

# ् श्रुट्ग्र्यथ्याश्चित्रद्भग्याद्मराम्यद्भावा



# **Quarterly Morbidity & Activity Report**

Vol.IV, Issue I (January - March 2011)

June 2011

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#### Editorial

To make the best use of the information in the QMAR for evidence based interventions, the QMAR team is trying hard to make the QMARs as user friendly as possible.

In this light, we have given the program reports in this issue of QMAR. Now the programs are expected to at least read and analyze their respective program report and make the informed decisions.

Further, we have decided that henceforth in the first three issues of every volume of QMAR we will give the reports for the preceding quarter and on the fourth issue of every volume we will also compare the four quarters reports and include the significant changes or trend observed.

We hope the programs and other stakeholders would read every issue of QMAR and make the best use of available information. The QMAR

publishing team wishes you all a very happy reading of QMAR and a good health to all the people.

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#### 1. Timeliness of the Report:

In this quarter (Jan-Mar 2011) all the dzongkhags except **Pemagatshel Dzongkhag** have reported on time. This report will cover only the data received by Health Management and Information System(HMIS), namely, the morbidity and activity reports. There are many vertical reporting systems and the number varies from dzongkhag to dzongkhag. The data of such reporting systems are not included as its reliability and consistency is not assessed.

#### 2. Programs Report

#### 2.1 Reproductive Health Program

Earlierthe RH Program was called Maternal and Child Health (MCH), and it was started in 1970s to address the problems of high maternal mortality ratio (MMR), high infant mortality rate (IMR) and high population growth rate in Bhutan. RH program includes Antenatal Care, Care during delivery, postnatal care, and care of children up to 5 years of age. Immunization of children and pregnant mother with tetanus toxoid has become an important component of the program.

The need to address the broader aspects of reproductive health of men, woman and adolescents has resulted in the adoption of reproductive health concept in 1997. Considering the prevailing health conditions, infrastructure and available human resource, the following were identified as priority elements of Reproductive Health – Family Planning, Safe Motherhood, Prevention and Management of complicated abortion, Newborn care, RTI/STD/HIV, Prevention and Management of Infertility, Adolescent Reproductive Health, Childcare and Reproductive Tract and Breast Cancer.

#### **Status:**

**Table 2.1.i:** Status of Reproductive health indicators as of 2005

RH Indicators	9 <sup>th</sup> Plan Target	9 <sup>th</sup> Plan Targets	
	Baseline	Targets	Achievements
CPR	30.7%	60%	35% (BLSS)
Growth Rate	2.55	2	1.3 (PHCB, 2005)
TFR	4.7	4 <	2.6 (PHCB, 2005)
IMR/1000 LB	60.5	30	41 (2005)
U5 MR/1000 LB	84/1000 LB	50	62 (2007)
MMR / 100,000 LB	255	>200	255 (2000)
ANC attendance	51%	100%	80% (2009)
Attended deliveries	23.7%	50%	68% (BHMIS)
Cervical Cancer Screening	4%	40%	20% (RH,2006)
Coverage			

Information related to Reproductive Health for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of QMAR:-

## i. Ante-Natal Care & TT 2+/others

District	1st Vist	2nd Visit	3rd Visit	4th visit	4+ visit	TT 2+	TT other
Bumthang	89	77	71	65	38	78	288
Chukha	329	336	336	287	600	282	807
Dagana	114	85	65	64	81	86	356
Gasa	11	5	8	5	1	12	2
Наа	44	39	34	31	46	36	77
Lhuentse	70	63	64	40	28	62	222
Mongar	203	182	157	130	131	170	341
Paro	168	141	135	118	268	129	598
Punakha	108	112	104	96	153	80	151
SJongkhar	166	147	116	88	141	131	197
Samtse	253	239	211	199	360	216	1031
Sarpang	192	159	153	148	263	172	476
Thimphu	604	493	525	427	975	531	562
Trashigang	198	175	181	130	97	180	571
TrashiYangtse	92	72	56	43	28	78	167
Trongsa	77	100	38	26	52	60	159
Tsirang	86	78	65	59	52	87	268
Wangdi	193	149	163	119	217	156	600
Zhemgang	101	81	54	33	37	94	175
Total	3098	2733	2536	2108	3568	2640	7048

## ii. Attended Deliveries

District	Home	Facility	Vacuum
Bumthang	5	2	2
Chukha	3	9	0
Dagana	5	10	4
Gasa	1	0	0
Наа	0	0	0
Lhuentse	0	8	0
Mongar	16	18	2
Paro	0	3	0
Punakha	0	4	0
SJongkhar	11	3	0
Samtse	32	4	0
Sarpang	1	19	0
Thimphu	0	0	0
Trashigang	9	20	0
TrashiYangtse	0	2	0
Trongsa	0	4	0
Tsirang	1	4	0
Wangdi	11	8	0
Zhemgang	14	7	0
Total	109	125	8

# iii. Post-Natal Care

District	1st Vist	1+ visit
Bumthang	3	0
Chukha	11	4
Dagana	17	7
Gasa	2	0
Наа	2	3
Lhuentse	12	4
Mongar	36	39
Paro	11	2
Punakha	10	4
SJongkhar	16	11
Samtse	26	34
Sarpang	17	19
Thimphu	0	0
Trashigang	31	22
TrashiYangtse	18	10
Trongsa	4	2
Tsirang	6	5
Wangdi	12	12
Zhemgang	22	5
Total	256	183

iv. Family Planning

iv. Family F	v. Family Planning				
District	IUD	Oral	DMPA	Condom	
		Pills		Distributed	
Bumthang	0	272	212	1725	
Chukha	0	233	303	2140	
Dagana	0	347	521	3518	
Gasa	0	10	65	576	
Наа	0	39	66	289	
Lhuentse	1	86	156	1418	
Mongar	0	466	655	15580	
Paro	0	61	148	1296	
Punakha	0	97	166	802	
SJongkhar	0	169	300	1908	
Samtse	0	255	327	2774	
Sarpang	5	334	485	5674	
Thimphu	0	18	132	1610	
Trashigang	6	381	711	5831	
TrashiYangtse	1	82	162	822	
Trongsa	2	112	210	2775	
Tsirang	0	240	319	1532	
Wangdi	0	102	276	2704	
Zhemgang	0	287	394	4810	
Total	15	3591	5608	57784	

#### v. Cervical Cancer

Cervical Cancer cases are reported only by the three referral hospitals namely, Jigme Dorji Wangchuck National Referral Hospital, Mongar Regional Referral Hospital and Gelephu Regional Referral Hospital. In Jan-March, 2011, following number of cases were reported:

