



**Weekly Morbidity and Mortality Report (WMMR) IDP
hosting and conflict affected districts, NWFP,
Pakistan
Week # 53 (26 Dec 2009– 1 Jan 2010)**



**Emergency Humanitarian
Action (EHA)
Islamabad, Pakistan**



Director Health Services and WHO Operations officer, visiting a health post in Jalozaï IDP camp (picture by WHO Team)

Highlights:

- During the Epidemiological week 53, 2009, one alert for suspected measles was received and responded accordingly.
- During the week, 436 health facilities reported 114,025 patient consultations through the DEWS network
- Acute Respiratory Tract Infections (ARI) continues to be the leading cause of morbidity, with a total of 42,423 consultations (37% of total consultations) in the IDP hosting and conflict affected districts of NWFP.
- Acute Diarrhoea reported in 6,417 (6%) of the total consultations in all age groups, Diarrhoea accounts for 10% of the consultations in the children below 5 years age and 4% of the consultations in the patients above 5 years of age
- In children less than 5 years of age, ARI accounts for 13,349 (48%) of the total consultations in the age group.
- In the week 53, 2009, Thirty-eight DEWS sites reported 799 Ante Natal visits and 929 consultations for chronic non-communicable diseases while Twenty-eight sites reported 203 patient visits with injuries.



The WMMR is published by the World Health Organization (WHO), Emergency Humanitarian Action (EHA) unit, Park Road, Chak Shahzad, Islamabad, Pakistan. For More Information, please contact:

Dr. Hendrikus Raaijmakers, Chief of Operations, EHA-WHO, Pakistan; RAAIJMAKERSH@pak.emro.who.int

Dr. Fazal-e-Qayyum, Director Health Services, Department of Health NWFP, Pakistan; fazleqayyum@hotmail.com

Dr. Musa Rahim Khan, Senior Public Health Officer (DEWS Coordinator), EHA-WHO, Pakistan; khanm@pak.emro.who.int

WHO Webpage: <http://www.whopak.org/disaster>

1. Alert and outbreak investigations and response:

During the Epidemiological week 53 (26th Dec 2009 to 1st Jan 2010), one alert for suspected Measles was received and responded in district Swat.

Suspected measles:

- On 1st January 2010, one suspected case of measles was reported from BHU Fatehpur, district Swat. The patient is less than 3 year old female child, resident of village Hussainabad, district Swat. Blood sample from the patients was collected and sent to NIH for laboratory confirmation and result awaited. The locality is a still a high security risk area and yet not fully covered with the Measles mass vaccination campaign. Field investigation is in progress for active case finding and to assess the potential need for an urgent Measles vaccination campaign.

1. DEWS reporting units and consultations

Table 1: Weekly number of reporting units and total consultations from health facilities in the IDP camps and outside camp in IDP hosting and conflict affected districts of NWFP from week 50 to 53, 2009

District	Week 50			Week 51			Week 52			Week 53		
	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	28	-	15759	29	-	16249	27	-	11977	32	-	11417
Charsadda	45	457	8406	42	517	8962	25	495	5484	48	454	9103
D. I. Khan	13	-	1578	15	-	1498	18	-	1978	14	-	1314
Lower Dir	35	1211	3158	35	1109	3207	39	1790	4126	40	1691	3482
Mardan	54	545	15814	57	625	17666	44	441	12841	46	-	6837
Nowshera	48	13109	8748	51	13639	21694	52	14958	17395	50	13125	13695
Peshawar	68	3030	13680	74	1859	14083	69	1204	11061	71	-	10049
Swabi	40	-	5668	38	-	7834	43	-	5364	37	-	4484
Swat	65	-	35533	66	-	41370	66	-	39824	66	-	35964
Tank	33	-	2617	30	-	2527	33	-	2250	32	-	2410
Total	429	18352	110961	437	17749	135090	416	18888	112300	436	15270	98755

During the Epidemiological week 53 (26th Dec 2009 to 1st Jan 2010), total 436 health facilities shared the weekly DEWS reports on the due time from 10 districts hosting IDPs and affected by conflict in NWFP. A total of **114,025** patient consultations reported. Out of the total reported consultations, **63,952 (56%)** patient visits were for females and **50,073 (44%)** consultations for male patients. In children less than 5 years age (both male and female), **27,810 (24%)** patient visits were reported. During the week total **63,290 (56%)** consultations were reported for the priority communicable diseases under surveillance.

