



Maldives

Health Protection Agency

Ministry of Health

**Communicable Disease Reporting Guidelines for
Healthcare Professionals**

Version 1/2015

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Compiled by the

Public Health Surveillance Section

Health Protection Agency

Ministry of Health

Communicable Disease Reporting Guidelines

For Healthcare Professionals

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1. Public Health System of Maldives

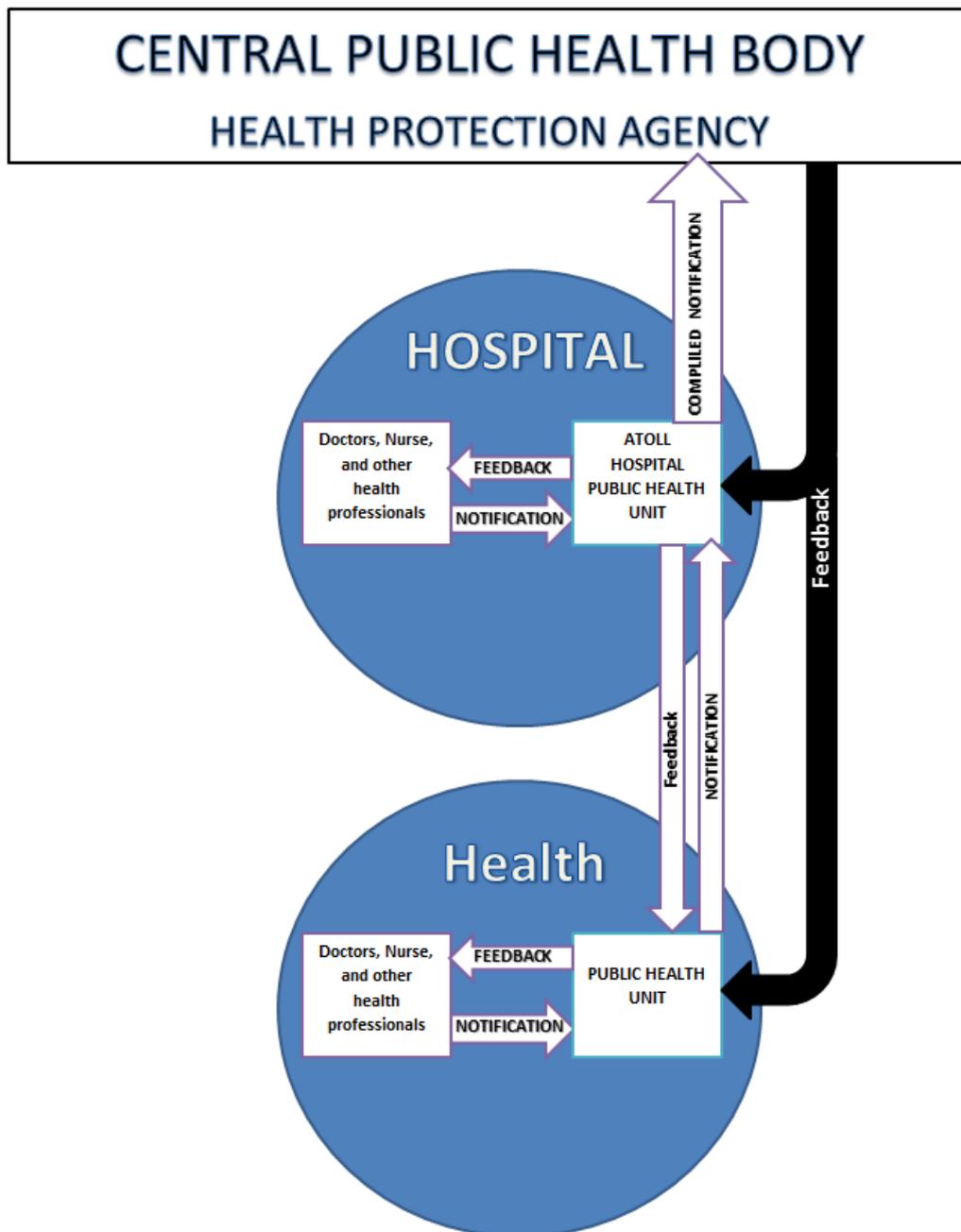
Health Protection Agency is the central public health agency of Maldives, with the role for monitoring diseases, events and conditions of public health importance and coordinating the public health response throughout the country. It is mandated by the Public Health Act and functions as a department within the Ministry of Health.

Mission of Health Protection Agency: Undertake the responsibilities and take the lead to protect public health, maintain wellbeing of the public and improve health awareness among Maldivians and all people living in Maldives.

Vision of Health Protection Agency: To be the leading public health center of excellence that ensures that all individuals and the nation enjoy optimal health that enable them to reach their maximum potential and productivity by health protection, promotion and empowerment.

