Quarterly Epidemiological Bulletin

WHO - ERITREA

1st Quarter, 2015

Highlights:

- *Timeliness and completeness of the IDSR reporting at national and at zoba level is above 85%.*

- *Optimal surveillance indicators achieved for measles and polio*

- *Around 78% of positive measles cases were above 15 years of age*

- *There was crossing of the threshold for the malaria weekly trend analysis, however the outbreak was controlled through the efforts of the national malaria program*

- *The number of suspected Dengue fever is increasing with wider distribution in all the 6 zobas*

Contents

Introduction

The integrated diseases and response system requires that all health facilities reports timely. The diseases under surveillance include epidemic prone diseases and those targeted for elimination and eradication. All epidemic prone diseases and those targeted for elimination and eradication are to be reported on weekly basis including zero reporting. In addition every case of measles and poliomyelitis are to be reported accompanied by appropriate laboratory sample. Epidemic prone disease includes acute haemorrhagic fever syndrome, anthrax, Brucellosis, cholera, Dengue, Diarrhea with Blood (Dysentry), influenza Like illness(ILI) Measles, meningococcal meningitis, Plague, Typhoid fever, Yellow fever. And the disease targeted for eradication and elimination are guinea worm, Leprosy, Lymphatic filariasis, Neonatal tetanus and poliomyelitis.

Completeness and Timeliness

There is a total of 264 health facilities constituting the reporting units in the country. The reports are collated at the 6 regions/zobas before submitting to MoH HQ. Thus there are six Zobas/regions and one referral hospital which are reporting to the IDSR unit of MoH. Each health facility has to report within five days of the following week in order to be timely. Between 5 - 10 days is late report and if it is more than 10 days it is reported as no report (report missed). The timeliness and completeness of weekly reports are the main surveillance system indicators. The below table indicates the timeliness and completeness at the Zoba level.

All the reporting sites have timeliness and completeness above 85% which is the national target.

In this bulletin we present an analysis of clinical or laboratory confirmed cases of epidemic prone dis-

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ease in the 1st quarter of 2015. In addition performance indicators for surveillance of diseases targeted for elimination and eradication are presented.

Table 1: Average timeliness and completeness of the IDSR weekly reports as of 1st quarter

Zoba	Reporting health facilities	Timeliness (%)	Completeness (%)
Anseba	39	100	100
Debub	64	97.9	98.2
Gash -Barka	71	96.5	96.9
Maekel	33	99.5	99.8
NRS	40	100	100
SRS	15	100	100
OPH	1	97.6	100
Total	264	98.3	98.7

Malaria:

The total number of malaria cases reported at national level is 10,655 as of 1st quarter of 2015. This shows an increase of 54.4% as compared to the same period last year(1st quarter of 2014 cases=4854) The trend of weekly number of cases compared to the established threshold shows that the threshold line was crossed between weeks number 1 and 10. This was the result of the continuation of outbreaks which started from week 30 of 2014. The outbreak which occurred in Zobas Gash Barka , Anseba and NRS were due to the results of unusual heavy rainfall recorded in the rainy season. The outbreaks were controlled through the efforts of malaria program at the MoH.

Figure 1:

National: Malaria reported cases by epidemiological week number
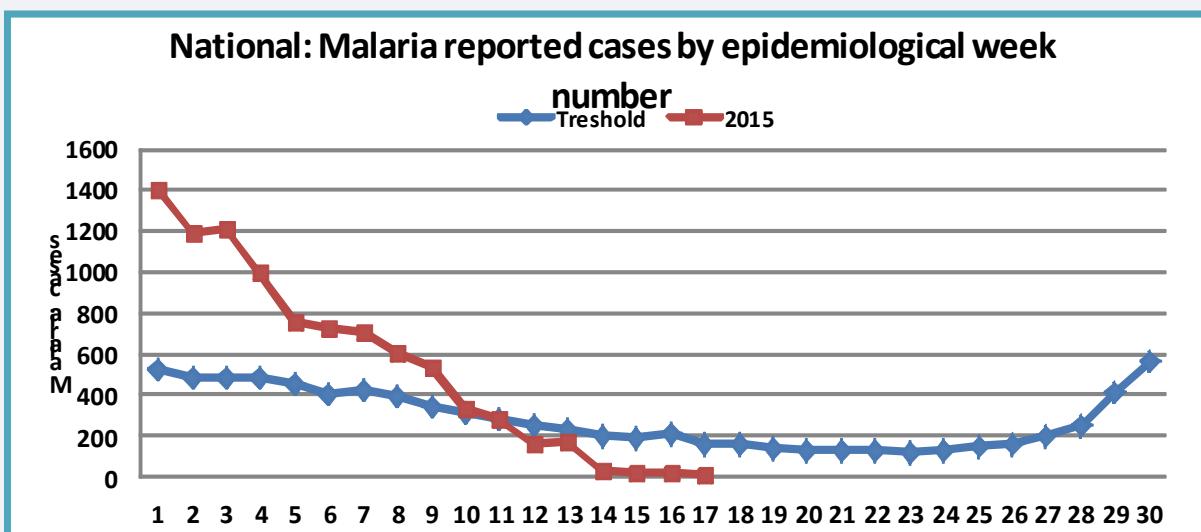
Diarrhea with blood:

The total number of Diarrhea with Blood (Dysentry) in the 1st quarter of the year was 3644 and there was a 35% decrease as compared to same period of the year 2014,(2014 cases were 5617). There was no crossing of threshold in the trend of the cases of Diarrhea with Blood(figure 2). Thus it could be due to improved sanitation coverage which has been increased in the country. However further analysis is required in order to make conclusions.

Figure 2

National: Diarrhea with blood reported cases by Epidemiological week number
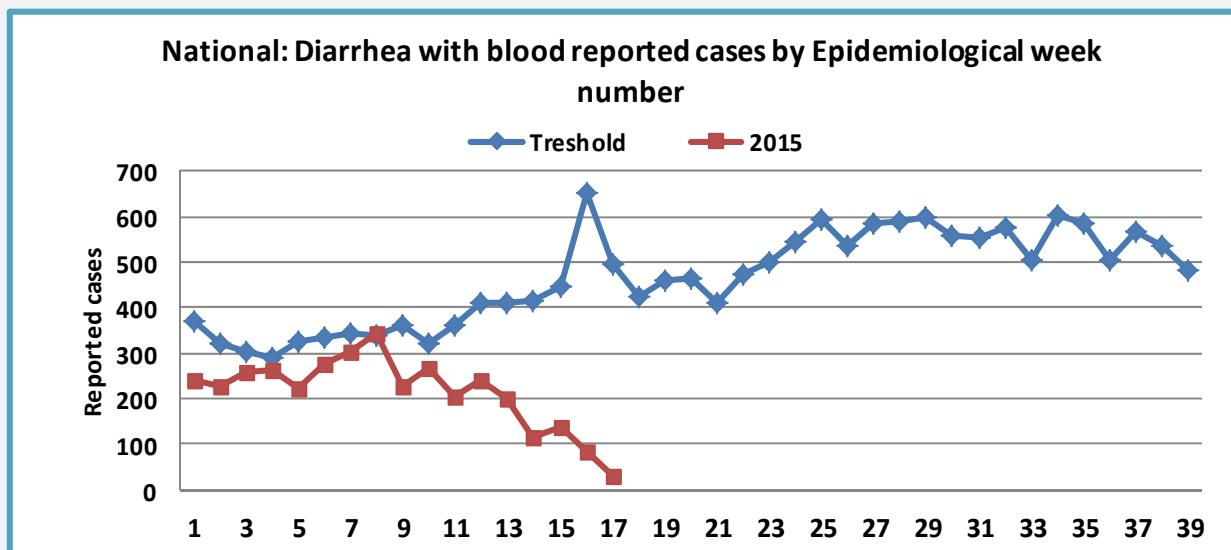
Disease targeted for elimination and eradication

Measles

The annualized detection rate of measles as of first quarter is 1.5/100,000 meets the target of at least 1 per 100,000 population (Table 2).More than 80% of the reporting zobas have sent blood specimens to the National laboratory.

To date 54 suspected measles case have been , out of which 29 were positive for measles Igm(confirmed cases). Actions were taken at Zoba and sub zoba level to control the outbreak.

