Workbook for Rayon Centers of Public Health on Surveillance and Control of Vaccine Preventable Diseases in Georgia

October 2004

Prepared by:

A joint initiative of:

Ministry of Labor, Health and Social Affairs of Georgia,
Department of Public Health,
Regional Public Health Centers

National Center for Disease Control,
Center for Medical Statistics and Information

With technical support provided by:

Partners for Health Reform*plus*
Curatio International Foundation

Ministry of Labor, Health
and Social Affairs
National Center for Disease Control
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- *Implementation of appropriate health system reform.*
- *Generation of new financing for health care, as well as more effective use of existing funds.*
- *Design and implementation of health information systems for disease surveillance.*
- *Delivery of quality services by health workers.*
- *Availability and appropriate use of health commodities.*

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Office of Health, Infectious Disease and Nutrition
Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support and Research
United States Agency for International Development

Abstract

This workbook, which accompanies *Guidelines for Integrated Surveillance and Control of Vaccine Preventable Diseases in Georgia*, is a four-in-one tool for data collection, analysis, planning of responses, and self-monitoring of performance. It helps rayon-level health workers establish the link between IDS information and response, as well as document their data analysis and utilization for management purposes. Its self-explanatory worksheets and tables assist the health workers to better record, analyze, and utilize infectious disease surveillance (IDS) data. The IDS data are recorded in a standardized format, typically on a quarterly basis. Analysis allows for the identification of IDS performance and operational problems and for formulating specific responses to the problems. A format is also present for documenting the implementation of suggested measures. The current edition of the workbook includes a number of revisions based on the results of Phase I of piloting in Imereti region in 2003; the second phase of the pilot test in Imereti, in 2004, will produce recommendations on how to improve the design and implementation of the tool, and on whether to scale up the scale up the intervention to other regions in Georgia.

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Acronyms

AFP	Acute Flaccid Paralysis
CIF	Curatio International Foundation
CNS	Central Nervous System
CPH	Center of Public Health
CRS	Congenital Rubella Syndrome
DPT	Diphtheria, Pertussis and Tetanus Vaccine
DT	Diphtheria and Tetanus Toxoid Combination
NID	National Immunization Day
MoLHSA	Ministry of Labor, Health and Social Affairs
NCDC	National Center for Disease Control
OPV	Oral Poliomyelitis Vaccine
PAU	Polyclinic Ambulatory Unit
PCR	Polymerase Chain Reaction
PHRplus	Partnerships for Health Reform*plus* Project
SARS	Severe Acute Respiratory Syndrome
STD	Sexually Transmitted Disease
Td	Diphtheria and Tetanus Toxoid
TT	Tetanus Toxoid
VPD	Vaccine Preventable Disease
USAID	United States Agency for International Development

Contributors

This *Workbook for Rayon Centers of Public Health on Integrated Surveillance and Control of Vaccine Preventable Diseases in Georgia* has been prepared by the Ministry of Labor, Health Social Affairs (MoLHSA) expanded Working Group headed by P. Imnadze, Director of the National Center for Disease Control, with technical assistance received from the United States Agency for International Development (USAID)/Partners for Health Reform*plus* project and Curatio International Foundation.

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The Ministry of Labor, Health and Social Affairs of Georgia and the working group are grateful to the *United States Agency for International Development (USAID/Caucasus)* for the opportunity to realize plans on elaboration and introduction of the new information system as well as to Partners for Health Reformplus and *Curatio International Foundation (CIF)* for their support and technical assistance in this process.

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Introduction

This workbook is a job aide accompanying the second edition of the *Guidelines for Integrated Surveillance and Control of Vaccine Preventable Diseases in Georgia*.[1] It consists of self-explanatory worksheets and tables to assist rayon-level health workers at centers of public health (CPHs) to better record, analyze, and utilize IDS data. It provides a detailed template in which critical infectious disease surveillance (IDS) data are recorded in a standardized format, typically on a quarterly basis. It is recommended that the worksheets and tables within the job aide be completed for all critical epidemiological data on vaccine preventable diseases submitted to rayons. Additionally, the job aide embeds the basic analysis that allows for the identification of IDS performance and operational problems, such as flagging under-performing facilities, determining causes of low coverage, and specifying major reasons why cases occurred, Furthermore, the job aide provides a standardized format for formulating specific response to identified problems, such as measures to correct coverage, to improve accuracy and timeliness of reporting, or to improve surveillance. A format is also present for documenting the implementation of suggested measures. Thus the job aide is a four-in-one tool (data collection, analysis, planning of responses, and self-monitoring of performance) that helps health workers establish the link between IDS information and response, as well as document their data analysis and utilization for management purposes.

