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Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

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

Integrated Disease Surveillance & Response (IDSR) Weekly Public Health Bulletin is your go-to resource for disease trends, outbreak alerts, and crucial public health information. By reading and sharing this bulletin, you can help increase awareness and promote preventive measures within your community.

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Preface

The Weekly Public Health Bulletin-Pakistan provides a summary of the most important public health events that occurred during week 37 of 2023. During this week, the most frequently reported cases were acute diarrhea (non-cholera), malaria, influenza-like illness (ILI), acute lower respiratory infection (ALRI) in children under 5 years old, bloody diarrhea, typhoid, viral hepatitis (B and C), severe acute respiratory infection (SARI), dog bites, and acute viral hepatitis (A and E).

Malaria cases were reported in increased numbers from all malaria-endemic districts. Field investigations are needed to verify these cases, with a focus on vector surveillance.

Vaccine-preventable diseases are on the rise and have been reported from across the country. Field investigations are also needed to verify these cases.

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. Their work is essential to protecting the health of the public. The team would also like to remind the public to stay vigilant and to seek medical attention immediately if they experience any symptoms of these diseases.

Working together, we can protect the health of our communities.

Sincerely,
The Chief Editor

- *During week 37, most frequent reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, B. Diarrhea, Typhoid, VH (B&C), SARI, dog bite and AVH (A&E).*
- *Malaria cases reported in increased numbers from all districts of malaria. Field investigations for verification with focus on vector surveillance is required.*
- *Vaccine preventable Diseases are on rise and reported from across the country. Field investigation required to verify cases.*

IDSR compliance attributes

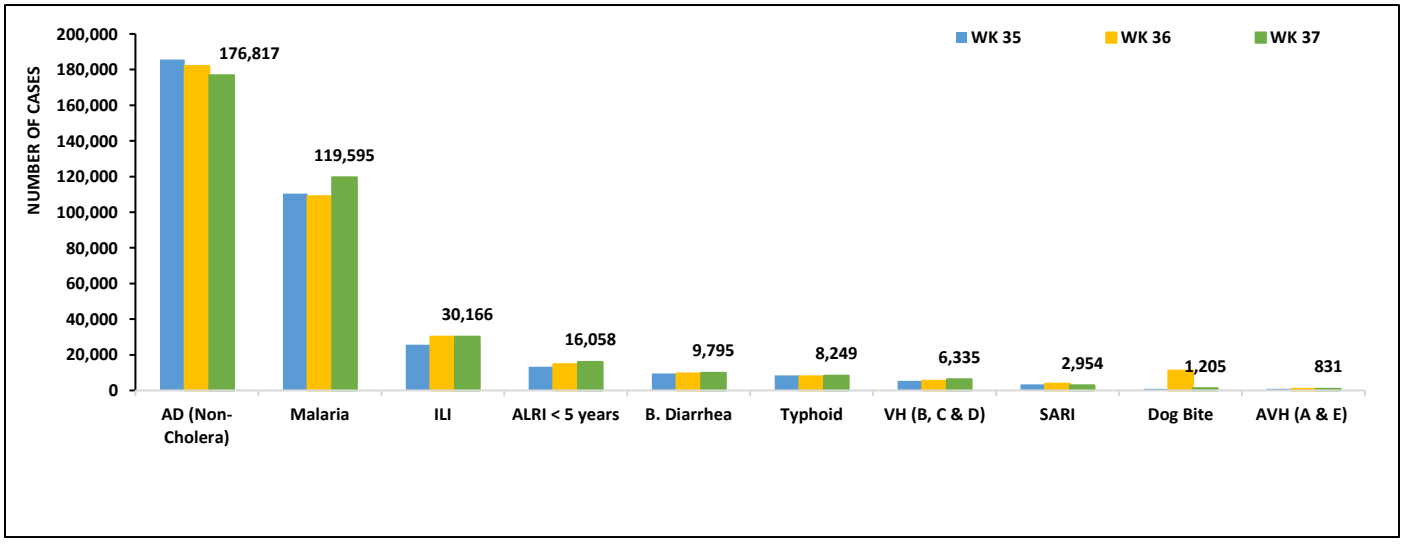
- *The national compliance rate for IDSR reporting in 113 implemented districts* is 77%
- *AJK, ICT and Sindh are the top reporting region with a compliance rate of 96% and 93% followed by Khyber Pakhtunkhwa with 735%*
- *The lowest compliance rate was observed in Gilgit Baltistan.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	1693	1275	75
Azad Jammu Kashmir	375	359	96
Islamabad Capital Territory	27	25	93
Balochistan	1119	723	65
Gilgit Baltistan	348	94	27
Sindh	1834	1697	93
National	5396	4173	77

Table 1: Province/Area wise distribution of most frequently reported cases during week 37, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	2,085	7,559	331	140	26,023	91,180	49,499	176,817
Malaria	125	10,201	4	5	6,794	4,309	98,157	119,595
ILI	2,779	5,646	96	421	4,372	164	16,688	30,166
ALRI < 5 years	1017	1631	160	0	1,178	3	12069	16,058
B. Diarrhea	152	1840	44	3	1,174	2,633	3949	9,795
Typhoid	98	901	41	0	1267	4,274	1,668	8,249
VH (B, C & D)	9	98	0	0	251	NR	5977	6,335
SARI	366	729	145	0	1186	NR	528	2,954
Dog Bite	69	132	0	0	151	NR	853	1,205
AVH (A & E)	58	21	3	3	240	NR	506	831
Mumps	100	78	18	0	108	NR	290	594
AWD (S. Cholera)	123	234	57	0	20	NR	93	527
CL	0	135	0	0	288	15	2	440
Measles	7	56	4	1	203	NR	58	329
Chickenpox/ Varicella	21	6	6	1	168	67	9	278
Dengue	6	3	0	0	176	NR	71	256
Gonorrhea	2	115	0	0	45	NR	28	190
Pertussis	7	95	1	0	35	NR	1	136
Meningitis	7	3	0	0	17	NR	115	142
AFP	1	6	0	0	16	NR	10	33
HIV/AIDS	0	1	0	0	10	NR	6	17
Brucellosis	0	0	0	0	1	NR	0	1
VL	4	1	0	0	3	NR	0	08
Diphtheria (Probable)	0	7	1	0	10	NR	0	18
Anthrax	0	0	0	0	0	NR	0	0
NT	0	2	0	0	9	NR	1	12
Syphilis	0	0	0	0	7	NR	4	11
Rubella (CRS)	0	4	0	0	0	NR	0	4

