

# Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control  
National Institute of Health, Islamabad

PAKISTAN

<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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*Overview*

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*IDSR Reports*

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*Ongoing Events*

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*Field Reports*

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## Preface

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

This week's Public Health Bulletin highlights the latest disease trends in Pakistan. As expected, we are seeing an increase in cases of acute diarrhea, malaria, influenza-like illness, acute lower respiratory infection in children under 5 years, viral hepatitis (B, C, and D), typhoid fever, acute viral hemorrhagic fever (AVH), and dog bite. We are also seeing an increase in cases of measles and diphtheria, especially from Balochistan, Sindh, and Khyber Pakhtunkhwa. We urge the public to take the precautions to protect themselves from these diseases:

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.

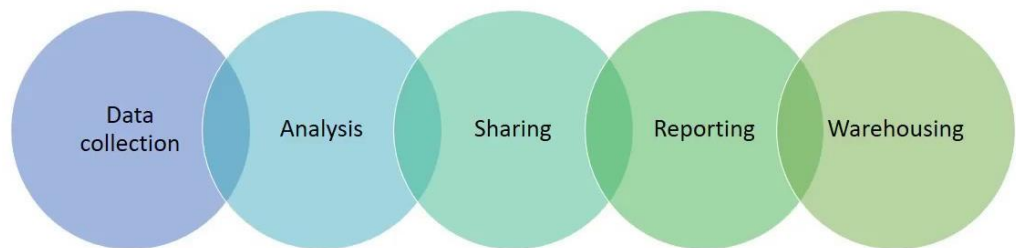
The PHB will continue to monitor the disease burden in Pakistan and will provide updates on the situation in future issues.

This week's bulletin also includes an update on Local Hepatitis Elimination Drive in Rawalpindi, Dengue Day activities and a knowledge review on Viral Hepatitis. Stay well-informed about public health matters. Subscribe to the Weekly Bulletin today!

Sincerely,  
The Chief Editor

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- During week 27, most frequent reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, B. Diarrhea, VH (B, C, D), SARI, Typhoid, AVH (A& E) & dog bite.
- Vaccine Preventable Diseases (VPDs) cases are reported across the country. This week Measles and Diphtheria reported in high numbers especially from Balochistan, Sindh and KPK. All are suspected cases and need field verification.
- Brucellosis cases (269) are reported from KPK. These are suspected cases. Field investigation is in progress and blood samples are being collected.
  - All are suspected cases and need field verification.



## IDSR compliance attributes

- The national compliance rate for IDSR reporting in 125 implemented districts is increased to 79% for week 27 as compared to 69% for last week.
- G.B and Sindh province are the top reporting region with a compliance rate of > 90% followed by ICT with 85%.
- The lowest compliance rate was observed in Balochistan province.

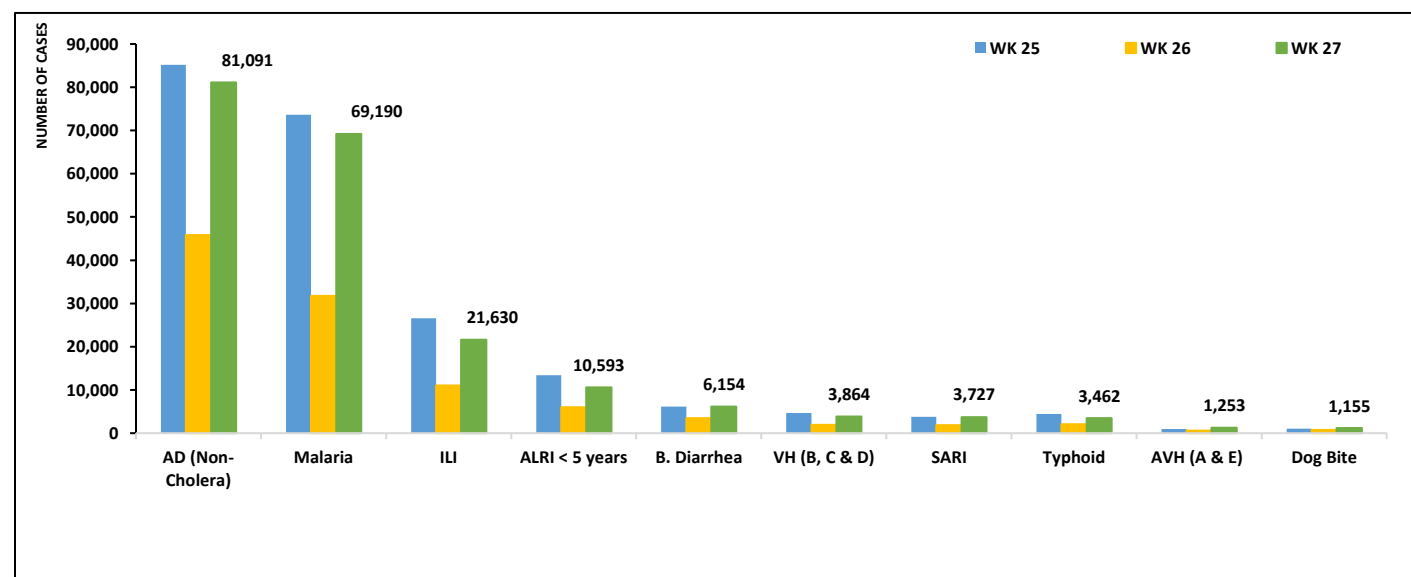
Region	Expected Reports	Received Reports	Compliance (%)
<b>Khyber Pakhtunkhwa</b>	1570	1188	76
<b>Azad Jammu Kashmir</b>	440	318	72
<b>Islamabad Capital Territory</b>	27	23	85
<b>Balochistan</b>	1037	652	63
<b>Gilgit Baltistan</b>	33	33	100
<b>Sindh</b>	1806	1627	91
<b>National</b>	4913	3841	78



