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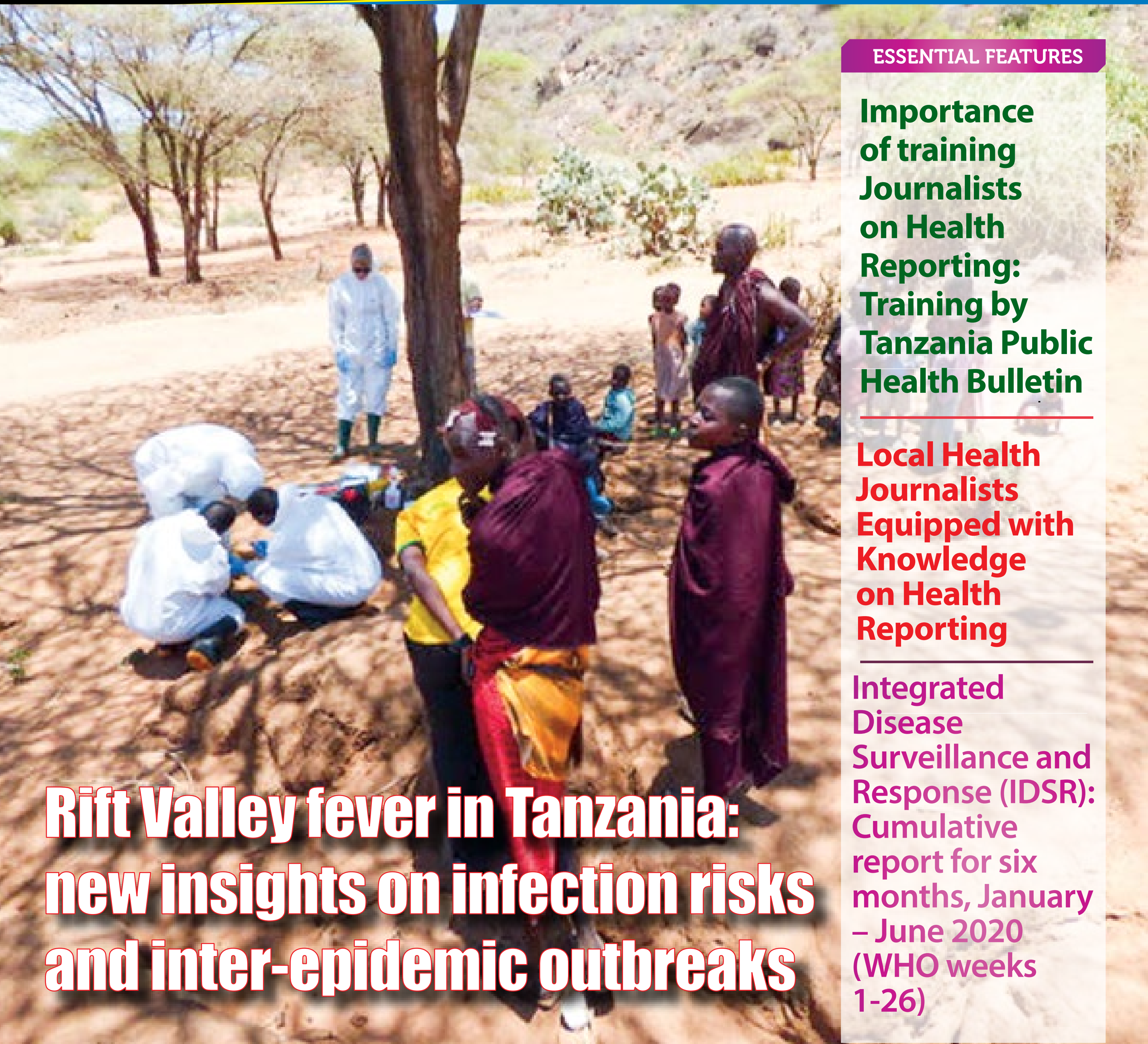

ESSENTIAL FEATURES

Importance of training Journalists on Health Reporting: Training by Tanzania Public Health Bulletin

Local Health Journalists Equipped with Knowledge on Health Reporting

Integrated Disease Surveillance and Response (IDSR): Cumulative report for six months, January – June 2020 (WHO weeks 1-26)

Rift Valley fever in Tanzania: new insights on infection risks and inter-epidemic outbreaks

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Editorial

Importance of training Journalists on Health Reporting: Training by Tanzania Public Health Bulletin

The media play a crucial role in disseminating health information. However, considering the importance of health information, it is vital that journalists prepare accurate, complete and reliable news [1]. News influences knowledge, attitudes, and behaviors at the individual level. Therefore, any inaccurate, incomplete, and unreliable disseminated health news could lead to unrealistic expectations [2] and might create panic in the public [3], especially during an outbreak as was the situation during coronavirus disease - 2019 [4]. During outbreaks, media outlets treat the event as breaking news and begin continuous coverage.

In general, inaccurate and unreliable reported health information could be attributed to low willingness on the part of health authorities to provide health information or to meet the press. Red tape and little cooperation from health authorities, limitation of time, and unprofessionalism of journalists are also contributing factors [5,6]. For example, during outbreaks, to stop or minimize public panicking, it is important for health authorities to provide to media outlets timely and accurate information to avoid speculation form journalists. Therefore, it is important for journalists to seek health information from reliable and trusted sources and to have the right reporting technical knowhow, provided that health authorities remain cooperative and accessible.

Based on the fact that the majority of journalists in developing countries, including Tanzania, are not professionally trained in health reporting, [5,6] and considering of rapid dissemination of news through social media, the need of conducting training on health reporting is deemed necessary. Such training equips journalists with the necessary knowledge and skills to conduct research of information from reliable sources. Such training also emphasizes reporting correct, complete, and reliable information.

Therefore, in the view of reporting accurate, complete and reliable health information, the Tanzania Public Health Bulletin (TPHB) in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) organized a two-day training in August 2020.

The Training aimed at strengthening relationship between public health practitioners and the media, increasing health-related coverage in the media, and emphasizing the importance of public health reporting.

Other objectives of the training were to remind journalists on important rules in health reporting: ethics, news sourcing, accuracy, providing context, giving the audience a balanced view, and avoiding sensationalism. The training also provided an opportunity to receive feedback from media outlets on challenges they face in getting health information.

The training attracted 21 participants from the radio, television, newspapers (print media) and social media. The discussion identified the main obstacle to getting health information was reluctance by health authorities to provide information in a timely manner. However, the MOHCDGEC ensured its continued commitment to sharing health information to media outlets. Precaution was given that, sometimes, it takes time to release health information because of the need to verify the accuracy of the information. The National Institute for Medical Research similarly ensured journalists the accessibility of new research findings with public interest.

The training and its outcome were widely communicated in different types of social media and newspapers. At the end of the training, participants were awarded a certificate of attendance (Figure 1).

Participants agreed on the following and TPHB will ensure that are met and outcome realized:

1. Formulate an email-working group that will be used by TPHB team to share information with journalists. Journalists can use the email group also to get clarifications on various issues.
2. Each of the participants will review the four issues of the bulletin, which they were given during the training and re-use some of the articles with attribution or use the articles as tips for more coverage.
3. Formulate a Whatsapp platform for the group that will include TPHB team, Ministry of Health Government Communication Unit team and participants of the training.
4. Within 2 weeks each participant will produce a news or feature item (for print, online, radio or TV) from articles in any of the four TPHB issues. TPHB team will assist should any of the journalists require a voice over or an interview with any of the authors.

Figure 1: Training participants hold their certificates and copies of the TPHB at the end of the training.

