

STANDARD OPERATING PROCEDURES
FOR
YELLOW FEVER



Adapted May 2021



ACRONYMS

CHAs	Community Health Assistants
CHVs	Community Health Volunteers
CSO	County Surveillance Officer
DIDE	Division of Infectious Disease &Epidemiology
DSO	District Surveillance Officer
EPI	Expanded Program on Immunization
EYE	Eliminate Yellow fever Epidemics
HCF	Health Care facility
NPHIL	National Public Health institute of Liberia
PCR	polymerase chain reaction
POE	Port of Entry
SFP	Surveillance Focal Person
WHO	World Health Organization
YF	Yellow fever

1. Introduction

Yellow fever (YF) is a viral hemorrhagic fever. It is transmitted to human by *Aedes aegypti*, mosquitos infected with the YF virus. The case-fatality rates can exceed 50% among severe cases. YF can be prevented through immunization with the YF vaccine, which is safe, inexpensive and reliable. A single dose of the vaccine provides protection against the disease for at least 10 years and possibly throughout life. A high risk exists of an explosive outbreak in an unimmunized population even if there is only one laboratory-confirmed case in the population. The most vulnerable group are children. Effective disease surveillance activities remain the best tool for prompt detection of and response to outbreaks, particularly in populations where coverage rates for YF vaccine are not high enough to provide protection. This guidelines describe how to detect and confirm suspected cases of yellow fever. They also describe how to respond to an outbreak of yellow fever and prevent additional cases from occurring.

1.1 Yellow fever Epidemiology

Yellow fever often occurs in Africa and South America. The epidemiology of yellow fever presents different challenges on each continent, even though it is caused by the same virus. In Africa, there has been an increase in the number of reported YF cases in Africa during the last five to 10 years WHO estimates that there are 200 000 cases annually and that 30, 000 deaths occur each year in 44 countries at risk, majority occur in sub-Saharan Africa. The increase was probably attributable to reduced coverage rates for YF immunization and to the neglect of mosquito control program. Based on this, the Eliminate Yellow fever Epidemics (EYE) strategy was developed by WHO to respond to the increased threat of yellow fever urban outbreaks with international spread.

Liberia has recorded 503 suspected cases from 2016 to 2020. About 3 confirmed cases (1 laboratory confirmed, 2 presumptive positive) were reported from three (3) counties over the five years period. As an integral component of the overall strategy for controlling the YF outbreak, contact tracing complemented by active case finding activities were rolled out in all affected counties with in Liberia.