Following the second phase of piloting of the job aide within all 12 rayons of the Imereti region in 2004, recommendations will be provided on how to improve the design and implementation of the tool, and on whether to scale up the intervention to other regions in Georgia

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[1] Ministry of Labor, Health and Social Affairs, and National Centers for Disease Control. July 2003. *Guidelines for Integrated Surveillance and Control of Vaccine Preventable Diseases in Georgia.* Bethesda, MD: Partners for Health Reform*plus*.

Worksheets and Tables

POPULATION DEMOGRAPHIC DATA (to be filled out annually)

in_____rayon/town _____year

Age groups	Year of birth	Subordinated facilities in the service area																	TOTAL
under 1																			
1-4																			
5-14																			
15-19																			
20-29																			
30-59																			
60 and older																			
TOTAL in the rayon/town																			

Data source (s)	
If concerned about data reliability, provide details here	
Specify what needs to be done to improve the accuracy of the above information	1
	2
	3

Monthly assessment of INFECTIOUS DISEASE MORBIDITY REPORTING TIMELINESS AND ACCURACY

in_____rayon/town _____year

Subordinated facilities	TIMELINESS														ACCURACY													
	Mark "X" if infectious disease morbidity reports have been submitted by the 1st day of the following month														*Mark "X" if the reports are complete, you have received clarifications (if needed) and not revealed inaccuracies during verification with your own records*													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	% reports	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	% reports
Total																												
% of facilities																												

1st quarter, 2004 DATA ANALYSIS AND USE		
Measures to improve timeliness/accuracy:	1	3
	2	4
II quarter, 2004 DATA ANALYSIS AND USE		
Did above measures work?	Yes No Why not_____	
Additional measures to improve timeliness/accuracy:	1	3
	2	4
III quarter, 2004 DATA ANALYSIS AND USE		
Did above measures work?	Yes No Why not_____	
Additional measures to improve timeliness/accuracy:	1	3
	2	4
IV quarter, 2004 DATA ANALYSIS AND USE		
Did above measures work?	Yes No Why not_____	
Additional measures to improve timeliness/accuracy:	1	3
	2	4

Possible measures include: verbal or written instructions to facility personnel, seminars for facility staff , following up with facility director, request for clarifications, etc.

Quarterly assessment of TIMELINESS of urgent case notifications in

in_____rayon /town _____year

Facility	I quarter									II quarter								
	Total cases requiring notification (based on 60a & 60b)				Notified CPH within 24hrs				%	Total cases requiring notification (based on 60a & 60b)				Notified CPH within 24hrs				%
	Jan	Feb	Mar	Total	Jan	Feb	Mar	Total		Apr	May	Jun	Total	Apr	May	Jun	Total	
Total																		
Specify what needs to be done to improve timeliness of urgent case notifications	1									1								
	2									2								
	3									3								
Did above measures work? If not - specify additional measures.	YES NO Why not_____									YES NO Why not_____								
	1									1								
	2									2								

Quarterly assessment of TIMELINESS of urgent case notifications in

in_____rayon /town _____year

Facility	III quarter									IV quarter								
	Total cases requiring notification (based on 60a & 60b)				Notified CPH within 24hrs				%	Total cases requiring notification (based on 60a & 60b)				Notified CPH within 24hrs				%
	Jul	Aug	Sep	Total	Jul	Aug	Sep	Total		Oct	Nov	Dec	Total	Oct	Nov	Dec	Total	
Total																		

Specify what needs to be done to improve timeliness of urgent case notifications	1	1
	2	2
	3	3
Did above measures work? If not - specify additional measures.	YES NO Why not_____	YES NO Why not_____
	1	1
	2	2

Quarterly self-assessment of VPD case/outbreak investigation rates

in_____rayon/town _____year

Disease	Investigation threshold (clinical cases)	Investigation is timely if initiated within	I quarter								%	II quarter								%
			No. of times threshold reached				No. of timely investigations					No. of times threshold reached				No. of timely investigations				
			Jan	Feb	Mar	Total	Jan	Feb	Mar	Total		Apr	May	Jun	Total	Apr	May	Jun	Total	
Diphtheria	1 case	1 business day																		
AFP	1 case	1 business day																		
Measles	1 case	1 business day																		
Mumps	1 case	1 business day																		
Rubella	1 case	1 business day																		
CRS	1 case	1 business day																		
Tetanus	1 case	3 business days																		
Pertussis	1 case	1 business day																		
Hepatitis B	1 case	3 business days																		
TOTAL																				

Specify what you can do to improve situation		
	1	Did it work? YES-NO
	2	Did it work? YES-NO
	3	Did it work? YES-NO

