PUBLIC HEALTH BULLETIN-PAKISTAN

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.

Overview

IDSR Reports

Ongoing Events

Field Reports

Weekly Public Health Bulletin - Pakistan, Week 40, 2023

This bulletin summarizes the most important public health events that occurred in Pakistan during Week 40 of 2023. The most frequent reported cases were acute diarrhea (non-cholera), malaria, influenza-like illness (ILI), acute lower respiratory infection (ALRI) in children under 5 years old, viral hepatitis (B and C), bacterial diarrhea, severe acute respiratory infection (SARI), typhoid, dog bite, and acute viral hepatitis (A and E).

There is an overall increase in acute diarrhea cases, mostly reported from Punjab, Sindh, and Khyber Pakhtunkhwa (KPK). Field investigations are needed to verify these cases.

Measles, mumps, and chickenpox cases were reported in high numbers from KPK. Urgent verification is needed to identify true cases and take public health measures to prevent further spread of disease. It is important to note that all reported cases are suspected and require field investigation for verification.

Public health interventions and a multi-sectoral approach are essential to address this ongoing epidemic

The Public Health Bulletin (PHB) team expresses its sincere gratitude to all healthcare workers who have contributed to the reporting of these cases. Their work is essential in protecting public health. The team also reminds the public to be vigilant and to seek medical attention promptly if they experience any symptoms of the diseases listed above.

By working together, we can safeguard the health of our communities.
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Sincerely,
The Chief Editor

- *During week 40, most frequent reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, VH (B, C), B. Diarrhea, SARI, Typhoid, dog bite and AVH (A&E).*

- *There is an overall increase in AD cases, mostly reported from Punjab, Sindh and KPK. Field investigation required to verify cases.*

- *Measles, Mumps and chickenpox cases reported in high numbers from KPK. Urgent verification is required to identify true cases with public health measures to prevent further spread of disease.*

IDSR compliance attributes

- *The national compliance rate for IDSR reporting in 121 implemented districts is 77%*
- *ICT and AJK are the top reporting region with a compliance rate of 100% and 94% followed by Sindh 91% and Khyber Pakhtunkhwa with 77%*
- *The lowest compliance rate was observed in Gilgit Baltistan.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	1778	1376	77
Azad Jammu Kashmir	377	355	94
Islamabad Capital Territory	27	27	100
Balochistan	1249	841	67
Gilgit Baltistan	479	120	25
Sindh	1857	1699	91
National	5767	4418	77

Pakistan

Table 1: Province/Area wise distribution of most frequently reported cases during week 40, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,237	6,732	242	113	18,532	78,964	37,956	143,776
Malaria	100	9,277	0	2	5,580	4046	77,023	96,028
ILI	2,409	6,665	225	490	4,277	231	14,043	28,340
ALRI < 5 years	705	2,298	159	0	1,351	50	10,817	15,380
B. Diarrhea	54	1,792	19	3	1,072	2187	2,963	8,090
Typhoid	50	870	19	0	860	3980	1,178	6,957
VH (B, C & D)	11	181	0	0	125	NR	5,655	5,972
SARI	276	877	130	0	1624	NR	534	3,441
Dog Bite	57	73	0	0	165	NR	697	992
AVH (A & E)	16	23	6	2	289	NR	381	717
AWD (S. Cholera)	40	497	22	0	89	1	25	674
CL	3	131	0	0	360	170	6	670
Mumps	83	119	22	2	122	NR	244	592
Chickenpox/ Varicella	8	5	11	0	145	303	17	489
Measles	11	89	0	0	149	NR	54	303
Dengue	3	2	0	2	122	NR	172	301
Pertussis	7	172	12	0	40	NR	6	273
Gonorrhea	3	86	2	0	33	NR	32	156
AFP	3	4	5	0	24	NR	51	87
Syphilis	25	0	0	0	0	24	5	54
Meningitis	6	2	0	0	0	NR	28	36
VL	0	25	0	0	3	NR	1	29
Chikungunya	0	0	0	0	0	NR	8	8
CCHF	0	0	0	0	0	NR	0	0
Leprosy	0	5	0	0	10	NR	0	15
Anthrax	0	0	0	0	0	NR	0	0
HIV/AIDS	0	1	0	0	4	NR	2	7
Diphtheria (Probable)	0	0	0	0	1	NR	6	7
Brucellosis	0	2	0	0	4	NR	0	6
NT	0	0	0	0	3	NR	0	3
Rubella (CRS)	0	2	0	0	0	NR	0	2

Figure 1: Most frequently reported suspected cases during week 40, Pakistan
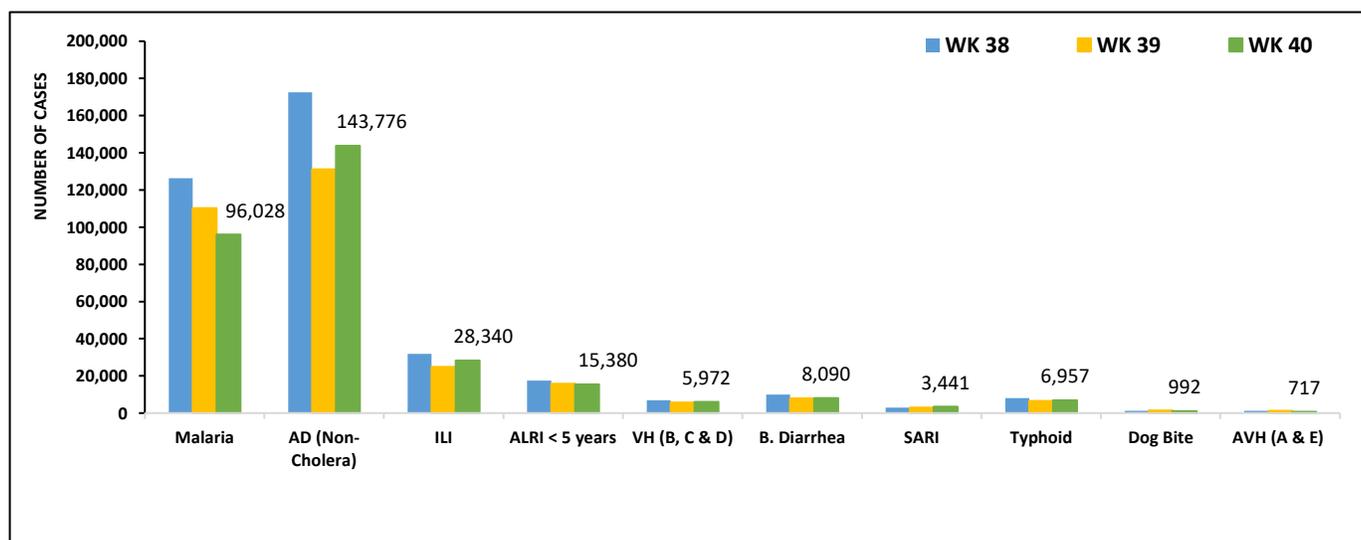
- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, VH (B, C, D), B. Diarrhea, Typhoid, dog bite, SARI and AVH (A&E).
- Larkana, Kambar and Dadu continued to report high cases of Malaria whereas AD cases are mostly from Khairpur and Badin.
- Viral hepatitis B& C cases reported mostly reported from Sanghar, Kambar and Khairpur. Field investigation is required to identify the source to control the spread of disease.
- Cases of Malaria showed an upward whereas AD had downward trended this week.