**Table 1: Province/Area wise distribution of most frequently reported cases during week 27, Pakistan.**

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab*	Sindh	Total
AD (Non-Cholera)	2,141	6,541	113	427	27,771	989	43,109	81,091
Malaria	91	7,799	1	7	5,945	5777	55,347	69,190
ILI	1,834	2,949	13	633	4,383	514	11,818	21,630
ALRI < 5 years	669	1657	71	0	1025	350958	7,171	10,593
B. Diarrhea	116	1,836	17	9	1377	3244	2,799	6,154
VH (B, C & D)	8	107	0	0	303	NR	3,446	3,864
SARI	278	825	54	0	1829	NR	741	3,727
Typhoid	71	1092	16	0	940	4721	1343	3,462
AVH (A & E)	45	14	17	0	385	640	792	1,253
Dog Bite	66	107	1	0	415	NR	566	1,155
Mumps	122	122	2	2	128	NR	413	789
AWD (S. Cholera)	65	354	92	1	72	5086	47	631
CL	0	181	0	0	308	38	0	489
Measles	19	57	13	0	268	43	53	410
Leprosy	0	7	0	0	373	NR	23	403
Brucellosis	0	14	0	0	269	NR	8	291
Chickenpox/ Varicella	25	25	3	6	109	171	41	209
AFP	2	3	0	1	185	15	16	207
Dengue	2	1	0	0	75	521	83	161
Gonorrhoea	5	115	0	0	4	NR	30	154
Pertussis	9	81	1	0	4	NR	48	143
Meningitis	6	1	1	0	69	NR	7	84
Rubella (CRS)	0	2	3	0	55	NR	0	60
Anthrax	0	1	0	0	0	NR	14	15
Diphtheria (Probable)	2	11	0	0	0	9	0	13
HIV/AIDS	0	2	0	0	4	87	5	11
Syphilis	0	0	0	0	1	1082	5	6
VL	0	0	0	0	4	NR	0	4
Chikungunya	0	0	2	0	0	43	0	2
CCHF	0	0	1	0	0	3	1	2
NT	0	0	1	0	0	2	0	1

**Figure 1: Most frequently reported suspected cases during week 27, Pakistan**

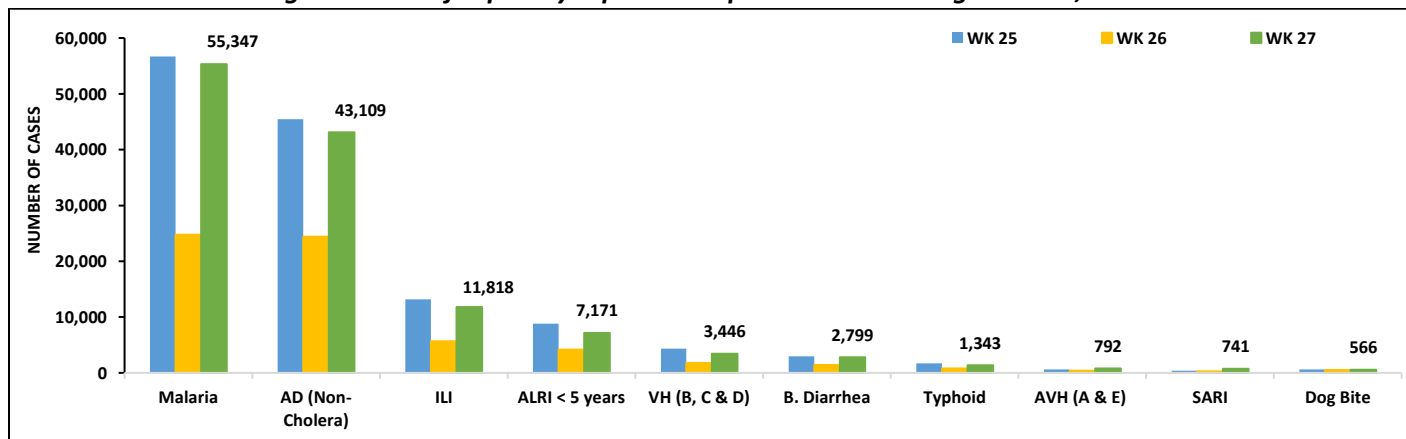


- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, VH (B, C, D), B. Diarrhea, Typhoid, AVH (A&E), SARI and dog bite.
- There is rise in number of cases e.g., Malaria, AD (Non-Cholera), ILI, ALRI< 5 years and B. Diarrhea reported this week.
- Malaria cases are from Larkana, Kamber and Umerkot whereas AD cases are mostly from Badin, and Shaheed Mirpur Khas. All are suspected cases and need field investigation.
- Dog bite cases are increased and mostly reported from Sanghar and Badin..

**Table 2: District wise distribution of most frequently reported suspected cases during week 27, 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
Matari	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
<b>Total</b>	<b>23,540</b>	<b>24,030</b>	<b>5,082</b>	<b>4,115</b>	<b>1,371</b>	<b>765</b>	<b>241</b>	<b>22</b>	<b>1,699</b>	<b>47</b>	<b>477</b>

**Figure 2: Most frequently reported suspected cases during week 27, Sindh**

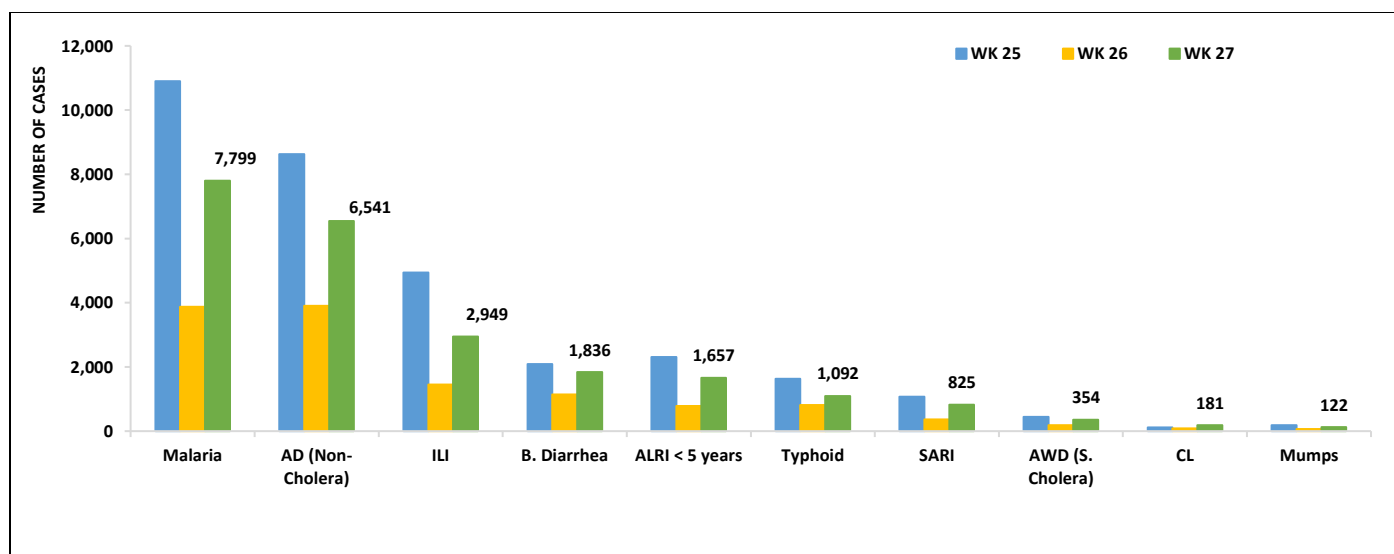


- Malaria, AD (Non-Cholera), ILI, B. Diarrhea, ALRI <5 years, Typhoid, SARI, AWD (S. Cholera), CL and Mumps were the most frequently reported diseases from Balochistan province.
- Cases of ILI, AD and Malaria showed a sharp rise in cases this week.
- This week AWD (S. Cholera) cases are reported in high numbers from Duki and Sibi districts, whereas Typhoid cases from Mastung, Jaffarabad and Sohbatpur are reported. All are suspected cases and demand urgent field investigation..