District_Name	SumOf0to29DaysM	
Mongar	No Report	
Sarpang	24	
Thimphu	24	

vi. Pregnancy, Child birth and Puerperium

District	Disease	Cases	Disease	Cases
Bumthang	Pregnancy Induced	15	Abortions	3
	Hypertension			
	Ante-Partum	0	Post Partum Haemorrhage	6
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	3	Retained Placenta	15
	Prolonged Labour	6	Puerperal Sepsis	0
	Obstructed Labour	3	Other complications of	63
			pregnancy	
Chukha	Pregnancy Induced	66	Abortions	102
	Hypertension			
	Ante-Partum	12	Post Partum Haemorrhage	9
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	6	Retained Placenta	9
	Prolonged Labour	30	Puerperal Sepsis	12
	Obstructed Labour	0	Other complications of	183
			pregnancy	
Dagana	Pregnancy Induced	0	Abortions	6
	Hypertension			
	Ante-Partum	0	Post Partum Haemorrhage	6
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	6	Retained Placenta	12
	Prolonged Labour	3	Puerperal Sepsis	0
	Obstructed Labour	3	Other complications of	75
			pregnancy	
Gasa	Pregnancy Induced	0	Abortions	3
	Hypertension			
	Ante-Partum	0	Post Partum Haemorrhage	0
	Haemorrhage &		_	
	Placenta Previa			
	Malpresentation	0	Retained Placenta	0
	Prolonged Labour	0	Puerperal Sepsis	0

	Obstructed Labour	0	Other complications of	0
	Obstructed Edbour		pregnancy	
Наа	Pregnancy Induced Hypertension	0	Abortions	0
	Ante-Partum	0	Post Partum Haemorrhage	0
	Haemorrhage &		J	
	Placenta Previa			
	Malpresentation	0	Retained Placenta	0
	Prolonged Labour	6	Puerperal Sepsis	0
	Obstructed Labour	0	Other complications of pregnancy	21
Lhuentse	Pregnancy Induced	9	Abortions	9
	Hypertension			
	Ante-Partum	0	Post Partum Haemorrhage	3
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	0	Retained Placenta	3
	Prolonged Labour	0	Puerperal Sepsis	0
	Obstructed Labour	3	Other complications of	60
			pregnancy	
Mongar	Pregnancy Induced	9	Abortions	21
	Hypertension			
	Ante-Partum	6	Post Partum Haemorrhage	6
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	3	Retained Placenta	6
	Prolonged Labour	6	Puerperal Sepsis	6
	Obstructed Labour	3	Other complications of	507
			pregnancy	
Paro	Pregnancy Induced	63	Abortions	75
	Hypertension			
	Ante-Partum	0	Post Partum Haemorrhage	3
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	9	Retained Placenta	3
	Prolonged Labour	9	Puerperal Sepsis	3
	Obstructed Labour	18	Other complications of	96
			pregnancy	
Punakha	Pregnancy Induced	12	Abortions	12
	Hypertension			
	Ante-Partum	9	Post Partum Haemorrhage	3
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	0	Retained Placenta	12
	Prolonged Labour	12	Puerperal Sepsis	0
	Obstructed Labour	0	Other complications of	42
			pregnancy	

SJongkhar	Pregnancy Induced Hypertension	18	Abortions	48
	Ante-Partum	3	Post Partum Haemorrhage	3
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	3	Retained Placenta	33
	Prolonged Labour	18	Puerperal Sepsis	3
	Obstructed Labour	3	Other complications of	132
			pregnancy	
Samtse	Pregnancy Induced	24	Abortions	33
	Hypertension			
	Ante-Partum	3	Post Partum Haemorrhage	6
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	27	Retained Placenta	9
	Prolonged Labour	48	Puerperal Sepsis	0
	Obstructed Labour	0	Other complications of	216
			pregnancy	
Sarpang	Pregnancy Induced	144	Abortions	174
	Hypertension			
	Ante-Partum	6	Post Partum Haemorrhage	15
	Haemorrhage &		_	
	Placenta Previa			
	Malpresentation	9	Retained Placenta	15
	Prolonged Labour	345	Puerperal Sepsis	0
	Obstructed Labour	111	Other complications of	102
			pregnancy	
Thimphu	Pregnancy Induced	87	Abortions	147
	Hypertension			
	Ante-Partum	9	Post Partum Haemorrhage	24
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	6	Retained Placenta	9
	Prolonged Labour	57	Puerperal Sepsis	15
	Obstructed Labour	78	Other complications of	1674
			pregnancy	
Trashigang	Pregnancy Induced	39	Abortions	63
	Hypertension			
	Ante-Partum	9	Post Partum Haemorrhage	3
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	18	Retained Placenta	15
	Prolonged Labour	6	Puerperal Sepsis	3
	Obstructed Labour	0	Other complications of	570
			pregnancy	
TrashiYangtse	Pregnancy Induced	0	Abortions	3
	Hypertension			
	Ante-Partum	0	Post Partum Haemorrhage	6

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	Haemorrhage &			
	Placenta Previa			
	Malpresentation	0	Retained Placenta	6
	Prolonged Labour	0	Puerperal Sepsis	6
	Obstructed Labour	0	Other complications of	3
			pregnancy	
Trongsa	Pregnancy Induced	0	Abortions	12
	Hypertension			
	Ante-Partum	0	Post Partum Haemorrhage	6
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	0	Retained Placenta	9
	Prolonged Labour	0	Puerperal Sepsis	3
	Obstructed Labour	0	Other complications of	42
			pregnancy	
Tsirang	Pregnancy Induced	0	Abortions	24
	Hypertension			
	Ante-Partum	0	Post Partum Haemorrhage	3
	Haemorrhage &		_	
	Placenta Previa			
	Malpresentation	12	Retained Placenta	6
	Prolonged Labour	6	Puerperal Sepsis	0
	Obstructed Labour	0	Other complications of	54
			pregnancy	
Wangdi	Pregnancy Induced	12	Abortions	12
C	Hypertension			
	Ante-Partum	9	Post Partum Haemorrhage	3
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	0	Retained Placenta	0
	Prolonged Labour	6	Puerperal Sepsis	3
	Obstructed Labour	0	Other complications of	51
			pregnancy	
Zhemgang	Pregnancy Induced	3	Abortions	12
0 0	Hypertension			
	Ante-Partum	9	Post Partum Haemorrhage	12
	Haemorrhage &			
	Placenta Previa			
	Malpresentation	0	Retained Placenta	6
	Prolonged Labour	0	Puerperal Sepsis	3
	Obstructed Labour	3	Other complications of	45
			pregnancy	

## vii. Perinatal Conditions

District	Disease	Cases	Death
Bumthang	Foetal Death & Stillbirth	3	0
	Neonatal Death	0	0

