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Message from the Programme Manager

It is my pleasure to welcome you to the third Issue of Malaria Surveillance Bulletin. The aim of this bulletin is to provide a quick and simplified highlight of the progress being made towards the National Malaria Control Programme's (NMCP) strategic goal of reducing malaria prevalence in the Tanzania to as low as 1% by 2020. A wide dissemination of this information should help foster improvement of our efforts for malaria control in the country.

This issue presents data on malaria indicators generated from all health facilities in the mainland Tanzania. Routine malaria data are stored in and analyzed using the District Health Information Software (DHIS 2). The focus of this issue is malaria data reported in Quarter Three (July-September) and Quarter Four (October and December) of the Year 2017. Data from previous quarters i.e. Quarter One (January-March 2017) and Quarter Two (April-June 2017) have also been included to show trends for the entire year.

We hope you enjoy this issue and that you will provide us with feedback on any necessary improvements for future editions.

Dr. Ally Mohamed



The Burden of Malaria in Mainland Tanzania and its Regions

Malaria morbidity rates in health facilities

The proportion of malaria cases in OPD –There is a seasonal variation of the proportion of confirmed cases with high proportions in May – July and again in Dec- Feb. The proportions of clinical malaria are seen to decrease across the quarters of 2017 (Figure 1a). There is a pattern of heterogeneity and geographical variation of the proportion of malaria cases reported by HFs in the third and fourth quarter of 2017 with the central, north-east and south-west zones consistently demonstrating relatively low-transmission of malaria (Figure 1b).

Figure 1a: Quarterly proportions of malaria cases out of all visits in OPD, 2017

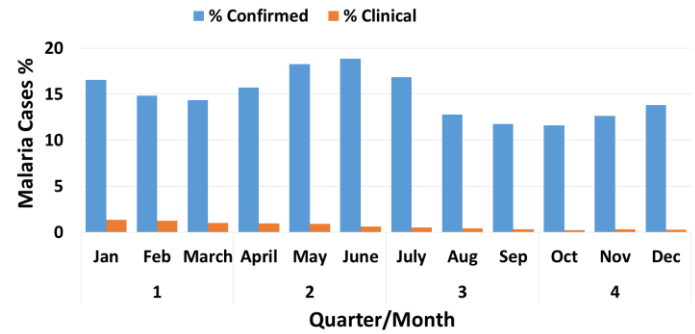
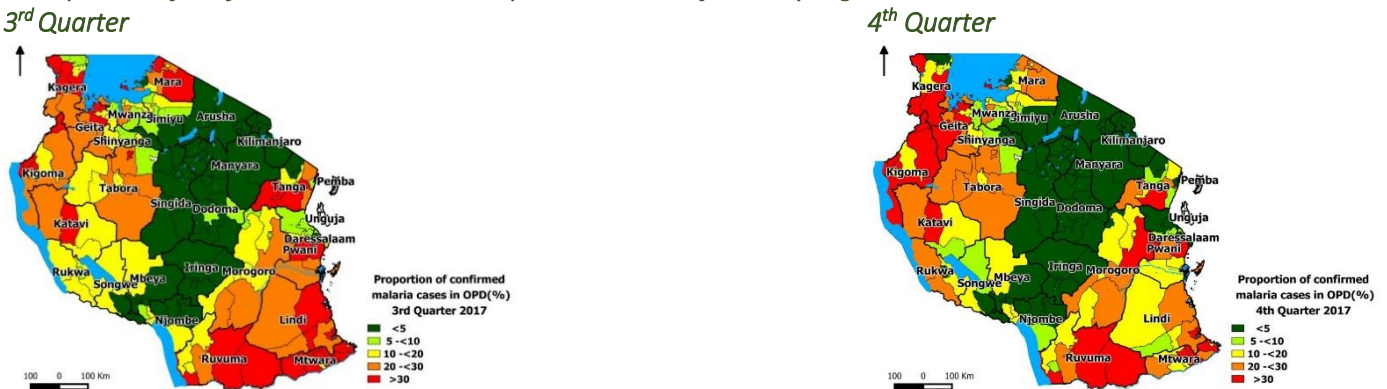


