

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					
	2.6	Other					Specify the test and for which agent.
	Ask	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