



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Health Facility Micro-Planning (Part III)

This is the last in a series of three articles on Health Facility Micro-Planning

Use the information on the monitoring chart

Follow the line on the monitoring chart. If your performance goes below the line, try to understand why and if there is a problem, try to take corrective action (figure 1).

For example, it may be possible to make an extra effort to regularly follow up and vaccinate defaulters, which will put your programme back on track.

Step 8-Working with the community and tracking defaulters

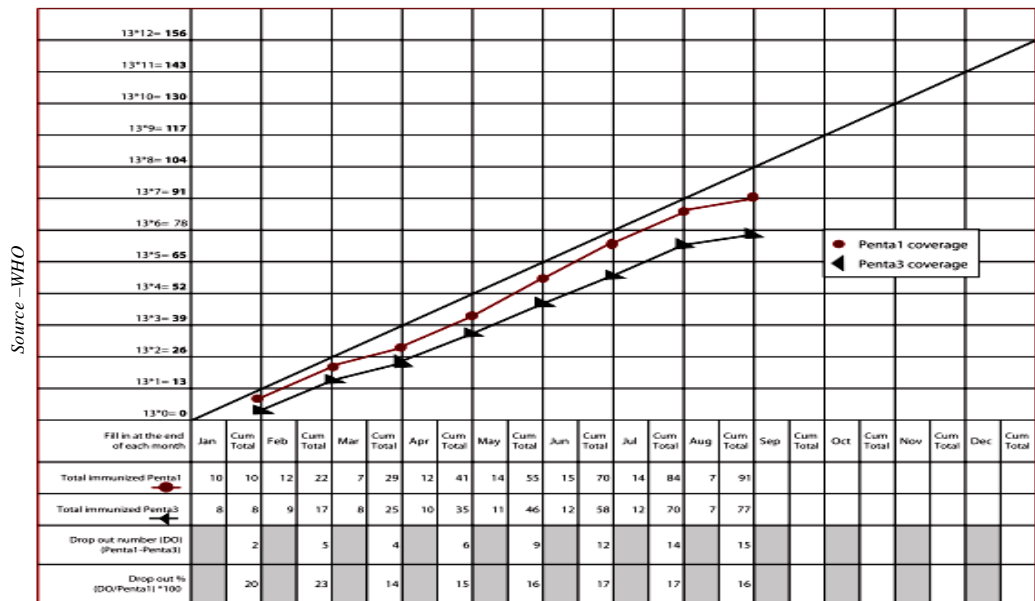
Access and utilization depend very much on the relationship with the local community. In Step 5, you have identified problems and solutions for making links with the local community. In Step 8, you will visit the local communities regularly to ensure they are involved, to find out how well they are

able to use the services and to follow up on defaulters who need to complete the immunization series. Here is a brief list of actions to be carried out with the community.

1. Meet regularly with community leaders to:
 - Provide information on immunization and the time and place of sessions
 - Record new births or pregnant women needing antenatal care
 - Motivate parents to attend sessions
 - Request the support of volunteers during sessions
 - Request help in finding defaulters or unimmunized infants and pregnant women.
2. Gather feedback from the community on the quality of the services-A simple questionnaire can be used to investigate reasons for low coverage and drop-outs
3. Use a system to track defaulters

There are many ways to monitor and follow

Figure 1-Monitoring Chart



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up on defaulters. Here are two tracking systems that can easily be used.

Using the Immunization Register

At the end of each month, review immunization to identify infants who may have failed to receive doses of vaccine when due. For example, if an infant received his/her Penta1 dose in January, check to see whether he/she has received Penta 2 in March when the second dose was due. The register can also be used to track women who are TT/Td defaulters.

“Reminder” cards

Another way to identify defaulters is to make “reminder” cards, which are copies of each infant’s immunization card. File the copy of the immunization card in a box behind the divider for the month when the infant’s next vaccination is due.

e.g. when an infant receives Penta1 in January, place the reminder card in the March section, i.e. the month when Penta 2 is due. In March, if the infant receives Penta 2, update the reminder card and place it in the May section when Penta3 is due. Every month, review the reminder cards and follow up those who did not attend when due. Ensure that the TT/Td immunization status of pregnant women is included in the antenatal clinic tracking system. When TT immunizations are given to pregnant women outside of antenatal clinics, reminder cards can be used to ensure that each pregnant woman gets her second dose (assuming it is the first pregnancy).

