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23rd September 2021

Highlights of the Epi-Week 37 (13th - 19th September 2021)

Cumulative Information:

- During this week, maximum cases reported were of ILI, Acute diarrhea (Non Cholera), Malaria, ALRI <5 years, B. diarrhea, suspected Cholera, Typhoid, SARI, Viral Hepatitis (B, C & D) & Rabies/ Dog bite.
- In comparison with previous week i.e. Week-36, suspected Cholera & VH (B, C & D) cases have shown an increasing trend whereas rest of all reported diseases have shown similarity or decline in trend.
- Persistent reporting of suspected Cholera and AVH (A & E) cases need urgent attention in terms of epidemiological investigations and response measures.
- Cases of Measles, Chickenpox, Mumps & Pertussis were reported from Balochistan, ICT, Sindh & KP, therefore routine immunization needs to be strengthened in order to decrease the disease burden of VPDs.
- Cases of AFP have been reported from KP & Sindh which need urgent attention and immediate action accordingly.
- Dog bite cases need follow up, and proper clinical management/ vaccination.
 Response measures may be taken at human-animal interface.

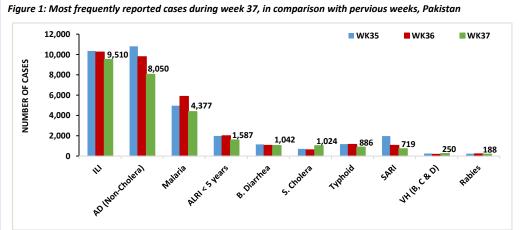


Table 1: Province/Area wise distribution of most frequently reported cases during week 37, Pakistan

Diseases	AJK	Balochistan	GB	ICT	КР	Sindh	Total
ILI	24	2,177	17	176	1,434	5,682	9,510
AD (Non-Cholera)	44	1,260	41	228	2,917	3,560	8,050
Malaria	0	984	0	16	1,605	1,772	4,377
ALRI < 5 years	16	181	20	92	296	982	1,587
B. Diarrhea	11	432	7	7	172	413	1,042
S. Cholera	0	76	3	2	126	817	1,024
Typhoid	4	207	31	5	407	232	886
SARI	2	141	3	15	476	82	719
VH (B, C & D)	0	16	0	0	1	233	250
Rabies	0	18	0	0	64	106	188
AVH (A & E)	1	4	1	0	NR	46	52
Measles	0	20	0	3	8	6	37
Chickenpox	0	3	0	10	11	1	25
Mumps	0	4	0	0	11	7	22
Pertussis	0	12	0	0	NR	1	13
AFP	0	0	0	0	4	3	7

Point of Attention

- Currently Dengue season is in progress, therefore, to prevent rise in cases of dengue fever across country, there is a need to closely monitor dengue fever cases, vector density, larva source management, and implementation of public health response activities in hotspot areas.
- AD (Non-Cholera), suspected Cholera and Typhoid cases reported from Balochistan, KP, Sindh, and GB needs 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 which are regularly reporting from districts.
- Dog bite cases are regularly reported, therefore, community awareness sessions may arranged for wound management, importance of Rabies vaccine, and information about treatment centers. District health authorities in collaboration with animal health department and municipal corporations should devise strategies for control stray dogs. At provincial level a comprehensive Rabies control plan should be developed and implemented for control of Rabies.
- IDSR focal persons may share alert verification and outbreak investigation reports. This may help in furnishing
 details on disease burden, circulating pathogens and devising national strategies for prevention & control of
 diseases.









Sindh

- Sindh reported maximum cases of ILI (n=5,682), AD (Non Cholera) (n=3,560), Malaria (n=1,772), ALRI <5 Years (n=982), suspected Cholera (n=817), B. Diarrhea (n=413), VH (B, C & D) (n=233), Typhoid (n=232), Rabies/ Dog bite (n=106) & SARI (n=82).
- District Ghotki reported the maximum cases of AD (Non Cholera), ILI, ALRI <5 years, Malaria, B. Diarrhea & VH (B, C & D).
- District Hyderabad reported maximum cases of ILI, AD (Non Cholera), suspected Cholera, ALRI <5 years, & Malaria.
- 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, Malaria and suspected Cholera.
- Naushero Feroze reported cases of ILI, AD (Non Cholera)
 Malaria at maximum.
- From Tharparkar, maximum cases of AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. diarrhea & Typhoid were reported.
- From Thatta, maximum cases of ILI, suspected Cholera, Malaria, AD (Non-Cholera), & VH (B, C & D) were reported.
- One case of Pertussis & Chickenpox each was reported, hence there is a need of strengthening routine immunization to decrease disease burden of VPDs.
- This week, decrease in case trend observed for Malaria & AD (Non Cholera) while cases of ILI have shown an upward trend as compared to previous week.