**Table 3: District wise distribution of most frequently reported suspected cases during week 27, Balochistan**

Districts	Malaria	AD (Non-Cholera)	ILI	B. Diarrhea	ALRI < 5 Years	Typhoid	SARI	CL	Dog Bite	AWD (S. Cholera)
Awaran	400	90	29	48	17	29	9	3	0	18
Chagai	41	146	206	40	0	31	0	0	3	22
Duki	87	138	71	79	19	16	43	0	0	46
Harnai	91	174	7	222	272	4	3	0	12	15
Jaffarabad	1,746	1,020	104	164	86	373	27	10	17	0
Jhal Magsi	570	347	0	26	56	11	2	0	14	65
Kachhi (Bolan)	129	105	17	23	1	55	23	0	0	7
Kech (Turbat)	354	383	580	83	26	1	0	0	0	1
Kharan	82	123	163	53	0	2	0	0	0	2
Khuzdar	185	118	154	48	0	31	10	7	11	0
Killa Abdullah	0	5	16	3	0	0	20	66	0	8
Killa Saifullah	272	289	2	100	163	40	12	20	2	29
Kohlu	113	90	131	77	17	24	45	3	0	9
Lasbella	894	663	101	94	252	27	215	2	15	3
Loralai	59	202	188	50	39	39	89	0	0	8
Mastung	251	563	175	95	56	109	98	19	5	5
Naseerabad	649	186	0	17	16	32	0	0	0	7
Nushki	114	223	0	96	0	0	6	0	0	12
Panjgur	347	230	68	57	169	61	15	1	0	19
Pishin	23	130	133	113	23	28	0	26	2	0
Quetta	33	475	517	101	35	51	21	8	0	16
Sherani	10	11	21	8	1	0	2	2	0	0
Sibi	324	156	90	38	40	43	17	5	19	34
Sohbat pur	808	468	6	70	128	60	120	9	0	5
SURAB	6	7	0	1	0	2	0	0	0	0
Zhob	106	160	61	95	238	7	46	0	0	7
Ziarat	105	39	109	35	3	16	2	0	7	16
<b>Total</b>	<b>7,799</b>	<b>6,541</b>	<b>2,949</b>	<b>1,836</b>	<b>1,657</b>	<b>1,092</b>	<b>825</b>	<b>181</b>	<b>107</b>	<b>354</b>

**Figure 3: Most frequently reported suspected cases during week 27, Balochistan**

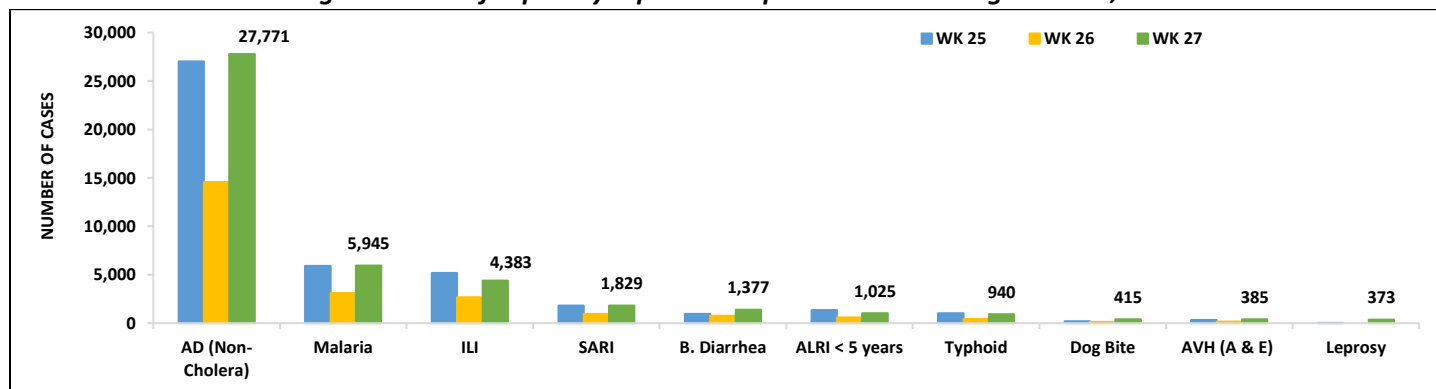


- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, SARI, B. Diarrhea, ALRI<5 Years, Typhoid, dog bite, AVH (A&E) and Leprosy cases.
- AD (Acute Diarrhea), Malaria and ILI cases showed an upward trend in cases this week.
- Cases of Malaria were mostly reported from Lakki Marwat, Bannu and Dir Lower. Further, 227 cases of B. diarrhea reported from Peshawar.

**Table 4: District wise distribution of most frequently reported suspected cases during week 27, KP**

Diseases	AD (Non-Cholera)	Malaria	ILI	SARI	ALRI < 5 years	B. Diarrhea	Typhoid	Dog Bite	AWD (S. Cholera)	AVH (A & E)
Abbottabad	672	2	9	10	1	2	10	2	0	0
Bannu	596	869	140	0	5	10	40	0	0	0
Buner	705	439	0	0	0	24	28	6	0	1
Charsadda	1,430	104	195	23	5	0	1	0	0	0
Chitral Lower	715	10	156	619	2	2	5	13	0	0
Chitral Upper	104	2	0	154	0	0	17	0	0	1
D.I. Khan	1,054	516	24	40	6	24	8	17	0	0
Dir Lower	2,112	708	240	239	177	176	100	23	0	155
Dir Upper	865	6	83	0	78	60	5	0	0	3
Hangu	457	456	418	114	10	31	15	12	4	4
Haripur	1,383	45	56	10	136	5	49	2	0	83
Karak	423	166	76	12	20	0	8	23	10	0
Khyber	7	20	154	0	1	2	0	0	0	0
Kohat	83	25	28	3	2	0	2	4	0	1
Kohistan Lower	198	0	0	189	9	41	0	0	0	0
Kohistan Upper	362	0	0	11	15	16	10	0	0	0
Kolai Palas	107	0	0	14	9	18	1	0	6	0
L & C Kurram	22	30	14	0	0	0	0	0	2	0
Lakki Marwat	638	1,084	0	0	7	14	34	0	0	0
Malakand	1,292	83	51	76	128	176	30	2	0	43
Mansehra	880	5	514	39	27	30	75	0	24	4
Mardan	1,106	260	614	139	210	117	177	219	0	22
Nowshera	2,091	86	67	12	6	35	36	0	0	6
Peshawar	2,685	51	711	24	55	227	115	5	20	20
Shangla	802	592	0	0	15	2	46	63	2	0
Swabi	2,256	52	489	83	95	16	39	0	0	30
Swat	4,349	63	344	0	5	317	82	18	0	12
Tank	232	190	0	0	0	4	3	0	0	0
Tor Ghar	145	81	0	18	1	28	4	6	4	0
<b>Total</b>	<b>27,771</b>	<b>5,945</b>	<b>4,383</b>	<b>1,829</b>	<b>1,025</b>	<b>1,377</b>	<b>940</b>	<b>415</b>	<b>72</b>	<b>385</b>

