Disease Surveillance in Bangladesh: Moving Towards e-system

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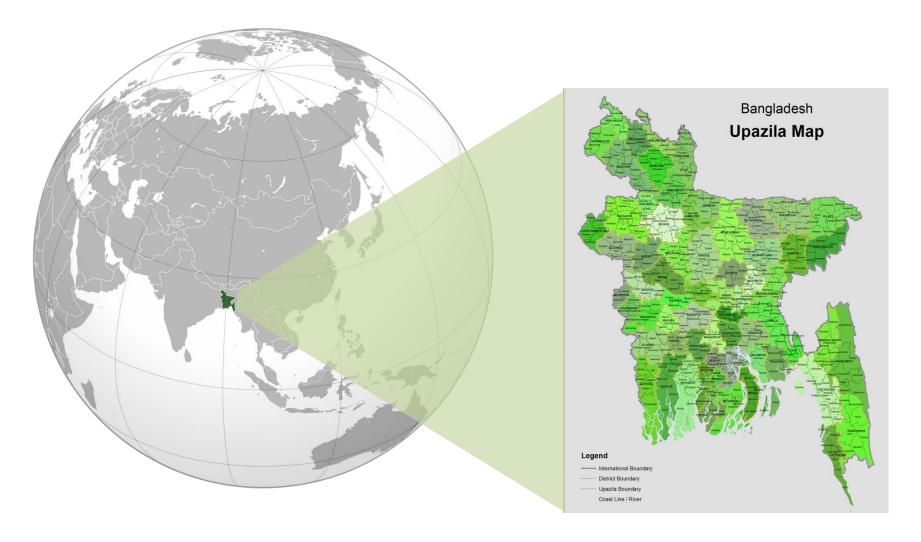
Institute of Epidemiology, Disease Control and Research & National Influenza Centre (NIC)





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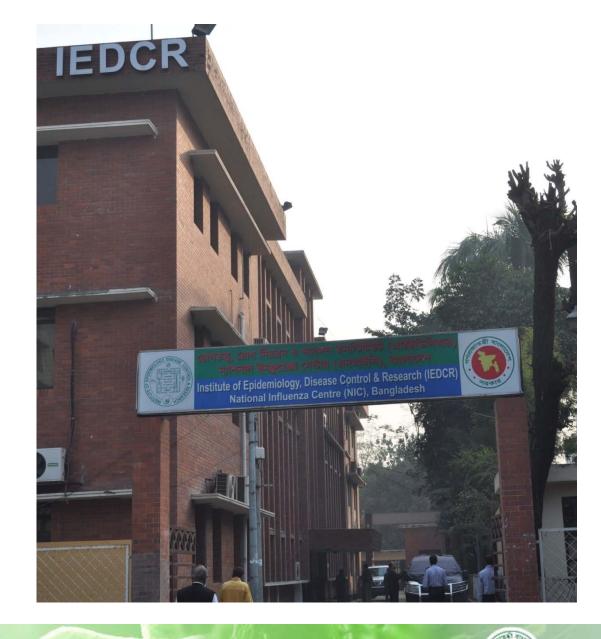
- Surveillance system in Bangladesh
- Improvement in surveillance system with IANPHI support
 - Web-based integrated disease surveillance
 - Behavioral Risk factor surveillance system (BRFSS),
 Bangladesh



Bangladesh

- Population- 152 million
- Divisions 7
 Districts 64
 Sub districts (Upazilla) 493

- 1976 IEDCR started functioning - 1976
- IANPHI Member since 2006
- Designated as National Influenza Centre - 2007







Objectives of IEDCR

Disease Surveillance Outbreak investigation & response

Research

Training



National disease surveillance systems

- 1. Routine Disease Surveillance
- 2. EPI Disease Surveillance
- 3. Priority Communicable Disease Surveillance
 - Web-based Integrated Disease Surveillance (IANPHI support)
 Web based slides Mexico.pptx
- 4. Surveillance through Outbreak Investigation (IANPHI support)
 - 24/7 hotline
 - Media Monitoring
 - Any informal reporting

Outbreak Slides Mexico.pptx





Disease Specific Surveillance

- Nipah Surveillance
- Acute Meningo- Encephalitis Surveillance (AMES)
- Influenza surveillance
 - Hospital based
 - Community Based
- Avian Influenza Surveillance among High Risk Groups

- Salmonella Surveillance (Initiated with IANPHI support)
- Dengue Surveillance

BRFSS slides Mexico.pptx

 Food borne disease surveillance (e.g., Salmonella, Hepatitis A & E)



