

METF general report on weekly malaria posts activity and malaria incidence data.

June 2017

1- Residual caseload

1.1 Number of MP reporting over time, by weeks

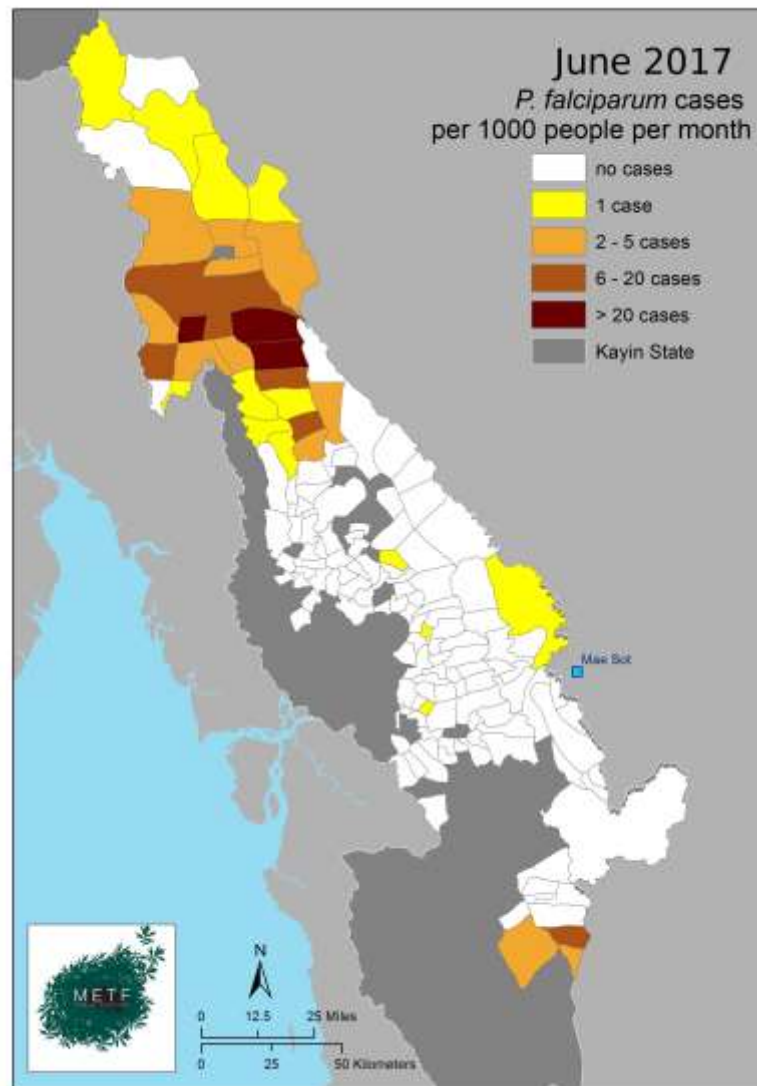
1.2 Data reporting system

1.3 Delay to data entry

1.4 Logistics feasibility

2- MP activities overview

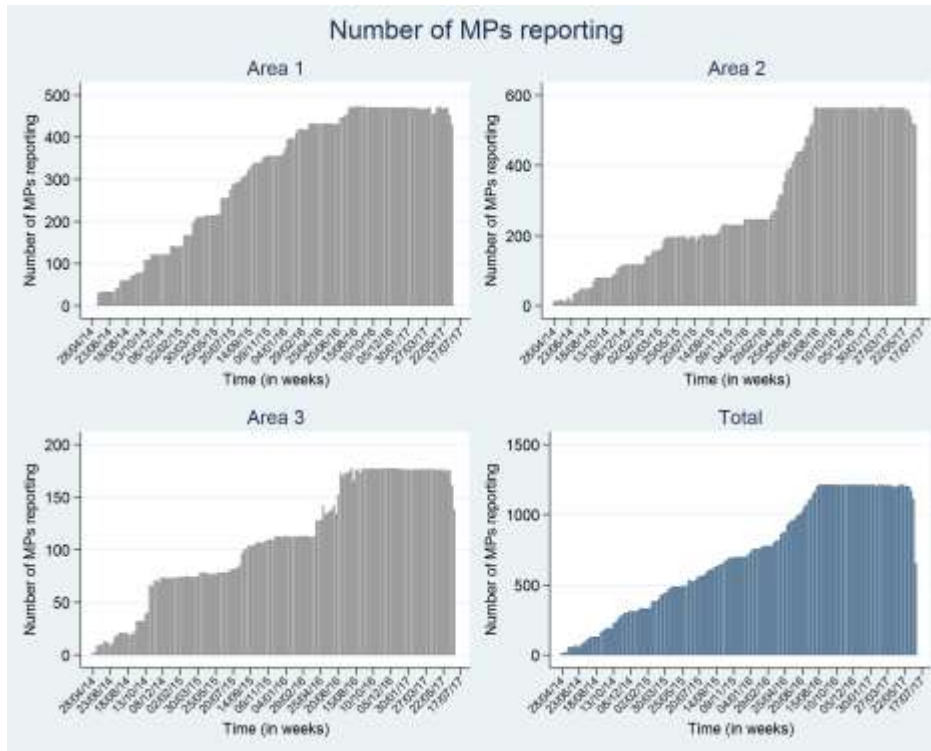
1- Residual caseload



