

Contents

Earthquake affected districts (NWFP and AJK):	1
Reporting Units:.....	1
Total Number of consultations:.....	1
Acute diarrhoea and ARI (Upper and Lower) Leading causes of morbidity:.....	1
Outbreak Alert and Response:.....	2
Flood affected districts (Sindh):	2
Reporting Units:.....	2
Total number of consultations:.....	3
Acute diarrhoea and ARI (Upper and Lower) leading causes of morbidity:.....	3
Suspected Malaria:.....	4
Alert and Outbreak:.....	4
Flood affected districts (Balochistan):	5
Reporting Units:.....	5
Total number of consultations:.....	5
Acute diarrhoea and ARI (Upper and Lower) leading causes of morbidity:.....	5
Suspected Malaria:.....	6
Alert and Outbreak:.....	6



Children from families living in tents following the destruction of their homes by Earth quake (village Kan bangla, district Ziarat, Balochistan)

Highlights

- In weeks 41-44, 2008 a total of 506,054 consultations reported for all the DEWS reporting districts.
- ARI (Upper and Lower) is the leading cause of consultation in all the affected districts (23%)
- Acute Diarrhoea is the second most common reason for consultations in all the affected districts (8%)
- In Balochistan, suspected malaria was reported to be the most common cause of consultations (20%)
- In districts Dadu and Kamber (Sindh), malaria was reported to be the second highest reason for consultation with 15,060 cases of suspected malaria.
- From the Earthquake districts of AJK and NWFP, three alerts were received and investigated accordingly, two from Battagram (Acute flaccid paralysis) and one from Muzaffarabad (Pertussis) and the result was negative.
- There were no alerts/outbreaks reported from flood affected districts.

The Monthly Morbidity and Mortality Report (MMMR) is published by the Ministry of Health of Pakistan (MOH) and the World Health Organization (WHO). The MMMR is built on surveillance data that health service providers and NGOs transmit on a weekly basis from health facilities and hospitals in those areas affected by the earthquake that struck Pakistan on 8 October 2005.

The MMMR objectives are to monitor the trend of health conditions over a period of time and provide vital information to all health partners. The MMMR is only a snapshot of the health conditions in those facilities where events are registered and data collected and does not necessarily reflect the situation from other health facilities.

The MMMR is a publication that has been developed for emergencies and previously used in other areas such as the Darfur Crisis.

The MMMR is produced with the financial support of AAI Australia, Americares, CIDA, Denmark, DFID, ECHO, Ireland, Italy, Japan, Korea, Monaco, Norway, SIDA, Slovak Republic, Switzerland, Turkey, USAID



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Earthquake affected districts (NWFP and AJK):

Reporting Units:

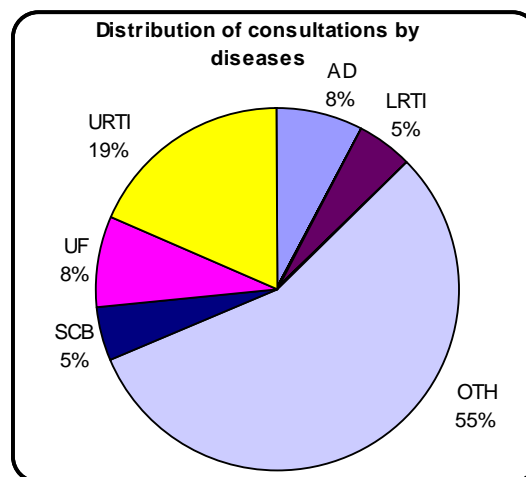
There are 335 (AJK=215 and NWFP=120) health facilities reporting to DEWS, out of which an average of 230 (69%) reported to the DEWS during week 41-44, 2008. (Wk 41=233(70%); Wk42=255(76%); Wk43=214(64%) and wk44=219(65%).

Total Number of consultations:

During weeks 41-44, a total of 232838 patients were examined in the DEWS reporting health facilities. Figure 1 below shows the total number and proportion of the diseases of monthly consultations reported from week 37 to week 40, 2008.

Figure1: Number of consultations by diseases, Earthquake affected districts (NWFP; AJK)-Pakistan week 41-44, 2008

Disease	Consultations	Percentage
AD	17953	8
AFP	7	-
AJS	44	-
BD	648	-
LRTI	11425	5
Malaria	1053	-
Meningitis	1	-
Other	129059	55
Scabies	11309	5
UF	18164	8
URTI	43175	19
Total	232838	



Acute diarrhoea and ARI (Upper and Lower) Leading causes of morbidity:

According to the figure 2 below, during week 41-44, 2008, the leading cause of morbidity were Acute Respiratory Infections (ARI) and Acute Diarrhoea (AD).

