



Field Epidemiology and Disease Surveillance Division (FEDSD)

National Institute of Health (NIH), Islamabad

Phone: 051- 9255237, Email: idsr-pak@nih.org.pk



Weekly Bulletin: Integrated Disease Surveillance and Response (IDSR)

19th August 2021

Highlights of the Epi-Week 32 (9th August – 15th August 2021)

Cumulative Information:

- During this week, maximum cases reported were of Acute Diarrhea (Non Cholera), ILI, Malaria, ALRI <5 years, VL, SARI, Typhoid, B. Diarrhea, suspected Cholera, Dengue fever, Measles and Brucellosis.
- In comparison with previous week i.e. Week-31, all diseases had shown a decreasing trend except cases of ALRI <5 years which had shown a slight increase.
- Total 1,049 cases of VL were reported from Sindh which need immediate verification, epidemiological investigation, and public health response along with vector surveillance and control.
- Food and water borne diseases i.e. AD (Non-Cholera), Suspected Cholera and Typhoid are regularly reported across the country. Based on the ongoing rainy season there is a need to investigate and response accordingly.
- Most cases of Measles were reported from Balochistan while cases of Brucellosis were reported from Balochistan and Sindh which need verification, epidemiological investigations and response activities.
- Most cases of Dengue fever were reported from KP which need immediate verification, epidemiological investigation, and public health response along with vector surveillance and control.

Figure 1: Most frequently reported cases during week 32, in comparison with previous weeks, Pakistan

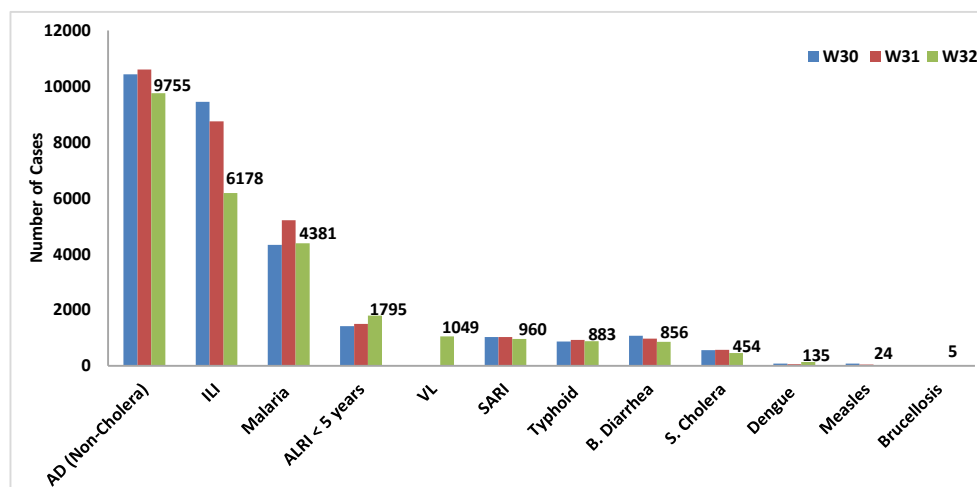


Table 1: Province/Area wise distribution of most frequently reported cases during week 32, Pakistan

Diseases	AJK	Balochistan	GB	ICT	KP	Sindh	Total
AD (Non-Cholera)	71	1,489	32	208	3,455	4,500	9,755
ILI	3	2,560	32	96	982	2,505	6,178
Malaria	3	633	0	7	2,180	1,558	4,381
ALRI < 5 years	0	164	27	48	194	1,362	1,795
VL	0	0	0	0	0	1,049	1,049
SARI	0	99	9	0	795	57	960
Typhoid	0	142	16	5	485	235	883
B. Diarrhea	1	279	15	4	221	336	856
S. Cholera	0	85	10	12	195	152	454
Dengue fever	0	11	0	0	109	15	135
Measles	0	13	0	1	4	6	24
Brucellosis	0	3	0	0	0	2	5

