

---

# Strengthening IPC for Effective Epidemic Preparedness

**FOCAL PERSONS IPC TRAINING**

**Topic: Outbreak Investigation in IPC**



*Atlantic Fellows*



---

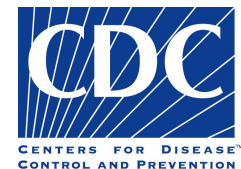
# Outbreak Investigations

---

PRESENTED BY DR. JOHN LAMINGO  
DDPH GSMOH/PUBLIC HEALTH CONSULTANT



*Atlantic Fellows*



# Learning Objectives

---

When you have completed this session you will be able to:

- ◆ Describe the principles of outbreak investigation
- ◆ Describe steps in outbreak investigation
- ◆ Highlight some co-ordination and methodological issues



*Atlantic Fellows*



# What is an outbreak ?

---

- ◆ Occurrence of more cases of disease than expected in a given area among a specific group of people over a particular period of time
- **Two or more linked cases of the same illness**



*Atlantic Fellows*



# Definitions

---

## ◆ Outbreak

- Occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time

## ◆ Epidemic

- Used interchangeably with outbreak



*Atlantic Fellows*



# What is an outbreak?

---

- ◆ A public health emergency !
- ◆ A political emergency
- ◆ An economic emergency
- ◆ An unusual event
- ◆ An event requiring rapid action
- ◆ Surveillance failure
- ◆ Control failure
- ◆ An opportunity !



*Atlantic Fellows*



# Objectives of outbreak investigations

---

- ◆ To control ongoing outbreaks
- ◆ To prevent future outbreaks
- ◆ To provide statutorily mandated services
- ◆ To strengthen surveillance at local level
- ◆ To advance knowledge about a disease
- ◆ To provide training opportunities



*Atlantic Fellows*



# What is outbreak management ?

---

- ◆ The process of anticipating, preventing, preparing for, detecting, responding and controlling outbreaks in order that the health and economic impact is minimised



*Atlantic Fellows*





# Definitions

---

## ◆ Cluster

- Group of cases in specific time and place that may or may not be greater than the expected rate
- Aim of investigating cluster is to determine the baseline rate of disease for that time and place

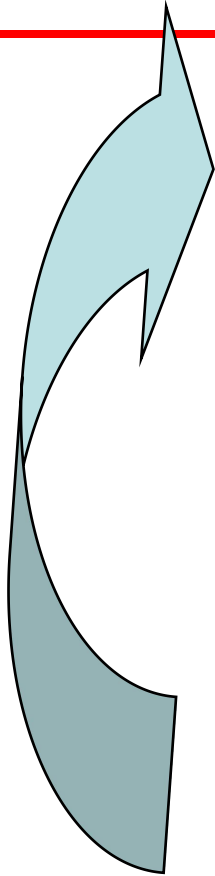


*Atlantic Fellows*



# Components of Effective Outbreak Management

---



- ◆ Anticipation/Prediction
- ◆ Preparedness
- ◆ Early warning/detection
- ◆ Effective and coordinated investigation/response
- ◆ Evaluation

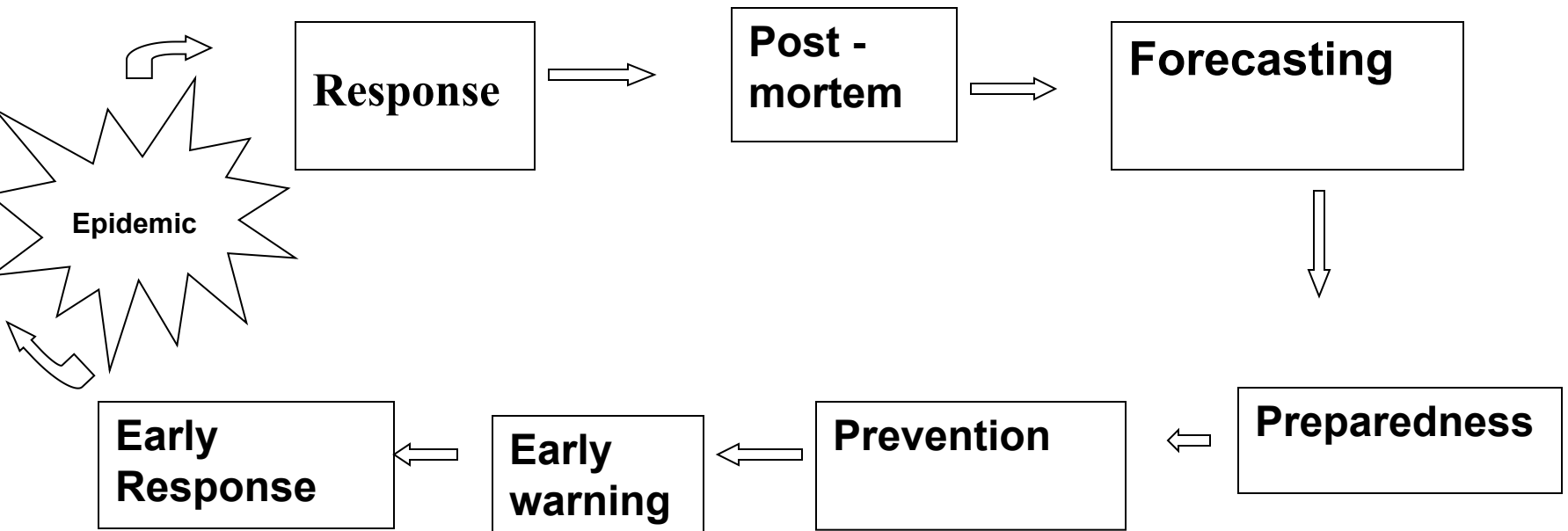


*Atlantic Fellows*



# Epidemic Cycle

---



*Atlantic Fellows*



# Objectives of Outbreak Management

---

- ◆ **Anticipation/prediction**
  - so that epidemics be prevented
- ◆ **Preparedness**
  - so there is readiness to respond
- ◆ **Early detection**
  - to know when there is a problem
- ◆ **Rapid Investigation**
  - to describe the event and identify interventions
- ◆ **Effective Response**
  - to implement appropriate control measures
- ◆ **Evaluation**
  - to identify what went right and wrong before and during the outbreak



# Epidemic Preparedness

---

- ◆ Epidemic Preparedness constitute all the activities that have to be undertaken for central/peripheral levels to be ready to respond effectively to epidemics/outbreaks
- ◆ When all the activities are put together in a plan then we have an Epidemic Preparedness Plan



*Atlantic Fellows*



# Elements of Epidemic Preparedness

---

- ◆ Ensure that routine surveillance system can detect outbreaks
- ◆ Ensure that staff are organized to confirm, investigate, and respond to outbreaks
- ◆ Maintain buffer stocks of drugs, essential equipment, materials and supplies
- ◆ Ensure financial support for preparation and response



*Atlantic Fellows*



# Specific demands when investigating outbreaks

---

- Unexpected event
- Need to act quickly
- Need for rapid control
- Need for interdisciplinary coordination
- Work carried out in the field

↳ **Systematic approach**



*Atlantic Fellows*



# Steps of an Outbreak Investigation

---

- ◆ Establish the existence of an outbreak
- ◆ Verify the diagnosis
- ◆ Define a case and count cases
- ◆ Orient the data in terms of time ,place and person
- ◆ Determine who is at risk of becoming ill
- ◆ Develop a hypothesis
- ◆ Compare hypothesis with established facts
- ◆ Plan a more systematic study
- ◆ Prepare a written report
- ◆ Execute control and prevention measures



*Atlantic Fellows*





# Preparing for the field

---

- ◆ Assemble a team (EPR team + EPR plan)/RRT
- ◆ Assemble relevant supplies and equipment (transport media, specimen bottles, IEC, treatment guidelines & medical supplies, transport, communication means, investigation and surveillance forms, funds, fuel, etc).
- ◆ Read and Consult further
- ◆ Clarify your and others roles
- ◆ Team leadership



*Atlantic Fellows*



# Detection

Routine surveillance  
Clinical / Laboratory  
General public  
Media

- ◆ Review clinical findings.
- ◆ Visit patients yourself (interview and examine for symptoms and signs).
- ◆ Laboratory diagnosis.
- ◆ Choose a working case definition: who is a case and who is not (by person, place, time). Should be highly sensitive.
- ◆ **Establish index case.**



