

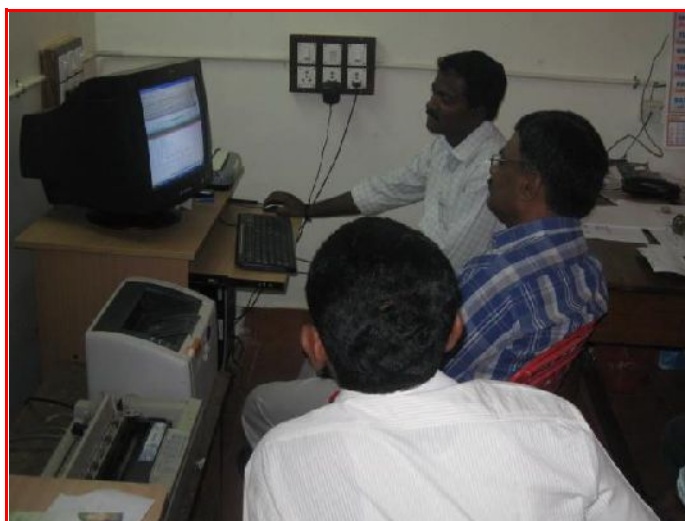
REAL TIME BIOSURVEILLANCE PROGRAM – A PILOT PROJECT

FIELD VISIT REPORT – SIVAGANGA DISTRICT, TAMIL NADU, INDIA

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SAHANA COMMON ALERTING PROTOCOL (CAP) MESSAGING/ALERTING EXERCISE



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1. Introduction

Real Time Biosurveillance Program (RTBP) is in the piloting phase in Thiruppathur block of Sivaganga district, Tamil Nadu, India, since June 2008. In continuation of our previous field visits and as per the need of the project, a 5 day field visits were planned. The field visit was between 5th and 9th of April 2010. In the five day field visit program, the health officials and health workers belonging to DDHS, PHC and HSC took active participation in the interview as well as the training cum exercises (The details of the participants are given in the annexure I). This visit aimed to equip them on the usage of new T-Cube Web Interface (TCWI) and practical application of Sahana messaging/alerting module. In order to have fruitful field visit, a detailed program schedule was prepared well in advance and the necessary technical and field arrangements were made accordingly.

The field visits were made to the following places:

- Deputy Director of Health Services (DDHS), Sivaganga district (5th & 8th April, 2010)
- Primary Health Centre (PHC), Thirukostiyur (6th & 9th April, 2010)
- Primary Health Centre (PHC), Sevenipatty (7th April, 2010)
- Primary Health Centre (PHC), Keelasevalpatty (7th April, 2010)

The field visits to each of the places focused on:

- Baseline survey on Common Alerting Protocol (CAP) alerting/situational awareness
- Training on New T-Cube Web Interface (TCWI)
- Training on Sahana CAP Messaging/Alerting Module
- Exercise on Sahana CAP Message Issuer Assessment
- Exercise on Sahana CAP Message Comprehension Assessment

2. Baseline survey on CAP alerting/situational awareness

A baseline survey on CAP alerting/situational awareness was conducted among the six health officials/workers (DD -1, MO-2, SHN – 3) using the structured questionnaire (Attached as annexure II). This was done on one to one basis to understand the present alerting notification procedures being followed in their respective place. The outcome of the survey would be used as a guide for assessing the standard operating procedures and policy requirement for introducing CAP alerts and/or situational awareness messages through Sahana message alerting module to health workers and health officials. In this survey, the interviewees were asked to give the results for each of the following contents.



- Name of the notification
- Department/Institution issuing
- Decision maker designation
- Message creator designation
- Message issuer designation
- Recipient designation
- Delivery and forwarding method

- Message content structure
- Actions taken

3. Training on New T-Cube Web Interface (TCWI)



Based on the suggestions and comments given by the health officials/workers in the previous training programs that were organized on 1st October 2009 and subsequently on 18th December, 2009, new TCWI was developed. About 10 health officials (DDHS staff - 5, MO - 1 and SHNs - 4) were trained on how to use this tool for detecting the disease outbreak status in the locality of interest. After loading the current data file on TCWI, following content were explained:

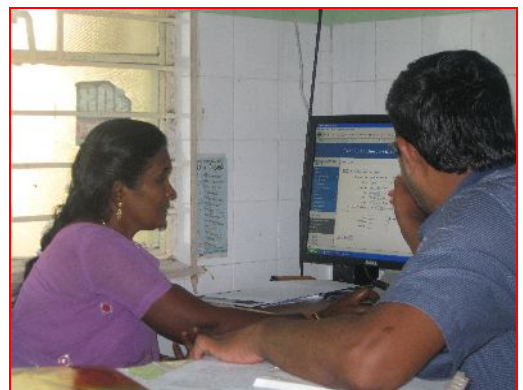
- Time Series Analysis (Escalating fever diseases - Escalating PS_list diseases - Low Priority diseases)
- Drill Down on Query
- Temporal Scan
- Maps - Attribute Selection Panel- Run Spatial Scan
- Pivot Tables

The above feature will help us to identify the instances of the diseases that have been statistically recorded as unusual activity recently. The unusual event could be sent to the recipients using Sahana messaging/alerting module on the mobile phone or email. The participants felt that TCWI is now more user-friendly and the speed is also quicker than the previous version. It was observed that they could easily learn about the new TCWI as they were already familiar with this in the training programmes organized earlier. They also gave valuable feedback/comments which have been listed out in the way-forward section.

