



Highlights of the week

- Beginning week 47 of 2016, the number of districts expected to report increased from 13 to 14. Western Area district was split into Western Area Urban and Western Area Rural districts. All the data reported previously was ascribed to Western Area Urban district.
- All the 14 districts submitted timely reports to the national level this week. The average district reporting timeliness is at 95% for the period of week 1 to 52
- Countrywide, 96% of health facilities (HFs) submitted weekly IDSR reports to the district level for week 52, an increase from 95% recorded in the previous week.
- Reported suspected Measles cases increased to 44 this week from 31 cases in week 51. Thirty cases (68%) were reported in children under five years of age. Majority of the cases in all ages were from Western Area Urban (15), Koinadugu (10) and Kambia (9) districts.
- Eight (8) maternal deaths were reported this week. The deaths were reported from Western Area Urban (4), Kono (2), Koinadugu (1) and Port Loko (1) districts.
- One case of Acute Jaundice was reported from Bombali district. Investigations are ongoing by the district health team.
- One AFP case was reported from Bonthe district. Investigations were conducted with stool samples collected and sent to the Central Public Health Reference Laboratory (CPHRL) for testing
- One suspected Yellow fever case was reported from Pujehun districts. As part of the investigations, a blood sample was collected and shipped to the CPHRL for confirmatory testing.
- Clinical Malaria cases totaling to 47,964 were reported in the week. Of these, 47,621 (99.3%) were tested, out of which 27,507 were confirmed positive, giving a positivity rate of 58%. Bombali district recorded the lowest testing rate (97.2%) while the positivity rate ranged from 50.2% in Kailahun to 67.8% in Moyamba district. Thirty (30) deaths of confirmed malaria cases were reported in the week, mainly from Western Area Urban (15) and Bo (9) districts.
- Reported Dysentery (bloody diarrhea) cases increased to 94 in week 52, from 51 in week 51. The majority of the cases were reported from Kono (22), Kenema (15), Port Loko (11) and Pujehun (10) districts while Kambia and Bonthe districts reported zero cases
- In week 52, reported animal bites cases increased to 21 from 19 cases in week 51. Ten (10) out of 14 districts reported animal bites cases. Districts reporting leading numbers of cases were Moyamba (4), Western Area Rural (3) and Kono (3).
- A total of 261 Severe malnutrition cases were reported during the week. Port Loko (45), Bo (31), Western Area Rural (25), Moyamba (24), and Western Area Urban (22) districts reported the highest number of cases.

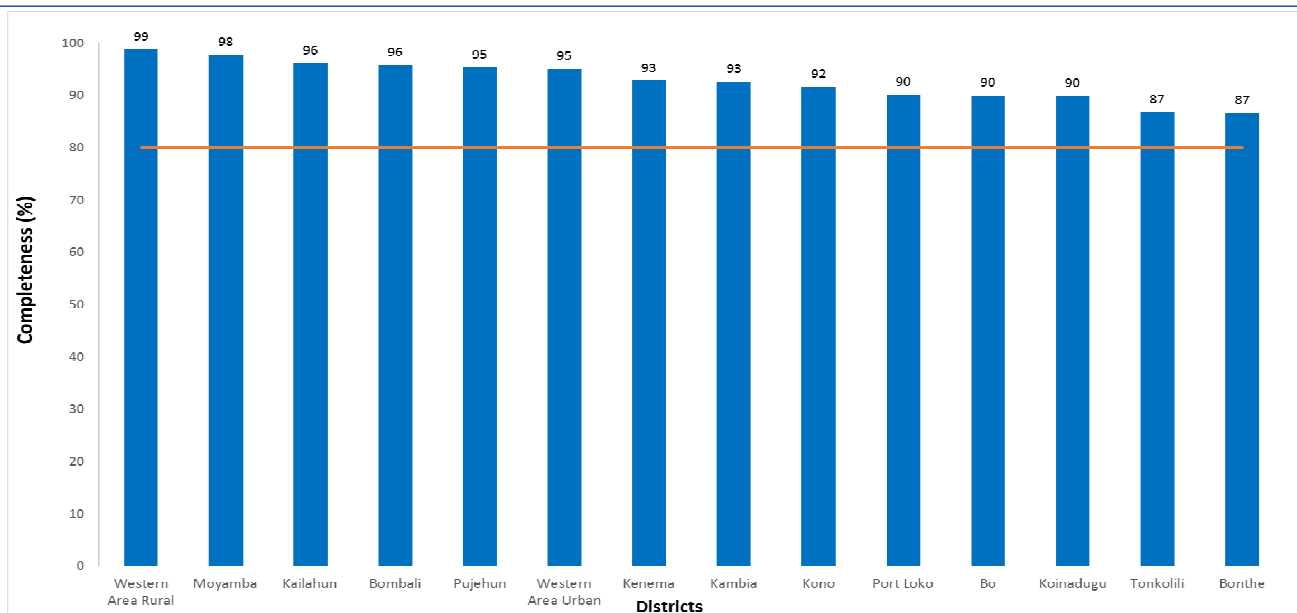
Districts with ≥80% Intra-District Reporting Rate

