



# 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

SIHFW: an ISO 9001: 2008 certified Institution

# 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 9<sup>th</sup> 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
- Gol 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

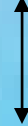
4. **Additional State Priorities:** Each state may identify up to five additional conditions for surveillance.



# Organizational Structure

National Surveillance Committee

Central Surveillance Unit



State Surveillance Committee

State Surveillance Unit



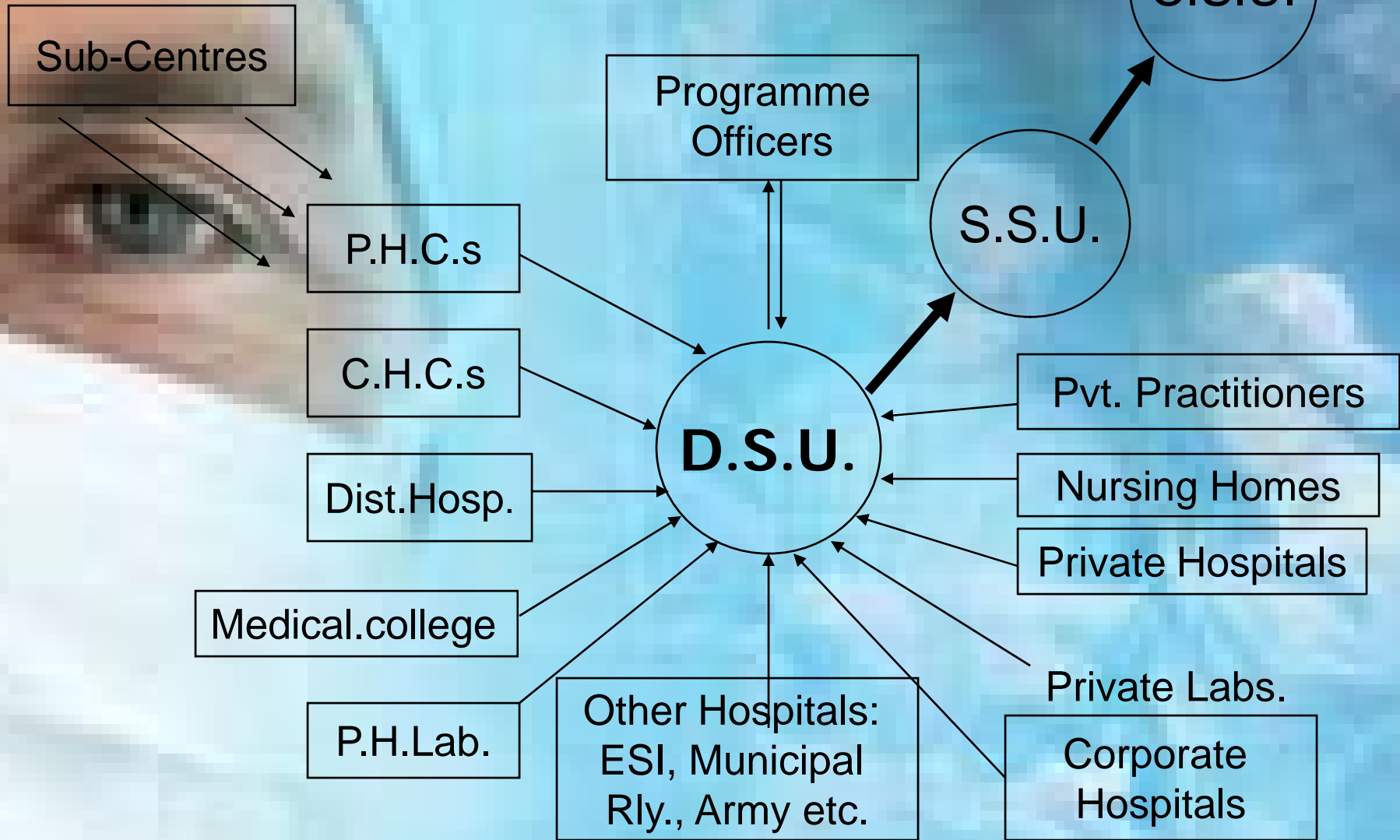
District Surveillance Committee

District Surveillance Unit

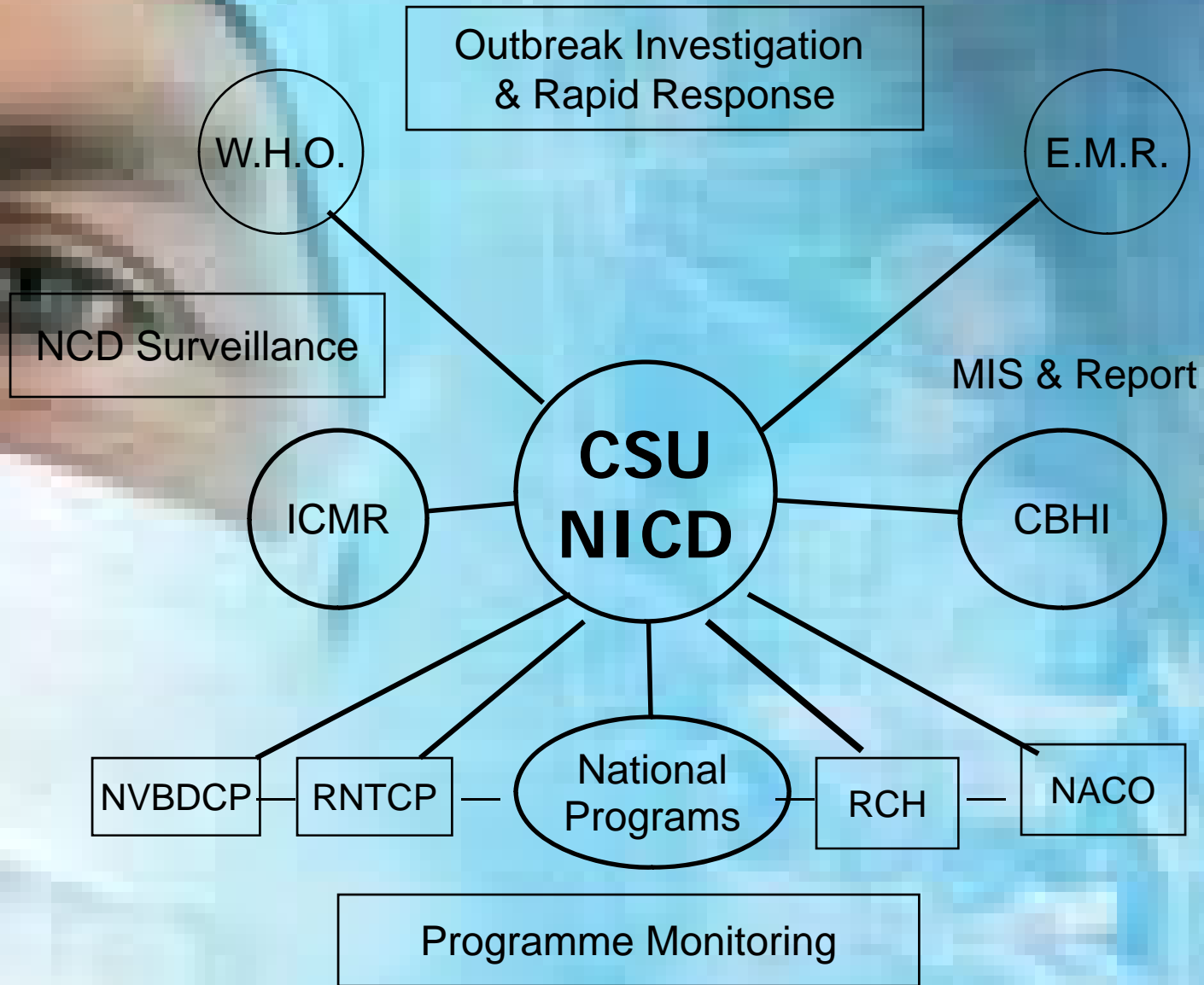
# Information Flow



## 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

For more details log on to  
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