



MINISTRY OF HEALTH, UGANDA

Malaria Quarterly Bulletin

Issue 30: 1 July 2019– 30 September 2019



Malaria mass screening in one of the schools

Dear Reader,

Welcome to the 30th issue of the Malaria quarterly bulletin. This issue focuses on the first quarter of 2019/2020 financial year. The aim of this bulletin is to inform district, national, and global stake-holders on progress achieved and challenges encountered in malaria control and reduction in Uganda. Most importantly, it is to encourage use of this information at all levels in order to foster improvement of our efforts and to highlight achievements and create awareness for increased resource mobilization & allocation in order to maintain the gains we have achieved.

We present updates on key malaria morbidity, mortality and intervention indicators; highlights on the response to the current malaria outbreak and updates from NMCP strategic units.

We welcome your thoughts and contributions regarding this publication. In case you would like to contact us regarding this publication, feel free to reach us on damianamanya@gmail.com or nabunyaphoebe@gmail.com. We look forward to hearing from you. Thank you and we hope this will be an informative reading for you.

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Chase malaria

Key highlights

The malaria outbreak detected in quarter one (Apr-June 2019) peaked this quarter (Jul-Sep 2019) with 91 districts reporting outbreaks in week 31. The number of affected districts are declining with 80 districts affected at the end of the quarter.

In this quarter, malaria incidence increased from 60 per 1,000 population in the previous quarter to 125 per 1,000.

Malaria related mortality doubled from 2 per 100,000 population reported in the previous quarter to 4 per 100,000.

Test positivity rate also increased to 50% in this quarter compared to the 35% reported in the previous quarter.

At the end of this quarter, only 6 (4.6%) districts had Artemether/Lumefantrine stock of more than 5 months. 51% of the districts had less than 2 months

Other highlights during this quarter

Uptake of IPT 2 and 3 declined by 6% and 2% respectively as it usually does at the end of the year

VHT/ICCM reporting rate decreased from 66.4% to 60.7% possibly due to stock out of commodities



Due to the malaria upsurges, the division moved forward the mosquito net distribution activities to ensure that the children who were found to be most affected are protected from mosquito bites.

9500 long lasting insecticide mosquito nets were distributed under this program

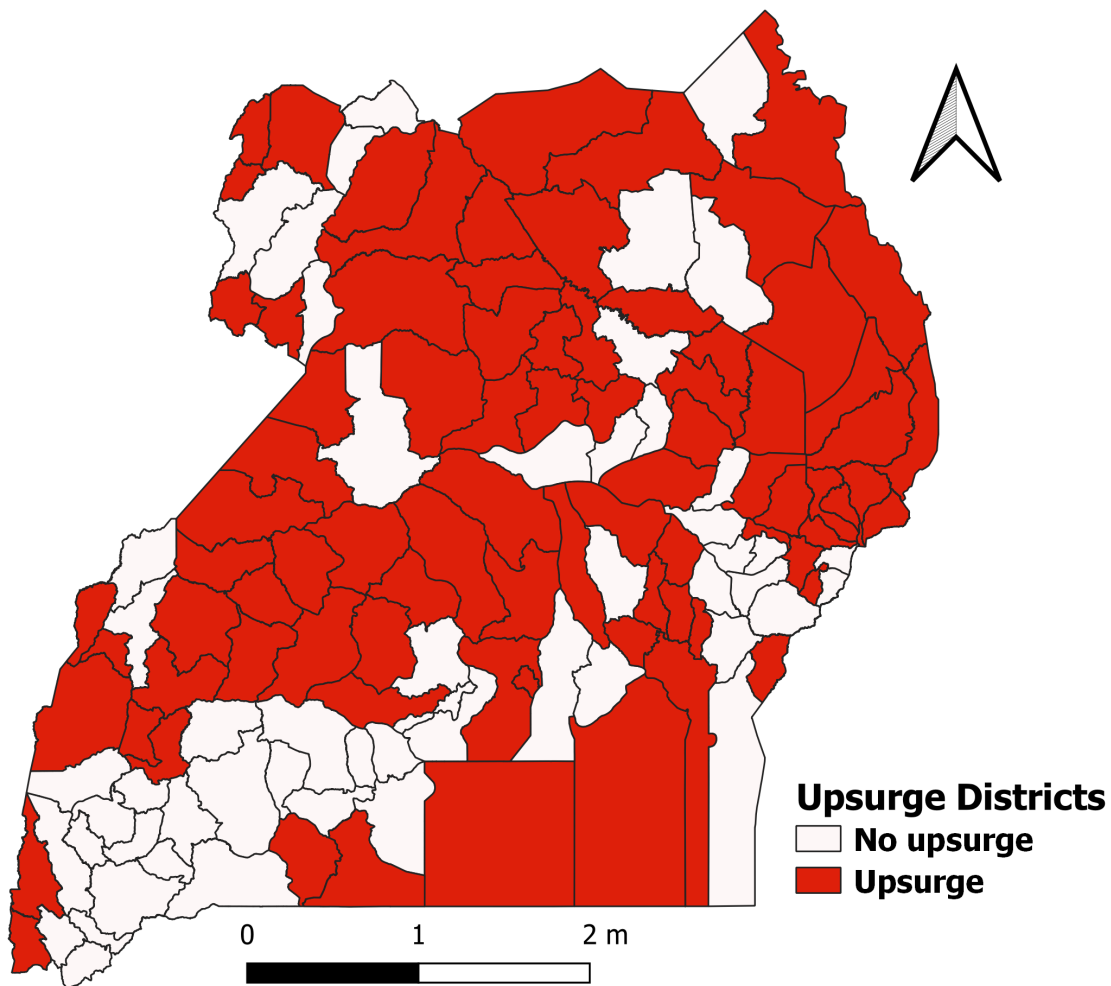
In the insertion on the left is the a group of primary school children who received mosquito nets.

Malaria upsurge update

In May 2019, the country experienced a malaria epidemic. This affected over 80 districts. The epidemic was attributed to the prolonged rains and aging of the insecticide treated long lasting nets (LLNs.) The most affected were districts in northern Uganda. In response NMCD;

