PUBLIC HEALTH BULLETIN-PAKISTAN

Vol. 3 | Week 32
22nd Aug 2023

Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

http:/www.phb.nih.org.pk/

Integrated Disease Surveillance & Response (IDSR) Weekly Public Health Bulletin is your go-to resource for disease trends, outbreak alerts, and crucial public health information. By reading and sharing this bulletin, you can help increase awareness and promote preventive measures within your community. Together, let's build a safer, more resilient and healthier future for everyone.

Make a difference with your field work.

Write for PHB-Pakistan and impact lives!

Submit your achievements and field work
phb@nih.org

UK Health Security Agency

World Health Organization

USAID

safetynet

Greetings
Team PHB-Pakistan

Preface

The Weekly Public Health Bulletin-Pakistan provides an overview of the most important public health events that occurred during week 32 of 2023. The most frequently reported cases during week 32 were acute diarrhea (non-cholera), followed by malaria, influenza-like illness (ILI), acute lower respiratory infection (ALRI) in children under 5 years, bacillary dysentery, typhoid, severe acute respiratory infection (SARI) and dog bite. Twenty cases of meningitis were reported this week. All are suspected cases and need to be verified in the field. There has been an overall increase in cases of acute diarrhea (non-cholera), malaria, bacillary dysentery, and typhoid this week. Measles cases have been reported in high numbers from Balochistan and Khyber Pakhtunkhwa. There has also been an increase in cases of other vaccine-preventable diseases (VPDs), such as pertussis, mumps, and chickenpox. Field investigations are underway to verify the numbers and initiate a timely response. We need to remain vigilant and continue to monitor the situation.

Stay well-informed about public health matters. Subscribe to the Weekly Bulletin today!

Sincerely,
The Chief Editor

- During week 32, most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, B. Diarrhea, Typhoid, SARI, dog bite and AVH (A&E).
- Twenty cases of Meningitis reported this week. All are suspected cases and need field verification.
- There is overall an increase in cases of Acute Diarrhea (Non Cholera), Malaria, B. Diarrhea and Typhoid reported this week.
- Measles cases reported in high numbers from Balochistan and KPK. Further, cases of other VPDs including Pertussis, mumps and Chickenpox increased too. Field investigation are in progress to verify numbers to initiate timely response.

All are suspected cases and need field verification.

IDSR compliance attributes

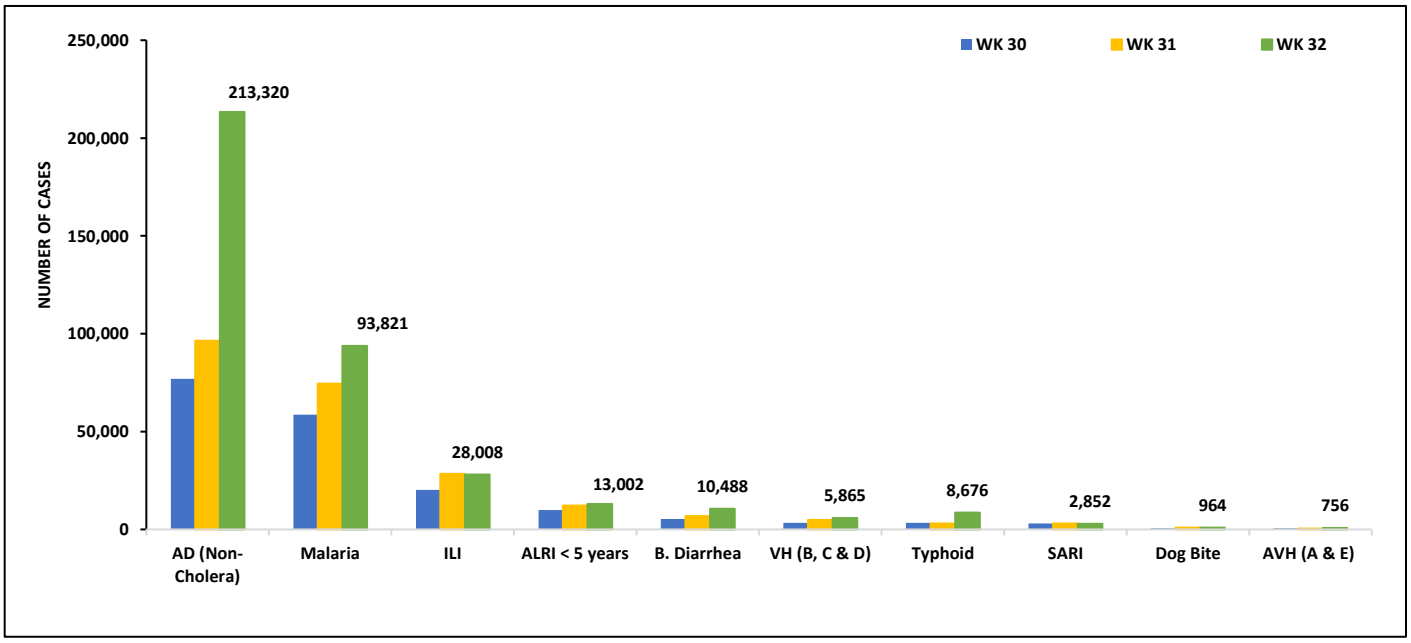
- *The national compliance rate for IDSR reporting in 113 implemented districts* is 72%
- *Sindh province and ICT are the top reporting region with a compliance rate of above 100% and 94% followed by AJK 739% and Khyber Pakhtunkhwa with 64%*
- *The lowest compliance rate was observed in Gilgit Baltistan.*

Region	*Expected Reports*	*Received Reports*	*Compliance (%)*
Khyber Pakhtunkhwa	1612	1030	64
Azad Jammu Kashmir	375	298	79
Islamabad Capital Territory	27	27	100
Balochistan	1075	580	54
Gilgit Baltistan	220	46	21
Sindh	1834	1718	94
National	5143	3699	72

Table 1: Province/Area wise distribution of most frequently reported cases during week 32, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	2,548	6,947	348	572	25,458	118,889	58,558	213,320
Malaria	152	6,506	0	3	6,776	4757	75,627	93,821
ILI	2,263	3,078	61	996	2,889	221	18,500	28,008
ALRI < 5 years	740	1801	59	1	861	22	9,518	13,002
B. Diarrhea	137	1659	12	17	1420	3,117	4,126	10,488
VH (B, C & D)	13	98	0	0	195	NR	5,559	5,865
Typhoid	63	744	9	1	780	5,385	1694	8,676
SARI	297	879	82	0	1066	NR	528	2,852
Dog Bite	88	62	0	0	119	NR	695	964
AVH (A & E)	33	15	3	1	192	NR	512	756
Mumps	104	67	9	1	104	NR	340	625
AWD (S. Cholera)	92	225	39	0	39	NR	58	453
CL	0	69	0	0	242	4	0	315
Chickenpox/ Varicella	27	7	1	1	90	151	24	301
Measles	20	72	2	0	82	0	43	219
Gonorrhea	5	121	1	0	0	NR	25	152
Dengue	1	8	0	0	28	NR	107	144
Leprosy	0	97	0	0	16	NR	0	113
Pertussis	9	51	0	0	25	NR	5	90
Syphilis	2	23	0	0	0	1	4	30
NT	2	0	0	0	24	NR	2	28
AFP	2	1	0	0	13	NR	10	26
HIV/AIDS	0	2	0	0	1	NR	20	23
Meningitis	2	4	0	0	3	NR	11	20
Brucellosis	0	11	0	0	1	NR	8	20
VL	0	0	0	0	1	NR	2	3
Diphtheria (Probable)	0	0	0	0	3	NR	0	3

