





Republic of Botswana BotswanaIntegratedDiseaseSurveillance& Response

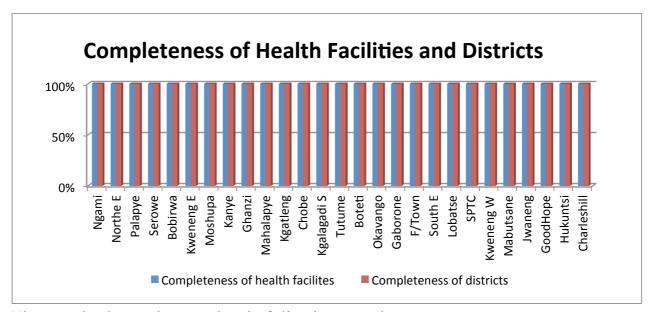
MONTH ENDING MAY

This is a monthly report of Public Health important Notifiable Diseases, Conditions and Events in Botswana. Reports are received from 27 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 12:00 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 at Health Facilities and Districts Level

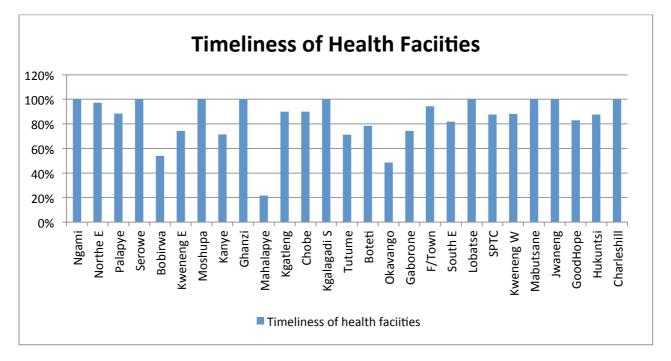


The graph above shows a level of district completeness.

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

1.2 TIMELINESS AT NATIONAL LEVEL: In May, a total of 25 districts of the 27 reporting districts reported on time. This left the timeliness of district reporting at 81 %. Palapye and Mahalapye reported late. We urge districts to be vigilant about sending monthly reports on time to the central level by the quickest means possible either by fax, email or phone.

Fig 2: Timeliness of Health Facilities

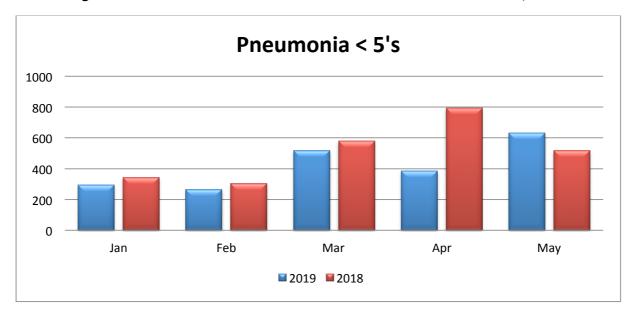


2.0 PUBLIC HEALTH IMPORTANT DISEASES, CONDITIONS AND EVENTS SURVEILLANCE

2.1 COMMUNICABLE DISEASES

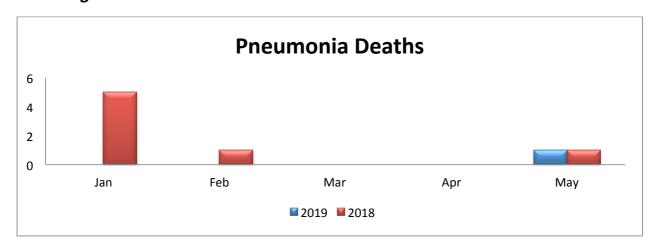
2.11Pneumonia

Figure 3: Total Pneumonia Cases in Under-5s in Botswana, 2019



There were 630 total under 5 pneumonia reported cases in May 2019 whereas 517 cases were reported in May 2018. Threrefore, there was a increase in cases in May 2019.