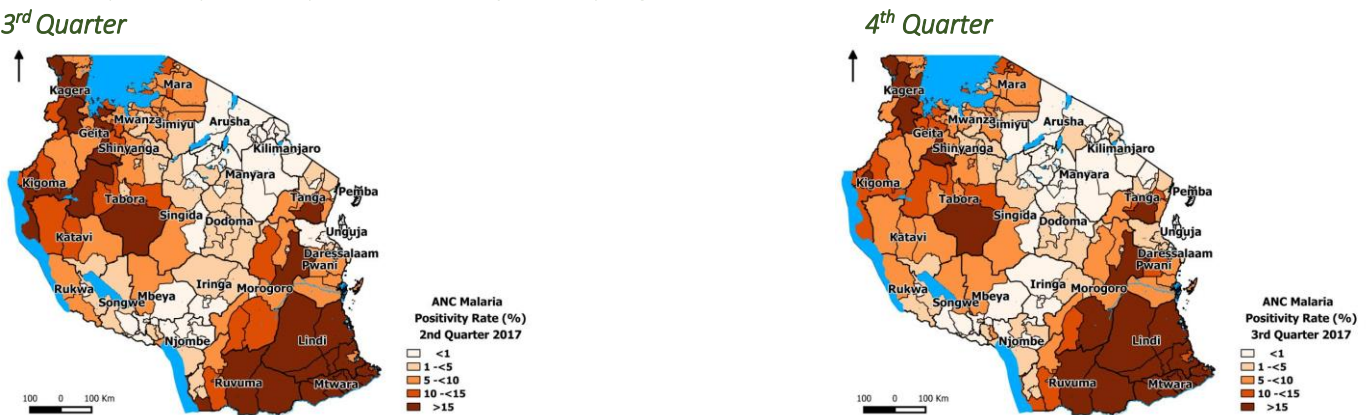
Figure 1b: Proportion of confirmed malaria cases in quarter 3 and 4 of 2017 by region



Malaria testing and positivity rate in pregnant women

Malaria test positivity rate in pregnant women attending ante-natal clinic (ANC) - The pattern for malaria transmission intensity for pregnant women is similar to what has been shown in Figure 1b above with relatively low malaria transmission in the belt running from north-east to south-west regions and councils (Figure 2).

Figure 2: Malaria positivity rate in quarter 3 and 4 of 2017 by region



Malaria Services in Out-Patient Department (OPD)

Uncomplicated malaria diagnosis

The indicators in **Figure 3a and 3b** shows the monthly numbers and proportions of malaria cases reported in OPD by type of diagnosis for the period 2017. The chart in **Figure 3a** shows a seasonal trend in the number malaria cases. There is also a decreasing trend in the proportion of clinical cases over the quarters (**Figure 3b**) indicating a gradual increase in adherence to national guidelines of testing all suspected malaria cases.

Figure 3a: Monthly frequency of malaria cases by type of diagnosis 2017

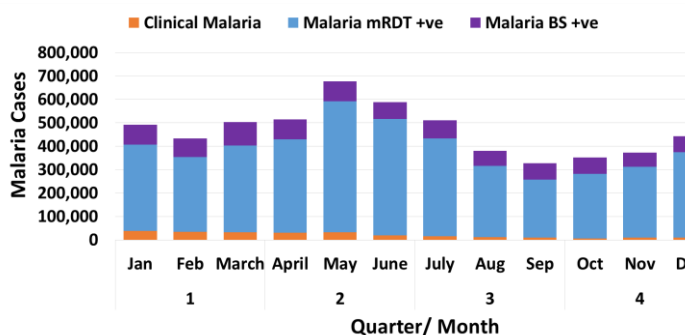
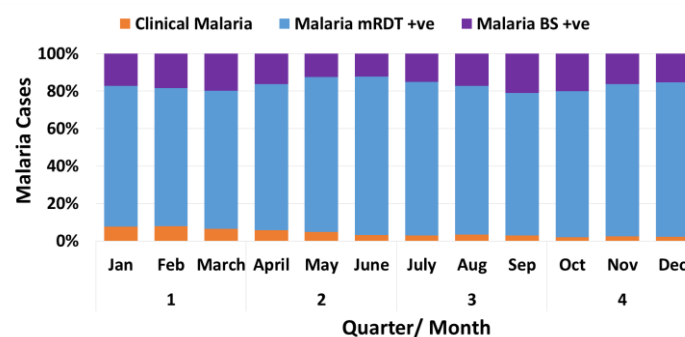