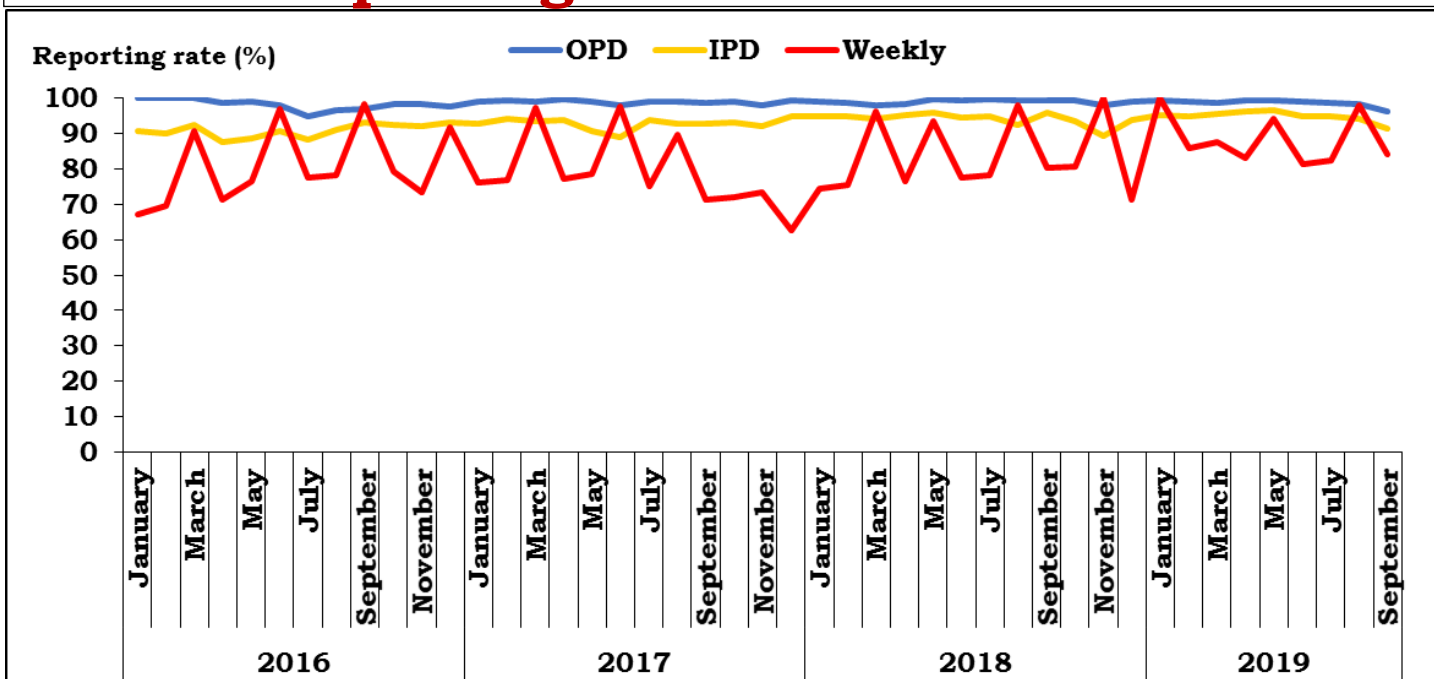
- ◆ Supplied emergency anti-malarial commodities to over 77 districts
- ◆ Is distributing 582,659 mosquito nets to affected districts across the county
- ◆ Conducted blood transfusion drives in conduction with rotary and Uganda blood transfusion service
- ◆ Supported 50 districts to hold epidemic task force meetings
- ◆ Mobilized funds for 5M dollars for malaria commodities from Global fund

The affected districts thus reduced from 91 in week 31 to 80 districts in week 39. The reduction could be attributed to the intensified case management, larval source management, and mosquito net distribution in the country.



Map of Uganda showing the districts in upsurge state as of week 39

Trend of reporting rate



During this quarter, the reporting rate in OPD dropped to 98% from 99% compared to the previous quarter. Inpatient reporting also dropped to 94% from 96% in the previous quarter while weekly reporting improved to 82% from 80%. This put weekly reporting below the minimum 90% required by the Integrated Disease Surveillance and Response guidelines. However, in August weekly reporting increased to 98% possibly due to the close monitoring of malaria cases that has been ongoing due to the current malaria outbreaks around the country.

Key Malaria Indicators

Incidence rate

Mortality

Test Positivity

125 per 1,000

4 per 100,000

50 %

During this quarter, malaria incidence was 2 times higher than that reported in the previous quarter. The mortality rate increased from 2 to 4 deaths per 100,000 population. The Test Positivity Rate (TPR) also increased from 35% in the immediate previous quarter to 50% giving a 45% increment. This increase in malaria incidence can be attributed to the prolonged rainy season which persisted throughout this quarter. Additionally, the wear and tear of LLINs distributed in the mass campaign of 2017 has resulted into reduced ownership and utilization.

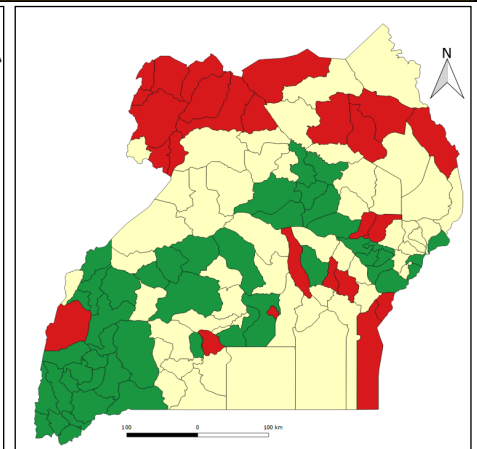
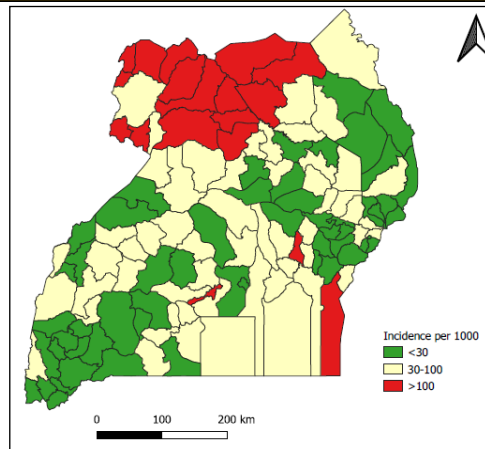
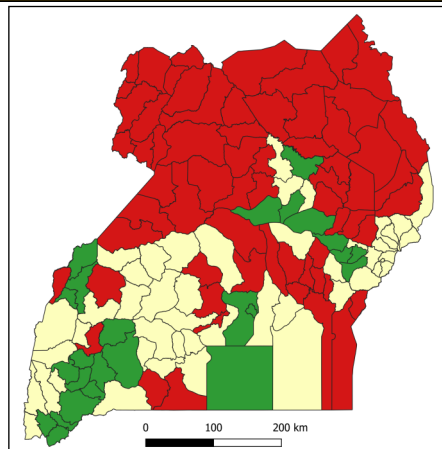
Details on Key Performance Indicators

