Kabeela Sambwa<sup>1</sup>, Martin. Mwansa<sup>1</sup>, Lindiwe.Tembo<sup>2</sup>, James.Zulu<sup>1</sup>,<sup>2</sup>, Dabwitso. Banda<sup>1,2</sup>, Nyambe. Sinyange<sup>1,2</sup>, Kenneth. Daka <sup>3</sup>

1. Zambia Field Epidemiology Training Program, Lusaka Zambia, 2. Zambia National public Health Institute, Lusaka Zambia, 3. Chadiza District Health Office, Chadiza Zambia.

The *Malaria Rapid Reporting System* (MRRS) generally met its core objective of *monitoring disease trends* and performed well against several key evaluation criteria, but required improvement in reporting *timeliness* and system *flexibility*.

#### **BACKGROUND**

Malaria remains an important global health challenge. This requires a robust surveillance system for effective control and elimination. Malaria rapid report system (MRRS) in Chadiza district had not been evaluated in the past 3 years. We evaluated the MMRS to describe the system, assess if it was meeting the set objective and attributes.

#### **METHODS**

We conducted a mixed - method descriptive study. We assessed the attributes using United States Centers for Disease Control (CDC) surveillance system guidelines. We purposively selected 10 health facilities and interviewed sixty-two (62) malaria focal point persons. Malaria data was abstracted from MRRS-DHIS2. Data were analysed with Microsoft excel and R.