TAHARIRI

Umuhimu wa Mafunzo kwa Waandishi wa Habari juu ya Kuripoti Taarifa za Afya: Mafunzo yaliyoendeshwa na Jarida la Afya ya Jamii Tanzania

Vyombo vya habari vina jukumu muhimu katika usambazaji wa habari za afya. Hata hivyo, kwa kuzingatia umuhimu wa habari za afya, ni muhimu waandishi wa habari kuandaa habari sahihi, zilizo jitosheleza na za kuaminika [1]. Habari zina athari kwenye uelewa, mitazamo, na tabia ya mtu. Kwa hivyo, taarifa yoyote ya afya isiyo sahihi, isiyo jitosheleza, na isiyoaminika inaweza kusababisha matarajio yasiyo ya kweli [2] na inaweza kusababisha hofu kwa jamii [3], haswa wakati wa milipuko ya magonjwa kama ilivyokuwa wakati wa ugonjwa wa coronavirus - 2019 [4]. Wakati wa milipuko, vyombo vya habari huchukulia matukio hayo kama habari mpya na kuendelea kutoa taarifa.

Kwa ujumla, usambazaji wa taarifa za afya zisizosahihi na zisizoaminika zinaweza kuwa zinatokana na mamlaka za afya kutokuwa na utayari mwepesi wa kutoa habari za afya au kusita kukutana na waandishi wa habari. Mashariti yaliyowekwa na ushirikiano mdogo kutoka kwa mamlaka za afya, ucheleweshaji, na kutokuwa na utaalam wa uandishi wa taarifa za afya kwa waandishi wa habari pia ni sababu zinazochangia [5,6]. Kwa mfano, wakati wa milipuko, ili kuzuia au kupunguza hofu kwa jamii, ni muhimu kwa mamlaka za afya kutoa taarifa kwa vyombo vya habari sahihi na kwa wakati. Hii itaepusha kwa waandishi kuandika wa habari za uvumi. Kwa hivyo, ni muhimu kwa waandishi wa habari kutafuta habari za kiafya kutoka kwa vyanzo vya sahihi na vya kuaminika na kuwa na utaalam sahihi wa uandishi wa taarifa za afya, ikiwa tu mamlaka za afya zitaendelea kutoa ushirikiano na fursa ya kupatikana.

Kulingana na ukweli kwamba waandishi wengi wa habari katika nchi zinazoendelea, pamoja na Tanzania, hawajapewa mafunzo ya kitaalam katika uandishi na utoaji wa taarifa za afya, [5,6] na kwa kuzingatia usambazaji wa habari kwa haraka kwa kipindi hiki kupitia mitandao ya kijamii, uhitaji wa kuendesha mafunzo juu ya kuripoti taarifa za afya linaonekana dhahiri. Mafunzo kama haya yatawapatia waandishi wa habari maarifa na ustadi unaofaa wa kufanya utafiti wa habari kutoka kwa vyanzo vya kuaminika. Mafunzo kama haya pia yanasisitiza kuripoti taarifa sahihi, kamili, na za kuaminika.

Kwa hivyo, kwa lengo la kuripoti taarifa za afya sahihi, kamili na za kuaminika, Jarida la Afya ya Jamii Tanzania (TPHB) kwa kushirikiana na Wizara ya Afya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto (MOHCDGEC) iliandaa mafunzo ya siku mbili mnamo Agosti 2020.

Mafunzo hayo yalilenga kuimarisha uhusiano kati ya watumishi wa afya ya jimii na vyombo vya habari, kuongeza utoaji wa taarifa za afya kwenye vyombo vya habari, na kusisitiza umuhimu wa kuripoti taarifa za afya ya jamii.

Malengo mengine ya mafunzo yalikuwa kuwakumbusha waandishi wa habari juu ya sheria muhimu katika kuripoti taarifa za afya, hii ikwa ni pamoja na: maadili, utafutaji wa habari, usahihi, kutoa muktadha, kuwapa wasomaji/watazamaji maoni ya usawa, na kuzuia kuandika hisia zako. Mafunzo hayo pia yalitoa fursa ya kupokea maoni kutoka kwa vyombo vya habari juu ya changamoto wanazokabiliana nazo katika kupata taarifa za afya.

Mafunzo hayo yalivutia washiriki 21 kutoka vyombo mbalimbali ikiwa ni pamoja na redio, runinga, magazeti na mitandao ya kijamii. Majadiliano yaliibua kikwazo kikuu kinachochangia ugumu wa upatikanaji wa taarifa za afya kuwa ni kusita kwa mamlaka za afya kutoa taarifa kwa wakati mwafaka. Hata hivyo, wizara, MOHCDGEC ilihakikisha kuendelea kutoa taarifa za afya kwa vyombo vya habari. Tahadhari ilitolewa kwamba, wakati mwingine, inachukua muda kutoa taarifa za afya kwa sababu ya hitaji la kuzithibitisha usahihi wa taarifa zenyewe. Taasisi ya Taifa ya Utafiti wa Magonjwa ya Binadamu vile vile iliwahakikishia waandishi wa habari upatikanaji wa matokeo mapya ya tafiti za kisayansi zenye maslahi kwa jamii.

Mafunzo na matokeo yake yalisambazwa kupita aina tofauti za mitandao ya kijamii na magazeti. Mwisho wa mafunzo, washiriki walipewa cheti cha ushiriki (Kielelezo 1)

Washiriki walikubaliana juu ya yafuatayo na TPHB itahakikisha kwamba makubaliano yanakamilika na matokeo yanatekelezwa:

1. Kuunda kikundi kazi kwa njia ya barua pepe ambacho kitatumiwa na timu ya TPHB kushirikiana na waandishi wa habari katika upatikanaji wa taarifa. Waandishi wa habari wanaweza kutumia barua pepe ya kikundi pia kupata ufafanuzi juu ya maswala mbalimbali
2. Kila mmoja wa washiriki apitie nakala nne za majarida, ambayo walipewa wakati wa mafunzo na kutumia makala hizo kama vidokezo kuandaa na kutoa taarifa zaidi.
3. Kuanzisha Whatsapp ya kikundi ambayo itajumuisha timu ya TPHB, timu ya Kitengo cha Mawasiliano Serikalini cha Wizara ya Afya na washiriki wa mafunzo hayo.
4. Ndani ya wiki 2 kila mshiriki atatoa habari kwa njia ya kuchapisha, mtandaoni, redio au runinga kutoka makala yoyote iliyomo ndani ya nakala kati ya zote nne. Timu ya TPHB itasaidia ikiwa yeyote kati ya waandishi wa habari atahitaji kunasa sauti au kuwa na mahojiano na waandishi wowote wa makala husika.

Kielelezo 1: Washiriki wa mafunzo wakiwa wameshikilia vyeti vyao na nakala za TPHB mwishoni mwa mafunzo

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Local Health Journalists Equipped with Knowledge on Health Reporting

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Recognizing the importance of reporting and disseminating accurate and correct health information to the public, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) on August 25-26, 2020, organized a training program with support from the CDC Foundation under the Data for Health Initiative of Bloomberg Philanthropies. The training aimed at equipping some selected local health journalists with comprehensive knowledge and skills on health reporting.

This follows the revelation that most journalists reporting on health have limited knowledge and specialized training for reporting and disseminating health information. This has brought about serious challenges in society. To address those challenges, the Health Ministry, with support from the CDC Foundation, embarked on a two-day training program to fully sharpen the journalists' health reporting skills

During the training, the 19 participants were equipped with skills for writing medical terms correctly, developing research and solution-based health stories, analyzing health issues, and establishing connections with the scientific community, societies and associations. The training also imparted knowledge on the skills needed to criticize, analyze, and infer the necessary and useful information from scientific research papers and taught communication skills for fluent and digestible use of technical health language.

The training program was officiated by Mr Gerald Chami, the Director of Communications Unit of MOHCDGEC, who suggested that further health reporting trainings be conducted in the country to enable journalists understand health issues and learn medical terms.

"I have come to realize that the majority of the Tanzanian health journalists have no specialized skills on health reporting. Therefore, they have limited skill to interpret medical research reports," said Mr Chami when he delivered his opening remarks during the launch of the training program held at NIMR premises in Dar es Salaam. Mr Chami further added that, "Considering the importance of mass media in communicating up-to-date health information and improving public awareness of the latest health findings, implementation of meticulously well-developed training programs, and establishing higher degrees of cooperation between all the parties involved, would be of prime importance."

