

MINISTRY of HEALTH
REPUBLIC OF BOTSWANA

Republic of Botswana
Botswana Integrated Disease Surveillance & Response

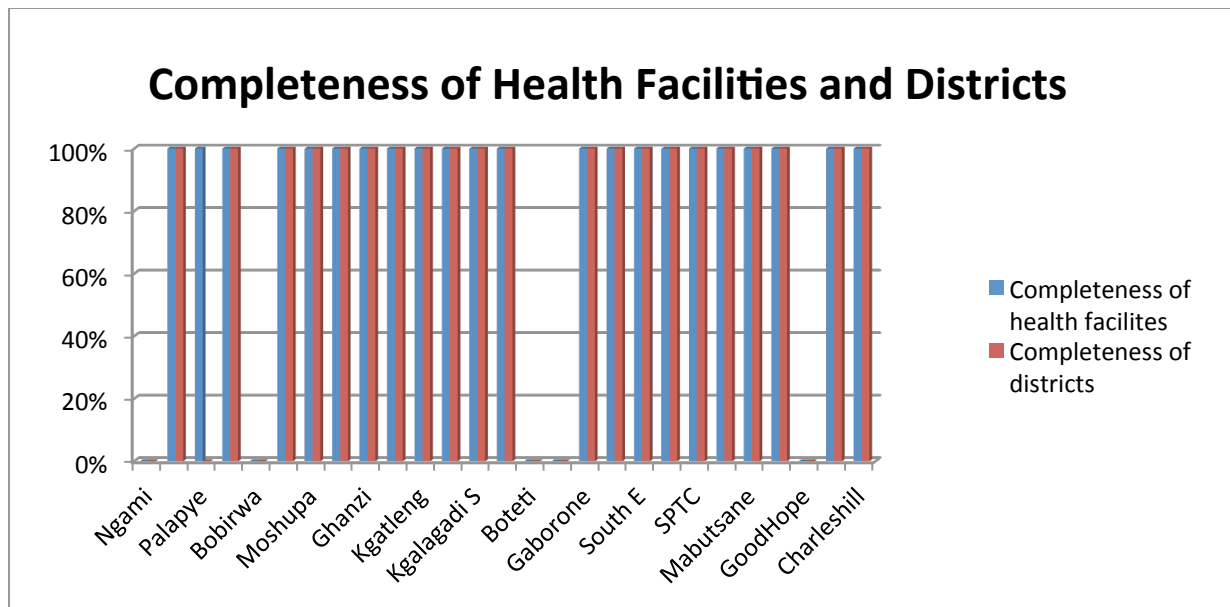
MONTH ENDING JUNE

This is a monthly report of Public Health important Notifiable Diseases, conditions and events in Botswana. Reports are received from 28 health districts on a monthly basis. Deadline for submission of reports from the districts to the central level is on the 7th day of each following month at 1200 noon. The contacts for IDSR Unit at Ministry of Health and Wellness; idsrbotswana@gmail.com Tel: 363 2143/ 2264

1.0 Data Quality assessment (Timeliness and Completeness) For Monthly Notifiable Public Health important Diseases

1.1 Consistency in reporting and Quality of reporting of MH 2072

Figure 1: Completeness of Health facilities and Districts

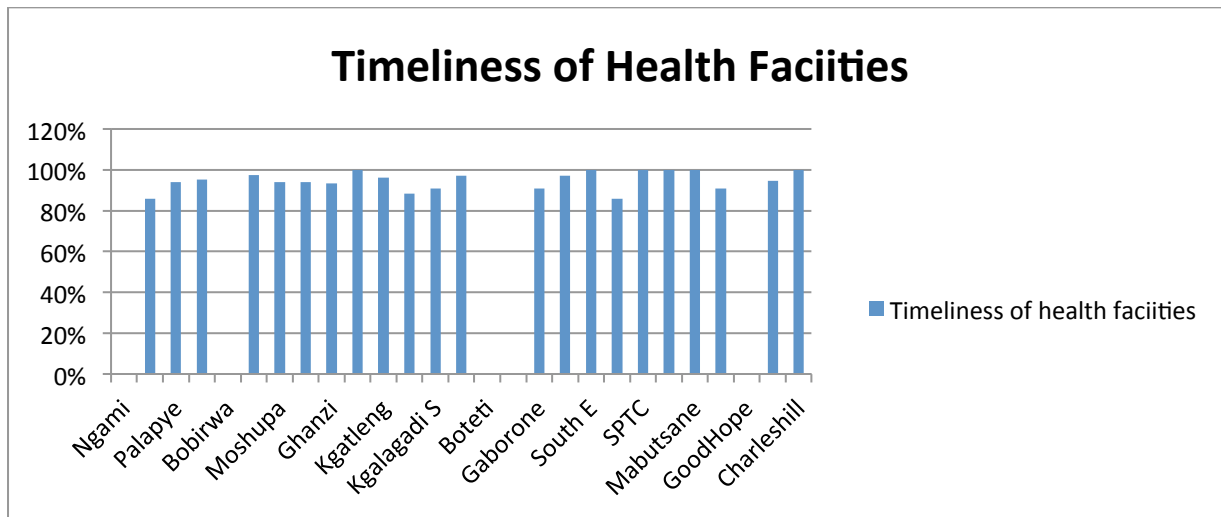


The graph above shows a level of district completeness that is below the target level of 78%. On June out of 28 districts 22 managed to report on time and no districts failed to report.

The DHMT COORDINATOR should make sure that SOMEONE is responsible for the report for ANY given week.

1.2 Timeliness at National Level: Out of the 28 districts, 22 districts reported on time. This left the timeliness of district reporting at 78%. We urge districts to be vigilant about sending weekly reports on time to the central level by the quickest means possible either by fax, email or phone.

