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Weekly Bulletin: Integrated Disease Surveillance and Response (IDSR)

26th August 2021

Highlights of the Epi-Week 33 (16th August – 22nd August 2021)

Cumulative Information:

- During this week, maximum cases reported were of Acute Diarrhea (Non Cholera), ILI, Malaria, ALRI <5 years, B. diarrhea, Typhoid, SARI, suspected Cholera & Viral Hepatitis (B, C & D).
- In comparison with previous week i.e. Week-32, Malaria, and B. Diarrhea have shown an increasing trend while AD (Non-Cholera), ILI, ALRI <5 years, SARI, and VH (B, C & D) had shown decreasing trend. Cases of Typhoid & suspected Cholera depicted similar trend.
- Most cases of CL and Gonorrhea have been reported from Balochistan which need urgent attention, thorough investigation and response accordingly.
- Dengue fever cases were reported from Balochistan, Sindh, and KP which need immediate verification, epidemiological investigation, and public health response along with vector surveillance and control.
- Cases of Measles and Mumps were reported from Balochistan, KP and Sindh which need verification, epidemiological investigations and response activities.
- Routine immunization needs to be strengthened to decrease disease burden of VPDs.

Figure 1: Most frequently reported cases during week 33, in comparison with previous weeks, Pakistan

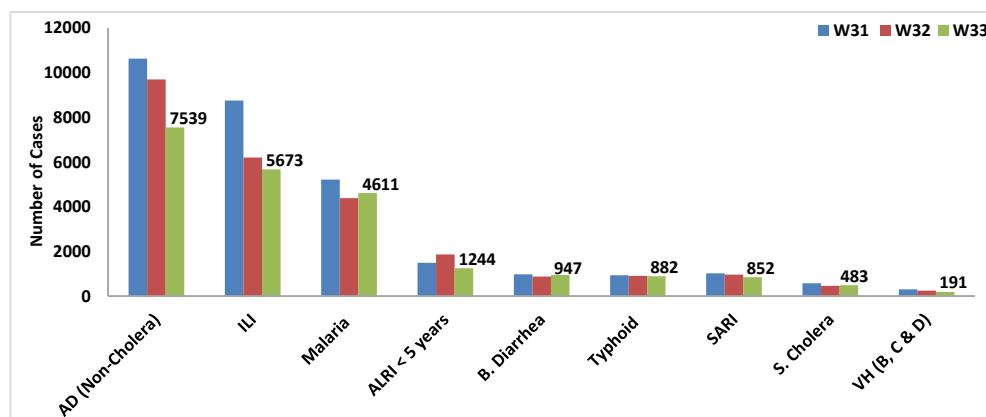


Table 1: Province/Area wise distribution of most frequently reported cases during week 33, Pakistan

Diseases	AJK	Balochistan	GB	ICT	KP	Sindh	Total
AD (Non-Cholera)	45	1,517	38	147	3,079	2,713	7,539
ILI	0	2,502	43	149	1,033	1,946	5,673
Malaria	5	771	0	10	1,713	2,112	4,611
ALRI < 5 years	14	203	27	32	301	667	1,244
B. Diarrhea	2	420	9	3	274	239	947
Typhoid	0	256	22	4	409	191	882
SARI	0	142	15	13	634	48	852
S. Cholera	0	67	13	8	277	118	483
VH (B, C & D)	0	18	0	0	3	170	191
CL	0	121	0	0	7	0	128
Dengue	0	24	0	0	5	17	46
Measles	0	15	0	0	7	4	26
Gonorrhea	0	21	0	2	0	2	25
Mumps	0	3	0	0	11	4	18

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 of CL and Gonorrhea were reported from Balochistan. This need immediate attention in terms of verification, epidemiological investigations, and response measures. In this context, understanding of case definitions is crucial in making differential diagnosis e.g. Urinary Tract Infections (UTIs).