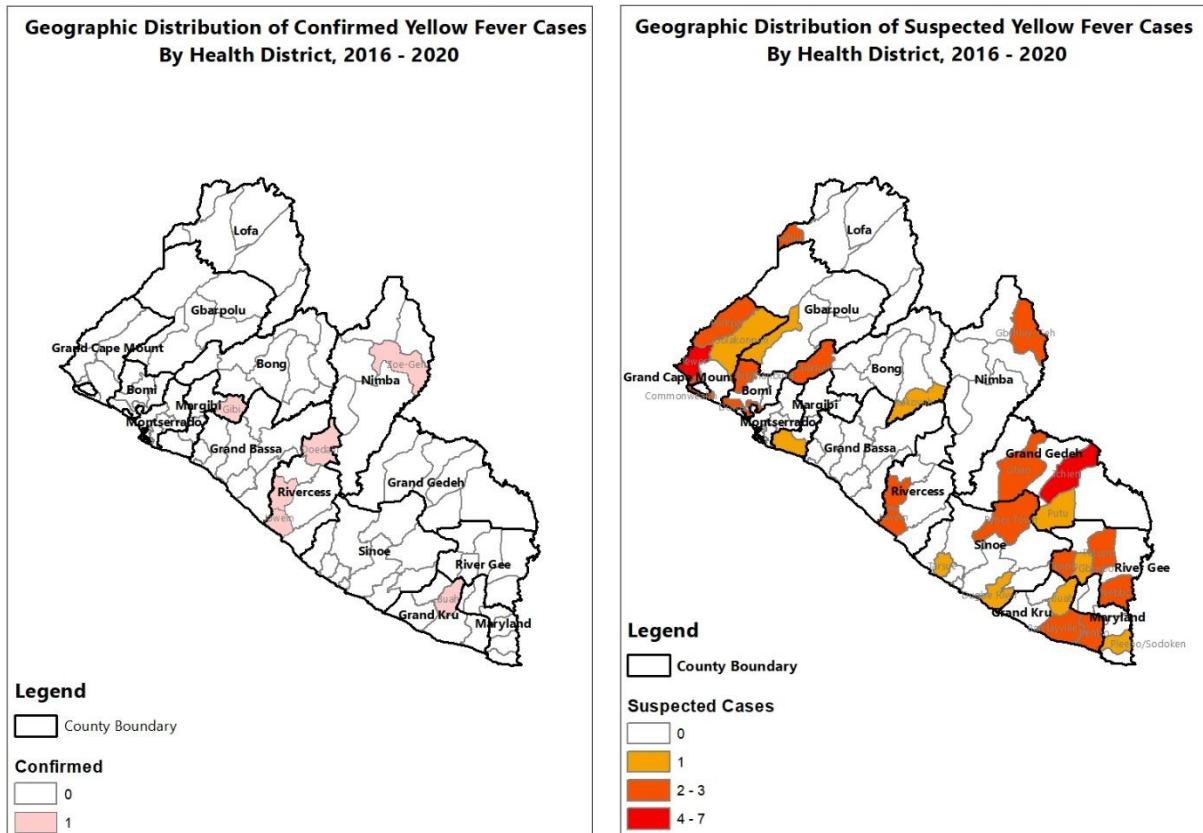


Figure 1: shows the distribution of Yellow fever suspected and confirmed cases in Liberia, 2016-2020

1.2 Clinical features of yellow fever

Yellow fever presents with a variation in clinical signs and outcomes ranging from mild to severe and fatal cases. Yellow fever in human beings has the following characteristics:

An acute phase lasting for 4 to 5 days and presenting with:

- a sudden onset of fever
- headache or backache
- muscle pain
- nausea
- vomiting
- red eyes (injected conjunctiva)

- vomiting blood

A toxic phase can follow the period of remission and present with:

- jaundice
- dark urine
- reduced amounts of urine production
- bleeding from the gums, nose or in the stool
- hiccups
- diarrhoea
- slow pulse in relation to fever

There is no specific treatment available for YF however, in the toxic phase, supportive treatment includes therapies for treating dehydration and fever.

1.3 Yellow fever Surveillance

The IDSR strategy in Liberia promotes the integration of surveillance activities for priority diseases and other events of public health importance, taking advantage of routine surveillance and support functions at all levels.

A surveillance structure is set up consisting of surveillance officers and coordinators from the community/POE up to the district, county, and National levels focusing on identifying priority infectious diseases and events with the use of the technical guidelines including standard case definitions. Data is received on a weekly basis from the counties by the division of Infectious Disease and Epidemiology

Yellow fever is among the priority diseases under surveillance in Liberia. Cases detected are reported to the next level immediately (within 24hrs) for action. IPC protocols, screening and surveillance activities are ongoing at major border-crossing points and also health-care facilities.

Occasionally, travelers who visit yellow fever endemic countries may bring the disease to the countries free from YF. In order to prevent such importation of the disease, many countries require proof of vaccination against yellow fever before entry and exit and Liberia is no exception. Therefore, unit has been created to coordinate and supervise Port Health activities within the

division of Infectious Disease and Epidemiology at the national public health institute of Liberia. The areas of linkage between points of entry, health institutions and laboratories include referral of suspect or confirmed cases, use of isolation facilities in some health facilities, specimen/sample taking and analysis and sharing of reports exists. Suspected cases of yellow fever must be immediately notified to the designated health facility surveillance focal point and the district surveillance officer. Prompt alert and notification of such cases will trigger immediate response.

The Surveillance goal is to seek confirmation of yellow fever and rule out other possible etiologies of fever with jaundice as well as providing information in order to adopt appropriate control measures. Additionally, to identify the population at risk of yellow fever by monitoring the epidemiology of the disease and the impact to support operational research and innovation

1.4 Strategies for yellow fever control and prevention

Strategy I. Detect and control outbreaks of yellow fever

An outbreak of yellow fever is defined as at least one confirmed case. Detection and control of a yellow fever outbreak requires a reliable disease surveillance system that will lead to:

- Early detection and immediate reporting of the suspected case of yellow fever.
- Prompt collection of laboratory specimens for laboratory confirmation of asuspected case.
- Advance preparation for implementing emergency immunization activities when an outbreak is confirmed.

Strategy 2. Immunization

- Routine immunization
- Vaccination at every official port of entry
- Mass immunization campaign during outbreak

Geographical areas should be prioritized for a mass campaign according to the:

- Interval since the last outbreak
 - Frequency of epidemics in an area
 - Ratio of urban to rural cases
 - Vector density
 - Location of mosquito habitats and infestation
 - History of previous yellow fever immunization programs. For example, if coverage is less than 60%, this is not high enough to protect a population from a yellow fever outbreak.
 - Extent of yellow fever surveillance activities and whether the system is detecting cases.
-
- Distribute yellow fever immunization cards after immunization

