

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

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Overview

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Preface

The Weekly Public Health Bulletin-Pakistan provides an overview of the most important public health events that occurred during week 29 of 2023. The most common reported cases were acute diarrhea (non-cholera), followed by malaria, ILI, ALRI in children under 5 years old, bacterial diarrhea, viral hepatitis (B, C, and D), typhoid, SARI, dog bites, and AVH. Mumps and diphtheria cases have increased, mostly in Balochistan. HIV/AIDS cases have been reported from KPK and Sindh. Additionally, 11 suspected cases of CCHF have been reported, 5 from Balochistan and 6 from KPK.

The data presented in this bulletin highlights the importance of continued surveillance and monitoring of public health events. The Ministry of Health and other relevant agencies are working to address the increase in Mumps and Diphtheria cases, as well as the suspected cases of CCHF.

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 PHB activities, surveillance summary of vaccine preventable diseases in Rawalpindi, Punjab, outbreak response immunization activities and a knowledge review on lung cancer

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Sincerely,
The Chief Editor

- During week 29, most frequent reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, B. Diarrhea, VH (B,C,D), Typhoid, SARI, dog bite and AVH (A&E).
- Mumps cases are reported in increased number from all provinces and regions. Further, Diphtheria cases are also increased mostly from Balochistan. Cases need to be verified for timely control measures.
- HIV/AIDS cases are reported from KPK and Sindh. In addition, 11 cases of CCHF reported this week; 05 from Balochistan and 06 from KPK. All are suspected cases and require field investigations.

• All are suspected cases and need field verification.

IDSR compliance attributes

- The national compliance rate for IDSR reporting in 125 implemented districts is 74%
ICT and Sindh province are the top reporting region with a compliance rate of 80% followed by Khyber Pakhtunkhwa with 77% and AJK 73%
- The lowest compliance rate was observed in Gilgit Baltistan.

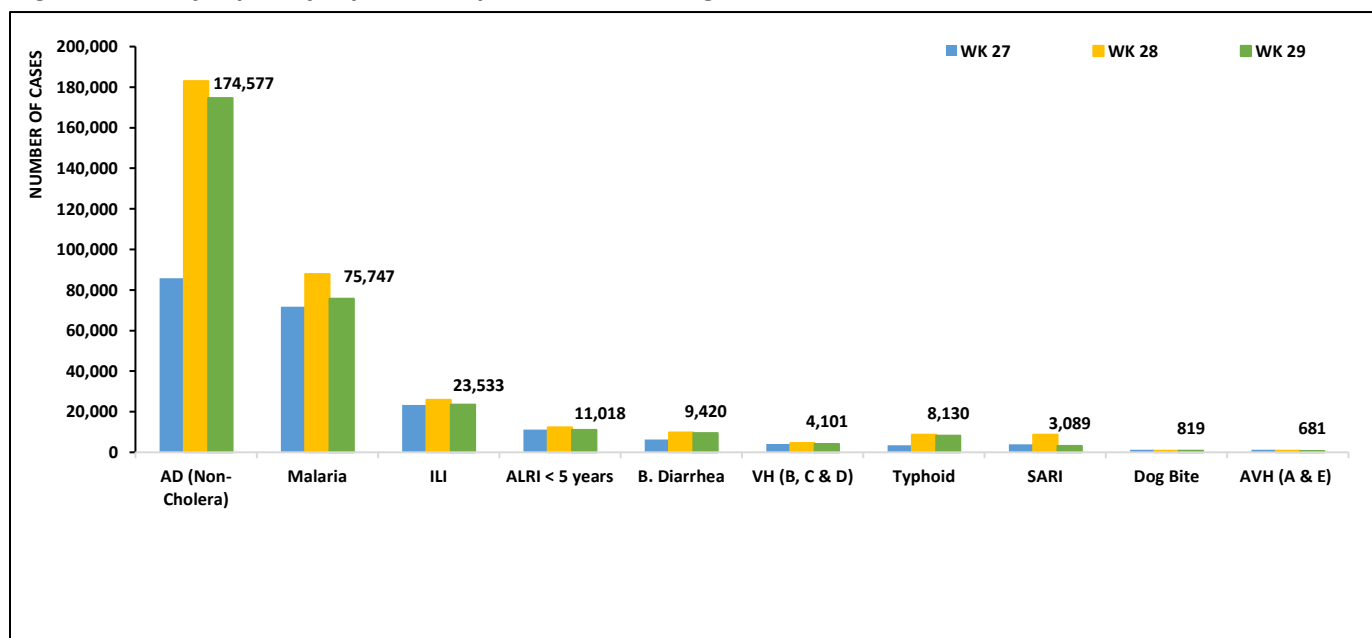
Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	1568	1203	77
Azad Jammu Kashmir	440	321	73
Islamabad Capital Territory	27	23	85
Balochistan	978	607	62
Gilgit Baltistan	141	43	30
Sindh	1901	1521	80
National	5055	3718	74



Table 1: Province/Area wise distribution of most frequently reported cases during week 29, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
ILI	2300	2,960	43	215	4,017	356	13,642	23,533
AD (Non-Cholera)	2,646	6,581	189	83	28,564	91,687	44,827	174,577
Malaria	90	7,233	0	0	5,648	5,350	57,426	75,747
B. Diarrhea	125	1907	11	0	1061	3,277	3039	9,420
Typhoid	118	1186	9	1	849	4,676	1,291	8,130
SARI	356	849	74	0	1,443	NR	367	3,089
ALRI < 5 years	770	2127	54	0	1132	NR	6,935	11,018
CL	0	144	0	0	281	8	0	433
AWD (S. Cholera)	65	255	31	0	142	NR	34	527
Measles	17	23	2	0	181	161	41	425
Dog Bite	69	52	0	0	218	NR	480	819
Dengue	2	1	0	0	1	508	95	607
VH (B, C & D)	22	183	0	0	97	NR	3799	4,101
Gonorrhoea	5	114	0	0	5	NR	38	162
Pertussis	15	85	1	0	0	21	50	172
VL	0	3	0	0	6	NR	3	12
NT	0	3	0	0	11	NR	1	15
Mumps	102	111	7	0	113	NR	334	667
AFP	4	0	0	0	19	32	15	70
Chickenpox/ Varicella	35	23	11	1	138	110	29	347
AVH (A & E)	28	29	0	0	283	NR	341	681
Meningitis	1	11	0	0	1	52	11	76
Syphilis	0	60	0	0	1	NR	8	69
Leprosy	0	17	1	0	72	NR	0	90
Diphtheria (Probable)	2	56	1	0	1	NR	0	60
Chikungunya	0	0	0	0	0	NR	0	0
Anthrax	0	0	0	0	0	NR	0	0
Brucellosis	0	7	0	0	15	NR	0	22
CCHF	0	5	0	0	6	NR	0	11
Rubella (CRS)	0	0	0	0	0	NR	0	0
HIV/AIDS	0	1	0	0	9	NR	12	22