The two-day health reporting training program was led by the former NIMR's Director of Research, Coordination and Promotion, Dr Julius Massaga, who currently serves as Deputy Editor-in-Chief of Tanzania Public Health Bulletin (TPHB)—a state-owned health magazine published by the MOHCDGEC. Other trainers included Mr David Mbulumi (TPHB Managing Editor), Mr Allan Lawa (Media Consultant) and Mr Chami of the Health Ministry.

Backing up Mr Chami's arguments, during the training, Dr Massaga urged the health journalists to develop accurate, complete, reliable and solution-based health stories.

"Any inaccurate, incomplete, and unreliable news could lead to unrealistic expectations in the public and compel policymakers to adopt inefficient or even health-threatening rules and regulations, or might create fear and panic to the public," said Dr Massaga when he addressed the training participants.

Dr Massaga further acknowledged the pivotal role played by the local media outlets in disseminating health information, however, he emphasized the importance of disseminating accurate health information to the public from reliable sources to safeguard professionalism in health journalism. In addition, he pointed out that the TPHB under the MOHCDGEC, which aims to publish vetted, evidence-based health information in simple language, is one of the reliable sources and journalists are invited to use the published information.

He also articulated that the influence of media on public beliefs was so huge that sometimes people might lead in adoption of a new treatment due to the latest health news they learned about through the media.

"Moreover, media highly affect the thinking and decisions of the public, especially on new treatment, as it was during the coronavirus disease-19 outbreak. As always, the public needs new information geared toward improving their wellbeing, and this creates havoc with health professionals," expounded Dr Massaga.

During the training, participants mentioned low willingness on the part of health authorities to render health information or to meet the press, absence of the latest statistics and problems of statistical interpretation as obstacles, and lack of health news writing training for their professional advancement. Various medical sources demonstrate that health journalists, as the key figures in producing health reports for the media, often include personal speculations and interpretations and yield incorrect and misleading news reports. A study on the quality of health news in Korea showed that, despite the fact that cancer was the top mortality factor in Korea, neither cancer nor any other known chronic disease received as much coverage as emerging diseases.

To address the obstacles facing health journalists, NIMR Acting Research Director Dr Mary Mayige asserted that, regarding the importance of the media in disseminating health information to the public, the relevant health authorities in the country were required to closely cooperate with journalists to ensure that the health information disseminated to the public is accurate and informative.

"Mass media play a leading role in disseminating health information, therefore relevant authorities will continue to work closely with journalists such that research results and health policies are disseminated to the public in a simplified format with the aimof promoting public health", said Dr Mayige when she delivered her closing remarks to mark the end of the training program.

Participants were awarded certificates of participation in the health reporting training.

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Waandishi Waongezewa Ujuzi wa Kuandika Habari za Afya

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Kwa kutambua umuhimu wa uandishi wa habari za afya zilizo sahihi na fasaha kwa jamii nchini, Wizara ya Afya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto mwezi Agosti 25-26, 2020 iliandaa mafunzo yaliyolenga kuwaongezea ujuzi waandishi wa habari za afya nchini ili kuhakikisha habari wanazoziandika zinapeleka ujumbe ulio sahihi.

Mafunzo hayo yalifanyika kwa ufadhili wa shirika la Kimarekani, CDC Foundation chini ya mradi wa ujulikano Data for Health Initiative wa Bloomberg Philanthropies, katika ukumbi wa Taasisi ya Utafiti wa Magonjwa ya Binadamu (NIMR) jijini Dar es Salaam na kuhudhuriwa na waandishi 19 wa habari za afya (wa kike na wa kiume) kutoka vyombo vya habari mbalimbali nchini. Hatua hii ilitokana na ukweli kwamba waandishi wengi wa afya nchini hawana ujuzi na maarifa wa kuandika habari za afya kwa usahihi na ufasaha. Hali ambayo imekuwa inaleta matatizo makubwa katika jamii.

Wakati wa mafunzo hayo ya siku mbili, washiriki walipewa ujuzi na maarifa hususani kuhusu namna ya kuandika maneno ya kisayansi kwa usahihi, kuandika habari za afya zinazotoa suluhisho ya matatizo ya kiafya yanayoikabili jamii, kufanya uchambuzi sahihi wa taarifa za afya na pia kujenga mahusiano imara na wadau wa sekta ya afya wakiwamo watoa huduma za afya, jamii na mashirika ya afya. Pia, washiriki walipata fursa kujifunza namna ya kukosoa na kufanya uchambuzi sahihi wa taarifa kutoka kwenye vyanzo mbalimbali vya taarifa ikiwamo ripoti za utafiti wa kisayansi na matumizi ya lugha nyepesi inayoeleweka kwa urahisi.

Mafunzo hayo yafunguliwa na Mkurugenzi wa Kitengo cha Mawasiliano Wizara ya Afya, Mr. Gerald Chami ambaye kwa upande wake alishauri juu ya umuhimu wa mafunzo ya namna hiyo kufanyika mara kwa mara ili kuwaongezea ujuzi waandishi wa habari za afya nchini kuandika habari za afya kwa ufasaha.

"Nimegundua kwamba waandishi wengi wa afya nchini hawana ujuzi na maarifa sahihi wa uandishi wa habari za afya. Hii inatokana na wao kukosa maarifa ya namna ya kutumia kwa usahihi taarifa mbalimbali za afya," alisema Mr. Chami.

Pia aliongeza kwamba: "Kwa kufahamu umuhimu na mchango wa vyombo vya habari katika kutoa taarifa mbalimbali za afya kwa jamii, ni muhimu kuwa na mafunzo ya aina hii na pia kujenga ushirikiano mzuri baina ya waandishi wa habari za afya na wadau wote wa sekta ya afya nchini."

Mafunzo hayo ya siku mbili yaliendeshwa na aliyewahi kuwa Mkurugenzi wa Kuratibu na Kuendeleza Utafiti katika Taasisi ya NIMR Dkt. Julius Massaga, ambaye kwa sasa ni Naibu Mhariri Mkuu wa Jarida la Afya ya Jamii Tanzania (Tanzania Public Health Bulletin, TPHB) linalochapishwa na Wizara ya Afya. Wakufunzi wengine ambao waliendesha mafunzo hayo ni David Mbulumi (Mhariri Mtendaji wa jarida la TPHB), Allan Lawa (Mshauri Mwelekezi wa Tasnia ya Habari) na Gerald Chumi kutoka Wizara ya Afya.

Kwa upande wake Dkt. Massaga aliwataka waandishi wa habari za afya nchini kuandika habari zinazolenga kutoa suluhisho ya matatizo ya kiafya yanayoikabili jamii kwa ujumla.

"Taarifa yoyote ya uwongo au isiyo sahihi, inaweza kusababisha taharuki kubwa kwa jamii na pia kupelekea watunga sera kutunga sheria na kanuni ambazo sio sahihi," alisema Dkt. Massaga ambaye aliwasilisha mada kuhusu namna ya kufahamu na kutumia vyanzo sahihi vya taarifa za habari za afya.

Dkt. Massaga pia alieleza kutambua mchango mkubwa unaotolewa na vyombo vya habari nchini katika kufikisha taarifa mbalimbali za afya kwa jamii, japokuwa alisisitiza umuhimu kwa vyombo hivyo kuzingatia maadili ya tasnia ya habari hususani kwa kuhakikisha wanaandika habari zilizo sahihi.

Pia aliwataka washiriki wa mafunzo hayo kutumia Jarida la Afya ya Jamii Tanzania (TPHB) linalochapishwa na Wizara ya Afya, kama moja ya vyanzo sahihi vya taarifa za afya zilizofungamana na tafiti za kisayansi na kuandikwa kwa kutumia lugha nyepesi (Kiingereza na Kiswahili) inayoeleweka kwa urahisi.