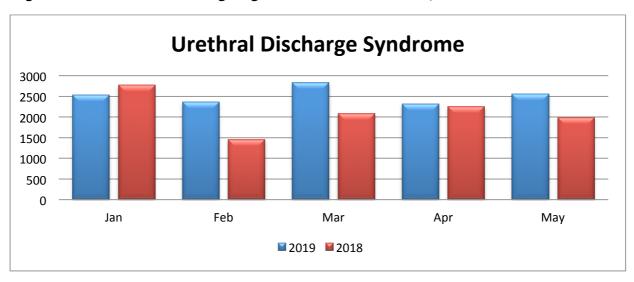
Fig: 3.1 Pneumonia Deaths 2019 vs. 2018



There was 1 pneumonia death case reported in May 2019 as well as in May 2018.

2.2 Urethral Discharge Syndrome

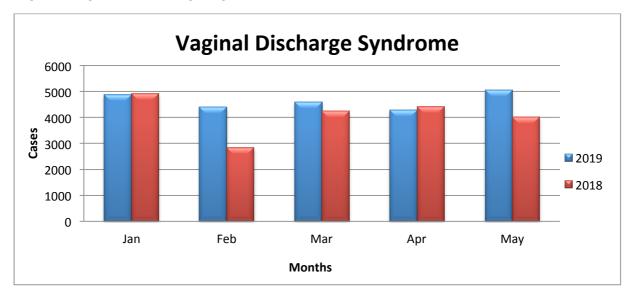
Figure 4: Urethral Discharge Syndromes in Botswana, 2019



A total of 2561 cases of urethral discharge syndrome have been reported in May 2019 whereas 1994 cases were reported in May 2018.

2.3 Vaginal Discharge Syndromes

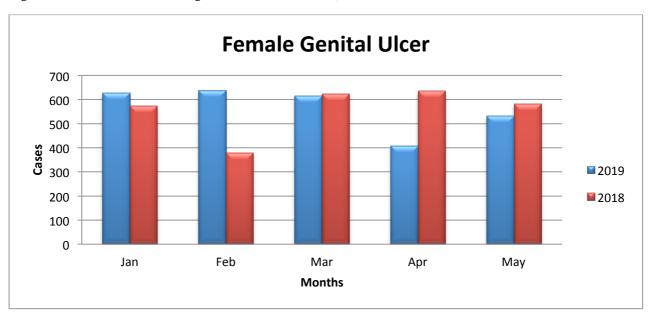
Fig 5: Vaginal Discharge Syndrome in Botswana, 2019



During the month of May 2019, a total of 5053 vaginal discharge syndrome cases were reported, whereas in May 2018 a total of 4014 cases were reported.

2.4. Female Genital Ulcer Syndrome

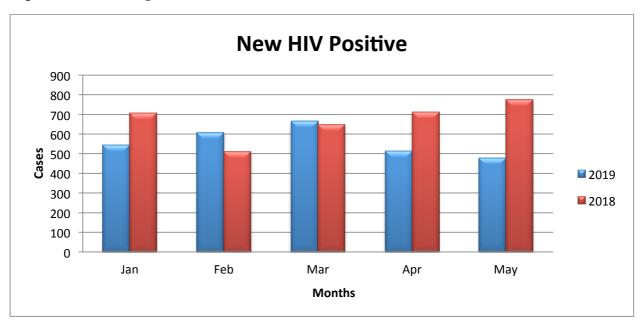
Fig 6: Female Genital Ulcer Syndrome in Botswana, 2019



A total of 531 cases of female genital ulcers were reported in May 2019 compared to 580 cases reported in May 2018.

