



PUNJAB INFORMATION TECHNOLOGY BOARD HEALTH REPORTING SYSTEM

WEEKLY SITREP

07 Diphtheria (Suspected)

- 3 Faisalabad
- 2 Lahore
- 1 Multan
- 1 Vehari

05 Acute Flaccid Paralysis

- 3 Lahore
- 1 Layyah
- 1 Toba Tek Singh

04 Neonatal Tetanus (Suspected)

- 4 Lahore

01 HIV/AIDS (Suspected)

- 1 Muzaffargarh

01 Measles (Suspected)

- 1 Toba Tek Singh

FOCUSING HIV/AIDS

Epidemiological Week No.4 (24th Jan, 2016 to 30th Jan, 2016)

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Chairman, PITB | Secretary Specialized Healthcare and
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Punjab Information
Technology Board



Institute of
Public Health



World Health
Organization
Country office for Pakistan



Specialised Healthcare
and Medical Education



King Edward
Medical University
Lahore

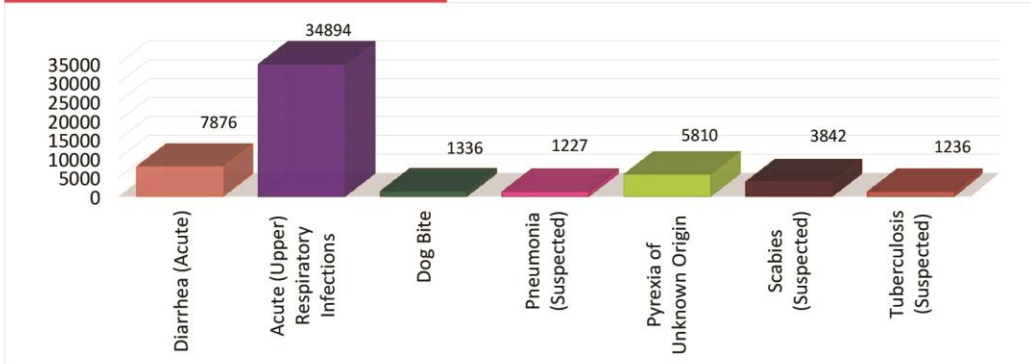


University of
Agriculture Faisalabad

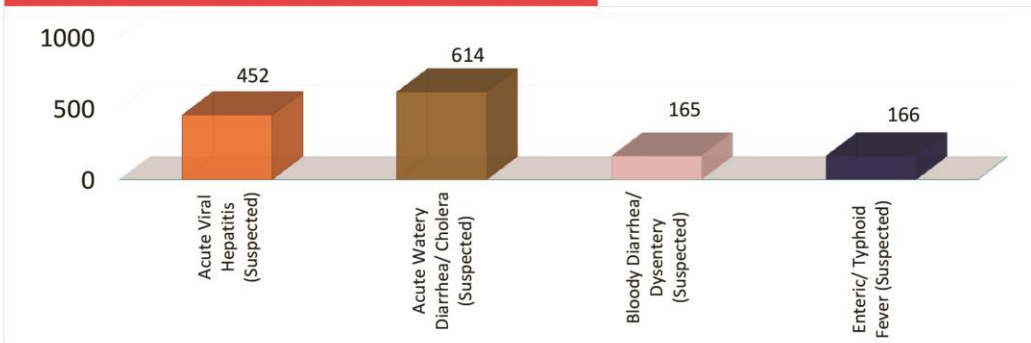


COMMUNICABLE DISEASE SITUATION - PUNJAB (WEEK 4, 2016)

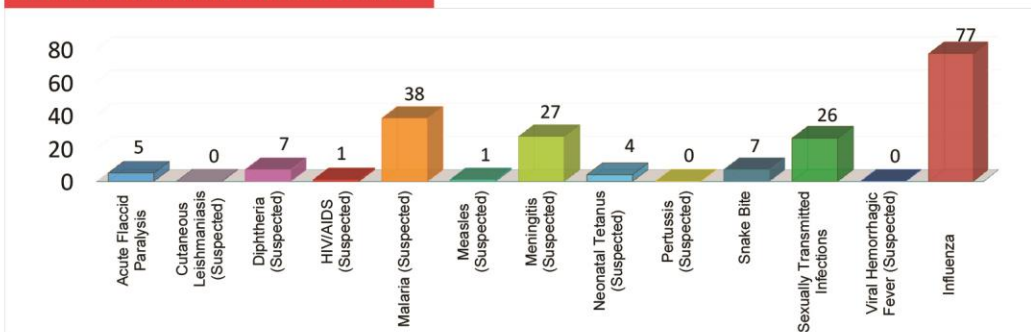
Diseases with number of cases >1000



Diseases with number of cases between 100 & 1000



Diseases with number of cases < 100



Acute Diarrhea: Cases which do not fit in the definition of Dysentery or Acute Watery Diarrhea