Table 2: District wise distribution of most frequently reported suspected cases during week 40, Sindh

DISTRICTS	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Typhoid	Dog Bite	SARI	AVH (A & E)
Badin	4,944	2,659	251	645	315	163	62	67	0	2
Dadu	5,024	1,924	0	1,208	8	297	145	0	0	5
Ghotki	1,622	747	0	270	452	80	0	0	0	1
Hyderabad	566	1,882	375	59	50	22	14	0	0	1
Jacobabad	2,643	1,285	119	1,264	139	159	7	52	23	0
Jamshoro	1,579	1,610	84	202	82	101	36	15	7	2
Kamber	7,444	2,236	8	449	842	252	33	0	0	8
Karachi Central	74	602	1,081	30	45	29	72	0	0	28
Karachi East	110	547	104	0	0	26	12	5	11	1
Karachi Keamari	8	390	263	49	0	1	4	0	0	1
Karachi Korangi	44	319	0	2	0	2	2	0	0	1
Karachi Malir	111	871	1,938	414	29	42	15	10	13	4
Karachi South	49	133	0	0	0	0	2	0	0	0
Karachi West	147	811	700	113	28	46	40	30	43	6
Kashmore	2,154	648	573	223	82	70	11	0	0	0
Khairpur	6,387	3,320	1,553	1,028	646	294	279	57	198	1
Larkana	13,580	2,362	10	457	116	432	6	0	0	0
Matiari	1,642	1,311	1	394	493	54	8	14	1	7
Mirpurkhas	3,349	1,757	3,279	381	158	66	15	25	0	8
Naushero Feroze	651	533	0	100	83	37	52	57	0	0
Sanghar	2,802	1,576	80	483	954	84	78	170	220	5
Shaheed Benazirabad	1,861	1,734	0	423	111	74	205	8	5	0
Shikarpur	3,547	1,146	2	120	351	157	1	120	2	0
Sujawal	3,055	1,773	0	479	1	59	14	35	4	267
Sukkur	3,687	1,589	1,848	435	241	153	9	0	1	0
Tando Allahyar	1,392	1,068	652	291	236	69	12	26	0	3
Tando Muhammad Khan	2,494	1,250	1	293	61	71	11	0	5	0
Tharparkar	2,971	1,116	1,121	615	90	85	21	4	1	30
Thatta	1,543	243	0	206	0	27	0	2	0	0
Umerkot	1,543	514	0	184	42	11	12	0	0	0
Total	**77,023**	**37,956**	**14,043**	**10,817**	**5,655**	**2,963**	**1,178**	**697**	**534**	**381**

Figure 2: Most frequently reported suspected cases during week 40, Sindh
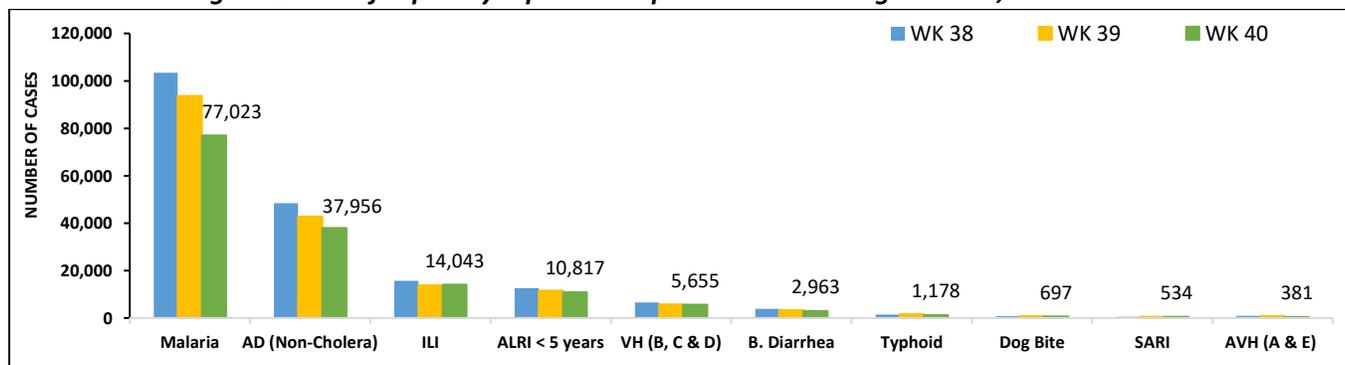
- Malaria, AD (Non-Cholera), ILI, ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), VH (A&E) and Pertussis were the most frequently reported diseases from Balochistan province.
- Trend for AD declined whereas Malaria cases had upward trended this week.
- Chaman (69) and Mastung (24) reported Pertussis cases in high numbers. 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 40, Balochistan

Districts	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	VH (B, C & D)	Pertussis
Barkhan	155	89	57	24	17	24	26	12	0	19
Chagai	0	142	260	0	54	0	22	24	0	0
Chaman	7	23	172	0	102	25	83	19	1	69
Dera Bugti	277	58	4	15	25	11	9	0	0	0
Duki	105	139	109	34	79	67	23	37	1	10
Gwadar	2	29	31	NR	17	21	2	NR	NR	NR
Harnai	94	92	13	158	93	0	5	7	0	0
Hub	283	202	133	44	40	63	14	0	32	2
Jaffarabad	1,614	499	120	28	82	37	8	0	0	0
Jhal Magsi	420	281	102	53	6	0	6	5	0	2
Kachhi (Bolan)	456	502	493	45	43	50	34	22	0	0
Kalat	22	20	2	13	16	0	20	0	0	0
Kech (Turbat)	510	276	563	117	35	2	0	0	0	0
Kharan	47	135	303	0	54	0	9	10	0	0
Khuzdar	158	116	135	5	39	2	13	0	2	0
Killa Saifullah	306	168	0	133	97	22	25	1	1	6
Kohlu	141	124	374	31	96	64	50	13	6	13
Lasbella	618	472	77	601	12	31	17	0	0	0
Loralai	64	136	244	43	51	62	20	2	0	3
Mastung	186	471	182	63	83	98	118	48	14	24
Musa Khail	274	17	25	3	16	8	10	16	0	6
Naseerabad	355	192	0	0	4	0	43	0	80	0
Nushki	45	197	0	0	53	7	0	2	0	0
Panjgur	320	112	21	18	39	5	59	29	0	5
Pishin	9	64	182	24	62	0	12	0	0	0
Quetta	38	484	1,103	51	145	9	51	89	1	2
Sherani	11	8	23	0	5	0	3	0	0	0
Sibi	495	334	916	69	74	29	44	109	0	7
Sohbat pur	846	302	22	141	111	86	71	3	12	0
Surab	37	24	20	0	2	5	23	0	0	0
Usta Muhammad	976	606	230	201	54	29	12	0	31	0
Washuk	107	181	305	4	82	41	5	2	0	0
Zhob	220	157	165	321	44	48	15	2	0	2
Ziarat	79	80	279	59	60	31	18	45	0	2
Total	9,277	6,732	6,665	2,298	1,792	877	870	497	181	172