4. Training on Sahana CAP Messaging/Alerting module

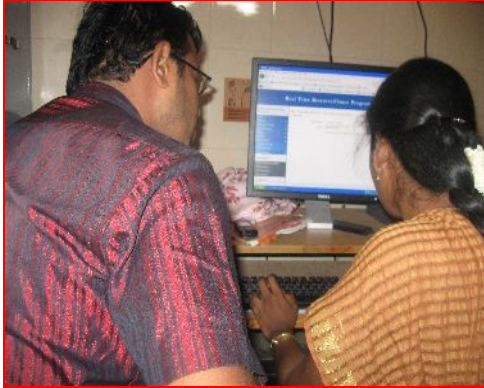
Following the TCWI training, Sahana CAP message module was demonstrated on how to send the alert messages generated from TCWI. It was mentioned that the message module that is available on the RTBP website can be used for sending SMS, email alerts to their colleagues when they wanted to notify and give alerts information. The content adopted in the demonstration of CAP messaging/alerting module is as follows:

- Home page - messages, manage groups, CAP (New Alerts and View Alerts)
- Contacts – add contact, contact list and add group
- Message Template- create a message
- Quick messages – send messages and view received messages
- Reports – send messages and received messages
- Disease alerts – create new alert and view sent alerts



- Alert Templates – Add new template and edit template

5. Exercise on Sahana CAP Message Issuer Assessment



After training, the CAP message issuer assessment exercise was conducted among the 10 health officials/ health workers to assess the usability of the CAP Sahana Messaging/Alerting Module for issuing alerts/situational-awareness. The questionnaire that was used in this exercise consisted of three parts which are as follows (The detailed questionnaire is attached as annexure III):

- Part (A) Identifying the scope of the alert
- Part (B) Use Sahana message/alert module to issue CAP messages
- Part (C) Knowledge on message creation and dissemination.

Part (A) was conducted with the purpose of prior to using the technology to issue the CAP messages, the user should prove competency of interpreting the event, objectives, content, recipients, and delivery channels. Keeping this in view, the participants were asked to generate the alert information on disease name, location, age groups, gender and case counts using TCWI for creating and issuing CAP messages. Then, designations of the personnel receiving the CAP message were listed out.

Part (B) was done with the purpose of having to interpret correctly the event and message requirements, how long did it take for the issuer to complete the creation of the CAP message? When the participants were creating and issuing the message using the Sahana Messaging/Alerting Module, the following measurement were noted down. Recipients and delivery method for each scenario were also marked.

- Alert name
- Start Time
- End Time
- Duration

Part (C) is to determine whether the user has a general understanding of the standard operating procedures for issuing an alert, such as the prerequisites of obtaining authorization to relay the message and the necessary and sufficient attributes that must be populated. To assess the general knowledge of the health officials and health workers, the following two important questions will also be raised in the ongoing exercises.

- What should you do before issuing a message when you come to know of a disease outbreak?
- The important attributes that should be changed when using a template before issuing a message

6. Exercise on Sahana CAP Message Comprehension Assessment

This exercise was conducted among the selective Village Health Nurses (VHNs) to measure the message comprehension and recipient perception of the message. To assess the message scope, messages were delivered via SMS.

Following alert message generated from TCWI was delivered to the health workers on their mobile phone:

iEscalating ADD in Thirukostiyur HSC for Thirukostiyur – msg: Actual – 1270528989 sent 2010-04-06 10:04:44 is a exercise alert. More information <http://rs.rtbi-iitm.in/RTBPweb/alerts/recent.xml> DDHS@gmail.com



After sending the message, the VHNs were given with Tamil translated questionnaire (Attached as annexure IV) to answer the questions. They were also given clear instructions to follow the rules strictly during the exercise and were asked to finish the exercise in the allotted time based on the messages they have received.

This exercise contained two parts: A) Message comprehension and B) message validity and perception. Part A is to determine whether the health workers have been able to decipher the received message and Part B) is for researchers to determine whether the message they received is effective. Depending on their role, they were issued messages to answer the questions.

The data collected from the exercises on CAP Message Issuer Assessment and CAP Message Comprehension Assessment is subject to analysis.