Hakuishia hapo, pia Dkt. Massaga alisema vyombo vya habari vina ushawishi mkubwa katika jamii hali ambayo mda mwingine jamii inalazimika kutumia tiba fulani kwa sababu tu imeandikwa na chombo fulani cha habari nchini.

"Vyombo vya habari pia vinaathiri mawazo na maamuzi ya watu katika jamii hususani katika suala la matibabu, kama ilivyoonekana kipindi cha mlipuko wa virusi vya Corona (COVID-19)," alisema Dkt. Massaga.

Wakati wa mahojiano, washiriki walieleza sababu mbalimbali zinazowakwamisha katika kutelekeza majukumu yao (uandishi wa habari za afya). Ambapo walieleza kwamba kumekuwa na tabia ya baadhi ya vyanzo vya taarifa (watoa huduma za afya) kutoonyesha ushirikiano mzuri na vyombo vya habari katika kutoa taarifa mbalimbali za afya. Pia walisema ukosefu wa takwimu za afya nchini ni kikwazo kingine kwao, hali ambayo inawapelekea waandishi wengi kuandika habari za afya kwa jamii ambazo hazina taarifa au takwimu sahihi. Aidha washiriki walisema ukosefu wa mafunzo ya mara kwa mara ya uandishi wa habari za afya nchini ni moja ya changamoto kwao na walikiri kwamba wengi wao hawana ujuzi na maarifa ya kuandika habari za afya kwa usahihi na ufasaha.

Vyanzo mbalimbali vya afya duniani vinaeleza kwamba waandishi wa afya ambao wanaandika taarifa mbalimbali za afya kwa jamii, mara nyingi hujumuisha taarifa zao binafsi (sio rasmi) kwenye habari wanazoziandika na kusababisha habari hizo kutoa taarifa za uwongo kwa jamii.

Utafiti uliofanywa Korea, ulionyesha kwamba japokuwa ukweli ni kwamba magonjwa ya saratani ndiyo yalikuwa yanaongoza kwa kusababisha vifo nchini Korea, vyombo vya habari nchini humo vilijikita zaidi kuandika bahari za afya kwa jamii kuhusu magonjwa mengine.

Ili kuondokana na changamoto zinazowakabili waandishi wa habari za afya nchini katika kutimiza majukumu yao (uandishi wa habari za afya), Kaimu Mkurugenzi wa Kuratibu na Kuendeleza Utafiti kutoka taasisi ya NIMR, Dkt Mary Mayige alitoa rai kwa wadau wa sekta ya afya nchini hususani watoa huduma za afya kuonyesha ushirikiano na vyombo vya habari katika kutoa taarifa mbalimbali za afya ambazo zitawasaidia waandishi wa habari za afya nchini kutoa taarifa zilizo sahihi kwa jamii.

Dkt. Mayige ambaye alikuwa mgeni Rasmi wakati wa ufungaji wa mafunzo hayo, pia alivishukuru vyombo vya habari nchini kwa mchango wao katika kuhabarisha jamii kuhusiana na taarifa mbalimbali ya afya.

"Nitoe rai kwa wadau wa sekta ya afya kushirikiana na waandishi wa habari za afya kwa kuhakikisha taarifa za tafiti mbalimbali za afya zinatolewa kwa waandishi," alisema Dkt. Mayige.

Mwisho wa mafunzo, washiriki walizawadiwa vyeti (Certificates of Participation) kutokana na ushiriki wao katika uandishi wa habari za afya nchini.

Integrated Disease Surveillance and Response (IDSR): Cumulative report for six months, January – June 2020 (WHO weeks 1-26)

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SUMMARY

The Ministry of Health, Community Development, Gender, Elderly and Children continued to carryout surveillance of reportable diseases and conditions. This paper reports the cumulative Integrated Disease Surveillance and Response (IDSR) data for 6 months, from January to June 2020, which are World Health Organization (WHO) weeks 1-26. Data were analyzed to assess the national and regional performance in terms of timeliness and completeness of reporting as well as determining the cumulative number of cases and deaths, and distribution by age, sex, month and region to inform public health practice and policy. Cases of coronavirus disease 2019 were excluded as they are reported using a separate system. All 26 regions of the Tanzania mainland submitted weekly reports to the national level with an overall average performance over the 6 months of 80.1% and 93.3% for timeliness and completeness, respectively. Average performance of the 26 regions for the 6 months met the national target of ≥80% for completeness, while for timeliness, the target of ≥80% was met only for January, April and June. Each of the 26 region's average score for reporting completeness over the 6 months met the target of ≥80% except two, Rukwa, and Pwani. For timeliness, on the other hand, the average performance of 8 regions failed to meet the ≥80% target.

Cumulatively, 206,601 cases and 6 deaths were reported for all IDSR immediate reportable diseases and conditions. The most reported condition was typhoid fever, accounting for 156,434 cases. It was reported from all 26 regions with 13,478 (8.6%) of cases reported from Mbeya region. There were more reported cases in males 91,410 and females 31,779 in population aged below 5 years and 5 years and above respectively. During the reporting period, there were 6 deaths, of which 4 were among those aged 5 years and above and 4 were males. Of the 6 reported deaths, 5 (83.3%) were caused by rabies. Rabies had the highest case fatality rate, 5 (50.0%) of 10 cases.

In conclusion, timeliness and completeness were high, meeting the national standard of ≥80% overall. However, 8 regions failed to meet the standard for either timeliness or completeness. Typhoid fever emerged and was reported in all regions, highlighting the need to avoid contamination of drinking water and food. The 5 deaths from rabies call for the Government to vaccinate dogs as a preventive measure.

BACKGROUND

In Tanzania, surveillance for reportable diseases and conditions under the Integrated Disease Surveillances and Response (IDSR) are electronically collected, published weekly, and monthly under the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC). It should be noted that IDSR is a strategy for multi-disease surveillance of selected priority diseases or conditions. It links the community, health facility, district and national levels, for providing immediate information for helping public health managers and decision-makers improve detection and response to the leading causes of illness, death, and disability in African countries. The present paper reports cumulative IDSR data for a period of six months, January to June 2020 that corresponds to WHO weeks 01 to 26. Data were analyzed to assess the national and regional performance in terms of timeliness and completeness of reporting as well as determining the cumulative number of cases and deaths, and distribution by age, sex, month and region. Cases of coronavirus diseases-19 were collected separately.

ANALYSIS OUTCOME

Health Facility Performance

All 26 regions of the Tanzania mainland submitted weekly reports of selected priority reportable conditions to the national level. The overall performance for timeliness and completeness for January to June 2020 were 80.1% and 93.3%, respectively. This performance was the highest recorded as the overall averages met the national standard of ≥80%. In all months, completeness scores were above the national standard of ≥80% with highest being in January at 96.7% and the lowest was 87.9% in May. Timeliness scores met the set national standard of ≥80% in the months of January, April and June as presented in Table 1.

Table 1: Average Timeliness and Completeness of Health Facility Reporting by Month, January – June 2020

Month	%Timeliness	%Completeness
January	86.6	96.7
February	71.2	91.7
March	79.0	92.2
April	83.9	96.6
May	74.0	87.9
June	85.9	94.6
Overall Performance	80.1	93.3

As presented in Figure 1, the national target for timeliness of ≥80% was met in few weeks 10-13 and 22-26, whereas completeness scores met the national target in all weeks.