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	Conditions Orginating in the Perinatal Period	0	0
Chukha	Foetal Death & Stillbirth	9	0
	Neonatal Death	9	3
	Conditions Orginating in the Perinatal Period	12	0
Dagana	Foetal Death & Stillbirth	0	0
	Neonatal Death	0	0
	Conditions Orginating in the Perinatal Period	0	0
Gasa	Foetal Death & Stillbirth	0	0
	Neonatal Death	0	0
	Conditions Orginating in the Perinatal Period	0	0
Haa	Foetal Death & Stillbirth	0	0
	Neonatal Death	0	0
	Conditions Orginating in the Perinatal Period	3	0
Lhuentse	Foetal Death & Stillbirth	0	0
	Neonatal Death	3	3
	Conditions Orginating in the Perinatal Period	3	0
Mongar	Foetal Death & Stillbirth	3	
	Neonatal Death		
	Conditions Orginating in the Perinatal Period	108	6
Paro	Foetal Death & Stillbirth	36	0
	Neonatal Death	3	3
	Conditions Orginating in the Perinatal Period	36	0
Punakha	Foetal Death & Stillbirth	0	0
	Neonatal Death	0	0
	Conditions Orginating in the Perinatal Period	6	0
SJongkhar	Foetal Death & Stillbirth	0	0
	Neonatal Death	15	0
	Conditions Orginating in the Perinatal Period	9	0
Samtse	Foetal Death & Stillbirth	0	0
	Neonatal Death	0	0
	Conditions Orginating in the Perinatal Period	9	0
Sarpang	Foetal Death & Stillbirth	0	0
. 5	Neonatal Death	3	3
	Conditions Orginating in the Perinatal Period	3	0

Thimphu	Foetal Death & Stillbirth	0	0
	Neonatal Death	18	18
	Conditions Orginating in the Perinatal	12	3
	Period		
Trashigang	Foetal Death & Stillbirth	0	0
	Neonatal Death	0	0
	Conditions Orginating in the Perinatal	42	3
	Period		
TrashiYangtse	Foetal Death & Stillbirth	3	0
	Neonatal Death	3	0
	Conditions Orginating in the Perinatal	0	0
	Period		
Trongsa	Foetal Death & Stillbirth	0	0
	Neonatal Death	0	0
	Conditions Orginating in the Perinatal	0	0
	Period		
Tsirang	Foetal Death & Stillbirth	0	0
	Neonatal Death	3	0
	Conditions Orginating in the Perinatal	12	0
	Period		
Wangdi	Foetal Death & Stillbirth	0	0
	Neonatal Death	3	3
	Conditions Orginating in the Perinatal	0	0
	Period		
Zhemgang	Foetal Death & Stillbirth	0	0
	Neonatal Death	6	0
	Conditions Orginating in the Perinatal Period	3	0
	renou		

#### 2.2 Nutrition Program

Nutrition program was established in 1985 with the primary focus of the nutrition intervention to reduce the protein energy malnutrition (PEM) and micronutrient deficiencies among the Bhutanese population. The program gives more focus on the under five children, pregnant and lactating mothers.

To ensure physical and mental development through adequate nutrition, prevent disability or premature death from diet related chronic disease, and ensure the progression of the Bhutanese population from healthy childhood to productive adulthood, and further on into healthy old age.

#### **Status:**

Results of the 1989 and 1999 anthropometric survey shows Height-for-age (Stunting) 56.1 40.0, Weight-for-age (underweight) 37.9 18.7 and Weight-for-height (wasting) 4.1 2.6

Present status of IDD program (2002-2003 external evaluation conducted by WHO/UNICEF/MI & ICCIDD) show proportion of households using adequate iodization salts

>90%, and Urinary iodine proportion below 100ug/l as <50% had proportion below 50ug/l as <20%. Programmatic indicators 10/10 (achieved). Bhutan is the first country in SEA to have eliminated IDD as Public Health Problem.

A survey conducted to see Anemia prevalence in school children in 2002 shows severely anemic 22.9 %, moderately anemic 33.9 %, and mild anemic 58.6 %.

Information related to Nutrition for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of QMAR:-

#### i. Child Attendance

ı. Ciliu	Attenuance			
	Under 1		1-5 years	
District	New	Old	New	Old
Bumthang	65	677	31	818
Chukha	327	2935	0	2056
Dagana	88	872	8	1073
Gasa	4	49	0	46
Наа	33	304	1	393
Lhuentse	52	630	1	678
Mongar	233	1806	7	2479
Paro	162	1670	0	1403
Punakha	104	874	0	681
SamdrupJongkhar	150	1304	2	1479
Samtse	197	1946	0	2358
Sarpang	188	1596	3	1495
Thimphu	964	5309	71	3371
Trashigang	220	1806	36	1869
TrashiYangtse	70	852	0	831
Trongsa	41	585	0	577
Tsirang	63	899	5	865
Wangdi	154	2047	2	1295
Zhemgang	89	750	6	714
Total	3204	26911	173	24481

#### ii. Nutritional Status

District	Over	Normal	Malnutrition	Severe
	weight			Malnutrition
Bumthang	19	1547	20	1
Chukha	171	4981	128	13
Dagana	35	1853	95	17
Gasa	6	75	6	0
Наа	26	668	17	1
Lhuentse	82	1178	72	17
Mongar	106	4265	144	9
Paro	78	3051	89	17
Punakha	57	1376	31	1

SamdrupJongkhar	331	2458	126	27
Samtse	95	4138	246	22
Sarpang	112	2887	126	12
Thimphu	207	9205	284	38
Trashigang	115	3604	186	26
TrashiYangtse	81	1533	115	14
Trongsa	23	1148	29	3
Tsirang	79	1659	89	5
Wangdi	112	3261	83	4
Zhemgang	57	1397	97	3
Total	1792	50284	1983	230

iii. Low Birth Weight

District	Cases
Bumthang	3
Chukha	3
Dagana	0
Gasa	0
Наа	0
Lhuentse	3
Mongar	6
Paro	3
Punakha	0
SamdrupJongkhar	0
Samtse	3
Sarpang	9
Thimphu	0
Trashigang	0
TrashiYangtse	0
Trongsa	0
Tsirang	0
Wangdi	0
Zhemgang	0
Total	30

## 2.3 Diabetes Program

To ensure optimal case management of diabetes, delay and prevent onset of complications and onset of disease in potential diabetics in all health care facilities: to improve the access and to provide proper diabetes care in all health centers, to improve and update the knowledge of health workers on prevention, care and management of diabetes, and to give information to general population on diabetes, how to prevent and how to live with diabetes.