Confirmed Malaria Incidence

Jul-Sep 2019

Apr-Jun 2019

Jul-Sep 2018



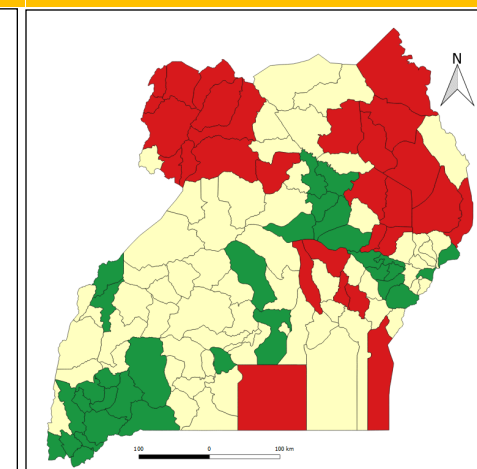
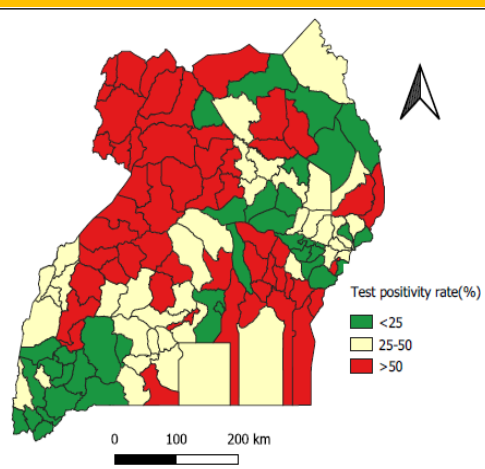
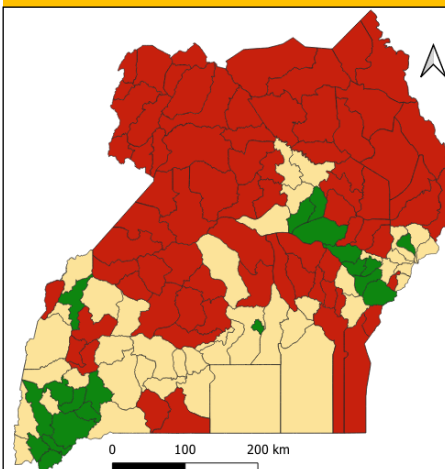
During the quarter, malaria incidence increased by 2 fold compared to the previous quarter. The incidence rate in 23 (18%) of the districts were within the 2020 MRSP target of <30 cases per 1000. The districts that reported the lowest incidence were Sheema(4), Rubanda (5), Rukiga (5.4), Kabale(5.6), Mbarara(4) and Kibuku(8.5). Sixty (46%) districts had an incidence above 100 cases per 1000. The top ten districts that reported the highest incidence were Lamwo(759), Adjumani (660), Kitgum (457), Pader (447), Agago (443), Omoro (342), Amuru (335), Moyo (315), Apac (305), and Katakwi (297).

Malaria Test Positivity Rate

Jul-Sep, 2019

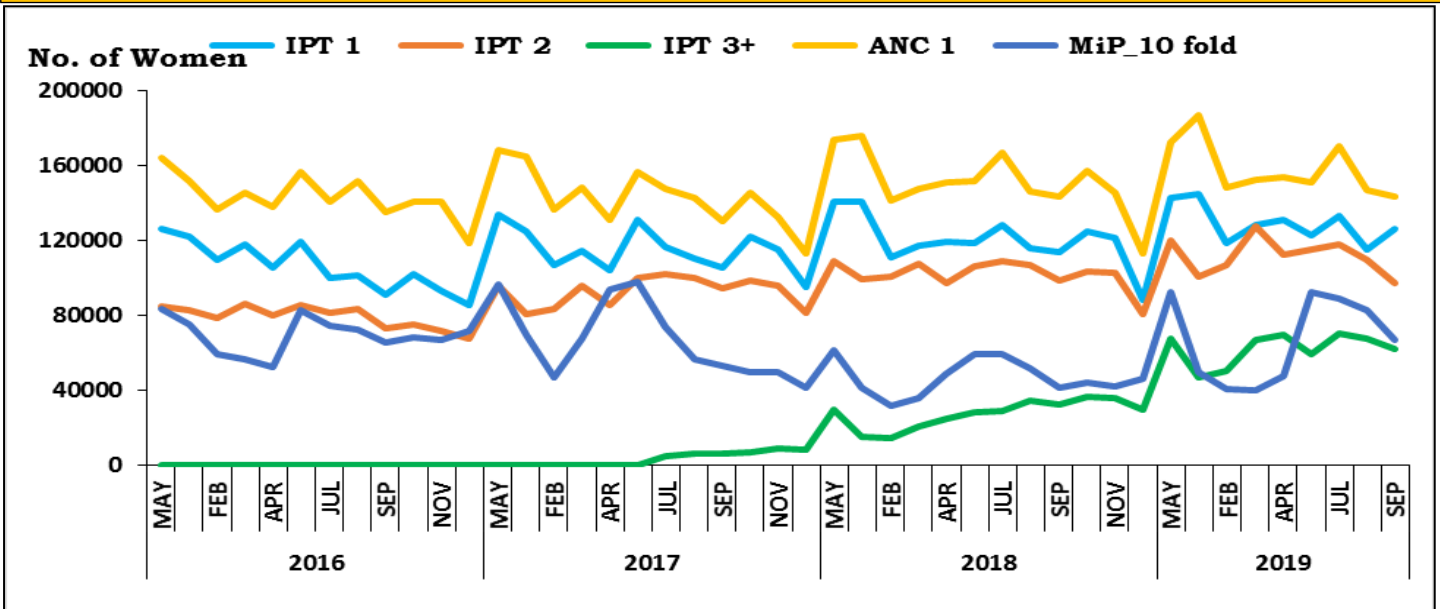
Apr-June, 2019

Jul-Sep 2018



This quarter, 72 (55%) of the districts had a test positivity rate (TPR) above 50%. The districts with the highest TPR included Agago(85), Pader (83), Oyam (82), Kole (79), Kitgum (78), Omoro (77%), Kagadi (76), Apac (66%), Amuru (75). These were followed by Packwach, Koboko, and Luuka all of which had a TPR of 73%. In contrast the lowest TPR was recorded in Kibuku (9.3), Sheema (9.7) and Budaka (9.8).

