



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)

10th March 2022

Highlights of the Epi-Week-9 (28th February – 6th March 2022)

Cumulative Information

- During this week, maximum reported cases were of ILI, Acute Diarrhea (Non Cholera), ALRI <5 years, SARI, Malaria, B. Diarrhea, Typhoid, VH (B, C & D), Rabies/Dog bite & AWD (S. Cholera).
- In comparison with previous week i.e. Week-08, all reported diseases depicted a downward or similar trend while cases of VH (B, C & D) increased.
- Cases of VPDs reported from all over the Pakistan, and need immediate attention of Immunization program to strengthen immunization activities for its control.
- Cases of Rabies/Dog bite are regularly reported. Therefore, public health measures need to be implemented on priority basis by adopting a multi-sectoral One-Health.
- There is persistent reporting of Bloody diarrhea, AWD (S. Cholera) and Typhoid cases from KP, Sindh, Punjab and Balochistan. Public health measures need to be implemented on priority basis to prevent such illnesses.
- Cases of CRS from KP and Punjab need immediate verification, epidemiological investigation, and public health response accordingly.
- Leishmaniasis cases are reported from KP and Balochistan. Vector surveillance and public health measures will help to control further rise in cases.

Figure 1: Most frequently reported cases during week 9, in comparison with previous weeks, Pakistan

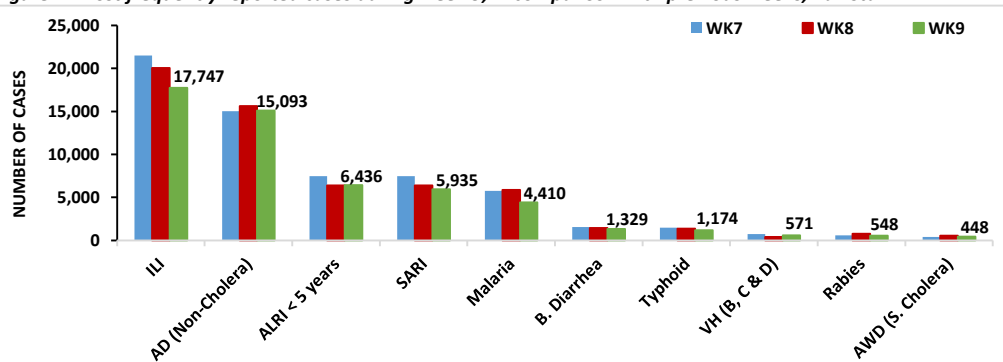


Table 1: Province/Area wise distribution of most frequently reported cases during week 9, Pakistan

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
ILI	70	2,771	4	762	5972	646	7,522	17,747
AD (Non-Cholera)	65	1,173	1	182	4704	1,464	7,504	15,093
ALRI < 5 years	28	341	13	207	2859	317	2,671	6,436
SARI	1	417	5	4	5307	82	119	5,935
Malaria	0	375	0	10	1747	157	2,121	4,410
B. Diarrhea	4	232	0	10	407	70	606	1,329
Typhoid	1	159	0	3	449	156	406	1,174
VH (B, C & D)	0	15	0	0	72	234	250	571
Rabies / Dog bite	0	35	0	0	324	25	164	548
AWD (S. Cholera)	0	16	4	1	193	112	122	448
Measles	0	16	0	0	105	2	44	167
Mumps	1	12	0	1	111	5	23	153
Chickenpox/ Varicella	0	14	0	2	56	6	50	128
CL	0	70	0	0	40	0	0	110
Pertussis	0	4	0	0	32	72	1	109
AVH (A & E)	0	4	0	0	50	4	38	96
Gonorrhea	0	14	0	0	24	12	15	65
Rubella (CRS)	0	0	0	0	37	2	0	39

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, cases are regularly reported mainly from Balochistan and Sindh. There is a need to differentially diagnose these cases from UTIs, and implementation of public health response in the affected areas accordingly.**
- Cases of dog bite are increasing across the Pakistan. There is a 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.
- Vector surveillance need to strengthen for control of vector borne diseases like CL, VL, Dengue, & Malaria.
- 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=7,522), AD (Non Cholera) (n=7,504), ALRI <5 Years (n=2,671), Malaria (n=2,121), B. diarrhea (n=606), Typhoid (n=406), VH (B, C & D) (n=250), Rabies/ Dog bite (n=164), AWD (S. Cholera) (n=169) & SARI (n=119).
- Ghotki reported maximum cases of ILI, AD (Non Cholera), ALRI <5 years & Malaria.
- Hyderabad reported maximum cases of ILI, AD (Non Cholera), ALRI <5 years & B. diarrhea.
- Kamber reported maximum cases of AD (Non Cholera), Malaria & ALRI <5 years.
- Karachi East reported maximum cases of AD (Non Cholera).
- From Karachi Malir, maximum cases reported were of AD (Non Cholera), ILI & ALRI <5 years.
- From Larkana, cases of AD (Non Cholera) & Malaria were reported at maximum.
- Naushahro Feroze reported maximum cases of ILI.
- Shikarpur reported most cases of AD (Non Cholera) & Malaria.
- Tharparkar reported most cases of ILI, AD (Non-Cholera), ALRI <5 years, Malaria & B. diarrhea.
- Thatta reported most cases of AD (Non Cholera), Malaria, ILI & ALRI <5 years.
- Umerkot reported cases of AD (Non Cholera), Malaria & ALRI <5 years at maximum.
- Water and food borne diseases need special attention for prevention and control activities.
- For control cases of Gonorrhea public health measures need to be implemented on priority.
- This week, cases of ILI are declining while cases of ALRI <5 years & AD (Non Cholera) inclined as compared to previous week.

