



# Field Epidemiology and Disease Surveillance Division (FEDSD)

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### Weekly Bulletin: Integrated Disease Surveillance and Response (IDSR)

29<sup>th</sup> July 2021

#### Highlights of the Epi-Week 29 (19<sup>th</sup> – 25<sup>th</sup> July 2021)

##### Cumulative Information:

- Maximum cases of ILI, Acute Diarrhea (Non Cholera), Malaria, ALRI <5 years, Typhoid, B. Diarrhea, SARI, suspected Cholera, Rabies/ Dog bite and Viral Hepatitis (B, C, & D) are reported this week.
- In comparison with previous week i.e. WK-28 all diseases shown a decreased trend.
- High No. of suspected Cholera cases were reported from Sindh which need urgent attention and response accordingly.
- Cases of dog bite are being reported consistently from Sindh, KP, and Balochistan, which need epidemiological investigations and response action in One-Health perspective. Rabies vaccine and immunoglobulins should be administered to dog bite cases as a part of their clinical management.
- Cases of Typhoid are regularly reported from Sindh, Balochistan, KP and ICT. This need verification, epidemiological investigations, and response activities.
- Most cases of Mumps were reported from Balochistan which need verification, epidemiological investigations and response activities.

Figure 1: Most frequently reported cases during week 29, in comparison with pervious weeks, Pakistan

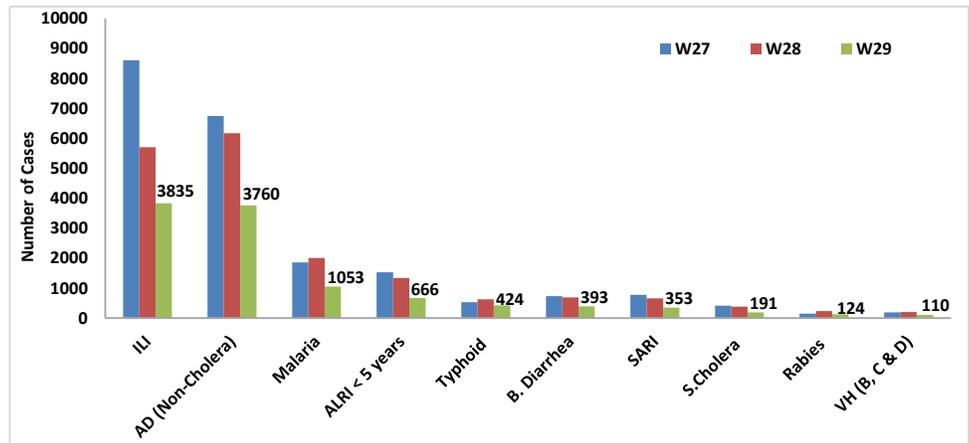


Table 1: Province/Area wise distribution of most frequently reported cases during week 29, Pakistan

Diseases	AJK	Balochistan	GB	ICT	KP	Sindh	Total
ILI	2	1,001	0	81	616	2,135	3,835
AD (Non-Cholera)	21	497	7	56	1,251	1,928	3,760
Malaria	0	226	0	2	191	634	1,053
ALRI < 5 years	0	53	12	0	44	557	666
Typhoid	0	147	0	7	143	127	424
B. Diarrhea	0	180	0	1	56	156	393
SARI	0	47	0	0	260	46	353
S. Cholera	0	1	11	0	20	159	191
Rabies / Dog bite	0	27	0	0	35	62	124
VH (B, C & D)	0	7	0	0	0	103	110
CL	0	98	0	0	3	0	101
AVH	0	1	0	0	19	14	34
Mumps	0	24	0	1	0	5	30