*Atlantic Fellows*



NATO authorizes Kosovo strikes — page 17

The Times Herald

**RECORD**

Concord closed for 2 weeks  
— page 5



Newburgh lures new home buyers  
— pages 4-5

10 ways to avoid common cold

# Another death



Legionnaires' bacteria confirmed in 3 of 5 who died  
— page 3

**The media:  
main source of  
outbreak-  
related  
information**

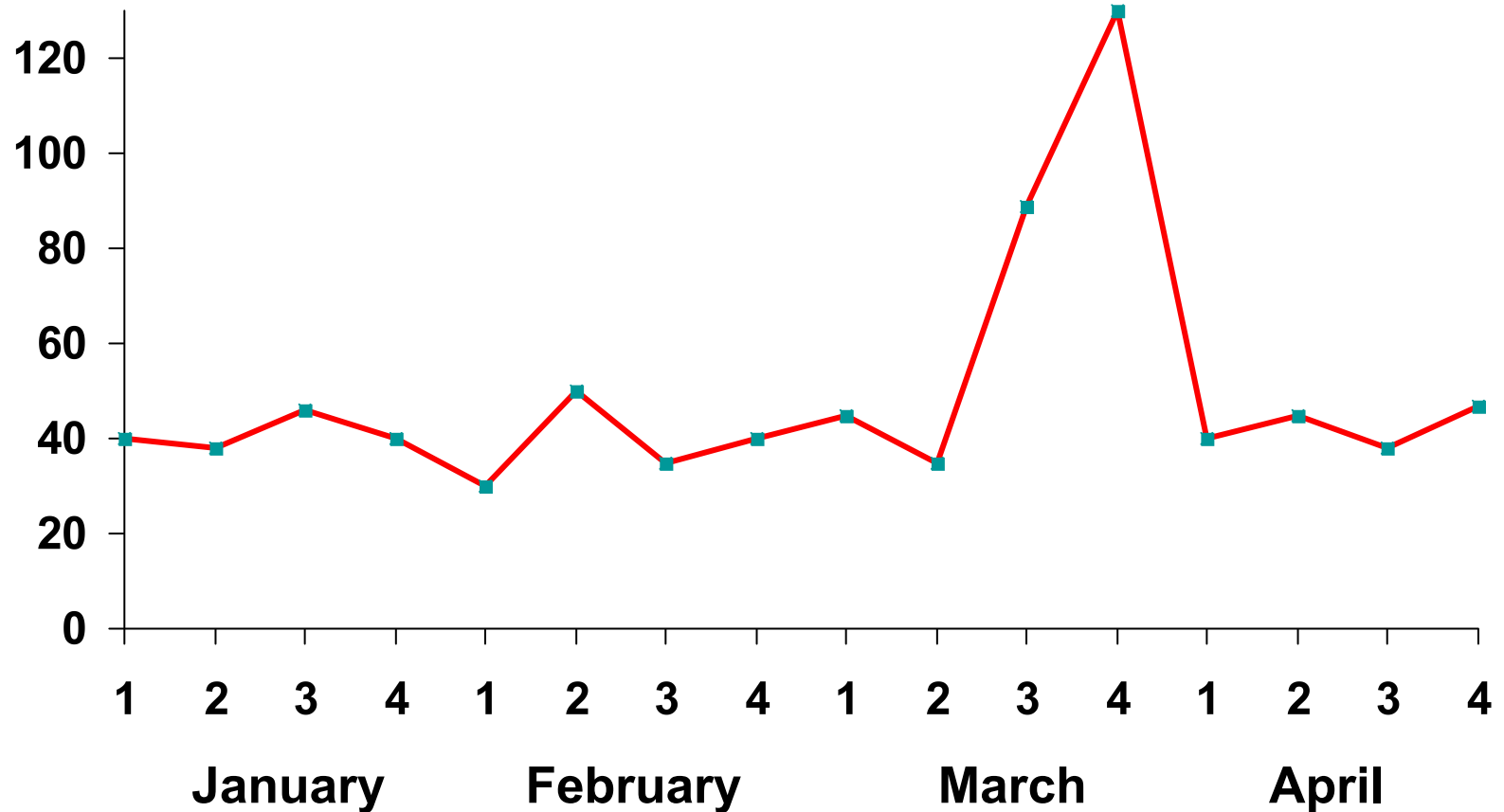


*Atlantic Fellows*



# Surveillance

**Cases of acute bloody diarrhoea in a rural district by month, January 1999- April 1999**



Atlantic Fellows



**Detection**

**Routine surveillance  
Clinical / Laboratory  
General public  
Media**

**Is this an  
outbreak?**

**Diagnosis verified?  
Link between cases?  
Higher than expected?**



*Atlantic Fellows*



# Is it an outbreak?

---

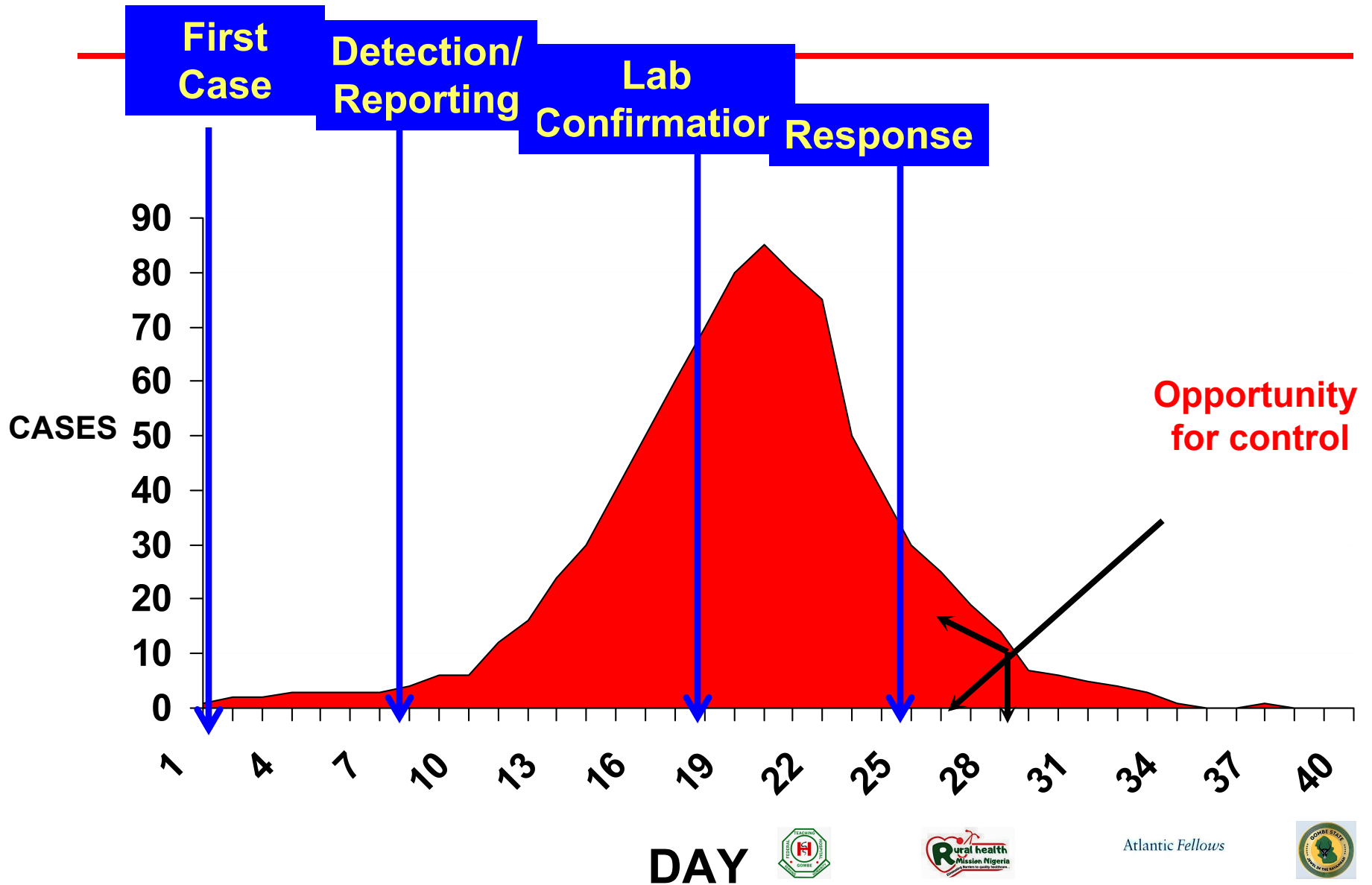
- ◆ Compare observed incidence with expected:
  - No seasonality: compare with incidence from previous weeks/ months,
  - Seasonality: compare incidence from similar periods of earlier years.
- ◆ Use action threshold.
- ◆ Linelist cases



