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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.

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Greetings
Team PHB-Pakistan

Overview

IDSR Reports

Ongoing Events

Field Reports

Preface

Stay informed and stay ahead with the Weekly Public Health Bulletin-Pakistan!

The Public Health Bulletin (PHB) for Week 26 of 2023 reports a decrease in the number of suspected cases reported in the Disease Surveillance and Response (IDSR) system. This may be attributed to the Eid holidays. However, there are still high numbers of cases of Acute Diarrhea (AD) and Acute Watery Diarrhea (AWD), which need to be investigated to confirm the existence of an outbreak. Typhoid cases are also reported from all provinces, but all are suspected cases and need field verification and lab confirmation.

The PHB team would like to thank all of the health workers who have contributed to the reporting of these cases. We would also like to remind the public to stay vigilant and to seek medical attention if they experience any symptoms of these diseases.

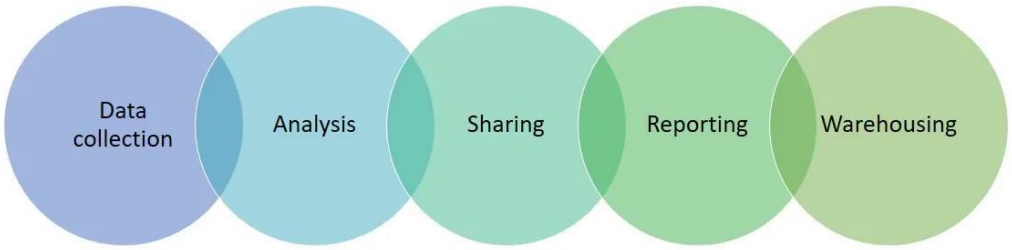
The PHB will continue to monitor the disease burden in Pakistan and will provide updates on the situation in future issues.

This week's bulletin also includes a knowledge review on Naeglaria floweri disease and information on Local Hepatitis Elimination and Prevention Program in Rawalpindi, Punjab. Stay well-informed about public health matters. Subscribe to the Weekly Bulletin today!

Sincerely,
The Chief Editor

Overview

- During Week 26, the most common reported cases were Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, B. Diarrhea, Typhoid, VH (B, C, D), SARI, dog bite and AVH (A&E).
- In week 26, number of suspected cases reported in Disease Surveillance and Response (IDSR) system has been decreased as may be attributed to Eid Holidays.
- Typhoid cases are reported from all provinces including Balochistan, Sindh and KPK. All are suspected cases and need field verification and lab confirmation.
- Cases of AD and AWD are reported in high numbers and need investigations to confirm the existence of outbreak
  - All are suspected cases and need field verification.



Overview

IDSR compliance attributes

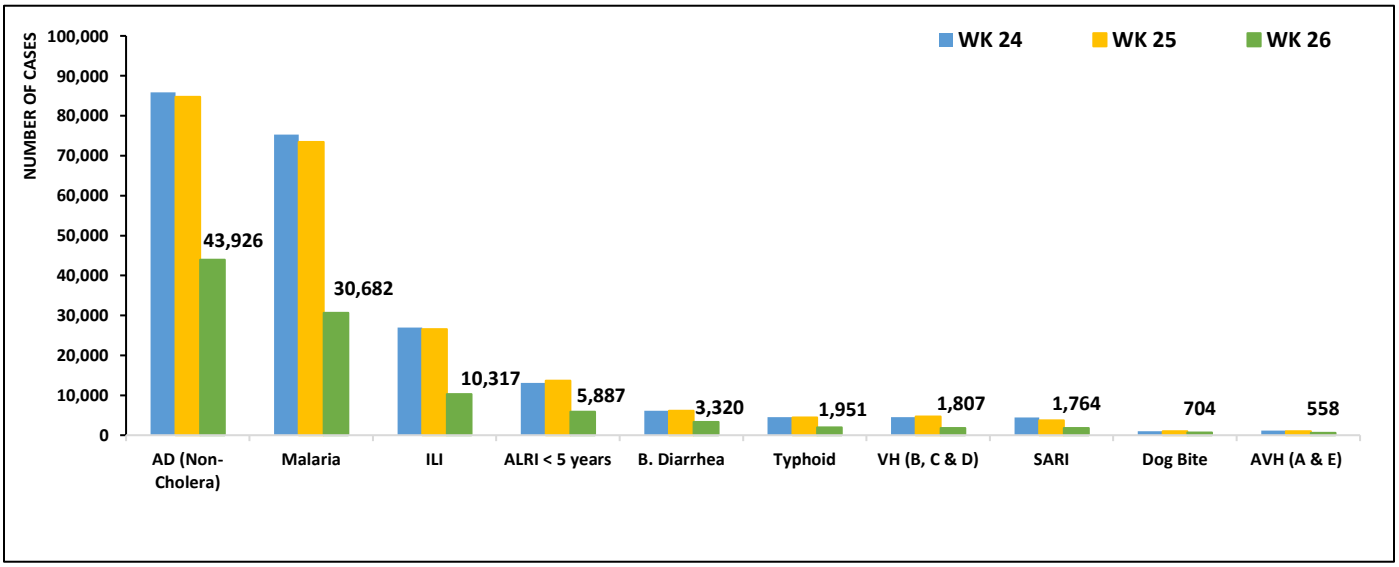
- The national compliance rate for IDSR reporting in 125 implemented districts *is 69%* for this week. The *decline in compliance rate can be attributed to Eid Holidays*
- Sindh province is the top reporting region with a compliance rate of 88% followed by ICT with 78%.
- The lowest compliance rate was observed in Gilgit Baltistan and Balochistan province.

Region	*Expected Reports*	*Received Reports*	*Compliance (%)*
Khyber Pakhtunkhwa	1570	1049	67
Azad Jammu Kashmir	440	282	64
Islamabad Capital Territory	27	21	78
Balochistan	1264	574	45
Gilgit Baltistan	99	33	33
Sindh	1901	1680	88
National	5301	3639	69