* Data as reported from THQ, DHQ & Teaching Hospitals of Punjab

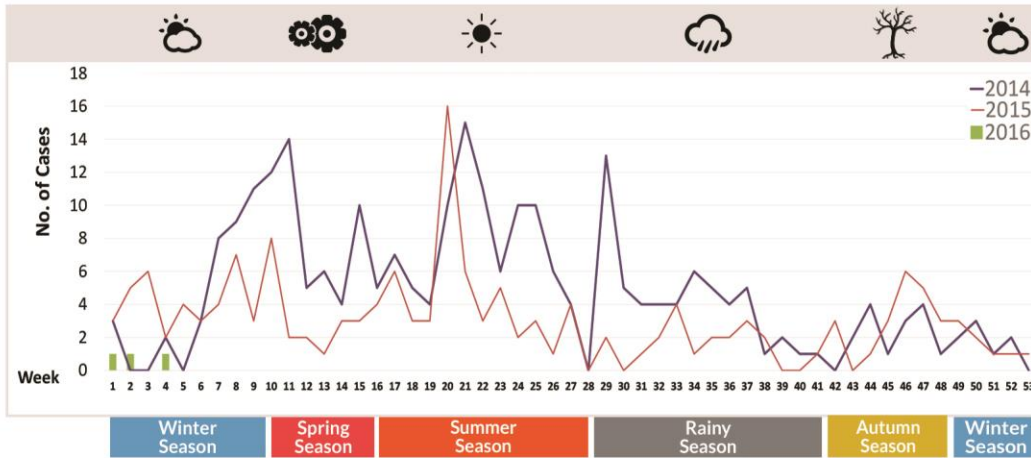


FOCUSING HIV/AIDS
(WEEK 1 TO WEEK 4, 2016)
TOTAL ENTRIES = 3

CASE DEFINITION

1. The presence, in a patient not exhibiting pronounced malnutrition or cancer or therapeutic (or congenital) immunosuppression of:
 - a. At least three of the four major symptoms
 - b. Associated with one of the minor symptoms.
 - c. Four clinical signs that are invariably or almost invariably present, termed major symptoms:
 - I. Significant weight loss exceeding 10% of body weight (100% of cases)
 - II. Considerable asthenia (100% of cases)
 - III. Chronic diarrhoea with no apparent cause lasting for more than one month (80% of cases).
 - IV. Prolonged or intermittent and recurring fever (70% of cases)
 2. Other symptoms known as minor symptoms are less frequent but are often associated in a significant manner with the preceding symptoms. These are:
 - a. Respiratory signs, in particular a cough persisting for more than one month.
 - b. Muco-cutaneous signs, in particular:
 - I. Generalized pruritic dermatosis.
 - II. Relapsing herpes zoster.
 - III. Oropharyngeal candidiasis.
 - IV. Chronic and relapsing ulcerative herpes infection.
 - c. Generalized adenopathy.
 - d. Tuberculosis is often associated with LAV/HTLV-III virus infection.
- On the other hand, generalized Kaposi's sarcoma in its non-classical form is sufficient for the diagnosis of AIDS. The occurrence of cryptococcal meningitis is also sufficient for the diagnosis of AIDS.