Figure 3b: Monthly proportion of malaria cases by type of diagnosis 2017



Malaria Testing and positivity rate

Figure 4a and 4b shows the laboratory testing and positivity rates of malaria tests performed in HFs in the defined period. The maps in **Figure 4c** demonstrate the regional variation in BS and mRDT positivity rate in the third and fourth quarter of 2017.

Figure 4a: Monthly malaria testing rate, 2017.

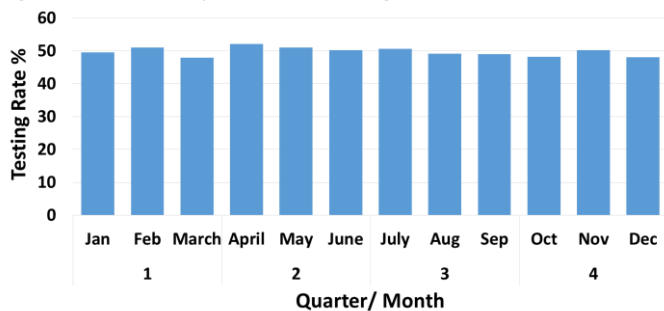


Figure 4b: Monthly malaria positivity rate, 2017

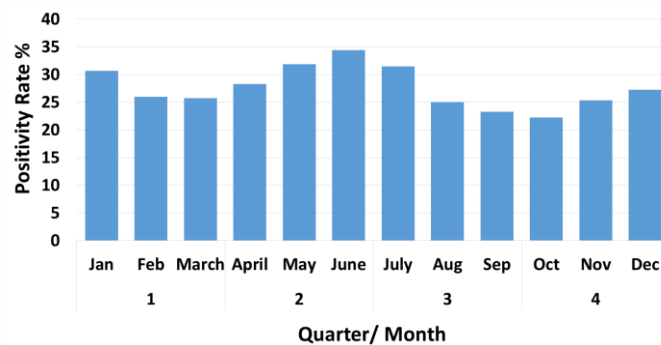
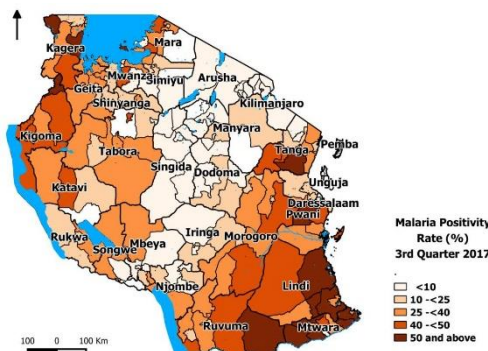
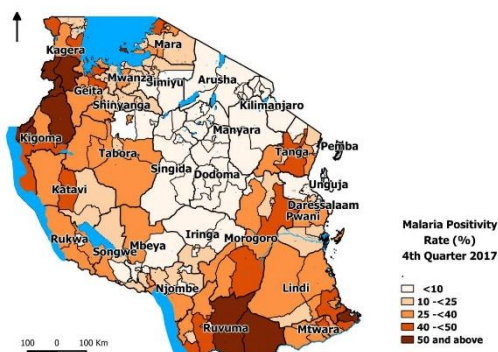