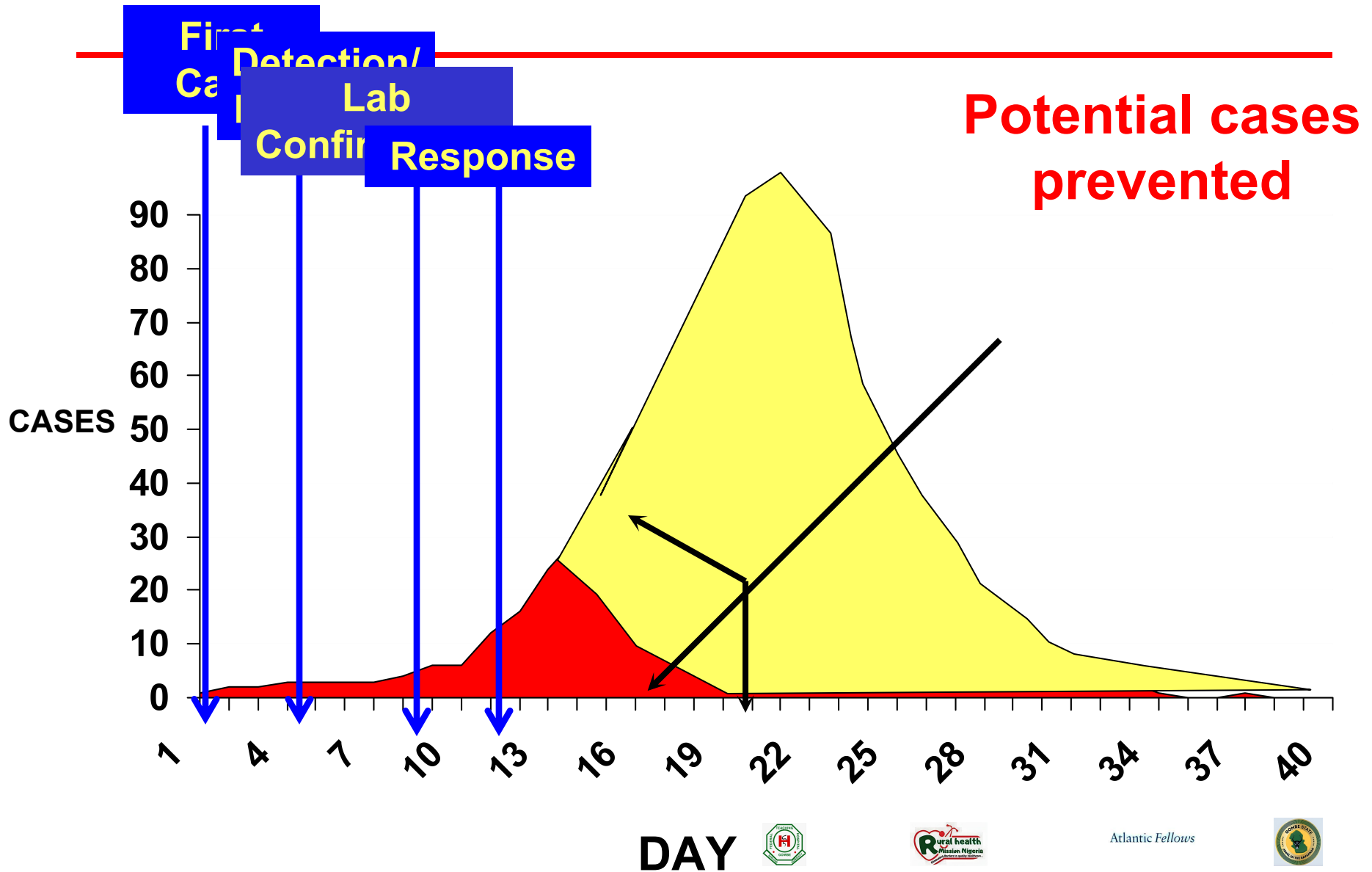
*Atlantic Fellows*



# “Usual” sequence of events



# Ideal sequence of events





# Outbreak confirmed ✓

## Immediate control measures?

- Prophylaxis
- Exclusion / isolation
- Public warning
- Hygienic measures
- Others

## Further investigation?

- Unknown aetiology
- Cases serious
- Cases still occurring
- Public pressure
- Training opportunity
- Scientific interest

# Control vs. further investigation

## Source/Mode of Transmission

Known

Unknown

Known  
causative  
agent

|                                 |                               |
|---------------------------------|-------------------------------|
| Investigation +<br>Control +++  | Investigation+++<br>Control + |
| Investigation+++<br>Control +++ | Investigation+++<br>Control+  |

Unknown  
Causative  
agent



Atlantic Fellows



**Outbreak confirmed,  
further investigations warranted**

---

**Form Outbreak  
Control Team?**

**Epidemiologist  
Microbiologist  
Clinician  
Environmentalist  
Government  
Press officer  
Others**

**Team coordinates  
field investigation**



*Atlantic Fellows*



# Role of the Epidemiologist

---

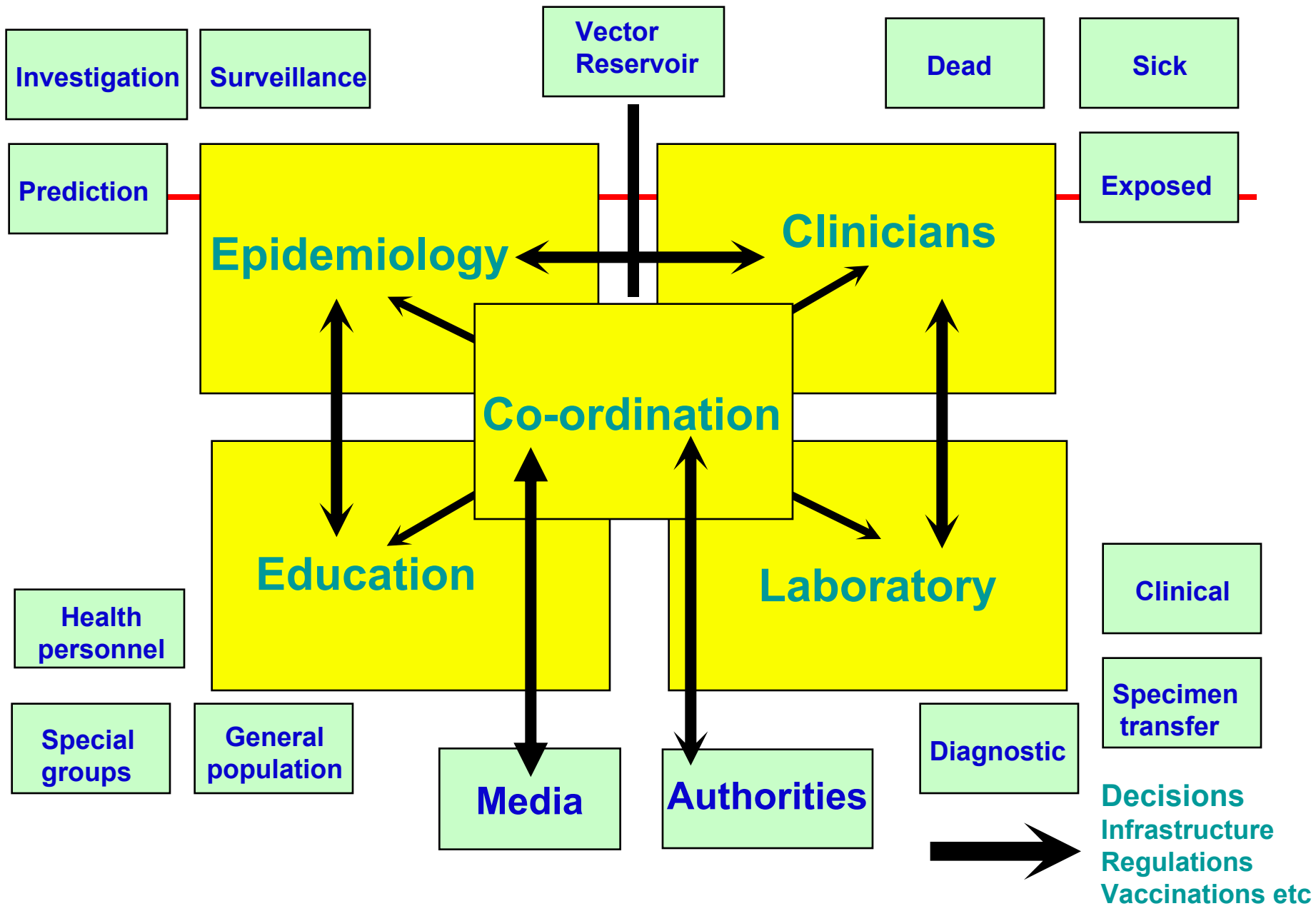
- **Systematic Description**
- **Identification of risk factors (by descriptive or analytical means)**
- **Identification of interventions**
- **Work with others to implement control measures that prevent:**
  - Exposure
  - Infection
  - Disease
  - Death/Disability

**YOU MAY BE THE ONE  
TO COORDINATE !**



*Atlantic Fellows*

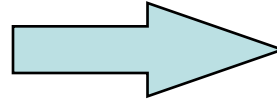




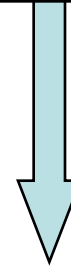
Atlantic Fellows



**Epidemiologist**  
**Microbiologist**  
**Environmental specialist**  
**Ministry / Government**  
**Press officer**  
**Others**



**Outbreak  
Investigation  
Team?**



**Assess situation**  
**Examine available information**  
**Preliminary hypothesis ?**  
**Case definition**  
**Case finding**



