



EPI Surveillance Bulletin



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EPI Micro planning for 2006: A pragmatic approach to implement RED Strategy

Bangladesh is committed to provide immunization services to all children under one year and women of reproductive age. Bangladesh developed a comprehensive micro planning in order to attain RED (Reaching Every District) strategic goals of fully vaccinating at least 90% of the children and women in all upazilas. This micro planning includes: regular qualitative session plan, supportive supervision, community involvement, monitoring /data analysis and maximizing utilization of human and other resources.

EPI Micro planning in Bangladesh evolved through different stages and to date achieved the following remarkable milestones:

- 2001: Joint review identified the need for development of a comprehensive strategy for strengthening routine EPI
- 2002: Guidelines and forms developed and micro-planning piloted in 8 upazilas.
- 2003: Workshop reviewed findings of pilot and suggested to incorporate RED strategy in micro-planning
- 2003: Local level workshops conducted to orient managers on micro planning process and to develop micro plans for 2004
- 2004: Further review of Guidelines and forms
- 2004: Improved micro planning done for 2005
- 2005: Immunization Service Strengthening (ISS) fund disbursed based on the micro planning

In 2005 various steps were adopted to enhance micro planning. This exercise allowed management to plan for better supervision and higher quality service delivery. Some important steps were:

- Updating the existing Geographical Reconnaissance (GR) maps with location of fixed sites, outreach sites and hard to reach areas.
- Preparation of the annual session plan along with its management plan.
- Preparation of supportive supervision plan for the year along with development of supervisory tools.
- Formulation of an action plan based on quantitative and qualitative analysis.

Critical review of 2005 micro planning in the later part of the year revealed some strengths and weaknesses in the process. Involvement of concerned managers, identification of weak areas and needed activities along with appropriate support and formulation of annual session plan were the strengths. On the other hand it took a long time to finalize and disburse budget from Head Quarters to upazila, municipality and City Corporation. The

lack of review of micro planning at the district level by district GAVI committee and a periodic review of micro planning were not done which was also a weakness. Finally, forms 5 and 6 needed more work to make them user friendly.

Taking all those factors into consideration, a one day pre Micro planning workshop was held on 29 October with field managers and workers, national level representatives of government agencies related to EPI, NGOs and development partners. The objective of the workshop was to revise the forms in order to prepare a pragmatic micro plan for the year 2006. As per the decision of the workshop, this year EPI sessions will be conducted five days in a week with a minimum interval of two days between sub block vaccinations. In urban areas, EPI session plan should aim to bring all target people with reduction of vaccine wastage. Form 6.1 to 6.5 should be filled up taking right input from form 1 and forms 5.1 to 5.3. Upazila managers are advised to influence upazila development committee to allocate fund under upazila development activities of ADB (Asian Development Bank) for implementing some of their activities. Likewise City Corporation and Municipality health managers should maximize the allocated fund for health related activities from ministry of local government and rural development for the cause of vaccination.

This year a new form has been introduced with micro planning. This is form number 7, which is used to disburse fund under GAVI envelop budget. It is instructed that form 7 should be filled up using information from forms 6.1 to 6.5. Upazila/Municipality/Zone level micro planning should be prepared in two copies. One copy should reach respective district and City Corporation by 6 November. Micro planning forms should be reviewed by GAVI committee at district and City Corporation level. This committee will hand over an advance copy of form 7 after thorough review of micro planning forms to DIMO/SOs. In turn DIMO/SOs will send the electronic copy of this form to the EPI HQ. It is planned that the final copy of micro plan will reach EPI HQ by 24 November. After reviewing the micro plan EPI HQ is scheduled to send the envelop budget by 18 December to the respective upazila, Municipality or City Corporation.

It is evident that the micro planning process in Bangladesh opens new opportunities to reach every child and woman by using the RED strategy approaches and this year attempts have been taken to maximize the opportunity.