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), suspected Cholera and Typhoid cases reported from Balochistan, KP, Sindh, and GB need spot mapping for identification of affected areas, and implementation of response activities.
- It is proposed to enhance community awareness on water, sanitation and hygiene (WASH) practices especially for food and water borne diseases reporting districts.
- 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.
- During and after monsoon season, rise of Dengue fever cases is expected. Therefore, there is a need to closely monitor Dengue fever cases, larva density, and implement public health response activities.
- High number of cases for VL has been reported from Sindh. This need immediate verification, epidemiological investigation, and public health response along with vector surveillance and control.

Sindh

- Sindh reported maximum cases of AD (Non Cholera) (n=4,500), ILI (n=2,505) followed by Malaria (n=1,558), ALRI <5 Years (n=1,362), VL (n=1,049), B. Diarrhea (n=336), Typhoid (n=235), VH (B, C & D) (n=231), suspected Cholera (n=152) and AVH (135).
- District Ghotki reported the maximum cases of AD (Non Cholera), ILI, ALRI <5 years, Malaria, B. Diarrhea, and Viral hepatitis (B, C & D).
- District Hyderabad reported maximum cases of AD (Non-Cholera), ILI, ALRI <5 years and suspected 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, Typhoid and Malaria.
- From Tharparkar, maximum cases of AD (Non-Cholera), Malaria, ILI, ALRI <5 years, B. Diarrhea and Typhoid were reported.
- From Thatta, maximum cases of VL, AD (Non-Cholera), ILI, ALRI <5, Malaria, AVH and VH (B, C&D) were reported.
- Shikarpur reported maximum cases of AD (Non-Cholera) and Malaria.
- This week, a sharp decline was observed in cases of AD (Non Cholera), ILI and Malaria.
- All cases of VL were reported from Thatta which need immediate verification, epidemiological investigation, and public health response along with vector surveillance and control.
- Routine immunization needs to be strengthened to decrease disease burden of VPDs.

Figure 2: Most frequently reported cases during week 32, in comparison with previous weeks, Sindh

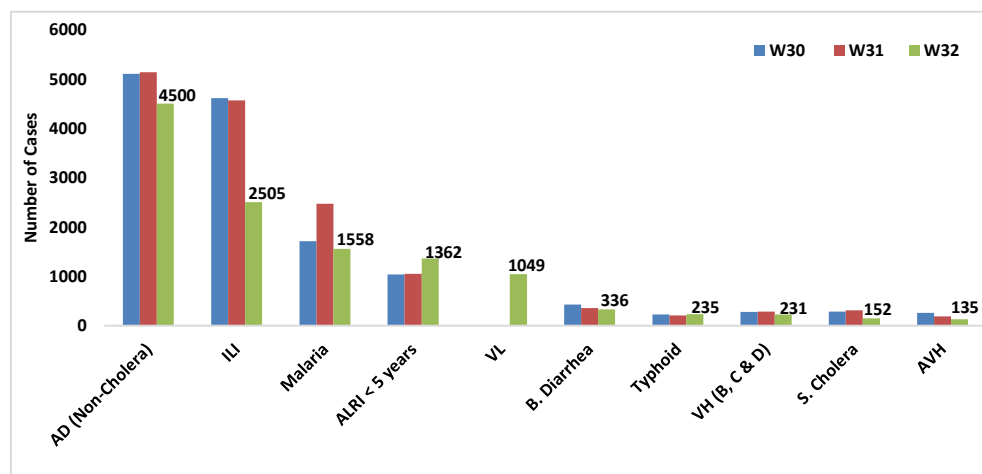
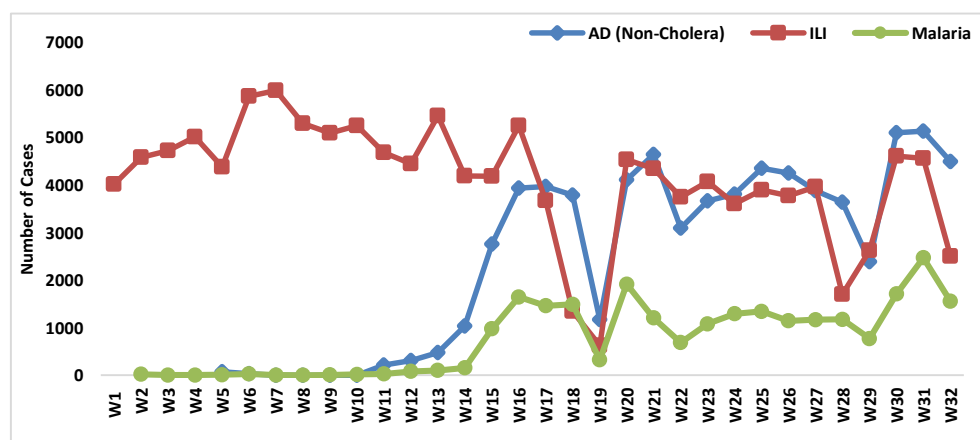


