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Message from the Programme Manager

It is my pleasure to welcome you to the fifth Issue of Malaria Surveillance Bulletin. This issue presents data on malaria indicators generated from all health facilities in the Tanzania mainland. Routine malaria data are stored in and analyzed using the District Health Information Software (DHIS 2). The focus of this bulletin is malaria data reported in Quarter 1 (January - March) and Quarter 2 (April - June) of the Year 2018. Data from previous quarters i.e. Quarter 3 (July - September 2017) and Quarter 4 (October - December 2017) have also been included to show trends for the entire year (July 2017 – June 2018).

The aim of this bulletin is to provide a quick and simplified highlight of the progress being made towards achieving the National Malaria Control Programme's (NMCP) strategic goal of reducing malaria prevalence to <1% by 2020 in mainland Tanzania. A wide dissemination of this information should help foster improvement of our efforts for malaria control in the country.

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 Tanzania Mainland and its Regions

A. Malaria morbidity rates in health facilities

The incidence of malaria cases per 1,000 population:

There is an increase in the incidence of malaria cases in quarter 1 and 2 of 2018 compared to the last quarters of 2017 (Figure 1a). There is a pattern of heterogeneity and geographical variation of the incidence of malaria cases reported by HF in the first and second quarter of 2018 with the central, north-east and south-west zones consistently demonstrating relatively low-transmission of malaria while higher transmission is seen in the north-west and south east zones (Figure 1b).

Figure 1a: Quarterly incidence of malaria cases per 1,000 population, 2018

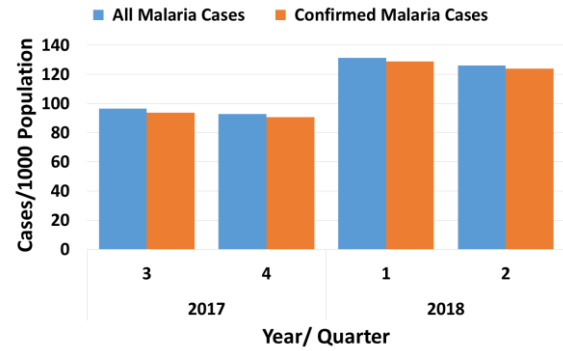
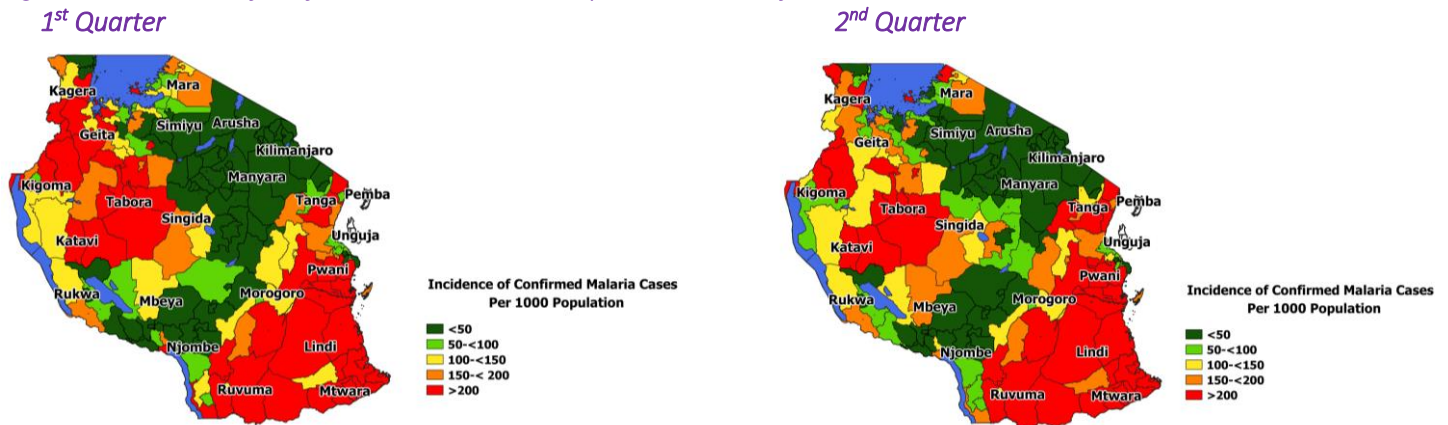


