



# EPI Surveillance Bulletin



Epidemiologic Week 05: 29 Jan – 4 Feb, 2006

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## Measles Catch-up Campaign Phase-2: The Largest Public Health Event in Bangladesh

In September 2005, Bangladesh experienced launching of one of the largest mass measles campaigns ever implemented in the world. Of the campaign's targeted 35 million children of 9 months to <10 years, 1.5 million children were targeted for vaccination in Bogra, Rajshahi and Rajshahi City Corporation through phase-1 of the campaign which had a praise worthy contribution from 1,622 vaccinators and 15,500 volunteers. This phase-1 has been a testimony of excellent intersectoral collaboration and partnership between the Government of Bangladesh, Government of Japan, Centers for Disease Control & Prevention (CDC), WHO and UNICEF. Now the whole country is being prepared to hold phase 2 of the campaign which will be conducted over 3 weeks in rest 62 districts and 5 City Corporations from 25 February to 16 March 2006. Phase 2 of the campaign will be the largest public health event in Bangladesh involving more than 50,000 skilled vaccinators, 750,000 volunteers, more than 100,000 schools and 150,000 EPI sites in order to reach 33.5 million target children. This phase-2 is mainly funded by American Red Cross through the United Nations Foundation. GoB is contributing 25% of the operational costs.

All children aged 9 months to <10 years will be vaccinated regardless of previous vaccination status in the campaign. However, a child who received measles vaccine within last 28 days will not be eligible to get vaccination; s/he should wait until 28 days are over and if possible get vaccination in the campaign. If a child has not received routine measles vaccine, the dose given during campaign will be considered as campaign dose. The guardian of the child will be requested to bring him/her to any routine EPI site after 28 days to get routine dose of Measles before the child's second birth day.

The measles campaign will be conducted as a rolling campaign in wards over 3 weeks. Educational institutes will be covered in the 1<sup>st</sup> week and outreach sites will be covered in 2<sup>nd</sup> and 3<sup>rd</sup> weeks. Micro planning has been done in a way that Routine EPI sessions will not be hampered. In the rural areas, regular vaccinators will work both in educational institutions and in outreach sites at community level. In all routine EPI sites vaccination will be done from 8 am to 4 pm in all working days including Saturdays. In the urban areas all available vaccinators including trained temporary vaccinators will work in the educational institutes. At least one fixed site in each City Corporation ward, upazila and municipality will remain open on every working day during campaign.

As a special approach to reach street children and other high-risk populations in urban areas additional teams will be deployed, as needed, to cover railway stations, bus stations, river and sea terminals, parks, and even footpaths. These additional teams will also work in rural areas especially in isolated areas, big market areas and places where working mothers stay with their children such as in rice mills, brick fields, brothels and jails.

In order to make the campaign a success, all preparations are underway. Registration of target children, IPC with educational institutes, house hold members, Religious leaders and People's representatives, Advocacy meetings at national, divisional, City Corporation, district and upazila/municipality levels, Meeting with professional bodies like Bangladesh Medical Association (BMA), the Paediatric Association (at national level), renowned medical professionals and news editors are being done. Training has been concluded up to the supervisor/field worker/vaccinator level. Volunteers' orientations have now been started. Surveillance Medical Officers, District Immunization Medical Officers and EPI Facilitators facilitated sub national level trainings along with officers of EPI following the national Training of Trainers (TOT). They are also providing assistance in micro planning at district/City Corporation and upazila/Zone/municipality level. Forty million doses of measles vaccines have been procured and vaccines are being distributed to different districts and upazilas as per distribution plan. Other logistics like Auto Disable & reconstitution syringes, safety boxes and marker pens are already being distributed to the field according to the distribution plan.

Bangladesh Television, Bangladesh Betar, Private TV Channels, news papers, Department of Mass Communication, Press Information Department and renowned personalities are also going to contribute a lot in mass awareness. Like any national campaign, Health and Family Planning field workers are relentlessly working with NGO workers and volunteers from all walks of the community to sensitize people and implement the campaign successfully.