Trend of ANC 1, IPT1, IPT2, IPT3+ and MiP



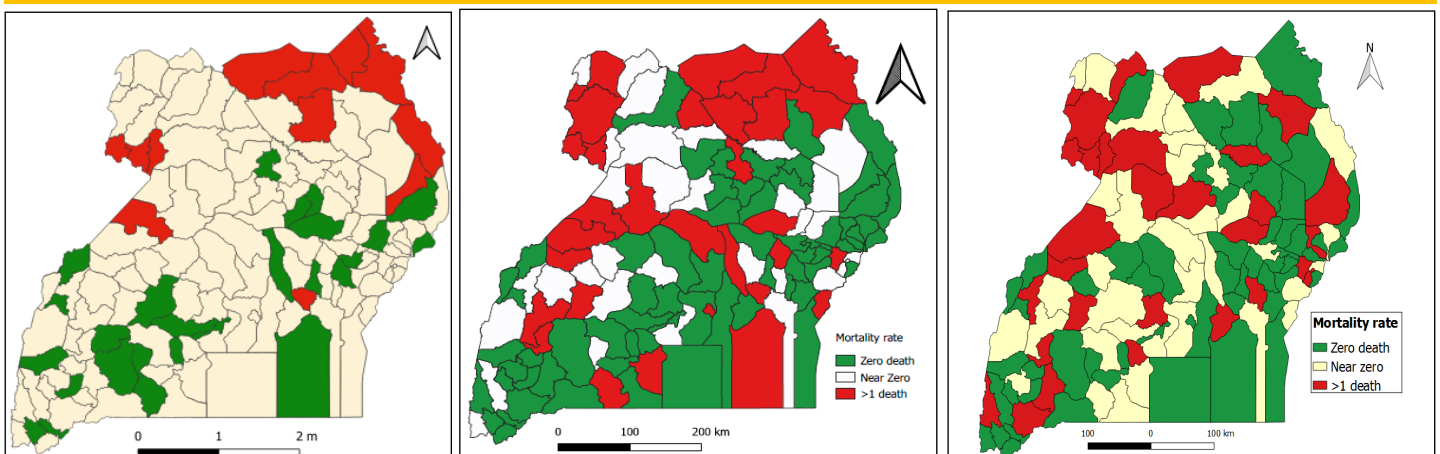
In this quarter the number of women with malaria in pregnancy increased by 3% which is less than the 27% recorded in the previous quarter. The number of women who received IPT 1 increased by 5% while that of ANC 1 services declined by 3%, IPT 2 and 3+ declined by 6% and 2% respectively. This same pattern was reflected in the previous years with a decline in ANC and IPT uptake declining starting from June to the end of the year. This observed decline in the last two quarters needs to be investigated so as to ensure pregnant women continue to receive services throughout the year.

Malaria Mortality

Jul-Sep 2019

Apr-Jun 2019

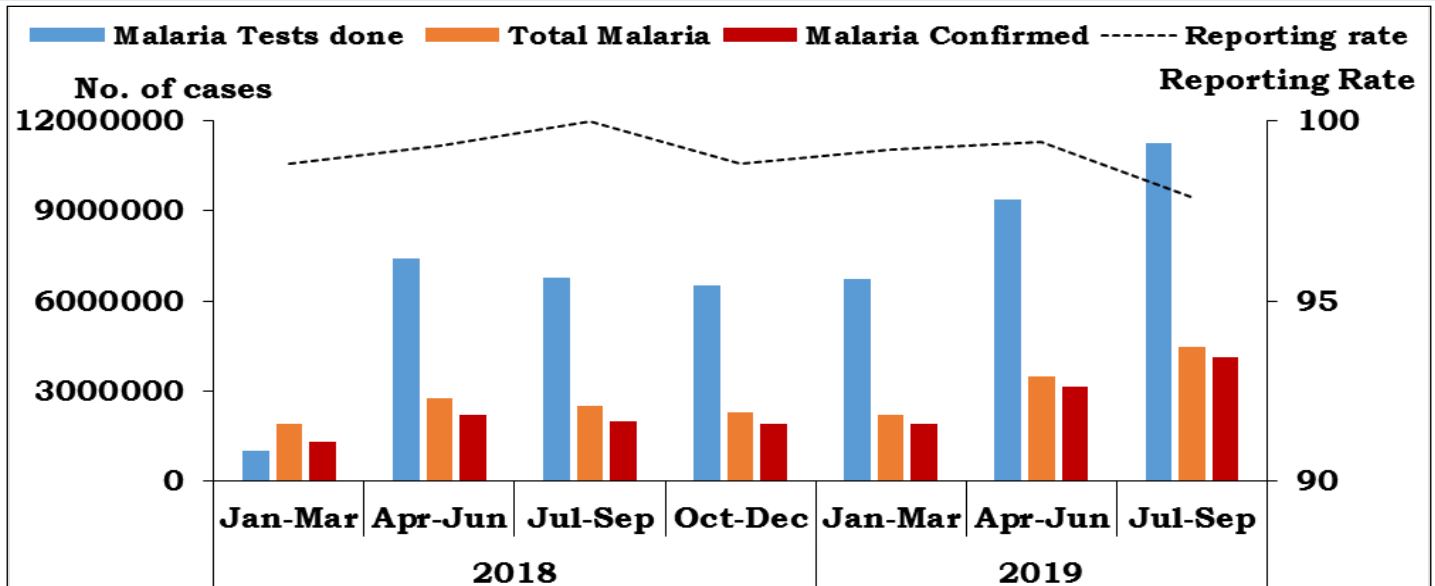
Jul-Sep 2018



This quarter, 1571 deaths due to malaria were reported, 733 deaths more than the immediate previous quarter. The overall mortality rate doubled to 4 per 100,00 compared to the previous quarter. Districts with the highest mortality (per 100,000 population) include Nebbi (5.1), Zombo (3.5), Agago (3.5), Kitgum (3.4), Lamwo (2.8), Nabilatuk (2.2), Jinja (2.1), and Hoima (2.1). The highest number of deaths were children under 5 likely due to delayed seeking of care and delayed referral of severe patients to higher levels.

