EpiSouth Report 5/2008

EpiSouth Project

**Cross-Border Epidemic Intelligence evaluation:
Results from the questionnaire on countries' needs and
expectations**

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1. EpiSouth Introduction

1.1 EpiSouth General Objective

The general objective of the project is to create a framework of collaboration on epidemiological issues in order to improve communicable diseases surveillance, communication and training across the countries in the area of Mediterranean and Balkans.

1.2 Specific Objectives and Areas of Activity

Several areas of activity were identified and are being developed through specific Work Packages (WP) as follow.

1 - Co-ordination of the project (WP1), with the main specific objective (SO) of guaranteeing a high quality performance of the project.

2 - Dissemination of the project (WP2), with the main SO of disseminating the information produced by EpiSouth within the participating countries and to those who need to know through an ad hoc created website and an electronic bulletin.

3 - Evaluation of the project (WP3), with the main SO of evaluating the project and its achievements in terms of milestones, deliverables, and indicators.

4 - Network of public health institutions (WP4), with the main SO of facilitating the networking process and activities among participants in order to strengthen solidarity and cohesion.

5 - Training in field/applied epidemiology (WP5), with the main SO of strengthening the early response capacity of participating countries to health threats and infectious disease spread.

6 - Cross-border epidemic intelligence (WP6), with the main SO of establishing a common platform on epidemic intelligence where participating countries may find broad internationally as well as regionally focused information.

7 - Vaccine-preventable diseases and migrant populations (WP7), with the main SO of assessing the access to immunisation and exchanging information on cases/outbreaks of vaccine-preventable diseases of migrant populations.

8 - Epidemiology and preparedness to cross-border emerging zoonoses (WP8), with the main SO of providing a platform for the communication of human (HPH) and veterinary public health (VPH) officials, describing risk assessment methods and providing a mechanism for exchanging information between HPH and VPH.

1.3 Methods

The main partner (ISS Italy) has developed a framework where all the managerial aspects are being included (WP1) and the information produced by the project are being disseminated (WP2).

Three vertical WPs, "Cross-border epidemic intelligence-WP6" (InVS, France), "Vaccines and migrants-WP7" (NCIPD, Bulgaria) and "Cross-border emerging zoonoses-WP8" (HCDCP, Greece) constitute the technical basis.

The two horizontal Work Packages, "Networking-WP4" (Padua, Italy) and "Training-WP5" (ISCIII, Spain) provide tools that help fulfilling the objectives of the vertical Work Packages. The project is evaluated through a dedicated Work Package (WP3).

1.4 Project Network Organisation

Once the project had been approved by EU-DGSANCO, the effort done by the EpiSouth Project Steering Committee was to verify the strategic possibility to involve in the Project all the interested countries of Mediterranean area.

In this framework, the 1st Project Meeting was organised in Rome in March 2007. In addition to the 9 Countries which were involved in the project from the beginning, 13 countries from the Balkans, North Africa and Middle East participated to the meeting together with representatives of EU DGSANCO, EU ECDC, and WHO. Once the EpiSouth project objectives and methodology were discussed, the new organization and partnership were elaborated. The 2nd Project Meeting took place in Athens in last December 2007 and, in addition to the Countries present to the 1st Meeting, other four were invited as potential partners of EpiSouth Network. To date, a total of 26 participant countries were initiated to the project, representing 4 geographical areas: European Union, Balkans, North Africa and Middle-East. The Project Steering Committee is now composed by the 6 WP leaders Countries plus ECDC, EC-SANCO C3, WHO EURO, WHO EMRO and WHO LYO-HQ representatives as observers, in order to facilitate synergy and avoid overlapping.

The participation of the Countries and the International Organisations to the project foresees three different levels of active involvement:

a) Focal Points (FPs) of the EpiSouth. Each Country/International Organisation identifies and appoints one or two relevant persons who act as Focal Point (FP) of the EpiSouth Network and who convey all the communication/information to the relevant officers in their respective Countries/Organisations.

b) Collaboration in the Work Packages Steering Teams (WPSTs). In order to facilitate and enhance the work, each Country/International Organisation actively collaborates in one or two WP Steering Teams, which is in charge for identifying the countries' needs, developing the tools and the conducive project environment in accordance with the specific objective and requirements of the related WP. Through this way, non WP-leader countries could contribute actively to the building of the project providing their input in terms of expertise and specific regional/ geographical experience.

c) Participation to Work Packages' activities. Each participating country participates to the activities of one up to all the WPs in accordance with their needs and interests.