Note: NR= Not Reported)

Figure 2: Most frequently reported cases during week 9, in comparison with previous weeks, Sindh

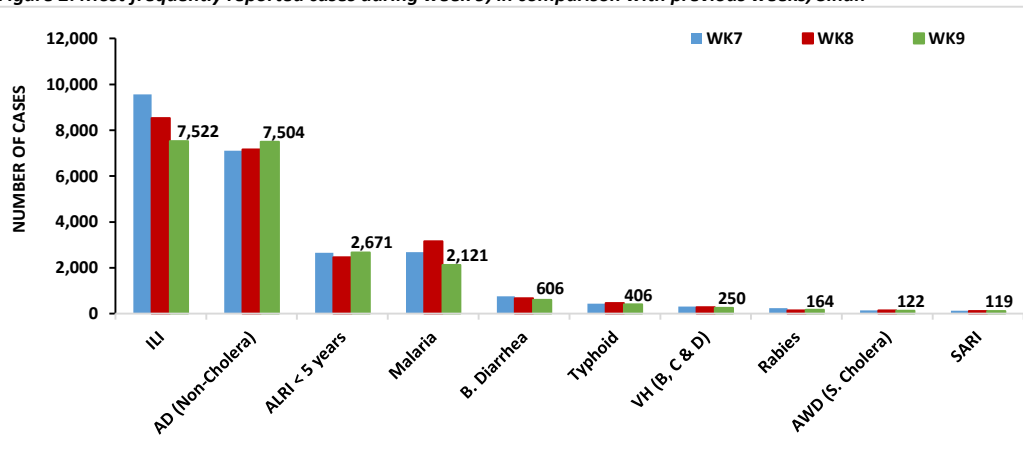
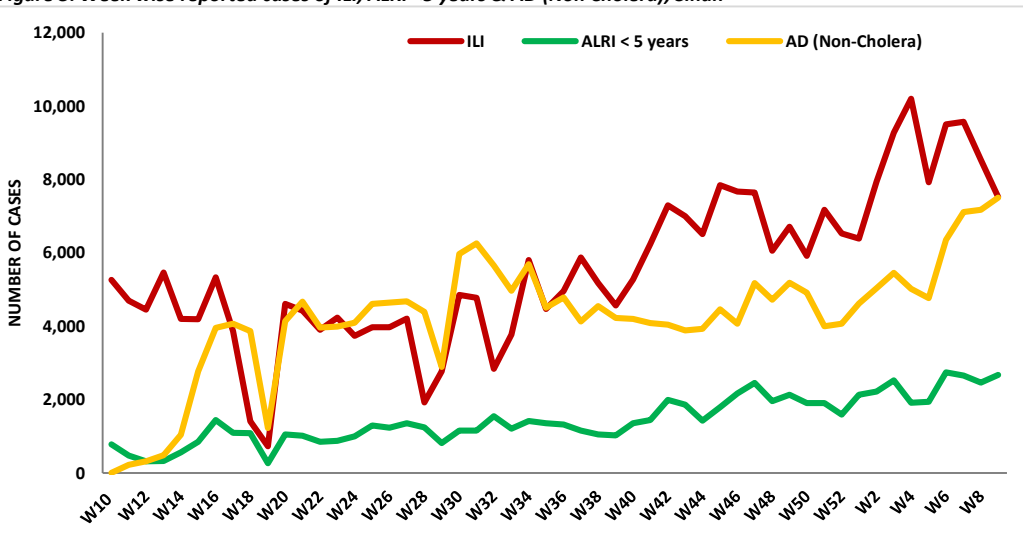


Table 2: District wise distribution of most frequently reported cases during week 9, Sindh