*Atlantic Fellows*



# Case definition

- ◆ Standard set of criteria for deciding if a person should be classified as suffering from the disease under investigation.
- ◆ Clinical criteria, restrictions of time, place, person
- ◆ Simple, practical, objective
- ◆ Sensitivity versus specificity

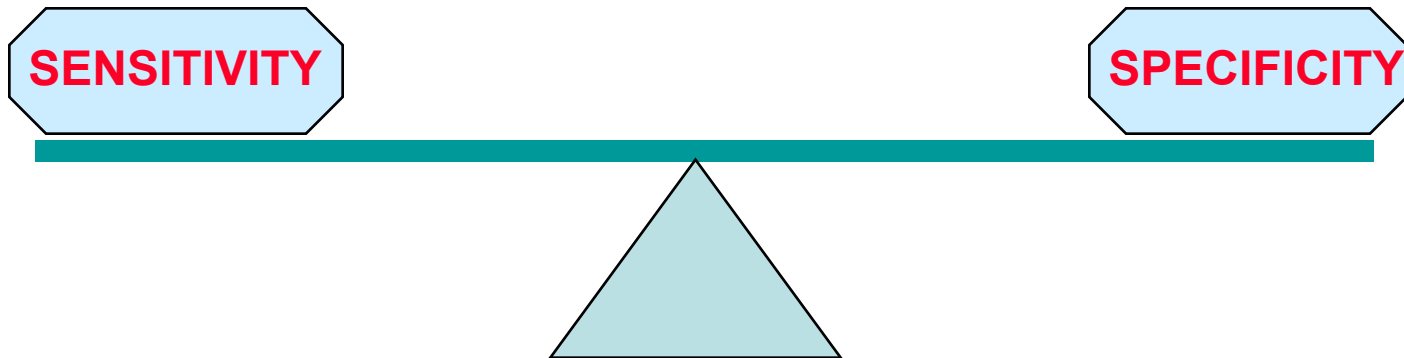


*Atlantic Fellows*



# Sensitivity versus specificity

---



*Atlantic Fellows*

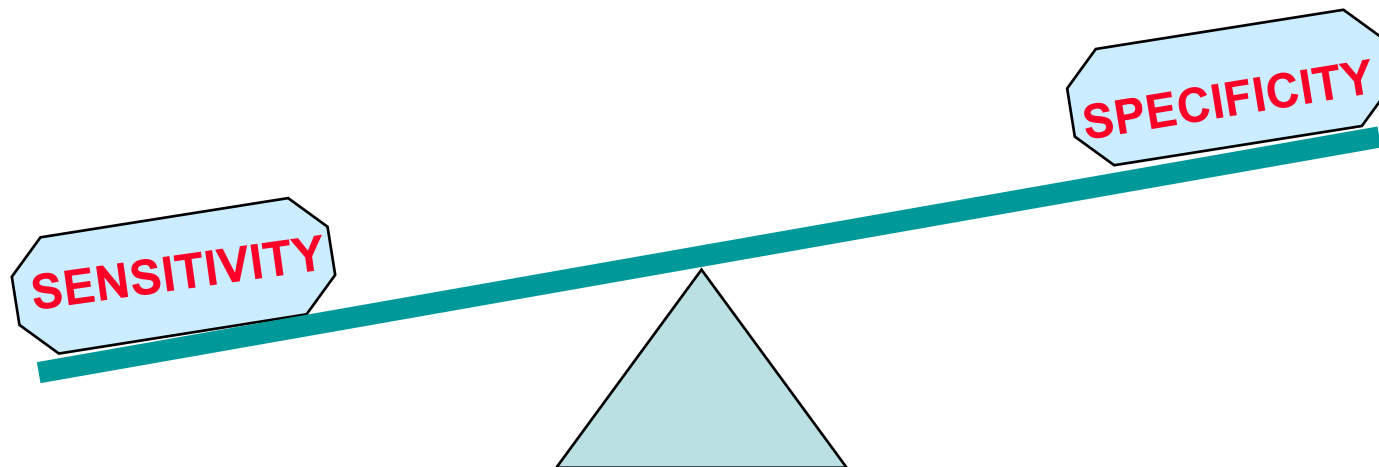




# Sensitive case definition

---

Most cases detected, but ...



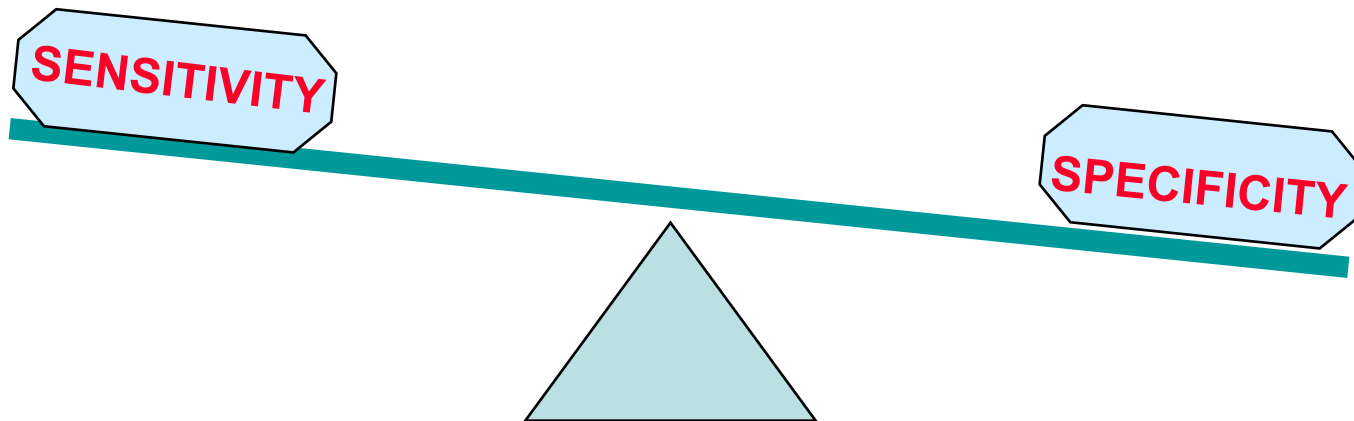
many false positives  
many specimens to test  
low % tested specimens +ve

***Danger of overload***

# Specific case definition

---

Cases missed, but ...



few false positives  
fewer specimens to test  
high % tested specimens +ve

***Danger of underload***

# Case definition: example

---

**Patient older than 5 years with severe dehydration or dying of acute watery diarrhoea in town “x” between 1 June and 20 July 1999**



*Atlantic Fellows*



# Multiple case definition

---

- ◆ **Suspected**
  - Patient with severe diarrhoea ...
- ◆ **Probable**
  - Patient older than 5 years with severe dehydration or dying of acute watery diarrhoea ...
- ◆ **Confirmed**
  - Isolation of *Vibrio cholerae* from stool of patient ...



Atlantic Fellows





**Identify &  
count cases**



**Clearly identifiable groups**  
**Hospitals/Vet clinics, GPs**  
**Laboratories**  
**Schools**  
**Workplace,**  
**Farms records**  
**Individual pet records,**  
**Abattoir records, etc**



*Atlantic Fellows*



**Identify &  
count cases**

**Obtain  
information**

**Identifying information**  
**Demographic information**  
**Clinical details**  
**Risk factors**  
**Reporter information**



*Atlantic Fellows*



**Identify &  
count cases**

**Obtain  
information**

**Analysis of  
descriptive data**

**Orient cases in**

- time
- place
- person



*Atlantic Fellows*





# Descriptive epidemiology

---

- Who are the cases?
- Where do they live?
- When did they become ill?