Figure 1b: Incidence of confirmed malaria cases in quarter 1 and 2 of 2018

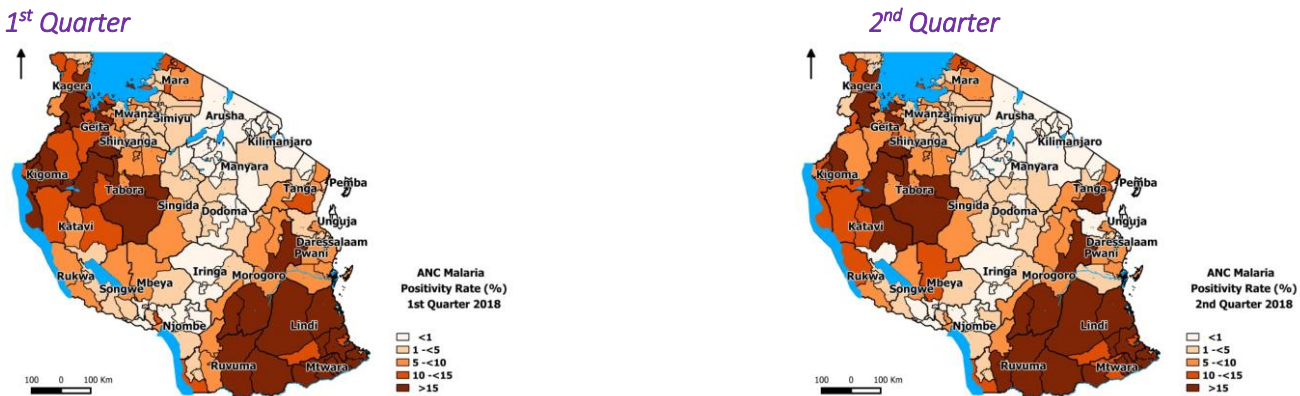


B. Malaria testing and positivity rate in pregnant women

Malaria test positivity rate in pregnant women attending ante-natal clinic (ANC):

The pattern for malaria transmission intensity for pregnant women attending ante-natal clinic is consistent with figure 1b and shows relatively low transmission in the belt running from north-east to south-west regions and higher transmission in the north-west and south-east regions. (Figure 2).

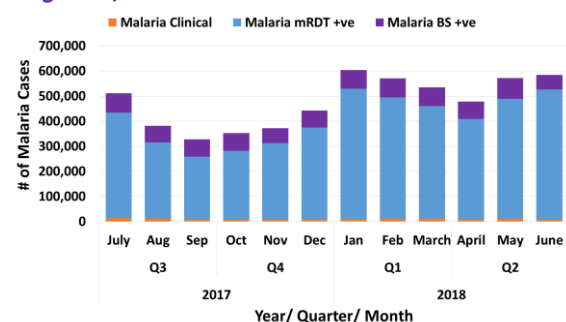
Figure 2: Malaria positivity rate in pregnant women by region, quarter 1 and 2 - 2018



C. Uncomplicated malaria diagnosis

The indicator in Figure 3 shows the monthly numbers of malaria cases reported in OPD by type of diagnosis. There is a seasonal trend in the number of malaria cases with overall numbers being higher in the first two quarters of 2018 compared to 2017.

Figure 3: Monthly numbers of malaria cases by type of diagnosis, 2018



Malaria Services in Out-Patient Department (OPD)

D. Malaria Testing and Positivity Rate

Figure 4a shows the regional comparison of the testing rate in mainland Tanzania for quarter 1 and 2 of 2018. Generally, regions with low malaria prevalence have considerably lower testing rate compared to regions with higher burden of malaria. Figure 4b shows the positivity rate of malaria tests performed in health facilities in the defined period. The maps in Figure 4c demonstrate the regional variation in mRDT positivity rate in the first and second quarter of 2018.