#### **Status:**

The table below shows the Diabetes status in different dzongkha in last five years:

Diabetes Mellitus					
District	Year				
	2006	2007	2008	2009	2010
Bumthang	22	20	55	16	13
Chukha	281	388	561	278	235
Dagana	2	6	5	0	38
Gasa	0	0	0	0	0
Наа	1	11	219	251	10
Lhuentse	14	7	2	31	15
Mongar	68	18	39	26	46
Paro	143	154	38	35	36
Pemagatshel	6	34	33	15	75
Punakha	1	7	13	22	18
SamdrupJongkhar	29	13	23	23	38
Samtse	62	61	79	76	88
Sarpang	203	352	526	867	1008
Thimphu	301	85	108	196	1136
Trashigang	41	66	85	115	381
TrashiYangtse	4	6	3	5	4
Trongsa	6	14	6	13	5
Tsirang	97	388	599	471	42
Wangdi	44	52	89	111	63
Zhemgang	5	12	15	14	24
Total	1330	1694	2498	2565	3275

Information related to diabetes for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of QMAR:-

District	Cases	Death
Bumthang	3	0
Chukha	234	0
Dagana	78	0
Наа	0	0
Lhuentse	3	0
Mongar	51	
Paro	45	3
Punakha	6	0
SJongkhar	72	0

Samtse	129	0
Sarpang	1155	3
Thimphu	351	6
Trashigang	129	3
TrashiYangtse	18	3
Trongsa	0	0
Tsirang	9	0
Wangdi	42	0
Zhemgang	6	0
Total	2331	18

#### 2.4 National TB Control Program

National Tuberculosis Control Program under the Department of Public Health was started in the year 1986. In 1994 Short Course Chemotherapy (SCC) was piloted in three districts and was implemented nationwide in the same year. In line with the recommendations from the 1992 review; and following the declaration by the World Health Assembly in 1993 of TB as a global emergency, Bhutan adopted the Directly Observed Treatment Short Course (DOTS) strategy nationwide in 1997 Revised WHO reporting system was introduced throughout the country in 2001.

The overall goals of the National Tuberculosis control program are to reduce the morbidity and mortality of TB and thus reduce the transmission of TB until it is no longer a Public Health problem, and to prevent the development of Drug Resistance.

#### **Status:**

The Table below shows the trend of TB cases:

Type of cases	2001	2002	2003	2004	2005	2006
Pulmonary positive	448	447	428	406	359	370
Pulmonary Negative	478	272	284	242	272	238
Extra Pulmonary	329	318	334	354	387	326
Total	1255	1037	1046	1002	1018	934

Information related to Nutrition for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of QMAR:-

District	Cases	Death
Bumthang	0	0
Chukha	42	3
Dagana	57	0
Наа	0	0
Lhuentse	0	0
Mongar	87	3
Paro	3	0
Punakha	27	0
SJongkhar	15	3

Samtse	102	0
Sarpang	138	0
Thimphu	168	9
Trashigang	33	6
TrashiYangtse	0	0
Trongsa	3	0
Tsirang	9	0
Wangdi	3	0
Zhemgang	6	0
Total	693	24

#### 2.5 National AIDS/STI Control Program

The National Strategic Plan for the Prevention and Control of STIs and HIV and AIDS (NSP) is intended to guide the nation's response to the epidemic. It aims to ensure a well coordinated effective and efficient response from the Ministry of Health/National STD and HIV and AIDS Prevention and Control Program and other ministries, organizations and stakeholders. As no single sector can by itself overcome the epidemic, HIV and AIDS should not be viewed as a health problem but as a development crisis. A national concerted effort involving the contributions of multiple sectors and stakeholders will be the key to fighting the HIV and AIDS epidemic in Bhutan. This framework will serve as a basis for developing individual sectoral plans.

Given the potentially devastating social and economic impact of HIV and AIDS at the individual, family, community and national levels, the epidemic is well deserving of continued attention from the Royal Government of Bhutan and the international community. Bhutan's response to the pandemic started long before the first HIV case was detected in the Kingdom. In order to counter the spread of the global AIDS epidemic, the Royal Government implemented several planned activities. A Short-Term Plan was developed and implemented in 1989, which progressed to a three year Medium-Term Plan I (1990-1993).

#### Status:

• Total HIV cases as of December 1, 2009:: 185

Total new cases detected as of July 1, 2010:: 32
Total cases dected in Bhutan to date:: 217

Information related to AIDS/STI for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of OMAR:-

i. Early Syphilis & STIs excldg. HIV/AIDS

District	Disease	Cases	Death
Bumthang	Genital Ulcer/Bubo	3	0
	Urethal/Vaginal Discharges	6	0
Chukha	Genital Ulcer/Bubo	6	0
	Urethal/Vaginal Discharges	186	0
Dagana	Genital Ulcer/Bubo	0	0
	Urethal/Vaginal Discharges	51	0
Gasa	Genital Ulcer/Bubo	6	0

	Urethal/Vaginal Discharges	3	0
Наа	Genital Ulcer/Bubo	0	0
	Urethal/Vaginal Discharges	24	0
Lhuentse	Genital Ulcer/Bubo	27	0
	Urethal/Vaginal Discharges	39	0
Mongar	Genital Ulcer/Bubo	3	
	Urethal/Vaginal Discharges	42	
Paro	Genital Ulcer/Bubo	6	0
	Urethal/Vaginal Discharges	57	0
Punakha	Genital Ulcer/Bubo	3	0
	Urethal/Vaginal Discharges	66	0
SJongkhar	Genital Ulcer/Bubo	30	0
	Urethal/Vaginal Discharges	39	0
Samtse	Genital Ulcer/Bubo	3	0
	Urethal/Vaginal Discharges	63	0
Sarpang	Genital Ulcer/Bubo	9	0
	Urethal/Vaginal Discharges	87	0
Thimphu	Genital Ulcer/Bubo	9	0
	Urethal/Vaginal Discharges	195	0
Trashigang	Genital Ulcer/Bubo	0	0
	Urethal/Vaginal Discharges	129	0
TrashiYangtse	Genital Ulcer/Bubo	12	0
	Urethal/Vaginal Discharges	24	0
Trongsa	Genital Ulcer/Bubo	0	0
	Urethal/Vaginal Discharges	18	0
Tsirang	Genital Ulcer/Bubo	27	0
	Urethal/Vaginal Discharges	24	0
Wangdi	Genital Ulcer/Bubo	6	0
	Urethal/Vaginal Discharges	216	0
Zhemgang	Genital Ulcer/Bubo	3	0
	Urethal/Vaginal Discharges	75	0
		•	

### 2.6 Vector Borne Disease Control Program

To achieve MDG goals by 2015 in making malaria no longer a cause of mortality and a barrier to socio-economic developmental growth in Bhutan and to enable sustained delivery and use of most effective prevention and treatment for those affected most by malaria.

The Vector-Borne Disease Control Program has initiated a program goal to reduce malaria morbidity and mortality to a level where it is no more a public health problem with an objective to reduce malaria disease burden and help enhance socio-economic development process of the people living in malarious area.

