EXAMINABLE AREAS FOR BSC DISEASE CONTROL

A. Expanded Programme on Immunization

1. Estimate vaccine requirements

2. Store vaccine at the appropriate temperatures

3. Receive and Issues vaccines using appropriate ledgers

4. Transport vaccines in appropriate temperatures

5. Monitor Temperature of vaccine refrigerator

6. Administer vaccine to appropriate target group

7. Dispose of 'sharps' safely

8. Counsel mothers/caretakers on Adverse Events Following Immunization (AEFI)

9. Maintain equipment for vaccine preservation (vaccine carriers, cold box, ce packs, vaccine refrigerators, etc)

10. Use child health records to identify immunization and vitamin A status of children

11. Check various antigens and state when to give the next

12. Document vaccination given and review vaccination tally book / CWC tally book

13. Prepare monthly vaccination report

14. Prepare / update monthly vaccination monitor chart and interpret it (access and utilization)

15. Calculate EPI key indicators and interpret them (drop-out rate, coverage, wastage rate, gaps in antigen etc.)

16. Be conversant with Ghana's catch – up policy and use the catch up Ghana app.

B. Integrated Disease Surveillance and Response

1. Abreast with the eight core surveillance functions (identify, report, analyse, investigate, prepare, respond, communicate, and evaluate).

2. Use standard case definitions to identify priority diseases under surveillance e.g Measles, AFP, VHF, etc.

3. Conduct community case search for priority diseases (prayer camps, traditional healers, bone setters, chemical shop operators, etc)

4. Conduct facility based case search (records reviews for AFP, Measles, VHF, SARs-CoV-2 etc.)

5. Identify standard data collection and reporting tools (e.g. case-base forms, notification forms, line list form)
6. Perform data entry activities on DHIMS – 2 and SORMAS for priority diseases
7. Validate data collected for analysis and interpretation (descriptive analysis, alert and epidemic thresholds)
8. Early notification and reporting to the next level or superior
9. Take appropriate surveillance action
10. Contact Tracing and follow up (e.g. AFP 60-day follow up, case-contact follow up, contact -case follow up)
11. Visit at least 3 CBSV and review their activities and write report to your supervisor

C. Basic Laboratory Specimen Management for Surveillance

1. Collect appropriate specimen for diseases specific investigation e.g. blood/stool/urine.
2. Appropriate handling and storage the specimen (e.g. labelling, infection prevention, reverse –cold chain)
3. Transport specimen under appropriate condition
4. Identify the appropriate laboratory for disease specific specimen for investigation

D. Management of specific diseases

1. Conduct physical examination of client

2. Identify clinical signs of disease e.g. yaws, leprosy, Oncho, etc. using Standard Case Definition

3. Prescribe appropriate drug and dosage for disease e.g. Yaws, Leprosy, Onchocerciasis, and Schistosomiasis, Guinea worm
4. Perform morbidity management for specific diseases (e.g LF, BU, Leprosy etc)

5. Administer treatment orally /topically/parenterally (injection)

6. Give appropriate advice to client/ relatives

7. Conduct Follow-up to patients e.g. Leprosy, Yaws etc.

8. Refer cases appropriately

E. Special Public Health Programs (TB, HIV/AIDS, Malaria)

i. ***HIV/AIDS***

1. Counselling of HIV/AIDS client (pre-information, post counselling, adherence counselling)
2. Perform HIV testing (first response, oral quick, and SD bio line) and interpret results
3. Link HIV clients to care (ARVs, syphilis treatment)
4. Collect specimen for early infant diagnosis (PCR) and medication
5. HIV data management

ii. *Tuberculosis*

6. Conduct Screening using the TB screening tool
7. Supervise sample collection
8. Correctly categorize confirmed TB patient
9. Link to client to appropriate treatment supporter
10. Conduct contact case screening and management (e.g. Isoniazid Preventive Treatment [IPT] for under -5 children)
11. Conduct follow up on TB client
12. TB data management using the reporting tools
13. Analyse data for key TB program indicators (cure rate, default, success, etc)

iii. *Malaria*

14. Observe LLINs distribution to pregnant women at registration and children at 18 – months during MR-2 and Men A vaccination.
15. Take part in the organization and implementation of Point Mass Distribution (PMD) of LLIN (where appropriate)
16. Take part in malaria commodity stock management (example using the bin card)
17. Appropriately report Malaria using standard tools.