Figure 4c: BS and mRDT positivity rate by region for quarter 3 and 4 of 2017

3rd Quarter



4th Quarter

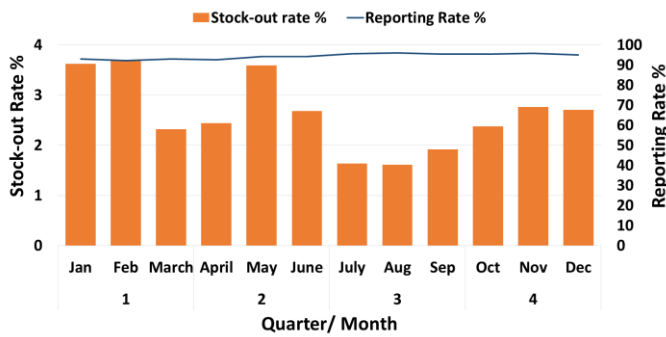


Malaria Commodities

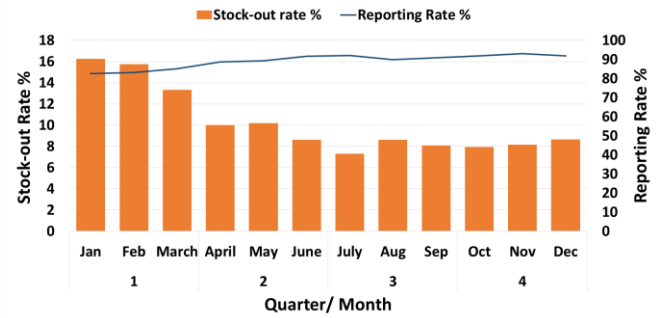
Figure 5 shows proportion of HFs experiencing stock-outs of ALU, mRDT and SP across the quarters of 2017.

Figure 5: Stock out rate and reporting rate of malaria commodities, 2017

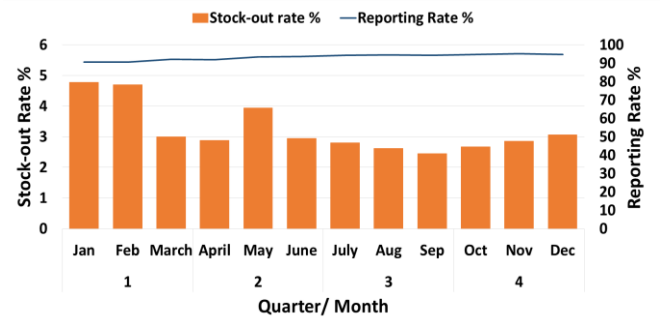
ALU



SP



mRDT



Severe Malaria Management in Inpatient Department (IPD)

Pattern of severe malaria diagnosis

Figure 6a shows the monthly numbers of malaria admissions by type of diagnosis for 2017. There is a seasonal trend in the number of admissions over the year.

Figure 6b shows the proportion of malaria admissions out of total admissions.

Figure 6a: Monthly frequency of malaria admissions in IPD, 2017.

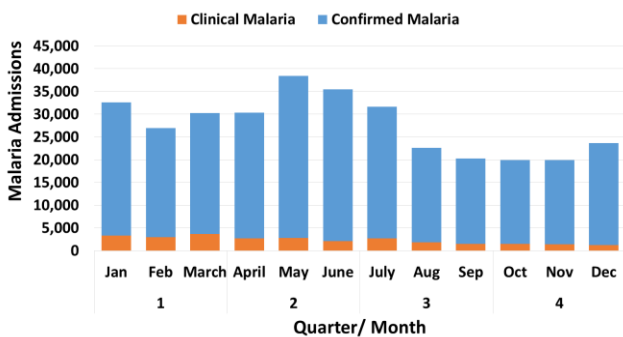
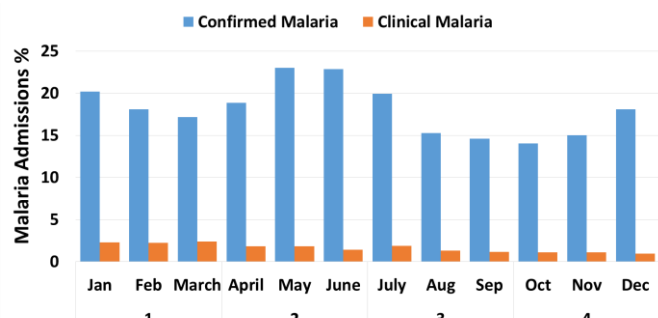


Figure 6b: Monthly proportion of malaria admissions out of total admissions in IPD, 2017



Source DHIS2, elaborated by NMCP and Swiss TPH

Malaria Deaths

Figure 7a and 7b shows the total numbers and proportions of malaria related deaths out of all deaths in IPD facilities respectively.

