

Community-based surveillance (CBS) for COVID-19

This document has been developed to assist National Societies in deciding if and how they may wish to include community-based surveillance in their preparedness and response plan for COVID-19. This tool is designed with the focus of COVID-19 and makes references to other global community-based surveillance tools such as the [Community-based surveillance Assessment tool](#), [Community-based surveillance Protocol template](#) and global list of suggested health risks/events (shared as an annex).

Given the complexity of COVID-19, its global scope, national priorities and National Society capacities, CBS may or may not be the best option to include in the response plan. This document provides guidance on the decision process for including CBS in a country's COVID-19 response and specific considerations to include within CBS initiatives.

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Community-based Surveillance: Who, What and Why

Community-based surveillance (CBS) is the “the systematic detection and reporting of events of public health significance within a community by community members”.¹ The concept is that early warning can lead to early action, which can save lives. The Red Cross Red Crescent Movement is strategically placed to work in CBS given its extensive volunteer network and auxiliary role to the government in many contexts.

CBS compared to other forms of public health surveillance:

There are many ways to include various forms of surveillance and detection within NS activities, of which CBS is only one of them.

Process	Purpose	Who	How
CBS	Immediate reporting of observed health risks that meet the COVID-19 criteria	Trained CBS volunteers within the NS	Volunteers can report health risks matching COVID-19 during their regular health promotion or key messaging activities.
Contact Tracing	The identification and follow-up of persons who may have come into close contact with an infected person with COVID-19	Officials, VHWs or CHWs (NS volunteers when requested) typically with special request, support and training from National or local government	Close contacts to be isolated and monitored for 14 days following potential exposure. This entails: <ol style="list-style-type: none">1. Finding people who meet the definition of a close contact, and2. Following-up on whether contacts develop symptoms (daily by phone if possible)
Active Case Finding	Systematic searching and screening for COVID-19 within targeted groups or locations believed to be at risk	Epidemiologists, CHWs or others based on the Health System Capacity	Requires rapid diagnostic testing capabilities and human resources, may include checkpoints, door-to-door, or searching within hospitals wards for people who may have been misdiagnosed.

¹ A definition for community-based surveillance and a way forward: results of the WHO global technical meeting, France, 26 to 28 June 2018. Technical Contributors to the June 2018 WHO meeting, Eurosurveillance, 24, 1800681 (2019), <https://doi.org/10.2807/1560-7917.ES.2019.24.2.1800681>.

Reporting Hotline	Communication network allowing community members to call and report if they believe COVID-19 is an issue in their community and provide information on symptoms for follow-up	Community members, health facility workers, RCRC Volunteers (population/ community)	Requires a national or local hotline established and maintained with referral connections
Point of Entry Screening	Screenings that are put in place at points of entry to assess whether symptoms are present in travelers	Government officials (HWs, army, police, etc.), based on mandate can also be RCRC NS	Based on National government requirements. Typically screening for symptoms aligned with WHO or National case definition

Integrating CBS with existing surveillance systems:

CBS is designed to be implemented to enhance local and national surveillance systems by closing the gap between facility and community reporting. CBS should never be conducted as a parallel system, rather it must be incorporated into existing surveillance and referral mechanisms, whatever they may be (MoH National Surveillance, EWARNS, SARI, etc.).

Alerts emerging from RCRC CBS systems should be viewed as “health risks” that match the community case definition for which volunteers have been trained to look for, but have not been confirmed by a clinician. Thus, these alerts do not constitute a “case” or even a “suspected case” at this time until examined by a medical professional and confirmed through laboratory testing. Therefore, CBS alerts should be considered separately from cases reported through the health facility system or EWARNS until verified by a medical professional and laboratory testing.