Districts	Ghotki	Hyderabad	Kamber	Kar-East	Kar-Malir	Larkana	N. Feroze	Shikarpur	Tharparkar	Thatta	Umerkot
ILI	600	4,078	2	59	571	0	115	3	1,897	197	0
AD (Non-Cholera)	314	2,570	405	209	953	144	43	215	1,630	380	641
ALRI < 5 years	310	408	231	29	438	53	25	58	662	168	289
Malaria	104	30	360	29	57	137	56	97	643	271	337
B. Diarrhea	51	168	44	9	44	12	6	40	141	57	34
Typhoid	33	43	80	2	51	10	11	0	81	63	32
VH (B, C & D)	87	84	13	0	10	0	3	4	22	17	10
Rabies/Dog bite	58	N.R	0	0	31	1	0	46	23	5	0
AWD (S. Cholera)	10	38	0	0	17	2	4	0	0	45	6
SARI	13	24	1	0	23	3	0	8	38	3	6
Chickenpox/Varicella	0	6	6	9	18	0	0	3	4	0	4
Measles	1	1	0	1	2	0	0	0	20	1	18
AVH (A & E)	2	14	0	0	1	0	0	0	18	3	0
Dengue	0	N.R	0	16	1	0	0	0	6	0	1
Mumps	1	4	0	2	6	0	0	0	6	0	4
Gonorrhea	0	5	0	0	7	0	0	0	3	0	0
Meningitis	0	1	0	0	0	0	0	0	4	0	0

Figure 3: Week wise reported cases of ILI, ALRI <5 years & AD (Non Cholera), Sindh



Balochistan

- From Balochistan overall ILI (n=2,771), AD (Non Cholera) (n=1,173), SARI (n=417), Malaria (n=375), ALRI <5 years (n=341), B. diarrhea (n=232), Typhoid (n=159), CL (n=70), Rabies/Dog bite (n=35) & VH (B, C & D) (n=69) remained at maximum.
- District Gwadar reported maximum cases of AD (Non Cholera).
- District Kech reported maximum cases of ILI & AD (Non Cholera).
- District Khuzdar reported maximum cases of ILI & AD (Non Cholera).
- District Lasbella reported maximum cases for AD (Non-Cholera), Malaria & ALRI <5 years.
- District Naseerabad reported cases of ALRI <5 years at maximum.
- District Quetta reported cases for ILI & AD (Non Cholera) at maximum.
- District Sibi reported cases of ILI at maximum.
- District Zhob reported maximum cases of SARI & ILI.
- Naseerabad reported case of Anthrax which need verification and further work up.
- A case of Brucellosis from Naseerabad need urgent attention and response.
- Cases of VPDs are reported regularly, and therefore, needs strengthening of routine immunization system.
- Cases of Gonorrhea need immediate verification, differential diagnosis from UTIs, and implementation of public health measures including community awareness for control of the cases.
- In comparison with last week, cases of ILI, SARI & ALRI <5 years have shown a declined trend.

Figure 4: Most frequently reported cases during week 9, in comparison with previous weeks, Balochistan

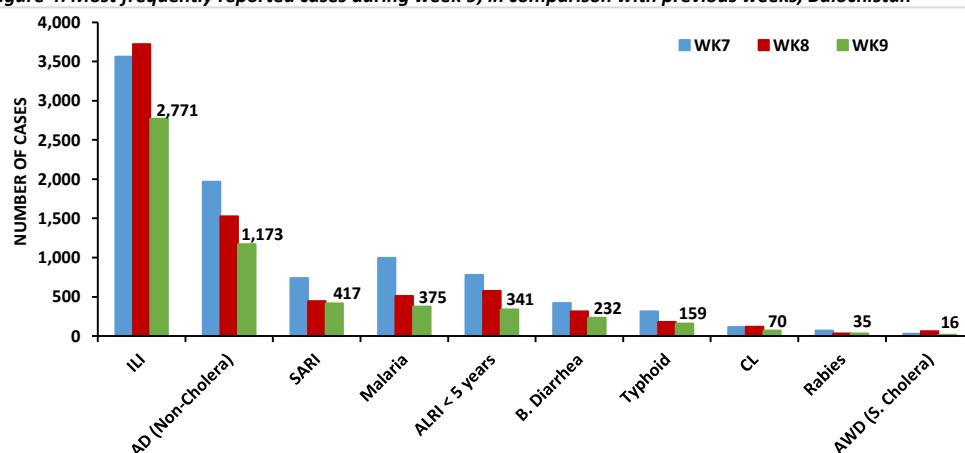
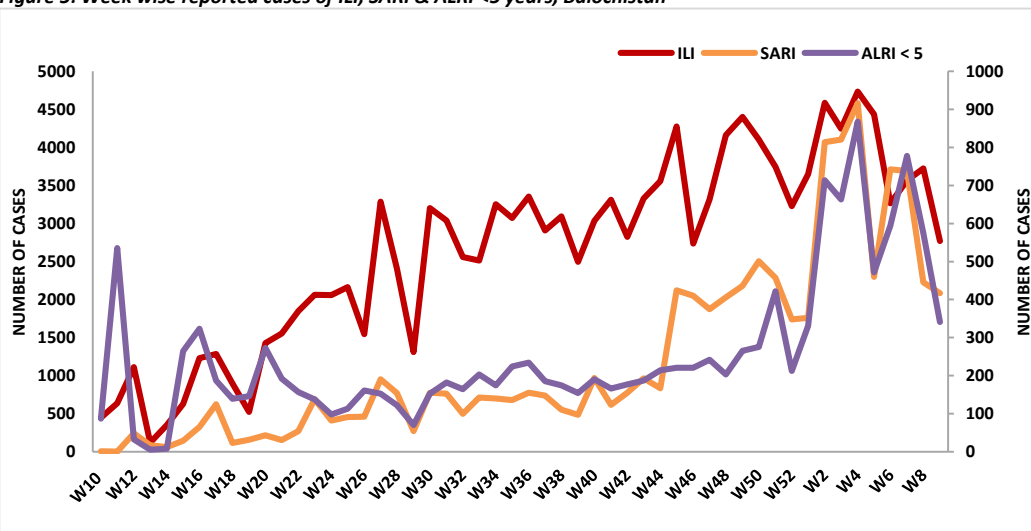


