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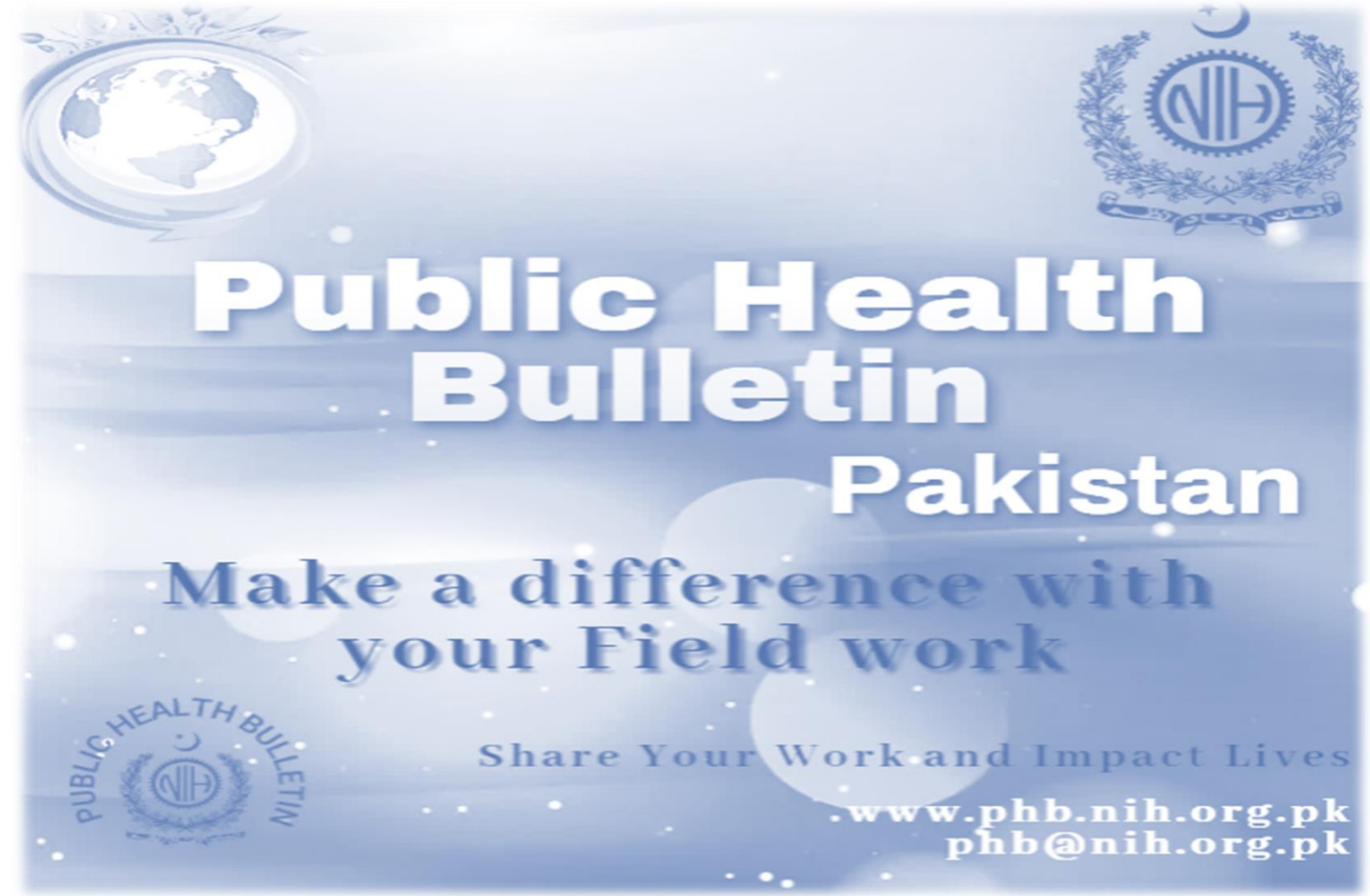
Integrated Disease Surveillance & Response (IDSR) Report

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.



Public Health Bulletin - Pakistan, Week 47, 2023

This edition of the Public Health Bulletin summarizes the most significant public health developments in Pakistan during Week 47 of 2023.

In week 47, Acute Diarrhea (Non-Cholera) was the most frequently reported illness, followed by Malaria, Influenza-like Illness (ILI), Acute Lower Respiratory Infection (ALRI) in children under five, Bacterial Diarrhea, Viral Hepatitis (B&C), Typhoid, Severe Acute Respiratory Infection (SARI), dog bite, and Mumps. There has been an overall increase in ILI and SARI cases in Sindh, Khyber Pakhtunkhwa, and Baluchistan. Field investigations are necessary to verify these cases. Typhoid cases continue to be reported from most provinces across the country. A multi-sectoral approach is crucial to prevent future occurrences of these diseases.

This edition of the Public Health Bulletin encompasses insights from the 2nd National Symposium on AMR, along with field activity reports detailing the investigation of an acute watery diarrhea outbreak in Sibi, Balochistan. And Report on Punjab Commemorates World AIDS Day. Additionally, this issue presents a comprehensive overview of HIV/AIDS in Pakistan, emphasizing the crucial role of health education and awareness initiatives.

The Public Health team urges the public to remain vigilant and seek immediate medical attention if they experience symptoms associated with any of the aforementioned diseases.

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

Sincerely,
The Chief Editor

- *During week 47, most frequent reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, B. Diarrhea, VH (B&C), Typhoid, SARI, dog bite and Mumps.*
- *There is overall an increase in cases of ILI and SARI Sindh, KPK and Balochistan. Field investigation required to verify cases.*
- *Typhoid cases are still reported mostly from all provinces of the country. A multi-sector approach is required to prevent the occurrence of future cases.*