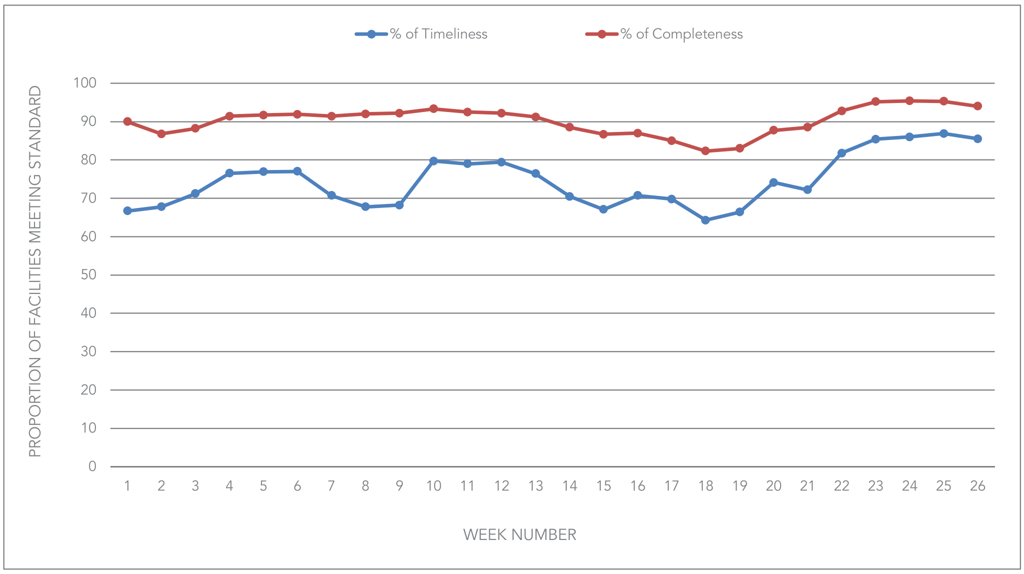


Figure 1: Timeliness and Completeness of Health Facilities Reporting by Week, January – June 2020 (1st – 26th week)

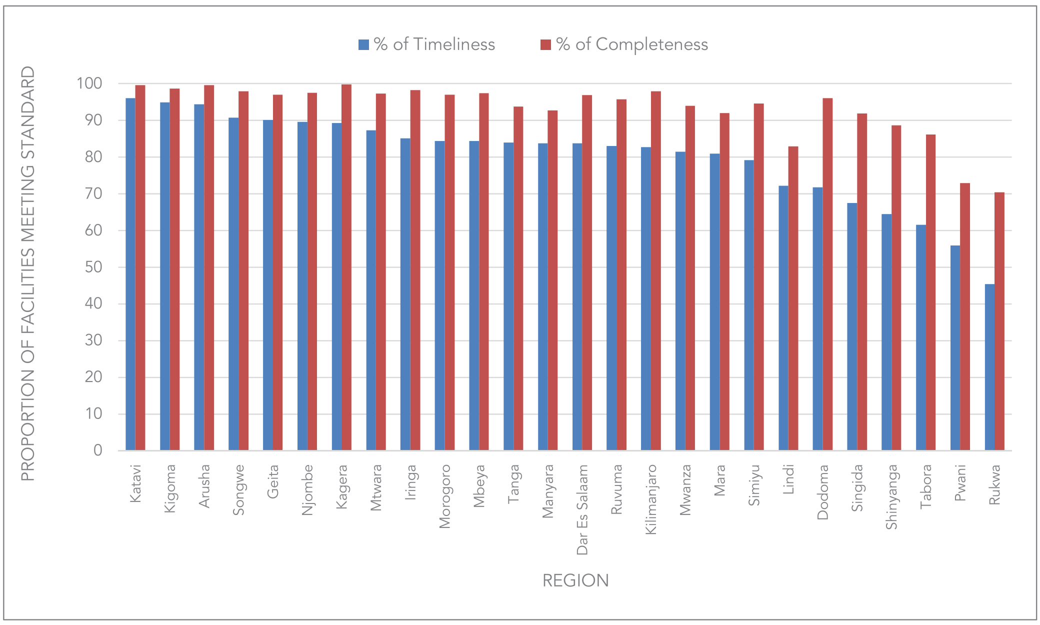
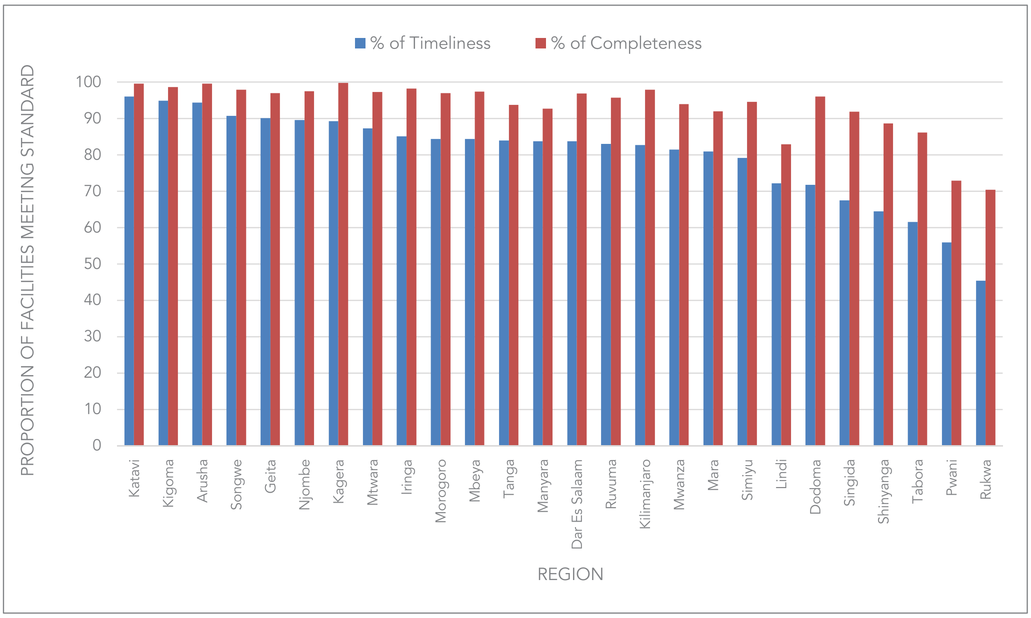


Figure 2: Timeliness and Completeness of Health Facility Reporting from the 26 Regions, January – June 2020



The overall timeliness and completeness of health facilities reporting by all 26 regions are presented in Figure 2. Only two regions, Pwani and Rukwa, did not meet the national target of ≥80% for completeness, while a total of 8 regions (Simiyu, Lindi, Dodoma, Singida, Shinyanga, Tabora, Pwani and Rukwa) did not met the national target for timeliness.

Table 2: Proportions of Health Facilities Timeliness and Completeness Reporting, by Month by Region and Months, January -June 2020

S/N	Region	January		February		March		April		May		June		Overall Performance	
		% of Timeliness	% of Completeness	% of Timeliness	% of Completeness	% of Timeliness	% of Completeness	% of Timeliness	% of Completeness	% of Timeliness	% of Completeness	% of Timeliness	% of Completeness	% of Timeliness	% of Completeness
1	Arusha	100	100	84.0	99.4	92.7	99.3	100	100	92.5	98.4	96.9	100	94.4	99.5
2	Dar Es Salaam	90.5	100	72.6	94.5	76.3	90.7	77.6	100	85.6	96.0	99.6	100	83.7	96.9
3	Dodoma	94.1	100	69.9	97.4	65.6	93.8	56.3	100	62.4	88.0	82.0	97.0	71.7	96.0
4	Geita	100	100	74.7	91.7	84.0	95.1	94.8	100	89.5	96.3	97.5	98.5	90.1	96.9
5	Iringa	99.2	100	69.6	97.2	83.7	98.9	95.2	100	74.1	93.9	88.7	99.0	85.1	98.2
6	Kagera	99.6	100	64.3	99.7	90.1	99.9	100.0	100	87.2	99.2	94.1	99.5	89.2	99.7
7	Katavi	100	100	91.6	98.8	92.7	98.8	100	100	95.3	100	96.5	100	96.0	99.6
8	Kigoma	100	100	84.6	94.2	90.5	97.6	100	100	96.5	99.7	97.6	100	94.9	98.6
9	Kilimanjaro	99.1	100	73.2	96.6	77.8	96.7	77.8	100	79.4	95.7	88.7	98.2	82.7	97.9
10	Lindi	99.9	100	73.1	86.0	74.6	84.5	68.3	85.5	46.9	61.3	70.0	80.3	72.1	82.9
11	Manyara	100	100	88.5	98.0	85.5	93.7	86.1	100	64.4	76.8	78.1	87.7	83.8	92.7
12	Mara	63.5	88.8	64.4	86.3	88.0	94.4	100	100	81.4	89.6	88.1	92.7	80.9	92.0
13	Mbeya	92.1	100	70.1	93.2	81.5	96.0	91.0	100	86.0	96.2	85.1	99.1	84.3	97.4
14	Morogoro	100.0	100	74.7	96.9	83.9	97.9	94.0	100	71.6	90.7	82.0	96.3	84.4	97.0
15	Mtwara	56.5	88.9	95.9	100	94.8	99.4	100	100	86.5	96.8	89.7	98.3	87.2	97.2

