



EPI Surveillance Bulletin

Epidemiologic Week 28: July 6 - 12, 2003

Vol. 6 No. 6



Jul 2003

Routine EPI Coverage Increasing

The recently concluded SEARO Technical Consultative Group (TCG) meeting in Kathmandu, Nepal recommended Bangladesh to conduct NIDs in January-February 2004. If India reaches "Zero" case status by mid 2004, TCG recommends no NIDs in 2005. To maintain an effective immunity level Bangladesh will henceforth mostly depend on high routine OPV coverage. Bangladesh has to ensure that all children get 4 doses of OPV along with other vaccines by their first birthday. EPI therefore gives priority to strengthening of routine immunization.

Preliminary results of the Annual Coverage Evaluation Survey for the year 2003, conducted in May show that efforts given towards strengthening routine EPI have started to yield results. As evident from the graph, the percentage of fully vaccinated child at the age of one year with valid doses of all antigens has risen to 63%. Valid OPV3 coverage at same age was found to be 72%. Although the coverage figures are higher than the previous years, it needs to be further improved to provide ample protection for our children.

EPI is determined to increase the quantity as well as quality of its' service delivery. The recruitment of the District Immunization Medical Officers (DIMOs) to help local health managers in relatively poor performing districts has been finalized. EPI refresher training for second phase districts (22 in number) will start from next month; first phase (21 districts) is already completed. The 3rd phase for the remaining 21 districts will be covered by the end of this year. The micro planning and management training on EPI is also being held for the district and upazilas managers for better planning, evaluation and monitoring of EPI activities.

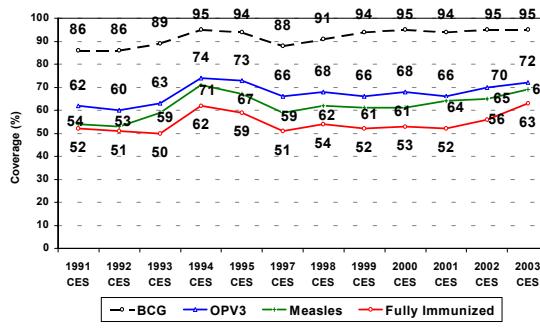
EPI has already introduced Hepatitis B vaccine in six phase one districts and in Rajshahi City Corporation. The rest of the country will have this vaccine introduced gradually so that all children of the country get it by the end of 2004. The GAVI secretariat has approved Bangladesh's application on Injection Safety and has agreed to support this issue by supplying auto-disable (AD) syringes needed for all EPI antigens including BCG for the years 2004-2006. This will eliminate the need for pre-sterilization of syringes and will lower the rates of adverse events following immunization, especially of abscesses.

Dr. David Sniadack, WHO Medical Officer has returned to CDC in USA after working for more than seven years in Bangladesh EPI. Acknowledging his valuable contribution to EPI, we wish him success in his future endeavors.

After working as a partner of EPI for four years IOCH Bangladesh is phasing out starting 31 July. We thank all IOCH staff for their important role, especially in urban areas.

Shishu Shishu Proti Shishu Khuje Fero Proti Shishu !

National Coverage among Children by 12 Months, Valid Doses, Card + History, by Year of Survey, Bangladesh 1991-2003



Weighted averages

Source: Coverage Evaluation Surveys from 1991-1995, 1997-2003

Surveillance Summary for 1998-2003 (through Epidemiologic Week 28, July 6-12, 2003)

	1998	1999	2000	2001	2002	2003 ¹
Number of AFP cases	475	761	1138	1287	1365	648
No. of clinically confirmed polio cases	298	322	197	NA	NA	NA
No. of compatible cases according to virologic classification system	NA	NA	NA	36	0	0
No. of cases with isolation of wild poliovirus	10	29	1	0	0	0
No. of discarded polio cases (i.e., non-polio AFP)	165	439	941	1251	1365	555
No. of cases pending classification	0	0	0	0	0	93
Expected annual number of non-polio AFP cases (1/100,000 children <15 yr)	495	505	515	533	549	*

AFP Surveillance Performance Indicators:

