

## SENTINEL SURVEILLANCE FORM

## GENERAL INFORMATION

Date of interview \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewer's name: \_\_\_\_\_

Department/province: \_\_\_\_\_ Municipality/district: \_\_\_\_\_

Health facility: \_\_\_\_\_ Type of facility: \_\_\_\_\_

Facility's hours of operation: \_\_\_\_\_ Days: \_\_\_\_\_ Area: Urban \_\_\_\_\_ Rural \_\_\_\_\_

Sentinel surveillance hours of operation: \_\_\_\_\_ Days: \_\_\_\_\_

COMPONENTS		EVALUATION CRITERIA	RESPONSE			COMMENTS - OBSERVATIONS
			Yes	No	NA	
SENTINEL SURVEILLANCE	Ask	1. Which of the following diseases are monitored in this facility?				For each, record the name and position of the person in charge.
		1.1 Diarrheal diseases caused by rotavirus				
		1.2 Bacterial pneumonias				
		1.3 Bacterial meningitis				
		1.4 Severe acute respiratory infections				
		1.5 Influenza-like illness				
	Ask	2. Which of the following laboratory tests are performed in this facility?				
		2.1 ELISA for rotavirus				
		2.2 Blood culture				
		2.3 Cerebrospinal fluid culture				
		2.4 Immunofluorescence for influenza				
		2.5 RT-PCR				
	Ask	2.6 Other				Specify the test and for which agent.
		3. If the facility does not perform one or more of these tests, do you know where the samples are sent?				
	Ask	4. Has the facility received supervisory visits?				Indicate how often.
	Verify	5. Do you have the written report?				Indicate which components are supervised.
	Verify	6. Do you submit reports with surveillance indicators in accordance with the standards?				Indicate how often.
		6.1 Diarrheal diseases caused by rotavirus				
		6.2 Bacterial pneumonias				
		6.3 Bacterial meningitis				
6.4 Severe acute respiratory infections						
6.5 Influenza-like illness						
Ask	7. Are there difficulties in maintaining surveillance?				Indicate the difficulties.	
	7.1 Diarrheal diseases caused by rotavirus					
	7.2 Bacterial pneumonias					
	7.3 Bacterial meningitis					
	7.4 Severe acute respiratory infections					
	7.5 Influenza-like illness					

Record the sentinel center's surveillance indicators on the other side.

## SENTINEL SURVEILLANCE FORM

SURVEILLANCE INDICATORS						
Events	Last month reported	% Cases with samples collected	N° of samples collected	% positive cases	Feedback on strain characterization	Has a sentinel surveillance situation room
* Rota virus						
* Bacterial meningitis						
** Bacterial pneumonias						
SARI						
ILI						
* Suspected cases    ** Probable cases						

CONCLUSIONS AND RECOMMENDATIONS