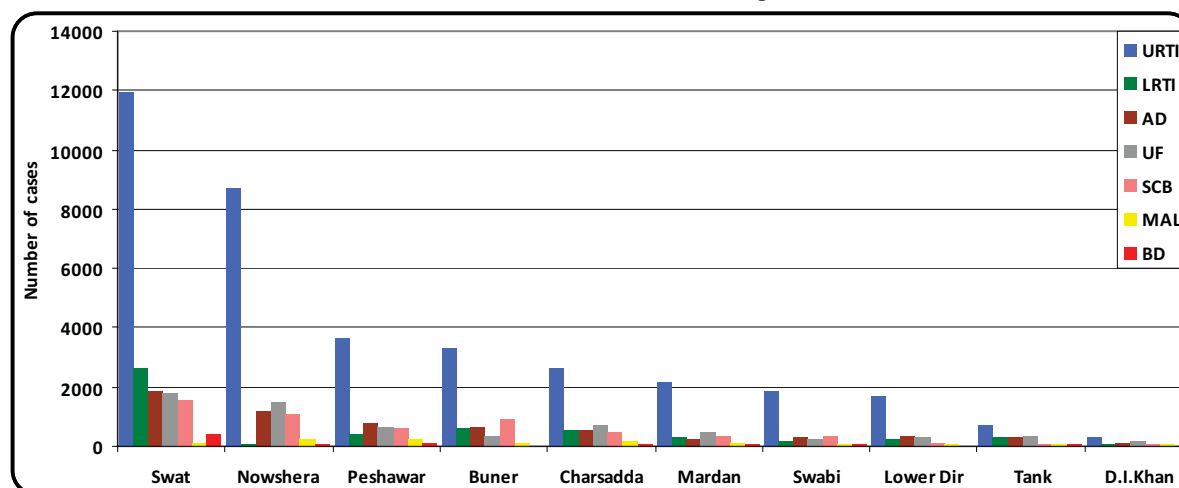
Thirty-eight DEWS sites reported 799 Ante Natal visits and 929 consultations for chronic non-communicable diseases while twenty-eight health facilities reported 203 patient visits with injuries. During week 53 total 15,270 patient consultations reported from the IDP camps. (Table 2).

Table 2: Weekly total consultations in IDP camps by district, from weeks 50 to 53, 2009

District	IDP camp	Consultations			
		Week 50	Week 51	Week 52	Week 53
Charsadda	Palosa	457	517	495	454
Lower Dir	Wala Kandawa	714	486	780	759
	Sadbar Kallay	497	311	442	445
	Khungi	-	312	568	487
Mardan	Jalala	545	625	441	-
Nowshera	Benazir Complex	291	212	281	232
	Jalozai 1, 2, 3, 4, 5, 6,CO	12818	13427	14677	12893
Peshawar	Kacha Garhi 1 & 2	3030	1859	1204	-
Total		18352	17749	18888	15270

2. Morbidity pattern of the seven most common communicable diseases in the IDP hosting and the conflict affected districts of NWFP, during week 53 of 2009:

Figure 1: Pattern of the seven most common communicable diseases reported in the 10 IDP hosting and conflict affected districts, in NWFP as number of consultations during week 53, 2009