Indicator	Target	1998	1999	2000	2001	2002	2003
1. Annual Non-Polio AFP rate in children < 15 years old	≥ 1/100,000	0.33	0.87	1.82	2.35	2.49	*
2. Completeness of active reporting from hospitals	≥ 90%	46%	73%	95%	100%	100%	100%
3. Timeliness of active reporting from hospitals	≥ 80%	15%	44%	72%	88%	100%	99%
4. Suspected AFP cases investigated within 48 hours of notification	≥ 80%	89%	83%	93%	96%	96%	97%
5. Confirmed AFP cases with 2 stool specimens collected ≤ 14 days after paralysis onset	≥ 80%	59%	49%	68%	80%	89%	89%
6. Stool specimens arriving at laboratory ≤ 3 days after collection	≥ 80%	88%	81%	92%	97%	98%	100%
7. Stool specimens arriving at laboratory in "good" condition "good" = 1. Presence of unmelted ice or temperature <8°C 2. Adequate volume (≥ 8 grams or size of ½ thumb) 3. No evidence of leakage 4. No evidence of desiccation (drying)	≥ 90%	92%	97%	100%	100%	99%	100%
8. Confirmed AFP cases receiving a follow-up exam at least 60 days after paralysis onset	≥ 80%	80%	97%	95%	93%	99%	96% ²
9. Stool specimens with laboratory results ≤ 28 days after specimen receipt	≥ 80%	16%	58%	94%	99%	100%	98% ³
10. Stool specimens from which non-polio enterovirus (NPEV) was isolated	≥ 10%	5%	13%	21%	29%	28%	20%

¹ Data as of Jul 12, 2003; ² among cases with inadequate stools occurring up to April 12, 2003; ³ as of June 13, 2003:

