

# Angola

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1. Health surveillance forms
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## PURPOSE

These surveillance forms are for use in Angola. Included are: weekly morbidity form, weekly mortality form, a monthly morbidity form, a monthly mortality form, an outbreak alert form and a case investigation form.

They aim to provide early warning of outbreaks of the following major communicable diseases:

- bacillary dysentery
- cholera
- Ebola and Marburg viral haemorrhagic fevers (VHF)
- malaria
- measles
- meningococcal meningitis
- poliomyelitis
- typhoid fever
- yellow fever

In addition to the above outbreak-prone diseases, the main health problems are likely to be:

- endemic malaria
- lower respiratory tract infection/pneumonia
- malnutrition

## REPORTING MECHANISMS

In each health facility, a daily register of consultations should be kept.

Suggested layout of daily register in health facility:

OPD no	Date	Name	Location	Sex	DOB	New case/ follow up	Diagnosis	Treatment	Outcome

- One person in each health facility should be identified as responsible for data collection and notification of potential epidemics to the District Surveillance Officer or Provisional Medical Officer. One person should be responsible for compiling the data from the daily register for the Weekly Morbidity Report.
- The Monthly Morbidity Form should be filled out on a weekly basis from Monday to Sunday and compiled by the in-charge officer in a timely manner.

## HOW TO FILL IN THE MONTHLY MORBIDITY FORM

- Data should be recorded in two age categories: under 5 years and 5 years and over.
- New cases/consultations requested for communicable and noncommunicable diseases.

- All cases attending the health facility should be recorded on the Monthly Morbidity Report, including those who are subsequently referred to hospital.
- The first consultation only should be reported; follow-up visits for the same disease should not be reported.
- At the end of each week, the reporting officer must count up all the cases and deaths from each disease as recorded in the outpatient and inpatient records. The health worker must select the main cause for the consultation, i.e. one disease/syndrome for each case.
- If one of the diseases has epidemic potential marked with an asterisk on the form, record this disease as the main cause of consultation.
- “Other communicable diseases” include all cases of communicable diseases not mentioned in the list of diseases e.g. skin infections.
- “Other noncommunicable diseases” include all cases of noncommunicable diseases not mentioned in the list of diseases, e.g. gastrointestinal problems, heart disease, diabetes.
- Diseases for immediate reporting are marked with an asterisk (\*) on the Morbidity Form.

They must be reported to your district surveillance officer or provisional medical officer using the outbreak alert form if the weekly alert thresholds are passed (see box on alert thresholds below).

- Other diseases/syndromes must be alerted to your health coordinator or supervisor if the weekly alert thresholds, specified in the box below, are reached. If alert thresholds are passed, surveillance activities may need to be enhanced. If the number of cases of a disease/syndrome increases – such as in the event of an outbreak of meningitis or cholera for example – active case-finding and case definitions may need to be reviewed.

#### **HOW TO FILL IN THE MONTHLY MORTALITY FORM:**

- This form is a line-listing of all deaths.
- Fill in all the details as required for each case including names, age, sex, date and location of death and laboratory sample taken, and record a main cause of death for each entry even if “unknown”.

Calculations of mortality rates can be performed as follows:

#### **Crude mortality rate (CMR):**

**Total number of deaths for the month/total population at the end of the month  
x 1000 persons = deaths/1000 persons/month**

#### **Under-5 mortality rate (U5MR):**

**Number of deaths among children aged <5 years for the month/under 5-year  
population at the end of the month x 1000 persons = deaths/1000 persons/month**

Alert thresholds for mortality are shown in the box below.

**DISEASES/SYNDROMES FOR IMMEDIATE REPORTING**

**ALERT THRESHOLDS PER WEEK**

<b>Acute watery diarrhoea:</b>	<b>5 cases in the <u>5 years and over</u> age group</b>
<b>Bloody diarrhoea:</b>	<b>5 cases or 1.5 times the baseline</b>
<b>Malaria:</b>	<b>1.5 times the baseline</b>
<b>Measles:</b>	<b>1 case</b>
<b>Meningitis – suspected:</b>	<b>5 cases or 1.5 times the baseline</b>
<b>VHF – suspected:</b>	<b>1 case</b>
<b>Yellow fever – suspected:</b>	<b>1 case</b>
<b>AFP (suspected poliomyelitis):</b>	<b>1 case</b>
<b>Neonatal tetanus:</b>	<b>1 case</b>
<b>Fever of unknown origin:</b>	<b>1.5 times the baseline</b>
<b>Severe malnutrition:</b>	<b>3 cases</b>

**CMR: >1/10 000/day (i.e. > 2.8/1000/month)**

**U5MR: >2/10 000/day (i.e. > 5.6/1000/month)**

**Baseline = average weekly number of cases of the disease calculated over the past 3 weeks.**

**Use Outbreak Alert Form to report to District Surveillance Officer and Provisional Medical Officer if one of these thresholds is reached in a week**