**SELF-ASSESSMENT QUESTIONNAIRE OF EARLY WARNING AND RESPONSE SYSTEM**

**(SQEWRS)**

**IN ORGANIZATION OF ISLAMIC COOPERATION COUNTRIES**

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**SELF-ASSESSMENT QUESTIONNAIRE OF EARLY WARNING AND RESPONSE SYSTEM IN ORGANIZATION OF ISLAMIC COOPERATION COUNTRIES**

Emerging or re-emerging public health threats can cause significant harm not only to the public health but also to the national economies, social life & security. Routinely, national public health system aims to prevent and respond to health threats on timely manner depending on the scale of the event. Focusing on all-hazards approach necessitates to work closely with several national & international partners including infectious disease, environmental health, food safety, water safety, agriculture, emergency management, homeland security, global migration, worker safety, animal health, private sector & others on daily base. Whether caused by natural, accidental, or intentional means, public health threats are always present & being prepared to prevent, respond to, and rapidly recover from public health threats is critical for protecting and securing nation’s public health. Countries are required to have or to develop minimum core public health capacities ensuring public health surveillance and response throughout their territory and public health capacity at designated Points of Entry (POE).

# Purpose

To support the Organization of Islamic Cooperation (OIC) member countries to assess their status of core capacity development, Public Health Institution of Turkey is planned & developed a questionnaire as a tool for the monitoring process. However, this assessment process is not intended to rank or compare the performance of the countries but rather assisting countries monitoring their progress towards meeting the core capacity requirements of the International Health Regulation (IHR) documents.

Questionnaire has been prepared within the scope of OIC Strategic Health Programme of Action 2014-2023, Thematic Area 2; Disease Prevention and Control and it is designed to assess for all hazard preparedness of the OIC countries. The objectives are defined as;

* To ensure technical guidance in assessing the status of their core capacities for public health emergencies of international concern and/or cross border public health threats,
* To advance the ability to measure and address gaps in public health preparedness.

Overall, this evaluation will strengthen and support the nation’s health security.

# Scope

The questionnaire consists of 6 chapters including 88 questions;

1. Demographics, Organizational Structure, Legislation, Training (35 question)
2. Laboratory Diagnosis and Confirmation Capacity (8 question)
3. Laboratory Biosafety Regulations (5 question)
4. Communicable Diseases Surveillance (5 question)
5. Risk Communication (7 question)
6. Functions of Early Warning and Response System (28 question)

# Glossary

The terms used in the questionnaire mean the following:

* Active Surveillance: This involves visiting health facilities, talking to health-care providers and reviewing medical records to identify suspected cases of the disease under surveillance. This method is usually used when a disease is targeted for eradication or elimination, when every possible case must be found and investigated. Active surveillance is also used in outbreak investigations.

*WHO web site (accessed 6/30/2016) : http://www.who.int/immunization/monitoring\_surveillance/burden/VPDs/en/*

* Case Definition: A set of diagnostic criteria that must be fulfilled in order to identify a person as a cases of a particular diseases. Case definition can be based on clinical, laboratory, or combined clinical and laboratory criteria or a scoring system with points for each criterion that matches the features of the disease. Case definition should include criteria for person, placa, time, clinical or laboratory diagnosis and epidemiologic features

*(Last JM, A Dictionary of Epidemiology, 2001)*

*(Principles and practice of Public Health Surveillance, 3rd ed. (Edited by Lisa M.Lee. .. (et al.).Oxford 2010)*

* Communicable Diseases: Communicable diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans.

*WHO web site (accessed 6/30/2016) : http://www.who.int/topics/infectious\_diseases/en/*

* Early Warning and Response System (EWRS): In disease surveillance, this is a specific procedure to detect as early as possible any abnormal occurrence or any departure from usual or normally observed frequency of phenomena. An Early Warning System is only useful if linked to mechanisms for early response.

*(Last JM, A Dictionary of Epidemiology, 2001)*

* Geographic Information System (GIS): A geographical information system (GIS) is a computer system for capturing, storing, checking, integrating, manipulating, analysing and displaying data related to positions on the Earth's surface. It is thus a way of linking databases with maps, to display information, perform spatial analyses or develop and apply spatial models.

*WHO web site (accessed 6/30/2016) : http://www.who.int/topics/geographic\_information\_systems/en/*

* Outbreak: A disease outbreak is the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season. An outbreak may occur in a restricted geographical area, or may extend over several countries. It may last for a few days or weeks, or for several years.

A single case of a communicable disease long absent from a population, or caused by an agent (e.g. bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated.

