

# Weekly Epidemiological Bulletin

# Disease early warning system and response in Pakistan

Volume 4, Issue 1, Wednesday 9 January 2013

# Highlights

Epidemiological week no. 1 (29 Dec 2012 to 4 Jan 2013)

- Measles: 191 alerts investigated this week, responding to 32 outbreaks involving 751 measles cases and 38 deaths. Vitamin A was provided to cases and EDOs-H took action to improve vaccination in affected areas (Page 6)
- 84 districts have reported to DEWS in week 1, 2013. 2,308 health facilities have shared weekly data to the Disease Early Warning System (DEWS) in this week
- 714,881 patients' consultations were reported in week 1, 2013 compared to 640,414 consultations reported in week 52, 2012.
- Altogether 237 alerts were investigated and response were provided to 32 outbreaks.

#### Figure-1: 84 districts reported to DEWS in week 1, 2013



#### Priority diseases under surveillance in DEWS

Pneumonia Acute Watery Diarrhoea Bloody diarrhoea Other Acute Diarrhoea Suspected Enteric/Typhoid Fever Suspected Malaria Suspected Meningitis ected 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 52, 2012 (1 Jan - 29 Dec 2012)

Disease	# of Cases	Percentage		
Acute diarrhoea	3,202,009	8%		
Bloody diarrhoea	174,793	0.5%		
ARI	7,561,346	19%		
S. Malaria	2,041,278	5%		
Skin Diseases	1,750,495	5%		
Unexplained fever	1,389,258	4%		
Total (All consultations)	38,955,2	38,955,255		

Figure-2: Weekly trend of Acute diarrhoea in Pakistan; Week-1, 2011 to week-1, 2013.



Major health	events reported during the
	29 Dec 2012 to 4 Jan 2013)

Disease	# of Cases	Percentage	
Acute diarrhoea	45,115	6%	
Bloody diarrhoea	2,388	<1%	
ARI	209,322	29%	
S. Malaria	33,933	5%	
Skin Diseases	27,903	4%	
Unexplained fever	25,097	4%	
Total (All consultations)	714,881		

- The graph (Figure-2) shows the comparison of weekly trend of Acute diarrhoea as proportional morbidity (percentage of cases out of total consultations) reported to DEWS each week in year 2011 and 2012.
- Overall weekly trend of acute diarrhoea is stable in all provinces.