Figure 3: Most frequently reported suspected cases during week 40, Balochistan
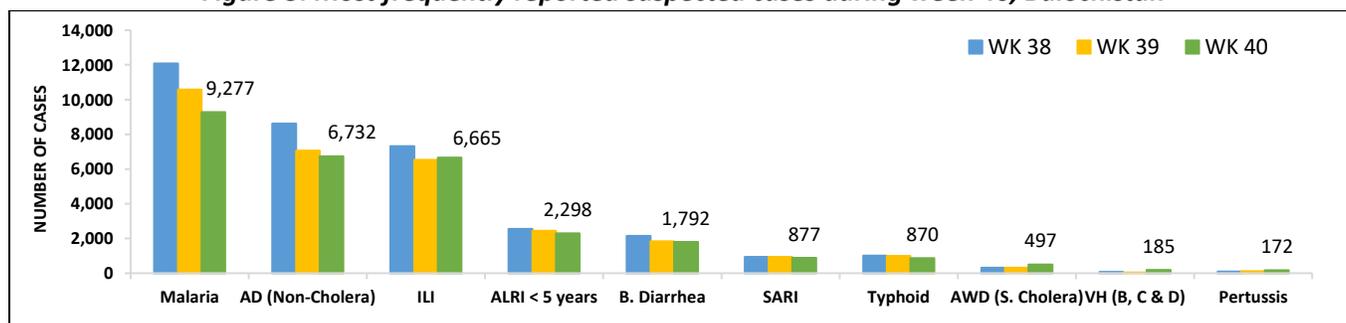
- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, SARI, ALRI<5 Years, B. Diarrhea, Typhoid, CL, AVH (A&E) and dog bite cases.
- ILI cases showed a slight rise this week.
- Nowshera and Charsada reported typhoid cases in high numbers, these are suspected cases and a field investigation is required to verify cases.

Table 4: District wise distribution of most frequently reported suspected cases during week 40, KP

Districts	AD (Non-Cholera)	Malaria	ILI	SARI	ALRI <5 Years	B. Diarrhea	Typhoid	CL	AVH (A & E)	Dog Bite
Abbottabad	418	3	11	21	14	1	11	0	0	2
Bajaur	195	34	20	10	30	16	0	1	0	0
Bannu	736	1,085	58	0	11	7	33	6	7	0
Battagram	159	340	455	0	0	0	0	0	5	4
Buner	216	310	0	0	51	0	5	0	0	1
Charsadda	796	204	171	464	44	30	41	6	15	0
Chitral Lower	312	90	79	50	69	21	6	2	9	3
Chitral Upper	103	0	7	3	13	3	20	1	1	0
D.I. Khan	843	377	8	31	19	21	0	1	0	1
Dir Lower	1,147	619	1	0	156	134	23	21	42	13
Dir Upper	429	16	17	0	19	4	18	10	8	0
Hangu	267	422	145	49	33	15	19	36	4	10
Haripur	1,113	56	759	0	198	7	38	0	46	0
Karak	276	253	34	0	3	0	1	39	0	32
Khyber	19	2	0	0	0	4	4	0	0	0
Kohat	69	39	2	0	2	0	0	3	0	2
Kohistan Lower	99	14	0	1	7	16	0	0	0	0
Kohistan Upper	318	7	93	52	4	5	11	0	0	0
Kolai Palas	61	11	0	4	0	4	0	0	0	0
L & C Kurram	22	8	184	0	0	16	1	0	0	0
Lakki Marwat	434	307	0	0	59	14	6	18	0	1
Malakand	507	56	0	5	30	62	25	5	23	0
Mansehra	435	3	324	52	13	1	2	0	3	0
Mardan	694	51	69	0	121	19	0	1	6	0
Mohmand	108	107	37	9	9	24	13	76	0	1
Nowshera	1,742	114	7	21	2	17	13	45	3	1
Peshawar	2,758	96	561	87	103	246	120	27	40	6
Shangla	179	0	0	0	0	0	13	0	2	7
SWA	136	192	86	259	159	114	44	47	40	22
Swabi	836	42	463	53	117	9	23	0	12	1
Swat	2,276	44	280	0	18	51	8	0	13	24
Tank	493	475	0	0	12	0	129	7	0	0
Tor Ghar	59	179	0	0	1	15	21	8	0	22
Upper Kurram	277	24	406	453	34	196	212	0	10	12
Total	18,532	5,580	4,277	1,624	1,351	1,072	860	360	289	165

Figure 4: Most frequently reported suspected cases during week 40, KP

ICT, AJK & GB
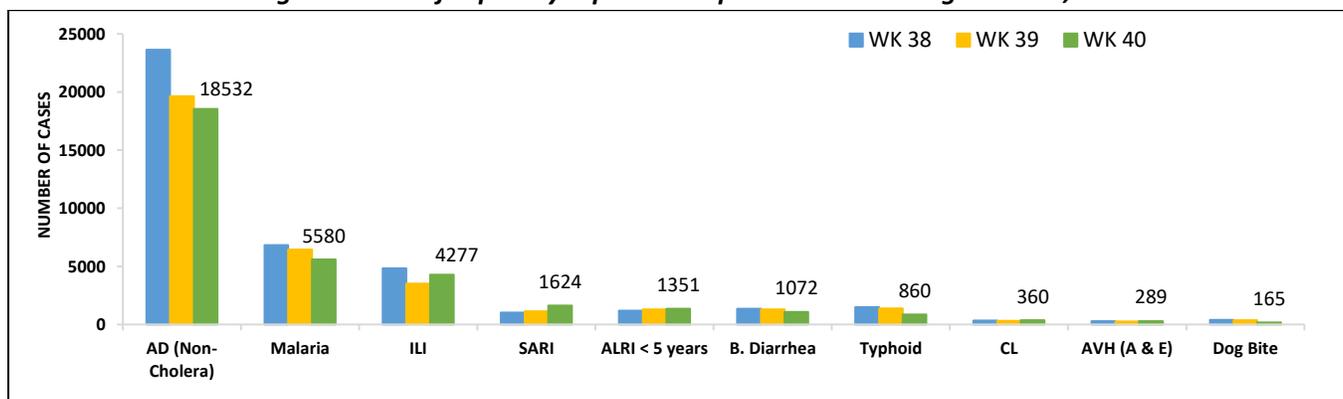
ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and B. Diarrhea. ILI cases showed a slight upward trend in cases this week.

