

MINISTRY of HEALTH
REPUBLIC OF BOTSWANA

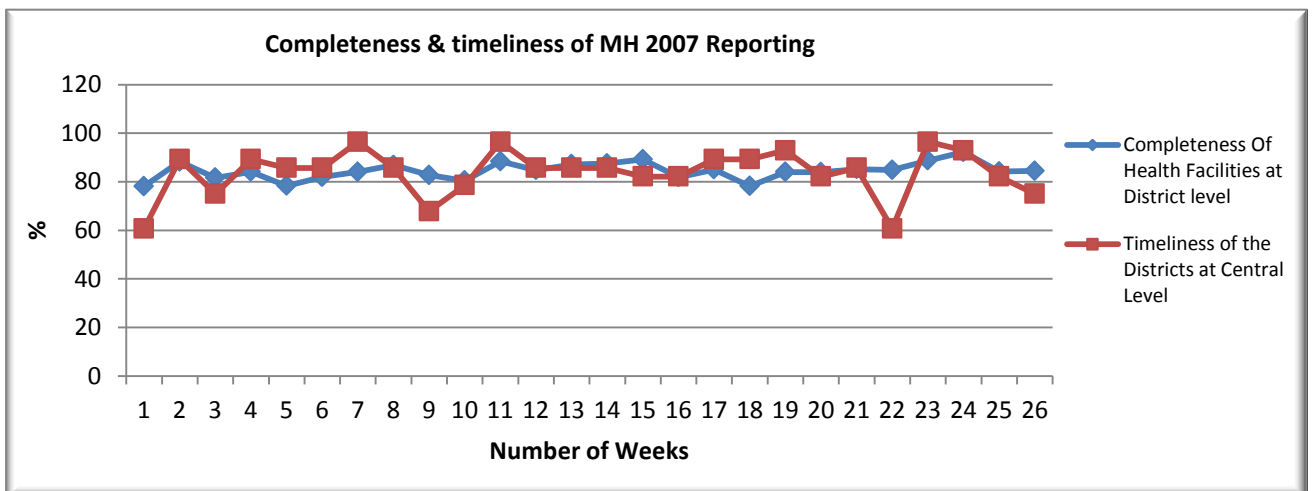
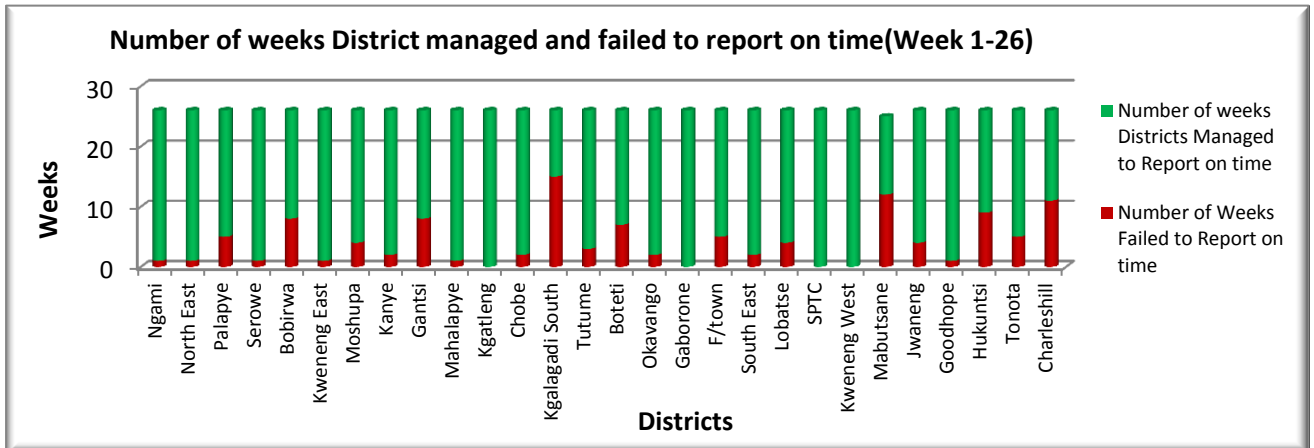
Republic of Botswana
Botswana Integrated Disease Surveillance & Response

26 [Week ending 28/06/14]

- The total number of Diarrhoea cases is below the national Alert threshold; therefore districts are urged to be vigilant in their surveillance activities to detect any unusual increases.
- 1 confirmed malaria case has been reported for week 26 with no deaths. Districts are therefore advised to report malaria cases as immediately Notifiable via case based reporting forms and investigate each and every confirmed case.