Table 2: District wise distribution of most frequently reported cases during week 32, Sindh

Diseases	Ghotki	Hyderabad	Kar-East	Kar-Malir	Thar-parkar	Thatta	Shikarpur	Total
AD (Non-Cholera)	844	730	177	848	1,078	807	16	4,500
ILI	393	442	6	253	732	679	0	2,505
Malaria	268	44	34	43	783	379	7	1,558
ALRI < 5 years	309	165	3	113	266	506	0	1,362
VL	0	0	0	0	0	1,049	0	1,049
B. Diarrhea	155	29	0	17	117	18	0	336
Typhoid	55	6	0	50	108	16	0	235
VH (B, C & D)	130	10	0	0	10	81	0	231
S. Cholera	7	118	0	21	0	6	0	152
AVH	8	4	0	0	13	110	0	135
Dog Bite	46	0	0	0	2	23	0	71
SARI	14	21	0	0	15	7	0	57
Chickenpox	3	1	0	0	2	0	0	6
Leprosy	0	0	0	0	0	3	0	3
Brucellosis	0	0	0	2	0	0	0	2
Pertussis	2	0	0	0	0	0	0	2

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



Balochistan

- From Balochistan overall ILI (n=2,379), AD (Non Cholera) (n=1,388), Malaria (n=499), B. Diarrhea (n=185), ALRI <5 years (n=143), SARI (n=83), Typhoid (n=78), suspected Cholera (n=39), Dengue fever (n=11) and VH (B, C, D & E) (n=11) were at maximum.
- District Gwadar reported maximum cases of ILI, AD (Non Cholera) and B. Diarrhea.
- District Kech reported maximum cases of ILI, AD (Non-Cholera), Malaria and B. Diarrhea.
- District Killa Abdullah reported most cases of ILI, AD (Non-Cholera), and Typhoid.
- District Lasbella reported maximum cases for AD (Non-Cholera), Malaria, and ALRI <5 years.
- District Quetta reported maximum cases for ILI, AD (Non-Cholera) and B. Diarrhea.
- In comparison with last week, ILI cases depicted a decline while cases of AD (Non Cholera) had shown similar trend.
- Total 03 cases of Anthrax reported from Lasbella which need immediate verification, epidemiological investigation and response.
- Routine Immunization needs to be strengthened to decrease disease burden of VPDs.