I. Role of Public Health Units

Each Atoll and island health facility has a public health unit. Public health units provide basic public health services, such as immunization, health awareness and advice, growth monitoring of children under 5, reproductive health services and monitoring and controlling communicable diseases outbreaks. In each Atoll, the public health units of the health centers are monitored by that of the Hospital of the Atoll.



1. Disease Surveillance

Surveillance is the ongoing, systematic collection, collation, analysis and dissemination of data for the purpose of taking action to prevent disease. i.e. “Information for Action”. Maldives has a fairly well-established indicator-based surveillance system for infectious diseases. This means that data is collected on incidence of persons developing infectious diseases identified or defined in the Notifiable Diseases List. This is mainly a passive surveillance system, where data is

collected from health care providers nationwide. Currently, the system in use is a web-based system with access provided for each Atoll hospital.

The Health Protection Agency (HPA) is the lead agency implementing the disease surveillance system. The public health surveillance section of the Communicable Diseases (CD) Division has the overall responsibility of managing the system.

2. Mandatory Reporting Requirements under the Public Health Protection Act 7/2012

Reporting and Monitoring	15	<p>(a) If a doctor examines a patient with a communicable disease upon orders of Director General under part 12 or 14 of this Act, the doctor or hospital must send information on nature, type and extent of disease and what was done for treatment to the Director General</p> <p>(b) The Director General can appoint a staff from the agency to follow up on an individual after examination by a doctor upon an order under this Act</p>
Notifiable Diseases	85	<p>(a) If a doctor, nurse or laboratory technologist detects a notifiable disease in a person or detects that a person may have had a notifiable disease at some period of time, the information must be reported to the Director General without delay.</p> <p>(b) If a school principal believes that a student or a staff in the school has a notifiable disease, has the possibility of having a notifiable disease or has had a notifiable disease at some period of time, the information must be reported to the Director General without delay.</p> <p>(c) If any person responsible for the operation of any centers believes that a person or a staff in the center has a notifiable disease, has the possibility of having a notifiable disease or has had a notifiable disease at some period of time, the Director General must be informed without delay.</p> <p>(d) If there is reason to believe that a person placed under different categories under this Act, has a notifiable disease, has the possibility of having a notifiable disease or has had a notifiable disease at some period of time, the Director General must be informed without delay.</p> <p>(e) If a doctor signing the death certificate notices that the cause of death is a notifiable disease, the Director General must be informed without delay.</p>
Information on dangerous diseases	86	If a doctor, nurse or person in charge of a health facility notices a specific disease to be a dangerous disease and if the disease is spreading faster than normal, the Director General must be informed without delay.
False information	87	<p>(a) It is prohibited to provide false information as answer to any questions asked under this Act by the Director General or any person appointed by the Director General and it is prohibited to provide false information while knowing the truth.</p> <p>(b) Non compliance with (a) is an offense punishable with a maximum fine of MVR 3,000 (three thousand Maldivian Rufiya)</p>

Public Health Protection Act.

http://www.searo.who.int/maldives/documents/public_health_protection_bill.pdf

3. Why Report Communicable Disease?

Physicians, laboratory scientists/technologists, infection control practitioners, and other care providers play a key role in national and local efforts to control communicable diseases. The public health system depends upon their reports of diseases to monitor the health of the community and to provide the basis for preventive action. Public health authorities are often surprised to learn, however, that these individuals who are so very important to public health sometimes do not have a very good understanding of why diseases are required to be reported.

Care providers are required to report communicable diseases for a number of reasons. The most common are listed as follows:

1. To identify outbreaks and epidemics at an early stage. If an unusual number of cases occur, local health authorities must investigate to control the spread of the disease. Examples include dengue, scrub typhus, measles, , food poisoning

2. To enable preventive treatment and/or education to be provided. Household or other contacts may need to be identified for prophylaxis, treatment, and/or education about how to prevent spread for some infections. Examples include tuberculosis, and syphilis

3. To help target prevention programs, identify care needs, and use scarce prevention resources efficiently. The accurate reporting of communicable diseases will help to identify the burden of different diseases and help to calculate the resources needed for their prevention and control. Inaccurate or under-reporting lead to important diseases being missed by prevention efforts or resources wasted on diseases that are of less burden to the community.

4. To evaluate the success of long term control effects. Public health programs must have a means of assessing the continued success of control efforts for some diseases. Examples include typhoid fever, measles and other vaccine preventable diseases.

5. To facilitate epidemiologic research to uncover a preventable cause. For some diseases of unknown etiology, reporting is needed to allow studies of the occurrence of the disease to help find the cause or modifiable risk increasing factors. This is especially important in today's world where new communicable diseases are emerging.

