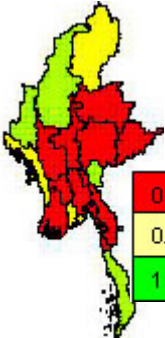


**Non-Polio AFP Rates
2003**

Myanmar Polio Newsletter

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Tel: +95 -1- 380040 (CEU)
Tel: +95 -1- 380040 (EPI)
Tel: + 95 -1- 726994 (WHO)
Fax: + 95-1 - 379008, 380040



**Non-Polio AFP Rates
2004 (annualized)**

0 - 0.49

0.50 - 0.99

1 or above

Table 1: Reported AFP cases against targets by State/Division and classification status of cases with onset in 2003 and 2004 (date as of 21/05/04)

State / Division	Population < 15 years	2004								2003							
		Min. non-polio AFP target	AFP		Polio		Cases Pending	No. with 2 spec. w/in 14 days	No. of AFP cases (60 day follow-up done)	AFP		Polio		Cases Pending	No. with 2 spec. w/in 14 days	No. of AFP cases (60 day follow-up done)	
			Non-polio AFP cases	Reported AFP cases	Confirmed Polio	Wild Polio Virus				Non-polio AFP cases	Reported AFP cases	Confirmed Polio	Wild Polio Virus				
Ayeyarwady	2,457,890	25	1	6	0	0	5	6	1	34	34	0	0	0	33	33	
Bago East	1,017,176	10	0	1	0	0	1	1	0	16	16	0	0	0	13	14	
Bago West	826,605	8	1	5	0	0	4	4	1	13	13	0	0	0	13	13	
Chin	174,036	2	1	1	0	0	0	1	0	5	5	0	0	0	5	5	
Kachin	461,195	5	1	1	0	0	0	1	1	7	7	0	0	0	6	7	
Kayah	96,444	1	1	1	0	0	0	1	0	9	9	0	0	0	9	9	
Kayin	539,872	5	0	0	0	0	0	0	0	5	5	0	0	0	4	5	
Magway	1,648,989	16	2	4	0	0	2	4	2	24	24	0	0	0	24	22	
Mandalay	2,383,563	24	2	10	0	0	8	10	2	44	44	0	0	0	41	41	
Mon	907,161	9	1	3	0	0	2	3	3	11	11	0	0	0	10	11	
Rakhine	994,904	10	2	7	0	0	5	7	1	19	19	0	0	0	17	18	
Sagaing	1,989,808	20	9	14	0	0	5	14	6	27	27	0	0	0	27	27	
Shan North	737,323	7	0	1	0	0	1	1	0	15	15	0	0	0	15	15	
Shan East	348,475	3	0	0	0	0	0	0	0	3	3	0	0	0	3	3	
Shan South	684,229	7	0	0	0	0	0	0	0	9	9	0	0	0	8	9	
Tanintharyi	491,651	5	2	2	0	0	0	2	2	12	12	0	0	0	12	12	
Yangon	2,015,913	20	5	5	0	0	0	5	5	38	38	0	0	0	35	35	
Totals	17,775,234	177	28	61	0	0	33	60	24	291	291	0	0	0	275	279	

Table 2: Selected Performance Indicators by State/Division for cases with onset in 2003 and 2004 - data as of 21/05/04

State/ Division	2004								2003							
	Annualized AFP RATE		Stool Collection		% AFP Investigated w/in 48 hrs.	% AFP cases with 60 days Follow-up	% Weekly zero reports received	% Weekly zero reports received on Time	Annualized AFP RATE		Stool Collection		% AFP Investigated w/in 48 hrs.	% AFP cases with 60 days Follow-up	% Weekly zero reports received	% Weekly zero reports received on Time
	Total AFP	Non-Polio	% with 2 spec. w/in 14 days	% with any specimen					Total AFP	Non-Polio	% with 2 spec. w/in 14 days	% with any specimen				
TARGET		1	80		80	80	80	80		1	80		80	80	80	80
Ayeyarwady	0.73	0.12	100	100	100	33	59	54	1.42	1.42	97	100	100	100	98	91
Bago East	0.31	0.00	0	0	0	0	68	67	1.60	1.60	81	94	75	100	98	95
Bago West	1.91	0.38	80	100	100	33	70	70	1.63	1.63	100	100	100	100	100	98
Chin	1.53	1.53	0	0	0	0	71	59	2.50	2.50	100	100	100	100	100	82
Kachin	0.61	0.61	0	0	0	100	71	42	1.40	1.40	86	100	100	100	100	61
Kayah	3.06	3.06	100	100	100	0	65	60	9.00	9.00	100	100	100	100	100	87
Kayin	0.00	0.00	0	0	0	0	41	41	1.00	1.00	80	100	80	100	100	100
Magway	0.76	0.38	100	100	100	67	76	72	1.50	1.50	100	100	100	100	100	94
Mandalay	1.27	0.25	100	100	90	25	82	82	1.91	1.91	93	98	100	98	100	94
Mon	1.02	0.34	100	100	100	100	59	59	1.22	1.22	91	100	64	100	100	100
Rakhine	2.14	0.61	100	100	100	14	71	65	1.90	1.90	89	100	89	100	100	85
Sagaing	2.14	1.38	100	100	100	55	65	60	1.35	1.35	100	100	100	100	100	84
Shan North	0.44	0.00	0	0	0	0	65	58	2.14	2.14	100	100	100	100	100	79
Shan East	0.00	0.00	0	0	0	0	39	38	1.00	1.00	100	100	100	100	98	95
Shan South	0.00	0.00	0	0	0	0	59	44	1.29	1.29	89	100	100	100	100	85
Tanintharyi	1.22	1.22	100	100	100	100	65	52	2.40	2.40	100	100	83	100	100	82
Yangon	0.76	0.76	100	100	100	100	76	76	1.90	1.90	92	100	100	97	100	98
Totals	1.05	0.48	98	100	98	50	0	0	1.66	1.66	95	99	96	99	100	91

