



Integrated Disease Surveillance Project (IDSP)

State Institute of Health & Family Welfare, Jaipur



IDSP

- Decentralized, state based Project
- 5 year project with support from WB



Genesis of IDSP

National Surveillance Program for Comm. Diseases



- Pilot Launch-1997 in 5 Districts
- 20 districts added in 1997-98
- Another 20 in 1998-99
- 101 Districts, 35 States/ UT at end of 9th Plan
- NICD-Nodal Agency
- Weekly Outbreak reporting from Districts (including nil reporting) to the Centre.



Objectives

- Establish a decentralized system of disease surveillance for timely and effective public health action
- Improve the efficiency of disease surveillance for use in health planning, management and evaluating control strategies



Components of IDSP

- Establish and Operate a Central-level Disease Surveillance Unit
- Integrate and strengthen disease surveillance at the state and district levels
- Improve laboratory support
- Training for disease surveillance and action.



Expected outcome

- Early detection of outbreaks
- Early institution of containment measures
- Reduction in morbidity & mortality
- Minimize economic loss



NSPCD: Lessons

- Significantly improved the capacity of districts and states.
- It was not case based reporting and did not give a complete picture of disease burden
- Govt not convinced to expand this program to all 600 districts in the country

Strategy



- Surveil a limited number of health conditions and risk factors
- Strengthen data quality, analysis and links to action
- Improve laboratory support
- Train stakeholders in disease surveillance
- Coordinate and decentralize surveillance activities
- Integrate disease surveillance at the state and district levels



Diseases under IDSP

1. Regular Surveillance:

- Vector Borne Disease :Malaria
- Water Borne Disease :Acute Diarrheal Disease(Cholera)
:Typhoid
- Respiratory Diseases :Tuberculosis
- VPDs :Measles



Diseases under eradication : Polio
Other Conditions : Road Traffic Accidents
Other International commitments : Plague
Unusual clinical syndromes : Menigoencephalitis /Respiratory
(Causing death / hospitalization)



Dengue Hemorrhagic fevers and other undiagnosed conditions

2. Sentinel Surveillance

STD/Blood borne : HIV/HBV, HCV

Other Conditions : Water Quality

: Outdoor Air Quality

(Large Urban centers)



3. Regular periodic Community surveys:

NCD Risk Factors : Anthropometry,
Physical activity,
Blood Pressure,
Tobacco,
Nutrition,
Blindness