6. For complying with mandatory international reporting under International Health Regulations.

International Health Regulations mandates all WHO member states to report to WHO within 24 hours any event or disease that is of international health concern. These include new types of influenza, any yellow fever case or cases of a disease that is not normally present in the country. The reporting will be through the National IHR Focal Point. To comply with these requirements, HPA needs to receive surveillance updates in time.

7- For certification and management of disease-free status.

Certain diseases are targeted internationally, regionally or nationally for eradication or elimination. For example, WHO has declared a target of eradication of Polio and Maldives is in the process of being certified for elimination of Lymphatic Filariasis. Other vaccine-preventable diseases such as measles are also up for elimination

Accurate and complete disease reporting is essential to the community health

regionally. To obtain disease-free status certification, countries need to aggressively investigate any suspected cases of these diseases and report on the results, which will also be shared with WHO. For example, any case of Acute Flaccid Paralysis in a child under 15 years of age need to be investigated for Polio, and any suspected measles case needs to be tested. Some of these tests require sending of sample abroad and has to be done within a certain time period of developing symptoms. Therefore reporting of suspected cases of these diseases need to be timely and accurate, based on the criteria for surveillance.

4. What to Report

The following conditions are required to be reported to Health Protection Agency based on the latest **case definition booklet** which will be available at each health facility or through public health units. The case definition booklet may also be available from Ministry of Health website (www.health.gov.mv) or Health Protection Agency website (www.hpa.gov.mv).

I. Case Definition booklet

The usefulness of public health surveillance data depends on its uniformity, simplicity, and timeliness. National and local public health officials use the information about occurrence of diseases to accurately monitor trends, plan and make decisions, and evaluate effectiveness of interventions. The case definitions booklet allows uniform criteria for disease confirmation and classification to be applied health professionals for public health surveillance purposes. Case definitions are often used to label individuals as suspect, probable, or confirmed cases.

II. List of Communicable Diseases to be reported

This list MAY be updated annually; for the most recent version please refer to ministry of health website (www.health.gov.mv) or health protection agency website (www.hpa.gov.mv).

III. Case-based notification

Each patient to be notified individually by clinical health professionals or support staff who see the patient using the appropriate form

- A. Acute flaccid paralysis
- B. Chikungunya
- C. Cholera
- D. Dengue fever, Dengue hemorrhagic (DHF) , Dengue shock syndrome (DSS)

- E.** Diphtheria
- F.** Dysentery
- G.** Encephalitis (specify if causative organism known)
- H.** Filariasis
- I.** Hepatitis A,B,C,D,E
- J.** Leprosy
- K.** Leptospirosis
- L.** Malaria
- M.** Measles
- N.** Meningitis
- O.** Mumps
- P.** Plague
- Q.** Rabies
- R.** Rubella; Congenital Rubella Syndrome (CRS)
- S.** SARI (Severe Acute Respiratory Infection =any ARI requiring hospital admission)
- T.** Scrub Typhus
- U.** Tetanus and Neonatal tetanus
- V.** Toxoplasmosis; Congenital toxoplasmosis
- W.** Typhoid and Paratyphoid
- X.** Whooping cough
- Y.** Yellow Fever
- Z.** Any other emerging disease¹ (specify suspected disease)

¹ An emerging disease is a disease that has not been detected in the island, atoll or country in the past. A re-emerging disease is a disease that is not endemic to the country, but may have been detected occasionally in the past, with no recent outbreaks in the past one to two years.

IV. Daily counts reporting

Aggregate data to be reported by medical records, health care facility management or public health staff

- A.** Viral fever
- B.** Diarrhoeal disease (AGE)
- C.** Acute Respiratory infections (ARIs) (out-patient and in-patient)
- D.** Conjunctivitis
- E.** Chickenpox
- F.** Hand, Foot & Mouth Disease (HFMD)

V. Special investigation forms

To be filled for patients suspected of suffering from the specified diseases or conditions requiring detailed investigation

- A.** Acute flaccid paralysis (AFP)
- B.** Measles
- C.** Vaccine preventable diseases that are covered by the national Extended Programme of Immunization (EPI); currently includes:
 - 1. Childhood tuberculosis
 - 2. Diphtheria
 - 3. Whooping cough
 - 4. Tetanus and neonatal tetanus
 - 5. Hepatitis B
 - 6. Haemophilus influenza type B pneumonia and meningitis
 - 7. Measles
 - 8. Rubella and congenital rubella syndrome
 - 9. Mumps
- D.** Adverse events following immunization (AEFI)
- E.** Tuberculosis (suspected and confirmed)
- F.** Sexually transmitted diseases (STD's) – syndromic surveillance

G. Food poisoning**VI. Laboratory surveillance**

1. HIV (results sent directly to HPA from laboratories)
2. Hepatitis B (results sent directly to HPA from laboratories)
3. Invasive bacterial diseases – Hib pneumonia and meningitis, other bacterial meningites (laboratory confirmation reported through local surveillance system to HPA)

VII. Diseases or conditions to be informed urgently

To be reported immediately by telephone, followed by the required documentation.