Figure 1: Most frequently reported suspected cases during week 29, Pakistan

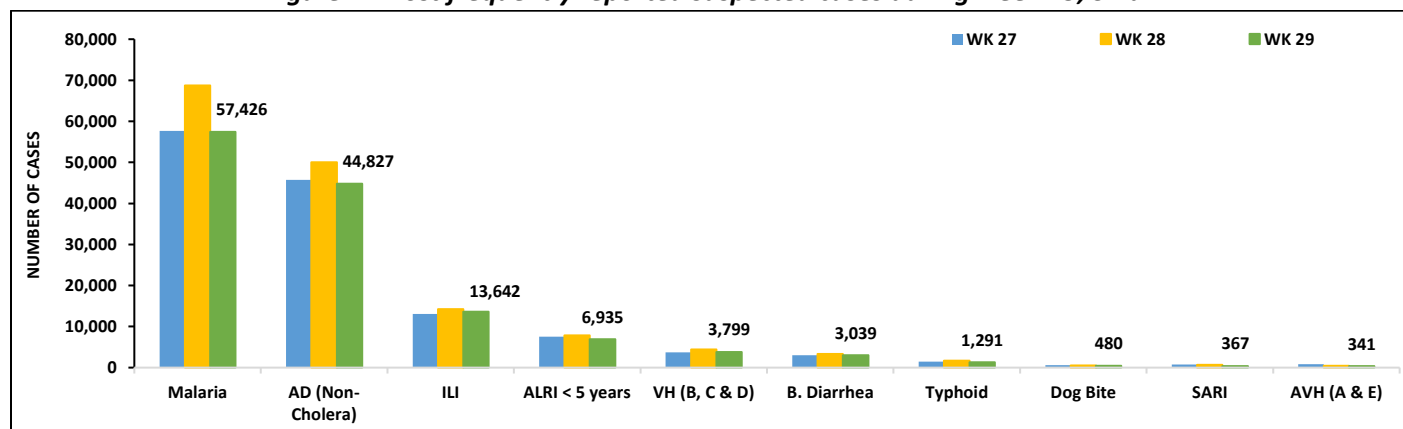


- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, VH (B, C, D), B. Diarrhea, Typhoid, dog bite, SARI, and AVH (A&E).
- Malaria cases are reported from Tando Allahyar, Larkana, Kambar and Badin whereas AD cases are mostly from Badin, Khairpur and Shaheed Benazirabad. These are Malaria endemic areas however, awareness about disease and vector control measures need to be implemented to reduce the burden.
- Increased number of VH (B & C) cases reported mostly from Sanghar, Matiari and Hyderabad. Field investigations required to identify the source to control the spread of disease.

Table 2: District wise distribution of most frequently reported suspected cases during week 29, Sindh

DISTRICTS	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	B. Diarrhea	Typhoid	SARI	Measles	VH (B, C & D)	Dengue	Dog Bite
Badin	5,395	5,152	208	562	296	63	27	7	240	1	48
Dadu	3,805	2,380	60	889	292	94	35	0	2	0	0
Ghotki	697	878	0	152	94	26	0	0	359	0	0
Hyderabad	323	1,778	243	30	3	19	0	2	48	0	0
Jacobabad	1,521	1,351	89	887	133	18	51	0	229	0	44
Jamshoro	117	87	0	0	1	5	0	0	0	0	0
Kamber	4,957	1,424	0	298	204	15	0	0	46	0	0
Karachi Central	96	1,187	1,495	41	61	164	0	13	154	1	0
Karachi East	53	302	23	2	3	0	0	0	1	17	1
Karachi Keamari	4	476	150	22	3	5	0	0	0	0	0
Karachi Korangi	64	471	21	0	3	4	0	1	0	6	0
Karachi Malir	81	1,491	1,365	304	49	25	57	0	38	3	23
Karachi South	26	146	0	0	0	1	0	0	0	0	0
Karachi West	119	811	511	231	69	45	77	6	24	12	43
Kashmore	1,445	598	272	176	91	19	0	0	28	0	0
Khairpur	3,595	3,127	507	584	307	209	46	0	100	0	31
Larkana	9,632	1,786	0	190	220	4	0	0	84	0	0
Matiari	907	1,783	0	169	79	16	1	0	368	2	24
Mirpurkhas	3,336	2,959	2,563	376	98	27	0	0	29	2	0
Naushero Feroze	1,831	1,919	515	120	53	70	0	0	124	0	0
Sanghar	1,135	2,118	8	71	30	5	5	1	536	0	145
Shaheed Benazirabad	1,614	2,179	41	384	97	282	3	0	184	0	0
Shikarpur	1,333	1,226	2	110	148	2	3	0	193	0	1
Sujawal	828	440	0	114	61	6	0	0	2	0	1
Sukkur	2,886	1,735	1,680	320	201	15	0	2	395	1	0
Tando Allahyar	1,506	1,379	487	205	113	34	0	0	184	0	21
Tando Muhammad Khan	303	382	0	47	22	0	0	5	20	0	26
Tharparkar	3,301	1,629	1,502	366	133	38	30	4	97	50	8
Thatta	2,406	1,584	1,900	44	76	25	29	0	158	0	64
Umerkot	4,110	2,049	0	241	99	55	3	0	156	0	0
Total	57,426	44,827	13,642	6,935	3,039	1,291	367	41	3,799	95	480