* Pending updated data on Census 2001

AFP Surveillance Performance Indicators -- 2003

Epiweek 28, 2003

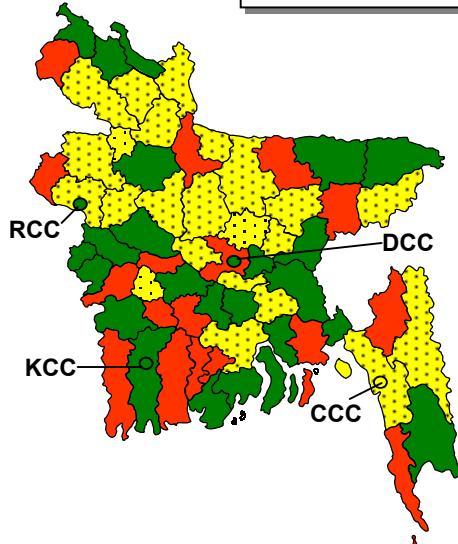
District	# Expected non-polio AFP*	Total # AFP ¹	Wild polio-virus isolated	# Compatible cases	Non-Polio AFP cases ¹	Pending final classif. ¹	Annualized Non-polio AFP Rate* (/1,000,000)	Notification within 10 d after paralysis onset ¹	Investigation within 48 h after notification ¹	% with 2 stools within 14 days ¹	Stool sample arriving to lab within 72 hrs ¹	# eligible for 60-day follow-up ²	% with 60-day follow-up ²	
Dhaka Division														
DCC only	22			18	4			86%	100%	91%	100%	2	100%	
Dhaka (non DCC)	13			10	3			85%	100%	85%	100%	1	100%	
Faridpur	21			18	3			91%	100%	91%	100%	2	50%	
Gazipur	9			9	0			78%	100%	89%	100%	1	100%	
Gopalganj	12			9	3			92%	100%	92%	100%	0	NA	
Jamalpur	14			10	4			79%	93%	79%	100%	1	100%	
Kishoreganj	25			23	2			96%	96%	96%	100%	1	100%	
Madaripur	15			11	4			87%	100%	87%	100%	1	100%	
Manikganj	9			4	5			56%	100%	67%	100%	0	NA	
Munshiganj	13			13	0			100%	85%	100%	100%	0	NA	
Mymensingh	11			10	1			64%	91%	73%	100%	3	100%	
Narayanganj	5			4	1			100%	100%	100%	100%	0	NA	
Narsinghdi	10			10	0			90%	100%	100%	100%	0	NA	
Netrokona	9			8	1			67%	78%	78%	100%	2	100%	
Rajbari	3			3	0			100%	100%	100%	100%	0	NA	
Shariatpur	13			13	0			92%	100%	92%	100%	1	100%	
Sherpur	7			7	0			86%	100%	100%	100%	0	NA	
Tangail	17			14	3			82%	100%	88%	100%	2	100%	
Total-DHAKA	228	0	0	194	34			85%	97%	89%	100%	17	94%	
CTG Division														
CCC only	5			3	2			100%	100%	100%	100%	0	NA	
Chittagong (non CCC)	21			19	2			91%	95%	86%	100%	2	100%	
Bandarban	0			0	0			NA	NA	NA	NA	0	NA	
Brahmanbaria	5			4	1			80%	80%	60%	100%	2	100%	
Chandpur	18			15	3			94%	94%	100%	94%	0	NA	
Comilla	30			26	4			97%	97%	97%	100%	1	100%	
Cox's Bazar	8			6	2			88%	100%	88%	100%	1	100%	
Feni	6			3	3			100%	100%	100%	100%	0	NA	
Khagrachari	6			5	1			50%	67%	50%	83%	3	100%	
Laxmipur	12			9	3			92%	100%	92%	100%	0	NA	
Noakhali	9			9	0			78%	100%	89%	100%	1	100%	
Rangamati	4			4	0			75%	75%	100%	100%	0	NA	
Total-CTG	124	0	0	103	21			90%	94%	90%	98%	10	100%	
Sylhet Division														
Sylhet	6			4	2			100%	100%	100%	100%	0	NA	
Habiganj	7			7	0			86%	86%	86%	100%	1	100%	
Maulvibazar	10			9	1			90%	90%	90%	100%	1	0%	
Sunamganj	7			5	2			86%	100%	86%	100%	1	100%	
Total-SYL	30	0	0	25	5			90%	93%	90%	100%	3	67%	
Raj Division														
RCC only	2			2	0			100%	100%	100%	100%	1	100%	
Rajshahi (non RCC)	5			4	1			100%	100%	80%	100%	0	NA	
Bogra	12			9	3			100%	100%	100%	100%	0	NA	
Dinajpur	12			12	0			83%	100%	92%	100%	1	100%	
Gaibandha	6			4	2			83%	83%	83%	100%	0	NA	
Joypurhat	5			4	1			60%	100%	80%	100%	1	100%	
Kurigram	11			10	1			82%	100%	64%	100%	2	100%	
Lalmonirhat	2			2	0			100%	100%	100%	100%	0	NA	
Natore	2			2	0			100%	100%	100%	100%	0	NA	
Nilphamari	2			2	0			50%	100%	50%	100%	1	100%	
Noagoan	14			13	1			93%	100%	86%	100%	1	100%	
Nowabganj	3			3	0			100%	100%	100%	100%	0	NA	
Pabna	8			5	3			75%	100%	63%	100%	1	100%	
Panchagarh	4			3	1			50%	100%	50%	100%	1	100%	
Rangpur	3			3	0			100%	100%	100%	100%	0	NA	
Sirajganj	9			8	1			100%	100%	100%	100%	0	NA	
Thakurgaon	9			7	2			78%	100%	67%	100%	1	100%	
Total-RAJ	109	0	0	93	16			86%	99%	83%	100%	10	100%	
Khulna Division														
KCC only	1			1	0			100%	100%	100%	100%	0	NA	
Khulna (non KCC)	7			7	0			71%	100%	71%	100%	1	100%	
Bagerhat	6			5	1			83%	100%	83%	100%	1	100%	
Chuadanga	7			5	2			86%	100%	100%	100%	0	NA	
Jessore	9			9	0			75%	89%	67%	100%	3	100%	
Jhenaidah	7			5	2			100%	100%	100%	100%	0	NA	
Kushtia	9			7	2			78%	100%	100%	100%	0	NA	
Magura	4			3	1			100%	75%	100%	100%	0	NA	
Meherpur	0			0	0			NA	NA	NA	NA	0	NA	
Narail	1			1	0			100%	100%	100%	100%	0	NA	
Satkhira	5			5	0			80%	100%	100%	100%	0	NA	
Total-KHU	56	0	0	48	8			84%	96%	89%	100%	5	100%	
Barisal Division														
Barisal	17			14	3			94%	94%	94%	100%	0	NA	
Barguna	16			14	2			100%	100%	100%	100%	0	NA	
Bhola	20			18	2			85%	100%	90%	100%	1	100%	
Jhalakhati	11			11	0			91%	91%	100%	100%	0	NA	
Patuakhali	12			11	1			92%	100%	92%	100%	1	100%	
Pirojpur	25			24	1			100%	100%	100%	100%	0	NA	
Total_BAR	101	0	0	92	9			94%	98%	96%	100%	2	100%	
National	648	0	0	555	93			88%	97%	89%	100%	47	96%	