Figure 2: Most frequently reported cases during week 37, in comparison with pervious weeks, Sindh

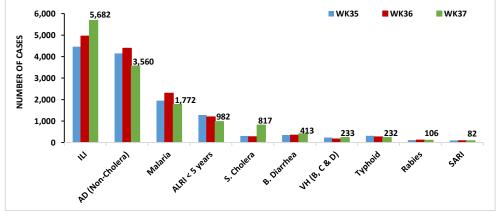
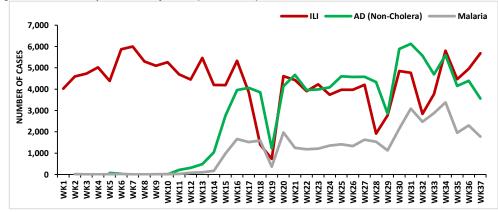


Table 2: District wise distribution of most frequently reported cases during week 37, Sindh

Diseases	Ghotki	Hyderabad	Karachi East	Karachi Malir	Naushero Feroze	Tharparkar	Thatta	Total
ILI	259	3,040	7	325	349	1,101	601	5,682
AD (Non- Cholera)	365	911	163	473	263	1,175	210	3,560
Malaria	137	94	36	63	175	868	399	1,772
ALRI < 5 years	257	206	0	122	37	314	46	982
S. Cholera	54	250	0	46	2	0	465	817
B. Diarrhea	163	52	7	9	40	110	32	413
VH (B, C & D)	103	31	0	7	5	15	72	233
Typhoid	41	9	0	45	40	83	14	232
Rabies	59	NR	0	2	0	13	32	106
SARI	14	27	0	1	13	15	12	82
AFP	2	NR	0	0	0	1	0	3
Gonorrhea	0	NR	0	1	0	0	1	2
Chickenpox	0	NR	1	0	0	0	0	1
Pertussis	1	NR	0	0	0	0	0	1

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



(Note: NR= Not Reported)





Balochistan

- From Balochistan overall ILI
 (n=2,177), AD (Non Cholera)
 (n=1,260), Malaria (n=984), B.
 diarrhea (n=432), Typhoid
 (n=207), ALRI <5 years
 (n=181), SARI (n=141),
 suspected Cholera (n=76), CL
 (n=63) and Gonorrhea (n=25),
 remained at maximum.
- District Gwadar reported maximum cases of ILI, AD (Non Cholera), Malaria & B. diarrhea.
- District Kech reported maximum cases of ILI, Malaria, AD (Non-Cholera), B. diarrhea, and ALRI <5 years.
- District Khuzdar reported maximum cases of ILI, Malaria, AD (Non-Cholera), Typhoid & B. diarrhea.
- District Lasbella reported maximum cases for Malaria, AD (Non-Cholera), SARI, and ALRI <5 years.
- 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.
- Suspected Cholera cases are regularly reported from most of the districts need immediate verification, epidemiological investigations, and response activities.
- Cases of Gonorrhea from districts Khuzdar & Pishin need urgent attention in terms of differential diagnosis from UTIs, and response measures accordingly.
- Cases of Measles, Pertussis, Rabies/ Dog bite and Brucellosis need immediate attention and public health response.
- In comparison with last week, ILI & AD (Non Cholera) cases shown a downward trend.

Figure 4: Most frequently reported cases during week 37, in comparison with previous weeks, Balochistan

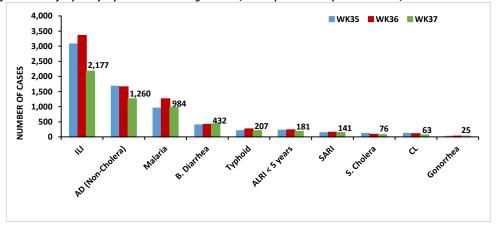
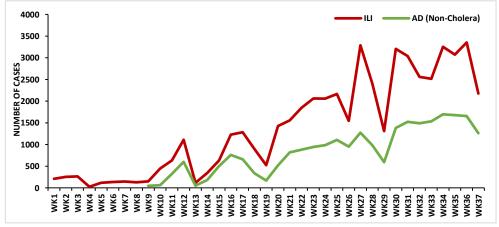


Table 3: District wise distribution of most frequently reported cases during week 37, Balochistan

