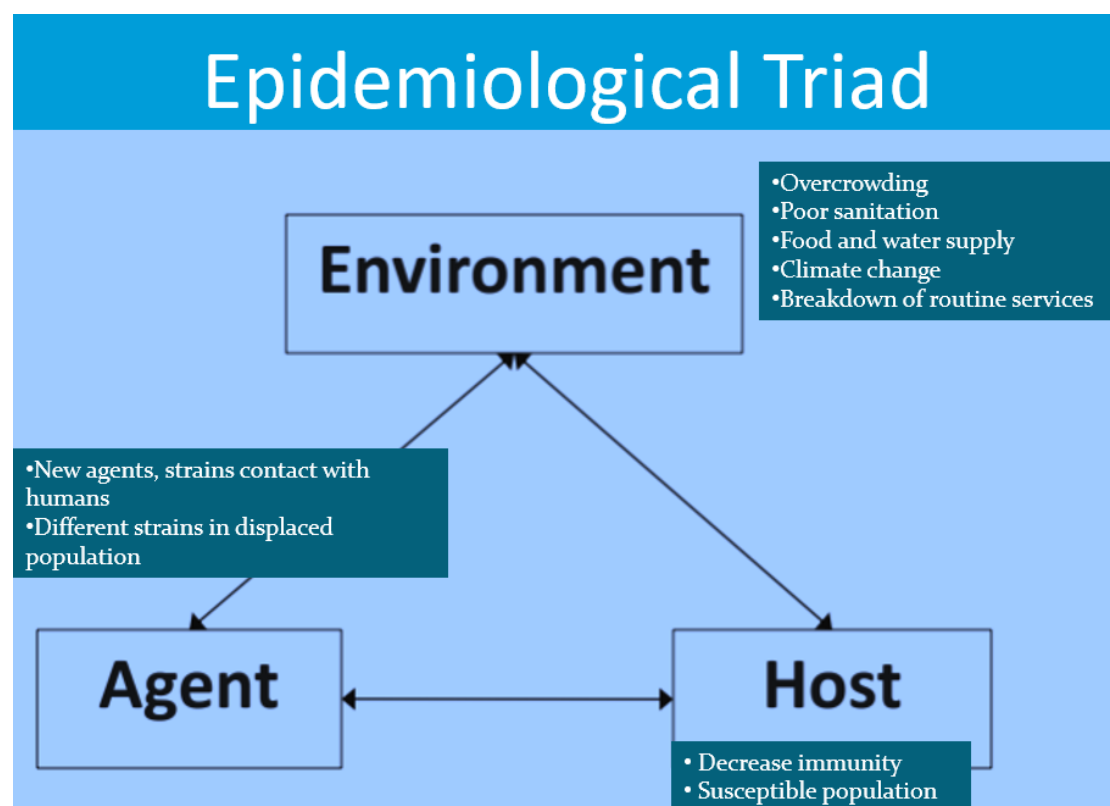


Disease Surveillance During a Disaster

Disasters, that cause serious damage to the functioning of societies and displacement of populations, generally lead to increased rates of disease. Disasters could be classified as natural or man-made. The environment, host and infectious agents are in equilibrium during the non-disaster period while this could get disturbed due to the disaster situation and could lead to disease outbreaks.



Early identification of communicable diseases through a surveillance system will help greatly to reduce the chances of potential outbreaks during the disaster among the victims. Disease surveillance during a disaster is different to non-disastrous situations. During this time the routine surveillance system may be disturbed. Hence, there is a need to set up a new surveillance system.

The surveillance system during a disaster situation must be simple, flexible, acceptable, and situation-specific. Further, the surveillance mechanism should function promptly with daily returns including nil returns.

Steps in Disease Surveillance during a Disaster

Step 1- Setting up of small teams

After the acute disaster response period, the victims will be settled in temporary shelters. It is recommended to start the disease surveillance activities early by appointing a health focal point (either PHI or PHM) for each shelter. Further, to assist him/her, a team should be formulated among the victims. The team members are expected to walk around the temporary shelter routinely and spot the individuals with symptoms and show them to the health focal point once he/she visits the place. The health focal point is expected to screen the patients and if warrants inform the area Medical Officer of Health and report through Annexure 1. This format should reach the MOH office daily basis and in the absence of any suspected diseases, a nil return should be sent.

DISEASE SURVEILLANCE IN FLOOD AFFECTED AREAS

MOH Area :

PHI Area :

Name of Camp / Shelter :

Disease	No of Cases							Total No. of Cases
	___/___/2013	___/___/2013	___/___/2013	___/___/2013	___/___/2013	___/___/2013	___/___/2013	
Watery Diarrhoea								
Dysentery								
Enteric Fever								
Viral Hepatitis								
Chickenpox								
Measles								
Acute Respiratory Tract Infection (RTI)								
Conjunctives								
Skin Diseases								
Others								

Note :

- If there are any deaths, state the probable cause of death
- To be filled in duplicate by the PHI by visiting the camp daily. One form is to be kept in the camp and the other at the PHI office.

Signature :

Date :

Step 2- Duty of the MOH

Area MOH should visit the places on the same day to identify and start the control and preventive activities. At the same time, MOH should collect the disease information of all the temporary shelters in his area and should submit it to the Regional Epidemiologist (RE) on the same day. The absence of such communicable diseases should be confirmed by sending a nil return.