The geographical distribution of cases by subzoba is presented in figure 3.The majority of the positive cases were reported from 4 subzobas, namely Akordet(Gash Barka) and Afabet, kerkebet, Habero (NRS). As shown in table 3 all these sub zobas have immunization coverage below the national average of 96%. Most of the confirmed cases(78%) are in the age group above 15 years, with only 1 confirmed case below 5 years (figure 4). These may indicate a need for revising immunization target group for measles. Actions were taken at Zoba and sub zoba level to control the outbreak.

Table 2: Measles surveillance performance indicators by Zoba as of 1st quarter 2015

Zoba	Total Population	Suspected measles reported	Annualized rate of Measles investigation	Lab Confirmed	Epidemiological Linkage	Discarded by Lab	Compatible
Anseba	583,210	27	4.6	13	0	0	0
Debub	953,130	1	0.1	0	0	0	0
Gash - Barka	867,484	7	0.8	7	0	0	0
Maekel	671,132	5	0.7	0	0	0	0
NRS	440,072	14	3.2	9	0	0	0
SRS	82,972	0	0	0	0	0	0
Total	3,598,000	54	1.5	29	0	0	0

Figure 3: Distribution of Measles Lab Confirmed cases by Sub Zoba in Jan-Apr, 2015

Legend-Confirmed cases
1 Dot=1case

Table 3

Figure 4
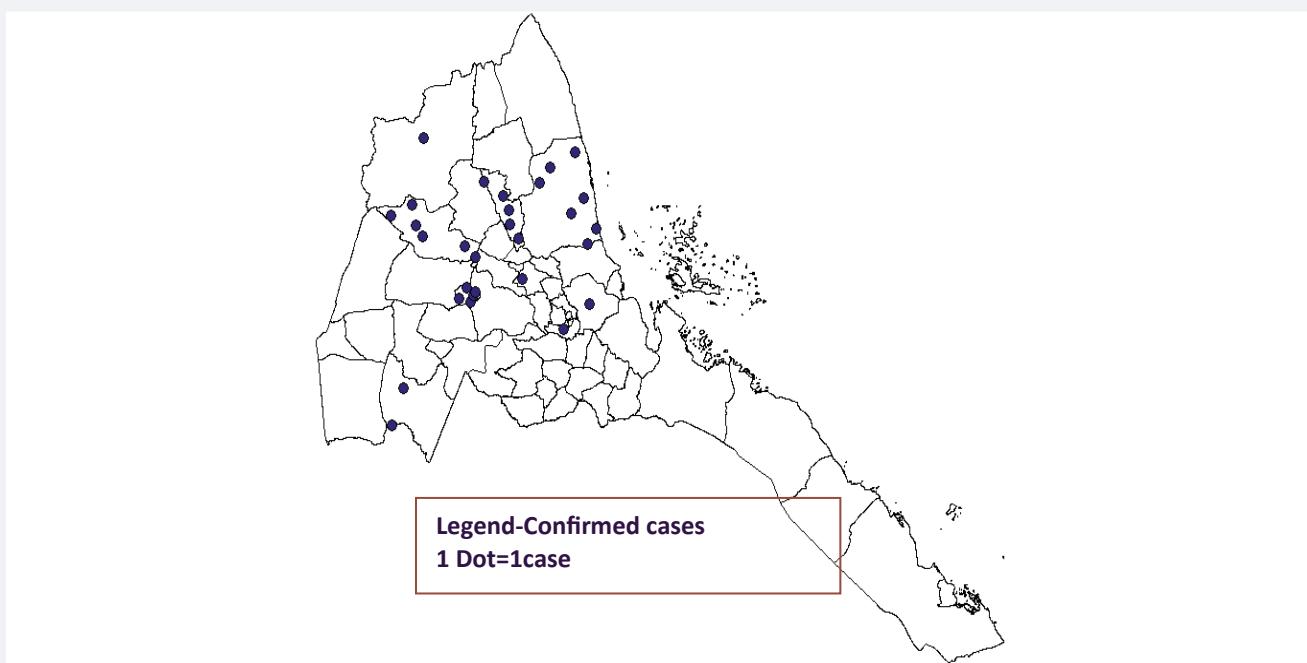
s/n	district	Confirmed Measles cases	% vaccination coverage of measles
1	Afabet	7	74.2
2	Agordat	5	88.3
3	Elabered	1	57.4
4	Ghala nefhi	1	76.3
5	Ghindae	1	74.4
6	Habero	5	84.1
7	Kerkebet	6	41.3
8	Laelay gash	2	112.0
9	Sela	1	76.9