Figure 2: Most frequently reported suspected cases during week 29, Sindh

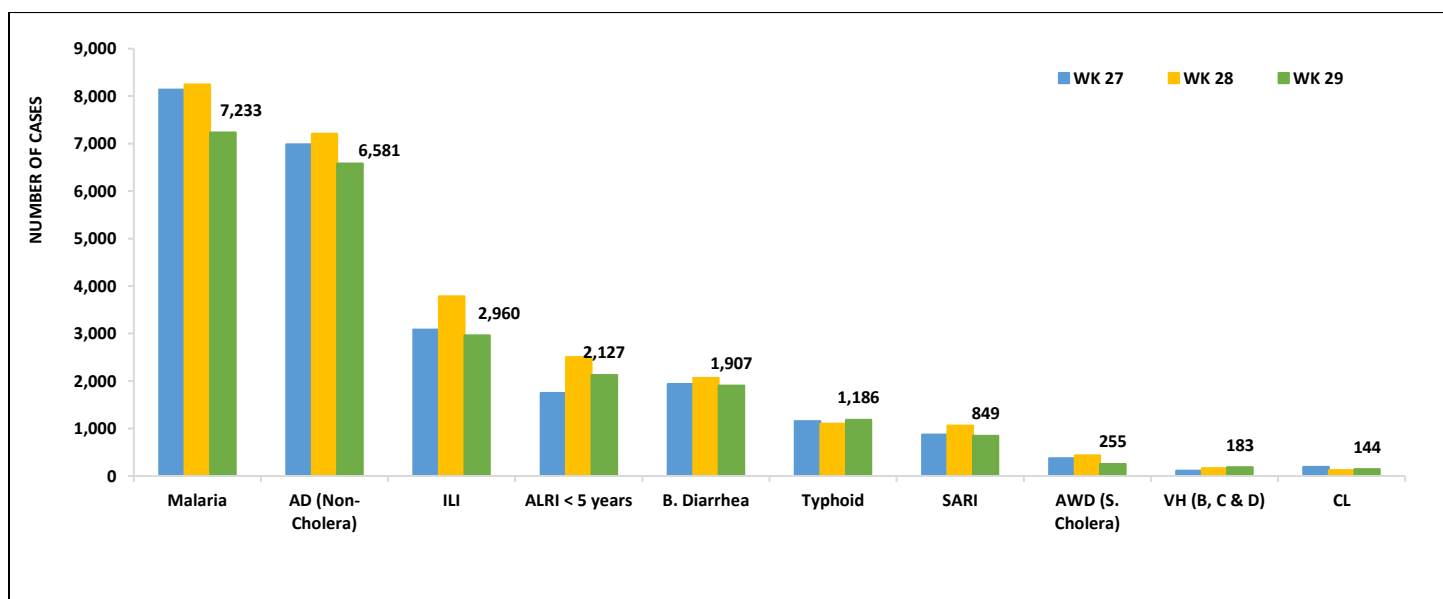


- Malaria, AD (Non-Cholera), ILI, ALRI <5 years, B. Diarrhea, Typhoid, SARI, AWD (S. Cholera), VH (A&E) and CL were the most frequently reported diseases.
- There is a decline trend observed for ILI, AD and Malaria cases this week.
- Increased number of CL cases reported mostly from Pishin and Sherani. Cases of AWD (Suspected Cholera) reported Harnai, Jafferabad, Awaran, and Mastung. 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 29, Balochistan

Districts	Malaria	AD (Non-Cholera)	ILI	B. Diarrhea	ALRI < 5 Years	Typhoid	SARI	CL	Dog Bite	AWD (S. Cholera)
Awaran	365	68	28	39	42	19	8	4	0	27
Chagai	27	213	266	61	0	27	0	0	0	14
Duki	110	108	25	60	7	19	22	2	0	31
Harnai	119	170	12	280	362	12	0	1	2	36
Jafferabad	1,936	1,149	102	201	147	440	30	13	14	10
Jhal Magsi	674	338	0	20	60	13	1	0	1	8
Kachhi (Bolan)	104	113	45	17	9	41	21	1	0	0
Kalat	13	11	13	6	1	1	0	0	0	0
Kharan	92	118	217	75	2	10	0	0	0	6
Khuzdar	112	166	140	58	7	12	26	8	12	1
Kohlu	151	142	312	108	24	61	56	13	0	31
Lasbella	944	789	79	155	480	22	181	0	10	2
Loralai	96	309	267	75	90	39	115	0	0	6
Mastung	282	740	128	78	63	108	65	17	7	33
Naseerabad	496	176	0	14	9	69	1	0	2	2
Nushki	93	217	0	98	0	0	0	0	0	20
Panjgur	359	339	82	117	257	61	46	2	0	21
Pishin	21	139	118	95	20	16	0	28	3	0
Quetta	47	473	841	144	33	54	60	20	0	0
Sherani	14	11	38	16	2	11	2	23	0	0
Sibi	111	42	22	11	12	13	18	2	1	2
Sohbat pur	813	471	0	88	170	59	152	10	0	0
SURAB	10	6	0	0	0	1	0	0	0	0
Washuk	112	40	75	22	1	3	0	0	0	3
Zhob	132	233	150	69	329	75	45	0	0	2
Total	7,233	6,581	2,960	1,907	2,127	1,186	849	144	52	255

Figure 3: Most frequently reported suspected cases during week 29, Balochistan

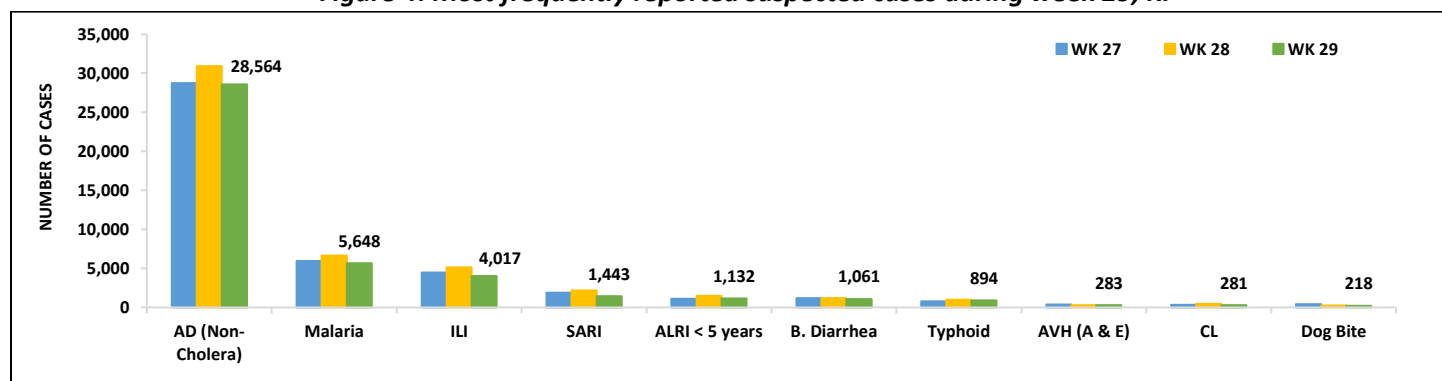


- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, SARI, ALRI<5 Years, B. Diarrhea, Typhoid, CL, AVH (A&E) and Measles cases.
- Malaria cases showed a sharp rise this week.
- Ninety-three Typhoid cases and 110 cases of VH (A&E) were reported from Dir Lower. These are suspected cases and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

