# Early Warning and Reporting System (EWARS) Weekly Bulletin (37th Epidemiological Week)

22 September 2019



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## The Early Warning and Reporting System (EWARS)

Highlights

**Dengue:** 1468 cases of Dengue are reported this week. The majority of the cases are from Kaski (458 cases), Kathmandu (253 cases), Rupandehi (146 cases), Lalitpur (109 cases), Bhaktapur (92 cases), Chitwan (39 cases), Tanahun (32 cases) and Makwanpur (26 cases).

Malaria: Five cases of Malaria are reported this week- one each from Kathmandu, Saptari, Kailali, Rupandehi and Doti.

**AGE:** 216 cases of AGE are reported this week. The majority of these cases are from Bhaktapur (28 cases), Kathmandu (22 cases), Dolakha (14 cases) and Kanchanpur (11 cases).

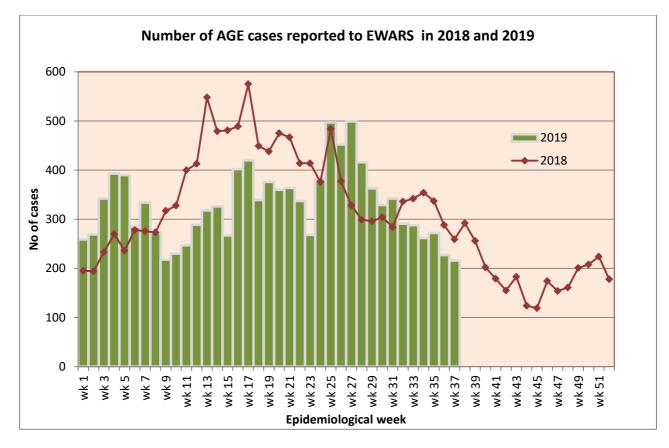
**SARI:** 135 cases of SARI are reported this week. One death from SARI is reported this week by Om hospital, Kathmandu and the case was from Kathmandu. The majority of these cases are from Lalitpur (14 cases), Morang (13 cases) and Rupandehi (7 cases).

The EWARS was established in 1997 to strengthen the flow of information on vector-borne and other outbreak prone infectious diseases from the district to Epidemiology and Disease Control Division (EDCD) and Vector-Borne Disease Research and Training Center (VBDRTC), Hetauda. Rapid Response Teams (RRTs) can be mobilized at short notice to facilitate prompt outbreak response at Central, Regional and District level. RRTs can also support local level health institutions for investigation and outbreak control activities.

This information system is hospital-based. So far, the EWARS mainly focuses on the **weekly reporting** of number of cases and deaths (including "zero" reports) of six priority diseases/syndromes—Malaria, Kala-azar, Dengue, Acute Gastroenteritis (AGE), Cholera and Severe Acute Respiratory Infection (SARI), and other epidemic potential diseases/syndromes (like enteric fever). It equally focuses on **immediate reporting** (to be reported within 24 hours of diagnosis) of one confirmed case of Cholera, Kala-azar severe and complicated Malaria and one suspect/clinical case of Dengue as well as 5 or more cases of AGE and SARI from the same geographical locality in one-week period.

## 1.1 Acute Gastro-Enteritis (AGE) and Cholera

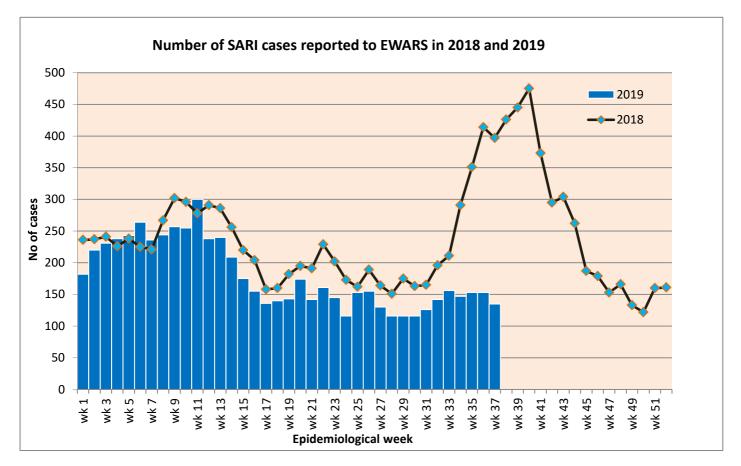
216 cases of AGE are reported in the 37<sup>th</sup> epidemiological week this year. The majority of these cases are from Bhaktapur (28 cases), Kathmandu (22 cases), Dolakha (14 cases) and Kanchanpur (11 cases). 259 cases of AGE were reported this week in 2018.



**Cholera**: One case of Cholera has been reported so far this year by Teku hospital, Kathmandu and the case was from Tahachal, Kathmandu.

## **1.2 Severe Acute Respiratory Infection (SARI)**

135 cases of SARI are reported in the 35<sup>th</sup> epidemiological week this year. The majority of these cases are from Lalitpur (14 cases), Morang (13 cases) and Rupandehi (7 cases). One death from SARI is reported this week by Om hospital, Kathmandu and the case was from Kathmandu. Nearly thrice number of cases (397 cases) of SARI were reported this week in 2018.



## 1.3 Malaria

Five cases of Malaria are reported this week- one each from Kathmandu, Saptari, Kailali, Rupandehi and Doti. No case of Malaria was reported this week in 2018.

#### **1.4 Dengue**

1468 cases of Dengue are reported this week. The majority of the cases are from Kaski (458 cases), Kathmandu (253 cases), Rupandehi (146 cases), Lalitpur (109 cases), Bhaktapur (92 cases), Chitwan (39 cases), Tanahun (32 cases) and Makwanpur (26 cases). Four cases of Dengue were reported this week in 2018.

## 1.5 Kala-azar

Seven cases of Kala-azar are reported this week- one each from Kathmandu, Palpa, Kalikot, Baitadi, Banke, BArdiya and Dailekh. Three cases of Kala-azar were reported this week in 2018.

#### **Other diseases**

#### Scrub typhus

116 cases of Scrub typhus are reported this week. The majority of the cases are from Dhading (13 cases), Palpa (11 cases), Rupandehi (10 cases) and Kathmandu (7 cases).

**Acknowledgement:** The Epidemiology and Disease Control Division highly acknowledges the contribution from all the medical recorders, EWARS focal persons, rapid response team members and technical support from WHO for preparation of this bulletin.

**Note:** This bulletin is also available at EDCD's website <u>www.edcd.gov.np.</u> Thank you.