*WHO web site (accessed 6/30/2016) : http://www.who.int/topics/disease\_outbreaks/en/*

* Passive Surveillance: This involves passive notification through regular reporting of disease data by all facilities that see patients or test specimens. Passive surveillance is the most common method used to detect VPDs, the least expensive, and covers the widest geographical areas; however it can be difficult to ensure completeness and timeliness of data collection.

*WHO web site (accessed 6/30/2016) : http://www.who.int/immunization/monitoring\_surveillance/burden/VPDs/en/*

* Points of Entry (POE): The IHR (2005) define a point of entry as "a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as agencies and areas providing services to them on entry or exit". There are three types of points of entry: international airports, ports and ground crossings.

*WHO web site (accessed 6/30/2016) : who.int/ihr/ihr\_brief\_no\_3\_en.pdf*

* Risk Communication: Risk communication is any purposefull exchange of information about risks between interested parties. Interested parties include government, agencies, corporations and industry groups, unions, the media, scientists, professional organisations, interested groups, and individual citizens. Risk communication is central to epidemic and pandemic control. Risk communication should have a full place at the outbreak response table, on par and in step with all other public health interventions. Lessons from recent experience provide a learning opportunity to enable this field of public health work to further evolve.

*WHO web site (accessed 6/30/2016) :* [*http://who.int/water\_sanitation\_health/dwq/iwachap14.pdf*](http://who.int/water_sanitation_health/dwq/iwachap14.pdf)

*http://who.int/wer/2016/wer9107.pdf?ua=1*

* Sentinel Surveillance System: This involves notifications from a limited number of carefully selected reporting sites (usually referall hospitals), with a high probability of seeing cases of the disease in question, good laboratory facilities, and experienced well-qualified staff. Data collected in a well-designed sentinel system that functions consistently over time can be used to signal trends and monitor the burden of disease in a community. Because sentinel surveillance is conducted only in selected locations, however, it may not be effective for detecting rare diseases or diseases that occur outside the catchment areas of the sentinel sites.

*WHO web site (accessed 6/30/2016) : http://www.who.int/immunization/monitoring\_surveillance/burden/VPDs/en/*

* Standard Operational Procedure (SOP): A Standard Operating Procedure is a document which describes the regularly recurring operations to ensure that the operations are carried out correctly (quality) and always in the same manner (consistency)

*WHO web site (accessed 6/30/2016) : http://www.who.int/hac/techguidance/tools/standard\_operating\_procedures\_african\_region\_en\_2014.pdf*

* Surveillance: Surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Such surveillance can;
* Serve as an early warning system for impending public health emergencies;
* Document the impact of an intervention, or track progress towards specified goals; and
* Monitor and clarify the epidemiology of health problems, to allow priorities to be set and to inform public health policy and strategies.

*WHO web site (accessed 6/30/2016) : http://www.who.int/topics/public\_health\_surveillance/en/*

* Syndromic Surveillance System: A method of surveillance that uses health–related data based on clinical observations rather than laboratory confirmation of diagnoses. Syndromic surveillance is used in order to detect outbreaks earlier than would otherwise be possible with laboratory diagnosis-based methods. Case definitions used for syndromic surveillance are based on clinical signs and symptoms, rather than on specific laboratory criteria for confirmation of the causative agent.

*WHO web site (accessed 6/30/2016) : http://apps.who.int/iris/bitstream/10665/112667/1/WHO\_HSE\_GCR\_LYO\_2014.4\_eng.pdf*

# Instructions

1. The questionnaire includes; Descriptive questions, Yes/No questions, Multipl answer questions. Please answer questions regard to identified types of them.
2. Please answer all questions and don’t skip any unanswered (Except Chapter II. Question 1 and Chapter V. Question 1)
3. Descriptive answers (questions have a blank with for explanations): please fulfill the relevant blanks with a succinct answer
4. “Yes”' or “No” answers: please check the appropriate box relevant to your answer.
5. Some of Yes/No question answer;
   1. “If Yes”: Fulfill the blank with your possible comments and explanations;
   2. “If No”: Skip to written question after.
6. Multiple answer questions you can choose more than one answer as specified
7. In the table under Chapter IV. Communicable Diseases Surveillance Question 4;
   1. In columns A, B, C and F please write “Y” if your answer is “Yes”, or write “N” if your answer is “No”
   2. In columns D please define your answer with its first letter (e,g. P, A, S or L). Also you can give multiple answers.
   3. In columns E please define your answer with its first letter (e,g. A, C, U or N). Also you can give multiple answers.
   4. In columns G,H, I, J and K please write your statistical data mentioned.
   5. In column L please write matters especially you want to state about disease in the first column

At the end of the questionnaire, please

* write your additional comments, further explanation if needed
* specify irrelevant/invalid questions to your country with justifications

Please note that the questionnaire will be efficiently completed by referral of national leaders of relevant sections (e.g. Ministry of Health, National Public Health Institute, National Referral Laboratory Services, Disease Programme Leaders and other Ministries).