Figure 1: Most frequently reported suspected cases during week 37, Pakistan



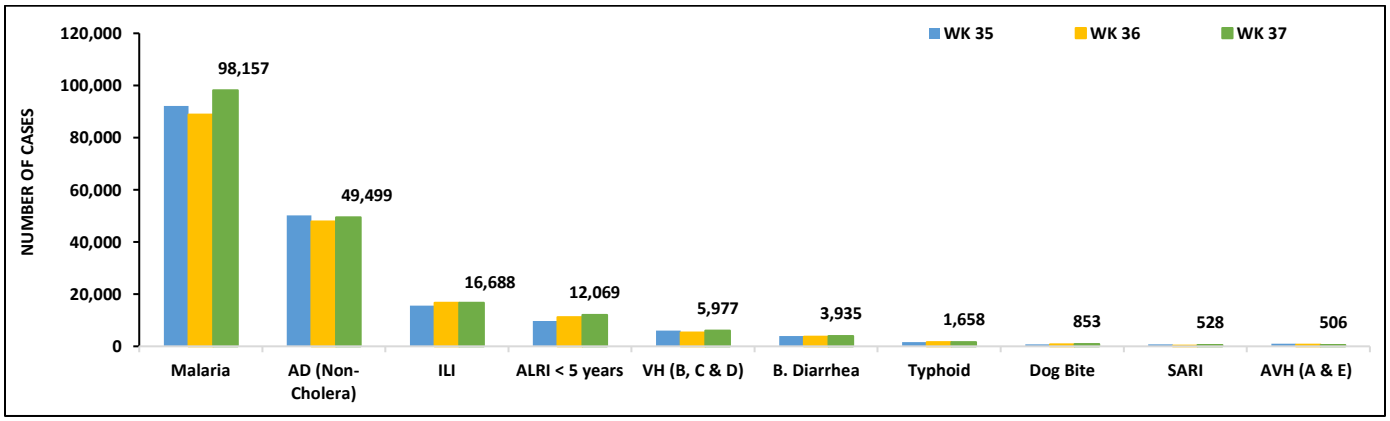
Sindh

- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, VH (B, C, D), B. Diarrhea, Typhoid, dog bite, SARI, and AVH (A&E).
- Larkana and Kambar reported the highest Malaria cases whereas AD cases were mostly from Badin, Khairpur and and Kamber districts. Field investigation is required to identify the source to control the spread of diseases.
- Trends show an increase in Malaria cases this week.

Table 2: District wise distribution of most frequently reported suspected cases during week 37, Sindh

DISTRICTS	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Typhoid	Dog Bite	SARI	AVH (A & E)
Badin	7,072	3,319	449	622	553	280	114	60	0	4
Dadu	5,752	2,831	109	1,211	21	515	151	0	0	0
Ghotki	1,883	1,037	0	490	330	106	0	0	0	0
Hyderabad	585	1,921	664	122	98	48	8	0	0	4
Jacobabad	2,796	1,376	109	1,455	95	184	8	61	0	2
Jamshoro	1,464	1,845	51	203	141	131	89	14	11	4
Kamber	10,116	3,097	0	363	263	187	37	0	0	0
Karachi Central	232	1,189	1,405	139	274	95	137	0	0	31
Karachi East	175	826	78	11	16	22	7	5	0	1
Karachi Keamari	9	403	238	36	0	3	5	0	0	5
Karachi Korangi	57	305	0	6	0	3	0	1	0	1
Karachi Malir	237	1,173	1,975	393	24	56	27	15	43	3
Karachi South	50	126	0	0	0	1	4	0	0	0
Karachi West	147	878	659	123	23	39	35	52	33	6
Kashmore	2,645	736	535	240	88	100	23	0	0	0
Khairpur	6,635	3,944	1,386	1,103	710	454	330	55	275	32
Larkana	17,485	2,771	1	542	134	444	10	0	0	0
Matiari	1,892	2,086	15	562	389	91	10	24	0	4
Mirpurkhas	5,789	2,306	2,949	586	96	100	43	35	62	17
Naushero Feroze	1,689	1,478	666	118	93	29	50	65	0	0
Sanghar	4,217	2,137	73	580	1,198	83	128	253	74	5
Shaheed Benazirabad	2,441	2,111	0	470	128	98	247	0	0	0
Shikarpur	3,991	1,608	2	119	375	139	8	110	4	0
Sujawal	1,796	1,105	0	296	6	49	17	0	0	0
Sukkur	4,852	1,777	1,983	498	337	233	15	0	1	0
Tando Allahyar	1,928	1,404	874	313	256	113	18	33	0	8
Tando Muhammad Khan	2,188	1,696	12	149	78	72	60	0	0	0
Tharparkar	2,932	1,320	1,463	588	81	83	32	3	3	19
Thatta	3,693	1,169	992	327	143	75	6	67	13	357
Umerkot	3,409	1,525	0	404	27	116	49	0	9	3
Total	98,157	49,499	16,688	12,069	5,977	3,949	1,668	853	528	506

Figure 2: Most frequently reported suspected cases during week 37, Sindh



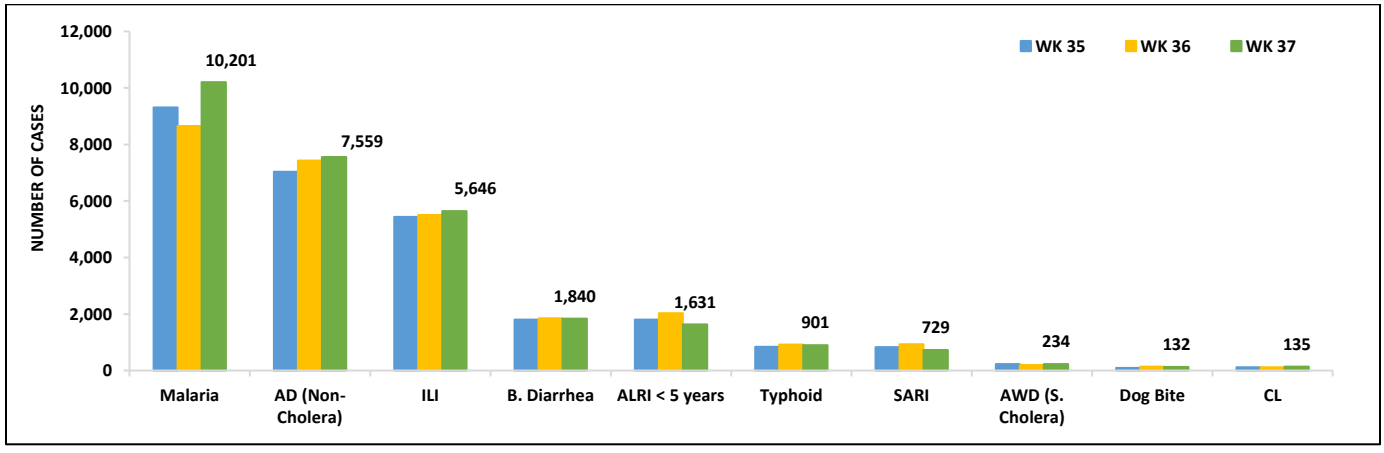
Balochistan

- Malaria, AD (Non-Cholera), ILI, ALRI <5 years, B. Diarrhea, ALRI < 5 years, Typhoid, SARI, AWD (S. Cholera), dog bite and CL were the most frequently reported diseases from Balochistan province.
- Trend for ILI, AD and Malaria cases show an increase this week.
- Cases of Malaria reported from Sohbatpur and Jafferabad in high numbers. All are suspected cases and need field investigation to verify the cases.
- Quetta and Jafferabad reported CL cases this week. An investigation should be done to verify cases at one place and to classify as new and old cases on the other hand for effective management and control of the disease.

