Weekly Surveillance Report - Example

Province	Province A
Surveillance Site	Aggregated reporting from Districts A, B, C, D, E
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Surveillance system	Weekly syndromic surveillance system
Date of Report	25/10/2022
Time period being reported	16/10/2022–23/10/2022

Key summary for reporting period

- During this reporting period, 7 cases of acute fever and rash were reported from District C. This is an increase on the previous reporting period where 1 case was reported in District C. There have been no changes to testing practices or the surveillance case definition, and this signal has therefore triggered a public health response.
- During this reporting period, 57 cases of diarrhoea were reported across all districts. The case numbers have declined from August and are back within expected case numbers compared the previous five-year mean (Figure 2).
- During this reporting period, 140 cases of influenza-like-illness were reported from across the districts. This is slightly higher than the previous five-year-mean (Figure 3) and this situation is therefore being monitored. Currently, District E is reporting a higher number of cases per 100,000 population than the other districts (Figure 4). Since epidemiological week 38, cases in District E are slightly higher than the previous five-year mean (Figure 5) and this will continue to be monitored.

Table 1. Summary of weekly syndromic surveillance data in Province A as at 23/10/2022

Condition/Disease	This week (commencing 16/10/2022)	Last week commencing (09/10/2022)	YTD 2022	Previous year total
Acute fever and rash	7	1	8	0
Diarrhoea	57	61	2,680	2,895
Influenza-like-illness	140	166	7,617	8,235