1.5 Role of each level in the Yellow fever surveillance system (Table 1)

	DETECT, CONFIRM & RESPOND TO SUSPECTED CASES OF YELLOW FEVER
COMMUNITY LEVEL	<p>Represented by local services such as Community health volunteers/Assistants (CHVs/CHVs) and local authorities.</p> <p>Conduct event based surveillance and report alert notifications to the health Facilities using community trigger forms (See Annex 5)</p> <p>Surveillance activities are undertaken at the various points of entry and heightened during emergency response</p>
HEALTH FACILITY	<ul style="list-style-type: none"> • Use a standard case definition to detect suspected cases of yellow fever and report them immediately (within 24hrs) to the next level. • Verify and investigate suspected case and complete first two sections of the case investigation form. (see Annex 1) • Take diagnostic samples (serum) and send to national public health reference laboratory to confirm diagnosis. Use safe injection practices. • Conduct daily health talks and display IEC/BCC materials
DISTRICT LEVEL	<ul style="list-style-type: none"> • Assist health facility staff with case investigation and with collection and transportation of laboratory samples for diagnostic testing. • Notify County level about suspected case; alert other health facilities and communities • Conduct active case search • Conduct health promotional activities • Identify and report trends of cases with fever of unknown origin or fever with jaundice. • Receive and report laboratory results to the health facility. • Support activities to include yellow fever vaccine in the routine EPI childhood immunization schedule. • Ensure a reliable supply of vaccine and immunization equipment. • Monitor immunization activities
COUNTY LEVEL	<ul style="list-style-type: none"> • Support the district and health facilities in response activities • Activate incident management system and rapid response teams • Coordinate the county response activities and set up the different pillars structures • Develop and disseminate daily situation report during outbreaks • Conduct health promotional activities • Preposition medical supplies for districts use in a response
LABORATORY	<p>Give instructions and specimen collection kits, if necessary, to district level or health facility for specimens to collect, how to collect them, where to send them.</p> <p>Process specimens.</p> <p>Provide results to the reporting health facility and to national level or district medical officer on 2nd part of case investigation form.</p>

<p>NATIONAL LEVEL</p>	<ul style="list-style-type: none"> • Provide a standard case definition and other surveillance tools for use at all levels. • Train and supervise staff in case investigation and specimen collection. • Give feedback to reporting levels about confirmed cases. • Provide laboratory results to county. • Declare an outbreak of a confirmed case. • Support (technical, logistics, financial, human resource) subnational levels in an event where they are overwhelmed • Collect and analyze routine data to predict or detect possible outbreaks. • Collect and analyze immunization monitoring data • Implement emergency immunization response plan • Use analysis conclusions to take action for improving routine yellow fever immunization services. • Provide feedback and support to all levels. • Set targets for program activities and monitor them.
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1.6 Yellow Fever Surveillance Activities

Yellow fever is a priority disease in Liberia that is required to be immediately (within 24hrs) reported. Taking specific public health actions can control an outbreak and prevent additional cases from occurring.

Reporting structure and mechanism

Reporting refers to the process of reporting suspected and confirmed outbreaks. The routine flow of surveillance data is usually from each reporting site to its immediate supervisor (usually the higher level within the health system) as follows:

- Community Health Assistants, Community Health Volunteers, Port Health Officers, Community Animal Health Workers, and Environmental Health Officers report to the Surveillance Focal Point at the Health Care Facility
- The Surveillance Focal Point (SFP) at health facilities report to the District Surveillance Officer (DSO)
- The DSO provides district level data to the County Surveillance Officer (CSO) or other identified member of the County Health Team (CHT)
- The CSO/CHT provides County level data to the national public health institute of Liberia (NPHIL).

- NPHIL/DIDE then collates and analyzes all data to show what is happening with morbidity and mortality in Liberia for the reporting period (weekly, monthly, quarterly or annually) and provides evidence for planning and response activities. Feedback should be provided to all sites that report data, or should report data, for their own information and planning purposes. In addition, the CHT should also provide analysis of the situation within the county to the districts and HCFs.

