The methodology for community fever surveillance is different based on the epidemiological situation. The following scenarios are considered in this document:

A. Imported Zika fever
B. One Autochthonous Case
C. Cluster of Suspected Zika fever

A. Imported Zika Fever

Imported Zika fever cases (suspected and confirmed) should be investigated and a case investigation completed using the Case Investigation Form as a guide. The investigation is to be reviewed by the Parish Medical Officer of Health (MO(H)) and forwarded to the National Surveillance Unit (NSU)

Travel Companions: persons with similar exposure. That is, persons who travelled with the case should be followed for at least 12 days (maximum intrinsic incubation period) for the development of symptoms of Zika fever.

Household Contacts: household contacts should be followed for at least 22 days (total of the maximum extrinsic and intrinsic incubation period) after the onset of symptoms or after the person returned from overseas.

School and Work Contacts: If persons with the diagnosis of Zika fever during the likely period for transmission went to work or school the appropriate officer (nurse, HR Department, Manager, Principal, Guidance Counsellor) should be sensitized to report any new case or reported illness to the Health Department.

Community: Households/Premises within a **200m** radius from the case should be visited **at least** eight days after the onset of symptoms. Persons fitting the case definition should have a case investigation form completed at first contact. Blood should be taken from 1 in 10 persons that fit the case definition. That is a case investigation form should be completed for all suspected cases and blood from 1 in 10 of the cases. Community Health Alert Cards should be distributed to each household visited.

The following information should be obtained for each community surveyed:

- Total number of households in the **200m** radius
- Number of households visited
- Number of households interviewed

- Number of persons with fever
- Number with fever and joint pain
- Number of Community Health Alert Cards distributed

Note Well: The symptoms of Zika fever are non-specific and the following should be considered in the differential:

1. Dengue – often cases fit the definition for Zika virus infection, chikungunya fever and dengue fever.
2. Chikungunya - often cases fit the definition for Zika virus infection, Chikungunya fever and dengue fever.
3. Fever and rash – persons presenting fitting the Case Definition for this Class 1 Notifiable Disease and should be investigated on first contact and blood taken (first contact) for all.
4. Malaria
5. Leptospirosis

Community Health Alert Card

Sample

Front



Community

Health Alert Card

To: The Resident

The _____ Health Department is conducting surveillance for a mosquito borne disease in your area. If you become ill with fever

In the next three (3) weeks, please visit your health center or healthcare provider and present this card.

Back

Community

Health Alert Card

To: The Physician

The patient presenting this card may have been exposed to a communicable disease. Please contact the Medical Officer of Health for the Parish.

Medical Officer of Health

_____Health Department

Address: _____

_____

Telephone: _____

B. One Autochthonous Case

Zika fever cases (suspected and confirmed) should be investigated and a case investigation completed using the Case Investigation Form as a guide. The investigation is to be reviewed by the Parish Medical Officer of Health (MO(H)) and forwarded to the National Surveillance Unit (NSU).

Household Contacts: household contacts should be followed for at least 22 days after the onset of symptoms or after the person returned from overseas.

School and Work Contacts: If persons with the diagnosis of Zika fever during the likely period for transmission went to work or school the appropriate officer (nurse, HR Department, Manager, Principal, Guidance Counsellor) should be sensitized to report any new case or reported illness to the Health Department.

Community: Households/Premises within a **200m** radius from the case should be visited **at least** eight days after the onset of symptoms. Persons fitting the case definition should have a case investigation form completed at first contact. Blood should be taken from 1 in 10 persons that fit the case definition. That is a case investigation form should be completed for all suspected cases and blood for 1 in 10 of the cases. Community Health Alert Cards should be distributed to each household visited.

The following information should be obtained for each community surveyed:

- Total number of households in the **200m** radius
- Number of households visited
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- Number of persons with fever
- Number with fever and joint pain
- Number of Community Health Alert Cards distributed