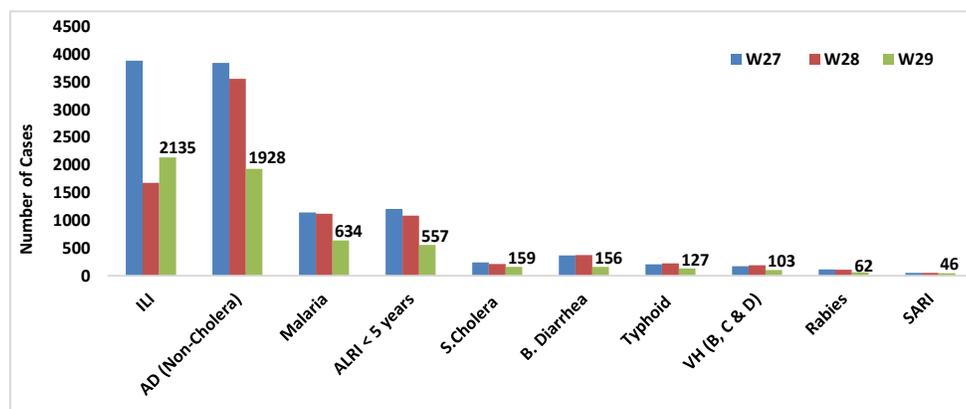
##### Point of Attention:

- There is a need to verify cases of ILI and ALRI <5 years country wide, and to initiate response activities.
- AD (Non-Cholera), S. Cholera and Typhoid cases are regularly reported from Balochistan, KP, Sindh, and GB. Spot mapping for identification of affected areas is required to identify the risk factors and implementation of response activities to minimize the spread of the diseases.
- It is proposed to enhance community awareness on water, sanitation and hygiene (WASH) practices especially for diarrheal diseases and typhoid affected districts. Moreover, authorities/ departments related to water/ sanitation, food and environment should be approached for coordinated activities.
- Dog bite cases are regularly reported from Sindh, KP, and Balochistan. Awareness sessions should be conducted in health facilities for clinical management, and timely referral to tertiary care hospital (if required). Availability of Rabies vaccine should be ensured at health facilities level especially at high risk areas. Moreover, **strategies should be devised to reduce the rabies burden till 2030**
- Cases of vaccine preventable diseases are being reported every week. Vigilant monitoring, alert verification, outbreak investigation, and coordination with EPI needs to be strengthened to reduce the cases.

**Sindh**

- Sindh reported maximum cases of ILI (n=2,135), AD (Non Cholera) (n=1,928), followed by Malaria (n=634), ALRI <5 Years (n=557), S. Cholera (n=159), B. Diarrhea (n=156), Typhoid (n=127), VH (B, C & D) (n=103), Rabies/ Dog bite (n=62) and SARI (n=46).
- District Ghotki reported the maximum cases of ILI, AD (Non Cholera), ALRI <5 years and Rabies/ Dog bite.
- District Hyderabad reported maximum cases of ILI, AD (Non-Cholera), ALRI <5 years and S. Cholera.
- From Karachi East, maximum cases reported were of AD (Non-Cholera) and Malaria.
- From Karachi Malir, maximum cases reported were of AD (Non-Cholera), ILI, ALRI<5 years and Malaria.
- Shikarpur reported maximum cases of AD (Non-Cholera) and ALRI <5 years.
- From Tharparkar, maximum cases of ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea and Typhoid. There is need to immediately verify the cases and outcome, conduct epidemiological investigations, and carry out response measures.
- This week, decrease in case trend observed for all diseases except ILI which shown an increased trend.
- Cases of Rabies/ Dog bite were reported from Ghotki (n=48) and Shikarpur (n=10) which need epidemiological investigations and response in One-Health perspective.
- Cases of vaccine preventable diseases were reported which need immediate verification, epidemiological investigations, and response activities. Routine immunization needs to be strengthened.
- Due to delayed reporting of data from N. Feroze, the data is not added and analyzed.