S/N	Region	January		February		March		April		May		June		Overall Performance	
		% of Timeliness	% of Completeness	% of Timeliness	% of Completeness	% of Timeliness	% of Completeness	% of Timeliness	% of Completeness	% of Timeliness	% of Completeness	% of Timeliness	% of Completeness	% of Timeliness	% of Completeness
16	Mwanza	100.0	100	75.9	92.1	76.6	90.0	78.7	100	67.1	86.1	90.4	95.1	81.5	93.9
17	Njombe	100.0	100	80.9	97.3	86.5	95.8	100	100	81.8	93.5	88.2	98.0	89.6	97.4
18	Pwani	63.7	84.0	46.9	67.0	52.5	69.2	50.2	69.3	45.6	60.3	76.2	87.8	55.9	72.9
19	Rukwa	44.0	75.9	37.5	69.4	48.3	67.2	43.5	72.9	37.4	57.5	61.7	79.6	45.4	70.4
20	Ruvuma	94.2	100	76.3	91.7	73.9	91.3	83.3	100	74.8	90.9	95.4	100	83.0	95.7
21	Shinyanga	74.0	100	56.6	85.9	61.0	84.7	57.6	83.3	63.3	85.7	74.1	92.3	64.4	88.7
22	Simiyu	94.8	100	67.8	90.9	67.9	86.0	70.0	99.8	76.7	90.9	97.7	99.5	79.2	94.5
23	Singida	59.2	100	46.6	87.9	85.1	97.2	84.9	100	60.8	79.9	68.1	85.8	67.5	91.8
24	Songwe	100	100	80.0	94.7	85.8	97.1	100	100	84.6	95.4	94.0	100	90.7	97.9
25	Tabora	27.6	75.7	57.9	88.5	73.3	91.5	77.5	100	63.5	80.9	69.1	79.9	61.5	86.1
26	Tanga	99.0	100	74.8	89.4	81.9	91.7	93.7	100	69.8	85.3	84.1	96.1	83.9	93.8
Grand Total		86.6	96.7	71.2	91.7	79.0	92.2	83.9	96.6	74.0	87.9	85.9	94.6	80.1	93.3

Table 2 presents the proportion of health facilities reporting per region per month. Rukwa, Shinyanga, Tabora and Pwani regions had the timeliness scores in all months below the national standard target of ≥ 80.0% and the score was lowest in month of May for Rukwa region, which was 37.4%. Two regions, Rukwa and Pwani, had average scores for timeliness and completeness below the national target of ≥80.0%. Five regions, Arusha, Katavi, Kigoma, Njombe and Songwe, regions had scores for timeliness meeting the national target of ≥80.0% in all months. On the other hand, reporting completeness was high, meeting the national standard target of ≥80.0% in all regions except for Pwani and Rukwa.

DISTRIBUTION OF CASES AND DEATHS

Total reported cases for all reportable diseases and conditions from January to June 2020 were 206,601, of which 156,434 were cases of typhoid (Table 3). Overall, there were more cases 136,291 (66.0%) in the population aged below five years and more cases in males, 154,568 (74.8%). During the reporting period, there were 6 deaths, of which 4 were among those aged 5 years and above; 4 were males.

Table 3: Numbers of Cases and Deaths Caused by Reportable Conditions, January - June 2020, by Age and Sex

Condition/Disease	Cases/Deaths	Total	Below 5 yrs Male	Below 5 yrs Female	Above 5yrs Male	Above 5yrs Female
Acute Flaccid Paralysis	Cases	31	11	4	9	7
	Deaths	0	0	0	0	0
Animal Bites	Cases	50,029	30,032	5,520	9,057	5,420
	Deaths	0	0	0	0	0
Anthrax	Cases	6	2	0	2	2
	Deaths	0	0	0	0	0
Bloody diarrhoea	Cases	10	6	4	0	0
	Deaths	0	0	0	0	0
Cerebrospinal Meningitis	Cases	13	7	2	3	1
	Deaths	0	0	0	0	0
Measles	Cases	65	14	8	25	18
	Deaths	0	0	0	0	0

Condition/Disease	Cases/Deaths	Total	Below 5 yrs Male	Below 5 yrs Female	Above 5yrs Male	Above 5yrs Female
Neonatal Tetanus	Cases	3	0	0	1	2
	Deaths	1	0	0	0	1
Suspected Rabies Exposure	Cases	10	5	1	4	0
	Deaths	5	1	1	3	0
Typhoid	Cases	156,434	91,410	9,265	23,980	31,779
	Deaths	0	0	0	0	0
Total	Cases	206,601	121,487	14,804	33,081	37,229
	Deaths	6	1	1	3	1

Table 4: Number of Cases and Deaths Caused by Reportable Conditions, by Month, January – June 2020

Condition/Diseases	January		February		March		April		May		June		Garnd Total		CFR %
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	
Acute Flaccid Paralysis	8	0	8	0	7	0	5	0	1	0	2	0	31	0	0
Animal Bites	7,289	0	7,093	0	9,430	0	13,881	0	8,858	0	3,478	0	50,029	0	0
Anthrax	0	0	0	0	1	0	1	0	1	0	3	0	6	0	0
Bloody diarrhoea	4	0	1	0	0	0	1	0	3	0	1	0	10	0	0
Cerebrospinal Meningitis	7	0	0	0	0	0	0	0	3	0	3	0	13	0	0
Measles	1	0	4	0	24	0	2	0	8	0	26	0	65	0	0
Neonatal Tetanus	0	0	0	0	2	1	1	0	0	0	0	0	3	1	33
Suspected Rabies Exposure	2	1	0	0	5	2	1	1	1	1	1	0	10	5	50
Typhoid	23,215	0	19,638	0	31,323	0	30,089	0	31,263	0	20,906	0	156,434	0	0
Total	30,526	1	26,744	0	40,792	3	43,981	1	40,138	1	24,420	0	206,601	6	0

Table 4 provides the number of cases and deaths caused by immediate reportable conditions each month during January through June 2020. Most cases were reported every month with exception of neonatal tetanus (NNT), which was only reported in the months of March and April. There were more cases of typhoid in the month of March, 31,323 (20.0%). Of the 6 reported deaths, 5 were caused by rabies. The condition with highest case fatality rate was suspected rabies exposure;, 5 of 10 persons with suspected rabies exposure died.

