



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)

28th April 2022

Highlights of the Epi-Week-16 (18th - 24th April 2022)

Cumulative Information

- During this week, most frequent reported cases were of Acute Diarrhea (Non Cholera), ILI, Malaria, SARI, ALRI <5 years, B. Diarrhea, Typhoid, AWD (S. Cholera), Rabies/ Dog bite & VH (B,C & D).
- In comparison to previous week i.e., Week-15, cases of all diseases depicted a downward trend.
- Cases of VPDs reported from all over Pakistan, therefore, an immediate attention in terms of strengthening of 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 and Leishmaniasis are reported continuously. A strong One-Health approach for control of the cases is required.
- Cases of Gonorrhea and Syphilis are reported specially from Sindh which need immediate verification and implementation of public health measures. Reproductive health aspect / initiative should be adopted at primary health care level.

Figure 1: Most frequently reported cases during week 16, in comparison with previous weeks, Pakistan

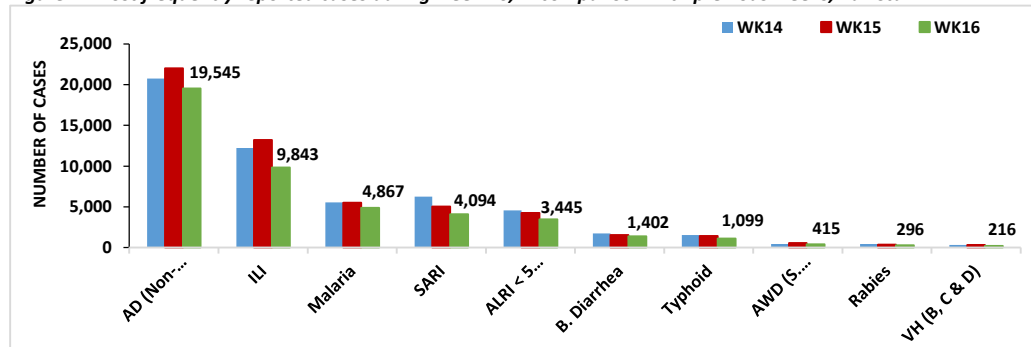


Table 1: Province/Area wise distribution of most frequently reported cases during week 16, Pakistan

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	109	1,232	11	423	9,337	521	7,912	19,545
ILI	23	1,976	2	309	3,572	3	3,958	9,843
Malaria	1	560	0	0	1,611	24	2,671	4,867
SARI	2	189	11	14	3,787	12	79	4,094
ALRI < 5 years	46	380	10	134	1,128	25	1,722	3,445
B. Diarrhea	17	349	1	7	391	52	585	1,402
Typhoid	1	206	2	5	489	50	346	1,099
AWD (S. Cholera)	0	29	2	8	118	232	26	415
Rabies/ Dog bite	0	19	0	0	200	0	77	296
VH (B, C & D)	0	17	0	0	56	5	138	216
Mumps	0	12	0	1	135	8	23	179
CL	0	102	0	0	34	0	38	174
Chickenpox/ Varicella	0	8	0	4	82	10	51	155
AVH (A & E)	0	1	0	1	59	0	54	115
Measles	0	13	0	0	10	5	28	56
Dengue	0	0	0	0	0	0	48	48
Gonorrhea	0	35	0	0	1	0	11	47
Pertussis	0	2	0	0	39	0	6	47
Meningitis	0	0	0	0	0	0	7	7
Syphilis	0	1	0	0	0	0	4	5

Points of Attention

- 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 has been observed that cases of VPDs are increasing since long. Therefore, strengthened coordination with EPI is needed for reduction in the cases.
- Due to rise in temperature with other confounding factors, cases of acute watery diarrhea and suspected are increasing, so immediate verification is required to take appropriate action to contain spread of illness.
- 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. This may require reproductive health initiatives at primary health care level.
- Case of HIV/AIDS need immediate verification and response action on priority basis to limit its spread.
- Cases of dog bite are increasing across Pakistan. There is a 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=7,912), ILI (n=3,958), Malaria (n=2,671), ALRI <5 Years (n=1,722), B. diarrhea (n=585), Typhoid (n=346), VH (B, C & D) (n=138), SARI (n=79), Rabies/ Dog bite (n=77) and AVH (A & E) (n=54).
- Ghotki and Kamber reported maximum cases of AD (Non Cholera), ALRI <5 years & Malaria.
- Hyderabad reported maximum cases of AD (Non Cholera), ILI & ALRI <5 years.
- Karachi East reported maximum cases of AD (Non Cholera).
- Karachi Malir reported maximum cases of AD (Non Cholera), ILI and ALRI <5 years.
- Larkana reported maximum cases of Malaria, AD (Non Cholera) and ALRI <5 years.
- Karachi West, Naushahro Feroze and Tharparkar reported maximum cases of ILI, Malaria and AD (Non Cholera).
- Shikarpur reported AD (Non Cholera) and Malaria cases at maximum.
- Thatta reported maximum cases of AD (Non Cholera), Malaria & ALRI <5 years.
- Umerkot reported maximum cases of AD (Non Cholera) and Malaria.
- Cases of VPDs need immediate attention, and strengthening of routine immunization.
- STI cases are regularly reported. Therefore, reproductive health aspect / initiative should be adopted at primary health care level
- In comparison with previous week, cases of AD (Non Cholera) & Malaria have shown a decline while cases of Dengue depicted increase in trend.

