

KANO STATE MALARIA ANNUAL BULLETIN

ISSUE 4: JAN – DEC 2017

Introduction

The purpose of the malaria bulletin is to present the current situation of malaria in the state, encourage the use of routine malaria data for decision making, strengthen malaria surveillance, and help monitor key malaria indicators over time.

The information in this bulletin is from all public health facilities in 44 LGAs in Kano State.

The 2017 Projected population for Kano state is 13,008,192

For this reporting period, the malaria burden for the state is as follows:

- Total OPD cases: 2,792,968
- Total fever cases: 1,398,766
- Total fever cases tested for malaria: 1,343,737
- Total fever cases tested positive for malaria: 935,054

Fever cases constituted 50% of OPD attendance; 96% of fever cases were tested for malaria; 69% of fever cases tested positive for malaria; malaria cases formed 33% of total OPD cases.

Note:

*Q1, Q2, Q3 & Q4 will refer to quarters 1, 2, 3 & 4 of 2017 throughout the document.

**All the data below represents all the public health facilities in the 44 LGAs in Kano state.

***Data presented in this bulletin is as at **23rd February 2018**

*****State population figure from the National Population Commission (FGN Gazette No. 2 Vol. 96)

Malaria Interventions

Malaria Diagnosis

Malaria Diagnosis (RDT and Microscopy)

Figure 1 represents the proportion of fever cases tested for malaria with both or either RDT or microscopy in all quarters of 2017.

- The proportion of fever cases tested has remained steady with a decline in Q2 which is likely due to stock out with a rapid increase in Q4 due to RDTs being supplied by state government within the last week of August. Averagely, 90% of all fever cases reported in 2017 were tested using either RDT or microscopy. Mentoring to improve adherence to national guidelines in testing all fever cases and sustained commodity supply through emergency request to avoid total stock out is on-going in some LGAs.

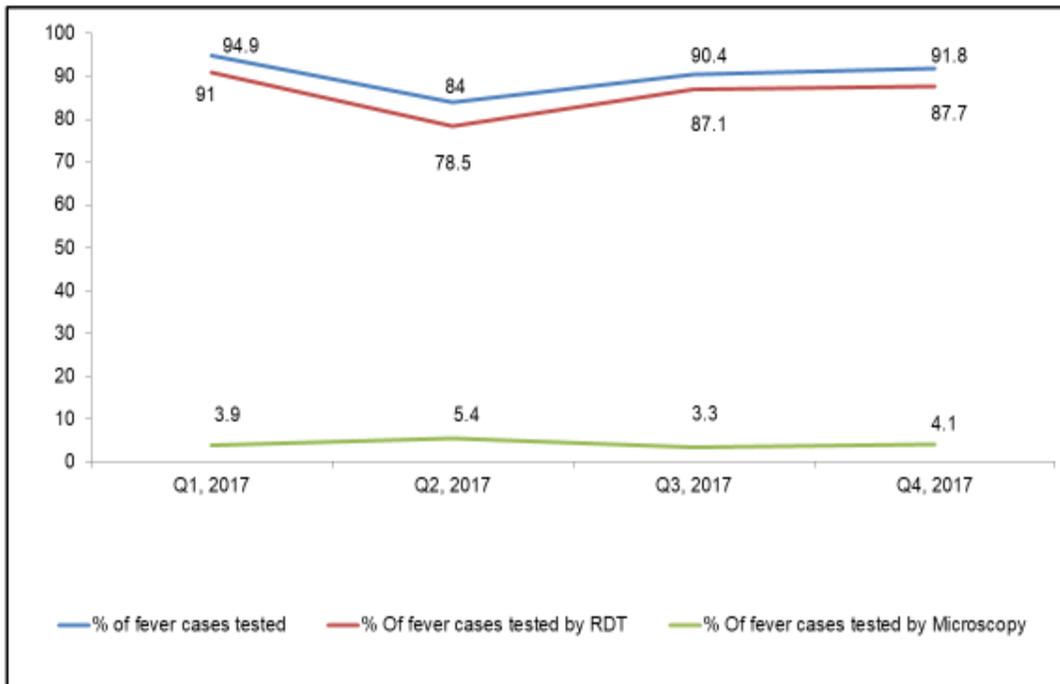


Figure 1. Fever cases tested for malaria with both RDT and/or microscopy in Kano State, Q1- Q4 2017

- The proportion of fever cases tested by microscopy remains low with an average of 4%. The increase to 5% in Q2 may be due to stock out of RDTs in secondary health facilities. Most of the health facilities in the state are PHCs which do not conduct microscopy.
- The proportion of fever cases tested by RDT is much higher than that using microscopy across all quarters with an average of 86%. A steep decline occurred from 91% in Q1 to 79% in Q2 due to shortage of RDTs in the state.

