



**Non-Polio AFP Rates
2004**

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**Non-Polio AFP Rates
2005 (annualized)**

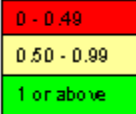


Table 1: Reported AFP cases against targets by State/Division and classification status of cases with onset in 2004 and 2005 (date as of 15/12/2005)

State / Division	Population x 10,000	2005									2004					
		Min. non-polio AFP target	AFP		Polio			Cases Pending	No. with 2spec. w/in 14 days	No. of AFP cases (80 day follow-up done)	AFP		Polio			
			Non-polio AFP cases	Reported AFP cases	Confirmed Polio	Unk Polio	Virus				Non-polio AFP cases	Reported AFP cases	Confirmed Polio	Unk Polio	Virus	Cases Pending
Ayeyarwady	2,601,906	26	32	32	0	0	0	32	26	39	39	0	0	0	33	34
Bago East	1,077,159	11	14	14	0	0	0	13	13	15	15	0	0	0	14	15
Bago West	875,375	9	26	27	0	0	1	23	21	15	15	0	0	0	14	13
Chin	184,304	2	2	2	0	0	0	2	2	2	2	0	0	0	2	2
Kachin	488,406	5	7	7	0	0	0	7	6	6	6	0	0	0	6	6
Kayah	102,134	1	2	2	0	0	0	1	1	2	2	0	0	0	2	2
Kayin	571,724	6	10	11	0	0	1	10	8	7	7	0	0	0	5	7
Magway	1,746,279	17	35	35	0	0	0	34	26	24	24	0	0	0	22	24
Mandalay	2,523,193	25	37	41	0	0	4	39	31	37	37	0	0	0	35	36
Mon	960,683	10	13	13	0	0	0	12	9	16	16	0	0	0	14	16
Rakhine	1,053,603	10	16	20	0	0	4	19	8	20	20	0	0	0	19	20
Sagaing	2,106,207	21	40	43	0	0	3	43	31	34	34	0	0	0	31	33
Shan North	780,825	8	9	9	0	0	0	8	5	8	8	0	0	0	8	8
Shan East	369,035	4	3	3	0	0	0	3	2	5	5	0	0	0	4	5
Shan South	724,599	7	6	7	0	0	1	6	5	7	7	0	0	0	7	7
Tanintharyi	520,658	5	7	8	0	0	1	8	5	12	12	0	0	0	10	11
Yangon	2,133,852	21	50	52	0	0	2	50	33	22	22	0	0	0	20	19
Totals	18,819,943	188	309	326	0	0	17	310	232	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 15/12/2005)