1.0 Reporting of the MH 2007 Weekly Report of Notifiable Diseases (Week 26)

Figure 1 and 2: Consistency in reporting and Quality of reporting of MH2007



Completeness and Timeliness of reporting at DHMT:

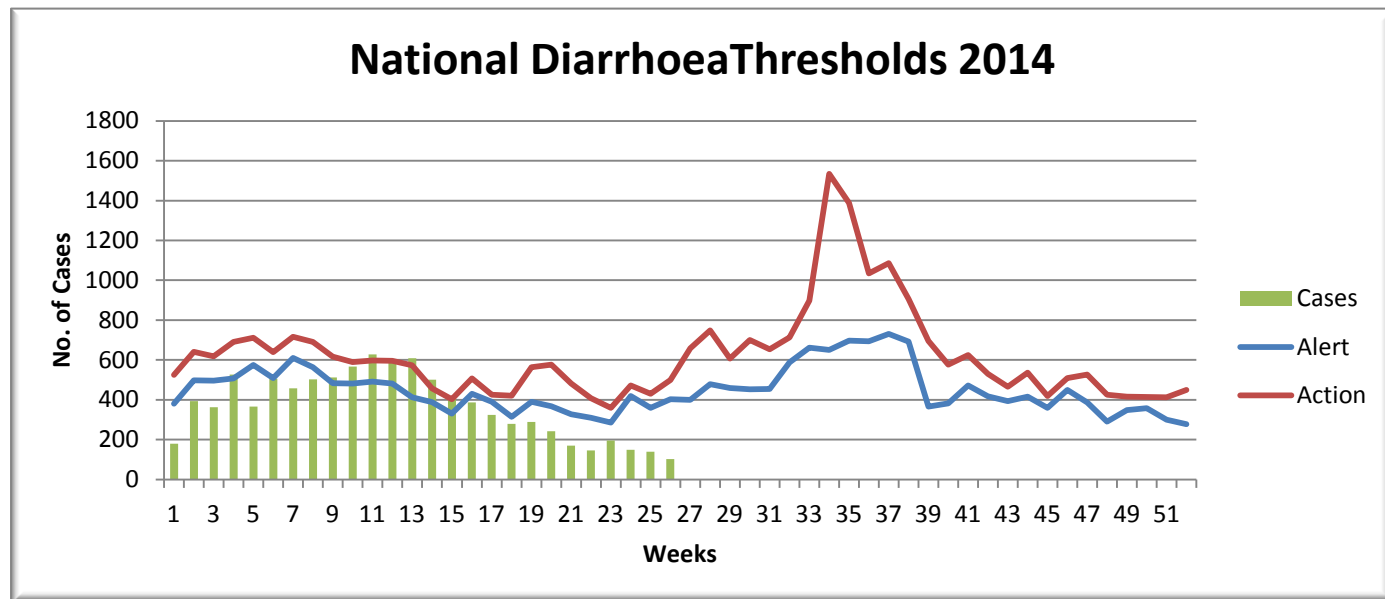
Proportion of facilities submitting surveillance reports on time to the district level for week 26: **84.4%**

Number of districts with a completeness of 100% for week 26: **8**

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

Timeliness at National Level: Out of the 28 districts, 21 districts reported on time. This left the timeliness of district reporting at 75%. 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.

2.0 National < 5 Diarrhoea Threshold-2014



Diarrhoea surveillance week 26

<Diarrhoea cases reported for week 26: **103**

<Diarrhoea deaths reported for week 26: **0**

Fig 3: Trends of <5 Cases and Deaths of Diarrhoea in Botswana- Week 1-26, 2014.