Kailahun (100%)	Kambia (97%)
Western Area Rural (100%)	Koinadugu (96%)
Bo (99%)	Port Loko (94%)
Western Area Urban (99%)	Tonkolili (94%)
Kono (98%)	Pujehun (92%)
Moyamba (98%)	Kenema (90%)
Bombali (97%)	Bonthe (82%)

Districts with <80% Intra-District Reporting Rate

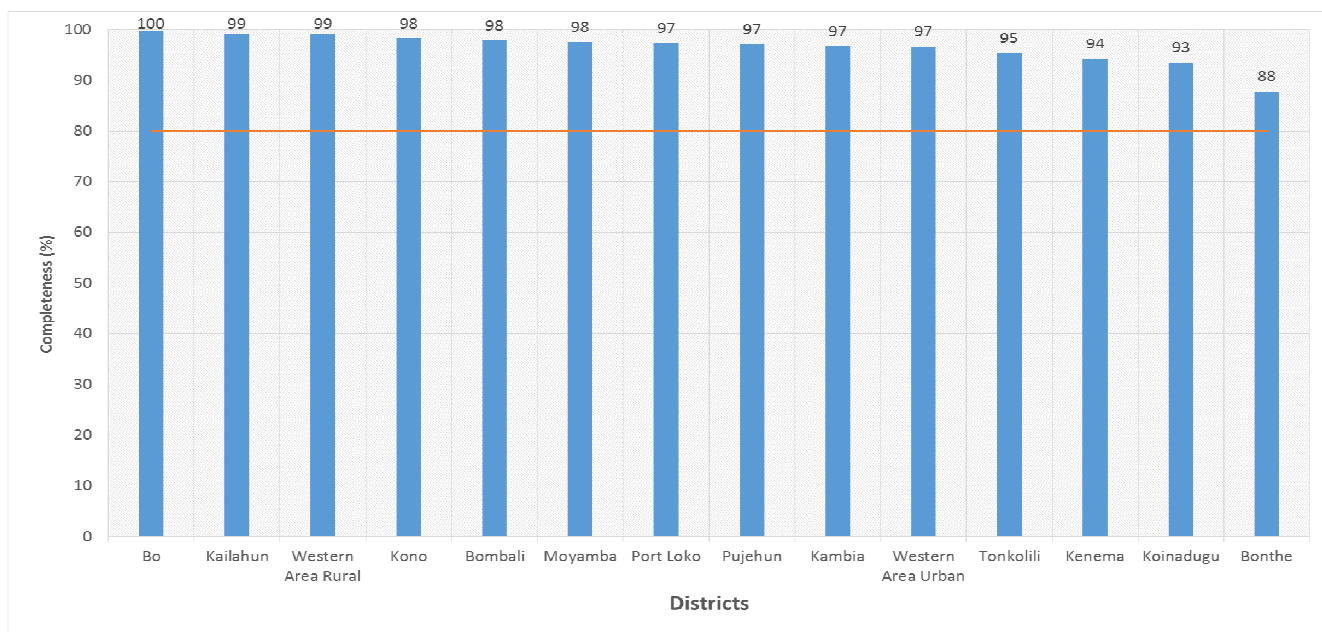
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Figure 1: Average Intra-District Health Facility Reporting Rate For Weeks 1 to 52, 2016



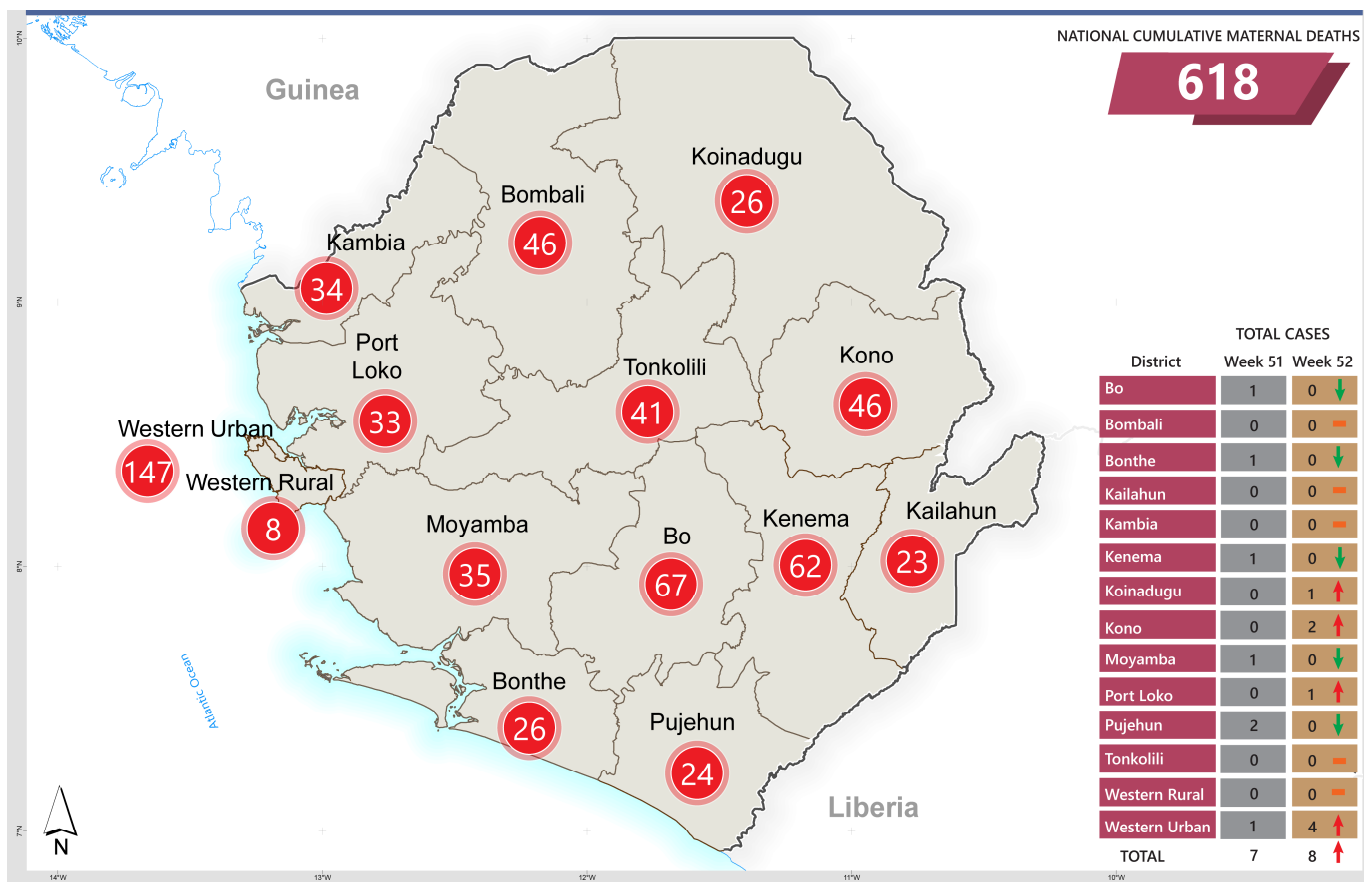
In the period of weeks 1 to 52 of 2016, all the 14 districts achieved the average weekly intra-district health facility reporting rate target of ≥80%. Cumulatively, 92% of the expected health facility reports countrywide have been submitted to the district level since the beginning of the year.