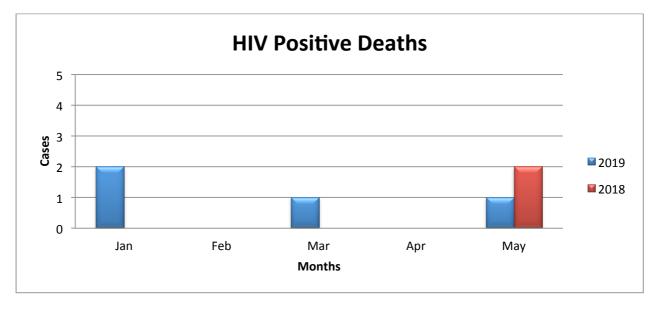
2.5. HIV positive

Fig 7: shows HIV positive in Botswana, 2019



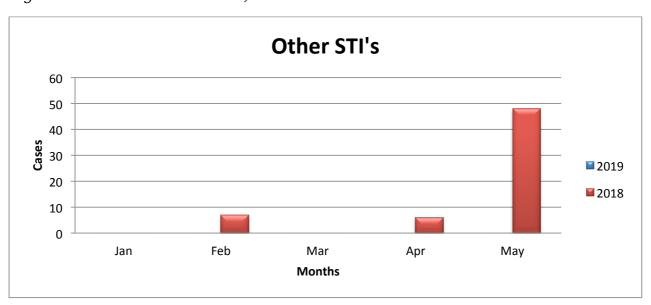
During the month of May 2019, a total of 479 new HIV positive cases with 1 death was reported, whilst in May 2018, 777 cases with 2 deaths were reported.

Fig: 7.1 HIV Positive deaths in Botswana



2.6. Other STI's cases

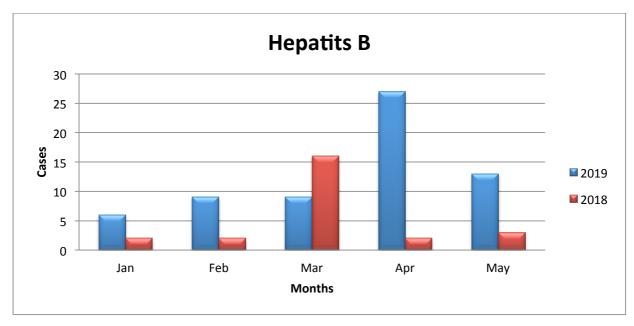
Fig 8: Other STI's in Botswana, 2019



There were 0 cases of Other STI reported in May 2019 compared to 48 cases reported in May 2018.

2.7. Hepatitis B cases

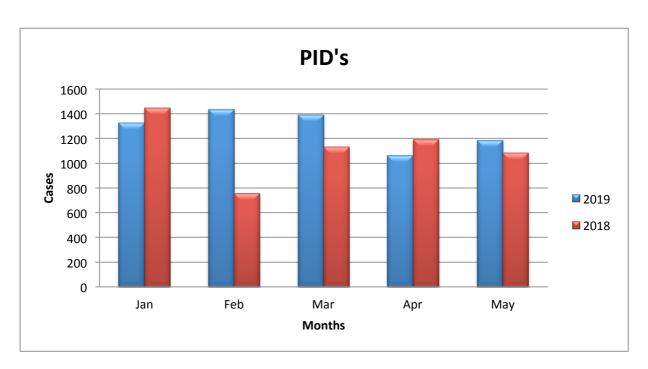
Fig 9: Shows cases of Hepatitis B in Botswana, 2019



There were 13 cases of Hepatitis B reported in May 2019 compared to 3 cases reported in May 2018.

2.8. PID cases in Botswana, 2019

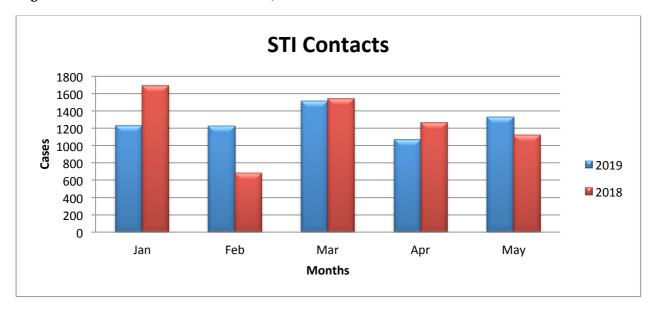
Fig 16: PID in Botswana, 2019



A total of 1183 PID cases were reported in May 2019 compared to 1085 cases reported in May 2018. Therefore, there was a decrease of cases in May 2019.