7. RTBP staff meeting

Based on the field visits and exercises undertaken in the field, the following points related to CAP messaging/alerting were discussed:

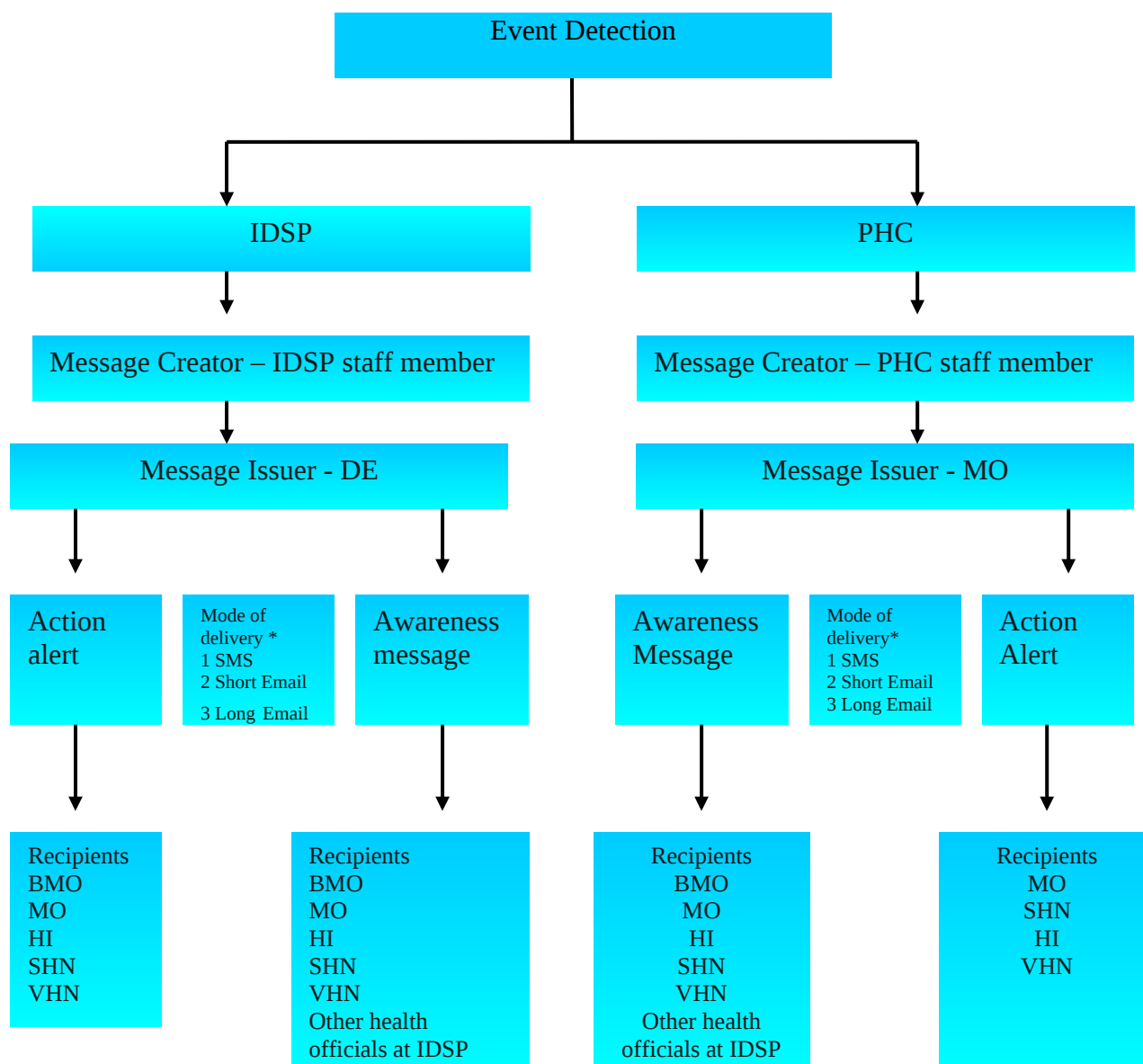
Sl. No.	Category	Type of Alert	
		Outbreak Alert	Awareness Alert
i)	Action	This is action oriented alert message in the affected area	Step 1: DDHS will give alerts to all the officials and health workers concerned Step 2: MO will issue alerts to all the VHNs in the concerned HSCs
ii)	Recipients	BMO, MO, SHN, HI & VHN	BMO, MO, SHN, HI, VHN and other health officials at DDHS
iii)	Reporting mechanism	Preventive measures will be initiated and the action taken report will be submitted to the respective higher officials	Generally notify all the officials and health workers concerned
iv)	Decision making	DD and DE will take decision based on the outcome from TCWI	DDHS for awareness; MO for actions, if message to local for awareness

v)	Delivery method	SMS, Email, Web	SMS, Email, Web
vi)	Content of the message	Affected location, disease name, number of cases, date of onset, age, gender	Affected location, disease name, number of cases, date of onset, age, gender

Example for outbreak alert and awareness alert

The people who have attended the temple festival may return to their respective villages with Acute Diarrheal Disease (ADD) but they will be getting treatment from neighboring PHC or HSC. The DDHS will detect the cases in several locations and issue alerts to all affected areas as well as issue awareness alert to neighboring DDHS.

