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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. Together, let's build a safer, more resilient and healthier future for everyone.

National Institute of Health under the Ministry of NHSR&C, in collaboration with all provincial and regional Health Departments, and with the support of UKHSA organized a 3-day workshop to finalize the "Training Manual for Integrated Disease Surveillance and Response (IDSR) – July 11-13, 2023"

Greetings
Team PHB-Pakistan

Preface

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

The epidemiological surveillance report for week 28, 2023, found that the most frequent reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, B. Diarrhea, SARI, Typhoid, dog bite, and AVH (A&E). Eight cases of Crimean-Congo hemorrhagic fever (CCHF) were reported from Balochistan, all of which are suspected and need to be verified through field investigation. There is an overall increase in cases of ILI and SARI in Sindh, Khyber Pakhtunkhwa, and Balochistan, and further field investigation is required to verify these cases. The National Institute of Health (NIH) is closely monitoring the situation and will continue to provide updates as more information becomes available.

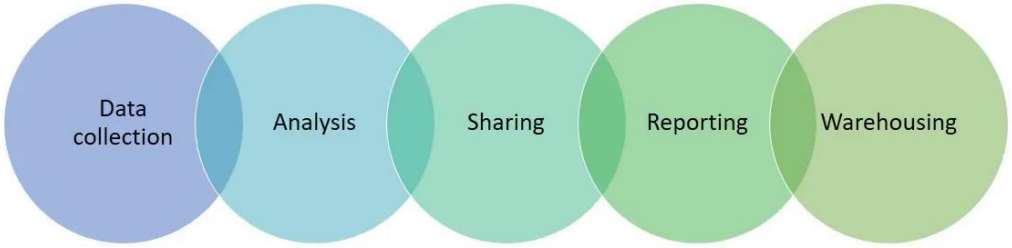
The PHB team would like to express its sincere gratitude to all of the health workers who have contributed to the reporting of these cases. We would also like to remind the public to stay vigilant and to seek medical attention immediately if they experience any symptoms of these diseases.

This week's bulletin also includes an update on IDSR activities, editors commentary on vaccinations and vaccine preventable diseases, Dengue Day activities and a knowledge review on Viral Monkey pox Disease. Stay well-informed about public health matters. Subscribe to the Weekly Bulletin today!

Sincerely,
The Chief Editor

- During week 28, most frequent reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, B. Diarrhea, SARI, Typhoid, dog bite and AVH (A&E).
- Eight cases of CCHF reported from Balochistan. All are suspected cases and need field verification.
- There is overall an increase in cases of ILI and SARI Sindh, KPK and Balochistan. Field investigation required to verify cases.

All are suspected cases and need field verification.



Overview

IDSR compliance attributes

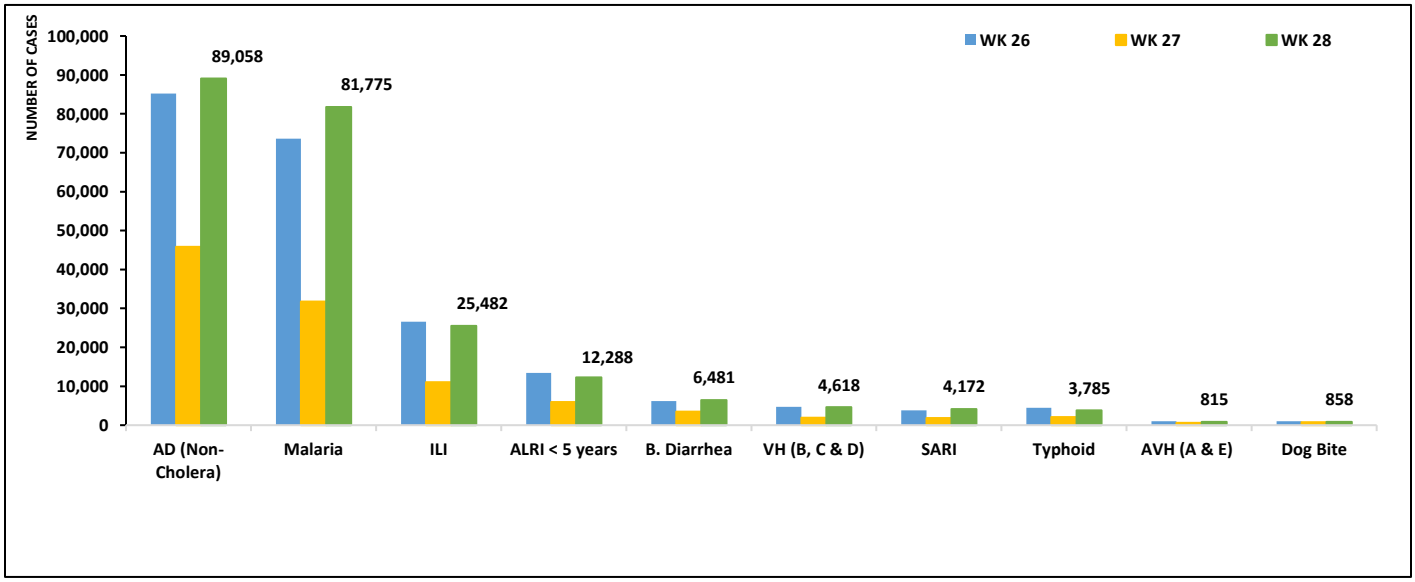
- The national compliance rate for IDSR reporting in 125 implemented districts *is 71%*
- ICT and Sindh province are the top reporting region with a compliance rate of 85% followed by Khyber Pakhtunkhwa with 75%.
- The lowest compliance rate was observed in Gilgit Baltistan and Balochistan province.

Region	*Expected Reports*	*Received Reports*	*Compliance (%)*
Khyber Pakhtunkhwa	1610	1206	75
Azad Jammu Kashmir	440	304	69
Islamabad Capital Territory	27	23	85
Balochistan	1285	685	53
Gilgit Baltistan	147	41	28
Sindh	1901	1619	85
National	5489	3878	71

Table 1: Province/Area wise distribution of most frequently reported cases during week 28, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	2522	6,960	76	458	30,395	93,877	48,647	89,058
Malaria	109	7,871	0	0	6,494	6,031	67,301	81,775
ILI	2,226	3,509	33	802	5,125	397	13,787	25,482
ALRI < 5 years	614	2477	40	0	1454	NR	7703	12,288
B. Diarrhea	86	1990	7	3	1170	3,292	3,225	6,481
VH (B, C & D)	2	162	0	0	102	NR	4352	4,618
SARI	341	1000	24	0	2108	NR	699	4,172
Typhoid	84	1,061	15	0	1020	4,951	1,605	3,785
Dog Bite	71	79	0	0	195	NR	513	858
AVH (A & E)	30	29	0	0	303	NR	453	815
Mumps	92	106	1	2	127	NR	363	691
AWD (S. Cholera)	77	419	11	0	94	NR	48	649
CL	0	115	0	1	396	100	0	512
Measles	15	33	0	0	198	37	54	300
Gonorrhea	4	135	0	0	4	NR	51	194
Chickenpox/ Varicella	7	28	1	2	113	143	40	191
Pertussis	15	75	2	0	9	02	18	119
Dengue	3	0	0	0	19	456	93	115
Leprosy	0	6	0	0	90	NR	19	115
Brucellosis	0	18	0	0	72	NR	0	90
AFP	1	1	0	0	56	11	16	74
Meningitis	2	3	0	0	19	59	7	31
Syphilis	0	16	0	0	2	NR	8	26
NT	0	2	0	0	3	0	20	25
Rubella (CRS)	0	0	0	0	10	NR	5	15
HIV/AIDS	0	4	0	0	1	NR	9	14
Anthrax	0	0	0	0	0	NR	0	0
Chikungunya	0	0	0	0	8	NR	0	8
CCHF	0	8	0	0	0	02	0	8
Diphtheria (Probable)	2	0	4	0	0	NR	0	6
VL	0	5	0	0	0	NR	0	5