Most of village tracts where Pf incidence is >0 /1,000 population in the month are in Area 1 (Hpapun / Mutraw), with most VT with less than 5 cases/1,000 during the month.

1.1 Number of MP reporting over time, by weeks

Note: Area 1: Hpapun, Area 2: Hpa An, Area 3: Myawaddy

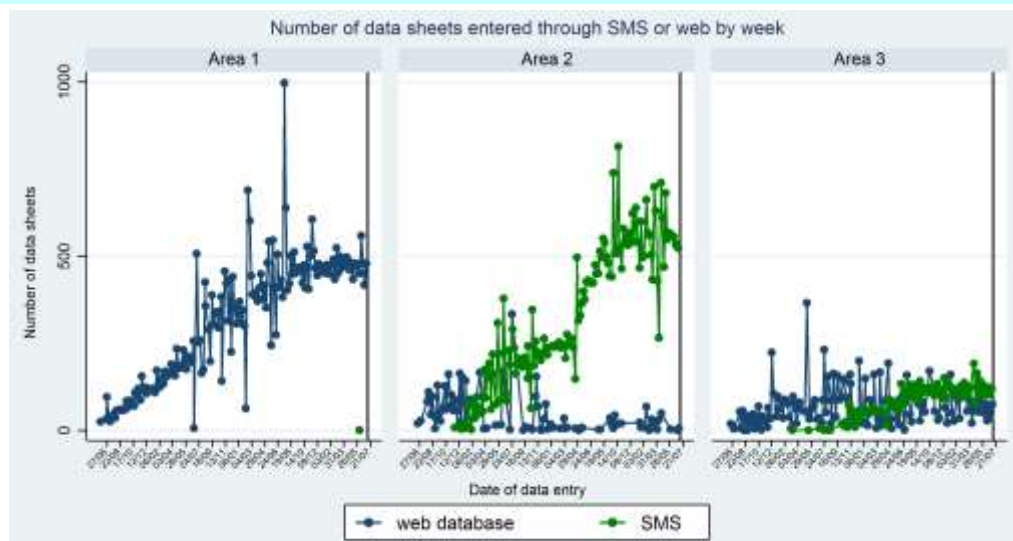


To date: 1,228 MP opened and reporting in June. No openings of new MP since end-2016, as most of the planned MPs have been opened.