The success of Phase-1 campaign has laid the foundation stone for implementing the Phase-2 measles catch up campaign all over the country. We are very much optimistic to effectively complete the upcoming campaign with support from people of Bangladesh. Let us join hands and work together sincerely to make the campaign a success.

## Surveillance Summary for 1999-2005 (through Epidemiologic Week 05, 29 January – 4 February, 2006)

	1999	2000	2001	2002	2003	2004	2005 <sup>1</sup>
Number of AFP cases	761	1138	1287	1365	1128	1301	1457
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	1429
No. of cases pending classification	0	0	0	0	0	0	28
Expected annual number of non-polio AFP cases (1/100,000 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	2.61
2. Completeness of passive reporting from facilities	≥ 90%	66%	83%	65%	62%	67%	82%	92%
3. Timeliness of passive reporting from facilities	≥ 80%	30%	58%	38%	36%	62%	75%	84%
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 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%	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% <sup>2</sup>
9. Stool specimens with laboratory results ≤ 28 days after specimen receipt	≥ 80%	58%	94%	99%	100%	100%	100%	100% <sup>3</sup>
10. Stool specimens from which non-polio enterovirus (NPEV) was isolated	≥ 10%	13%	21%	29%	28%	23%	20%	20%

<sup>1</sup> Data as of February 4, 2006; <sup>2</sup> among cases occurring up to November 21, 2005; <sup>3</sup> as of January 7, 2006, \* Prior to 2005 NPAPF rate calculated as 1/100,000 children.

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## AFP Surveillance Performance Indicators - 2005

