



Weekly Epidemiological Bulletin

Disease early warning system and response in Pakistan

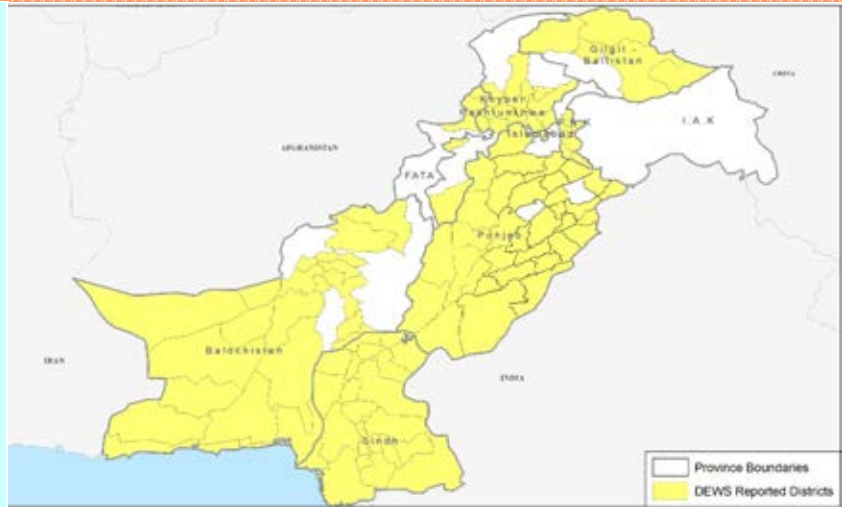
Volume 5, Issue 26, Wednesday 2 July 2014

Highlights

Epidemiological week no. 26
(22 - 28 June 2014)

- **CCHF:** During this week, 2 lab confirmed CCHF case have been reported from province Khyber Pakhtunkhwa (belongs to Afghanistan).
- In this week, **76** out of 87 districts and 2,751 out of 3,590 health facilities have reported to Disease Early Warning System (DEWS), compared to 76 districts with 2,770 health facilities shared weekly data in week 25, 2014.
- Total **1,082,551** patients consultations reported in week 26, 2014 as compared to **1,153,036** consultations in week 25, 2014.
- In this week, a total of 42 alerts generated and timely responded. Altogether 26 alerts were for Measles; 5 for Leishmaniasis; 4 for CCHF; 3 for Acute diarrhoea; while 1 each for Naegleria Meningitis, Diphtheria, NNT and Scabies.
- 3 outbreaks were also identified and timely responded.

Figure-1: 76 out of 87 districts reported to DEWS in week 26, 2014



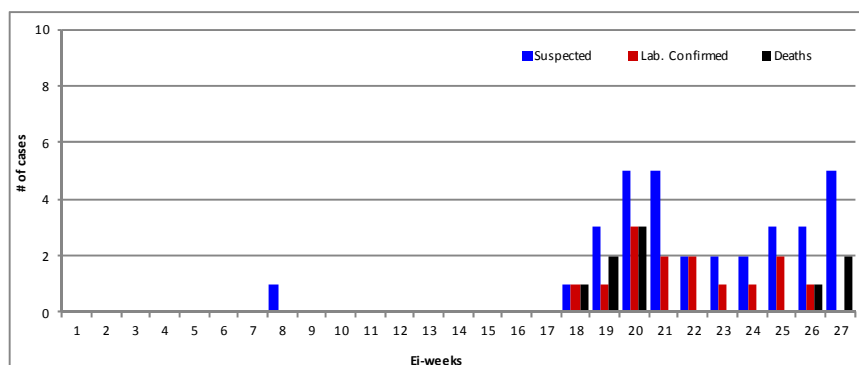
Priority diseases under surveillance in DEWS

- Pneumonia
- Acute Watery Diarrhoea
- Bloody diarrhoea
- Acute Diarrhoea
- Suspected Enteric/Typhoid Fever
- Suspected Malaria
- Suspected Meningitis
- Suspected Dengue fever
- Suspected Viral Hemorrhagic Fever
- Suspected Measles
- Suspected Diphtheria
- Suspected Pertussis
- Suspected Acute Viral Hepatitis
- Neonatal Tetanus
- Acute Flaccid Paralysis
- Scabies
- Cutaneous Leishmaniasis

