



Weekly Morbidity and Mortality Report (WMMR)
IDP hosting and crisis affected districts, NWFP,
Pakistan
Week # 13 (27 Mar – 2 Apr, 2010)



EDO Health D I Khan and WHO surveillance officer, reviewing the OPD register during field visits to a BHU supported by health partners. (picture by WHO team)

Highlights:

- In the Epidemiological week 13, 2010, four alerts for suspected Measles received and responded.
- During this week, 510 health facilities in the DEWS network reported 154,124 patient consultations
- Acute Respiratory Tract Infections (ARI) accounted for a total of 40,039 (26%) patient consultations and continues to be the leading cause of morbidity.
- Acute Diarrhea reported in 15,035 (10%) of the total patient visits in all age groups. In the children below 5 years age Diarrhea accounts for 19% of the consultations and in patients above 5 years age diarrhea reported in 7% of the patient visits
- In children less than 5 year age, ARI accounts for 14,504 (38%) of the total consultations in the age group.
- In week 13, 2010, seventy DEWS sites reported 1,707 Ante Natal visits.



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1. Alerts and outbreaks investigation and response:

During the Epidemiological week 13, 2010, four alerts (2 from Districts Mardan and 2 from Lower Dir) of suspected Measles were received and responded accordingly.

Suspected Measles:

- Two suspected cases of Measles were reported, two each from districts Mardan and Lower Dir. All the patients were under five year of age. Blood samples from all suspected patients were taken and sent to NIH for laboratory confirmation and two out of four samples were reported positive for Measles from National Institute of Health (NIH), Islamabad. Field investigation was conducted and no more suspected cases or clustering were found.

2. DEWS reporting units and consultations:

Table 1: Weekly number of reporting units by districts and total consultations from health facilities in the IDP camps and outside camps in IDP hosting and crisis affected districts of NWFP from week 10 to 13, 2010

District	Week 10			Week 11			Week 12			Week 13		
	Rep. Units	Consultations		Rep. Units	Consultations		Rep. Units	Consultations		Rep. Units	Consultations	
		Camp	Outside Camp		Camp	Outside Camp		Camp	Outside Camp		Camp	Outside Camp
Buner	32	-	18435	32	-	17995	33	-	14813	33	-	16949
Charsadda	36	-	7372	37	-	6684	44	457	8065	42	332	8189
D. I. Khan	50	-	16787	47	-	16137	52	-	12066	56	-	19799
Lower Dir	41	2108	5297	41	2567	4238	41	2030	5365	43	1949	4919
Mardan	51	-	13112	58	-	14876	60	-	12871	64	-	16186
Nowshera	57	15165	13485	57	15305	13680	56	10501	13393	56	10677	11430
Peshawar	73	-	13208	72	-	14610	71	-	11474	74	-	13111
Swabi	41	-	5744	49	-	8358	42	-	8162	44	-	6767
Swat	68	-	39094	68	-	36204	69	-	29720	68	-	38772
Tank	30	-	6362	30	-	5724	31	-	4509	30	-	5044
Total	479	17273	138896	491	17872	138506	499	12988	120438	510	12958	141166

In week 13, 2010, Five hundred and ten (510) health facilities shared their weekly DEWS reports on the due time. A total of **154,124** patient consultations were reported through the DEWS network in the 10 districts hosting IDPs and affected by the crisis in NWFP Pakistan. Out of the total reported consultations, **89,929 (58%)** patient visits were for females and **64,195 (42%)** consultations for male patients. In children less than 5 years age, **38,348 (25%)** patient visits were reported. During the week, **73,755 (48%)** consultations were reported for the priority communicable diseases under surveillance. Seventy DEWS reporting sites also reported 1,707 visits for Ante Natal Care.

There are 13 fixed health facilities operating in the IDP camps. During the week a total of 12,958 patient consultations reported from the IDP camps (Table 2).