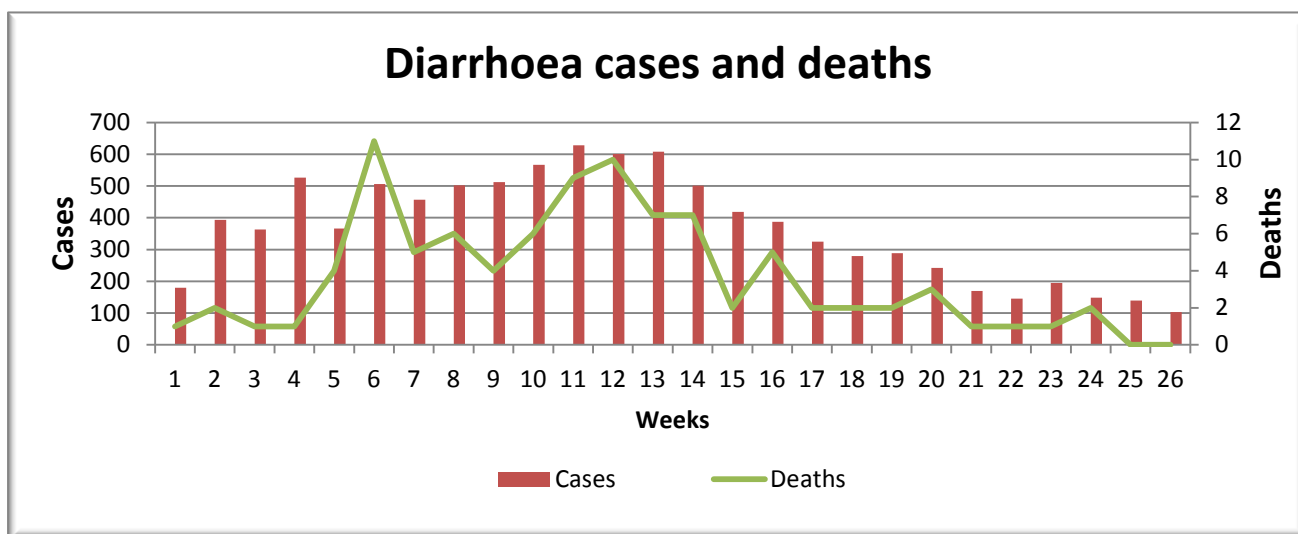


Fig 4: Trends of Diarrhoea Cases per Districts Week 25 & 26, 2014.

