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THE SURVEILLANCE PROGRAMME IN IRAQ

by

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It has now been generally accepted that Surveillance whether active or passive, is an integral part of an eradication programme which not only serves as a highly sensitive method of evaluation of the results of residual spraying but is in itself contributing towards the goal of malaria eradication by means of radical treatment of all detected cases. When it is remembered that only a system of Active Surveillance can possibly give the final verdict whether an area can be declared free of malaria, its importance becomes at once apparent.

Surveillance in Iraq was started during the second year of the attack phase, i.e. in 1958. Active surveillance was put into operation in 8 liwas covering a population of 1,598,521 living in 4,060 villages. In addition to this a system of periodical blood survey was carried out in 10% of the population of 2 liwas (Baghdad and Ramadi) which have been traditionally practically malaria free. In the 8 liwas surveillance teams consisting of two surveillance agents per team started to work, each team covering a population of approximately 23,000 per month. 59 such teams (118 surveillance agents) each with its own transport were working during the whole of 1958 and the greater part of 1959. These surveillance agents were given training in the technique of blood slide taking, filling in properly the forms provided and distribution of drugs. The drugs used were mainly Atabrine, Daraprim and Paludrine. 14 branch laboratories were opened for the examination of blood smears manned by 67 microscopists. These microscopists were trained at the Institute of Endemic Diseases by our Training Section. The results for 1958 and January to July 1959 are summarized below.

	No. of slides taken	No. positive	P. Vivax	P. Falciparum	P.V & P.F (Mixed)
1958	161,931	114	20	90	4
1959 Jan. - July.	99,333	30	30	-	-

In addition to Active surveillance, blood smears sent to us from hospitals and dispensaries were examined in our laboratories Further, extra-routine surveys were carried out by mobile teams. In addition we had pre and post-operative malariometric surveys during 1958. The results of these extra sources of evaluation are summarized here.

No. of slides taken	No. positive	P.F.	P.V.	Mixed	Unclassified
27434	571	166	382	3	20

Transport

In most areas Dodge Power Wagons are used for transport. In some areas mules are hired while in some other areas in the south boats have to be used.

However, for reasons stated below, this system did not work quite well up to our expectations and therefore some reorganization was called for.

1. The surveillance agents were not able to cover the planned number of population every month.

2. Because of the lack of supervision, surveillance work suffered

3. There were frequent breakdown of cars.

Thus most of the areas were covered only once in two or three months instead of once a month.

During the latter part of this year, however the system has been improved considerably. The teams have been reorganized. Each team now has a team leader and three surveillance agents. The team leader's function is to supervise the surveillance agents and distribute their work according to a planned itinerary. There are 110 teams now working in 12 of the 14 liwas of Iraq. The two liwas of Baghdad and Ramadi are still under a 10% periodical sample survey but in 1960 these areas are also intended to be brought under surveillance. Our programme now employs 326 surveillance agents and 177 microscopists. Three or more teams are supervised by an inspector who is directly responsible to the head of the branch. A manual has been prepared for the use of the surveillance personnel. The drugs now being used are Chloroquine and Daraprim for suspected cases (persons with fever or recent history of fever) and positive cases receive radical treatment with Camoquin and Primaquine. It is now too early to assess the results of this system.

Passive surveillance

We have not gone very far in organizing a system of passive detection of cases. However, we are receiving in our laboratories a number of slides taken in the hospitals and dispensaries from suspected malaria cases for examination and report. We hope to expand this system during the next year. It does not appear feasible in Iraq to organize a system of Voluntary Collaborators from village headmen, teachers etc., as has been done in some Latin American countries. I think this difficulty is common to all countries in this region.

There have been many difficulties in the way of smooth working of surveillance. The main problem has been lack of supervision by trained personnel. This defect, it is hoped, will be corrected to a large extent by the present reorganized system of surveillance. Transport has always been a bottle-neck and there is difficulty in finding good mechanics. Public relations have so far been good and there have been no refusals on the part of villagers to the taking of blood slides provided drugs are given. With regard to the laboratories the staining techniques need some improvement and adequate supervision of the laboratories is receiving our attention.