Figure 4b: Monthly laboratory malaria positivity rate, 2018



Figure 4a: Laboratory mRDT testing rate by region, 2018

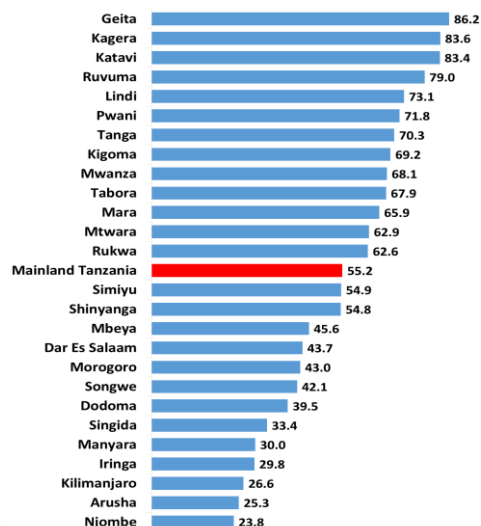
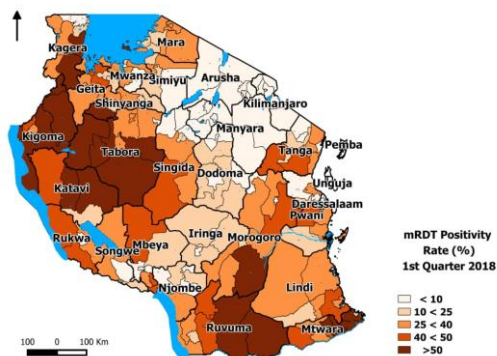
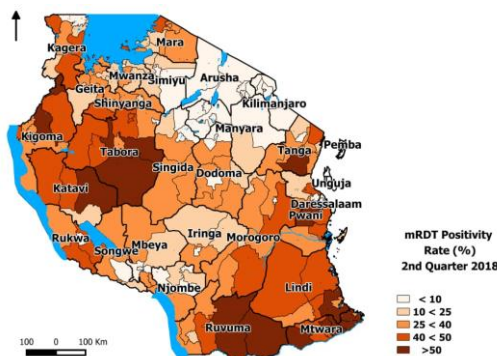


Figure 4c: mRDT positivity rate by region, quarter 1 and 2 - 2018

Quarter 1



Quarter 2



E. Malaria Commodities

Figure 5 shows the stock out and reporting rate of ALU, mRDT and SP in the health facilities. There is an increase in the stock out rate of mRDT and ALU and a decrease in the stock out rate of SP. The reporting rate is constant across the quarters.

Figure 5: Stock out rate and reporting rate of malaria commodities, 2018



Severe Malaria Management in Inpatient Department

F. Pattern of severe malaria diagnosis

Figure 6a shows the monthly numbers and proportion of malaria admissions in IPD by type of diagnosis in quarters 3 and 4 of 2017 and quarters 1 and 2 of 2018. There is a seasonal trend in the number of admissions over the quarters with an overall increase in number of admissions in 2018 when compared to 2017.

Figure 6b shows the proportion of malaria admissions out of total admissions for quarters 1 and 2 of 2018 and quarters 3 and 4 of 2017.

Figure 6a: Monthly numbers of malaria admissions, 2018

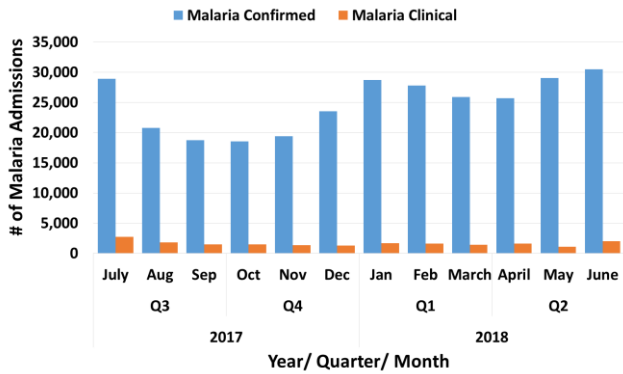
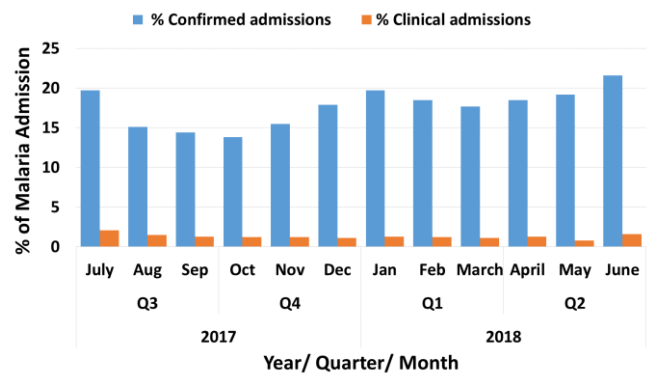


Figure 6b: Monthly proportions of malaria admissions out of total admission, 2018



G. Malaria Deaths

Figure 7a and **7b** shows the total numbers and proportions of malaria related deaths out of all deaths in IPD facilities. There is not much variation in the proportion of malaria related deaths between the quarters of 2017 and 2018.