A. Any death directly or indirectly due to a communicable disease, even if the disease of concern is not in the list of notifiable diseases should be informed to Health Protection Agency within immediately.

B. Dengue shock syndrome or any death from dengue

C. Food poisoning

D. Diseases targeted for elimination or eradication

1. Acute Flaccid Paralysis (AFP) or suspected poliomyelitis
2. Measles
3. Malaria
4. Filariasis
5. Leprosy

E. Vaccine-preventable diseases covered under the EPI

F. Any new emerging disease that was not previously present in Maldives, or not seen in the area or atoll, or that was present with stable incidence² but showed an unexpected rise in incidence.

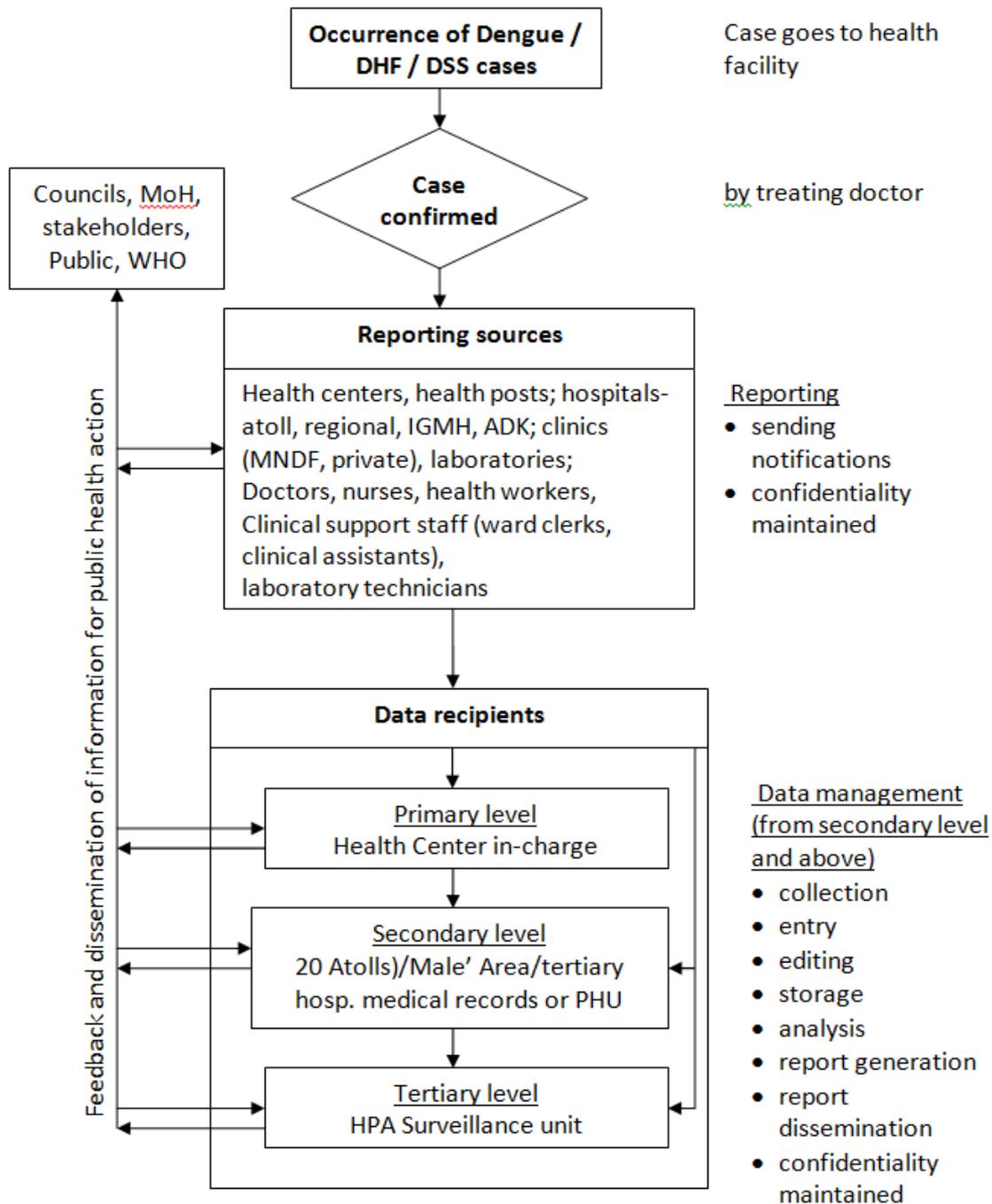
5. How and who to report

All case based disease must be reported using communicable disease notification forms (**Appendix A**). This form should be available in all health facilities in consultation rooms/wards. Many physicians are not aware of their responsibility to report these diseases and conditions. Laboratory reporting of a particular disease does not relieve the physician of this responsibility. All health care professionals are required to send notification forms to local public health units.