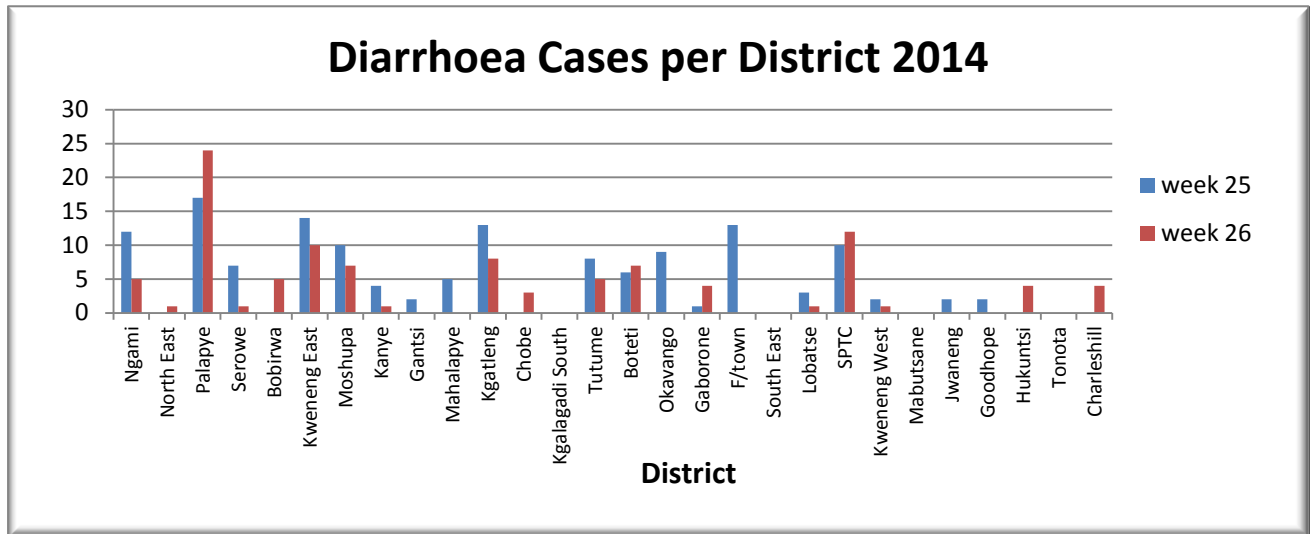
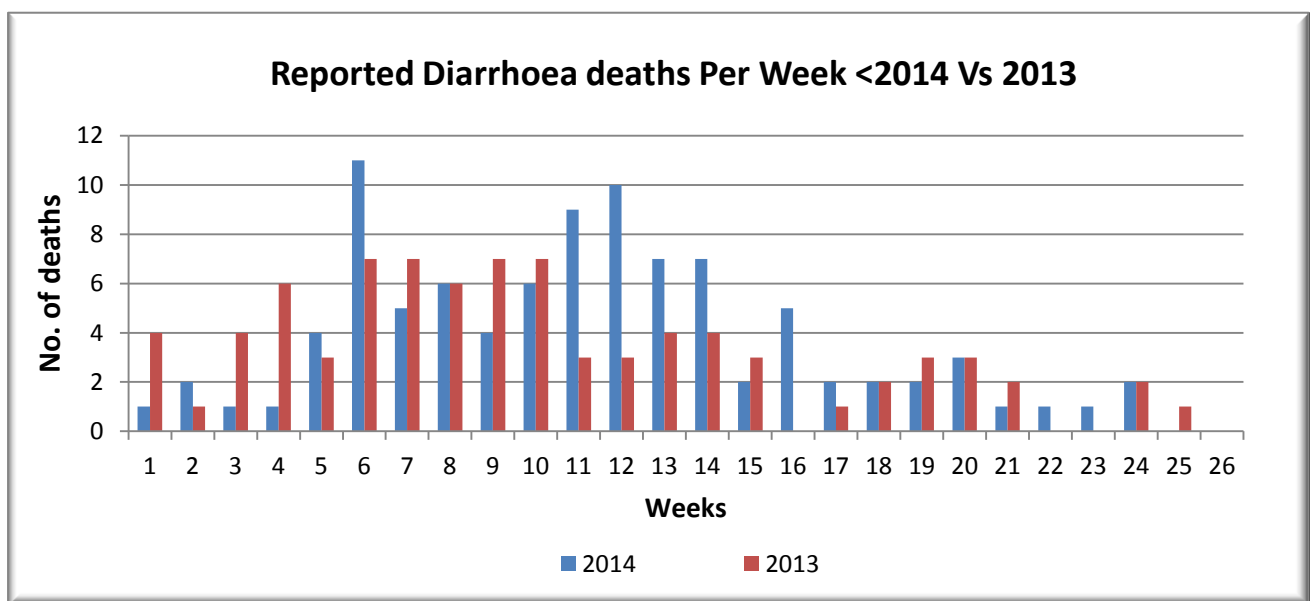