Surveillance Summary for 1999-2005 (through Epidemiologic Week 45, Oct 30-Nov 5, 2005)

	1999	2000	2001	2002	2003	2004	2005 ¹
Number of AFP cases	761	1138	1287	1365	1128	1301	1245
No. of clinically confirmed polio cases	322	197	NA	NA	NA	NA	NA
No. of compatible cases according to virologic classification system	NA	NA	36	0	0	2	0
No. of cases with isolation of wild poliovirus	29	1	0	0	0	0	0
No. of discarded polio cases (i.e., non-polio AFP)	439	941	1251	1365	1128	1299	1162
No. of cases pending classification	0	0	0	0	0	0	83
Expected annual number of non-polio AFP cases (2/100,000 children <15 yr)*	505	515	533	549	556	563	1094

AFP Surveillance Performance Indicators:

Indicator	Target	1999	2000	2001	2002	2003	2004	2005
1. Annual Non-Polio AFP rate in children < 15 years old	≥ 2.0	0.87	1.82	2.34	2.49	2.03	2.31	2.45
2. Completeness of passive reporting from facilities	≥ 90%	66%	83%	65%	62%	67%	82%	91%
3. Timeliness of passive reporting from facilities	≥ 80%	30%	58%	38%	36%	62%	75%	83%
4. Suspected AFP cases investigated within 48 hours of notification	≥ 80%	83%	93%	96%	96%	98%	98%	99%
5. Confirmed AFP cases with 2 stool specimens collected ≤ 14 days after paralysis onset	≥ 80%	49%	68%	80%	89%	90%	90%	92%
6. Stool specimens arriving at laboratory ≤ 3 days after collection	≥ 80%	81%	92%	97%	98%	99%	99%	99%
7. Stool specimens arriving at laboratory in "good" condition "good" = 1. Presence of unmelting 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%	97%	100%	100%	99%	100%	100%	100%
8. Confirmed AFP cases receiving a follow-up exam at least 60 days after paralysis onset	≥ 80%	97%	95%	93%	99%	100%	98%	97% ²
9. Stool specimens with laboratory results ≤ 28 days after specimen receipt	≥ 80%	58%	94%	99%	100%	100%	100%	99% ³
10. Stool specimens from which non-polio enterovirus (NPEV) was isolated	≥ 10%	13%	21%	29%	28%	23%	20%	21%

¹ Data as of Nov 5, 2005; ² among cases occurring up to Aug 22, 2005; ³ as of Oct 8, 2005; * Prior to 2005 NPAFP rate calculated as 1/100,000 children

Please provide your feedback and comments to Dr. Md. Tazul Islam, DPM-EPI or Dr. Md. Lutfur Rahman, Program Manager, Child Health & Limited Curative Care, EPI Bhaban, Mohakhali, Dhaka 1212 Telephone: 9880530 or 9898797
Chief Advisor to the Editorial Board: Dr. Mohd. Mahbubur Rahman, Director PHC & Line Director ESP, DGHS, Mohakhali Dhaka.

