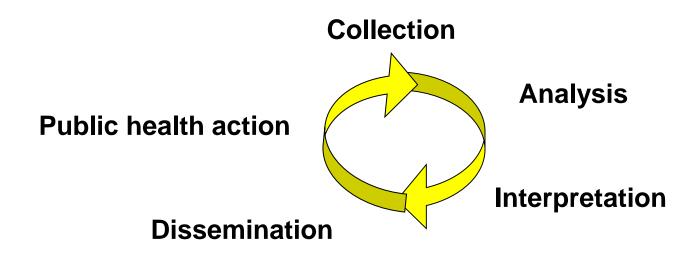
Surveillance for Foodborne Illness in India: A Capacity Review

National Centre for Disease Control

(Directorate General of Health Services, GOI)

What is surveillance?

 The systematic, ongoing, collection, analysis interpretation, and dissemination of data for public health action



Foodborne Illness Surveillance in India

Integrated Disease Surveillance Programme (IDSP)

- decentralized State based surveillance system for epidemic prone diseases to detect the early warning signals
 - Weekly reporting
 - P Form
 - L Form
 - Early warning signals for Outbreaks

Foodborne Illness Surveillance in India

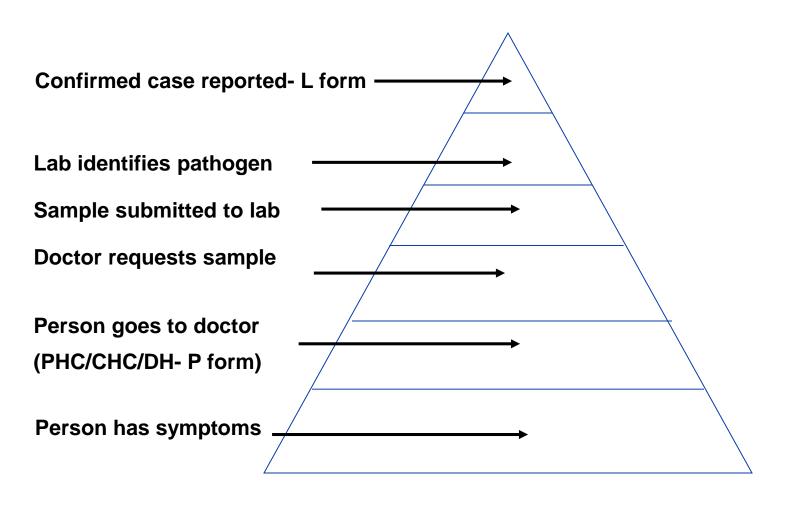
FORM P (Weekly Reporting Format –IDSP)

Name of Reporting Instit	ution:		I.D. No.:			
State:	District:		Block/Tow	n/City:		
Officer-in-Charge	Name:		Signature			
IDSP Reporting Week:-	Start Date:-	End Date:-		Date of Reporting:-		
			1 1			

S.no	Diseases/Syndromes	No. of cases
1	Acute Diarrhoeal Disease (including acute gastroenteritis)	>
2	Bacillary Dysentery	
3	Viral Hepatitis	
4	Enteric Fever	
5	Malaria	
6	Dengue / DHF / DSS	
7	Chikungunya	
8	Acute Encephalitis Syndrome	
9	Meningitis	
10	Measles	
11	Diphtheria	

		<u>FORM L</u> (Weekly Reporting Format – IDSP)							
Na	me of the Laboratory:		l			Institution:			
Sta	ate:	District:	В		Block/1	Block/Town/City:			
Of	ficer-in-Charge:	Name: S		Signatu	Signature:				
ID	IDSP Reporting Week:-			End Date:-			Date of Reporting:-		
	Diseases		No. Samples Tested		d	d No. found Positi		ositiv	e
	Dengue / DHF / DSS								
C	Chikungunya								
J	JE								
N	Meningococcal Meningitis								
1	Typhoid Fever								
[)iphtheria								
	Cholera								
(5	Shigella Dysentery)						
	Viral Hepatitis A								
V	Viral Hepatitis E								
	Leptospirosis								

Pyramid of surveillance



IDSP Syndromic Surveillance

- P Form data
- Outbreak detection:
 - Time from illness onset to signal- low
 - Number of cases needed for signal- high
 - Sensitivity for low-level widespread eventslow

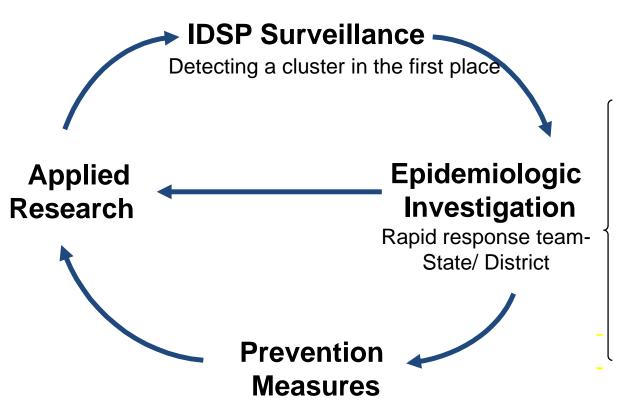
IDSP Lab-confirmation

- L Form data
- IDSP district public health labs: 250 approved for strengthening, 135 strengthened
- IDSP state referral labs: 108 in 23 states

IDSP Lab-confirmation

- Confirmation of etiology
- Yield of IDSP lab confirmed cases low:
 - Diagnostic capacity
 - Stool sample request
 - Stool sample collection
 - Antibiotic course

Cycle of Foodborne Disease Control & Prevention: Stages of an Outbreak Investigation



- Describe illness in time, place, person
- Identify likely etiology,
- food vehicle
- Inform stool and food testing
- Identify likely setting for contamination

Outbreak Investigation

- Coordinated epidemiology lab response required
- In IDSP reporting week 1-12, 2018:
 - 51 events of Foodborne outbreaks detected
 - In 11/51 (21%)* events, stool samples collected
 - Water samples collected in most
- Training potential!

^{*}Indicative figure

Lab based Subtype Surveillance

- Shift in food production and supply chain from local to large distribution network
- Potential for industrial contamination
- Geographically widespread cases
- Need to develop pathogen specific lab surveillance

Linkages with FSSAI

- NCDC/IDSP
 - Generate evidence for public health action and policies
 - Training
- FSSAI
 - Develop food related policies
 - Enforcement
 - Risk assessment and management of production facilities

Shellfish Poisoning Outbreak Cuddalore district, Tamilnadu, 2015

- January 2015, 20 cases, median age 16.5 years, AR=
 100%
- April 2015, 199 cases, median age 23 years, AR=
 95%, OR= 302
- Public Health Actions were:
 - Food safety officials prohibited sale of shellfish during red tide/ algal bloom
 - Some harvesting sites declared unsafe

Next Steps

- Need to increase stool sampling and lab capacity
- Strengthen coordinated epi-lab response
- Data sharing and linkage possibility between NCDC/ IDSP and FSSAI are:
 - Develop guidelines/ SOP's for foodborne illness investigation district level above
 - Coordinate response during foodborne outbreak investigation

Thankyou