*Atlantic Fellows*





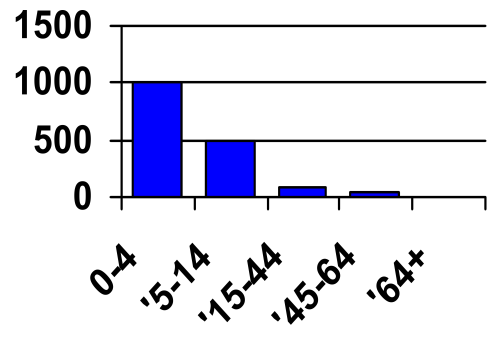
# Cases



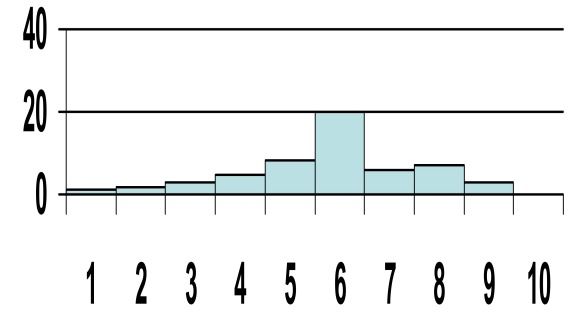
Atlantic Fellows



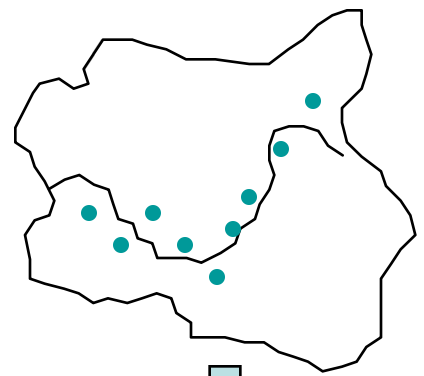
## Person



## Time



## Place



## Evaluate information

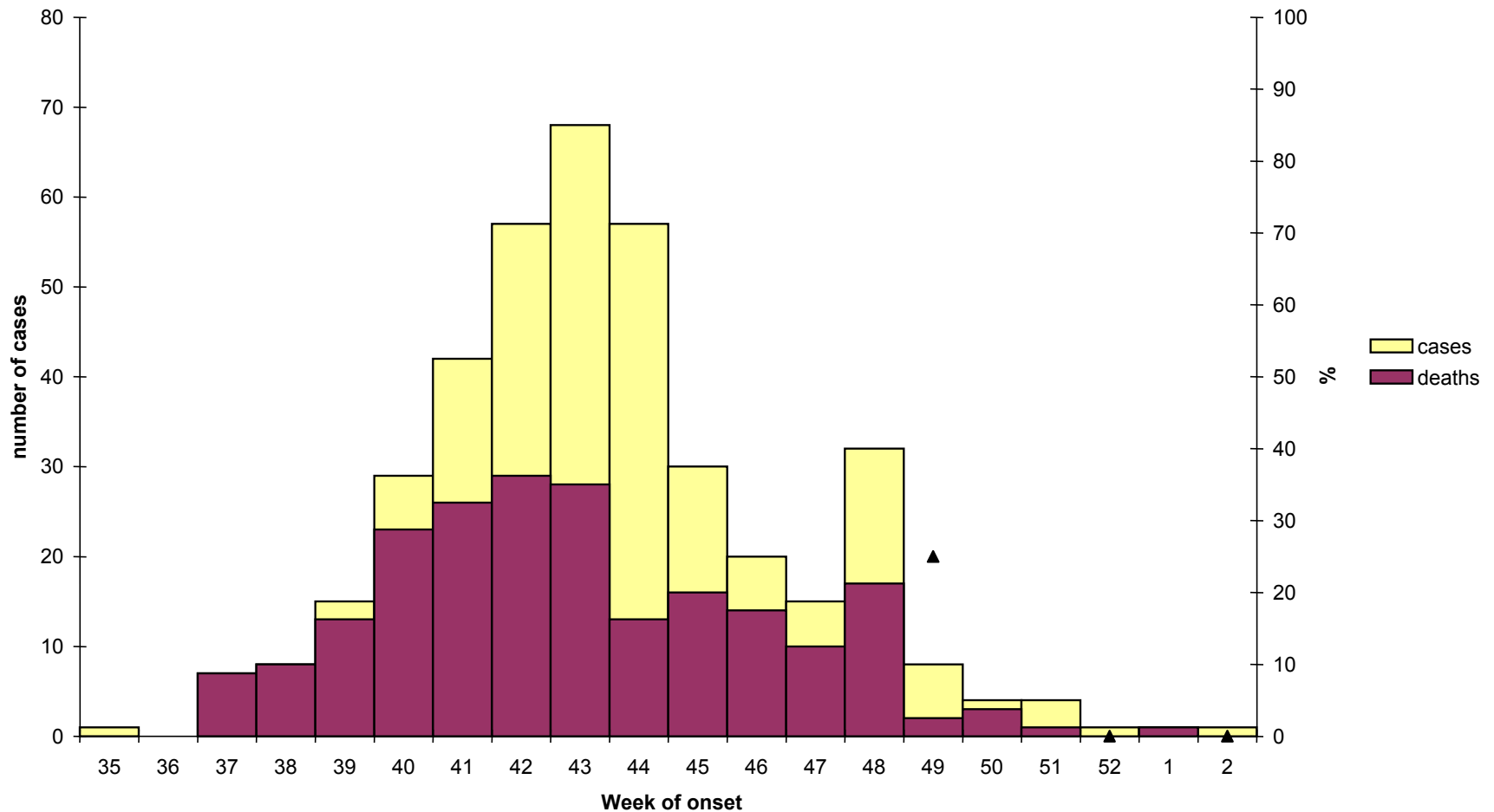
Pathogen?

Source?

Transmission?

# Cases by Week of Onset

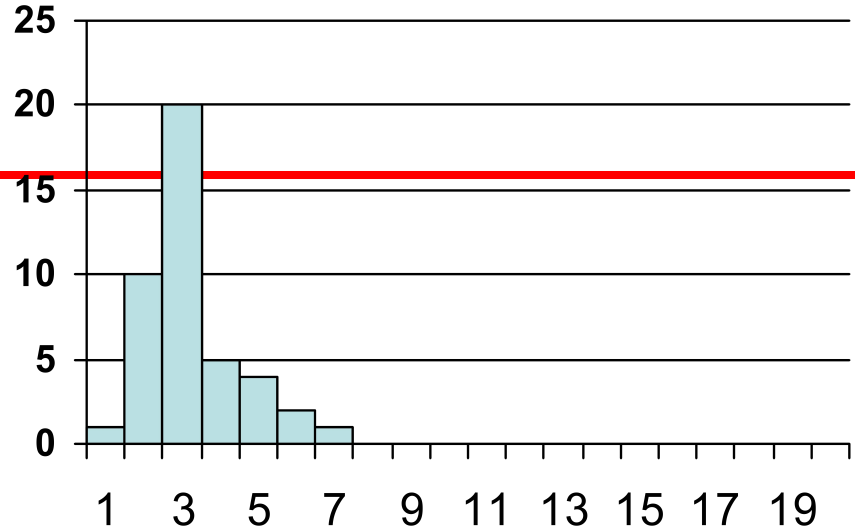
## Ebola Haemorrhagic Fever, Uganda – September 2000 to January 2001