Figure 2: Most frequently reported cases during week 16, in comparison with previous weeks, Sindh

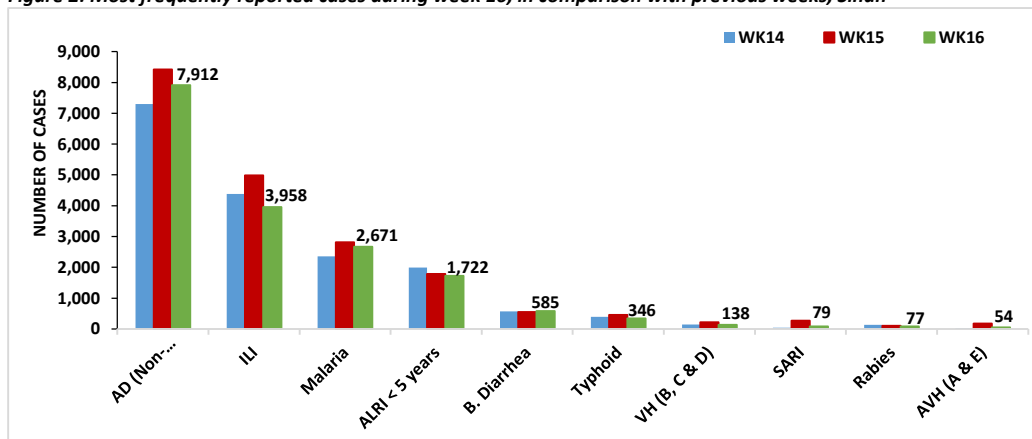
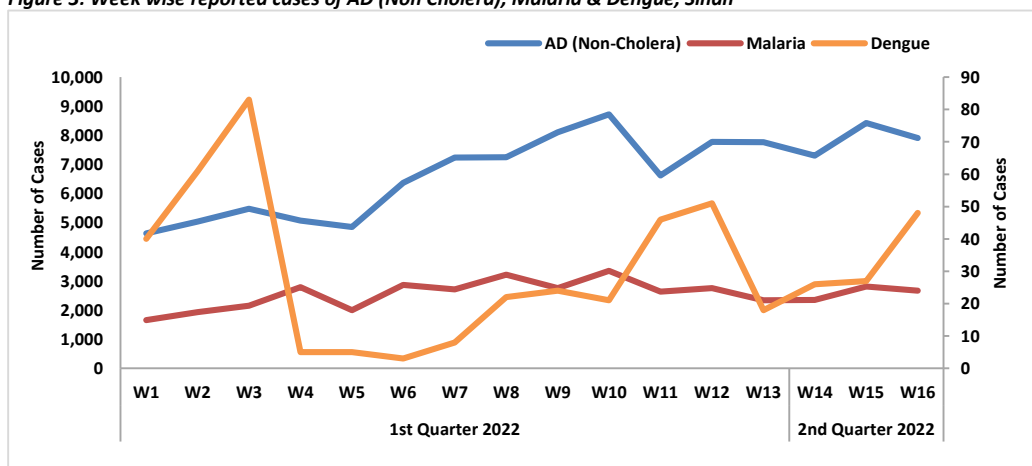


Table 2: District wise distribution of most frequently reported cases during week 16, Sindh

Diseases	Ghotki	Hyderabad	Kamber	Kar-East	Kar-Malir	Kar-West	Larkana	N. Feroze	Shikarpur	Tharparkar	Thatta	Umerkot
AD (Non-Cholera)	324	2,969	716	162	586	121	441	200	328	1,249	369	447
ILI	0	2,142	0	5	367	73	0	296	0	1,059	16	0
Malaria	134	100	525	22	82	51	441	247	129	521	167	252
ALRI < 5 years	165	161	199	11	354	12	119	59	16	432	143	51
B. Diarrhea	40	40	129	3	60	0	95	26	34	101	26	31
Typhoid	17	21	97	1	41	10	41	18	0	66	7	27
VH (B, C & D)	6	32	24	0	3	0	11	3	4	24	5	26
SARI	5	3	2	0	1	5	0	0	30	33	0	0
Rabies/ Dog bite	8	0	0	0	17	0	0	1	41	10	0	0
AVH (A & E)	4	22	0	0	4	2	0	4	0	18	0	0
Chickenpox/ Varicella	0	13	7	11	12	0	0	0	1	7	0	0
Dengue	0	0	0	8	2	0	0	0	0	38	0	0
CL	0	0	0	0	0	0	0	38	0	0	0	0
Measles	0	2	0	0	4	3	0	0	1	18	0	0
AWD (S. Cholera)	0	8	0	0	10	0	3	0	0	0	0	5
Mumps	1	5	0	2	8	1	0	0	0	0	2	4
Meningitis	0	0	0	0	0	0	0	0	0	7	0	0
Pertussis	0	0	0	0	0	0	6	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0	3	0	0	0	0
AFP	0	0	0	0	0	0	0	0	0	1	0	0