Figure 1: Most frequently reported suspected cases during week 32, Pakistan



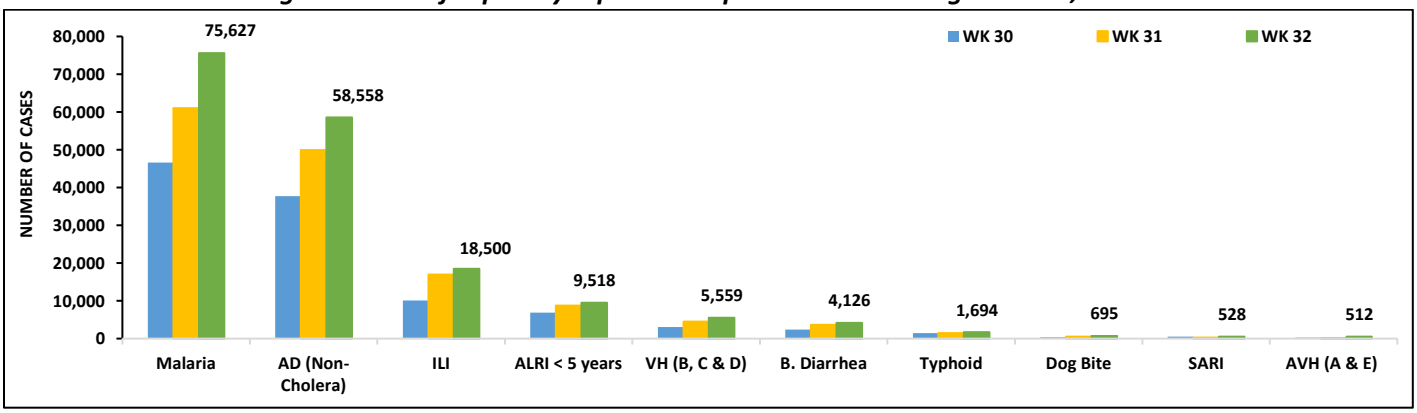
Sindh

- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, VH (B, C, D), B. Diarrhea, Typhoid, dog bite, SARI and AVH (A&E).
- Malaria and AD cases are from Larkana, Kambar, Dadu and Badin. Rise in cases is attributed to hot weather and continuous rains.
- Sixty cases of Dengue reported from district Tharparkar. Cases need to be verified to start appropriate public health actions.
- An upward trend in cases observed for Malaria nad AD (Non-Cholera) this week.

Table 2: District wise distribution of most frequently reported suspected cases during week 32, Sindh

DISTRICTS	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Typhoid	Dog Bite	SARI	AVH (A & E)	Dengue
Badin	9,189	5,819	378	806	333	429	180	75	2	2	0
Dadu	4,193	3,406	385	1,213	23	485	156	0	6	8	0
Ghotki	769	1,246	0	302	449	132	8	0	0	1	0
Hyderabad	442	2,193	360	47	51	6	22	0	0	2	0
Jacobabad	1,507	1,402	113	827	331	117	18	52	143	0	0
Jamshoro	2,104	2,313	395	131	132	103	89	61	6	4	0
Kamber	4,451	2,313	0	253	141	183	2	0	0	0	0
Karachi Central	87	1,214	1,719	69	241	43	132	0	0	31	1
Karachi East	87	343	108	0	21	7	5	3	0	0	19
Karachi Keamari	12	612	354	36	0	1	6	0	0	2	2
Karachi Korangi	51	373	0	5	0	2	3	0	0	0	8
Karachi Malir	159	1,517	1,912	426	21	75	33	34	32	7	9
Karachi South	33	163	0	0	0	0	1	0	0	0	0
Karachi West	138	994	664	145	23	43	68	42	68	8	1
Kashmore	1,896	832	324	205	112	107	33	0	0	0	0
Khairpur	2,664	2,407	280	636	103	319	172	25	123	5	0
Larkana	10,111	2,071	0	202	74	230	3	0	7	0	4
Matiari	1,612	3,158	923	665	669	135	31	26	0	7	3
Mirpurkhas	4,465	2,741	4,009	200	132	95	26	0	0	7	0
Naushero Feroze	2,137	2,138	410	100	129	125	145	55	0	0	0
Sanghar	2,392	3,207	63	537	917	170	97	175	85	12	0
Shaheed Benazirabad	1,946	3,067	0	383	142	94	260	4	2	1	0
Shikarpur	1,396	1,496	0	125	150	163	2	0	9	2	0
Sujawal	3,514	1,872	0	330	222	60	33	31	0	210	0
Sukkur	2,663	2,050	1,624	346	379	236	12	0	1	0	0
Tando Allahyar	1,601	2,190	673	301	161	193	15	35	0	4	0
Tando Muhammad Khan	2,893	1,799	24	276	252	198	32	35	5	0	0
Tharparkar	3,067	1,445	1,517	376	82	140	42	4	0	24	60
Thatta	5,619	2,143	2,265	272	139	163	12	38	29	172	0
Umerkot	4,429	2,034	0	304	130	72	56	0	10	3	0
Total	75,627	58,558	18,500	9,518	5,559	4,126	1,694	695	528	512	107

Figure 2: Most frequently reported suspected cases during week 32, Sindh



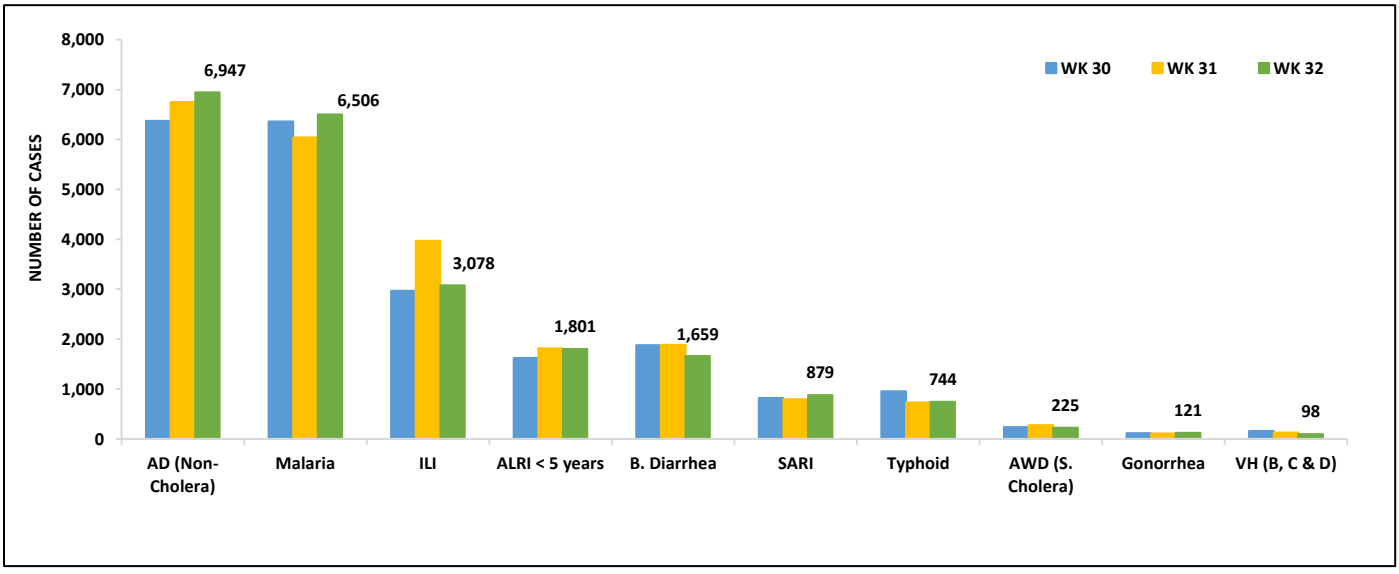
Balochistan

- AD (Non-Cholera), Malaria, ILI, ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), VH (A&E) and Gonorrhea were the most frequently reported diseases.
- There was a sharp decline in trend for ILI cases whereas AD and Malaria cases showed slight rise this week.
- Gonorrhea cases were reported from Mastung and Jafferabad. These are suspected cases and need verification.
- Waterborne diseases increased due recent rains across the country. Cases of AD and B. Diarrhea reported mostly from Jafferabad, Lesbella, mastung and Sohbatpur. Cases are required to be investigated for implementation of control measures..