Epiweek 5, 2006

District	Minimum operational target of non-polio AFP	Total # AFP <sup>1</sup>	Wild polio-virus isolated	# Compatible cases	Non-Polio AFP cases <sup>1</sup>	Pending final classif. <sup>1</sup>	Annualized Non-polio AFP Rate <sup>1</sup>	Notification within 10 d after paralysis onset <sup>1</sup>	Investigation within 48 h after notification <sup>1</sup>	% with 2 stools within 14 days <sup>1</sup>	Stool sample arriving to lab within 72 hrs <sup>1</sup>	% with 60-day follow-up <sup>2</sup>
<b>Dhaka Division</b>												
Dhaka (non DCC)	25	47			43	4	3.50	89%	100%	87%	98%	95%
DCC only	61	54			53	1	1.73	96%	98%	93%	100%	80%
Faridpur	15	23			23	0	3.01	96%	100%	96%	100%	95%
Gazipur	18	15			14	1	1.58	100%	100%	93%	100%	100%
Gopalganj	10	24			24	0	4.87	100%	100%	100%	100%	100%
Jamalur	18	32			32	0	3.48	88%	97%	88%	100%	97%
Kishoreganj	22	33			33	0	2.99	88%	100%	94%	100%	93%
Madaripur	10	22			22	0	4.59	91%	100%	96%	100%	100%
Manikganj	11	17			16	1	2.85	82%	100%	88%	100%	93%
Munshiganj	11	32			32	0	5.82	97%	100%	97%	100%	100%
Mymensingh	39	51			50	1	2.58	80%	98%	84%	100%	100%
Narayanganj	19	16			16	0	1.66	94%	100%	100%	100%	93%
Narsingdhi	17	19			19	0	2.24	90%	100%	89%	100%	100%
Netrokona	17	26			26	0	3.03	100%	100%	96%	100%	100%
Rajbari	8	11			11	0	2.65	100%	100%	100%	100%	100%
Shariatpur	9	26			26	0	5.52	96%	100%	92%	100%	100%
Sherpur	11	15			15	0	2.74	100%	93%	100%	100%	100%
Tangail	28	31			29	2	2.08	94%	100%	94%	100%	89%
<b>Total-DHAKA</b>	<b>349</b>	<b>494</b>	<b>0</b>	<b>0</b>	<b>484</b>	<b>10</b>	<b>2.77</b>	<b>92%</b>	<b>99%</b>	<b>93%</b>	<b>100%</b>	<b>95%</b>
<b>CTG Division</b>												
Bandarban	3	3			3	0	2.19	100%	100%	100%	100%	100%
Brahmanbaria	21	25			25	0	2.43	92%	92%	88%	100%	100%
Chandpur	20	21			20	1	1.96	95%	95%	86%	100%	88%
Chittagong (non CCC)	38	46			46	0	2.43	98%	100%	96%	100%	98%
CCC only	20	22			22	0	2.17	100%	100%	96%	100%	100%
Comilla	40	50			49	1	2.45	98%	98%	90%	100%	100%
Cox's Bazar	16	19			19	0	2.39	90%	100%	89%	100%	100%
Feni	10	26			26	0	4.96	96%	100%	92%	100%	100%
Khagrachari	5	7			7	0	2.75	86%	100%	86%	100%	100%
Laxmipur	13	24			23	1	3.56	88%	100%	88%	100%	100%
Noakhali	23	43			42	1	3.72	95%	98%	95%	100%	95%
Rangamati	5	7			6	1	2.47	57%	100%	71%	100%	83%
<b>Total-CTG</b>	<b>214</b>	<b>293</b>	<b>0</b>	<b>0</b>	<b>288</b>	<b>5</b>	<b>2.70</b>	<b>94%</b>	<b>98%</b>	<b>91%</b>	<b>100%</b>	<b>98%</b>
<b>Sylhet Division</b>												
Habiganj	15	14			12	2	1.57	79%	100%	86%	100%	77%
Maulvibazar	14	14			12	2	1.69	100%	100%	100%	100%	92%
Sunamganj	18	14			14	0	1.60	100%	100%	93%	92%	92%
Sylhet (non SCC)	19	25			24	1	2.47	92%	100%	88%	100%	100%
SCC only	4	3			3	0	1.57	100%	100%	100%	100%	100%
<b>Total-SYL</b>	<b>70</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>65</b>	<b>5</b>	<b>1.85</b>	<b>93%</b>	<b>100%</b>	<b>91%</b>	<b>99%</b>	<b>90%</b>
<b>Raj Division</b>												
Bogra	26	13			13	0	0.99	85%	100%	92%	100%	100%
Dinajpur	23	27			25	2	2.15	78%	100%	89%	100%	91%
Gaibandha	18	20			20	0	2.19	90%	100%	90%	90%	100%
Joypurhat	7	13			12	1	3.25	85%	100%	85%	100%	100%
Kurigram	15	16			16	0	2.11	81%	100%	94%	100%	100%
Lalmonirhat	10	13			11	2	2.27	85%	100%	77%	100%	100%
Natore	13	13			13	0	2.00	100%	100%	100%	100%	92%
Nilphamari	14	12			12	0	1.75	100%	100%	100%	100%	100%
Noagoan	21	31			31	0	3.01	100%	97%	87%	96%	100%
Nowabganj	13	19			19	0	2.99	90%	100%	84%	100%	95%
Pabna	19	25			25	0	2.66	100%	100%	100%	100%	100%
Panchagarh	7	11			11	0	2.97	100%	100%	100%	100%	91%
Rajshahi (non RCC)	17	16			16	0	1.92	75%	10%	69%	100%	93%
RCC only	3	5			5	0	2.88	100%	100%	100%	100%	100%
Rangpur	22	15			15	0	1.35	100%	100%	93%	93%	100%
Sirajganj	24	25			25	0	2.12	88%	100%	96%	100%	96%
Thakurgaon	11	12			12	0	2.24	100%	100%	100%	100%	89%
<b>Total-RAJ</b>	<b>263</b>	<b>286</b>	<b>0</b>	<b>0</b>	<b>281</b>	<b>5</b>	<b>2.14</b>	<b>91%</b>	<b>100%</b>	<b>91%</b>	<b>99%</b>	<b>97%</b>
<b>Khulna Division</b>												
Bagerhat	13	25			25	0	3.89	100%	96%	100%	100%	100%
Chuadanga	9	11			11	0	2.42	82%	100%	73%	100%	100%
Jessore	22	31			31	0	2.85	97%	100%	94%	100%	100%
Jhenaidah	14	18			18	0	2.62	94%	100%	94%	100%	100%
Khulna (non KCC)	13	15			15	0	2.38	93%	100%	93%	100%	100%
KCC only	8	8			8	0	2.02	100%	100%	100%	88%	100%
Kushtia	15	19			19	0	2.49	90%	100%	89%	94%	100%
Magura	7	8			8	0	2.21	100%	100%	100%	88%	100%
Meherpur	5	8			8	0	3.06	100%	100%	100%	100%	100%
Narail	6	11			11	0	3.74	91%	91%	82%	100%	100%
Satkhira	16	15			15	0	1.86	87%	93%	87%	100%	100%
<b>Total-KHU</b>	<b>128</b>	<b>169</b>	<b>0</b>	<b>0</b>	<b>169</b>	<b>0</b>	<b>2.65</b>	<b>94%</b>	<b>98%</b>	<b>92%</b>	<b>98%</b>	<b>100%</b>
<b>Barisal Division</b>												
Barguna	7	25			24	1	6.64	100%	100%	96%	100%	100%
Barisal (non BCC)	18	31			30	1	3.35	90%	100%	94%	97%	100%
BCC only	2	5			5	0	5.02	100%	100%	100%	100%	100%
Bhola	15	28			28	0	3.75	89%	100%	96%	100%	100%
Jhalakhati	6	21			20	1	6.88	95%	100%	95%	100%	100%
Patuakhali	13	15			15	0	2.34	93%	100%	87%	93%	93%
Pirojpur	9	20			20	0	4.29	100%	100%	100%	100%	100%
<b>Total-BAR</b>	<b>70</b>	<b>145</b>	<b>0</b>	<b>0</b>	<b>142</b>	<b>3</b>	<b>4.06</b>	<b>95%</b>	<b>100%</b>	<b>95%</b>	<b>99%</b>	<b>99%</b>
<b>National</b>	<b>1094</b>	<b>1457</b>	<b>0</b>	<b>0</b>	<b>1429</b>	<b>28</b>	<b>2.61</b>	<b>93%</b>	<b>99%</b>	<b>92%</b>	<b>99%</b>	<b>97%</b>