Figure 2: Average Intra-District Health Facility Reporting Rate For the Previous 4 Weeks (WK 49 to 52, 2016)



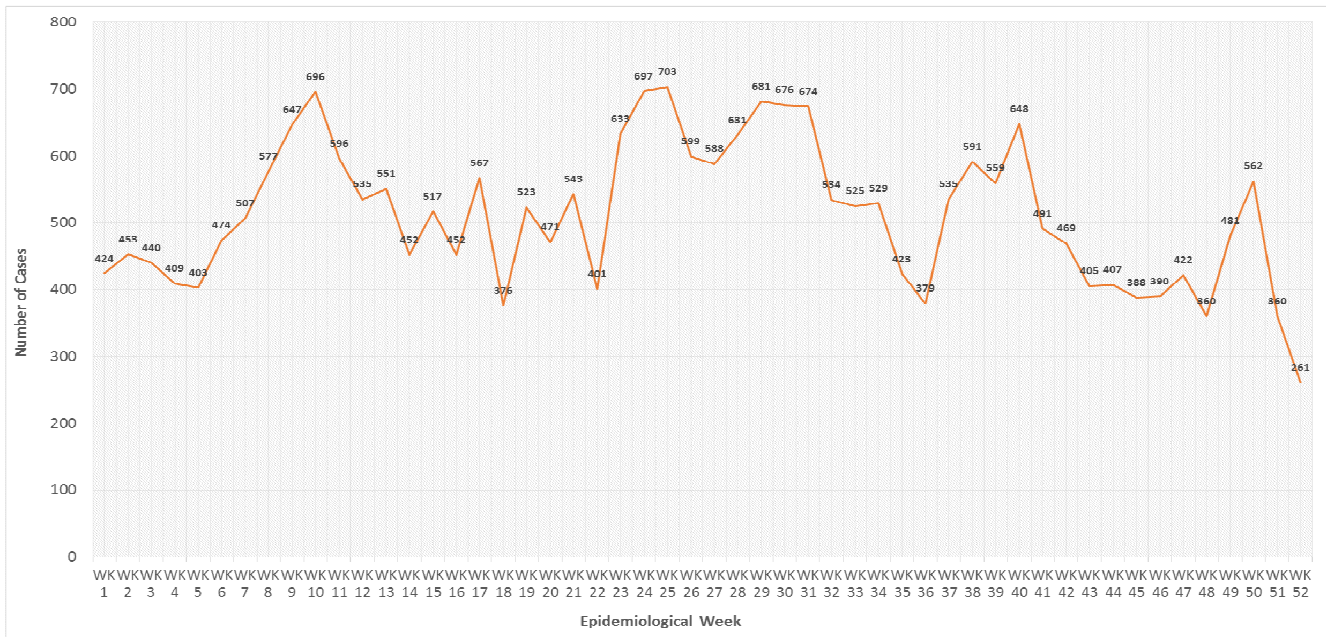
For the period of weeks 49 to 52 of 2016, all the 14 districts achieved the average weekly intra-district health facility reporting rate target of $\geq 80\%$. Countrywide, 97% of the expected health facility reports were submitted to the district level in the 4-week period. District Health Management Teams (DHMTs) are encouraged to address health facilities with reporting challenges during supportive supervision and monthly in-charges meetings