Considerations on whether CBS is the best-fit tool:

When considering using Community-based surveillance within your National Society for the reporting of COVID-19 health risks, several factors must first be considered including:

More specific considerations are listed below from the [CBS Assessment tool](#) (adjusted to be specific to COVID-19):

Decision-Making tool: Should CBS be used?			
Objectives	Yes/ Feasible	Possible, but challenging	No/ Unfeasible
Need/ Relevance of CBS <i>Is there a gap in surveillance, would CBS be useful to fill this gap?</i> <i>Is there a risk of localized or community transmission of COVID-19?</i>			
Mandate and Capacity of the National Society <i>If CBS is relevant, is RCRC best positioned to fill that gap?</i>			
Feasibility of CBS <i>Given the financial, human resource and training is CBS feasible?</i> <i>What Technical support will be needed?</i>			
Collaboration & Partnerships with MoH/ MoA/ others <i>Any existing community based surveillance structures from MoH or other actors?</i> <i>Is the MoH supportive of RC implementing CBS?</i> <i>Does the National Health system have the capacity to respond to alerts?</i>			
Modality, data collection structure & Health Risks <i>Have considerations been made on the modality and feasibility of data flow? Will the response match the health risks/events identified?</i>			

Suggested health risk description for COVID-19

General considerations for selecting/ developing community definitions for COVID-19 include:

- **Major public health concerns:** Since COVID-19 is a novel virus, there is no existing immunity within populations and therefore large portions of the general population are at risk for contracting the disease once it is present through localized or community transmission.
- **Effective interventions exist if caught early:** Interrupting transmission to others through early detection can deter the spread of the disease further throughout the community. Additionally, those with severe symptoms should receive facility-based treatment as soon as possible to prevent significant morbidity and death.
- **Feasible for community volunteers:** While the health risk for COVID-19 is broad, the current community definition can be described simply for the majority of confirmed COVID-19 cases, and does not require technical expertise to assess.

The CBS Technical Working Group has suggested a global community definition based on the current [WHO case definition for COVID-19](#) and most recent information regarding common symptoms. Corresponding actions are also suggested, pulled from other COVID-19 Guidance for Volunteers from the [Epidemic Control for Volunteers manual](#). If implementing CBS as part of the COVID-19 response it is highly recommended to limit the health risks volunteers will report on to the 1-2 health risks related to COVID-19, but as a reference, a global list of suggested health risk definitions is provided as an Annex.

The suggested community definition and corresponding health risk described below should be compared and adjusted in each country to match MoH requirements (if it exists). The current advised threshold of volunteer reports to equal an alert (to be cross-check and passed on to the MoH) should be one (1).

Number	Health Risk	Suggested community definition	Related diseases	Suggested key messages for data collectors/ volunteers
9	Cough and difficulty breathing	<i>Fever with dry cough or difficulty breathing</i>	<ul style="list-style-type: none"> • COVID-19 • ARIs, • TB 	<ul style="list-style-type: none"> • Explain importance of handwashing, cough etiquette and social distancing. • Refer to Health Facility or authorities • Use ECV tools #7 & 16
14	Cluster of unusual illnesses or deaths	Cluster of people (3+) suddenly sick or died with the same signs of illness.	<ul style="list-style-type: none"> • Any • COVID-19 	<ul style="list-style-type: none"> • Encourage social distancing • Note types and symptoms and refer sick to care • Use ECV tool #28

Special Considerations by Context:

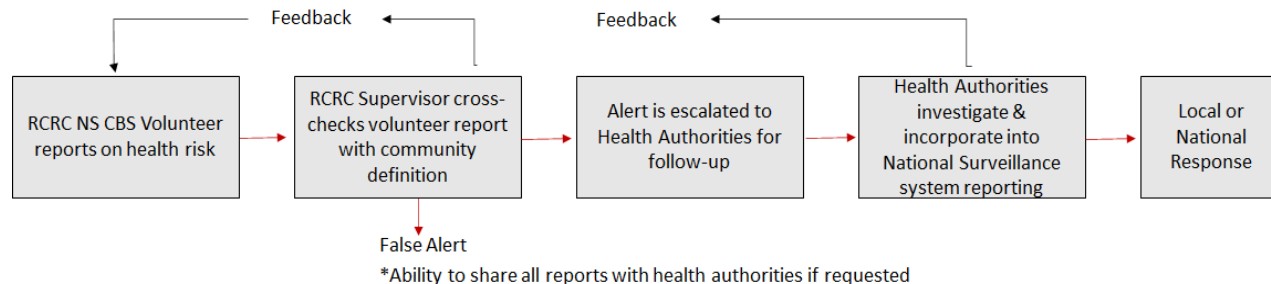
To better determine the scope and need for using CBS in your context please ensure you discuss with your MoH focal point. Based on the contextual situation, you may be asked to also include 'recent contact with a person with confirmed COVID-19' or travel history to your community definition. For a list of countries experiencing localized transmission and/or imported cases please refer to the tables in [WHO's most recent Situation Report](#).