<sup>1</sup>Data as of Epidemiologic Week 5 February 4, 2006, <sup>2</sup> for cases occurring upto November 21, 2005

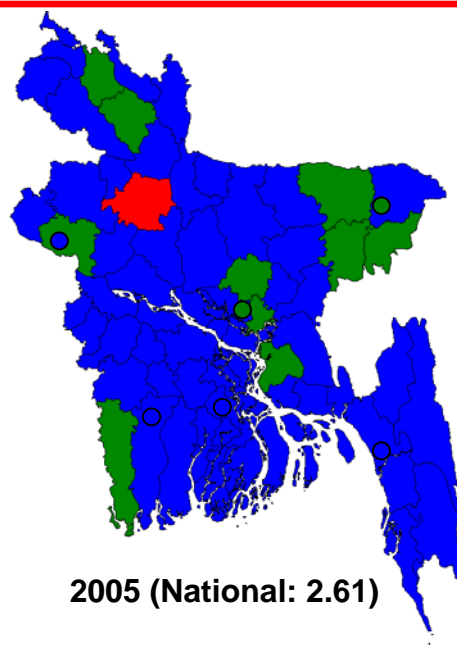
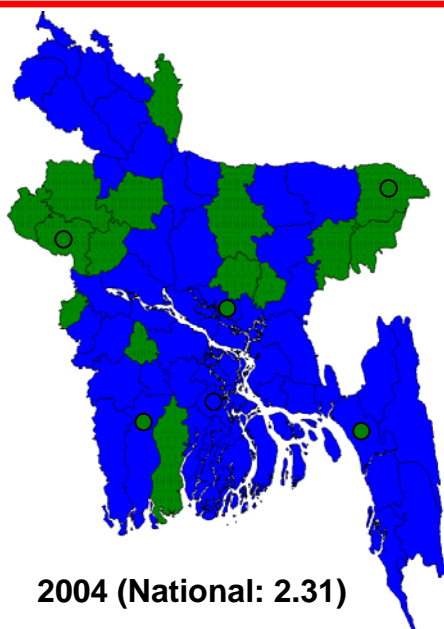
## Disease Surveillance - 2005