If you have any further question please do not hesitate to contact with ………………... via e-mail

Time for completion and return of this questionnaire: ………. weeks. The completed questionnaire electronic version should be send to the following addresses: ……………………….

# Correspondence and communication procedures

|  |  |
| --- | --- |
| **Date** | **\_\_/\_\_/\_\_\_\_ (mm / dd /yyyy)** |
| **Country** |  |
| **Contact person's (for this questionnaire)** | |
| **Name-Surname** | **:** |
| **Title** | **:** |
| **Phone Number** | **:** |
| **e-mail** | **:** |

# QUESTIONNAIRE

## DEMOGRAPHICS, ORGANIZATIONAL STRUCTURE, LEGISLATION, TRAINING

### DEMOGRAPHICS (2015)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Area of the country | | | | | | : | | ..……………… km2 | |
| 2. | Total Population | | | | | | : | |  | |
| 3. | Urban Population | | | | | | : | |  | |
| 4. | Rural Population | | | | | | : | |  | |
| 5. | Population by age groups | 0-11 months | | | : |  | | | | |
|  |  | 1-4 years | | | : |  | | | | |
|  |  | 5-9 years | | | : |  | | | | |
|  |  | 10-14 years | | | : |  | | | | |
|  |  | 15-19 years | | | : |  | | | | |
|  |  | 20-24 years | | | : |  | | | | |
|  |  | 25-49 years | | | : |  | | | | |
|  |  | 50-54 years | | | : |  | | | | |
|  |  | 55-59 years | | | : |  | | | | |
|  |  | 60 years and above | | | : |  | | | | |
| 6. | Number of regions | | | | | | | : | |  |
| 7. | Number of provinces | | | | | | | : | |  |
| 8. | Annual population growth | | | | | | | : | |  |
| 9. | Female/Male Ratio | | | | | | | : | |  |
| 10. | The crude birth rate (the annual number of live births per 1000 people) | | | | | | | : | |  |
| 11. | The general fertility rate (the annual number of live births per 1000 women of childbearing age) | | | | | | | : | |  |
| 12. | The crude death rate (the annual number of deaths per 1000 people) | | | | | | | : | |  |
| 13. | The infant mortality rate (the annual number of deaths of children less than 1 year old per 1000 live births) | | | | | | | : | |  |
| 14. | The expectation of life (or life expectancy) | | | | Female | | | : | |  |
|  |  | | | | Male | | | : | |  |
| 15. | The first 10 main causes of death: | | : | 1. | | | | | | |
|  |  | | : | 2. | | | | | | |
|  |  | | : | 3. | | | | | | |
|  |  | | : | 4. | | | | | | |
|  |  | | : | 5. | | | | | | |
|  |  | | : | 6. | | | | | | |
|  |  | | : | 7. | | | | | | |
|  |  | | : | 8. | | | | | | |
|  |  | | : | 9. | | | | | | |
|  |  | | : | 10. | | | | | | |
| 16. | Gross domestic product (GDP) per capita ($) | | | | : | ..………………………………… $ | | | | |
| 17. | Total health expenditure as a share of GDP | | | | : | ..………………………………… $ | | | | |
| 18. | Health Expenditure per capita, public | | | | : | ..………………………………… $ | | | | |
| 19. | Health Expenditure per capita, private | | | | : | ..………………………………… $ | | | | |

### ORGANIZATIONAL STRUCTURE

1. Please briefly describe authority(s), institution(s) or structure responsible for existing public health emergencies’ surveillance and control system at national level

|  |  |
| --- | --- |
| Public Health Emergencies | Authority(s), Institution(s) or Structure |
| Communicable diseases |  |
| Food safety |  |
| Zoonotic events |  |
| Chemical events |  |
| Radiation emergencies |  |
| Laboratory |  |
| Points of Entry |  |
| Disasters |  |

1. Please identify the authority(s), institution(s) or structure responsible for sub-topics of communicable diseases below:

|  |  |
| --- | --- |
| **Communicable Diseases Sub-topics** | **Authority(s), Institution(s) or Structure** |
| Collecting surveillance information on communicable diseases |  |
| Assessing risk of potential/identified communicable disease alerts/events |  |
| Determining measures which can be required for protection of public health in relation to the biological agents (“bioterrorism”) |  |
| Managing the risks from potential/identified communicable disease alerts/events |  |
| Implementation of preventive and protective measures in relation to communicable diseases, including quarantine, isolation or liability |  |
| Implementation of diagnostic and reference microbiology services |  |
| Risk and/or crisis communication |  |
| Capacity development and training in communicable diseases surveillance and response |  |

1. Have you established a designated unit responsible for Early Warning and Response System (EWRS) or structure at the provincial, regional and national levels?