## Current week's (1/2013) Outbreaks:

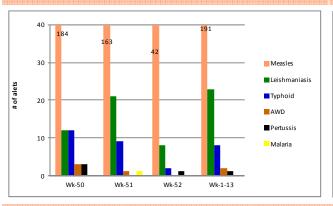
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Date	Disease	Province	District		<5M	>5M	<5F	>5F	Action Taken
3-Jan	Measles	AJK	Bagh	Near By Pass Bagh UC Town Tehsil Bagh	3	5	5	8	An alert of suspected measles case was reported from some private clinic at Bagh. Children were immunized for measles. Upon investigation with DOH, 20 more cases (1 active and 18 recovered) were found. Vit A was given to active case and their contacts <5 of age. Out reach vaccination was planned for the field. Health education session was conducted.
3-Jan	Measles	AJK	Bagh	vill Seri bandi UC Thub Tehsil Rawalakot	3	1	0	1	An alert of suspected measles case was reported from DHQ Bagh. Children were immunized for measles. Upon investigation with DOH 4 more cases (one active and 3 recovered) were found. Vit A was given to active case and their contacts <5 of age .out reach vaccination planned for the field Health education session was conducted.
2-Jan	Measles	AJK	Poonch	Vill Rehara/ Bandhar UC Rehara Tehsil rawalakot	1	3	1	2	An alert of suspected measles case was reported from BHU Rehara. On active surveillance with DOH 6 more suspected cases were found. History of contacts was linked to same school. Vit A was given to active cases and their contacts <5 of age. Immunization status was checked in 9 households where 13 children were assessed and found vaccinated. Situation was discussed with DOH and mass vaccination was arranged. During out reach session about 49 children from 23 households were vaccinated for measles. Health education session was conducted.
5-Jan	Measles	Balochistan	Jaffara- bad	Bagan Baba Muhallah, UC Jaffarabad 1, Tehsil Jhat Pat	3	1	3	0	5 cases reported with complaint of maculopapular rashes and fever. Investigation was completed. All cases were provided Vit-A doses along with symptomatic treatment. One case died earlier with similar complication. During house to house surveillance 12 children checked of which 5 were immunized against BCG and Measles and the rest were not vaccinated. DoH requested for sending of vaccination team to assess and further immunization. Measles vaccine not available at district level. Request sent to province EPI by DHO.
3-Jan	Measles	Balochistan	Kech	Sorag bazaar, UC Balnigur, Tehsil Dasht	0	2	3	2	3 suspected cases reported from DHQ. According to sign & symptom case was diagnosed as Measles. During field investigation 4 more cases found with similar complication. Symptomatic treatment was induced. Patients had received one dosage of Measles vaccine. Blood sample has been taken and sent to NIH. During active survey 36 children checked of which 30 were vaccinated against measles. Health & hygiene sessions conducted in community. Routine immunization was emphasized. All Information shared with DHO Health.
4-Jan	Measles	Balochistan	Nasira- bad	Ghot Mohammad Umar Bugtti, UC Quba sher khan androon, Tehsil D.M.Jamali.	2	0	4	0	Alert received from private clinic, 5 cases reported along with one death. Area was visited and investigation was completed. Vit-A was provided to patients. DHO was informed and requested to send vaccination team for mop-up. Vaccine shortage in the district and request sent to provincial EPI for additional dozes.
4-Jan	Measles	Balochistan	Nasira- bad	Mahla Mengal Ward # 7, UC Sharqi, Tehsil D.M.Jamali	3	0	2	0	Alert received from community. Few measles cases reported with complication. investigation was completed. cases were suffer- ing with sever complications included one death. health team was carried along to vaccinate affected area. All cases were pro- vided symptomatic treatment. During active surveillance of 30 houses no more cases reported. Information was shared with district health team.
5-Jan	Measles	Balochistan	Nasira- bad	Ghot Haji Abdul Majeed Lehri & goth Syed Khan Jatoi, UC Jhudair North, Tehsil D.M.Jamali	8	5	7	1	Alert for measles, few children were reported with complication of measles included 2 death. DHO was coordinated and carried DSV was carried to investigate cases. Area was visited and found patients with measles suffering. Vit-A was administered. 3 patients were serious which were referred to DHQ. MSF had established Isolation ward. Mop up was conducted and 117 children were vaccinated. Follow-up has planned on daily basis. Information shared with district health authorities.
2-Jan	Measles	FATA	Moh- mand Agency	Village Major Wilayat Kale, UC Daralghma, Tehsil Pidyalai, Moh- mand Agency.	4	1	1	0	During evening meetings of Polio campaign the area in charge from Tehsil Pindyalai reported that there are many cases of suspected measles in the area. WHO DEWS team along with an EPI team from the department of Health conducted the response. The team went to the villages from where the cases were reported. A total of six suspected measles were identified but only two had active disease symptoms and the rest of the cases had already recovered. Blood sample was collected from one of the case. Outreach vaccination was conducted in the area in which 150 children were vaccinated for measles.
2-Jan	Measles	ICT	Islama- bad	CH PIMS( Mera Phulgran Islama- bad)	4	0	2	0	4 suspected case of measles were notified from different geographical areas. All were vaccinated according to age. Vit A doses were provided to all cases.
5-Jan	Measles	ICT	Islama- bad	CH PIMS (Sohan, Golra)	1	2	2	0	5 suspected case of measles were notified, 4 from Sohan and 1 from Golra. 4 of them were unvaccinated for measles and re- ceived only 1 dose. Vit A doses provided. Information shared with health authorities.