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

GB: AD (Non. Cholera) cases were the most frequently reported diseases followed by ILI, ALRI<5 years, SARI, AWD (S. cholera), Mumps, Typhoid and B. diarrhea. There is a slight incline trend in Ad (Non-Cholera) cases this week.

Figure 6: Week wise reported suspected cases of ILI, ICT
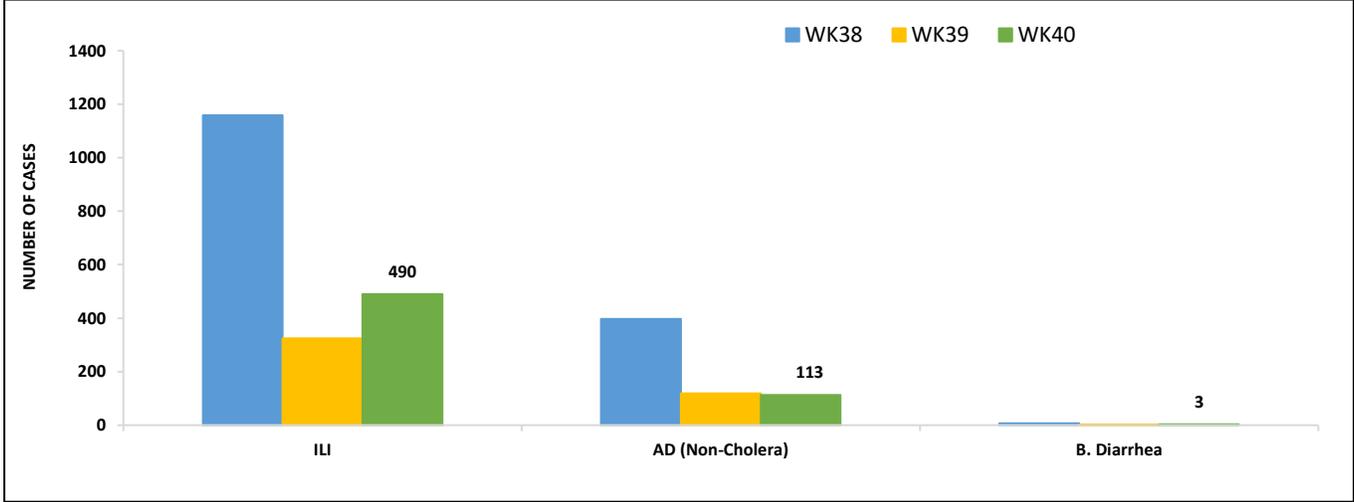
Figure 6: Week wise reported suspected cases of ILI, ICT
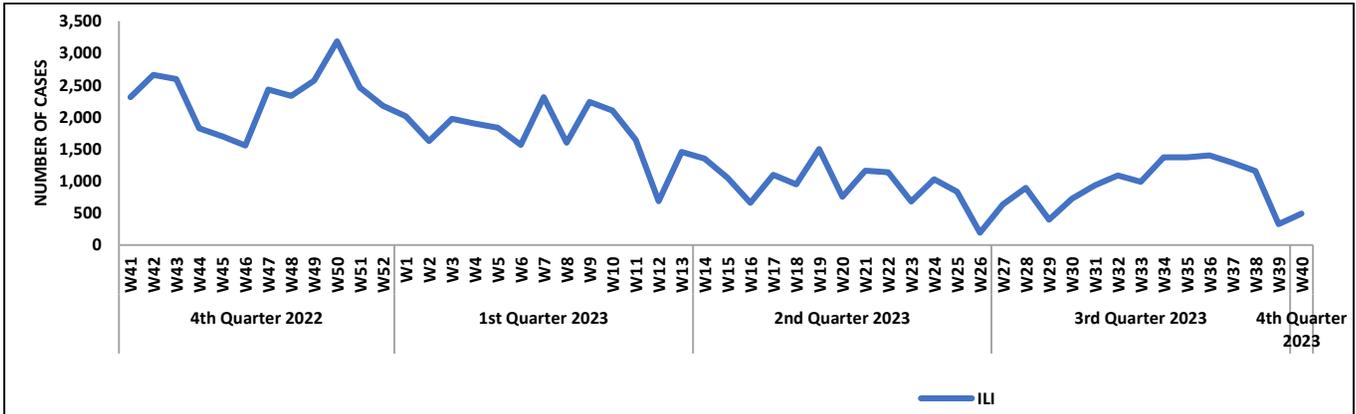
Figure 7: Most frequently reported suspected cases during week 40, AJK
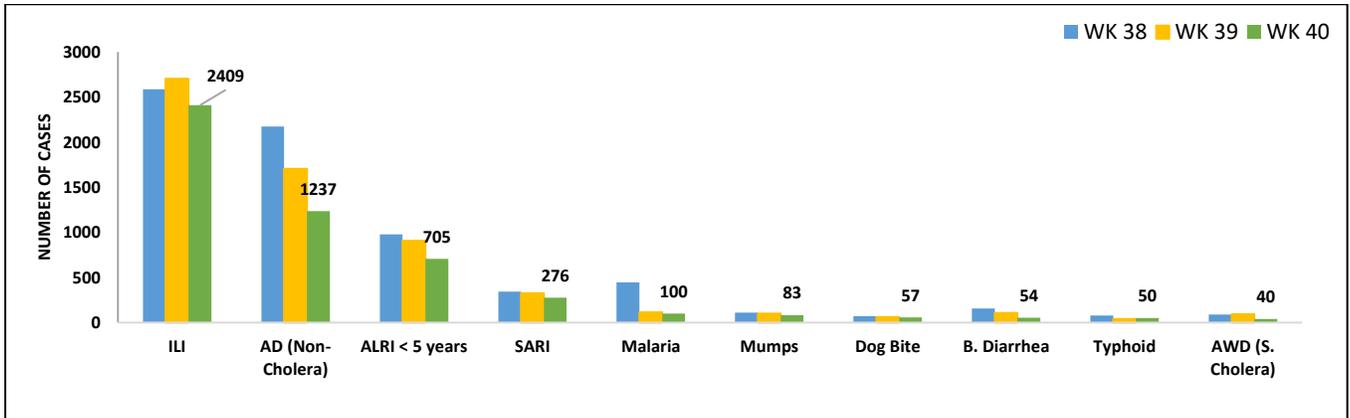
Figure 8: Week wise reported suspected cases of AD (Non-Cholera) and ILI, AJK
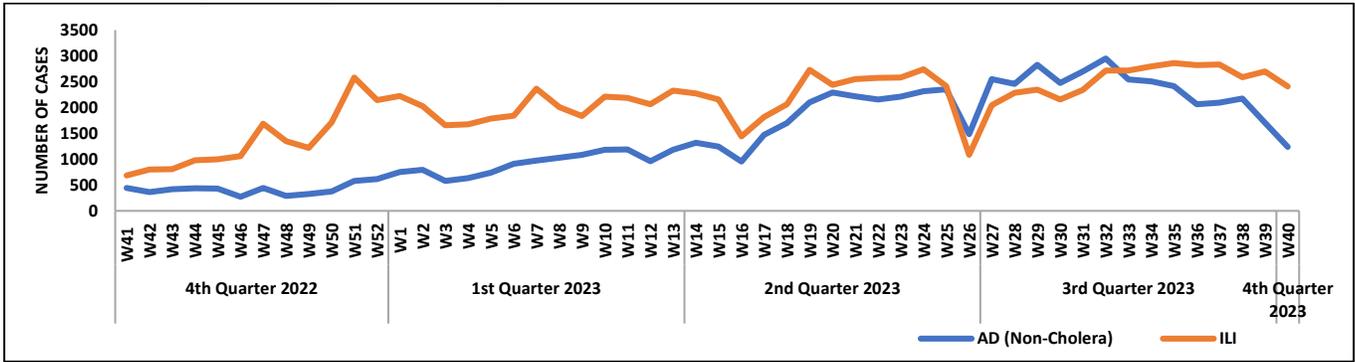
Figure 9: Most frequent cases reported during WK 40, GB
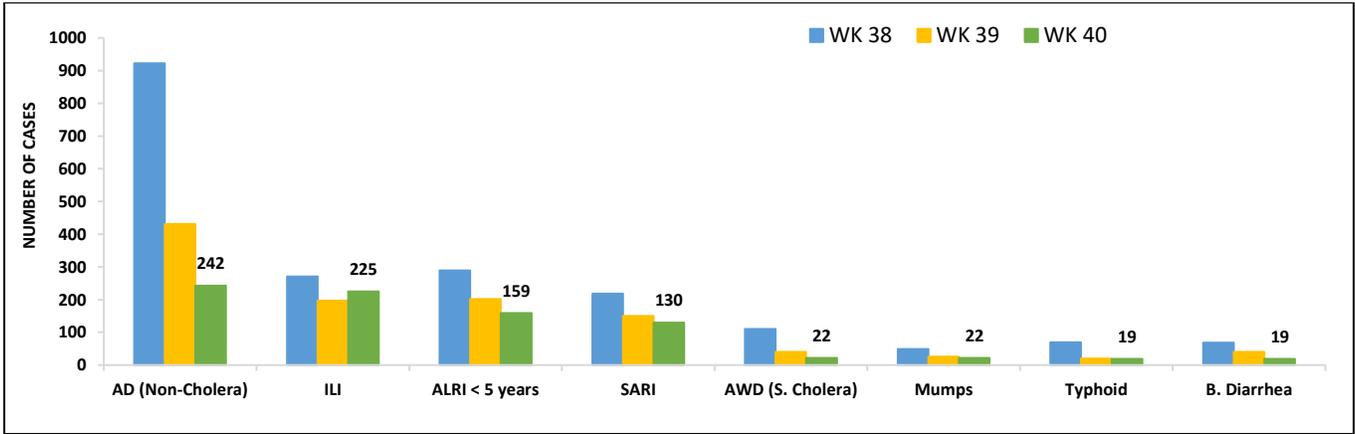
Figure 10: Week wise reported suspected cases of AD (Non-Cholera), GB