State / Division	2005								2004							
	Annualized AFP RATE		Stool Collection		% AFP cases with 80 days Follow-up		% Weekly zero reports received		Annualized AFP RATE		Stool Collection		% AFP cases with 80 days Follow-up		% Weekly zero reports received	
	Total AFP	Non-Polio	% with 2spec. w/in 14 days	% with any specimen	% AFP cases typed w/in 45 hrs.	% AFP cases with 80 days Follow-up	% Weekly zero reports received	% Weekly zero reports received	Total AFP	Non-Polio	% with 2spec. w/in 14 days	% with any specimen	% AFP cases typed w/in 45 hrs.	% AFP cases with 80 days Follow-up	% Weekly zero reports received	% Weekly zero reports received
TARGET		1	80		80	80	80		1	80		80	80	80	80	80
Ayeyarwady	1.28	1.28	100	100	94	96	100	99	1.56	1.56	85	100	97	87	100	94
Bago East	1.35	1.35	93	100	100	100	100	96	1.50	1.50	80	100	100	100	100	99
Bago West	3.21	3.09	85	100	100	100	100	98	1.88	1.88	93	100	93	87	100	100
Chin	1.13	1.13	100	100	100	100	100	92	1.00	1.00	50	100	50	100	100	86
Kachin	1.49	1.49	100	100	100	100	100	82	1.20	1.20	100	100	100	100	98	62
Kayah	2.04	2.04	50	100	100	100	100	97	2.00	2.00	100	100	100	100	96	88
Kayin	2.00	1.82	91	100	100	100	100	100	1.40	1.40	71	100	100	100	100	100
Magway	2.08	2.08	97	100	100	96	100	98	1.50	1.50	92	100	96	100	100	95
Mandalay	1.69	1.53	95	100	100	100	100	100	1.54	1.54	92	100	95	97	100	100
Mon	1.41	1.41	92	100	100	100	100	100	1.78	1.78	88	100	100	100	100	100
Rakhine	1.97	1.58	95	100	95	80	100	96	2.00	2.00	95	100	95	100	100	98
Sagaing	2.12	1.98	100	100	100	97	100	88	1.70	1.65	91	100	97	97	100	87
Shan North	1.20	1.20	89	100	100	100	100	94	1.14	1.14	100	80	100	100	97	95
Shan East	0.85	0.85	100	100	100	100	100	93	1.67	1.67	80	100	100	100	100	95
Shan South	1.00	0.86	86	100	100	100	100	86	1.00	1.00	100	100	86	100	100	73
Tanintharyi	1.60	1.40	100	100	88	83	100	85	2.40	2.20	83	100	92	92	100	82
Yangon	2.53	2.44	96	100	98	97	100	100	1.10	1.10	95	100	95	86	100	96
Totals	1.80	1.71	95	100	98	97	100	95	1.53	1.52	90	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-Nov	2005 AFP up to date	Nov-04	Dec-04	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05
Ayeyarwady	34	39	32	32	3	5	5	3	1	1	2	2	2	4	7	4	1
Bago East	16	15	10	14	2	0	1	0	2	0	3	2	0	1	4	1	0
Bago West	13	15	13	27	0	2	0	1	1	0	0	0	5	2	12	4	2
Chin	5	2	1	2	0	0	0	0	0	0	0	1	1	0	0	0	0
Kachin	7	6	6	7	0	0	1	0	0	0	0	1	3	1	1	0	0
Kayah	9	2	2	2	0	0	0	0	0	0	1	0	0	0	0	1	0
Kayin	5	7	6	11	2	0	0	1	1	2	0	0	1	3	1	1	1
Magway	24	24	20	35	1	0	3	1	1	2	1	2	5	6	6	5	3
Mandalay	44	37	35	41	5	3	1	2	1	1	0	1	3	6	16	5	5
Mon	11	16	14	13	1	2	0	0	0	1	0	3	2	2	1	3	1
Rakhine	19	20	18	20	0	1	0	0	2	0	0	0	0	1	7	4	6
Sagaing	27	34	31	43	2	3	0	1	1	0	2	5	4	12	7	7	4
Shan North	3	8	7	9	0	0	0	1	0	0	0	0	1	1	2	1	3
Shan East	15	5	4	3	1	0	0	0	0	0	0	1	0	0	1	1	0
Shan South	9	7	7	7	2	0	0	0	2	0	0	1	0	2	0	1	1
Tanintharyi	12	12	12	8	2	2	0	0	0	0	0	0	1	3	2	1	1
Yangon	38	22	20	52	5	2	0	3	0	2	3	3	1	8	14	7	11
Totals	291	271	238	326	26	20	11	13	12	9	12	22	29	52	81	46	39

Table 4: Stool processing and Laboratory performance indicators for cases with onset in 2004 & 2005, data as of 15/12/05

	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 5 November 2005 and 15 December 2005

State/ Division	Township	EPID number	Date Onset	Date Stool sent	Stool Condition	Date Report by NHL	Stool 1 Result	Stool 2 Result
SAGAING	KAWLIN	MMR050605002	16/09/2005	18/09/2005	Good	10/10/2005	NPEV	NPEV
YANGON	MINGALADON	MMR121705002	18/09/2005	24/09/2005	Good	12/10/2005	NPEV	Negative
BAGO	MINHLA - BAGO	MMR071705003	07/10/2005	13/10/2005	Good	03/11/2005	Negative	P2P3
BAGO	OKPO	MMR072805002	30/09/2005	13/10/2005	Good	07/11/2005	NPEV	NPEV
MANDALAY	TADA U	MMR090605001	09/10/2005	13/10/2005	Good	07/11/2005	NPEV	NPEV
MON	KYAIKHTO	MMR100105002	01/11/2005	07/11/2005	Good	21/11/2005	P1P3	P1P3
RAKHINE	MYAUK OO	MMR111005002	11/11/2005	22/11/2005	Good	07/12/2005	NPEV	Negative
RAKHINE	PONNAGYUN	MMR110605001	13/11/2005	22/11/2005	Good	07/12/2005	NPEV	Negative
KAYIN	HPA-AN	MMR030505003	29/11/2005	04/12/2005	Good	19/12/2005	NPEV	NPEV
BAGO	SHWEDAUNG	MMR072105003	04/12/2005	08/12/2005	Good	26/12/2005	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
SHAN	NAJINGKHO	MMR131705001	12/07/2005	Good	P3S	P3S
AYEYARWADY	KYONEPYAW	MMR140305001	12/09/2005	Good	P2S	P2S
BAGO	MINHLA - BAGO	MMR071705003	07/10/2005	Good		P2S P3S
MON	KYAIKHTO	MMR100105002	01/11/2005	Good	P1S P3S	P3S