WEEK WISE DISTRIBUTION



DISTRICT WISE DISTRIBUTION

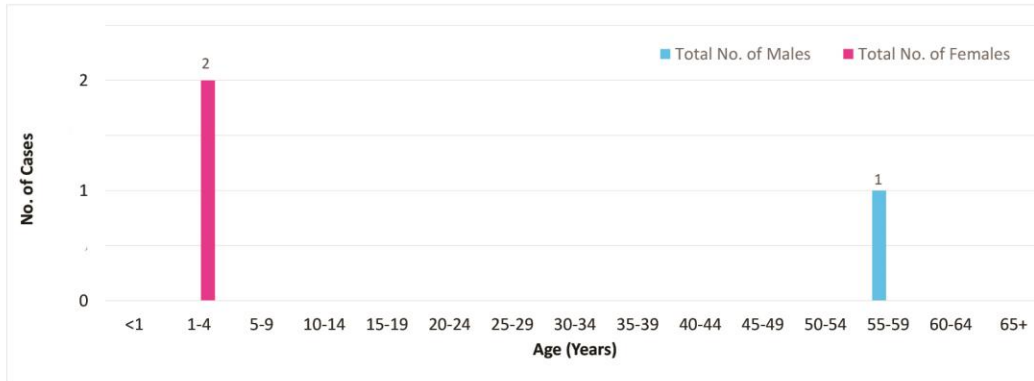
Residential district of the patients



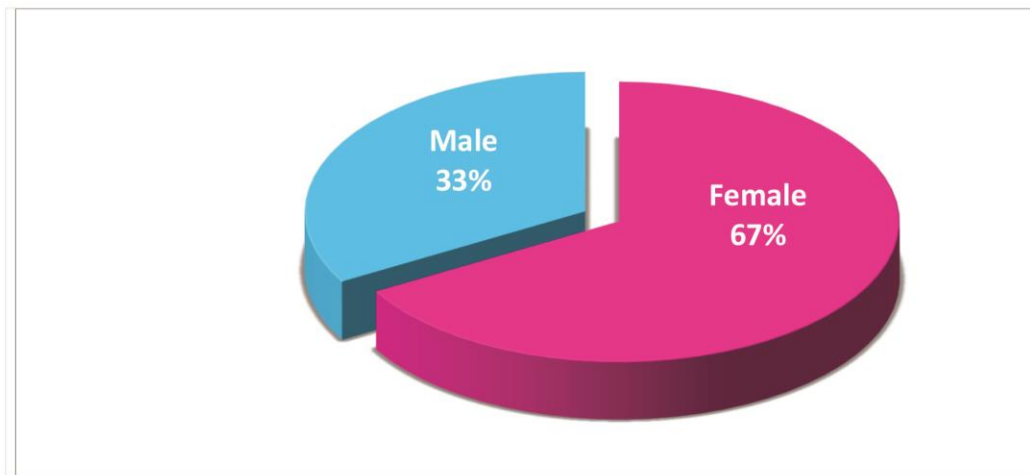
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FOCUSING HIV/AIDS
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AGE WISE DISTRIBUTION



