

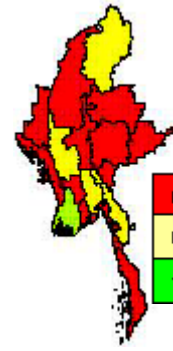


Non-Polio AFP Rates 2004

Myanmar Polio Newsletter

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0 - 0.49
0.50 - 0.99
1 or above

Non-Polio AFP Rates 2005 (annualized)

Table 1: Reported AFP cases against targets by State/Division and classification status of cases with onset in 2004 and 2005 (date as of 09/04/2005)

State / Division	Population 15 years	2005								2004						
		Min. non-polio AFP target	AFP		Polio		Cases Pending	No. with 2 spec. with 14 days	No. of AFP cases (0 day follow-up done)	AFP		Polio		Cases Pending	No. with 2 spec. with 14 days	No. of AFP cases (0 day follow-up done)
			Non-polio AFP cases	Reported AFP cases	Confirmed Polio	Unk Polio Vtrs				Non-polio AFP cases	Reported AFP cases	Confirmed Polio	Unk Polio Vtrs			
Ayeyarwady	2,601,906	26	8	9	0	0	1	9	2	39	39	0	0	0	33	34
Bago East	1,077,159	11	2	3	0	0	1	3	0	15	15	0	0	0	14	15
Bago West	875,375	9	0	2	0	0	2	1	0	15	15	0	0	0	14	13
Chin	184,304	2	0	0	0	0	0	0	0	2	2	0	0	0	2	2
Kachin	488,406	5	1	1	0	0	0	0	0	6	6	0	0	0	6	6
Kayah	102,134	1	0	0	0	0	0	0	0	2	2	0	0	0	2	2
Kayin	571,724	6	1	3	0	0	2	1	0	7	7	0	0	0	5	7
Magway	1,746,279	17	3	5	0	0	2	4	0	24	24	0	0	0	22	24
Mandalay	2,523,193	25	3	4	0	0	1	4	0	37	37	0	0	0	35	36
Mon	960,683	10	0	0	0	0	0	0	0	16	16	0	0	0	14	16
Rakhine	1,053,603	10	0	2	0	0	2	2	0	20	20	0	0	0	19	20
Sagaing	2,106,207	21	1	2	0	0	1	2	0	34	34	0	0	0	31	33
Shan North	780,825	8	0	1	0	0	1	1	0	8	8	0	0	0	8	8
Shan East	369,035	4	0	0	0	0	0	0	0	5	5	0	0	0	4	5
Shan South	724,599	7	0	2	0	0	2	2	0	7	7	0	0	0	7	7
Tanintharyi	520,658	5	0	0	0	0	0	0	0	12	12	0	0	0	10	11
Yangon	2,133,852	21	2	3	0	0	1	2	0	22	22	0	0	0	20	19
Totals	18,819,943	188	21	37	0	0	16	31	2	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 09/04/2005)

State / Division	2005								2004							
	Annualized AFP RATE		Stool Collection		% AFP Investigated with 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 with 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. with 14 days	% with any specimen					Total AFP	Non-Polio	% with 2 spec. with 14 days	% with any specimen				
TARGET		1	80		80	80	80		1	80		80	80	80	80	
Ayeyarwady	1.28	1.14	100	100	100	40	100	99	1.56	1.56	85	100	97	87	100	94
Bago East	1.03	0.69	100	100	100	0	93	100	1.50	1.50	93	100	100	100	100	99
Bago West	0.85	0.00	50	100	100	0	93	100	1.88	1.88	93	100	93	87	100	100
Chin	0.00	0.00	0	0	0	0	57	50	1.00	1.00	100	100	50	100	100	86
Kachin	0.76	0.76	0	100	100	0	57	53	1.20	1.20	100	100	100	100	98	62
Kayah	0.00	0.00	0	0	0	0	93	97	2.00	2.00	100	100	100	100	96	88
Kayin	1.95	0.65	33	100	100	0	79	86	1.40	1.40	71	100	100	100	100	100
Magway	1.06	0.64	80	100	100	0	79	78	1.50	1.50	92	100	96	100	100	95
Mandalay	0.59	0.44	100	100	100	0	79	86	1.54	1.54	95	100	95	97	100	100
Mon	0.00	0.00	0	0	0	0	86	79	1.78	1.78	88	100	100	100	100	100
Rakhine	0.71	0.00	100	100	100	0	57	57	2.00	2.00	95	100	95	100	100	98
Sagaing	0.35	0.18	100	100	100	0	93	84	1.70	1.70	91	100	97	97	100	87
Shan North	0.48	0.00	100	100	100	0	64	54	1.14	1.14	100	80	100	100	97	95
Shan East	0.00	0.00	0	0	0	0	79	79	1.67	1.67	80	100	100	100	100	95
Shan South	1.03	0.00	100	100	100	0	100	59	1.00	1.00	100	100	86	100	100	73
Tanintharyi	0.00	0.00	0	0	0	0	57	51	2.40	2.40	83	100	92	92	100	82
Yangon	0.52	0.35	67	100	100	0	100	100	1.10	1.10	91	100	95	86	100	96
Totals	0.73	0.41	84	100	100	22	60	56	1.53	1.53	91	100	96	95	99	91