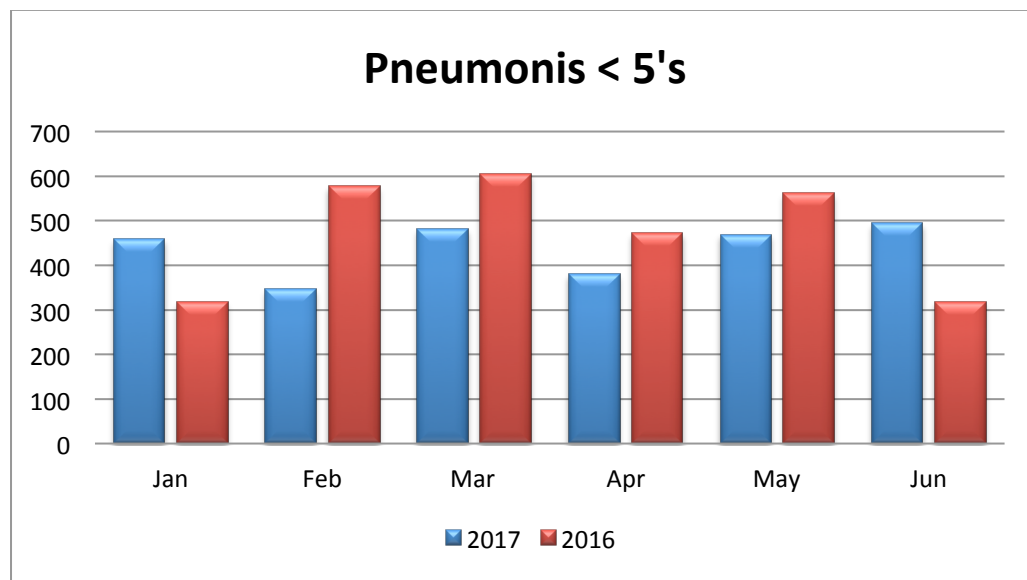
Fig 2: Timeliness of Health Facilities



2.0 PUBLIC HEALTH IMPORTANT DISEASES, CONDITIONS SURVEILLANCE AND EVENTS

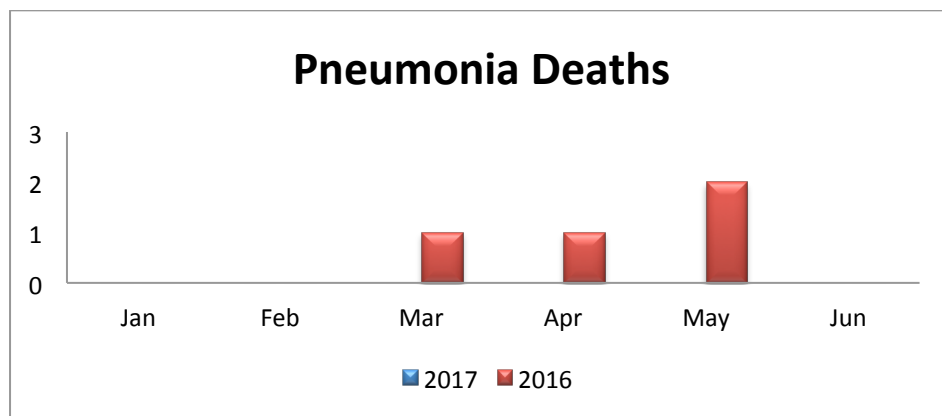
2.1 Pneumonia

Figure 3: Total Pneumonia Cases in Under-5s in Botswana, 2017



There were 494 total under 5 pneumonia reported cases in June 2017 whereas 317 cases were reported for June 2016. This makes 2016 to have the least compared to the month of May.

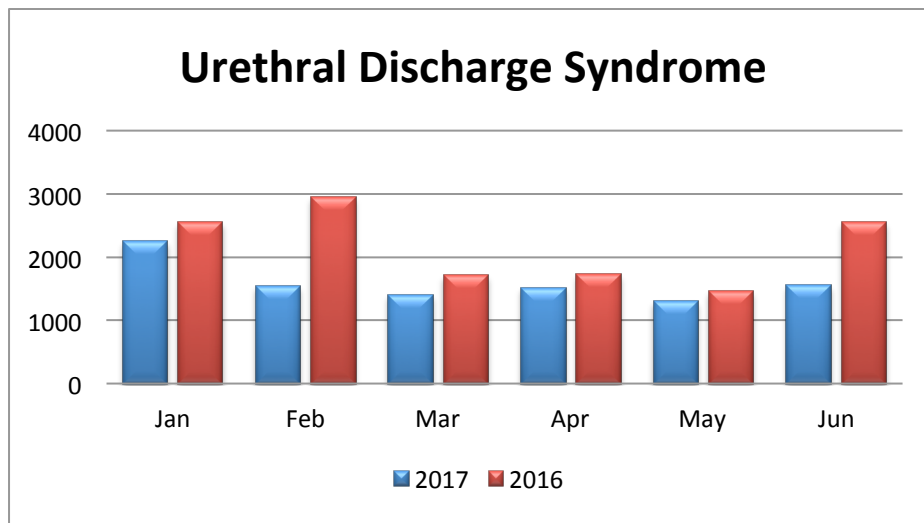
Fig: 3.1 Pneumonia Deaths 2017 vs. 2016



There were 0 cases of pneumonia deaths reported for 2017 and 2016

2.3 Urethral Discharge Syndrome

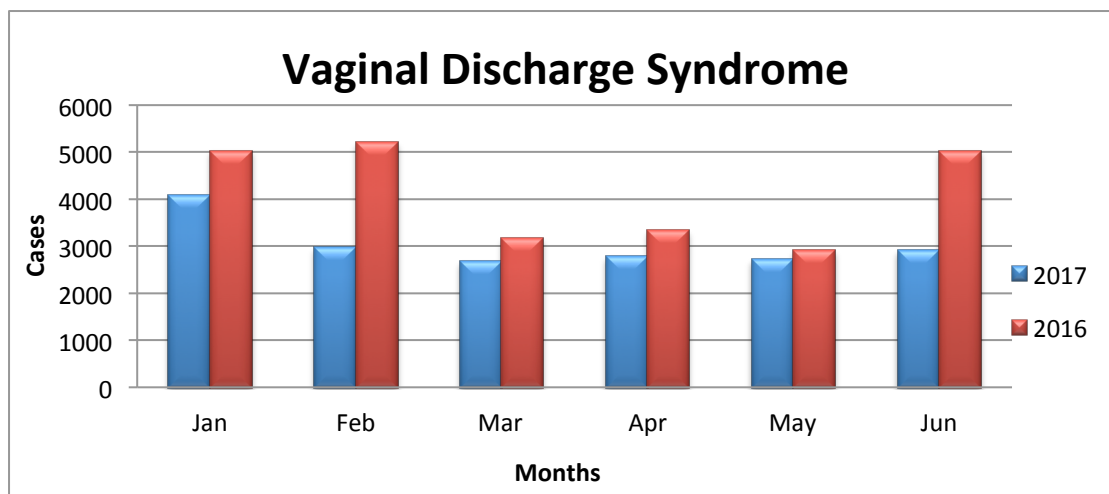
Figure 4: Urethral Discharge Syndromes in Botswana, 2017



A total of 1556 cases of urethral discharge syndrome have been recorded in June 2017 whereas June 2016 recorded 2544 cases.