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Provincial Level |  |  |
| Regional Level |  |  |
| National Level |  |  |

1. Do you have EWRS at the provincial, regional and national level with the capacity to;

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Capacity | Provincial Level | | Regional Level | | National Level | |
| **No** | **Yes** | **No** | **Yes** | **No** | **Yes** |
| Capture, verify and interpret reports on health events or health-related events |  |  |  |  |  |  |
| Access and comprehend laboratory results and laboratory-based information from health events or health-related events |  |  |  |  |  |  |
| Disseminate information (epidemiological bulletin, alert messages) |  |  |  |  |  |  |
| Support outbreak preparedness, investigation and response |  |  |  |  |  |  |
| Develop and maintain a roster of experts for outbreak investigation and response |  |  |  |  |  |  |
| Coordinate with partners within and outside the Ministry of Health |  |  |  |  |  |  |
| Develop/update the relevant documentation (forms, guidelines, Standard Operational Procedures (SOPs), advocacy material) |  |  |  |  |  |  |
| Participate in regional and international surveillance/alert networks |  |  |  |  |  |  |
| Provide feedback to data providers |  |  |  |  |  |  |
| Advocate for EWRS |  |  |  |  |  |  |
| Conduct risk assessment with defined standard mechanism |  |  |  |  |  |  |
| Report between the laboratory services and public health services through standard procedures |  |  |  |  |  |  |

1. Have you organized the EWRS units at the provincial, regional and national level with the capacity to receive and share information 24 hours a day, 7 days a week?

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Provincial Level |  |  |
| Regional Level |  |  |
| National Level |  |  |

### LEGISLATION

1. Do you have legislation and the corresponding administrative regulations and requirements that specifically address the topics below?

|  |  |  |
| --- | --- | --- |
| Topics | No | Yes |
| Communicable diseases |  |  |
| Food safety |  |  |
| Zoonotic events |  |  |
| Chemical events |  |  |
| Radiation emergencies |  |  |
| Laboratory |  |  |
| Points of Entry |  |  |
| Disasters |  |  |

1. Do you have legislation and the corresponding administrative regulations and requirements that specifically address early warning systems?

No

Yes

1. Do you have a budget allocated for communicable diseases?

No

Yes

1. Do you have a budget allocated for EWRS?

No

Yes

1. Do any of the following services require patient’s payment (co-payment or out-of-pocket payment)? (You can choose more than one)

Prevention of Communicable Diseases

Laboratory Investigations for Communicable Diseases

Treatment of Communicable Diseases

Hospital Care (in General)

Primary Healthcare (in General)

1. Have you established a multi-sectorial multidisciplinary technical committee or “task force” or “Emergency Response Committee” to plan and coordinate the preparation for and the implementation of response to public health emergencies at the provincial, regional and national levels?

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Provincial Level |  |  |
| Regional Level |  |  |
| National Level |  |  |

### TRAINING

1. Is there a national plan/strategy for workforce planning, particularly with regard to professions involved in communicable disease surveillance and control?

No

Yes

1. Is there a national plan/strategy for workforce planning, particularly with regard to professions involved in early warning system?

No

Yes

1. Is there a Field Epidemiology Training Programme in your country?

No

Yes

1. Does your country offer programmes for specialization in the following fields? (You can choose more than one)

Applied epidemiology

Clinical infectious diseases

Public health

Clinical microbiology

Public health nurses

Data managers

1. Do you organize regular training sessions and simulation exercises for the response teams and staff participating to EWRS in the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topics** | **Training Sessions** | | **Simulation Exercises** | |
|  | **No** | **Yes** | **No** | **Yes** |
| Surveillance and EWRS |  |  |  |  |
| Outbreak investigation and control |  |  |  |  |
| Infection control and decontamination |  |  |  |  |
| Social mobilization |  |  |  |  |
| Risk communication |  |  |  |  |
| Specimen collection, storage and transport |  |  |  |  |
| Chemical emergency investigation and management |  |  |  |  |
| Radiation emergency investigation and management |  |  |  |  |
| Outbreak and crisis management |  |  |  |  |

## LABORATORY DIAGNOSIS AND CONFIRMATION CAPACITY

1. Do you have national reference microbiology laboratory?

No (If no, please continue with question 7 below)

Yes

1. Does your national reference microbiology laboratory organize and administer national external quality assessment schemes for diagnostic laboratories

No

Yes

1. Does your national reference microbiology laboratory organize and administer international external quality assessment schemes for diagnostic laboratories?

No

Yes

1. Does your national reference microbiology laboratory have international accreditation standards for any diseases?

No

Yes

If yes, please specify the diseases.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you have standardization for transport of infectious agents (e.g.ICAO, IATA)?