Implementation of CBS for COVID-19

To implement CBS appropriately several considerations must be taken under advisement. Overall logistics and technical requirements for a RCRC CBS approach are listed in the below table (as well as different approach options). It is extremely important to liaise with the MoH and other surveillance focal points throughout the process of establishing or expanding a CBS system and to ensure that if alerts are generated the health authorities have the capacity to respond.

Additionally, it is suggested that reports are cross-checked by supervisors before immediately reaching health authorities as an alert. This allows for the supervisor to cross-check that the CBS volunteer report matches the community definition and reduce the "noise" or false reports/ requests to authorities to follow-up. While overall volunteer reports can be shared with authorities if requested, having supervisors first cross-check reports increases the reliability of CBS alerts coming from the National Society while allowing health authorities to focus their resources on the true alerts they need to respond to.

One Reporting Example is shown below:



Ensure the reporting structure your National Society has selected (including links to the National surveillance system) is clearly described in your protocol.

General Set-up and Logistics Requirements

Category	Suggested Considerations	Yes/ Feasible	No/ Not currently feasible
CBS Planning/ Processes	<ol style="list-style-type: none"> 1. CBS Assessment has been conducted or rapid one is planned 2. CBS Protocol planned with partners/ MoH, relevant stakeholders 3. CEA/ RCCE strategy considered in planning process 4. ECV/ health promotion activities planned alongside CBS 		
Referral Partnerships	Capacity and interest by MoH and/ or other actors to respond to alerts detected through CBS in the targeted communities		
Suggested Human Resources	1 Country HQ CBS Officer 1 District (or equivalent) Officer per area 1 Volunteer supervisor per 20-35 volunteers 1 Volunteer per 30-50 households		
Logistics Considerations	Transport/ Community Access		

	<ul style="list-style-type: none"> Supervision visits to the communities considered (i.e. are motorbikes or bicycles needed, etc.) <p>Security situation in locations of interest</p> <ul style="list-style-type: none"> Volunteers able to move within communities and conduct activities Supervision visits possible CBS is accepted by the community <p>Paper-based CBS system:</p> <ul style="list-style-type: none"> Printed forms for volunteers Reporting books for supervisors <p>SMS-based CBS system:</p> <ul style="list-style-type: none"> 1 phone/ tablet for each supervisor Provide airtime/ data for each volunteer supervisor Provide airtime for volunteer data collectors if active surveillance is required <p>Nyss CBS platform (see 1-pager in annex)</p> <ul style="list-style-type: none"> Technical support to set-up the eagle for SMS (remote or in-person) Manager has access to internet with computer or smartphone Volunteer requirements same as listed under SMS system <p>Digital App-based Technologies</p> <ul style="list-style-type: none"> Smartphones and network available for supervisors based on CBS plan <p>Hygiene</p> <ul style="list-style-type: none"> All volunteers conducting CBS should have access to hand sanitizer and/ or hand-washing after every household 		
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Recommended Trainings	1 Training of Trainers on CBS (if CBS is new) <ul style="list-style-type: none"> Recommended not to exceed 25 participants Volunteer training per location <ul style="list-style-type: none"> Location supervisor to lead Recommended not to exceed 25 2-5 days for Volunteer training on CBS Refresher trainings as needed		
Monitoring, Evaluation & Feedback Mechanism	<ul style="list-style-type: none"> Core indicators considered and can be captured given expected resources Feedback mechanism planned 		

Volunteer Safety

All volunteers, in contexts at every level of transmission (whether there are only imported cases, locally transmitted cases or community transmission) should have access to hand sanitizer after every household visit. It is recommended that **volunteers keep a 1-2 meter distance** from community members during discussions and **no physical contact** should take place. If possible, discussions about someone showing health risks should take place outside, through a window or in an open space and between a healthy member of the family/ community member and volunteer rather than the ill person themselves.

If CBS is conducted by CHVs who have been trained to provide additional medical support they should follow any additional PPE measures that pertain to those activities and government requirements.