Figure 1: Most frequently reported suspected cases during week 28, Pakistan



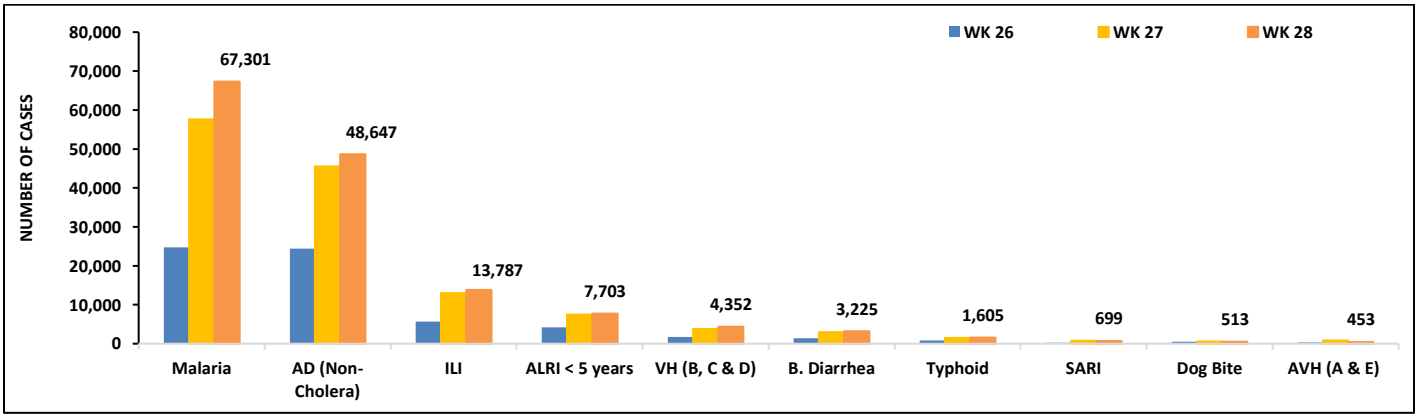
Sindh

- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, VH (B, C, D), B. Diarrhea, Typhoid, SARI, dog bite and AVH (A&E).
- Malaria cases are from Larkana, Kambar and Badin whereas AD cases are mostly from Badin, Matiari and and Mirpurkhas.
- Typhoid cases are regularly reported and mostly reported from Shaheed Benazirabad and Karachi Central. Field investigation is required to identify the source to control the spread of disease.

Table 2: District wise distribution of most frequently reported suspected cases during week 28, Sindh

DISTRICTS	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	B. Diarrhea	Typhoid	SARI	Measles	VH (B, C & D)	Dengue	Dog Bite
Badin	5,666	5,219	350	590	242	54	0	5	432	0	86
Dadu	4,576	3,024	10	710	346	124	15	0	5	0	0
Ghotki	724	1,125	0	337	86	20	0	1	326	0	0
Hyderabad	332	1,729	410	48	15	22	0	3	40	0	0
Jacobabad	1,697	1,806	120	915	202	49	179	4	180	0	22
Jamshoro	108	110	0	11	6	12	0	0	0	0	0
Kamber	7,152	2,867	5	363	176	16	0	1	121	0	0
Karachi Central	44	1,226	1,283	36	73	277	1	9	154	3	0
Karachi East	49	324	40	0	2	1	0	1	0	11	0
Karachi Keamari	5	437	91	15	3	1	0	0	0	0	0
Karachi Korangi	55	330	0	0	3	1	0	1	0	7	0
Karachi Malir	96	1,562	1,484	300	56	25	43	2	43	4	17
Karachi South	26	131	0	0	9	1	0	0	0	0	0
Karachi West	116	645	499	229	58	25	73	0	19	9	44
Kashmore	1,425	586	291	158	86	7	0	1	46	0	34
Khairpur	3,631	2,693	403	536	296	211	286	0	128	0	29
Larkana	11,384	1,834	0	139	200	12	7	0	126	0	0
Matiari	1,346	2,198	0	183	84	51	0	1	634	9	21
Mirpurkhas	4,390	3,648	2,977	560	127	36	0	0	70	0	1
Naushero Feroze	2,423	2,159	555	200	110	139	0	0	50	0	4
Sanghar	1,486	2,375	104	408	131	77	34	5	585	0	147
Shaheed Benazirabad	1,843	2,088	35	324	76	295	3	9	154	0	0
Shikarpur	1,319	1,142	0	95	119	2	2	3	178	0	0
Sujawal	858	285	0	60	34	8	0	0	0	0	0
Sukkur	2,844	1,706	1,752	284	190	16	0	4	432	0	0
Tando Allahyar	1,409	1,247	240	202	97	29	0	0	207	0	5
Tando Muhammad Khan	359	425	0	42	24	0	0	0	8	0	26
Tharparkar	2,344	1,596	1,775	436	143	31	9	1	116	50	4
Thatta	4,562	2,037	1,363	296	162	14	47	1	156	0	72
Umerkot	5,032	2,093	0	226	69	49	0	2	142	0	1
Total	67,301	48,647	13,787	7,703	3,225	1,605	699	54	4,352	93	513

Figure 2: Most frequently reported suspected cases during week 28, Sindh



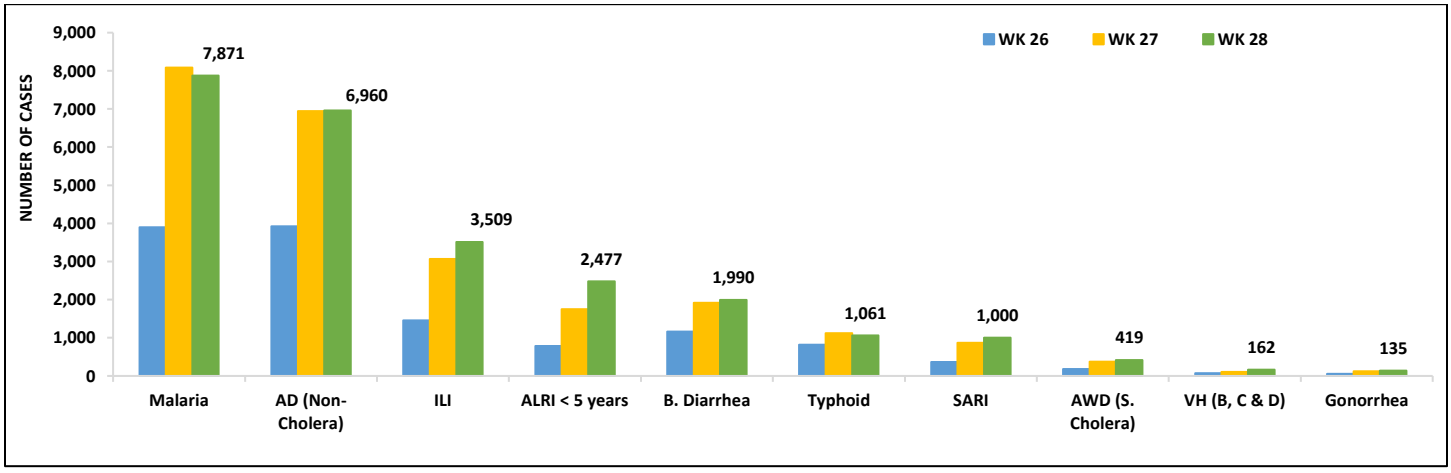
Balochistan

- Malaria, AD (Non-Cholera), ILI, ALRI <5 years, B. Diarrhea, Typhoid, SARI, AWD (S. Cholera), VH (A&E) and Gonorrhea were the most frequently reported diseases from Balochistan province.
- Trend for ILI, AD and Malaria cases remained same this week.
- Cases of ALRI <5 years were reported in high numbers from Lesbella, Harnai and Panjgur. All are suspected cases and need field investigation to verify the cases.