Figure 4: Most frequently reported cases during week 32, in comparison with previous weeks, Balochistan

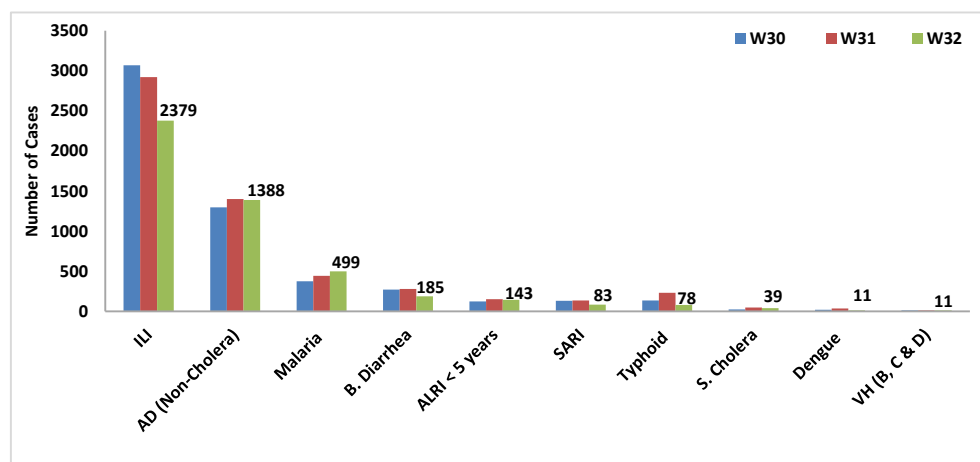
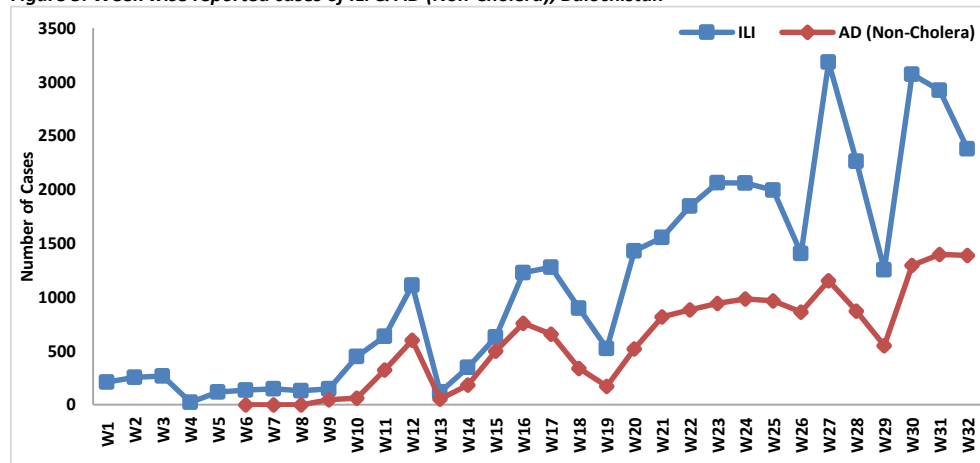


Table 3: District wise distribution of most frequently reported cases during week 32, Balochistan

Diseases	Gwadar	Kech / Turbat	Killa Abdullah	Lasbella	Quetta	Total
ILI	353	1,218	237	35	536	2,379
AD (Non-Cholera)	337	496	134	206	215	1,388
Malaria	24	279	5	175	16	499
B. Diarrhea	25	72	0	16	72	185
ALRI < 5 years	7	69	0	67	0	143
SARI	11	51	0	21	0	83
Typhoid	3	31	19	13	12	78
S. Cholera	0	0	0	31	8	39
Dengue	6	5	0	0	0	11
VH (B, C & D)	0	8	0	3	0	11
Measles	6	0	1	0	0	7
Dog Bite	0	0	0	5	0	5
Anthrax	0	0	0	3	0	3
Meningitis	0	0	3	0	0	3
Pertussis	0	0	0	2	0	2

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



Khyber Pakhtunkhwa (KP)