Sindh

- Sindh reported maximum cases of AD (Non Cholera) (n=2,713), Malaria (n=2,112) followed by ILI (n=1,946), ALRI <5 Years (n=667), B. Diarrhea (n=239), Typhoid (n=191), VH (B, C & D) (n=170), AVH (n=154), suspected Cholera (n=118), Dog bite (n=86), SARI (n=48), Dengue (n=17), Chickenpox (n=05) and Meningitis (n=05).
- District Ghotki reported the maximum cases of ILI, ALRI <5 years, AD (Non Cholera) and VH (B, C, & D).
- 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.
- Shikarpur reported maximum cases of AD (Non-Cholera) and ALRI <5 years.
- From Tharparkar, maximum cases of AD (Non-Cholera), Malaria, ILI, ALRI <5 years, B. Diarrhea and Typhoid were reported.
- From Thatta, maximum cases of Malaria, AD (Non-Cholera), ILI, ALRI <5, AVH and VH (B, C & D) were reported.
- Cases of Chickenpox and Meningitis were reported from Tharparkar which need immediate verification, epidemiological investigation and response.
- This week, increase in case trend observed for Malaria while ILI and AD (Non Cholera) showed decrease trend as compared to previous week.
- High cases of Malaria were reported from district Thatta and Tharparkar. This need immediate attention in terms of verification, epidemiological investigation, and response measure. There is a need to carry out vector surveillance and vector source management.
- Routine immunization needs to be strengthened to decrease disease burden of VPDs.

Figure 2: Most frequently reported cases during week 33, in comparison with pervious weeks, Sindh

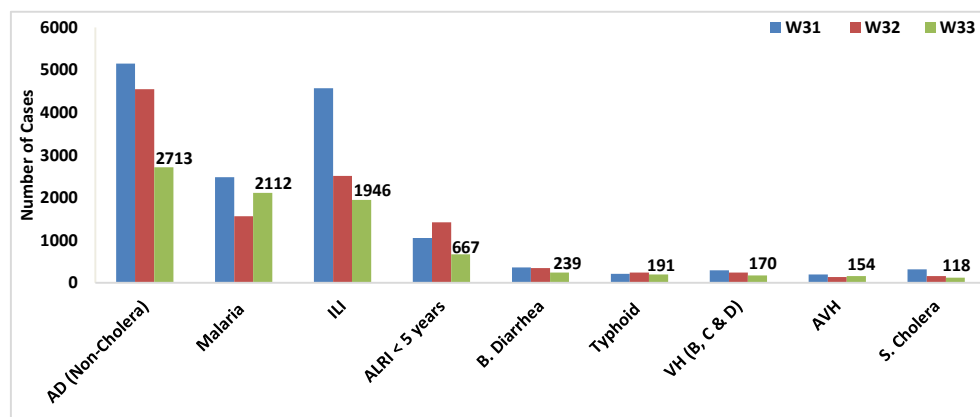
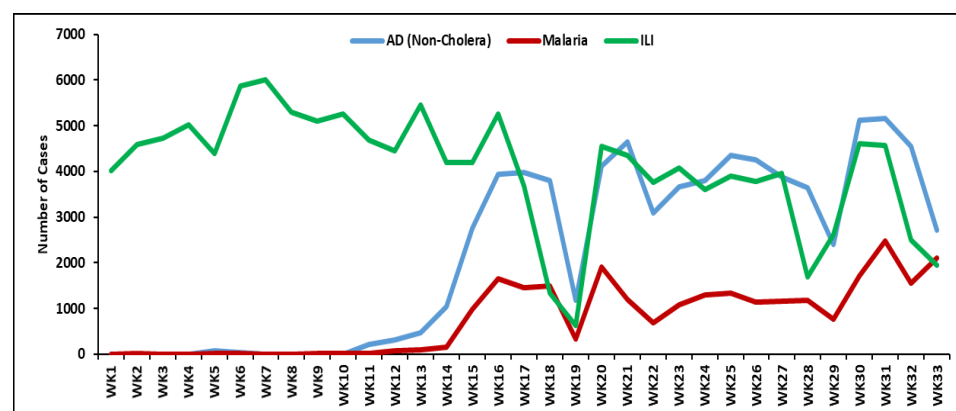


Table 2: District wise distribution of most frequently reported cases during week 33, Sindh