Table 4: District wise distribution of most frequently reported suspected cases during week 29, KP

Diseases	AD (Non-Cholera)	Malaria	ILI	SARI	ALRI < 5 years	B. Diarrhea	Typhoid	Dog Bite	AWD (S. Cholera)	AVH (A & E)
Abbottabad	831	2	8	7	6	2	13	2	0	0
Bajaur	0	2	0	0	0	0	0	0	0	0
Bannu	714	953	97	0	4	2	33	1	0	0
Buner	675	437	0	0	6	29	14	18	0	5
Charsadda	1,245	45	202	21	0	0	0	0	0	0
Chitral Lower	665	7	75	515	7	19	5	6	0	0
Chitral Upper	149	7	2	161	0	0	19	1	0	0
D.I. Khan	1,010	419	19	45	9	6	0	11	0	0
Dir Lower	2,334	707	107	161	176	119	49	24	1	57
Dir Upper	781	10	63	0	25	34	40	0	0	6
Hangu	416	394	468	123	8	24	13	13	0	16
Haripur	1,046	35	24	7	138	0	79	11	0	27
Karak	319	152	91	15	11	2	6	15	3	0
Khyber	10	34	153	1	9	6	5	0	0	0
Kohat	57	28	2	3	0	0	0	6	0	0
Kohistan Lower	209	3	0	125	5	51	0	0	2	0
Kohistan Upper	523	5	54	17	3	41	81	1	0	0
Kolai Palas	86	4	0	23	5	8	0	0	5	0
L & C Kurram	16	9	3	0	0	3	1	0	0	0
Lakki Marwat	665	1,109	0	0	23	5	40	1	0	0
Malakand	1,229	78	36	24	99	102	37	0	105	74
Mansehra	801	4	494	31	64	14	9	0	25	2
Mardan	1,390	110	495	93	248	41	0	68	0	38
Nowshera	2,498	115	40	13	3	42	28	0	0	7
Peshawar	2,965	49	714	33	91	185	91	5	0	14
Shangla	424	364	0	0	5	2	2	9	1	2
Swabi	1,783	45	537	9	79	224	27	0	0	25
Swat	5,291	50	333	0	43	73	198	13	0	10
Tank	322	345	0	0	37	1	88	0	0	0
Tor Ghar	110	126	0	16	28	26	16	13	0	0
Total	28,564	5,648	4,017	1,443	1,132	1,061	894	218	142	283

Figure 4: Most frequently reported suspected cases during week 29, 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, 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 by ALRI <5 years, ILI and SARI.

Figure 5:

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

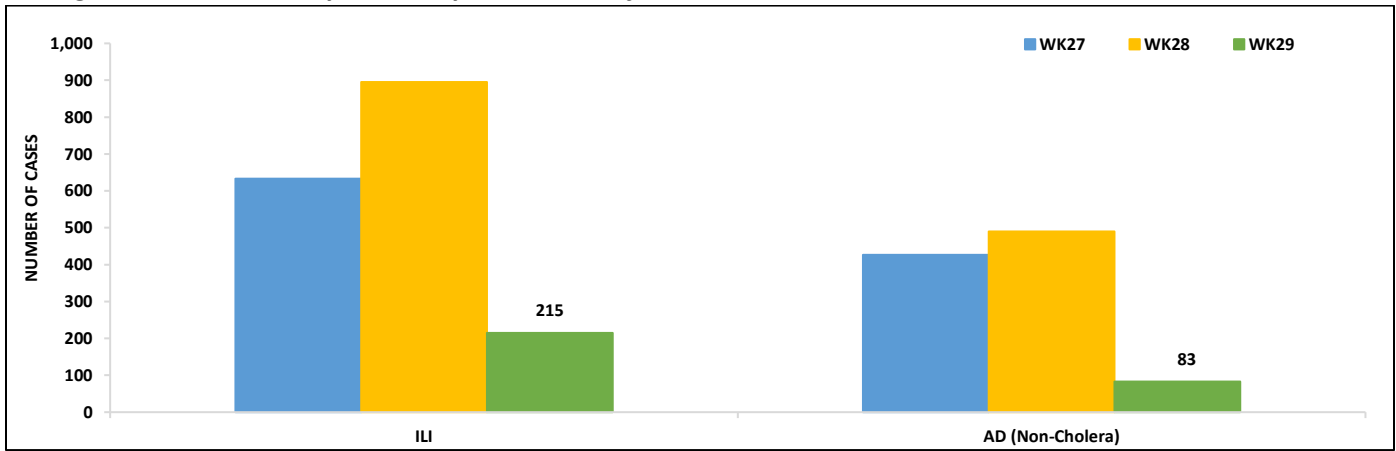


Figure 6: Week wise reported suspected cases of ILI, ICT

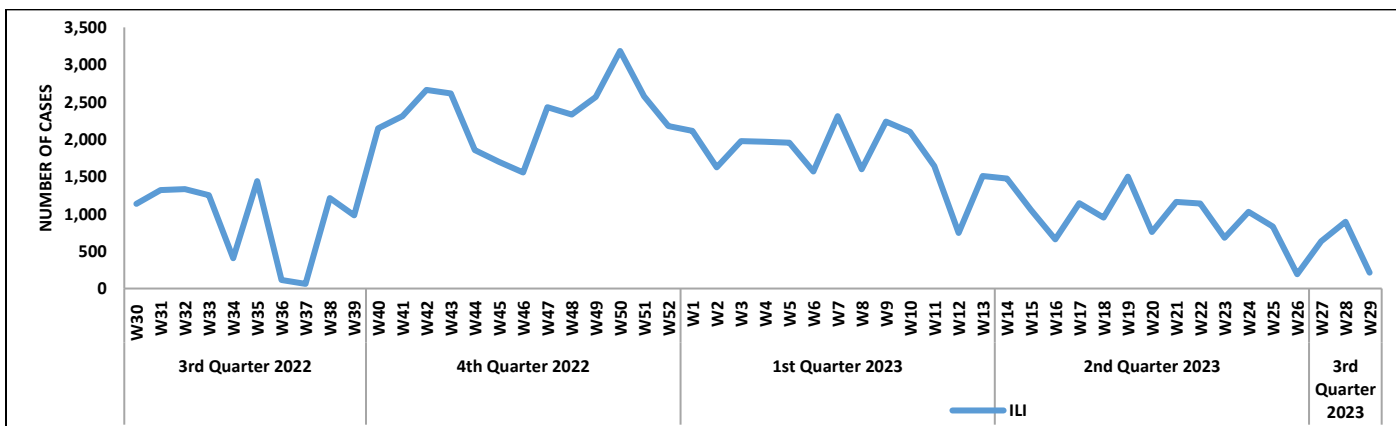


Figure 7: Most frequently reported suspected cases during week 29, AJK

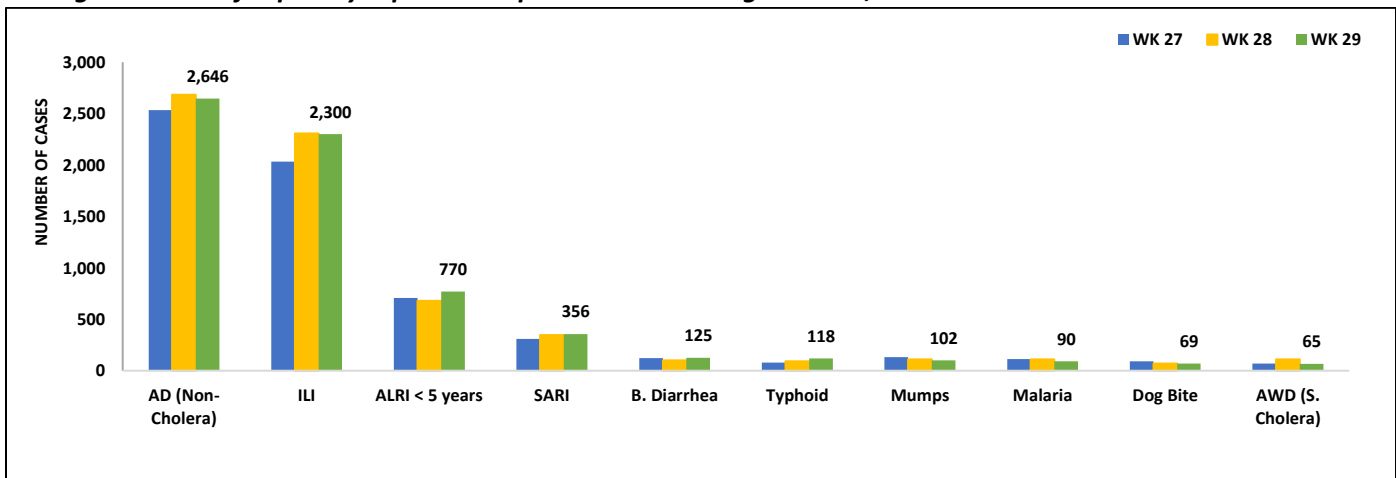


Figure 8: Week wise reported suspected cases of AD (Non-Cholera) and ALRI <5 years, AJK