As per December 2007, the Network counts 21 Countries, (plus Tunisia that is in progress with its official commitment to EpiSouth) which have identified and appointed a total of 52 Country Focal Points (27 from EU-Countries and 25 from non-EU Countries) plus 5 representatives from International Organisations as part of the Network.

2. Cross-Border Epidemic Intelligence questionnaire for WP6 needs and expectations (from participant countries)

Background

In an environment where circulation of good and people is constantly increasing, the epidemic risk is also growing. To fulfil their public health mission, states must not only exert a continuous monitoring of their population's health, but also to set up a capacity to identify any medical risk emerging internationally. The Sars outbreak in 2003 has illustrated the nature and the possible dimension of these new threats.

EpiSouth WP6 aims at establishing a common platform on "epidemic intelligence" where participating countries may find broad internationally and regionally focused information. That will contribute to the strengthening of early warning capacities at Mediterranean level, the EpiSouth dedicated WP will be divided in 2 specific components

- **International Epidemic intelligence** (i.e. the monitoring of health events of international importance). Epidemic intelligence will be performed through the identification of informal signals. After a specific selection, validation and analysis processes, genuine alerts will be identified and disseminated to EpiSouth Community. International Epidemic intelligence will focus on :
  - Countries/regions **outside** EpiSouth area
  - Major health crisis (e.g. avian influenza…)
  - Regional neighbouring countries of EpiSouth participating countries (e.g. Sub-Saharan Africa, Middle East).

- **Regional Cross Borders issue**

  Aside from international epidemic intelligence, participating countries should be able to share alerts generated by their national early warning system. To allow this necessary information dissemination, a secure web-platform will be implemented to allow rapid circulation of information (mailing list) as well as offering a space for discussion. The information shared – national alerts of common interest for EpiSouth community - will relay only on official information originating from EpiSouth participating countries or partners (e.g. WHO, ECDC, etc.). Regional cross border issues will focus on:
  - Countries/regions **inside** EpiSouth area
  - Secure exchanges of health related information within the restrictive group of EpiSouth participating countries

2.1 Objective and Methodology of the questionnaire

Objective of the questionnaire

For some EpiSouth participating countries, Epidemic Intelligence (EI) might somewhat be a new and a complex concept. Thus, design and implementation should be addressed in a stepwise manner.

In order to adapt the international Epidemic Intelligence and regional Cross Border (EI-CB) to the EpiSouth community needs, a preliminary assessment of how monitoring of international health crises is organised, coordinated and managed in each country had to be performed

The designed questionnaire aimed at providing a global overview on existing systems rather than collecting exhaustive data regarding EI-CB. The results will be used to set up a basis and to allow more in-depth discussions on specifics subjects such as criteria for epidemic intelligence, coverage area, etc. The questionnaire has been divided in two separate parts:

1) International Epidemic Intelligence i.e. the monitoring of health threats occurring outside EpiSouth area
2) Cross-Border issues i.e. the possibility to exchange health related information within EpiSouth countries

2.2 Methodology

A preliminary evaluation of the questionnaire and a first assessment of EI-CB activities were performed with the members of the WP6 steering team (WP6ST). All different geographical areas (Balkans, Europe, North Africa and Middle-East) are represented in the WP6 steering team: Croatia, Israel, Jordan, Malta, Morocco and Tunisia *(list of nominative steering team members is provided in the appendix II).* This convenience sample would provide an overview for the whole EpiSouth area.

The 1st version of the questionnaire was elaborated and sent to the WP6ST in **July 2007**.

A **teleconference** organised in **October 2007** with the WP6ST provided the opportunity to validate the EI-CB questionnaire and to comment the preliminary results and indications obtained from the questionnaires compiled by the WP6ST members.

