Non-Polio AFP Rates 2004

Myanmar Polio Newsletter

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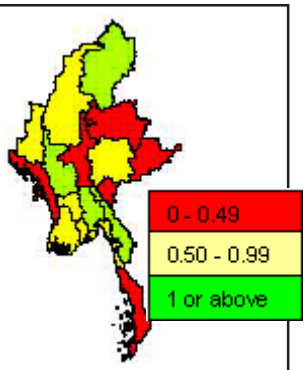

Non-Polio AFP Rates 2005 (annualized)

Table I: Reported AFP cases against targets by State/Division and classification status of cases with onset in 2004 and 2005 (date as of 7/09/2005)

State / Division	2005 Population < 15 years	2005 Min. non-polio AFP target	2005 AFP: Non-polio AFP cases	2005 AFP: Reported AFP cases	2005 Polio: Confirmed Polio	2005 Polio: Wild Polio Virus	2005 Cases Pending	2005 No. with 2 spec. w/in 14 days	2005 No. of AFP cases (60 day follow-up done)	2004 AFP: Non-polio AFP cases	2004 AFP: Reported AFP cases	2004 Polio: Confirmed Polio	2004 Polio: Wild Polio Virus	2004 Cases Pending	2004 No. with 2 spec. w/in 14 days	2004 No. of AFP cases (60 day follow-up done)
Ayeyarwady	2,601,906	26	15	20	0	0	5	20	12	39	39	0	0	0	33	34
Bago East	1,077,159	11	8	9	0	0	1	8	6	15	15	0	0	0	14	15
Bago West	875,375	9	6	9	0	0	3	7	2	15	15	0	0	0	14	13
Chin	184,304	2	1	2	0	0	1	2	1	2	2	0	0	0	2	2
Kachin	488,406	5	5	6	0	0	1	5	1	6	6	0	0	0	6	6
Kayah	102,134	1	0	1	0	0	1	0	2	2	2	0	0	0	2	2
Kayin	571,724	6	5	8	0	0	3	6	4	7	7	0	0	0	5	7
Magway	1,746,279	17	13	21	0	0	8	20	10	24	24	0	0	0	22	24
Mandalay	2,523,193	25	8	13	0	0	5	12	7	37	37	0	0	0	35	36
Mon	960,683	10	4	8	0	0	4	7	4	16	16	0	0	0	14	16
Rakhine	1,053,603	10	2	3	0	0	1	3	2	20	20	0	0	0	19	20
Sagaing	2,106,207	21	11	25	0	0	14	25	5	34	34	0	0	0	31	33
Shan North	780,825	8	2	3	0	0	1	3	1	8	8	0	0	0	8	8
Shan East	369,035	4	1	1	0	0	0	1	1	5	5	0	0	0	4	5
Shan South	724,599	7	3	5	0	0	2	5	3	7	7	0	0	0	7	7
Tanintharyi	520,658	5	0	4	0	0	4	4	0	12	12	0	0	0	10	11
Yangon	2,133,852	21	12	20	0	0	8	18	11	22	22	0	0	0	20	19
Totals	18,819,943	188	96	158	0	0	62	146	72	271	271	0	0	0	246	258

Table 2: Selected Performance Indicators by State/Division for cases with onset in 2004 and 2005 (data as of 7/09/2005)

