# Early Warning and Reporting System (EWARS) Weekly Bulletin (31st Epidemiological Week)

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# The Early Warning and Reporting System (EWARS)

#### Highlights

**AGE:** 294 cases of AGE are reported this week. The majority of these cases are from Kathmandu (33 cases), Bhaktapur (22 cases), Rukum west (16 cases), Salyan (13 cases) and Kanchanpur (13 cases).

**SARI:** 113 cases of SARI are reported this week. The majority of these cases are from Morang (11 cases), Kathmandu (9 cases), Lalitpur (7 cases), Palpa (6 cases) and Rukum west (6 cases).

Malaria: Three cases of Malaria are reported this week- one each from Dadeldhura, Kanchanpur and Sunsari.

**Dengue**: Sixty-three cases of Dengue are reported this week, of which the majority are reported by BPKIHS, Dharan. The majority of the reported cases are from Sunsari (39 cases), Kaski (6 cases), Morang (3 cases) and Jhapa (2 cases).

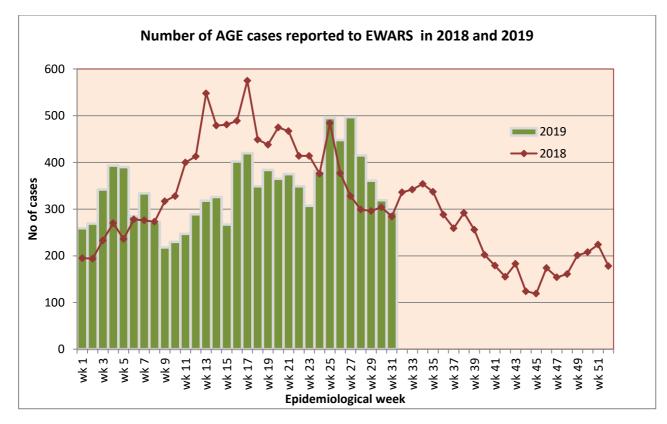
Kala-azar: One case of Kala-azar is reported this week from Kalikot.

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 and Cholera**

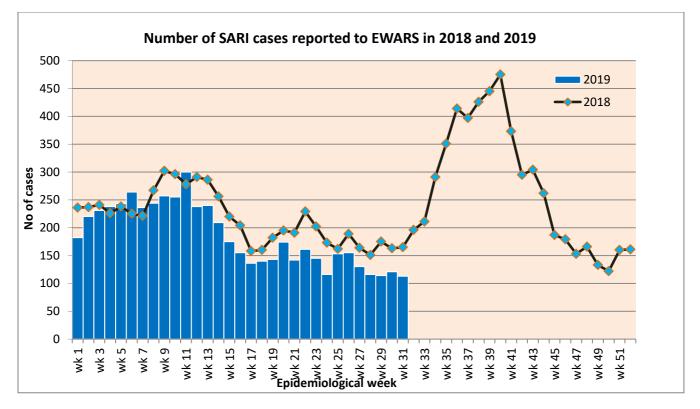
294 cases of AGE are reported in the 31<sup>st</sup> epidemiological week this year. The majority of these cases are from Kathmandu (33 cases), Bhaktapur (22 cases), Rukum west (16 cases), Salyan (13 cases) and Kanchanpur (13 cases). 284 cases of AGE were reported this week in 2018.



**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)**

113 cases of SARI are reported in the 31<sup>st</sup> epidemiological week this year. The majority of these cases are from Morang (11 cases), Kathmandu (9 cases), Lalitpur (7 cases), Palpa (6 cases) and Rukum west (6 cases). 165 cases of SARI were reported this week in 2018.



## **1.3 Malaria**

Three cases of Malaria are reported this week- one each from Dadeldhura, Kanchanpur and Sunsari. Seven cases of Malaria were reported this week in 2018.

#### **1.4 Dengue**

63 cases of Dengue are reported this week, of which the majority are reported by BPKIHS, Dharan. The majority of the reported cases are from Sunsari (39 cases), Kaski (6 cases), Morang (3 cases) and Jhapa (2 cases). Eight case of Dengue were reported this week in 2018.

### 1.5 Kala-azar

One case of Kala-azar is reported this week from Kalikot. Four cases of Kala-azar were reported this week in 2018.

#### 1.6 Scrub typhus

16 cases of Scrub typhus are reported this week. The majority of the cases are from Kavre (3 cases), Dhading (2 cases), Gorkha (2 cases), Syangja (2 cases) and Gulmi (2 cases).

### **1.7 Enteric Fever**

75 cases of Enteric fever are reported this week. The majority of the cases are from Kathmandu (15 cases), Morang (11 cases), Lamjung (7 cases) and Dhankuta (5 cases).

#### Timeliness and completeness of reporting from sentinel sites:

Timeliness and completeness of reporting will be updated in the subsequent bulletins.

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 official website <u>www.edcd.gov.np.</u> Thank you.