Table 3: District wise distribution of most frequently reported suspected cases during week 37, Balochistan

Districts	Malaria	AD (Non-Cholera)	ILI	B. Diarrhea	ALRI < 5 years	Typhoid	SARI	AWD (S. Cholera)	Dog Bite	CL
Chagai	0	206	299	61	0	36	1	28	0	0
Chaman	9	85	120	60	8	38	25	10	0	7
Dera Bugti	265	47	14	32	31	18	18	6	0	0
Duki	79	111	75	82	19	18	31	29	0	4
Harnai	91	112	6	146	208	10	0	5	0	0
Hub	634	342	97	52	38	9	61	2	0	4
Jaffarabad	1,630	455	159	65	25	2	17	0	27	21
Jhal Magsi	826	383	148	14	23	7	0	4	23	0
Kachhi (Bolan)	760	460	237	55	63	60	69	8	3	6
Kalat	56	57	15	22	12	18	0	0	0	0
Kech (Turbat)	623	338	787	40	116	2	0	4	0	0
Kharan	87	146	308	71	0	9	0	12	0	0
Khuzdar	153	99	106	49	5	36	5	0	7	12
Kohlu	162	116	299	99	20	59	32	18	3	3
Lasbella	834	573	83	24	185	12	28	0	7	8
Loralai	103	238	343	71	58	34	92	2	0	0
Mastung	215	633	132	115	20	131	57	16	18	0
Naseerabad	496	343	2	31	16	43	0	1	37	3
Nushki	117	243	0	90	0	0	9	23	0	0
Panjgur	251	123	44	36	25	19	2	22	0	2
Pishin	12	52	74	33	41	15	2	0	4	11
Quetta	54	584	1,242	159	43	37	78	1	0	29
Sherani	9	15	34	12	0	4	4	0	0	4
Sibi	253	119	460	40	18	32	20	33	1	18
Sohbat pur	1,205	534	36	165	114	71	113	4	0	0
SURAB	84	73	125	11	38	86	12	0	0	0
Usta Muhammad	855	779	92	76	229	14	15	0	2	0
Washuk	115	164	215	78	8	14	5	0	0	2
Zhob	210	119	90	45	256	61	30	2	0	0
Ziarat	13	10	4	6	12	6	3	4	0	1
Total	10,201	7,559	5,646	1,840	1,631	901	729	234	132	135

Figure 3: Most frequently reported suspected cases during week 37, Balochistan

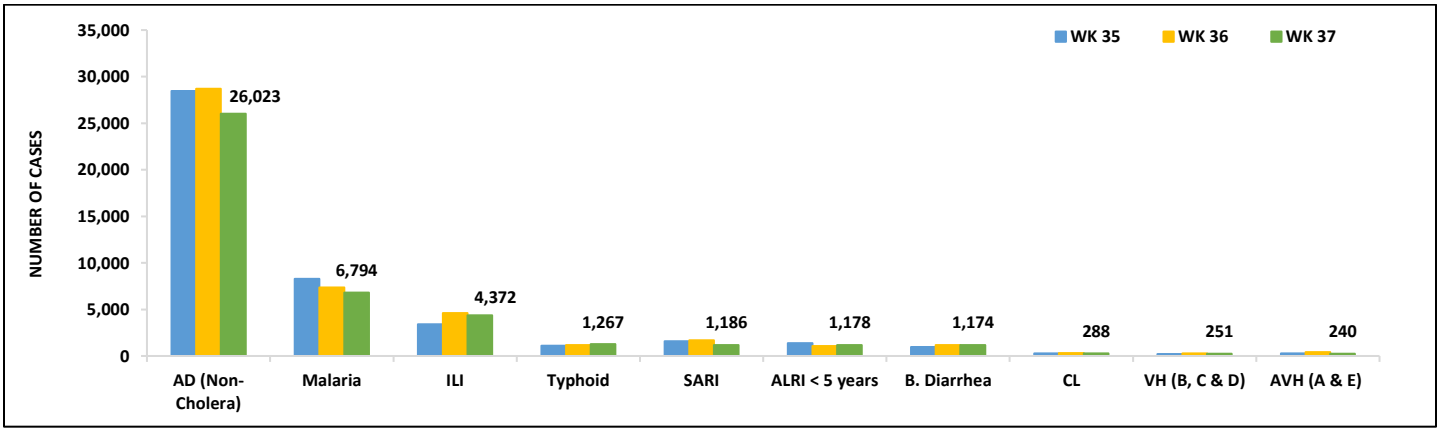


- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Typhoid, SARI, ALRI<5 Years, B. Diarrhea, CL and VH (B&C).
- AD cases declined whereas Malaria and ILI cases remained same this week.
- Swat, Peshawar and Lower Dir reported increased number of AD cases. These are suspected cases and a field investigation is required to verify cases.
- SARI cases reported in high numbers from Chitral lower which need urgent action to verify cases for further response.

Table 4: District wise distribution of most frequently reported suspected cases during week 37, KP

Districts	AD (Non-Cholera)	Malaria	ILI	Typhoid	SARI	ALRI <5 Years	B. Diarrhea	CL	VH (B, C & D)	AVH (A & E)
Abbottaba	538	3	16	11	15	11	2	0	2	0
Bajaur	282	100	103	0	3	15	29	7	1	0
Bannu	733	1,185	54	55	15	2	6	4	0	3
Battagram	277	100	615	0	1	0	0	0	0	5
Buner	477	533	0	25	0	48	3	0	0	0
Charsadda	1,072	67	193	0	10	29	0	0	0	0
Chitral Lower	316	5	140	2	326	0	9	8	0	0
Chitral Upper	74	0	0	10	64	0	0	0	0	1
D.I. Khan	965	460	22	2	42	7	31	4	0	0
Dir Lower	2,144	909	0	74	0	105	233	10	2	52
Dir Upper	1,044	30	6	28	0	45	54	0	0	6
Hangu	281	563	94	25	31	7	31	28	4	4
Haripur	1,502	111	322	61	2	212	5	0	26	50
Karak	305	283	20	4	15	5	3	82	0	0
Khyber	5	2	0	4	1	0	5	0	0	0
Kohat	66	34	0	1	1	1	0	5	0	0
Kohistan Lower	166	1	0	0	10	12	31	0	0	0
Kohistan Upper	389	1	65	59	2	0	12	0	0	0
Kolai Palas	75	2	12	0	11	3	5	0	0	0
L & C Kurram	32	38	93	4	0	0	13	1	1	0
Lakki Marwat	633	300	0	11	0	30	18	14	0	0
Malakand	571	27	0	29	12	16	75	8	3	17
Mansehra	646	6	657	11	45	49	14	0	0	4
Mardan	571	168	0	0	0	137	18	4	7	0
Mohmand	49	24	25	2	12	17	3	5	0	0
Nowshera	2,278	172	3	21	40	3	31	38	11	6
Peshawar	3,048	131	770	216	62	123	171	14	23	20
Shangla	1,044	344	0	49	0	10	1	0	106	0
SWA	233	219	58	65	103	58	60	37	46	25
Swabi	1,237	64	374	12	11	149	17	0	5	10
Swat	4,056	68	206	4	0	20	107	1	2	17
Tank	516	634	0	144	0	29	6	7	0	0
Tor Ghar	93	158	0	37	6	0	26	10	0	0
Upper Kurram	305	52	524	301	346	35	155	1	12	20
Total	26,023	6,794	4,372	1,267	1,186	1,178	1,174	288	251	240