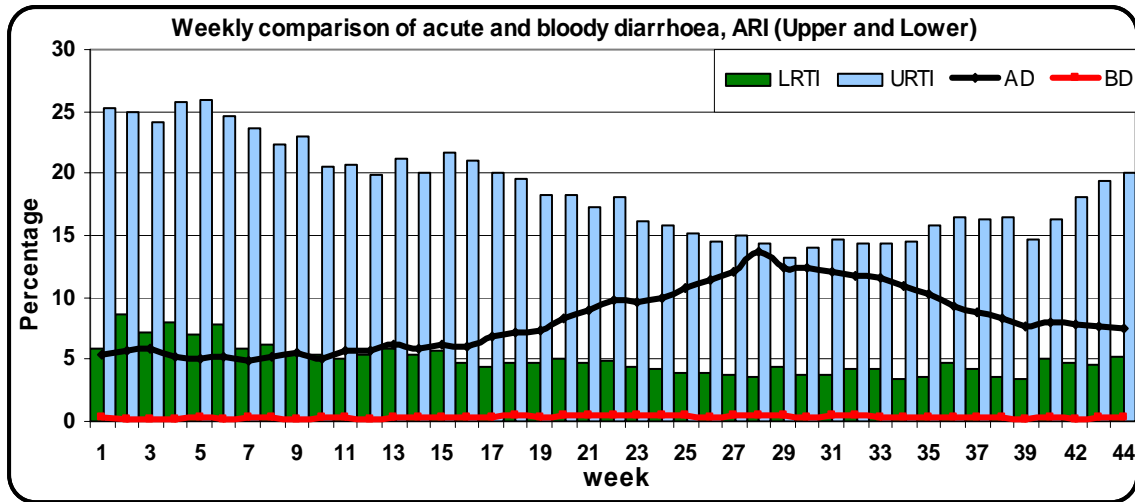
Acute Diarrhoea (AD) was reported in 17,953 patients accounting for 8% of the total consultation (232,838) in all age groups. From week 16 onwards, the proportion of Acute Diarrhoea weekly consultations started increasing gradually and reached at its peak on week 28, presenting the usual seasonal pattern of the disease in the area. However from week 29 onwards AD consultations showed a gradually declining trend. The weekly trend of AD from week 1 to 44 depicts a similar pattern for the last three years.

During same period a total of 648 cases of Bloody Diarrhoea (BD) were reported from all the districts, which is comparatively lower than (<1%) the total BD consultations reported during the previous month. Bloody diarrhoea out of the total diarrhoeal consultations (AD, BD) is 3.4% which is below the epidemic threshold. The probable explanation for the relatively higher proportion of AD and BD in the districts is the consumption of contaminated water and poor hygiene practices.

A total of 54,600 consultations for ARI (both Upper and Lower Respiratory Tract Infection) were reported accounting for 23% of the total consultations (URTI 19% and LRTI 4%) and was the leading cause of consultations for all age groups, among

all the diseases under surveillance. ARI was 3% lower as compared to same weeks previous year, indicating a seasonal change.

Figure 2: Weekly comparison of AD, BD and ARI earthquake affected districts, (NWFP; AJK)-Pakistan Week 1-44, 2008



Outbreak Alert and Response:

During weeks 41-44, 2008, three (3) alerts were reported and responded.

Battagram:

Acute Flaccid Paralysis:

Two alerts of acute flaccid paralysis were reported from Mansehra, one male child age 21 months resident of Lari-adda tehsil and district Mansehra presented with acute weakness of both lower limbs. The child had previously had OPV. This case was immediately reported to the Polio surveillance team and the EDO (H).

Second suspected case age 31 months, resident of Shujaabad, Oghi, district Mansehra was also reported with bilateral lower limb weakness along with mild fever. This case was also referred to polio surveillance team.

Muzaffarabad:

An alert of "Pertussis" was received through LHS of the DoH on 29th October, 2008 and was investigated. Standard operating procedures have been followed & all preventive & recommended intervenient measures have been taken. Samples were collected accordingly and sent to NIH for further laboratory testing and confirmation but results were negative.

Flood affected districts (Sindh):

Reporting Units:

In flood affected districts (Dadu and Kamber) of Sindh province, the DEWS weekly surveillance was implemented soon after the flood of July 2007.