8. Flow chart on Event Detection



***Content & Structure of the Alert**

SMS and Short Email

1. Diagnosis/suspected diagnosis
2. Disease priority
3. No. of cases
4. Age
5. Sex
6. Onset of Disease
7. Reported location

Long Email

1. Diagnosis/suspected diagnosis
2. Disease priority
3. No. of cases
4. Age
5. Sex
6. Onset of disease
7. Reported location
8. Actions to be taken
9. Attachment files
E.g. Prevention guidelines for specific diseases
10. Web reference
11. Effective and Expiry dates
12. Contact details

9. Outcome

- Data on present alerting procedures were collected from six health officials/workers
- 10 health officials/workers were trained in TCWI and Sahana messaging/alerting module
- CAP message issuer assessment and CAP message comprehension assessment exercises were conducted from 10 health officials/workers
- Useful feed back (indicated in the way forward) on TCWI have been collected
- Janakiraman was trained in conducting this exercise with the purpose of replicating the same exercise for the remaining health officials/workers.

10. Challenges faced

- Poor Internet connectivity particularly in the PHCs
- Frequent electricity failure
- Lack of basic knowledge in statistics
- Slow in computer operation
- Lack of time availability as they have already been involved in their routine works

11. Way forward

- The new TCWI training and Sahana CAP messaging/alerting exercises need to be conducted for the remaining health officials and health workers
- TCWI has to be updated with current data automatically on daily basis
- User name and password account for TCWI and Sahana need to be created for the respective PHC and DDHS
- The present massive screening appeared on TCWI need to be changed as i) Escalating Fever Diseases, ii) Notifiable diseases, iii) Other communicable diseases and iv) Non communicable diseases
- List of PHC/HSC locations in TCWI need to be checked

- After completing the exercises, the data will be analysed and prepared a detailed process documentation report
- In about 6 – 7 weeks later Sahana CAP messaging/alerting exercise will again be conducted in the field to see the improvement. Until then, Janakiraman and team have to follow up with the health officials and health workers on the usage of TCWI and Sahana CAP messaging/alerting tool

Annexure I Day wise list of participants and topics

Date	Name and Designation	Topics	Venue
Day ONE (5 th April, 2010 – Full day)	1.Dr.N.Raghupathy, DD, DDHS 2. Ramesh, DE, IDSP 3. Raghavendran, DHE, DDHS 4. Ravi, DEO, IDSP 5. Mahalakshmi, DEO, IDSP 6. Kaliyammal, SHN, Thirukostiyur 7. Amudha, SHN, Nerkuppai 8. Jayalakshmi, SHN, Keelasevalpatty 9. Renuka Devi, SHN, Sevenipatty	Training on new TCWI, Conduct present alerting procedures, Train and conduct alerting evaluation exercise	IDSP Unit of DDHS
Day TWO (6 th April, 2010 – Full day)	1. Dr. Rajkumar, MO, Thirukostiyur 2. Kaliyammal, SHN, Thirukostiyur 3. Sagajerod raj, HI, Thirukostiyur 4. Natchiar, VHN, Thiruppathur III Unit 5. Dhanalakshmi, VHN, Thirukostiyur 6. Nagarethinam, VHN, Thiruppathur II Unit, 7. Karuppayee, VHN, Kolinjipatty 8. Chitrajayashree, VHN, Thiruppathur I Unit	Training on new TCWI, Conduct present alerting procedures, Train and conduct alerting evaluation exercise	Thirukostiyur PHC
Day THREE (7 th April, 2010 – Forenoon)	1.Dr. Sudha, MO, Sevenipatty 2.Palaniyayee, VHN, Athirampatty 3.Selvamani, VHN, Sevoor 4.Shanthi, VHN, Thuvar 5.Vijayalakshmi, VHN, Kandavarayanpatty 6.Renukadevi, SHN, Sevenipatty 7.Alagappan,HI, Sevenipatty	Training on new TCWI, Conduct present alerting procedures, Train and conduct alerting evaluation exercise	Sevenipatty PHC
(7 th April, 2010 – Afternoon)	1.Dr. Kalaiselvi, MO, Keelasevalpatty 2.Jayalakshmi, SHN, Keelasevalpatty 3.Muthunarayanan, HI, Keelasevalpatty 4.Sivagamu, VHN, Viramathy 5.Thayabharathy, VHN, Shenbegampettai 6.Venkateswari, VHN, Sirukoodalpatty 7.Vijaya, VHN, Nedumaram 8.Selvi, VHN, Karuppur	CAP message comprehension assessment	Keelasevalpatty
Day FOUR (8 th April, 2010- Full day)	1.Ravi, DEO, IDSP	Repeat Training on new TCWI, Conduct present alerting procedures, Train and conduct alerting evaluation	IDSP unit of DDHS

		exercise	
Day FIVE (9 th April, 2010 - Forenoon only)	1.Kaliyammal, SHN, Thirukostiyur	Repeat training on TCWI	Thirukostiyur PHC