Figure 7a: Monthly numbers of deaths attributable to malaria in IPD, 2018

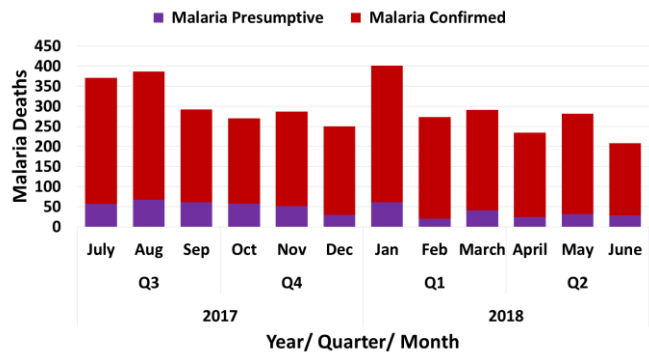
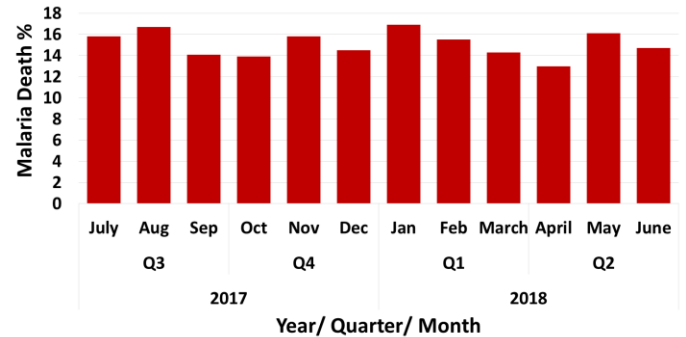


Figure 7b: Monthly proportion of malaria deaths out of all deaths in IPD, 2018



Malaria Services in RCH Clinic

H. IPTp2/3 performance

Figure 8a shows the monthly proportions of women receiving IPTp2/3 during ANC visits for quarter 1 and 2 of 2018 and quarter 3 and 4 of 2017. The figure shows that there is an increase in IPTp2 uptake with uptake reaching the target of 80% in June 2018. The reporting tools for the uptake of IPTp3 was recently introduced in December 2016. The national uptake in June 2018 was 56%.

Figure 8b shows the regional variation in IPTp2 performance in the first and second quarter of 2018.

Figure 8a: Monthly IPTp2/3 performance, 2018

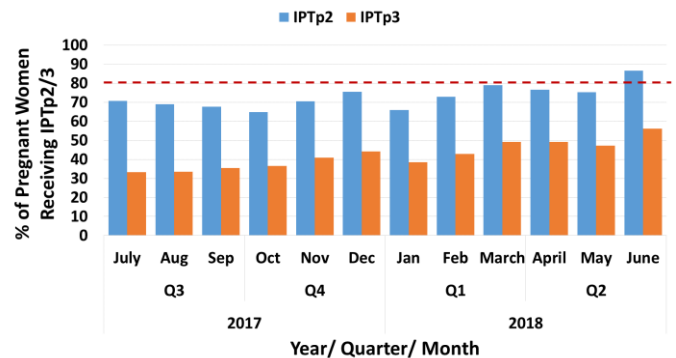
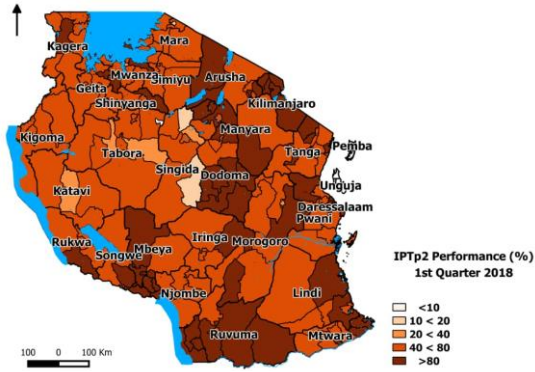
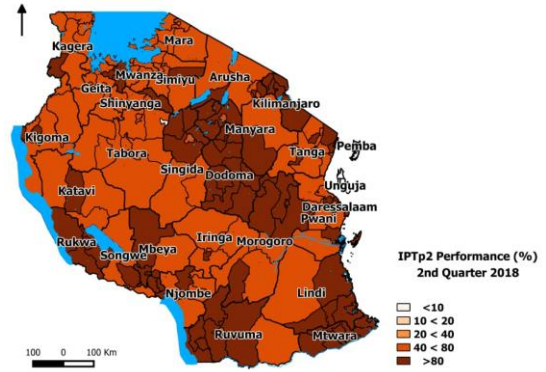