In November 2007, the EI-CB final questionnaire and the preliminary results were shared with all the other participant countries, inviting them to integrate and validate the process of cross-border epidemic intelligence evaluation: in particular those countries, which considered that the distributed results were not representative of their own situation or considered that they could have added additional information not mentioned, were kindly and strongly encouraged to compile their own questionnaires and send them back.

2.3 Results

A total of 10 questionnaires were received and analysed anonymously *(the list of countries which provided a filled questionnaire is in the appendix III).*
A descriptive analysis was performed in order to provide global results using frequencies and proportions. For certain questions, similar answers were grouped in the analysis to provide a good synthesis of the results. (e.g. Expectations from WP6, definition of epidemic intelligence, list of countries of interest and diseases of interest, etc.).

2.3.1 International Epidemic Intelligence

All countries that participated to the survey perceived that emerging diseases are significant health issues, and for 70% (7/10) are very important.

All countries have developed epidemic intelligence related activities, and for 90% (9/10) a specific unit is in charge of an active monitoring of internationally occurring health crises. However a specific methodology and criteria have been formalised by only 40% (4/10) of the responding countries and 30% (3/10) have not defined procedure to verify or validate information originating from non official sources.

Various sources of information are used by all countries including WHO (10/10) other Ministries of Health (8/10) but also non-official sources of information such as media (8/10) and Internet (9/10).

Overall the understanding of international epidemic intelligence is rather homogenous throughout the responding countries both in terms of expected out comes and area of interest (see Q12, Q14, Q15 & Q16-17 in appendix I)

Most countries have developed retro-information procedures while privileging electronic supports: Electronic bulletin (7/10); Website (6/10) and alert messages through mailing list (7/10).

2.3.2 Regional Cross Border

Regarding CB epidemic prone disease surveillance, all countries (10/10) have specific alert procedures. However, only 3 (30%) follow international procedures for surveillance as 64% have their own.
Half countries express potential difficulties to share sensitive data and declare possible restrictions, specifically for unpublished data (5/10).

Partnership and collaboration with a supranational network including neighbouring countries is done by 100% of countries, reflecting the interest from participant countries to integrate international network and showing their input in surveillance network in their region.

2.4 Discussion

The analysis of the questionnaire shows a common understanding of the perceived importance posed by emerging health threats throughout EpiSouth catchment area. Some differences were observed according to countries, however, these differences appeared to be related to historical structure of the surveillance systems (e.g. availability of adequate resources) rather than different perception of epidemic intelligence.

The perception of countries and areas perceived as potential sources of health threats and areas or countries of interest is very much linked to countries specificities (e.g. geographical location, history, origin of the migrants, etc.) and was therefore quite different. In regard to the number of EpiSouth countries, it will be very difficult to cover all individual country's needs. However, answers provided a base that determines a common denominator.

The analyse (although the number of questionnaires received is not exhaustive) provided a solid base to elaborate the EpiSouth international epidemic intelligence criteria both in terms of geographic coverage and type of health events potentially concerned. After validation by the WP6ST, this draft criteria list elaborated with the result of the questionnaire was sent to all EpiSouth participating countries. EI-CB criteria were discussed, fine-tuned and adopted by all participant in the yearly meeting held in Athens in December 2007.

Another survey performed on epidemiological training needs (through the WP5) has shown that most of participating countries expect that EpiSouth training may improve cross-border surveillance and early warning in the region, in terms of: networking, exchange of experience and common surveillance methods with neighbouring countries (cfr. Report of Training Needs Assessment in Countries Participating in the Episouth Project, 2007 soon available on the EpiSouth website.)
According to this survey, the project could promote the access to information and surveillance tools.

Regarding regional cross border issues, most of the countries apply either national or international guidelines to report potential cross-border epidemic prone disease events.

In regards to the implementation of a data platform exchange, 50% (5/10) of the reporting countries foresee possible difficulties or restriction regarding information sharing. Although no specific restrictions were mentioned, this point needs to be taken into consideration. It was anticipated that sharing of genuinely sensitive data could be problematic. Therefore, in order to prevent confusion, it was decided to clearly distinguish (including in terms of timeframe) the implementation of international epidemic intelligence (focussing on countries outside EpiSouth) and regional cross-border issues (information sharing within EpiSouth countries) in order to prevent confusion. Likewise a special attention will be placed in avoiding unnecessary duplication in integrating in EpiSouth platform the information already collected by International Organisation namely WHO and ECDC.