Table 3: District wise distribution of most frequently reported suspected cases during week 32, Balochistan

Districts	AD (Non-Cholera)	Malaria	ILI	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Gonorrhea	VH (B, C & D)
Awaran	25	21	18	0	8	0	0	9	0	0
Dera Bugti	59	246	24	36	42	31	8	9	0	0
Duki	175	138	69	32	99	27	27	44	2	0
Gwadar	14	NR	27	NR	NR	NR	NR	NR	NR	NR
Harnai	171	109	3	320	206	2	4	31	0	0
Hub	291	279	75	23	44	162	11	0	0	29
Jaffarabad	1,059	1,537	182	209	144	108	145	0	20	32
Jhal Magsi	390	506	0	86	7	3	8	1	0	0
Kachhi (Bolan)	109	137	76	17	36	33	38	3	0	0
Kalat	25	42	14	6	9	0	38	0	8	2
Kech (Turbat)	465	245	588	84	59	0	0	2	0	0
Kharan	139	95	228	0	77	0	3	6	2	0
Khuzdar	206	155	114	0	98	8	25	1	10	1
Kohlu	50	107	127	14	86	28	27	2	0	2
Lasbella	946	756	77	551	88	41	13	0	0	1
Loralai	206	80	177	41	45	84	36	7	0	0
Mastung	769	447	104	50	112	54	180	13	57	15
Naseerabad	219	477	0	0	9	0	37	6	0	0
Nushki	218	93	10	0	97	6	0	19	4	0
Panjgur	59	64	34	23	25	30	16	45	4	0
Pishin	72	17	96	11	55	2	10	0	0	0
Quetta	510	29	843	35	121	109	43	13	2	1
Sherani	5	1	6	0	1	0	0	0	0	0
Sibi	88	131	96	3	14	5	8	0	12	0
Sohbat pur	561	711	9	103	125	110	56	0	0	15
SURAB	5	9	5	0	0	0	3	0	0	0
Zhob	101	55	53	153	38	36	8	6	0	0
Ziarat	10	19	23	4	14	0	0	8	0	0
Total	6,947	6,506	3,078	1,801	1,659	879	744	225	121	98

Figure 3: Most frequently reported suspected cases during week 32, Balochistan



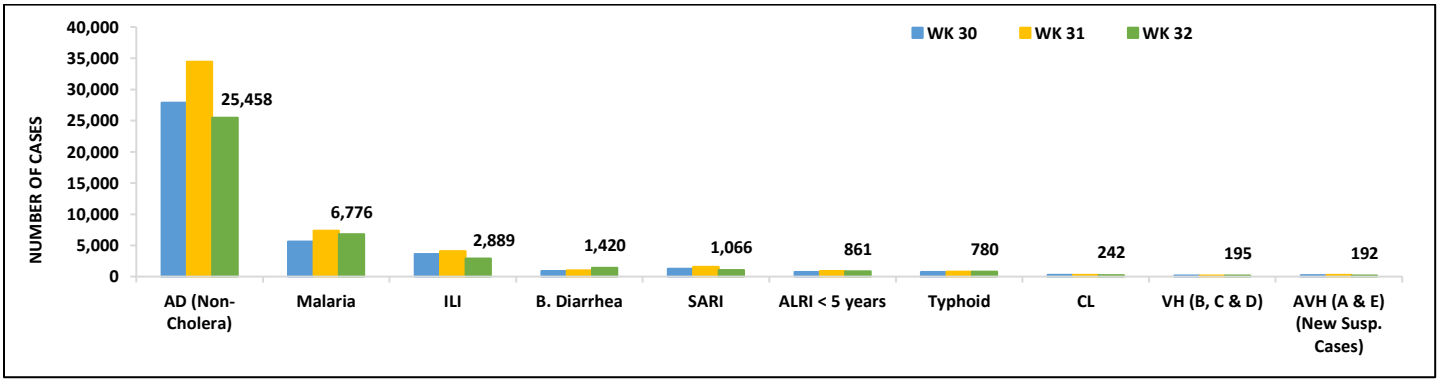
Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were the most frequently reported cases followed by Malaria, ILI, SB. Diarrhea, ALRI<5 Years, Typhoid, CL, AVH (A&E) and AVH (B&C) cases.
- There is sharp decline trend in cases of AD (Non Cholera) this week.
- Cutaneous Leishmaniasis cases increased and mostly reported from lower Dir, Karak, Hango and Noweshera. Field investigations required to verify cases.

Table 4: District wise distribution of most frequently reported suspected cases during week 32, KP

Districts	AD (Non-Cholera)	Malaria	ILI	B. Diarrhea	SARI	ALRI < 5 years	Typhoid	CL	VH (B, C & D)	AVH (A & E)
Abbottabad	928	3	7	2	6	10	11	0	1	0
Bajaur	407	170	39	35	2	8	3	1	0	0
Bannu	560	727	25	4	0	1	51	1	1	0
Buner	763	751	0	8	0	35	8	1	0	0
Charsadda	1,378	64	179	0	22	5	0	0	0	0
Chitral Lower	777	13	137	0	419	3	10	21	0	3
Chitral Upper	106	10	0	0	117	0	19	0	0	0
D.I. Khan	1,024	572	16	20	51	11	8	0	0	0
Dir Lower	2,889	607	18	158	0	134	55	23	0	52
Dir Upper	1,424	11	10	71	0	25	17	8	0	8
Hangu	415	397	59	12	53	8	16	29	0	10
Haripur	1,684	87	265	2	12	134	70	0	21	26
Karak	288	172	35	1	20	5	2	67	0	0
Khyber	15	52	98	10	1	0	9	6	3	5
Kohat	74	51	1	0	0	2	0	5	0	0
Kohistan Lower	220	6	0	20	23	19	2	0	0	0
Kohistan Upper	555	2	26	19	3	3	98	0	0	0
Kolai Palas	146	1	0	7	2	2	1	0	0	0
L & C Kurram	25	22	37	22	0	0	3	0	0	0
Lakki Marwat	655	1,609	0	14	0	19	18	12	0	0
Malakand	732	26	1	133	1	24	8	0	0	20
Mansehra	1,004	9	487	42	204	34	29	0	8	10
Mardan	1,179	55	70	29	0	43	0	4	0	3
Nowshera	2,980	211	19	36	26	0	25	25	7	14
Peshawar	2,171	37	756	690	28	75	146	16	135	14
Shangla	589	392	0	0	0	8	14	0	2	0
Swabi	1,750	72	585	27	53	126	39	0	17	23
Swat	221	0	12	0	0	0	1	0	0	0
Tank	336	459	0	3	0	103	89	10	0	0
Tor Ghar	155	132	5	51	15	0	19	13	0	4
Upper Kurram	8	56	2	4	8	24	9	0	0	0
Total	25,458	6,776	2,889	1,420	1,066	861	780	242	195	192

Figure 4: Most frequently reported suspected cases during week 32, KP



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera). ILI cases showed continued rising trend in cases this week.

