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Malaria Epidemic Detection Initiative in Oromia, Ethiopia

Newsletter

A partnership between Addis Continental Institute of Public Health, Tulane University, the Oromia Regional Health Bureau, MEASURE Evaluation & the United States Agency for International Development

President's Malaria Initiative

Highlights:

- A patient whose test is negative by RDT or microscope does not need to take anti-malaria drugs
- Kersa sentinel site has experienced malaria epidemic in September 2012

Inside this issue:

The WHO Global Malaria Programs New Initiatives: Test, Treat and Track

Reports show that investments in malaria prevention and control have created unparallel momentum in saving more than a million lives. For instance, according to the world health organization (WHO African Region), malaria mortality rates have been cut by over a quarter worldwide. However, malaria transmission occurs over 99 countries. Malaria causes a huge loss, for example; malaria caused an estimated 655, 000 deaths in the year 2010, mainly among < 5 in sub Saharan Africa.

So as to tackle the problem, mosquito nets distribution and IRS spray are among the effective control interventions. With distribution of more than 290 million nets in Africa between 2008- 2010, a significant progress was made in achieving universal bed net coverage for at risk population groups. Indoor residual spraying is also another highly cost effective control intervention which has been significantly scaled up that has cut malaria cases and deaths in high transmission areas.

However the scale up of diagnostic testing, treatment and surveillance have not received the same degree of attention. T3 described as test, treat and track is WHO global malaria program's new initiative, which support malaria endemic countries towards achieving diagnostic testing, anti-malarial treatment and malaria surveillance system. These initiatives seek to focus the attention of policy makers and donors on the importance of adopting WHO latest recommendations on diagnostic testing, treatment and surveillance. The WHO global malaria program initiates, malaria endemic countries to ensure that every suspect malaria case is to be tested and every confirmed case is to be treated with quality assured anti-malarial medicines and every treated patient to be tracked through time. The last is appropriate to generate timely and accurate surveillance information to guide policy and operational decisions. The T3 initiative is built on a foundation of the following core of WHO documents. By strengthening diagnostic testing, treatment and surveillance, affected counties will substantially improve child and maternal health. And it has become clear that continued presumptive treatment of malaria would lead to both drug wastage and under treatment of other febrile illness. Accurate diagnosis will substantially improve the quality of care and ensure that anti-malaria medicines are used rationally and correctly.

According to WHO African region, the testing rate in the public sector rose from less than 5% in 2000 to 45% in 2010. Countries that have scaled up diagnostic testing are saving hundreds of thousands of ACT courses every year. However, most endemic countries in Africa are still far from achieving universal access to diagnostic testing. Ethiopia has also adopted these strategies and incorporated in its national malaria guideline in 2012. Accordingly, a patient whose test is negative by RDT or microscope does not need to take anti-malaria drugs. WHO urges malaria endemic countries to strengthen their disease surveillance, health information systems and vital registration so that ministries can better identify public health priorities. Information on malaria incidence in relation to historical levels can also alert ministries to epidemics.

By Tamrat Asefa

ACIPH, malaria Surveillance officer

Selected Results from the Sentinel Sites (Health Centers)

All the sites have shown increment in number of tested cases for malaria starting from August 2012. An epidemic was also detected in Metehara and it was the same as last year the same time. The trend have shown reduction for all sites in October and on wards.

Figure 1. Number of Patients Lab tested for malaria at the Primary sites Apr 2010 - Nov 2012