Table 3: District wise distribution of most frequently reported suspected cases during week 28, Balochistan

Districts	Malaria	AD (Non-Cholera)	ILI	B. Diarrhea	ALRI < 5 Years	Typhoid	SARI	CL	Dog Bite	AWD (S. Cholera)
Awaran	448	69	31	39	22	20	5	1	0	29
Chagai	32	183	274	43	0	45	0	0	1	14
Chaman	0	30	0	15	0	9	0	0	0	0
Duki	103	200	60	96	16	25	39	4	0	38
Harnai	97	247	11	311	435	6	0	2	2	18
Jaffarabad	1,740	854	150	118	104	264	59	0	4	9
Jhal Magsi	668	357	0	25	75	26	1	0	11	41
Kachhi (Bolan)	114	108	22	23	7	46	15	0	0	2
Kech (Turbat)	377	362	588	70	73	5	0	0	0	0
Kharan	82	86	193	76	0	5	0	0	0	5
Khuzdar	76	92	69	50	2	14	2	NR	NR	NR
Killa Saifullah	280	264	0	112	226	47	40	21	0	54
Kohlu	113	91	145	84	14	23	39	3	10	6
Lasbella	899	722	111	127	477	40	291	4	9	3
Loralai	78	278	223	59	92	35	98	0	0	10
Mastung	136	747	171	86	98	80	101	10	28	54
Naseerabad	535	223	3	25	17	73	4	2	1	7
Nushki	110	206	4	111	2	0	21	0	0	31
Panjgur	426	297	83	92	148	62	43	1	0	33
Pishin	14	168	127	85	16	22	6	21	5	0
Quetta	38	408	784	132	99	48	53	9	0	27
Sherani	7	7	41	12	0	10	2	18	0	0
Sibi	356	130	117	23	15	44	16	12	4	24
Sohbat pur	905	450	12	82	172	80	113	7	0	4
SURAB	13	4	0	0	0	2	0	0	0	0
Washuk	63	29	60	5	1	3	0	0	1	0
Zhob	134	237	135	71	353	16	49	0	0	1
Ziarat	27	111	95	18	13	11	3	0	3	9
Total	7,871	6,960	3,509	1,990	2,477	1,061	1,000	115	79	419

Figure 3: Most frequently reported suspected cases during week 28, Balochistan



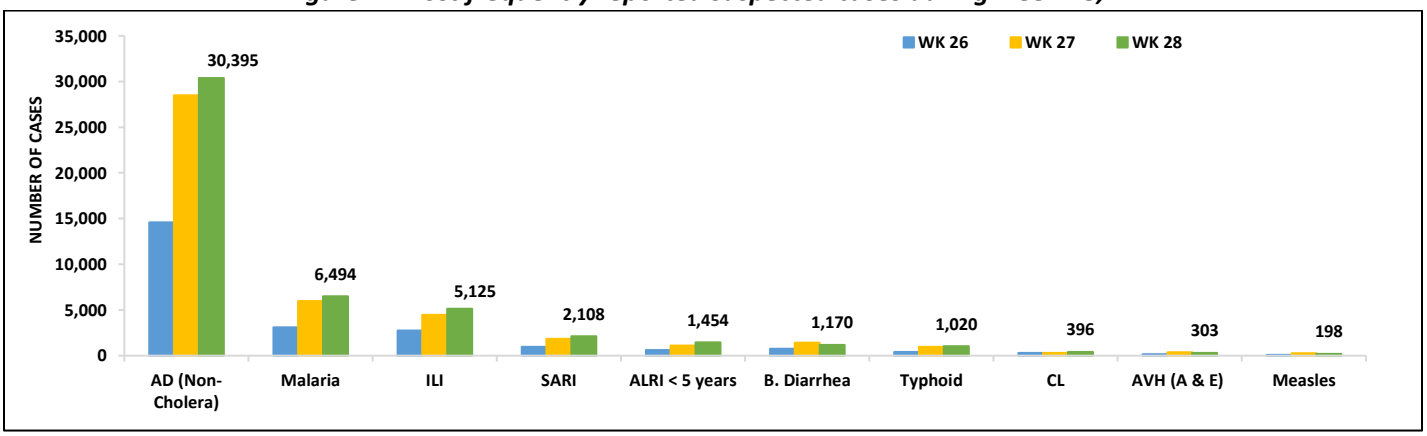
Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, SARI, ALRI<5 Years, B. Diarrhea, Typhoid, CL, AVH (A&E) and Measles cases.
- Malaria cases showed a sharp rise this week.
- Ninety-three Typhoid cases and 110 cases of VH (A&E) were reported from Dir Lower. These are suspected cases and a field investigation is required to verify cases.

Table 4: District wise distribution of most frequently reported suspected cases during week 28, KP

Diseases	AD (Non-Cholera)	Malaria	ILI	SARI	ALRI < 5 years	B. Diarrhea	Typhoid	Dog Bite	AWD (S. Cholera)	AVH (A & E)
Abbottabad	719	2	6	5	1	0	13	2	0	0
Bannu	892	1,111	94	25	1	15	53	2	17	3
Buner	682	485	0	0	18	18	11	3	0	0
Charsadda	1,508	82	155	21	2	0	0	0	0	0
Chitral Lower	867	9	92	726	4	5	8	8	0	2
Chitral Upper	156	2	2	255	0	0	29	0	0	3
D.I. Khan	1,098	512	21	39	11	24	3	8	0	0
Dir Lower	2,399	931	169	234	138	232	93	17	0	110
Dir Upper	922	7	86	0	85	38	32	0	0	6
Hangu	397	441	441	155	5	33	17	14	0	10
Haripur	1,406	49	273	5	196	5	57	10	0	28
Karak	359	155	41	11	17	0	12	26	6	0
Khyber	6	35	132	1	1	2	3	1	0	1
Kohat	89	44	16	2	1	0	2	2	0	0
Kohistan Lower	205	5	0	211	7	40	0	0	5	0
Kohistan Upper	384	0	36	9	35	14	37	0	0	0
Kolai Palas	86	1	0	5	2	12	5	0	7	0
L & C Kurram	24	33	11	0	0	2	1	0	0	0
Lakki Marwat	659	1,003	0	0	15	8	36	0	0	0
Malakand	1,316	87	26	104	67	153	51	8	0	40
Mansehra	1,067	5	632	47	77	42	45	0	42	8
Mardan	1,069	126	559	130	408	63	42	55	0	5
Nowshera	2,278	136	53	12	3	57	23	0	0	6
Peshawar	2,941	72	1,234	21	77	223	127	3	3	28
Shangla	573	565	0	0	3	0	8	4	0	0
Swabi	2,034	39	649	61	93	27	23	0	0	36
Swat	5,657	83	397	0	126	109	174	18	0	7
Tank	478	347	0	0	52	14	92	1	9	9
Tor Ghar	124	127	0	29	9	34	23	13	5	1
Total	30,395	6,494	5,125	2,108	1,454	1,170	1,020	195	94	303

Figure 4: Most frequently reported suspected cases during week 28, KP



ICT, AJK & GB

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, Malaria, Mumps. Diarrhea, Typhoid, AWD (S. Cholera), and dog bite. Both ILI and ALRI <5 years cases showed an upward trend in cases this week.