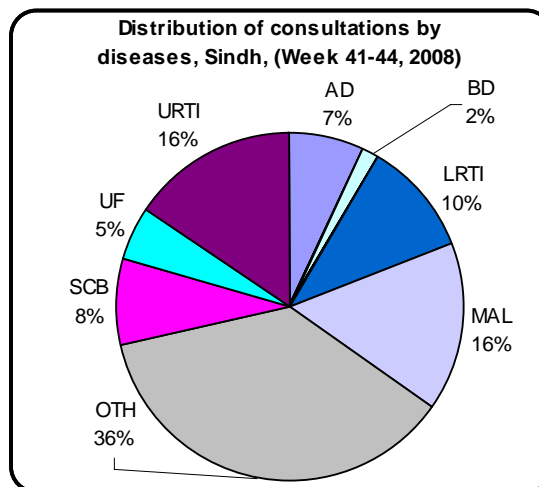
Since the implementation of DEWS, more that 85 health facilities are reporting to DEWS on weekly basis from two these flood affected districts, out of which an average of 62 (73%) health facilities reported during week 41-44. (Wk41=57(67%); wk42=61(72%); wk43=64(72%); wk44=67(79%).

Total number of consultations:

During weeks 41-44, a total of 98,118 patient consultations were reported. Figure 3 below shows the total number and proportion of the diseases of monthly consultations reported from week 41 to week 44, 2008.

Figure 3: Number of consultations by diseases, Flood affected districts, Sindh-Pakistan week 41-44, 2008

Disease	Consultations	Percentage
AD	6534	7
AFP	1	-
AJS	46	-
BD	1777	2
DGB	218	-
LRTI	9946	10
MAL	15060	15
OTH	35089	36
SCB	7832	8
SNB	36	-
UF	4731	5
URTI	14930	15
Total	98118	



Acute diarrhoea and ARI (Upper and Lower):

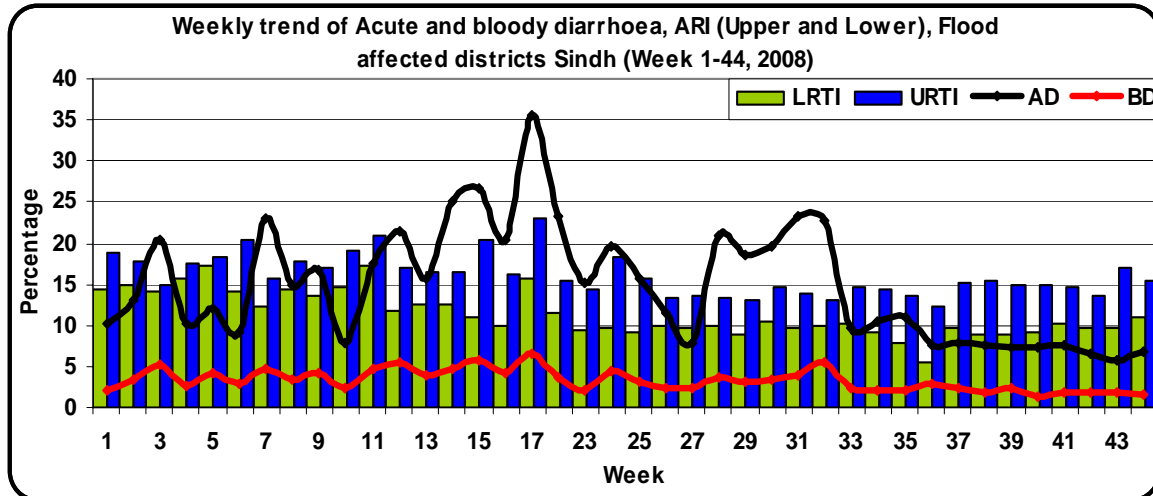
According to figure 4, during week 41-44, 2008; the leading cause of morbidity was Acute Respiratory Infection (ARI).

Total 24,876 consultations for ARI (both Upper and Lower Respiratory Tract Infection) were reported. ARI accounted for 36% of the total consultations reported (URTI 16% and LRTI 10%) and was the leading cause of consultations for all age groups, among all the diseases under surveillance.

During the same period, acute diarrhoea was reported in 6,534 patient consultations accounting for 7% of the total consultations in all age-groups. The trend of AD has slightly gone down compared to the last 4 weeks. Bloody diarrhoea was reported in 1,777 cases representing 2% of all consultations for week 41-44, 2008 which indicates a steady trend since week 33, 2008.

The proportions of all the priority diseases are lower when compared to the same weeks of last year.

