



The Notification System of Communicable Diseases in Turkey

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Renewals About the Notification System-1

The notification system was changed in year 2005:

- The list of mandatory communicable diseases was updated; from 39 to 51.
 - Standard case definitions were developed according to the notification of the diseases.
 - An officer/unit from each health facility was determined.
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Renewals About the Notification System-2

- Sentinel surveillance was put into practice for some diseases.
 - Immediate reporting and notification were determined for each disease.
 - Laboratory confirmation standards for communicable diseases were defined.
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NEW NOTIFIABLE COMMUNICABLE DISEASES

GROUP A DISEASES (23 diseases)

GROUP B DISEASES (4 diseases)

GROUP C DISEASES (15 diseases)

GROUP D DISEASES (9 diseases)

THE DISEASES IN THE NEW NOTIFICATION SYSTEM

GROUP A

- AIDS
- ACUTE BLOODY DIARRHEA
- PERTUSSIS
- BRUCELLOSIS
- DIPHTHERIA
- GONORRHEA
- HIV INFECTION
- MUMPS
- MEASLES
- RUBELLA
- CHOLERA
- RABIES
- MENINGOCOCCAL DIS.
- NEONATAL TETANUS
- POLIOMYELITIS
- SYPHILIS
- MALARIA
- ANTRAX
- CUTANEOUS LEISHMANIOSIS
- TETANUS
- TYPHOID FEVER
- TUBERCULOSIS
- ACUTE VIRAL HEPATITIS

GROUP B

- SMALLPOX
- YELLOW FEVER
- EPIDEMIC TYPHUS
- PLAGUE

GROUP C

- ACUTE HEMORRAGIC FEVER
- CREUTZFELDT-JAKOB D.
- ECHINOCOCCOSIS
- H. INFLUENZA Type b (Hib)
- FLU
- CALA-AZAR
- CONGENITAL RUBELLA
- LEGIONELLOSIS
- LEPROSIS
- LEPTOSPIROSIS
- SSPE
- SHISTOSOMIASIS
- TRACHOMA
- TOXOPLASMOSIS
- TULAREMIA

GROUP D

- *CAMPYLOBACTER JEJUNI*
- *CHLAMYDIA TRACHOMATIS*
- *CRYPTOSPORIDIUM SP*
- *ENTAMOEBIA HISTOLYTICA*
- ENTERO-HEMORRAGIC *E. COLI*
- *GIARDIA INTESTINALIS*
- *SALMONELLA SP.*
- *SHIGELLA SP.*
- *LISTERIA MONOCYTOGENES*