Punjab
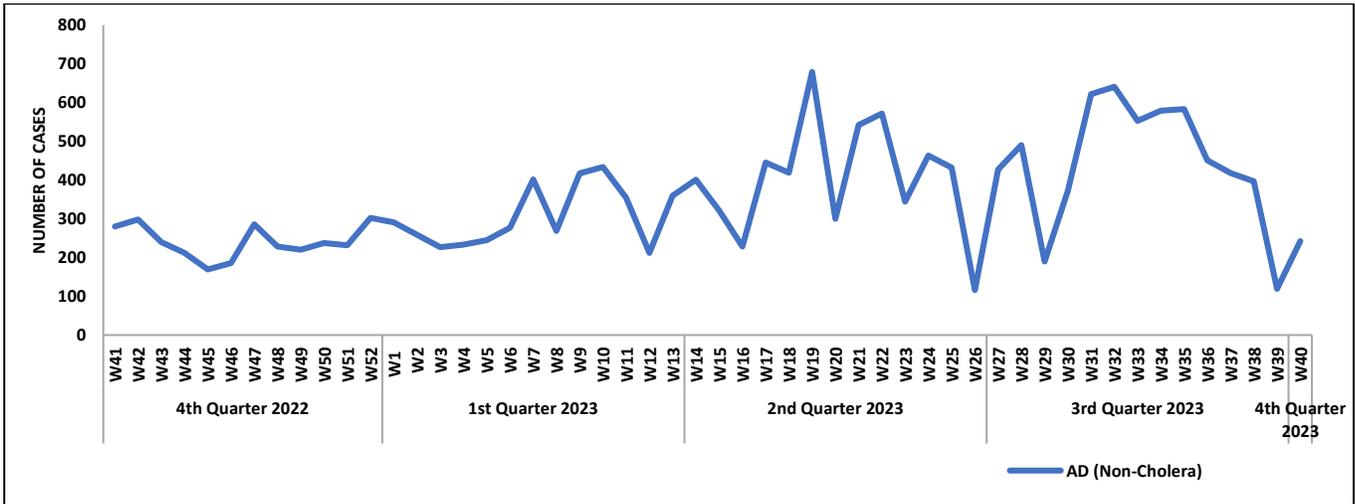
- Cases of AD (Non-Cholera) were maximum followed by Malaria, Typhoid, B. Diarrhea, ILI, Chickenpox, CL.
- Malaria and ILI cases showed a decline trend this week.