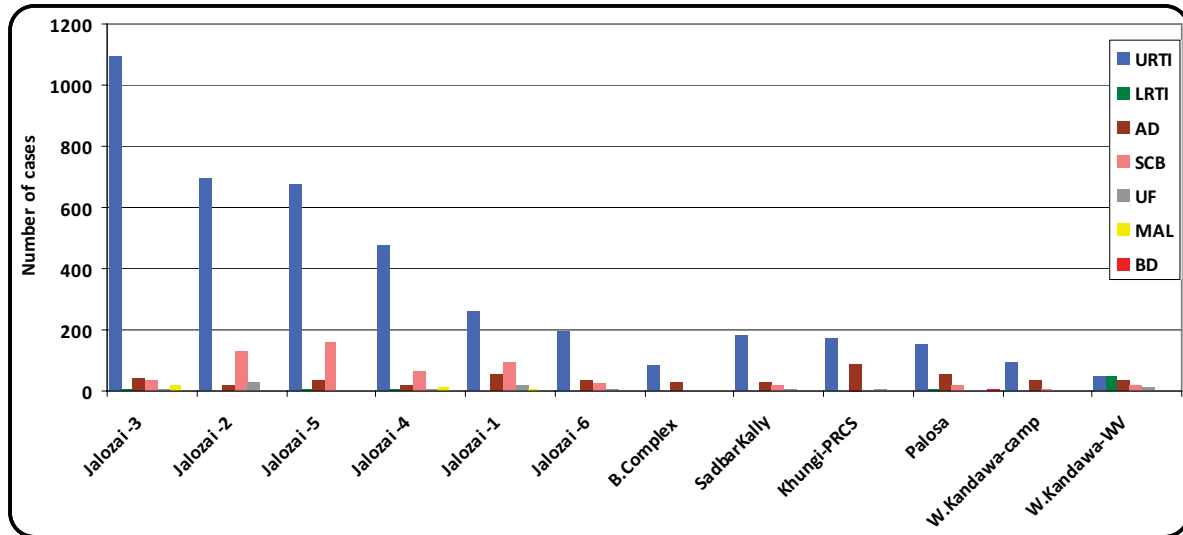


Upper Respiratory Tract Infection (URTI) is the most common cause (**32%**) of consultations amongst all the visits reported from DEWS sites during the week and was also the leading cause of morbidity in the IDP camps as well as outside the camps in all the 10 districts in NWFP (Figure 1).

Acute Diarrhea (**AD**) was the second common disease (**6%**) with a highest number of consultations in districts Swat and Nowshera. Lower Respiratory Tract Infection (**LRTI**) is reported in **5%** of the total consultations during the week. District Swat is reporting more cases of LRTI as compared to the previous week and the other districts. The DEWS teams are vigilantly following the **LRTI** situation in their respective districts and visiting the reporting health facilities especially the secondary and the tertiary care hospitals. Most of the LRTI cases are reported as outdoor patient consultations. Scabies (**SCB**) reported in (**5%**) consultation with more cases reported in district Swat, Nowshera, Buner and Peshawar. Un-explained fever recorded in (**6%**) of the consultations with highest number of cases from districts Swat and Nowshera. Suspected Malaria reported in **1,228 (1%)** and Bloody Diarrhea reported in **902 (<1%)** of the total patients consultations.

3. Morbidity pattern of the Seven most common communicable diseases by number of consultations in the IDP camps of NWFP during week 53, 2009

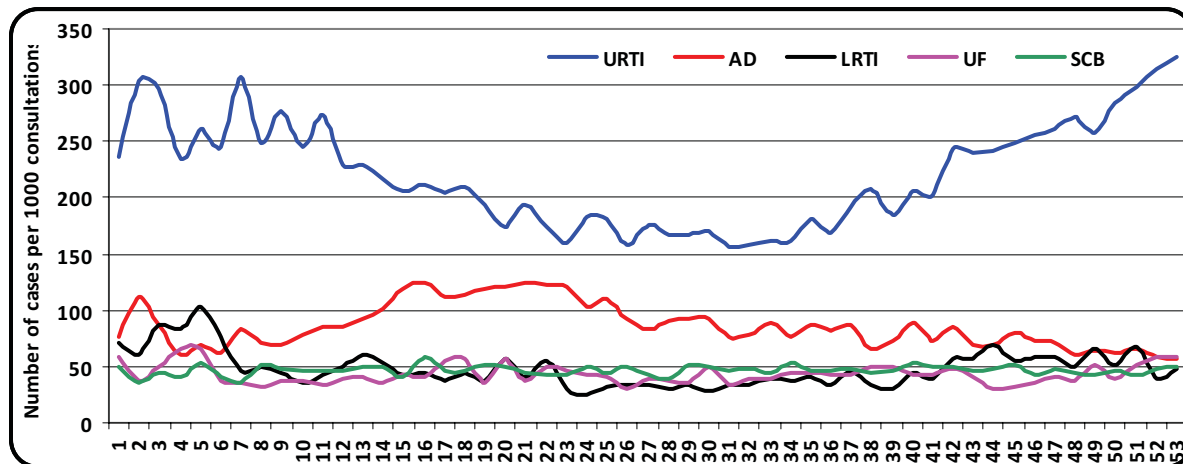
Figure 2: Pattern of seven most common communicable diseases in the IDP camps NWFP, week 53, 2009



During week 53, health facilities in most of the IDP camps reported URTI as the leading cause and Scabies as the second common cause of consultations. Health facilities in the Khungi and Palosa IDP Camp reported more cases of Acute Diarrhoea. No alert reported from any of the IDP camps in NWFP during the week.