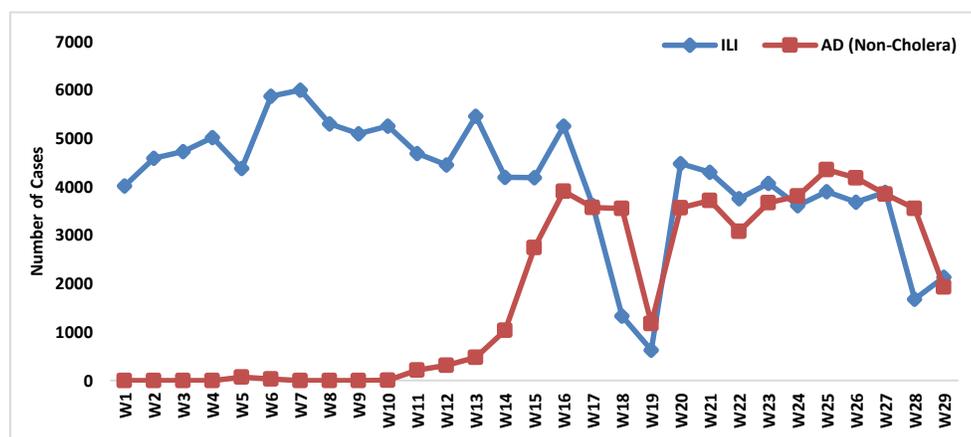
**Figure 2: Most frequently reported cases during week 29, in comparison with pervious weeks, Sindh**



**Table 2: District wise distribution of most frequently reported cases during week 29, Sindh**

Diseases	Ghotki	Hyderabad	Karachi East	Karachi Malir	Shikarpur	Tharparkar	Total
ILI	276	944	1	174	1	739	2,135
AD (Non-Cholera)	120	560	72	396	89	691	1,928
Malaria	20	29	17	87	3	478	634
ALRI < 5 years	112	103	3	139	30	170	557
S. Cholera	37	100	0	22	0	0	159
B. Diarrhea	32	27	1	32	1	63	156
Typhoid	16	4	0	53	2	52	127
VH (B, C & D)	52	39	0	10	0	2	103
Rabies / Dog bite	48	0	0	0	10	4	62
SARI	2	21	0	1	0	22	46
AVH	0	3	0	2	0	9	14
Measles	0	1	0	0	0	6	7
Mumps	0	0	0	4	0	1	5
Chickenpox	0	1	0	1	0	1	3
Meningitis	1	0	0	0	0	2	3

**Figure 3: Week wise reported cases of ILI & AD (Non-Cholera), Sindh**



## Balochistan

- From Balochistan overall ILI (n=1,001), AD (Non Cholera) (n=497), Malaria (n=226), B. Diarrhea (n=180), Typhoid (n=147), CL (n=98), ALRI <5 years (n=53), SARI (n=47), Rabies/ Dog bite (n=27), and Mumps (n=24) remained at maximum.
- District Kech reported maximum cases of ILI, AD (Non-Cholera), Malaria and B. Diarrhea.
- District Killa Abdullah reported maximum cases for ILI, CL and B. Diarrhea.
- District Khuzdar reported maximum cases for Malaria, ILI, AD (Non-Cholera) and B. Diarrhea.
- District Lasbella reported maximum cases for AD (Non-Cholera), Malaria and SARI.
- District Pishin reported more cases for ILI, AD (Non-Cholera), B. Diarrhea and CL.
- District Quetta reported maximum cases for ILI, AD (Non-Cholera), Typhoid and B. Diarrhea.
- Cases of Mumps, Measles, Meningitis, Pertussis, and Leprosy need immediate verification, epidemiological investigation and response actions. Routine Immunization needs to be strengthened.
- Cases of Rabies/ Dog bite need immediate verification, epidemiological investigations, and response activities at human-animal interface.
- In comparison with last week, both ILI and Ad (Non Cholera) shown decreased trend.