AFP Surveillance Performance Indicators - 2005

Epiweek 45, 2005

District	Minimum operational target of 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	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	% with 60-day follow-up ²
Dhaka Division												
DCC only	61	47			46	1	1.74	96%	98%	92%	100%	88%
Dhaka (non DCC)	25	38			37	1	3.48	97%	100%	95%	97%	96%
Faridpur	15	21			21	0	3.17	95%	100%	95%	100%	95%
Gazipur	18	16			14	2	1.83	100%	100%	94%	100%	100%
Gopalganj	10	21			21	0	4.93	100%	100%	100%	100%	100%
Jamalpur	18	26			25	1	3.14	89%	100%	85%	100%	100%
Kishoreganj	22	26			24	2	2.52	92%	100%	92%	100%	100%
Madaripur	10	20			19	1	4.58	90%	100%	95%	100%	100%
Manikganj	11	14			13	1	2.68	79%	100%	86%	100%	92%
Munshiganj	11	27			24	3	5.04	96%	100%	96%	100%	100%
Mymensingh	39	41			35	6	2.09	81%	100%	83%	100%	93%
Narayanganj	19	13			12	1	1.44	100%	100%	100%	100%	100%
Narsingdhi	17	18			18	0	2.45	89%	100%	89%	100%	100%
Netrokona	17	18			18	0	2.42	100%	100%	94%	100%	100%
Rajbari	8	11			10	1	2.79	100%	100%	100%	100%	100%
Shariatpur	9	21			18	3	4.42	95%	95%	91%	100%	100%
Sherpur	11	12			12	0	2.53	100%	100%	100%	100%	100%
Tangail	28	24			20	4	1.66	92%	100%	92%	100%	95%
Total-DHAKA	349	414	0	0	387	27	2.56	93%	100%	92%	100%	97%
CTG Division												
CCC only	20	21			20	1	2.28	100%	100%	95%	100%	100%
Chittagong (non CCC)	38	41			38	3	2.32	98%	100%	95%	100%	97%
Bandarban	3	3			3	0	2.53	100%	100%	100%	100%	100%
Brahmanbaria	21	22			21	1	2.36	91%	91%	86%	100%	100%
Chandpur	20	14			13	1	1.47	100%	93%	86%	100%	90%
Comilla	40	43			37	6	2.14	98%	98%	88%	100%	100%
Cox's Bazar	16	14			13	1	1.89	93%	100%	93%	100%	100%
Feni	10	25			22	3	4.85	96%	100%	92%	100%	100%
Khagrachari	5	7			6	1	2.72	86%	100%	86%	100%	86%
Laxmipur	13	17			16	1	2.86	88%	100%	88%	100%	100%
Noakhali	23	36			35	1	3.58	97%	100%	97%	100%	84%
Rangamati	5	5			5	0	2.38	60%	100%	80%	100%	80%
Total-CTG	214	248	0	0	229	19	2.48	95%	98%	92%	100%	95%
Sylhet Division												
SCC	4	3			3	0	1.81	100%	100%	100%	100%	100%
Sylhet (non SCC)	19	21			19	2	2.26	91%	100%	91%	100%	100%
Habiganj	15	12			10	2	1.51	75%	100%	92%	100%	100%
Maulvibazar	14	10			9	1	1.46	100%	100%	100%	100%	100%
Sunamganj	18	12			12	0	1.58	100%	100%	92%	91%	88%
Total-SYL	70	58	0	0	53	5	1.74	91%	100%	93%	98%	98%
Raj Division												
RCC only	3	5			4	1	2.66	100%	100%	100%	100%	100%
Rajshahi (non RCC)	17	12			12	0	1.66	67%	100%	58%	100%	100%
Bogra	26	10			9	1	0.79	80%	100%	90%	100%	100%
Dinajpur	23	19			16	3	1.59	90%	100%	95%	100%	100%
Gaibandha	18	18			18	0	2.28	94%	100%	89%	88%	100%
Joypurhat	7	11			11	0	3.44	82%	100%	91%	100%	100%
Kurigram	15	16			15	1	2.28	81%	100%	88%	100%	100%
Lalmonirhat	10	13			11	2	2.62	85%	100%	77%	100%	100%
Natore	13	12			12	0	2.13	100%	100%	100%	100%	82%
Nilphamari	14	12			11	1	1.85	100%	100%	100%	100%	100%
Noagoan	21	27			25	2	2.81	100%	96%	85%	96%	100%
Nowabganj	13	18			17	1	3.09	89%	100%	83%	100%	100%
Pabna	19	21			21	0	2.58	100%	100%	100%	100%	100%
Panchagarh	7	10			8	2	2.50	100%	100%	100%	100%	100%
Rangpur	22	11			10	1	1.04	100%	100%	91%	90%	90%
Sirajganj	24	21			21	0	2.05	91%	100%	95%	100%	100%
Thakurgaon	11	7			7	0	1.51	100%	100%	100%	100%	100%
Total-RAJ	263	243	0	0	228	15	2.00	92%	100%	90%	98%	99%
Khulna Division												
KCC only	8	5			4	1	1.17	100%	100%	100%	80%	100%
Khulna (non KCC)	13	13			13	0	2.39	92%	100%	92%	100%	100%
Bagerhat	13	22			20	2	3.60	100%	96%	100%	100%	100%
Chuadanga	9	10			10	0	2.54	80%	100%	70%	100%	100%
Jessore	22	28			27	1	2.87	96%	100%	93%	100%	96%
Jhenaidah	14	18			15	3	2.52	94%	100%	94%	100%	100%
Kushtia	15	14			13	1	1.97	86%	100%	86%	100%	100%
Magura	7	8			8	0	2.56	100%	100%	100%	88%	100%
Meherpur	5	7			7	0	3.10	100%	100%	100%	100%	100%
Narail	6	10			8	2	3.14	90%	90%	80%	100%	100%
Satkhira	16	13			12	1	1.72	85%	92%	85%	100%	100%
Total-KHU	128	148	0	0	137	11	2.48	93%	98%	91%	99%	99%
Barisal Division												
BCC	2	4			4	0	4.64	100%	100%	100%	100%	100%
Barisal (non BCC)	18	30			29	1	3.74	90%	100%	97%	97%	85%
Barguna	7	23			23	0	7.35	100%	100%	100%	100%	94%
Bhola	15	25			23	2	3.56	88%	100%	96%	100%	100%
Jhalakhati	6	19			18	1	7.16	100%	100%	100%	100%	100%
Patuakhali	13	14			13	1	2.34	93%	100%	86%	100%	83%
Pirojpur	9	19			18	1	4.46	100%	100%	100%	100%	100%
Total-BAR	70	134	0	0	128	6	4.23	95%	100%	97%	99%	94%
National	1094	1245	0	0	1162	83	2.45	93%	99%	92%	99%	97%

