A-19 A study of malaria case recording in an endemic area

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The accuracy of data on disease incidence is essential for the purposes of monitoring disease trends and planning strategies for its control.

The malaria data collection system in the Divisional Secretariat (DS) divisions/ Medical Officer of Health (MOH) areas of Moneragala and Buttala, where malaria is endemic was investigated by monitoring all patients treated at the health centres in these areas. 321 patients were treated for malaria in these areas during the course of one month (December 1995/January 1996) 52.8% received treatment at Government medical institutions and 47.2% at private institutions; however only patients treated at Government health institutions contribute to the malaria statistics of the country. The proportion of patients treated at private health institutions differed from one area to another: of the 162 patients treated in the Moneragala DS division 77% were treated at private institutions, while of the 147 patients treated in Buttala only 15% were treated at private institutions.

In the present data collection system, malaria cases are attributed to the region (DS Division / MOH area) in which the health institution is located rather than to that where the patient is resident. Of the patients' records attributed to the

Moneragala DS Division, only 39.3% were residents of that division; the rest were from adjacent DS Divisions. Due to these and other anomalies, only about 30% of the cases treated for malaria in the Moneragala DS Division would have been recorded as the malaria case load for that Division.

These findings call for, (i) the statistics from the private sector to be included in the routine data base, and (ii) the residence of the patient rather than the location of the institution to be used as the basis of data records. The use of standard geographical units such as DS divisions would facilitate the sharing of data with sectors other than health, which is important for the control of vector borne diseases.