Diseases	Ghotki	Karachi East	Karachi Malir	Shikarpur	Tharparkar	Thatta	Total
AD (Non-Cholera)	95	144	735	64	1,010	665	2,713
Malaria	13	27	43	8	908	1,113	2,112
ILI	291	2	252	0	851	550	1,946
ALRI < 5 years	117	1	87	32	285	145	667
B. Diarrhea	44	3	23	2	116	51	239
Typhoid	18	1	62	0	84	26	191
VH (B, C & D)	93	0	4	5	14	54	170
AVH	0	1	0	0	8	145	154
S. Cholera	58	0	33	0	0	27	118
Dog Bite	37	0	0	12	15	22	86
SARI	0	0	3	0	19	26	48
Dengue	0	0	1	0	16	0	17
Chickenpox	0	0	0	0	5	0	5
Meningitis	0	0	0	0	5	0	5

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



Balochistan

- From Balochistan overall ILI (n=2,502), AD (Non Cholera) (n=1,517), Malaria (n=771), B. Diarrhea (n=420), Typhoid (n=256), ALRI <5 years (n=203), SARI (n=142), CL (n=121), S. Cholera (n=67), Measles (n=15), Rabies/Dog bite (n=13), Pertussis (n=10), Syphilis (n=03), Meningitis (n=02), and Diphtheria (n=01) remained at maximum.
- District Gwadar reported maximum cases of ILI, AD (Non Cholera), Malaria, B. Diarrhea & suspected Cholera.
- District Kech reported maximum cases of ILI, AD (Non-Cholera), Malaria, ALRI <5 years, SARI, B. Diarrhea and Typhoid.
- District Killa Abdullah reported most cases of ILI, AD (Non-Cholera), CL and Typhoid.
- District Lasbella reported maximum cases for Malaria, AD (Non-Cholera), ALRI <5 years and SARI.
- District Khuzdar reported maximum cases of ILI, AD (Non-Cholera), Malaria, B. Diarrhea and Typhoid.
- District Pishin reported more cases for ILI, AD (Non-Cholera), B. Diarrhea and Typhoid.
- District Quetta reported maximum cases for ILI, AD (Non-Cholera), B. Diarrhea and Typhoid.
- Consistent reporting of suspected Cholera cases need immediate verification, epidemiological investigations, and response activities.
- In comparison with last week, ILI cases depicted a decline while cases of AD (Non Cholera) had shown a similar trend.
- Most cases of Measles, Pertussis, Syphilis, Meningitis, and Diphtheria reported from Khuzdar which need immediate verification, epidemiological investigation and response.

Figure 4: Most frequently reported cases during week 33, in comparison with previous weeks, Balochistan

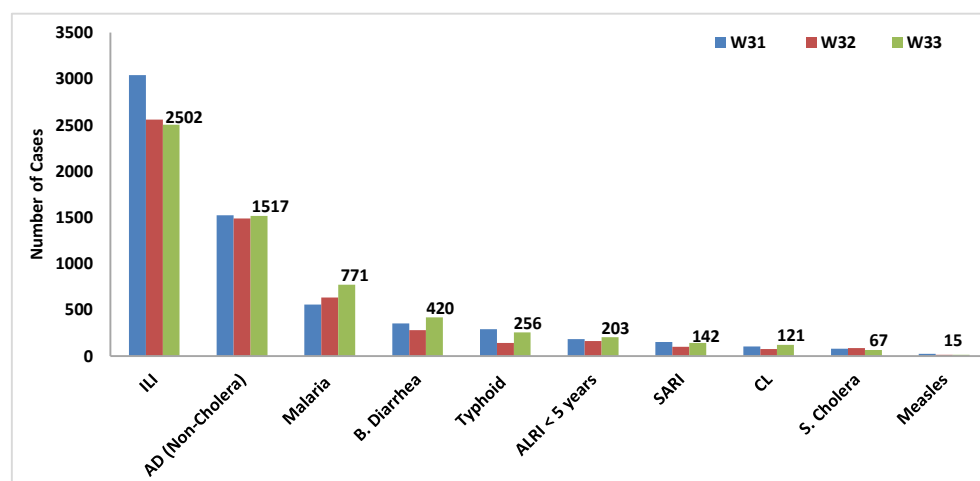
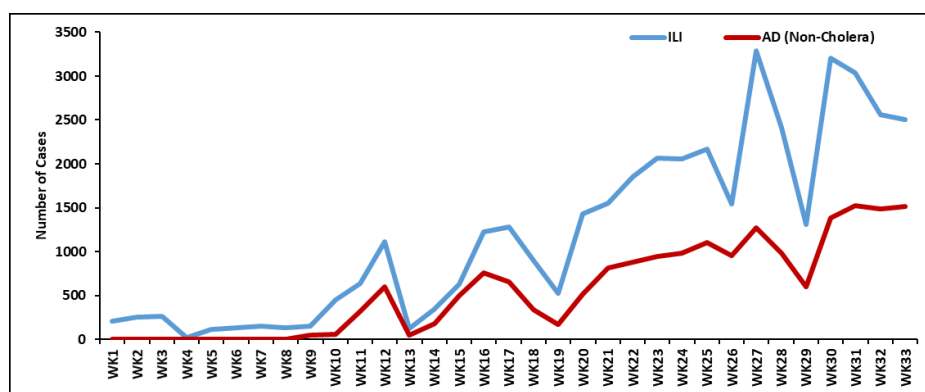