IDSR compliance attributes

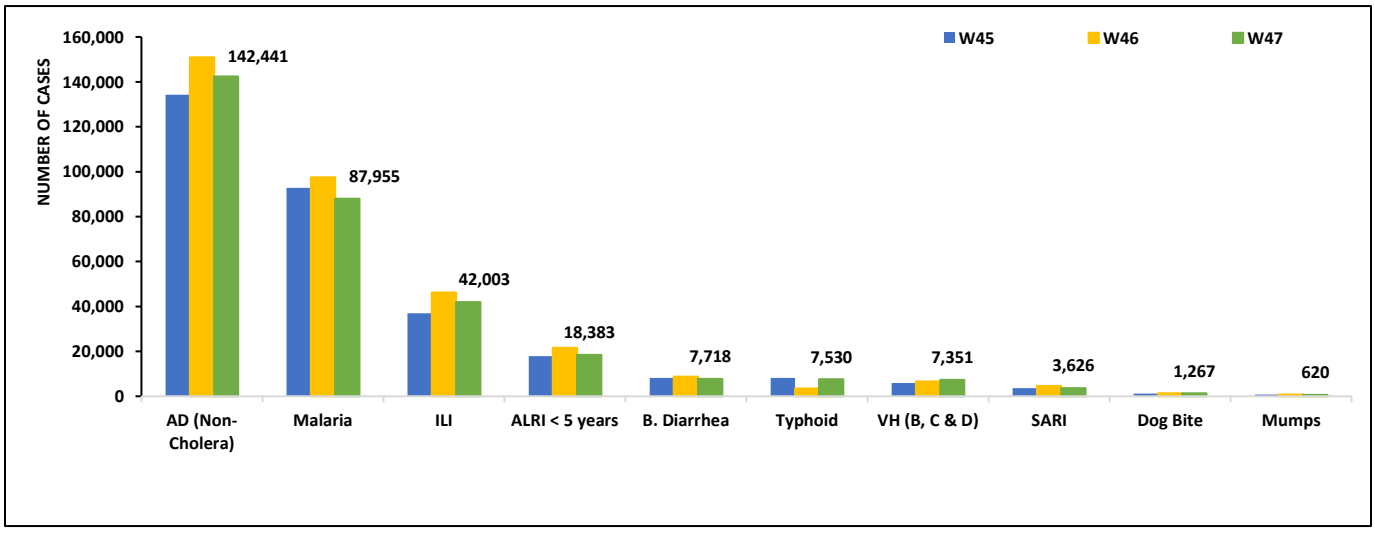
- *The national compliance rate for IDSR reporting in 124 implemented districts* is 71%
- *AJK and Sindh are the top reporting region with a compliance rate of 88% and 86% followed by Baluchistan with 70% and Gilgit Baltistan 63%*
- *The lowest compliance rate was observed in ICT.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2658	1540	58
Azad Jammu Kashmir	404	356	88
Islamabad Capital Territory	27	8	30
Balochistan	1178	830	70
Gilgit Baltistan	440	278	63
Sindh	2088	1788	86
National	6795	4800	71

Table 1: Province/Area wise distribution of most frequently reported suspected cases during week 47, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,275	5,956	208	62	17,601	80,949	36,390	142,441
Malaria	98	9,949	0	2	5,274	3,959	68,673	87,955
ILI	3,072	7,446	217	229	6,114	46	24,879	42,003
ALRI < 5 years	1,347	2,565	302	4	2,550	NR	11,615	18,383
B. Diarrhea	51	1,760	43	2	711	1,874	3,277	7,718
Typhoid	31	803	39	0	769	4,474	1,414	7,530
VH (B, C & D)	9	74	5	0	191	NR	7,072	7,351
SARI	413	1,329	223	0	1,425	NR	236	3,626
Dog Bite	14	202	0	1	173	NR	877	1,267
Mumps	94	89	44	0	100	NR	293	620
CL	0	136	0	0	351	1	6	494
Measles	8	85	6	0	199	NR	134	432
Pertussis	1	186	193	0	40	NR	6	426
AWD (S.Cholera)	44	249	18	0	58	NR	26	395
AVH (A&E)	29	28	1	0	150	NR	131	339
Chickenpox/ Varicella	29	11	18	1	143	12	17	231
Dengue	0	2	0	0	33	NR	189	224
Syphilis	0	36	1	0	2	NR	30	69
AFP	5	4	0	0	16	NR	09	34
Meningitis	4	7	0	0	6	NR	14	31
Gonorrhea	0	0	9	0	9	NR	11	29
VL	0	0	0	0	18	NR	8	26
NT	0	0	0	0	11	NR	10	21
Diphtheria (Probable)	0	0	0	0	9	NR	8	17
Brucellosis	0	6	0	0	6	NR	0	12
Chikungunya	0	9	0	0	0	NR	1	10
Leprosy	0	0	0	0	8	NR	0	8
HIV/AIDS	1	0	0	0	2	NR	0	3
CCHF	0	0	0	0	0	NR	0	0
Anthrax	0	0	0	0	0	NR	0	0
Rubella (CRS)	0	0	0	0	0	NR	0	0

Figure 1: Most frequently reported suspected cases during week 47, Pakistan



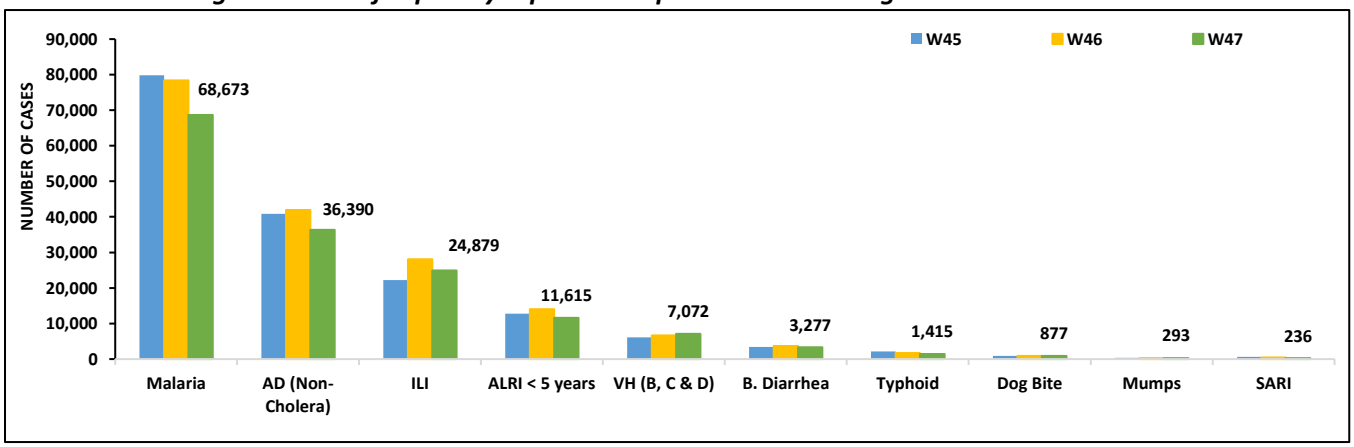
Sindh

- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, VH (B, C, D), B. Diarrhea, Typhoid, dog bite, Mumps and SARI.
- Malaria cases are from Larkana, Kambar and Dadu whereas AD cases are mostly from Khairpur, Badin and Dadu.
- Typhoid cases are regularly reported and mostly reported from Dadu and Khairpur. Field investigations required to identify the source to control the spread of disease.
- Trend for ILI, Malaria and AD (Acute Diarrhea) show decline in cases this week.

