

INTEGRATED DISEASE SURVEILLANCE PROGRAMME

By,
Dr. Vaibhav G. Bhamare
M. Pharm, Ph. D., MBA



ONLINE PHARMA GURUKUL

SURVEILLANCE

- Surveillance is ‘The ongoing systematic collection, analysis and interpretation of health data essential to planning, implementation and evaluation of public health practice closely integrated with timely dissemination of these data to those who need to know.’
- Surveillance is the backbone of public health programme and provides information so that effective action can be taken in controlling and preventing diseases of public health importance.

USE OF SURVEILLANCE

- Recognize cases or cluster of cases to trigger interventions to prevent transmission or reduce morbidity and mortality
- Assess the public health impact of health events and determine their trends
- Demonstrate the need for public health intervention programs and resources and allocate resources during public health planning
- Monitor effectiveness of prevention and control measures
- Identify high-risk groups or geographical areas to target interventions and guide analytic studies
- Develop hypothesis that lead to analytic studies about risk factors for disease causation, propagation or progression.

ABOUT IDSP

- Integrated Disease Surveillance Project (IDSP) was launched by Hon'ble Union Minister of Health & Family Welfare in November 2004 for a period upto March 2010. The project was restructured and extended up to March 2012. The project continues in the 12th Plan with domestic budget as Integrated Disease Surveillance Programme under NHM for all States with Budgetary allocation of 640 Cr.
- A Central Surveillance Unit (CSU) at Delhi, State Surveillance Units (SSU) at all State/UT headquarters and District Surveillance Units (DSU) at all Districts in the country have been established.

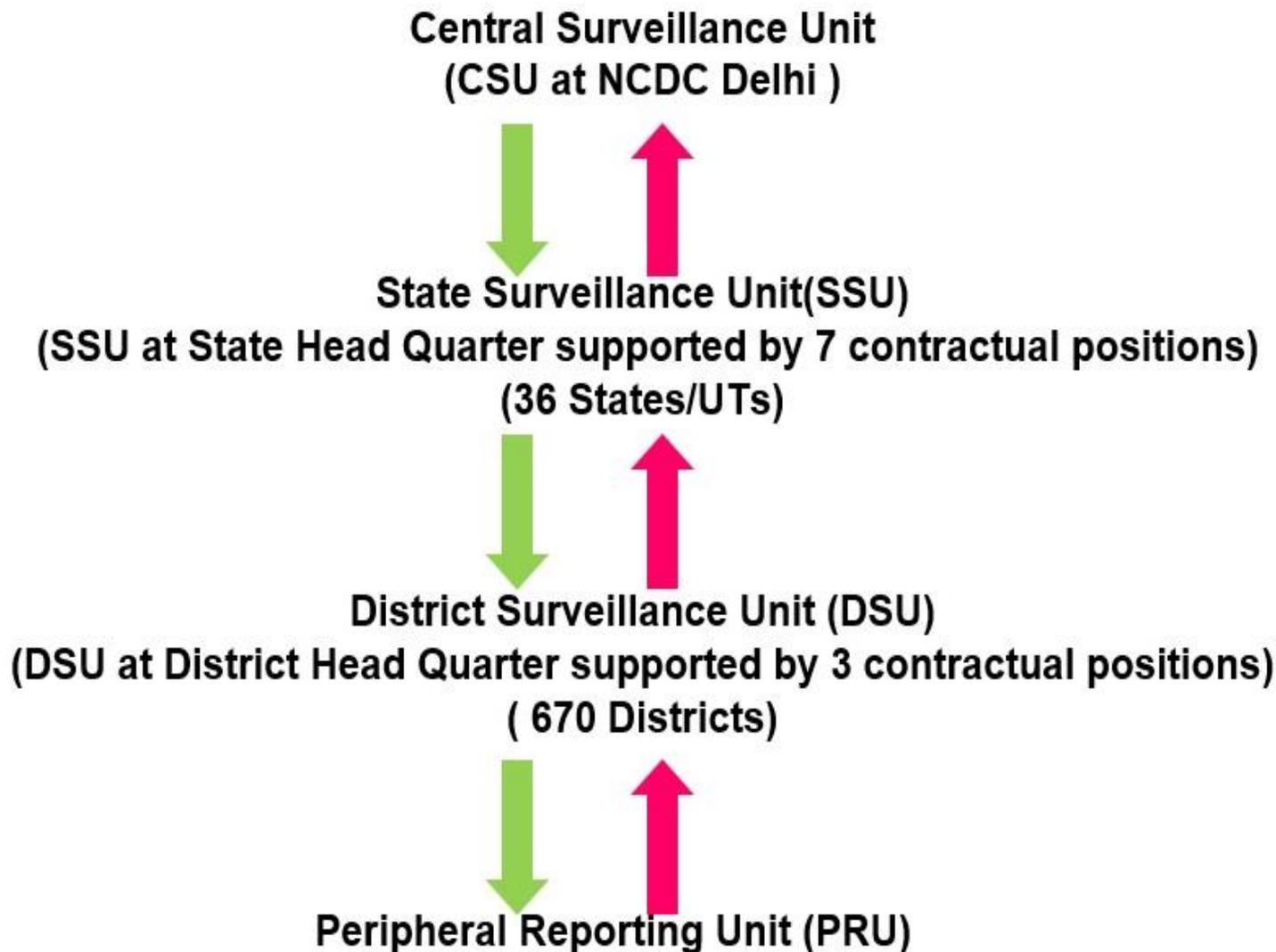
OBJECTIVE OF IDSP

- To establish a decentralized district-based system of surveillance for communicable and non-communicable diseases so that timely and effective public health actions can be initiated in response to health challenges in the urban and rural areas
- To integrate existing surveillance activities (to the extent possible without having a negative impact on their activities) so as to avoid duplication and facilitate sharing of information across all disease control programmes and other stake holders, so that valid data are available for decision making at district, state and national levels.