Figure 3: Cumulative Reported Maternal Deaths by district, Weeks 1 to 52, 2016



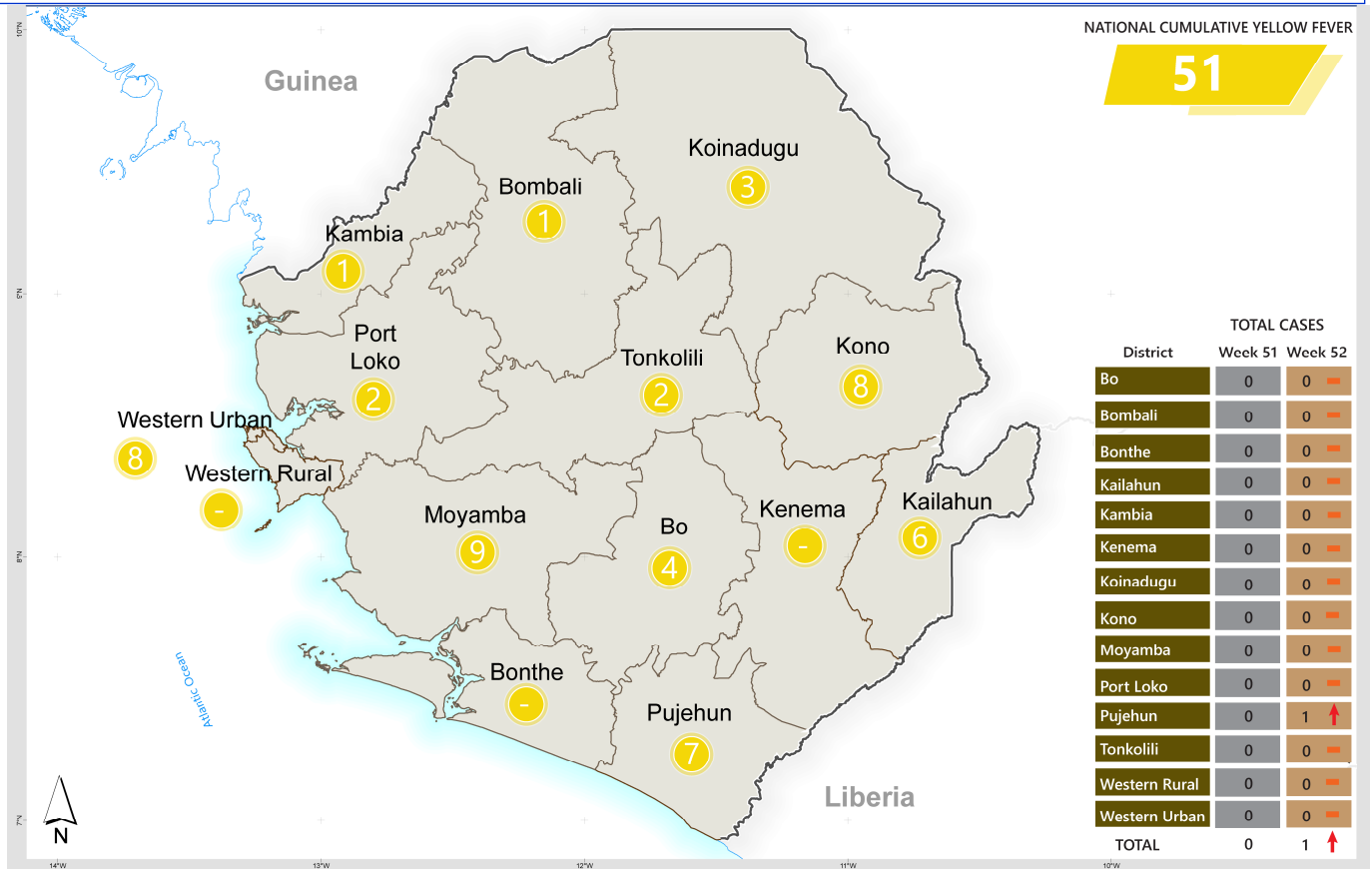
Eight (8) maternal deaths were reported in the week, raising the national cumulative reported maternal deaths since the beginning of the year to 618. DHMTs are requested to ensure that all maternal deaths are reported, investigated, line-listed and reviewed in order to determine the underlying causes of the maternal deaths for appropriate actions.

Figure 4: Trend of Reported Severe Malnutrition Cases in Children Under Five, Weeks 1 to 52, 2016