Table 2: District wise distribution of most frequently reported suspected cases during week 47, Sindh9

DISTRICTS	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Typhoid	Dog Bite	Mumps	SARI
Badin	3,003	2,303	685	675	522	200	37	53	40	42
Dadu	6,267	2,906	920	1,014	5	428	509	89	15	35
Ghotki	1,148	784	0	505	408	178	0	80	0	0
Hyderabad	452	1,697	378	62	82	22	14	0	11	0
Jacobabad	3,466	988	300	1,180	240	148	23	56	3	24
Jamshoro	2,430	1,231	38	219	81	96	18	12	2	6
Kamber	5,756	2,039	0	479	1,100	184	33	33	1	26
Karachi Central	51	1,026	1,968	90	236	24	76	0	1	0
Karachi East	149	528	141	8	0	13	0	4	5	0
Karachi Keamari	5	265	161	52	0	1	5	0	0	0
Karachi Korangi	58	188	1	0	1	3	0	0	0	0
Karachi Malir	103	637	2,720	223	13	34	29	20	10	30
Karachi South	38	101	0	0	0	0	0	0	0	0
Karachi West	137	932	869	204	23	47	40	31	1	29
Kashmore	2,803	624	851	235	82	72	15	21	2	0
Khairpur	6,686	2,577	3,791	1,100	353	430	195	49	2	0
Larkana	10,593	1,889	9	549	228	296	5	0	2	0
Matiari	1,442	1,107	38	532	347	62	8	9	15	1
Mirpurkhas	2,480	1,620	4,501	710	171	75	29	52	15	0
Naushero Feroze	1,110	892	941	145	57	69	52	64	0	0
Sanghar	2,998	1,606	8	389	1,040	76	28	76	0	0
Shaheed Benazirabad	1,502	1,608	0	481	116	85	171	13	6	0
Shikarpur	2,903	1,209	3	172	312	146	3	118	15	9
Sujawal	1,364	848	0	189	41	17	0	10	0	0
Sukkur	4,174	1,563	2,356	503	448	224	5	46	0	1
Tando Allahyar	1,139	729	391	333	393	96	11	3	19	1
Tando Muhammad Khan	1,383	951	0	216	21	96	4	0	1	1
Tharparkar	2,590	1,545	2,461	871	254	91	45	0	112	31
Thatta	752	516	1,348	65	33	8	25	38	0	0
Umerkot	1,691	1,481	0	414	465	56	35	0	15	0
Total	68,673	36,390	24,879	11,615	7,072	3,277	1,415	877	293	236

Figure 2: Most frequently reported suspected cases during week 47 Sindh



UK Health Security Agency

World Health Organization

USAID

safetynet

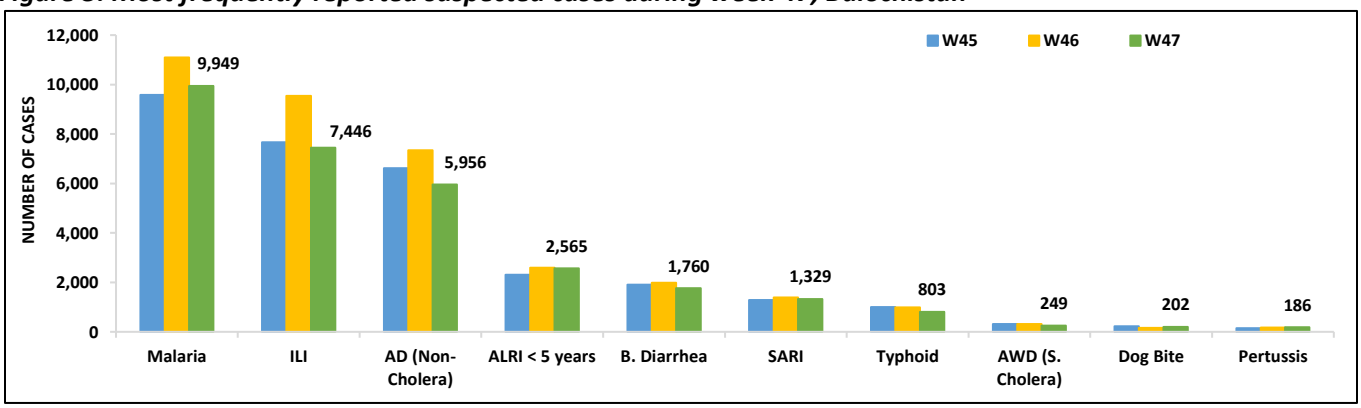
Balochistan

- Malaria, ILI, AD (Non-Cholera), ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), dog bite and Pertussis were the most frequently reported diseases.
- Trend for ILI, AD (Acute Diarrhea) and Malaria show decline in cases this week.
- Cases of AD (Acute Diarrhea) were reported in high numbers from Jafferabad and Sibi with clustering of cases. All are suspected and need field investigation to verify the cases.

Table 3: District wise distribution of most frequently reported suspected cases during week 47, Balochistan

Districts	Malaria	ILI	AD (Non-Cholera)	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S.Cholera)	Dog Bite	Pertussis
Barkhan	104	239	121	129	12	21	54	0	4	9
Chaman	13	368	220	6	202	52	74	20	4	21
Dera Bugti	241	99	67	60	53	23	10	0	1	0
Duki	101	94	114	34	80	95	6	19	6	29
Gwadar	95	354	136	21	28	0	12	0	0	0
Harnai	139	49	100	325	91	0	12	17	3	0
Hub	395	111	193	64	52	59	14	4	107	2
Jaffarabad	1,785	153	605	45	44	37	3	0	33	0
Jhal Magsi	1,195	292	296	79	35	0	9	0	10	13
Kachhi (Bolan)	214	78	151	22	44	72	56	26	3	4
Kalat	50	27	78	18	31	0	63	0	0	4
Kharan	120	368	124	0	72	0	4	18	0	0
Khuzdar	138	163	128	0	37	3	10	0	10	0
Killa Saifullah	297	0	138	213	65	3	29	1	0	7
Kohlu	182	622	326	93	179	218	57	43	0	26
Lasbella	837	67	268	139	20	38	14	0	5	0
Loralai	56	378	148	79	55	166	33	0	0	5
Mastung	46	182	203	64	61	73	41	20	0	9
Naseerabad	844	0	386	9	21	1	59	0	7	3
Nushki	35	4	188	0	54	0	0	3	0	0
Panjgur	34	17	14	5	9	1	0	6	0	0
Pishin	2	119	30	26	20	0	6	0	1	0
Quetta	16	1,040	297	90	47	12	29	2	0	36
Sherani	6	174	32	0	14	120	8	0	0	0
Sibi	889	1,300	516	77	62	79	59	24	0	11
Sohbat pur	910	19	292	139	105	31	58	1	6	0
Surab	51	90	44	3	7	48	34	0	0	0
Usta Muhammad	914	212	392	306	40	30	11	0	1	0
Washuk	59	273	109	3	99	17	1	0	0	0
Zhob	135	226	161	444	62	96	17	3	0	1
Ziarat	46	328	79	72	59	34	20	42	1	6
Total	9,949	7,446	5,956	2,565	1,760	1,329	803	249	202	186