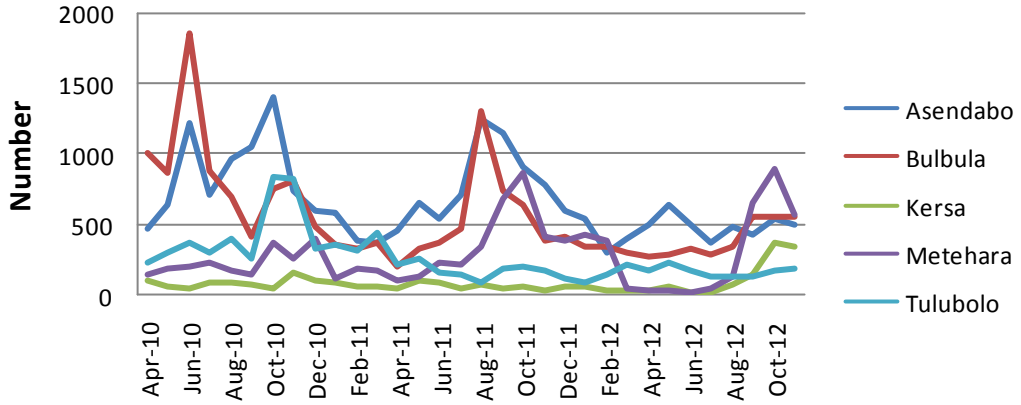
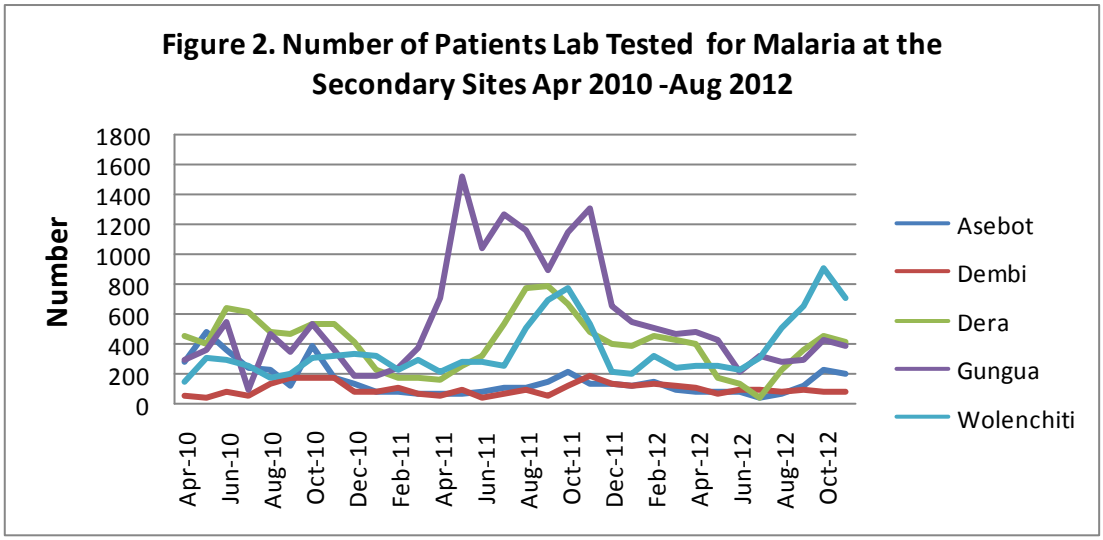


Figure 2. Number of Patients Lab Tested for Malaria at the Secondary Sites Apr 2010 -Aug 2012



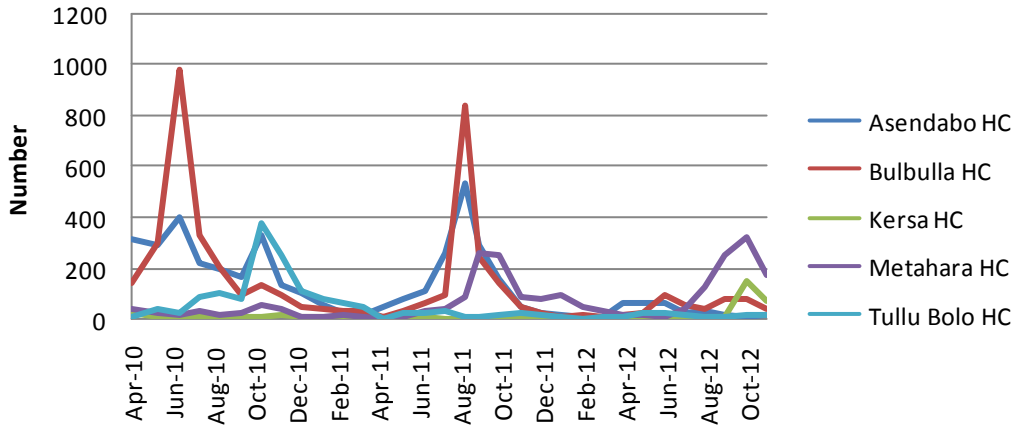
The number of lab tested cases remained low throughout the year for Asebot and Dembi. Except that Asebot had slight increment around October 2012.