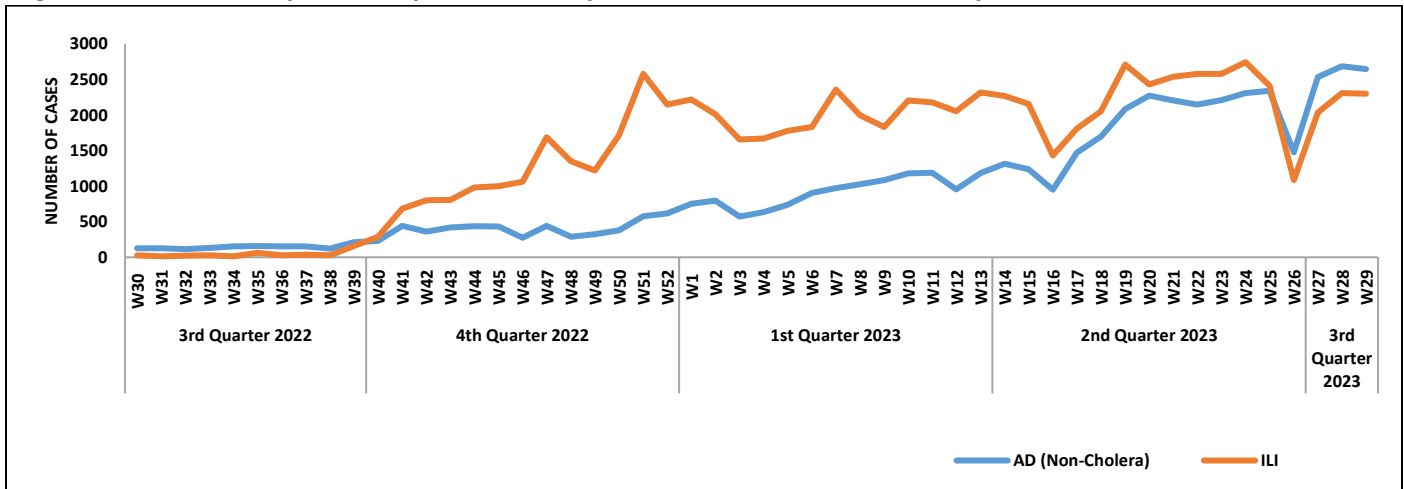


Figure 9: Most frequent cases reported during WK 29, GB

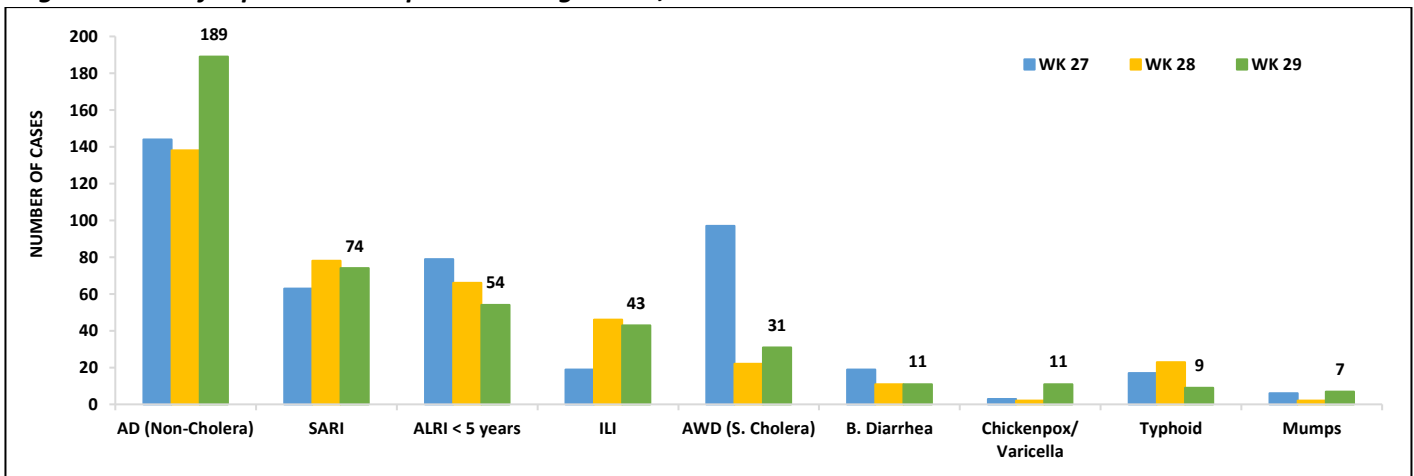
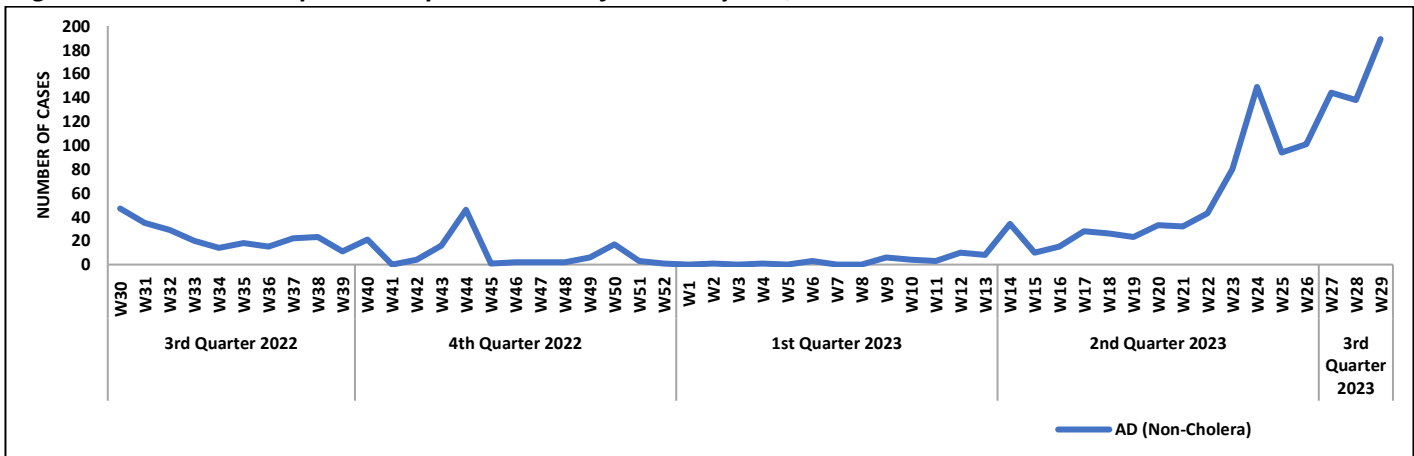


Figure 10: Week wise reported suspected cases of ALRI <5 years, GB



- AD (Non. Cholera) cases were maximum followed by Malaria and Typhoid.
- 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 29, Punjab

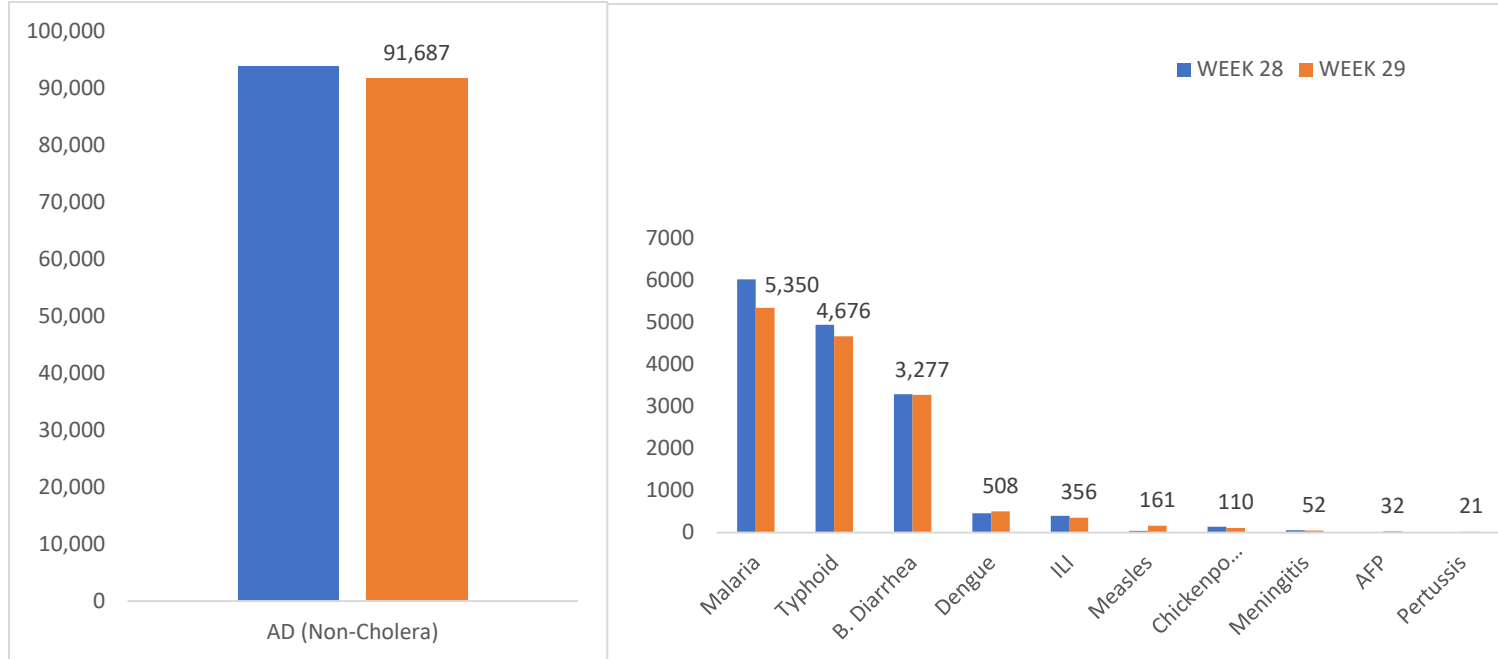


Table 6: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 29

Diseases	KPK	Sindh	Balochistan	Punjab	Gilgit
Acute Watery Diarrhoea (S. Cholera)	03	01	-	-	-
Acute diarrhea(non-cholera)	-	03	-	0	0
Malaria	--	205	-	-	-
CCHF	07	-	08	-	-
Dengue	-	09	-	-	-
Acute Viral Hepatitis(A)	-	1	-	-	-
Acute Viral Hepatitis(B)	-	76	-	-	1
Acute Viral Hepatitis(C)	-	189	0	0	1
Acute Viral Hepatitis(E)	-	85	-	-	-
Typhoid	16	06	-	-	-



