

From Notification of Infectious Diseases to Sentinel Practice Network

By A/Professor Goh Lee Gan

One of the items discussed in the meeting of the SMA Council and Director of Medical Services was the notification of Infectious Diseases. The recent outbreaks of HFMD and meningococcal meningitis had shown clearly the importance of early notification of infectious diseases, as well as the need for more accurate “real-time” information about disease outbreaks. The current system for notification and transmission of information takes about three to four days. This is not time-responsive enough for preventive measures to be initiated quickly.

The Ministry of Health (MOH) is actively looking into ways to reduce this response time. For example, during the last two outbreaks, MOH implemented e-mail and fax transmission of circulars to doctors. With regards to notification of infectious diseases, MOH is considering

fax/Internet based notification systems, as well as amending legislation to require notification to be done within 24 hours.

A minimum dataset is required for the notification system to function and it is important for doctors to try to respond as soon as possible during times for such information to be sent to MOH.

Such timely action is a good example of the boon of community participation. Just like a television screen, a pixel is a dot. Put the dots together and we will get a picture. No matter how medically advanced we are, against infectious diseases, mankind is still relatively powerless. There is no better way than the age-old preventive method of finding the source quickly and cordoning it off so that spread of the disease is blocked.

So much for the emergency and crisis measures of reporting and receiving information by fax and Internet e-mail. There is also scope for exploring the

feasibility of setting up a sentinel reporting system that can be used for monitoring daily, various medical events such as febrile episodes and symptoms. Of course, for such a system to work, dedication and commitment of at least a group of doctors will be needed.

In a recent World Conference on Family Medicine, the South Africans reported their experience of such a system over a year. They spent 30,000 Rand, which was about \$6,000 Singapore dollars in administering the reporting system. They were able to monitor the seasonable occurrence of infections as well as symptom profiles of local practices.

Today, with the availability of electronic highways, Internet and computer management systems, it should not be too difficult. What stands in the way is the lack of someone to initiate it and champion it. Food for thought. ■