Figure 4: Most frequently reported cases during week 29, in comparison with previous weeks, Balochistan

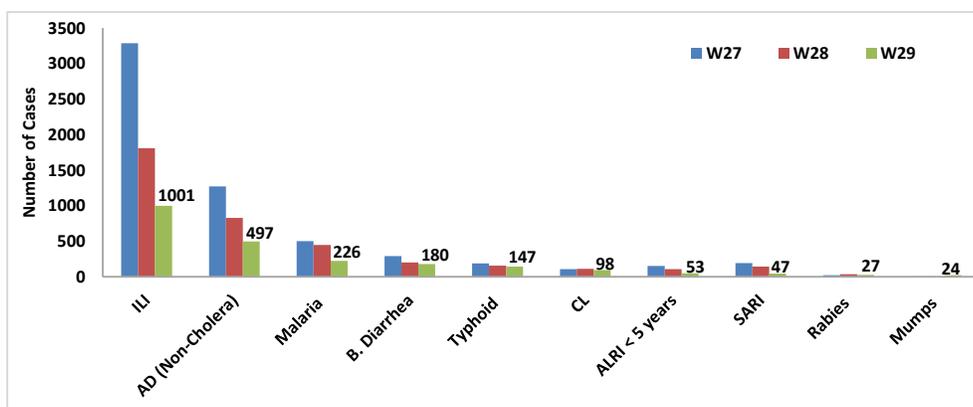
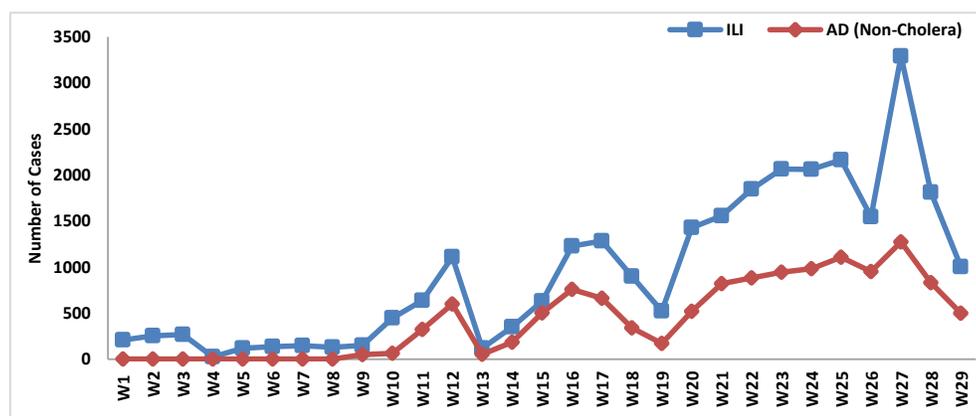


Table 3: District wise distribution of most frequently reported cases during week 29, Balochistan

Diseases	Kech (Turbat)	Killa Abdullah	Khuzdar	Lasbella	Pishin	Quetta	Total
ILI	477	71	56	7	170	220	1,001
AD (Non-Cholera)	176	20	46	76	112	67	497
Malaria	52	6	62	66	19	21	226
B. Diarrhea	38	22	37	6	44	33	180
Typhoid	14	12	26	12	34	49	147
CL	0	30	3	1	41	23	98
ALRI < 5 years	19	0	2	12	20	0	53
SARI	14	0	7	26	0	0	47
Rabies / Dog bite	0	11	3	2	6	5	27
Mumps	0	6	4	0	2	12	24
Measles	0	2	10	0	2	5	19
Meningitis	0	3	0	0	5	6	14
Pertussis	0	1	3	0	2	4	10
S.Cholera	0	0	0	0	1	0	1
Leprosy	1	0	0	0	0	0	1

Figure 5: Week wise reported cases of ILI & AD (Non-Cholera), Balochistan



### Khyber Pakhtunkhwa (KP)

- KP reported cases of AD (Non Cholera) (n=1,151), ILI (n=525), Malaria (n=158), SARI (n=146), Typhoid (n=140), B. Diarrhea (n=40), ALRI <5 years (n=37), Rabies/ Dog bite (n=37), AVH (A & E) (n=19), S. Cholera (n=15) and B. Diarrhea (n=31) at maximum.
- District Haripur reported maximum cases of AD (Non-Cholera), ILI, Typhoid and SARI.
- District Kohat reported maximum cases of AD (Non Cholera), ILI, Malaria, Typhoid and SARI.
- Weekly trend of ILI and AD (Non Cholera) cases shown a sharp decline as compared to week 28.
- Cases of Rabies/ Dog bite, Chickenpox and Measles need immediate verification, epidemiological investigation and response actions.
- Routine Immunization needs to be strengthened.