Overall, significant proportion of fever testing was done using RDT in 2017.

Kano

Test Positivity Rate

Test positivity rate (TPR) is the proportion of fever cases that tested positive for malaria.

Figure 2 represents, TPR by RDTs and microscopy for all quarters of 2017.

- The TPR by RDT is consistently lower than by microscopy in Q1 and Q2 compared to the reverse trend observed in Q3 and Q4. Continuous on-the-job training is provided to laboratorians and health workers on correct procedure for RDT and result interpretation in some LGAs. Overall, TPR by both RDT and microscopy showed a consistent increase from Q2 to Q3 (RDT:55% to 78%; Microscopy: 63% to 70%) which is in keeping with the malaria reporting incidence in the state. This is a result of the high transmission season that lasts from June to September.
- It is very important to conduct trainings on standard microscopy procedure and refresher trainings on RDTs for laboratory personnel to maintain good quality control and confidence in laboratory results.

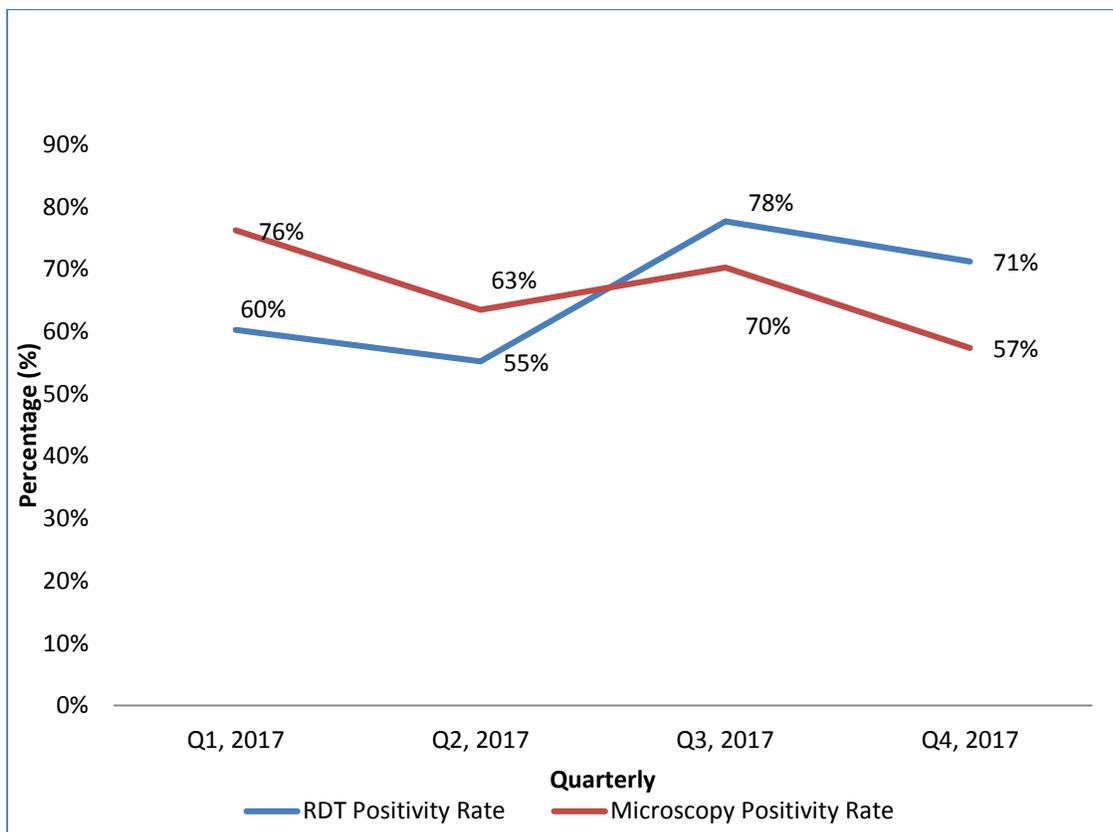


Figure 2. Fever cases tested positive for malaria by RDT and microscopy in Kano State, Q1- Q4 2017

Malaria Cases

Figure 3 represents the proportions of confirmed versus clinical (presumed and not confirmed by testing) malaria cases for all public health facilities in Kano State for all quarters in 2017.

- The proportion of malaria cases confirmed by using microscopy or Rapid Diagnostic Tests (RDTs) in the state shows an increase from 56% in Q2 to 77% in Q3 due to high transmission season.
- The proportion of clinically diagnosed malaria cases is generally low in the state with a progressive decrease from 6% in Q2 to 2% in Q4. The increase from 3% in Q1 to 6% in Q2 is due to mRDT shortage within the period.