Annexure II CAP Alerting/Situational-Awareness Procedural/Policy Interview Guide

1.0 Filing information:	Today's Date:		Location	
Your Name :			Affiliation:	

2.0 Interviewee Personal Information:

		Designation:	
Full Name :		Employee ID:	
		Affiliation:	

3.0 Message composition and delivery:

	<i>Notification I</i>	<i>Notification II</i>
3.1) Name:		
3.2) Purpose:		
3.3) Dept/Inst(s) Issuing:		
3.4) Decision-maker designation(s):		
3.5) Message creator designation(s):		
3.6) Message issuer designation(s):		
3.7) Recipient designations(s) and number (range) for each designation:		
3.8) Delivery and forwarding method(s):		

3.9) Content structure:		
3.10) Action(s) taken:		

Annexure III CAP Alerting/Situational-Awareness Issuer Assessment

1.0 Filled by Observer/Researcher:		Your Name:	
Date:		Location of assessment:	

2.0 Filled by Participating User (optional):		Designation:	
Full Name :		Employee ID:	
Training Time:	Day(s) (e.g ½ day)	Affiliation:	

3.0 Message composition and delivery exercise:

Table 1: Scenarios for generating TCWI outputs for creating and issuing CAP messages

Scenario	Give brief details of alerts to be issued (disease name, location/health-facility, age groups, genders effected, and counts)	List the designations/names of all personnel/institutions receiving the CAP message
A) Execute TCWI <i>Time Series</i> analysis to determine one of the most significant “High Priority” (IN - S/P list or LK - Notifiable list) events. Complete cells (a),(b)	(a)	(b)
B) Execute TCWI <i>Time Series</i> analysis to determine one of	(c)	(d)

the most significant Fever like disease /syndrome events. Complete cells (c),(d)		
C) Execute TCWI <i>Pivot Table</i> to find the top 5 diseases for the current week to issue a weekly reports. Complete cells (e),(f)	(e)	(f)
D) ___cases of____ _____ _____ have been reported in Area(s):_____ _____ _____ Onset:_____ Complete cells (g),(h)	(g)	(h)

RTBP use only	Part A Score:	
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Table 2: To be filled by Researcher/Observer

Scenario A)		Recipients and delivery method (SMS, Email, Web):
Alert Name:		
Start-Time:		
End-Time:		
Duration:		
Scenario B)		Recipients and delivery method (SMS, Email, Web):
Alert Name:		
Start-Time:		
End-Time:		
Duration:		
Scenario C)		Recipients and delivery method (SMS, Email, Web):

Alert Name:		
Start-Time:		
End-Time:		
Duration:		
Scenario D)	Recipients and delivery method (SMS, Email, Web):	
Alert Name:		
Start-Time:		
End-Time:		
Duration:		

RTBP use only	Part B Score:	
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Part C – Knowledge on message creation and dissemination

This section is intended for assessing the general knowledge on the standard operating procedures.

- Check () Yes or No, indicating whether answer applies to the question.

1) What should you do before issuing a message when you come to know of a disease outbreak?

	Yes	No
(a) Confirm the cases (event) with the Epidemiologist	<input type="radio"/>	<input type="radio"/>
(b) Travel to the location to investigate the case(s)	<input type="radio"/>	<input type="radio"/>
(c) Immediately issue an alert to all health officials and health worker in the District	<input type="radio"/>	<input type="radio"/>
(d) Ignore and wait for your superior of someone else to instruct you	<input type="radio"/>	<input type="radio"/>

2) The important attributes that should be changed when using a template before issuing a message

	Yes	No		Yes	No		Yes	No
Category	<input type="radio"/>	<input type="radio"/>	Event	<input type="radio"/>	<input type="radio"/>	Area Description	<input type="radio"/>	<input type="radio"/>
Priority	<input type="radio"/>	<input type="radio"/>	Description	<input type="radio"/>	<input type="radio"/>	Effective	<input type="radio"/>	<input type="radio"/>
Message ID	<input type="radio"/>	<input type="radio"/>	Scope	<input type="radio"/>	<input type="radio"/>	Expire	<input type="radio"/>	<input type="radio"/>
Status	<input type="radio"/>	<input type="radio"/>	Headline	<input type="radio"/>	<input type="radio"/>	Sender Name	<input type="radio"/>	<input type="radio"/>

RTBP use only	Part C Score	
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User ranking

Score range	Rank
Above 90	Certified Trainer

Between 70 and 90	Certified User
Less than 70	Unqualified

Annexure IV CAP Alerting/Situational-Awareness Message Comprehension Assessment

**nghj tpopg;Gs;s tiuKiw (Common Alerting Protocol)
 tpopg;Gs;s/#o;epiyf;Nfw;w tpopg;Gzh;T_ Alerting/Situational-Awareness)
 jfty; Ghpe;J nfhs;Sk; jpwik kjpg;gPL (Message Comprehension Assessment)
 epfo;Neu caph; fz;fhzpg;Gj; jpl;lk; (Real Time Biosurveillance Program)**