Figure 4: Weekly comparison of AD, BD and ARI (week 1 to 44) 2008, Flood affected districts, Sindh-Pakistan

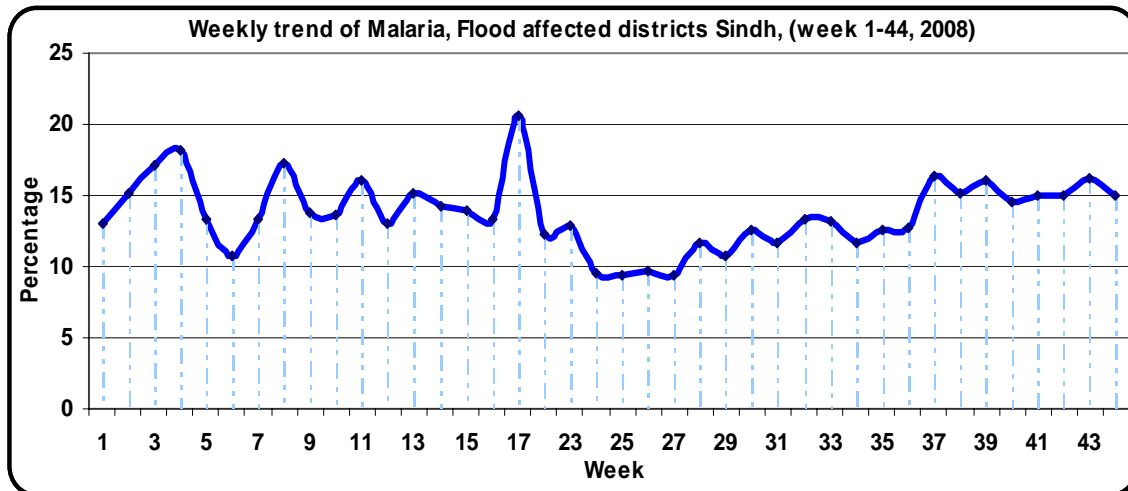


Suspected Malaria:

According to figure 5, during weeks 41-44, 2008, there were 15,060 suspected cases of malaria reported accounting for 15% of the total consultations in all age-groups, which indicates a steady trend since week 33, 2008. Suspected malaria was the second highest reason (after ARI) for consultations in all age groups.

The proportion of suspected malaria is still lower when compared to the same weeks of last year.

Figure 5: Weekly trends in Suspected Malaria as percentage of all consultations, Flood Affected district, Sindh-Pakistan, weeks 1-44, 2008



Alert and Outbreak:

No alert and outbreak reported from any flood affected districts, Sindh.

Flood affected districts (Balochistan):

Reporting Units:

In 11 floods affected districts of Balochistan province, the DEWS weekly surveillance was implemented soon after the flood of July 2007.

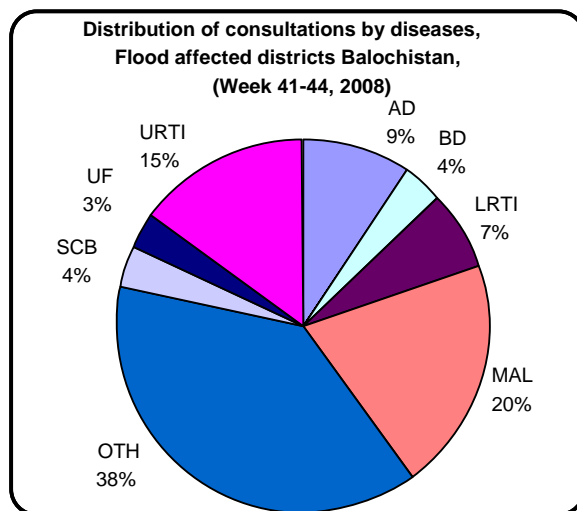
Since the implementation of DEWS, more than 300 health facilities are reporting to DEWS on weekly basis from two these flood affected districts, out of which an average of 312 (78%) health facilities reported during week 41-44. (Wk41=304; wk42=341; wk43=296; wk44=348).

Total number of consultations:

During weeks 41-44, 2008; a total of 175,098 patient consultations were reported to DEWS. Figure 6 below shows the total number and proportion of the diseases of monthly consultations reported from week 37 to week 40, 2008.

Figure 6: Number of consultations by diseases, Flood affected districts, Balochistan-Pakistan week 41-44, 2008

Disease	Consultations	Percentage
AD	16477	9
AFP	1	-
AJS	104	-
BD	6234	4
LRTI	11588	7
Malaria	35112	20
Other	67935	38
Scabies	6283	4
UF	5484	3
URTI	25880	15
Total	175098	



Acute Diarrhoea and Acute Respiratory Infection (Upper and Lower):

According to figure 7, the leading cause of morbidity was Acute Respiratory Infection (ARI) during week 41-44.