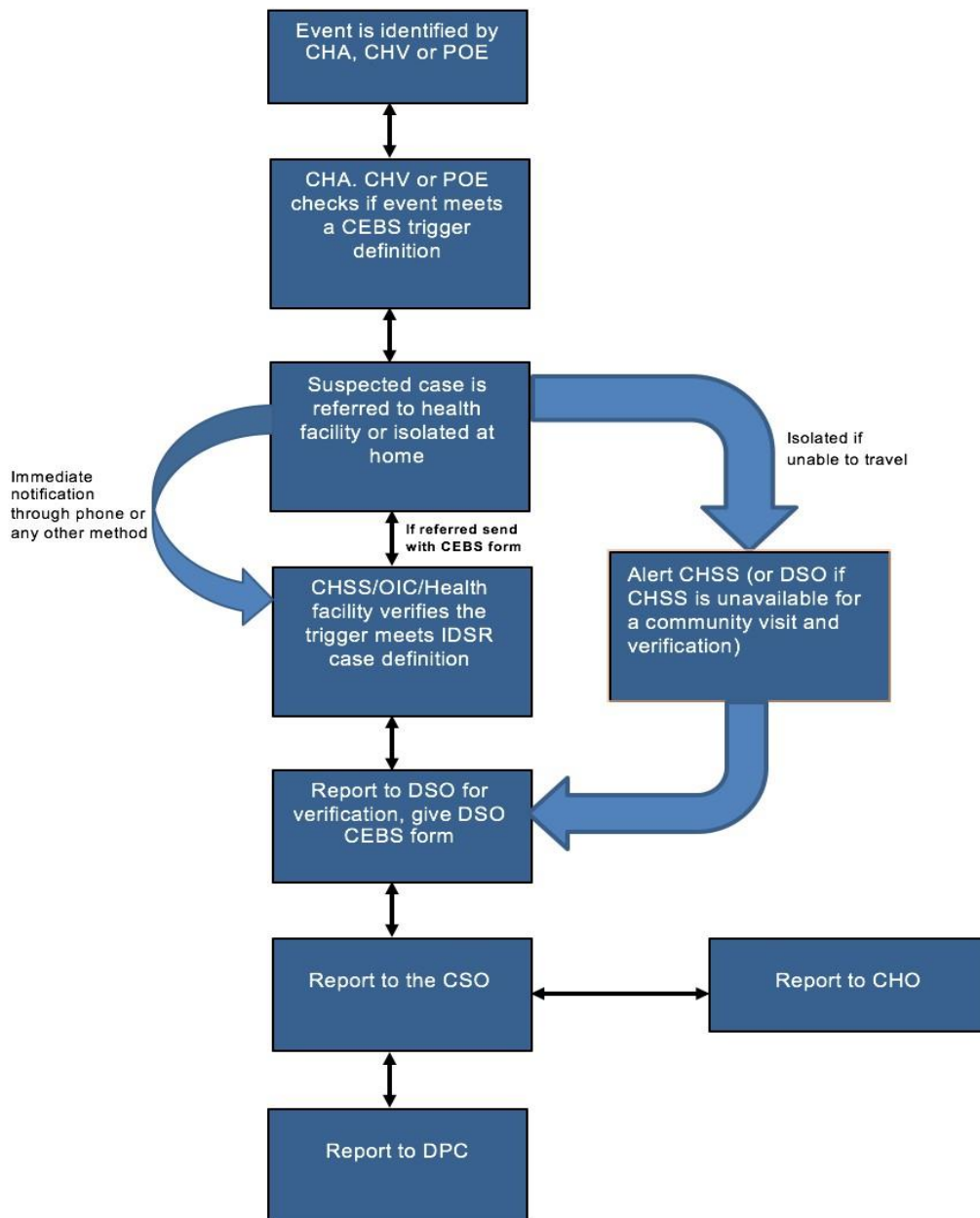


Figure 2: Reporting Structure

1.7 Using Case Definition

Review the standard procedures for reporting to make sure they include activities for reporting cases of yellow fever. Health facility staff and surveillance officers should:

Use a standard case definition to identify suspected cases. The standard case definition should be used throughout all levels of the reporting system -- from the community via (health facilities and other points of entry where patients have contact with the health system) to the national level. WHO recommends the following case definition for yellow fever:

Standard case Definition (Health Facility)

Suspected Case Definition

Any person with acute onset of fever with jaundice appearing within 14 days of onset of the first symptoms

Probable

- A suspected case **AND** one of the following:
- Epidemiological link to a confirmed case or an outbreak
- Positive post-mortem liver histopathology
- Presence of yellow fever IgM antibody in the absence of yellow fever immunization within 30 days before onset of illness

Confirmed

A probable case and Absence of yellow fever immunization within 30days before onset of illness; and one of the following:

- Detection of YF-specific IgM
- Detection of four fold increase in Yf IgM and /or IgG antibody titres between acute and convalescent serum samples

Or one of the following:

- Detection of YF virus genome in blood or other organs by PCR
- Detection of YF antigen in blood, liver or other organs by immunoassays
- Isolation of the yellow fever virus

Community case definition

Any person with hot skin (fever) and spot-spot

(rash) and/or red eyes

OR

Any person who has fever and two or more other symptoms (headaches; vomiting; runny stomach; weak in the body, yellow eyes), or who died after serious sickness with fever and bleeding

1.13 Detect Yellow Fever

A case of yellow fever is detected when it is identified and reported. In an outbreak of yellow fever, identification of a suspected case is based on the signs and symptoms seen in the current outbreak. In a non-outbreak situation, identifying a suspected case of yellow fever is more difficult. The early signs of yellow fever includes fever, headache, nausea and vomiting. These are also signs of other fever-producing diseases commonly seen. A health care provider might not suspect yellow fever until treatment for other illnesses is not successful, or if the patient's condition worsens with additional signs and symptoms.