All data presented in this report are fictional and for learning purposes only

Epidemic curves

Figure 1. Reported cases of acute fever and rash by epidemiological week, Province A, 2022
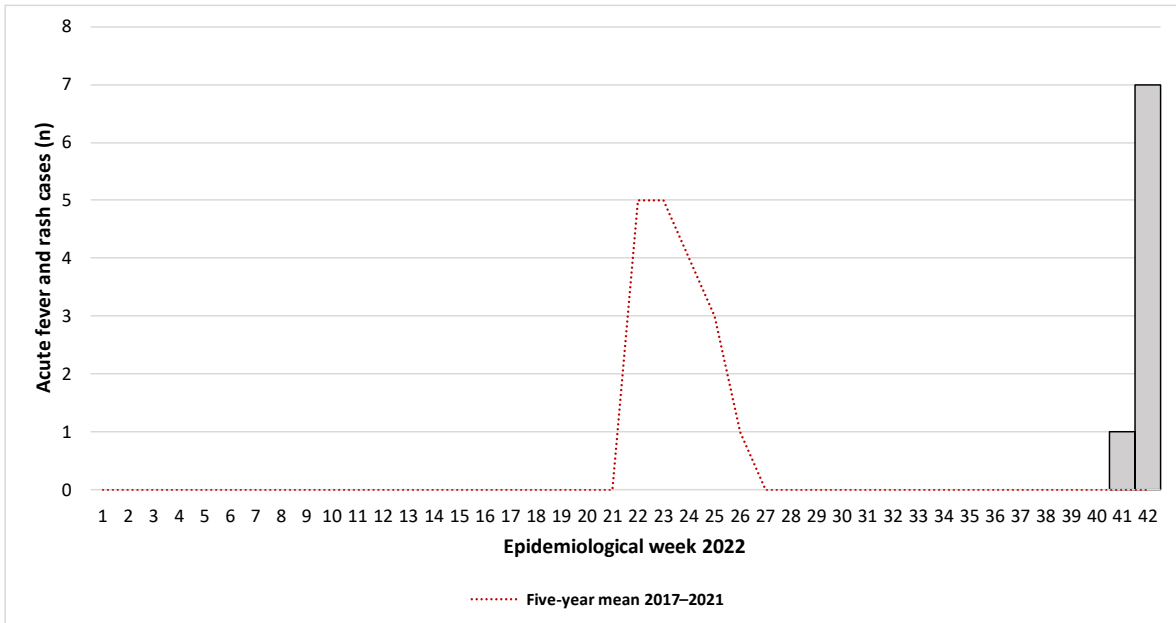
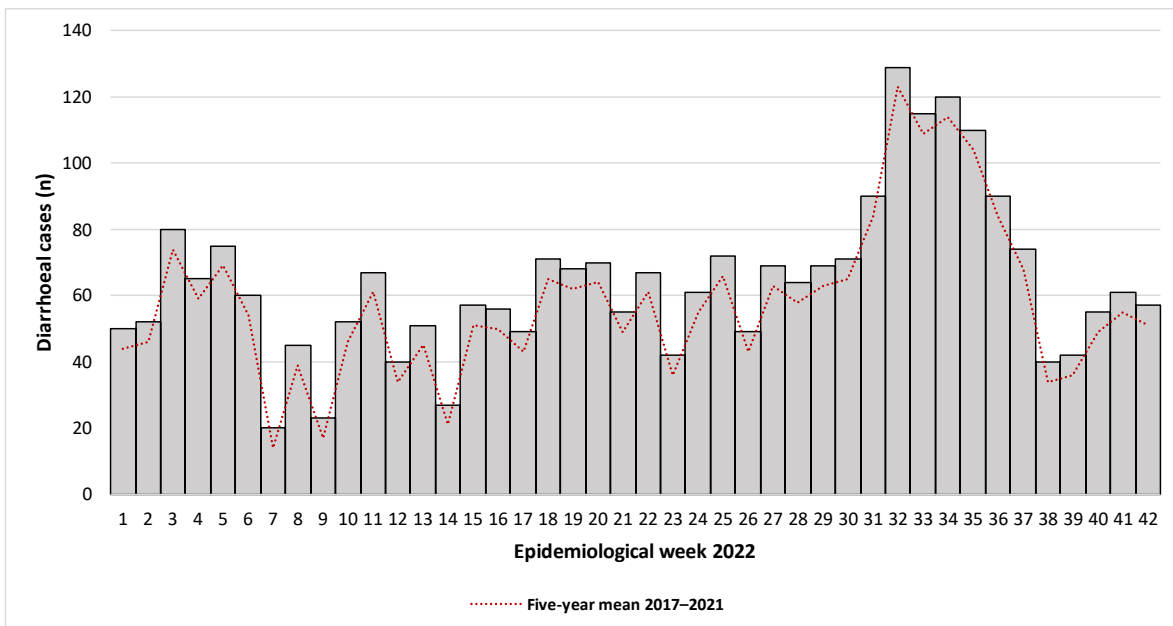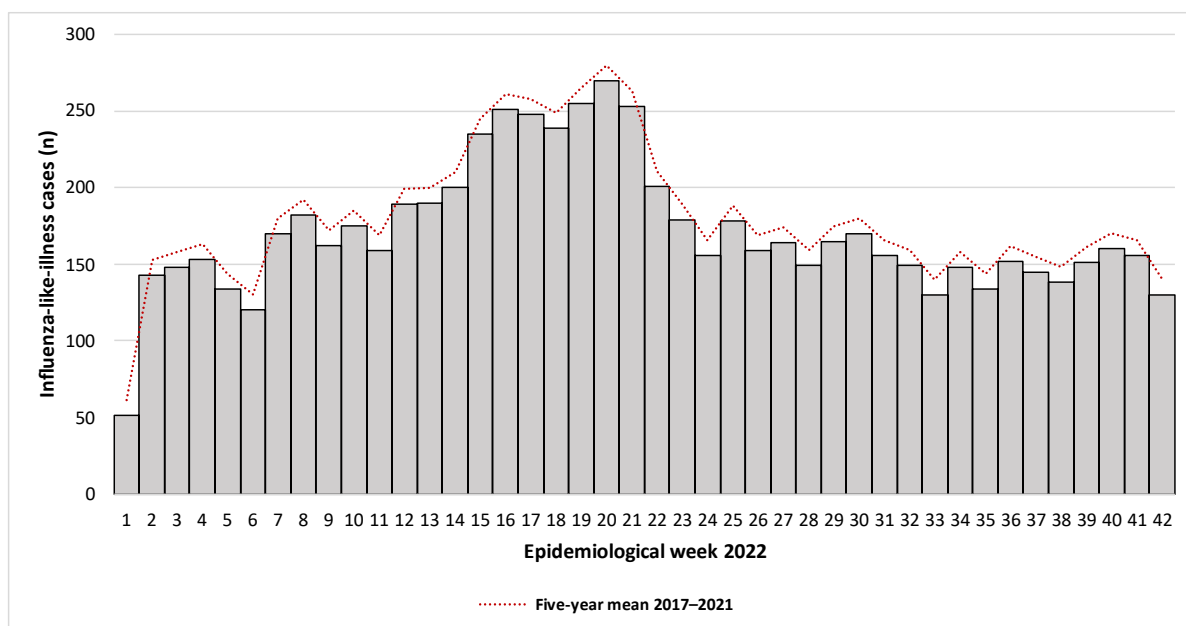**Figure 2. Reported cases of diarrhoea by epidemiological week, Province A, 2022**