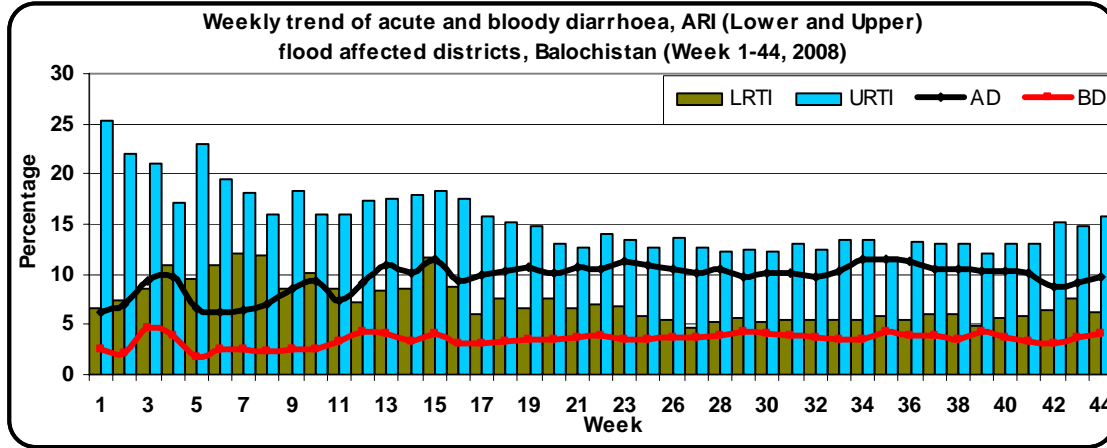
A total of 37,468 consultations for ARI (both Upper and Lower Respiratory Tract Infection) were reported during this period. ARI accounted for 22% of the total consultations reported for the week (URTI 15% and LRTI 7%) and was the leading cause of consultations for all age groups, among all the diseases under surveillance.

Acute Diarrhoea (AD) was reported in 16,477 patient's consultations accounting for 9% of the total consultations in all groups. There were no cases of suspected cholera reported from any district and there has been no death due to acute diarrhoea reported from any district since the beginning of the year 2008.

Diarrhoea (BD) was reported in 6,234 cases, represented 4% of all consultations for weeks 41-44, 2008, which has remained the same since week 37, 2008.

The proportions of all the priority diseases are lower when compared to the same weeks of last year.

Figure 7: Weekly comparison of AD, BD and ARI (week 1 to 44) 2008, Flood affected districts, Balochistan-Pakistan



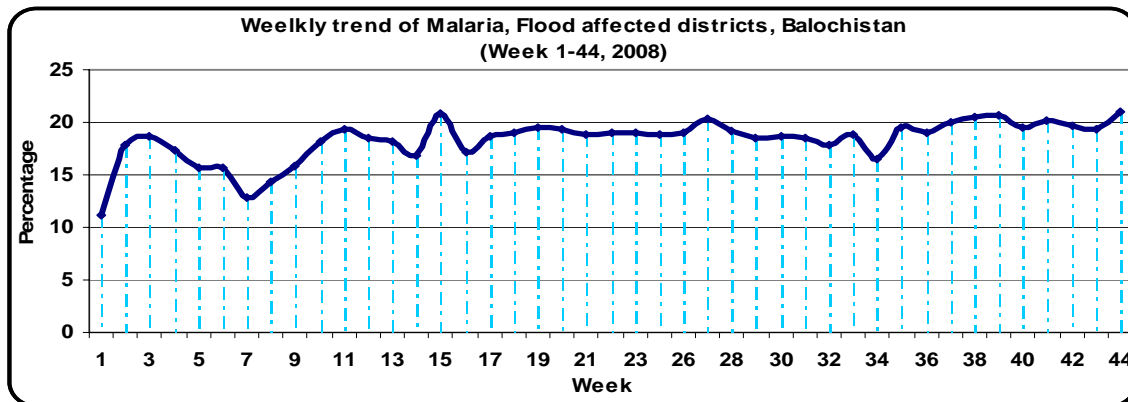
Suspected Malaria:

According to figure 8 below, Suspected Malaria was the second highest reason for consultations in all age groups from the flood affected districts of Balochistan.

In weeks 41-44, 2008, there were 35,112 suspected cases of malaria reported accounting for 20% of the total consultation in all groups. The proportion of suspected malaria is high but no clustering could be identified and same remained the same since week 37, 2008.

The proportion of suspected malaria is lower when compared to the same weeks of last year.

Figure 8: Weekly trends in Suspected Malaria as percentage of all consultations, Flood Affected district, Balochistan-Pakistan, weeks 1-44, 2008



Alert and Outbreak:

No alert and outbreak reported from any flood affected districts, Balochistan.