#### **Status:**

Information related to vector borne diseases for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of QMAR:-

Plasmodium falciparum	^	
	0	0
malaria		
Other Malaria	0	0
Plasmodium falciparum	6	0
malaria		
Other Malaria	0	0
Plasmodium falciparum	3	0
malaria		
Other Malaria	3	0
Plasmodium falciparum	0	0
malaria		
Other Malaria	0	0
Plasmodium falciparum	0	0
Other Malaria	0	0
Plasmodium falciparum	0	0
	0	0
	0	0
	_	_
	0	0
-	0	0
	0	0
-	0	0
	_	0
	0	0
	2	0
	_	0
•	24	0
	10	0
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-	U	0
	0	0
		_
•		0
	0	0
		0
	Plasmodium falciparum malaria Other Malaria Plasmodium falciparum malaria Other Malaria Plasmodium falciparum malaria Other Malaria Other Malaria Plasmodium falciparum malaria Other Malaria Other Malaria	Plasmodium falciparum malaria Other Malaria

	Other Malaria	0	0
Trongsa	Plasmodium falciparum malaria	0	0
	Other Malaria	0	0
Tsirang	Plasmodium falciparum malaria	0	0
	Other Malaria	0	0
Wangdi	Plasmodium falciparum malaria	0	0
	Other Malaria	6	0
Zhemgang	Plasmodium falciparum malaria	0	0
	Other Malaria	9	0

#### 2.7 Life Style Related Disease Program

The Life Style Related Disease Program was initiated under the Department of Public Health, Ministry of Health in October 2008 to coordinate the interventions for the non-communicable diseases and their risk factors interventions.

The scope for the LSRD program is to implement the prevention and control of NCDs addressed through a "comprehensive approach" by: Enhancing political commitment and multi-sectoral responsibility to healthy lifestyle promotion to address prevention of exposure to key risk factors )physical inactivity, unhealthy diet, tobacco, alcohol), strengthening health services to provide timely management of common NCDs and provide continuum of care, focusing interventions on general population as well as those at higher risk groups and individuals, and facilitating lifestyle health promotion by the communities and individuals by providing adequate financing and technical support to them.

#### **Status:**

Information related to life style related diseases for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of QMAR:-

#### i. Other cancers

District	Cases	Death
Mongar		
Sarpang	3	0
Thimphu	204	33
Total	207	33

#### ii. Diseases of Circulatory System

District	Disease	Cases	Death
Bumthang	Rheumatic Heart Disease	3	0
	Hypertension	294	0
	Ischaemic Heart Diseases	3	0
	Cerebro-vascular Diseases	9	9
	Other Circulatory Diseases	156	3

Chukha	Rheumatic Heart Disease Hypertension	45 2028	0
	Hypertension	2028	•
	/ I	2020	0
	Ischaemic Heart Diseases	9	0
	Cerebro-vascular Diseases	12	0
	Other Circulatory Diseases	372	0
Dagana	Rheumatic Heart Disease	12	0
	Hypertension	837	0
	Ischaemic Heart Diseases	45	0
	Cerebro-vascular Diseases	3	3
	Other Circulatory Diseases	57	0
Gasa	Hypertension	78	0
	Other Circulatory Diseases	15	0
Haa	Rheumatic Heart Disease	0	0
	Hypertension	84	0
	Ischaemic Heart Diseases	0	0
	Cerebro-vascular Diseases	0	0
	Other Circulatory Diseases	12	0
Lhuentse	Rheumatic Heart Disease	0	0
	Hypertension	285	0
	Ischaemic Heart Diseases	0	0
	Cerebro-vascular Diseases	0	0
	Other Circulatory Diseases	93	0
Mongar	Rheumatic Heart Disease	36	
J	Hypertension	423	
	Ischaemic Heart Diseases		
	Cerebro-vascular Diseases		
	Other Circulatory Diseases	324	9
Paro	Rheumatic Heart Disease	27	0
	Hypertension	981	0
	Ischaemic Heart Diseases	0	0
	Cerebro-vascular Diseases	39	0
	Other Circulatory Diseases	90	6
Punakha	Rheumatic Heart Disease	3	0
	Hypertension	396	0
	Ischaemic Heart Diseases	6	0
	Cerebro-vascular Diseases	15	0
	Other Circulatory Diseases	408	0
SJongkhar	Rheumatic Heart Disease	0	0
	Hypertension	651	0
	Ischaemic Heart Diseases	6	0
	Cerebro-vascular Diseases	6	0
	Other Circulatory Diseases	123	0
Samtse	Rheumatic Heart Disease	54	0
23	Hypertension	819	6
	, p 5. 5551011	010	
	Ischaemic Heart Diseases	57	3

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	Other Circulatory Diseases	255	9
Sarpang	Rheumatic Heart Disease	210	0
	Hypertension	3612	0
	Ischaemic Heart Diseases	6	0
	Cerebro-vascular Diseases	21	3
	Other Circulatory Diseases	114	0
Thimphu	Rheumatic Heart Disease	99	0
	Hypertension	1404	0
	Ischaemic Heart Diseases	27	3
	Cerebro-vascular Diseases	93	12
	Other Circulatory Diseases	405	21
Trashigang	Rheumatic Heart Disease	30	0
	Hypertension	1647	0
	Ischaemic Heart Diseases	12	0
	Cerebro-vascular Diseases	3	0
	Other Circulatory Diseases	609	3
TYangtse	Rheumatic Heart Disease	18	0
	Hypertension	264	0
	Ischaemic Heart Diseases	0	0
	Cerebro-vascular Diseases	3	0
	Other Circulatory Diseases	36	3
Trongsa	Rheumatic Heart Disease	0	0
	Hypertension	228	0
	Ischaemic Heart Diseases	0	0
	Cerebro-vascular Diseases	6	0
	Other Circulatory Diseases	66	0
Tsirang	Rheumatic Heart Disease	3	0
	Hypertension	183	0
	Ischaemic Heart Diseases	3	0
	Cerebro-vascular Diseases	3	0
	Other Circulatory Diseases	18	0
Wangdi	Rheumatic Heart Disease	36	0
_	Hypertension	984	0
	Ischaemic Heart Diseases	0	0
	Cerebro-vascular Diseases	3	0
	Other Circulatory Diseases	132	0
Zhemgang	Rheumatic Heart Disease	0	0
5 5	Hypertension	372	0
	Ischaemic Heart Diseases	0	0
	Cerebro-vascular Diseases	0	0
	Other Circulatory Diseases	51	0

# iii. Diseases of Digestive System

District	Disease	Cases	Death
Bumthang	Diseases of Teeth & Gums	249	0
	Dental Caries	915	0