Figure 7a: Number of deaths attributable to malaria in IPD, 2017

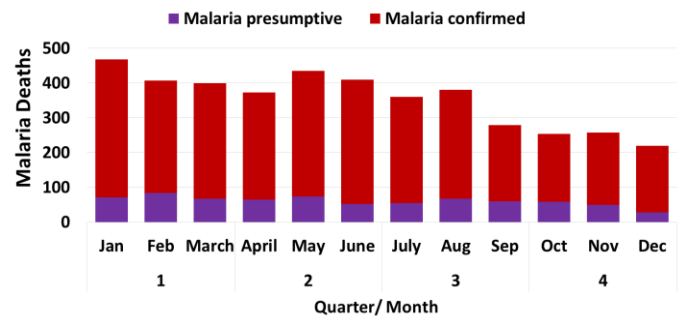
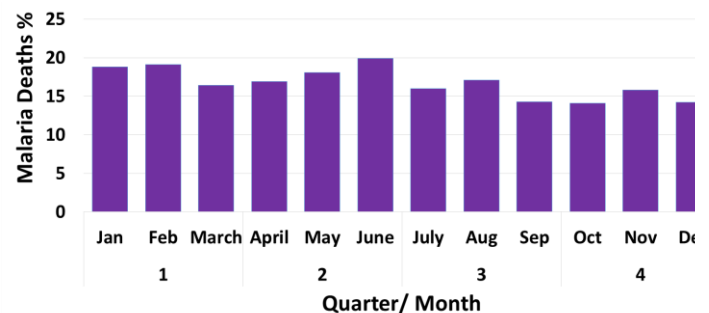


Figure 7b: Proportion of monthly malaria deaths out of all deaths in IPD, 2017



Malaria Services in RCH Clinic

IPTp2/3 performance

Figure 8a shows the monthly proportions of women receiving IPTp2 and IPTp3 during ANC visits for 2017.

The results shows that there is an increase in IPTp2 uptake from approximately 54% in January to 75% in December 2017 (Figure 8a). The reporting tools for the uptake of IPTp3 was recently introduced from December 2016. The uptake in December 2017 is approximately 44%. Figure 8b shows the regional variation in the IPTp2 performance in the third and fourth quarter of 2017.

Figure 8a: Monthly IPTp2/3 performance, 2017

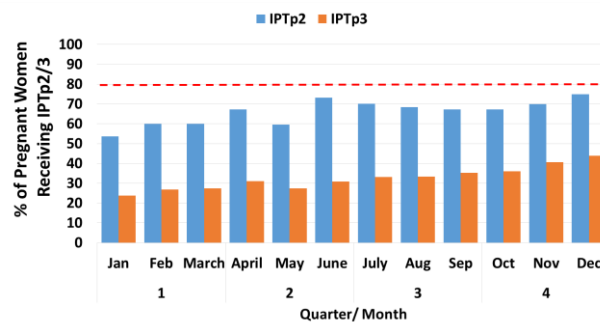
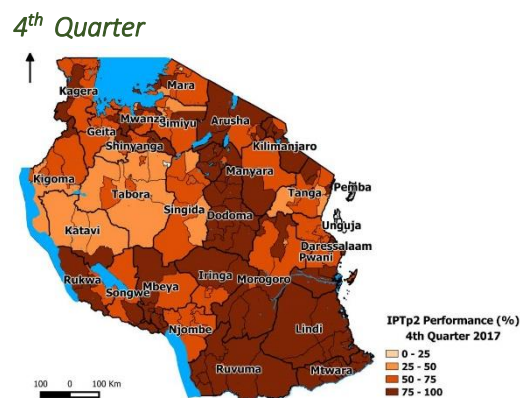
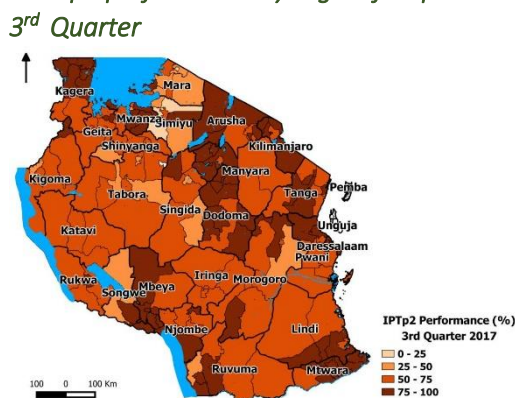


