



# Field Epidemiology and Disease Surveillance Division (FEDSD)

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### Weekly Bulletin: Integrated Disease Surveillance and Response (IDSR)

14<sup>th</sup> April 2022

#### Highlights of the Epi-Week-14 (04<sup>th</sup> - 10<sup>th</sup> April 2022)

##### Cumulative Information

- During this week, most frequent reported cases were of Acute Diarrhea (Non Cholera), ILI, SARI, Malaria, ALRI <5 years, B. Diarrhea, Typhoid, Rabies/ Dog bite, VH (B, C & D) & AWD (S. Cholera).
- In comparison to previous week i.e. Week-13, cases of reported diseases depicted a downward or similar trend except cases of B. diarrhea which showed an upward trend.
- Cases of VPDs reported from all over Pakistan, therefore, an immediate attention in terms of strengthening immunization activities is required.
- There is persistent reporting of AD (Non-Cholera) and AWD (S. Cholera) cases which need immediate verification to rule out presence of confirmed Cholera cases. Afterwards public health measures need to be implemented accordingly.
- Cases of Rabies/Dog bite, Dengue, Chikungunya and Leishmaniasis are reported continuously. Therefore, this needs a strong One-Health approach for control of the cases.
- Cases of Gonorrhea and Syphilis need immediate verification and implementation of public health measures.

Figure 1: Most frequently reported cases during week 14, in comparison with previous weeks, Pakistan

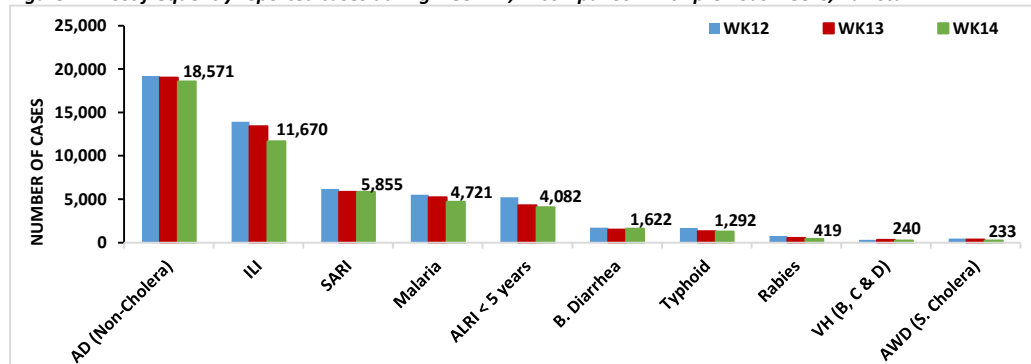


Table 1: Province/Area wise distribution of most frequently reported cases during week 14, Pakistan

Districts	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	79	1,816	8	161	9,060	322	7,125	18,571
ILI	28	2,761	28	393	4,066	131	4,263	11,670
SARI	0	353	27	5	5,404	21	45	5,855
Malaria	0	692	0	1	1,680	51	2,297	4,721
ALRI < 5 years	37	332	20	144	1,566	42	1,941	4,082
B. Diarrhea	3	410	6	7	618	19	559	1,622
Typhoid	0	180	4	1	642	94	371	1,292
Rabies / Dog bite	0	30	0	0	315	0	74	419
VH (B, C & D)	0	10	0	10	66	15	139	240
AWD (S. Cholera)	0	43	2	1	136	12	39	233
Chickenpox/ Varicella	3	10	0	1	93	0	55	162
CL	0	115	0	0	43	0	0	158
Mumps	0	5	0	1	126	0	15	147
AVH (A & E)	0	4	0	0	99	4	32	139
Measles	0	14	0	0	46	0	31	91
Syphilis	0	0	0	0	65	0	14	79
Gonorrhea	0	35	0	0	2	0	26	63
Pertussis	0	9	1	0	25	1	1	37
Dengue	0	4	0	0	2	0	26	32
Chikungunya	0	0	0	0	0	0	21	21
Meningitis	0	3	0	0	2	0	11	16

##### 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.**
- Leishmaniasis, 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 mainly from Balochistan and Sindh. Public health response actions need to be implemented in the affected areas after verification of cases.**
- Case of HIV/AIDS need immediate verification and response action on priority basis to limit its spread.**
- Cases of dog bite is increasing across Pakistan. There is dire need to create community awareness, and prepare/ 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 control of diseases.