Role of Institutions in the new notification system

GROUP A



**All healthcare
institutions**

GROUP B



**All
healthcare
institutions**

GROUP C



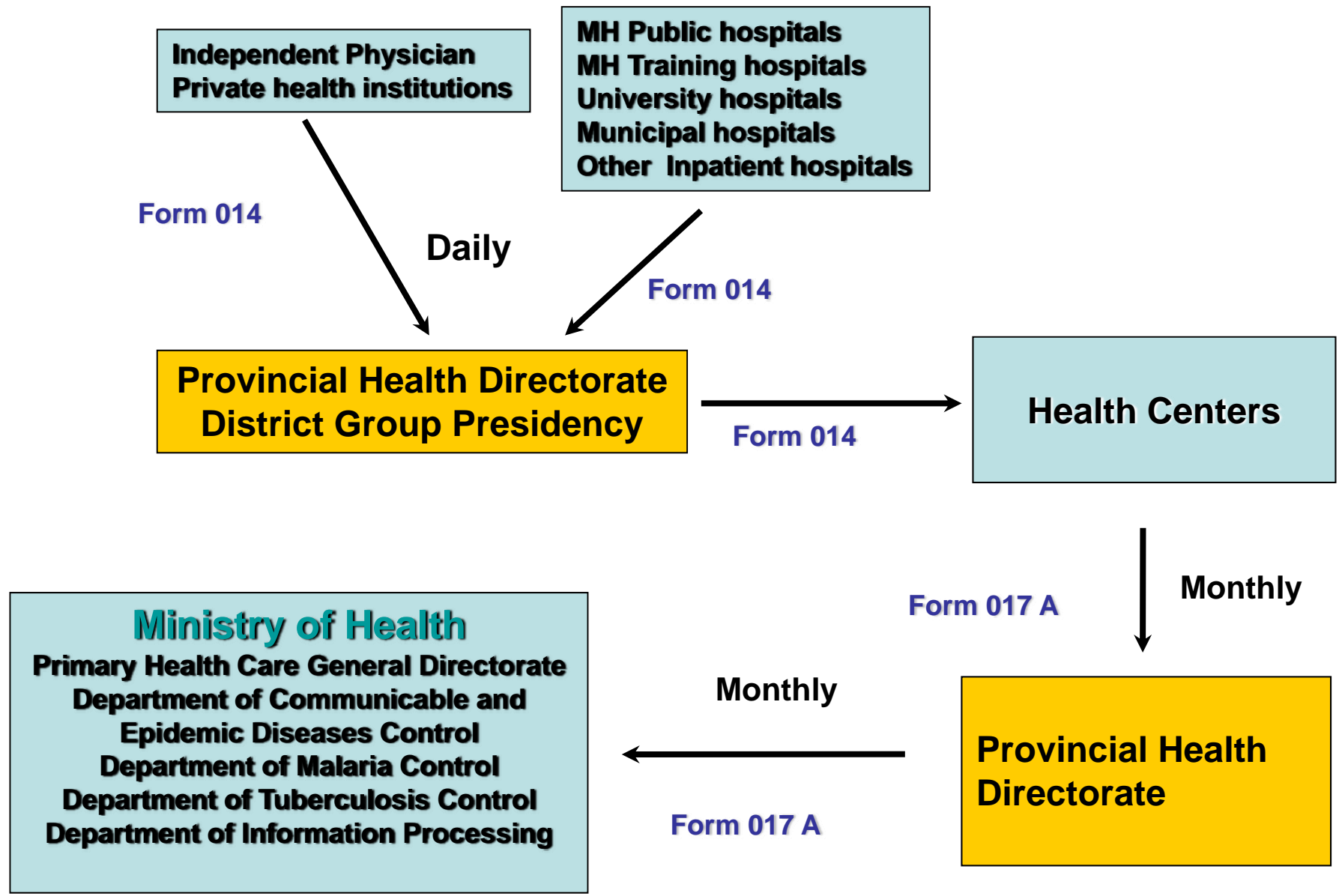
**Inpatient
institutions
(Sentinel
surveillance)**

GROUP D



**Laboratories making
diagnosis for
selected exposures
according to
standard techniques**

Organization for the Notification System of Group A Diseases



Some diseases have special notification and investigation forms. Ex: AIDS, HIV infection, Malaria, Tb, Vaccine preventable diseases

Group A Diseases-1

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
AIDS	Confirmed	Confirmed	+	All health care institutions except health centers
ACUT BLOODY DIARRHEA	Confirmed	Confirmed	+ (in epidemic)	All health care institutions
PERTUSSIS	Probable / Confirmed	Probable / Confirmed	+	All health care institutions
BRUCOLLOSIS	Probable / Confirmed	Probable / Confirmed	-	All health care institutions
DIPHThERIAE	Probable / Confirmed	Probable / Confirmed	+	All health care institutions

Group A Diseases-2

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
GONORRHOEA	Probable / confirmed	confirmed	+ when it has been detected in certain people	All health care institutions
HIV INFECTION	confirmed	confirmed	+	All health care institutions
MUMPS	Probable / confirmed	confirmed	+ (in epidemic)	All health care institutions
MEASLES	Probable / confirmed	Probable / confirmed	+	All health care institutions
RUBELLA	confirmed	confirmed	+ (in epidemic)	All health care institutions

Group A Diseases-3

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
CHOLERA	Probable / confirmed	confirmed	+	All health care institutions
RABIES AND RABIES RISKY CONTACT	Probable / confirmed	Probable / confirmed	+	All health care institutions
MENINGOCOCCAL DISEASE	Probable / confirmed	confirmed	+	All health care institutions
NEONATAL TETANUS	Probable / confirmed	confirmed	+	All health care institutions
POLIOMYELITIS	Probable / confirmed	Probable / confirmed	+	All health care institutions