2.4 Vaginal Discharge Syndromes

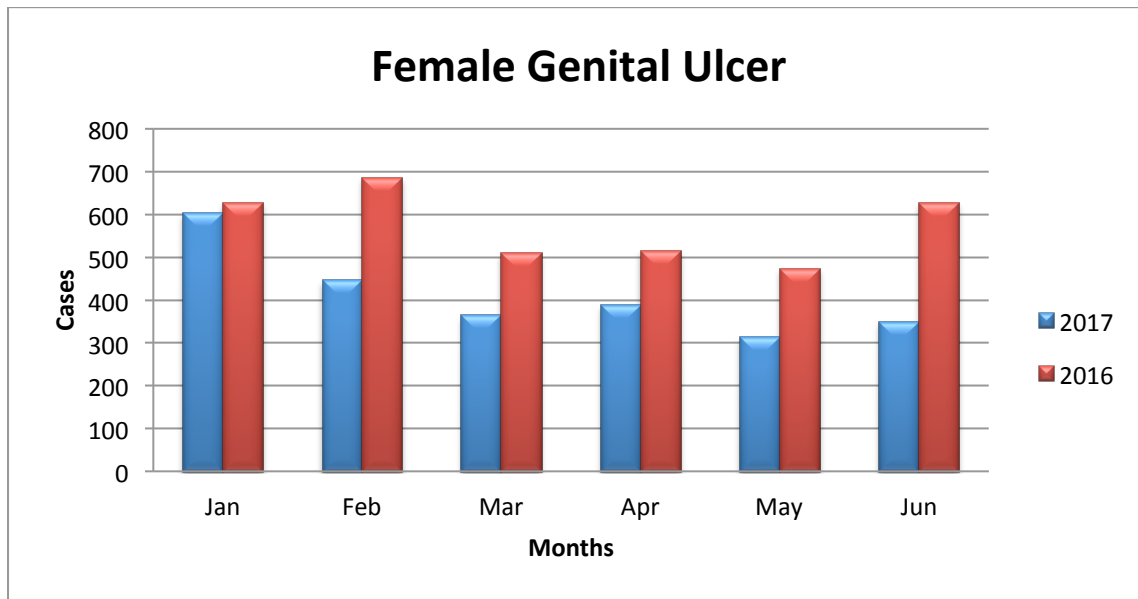
Fig 5: Vaginal Discharge Syndrome in Botswana, 2017



June 2017 recorded cases of 2910 whereas June 2016 recorded 5032 cases.

2.5. Female Genital Ulcer Syndrome

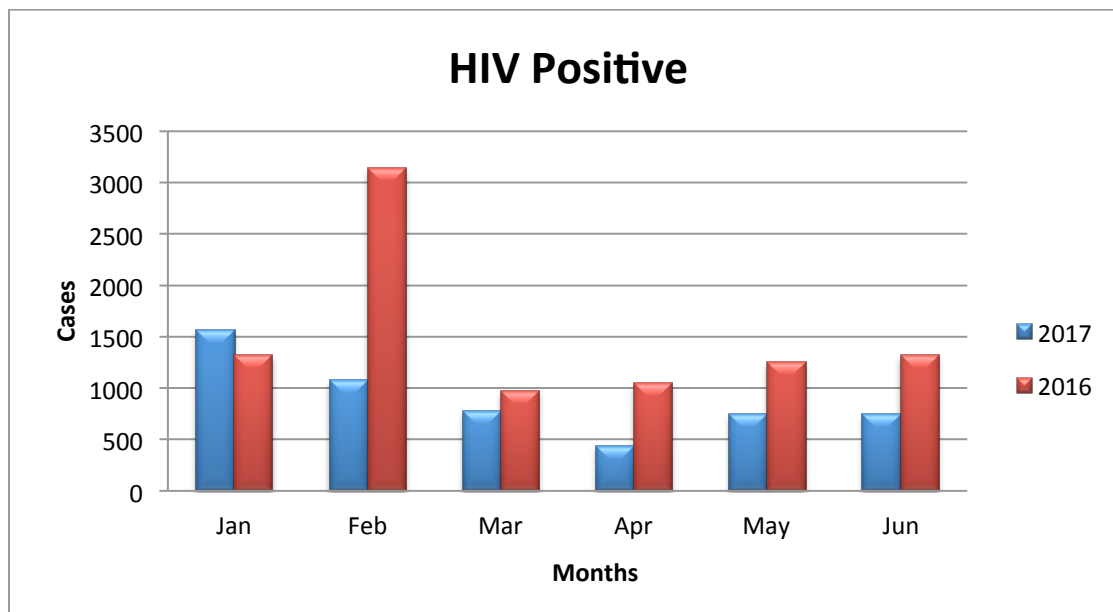
Fig 6: Female Genital Ulcer Syndrome in Botswana, 2017



June recorded 350 cases for 2017 whilst 628 cases were recorded for June 2016.

