

Malaria: total reported cases

The maps of reported malaria cases for 1996 (Figure 7), 1997 (Figure 8) and 1998 (Figure 9) represent total case numbers reported per unit area in each country in those years in the course of the routine national malaria programs, regardless of the method of diagnosis. This database thus includes cases determined by clinical diagnosis and those for which laboratory confirmation has been received and recorded. As noted earlier, for China and Thailand in all three years, and for Lao PDR in 1996, only confirmed cases are reported, whereas for Cambodia, Myanmar and Viet Nam confirmed plus clinically defined cases are reported for all three years. This presentation reflects the picture unadjusted for administrative unit area size or population numbers but represents the crude disease burden in the format recorded at that time.

Although there are changes over the 3 years in the numbers of cases in some administrative unit areas, these shifts tend to be small or moderate, so that the overall patterns are seen to change relatively little from year to year. In the case of Lao PDR the apparent rise in case numbers between 1996 and 1997 is not real but is simply due to the different basis of reporting for those two years.

These figures are yearly totals: monthly reporting might be expected to show greater variation, as inferred, for example, in published Thai monthly data (Indaratna *et al*, 1998).

The overall pattern shows uneven clustering of cases in certain parts of the region, with concentration in large areas of Cambodia, Lao PDR, Myanmar and Viet Nam and in some areas of Thailand. Relatively low case numbers are recorded in the 3 Chinese provinces, northeastern Thailand and the two river delta areas of Viet Nam.

Examination of individual unit areas with very high case numbers is instructive: in some there is a noticeable rise or fall in numbers from one year to the next. Monthly or seasonal data access could add greatly to interpretation of such fluctuations, as also could information on technical inputs and infrastructural changes. However, the constant high case numbers in Tak Province of Thailand, for example may well reflect multi-sectoral causes.

What this mapping exercise permits is a regional overview of both constant and changing patterns of malaria transmission as a backdrop for more informed national planning and for inter-country strategy development. It allows each country program to have greater awareness of the burden of disease that the others have to cope with. Using the total reported case numbers focuses on the magnitude of this burden in the context of resource allocation.