Table 3: District wise distribution of most frequently reported cases during week 33, Balochistan

Diseases	Gwadar	Kech (Turbat)	Killa Abdullah	Lasbella	Khuzdar	Pishin	Quetta	Total
ILI	318	910	308	37	212	180	537	2,502
AD (Non-Cholera)	257	365	214	146	137	145	253	1,517
Malaria	65	309	6	234	126	18	13	771
B. Diarrhea	65	61	0	34	83	124	53	420
Typhoid	4	33	28	16	65	83	27	256
ALRI < 5 years	6	79	0	62	37	19	0	203
SARI	4	61	0	49	28	0	0	142
CL	0	0	55	11	6	24	25	121
S. Cholera	14	0	0	13	18	22	0	67
Measles	0	4	0	0	10	0	1	15
Dog Bite	0	0	0	2	8	3	0	13
Pertussis	0	0	0	2	7	1	0	10
Syphilis	0	0	0	0	3	0	0	3
Meningitis	0	0	2	0	0	0	0	2
Diphtheria	0	0	0	0	1	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=3,068), Malaria (n=1,710), ILI (n=1,024), SARI (n=629), Typhoid (n=406), ALRI <5 years (n=299), S. Cholera (n=277), B. diarrhea (n=274), AVH (A & E) (n=57), Chickenpox (n=26), Anthrax (n=14), Measles (n=7), Pertussis (n=04) and Chikungunya (n=01) at maximum.
- District Haripur reported maximum cases of AD (Non-Cholera), ILI, suspected Cholera, Typhoid, SARI and Malaria.
- District Lakki Marwat reported maximum cases of AD (Non-Cholera), Malaria, ALRI <5 years, Typhoid, and B. diarrhea.
- District Kohat reported maximum cases of AD (Non Cholera), ILI, Malaria, SARI and B. diarrhea.
- District Charsadda reported maximum cases of Malaria, AD (Non-Cholera), SARI, Typhoid, B. diarrhea and suspected Cholera.
- District Abbottabad reported maximum cases of AD (Non-Cholera), SARI, Typhoid & B. Diarrhea.
- Weekly cases of AD (Non Cholera) and Malaria have shown a downward trend while ILI cases depicted a similar trend as compared to previous week i.e. 32.
- Cases of Chickenpox, Measles and Pertussis need immediate verification, epidemiological investigation and response actions.
- Routine Immunization needs to be strengthened to decrease disease burden of VPDs.
- Anthrax cases (n=13) reported from District Charsadda (13) and 1 from district Lakki Marwat need immediate verification, epidemiological investigation, and response activities.
- A case of Chikungunya and consistent Malaria need immediate attention in terms of verification, epidemiological investigation, and response measure. There is a need to carry out vector surveillance and vector source management.

