

# MONTHLY DISEASES EPIDEMIOLOGY REPORT

## Royal Centre for Disease Control

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May (Epidemiological Weeks 19-22), 2020

### 1. Highlights on COVID-19 and NEWARS monthly report

#### a) Highlights on COVID-19

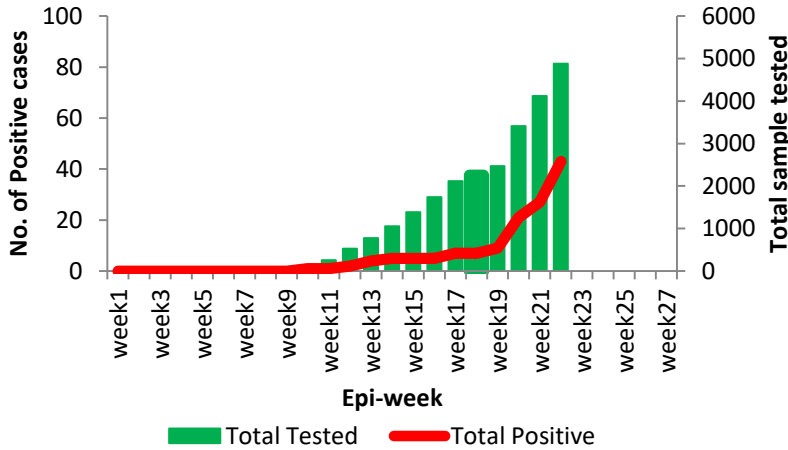
- 👉 Total of 2514 samples (RCDC 2132, Phuntsholing 538 and MRRH 19) were tested for the COVID-19: 36 (1.5%) samples tested positive
- 👉 Total of 4114 samples tested by Rapid Diagnostic Test (RDT): all negative
- 👉 SARI samples (47) and ILI samples (16) were tested for the COVID-19, all were negative
- 👉 The weekly trend of ARI and SARI are in line with the 5 year median

#### b) Highlights on NEWARS

- 👉 A case of suspected Acute Encephalitis (AES) was reported from MRRH,
- 👉 Three Dengue fever cases were reported (Phuntsholing (1), Samtse (1) and Samdrupjongkhar (1).
- 👉 Three malaria cases were reported (Pemagatshel (1), Mongar (1) and Bajo (1).
- 👉 Six suspected Measles cases were reported; none of them tested positive for measles and rubella IgM.
- 👉 Three events a food poisoning (Dagana (1) Tsirang (1) and Mongar (1) were reported

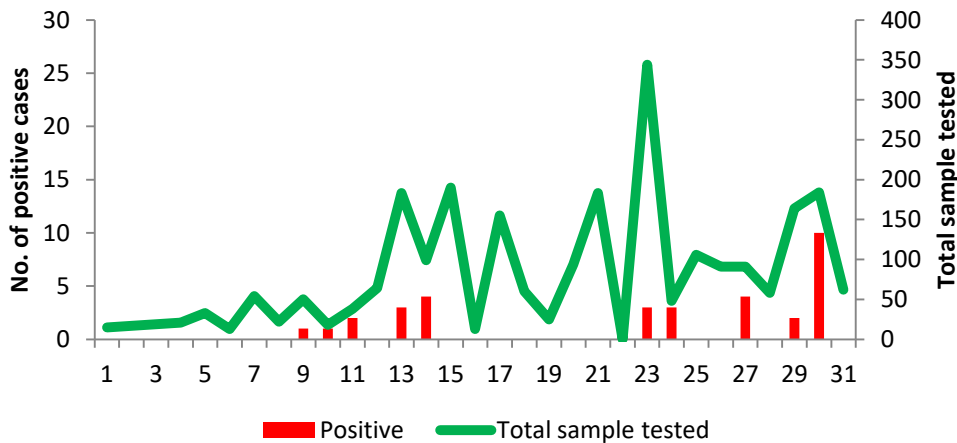
## 2. Status of COVID-19 surveillance

As of 31<sup>st</sup> May 2020, total of 4877 samples were tested by RT-PCR in all three COVID-19 testing lab of those 43 cases were confirmed positive for COVID-19 by RT-PCR (**Figure 1**).



Higher number of samples 2514 (52.0%) were tested and (36 of 43) 84.0% of confirmed cases were detected during the month of May. Highest numbers of cases were detected on 30<sup>th</sup> May (**Figure 2**). Among the 36 confirmed cases there were more female compared with male (24 vs. 12) (female to male ratio (2:1). Median age of the confirmed cases was 27 years (ranging from 22 to 34 years old).