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Figure 3. Reported cases of influenza-like-illness by epidemiological week, Province A, 2022

Further analyses

Acute fever and rash

Further analyses by person have been conducted for acute fever and rash as part of the public health response activities. All reported cases (n=8) are under nine years of age and most cases (n=6) are under five years of age (Table 2).

Table 2. Cases of acute fever and rash by age and sex in District C, Province A, YTD 2022 (as reported at 23/10/2022)

Age group	Males (n)	Females (n)	Total cases (n)
0–4 years	2	4	6
5–9 years	1	1	2
Total cases	3	5	8

Influenza-like-illness

Further analyses by place have been conducted for influenza-like-illness cases to monitor trends. Currently District E is reporting the highest number of cases per 100,000 population (Figure 4). Cases reported since epidemiological week 38 are slightly higher than the previous five-year mean for District E (Figure 5) and this will continue to be monitored.

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Figure 4. Influenza-like-illness cases per 100,000 population by district in Province A, YTD 2022
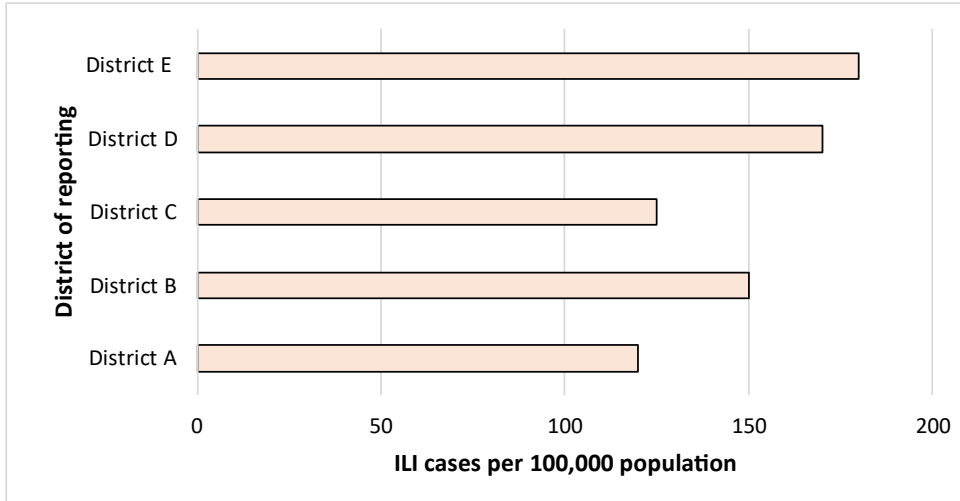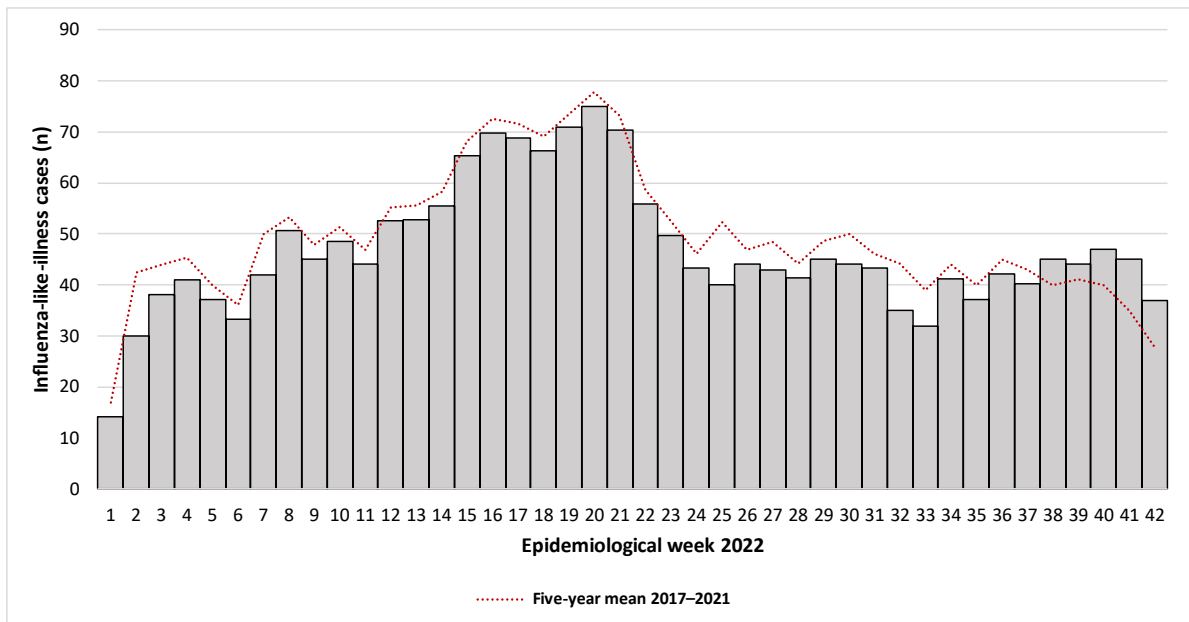