Cumulative number of selected health events reported in Epi-week 1 to 25, 2014 (29 Dec 2013 to 25 June 2014)

Disease	# of Cases	Percentage
ARI	4,780,022	20.09%
Bloody diarrhoea	22,724	<1.00%
Acute diarrhoea	1,363,183	5.73%
S. Malaria	635,882	2.67%
Skin Diseases	700,627	2.94%
Unexplained fever	615,561	2.59%
All other consultations	15,582,336	65.88%
Total (All consultations)	23,793,272	100%

Figure-2: Weekly number of CCHF cases and deaths in Pakistan, week 1 to 27 2014



Major health events reported during the Epi-week - 25 (15 to 21 June 2014)

Disease	# of Cases	Percentage
ARI	161,153	14.65%
Bloody diarrhoea	805	<1.00%
Acute diarrhoea	71,333	6.49%
S. Malaria	25,303	2.30%
Skin Diseases	37,317	3.39%
Unexplained fever	29,529	2.69%
All other consultations	774,322	70.40%
Total (All consultations)	1,099,762	100%

Crimean Congo Haemorrhagic Fever (CCHF) cases are reported continuously from epidemiological week 8 2014. So far total 32 suspected cases, 15 laboratory confirmed, and 9 deaths (of these 4 Laboratory confirmed) have been reported. Most of the cases are from Balochistan province 17 suspected (9 cases belongs to Afghanistan), 6 Laboratory confirmed and 1 death. 6 Laboratory confirmed (4 from Afghanistan) were reported from Khyber Pakhtunkhwa province. 4 suspected cases (1 from Afghanistan), 1 Laboratory confirmed and 3 deaths (due to suspected CCHF) were reported from Islamabad. 2 Laboratory confirmed cases, 1 death reported from Punjab province. While 1 suspected case was reported from district Sudhnuti (AJK) and was negative for CCHF.

The CCHF cases from Afghanistan are detected and reported from Quetta and Peshawar because the patients are referred for treatment (mostly self referrals) to the Tertiary Care hospitals in both these cities.

Number of Outbreaks (Wk-26/2014):

Date	Disease	Province	District	Area	<5M	>5M	<5F	>5F	Action Taken
26-Jun	Measles	Balochistan	Quetta	BMCH (Achakzai Mohalla, Spini Road)	3	1	2	1	3 suspected cases of measles were reported from BMCH. Investigation was done. All the cases were admitted in ward had rashes, fever, and cough. The cases belonging to different families. During active surveillance, 4 more cases of clinical Measles were identified in the locality. None of the case was vaccinated against Measles. Vit- A doses given to all cases. Families were guided on isolating and vaccinating the children. 2 blood samples were collected and sent to NIH for further lab confirmations. DoH was informed and requested to start vaccination in affected area.
23-Jun	CCHF	Khyber Pakhtunkhwa	Peshawar	Behsud, Jalalabad, Afghanistan	0	1	0	0	An alert for CCHF was received from Khyber Teaching Hospital Peshawar. Investigations revealed a 58 years old patient resident of Jalalabad, was brought to Khyber Teaching Hospital Peshawar with fever, Body aches and Lethargy for one week and bleeding from gums and mouth started in the ward. He was admitted and then shifted to Isolation. Patient is an animal dealer by occupation. His platelets were 98000 at the time of arrival. Sample was collected and sent to NIH which was reported positive for CCHF PCR. The case is recovered and discharged from hospital. Information shared with DoH.
23-Jun	CCHF	Khyber Pakhtunkhwa	Peshawar	Pull Akhishti, Kabul, Afghanistan	0	1	0	0	An alert for CCHF, a male patient of 32 years age belonging to Kabul Afghanistan was brought to Hayatabad Medical Complex Peshawar having Fever, Myalgia, Headache and Body ache for last 9 days and bleeding from Nose for 3 days. He is a security guard by profession and have no history of animal contact for last one month. His platelets count was 9000/cmm on admission. Blood sample was sent to NIH which was found positive for CCHF. While all contacts (family members and health care providers) were sensitized about contagious nature of the disease and PPEs. The patient could not survive and died on 25th June 2014.