AJK: AD (Non-Cholera) cases were the most frequent followed by ILI, ALRI <5 years, SARI, Malaria, B. Diarrhea, Mumps, AWD (S. Cholera), dog bite and Typhoid . Both ILI and ALRI <5 years cases showed a slight decline trend in cases this week.

GB: AD (Non. Cholera) cases were the most frequently reported followed by SARI, ILI, ALRI<5 years, AWD (Sus. Cholera), B. Diarrhea, Typhoid and Mumps. A sharp upward trend in AD (S. Cholera) cases observed this week

Figure 6: Week wise reported suspected cases of ILI, ICT

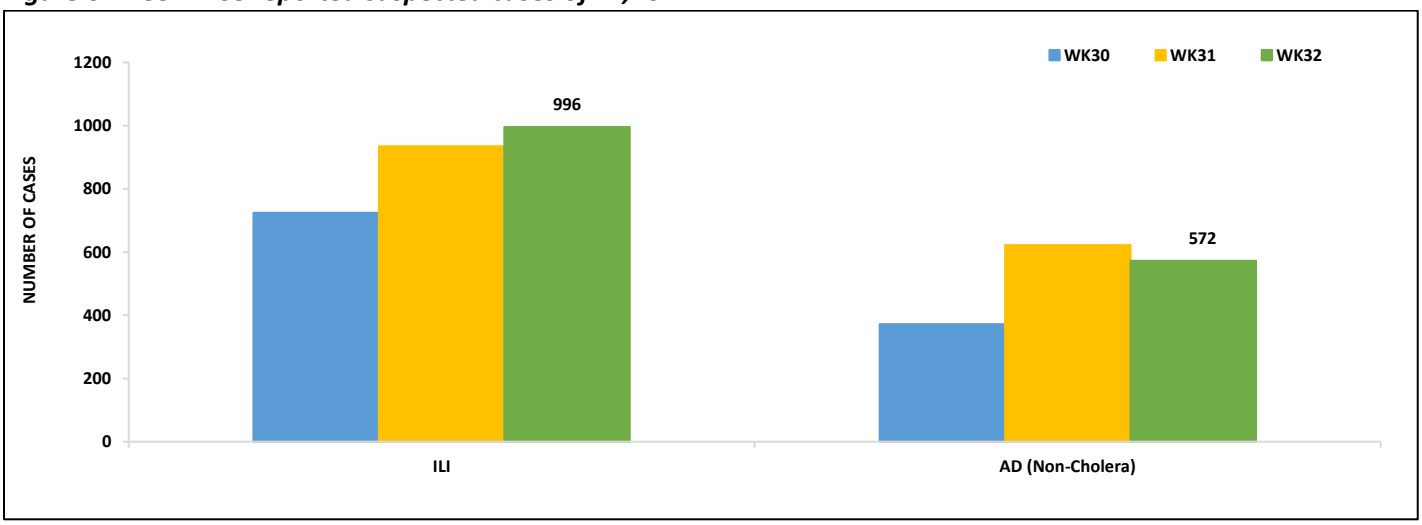


Figure 6: Week wise reported suspected cases of ILI, ICT

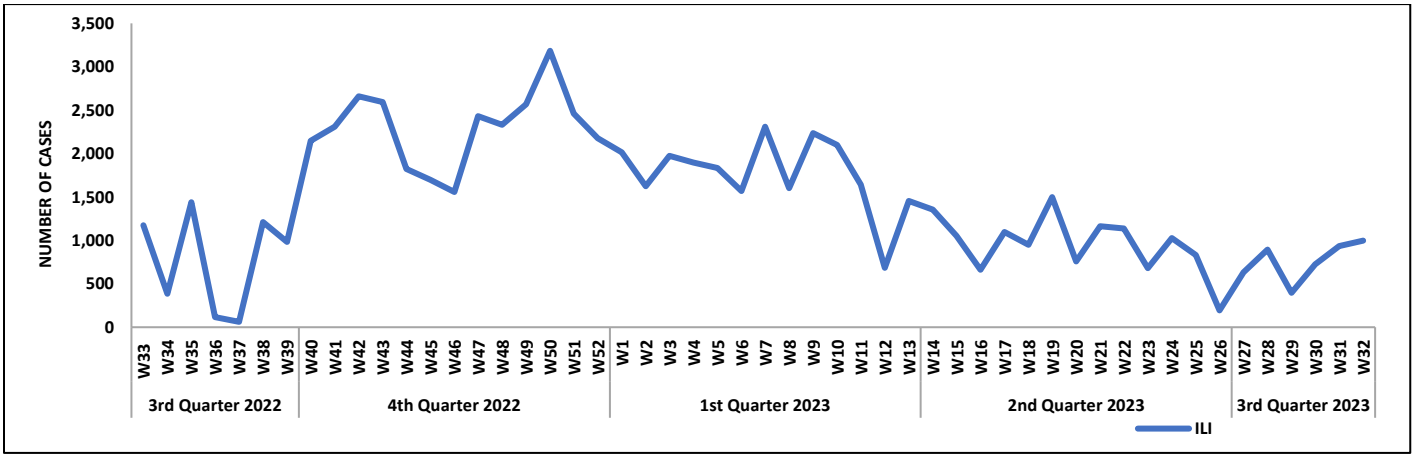