## Sindh

- Sindh reported most frequent reported cases of AD (Non Cholera) (n=7,125), ILI (n=4,263), Malaria (n=2,297), ALRI <5 Years (n=1,941), B. diarrhea (n=559), Typhoid (n=371), VH (B, C & D) (n=139), Rabies/ Dog bite (n=74), Chickenpox (n=55) & SARI (n=45).
- Ghotki reported maximum cases of AD (Non Cholera), ALRI <5 years & Malaria.
- Hyderabad reported maximum cases of AD (Non Cholera), ILI & ALRI <5 years.
- Kamber reported maximum cases of AD (Non Cholera), Malaria & ALRI <5 years.
- Karachi East reported maximum cases of AD (Non Cholera).
- Karachi Malir reported maximum cases of AD (Non Cholera), ILI & ALRI <5 years.
- Larkana reported maximum cases of AD (Non Cholera), Malaria & ALRI <5 years.
- Naushahro Feroze reported maximum cases of ILI, AD (Non Cholera) and Malaria.
- Shikarpur reported AD (Non Cholera) & Malaria cases at maximum.
- Tharparkar reported maximum cases of AD (Non-Cholera), ILI, Malaria & ALRI <5 years.
- Thatta reported maximum cases of AD (Non Cholera), ALRI <5 years & Malaria.
- Umerkot reported maximum cases of AD (Non Cholera), Malaria & ALRI <5 years.
- Cases of VPDs need immediate attention, and strengthening of routine immunization.
- In comparison with previous week, cases of AD (Non Cholera) have shown a decrease in trend while cases of Dengue & Malaria inclined.

Figure 2: Most frequently reported cases during week 14, in comparison with previous weeks, Sindh

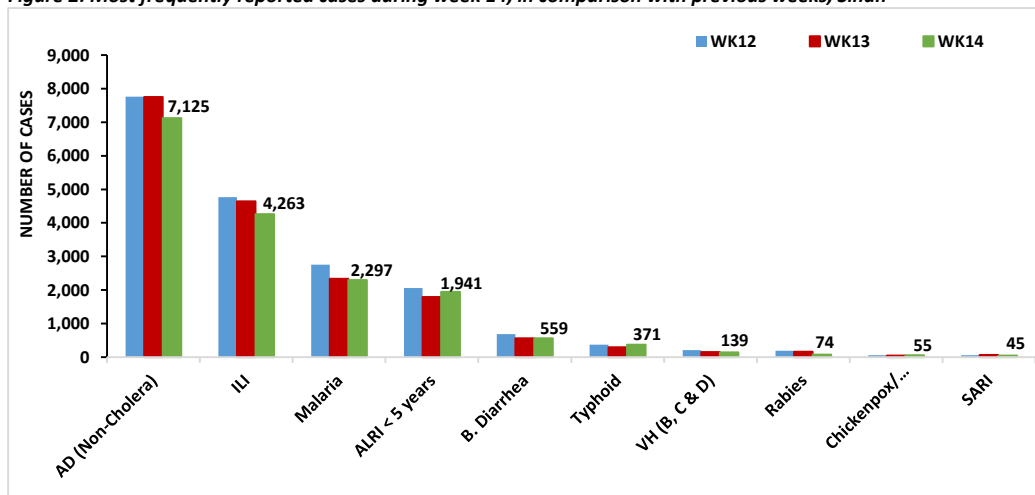
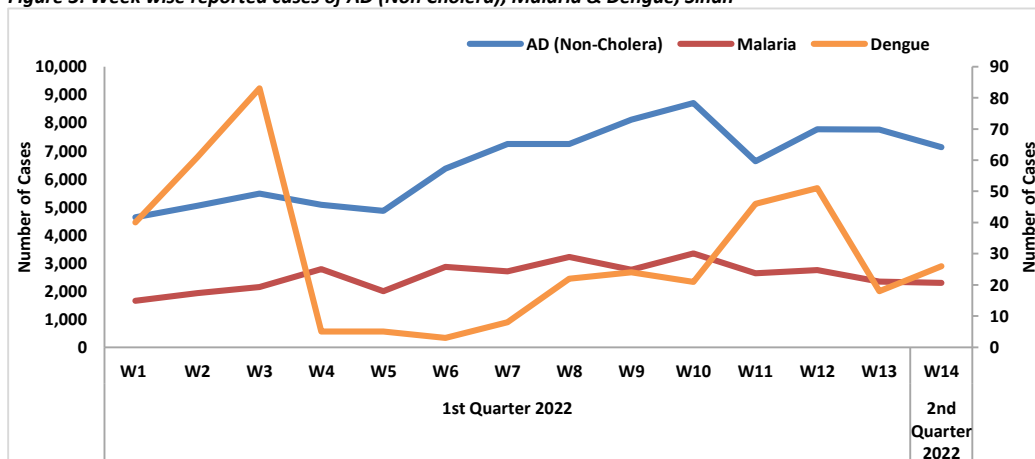


Table 2: District wise distribution of most frequently reported cases during week 14, Sindh