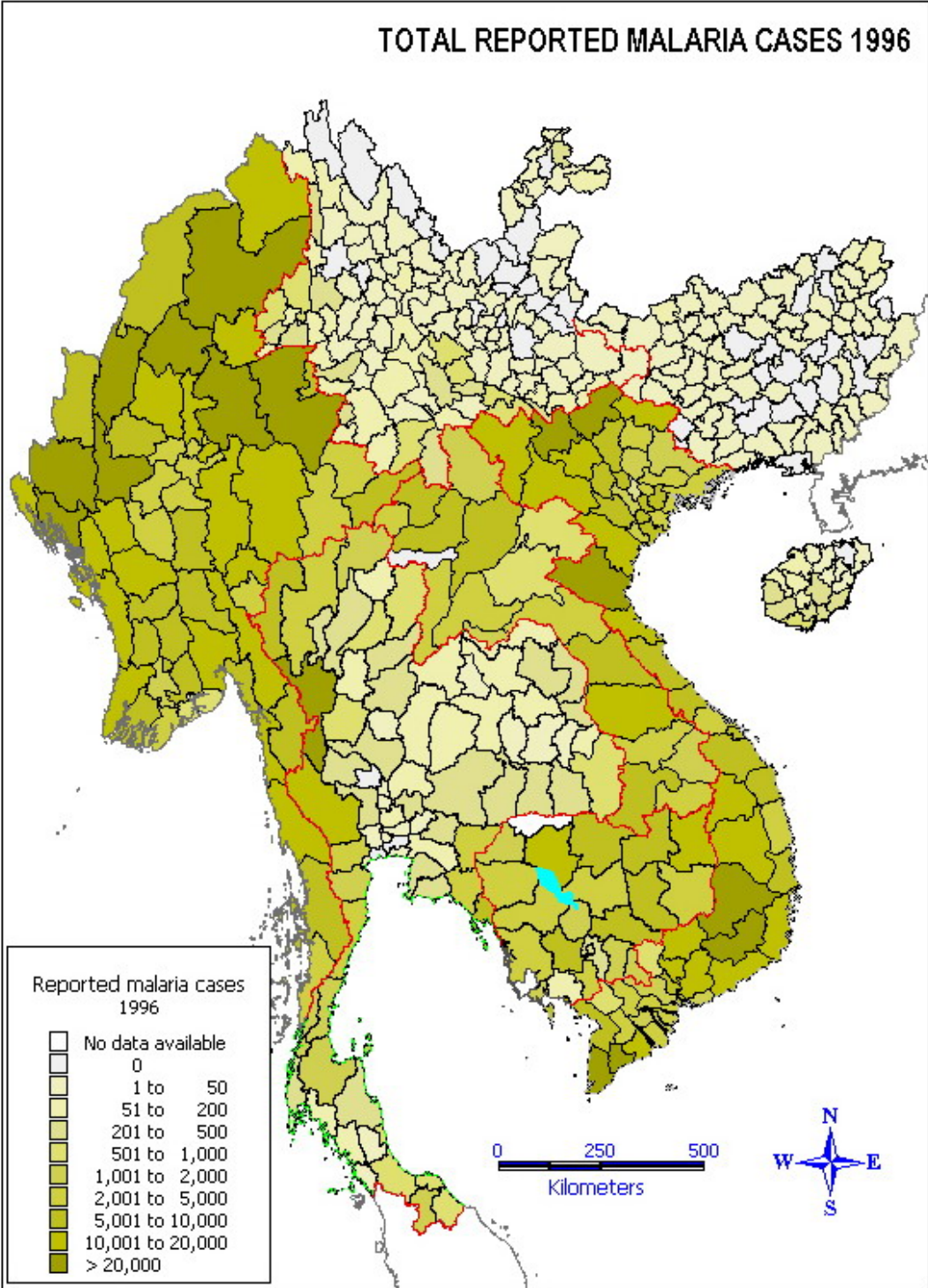


Figure 7.

