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	Effective Date:	06-30-2022
	Document Type:	Policy
	Page Number:	1 of 8
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	SURVEILLANCE AND REPORTING OF NOTIFIABLE DISEASES

B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100

PURPOSE:

1. To provide an ongoing system of surveillance, data collection, analysis and dissemination of findings in order to identify and control infections/ hospital infection and to initiate prevention and strategies to minimize the risk of transmission of infection.
2. To better enable health care workers to report suspected or confirmed cases of reportable diseases as soon as it has been recognized.
3. To increase timeliness and completeness of infectious disease reports.
4. To obtain baseline information and provide necessary planning and evaluation of disease prevention and control programs.
5. To detect the source of individual cases, or outbreaks and to conduct contact tracing immediately.
6. To trigger an appropriate public health response so that further illness can be prevented and public fears allayed.


LEVEL:

Physicians, Nursing Service Division, Ancillary Department, Infection Prevention and Control Unit, House Keeping Personnel, Safety Officer, Security Personnel

DEFINITION OF TERMS

Disease surveillance- is to predict, observe, and minimize the harm caused by outbreak, epidemic, and pandemic situations, as well as increase our knowledge as to what factors might contribute to such circumstances. A surveillance system can also be used for monitoring, evaluation and improvement of disease prevention and control programs.

Privacy- is the right of patients to choose what information they will release about themselves and to whom.

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Confidentiality- is the obligation of private/public health workers to keep information about individuals restricted only to those persons who absolutely need it for the health of the community.

Epidemic- refers to the occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy. The community or region and the period in which the cases occur are specified precisely.


Notifiable Disease- refers to the disease that, by legal requirements, must be reported to the public health or other authority in the pertinent jurisdiction when the diagnosis is made.

Outbreak- synonymous with epidemic; when used in a sentence, refers to an epidemic limited to localized increase in the incidence of a disease, e.g., in a village, town, or closed institution.

Mandatory reporting- refers to the obligatory reporting to the DOH Epidemiology Bureau (EB) or their local counterparts, as required for notifiable diseases, epidemics or health events of public health concern

Contact tracing- refers to the process of identification, listing, assessment, and monitoring of persons who may have come into contact with an infected person and subsequent collection of further information about these contacts. It is a major public health intervention to interrupt ongoing transmission and reduce spread of an infection.

Confirmed case- refers to a case that is classified as confirmed for reporting purposes, as may be defined by the DOH specific to a disease. Case definitions for this case classification are commonly based on clinical, laboratory, and other

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epidemiological criteria but may only be based on current/existing recommendations as to confirming laboratory test

Suspect case- refers to a case that is classified as suspect for reporting purposes, as may be defined by the DOH specific to a disease. Case definitions for this case classification are commonly based on clinical and other epidemiological criteria.

Reportable Disease- are notifiable diseases that are required by law to be reported to government authorities. The collation of information allows the authorities to monitor the disease, and provides early warning of possible outbreaks.


Notifiable disease- refers to a disease enumerated or may be listed pursuant to which must be reported to public health authorities.

Case Investigation Forms- It is a disease specific investigation form that should be filled out with relevant information on every case seen in the health facility; to be submitted within 24 hours with attached specimen.

Case Report Form- It is a disease specific report form that should be filled out obtain relevant information on every case seen in the patient's chart; to be submitted every Monday of the week


POLICY:

1. DPOTMH Infection Control Committee (ICC) and its Infection Prevention and Control Unit (IPCU) collaborates and adapts the Philippine Integrated Disease Surveillance and Response (PIDSR) and recognizes the contributions of the World Health Organization (WHO) and the Center for Disease Control (CDC) in disease surveillance and reporting of cases as well cases of deaths from significant diseases.

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- 1.1. Administrative Order No. 2007-0036 on the Philippine Integrated Disease Surveillance and Response (PIDSAR) Framework.
- 1.2. The PIDSAR is consistent with the technical leadership role of the DOH in health and shall contribute to the achievement of the National Health objectives and the country's Millennium Development Goals.
2. Republic Act 11332 (Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act). Requires all individuals and health facilities to report notifiable diseases to local and national public health authorities.