Figure 3: Most frequently reported suspected cases during week 47, Balochistan



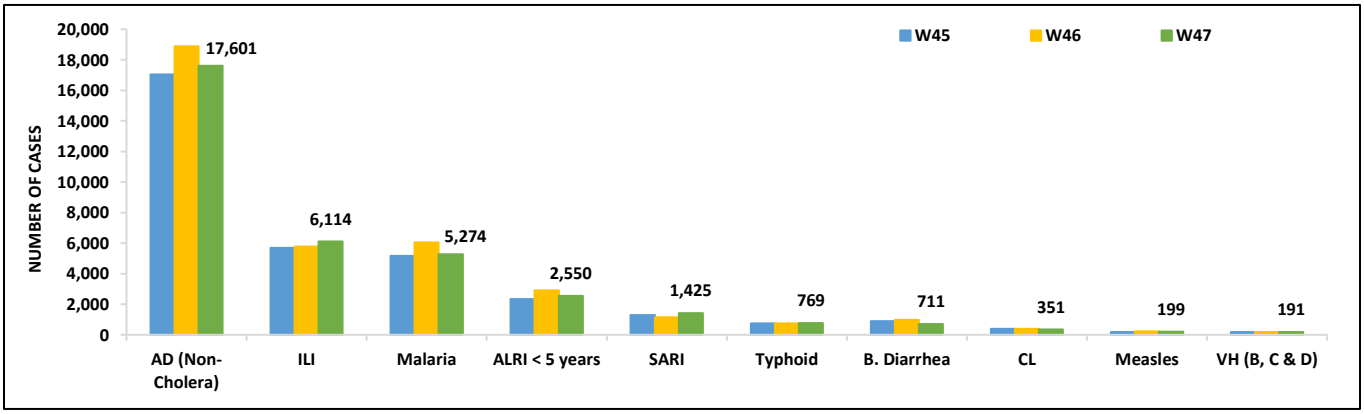
Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, SARI, Typhoid, B. Diarrhea, CL, Measles and VH (B&C).
- ILI cases showed a slight rise whereas AD and Malaria declined this week.
- Peshawar reported highest cases of AD (Acute diarrhea) followed by Swat. These are suspected and a field investigation is required to verify cases.

Table 4: District wise distribution of most frequently reported suspected cases during week 47, KP

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI <5 Years	SARI	Typhoid	B. Diarrhea	CL	Measles	VH (B,C & D)
Abbottabad	378	33	0	21	22	10	3	0	2	1
Bajaur	208	27	60	6	17	0	29	1	2	0
Bannu	682	49	1,173	19	31	33	27	3	3	0
Battagram	182	557	76	0	0	0	0	1	1	0
Buner	307	0	311	0	0	12	0	0	2	0
Charsadda	879	307	438	81	198	30	19	6	2	0
Chitral Lower	221	93	11	28	27	8	15	12	0	1
Chitral Upper	87	6	3	23	5	28	4	0	0	0
D.I. Khan	864	9	441	27	48	4	14	0	29	0
Dir Lower	911	5	664	273	2	28	79	10	15	0
Dir Upper	300	13	6	19	3	29	5	4	1	1
Hangu	128	84	300	9	14	9	7	25	0	0
Haripur	891	691	19	223	44	40	11	0	2	13
Karak	227	20	106	7	3	5	0	41	19	3
Khyber	80	63	102	2	28	7	18	16	0	5
Kohat	26	0	13	0	0	0	0	0	0	0
Kohistan Lower	322	0	1	8	2	0	13	0	0	0
Kohistan Upper	274	39	19	8	0	18	8	0	2	0
Kolai Palas	47	0	4	0	4	0	1	0	0	0
L & C Kurram	10	179	13	0	0	0	3	0	0	0
Lakki Marwat	369	0	292	58	0	17	24	27	5	0
Malakand	471	0	19	50	7	13	36	3	23	0
Mansehra	503	665	3	83	51	63	31	0	2	16
Mardan	781	4	39	865	0	0	25	3	1	14
Mohmand	133	79	170	9	13	13	22	101	0	0
Nowshera	1,294	0	62	1	34	6	31	9	0	6
Peshawar	2,980	1,209	124	209	225	134	133	40	32	12
SD DI Khan	1	0	9	0	0	1	0	0	0	0
SD Peshawar	0	0	2	0	0	0	0	0	0	0
Shangla	460	22	177	33	35	34	12	1	15	103
SWA	58	333	106	107	76	47	48	31	10	3
Swabi	966	759	51	288	19	29	9	0	12	3
Swat	1,970	333	39	51	0	0	16	0	1	0
Tank	238	0	336	18	0	68	4	9	5	0
Tor Ghar	47	0	73	0	20	5	16	8	0	0
Upper Kurram	306	535	12	24	497	78	48	0	13	10
Total	17,601	6,114	5,274	2,550	1,425	769	711	351	199	191

Figure 4: Most frequently reported suspected cases during week 47, KP



ICT, AJK & GB

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

AJK: ILI cases were maximum followed by AD (Non-Cholera), ALRI <5 years, SARI, Malaria, Mumps, B. Diarrhea, AWD (S. Cholera), Typhoid and AVH (A&E). Trend for ALRI<5 years and ILI showed a downward trend in cases this week.

GB: ALRI<5 years cases were the most frequently reported diseases followed by SARI, ILI, AD (Non. Cholera), Pertussis, Mumps, B. Diarrhea and Typhoid. There is a sharp decline trend in cases this week.