Districts	Ghotki	Hyderabad	Kamber	Kar-East	Kar-Malir	Larkana	N. Feroze	Shikarpur	Tharparkar	Thatta	Umerkot
AD (Non-Cholera)	403	2,767	562	134	578	444	323	311	1,216	223	164
ILI	0	2,326	0	12	350	0	464	4	1,093	14	0
Malaria	97	50	401	22	62	420	256	123	598	119	149
ALRI <5 years	226	204	222	17	292	91	76	17	496	200	100
B. Diarrhea	45	27	93	8	79	70	42	26	102	36	31
Typhoid	14	27	80	0	53	35	75	0	58	19	10
VH (B, C & D)	2	37	38	0	6	7	11	2	8	2	26
Rabies / Dog bite	10	0	0	0	18	11	0	29	6	0	0
Chickenpox/ Varicella	0	15	5	10	8	2	0	4	10	0	1
SARI	5	4	10	0	2	0	0	5	19	0	0
AWD (S. Cholera)	0	14	1	0	9	3	0	0	5	0	7
AVH (A & E)	3	10	0	0	1	0	8	0	10	0	0
Measles	0	0	0	0	2	0	0	0	29	0	0
Dengue	0	0	0	12	0	0	0	0	14	0	0
Gonorrhea	0	4	0	0	4	8	3	0	6	1	0
Chikungunya	0	0	0	0	0	0	0	0	21	0	0
Mumps	0	5	0	0	8	0	0	0	0	0	2
Meningitis	0	0	0	0	1	0	0	0	10	0	0
CCHF	0	8	0	0	0	0	0	0	0	0	0
AFP	1	0	0	0	0	0	0	0	3	0	0
HIV/AIDS	0	2	0	0	0	0	0	0	0	0	0

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



## Balochistan

- From Balochistan overall ILI (n=2,761), AD (Non Cholera) (n=1,816), Malaria (n=692), B. diarrhea (n=410), SARI (n=353), ALRI <5 years (n=332), Typhoid (n=180), CL (n=115), AWD (S. Cholera) (n=43) & Gonorrhea (n=35).
- District Gwadar reported maximum cases of ILI & AD (Non Cholera).
- District Jaffarabad reported cases of Malaria & AD (Non Cholera) at maximum.
- District Kech reported cases of ILI, AD (Non Cholera) & Malaria at maximum.
- District Khuzdar reported maximum cases of ILI, AD (Non Cholera) & Malaria.
- District Killa Abdullah reported cases of ILI & AD (Non Cholera) at maximum.
- District Lasbella reported maximum cases for AD (Non-Cholera), Malaria & SARI.
- District Naseerabad reported cases of AD (Non Cholera), Malaria & ALRI <5 years at maximum.
- District Pishin reported cases for ILI at maximum.
- From district Quetta, cases of ILI & AD (Non Cholera) were reported at maximum.
- District Sibi reported cases of ILI & AD (Non Cholera) at maximum.
- District Zhob reported maximum cases of SARI & ILI.
- Cases of VPDs are reported regularly, and therefore, needs strengthening of routine immunization system.
- Cases of AD (Non Cholera) and Malaria had shown a slight decrease in trend while B. Diarrhea showed an increase in trend as compared to previous week i.e. Week-13.

Figure 4: Most frequently reported cases during week 14, in comparison with previous weeks, Balochistan

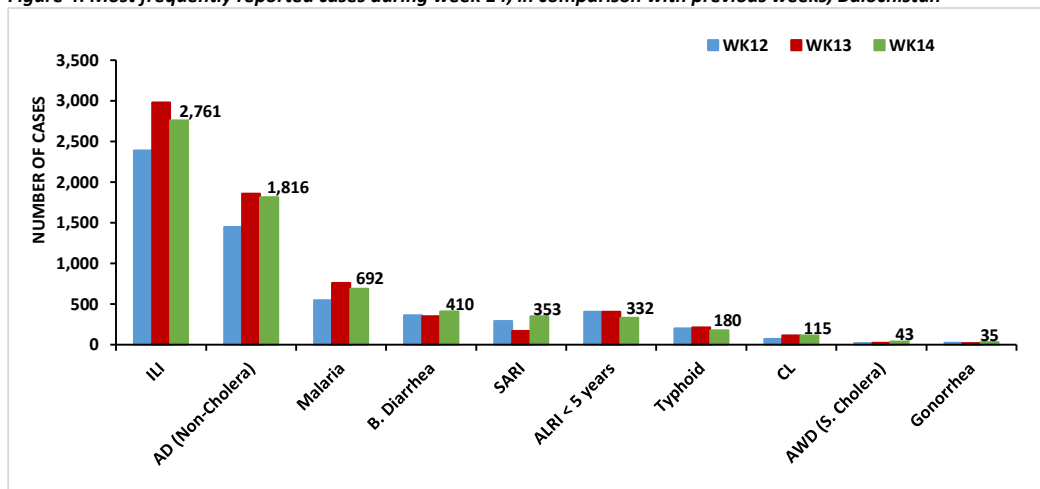
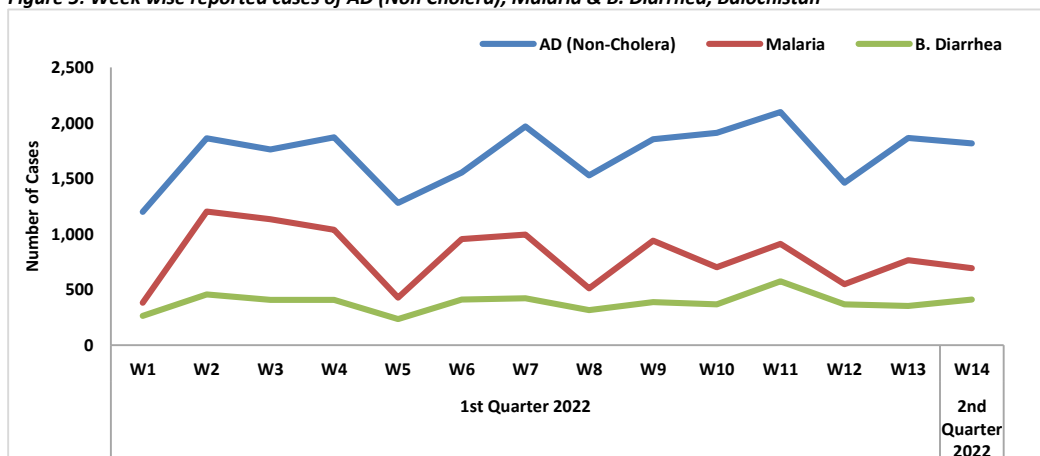