I. Notification Process

Notifications are received via, fax, email or directly entered on to web based electronic data entry system SIDAS (SEARO Integrated Data Analysis System) from atolls.

²Incidence: the number of cases of the given disease that occur in a defined period of time in a given area.



II. Reporting Disease targeted for elimination and eradication

- a. All suspected cases from the above list of reportable disease targeted for elimination or eradication must be immediately reported to health protection agency through the public health unit.

- b. Acute Flaccid Paralysis (AFP), measles and any suspected Vaccine Preventable Disease must be reported immediately to the public health unit.
- c. All cases of suspected measles must be reported to Public health unit (PHU) and PHU will organize the arrangements of getting the sample tested in Indhira Gandhi Memorial Hospital Laboratory (IGMH)

III. Reporting of a suspected case

When a physician or laboratory suspects the presence of a designated condition but does not have sufficient information to confirm that the condition or agent is present, the physician or laboratory must report the designated condition or agent as suspect to the local public health unit. Upon confirmation of the disease or presence of the agent, the physician or laboratory shall report the condition as confirmed to the public health unit.

IV. Diseases of International Public health Concern

For the following internationally regulated, especially dangerous diseases, notification should be send immediately (without any delay) to the public health units. Public Health units should inform Health Protection Agency immediately by phone:

- small pox
- Poliomyelitis due to wild-type polio virus
- Human influenza caused by a new subtype
- Severe acute respiratory syndrome (SARS)
- Yellow fever

6. Confidentiality

All information provided to public health authorities that identifies an individual and that is gathered in connection with the investigation of reported cases of disease, gathered during the Investigation of outbreaks of disease or gathered for validation

of reporting is confidential, under shared confidentiality principles. Patient **consent is NOT** needed to report cases or suspect cases, or to supply additional information requested by Public Health.

7. Appendix A

All forms are available through the public health units or medical records. Forms are also available on Ministry of Health website (www.health.gov.mv) and Health Protection Agency website (www.hpa.gov.mv)

I. General Communicable Disease Reporting Form

 Communicable Disease Notifying Form Health Protection Agency Male', Republic of Maldives		FORM 001 HPA/2015
Reporting Facility		<input type="checkbox"/> *Re-notification (required for changes in diagnosis (e.g. Dengue Fever to DHF), case confirmation or outcome (e.g. death).
Notifiable Diseases (place ✓ appropriately)		
Immediately notifiable via form and Telephone (☎+960 3014496)		Notifiable within 24 hrs to HPA
<input type="checkbox"/> Acute Flaccid Paralysis (use Polio investigation form) <input type="checkbox"/> Cholera <input type="checkbox"/> Diphtheria <input type="checkbox"/> Encephalitis (specify organism if known) _____ <input type="checkbox"/> Food Poisoning (use investigation form) <input type="checkbox"/> Measles (complete measles investigation form) <input type="checkbox"/> Meningitis (specify organism if known) _____ <input type="checkbox"/> Mumps <input type="checkbox"/> Rabies <input type="checkbox"/> Rubella / <input type="checkbox"/> Congenital rubella syndrome <input type="checkbox"/> Tetanus / <input type="checkbox"/> Neonatal tetanus <input type="checkbox"/> Tuberculosis (use TB investigation form) <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Yellow Fever		<input type="checkbox"/> Chikungunya <input type="checkbox"/> DF/□DHF/□DSS <input type="checkbox"/> Filariasis <input type="checkbox"/> Hepatitis A / B/ C/ D/E (circle appropriately) <input type="checkbox"/> Leprosy <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Malaria <input type="checkbox"/> Plague <input type="checkbox"/> Pyrexia of unknown origin (PUO) <input type="checkbox"/> Scrub Typhus <input type="checkbox"/> SARI (Severe Acute Respiratory Infection = ARI requiring hospital admission) <input type="checkbox"/> Typhoid/ □Paratyphoid (complete case investigation form) <input type="checkbox"/> Toxoplasmosis/ □ Congenital toxoplasmosis <input type="checkbox"/> Other emerging disease (specify) _____
Case Details (Mandatory fields are marked with (*) and underlined. Please make sure to complete them.)		
1- *Case classification: Suspect <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> (as per surveillance case definition)		
2- *Patient Nation ID No: A _____ <small>For foreigners include passport number</small>	3- *Patient Name: _____	4- *Age: <u>YY/MM</u> 5- *Sex: <input type="checkbox"/> M <input type="checkbox"/> F If pregnant <input type="checkbox"/>
6- *Patient's residential Address (pls confirm with patient.) _____	7- *Atoll/Island _____	8- Contact number _____
9- Foreigners country of origin _____		
10- *Date of onset of illness: <u>DD/MM/YYYY</u>		11- Date of consultation: <u>DD/MM/YYYY</u>
12- *Patient category <input type="checkbox"/> Out-patient <input type="checkbox"/> In-patient: <input type="checkbox"/> Ward _____ Bed _____ <input type="checkbox"/> ICU _____ Bed _____		13- *Case outcome: <input type="checkbox"/> Death <input type="checkbox"/> On treatment <input type="checkbox"/> Referred to higher center <input type="checkbox"/> Recovered with disability <input type="checkbox"/> Recovered fully
14- Recent travel history if relevant (include countries visited) _____		15- Date of arrival in Maldives: <u>DD/MM/YYYY</u>
16- Clinical details (include risk factors, mode of transmission, etc.) _____		18- Laboratory Confirmation: <input type="checkbox"/> Confirmed: Test specifics _____ <input type="checkbox"/> If Requested, Date: <u>DD/MM/YYYY</u> <input type="checkbox"/> Not Requested
17- Condition of patient: <input type="checkbox"/> Stable <input type="checkbox"/> Sick <input type="checkbox"/> Critically ill		
Notifier details (eg:Dr, Nurse ,HW or other designated person) Name: _____ Designation: _____ Signature: _____ Date: <u>DD/MM/YYYY</u>		Data entry use (use by PHUs and entry users) Date received: <u>DD/MM/YYYY</u> Date of entry: <u>DD/MM/YYYY</u> Checked and entered by: _____
For further information or inquiries, please contact: Health Protection Agency, Ministry of Health, Roshanee Building, Sosun Magu, Male'. Telephone: +960-3014 496, Hotline: +960-3014 333, Fax: +960-3014 484 email: hpa@health.gov.mv Forms and case definition booklet are available on http://www.hpa.gov.mv , http://www.health.gov.mv		