Table 7: IDSR reporting districts Week 29

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	101	92%
	Bannu	92	92	72	78%
	Buner	34	34	26	76%
	Charsadda	61	61	49	80%
	Chitral Upper	33	33	9	27%
	Chitral Lower	35	35	31	89%
	D.I. Khan	89	89	71	80%
	Dir Lower	75	75	59	79%
	Dir Upper	55	55	34	62%
	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	5	13%
	Malakand	42	42	33	79%
	Mansehra	133	133	72	54%
	Mardan	84	84	52	62%
	Nowshera	52	52	52	100%
	Peshawar	101	101	92	91%
	Shangla	36	36	6	17%
	Swabi	60	60	58	97%
	Swat	77	77	72	94%
	Tank	34	34	31	91%
Torghar	11	11	11	100%	

Azad Jammu Kashmir	Mirpur	37	37	37	100%
	Bhimber	20	20	20	100%
	Kotli	60	60	42	70%
	Muzaffarabad	43	43	42	98%
	Poonch	46	46	45	98%
	Haveli	43	43	17	40%
	Bagh	41	41	31	76%
	Neelum	33	33	33	100%
	Jhelum Vellay	49	49	28	57%
	Sudhnooti	68	68	26	38%
Islamabad Capital Territory	ICT	18	18	16	89%
	CDA	9	9	7	78%
Balochistan	Khuzdar	136	20	19	95%
	Lasbella	85	85	85	100%
	Pishin	118	23	9	39%
	Quetta	77	22	19	86%
	Sibi	42	42	11	26%
	Zhob	37	37	29	78%
	Jaffarabad	47	47	50	106%
	Naserabad	45	45	37	82%
	Kharan	32	32	27	84%
	Sherani	32	32	4	13%
	Kohlu	75	75	43	57%
	Chagi	65	65	25	38%
	Kalat	65	65	6	9%
	Harnai	36	36	16	44%
	Kachhi (Bolan)	35	35	12	34%
	Jhal Magsi	39	39	25	64%
	Sohbat pur	26	26	21	81%
	Surab	33	33	2	6%
	Mastung	45	45	45	100%
	Loralai	25	25	25	100%
	Duki	31	31	14	45%
	Nushki	32	32	29	91%
Washuk	25	25	3	12%	
Panjgur	38	38	33	87%	
Awaran	23	23	18	78%	
Gilgit Baltistan	Hunza	31	31	28	90%
	Ghizer	62	62	4	6%
	Gilgit	48	48	11	6%



Sindh	Hyderabad	63	63	25	40%
	Ghotki	65	65	65	100%
	Umerkot	98	43	43	100%
	Naushahro Feroze	120	52	52	100%
	Tharparkar	292	100	100	100%
	Shikarpur	64	64	60	94%
	Thatta	53	53	31	58%
	Larkana	67	67	67	100%
	Kamber Shadadkot	71	71	64	90%
	Karachi-East	14	14	14	100%
	Karachi-West	20	20	20	100%
	Karachi-Malir	37	37	1	3%
	Karachi-Kemari	17	17	17	100%
	Karachi-Central	12	12	11	92%
	Karachi-Korangi	17	17	13	76%
	Karachi-South	4	4	4	100%
	Sujawal	31	31	23	74%
	Mirpur Khas	124	124	74	60%
	Badin	144	144	110	76%
	Sukkur	65	65	64	98%
	Dadu	90	90	75	83%
	Sanghar	101	101	98	97%
	Jacobabad	54	54	43	80%
	Khairpur	203	203	163	80%
	Kashmore	59	59	59	100%
	Matiari	42	42	39	93%
	Jamshoro	70	70	8	11%
	Tando Allahyar	54	54	46	85%
	Tando Muhammad Khan	41	41	8	20%
	Shaheed Benazirabad	124	124	124	100%



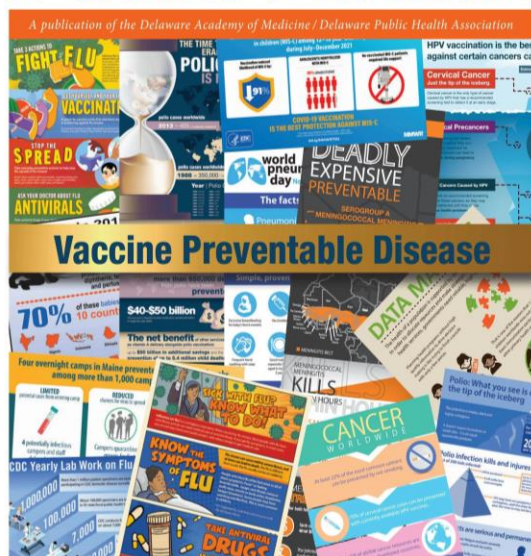
Public Health bulletin Pakistan.

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

Key Achievements

- Improved data reporting from district to provincial and national levels.
- Enhanced the epidemiological bulletin's standards, content, and format across all levels.
- Delivered timely, accurate, and relevant content.
- Developed a comprehensive plan for audience engagement.
- Facilitated the bulletin's broader reach and increased its impact.
- Ensured quality control, timeliness, evaluation, and optimization of editorial processes.
- Managed the review process for surveillance publications.
- Monitored disease trends and identified disease alerts and outbreaks.
- Engaged health departments for response conduction.
- Acquired report submissions for inclusion in the bulletin.
- Supervised and kept the Pakistan Public Health Bulletin website up-to-date.
- Ensured stakeholder engagement through timely dissemination of the bulletin.

Public Health



Surveillance Summary.

Preventing Disease, Protecting Lives: Surveillance for Vaccine Preventable Diseases in Rawalpindi District, 2022



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Introduction: Vaccine-preventable diseases (VPDs) are a major cause of childhood death and disability worldwide. The surveillance system for VPDs in Rawalpindi district tracks VPDs and informs public health actions

Objectives: To delineate outcomes of monitoring for vaccine-preventable diseases (VPDs) in Rawalpindi district of Pakistan throughout 2022.

Methods: A descriptive study was conducted from July 1 to 14, 2023, at District Surveillance and response Unit, Rawalpindi. Data was amassed from the district VPD line list and outbreak response immunization (ORI) records. Demographic information, clinical progression, outcomes and responses were evaluated for all VPDs

Results: 1,081 suspected MR cases were identified, including 552 lab-confirmed measles and 26 lab-confirmed rubella cases. The incidence rates for measles and rubella were 90 and 4.25 per million population, respectively, with a non-measles non-rubella reporting rate of 8.38 per 100,000 population. Surveillance indicators for measles were 98% with 100% case response rate. In 60 measles outbreaks, 21,057 children were vaccinated with the MR vaccine during outbreak response immunizations (ORI) in 32,310 households.