Table 2: Weekly total consultations in the IDP camps by district, from week 10 to 13, 2010

District	IDP camp	Consultations			
		Week 10	Week 11	Week 12	Week 13
Charsadda	Palosa	341	450	457	332
Lower Dir	Wala Kandawa	1390	1870	1400	1357
	Sadbar Kallay	182	263	200	201
	Khungi	536	434	430	391
Nowshera	Benazir Complex	367	266	205	299
	Jalozai 1, 2, 3, 4, 5, 6,CO	14798	15039	10296	10378
Total		17614	18322	12988	12958

3. Consultations by age and by diseases:

Upper Respiratory Tract Infection (URTI) reported in 23% of the total consultations as the most common cause in all the age groups reported during the week. Acute Diarrhea recorded as the second most common reason of consultations and recorded in **10%** of all the patient visits. Lower Respiratory Tract Infection (3%), Scabies (5%) and Un-Explained Fever (5%) were also reported as the common priority communicable diseases in the target districts. Highest number of consultations (24% of all reported visits) recorded for females between 15 to 45 years age. Figure 1 and 2 presenting the overall distribution of consultations by age groups by gender and by diseases.

Figure 1: Percentage of consultations by age groups and by diseases

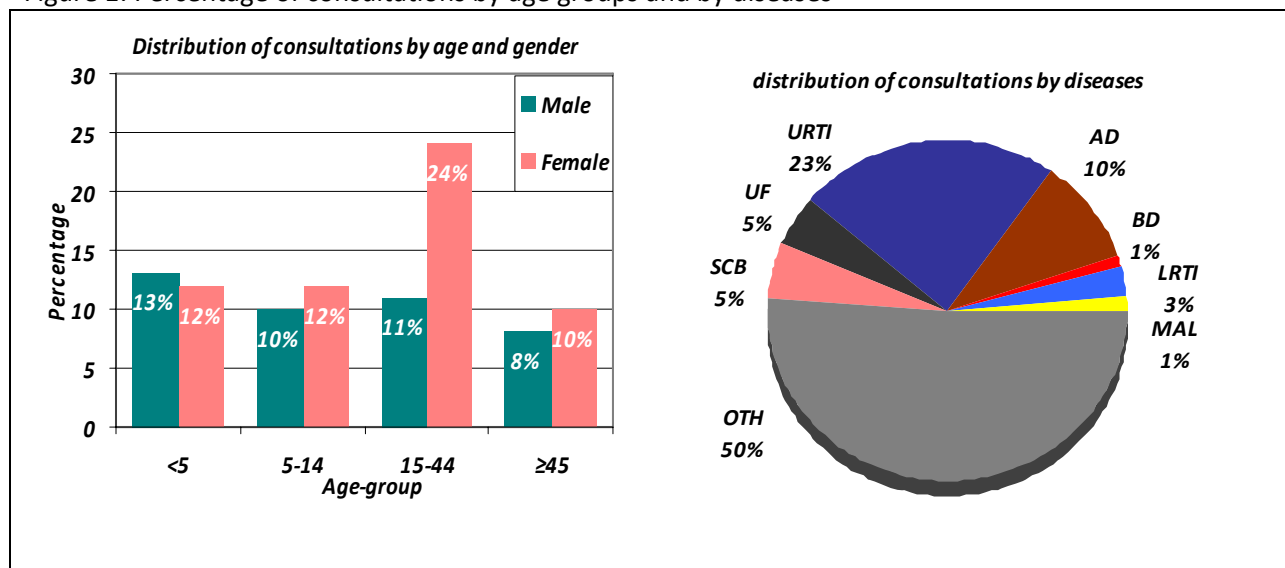
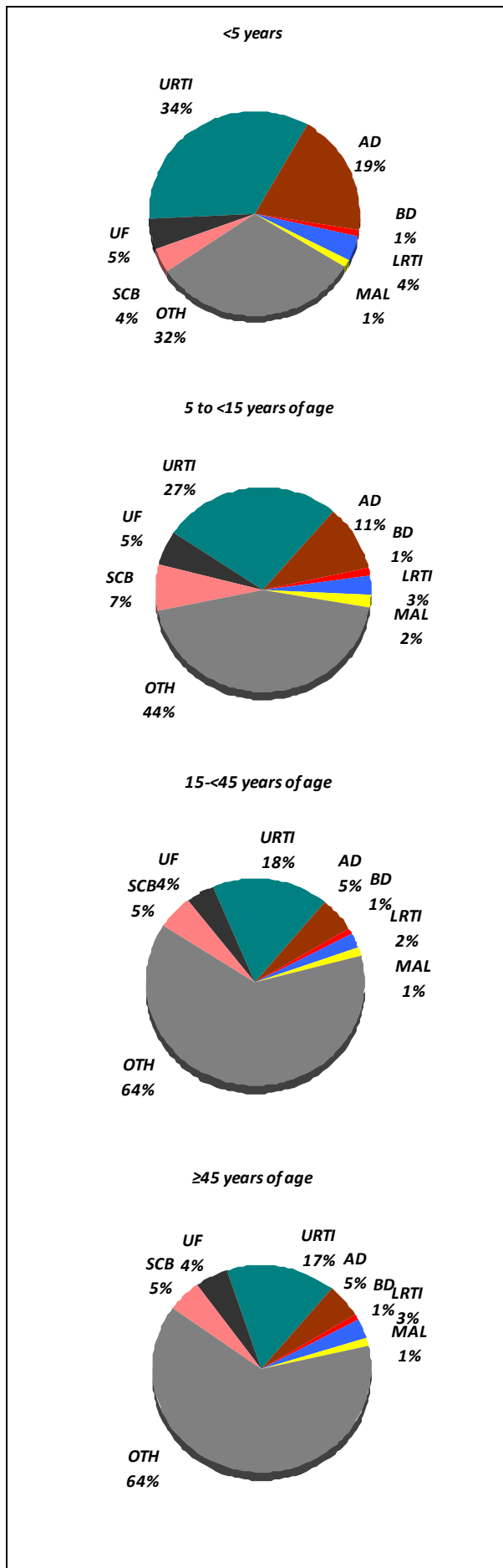