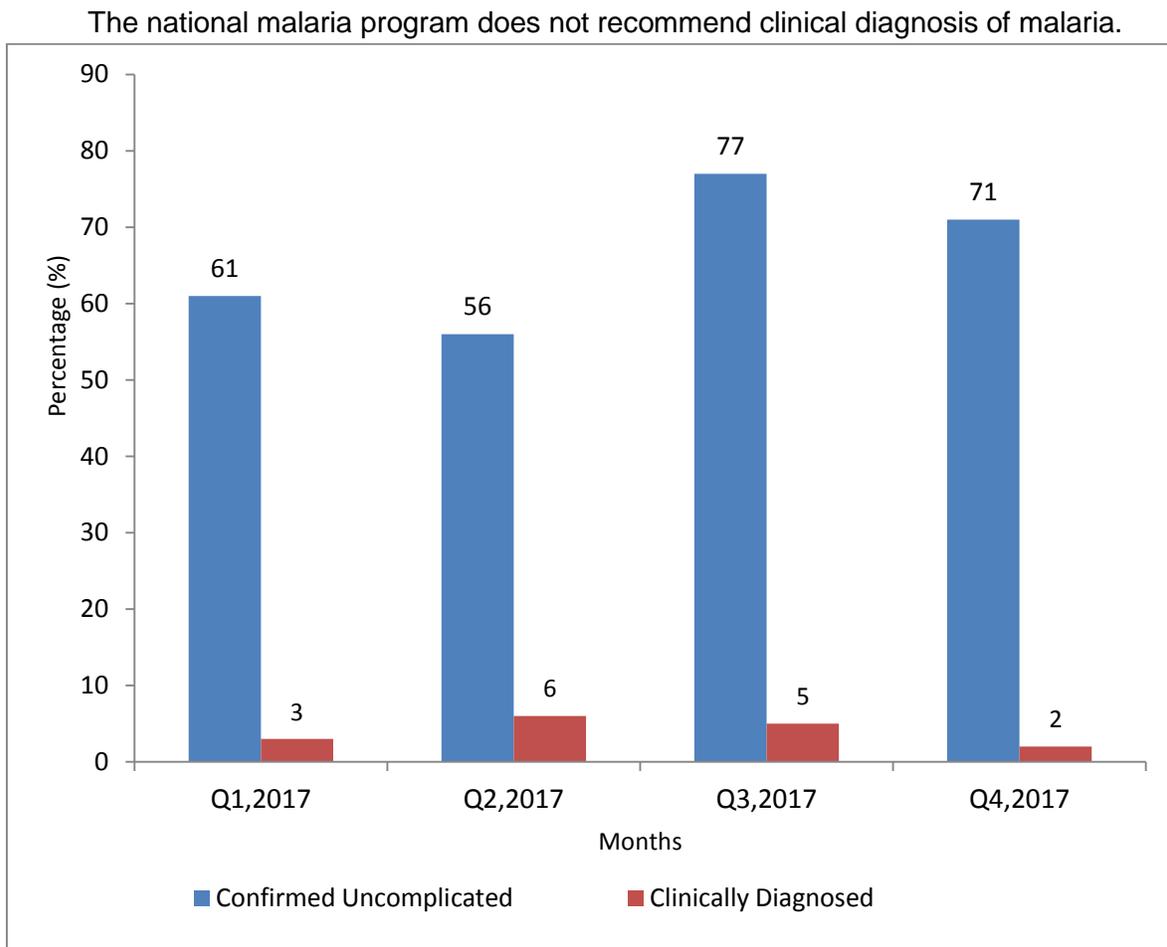


Figure 3. Malaria cases (confirmed by microscopy or RDT and clinical) in Kano State, Q1- Q4 2017

Malaria Treatment

Figure 4 represents the proportion of lab confirmed malaria cases that received Artemisinin-based Combination Therapy (ACTs) for all quarters 2017.

- The proportion of confirmed malaria cases that received ACTs in the state remained steady with an average of 99% throughout the year. This means most clinicians adhere to the national guidelines. Less than 20% of health facilities reported stock out of ACT for seven consecutive days.