Table 1: Province/Area wise distribution of most frequently reported cases during week 26, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
ILI	1,024	1,334	7	192	2,678	NR	5,082	10,317
AD (Non-Cholera)	1,422	3,696	29	116	13,849	1,274	23,540	43,926
Malaria	55	3,558	0	0	3,039	NR	24,030	30,682
B. Diarrhea	141	1,051	5	2	750	NR	1,371	3,320
Typhoid	40	744	8	0	394	NR	765	1,951
SARI	256	294	15	0	958	NR	241	1,764
ALRI < 5 years	396	755	20	0	601	NR	4,115	5,887
CL	0	71	0	0	272	NR	0	343
AWD (S. Cholera)	21	165	19	0	27	NR	41	273
Measles	9	33	2	3	84	NR	22	153
Dog Bite	53	47	0	0	127	NR	477	704
Dengue	0	14	0	0	8	NR	47	69
VH (B, C & D)	8	69	0	0	31	NR	1,699	1,807
Gonorrhea	0	49	0	0	2	NR	20	71
Pertussis	5	35	0	0	0	NR	3	43
VL	0	12	0	0	4	NR	0	16
NT	0	0	0	0	3	NR	0	3
Mumps	64	60	0	2	81	NR	261	468
AFP	0	2	0	0	7	NR	5	14
Chickenpox/ Varicella	8	17	0	2	46	NR	29	102
AVH (A & E)	14	7	3	0	176	NR	358	558
Meningitis	3	1	0	0	1	NR	16	21
Syphilis	1	0	0	0	0	NR	2	2
Leprosy	0	0	0	0	0	NR	2	2
Diphtheria (Probable)	0	2	0	0	0	NR	0	2
Chikungunya	0	0	0	0	0	NR	0	0
Anthrax	0	0	0	0	0	NR	0	0
Brucellosis	0	4	0	0	0	NR	0	4
CCHF	0	0	0	0	0	NR	1	1
Rubella (CRS)	0	0	0	0	0	NR	1	1
HIV/AIDS	0	0	0	0	3	NR	4	7

Figure 1: Most frequently reported suspected cases during week 26, Pakistan



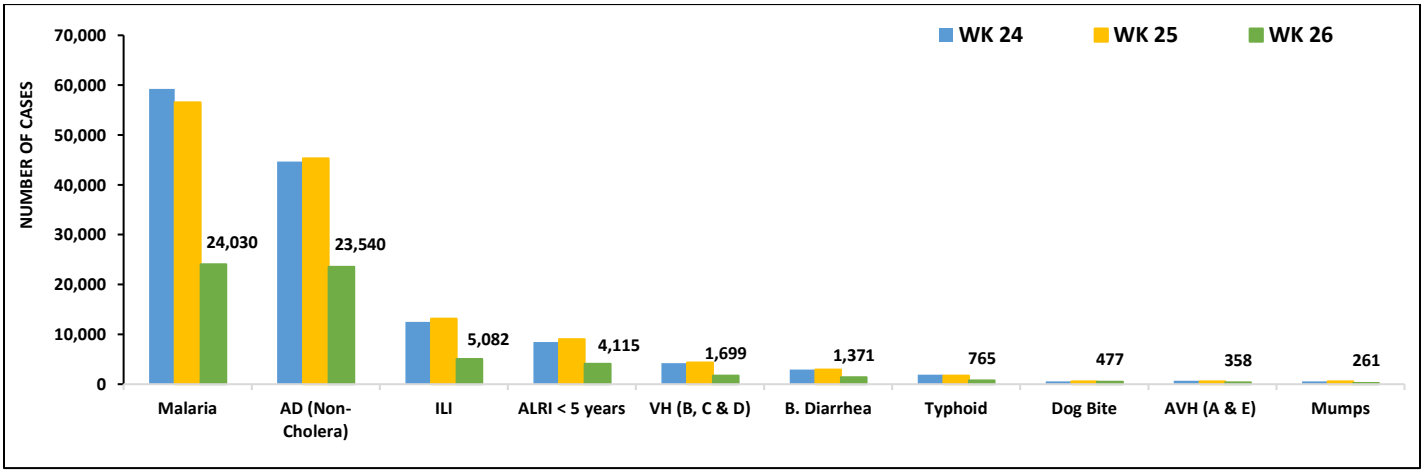
Sindh

- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, VH (B, C, D), B. Diarrhea, Typhoid, dog bite, AVH (A&E) and Mumps.
- Due to Eid holidays, there is decline in all cases reported this week from Sindh province.
- Dog bite cases are reported mostly from Sanghar and Jacobabad districts.
- Cases of AD and B. Diarrhea are reported in high numbers and need field verification and lab confirmation for appropriate response.

Table 2: District wise distribution of most frequently reported suspected cases during week 26, Sindh

DISTRICTS	AD (Non-Cholera)	Malaria	ILI	ALRI < 5 years	B. Diarrhea	Typhoid	SARI	Measles	VH (B, C & D)	Dengue	Dog Bite
Badin	1,770	1,377	56	273	117	25	0	0	46	0	91
Dadu	2,025	1,392	1	181	68	61	0	0	4	0	0
Ghotki	480	359	0	187	54	5	0	2	228	0	0
Hyderabad	934	161	99	11	3	19	0	1	44	0	0
Jacobabad	1,073	632	10	538	67	31	0	0	28	0	47
Jamshoro	464	720	0	126	45	57	2	12	48	0	25
Kamber	1,720	2,287	0	49	48	5	0	0	22	0	0
Karachi Central	664	41	638	39	27	46	0	2	58	1	0
Karachi East	89	24	9	0	0	0	0	0	0	4	0
Karachi Keamari	129	0	39	6	0	1	0	0	0	0	0
Karachi Korangi	132	20	10	0	1	1	0	1	0	0	0
Karachi Malir	456	32	361	182	23	3	46	0	7	0	2
Karachi South	35	11	0	0	0	1	0	0	0	0	0
Karachi West	378	74	207	114	37	18	44	0	20	12	30
Kashmore	290	703	133	85	21	2	1	0	58	0	0
Khairpur	1,804	2,438	117	436	134	94	93	0	60	0	21
Larkana	954	4,087	0	93	97	1	4	0	61	0	0
Matiari	803	421	0	69	26	22	0	0	134	2	38
Mirpurkhas	1,407	1,056	917	258	23	17	0	0	12	0	5
Naushero Feroze	854	808	297	193	96	97	0	0	37	0	6
Sanghar	1,249	594	43	175	62	28	10	0	211	0	111
Shaheed Benazirabad	1,195	917	5	191	30	144	0	0	52	0	0
Shikarpur	575	447	0	55	56	0	0	2	40	0	1
Sujawal	194	176	0	60	28	6	0	0	0	0	0
Sukkur	732	1,156	748	137	91	5	1	2	242	0	0
Tando Allahyar	465	415	244	77	35	4	0	0	109	0	16
Tando Muhammad Khan	177	144	0	15	10	0	0	0	0	0	11
Tharparkar	678	927	719	286	55	19	27	0	23	28	2
Thatta	904	1,202	429	94	48	19	11	0	22	0	71
Umerkot	910	1,409	0	185	69	34	2	0	133	0	0
Total	23,540	24,030	5,082	4,115	1,371	765	241	22	1,699	47	477