2.5 Conclusion

The results of this survey provide valuable information for the design of international epidemic intelligence tools as well as cross-border epidemic intelligence platform.
In fact, although questionnaire were filled in by a relatively small number of countries, the results and indications obtained were shared with all the countries which found the evaluation results in line and comparable to the situation in their own countries.
They concretely contributed to the elaboration of epidemic Intelligence criteria selected, the selection of the most appropriate type of communication support, etc.

They also underlined the importance expressed by participating countries to EI-CB issues. Those results are concordant to conclusions drown by WP5 team following the training priorities survey during which epidemic Intelligence tools and analysis were expressed by several countries.

The expectations from the WP6 work expressed by each participant countries, the definition of International epidemic intelligence comfort the common goal of all countries and the final aim and outputs of this WP. It is important to succeed in founding a consensus for the 4 geographic areas of EpiSouth, in order to satisfy all expectations and to be efficient and fruitful regarding their sensitive issues.
Epidemic Intelligence activities are not possible and feasible without the contribution and trust of all participants.

This survey was the first step of the participating process that allow WP6 steering team and all the EpiSouth countries to actively contribute to the design and the implementation of EI-CB platform tailored to EpiSouth need.

Following the adoption of epidemic intelligence criteria in December 2007 in Athens, electronic EpiSouth Weekly Epidemiological Bulletin has been developed and currently going through a pilot phase.

Likewise, a platform that will allow EpiSouth countries to share health related information is under development and
Pilot version should be available for testing during the summer 2008.

3. Acknowledgements

APPENDIX I: WP6 questionnaire main results

Q1. Importance of risk for an emerging disease?

Very important:	7 (70%)
Medium importance:	3 (30%)
Low importance:	0 (0%)
Not a priority:	0 (0%)
Don't know:	0 (0%)

⇨ A concern for every countries

Q3. Human resources dedicated to international alerts?

Yes:	6 (60%)
No:	4 (40%)
Don't know	0 (0%)

⇨ For half of countries, no human resources are dedicated: lack of training, expertise, or budget..?

Q4. International alerts monitoring activities?

Active:	9 (90%)
Passive:	1 (10%)
No specific activities:	0 (0%)

Q5. Specific unit in charge to monitor international health threat in the country?

Yes:	9 (90%)
No:	1 (10%)
Don't know:	0 (0%)

⇨ The great majority of countries have a unit performing active monitoring.

Q6. Sources used for the follow-up of international alerts (n=10 countries)
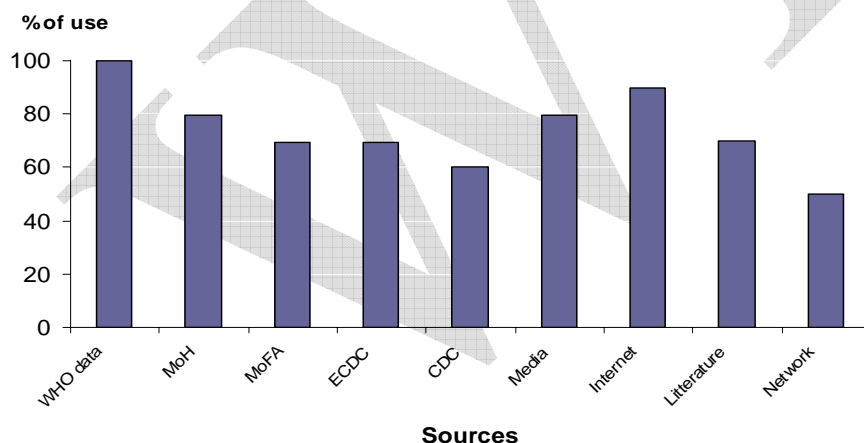
Q8. Existing criteria / methodology to perform epidemic surveillance at international level?