Figure 6: Most frequently reported cases during week 29, in comparison with previous weeks, KP

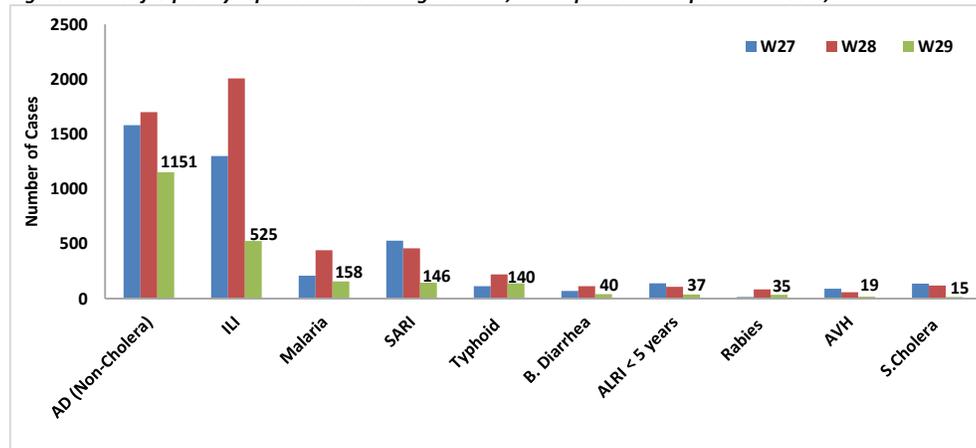
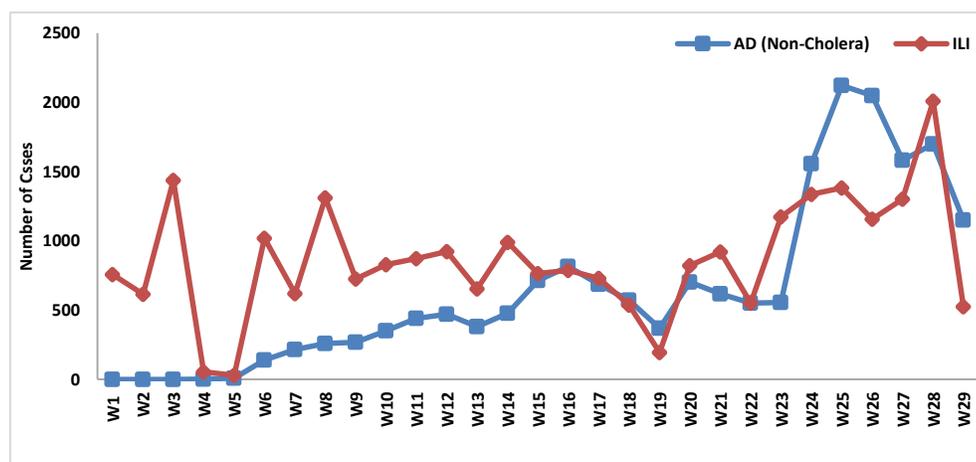


Table 4: District wise distribution of most frequently reported cases during week 29, KP

Diseases	Kohat	Haripur	Total
AD (Non-Cholera)	255	896	1,151
ILI	242	283	525
Malaria	138	20	158
SARI	111	35	146
Typhoid	28	112	140
B. Diarrhea	9	31	40
ALRI < 5 years	12	25	37
Rabies / Dog bite	7	28	35
AVH	0	19	19
S. Cholera	0	15	15
Chickenpox	0	2	2
CL	1	0	1
Measles	1	0	1