Figure 2: Most frequently reported suspected cases during week 26, Sindh



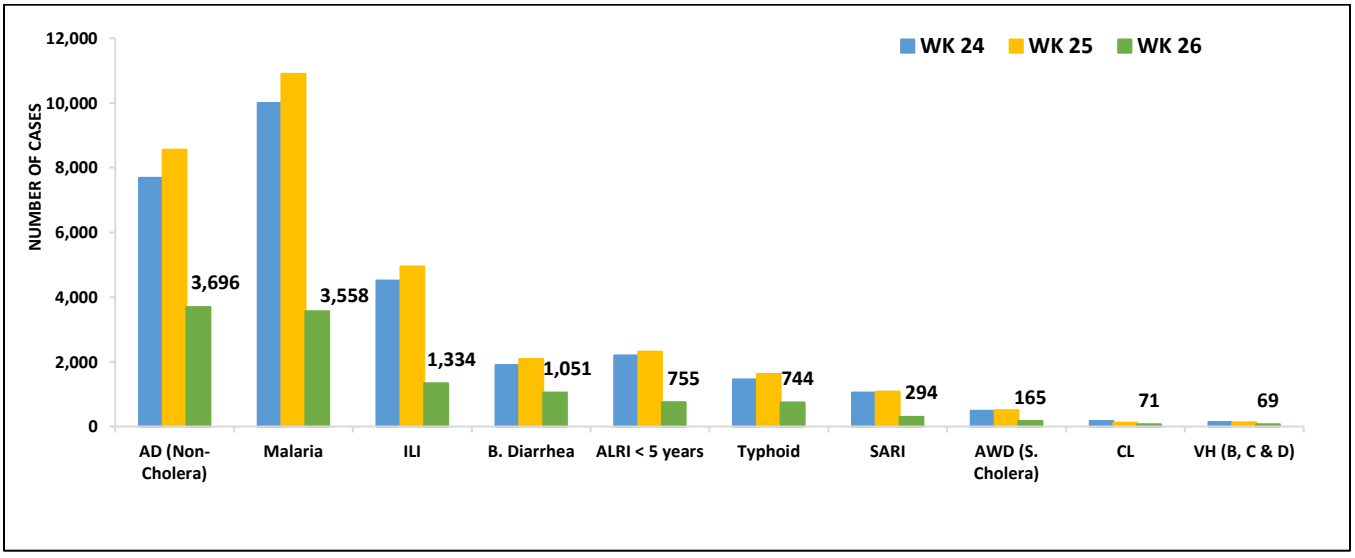
Balochistan

- Malaria, AD (Non-Cholera), Malaria, ILI, B. Diarrhea, ALRI <5 years, Typhoid, SARI, AWD (S. Cholera), CL and VH (B,C) were the most frequently reported diseases from Balochistan province.
- Cases of ILI, AD and Malaria showed a decline trend this week.
- This week AWD (S. Cholera) cases are reported in high numbers from Killla Saifullah and Surab districts, all are suspected cases and demand urgent field investigation.

Table3: District wise distribution of most frequently reported suspected cases during week 26, Balochistan

Districts	ILI	Malaria	AD (Non-Cholera)	ALRI < 5 years	SARI	B. Diarrhea	Typhoid	CL	Dog Bite	AWD (S. Cholera)
Chagai	126	16	93	0	0	30	7	0	1	5
Duki	22	72	108	30	20	85	18	2	0	37
Harnai	2	52	118	255	0	207	3	0	1	13
Jaffarabad	34	852	695	76	12	73	390	1	1	1
Jhal Magsi	0	312	228	28	3	8	5	0	5	7
Kachhi (Bolan)	8	65	45	1	4	11	17	0	0	0
Kalat	5	1	6	0	0	2	1	0	0	0
Kharan	93	60	67	0	0	37	3	0	0	3
Khuzdar	74	47	68	0	11	49	28	0	0	0
Killa Saifullah	0	98	116	68	2	37	14	11	0	21
Kohlu	94	65	56	9	19	34	24	1	0	1
Lasbella	32	352	307	48	46	63	10	0	14	0
Loralai	86	41	89	21	47	33	15	0	0	8
Mastung	46	59	651	26	21	61	60	6	2	0
Naseerabad	0	400	134	6	0	8	38	0	3	8
Nushki	0	76	123	0	2	43	0	0	0	10
Panjgur	39	160	94	54	11	55	13	0	0	9
Pishin	105	44	118	18	2	72	25	14	16	0
Quetta	276	6	176	25	0	36	5	32	0	2
Sibi	101	108	115	16	13	16	13	0	1	0
Sohbat pur	4	581	195	55	49	41	40	2	0	1
SURAB	10	14	7	5	8	4	7	0	1	12
Washuk	116	49	65	10	23	18	4	2	0	0
Ziarat	61	28	22	4	1	28	4	0	2	27
Total	1,334	3,558	3,696	755	294	1,051	744	71	47	165

Figure 3: Most frequently reported suspected cases during week 26, Balochistan



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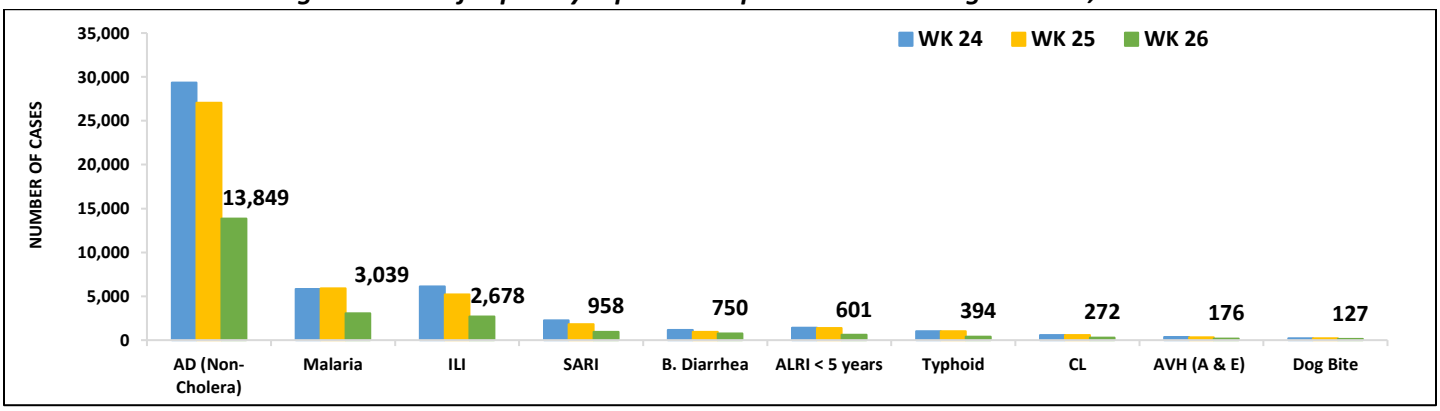
Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, SARI, B. Diarrhea, ALRI<5 Years, Typhoid, CL, AVH (A&E) and dog bite cases.
- Cases of AD, ILI and Malaria showed a downward trend this week.
- Cases of AD were mostly reported from Malakand, Swat and Dir Lower. Need field investigation to know the actual burden of disease.