Following up defaulters

Whichever system you use, it will only be effective if you then make sure that every infant receives the vaccinations that are overdue. If you track defaulters regularly every month, it will make the task of follow-up easier. To follow up defaulters, you may be able to contact the mothers directly or ask members of the community to help you.

Step 9-Managing supplies

The method for managing supplies can be very simple. Stock cards can be used, or just an exercise book. You should include all vaccines and safe-injection equipment in the stock record. Always check the status of the vaccine (VVM and expiry date). The balance recorded should be physically checked and verified at periodic intervals.

Method 1: Using a simple exercise book for stock management each year.

- Divide the book into separate sections of several pages for each type of vaccine (or other supplies/equipment) used.
- Prepare tables for each vaccine and label the columns. Facing pages of the exercise book are used to record the details of each vaccine, AD syringes or diluents or other supplies/equipment.
- For each supply of vaccine received or issued, all details including batch number, date of expiry, vaccine vial monitor (VVM) status, quantity etc should be recorded. Quantities of other supplies should be recorded in the same way.
- After each receipt or issue, the balance in stock should be calculated and recorded. The balance recorded

should be physically checked and verified at periodic intervals (e.g. once every quarter).

Method 2: Using stock cards.

- Take a box (this should preferably be of a durable material like aluminum sheet or plastic, but a shoebox might be sufficient) and divide it into separate sections that can take several stock cards for each type of vaccine (or other supplies/equipment) used.
- Prepare a card for each vaccine and label the columns. A separate card is used to record the details of each type of vaccine or AD syringes (including a different card for different sizes), diluents or other supplies/equipment.
- Between each set of stock cards (for each type of vaccine or other equipment) insert a separator that is slightly bigger than the stock cards. On each separator, indicate the vaccine or other material corresponding to the stock cards placed immediately behind it. For each supply received or issued, all details should be noted – including batch number, date of expiry, VVM status, quantity, etc.
- After each receipt or issue, the balance in stock should be recalculated and recorded. The balance recorded should be physically checked and verified at periodic intervals (e.g. once every quarter).

Step10-Making use of the monthly report

Every health facility is required to provide a report to the next level every month. In this step we will suggest some ways of making the monthly report more effective by adding some important pieces of information.

- Complete the monthly report form including all coverage data, disease surveillance, supply and stock levels and other information that is requested routinely.
- Supervisory visits: Include the date of the last supervisory visit.
- Record session completeness. Refer to the session plan and note whether any sessions (fixed or outreach) were cancelled. For each cancelled session state the reasons why it was not carried out as planned and any new plan to repeat the session.
- Problem solving

Refer to your recent list of problems and solutions

- 1)List any problems that have been solved since the last report.
- 2)List any outstanding problems to be solved by either the health facility or the district level.

The monthly report should be useful both for the sender of the report (Health Facility) and the receiver of the report (District).

The Health Facility should use the monthly report to remind the district about unsolved problems and supervisory visits.

Missed sessions are a serious problem and deserve attention and corrective action by the Health Facility and district.

Compiled by Dr Madhava Gunasekera of the Epidemiology Unit

Source-*Microplanning for Immunization Service Delivery Using the Reaching Every District (RED) Strategy*

available from www.who.int/entity/immunization/sage/9_FinalRED280909.Pdf

Table 1: Vaccine-preventable Diseases & AFP

21st – 27th July 2012 (30thWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2012	Number of cases during same week in 2011	Total number of cases to date in 2012	Total number of cases to date in 2011	Difference between the number of cases to date in 2012 & 2011
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	01	00	00	00	00	00	00	01	01	47	53	- 11.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	00	00	00	00	00	02	00	00	00	02	04	28	91	- 69.2 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	07	12	- 41.6 %
Whooping Cough	00	00	00	00	00	00	01	00	00	00	00	41	24	+ 70.8 %
Tuberculosis	151	23	00	18	05	26	00	15	05	243	56	5298	5125	+ 03.4 %