State / Division	2005 Annualized AFP RATE: Total AFP	2005 Annualized AFP RATE: Non-Polio	2005 Stool Collection: % with 2 spec. w/in 14 days	2005 Stool Collection: % with any specimen	2005 % AFP lines tgted w/in 48 hrs.	2005 % AFP cases with 60 days Follow-up	2005 % Weekly zero reports received	2005 %Monthly zero reports received on Time	2004 Annualized AFP RATE: Total AFP	2004 Annualized AFP RATE: Non-Polio	2004 Stool Collection: % with 2 spec. w/in 14 days	2004 Stool Collection: % with any specimen	2004 % AFP lines tgted w/in 48 hrs.	2004 % AFP cases with 60 days Follow-up	2004 % Weekly zero reports received	2004 %Monthly zero reports received on Time
TARGET		1	80		80	80	80	80		1	80		80	80	80	80
Ayeyarwady	1.11	0.83	100	100	95	86	100	100	1.56	1.56	85	100	97	87	100	94
Bago East	1.21	1.07	89	100	100	75	100	98	1.50	1.50	80	100	100	100	100	99
Bago West	1.49	0.99	78	100	100	100	100	99	1.88	1.88	93	100	93	87	100	100
Chin	1.57	0.78	100	100	100	100	100	100	1.00	1.00	50	100	50	100	100	86
Kachin	1.77	1.48	83	100	100	33	100	83	1.20	1.20	100	100	100	100	98	62
Kayah	1.41	0.00	0	100	100	200	100	97	2.00	2.00	100	100	100	100	96	88
Kayin	2.02	1.26	75	100	100	100	100	94	1.40	1.40	71	100	100	100	100	100
Magway	1.74	1.08	95	100	100	100	100	91	1.50	1.50	92	100	96	100	100	95
Mandalay	0.74	0.46	92	100	100	117	100	100	1.54	1.54	92	100	95	97	100	100
Mon	1.20	0.60	88	100	100	100	100	94	1.78	1.78	88	100	100	100	100	100
Rakhine	0.41	0.27	100	100	100	100	100	91	2.00	2.00	95	100	95	100	100	98
Sagaing	1.71	0.75	100	100	100	50	100	88	1.70	1.65	91	100	97	97	100	87
Shan North	0.55	0.37	100	100	100	100	100	71	1.14	1.14	100	80	100	100	97	95
Shan East	0.39	0.39	100	100	100	100	100	95	1.67	1.67	80	100	100	100	100	95
Shan South	1.00	0.60	100	100	100	100	100	85	1.00	1.00	100	100	86	100	100	73
Tanintharyi	1.11	0.00	100	100	100	0	100	89	2.40	2.20	83	100	92	92	100	82
Yangon	1.35	0.81	90	100	100	100	100	100	1.10	1.10	95	100	95	86	100	96
Totals	1.21	0.74	92	100	99	89	100	94	1.53	1.52	90	100	96	95	99	91

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

State / Division	2003 Total AFP	2004 Total AFP	2004 total AFP Jan-Aug	2005 AFP up to date	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05
Ayeyarwady	34	39	18	20	6	5	6	3	5	5	3	1	1	2	2	2	4
Bago East	16	15	4	9	2	1	4	2	0	1	0	2	0	3	2	0	1
Bago West	13	15	9	9	0	3	2	0	2	0	1	1	0	0	0	5	2
Chin	5	2	1	2	0	0	0	0	0	0	0	0	0	0	1	1	0
Kachin	7	6	4	6	0	1	2	0	0	1	0	0	0	0	1	3	1
Kayah	9	2	1	1	0	0	1	0	0	0	0	0	0	1	0	0	0
Kayin	5	7	2	8	1	1	2	2	0	0	1	1	2	0	0	1	3
Magway	24	24	18	21	4	8	1	1	0	3	1	1	2	1	2	5	6
Mandalay	44	37	24	13	6	3	3	5	3	1	2	1	1	0	1	3	4
Mon	11	16	9	8	1	3	2	1	2	0	0	0	1	0	3	2	2
Rakhine	19	20	14	3	4	0	3	0	1	0	0	2	0	0	0	0	1
Sagaing	27	34	24	25	3	1	2	2	3	0	1	1	0	2	5	4	12
Shan North	3	8	6	3	3	2	1	0	0	0	1	0	0	0	0	1	1
Shan East	15	5	3	1	1	0	0	1	0	0	0	0	0	0	1	0	0
Shan South	9	7	4	5	0	3	1	2	0	0	0	2	0	0	1	0	2
Tanintharyi	12	12	7	4	3	0	1	2	2	0	0	0	0	0	0	1	3
Yangon	38	22	10	20	1	2	3	5	2	0	3	0	2	3	3	1	8
Totals	**291**	**271**	**158**	**158**	**35**	**33**	**34**	**26**	**20**	**11**	**13**	**12**	**9**	**12**	**22**	**29**	**50**

