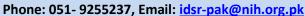


Field Epidemiology and Disease Surveillance Division (FEDSD)

National Institute of Health (NIH), Islamabad





Pnone: U51- 9255237, Email: <u>losr-pak@nin.org.pl</u>

Weekly Bulletin: Integrated Disease Surveillance and Response (IDSR)

27th January 2022

Highlights of the Epi-Week-3 (17th – 23rd January 2022)

Cumulative Information

- During this week, maximum cases reported were of ILI, Acute Diarrhea (Non Cholera), SARI, ALRI <5 years, Malaria, B. Diarrhea, Typhoid, Rabies/Dog bite, VH (B, C & D) & AWD (S. Cholera).
- In comparison with previous week i.e. Week-02, cases of SARI and Typhoid increased while remaining diseases depicted a similar or downward trend.
- Cases of VPDs (Pertussis, Measles, Chickenpox, Meningitis & Mumps) reported from KP, Balochistan, ICT and Sindh need immediate attention of Immunization program to strengthen control the spread of VPDs.
- Cases of VH (B, C & D) and AVH
 (A&E) are regularly reported from
 Sindh & KP province need urgent
 attention to confirm and to
 implement control measures
 accordingly.
- Cases of Rabies/Dog bite are regularly reported. An immediate attention is required to prevent this fatal disease. Furthermore, a multisector One-Health approach should be adopted to tackle this issue.
- Bloody diarrhea, suspected
 Cholera and Typhoid cases are
 also reported from KP, Sindh and
 Balochistan. Public health
 measures need to be
 implemented on priority basis for
 control of these cases.
- Reporting of HIV/AIDS cases from Sindh needs immediate investigation and public health response.
- Cases of Brucellosis, Anthrax and AFP need immediate attention and response accordingly.

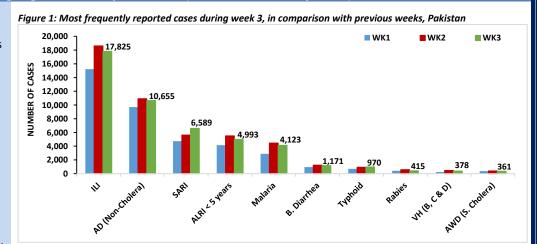


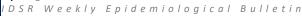
Table 1: Province/Area wise distribution of most frequently reported cases during week 3, Pakistan

| Diseases | AJK | Balochistan | GB | ICT | КР | Punjab | Sindh | Total |
|--------------------------|-----|-------------|----|-----|-------|--------|-------|--------|
| ILI | 72 | 3,331 | 34 | 415 | 4,792 | 5 | 9,176 | 17,825 |
| AD (Non-Cholera) | 57 | 1,521 | 13 | 159 | 3,774 | 13 | 5,118 | 10,655 |
| SARI | 7 | 780 | 11 | 36 | 5,654 | 4 | 97 | 6,589 |
| ALRI < 5 years | 62 | 601 | 18 | 241 | 1,755 | 0 | 2,316 | 4,993 |
| Malaria | 5 | 927 | 0 | 0 | 1,140 | 0 | 2,051 | 4,123 |
| B. Diarrhea | 4 | 358 | 3 | 6 | 256 | 0 | 544 | 1,171 |
| Typhoid | 0 | 316 | 8 | 0 | 370 | 0 | 276 | 970 |
| Rabies / Dog bite | 0 | 39 | 0 | 0 | 243 | 0 | 133 | 415 |
| VH (B, C & D) | 0 | 64 | 0 | 0 | 122 | 0 | 192 | 378 |
| AWD (S. Cholera) | 0 | 107 | 8 | 2 | 110 | 0 | 134 | 361 |
| CL | 0 | 101 | 0 | 91 | 152 | 0 | 2 | 346 |
| Gonorrhea | 0 | 75 | 0 | 0 | 4 | 0 | 28 | 107 |
| AVH (A & E) | 1 | 2 | 0 | 0 | 70 | 0 | 21 | 94 |
| Measles | 0 | 44 | 0 | 2 | 33 | 0 | 13 | 92 |
| Dengue | 0 | 2 | 0 | 0 | 5 | 0 | 83 | 90 |
| Chickenpox/ Varicella | 0 | 10 | 0 | 3 | 51 | 0 | 19 | 83 |
| Pertussis | 0 | 56 | 0 | 0 | 11 | 0 | 2 | 69 |
| Mumps | 0 | 17 | 0 | 10 | 30 | 0 | 10 | 67 |
| Brucellosis | 0 | 24 | 0 | 0 | 1 | 0 | 0 | 25 |
| HIV/AIDS | 0 | 0 | 0 | 0 | 1 | 0 | 21 | 22 |
| Syphilis | 0 | 0 | 0 | 0 | 16 | 0 | 5 | 21 |
| Meningitis | 0 | 1 | 0 | 0 | 9 | 0 | 6 | 16 |
| Leprosy | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 3 |