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

State / Division	2003 Total AFP	2004 Total AFP	2004 total AFP Jan-Mar	2005 AFP up to date	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	Jan-05	Feb-05	Mar-05
Ayeyarwady	34	39	3	9	1	3	0	1	6	5	6	3	5	7	5	3	1
Bago East	16	15	0	3	0	1	0	0	2	1	4	2	0	5	1	0	2
Bago West	13	15	3	1	2	2	0	1	0	3	2	0	2	2	0	1	1
Chin	5	2	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0
Kachin	7	6	1	1	1	0	0	2	0	1	2	0	0	0	1	0	0
Kayah	9	2	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Kayin	5	7	0	2	0	0	0	0	1	1	2	2	0	1	0	1	2
Magway	24	24	3	5	1	1	0	2	4	8	1	1	0	4	3	1	1
Mandalay	44	37	6	4	5	1	3	3	6	3	3	5	3	2	1	2	1
Mon	11	16	3	0	1	0	2	0	1	3	2	1	2	2	0	0	0
Rakhine	19	20	7	1	5	0	1	2	4	0	3	0	1	2	0	0	2
Sagaing	27	34	10	2	2	2	5	2	3	1	2	2	3	3	0	1	1
Shan North	3	8	0	1	0	0	1	0	3	2	1	0	0	1	0	1	0
Shan East	15	5	0	0	0	1	0	1	1	0	0	1	0	1	0	0	0
Shan South	9	7	0	2	0	0	1	0	0	3	1	2	0	0	0	0	2
Tanintharyi	12	12	2	0	0	0	1	1	3	0	1	2	2	0	0	0	0
Yangon	38	22	5	3	0	0	1	1	1	2	3	5	2	2	0	3	0
Totals	291	271	45	37	19	11	15	16	35	33	34	26	20	33	11	13	13

Table 4: Stool processing and Laboratory performance indicators for cases with onset in 2004 & 2005, data as of 09/04/05

	Target	Achievement	
		2004	2005
% Specimens arriving at the Lab within 3 days after being sent	80	96	96
% Specimens arriving in the Lab in good condition	90	100	100
% Specimens with a turn-around time of 28 days or less	80	99	79
% 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	0

Table 5: Laboratory Results, as reported by NHL between 10 Mar 2005 and 09 Apr 2005

State/ Division	Township	EPID number	Date Onset	Date Stool sent	Stool Condition	Date Report by NHL	Stool 1 Result	Stool 2 Result
KA CHIN	KAMAING	MMR010105001	31/01/2005	10/02/2005	Good	17/03/2005	NPEV	NPEV
MA NDA LA Y	LEWA Y	MMR092505001	15/02/2005	18/02/2005	Good	10/03/2005	NPEV	NPEV
RA KHINE	MA UNG DA W	MMR111305001	06/03/2005	17/03/2005	Good	06/04/2005	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 NH/Bangkok, 2004

State/ Division	Township	IDCODE	Onset Date	Stool Condition	Stool 1	Stool 2
SAGAING	KALEWA	MMR050304001	27/06/2004	Good	P2S	P2S
MANDALAY	NATOEYI	MMR090904002	11/08/2004	Good	P3S	P3S
TANINTHARYI	KAWTHAUNG	MMR080104002	22/11/2004	Good	P2S	P2S