Table-1: Number of alerts and outbreaks reported and investigated with appropriate response

Disease	2013		Current week 26, 2014		2014	
	A	O	A	O	A	O
Acute watery diarrhoea	142	40	0	0	40	10
Acute jaundice syndrome	49	6	0	0	14	2
Bloody diarrhoea	45	3	0	0	21	0
CCHF	90	47	4	2	30	11
Dengue fever	300	66	0	0	6	0
Diphtheria	84	19	1	0	35	4
Measles	3357	281	26	1	786	27
Pertussis	46	10	0	0	21	2
NNT + tetanus	349	0	1	0	144	0
Malaria	25	6	0	0	0	0
Cutaneous Leishmaniasis	621	51	5	0	281	17
Others	520	5	5	0	215	5
Total	5628	534	42	3	1593	78

Figure-3: Number of alerts received and responded, week 23 to 26 2014

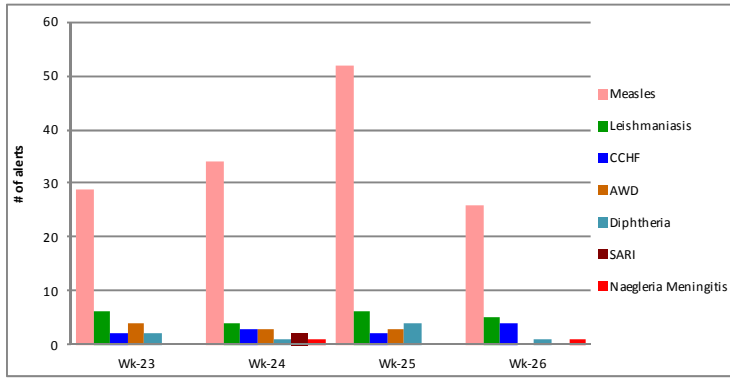
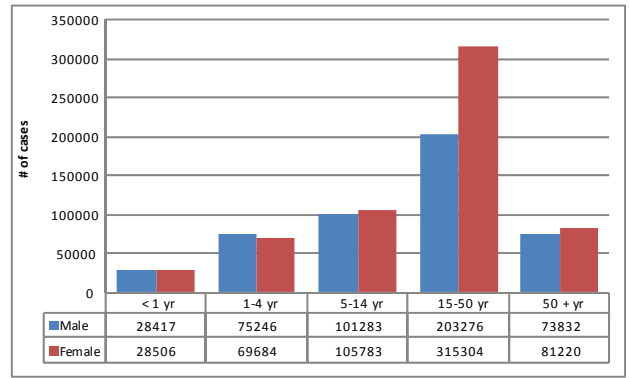
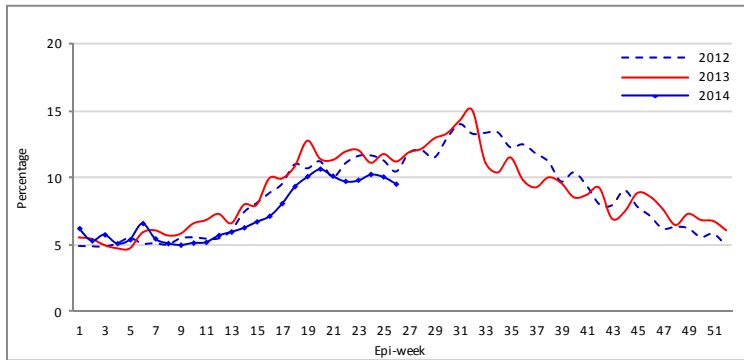


Figure-4: Number of consultations by age and gender, week 26, 2014



Province Khyber Pakhtunkhwa:

Figure-5: Weekly trend of Acute diarrhoea, province Khyber Pakhtunkhwa



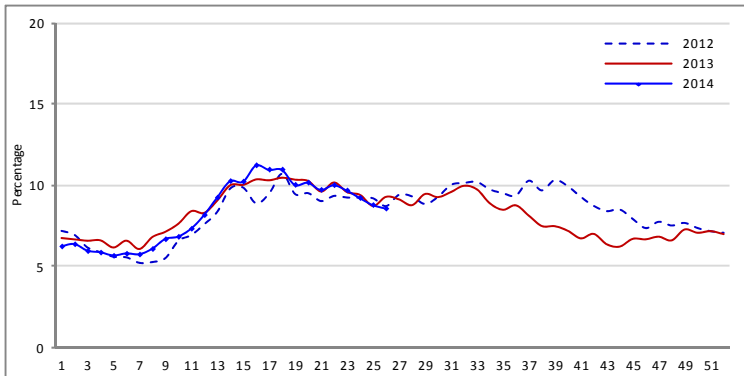
121 health facilities from 10 districts of Khyber Pakhtunkhwa sent reports to DEWS with a total of 32,212 patients consultations reported in week 26, 2014.