Diseases	Gwadar	Kech (Turbat)	Khuzdar	Lasbella	Pishin	Quetta	Total
ILI	467	698	208	53	181	570	2,177
AD (Non-Cholera)	253	316	134	164	143	250	1,260
Malaria	132	364	143	284	46	15	984
B. Diarrhea	41	79	73	28	130	81	432
Typhoid	4	13	77	11	84	18	207
ALRI < 5 years	10	50	36	54	31	0	181
SARI	NR	43	25	73	0	0	141
S. Cholera	NR	0	14	38	15	9	76
CL	NR	0	7	11	18	27	63
Gonorrhea	NR	0	19	0	6	0	25
Measles	NR	0	13	6	0	1	20
Rabies	NR	0	7	5	6	0	18
VH (B, C & D)	NR	10	4	2	0	0	16
Pertussis	NR	0	12	0	0	0	12
Brucellosis	NR	0	1	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=2,917), Malaria (n=1,605), ILI (n=1,434), SARI (n=476), Typhoid (n=407), ALRI <5 years (n=296), B. diarrhea (n=172), suspected Cholera (n=126), Rabies/ Dog bite (n=64) and Dengue (n=59).
- District Abbottabad reported maximum cases of AD (Non-Cholera), SARI & Typhoid.
- District Charsadda reported maximum cases of Malaria, AD (Non-Cholera), Typhoid, SARI and ILI.
- District Haripur reported maximum cases of ILI, AD (Non-Cholera), ALRI <5 years, Typhoid, suspected Cholera, and Malaria.
- District Kohat reported maximum cases of AD (Non Cholera), ILI, SARI, and Malaria.
- District Lakki Marwat reported maximum cases of Malaria, AD (Non-Cholera), ALRI <5 years and Typhoid.
- Weekly cases of AD (Non Cholera), Malaria and ILI have shown a sharp decline as compared to previous week i.e. 36.
- Cases of Chickenpox, Measles, and Mumps have been reported indicating to strengthen the routine immunization so that the disease burden of VPDs can be decreased.
- Cases of AFP have been reported which need urgent attention and immediate response accordingly.
- Dengue and Malaria cases have been reported which need immediate verification. Health department in coordination with vector control program should carry out vector surveillance and control measures accordingly.

Figure 6: Most frequently reported cases during week 37, in comparison with pervious weeks, KP

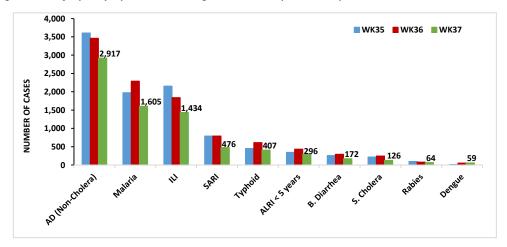
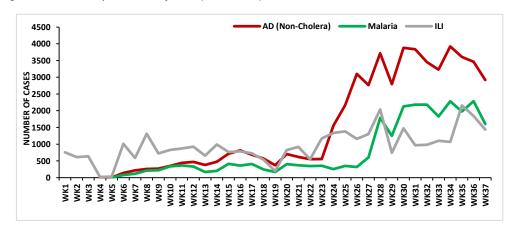


Table 4: District wise distribution of most frequently reported cases during week 37, KP

Diseases	Abbottabad	Charsadda	Haripur	Kohat	Lakki Marwat	Total
AD (Non-Cholera)	565	711	1,047	295	299	2,917
Malaria	1	1,030	80	149	345	1,605
ILI	0	108	1,066	223	37	1,434
SARI	68	130	64	186	28	476
Typhoid	47	175	90	46	49	407
ALRI < 5 years	19	10	124	37	106	296
B. Diarrhea	10	37	63	44	18	172
S. Cholera	7	10	87	22	0	126
Rabies	0	0	48	8	8	64
Dengue	0	0	59	0	0	59
Chickenpox	0	2	9	0	0	11
Mumps	0	3	2	0	6	11
Measles	0	1	6	0	1	8
AFP	0	0	3	0	1	4

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







Islamabad (ICT)

- From ICT, the most frequent reported diseases were AD (Non-Cholera) (n=228), ILI (n=176), ALRI <5 years (n=92), Malaria (n=16), SARI (n=15), Chickenpox (n=10), followed by B. Diarrhea (n=07), Typhoid (n=05), Measles (n=03), and Dengue (n=03).
- During this week, a sharp increase was observed for cases of ILI & AD (Non Cholera) as compared to previous week i.e. week 36.

(Note: ICT started reporting data on new format, therefore, data before week-26 for AD (Non-Cholera) is not shown in trend graph).