Table 4: District wise distribution of most frequently reported suspected cases during week 26, KP

Diseases	AD (Non-Cholera)	Malaria	ILI	SARI	ALRI < 5 years	B. Diarrhea	Typhoid	Dog Bite	AWD (S. Cholera)	AVH (A & E)
Abbottabad	442	0	7	1	0	2	10	2	0	0
Bannu	355	545	50	0	1	4	20	0	0	0
Battagram	143	23	320	0	7	0	0	5	0	0
Buner	375	286	0	0	6	18	13	0	0	2
Charsadda	790	34	136	7	5	0	0	0	0	0
Chitral Lower	446	2	43	377	2	0	9	7	0	0
Chitral Upper	25	1	0	76	0	0	2	0	0	2
D.I. Khan	654	329	21	40	5	24	0	35	0	0
Dir Lower	1,427	339	72	92	98	125	59	10	0	113
Dir Upper	412	2	67	0	19	36	25	0	0	8
Hangu	253	237	309	102	4	20	15	5	0	10
Haripur	344	7	42	0	30	0	2	0	0	0
Karak	241	64	32	4	18	0	2	18	4	0
Khyber	8	16	64	3	1	6	4	0	0	0
Kohat	47	21	12	2	2	0	0	4	0	0
Kohistan Lower	76	1	0	47	0	35	0	1	0	0
Kohistan Upper	311	0	7	15	10	10	18	0	0	0
Kolai Palas	55	0	0	0	9	15	0	0	5	0
L & C Kurram	26	27	16	0	0	5	3	0	0	0
Lakki Marwat	365	539	0	0	5	14	13	0	0	0
Malakand	1,213	46	27	31	45	151	29		0	15
Mansehra	414	0	193	35	29	13	50	0	13	2
Mardan	552	12	209	60	98	33	2	0	0	5
Nowshera	828	27	37	6	12	25	7	0	0	6
Peshawar	1,114	9	283	22	23	115	19	3	0	3
Shangla	404	313	0	0	6	4	11	15	2	0
Swabi	800	13	627	17	111	10	23	0	0	7
Swat	1,533	14	104	0	48	51	38	10	0	3
Tank	101	56	0	0	0	5	1	0	0	0
Tor Ghar	95	46	0	21	7	29	9	12	3	0
Total	13,849	3,009	2,678	958	601	750	384	127	27	176

Figure 4: Most frequently reported suspected cases during week 26, KP



ICT, AJK & GB

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

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

GB: ALRI<5 years cases were maximum followed by AD (Non. Cholera) and SARI. AD (Non-Cholera) cases showed decline trend in cases this week.