- KP reported cases of AD (Non Cholera) (n=3,455), Malaria (n=2,180), ILI (n=982), SARI (n=795), Typhoid (n=485), B. Diarrhea (n=221), S. Cholera (n=195), ALRI <5 years (n=194), Dengue Fever (n=109) and AVH (A&E) (n=89).
- District Abbottabad reported maximum cases of AD (Non-Cholera), SARI and Typhoid.
- District Charsadda reported maximum cases of Malaria, AD (Non-Cholera), SARI, ILI, Typhoid, B. Diarrhea, and ALRI <5 years.
- District Haripur reported maximum cases of AD (Non-Cholera), ILI, Malaria, Typhoid, SARI, Dengue Fever and suspected Cholera.
- District Kohat reported maximum cases of AD (Non Cholera), ILI, SARI, Malaria, Typhoid and suspected Cholera.
- District Lakki Marwat reported maximum cases of Malaria, AD (Non-Cholera), Typhoid and B. Diarrhea.
- Weekly cases of AD (Non Cholera) had shown a downward trend while cases of Malaria depicted a similar trend as compared to week 31.
- Routine Immunization needs to be strengthened to decrease disease burden of VPDs.
- Total 11 cases of Anthrax reported from District Charsadda which need immediate verification, epidemiological investigation, and response activities.
- A total of 02 cases of Chikungunya were reported from district Haripur Charsadda which need immediate verification, epidemiological investigation, and response activities.
- Most cases of Dengue fever were reported from Haripur and Kohat which need immediate verification, epidemiological investigation, and public health response along with vector surveillance and control.

Figure 6: Most frequently reported cases during week 32, in comparison with pervious weeks, KP

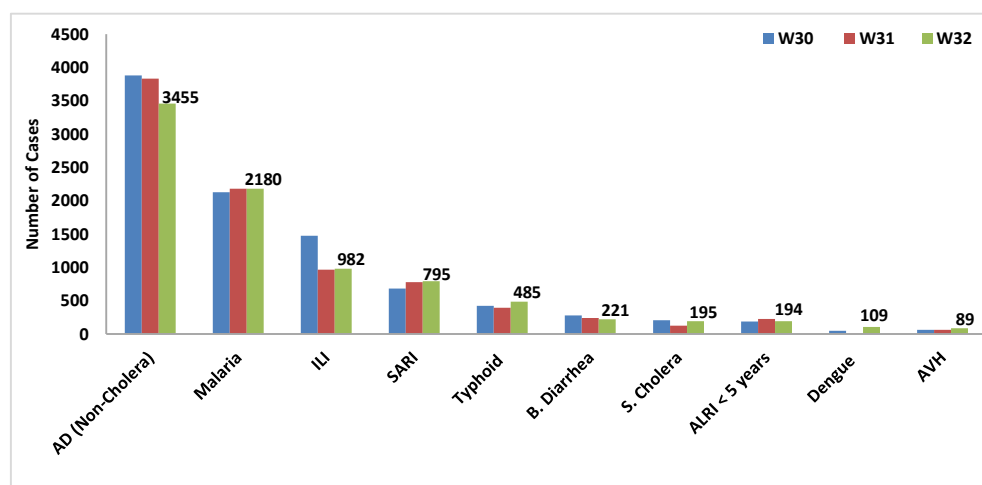
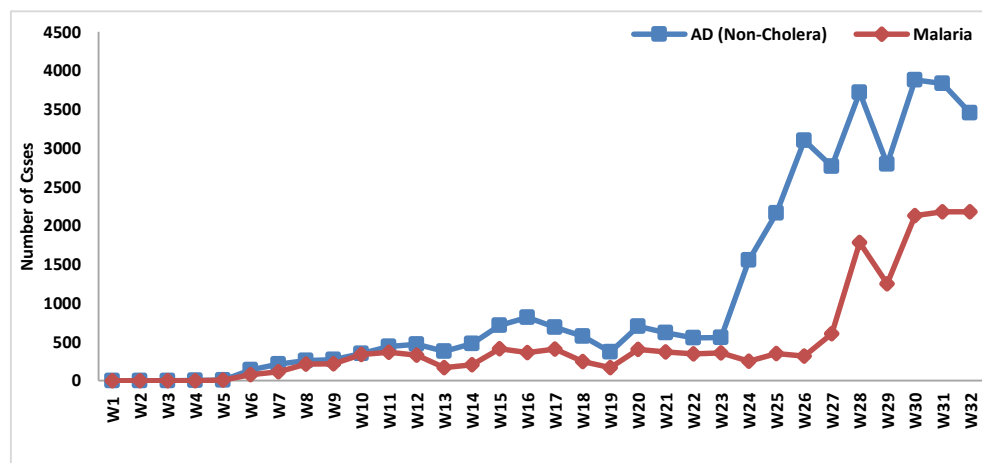