Figure 2: Distribution (Percentage) of consultations by diseases in each age-group:



During the epidemiological week 13, patients less than five years of age accounted for 25% of the total, consultations and five to fifteen years age group accounted for 22% of consultations. In the adults age group between fifteen to forty-five years age 34% and in adults above 45 years age 18% of the total consultations in the week were recorded.

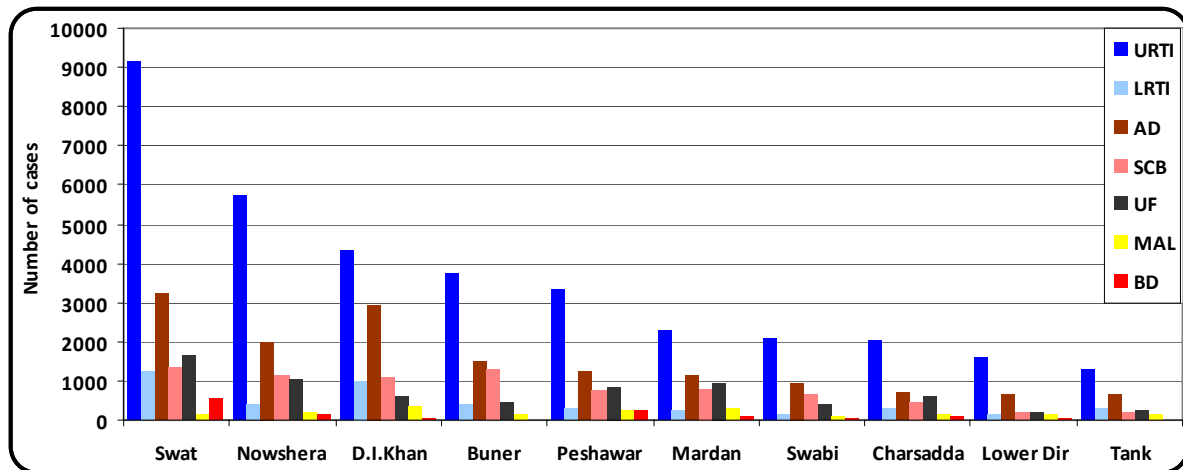
Upper respiratory tract infections (URTI) remained the leading cause of consultation in all age groups. Acute diarrhea (AD) recorded more in children and was the second common cause of morbidity in children less than five year and 5 to 15 years age group. Scabies was seen more in the five to fifteen years of age group. In the adult age groups 15 to 45 year and above 45 years age groups Scabies was the second leading cause of consultation in both the age groups (figure 2).