A total of 8 alerts, 6 were for Measles; while 2 for CCHF were reported and appropriate measures were taken.

Figure-5 shows the weekly trend of Acute diarrhoea showing decrease and having low as compared with same time period last year.

Province Sindh:

Figure-6: Weekly trend of Acute diarrhoea, province Sindh



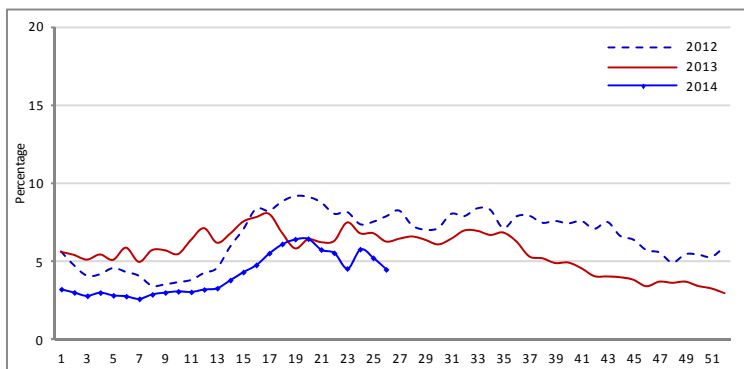
836 health facilities from 23 districts in Sindh province reported to DEWS with a total of 274,863 patient consultations in week 26, 2014.

A total of 5 alerts were received and appropriate measures were taken. Altogether 2 alerts were for Measles; while 1 each for Leishmaniasis, Naegleria Meningitits and NNT.

The proportion of AD for the province is showing decrease as compared with last week, but vigilant monitoring of the situation required, as proportion of AD is showing same pattern in the province as compared with same time period last year.

Province Punjab:

Figure-7: Trend of Acute diarrhoea, province Punjab



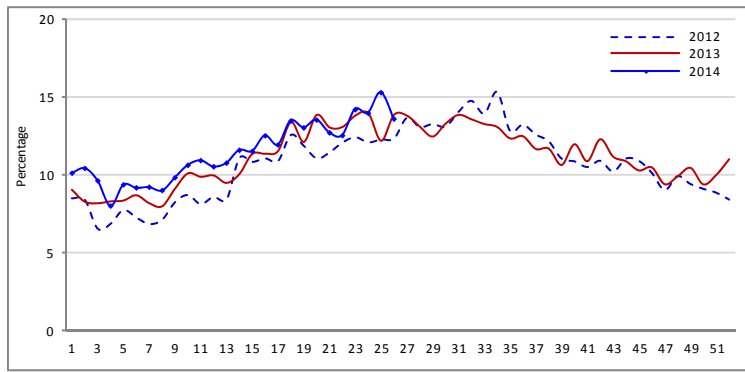
1,569 health facilities from 33 districts in Punjab province reported to DEWS with a total of 739,661 patients consultations in week 26, 2014.

Total 17 alerts were received and appropriate measures were taken. Altogether 12 alerts were for Measles; 3 for Acute diarrhoea; while 1 each for Diphtheria and Scabies were responded in Punjab province.

The weekly trend of Acute diarrhoea in Punjab showing decrease as compared with last week and low as compared with same time period last year.

Province Balochistan:

Figure-8: Weekly trend of Acute diarrhoea, province Balochistan



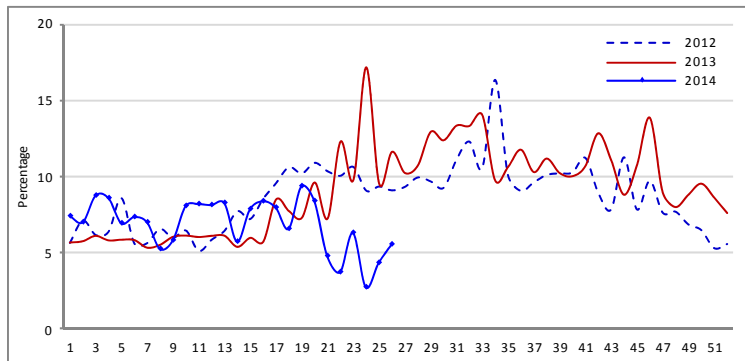
220 health facilities from 8 districts in Balochistan province reported to DEWS with a total of 33,993 patients consultations in week 26, 2014.