GB: AD (Non. Cholera) cases were maximum followed byALRI<5 years, ILI and SARI.

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

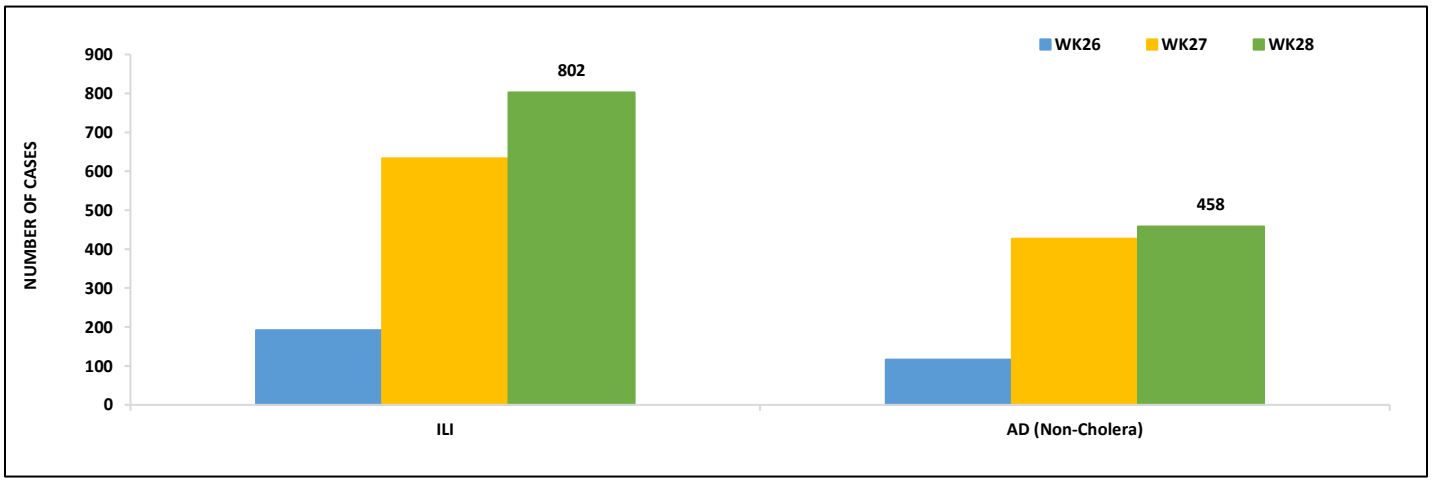


Figure 6: Week wise reported suspected cases of ILI, ICT

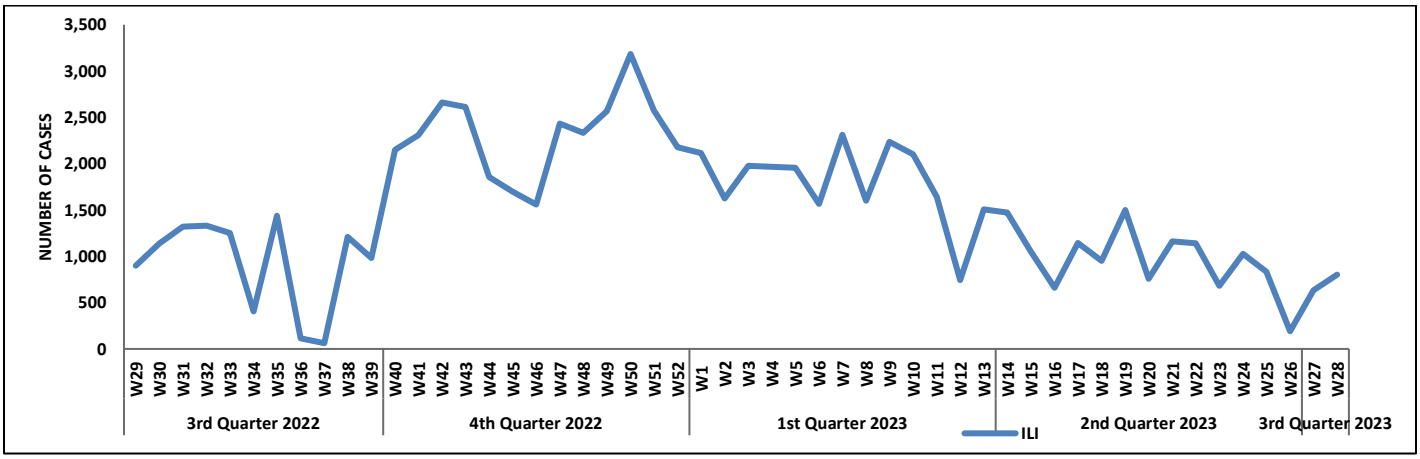


Figure 7: Most frequently reported suspected cases during week 28, AJK

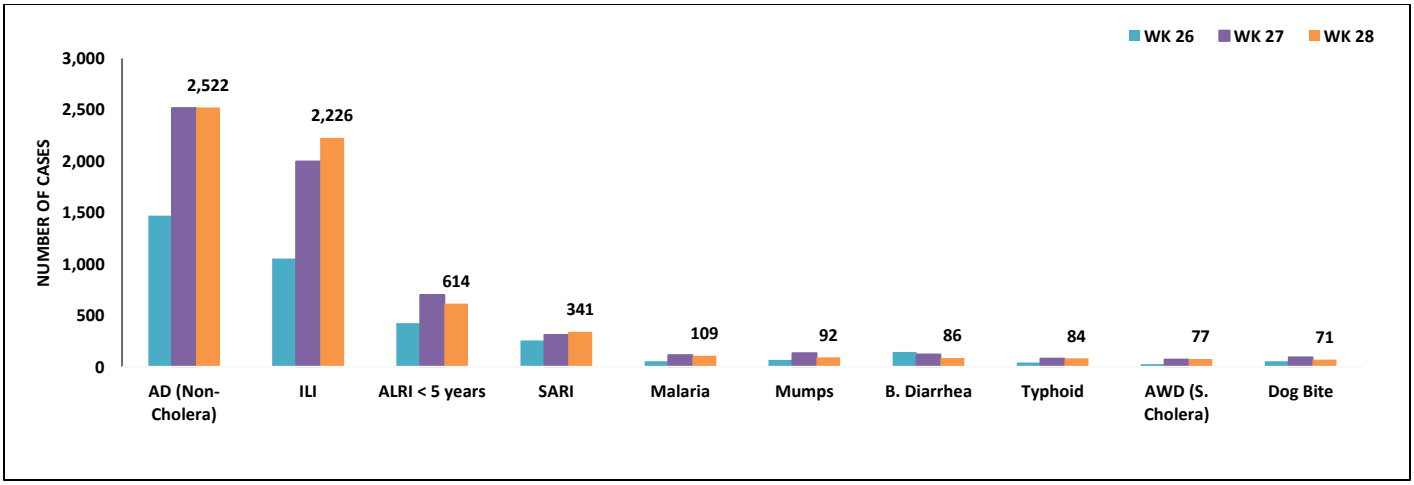


Figure 8: Week wise reported suspected cases of AD (Non-Cholera) and ALRI <5 years, AJK