			,
	Peptic Ulcer Syndrome	1203	С
	Acute Appendicitis	3	C
	Alcohol Liver Diseases	36	3
	Gall Bladder Diseases	0	C
	Other Diseases of the Digestive	1350	C
	System	1330	
Chukha	Diseases of Teeth & Gums	1959	C
	Dental Caries	1857	C
	Peptic Ulcer Syndrome	4194	C
	Acute Appendicitis	15	C
	Alcohol Liver Diseases	57	ç
	Gall Bladder Diseases	735	C
	Other Diseases of the Digestive	3195	3
	System		
Dagana	Diseases of Teeth & Gums	189	C
_	Dental Caries	954	(
	Peptic Ulcer Syndrome	2235	(
	Acute Appendicitis	0	(
	Alcohol Liver Diseases	33	(
	Gall Bladder Diseases	0	(
	Other Diseases of the Digestive	1557	
	System	1337	•
Gasa	Diseases of Teeth & Gums	21	(
	Dental Caries	96	(
	Peptic Ulcer Syndrome	270	(
	Alcohol Liver Diseases	0	(
	Other Diseases of the Digestive	99	(
	System		
Наа	Diseases of Teeth & Gums	39	(
	Dental Caries	555	(
	Peptic Ulcer Syndrome	348	(
	Acute Appendicitis	3	(
	Alcohol Liver Diseases	3	(
	Gall Bladder Diseases	0	(
	Other Diseases of the Digestive	615	(
	System		
Lhuentse	Diseases of Teeth & Gums	108	(
	Dental Caries	534	(
	Peptic Ulcer Syndrome	1305	
	Acute Appendicitis	0	
	Alcohol Liver Diseases	36	
	Gall Bladder Diseases	0	
		-	
	Other Diseases of the Digestive System	951	
Mongar	Diseases of Teeth & Gums	498	
<b>U</b> *			
	Dental Caries	1674	

		, 0.0	, С 5, .
	Acute Appendicitis	30	
	Alcohol Liver Diseases	150	18
	Gall Bladder Diseases	78	
	Other Diseases of the Digestive	2748	9
	System		
Paro	Diseases of Teeth & Gums	549	0
	Dental Caries	2865	C
	Peptic Ulcer Syndrome	3108	C
	Acute Appendicitis	27	C
	Alcohol Liver Diseases	102	E
	Gall Bladder Diseases	6	C
	Other Diseases of the Digestive	3312	6
	System		
Punakha	Diseases of Teeth & Gums	672	(
	Dental Caries	969	(
	Peptic Ulcer Syndrome	2571	(
	Acute Appendicitis	3	(
	Alcohol Liver Diseases	63	18
	Gall Bladder Diseases	0	(
	Other Diseases of the Digestive	1746	(
	System	1740	,
SJongkhar	Diseases of Teeth & Gums	519	(
			Ì
	Dental Caries	1086	(
	Peptic Ulcer Syndrome	2079	(
	Acute Appendicitis	9	(
	Alcohol Liver Diseases	66	
	Gall Bladder Diseases	12	(
	Other Diseases of the Digestive	2019	
	System		
Samtse	Diseases of Teeth & Gums	1305	(
	Dental Caries	1707	(
	Peptic Ulcer Syndrome	3633	(
	Acute Appendicitis	12	
	Alcohol Liver Diseases	51	
	Gall Bladder Diseases	6	<u>`</u>
	Other Diseases of the Digestive	3366	
	System	3300	,
Sarnang	Diseases of Teeth & Gums	1875	(
Sarpang	Dental Caries	4812	(
		<del> </del>	
	Peptic Ulcer Syndrome	2805	(
	Acute Appendicitis	15	(
	Alcohol Liver Diseases	354	- (
	Gall Bladder Diseases	15	(
	Other Diseases of the Digestive	4365	(
This are to	System	1026	
Thimphu	Diseases of Teeth & Gums	1026	age - 2

	Dental Caries	1458		0
	Peptic Ulcer Syndrome	3426		3
	Acute Appendicitis	117		0
	Alcohol Liver Diseases	171		24
	Gall Bladder Diseases	252		0
	Other Diseases of the Digestive	3297		15
	System	3231		13
Tunchiana		015		
Trashigang	Diseases of Teeth & Gums	915		0
	Dental Caries	2682		0
	Peptic Ulcer Syndrome	3468		0
	Acute Appendicitis	27		0
	Alcohol Liver Diseases	129		6
	Gall Bladder Diseases	3		0
	Other Diseases of the Digestive	4236		0
	System			
TYangtse	Diseases of Teeth & Gums	135		С
	Dental Caries	582		С
	Peptic Ulcer Syndrome	1179		C
	Acute Appendicitis	6		C
	Alcohol Liver Diseases	42		(
	Gall Bladder Diseases	0		(
	Other Diseases of the Digestive	732		(
		/32		·
T	System	207		
Trongsa	Diseases of Teeth & Gums	297		(
	Dental Caries	432		
	Peptic Ulcer Syndrome	1446		C
	Acute Appendicitis	3		C
	Alcohol Liver Diseases	39		C
	Gall Bladder Diseases	0		C
	Other Diseases of the Digestive	1158		C
	System			
Tsirang	Diseases of Teeth & Gums	150		C
	Dental Caries	612		(
	Peptic Ulcer Syndrome	813		(
	Acute Appendicitis	9		(
	Alcohol Liver Diseases	24		(
	Gall Bladder Diseases	0		
	Other Diseases of the Digestive	456		3
	System			
Wangdi	Diseases of Teeth & Gums	558		C
	Dental Caries	513		C
	Peptic Ulcer Syndrome	3627		C
	Acute Appendicitis	27		C
	Alcohol Liver Diseases	48		C
	Gall Bladder Diseases	3		C
	Other Diseases of the Digestive	2844		C
	System			
O Ministry of U	•	L	Dogo	2

Zhemgang	Diseases of Teeth & Gums	423	0
	Dental Caries	696	0
	Peptic Ulcer Syndrome	1746	0
	Acute Appendicitis	6	0
	Alcohol Liver Diseases	51	3
	Gall Bladder Diseases	0	0
	Other Diseases of the Digestive	1041	0
	System		

#### 2.8 Mental Health Program

It is now widely accepted that Community Based Program is the key to the prevention and promotion of Mental Health, treatment and rehabilitation of mentally challenged persons in their own communities. This approach is especially relevant to Bhutan in the context of our well-developed primary health care services and limited number of trained Mental Health professional in the country.

Until 1997 there were no mental health programs or any strategies within the health sector to address mental health problems in the country. It was in the 8th Five year plan (1997-2002) that health sector, Royal Government of Bhutan, identified Mental Health as an important component. Therefore National Community Mental health program was launched in 1997 with the technical support and financial support from the WHO. The program activities got intensified when a national psychiatrist and psychiatric nurse returned to Bhutan 1999 after their training outside the country. The program was also fortunate to receive support from DANIDA HSSP II which has contributed for program's foundation.