Table 3: District wise distribution of most frequently reported cases during week 14, Balochistan

Districts	Gwa-dar	Jaffara-bad	Kech	Khuz-dar	Killa Abdullah	Las-bella	Naseera-bad	Pishin	Quetta	Sibi	Zhob
ILI	261	35	1,165	95	235	59	48	132	532	108	91
AD (Non-Cholera)	110	93	486	85	123	371	102	53	208	120	65
Malaria	8	98	129	47	8	230	81	7	6	47	31
B. Diarrhea	21	21	115	39	1	23	15	54	58	25	38
SARI	NR	12	24	2	NR	82	5	0	0	2	226
ALRI < 5 years	5	12	114	4	NR	70	70	33	0	10	14
Typhoid	2	9	9	29	4	27	35	18	29	10	11
CL	NR	1	0	6	41	22	4	22	10	9	0
AWD (S. Cholera)	NR	2	0	0	NR	13	10	0	0	18	0
Gonorrhea	NR	10	0	18	NR	0	0	3	0	4	0
Rabies/ Dog Bite	NR	0	0	11	4	6	0	4	0	5	0
Measles	NR	0	5	3	2	2	2	0	0	0	0
VH (B, C & D)	NR	2	0	2	NR	2	3	0	1	0	0
Chickenpox/ Varicella	NR	2	0	2	NR	3	0	0	0	3	0
Pertussis	NR	0	0	0	NR	0	3	5	0	1	0
HIV/AIDS	NR	7	0	0	NR	0	1	0	0	0	0
Mumps	NR	0	2	0	NR	1	0	1	0	1	0
Rubella (CRS)	NR	5	0	0	NR	0	0	0	0	0	0
Meningitis	NR	0	0	0	3	0	0	0	0	0	0
Leprosy	NR	0	0	0	NR	2	0	0	0	0	0
NT	NR	0	0	0	NR	0	2	0	0	0	0

Figure 5: Week wise reported cases of AD (Non Cholera), Malaria & B. Diarrhea, Balochistan



### Khyber Pakhtunkhwa (KP)

- KP reported cases of AD (Non Cholera) (n=9,060), SARI (n=5,404), ILI (n=4,066), Malaria (n=1,680), ALRI <5 years (n=1,566), Typhoid (n=642), B. diarrhea (n=618), Rabies/Dog bite (n=315), AWD (S. Cholera) (n=136) & Mumps (n=126) at maximum.
- District Abbottabad reported maximum cases of AD (Non-Cholera).
- District Charsadda reported maximum cases of Malaria, AD (Non Cholera) & ILI.
- Khyber district reported ILI & AD (Non Cholera) at maximum.
- District Kohat reported maximum cases of AD (Non Cholera), ILI & Malaria.
- District Lakki Marwat reported maximum cases of AD (Non Cholera), Malaria & ALRI <5 years.
- Malakand reported maximum cases of AD (Non-Cholera) & ILI.
- District Mansehra reported maximum cases of AD (Non Cholera), ILI, SARI, & Typhoid.
- District Mardan reported maximum cases of ILI, AD (Non Cholera) & SARI.
- District Swabi reported maximum cases of SARI & AD (Non Cholera).
- District Swat reported maximum cases of SARI, AD (Non Cholera), & ILI.
- Cases of CL have been reported which need epidemiological investigations, vector surveillance and public health response accordingly.
- Cases of SARI and Malaria have shown a decrease in trend while AD (Non Cholera) had been increased as compared to previous week i.e. Week-13.