Points of Attention

- Routine immunization is affected due to pandemic control activities, and regular Polio campaigns, resultantly
 cases of VPDs are increasing. Therefore, strengthened coordination with EPI is needed for reduction in the cases.
- Malaria, and Typhoid cases are continuously reported especially from Balochistan and Sindh. It is emphasized
 that hotspots areas should be identified for epidemiological investigations and timely response.
- It is proposed to enhance community awareness on water, sanitation and hygiene (WASH) practices.
- STI cases especially Gonorrhea, and Syphilis cases are regularly reported. These need investigation, and confirmation. Afterwards public health response actions need to be implemented in the affected areas.
- Burden of zoonotic diseases is increasing across Pakistan and dog bite is one of those diseases. Therefore, there
 is need to conduct community awareness sessions regularly, and also prepare and implement a comprehensive
 Rabies control plan based on One Health approach at provincial level.
- IDSR focal persons may share alert verification and outbreak investigation reports. This will help in furnishing
 details on disease burden, circulating pathogens and devising national strategies for prevention & control of
 diseases.





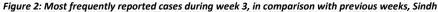






Sindh

- Sindh reported maximum cases of ILI (n=9,176), AD (Non Cholera) (n=5,116), ALRI <5 Years (n=2,316), Malaria (n=2,051), B. diarrhea (n=544), Typhoid (n=276), VH (B, C &D) (n=192), AWD (S. Cholera (n=134), Rabies/Dog bite (n=133) & SARI (n=97).
- District Ghotki reported the maximum cases of ILI, ALRI <5 years & AD (Non Cholera).
- District Hyderabad reported maximum cases of ILI, AD (Non Cholera) & ALRI <5 years.
- From Kamber, AD (Non Cholera), Malaria & ALRI <5 years.
- From Karachi East, maximum cases reported were of AD (Non Cholera).
- From Karachi Malir, maximum cases reported were of AD (Non Cholera), ILI & ALRI <5 years.
- From Larkana, cases of Malaria,
 AD (Non Cholera) & ALRI <5 years
 were reported at maximum.
- District Naushahro Feroze reported ILI, AD (Non Cholera) & Malaria.
- District Shikarpur reported AD (Non Cholera) & Malaria cases at maximum.
- From Tharparkar, maximum cases of ILI, AD (Non-Cholera), Malaria, ALRI <5 years, Malaria & B. diarrhea were reported.
- From Thatta, cases of AD (Non Cholera) & Malaria were reported at maximum.
- District Umerkot reported cases of AD (Non Cholera), Malaria & ALRI <5 years.
- Cases of HIV/AIDS have been reported from Larkana which need immediate verification and response accordingly.
- There is a need to strengthen routine immunization to decrease disease burden of VPDs.
- This week, cases of ILI & ALRI <5
 years increased while cases of
 Typhoid declined as compared to
 previous week.
 (Note: NR= Not Reported)



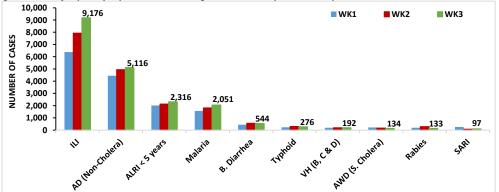
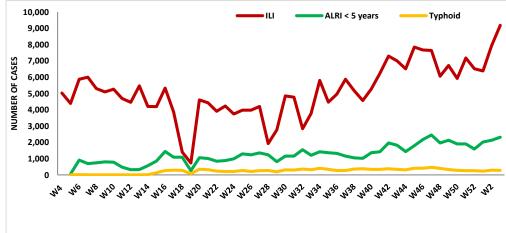


