Disease Surveillance in Rhino Camp Refugee Settlement Arua District, Sept 2016

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Disease Surveillance in Refugee Settlement

Sequence of Events

- June 2016: War starts in South Sudan
- July: Arrival of Refugees
- August: Cholera outbreak reported in neighbouring Districts, 50% Popn. increase
- September: Non reporting Facilities in Rhino Camp Settlement
Objectives

- Ascertain capacity for timely detection & response to disease outbreaks
- Set up a surveillance system that ensures early detection and response to disease outbreaks
Field Activities

- Meeting with District Health Team
- Developed data collection tool
- Health facility visits
- Interviews with staff
- Record reviews
Settlement Covers 3 Sub Counties

- Siripi HC III
- Ocea HC II
- Olujobo HC III
- Odoubu HC III
## Health Services

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>#Staff</th>
<th>MoH Staffing Norms</th>
<th>Staff Ratio: Gov’t : Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siripi HC III</td>
<td>31</td>
<td>19</td>
<td>4:27</td>
</tr>
<tr>
<td>Olujobo HC III</td>
<td>30</td>
<td>19</td>
<td>3:27</td>
</tr>
<tr>
<td>Odoubu HC II</td>
<td>27</td>
<td>9</td>
<td>1:26</td>
</tr>
<tr>
<td>Ocea HC II</td>
<td>27</td>
<td>9</td>
<td>2:25</td>
</tr>
</tbody>
</table>
Parallel Surveillance Systems

- Ministry of Health – Health Information Management System (HMIS)
  - HMIS tools available but poorly utilized
  - Irregular reporting

- United Nations High Commission for Refugees (UNHCR) – Health Information System (HIS)
  - Active Health Information System
  - Deficient in case definitions and action thresholds
Unclear Case definitions

Waterly diarrhoea

Any person with diarrhoea (passage of 3 or more watery or loose stools in the past 24 hours) with or without dehydration.

A suspect Cholera Case

To suspect a case of cholera
Person aged over 5 years with severe dehydration or death from acute watery diarrhoea with or without vomiting.
### Weekly Alert Thresholds for each Health Facility:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>1.5 times the baseline†</td>
</tr>
<tr>
<td>Watery Diarrhoea</td>
<td>1.5 times the baseline†</td>
</tr>
<tr>
<td>Suspected Cholera</td>
<td>1 case</td>
</tr>
<tr>
<td>Bloody Diarrhoea</td>
<td>5 cases</td>
</tr>
<tr>
<td>Acute Flaccid Paralysis / Polio</td>
<td>1 case</td>
</tr>
<tr>
<td>Measles</td>
<td>1 case</td>
</tr>
<tr>
<td>Meningitis</td>
<td>5 cases or 1.5 times the baseline†</td>
</tr>
</tbody>
</table>

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

**If weekly thresholds are exceeded:**

1. Report to clinic supervisor
2. Complete Outbreak Alert Form
Strengths in IDSR functions

- HMIS tools/registers generally used
- Weekly and monthly reports compiled & submitted
- Some level of data analysis
- Feedback mechanisms exist - Regular CMEs, review meetings
- Community dialogues & outreaches
- Performance review meetings & support supervision
Gaps

- Staff not trained in IDSR
  - Lack of knowledge on notifiable diseases & events
  - Lack of standard case definition guidelines for diagnosis
  - No alert system in place
- No case based investigation forms for immediate reporting
- Weak laboratory support
- Poor referral system for patients & lab specimens
Gaps

- Irregular reporting
  - Skewed data collection & reporting
  - Emphasis on monthly reporting
- No Community-facility linkage for case detection
Conclusion

- 2 Surveillance systems in place
- Lack of training in IDSR
- Several weaknesses in the core functions of IDSR system
- Well staffed health facilities - IP supported
Short term Actions

- Trained the District Front Line FETP team on identification of cases and reporting
- Trained Health facility staff on Case detection & reporting
- Distributed case definition charts, guidelines & case based forms to facilities
- Coordination meeting for Implementing partners held
Recommendations

- IDSR training for Facility staff
- VHT training on community based disease surveillance
- Prepare epidemic preparedness plans
- Harmonize surveillance guidelines
- Strengthen referral mechanism between lower level facilities and Rhino camp HC IV
Acknowledgment

- MOH
- CDC
- Arua District Front Line Field Epidemiology Team
- Implementing Partners