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Instructions for completing notification formsFORM 001GUIDE
HPA/2015

The revised International Health Regulations (IHR 2005) adopted by the 58th World Health Assembly of WHO provide the legal framework for mandating countries to have a disease surveillance system. It is **Mandatory** under the *International Health Regulations (IHR 2005)* and the *Public Health Protection Act 7/2012* of Maldives to **notify** communicable diseases.

1. Reporting institution name and contact phone number should be in each form. (a seal may be used)
2. Tick the appropriate notifiable disease. The diseases in **bold** in this list should be notified within **24 hours**. For a new emerging disease, i.e. a disease new to Maldives or not frequently seen, specify the disease in the space, and inform by telephone as well. For other diseases not listed, please see notes below.
3. **Case classification:** if uncertain, please check case definitions and confirmatory lab tests with the booklet: *Case definition for notifiable diseases in Maldives 2008*, available in hospitals and on the Ministry of Health and Gender website.
4. **Patient ID card no.:** Please write the national ID card number for Maldivians, and for foreigners the passport number. This is a unique identifier number that will help to prevent duplicating records.
5. **Name:** as in ID card, passport or work permit card (for non-nationals)
6. **Address of residence** at time of onset of illness: Please specifically ask the patient or care-giver and write the address **where patient lived when the symptoms began**. Do not simply copy the permanent address on the patient's ID card.
7. **Date of onset** = approximate date when symptoms first began. Please ask the patient or caregiver if it is not mentioned or not clear in the notes.
8. **Re-notification:** This is required for changes in diagnosis, case confirmation or outcome.
 - Change of diagnosis includes change from DF (Dengue fever) to DHF or DSS.
 - Case confirmation includes change in status i.e. suspect, probable or confirmed according to the case definition, e.g. confirming diagnosis or causative organism by laboratory tests.
 - Case outcome: This is often not known at time of reporting. However, if a patient with the disease dies, develops life-long sequelae or disability, or develops chronic disease status or chronic carrier status, please repeat notification mentioning the new outcome. In case of death, please attach a copy of death certificate and death summary.

You may use either the previous form, a clear copy of it or a fresh form for re-notification.

The following diseases do not require case-based notification:

- Viral fever
- Diarrhoeal disease (AGE)
- Chickenpox / zoster
- Out-patient Acute Respiratory Infections (ARIs)
- Conjunctivitis
- Hand Foot and Mouth Disease

This form need not be completed for these diseases unless you have some particular concern. These diseases are notified by institutions on a daily count basis.