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



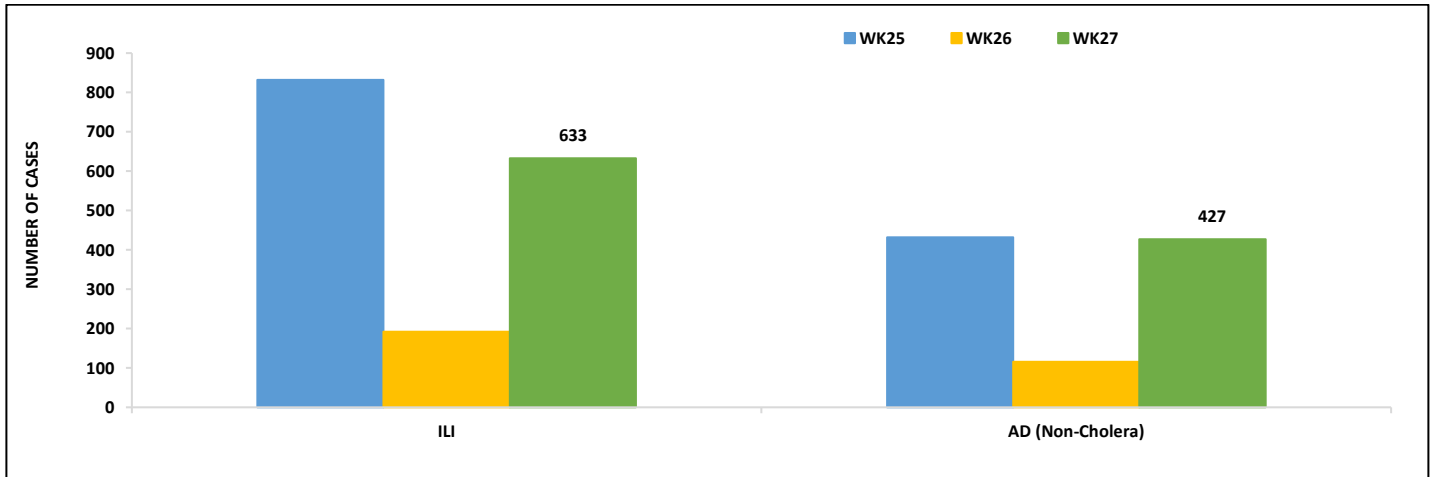


**ICT:** The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera). ILI cases showed an upward trend in cases this week.

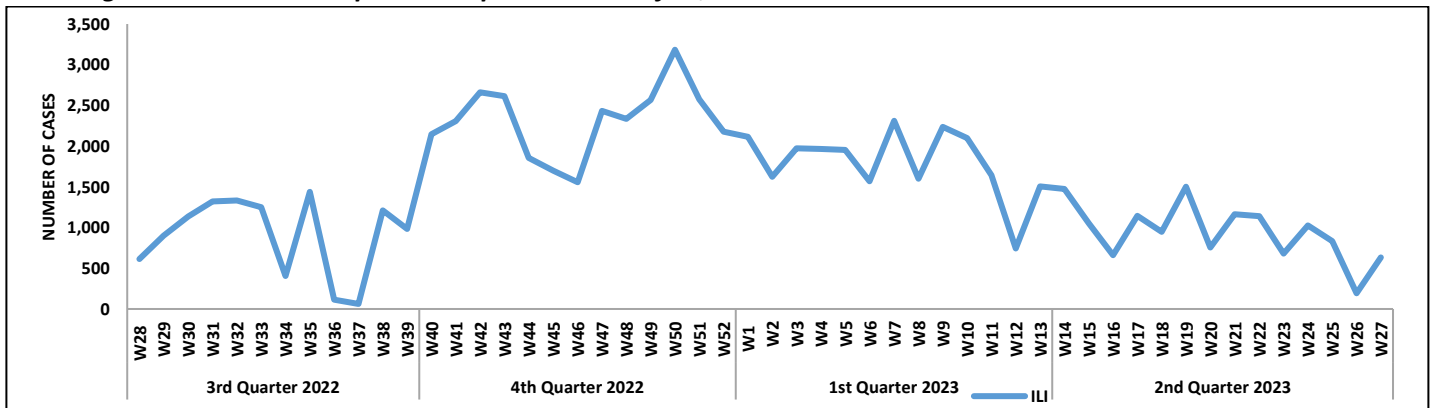
**AJK:** AD (Non-Cholera) cases were maximum followed by ILI, ALRI <5 years, SARI, Mumps, B. Diarrhea, Malaria, Typhoid, dog bite and AWD (S. Cholera). Both ILI and AD (Acute diarrhoea) cases showed an upward trend in cases this week.

**GB:** AD (Non. Cholera) cases were maximum followed by AWD (Sus. Cholera), ALRI<5 years and SARI. AD (Non. Cholera) cases showed slight upward trend in cases this week.