Figure 5: Week wise reported suspected cases of ILI, ICT

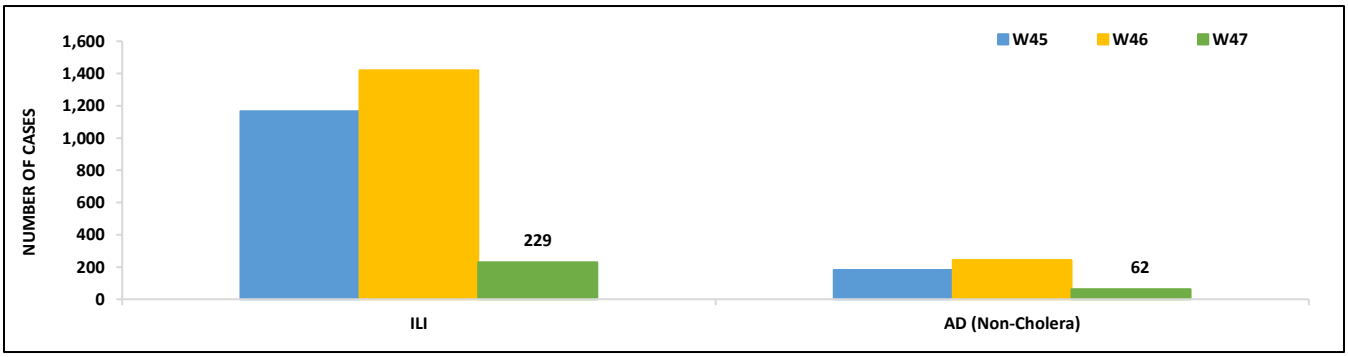


Figure 6: Week wise reported suspected cases of ILI, ICT

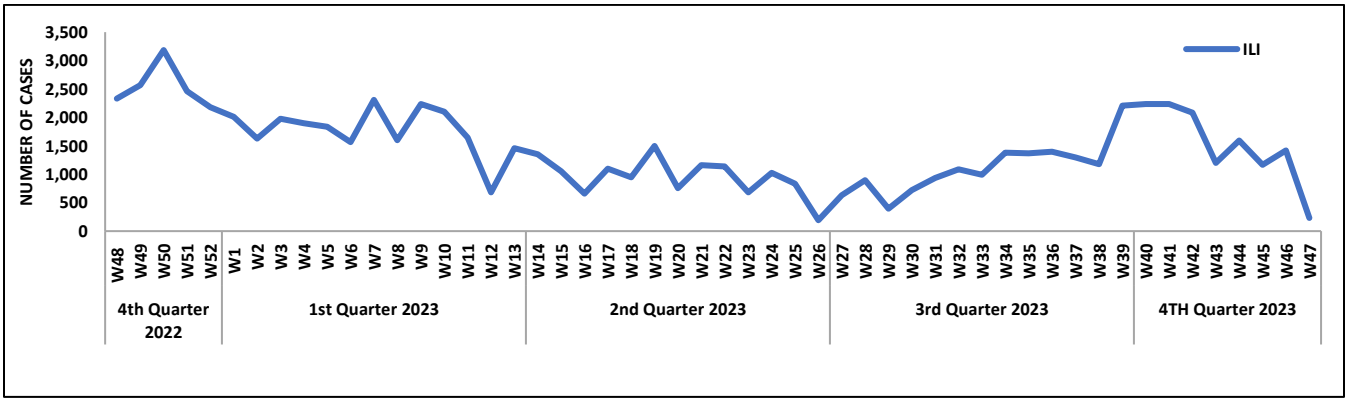


Figure 7: Most frequently reported suspected cases during week 47, AJK

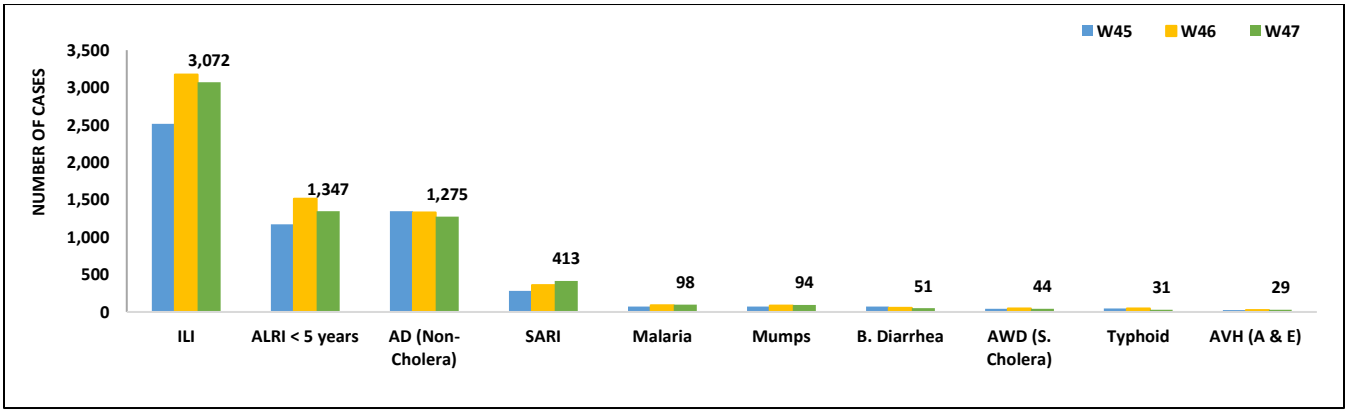


Figure 8: Week wise reported suspected cases of ILI, ALRI<5 years and AD (Non-Cholera), AJK