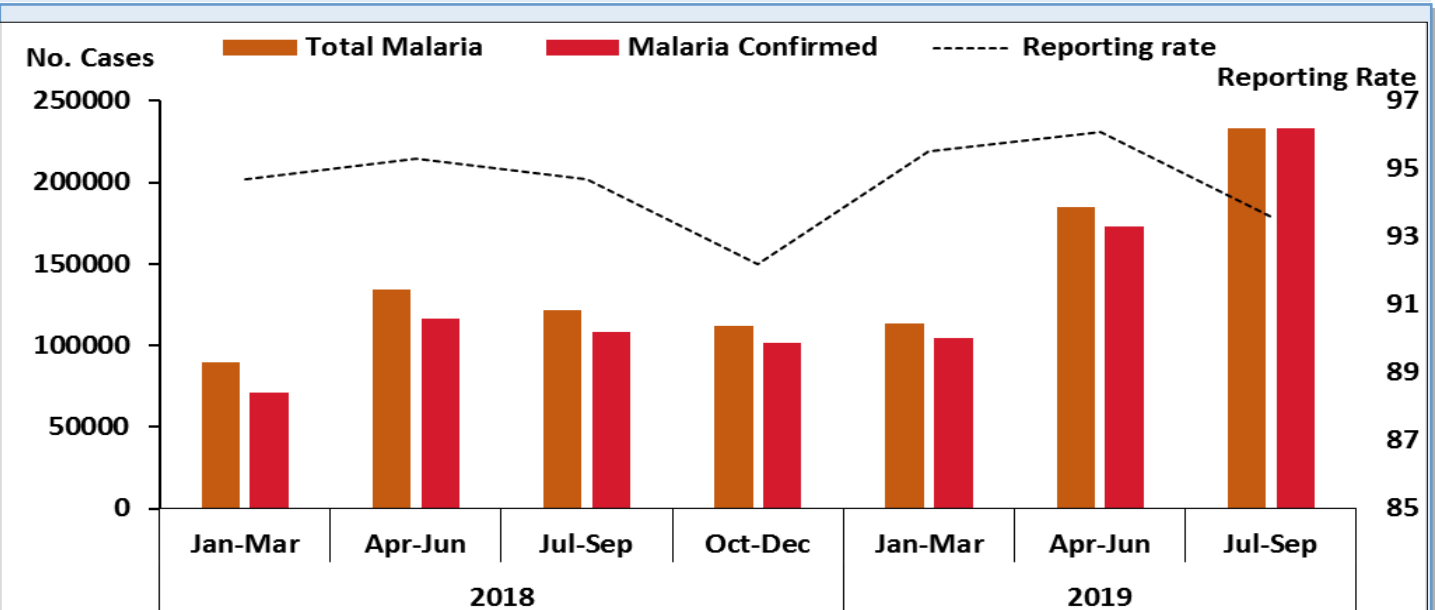
UPDATE ON KEY PERFORMANCE INDICATORS

Total and confirmed malaria cases in OPD



In this quarter, the number of malaria tests done, total malaria, and confirmed malaria cases in OPD increased by 20%, 28%, 32% respectively. All these are lower compared to the increments reported the previous quarter which were 40%, 48%, and 59% in that order. Compared to the same quarter last year the number of malaria tests done, total malaria, and confirmed malaria cases increased by 67%, 106%, and 80% respectively.

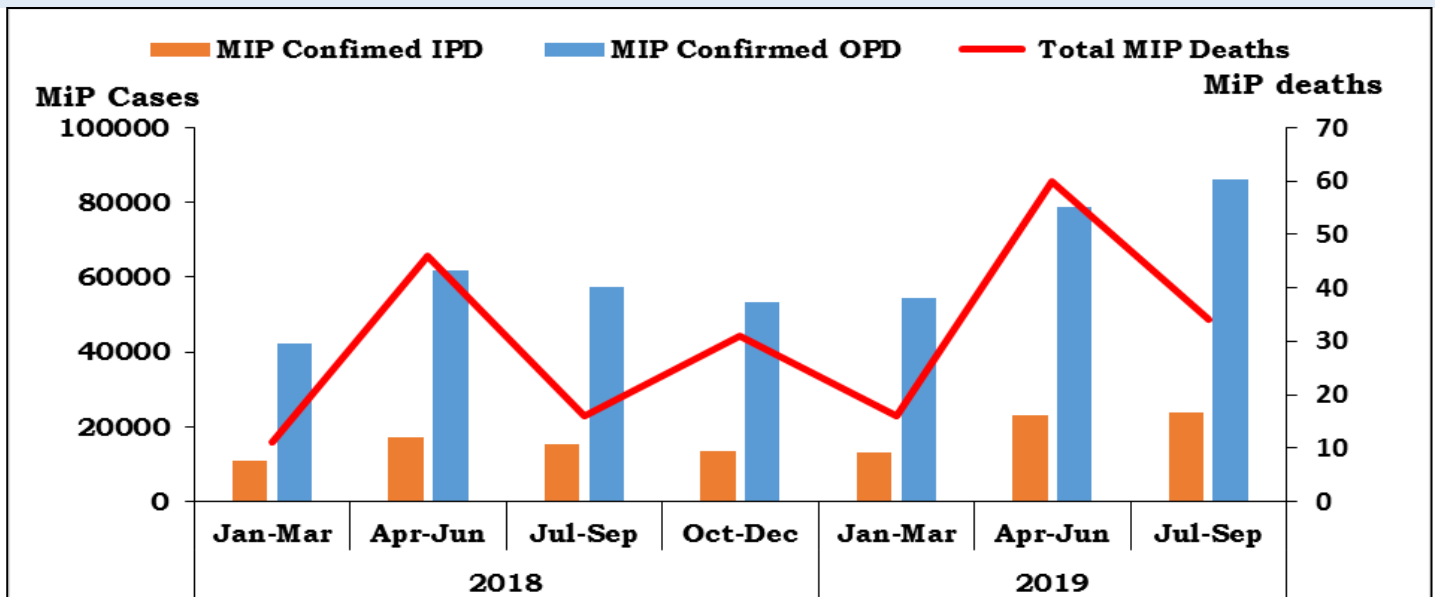
Total and confirmed malaria cases in IPD



During this quarter the total malaria cases in IPD increased by 26% and the number of confirmed malaria cases in IPD increased by 35%, slightly less than the 37% increment in the previous quarter. Compared to the same quarter last year, the total malaria cases increased by 116% while confirmed malaria increased by 91%.

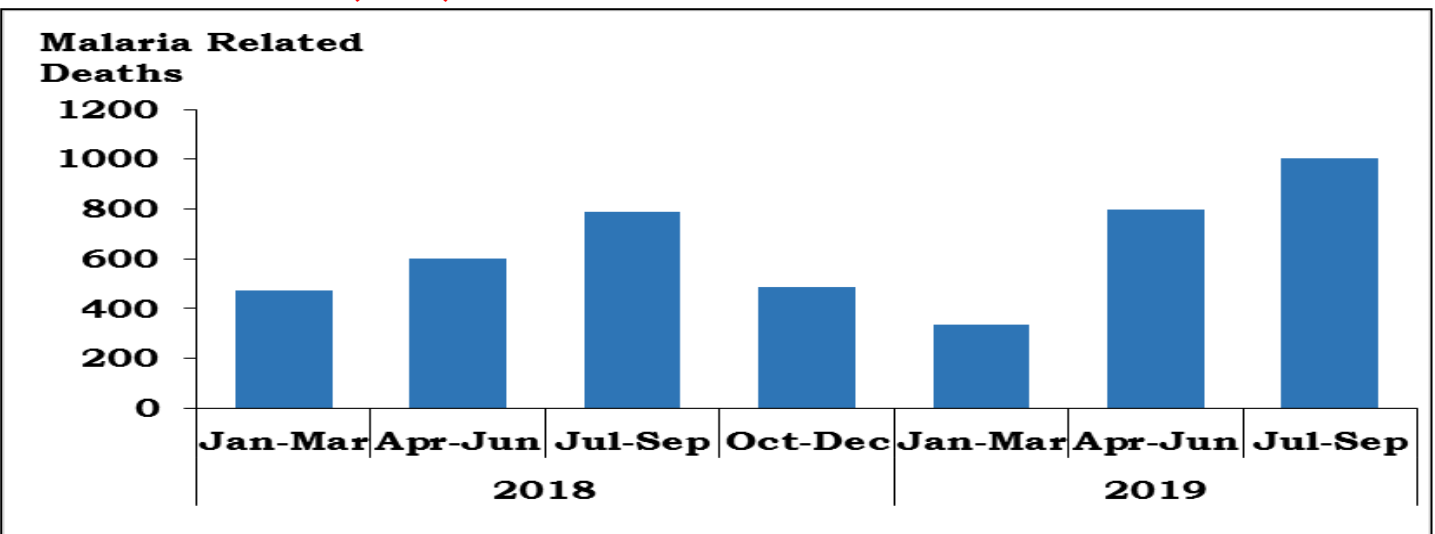
UPDATE ON KEY PERFORMANCE INDICATORS

Malaria in pregnancy



Compared to the previous quarter, malaria in pregnancy (MiP) cases increased in both OPD and IPD. There was a 9.4% and 3% increase in OPD and IPD respectively. These increases are much lower than the 38% and 33% increment in OPD and IPD reported the previous quarter. This may be due to the intensified promotion of malaria prevention efforts such as increased mosquito net utilization and IPT uptake in this vulnerable group following the malaria upsurge. MiP deaths reduced from 60 to 34 (43%) this quarter. Compared to the same quarter last year MiP cases in OPD and IPD increased by 50 and 56% while MiP deaths increased by 113%.