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

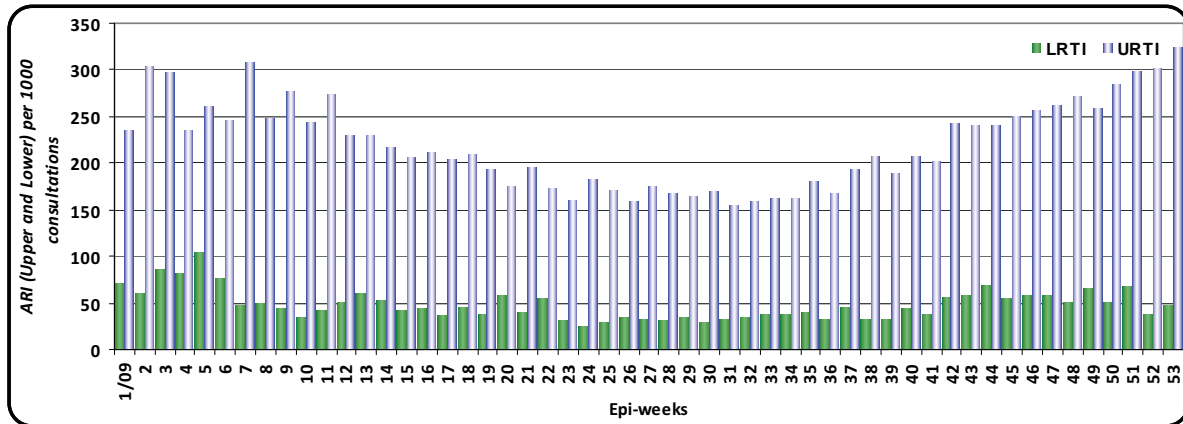
Figure 3: Weekly morbidity pattern of five most common reported communicable diseases by number of cases per 1000 consultations in IDP hosting districts of NWFP from week 1 to week 53 of 2009:



The morbidity trend of the diseases is represented as number of cases of each disease per 1000 consultations reported during each week. The weekly trends of diseases from week 1 to 53, 2009 generally reflects **upper respiratory tract infection (URTI)** as the leading cause of consultation throughout the period. URTI consistently, showing the upward trend, while LRTI remained stable with some weekly fluctuation. Un-Explained fever showing, an upward trend during the recent weeks. Rest of the priority communicable diseases under surveillance remained almost stable with a slight weekly fluctuation (fig. 3).

5. Weekly Trends of ARI (Upper and Lower) in the IDP hosting and conflict affected districts NWFP:

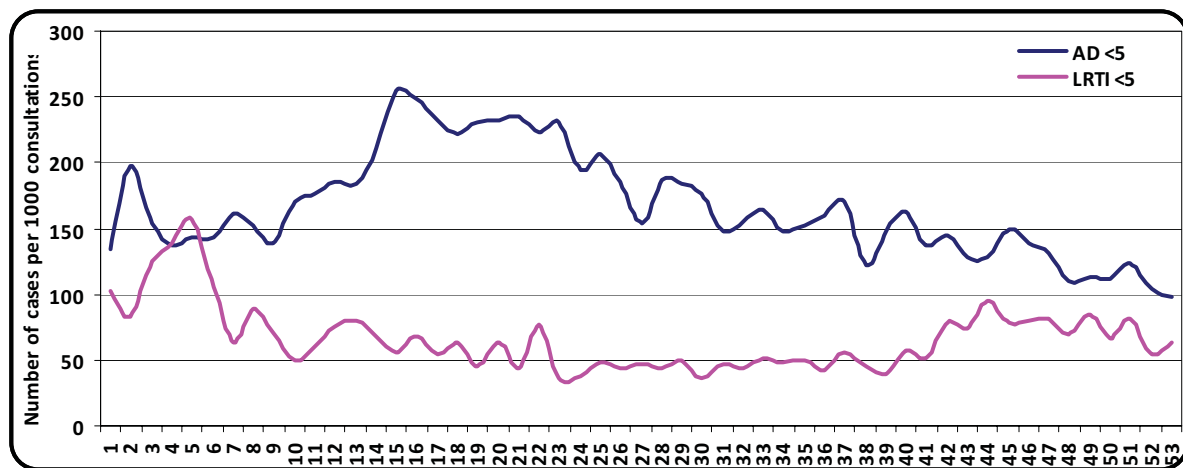
Fig. 4: Weekly trends of URTI and LRTI as number of cases per 1000 consultations in the conflict affected and IDP hosting districts of NWFP from week 1 to 53 (1st January 2009 to 1st January 2010)



The Upper Respiratory Tract Infections started increasing from week 32 onwards and for LRTI a clear upward trend started from week 42 onwards. URTI is still showing the upward trend while LRTI has dropped during the last couple of weeks. (fig 4).

