

ABSTRACT

A study on notification patterns of communicable diseases from the private sector healthcare providers in the Colombo district was conducted and an intervention implemented to incorporate surveillance data from the private sector to the national health information system. This study comprised a retrospective study on notifications from 2002-2006, a qualitative study among stakeholders to assess their views on notification of communicable diseases, development of an intervention and its implementation and a post-intervention assessment among stakeholders to assess the effect of the intervention and its strengths and weaknesses.

A retrospective study of notifications from the Colombo district from 2002-2006 was done to describe the notification patterns from private sector. The private sector percentage of notifications was 27 % of all notifications during the period 2004-2006 which was comparatively higher than their contribution to the total hospital bed strength (14%) in the district. Private sector notifications came mainly from hospitals with more than 50 beds with GPs contribution to the private sector notification during this period being a mere 1.5%. Notifications from smaller institutions in both the government and the private sector in the district were minimal. The private sector notified only a few diseases and more than 80% of notifications were DF/DHF. A similar pattern was seen for DF/DHF in the government sector but more diseases were notified by the government sector. Other diseases notified by private sector included hepatitis, enteric fever and chicken pox. The Colombo Municipal Council area had more notifications from the private sector as it had more private institutions within its geographic limits.

Inadequate knowledge on diseases and the follow up process of notifiable diseases among private sector stakeholders was the main reason for the poor response to the surveillance system. Most of the private sector stakeholders had reservations on investigation of the notified cases by the public health staff in the field. Legal implication was not a major concern among both the private and the government sector stakeholders. The private

sector highlighted the issues of training, time constraints, lack of forms, cost and feedback on their notifications as some reasons for their poor response.

A simple and acceptable intervention was developed and implemented in selected private sector hospitals with their consent for a period of six months from January to June 2007 and monitored in the post intervention period of three months from July to September 2007. General practitioners and smaller hospitals with less than 50 beds did not participate in the intervention. Three out of five hospitals that participated in the intervention showed an improvement and sustained it during the three month post intervention period. There was a large discrepancy between the laboratory requests for confirmatory tests of notifiable diseases and actual notifications made for selected diseases in hospitals that participated in the intervention. A significant difference was observed among hospitals that participated in the intervention and 'other' private hospitals between similar periods in 2004 and 2005, and the intervention period in 2007.

At the post-intervention assessment, the majority of General Practitioners (GPs) were aware of the notification system as the main surveillance system. 87% of the surveyed GPs considered HIV/AIDS as a notifiable disease. The majority of the GPs agreed that communicable diseases can be easily suspected, and that public health staff could take action to control the communicable diseases. Most GPs (74%) opined that they could provide the necessary advice and advice on control measures that the public health staff provides to their patients. 24 % did not want public health staff to investigate their patients. More than 50% of the doctors were of the opinion that notification is done once the disease is confirmed and less experienced GPs thought that one single doctor cannot contribute much to a national epidemiological surveillance system. GPs having their own practices disagreed that notification interferes with their daily clinical practice (75%) and reporting consumes time that they do not always have (64%). Most GPs (81%) were of the view that they should notify the diseases as a medical practitioner rather than the legal requirement but the majority of GPs with more than 20 years experience were not aware of how the information they supply on notification is used.

In the post-intervention assessment among the respondents of private hospitals that participated in the intervention, most respondents were positive about the notification process and had established a system in their hospitals with their own resources and support of the management. Some hospitals had a dedicated person assigned for notification and were willing to use the available technology to improve notification. Private sector hospitals also highlighted issues like the lack of human resource, attitudes and knowledge of staff, lack of feedback, time constraints, and notification on suspicion as some of the issues that hinder the notification process in their hospitals.