Note: The two last weeks of the graph represent incomplete weeks for which data retrieval is ongoing

1.2 Data reporting system

Note: Area 1: Hpapun, Area 2: Hpa An, Area 3: Myawaddy

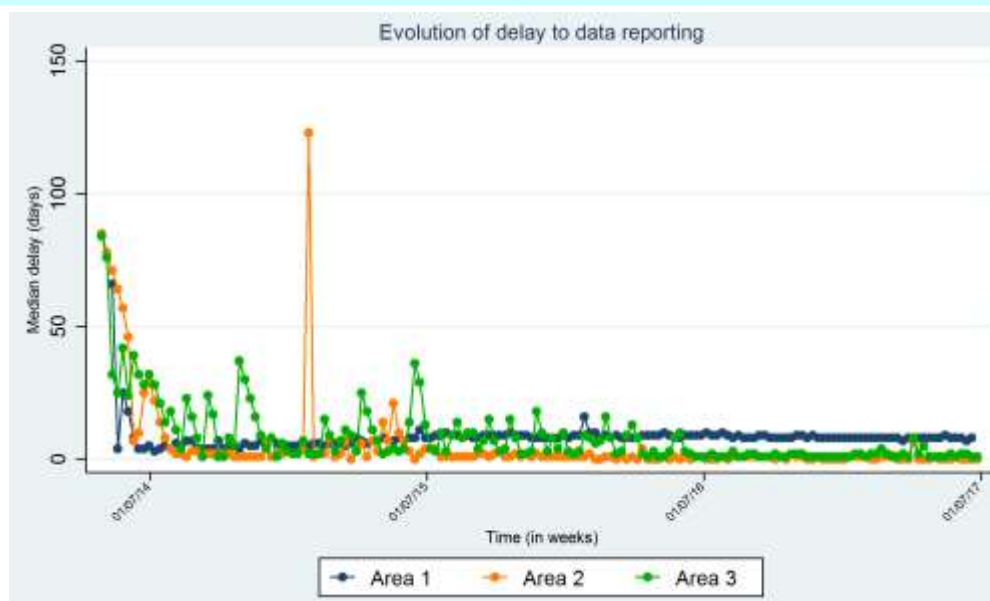


Area 2 (Hpa An / Myawaddy) is now exclusively transmitting weekly data through smartphones. Use of smartphones in zones depending on Hpa An (Area 3) is now well established and continued to expand. Due to the lack of available GSM network, Area 1 (Hpapun) relies on alternative transmission means (mainly human couriers) to Mae Sariang, where data are entered on line.



1.3 Delay to data entry

Note: Area 1: Hpapun, Area 2: Hpa An, Area 3: Myawaddy



Most of the data transmitted by SMS is available within 3 days after the end of the reporting week (Area 2 and 3). Although less stable, due to the use of couriers, Area 1 performs also well, with an average delay not exceeding 10 days.

MP data	Number of MP	%	Cumulative.
Complete (no gap)	906	73.8	73.8
With 1 week gap	243	19.8	93.6
With ≥ 2 weeks gaps	79	6.4	100
Total number of MP	1228	100	

Almost 94% of the malaria posts report regularly, with only occasional 1 week 'holes'. This is a stable trend since several months.

1.4 Logistics feasibility

These figures should be considered carefully, because the way the variables are documented is not standardized across the different zones;

