

Un-notified&unaudited deaths at Sentinel site (District Hospital), of hyper endemic malaria district (KONDAGAON), Chhattisgarh state

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About District: Kondagaon is a district separated from bastar district on 24 January 2012 and formed as 27th district of Chhattisgarh state a municipality in the Indianstate. This is a tribal district. Thus the culture and the customs are different here from the other parts of the state. The population of the district is 564645.

Status of KondagaonHealth facilities

S. No	Health facility	No
1	DistrictHospital	01
2	Block PHC/ CHC	05
3	PHC	20
4	Sub centre	170
5	Villages	457

Based on the epidemiological data in the above table identify the high risk areas

S. No	District	API	ABER	SPR
1	Kondagaon	5.8	12.75	4

District Hospital malaria mortality: The team has visited 100 beded district Hospital and scrutinized indoor mortality and morbidity records of male, female and paediatrics wards.

A staff of sentinel site of the district hospital was not available for interaction on day of visit. The deaths were linked with the Lab register for verification. The team also interact with RMAs who handled emergencies under supervision and advice of available Medical officer.

The indoor records showing mortality due to malaria was noted by team which was neither investigated nor noted in the sentinel site reporting or district malaria mortality report. All deaths were microscopic or Rd kit positive.

The DMO in charge is providing curative services in the district Hospital and MTS of Kondagaon supervising the district regarding programme should vigil the malaria morbidity and mortality pattern.

Table showing the year wise total death, admission, malaria deaths mention on IPD sheet.

Month	No of Admission	No of Deaths	Deaths who are Malaria Positive on IPD paper
Jan-12	502	15	1
Feb-12	513	17	1
Mar-12	544	24	
Apr-12	539	9	
May-12	601	15	
Jun-12	510	16	
Jul-12	447	6	1
Aug-12	480	10	2
Sep-12	552	10	1
Oct-12	458	11	2
Nov-12	376	13	1
Dec-12	411	8	
Jan-13	417	4	1
Feb-13	373	11	
Mar-13	437	12	
Apr-13	442	6	
16th May 2013	273	17	
Total	7875	204	10

Sr no	Year	Total deaths @	No of Deaths who were Malaria Positive/ Mentioned on IPD paper as malaria #	No of admissions @	Proportional Mortality of malaria positive deaths	District Officially reported deaths
1	Till date 2013	50	1	1942	2	0
2	2012-13	154	9	5933	6	0
Total		204	10	7875	5	0

@ Source Daily reporting on state web (cg health.nic.in)

Data collected and verified from IPD record of the district Hospital by RD Team

The district high malaria endemic with pf % more than 95%. Among total deaths one female was ANC and other was come with labour pain.

Details of about individual deaths (attached -Annexure I and II for details of IPD paper sheets)

sr no	IPD no	Name of patient	Village	age	sex	DOA	Time	DOD	time	Lab report	
1	4049	MankuramGond	Mageda	30	M	26/08/2012	1.35PM	28/08/2012	4.15 PM	Pf+ve	
2	4123	Urmila w/o Malturam	Sodma	35	F	30/08/2012	5.50PM	04/09/2012	5PM	Pf+ve	
3	3871	Bakchan s/o Aundu	Hangua	45	M	15/08/2012	1.20PM	17/08/2012	12.35 AM	Pf+ve	
4	879	Bandhuram S/O Mansingh	Makdi	55	M	22/02/2012	12.30PM	23/02/2012	6AM	Pf+ve	
5	370	Sarmoti w/o Samaru	Chargaon	25	F	24/11/2012	3.30 PM	26/11/2012	5.45 PM	Pf+ve	
6	452	Duwaru s/o Panku	Bawai	55	M	25/01/2012	10.45 PM	31/01/2012	10AM	Pf+ve	
7	4698	Dhaniyabai w/o Janak	Kakad	20	F	01/10/2012	11.10 AM	01/10/2012	6PM	Pf+ve	ANC
8	5108	SaritaGanda w/o Daulatram	Baniyagaon	20	F	29/10/2012	7.25 PM	30/10/2012	4.30 PM	Pf+ve	
9	3477	Phoolbati w/o Mahesh	Sonabal	26	F	17/07/2012	8.10PM	18/07/2012	1.45AM	Pf+ve	
10	60	Sanwarin w/o Ramuram	Banchapai	21	F	05/01/2013	12.30PM	31/01/2013	1PM	Pf+ve	INC

Impression:

- *There is huge underreporting of the malaria deaths in the district Hospital due to lack of coordination and initiative from programme officer and sentinel staff. The team strongly feels that there should be mandatory audit of all death in patients with fever at sentinel sites of District Hospital. That helps to know implementation status of programme intervention at grass route level and it gives direction for further improvement of programme.*

- *The daily reporting system (Birth and Death) should be more informative and utilize the data timely by the programme head and channelized the fever/ malaria deaths to District Vector Borne Disease Officer.*
- *It's important that District Hospital should channelize the malaria suspected/ confirmed deaths to District Vector Borne Disease Officer (DMO) by Civil surgeon administration, so that at list epidemiological death investigation shall be carried out. The co-ordination seems to be lacking among staff.*
- *The importance of quality monitoring and accountability fixing as in built system requirement to help better reporting of Malaria cases and deaths.*
- *Team feels that there is a need of training of clinicians on current updates on anti malarial, National drug policy on malaria, because surprisingly in spite of pf positivity patients didn't received ACT Drugs in present scenario as a primary treatment in district hospitals as well as peripheral health institutes as well evident in proofs enclosed in annexure of this report.*
- *RMA posted at District hospital busy in OPD,IPD and emergency duties. They are prescribing Tab Chloroquine and primaquine at sentinel site. The Act tablets are not available regularly and RMA are not routine prescribed the drug. They should be trained in Malaria drug policy, reporting and recording and other aspects of malaria.*