2.9. STI Contacts

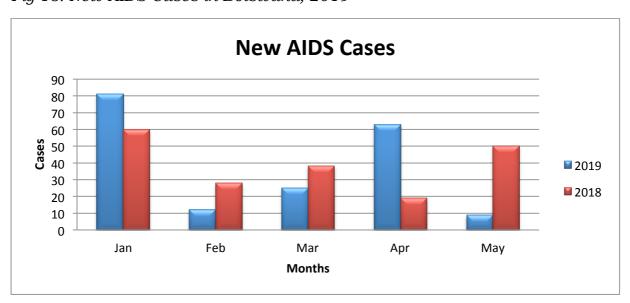
Fig 17: STI Contacts in Botswana, 2019



A total of 1332 cases of STI Contacts were reported in May 2019 compared to 1123 cases reported in May 2018.

3.0. New AIDS

Fig 18: New AIDS Cases in Botswana, 2019

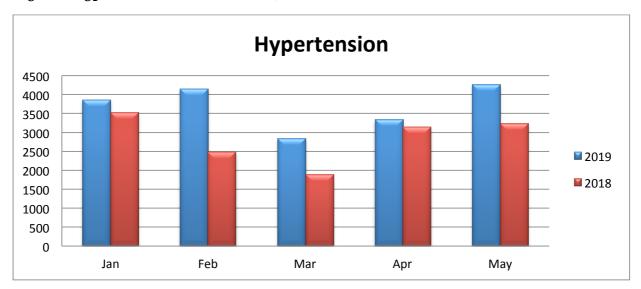


A total of 9 New AIDS cases were reported in May 2019 compared to 50 cases reported in May 2018.

4.0 NON COMMUNICABLE DISEASES

4.1 Hypertension cases

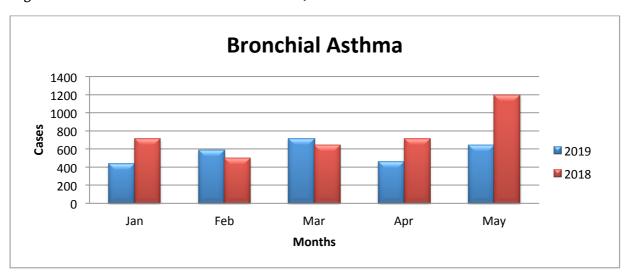
Fig 10: Hypertension in Botswana, 2019



A total of 4261 cases of Hypertension were reported in the month of May 2019 compared to 3238 cases reported in May 2018.

4.2 Bronchial Asthma cases

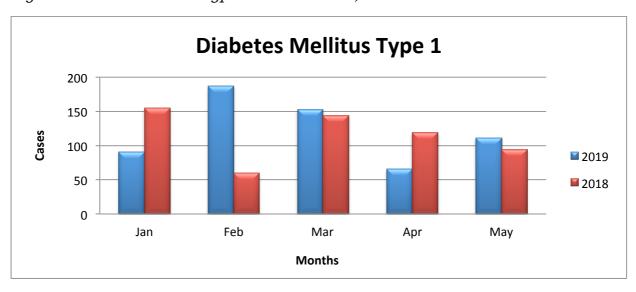
Fig 11: Bronchial asthma in Botswana, 2019



A total 641 cases of Bronchial Asthma were reported in May 2019 compared to 1199 cases reported in May 2018. That makes 2019 to have a decrease in number of cases in the month May.