## **RESULTS**

Figure 1: Malaria rapid report system flowchart in Chadiza District, 2021-2023

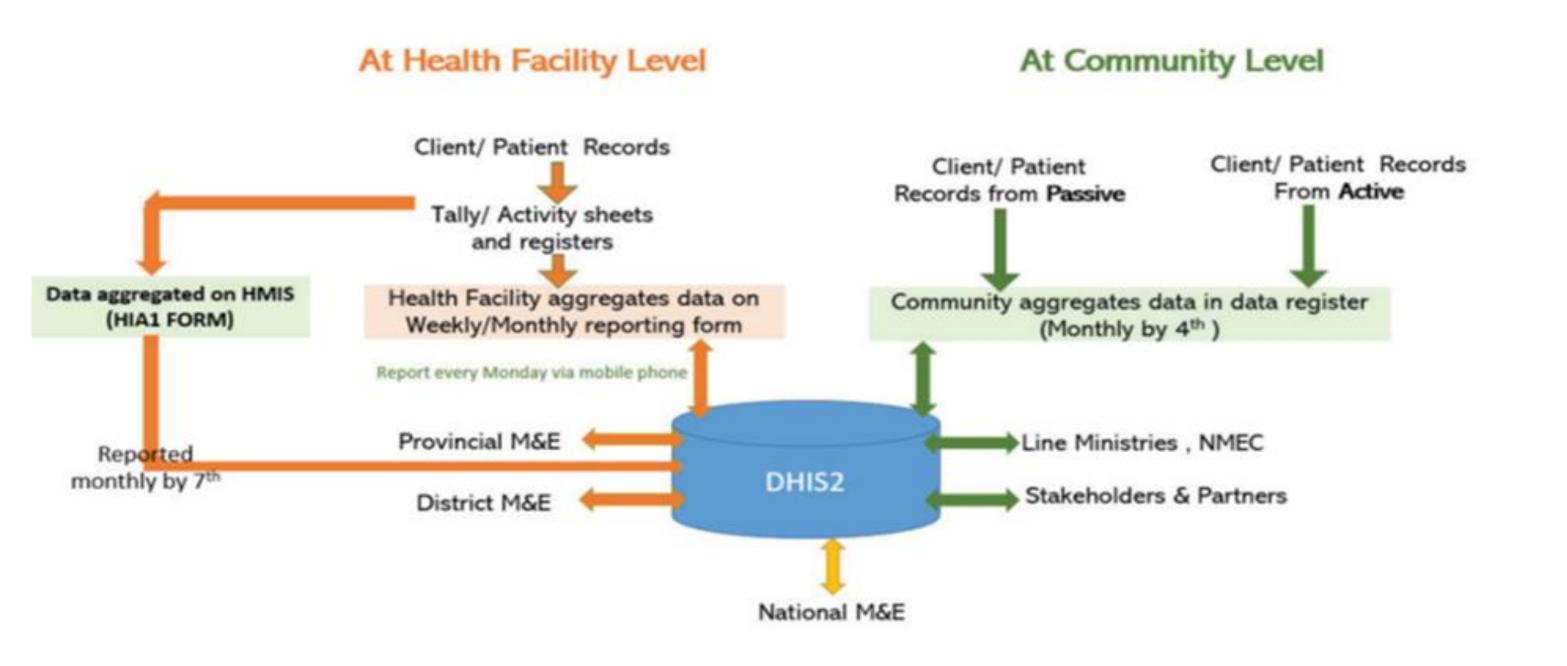
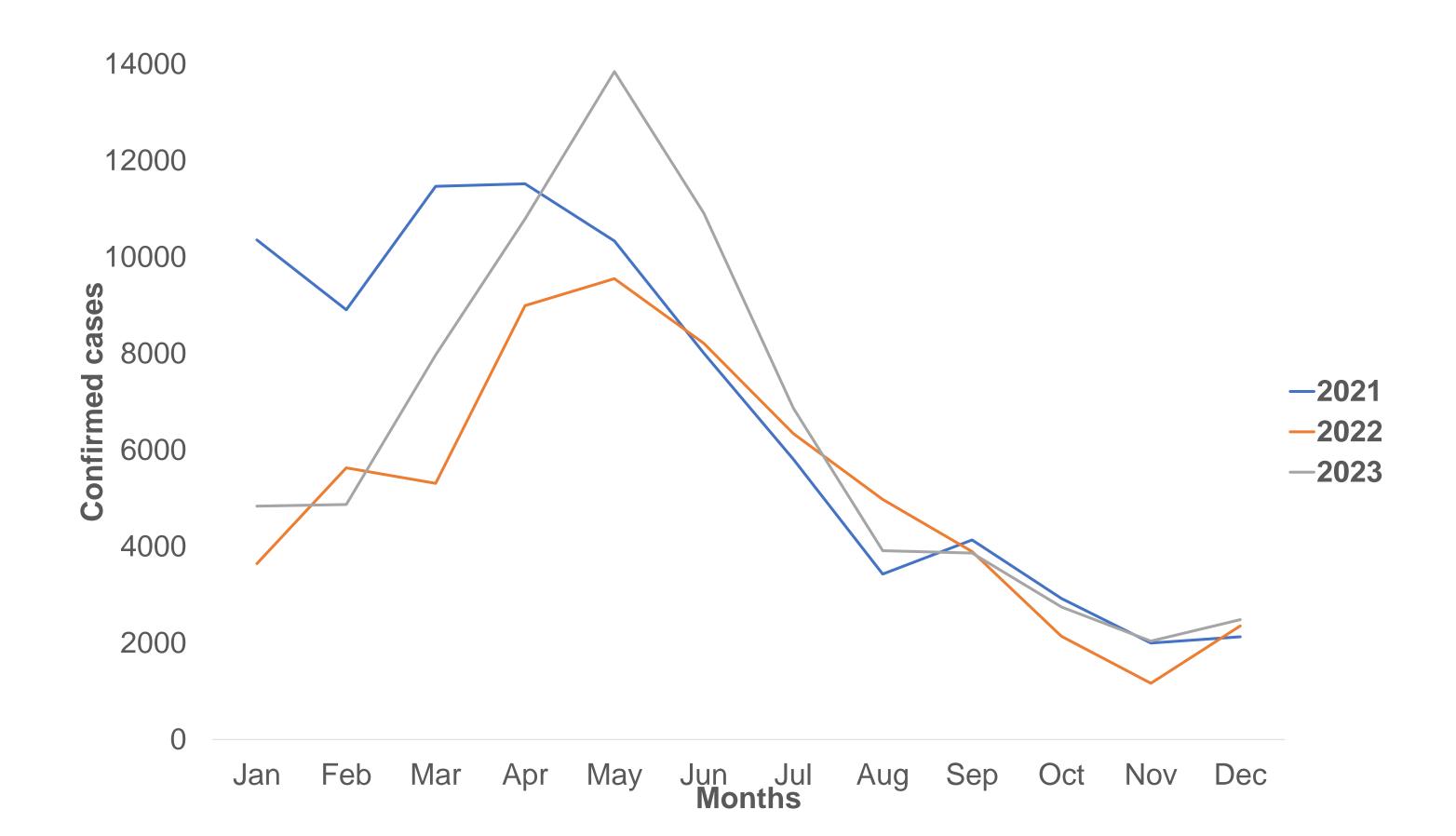