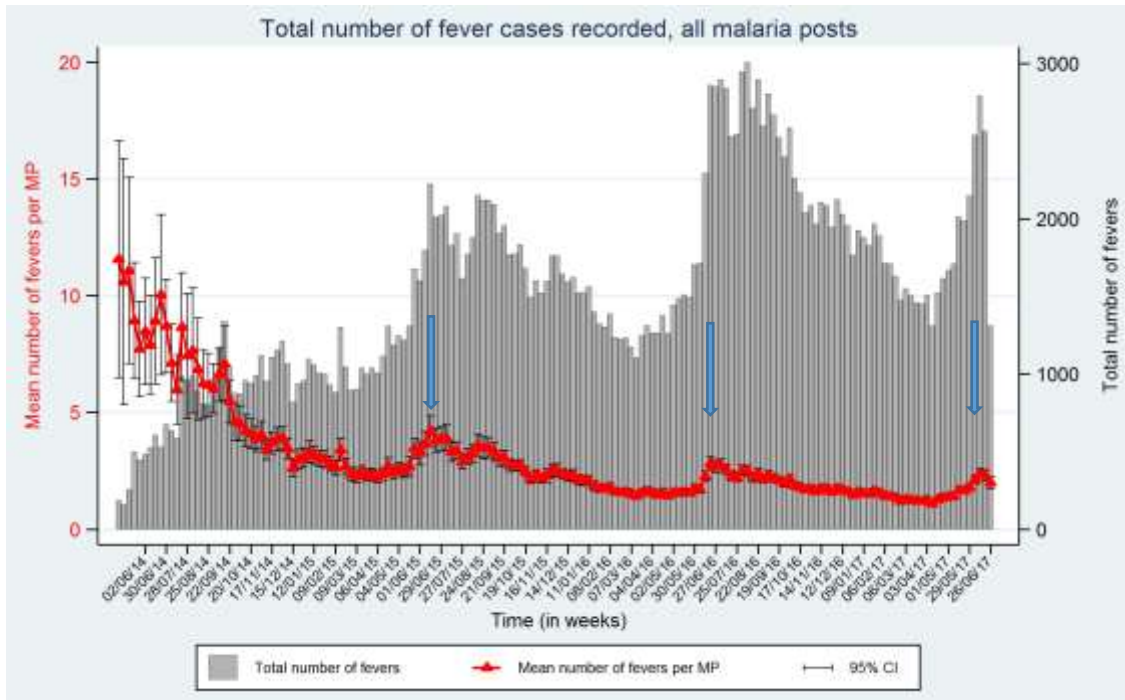
RDT shortage	Number of MP	%	Cumulative.
None	1086	88.4	88.4
1 week without	62	5	93.4
≥ 2 weeks without	78	6.4	99.8
Missing data	2	0.2	100
ACT shortage	Number of MP	%	Cumulative.
None	1128	91.9	91.9
1 week without	28	2.3	94.2
≥ 2 weeks without	70	5.7	99.8
Missing data	2	0.2	100
Total number of MP	1228	100	

Quality of the logistics (MP continuous supply in RDT and ACT) is still very good: Almost 90% of the malaria posts have not suffered any RDT and 92% no ACT shortage.



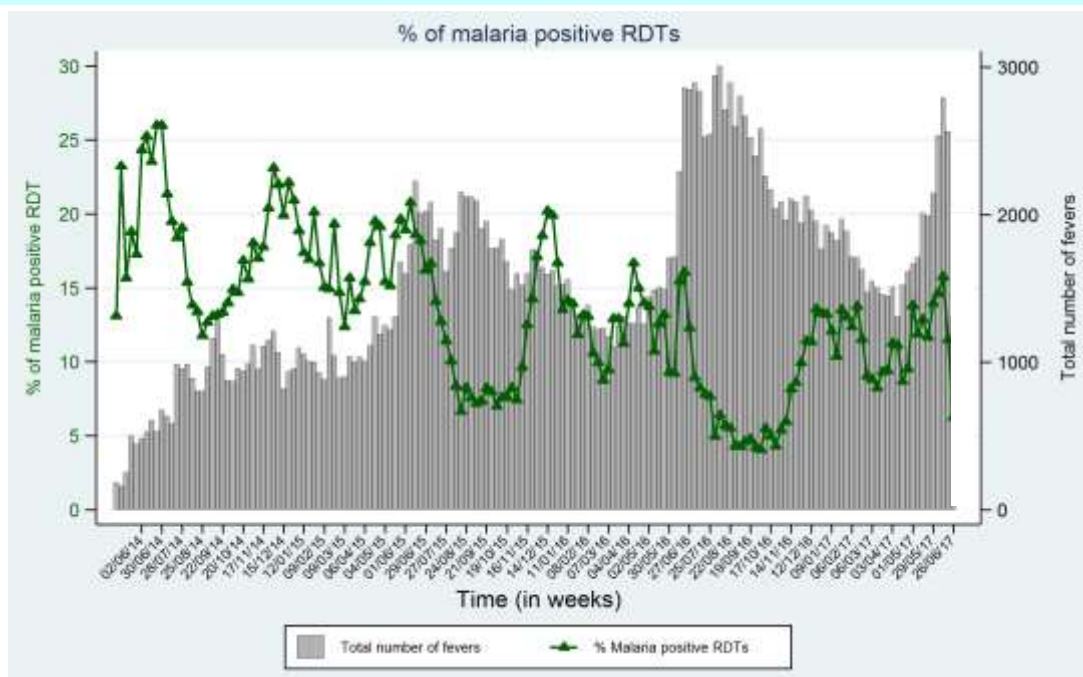
2 Malaria post activities overview

2.1 Total number of fever cases seen, and mean number per MP



The mean number of fevers (all origin) seen in the MP has increased in June like every year at the beginning of the rainy season..