Figure 6: Most frequently reported cases during week 33, in comparison with pervious weeks, KP

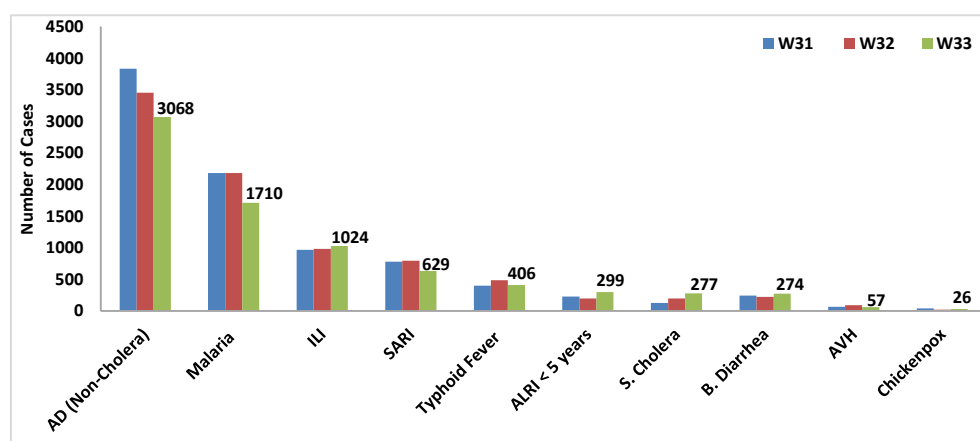
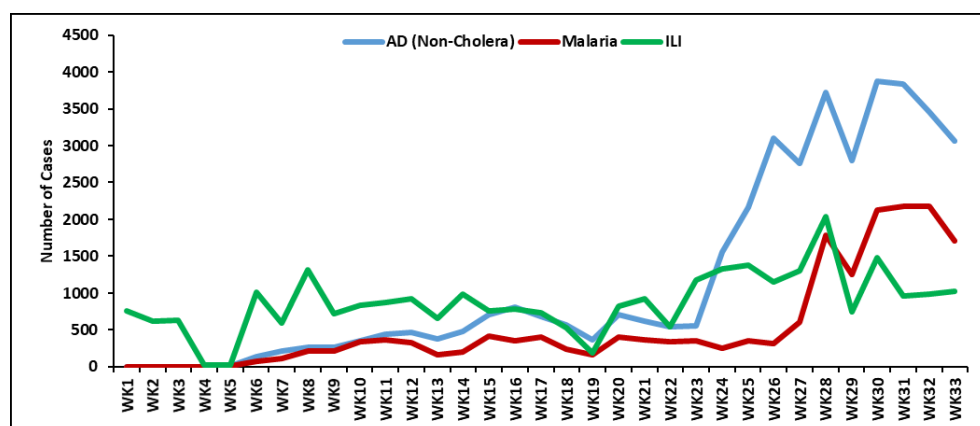


Table 4: District wise distribution of most frequently reported cases during week 33, KP

Diseases	Haripur	Lakki Marwat	Kohat	Charsadda	Abbottabad	Total
AD (Non-Cholera)	1,040	326	220	676	806	3,068
Malaria	61	270	141	1,229	9	1,710
ILI	759	10	218	37	0	1,024
SARI	80	11	126	297	115	629
Typhoid Fever	117	50	35	125	79	406
ALRI < 5 years	59	152	28	29	31	299
S. Cholera	187	0	0	70	20	277
B. Diarrhea	44	26	44	93	67	274
AVH	37	5	0	15	0	57
Chickenpox	6	3	0	17	0	26
Anthrax	0	1	0	13	0	14
Measles	6	1	0	0	0	7
Pertussis	0	2	0	2	0	4
Chikungunya	1	0	0	0	0	1

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



Islamabad (ICT)

- From ICT, the most frequent reported diseases were ILI (n=149), AD (Non-Cholera) (n=147), ALRI <5 years (n=32), SARI (n=13), Malaria (n=10), S. Cholera (n=08), followed by Typhoid (n=04), B. diarrhea (n=03), Gonorrhea (n=02) and Chickenpox (n=01).
- During this week, a sharp incline was observed for cases of AD (Non Cholera) and ILI as compared to previous week i.e. week 32.
- Case of Chickenpox need immediate verification, epidemiological investigation and response actions.
- Routine Immunization needs to be strengthened to decrease disease burden of VPDs.
- Cases of Gonorrhea need immediate verification, epidemiological investigation and response actions.