Figure 4: Most frequently reported suspected cases during week 37, KP



ICT, AJK & GB

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

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

GB: AD (Non. Cholera) cases were maximum followed by ALRI<5 years, SARI and ILI. There was sharp decline in AD (Non Cholera) cases this week.

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

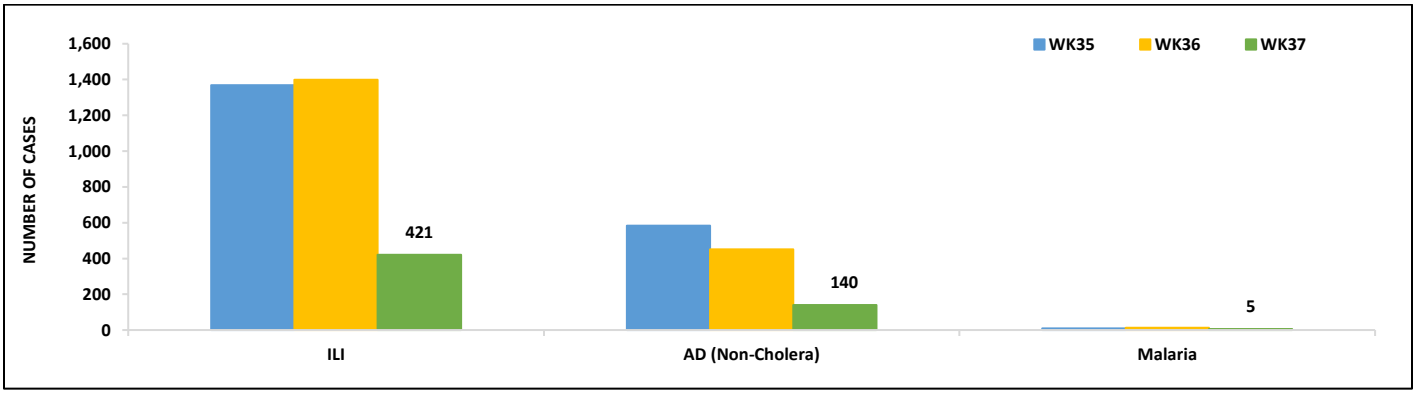