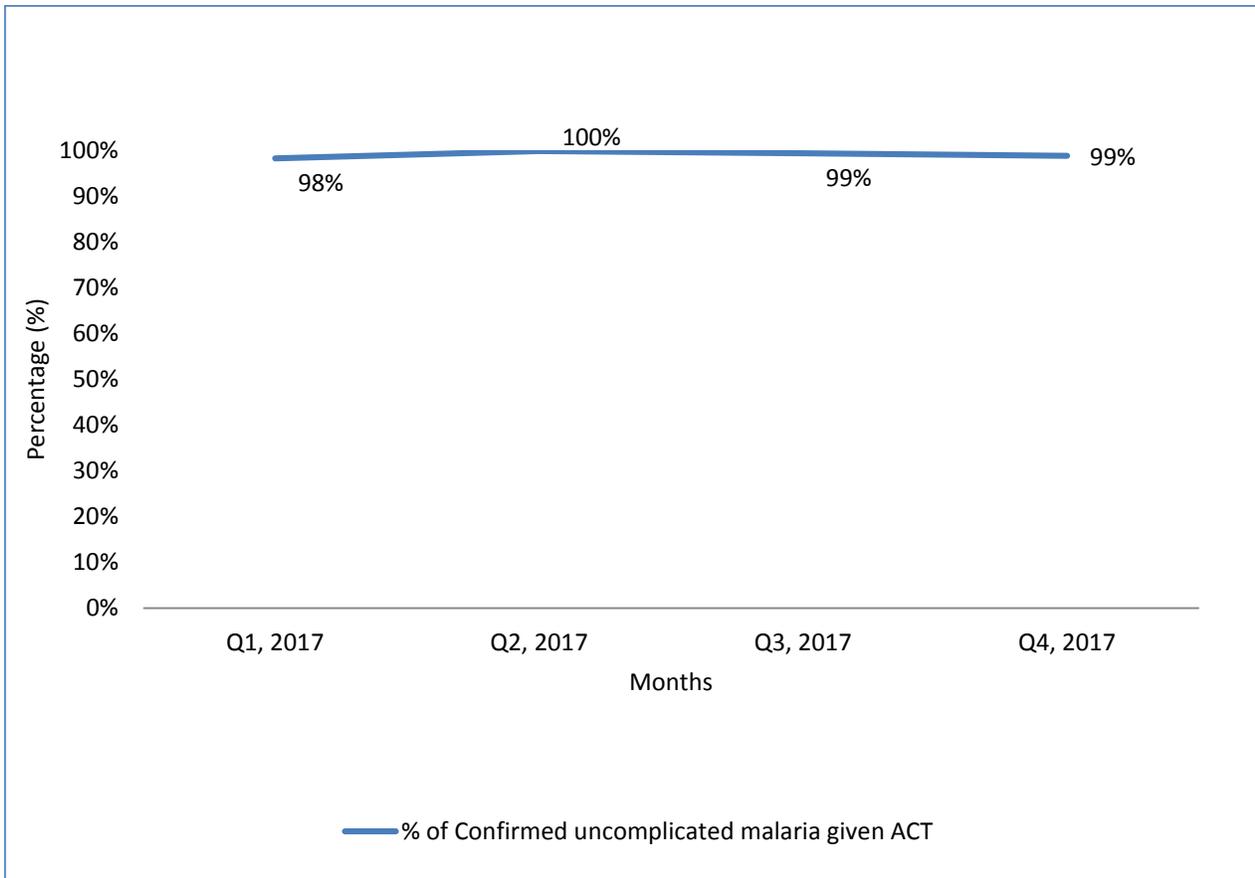


Figure 4. Treatment with ACTs for confirmed malaria in Kano State, Q1-Q4 2017

Intermittent Preventive Treatment for Pregnant Women

Figure 5 represents the proportion of pregnant women who received first dose of Intermittent Preventive Treatment (IPTp) during their first Antenatal Care (ANC) and those who received second dose of IPTp (IPTp2) during their ANC for all quarters of 2017.

- The proportion of women receiving IPTp1 (first dose of IPT at first ANC visit) steadily increased from 69.8% in Q1 to 72.5% in Q3, though a decline to 69.5% occurred in Q4. Averagely IPTp1 uptake is 71%. IPTp2 uptake average (50%) is much lower than IPTp1 with a 6.9% decline from Q2 to Q3. There is need to mobilise pregnant women to commence ANC early in order to benefit from receiving at least 3 doses of IPTp as recommended by the national guideline.