Figure 11: District wise distribution of most frequently reported suspected cases during week 40, Punjab
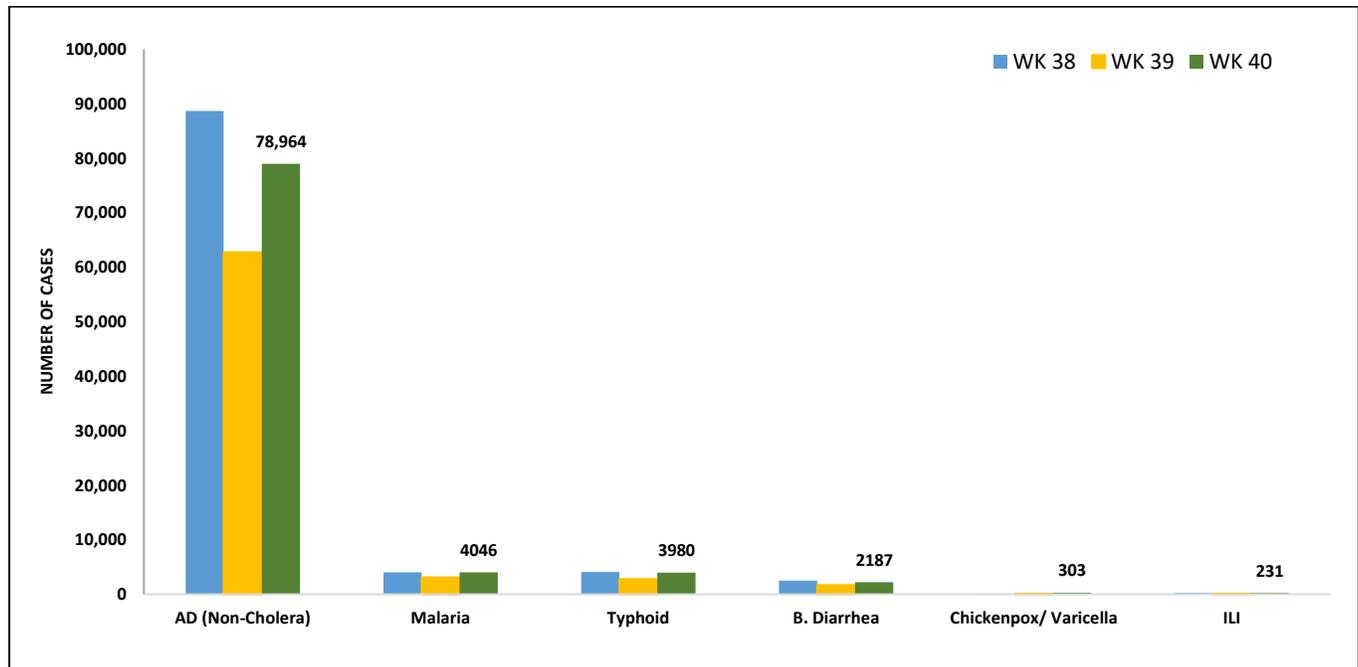
Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 40

Diseases	Sindh	Balochistan	Punjab	KPK	ISL	Gilgit
Acute Watery Diarrhoea (S. Cholera)	0	-	-	0	-	-
Acute diarrhea(non-cholera)	0	-	0	-	-	-
Malaria	242	-	-	2	0	-
CCHF	-	5	-	0	-	-
Dengue	16	0	-	5	-	46
MPOX	0	-	-	1	-	-
Acute Viral Hepatitis(B)	81	11	-	-	1	-
Acute Viral Hepatitis(C)	238	16	0	0	-	-
Acute Viral Hepatitis(E)	0	-	-	-	-	-
Typhoid	8	-	-	0	-	-
Covid 19	0	0	-	17	-	2
Tb	-	-	36	-	-	-

IDSR Reports Compliance

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

Table 6: IDSR reporting districts Week 40

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%
	Battagram	43	43	33	0%
	Buner	34	34	29	85%
	Bajaur	44	44	21	48%
	Charsadda	61	61	55	90%
	Chitral Upper	33	33	31	94%
	Chitral Lower	35	35	26	74%
	D.I. Khan	89	89	72	81%
	Dir Lower	75	75	72	96%
	Dir Upper	55	55	41	75%
	Hangu	22	22	22	100%
	Haripur	69	69	67	97%
	Karak	34	36	35	97%
	Khyber	40	40	1	3%
	Kohat	59	59	59	100%
	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	13	33%
	Upper Kurram	42	42	15	36%
	Malakand	42	42	33	79%
	Mansehra	133	133	73	55%
	Mardan	84	84	49	58%
	Nowshera	52	52	51	98%
	North Waziristan	21	21	5	24%
	Peshawar	101	101	101	100%
	Shangla	36	36	6	17%
	Swabi	60	60	60	100%
	Swat	77	77	68	88%
	South Waziristan	58	58	38	66%
	Tank	34	34	29	85%
	Torghar	11	11	11	100%
Azad Jammu Kashmir	Mirpur	37	37	37	100%
	Bhimber	20	20	20	100%
	Kotli	60	60	60	100%
	Muzaffarabad	43	45	45	100%
	Poonch	46	46	44	96%
	Haveli	34	34	26	76%
	Bagh	40	40	34	85%
	Neelum	39	39	33	85%
	Jhelum Vellay	29	29	29	100%
	Sudhnooti	27	27	27	100%

Region	District				
Islamabad Capital Territory	ICT	18	18	18	100%
	CDA	9	9	9	100%
Balochistan	Gwadar	24	24	22	92%
	Kech	78	44	21	48%
	Khuzdar	136	20	17	85%
	Killa Abdullah	50	32	0	0%
	Lasbella	85	85	55	65%
	Pishin	118	23	8	35%
	Quetta	77	22	20	91%
	Sibi	42	36	36	100%
	Zhob	37	37	33	89%
	Jaffarabad	47	47	16	70%
	Naserabad	37	37	33	78%
	Kharan	32	32	29	91%
	Sherani	32	32	4	13%
	Kohlu	75	75	39	52%
	Chagi	35	35	24	69%
	Kalat	65	65	13	20%
	Harnai	18	18	17	94%
	Kachhi (Bolan)	35	35	35	100%
	Jhal Magsi	39	39	24	62%
	Sohbat pur	25	25	25	100%
	Surab	33	33	24	73%
	Mastung	45	45	45	100%
	Loralai	33	33	27	82%
	Killa Saifullah	31	31	27	87%
	Ziarat	42	42	21	50%
	Duki	31	31	29	94%
	Nushki	32	32	30	94%
	Dera Bugti	45	45	24	53%
	Washuk	25	25	25	100%
	Panjgur	38	38	12	32%
	Awaran	23	23	0	0%
	Chaman	22	22	21	95%
	Barkhan	19	19	18	95%
	Hub	33	33	33	100%
	Usta Muhammad	34	34	34	100%
Gilgit Baltistan	Hunza	31	31	30	97%
	Nagar	6	6	0	0%
	Ghizer	62	62	2	3%
	Gilgit	48	48	40	83%
	Diamer	79	79	0	0%
	Astore	53	53	3	6%
	Shigar	24	24	7	29%
	Skardu	51	51	17	33%
	Ganche	79	79	17	22%
	Kharmang	46	46	4	7%
	Hyderabad	71	71	34	48%
	Ghotki	65	65	63	97%