Alert threshold

If a single case is suspected;

- The alert notification form should be filled with patient identifying information including clinical information, vaccine and travel history
- Blood specimen should be taken for laboratory confirmation
- Patient should be **isolated** and **treated** with supportive care
- Notify the next level immediately
- Heighten surveillance by applying the community case definition
- Initiate preliminary field investigation to obtain information on the source of infection and to determine the vaccination coverage of the community
- Strengthen routine immunization

Action threshold

If a case is confirmed;

- Epidemiological investigation continues including screening for vaccine status
- Initiate entomological investigation if necessary
- Determine vaccine coverage in affected areas (routine EPI, preventive campaigns). Initiate vaccination where necessary
- Initiate social mobilization for selected intervention
- Continue risk communication and action to reduce risk including vector control if indicated
- Notify WHO through the authorities at NPHIL/MOH using IHR decision making instrument
- Continue to strengthen routine yellow fever immunization especially for hard to reach areas

1.14 Report suspected cases to the next level

A suspected case detected at the community, POE or health facility must be reported immediately to the next level (district to national levels). When a suspected case is reported at the health facility, the case information should be collected using the case based form (see Annex 1)

1.15 Investigation of suspected case

When a case is suspected, case investigation should commence immediately with notification to the next level. A standard yellow fever case investigation form should be used to guide the investigation of the suspected case (annex 1).

There are two parts to the form. The first part requires information about the patient and the patient's history in the top half of the form. Record the laboratory results and the final classification of the case in the second half of the form.

Collect general Information

Results of the investigation will provide:

- General information about the patient (for example, locating information, age and occupation).
- The patient's symptoms and their date of onset.
- Any recent travel the patient may have taken to areas where yellow fever is endemic or where cases of fever and jaundice have been reported.
- The patient's immunization history noting whether the patient has ever received at least one dose of yellow fever vaccine must be considered.

Patient's information should be obtained from the patient and from available records at the health facility. If the patient is too ill to answer, or has died, ask family members in the patient's household to provide information about the patient's symptoms, travel, and immunization history.

1.16 Laboratory confirmation

Yellow fever diagnostic test is not conducted at all health facilities. Specimens collected at the location of the suspected case are sent to the national public health reference laboratory (NPHRL)

Appropriate laboratory supplies for specimen collection and transport should be available at each health facility, especially in geographic areas where yellow fever cases have occurred in the past. Specimen collection kit should always be prepositioned at the county and district levels.

Diagnostic test

ELISA for the presence of YF specific IGM antibodies. PCR, YF specific Sero-neutralization, virus isolation or histopathology.

Type of Specimen to be collected

- Serum should be collected in the acute and convalescent phases of the illness. However, in the event of death, postmortem liver specimen should be considered
- Collect 10ml of blood from adults, 1-5ml from children using a red sterile tube labelled with the patient's identification and the collection date. This sample should be collected as soon as the patient is admitted to hospital or suspected of having YF tube
- Store specimen at 4-8⁰C, **DO NOT FREEZE WHOLE BLOOD!**
- Fill in case investigation forms completely (Annex 1).
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When to collect the specimen

- Serum should be collected within 14 days of onset of first symptoms
- In an event where there are more suspected cases, specimen should be collected from the 1st to 10th suspected cases as well as the last case to indicate the end of outbreak

1.17 Transporting specimen

- Label specimen appropriately
- package appropriately (triple packaging) to prevent breakage and leakage before transport
- Specimen should arrive at the laboratory within 3 days after collection
- Contact the reference laboratory to alert them that a specimen is being sent to them.

1.18 Reporting confirmed case

Result of a confirmed case should be reported to the national and subnational levels

1.19 Responding to an outbreak

The epidemic preparedness and response teams will coordinate the case response activities. They should define the target population at risk for yellow fever and select immediate and long-term public health intervention.

Accurate line listing of information from the case investigation forms should include variables such as:

- the patient's name and location of the health facility reporting the suspected case,
- the patient's symptoms and their date of onset,
- the patient's travel history and immunization status,
- date the laboratory samples were collected,
- their results and the date they were sent to the district level, and

- any follow up actions that were taken.

Strengthen clinical management of yellow fever

The county should support the health facility about managing the cases of yellow fever present in the health facility. If resources are limited, identify and support a minimum level of recommended case management steps. At a minimum:

- Monitor the patient for fever, dehydration, restlessness, and other infections such as malaria or a bacterial infection.
- Treat the patient's clinical signs with available recommended drugs or therapies

Define the case response activity

The outbreak response depends upon the extent of the outbreak and a description of the population at risk for yellow fever transmission.