4-Jan	Measles	Punjab	Bhakkar	Meera Shahi, UC Gohar Wala, Tehsil Mankera.	3	1	2	0	I Suspected case of measles reported from DHQ Hospital. Patient had fever, rash, cough, conjunctivitis and vaccinated for measles. Vitamin A was given to child but unfortunately child expired. On active surveillance 5 more case were found confirming the outbreak. Cases had onset of rash on 25,26,27 & 28-Dec-2012. Vaccination status of the locality was 70 %. Blood samples were collected and sent to NIH. Suspects were given single dose of Vitamin A & second dose was ensured after 24 hours. All children <5 years in neighborhood were given single dose of Vitamin A. Community was provided awareness through health education session for highlighting importance of vaccination of their children against all the EPI diseases. General hygiene and solation measures were demonstrated to the community. Community was also provided awareness about importance of isolation of the cases from healthy children to halt the spread of disease.
1-Jan	Measles	Punjab	D. G. Khan	Shah Sadar Din	0	0	4	1	Five suspected cases reported. RRT with EDO health visited and examined the children who have history of fever rash (maculopapular) cough and Coryza. Serum specimen of five children sent to NIH for Ig M detection. Children given vitamin A doses. Eight out of thirteen children of 9 months to 15 years age group have three doses of Penta with BCG scars whereas measles vaccination is only three out of thirteen. There are reported three deaths due to respiratory infection leading to respiratory failure. Out reach Measles vaccination is not done in their area according to parents. Advised importance of isolation of the cases from healthy children to halt the spread of disease. Provided awareness through health session for highlighting importance of vaccination of their children against all the EPI diseases. Measles vaccination done by the orders of the EDO health in the area. 497 children vaccinated against measles in Basti Hashim wali and Basti Dalail and adjacent areas today.
31-Dec	Measles	Punjab	Lahore	Khookhar raod Badhami Bagh uc 23 shadbagh shalamar Town	2	1	1	1	2 cases were reported from Mayo hospital. Active surveillance done and 3 more cases were found. Vitamin A doses were provided. The Result of December 2012 cases were received from NIH, one case reported previously in this locality found to be Positive. EPI center Established in the Govt Hospital shahdara nearest Health Facility supervised by DDOH,LHW and Vaccinator completed the List of Children for Mass Measles campaign. Religious Leaders and community leaders were Motivated for EPI Coverage upto 100%. 25 children were checked for routine EPI coverage where 6 children were found to have missed second doze of Measles. Vaccinator was advised to ensure 100% EPI vaccination in the area within this week along with Measles. Blood sample of the suspected case was drawn and Throat swabs were taken & dispatched to NIH for Measles specific IgM detection. Health education to mothers in community was conducted with the help of LHW. Focal Person EPI and EDO (H) was informed. The area would be visited on daily basis by response Team
31-Dec	Measles	Punjab	Lahore	Mustafa abad uc 7 Shahdara Ravi town	3	0	2	1	3 cases were reported from Mayo hospital. Active surveillance done and 3 more cases were found. Vitamin A doses were provided. The Result of December 2012 cases were received from NIH, one case reported previously in this locality found to be positive. EPI center Established in the Govt Hospital shahdara nearest Health Facility supervised by DDOH, LHW and Vaccinator completed the List of Children for Mass Measles campaign. Religious Leaders and community leaders were Motivated for EPI Coverage upto 100%. 20 children were checked for routine EPI coverage where 5 children were found to have missed second doze of Measles. Vaccinator was advised to ensure 100% EPI vaccination in the area within this week along with Measles. Blood sample of the suspected case was drawn and Throat swabs were taken & dispatched to NIH for Measles specific IgM detection. HE to mothers in community was conducted with the help of LHW. Focal Person EPI and EDO (H) was informed. The area would be visited on daily basis by response Team
4-Jan	Measles	Punjab	Lahore	Mohalla Mufat Pura chungi amersadhu uc 142 Dhalon Khurd Nishter town	1	1	3	0	One case was reported from Children hospital Lahore. 4 Children of same family were affected. The suspects has been given 1st dose of vitamin A at Children hospital while DEWS team along with vaccinator give vitamin A to all the Suspects at Home. Active surveillance done and 1 more cases was found. The Result of December 2012 cases were received from NIH. One case reported previously from this locality found to be Positive. EPI center established in the Govt Hospital Khana nearest Health Facility supervised by DDOH. LHW and Vaccinator completed the list of Children for Mass Measles campaign. Religious Leaders and community leaders were Motivated for EPI Coverage upto 100%. 25 children were checked for routine EPI coverage where 10 children were found to have missed second doze of Measles. Vaccinator was advised to ensure 100% EPI vaccination in the area within this week along with Measles. Blood sample of the suspected case was drawn and Throat swabs were taken & dispatched to NIH for Measles specific IgM detection. HE to mothers in community was conducted with the help of LHW. Focal Person EPI and EDO (H) was informed. The area would be visited on daily basis by response Team