Figure 7: Most frequently reported suspected cases during week 32, AJK

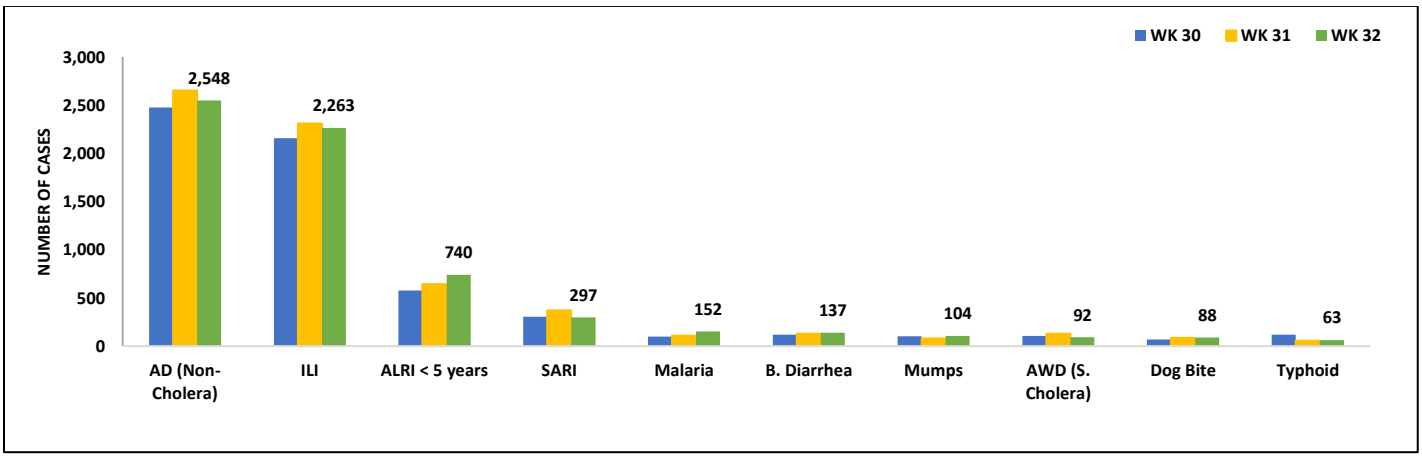


Figure 8: Week wise reported suspected cases of AD (Non-Cholera) and ILI, AJK

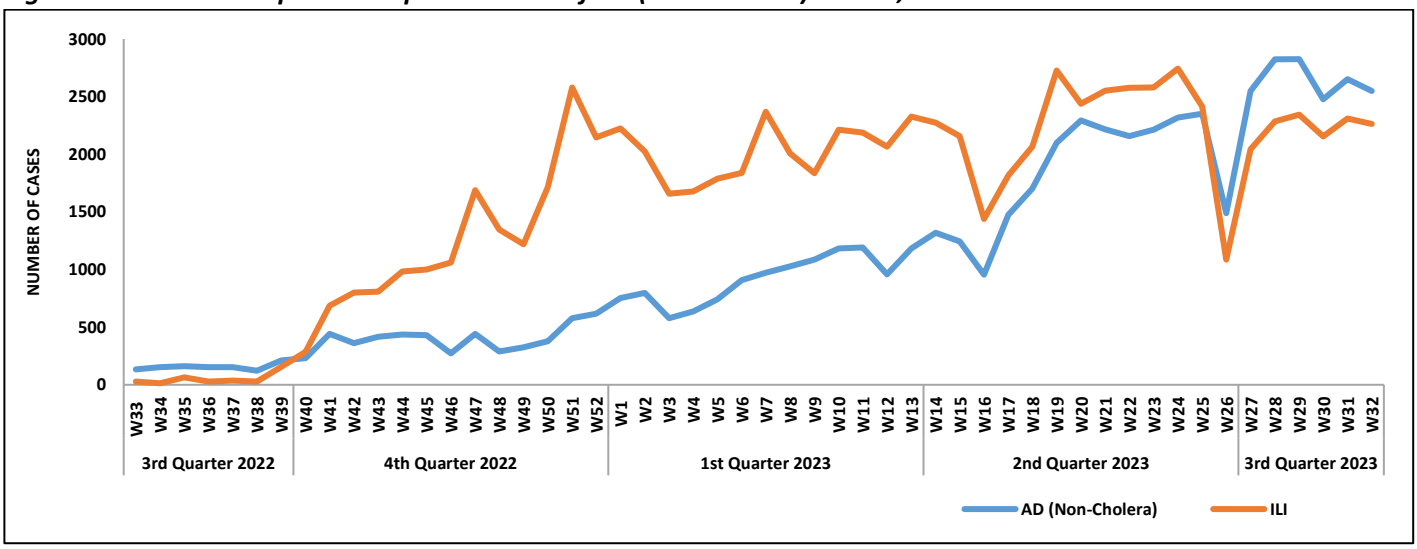


Figure 9: Most frequent cases reported during WK 32, GB

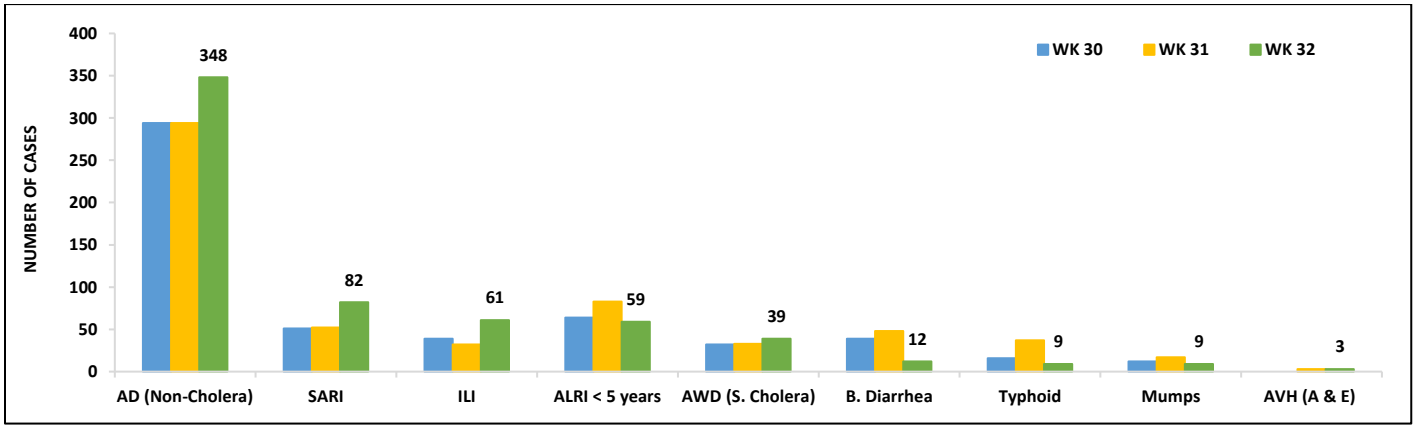
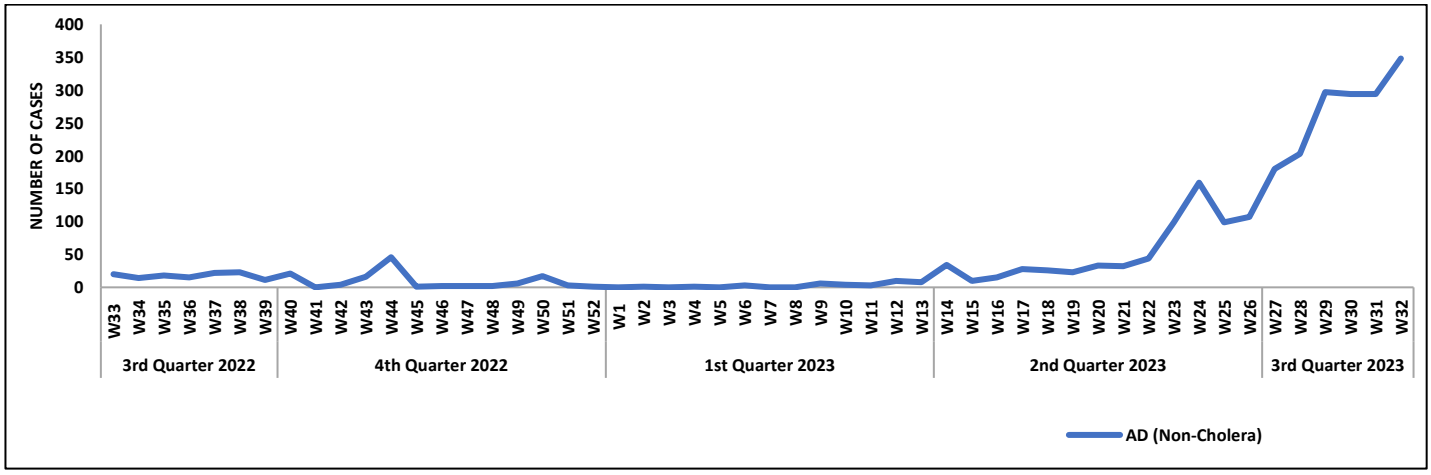


Figure 10: Week wise reported suspected cases of AD (Non-Cholera), GB



Punjab

- AD (Non. Cholera) cases were most frequent followed by Malaria and Typhoid.
- Diarrhea cases were reported in high numbers from Lahore, Faisalabad, and Gujranwala. All are suspected cases and need verification.