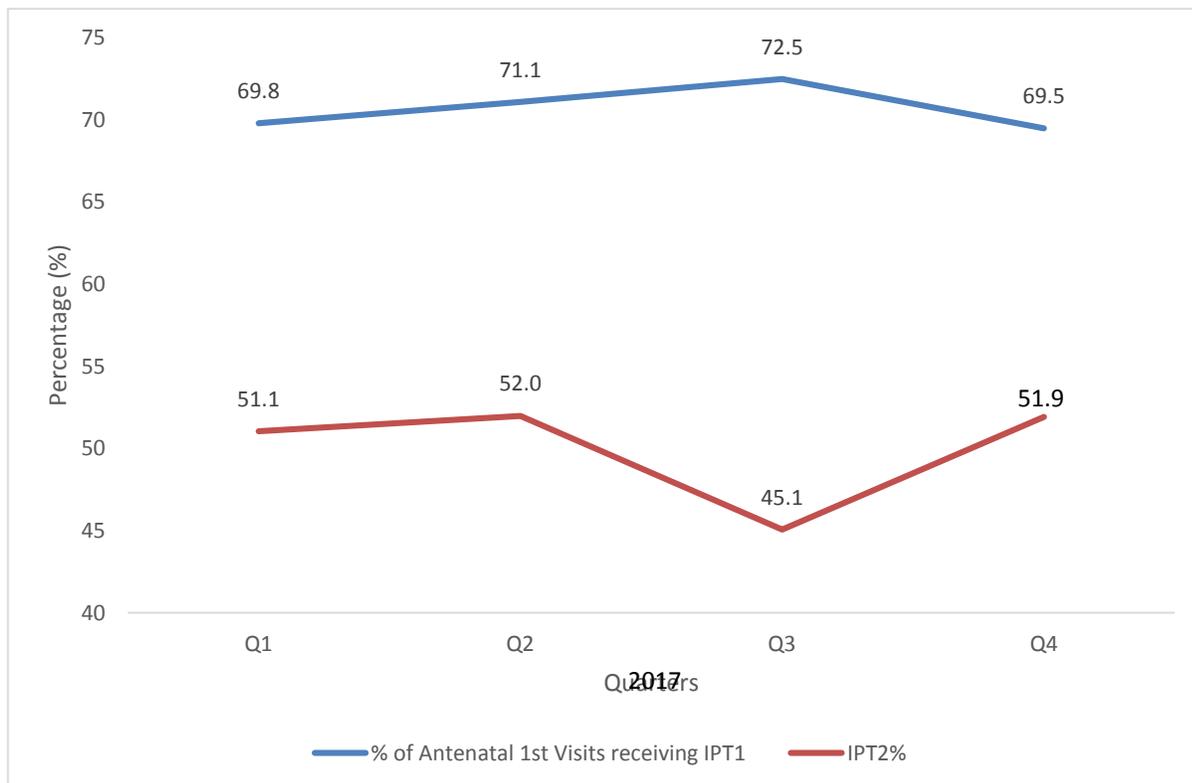


Figure 5. Pregnant women receiving IPT1 and IPT2 in Kano State, Q1- Q4 2017

The consistently lower proportion of IPTp2 compared to IPTp1 is probably due to late commencement of antenatal care by pregnant women. And probably some pregnant women in the same cohort are being missed for IPTp2

Long-Lasting Insecticidal Nets (LLINs)

Figure 6 represents the proportion of pregnant women who received LLINs for all quarters of 2017.

- The proportion of pregnant women who received LLINs is highest in Q1 with 43% after which there was a decline to 20% in Q2. The distribution of nets in August may be responsible for the increase to 26% in Q3. A decline by 9% occurred in Q4.

The trend in LLIN coverage among pregnant women is dependent on availability of LLINs.