Figure 6: Week wise reported suspected cases of ILI, ICT

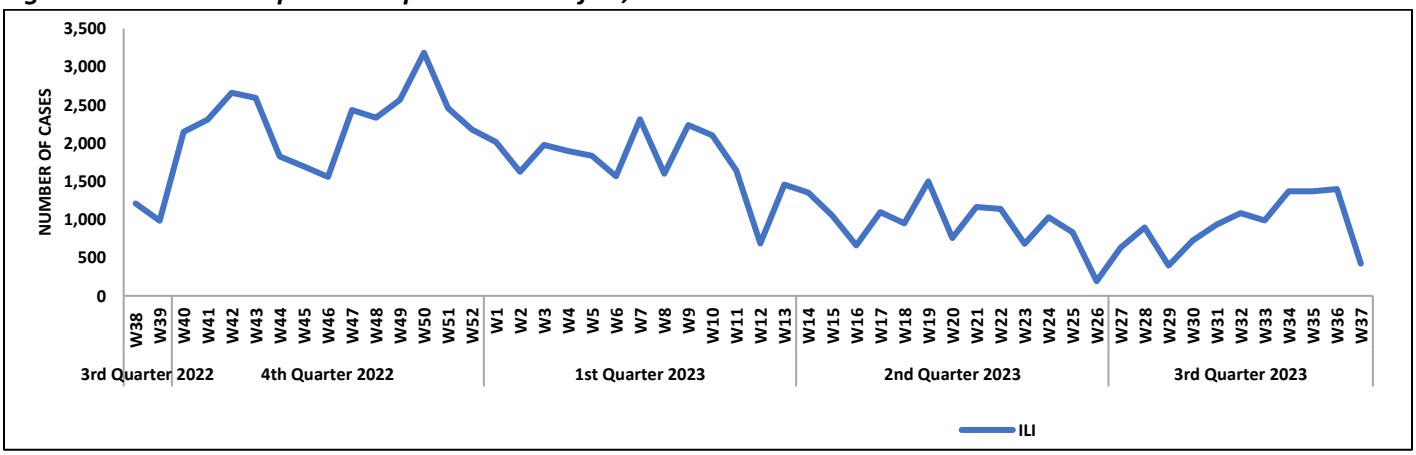


Figure 7: Most frequently reported suspected cases during week 37, AJK

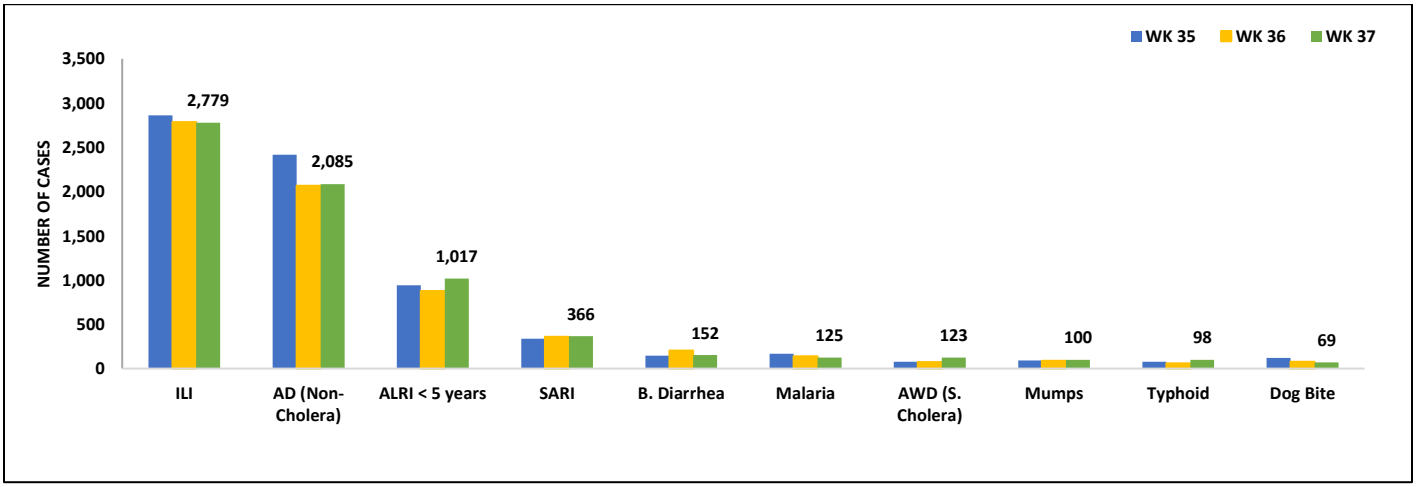


Figure 8: Week wise reported suspected cases of AD (Non-Cholera) and ILI, AJK

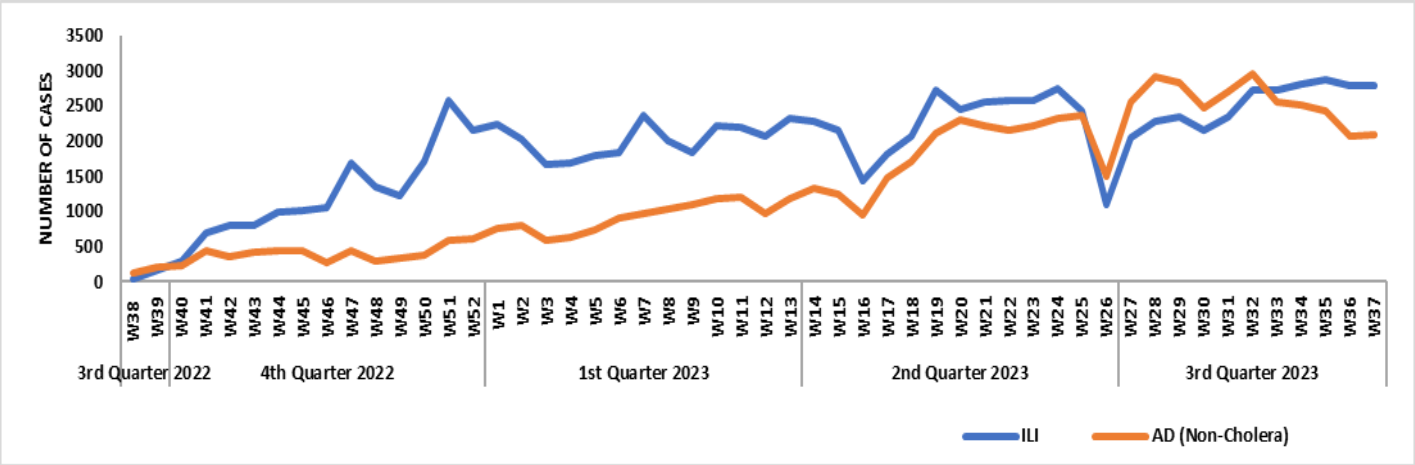


Figure 9: Most frequent cases reported during WK 37, GB

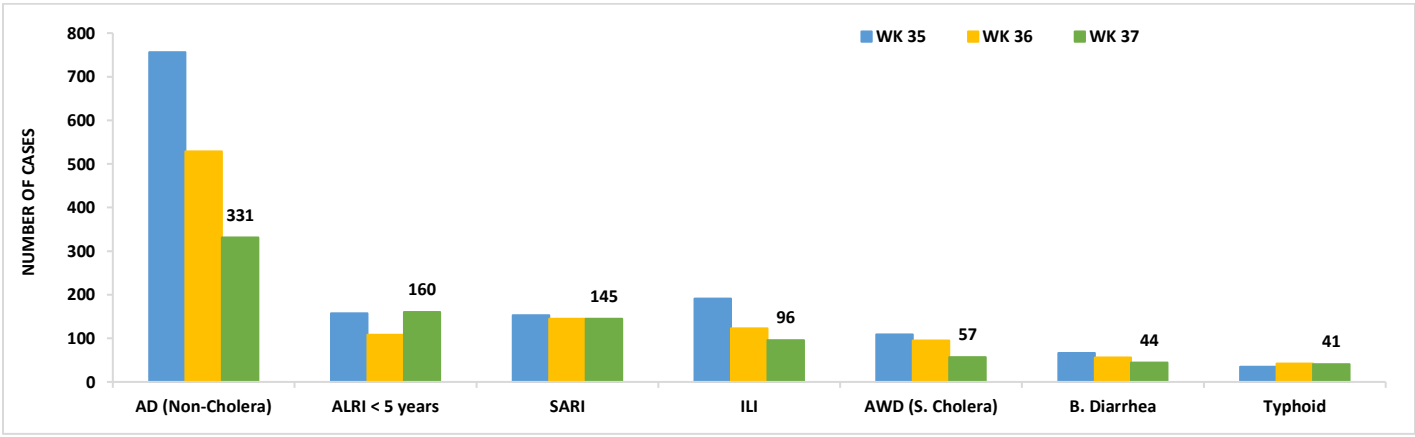
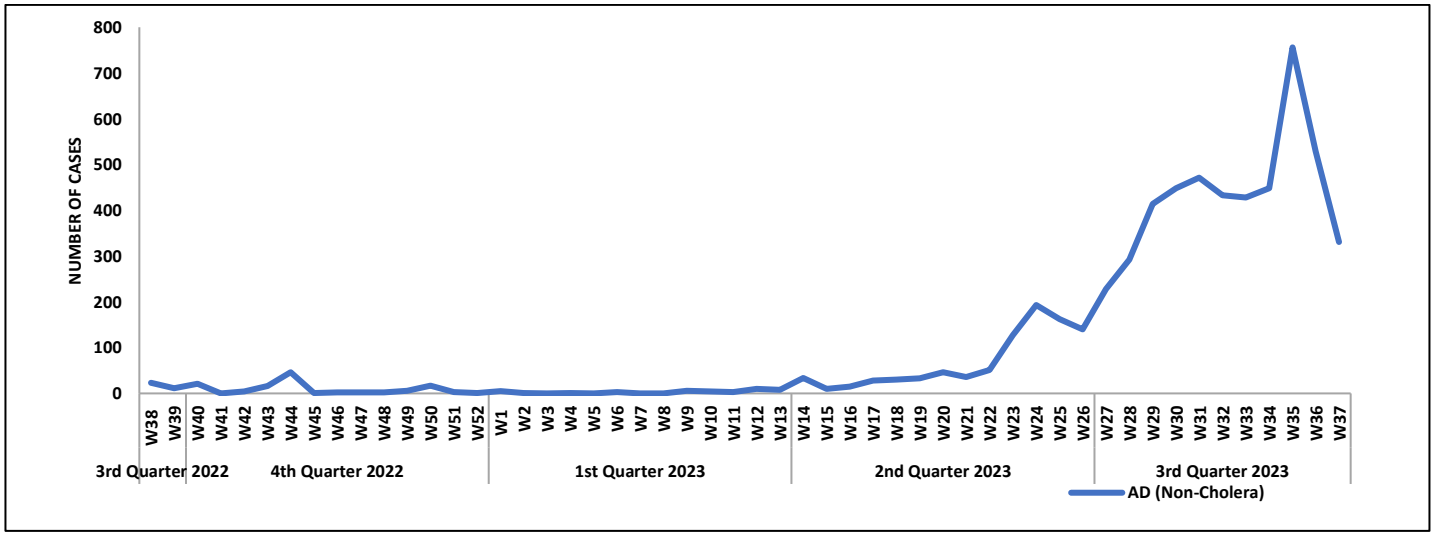