	Umerkot	98	43	35	81%
	Naushahro Feroze	68	68	61	90%
	Tharparkar	278	100	93	93%
	Shikarpur	60	60	60	100%
	Thatta	53	53	52	98%
	Larkana	67	67	63	94%
	Kamber Shadadkot	71	71	71	100%
	Karachi-East	14	14	13	93%
Sindh	Karachi-West	20	20	20	100%
	Karachi-Malir	37	37	20	54%
	Karachi-Kemari	17	17	12	71%
	Karachi-Central	11	11	11	100%
	Karachi-Korangi	18	18	15	83%
	Karachi-South	4	4	4	100%
	Sujawal	54	54	48	89%
	Mirpur Khas	104	104	70	67%
	Badin	124	124	103	83%
	Sukkur	64	64	64	100%
	Dadu	90	90	90	100%
	Sanghar	101	101	101	100%
	Jacobabad	43	43	43	100%
	Khairpur	168	168	166	99%
	Kashmore	59	59	59	100%
	Matiari	42	42	42	100%
	Jamshoro	70	70	70	100%
	Tando Allahyar	54	54	51	94%
	Tando Muhammad Khan	41	41	41	100%
	Shaheed Benazirabad	124	124	124	100%

A note from Field Activities.

Chickenpox Outbreak Investigation at Lower Chitral September 2023.

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

On September 1, 2023, an outbreak of chickenpox was reported in the Lower Chitral district of Pakistan. A team of investigators was dispatched to assess the magnitude of the problem and suggest and implement control measures.

The team found that the most affected age group was from 10-14 years, and the highest number of cases were reported on September 5, 2023. The male to female ratio of cases was 1.2:1. The highest number of cases were reported from the UC Shoghore (Arkari valley) and UC Garam Chashma union councils.

The index case was found to be a 9-year-old boy who contracted the virus from his grandmother, who had shingles. The virus then spread to the boy's sister, his school, and other schools in the Arkari valley. It eventually reached Garam Chasma and began to spread there.

The investigators recommended that mass vaccination for chickenpox be organized in Lower Chitral, isolation centers be nominated and organized, anti-viral medications be provided from the provincial office, and POL be issued for official movements. They also recommended that samples be regularly taken from new reported cases, reported cases from schools be verified on the same day by a health professional, a separate focal person be nominated for UC Garam Chashma and Arkari Valley, LHW and LHS do door-to-door active surveillance, and a health education session regarding chickenpox be given to teachers and school principals.

The outbreak is currently on the decline, and all active cases are home isolated. 68 cases have recovered, and no complications have been reported. No deaths have been recorded yet.

A note from Field Activities.

Outbreak Investigation of Suspected Food Poisoning in 339EB, Tehsil Arifwala, District Pakpattan, September,2023

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

Dr. Faizan Arshad
Fellow 15th Cohort
FELTP

Introduction

On September 15, 2023, the DGHS Office was informed of a suspected food poisoning outbreak in village 339EB, Tehsil Arifwala, District Pakpattan. A team of two officers, Dr. M. Mohsan Wattoo (Epidemiologist Punjab) and Dr. Faizan Arshad (15th Cohort FELTP Fellow), was dispatched to investigate the outbreak.

Objectives

The objectives of the investigation were to:

- Investigate the facts and reasons for the incidence.
- Assess the current status of affected persons and their clinical management.
- Develop recommendations to control the current situation and prevent the spread of disease further in that particular community.

The team visited the affected village and interviewed affected individuals and their families. They also collected water and stool samples from affected individuals and sent them to the IPH Lab for testing. A retrospective case-control study was conducted to identify risk factors for food poisoning.

Results

The team found that 100 people had eaten the food during a Qul khawani ceremony. Of these, 42 developed clinical signs and symptoms of food poisoning. Thirty-one of these individuals were admitted to the hospital for 5-6 hours due to the severity of their symptoms. The most common

symptoms were abdominal pain, palpitation, headache, nausea, vertigo, and vomiting.

The retrospective case-control study found that the most likely cause of the outbreak was water contamination.

Conclusion

The food poisoning outbreak in 339EB, Tehsil Arifwala, District Pakpatan, was likely caused by water contamination. The investigation team made recommendations to control the current situation and prevent the spread of disease further in that particular community

Recommendations

The team made the following recommendations to control the current situation and prevent the spread of disease further in the community:

- District health authority to make arrangements for observation of affected cases for next 24-48 hours.
- General district sanitization campaigns should be initiated for clean drinking water.
- Efforts may be directed towards achieving better hygiene and sanitation in affected areas using health education portals e.g., electronic and print media.
- Punjab Food Authority should check hygiene status of food delivery areas and other departments like WASA, Municipal Corporation, and Solid waste management should also participate actively.

Letter to the Editor:

Overcrowded and unsanitary madrassa in Multan linked to outbreak of illnesses among students; Health Authority takes steps to address outbreak

Dr. Shahban Nadeem
Manager Operations,
CD&EPC, Punjab

Dr. Yadullah Ali
DHS, CD & EPC, Punjab

On October 8, 2023, 17 students from a madrassa in Multan, Pakistan, were admitted to Nishtar Hospital Emergency with high-grade fever and body aches. By the following morning, the number of students admitted had risen to 25. All of the students were between the ages of 14 and 23 years old.

The Communicable Diseases and Epidemic Prevention and Control Division (CD & EPC) of the Director General Health Services Punjab immediately took notice of the incident and initiated an investigation. The investigation team, which included representatives from the District Health Authority, Multan, the World Health Organization (WHO), and the District Health Office (DHO), found that the madrassa was overcrowded and unsanitary. The students lived in small, congested rooms with poor ventilation, and the kitchen was also unsanitary. Additionally, the food handlers did not have medical fitness certificates.

Water samples were taken from the madrassa and sent to a laboratory in Lahore for testing. The results of the tests are still pending, but the DHO on the basis of clinical findings from initial examination at Nishtar Hospital has concluded that the students are likely suffering from a combination of urinary tract infections, malaria, and dengue fever.

The DHO has taken a number of steps to address the situation. An emergency medical camp has been established at the madrassa, and all of the students have been screened for the above-mentioned diseases. The madrassa has also been fumigated and disinfected.

The DHO is urging the public to take precautions against mosquito-borne diseases, such as dengue fever and malaria. These precautions include using mosquito repellent, wearing long sleeves and pants, and emptying standing water.