Figure 6: Most frequently reported cases during week 14, in comparison with previous weeks, KP

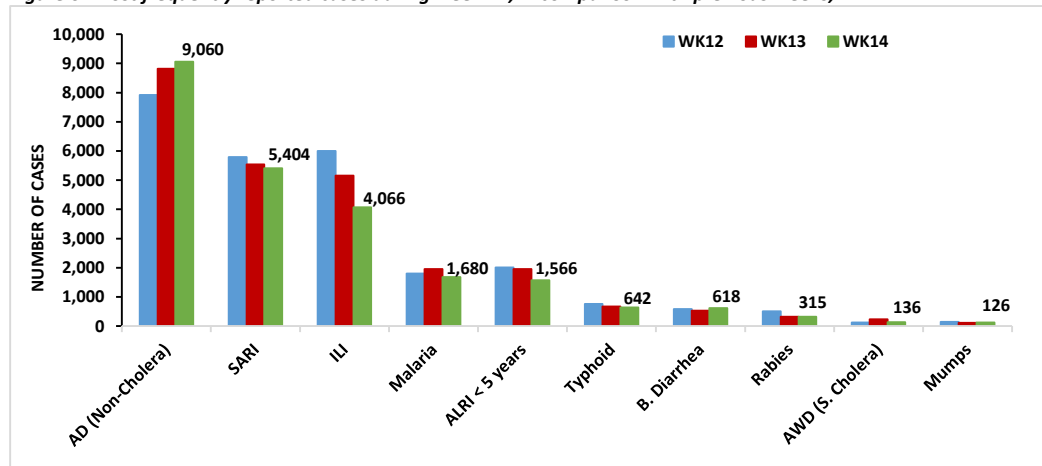
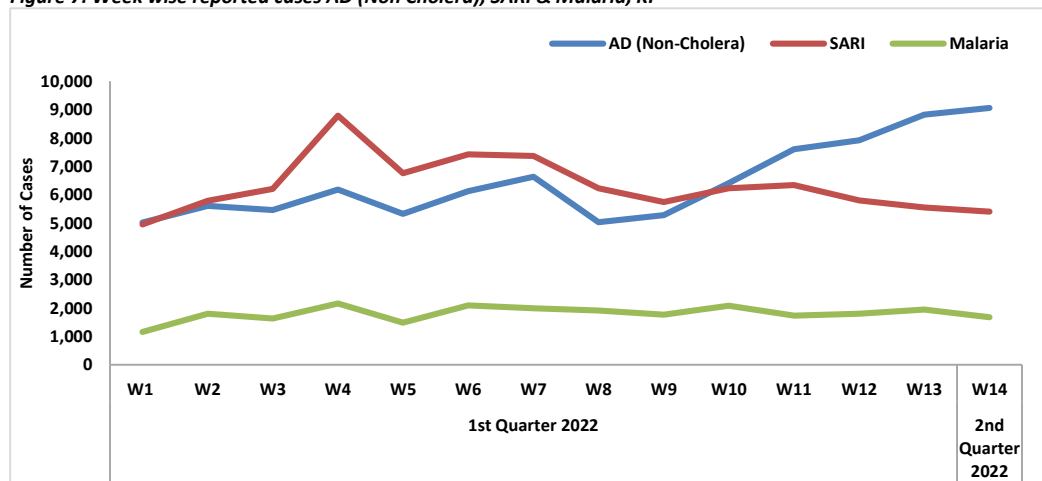


Table 4: District wise distribution of most frequently reported cases during week 14, KP

Diseases	Abbott-abad	Charsadda	Khyber	Kohat	Lakki Marwat	Malakand	Mansehra	Mardan	Swabi	Swat
AD (Non-Cholera)	630	556	115	494	1,322	918	985	994	1,139	1,907
SARI	51	48	15	105	40	21	573	419	1,600	2,532
ILI	0	140	149	299	4	156	650	1,113	291	1,264
Malaria	0	740	11	139	403	57	6	276	16	32
ALRI < 5 years	6	57	5	38	228	14	88	357	399	374
Typhoid	21	45	15	19	42	42	154	96	81	127
B. Diarrhea	5	44	42	24	61	53	89	129	53	118
Rabies/ Dog bite	5	0	11	34	15	1	158	3	34	54
AWD (S. Cholera)	4	0	1	0	0	1	0	76	37	17
Mumps	0	0	4	8	4	26	4	50	10	20
AVH (A & E)	0	0	13	0	0	32	2	21	8	23
Chickenpox/ Varicella	0	0	7	1	5	1	3	64	7	5
VH (B, C & D)	0	0	0	0	35	0	6	4	9	12
Syphilis	0	0	8	0	0	0	57	0	0	0
Measles	0	1	1	0	3	8	5	17	5	6
CL	0	0	22	6	5	3	2	5	0	0
Pertussis	0	0	3	0	0	0	11	8	0	3
AFP	0	0	0	0	0	2	1	4	0	1
Dengue	0	0	0	0	1	0	0	1	0	0
Meningitis	0	0	0	0	0	0	0	0	2	0

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



### Islamabad (ICT)

- From ICT, the most frequent reported diseases were ILI (n=393), AD (Non-Cholera) (n=161), ALRI <5 years (n=144), VH (B, C & D) (n=10), B. diarrhea (n=07), SARI (n=05), Malaria (n=01), AWD (S. Cholera) (n=01), Typhoid (n=01) & Chickenpox (n=1).
- Cases of AD (Non Cholera), & ALRI <5 years had shown an increase in trend as compared to previous week.
- Cases of diarrhea need epidemiological investigations and implementation of public health measures.
- There is need to spread community awareness for water, sanitation and hygiene (WASH) practices.

