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Early outbreak detection through sentinel surveillance system in Senegal

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In Senegal, since 2012, a sentinel syndromic-based surveillance system was established with the main goal of rapidly identifying outbreaks and issuing alerts. We describe the steps involved in developing a sentinel surveillance system and the well-timed information it provides for improving public health decision-making. The Senegalese sentinel surveillance network is based on data for fever and diarrheal syndromes collected by sentinel general practitioners (SGP). The SGPs were expected to communicate at least once a day encrypted short messages (number of fever cases, rapid test confirmed Malaria, ILI and Dengue-like syndromes or Diarrheal disease) from mobile phone. Standard WHO case definitions are used to ensure comparability. Data are validated by the management team and analyzed daily at the IPD. This data transmission costs 750 FCFA, around US\$1 per month per sentinel center. In 2015, the sentinel surveillance system included 17 health centers and identified four (4) outbreaks confirmed: Two with an increase in ILI indicators (Influenza *AH1N1, H3N2*), one with an increase in RDT-confirmed cases of malaria and one with an increase in diarrhea disease. Of the 181,955 visits to SGPs, 22% were related to fever syndromes. Of these 40,030 fever cases, 32% were related to influenza-like illness, 6% to dengue-like syndrome, 16% to malaria cases confirmed by a specific rapid diagnostic test and 4% to diarrhea. Senegal's sentinel syndromic surveillance system represents the country's first nationwide "real-time" surveillance system. It has proved the feasibility of improving disease surveillance capacity through innovative systems despite resource constraints.

Biography

Aliou Barry holds a Doctorate degree in Medicine. He has obtained a Diploma of specialized studies at the Cheikh Anta Diop University of Dakar, Senegal in 2012. He has received a Master II Scholarship in Tropical Medicine, Public Health and Research account of University agency of the Francophonie which he has completed in 2014. He has worked as a Public Health Doctor In-Charge of coordinating the influenza surveillance within the unity of infectious disease epidemiology at Institute Pastor of Dakar, Senegal. He is currently finalizing a university degree in Epidemiology at the University of Bordeaux, France.

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