

Early Warning and Reporting System (EWARS)

Weekly Bulletin

(47th Epidemiological Week)

1st December 2019



**Government of Nepal
Ministry of Health and Population
Department of Health Services
Epidemiology and Disease Control Division
Kathmandu, Nepal
ewarsnepal@gmail.com**

Note: This bulletin includes data since January 2019 till date, including comparison of same period during last year. It also includes data from the existing sentinel sites as well as from some of the recently expanded 36 new sentinel sites (including public hospitals, private hospitals and medical colleges).

The Early Warning and Reporting System (EWARS)

Highlights

Dengue: 147 cases of Dengue are reported this week. The majority of the cases are from Rupandehi (37 cases), Kaski (18 cases), and Kathmandu (15 cases).

Malaria: Four Malaria cases are reported this week and cases are from Kanchanpur (3 cases) and one from Kailali.

Kala-azar: Four cases of Kala-azar reported this week. One each cases are from Siraha, Banke, Kalikot and Kanchanpur.

Scrub typhus: 33 cases of Scrub typhus are reported this week. The majority of the cases are from Kailali (4 cases), Bardiya (3 cases), and Rupandehi (3 cases).

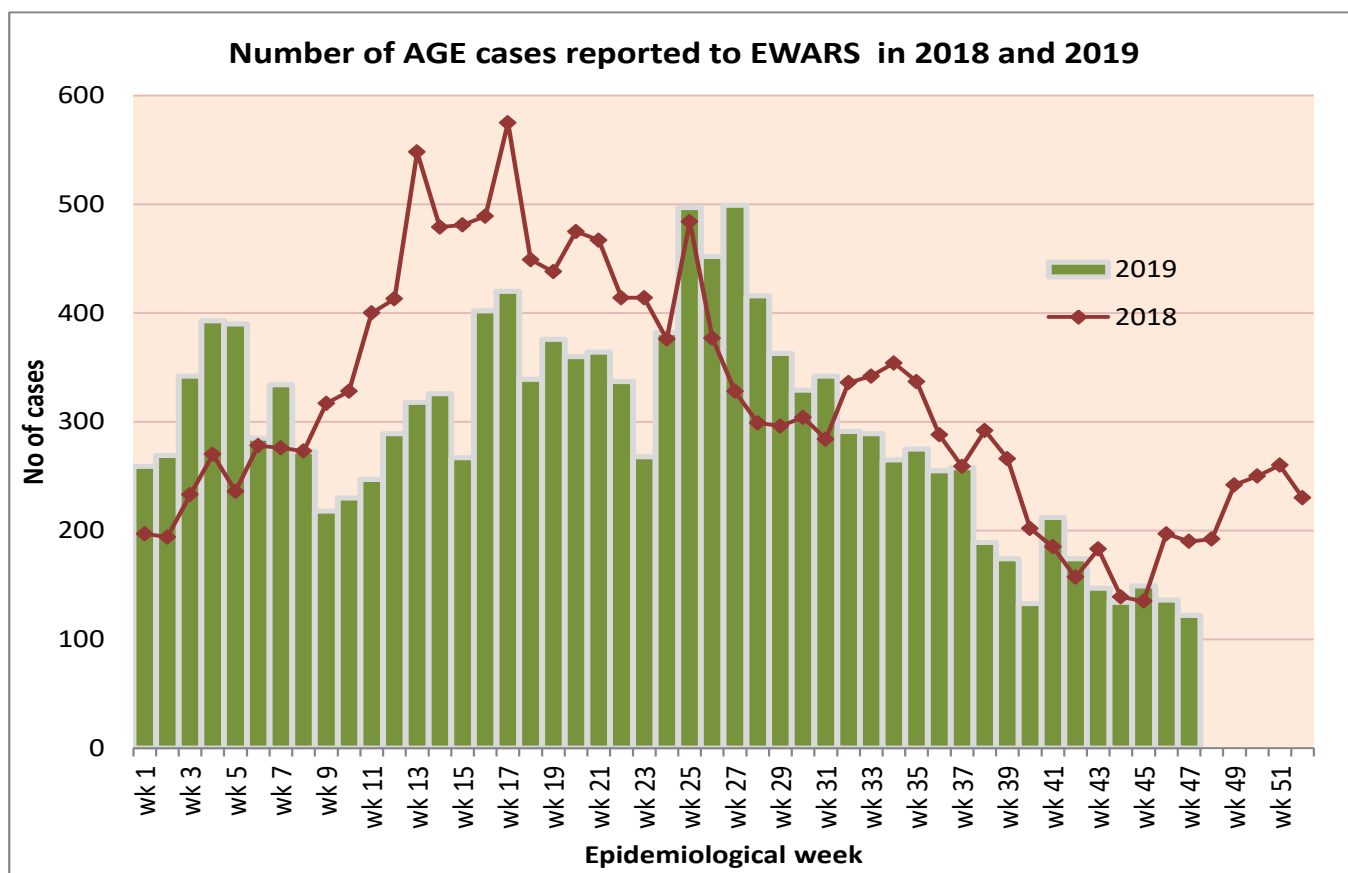
SARI: 278 cases of SARI are reported this week. The majority of these cases are from Morang (28 cases), Jhapa (27 cases), and Kailali (22 cases).

