



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 1st week and outreach sites will be covered in 2nd and 3rd 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 ¹
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% ²
9. Stool specimens with laboratory results ≤ 28 days after specimen receipt	≥ 80%	58%	94%	99%	100%	100%	100%	100% ³
10. Stool specimens from which non-polio enterovirus (NPEV) was isolated	≥ 10%	13%	21%	29%	28%	23%	20%	20%

¹ Data as of February 4, 2006; ² among cases occurring up to November 21, 2005; ³ as of January 7, 2006, * 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. Lutfor Rahman, Program Manager, Child Health & Limited Curative Care, EPI Bhaban, Mohakhali, Dhaka 1212 Telephone: 9880530 or 9898797
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AFP Surveillance Performance Indicators - 2005

Epiweek 5, 2006

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												
Dhaka (non DCC)	25	47		43	4	3.50	89%	100%	87%	98%	100%	95%
DCC only	61	54		53	1	1.73	96%	98%	93%	100%	100%	80%
Faridpur	15	23		23	0	3.01	96%	100%	96%	100%	100%	95%
Gazipur	18	15		14	1	1.58	100%	100%	93%	100%	100%	100%
Gopalganj	10	24		24	0	4.87	100%	100%	100%	100%	100%	100%
Jamalpur	18	32		32	0	3.48	88%	97%	88%	100%	97%	
Kishoreganj	22	33		33	0	2.99	88%	100%	94%	100%	100%	93%
Madaripur	10	22		22	0	4.59	91%	100%	96%	100%	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%	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%	100%	89%
Total-DHAKA	349	494	0	0	484	10	2.77	92%	99%	93%	100%	95%
CTG Division												
Bandarban	3	3		3	0	2.19	100%	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%	
Total-CTG	214	293	0	0	288	5	2.70	94%	98%	91%	100%	98%
Sylhet Division												
Habiganj	15	14		12	2	1.57	79%	100%	86%	100%	100%	77%
Maulvibazar	14	14		12	2	1.69	100%	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%	
Total-SYL	70	70	0	0	65	5	1.85	93%	100%	91%	99%	90%
Raj Division												
Bogra	26	13		13	0	0.99	85%	100%	92%	100%	100%	100%
Dinajpur	23	27		25	2	2.15	78%	100%	89%	100%	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%	100%	92%
Nilphamari	14	12		12	0	1.75	100%	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%	100%	91%
Rajshahi (non RCC)	17	16		16	0	1.92	75%	10%	69%	100%	100%	93%
RCC only	3	5		5	0	2.88	100%	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%	100%	96%
Thakurgaon	11	12		12	0	2.24	100%	100%	100%	100%	100%	89%
Total-RAJ	263	286	0	0	281	5	2.14	91%	100%	91%	99%	97%
Khulna Division												
Bagerhat	13	25		25	0	3.89	100%	96%	100%	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%	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%	100%	88%	100%
Meherpur	5	8		8	0	3.06	100%	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%	
Total-KHU	128	169	0	0	169	0	2.65	94%	98%	92%	98%	100%
Barisal Division												
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%	
Jhalakathi	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%	
Total_BAR	70	145	0	0	142	3	4.06	95%	100%	95%	99%	99%
National	1094	1457	0	0	1429	28	2.61	93%	99%	92%	99%	97%

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

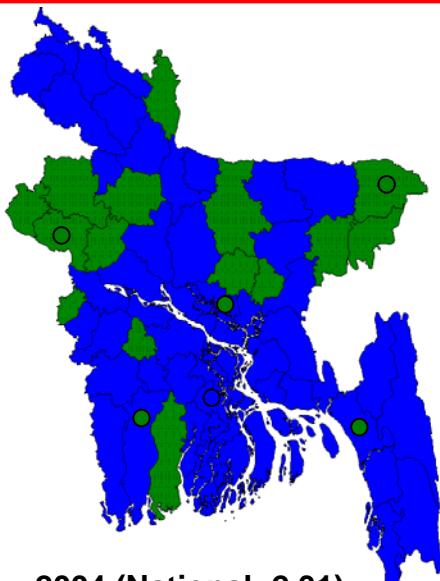
Disease Surveillance - 2005

EPI week 05, 2006

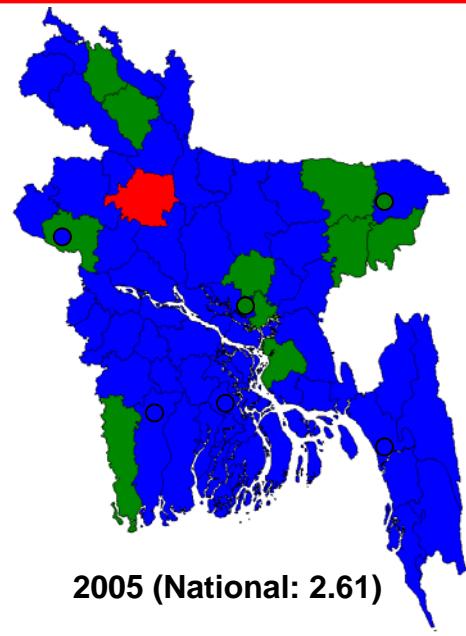
District	Neonatal Tetanus			Measles			AEFI # of case Reported	
	# of case reported by Active Surveillance	# of case reported by Passive Surveillance	# of case Investigated	# of case reported by Active Surveillance	# of case reported by Passive Surveillance	Outbreak*		
						Number of Outbreak % Investigated)		
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	
Narsinghdi	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*



2004 (National: 2.31)

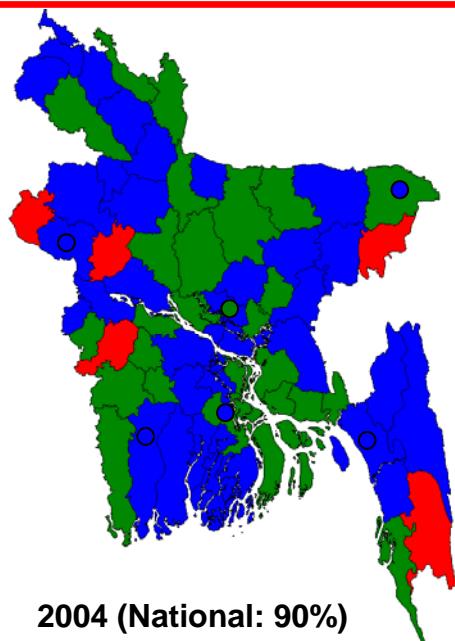


2005 (National: 2.61)

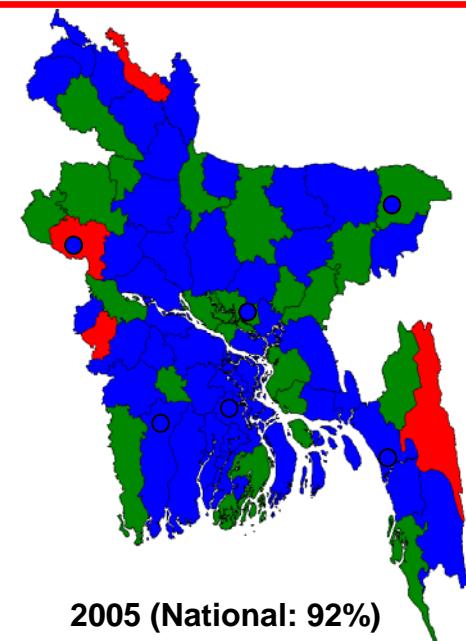
*Data as of Epidemiologic Week 05, February 4, 2006



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



2004 (National: 90%)



2005 (National: 92%)



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