6. Weekly pattern of Acute Diarrhea and LRTI in children <5 year age, in the IDP hosting and conflict affected districts of NWFP from week 1 to week 53, 2009

Figure 4: Weekly morbidity pattern of Acute Diarrhea and LRTI among children less than 5 years age as number of cases per 1000 consultations in the age group, in the IDP hosting and conflict affected districts of NWFP from week 1 to 53 (1st January 2009 to 1st January 2010)



Acute Diarrhea (AD) and Lower Respiratory Tract Infections (LRTI) are the most common causes of morbidity and mortality among children less than five years of age. During week 53, a total of **27,810** consultations reported in the children under five years of age, out of those, **2,724 (10%)** consultations were for Acute Diarrhea and **1,754 (6%)** for LRTI.

The weekly trends of AD and LRTI in children under five years age, as number of cases per 1000 consultations in the age group reflects that both AD and LRTI has declined in the recent weeks (Fig 4).

7. Number of reporting/non-reporting Health Facilities by type and department (Week 53, 2009):

DEWS network has been implemented in 10 districts in NWFP (7 districts hosting IDPs from the Malakand and FATA conflict and 3 conflict affected districts in Malakand division). During the Epidemiological week 53, 2009, 436 (86%) reporting sites in the DEWS network reported to the system.

Table 3: DEWS reporting by type of facility, IDP hosting and conflict affected districts NWFP for week 52, 2009

Department	Health Facility	Number of DEWS Implemented Health Facilities	Reporting Health Facilities	Percentage
PPHI	BHU	276	257	93%
Dept. Of Health	RHC	36	26	72%
	DHQ	5	2	40%
	THQ	4	4	100%
	IDP Camps	12	12	100%
	Mobile, CD and CH	172	135	78%
Total		505	436	86%

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

In week 53 (26 December 2009 to 1st January 2010), Thirty-eight DEWS sites reported 799 Ante Natal visits. Sixteen children less than 5 years age with Moderate Acute Malnutrition were also reported. The information on Maternal Health Care and <5 children nutrition surveillance by each district during week 53, 2009 is presented in the table 4.

Table 4:

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	-	328	328	-	-	-	-	16	16
Charsadda	4	61	65	-	-	-	-	-	-
Lower Dir	51	62	113	-	-	-	-	-	-
Mardan	-	-	-	-	-	-	-	-	-
Nowshera	-	-	-	-	-	-	-	-	-
Peshawar	-	-	-	-	-	-	-	-	-
Swabi	-	-	-	-	-	-	-	-	-
Swat	-	293	293	-	-	-	-	-	-
Tank	-	-	-	-	-	-	-	-	-
D. I. Khan	-	-	-	-	-	-	-	-	-
Total	55	744	799	-	-	-	-	16	16

9. Environmental Health 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 EH team has started health education & awareness activities in Collaboration with SSD (UNICEF IP) in Walakandawa and Munda Camp Lower Dir focusing on School going Children using CTC (Child to Child Approach) for positive behavioral modification.
- WHO EH team visited DHQ Taimorghah regarding the health care waste disposal issues in the central health facility. MSF-B has constructed high temperature incinerator which is currently

non functional. The medical staff needs training on plant operation & systematic management of waste stream generated in the health facility.

- WHO EH team DHQ hospital DI Khan and took water samples of bacteriological analysis. All the samples were found fit for drinking. Most of the sanitation facilities in the hospital are non functional with blocked sewage system & water availability problem.

During the epidemiological week-53 WHO EH team tested total of 31 water samples for bacteriological contamination where water samples from 22 locations were monitored for residual chlorine from IDP camps & host communities.

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.	%	
Swat	3	2	67%	1	33	Results were shared with TMA Swat for corrective measures.
D. I. Khan	6	6	100%	-	-	
Dir	15	11	74%	4	26%	Manual chlorination has been started in the camp
Buner	7	5	72%	2	28%	Results were shared with TMA and WASH partners for corrective measure and health education session with community.

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	7	7	100%	
Dir	15	11	73%	Chlorination has been started in IDP camp Sadbarkally.