LIST OF NOTIFIABLE DISEASES	
Category I- Immediate Notifiable	Category II- Weekly Notifiable
1. Acute Flaccid Paralysis	1. Acute Bloody Diarrhea
2. Adverse Event Following Immunization (AEFI)	2. Acute Encephalitis Syndrome
3. Anthrax	3. Acute Hemorrhagic Fever Syndrome
4. Hand Foot and Mouth Disease	4. Acute Viral Hepatitis
5. Human Avian Influenza	5. Bacterial Meningitis
6. Measles	6. Chikungunya
7. Meningococcal Disease	7. Cholera
8. Neonatal Tetanus	8. Dengue
9. Paralytic Shellfish Poisoning	9. Diphtheria
10. Rabies	10. Influenza-like Illness
11. Severe Acute Respiratory Syndrome(SARS)	11. Leptospirosis
12. Outbreaks	12. Malaria
• Clusters of Diseases	13. Non-neonatal Tetanus
• Unusual Diseases or threats	14. Pertussis
	15. Typhoid and Paratyroid Fever

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3. The Physician or the Nurse who handled an individual case shall notify the Infection Prevention and Control Unit on the patient's data via phone call and sends a text message after the disease has been identified.
4. Infection Prevention and Control Unit personnel or the Disease Surveillance Coordinator perform surveillance; implement prevention and control measures and report infections to the Infection Control Committee and appropriate authorities.
5. Infection Prevention and Control Unit personnel or the Disease Surveillance Coordinator conducts preliminary investigation.
 - 5.1. Review the patients chart and discuss the case with the attending physician or charge nurse, and interview the patient's family members for a history.
 - 5.2. Ensure that the Form (CIF or CRF) to be submitted is completely filled out with correct patient's data.
 - 5.3. Check and review the pertinent data of the patient's including diagnostic laboratory reports and secure the necessary specimen needed to be submitted.
 - 5.4. Assist with the DOH- PIDSR Disease Surveillance Officer on specimen collection; ensure to fill out form with complete patient's data (CIF or CRF).
 - 5.5. Notify the local health agency or the Disease Surveillance Officer (DSO) of diseases or syndromes classified as immediate notification within 24 hours of detection.
 - 5.6. Encode and submit reports for category 2 every MONDAY of the week to the next higher level using the PIDSR application system.
 - Category I- Immediately or within 24 hours
 - Category II- Weekly Notifiable Report
 - 5.7. Record in the Weekly Notifiable Diseases Report form (Summary Page) all cases of notifiable diseases admitted in the hospital.

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6. The Department of Health (DOH) Disease Surveillance Officer (DSO) coordinates with IPCU Personnel or the Disease Surveillance Coordinator to notify hospital management of the activity to be done for epidemiological investigation of epidemics, suspected or confirmed cases in the hospital.
 - 6.1. Collaborates with the Health Information Management Office (HIMO) - Hospital Medical Record Section.
 - a) Review the patient's chart for demographic information of the patient's and its diagnosis and obtain necessary documents if needed.
7. The privacy and confidentiality of patient's information should be maintained. Patients have the right to know why they are providing information, to refuse to provide information, and to expect that information will be handled as confidential.

DOCUMENTATION:


Revised Policy

DISSEMINATION:

Hospital Communicator
Policies and Procedure Manual


REFERENCES:

1. World Health Organizations (WHO)
2. *Definitions for Consideration | State TB Prevention & Control Laws | TB Laws & Policies | Resources & Tools | TB | CDC.* (n.d.). CDC. Retrieved June 17, 2022, from <https://www.cdc.gov/tb/programs/laws/menu/definitions.htm>
3. National Epidemiology Center Department of Health. (2014, April). *Manual of Procedures for the Philippine Integrated Disease Surveillance and Response.* https://doh.gov.ph/sites/default/files/publications/PIDSRMOP3ED_VOL1_2014.pdf

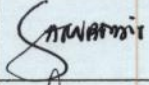

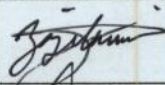
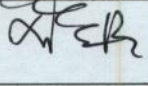

