



Malaria Surveillance Bulletin

Zanzibar Malaria Elimination Programme
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Message from the Program Manager

A robust surveillance system is the most important pillar in malaria elimination. Over the years ZAMEP has strengthened both passive and active surveillance to trigger immediate actions such as case reporting, cases investigation, verification, and the response of malaria interventions. Malaria elimination focuses on timely response and effective utilization of data for decision-making.

We are excited to bring you a new version of the program's six-month bulletin. This bulletin aims to inform malaria program stakeholders at the national, district, and community level on the malaria situation in the Islands and the progress towards achieving the program goal. It captures updates on key malaria indicators including malaria testing rate, morbidity, mortality, results of case classification, and investigations.

We expect that you will find this information useful, and you will be able to provide your inputs and advice to further enhance our efforts.

Kindly send your feedback through the following address.

Faiza Abbas

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MALARIA REPORTING

Trend of reporting rate

Figure 1 above shows the health facilities' reporting completeness and timeliness for week 1-26 of 2021.

Weekly reports submitted every Monday are considered as timely reporting and reports beyond this time are considered as late reporting. Improvement of reporting rate in the last six months has been observed. The timely reporting rate has improved from 78% in the previous 26 weeks (27-52,2020) to 83% in this reporting period (1-26,2021). Week 11 recorded the lowest timely reporting rate of 55% and week 23 recorded the highest timely reporting rate of 85%. Reporting completeness was 100% during the reporting period.

Figure 1: Proportion of malaria admissions and mortality by age group, January-June 2021

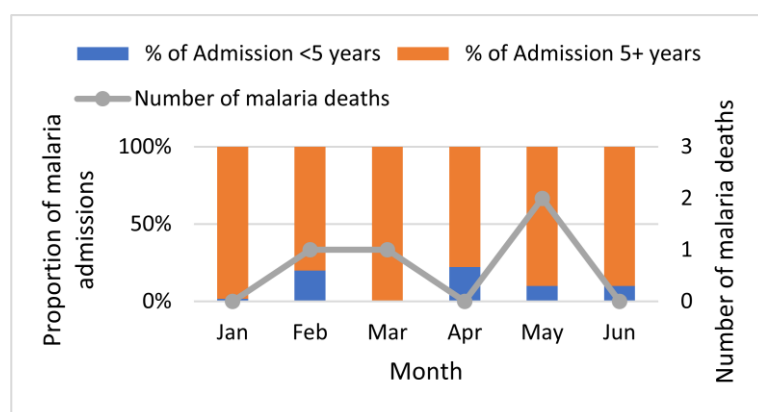


Figure 3: Number of Out-Patient Department visits and malaria testing rate by age group for week 1-26, 2021

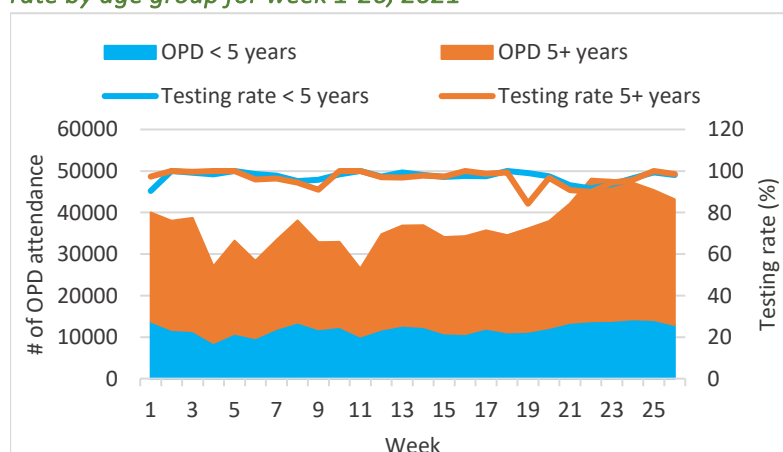
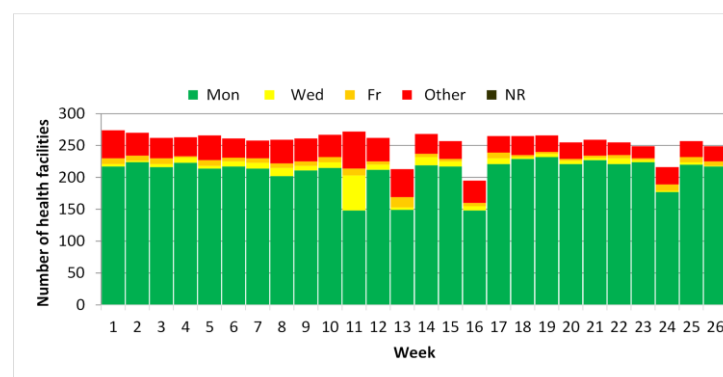