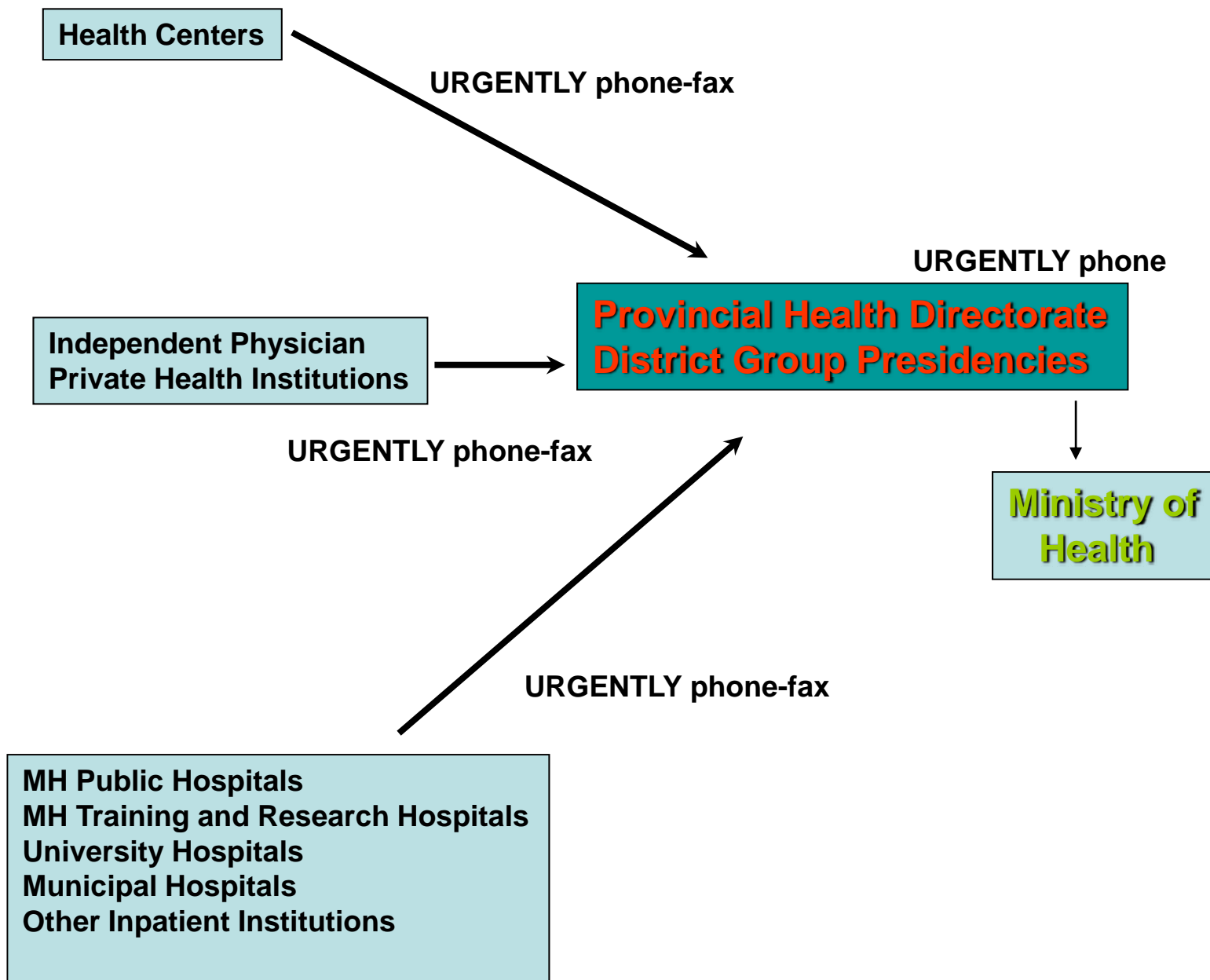
Group A Diseases-4

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
MALARYA	confirmed	confirmed	-	All health care institutions
SYPHILIS	confirmed	confirmed	+ when it has been detected in certain people	All health care institutions
ANTHRAX	Probable / confirmed	confirmed	-	All health care institutions
CUTANEOUS LEISHMANIASIS	confirmed	confirmed	-	All health care institutions
TETANUS	confirmed	confirmed	-	All health care institutions