Figure 8b: IPTp2 performance by region for quarter 3 and 4 of 2017



LLIN issued to pregnant women and infants

Figure 9a and 9b shows the monthly number and proportion of LLINs issued to pregnant women and children in 2017. There is a progressive increase in the number of LLINs issued across the year. Figure 9c shows the regional variation in the proportion of women receiving LLIN at ANC for the third and fourth quarter of 2017.

Figure 9a: Numbers of LLIN issued to pregnant women and infants, 2017

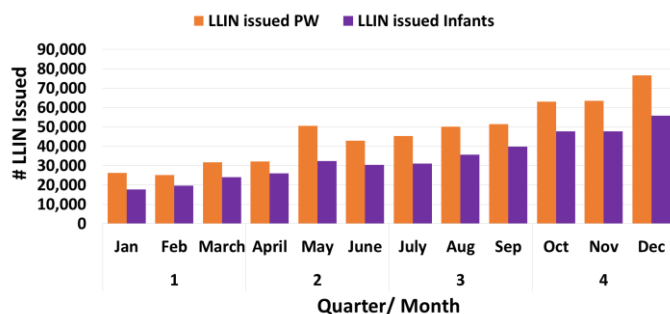


Figure 9b: Proportion of LLIN issued to pregnant women and infants, 2017

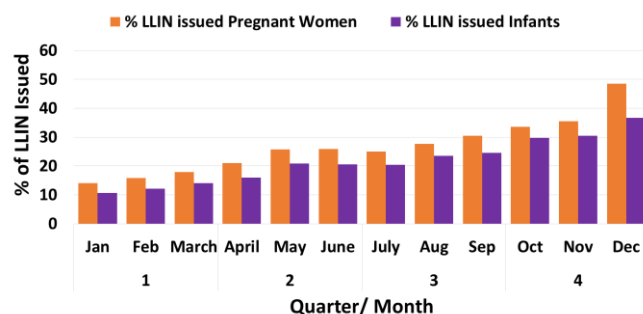
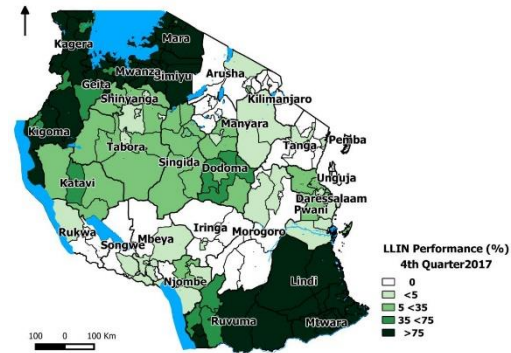
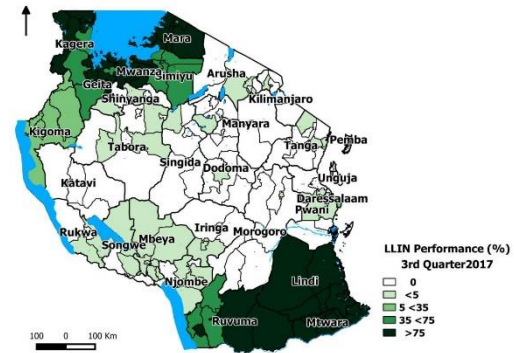


Figure 9c: % of pregnant women receiving LLIN by region for quarter 3 and 4 of 2017



National Malaria Strategic Plan 2014-2020, Mission Statement:

Ensure all Tanzanians have access to quality, effective, safe, and affordable malaria preventive and curative interventions through timely and sustainable collaborative efforts with partners and stakeholders at all levels.



U.S. President's Malaria Initiative