Yes, official:	3 (30%)
Yes, unofficial:	1 (10%)
No but try to perform epidemic surveillance:	6 (60%)
Not at all:	0 (0%)

⇨ A need for establishing criteria because lack of process

Q9. Criteria for the international surveillance process?

> *Health crisis which may:*
> > *Affect our country and territories*
> > *Expatriates populations; migrants*
> > *Tourist areas; countries of interest (closed relationship)*
> > *New and unusual event*
> > *New and potential worldwide extension*

⇨ Common key words, same priorities.

Q10. Do you have any defined process for the validation of information originating from non-official sources?

Yes:	7 (70%)
No:	3 (30%)
I don't know:	0 (0%)

⇨ The validation of information by contacting official authorities or direct contact with international stakeholders.

Q12. Your definition of "International health events monitoring?
> Main key words mentioned:
> > *- Detect and monitor health treats*
> > *- Real time monitoring their temporal and spatial spread*
> > *- May affect our populations*
> > *- Collecting, sorting and analysing information*
> > *- Ongoing surveillance for preventive measures*
> > *- "timely" data analysis and risk assessment*

⇨ Agreement on: "continuous detection process on new/unusual health events showing a risk of international spread for useful and timely adequate control measures.

Q14. What kind of support would be the most appropriate for the dissemination of EpiSouth epidemic intelligence outputs?

Paper:	1 (10%)
Mail (mailing list):	4 (40%)
Electronic bulletin:	7 (70%)
Alert messages	7 (70%)
PDF newsletter:	3 (30%)
Website support:	6 (60%)
I don't know:	0 (0%)

⇨ The diffusion of alerts though the website and the production of an electronic bulletin for epidemic intelligence outputs were in majority suggested.

Q15. Your main expectations from "international health events monitoring"
> *- Time and money efficient method*
> *- Identification of genuine health threats as quickly as possible*
> *- Information of relevant health threat as early as possible*
> *- Timely information for risk assessment and control*
> *- prevent the spread of disease and importation of cases*
> *- Follow-up (national level)*
> *- Exchange information and ameliorate capacities*
> *- Sharing up of resources*

- Support for national surveillance systems
- Collaboration among the different countries
- Be informed other countries responses (for Mediterranean area)

Q 16-17. Countries of interest

%

Geographic areas of interest
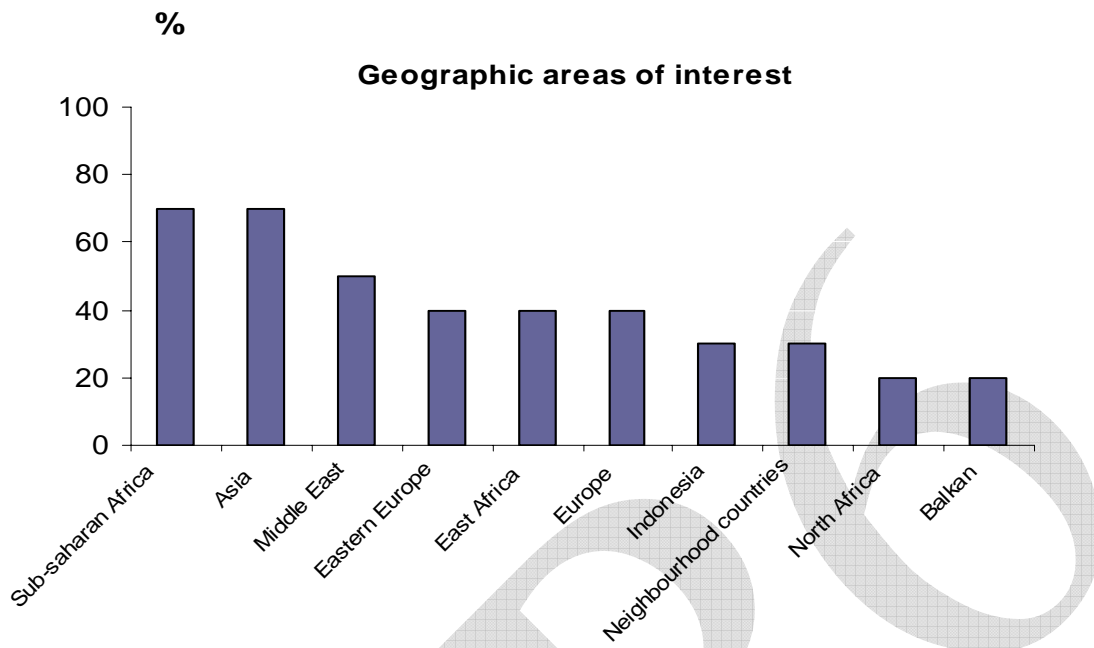
⇨ An exhaustive list is not possible. Priority areas should be determined. A common denominator in terms of geographical area for epidemiological international surveillance