Table 2: District wise distribution of most frequently reported cases during week 3, Sindh

| Districts | Ghotki | Hydera- bad | Kam- ber | Kar- East | Kar- Malir | Lar- kana | N. Feroze | Shikar- pur | Thar- parkar | Thatta | Umerkot |
|--------------------------|--------|----------------|-------------|--------------|---------------|--------------|--------------|----------------|-----------------|--------|---------|
| ILI | 540 | 4,833 | 0 | 17 | 693 | 0 | 911 | 0 | 2,101 | 7 | 74 |
| AD (Non- Cholera) | 194 | 1,704 | 273 | 169 | 720 | 327 | 274 | 187 | 854 | 172 | 244 |
| ALRI < 5 years | 317 | 275 | 133 | 4 | 361 | 149 | 98 | 88 | 634 | 90 | 167 |
| Malaria | 56 | 47 | 235 | 28 | 53 | 402 | 251 | 137 | 489 | 129 | 224 |
| B. Diarrhea | 78 | 85 | 68 | 2 | 66 | 33 | 26 | 24 | 103 | 34 | 25 |
| Typhoid | 22 | 11 | 30 | 0 | 51 | 26 | 54 | 0 | 57 | 11 | 14 |
| VH (B, C & D) | 36 | 36 | 16 | 0 | 8 | 13 | 5 | 0 | 18 | 16 | 44 |
| AWD (S. Cholera) | 28 | 34 | 0 | 0 | 52 | 2 | 0 | 0 | 0 | 17 | 1 |
| Rabies / Dog bite | 58 | 2 | 0 | 0 | 28 | 5 | 4 | 29 | 7 | 0 | 0 |
| SARI | 10 | 24 | 0 | 0 | 37 | 3 | 2 | 0 | 19 | 0 | 2 |
| Dengue | 0 | NR | 0 | 3 | 3 | 0 | 0 | 0 | 77 | 0 | 0 |
| Gonorrhea | 0 | 1 | 0 | 0 | 10 | 2 | 3 | 0 | 8 | 4 | 0 |
| AVH (A & E) | 5 | 5 | 0 | 0 | 0 | 0 | 2 | 0 | 9 | 0 | 0 |
| HIV/AIDS | 0 | 2 | 0 | 0 | 0 | 19 | 0 | 0 | 0 | 0 | 0 |
| Chickenpox/ Varicella | 1 | 2 | 1 | 4 | 4 | 0 | 0 | 0 | 0 | 2 | 5 |
| Measles | 1 | NR | 0 | 3 | 1 | 0 | 0 | 0 | 8 | 0 | 0 |
| Mumps | 0 | 1 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 1 | 1 |
| Meningitis | 1 | NR | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 |
| Chikungunya | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Leprosy | 0 | NR | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| Pertussis | 0 | NR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |

Figure 3: Week wise reported cases of ILI, ALRI <5 years & Typhoid, Sindh









Balochistan

- From Balochistan overall ILI
 (n=3,331), AD (Non Cholera)
 (n=1,521), Malaria (n=927), SARI
 (n=780), ALRI <5 years (n=601), B.
 diarrhea (n=358), Typhoid
 (n=316), S. Cholera (n=107), CL
 (n=101), & Gonorrhea (n=75)
 remained at maximum.
- District Jaffarabad reported maximum cases of Malaria, AD (Non Cholera), ALRI <5 years, SARI, ILI, Typhoid & B. diarrhea.
- District Kech reported cases of ILI & AD (Non Cholera) at maximum.
- District Khuzdar reported maximum cases of ILI.
- District Killa Abdullah reported maximum cases of ILI & AD (Non Cholera).
- District Lasbella reported maximum cases for AD (Non-Cholera), Malaria & ALRI <5 years.
- District Naseerabad started reporting data in DHIS-2.
- District Pishin reported cases for ILI & ALRI <5 years at maximum.
- District Quetta reported maximum cases for ILI & AD (Non-Cholera).
- Sibi reported maximum cases of ILI & AD (Non Cholera).
- District Zhob reported maximum cases of SARI & ILI.
- Cases of Brucellosis, Anthrax & AFP have been reported which need immediate verification and response accordingly.
- Persistent reporting of Gonorrhea cases needs investigation for differential diagnosis, proper follow up & treatment.
- Cases of VPDs have been regularly reported, and therefore, needs strengthening of routine immunization system.
- In comparison with last week, cases of ILI, ALRI <5 years and SARI declined.