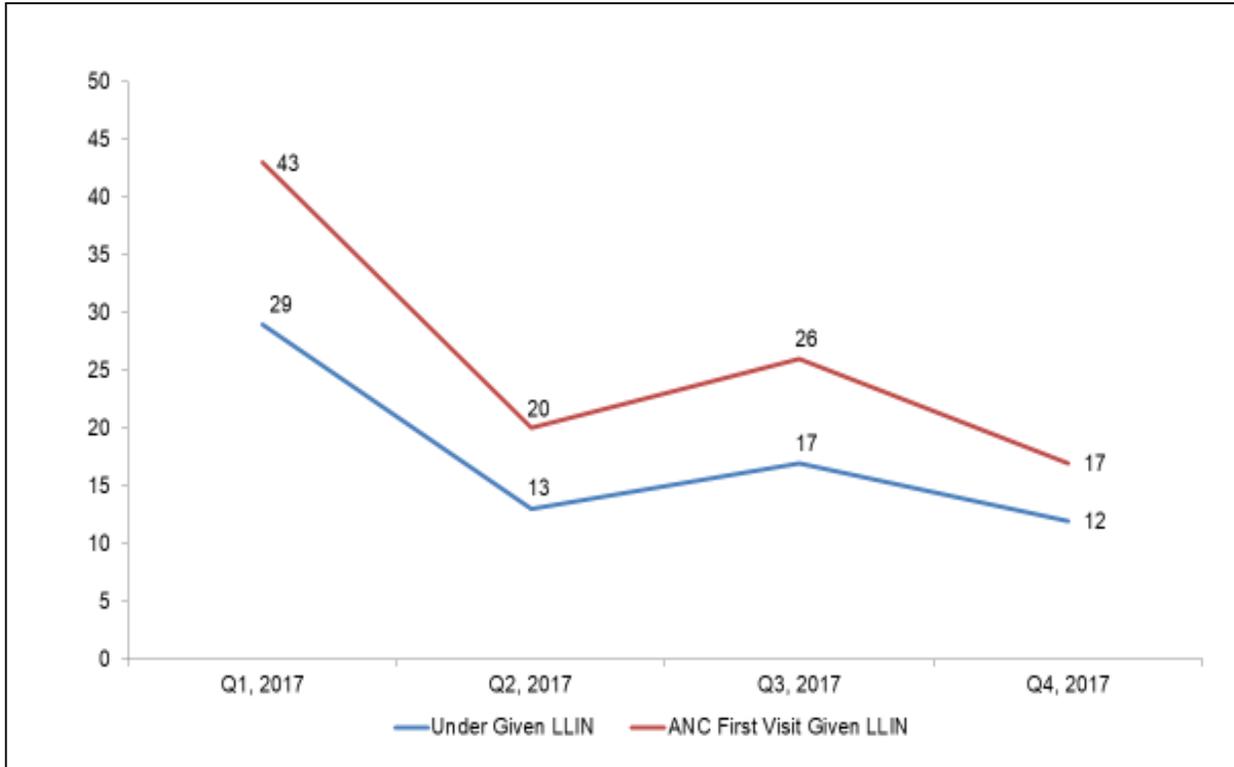


Figure 6. Pregnant women and children under age 5 receiving LLIN in Kano State, Q1- Q4 2017

- The proportion of children under age 5 who received LLINs on completion of immunization shows a similar pattern like that of pregnant women receiving LLINs. The 2017 average is 18%. This further buttress the trend being dependent on availability and accountability of LLINs and has programmatic implications. When compared to the proportion of total under 5 children (based on 2006 population census projection for 2017) in the state, less than 1% received LLINs.

Summary

Identified Problems

- LLIN coverage among pregnant women and children under age 5 is very low.
- IPTp2 coverage is still lower than the IPTp1.

Recommendations

- Exploration of other differential diagnosis of fever should be encouraged among clinicians.
- **The facility, ward and LGA level system of data validation should be adapted by the whole state to improve capacity the of HCWs in terms of improved data quality.**
- SMEP should continue to actively engage Hospitals Management Board on improved data quality, reporting and use for decision making in general hospitals.
- SMEP should continue to sensitize healthcare workers on adherence to national treatment guidelines to improve quality of services.
- There is need to improve IPTp uptake, especially IPTp2, by demand creation to enable early access to ANC services by pregnant women and uninterrupted availability of SPs.
- To address the gaps in LLIN coverage, the state government and partners should urgently review and enforce accountability framework and conduct supply based on need.

Needed Support from State

- Supply of malaria commodities to non-donor (Global Fund) supported health facilities
- Continue to improve malaria activities in the state, especially supportive supervision
- Release of budgeted fund for malaria activities in the state
- Access funds allotted for malaria activities under the Saving One Million Lives Initiative