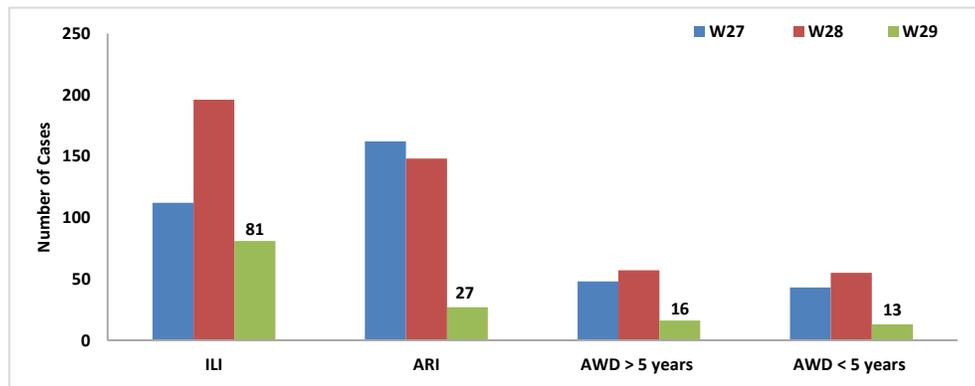
Figure 7: Week wise reported cases of ILI & AD(Non-Cholera), KP



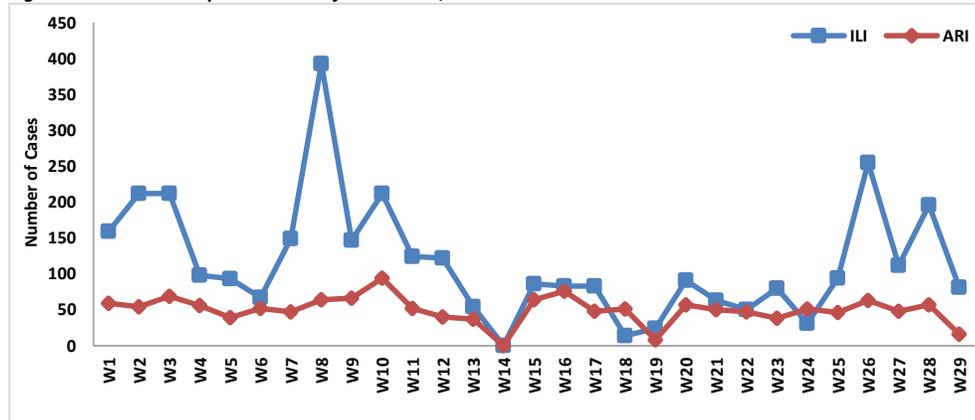
**Islamabad (ICT)**

- From ICT, the most frequent reported diseases are ILI (n=81), ARI (n=27), followed by AWD >5 years (n=16), and AWD <5 years (n=13).
- During this week, a decrease trend observed for cases of ILI and ARI as compared to previous week.
- There is a need to be vigilant about cases of vaccine preventable diseases, and routine immunization should be strengthened to prevent these diseases.

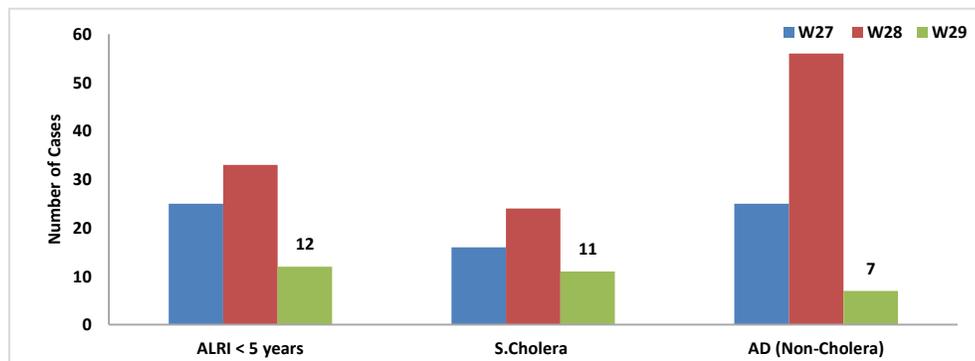
**Figure 8: Most frequently reported cases during week 29, in comparison with previous weeks, ICT**