IANPHI achievement

- Strengthening surveillance system
 - Web-based integrated disease surveillance
 - BRFSS, Bangladesh
 - Outbreak investigations
- Capacity development
 - Training of doctors
 - Training of statisticians
 - Training of Staff In-charge
- Procurement for IT support



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Objectives of Web-based disease surveillance (WBDS)

- 1. Early detection of outbreaks
- 2. Monitor trends of priority communicable diseases
- 3. Facilitate real-time electronic transfer of data from sub-districts to central level
- 4. Reduce provider burden in data transmission
- 5. Ensure quality & timeliness of data
- 6. Disseminate the findings
- 7. Upgrade website & IT facilities







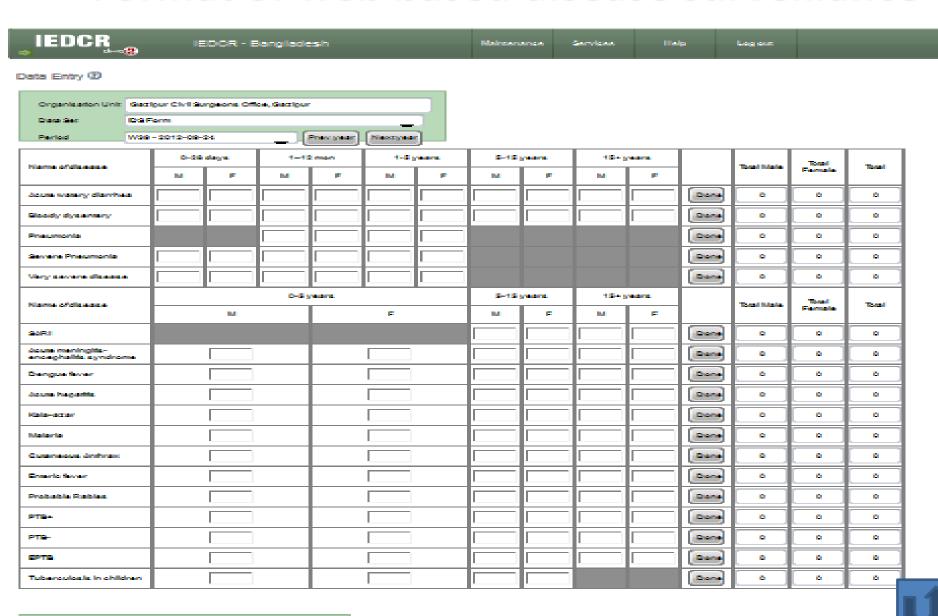
Capacity development for WBDS

- Orientation of Civil Surgeon, Upazila Health & Family Planning Officer, Medical Officer
 - -64 districts
 - -493 sub-districts (upazila)
- Training of Statistical assistant/ statistician-514





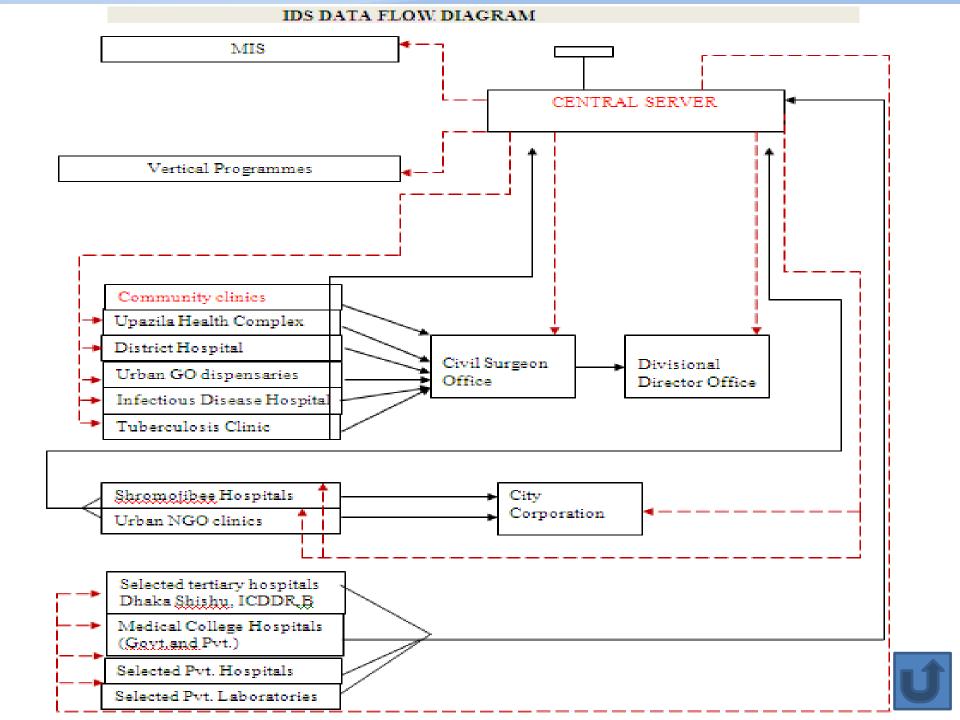
Format of web based disease surveillance