A total of 9 alerts were reported and appropriate measures were taken. Altogether 6 alerts were for Measles; 2 for CCHF, while 1 for Leishmaniasis.

In this week the weekly proportion of AD showing decrease as compared with last week, and same percentage as compared with the same time period last year; vigilant monitoring of the situation is required.

FATA:

Figure-9: Weekly trend of Acute diarrhoea, FATA



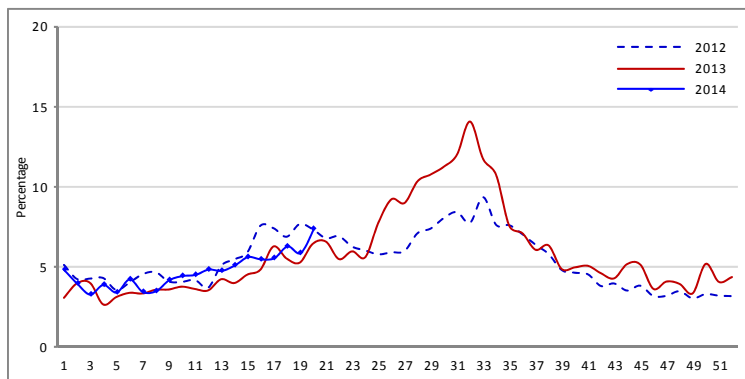
1 health facilities from 1 agency in FATA reported to DEWS with a total of 483 patients consultations in week 26, 2014.

No alert for any disease was received from any area in FATA in week 25 2014.

The proportion of AD showing some spikes as the number of consultations is low, but vigilant monitoring of the situation is required.

State of Azad Jammu and Kashmir:

Figure-10: Weekly trend of Acute diarrhoea, AJ&K



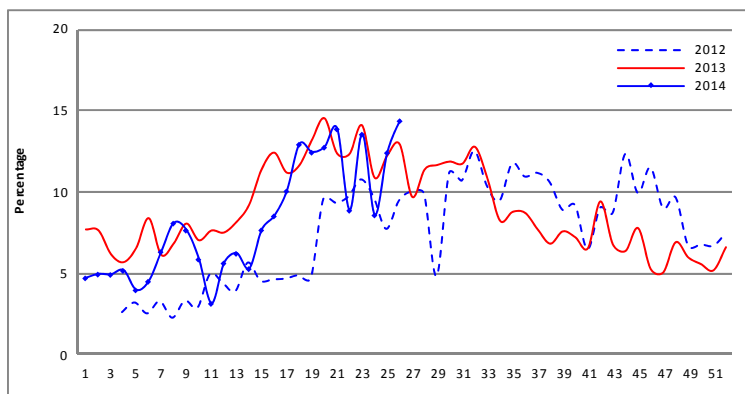
68 health facilities from 7 districts in AJ&K reported to DEWS with a total of 8,302 patients consultations in week 20, 2013.

6 alerts were reported from AJ&K and appropriate measures were taken in week 20 2014. Altogether 5 alerts were for Measles; while 1 for Leishmaniasis.

Weekly trend of AD showing increase as compared with last week and higher from same time period last year; vigilant monitoring of the situation is required.

Islamabad:

Figure-11: Weekly trend of Acute diarrhoea, Islamabad



4 health facilities reported to DEWS on time with a total of 1,339 patients consultations in week 26, 2014.

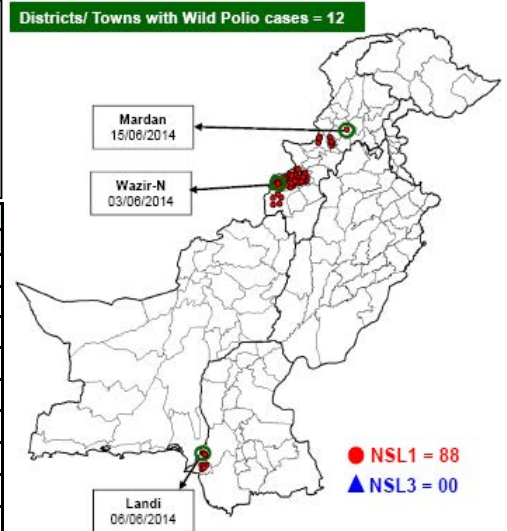
No alert for any disease was reported from any area in Islamabad in week 26, 2014.