Table 3: District wise distribution of most frequently reported cases during week 9, Balochistan

Diseases	Gwadar	Kech Turbat	Khuzdar	Lasbella	Naseerabad	Quetta	Sibi	Zhob	Total
ILI	N.R	1,634	98	88	1	615	159	176	2771
AD (Non-Cholera)	55	445	91	260	62	179	47	34	1173
SARI	N.R	29	17	79	9	9	4	270	417
Malaria	26	69	57	114	54	11	19	25	375
ALRI < 5 years	1	94	5	101	107	26	3	4	341
B. Diarrhea	19	56	38	23	17	44	10	25	232
Typhoid	9	12	41	13	45	31	5	3	159
CL	N.R	0	7	29	18	11	5	0	70
Rabies / Dog bite	N.R	0	18	4	8	0	5	0	35
AWD (S. Cholera)	3	0	0	11	0	0	2	0	16
Measles	N.R	0	2	12	0	1	1	0	16
VH (B, C & D)	N.R	0	2	4	0	8	0	1	15
Chickenpox/ Varicella	N.R	0	3	3	4	0	4	0	14
Gonorrhea	N.R	0	14	0	0	0	0	0	14
Mumps	N.R	8	2	1	1	0	0	0	12
Pertussis	N.R	0	0	0	2	0	0	2	4
Anthrax	N.R	0	0	0	1	0	0	0	1
Brucellosis	N.R	0	0	1	0	0	0	0	1

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



Khyber Pakhtunkhwa (KP)

- KP reported cases of ILI (n=5,972), SARI (n=5,307), AD (Non Cholera) (n=4,704), ALRI <5 years (n=2,859), Malaria (n=1,747), Typhoid (n=449), B. diarrhea (n=407), Rabies/Dog bite (n=324), AWD (S. Cholera) (n=193), & Mumps (n=111) at maximum.
- Khyber district reported ILI cases at maximum.
- District Abbottabad reported maximum cases of AD (Non-Cholera).
- District Charsadda reported maximum cases of Malaria, AD (Non-Cholera), ILI & SARI.
- District Kohat reported maximum cases of ILI, AD (Non Cholera), SARI & Malaria.
- District Lakki Marwat reported maximum cases of Malaria, AD (Non-Cholera) & ALRI <5 years.
- District Malakand reported maximum cases of ILI, ALRI <5 years, & AD (Non Cholera).
- District Mardan reported ILI, SARI, AD (Non Cholera), ALRI <5 years, Malaria & Typhoid.
- District Swabi reported maximum cases of SARI, ILI, AD (Non Cholera), ALRI <5 years & Rabies/Dog bite.
- District Swat reported maximum cases of ILI, SARI, AD (Non Cholera), & ALRI <5 years.
- Cases of VPDs have been reported, which need immediate public health actions to reduce their burden and further consequences.
- Cases of HIV/AIDS, AFP, Brucellosis & Leprosy need immediate verification and public health response.
- Weekly cases of ILI & SARI depicted a downward trend while ALRI <5 years cases increased as compared to the last week i.e. week 08.

Figure 6: Most frequently reported cases during week 9, in comparison with previous weeks, KP