Figure 11: District wise distribution of most frequently reported suspected cases during week 32, Punjab

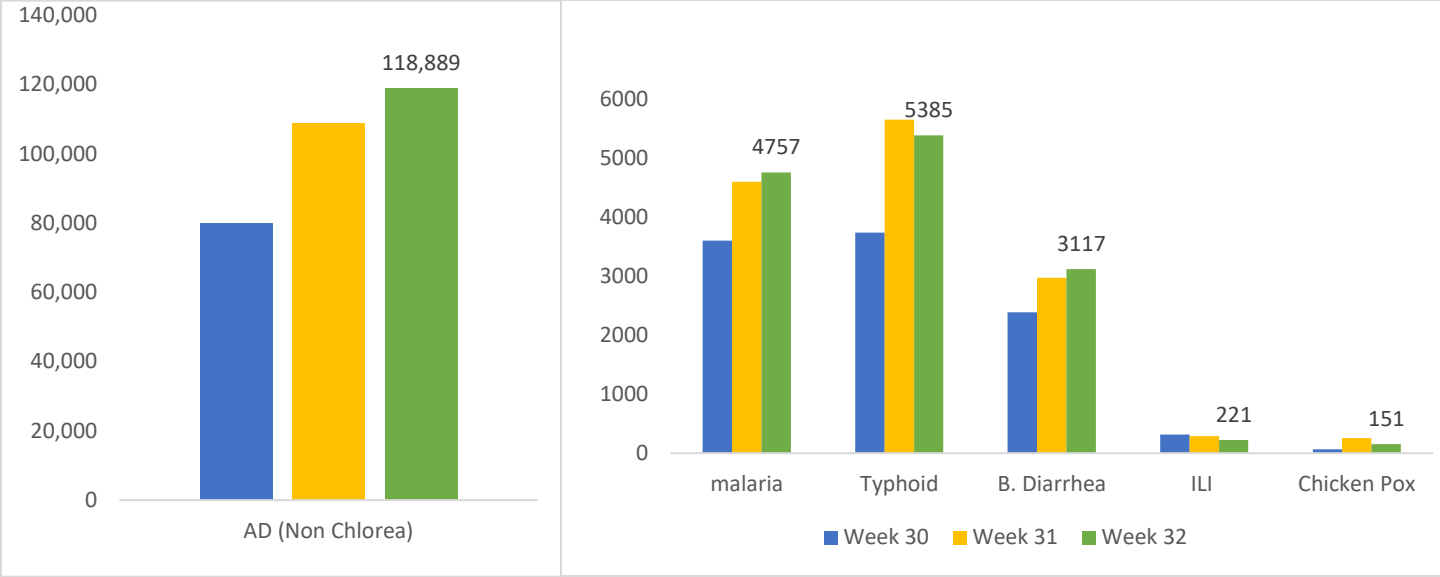


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 32

Diseases	Sindh	Balochistan	Punjab	KPK	ISL	Gilgit
Acute Watery Diarrhoea (S. Cholera)	0	-	-	0	-	-
Acute diarrhea(non-cholera)	1	-	0	-	-	-
Malaria	236	-	-	-	-	-
CCHF	-	8	-	1	-	-
Dengue	9	-	-	-	1	-
Acute Viral Hepatitis(A)	1	-	-	-	-	-
Acute Viral Hepatitis(B)	86	-	-	-	-	1
Acute Viral Hepatitis(C)	190	0	0	-	-	-
Acute Viral Hepatitis(E)	0	-	-	-	-	-
Typhoid	0	-	-	22	-	-
Covid 19	-	-	-	-	3	-

IDSR Reports Compliance

- Out OF 113 IDSR implemented districts, compliance is low from Balochistan districts. Green color showing >50% compliance while red color is <50% compliance

Table 6: IDSR reporting districts Week 31

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Agreed Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	110	110	100	91%
	Bannu	92	92	64	70%
	Buner	34	34	26	76%
	Bajaur	44	44	20	45%
	Charsadda	61	61	51	84%
	Chitral Upper	33	33	7	21%
	Chitral Lower	35	35	28	80%
	D.I. Khan	89	89	72	81%
	Dir Lower	75	75	57	76%
	Dir Upper	55	55	30	55%
	Hangu	22	22	22	100%
	Haripur	69	69	2	3%
	Karak	34	34	34	100%
	Khyber	40	40	1	3%
	Kohat	59	59	59	100%
	Kohistan Lower	11	11	11	100%
	Kohistan Upper	20	20	17	85%
	Kolai Palas	10	10	10	100%
	Lakki Marwat	49	49	47	96%
	Lower & Central Kurram	40	40	6	15%
	Malakand	42	42	30	71%
	Mansehra	133	133	61	46%
	Mardan	84	84	46	55%
	Nowshera	52	52	45	87%
	Peshawar	101	101	79	78%
	Shangla	36	36	6	17%
	Swabi	60	60	54	90%
	Swat	77	77	6	8%
	Tank	34	34	28	82%
	Torghar	11	11	11	100%
Azad Jammu Kashmir	Mirpur	37	37	37	100%
	Bhimber	20	20	20	100%
	Kotli	60	60	29	48%
	Muzaffarabad	43	43	42	98%
	Poonch	46	46	46	100%
	Haveli	34	34	32	94%
	Bagh	40	40	18	45%
	Neelum	39	39	37	95%
	Jhelum Vellay	29	29	12	41%
	Sudhnooti	27	27	25	93%
Islamabad Capital Territory	ICT	18	18	18	100%
	CDA	9	9	9	100%
	Gwadar	24	24	1	4%
	Kech	78	44	21	48%

Balochistan	Khuzdar	136	20	17	85%
	Lasbella	85	85	55	65%
	Pishin	118	23	6	26%
	Quetta	77	22	18	82%
	Sibi	42	42	5	12%
	Zhob	37	37	21	57%
	Jaffarabad	47	47	47	100%
	Naserabad	37	37	37	100%
	Kharan	32	32	29	91%
	Sherani	32	32	1	3%
	Kohlu	75	75	21	28%
	Kalat	65	65	15	23%
	Harnai	18	18	17	94%
	Kachhi (Bolan)	35	35	14	40%
	Jhal Magsi	39	39	23	59%
	Sohbat pur	25	25	25	100%
	Surab	33	33	2	6%
	Mastung	45	45	45	100%
	Loralai	26	26	22	85%
	Ziarat	42	42	10	24%
	Duki	31	31	29	94%
	Nushki	32	32	30	94%
	Dera Bugti	45	45	26	58%
	Washuk	25	25	0	0%
	Panjgur	38	38	9	24%
	Awaran	23	23	3	13%
	Hub	33	33	31	94%
Gilgit Baltistan	Hunza	31	31	31	100%
	Ghizer	62	62	3	5%
	Gilgit	48	48	8	5%
	Diamer	79	79	4	5%
Sindh	Hyderabad	71	71	25	35%
	Ghotki	65	65	64	98%
	Umerkot	98	43	43	100%
	Naushahro Feroze	68	68	62	91%
	Tharparkar	278	100	94	94%
	Shikarpur	60	60	60	100%
	Thatta	53	53	51	96%
	Larkana	67	67	67	100%
	Kamber Shadadkot	71	71	71	100%
	Karachi-East	14	14	14	100%
	Karachi-West	20	20	20	100%
	Karachi-Malir	37	37	24	65%
	Karachi-Kemari	17	17	17	100%
	Karachi-Central	11	11	11	100%
	Karachi-Korangi	18	18	13	72%
	Karachi-South	4	4	4	100%
	Sujawal	31	31	31	100%
	Mirpur Khas	104	104	103	99%

	Badin	124	124	107	86%
	Sukkur	64	64	64	100%
	Dadu	90	90	90	100%
	Sanghar	101	101	94	93%
	Jacobabad	43	43	43	100%
	Khairpur	168	168	163	97%
	Kashmore	59	59	59	100%
	Matiari	42	42	42	100%
	Jamshoro	70	70	65	93%
	Tando Allahyar	54	54	53	98%
	Tando Muhammad Khan	41	41	41	100%
	Shaheed Benazirabad	124	124	123	99%

Public Health bulletin Pakistan.

The Pakistan Public Health Bulletin made significant strides during the quarter in improving data reporting, dissemination of surveillance information, and audience engagement. These accomplishments will help to guarantee that the PHB remains a valuable resource for public health professionals and stakeholders in Pakistan.

