



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Objectives of Surveillance

Vaccine Preventable Diseases (VPDs) – Diphtheria, Pertussis, Tetanus, Haemophilus influenzae b (invasive), Meningococcal disease (invasive), Pneumococcal disease (invasive), measles, mumps, and rubella

OBJECTIVES:

Overall: To reduce morbidity and mortality from vaccine preventable diseases

1. To monitor epidemiologic trends across person, place and time for vaccine preventable diseases in support of risk analysis, assessment and response; to assess/ describe residual burden of disease, geographic distribution, and natural history of VPDs; to participate in national and global surveillance of these diseases; to identify emerging trends (outbreaks/ epidemics, niche replacement, case fatality rates, emerging serotypes and risk groups, changes in health/ risk practices)
2. To contribute to monitoring and control in support of disease elimination/ eradication targets (polio, measles, rubella, childhood Hib, tetanus, diphtheria)
3. To implement disease control guidelines
4. To evaluate effectiveness of immunization and VPD control programs
5. To plan expansion or introduction of future immunization programs
6. To provide timely clinical care including diagnosis and treatment using current, evidence-based guidelines

Invasive Group A Streptococcal Disease (iGAS)

OBJECTIVES:

Overall: To reduce the morbidity and mortality associated with invasive group A streptococcal disease.

1. To monitor epidemiologic trends across person, place and time in support of risk analysis, assessment and response; to assess/ describe burden of disease and its geographic distribution; to participate in national and global surveillance of iGAS; to identify emerging trends (outbreaks/ epidemics, case fatality rates, emerging serotypes and risk groups, changes in health/ risk practices)
2. To implement disease control guidelines
3. To evaluate effectiveness of the disease control program
4. To inform the introduction of future immunization programs against iGAS
5. To provide timely clinical care including diagnosis and treatment using current, evidence-based guidelines

Rabies exposures

1. To understand the occurrence and distribution of potential rabies exposures in order to inform risk assessment and risk management, guideline development, vaccine procurement planning and provide advice to health authorities.
2. To understand and document the circumstances of the exposure and clinical factors relevant to managing a rabies risk exposure requiring RPEP.

3. To characterize trends and burden in BC in order to plan, implement and evaluate public health programs.

Enteric diseases-including Salmonellosis, Vibrio infections, Cholera, Listeriosis, Seafood-related illness, Shigatoxingenic E. coli infections, Botulism, Shigellosis, Typhoid and Paratyphoid fever

1. Identify potential sources or high-risk exposures in order to prevent or control the risk of disease transmission. (all)
2. To evaluate the effectiveness of public health management. (all)
3. Characterize trends and burden of disease in BC in order to plan, implement and evaluate public health programs. (all)
4. Identify high-risk workers/settings for appropriate exclusions. (Salmonellosis, Cholera, Shigatoxingenic E. coli infections, Shigellosis, Typhoid and Paratyphoid fever)
5. Educate cases and contacts in order to prevent secondary transmission. (Salmonellosis, Cholera, Shigatoxingenic E. coli infections, Shigellosis, Typhoid and Paratyphoid fever)

The objectives of the acute HBV and HCV CRFs are to:

1. Support case management of acute HBV/HCV infections by providing a standardized tool for conducting follow-up and trigger referrals to relevant services and provision of education. Linkage to care and services can prevent ongoing transmission and acquisition of other infections.
2. Identify potential point sources for HBV/HCV infections for public health interventions, and
3. Characterize and trend the burden of acute HBV/HCV infections in BC. Risk factors and other case characteristics collected through these CRFs complement laboratory data, permitting the monitoring of trends among different exposure categories, such as injection drug use and potential sexual transmission of HCV.

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