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

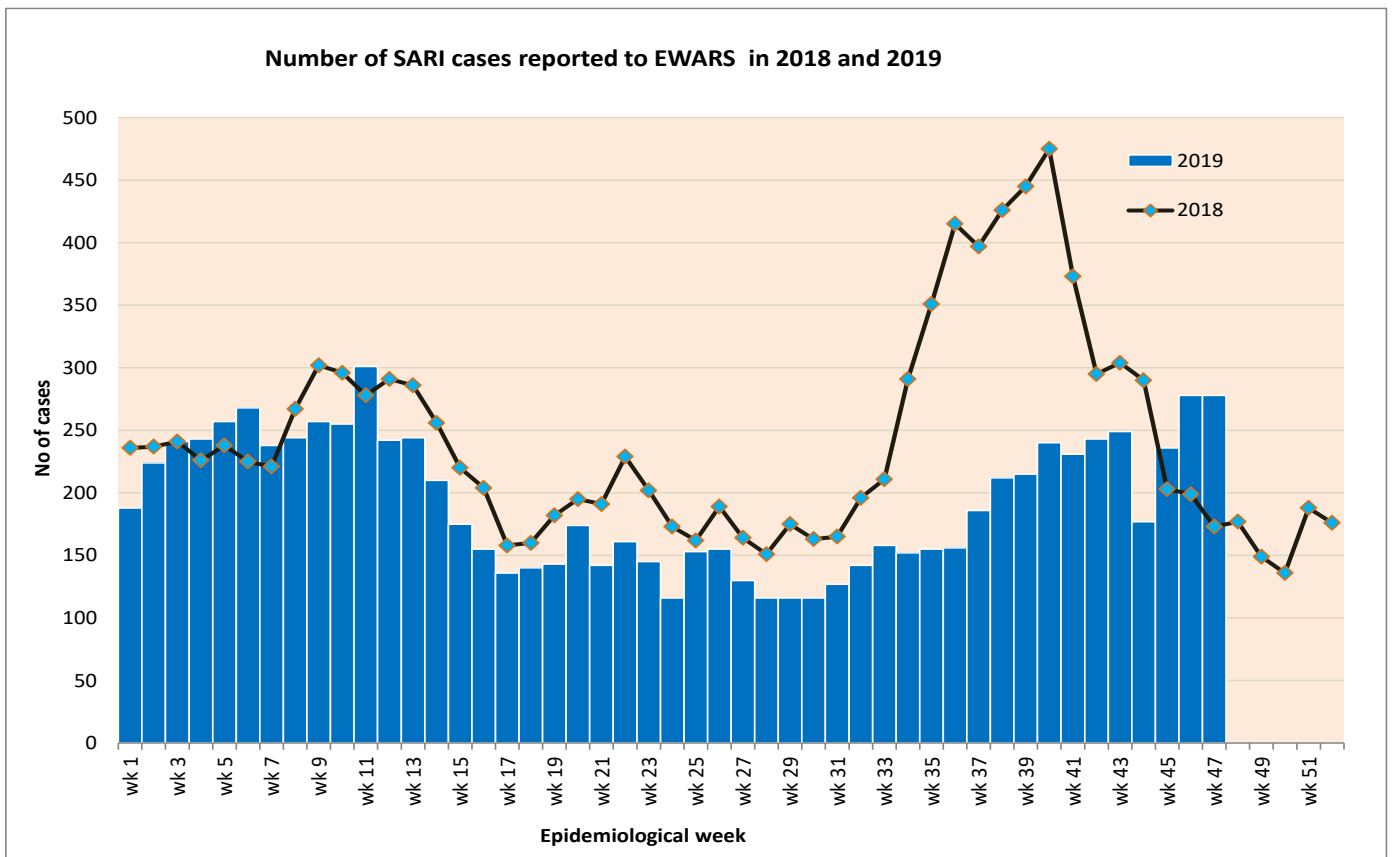
122 cases of AGE are reported in the 47th epidemiological week this year. The majority of these cases are from Jhapa (12 cases), Dolakha (10 cases), and Kathmandu (8 cases). 190 cases of AGE were reported this week in 2018.



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)

278 cases of SARI are reported this week. The majority of these cases are from Morang (28 cases), Jhapa (27 cases), and Kailali (22 cases). 173 cases of SARI were reported this week in 2018.



1.3 Malaria

Four Malaria cases are reported this week and cases are from Kanchanpur 3 and one from Kailali. Four cases of Malaria were reported this week in 2018.

1.4 Dengue

Dengue: 147 cases of Dengue are reported this week. The majority of the cases are from Rupandehi (37 cases), Kaski (18 cases), and Kathmandu (15 cases). 6 cases of Dengue were reported this week in 2018.

1.5 Kala-azar

Four cases of Kala-azar reported this week. One each cases are from Siraha, Banke, Kalikot and Kanchanpur. Ten case of Kala-azar were reported this week in 2018.

Other diseases

Scrub typhus

33 cases of Scrub typhus are reported this week. The majority of the cases are from Kailali (4 cases), Bardiya (3 cases), and Rupandehi (3 cases). 15 cases of Scrub typhus were reported this week in 2018.

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 EDCCD's website www.edcd.gov.np.

Thank you.