,e;j gbtck; epfo;Neu caph; fz;fhzpg;G jpl;l;jpw;fhf (RTBP) jahhpf;fg;gl;lJ. Rfhjhu gzpahsh; kw;Wk; Rfhjhu mYtyh;fs; nghj tpopg;Gs;s tiuKiw (CAD) %yk; fpilf;fg;ngw;w jfty; (Message) Ghpe;J nfhs;Sk; jpwikia kjpg;gPL nra;a ,e;j gbtck; cUthf;fg;gl;Ls;sJ. ,e;j kjpg;gPl;by; Nrfhpf;fg;gLk; juTfs; (Data) RTBP - jpl;l;jpw;fhf kl;Lk; gad;gLj;jg;gLk;. ,j;jpl;l;jpd; KjD;ik Ma;thsh;fs; (Principal Investigators) ftdj;jpw;F cl;glhky; NtW ahUf;Fk; gfph;e;J mspf;ff; \$lhj.

,e;j kjpg;gPl;by; gq;FngWgth;fSf;F VNjDk; re;Njfk; vOe;jhy; Nfl;Lj; njhpe;J nfhs;syhk;. gq;Nfw;gth;fs; vf;fhuzj;ijf; nfhz;Lk; gjpy; ngWtjw;F cjtpia ehlf;\$lhj. mNjNghy; kjpg;gPL nra;gtUk; gjpy; juf;\$lhj.

gq;Nfw;ghsh;fs; jq;fSila nrhe;j tptuq;fis Fwpg;gpl tpUk;gtpy;iynadpy;> ngah; Fwpg;gpltpy;iy (Anonymous) vd;W vOjPj; jq;fspd; gjtpapd; ngah; kl;Lk; (Designation only) vOjTk;.

1.0 gq;Nfw;ghsh; epug;g Ntz;bait (tpUk;gpdhy; kl;Lk;)	gjtpapd; ngah; :	
KOg;ngah; :	milahs vz; :	
gapw;rp Neuk; : ehI;(fs;) (c..k; ½ ehs;)	njhlh;Gila mYtyfk;:	

tpjpKiwfs;

- ,e;j nray;Kiw ,uz;L gFjpfshf gphpf;fg;gl;Ls;sJ. gFjp (m) jfty; (Message) Ghpe;J nfhs;Sk; jpwik gFjp (M) jfty; (Message) ghh;j;jk; mwpe;J nfhs;sf;\$ba Mw;wy;. gFjp (m) vd;gj jq;fSf;F te;j jfty; cq;fshy; Ghpe;J nfhs;s Kbfpwjh vd mwpa gad;gLk; gFjp (M) vd;gj cq;fSf;F mDg;gpa jfty; gaDs;s tifapy; mike;jjh vd mwpa gad;gLk;.
- cq;fs; gzpapd; mbg;gilapy; ,uz;bypUe;J ehd;F jfty; mDg;gp Nfs;tpfs; Nfl;fg;gLk;. cjhuzj;jpw;f;F ePq;fs; %d;W v];.vk;.v]; (SMS) fpilf;fg;ngw;why; jfty; 1 - 3 (Message 1 – 3) tiu cs;s Nfs;tpfSf;F cq;fSf;F te;j v];.vk;.v]; tpopg;Gs;s (SMS Alert) gad;gLj;jp gjpy; ju Ntz;Lk;.

- fPNo nfhLf;fg;gl;Ls;s vy;yh Nfs;tpfSf;Fk; cq;fSf;F te;j v];.vk;.v]; tpopg;Gs;s (SMS Alert) gad;gLj;jp gjpy; ju Ntz;Lk;.
- xU jftYf;Fk; 15 - epkplj;jpw;F Nky; vLj;Jf; nfhs;sf; \$lhj. Mifahy; jq;fSf;F ehd;F jfty; (Four SMS) te;jhy;> vy;yh Nfs;tpfSf;Fk; gjpy; ju xU kzp Neuk; vLj;Jf; nfhs;syhk;. ,ijj; jtpu gapw;rpia elj;Jgth; jq;fSf;F ,e;j kjpg;gPl;ilg; gw;wp tphpthf vLj;Jf; \$w 15 epkplq;fs; \$Ljyhf vLj;Jf; nfhs;syhk;.
- Njitg;gl;lhy; Nfs;tpfs; rk;ge;jkhf cjtpfs; ngwyhk;. Mdhy; vf;fhuzj;ijf; nfhz;Lk; gjpy; ngw Kaw;rpf;f \$lhj.

jfty; - 1 (Message – 1)

1.1 cq;fSf;F jfty; (Message) ve;j tpjj;jpy; te;jj?

- v];.Vk;.v]; (SMS)
 , - nkapy; (E mail)
 ,izak; (Web)
 kw;wit (Others) Fwpg;gpLf _____

gFjp – m - jfty; (Message) Ghpe;J nfhs;Sk; jpwik

1.2 cq;fSf;F te;j jfty; (Message) ve;j ,lj;jpw;F (Location) chpaJ?