Figure 10: Week wise reported suspected cases of AD (Non-Cholera), GB



Punjab

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

Figure 11: District wise distribution of most frequently reported suspected cases during week 37, Punjab

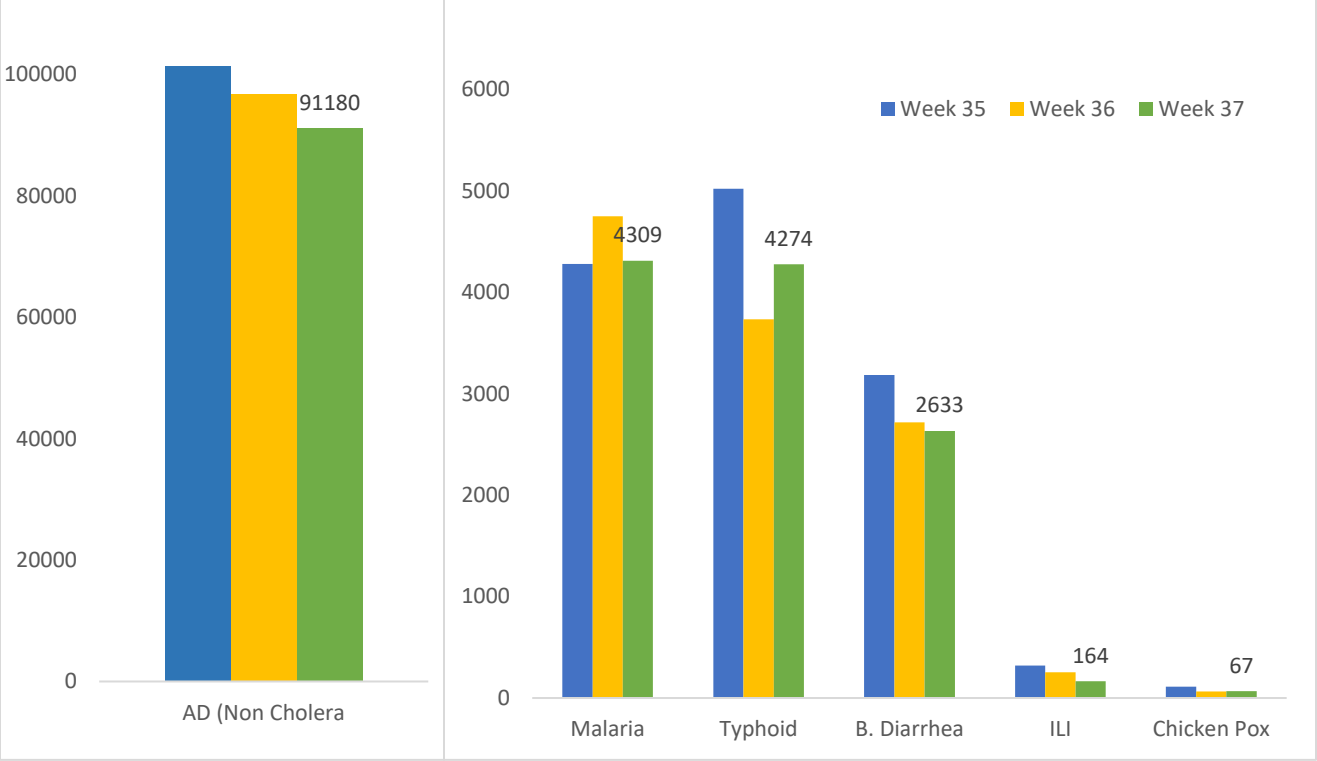


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 37

Diseases	Sindh	Balochistan	Punjab	KPK	ISL	Gilgit
Acute Watery Diarrhoea (S. Cholera)	0	-	-	2	-	-
Acute diarrhea(non-cholera)	0	-	0	-	-	-
Malaria	300	-	-	-	1	-
CCHF	-	2	-	0	-	0
Dengue	28	1	-	-	-	10
Acute Viral Hepatitis(A)	0	-	-	-	-	-
Acute Viral Hepatitis(B)	67	-	-	-	1	-
Acute Viral Hepatitis(C)	150	24	0	-	-	-
Acute Viral Hepatitis(E)	2	-	-	-	-	-
Typhoid	7	-	-	3	-	-
Covid 19	-	2	-	10		4

IDSR Reports Compliance

- Out OF 120 IDSR implemented districts, compliance is low from Balochistan districts. Green color showing >50% compliance while red color is <50% compliance

Table 6: IDSR reporting districts Week 37

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	98	89%
	Bannu	92	92	73	79%
	Buner	34	34	25	74%
	Bajaur	44	44	29	66%
	Charsadda	61	61	49	80%
	Chitral Upper	33	33	24	73%
	Chitral Lower	35	35	5	14%
	D.I. Khan	89	89	72	81%
	Dir Lower	75	75	72	96%
	Dir Upper	55	55	43	78%
	Hangu	22	22	22	100%
	Haripur	69	69	61	88%
	Karak	34	34	34	100%
	Kohat	59	59	59	100%
	Kohistan Lower	11	11	11	100%
	Kohistan Upper	20	20	17	85%
	Kolai Palas	10	10	10	100%
	Lakki Marwat	49	49	49	100%
	Lower & Central Kurram	40	40	9	23%
	Upper Kurram	42	42	15	36%
	Malakand	42	42	33	79%
	Mansehra	133	133	65	49%
	Mardan	84	84	37	44%
	Nowshera	52	52	51	98%
	North Waziristan	21	21	1	5%
	Peshawar	101	101	101	100%
	Shangla	36	36	6	17%
	Swabi	60	60	60	100%
	Swat	77	77	68	88%
	South Waziristan	58	58	36	62%
	Tank	34	34	29	85%
	Torghar	11	11	11	100%
Azad Jammu Kashmir	Mirpur	37	37	36	100%
	Bhimber	20	20	15	75%
	Kotli	60	60	58	97%
	Muzaffarabad	43	43	43	100%
	Poonch	46	46	46	100%
	Haveli	34	34	32	94%
	Bagh	40	40	38	95%
	Neelum	39	39	35	90%
	Jhelum Vellay	29	29	29	100%
	Sudhnooti	27	27	27	100%
Islamabad Capital Territory	ICT	18	18	18	100%
	CDA	9	9	7	78%