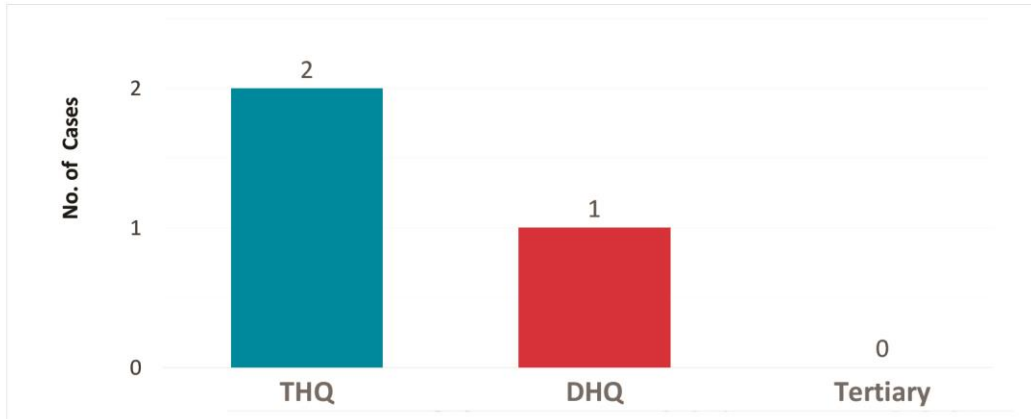
GENDER WISE DISTRIBUTION



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FOCUSING HIV/AIDS
(WEEK 1 TO WEEK 4, 2016)
TOTAL ENTRIES = 3

CASES REPORTED FROM VARIOUS TYPES OF HEALTH FACILITIES



LEGEND

● Acute Flaccid Paralysis (AFP)	● Diphtheria (Suspected) (Diph)	
● Acute (Upper) Respiratory infections (ARI)	● Dog Bite (DB)	
● Acute Viral Hepatitis (Suspected) (AVH)	● Enteric /Typhoid Fever (Suspected) (TF)	
● Acute Watery Diarrhea/Cholera (Suspected) (AWD)	● HIV/AIDS (Suspected) (HIV/AIDS)	
● Tuberculosis (Suspected) (TB)	● Malaria (Suspected) (Mal)	
● Bloody Diarrhea/Dysentery (Suspected) (BD)	● Measles (Suspected) (Meas)	
● Pyrexia of Unknown Origin (PUO)	● Cutaneous Leishmaniasis (Suspected) (CL)	
● Scabies (Suspected) (Scb)	● Diarrhoea (Acute) (AD)	
● Sexually Transmitted Infections (STIs)	● Meningitis (Suspected) (Men)	
● Snake Bite (with signs/ symptoms of poisoning) (SB)	● Neonatal Tetanus (Suspected) (NNT)	
● Viral Hemorrhagic Fever (Suspected) (VHF)	● Pertussis (Suspected) (Pert)	
● Pneumonia (Suspected) (Pneuo)		
H Tehsil Head Quarter THQ	H Rural Health Center RHC	H Teaching Hospital Tertiary
H District Head Quarter DHQ	H Basic Health Unit BHU	H Executive District Officer Health EDO(H)

* Data as reported from THQ, DHQ & Teaching Hospitals of Punjab

5/8

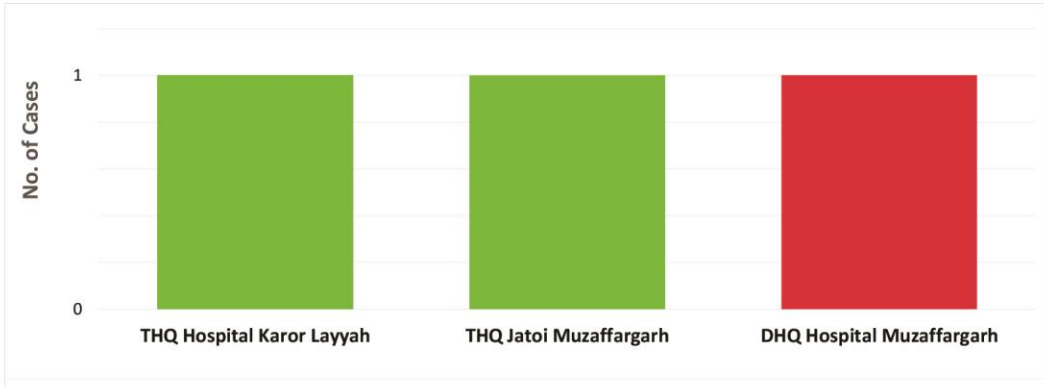


FOCUSING HIV/AIDS
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EPIDEMIOLOGICAL MAP



TOP REPORTING HOSPITALS



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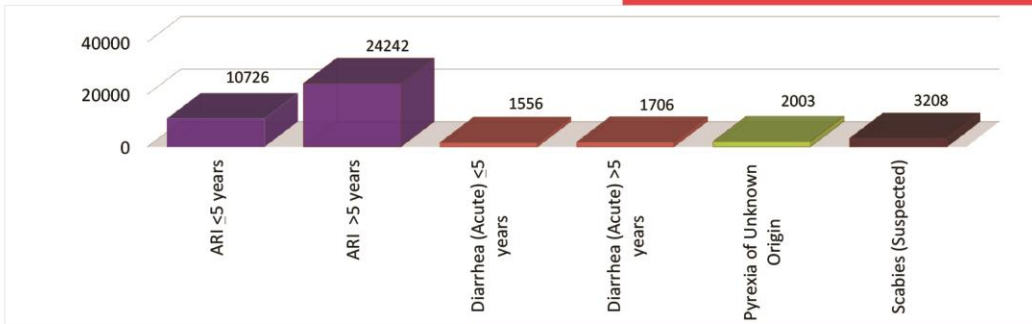


