

**[DOH ADMINISTRATIVE ORDER NO. 2012-0031,
December 27, 2012]**

**GUIDELINES ON THE REPORTING AND USE OF ANNUAL BLOOD
EXAMINATION RATES (ABER) FOR MALARIA**

I. RATIONALE

The trend in the malaria morbidity reduction is on more definite trail and while the level of reduction closely approximates and surpasses the initial reduction goal of 70%, more questions are raised on whether the true malaria picture is being presented. For this purpose, we turn to the number or rates of malaria blood examinations conducted per area per year to show that the reduction of malaria transmission is not actually resulting from insufficient/reduced case findings.

To date, the only indicator used for malaria morbidity reduction is the annual parasite incidence (API) and the slide positivity rate (SPR) but as previously mentioned, since this is totally dependent on the total number of malaria blood examinations conducted, therefore, a system has to be developed where the annual blood examination rate (ABER) is brought back into focus and analyzed for this specific purpose.

It was first used in 1952, the ABER as it is more commonly called was used to measure the adequacy of case-finding. It is however more relevant now more than ever, to review it and find ways of re-tooling it and using it to meet current importance to the malaria program. It may not only be an indicator of a microscopists' work-load, but may give a clear indicator of the access to malaria diagnostic services and active case surveillance by health workers.

II. OBJECTIVES:

This Order shall set the guidelines for reporting and using Annual Blood Examination rate as a monitoring measure for outcomes and processes in order to track program performance.

III. SCOPE AND COVERAGE:

These guidelines shall apply to health workers in the national, regional, municipal and barangay levels, government and private health facilities whose functions and activities contribute in the conduct of blood smear collection and examination for detecting malaria incidence.

IV. DEFINITION OF TERMS:

1. Annual Blood Examination Rate (ABER) is the total number of blood examinations done per area per year from all sources such as passive case detection, active case detection, RDT and case-finding during outbreaks over the endemic population except from mass blood survey.

2. Annual Parasite Incidence, (API) refers to the total number malaria cases in a year over the endemic population multiplied by 1000.
3. Slide Positivity Rate, (SPR) refers to the proportion of slides found positive among the slides examined.
4. Malaria Morbidity Rate, refers to the total number of malaria cases per 100,000 population.
5. Stable transmission areas are areas with continuous presence of at least one indigenous malaria case in a month for six months or more at any time during the past three years.
6. Unstable transmission areas are areas with continuous presence of at least one indigenous malaria case in a month for less than 6 months at any time during the past three years.
7. Sporadic transmission areas are areas with at least one indigenous malaria case at any time in the past five years.
8. Malaria-prone areas are areas without indigenous malaria case for the past 5 years even in the presence of vector.
9. Malaria-free is applied to provinces classified which had no indigenous malaria case in the past five years; it is not applied to barangays considering the maximum flight range of the vector may go beyond the geographical boundaries of a barangay.
10. Passive case detection refers to an approach in malaria surveillance where community members with fever seek or consult with health care providers in health facilities.
11. Active case detection refers to an approach in malaria surveillance where a health staff/volunteer worker aggressively look for more spots to do blood examinations and for fever cases by a regular house to house visit

V. IMPLEMENTING GUIDELINES ON THE USE OF ANNUAL BLOOD EXAMINATION RATE

A. General Guidelines:

- a. ABER is a particular unit of measure which may not only give an indicator of a microscopists, it may also give a clear indicator of the access of the population-at-risk to malaria diagnostic services.
- b. ABER shall be comparable on a year to year basis. To assure comparability, it shall include all blood collections and examinations obtained by passive case detection in all diagnostic facilities in all stratified areas from stable, unstable, sporadic and malaria prone transmission areas. It shall also include blood collections and examinations from active case-finding in stable and unstable transmission areas and from the screen and test operations during outbreaks. Blood collections and examinations from mass blood surveys shall not be included.
- c. ABER shall also include all malaria blood examinations obtained by active case-finding in stable areas; in active case-findings during outbreaks as part of "screen and treat" operations
- d. ABER shall exclude blood smears collected and examined as part of mass blood surveys.
- e. ABER shall include smears collected from imported case but shall be reported in the area where it is detected.
- f. ABER shall not include blood smears collected from blood donors who are non-febrile.
- g. ABER shall include blood examinations taken from febrile cases only.

B. Specific Guidelines