4. Additional State Priorities: Each state may identify up to five additional conditions for surveillance.



Organizational structure

National Surveillance Committee

Central Surveillance Unit



State Surveillance Committee

State Surveillance Unit



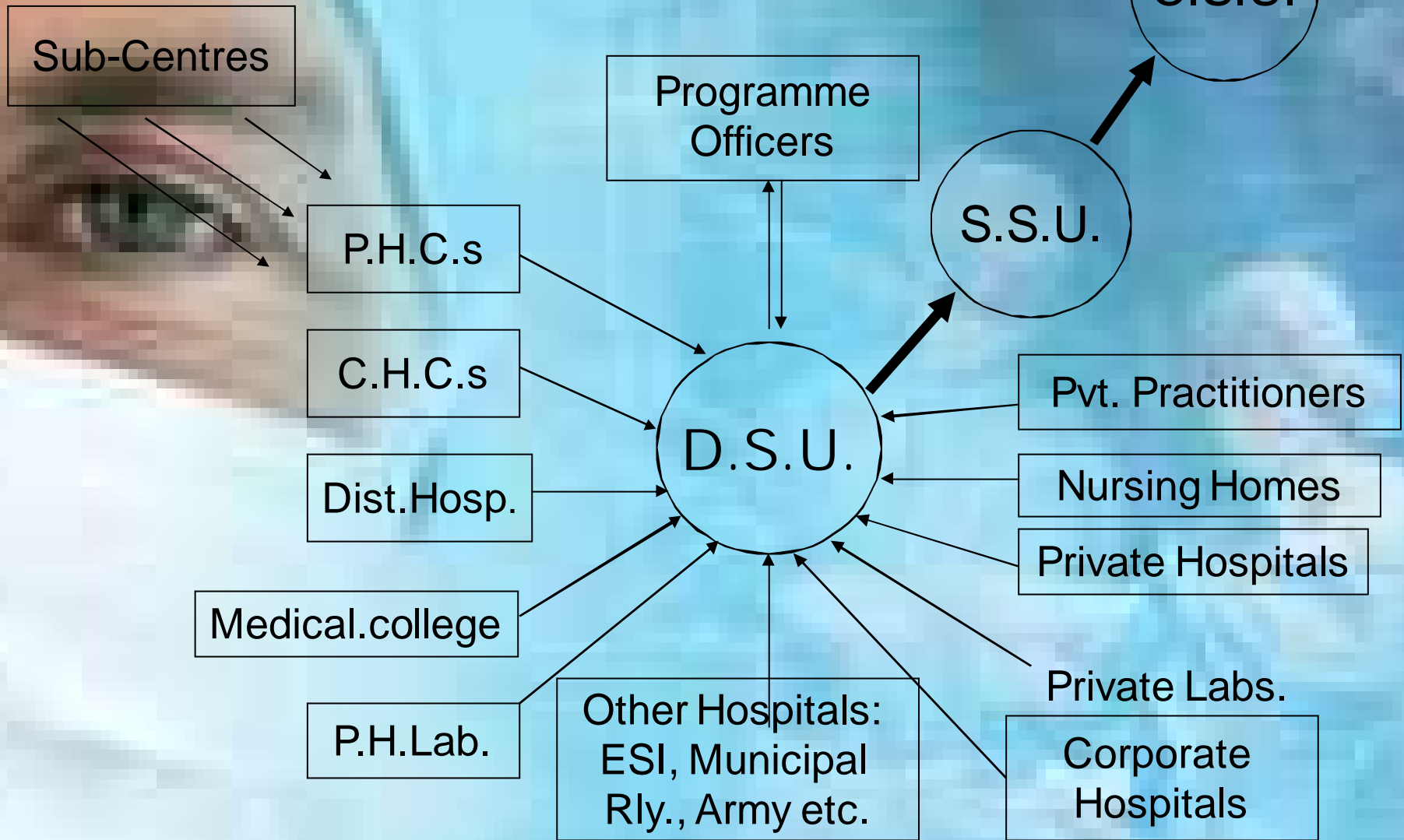
District Surveillance Committee

District Surveillance Unit

Information flow

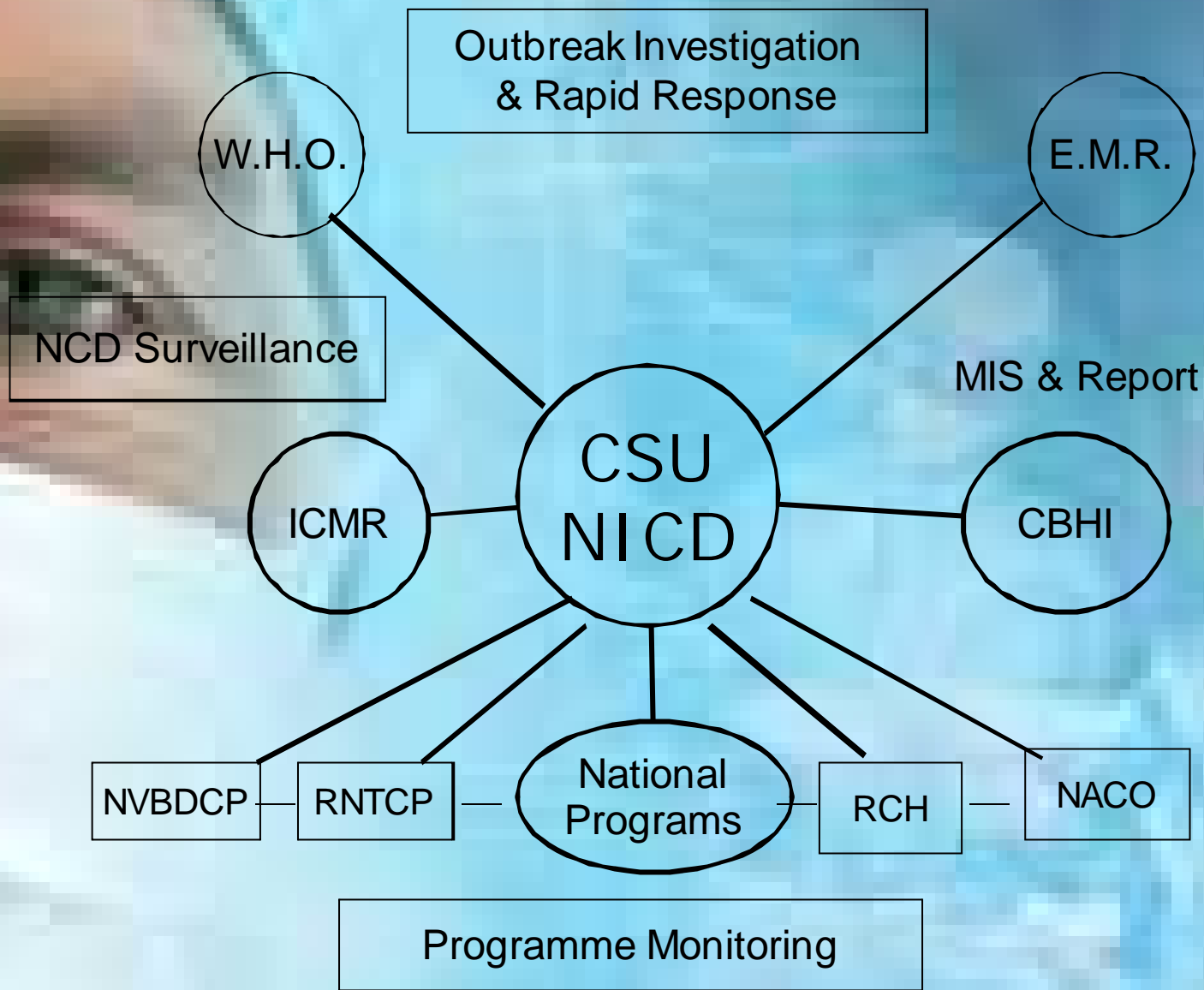


Weekly Surveillance System





Linkages at Central level





Strengths of IDSP

- Functional integration of surveillance components of vertical programs
- Reporting of suspect, probable and confirmed cases –Syndromic reporting from periphery
- Strong IT component for data analysis
- Trigger levels for gradated response
- Action component in the reporting formats
- Streamlined flow of funds to the districts



Key performance Indicators

- Number and percentage of districts providing monthly surveillance reports on time – by state and overall
- Number and percentage of responses to disease-specific triggers on time - by state and overall



- Number and percentage of responses to disease-specific triggers assessed to be adequate - by state and overall
- Number and percentage of laboratories providing adequate quality of information – by state and center;
- Number of districts in which private providers are contributing to disease information



- Number of reports derived from private health care providers;
- Number of reports derived from private laboratories;
- Number and % of states in which surveillance information relating to various vertical disease control programs have been integrated