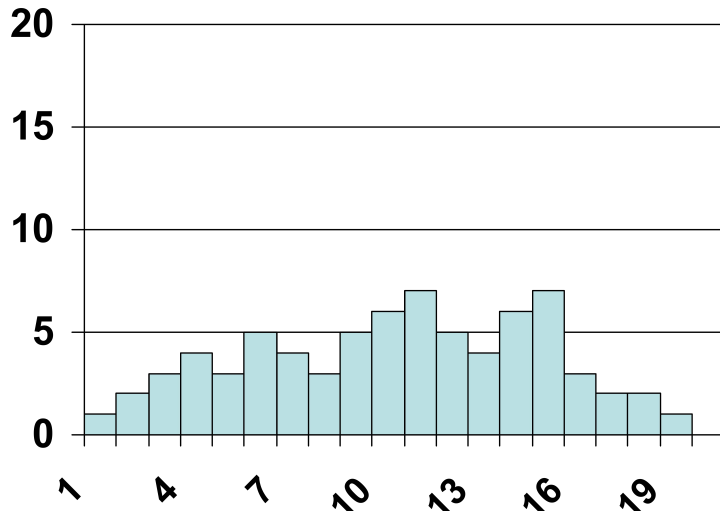


# Examples of epidemic curves

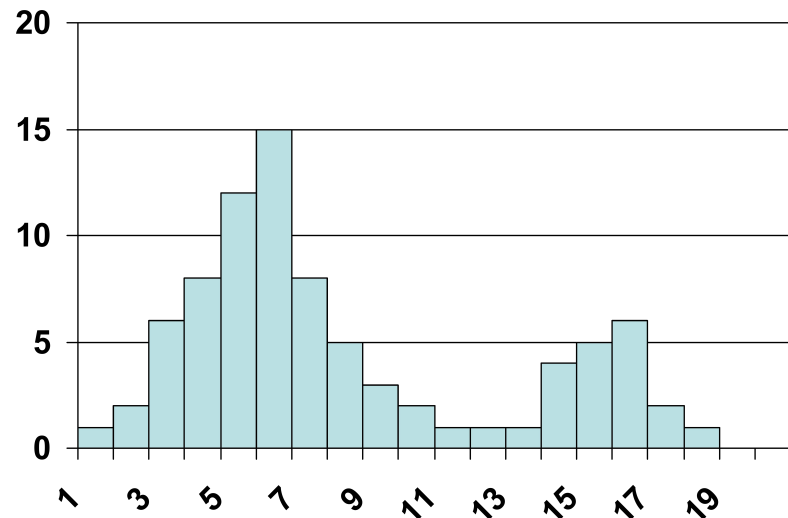
## Point source



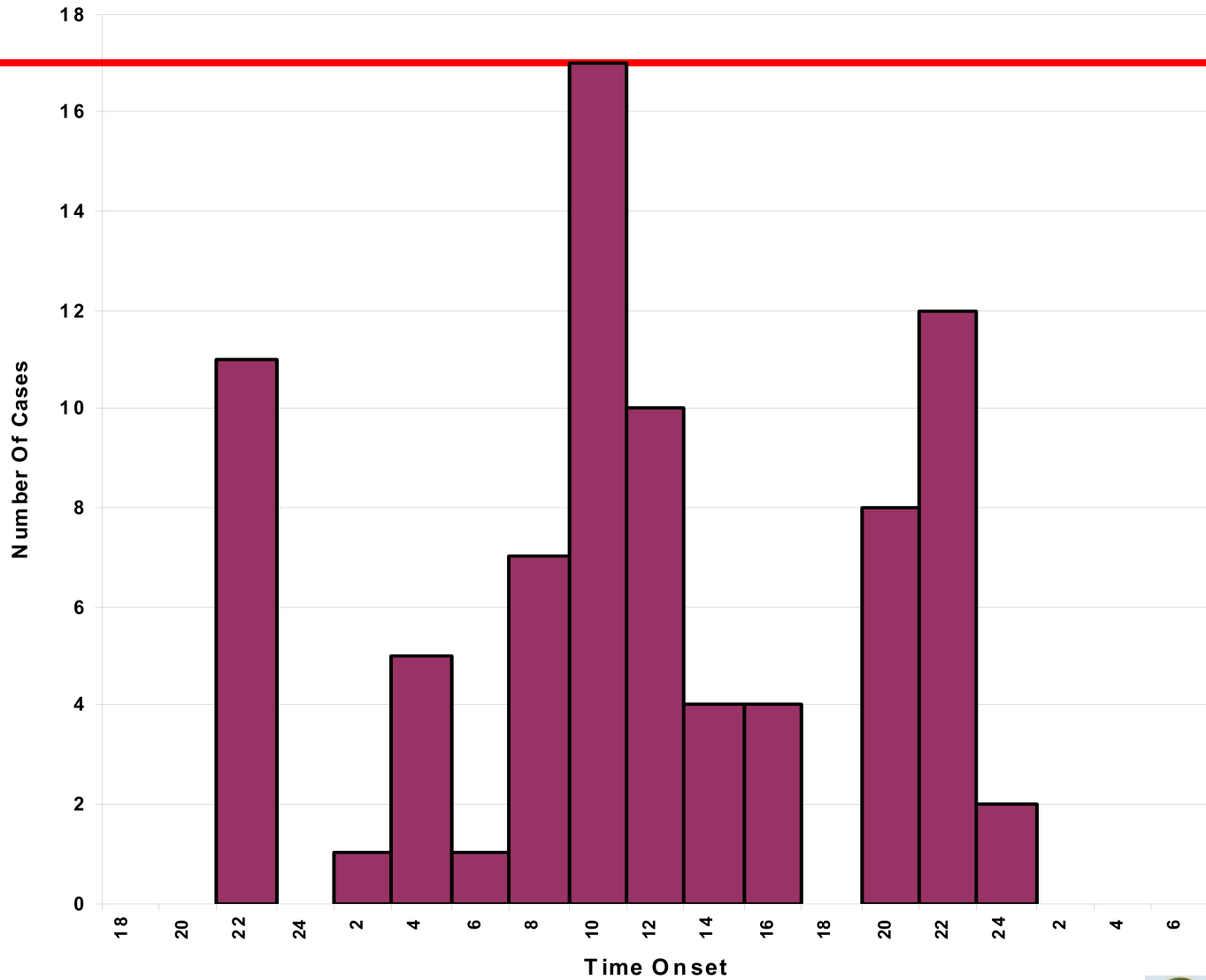
## Continuing common source



## Multiple waves - person to person or further outbreak



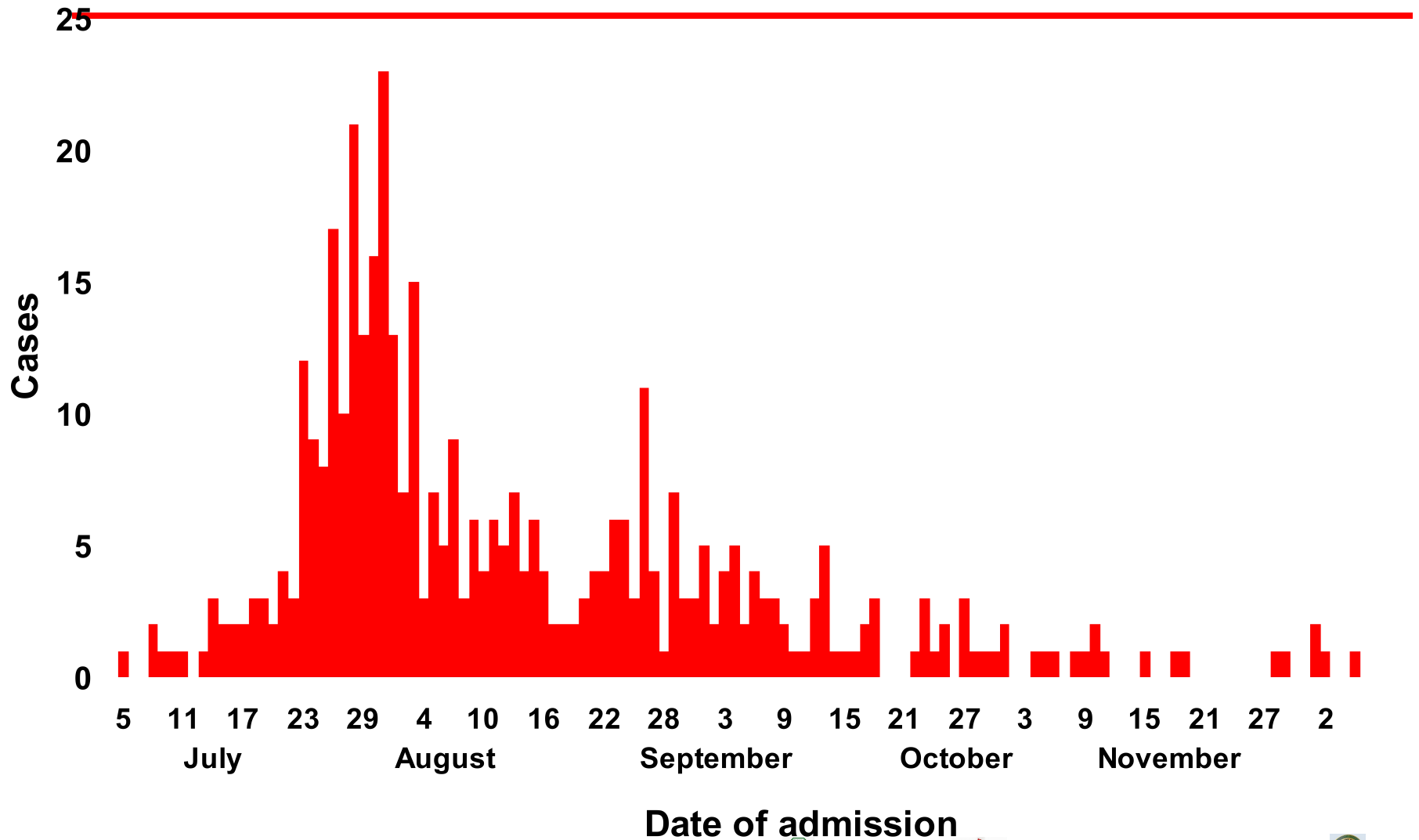
# Turra Outbreak Jordan, 2002



Atlantic Fellows

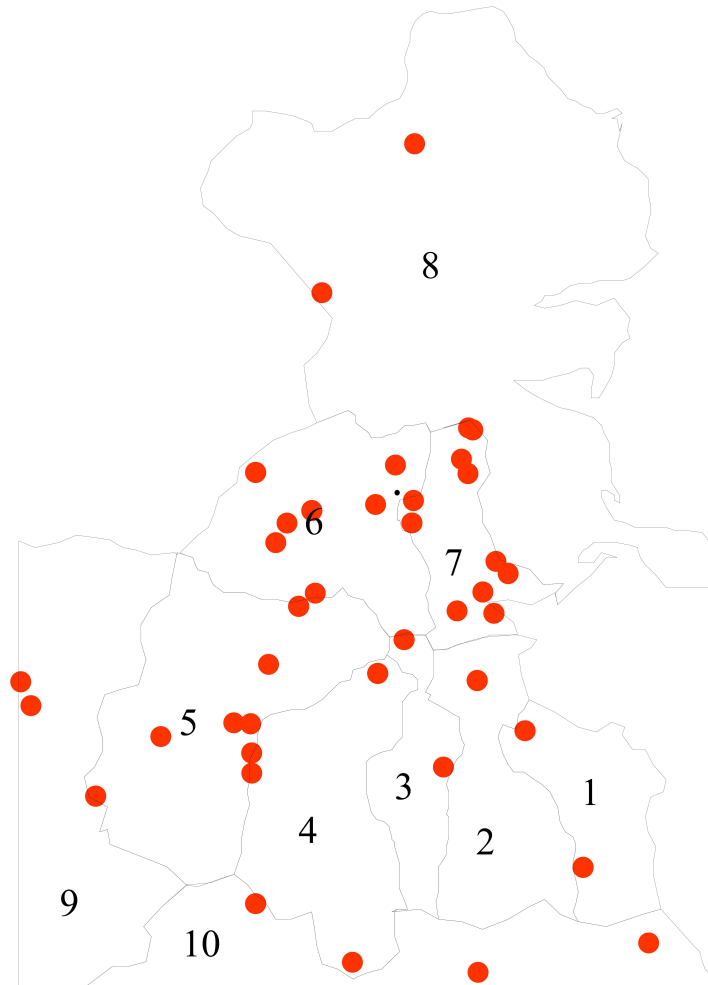


# Cases of viral meningitis by date of admission (n=416) Cyprus, 5 July - 5 November 5 1996



# Confirmed cases of meningococcal meningitis type B by residence, Dublin, 1996

---



1 dot = 1 case



Atlantic Fellows





# Develop hypotheses

---

- Who is at risk of becoming ill?
- What is the disease?
- What is the source?
- What is the mode of transmission?

*Open-ended and wide-ranging interviews with a few people*



Atlantic Fellows



```
graph TD; A[Develop hypotheses] --> B["- Who is at risk of becoming ill?  
- What is the disease?  
- What is the source?  
- What is the mode of transmission?"]; B --> C[Compare hypotheses with facts];
```

## Develop hypotheses

- Who is at risk of becoming ill?
- What is the disease?
- What is the source?
- What is the mode of transmission?

## Compare hypotheses with facts





**Compare hypotheses  
with facts**

**Test specific hypotheses**

**Analytical studies**  
- cohort studies  
- case-control studies



*Atlantic Fellows*



# Testing Hypothesis

---

- ◆ Hypothesis should address:
  - Source of the agent.
  - Mode of transmission.
  - Exposures (risk factors).
- ◆ Where resources are available and cause not obvious, compare cases with controls in respect to exposure. Do OR, chi test, look up p-value.
- ◆ If sure of the cause, then may need only to study the cases.



Atlantic Fellows



**Implement control measures**

**May (must) occur at any time during the outbreak!!**

**Control the source of pathogen  
Interrupt transmission  
Modify host response**



*Atlantic Fellows*



# Assess the local response capacity

---

- ◆ What number and type of staff is available locally?
- ◆ Which drugs/ medical supplies/ guidelines are available to treat the cases?
- ◆ What has been done in terms of epidemic response?
- ◆ What steps have been taken to interrupt transmission?
- ◆ Has any health education been conducted?
- ◆ Alert Neighbouring Districts/provinces



*Atlantic Fellows*



# Control the source of pathogen

---

- ◆ Remove source of contamination
- ◆ Remove persons from exposure
- ◆ Inactivate / neutralise the pathogen