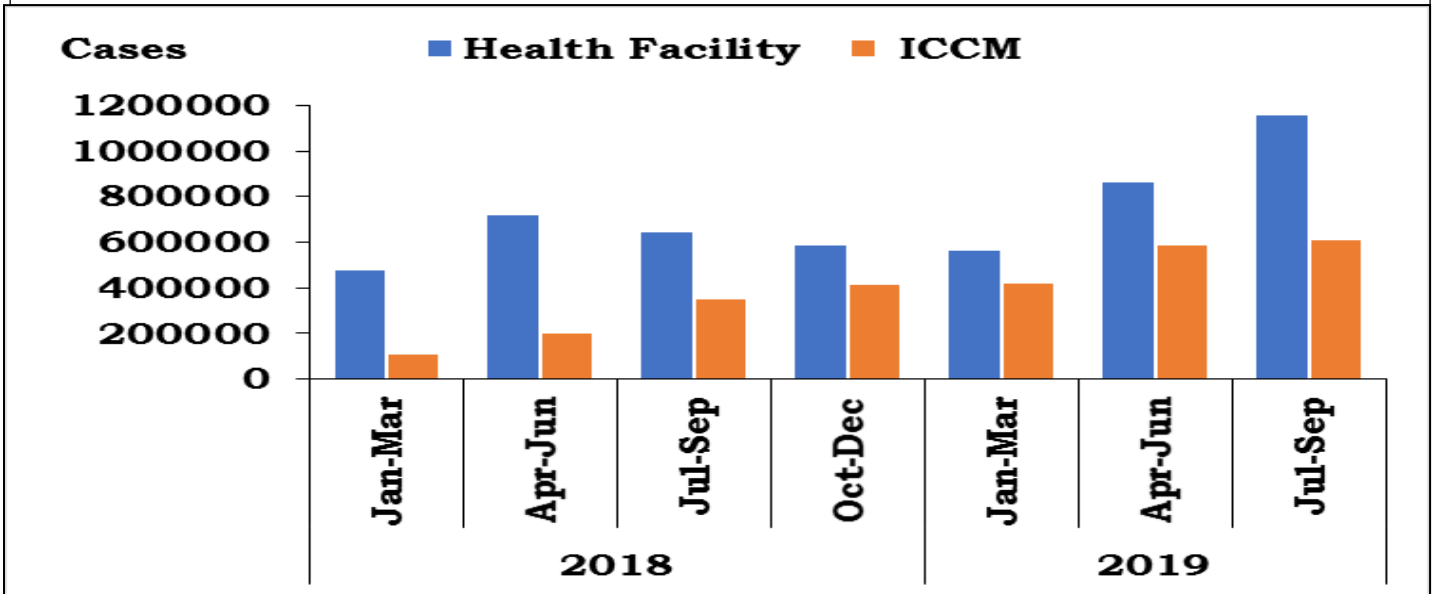
Malaria deaths (IPD)



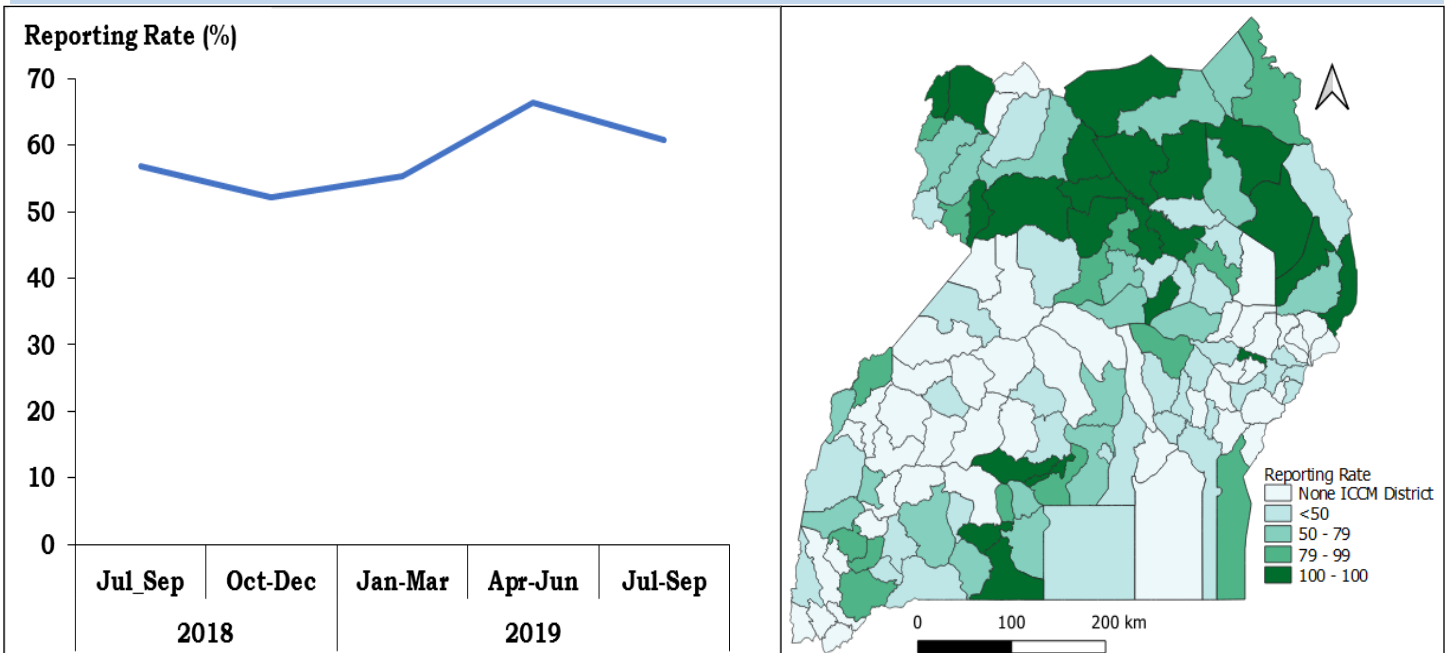
In this quarter, there was 20% increment of malaria deaths compared to the previous quarter. This is much lower than the 100% increment reported the previous quarter. This can also be attributed to the increased sensitization of people urging them to seek care before malaria becomes severe and fatal.