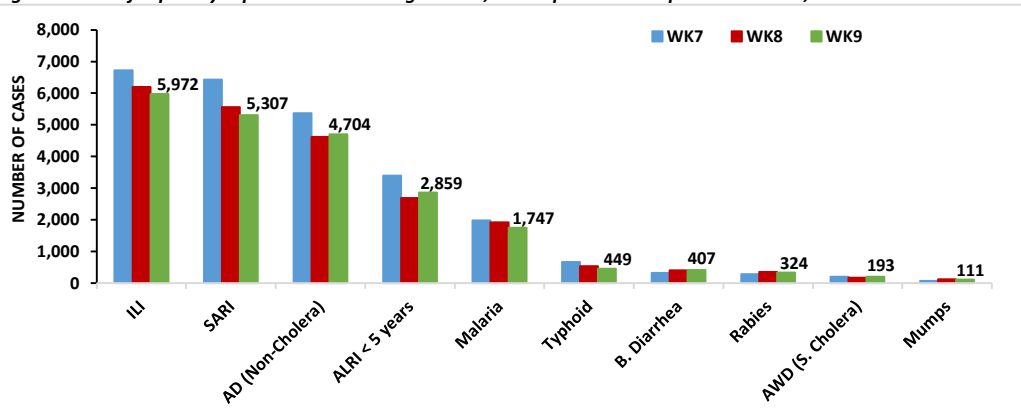
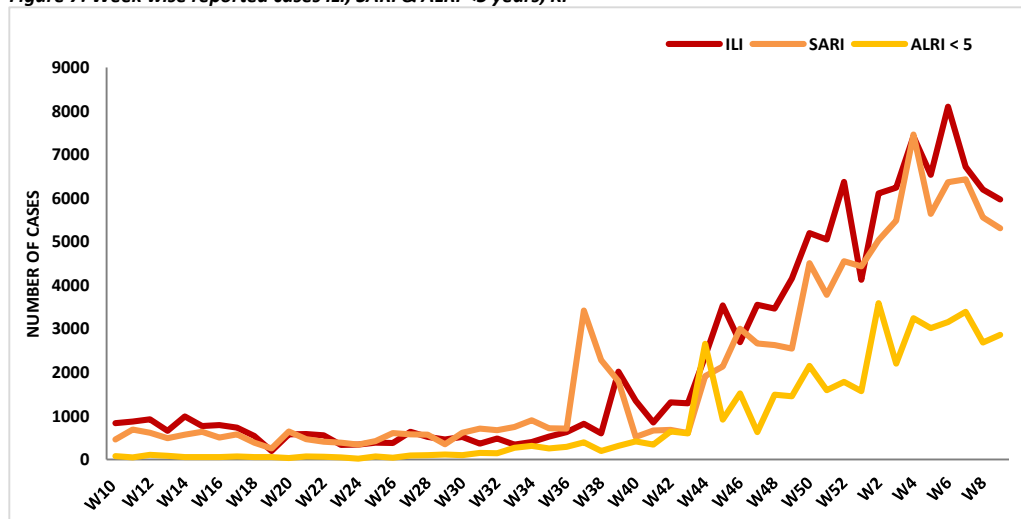


Table 4: District wise distribution of most frequently reported cases during week 9, KP

Diseases	Abbott-abad	Charsadda	Khyber	Kohat	Lakki Marwat	Malakand	Mardan	Swabi	Swat
ILI	0	209	469	561	47	1,184	1,109	608	1,785
SARI	26	103	50	148	2	64	719	1,633	2,562
AD (Non-Cholera)	397	436	40	309	476	564	694	608	1,180
ALRI < 5 years	11	43	23	81	348	1,084	553	453	263
Malaria	0	564	3	128	509	75	440	17	11
Typhoid	9	66	20	15	50	29	99	44	117
B. Diarrhea	4	77	40	53	30	75	25	25	78
Rabies / Dog bite	5	0	41	17	36	4	24	114	83
AWD (S. Cholera)	0	44	0	17	0	17	45	37	33
Mumps	0	0	6	2	7	54	15	9	18
Measles	0	1	12	0	3	7	62	20	0
VH (B, C & D)	0	0	1	1	35	0	3	27	5
Chickenpox/ Varicella	0	1	3	3	0	24	15	10	0
AVH (A & E)	0	0	7	0	0	16	1	5	21
CL	0	0	24	5	3	7	1	0	0
Rubella (CRS)	0	0	0	0	0	0	37	0	0
Pertussis	0	0	4	0	0	0	17	7	4
Leprosy	0	0	0	0	0	0	25	0	0
Gonorrhea	0	0	2	0	1	0	21	0	0
Brucellosis	0	0	0	0	0	0	15	1	0
AFP	0	0	0	0	1	1	6	2	2
HIV/AIDS	0	0	0	0	8	0	1	0	0
Diphtheria (Probable)	0	0	8	0	0	0	0	0	0

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



Islamabad (ICT)

- From ICT, the most frequent reported diseases were ILI (n=699), ALRI <5 years (n=207), AD (Non-Cholera) (n=172), Malaria (n=10), B. diarrhea (n=10), SARI (n=04), Typhoid (n=03), Chickenpox (n=02) & AWD (S. Cholera) (n=01).
- Water and food borne diseases need special attention for prevention and control activities.
- During this week, a decrease in trend was observed for cases of ILI while cases of ALRI <5 years increased as compared to last week i.e. Week 08.