- ◆ Isolate and/or treat infected persons



*Atlantic Fellows*



# Control source of pathogen:

---

Remove persons  
from exposure



Atlantic Fellows



# Control source of pathogen: Inactivate pathogen



# Control source of pathogen:

Isolate/treat  
infected persons



Fig. 5.1. "Typhoid Mary" brooding shells into skillet, 1909



Atlantic Fellows





# Interrupt transmission

---

- ◆ Interrupt environmental transmission
- ◆ Control vector transmission
- ◆ Improve personal sanitation



# Modify host response

---

- ◆ Immunise susceptible
- ◆ Use prophylactic chemotherapy
- ◆ Curative therapy



*Atlantic Fellows*



# Address the resource gaps

---

- ◆ Done as need may arise:
- ◆ Laboratory support.
- ◆ Environmental support.
- ◆ Public information.
- ◆ Specific disease control needs in terms of:
  - Personnel,
  - Drugs, vaccines and equipment,
  - Transport, communication and logistics.



*Atlantic Fellows*



# At the end

---

- ◆ Prepare written report
- ◆ Communicate public health messages
- ◆ Influence public health policy
- ◆ Evaluate performance



*Atlantic Fellows*



# THE END

---

◆ THANK YOU FOR LISTENING



*Atlantic Fellows*



---

# Rapid Evaluation of Quality of Outbreak Response



*Atlantic Fellows*



# Outbreak Detection

---

- ◆ Interval between onset of index case to arrival of first outbreak case at the health facility (Target: <3 days)
- ◆ Interval between initial outbreak case seen at the health facility and reporting to the district health team (Target: within 24 hours):
- ◆ Cumulative interval between onset of index case to notification to the district (Target: <7 days)



*Atlantic Fellows*



# Outbreak Investigation

---

- ◆ Case forms/line list completed? \_\_\_Yes \_\_\_No
- ◆ Laboratory specimens taken? \_\_Yes \_\_No
- ◆ Interval between notification of district and district field investigation conducted (Target: within 48 hours)
- ◆ Interval between sending specimens to the lab and receipt of results by the district (Target: 3-7 days)



*Atlantic Fellows*





# Outbreak Response

---

- ◆ Interval between notification of outbreak to district and concrete response by the district (Target: within 48 hours of notification)



*Atlantic Fellows*



# Evaluation and Feedback

---

- ◆ Interval between end of the outbreak and finalization of outbreak report with line list sent to national level (Target: 2 weeks)
- ◆ Epidemic Preparedness and Response Team met? \_\_\_ Yes \_\_\_ No
- ◆ Feedback given to health facilities and community? \_\_\_ Yes \_\_\_ No