#### **Status:**

Information related to Nutrition for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of QMAR:-

District	Disease	Cases	Death
Bumthang	Psychosis	0	0
	Depression	0	0
	Anxiety	0	0
	Other Mental	9	0
	Disorders		
Chukha	Psychosis	3	0
	Depression	9	0
	Anxiety	54	0
	Other Mental	63	0
	Disorders		
Dagana	Psychosis	9	0
	Depression	21	0
	Anxiety	12	0
	Other Mental	6	0
	Disorders		

Gasa	Other Mental	0	0
	Disorders		
Наа	Psychosis	0	0
	Depression	3	0
	Anxiety	0	0
	Other Mental	3	0
	Disorders		
Lhuentse	Psychosis	0	0
	Depression	6	0
	Anxiety	0	0
	Other Mental	24	0
	Disorders		
Mongar	Psychosis	3	
	Depression	3	
	Anxiety		
	Other Mental	33	
	Disorders		
Paro	Psychosis	6	0
	Depression	6	0
	Anxiety	42	0
	Other Mental	15	0
	Disorders		
Punakha	Psychosis	0	0
	Depression	0	0
	Anxiety	18	0
	Other Mental	24	0
	Disorders		
SJongkhar	Psychosis	0	0
	Depression	6	0
	Anxiety	18	0
	Other Mental	24	0
	Disorders		
Samtse	Psychosis	3	0
	Depression	75	0
	Anxiety	39	0
	Other Mental	6	0
	Disorders		
Sarpang	Psychosis	12	0
	Depression	6	0
	Anxiety	66	0
	Other Mental	57	0
	Disorders		
Thimphu	Psychosis	24	0
·	Depression	69	0
	Anxiety	132	0
	Other Mental	48	0

	Disorders		
Trashigang	Psychosis	0	0
	Depression	99	0
	Anxiety	27	0
	Other Mental	33	0
	Disorders		
TrashiYangtse	Psychosis	3	0
	Depression	9	0
	Anxiety	3	0
	Other Mental	3	0
	Disorders		
Trongsa	Psychosis	0	0
	Depression	3	0
	Anxiety	6	0
	Other Mental	39	0
	Disorders		
Tsirang	Psychosis	0	0
	Depression	12	0
	Anxiety	3	0
	Other Mental	3	0
	Disorders		
Wangdi	Psychosis	3	0
	Depression	3	0
	Anxiety	9	0
	Other Mental	156	0
	Disorders		
Zhemgang	Psychosis	0	0
	Depression	3	0
	Anxiety	3	0
	Other Mental	9	0
	Disorders		

#### 2.9 Vaccine Preventable Disease Program

EPI was launched in Bhutan on 15th November 1979 with an objective of reducing the incidence of six vaccine preventable diseases. Tuberculosis, Diphtheria, whooping cough, Tetanus, polio and measles. In December 1984 Tetanus Toxiod vaccine for pregnant women was also introduced into the program. In mid 1996 Hepatitis B vaccine for children less than one year of age was introduced as an integral component of EPI and DTP-Hep.B combination vaccine was also introduced in 2003.

#### **Status:**

Information related to vaccine preventable diseases for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of QMAR:-

## i. Infant (0-11 months) and children (1-4 years) Immunization

OPV 1	OPV 2	OPV3	DPTHepB1	DPTHepB2	DPTHepB3	BCG	Polio0	MnR1	FullImm*	MnR2	DT
3059	3270	3368	3069	3246	3361	3002	2747	2910	2870	2995	3008

## \*Fully Immunized

# ii. Vaccine wastage and usage

#### a. Vaccine used

District	BCG	MR	OPV	DPTHep	DTU	TT
Bumthang	509	366	488	417	235	281
Chukha	1252	1161	1633	1246	519	1287
Dagana	814	798	920	839	561	709
Gasa	41	70	106	106	60	78
Haa	301	312	429	169	114	170
Lhuentse	540	660	759	640	478	810
Mongar	2542	1824	1914	1395	860	1102
Paro	1340	1296	1020	870	480	1970
Punakha	1051	756	533	383	250	334
SJongkhar	1047	832	840	631	524	654
Samtse	1441	1107	1241	1049	542	1511
Sarpang	1280	850	1023	894	503	1317
Thimphu	2377	2067	2961	2053	699	1512
Trashigang	2170	1660	1992	1161	1101	1621
TrashiYangtse	873	511	714	513	405	473
Trongsa	543	577	659	616	373	435
Tsirang	285	413	553	488	255	554
Wangdi	1125	896	1033	956	479	929
Zhemgang	552	510	611	574	280	412
Total	20083	16666	19429	15000	8718	16159

## b. Vaccine wasted due to expiry date

District	BCG	MR	OPV	DPTHep	DTU	TT
Bumthang	140	10	0	0	0	30
Chukha	60	0	66	13	0	40
Dagana	140	0	120	0	0	150
Gasa	39	0	0	0	0	10
Наа	0	0	0	0	0	0
Lhuentse	310	0	0	0	0	380
Mongar	0	0	40	0	0	0
Paro	0	0	0	0	0	0
Punakha	0	6	5	13	6	0
SamdrupJongkhar	0	0	110	0	0	80
Samtse	20	0	160	0	0	110
Sarpang	60	0	0	0	0	0

Thimphu	0	0	0	0	0	20
Trashigang	40	0	340	0	0	60
TrashiYangtse	0	0	260	0	0	120
Trongsa	20	0	270	0	0	1040
Tsirang	680	20	0	0	0	0
Wangdi	0	0	0	0	0	0
Zhemgang	0	0	100	0	0	1077
Total	1509	36	1471	26	6	3117

#### c. Vaccine Wastage due to freezing

District	BCG	MR	OPV	DPTHep	DTU	TT
Bumthang	0	0	0	0	0	0
Chukha	0	0	0	0	0	0
Dagana	0	0	0	0	0	0
Gasa	0	0	0	0	0	0
Наа	0	0	0	0	0	0
Lhuentse	0	0	0	0	0	0
Mongar	0	0	0	0	0	0
Paro	0	0	0	0	0	0
Punakha	0	0	0	0	0	0
SJongkhar	0	0	0	0	0	0
Samtse	0	0	15	16	1	8
Sarpang	0	0	0	0	0	0
Thimphu	0	0	0	0	0	0
Trashigang	0	0	0	0	0	0
TrashiYangtse	0	0	0	0	0	0
Trongsa	0	0	0	0	0	0
Tsirang	0	0	0	0	0	0
Wangdi	0	0	0	0	0	0
Zhemgang	0	0	0	12	0	0
Total	0	0	15	28	1	8

#### 2.10 Acute Respiratory Infection Control Program

ARI Program is an ongoing integrated health activity, which is being decentralized to the BHU level. There are now 1200 active VHWs delivering services at the village level in coordination with the health workers in the district.

The ARI activity was integrated since 1987 during in-service training of health workers on Mid-level Management Course on EPI, CDD conducted at NIFH Galegphu. The ARI Program activities were intensified since 1993, as it was still then the leading cause of morbidity among communicable disease in the BHUs and hospitals. It is being noted that ARI has overtaken other communicable diseases since early 1990. However, there is no clear data of the mortality that it causes, and it is believed to contribute quite significantly. For

these reasons the Ministry of Health has introduced IMCI strategy in health centres, which has further strengthened the control activities of ARI/CDD/EPI to bring down the morbidity and mortality of pneumonia, diarrhea, measles and the malnutrition related diseases in the country. Early Childhood Care for Development (ECCD) is included with IMCI looking into prevention of morbidity and mortality due to common illness like ARI and CDD during the 9 FYP.