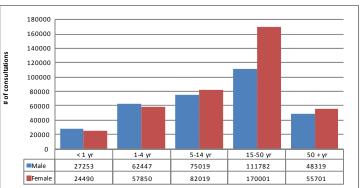
# Cont'd current week's (1/2013) Outbreaks:

			District	Area	<5M	>5M	<5F	>5F	Action Taken
		Punjab	Muzaffar- garh	Pir Wala Mor, Moza Mohripur, UC Aludey Wali, Muzaffargarh	0	4	1	0	Suspected Measles case was given 1st dose of vitamin-A while 2nd was handed over to mother for administration on next day. Patient's BCG scar not found and found unvaccinated for measles. Neighboring 10 HHs were visited where four more similar cases were found & referred to BHU Aludey Wali for treatment. During survey, among 19 children of age 9 months to 5 years, 10 were having BCG scar & 7 had received single shot of Measles vaccine. Whereas among 11 children of age group 5-15 years, 7 had BCG scar & parents couldn't provide history of Measles vaccine. Vaccinator was advised by DOH to ensure 100% coverage of all due defaulters & to administer Measles vaccine too all children of age 7 months to 15 years of age in area (not covered during last Measles campaign), within this week. Blood samples of two suspects[ were collected and dispatched to NIH for analysis. HE to mothers in households visited.
1-Jan	Measles	Sindh	Dadu	Village Bhambhro, UC Beto, taluka Mehar	3	0	2	1	One Death due to Measles was reported in Media. Case was not vaccinated for Measles vaccine. Child was suffering from high grade fever, rashes, coryza, conjunctivitis and difficulty in breathing. During field investigation 5 more cases were found. Out of them 3 cases were vaccinated for Measles. Vitamin (A) dose was given to all cases. Health education imparted. vaccination status of 13 children were assessed. BCG=9(69%), Penta-1=7(53%), Penta-2=5(38%), Penta-3=3(23%), Measles-1=7(53%), Measles-2=5 (38%). Information shared with EDOH, EPI FP, DSC and Deputy THO and 2 Blood samples collected.
2-Jan	Measles	Sindh	Dadu	Village Allah Ubhayo Sodhar, taluka K.N Shah	2	1	1	1	One Death due to Measles was reported in Media. Case was not vaccinated for Measles vaccine. Child was suffering from high grade fever, rashes, coryza, conjunctivitis and difficulty in breathing. During field investigation 4 more cases were found. Out of them only 2 children were vaccinated for Measles. Vitamin (A) dose was given to all cases. Health education imparted. vaccination status of 17 children were assessed. BCG=12(70%), Penta-1=11(64%), Penta-2=8(47%), Penta-3=6(35%), Measles-1=10(58%), Measles-2=8(47%). Information shared with EDOH, EPI FP, DSC and Deputy THO and 2 Blood samples collected.
1-Jan	Measles	Sindh	Hydera- bad	Village Khameeso Jogi, UC-17-B, taluka Latifabad	1	0	4	0	Suspected case of Measles was reported from private clinic. During field investigation total 5 cases were found. Out of them only 3 cases were vaccinated for Measles-1 vaccine. Vitamin (A) dose was given. Health education imparted regarding importance of immunization. Vaccination status of 15 children were assessed. BCG=13(86%), Penta-1=8(53%), Penta-2=8(53%), Penta-3=8 (53%), Measles-1=6(40%), Measles-2=2(13%). Information shared with DHO and DO Preventive. Crush program for Measles was carried out where 125 children get vaccinated for Measles and 3 Blood samples collected and send to NIH.
3-Jan	Measles	Sindh	Jacoba- bad	Village Allah Rakhiyo Panhwar, UC Garhi Chand	4	1	3	1	Alert was reported from MCH Center. Field investigation was carried out where total 9 cases were found and line list. All cases were found unvaccinated. Vitamin (A) dose was given to all cases. Health education imparted regarding importance of vaccination. Information shared with EDOH.
2-Jan	Measles	Sindh	Knairpur	Village Mumtaz Burdi, near Pir Pirral, UC Ra- soolabad	3	0	2	1	Suspected case of Measles was notified from private clinic. Child was resident of village Mumtaz Burdi UC Rasoolabad. During active surveillance 6 more cases were found. Cluster of 6 houses was taken and found 10 children. vaccination status was (BCG=5 (33%), Penta-1=2(13%), Penta-2=(0%), Penta-3=(0%), Measles-1=(0%), Measles-2=(0%), health education imparted. Vitamain (A) was given to all cases. Two blood sample collected and sent to NIH lab Islamabad. Informed DHO, THO & TSV taluka Sobho Dero and request for vaccinate every children in the area.
1-Jan	Measles	Sindh	Matiari	Village Ali Nawaz Bhurhani Khoso, UC Sekhat, taluka Matiari	3	0	1	1	Suspected case was reported From THQ Matiari. Field investigation was carried out where 4 more cases were found. All case were not vaccinated for Measles. Vitamin (A) doses were given to all cases. Health education imparted. Vaccination status was taken from the area. BCG=(20%), Penta=(0%), Measles=(0%). Information shared with EDOH and 5 Blood sample collected.