Table 4: District wise distribution of most frequently reported cases during week 32, KP

Diseases	Abbottabad	Charsadda	Haripur	Kohat	Lakki Marwat	Total
AD(Non-Cholera)	875	696	1,288	350	246	3,455
Malaria	0	1,349	280	212	339	2,180
ILI	0	139	506	337	0	982
SARI	146	266	126	253	4	795
Typhoid	53	124	191	73	44	485
B. Diarrhea	7	107	63	26	18	221
S. Cholera	11	50	74	57	3	195
ALRI < 5 years	13	81	54	33	13	194
Dengue fever	0	0	106	3	0	109
AVH	0	12	77	0	0	89
Dog Bite	0	8	63	0	2	73
Chickenpox	0	7	13	0	0	20
Pertussis	0	0	3	12	0	15
Anthrax	0	11	0	0	0	11
Chikungunya	0	0	2	0	0	2

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



Islamabad (ICT)

- From ICT, the most frequent reported diseases were AD (Non-Cholera) (n=208), ILI (n=96), ALRI <5 years (n=48), S. Cholera (n=12), Malaria (n=07), Typhoid (n=05) and B. Diarrhea (n=04).
- During this week, a sharp increase was observed for cases of AD (Non Cholera) whereas cases of ILI had shown a downward trend as compared to previous week i.e. week 31.

Figure 8: Most frequently reported cases during week 32, in comparison with pervious weeks, ICT