Weekly trend of AD showing spikes as the number of reporting health facilities is low from last couple of weeks, but vigilant monitoring of the situation is required.

Distribution of Wild Polio Virus cases in Pakistan 2013 and 2014

In this week 26 (22 to 28 June 2014), five new type-1 wild polio virus (WPV) cases were reported, three from Khyber Pakhtunkhwa (one each from Peshawar, Mardan and Bannu districts) and one each from Federally Administered Tribal Areas (North Waziristan Agency) and Sindh (Landhi Town Karachi). This brings the total number of polio cases in 2014 to 88 (compared to 20 in 2013 till this time) from 12 districts/towns/tribal agencies/FR areas (compared to 10 in 2013 till this time).

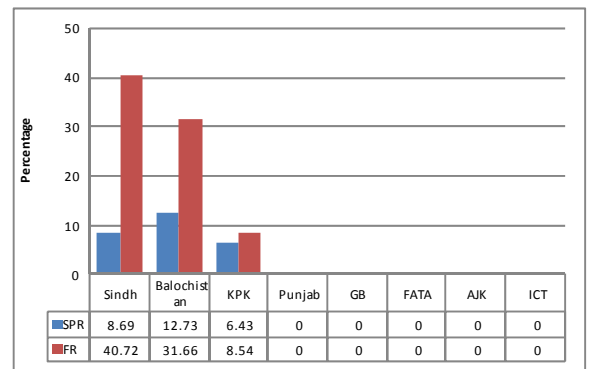
Province	2013			2014		
	P1	P3	P1+P3	P1	P3	P1+P3
Punjab	7	-	-	-	-	-
Sindh	10	-	-	7	-	-
Khyber Pakhtunkhwa	11	-	-	15	-	-
FATA	65	-	-	66	-	-
Balochistan	-	-	-	-	-	-
AJ&K	-	-	-	-	-	-
Gilgit-Baltistan	-	-	-	-	-	-
Islamabad	-	-	-	-	-	-
Total	93	-	-	88	-	-



Malaria:

The Table and chart given below shows the Malaria Slide Positivity and Falciparum Ratio in week 26, 2014. Total number of Malaria cases tested in this week is 5,072 out of which 475 were found positive; 326 for P. Vivax; 72 for P. Falciparum; while 76 for Mixed (SPR = 9.37%; F.R = 31.37%).

Malaria tests \ Province	Sindh	Balochistan	Khyber Pakhtunkhwa	Punjab	GB	FATA	AJK	ICT
P. Vivax	115	136	75	0	0	0	0	0
P. Falciparum	12	53	7	0	0	0	0	0
Mixed	67	10	0	0	0	0	0	0
# tested	2233	1563	1276	0	0	0	0	0
SPR	8.69	12.73	6.43	0	0	0	0	0
FR	40.72	31.66	8.54	0	0	0	0	0



Follow up on: CCHF

CCHF is a serious viral hemorrhagic fever with up to 50% case fatality rate, caused by an RNA virus of family Bunyaviridae, genus Nairovirus, carried by Hyalomma species of ticks. Human beings become infected by tick bites or crushing the ticks, which are usually found on sheep, cattle, goats or camels, and their slaughtered skins. They may also be exposed to the virus in blood or tissues of a viremic animal during its slaughter and butchering; or by contact with infected blood or secretions of acute human cases in home or hospital setting. Any contact of a CCHF patient should monitor his/her temperature for 14 days and see a doctor if fever develops. The anti viral medicine Ribavirin has been effective in saving lives of patients who report early to the health facility.

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WHO team is supporting the provincial health departments in handling the situation. The WHO-DEWS team conducts epidemiological investigation and contacts tracing (active surveillance in the community and hospitals), sharing information with the stake holders (DoH, Livestock Dept., hospitals and other partners). Give health education to family members and close contacts of the cases on preventive measures and seeking immediate health care in case of fever/symptoms. Collect and transport blood samples to NIH for laboratory testing and confirmation. Although joint efforts are being taken, however, more vigorous actions are required on the eradication of infected ticks in the high risks areas and awareness raising in the population.

Alerts and outbreaks, week 26, 2014