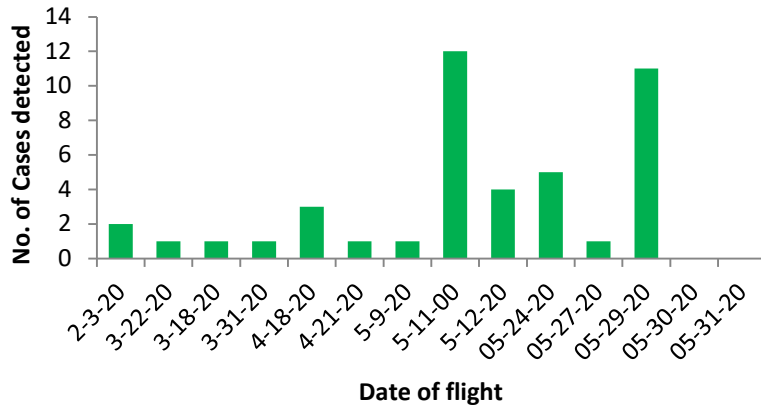
**Figure 1:** Cumulative trend of sample tested for COVID-19 by RT-PCR



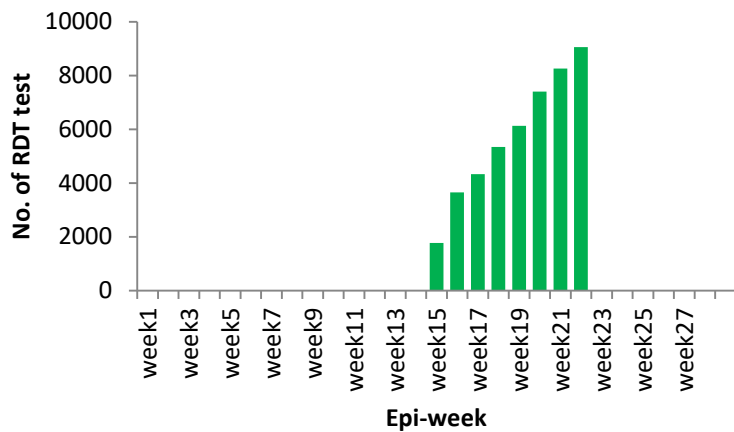
**Figure 2:** No. of sample tested by RT-PCR by date

All cases were overseas employ classified as imported cases. Twelve (28.0%) of confirmed cases did not show any symptoms during the time of sample collection and testing positive. Twenty four cases had one or more clinical symptoms such as Fever (53%) Cough (47%) sore throat (47%) loss of smell (33%) and GI symptoms (33%).

Among the cases detected by date of travel, 16 (37.2%) number were detected from the passenger (returnee) from the Kuwait followed by Dubai 11 (25.6%) and other Middle East countries arrived during the month of May 2020. A cluster of eleven cases were detected from the passengers arrived by KB 811 on 11/05/2020, from Dubai, and another cluster of cases were detected from passenger arrived on 29/5/2020 by KB501 from Kuwait (**Figure 3**)

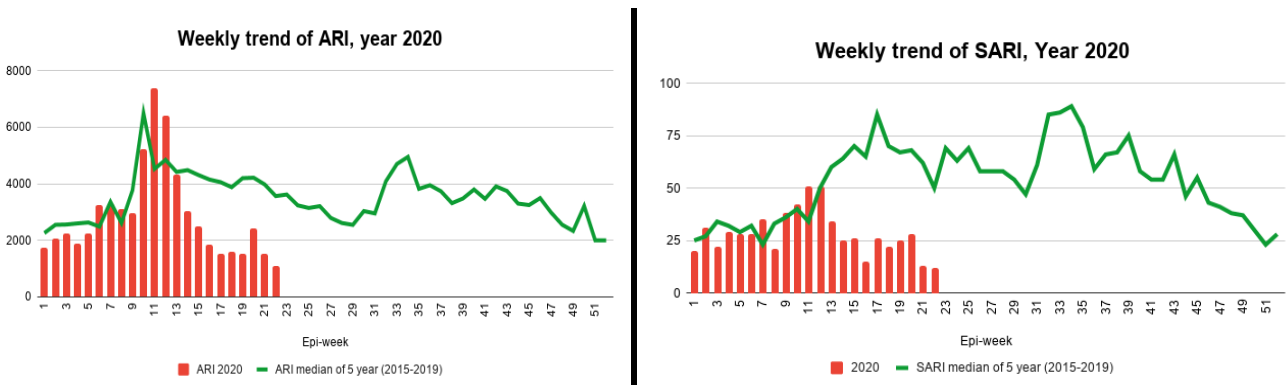


**Figure 3:** No. of passenger tested positive for COVID-19 by date of flight



A total of 4543 samples were tested for COVID-19 by Rapid Diagnostic Test (RDT), none (0%) of the sample were tested positive by RDT (**Figure 4**). Forty-seven samples from SARI and 16 samples from ILI cases were tested for COVID-19 by RT-PCR, all were negative. The weekly trend of ARI and SARI cases reported by all the health centers across the country has been monitored continuously, the trend are lower compared with five year median (**Figure 5**)