Figure 2: Health facility trends of timeliness of reporting by week (1-26, 2021)



Malaria morbidity and mortality

During this reporting period, a total of 22 (1.7%) malaria admissions were reported from both public and private hospitals. An age group of >5 years reported having a higher proportion of malaria admissions and deaths compared to <5 years in the last six months. The malaria admissions for <5 years have increased from 1.6% in January to 10.0% in June and the malaria admissions for 5+ years have decreased from 98.4% in January to 90.0% in June 2021. In the last six months, 4 malaria deaths were reported. **Figure 2**

Malaria morbidity

During this reporting period a total of 964,617 people attended in OPD visits of all public and private health facilities. Out of all OPD visit 313,724 were under five years of age and 650,893 were five years and above. The total malaria tested were 243,112 (97%) out of those suspected with malaria (251,425). The testing rate has increased from 90% in week 1 to 97% in week 26. Similarly, in 5+ years, the testing rate improved from 97% in week 1 to 99% in week 26.

Figure 3

MALARIA CASE INVESTIGATION

Case investigation

Total notified cases in the last six months were 4,078, of the which 3,849 (94%) were investigated within 48 hours. The investigated rate decreased from 96% in January to 92% in June 2021. In Pemba, the proportion of cases investigated within 48 hours decreased from 85% in January to 84% in June 2021 and in Unguja was also decreased from 96% in January to 93% in June 2021. Overall, the month of March reported 97%, the highest proportion of cases investigated within 48 hours in Zanzibar and the month of June reported 92%, the lowest proportion of cases investigated within 48 hours in Zanzibar.

Figure 4

Figure 5: Weekly malaria cases and positivity by age group in Zanzibar, week 1-26, 2021

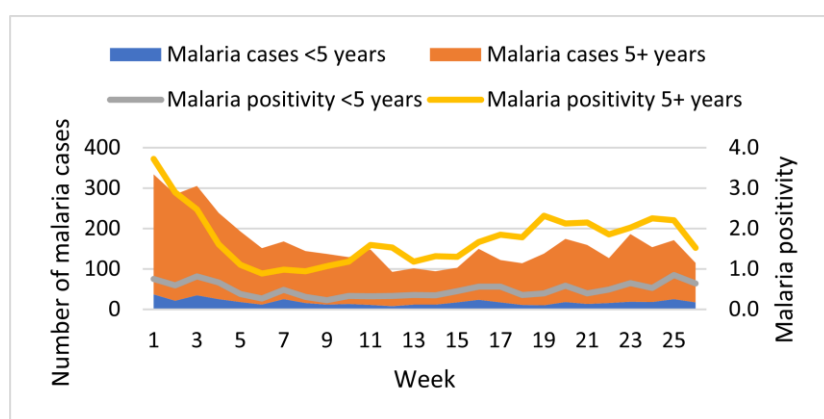


Figure 6: Proportion of cases classified by week 1-26, 2021

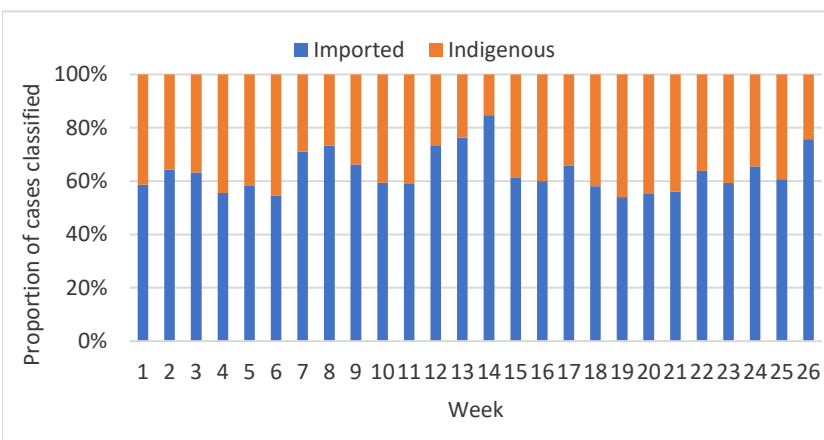
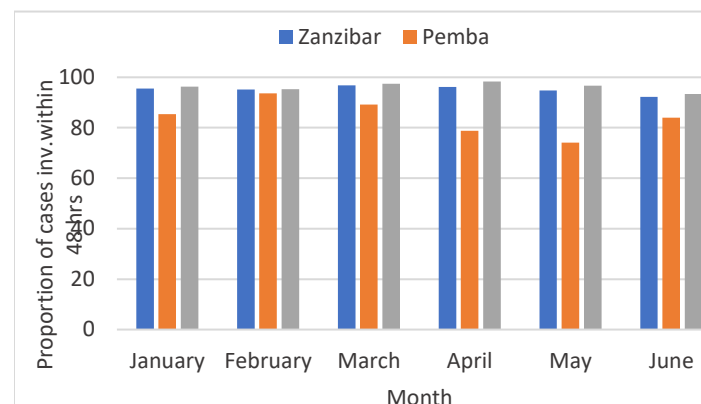