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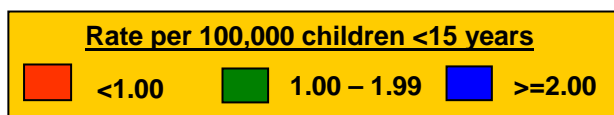
District	Neonatal Tetanus			Measles				AEFI # of case Reported
	# of case reported by Active Surveillance	# of case reported by Passive Surveillance	# of case Investigated	# of case reported by Active Surveillance	# of case reported by Passive Surveillance	Outbreak*		
						Number of Outbreak (% Investigated)	# of cases	
Dhaka Division								
Dhaka (non DCC)	4	4	4	28	60	3(100%)	480	29
DCC only	11	15	11	204	225	20(100%)	2791	3
Faridpur	2	5	5	5	56	1(100%)	79	79
Gazipur	3	3	2	15	42	1(100%)	79	7
Gopalganj	7	8	7	5	152	3(100%)	144	51
Jamalpur		2		4	36			17
Kishoreganj	26	28	15	58	153	8(100%)	431	28
Madaripur		1		16	180	7(100%)	510	61
Manikganj	2	1		3	44	7(100%)	1211	40
Munshiganj	2	5	2	4	290	3(100%)	175	18
Mymensingh	21	12	20	41	203	6(100%)	582	82
Narayanganj		1		83	82	1(100%)	73	30
Narsingdhi	1			21	46	1(100%)	53	10
Netrokona	2	8	8	6	199	8(100%)	986	27
Rajbari	1	3	2		50			8
Shariatpur	3	5	3	6	152	5(100%)	314	50
Sherpur	3	8	7		75	1(100%)	146	31
Tangail	4	3	5	15	27			26
Total-DHAKA	92	112	91	514	2072	75(100)%	8054	597
CTG Division								
Bandarban				2	8			19
Brahmanbaria	9	18	11	2	53	3(100%)	269	7
Chandpur	4	3	3	7	90	4(100%)	103	44
Chittagong (non CCC)	1	7	1	17	75	1(100%)	17	7
CCC only	8	4	7	78	60	2(100%)	161	6
Comilla	8	6	2	9	219	9(100%)	1045	6
Cox's Bazar	7	8	7	7	24	1(100%)	183	8
Feni	2	4	2	5	211	5(100%)	412	11
Khagrachari				2	28			2
Laxmipur	6	10	6	4	78	2(100%)	41	54
Noakhali	7	11	8	27	84	1(100%)	80	20
Rangamati				1	52			3
Total-CTG	52	71	47	161	982	28(100%)	2311	187
Sylhet Division								
Habiganj	9	12	2	23	131	5(100%)	399	37
Maulvibazar	7	6	1	27	174	3(100%)	317	16
Sunamganj	8	12	6	285	351	2(100%)	730	28
Sylhet (non SCC)	4	4	6	162	324	4(100%)	204	19
SCC only	1	1	2	165	182			1
Total-SYL	29	35	17	662	1162	14(100%)	1650	101
Raj Division								
Bogra	2	6	3	7	28	2(100%)	75	165
Dinajpur	7	8	7	3	18	1(100%)	63	59
Gaibandha	2	5	8		28	1(100%)	61	44
Joypurhat	1	1	1	4	28			27
Kurigram		5	7		14			21
Lalmonirhat	1	1	1		21			2
Natore	4	4	4	16	179	7(100%)	703	27
Nilphamari	3	1	2	2	10			44
Noagoan	4	4	5	3	114	3(100%)	273	42
Nowabganj	6	3	6	6	8			10
Pabna	2	2	2	11	42			13
Panchagarh	1	3	2	2	73			10
Rajshahi (non RCC)	4	6	5	5	12	1(100%)	266	14
RCC only				14	242	5(100%)	329	47
Rangpur	10	8	9	7	7	2(100%)	47	31
Sirajganj	1	2	1	4	18	1(100%)	127	17
Thakurgaon				18	22	3(100%)	453	7
Total-RAJ	48	59	63	102	864	26(100%)	2397	580
Khulna Division								
Bagerhat	4	4	2	8	304	13(100%)	674	24
Chuadanga	4	6	5	1	24			38
Jessore	5	4	3	10	44			61
Jhenaidah	2	2	2	3	20	2(100%)	99	37
Khulna (non KCC)	2	4	2	6	714	14(100%)	908	62
KCC only	1	1	1	3	127	14(100%)	1099	11
Kushtia	1		1	4	74	2(100%)	176	16
Magura	1	2	1	2	18			20
Meherpur	2	3	2	3	34	1(100%)	108	9
Narail	10	9	10	1	22	1(100%)	66	15
Satkhira	3	3	2		20	2(100%)	176	39
Total-KHU	35	38	31	41	1401	49(100%)	3306	332
Barisal Division								
Barguna		1		9	84			5
Barisal (non BCC)	4	6	2	33	69	1(100%)	48	18
BCC only	2	1	2	29	21			1
Bhola	4	8	6	3	72	1(100%)	108	29
Jhalakhati	3	3	1	24	29	1(100%)	68	19
Patuakhali	3	3	2	41	70	3(100%)	331	6
Pirojpur		3	2	15	32	5(100%)	665	33
Total-BAR	16	25	15	154	377	11(100%)	1220	111
National	272	340	264	1634	6858	203(100%)	18938	1908