The following diseases have separate forms which are available from HPA and on the website

- Acute flaccid paralysis (AFP)
- Tuberculosis
- Measles
- Vaccine preventable diseases
- HIV, STD's
- Food poisoning
- Typhoid

These diseases should be informed to HPA by **telephone** as soon as possible. You may report it in this form if you wish, particularly when specific forms are not available. However, you should complete and send the disease-specific form also.

For further information or inquiries, please contact:

Health Protection Agency, Ministry of Health, Roshanee Building, Sosun Magu, Male'.
Telephone: +960-3014 496, Hotline: +960-3014 333, Fax: +960-3014 484 email: hpa@health.gov.mv
Forms and case definition booklet are available on <http://www.hpa.gov.mv>, <http://www.health.gov.mv>

III. Measles and Rubella Case Investigation Form

Measles and Rubella Case Investigation Form				Form 004 HPA/2015	
Health Protection Agency Male', Maldives					
Reporting Institution:					
Instructions: 1. This form should be completed for each suspected or confirmed measles case. 2. All cases must have samples collected and send to IGMH lab for testing. 3. Attach copies of documents showing evidence of measles vaccination.				Outbreak number and ID Only in outbreaks(HPA use only)	
Minimum clinical criteria for each suspected Measles case 1. Fever over 101 degrees F(38.3 °C) or Hot and 2. Rash-like illness for over 3 days; and 3. One of the following; cough, runny nose, red eyes.				<input type="checkbox"/> Measles <input type="checkbox"/> Rubella	
Case identification		Date of investigation: ___/___/___			
1-Patient ID card Number Foreigners Passport number		2-Date of Birth: ___/___/___	4- Age : (yy/mm)	5-Sex: <input type="checkbox"/> Male or <input type="checkbox"/> Female	
3- Name of the patient:			Contact Number:		
Address:		Atoll:		Island:	
Travel History					
Clinical Information LABORATORY SAMPLE MUST BE TAKE 72 hours AFTER ONSET OF FEVER.					
Date onset of Rash: ___/___/___ (dd/mm/yyyy)					
1. Fever(>101F or 38 °C)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of onset of fever: ___/___/___	
2. Runny nose (coryza)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Conjunctivitis or red eyes		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Cough		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vaccination History					
MMR vaccination status			Measles vaccination status		
No of doses _____ <input type="checkbox"/> Yes: Date of last dose: _____ <input type="checkbox"/> No: reason: _____			No of doses _____ <input type="checkbox"/> Yes: Date of last dose: _____ <input type="checkbox"/> No: reason: _____		
Serum Sample collection		IGMH Lab ID: / /		Virology Sample collection	
Data of collection				Data of collection	
Date of send to IGMH lab				Date of send to IGMH lab	
Date of Received by IGMH lab				Date of Received by IGMH lab	
Adequate sample		<input type="checkbox"/> Yes <input type="checkbox"/> No		Adequate sample	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of result				Date of result	
Result (IgM)		<input type="checkbox"/> +ve, , <input type="checkbox"/> -ve <input type="checkbox"/> equivocal		Results virus detection <input type="checkbox"/> -ve <input type="checkbox"/> +ve	
				Genotype	
				Date of result to HPA	
Contact tracing					
	Name	Age	Immunization status (Immune=vaccinated for Measles or MMR)		Phone number
1			<input type="checkbox"/> Immune <input type="checkbox"/> Non immune		
2			<input type="checkbox"/> Immune <input type="checkbox"/> Non immune		
3			<input type="checkbox"/> Immune <input type="checkbox"/> Non immune		
4			<input type="checkbox"/> Immune <input type="checkbox"/> Non immune		
5			<input type="checkbox"/> Immune <input type="checkbox"/> Non immune		
Case investigated by					
Name of the investigator				Position	
Date : _____				Sign : _____	
Final Classification (to be completed by Health Protection Agency)				HPA SURVEILLANCE USE	
1- <input type="checkbox"/> Clinically Confirmed Measles; 2- <input type="checkbox"/> Laboratory Confirmed Measles; 3- <input type="checkbox"/> Epidemiologically Confirmed Measles; 4- <input type="checkbox"/> Laboratory Confirmed Rubella; 5- <input type="checkbox"/> Epidemiologically Confirmed Rubella; 6- <input type="checkbox"/> Discarded; 7- <input type="checkbox"/> Pending)				Date of Notification to HPA ___/___/___ For further information or inquiries, please contact: Health Protection Agency, Ministry of Health, Roshanee Building, Sosun Magu, Male'. Telephone: +960-3014 496, Hotline: +960-3014 333, Fax: +960-3014 484 email:hpa@health.gov.mv www.health.gov.mv	

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IV. Acute Flaccid Paralysis (AFP) Notification and Investigation Form