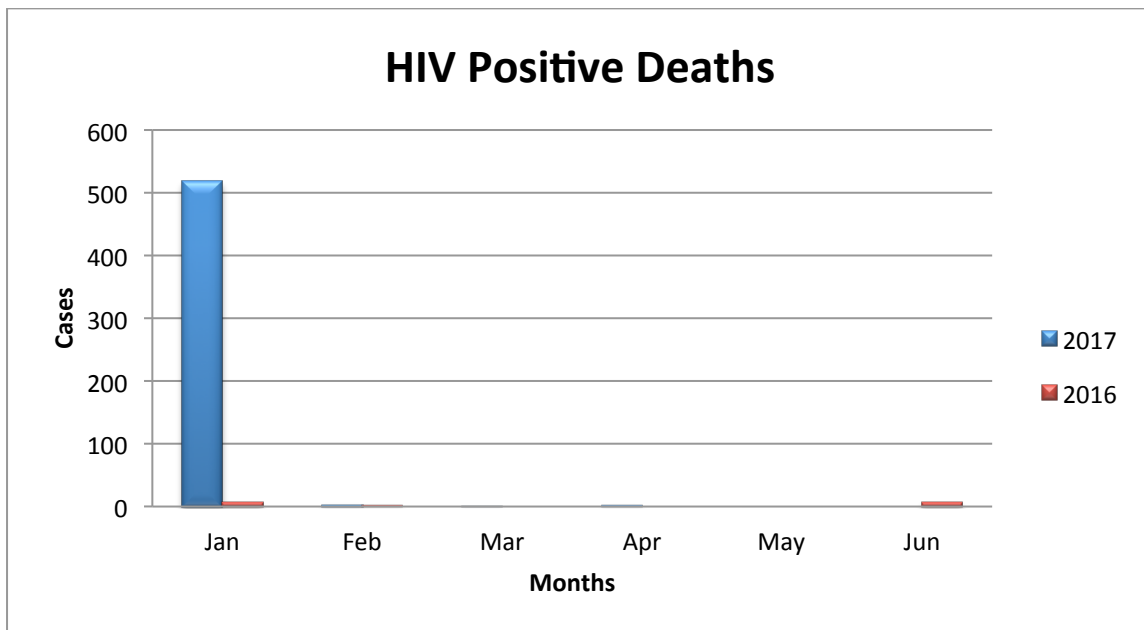
2.6. HIV positive

Fig 7: shows HIV positive in Botswana, 2017



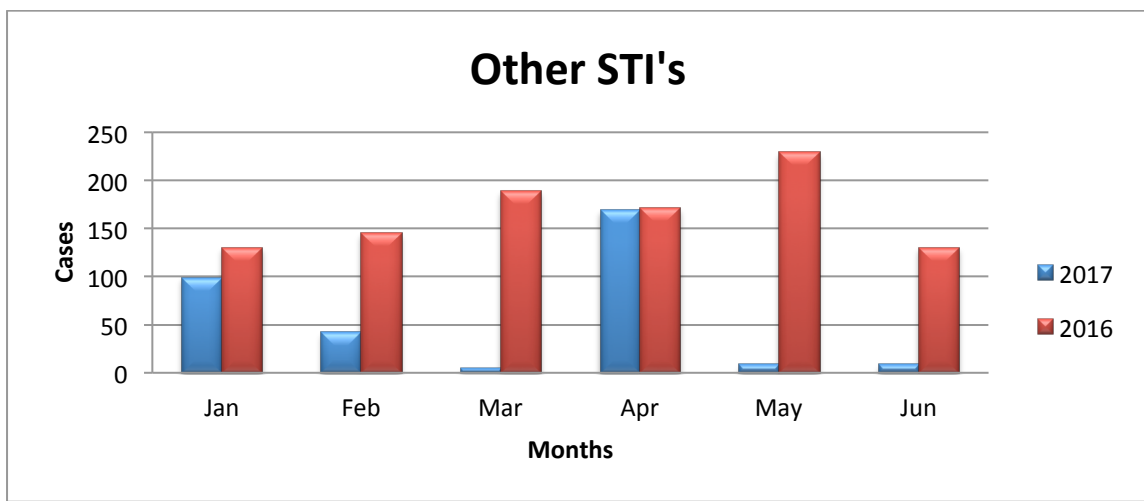
The month of June 2017 recorded 743 with 0 deaths whilst June recorded 1319 cases in 2016 with 7 deaths.

Fig: 7.1 HIV Positive deaths in Botswana



2.7. Other STI's cases

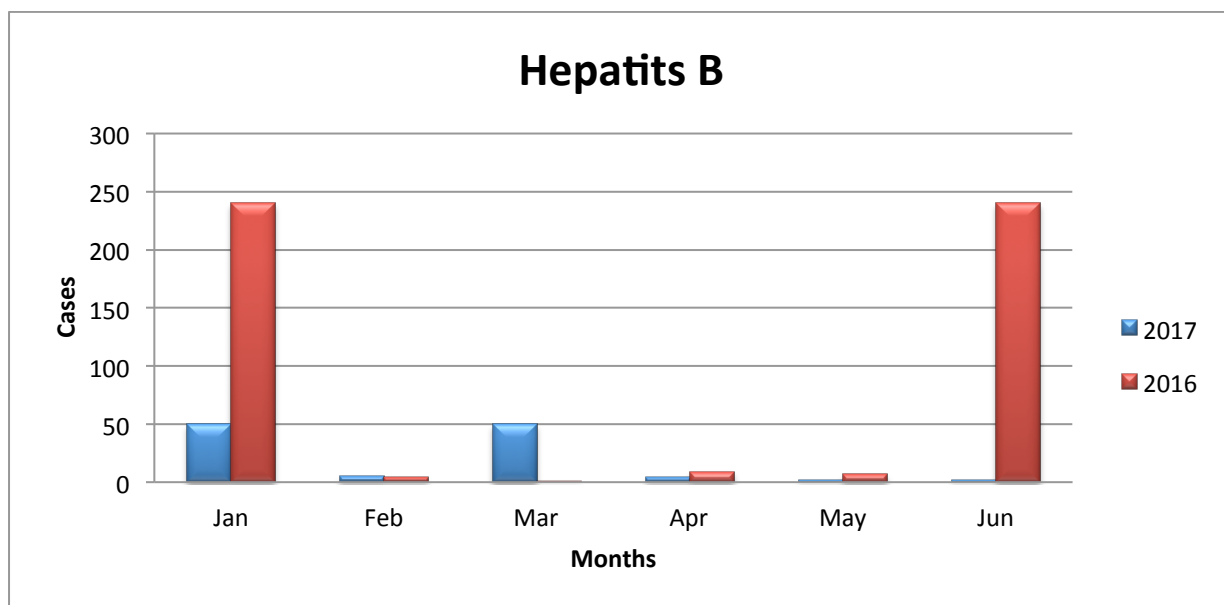
Fig 8: Other STI's in Botswana, 2017



A total of 9 cases of Other STI's were recorded in June compared to 130 cases reported in June 2016.

2.8. Hepatitis B cases

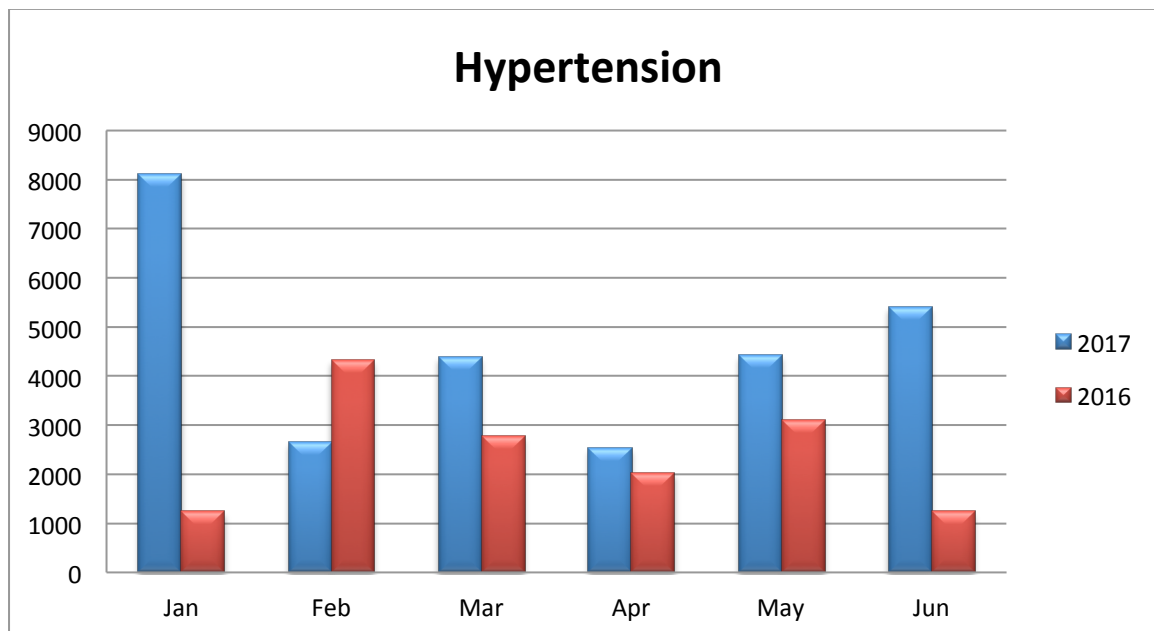
Fig 9: Shows cases of Hepatitis B in Botswana, 2017