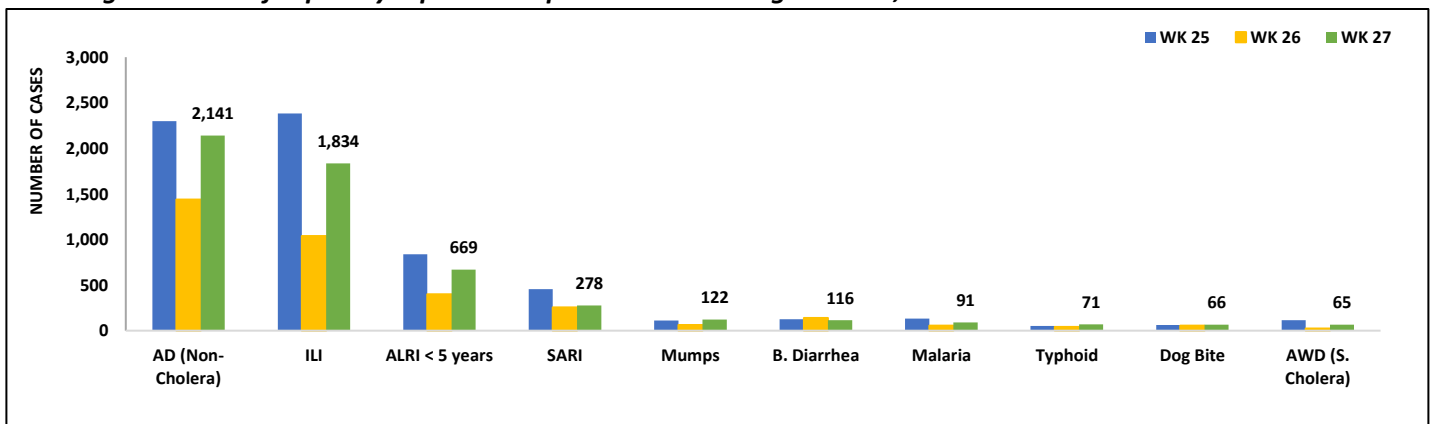
**Figure 5: Most frequently reported suspected cases during week 27, ICT**



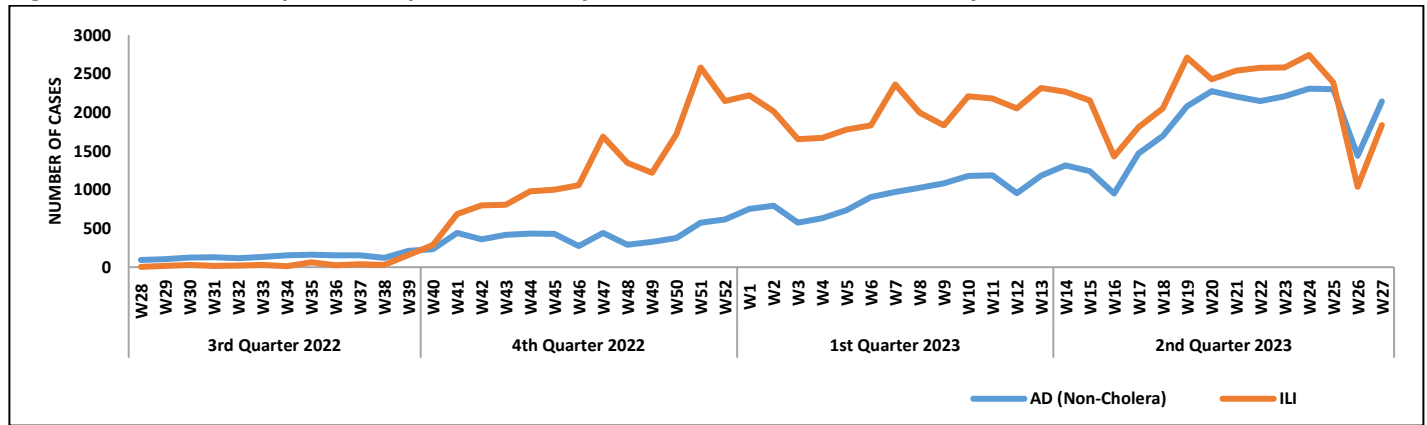
**Figure 6: Week wise reported suspected cases of ILI, ICT**



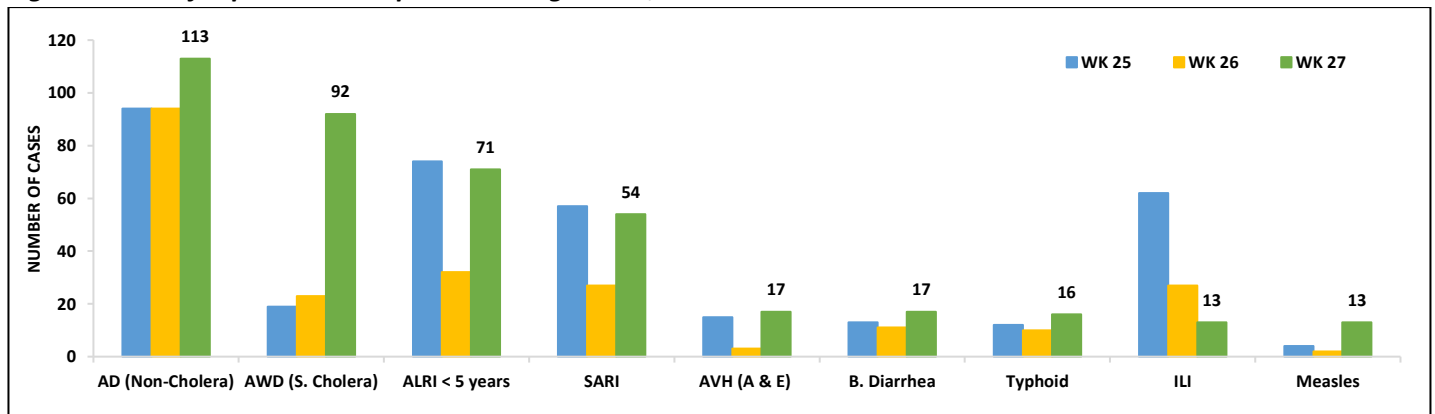
**Figure 7: Most frequently reported suspected cases during week 27, AJK**



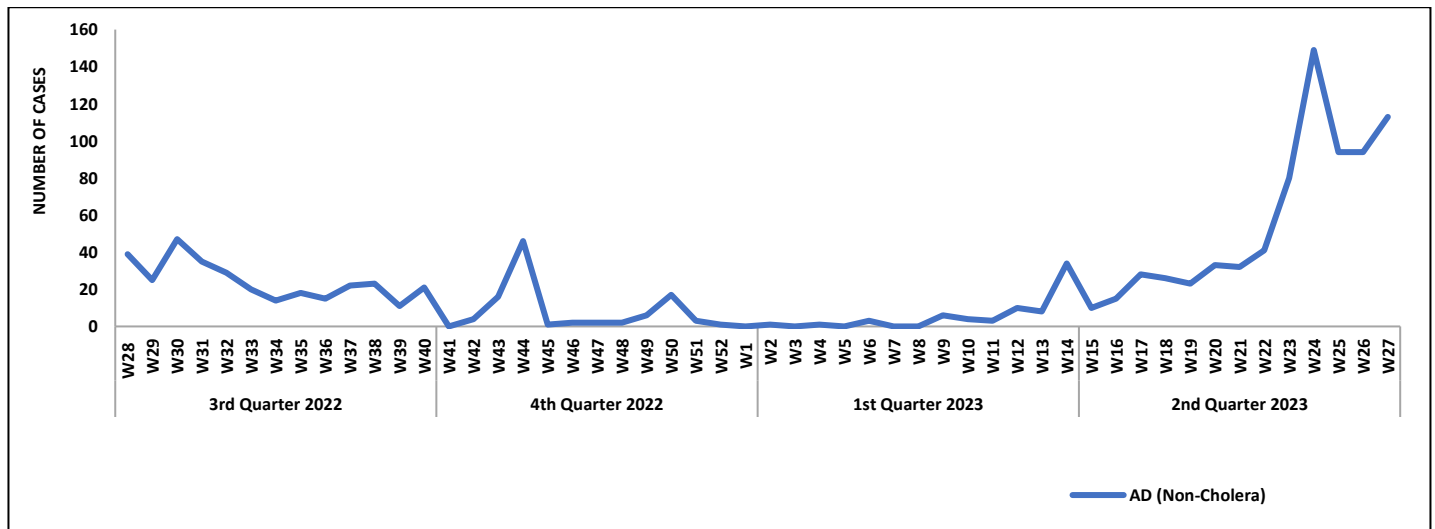
**Figure 8: Week wise reported suspected cases of AD (Non-Cholera) and ALRI <5 years, AJK**