¹Data as of Epidemiologic Week 28, July 12, 2003; ² among cases with inadequate stools occurring up to April 12, 2003; * Pending updated data on Census 2001

Non-Polio AFP Rate, by District, Bangladesh 1999-2002*

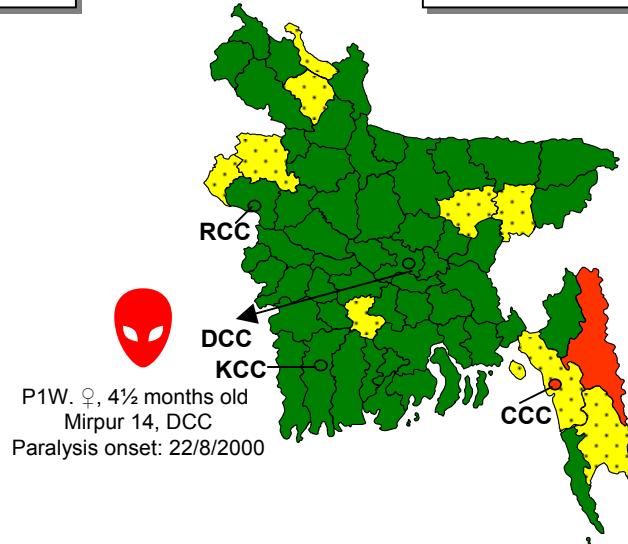
1999 (National: 0.87)

24 of 64 Districts (38%)
+ 3 CC reached target.



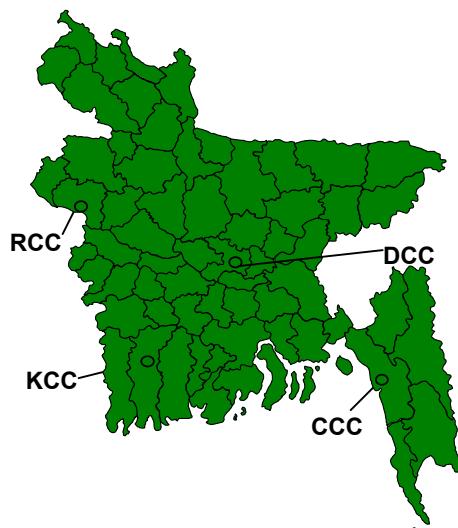
2000 (National: 1.82)

54 of 64 Districts (84%)
+ 3 CC reached target.



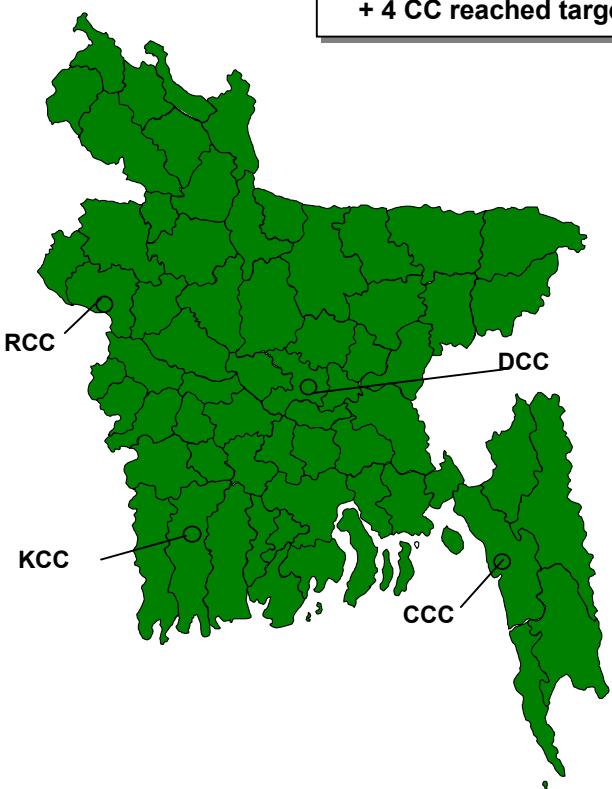
2001 (National: 2.35)

64 of 64 Districts (100%)
+ 4 CC reached target.

