MONITORING AND DATA COLLECTION TOOL

– SENTINEL SITES

Name of Facility	
Health Region	
Parish	
Date of Evaluation	
Signature	
Date	

SENTINEL DATA COLLECTION INSTRUMENT

Period of Review	
Date of Audit	
Name of Auditors	

Fever and Rash	A person presenting with fever of 38°C (100.4°F)† or greater, or feels warm to the touch, or gives a history of feeling feverish and generalized maculopapular rash		
Fever <5	A person presenting with a body temperature of 38°C (100.4°F) or greater, or feels warm to the touch, or gives a history of feeling feverish.		
Fever ≥5			
GE <5	A person presenting with 3 or more loose stools within 24 hours.		
GE ≥5			
Accidents <5	Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.		
Accidents ≥5			
Violence <5	Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.		
Violence ≥5			
Fever and Respiratory/ ILI <5	History of fever of 38°C (100.4°F)† or greater and cough; with onset within the last 10 days.		
Fever and Respiratory / ILI 5-59			
Fever and Respiratory / ILI ≥60			
ILI tested	# of ILI cases sampled/tested		
Fever and Haemorrhagic	A body temperature of 38°C (100.4°F)† or greater (or recent history of fever) in previously healthy person presenting with at least one haemorrhagic(bleeding) manifestation with or without jaundice.		
Fever and Jaundice	A body temperature of 38°C (100.4°F)† or greater (or recent history of fever) in a previously healthy person presenting with jaundice.		

Fever and Neurological	A body temperature of 38°C (100.4°F)† or greater (or recent history of fever). The person must also have meningeal irritation, convulsions, altered consciousness, altered sensory manifestations or paralysis (except Acute Flaccid Paralysis (AFP)).		
Total cases seen			

Records Reviewed	Syndromic Stamps Seen	Syndromic Stamps Used

OTHER CLASS 1 CONDITIONS – write in other class 1 conditions seen

Class 1 Condition	Definition	# Reported from Sentinel Audit	Line List (name, DOB, date seen)
Accidental Poisoning	Susp poisoning, regardless of route of exposure, considered to have occurred by accident		
AFP/Polio	Acute onset of flaccid paralysis in the absence of trauma		
Cholera	Profuse, watery, diarrhea rapidly leading to dehydration or death, especially in persons 5 yo or older		
COVID-19	Acute onset fever and cough (ILI) or acute onset of three or more signs and symptoms (see table)		
Dengue	Acute onset of fever plus at least 2 of vomiting, nausea, rash, headache, retroorbital pain, arthralgia/myalgia, haemorrhagic tendences, leukopenia		
Diphtheria	Acute pharyngitis or laryngitis with a tonsillar or laryngeal pseudomembrane		
Hansen's Disease/Leprosy	Sharply demarcated anesthetic skin patches		
Hepatitis B + C	Anorexia, abdominal pain, nausea, vomiting, jaundice		
HIV/AIDS	Severe weight loss (> 10% of body weight), fever, diarrhoea (>1 month duration), lymphadenopathy, oral thrush, other sign immunosuppression		
Malaria	Intermittent fever with chills and headache, especially in those who recently travelled to malaria endemic		
Maternal Death	Any death of woman while pregnant or within 42 days of term of pregnancy (early) or 1 year of pregnancy (late)		
Measles	Fever (>38°C or 101°F) and generalized maculopapular rash		
Meningitis	Sudden onset of fever with signs and symptoms of meningeal involvement		
Ophthalmia Neonatorum	Purulent conjunctivitis in any neonate		
Pertussis-like Syndrome	Paroxysms of coughing, characteristic high pitched inspiratory whoop		
Rheumatic Fever	Recurrent inflammatory disease affecting multiple areas (see table below) occurring as sequalae of streptococcal upper resp infection		
Tetanus	Children: difficulty in sucking, opisthotonus Adults: difficulty swallowing, followed by muscle spasm and rigidity		
Tuberculosis	Persistent cough (>3 weeks), fever, night sweats, and weight loss		

Typhoid Fever	Insidious onset of sustained fever, headache, malaise and anorexia		
Total			

SENTINEL MONITORING TOOL

The recommended persons to be interviewed are:

- Physician
- Registered Nurse
- Public Health Nurse/ Infection Control Nurse
- Health Records Clerk
- Laboratory Personnel*
- Medical Records Staff

