The SEP Report, Volume IV, Number 2. Proceedings of the Seminar on Smallpox Eradication and Measles Control in Western and Central Africa. Lagos, Nigeria, May 13-20 1969. Part II.

THE SURVEILLANCE SYSTEM AND METHODS USED TO IMPROVE REPORTING

I. TOGO

L. Prince Agbodjan[1]

The reporting system in Togo has been significantly improved since 1967. In June 1967 notices were sent out to all health units requiring them to report cases by name and to make an epidemiological investigation of each case. These arrangements were consolidated in 1968 by various approaches made to medical officers such as circulars, memoranda, questionnaires for improving reports, and action by the Epidemiology Service.

In addition, the reporting network was extended to include groups outside the health services, including village chiefs, cantonal chiefs, school teachers and head masters, social leaders, rural leaders, rural postal officials, Peace Corps volunteers and members of the clergy.

Each person in charge of a clinic or health centre is required to report to his medical officer as soon as any smallpox cases are detected. Even doubtful or suspected cases must be reported in order that the medical officer may promptly undertake further investigation. The medical officer must report by special telegram to the national health authorities all cases reported to him, and every Monday must send a telegram giving a summary of the cases and deaths that occurred during the week before. If there were no cases during the preceding week, he must still send a telegram to indicate that there were, in fact, no cases.

INVESTIGATIONS AND RESULTS

In 1968, 784 smallpox cases were recorded, as against 332 in 1967, an increase of 136%. During this same period the world total of cases actually dropped by about 40%. Such a high figure had never been recorded before in the history of Togo; the highest figures previously recorded were 617 in 1945 and 571 in 1962. We do not think, however, that there really were more cases in Togo in 1968 than in any previous year. The reason is to be sought, rather, in the intensified scale of surveillance activities in 1968 and the consequent detection of an increased proportion of cases.

Since total vaccination of the entire population cannot be done rapidly, we adopted, in addition to the vaccination campaign, another approach - that of containment of cases so as to prevent transmission. But to contain cases one must know about them, know where they are and where they come from, and this means one has to look for them, and investigate the source of infection of all cases reported or subsequently discovered. An entirely new system of case finding and case notification had to be developed. This may be described briefly as follows.

1. I have already mentioned the measures taken to assure more complete reporting from the health units. Additionally, although the work of health unit personnel had usually been confined to the centre itself, they were now required to undertake special investigations of cases seen to determine if there were additional cases in the area and to trace their source. The clinic nurses were required to complete a special inquiry form and nominal case list and to take control measures including isolation of patients and vaccination of possible contacts.

---

[1] Directeur du Service des Grandes Endemies, Togo

Final steps in the investigation were completed by the medical officers and the Epidemiology Service. Thus the investigation of six cases reported at Todome (near Anecho) resulted in the discovery of 28 other cases while an investigation that was extended to neighbouring farms in connection with an outbreak of 11 cases at Atidje led to the discovery of 13 other cases at Akepedo.

2. Since the health units' coverage of the country is not sufficiently extensive for them to detect all cases, we extended the case-finding network as I have mentioned, to include the public services and other persons outside the health services. Thus the Kanyipedji outbreak with 19 cases and eight deaths, was reported to us by a Meterology Service official and confirmed at the same time by a schoolmaster in whose school two brothers had died during the same week. An epidemic of 16 cases with four deaths in Lome district was reported by one of the citizens of the community, also the Singbohoue (Anecho) epidemic, with 34 cases, and a focus in Zsevie district by a Peace Corps volunteer; and an outbreak in Lome district by a missionary.

3. A supplementary method of surveillance was to look for signs of the presence of smallpox, in any area through which we passed. In the south of Togo it is a superstitious practice to place a palm branch on two sticks driven into the ground over any path leading to a village or farm so as to bar the way against a scourge, particularly smallpox, which is raging nearby. Following this sign invariably led to the discovery of smallpox foci.

4. Starting in September, when smallpox cases were confined to the coastal area, we organized, with the help of the National Malaria Service, vaccination and case finding teams consisting of officials on bicycles whose task it was to comb the areas of high endemicity; officials of the Anecho and Zagbligbo health subdivisions did the same in their respective areas. Needless to say, case-finding activities on this scale had never been carried out in the past. This operation detected 80 of the 84 smallpox cases notified in December contrasted to only 4 cases which were reported by the health units, formerly our only information source.

In conclusion, we have found our surveillance system to be most satisfactory. Of the 784 cases recorded during 1968, 609 (78%) were uncovered by special investigations. The programme has alerted the public to the need to report cases, and has made it possible to contain rapidly foci of infection and so hasten the day for ultimate victory.