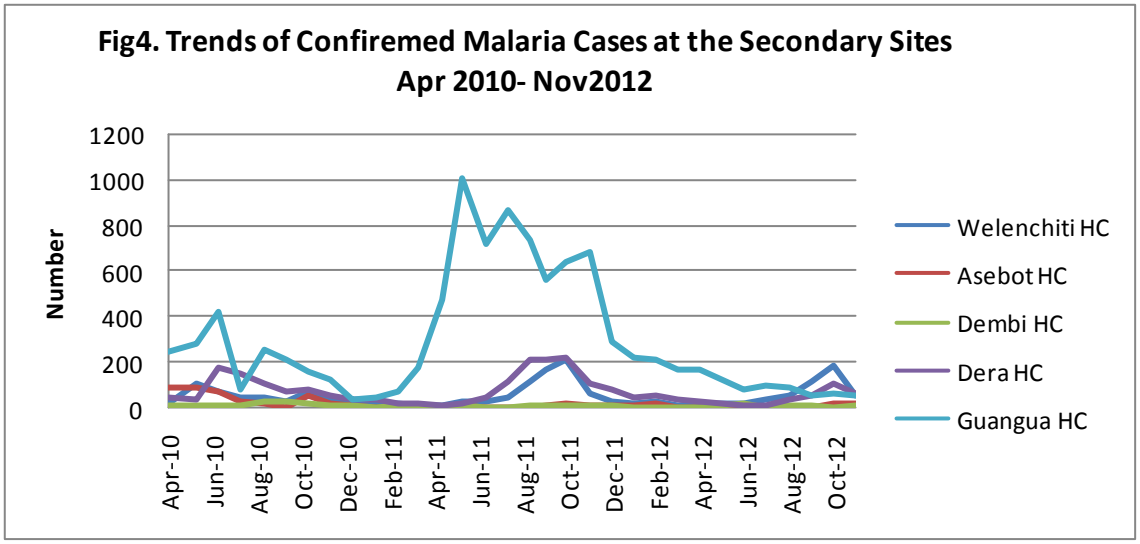
For Wolenchiti the increase in lab test cases has shown sharp increment around September 2012 and fell immediately. The increment was also witnessed both Guangua, and Dera on September but very much lower compared to previous year the same time.

Tulubolo and Asendabo continue to have lower number of confirmed cases. Metehara and Kersa experienced epidemic . Kersa's epidemic was the first in its kind since it was established as a sentinel site. It was detected by the SMS reporting system right away and appropriate intervention was done afterward.

For both sites the number of confirmed cases reduced sharply.