Focusing Disease Wheel
(Week 4, 2016)
TOTAL CASES = 45442

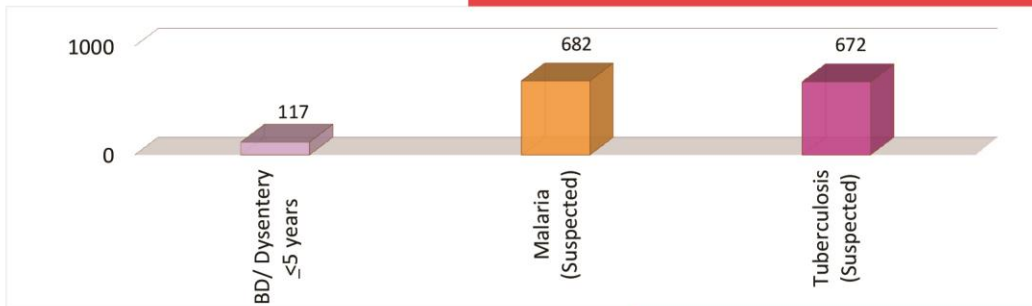


DISEASE WISE DISTRIBUTION

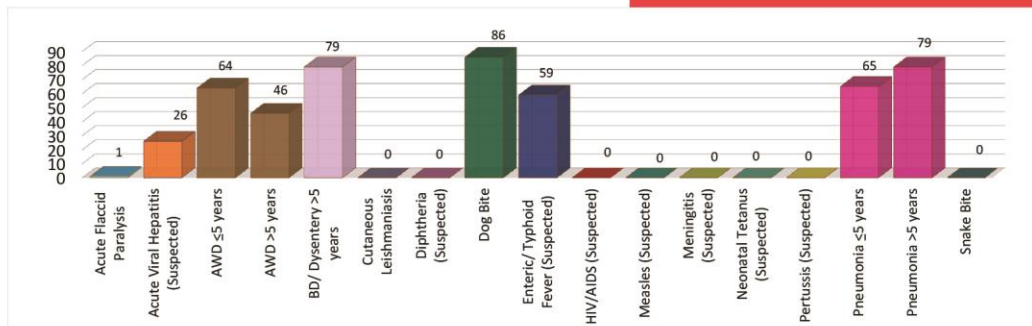
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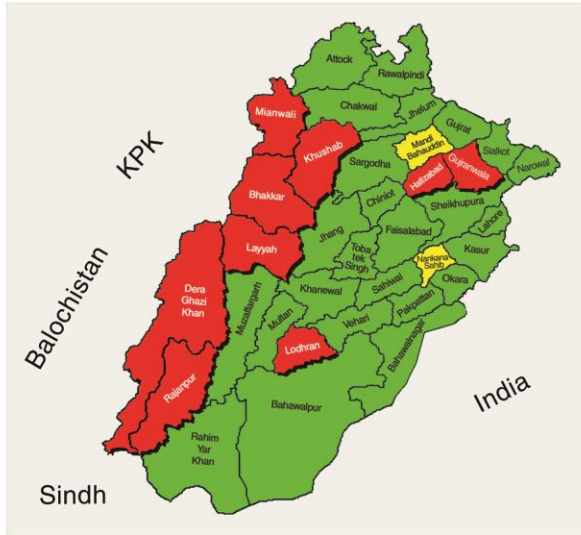
* Data as reported using disease wheel



Focusing Disease Wheel
(Week 4, 2016)
TOTAL CASES = 45442



DISTRICT WISE SMS RESPONSE

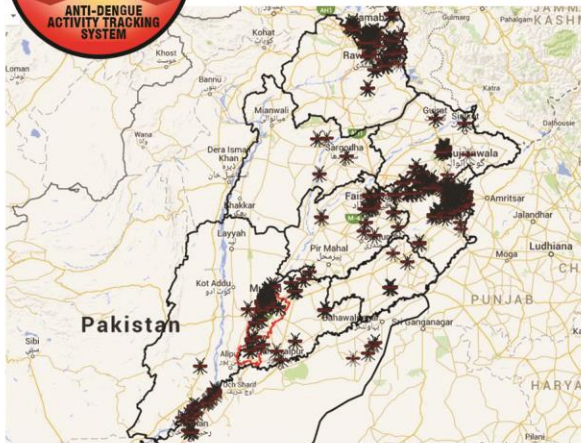


- No response
- Response on less than 4 days of the week
- Response on 4 or more days of the week

EDO's(H) of the districts with response on less than 4 days of the week (colored red and yellow) must ensure consistent reporting.



Focusing Dengue
(Week 4, 2016)



Smart phone based dengue surveillance continues in **week 4, 2016**. Rawalpindi, Jhelum, Chakwal, Gujranwala, Kasur, Hafizabad, Sialkot, Sargodha, Mianwali, Sahiwal, Okara, Multan, DG Khan, Muzaffargarh, Bahawalpur, Rajanpur and Rahim Yar Khan have carried out anti-dengue activities as per SOPs of government.

Altogether **73150** activities have been performed in **week 4, 2016**.

TOTAL ACTIVITIES: 73150