2.2 Proportion of malaria positive RDTs

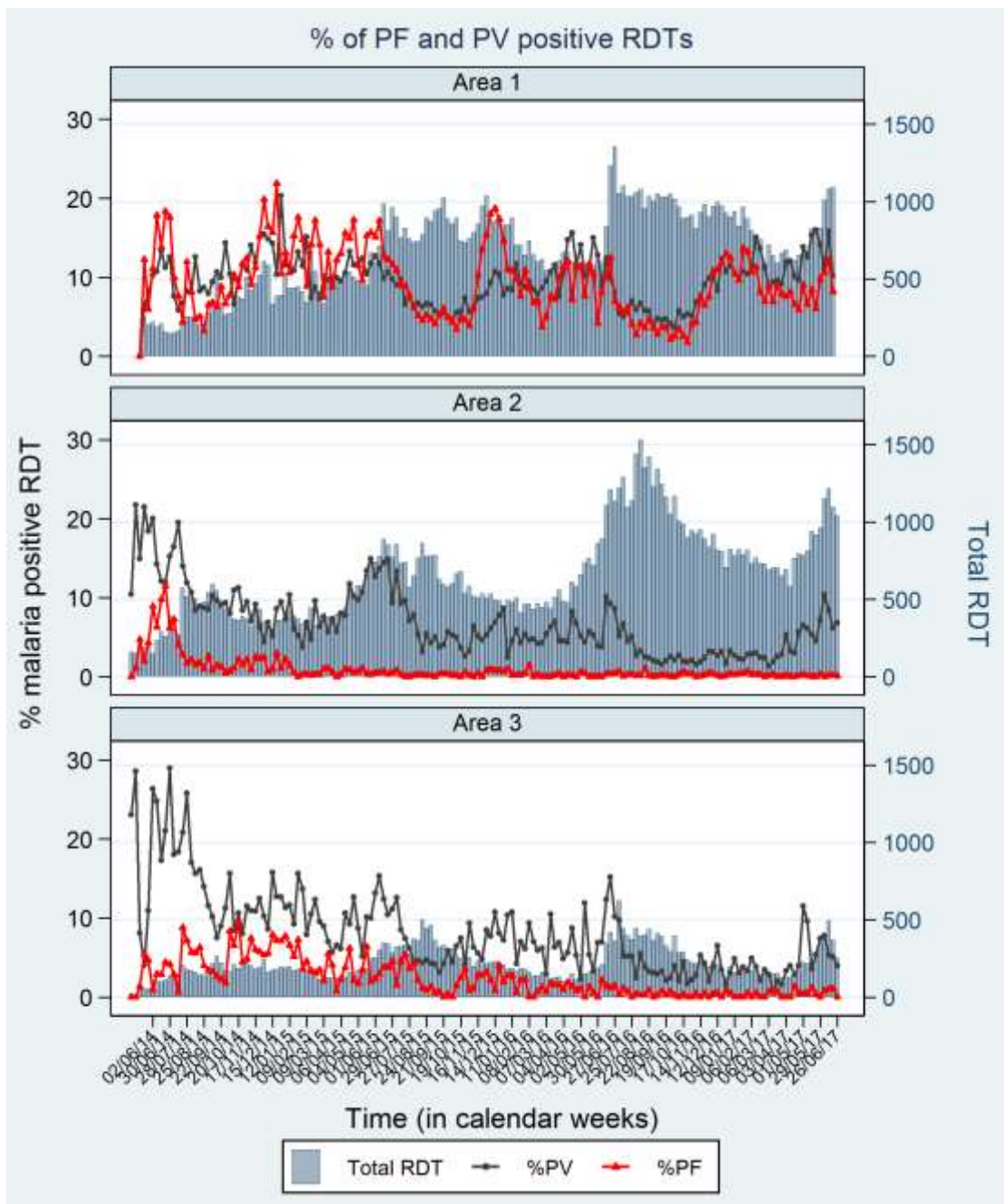


The proportion of positive RDTs (all malaria parasites) has increased since the beginning of the rainy season (high transmission period).