A total of 2 cases of Hepatitis B were recorded in June 2017 compared to 240 cases reported in June 2016.

2.9. Hypertension cases

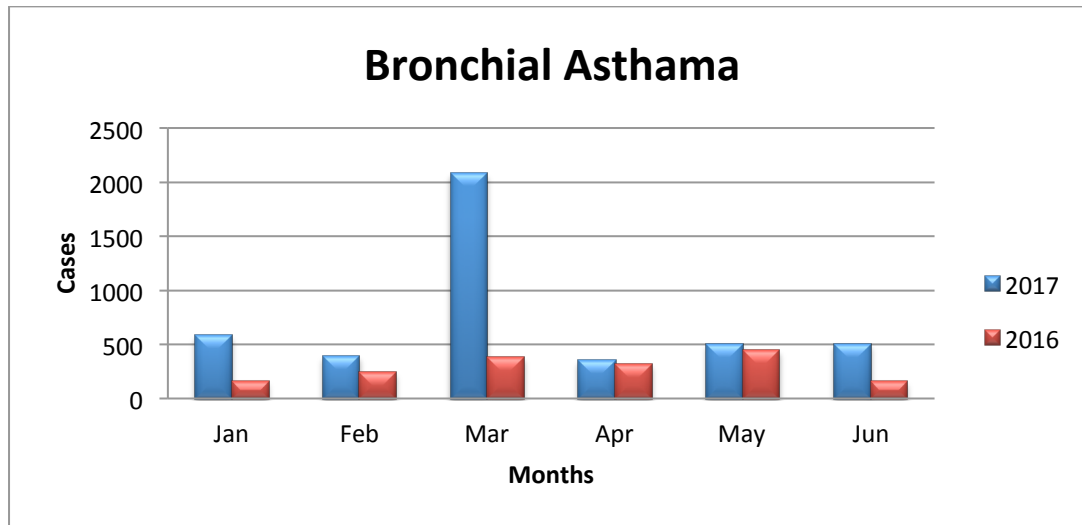
Fig 10: Hypertension in Botswana, 2017



A total of 5405 cases of Hypertension were recorded in the month of June 2017 compared to 1239 cases reported in June 2016.

2.10. Bronchial Asthma cases

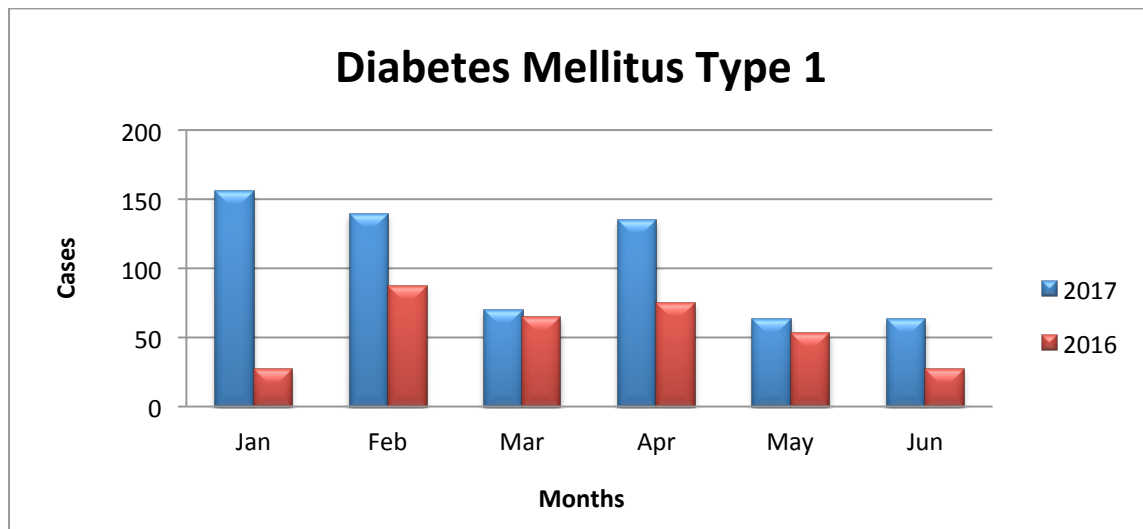
Fig 11: Bronchial asthma in Botswana, 2017



A total of 506 cases of Bronchial Asthma were recorded in June 2017 compared to 160 cases reported in June 2016. That leaves 2016 to have the least number of cases in the month of June 2016.

