Rapid assessment of surveillance system

Overview

This shortened version of a surveillance evaluation may be used to conduct a rapid assessment. It is based on the CDC document, Updated Guidelines for Evaluating Public health Surveillance Systems (MMWR, Vol 50, RR 14;1 ; August 17, 2001).

In addition to the information included in this document, the flowchart included in "Service: Appendix 2" can easily be modified to assess a surveillance system.

Rapid assessment of attributes for information/ surveillance systems

Representativeness of the data

- What percentage of the population is covered by the system?
- Of this percentage, are these primarily urban? Hospitalized? Upper class? Indigent? Government?
- Who is not covered by the system (population group or area of the country or private sector?) (For example, only 20% of the population may be covered by death certificates and those mostly in urban centers)

Timeliness (look at the national, district or first level of public health action)

- What is the estimated time from occurrence of the health event until a report of it reaches either the national level or the public health entity responsible for control (pick a sentinel event, system specific, death or case of disease.)
- What is the interval between national level getting data and the subsequent publication of it in a report?

Simplicity (ask at two levels)

- What is the estimated amount of time you spend per week filling out forms for this system: At first level: _____. At national level: _____
- Are the forms easy to fill out? Is any of the requested information difficult to obtain?
- If the system is computerized, is the software "user friendly"? What type of computers and software are used?

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Rapid assessment of attributes for information/ surveillance systems (continued)

Flexibility (Ask at the central and peripheral levels)

- When the national guidelines or procedures for this system change (e.g., when new forms are adopted, requiring new data or procedures) how long does it take to inform at least 80% of health care facilities about those changes?
- Have you ever evaluated the quality of the data (reliability or other) from this system? (Ask only at the central level). What was learned?
- Have adaptations been made to the systems based on evaluation?

Sensitivity

- What proportion of actual cases (disease, death, injury) are detected and reported by this system? (Estimate the proportion of cases reported for selected diseases or coverage of system. May only get 5% of TB cases or only 25% of all deaths).
- How did you find out about the most recent outbreaks or other events that were investigated?
- Would the surveillance system be able to show that it happened? (Look at information from the system regarding an outbreak, if possible).

Predictive Value Positive

- Are there written standardized case definitions for surveillance? How were they developed? (For example, what is the quality of the case definition assessed by team judgment based on a sentinel event).
- What proportion of reported cases are laboratory tested? Confirmed?
- What proportion of reported cases are true cases? (Pick an indicator such as TB or dengue and estimate what % of cases are true cases?
- To what extent are trends in reported cases reflective of change in incidence in the community?

Acceptability

- What is the acceptability of reporting requirements to clinicians?
- What is the compliance, at each level, of reporting offices with the system's reporting requirements?
- What is the compliance by private and NGO health care providers?

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Rapid assessment of attributes for information/ surveillance systems (continued)

Usefulness

- How are the data used at each level?
- Are the system's data used for WHO/PAHO, USAID, NGO, UNICEF reports for this country?
- Are the system's data used to generate funding?
- How has the data from the system been used to:
    - Make informed decisions, improve health or respond to outbreaks or other health events.
    - Evaluate the performance of programs, develop priorities, set or follow goals.
    - Inform or involve the community in prevention and control programs.
    - Design community prevention or control programs.

Coordination, support and supervision of surveillance

- What is the health information system infrastructure at the central and peripheral levels?
- Are case-reports "passively" submitted to the health information system, or do you have to "actively" identify cases and collect data on them?
- Is there training for persons who fill out the forms used in this system?
- What percentage of the time do you have the forms and supplies for the system (days/month or months/year)?
- Is transportation available for staff to do the job adequately?
- Is there office space available to do the job?
- Is there equipment (e.g., computers, printers, modems, etc.) to do the job?
- What kinds of data analysis are routinely performed at various levels (e.g., frequency distributions, trends over time and from place-to-place, outbreak investigations, etiologic studies)?
- How often do supervisory visits happen at each level? By whom?
- Has the Health Information System (HIS) ever been evaluated with respect to the attributes listed above?
- Was local data used in proposals by government and non-government organizations?
- Are copies available of annual reports and/or statistics yearbooks? (Indicate the number of copies made and whether they are available).