### Gilgit Baltistan

- Gilgit-Baltistan reported cases of ILI (n=28), SARI (n=27), ALRI <5 years (n=20), AD (Non Cholera) (n=08), B. diarrhea (n=6), Typhoid (n=04), AWD (S.Cholera) (n=02), and Pertussis (n=01) this week.
- Cases of SARI had shown an incline as compared to previous week i.e week 13.
- Cases of diarrhea need epidemiological investigations and implementation of public health measures.
- There is need to spread community awareness for water, sanitation and hygiene (WASH) practices.
- There is a need to strengthen routine immunization program to reduce the burden of VPDs.

Figure 8: Most frequently reported cases during week 14, in comparison with previous weeks, ICT

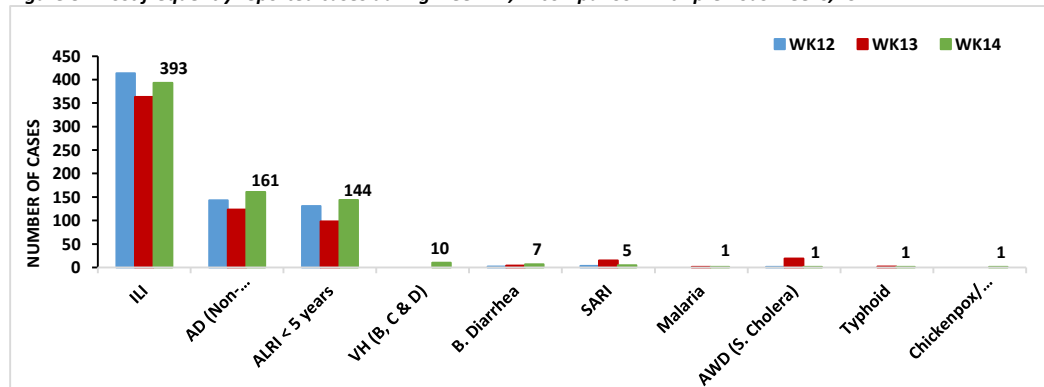


Figure 9: Week wise reported cases of AD (Non Cholera) & ALRI <5 years, ICT

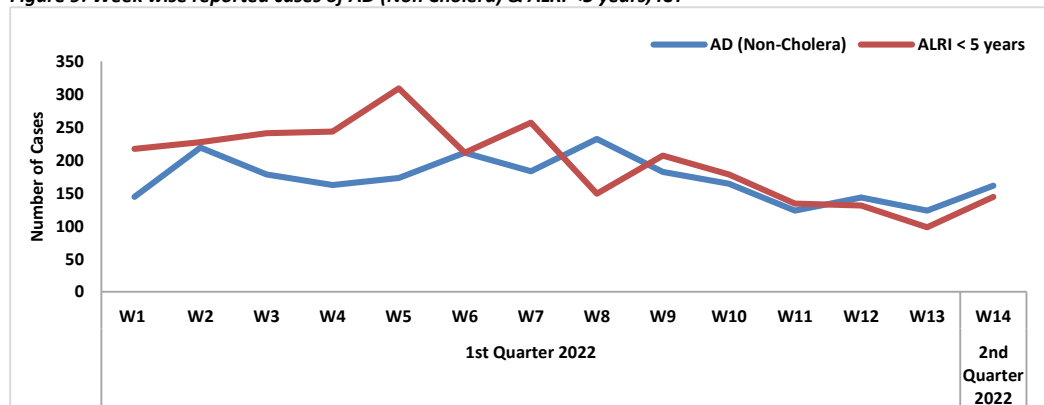


Figure 10: Most frequently reported cases during week 14, in comparison with previous weeks, GB

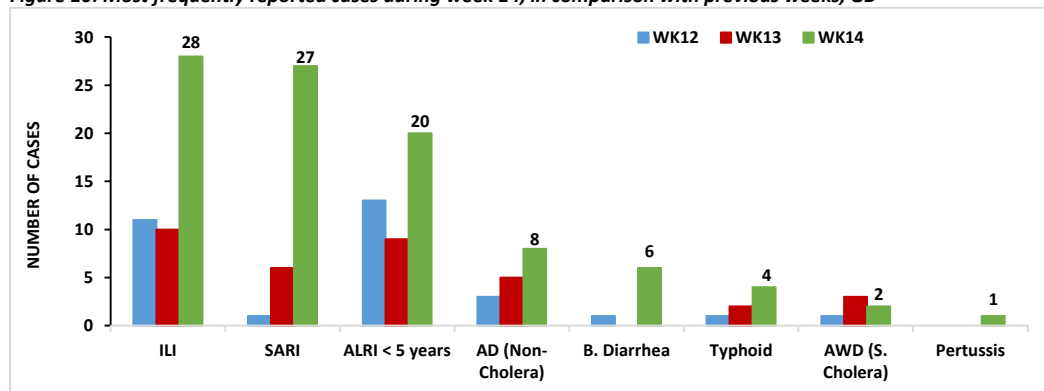
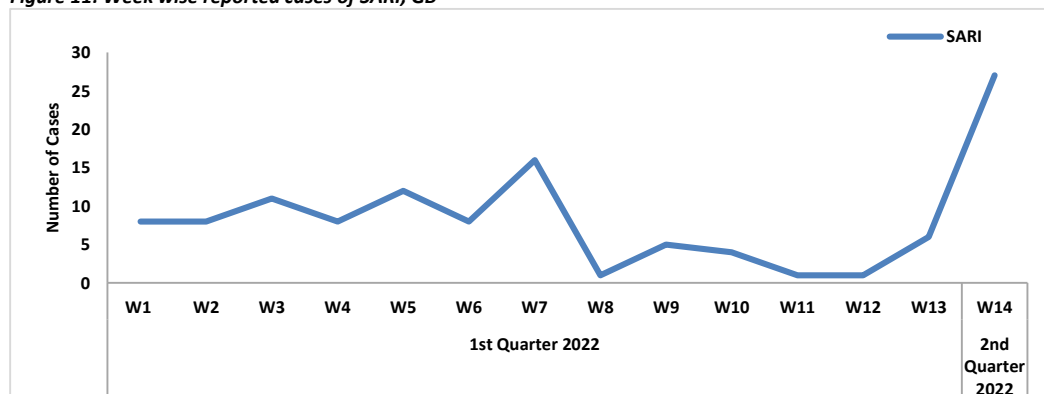