4. Morbidity pattern of the seven most common communicable diseases in the IDP hosting and the crisis affected districts of NWFP, during week 13 of 2010:

Upper Respiratory Tract Infection (URTI) remains the leading cause of consultations (23%) in all the districts in the IDP camps as well as outside the camps and in all the age groups. Acute Diarrhea (AD) was reported in 10% of the total consultations with a highest number of cases reported in districts Swat, D.I. Khan, Nowshera, and Buner (figure 3). Acute diarrhea has increased generally in all the districts and is reported as the second leading cause of consultations in all the districts.

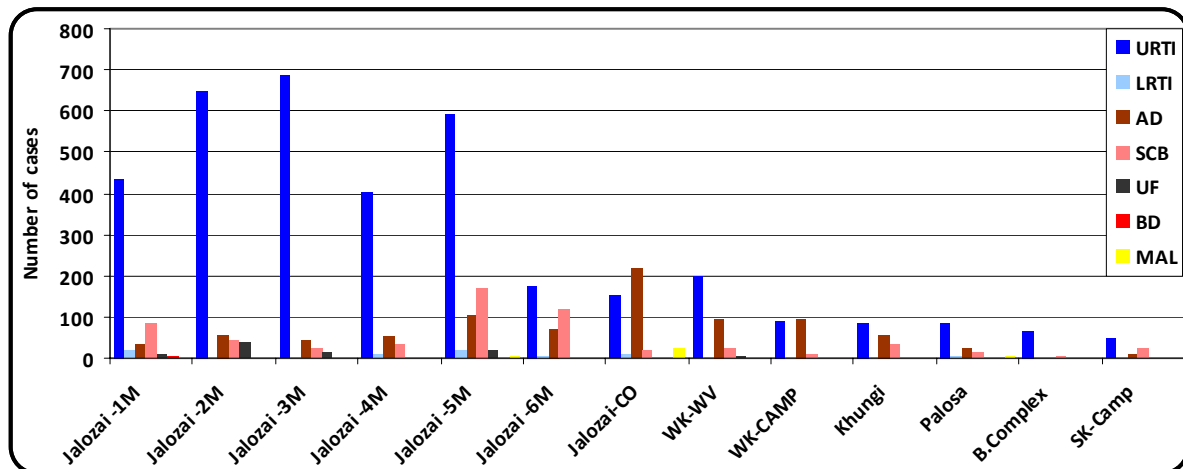
Lower Respiratory Tract Infection (LRTI) is reported in 3% of the total consultations during the week. Districts Swat and D. I. Khan were reporting more cases of LRTI as compared to the other districts. Scabies (SCB) reported in 5% of the consultation with high number in districts Swat, Nowshera, DI Khan and Buner, While Un-explained fever in 5% of the consultation with highest number of cases from districts Swat, Nowshera and Peshawar. Suspected Malaria reported in 1,910 (1%) cases and Bloody Diarrhea reported in 1,430 (<1%) of the total patients consultations from all DEWS implemented districts in NWFP (figure 3).

Figure 3: Pattern of the seven most common communicable diseases reported in the 10 IDP hosting and crisis affected districts, in NWFP as number of consultations during week 13, 2010



5. Morbidity pattern of the seven most common communicable diseases by number of consultations in the IDP camps of NWFP during week 13, 2010

Figure 4: Pattern of seven most common communicable diseases in the IDP camps NWFP, week 13, 2010