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



Balochistan

- From Balochistan overall ILI (n=1,976), AD (Non Cholera) (n=1,232), Malaria (n=560), ALRI <5 years (n=380), B. diarrhea (n=349), Typhoid (n=206), SARI (n=189), CL (n=102), Gonorrhea (n=35) & AWD (S. Cholera) (n=29).
- District Gwadar reported maximum cases of ILI & AD (Non Cholera).
- District Kech reported cases of ILI, AD (Non Cholera) & Malaria at maximum.
- District Khuzdar reported maximum cases of AD (Non Cholera), Malaria and ILI.
- District Killa Abdullah reported maximum cases of ILI.
- District Lasbella reported maximum cases for AD (Non-Cholera), Malaria and ALRI <5 years.
- District Naseerabad reported cases of AD (Non Cholera), Malaria and ILI at maximum.
- District Pishin reported cases for ILI & AD (Non Cholera) at maximum.
- From district Quetta, cases of ILI & AD (Non Cholera) were reported at maximum.
- District Sibi reported maximum cases of ILI & AD (Non Cholera).
- District Zhob reported maximum cases of ALRI <5 years, ILI & SARI.
- Cases of VPDs are reported regularly, and therefore, needs strengthening of routine immunization system.
- Leishmaniasis cases are continuously reported. Therefore, hotspots should be identified for timely response.
- Cases of AD (Non Cholera), ALRI <5 years and Malaria had shown a decline in trend as compared to previous week i.e. Week-15.

Figure 4: Most frequently reported cases during week 16, in comparison with previous weeks, Balochistan

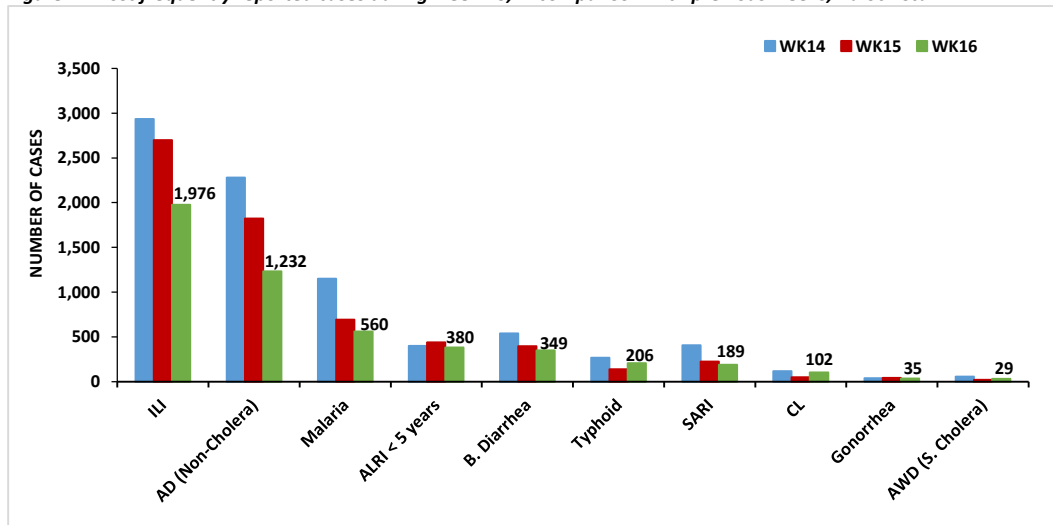
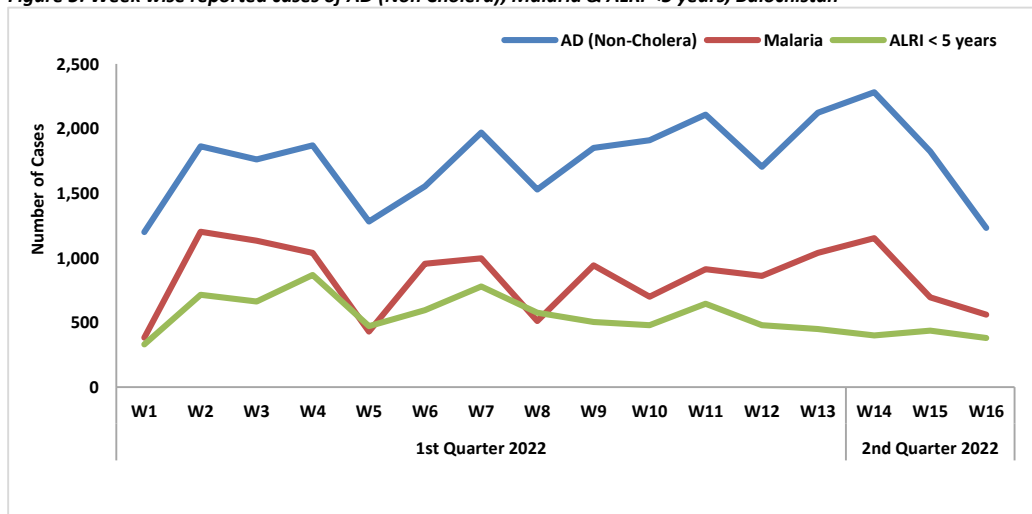