#### **Status:**

Information related to acute respiratory infection for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of QMAR:-

District	Disease	Cases	Death
Bumthang	Common Cold	3624	0
	Acute Pharyngitis/Tonsilitis	1527	0
	Pneumonia	39	0
	Other Respiratory & Nose	1131	0
	Diseases		
Chukha	Common Cold	16941	0
	Acute Pharyngitis/Tonsilitis	4293	0
	Pneumonia	525	6
	Other Respiratory & Nose	3363	3
	Diseases		
Dagana	Common Cold	7017	0
	Acute Pharyngitis/Tonsilitis	1212	0
	Pneumonia	345	0
	Other Respiratory & Nose	1374	0
	Diseases		
Gasa	Common Cold	1263	0
	Acute Pharyngitis/Tonsilitis	93	0
	Pneumonia	18	0
	Other Respiratory & Nose	90	0
	Diseases		
Haa	Common Cold	1785	0
	Acute Pharyngitis/Tonsilitis	393	0
	Pneumonia	18	0
	Other Respiratory & Nose	687	0
	Diseases		
Lhuentse	Common Cold	4782	0
	Acute Pharyngitis/Tonsilitis	1182	0
	Pneumonia	57	0
	Other Respiratory & Nose	696	0
	Diseases		
Mongar	Common Cold	10830	
	Acute Pharyngitis/Tonsilitis	1410	
	Pneumonia	561	
	Other Respiratory & Nose	2322	9

		, = , •, ,	
	Diseases		
Paro	Common Cold	8499	C
	Acute Pharyngitis/Tonsilitis	1452	C
	Pneumonia	249	C
	Other Respiratory & Nose	1542	C
	Diseases		
Punakha	Common Cold	10068	C
	Acute Pharyngitis/Tonsilitis	2046	C
	Pneumonia	252	(
	Other Respiratory & Nose	1047	3
	Diseases		
SJongkhar	Common Cold	8892	(
<b>0</b>			
	Acute Pharyngitis/Tonsilitis	2181	(
	Pneumonia	411	(
	Other Respiratory & Nose	1458	(
	Diseases	1.50	`
Samtse	Common Cold	14313	
Samese	Acute Pharyngitis/Tonsilitis	5247	(
	Pneumonia	627	
	Other Respiratory & Nose	3177	
	Diseases	31//	,
Sarpang	Common Cold	14706	
Sai parig		5247	
	Acute Pharyngitis/Tonsilitis Pneumonia	753	1.
	Other Respiratory & Nose	4248	
Thimphu	Diseases Common Cold	14760	
Thimphu			
	Acute Pharyngitis/Tonsilitis	3210	
	Pneumonia	264	(
	Other Respiratory & Nose	2970	1.
	Diseases	1=000	
Trashigang	Common Cold	17022	
	Acute Pharyngitis/Tonsilitis	3783	
	Pneumonia	435	
	Other Respiratory & Nose	3231	(
	Diseases		
TrashiYangtse	Common Cold	5127	(
	Acute Pharyngitis/Tonsilitis	1599	
	Pneumonia	381	
	Other Respiratory & Nose	1101	(
Trongsa	Diseases Common Cold	5022	(
11011630	Acute Pharyngitis/Tonsilitis	1083	
	Pneumonia	66	
		1107	
	Other Respiratory & Nose	110/	(
	Diseases		

Tsirang	Common Cold	3489	0
	Acute Pharyngitis/Tonsilitis	876	0
	Pneumonia	144	3
	Other Respiratory & Nose	435	3
	Diseases		
Wangdi	Common Cold	12768	0
	Acute Pharyngitis/Tonsilitis	2598	0
	Pneumonia	687	0
	Other Respiratory & Nose	1116	0
	Diseases		
Zhemgang	Common Cold	6540	0
	Acute Pharyngitis/Tonsilitis	1557	0
	Pneumonia	420	0
	Other Respiratory & Nose	1092	0
	Diseases		

## 2.11 Injury Report

Currently Injury related issues are looked after by Disability Prevention and Rehabilitation Program. It was initiated recently by Ministry of Health to prevent injury related issues:-

#### **Status:**

Information related to acute respiratory infection for the following priority elements reported by the health facilities of the country in the first quarter (Jan-Mar 2011) is provided in this issue of OMAR:-

Disease	Cases	Death
Accidental Falls	5520	9
Contact with Heat & Hot substances & exposure to smoke, fire,	1605	0
flames		
Contact with Venomous animals (excluding Snake bite)	27	0
Dog Bite	3609	0
Drowning & Submersion	27	0
Exposure to Electric Current	30	0
Intentional Self Harm	258	3
Mushroom Poisoning (Toxic effect of other unspecified	120	3
susbstances)		
Snake Bite	30	0
Transport Accidents	1377	15
Other Bites & Stings	1464	0
Total	14067	30

#### 3. Other Reports

#### 3.1 Hospital Admission

District	Total	Patient	Average patient	Absconded
	Admission	days	days	
Bumthang	47	199	4.2	0
Chukha	959	3167	3.3	3

Dagana	143	331	2.3	0
Gasa	0	0	0.0	0
Наа	46	110	2.4	0
Lhuentse	196	634	3.2	3
Mongar	967	6891	7.1	0
Paro	632	1543	2.4	2
Punakha	496	1425	2.9	5
SJongkhar	346	1576	4.6	40
Samtse	695	3189	4.6	1
Sarpang	902	3842	4.3	5
Thimphu	3498	27276	7.8	10
Trashigang	812	3576	4.4	5
TrashiYangtse	72	339	4.7	0
Trongsa	107	374	3.5	0
Tsirang	260	689	2.7	0
Wangdi	378	1118	3.0	2
Zhemgang	198	401	2.0	0
Total	10754	56680	5.3	76

# 3.2 Non-Bhutanese seeking Medical Services

District	Government	IMTRAT/DANTAK/GREEF	Private
	Sector		companies
Bumthang	0	0	13
Chukha	41	940	327
Dagana	5	0	290
Gasa	0	0	0
Наа	0	0	0
Lhuentse	6	0	148
Mongar	8	0	265
Paro	17	802	212
Punakha	23	0	132
SJongkhar	22	251	188
Samtse	41	0	989
Sarpang	26	108	639
Thimphu	24	35	176
Trashigang	6	209	165
TrashiYangtse	2	1	33
Trongsa	0	0	185
Tsirang	9	0	3
Wangdi	0	0	259
Zhemgang	6	0	267
Total	236	2346	4291

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The Policy and Planning Division would like to solicit reviews and feedbacks for the betterment of the publication. Suggestions, views and constructive criticism are always welcome.

#### Any queries may be forwarded to address given below.

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