Table 5: Number of reported cases of illnesses by region, January –June 2020

Regions	Acute Flaccid Paralysis	Animal Bites	Anthrax	Bloody diarrhoea	Cerebrospinal Meningitis	Measles	Neonatal Tetanus	Suspected Rabies Exposure	Typhoid	Total
Arusha	17	986	5	0	0	29	0	0	4,391	5,428
D'salaam	0	2,586	0	0	0	0	0	0	9,052	11,638
Dodoma	0	7,263	0	0	0	0	0	0	11,973	19,236
Geita	2	1,890	0	0	0	0	0	2	5,085	6,979
Iringa	0	1,878	0	0	0	0	0	1	2,702	4,581
Kagera	1	1,755	0	1	0	26	0	1	5,086	6,870
Katavi	0	250	0	0	0	0	0	0	1,756	2,006
Kigoma	0	2,841	0	0	0	0	1	1	4,849	7,692

Regions	Acute Flaccid Paralysis	Animal Bites	Anthrax	Bloody diarrhoea	Cerebrospinal Meningitis	Measles	Neonatal Tetanus	Suspected Rabies Exposure	Typhoid	Total
K'njaro	0	910	1	5	0	0	0	0	7,162	8,078
Lindi	0	295	0	0	0	0	0	1	4,387	4,683
Manyara	0	1,331	0	0	0	0	0	1	3,115	4,447
Mara	2	706	0	0	0	2	0	0	3,538	4,248
Mbeya	0	1,876	0	1	0	0	2	1	13,478	15,358
Morogoro	1	3,616	0	2	0	0	0	1	12,672	16,292
Mtwara	0	2,800	0	0	3	5	0	0	2,331	5,139
Mwanza	2	723	0	0	0	0	0	0	2,522	3,247
Njombe	0	1,565	0	0	0	0	0	0	8,635	10,200
Pwani	0	671	0	1	0	1	0	0	2,746	3,419
Rukwa	0	4,069	0	0	3	0	0	0	2,861	6,933
Ruvuma	0	1,820	0	0	0	0	0	0	8,576	10,396
Shinyanga	4	3,004	0	0	3	1	0	0	3,475	6,487
Simiyu	0	242	0	0	1	0	0	0	6,069	6,312
Singida	2	1,921	0	0	0	0	0	0	12,700	14,623
Songwe	0	250	0	0	0	0	0	0	4,424	4,674
Tabora	0	1,781	0	0	3	1	0	0	8,756	10,541

Regions	Acute Flaccid Paralysis	Animal Bites	Anthrax	Bloody diarrhoea	Cerebrospinal Meningitis	Measles	Neonatal Tetanus	Suspected Rabies Exposure	Typhoid	Total
Tanga	0	3,000	0	0	0	0	0	1	4,093	7,094
Total	31	50,029	6	10	13	65	3	10	156,434	206,601

During the 6 months beginning January 2020, a total of 206,601 cases of reportable conditions were reported whereby all 26 regions reported typhoid and animal bites cases with 13,478 of 156,443 (8.6%), and 4,069 of 50,029 (8.1%) being reported from Mbeya and Rukwa region, respectively (Table 5). Overall, Dodoma region reported most of the cases, 19,236 of 206,601 (9.3%).

CONCLUSION

The IDSR analyzed data for January to June 2020 (WHO week 1-26) showed that performance based on timeliness and completeness was high. The overall average completeness and timeliness met the national standard of ≥80%. Similarly, in all months, January to June, completeness averages met the national standard of ≥80%. This suggests improvement in the data capturing and reporting system. During the reporting period typhoid fever emerged and was reported in all regions. This highlights the need to institute measures to avoid contamination of drinking water and food. Five deaths were among persons exposed to suspected rabies, calling for the Government to vaccinate dogs as a preventive measure.

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MUHTASRI: Mkakati wa Ufuatiliaji na Udhibiti wa Magonjwa ya Mlipuko (IDSR): Ripoti ya miezi Sita, Januari –June 2020 (wiki ya 1 hadi 26 ya Shirika la Afya Duniani (WHO)

Wizara ya Afya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto iliendelea kufanya ufuatiliaji wa magonjwa ya mlipuko yanayotolewa taarifa kwa ajili ya udhibiti wa mapema kabla hayajasambaa na kuleta maafa. Makala hii inatoa taarifa za Mkakati wa Ufuatiliaji na Udhibiti wa Magonjwa ya Mlipuko (IDSR) kwa kipindi cha miezi 6 kutoka Januari hadi Juni 2020, ambayo ni wiki ya 1 hadi 26 ya Shirika la Afya Duniani (WHO). Takwimu zilichambuliwa ili kutathmini ufanisi wa utendaji kitaifa na kwa kila mkoa, kufahamu idadi ya matukio ya magonjwa na vifo na jinsi yalivyotokea kulingana na umri, jinsia, mwezi na mkoa. Katika makala hii haitajumuisha matukio ya ugonjwa wa korona ambao unatolewa taarifa kupitia mfumo tofauti.

Mikoa yote 26 ya Tanzania Bara iliwasilisha taarifa katika ngazi ya kitaifa kwa wastani wa utimilifu (timeliness) wa asilimia 81.1 na ukamilifu (completeness) kwa asilimia 93.3. Utendaji wa wastani wa mikoa yote 26 kwa miezi 6 ilifikia lengo la kitaifa la asilimia 80 au zaid kwa ukamilifu, wakati utimilifu, lengo la kitaifa la asilimia 80 au zaidi lilifikiwa tu kwa miezi ya Januari, Aprili na Juni. Mikoa yote 26 wastani kiwango cha ukamilifu kwa kipindi cha miezi yate 6 ilifikia lengo la kitaifa la asilimia 80 au zaidi isipokuwa mikoa miwili ya Rukwa, na Pwani. Kwa upande wa utimilifu, wastani wa utendaji wa mikoa 8 ilishindwa kufikia lengo la kitaifa la asmimia 80 au zaidi.

Kiujumla, idadi ya matukio ya magonjwa 206,601 na vifo 6 viliripotiwa kwa magonjwa na hali zote zinazoripotiwa na IDSR. Tukio la ugonjwa lililoripotiwa kwa wingi zaidi lilikuwa homa ya matumbo ambapo yalikuwepo jumla ya matukio 156,434, sawa na asilimia 75.7 ya matukio ya magonjwa yote yaliripotiwa kutoka mikoa yote 26. Homa ya matumbo liripotiwa kutoka mikoa yote 26 na mkoa wa Mbeya ulikuwa ma matukio mengi 13,478 sawa na asilimia 8.6. Kulikuwa na visa zaidi vilivyoripotiwa kwa wanaume 91,410 chini ya miaka 5 na wanawake 31,779 katika kundi la watu la miaka 5 na zaidi. Katika kipindi hiki cha miezi 6, kulikuwa na vifo 6, ambapo 4 walikuwa kutoka kwenye kundi la wenye umri wa miaka 5 na zaidi na 4 walikuwa wanaume. Kati ya vifo 6 vilivyoripotiwa, 5 walikuwa wanatokana na visa vilivyo shukiwa kuwa na ugonjwa wa kichaa cha mbwa. Ugonjwa ambao ulionekana kuwa na kiwango cha juu cha uwezekano wa kuua washukiwa (Case Fatality Rate) ni ugonjwa wa wa kichaa cha mbwa, ambapo wagonjwa 5, sawa na asilimia 50 kati ya washukiwa 10 walipoteza maisha.

Kwa kuhitimisha, kwa ujumla utimilifu na ukamilifu ulikuwa juu, kufikia kiwango cha kitaifa cha asilimia 80% au zaidi. Hata hivyo, mikoa 8 ilishindwa kufikia kiwango cha kitafa kwa utimilifu pamoja na ukamilifu. Homa ya matumbo (typhoid fever) iliibuka na kuripotiwa katika mikoa yote, hii inaonyesha uhitaji kuzuia uchafuzi wa maji ya kunywa na chakula. Vifo 5 vilivyotokana na ugonjwa wa kichaa cha mbwa ni kiashiria kwa Serikali kuhakikisha mbwa wanachanjwa ikiwa na njia ya kinga. kuimarisha mpango ichape mbwa kama njia ya kinga.

Rift Valley fever in Tanzania: new insights on infection risks and inter-epidemic outbreaks

Dr. Blandina Mmbaga

KEY MESSAGES

Investigation of livestock abortion events revealed a previously unreported cluster of Rift Valley fever (RVF) cases in cattle in mid-2018 in peri-urban areas of Moshi and Hai Districts.