Table 3: District wise distribution of most frequently reported cases during week 16, Balochistan

Diseases	Gwadar	Kech Turbat	Khuzdar	Killa Abdullah	Lasbella	Naseerabad	Pishin	Quetta	Sibi	Zhob
ILI	281	549	66	31	47	53	179	574	106	90
AD (Non-Cholera)	162	170	102	3	361	72	63	181	70	48
Malaria	35	127	68	1	190	66	10	3	42	18
ALRI < 5 years	NR	85	6	NR	99	15	17	0	12	146
B. Diarrhea	24	59	58	NR	25	19	53	52	19	40
Typhoid	3	1	58	NR	18	35	15	36	26	14
SARI	2	43	0	NR	57	5	0	0	12	70
CL	53	0	4	3	9	0	18	11	4	0
Gonorrhea	NR	0	21	NR	0	0	10	0	4	0
AWD (S. Cholera)	NR	0	1	NR	4	7	0	0	17	0
Rabies/ Dog bite	NR	0	7	1	4	1	4	0	2	0
VH (B, C & D)	NR	0	2	NR	10	1	0	4	0	0
Measles	NR	0	2	NR	3	5	2	1	0	0
Mumps	1	0	2	NR	0	1	6	0	2	0
Chickenpox/ Varicella	NR	0	0	NR	2	4	0	0	2	0
Pertussis	NR	0	0	NR	0	0	0	0	2	0
Rubella (CRS)	NR	0	0	NR	0	1	0	0	0	0

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



Khyber Pakhtunkhwa (KP)

- KP reported cases of AD (Non Cholera) (n=9,337), SARI (n=3,787), ILI (n=3,572), Malaria (n=1,611), ALRI <5 years (n=1,128), Typhoid (n=489), B. diarrhea (n=391), Rabies/Dog bite (n=200), Mumps (n=135) and AWD (S. Cholera) (n=118) at maximum.
- District Abbottabad reported maximum cases of AD (Non-Cholera).
- Charsadda reported maximum cases of AD (Non Cholera), Malaria and ILI.
- Khyber reported AD (Non Cholera) and ILI at maximum.
- Kohat reported maximum cases of ILI and Malaria.
- Lakki Marwat reported maximum cases of AD (Non Cholera), Malaria and ALRI <5 years.
- Malakand reported maximum cases of AD (Non-Cholera).
- Mansehra reported maximum cases of AD (Non Cholera), ILI & SARI.
- Mardan reported maximum cases of AD (Non Cholera), ILI, ALRI <5 years and Malaria.
- Swabi reported maximum cases of AD (Non Cholera), SARI, ILI and ALRI <5 years.
- Swat reported maximum cases of AD (Non Cholera), & SARI.
- Cases of VPDs are reported regularly, and therefore, needs strengthening of routine immunization system.
- Cases of Malaria are continuously reported. Therefore, hotspots should be identified for timely response.
- Cases of SARI and AD (Non Cholera) have shown a decreased trend while Malaria had shown a similar trend as compared to previous week i.e. Week-15.

Figure 6: Most frequently reported cases during week 16, in comparison with previous weeks, KP

