



DRAFT DOR POLICY (Last Reviewed 20.09.2004)

HEALTH SUPPORT CIRCULAR No.... OF 2004.

FREE STATE DEPARTMENT OF HEALTH POLICY ON DISEASE OUTBREAK RESPONSE

1. INTRODUCTION

The increase in incidence and prevalence of emerging and re-emerging communicable diseases has made it important to intensify implementation of effective, efficient and co-ordinated measures to respond to disease outbreaks.

2. POLICY STATEMENT

This policy is meant to ensure effective management and co-ordination of disease outbreaks within the Free State Province.

3. TARGET GROUP

Health Care Professionals and other state employees who are involved in the management of a Communicable Disease Control.

4. OBJECTIVES

- To guide the process of disease outbreak response within the Free State Province.

- To activate, manage and co-ordinate disease outbreak operational activities at provincial, district and local municipality level.
- To ensure implementation of integrated disease surveillance and response.
- To monitor and evaluate Disease Outbreak Response Team (DORT) activities.

5. DEFINITION OF TERMS

5.1 **Disease outbreak:** An outbreak is declared when "the occurrence of disease within an area is clearly in excess of the expected levels for a given time period".

5.2 **Disease surveillance:** "ongoing systematic collection, collation, analysis and interpretation of data; and the dissemination of information to those who need to know in order that action may be taken".

6. COMMUNICABLE DISEASES REQUIRING IMMEDIATE RESPONSE.

Priority 1.

One suspected or confirmed case indicates severity or serious disability or death, **One** suspected or confirmed case indicates an outbreak e.g. Haemorrhagic fever (Congo fever), Plague, Poliomyelitis, Cholera, Organic Phosphate Poisoning, Meningococcal Meningitis, Avian Flu, Severe Acute Respiratory Syndrome, Anthrax, Human Rabies, Hepatitis A & B in institutionalised persons.

Priority 2.

Potential for a **large number** of cases: **Five or more** cases indicate an outbreak. Febrile diseases e.g.

Food poisoning, Animal Rabies, Malaria etc

Priority 3.

Risk of introduction and spread to other areas. **10 or more** cases linked by person, place and time indicates an outbreak e.g. Diarrhoea, Dysentery, Systemic Febrile Disease.

7. STEPS TO BE UNDERTAKEN.

7.1 Establishment of the DORTs at Provincial, District and Local Municipality levels.

To respond appropriately to disease outbreaks in the province, each district and local municipality should have an outbreak control co-ordinator and a multidisciplinary DORT, which is responsible for the management and co-ordination of outbreak, control activities and associated epidemiological investigations. The team establishment process must be led by the CDC co-ordinator (provincial/district/local).

See Table 7.2: Disease Outbreak Response Teams (DORT) Membership

7.2 Meetings

Meetings will be determined by members and by the response to the outbreak.