Figure 5: Most frequently reported suspected cases during week 26, ICT

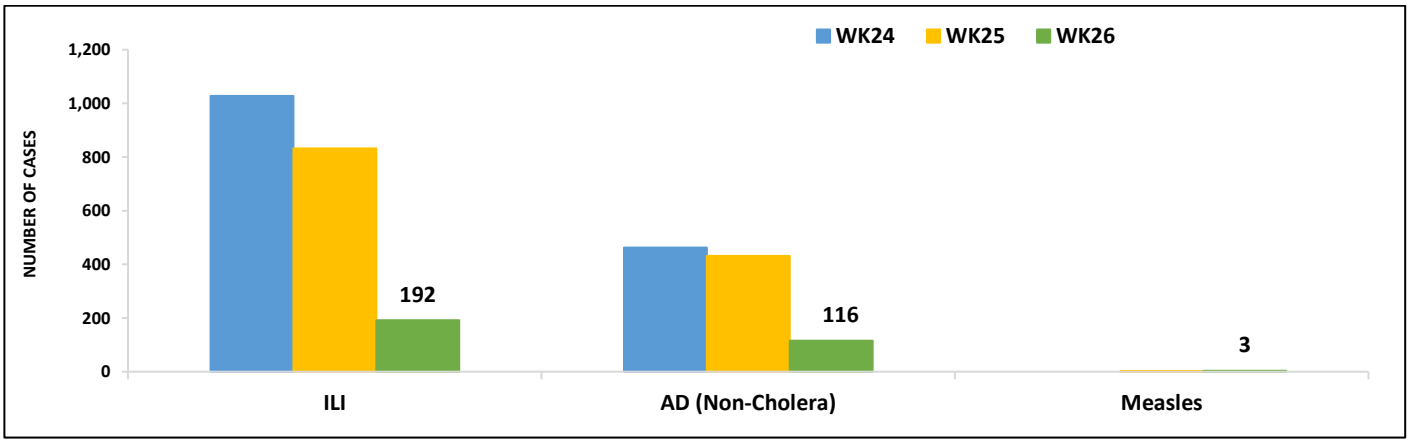


Figure 6: Week wise reported suspected cases of ILI, ICT

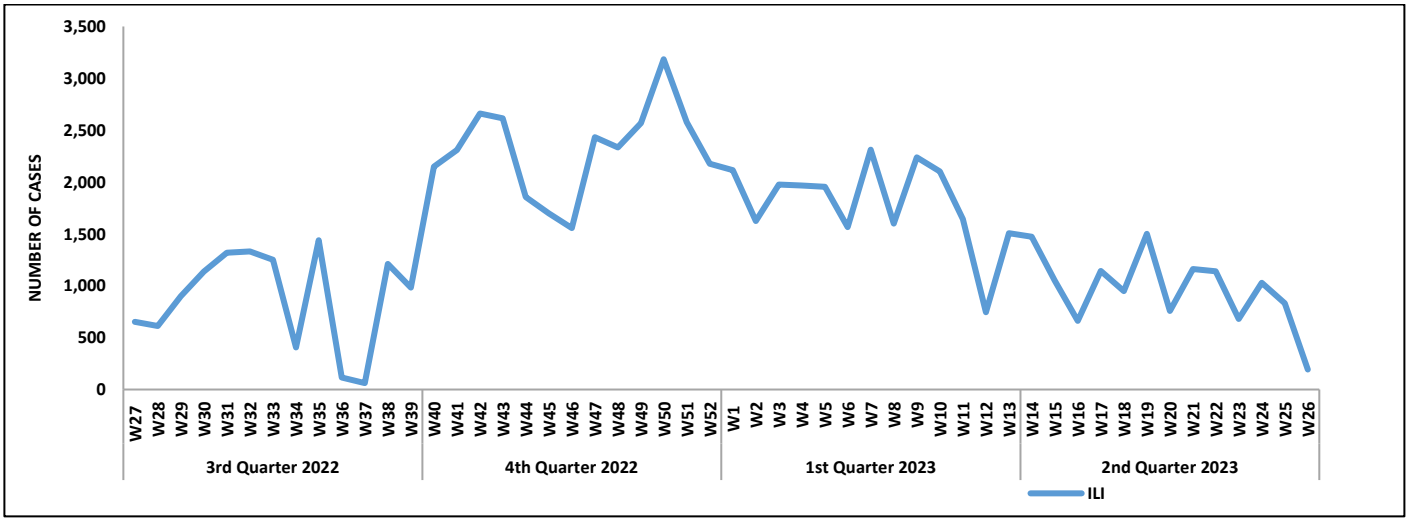


Figure 7: Most frequently reported suspected cases during week 26, AJK

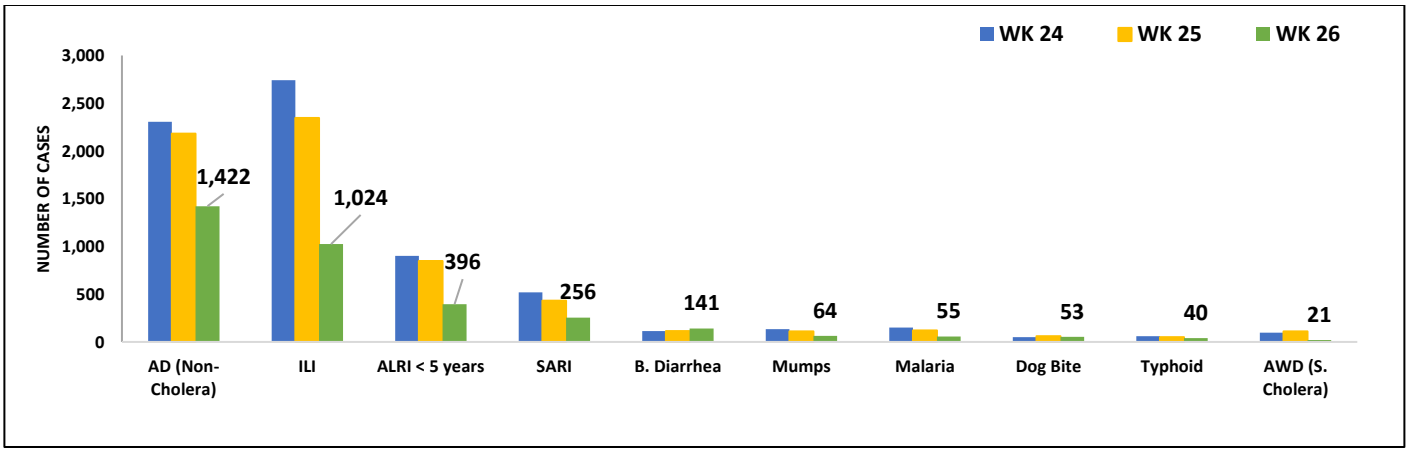


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Figure 8: Week wise reported suspected cases of AD (Non-Cholera) and ALRI <5 years, AJK

