

Last Updated 30.09.2016

## **Disease Survey**

Welcome to the disease surveillance computerised sentinel network. Below are your detailed instructions regarding the project.

### **Disease Surveillance Instructions**

The philosophy is to keep it simple. There are approximately 60 participating practices. I will provide technical support (but my knowledge of some programs is limited), preferable by e-mail on [mjoyce@iol.ie](mailto:mjoyce@iol.ie) or by telephone if needed regarding these instructions at 045 891189, the best time is during the day between 2 and 3 Mon Tues Thur or Friday. My mobile number is 086 2651644. Alternatively you can contact my nurse, Olga who helps with co-ordinating the project. Ideally we would like to have one person from each practice specifically designated to be responsible for the project and we would liaise directly with that person. Please let us know the person's name and contact details including a mobile number to which we can send reminder text's if your return is late. We recommend that this person be a staff member and will be responsible for running the search each Monday throughout the year and sending the reply.

The search you run depends on your practice software, these instructions will be provided separately. You may need to contact your software provider for assistance with this.

In outline, practices will keep track of the occurrence of influenza, chicken pox, shingles, measles, mumps, rubella and gastro-enteritis. All doctors in the practice need to be aware that they must record these items in the specified way.

- Influenza
- Chicken Pox
- Shingles
- Measles
- Mumps
- Rubella
- Gastro-enteritis

For the purposes of the surveillance influenza should be diagnosed in the following situation using the EU case definition for influenza

– Sudden onset of symptoms

**AND**

– *at least one of the following four systemic symptoms:*

- Fever or feverishness
- Malaise
- Headache
- Myalgia

**AND**

– *At least one of the following three respiratory symptoms:*

- Cough
- Sore throat
- Shortness of breath

However if you are convinced a patient has influenza and does not meet the above criteria you are still free to diagnosis it as influenza. Chicken pox and shingles are self-explanatory.

Vaccination status is something we would like to be recorded. The method of recording flu vaccines depends on your practice software.

Chicken pox and shingles are self-explanatory.

### **Measles –**

Definition - "Clinical picture consistent with measles i.e. - a maculopapular rash lasting more than 3 days, a temp of above 38.0, and one or more of the following - cough, coryza, Kopliks spots, or conjunctivitis."

Note measles is notifiable as are some of the other diseases which should be notified in the normal way. Measles can be confirmed via a simple salivary test for a few weeks after the illness which your local public health department will organise for you.

Please don't report mini-measles, i.e. the minor reaction following MMR vaccine.

### ***Mumps***

Clinical picture consistent with mumps, i.e. - acute onset of unilateral or bilateral self limiting swelling of the parotid or other salivary gland lasting > 2days and without other apparent cause.

### ***Rubella***

Clinical picture compatible with rubella i.e. - acute onset of generalised

maculopapular rash and arthralgia/arthritis, lymphadenopathy or conjunctivitis.

### ***Gastro-enteritis***

Diagnosis is at the GPs discretion. Acute onset of vomiting or/and diarrhoea.

Every Monday you will be asked to run a very simple routine that will take only a few minutes. You will run a search and send an E-mail with a file attachment to a particular E mail address in the ICGP

[flu@icgp.ie](mailto:flu@icgp.ie)

For multiple doctor practices only one person need do this each Monday, the search should find all occurrences for all doctors.

If your search has a nil result as may happen some weeks, **please still send an E mail saying nil this week and include your practice ID.**

Each practice will have a unique identifier number. If you cannot remember yours contact us and we will remind you.

Practices will be paid a fee for partaking in the study, usually twice a year in June and December. Full payment depends on the returns be made on time each week. There is a sliding scale for those sites that fail to make returns in a timely fashion. If in any week you have particular problems, e.g. holidays please try and make arrangements for the surveillance to continue. If this is not possible, please let us know.

## **Influenza Swabs**

An important part of the survey will also be taking swabs, 1 a week from patients diagnosed with influenza. You will receive packs with appropriate instructions in due course, usually towards the end of October or shortly after joining the network.

You are asked if possible to take one swab per week on a case of influenza. Obviously if you have no cases then you cannot take a swab. It is also recognised that at certain times you may be too busy to take a swab on that particular case but in general it is of immense benefit to take a swab from a case per week if you can. Taking the swabs involves both throat and nasal swabs. With the nasal swab – the thin wire swab, try and introduce it into the nasal pharynx via the nostrils and rub it about a little. This is a little uncomfortable but if you can do in once in each nostril the pick up rate is much better. Then put the swab into the medium and shake it about in the fluid, then discard the wire swab. With the throat swab – the solid stick swab try and rub it around the posterior pharynx as much as possible. Then break the top of the swab and put it into the medium bottle. Close the bottle put it in the provided plastic container, fill the form and put both into the provided envelopes and post it off.

Please note the following

- You should take a maximum of one swab per week
- A case you take a swab on should be a case that you are already calling a case of influenza, the swab is only for confirmation or otherwise but is not relevant to the reporting of that case in that week.
- Therefore, any case on which a swab is taken should be appearing in that week's return irrespective of whether the result is back and/or whether the swab is positive or negative.
- Try and complete the form, some of the questions may seem daft but it has a set of international WHO recommended questions.
- If you are taking part in the vaccine effectiveness study the swabbing requirements are different, see separate instructions for this.

## **Population Denominator**

On starting we ask for the following information from each practice.

- Name of main contact doctor.
- Contact e-mail address or addresses.
- Name and full postal address of practice.
- Total number of doctors working in the practice.
- Name of person who will be responsible for running the search each Monday (a role often best suited a practice staff member).
- Mobile phone number of person making the return (for sending text reminders)
- Name and number of substitute person if first person is away.
- Total number of GMS patients.
- Estimate of total number of private patients.

A more detailed population denominator measurement will be carried out at a later date.

Michael Joyce