**Figure 9: Most frequent cases reported during WK 27, GB**



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



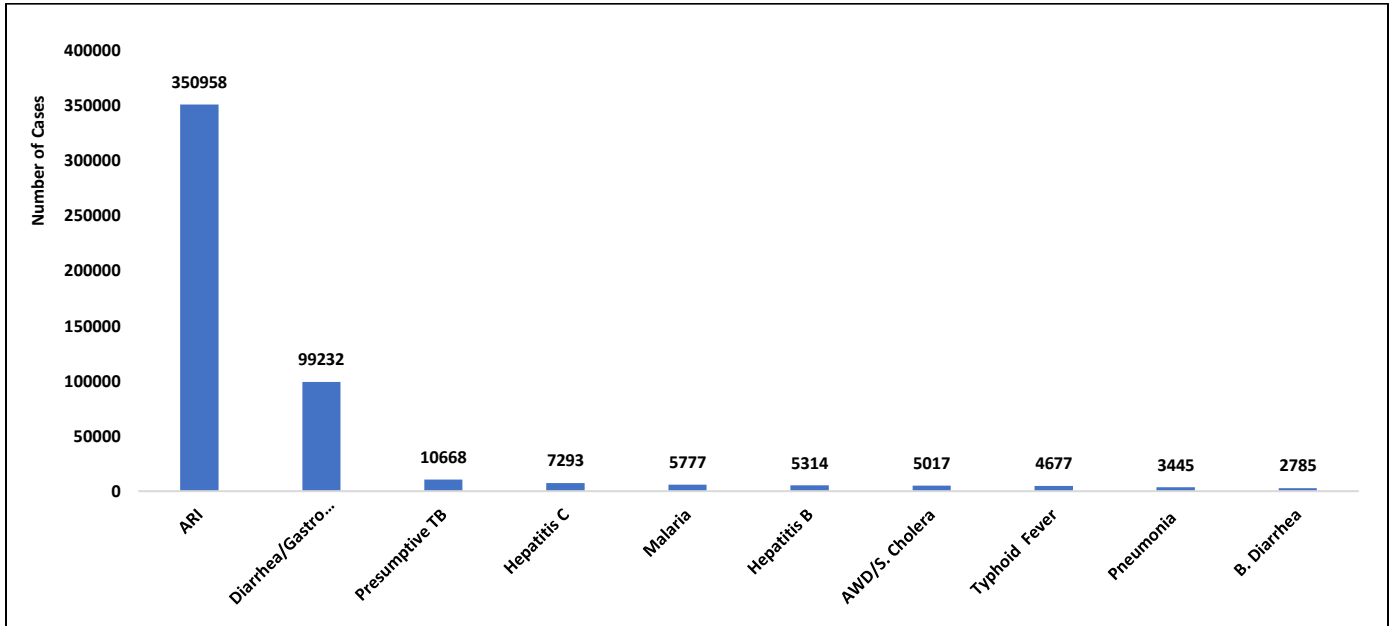
- ALRI<5 years cases were maximum followed by AD (Non. Cholera) and Tuberculosis.
- Diarrhea cases were reported in high numbers from Lahore, Faisalabad, and Gujranwala. All are suspected cases and need verification.

**Table 5: District wise distribution of most frequently reported suspected cases during week 27, Punjab**

Diseases	ARI	Diarrhea/ Gastroenteritis	Presumptive TB	Malaria	Hepatitis C	AWD/S. Cholera	Typhoid Fever	Pneumonia	B. Diarrhea
Attock	8078	3635	180	72	11		44	183	44
Bahawalnagar	7392	1931	266	247	299	203	53	21	112
Bahawalpur	13544	3631	617	893	177	136	59	407	415
Bhakkar	5519	1143	7	68	-	77	-	100	27
Chakwal	7475	1977	142	4	-	1	16	15	67
Chiniot	5741	2360	188	189	103	20	173	101	201
D.G Khan	10012	2176	210	448	13		69	69	6
Faisalabad	32604	6880	576	88	814	1290	74	164	306
Gujranwala	15646	5119	280	536	229	11	109	57	1
Gujrat	8963	2403	243	2	144	-	154	35	20
Hafizabad	5758	994	101	2	26	9	22	5	8
Jhang	4575	1631	199	238	64	218	25	255	50
Jhelum	6112	1699	196	381	108	1	22	9	2
Kasur	15001	4066	193	-	329	424	43	1	4
Khanewal	8234	1770	129	15	58	105	49	124	134
Khushab	7059	1654	35	19	9	97	42	129	27
Lahore	14328	10064	1547	251	553	1034	1093	627	133
Layyah	6800	2229	102	135	15	123	166	115	43
Lodhran	9483	1790	113	21	276	51	92	131	178
Mandi Bahauddin	5926	818	81	59	4	-	2	2	23
Mianwali	7778	2497	155	152	403	55	137	42	26
Multan	15626	5742	385	19	339	-	82	144	5
Muzaffargarh	18918	6145	1087	716	412	365	323	83	112
Nankana Sahib	5901	1966	161	35	174	18	55	36	65
Narowal	5593	1257	116	123	51	4	230	47	3
Okara	11015	2825	304	112	50	174	109	25	212
Pakpattan	5765	1262	394	3	24	20	46	52	33
Rahimyar Khan	15696	3493	332	144	406	-	190	87	198
Rajanpur	8187	1642	218	178	-	12	-	-	-
Rawalpindi	13886	3390	331	166	711	182	213	263	120
Sahiwal	9560	2108	95	52	227	39	185	-	62
Sargodha	11268	3392	519	121	695	90	75	55	37
Sheikhupura	7442	3686	204	156	106	29	186	17	19
Sialkot	8967	1382	1009	83	325	152	489	48	304
Toba Tek Singh	10567	1694	195	56	36	77	66	43	23
Vehari	11676	2416	134	65	113		28	136	224