Volunteers conducting CBS activities as part of regular health education and RCCE activities, **do not** need to wear PPE. Wearing face masks or gloves is not recommended, as it contributes to fear in communities, leads to a false sense of security, and is unnecessary due to social distance precautions.

Suggested Indicators for Monitoring and Evaluating your CBS implementation

Suggested Indicator	Calculations/ Details	Purpose
% of suspected or confirmed cases in target areas referred and captured through CBS alerts	# of alerts shared with authorities in target areas later confirmed as cases by authorities/ Total # of cases confirmed by authorities	Program impact
Number and percent of alerts cross-checked and accurately matching community case definition	Percentage: # reports cross-checked with an accurate match/ total # reports shared	Program quality
% of trained volunteers active in CBS activities	# of trained volunteers submitting reports as required/ # of trained volunteers in CBS	Program monitoring
% of targeted communities with active CBS volunteers	# of targeted communities with active CBS volunteers/ # of targeted communities for CBS	Coverage
Total Number of Trainers (ToT/ Master trainers) trained in CBS and Total number of Volunteers trained in CBS	<i>No calculation required</i>	Needed for program monitoring calculations and follow-up
% of CBS alerts responded to within 24 hours	# of alerts followed-up by authorities within 24 hours/ Total # of alerts shared with authorities for follow-up	Program Quality (and referral mechanism)
Proportion of communities in which action was taken following an alert (per month)	# of communities where a PH action was taken following an alert/ Total number of communities that shared alerts with health officials	Program Quality (and referral mechanism)

ADDITIONAL TOOLS & GUIDANCE

1. [IFRC GO](#) for the latest guidance on Coronavirus disease (COVID-19) including community health guidance
2. Community-based surveillance guiding principles ([English](#) & [French](#)) **Under revision in 2020*
3. Community-based surveillance assessment tool & template ([English](#) & [French](#))
4. [Community-based surveillance protocol template](#)
5. List of global health risks/ events and suggested community case definitions
6. Additional Technical Support available through: cbs@ifrc.org

Annex 1: Global List of Community Definitions for Community-based Surveillance within the Red Cross Red Crescent Movement

Annex 2: RCRC Nyss CBS Platform

Global List of Community Case Definitions for Community-based Surveillance within the Red Cross Red Crescent Movement

Global community case definitions for frequently considered health risks in the Red Cross and Red Crescent Movement in Community-based surveillance (CBS). When developing the CBS protocol, community case definitions should be developed alongside MoH, MoA and other actor's national standards, local language and phrasing. Additionally, National Societies may want to consider using an alert threshold for some health risks and diseases. These thresholds should also be considered alongside national standards and context and should follow national guidelines when they exist.

HEALTH RISK/EVENT NUMBER	NAME OF HEALTH RISK/EVENT	SUGGESTED COMMUNITY CASE DEFINITION	RELATED DISEASES	SUGGESTED KEY MESSAGES TO DATA COLLECTORS/VOLUNTEERS
1	Acute watery diarrhoea (AWD)	watery diarrhoea x 3 or more times in one day with or without vomiting	Cholera	Give ORS, advise about hand washing, refer to health facility if not able to drink or if signs of dehydration. Use ECV tools #1 & 2.
2	Acute diarrhoeal disease	3 or more loose or liquid stools over a period of 24hours	Cholera, E. coli, Shigella, Rotavirus	Explain how to prepare salt and sugar solution and/or give ORS, explain good handwashing, explain how to keep food and water clean and safe, promote use of good sanitation facilities. Use ECV tools #1 & 2.
3	Bloody diarrhoea	Loose stools with visible blood	Shigella(dysentery), E. coli	Explain how to prepare salt and sugar solution and/or give ORS, explain good handwashing, safe water and food, and appropriate sanitation facilities. Use ECV tool #6.