¹Data as of Epidemiologic Week 45 November 5, 2005, ² for cases occurring upto August 22, 2005

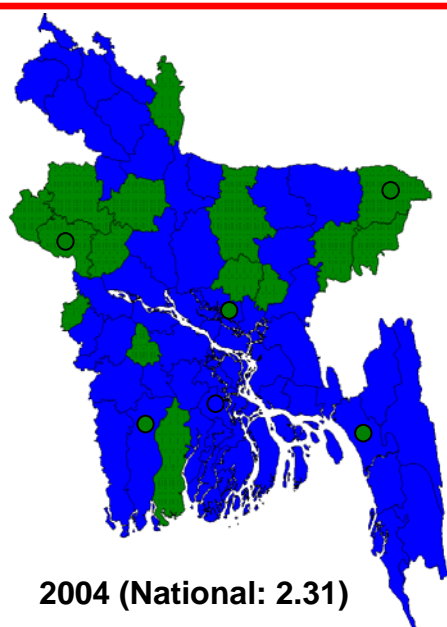
Disease Surveillance - 2005

EPI week 45, 2005

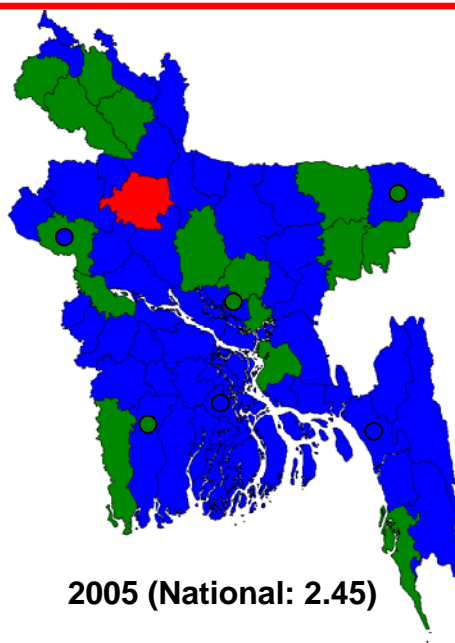
District	Neonatal Tetanus			Measles				AEFI # of case Reported
	# of case reported by Active Surveillance	# of case reported by Passive Surveillance	# of case Investigated	# of case reported by Active Surveillance	# of case reported by Passive Surveillance	Outbreak		
						Number of Outbreak (% Investigated)	# of cases	
Dhaka Division								
DCC only	10	11	11	189	193	25(100%)	3270	2
Dhaka (non DCC)	4	2	4	19	42	3(100%)	480	22
Faridpur	2	4	4	3	50	3(100%)	283	52
Gazipur	3	2	2	11	34	3(100%)	312	5
Gopalganj	7	5	7	3	137	3(100%)	144	35
Jamalpur		1		4	33	2(100%)	385	15
Kishoreganj	22	20	11	47	136	9(100%)	856	20
Madaripur		1		12	153	5(100%)	339	49
Manikganj	2	1		1	24	4(100%)	860	35
Munshiganj	2	3	2	3	282	9(100%)	921	16
Mymensingh	13	5	11	33	184	6(100%)	576	72
Narayanganj				68	65	2(100%)	102	20
Narsingdhi				18	41	2(100%)	102	7
Netrokona	2	7	7	6	170	8(100%)	946	23
Rajbari		1	2		41	1(100%)	18	4
Shariatpur	2	3	2	3	123	5(100%)	314	42
Sherpur	3	7	6		67	2(100%)	325	19
Tangail	3	3	5	12	25	2(100%)	322	23
Total-DHAKA	75	76	74	432	1800	94(100)%	10555	461
CTG Division								
CCC only	8	4	5	63	50	2(100%)	161	5
Chittagong (non CCC)	1	5		10	67	1(100%)	17	4
Bandarban				2	8			3
Brahmanbaria	8	12	10	2	27	1(100%)	46	7
Chandpur	4	4	3	5	82	3(100%)	57	41
Comilla	4	4	2	8	194	12(100%)	1684	4
Cox's Bazar	6	7	6	4	21	1(100%)	183	7
Feni	2	3	2	2	196	8(100%)	688	8
Khagrachari				2	28			
Laxmipur	6	7	6	3	64	1(100%)	15	48
Noakhali	6	7	6	12	69	5(100%)	320	16
Rangamati				1	49			3