As soon as possible, the members of the emergency response team should meet to coordinate the response to the confirmed outbreak. The county should include health facility staff in planning and carrying out these activities. Include at least: a clinician, a public health or vector control officer, the national EPI and disease surveillance officers, and the national level coordinator for yellow fever.

Prepare a description of the extent of the outbreak that includes the target population at risk and priority geographic areas for response activities.

Conduct an emergency immunization activity

Any person who is not immunized against yellow fever is at risk for the disease. In an outbreak situation, the target population for an emergency immunization activity is the general population living or working in the same area as the patient. Start the immunization activity as soon as possible after the outbreak is confirmed. Coordinate plans for the activities with the national level EPI and Infectious disease & Epidemiology division. Using data from the following activities, estimate costs for conducting the emergency immunization activity.

- Select the immunization sites and schedule them.
- Estimate the size of the target population.
- Estimate the amount of required vaccine for the emergency activity. The estimate should include amounts that will be lost to wastage and for provision of a reserve stock.
- Estimate the amount of cold chain supplies for conducting the emergency activity.
- Request the vaccine and immunization supplies.
- Select vaccinator teams and provide training.
- Arrange transportation to the immunization site.
- Communicate with community leaders about the emergency activity.

Identifying additional cases

- Conduct active search to find out if anyone else in the area around the case has been ill with the signs and symptoms that meet the case definition.
- Conduct house-to-house inquiries. Talk to community health workers and traditional healers in the area. Involve community leaders who have access to the community and who may know about significant health events in the area.
- Collect specimens for laboratory diagnosis from any new suspected cases. Report the results to intermediate and national levels.
- Map the location of any new identified suspected cases. Use the information on the map to decide if there are areas where there are more cases occurring than in others. Look to see if travel patterns of the suspected cases have raised the potential for yellow fever transmission in areas previously not at risk. Include these areas in emergency immunization activities.
- Line list the identified suspected cases.
- Report case information to the next level as required normally. The national level should report the additional cases to WHO and other international health agencies as required.

Alerting other surrounding counties about the outbreak

Exchange information with nearby areas about the potential for an outbreak of yellow fever in their areas. Give feedback to each level of the health system about the confirmed outbreak and the

progress being made with emergency response activities. Modify activities according to local conditions or if problems occur.

1.20 Developing community education for prevention and control of yellow fever (Health Promotion)

Information about preventing yellow fever should be a part of primary healthcare programs. Community leaders especially in the surrounding districts that are at risk for yellow fever should assist with activities for communicating prevention messages to the community.

Select messages for prevention of yellow fever including the promotion of immunization with the yellow fever vaccine. Involve other social agencies or institutions such as schools or religious organizations who can incorporate and promote the messages into their community health programs.

Annex 1



Liberia IDSR Case Alert and Lab Submission Form



NOTE: Send a copy of this form to the DSO. A copy of this form should also accompany every lab sample

Reporting Date:	IDSR-ID:	Patient Record ID:
/ /	- -	
<small>Day Month Year</small>	<small>County Code Facility Code Case ID</small>	

DISEASE REPORTING

Reporting Health Facility:	Reporting District:	Reporting County:
Disease or condition of alert* (select one):		
<input type="checkbox"/> Acute Bloody Diarrhea (Shigellosis)	<input type="checkbox"/> Ebola Virus Disease	<input type="checkbox"/> Monkeypox
<input type="checkbox"/> Buruli Ulcer	<input type="checkbox"/> Human Exposure to Rabies	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Cholera (Severe AWD)	<input type="checkbox"/> Lassa fever	<input type="checkbox"/> Yellow fever
<input type="checkbox"/> Coronavirus (COVID-19)	<input type="checkbox"/> Measles	<input type="checkbox"/> Maternal Death
<input type="checkbox"/> Dengue fever	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Neonatal Death
		<input type="checkbox"/> Unexplained Cluster of Death
		<input type="checkbox"/> Unexplained Cluster of Health Events
		<input type="checkbox"/> Yaws
		<input type="checkbox"/> Other: _____
<small>*Report Acute Flacid Paralysis (AFP), Adverse Events Following Immunization (AEFI) and Neonatal Tetanus on disease specific forms</small>		
Crossed International Border in last 1 month: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Case detected at community level: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PATIENT DEMOGRAPHICS

Patient First Name:	Patient Last Name:	Patient Sex:	Patient Age:
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days
Date of Birth:	County of Residence:	District of Residence:	
/ /			
<small>Day Month Year</small>			
Community of Residence:	Locating Information*:		
<small>*If applicable, include head of household, phone number, and name of mother if young</small>			