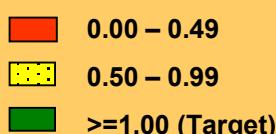


2002 (National: 2.49)

64 of 64 Districts (100%)
+ 4 CC reached target.

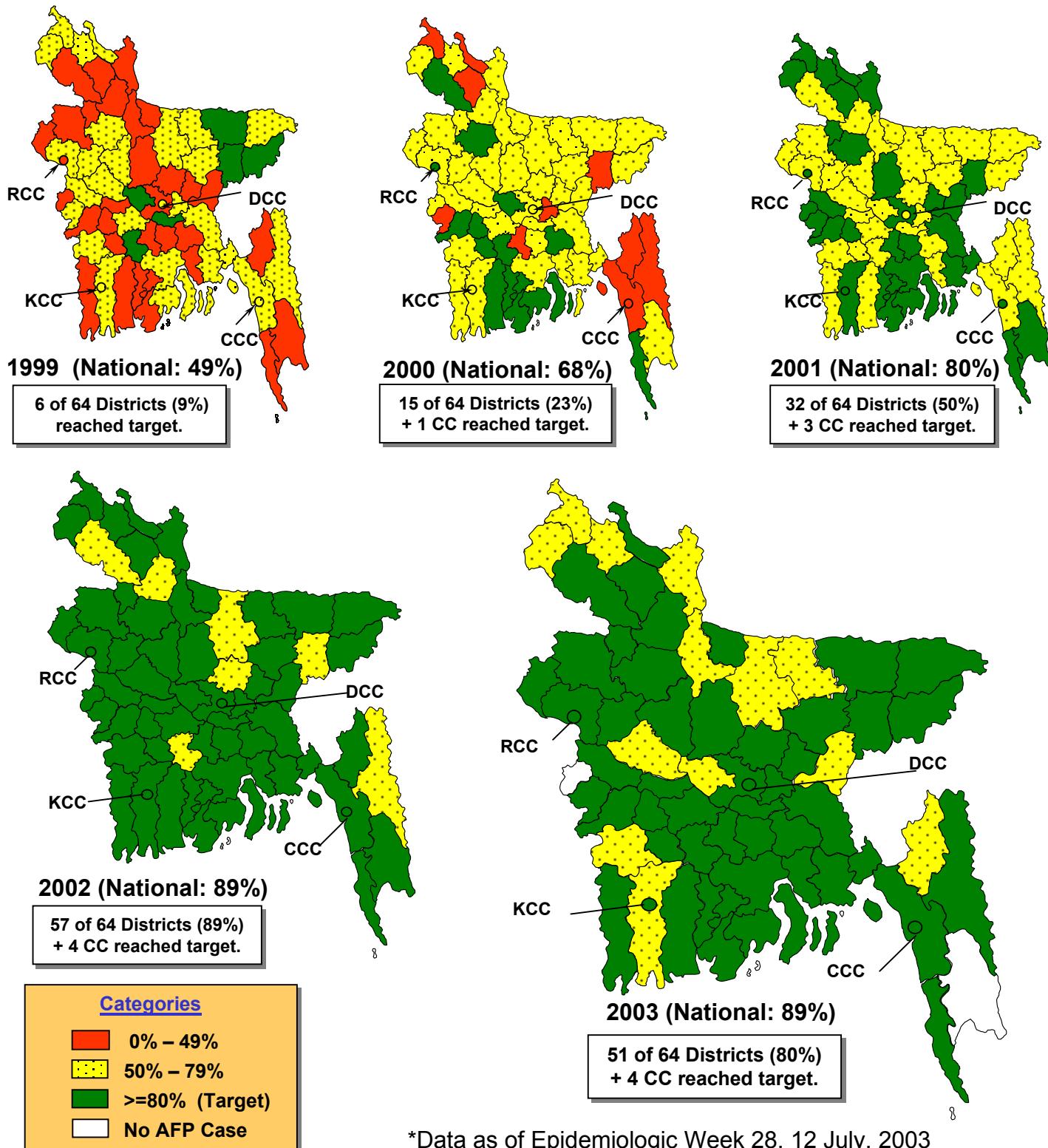


Rate per 1,000,000 children <15 years



*Data as of Epidemiologic Week 28, July 12, 2003

Percent of AFP Cases with Two Stool Samples Collected within 14 days of Paralysis Onset, by District, Bangladesh 1999-2003*



*Data as of Epidemiologic Week 28, 12 July, 2003