



**Weekly Morbidity and Mortality Report (WMMR) IDP  
hosting and conflict affected districts, NWFP,  
Pakistan  
Week # 49 (28 Nov – 4 Dec), 2009**



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



WHO Surveillance officer collecting blood sample from a suspected Measles patient in the field (picture by WHO team)

**Highlights:**

- During the Epidemiological week 49, 2009, four alerts, one for suspected influenza H1N1 and three for suspected measles received and responded accordingly.
- During the week, 413 health facilities reported 89,575 patient consultations through the DEWS network
- Acute Respiratory Tract Infections (ARI) continues to be the leading cause of morbidity, with a total of 29,032 consultations (32% of total consultations) in the IDP hosting and conflict affected districts of NWFP.
- Acute Diarrhoea reported in 5,747 (6%) of the total consultations in all age groups, Diarrhoea accounts for 11% of the consultations in the children below 5 years age and 5% of the consultations in the patients above 5 years of age
- In children less than 5 years of age, ARI accounts for 9,191 (42%) of the total consultations in the age group.
- In the week 48, 2009, Thirty-one DEWS sites reported 439 Ante Natal visits, while 630 consultations for chronic non-communicable diseases and Twenty-four sites reported 245 injuries.



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## 1. Alert and outbreak investigations and response:

During the Epidemiological week **49**, 2009 total four alerts (one for suspected case of influenza H1N1 from Peshawar and Three alerts of suspected Measles, two from district Swat and one from district Nowshera were received and responded.

**A. Influenza H1N1:** One alert for suspected influenza H1N1 was reported from Lady Reading Hospital, Peshawar. The patient is a 26 year old female resident of Peshawar, presented with high grade of fever, cough and shortness of breath. One Blood and One Throat Swab samples were taken and sent to NIH for further laboratory testing.

### **B. Measles (MS):**

- The First suspected case reported from village Shagai, District Swat. The patient is a 3.5 year old male child, resident of village Shagai, district Swat. Blood sample was collected for laboratory confirmation. NIH reported the laboratory test result positive for Measles IgM.
- The second patient was reported from village Gul Bandai district Swat. The patient is a 2 year old male child. Blood sample was collected for Laboratory confirmation. NIH reported the laboratory test result positive for Measles IgM.
- The third patient was reported from BHU Taru Jabba district Nowshera. The patient is a 9 year old male child. Blood sample and oral swab samples were collected and sent to NIH for further laboratory testing and confirmation. NIH reported the laboratory test result negative for Measles IgM.

## 2. 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 46 to 49, 2009

District	Week 46			Week 47			Week 48			Week 49		
	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	24	-	9914	28	-	12838	25	-	10809	27	-	8468
Charsadda	50	339	7834	48	450	10075	44	-	7535	45	480	4153
D. I. Khan	-	-	-	15	-	2273	5	-	895	14	-	993
Lower Dir	30	519	1670	33	223	2221	24	1023	1094	33	1367	1520
Mardan	55	393	15065	55	510	16567	54	430	16950	56	298	14980
Nowshera	44	13821	8258	48	17268	11416	40	15545	5851	44	14042	9664
Peshawar	69	453	9902	70	2950	13987	45	2375	7684	58	2446	5997
Swabi	44	-	5164	45	-	4850	31	-	3720	38	-	3677
Swat	61	-	27669	61	-	32435	62	-	28322	65	-	19628
Tank	-	-	-	32	-	3373	32	-	1853	33	-	1862
<b>Total</b>	<b>377</b>	<b>15525</b>	<b>85476</b>	<b>435</b>	<b>21401</b>	<b>110035</b>	<b>362</b>	<b>19373</b>	<b>84713</b>	<b>413</b>	<b>18633</b>	<b>70942</b>

During the Epidemiological week 49, 2009, total 413 sites shared the weekly DEWS reports on the due time from 10 districts hosting IDPs and affected by conflict. A total of **89,575** patient consultations reported. The number of weekly consultations has dropped in week 49 because of the Eid holidays. Out of the total reported consultations, **49,134 (55%)** patient visits were for females and **40,441 (45%)** consultations for male patients. In children less than 5 years age, **21,878 (24%)** patient visits were reported. During the week total **45,252 (51%)** consultations were reported for