Figure 4: Most frequently reported cases during week 3, in comparison with previous weeks, Balochistan

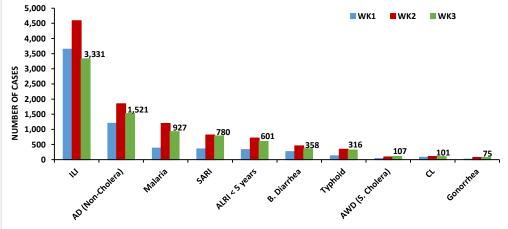
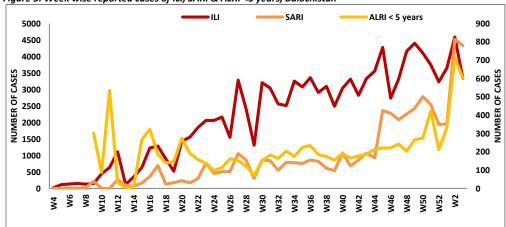


Table 3: District wise distribution of most frequently reported cases during week 3, Balochistan

| Districts | Jaffar- abad | Kech | Khuzdar | Killa Abdullah | Lasbella | Naseer- abad | Pishin | Quetta | Sibi | Zhob |
|---------------------------|-----------------|-------|---------|-------------------|----------|-----------------|--------|--------|------|------|
| ILI | 202 | 1,223 | 113 | 198 | 74 | 0 | 372 | 638 | 252 | 259 |
| AD (Non- Cholera) | 492 | 256 | 59 | 192 | 202 | 7 | 42 | 137 | 96 | 38 |
| Malaria | 639 | 26 | 21 | 9 | 151 | 9 | 2 | 3 | 32 | 35 |
| SARI | 212 | 29 | 33 | NR | 78 | 2 | 4 | 0 | 11 | 411 |
| ALRI < 5 years | 246 | 46 | 22 | NR | 151 | 3 | 103 | 0 | 23 | 7 |
| B. Diarrhea | 110 | 34 | 53 | NR | 36 | 2 | 28 | 27 | 35 | 33 |
| Typhoid | 176 | 11 | 16 | 5 | 30 | 6 | 24 | 23 | 15 | 10 |
| AWD (S. Cholera) | 4 | 1 | 1 | NR | 62 | 0 | 7 | 16 | 11 | 5 |
| CL | 11 | 0 | 1 | 29 | 35 | 3 | 7 | 6 | 8 | 1 |
| Gonorrhea | 56 | 0 | 9 | NR | 0 | 0 | 9 | 0 | 1 | 0 |
| VH (B, C & D) | 59 | 0 | 4 | NR | 1 | 0 | 0 | 0 | 0 | 0 |
| Pertussis | 6 | 0 | 2 | NR | 0 | 1 | 46 | 0 | 1 | 0 |
| Measles | 25 | 0 | 3 | 4 | 4 | 4 | 0 | 2 | 2 | 0 |
| Rabies / Dog bite | 16 | 0 | 0 | 2 | 9 | 2 | 8 | 0 | 2 | 0 |
| Brucellosis | 24 | 0 | 0 | NR | 0 | 0 | 0 | 0 | 0 | 0 |
| Mumps | 9 | 2 | 3 | NR | 1 | 0 | 1 | 0 | 1 | 0 |
| Chickenpox / Varicella | 0 | 0 | 0 | NR | 2 | 0 | 0 | 2 | 5 | 1 |
| Anthrax | 1 | 0 | 0 | NR | 0 | 0 | 1 | 0 | 0 | 0 |
| AFP | 1 | 0 | 0 | NR | 0 | 0 | 0 | 0 | 0 | 0 |