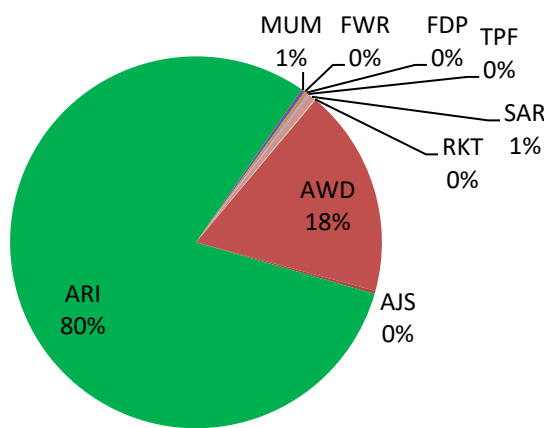
**Figure 4:** Cumulative trend of sample tested for COVID-19 by RDT



**Figure 5:** Weekly trend of ARI and SARI cases with median

**3. Status of Notifiable Diseases/Syndromes reported (NEWARS)**

Total of 19,127 cases were reported in weekly reportable diseases/syndromes, among the 11 weekly notifiable diseases ARI (80.0%) followed by AWD (18.0%) topped the list (**Figure 6**).

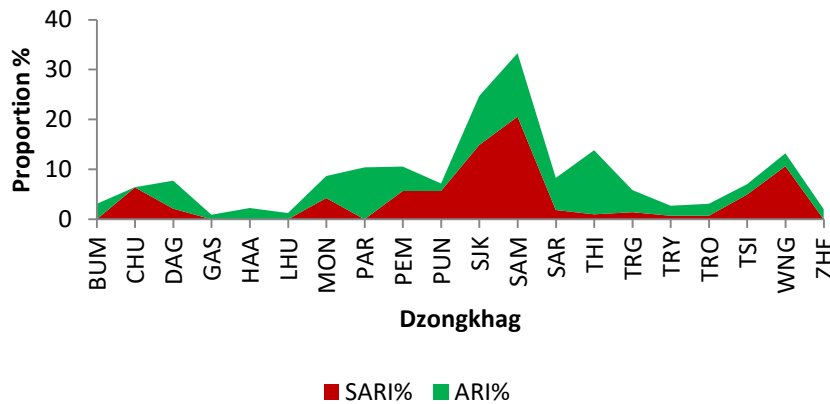


Abbreviation:), ABD (Acute Bloody Diarrhea), AWD (Acute Watery Diarrhea), ARI (Acute Respiratory Infection), SAR (Severe Acute Respiratory Infection), DGF (Dengue Fever) MUM (Mumps) TPF (Typhoid Fever) RKS (Rickettsiosis ) SARI (Severe Acute Respiratory illness FBD (Food borne illness)

**Figure 6:** Proportion of notifiable diseases reported in NEWARS

Among Dzongkhags; Samtse, Paro and, Thimphu had reported highest percentage of ARI while

Samdrupjongkhar, Samtse and Wangdiphodrang reported the highest percentage of SARI (**Figure 7**):



**ARI:** Acute Respiratory Illness; **SARI:** Severe Acute Respiratory Illness

**Figure 7:** Proportion of ARI and SARI reported by 20 Dzongkhags

Samdrupjongkhar, Thimphu and Trashiyangtshi reported the highest percentage of ABD, while Thimphu and Paro reported highest percentage of AWD (Figure 8).