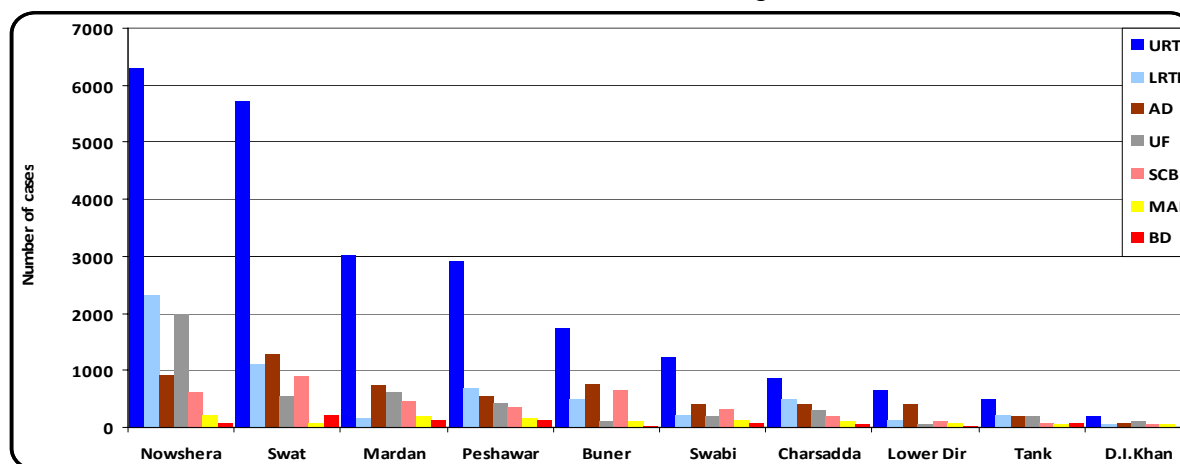
the priority communicable diseases under surveillance. In the week 49, 2009, Thirty one DEWS sites reported 439 Ante Natal visits, while 630 consultations for chronic non-communicable diseases and Twenty four sites reported 245 cases of injuries. No case of Acute Flaccid Paralysis (AFP) was reported from any area of NWFP in week 49. During week 49 total 18,633 patient consultations reported from the IDP camps (Table 2).

**Table 2:** Weekly total consultations in IDP camps by district, from weeks 46 to 49, 2009

District	IDP camp	Consultations			
		Week 46	Week 47	Week 48	Week 49
Charsadda	Palosa	339	450	-	480
Lower Dir	Wala Kandawa	519	223	467	755
	Sadbar Kallay	-	-	556	612
Mardan	Jalala	393	510	430	298
Nowshera	Benazir Complex	267	236	273	351
	Jalozai 1, 2, 3, 4,5, CO	13554	17032	15272	13691
Peshawar	Kacha Garhi 1 & 2	453	2950	2375	2446
<b>Total</b>		<b>15525</b>	<b>21401</b>	<b>19373</b>	<b>18633</b>

**1. Morbidity pattern of the seven most common communicable diseases in the IDP hosting and the conflict affected districts of NWFP, during week 49 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 49, 2009