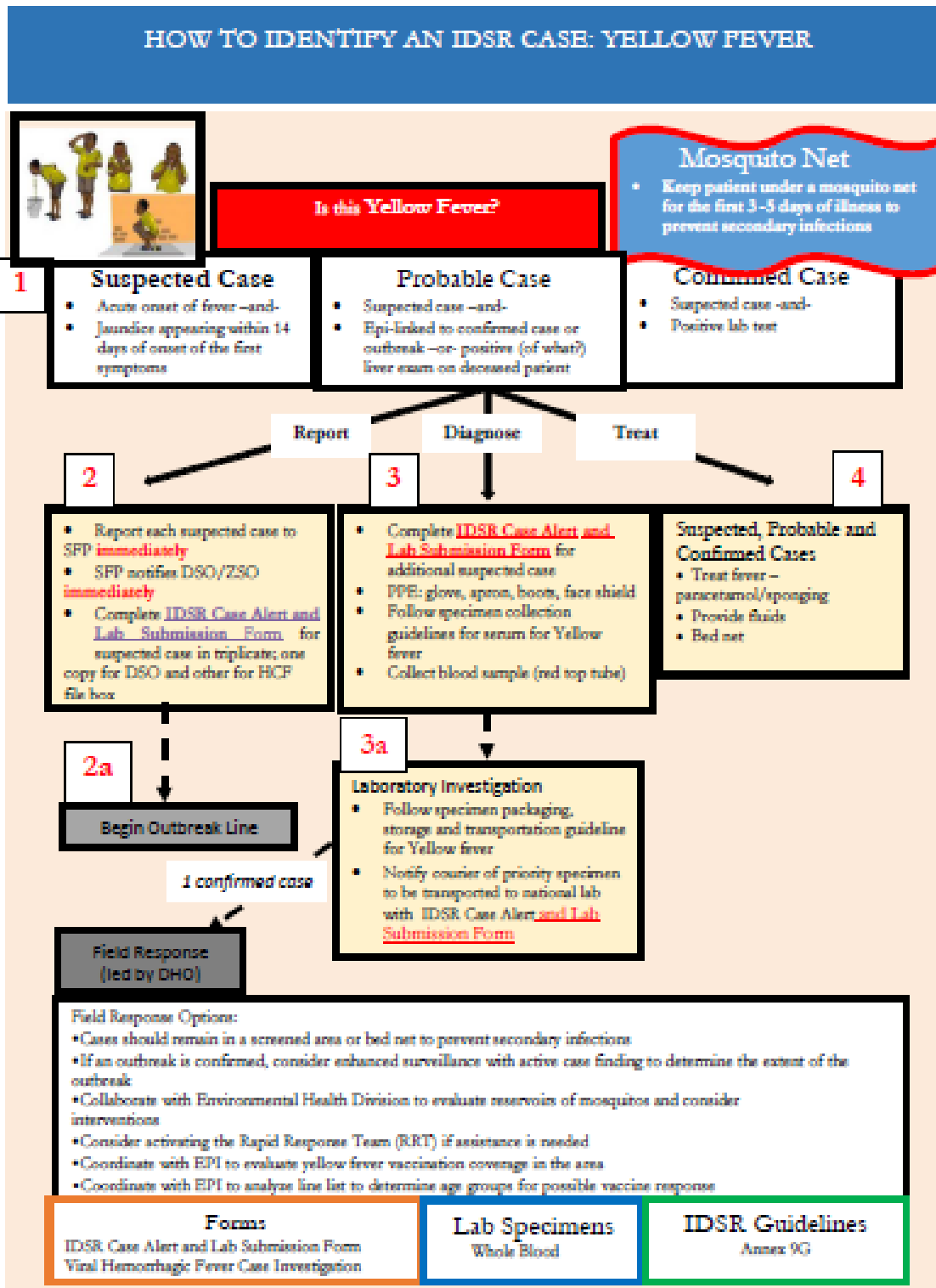
CLINICAL INFORMATION

Date of onset*:	Date seen:	In/out-Patient:	Outcome:	Classification:
/ /	/ /	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	<input type="checkbox"/> Alive <input type="checkbox"/> Dead	<input type="checkbox"/> Probable <input type="checkbox"/> Suspected
<small>Day Month Year</small>	<small>Day Month Year</small>			
Reporting Person Name:	Phone Number:	Comments*:		
Person Collecting Specimen Name:	Phone Number:			
Only for disease of this alert:				
Vaccination History:				# Doses:
<input type="checkbox"/> Yes, by verbatim <input type="checkbox"/> Yes, by card <input type="checkbox"/> No				[]
Date of Last Vaccination:				
/ /				
<small>Day Month Year</small>				
Date of Specimen Collection:	Date Specimen sent to Lab:	Specimen Type*:		
/ /	/ /			
<small>Day Month Year</small>	<small>Day Month Year</small>			
<small>*Throat swab, oral swab, rectal swab, serum, blood, stool, CSF</small>				
<small>*Note: date of onset is date of death for maternal/neonatal death. Include cause of death in comments</small>				

FOR LAB ONLY: complete this section, enter into the database, and file.