RVF virus has been circulating regularly in northern Tanzania at low levels since the last major outbreak in 2006/7.

Human and animal cases are likely to go undetected and unreported during inter-epidemic periods.

Milk is likely to be an important source of human RVF infection.

Livestock disease surveillance is likely to be valuable for early detection of RVF and outbreak preparedness.

PROBLEM STATEMENT

Rift Valley fever (RVF) is a mosquito-borne disease that is typically associated with major disease outbreaks that occur every 10-20 years during periods of heavy rainfall and flooding. Large outbreaks are characterised by high rates of abortion and neonatal mortality in livestock, followed by cases and deaths in people1. RVF interventions tend to be implemented only during outbreaks and only after the first human cases are detected, by which time outbreaks are likely to be well established and widespread.

Recent studies in northern Tanzania have shown that RVF virus has been circulating in people and livestock throughout the inter-epidemic period since 20062, but cases are likely to be going undetected. This was shown by the detection of an unreported outbreak in cattle in peri-urban areas of Moshi and Hai in mid 20182. During this outbreak, RVF virus nucleic acid was detected in the milk of three aborting dams. Studies in Tanzania3 and elsewhere4 that show consumption of unboiled milk is strongly associated with human seropositivity. Collectively, these findings suggest that milk is likely to be an important source of RVF virus infection in people, but there remains only limited awareness about this route of transmission.

POLICY OPTIONS

» Improving capacity for surveillance and laboratory diagnosis of RVF cases in people and livestock.

» Improving awareness that RVF may be the cause of cases of undifferentiated fever in people and abortion in ruminant livestock even during inter-epidemic periods.

» Dissemination of public health messages about unboiled milk as an important potential source of RVF infection for people.

Figure 1 A:

Figure 1B

Figure 1 A: Livestock abortion can provide an early signal of RVF outbreaks and Figure 1B: Simple and safe methods can be used to collect samples for laboratory diagnosis.

RECOMMENDATIONS

The major recommendation is to improve capacity for One Health surveillance and laboratory diagnosis of RVF cases in people and animals to enhance Tanzania's capacity to detect and respond to RVF outbreaks.

Recent studies demonstrate the value of RT-PCR diagnostics for detecting RVF cases in livestock and show that surveillance systems can feasibly be set up for effective reporting, safe sampling and rapid diagnosis of livestock abortion events.

Improved capacity for RVF diagnosis in people is also needed to identify whether and to what extent RVF is the cause of undifferentiated febrile illness during inter-epidemic periods.

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Homa ya Bonde la Ufa Nchini Tanzania: Ufahamu Undani Mpya Juu ya Viashiria Hatari vya Kuambukizwa na Kati ya Milipuko ya Magonjwa

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UJUMBE MUHIMU

Uchunguzi wa utoaji/utupaji mimba wa mifugo ulionyesha taarifa ambayo haijawahikuripotiwa hapo awali ya matukio ya homa ya Bonde la Ufa (RVF) katika ng'ombe katikati ya mwaka wa 2018 katika maeneo ya pembezoni wa miji ya Wilaya za Moshi na Hai.

Virusi vya RVF vimekuwa vikisambaa mara kwa mara kaskazini mwa Tanzania kwa viwango vya chini tangu mlipuko mkubwa wa mwisho mnamo mwaka 2006/7

Matukio ya kibinadamu na wanyama yanaweza kwenda bila kutambuliwa na kuripotiwa wakati wa vipindi vya janga

Maziwa inawezekana kuwa chanzo muhimu cha maambukizi ya RVF kwa binadamu

Ufuatiliaji wa magonjwa ya mifugo unaweza kuwa muhimu kwa kugundua mapema RVF na utayarishaji wa kupambana na mlipuko

TAARIFA JUU YA CHIMBUKO LA TATIZO

Homa ya Bonde la Ufa (RVF) ni ugonjwa unaosambazwa na mbu ambao kawaida unahusishwa na milipuko mikubwa ya magonjwa ambayo hutokea kila baada ya miaka 10-20 wakati wa mvua kubwa na mafuriko. Mlipuko mkubwa unaonyeshwa na viwango vya juu vya utupaji/utoaji mimba na vifo vya ndama wachanga katika mifugo, ikifuatiwa na matukio ya ugonjwa na vifo kwa watu1. Hatua za kinga kwa RVF huwa zinatekelezwa tu wakati wa milipuko na mara baada ya mgonjwa wa kwanza kugunduliwa, ambayo kwa wakati huo milipuko inaweza kuwa imefahamika na kuenea maeneo mbalimbali.

Taarifa za utatifi zilizofanyika hivi karibuni kaskazini mwa Tanzania zimeonyesha kuwa virusi vya RVF vimekuwa vikisambaa kwa watu na mifugo katika kipindi chote kati ya milipuko tangu 20062, lakini kunauwezekano mkubwa wa matukio ya ugonjwa kuwepo bila ya kutogundulika. Hii imethibitishwa na kugundulika kwa mlipuko usioripotiwa kwa ng'ombe katika maeneo ya pembezoni mwa miji ya Moshi na Hai katikati ya mwaka wa 20182. Wakati wa mlipuko huu, viini vya virusi (virus nucleic acid) vya RVF viligunduliwa katika maziwa ya ng'ombe watatu waliotoa/haribu mimba. Tafiti zilizo fanyika nchini Tanzania3 na kwingineko4 ambako matokeo yanaonyesha matumizi ya maziwa yasiyochemshwa yanahusishwa sana na maambukizi ya virusi vya RVF kwa binadamu. Kwa ujumla, matokeo haya ya tafiti yanaonyesha kuwa maziwa yanaweza kuwa chanzo muhimu cha maambukizi ya virusi vya RVF kwa binadamu, lakini bado kuna ufahamu mdogo juu ya njia hii ya uambukizaji.

MAONI KISERA

Kuboresha uwezo wa ufuatiliaji na uchunguzi wa maabara ya matukukio ya RVF kwa binadamu na mifugo.

Kuboresha uelewa juu ya ugonjwa wa RVF kuwa unaweza kusababishwa na homa zisizotofautishwa kwa binadamu na kutoka ama kuharika kwa mimba kwa mifugo hata wakati wa vipindi kati ya milipuko ya ugonjwa.

Usambazaji wa ujumbe mahususi wa afya kwa umma kuhusu maziwa yasiyochemshwa kuwa ni chanzo muhimu cha maambukizi ya RVF kwa binadamu.

Kielelezo1 A:

Kielelezo1B

Kielelezo 1 A: Utoaji mimba wa mifugo unaweza kutoa ishara mapema ya milipuko ya ugonjwa wa RVF na Kielelezo 1B: Njia rahisi na salama zinaweza kutumiwa kukusanya sampuli za uchunguzi wa maabara.

MAPENDEKEZO

Mapendekezo makubwa ni kuboresha uwezo wa ufuatiliaji kwa mpango wa Afya Moja na utambuzi wa maabara wa matukio ya RVF kwa binadamu na wanyama ili kuongeza uwezo wa Tanzania kugundua na kukabiliana na milipuko ya RVF.

Uchunguzi wa hivi karibuni unaonyesha thamani ya uchunguzi kwa kutumia kipimo cha kiini cha vinasaba ya virusi (RT-PCR) kwa kugundua matukio ya RVF katika mifugo na kuonyesha kuwa mifumo ya ufuatiliaji inaweza kusanidia kwa kutoa taarifa bora, uchukuaji salama wa sampuli na kufanya utambuzi wa haraka wa kimaabara wa matukio ya utoaji mimba wa mifugo.

Kuboresha uwezo wa utambuzi wa RVF kwa binadamu pia inahitajika kutambua ikiwa na kwa kiwango gani RVF ndio unaosababisha ugonjwa wa homa usiojulikana wakati wa vipindi vya kati ya majanga.

Jarida la Afya ya Jamii Tanzania, Wizara ya Afya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto)
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