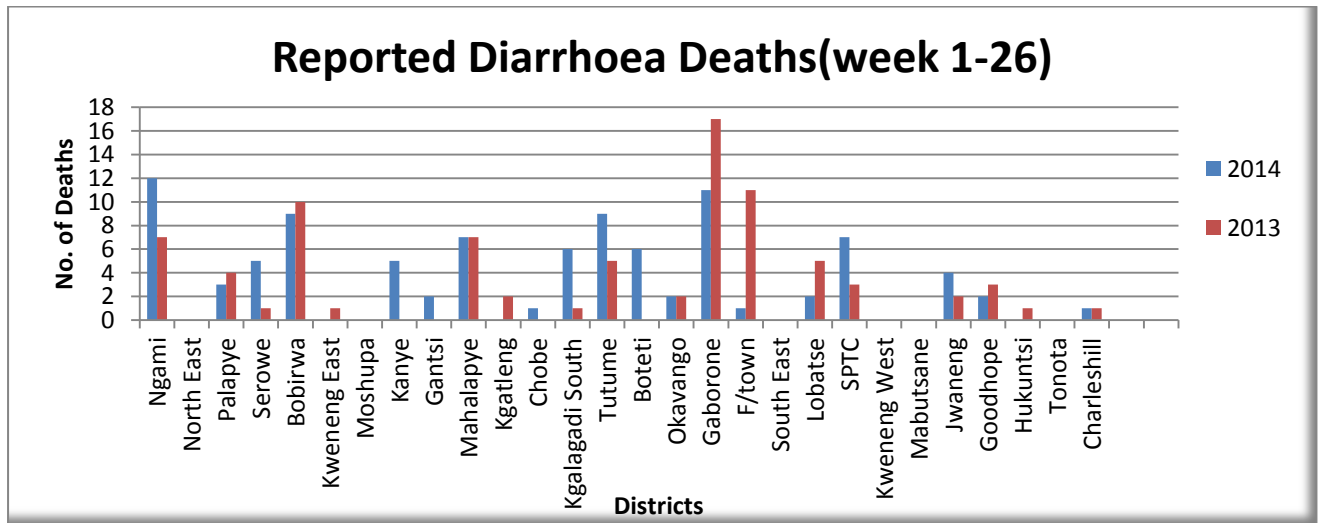