Disease	Investigation threshold (clinical cases)	Investigation is timely if initiated within	III quarter								%	IV quarter								%	2004		
			No. of times threshold reached				No. of timely investigations					No. of times threshold reached				No. of timely investigations					No. of times threshold reached	No. of timely initiated investigations	%
			Jul	Aug	Sep	Total	Jul	Aug	Sep	Total		Oct	Nov	Dec	Total	Oct	Nov	Dec	Total				
Diphtheria	1 case	1 business day																					
AFP	1 case	1 business day																					
Measles	1 case	1 business day																					
Mumps	1 case	1 business day																					
Rubella	1 case	1 business day																					
CRS	1 case	1 business day																					
Tetanus	1 case	3 business days																					
Pertussis	1 case	1 business day																					
Hepatitis B	1 case	3 business days																					
TOTAL																							

Specify what you can do to improve situation		
	1	Did it work? YES-NO
	2	Did it work? YES-NO
	3	Did it work? YES-NO

Annual assessment of VPD and other priority infectious diseases morbidity and mortality trends in_____rayon/town _____year

Disease		No. of cases and incidence per 100,000 population (for selected diseases) by year														No. of deaths by year													
		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004				94	95	96	97	98	99	00	01	02	03	04			
Population																													
Diphtheria																													
AFP																													
Tetanus																													
Congenital Rubella																													
Measles	Cases																												
	Incidence																												
Mumps	Cases																												
	Incidence																												
Rubella	Cases																												
	Incidence																												
Pertussis	Cases																												
	Incidence																												
Hepatitis B	Cases																												
	Incidence																												

Infectious diseases causing the biggest concern in the rayon and the basis for the concern (e.g., sharp increase of cases, persistently high morbidity despite measures taken, etc.)	***Provide details (*** e.g. age, major contributing factors):
1	
2	
3	

Infectious diseases morbidity this year (subject to monthly reporting to Regional CPH)

in_____rayon/town _____year

Disease	January											February											March										
	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED
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Leishmaniasis																																	
Acute Resp. Infections																																	
Influenza																																	
Hospitalized cases of influenza-like illness																																	
Fatal cases of acute infectious diseases																																	

Infectious diseases causing the biggest concern in the rayon and possible reasons

1

2

3

Disease	April											May											June										
	<1	1-4	5-14	15-19	20-29	30-59	60+	**TOTAL**	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	**TOTAL**	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	**TOTAL**	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED
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Hospitalized cases of influenza-like illness																																	
Fatal cases of acute infectious diseases																																	

Infectious diseases causing the biggest concern in the rayon and possible reasons

1

2

3

Disease	July											August											September										
	<1	1-4	5-14	15-19	20-29	30-59	60+	**TOTAL**	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	**TOTAL**	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	**TOTAL**	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED
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Influenza																																	
Hospitalized cases of influenza-like illness																																	
Fatal cases of acute infectious diseases																																	

Infectious diseases causing the biggest concern in the rayon and possible reasons

1

2

3

Disease	October											November											December										
	<1	1-4	5-14	15-19	20-29	30-59	60+	**TOTAL**	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	**TOTAL**	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	**TOTAL**	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED
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Influenza																																	
Hospitalized cases of influenza-like illness																																	
Fatal cases of acute infectious diseases																																	

Infectious diseases causing the biggest concern in the rayon and possible reasons

1

2

3

Infectious diseases morbidity this year (subject to annual reporting to Regional CPH)

in_____rayon/town _____year

Disease	January											February											March										
	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED
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Ascariasis																																	
Trichocephalosis																																	
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Heamophilusinfluenza B pneumonia or meningitis																																	
Intrahospital infections																																	
SARS																																	

Infectious diseases causing the biggest concern in the rayon and possible reasons

1

2

3

Disease	April											May											June										
	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED
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1

2

3

Disease	July											August											September										
	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED
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Cytomegalovirus infection																																	
Infectious mononucleosis																																	
Echinococcosis																																	
Trichinosis																																	
Ascariasis																																	
Trichocephalosis																																	
Enterobiasis																																	
Heamophilusinfluenza B pneumonia or meningitis																																	
Intrahospital infections																																	
SARS																																	

Infectious diseases causing the biggest concern in the rayon and possible reasons