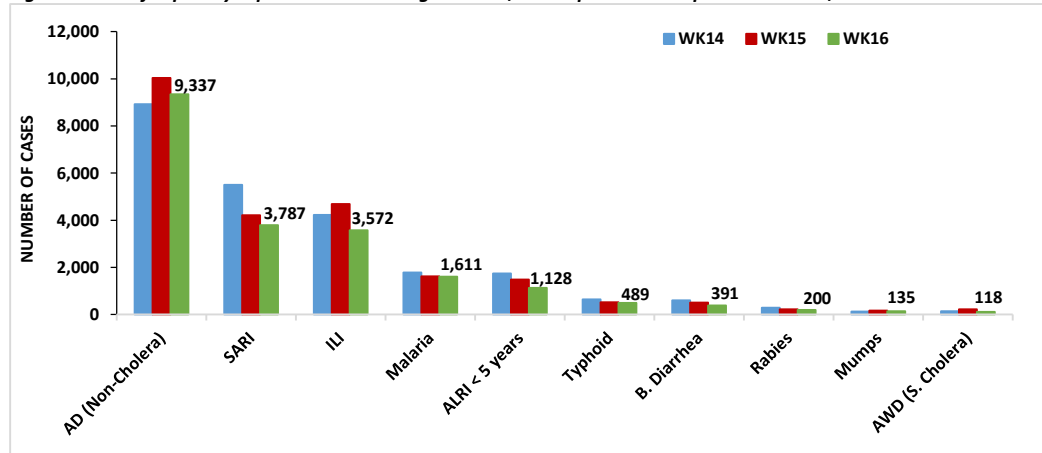
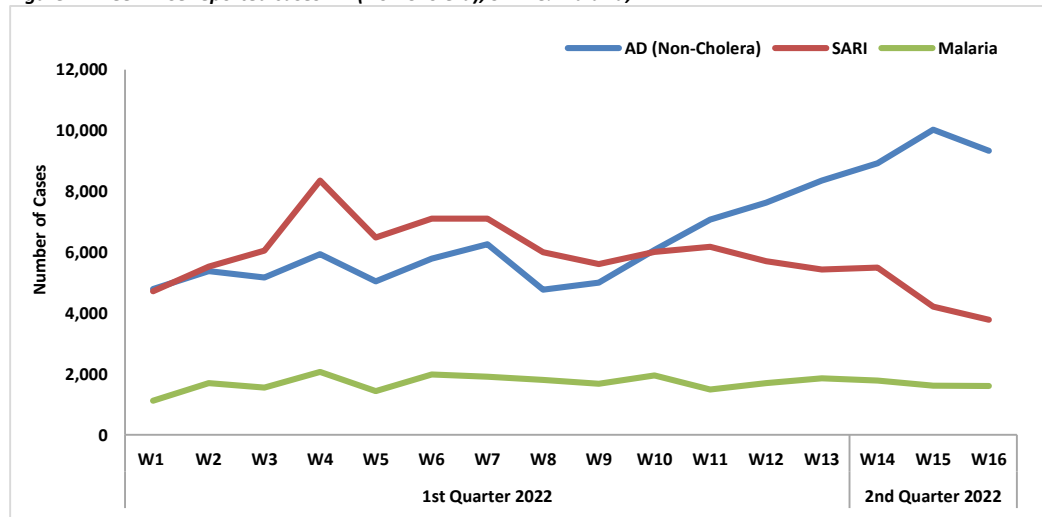


Table 4: District wise distribution of most frequently reported cases during week 16, KP

Diseases	Abbottabad	Charsadda	Khyber	Kohat	Lakki Marwat	Malakand	Mansehra	Mardan	Swabi	Swat
AD (Non-Cholera)	600	999	170	1	872	246	1,096	1,839	1,648	1,866
SARI	34	74	0	2	25	0	399	96	1,372	1,785
ILI	0	160	112	87	6	7	809	778	257	1,356
Malaria	1	805	32	53	346	18	0	296	22	38
ALRI < 5 years	5	35	11	4	205	32	98	329	196	213
Typhoid	10	61	24	10	40	11	112	45	65	111
B. Diarrhea	3	2	44	0	31	18	52	77	83	81
Rabies / Dog bite	1	0	12	0	41	0	115	3	0	28
Mumps	0	0	8	0	6	2	4	73	24	18
AWD (S. Cholera)	0	0	2	0	0	0	0	14	63	39
Chickenpox/ Varicella	0	0	6	0	5	0	4	55	9	3
AVH (A & E)	0	0	11	0	0	8	4	0	19	17
VH (B, C & D)	0	0	2	0	34	0	4	2	10	4
Pertussis	0	0	7	0	0	0	0	17	7	8
CL	0	0	22	0	2	2	0	8	0	0
Measles	0	0	2	0	0	0	1	0	6	1
AFP	0	0	0	0	0	0	0	0	0	3
Brucellosis	0	0	0	0	0	0	1	0	0	0

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



Islamabad (ICT)

- From ICT, the most frequent reported diseases were AD (Non-Cholera) (n=423), ILI (n=309), ALRI <5 years (n=134), SARI (n=14), AWD (S. Cholera) (n=08), B. diarrhea (n=07), Typhoid (n=05), Chickenpox (n=04), AVH (A & E) (n=01), and Mumps (n=01).
- Cases of AD (Non Cholera) has drastic increase over a week as compared to ALRI <5 years cases in 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.
- Routine immunization need to be strengthened to prevent VPDs.