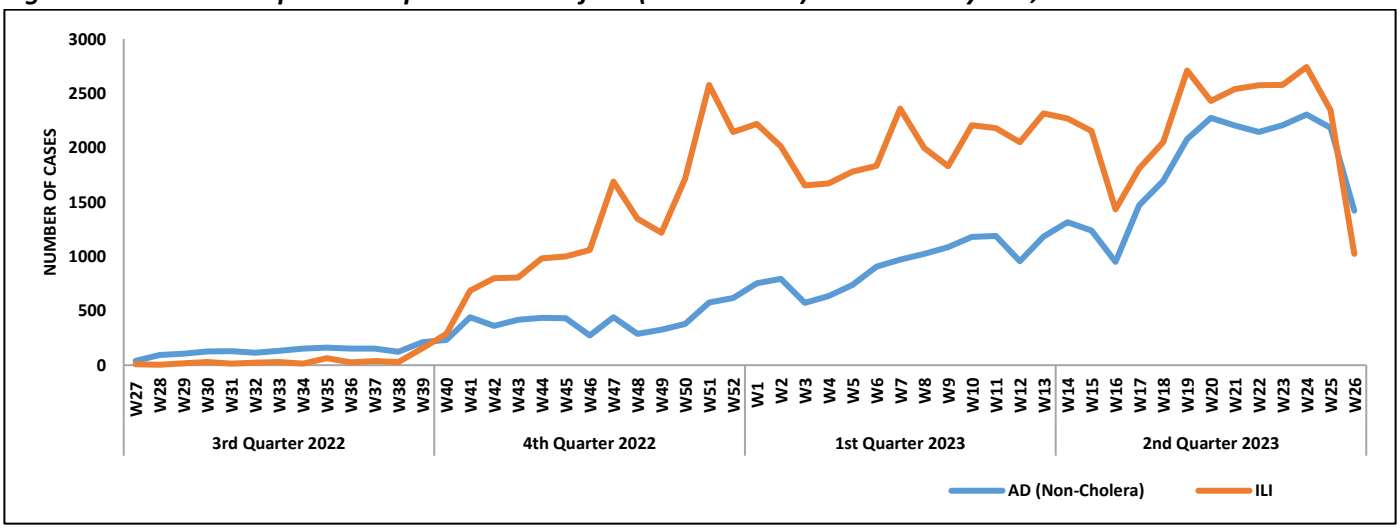


Figure 9: Most frequent cases reported during WK 26, GB

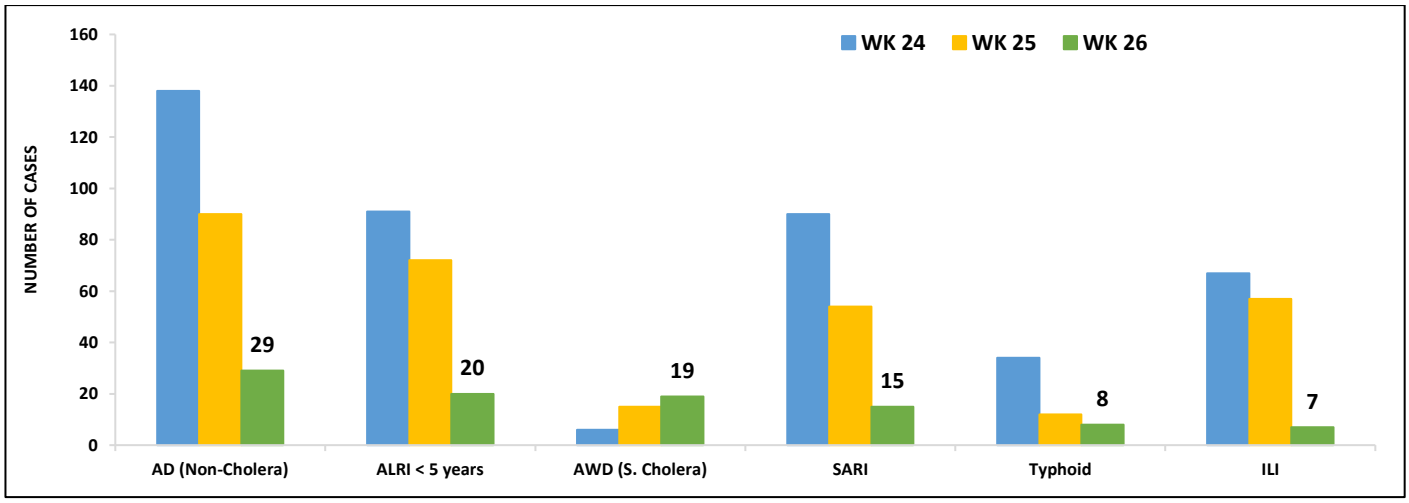


Figure 10: Week wise reported suspected cases of ALRI < 5 years, GB

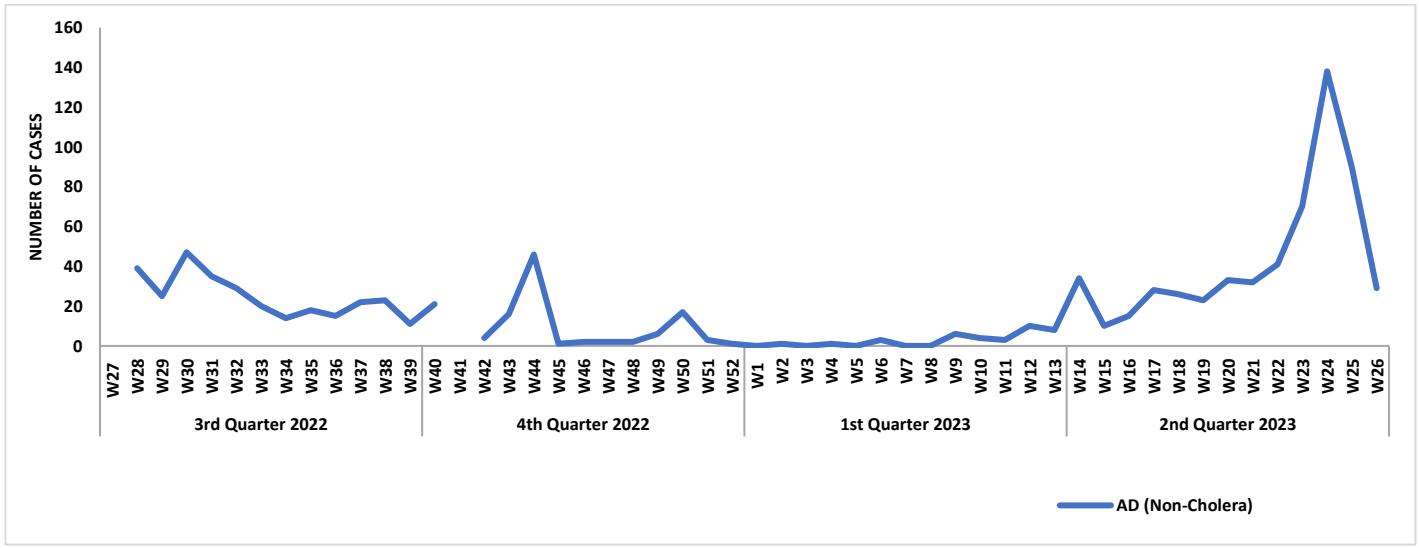


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi week 26

Diseases	Sindh	KP	Balochistan	Punjab	Gilgit
Acute Watery Diarrhoea (S. Cholera)	3	-	-	-	-
Acute diarrhea(non-cholera)	2	-	-	-	-
Malaria	216	-	-	-	1
Dengue	18	-	-	-	-
Acute Viral Hepatitis(A)	1	1	-	-	-
Acute Viral Hepatitis(B)	95	-	-	-	1
Acute Viral Hepatitis(C)	142	-	4	-	-
Acute Viral Hepatitis(E)	14	-	-	-	-
Covid-19	0	-	0	0	-

Table 6: IDSR reporting districts Week 26

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	96	87%
	Bannu	92	92	60	65%
	Battagram	43	43	25	58%
	Buner	34	34	22	65%
	Charsadda	61	61	44	72%
	Chitral Upper	33	33	7	21%
	Chitral Lower	35	35	30	86%
	D.I. Khan	89	89	74	83%
	Dir Lower	75	75	60	80%
	Dir Upper	55	55	21	38%
	Hangu	22	22	21	95%
	Haripur	69	69	44	64%
	Karak	34	34	34	100%
	Khyber	40	40	5	13%
	Kohat	59	59	58	98%
	Kohistan Lower	11	11	11	100%
	Kohistan Upper	20	20	19	95%
	Kolai Palas	10	10	10	100%
	Lakki Marwat	49	49	48	98%
	Malakand	42	42	15	36%
	Mansehra	133	133	32	24%
	Mardan	84	84	78	93%
	Nowshera	52	52	44	85%
	Peshawar	101	101	52	51%
	Shangla	36	36	36	100%
	Swabi	60	60	5	8%
	Swat	77	77	54	70%
	Tank	34	34	34	100%
	Torghar	10	10	10	100%
Azad Jammu Kashmir	Mirpur	37	37	10	100%
	Bhimber	20	20	18	90%
	Kotli	60	60	48	80%
	Muzaffarabad	43	43	43	100%
	Poonch	46	46	46	100%
	Haveli	43	43	0	0%
	Bagh	41	41	34	83%
	Neelum	33	33	28	85%
	Jhelum Vellay	49	49	28	57%
	Sudhnooti	68	68	27	40%
Islamabad Capital Territory	ICT	18	18	16	89%
	CDA	9	9	5	56%
Balochistan	Gwadar	24	24	0	0%
	Kech	78	44	0	0%

	Khuzdar	136	20	17	85%
	Killa Abdullah	50	32	0	0%
	Lasbella	85	85	84	99%
	Pishin	118	23	13	57%
	Quetta	77	22	13	59%
	Sibi	42	42	14	33%
	Zhob	37	37	0	0%
	Jaffarabad	47	47	51	109%
	Naserabad	45	45	37	82%
	kharan	32	32	27	84%
	sherani	32	32	0	0%
	kohlu	75	75	14	19%
	Chagi	65	65	20	31%
	kalat	65	65	5	8%
	Musa khail	68	68	0	0%
	Harnai	36	36	17	47%
	Kachhi (Bolan)	35	35	10	29%
	Jhal Magsi	39	39	22	56%
	Sohbat pur	26	26	23	88%
	Surab	33	33	6	18%
	Mastung	45	45	45	100%
	Loralai	25	25	23	92%
	Killa Saifullah	31	31	26	84%
	Ziarat	42	42	10	24%
	Duki	31	31	29	94%
	Nushki	32	32	29	91%
	Dera Bugti	45	45	0	0%
	Washuk	25	25	9	36%
	Panjgur	38	38	30	79%
	Awaran	23	23	0	0%
Gilgit Baltistan	Hunza	31	31	31	100%
	Nagar	6	6	0	0%
	Ghizer	62	62	2	3%
Sindh	Diamer	79	79	10	13%
	Hyderabad	63	63	24	38%
	Ghotki	65	65	65	100%
	Umerkot	98	43	43	100%
	Naushahro Feroze	120	52	50	96%
	Tharparkar	292	100	97	97%
	Shikarpur	64	64	60	94%
	Thatta	53	53	52	98%
	Larkana	67	67	67	100%
	Kamber Shadadkot	71	71	70	99%
	Karachi-East	14	14	11	79%
	Karachi-West	20	20	20	100%
	Karachi-Malir	37	37	16	43%
	Karachi-Kemari	17	17	7	41%
	Karachi-Central	12	12	9	75%
	Karachi-Korangi	17	17	8	47%