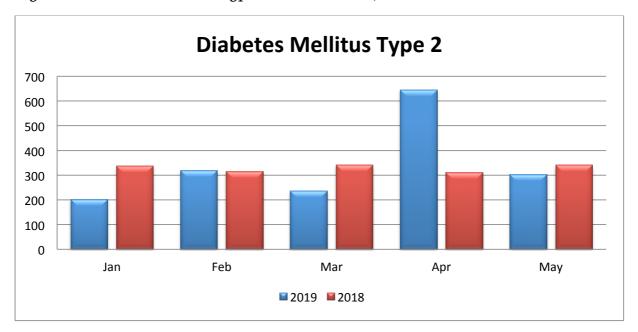
4.3. Diabetes Mellitus

Fig 12: Diabetes Mellitus type 1 in Botswana, 2019



A total of 111 cases of diabetes Mellitus type 1 were reported in May 2019 whilst in May 2018, 94 cases were reported.

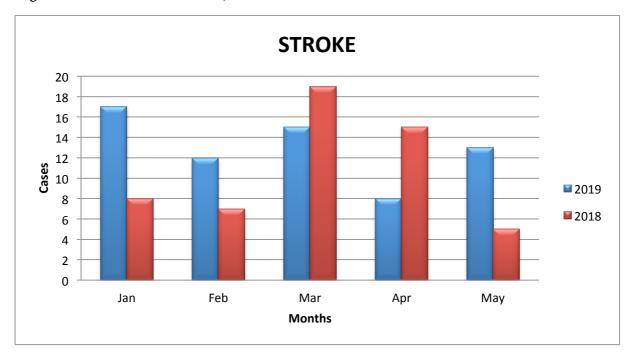
Fig 12.1: Diabetes Mellitus type 2 in Botswana, 2019



During the month of May 2019, a total of 303 cases of diabetes Mellitus type 2 were reported, whereas in May 2018 a total of 341 cases of diabetes Mellitus type 2 were reported.

4.4. Stroke cases

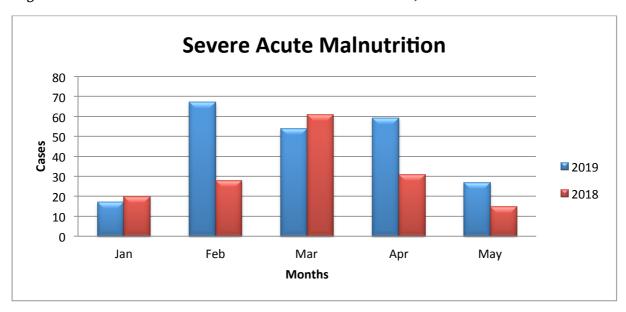
Fig 13: Stroke in Botswana, 2019



13 cases of stroke were reported in the month of May 2019 whereas 5 cases were reported in May 2018.

4.5. Severe Acute Malnutrition cases

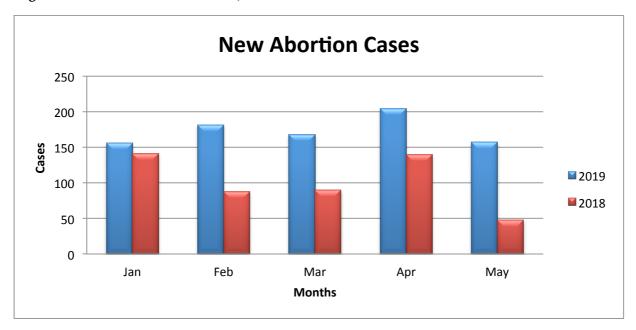
Fig 14: Severe acute Malnutrition cases in Botswana, 2019



A total of 27 cases of severe acute malnutrition were reported in the month of May 2019 whereas in May 2018, 15 cases of severe acute malnutrition were reported.

4.6 Abortion

Fig 15: Abortion in Botswana, 2019



A total of 157 New Abortion cases were reported in May 2019 compared to 48 cases reported in May 2018.

This is a monthly report of Notifiable Diseases, Deaths and Public Health 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 12:00 noon. The contacts at National Level are the following members of the IDSR unit;

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

Or Fax them to <u>3910328</u>.

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.