**may not be present at some sites*

Key personnel interviewed or consulted during the audit

	Name	Position
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

	Indicator	Rating			Remarks
		Medicine	Surgery	Specialty	
	Staff awareness of surveillance				
	DOCTORS:				
1	State the case definitions for: AFP (1), ILI (1), Dengue without warning signs (1), TB (1), Cholera (1), Gastroenteritis (1). *Scoring: Inadequate: 1-3/Adequate: 4-6*				
2	List 5 diseases that should be reported immediately. *Scoring: Inadequate: 1-2/Adequate: 3-5*				
3	List 2 resources you can access for more information *Scoring: Inadequate: 0/Adequate: 1-2*				
4a	What sample should be sent for fever and maculopapular rash cases: (answer: serum sample OR a red top tube) *Scoring: Inadequate:<1/Adequate: 1*				
4b	What is the ideal timeline for testing of fever and maculopapular rash cases (answer: within 7 days of the onset of rash) *Scoring: Inadequate:<1/Adequate: 1*				
4c.	What proportion of fever and maculopapular rash cases are to be sampled (answer: 100% or everyone) *Scoring: Inadequate:<1/Adequate: 1*				
5a	What proportion of cases seen should be routinely tested/sampled for the following conditions: ILI (1 in 10 or 10%) *Scoring: Inadequate:<1/Adequate: 1*				
5b	What proportion of cases seen should be routinely tested/sampled for the following condition: GE (answer is 100% of admitted patients, 1 in 10 for ambulatory patients) *Scoring: Inadequate:<1/Adequate: 1*				

	Indicator	Rating			Remarks
6	What sample is to be taken for suspected leptospirosis cases (answer: purple top tube) *Scoring: Inadequate:<1/Adequate: 1*				
	NURSES:				
8	State the case definitions for: AFP (1), SARI (1), MDRO (1), TB (1), Cholera (1), Dengue with warning signs (1). *Scoring: Inadequate: 1-3/Adequate: 4-6*				
9	What type of cases require the following samples: *Scoring: Inadequate: 1-2/Adequate: 3-5*				
9a	Nasopharyngeal swab				
9b	Stool swab				
9c	Sputum sample				
9d	Serum sample				
		Medicine	Surgery	Specialty	
9e	Blood sample				
10	List 5 diseases that should be reported immediately on suspicion *Scoring: Inadequate: 1-2/Adequate: 3-5*				
11	List 2 resources you can access for more information *Scoring: Inadequate: 0/Adequate: 1-2*				
12	What investigation forms do you use for a patient with:				
12a	Acute Flaccid paralysis in someone under 15 (Polio). *Scoring: Inadequate:<1/Adequate: 1*				
12b	Fever and maculopapular rash (MOH Fever and Rash/measles form). *Scoring: Inadequate: 0/Adequate: 1*				
	MEDICAL TECHNOLOGISTS **(for some sites)**				

	Indicator	Rating			Remarks
	Ask the frequency of visits if a rotating medical technologist visits the health centres				
13	What forms are necessary for:				
13a	Reporting class one diseases *Scoring: Inadequate: wrong or no answer*				
14	List the media and storage temperature for: *Scoring: Inadequate: media and/or storage wrong.* *Adequate: media AND storage correct*				
14a	Blood for malaria				
14b	Swab for influenza				
14c	Serum for fever and rash				
14d	Stool for cholera				
14e	Blood for AFP				
15	What diseases should the **laboratory** itself report?				
	ACTIVE OBSERVATION (Question staff and actively look for these items/information)				
16	Availability of Notification booklet *Scoring: Present - adequate, absent - inadequate*				
17	Class 1 Disease Chart *Scoring: Present - adequate, absent - inadequate*				
18	Infection Control Officer assigned *Scoring: Present - adequate, absent - inadequate*				
19	Frequency of staff meetings *Scoring: Adequate - at least 11, Inadequate <11 per y*				
20	Guidelines re: treatment of specific communicable diseases / job aids to help treatment of specific diseases				
		Medicine	Surgery	Specialty	
	Scoring: Present - adequate, absent - inadequate				
21	Area designated for disease control/isolation *Scoring: Present - adequate, absent - inadequate*				

	Indicator	Rating			Remarks
22	Guidelines for the collection, storage and transportation of samples *Scoring: Present - adequate, absent - inadequate*				
23	Availability of investigation forms e.g. Fever and Rash *Scoring: Present - adequate, absent - inadequate*				
24	Availability of Laboratory form *Scoring: Present - adequate, absent – inadequate*				
	SUPPLIES (on ward, on compound or in laboratory) *Scoring: Present - adequate, absent – inadequate*				
25a	Red top blood tubes (check expiration date)				
25b	Purple top blood tubes (check expiration date)				
26	Universal sterile container (for sputum and stool testing, etc.)				
28	Sample storage / transport Igloos				
29	Ice packs for sample storage / transport				
30	Transport media for bacterial/viral samples (note if room temp or cold storage)				
31	Sample Thermometer				
	HEALTH RECORDS OFFICERS				
32	What proportion of Health records personnel can produce the weekly sentinel report? (50% =adequate)				
33	What diagnoses may be recorded as unspecified fever (case definition)				
34	What diagnoses may be recorded as fever and respiratory? (**Ans:** Any case with fever and cough; 'Asthma' is not, and such an answer denotes an "Inadequate" assessment)				
35	What is the definition of fever and neurological (case definition)				
36	What diagnoses may be recorded as fever and rash (case definition)				

	Indicator	Rating			Remarks
37	What diagnoses may be recorded as gastroenteritis (case definition)				
		Tally			
		Overall Score			
		Overall Rating			