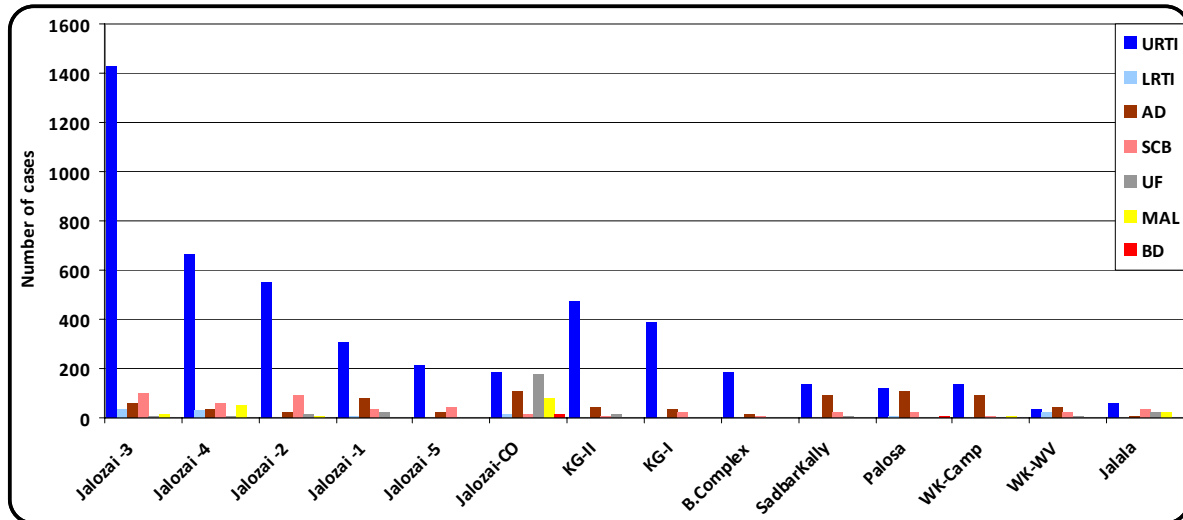
During the epidemiological week 49 of 2009; Upper Respiratory Tract Infection (URTI) was reported as the most common cause (26%) amongst all the consultations reported and was also the leading cause of morbidity in the IDP camps as well as outside the camps in all the 10 districts (Figure 1).

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 7% of the total consultations during the week. Districts Nowshera, Swat and Peshawar are reporting more cases of LRTI as compared to the other districts. The DEWS teams are vigilantly following the LRTI situation in their respective districts by visiting the reporting health facilities especially the secondary and the tertiary care hospitals. Most of the LRTI cases are reported as outdoor patient consultations from the First level care facilities. Scabies (SCB) reported in (4%) consultation with highest number in district Swat, Nowshera and Buner, Un-explained fever in (5%) of consultation with highest number of cases from district Nowshera. Suspected Malaria reported in 1,197 (1%) cases and Bloody

Diarrhea reported in **872 (<1%)** of the total patients consultations from districts Swat, Peshawar and Mardan.

## 2. Morbidity pattern of the Seven most common communicable diseases by number of consultations in the IDP camps of NWFP during week 49, 2009

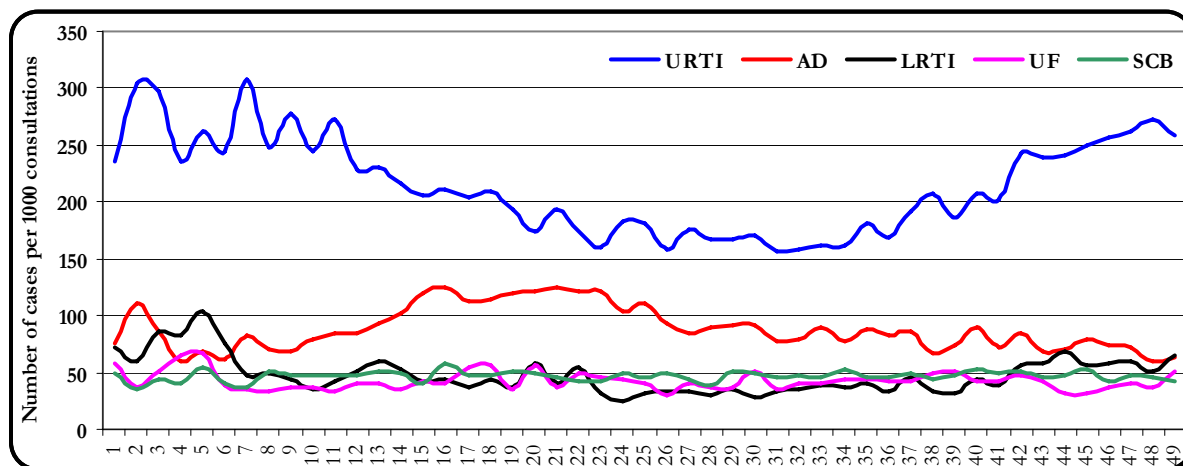
**Figure 2:** Pattern of seven most common communicable diseases in the IDP camps NWFP, week 49, 2009



During week 49, health facilities in most of the IDP camps reported URTI as the leading cause and acute diarrhoea as the second common cause of consultations. Health facility Jalozai-CO, Jalozai I, Palosa, Sadbar Kally, and Walakandawa IDP camps reported more cases of acute diarrhoea as compared to the other camps. The Health in the Jalozai camp run by CAMP Organization (Jalozai CO) reporting more cases of Un-Explained Fever and Suspected Malaria compared to other health facilities in the IDP camps. No unusual health event or disease situation reported from any other IDP camps.

