Introduction to community-based surveillance (CBS)

Updated July 2020
Epidemics begin and end in the community
Learning objectives

By the end of this session, participants will understand:

• The importance of early detection and early notification during a disease outbreak
• The RCRC approach to CBS
• The role of RCRC volunteers in CBS
• The role of a community in CBS
• Tools and support available for CBS
• Features and advantages of the Red Crescent Red Crescent Nyss platform for CBS
Objectives of surveillance

What is CBS?
The systematic detection and reporting significant public events within a community by the community e.g. a disease outbreak

Aim
• Early warning leads to early action = saving lives!
• Rapidly detect new cases in new areas helps stop the spread
• People with severe symptoms should be referred to a health facility as soon as possible to help reduce chances of death.
• Promote trust within the communities – linking the community to volunteers who are active, available and accessible
The difference CBS can make - flattening the curve
CBS Compared with other surveillance strategies
CBS = Trained volunteers detect and report on health risks and events in their community.

Contact tracing = Officials, VHWs or CHWs identify and follow up persons who may have been in contact with someone sick.

Reporting Hotline = Communication network allowing community members to call and report if they believe COVID-19 is an issue in their community and provide information on symptoms for follow-up.

Active case finding = Epidemiologists or CHWs systematically search and screen within target groups or locations.
Background

• Existing surveillance systems may be weak or only gather information when people present to a health facility (clinic or hospital)

• Often during an outbreak clusters of sick people or a sudden death occurs at a community level but the information may not be captured in the traditional existing surveillance system

• Often the community is aware of the health problem but they don’t receive early enough to stop the spread of disease

• CBS aims to close the gap through early detection of people getting sick
Ministry of Health

Local Health Department

Clinician

Public
Let’s take a look at how gaps in surveillance occur
Case 1

Case 2

Case 3

Case 4

Case 5

Adapted from Pollack, M., EpiCore (2016)
Case 1

Case 2

Case 3

Case 4

Case 5

Adapted from Pollack, M., EpiCore (2016)
Case 1

Case 2

Case 3

Case 4

Case 5

Adapted from Pollack, M., EpiCore (2016)
Why is RCRC a good choice for CBS?

• Well placed due to extensive volunteer network

• Long term relationship with communities and ability to deliver key information

• Experience delivering education, empowering and strengthening communities

• Relationship with MoH and often previous experience in passing on key information about suspected cases.
Importance of linking CBS with an appropriate response

- Referrals
- Appropriate links to Health Officials
Integrating with other systems

• CBS is designed to become part of the existing surveillance system (MoH have this responsibility through DHIS2, NCDC, etc.)

• This means CBS is not a separate system, rather it gives us a bigger picture as community information becomes part of the whole surveillance and referral system
Volunteers report information to their RC supervisor who report to their MoH Colleague. They then alert the MoH colleague to follow-up and determine the appropriate response.
Report on Health Risks, not disease

‘Community case definitions’ are based on WHO, IFRC and work with Ministry of Health.

- Adapted in each country to fit with Ministry, local wording and understanding, local volunteer skills and literacy.

Priority illnesses are ideally limited to only few major outbreak diseases – relevant for early warning, & early action.

- Decided in collaboration with Ministry departments
- Based on burden of past epidemics, impact and scale of potential outbreaks
## Examples

<table>
<thead>
<tr>
<th>Number</th>
<th>Health Risk</th>
<th>Suggested community definition</th>
<th>Related diseases</th>
<th>Suggested key messages for data collectors/ volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Cough and difficulty breathing</td>
<td><em>Cough and difficulty breathing. Can start with fever, runny nose, tiredness, headache, feeling unwell</em></td>
<td>• COVID-19</td>
<td>• Explain importance of handwashing, cough etiquette and social distancing.</td>
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<td></td>
<td></td>
<td></td>
<td>• ARIs,</td>
<td>• Refer to Health Facility or authorities.</td>
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<td></td>
<td></td>
<td></td>
<td>• TB</td>
<td>• Use ECV tools #7 &amp; 16</td>
</tr>
<tr>
<td>14</td>
<td>Cluster of unusual illnesses or deaths</td>
<td><em>Cluster of people (3+) suddenly sick or died with the same signs of illness.</em></td>
<td>• Any</td>
<td>• Encourage social distancing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• COVID-19</td>
<td>• Note types and symptoms and refer sick to care</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Use ECV tool #28</td>
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A Foundation of Community Health & CBS

Important to link CBS with a Response

- Appropriate risk communication and community engagement activities
- Appropriate epidemic control for volunteer activities
A Rapid Assessment should identify:

• Is CBS needed/relevant?
• Does CBS match the mandate of the National Society?
• Is CBS Feasible?
• Are there existing relationships with the MoH or other surveillance actors?
• Is there a capacity to respond?
• Suggested modalities of CBS
The type of information collected and reported

*Example of a data record Form*

<table>
<thead>
<tr>
<th>Volunteer ID:</th>
<th>Village location ID:</th>
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<tbody>
<tr>
<td>Date of Alert</td>
<td>Alert reported</td>
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</table>

Can be digital (mobile phone) or paper based
Additional Considerations:
Volunteer safety during CBS

- Observe safe distance i.e. at least 2 metre from community members
- No physical contact
- If in direct contact with someone who is unwell with respiratory symptoms follow the PPE guidance
Additional Considerations: Human resources

- Community volunteers – may be RCRC existing volunteers or new recruits
- CBS supervisors – usually an existing volunteer from the closest branch (ideally already trained in ECV)
- Health coordinator from closest NS branch – coordinates the information that goes to the MoH (should be ECV and CBS trained)
What is Nyss?

A community-based surveillance platform
Watch the video....

https://www.youtube.com/watch?v=784lzOlkzJE&feature=youtu.be
Volunteer role and process

• Trained to recognize signs and symptoms of the disease
• Become a focal point in the community
• Record and report via a simple mobile phone
  • Send a short coded SMS
  • Nyss receive the SMS report
  • Data counted and analysed
  • Information shows up on a platform
  • Automatic alerts and report sent to supervisors
MY SON HAS BEEN SICK FOR 3 DAYS.

THANKS FOR TELLING ME.

SHOULD I REPORT THIS?

nyss

ALERT OF FEVER AND RASH BY COBY IN VILLAGE.
CALL COBY ON 44444444

+ IFRC
https://www.cbsrc.org

RESOURCES

- Community-based surveillance
- Nyss - a community-based surveillance platform
- Training materials
Online Tools and Resources

- IFRC community-based surveillance guiding principles
- IFRC community-based surveillance Assessment Tool
- IFRC community-based surveillance Protocol Template
- IFRC community-based surveillance for COVID-19 Guidance
- Training Materials for ToV and ToTs
- Red Cross Red Crescent Nyss platform for CBS
- COVID-19 Health Help Desk FAQs for CBS

• Upcoming:
  - Playlist of online training resources
  - M&E Framework for CBS
Continued Remote support Contact for CBS

CBS Support

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