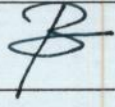
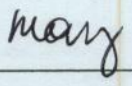
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4. *The 2020 Revised Implementing Rules and Regulations of Republic Act No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act.* (2020). <https://doh.gov.ph/sites/default/files/health-update/revised-IRR-RA11332.pdf>

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APPROVAL:

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Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		06-22-2022
Recommending Approval:	FREDERIC IVAN L. TING, MD OIC- Total Quality Division		6.23.2022
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President- Chief Medical Officer		6.30.22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		

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	Document Title:	SURVEILLANCE AND REPORTING OF NOTIFIABLE DISEASES

PURPOSE:

To discuss the processes involved in the surveillance and reporting of notifiable diseases.

SCOPE:


Applies to all Infection Prevention and Control Unit staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:


Disease Surveillance Coordinator, Nurse in charge, Infection Prevention and Control Unit staff

PROCEDURE:

1. Disease Surveillance Coordinator conducts surveillance
 - 1.1. Reviews the list of reportable or notifiable diseases and determine the standard case definition.
 - 1.2. Review the patient's history and gather demographic data of patients
 - 1.3. Discuss with the Attending Physician, Resident, or Infectious Disease Consultant on board and the nurse in charge.
2. The Nurse in charge must notify the Infection Prevention and Control Unit via phone call or through a text message with the patient's case and details.
 - 2.1. Patient's complete Name
 - 2.2. Address
 - 2.3. Date of birth, Age and Status
 - 2.4. Patient's history; chief complaints and onset date of sign and symptoms
 - 2.5. Admission diagnosis/ assessment by the Physician.
3. Infection Prevention and Control Unit personnel or the Disease Surveillance Coordinator conducts preliminary investigation


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- 3.1. Review the patients chart including diagnostic and laboratory reports and discuss the case with the medical staff; resident doctor, attending physician or charge nurse,
- 3.2. Gather information from the patient's family members about the patient's history.
- 3.3. Instruct the nurse in charge to secure the necessary specimen if laboratory confirmation is required, and notify of the collected specimen.
- 3.4. Notify the local health agency or the Disease Surveillance Officer (DSO) of diseases or syndromes classified as immediate notification within 24 hours of detection.
- 3.5. Assist with the DOH- PIDSR Disease Surveillance Officer on specimen collection; ensure to submit the fill out form with complete patient's data (CIF or CRF).
- 3.6. Encode and submit reports For category 2 every MONDAY of the week to the next higher level using the PIDSR application system
 - Category I- Immediately or within 24 hours
 - Category II- Weekly Notifiable Report
- 3.7. Record in the Weekly Notifiable Diseases Report form (Summary Page) all cases of notifiable diseases admitted in the hospital.

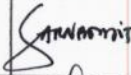

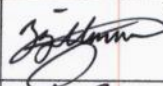
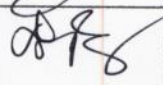


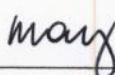
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3. National Epidemiology Center Department of Health. (2014, April). *Manual of Procedures for the Philippine Integrated Disease Surveillance and Response.* https://doh.gov.ph/sites/default/files/publications/PIDSRMOP3ED_VOL1_2014.pdf
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APPROVAL:


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Recommending Approval:	FREDERIC IVAN L. TING, MD OIC- Total Quality Division		6-22-22
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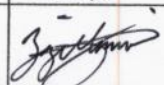
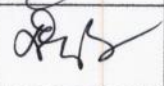


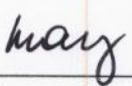
KEY TASKS	PERSON RESPONSIBLE
1. Notifies the Infection Prevention and Control Unit via phone call or through a text message with the patient's case and details	Nurse in charge
1. Conducts surveillance by reviewing the list of reportable or diseases and determines the standard case definition	Disease Surveillance Coordinator/ Infection Prevention and Control Unit staff
2. Reviews the patient's history and gather demographic data of patients	
3. Reviews the patients chart including diagnostic and laboratory reports and discuss the case with the medical staff; resident doctor, attending physician or charge nurse	
4. Gathers information from the patient's family members about the patient's history	
5. Instructs the nurse in charge to secure the necessary specimen if laboratory confirmation is required, and notify of the collected specimen	
6. Notifies the local health agency or the Disease Surveillance Officer (DSO) of diseases or syndromes classified as immediate notification within 24 hours of detection	
7. Assists with the DOH- PIDSR Disease Surveillance Officer on specimen collection; ensure to submit the fill out form with complete patient's data (CIF or CRF)	