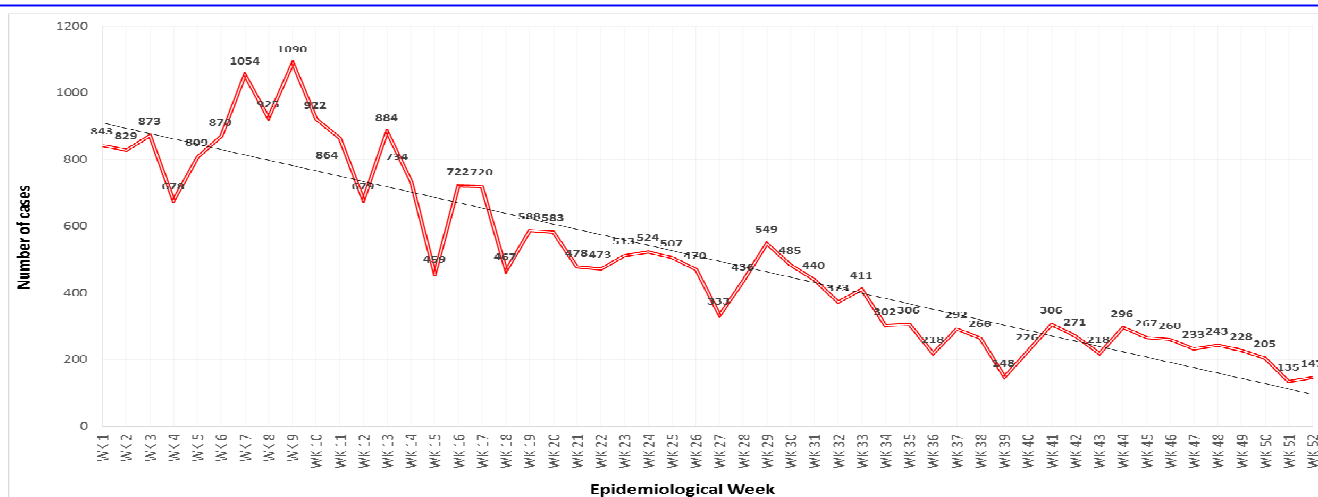
A total of 261 severe malnutrition cases were reported in Week 52, a reduction from 360 cases reported in week 51. Despite a down national trend, Port Loko (45), Bo (31) and Western Area Rural (25) districts reported relatively high number of cases in the week. DHMTs are urged to sensitize health facility staff and facilitate community interventions that will contribute to prevention, detection, reporting and management of severe malnutrition cases in children under five years of age

Figure 5: Cumulative Suspected Yellow Fever Cases reported by district, Weeks 1 to 52, 2016



A total of 51 suspected yellow fever cases have been reported since the beginning of the year (week 1 to 52). Moyamba (9 cases), Kono (8 cases), Western Area Urban (8 cases), Pujehun (7 cases) and Kailahun (6 cases) districts have reported the highest number of cases. One suspected yellow fever case was reported this week from Pujehun district. Blood samples were taken for laboratory testing from all the 51 cases, out of which 48 tested negative. Results for the other 3 samples are pending.

Figure 6: Trend of Reported Diarrhoea with Severe Dehydration in Under Fives Cases, Weeks 1 to 52, 2016



- ◆ Reported cases of diarrhoea with severe dehydration in under fives declined through the reporting weeks of 2016. This may be partially because of the improved application of the standard case definition.
- ◆ Following the high incidence observed in the earlier part of the year, an investigation was done which showed that there was misclassification of dehydration severity at various health facilities resulting in over reporting of diarrhoea with severe dehydration in under fives.
- ◆ Based on these findings, DHMTs launched health workers education campaigns in which the proper classification based on the standard case definition of diarrhoea with severe dehydration in under fives was emphasized.
- ◆ DHMTs are encouraged to monitor the trends of Diarrhoea with severe dehydration in under fives, as it reflects the standard levels for hygiene and sanitation. It is also important to ensure that health facilities strictly follow the standard case definitions in detection and reporting of priority diseases.

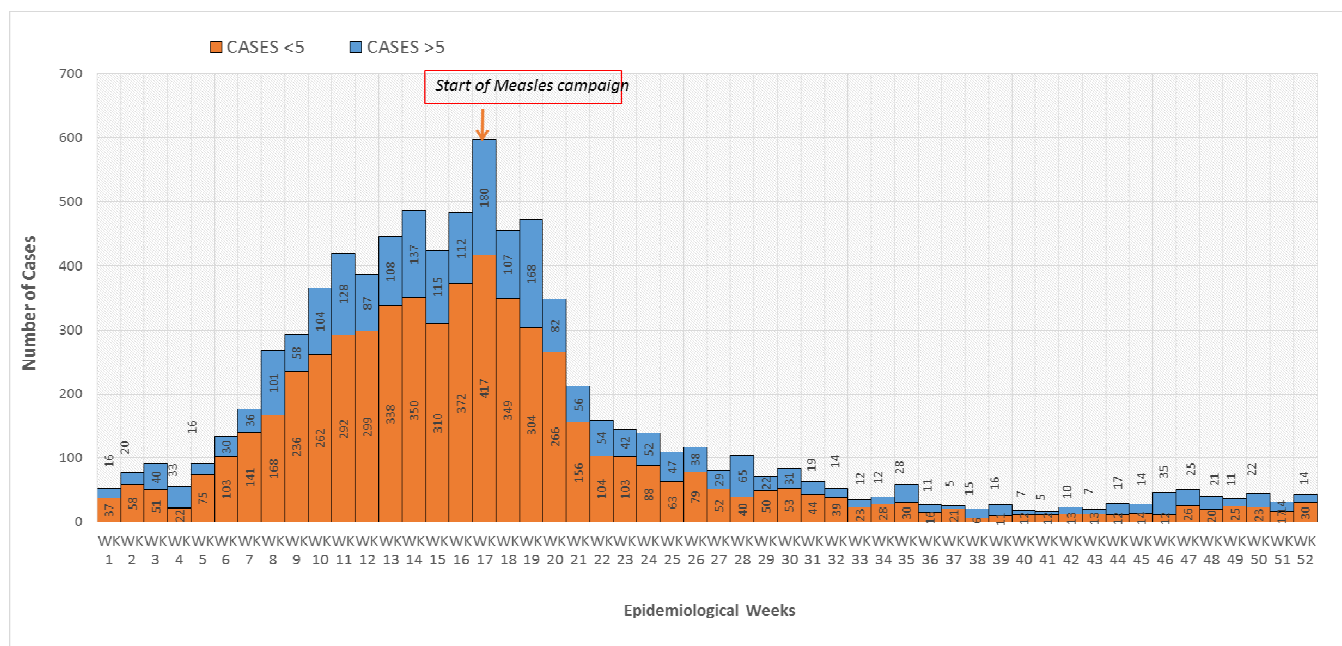
Table 1: Summary report of Priority Diseases, Conditions and Events Reported Through CBS in 3 Districts, Week 52, 2016