4	Fever and rash	Fever and rash. Often accompanied by or start with runny nose, tiredness, headache, feeling unwell	Measles, Zika, Rubella, Chicken pox	Advise on handwashing, coughing etiquette, social distance. Refer to health facility, advise community members to follow routine vaccination if available. Use ECV tools # 7, 8, 15
5	Fever and yellow eyes	Sudden fever with yellow in the eyes or skin appearing within 2 weeks of becoming ill	Yellow Fever, Hepatitis A/E	Community clean-up campaigns to eliminate mosquito breeding grounds, advise community members to follow routine vaccinations. Use ECV tool #11.
6	Fever and bleeding	Fever with bleeding from the nose, eyes, mouth, skin, gums or blood in the stool, vomit or urine (not due to an accident) OR a person died after an unexplained severe illness with fever and bleeding	Ebola, Marburg, Lassa fever, Rift Valley Fever, Dengue Haemorrhagic Fever	Use personal protective equipment when taking care of sick people. Encourage social distance isolate person until help arrive or refer through safe transportation. Use ECV tools # 17, 18, 19, 26
7	Fever and body pain	High fever, with muscle and joint pain / body pain Tiredness, headache, diarrhoea or constipation	Dengue ¹ , Leptospirosis, Chikungunya ¹ , Malaria ¹ , Zika ¹ , Yellow Fever, Typhoid fever	Advise on handwashing, safe water and food, and appropriate sanitation facilities. Refer to health facility if person is very tired or cannot eat or drink or refer all to health facility if there is a risk of malaria, meningitis or yellow fever in your area. If vector borne encourage community clean-up, avoid stagnate water and use bed net. Use ECV tools 5, 12, 13, 14, 15.

¹ In most locations CBS may not be the best tool to address vector-borne diseases (VBDs), specifically in endemic areas or locations with high prevalence. This is because the health risk/event may not be specific enough to identify by volunteers, or early detection does not carry the same value as CEA and vector control clean-up activities in preventing the spread of VBDs.

8	Fever and neck stiffness	Neck stiffness, sensitivity to light, confusion, headaches or vomiting	Meningitis	Advise on handwashing, coughing etiquette, social distance. Refer to health facility, advise community members to follow routine vaccinations. Use ECV tool #9.
9	Cough and difficulty breathing	Cough and difficulty breathing. Can start with fever, runny nose, tiredness, headache, feeling unwell	1.Acute respiratory infections; diphtheria, mumps, whooping cough, Avian influenza, MERS, 2019-nCoV 2. Tuberculosis	Encourage social distance, Explain importance of handwashing, Refer to health facility if difficulties with breathing. Use ECV tool #7.
10	Fever and painful throat	High fever, very painful sore throat, difficulty breathing/ swallowing and/or swollen throat	Diphtheria	Encourage social distance, refer to health facility, promote immunisations. Provide home care for fever. Use ECV tool #7.
11	Acute flaccid paralysis	Child under 15 suddenly paralysed - Legs or arms are weak and floppy, the person is suddenly unable to walk or crawl (not due to an accident)	Polio	Refer to health facility Encourage handwashing, safe water and use of appropriate sanitation facilities and vaccination. Use ECV tool #10
12	Painful swelling under the arms or groin	Any person with painful swelling under the arms or in the groin area.	Plague, Monkey Pox	Encourage community cleaning to avoid rodents and fleas close to households, Refer to health facility. Use ECV tools #20 & 25

13	Acute malnutrition	Red or yellow score on MUAC screening (MUAC <125mm)	Global Acute Malnutrition (SAM and MAM)	Refer malnourished children to health or nutrition facility immediately. Promote Vitamin A and advise on handwashing. Use ECV tool # 29.
14	Cluster of unusual illnesses or deaths in people	Cluster of people (3+) suddenly sick or died with the same signs of illness		Encourage social distance, teach handwashing. Note the types of symptoms and inform the health facility. Refer sick people. Use ECV tool # 28
15	Unusual/ Alarming event	Anything happening in the community that is unusual and seem to pose a risk or causing concern in the community	Flood, fire, critical water shortage, major conflict, sudden spread of illnesses, Chemical spill/ poisoning	Listen to notifications from authorities, assist people to stay safe, use evacuation centres if available. Send updates to your supervisor
30	Animal with aggressive unusual behaviour	An animal that is behaving as: Aggressive, possibly trying to bite everything, people, other animals or objects. AND, 2 + of the following: Excessive uncontrolled hyperactivity, or seizures A lot of saliva, uncontrolled drooling Fear of light or fear of water – stay hidden	Rabies	Stay clear from the affected animal. Provide first aid to people - wash wounds, bites, scratches for 15 minutes with soapy water. Refer to health facility if injured.
31	Animal deaths with unusual bleeding	Sudden deaths of animals with unexplained bleeding from gums, eyes, nose or anus, or blood in stools or vomit.	Anthrax, Rift Valley Fever	Promote protective gear for farmers, isolate sick animals. Notify veterinary officials. Advise communities to cook all meats and animal products very well. Advise against eating animals which have died with illness. Use ECV Tools # 21 & 26