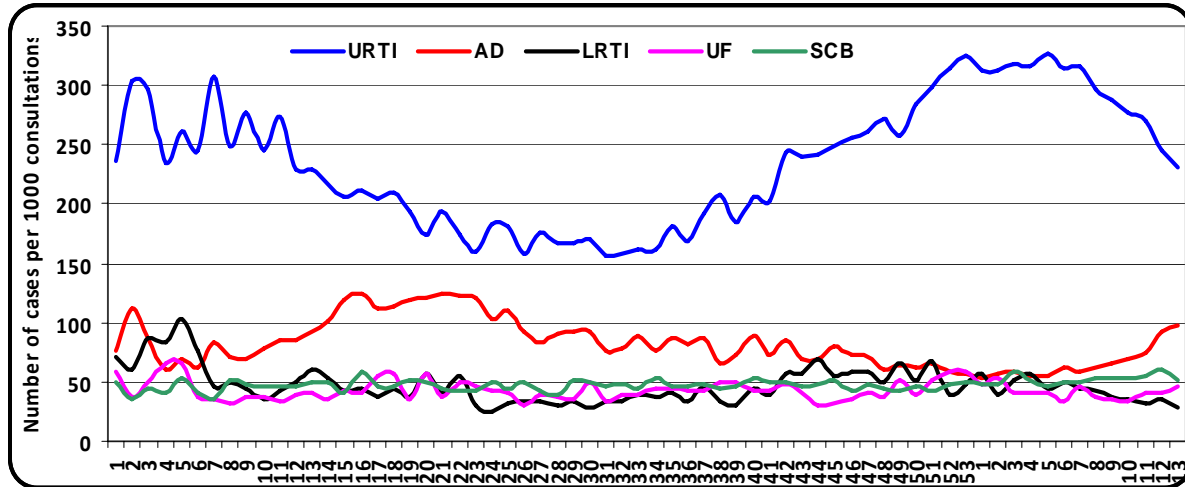


During week 13, 2010, all the health facilities in the IDP camps reported URTI as the leading cause (except Jalojai-CO, where acute diarrhea is the leading cause of morbidity), while acute diarrhea and Scabies as the second and third common causes of consultations in rest of the camps (fig. 4).

6. Weekly Trends of the five most common communicable diseases in the IDP hosting and crisis affected districts NWFP:

The morbidity trend of the common priority diseases is represented as number of cases of each disease per 1,000 consultations reported during each week. The weekly trends of the diseases from week 1-2009 to 13-2010 generally reflect that the **upper respiratory tract infection (URTI)** as the leading cause of consultation throughout the period. URTI and LRTI are consistently depicting a declining trend since the last six weeks while Acute Diarrhea is showing an upward trend during the recent weeks. Rest of the priority communicable diseases under DEWS surveillance are presenting a stable picture (fig. 5).

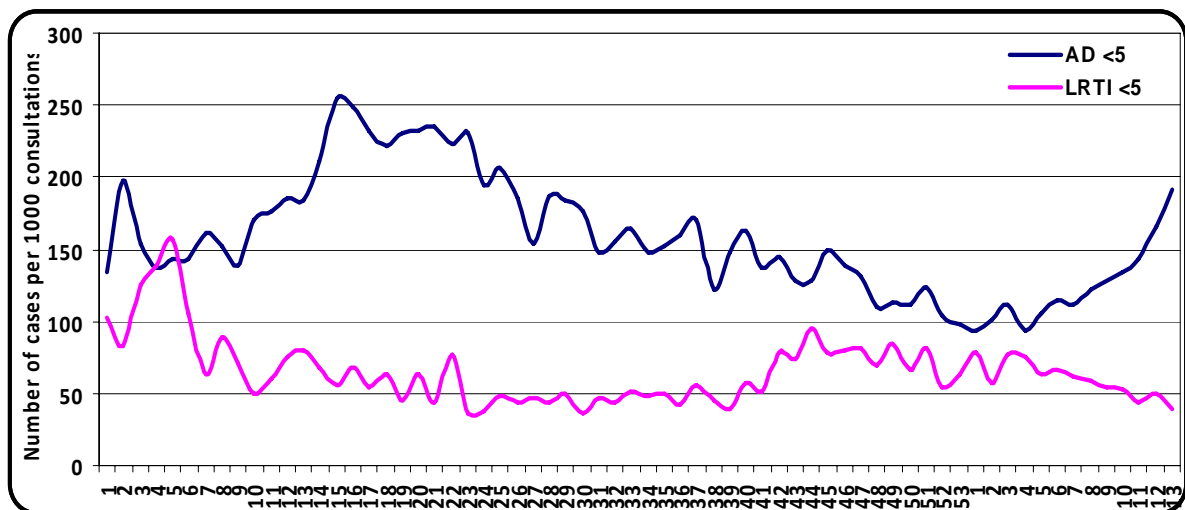
Figure 5: Weekly morbidity pattern of five most common reported communicable diseases by number of cases per 1000 consultations in IDP hosting and crisis affected districts of NWFP from week 1-2009 to week 13 - 2010:



7. Weekly pattern of Acute Diarrhea and LRTI in children <5 year age, in the IDP hosting and crisis affected districts of NWFP from week 1-2009 to week 13-2010

During the epidemiological week 13, 2010, a total of **38,348** consultations reported in the children less than five years of age, out of those, **7,318 (19%)** consultations were for Acute Diarrhea and **1,475 (4%)** for LRTI. The weekly trend of Acute Diarrhea is reflecting an increasing trend while LRTI is depicting declining trend, in children less than 5 years age during the recent weeks (Fig 6).