District	Moyamba	Kono	Koinadugu	Total for 3 Districts
CHWs Expected to Report	1000	965	829	2794
CHWs Reported this week	952	943	475	2370
Completeness of CHWs Reporting	95%	98%	57%	85%
AFP	0	0	0	0
AWD	0	4	10	14
Cluster of Deaths	0	0	0	0
Guinea Worm	0	0	0	0
Maternal Death	0	2	0	2
Measles	0	5	3	8
Neonatal Death	0	0	0	0
Neonatal Tetanus	0	0	0	0
Suspected Ebola	0	0	0	0
Yellow Fever	0	0	0	0
Other unusual events	0	5	0	5
Total Alerts Verified	0	0	0	0
Total Alerts Investigated	0	0	0	0

Community Based Surveillance (CBS) reports were received from 85% of the Community Health Workers (CHWs) in the three districts (Kono, Moyamba and Koinadugu) currently implementing CBS. The reports included cases of Acute Watery Diarrhea (14), suspected measles (8) and 5 cases with unusual presentations. Two , maternal deaths were also reported. Alerts reported through CBS are verified by health workers and if they meet the standard case definition, they are included in the IDSR report of the verifying health facility

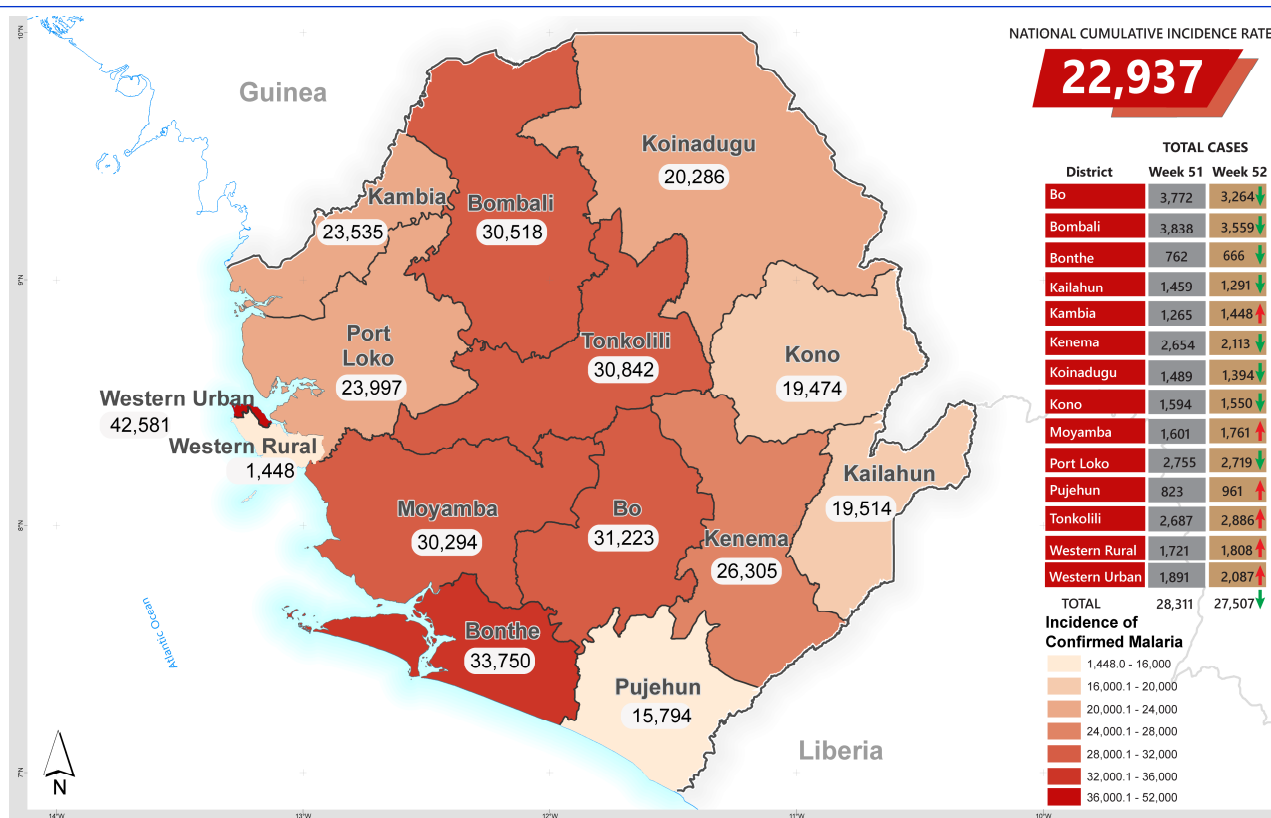
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Figure 7: Trend of Suspected Measles Cases Reported from Weeks 1 to 52, 2016