32	Cluster livestock abortions or young animal deaths	Cluster of abortions in livestock and/or sudden deaths of many young lambs/ calves	Rift valley fever (RVF), Brucellosis	Promote protective gear for farmers, isolate sick animals. Notify veterinary officials. Advise cooking all meat and animal products very well. Advise against eating animals which have died with illness. Use ECV Tool # 26
33	Unusual bird deaths	Cluster of sudden deaths of birds, ducks or chickens in local area. (All within one small village area in the past 2-week period)	Avian influenza	Promote protective gear for farmers, isolate sick animals. Notify veterinary officials. Advise against eating meat, eggs, milk products from animals which died with illness.
34	Cluster of unusual illnesses or deaths in animal	Cluster of animals (3+) with illness or sudden deaths that is unusual and unknown cause. All within one small village area in the past 2-week period.	Swine flu, others/ unknown	Promote protective gear for farmers, isolate sick animals. Notify veterinary officials. Advise against eating meat, eggs, milk products from animals which died with illness.
98	zero report ²	Data collector is active in the community but has not detected health risks/events to report this week		Thank you for being active in your community! Working with the community to ensure handwashing, safe food and water and clean environment are important measures to prevent disease. Tell your supervisor if you have any challenges and/or need any support.
99	activity report ²	Data collector is active in the community but has not detected health risks/events to report this week		Thank you for being active in your community! Working with the community to ensure handwashing, safe food and water and clean environment are important measures to prevent disease. Tell your supervisor if you have any challenges and/or need any support.

² Each CBS Project and National Society should select whether a “zero reporting” system or “activity report” is used within their National CBS Protocol (one or the other should be used – not both).

Nyss: the platform

- SMS reporting
- Automatic aggregation and analysis of data
- Automatic alerts

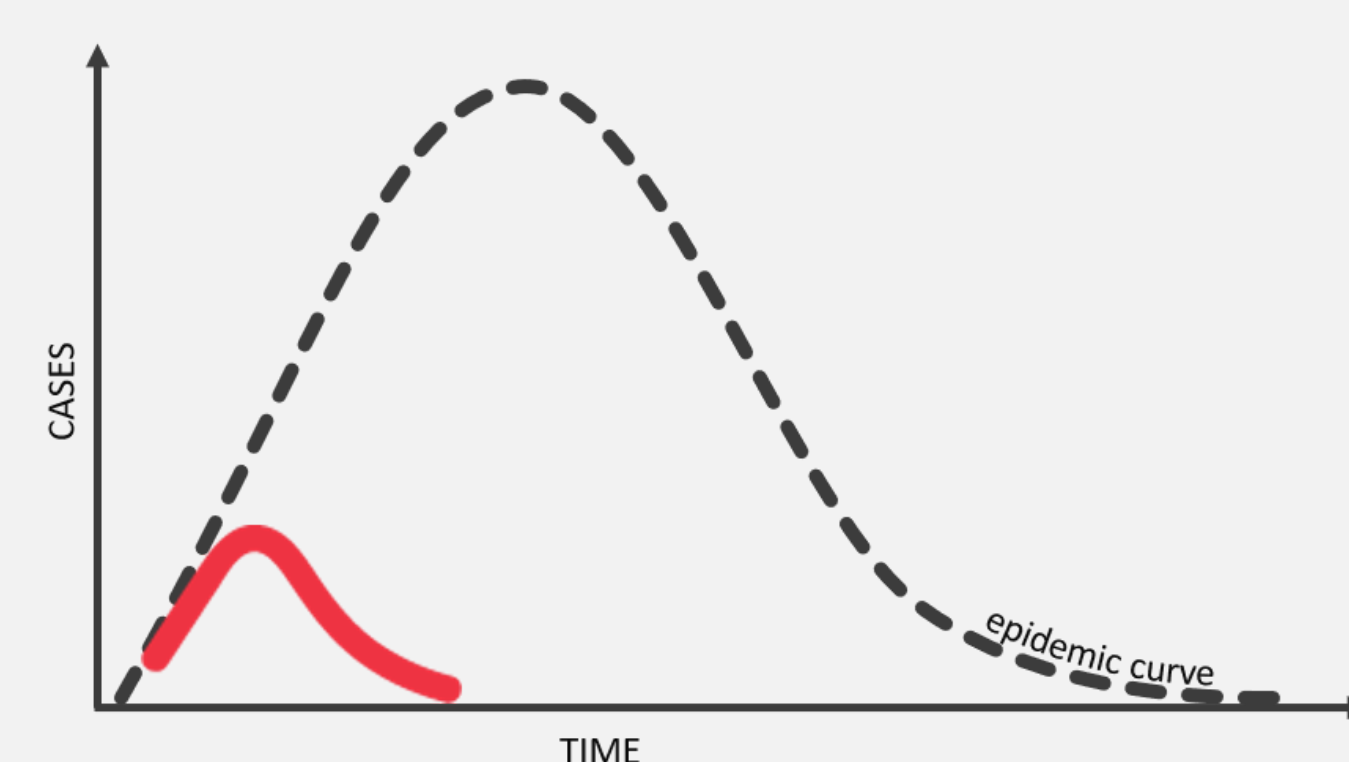
Nyss is a custom software platform for data collection, management and analyses; tailored to the needs of the Red Cross Red Crescent Movement for community-based surveillance (CBS).