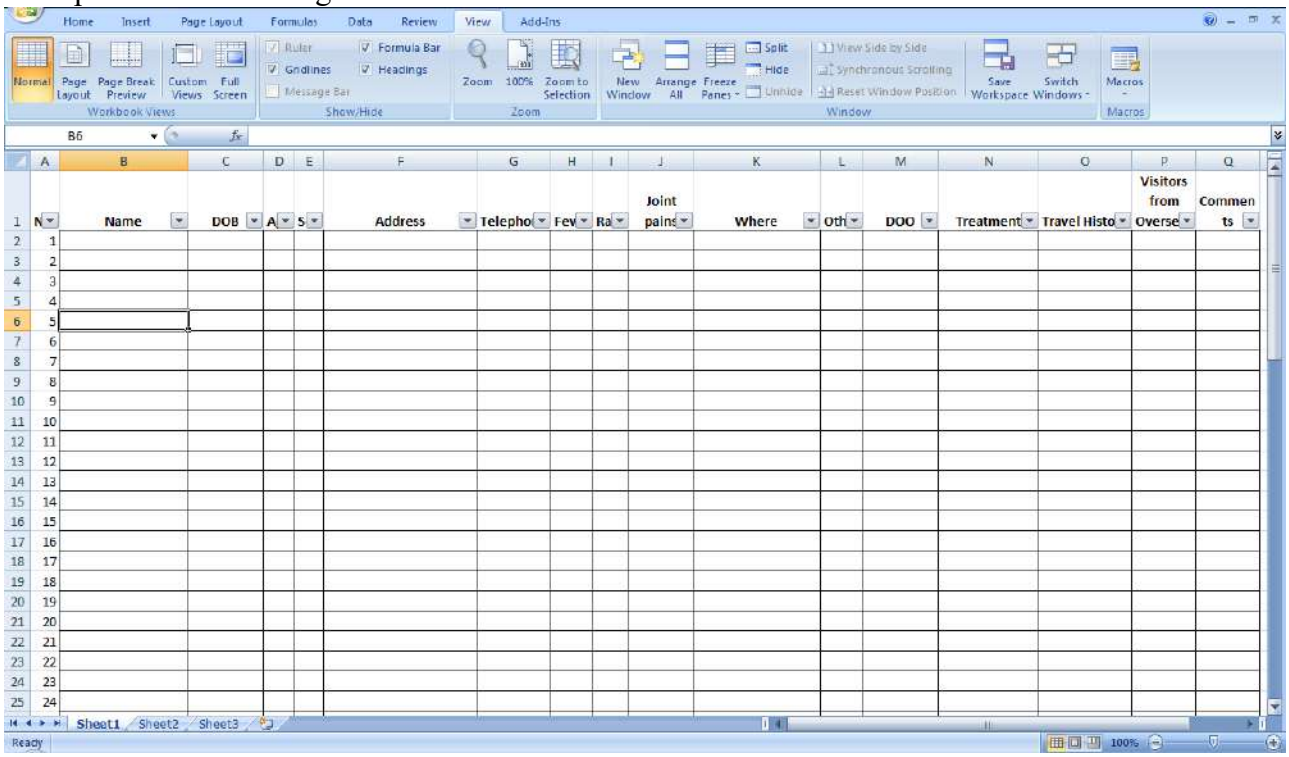
Note Well: The symptoms of Zika fever are non-specific and the following should be considered in the differential:

1. Dengue – often cases fit the definition for Zika virus infection, chikungunya fever and dengue fever.
2. Chikungunya - often cases fit the definition for Zika virus infection, Chikungunya fever and dengue fever.
3. Fever and rash – persons presenting fitting the Case Definition for this Class 1 Notifiable Disease and should be investigated on first contact and blood taken (first contact) for all.
4. Malaria
5. Leptospirosis

C. Cluster of Suspected Zika Fever

In the event that there is a cluster of cases (2 or more cases) with symptoms suggestive of Zika fever the parish team should investigate as an outbreak. An outbreak report (see Outbreak Reporting Form on pages 16 and 17) should be written and include a line listing, an epidemiological curve for the cases, hypothesis as to the cause and spread and interventions/ actions taken or to be taken. The investigation should be reviewed by the MO(H) and forwarded to the NSU.

Example of a Line Listing:



Based on the report received about the cluster, a geographical area for community surveillance should be defined. A map of the area and the defined boundaries would be useful for the investigating team and for the reviewing team.

A house-to-house (premises-to-premises) fever surveillance should be conducted in the defined area. Persons fitting the case definition should have a case investigation Form completed at first contact. Blood should be taken from 1 in 10 persons that fit the case definition. Please note that a case investigation form is to be completed for all suspected cases and blood taken from 1 in 10 of the suspected cases. Community Health Alert cards should be distributed to each household visited.

The following information should be obtained for each community surveyed:

- Total number of households in the defined area
- Number of households visited
- Number of households interviewed
- Number of persons with fever
- Number with fever and joint pain
- Number of Community Health Alert Cards distributed

Given that the symptoms for Zika fever are non-specific and the following conditions should be considered in the differential:

1. Dengue – often cases fit the definition for Zika virus infection, chikungunya fever and dengue fever.
2. Chikungunya - often cases fit the definition for Zika virus infection, Chikungunya fever and dengue fever.
3. Fever and rash – persons presenting fitting the Case Definition for this Class 1 Notifiable Disease and should be investigated on first contact and blood taken (first contact) for all.
4. Malaria
5. Leptospirosis

It is likely that follow-up visits will need to be done in the communities with clusters.