Distribution of the measles confirmed cases by age category

10-14 yrs 4%
1-4 yrs 3%
5- 9 yrs 14%
15+ yrs 79%
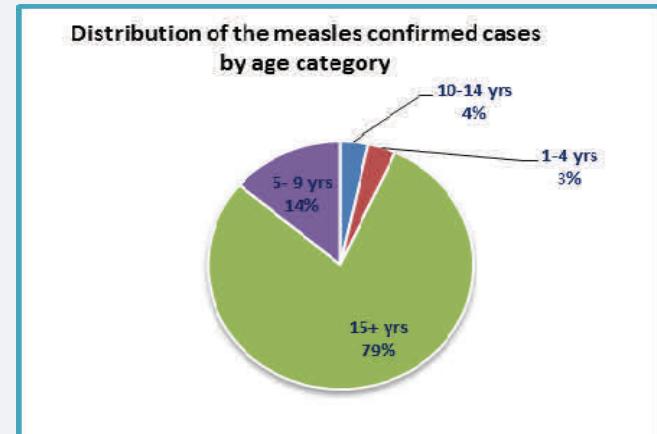
AFP/Polio

Table 4: AFP/polio surveillance performance indicators by Zoba as of 1st quarter of 2015

Zones	Target Pop. <15 Yrs	No. of AFP cases detected	No. of AFP with adequate stool	Annualized NP-AFP Rate	% of adequate stool collection within 14 day of onset of paralysis	Clinical polio	wild polio
Anseba	256,612	6	6	4.0	100	0.0	0
Debub	419,377	4	4	1.6	100	0.0	0
G/barka	381,693	2	2	0.9	100	0.0	0
Maekel	295,298	6	6	3.5	100	0.0	0
NRS	193,632	4	4	3.5	100	0.0	0
SRS	36,508	1	1	4.7	100	0.0	0
Total	1,583,120	23	23	2.5	100.0	0.0	0

Eritrea has been polio free since 2005, there fore it is important to maintain high level AFP surveillance with documentation to prepare the country for the regional certification. The AFP surveillance performance indicators is presented in table 4.

Currently , 23 AFP cases have so far been reported during the year, and the lab result is pending. The non-polio AFP rate is 2.5/100,000 and the percentage of stool adequacy rate is 100%.

First quarter, 2015 Polio risk assessment was done and is updated regularly and report is provided to IST/ AFRO and MoH. The data from risk assessment is being used to prioritize areas for initiating appropriate interventions and follow-up actions.

During the National Child health and Nutrition week/AVW, first round sub-national polio NIDs campaign was successfully conducted on 22-26, May 2015, in seven high polio risk districts bordering Sudan. More than 72,000 children less than 5 years of age were targeted for the PNIDs and 97% were vaccinated during this campaign. Second round is planned to be conducted on 27-31 May 2015.

MNT/Guinea Worm

MNT is eliminated from the country. To maintain the status of elimination the case based surveillance is in place. There was no report of any case through the country during the quarter.

Eritrea is among the countries certified by the International Commission for the Certification of Guinea Worm Eradication (ICCDE). The country is continuing to conduct post certification surveillance that will be maintained until global eradication of Guinea Worm is achieved. The disease was last seen in Eritrea in 1969 and certified in 2011.

Emerging and re-emerging disease

Dengue fever

Dengue fever, viral haemorrhagic fever, Ebola, Plague and Avian flu are all under the weekly surveillance. Dengue fever has been reported from all the Zobas and the number of cases have been increasing compared to previous years.

The geographical speared has also been increasing to cover all zobas at present. The trend of weekly dengue fever report compared to the average reports of the previous years (threshold) is displayed in the line graph (Figure 5). The trend shows abnormal increase of the dengue fever cases in the week numbers 1-9 and its declined in the weeks 10 and again it crossed the threshold in week number 11. And it declined from week number 12 onwards. Though the fluctuation of the dengue fever through the year is believed to be related to rainy season of the areas, the weekly trend compares to the weekly trend of malaria. Thus the importance of increased vector activity could explain the trends.