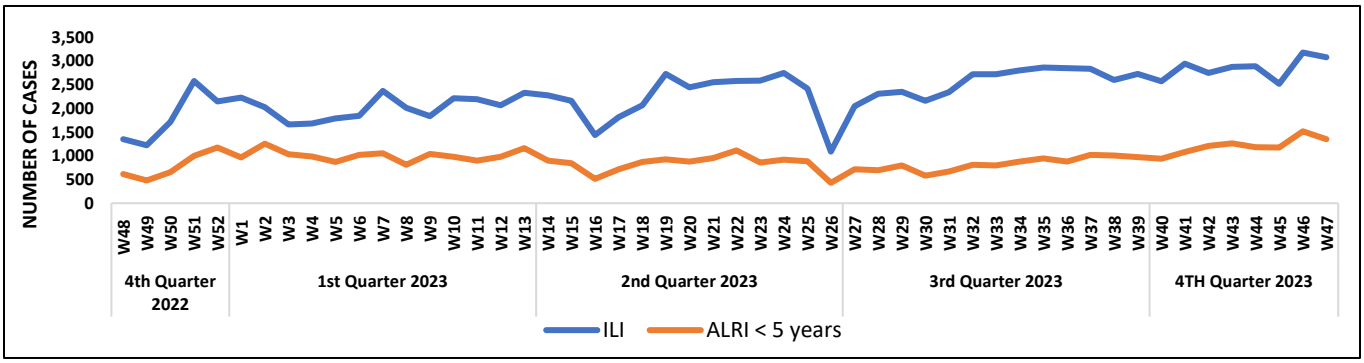


Figure 9: Most frequent cases reported during WK 47, GB

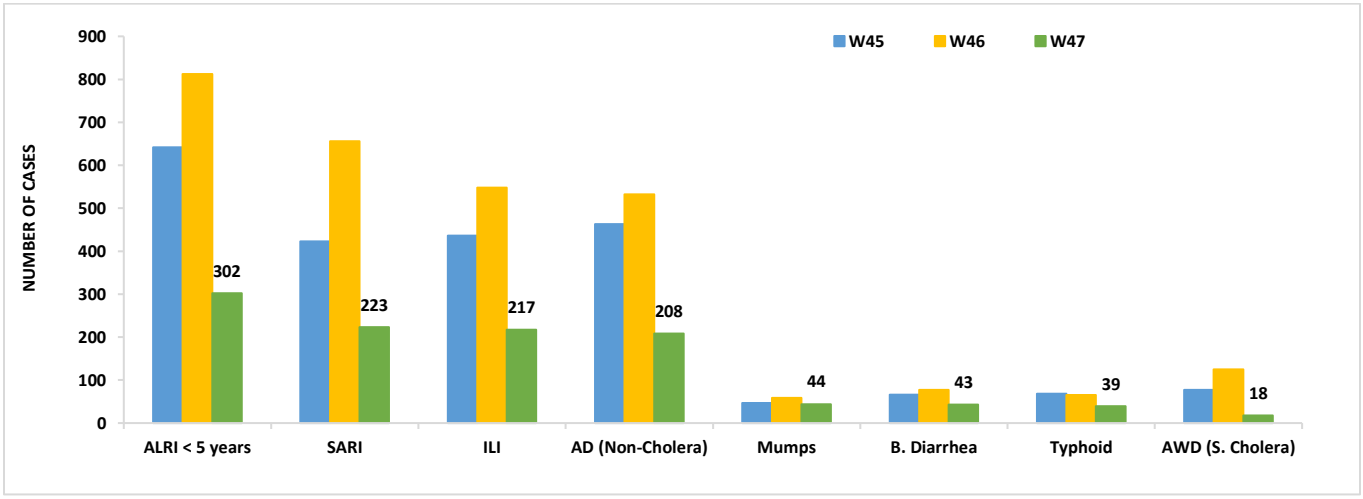
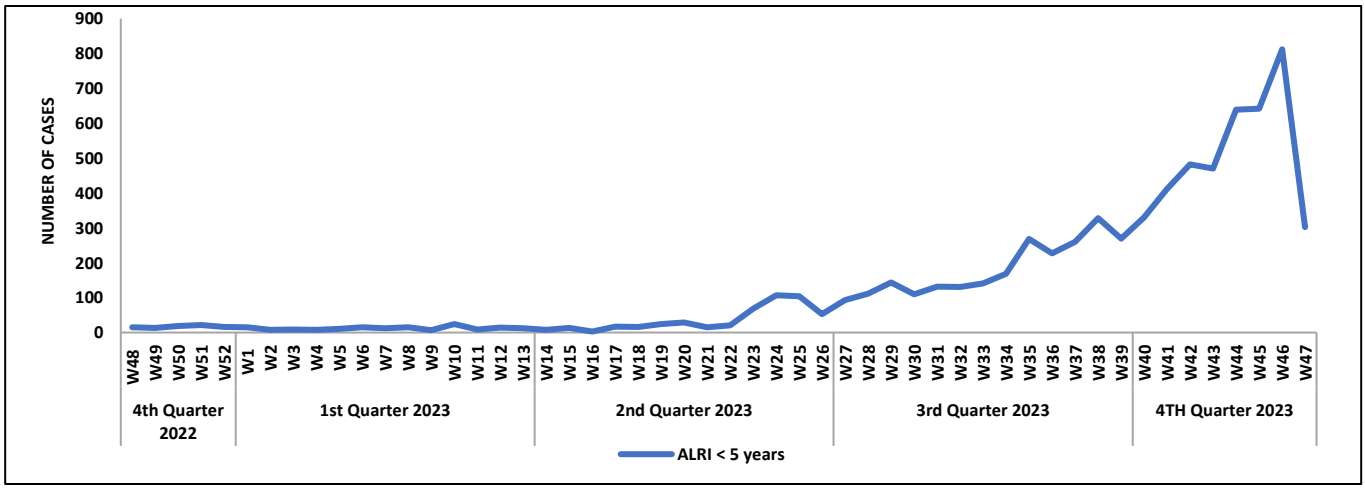


Figure 10: Week wise reported suspected cases of ALRI, GB



Punjab

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

Figure 11: District wise distribution of most frequently reported suspected cases during week 47, Punjab

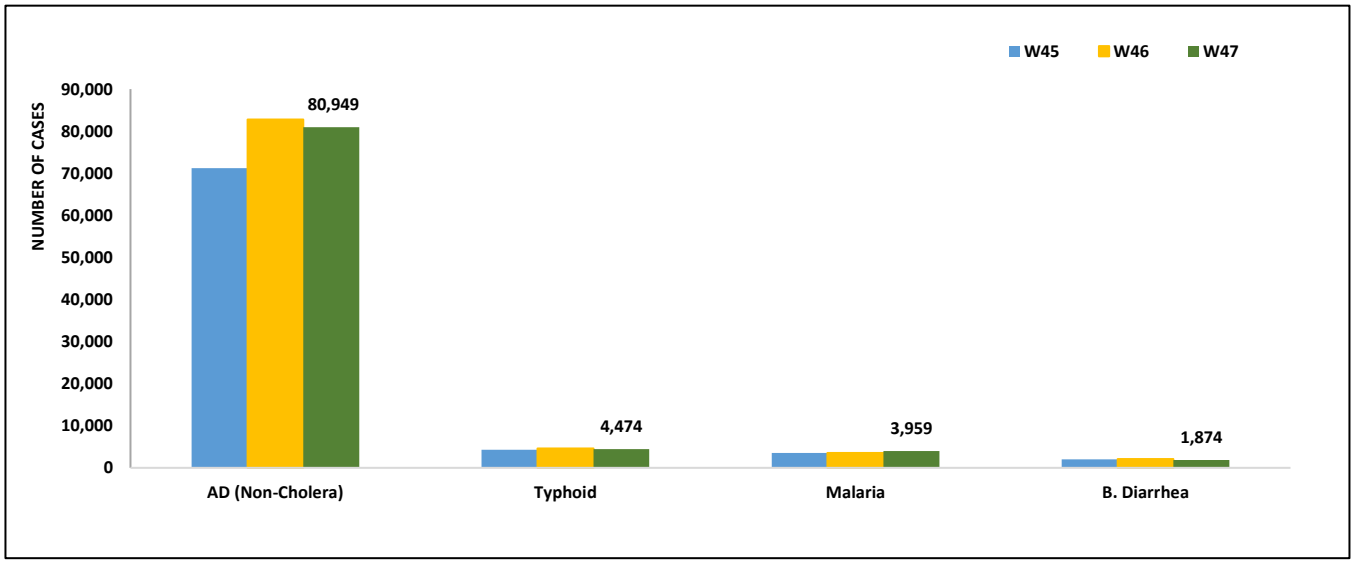


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 47

Diseases	SINDH		Baluchistan		Punjab		KPK		Gilgit		ICT	
	Total Test	Positive	Total Test	Positive	Total test	Positive	Total test	Positive	Total test	Positive	Total test	Positive
Acute Watery Diarrhea (S. Cholera)	99	0	0	0			0	0	0	0	0	0
Acute diarrhea(non-cholera)	99	0	0	0			0	0	0	0	0	0
Malaria	1007	78	0	0			0	0	0	0	0	0
CCHF	0	0	15	0			1	0	0	0	2	0
Dengue	454	24	8	0			1	0	0	0	30	09
MPOX	0	0	0	0			0	0	0	0	0	0
Acute Viral Hepatitis(B)	0	0	0	0			0	0	122	0	38	1
Acute Viral Hepatitis(C)	0	**0**	0	0			0	0	122	0	37	3
Acute Viral Hepatitis(E)	0	0	0	0			1	0	0	0	0	0
Typhoid	530	5	0	0			0	0	0	0	12	1
Covid 19	0	0	36	0			10	0	0	0	168	0
Tb	0	0	0	0			0	0	0	0	0	0

IDSR Reports Compliance

- Out OF 124 IDSR implemented districts, compliance is low from ICT & Gilgit Baltistan districts. Green color showing >50% compliance while red color is <50% compliance