1-Jan	Measles	Sindh		Bheel Mori, city Hala, UC Hala-1, taluka Hala	2	2	1	2	Suspected case was reported by MS THQ Hala. Field investigation was carried out where 6 more cases were found. Out of them 3 Cases were Measles-1 vaccinated. Vitamin (A) dose was given to all cases. Health education imparted. Vaccination status was taken from the area. BCG=(50%), Penta=(40%), Measles=(0%). Information shared with EDOH and 7 Blood sample collected.
2-Jan	Measles	Sindh	Qambar Shahdad- kot	Village Golo khoso, UC Boohar	1	0	4	1	One suspected case was notified from children hospital Larkana. Active search was done in village and found 4 more cases. Vitamin-A given. Parents guided for proper treatment of cases. Villagers sensitized about routine immunization. DHO informed also routine cluster taken from 7 children. BCG=2(28%), Penta-1=2(28%), Penta-2=(0%), Penta-3=(0%), Mealses-1=7(100%), Mealses-2=(0%). One blood sample collected and send to NIH
3-Jan	Measles	Sindh	Umer Kot	Village Wali Dino Chandio, UC Talhi	2	1	2	0	Suspected case of Measles was reported by MO RHC Nabisar. During field investigation total 5 cases were found and investigated. Cases had complete sign and symptoms of Measles. All case were found not vaccinated. Vitamin (A) dose was given. Health education imparted regarding importance of immunization. Information shared with DHO Office and 3 Blood samples collected and send to NIH.
4-Jan	Measles	Sindh	Dadu	Village Luqman Shahani, UC Monder, taluka Dadu	0	2	2	2	One Death due to Measles was reported in Media. Case was not vaccinated for any antigen. During field investigation 6 more cases were found. Out of them 2 cases were vaccinated for Measles. Vitamin (A) dose was given to all cases. Health education imparted. vaccination status of 21 children were assessed. BCG=17(80%), Penta-1=14(66%), Penta-2=10(47%), Penta-3=8(38%), Measles-1=12(57%), Measles-2=9(420%). Information shared with EDOH, EPI FP, DSC and THO and 2 Blood samples collected.
5-Jan	Measles	Sindh		Dad-Je-Ghari, UC- 2, Ghotki, Taluka Ghotki	1	1	2	1	One suspected case of Measles was notified from Comnet Team. Upon filed investigation found 4 cases and 1 Death due to Measles Complication (Pneumonia ). All cases had BCG +ve and Parents were not sure about other antigens. Blood sample was collected and sent to NIH. Vitamin A (2 doses) were given. Health education imparted regarding importance of routine immunization and DHMT have done routine Immunization in area already.
2-Jan	Measles		bad	Village Yousuf Mallah, Near Wadhuwah bypass, Qasima- bad	5	0	1	0	Suspected case of Measles was found during active surveillance at Isolation ward of LUMHS. Field investigation was conducted where 2 Deaths and 4 cases were found and investigated. Cases were not vaccinated. Vitamin (A) dose was given. Health education imparted regarding importance of immunization. Vaccination status of 15 children were assessed. BCG=11(73%), Penta-1=10 (73%), Penta-2=8(53%), Penta-3=8(53%), Measles-1=7(46%), Measles-2=1(6%). Information shared with DHO and DO Preventive and 4 Blood samples collected and send to NIH.
3-Jan	Measles	Sindh	Sukkur	Massan Mohalla, Khero Chachar, taluka Panoo Aqil	4	1	1	1	One Death due to complication of Measles notified by Media. Upon filed investigation found 6 other cases. Five childern having BCG out of 6 and Parents were not sure about other antigens. Vitamin-A (2 doses) were given. Health education imparted regarding importance of routine immunization. Informed to DHMT for containment measures.
1-Jan	Measles	Sindh	Muham-	Village Ali Muham- mad Amro, UC Bulri Shah Karim	1	3	5	10	One Death due to Measles and 9 cases were reported by MS RHC Bulri Shah Karim. During active surveillance 10 more cases were found. Out of them 6 cases were vaccinated for measles. Vitamin (A) dose was given to all case. Health education imparted regarding importance of vaccination. vaccination status of 12 children were assessed. BCG=9(75%), Penta-1=9(75%), Penta-2=6 (50%), Penta-3=5(41%), Measles-1=5(41%), Measles-2=2(16%). Information shared with EDOH and 2 Blood samples collected.
4-Jan	Measles	Sindh	Tando Muham- mad Khan	Village Alam Talpur, UC Tando Muhammad Khan- 1,	3	3	1	0	Suspected 7 cases of Measles were reported from private clinic. Active surveillance was done. All cases were not vaccinated for any antigen. Vitamin (A) dose was given to all cases. Health education imparted regarding importance of vaccination. vaccination status of 7 children were assessed. BCG=4(57%), Penta-1=3(71%), Penta-2=3(42%), Penta-3=2(28%), Measles-1=2(28%), Measles-2=(0%). Information shared with EDOH and 1 Blood sample collected.