Figure 4: Proportion of malaria cases investigated within 48 hours in Zanzibar, January-June 2021.



Malaria burden

Figure 5 shows the overall number of malaria cases was 462 cases in <5 years and 3,772 cases in 5+ years. In <5 years, the number of malaria cases decreased from 37 in week 1 to 17 cases in week 26 and 5+ years, the number of malaria cases decreased from 297 cases in week 1 to 98 cases in week 26.

The overall malaria positivity rate was 0.5% (<5 years and 1.8% in 5+ years) in the last six months. The weekly malaria positivity rate in <5 years decreased from 0.8% in week 1 to 0.6% in week 26 while that the weekly malaria positivity in those 5+ years decreased from 3.7% in week 1 to 1.5% in week 26.

Case classification

Figure 6 indicates a high proportion of imported cases compared to indigenous. The proportion of malaria imported cases is 64% and indigenous is 36%. The proportion of imported cases has increased from 59% in week 1 to 75% in week 26 and the proportion of indigenous cases has decreased from 41% in week 1 to 25% in week 26.

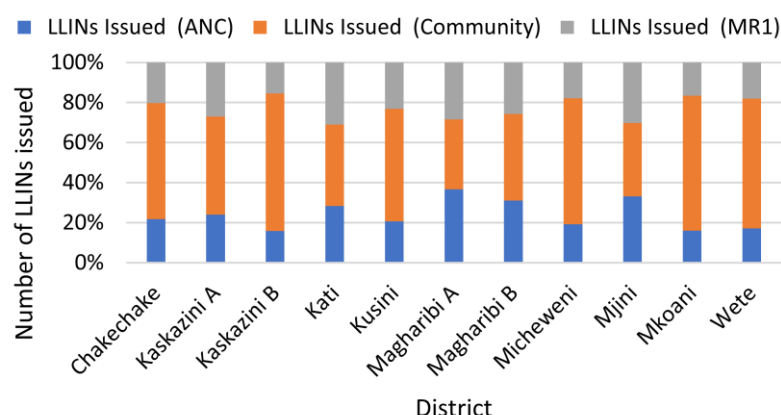
Malaria response

In the past six months, a total of 8 Shehias (active foci) exceeded threshold (more than 10 cases within a week) and called for further investigation (epidemiological and entomological) to identify the actual situation for response activities.

Active Case Detection (ACD) was among the interventions that was conducted, where a total of 14,164 people out of 15,313 were screened for malaria and 7 (0.05%) were detected malaria positive. Health education was provided on regular use of LLINs and keep the environment clean to discourage shelters for malaria vectors and other nuisance mosquitoes in their vicinity from which an LLIN utilization, maintenance and environmental sanitation were greatly emphasized.

Malaria intervention

Figure 7: Proportion of LLIN issued in different channels (January -June 2021)



Long-Lasting Insecticidal Net (LLIN) issued

For the period of January-June 2021, a total of 116,870 LLINs were distributed in the last six months. 27,865 (23.8%) of LLINs were issued through ANC; 62,722 (53.7%) of LLINs were issued through the community channel and 26,283 (22.5%) were issued through Measles and Rubella (MR1). Kaskazini B district had 68.7%, the highest proportion of LLINs issued through community, Magharibi A district had 36.7% and Kati district had 31.0%, the highest proportion of LLINs issued through ANC and MR1 respectively. **Figure 7**



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