2.3 Proportion of PF and PV positive RDTs per township



Note: Area 1: Hpapun, Area 2: Hpa An, Area 3: Myawaddy

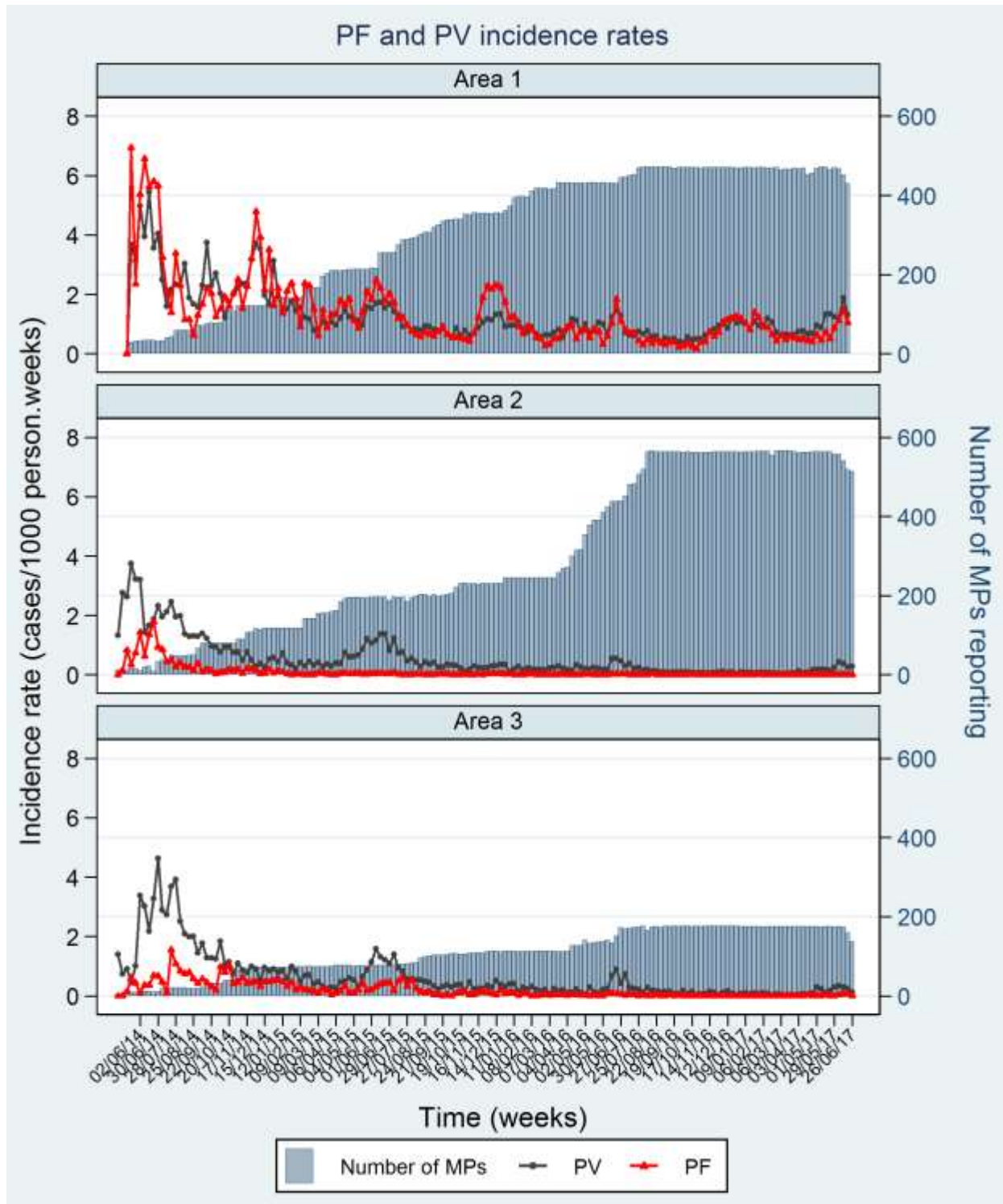


The proportion of both Pf and Pv have increased in Area 1 and 3, as expected in the beginning of the rainy season. Area 2, where Pf transmission almost stopped, has only shown a Pv increase. (Note: not all data have been received for the last week shown, so last values have to be considered with caution.)



