

# **National Epidemiologists Working Group**

## **Surveillance Forms and Mortality Surveillance**



Preventing disease, promoting and protecting health

# Agreements

## 4-weekly Surveillance Forms for CDs

- Reordering of diseases into broad groups
- Remove 4wkly reporting of HIV/AIDS/STI
- Continue 4wkly reporting of TB & Leprosy
- Keep plague and remove small pox
- Report meningitis and pneumonia separately
- Amendments page report “total cases” not “new cases”

# Mortality Surveillance

## 4-weekly Surveillance Forms for CDs cont'd

- Maintain epi weeks
- Reporting 4-weekly by “date of onset” and syndromic by “date seen”
- Include Human Influenza (new subtype)

## Mortality Surveillance

- Inform NE of personnel needs for training workshops; copy on corresponded to PS so they can follow up (to ensure proper participants attend)

## Other

- CARPHA to provide support in the area of Morbidity coding and health information management systems

# Recommendations

## 4-weekly Surveillance Forms for CDs

- CARPHA & PAHO collaborate and consolidate EPI-reporting forms
- CARPHA to liaise with PWR Offices regarding annual reporting of CDs (e.g.links for Leprosy)
- CARPHA to address/follow-up on laboratory protocol for confirming *E. Coli* (pathogenic)
- Add list of FBD (*Vibrio parahaemolyticus*, Giardia, Listeria, *Staphylococcus aureus*)
- Remove “suspected”, “epi-link” and “deaths”
- Delete “number of reporting sites”

## Recommendations Selected Mortality Activities

Physician training in correct completion of cause-of-death certificates	ANT
Evaluation of national mortality surveillance system	ANT SLU
Training for new coders – November 2014	ANG, BES/CUR, HAI, SVG, TCI
Mortbase 7	DOM, CUR
Participation in WHO-FIC Country Implementation Database	ALL
Pilot IRIS	2 CMS CUR SUR ARU SLU
ICD-11	DOM SVG SLU