Figure 5. Reported cases of influenza-like-illness by epidemiological week, District E, 2022

Actions taken

- A rapid response team (RRT) has been deployed to District C to investigate the reported cases of acute fever and rash. The RRT team includes an epidemiologist, immunisation nurse, and data entry officer who will support the local health centre to undertake active case finding and diagnosis. The national public health laboratory has been alerted and are ready to receive patient specimens for pathogen confirmation.

Recommendations

- The surveillance unit will continue to monitor trends of influenza-like-illness. It is recommended that analysis by place continues until there is no need for further monitoring.

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Appendix 1 – Supporting notes on data and sources

Surveillance system objective
To detect public health threats of outbreak-prone diseases through syndromic surveillance.

Syndrome	Potential outbreak-prone disease
Acute rash and fever	Measles, rubella, meningitis, dengue, leptospirosis.
Diarrhoea	Viral or bacterial gastroenteritis including cholera, food poisoning, and ciguatera fish poisoning
Influenza like illness	Influenza, other viral or bacterial respiratory infection

Type of Surveillance
Passive syndromic surveillance based on the case definitions below.

Case Definition(s)
Acute fever and rash: Sudden Onset of Fever (>38ċ) with acute non blistering rash.
Diarrhoea: Three or more loose watery stools within 24 hours
Influenza like illness: Sudden onset of fever (>38ċ) with cough and/or sore throat.

Data Sources
Every health centre in each district of Province A.

Data Flows
Data are aggregated weekly by each health centre and reported to the Provincial surveillance department one day after the reporting period ends. The data are collected on a standardised reporting form and submitted via fax. These data are then collated by the Provincial surveillance department, analysed, and included in this surveillance report two days after the reporting period ends.

Population under surveillance
The health centres included in the surveillance system provide care for the entire population of each district. This surveillance system therefore captures anyone presenting to a health centre in their district. The syndromic surveillance is passive and therefore requires a person to present to the health centre with one of the syndromes under surveillance.

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