7.2.1 Provincial Core Team Quarterly

7.2.2 Provincial co-opted members : once a year

7.2.3 District Core teams (as the need arises) Monthly / bi-monthly / Quarterly.

7.2.4 During the outbreak a District Core team daily / weekly as the need arises.

7.2 Table: Disease Outbreak Response Teams (DORT) Membership

PROVINCE	DISTRICT	LOCAL MUNICIPALITY
<p>Core Members For Rapid Response</p> <ul style="list-style-type: none"> ▪ Prov. CDC Co-ordinator. ▪ Surveillance Officer ▪ EHS Manager (REP). ▪ NHLS (REP). ▪ Health Promotion (REP). ▪ All District CDC Co-ordinators <p>Additional Members</p> <ul style="list-style-type: none"> ▪ Pharmacist ▪ Faculty of Health Sciences (UFS) ▪ DHIS (REP). <p>Co-opted</p> <ul style="list-style-type: none"> ▪ Medical Depot. ▪ Occupational Health. ▪ CHSR & D. ▪ Disaster manager: LG. ▪ Corporate Communication (REP) 	<p>Core Members For Rapid Response</p> <ul style="list-style-type: none"> ▪ District CDC Co-ordinator. ▪ District manager. ▪ Environmental Health (REP). ▪ Infection Control Officer (District Regional, Tertiary Hospital). <p>Additional Members</p> <ul style="list-style-type: none"> ▪ Health promotion/Comm. Dev. Officer. ▪ District Hospital (REP) (SEO). ▪ NHLS (Senior Laboratory Technologist) REP. ▪ District Pharmacist. ▪ District Medical Officer. ▪ NGO Coalition (REP). ▪ DHIS officer. <p>Members At All Three Levels</p> <ul style="list-style-type: none"> ▪ Dept. Env. Affairs and Tourism. ▪ Dept. Of Agriculture. ▪ Dept. of Education. ▪ Private Sector Infection Control ▪ Emergency Services. ▪ SANDF / SAPS (Rep) 	<p>Core Members For Rapid Response</p> <ul style="list-style-type: none"> ▪ CDC Co-ordinator. ▪ EHS Practitioner. ▪ Infection Control Officer <p>Additional Members</p> <ul style="list-style-type: none"> ▪ Community development Officer. ▪ Laboratory Technologist. ▪ Pharmacist. ▪ Medical Officer. ▪ HIS officer.

7.3 DORT Functions.

- Liaise with Provincial / District DORT co-ordinator.
- Policy review of all DOR Policies.
- Provincial DOR Team to support the districts DOR Teams and give feedback.
- Ensure that a process of proper disease investigation and diagnosis is in place and adhered to.
- Ensure that the referral system is adhered to as determined.
- Monitor contacts for signs and symptoms.
- Commence contacts on prophylactic treatment according to the set guidelines for each disease.
- Disseminate information to the community.
- Do case investigation according to set guidelines.
- Submit preliminary report on outbreak.
- Submit final report on outbreak investigation outcome.
- Relevant local NGO Coalition (REP) should be involved during the outbreak.

7.4 Steps to be undertaken in an outbreak response.

The following steps should be undertaken whenever an outbreak is suspected:

- Prepare for fieldwork: this includes gathering equipment, drug supplies, identifying an investigation team, local contact persons and support resources, clarifying roles, and ensuring logistic and administrative arrangements are made
- Confirm the outbreak or epidemic by verifying the diagnosis. Confirm clinical diagnosis and verify laboratory tests and techniques. It is important to rule out laboratory errors and improper diagnosis.
- Construct a working case definition
- Identify and count cases and contacts (Line listing) including notification process.
- Perform descriptive epidemiology (by answering the questions who, what, where, when?) Surveillance is based on collecting only the information that is required to

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achieve control objectives of diseases. Data requested might differ from disease to disease and some diseases may have specific information needs, requiring specialised systems.

- Develop and evaluate hypotheses
- Consider additional analysis
- implement control/prevention measures
- consider surveillance issues
- communicate findings

NB! It is important to note that circumstances may often dictate that the sequence of events, as outlined above, is delineated. It might be more crucial for example to implement control measures at the onset of investigation and carry on with other tasks subsequently. However, a systematic approach must always be used during the investigation. Hence it is advisable, in order to avoid oversights, to list the various activities, keeping in mind that these are dynamic and that control measures should be put in place as soon as possible.

7.5 Reporting Channels.

- **First Contact Level. (Local Municipality/Facility Level).**

Initial reporting of the incidence, confirmation thereof, intervention actions or omissions must be reported through the office of the Local Municipality / Infection Control Officer (In-case admitted to the Hospital) Primary Health Care Manager, who will communicate the information to the District Manager.

- **District Level.**

Second level of reporting of the incidence, confirmation thereof, intervention actions or omissions must be reported through the office of the District CDC Co-ordinator, who will

communicate the information to the District Manager, who will pass in on to the office of the Provincial CDC Manager.