Figure-3: Number of alerts received and responded, week 50, 2012 to week 1, 2013

Figure-4: Number of consultations by age and gender, week 1, 2013





## Province Khyber Pakhtunkhwa:

427 health facilities from 15 districts of Khyber Pakhtunkhwa sent reports to DEWS with a total of 98,888 patients consultations reported in week 1, 2013. Total 24 alerts were received and appropriate measures were taken. Altogether 14 alerts for Measles; 6 for Leishmaniasis; 2 for AJS; while 1 each for AWD and Typhoid. Acute diarrhoea trend showing a minor increase as compare with last week.

Figure-5: Trend of acute diarrhoea diseases, province Khyber Pakhtunkhwa

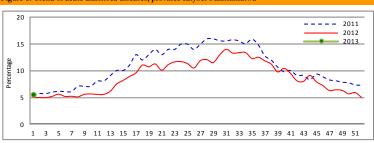
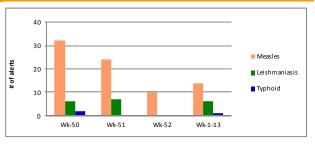


Figure-6: Number of alerts received and responded wk 50, 2012 to wk 1, 2013



#### **Province Sindh:**

882 health facilities from 23 districts in Sindh province reported to DEWS with a total of 357,552 patients consultations in week 1, 2013. Total 130 alerts received while 15 outbreaks were identified and appropriate measures were taken. Altogether 124 alerts for Measles; 4 for Leishmaniasis; while 1 each for AWD and NNT. Acute Diarrhoea shows minor decrease as compared with last week.

Figure-7: Trend of trend of acute diarrhoea, province Sindh

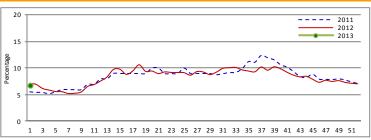
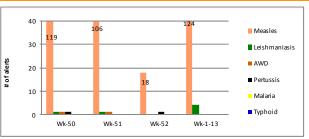


Figure-8: Number of alerts received and responded wk 50, 2012 to wk 1, 2013



#### **Province Punjab:**

439 health facilities from 9 districts in province Punjab reported to DEWS with a total of 163,209 patients consultations in week 1, 2013. Total 28 alerts were received and appropriate measures were taken. Altogether 16 for Measles; 5 for Typhoid; 4 for ARI; 2 for Leishmaniasis; while 1 for Acute diarrhoea. AD shows a minor decrease as compare with last week.