Nyss allows for real-time detection, reporting, aggregation, and analysis of information on community health risks; hence enables prevention, identification and response to disease outbreaks, through early warning and early response.

When to use Nyss

Community-based surveillance is the systematic detection and reporting of events of public health significance within a community by community members.

Outbreaks and epidemics are a threat to the well-being of communities everywhere and can rapidly escalate if undetected by health clinics. By extending public health surveillance to communities we can close this information gap. Red Cross volunteer networks in local communities can carry out community-based surveillance with the help of Nyss.



CBS and Nyss help health authorities act faster and save lives

How does Nyss work?



Volunteers

Volunteers are trained to recognise signs and symptoms of epidemic-prone diseases and to be the focal point in their community for responding to and reporting health risks and events.



Reports

Volunteers report by sending short, coded SMS.

Nyss replies to the volunteers, providing them with health promotion messages so they can initiate the appropriate first aid response.



Aggregation & analysis

The SMS reports are automatically fed into Nyss, which aggregates and analyses the incoming reports in a visual dashboard, accessible by health authorities and the Red Cross or Red Crescent Society.



Alerts & response

Nyss automatically triggers alerts, informing volunteer supervisors and health authorities about increases in reports above predefined thresholds.

Health authorities can then initiate a response.

"Nyss" is a Norwegian word, that means to get word of something; to get wind of something; to find out about something; to hear of a rumor.



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Nyss was developed with the support of:



The technology

Components

- SQL database
- Azure Web Apps
- Azure Function Apps
- Azure Service Bus
- SMS gateway

Nyss is a cloud-based solution running on Microsoft Azure. The application itself is running on an Azure Web App, and so is the internal API (ReportAPI).