Figure 5: Week wise reported cases of ILI, SARI & ALRI <5 years, Balochistan



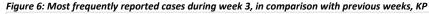






Khyber Pakhtunkhwa (KP)

- KP reported cases of SARI
 (n=5,654), ILI (n=4,792), AD (Non
 Cholera) (n=3,774), ALRI <5 years
 (n=1,755), Malaria (n=1,140),
 Typhoid (n=370), B. diarrhea
 (n=256), Rabies/Dog bite (n=243),
 CL (n=152) & VH (B, C & D)
 (n=122) at maximum.
- District Abbottabad reported maximum cases of AD (Non-Cholera).
- District Charsadda reported maximum cases of Malaria, AD (Non-Cholera), ILI & Typhoid.
- District Haripur reported maximum cases of ILI, AD (Non-Cholera) & ALRI <5 years.
- District Kohat reported maximum cases of ILI, AD (Non Cholera), SARI & ALRI <5 years.
- District Lakki Marwat reported maximum cases of ALRI <5 years, Malaria & AD (Non-Cholera).
- District Malakand reported maximum cases of ILI & ALRI <5 years.
- District Swabi reported maximum cases of SARI, ILI, ALRI <5 years, AD (Non Cholera) & Rabies/Dog Bite.
- District Swat reported maximum cases of SARI, ILI, AD (Non Cholera), ALRI <5 years, Typhoid, B. diarrhea & CL.
- Cases of Measles, Mumps, Pertussis, Meningitis & Chickenpox have been reported, which need immediate public health actions to reduce burden of VPDs.
- Cases of AFP, HIV/AIDS & Brucellosis need verification and further workup accordingly.
- Weekly cases of ILI & ALRI <5
 years cases depicted a decrease
 in trend while cases of SARI have
 shown an abrupt increase as
 compared to the last week i.e.
 week 02.



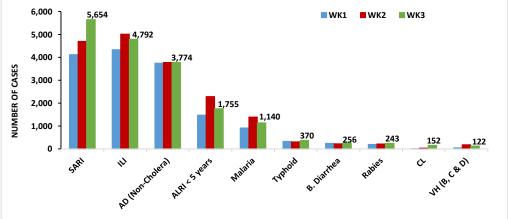
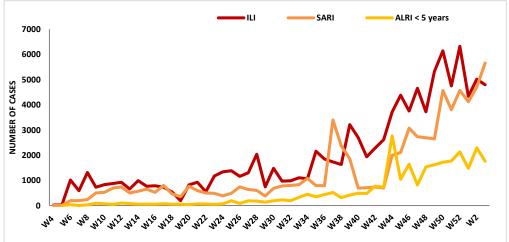


Table 4: District wise distribution of most frequently reported cases during week 3, KP

| Diseases | Abbottabad | Charsadda | Haripur | Kohat | Lakki Marwat | Malakand | Swabi | Swat | Total |
|--------------------------|------------|-----------|---------|-------|-----------------|----------|-------|-------|-------|
| SARI | 26 | 99 | 79 | 185 | 0 | 0 | 1,860 | 3,405 | 5,654 |
| ILI | 2 | 249 | 1,266 | 372 | 73 | 166 | 608 | 2,056 | 4,792 |
| AD (Non- Cholera) | 355 | 466 | 535 | 323 | 237 | 53 | 513 | 1,292 | 3,774 |
| ALRI < 5 years | 8 | 46 | 283 | 152 | 413 | 120 | 570 | 163 | 1,755 |
| Malaria | 0 | 608 | 8 | 89 | 319 | 37 | 18 | 61 | 1,140 |
| Typhoid | 9 | 104 | 36 | 18 | 22 | 0 | 51 | 130 | 370 |
| B. Diarrhea | 1 | 34 | 11 | 48 | 13 | 2 | 20 | 127 | 256 |
| Rabies / Dog bite | 3 | 0 | 0 | 11 | 68 | 0 | 120 | 41 | 243 |
| CL | 0 | 0 | 0 | 9 | 20 | 2 | 0 | 121 | 152 |
| VH (B, C & D) | 0 | 0 | 0 | 6 | 58 | 0 | 56 | 2 | 122 |
| AWD (S. Cholera) | 0 | 3 | 58 | 15 | 0 | 0 | 20 | 14 | 110 |
| AVH (A & E) | 0 | 0 | 21 | 0 | 0 | 0 | 12 | 37 | 70 |
| Chickenpox/ Varicella | 0 | 0 | 15 | 2 | 0 | 4 | 24 | 6 | 51 |
| Measles | 0 | 2 | 5 | 0 | 14 | 1 | 6 | 5 | 33 |
| Mumps | 0 | 0 | 2 | 0 | 3 | 1 | 2 | 22 | 30 |
| Syphilis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 16 |
| Pertussis | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 5 | 11 |
| Meningitis | 0 | 0 | 2 | 0 | 0 | 0 | 7 | 0 | 9 |
| AFP | 0 | 0 | 2 | 0 | 1 | 0 | 1 | 3 | 7 |
| Brucellosis | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| HIV/AIDS | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |