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PART II. CROSS-BORDER

Q21. Existing specific alert procedures about your cross-border epidemic prone disease surveillance? Follow-up of specific guidelines?

Yes, national	7 (70%)
Yes, international	3 (3%)

⇨ Majority of countries have their own national procedures and national alerts follow rules.

Q28. In a context of data platform exchange, could it be possible that some specific data would be difficult to share or provide (within the EpiSouth community) regarding your government or institute policy or restrictions?

No, no specific restrictions	5 (50%)
Yes	5 (50%)

⇨ No specific restrictions but sharing sensitive data could be difficult and would require trust and time. Furthermore, sharing data (different to those already published) suppose that an official permission (a green light) was provided before.

APPENDIX II: THE WP6 steering team

Names	Country
Borislav Aleraj and Ira Gjenero-Margan	Croatia
Fatima Aït-Belghiti and Philippe Barboza	France
Emilia Anis; Michal Bromberg; Zalman Kaufman;	Israel
Raja Haddadin and Hussein Seif Eddin	Jordan
Charmaine Gauci; Anna-Maria Magrin; Jackie Maistre Mellilo	Malta
Dragan Lausevic and Zoran Vratnica	Montenegro
Mohammed Youbi	Morocco
Bassam Saeed Madi and Basem Al-Rimawi	Palestine
Mondher Bejaoui	Tunisia

APPENDIX III: list of country providing the WP6 questionnaire

Country	Institution
Cyprus	Ministry of Health – Medical and public health services
France	Institut de Veille Sanitaire (InVS)
Greece	Hellenic centre for disease control and prevention
Italy	Ministry of health – Directorate general of health prevention
Israel	Ministry of health – Israel Center for disease control
Jordan	Ministry of health – Disease control directorate
Malta	Ministry of health - Department of public health
Morocco	Ministry of health – Directorate of Epidemiology and disease control
Palestine	Ministry of Health – Primary health care Salfeet district
Tunisia	Ministry of health – Epidemiology and CDC division

EpiSouth: "Cross-border Epidemic Intelligence"
"WP6 - Short Questionnaire

_____

Dear Colleague,

We thank you very much for your collaboration in the workpackage 6. You will be able to provide your input while integrating the WP6 country participant. As an EpiSouth participating country, we kindly invite you to answer the questions below regarding international surveillance and cross-border epidemic intelligence.
The questionnaire does not aim to be exhaustive on these particular subjects but we hope that your answers will better inform cross-border Epidemic Intelligence needs and expectations.
The questionnaire is divided in 2 parts:
  I.   Health events monitoring system: for international surveillance
  II.   Cross-border epidemic intelligence
If you feel you are not the best person to answer the questionnaire, please forward it along as necessary. You can send your completed questionnaire to f.belghiti@invs.sante.fr or by fax (+33 1 41 79 68 65).

Sincere thanks.

P. Barboza and F. Aït-Belghiti on behalf of the WP6 steering team.
International and tropical Department / InVS

Country

Name of reporter

Position

Institution \ Department

Date completed

I. INTERNATIONAL SURVEILLANCE (= outside EpiSouth area)

In order to well understand the objectives of our questions, let's imagine the following scenario:
*"We are in a context of an **infectious disease** – occurring in a foreign country – with a **potential impact for your country**. Example: official confirmation this week of 200 of SARS cases in China among which 50 that have already left back to their countries."*
What would be your country reaction in term of risk management, follow-up, data research, data validation and dissemination, human resources allowed to the alert...?