1.3 Neha;; jpBh; epfo;T (Disease Outbreak) ngah; vd;d?

1.4 jfty; (Message) mDg;gpaJ ahh;?

1.5 jfty; milahsk; (Message identifier)

1.6 jftypd; KjD;ikj;Jtj;ijf; (Message Priority) \$Wf.

- mtruk; (Urgent)
 mjpfk; (High)
 FiwT (Low)

1.7 cq;fSf;F te;j jftypd; mbg;gilapy; vd;d eltbf;if vLf;fyhk; vd vjph;ghh;f;fpwPh;fs;?

1.8 cq;fSf;F te;j jfty; njspthf ,y;iynadpy; NtW ve;j Kiwapy; mjpf tpguq;fisg; ngWtPh;fs;?

gFjp – M - jfty; ghj;jjk; mwpe;J nfhs;sf; \$ba Mw;wy;

1.9 ,e;j jfty; vt;tifapy; MjhuKs;sit vd njhpe;J nfhs;tPh;fs;.

1.10 ,e;j jftypy; re;Njfk; vOe;jhy; vt;tifapy; cj;jputhjk; (Authenticate) ngw;Wf; nfhs;tPh;fs;?

1.11 ,e;j jftiy gw;wp RUf;fkhf \$Wf

1.12 gbg;gjw;F Vw;wthWk; cj;jputhjk; cs;sitahfTk; Ghpe;Jnfhs;Sk;gbahfTk; kw;Wk; gjpy; nfhLf;Fk;gbahfTk; jfty; mika Ntz;Lk; vd;why; jfty; tbtikg;G (Message layout) vt;thW ,Uf;f Ntz;Lk;?

1.13 cq;fSf;F NtW vt;thW jfty; mDg;g Ntz;Lk; vd tpUg;gg;gLfpwPh;fs;?

NtW Vjhtj fUj;J \$w tpUk;gpdhy; ,q;Nf vOjTk;.

jfty; - 2 (Message – 2)

2.1 cq;fSf;F jfty; (Message) ve;j tpjj;jpy; te;jj?

- v];.Vk;.v]; (SMS)
- , - nkapy; (E mail)
- ,izak; (Web)
- kw;wit (Others) Fwpg;gpLf _____

gFjp – m - jfty; (Message) Ghpe;J nfhs;Sk; jpwik

2.2 cq;fSf;F te;j jfty; (Message) ve;j ,lj;jpw;F (Location) chpaJ?

2.3 Neha;; jpBh; epfo;T (Disease Outbreak) ngah; vd;d?

2.4 jfty; (Message) mDg;gpaJ ahh;?

2.5 jfty; milahsk; (Message identifier)

2.6 jftypd; KjD;ikj;Jtj;ijf; (Message Priority) \$Wf.

- mtruk; (Urgent)
- mjpfk; (High)
- FiWT (Low)

2.7 cq;fSf;F te;j jftypd; mbg;gilapy; vd;d eltbf;if vLf;fyhk; vd vjph;ghh;f;fpwPh;fs;?

2.8 cq;fSf;F te;j jfty; njspthf ,y;iynadpy; NtW ve;j Kiwapy; mjpf tpguq;fisg;
 ngWtPh;fs;?

gFjp – M - jfty; ghh;j;jk; mwpe;J nfhs;sf; \$ba Mw;wy;

2.9 ,e;j jfty; vt;tifapy; MjhuKs;sit vd njhpe;J nfhs;tPh;fs;.

2.10 ,e;j jftypy; re;Njfk; vOe;jhy; vt;tifapy; cj;jputhjk; (authenticate) ngw;Wf;
 nfhs;tPh;fs;?

2.11 ,e;j jftiy gw;wp RUf;fkhf \$Wf

2.12 gbg;gjw;F Vw;wthWk; cj;jputhjk; cs;sitahfTk; Ghpe;Jnfhs;Sk;gbahfTk; kw;Wk; gjpy; nfhLf;Fk;gbahfTk; jfty; mika Ntz;Lk; vd;why; jfty; tbtikg;G (Message Layout) vt;thW ,Uf;f Ntz;Lk;?

2.13 cq;fSf;F NtW vt;thW jfty; mDg;g Ntz;Lk; vd tpUg;gg;gLfpwPh;fs;?

NtW Vjhtj fUj;J \$w tpUk;gpdhy; ,q;Nf vOjTk;.

jfty; - 3 (Message – 3)

3.1 cq;fSf;F jfty; (Message) ve;j tpjj;jpy; te;jj?

- v];.Vk;.v]; (SMS)
- , - nkapy; (E mail)
- ,izak; (Web)
- kw;wit (Others) Fwpg;gpLf _____

gFjp – m - jfty; (Message) Ghpe;J nfhs;Sk; jpwik

3.2 cq;fSf;F te;j jfty; (Message) ve;j ,lj;jpw;F (Location) chpaJ?

3.3 Neha;; jpBh; epfo;T (Disease Outbreak) ngah; vd;d?

3.4 jfty; (Message) mDg;gpaJ ahh;?