Figure 7: Week wise reported cases ILI, SARI & ALRI <5 years, KP









Islamabad (ICT)

- From ICT, the most frequent reported diseases were ILI (n=415), ALRI <5 years (n=241), AD (Non-Cholera) (n=159), CL (n=91), SARI (n=36), Mumps (n=10), B. diarrhea (n=06), Chickenpox (n=03), AWD (S. Cholera) (n=02) & Measles (n=02).
- During this week, an incline was observed for cases of ILI & ALRI <5 years as compared to last week i.e. Week 02.

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

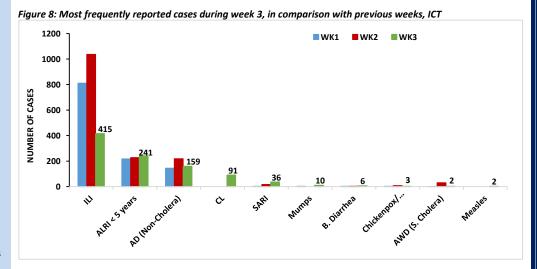
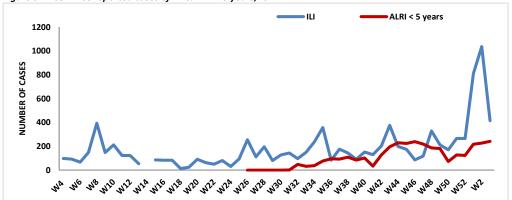


Figure 9: Week wise reported cases of ILI & ALRI <5 years, ICT



Gilgit Baltistan

- Gilgit-Baltistan reported cases of ILI (n=34), ALRI <5 years (n=18), AD (Non Cholera) (n=13), SARI (n=11), AWD (S. Cholera) (n=08), Typhoid (n=08), B. diarrhea (n=03) & Leprosy (n=01) this week.
- Weekly trend cases of ALRI <5 years depicted an increase in trend while SARI cases depicted a similar trend as compared to previous week i.e. Week-02.

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

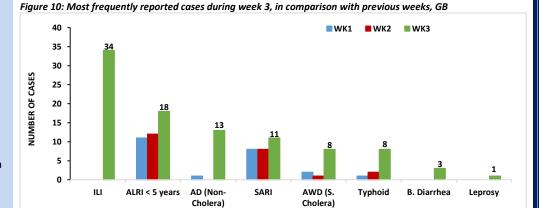
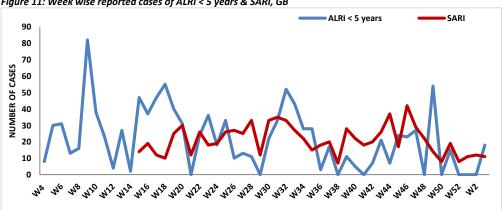


Figure 11: Week wise reported cases of ALRI < 5 years & SARI, GB



DSR Weekly Epidemiological Bulletin







AJK

- District Mirpur reported cases of ILI (n=72), ALRI <5 years (n=62), AD (Non Cholera) (n=57), SARI (n=07), Malaria (n=05), B. diarrhea (n=04) & AVH (A & E) (n=01) & at maximum this week.
- Weekly trend of ALRI <5 years cases have shown an abrupt decline while ILI cases have depicted a sharp rise as compared to last week.