Group A Diseases-5

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
TYPHOID FEVER	Probable / confirmed	Probable / confirmed	+	All health care institutions
TUBERCULOSIS	confirmed	confirmed	-	All health care institutions
VIRAL HEPATITIS	Probable / confirmed	confirmed	+ (in epidemic)	All health care institutions

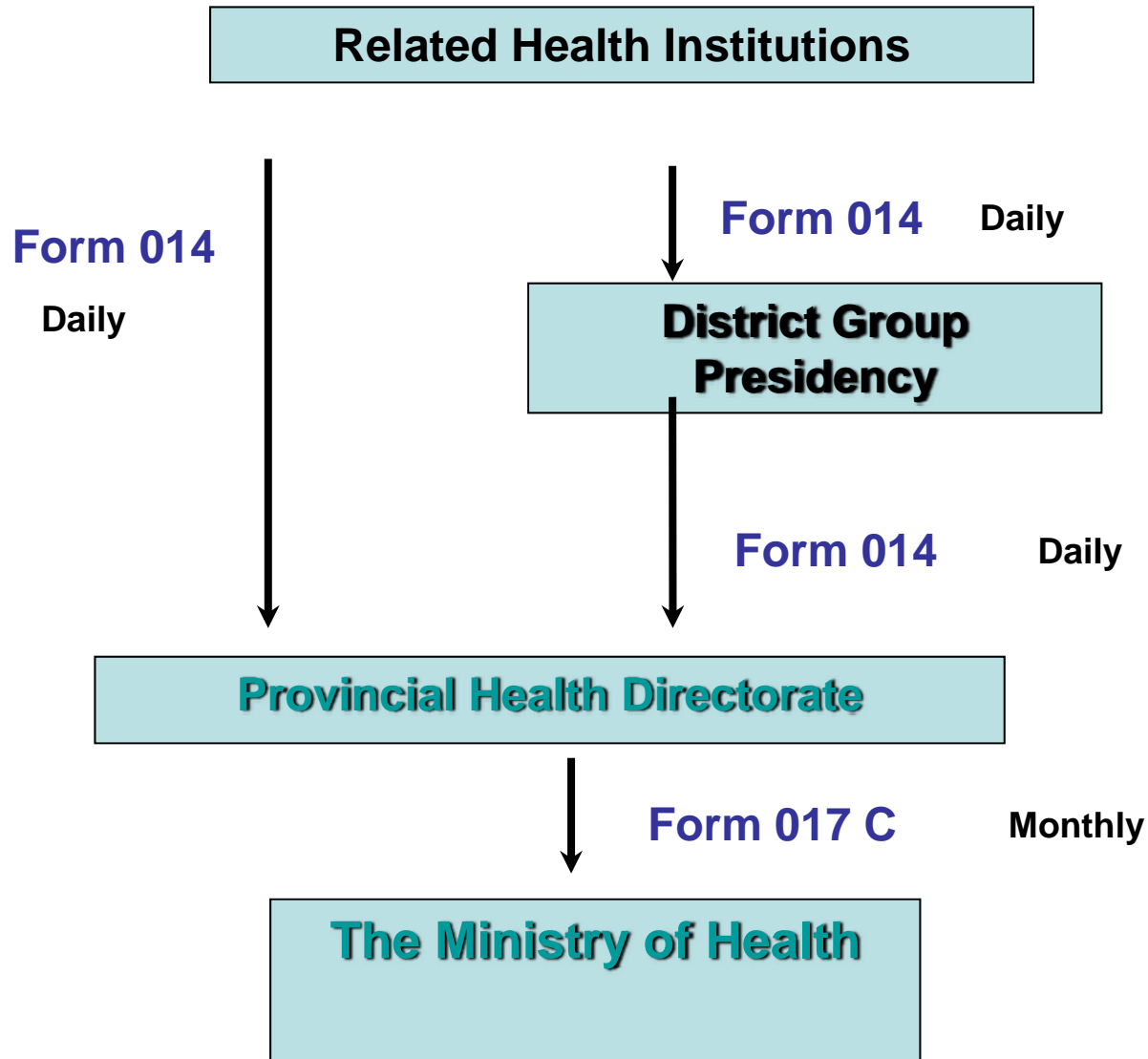
Group B Diseases Notification System



Group B Diseases

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
SMALLPOX	Probable / confirmed	Probable / confirmed	+ Telephone/Fax	All health care institutions
EPIDEMIC TYPHUS	Probable / confirmed	Probable / confirmed	+ Telephone/Fax	All health care institutions
YELLOW FEVER	Probable / confirmed	Probable / confirmed	+ Telephone/Fax	All health care institutions
PLAGUE	Probable / confirmed	Probable / confirmed	+ Telephone/Fax	All health care institutions