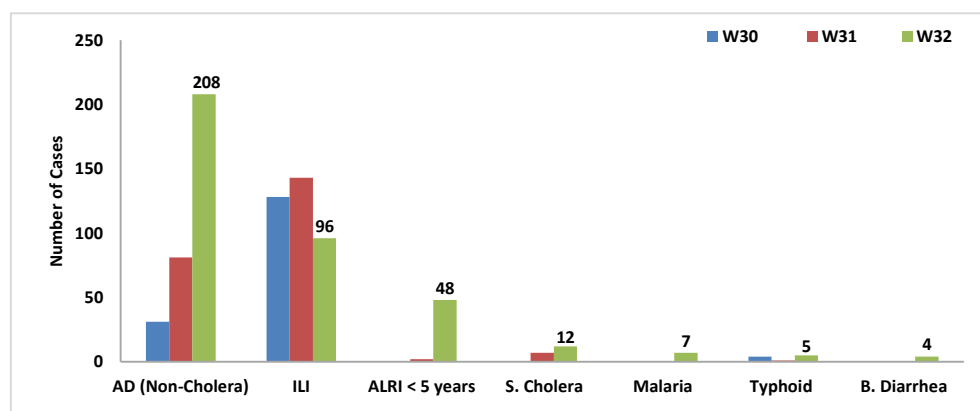


Figure 9: Week wise reported cases of ILI and AD (Non cholera), ICT

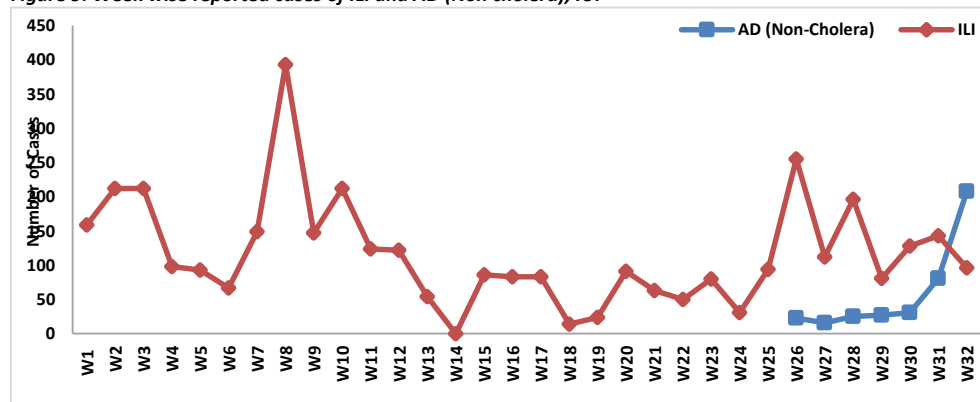


Figure 10: Most frequently reported cases during week 32, in comparison with pervious weeks, GB

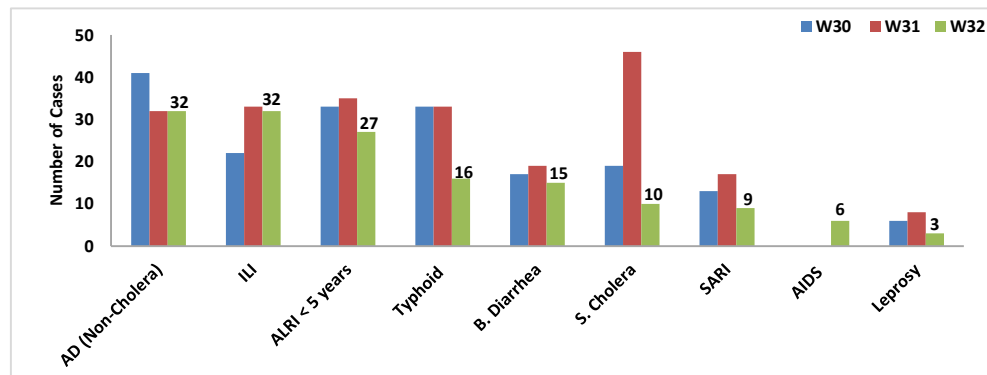
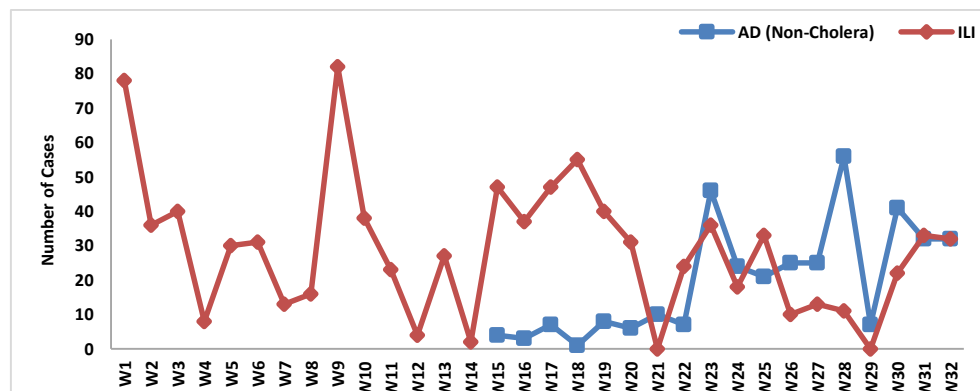


Figure 11: Week wise reported cases of ILI & AD (Non Cholera), GB



Gilgit Baltistan

- Gilgit-Baltistan reported cases of AD (Non-Cholera) (n=32), ILI (n=32), ALRI <5 years (n=27), Typhoid (n=16), B. Diarrhea (n=15), suspected Cholera (n=10), SARI (n=09), AIDS (n=06) & Leprosy (n=3) in this week.
- Weekly trend shows a similar trend for cases of ILI and AD (Non Cholera) as compared to the previous week (i.e. Week-31).
- Cases of AIDS and Leprosy need immediate verification, epidemiological investigation and response measure.

