

# Module 6

## Disease Control

### CONTENTS

6.1 What are the tools used for data collection? . . . . .	23
6.2 Who is responsible for collecting the data? . . . . .	24
6.3 What data should be collected and how? . . . . .	24
6.4 How and when should the data be reported? . . . . .	25
6.5 How should the data be interpreted and used? . . . . .	25

### ILLUSTRATED GUIDES

> Illustrated Guide to Disease Control Report. . . . .	26
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# Disease Control



## 6.1 WHAT ARE THE TOOLS USED FOR DATA COLLECTION?

This module focuses on data management in Tuberculosis (TB) and Leprosy control programmes. The data collection tools used are shown in the box below. They are classified as follows:

### Primary Tools

Primary data sources are essential to routine monitoring within the HIS and are prerequisite to the calculation of indicators.

No TB or Leprosy treatment registers have been printed for this section in the HIS. These should be requested from the national Ministry of Health (MoH) in each country.

### Secondary Tools

Secondary data sources have important functions within the HIS but are not directly used to calculate indicators. They play vital roles in informing clinical decision-making and promoting service quality and performance. They are described in information boxes in the supporting text.



## > Data collection and monitoring tools

### Disease Control

Primary Tools
1. Tuberculosis treatment register*
2. Leprosy treatment register*
3. Disease Control Report

Secondary Tools
1. Patient record cards
2. Laboratory referral slips

\* The OPD register may also be used as a TB or Leprosy suspect register



## 6.2 WHO IS RESPONSIBLE FOR COLLECTING THE DATA?

The health worker supervising each patient's treatment is responsible for identifying any symptoms or signs that might indicate serious adverse drug effects or concurrent illness, and referring appropriate patients to the clinician. Where possible, patients should be assessed by a doctor weekly for the first month, then every 2 weeks during the second month, and monthly for the duration of their treatment.

At the end of each week, the person in-charge of each control programme should coordinate the completion of the Disease Control report and ensure that each ward has submitted in full and on time. The TB coordinator is responsible for monitoring the upkeep of register entries, and for ensuring the completeness of record entries each day.



## 6.3 WHAT DATA SHOULD BE COLLECTED AND HOW?

The primary source of data collection is the TB and Leprosy registers within each programme. These should be requested from the national control programme within each country. Each patient should be recorded in a new row of the register and entries should be updated in the same row for each visit.

The main purpose of data collection in the HIS is to monitor the number of patients enrolled within the programme for purposes of resource management and advocacy. HIS data alone are not sufficient to monitor TB programme performance. Staff must also use treatment registers to examine the following:

- case-finding;
- early treatment result through smear conversion at month 2 and 3 of treatment;
- cohort analysis for treatment outcome 12 months after registration of TB patients.

An detailed discussion of the methods for monitoring TB programme performance is given in the *Interagency Field Manual for Tuberculosis care and control in refugee and displaced settings*. 2nd Edition. WHO Geneva. 2007.



#### **6.4 HOW AND WHEN SHOULD THE DATA BE REPORTED?**

At the end of each week the TB/Leprosy Registers in each health facility should be used to compile the Disease Control Report.

The dates of the reporting weeks are shown in the Reporting Calendar. It is important that all staff are aware of these dates, and that copies the calendar are distributed to all inpatient wards.

At the end of every quarter, the TB programme coordinator should also prepare three reports in order to monitor the activities and performance of the TB control programme:

- a report on case-finding should be established within the month following the quarter that has finished.
- a report on smear conversion at month 2 or 3 of treatment should be done for the quarter before the quarter for which the report on case-finding has been established.
- a report on cohort analysis should be carried out the same quarter for which the report on case-finding has been recently done, but of the previous year.

The information for these reports should be collected on standardized forms from the TB register.



#### **6.5 HOW SHOULD THE DATA BE INTERPRETED AND USED?**

The HIS does not collect indicators to monitor TB/Leprosy programme performance. A detailed list of indicators and the causes of and possible solutions to poor treatment outcomes within TB programmes are presented in the *Interagency Field Manual for Tuberculosis care and control in refugee and displaced settings*.

> Illustrated Guide to Disease Control Report

**Health Information System**

Reporting Form

**6.0 Disease Control**

Organisation: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Reporting period: \_\_\_\_\_

**A**

**6.1 Tuberculosis Program**

	Refugee		National	
	< 5	≥ 5	< 5	≥ 5
	M	F	M	F
Number of patients under treatment at beginning of period				
Number of new TB cases in program				
Number of discharges				
<i>treatment success</i>				
<i>treatment failure</i>				
<i>death</i>				
<i>default</i>				
<i>transfer out</i>				
Number of patients under treatment at end of period				

**6.2 Leprosy Program**

	Refugee		National	
	< 5	≥ 5	< 5	≥ 5
	M	F	M	F
Number of patients under treatment at beginning of period				
Number of new Leprosy cases in program				
Number of discharges				
<i>treatment success</i>				
<i>treatment failure</i>				
<i>death</i>				
<i>default</i>				
<i>transfer out</i>				
Number of patients under treatment at end of period				

XXXXX XXXXX\_EN\_ddmmyy

**A** **HEADER:**

**Organisation:**

Print name of health partner

**Location:**

Print name of Camp and Reporting Unit

**Reporting period:**

Enter number of week and month (e.g. Week 1 March)

NOTES

The dates of the reporting weeks are shown in the Reporting Calendar. It is important that all staff are aware of these dates, and that copies the calendar are distributed to all antenatal clinics.

The Health Manager is responsible for coordinating the complete and timely submission of all sections contributing to the weekly report.

**B** **DISEASE CONTROL ACTIVITIES:**

Complete Tables 6.1 and 6.2 using information recorded in the disease treatment registers.

NOTES

No TB or Leprosy treatment registers have been printed for the HIS. These should be requested from the national Ministry of Health.