Malaria Elimination Program Updates

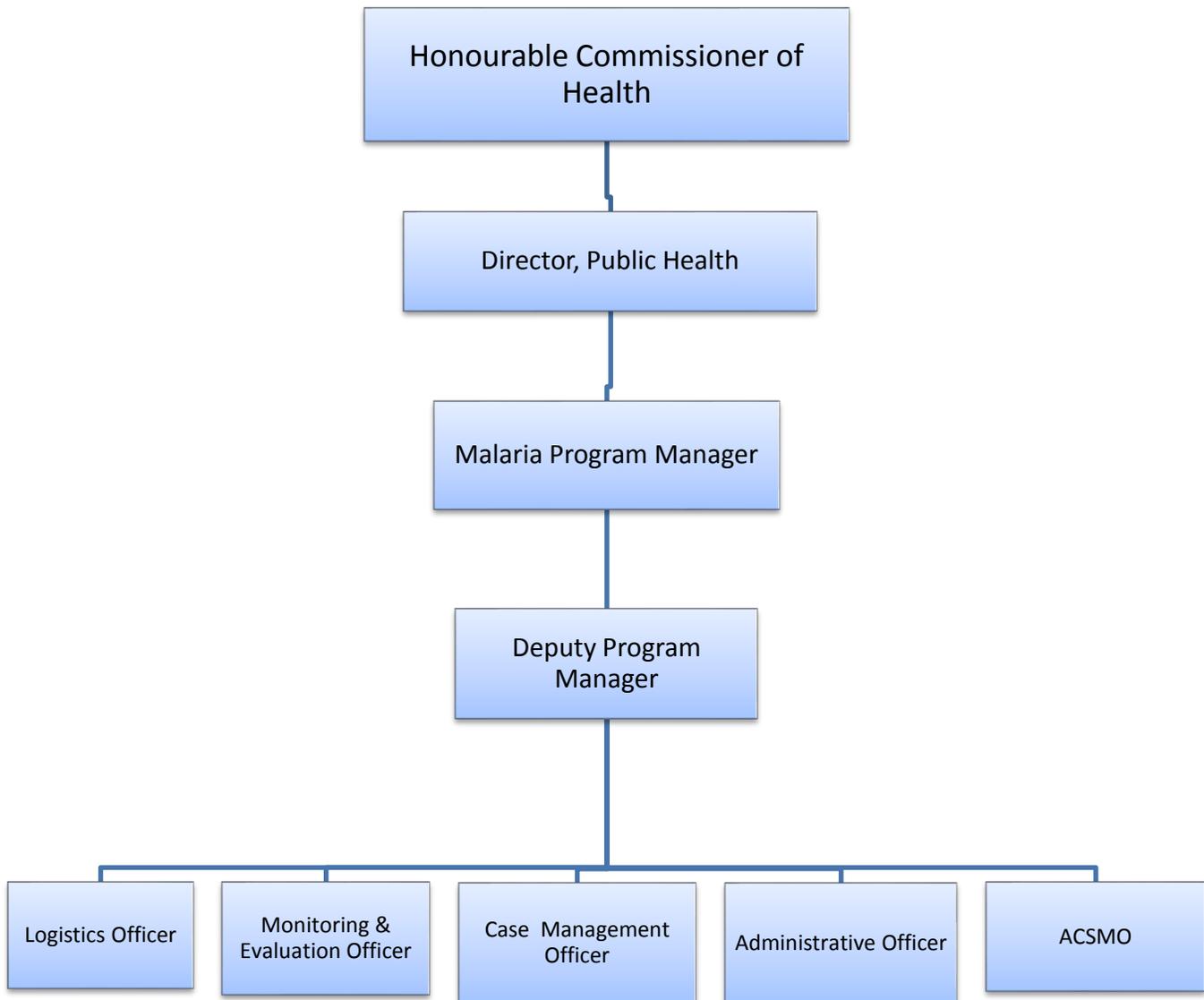
The following activities have been implemented by the SMEP with the support of partners working on malaria elimination; the CDC/AFENET/NSTOP Malaria Frontline Project, WHO, HSDF, CHAI, CRS, MNCH2, BMGF/DG in 2017:

- Continued supervisory visits and mentoring of Malaria NSLOs and RBMs on malaria interventions.
- Adaption of ward level system of data validation in all implementing LGAs after a 3 months pilot in Dawakin-Tofa LGA.
- Finalized health facility service assessment
- Production and distribution by NSTOP malaria frontline project of 2016 Annual and Q1 to Q3 2017 Kano State Malaria Bulletin
- Supported the Catholic Relief Services in the conduct of monitoring and supervisory visit to some selected GF supported health facilities with data quality issues in the state
- Conducted series of refresher trainings targeted to record officers on data entry into the DCTs in both PHCs and GHs and clinicians were reoriented on malaria case management especially discouraging treatment of RDT negative cases with ACTs and use of monotherapy.
- SMEP driven integrated supportive supervision visits to health facilities.
- Draft and finalization of the 2018 State Malaria Annual Operational Plan