No

Yes

1. Do you have laboratory capacity to test water specimens for the following parameters?

|  |  |  |  |
| --- | --- | --- | --- |
| Parameters | No | Yes | If yes, please specify the agents |
| Bacterial Agents |  |  |  |
| Viral Agents |  |  |  |
| Chemical Agents |  |  |  |

1. Do you have laboratory capacity for molecular typing?

No

Yes

If yes, please state which pathogens are tested?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Please state the number of laboratories in your country.

|  |  |
| --- | --- |
| Type of Laboratory | Number of Laboratory |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## LABORATORY BIOSAFETY REGULATIONS

1. Do you have a national legislation on laboratory biosafety?

No

Yes

1. Do you have regular trainings on biosafety regulations for laboratory staff?

No

Yes

1. Is there any institution responsible for laboratory biosafety?

No

Yes

If yes, which institution responsible for it?

……………………………………………………………………………………………………………………………………………………………………………………

1. Is there a regulation for disposal of medical waste?

No

Yes

1. Please state the number of laboratories classified for biosafety level in your country.

|  |  |
| --- | --- |
| Level of Biosafety | Number of Laboratory |
| L1 |  |
| L2 |  |
| L3 |  |
| L4 |  |

## COMMUNICABLE DISEASES SURVEILLANCE

1. Who reports notifiable diseases cases to the public health authorities? (You can choose more than one)

Primary health care / Medical doctor

Primary health care / Nurse

Hospital / Medical doctor

Hospital / Nurse

Laboratory

Ambulance services

Other (please write)………….…….

1. Is the international illness diagnosis codes used in our country?

No

Yes

If yes, please write which version of the classification used (e.g. ICD 9, ICD 10)

…………………………………………….…………………………………………….

…………………………………………….…………………………………………….

1. What is the basis for the case definition(s) in your country? (e.g. WHO, CDC, Other)

…………………………………………….……………………………………………. …………………………………………….…………………………………………….

1. Please complete the table and use the acronyms for each answer:

| DISEASE | | | Is this disease under surveillance in your country? | Is this a notifiable disease? | Does this disease require immediate reporting? | What is the type of surveillance?  *(you can choose more than one)* | What is the type of reporting?  *(you can choose more than one)* | Is there any case definition for this disease? | How many laboratories have diagnostic capacity for this disease? | | What is the number of Reported Diseases in 2015? | | | COMMENTS |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes (Y) | Yes (Y) | Yes (Y) | P : Passive Surveillance | A: Aggregated data | Yes (Y) | Number of Reference Laboratory | Number of Other Laboratories | Number of Suspected Cases | Number of Probable Cases | Number of Confirmed Cases | (write matters especially you want to state) |
| A : Active Surveillance | C: Case-based |
| No (N) | No (N) | No (N) | S : Sentinel Surveillance | U: unspecified | No (N) |
| L: Laboratory Surveillance | N : no reporting |
| A | B | C | D | E | F | G | H | I | J | K | L |
| 1 | **AIDS/HIV infection** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | **African swine fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | **Anthrax** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | **Avian influenza** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | **Botulism** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | **Brucellosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | **Campylobacteriosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | **Chickenpox** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | **Chikungunya fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | ***Chlamydia trachomatis* inf.** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | **Cholera** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | **Crimean-Congo Hemorrhagic Fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | **Cryptosporidiosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | **Dengue** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | **Diphtheria** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | **Ebola virus disease** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 | **Echinococcosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | ***Entamoeba histolytica* [as the factor of amebic dysentery]** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 | **Epidemic typhus** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | ***Escherichia coli* (VTEC/STEC)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 | **Giardiasis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 | **Gonorrhoea** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 | **Hanta virus infection** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 | **Hepatitis A** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | **Hepatitis B** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 | **Hepatitis C** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 | **Hepatitis D** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 | **Hepatitis E** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 | **Influenza** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | **Invasive *Haemophilus influenza* disease *Haemophilus influenza type b* [Hib]** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 | **Invasive meningococcal disease (*N. menengitis*)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 32 | **Invasive pneumococcal disease (*Streptococcus pneumoniae*)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 33 | **Japanese encephalitis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 34 | **Lassa fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 | **Legionnaires’ disease (Legionellosis)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 36 | **Leishmaniasis (Cutaneous)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 37 | **Leishmaniasis (Visceral)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 38 | **Leprosy** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 39 | **Leptospirosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 | **Listeriosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 41 | **Lyme disease** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 42 | **Malaria** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 43 | **Marburg hemorrhagic fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 44 | **Measles** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 45 | **Mediterranean spotted fever (MSF)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 46 | **Middle East Respiratory Syndrome (MERS) - CoV** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 47 | **Mumps** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 48 | **Norovirus infection** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 49 | **Omsk hemorrhagic fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 50 | **Paratyphoid fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 51 | **Pertussis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 52 | **Plague *(Yersinia pestis* infection*)*** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 53 | **Poliomyelitis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 54 | **Q fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 55 | **Rabies** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 56 | **Rotavirus infection** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 57 | **Rubella** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 58 | **Salmonellosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 59 | **SARS (Acute respiratory disease syndrome)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 60 | **Sandfly Fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 61 | **Schistosomiasis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 62 | **Shigellosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 63 | **Smallpox** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 64 | **Subacute Sclerosing Panencephalitis (SSPE)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 65 | **Syphilis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 66 | **Tetanus** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 67 | **Tick-borne encephalitis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 68 | **Toxoplasmosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 69 | **Trichinellosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 70 | **Tuberculosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 71 | **Tularaemia** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 72 | **Typhoid fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 73 | **Variant Creutzfeldt-Jakob disease (Transmissible Spongiform Encephalopathy (TSE))** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 74 | **West Nile fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 75 | **Yellow fever** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 76 | **Yersiniosis** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 77 | **Zika virus** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 78 | **Antimicrobial resistance** | |  |  |  |  |  |  |  |  |  |  |  |  |
| 79 | **Healthcare-associated infections (HAI)** | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Other Diseases and issues (Add other diseases or issues which is important in terms of public health surveillance in your country)** | | | | | | | | | | | | | |
| 80 |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 81 |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 82 |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 83 |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 84 |  |  | |  |  |  |  |  |  |  |  |  |  |  |