Gilgit Baltistan

- Gilgit-Baltistan reported cases of AD (Non-Cholera) (n=41), Typhoid (n=31), ALRI <5 years (n=20), ILI (n=17), B. Diarrhea (n=07), suspected Cholera (n=03), SARI (n=03), and AVH (A&E) (n=01) this week.
- Weekly trend shows a sharp incline in cases of AD (Non Cholera) & Typhoid as compared to previous week i.e. Week-36.

(Note: GB started reporting data on new format, therefore, data before week-15 is not shown in trend graph)

Figure 8: Most frequently reported cases during week 37, in comparison with pervious weeks, ICT

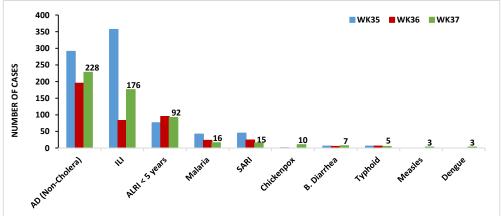


Figure 9: Week wise reported cases of ILI and AD (Non cholera), ICT

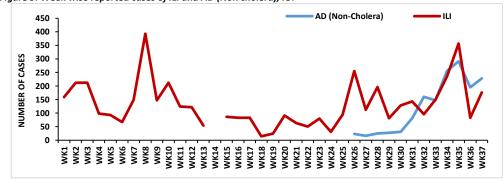


Figure 10: Most frequently reported cases during week 37, in comparison with pervious weeks, GB

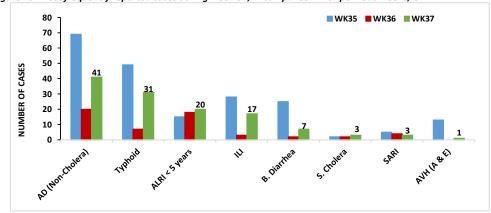
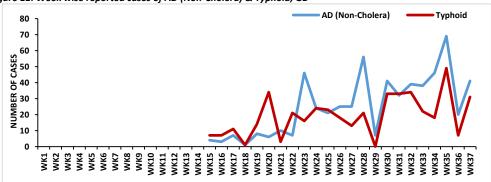


Figure 11: Week wise reported cases of AD (Non-Cholera) & Typhoid, GB



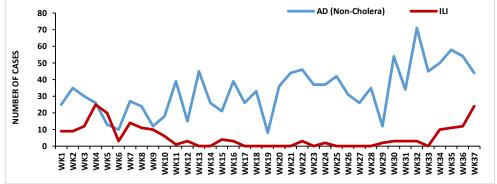




Azad Jammu & Kashmir

 From AJK, Mirpur reported AD (Non-Cholera) with a downward trend while ILI depicting an abrupt influx of cases as compared to previous week.

Figure 12: Week wise reported cases of AD (Non-Cholera) & ILI, AJK



IDSR Participating Districts

- This week hundred percent (%) data was reported from districts Haripur, Kohat, Lakki Marwat, ICT, CDA, Khuzdar, Hunza, Nagar & Karachi East.
- No data has been received from districts Swat, Shikarpur & Umerkot.

Table 5: IDSR reporting districts

Province	Districts	Total Number of Reporting Sites (ARS/Total)	Total Number of Sites that Reported (%)	
	Haripur	69/69	69(100%)	
	Kohat	59/59	59(100%)	
Khuhas Dakhtunkhus	Abbottabad	110/110	92(84%)	
Khyber Pakhtunkhwa	Charsadda	61/61	51(84%)	
	Lakki Marwat	48/48	48(100%)	
	Swat	77/77	0	
Azad Jammu Kashmir	Mirpur	37/37	26(70%)	
Islamabad Capital	ICT	18/18	18(100%)	
Territory	CDA	5/12	5(100%)	
	Gwadar	24/24	18(75%)	
	Kech	42/78	23(55%)	
	Khuzdar	19/136	19(100%)	
Balochistan	Killa Abdullah	24/50	22(92%)	
	Lasbella	83/83	81(98%)	
	Pishin	23/118	19(83%)	
	Quetta	22/77	19(86%)	
Gilgit	Hunza	30/30	30(100%)	
	Nagar	06/22	6(100%)	
	Hyderabad	63/63	52 (83%)	
	Karachi-East	14/14	14(100%)	
	Karachi-Malir	43/43	30(70%)	
Sindh	Ghotki	58/58	40 (69%)	
	Umerkot	30/118	0	
	Naushahro Feroze	52/52	32(62%)	
	Tharparkar	85/236	84(99%)	
	Shikarpur	18/21	0	
	Thatta	27/50	7(26%)	

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