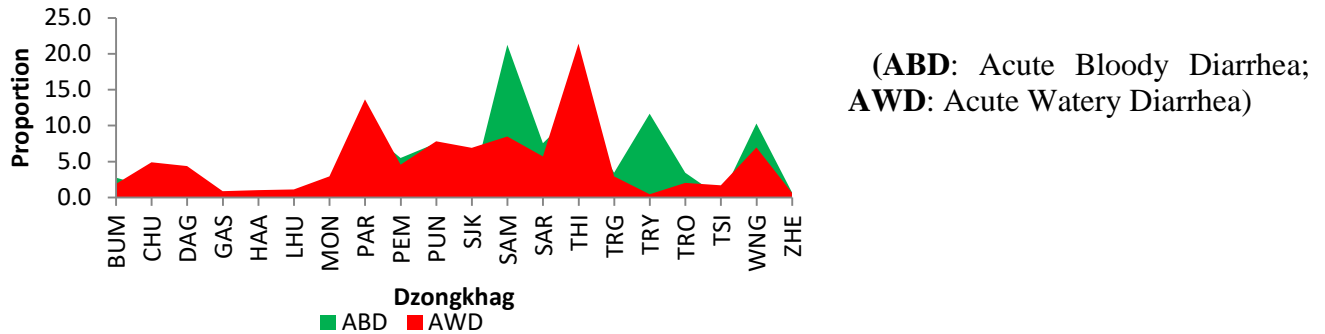


Figure 8: Proportion of ABD and AWD reported by 20 Dzongkhags

#### 4. Status of Immediately Notifiable Diseases/Syndromes reported

Six suspected measles cases were reported; one a seven months old child tested positive for measles and a four months old child was tested positive for rubella IgM. One case of acute encephalitis was reported from MRRH. Three Dengue fever and three Malaria positive cases were reported during the month (Figure 9).

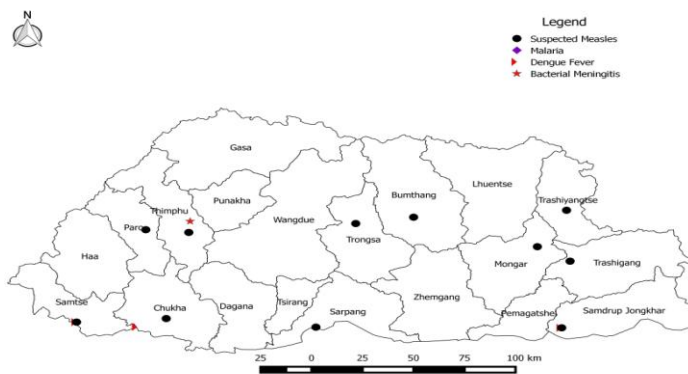


Figure 9: Spot map of immediately reported disease

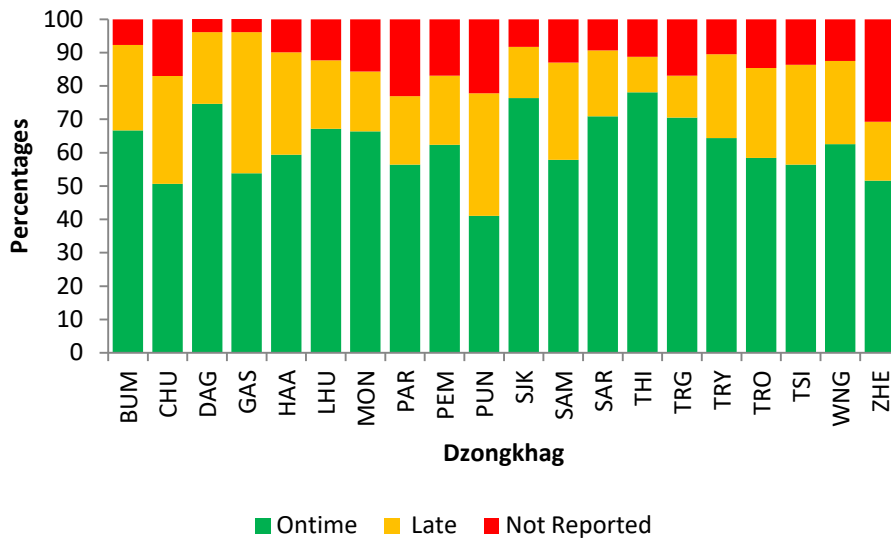
#### 5. Events/Outbreak reported

Three events a food poisoning (Dagana (1) Tsirang (1) and Mongar (1) were reported during the month. Tsirang and Dagana reported Acute Gastroenteritis after consuming mushroom Tsirang reported a family member of three including a child had complaints of nausea, diarrhoea and

vomiting after consuming mushroom curry. A three year child succumbed following complication of mushroom poisoning, rest improved after conservative treatment. Similarly four families from Tshankha under Dagana had visited Damphu Hospital with Acute gastroenteritis after consuming mushroom curry. All improved without any complication.

### 6. Status of Notifiable Diseases/Syndromes for the month

Of the total weekly report received in the system, 62.0% of the report were reported in time, 24.0% were lately reported, and rest were not reported (**Figure 10**).



**Figure 10:** Reporting status by Dzongkhags

To ensure early detection and response of **novel corona virus (COVID-19)** and implementation of control and containment measures, all health centers have to submit daily COVID-19 and Influenza cases through COVID-19 and Influenza integrated surveillance,