Key Achievements

During the quarter, provincial surveillance teams received technical assistance to improve data reporting from district to provincial and national levels. A monitoring dashboard was implemented, utilizing historical data for trend analysis and alert indicators establishment. The National Institute of Health (NIH) supported the dissemination of surveillance information to provincial health departments and other stakeholders, enhancing the epidemiological bulletin's standards, content, and format across all levels.

Provincial surveillance teams participated in regular teleconference sessions to strengthen their public health data analysis capabilities and effectively utilize Pakistan Public Health Bulletin (PHB) surveillance information at local and district levels. The PHB delivered timely, accurate, and relevant content, adhering to editorial standards in support of its mission. A comprehensive plan outlining strategy for audience engagement, retention, visibility expansion, and readership growth are being developed.

Effective collaboration with various stakeholders and partners facilitated the bulletin's broader reach and increased its impact. Senior and Associate editors diligently ensured quality control, timeliness, evaluation, and optimization of editorial processes. Bulletin development, review, and publication were executed punctually.

Management of the review process for surveillance publications involved addressing feedback accordingly. Disease trends were monitored; disease alerts and outbreaks identified; health departments engaged for response conduction; report submissions acquired for inclusion in the bulletin. The Pakistan Public Health Bulletin website was supervised and kept up-to-date.

Timely dissemination of the bulletin via email to an updated contact list ensured stakeholder engagement.

A note from Field Activities.

Acute Watery Diarrhea Outbreak in UC Malakand Khas, Malakand, July-Aug 2023

Source: DHIS-2 Reports
https://dhis2.nih.org.pk/dhis-web-event-reports/

Background:

An outbreak of acute watery diarrhea (AWD) was reported in UC Malakand Khas, Malakand, Pakistan, in the second week of July. The outbreak was confirmed to be cholera after 13 cases tested positive for Vibrio cholerae.

Objective:

The objective of the investigation was to:

1. Identify and investigate the increase in AWD cases confirmed as cholera in UC Malakand Khas.
2. Determine the source of the outbreak and recommend measures to control it.

Methods:

The investigation team collected information on suspected and confirmed cholera cases from health facilities, community active surveillance, and laboratory reports. They also interviewed confirmed cases to collect clinical and exposure information. In addition, they conducted an environmental investigation to assess water sources, sanitation, and hygiene practices in the area.

Findings:

The investigation found that the outbreak was associated with poor sanitation and hygiene practices in the area. The confirmed cases lived in households with poor sanitation, and they all used the same source of contaminated water for drinking and other household purposes.

The most common symptoms among the affected individuals were abdominal discomfort and diarrhea.

Conclusion:

The investigation confirmed a cholera outbreak in UC Malakand Khas. The risk factors identified for the outbreak were poor sanitation, contaminated water

supply, and lack of awareness about proper hygiene practices.

Recommendations:

The investigation team recommends the following measures to control the outbreak and prevent future outbreaks:

- Strengthen surveillance systems for early detection and response.
- Streamline the flow of data on suspected cases and sample collection to determine the extent of the outbreak.
- Provide adequate oral rehydration medicine (ORS) and other essential drugs to nearby health facilities.
- Conduct a cholera vaccination campaign in the community.
- Coordinated efforts from all stakeholders are necessary to control the spread of the disease and prevent future outbreaks.

A note from Field Activities.

Leishmaniasis "Outbreak Investigation" District Charsadda, Khyber Pakhtunkhwa, Pakistan, July 2023

Source: DHIS-2 Reports
https://dhis2.nih.org.pk/dhis-web-event-reports/

Background

Leishmaniasis is the third largest neglected tropical disease. Leishmaniasis is caused by hemoflagellate which is parasitic protozoan of the genus leishmania; family trypanosomatidae. Rise in Leishmaniasis cases were being noticed in district Charsadda and this was discussed with CDC, NIH. The CDC, NIH issued and approval letter and send Dr. Shah Fahad for outbreak investigation

Objective

- To investigate Leishmaniasis cases and its possible via its vector; phlebotomous
- To analyze the treatment protocols of leishmaniasis patients and dose of SSG

Methods

The line list of 58 leishmaniasis patients from the BHUs (UC Tangi, UC Sherpao, UC Harichand, UC Mandani, UC Ziam) of tehsil Tangi, district Charsadda were collected. All serious, suspected and complicated cases were examined and the line list of patients were collected.

Findings

The findings indicate the low socio-economic conditions of the people in this region. The various risk factors observed in this study facilitate vectors population and thus affect transmission dynamics. The high incidence 48.5% (424) of leishmaniasis in teenage males is evident from the fact that they gather in the evening in the so-called designated play grounds.

Conclusion

In light of the current findings it is concluded that vector breeding sites are usually surrounded by rubbish, dry cow dung or animal sheds where sand flies get shelter. The play grounds must be cleaned properly. Chemical intervention (fogging and IRS) is the need of the day in effected areas.

Recommendation

Being potential carriers of the disease, Refuges and people of tehsil Tangi, are in constant touch for logistic purposes which may support cross-border transmission. The region needs proper attentions in terms of preventive and control measures at individual and community level. The potential risk for future epidemics in the surrounding regions is predicted with the possibility of the co-spreading of the disease. Use of bed net (LLINs & ITNs) is highly recommended. Mechanical, Biological and Chemical interventions as IVM should be focused in the area for affective vector control.

A note from Field Activities.

Field Activity Report: Monitoring of Grubbing Activities and Health Camp in CTC - 5 Cantt, Rawalpindi.

Dr. Naveed Qasim
Deputy District health Officer, Cantt
Rawalpindi

Team:

- DDHO Cantt, Dr. Naveed Qasim
- Town Entomologist, Mr. Adnan Rafi
- Notable persons of concern from UC
- Indoor and outdoor Dengue surveillance teams

Objectives

- Conduct indoor and outdoor surveillance for dengue vectors.
- Educate the public about dengue prevention and control measures.
- Sensitize the community about the importance of mosquito control.

Activities

- Celebrated Dengue Day by distributing awareness pamphlets among the public.
- Visited cattle farms and issued notices to cattle farm owners to avoid dumping garbage and animal dung into nallahs.
- Sensitized residents to avoid dumping garbage and animal dung into nallahs.
- Verified the work of dengue teams and sensitized them to detect maximum larvae and improve surveillance.
- The indoor vector surveillance team visited 100 households and inspected them for potential mosquito breeding sites.
- The outdoor vector surveillance team visited 50 public places and inspected them for potential mosquito breeding sites.
- A total of 50 potential mosquito breeding sites were identified and eliminated.

Conclusion

The dengue surveillance activities in CTC-5 were successful in raising awareness about the disease and in sensitizing the public about the importance of avoiding mosquito breeding grounds. The team conducted successful indoor and outdoor dengue surveillance in CTC-5. They were able to detect a significant number of larvae, which will help them to target their interventions more effectively. A total of 50 potential mosquito breeding sites were identified and eliminated. The teams will continue to monitor the situation and will take further action as needed. The team also educated the public about dengue prevention measures. These activities will help to reduce the risk of dengue in the community.

Recommendations

- The teams should continue to visit cattle farms and other potential mosquito breeding grounds on a regular basis.
- The teams should work with the local government to ensure that garbage is disposed of properly and that animal dung is not dumped into nallahs.
- The teams should continue to raise awareness about dengue among the public and educate them about the importance of avoiding mosquito breeding grounds.

A note from Field Activities.