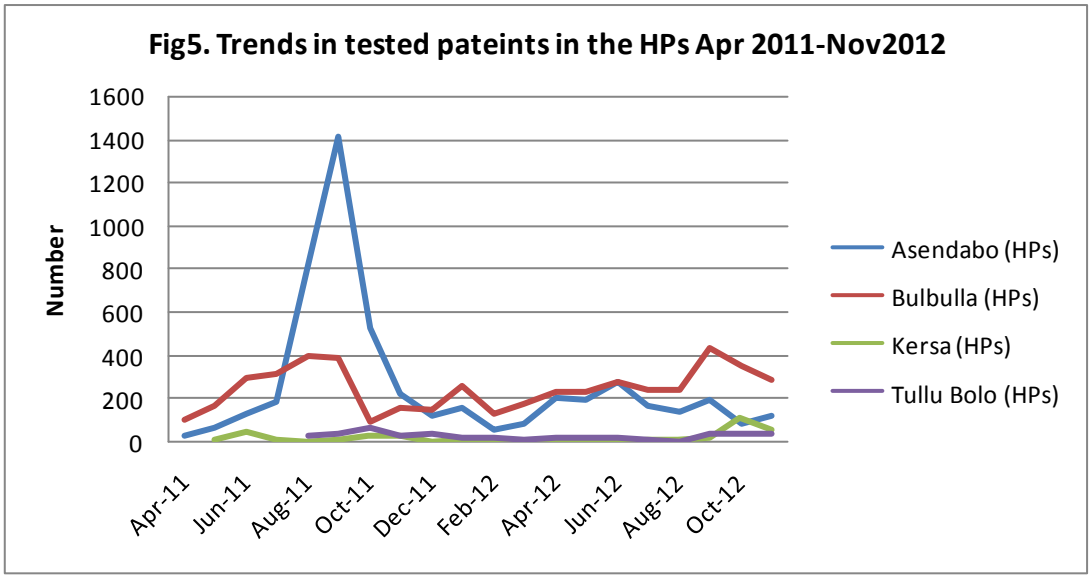
Figure 3. Trends of Confirmed Malaria Cases at the Primary Sites Apr 2010 - Aug 2012





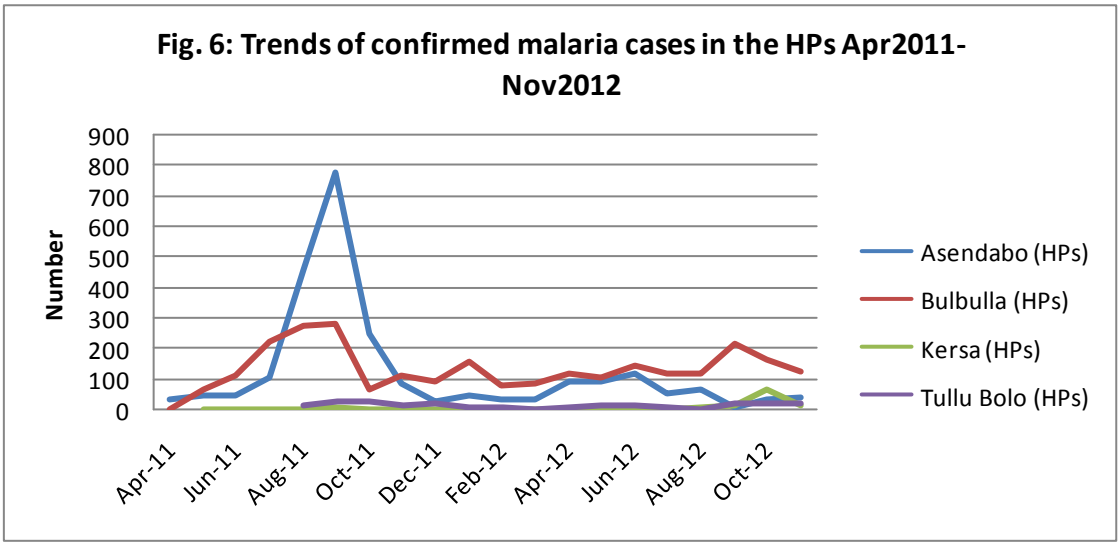
The trend in malaria confirmed cases did not much with the trend in lab tested cases in the same sites. Only Wolenchiti have shown big increment while Dera experienced slight increment around October 2012. Demebi, Asebot and Gungua maintained low number of cases till Nov 2012.