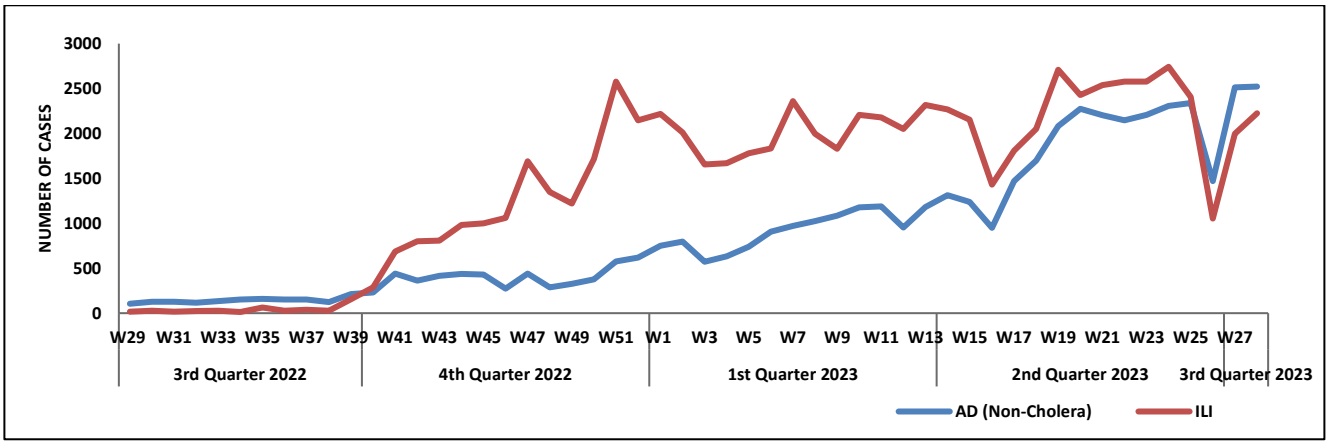


Figure 9: Most frequent cases reported during WK 28, GB

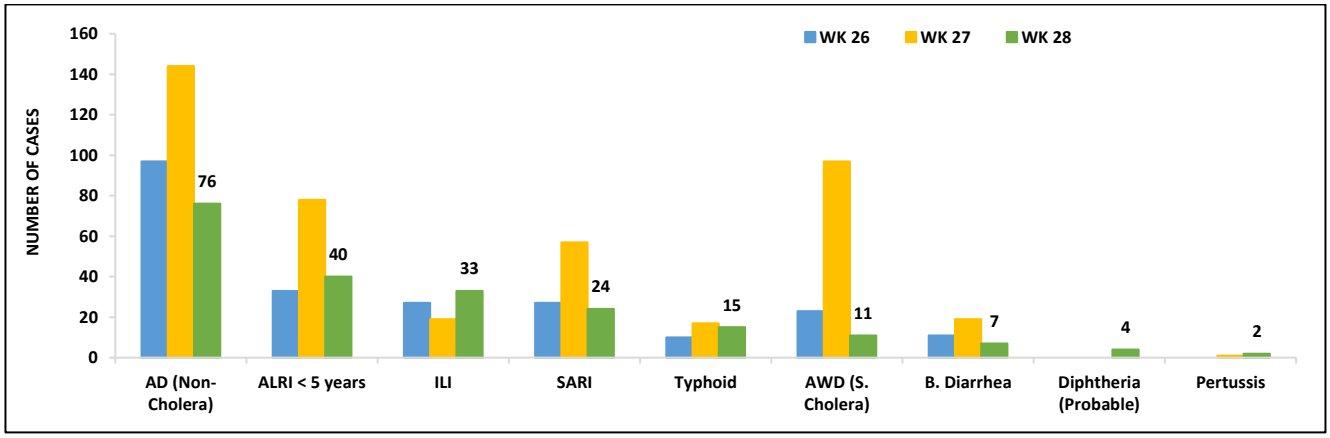
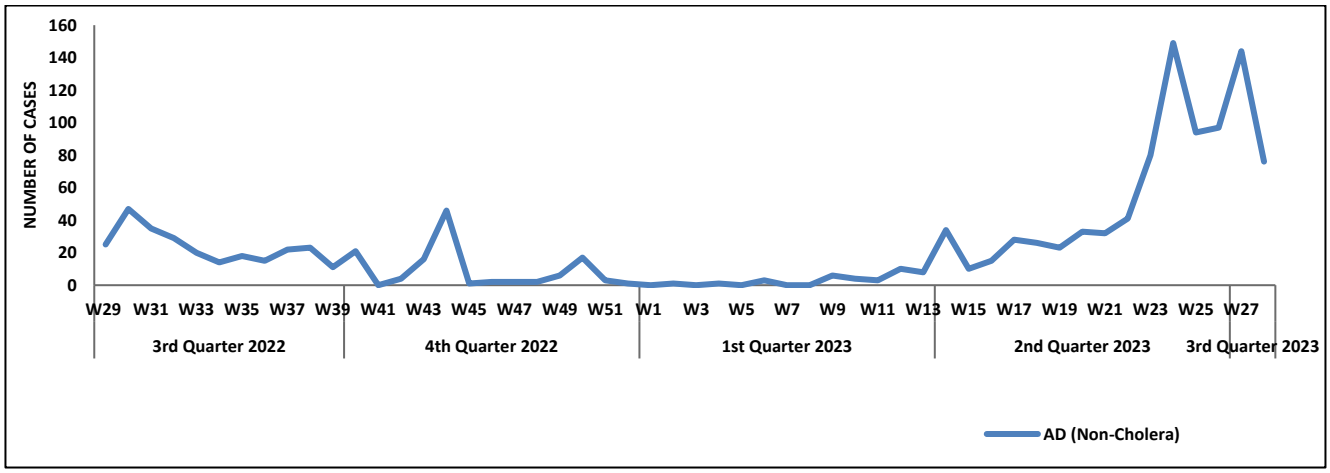


Figure 10: Week wise reported suspected cases of ALRI < 5 years, GB



- 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 28, Punjab

Diseases	ARI	Diarrhea/ Gastroenteritis	Presumptive TB	Malaria
Attock	3,126	74	18	89
Bahawalnagar	1,678	335	70	107
Bahawalpur	3,260	888	71	421
Bhakkar	1,063	54	1	39
Chakwal	1,843	1	43	57
Chiniot	1,985	143	86	196
D.G Khan	1,875	429	58	12
Faisalabad	6,452	78	30	277
Gujranwala	5,527	772	121	5
Gujrat	1,944	23	134	19
Hafizabad	855	1	21	13
Jhang	1,082	169	18	15
Jhelum	1,274	322	13	
Kasur	4,417	5	82	13
Khanewal	1,592	12	41	132
Khushab	1,154	2	9	17
Lahore	10,273	359	1,386	163
Layyah	1,829	116	190	44
Lodhran	1,358	1	78	117
Mandi Bahauddin	654	53	2	22
Mianwali	2,277	179	162	52
Multan	4,973	22	75	12
Muzaffargarh	5,572	686	253	96
Nankana Sahib	1,870	34	50	41
Narowal	1,241	107	252	13
Okara	2,256	79	110	90
Pakpattan	1,396	8	328	367
Rahimyar Khan	2,816	157	120	157
Rajanpur	1,709	202	1	2
Rawalpindi	3,182	153	224	97
Sahiwal	2,081	88	104	84
Sargodha	2,294	145	96	32
Sheikhupura	3,955	130	233	23
Sialkot	1,331	57	401	314
Toba Tek Singh	1,548	64	43	12
Vehari	2,135	83	27	142
Total	93,877	6,031	4,951	3,292