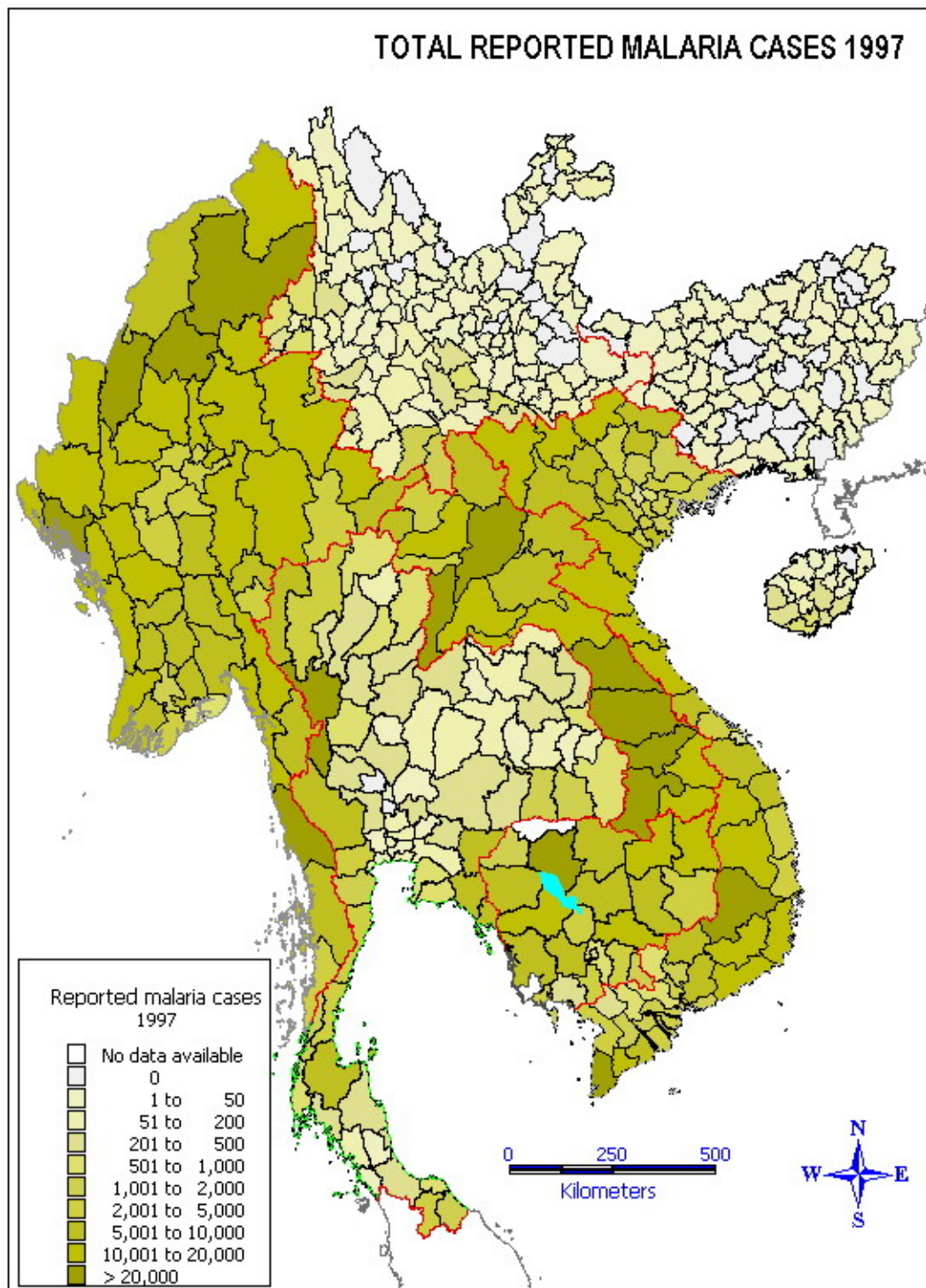


Figure 8.

TOTAL REPORTED MALARIA CASES 1998

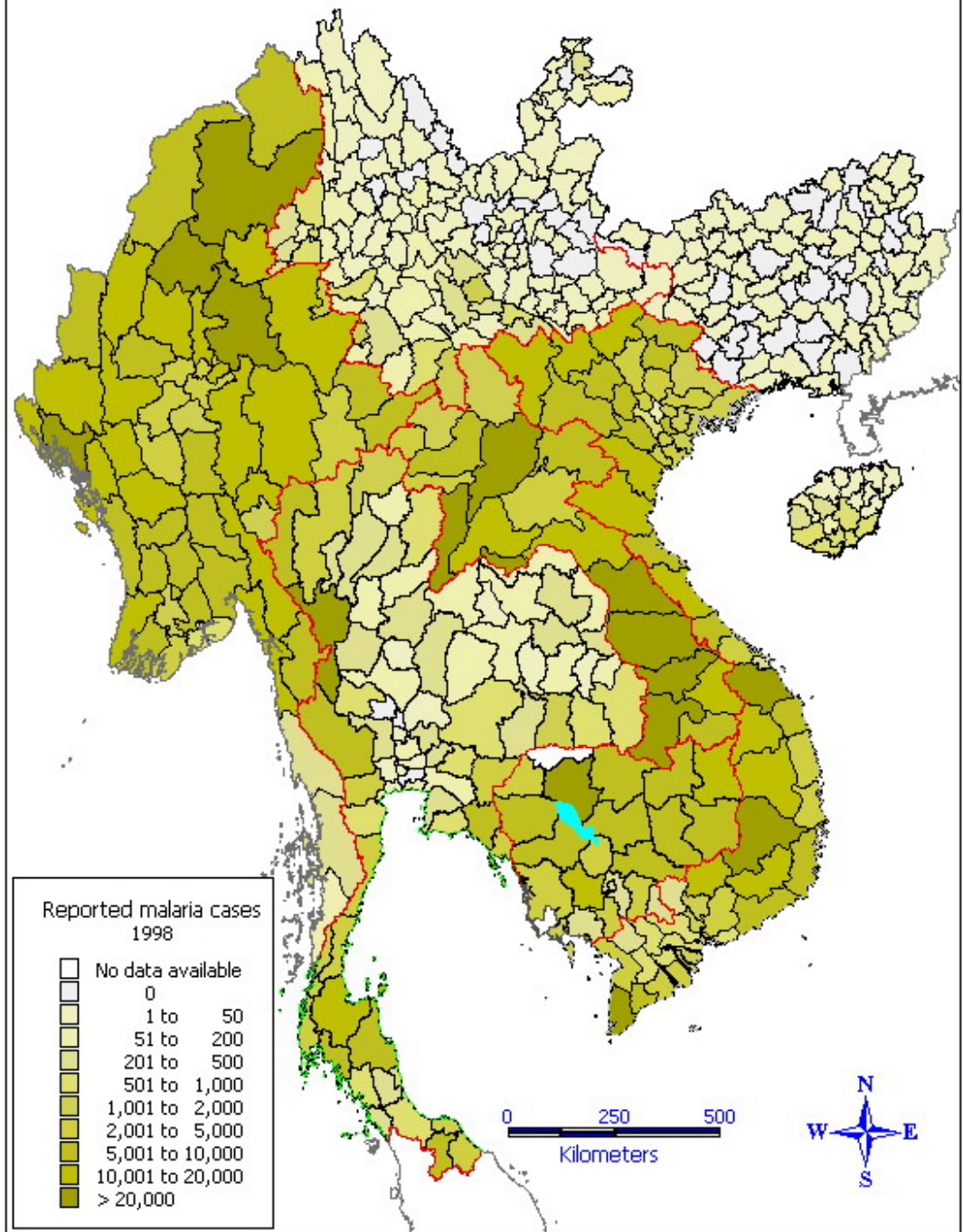


Figure 9.