Foci identification and response in Indonesia

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Sharing experiences from two places

Aceh

Yogyakarta (Kulon Progo)
Foci classification and definition
Aceh: Foci classification

- No indigenous cases, no imported cases (D)
- No transmission / no indigenous cases
  - No indigenous cases, imported cases present (C)
  - Indigenous cases present, good control (B)
  - Indigenous cases present, poor control (A)

Transmission possible
Transmission impossible
Foci A (≈ WHO endemic foci) :
Indigenous malaria cases (+), ineffective control.
Definition of ineffective control :
<90% microscopic confirmation; <90% coverage of ACT+Primaquine; <80% coverage of LLIN or IRS; <80% sensitivity & specificity microscopist; <90% malaria case investigation
Aceh : Foci definition

Foci B (≈ WHO active foci) :
Indigenous malaria cases (+), effective control.
Definition of effective control :

>90% microscopic confirmation; >90% coverage of ACT+Primaquine; >80% coverage of LLIN or IRS; >80% sensitivity & specificity microscopist; >90% malaria case investigation
Aceh : Foci definition

Foci C (≈ WHO potential foci) :
No indigenous malaria, imported malaria present
Definition of no indigenous malaria : no indigenous malaria in the last 3 consecutive years

Foci D (≈ WHO free foci) :
No indigenous malaria, no imported malaria.

Geographical boundary for foci : village
(Foci stratification based on village)
Kulon Progo : Foci stratification

Foci is stratified based on number of cases (indigenous and imported included):

- 0 cases
- 1-4 cases
- 5-20 cases

Geographical boundary: Sub village (stratification by subvillage)
Foci Response
Aceh : Foci Response

Foci A

Improve control to make it foci B (effective control) → >90% microscopic confirmation; >90% coverage of ACT+Primaquine; ≥80% coverage of LLIN or IRS; ≥80% sensitivity & specificity microscopist; >90% malaria case investigation
Aceh : Foci Response

Foci B

• Routine active case detection by Village Malaria Worker (each houses visited twice monthly for malaria screening).

• Observed treatment for completion (ACT + Primaquine).

• Blood slides follow up

• Real time reporting, case investigation & reactive case detection (500 metres radius)

• LLIN / IRS
Aceh : Foci Response

Foci C & D

• Migration surveillance
• Observed treatment for completion (ACT + Primaquine).
• Blood slides follow up
• Real time reporting, case investigation & reactive case detection (500 metres radius)
Kulon Progo : Foci Response

0 cases
Migration Surveillance

1-4 cases
Active Case Detection, Case Investigation, Reactive Case Detection

5-20 cases
Focal intervention including LLIN/IRS
Plus and Minus
Aceh vs Kulon Progo

• Aceh foci system is beneficial guide districts transitioning from control to pre-elimination to elimination.

• Kulon progo foci system is beneficial to be used for districts in elimination phase.

• Aceh foci system is village based, Kulon Progo foci system is sub-village based. In term of resources needed, better to use sub-village of base for foci stratification, but the available data is limited.
Indonesia Update: Foci stratification, definition, and response is still being discussed in national level
The Draft

– Stratification by village
– To be used by districts with API < 1/1000
– Classification:
  • High active foci: village with suitable transmission (receptive) with local transmission (indigenous cases) more than 5 last year
  • Active foci: village with suitable transmission (receptive) with local transmission (indigenous cases) between 1-4 last year
  • Potential foci: village with suitable transmission (receptive) but no local transmission (indigenous cases)
  • Free foci: village with no suitable transmission and no local transmission (indigenous cases)
Program capacities required

- Epidemiologist
- Entomologist
- SOPs including to identify the receptivity
- Information system (e-sismal)
- Puskesmas and community health workers
Terima Kasih
Thank you
Thank You

Terima kasih