Figure 8: Most frequently reported cases during week 16, in comparison with previous weeks, ICT

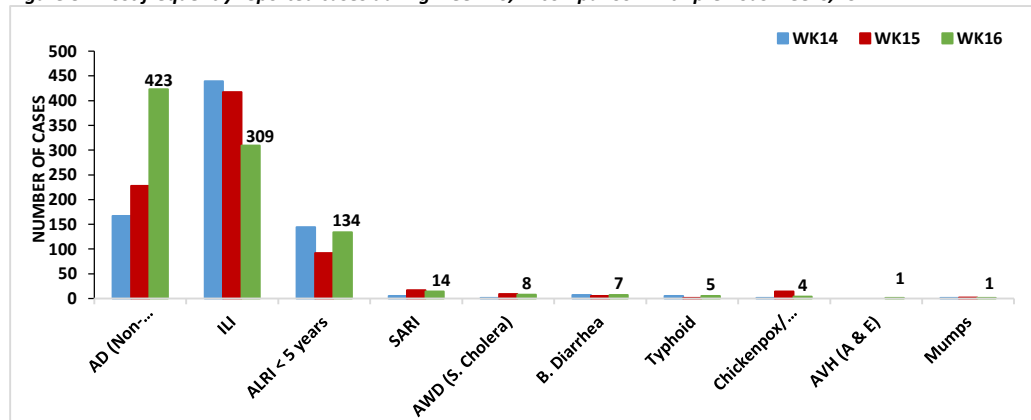
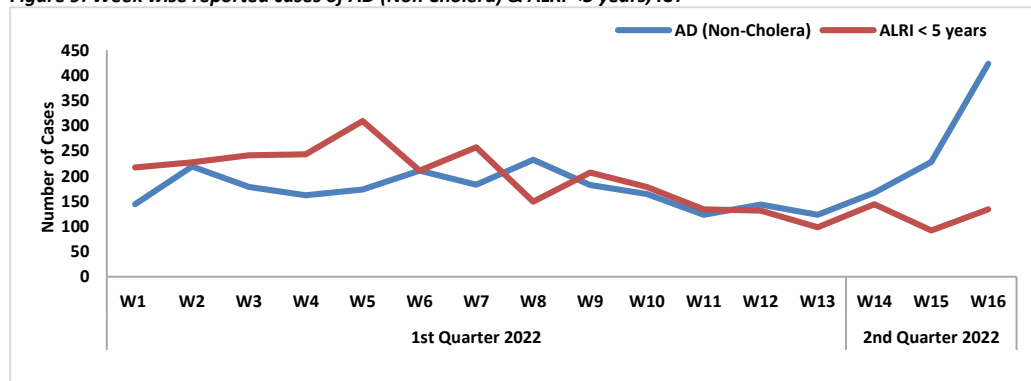


Figure 9: Week wise reported cases of AD (Non Cholera) & ALRI <5 years, ICT



Gilgit Baltistan

- Gilgit-Baltistan reported cases of AD (Non Cholera) (n=11), SARI (n=11), ALRI <5 years (n=10), ILI (n=02), AWD (S. Cholera) (n=02), Typhoid (n=02) and B. diarrhea (n=01) this week.
- Cases of AD (Non Cholera) had shown a similar trend as compared to previous week i.e. week 15.
- 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.

Figure 10: Most frequently reported cases during week 16, in comparison with previous weeks, GB

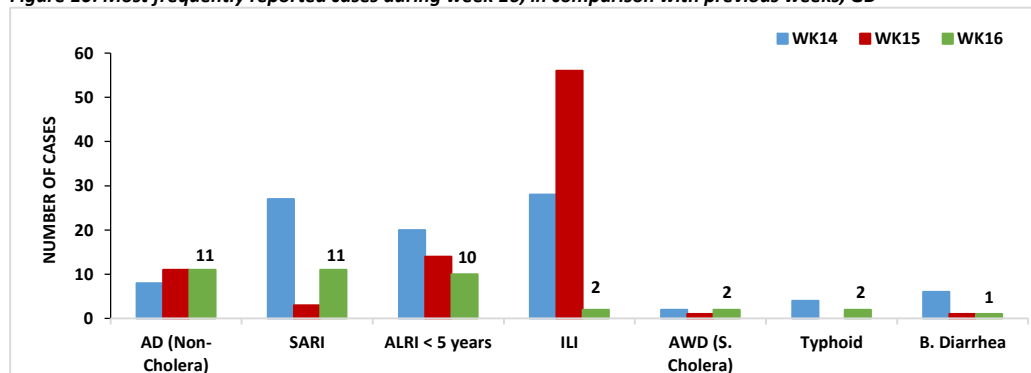
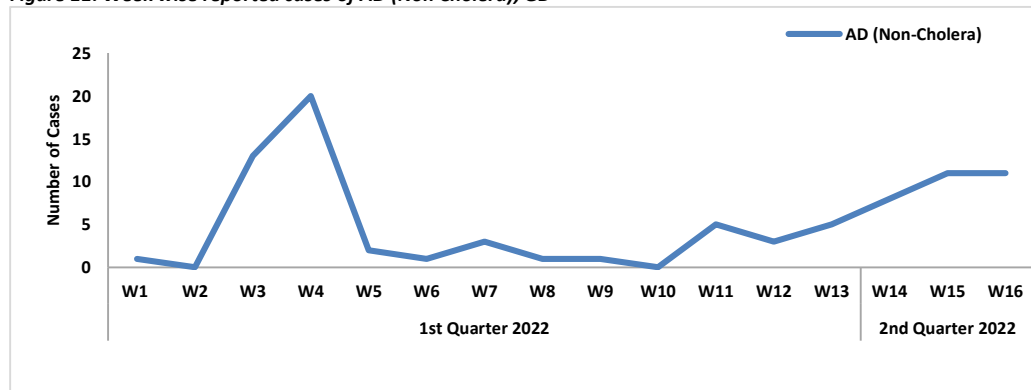