Table 6: IDSR reporting districts Week 47

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	110	98	89%
	Bannu	244	99	41%
	Battagram	63	20	32%
	Buner	33	26	79%
	Bajaur	44	23	52%
	Charsadda	59	53	90%
	Chitral Upper	34	28	82%
	Chitral Lower	35	35	100%
	D.I. Khan	94	91	97%
	Dir Lower	74	71	96%
	Dir Upper	52	41	79%
	Hangu	22	22	100%
	Haripur	71	61	86%
	Karak	39	39	100%
	Khyber	64	11	17%
	Kohat	61	59	97%
	Kohistan Lower	11	11	100%
	Kohistan Upper	20	19	95%
	Kolai Palas	10	10	100%
	Lakki Marwat	69	66	96%
	Lower & Central Kurram	40	7	18%
	Upper Kurram	42	12	29%
	Malakand	48	37	77%
	Mansehra	150	79	53%
	Mardan	80	76	95%
	Nowshera	54	53	98%
	North Waziristan	380	0	0%
	Peshawar	152	115	76%
	Shangla	65	18	28%
	Swabi	67	61	91%
	Swat	76	65	86%
	South Waziristan	133	43	32%
	Tank	34	33	97%
	Torghar	18	17	94%
	Mohmand	86	36	42%
	SD DI Khan	19	3	16%
	SD Peshawar	5	2	40%
	Mirpur	37	36	97%
	Bhimber	42	17	40%
	Kotli	60	60	100%
	Muzaffarabad	45	43	96%
	Poonch	46	46	100%
	Haveli	39	28	72%

Azad Jammu Kashmir	Bagh	40	34	85%
	Neelum	39	37	95%
	Jhelum Vellay	29	29	100%
	Sudhnooti	27	26	96%
Islamabad Capital Territory	ICT	35	4	11%
	CDA	35	4	11%
Balochistan	Gwadar	25	10	40%
	Kech	39	0	0%
	Khuzdar	20	18	90%
	Killa Abdullah	20	0	0%
	Lasbella	55	55	100%
	Pishin	62	0	0%
	Quetta	43	18	42%
	Sibi	36	36	100%
	Zhob	39	32	82%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	29	29	100%
	Sherani	15	15	100%
	Kohlu	75	71	95%
	Chagi	35	0	0%
	Kalat	41	40	98%
	Harnai	17	16	94%
	Kachhi (Bolan)	35	35	100%
	Jhal Magsi	26	23	88%
	Sohbat pur	25	25	100%
	Surab	32	16	50%
	Mastung	45	45	100%
	Loralai	33	27	82%
	Killa Saifullah	28	26	93%
	Ziarat	29	27	93%
	Duki	31	30	97%
	Nushki	32	30	94%
	Dera Bugti	45	24	53%
	Washuk	46	23	50%
	Panjgur	38	3	8%
	Awaran	23	0	0%
	Chaman	24	22	92%
	Barkhan	20	20	100%
	Hub	33	32	97%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	31	97%
	Nagar	25	15	60%
	Ghizer	62	2	3%
	Gilgit	40	40	100%
	Diamer	78	39	50%
	Astore	54	54	100%
	Shigar	27	24	89%
	Skardu	52	42	81%

	Ganche	29	25	86%
	Kharmang	46	6	13%
Sindh	Hyderabad	73	32	44%
	Ghotki	64	64	100%
	Umerkot	43	36	84%
	Naushahro Feroze	107	62	58%
	Tharparkar	282	246	87%
	Shikarpur	60	60	100%
	Thatta	53	22	42%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	23	22	96%
	Karachi-West	20	20	100%
	Karachi-Malir	37	17	46%
	Karachi-Kemari	18	12	67%
	Karachi-Central	11	10	91%
	Karachi-Korangi	18	10	56%
	Karachi-South	4	4	100%
	Sujawal	54	43	80%
	Mirpur Khas	106	71	67%
	Badin	124	113	91%
	Sukkur	64	63	98%
	Dadu	90	89	99%
	Sanghar	100	100	100%
	Jacobabad	44	42	95%
	Khairpur	169	159	94%
	Kashmore	59	59	100%
	Matiari	42	39	93%
	Jamshoro	68	45	66%
	Tando Allahyar	54	48	89%
	Tando Muhammad Khan	40	39	98%
	Shaheed Benazirabad	124	123	99%

A Note from Field Activities.

Raising Awareness and Fostering Collaboration: Insights from the 2nd National Symposium on AMR

Leveraging the platform of AMR Week celebrations, the National Institute of Health (NIH), in collaboration with the World Health Organization (WHO), successfully orchestrated the 2nd National Symposium on Antimicrobial Resistance (AMR) at NIH Islamabad. This pivotal event served to address the burgeoning threat of AMR by convening a diverse group of stakeholders to share knowledge, engage in discourse on pertinent challenges, and collectively identify potential solutions.

The symposium attracted a significant contingent of participants, including diverse Health professionals, Medical and other health science students, international organizations, non-governmental organizations, and private companies actively engaged in AMR research, surveillance, and control.

The symposium offered a comprehensive program encompassing various crucial aspects of AMR. Renowned experts from Pakistan and the international community delivered insightful presentations on the latest scientific advancements, global AMR trends, and national challenges in managing AMR. Interactive sessions fostered in-depth dialogues on critical topics such as antimicrobial stewardship, laboratory diagnosis of AMR, and infection prevention and control.

The 2nd National Symposium on AMR demonstrably contributed to raising awareness about the severity of AMR among healthcare professionals, students, and the broader public. Participants gained valuable insights into the latest scientific evidence, challenges, and potential solutions to effectively address AMR. The event further fostered collaboration and networking among diverse stakeholders, encouraging knowledge exchange and joint efforts towards developing and implementing effective AMR control strategies. Discussions facilitated during the symposium identified key recommendations for strengthening AMR surveillance, promoting antimicrobial stewardship, and enhancing national capacity for research and development. These recommendations will serve as a cornerstone for the development of a comprehensive national action plan to combat AMR in Pakistan.

Marking the success of the symposium and further amplifying awareness, the NIH and Fleming Fund jointly organized a prize distribution ceremony for the AMR awareness photography competition. Certificates and prizes were presented to the award winners, recognizing their contributions to raising awareness about this critical public health threat.

The resounding success of the 2nd National Symposium on AMR has generated significant momentum in the fight against this critical public health threat. The symposium's outcomes pave the way for continued collaboration, knowledge sharing, and concrete action to ensure a future free from the dangers of antimicrobial resistance in Pakistan.

A Note from Field Activities.

Outbreak Investigation of Acute Watery Diarrhea in Town area of District Sibi October, 2023

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

Introduction

Acute Watery Diarrhea (AWD) is a common public health concern in Balochistan, Pakistan. In the past week, there have been reports of an increase in AWD cases in Town area of District Sibi, prompting an investigation into the possible outbreak.

Objective

The objective of the investigation was to determine the magnitude of the disease, assess the risk factors, and formulate recommendations to contain the outbreak.