In addition to measles and rubella cases, the study also found six suspected diphtheria, four suspected pertussis, 41 suspected Neonatal Tetanus, and 138 childhood TB cases during this timeframe. Vaccination coverage was provided to 439 due and defaulter children during ORI in 180 households for diphtheria, 28 due and defaulter children during ORI in 120 households for pertussis, 1128 women aged 15-49 during ORI in 1230 households for NT.

There were no AEFI-related fatalities reported. However, four minor AEFI cases (three coincidental and one vaccine product related) were reported. There were also 14 measles deaths (CFR 3%) and 31 Neonatal Tetanus (CFR 84%) deaths. Additionally, 438 suspected AFP cases were reported and adequately investigated, with no lab-confirmed AFP.

Conclusion: The surveillance system for vaccine-preventable diseases (VPDs) in Rawalpindi district is a continuous process that collects data to inform public health initiatives. The high incidence of VPDs in Rawalpindi indicates that the surveillance system should be enhanced to more effectively track the VPDs in the district.

A note from Field Activities.

Measles Outbreak Response
Immunization and Investigation Report
UC No. CTR 10,
Rawalpindi, July 2023



Reported by Dr.
Muhammad Ali Mirza
Surveillance Coordinator
Rawalpindi

Introduction: Three lab-confirmed measles cases were reported within one month in UC No. CTR 10, indicating an outbreak in this area.

Materials and Methods: Data on confirmed measles cases, vaccination statuses, and mop-up campaign activities were analyzed to assess the scope of the outbreak and evaluate response efforts.

Results: Of the three lab-confirmed measles cases, one child above 15 months had received two documented doses of MR vaccine but had no EPI card; another child above 15 months had received one MR vaccine dose as per parent's recall but also lacked an EPI card; and the third child at 13 months old had one dose of MR vaccine verified with an EPI card.

The investigation found that the three cases had all been in contact with each other. The source of the outbreak was likely a common exposure to a measles-infected person. No other potential cases were identified during the investigation. An outbreak response immunization campaign was conducted in the UC from July 17 to July 19, 2023. The target population was 6,423. Covering both residential and urban areas, a total of 2,665 children aged 6 months to less than 24 months and 3,287 children aged 24 months to 59 months were targeted. The coverage percentage reached was 93%, totaling 5,952 children inoculated with MR vaccine. No other Vaccine Preventable Disease (VPD) cases (AFP/Diphtheria/Pertussis) or

What is disease surveillance?



Surveillance is the most effective way
to prevent outbreaks before they spread



Surveillance data is used to detect and respond to outbreaks



Strong surveillance systems are critical to protect populations from disease

How is disease surveillance done?

Core functions of disease surveillance include:



Case detection
to identify cases of priority diseases and conditions



Investigation & confirmation
of suspected cases and outbreaks



Reporting
of priority diseases and conditions



Analysis & interpretation
of findings are presented to health officials



Response
to outbreaks and other public health problems

Why is it important?

There are significant consequences for weak disease surveillance:



Outbreaks
will have direct impact on local economies by reducing trade, productivity and household consumption



\$13 billion
is estimated as the annual economic burden as a result of vaccine-preventable diseases



Risk of reversing progress
if current efforts are not maintained

File picture : WHO EMRO



Adverse Events Following Immunization (AEFI) were reported during the mop-up campaign.

Conclusion: The measles outbreak in UC No. CTR 10 was successfully contained. The mop-up campaign achieved a high coverage rate, and no other cases were reported.

Recommendations: Continue to monitor the situation for any new cases. Promote vaccination coverage in the community and Educate the community about the importance of vaccination



Knowledge Hub

"Protect Your Lungs, Save Your Life: Early Detection and Prevention of Lung Cancer"

Lung cancer is a severe health risk that affects millions worldwide. To reduce its impact, we must embrace preventive measures and strive for early detection. Here are some steps you can take to protect your lungs and potentially save your life:

1. Kick the smoking habit: Smoking is the leading cause of lung cancer. Quitting smoking, or avoiding starting in the first place, significantly reduces your risk.
2. Avoid exposure to secondhand smoke: Limit your exposure to environments with tobacco smoke as secondhand smoke is harmful to your lungs and has been linked to lung cancer.

3. Test for radon: A naturally occurring radioactive gas, radon can contribute to lung cancer if it builds up in your home. Have your home tested and use mitigation techniques, if necessary.
4. Protect against workplace hazards: In certain jobs, workers might be exposed to harmful substances like asbestos, arsenic, or diesel exhaust. Follow safety regulations and use protective equipment whenever necessary.
5. Maintain a healthy lifestyle: Eating a well-balanced diet, exercising regularly, and adopting good habits promote overall wellness which can lower the risk of developing lung cancer.
6. Pay attention to lung health: Be aware of any persistent coughs, shortness of breath, chest pain, or unexplained weight loss – these could be signs of lung cancer – and consult a physician immediately when such symptoms occur.

Early detection is vital in the fight against lung cancer. Regular screenings with low-dose CT scans are encouraged for high-risk individuals like smokers or those with occupational exposure to hazardous materials. Stay vigilant and proactive in safeguarding your lungs – it could mean the difference between life and death!

Stay informed and stay safe!

LUNG CANCER

KNOW THE SYMPTOMS

- B** Blood when you cough or spit
- R** Recurring respiratory infections
- E** Enduring cough that is new or different
- A** Ache or pain in shoulder, back or chest
- T** Trouble breathing
- H** Hoarseness or wheezing
- E** Exhaustion, weakness or loss of appetite

If any of these symptoms are troubling you, see your doctor.

File picture : [Lung Foundation](#)

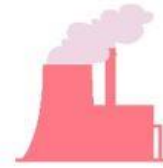




AUGUST 1
WORLD
LUNG CANCER
DAY



80%
smoking



30%
environment



40%
radiation



10%
passive smoking

RISK FACTORS

chest pain

coughing up blood

weight loss

tingling fingers

persistent cough



SYMPTOMS

GENDER



female

male



AGE

0-45 (10%)

46-60 (52%)

61-75 (38%)

LUNG CANCER PREVENTION TIPS

Eat a variety
of fruits,
vegetables,
whole grains
and legumes



Exercise
regularly



Avoid
smoking
and
passive
smoking



Check
your home
for radon



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