**Figure 13: Most frequent cases reported during WK 27, Punjab**



**Table 6: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi week 27**

Diseases	Sindh	Balochistan	Punjab	Gilgit
Acute Watery Diarrhoea (S. Cholera)	0	-	-	-
Acute diarrhea(non-cholera)	1	-	0	0
Malaria	315	-	-	-
CCHF	-	6	-	-
Dengue	18	-	-	-
Acute Viral Hepatitis(A)	1	-	-	-
Acute Viral Hepatitis(B)	97	-	-	0
Acute Viral Hepatitis(C)	285	8	0	-
Acute Viral Hepatitis(E)	93	-	-	-



**Table 7: IDSR reporting districts Week 27**

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	97	88%
	Bannu	92	92	60	65%
	Battagram	43	43	25	58%
	Buner	34	34	25	74%
	Charsadda	61	61	51	84%
	Chitral Upper	33	33	7	21%
	Chitral Lower	35	35	29	83%
	D.I. Khan	89	89	74	83%
	Dir Lower	75	75	60	80%
	Dir Upper	55	55	40	73%
	Hangu	22	22	22	100%
	Haripur	69	69	62	90%
	Karak	34	34	34	100%
	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	49	100%
	Lower & Central Kurram	40	40	4	10%
	Malakand	42	42	36	86%
	Mansehra	133	133	67	50%
	Mardan	84	84	47	56%
	Nowshera	52	52	52	100%
	Peshawar	101	101	82	81%
	Shangla	36	36	6	17%
	Swabi	60	60	55	92%
	Swat	77	77	66	86%
	Tank	34	34	30	88%
Torghar	10	10	10	100%	
Azad Jammu Kashmir	Mirpur	37	37	36	100%
	Bhimber	20	20	19	95%
	Kotli	60	60	33	55%
	Muzaffarabad	43	43	42	98%
	Poonch	46	46	46	100%
	Haveli	43	43	27	63%
	Bagh	41	41	29	71%
	Neelum	33	33	33	100%
	Jhelum Vellay	49	49	26	53%
	Sudhnooti	68	68	27	40%
Islamabad Capital Territory	ICT	18	18	16	89%
	CDA	9	9	7	78%



	Kech	78	44	33	75%
	Khuzdar	136	20	14	70%
	Killa Abdullah	50	32	3	09%
	Lasbella	85	85	84	99%
	Pishin	118	23	10	43%
	Quetta	77	22	15	68%
	Sibi	42	42	18	43%
	Zhob	37	37	27	73%
	Jaffarabad	47	47	47	100%
	Naserabad	45	45	37	82%
	kharan	32	32	25	78%
	sherani	32	32	3	09%
	Kohlu	75	75	20	27%
	Chagi	65	65	25	38%
	Harnai	36	36	17	47%
	Kachhi (Bolan)	35	35	13	37%
	Jhal Magsi	39	39	24	62%
	Sohbat pur	26	26	24	92%
	Surab	33	33	2	06%
	Mastung	45	45	45	100%
	Loralai	25	25	23	92%
	Killa Saifullah	31	31	26	84%
	Ziarat	42	42	8	19%
	Duki	31	31	30	97%
	Nushki	32	32	28	88%
	Panjgur	38	38	33	87%
	Awaran	23	23	18	78%
<b>Gilgit Baltistan</b>	Hunza	31	31	31	100%
<b>Sindh</b>	Hyderabad	63	63	43	68%
	Ghotki	65	65	64	98%
	Umerkot	98	43	43	100%
	Naushahro Feroze	120	52	52	100%
	Tharparkar	292	100	94	94%
	Shikarpur	64	64	60	94%
	Thatta	53	53	52	98%
	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	25	68%
	Karachi-Kemari	17	17	8	47%
	Karachi-Central	12	12	9	75%
	Karachi-Korangi	17	17	12	71%
	Karachi-South	4	4	4	100%
	Sujawal	31	31	31	100%
	Mirpur Khas	124	124	105	85%
	Badin	144	144	106	74%
	Sukkur	65	65	64	98%
Dadu	90	90	90	100%	



	<b>Sanghar</b>	101	101	100	99%
	<b>Jacobabad</b>	54	54	42	78%
	<b>Khairpur</b>	203	203	164	81%
	<b>Kashmore</b>	59	59	59	100%
	<b>Matiari</b>	42	42	41	98%
	<b>Jamshoro</b>	70	70	63	90%
	<b>Shaheed Benazirabad</b>	124	124	124	100%



### Public Health Bulletin (PHB) Pakistan

#### Public Health Bulletin (PHB)

The Public Health Bulletin (PHB) is a communication tool which is produced by Field Epidemiology & Disease Surveillance Division (FE&DSD), National Institute of Health to disseminate authentic & timely information regarding priority diseases from provinces and regions of Pakistan. The PHB presents a snapshot of disease status at provincial and district levels to health authorities to implement appropriate public health measures. The various sources of data are IDSR reporting, evidence based surveillance and outbreak investigations. PHB also aids in building capacity of health professionals by giving them opportunity to enhance their skills by writing reports about disease alerts, outbreaks and key public health interventions.

#### Scope

The PHB displays the burden of IDSR priority diseases in geographical areas of Pakistan where IDSR is operational. It also exhibits the seasonal trends of diseases, reports on outbreaks, and includes suggestions for public health interventions that should be carried out by relevant authorities / stakeholders to decrease public health threats. The PHB will support real time surveillance system with effective and timely response to the public health alerts. It will serve as a source for local, district, provincial and national public health authorities to inform policy and programs to promote the health of the people of Pakistan.

#### 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.

#### A note from Field Activities.

Campaign update:  
LHEAP Program  
Launched To Make  
Rawalpindi City  
Hepatitis-Free

Reported by **Dr. Ejaz Ahmed**  
Chief Executive Officer  
Rawalpindi



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 union council 10 has a population of 26,000 people and 10,000 of them under went screening.

*RAWALPINDI: In Union Council 10 of Khayaban-i-Sir Syed in Rawalpindi, 107 people tested positive for hepatitis C while 53 people were found positive for hepatitis B during a screening program launched by the district health authority in collaboration with the global hepatitis elimination program.*

*Chief Executive Officer, District Health Authority, Dr. Ejaz  
Update on LHEAP*

The Local Hepatitis Elimination and Prevention Program is providing free testing, vaccinations, and medication to each patient to address this alarming situation. The program offers the most expensive Polymerase Chain Reaction (PCR) test at no cost, along with free vaccinations for hepatitis B and a three-month course of medication for hepatitis C patients, which otherwise would cost a minimum of Rs75,000.