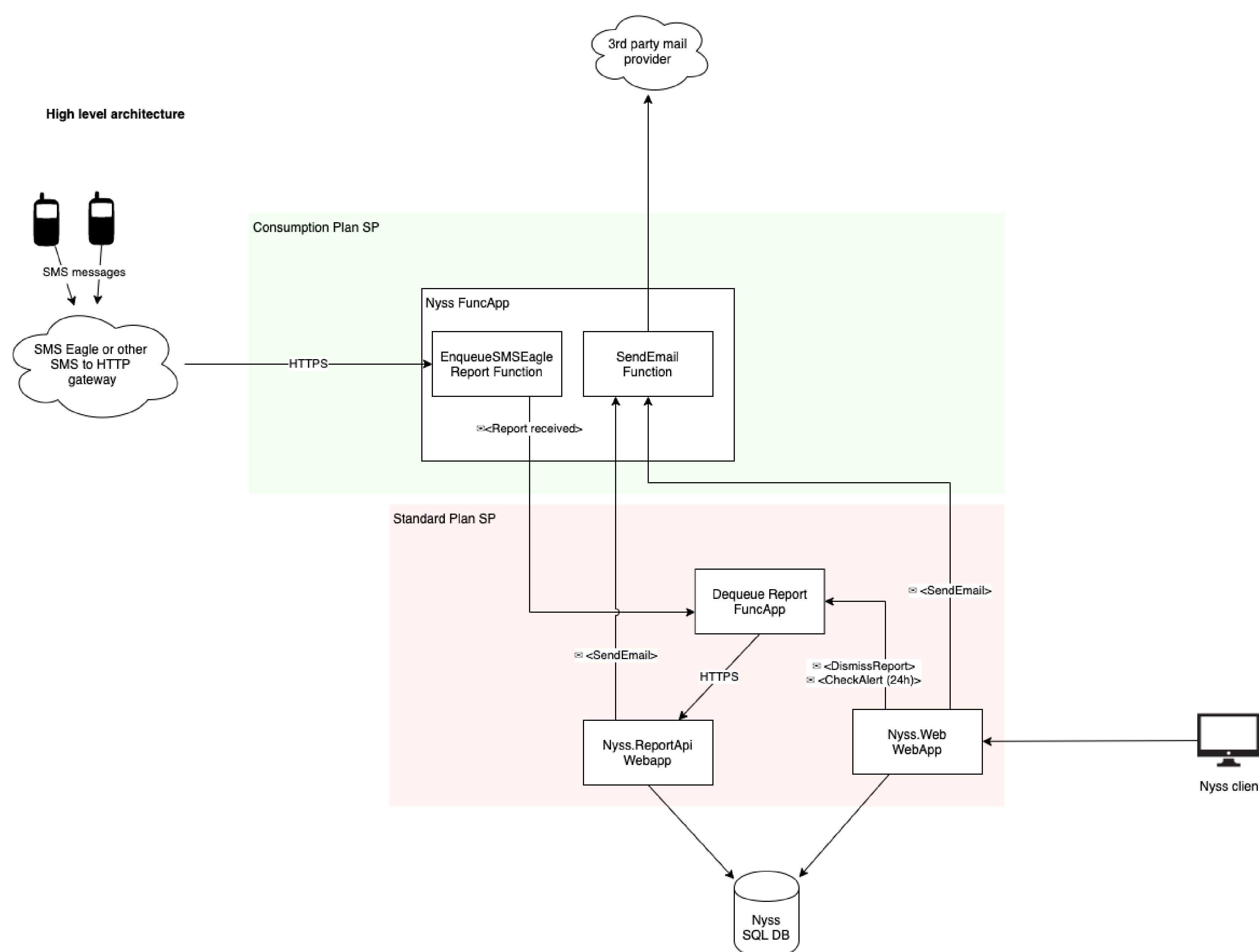
Asynchronous communication between components of the system is facilitated through message queues on an Azure Service Bus. Nyss depends on a physical SMS gateway to relay SMS messages to the cloud.

Asynchronous communication

The SMS reports are received by a public facing Function app that puts the messages on a queue. These messages are then read by an internal Function app that posts an HTTP request to the internal ReportAPI, which parses and validates the reports. A feedback SMS is sent to the data collector who sent the report. The feedback SMS is sent through the physical SMS gateway through an email-to-sms service that the gateway provides.

Automatic alerts

If the report received is parsed and validated successfully, an alert is triggered based on rules specified on a project basis through the Nyss application. When alerts are triggered, notifications are sent as SMS and/or email, depending on configurations specified on a project basis in the Nyss application. In the event that an alert has not been handled within 24 hours, an email is sent to the manager.



Data protection

With Nyss we aspire to comply with the General Data Protection Regulation, which is increasingly becoming the world wide gold standard in data protection.

Regional confinement of data to northern Europe, encryption of all databases, user access controls, usage of HTTPS and rigorous documentation of all workflows related to data processing.

A public API is under development but not yet ready for production.