	Karachi-South	4	4	2	50%
	Sujawal	31	31	25	81%
	Mirpur Khas	124	124	104	84%
	Badin	144	144	107	74%
	Sukkur	65	65	64	98%
	Dadu	90	90	87	97%
	Sanghar	101	101	100	99%
	Jacobabad	54	54	38	70%
	Khairpur	203	203	164	81%
	kashmore	59	59	59	100%
	Matiari	42	42	38	90%
	Jamshoro	70	70	50	71%
	Tando Allahyar	54	54	47	87%
	Tando Muhammad Khan	41	41	11	27%
	Shaheed Benazirabad	124	124	124	100%

Public Health Bulletin (PHB) Pakistan

SOP of Public Health Bulletin

1. Purpose:

PHB is a communication tool produced by CDC, NIH to disseminate timely info on priority diseases in Pakistan & build capacity of health professionals..

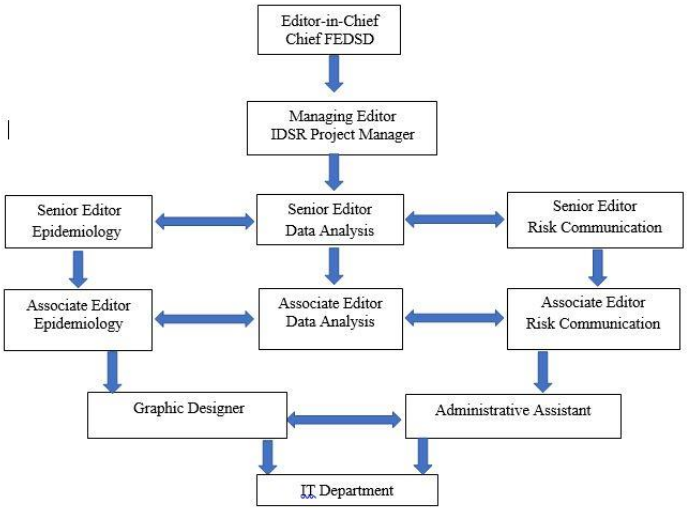
1.1. Scope:

PHB is a weekly publication that provides data-driven insights on priority diseases in Pakistan, informs public health interventions, and supports real-time surveillance..

2. Objectives:

- To communicate the burden of IDSR priority diseases throughout Pakistan.
- To communicate important new findings and suggestions for response to decrease public health threats.
- To build national public health capacity to report data to improve public health.

3. Governance Structure for PHB



Working Mechanism for IDSR Reporting

Receipt of data	• Ensure availability and maintenance of DHIS-2 software • Administrative Assistant and IT department
Initial desk review	• Extract and analyze data of IDSR reporting districts • Associate and Senior Editors (Data Analysis)
Content writing	• Updating epidemiological highlights and recommendations. • Associate Editors (Epidemiology and Risk communication)
Technical review	• Reviewing technical aspects • Senior Editors (Data analysis, Epidemiology and Risk communication)
Graphic designing/Copy editing/Proof reading	• Formatting, copy editing and proof reading • Graphic designer
Approval	• Final Review and Approval • Managing Editor and Editor in Chief
Dissemination	• Publication and Dissemination • Administrative Assistant and IT Team

3.1. Working Mechanism for Publishing Articles

1	• Writing articles and sharing with the Faculty of Pakistan Public Health Bulletin • FETP Fellows, Graduates and Alumini
2	• Reviewing the statistical contents in the articles • Associate and Senior Editors (Data Analysis)
3	• Reviewing the epidemiological contents and following scientific writing standards in the articles • Associate and Senior Editors (Epidemiology)
4	• Formatting, copy editing and proof reading • Graphic Designer and IT Team
5	• Final Review and Approval • Managing Editor and Editor in Chief
6	• Publication and Dissemination • Administrative Assistant and IT Team

4. Procedure:

IDSR Reporting

a) IT team will ensure the availability and maintenance of DHIS-2 software for uninterrupted workflow.
b) Associate Editor (Data Analysis) will extract and analyze data from DHIS-2 software regarding IDSR priority diseases on every Wednesday during 09:00 am to 12:00 pm.
c) Senior Editor (Data Analysis) will review the analyzed data on every Wednesday during 12:00 pm to 01:00 pm.
d) Associate Editor (Epidemiology) will update the epidemiological highlights and interpret the visual data on every Wednesday from 01:00 pm to 03:00 pm.
e) Associate Editor (Risk communication) will give recommendations for the most commonly reported IDSR priority diseases on every Wednesday during 03:00 pm to 04:00 pm.
f) Senior Editors (Epidemiology and Risk Communication) will review the content material on every Thursday during 09:00 am to 11:00 am.
g) Graphic designer will format, copy edit and proof read the technically reviewed PHB draft on every Thursday during 11:00 am to 01:00 pm.
h) Managing Editor will finalize the bulletin and Editor in Chief will give the final approval for dissemination and publication on every Thursday during 01:00 pm to 03:00 pm.
i) Administrative Assistant and IT department will publish and disseminate the final approved PHB document on every Thursday during 01:00 pm to 03:00 pm.

4.1. Publishing Articles

a) FETP Fellows, Graduates and Alumni will write articles regarding outbreak investigations and disease surveillance and share them with the faculty of Pakistan Public Health Bulletin.
b) Associate and Senior Editors (Data Analysis) will review the data and statistical inference in the articles.
c) Associate and Senior Editors (Epidemiology) will review the articles for epidemiological contents and will ensure that the articles will be up to the scientific writing standards.
d) Graphic designer will format, copy edit and proof read the technically reviewed articles when incorporating them in the bulletin.
e) Managing Editor will finalize the bulletin and Editor in Chief will give the final approval for dissemination and publication.
f) Administrative Assistant and IT department will publish and disseminate the finally approved PHB document.