INTERGRATED COMMUNITY CASE MANAGEMENT(ICCM)

Trend of Malaria cases under five



From Jan-Mar 2018 to Jan-Mar 2019, the number of malaria cases under 5 reported in health facilities declined as those reported from the ICCM program increased gradually. In this quarter, the number of children under 5 years with malaria cases reported under ICCM increased by 4.5% compared to 40% in the previous quarter. This drop is likely due to the shortages in VHT com-



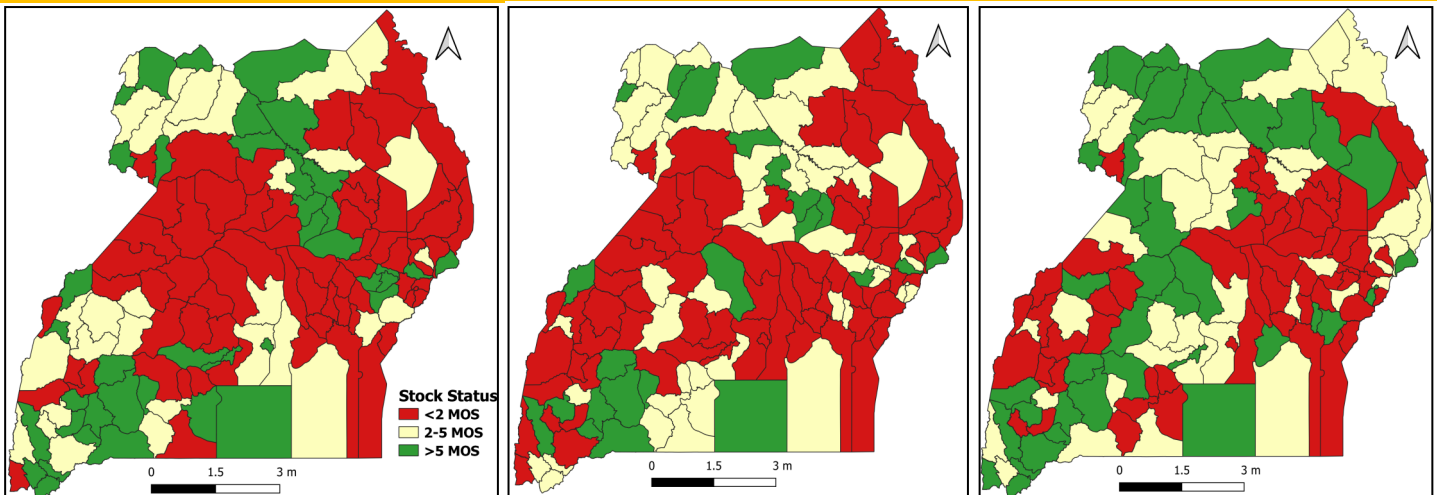
During this quarter, the overall VHT/ICCM reporting rate decreased to 60.7% from 66.4% in the previous quarter. As in the previous quarters, the VHT/ICCM reporting rate was low compared to the health facility reporting. The districts with the lowest reporting rates were Insigiro (1.7), Mbarara (2.2), Mityana (2.2), Adjumani (2.9), Sironko (4.8), Zombo (5.3) and Otuke (6.7). Most of these were funded under projects that ended.

Status of Malaria Commodities

Months of stock of Artemether/
Lumefantrine, September 2019

Months of stock of mRDT,
September 2019

Months of stock of Sulphadoxine-
Pyrimethamine, September 2019



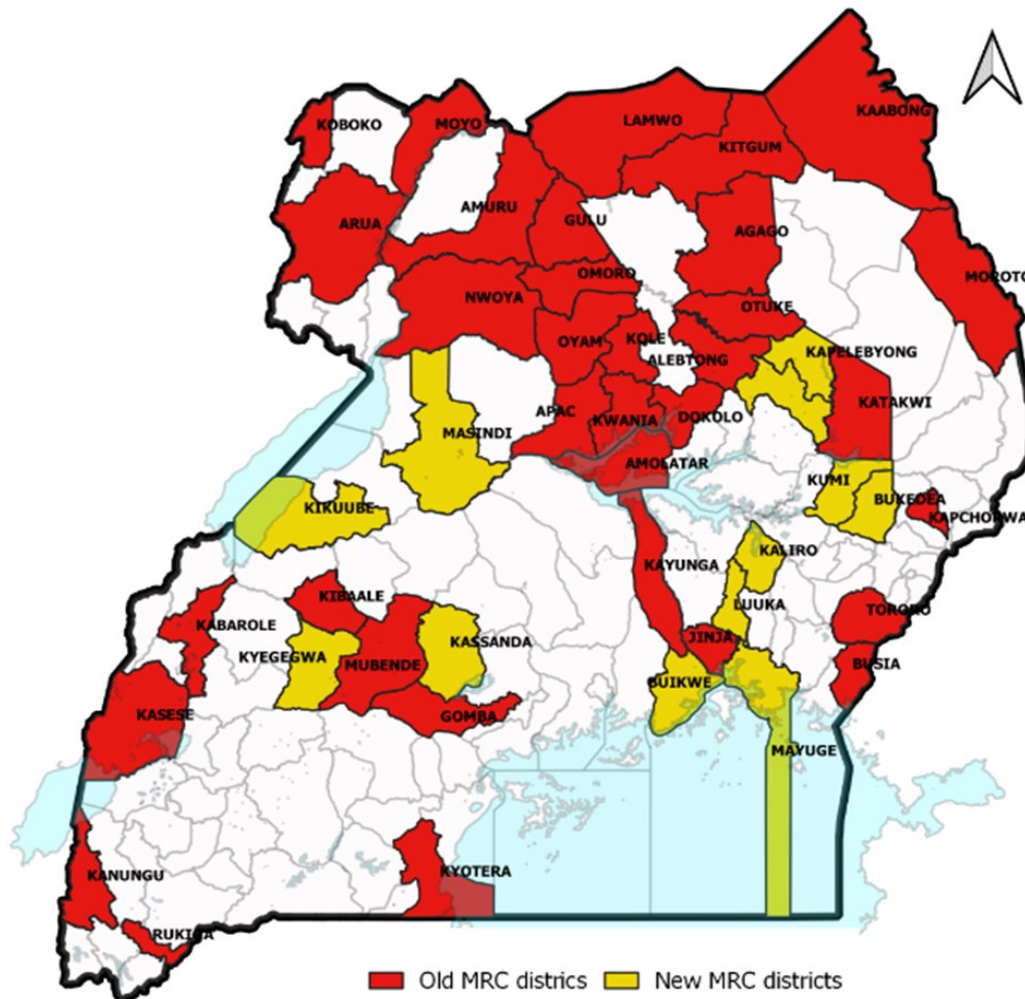
At the end of this quarter, only 45 (33%) districts had Artemether/Lumefantrine stock of more than 5 months. Forty six (34%) districts had RDT stock and 36 (27%) had Sulphadoxine-Pyrimethamine of less than 2 months. This an improvement from the previous quarter where almost of the half districts had less than 2 months of stock levels of all the three. This is probably due to the increase in stock distributed to facilities in response to the malaria upsurge.