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

State/ Division	NNT Cases (Deaths)			NNT Case Investigation			Diphtheria Cases (Deaths)			Pertussis Cases (Deaths)			Measles						AEFI Cases (Deaths)						
	Old	New	Total	Old	New	Total	Old	New	Total	Old	New	Total	Outbreaks		Cases (Deaths)		Other Cases (Deaths)		Total Cases (Deaths)		Old	New	Total		
													No. (Investigated)	Cases (Deaths)	Old	New	Total	Old	New	Total				Old	New
Ayeyarwady	1(1)	0	1(1)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Bago East	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Bago West	0	1(1)	1(1)	0	0	0	1	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	
Kachin	0	0	0	0	0	0	0	0	0	0	0	0	1	2	14	10	24	0	0	0	0	15	11	26	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	
Kayah	0	0	0	0	0	0	0	0	0	0	0	0	1	1	58	9	67	2	0	2	61	9	70	0	
Magway	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	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	37	0	37	7	0	7	45	0	45	
Mon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	2	
Rakhine	1	0	1	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	0	1	21	0	21	0	0	22	0	22	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	
Shan East	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 South	1	0	1	0	0	0	0	0	0	0	0	0	1	1	13	0	13	0	0	0	13	1	14	0	
Tanintharyi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	7	0	7	
Yangon	1(1)	0	1(1)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	4	0	4	
Total	4(2)	1(1)	5(3)	4	0	4	0	1	1	0	1	1	4	2	6	143	19	162	22	0	22	169	21	190	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)
Diphtheria > An illness characterized by laryngitis **or** pharyngitis **or** tonsillitis, **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.

ADVERSE EVENT FOLLOWING IMMUNIZATION (AEFI)

(cont. from last month...)

In the coming month, we will provide information on AEFIs on this last page of the Newsletter which can be used for the monthly in-service training sessions.

Case definitions and treatments for AEFI (cont...)

Adverse event	Case definition	Treatment	Vaccines
Hypotonic, hyporesponsive episode (HHE or shock-collapse)	Event of sudden onset occurring within 48 [usually less than 12] hours of vaccination and lasting from one minute to several hours, in children younger than 10 years of age. All of the following must be present: <ul style="list-style-type: none"> • limpness (hypotonic) • reduced responsiveness (hyporesponsive) • pallor or cyanosis – or failure to observe/recall 	The episode is transient and self-limiting, and does not require specific treatment. It is not a contraindication to further doses of the vaccine.	Mainly DTP, rarely others
Injection site abscess	Fluctuant or draining fluid-filled lesion at the site of injection. Bacterial if evidence of infection (e.g. purulent, inflammatory signs, fever, culture), sterile abscess if not.	Incise and drain; antibiotics if bacterial.	All
Lymphadenitis (includes suppurative lymphadenitis)	Either at least one lymph nodes enlarged to >1.5 cm in size (one adult finger width) or a draining sinus over a lymph node. Almost exclusively caused by BCG and then occurring within 2 to 6 months after receipt of BCG vaccine, on the same side as inoculation (mostly axillary).	Heals spontaneously (over months) and best not to treat unless lesion is sticking to skin. If so, or already draining, surgical drainage and local instillation of anti-tuberculous drug. Systemic treatment with anti-tuberculous drugs is ineffective	BCG
Osteitis/Osteomyelitis	Inflammation of the bone with isolation of <i>Mycobacterium bovis</i> BCG strain	Should be treated with anti-tuberculous regimens including isoniazid and rifampicin.	BCG
Persistent inconsolable screaming	Inconsolable continuous crying lasting 3 hours or longer accompanied by high-pitched screaming.	Settles within a day or so; analgesics may help.	DTP, Pertussis
Seizures	Occurrence of generalized convulsions that are not accompanied by focal neurological signs or symptoms. Febrile seizures: if temperature elevated >38 o C (rectal) Afebrile seizures: if temperature normal	Self-limiting; supportive care; paracetamol and cooling if febrile; rarely anticonvulsants.	All, especially Pertussis, Measles
Sepsis	Acute onset of severe generalized illness due to bacterial infection and confirmed (if possible) by positive blood culture. Needs to be reported as possible indicator of programme error.	Critical to recognize and treat early. Urgent transfer to hospital for parenteral antibiotics and fluids	All
Severe local reaction	Redness and/or swelling centred at the site of injection and one or more of the following: <ul style="list-style-type: none"> • swelling beyond the nearest joint • pain, redness, and swelling of more than 3 days duration • requires hospitalization. Local reactions of lesser intensity occur commonly and are trivial and do not need to be reported.	Settles spontaneously within a few days to a week. Symptomatic treatment with analgesics. Antibiotics are inappropriate.	All
Thrombocytopenia	Serum platelet count of less than 50,000/ml leading to bruising and/or bleeding	Usually mild and self-limiting; Occasionally may need steroid or platelets.	MMR
Toxic shock syndrome (TSS)	Abrupt onset of fever, vomiting and watery diarrhea within a few hours of immunization. Often leading to death within 24 to 48 hours. Needs to be reported as possible indicator of programme error.	Critical to recognize and treat early. Urgent transfer to hospital for parenteral antibiotics and fluids.	All