1

2

3

Disease	October											November											December										
	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	LAB TESTED	LAB CONFIRMED	TOTAL CONFIRMED
AFP/Acute poliomyelitis																																	
Congenital rubella syndrom																																	
Neonatal tetanus																																	
Tetanus																																	
Cholera																																	
Plague																																	
Tularemia																																	
Anthrax																																	
Leptospirosis																																	
Listeriosis																																	
Scarlet fever																																	
Relapsing fever																																	
Flea- borne typhus																																	
Lyme disease																																	
Q fever																																	
Rabies																																	
Unconfirmed viral infections of CNS																																	
Arthropod-transmitted viral hemorrhagic fevers																																	
Yeallow fever																																	
Varicella																																	
Other viral hepatitis																																	
Chronic viral hepatitis B																																	
Chronic viral hepatitis C																																	
Cytomegalovirus infection																																	
Infectious mononucleosis																																	
Echinococcosis																																	
Trichinosis																																	
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Enterobiasis																																	
Heamophilusinfluenza B pneumonia or meningitis																																	
Intrahospital infections																																	
SARS																																	

Infectious diseases causing the biggest concern in the rayon and possible reasons

1

2

3

Worksheet on selected infectious disease morbidity (subject to monthly notification to regioanl CPH) in ______rayon/town __year

Facility	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED
TOTAL																														

Facility	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED
TOTAL																														

Worksheet on selected infectious disease morbidity (subject to monthly notification to regioanl CPH) in ______rayon/town __year

Facility	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED
TOTAL																														

Facility	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED
TOTAL																														

Worksheet on selected infectious disease morbidity (subject to monthly notification to regioanl CPH) in ______rayon/town __year

Facility	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED
TOTAL																														

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Worksheet on selected infectious disease morbidity (subject to monthly notification to regioanl CPH) in ______rayon/town __year

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TOTAL																														

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TOTAL																														

Worksheet on selected infectious disease morbidity (subject to monthly notification to regioanl CPH) in ______rayon/town __year

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TOTAL																														

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Worksheet on selected infectious disease morbidity (subject to monthly notification to regioanl CPH) in ______rayon/town __year

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TOTAL																														

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TOTAL																														

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TOTAL																														

Worksheet on selected infectious disease morbidity (subject to monthly notification to regioanl CPH) in ______rayon/town __year

Facility	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED
TOTAL																														

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TOTAL																														

Worksheet on selected infectious disease morbidity (subject to monthly notification to regioanl CPH) in ______rayon/town __year

Facility	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED
TOTAL																														

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TOTAL																														

Worksheet on selected infectious disease morbidity (subject to monthly notification to regioanl CPH) in ______rayon/town __year

Facility	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED
TOTAL																														

Facility	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED	<1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL	No. LAB TESTED	LAB CONFIRMED
TOTAL																														

MEASLES prevention and control worksheet

in_____rayon/town _____year

Subordinated Facilities	MMR-1 coverage at 24mo				MMR-2 coverage at 5y11mo29d				MEASLES CASES												
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
TOTAL																					

If coverage is low, specify main reasons:

- ☐ Vaccine stockouts
- ☐ Many contraindications
- ☐ PAU worked poorly
- ☐ Many refusals
- Other:

Specify, what needs to be done to improve coverage:

1
2
3
4
5

Here are example of actions you can take:

Identify reasons for low coverage
Give instructions/feedback to pediatricians or facility heads
Inform rayon administration
Timely re-order vaccine to prevent stockouts
Use mobile brigades to immunize children in remore areas
Use specialist brigades to review justification of contraindications
Disseminate leaflets about importance and safety of immunization

If the number of cases this year > 10, analyze them by age and imm. status

	0-1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL
1 dose								
2 or more doses								
Not immunized								
Unknown								
TOTAL								

Major reasons why cases occurred	. . . and possible actions
☐ Low routine coverage	See measures for improvement of coverage
☐ Failed to immunize contacts promptly	Instruct health workers to report cases within 24hrs
	Investigate reported cases promptly and immunize contacts
☐ Immunizations did not protect	Check/improve cold chain, correctness of vaccine administration
	Inform NCDC
☐ Migrated from other area	Offer immunization to all migrants in your rayon

Specify what YOU will do about this:

1 ☐ Done
2 ☐ Done
3 ☐ Done

MUMPS and RUBELLA prevention and control worksheet

in_____rayon/town _____year

Subordinated Facilities	MUMPS CASES													RUBELLA CASES												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
TOTAL																										

If the number of cases this year > 10, analyze them by age and imm. status

	0-1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL
1 dose								
2 or more doses								
Not immunized								
Unknown								
TOTAL								

Major reasons why cases occurred	. . . and possible actions
☐ Low routine coverage	See measures for improvement of coverage
☐ Failed to immunize contacts promptly	Instruct health workers to report cases within 24hrs Investigate cases promptly & immunize contacts
☐ Immunizations did not protect	Check cold chain, correctness of vaccine administration Inform NCDC
☐ Migrated from other area	Offer immunization to all migrants in your rayon