Total-CTG	45	53	40	114	855	34(100%)	3171	146
Sylhet Division								
SCC	1		2	164	175			1
Sylhet (non SCC)	4	4	2	159	285	1(100%)	26	16
Habiganj	8	6	1	23	120	5(100%)	274	31
Maulvibazar	4	3	1	23	145	3(100%)	107	14
Sunamganj	7	11	5	277	324	2(100%)	731	25
Total-SYL	24	24	11	646	1049	11(100%)	1138	87
Raj Division								
RCC only				14	239	15(100%)	1085	41
Rajshahi (non RCC)	4	5	5	4	10	1(100%)	266	10
Bogra	2	3	2	7	22	2(100%)	75	147
Dinajpur	6	6	6	1	14	5(100%)	559	52
Gaibandha	1	5	7		27	3(100%)	272	40
Joypurhat	1	1	1	4	26			23
Kurigram		4	4		12	1(100%)	38	14
Lalmonirhat	1	1	1		15	1(100%)	50	2
Natore	4	4	4	15	178	8(100%)	805	22
Nilphamari	3	1		2	10			28
Noagoan	3	2	4	3	106	5(100%)	749	37
Nowabganj	5	3	5	6	8	1(100%)	61	8
Pabna	1	1	1	11	39			9
Panchagarh	1	3	2	2	72	5(100%)	1078	3
Rangpur	9	7	6	7	7	2(100%)	47	22
Sirajganj	1	2	1	4	18	1(100%)	127	13
Thakurgaon				18	22	7(100%)	810	5
Total-RAJ	42	48	49	98	825	57(100%)	6022	476
Khulna Division								
KCC only	1	1	1		121	21(100%)	1368	9
Khulna (non KCC)	2	4	2	6	664	15(100%)	807	47
Bagerhat	3	4	2	6	289	15(100%)	688	17
Chuadanga	3	4	4	1	20			28
Jessore	2	2	3	8	35			57
Jhenaidah	3	2	2	3	19	2(100%)	99	31
Kushtia	1		1	4	63	2(100%)	142	8
Magura	1	2	1	2	15			15
Meherpur	1	2		3	34	2(100%)	235	4
Narail	11	7	10	1	18	2(100%)	137	14
Satkhira	3	2	2		19	2(100%)	123	33
Total-KHU	31	30	28	34	1297	61(100%)	3599	263
Barisal Division								
BCC	2			22	17			
Barisal (non BCC)	4	5	2	30	61	1(100%)	48	10
Barguna		1		9	70			5
Bhola	4	5	5	3	68	1(100%)	108	22
Jhalakhati	2	1	1	17	15	1(100%)	68	13
Patuakhali	3	3	2	37	57	4(100%)	642	3
Pirojpur		3	1	15	30	5(100%)	665	26
Total-BAR	15	18	11	133	318	12(100%)	1531	79
National	232	249	213	1457	6144	269(100%)	26016	1512