Azad Jammu & Kashmir

- From AJK, Mirpur reported cases of AWD > 5 years (n=50), ARI (n=27) and AWD < 5 years (n=21).
- There was a sharp rise in cases of AWD > 5 years while a slight decline was observed in cases of ARI as compared to previous week i.e. week-31.

IDSR Participating Districts

- This week 100% data reporting sites from Districts Haripur, CDA, Kech, Khuzdar, Killa Abdullah, Karachi East and Tharparkar reported data.
- No data reported from district Pishin, Naushahro Feroze, and, Umerkot.
- District Khuzdar reported data after the agreed time line, so that is why it is not part of this week's data analysis.

Figure 12: Week wise reported cases of AWD >5 years and ARI, AJK

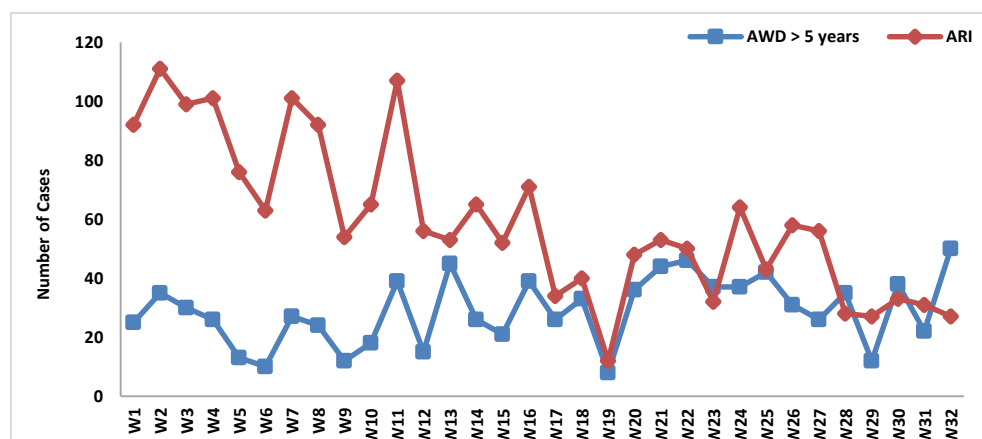


Table 6: IDSR reporting districts

Province	Districts	Total Number of Reporting Sites (ARS/Total)	Total Number of Sites that Reported (%)
Khyber Pakhtunkhwa	Haripur	68/68	68 (100%)
	Kohat	59/59	49 (83%)
	Abbottabad	110/110	92 (84%)
	Charsadda	61/61	52 (85%)
	Lakki Marwat	39/39	32 (82%)
Azad Jammu Kashmir	Mirpur	37/37	29 (79%)
Islamabad Capital Territory	ICT	18/18	12 (67%)
	CDA	5/12	5(100%)
Balochistan	Gwadar	24/24	18 (75%)
	Kech	40/78	40 (100%)
	Khuzdar	19/136	19 (100%)
	Killa Abdullah	20/50	20 (100%)
	Lasbella	82/82	76 (93%)
	Pishin	23/118	0 (0%)
	Quetta	22/77	18 (82%)
Gilgit	Hunza	30/30	28 (94%)
	Nagar	22/22	8(36%)
Sindh	Hyderabad	63/63	22 (35%)
	Karachi-East	14/14	14 (100%)
	Karachi-Malir	43/43	31 (72%)
	Ghotki	58/58	49 (84%)
	Umerkot	30/118	0 (0%)
	Naushahro Feroze	52/52	0 (0%)
	Tharparkar	74/236	74(100%)
	Shikarpur	18/21	4(19%)
	Thatta	27/50	12 (44%)

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