Table 4: Stool processing and Laboratory performance indicators for cases with onset in 2004 & 2005, data as of 7/09/05

	Target	Achievement	
		2004	2005
% Specimens arriving at the Lab within 3 days after being sent	80	96	98
% Specimens arriving in the Lab in good condition	90	100	100
% Specimens with a turn-around time of 28 days or less	80	99	85
% Specimens for which non-polio enterovirus was isolated	10	16	12
% Polio-positive specimens forwarded to Ref Lab within 14 days after isolation	80	100	100

Table 5: Laboratory Results, as reported by NHL between 4 August 2005 and 7 September 2005

State/ Division	Township	EPID number	Date Onset	Date Stool sent	Stool Condition	Date Report by NHL	Stool 1 Result	Stool 2 Result
MANDALAY	LEWAY	MMR092505002	08/08/2005	14/08/2005	Good	07/09/2005	NPEV	Negative
TANINTHARYI	MYEIK	MMR060705002	06/08/2005	15/08/2005	Good	07/09/2005	NPEV	NPEV
AYEYARWADY	MYANAUNG	MMR141805002	07/08/2005	19/08/2005	Good	05/09/2005	NPEV	NPEV
SAGAING	KALEMYO	MMR050205001	13/08/2005	20/08/2005	Good	05/09/2005	NPEV	NPEV
SAGAING	MYAUNG	MMR052805001	10/08/2005	16/08/2005	Good	05/09/2005	NPEV	NPEV

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

Table 6: Results of Intra-Typic Differentiation by NIH/Bangkok, 2005

State/ Division	Township	IDCODE	Onset Date	Stool Condition	Stool 1	Stool 2
BAGO	THANATPIN	MMR072405001	15/03/2005	Good	P1S P2S	P1S P2S P3S
MAGWAY	MINBU	MMR081905001	30/04/2005	Good	P2S	P2S

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

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This year we will start providing feedback on all vaccine preventable diseases. Cases Definitions are below.....

Table 7: Other Vaccine Preventable Diseases & AEFI for the month of August 2005

State / Division	NNT Cases (Deaths)			NNT Case Investigation			Diphteria Cases (Deaths)			Pertusis Cases (Deaths)			Measles											AEFI Cases (Deaths)		
													Outbreaks						Other Cases (Deaths)			Total Cases (Dealths)					
													No. (investigated)			Cases (Deaths)											
	Old	New	Total	Old	New	Total	Old	New	Total	Old	New	Total	Old	New	Total	Old	New	Total	Old	New	Total	Old	New	Total	Old	New	Total
Ayeyarw ady	1(1)	0	1(1)	1	0	1	0	0	0	0	0	0	1(0)	0	1(0)	12(1)	0	12(1)	0	0	0	12(1)	0	12(1)	0	0	0
Bago East	0	1	1	0	1	1	0	0	0	5	1	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bago West	3(2)	0	3(2)	3	0	3	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kachin	1	0	1	1	0	1	0	0	0	0	0	0	3(3)	0	3(3)	39	0	39	0	0	0	39	0	39	0	0	0
Kayah	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kayin	1	0	1	1	0	1	0	0	0	1	0	1	1(1)	0	1(1)	67	0	67	7	0	7	74	0	74	0	0	0
Magw ay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mandalay	1(1)	2	3(1)	1	2	3	0	0	0	0	0	0	1(1)	0	1(1)	37	0	37	10	0	10	47	0	47	0	0	0
Mon	2(1)	0	2(1)	2	0	2	2(1)	0	2(1)	0	1	1	0	1	1	0	20	20	6	1	7	6	21	27	0	0	0
Rakhine	2	0	2	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sagaing	0	0	0	0	0	0	0	0	0	0	0	0	1(1)	0	1(1)	21	0	21	2	0	2	23	0	23	0	0	0
Shan North	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shan East	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shan South	1	0	1	1	0	1	0	0	0	0	0	0	1(1)	0	1(1)	17	0	17	0	0	0	17	0	17	0	0	0
Tanintharyi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	0	12	12	0	12	0	0	0
Yangon	1(1)	0	1(1)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	4	0	4	4	0	4	0	0	0
Total	14(6)	3	17(6)	14	3	17	3(1)	0	3(1)	6	2	8	8(7)	1	9(7)	193(1)	20	213(1)	41	1	42	234(1)	21	255(1)	0	0	0