## 3. 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 49 of 2009:

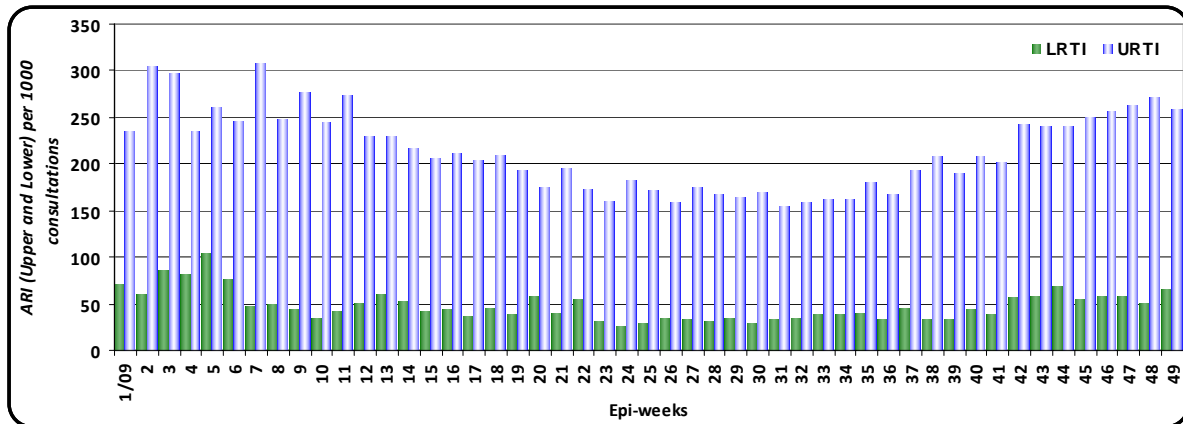


The morbidity trend of the diseases is proximally represented as number of cases of each disease per 1000 consultations reported during each week. The weekly trends of diseases from week 1 to 49, 2009, generally reflect that the **upper respiratory tract infection (URTI)** is the leading cause of consultation throughout the period. URTI is still showing the upward trend with some weekly

fluctuation while LRTI showing some increase in week 49 after remaining stable during the previous four weeks with a slightly fluctuating trend. Rest of the priority communicable diseases under surveillance remained stable with some weekly fluctuation (fig. 3).

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

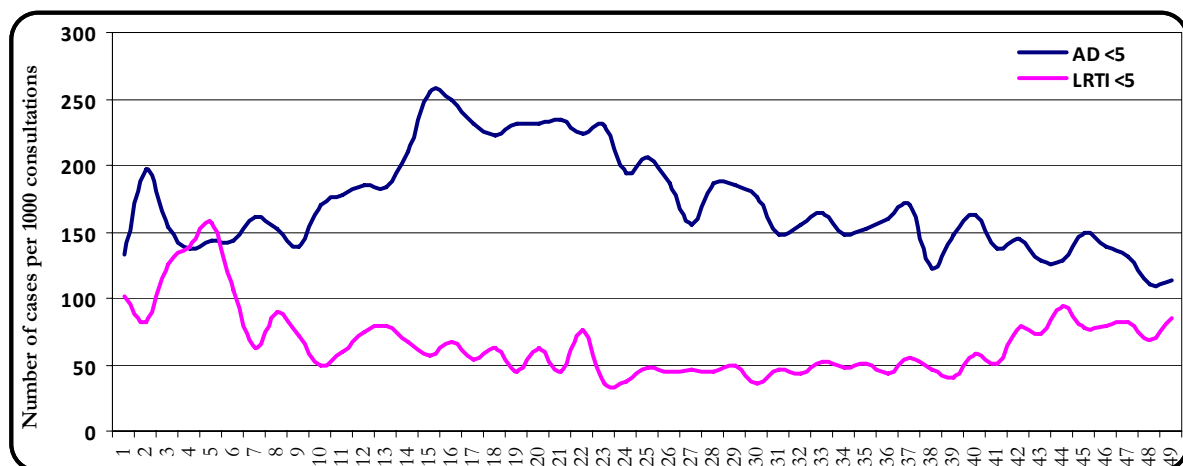
Fig. 4: Weekly trends of URTI and LRTI as number of cases per 1000 consultations in the conflict affected and IDP hosting districts of NWFP from week 1 to 49(1<sup>st</sup> January to 4<sup>th</sup> December), 2009