Rawalpindi: Poliovirus detected in environmental sample

Dr. Ehsan Ghani

District health officer

Preventive services

Background

Environmental surveillance is a valuable tool for detecting poliovirus, especially in areas with high-risk populations. In Pakistan, environmental surveillance

has been used since 2009 to support the AFP surveillance system. The district of Rawalpindi has three environmental sampling sites: Safdarabad, Dhok Dallal, and Serae Kala. Serae Kala Tehsil Taxila was added to the list of environmental sites in 2022 to strengthen polio virus surveillance.

Pakistan's National Polio Laboratory at the National Institute of Health Islamabad has confirmed the detection of Type-1 Wild polio virus (WPV1) in an environmental (sewage) sample collected from District Rawalpindi in August 2023. The environmental (sewage) sample was collected on August 10, 2023 from the Safdarabad environmental sample collection site. Previous positive sample was collected on July 17, 2023 from the Serae Kala site.

"The isolated virus is classified as YB3A cluster and 98.56 percent genetically linked to the virus detected in an environmental sample in Jalalabad (Nangarhar), Afghanistan on January 01, 2023," polio eradication initiative official added.

This new detection takes the total number of positive environmental (sewage) samples in Pakistan in 2023 to 16 while the number of Polio cases in Pakistan in 2023 remains two.

Response

In response to the positive environmental sample, the District Health Authority (DHA) Rawalpindi is planning a mass vaccination campaign in five tehsils of the district focusing High Risk union councils. The polio case response campaign will target a total of 867,885 children under the age of five who need to be vaccinated against polio, reaching 669,412 households. To reach all of these children, the DHA has deployed a total of 3,251 teams. These teams are responsible for vaccinating children in all parts of the district, including hard-to-reach areas.

The mobile teams are the most numerous, followed by the fix teams and the transit teams. This suggests that the focus of the polio vaccination campaign is on reaching children in hard-to-reach areas.

The DHA is committed to ensuring that all children in the five high-risk tehsils of District Rawalpindi are vaccinated against polio. The polio case response campaign is a major undertaking, but it is essential to the health of children in the district

The detection of wild poliovirus in Rawalpindi is a serious development. However, the DHA's swift response is a positive sign. The polio case response campaign is a critical step in the fight to eradicate polio from Pakistan. With continued effort, Pakistan can achieve the goal of polio eradication and protect its children from this devastating disease.

ES collection, Safdarabad, Rawalpindi August, 2023

Article Abstract.

Anxiety, depression, and resilience among caregivers of children with neuro-developmental disorders in Rawalpindi, 2023

Iqra Ali Mirza
Dept of Psychology (NUST)

Introduction

Anxiety, depression, and resilience are three important concepts that have been studied in the context of

caring for children with neurodevelopmental disorders. Anxiety is a condition characterized by feelings of tension, worry, and physical changes. Depression is a mood disorder accompanied by a persistent feeling of sadness and loss of interest. Resilience refers to the ability to cope with adversity and maintain positive functioning.

Materials and Methods

This cross-sectional study involved 80 caregivers of children with neurodevelopmental disorders in a primary healthcare hospital in Rawalpindi, Pakistan. The Beck Anxiety Inventory, Hamilton Depression Rating Scale, and Brief Resilience Scale were used to assess anxiety, depression, and resilience, respectively. The data was analyzed using SPSS, and the significance level was set at $p<0.001$.

Results

The caregivers' ages ranged from 25 to 65 years (mean age 47 years). The results showed that older caregivers had significantly higher levels of anxiety and depression, and significantly lower levels of resilience, than younger caregivers. There was also a negative correlation between resilience and both anxiety and depression, indicating that caregivers with lower resilience were more likely to experience higher levels of these emotional states.

Discussion

The findings of this study suggest that anxiety, depression, and resilience are interconnected among caregivers of children with neurodevelopmental disorders. Older caregivers may be more vulnerable to these emotional states due to the increased demands of caregiving, as well as the physiological changes that occur with aging.

Conclusion

The findings of this study highlight the need for focused interventions to improve the mental health and well-being of caregivers of children with neurodevelopmental disorders. Interventions that focus on increasing caregiver resilience, regardless of age, could have a significant impact on their mental health and well-being.

Knowledge Hub

"The Importance of Disease Prevention and Healthy Aging in Older Adults"

As individuals age, it is increasingly important to prioritize disease prevention and healthy aging.

Communicable Diseases

With increasing age immune system weakens, making them more susceptible to communicable diseases. However, there are many things we can do to protect from these diseases and promote healthy aging.

- Wash hands often with soap and water for at least 20 seconds, especially after using the toilet, changing diapers, before eating, and after being around someone who is sick.
- Get vaccinated. Vaccines help protect from many serious communicable diseases, such as influenza, pneumonia, and shingles. Talk to your doctor about which vaccines are right for you.
- Avoid close contact with people who are sick. If you can, avoid close contact with people who are sick, especially if they have a respiratory infection. If you must be around someone who is sick, wear a mask to help protect yourself from germs.
- Stay home when you are sick. This will help prevent the spread of germs to others. If you must go out, cover your mouth and nose with a tissue when you cough or sneeze.

Non-Communicable Diseases

As individuals age, it is increasingly important to prioritize disease prevention and healthy aging. This is particularly crucial in the context of prevalent health concerns such as heart disease, stroke, cancer, diabetes, osteoporosis, and arthritis. By adopting proactive measures and making informed lifestyle choices, older individuals can significantly reduce their risk of developing these debilitating conditions.

Heart Disease

Heart disease is a leading cause of mortality worldwide. To prevent heart-related issues, seniors should focus on maintaining a balanced diet that is low in saturated fats and cholesterol, while incorporating regular exercise into their routine. Additionally, avoiding smoking and excessive alcohol

consumption can greatly contribute to cardiovascular health.

Stroke

Stroke prevention is closely linked to heart health. Older adults should be mindful of managing their blood pressure levels through regular monitoring and adherence to prescribed medications. Engaging in physical activities that promote cardiovascular fitness can also aid in reducing the risk of stroke.

Cancer

Cancer prevention involves a variety of strategies, including:

- Regular screenings for early detection
- Vaccination against certain types of cancers (such as cervical or liver cancer)
- Maintaining a healthy body weight through proper nutrition and physical activity
- Limiting exposure to harmful substances (such as tobacco or excessive sunlight)
- Minimizing alcohol consumption

Diabetes

Diabetes prevention is centered around maintaining a healthy weight through a balanced diet rich in whole grains, lean proteins, fruits, and vegetables. Regular physical activity plays a vital role in managing blood sugar levels effectively. Monitoring blood glucose levels regularly is also crucial for early detection and management of diabetes.

Osteoporosis

Osteoporosis prevention involves ensuring an adequate intake of calcium and vitamin D through diet or supplementation. Weight-bearing exercises are beneficial for bone strength and density. Avoiding smoking and excessive alcohol consumption can further protect against osteoporosis development.

Arthritis

Arthritis prevention focuses on maintaining joint health through regular exercise that strengthens muscles surrounding the joints without causing undue stress or strain. Maintaining a healthy weight reduces the burden on joints, while ensuring proper posture during daily activities helps prevent joint damage.

Conclusion

In conclusion, prioritizing disease prevention is essential for healthy aging in the context of both communicable and non-communicable diseases. By adopting a proactive approach and making informed lifestyle choices, older individuals can significantly reduce their risk of developing these conditions and enjoy a better quality of life in their later years.

Senior Citizens Day is the day to let them know how much we care and it's an opportunity to recognize their accomplishments.

Aug, 21

senior citizen day

To provide care for the people who once cared for us is one of life's greatest honors

	https://phb.nih.org.pk/		**https://twitter.com/NIH_Pakistan**
	phb@nih.org.pk		**https://www.facebook.com/NIH.PK/**

UK Health Security Agency

World Health Organization

USAID

safetynet