2.4 Malaria incidence

Note: Area 1: Hpapun, Area 2: Hpa An, Area 3: Myawaddy

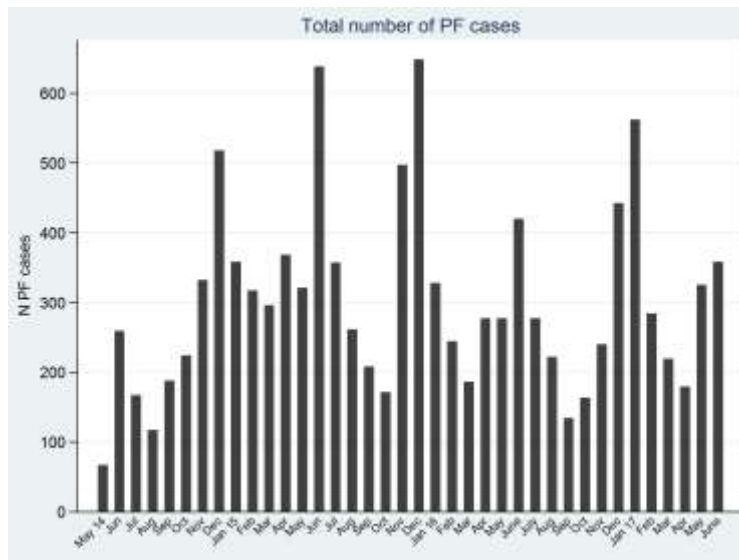


The weekly incidence of PF is very low, and close to 0 in Areas 2 and 3 where cases are rare. It has increased (although slightly less than 2 previous years at the same period in Area 1 where elimination efforts are ongoing).