Preliminary Results of the Malaria Indicator Survey

KEY HIGHLIGHTS OF THE 2018-2019 MALARIA INDICATOR SURVEY

In the previous quarter, the preliminary results of the 2018-2019 malaria indicator survey were disseminated. Below are the key highlights;

- 17% of children age 0-59 months tested positive for malaria by rapid diagnostic test (RDT).
- 83% of households in Uganda own at least one ITN. Net ownership in refugee settlements was at 79% and 86% in IRS districts.
- 72% of Uganda's household population have access to an ITN.
- 60% of children under 5 and 65% of pregnant women age 15-49 slept under an ITN the night before the survey.
- 41% of women received 3+ doses of SP/Fansidar (IPTp3+).
- 88% of children under 5 with fever in the 2 weeks before the survey who took any antimalarial took ACT.



Malaria cases at MRCs by age groups: A total of 29471 laboratory confirmed cases were reported from the MRCs in September 2019. Of these 7540 (26%) were from children under five. The highest proportion of suspected (47%) malaria cases were seen at sites where IRS was discontinued in 2017 with an average of 1635 suspected malaria cases. Among MRCs with no recent IRS history Lobule HCIII, Toroma HCIV, Kasambya HCIII, and Bbaale HCIV recorded the highest proportion of suspected malaria cases. Among MRCs where IRS was discontinued in 2017, Patongo HCIII recorded the highest proportion of suspected malaria cases and in IRS active sites Dokolo and Orum HCIV had the highest proportion of suspected malaria cases.

Suspected malaria cases with a positive malaria test result: Testing rates approximate to 100% at all sites except Walukuba HCIV that was reported to have a high staff absenteeism including laboratory staff. The highest number of laboratory confirmed cases (50%) were from MRS where IRS was discontinued in 2017. In the MRCs with no recent IRS history Lobule HC III, Toroma HCIV, Kasambya HCIII and Kihihi HCIV had the highest number of confirmed malaria. In MRCs where IRS was discontinued in 2017 Patongo HCIII, and Aduku HCIV recorded the highest confirmed cases. However, in MRCs with IRS Dokolo HCIV had the highest number of confirmed cases followed by Orum HCIV.

INTERVENTION UNIT UPDATES

Case Management

Strengthening healthcare worker capacity for correct management of malaria

Clinical audits were conducted in Nakasongora, Kampala Nwoya, Kalangala and Buyende districts.

IMM trainings were done in Bukomansimbi, Kampala and Mukono and Kasese Districts

Conducted support supervision of PFP/PNFP health facilities in Nakaseke, Kiboga, Mpigi, Butambala, Iyantonde and Lwengo districts

Districts affected by the malaria upsurges were supplied with emergency stock from the national medical stores

A blood donation campaign was held

Mass screening and testing were done in fort-portal



One of the NMCD members at the Blood donation exercise

Integrated Community Case Management

A Voucher system for boda boda referral system was rolled out for iCCM in 360 parishes in 8 districts of Acholi and 215 parishes 5 IRS districts in Lango sub region.

Quarterly iCCM VHT review meetings in all iCCM districts

Quarterly TWG meeting held at National level

Rectal Artesunate was distributed in Kole districts

iCCM Spot checks conducted in some sample districts by Global Fund LFA team

Support supervision in the iCCM Health facilities by DHMTs in 30 districts of Global Fund

Home visits and community dialogues were conducted

VHT trainings conducted in 24/30 districts under Global Fund

Programme Management

Held a Malaria Program Review program management meeting

West Nile strategy meeting held at Kabira country club

Participated in national task force meetings in relation to the upsurge

Updated the malaria policy

All the signed First Line buyer (FLB) agreements were approved by Global Fund and the first two batches received in the country

Commodities supply increased to respond to Malaria upsurge



Members at the Malaria Program Review Meeting

Behavioral Change Communication

Strengthening National Communication Framework

Sensitized 240 district heads on malaria prevention and control

Held a MDD in secondary schools under the theme of fight malaria

Educated children on malaria prevention and used them as change agents in schools and households

A total of 650 Teachers were sensitized on the basic information on Malaria

Showcased the MAAM/MDD to the common wealth summit on 25th September

Held educative sessions on media including television and radio addressing the malaria upsurge

Integrated Vector Management

Planning meetings for the upcoming mosquito net distribution campaign were held this quarter. Approximately 27 million nets are expected to be distributed.

An entomology tool was developed, tested in Nwoya district and rolled out in 6 districts

IVM Technical Working Group meeting held at WHO boardroom

Routine mosquito net distribution has been on going and 582,656 nets were allocated for Malaria upsurge response

NMCP procured and distributed to the Larvicides completed and delivered to the districts



The NMCD Program manager with the Program entomologist testing the tool

Surveillance, Monitoring and Evaluation and Operational Research (SME-OR)

Strengthening data demand and use at all levels

Held the quarterly SMEOAR Technical working group meeting where the status of malaria in the districts was shared

Detected and responded to malaria upsurge in over 70 districts

Supported blood donation drive with BTS and rotary

Developed a malaria upsurge response plan

Developed a malaria response plan budget which was shared with the national task force and Partners.



Presentation made at the technical working group meeting

Recommendations

- Mass Action Against Malaria should be embraced and implemented by all stakeholders
- Stratification of interventions to focus on high burden areas of West Nile, Northern Uganda, Karamoja and Busoga
- Fast track development of the strategic plan to incorporate new realities such as increased occurrence of epidemics
- Fast track dissemination and printing of the revised HMIS tools to be able to report on new parameters such as those at community level
- Urgent mobilization of resources to increase scale and scope of interventions at community level in high burden areas and those affected by the upsurge
- Increase malaria data utilization for action by district leadership through engagement such as participation in review meetings.
- All districts need to monitor the malaria cases reported as efforts to reverse the upsurges are underway
- Innovative approaches such as engagement of schools for malaria control should be adequately supported and be monitored

Contact Us

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UPDATE ON UMRSP

The Vision is for a Malaria free Uganda. This has been operationalized in the empowerment of all levels of the health system (focus on district, facility) and community ownership to manage malaria with the 'Chase Malaria' Campaign and slogan 'Am I Malaria free?'

Strategic Goals

- By 2020, reduce annual malaria deaths to zero
- By 2020, reduce morbidity to 30 cases per 1000
- By 2020, reduce the Malaria prevalence to less than 7%