Fig 5: Trends of Diarrhoea Deaths per Districts Week 1-26, 2013-2014

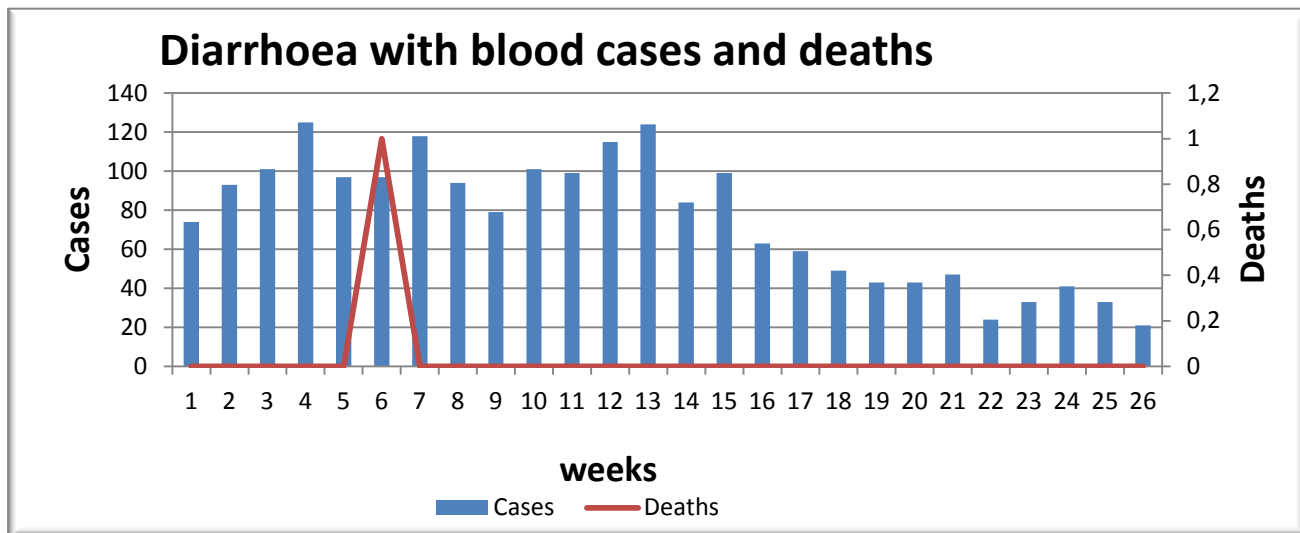


4.0 Diarrhoea with Blood (Cases and Deaths)-Week 26

Diarrhoea with blood cases reported for week 26: 21

Diarrhoea with blood deaths reported for week 26: 0

Fig 6:Trends of Cases and Deaths of Diarrhoea with Blood in Botswana- 2014



5.0 Malaria surveillance in 2014

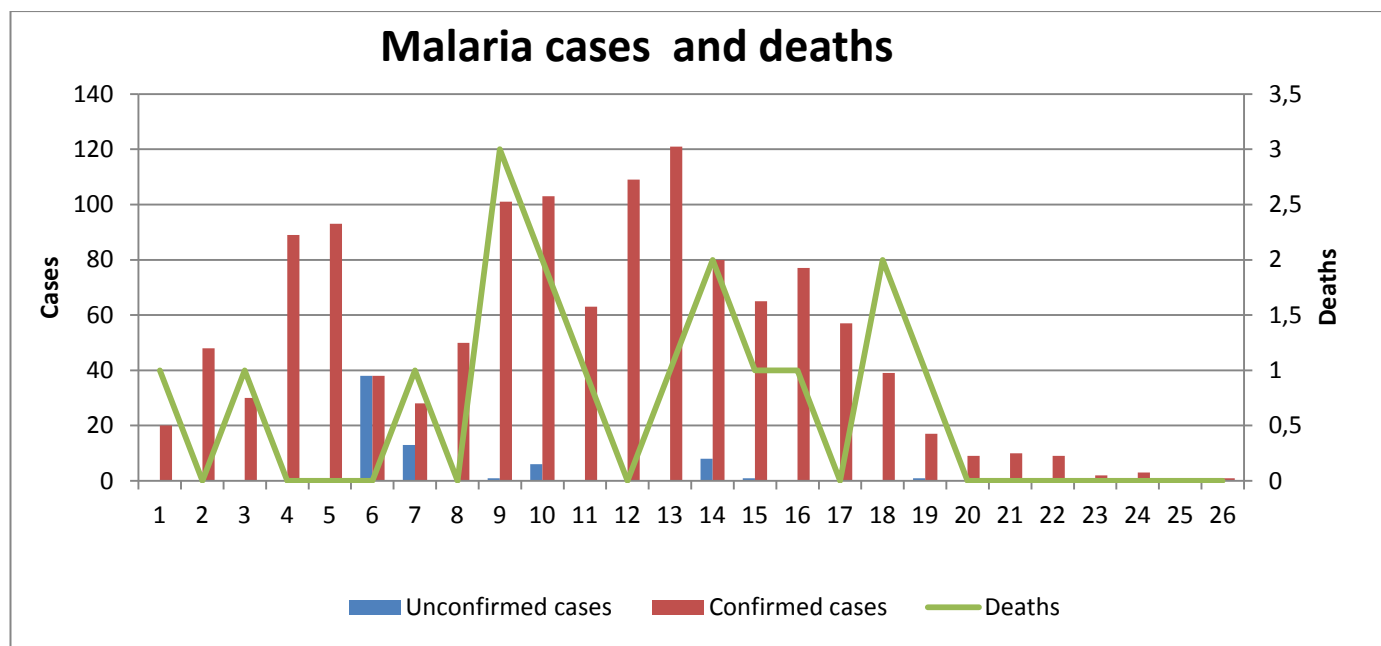
Unconfirmed cases for week 26: 0

Confirmed cases for week 26: 1 (Tutume 1)

Deaths for week 26: 0

We encourage malaria endemic and non-malarious districts to test all their suspected malaria cases.

Fig 7: Trends analysis of Malaria in Botswana- 2014



6.0 Suspected Measles Cases

Suspected Measles cases for week 26: 59

All districts suspecting measles cases should collect random samples (serum) for testing.

Districts are advised to report their cases through a line list and send this line list weekly by noon on every Wednesday to the IDSR unit via email or fax. Contact details are specified at the end of this report.