This incident highlights the importance of maintaining sanitary conditions in educational institutions and food establishments. It is also

important to ensure that food handlers have medical fitness certificates. The public is also advised to take precautions against mosquito-borne diseases, especially during the rainy season.

Letter to the Editor:

DHA's special attention campaign ensures special children in Rawalpindi have the resources they need to thrive

**Fehmida Malik
SHNS, District Focal person, Rawalpindi**

**Dr. Sara
NCD coordinator,
Rawalpindi**

The District Health Authority (DHA) of Rawalpindi, under the supervision of the Primary and Secondary Healthcare Department (PSHD), recently launched a special campaign to screen more than 1750 special children for different diseases. The campaign was conducted from September 12 to October 7, 2023, and involved the establishment of special integrated screening camps in 27 schools of special children across the district.

The campaign involved a team of specialized doctors and staff, who screened each child enrolled at special education institutes in Rawalpindi. The children were screened for a variety of diseases, including eye problems, dental problems, ear, nose, and throat problems, and general paediatric conditions. Speech therapy services were also provided. The children with special needs were recommended for assistive devices accordingly.

The following are some of the assistive devices that will be provided to the children in need:

- Wheelchairs (manual and electric)
- CP chairs
- Walkers
- Reading stands
- Typo scopes
- Filters glasses for low vision
- Magnifying glasses

- White canes for the blind
- Assistive listening devices
- Cochlear implants
- Hearing aids

The DHA's special campaign for special children is a laudable initiative that will make a real difference in the lives of these children and their families. The campaign highlights the importance of providing special attention to the healthcare needs of special children.

Conclusion

The PSHD's special campaign for special children is a commendable initiative that should be replicated in other parts of the country. It is important to ensure that all special children have access to the healthcare and assistive devices they need to live healthy and fulfilling lives.

Knowledge Hub

The Importance of Breast Cancer Awareness: Saving Lives Through Early Detection

Breast cancer is the most common cancer among women worldwide, with over 2 million new cases diagnosed each year. It is also the second leading cause of cancer death among women, after lung cancer.

Early detection is key to successful breast cancer treatment. When breast cancer is detected and treated early, the five-year survival rate is over 99%. However, when breast cancer is detected late, the five-year survival rate drops to around 10%.

Breast cancer awareness is important because it can help women detect breast cancer early. By being aware of the signs and symptoms of breast cancer, women can perform regular self-examinations and seek medical attention if they find any suspicious changes.

Some of the signs and symptoms of breast cancer include:

- A new lump in the breast or underarm
- A change in the size or shape of a breast
- Discharge from the nipple, particularly if it is bloody or clear

- A change in the color or texture of the skin on the breast
- Pain in the breast or underarm

Breast cancer awareness campaigns are also important because they can educate women about the risk factors for breast cancer and how to reduce their risk.

Risk factors for breast cancer include:
- Being a woman
- Getting older
- Having a family history of breast cancer
- Having dense breasts
- Having certain genetic mutations, such as BRCA1 or BRCA2
- Drinking alcohol
- Being overweight or obese

There are a number of things that women can do to reduce their risk of breast cancer, such as:

- Maintaining a healthy weight
- Eating a healthy diet
- Exercising regularly
- Limiting alcohol consumption
- Avoiding smoking
- Getting regular mammograms and clinical breast exams

Breast cancer awareness is also important because it can help to reduce the stigma associated with breast cancer. Breast cancer is a serious disease, but it is also a treatable disease. By raising awareness about breast cancer, we can help to ensure that more women are diagnosed early and receive the treatment they need.

Here are some ways to raise breast cancer awareness:

- Talk to your friends and family about breast cancer.
- Educate yourself about the signs and symptoms of breast cancer and the risk factors.
- Get regular mammograms and clinical breast exams.
- Support breast cancer research and advocacy organizations.
- Participate in breast cancer awareness events, such as walks and runs.

- By raising awareness about breast cancer, we can help to save lives.

In addition to the above, it is also important to note that breast cancer can affect men as well as women, although it is much less common in men. Men should be aware of the signs and symptoms of breast cancer and seek medical attention if they notice any changes in their breasts.

Breast cancer is a serious disease, but it is also a very treatable disease, especially when detected early. By raising awareness about breast cancer and encouraging people to get regular checkups, we can help to save lives.

Image: *https://www.lifebiotic.com/breast-cancer-early-detection-and-prevention-infographic*
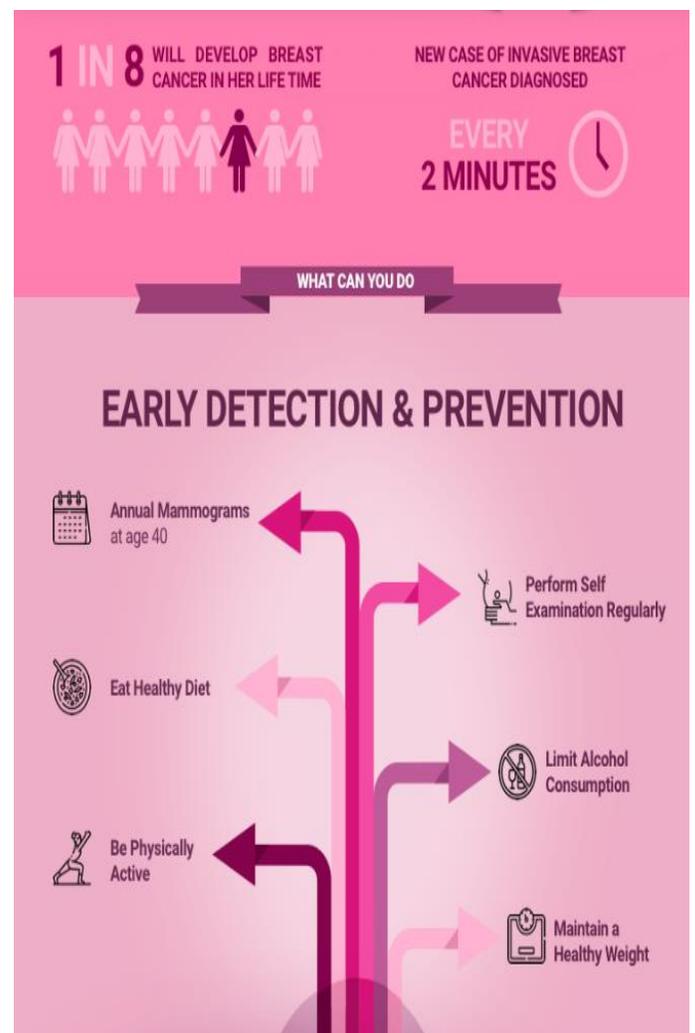
Public Health Bulletin- Pakistan

advocates

Let's defeat Breast Cancer Together

"No One Should Face Breast Cancer"

Breast Cancer Awarness Month

October 2023

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