Figure 5:
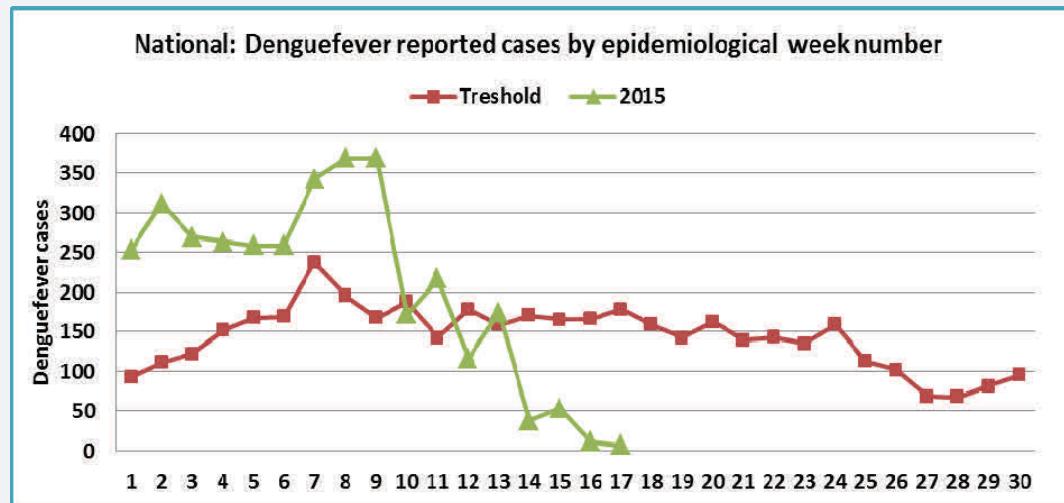
Figure 6: Dengue fever number reported cases distributed by zoba in the 1st quarter, 2015
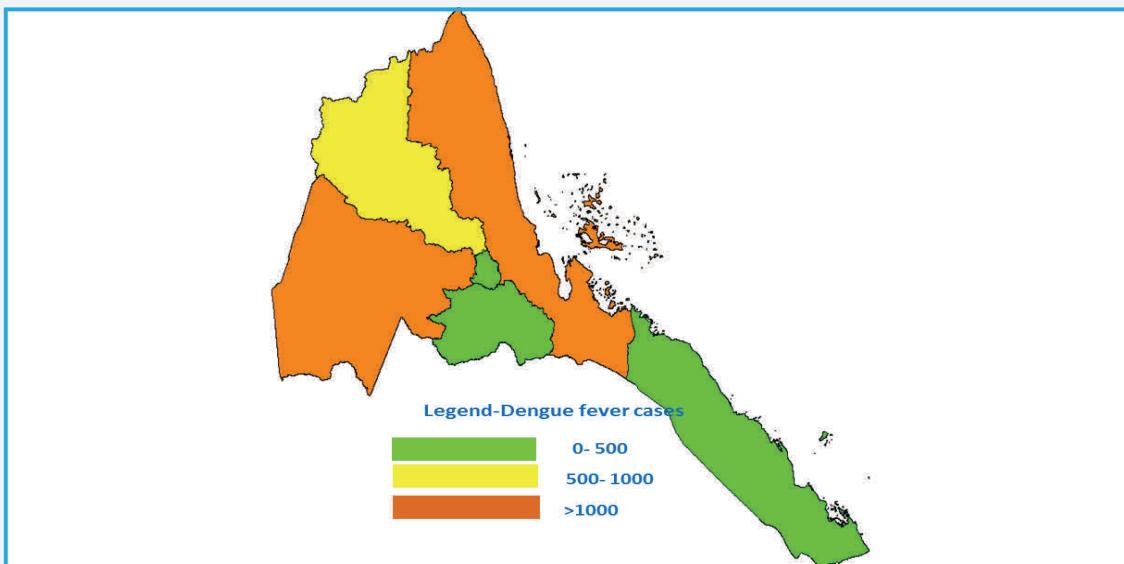
Other emerging and re-emerging disease

During the first quarter, 22 cases of Anthrax were reported from Debub and Gash Barka regions. In addition Gash Barka reported 22 cases of Brucellosis. The control activities are being carried out in conjunction with the ministry of Agriculture. There were no reports of haemorrhagic fever or influenza like illness outbreaks throughout the country, during the first quarter of the year.