1. Do you have syndromic surveillance for the listed syndromes below?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Syndrome | Syndromic Surveillance | |
| **No** | **Yes** |
| 1 | Acute anticholinergic syndrome |  |  |
| 2 | Acute bloody diarrhea syndrome |  |  |
| 3 | Acute cholinergic syndrome |  |  |
| 4 | Acute fever and rash syndrome |  |  |
| 5 | Acute fever syndrome |  |  |
| 6 | Acute flaccid paralysis |  |  |
| 7 | Acute gastrointestinal syndrome |  |  |
| 8 | Acute hemorrhagic fever syndrome |  |  |
| 9 | Acute hyperbilirubinemia syndrome |  |  |
| 10 | Acute neurological syndrome |  |  |
| 11 | Acute or subacute hepatic failure |  |  |
| 12 | Acute renal failure |  |  |
| 13 | Acute respiratory syndrome (ILI, ARI…) |  |  |
| 14 | Acute watery diarrhea syndrome |  |  |
| 15 | Lymphadenitis |  |  |
|  | *If others please specify* |  |  |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |

## RISK COMMUNICATION

1. Do you have a national plan for risk communication in public health emergencies?

No (If no, please continue with question 3 below)

Yes

1. Have you applied this plan for any public health emergencies in 2015?

No

Yes

1. Do you have policies or standard operating procedures for disseminate of information?

No

Yes

1. Which institution(s) is/are responsible for risk communication at national level?

……………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………

1. Have you established functional channels of communication with the following sources of information:

|  |  |  |
| --- | --- | --- |
| Source of information | No | Yes |
| Emergency crisis centers |  |  |
| Veterinary and animal health services |  |  |
| Environmental health services |  |  |
| Water supply companies |  |  |
| Poison centers |  |  |
| Authorities at Points of Entry |  |  |
| Food safety authorities/agencies |  |  |
| Agriculture services |  |  |
| Health inspection teams of the health directorate |  |  |
| Sanitation agencies and associated laboratories |  |  |
| Red Crescent and NGOs |  |  |
| Atomic Energy Authority |  |  |
| Military services |  |  |
| Drug supply services and pharmacies (drug consumption) |  |  |
| Educational authorities and schools (absenteeism) |  |  |
| Community and religious leaders |  |  |
| Meteorological services |  |  |
| Industry (absenteeism) Municipalities |  |  |
| General public |  |  |
| Other |  |  |

1. Do you have a continuation/establishment of functional channels of communication with the following sources of information?

|  |  |  |
| --- | --- | --- |
| **Source of Information** | **Functional Channels of Communication** | |
| **No** | **Yes** |
| Health-care facilities (hospitals, clinics, etc.) |  |  |
| * Public sector |  |  |
| * Private sector |  |  |
| Laboratories |  |  |
| * Public sector (first priority) |  |  |
| * Private sector (second priority) |  |  |
| Disease specific surveillance systems |  |  |
| * Acute flaccid paralysis/polio |  |  |
| * Other vaccine preventable diseases |  |  |
| * Malaria |  |  |
| * Seasonal influenza |  |  |
| * Multi-drug resistant tuberculosis |  |  |
| * Food-borne diseases |  |  |
| * Nosocomial infections |  |  |
| * Antimicrobial resistance |  |  |
| * Vaccines side effects |  |  |
| Chemical/toxicological surveillance |  |  |
| Death registers |  |  |
| Others |  |  |

1. Do you have designated spokespersons for communication during any public health emergency at:

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Provincial Level |  |  |
| Regional Level |  |  |
| National Level |  |  |

## FUNCTIONS OF EARLY WARNING AND RESPONSE SYSTEM

* 1. Have you established EWRS?