Figure 8b: IPTp2 performance by region for quarter 1 and 2, 2018

Quarter 1



Quarter 2



I. LLIN issued to pregnant women and infants

Figure 9a and 9b shows the monthly number and proportion of LLINs issued to pregnant women at first ANC visit and to children issued during first dosage of measles and rubella vaccination. There is a progressive increase in the number and proportion of LLINs issued across the quarters. Figure 9c shows the regional variation in the proportion of pregnant women receiving LLIN at ANC during the first and second quarter of 2018.

Figure 9a: Monthly numbers of LLIN issued to pregnant women and infants, 2018

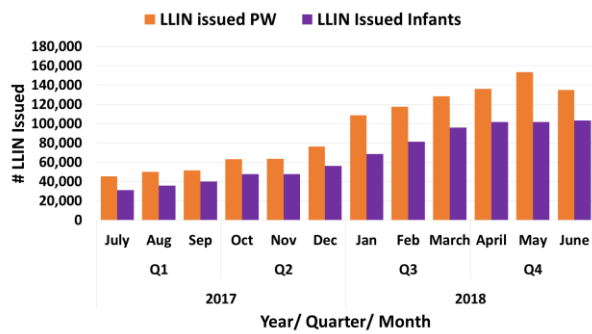


Figure 9b: Monthly proportion of LLIN issued to pregnant women and infants, 2018

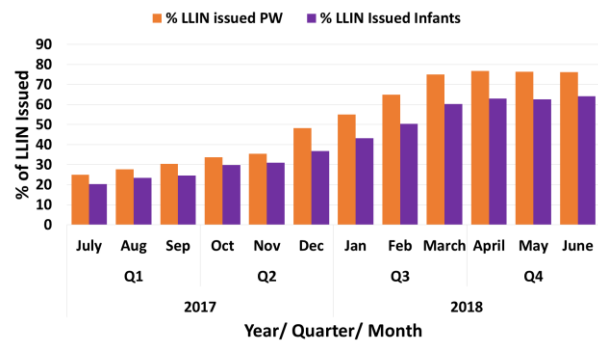
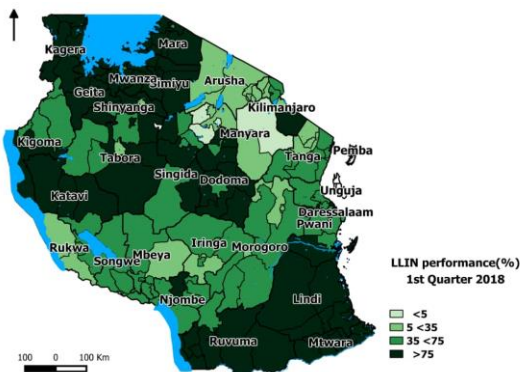
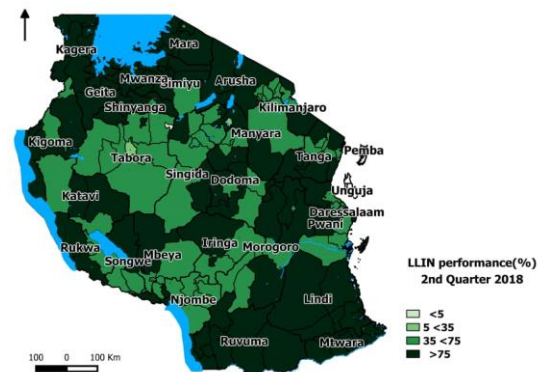


Figure 9c: Proportion of pregnant women receiving LLIN by region, quarter 1 and 2 - 2018

Quarter 1



Quarter 2



National Malaria Strategic Plan 2015-2020, 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.