40
30
Measles
Typhoid
Leishmaniasis

Wk-52

Wk-1-13

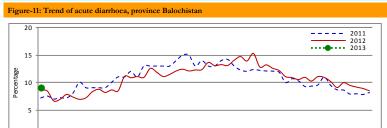
Wk-50

Wk-51

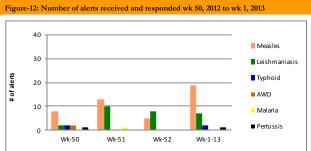
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#### Province Balochistan:

356 health facilities from 20 districts in province Balochistan reported to DEWS with a total of 46,731 patients consultations in week 1, 2013. Total 32 alerts reported and appropriate measures were taken in week 1, 2013. Altogether 19 alerts were for Measles; 7 for Leishmaniasis; 2 each for NNT and Typhoid; while 1 each for Pertussis and Chickenpox. AD showing a minor increase as compare with last week.



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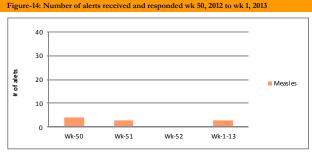


### Province Gilgit Baltistan:

28 health facilities from 5 districts in Gilgit Baltistan reported to DEWS with a total of 11,428 patients consultations in week 1, 2013.

3 alerts for measles were reported in week 1, 2012 and appropriated measures were taken. AD showing a minor decrease as compared with last week.

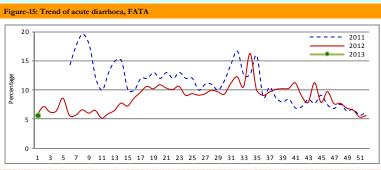


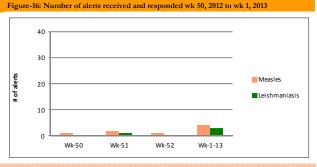


#### FATA:

51 health facilities from 3 agencies in FATA reported to DEWS with a total of 10,716 patients consultations in week 1, 2013.

7 alerts, 4 for Measles and 3 for Leishmaniasis were reported in week 1, 2012 and appropriate measures were taken. AD showing a stability as compare with last week.



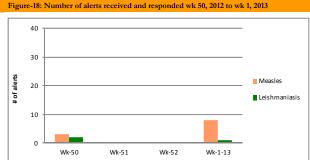


### State of Azad Jammu and Kashmir:

112 health facilities from 8 districts in AJ&K reported to DEWS with a total of 22,410 patients consultations in week 1, 2013.

10 alerts, 8 for Measles; while 1 each for Leishmaniasis and AJS were received and appropriate measures were taken. AD showing stability during last few weeks.





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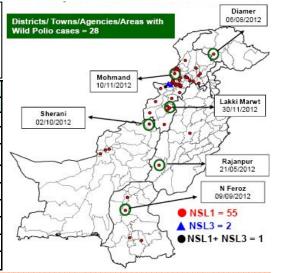
Table-1: Number of alerts and outbreaks reported and investigated with appropriate response

Discour	20	11	20	12	Current week 2013 (week - 1)		
Disease	Α	0	Α	0	Α	0	
Acute watery diarrhoea	1351	538	635	171	2	0	
Acute jaundice syndrome	51	17	113	22	3	0	
Bloody diarrhoea	97	19	146	11	0	0	
CCHF	17	3	68	41	0	0	
Dengue fever	785	111	175	29	0	0	
Diphtheria	40	19	60	16	0	0	
Measles	1708	110	5856	788	191	32	
Pertussis	286	81	366	147	1	0	
NNT + tetanus	398	0	560	0	3	0	
Malaria	132	88	136	68	0	0	
Leishmaniasis	298	33	898	78	23	0	
Others	587	63	1524	58	15	0	
Total	5750	1082	10537	1429	238	32	

#### Distribution of Wild Polio Virus cases Pakistan 2011 and 2012

As of 5 January 2013, Pakistan has reported no new cases from any district. In year 2012, a total of 58 polio cases including 55 type-1; 2 type-3; and 1 mixture type-1 and 3 cases from 28 districts/tribal agencies.