Acute Flaccid Paralysis (AFP) Notification & Investigation Form <small>HPA-AFP-V3-JAN2014</small>			
Health Protection Agency Male' Maldives			Form003 HPA/2015
HPA USE	Case No: MAV/	Year:	
1. Notification Information			
Notifying health facility: (Name/ Island/ Atoll/ Region)			
Notified by (person):		Title:	
Received by (person):		Title:	
Date case notified to HPA:		Date received by HPA:	
2. Case Identification			
Patient's Name:		Sex:	Date of Birth:
Legal guardian's name:		Atoll & Island:	ID/PP No:
Current Address:		Atoll & Island:	
Permanent Address:		Atoll & Island:	Nationality:
3. Immunization History (To be confirmed from immunization card)			
OPV Doses received through routine EPI:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total Routine OPV doses:
OPV doses received through SIA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total OPV Doses through SIA:
Date of last dose of OPV: <small>To be completed by HPA</small>			
4. Travel History			
Travel of child within 35 days prior to onset of paralysis <i>(Indicate dates and place of travel with arrows on date line)</i>			
Write travel dates ↓		Day of onset ↓	
Write here places visited corresponding to the travel dates			

V. Investigation of Typhoid cases

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Health Protection Agency
Male', Maldives

Form 005
HPA/2015

INVESTIGATION OF TYPHOID CASES

NO	Question	Answer
1	Name	
2	Address (permanent)	
3	Address (temporary)	
4	Atoll / Island of temporary address	
5	Age	
6	Sex	Male / Female
7	Date of onset of illness	
8	Date of consultation	
9	Preliminary Diagnosis	
10	Confirmed Diagnosis	
11	Laboratory tests carried out (Y/N)	
12	Laboratory results	
Ask from the person		
13	Any travel history before the illness	
14	Name of the suspected source of infection (which food?)	
15	Source of water used for drinking (ask whether water is boiled, chlorinated, etc.)	
16	Observe the location of the tap in the tank (close to the ground, piece of cloth tied, etc.)	
17	Source of water used for cooking	
18	Water sample collected (Y/N)	
19	Any ill contacts (Y/N)	
20	Get the name of the ill contacts	
21	How do they dispose the faeces?	
22	Any septic tank in the premises (Y/N)	

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Health Protection Agency, Surveillance, Phone: 3014496 Email: hpa@health.gov.mv

VI. Food Poisoning case investigation form

Food Poisoning Case Investigation Form			Form 006 HPA/2015
Health Protection Agency Male' Republic of Maldives		Date: _____	
General information (For guests an identification number can be used)		Outbreak #:	Year:
ID# or Passport number:	Name:	Age:	
Work Area:	Designation:		
Signs and Symptoms (Tick the appropriately)			
a) Diarrhoea <input type="checkbox"/> (Specify no. of times/day & consistency of diarrhea)		b) Vomiting <input type="checkbox"/> (Specify no of times/day)	
c) Abdominal Cramps <input type="checkbox"/> d) Fever <input type="checkbox"/> e) Nausea <input type="checkbox"/> f) Malaise <input type="checkbox"/> g) Headache <input type="checkbox"/> h) Body-ache <input type="checkbox"/>			
<input type="checkbox"/> Other specify: _____			
History of Illness			
Date of onset of illness ___/___/___	Time:	Duration of illness (no of days):	
<input type="checkbox"/> Hospitalization Date ___/___/___			
Travel history in the past 2-3 weeks prior to the onset of illness (specify where and when)			
Outcome: a) Recovered <input type="checkbox"/> b) Died <input type="checkbox"/> c) On treatment <input type="checkbox"/>			
Food History			
Place and List the foods taken in the last meal. Time of consumption and where it was taken. Underline the suspected foods taken.			
Place and List the foods taken in the meal previous to the last meal. Time of consumption and where it was taken. Underline the suspected foods taken			
Do you know any friends/family member who are sick (list the members)			
Lab investigation: Stool <input type="checkbox"/> / Rectal swab taken <input type="checkbox"/> (If yes, specify the date and date) ___/___/___			
Form completed by _____		Form Completion date ___/___/___	
For further information or inquiries, please contact: Health Protection Agency Roshanee Building, Sosun Magu, Male'. Telephone: +960 3014 496, Hotline: +960 3014 333 Fax: +960 3014 484 email:hpa@health.gov.mv Forms and case definition booklet are available on http://www.health.gov.mv			
			Revised 21st Jan 2015

8. Appendix B

I. Key Contacts

No	Name of the focal point/ organization	Email address	Contact No
1	Ibrahim Nishan Ahmed/ Communicable Disease Surveillance/HPA	nishan.ahmed@health.gov.mv hpa@health.gov.mv	Tel: +960 3014496 Mobile: +960 7512240 Fax: +960 3014484
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3	Nashia Abdul Gafoor/ Immunisation Section/HPA	nashia@health.gov.mv	Tel: +960 3014495