Data as of Epidemiologic Week 45, November 5, 2005

Annualized Non-Polio AFP Rate, by District, Bangladesh 2004-2005*

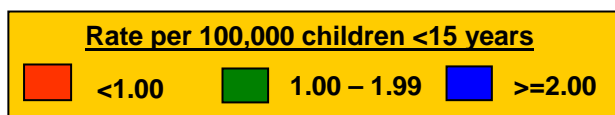


2004 (National: 2.31)

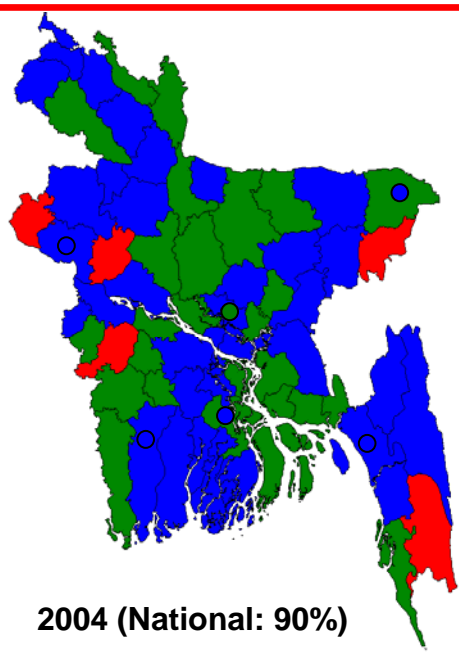


2005 (National: 2.45)

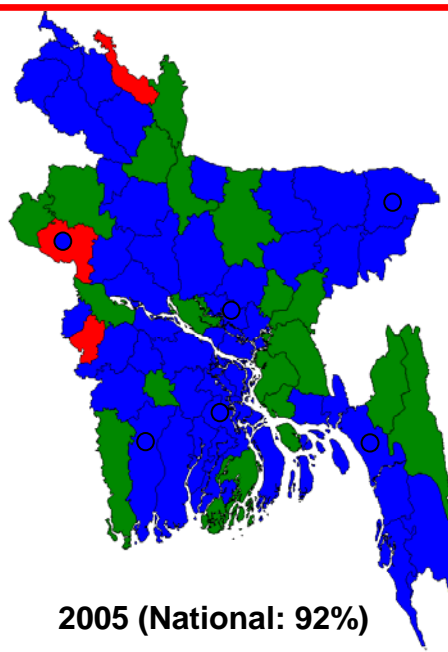
*Data as of Epidemiologic Week 45, November 5, 2005



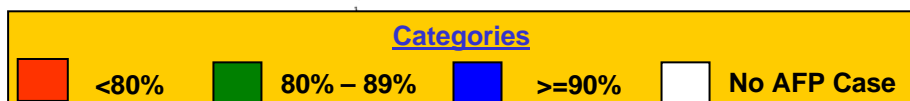
Percentage of AFP Cases with Two Stool Samples Collected within 14 days of Paralysis Onset, by District, Bangladesh 2004-2005*



2004 (National: 90%)



2005 (National: 92%)



*Data as of Epidemiologic Week 45, November 5, 2005

International Developmental Partners for Polio Eradication in Bangladesh include Centers for Disease Control and Prevention, Atlanta, Governments of Japan, the Netherlands, USAID, Rotary International, U.K. DFID, UN Foundation, UNICEF and WHO