Figure 2. Trends of confirmed malaria cases in Chadiza district, 2021-2023



The graph depicits's the system's ability to provide information for monitoring the disease trend.

#### **RESULTS CONTINUED**

Figure 3: Timeliness and completeness of data at facility and community level in Chadiza district, 2021-2023

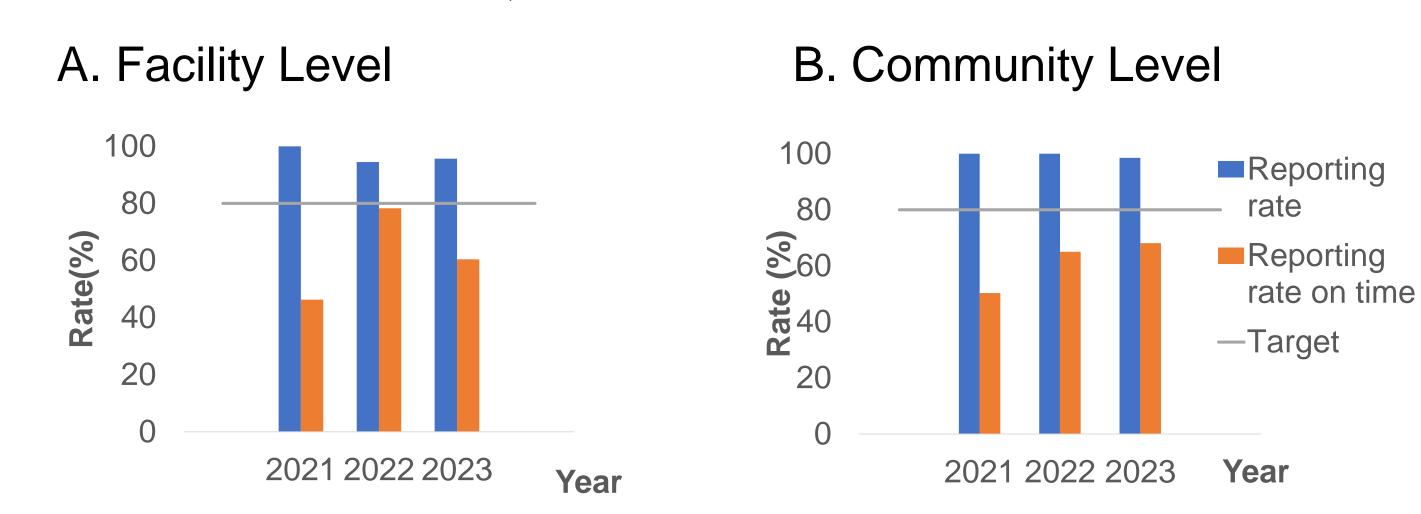
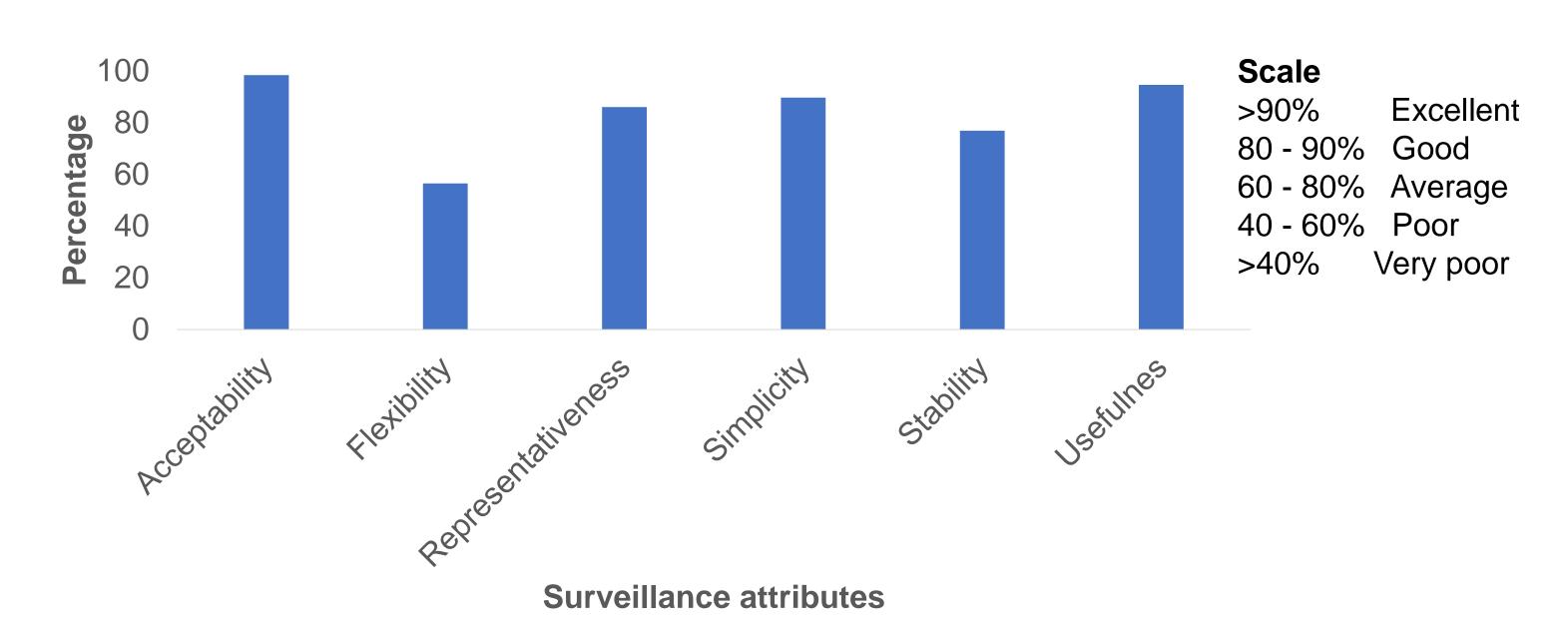


Figure 4: Malaria focal points perceptions regarding the surveillance system in Chadiza district, 2024



### CONCLUSION

The MRRS was implemented in all facilities. It included active and passive surveillance. It met its objective of monitoring disease trends. The system was simple, useful, acceptable, stable representative but not flexible. Reporting was complete but not timely. We recommended frequent supportive supervision to improve timeliness of reporting. Integrating the system with other public health programs and need for polyvalent community based volunteers.

### **ADDITIONAL KEY INFORMATION**

### **Additional resources**

Centers for Disease Control and Prevention. Updated guidelines for evaluating public health surveillance systems: recommendations from the guidelines working group. MMWR 2001; 50:(RR- 13)

### Acknowledgment

- Chadiza District Health Office, Zambia
- Center for Disease Control and prevention, Lusaka, Zambia
- ❖ National Malaria Elimination Center, Lusaka, Zamia
- Zambia National Public Health Institute, Lusaka Zambia

# **Funding source**

Presidential Malaria Initiative –CDC

### **Authors contact information**

Kabeela Sambwa, Zambia -FETP, kabeelasambwa@gmail.co