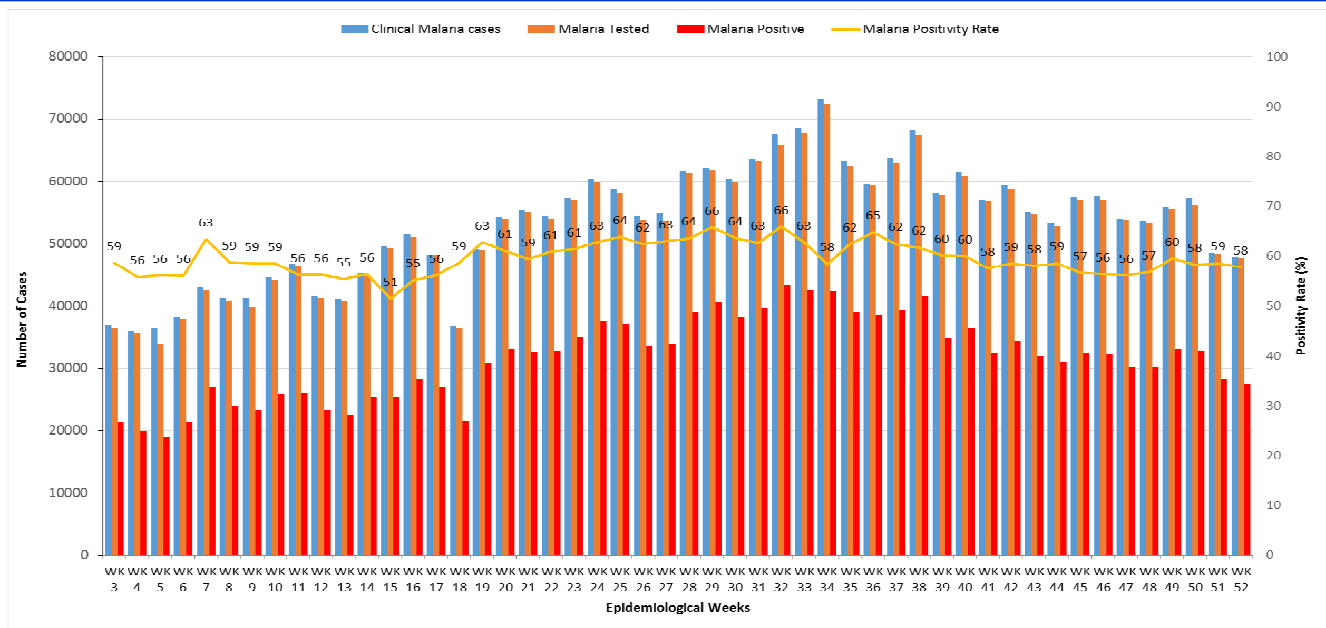
The number of reported suspected measles cases increased to 44 in week 52 from 31 cases reported in week 51. Thirty cases (68%) were in children under five years of age. DHMTs are urged to sensitize health facility personnel in detection and reporting of suspected measles cases, and to facilitate investigation and sample collection for laboratory testing in order to confirm the aetiology of the cases being reported.

Figure 8: Incidence of Confirmed Malaria Cases (per 100,000 pop.) by district - Weeks 1 to 52, 2016



The national cumulative incidence rate of confirmed malaria cases for weeks 1 to 52 of 2016 is 22,937 per 100,000 population. Bonthe district has reported the highest burden of confirmed malaria cases in the year, with a cumulative incidence rate of 33,750 cases per 100,000 population. Other districts with relatively high incidence rates are Bo (31,223), Tonkolili (30,842), Bombali (30,518) and Moyamba (30,294). For week 52, the national confirmed malaria incidence rate is 389 per 100,000 population a reduction from 400 per 100,000 population in week 51. The highest district incidence rate of confirmed malaria cases in the week was recorded in Bombali district (587) followed by Bo district (568)

Figure 9: National Trend of Reported Malaria Cases, Weeks 1 to 52, 2016



The malaria positivity rate reduced to 58% in week 52 from 59% in week 51 while reported clinical malaria cases reduced by 1% compared to the previous week. DHMTs are urged to ensure that health facility staff strengthen detection, reporting and management of malaria cases

Table 2: Reported Priority Diseases, Conditions and Events by District, Week 52, 2016