Group C Diseases Notification Ssystem



Group C Diseases-1

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
ACUTE HAEMORRHAGIC FEVER SYNDROME	Probable / confirmed	Probable / confirmed	+	Hospitals with Infectious diseases clinics
CREUTZFELDT-JACOB	Probable / confirmed	Probable / confirmed	-	Training and Research Hospitals
ECHINOCOCCOSIS	confirmed	confirmed	-	Hospitals
Hib MENINGITIDIS	confirmed	confirmed	-	Hospitals

Group C Diseases-2

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
INFLUENZA	confirmed	confirmed	+ (in epidemic)	Training and Research Hospitals and doctors (Adana, Ankara, Antalya, Bursa, Diyarbakır, Edirne, Erzurum, İstanbul, İzmir, Konya, Malatya, Samsun, Trabzon, Van)
VISCERAL LEISH.	confirmed	confirmed	-	Training and Research Hospitals
CONGENITAL RUBELLA SYND.	Probable / confirmed	confirmed	-	Hospitals

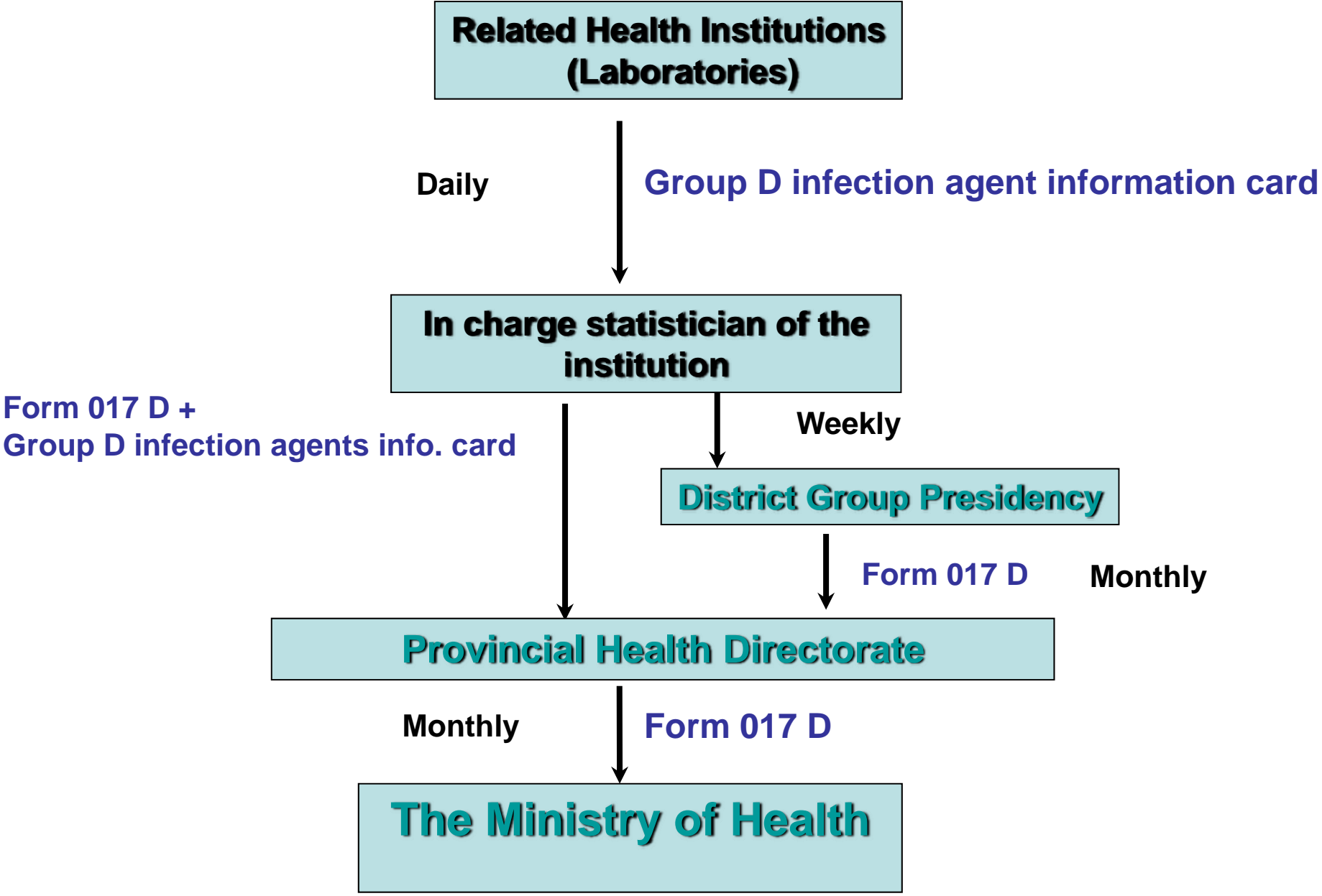
Group C Diseases-3

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
LEGIONNAIRES' DISEASE	Probable / confirmed	confirmed	+	Hospitals
LEPROSY	confirmed	confirmed	-	Leprosy Centres (Istanbul, Ankara, Elazığ)
LEPTOSPIROSIS	Probable / confirmed	confirmed	+	Hospitals with Infectious diseases clinics
SUBACUTE SKLEROZAN PANENSEPHALITIS (SSPE)	confirmed	confirmed	-	Hospitals with Neurology, Infection and Pediatrics clinics

Group C Diseases-4

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
SCHISTOSOMIASIS	confirmed	confirmed	-	Training and Research Hospitals
TOXOPLASMOSIS	confirmed	confirmed	-	Hospitals
TRACHOMA	confirmed	confirmed	-	All the health institutions where Trachoma Control Programme is being carried out
TULAREMIA	Probable / confirmed	confirmed	+	Hospitals with Infectious diseases clinics

Group D Diseases Notification System