Fig 8: Trends of analysis Suspected Measles Cases and Deaths in Botswana

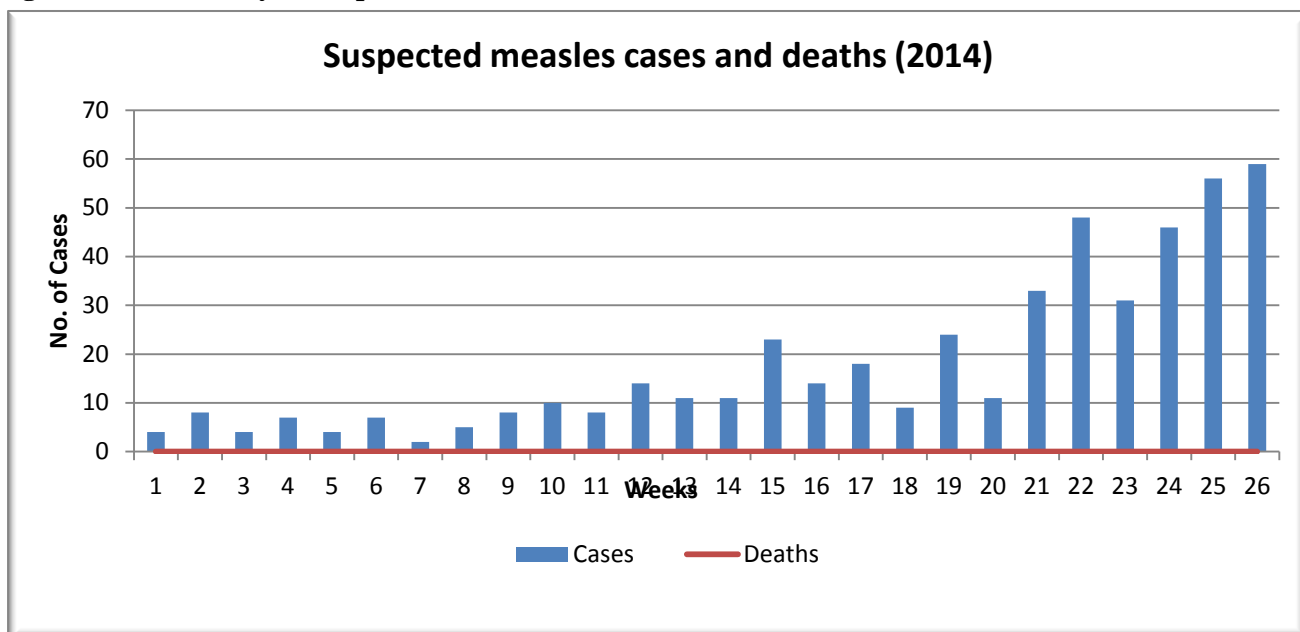
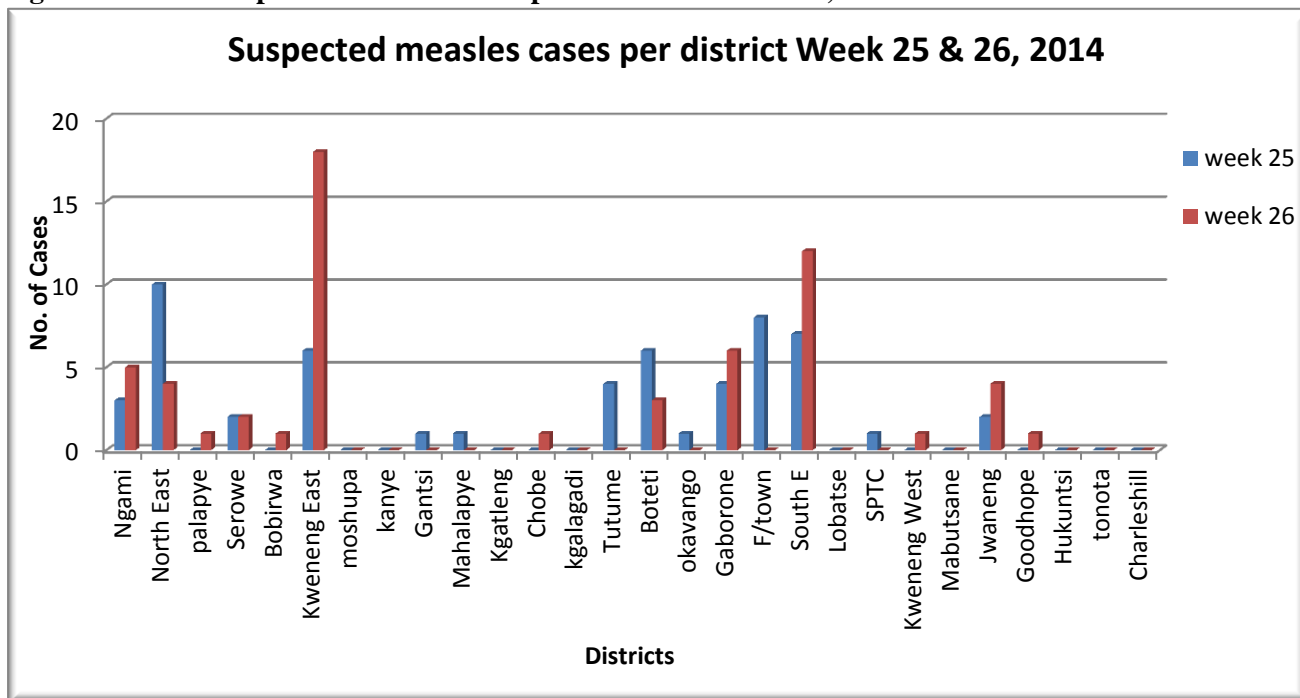