Table 3: AFP cases by month of paralysis onset, last 13 months

State / Division	2002 Total AFP	2003 Total AFP	2003 total AFP Jan-Apr	2004 AFP up to date	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03	Jan-04	Feb-04	Mar-04	Apr-04
Ayeyarwady	35	34	11	6	3	2	3	5	0	4	5	4	0	1	1	1	3
Bago East	15	16	7	1	2	2	0	3	1	0	1	1	1	0	0	0	1
Bago West	21	13	2	5	0	2	1	1	4	1	0	2	0	0	1	2	2
Chin	7	5	0	1	0	0	0	1	2	1	0	1	0	0	0	1	0
Kachin	6	7	0	1	0	0	3	1	1	1	1	0	0	0	0	1	0
Kayah	2	9	0	1	0	0	3	1	0	0	0	1	1	0	1	0	0
Kayin	6	5	3	0	1	0	0	0	0	1	1	0	0	0	0	0	0
Magway	28	24	4	4	2	2	3	1	2	6	4	2	2	2	0	1	1
Mandalay	31	44	4	10	0	2	1	4	8	7	6	4	1	1	2	5	2
Mon	10	11	2	3	0	1	2	1	2	2	0	1	0	1	1	1	0
Rakhine	27	19	5	7	2	1	5	1	1	1	4	0	1	2	0	5	0
Sagaing	33	27	2	14	2	0	0	5	10	1	1	4	2	5	4	2	3
Shan North	10	15	3	1	1	2	3	0	3	0	2	1	0	0	0	0	1
Shan East	4	3	1	0	1	0	0	1	0	1	0	0	0	0	0	0	0
Shan South	7	9	2	0	2	0	3	2	1	0	0	0	0	0	0	0	0
Tanintharyi	5	12	1	2	1	0	0	0	3	2	0	0	0	1	1	0	0
Yangon	59	38	10	5	5	1	3	0	2	6	2	5	3	5	0	0	0
Totals	306	291	57	61	22	15	30	27	40	34	27	26	11	18	11	19	13

Table 4: Stool processing and Laboratory performance indicators for cases with onset in 2003 & 2004, data as of 21/05/04

	Target	Achievement	
		2003	2004
% Specimens arriving at the Lab within 3 days after being sent	80	94	91
% Specimens arriving in the Lab in good condition	90	100	100
% Specimens with a turn-around time of 28 days or less	80	100	91
% Specimens for which non-polio enterovirus was isolated	10	20	16
% Polio-positive specimens forwarded to Ref Lab within 14 days after isolation	80	100	0

Laboratory Results, as reported by NHL between 1st March 2004 and 21st May 2004

State/ Division	Township	EPID number	Date Onset	Date Stool sent	Stool Condition	Date Report by NHL	Stool 1 Result	Stool 2 Result
RAKHINE	RATHEDAUNG	MMR111504001	11/03/2004	22/03/2004	Good	08/04/2004	Negative	NPEV
MON	YE	MMR100804001	01/03/2004	28/03/2004	Good	19/04/2004	NPEV	NPEV
AYEYARWADY	KYONEPYAW	MMR140304002	04/04/2004	09/04/2004	Good	06/05/2004	NPEV	Negative
MANDALAY	LEWAY	MMR092504003	13/04/2004	19/04/2004	Good	06/05/2004	NPEV	NPEV

N.B. If stool condition is good and laboratory finding is negative, it will not be shown in the table.

Results of Intra-Typic Differentiation by NIH/Bangkok, 2003

State/ Division	Township	IDCODE	Onset Date	Stool Condition	Stool 1	Stool 2
CHIN	MINDAT	MMR040803001	02/08/2003	Good	Negative	P1S P3S
KAYIN	HLAING BWE	MMR030603002	17/08/2003	Good	NPEV	Negative
MANDALAY	THABEIKKYIN	MMR092803001	23/06/2003	Good	P2S	P2S
MANDALAY	WJUNDWIN	MMR092603002	20/09/2003	Good	P2S	P2S
YANGON	TVWANTE	MMR123603001	24/01/2003	Good	P1S	P1S

Note: P1, P2, P3 indicates Polio Serotype 1, 2, 3 respectively; "W" indicates "Wild Virus"; "S" indicates "Sabin (=Vaccine) Virus"

Adverse Events Following Immunization (AEFI)

What is the purpose of AEFI surveillance and what damage could AEFI do to the immunization programme?