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

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 November 2005

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			Other Cases (Deaths)			Total Cases (Deaths)	Old	New	Total								
													Nb. (Investigated)	Cases (Deaths)	Total	Old	New	Total					Old	New	Total					
Ayeyarwady	1(1)	0	1(1)	1	0	1	0	0	0	0	0	0	1(0)	0	1(0)	0	12(1)	0	12(1)	0	12(1)	0	0	0	0					
Bago East	2(0)	0	2(0)	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1(0)	0	1(0)		
Bago West	3(2)	0	3(2)	3	0	3	1(0)	1(0)	2(0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1(1)	0	1(1)	
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	0	0	
Kachin	1(0)	0	1(0)	1	0	1	0	0	0	0	0	0	3(3)	0	3(3)	0	39(0)	0	39(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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Kayin	1(0)	1(0)	2(0)	1	1	2	0	0	0	1(0)	0	1(0)	1(1)	0	1(1)	0	67(0)	0	67(0)	7(0)	0	7(0)	74(0)	0	0	0	0	0	0	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	0	0	0	0	0	
Mandalay	5(1)	2(0)	7(1)	5	2	7	0	0	0	0	0	0	1(1)	0	1(1)	0	37(0)	0	37(0)	10(0)	0	10(0)	47(0)	0	0	0	0	0	0	0
Mon	3(1)	0	3(1)	3	0	3	2(1)	0	2(1)	1(0)	0	1(0)	1(1)	0	1(1)	0	20(0)	26	20(0)	12(0)	0	12(0)	32(0)	26(0)	58(0)	0	0	0	0	0
Rakhine	3(0)	1(0)	4(0)	3	1	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sagaing	1(0)	0	1(0)	1	0	1	0	0	0	0	0	0	1(1)	0	1(1)	0	21(0)	0	21(0)	2(0)	0	2(0)	23(0)	0	0	0	0	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	0	0	0
Shan East	1(0)	1(0)	2(0)	1	1	2	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)	0	1(0)	1	0	1	0	0	0	0	0	0	1(1)	0	1(1)	0	17(0)	0	17(0)	0	0	0	1(0)	17(0)	1(0)	18(0)	0	0	0	0
Tanintharyi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12(0)	0	12(0)	0	12(0)	0	0	0	0
Yangon	3(3)	0	3(3)	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4(0)	2(0)	4(0)	6(0)	5(3)	0	5(3)	0	5(3)
Total	25(8)	5(0)	30(8)	25	5	30	3(1)	1(0)	4(1)	8(0)	0	8(0)	9(8)	0	9(8)	213(1)	26(0)	239(1)	47(0)	3(0)	50(0)	280(1)	29(0)	289(1)	7(4)	0	7(4)	0	7(4)	

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.

MEASLES MORTALITY REDUCTION STRATEGY

To attain sustainable measles mortality reduction efforts are as follows:

1. Accelerating established integrated measles surveillance, including laboratory support.
2. Achieving high routine immunization coverage at (9)months of age by means of RED strategies.
3. Providing the second opportunity for measles immunization.

MMC targeting (9)months to (5)years had been conducted in three phases. National wide catch-up campaign will be conducted in 2006-2007.

4. Improving case management, including Vitamin A supplementation.
5. Monitoring and Evaluation of EPI activities

By 2009, the high quality surveillance, coupled with appropriate immunization activities should allow to meet the global goal of reducing measles deaths by 90% compared to 2000 estimate. This will contribute to achieve the MDG goal of reducing the under-five mortality rate of children by two-third by 2015.

Measles supplementation activities

The second opportunity can be provided through supplementary immunization activities as through routine immunization.

Catch-up Campaign

To conduct one time only targeting all those who are in the susceptible age group for measles.

The catch-up campaign need to be conducted in large geographical areas to ensure that large proportion of susceptible population are immunized.

This would immediately reduce the number of children susceptible to measles on inturn measles cases and deaths.

Keep-up

Routine immunization at (9)months could be improved after a catch-up campaign to protect the newborn children.

Follow-up campaign

To conduct periodically (every 3-5 years) to maintain low level of susceptibility.

The periodicity of follow up campaigns will depend on the routine immunization coverage and measles surveillance data.

Utilization of schools doing Measles SIAs

When expanding the large age beyond (59) months of age, conducting the SIA at schools will be necessary, schools are convenient places to vaccinate since the children in the classroom for a captive group of beneficiaries.

In planning for school sites during measles SIAs

- * First contact school authorities to seek permission.
- * To make separate microplans for schools.
- * Usually easier to vaccinate school children first a day before move to the village to vaccinate (5-59) months children and missed school-aged children in the village.
- * Vaccinate classroom by classroom not in the schoolyard to decrease chance of some children avoiding the vaccination.
- * Immunization safety practices.
- * Attend to all AEFI cases as quality as possible to avoid spreading "hysterical" fainting or fear among older students.

It is important to realize that not all children go to school. Therefore they still need to be accessed either in the community or mobile teams that go to markets or workplace areas.