- Received CDC delegation team to assess and provide technical support to the malaria frontline project- Dr. Patrick Kachur (Head, Malaria Division), Dr. Mark Maire (PMI) and Dr. Kwame Asamoah (CDC Malaria Frontline Project technical lead)
- Received a high-powered CDC delegation led by Dr. Rebecca Martins (Director, Center for Global Health) to assess progress of the malaria project so far, met with the Executive Governor of Kano State and major stakeholders working on malaria and immunization.
- Supportive supervision of all IPDs conducted in 2017.
- State Level Training on Measles SIA Campaign Microplanning
- Provided technical support during pertussis, measles and lassa fever outbreaks in the state.
- NSTOP Measles Thematic Training for LIOs, CCOs, DSNOs and all the NSLOs organized by NSTOP/ AFENET
- State Quarterly Medical Outreach to 10 malaria high burden LGAs
- Attended and actively participated in Biannual Zonal Data Review/Capacity Building for the NWZ supported by WHO
- Conducted Finished Pharmaceutical Products (FPPs) Sampling for QA/QC activities in collaboration with CRS/NMEP through NAFDAC (ACTs, SPs and Artesunate Injection)
- Capacity strengthening of Community Pharmacists(CPs) and Patent Proprietary Medicine Vendors(PPMVs) in collaboration with NMEP & PCN
- Participated in quarterly Kano LMCU PSM TWG meetings
- Attended and actively participated in the Dissemination of GF malaria NFM Project implementation in the Nigerian Private Sector supported by SFH
- Conducted quarterly Supportive Supervisory visits to PPMVs on Malaria RDT use and correct malaria diagnosis supported by CHAI
- Continued Supportive Supervisory visits to Health facilities on malaria commodities PSM, RDT use and case management
- SMEP trained 90 Inter-personal Communicators (IPCs) & Community leaders on LLIN correct and consistent utilization supported by SOML P4R
- Conducted House to House Supportive Supervision on LLIN utilization to 1350 HHs in 10 LGAs across 30 wards supported by SOML P4R
- SMEP participated and built capacity of HCWs on malaria thematic component of LGA LMCU training on integrated Supply chain management
- Conducted malaria Data Validation meeting with LGA malaria Focal Persons(RBMS) supported by CRS
- Kano State attended and actively participated in the National Severe Malaria meeting for DMS,HMBs
- Conducted training and capacity building of PPMVs (285) and CPs (56) on appropriate use of malaria RDT for monthly data reporting

This bulletin was produced by the State Malaria Elimination Program (SMEP) in collaboration with the Malaria Frontline Project of NSTOP/AFENET Nigeria

We thank the Malaria Branch Frontline Project of the U.S. Centers for Disease Control and Prevention for its technical support to produce this bulletin



Kano State Malaria Elimination Program Organogram

Indicator Definitions

S/N	Category	Indicator name (%)	Numerator	Denominator
1.	HMIS reporting rates	Completeness of reporting	Number of monthly reports received from health facilities within stipulated time period	Number of health facility reports expected
2.		Timeliness of reporting	Number of monthly reports received from health facilities within stipulated time period	Number of health facility reports expected
3.	Malaria cases	Confirmed uncomplicated malaria	Total confirmed uncomplicated malaria (by mRDT or microscopy)	Total fever cases tested (by RDT or microscopy)
4.		Clinically diagnosed malaria	Total number of people with clinically diagnosed malaria (without laboratory confirmation)	Total number of fever cases
5.	Malaria diagnosis	Fever cases tested with microscopy	Total number of fever cases tested using microscopy	Total number of fever cases
6.		Fever cases tested with RDT	Total number of fever cases tested using malaria RDT	Total number of fever cases
7.	Malaria Test Positivity Rate	Fever cases tested positive with microscopy	Total number of malaria positive tests by microscopy	Total number of malaria tests done by microscopy
8.		Fever cases tested positive with RDT	Total number of malaria positive tests by Rapid Diagnostic Tests (RDT)	Total number of malaria tests done by Rapid Diagnostic Tests (RDT)
9.	Malaria treatment	Confirmed uncomplicated malaria given ACT	Total number of cases with confirmed uncomplicated malaria who received ACT	Total number of cases with confirmed uncomplicated malaria
10.		Clinically diagnosed malaria given ACT	Total number of cases with clinically diagnosed malaria who received ACT	Total number of malaria cases clinically diagnosed
11.	Malaria in pregnancy	IPTp1	Total number of pregnant women who received the first dose of Intermittent Preventive Treatment (IPT1)	Total number of pregnant mothers attending their first antenatal visit
12.		IPTp2	Total number of pregnant women who received the second dose of Intermittent Preventive Treatment (IPT2)	Total number of pregnant mothers attending their first antenatal visit
13.		Malaria in pregnancy	Total number of confirmed malaria cases in pregnant women	Total number of pregnant mothers attending their first antenatal visit
14.	Long-Lasting Insecticidal Nets (LLINs)	Antenatal 1 st visits receiving LLINs	Total number of pregnant women attending their first antenatal visit who received LLINs	Total number of pregnant women attending their first antenatal visit
15.		Children under age 5 receiving LLINs	Total number of children under the age of 5 years with completed Routine Immunization (RI) schedule who received LLINs	Total number of children under the age of 5 years with completed Routine Immunization (RI) schedule