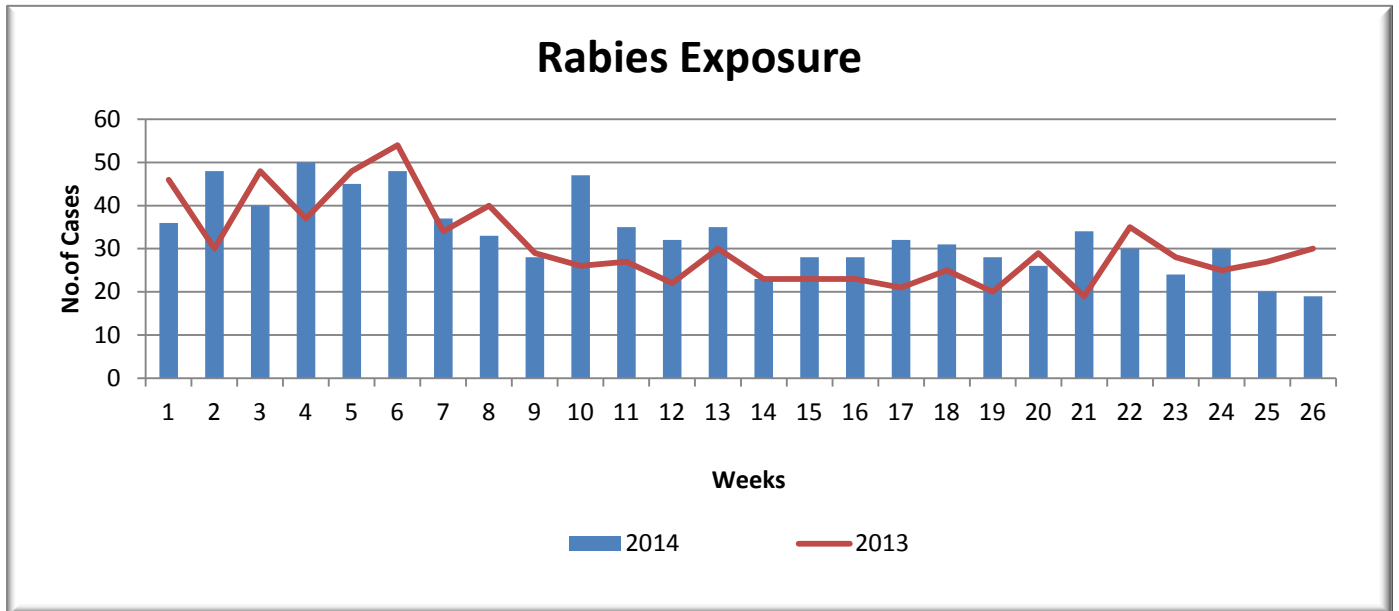
Fig 9: Trends of Suspected Measles Cases per Districts Week 1-26, 2014



7.0 Rabies Exposure Cases: 2013-2014

Rabies exposure cases for week 26: 19

Fig 10: Trends of analysis Rabies exposure cases in Botswana: 2013-2014



This is a weekly 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 districts to the central level is *Wednesday at 1200 noon*.** The contacts at National Level are the following members of the IDSR unit;

Dr. Nesredin	Tel: 3632397	email: nesredin@gmail.com
Dr Ratshipa	Tel: 363 2140	email: ratshipa@gmail.com
Mr. Bagapi	Tel: 3632487	email: kbagapi@gov.bw or tbagapi@gmail.com
Ms Ramontshonyana	Tel: 3632264	email: rkehumile@ymail.com
Mr. Morewagae	Tel: 3632143	email: okmmorewagae@yahoo.co.uk

NB: FOR THOSE EMAILING REPORTS PLEASE COPY (cc) THEM TO idsrbotswana@gmail.com
Or Fax them to **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.