Specify what YOU will do about this:

1	☐ Done
2	☐ Done
3	☐ Done

If the number of cases this year > 10, analyze them by age and imm. status

	0-1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL
1 dose								
2 or more doses								
Not immunized								
Unknown								
TOTAL								

Major reasons why cases occurred	. . . and possible actions
☐ Low routine coverage	See measures for improvement of coverage
☐ Failed to immunize contacts promptly	Instruct health workers to report cases within 24hrs Investigate cases promptly & immunize contacts
☐ Immunizations did not protect	Check cold chain, correctness of vaccine administration Inform NCDC
☐ Migrated from other area	Offer immunization to all migrants in your rayon

Specify what YOU will do about this:

1	☐ Done
2	☐ Done
3	☐ Done

DIPHTHERIA, PERTUSSIS AND TETANUS prevention and control worksheet

in_____rayon/town _____year

Subordinated Facilities	DPT-3 coverage at 12mo				DT coverage at 5y				Td coverage at 14y				PERTUSSIS CASES												
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
TOTAL																									

If coverage is low, specify main reasons:

- ☐ Vaccine stockouts
- ☐ Many contraindications
- ☐ PAU worked poorly
- ☐ Many refusals
- Other:

Specify, what needs to be done to improve coverage:

1
2
3
4
5

Here are example of actions you can take:

- Identify reasons for low coverage
- Give instructions/feedback to pediatricians or facility heads
- Inform rayon administration
- Timely re-order vaccine to prevent stockouts
- Use mobile brigades to immunize children in remore areas
- Use specialist brigades to review justification of contraindications
- Disseminate leaflets about importance and safety of immunization

DIPHTHERIA	
CASES	
DEATHS	

Notes:

TETANUS	
CASES	
DEATHS	

Emergency reserve of the following tetanus medications have been made available in the rayon:

Immune globuline	Y-N
Antitoxin	Y-N

If the number of cases this year > 10, analyze them by age and imm. status

	0-1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL
0-2 doses								
3 doses								
4+ doses								
Unknown								
TOTAL								

Major reasons why cases occurred	. . . and possible actions
☐ Low routine coverage	See measures for improvement of coverage
☐ Failed to immunize contacts promptly	Instruct health workers to report cases within 24hrs
	Investigate cases promptly & immunize contacts
☐ Immunizations did not protect	Check cold chain, correctness of vaccine administration
	Inform NCDC
☐ Other	

Specify what YOU will do about this:

1	☐ Done
2	☐ Done
3	☐ Done

HEPATITIS B prevention and control worksheet

in_____rayon/town _____year

Subordinated Facilities	Hepatitis B3 coverage at 12mo				HEPATITIS B CASES												
	Q1	Q2	Q3	Q4	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
TOTAL																	

If coverage is low, specify main reasons:

- ☐ Vaccine stockouts
- ☐ Many contraindications
- ☐ PAU worked poorly
- ☐ Many refusals
- Other:

Specify, what needs to be done to improve coverage:

1
2
3
4
5

Here are example of actions you can take:

- Identify reasons for low coverage
- Give instructions/feedback to pediatricians or facility heads
- Inform rayon administration
- Timely re-order vaccine to prevent stockouts
- Use mobile brigades to immunize children in remore areas
- Use specialist brigades to review justification of contraindication
- Disseminate leaflets about importance and safety of immunizatio

If the number of cases this year > 10, analyze them by age and imm. status

	0-1	1-4	5-14	15-19	20-29	30-59	60+	TOTAL
0-2 doses								
3 or more doses								
Not immunized								
Unknown								
TOTAL								

Major reasons why cases occurred

- ☐ Failed to get immunization or postexposure prophylaxis _____
- ☐ Violation of aseptic standards by_____
- ☐ Violation of sterilization procedures by_____
- ☐ Violation of waste disposal stanards by_____
- ☐ Use of infected blood productes by_____
- ☐ Other (specify)_____

Specify what YOU will do about this:

1 ☐ Done
2 ☐ Done
3 ☐ Done

POLIO prevention and control worksheet
in_____rayon/town _____year

Subordinated Facilities	Polio-3 coverage at 12mo				Polio-4 coverage at 24mo				Polio-5 coverage at 5y			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

Evaluation of the work of health facilities in _____rayon in _____year

		NUMBER OF QUESTION IN THE CHECKLIST																	Total of answers "YES"	
Health Facility	Date of visit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	"Yes"	%
TOTAL	answers "YES"																			
	% of answers "YES"																			