Remarks:

Old ➤ Cumulative cases for the previous months

New ➤ New cases for the current month

Cases Definition:

Neonatal tetanus ➤

Suspected case: Any neonatal death between 3 and 28 days of age in which the cause of death is unknown; **or**
Any neonate reported as having suffered from neonatal tetanus between 3 and 28 days of age and not investigated.

Confirmed case: Any neonate with normal ability to suck and during the first 2 days of life **and**
- who, between 3 and 28 days of age, cannot suck normally **and**
- becomes stiff or has spasms (i.e. jerking of the muscles)

Diptheria ➤ An illness characterized by laryngitis **or** pharyngitis **or** tonsilitis, **and** an adherent membrane of the tonsils, pharynx and/or nose.

Pertussis (Whooping cough) ➤ A case diagnosed as pertussis by a physician **or** a person with a cough lasting at least two weeks with at least one of the following symptoms:
- Paroxysms (i.e. fits) of coughing.
- Inspiratory whooping.
- Post-tussive vomiting (i.e. vomiting immediately after coughing) without other apparent cause.

Measles ➤ Any person in whom a clinician suspects measles infection, **or**
Any person with fever **and** maculopapular rash (i.e. non-vesicular) **and** cough, coryza (i.e. runny nose) or conjunctivitis (i.e. red eyes).

AEFI ➤ Pls. see details on page number 4.

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Monitoring Vaccine Wastage Country Level

Most of the countries in the world reported that vaccine wastage is more than 50%. Myanmar also has vaccine wastage rate of more than 50%.

Because of increasing EPI vaccine price during last two years country like Myanmar are looking more closely to vaccine wastage so as to find ways and means to reduce vaccine wastage.

Vaccine wastage can be expected in all programs. The question is whether any of the wastage is preventable and if so how to prevent. Generally speaking wastage can be reduced by using multi dose vial policy (MDVP), effective use of vaccine vial monitor (VVM) and improved immunization strategies and practices.

Vaccine wastage is an important factor in vaccine need, If vaccine wastage is calculated more than actual, vaccine vial may overshoot the real need and if lass than actual need there will be shortage of vaccine.

Tools available for reducing vaccine wastage

(1) Changing vial size

Use of small vaccine presentation result in less vaccine wastage. In Myanmar compare to BCG wastage Hepatitis B wastage is very much less because they are single dose vial. But in this case the price of vaccine should also consider.

(2) Vaccine vial monitor (VVM)

By identifying the vaccine vial monitors, vaccine wastage by heat can be prevented.

(3) Multi dose vial policy

Multi dose vial of OPV, DPT, TT, DT, Hepatitis (B) vaccines from which one or more doses of vaccine have been removed may be used if the following condition are met :

- the expiry date has not passed;
- the vaccine is stored under appropriate cold chain conditions;
- the vaccine vial septum has not been submerged in water;
- aseptic technique has been used to withdraw all dose;
- the VVM, if attached, has not reached discard point.

(4) Interagency coordination committees

Interagency coordination committees (ICC) should regularly review different -aspect of immunization program.

(5) Earliest - expiry - first- out principle (EEFO)

By using earliest - expiry- first out principle vaccine wastage can be prevented.

(6) Improved procurement practice

This can prevent, over & under procurement of vaccine.

(7) Optimizing immunization session frequency with session use and vial size.

Wastage can be reduced by increasing session size and decreasing frequency. But this option should be reviewed with caution.

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