No

Yes

* 1. Have you established standard mechanisms for data collection (e.g. standard forms and tools)?

No

Yes

* 1. List the 10 priority diseases for EWRS in your country?

1. ……………………..…..
2. ……………………..…..
3. ……………………..…..
4. ……………………..…..
5. ……………………..…..
6. ……………………..…..
7. ……………………..…..
8. ……………………..…..
9. ……………………..…..
10. ……………………..…..
    1. For priority diseases have you defined standard thresholds triggering public health actions, including thresholds of incidence, taking into account the case demographic information and the geographical, seasonal and historical patterns of incidence?

No

Yes

Partially (please commend :……………………………….)

* 1. Do you ensure timely and complete reporting from health facilities?

No

Yes

Partially (please commend :……………………………….)

* 1. Have you established a continuous and systematic process of media and information sources monitoring?

No

Yes

* 1. Do you have the capacity to carry out mapping of potential hazards which could be the source of a chemical, radiological, nuclear or infectious public health emergency at the provincial, regional and national level for the listed below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Potential Hazards | Provincial Level | | Regional Level | | National Level | |
| **No** | **Yes** | **No** | **Yes** | **No** | **Yes** |
| Disease outbreaks and local disease transmission patterns |  |  |  |  |  |  |
| Food and water sources |  |  |  |  |  |  |
| Risk of natural disasters |  |  |  |  |  |  |
| Poultry/meat/seafood processing sites |  |  |  |  |  |  |
| Industrial sites or large chemical installations |  |  |  |  |  |  |
| Nuclear installations and nuclear fuel cycle facilities |  |  |  |  |  |  |
| Chemical or hazardous material transportation routes |  |  |  |  |  |  |
| Facilities for the mining and processing of radioactive ores |  |  |  |  |  |  |
| Other sites with installations using radioactive sources in industrial, agricultural, medical, research and teaching applications |  |  |  |  |  |  |

* 1. Is there a structure part of the Health System, in place for the strategic coordination of serious cross-border threats (threats that affect neighbouring countries) to health?

No

Yes

* 1. Have you established systematic monitoring of public health events that occur abroad (in neighboring countries, regions, continents, worldwide), including through international sources?

No

Yes

* 1. Do you ensure that alerts coming from health care facilities systematically include at least the following information:

|  |  |  |
| --- | --- | --- |
| Types of Information Reported | No | Yes |
| Clinical information |  |  |
| Number of human cases and deaths |  |  |
| Time and place information |  |  |
| Laboratory results |  |  |
| Others |  |  |

* 1. Do you systematically perform the following analysis on data received at the provincial, regional and national level?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Provincial Level | | Regional Level | | National Level | |
| **No** | **Yes** | **No** | **Yes** | **No** | **Yes** |
| Time comparison |  |  |  |  |  |  |
| Place comparison |  |  |  |  |  |  |
| Age analysis |  |  |  |  |  |  |
| Gender analysis |  |  |  |  |  |  |

* 1. In preparation for any public health emergencies, have you ensured the storage/pre-positioning of the following equipment, medical and nonmedical supplies at the provincial, regional and national level?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Provincial Level | | Regional Level | | National Level | |
| **No** | **Yes** | **No** | **Yes** | **No** | **Yes** |
| Personal protective equipment |  |  |  |  |  |  |
| Disinfectants |  |  |  |  |  |  |
| Drugs and supplies for priority diseases |  |  |  |  |  |  |
| Vaccines |  |  |  |  |  |  |
| Chemical-toxin antidotes |  |  |  |  |  |  |
| Radiation emergency supplies |  |  |  |  |  |  |
| Diagnostic reagents and kits |  |  |  |  |  |  |
| Sample collection, storage and transport kits |  |  |  |  |  |  |
| Communication material |  |  |  |  |  |  |

* 1. Do you provide systematic feedback from the central level to the provincial levels and from the provincial level to the periphery via surveillance bulletins, newsletters and field visits?

No

Yes

Partially (please commend :……………………………….)

