Assessment tool for Status of Laboratory component in States (regarding L form reporting and outbreak investigation)

- 1. Name of the State:
- 2. Name of the SSO / State official:
- **3.** Microbiologist posted at the SSU under IDSP: (Yes/No) If Yes Name and contact address, e-mail, telephone
- 4. Number of district priority labs in the state:
- 5. Microbiologist/s posted at the district priority lab/s under IDSP If Yes - Name and contact address, e-mail, telephone
- 6. Names of the districts where the public health lab is being developed/strengthened under NRHM
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

7. Status of laboratory investigations of outbreaks in the state:

No. of disease outbreaks reported during last 6 months in the state	
No. of outbreaks investigated for which appropriate clinical samples were sent to the laboratory	
Of the outbreaks where appropriate clinical specimens were sent, how many were lab confirmed	
Reason for no lab confirmation of outbreaks despite sending appropriate clinical specimens	
For outbreaks not lab investigated, 2 important reasons for not sending the samples to the laboratory	1. 2.
Is the state referral lab network being used for outbreak investigations (where network is established under IDSP) (Yes/No)	
In states where referral lab network not established, give names of 3 most commonly used state level/ medical college laboratories for outbreak investigation in the state	1. 2. 3.

S. no	District name	W	Week -		Week -		Week -	
		Number of RUs*	Number reported	Number of RUs	Number reported	Number of RUs	Number reported	
					_			
					-			
					-			
					_			
			+		+	+		
	Total							

8. Status of reporting of L form by districts in the portal (data of last 3 weeks):

*RUs- Reporting Units

9. Status of District priority Labs being strengthened under IDSP

	Name of the district priority lab
Lab incharge - Name and contact address, e-mail, telephone	
Microbiologist posted under IDSP (Yes/No) Trained/Untrained	
Name, contact address, e-mail, telephone	
Laboratory technician –	
No. of sanctioned positionsNo. of positions vacant	
• No. of positions vacant Essential functional Equipment (autoclave, Microscope,	
ELISA reader & washer, Incubator, Refrigerator, micropipettes) (available/not available)	
Consumables for culture, Typhidot, ELISA tests (available/not available)	
New L form available/not available in the lab	
Weekly reporting of L forms to CSU at <u>idsp-lab@nic.in</u> (Yes/No) (attach copy of last form sent to CSU)	
Funds for consumables available from IDSP (Yes/No)	
Overall awareness of the staff about IDSP(good/average/poor)	
Whether internal quality controls (IQC) are being used? (Yes/No)	
• If yes, name of tests where IQC used	
Is the lab participating in External quality assessment scheme (EQAS)?(Yes/No)	
• If yes, name the tests and the agency organizing the EQAS	
Bio-safety & Bio Medical Waste Management (BMWM) policy available in the lab (Yes/No)	
• If yes, is the waste generated in the lab segregated at source (Yes/No)	
• Is the waste discarded in the appropriate containers (Yes/No)	
Do the Lab personnel use Personal Protective Equipment (Yes/No)	
If yes, specify: Gloves/ Mask/ Apron/ Others	
Any vaccinations given to staff (Yes/No)	
• If yes specify	
Number of outbreaks in the district which were	
investigated by the lab (in last 6 months),	
(Attach details of period of outbreak, area affected, sample sent and results)	

Name of Disease	Name of the test	Number of tests done during the last 3 months	Number of tests positive
Typhoid			
Cholera			
Other diarrhoeal			
diseases			
Dengue			
Leptospirosis			
Meningococcal			
meningitis			
Diphtheria			
Viral hepatitis (A, E)			
Measles			
Other locally prevalent			
epidemic prone diseases			

10. Tests conducted at the district priority labs:

11. Observations of the officer for improving the lab facility for routine investigation of epidemic prone diseases and outbreak investigations:

Constraints faced by the lab	Suggested solutions		

12. Status of Referral lab network

- 1. Number of referral labs included in the final state plan:
- 2. Name and contact address, e-mail, phone no. of the state lab coordinator identified from state services (a microbiologist) for coordinating the referral lab network in the state :
- **3.** Have the instructions been communicated to DSOs regarding action to be taken at district level for making referral lab network functional: (Yes/No)
- 4. Whether the DSOs has further disseminated instructions in the districts: (Yes/No)
- Name of referral Lab Expenditure Annual Any Submission of Regular labs certification Funds (Rs 2 guidelines outbreak quarterly reports reporting of &MoU lakhs provided samples (in prescribed weekly L form per signing lab) (Yes/No) investigated format) to CSU to the DSU (Yes/No) disbursed (If yes attach by the Labs (Yes/No) (If yes, (Yes/No) (Yes/No copy of letter) (Yes/No) attach copy of last report sent by each lab)
- 5. Details of referral labs :

13. Progress made under NRHM for development of district level labs for diagnosis of epidemic prone diseases (Excluding the district priority labs under IDSP)

Name of district laboratory			
Name of essential equipment available			
& functional			
Equipment to be procured under NRHM			
Equipment to be procured under within			
Manpower available			
Microbiologist			
Lab technician			
Lab assistant			
Lab attendant			
Manpower to be recruited under NRHM			
Microbiologist			
Lab technician			
Lab assistant			
• Lab attendant			
Testing facilities available:			
Bacterial culture for blood			
Bacterial culture for stool ELISA facility available for			
• ELISA facility available for Dengue/Leptospira/ HAV/ HEV etc.			
Additional Tests to be added under			
NRHM			

(Name and signature of the visiting officer)