Figure 11: Week wise reported cases of SARI, GB



## AJK

- From District Mirpur most frequently reported cases are of AD (Non Cholera) (n=79), ALRI <5 years (n=37), ILI (n=28), B. diarrhea (n=03) and Chickenpox (n=01) this week.
- Cases of AD (Non-Cholera) had been declined while cases of ALRI <5 years had been increased compared to previous week i.e week 13.
- There is a need to spread community awareness for water, sanitation and hygiene (WASH) practices.
- There is a need to strengthen routine immunization to prevent VPDs.

Figure 12: Most frequently reported cases during week 14, in comparison with previous weeks, AJK

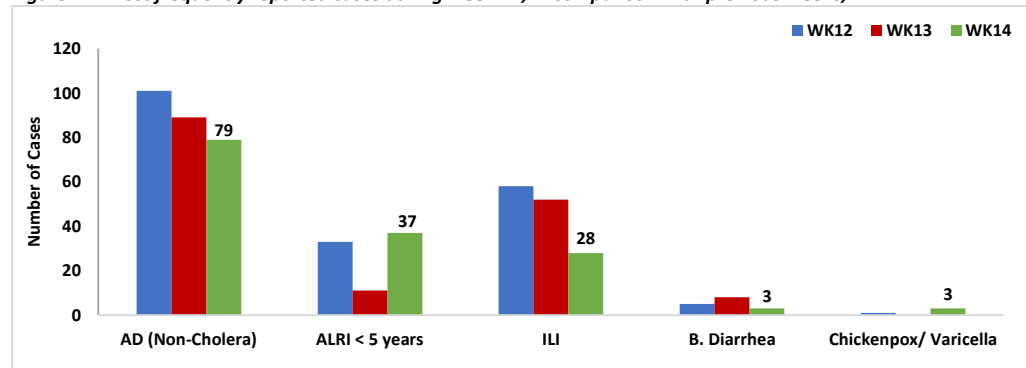


Figure 13: Week wise reported cases of AD (Non Cholera) & ALRI <5 years, AJK

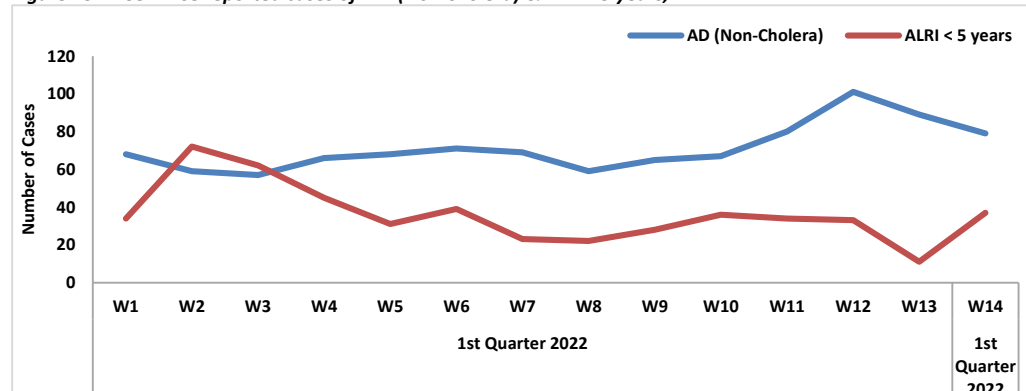


Figure 14: Most frequently reported cases during week 14, in comparison with previous weeks, Punjab