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

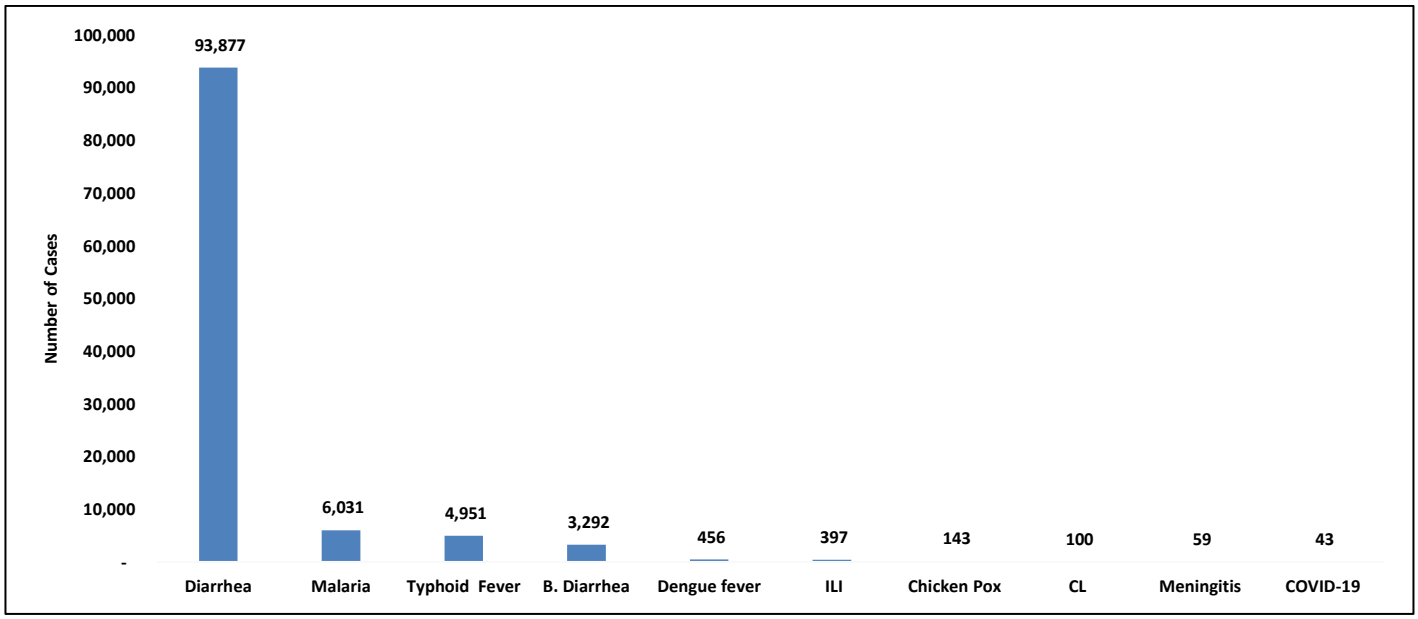


Table 6: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi week 27

Diseases	Sindh	Balochistan	Punjab	Gilgit
Acute Watery Diarrhoea (S. Cholera)	0	-	-	-
Acute diarrhea(non-cholera)	5	-	0	0
Malaria	31	-	-	-
CCHF	-	3	-	-
Dengue	18	-	-	-
Acute Viral Hepatitis(A)	1	-	-	-
Acute Viral Hepatitis(B)	97	-	-	1
Acute Viral Hepatitis(C)	285	5	0	2
Acute Viral Hepatitis(E)	93	-	-	-
Typhoid	12	-	-	-

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	100	91%
	Bannu	92	92	75	82%
	Battagram	43	43	0	0%
	Buner	34	34	25	74%
	Charsadda	61	61	51	84%
	Chitral Upper	33	33	10	30%
	Chitral Lower	35	35	32	91%
	D.I. Khan	89	89	69	78%
	Dir Lower	75	75	59	79%
	Dir Upper	55	55	42	76%
	Hangu	22	22	22	100%
	Haripur	69	69	62	90%
	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	20	100%
	Kolai Palas	10	10	10	100%
	Lakki Marwat	49	49	48	98%
	Lower & Central Kurram	40	40	7	18%
	Malakand	42	42	33	79%
	Mansehra	133	133	72	54%
	Mardan	84	84	40	48%
	Nowshera	52	52	52	100%
	Peshawar	101	101	96	95%
	Shangla	36	36	6	17%
	Swabi	60	60	57	95%
	Swat	77	77	72	94%
	Tank	34	34	30	88%
	Torghar	10	10	11	110%
Azad Jammu Kashmir	Mirpur	37	37	33	100%
	Bhimber	20	20	17	85%
	Kotli	60	60	33	55%
	Muzaffarabad	43	43	43	100%
	Poonch	46	46	46	100%
	Haveli	43	43	16	37%
	Bagh	41	41	34	83%
	Neelum	33	33	33	100%
	Jhelum Vellay	49	49	23	47%
	Sudhnooti	68	68	26	38%
Islamabad Capital Territory	ICT	18	18	16	89%
	CDA	9	9	7	78%

Balochistan	**Gwadar**	24	24	0	0%
	Kech	78	44	33	75%
	Khuzdar	136	20	17	85%
	Killa Abdullah	50	32	0	0%
	Lasbella	85	85	84	99%
	Pishin	118	23	10	43%
	Quetta	77	22	18	82%
	Sibi	42	42	18	43%
	Zhob	37	37	30	81%
	Jaffarabad	47	47	51	109%
	Naserabad	45	45	36	80%
	Kharan	32	32	30	94%
	Sherani	32	32	3	9%
	Kohlu	75	75	22	29%
	Chagi	65	65	24	37%
	Kalat	65	65	9	14%
	Musa khail	68	68	0	0%
	Harnai	36	36	16	44%
	Kachhi (Bolan)	35	35	12	34%
	Jhal Magsi	39	39	26	67%
	Sohbat pur	26	26	22	85%
	Surab	33	33	2	6%
	Mastung	45	45	45	100%
	Loralai	25	25	25	100%
	Killa Saifullah	31	31	24	77%
	Ziarat	42	42	8	19%
	Duki	31	31	30	97%
	Nushki	32	32	30	94%
	Dera Bugti	45	45	0	0%
	Washuk	25	25	5	20%
	Panjgur	38	38	33	87%
	Awaran	23	23	18	78%
	Chaman	22	22	4	18%
Gilgit Baltistan	**Hunza**	31	31	31	100%
	Nagar	6	6	0	0%
	Ghizer	62	62	5	8%
	Gilgit	48	48	5	8%
Sindh	**Diamer**	79	79	0	0%
	Hyderabad	63	63	29	46%
	Ghotki	65	65	65	100%
	Umerkot	98	43	43	100%
	Naushahro Feroze	120	52	62	119%
	Tharparkar	292	100	99	99%
	Shikarpur	64	64	60	94%
	Thatta	53	53	50	94%
	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	22	59%
	Karachi-Kemari	17	17	10	59%
	Karachi-Central	12	12	11	92%
	Karachi-Korangi	17	17	14	82%
	Karachi-South	4	4	4	100%
	Sujawal	31	31	15	48%
	Mirpur Khas	124	124	104	84%
	Badin	144	144	110	76%
	Sukkur	65	65	64	98%
	Dadu	90	90	89	99%
	Sanghar	101	101	97	96%
	Jacobabad	54	54	43	80%
	Khairpur	203	203	163	80%
	Kashmore	59	59	59	100%
	Matiari	42	42	41	98%
	Jamshoro	70	70	10	14%
	Tando Allahyar	54	54	49	91%
	Tando Muhammad Khan	41	41	10	24%
	Shaheed Benazirabad	124	124	124	100%

National IDSR Consultative Workshop on Training Module and Case Definition: 11th – 13th July, 2023

NIH, in collaboration with all provincial and regional health departments, and with the support of UKHSA, organized a 3-day workshop to finalize the IDSR training manual at Ramada Resorts Murree from July 11-13, 2023.