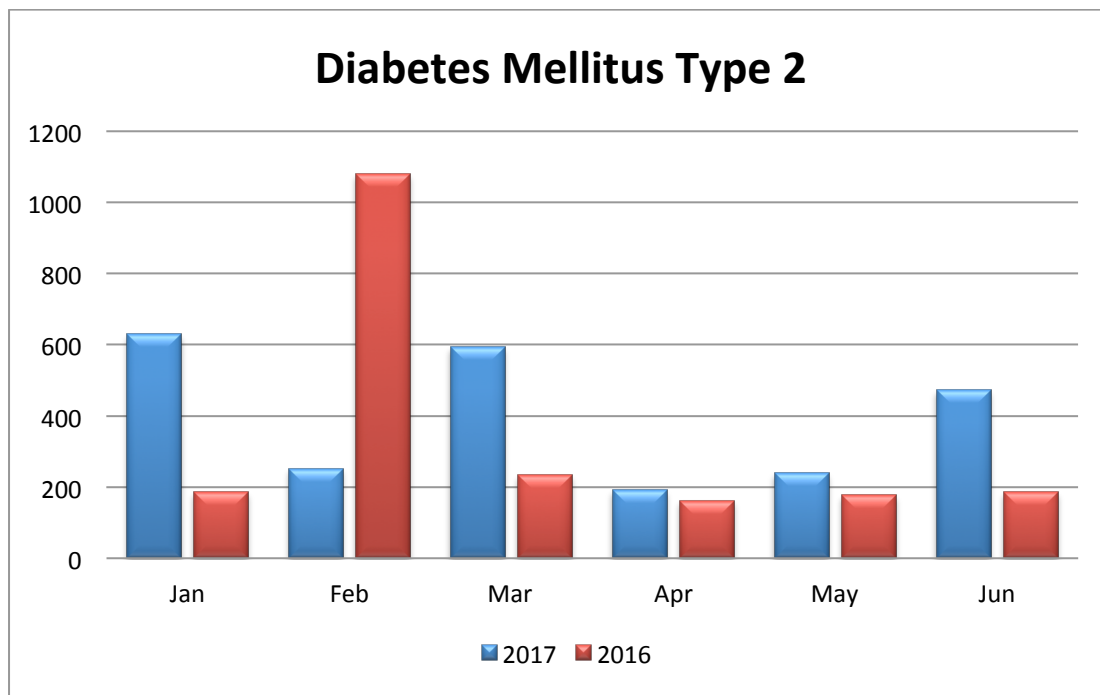
2.11. Diabetes Mellitus

Fig 12: Diabetes Mellitus type 1 in Botswana, 2017



June 2017 recorded 63 cases whilst June 2016 has recorded 27 cases of diabetes Mellitus type 1.

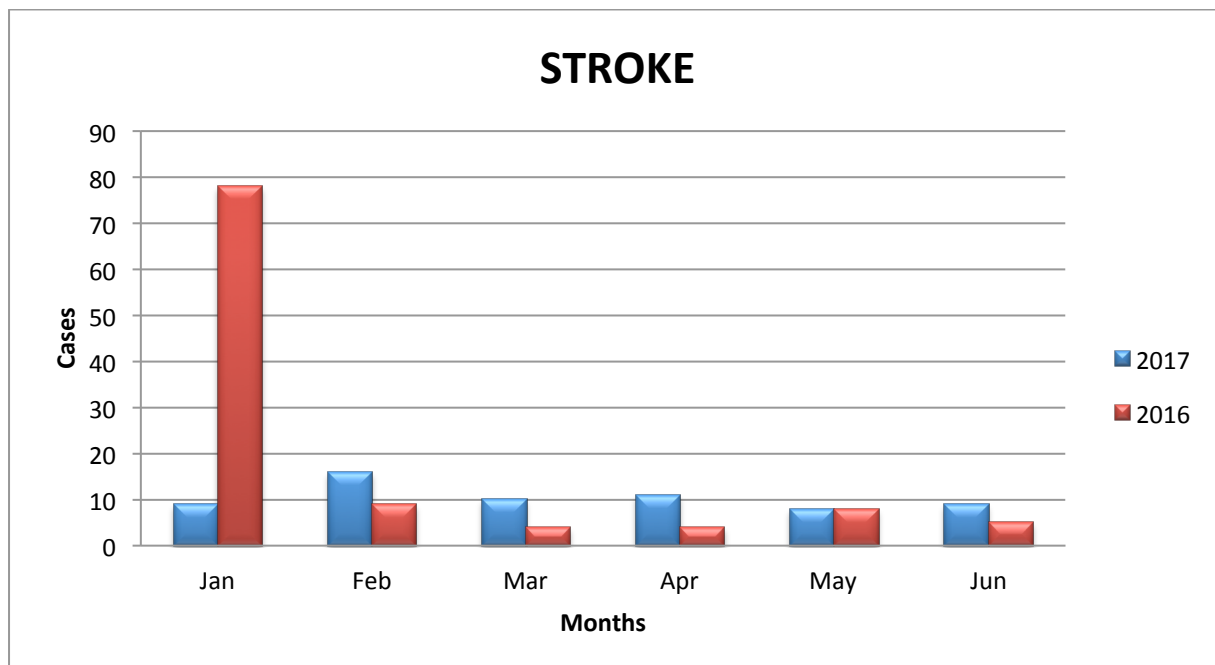
Fig 12.1: Diabetes Mellitus type 2 in Botswana, 2017



June 2017 recorded 473 of cases whilst June 2016 recorded 185 cases.

2.12. Stroke cases

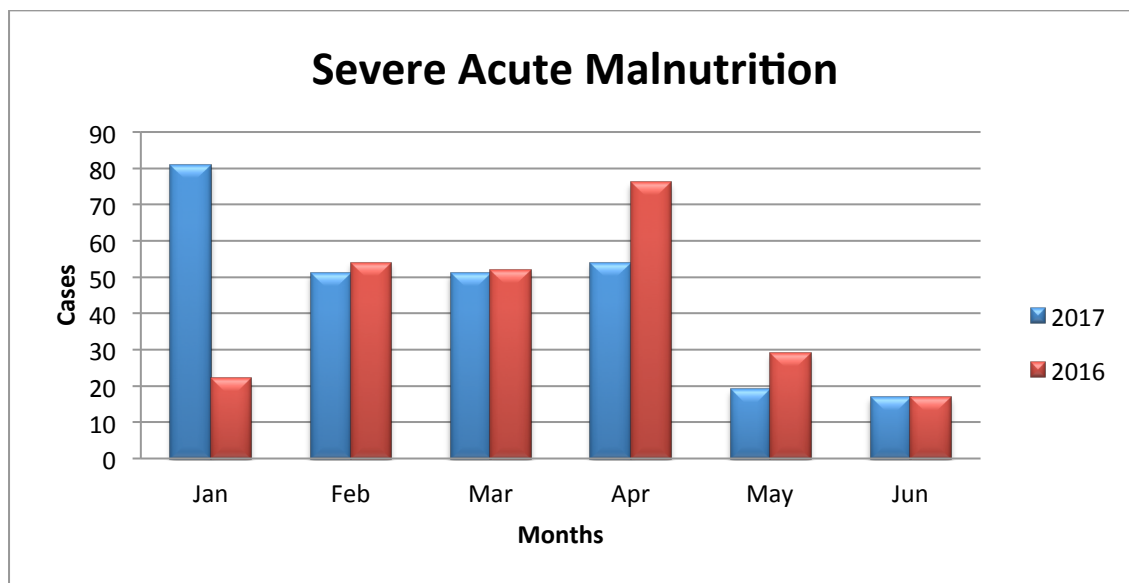
Fig 13: Stroke in Botswana, 2017



9 cases were recorded in June 2017 whilst June 2016 recorded 5 cases in 2016.