Figure 8: Most frequently reported cases during week 33, in comparison with pervious weeks, ICT

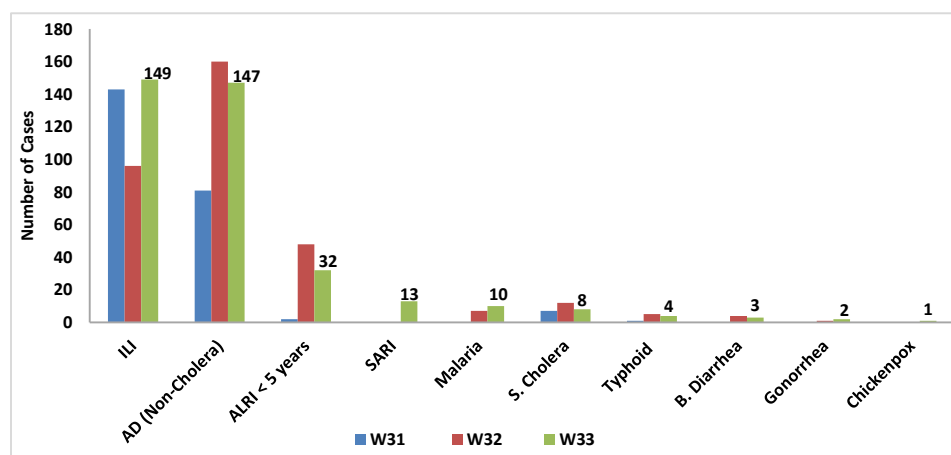


Figure 9: Week wise reported cases of ILI and AD (Non cholera), ICT

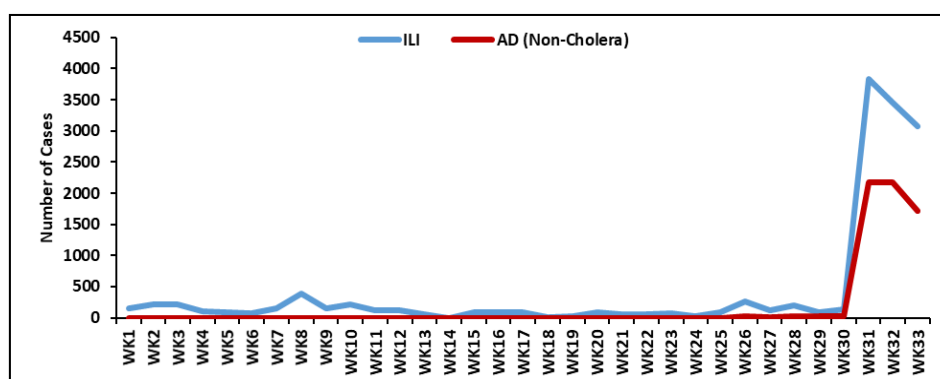


Figure 10: Most frequently reported cases during week 33, in comparison with pervious weeks, GB

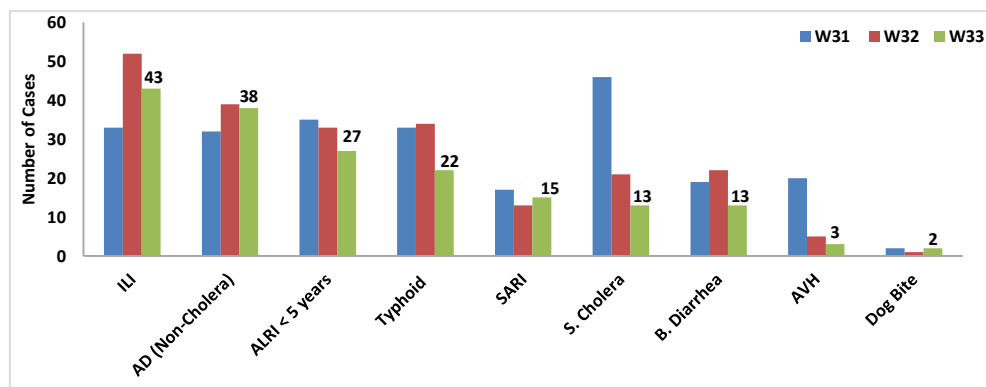
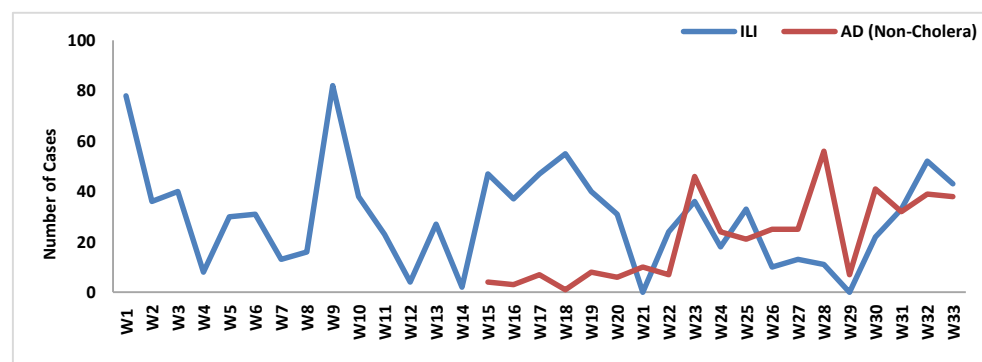