Methods

An outbreak investigation was conducted in Town area of Sibi form 1st – 10th November, 2023. A structured questionnaire from IDSR was used to assess the clinical signs and symptoms, as well as a source of drinking water, travel history, treatment history, and contact tracing done with the suspected patients

Findings

A total of 297 Suspected cases of AWD were reported during this period. The affected population included individuals of various age groups, with a slight predominance of cases among the <5 Years to 5 years age group. 56.6% of cases were male, while 43.3% were female. Common clinical symptoms among suspected cases included Abdominal Cramps, diarrhea, and vomiting. Cases were dispersed throughout the Town area of Sibi, with specific clusters identified in Luni Road, Police line and Allahabad area. Water and stool samples were collected and the Lab Results Are Awaited. However the preliminary investigation strongly suggests that the primary mode of transmission for this outbreak was the consumption of contaminated water, with secondary person-to-person transmission occurring within households and close communities.

Conclusion

The AWD outbreak in Sibi was a significant public health concern. The clinical presentation aligned with typical AWD symptoms, including high fever, abdominal pain, headache, and fatigue. While the outbreak had a substantial impact on the local population, no fatality was recorded, highlighting the importance of timely medical intervention. Epidemiological investigations revealed the widespread nature of the outbreak, with specific clusters identified in certain areas. The primary mode of transmission is assumed to be the consumption of contaminated water (pending microbiological analysis of water samples). Additionally, person-to-person transmission within households and close-knit communities was identified as a secondary mode of transmission.

A Note from Field Activities.

Combating Stigma and Discrimination, Punjab Commemorates World AIDS Day 2023

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

On December 1, 2023, the world commemorated World AIDS Day, a day dedicated to raising awareness about HIV/AIDS and mobilizing efforts to combat the epidemic. In Pakistan, the Punjab Aids Control Program (PACP) organized a seminar to mark the occasion, bringing together representatives from the government, healthcare sector, civil society, and international organizations.

The seminar was held under the theme Hate disease not the diseased person, emphasizing the importance of eliminating stigma and discrimination associated with HIV/AIDS. Worthy Secretary P&SHD Mr. Ali Jan Khan addressed the participants, highlighting the government's commitment to providing comprehensive HIV/AIDS prevention, care, and treatment services.

Dr. M. Ilyas Gondal, DGHS Punjab, Dr. Asim Altaf, CEO PHFMC, Dr. M. Farooq, PD PACP, Dr Yadullah Ali DHS CD EPC, Dr. Khalil Ahmad PD IRMNCH, Dr Mukhtar Ahmed Awan Director EPI, and Dr. Munir Ahmad Malik MS Services Hospital, also graced the occasion. Representatives from UNICEF, WHO, the Jail department, and other walks of life also participated.

During the seminar, participants were apprised of the latest advancements in HIV/AIDS prevention, treatment, and care. The importance of early detection and continuous treatment was emphasized, as these interventions enable people living with HIV/AIDS to live long and healthy lives.

The seminar also focused on the need to address the social determinants of HIV/AIDS, such as poverty, gender inequality, and lack of access to education and healthcare. These factors contribute to the vulnerability of certain populations to HIV infection and make it more difficult for people living

with HIV/AIDS to access the services they need.

World AIDS Day 2023 serves as a reminder that the HIV/AIDS epidemic is not over. Despite significant progress in recent years, millions of people worldwide are still living with HIV/AIDS, and new infections continue to occur. The theme Hate disease not the diseased person is a powerful call to action to eliminate stigma and discrimination associated with HIV/AIDS, which remain major barriers to prevention, treatment, and care.

Together, we can make a difference in the fight against HIV/AIDS. Let us work together to create a world where everyone has access to the prevention, treatment, and care they need to live long and healthy lives.

Knowledge Hub

HIV/AIDS in Pakistan: A Call for Health Education and Awareness

Pakistan, a nation with a population of over 220 million people, is facing a significant challenge in its fight against the HIV/AIDS epidemic. As of 2023, an estimated 200,000 people were living with HIV in Pakistan, with a new infection rate of 8,000 per year. These statistics highlight the urgent need for comprehensive health education and awareness programs to combat the spread of HIV/AIDS in Pakistan.

Understanding HIV/AIDS

HIV, or Human Immunodeficiency Virus, is a virus that attacks the body's immune system, making it difficult to fight off infections. AIDS, or Acquired Immunodeficiency Syndrome, is the most severe stage of HIV infection, characterized by a weakened immune system that can lead to life-threatening illnesses. HIV is primarily transmitted through unprotected sexual intercourse, sharing contaminated needles or syringes, and from mother to child during pregnancy, childbirth, or breastfeeding.

HIV/AIDS in Pakistan: A Complex Scenario

The HIV/AIDS epidemic in Pakistan is driven by several factors, including low levels of awareness, stigma and discrimination against people living with HIV, and limited access to prevention and treatment services. Additionally, high-risk behaviors such as injecting drug use and unprotected sex contribute to the spread of the virus.

The Role of Health Education and Awareness

Health education and awareness play a crucial role in combating HIV/AIDS by:

- Increasing knowledge and understanding of HIV/AIDS: This includes understanding the

modes of transmission, symptoms, and prevention measures.

- Dispelling myths and misconceptions: Addressing misconceptions about HIV/AIDS can reduce stigma and discrimination and encourage people to seek testing and treatment.
- Promoting prevention behavior: This includes encouraging safe sexual practices, avoiding needle sharing, and seeking timely testing and treatment.
- Encouraging early testing and treatment: Early diagnosis and treatment can significantly improve the quality of life for people living with HIV and reduce the risk of transmission to others.

Strategies for Effective Health Education and Awareness

Effective health education and awareness campaigns for HIV/AIDS in Pakistan should:

- Tailor messages to the target audience: Consider factors such as age, gender, cultural background, and socioeconomic status.
- Use diverse communication channels: Utilize a variety of communication methods, including mass media, community outreach, peer education, and healthcare settings.
- Address stigma and discrimination: Promote acceptance and inclusivity of people living with HIV.
- Empower individuals to make informed decisions: Provide accurate and accessible information about HIV/AIDS prevention and treatment.
- Engage communities and local partners: Collaborate with community leaders, religious figures, and healthcare providers to ensure widespread reach and sustainability.

Conclusion

HIV/AIDS remains a serious public health concern in Pakistan, but with comprehensive health education and awareness programs, the country can make significant strides in preventing new infections and improving the lives of those living with the virus. By empowering individuals with knowledge, dispelling myths, and promoting prevention behaviors, Pakistan can control the HIV/AIDS epidemic and move towards a healthier future for all its citizens.

HIV can affect anyone

HIV can't be passed on by day to day contact

People with HIV can live healthy & long life

People on effective treatment can't pass it on

Preventions

THE RISK IS NOT KNOWING

Regularly get tested for HIV if one is sexually active.

Taking PrEP or PEP (Tablets to prevent HIV before or after exposure).

Always use new needles.

Check for any symptoms of virus in blood before transfusion..

Use condoms.

GET INFORMED
EDUCATE OTHERS

PUBLIC HEALTH BULLETIN

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2023

www.phb.nih.org.pk

UK Health Security Agency

World Health Organization

USAID

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