2.13. Severe Acute Malnutrition cases

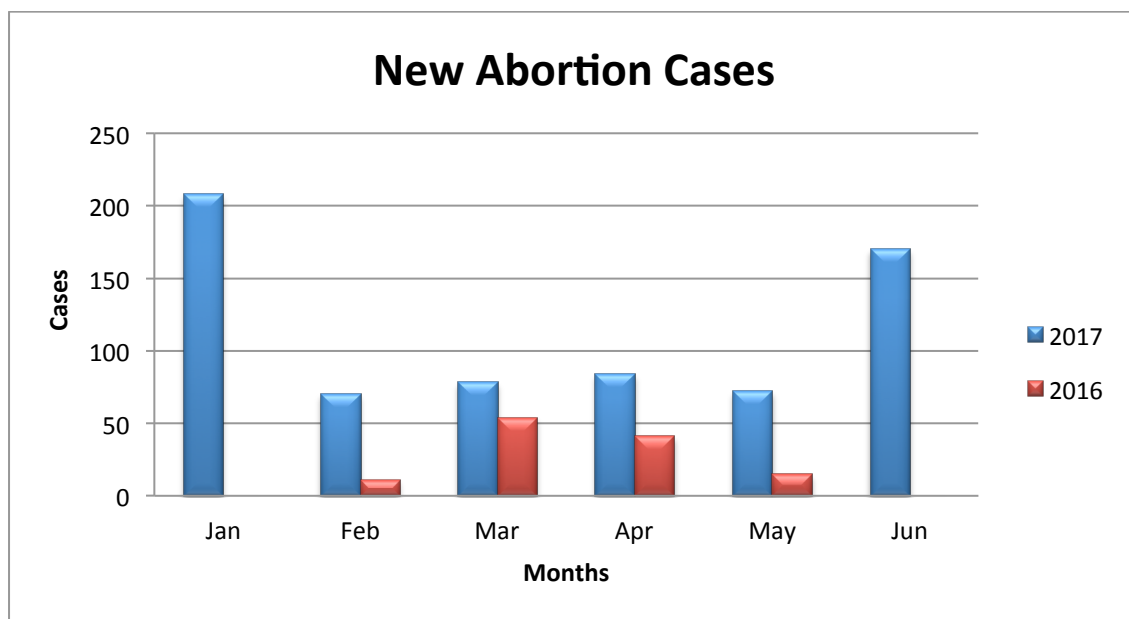
Fig 14: Severe acute Malnutrition cases in Botswana, 2017



The month of June recorded 17 cases whereas June 2016 recorded 17 cases.

2.14. Abortion

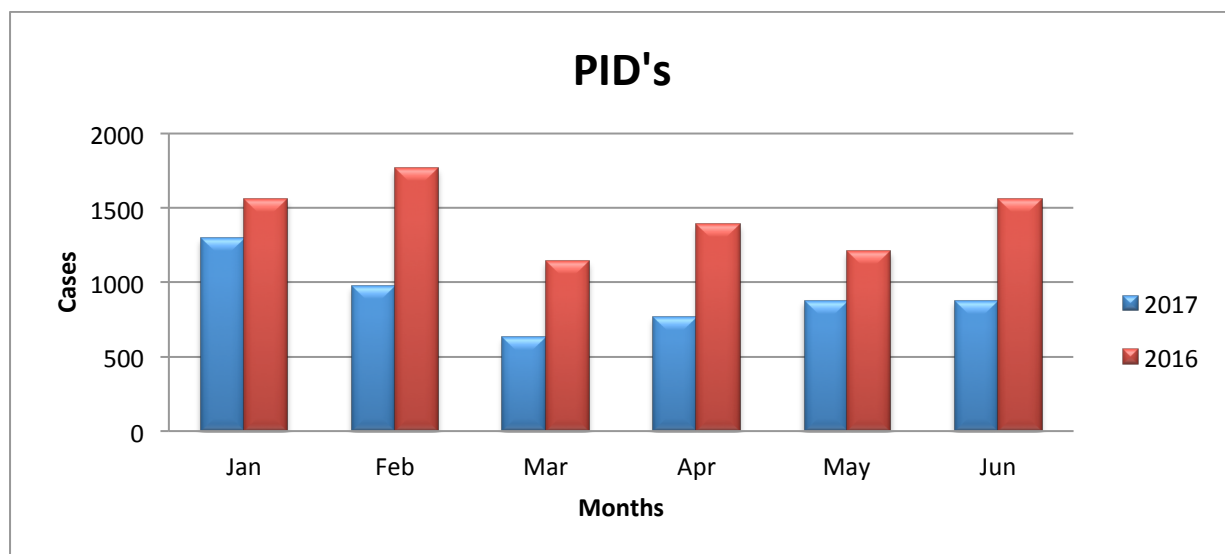
Fig 15: Abortion in Botswana, 2017



A total of 170 cases of New Abortion cases were recorded in June 2017 compared to 0 cases reported in June 2016. That leaves 2017 to have the highest number of cases.