Figure 12: Most frequently reported cases during week 3, in comparison with previous weeks, AJK

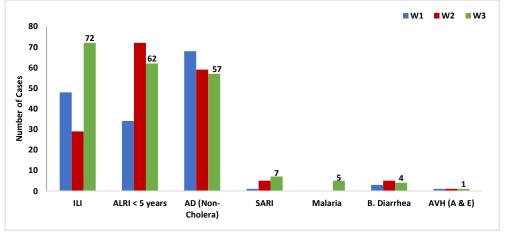
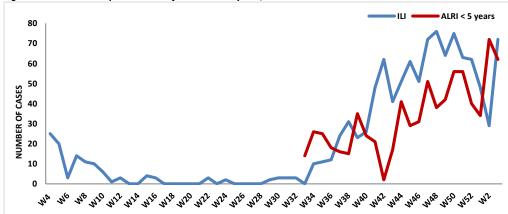


Figure 12: Week wise reported cases of ILI & ALRI <5 years, AJK









IDSR Participating Districts

- This week 13% (04/32) of districts reported hundred percent (%) data. Districts are Kohat, Lakki Marwat, Killa Abdullah & Nagar.
- Districts CDA (Islamabad) & Gwadar did not report data this week.

Table 5: IDSR reporting districts

| Province | Districts | Total Number of Reporting Sites (ARS/Total) | Total Number of Sites that Reported (%) | | |
|------------------------|------------------|---|--|--|--|
| | Haripur | 69/69 | 63 (91%) | | |
| | Kohat | 59/59 | 59 (100%) | | |
| | Abbottabad | 110/110 | 92 (84%) | | |
| Khushan Balahtumlahuus | Charsadda | 61/61 | 50 (82%) | | |
| Khyber Pakhtunkhwa | Lakki Marwat | 49/49 | 49 (100%) | | |
| | Swat | 77/77 | 69(89%) | | |
| | Malakand | 78/78 | 07 (08%) | | |
| | Swabi | 63/63 | 55 (87%) | | |
| Azad Jammu Kashmir | Mirpur | 37/37 | 30 (81%) | | |
| Islamabad Capital | ICT | 18/18 | 14 (78%) | | |
| Territory | CDA | 9/12 | 0 | | |
| | Gwadar | 24/24 | 0 | | |
| | Kech | 44/78 | 24 (55%) | | |
| | Khuzdar | 20/136 | 19 (95%) | | |
| | Killa Abdullah | 28/50 | 28 (100%) | | |
| | Lasbella | 84/84 | 81(96%) | | |
| Balochistan | Pishin | 23/118 | 15(65%) | | |
| | Quetta | 22/77 | 10 (45%) | | |
| | Sibi | 42/42 | 37 (88%) | | |
| | Zhob | 37/37 | 26(70%) | | |
| | Jaffrabad | 47/47 | 36(77%) | | |
| | Naserabad | 45/45 | 03 (06%) | | |
| 6" ' | Hunza | 30/30 | 29 (97%) | | |
| Gilgit Baltistan | Nagar | 05/22 | 05 (100%) | | |
| | Hyderabad | 63/63 | 55 (94%) | | |
| | Karachi-East | 14/14 | 13 (93%) | | |
| | Karachi-Malir | 43/43 | 37 (86%) | | |
| | Ghotki | 58/58 | 31 (53%) | | |
| | Umerkot | 30/118 | 12 (40%) | | |
| Sindh | Naushahro Feroze | 52/52 | 25 (48%) | | |
| | Tharparkar | 85/236 | 84 (98%) | | |
| | Shikarpur | 32/32 | 20 (63%) | | |
| | Thatta | 50/50 | 22 (44%) | | |
| | Larkana | 149/149 | 37 (25%) | | |
| | Kamber | 101/101 | 61 (60%) | | |
| Punjab | Bahawalpur | 91/91 | 20(22%) | | |

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