Data as of Epidemiologic Week 05, February 4, 2006, \* Only lab confirmed measles and mixed outbreaks

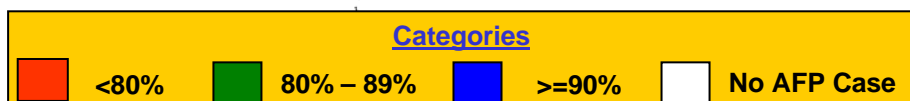
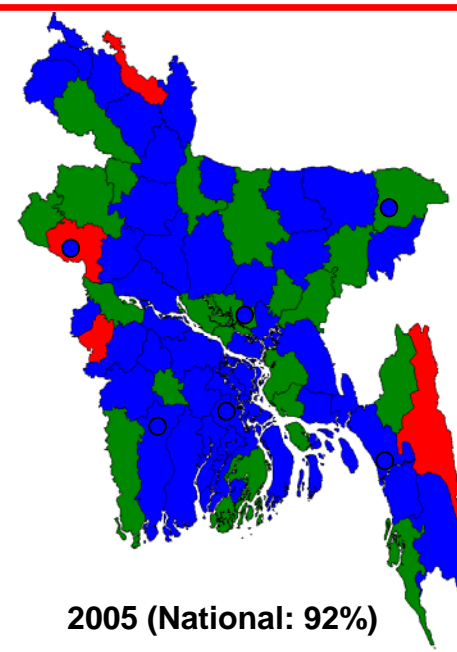
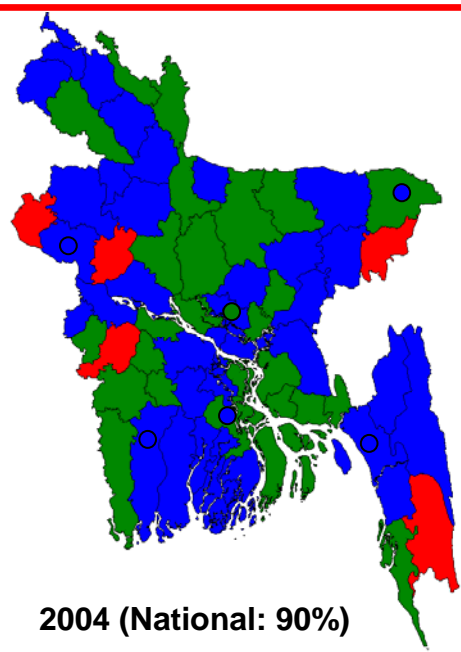
## Annualized Non-Polio AFP Rate, by District, Bangladesh 2004-2005\*



\*Data as of Epidemiologic Week 05, February 4, 2006



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



\*Data as of Epidemiologic Week 05, February 4, 2006

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