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

Figure 8: Most frequently reported cases during week 9, in comparison with previous weeks, ICT

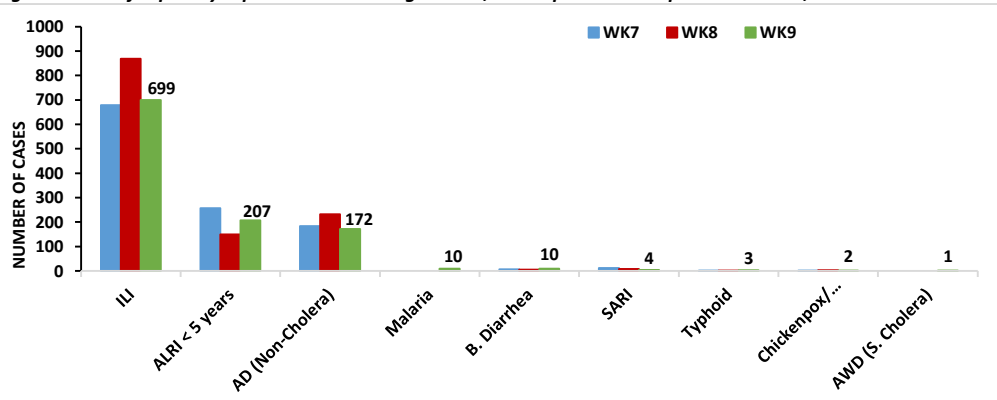


Figure 9: Week wise reported cases of ILI & ALRI <5 years, ICT

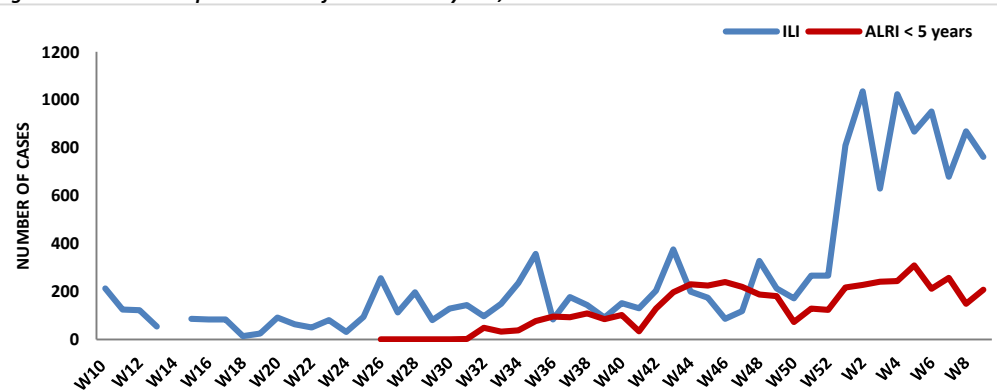


Figure 10: Most frequently reported cases during week 9, in comparison with previous weeks, GB

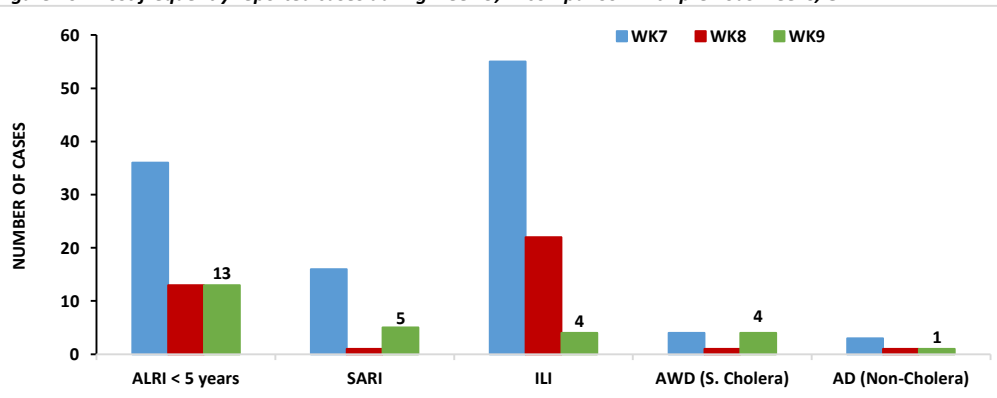
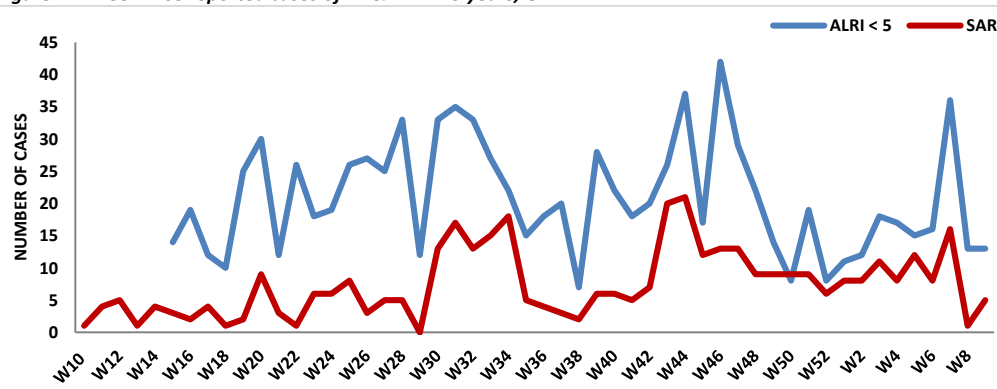


Figure 11: Week wise reported cases of ILI & ALRI <5 years, GB



Gilgit Baltistan

- Gilgit-Baltistan reported cases of ALRI <5 years (n=13), SARI (n=05), ILI (n=04), AWD (S. Cholera) (n=04) & AD (Non Cholera) (n=01) this week.
- Community awareness need to be created for improvement of water, sanitation and hygiene (WASH) practices to control water and food borne diseases.
- Weekly trend for cases of SARI have shown an upward trend while cases of ALRI <5 years depicted a similar trend as compared to previous week i.e. Week-08.

