

Abstract

Diphtheria Outbreak in Village Khabri Bhatt Tehsil Salehpat District Sukkur, Pakistan, 2016 - A Descriptive Study

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Abstract

Background: On 9th September 2016, 2 deaths reported in local newspaper due to unknown disease of respiratory system in village Khabri Bhatt Tehsil Salehpat, District Sukkur. On 10th September FELTP fellows visited the affected village.

Objective: To assess the cause of death, evaluate the magnitude of outbreak, and to recommend control measures.

Methods: A descriptive study conducted. Active case finding done and data collected using pretested questionnaire. Health facility records checked and verbal autopsies carried-out. A case was defined as any person with fever, throat pain and Greyish white membrane on Tonsils or nasal mucosa or Pharynx or larynx with or without any of the following symptoms including: neck swelling, difficulty in swallowing residing in Union council Tarai from 20th August to 10th September 2016. Data was analyzed while using MS Excel and Epi Info.

Results: Six cases including 2 deaths identified (CFR=33%). Median age of 7.1, males 83% and females were 17%. Affected age group was between 5-10 years with 2.8/1000 followed by 0-5 Years with attack-rate of 2.5/1000. Overall attack rate was 4/1000. Clinical Features were Fever, sore throat, difficulty in swallowing 100% and cough 33%. On examination Rhinitis 83%, tender enlarged cervical Lymph nodes 67%, Tonsillitis 100% and whitish membrane on tonsils 67%. Vaccination status of cases for Pentavalent I, II, III was 17%. Seven clusters of routine immunization checked on recall BCG (51%), Penta-I 4%, Penta II 2%, Penta III 2% and Measles-I 38%.

Conclusions: Outbreak was most probably due to very low routine immunization coverage and poor health seeking behaviors contributed the mortality. Area was remote and health facilities were far-flung from the reach of affected population. Mortality was due to non-availability of Diphtheria anti-toxin and improper medication. Outbreak was timely contained with initiation of focused vaccination. VPD Surveillance and EPI activities must be enhanced.

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