1. **How, in your country, is perceived the risk posed by emerging diseases and/or international health threats?**
    ☐ Very important   ☐ Medium importance   ☐ Low importance
    ☐ Not a priority   ☐ I do not know

2. **Which organisation – in your country – would be in charge to deal with an alert linked to an international health threat?**
    ☐ Public health institute   ☐ Ministry of Health   ☐ Ministry of foreign affairs
    ☐ Laboratories (NRL)   ☐ Experts   ☐ specific research unit
    ☐ I don't know   ☐ Other Ministry   ☐ Other: _____

3. **Do you have specific human resources dedicated to the follow-up of these international alerts?**
   ☐ No, no specific human resources   ☐ I do not know
   ☐ Yes.
   If yes, Please specify who and where the resource is located:

   _____

   _____

   _____

4. **How could you describe your activities related to international alerts in general?**
   ☐ As active: you are doing searches on regular basis using different tools, network and communications
   ☐ As more "passive": you usually wait for official announcements (WHO, Ministry of Health, etc.)
   ☐ No specific monitoring of international health threats

5. **Once a genuine <u>international</u> health threat that can affect your country has been officially notified: Is there a specific person / unit (civil or military) in charge of the monitoring of this event?**
   ☐ Yes,
         ☐ one team for all country
         ☐ several units in different regions
         ☐ one person only
         ☐ a transversal unit (infectious disease or international team, eg.)
   ☐ No, no designated person / unit
   ☐ I don't know

6. **What are the sources used for the follow up of these <u>international</u> health threats?**
   ☐ WHO data   ☐ ECDC   ☐ CDC   ☐ Media
   ☐ Ministry of Health   ☐ Ministry of foreign affairs   ☐ Network   ☐ Internet
   ☐ Literature   ☐ I don't know   ☐ Other: _____

7. **What kind of tools do you use for the follow up of these <u>international</u> health threats?**
   ☐ Internet (Google etc.)   ☐ specific information bulletin   ☐ Specific software
   ☐ Specific databases   ☐ WHO   ☐ I don't know

8. **Do you have any criteria / methodology to perform epidemic surveillance at <u>international</u> level?**
   ☐ Yes, official criteria, published in national guidelines
   ☐ Yes, unofficial criteria widely used in the country
   ☐ No, fixed criteria but international surveillance is done
   ☐ No, no monitoring performed
   ☐ I don't know
   Further comments

   _____

   _____

9. **If you have defined criteria for the selection of relevant health threats, please list them.**

   _____

   _____

   _____

   _____

   _____

10. **Do you have any defined process for the validation of information originating from non-official sources?**
   ☐ I don't know
   ☐ No
   ☐ Yes. Please describe:

InVS
INSTITUT
DE VEILLE SANITAIRE

_____

_____

11. Is your country already included in a specific international surveillance network (EU surveillance networks, SEE: South-Eastern Europe network, other)?

☐ I don't know
☐ No
☐ Yes. Please precise or specify names:

_____

_____

12. What is your definition of international Health events monitoring?
Comment

13. How do you think information should be disseminated within the Episouth community?
Comment (frequency, recipients, etc.)

_____

_____

_____

14. What kind of support would be the most appropriate for the dissemination of EpiSouth epidemic intelligence outputs?

☐ Paper   ☐ Mail (with mailing list)   ☐ Electronic bulletin
☐ Alert messages   ☐ .PDF newsletter   ☐ Website support
☐ I don't know

15. What are your main expectations from the international health events monitoring?

☐ At National level?

_____

_____

☐ At Mediterranean community level?

_____

_____

☐ Continent? Specific area (EMRO, EU, Asia, Africa, etc.)

_____

_____

☐ Priority diseases?

_____

_____

_____

16. From which countries/area (e.g. Sub-Saharan Africa, Middle-East, etc) are coming most of the international health threats that have affected your country?

☐ List of countries/area

_____

_____

_____

☐ List of diseases (related to the countries/area referred above)?

_____

_____

_____

17. Beside these area listed above, is there any country or area for which you have a specific interest or concern?

☐ List of countries or region

_____

_____

☐ Please state the reasons of interest or concerns?

