

Angola

- 1. Health surveillance forms**
2. Surveillance system guidelines and alert thresholds
3. Case definitions
4. Guidelines for outbreak control
5. Case management of epidemic-prone diseases
6. Guidelines for collection of specimens for laboratory testing
7. Outbreak investigation kit

1.SAMPLE WEEKLY MORBIDITY FORM

County:	Province/District:
Community/Settlement/Camp:.....Health facility:.....	
Agency:	
Reporting period: From Monday/...../..... To Sunday/...../.....	
Total population covered: Under-5 population:	

DISEASE / SYNDROME	NEW CASES	
	Under 5 years	5 years and over
Acute watery diarrhoea (incl. suspected *cholera)		
Acute bloody diarrhoea (incl. suspected *shigellosis)		
*Acute flaccid paralysis (suspected poliomyelitis)		
*Acute haemorrhagic fever syndrome		
*Acute jaundice syndrome (including *yellow fever)		
*Measles		
*Meningitis – suspected		
*Neonatal tetanus		
Acute lower respiratory infection (ALRI)/pneumonia		
Malaria:		
– suspected		
– confirmed (rapid test/smear)		
Fever of unknown origin		
Sexually transmitted infections		
Tuberculosis – suspected		
Severe malnutrition		
Trauma/injury		
Others		
TOTAL NUMBER OF CONSULTATIONS		

- Count new cases only.
- Count the primary disease/syndrome only.
- If no cases, write 0.

* Report these diseases and any cases of suspected cholera or suspected shigellosis **immediately** to your health coordinator or field surveillance officer using CASE-BASED REPORTING FORM.

Alert thresholds for other diseases/syndromes are provided in *Annex 2 Surveillance system guidelines and alert thresholds*.

<i>For use by data management office</i>
Form received: ___/___/___ Validated <input type="checkbox"/> Entered <input type="checkbox"/> Record number: _____

3. SAMPLE MONTHLY MORBIDITY FORM

Province: District/Section: Town/Village/Camp:
 Health facility: Supporting Agency : Reporting period: From Monday/...../..... To Sunday/...../.....
 Catchment Population: Under-5 population: Name of reporting officer:

DISEASE / SYNDROME	Week 1		Week 2		Week 3		Week 4		TOTAL	
	<5	≥5	<5	≥5	<5	≥5	<5	≥5	<5	≥5
Acute diarrhoea										
*Acute watery diarrhoea										
*Bloody diarrhoea										
*VHF – suspected										
*Measles										
*Meningitis – suspected										
*AFP (suspected poliomyelitis)										
*Acute jaundice syndrome (including yellow fever)										
ALRI / pneumonia										
Malaria – suspected										
Neonatal tetanus										
STIs										
Tuberculosis – suspected										
Fever of unknown origin										
Severe malnutrition (W/H <70%)										
Noncommunicable diseases										
Others										
TOTAL NUMBER OF CONSULTATIONS										

*Diseases with outbreak potential – report as soon as possible to your district surveillance officer and provisional medical officer or health coordinator using Outbreak Alert Form. See alert thresholds in Annex 2 *Surveillance system guidelines and alert thresholds*.

For use by data management office: Form received: __/__/__ Validated Entered Record number: __

4. SAMPLE MONTHLY MORTALITY FORM

District: Province/Section: Town/Village/Camp:
 Health facility: Supporting agency : Reporting period: From Monday/...../..... To Sunday/...../.....
 Catchment population: Under-5 population: Name of reporting officer:

No.	First and middle names	Family name	Sex	Age (m/ yrs)	Direct causes of death							Underlying causes of death			Date of death dd/mm/yy	Location of death HF= health facility C = community	Lab S= sample taken C= confirmed
					Fever	Watery Diarrhoea #	Bloody Diarrhoea	Cough				Specify cause or main symptoms if unknown	Unknown	Neonatal death §			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

§ see list of "Case definitions".

If this box is ticked, also specify cause in the "specify cause" column. Example, if cholera is suspected as the cause of the acute watery diarrhoea death, tick the acute watery diarrhoea column and write "cholera" in "specify cause" column.

For use by data management office: Form received: ___/___/___ Validated Entered Record number: _

5. SAMPLE OUTBREAK ALERT FORM

District: Province/District:

Town/Village/Camp:

Health facility: Supporting agency:

Date:/...../.....

Name of reporting officer:

Symptoms and signs: you can tick several boxes	Suspected disease/syndrome: tick <u>one</u> box only
<input type="checkbox"/> Acute watery diarrhoea <input type="checkbox"/> Bloody diarrhoea <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Cough <input type="checkbox"/> Vomiting <input type="checkbox"/> Neck stiffness <input type="checkbox"/> Jaundice <input type="checkbox"/> Sore throat <input type="checkbox"/> Bleeding <input type="checkbox"/> Acute paralysis or weakness <input type="checkbox"/> Other: _____	<input type="checkbox"/> Acute watery diarrhoea <input type="checkbox"/> Bacillary dysentery/shigellosis <input type="checkbox"/> Cholera <input type="checkbox"/> Measles <input type="checkbox"/> Meningitis <input type="checkbox"/> Malaria <input type="checkbox"/> Ebola and Marburg viral haemorrhagic fever (VHF) <input type="checkbox"/> Yellow Fever <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Typhoid fever <input type="checkbox"/> Unknown disease <input type="checkbox"/> Other: _____
Total number of cases reported: _____	

Serial No.	Age	Sex	Location	Date of onset	Laboratory specimen taken (yes/no)	Treatment given	Outcome ^a	Final classification ^b

^a Outcome: I = currently ill, R = recovering or recovered, D = died.
^b Final classification: S = suspected case with clinical diagnosis, C = confirmed case with laboratory diagnosis.

6. SAMPLE OUTBREAK INVESTIGATION FORM

District: Province/District

Town/Village/Camp:

Health facility: Supporting agency:

Date:/...../.....

Name of reporting officer:.....

1. PATIENT IDENTIFICATION

Case no: _____ Name : _____

Location in village or site: _____

Date of birth: ___ / ___ / ___ Age : _____ Sex: M F

2. CLINICAL DATA

Date of onset of illness: ___ / ___ / ___

- Acute watery diarrhoea
- Bloody diarrhoea
- Fever
- Rash
- Cough
- Vomiting
- Neck stiffness
- Jaundice
- Sore throat
- Bleeding
- Acute paralysis or weakness
- Other: _____

3. LABORATORY DATA

Sample: _____ Date taken: ___ / ___ / ___ Lab. received: ___ / ___ / ___

Name of laboratory: _____

Type of test: _____ Date of results: ___ / ___ / ___ Result: Pos. Neg.

4. FINAL CLASSIFICATION

Confirmed: Laboratory Clinical case

Date of final diagnosis: ___ / ___ / ___

Discarded final diagnosis: _____

5. FIELD INVESTIGATOR

Name: _____

Position: _____ Signature: _____

NOTE: ONE FORM PER CASE INVESTIGATED