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 remained steady during the last four weeks and showing some increase during the week 49. However in overall, picture for both the diseases remained within the usual limits during this season for the area (fig 4).

#### 5. 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 49, 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 49 (1<sup>st</sup> January to 4<sup>th</sup> December) 2009



Acute Diarrhea (AD) and Lower Respiratory Tract Infections (LRTI) are the known most common causes of morbidity and mortality among children less than five years age. During week 49, a total of **21,878** consultations reported in the children Under Five years age, out of those, **2,466 (11%)** consultations were for Acute Diarrhea and **1,863 (9%)** for Lower Respiratory Tract Infection (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 are within the usual seasonal limits with some fluctuation (Fig 4).

## 7. Number of reporting/non-reporting Health Facilities by type and department (Week 49, 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). The DEWS has been expanded to two Southern districts Tank and D.I. Khan, which are hosting IDPs from South Waziristan Agency. During the Epidemiological week 49, 2009, 413 (81%) 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 49, 2009

Department	Health Facility	Number of DEWS Implemented Health Facilities	Reporting Health Facilities	Percentage
PPHI	BHU	276	236	86%
Dept. Of Health	RHC	36	29	81%
	DHQ	5	3	60%
	THQ	4	3	75%
	IDP Camps	14	14	100%
	Mobile, CD and CH	172	128	74%
<b>Total</b>		<b>507</b>	<b>413</b>	<b>81%</b>

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

In week 49 (28 Nov – 4 December) 2009, thirty-one DEWS sites both inside and outside IDP camps reported 439 Ante Natal visits. One pregnancy and child birth related referrals and 8 children less than 5 years age with Moderate Acute Malnutrition also reported. The information on Maternal Health Care and <5 children nutrition surveillance by each district during week 49, 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	-	185	185	-	-	-	-	8	8
Charsadda	-	25	25	-	-	-	-	-	-
Lower Dir	35	-	35	-	-	-	-	-	-
Mardan	14	44	58	-	-	-	-	-	-
Nowshera	6	-	6	1	-	1	-	-	-
Peshawar	-	-	-	-	-	-	-	-	-
Swabi	-	-	-	-	-	-	-	-	-
Swat	-	130	130	-	-	-	-	-	-
Tank	-	-	-	-	-	-	-	-	-
D. I. Khan	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>55</b>	<b>384</b>	<b>439</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>8</b>	<b>8</b>

## 9. Environmental Health Activities/Response

- Water quality monitoring of 37 major urban water supply sources in district swat is in progress, so far WHO tested water samples from 13 main tube well sources where results are awaited.
- Renovation work of District swat water testing lab is in progress, 60% of the renovation work have been completed by the contractor.
- Coordination meeting with WASH partners in palosa IDP camp Charsadda, health promoters from WASH partners were guided on focused group discussion with community involving religious leaders for community mobilization.
- Emergency WASH coordination meeting in Jalozai IDP camp & Malaria Control Program District Nowshera for implementation of vector control interventions in Jalozai IDP camp. The implementation plan is in finalization for starting the activity next week.

During the epidemiological week 49, a total of 18 water samples were tested for biological contamination and 13 samples for residual Chlorine.

Table 5: Water sample test results for the Bacteriological test:

District	Bacteriological test result					Remarks
	Total No of Water sample tested	Water sample fit for drinking		Water sample unfit for drinking		
		No	%	No	%	
Charsadda	1	1	100%	-	-	
Mardan	6	5	84	1	16%	Health education session with the affected household on water hygiene
Swat	11	-	-	-	-	Result not received yet

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	6	6	100%	