_____

_____

_____

II. CROSS-BORDER EPIDEMIC INTELLIGENCE (= within "EpiSouth community")

18. Could you provide the list of priority disease for you countries (could be attached in an other file) in terms of:
　　i) Regular surveillance (list 1)
　　ii) Epidemic prone diseases (list 2)
　　iii) Emerging disease of importance in your country (list 3)
　　Comment:

_____

_____

_____

In every country, any communicable diseases surveillance systems are usually composed by different tools and each of these tools a specific objective:
　　- Monthly quarterly or yearly collection of data aiming to identify changes in epidemiological patterns
(e g. respiratory track infections, vaccine preventable diseases) etc.
　　- System of modifiable disease, early warning system for the monitoring of epidemic prone disease. The following questions would focus of these aspects

---

** Regarding epidemic prone disease **

19. How could you describe your epidemic prone disease surveillance system in terms of :

Exhaustivity
☐ Fully exhaustive (all health units at national level report data on a regular basis)
☐ Sentinel system only
☐ Mixed (both exhaustive and sentinel according to diseases)
☐ No specific epidemic prone disease surveillance (e.g. surveillance included in the regular surveillance) ☐ I don't know
comments:　　_____

Reactivity
☐ Immediate notification (e.g. compulsory modifiable diseases)
☐ Daily data collection
☐ Weekly data collection
☐ Monthly data collection
☐ other specify:　　_____
☐ I don't know

Geographic Coverage / Completeness of data and diseases
☐ Full National coverage (**all** diseases and **all** provinces)
☐ National data (**all** diseases and **all** provinces) with partial completeness
☐ Complete data for **some** diseases **all** provinces

☐ Partial data: for **some** diseases and **all** provinces
☐ Partial data: for **all** diseases and **some** provinces
☐ Partial data: for **some** diseases and **some** provinces

☐ Other. Please specify:　　_____
☐ I don't know

20. Could you describe tools and frequency of data collection for epidemic prone disease surveillance?
Which Frequency:
☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ I don't know
At which Geographic level data are collected:
☐ District ☐ Departmental ☐ Regional ☐ National ☐ I don't know

Type of data:
☐ Numeric   ☐ paper (fax, mail)   ☐ electronic   ☐ telephone   ☐ I don't know

21. Is there a specific alert procedure? Do you follow specific guidelines?

☐ No   ☐ I don't know

☐ Yes, national   ☐ Yes, international

☐ Yes, a standard one. Please precise: _____

22. Could you describe your data collection and data circulation within the country? Please precise your procedures if necessary *(an attached file could be provided if necessary)*.
[Surveillance –> Declaration –> Centralisation –> Coordination –> Information dissemination]
Comment

_____

_____

_____

_____

23. How do you validate the data collected? Please describe simply the procedure.
Comment

_____

_____

_____

24. Do you have procedures for data dissemination?

☐ I don't know

☐ No procedures, no dissemination

☐ Yes. Please precise:

     Validation:

_____

_____

     Severity of the situation:

_____

_____

     Geographic coverage:

☐ District   ☐ Provincial   ☐ Regional   ☐ National

     Frequency:

☐ Daily   ☐ Weekly   ☐ Monthly   ☐ Yearly

     Latest update (year):

_____

25. Is there already any partnership with a neighbouring country or another institution (network surveillance, etc.)?

☐ No, no partnership

☐ Yes, at international level. Please precise: _____

☐ Yes, at national / local level. Please precise the geographic coverage: _____

☐ I don't know

26. Could you describe the collaboration you have with national reference laboratories, other institutes or regional public health centres?

☐ Frequency:

_____

_____

_____

☐ Type of exchange:

_____

_____

_____

☐ Role and responsibilities:

_____

_____

_____

☐ Number of regional centres:

_____

27. For which demand your national reference laboratories are requested?

☐ Comment:

_____

_____

_____

28. In a context of data platform exchange, could it be possible that some specific data would be difficult to share or provide (within the Episouth community) regarding your government or institute policy or restrictions?

☐ I don't know
☐ No, no specific restriction
☐ Yes. Please precise:
Comment:

_____

If you consider that other information could be useful for our WP6 steering group, Please do not hesitate to add your comment in another page or any relevant document