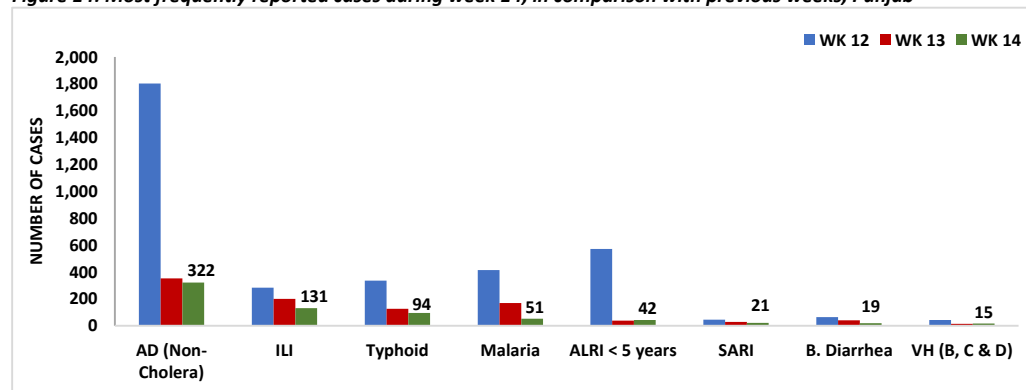
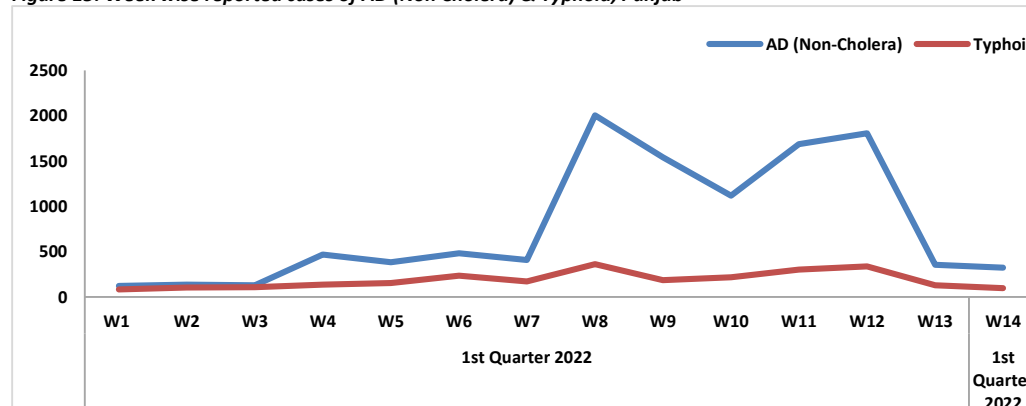


Figure 15: Week wise reported cases of AD (Non Cholera) & Typhoid, Punjab



## Punjab

- This week Punjab reported cases of AD (Non Cholera) (n=322), ILI (n=131), Typhoid (n=94), Malaria (n=51), ALRI <5 years (n=42), SARI (n=21), B. Diarrhea (n=19) & VH (B, C & D) (n=15) at maximum.
- Cases of AD (Non-Cholera) and Typhoid had shown a slight decrease in trend as compared to previous week i.e week 13.
- There is a need to spread community awareness for water, sanitation and hygiene (WASH) practices.
- Cases Malaria need epidemiological investigations, vector surveillance and public health response accordingly

### IDSR Participating Districts

- This week 5% (02/41) of the districts, Nagar & Tharparkar reported hundred percent (%) data this week.
- Districts Haripur & Rajanpur did not report IDSR 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	59 (99%)
	Abbottabad	110/110	100 (91%)
	Charsadda	61/61	53 (87%)
	Lakki Marwat	49/49	47 (96%)
	Swat	77/77	70 (91%)
	Malakand	78/78	03 (04%)
	Swabi	63/63	58(80%)
	Khyber	63/63	11 (18%)
	Mardan	65/65	37 (57%)
	Mansehra	114/114	111 (98%)
Azad Jammu Kashmir	Mirpur	37/37	25(68%)
Islamabad Capital Territory	ICT	18/18	16 (89%)
	CDA	9/12	6 (67%)
Balochistan	Gwadar	24/24	10 (42%)
	Kech	44/78	40(91%)
	Khuzdar	20/136	18 (90%)
	Killa Abdullah	30/50	29 (97%)
	Lasbella	85/85	84(99%)
	Pishin	23/118	12 (53%)
	Quetta	22/77	16 (73%)
	Sibi	42/42	37 (90%)
	Zhob	37/37	22 (60%)
	Jaffarabad	47/47	06 (13%)
	Naserabad	45/45	37 (83%)
Gilgit Baltistan	Hunza	31/31	30 (97%)
	Nagar	05/22	05(100%)
Sindh	Hyderabad	63/63	50 (80%)
	Karachi-East	14/14	12 (86%)
	Karachi-Malir	43/43	19 (45%)
	Ghotki	58/58	35 (61%)
	Umerkot	30/118	09 (30%)
	Naushahro Feroze	52/52	20 (39%)
	Tharparkar	95/236	95 (100%)
	Shikarpur	32/32	14 (44%)
	Thatta	50/50	21 (42%)
	Larkana	149/149	32 (22%)
	Kamber	101/101	60 (60%)
Punjab	Bahawalpur	91/91	20 (22%)
	Muzaffargarh	117/117	03 (01%)
	Rajanpur	55/55	0

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