* 1. Have you established a roster of experts available to support any public health events related to topics below?

|  |  |  |
| --- | --- | --- |
| Topics | No | Yes |
| Food Safety |  |  |
| Chemical Hazard |  |  |
| Infectious Hazard |  |  |
| Radiological Hazard |  |  |
| Nuclear Hazard |  |  |

* 1. In preparation for any public health emergencies, have you ensured access to the relevant expertise for the EWRS units at the provincial, regional and national level, within 24 hours, including for the field deployment of a multidisciplinary, multi-sectoral Rapid Response Team?

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Provincial Level |  |  |
| Regional Level |  |  |
| National Level |  |  |

* 1. Do you ensure the availability of the following specialists to compose the Rapid Response Team:

|  |  |  |
| --- | --- | --- |
| Specialists | No | Yes |
| Epidemiologists |  |  |
| Public Health specialist |  |  |
| Infection control specialists |  |  |
| Microbiology laboratory specialists, biologists |  |  |
| Risk communication specialists |  |  |
| Health education specialists |  |  |
| Clinicians |  |  |
| Veterinarians |  |  |
| Environmental specialists |  |  |
| Logisticians |  |  |

* 1. In preparation for any public health emergencies, have you ensured immediate access to adequate transport, logistics support, and communication facilities for deployed Rapid Response Team?

No

Yes

* 1. In preparation for any public health emergencies, have you ensured immediate access to the relevant technical information for EWRS purposes at the national, provincial and regional level?

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Provincial Level |  |  |
| Regional Level |  |  |
| National Level |  |  |

* 1. Do you have a dedicated command and control operations center to coordinate and monitor outbreak operations and other public health emergencies, at the provincial, regional and national level?

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Provincial Level |  |  |
| Regional Level |  |  |
| National Level |  |  |

* 1. Have you developed outbreak investigation guidelines and make them available at all levels to the response teams?

No

Yes

* 1. Have you identified isolation wards (e.g.contact details, bed capacity, level of expertise) for the management of patients with highly infectious diseases?

No

Yes

* 1. Have you updated / developed guidelines and SOPs for;

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Case management of ; |  |  |
| * Priority infectious diseases |  |  |
| * Diseases caused by chemicals |  |  |
| * Diseases caused by food poisoning |  |  |
| * Diseases caused by radiological and nuclear events |  |  |
| - Triage and management of a mass casualty event |  |  |
| Decontamination of patients and the environment |  |  |
| Procedures for infection control: |  |  |
| * Hand hygiene |  |  |
| * Safe injection practices and sharps management |  |  |
| * Post-exposure procedures |  |  |
| * Personal protection equipment use |  |  |
| * Instrument and equipment reprocessing |  |  |
| * Medical waste management and disposal |  |  |
| * Management of patients with undiagnosed illnesses |  |  |
| * Isolation ward standards and patients isolation |  |  |
| Defining the roles and responsibilities of each stakeholder within |  |  |
| EWRS and in case of public health emergency |  |  |

* 1. Have you established coordination mechanisms between the EWRS units and the following authorities?

|  |  |  |
| --- | --- | --- |
| Ministry Responsible for | No | Yes |
| Agriculture |  |  |
| Environment |  |  |
| Atomic Energy |  |  |
| Emergency Preparedness and Response |  |  |
| Foreign Affairs |  |  |
| Transport |  |  |
| Defense |  |  |
| Commerce |  |  |
| Tourism |  |  |
| Customs/Immigration |  |  |
| Education |  |  |
| Interior Services |  |  |

* 1. Have you developed and maintained an electronic information data management system for EWRS (software and hardware) covering the following topics?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Provincial Level | | Regional Level | | National Level | |
| **No** | **Yes** | **No** | **Yes** | **No** | **Yes** |
| Alert log |  |  |  |  |  |  |
| Data entry |  |  |  |  |  |  |
| Analysis |  |  |  |  |  |  |
| Geographic information system (GIS) |  |  |  |  |  |  |
| Reporting |  |  |  |  |  |  |
| Outbreak tracking system |  |  |  |  |  |  |

* 1. Do you have a recording system for alert log and an outbreak tracking system in the provincial, regional and national level?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Provincial Level | | Regional Level | | National Level | |
| **No** | **Yes** | **No** | **Yes** | **No** | **Yes** |
| Alert log |  |  |  |  |  |  |
| Outbreak tracking system |  |  |  |  |  |  |

* 1. Do the professionals involved in EWRS have access to electronic information data management system?

No

Yes

* 1. Have you developed an EWRS website accessible to media and the public for information access and dissemination?

No

Yes

* 1. Have you developed and updated a plan for surge capacity for the management of large numbers of affected individuals during public health emergencies?

No

Yes

**For your additional comments, further explanations and justification of irrelevant/invalid questions to your country:**