MISSION OF IDSP

- To strengthen the disease surveillance in the country by establishing a decentralized State based surveillance system for epidemic prone diseases to detect the early warning signals, so that timely and effective public health actions can be initiated in response to health challenges in the country at the Districts, State and National level

ORGANIZATION STRUCTURE



PROGRAMME COMPONENTS

- Integration and decentralization of surveillance activities through establishment of surveillance units at Centre, State and District level.
- Human Resource Development – Training of State Surveillance Officers, District Surveillance Officers, Rapid Response Team and other Medical and Paramedical staff on
- principles of disease surveillance.
- Use of Information Communication Technology for collection, collation, compilation, analysis and dissemination of data.
- Strengthening of public health laboratories.
- Inter sectoral Co-ordination for zoonotic diseases

DATA MANAGEMENT

- Under IDSP data is collected on epidemic prone diseases on weekly basis (Monday–Sunday).
- The information is collected on three specified reporting formats, namely “S” (suspected cases), “P” (presumptive cases) and “L” (laboratory confirmed cases)
- **Weekly data (Monday to Sunday) of previous week**
 - Form S (Suspect Cases): Health Workers (Sub Centers)
 - Form P (Presumptive cases): Doctors (PHC, CHC, Hospitals)
 - Form L (Lab Confirmed Cases): Laboratory Technician.
- **IDSP Forms (Weekly: Monday-Sunday)**
 - Form S: For Syndromic Surveillance - Filled by Health Worker of Sub centers
 - Form P: for Presumptive Surveillance - Filled at PHC/CHC, Govt. / Private Hospitals, Private Practitioners
 - Form L: Laboratory Surveillance - Filled by PHC/CHC lab, District/ Private lab, State lab, National Lab.

TYPES OF SURVEILLANCE

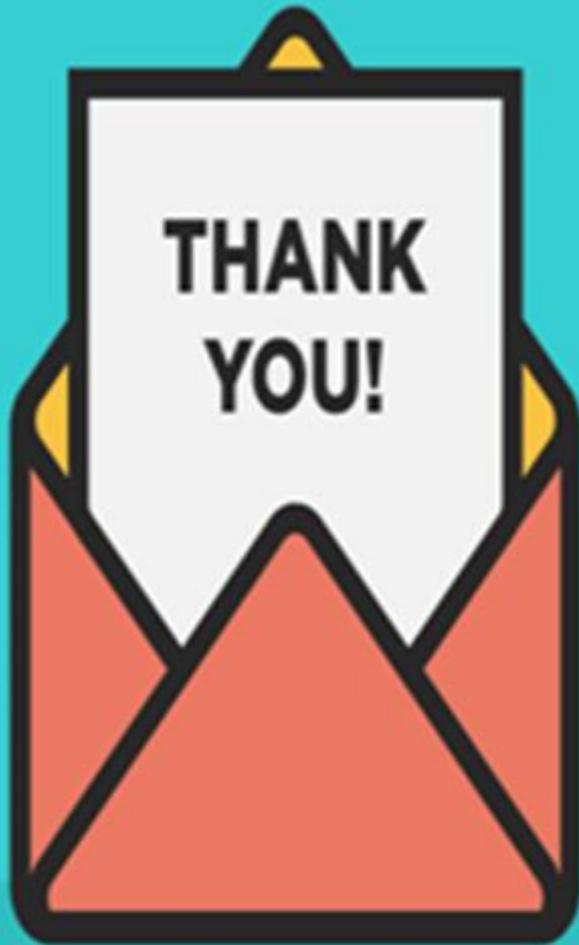
Depending on the level of expertise and specificity, disease surveillance in IDSP will be of following three categories:

- Syndromic – Diagnosis made on the basis of symptoms/clinical pattern by paramedical personnel and members of the community.
- Presumptive – Diagnosis made on typical history and clinical examination by Medical Officers.
- Confirmed – Clinical diagnosis confirmed by an appropriate laboratory test.

- **There are five steps in the surveillance procedure**, which must be carried out at each level, starting from the Primary Health Centre (PHC). Each level must have the capacity for analyzing and using surveillance data for early detection, prevention and control of outbreaks.
- The five recommended steps are:
 - Collection of data
 - Compilation of data
 - Analysis and interpretation
 - Follow up action
 - Feedback

The designation of the person responsible for data compilation and transmission at each level

- PHC (Primary Health Centre) - Pharmacist
- CHC (Community Health Center) - Computer Operator / Pharmacists
- SPPs (Sentinel Private Practitioner) - MO
- District Hospital - Computer / Pharmacists
- Medical Colleges - Statistical Officer
- Laboratory - MO in charge / Laboratory Technician



Dr. VAIBHAV G. BHAMARE

7588176846

vaibhav.bhamre@gmail.com

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