Laboratory Name:		Date Specimen Received:		Specimen Condition:	
		/ /		<input type="checkbox"/> Adequate	
		Day Month Year		<input type="checkbox"/> Inadequate	
Date Specimen Tested:		Type of Tests Performed:		Specimen ID:	
/ /					
Day Month Year					
Final Lab Results:		Date Results reported:			
		/ /			
		Day Month Year			

Annex 2: Flow chart to Identify Yellow fever



Annex 4: Case Investigation form

Ministry of Health
INTEGRATED DISEASE SURVEILLANCE AND RESPONSE
Viral Hemorrhagic Fever - Case Investigation Form (v0.6)

IDSR - ID:
Date form received:

Date of detection of the case ___/___/___ (dd/mm/yyyy)

This case was notified by (tick off the right answer and specified)

Mobile team, # _____ Health Center _____
 Hospital _____ Others _____

From filled by (first name and surname) _____

Information given by (first name and surname) _____

Family link with the patient _____

Identity of the patient

First name: _____ Surname _____

Nickname _____

For the babies, son/daughter of (name of father): _____

Birth date ___/___/___ (dd/mm/yyyy) Age (years) _____ Sex M F

permanent address: Head of Household (first name and surname) _____

Village/Suburb _____ Country _____ GPS lat _____ long _____

Nationality: _____ Ethnic group _____

Profession of the patient (tick off the right answer)

Miner House wife Hunter/trading game meat No profession
 Pupil / Student Farmers Health staff

If profession is health-staff:

Name of health care facility: _____

Service _____ Qualification _____ Others _____

Status of the patient

Status of the patient at detection Alive Dead

If dead, please specify date of death: ___/___/___ (dd/mm/yyyy)

Place of death: Community, name village _____ Country _____

Hospital, name and service _____ Country _____

Place of the funerals, name village: _____ Country _____


History of the disease

Date of onset of symptoms: ___/___/___ (dd/mm/yyyy)

Name of the village where the patient got ill _____ Country _____

Did the patient travel during illness: Yes No DNK

Annex 5: Community referral form



Community Trigger & Referral Form

v 0.24

Section A Referral [Community → Facility] to be triaged immediately

The CHA/CHV fills this out, and submit to the Health facility (CHSS, OIC, SFP)

Patient Name: _____

Sex: Male Female

Date (DD/MM/YYYY): _____

Patient Age: _____ Years Months

Crossed Int. Border in last 1 month Y N

Community: _____

Facility or POE: _____

CHA/CHV Name: _____

CHA/CHV Phone Number: _____

IDSR-ID: _____
(filled by health facility)

Immediately Notifiable Triggers

1 Acute flaccid paralysis (Polio)

2 Acute watery diarrhea / Cholera (Runny stomach)

3 Bloody Diarrhea (pu-pu with blood)

4 Human Rabies (Dog/any other animal bite)

5 Measles

6 Viral Hemorrhagic Fever (Ebola, Lassa Fever, & Yellow Fever)

Other (write in): _____

7 Meningitis (Stiff neck)

8 Maternal Death (Big belly death)

9 Neonatal Tetanus (Jerking sickness)

10 Neonatal Death (Young baby death)

11 Unknown health problems grouped together

12 Any death in human or group of animals that you don't know why it happened

Core Referral CHA Only

Family Planning

Child Vaccination

Mental Health

Child Health

Tuberculosis

HIV

Maternal & Infant Health

Leprosy

Other

Case description & any danger sign observed

Describe any investigation or treatment

----- Facility Health Worker - Tear Here -----

Section B Counter-Referral [Facility → Community]

For the Facility Health Worker: Health should tear at the dotted line above and return to the CHSS to take to the CHA/CHV

Patient Name: _____

Date (DD/MM/YYYY): _____

Facility Worker Name: _____

Facility Worker Phone #: _____

Case Definition Met Y N

CHA/CHV Name: _____

Community: _____

Health Facility: _____

Facility Worker Position: _____

IDSR-ID: _____

Follow up plan & instructions to CHA/CHV:

Actions Taken (tick all that apply)

Treated and sent home

Placed in isolation unit

Admitted Referred

Sample collected

Other (write in): _____

Section B HCF returns this part of form to CHS/CHW to get information back to the community

See IDSR Guidelines Annex 11C

To be completed by CHA/CHV/POE

References

Liberia Integrated Disease Surveillance and Response Technical Guidelines, 3rd Edition, 2020

District guidelines for Yellow fever Surveillance, WHO, 1998