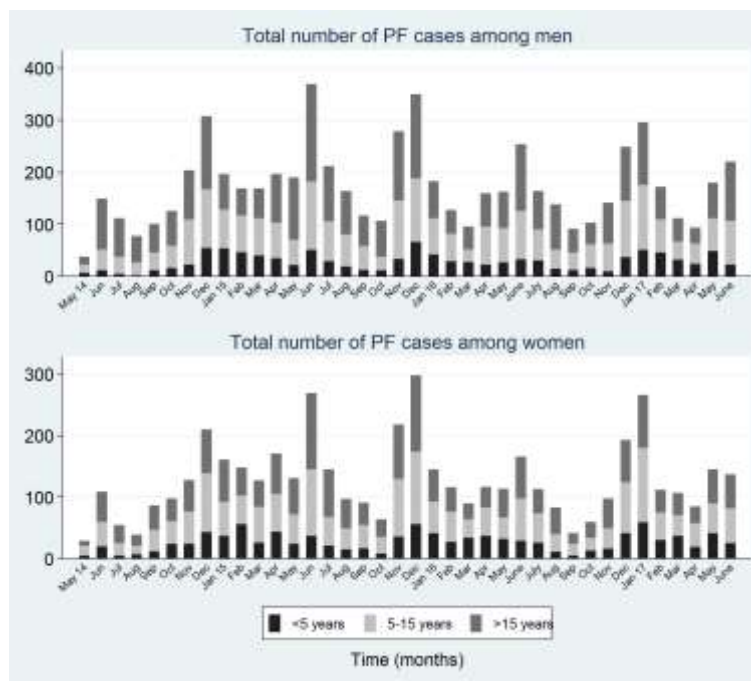


2.5 Summary: monthly numbers of malaria cases treated

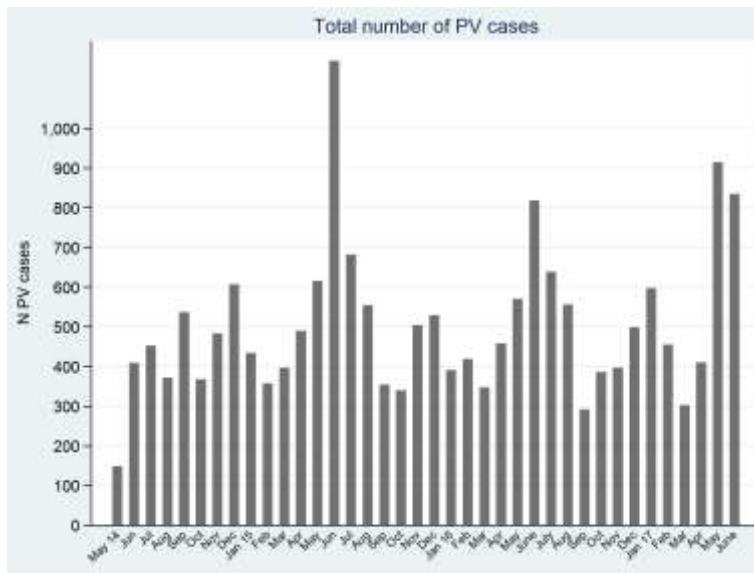
2.5.1 PF cases



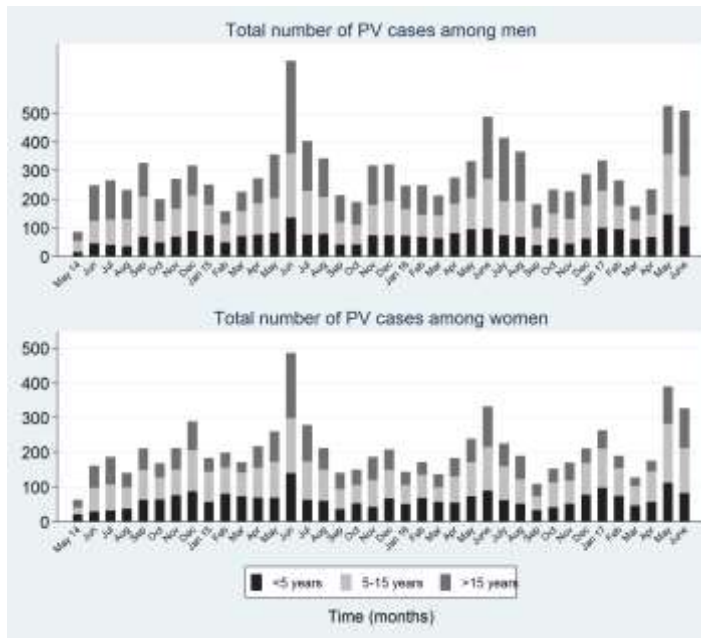
by age and sex



2.5.2 PV cases



By age and sexe



The number of case increase described throughout this report is affecting all agegroups and genders. Young (5-15) men are the most affected (as they are the ones the most likely to become exposed in fields, away of the protective effect of the village. This trend is seen every year.



3- Towards elimination

Table showing yearly 2016 incidence by places (area / zone. Green: zones where yearly incidence < 1.

Area	Zone	2016 yearly incidence p. 1,000 inh.
Area 1	1	28.5
	2	8.6
	3	12.5
	4	87.2
	5	19.0
	6	23.0
	7	23.6
	8	62.6
	9	2.8
	10	4.8
	11	6.0
	12	22.4
Area 2	1	0.1
	2	0.2
	3	2.0
	4	0.3
	5	0.1
	6	0.2
	7	3.4
	8	0.0
	9	0.1
Area 3	1	0.1
	2	0.3
	3	0.1
	4	0.7
	5	2.8
	6	0.9
	7	1.1
	8	0.3