Balochistan	Kech	78	44	25	57%
	Khuzdar	136	20	17	85%
	Lasbella	85	85	55	65%
	Pishin	118	23	6	26%
	Quetta	77	22	22	100%
	Sibi	42	42	19	45%
	Zhob	37	37	24	65%
	Jaffarabad	47	47	14	30%
	Naserabad	37	37	31	84%
	Kharan	32	32	30	94%
	Sherani	32	32	4	13%
	Kohlu	75	75	33	44%
	Chagi	35	35	26	74%
	Kalat	65	65	15	23%
	Harnai	18	18	17	94%
	Kachhi (Bolan)	35	35	33	74%
	Jhal Magsi	39	39	26	66%
	Sohbat pur	25	25	25	100%
	Surab	33	33	28	85%
	Mastung	45	45	45	100%
	Loralai	26	26	26	100%
	Ziarat	42	42	12	29%
	Duki	31	31	28	90%
	Nushki	32	32	30	94%
	Dera Bugti	45	45	24	53%
	Washuk	25	25	15	60%
	Panjgur	38	38	9	24%
	Chaman	22	22	18	82%
	Hub	33	33	33	100%
	Usta Muhammad	34	34	33	97%
Gilgit Baltistan	Hunza	31	31	31	100%
	Ghizer	62	62	3	5%
	Gilgit	48	48	22	5%
	Diamer	79	79	14	18%
	Astore	53	53	2	4%
	Shigar	24	24	7	29%
	Skardu	51	51	15	29%
Sindh	Hyderabad	71	71	36	51%
	Ghotki	65	65	64	98%
	Umerkot	98	43	41	95%
	Naushahro Feroze	68	68	62	91%
	Tharparkar	278	100	97	97%
	Shikarpur	60	60	60	100%
	Thatta	53	53	50	94%
	Larkana	67	67	67	100%
	Kamber Shadadkot	71	71	69	97%
	Karachi-East	14	14	14	100%
	Karachi-West	20	20	20	100%
	Karachi-Malir	37	37	22	59%

	Karachi-Kemari	17	17	11	65%
	Karachi-Central	11	11	11	100%
	Karachi-Korangi	18	18	11	61%
	Karachi-South	4	4	4	100%
	Sujawal	31	31	31	100%
	Mirpur Khas	104	104	97	93%
	Badin	124	124	100	81%
	Sukkur	64	64	64	100%
	Dadu	90	90	90	100%
	Sanghar	101	101	99	98%
	Jacobabad	43	43	42	98%
	Khairpur	168	168	166	99%
	Kashmore	59	59	59	100%
	Matiari	42	42	41	98%
	Jamshoro	70	70	65	93%
	Tando Allahyar	54	54	39	72%
	Tando Muhammad Khan	41	41	41	100%
	Shaheed Benazirabad	124	124	124	100%

Public Health bulletin Pakistan.

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

Key Achievements

- **Improved data reporting**: Provincial surveillance teams received technical assistance to improve data reporting from district to provincial and national levels. A monitoring dashboard was implemented, utilizing historical data for trend analysis and alert indicators establishment.
- **Enhanced dissemination of surveillance information:** The National Institute of Health (NIH) supported the dissemination of surveillance information to provincial health departments and other stakeholders, enhancing the epidemiological bulletin's standards, content, and format across all levels.
- **Strengthened public health data analysis capabilities:** Provincial surveillance teams participated in regular teleconference sessions to strengthen their public health data analysis capabilities and effectively utilize PHB surveillance information at local and district levels.
- **Timely, accurate, and relevant content:** The PHB delivered timely, accurate, and relevant content, adhering to editorial standards in support of its mission.
- **Comprehensive plan for audience engagement:** A comprehensive plan outlining strategy for audience engagement, retention, visibility expansion, and readership growth are being developed.
- **Effective collaboration with stakeholders and partners**: Effective collaboration with various stakeholders and partners facilitated the bulletin's broader reach and increased its impact.
- **Quality control and optimization of editorial processes**: Senior and Associate editors diligently ensured quality control, timeliness, evaluation, and optimization of editorial processes. Bulletin development, review, and publication were executed punctually.
- **Management of the review process**: Management of the review process for surveillance publications involved addressing feedback accordingly. Disease trends were monitored; disease alerts and outbreaks identified; health departments engaged for response conduction; report submissions acquired for inclusion in the bulletin.
- **Website maintenance and updates:** The Pakistan Public Health Bulletin website was supervised and kept up-to-date.
- **Timely dissemination of the bulletin:** Timely dissemination of the bulletin via email to an updated contact list ensured stakeholder engagement.

These accomplishments demonstrate the PHB's commitment to providing high-quality public health information to its stakeholders. The PHB is an essential resource for public health professionals and stakeholders in Pakistan, and its continued progress will help to ensure that the country has the data and information it needs to protect and promote the health of its citizens.

A note from Field Activities.

Measles Outbreak Investigation at UC Dogar, Central Kurram, August 2023

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

Introduction

Measles is a highly contagious viral respiratory illness that can cause serious complications, including pneumonia and encephalitis. It is most common in children under the age of five. Measles can be prevented with a safe and effective vaccine.

On June 11, 2023, the first two suspected measles cases were reported from THQ Hospital Dogar, UC Dogar, Central Kurram, Pakistan. The blood samples of both cases were collected on June 12, 2023, and laboratory confirmed the cases as measles on July 3,

2023. More cases were reported from Epid week no 24 till Week no 30. On August 24, 2023, a team comprising of Dr. Ahmed Fellow FETP, Dr. Khalid Aslam NSTOP Officer, Dr. Arif EPI Coordinator and Dr. Tahir DSO was tasked to investigate the measles outbreak in UC Dogar.

Methods

A descriptive study was conducted from Epid Week no 24 to Week no 34 at UC Dogar, Central Kurram. Data was collected on all confirmed measles cases, including their age, sex, vaccination status, and clinical presentation. An active case search was conducted through a structured questionnaire and interviewing of the household members of UC Dogar. In addition, an outbreak response was conducted in which unvaccinated children were vaccinated in UC Dogar.