- Number and % of project districts and states publishing annual surveillance reports
- Publication by CSU of consolidated annual surveillance report



IDSP reporting

- Form 'S' (Suspect Cases) by Health Workers (Sub Centres)
- Form 'P' (Probable Cases) by Doctors (PHC, CHC, Hospitals)
- Form 'L' (Lab Confirmed Cases) from Laboratories
- Frequency of reporting – weekly (Monday to Sunday)
- Data compilation/analysis and response should be at all levels. Presently at State/District/Block level 12- 15 Outbreaks reported every week.



New initiatives under IDSP

Alerts through IDSP call center:

- Call Centre operational with 1075 toll free number since February 2008
- Call received as on 8th October 2008 : 18,872
- No. of Health Alerts : 60
- Led to detection of 5 outbreaks (Cholera, Acute Diarrheal Disease and Chickenpox)



e-learning:

- The objective of e-learning is to enhance the skills to a wide arena of health personnel.
- Proposed components:
 - Discussion Forums
 - Online Survey & Assessment
 - Feedback
 - FAQs
- Currently e-learning modules are being prepared.



Media Scanning Cell

Objective:

- To provide the supplemental information about outbreaks

Method:

- National and local newspapers, Internet surfing, TV channel screening for news item on disease occurrence



Benefits of Media Scanning:

- Increases the sensitivity & strengthen the surveillance system
- Provide early warning of occurrence of clusters of diseases



Thank You

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