Complete

Incomplete

Run validation



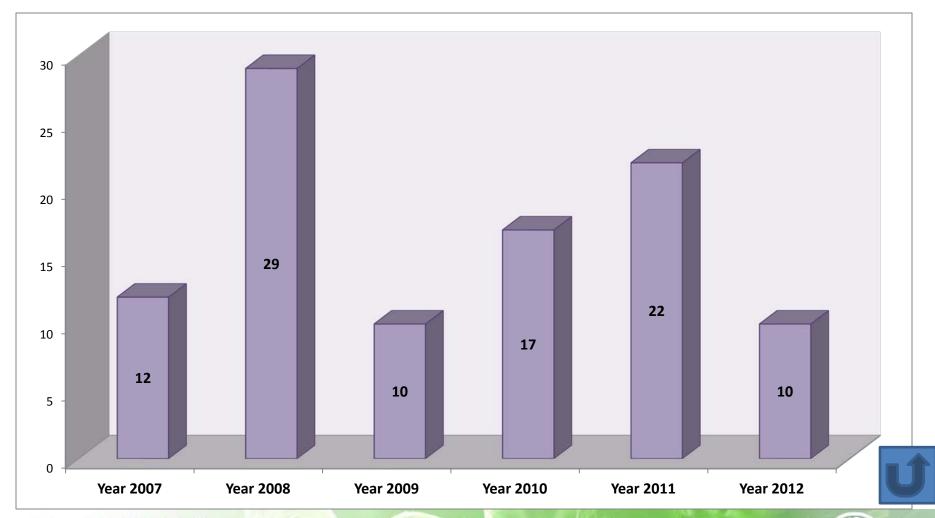
Outbreak investigation & response

Since 2007, more than 100 outbreaks investigated by IEDCR all over Bangladesh





Outbreaks (2007 – 2012) NRRT Response





IEDCR



Investigation of disease outbreaks & rapid response

tbrough

National Rapid Response Team (NRRT)

District Rapid Response Teams (DRRT)

Upazilla Rapid Response Team (URRT)





Behavioral Risk Factor Surveillance System (BRFSS) Bangladesh

- Mobile phone used to conduct interview
- IANPHI provided fund for piloting
- CDC Atlanta supported development of protocol & questionnaire
- MOH&FW supported validation of telephone interview
- Scaling up with Ministry of Health & US CDC support
- Dissemination









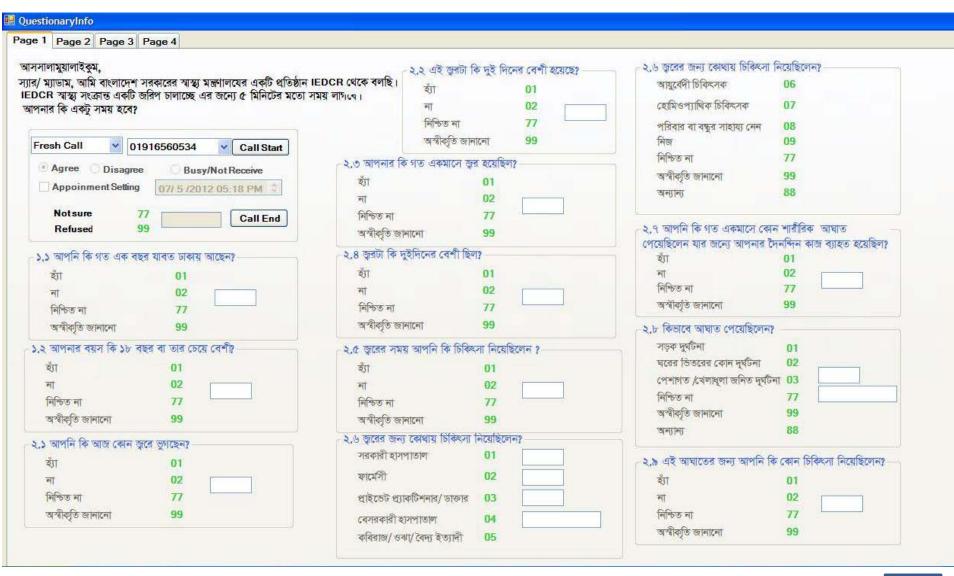


BRFSS Activities





Database of BRFSS, Bangladesh





It will take four months to interview 3.000 individuals

Mobile phones to be used in health survey pressure and heart ailments as conducted in different countries