1. Improve the quality of immunization services provided by DGHS
2. Reduce the negative impact of AEFI on the programme and public safety
3. Maintain confidence by properly responding to parent/community concerns
4. Identify programme errors and batch problems
5. Create awareness of risks among health professionals and public

What is an AEFI and what are the different types of AEFI?

There are several categories of adverse events following immunization, depending on how they occur. Whatever the cause, all AEFI must be taken seriously and the response must be rapid and professional. If community does not trust or cannot depend on a timely response, then an AEFI can jeopardize the whole program and bring it to a halt.

Type of AEFI	Definition	Example
Vaccine reaction	An event caused or precipitated by the vaccine when given correctly. This is due to the inherent properties of the vaccine	Anaphylaxis due to measles vaccine
Programme Error	An event caused by an error in vaccine preparation, handling or administration	Injection site abscess after DTP vaccine
Coincidental	An event that occurs after immunization but is not caused by the vaccine. This is due to a chance association	Pneumonia 2 weeks after Oral Polio Vaccine
Injection Reaction	Event from anxiety about, or pain from the injection itself rather than the vaccine	Child screams at sight of injection Fainting spell in a teenager after immunization
Unknown	Event's cause cannot be determined	Child dies within 24 hours of vaccination

The most common adverse events following immunization are a result of programme errors.

What are roles and functions of the various health workers?

Midwife/Basic Health Staff

- Recognise AEFI
- Report AEFI (immediately – before the end of the day) to the LHV/SMO/HA
- Refer Patient to Township Medical Centre or appropriate health facility
- Prevent AEFIs through proper handling and administration

Lady Health Visitor / Health Assistant / Station Medical Officer

- Encourage and assist with reporting by basic health staff/midwife
- Collects reports from midwives
- Ensure patient is seen at the Station/Township Health Centre
- Collect data on vaccine batch/lot from EPI technician and midwife/VCN
- Inform TMO of AEFI reported by midwife/basic health staff (within 24 hours of report)

Township Medical Officer

- Encourage reporting by midwives, LHV/HA/SMO and private practitioners
- Collects reports from LHV/HA/SMO/ Basic Health Staff
- Decide on whether investigation is required
- Organise investigation in the case of local reactions (e.g. BCG lymphadenitis, severe local reaction, abscesses)
- Inform State/Divisional SDCU team leader immediately of deaths, clusters of serious events, events causing community concern
- Refer serious cases to State/divisional hospital where appropriate
- Maintain monthly line listing and report to SDCU office monthly
- Monitor for clustering
- Manage Anaphylaxis and serious local reactions and other serious

RSO

- Encourage reporting in public and private sector
- Accept reports and facilitate reporting to appropriate authorities (e.g. CEU/State/Divisional Level Team leader)
- Assist with investigation (part of investigation team) of serious trigger events.

Special Disease Control Unit Team Leader

- Collate information in monthly line listing report and submit to EPI HQ
- Organise and participate in investigation of serious AEFI
- Provide feedback to field staff on results of investigation and corrective action to be taken
- Implement corrective action
- Ensure enforcement of corrective action
- Report results of investigation to EPI HQ/CEU
- Ensure distribution of AEFI reporting and investigation forms.

post Mass Measles Campaign

(Continue from last month)

Preliminary Results

Findings

- 1) Interviewers had to visit the highest number of households (1600) in Yangon Division and Rakhine state (786) is the lowest.
- 2) Routine immunization card retention is 56% in Yangon division and only 9% in Chin.
- 3) Presence of MMC immunization card is only 34% in Chin and 78% in Sagaing, Rakhine. Ayeyarwaddy and Yangon division achieve more than 80%.
- 4) *Vitamin A* distribution is very good (more than 90%) in Yangon, Ayeyarwaddy and Rakhine state and only 80% in Chin state which is the lowest of five states and divisions.
- 5) Previous measles immunization rate is more than 80% in all states and divisions except Chin where it is only 69%.
- 6) Measles immunization received during MMC is more than 90% in all states and divisions.
- 7) A large proportion of about 30% of children is found to be the first dose of measles given during MMC in Rakhine state where it is about only 11 - 17% in remaining four states and divisions.
- 8) Only (1 - 4)% of children in all five states and divisions receive measles vaccine as first dose of any vaccine given.
- 9) Adverse events following Mass Measles immunization is 2% in Yangon and Sagaing and 0%, 5% and 1% in Ayeyarwaddy, Rakhine and Chin respectively.

Conclusion

Data entry and comprehensive analysis of data is now process as planned.