2.15. PID cases in Botswana, 2017

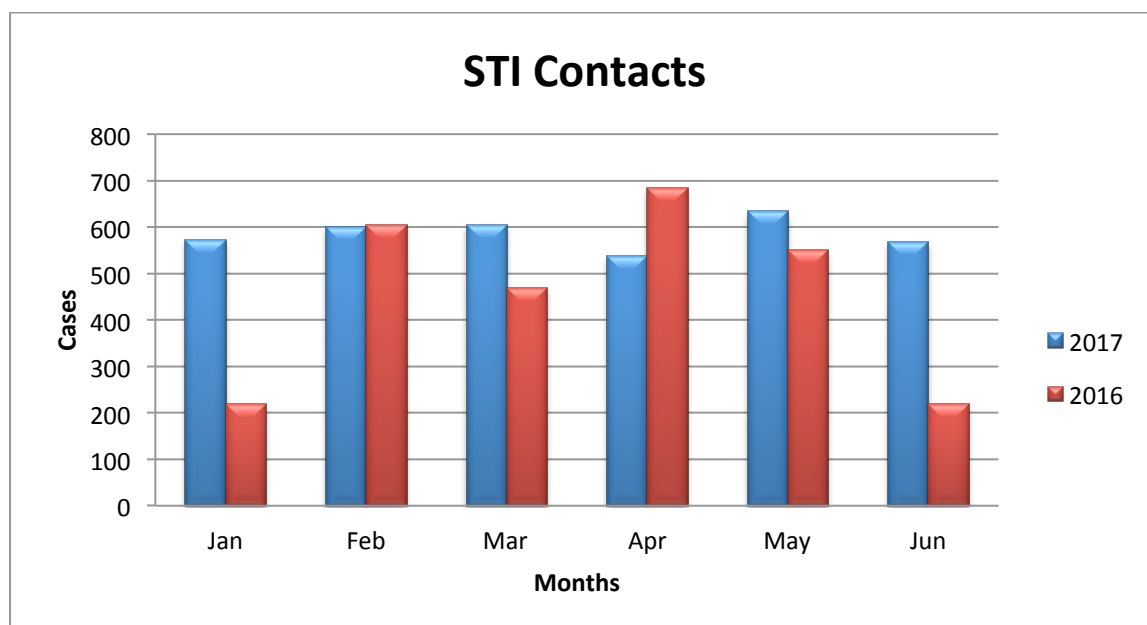
Fig 16: PID in Botswana, 2017



A total of 875 PID cases were recorded in June 2017 compared to 1558 cases reported in June 2016. That leaves 2017 to have the least number of cases.

2.16. STI Contacts

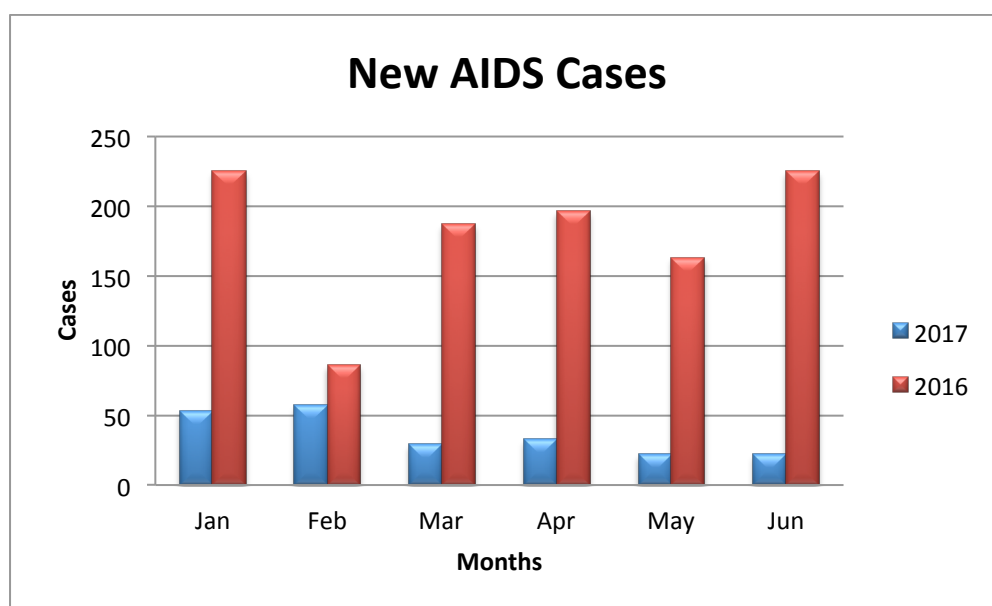
Fig 17: STI Contacts in Botswana, 2017



A total of 568 cases of STI Contacts cases were recorded in June 2017 compared to 219 cases reported in June 2016. That makes June 2017 to have the highest number of cases.

2.17. New AIDS

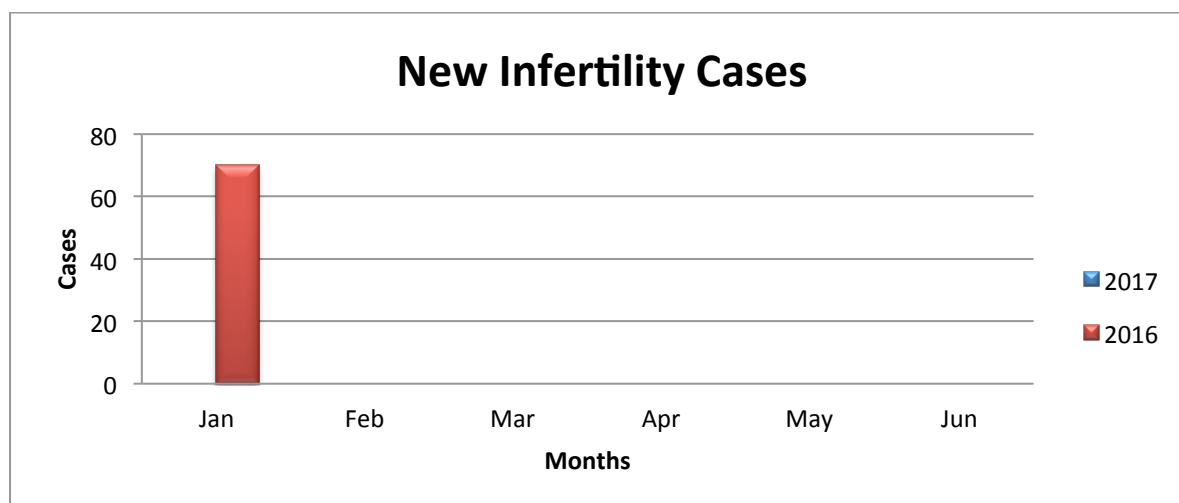
Fig 18: New AIDS Cases in Botswana, 2017



A total of 22 cases of New AIDS cases were recorded in June 2017 compared to 225 cases reported in June 2016.

2.18. New Infertility

Fig 19: New Infertility Cases in Botswana, 2017



A total of 0 cases of new infertility cases were recorded in June 2017 and 2016.

This is a monthly report of Notifiable Diseases, Deaths and Public Health events in Botswana. Reports are received from 28 health districts on a weekly basis. **Deadline for submission of reports from the district to the central level is *last day of the month*.** The contacts at National Level are the following member of the IDSR unit;

Dr. Nesredin Jami	Tel: 3632397	email: nesredin@gmail.com
Dr. Ratshipa	Tel: 3632140	email: ratshipa@gmail.com
Ms Tshepo Matlho	Tel: 3632264	email: tshepomatlho@gmail.com
Tlhongbotho Kebofe	Tel: 3632143	email: bothokebofe@gmail.com

NB: FOR THOSE EMAILING REPORTS PLEASE COPY (cc) THEM TO idsrbotswana@gmail.com

Or Fax them to [3910327](tel:3910327).

Public Health Specialist/ MOs/ Matrons/CHNS and officers in charge should make sure that they have reviewed and endorsed the weekly reports before sending them to the central level. This will assist in utilization of this data for action at the source and help reduce errors and misreporting.