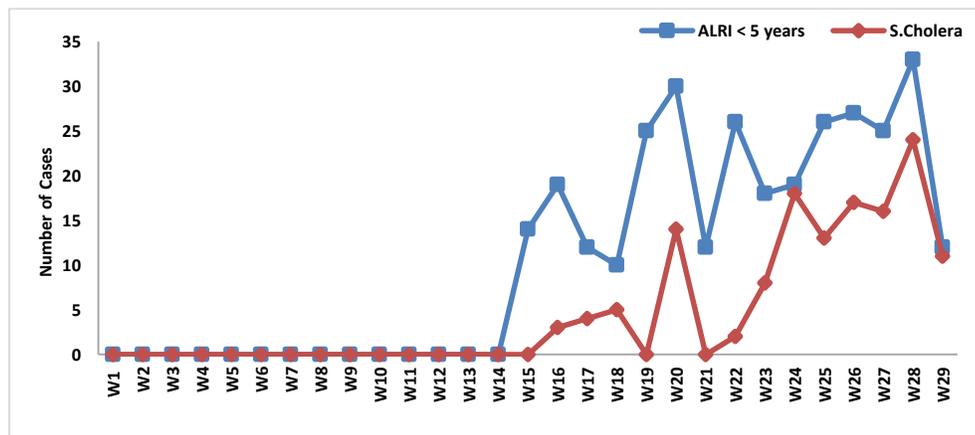
**Figure 9: Week wise reported cases of ILI and ARI, ICT**



**Figure 10: Most frequently reported cases during week 29, in comparison with previous weeks, GB**



**Figure 11: Week wise reported cases of S. Cholera and ALRI < 5 years, GB**



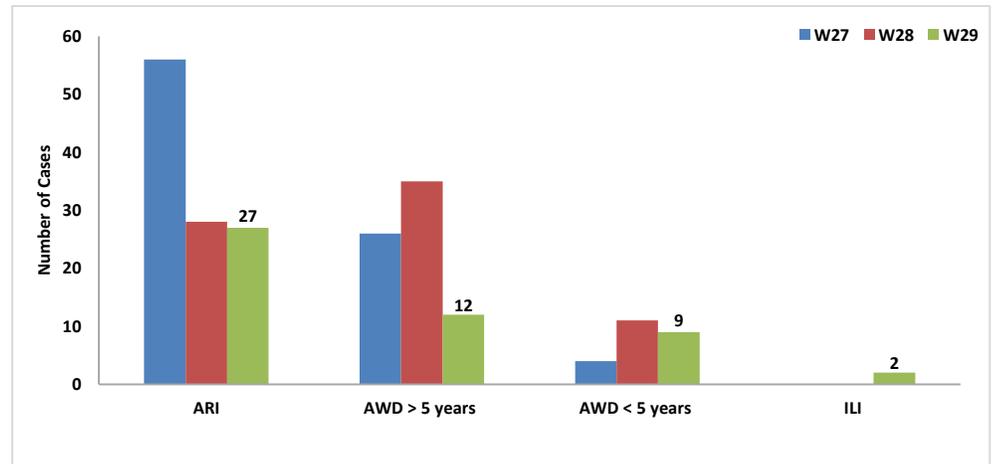
**Gilgit Baltistan**

- From Gilgit-Baltistan, only Hunza district reported cases of ALRI <5 years (n=12), S. Cholera (n=11) and AD (Non-Cholera) (n=7) this week.
- Weekly trend shows a sharp decline in cases of ALRI <5 years and S. Cholera as compared to the previous week (WK-28).
- Due to delayed reporting of data from Nagar, the information is not added and analyzed.