Figure 11: Week wise reported cases of AD (Non Cholera), GB



AJK

- From District Mirpur most frequently reported cases are of AD (Non Cholera) (n=109), ALRI <5 years (n=46), ILI (n=23), B. diarrhea (n=17), SARI (n=02), Malaria (n=01) and Typhoid (n=01) this week.
- Cases of ALRI <5 years had been declined while cases of AD (Non Cholera) had shown similar trend as compared to previous week i.e. week 15.
- There is a need to spread community awareness for water, sanitation and hygiene (WASH) practices.

Figure 12: Most frequently reported cases during week 16, in comparison with previous weeks, AJK

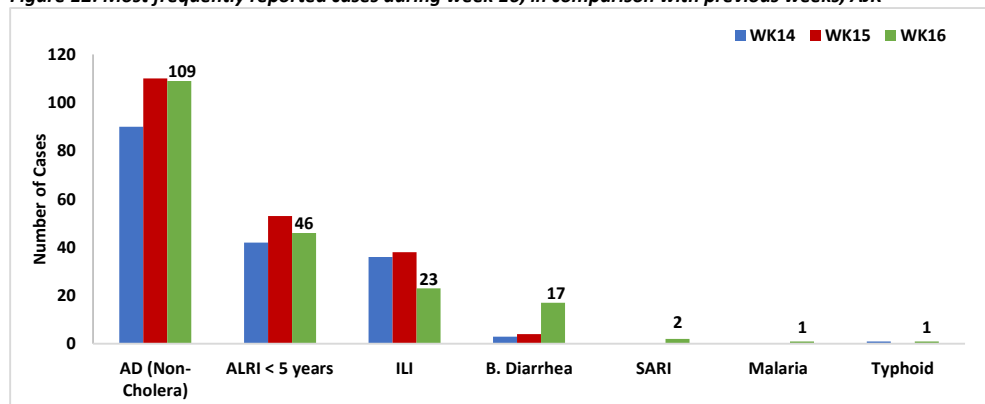
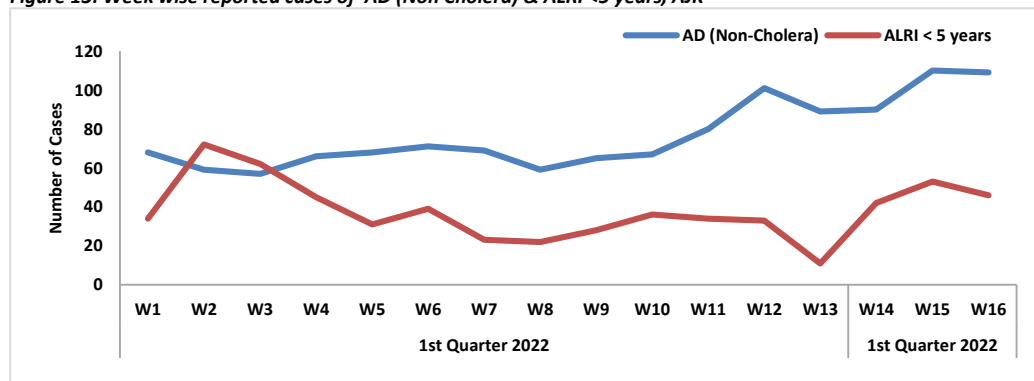


Figure 13: Week wise reported cases of AD (Non Cholera) & ALRI <5 years, AJK



Punjab

- This week Punjab reported cases of AD (Non Cholera) (n=521), AWD (S. Cholera) (n=232), B. Diarrhea (n=52), Typhoid (n=50), ALRI <5 years (n=25), Malaria (n=24), SARI (n=12), Chickenpox (n=10), Mumps (n=8) and VH (B, C & D) (n=05) at maximum.
- Cases of AD (Non-Cholera) shown a sharp decline while cases of ALRI <5 years had shown a slight reduction as compared to previous week i.e. week 15.
- There is a need to spread community awareness for water, sanitation and hygiene (WASH) practices.