Diseases	Kailahun	Kenema	Kono	Bombali	Kambia	Koinadugu	Port Loko	Tonkolili	Bo	Bonthe	Moyamba	Pujehun	Western Rural	Western Urban	TOTAL Cases	Deaths	CFR(%)
AFP (Polio)	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0.0
Acute Jaundice	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0.0
AVHF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
AEFI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Animal Bite	2	1	3	2	0	2	2	0	1	0	4	1	3	0	21	0	0.0
Suspected Anthrax	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Suspected Buruli ulcer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Suspected Cholera	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Suspected Chikungunya	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Suspected Dengue Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Diarrhea Severe Dehydration <5s	11	50	0	12	0	22	0	11	0	11	0	0	3	27	147	0	0.0
Dracunculiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Bloody diarrhea	6	15	22	1	0	8	11	1	8	0	3	10	5	4	94	0	0.0
Suspected Measles (All ages)	0	0	3	0	9	10	2	0	0	2	1	0	2	15	44	0	0.0
Severe malnutrition	14	10	13	19	18	11	45	13	31	4	24	12	25	22	261	1	0.4
Malaria cases	2,570	3,804	2,604	6,509	2,632	2,409	4,805	5,014	5,425	987	2,599	1,734	3,081	3,791	47,964	30	0.1
Malaria tested	2,570	3,804	2,601	6,326	2,632	2,372	4,805	4,978	5,348	987	2,599	1,734	3,081	3,784	47,621		
Malaria positive	1,291	2,113	1,550	3,559	1,448	1,394	2,719	2,886	3,264	666	1,761	961	1,808	2,087	27,507		
Suspected Meningococcal Meningitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Maternal Death	0	0	2	0	0	1	1	0	0	0	0	0	0	4		8	
Suspected Monkey pox	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Neonatal Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Suspected Plague	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Suspected Influenza due to new subtype	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Severe Pneumonia	14	150	8	38	9	54	69	4	36	37	5	16	1	88	529	8	1.5
Suspected Small pox	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Suspected Typhoid fever	28	32	181	192	57	33	19	23	93	36	1	68	42	315	1,120	0	0.0
Suspected Yellow fever	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0.0

Source: MOHS - Directorate of Disease Prevention and Control (DPC) Weekly IDSR data
 NR=No Report, AFP=Acute Flaccid Paralysis, AEFI=Adverse Effects Following Immunization, AVHF=Acute Viral Hemorrhagic Fever, NNT=Neonatal Tetanus

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Table 3: Summary report of Priority Diseases, Conditions and Events for Weeks 1 to 52, 2016

Disease	Current Week : 52			Cumulative : Weeks 01—52		
	Cases	Deaths	CFR(%)	Cases	Deaths	CFR (%)
AFP (Polio)	1	0	0.0	57	0	0.0
Acute Jaundice Syndrome	1	0	0.0	26	2	7.7
AVHF	0	0	0.0	79	25	31.6
AEFI	0	0	0.0	125	0	0.0
Animal Bites	21	0	0.0	2,132	27	1.3
Suspected Anthrax	0	0	0.0	0	0	0.0
Suspected Buruli ulcer	0	0	0.0	0	0	0.0
Suspected Cholera	0	0	0.0	1	0	0.0
Suspected Chikungunya	0	0	0.0	0	0	0.0
Suspected Dengue Fever	0	0	0.0	0	0	0.0
Diarrhea with severe dehydration <5s	147	0	0.0	26,152	106	0.4
Dracunculiasis	0	0	0.0	0	0	0.0
Bloody diarrhea	94	0	0.0	6,824	41	0.6
Suspected Measles	44	0	0.0	8,133	31	0.4
Severe malnutrition (MUAC < 11.5cm)	261	1	0.4	26,652	174	0.7
Malaria cases	47,964	30	0.1	2,732,006	2,512	0.2
Malaria tested	47,621			2,699,157		
Malaria positive	27,507			1,622,948		
Suspected Meningococcal Meningitis	0	0	0.0	68	10	14.7
Maternal Death		8			618	
Suspected Monkey pox	0	0	0.0	0	0	0.0
NNT	0	0	0.0	36	13	36.1
Suspected Plague	0	0	0.0	0	0	0.0
Suspected Influenza due to new subtype	0	0	0.0	0	0	0.0
Severe Pneumonia	529	8	1.5	88,568	469	0.5
Suspected Small pox	0	0	0.0	0	0	0.0
Suspected Typhoid fever	1,120	0	0.0	75,097	317	0.4
Suspected Yellow fever	1	0	0.0	51	1	2.0

Table 4: Timeliness and completeness of weekly reports for Week 52, 2016

Districts	No. of Health Facilities in each district	No. of Health Facilities that reported to the district	% of Health Facilities that reported to the district	Timeliness of districts reports to the national level
Bo	130	129	99	T
Bombali	115	112	97	T
Bonthe	57	47	82	T
Kailahun	86	86	100	T
Kambia	69	67	97	T
Kenema	124	112	90	T
Koinadugu	72	69	96	T
Kono	90	88	98	T
Moyamba	101	99	98	T
Port Loko	111	104	94	T
Pujehun	78	72	92	T
Tonkolili	107	101	94	T
W/Rural	54	54	100	T
W/Urban	67	66	99	T
TOTAL	1261	1206	96	

COMPLETENESS	<50%	>50% TO <80%	≥80%	TIMELINESS	LATE REPORT	TIMELY	NO REPORT
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In week 52 all the districts submitted timely reports to the national level. Of the 1,261 health facilities that are expected to report, a total of 1,206 (96%) submitted their reports to the district level.

For more information or to report any unusual public health event, please contact Mr. Roland Conteh, Surveillance Programme Manager, Directorate of Disease Prevention and Control, Ministry of Public Health and Sanitation. Mobile: 076612812 | rmcconteh09@gmail.com