Group D Infectious Agent-1

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
CAMPYLOBACTER JEJUNI	confirmed	confirmed	-	The laboratories that belong to public institutions nationwide
CHLAMYDIA TRACHOMATIS	confirmed	confirmed	+ when it has been detected in certain people	The laboratories that belong to public institutions nationwide
CRYPTOSPORIDIUM SP	confirmed	confirmed	+ (in epidemic)	The laboratories that belong to public institutions nationwide
ENTAMOEBIA HISTOLYTICA	confirmed	confirmed	+ (in epidemic)	The laboratories that belong to public institutions nationwide

Group D Infectious Agent-2

	Notification from Health Unit to Province Health Directorate	Notification from Province Health Directorate to MoH	Immediately Reporting (in 24 hours)	Identified Health Institutions
ENTEROHEM. E.COLI	confirmed	confirmed	+ (in epidemic)	The laboratories that belong to public institutions nationwide
GIARDIA INTESTINALIS	confirmed	confirmed	-	The laboratories that belong to public institutions nationwide
SALMONELLA SP.	confirmed	confirmed	+ (in epidemic)	The laboratories that belong to public institutions nationwide
SHIGELLA SP	confirmed	confirmed	+ (in epidemic)	The laboratories that belong to public institutions nationwide

Tools for reporting

Routine Forms sent on network called
“Basic Health Statistics Module”

Programmes used for analyzing:
Oracle, Excel

T.C.
SAĞLIK BAKANLIĞI
Temel Sağlık Hizmetleri Genel Müdürlüğü



**BULAŞICI HASTALIKLARIN
İHBARI VE BİLDİRİM SİSTEMİ
STANDART TANI, SÜRVEYANS
VE
LABORATUVAR REHBERİ**



Ankara, 2004

**REPORTING AND
NOTIFICATION SYSTEM OF
COMMUNICABLE DISEASES
STANDARD CASE
DEFINITIONS,
SURVEILLANCE AND
LABORATORY GUIDELINES**

Why was a guide necessary?