Figure 14: Most frequently reported cases during week 16, in comparison with previous weeks, Punjab

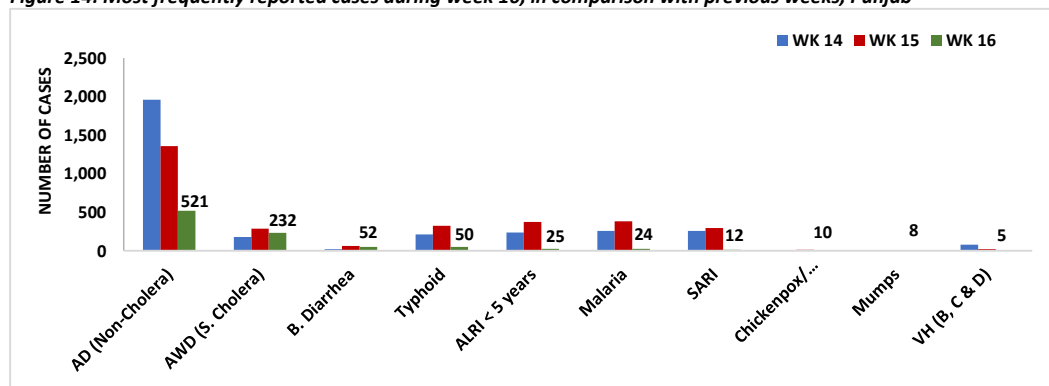
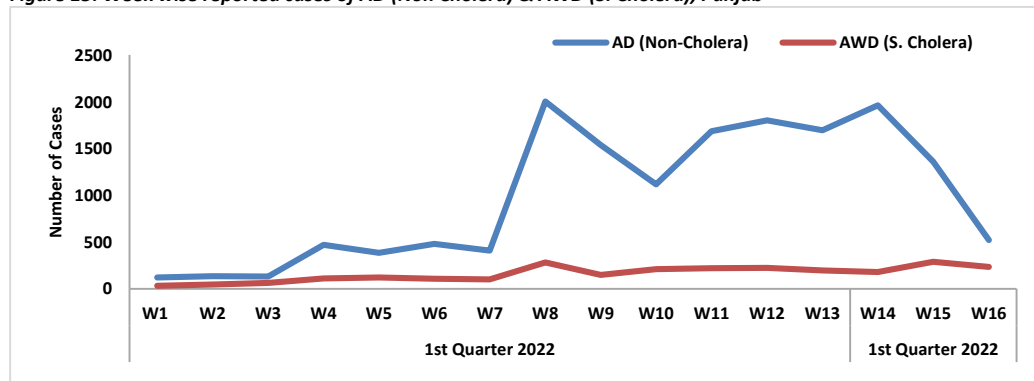


Figure 15: Week wise reported cases of AD (Non Cholera) & AWD (S. Cholera), Punjab



IDSR Participating Districts

- This week 14% (06/42) of the districts including Kohat, Lakki Marwat, Mansehra, ICT (Islamabad), Karachi-West and Tharparkar reported hundred percent (%) data this week.
- Districts Haripur, Jaffarabad, Bahawalpur and 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	60(100%)
	Abbottabad	110/110	100(91%)
	Charsadda	61/61	55(90%)
	Lakki Marwat	49/49	49(100%)
	Swat	77/77	71(92%)
	Malakand	78/78	22(28%)
	Swabi	63/63	59(94%)
	Khyber	63/63	4(6%)
	Mardan	65/65	36(55%)
	Mansehra	114/114	114(100%)
Azad Jammu Kashmir	Mirpur	37/37	30(81%)
Islamabad Capital Territory	ICT	18/18	18(100%)
	CDA	9/12	6(50%)
Balochistan	Gwadar	24/24	16(67%)
	Kech	44/78	36(82%)
	Khuzdar	20/136	16(80%)
	Killa Abdullah	30/50	29(97%)
	Lasbella	85/85	84(99%)
	Pishin	23/118	13(57%)
	Quetta	22/77	14(64%)
	Sibi	42/42	15(36%)
	Zhob	37/37	22(59%)
	Jaffarabad	47/47	0
	Naserabad	45/45	31(69%)
Gilgit Baltistan	Hunza	31/31	30(97%)
	Nagar	05/22	2(40%)
Sindh	Hyderabad	63/63	55(87%)
	Karachi-East	14/14	13(93%)
	Karachi-Malir	43/43	17(40%)
	Karachi-West	15/15	15(100%)
	Ghotki	58/58	37(64%)
	Umerkot	30/118	2(7%)
	Naushahro Feroze	52/52	24(46%)
	Tharparkar	95/236	95(100%)
	Shikarpur	32/32	11(34%)
	Thatta	50/50	27(54%)
	Larkana	149/149	25(17%)
Punjab	Kamber	101/101	62(61%)
	Bahawalpur	91/91	0
	Muzaffargarh	117/117	32(27%)
	Rajanpur	55/55	0

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