Over 35 participants from all over the country, including representatives from the Ministry of Health, the provincial and regional Health Departments, and the UKHSA, attended the workshop.

The main objective of the workshop was to finalize the training manual for IDSR, a national program that aims to improve the surveillance and response to infectious diseases in Pakistan. The manual provides guidance on how to identify, report, and investigate potential public health threats.

The workshop was divided into six modules:

- Module 1: What is IDSR and why is it important?
- Module 2: Priority diseases, case definitions, and data flow.
- Module 3: Public health laboratories and their role in IDSR.
- Module 4: Risk assessment and risk communication in IDSR.
- Module 5: Outbreak investigation and outbreak response.
- Module 6: Leadership in IDSR.

The participants of the workshop provided valuable feedback on the training manual. This feedback was taken into consideration by the authors of the manual, for the final version of the manual. The manual will be an important resource for health professionals in Pakistan and it will help them to improve the surveillance and response to infectious diseases in the country.

In addition to the workshop, the National Institutes of Health (NIH) also organized two sessions to introduce the Public Health Bulletin (PHB) The PHB is a weekly publication that provides information on a variety of public health topics, including response reports from IDSR. The PHB is distributed to a wide audience, including health care providers, government officials, and members of the public.

- In the first session of the workshop, the participants were introduced to the PHB and its role in disseminating information. The participants were given a detailed overview of the PHB, including its content, format, and distribution channels.
- In the second session, the participants were updated on the list of stakeholders who receive the PHB. The participants were also presented with the analytics of the dissemination of the PHB using MailChimp. The analytics showed that the PHB was being distributed to a wide audience.
- The participants were also given the opportunity to provide feedback on the PHB. The feedback was used to improve the content and design of the PHB.

The NIH is committed to supporting the development of IDSR in Pakistan. The training manual is an important step in this process, and the NIH will continue to work with partners to improve the surveillance and response to infectious diseases in the country.

Commentary.

Vaccination: A critical tool for protecting health

Dr. Waqar Ahmed
Public Health Advisor,
Safetynet

Vaccination is the process of introducing a vaccine into the body to produce immunity to a specific disease. Vaccines work by exposing the body to a weakened or inactive form of the disease, which helps the body's immune system learn to fight off the disease if it ever encounters it in the future.

Vaccination is one of the most effective ways to prevent disease. Vaccines have helped to eradicate smallpox, and they have greatly reduced the incidence of other diseases such as measles, mumps, rubella, tetanus, diphtheria, pertussis, polio, and hepatitis B.

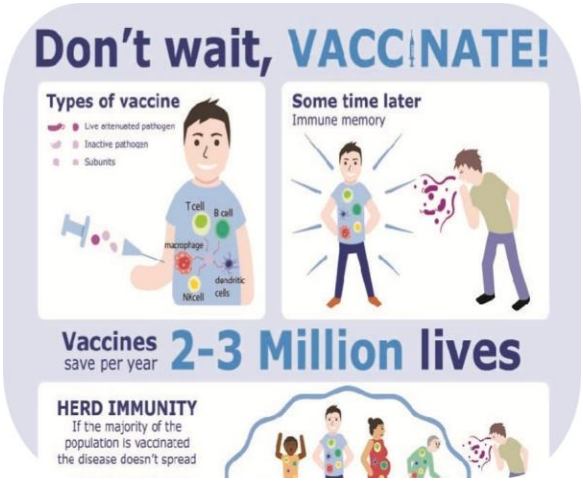
Vaccination is safe and effective for most people. However, there are some rare and serious side effects that can occur after vaccination. The most common side effects are mild and go away on their own within a few days. These side effects can include pain, redness, and swelling at the injection site, as well as fever, fatigue, and headache.

The benefits of vaccination far outweigh the risks. Vaccination is essential for protecting individuals and communities from serious diseases.

Here are some specific examples of how vaccination has protected individuals from serious diseases:

- Measles is a highly contagious disease that can cause serious complications, including ear infection, diarrhea, pneumonia, and encephalitis. Before the introduction of the measles vaccine, measles was one of the leading causes of death among children. Today, thanks to vaccination, measles is a rare disease in most parts of the world.
- Diphtheria is a serious bacterial infection that can cause inflammation of the throat and airways. It can also lead to heart failure, paralysis, and death. Before the introduction of the diphtheria vaccine, diphtheria was a common and deadly disease. Today, thanks to vaccination, diphtheria is a rare disease in most parts of the world.
- Rubella is a viral infection that can cause miscarriage, stillbirth, and congenital rubella syndrome (CRS) in babies born to mothers who are infected with rubella during pregnancy. CRS can cause a range of serious birth defects, including deafness, heart defects, and intellectual disabilities. Before the introduction of the rubella vaccine, CRS was a major public health problem. Today, thanks to vaccination, CRS is a rare disease in most parts of the world.
- Meningococcal disease is a serious bacterial infection that can cause meningitis (inflammation of the lining of the brain and spinal cord) and sepsis (blood poisoning). Meningococcal disease can be fatal, and even survivors can suffer from long-term health problems. Before the introduction of the meningococcal vaccine, meningococcal disease was a leading cause of death among young children. Today, thanks to vaccination, meningococcal disease is a rare disease in most parts of the world.
- Pertussis (whooping cough) is a highly contagious bacterial infection that can cause severe coughing spells. Pertussis can be particularly serious in infants, and it can lead to pneumonia, seizures, and even death. Before the introduction of the pertussis vaccine, pertussis was a common and deadly disease. Today, thanks to vaccination, pertussis is a rare disease in most parts of the world.

Vaccination is an essential public health tool that has saved millions of lives. It is safe and effective for most people, and it is the best way to protect individuals and communities from serious diseases.



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A note from Field Activities.

Dengue Extended Sweep-up Activities Date: July 20-23, 2023, UC 45, Rawalpindi

Reported by Dr. Hussain Shah Tirmazi
DDHO Rawal Town
Rawalpindi

Introduction

Dengue is a mosquito-borne viral disease that can be fatal. It is caused by the dengue virus, which is transmitted to humans through the bite of an infected Aedes aegypti mosquito. The virus is found in tropical and subtropical regions around the world.

Objective:

To monitor and enhance the extended sweep-up activities of outdoor and indoor vector surveillance being implemented in the area.

Team:

- Dr. Hussain Tirmazi, DDHO Rawal Town
- Mr. Adnan Rafi, Town Entomologist
- Notable persons of concern from UC 45
- Indoor and outdoor Dengue surveillance teams

Methods:

The team visited different parts of UC 45 and inspected homes, businesses, and other public places for mosquito breeding sites. The team also conducted awareness sessions with community members about dengue prevention. Additionally, the team conducted outdoor and indoor vector surveillance to identify and monitor mosquito populations.

Findings:

- The team found a number of mosquito breeding sites in UC 45. These sites included waterlogged containers, discarded tires, and flower pots.
- The team also found that some community members were not aware of the signs and symptoms of dengue, or the ways to prevent the disease.
- During outdoor vector surveillance, the team found that mosquito populations were highest in areas with stagnant water, such as near drains and canals. The team also found that mosquito populations were higher during the rainy season.
- During indoor vector surveillance, the team found that mosquito populations were highest in homes with poor sanitation. The team also found that mosquito populations were higher in homes with open windows and doors.

Actions Taken:

The team cleared all of the mosquito breeding sites that they found by removing waterlogged containers, discarded tires, and flower pots. They also distributed mosquito nets and other preventive measures to community members, such as insect repellent, bed nets, and information about how to prevent mosquito bites. Additionally, they conducted awareness sessions with community members about dengue prevention. They discussed the signs and symptoms of dengue, as well as the ways to prevent the disease. Finally, they recommended that the local government improve sanitation in the area and educate community members about the importance of mosquito control. This includes improving drainage systems, cleaning up garbage, and educating community members about the importance of disposing of waste properly.