5. Responsibilities:

a) Editor in Chief (Chief FEDSD) will review the developed PHB document and give approval for publication and dissemination.
b) Managing Editor (IDSR Project Manager) will review scheme, data and epidemiological information in the document and approve the document after correction if needed.
c) Senior Editor (Epidemiology) (Senior Scientific Officer) will review the draft after interpretation of data, recommendations and articles.
d) Senior Editor (Data Analysis) (Senior Scientific Officer) will review the data and statistical inference in PHB draft.
e) Associate and Senior Editors (Risk Communication) (Health Education Officer) will incorporate the public health events, prevention and control section for each priority public health issues in the bulletin draft
f) Associate Editor (Epidemiology) (Scientific Officer) will highlight the epidemiological findings of significance and interpret the visual data. Moreover, the undersigned will be responsible for reviewing the epidemiological contents and writing standards of the articles.
g) Associate Editor (Data analysis) (Statistical Officer) will perform all tasks related to data extraction, analysis and statistical information in prescribed format for article writing.

h) Graphic Designer (Temporarily hired from donning agency) will bring the PHB draft document in prescribed design format along with data and figures. Furthermore, the undersigned will be responsible for copy editing and proof reading.

i) Administrative Assistant will make necessary arrangements for printing, publishing and disseminating the developed document.

j) IT department will be responsible for managing systems, software, internet, log in IDs and passwords for the assigned personnel at the district, province and federal level and troubleshooting technical errors.

6. Key Stakeholders:

a) Secretary DG Office National level Health Department
b) National Institute of Health (NIH)
c) Secretary DG Office Subnational level Health Department
d) District Health Offices
e) National, provincial and regional Health Education Offices
f) UK Health Security Agency (Former Public Health England-PHE)
g) World Health Organization (WHO)
h) John Snow Institute- JSI
i) US-CDC
j) UNICEF
k) Social Media
l) Electronic and Print Media
m) Ministries and departments other than health
n) Law Enforcement Agencies
o) Vertical Programs (EPI, NTBCP, Malaria, AIDS, etc.)
p) Specific interest groups including religious, community and social leaders

7. Records:

1. PHB File Records
2. PHB email records for dissemination

A note from Field Activities..

LHEAP Program Launched To Make Rawalpindi City Hepatitis-Free

Reported by Dr. Ansar Ishaq
Director Health Services
Rawalpindi

The District Health Authority Rawalpindi is launching a special project for elimination and prevention of hepatitis B and C from Monday under which a total of 100,000 individuals would be screened for hepatitis in as many as four union councils of Rawal Town initially and the persons tested positive for the infection would be given free of cost treatment as well.

Local Hepatitis Elimination and Prevention (LHEAP) project is being launched exclusively for the population of Rawalpindi district in coalition with Global Hepatitis Elimination Task Force. Initially, the project would cover population in four union councils in Rawal Town however, after completion of the project in the selected UCs, the project may be extended to cover the whole population of the district.

The District Health Authority Rawalpindi has launched a project to eliminate hepatitis B and C from the city. The project, called the Local Hepatitis Elimination and Prevention (LHEAP) program, will initially focus on four union councils in Rawal Town. A total of 100,000 individuals will be screened for hepatitis, and those who are found to be positive will be given free treatment. The project is funded by Coalition for Global Hepatitis Elimination (CGHE) and is expected to be extended to other parts of the city in the future.

Provincial Minister for Health Punjab Dr Jamal Nasir addressing Launching Ceremony of LHEAP

It is important that in the first phase of the project being launched by the DHA Rawalpindi, as many as 10000 people would be screened and tested for hepatitis B and C in Union Council 10 in Rawal Town

from July 10 to 17 while in the second phase, the population in union councils 11, 14 and 15 would be covered.

Under the project with Coalition for Global Hepatitis Elimination (CGHE) door to door screening and testing would be conducted with the help of the staff available to the health department for the first phase, from July 10 to July 17 however, for the second phase, vaccinators and dispensers would be hired under the project.

The testing and treatment for hepatitis B and C would be given free of cost to the targeted population and the whole process would be supervised by medical specialists at Municipal Medical Centre in Satellite Town, the Red Crescent Complex. PCR testing facility would also be provided free of cost to the patients tested positive during screening at the laboratory of the institution as and when required.

Knowledge Hub

Naegleria fowleri

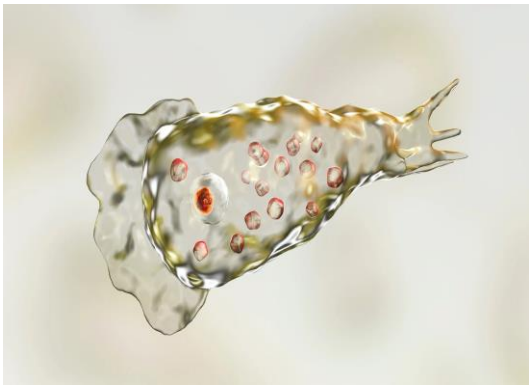
The symptoms of Naegleria fowleri infection usually start 1 to 7 days after exposure to the amoeba. The first symptoms are usually fever, headache, and nausea. As the infection progresses, people may experience stiff neck, vomiting, seizures, and changes in mental status. In some cases, people may also experience a rash or skin lesions.

How is Naegleria fowleri infection diagnosed?

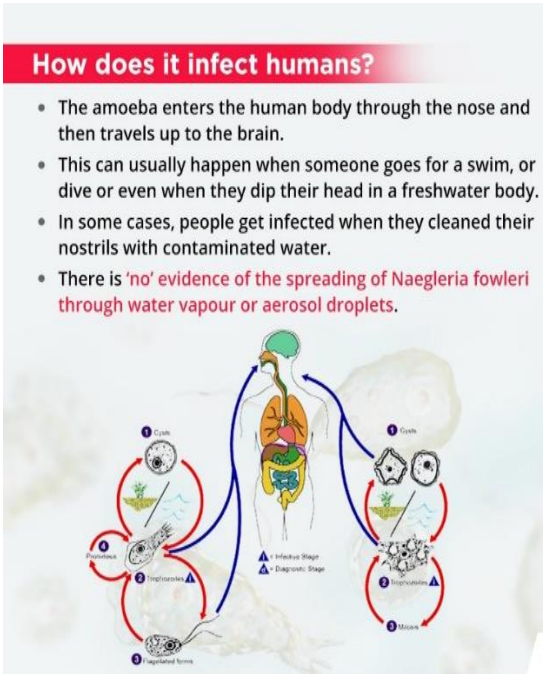
Naegleria fowleri infection can be diagnosed by testing a sample of the cerebrospinal fluid (CSF) for the presence of the amoeba. CSF is the fluid that surrounds the brain and spinal cord.

How is Naegleria fowleri infection treated?

There is no specific treatment for Naegleria fowleri infection. Treatment typically involves using a combination of antibiotics and antifungal medications. However, these medications are not always effective, and the infection is often fatal.



File picture of Hyaloma Tick



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UK Health Security Agency

World Health Organization

USAID