Figure 6: Weekly morbidity trend of Acute Diarrhea and LRTI among children less than 5 years age as number of cases per 1000 consultations in the age group, from week 1-2009 to 13-2010 (1st January 2009 to 2nd Apr, 2010)



8. Number of reporting/non-reporting Health Facilities by type and department (Week 13, 2010):

During the Epidemiological week 13, 2010, a total of 510 (88%) reporting sites in the DEWS network in the IDP crisis affected districts of NWFP shared the weekly reports to the system.

Table 3: DEWS reporting by type of facility, IDP hosting and crisis affected districts NWFP for week 13, 2010

Department	Health Facility	Number of DEWS Implemented Health Facilities	Reporting Health Facilities	Percentage
PPHI	BHU	339	291	86%
Dept. Of Health	RHC	41	33	80%
	DHQ	7	5	71%
	THQ	6	2	33%
	IDP Camps	13	13	100%
	Mobile, CD and CH	172	166	97%
Total		578	510	88%

9. Maternal health care and <5 year Children, Nutrition surveillance:

In week 13 (27 March to 2 April, 2010), Seventy DEWS sites reported 1,707 Ante Natal visits. 170 children less than 5 year age with Moderate Acute Malnutrition were also reported. The information on Maternal Health Care and <5 children nutrition surveillance by each district during week 13, 2010 is presented in the table 4.

Table 4: Weekly maternal health care and nutrition surveillance data, IDP camps and hosting districts, NWFP

District	No of Pregnant women received Antenatal Care			Pregnancy and delivery related Referrals			Moderate Acute Malnutrition in children <5		
	Inside Camp	Outside Camp	Total	Inside Camp	Outside Camp	Total	Inside Camp	Outside Camp	Total
Buner	-	920	920	-	-	-	-	3	3
Charsadda	5	-	5	-	-	-	-	-	-
Lower Dir	63	96	159	-	-	-	-	121	121
Mardan	-	-	-	-	-	-	-	-	-
Nowshera	15	-	15	-	-	-	-	-	-
Peshawar	-	-	-	-	-	-	-	-	-
Swabi	-	34	34	-	-	-	-	-	-
Swat	-	55	55	-	-	-	-	-	-
Tank	-	22	22	-	-	-	-	35	35
D. I. Khan	-	497	497	-	9	9	-	11	11
Total	83	1624	1707	-	9	9	-	170	170

9. Environmental Health Activities/Response

Regular water and sanitation monitoring and evaluations are being done by WHO Environmental Health engineers in all the remaining IDP camps routinely and in the host community from where alert or outbreaks of the waterborne disease are reported.

- WHO in collaboration with DOH and Merlin conducted Two days on job training on Health care waste management in the THQ Matta. Total 160 staff members were provided training. WHO provided the booklets (better health care waste management system) to the Hospital and Merlin staff.
- Intensive Hygiene campaign was launched in collaboration with IMC, KADO Hygiene team on Personal, domestic and Environmental hygiene in Swat.
- Nine water samples tested for bacteriological contamination in district Buner and 5 of the sources were found contaminated and appropriate actions taken

- Five water samples were tested for residual chlorine in IDP camp Palosa. All the samples were found properly chlorinated with residual chlorine within 0.2-0.5PPM Range.

Table 5 and 6 presenting the water sample test results.

Table 5: Water sample results for the Bacteriological test:

District	Bacteriological test result					Remarks
	Total No. Water sample tested	Water sample fit for drinking		Water sample unfit for drinking		
		No.	%	No.	%	
Buner	9	5	56%	4	44%	Health education was given to the affected household

Table 6: Water samples test results for Residual Chlorine:

District	Residual Chlorine (0.2mg – 0.5mg)			Action Taken
	Total No. of water sample tested	Water samples chlorine detected and within permissible limit		
		No.	%	
Charsadda	5	5	100%	