- Which diseases will be notified?
 - What are the case definitions?
 - Which laboratory tests will be carried out for confirmation?
 - Which disease will be notified by which facility?
 - What is the time interval for data collection?
 - What are the forms for data collection?
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Surveillance rationales

General information on the disease,

Information on the rationale about the surveillance all over the world, WHO EURO and our country

RATIONALE FOR SURVEILLANCE

Diphtheria that is caused by toxigenic strains of *Corynebacterium diphtheriae* is a widespread severe infectious disease that has potential for epidemics. The control of diphtheria is based on the following 3 measures:

1. Ensuring high population immunity (targeted >90%) through immunization.
2. Prevention of spread through rapid investigation of close contacts and ensuring proper treatment.
3. Prevention of complications and deaths through early diagnosis and proper management.

Diphtheria is a disease that is monitored routinely within the scope of EPI in Turkey. Recent epidemics emerged in Russia and the NIS countries in the beginning of the 1990's have highlighted the need for adequate surveillance and epidemic preparedness. Surveillance data can be used to monitor the incidence of the disease and levels of immunization coverage as a measure of the impact of control programmes.

Case Definition

How will the case definitions be made according to the findings?

What are the criteria for confirmation?

How will the case classification be made?

CASE DEFINITION

Clinical description:

An illness characterized by;

- Laryngitis **or** pharyngitis **or** tonsillitis, **and**
- Adherent membranes of tonsils, pharynx and/or nose (pseudomembrane)

Laboratory criteria for diagnosis

Isolation of toxigenic *Corynebacterium diphtheriae* from a clinical specimen such as pseudomembrane, oropharyngeal or nasal smear.

Case classification:

Probable case : A case that meets the clinical description.

Confirmed case: (a) A probable case that is laboratory confirmed or
(b) A probable case linked epidemiologically to a confirmed case.

[Note: Persons with positive *C. diphtheriae* cultures who do not meet the clinical description (i.e. asymptomatic carriers) should not be reported as probable or confirmed diphtheria cases. They have to be given only prophylactic treatment and monitored. See MoH, Diphtheria Guideline, 2003].

Type of Surveillance

After diagnosis and classification;

- How will the notification of the disease be made?
 - Is immediate notification mandatory?
 - Where will the notification be made if required?
 - How, by which forms and to whom will the disease be reported?
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TYPES OF SURVEILLANCE

Notification:

- Will be done by all the health institutions nationwide,
- Will be notified to the Provincial Health Directorate as **the probable** and **confirmed** case,
- Provincial Health Directorate will notify **confirmed** cases to the MoH.

Immediate Reporting:

- Each probable or confirmed case will be immediately reported to the Provincial Health Directorate (within 24 hours, by phone)
- The Provincial Health Directorate will immediately initiate the case investigation with the relevant health institution. The Provincial Health Directorate will process a Case Investigation Form, collect clinical sample and forward them to the nearest microbiology laboratory where the micro organism can be isolated and identified by culture*.

Forms for Recording and notification:

A. Health Units

- Cases diagnosed in Health Units and the Form 014 forwarded from the Provincial Health Directorate and District Health Authority will be processed into the Form 016 DAILY and notified to the Provincial Health Directorate with the Form 017/A MONTHLY.
- Regionally out cases will be processed into the Form 014 and notified to Provincial Health Directorates and District Health Authorities DAILY.
- EPI Surveillance Forms will be filled out in accordance with the Form 017/A and forwarded to the Provincial Health Directorate monthly.

TYPES OF SURVEILLANCE

B. Other Health Institutions:

- Health institutions (all hospitals, private physicians, outpatient clinics, dispensaries, etc.) servicing in districts will notify to District Health Authorities DAILY with the Form 014.
- Health institutions in provinces will notify to Provincial Health Directorates DAILY with the Form 014.

C. District Health Authority:

- Will immediately forward the Forms 014 forwarded from Other Health Institutions to the relevant Health Units.

D. Provincial Health Directorates:

- Will immediately forward **the Forms 014** forwarded from other health institutions to the relevant Health Unit.
- Will process the **Forms 017/A** forwarded from the Health Units and forward them to the MoH PHSGD **MONTHLY**.
- Will process EPI Surveillance Forms forwarded from the health centres and forward them to the MoH PHSGD **MONTHLY**.



THANKS