Figure 11: Week wise reported cases of ILI & AD (Non-Cholera), GB



Azad Jammu & Kashmir

- From AJK, Mirpur reported AD (Non-Cholera) (n=45), ALRI <5 years (n=14), Malaria (n=05) & B. diarrhea (n=02).
- There was a sharp decline in cases of AD (Non-Cholera) while an increase in cases of ALRI <5 years has been shown as compared to last week.

IDSR Participating Districts

- This week hundred percent (%) data reported from Districts Haripur, CDA, Khuzdar, Killa Abdullah, Karachi East and Tharparkar.
- No data received from district Swat, Hyderabad, Naushahro Feroze, and Umerkot.

Figure 12: Week wise reported cases of AD (Non-Cholera) & ALRI <5 years, AJK

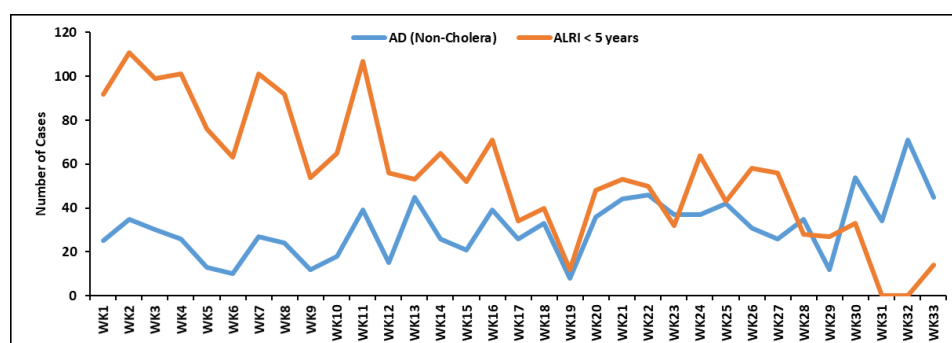


Table 6: IDSR reporting districts

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	48(82%)
	Abbottabad	110/110	87(79%)
	Charsadda	61/61	46(76%)
	Lakki Marwat	39/39	35(90%)
	Swat	-	0
Azad Jammu Kashmir	Mirpur	37/37	25(68%)
Islamabad Capital Territory	ICT	18/18	12(67%)
	CDA	5/12	5(100%)
Balochistan	Gwadar	24/24	17(71%)
	Kech	40/78	37(98%)
	Khuzdar	19/136	19(100%)
	Killa Abdullah	20/50	20(100%)
	Lasbella	82/82	79(97%)
	Pishin	23/118	20(87%)
	Quetta	22/77	19(87%)
Gilgit	Hunza	30/30	26(87%)
	Nagar	22/22	11(50%)
Sindh	Hyderabad	63/63	0
	Karachi-East	14/14	14(100%)
	Karachi-Malir	43/43	33(77%)
	Ghotki	58/58	8(14%)
	Umerkot	30/118	0
	Naushahro Feroze	52/52	0
	Tharparkar	74/236	74(100%)
	Shikarpur	18/21	9(50%)
	Thatta	27/50	13(48%)

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