3.5 jfty; milahsk; (Message identifier)

3.6 jftypd; Kj d; ikj; Jtj; ijf; (Message Priority) \$Wf.

- mtruk; (Urgent)
- mjpfk; (High)
- FiwT (Low)

3.7 cq; fSf; F te; j jftypd; mbg; gilapy; vd; d eltb; if vLf; fyhk; vd vjph; ghh; f; fpwPh; fs; ?

3.8 cq; fSf; F te; j jfty; njspthf ,y; iynadpy; NtW ve; j Kiwapy; mjpf tpguq; fisg; ngWtPh; fs; ?

gFjp – M - jfty; ghh; j; jlk; mwpe; J nfhs; sf; \$ba Mw; wy;

3.9 ,e; j jfty; vt; tifapy; MjhuKs; sit vd njhpe; J nfhs; tPh; fs; .

3.10 ,e; j jftypy; re; Njfk; vOe; jhy; vt; tifapy; cj; jputhjk; (Authenticate) ngw; Wf; nfhs; tPh; fs; ?

3.11 ,e; j jftiy gw; wp RUf; fkhf \$Wf

3.12 gbg; gjw; F Vw; wthWk; cj; jputhjk; cs; sitahfTk; Ghpe; Jnfhs; Sk; gbahfTk; kw; Wk; gjpy; nfhLf; Fk; gbahfTk; jfty; mika Ntz; Lk; vd; why; jfty; tbtikg; G (message layout) vt; thW ,Uf; f Ntz; Lk; ?

3.13 cq; fSf; F NtW vt; thW jfty; mDg; g Ntz; Lk; vd tpUg; gg; gLfpwPh; fs; ?

NtW Vjhtj fUj; J \$w tpUk; gpdhy; ,q; Nf vOjTk; .

jfty; - 4 (Message – 4)

4.1 cq;fSf;F jfty; (message) ve;j tpjj;jpy; te;jj?

v];.Vk;.v]; (SMS)

, - nkapy; (E mail)

,izak; (Web)

kw;wit (Others) Fwpg;gpLf _____

gFjp – m - jfty; (message) Ghpe;J nfhs;Sk; jpwik

4.2 cq;fSf;F te;j jfty; (message) ve;j ,lj;jpw;F (Location) chpaJ?

4.3 Neha;; jpBh; epfo;T (Disease Outbreak) ngah; vd;d?

4.4 jfty; (Message) mDg;gpaJ ahh;?

4.5 jfty; milahsk; (Message identifier)

4.6 jftypd; KjD;ikj;Jtj;ijf; (Message Priority) \$Wf.

mtruk; (Urgent)

mjpfk; (High)

FiWT (Low)

4.7 cq;fSf;F te;j jftypd; mbg;gilapy; vd;d eltbf;if vLf;fyhk; vd vjph;ghh;f;fpwPh;fs;?

4.8 cq;fSf;F te;j jfty; njspthf ,y;iynadpy; NtW ve;j Kiwapy; mjpf tpguq;fisg; ngWtPh;fs;?

gFjp – M - jfty; ghh;j;jjk; mwpe;J nfhs;sf; \$ba Mw;wy;

4.9 ,e;j jfty; vt;tifapy; MjhuKs;sit vd njhpe;J nfhs;tPh;fs;.

4.10 ,e;j jfty; re;Njfk; vOe;jhy; vt;tifapy; cj;jputhjk; (authenticate) ngw;Wf; nfhs;tPh;fs;?

4.11 ,e;j jftiy gw;wp RUF;fkhf \$Wf

4.12 gbg;jjw;F Vw;wthWk; cj;jputhjk; cs;sitahfTk; Ghpe;Jnfhs;Sk;gbahfTk; kw;Wk; gjpy; nfhLf;Fk;gbahfTk; jfty; mika Ntz;Lk; vd;why; jfty; tbtikg;G (message layout) vt;thW ,Uf;f Ntz;Lk;?

4.13 cq;fSf;F NtW vt;thW jfty; mDg;g Ntz;Lk; vd tpUg;gg;gLfpwPh;fs;?

NtW Vjhtj fUj;J \$w tpUk;gpdhy; ,q;Nf vOjTk;.

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Annexure V Abbreviations

ADD	Acute Diarrheal Disease
BMO	Block Medical Officer
CAP	Common Alerting Protocol
DD	Deputy Director
DDHS	Deputy Director of Health Services
DE	District Entomologist
DEO	Data Entry Operator
DHE	District Health Educator
HI	Health Inspector
HSC	Health Sub Centre
IDSP	Integrated Disease Surveillance Program
IITM's RTBI	Indian Institute of Technology Madras's Rural Technology and Business Incubator
MO	Medical Officer
PHC	Primary Health Centre
RTBP	Real Time Biosurveillance Program
SHN	Sector Health Nurse
SMS	Short Message Service
TCWI	T-Cube Web Interface
VHN	Village Health Nurse

Annexure VI Glimpses of Health officials/workers who took part in the training/exercises