ALPHA ARZU

DHAKA, JAN 1: Institute of Epidemiology, Disease Control & Research (IEDCR) will conduct a survey with computerised telephonic interviews to determine whether individual behaviour contributes to developing chronic diseases that may lead to premature mortality and

ভাষাৰ কৰিব এই মাধ্যমে স্বাস্থ্য সকলিত জমি

Institute of Epidemiology, Disease Control & Research (IEDCR) WEST of CAPT OF Privates

জিমিন ব্যক্তিয়ানের মুঠন হছের মুফ্রিরার প্রনেক তুমত দেখেই চালু প্রাছে।

স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

আন্তরিকতা আমাদের একান্ত কামা।

Interviewers will use computer-based forms containing questions on an individual's physical condition, history of diseases like

diarrhoea, fever, diabetes, blood

well as some other risk factors. The respondents will have to answer queries about consumption of fruits and vegetables, tobacco use, water

access and vigorous activities. The survey will also include the personal information of the

respondents. including family size, family members' ages and ailments, if any, besides marital status and income. This kind of system,

called "Behavioural Risk Factor Surveillance System (BRFSS)" is a statebased computerassisted telephone

including USA and China,

Respondents to upcoming survey will be aged above 18 years. The IEDCR will conduct the survey with the financial assistance form International Association of National Public Health Institutes, Finland.

The data to be collected from the survey will help to identify the high risk segments of the population that can be targeted for intervention programmes. The data can also be used to track changes over time in risk factor behaviours and related diseases, and can assess the impact of health promotion and prevention intervention programmes.

The Tennessee Department

basis since 1984, surveying adults from randomly selected households throughout the USA in every month.

These surveys were developed and conducted to monitor state-level prevalence of the major behavioural risks among adults associated with premature morbidity and mortality.

Many of the behavioural risk factors surveyed in this system cannot be obtained from any other health statistics sources and this system serves as an important, timely, accurate, and often sole, resource in measuring and monitoring the personal health behaviours and lifestyle conditions that are related to good or poor health

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जाननात्र मुनायान मठामण वर्षे करिएनम् क्ष्मा विष्णम् कर्म्स्पृत्यं। वर्षे भरवयमाम क्षांत्रं ज्या क्षम्यार्थः THE health ministry is going to conduct a behavioural survey to track health risks of the

আপনার মূল্যবান মতামত এই জারপের জন্য বিশেষ গুরুত্বপূর্ণ। এই গ্রেব্রণায় প্রাত্ত তথা জনস্বাবে হবে। উত্তরদাতার কোন পরিচয় কোথাও প্রকাশ করা হবে না। এ বিষয়ে আপনার সার্থিক সহতে The Institute of Epidemiology, Disease Control and ology, Disease Control and Research would conduct this Behavioural Risk Factor Surveillance System on a pilot basis, which would start in first week of February 2012, officials of the institute said.

institute director, Mahmudur Rahman, said under the pilot project they would interview some 3,000 people aged above 18 years through mobile telephone. An agreement has already

been signed between the health ministry and private

Under the agreement, the

Under the agreement, the company will provide some 20,000 mobile numbers of numbers of Dhaka city of which 3,000 numbers would be selected on a random basis, he added, hoping that the survey would be extended all over the

We will ask the people questions related to different communicable and non-comtor Surveillance System is municable diseases including some behaviour pattern related to physical activity and

Rahman said the questionnaire contains queries on nonnaire comains quenes on fever, diarrhoea, injury, diabetes, blood pressure, physical activities, use of tobacco

products, consumption of vegetables and fruits etc.

Rahman said the interview might be 15 to 20 minutes and it would take about four months to complete the

The result would help take actions regarding different diseases as well as track any outbreak very quickly, he

the world's largest, ongoing telephone health survey system, tracking health condi-tions and risk behaviours in

the United States since 1984. The CDC Atlanta (Centres for Disease Control and Prevention) would support the survey.



Data collected on

- Socio-demographic characteristics
- Behavioral Risk Factors
- Non-Communicable Diseases (NCDs)
- Physical injury
- Preventable Communicable Diseases
 - Diarrhea
 - o Fever
- Health Care Seeking Pattern

Outcome status of phone call

	Status of phone call	Total	%
1	Completed interview	3378	16.15
2	Incomplete interview	98	0.47
3	Appointment made	1366	6.53
4	Refusal	660	3.16
5	Not Eligible	5716	27.33
6	Busy/Not Received	9698	46.37
	Total call	20916	100.00



Validation Of
Telephone
Interview
Through Face
To Face
Interview







BRFSS findings findings Dissemination