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

AJK

- District Mirpur reported cases of ILI (n=70), AD (Non Cholera) (n=65), ALRI <5 years (n=28), B. diarrhea (n=04), Typhoid (n=01) & SARI (n=01) at maximum this week.
- Weekly trend for cases of ILI and ALRI <5 years has shown an upward trend as compared to last week.

Figure 12: Most frequently reported cases during week 9, in comparison with previous weeks, AJK

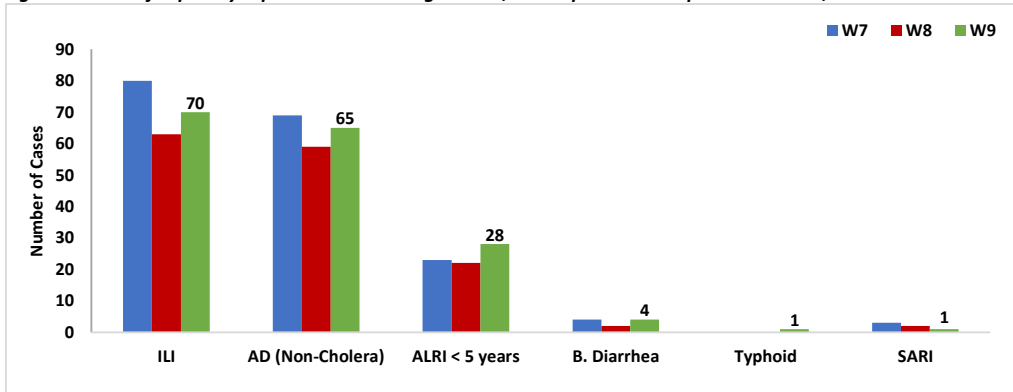


Figure 13: Week wise reported cases of ILI & ALRI <5 years, AJK

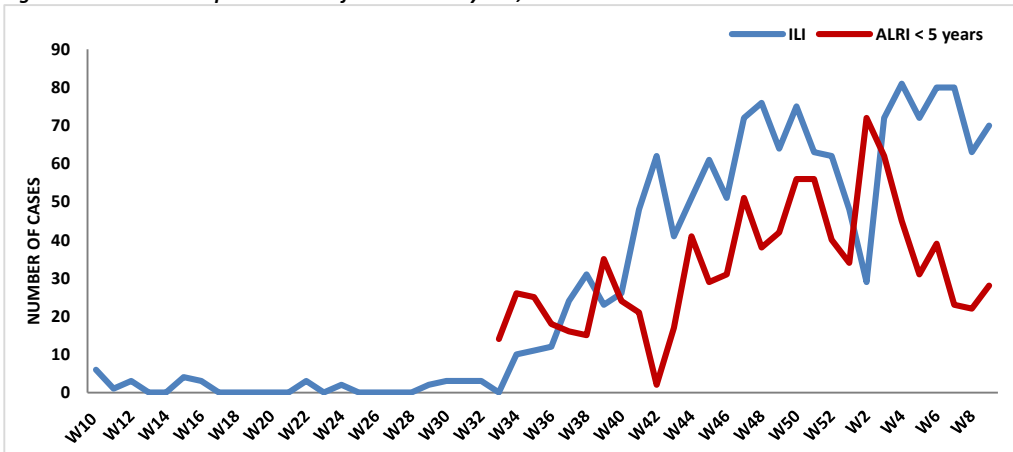


Figure 14: Most frequently reported cases during week 9, in comparison with previous weeks, Punjab