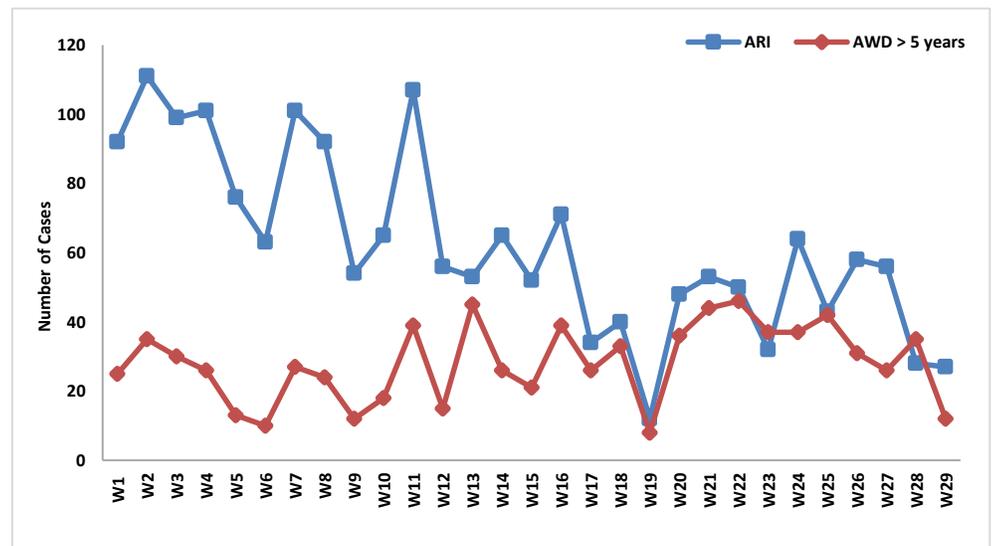
**Azad Jammu & Kashmir**

- In AJK, ARI (n=27), AWD >5 years (n=12), AWD <5 years (n=9) remained at maximum while only two cases of ILI were reported this week.
- Overall weekly trend for cases of AWD >5 years shown a sharp decline, while ARI had similar trend as compare to last week i.e. Week 28.

**Figure 12: Most frequently reported cases during week 29, in comparison with pervious weeks, AJK**



**Figure 13: Week wise reported cases of AWD >5 years & ARI, AJK**



### IDSR Participating Districts

- All (100%) health facilities from CDA, Karachi East, Ghotki and Tharparkar reported data this week.
- Data from districts Naushero Feroze and Nagar was received just before issuance of IDSR Weekly Report-29. Therefore, the data is not be analyzed and interpreted.
- **Districts Gwadar and Umerkot did not report data this week.**

**Table 6: IDSR reporting districts**

Province	Districts	Total Number of Reporting Sites (ARS/Total)	Total Number of Sites that Reported (%)
Khyber Pakhtunkhwa	Haripur	68/68	66 (97%)
	Kohat	59/59	58(98%)
Azad Jammu Kashmir	Mirpur	37/37	28 (76%)
Islamabad Capital Territory	ICT	18/18	11(61%)
	CDA	5/12	5(100%)
Balochistan	Gwadar	24/24	0 (0%)
	Kech	40/78	31(78%)
	Khuzdar	19/136	18(95%)
	Killa Abdullah	20/50	09 (45%)
	Lasbella	82/82	76 (93%)
	Pishin	23/118	22 (96%)
	Quetta	22/77	19 (86%)
Gilgit	Hunza	30/30	24(80%)
	Nagar	22/22	10(46%)
Sindh	Hyderabad	63/63	37 (59%)
	Karachi-East	14/14	14 (100%)
	Karachi-Malir	43/43	32 (74%)
	Ghotki	58/58	58 (100%)
	Umerkot	30/118	0 (0%)
	Naushero Feroze	52/52	52 (100%)
	Tharparkar	74/236	74(100%)
	Shikarpur	18/21	8(44%)

\*percentage ={Sites Reported data/Agreed Reporting Sites (ARS)}\*100