- **Provincial Level (See Annexure A for Telephone Numbers).**

The District Manager immediately reports any suspected case to the Provincial Communicable Disease Control Manager at 051 4098641 or Provincial Surveillance Officer and CDC Co-ordinator at 051-409 8495 Cell No 083 391 8444. The information is then communicated to the office of the Senior Manager HIV/AIDS, CDC, Care and Support and National CDC Manager.

- **National Level.**

The National CDC Manager receives all information and notifications through the office of the Provincial CDC Manager and provides feedback. All feedback will then be channelled to the relevant districts via the office of the District Manager.

7.6 Notification Procedure (Diagnosis or Death).

All cases positively identified should be:

- Notified on the GW17/5, or on the line-list for diseases not legally notifiable.
- Should be reported telephonically to the Provincial DORT Co-ordinator.

If a death should occurs, the case should again be notified on the GW 17/4 (Return of deaths from notifiable disease), or the line-list and the copy there off should be sent to the district health manager's office.

The notification process must ensure that the Local Municipality and District Hospital / Primary Health Care Service of the area where the patient is resident is informed of any case occurrence.

7.7 Media release.

No one is allowed to make any statements to the media. The Corporate Communication Services, the office of the District Manager in collaboration with the Provincial CDC Co-ordinator will handle all media related aspects of the outbreak.

A report on an outbreak should be sent to the Senior Manager, Executive Manager, Head of the Department and the Member of Executive Council must be informed

8 IMPLEMENTATION OF INTEGRATED DISEASE SURVEILLANCE AND RESPONSE PROCEDURE.

This policy guideline document is intended to indicate the parameters and strengthen a co-ordinated approach to disease outbreak response activities. This is in line with government policies aimed at sustenance of service effectiveness and efficiency through pooling of available resources at provincial, district and local level. It is therefore critical that CDC's ensure that communicable diseases needing specific management activities be given the specified necessary attention in line with existing departmental policy guidelines.

9 MONITORING AND EVALUATION PROCEDURE.

This should be a continuous process of assessing the DORT functioning, leading to determining whether disease outbreak response activities leads to positive outcomes and/or meets the set DORT objectives. Monitoring and evaluation procedures will be conducted at:

- First Contact Level. (Local/Facility Level).
- District Level.

- Provincial Level.

Standardised procedures will be used to ensure uniformity.

10 OUTBREAK REPORT.

This is the responsibility of the district CDC in conjunction with the affected local municipality DORT leader. The District Manager must endorse the report before being sent to the provincial CDC.

The report must contain the following:

- Abstract or Summary
- Background of Investigation
- Methods used in the field
- Collaborating officials and organisations
- Results obtained in the Field.
- Brief discussion of findings.
- Recommendations made in the field.
- Preventative measures instituted against reoccurrence of the outbreak.
- Additional recommendations for policy review if any.

11 CONCLUSION.

This policy guideline document is intended serve as a broad guideline on processes of disease outbreak response. Flexibility must be ensured to accommodate district or local disparities, resource capacity and other existing policies, which it might have a negative impact on.

12 ABBREVIATIONS

CDC - Communicable Disease Control

CHSR & D - Centre for Human Science Research & Development
DORT – Disease Outbreak Response Team
Dept - Department
DHIS – District Health Information System
EPI - Expanded Programme on Immunization
EHS – Environmental Health Services
NGO - Non-Governmental Organization
HIS - Health Information System
REP - Representative
SANDF - South African Defence Force
SAPS - South African Police Force

*Signed by:

HEAD: HEALTH

Annexure A

National Office of the:

Senior Manager CDC(Dr Maloba)	012 312 0375
Admin Support (Tsakane)	012 312 0375
Manager (Chabalala H).	012 312 0102
Admin Support (Funeka Mazibuko)	012 312 0412

Free State National Office

Senior Manager HIV/AIDS, CDC, Care and Support	051 409 8483
Provincial Communicable Disease Control Manager	051 409 8641
Surveillance Officer and CDC Co-ordinator	051 409 8495
CDC Cell No 083 391 8444.	
Admin Support (CDC) (Maki Mohata)	051 409 8492