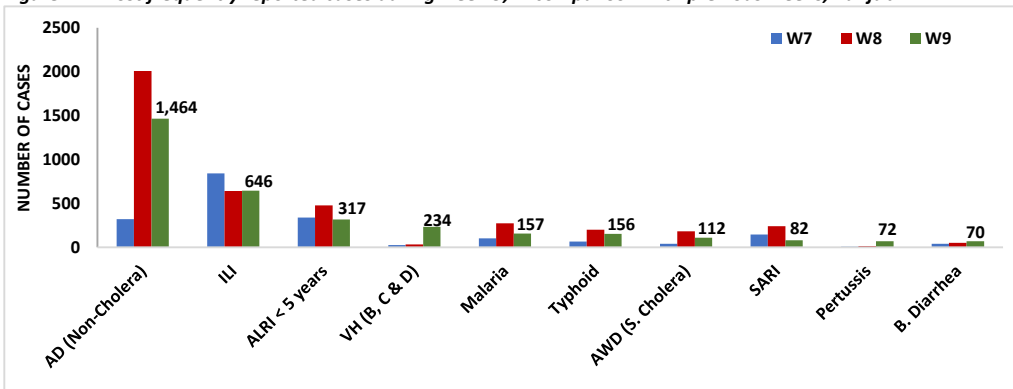
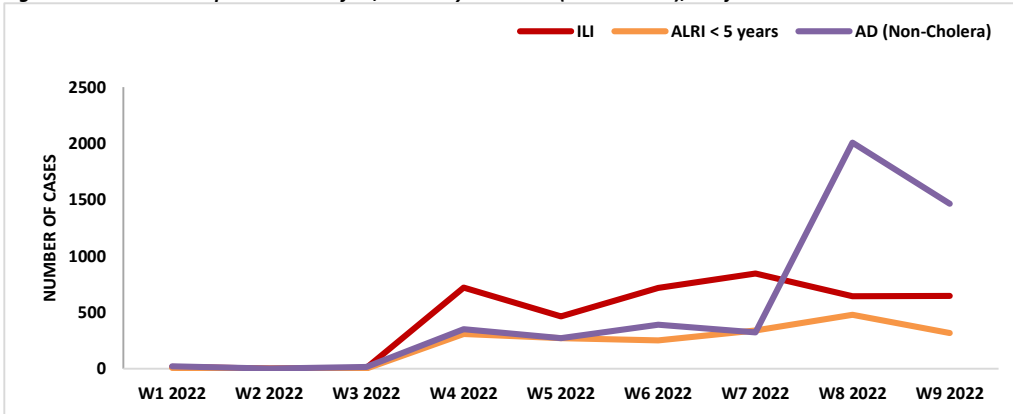


Figure 15: Week wise reported cases of ILI, ALRI <5 years & AD (Non Cholera), Punjab



Punjab

- This week Punjab reported cases of AD (Non Cholera) (n=1,464), ILI (n=646), ALRI <5 years (n=317), VH (B, C & D) (n=234), Malaria (n=157), Typhoid (n=156), AWD (S. Cholera) (n=112), SARI (n=82), Pertussis (n=72) & B. diarrhea (n=70) at maximum.
- Cases of AWD (S. Cholera), Typhoid & B. diarrhea need immediate verification and public health response accordingly.
- Community awareness on water, sanitation and hygiene (WASH) practices need to be enhanced.
- There is a need to strengthen the Routine Immunization activities to decrease burden of VPDs.
- Weekly trend for cases of ALRI <5 years & AD (Non Cholera) has shown a decline whereas cases of ILI depicted no change in the trend as compared to previous week i.e. Week-08.

IDSr Participating Districts

- This week 23% (09/40) of the districts reported hundred percent (%) data. Districts Kohat, Lakki Marwat, ICT (Islamabad), Khuzdar, Killa Abdullah, Lasbella, Hunza, Tharparkar, and Thatta reported 100% data.
- Districts Killa Abdullah & Pishin reported data after the set timeline.
- Districts Haripur, Jaffarabad & Nagar 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 (%)
Khyber Pakhtunkhwa	Haripur	69/69	0
	Kohat	60/60	60 (100%)
	Abbottabad	110/110	94 (85%)
	Charsadda	61/61	47 (77%)
	Lakki Marwat	49/49	49 (100%)
	Swat	77/77	74 (97%)
	Malakand	78/78	36 (46%)
	Swabi	63/63	61 (97%)
	Khyber	63/63	14 (22%)
	Mardan	65/65	44 (68%)
Azad Jammu Kashmir	Mirpur	37/37	32 (86%)
Islamabad Capital Territory	ICT	18/18	18 (100%)
	CDA	9/12	8 (89%)
Balochistan	Gwadar	24/24	20 (93%)
	Kech	44/78	41 (93%)
	Khuzdar	20/136	20(100%)
	Killa Abdullah	30/50	30(100%)
	Lasbella	85/85	85(100%)
	Pishin	23/118	20 (87%)
	Quetta	22/77	16 (73%)
	Sibi	42/42	37 (88%)
	Zhob	37/37	23 (62%)
	Jaffarabad	47/47	0
	Naserabad	45/45	35 (45%)
Gilgit Baltistan	Hunza	30/30	30 (100%)
	Nagar	05/22	0
Sindh	Hyderabad	63/63	59 (94%)
	Karachi-East	14/14	14 (100%)
	Karachi-Malir	43/43	34 (79%)
	Ghotki	58/58	35 (60%)
	Umerkot	30/118	20 (67%)
	Naushahro Feroze	52/52	23 (44%)
	Tharparkar	93/236	93 (100%)
	Shikarpur	32/32	16 (50%)
	Thatta	30/50	30 (100%)
	Larkana	149/149	36 (24%)
	Kamber	101/101	60 (59%)
Punjab	Bahawalpur	91/91	41 (45%)
	Muzaffargarh	117/117	36 (32%)
	Rajanpur	55/55	45 (82%)

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