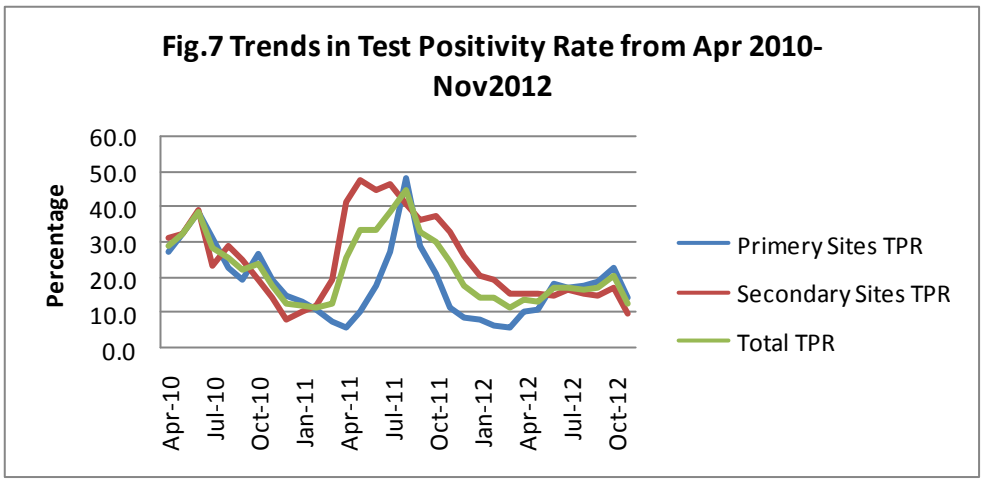
Selected Results from the Sentinel Sites (Health Posts)



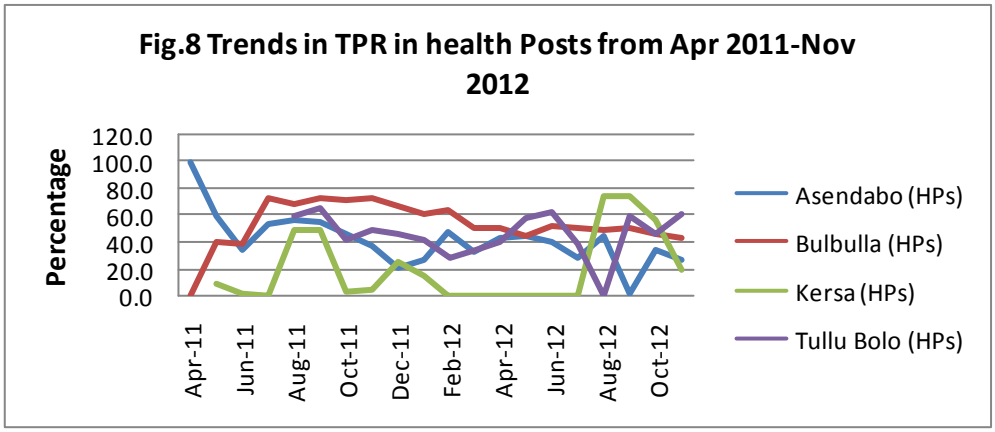
The number of lab tested individuals has also shown increment for health posts in Bulbula, Asendabo and Kersa starting from September 2012 but followed by immediate reduction.

The trend in confirmed malaria cases remain low throughout the year for Tulubolo. The experience in Kersa Health center also witnessed in its health posts although the increment was not that prominent. The trend in Bulbula have shown increment in September and continue to drop after wards. This trend was almost the same as last year the same time.





The trend of total TPR is more or less the same in both sites. The TPR followed similar pattern with the malaria seasonal trend having peak in the peak malaria transmission seasons. However compared to the pervious year trend the peak was lower this year. This partly has something to do with the malaria incidence.



Trend in TPR in health posts did not follow any specific pattern and it did not much with the malaria trend in the sites as well.

For Further Information, please contact either ACIPH or Tulane University

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