The pilot project, conducted under the Coalition and Global Health Task Force, focused on blood screening for 10,000 individuals to diagnose hepatitis B and C. However, the results have revealed a larger concern. Out of the 10,000 people screened, 107 were diagnosed with hepatitis C and 53 with hepatitis B. If the remaining 16,000 members of the union council undergo blood testing, it is anticipated that the number of hepatitis C cases could increase to around 350, and the number of hepatitis B cases to around 200.

To address the severity of the situation, the second phase of the blood screening program will commence on August 1, targeting 0.1 million people across four union councils in Rawalpindi including UCs No 10, 11, 14, and 15.

It is concerning that 468 individuals have refused to undergo testing for hepatitis C and B. This highlights the lack of awareness among citizens regarding these dangerous and potentially fatal diseases.

On a positive note, 2,359 individuals have received hepatitis B vaccinations, and three pregnant women





have been diagnosed with hepatitis C, indicating the importance of early detection and intervention.

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.



**I'M NOT  
WAITING**



**Don't wait. Get tested for hepatitis**

*Local Hepatitis Elimination & Prevention (LHEAP) Project is the first study of its kind where we have included children of all age group for #HBV and #HCV screening. They are happy and curious little beings who welcome our Frontline Hepatitis Elimination Workers inside their homes. We aim for HBV & HCV micro-elimination in the community through community driven approach and brining the services for elimination at primary care*

[https://www.linkedin.com/posts/nida-ali-45323b224\\_hbv-hcv-activity](https://www.linkedin.com/posts/nida-ali-45323b224_hbv-hcv-activity)

**Dr. Nida Ali**

Hepatitis Elimination research & outreach Fellow  
Coalition for global hepatitis elimination



## A note from Field Activities.

### Dengue Awareness Day

Date: July 13, 2023,  
UC Chak Jalal Din,  
Rawalpindi

Reported by Dr. Jawad  
Zahid

DDHO Potowar Town  
Rawalpindi



### Team:

- DDHO Potohar Town, Dr Hafiz Muhammad Jawad Zahid
- Town Entomologist, Mr. Muhammad Aslam
- Notable persons of concern from UC Chak Jalal Din
- Indoor and outdoor Dengue surveillance teams

### Objectives:

- To conduct indoor and outdoor surveillance for dengue vectors.
- To educate the public about dengue prevention and control measures.
- To 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 larva 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.
- The team identified and eliminated a total of 50 potential mosquito breeding sites.

### Conclusion:

The dengue surveillance activities in UC Chak Jalal Din 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 UC Chak Jalal Din. They were able to detect a significant number of larva, 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 following recommendations are made to improve the effectiveness of dengue surveillance in UC Chak Jalal Din:
- 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.



## Knowledge Hub

### Viral Hepatitis: A Silent Epidemic

Viral hepatitis is a silent epidemic. It is a liver infection that can cause serious health problems, including liver cancer and liver failure. There are five types of viral hepatitis: A, B, C, D, and E.

- Hepatitis A is spread through contaminated food or water. It can also be spread through close personal contact.
- Hepatitis B is spread through blood, semen, and other bodily fluids. It can also be spread from mother to child during childbirth.
- Hepatitis C is spread through blood. It can also be spread through sharing needles or other injecting drug equipment.
- Hepatitis D can only occur in people who are already infected with hepatitis B. It is spread through blood.
- Hepatitis E is spread through contaminated food or water.

### How to Prevent Viral Hepatitis

There are several ways to prevent viral hepatitis:

- Get vaccinated. There are vaccines available for hepatitis A and B.
- Practice safe sex. Use condoms or other barrier methods to protect yourself from sexually transmitted infections, including hepatitis B and C.
- Avoid sharing needles or other injecting drug equipment.
- Get tested. If you think you may have been exposed to hepatitis, get tested.

### Treatment for Viral Hepatitis

There is no cure for hepatitis A or E. However, these infections usually go away on their own. Hepatitis B and C can be treated with medication. Treatment can help to cure the infection or to control the symptoms.

### Lifestyle Changes for People with Viral Hepatitis

People with viral hepatitis can make lifestyle changes to help protect their liver health. These changes include:

- Eating a healthy diet. This includes eating plenty of fruits, vegetables, and whole grains.

- Exercising regularly. Aim for at least 30 minutes of moderate-intensity exercise most days of the week.
- Avoiding alcohol. Alcohol can damage the liver.
- Quitting smoking. Smoking can also damage the liver.

### Conclusion

Viral hepatitis is a serious health condition, but it is preventable and treatable. If you think you may have been exposed to hepatitis, get tested. If you are diagnosed with hepatitis, talk to your doctor about treatment options. By taking steps to protect your liver health, you can live a long and healthy life.

**What is hepatitis?**  
Hepatitis is an inflammatory disease that affects the liver, impeding its ability to function normally.

**Symptoms:**  
Itchy skin, Weight loss, Headaches, Sore throat and cough, Jaundice, Nausea/vomiting, Fatigue, Dark urine, Fever, Loss of appetite.

**What types are there?**  
A, B, C, D, E

**Prevention**

- Vaccines for hepatitis A, B, D and E
- Practice **safe sex**
- Avoid contact with **infected blood**
- Don't share needles**

There is no vaccine for hepatitis C

**How it is transmitted**

- Eating **contaminated food or water**
- Exchange of **bodily fluids**
- Injecting **drugs**

**Treatments**

- Medication
- Low-fat diet
- Avoiding alcohol and tobacco

File picture : ABC of Viral Hepatitis



# HEPATITIS TESTING CAN'T WAIT

The sooner you know if you have hepatitis, the better chance you have of a long and healthy life.

**Don't wait. Get tested.**

World Hepatitis Day - 28 July



**I'M NOT WAITING**



Don't wait until you get liver cancer from hepatitis. Get tested. It could save your life.

**WE'RE NOT WAITING**



Don't wait. Get tested for hepatitis to protect yourself and your family.

**HEP CAN'T WAIT!**

**IT'S TIME! TO ACT**

	<a href="https://phb.nih.org.pk/">https://phb.nih.org.pk/</a>		<a href="https://twitter.com/NIH_Pakistan">https://twitter.com/NIH_Pakistan</a>
	<a href="mailto:phb@nih.org.pk">phb@nih.org.pk</a>		<a href="https://www.facebook.com/NIH.PK/">https://www.facebook.com/NIH.PK/</a>