Recommendations:

The team recommended that the frequency and scale of sweep-up activities and vector surveillance be increased to identify and remove mosquito breeding sites more quickly and effectively. The team also recommended that the number of health workers involved in these activities be increased to provide comprehensive and efficient coverage of the area.It is further recommended that the team work with community leaders to improve community participation in these activities to ensure that the community is aware of the importance of these activities and is willing to participate in them. More information and education about dengue prevention be provided to community members to raise awareness of the disease and the ways to prevent it. Additionally, it is recommended that more mosquito nets and other preventive measures be provided to community members to protect them from mosquito bites.

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Conclusion:

The field activity was a success in monitoring and enhancing the extended sweep-up activities of outdoor and indoor vector surveillance in UC 45. The team's recommendations will help to further improve the effectiveness of these activities and reduce the risk of dengue in the area.

Knowledge Hub

Viral Monkeypox: What you need to know

Monkeypox is a rare but serious viral illness that can be transmitted from animals to humans and from person to person. The symptoms of monkeypox can be similar to those of smallpox, but they are usually milder. Symptoms can include fever, headache, muscle aches, backache, swollen lymph nodes, chills, exhaustion, and a rash. The rash usually starts on the face and then spreads to other parts of the body. The rash can look like pimples or blisters and can be painful or itchy.

Monkeypox is spread through contact with the body fluids of an infected animal or person, or with objects that have been contaminated with the virus.

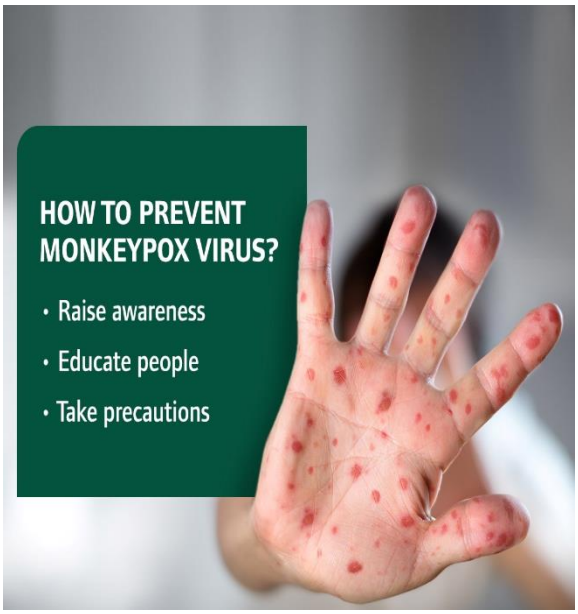
There is no specific treatment for monkeypox, but the symptoms can be managed with supportive care. In most cases, monkeypox goes away on its own within a few weeks. However, monkeypox can be more serious in people with weakened immune systems.

Here are some tips to help prevent the spread of monkeypox:

- Avoid contact with animals that may be infected with monkeypox, such as rodents, monkeys, and apes.
- If you come into contact with an animal that may be infected with monkeypox, wash your hands thoroughly with soap and water.
- Avoid contact with people who are sick with monkeypox.

Here are some additional resources for more information about monkeypox:
Centers for Disease Control and Prevention:
https://www.cdc.gov/poxvirus/mpox/index.html
World Health Organization:
https://www.who.int/news-room/fact-sheets/detail/monkeypox
National Institutes of Health:
https://www.cdc.gov/poxvirus/mpox/index.html

Stay informed and stay safe!



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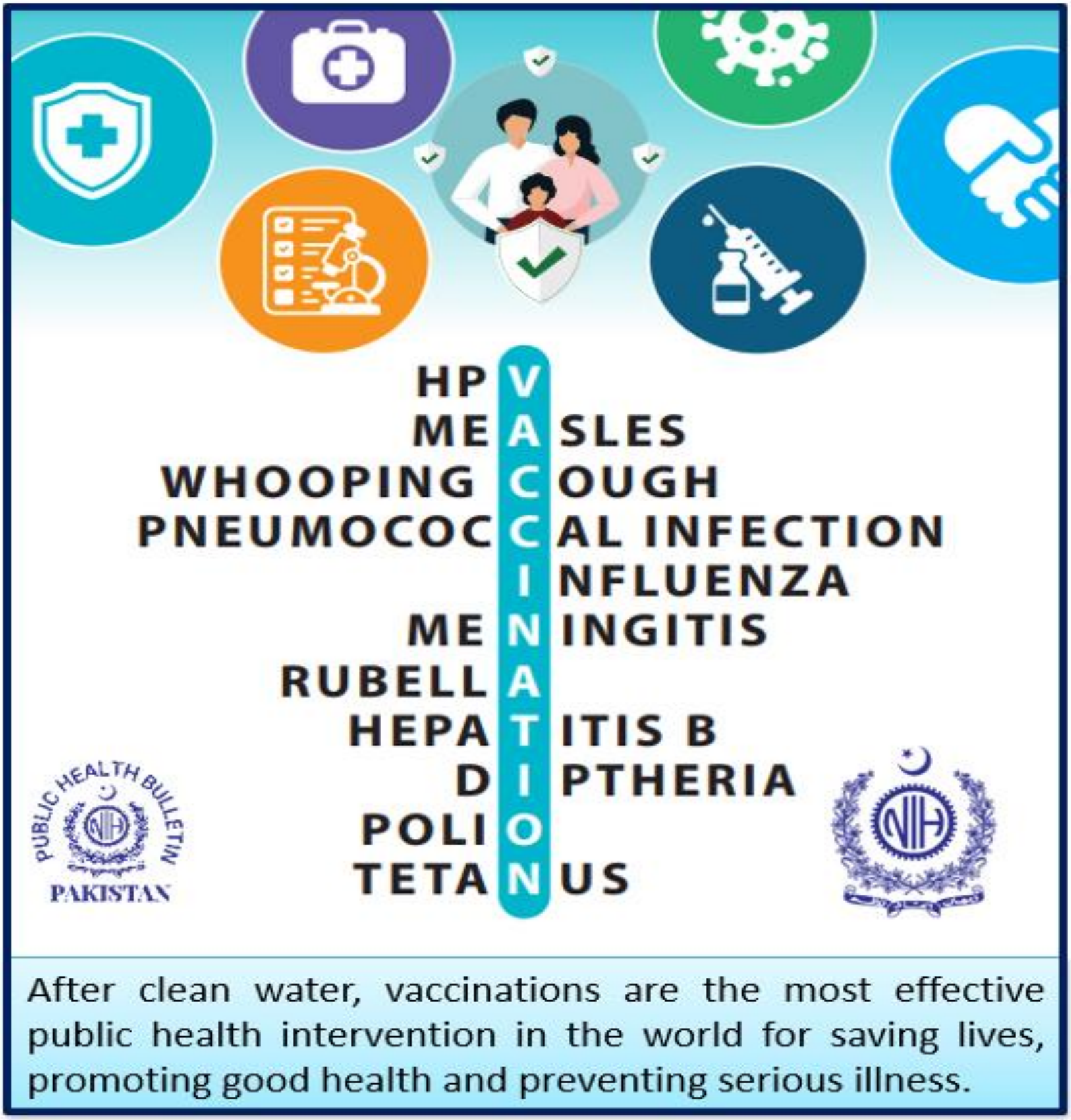

After clean water, vaccinations are the most effective public health intervention in the world for saving lives, promoting good health and preventing serious illness.

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

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