Table 2: Newly Introduced Notifiable Disease

21st – 27th July 2012 (30thWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2012	Number of cases during same week in 2011	Total number of cases to date in 2012	Total number of cases to date in 2011	Difference between the number of cases to date in 2012 & 2011
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	01	00	00	00	02	05	02	00	04	14	74	2463	2737	- 09.0 %
Meningitis	00	00	00	00	00	01 KR=1	03 AP=1 PO=2	00	00	04	21	341	529	- 35.5 %
Mumps	00	00	02	01	03	05	05	00	05	21	100	2448	1779	+ 37.6 %
Leishmaniasis	00	00	02 MT=2	00	00	00	06 AP=6	00	00	08	10	403	427	- 05.6 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
 DPDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Dengue Prevention and Control Health Messages

Check the roof gutters regularly for water collection where dengue mosquitoes could breed.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
21st – 27th July 2012 (30thWeek)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	206	4860	0	64	0	5	2	108	0	27	1	77	0	3	0	48	0	3	69
Gampaha	27	2393	0	35	0	5	0	33	0	13	1	82	0	7	4	108	0	0	93
Kalutara	0	1016	0	41	0	2	0	17	0	4	0	108	0	2	0	15	0	1	100
Kandy	2	755	0	40	0	1	0	11	0	12	0	28	0	65	0	16	0	0	96
Matale	0	196	0	39	0	4	0	7	0	4	0	21	0	2	0	10	0	0	100
Nuwara	4	156	1	73	0	2	0	17	0	1	0	19	0	35	0	10	0	1	92
Galle	5	468	0	37	0	3	0	6	0	10	0	59	0	21	0	1	0	0	95
Hambantota	6	252	0	19	0	1	0	2	0	15	0	36	0	24	0	5	0	0	83
Matara	3	617	0	30	0	4	0	9	0	17	0	65	0	37	0	49	0	0	88
Jaffna	4	232	1	96	0	9	2	194	0	32	0	2	0	242	0	5	0	0	67
Kilinochchi	0	20	0	6	0	1	0	18	0	39	0	4	0	26	0	4	0	1	100
Mannar	0	95	0	49	0	3	0	15	0	14	0	16	0	39	0	2	0	0	100
Vavuniya	0	31	1	10	1	20	0	6	0	13	0	16	0	0	0	1	0	0	50
Mullaitivu	0	8	0	9	0	1	0	4	0	1	0	2	0	5	0	0	0	0	100
Batticaloa	1	571	2	106	0	2	0	14	10	54	0	7	0	0	0	6	0	3	57
Ampara	0	60	0	45	0	0	0	3	0	6	0	17	0	0	0	2	0	0	100
Trincomalee	0	98	3	87	0	1	0	15	0	2	0	32	1	7	1	3	0	0	67
Kurunegala	39	1260	1	96	1	13	2	64	2	29	0	106	0	19	2	89	0	2	46
Puttalam	0	357	0	23	0	4	0	5	0	1	0	20	0	9	0	1	0	0	100
Anuradhapu	1	183	0	33	0	3	0	9	3	6	0	53	0	18	0	40	0	1	74
Polonnaruw	14	157	0	28	0	0	0	1	0	1	0	36	0	2	0	33	0	1	29
Badulla	1	104	0	37	0	2	1	27	0	1	0	17	0	28	0	20	0	0	88
Monaragala	0	109	0	38	0	4	0	11	0	4	0	48	0	43	0	115	0	1	100
Ratnapura	12	1174	1	110	0	23	1	36	0	9	1	142	0	26	3	62	0	1	67
Kegalle	36	1608	0	43	0	9	0	16	0	10	7	110	0	35	3	364	0	0	27
Kalmune	1	143	0	112	0	1	0	5	0	66	0	2	0	0	0	7	0	1	77
SRI LANKA	362	16923	10	1306	02	123	08	653	15	391	10	1125	01	695	13	1016	00	16	79

Source: Weekly Returns of Communicable Diseases WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 27th July, 2012 Total number of reporting units 329. Number of reporting units data provided for the current week: 21

A = Cases reported during the current week. B = Cumulative cases for the year.

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk.

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