Findings

Eleven confirmed measles cases were reported from UC Dogar, Central Kurram, from Epid Week 22 to 34. The attack rate in under-5-year-old children was 1.1%. The mean age of the cases was 14 months, and the median age was 15 months. All 11 cases were zero dose, meaning that they had received no measles vaccine.

Discussion

This measles outbreak investigation highlights the importance of routine measles vaccination coverage and the need for active case search and vaccination in security compromised areas. It also highlights the importance of IDSRS reporting and awareness sessions on measles vaccination.

Recommendations

The following recommendations were made:

- Access to security compromised areas to be ensured to extend the vaccination and VPD Surveillance
- IDSRS focal person needs to be trained and the IDSRS reporting should be taken more seriously
- Awareness sessions regarding measles vaccination should be held at the high-risk UCs

A note from Field Activities.

Report on Third Party Verification (TPV) of Malaria Surveillance & Control Activities in District Dera Ghazi Khan

Dr. M. Mohsan Wattoo,
Epidemiolgist MIS Cel

Dr. Shaban Nadeem,
Manager Operation

Mr. Shahzad Hassan, Entomologist, **Dr Muhammad Ashraf, Dr. Atta ul Mohsin,** FELTP Fellow

A team from the Director General Health Services investigated on the ground malaria situation and conducted a third-party validation (TPV) of malaria surveillance and control activities in District Dera Ghazi Khan, Pakistan, from 31 August to 2 September 2023.

TORs: The team conducted the TPV according to the following terms of reference (TORs):

1. Data validation of malaria cases
2. Field surveillance to identify any hotspots/malaria vector breeding sites and to assess the status of malaria blood slides (MBS) and early case surveillance (ECS) and quality of case response
3. To assess the quality of diagnostic tools/kits/method
4. To assess the level of awareness of the general population about malaria health education
5. Devise special measures/strategy to control the disease spread through recommendations

Findings:

- Data validation: The team reviewed the malaria data reported by the Civil Hospital Fort Munro, THQ Hospital Khar, and two mobile camps at Fort Munro and Bawata. They found that 1297 suspected malaria cases were tested for malaria parasites, of which 90 were positive.
- Field surveillance: The team visited the catchment areas of the Civil Hospital Fort Munro and THQ Hospital Khar and identified several hotspots/malaria vector breeding

sites. They also assessed the status of MBS and ECS and found that the quality of case response was inadequate and substandard.

- Quality of diagnostic tools/kits/method: The team assessed the quality of diagnostic tools/kits/method used in the district and found that they were of acceptable quality.
- Awareness of general population: The team assessed the level of awareness of the general population about malaria health education and found that it was suboptimal and deficient.

Interventions by the Provincial Team:

The Provincial Malaria Control Program team sensitized the Senior Management of DHA DG Khan and updated the Action Plan to ensure the provision of all malaria-related services. They also provided capacity building to PAF lab staff and motivated hospital management to record and report malaria cases timely. The team provided Tablets Primaquine, Glass slides and needle picker to DHA DG Khan to strengthen the diagnostic and clinical management measures. The team imparted refresher trainings to field teams regarding vector surveillance, door marking, insecticides mixing, spraying techniques, and Fogging at the spot to strengthen the Malaria prevention & control activities. The team conducted health education sessions for all suspected patients visited PAF Hospital and all other reporting at camps. The team collected all confirmed & negative slides of Malaria cases to re-examine at Provincial CDC Malaria Lab.

Recommendations:

- Malaria Counters, Ward/ HDU must be established in Civil Hospital with availability of all necessary medicines especially Primaquine.
- Data of all Malaria suspect and confirmed cases must be recorded and uploaded on DHIS2 and DSS dashboard.
- Availability of quality WHO prequalified RDTs must be ensured by the management of THQ Hospital Khar Fort Monro with ensuring preparation of diagnostic slides.
- All Bicytopenia patients must be diagnosed for Dengue through ELISA and report must be timely uploaded on PITB Dengue dashboard.
- Extensive surveillance and timely case response must be ensured to curtail the disease burden.

Conclusion:

The TPV team found that the malaria surveillance and control activities in District Dera Ghazi Khan need augmented efforts to overcome the spread of the disease. However, there are some areas for specific improvement, such as the establishment of malaria counters and wards/HDUs in all major hospitals, ensuring the timely reporting of all malaria cases, and increasing awareness about dengue fever. The team's recommendations should be implemented to further strengthen the malaria surveillance and control system in the district.




Knowledge Hub

Rabies: A Zoonotic Disease with a Deadly Toll:

Rabies is a viral zoonotic disease that causes progressive and fatal inflammation of the brain and spinal cord. It is caused by the rabies virus, which is found in the saliva of infected animals. Rabies can be transmitted to humans through the bite of an infected animal, or through contact with the saliva of an infected animal on an open wound or mucous membrane.

Epidemiology

Rabies is found in over 150 countries and territories worldwide. It is estimated that rabies kills over 59,000 people each year, mostly in Asia and Africa. Dogs are the most common source of rabies transmission to humans, accounting for over 99% of cases. Other animals that can transmit rabies include bats, cats, raccoons, foxes, and skunks.

Etiology

The rabies virus is a member of the Rhabdoviridae family. It is a bullet-shaped virus that is approximately 180 nanometers in length. The rabies virus is neurotropic, meaning that it prefers nerve tissue. Once the rabies virus enters the body, it travels to the central nervous system through the peripheral nerves. The virus then replicates in the brain and spinal cord, causing inflammation and destruction of nerve tissue.

Symptoms

The incubation period for rabies can range from a few days to several years. The initial symptoms of rabies are often nonspecific, such as fever, headache, and muscle aches. As the virus progresses, the symptoms become more severe and may include: Anxiety with Agitation, Confusion, Delusions & Hallucinations, Hydrophobia (fear of water) And Paralysis. Once the symptoms of rabies appear, the disease is almost always fatal.

Treatment

There is no specific treatment for rabies. However, there is a post-exposure prophylaxis (PEP) regimen that can be given to people who have been exposed to the rabies virus. The PEP regimen consists of a series of rabies vaccine injections and rabies immunoglobulin (RIG). PEP is most effective if it is started within 72 hours of exposure to the rabies virus. However, it can be started later than 72 hours, but the effectiveness of the PEP regimen decreases with time.

Prevention

The best way to prevent rabies is to avoid contact with wild animals and to vaccinate pet dogs and cats against rabies. It is important to educate the public about rabies and how to prevent it. This includes educating people about the signs and symptoms of rabies in animals, and the importance of vaccinating their pets against rabies. It is also important to educate people about what to do if they are bitten by an animal. People should be advised to wash the wound immediately with soap and water, and to seek medical attention immediately.

Image Courtesy: makatimed

" World Rabies Day "

28th September, 2023

PUBLIC HEALTH BULLETIN

“Chance favors the prepared mind.”

Anniversary of Louis Pasteur's death, the French chemist and microbiologist, who developed the first rabies vaccine.

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