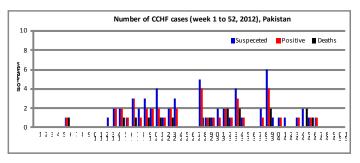
Province		2012		2013			
Province	P1	P3	P1+P3	P1	P3	P1+P3	
Punjab	2	-	-	-	-	-	
Sindh	4	-			•	•	
Khyber Pakhtunkhwa	27	-	-	-	-	-	
FATA	17	2	1	-	-	-	
Balochistan	4	-	-	-	-	-	
AJ&K	-	-	-	-	-	-	
Gilgit-Baltistan	1	-	-	-	-	-	
Islamabad	-	-	-	-	-	-	
Total	55	2	1	-	-	-	



#### Follow up of CCHF

#### **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.



In week 1, 2013, no new CCHF case was reported from

Balochistan. In 2012, a total of 61 suspected cases have been reported throughout the country with 42 confirmed to date and 17 deaths; (CFR is 40.48%). 24 confirmed cases have been reported from Balochistan; 7 from Sindh; 6 from Khyber Pakhtunkhwa and 5 from Punjab. Chart at right illustrates current situation of CCHF cases in 2012.

Approximately all the cases have contact history with animal trading/handling, tick bite, contact with patient, tannery worker, butcher/animals slaughtering, a traditional practice of wearing fresh animal skin (posti) to treatment ailment. These animals and their skins have continuous movement Intra Pakistan and between neighboring countries (Afghanistan and Iran).

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.

#### Focus on: Measles

Measles is a highly contagious viral disease, which affects mostly children. It is transmitted via droplets from the nose, mouth or throat of infected persons. Initial symptoms, which usually appear 10–12 days after infection, include high fever, runny nose, bloodshot eyes, and tiny white spots on the inside of the mouth. Several days later, a rash develops, starting on the face and upper neck and gradually spreading downwards. There is no specific treatment for measles and most people recover within 2–3 weeks. However, particularly in malnourished children and people with reduced immunity, measles can cause serious complications, including blindness, encephalitis, severe diarrhoea, ear infection and pneumonia.

Measles is a killer childhood disease but preventable through immunization. One in 15 people have complications with measles, and one in 1000 will die of it, but two doses of measles vaccine will protect people against the disease. WHO has set the target for measles elimination for 2015 which would require that more than 95% of the world children are covered by two doses of measles vaccine.

#### Proper case management during outbreaks:

It is imperative that during outbreak situations proper case management is ensured in order to minimize measles related deaths and measles related complications. The treatment of measles patients with Vitamin A will dramatically reduces their risk of deaths. Two doses of Vitamin A will be given to all identified cases (active and old) during house-to-house investigation, unless it was already received as part of the treatment in the health facility. One dose to be given by the health worker on the day of investigation and the 2nd dose provide to the parents advising to give on next day. The therapy will be given regardless of previous vitamin A prophylaxis. If the investigation team observes complications, the patient should be referred to the nearest health facility for specific treatment of these complications.

#### **Measles Prevention:**

Routine measles vaccination for children; combined with mass immunization campaigns in countries with high case and death rates, is key public health strategy to reduce global measles mortality rates. The measles vaccine has been in use for over 40 years. It is safe, effective and inexpensive. It costs less than one US dollar to immunize a child against measles. Measles vaccine is provided by the Pakistan EPI programme to children at 9 months and 15 months. Children who are vaccinated against measles before 9 months of age must receive a 2nd measles vaccination at 9 months age ensuring a gap of one month between both vaccinations. Moreover, any child who received measles vaccine should also receive OPV.

Priority should be placed to immunize children 6 months to 5 years old during outbreaks, regardless of vaccination status or history of disease. Auto destructible syringes and safety boxes are recommended and safe disposal of used sharps and safety of injection during immunization should be ensured. Let's remind all our neighbors, friends and colleagues to be sure their children are immunized against measles.

Table at the bottom summarizes the situation of measles in year 2012; and illustrates the alerts and outbreaks in week 1 (29 Dec 2012 to 4 Jan 2013).

Province		2012 (We	ek 1 - 52)		2013 (Week 1)				
	# of Alerts	# of Outbreaks	# of Cases	# of Deaths	# of Alerts	# of Outbreaks	# of Cases	# of Deaths	
AJ&K	163	6	265	0	8	3	42	0	
Balochistan	446	118	1810	30	19	5	80	8	
FATA	211	31	559	13	4	1	11	0	
Gilgit Baltistan	37	1	50	0	3	0	4	0	
ICT	27	2	63	0	3	2	19	0	
Khyber Pakhtunkhwa	1988	108	3539	38	14	0	23	0	
Punjab	807	38	1318	16	16	6	44	1	
Sindh	2177	484	7219	213	124	15	105	6	
Total	5856	788	14823	310	191	32	328	15	