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8. Encodes and submit reports For category 2 every MONDAY of the week to the next higher level using the PIDSR application system	
9. Records in the Weekly Notifiable Diseases Report form (Summary Page) all cases of notifiable diseases admitted in the hospital	

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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		

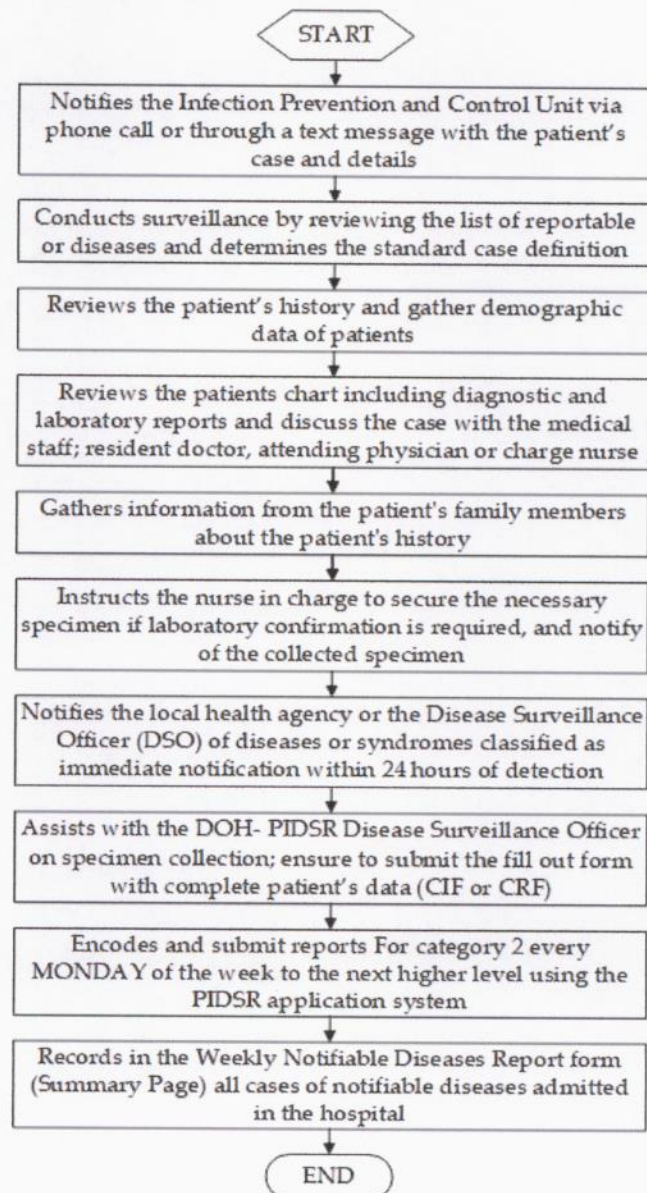



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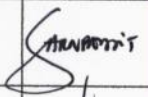
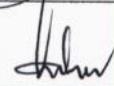
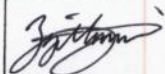
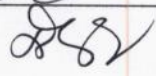


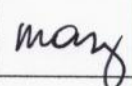
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FLOWCHART



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KEY TASKS	PERSON RESPONSIBLE
1. Designates a specific work area for the preparation of intravenous chemotherapy agent infusion systems, injections, and oral products	Inpatient Pharmacy
2. Ensures that the designated work area have available spill kits and spill procedures posted	
3. Wears proper PPE according to the task to be performed	Pharmacist/ Nurse
4. Removes both gloves immediately if chemotherapy agent comes in contact with the glove or if glove is punctured or torn	
5. Washes hands thoroughly with soap and water	
6. Washes the affected area for 15 minutes if there is suspected skin contamination	
7. Disposes of contaminated PPE in the biohazard receptacle and wears new set	