*Atlantic Fellows*



# Confirmed and Probable Rift Valley Fever Cases , Kenya 2006/07(N=340)

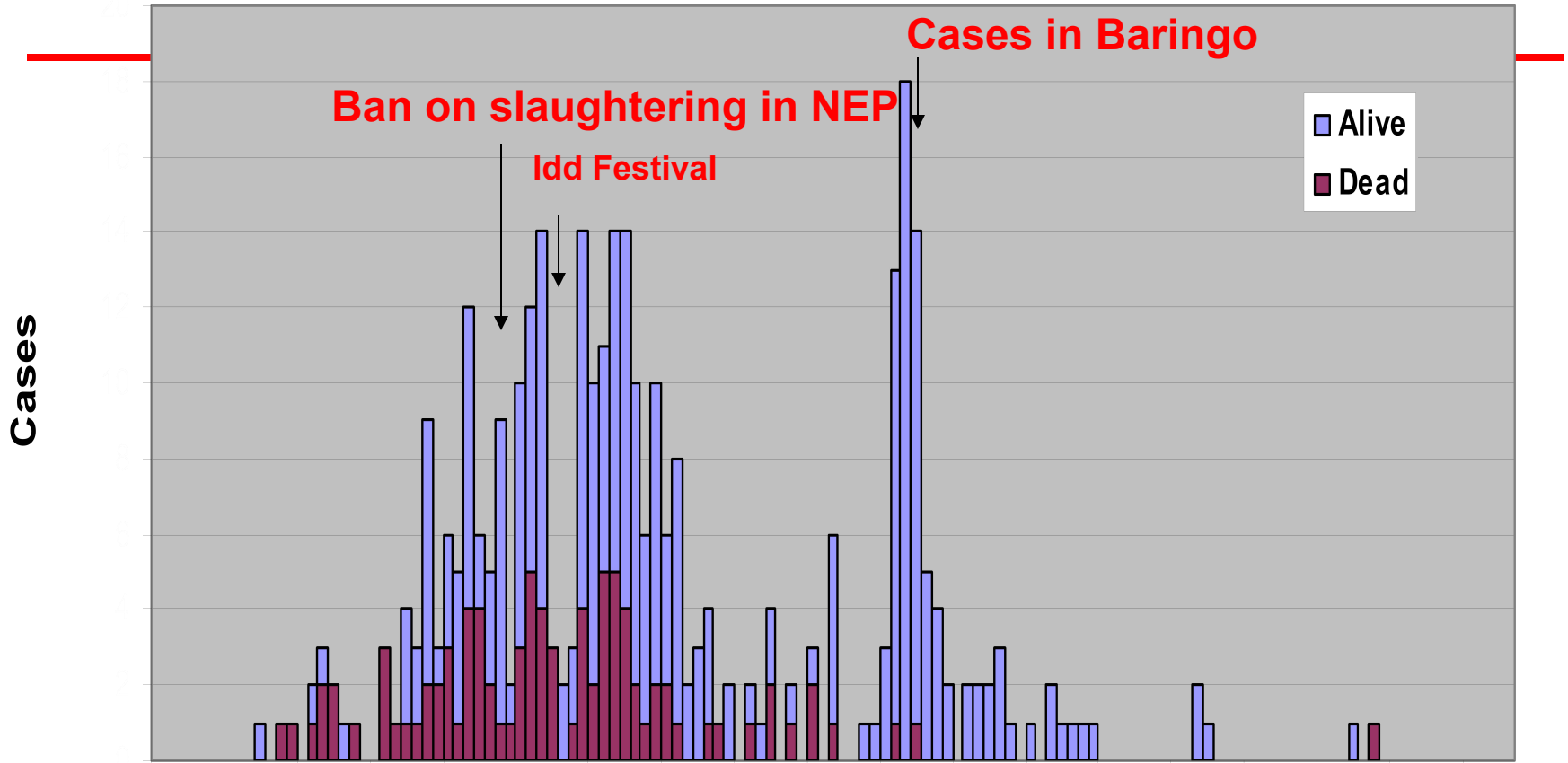
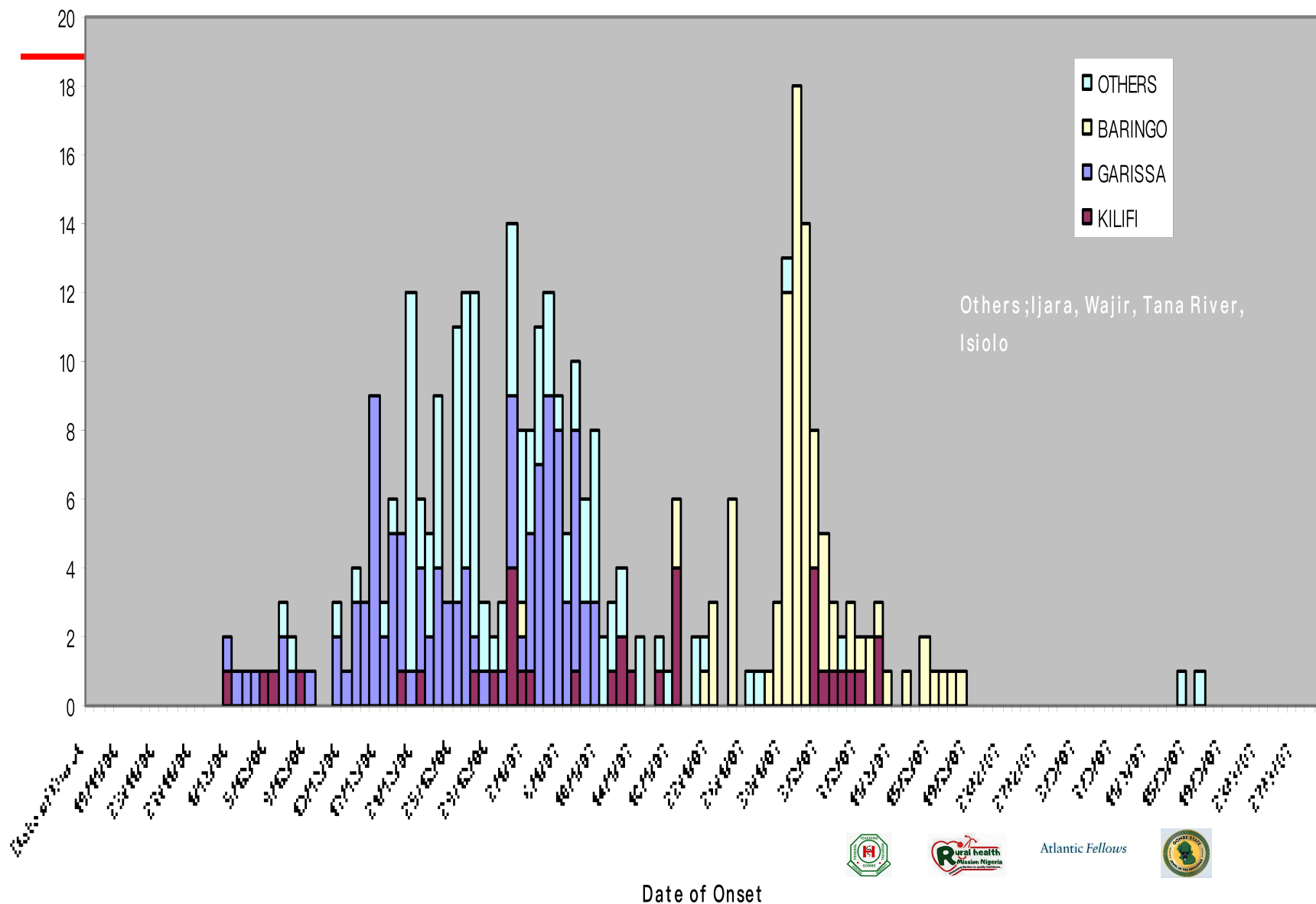
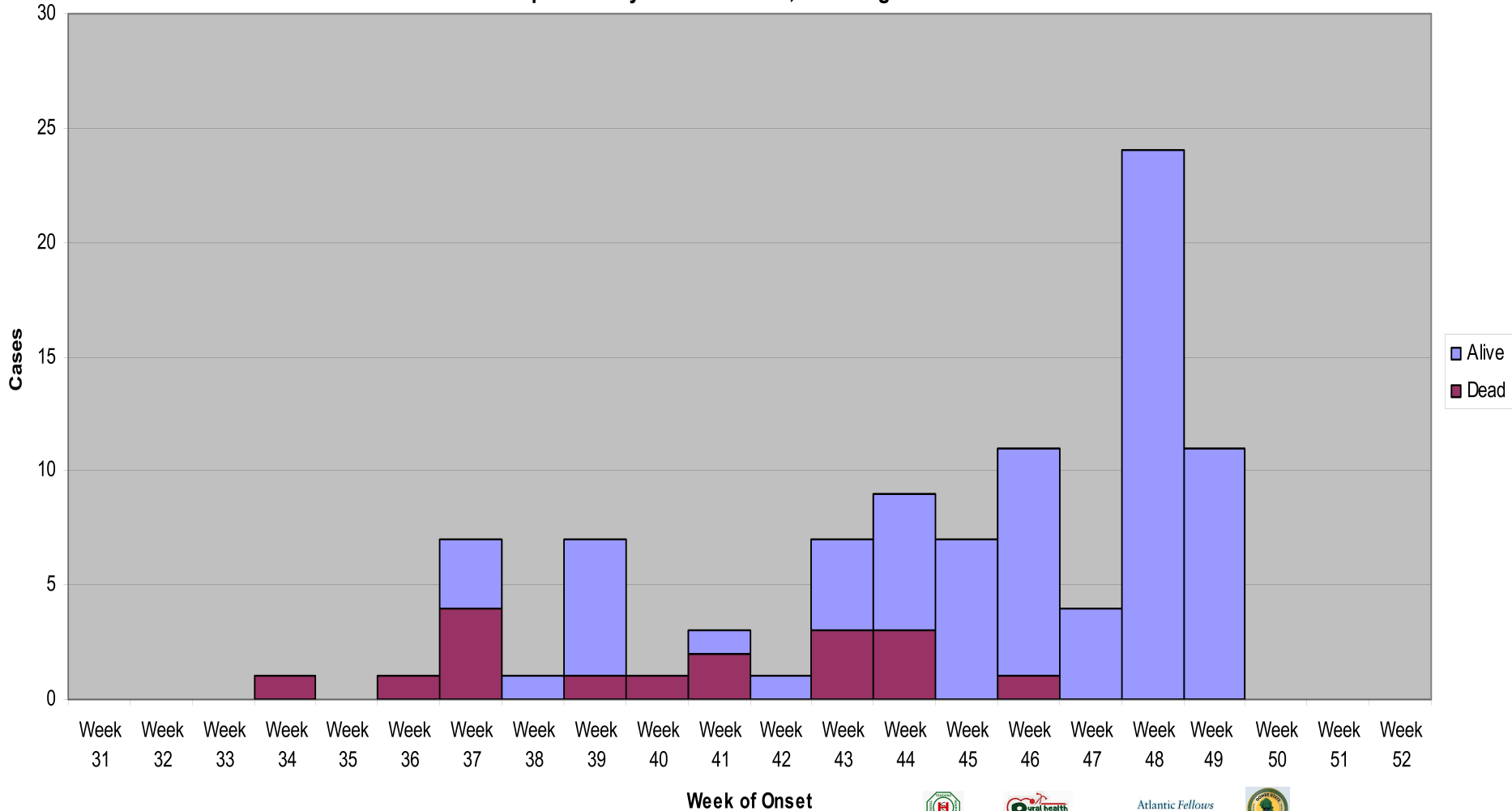


Figure 2a. Rift Valley Fever outbreak showing cases by district of origin, Kenya 2006/7



# Some examples

Epi curve by week of onset , Ebola Uganda 2007



Atlantic Fellows



# Recap

---

Now that you have completed this session you should be able to:

- ◆ Describe the principles of outbreak investigation
- ◆ Describe steps in outbreak investigation
- ◆ Highlight some co-ordination and methodological issues



*Atlantic Fellows*

