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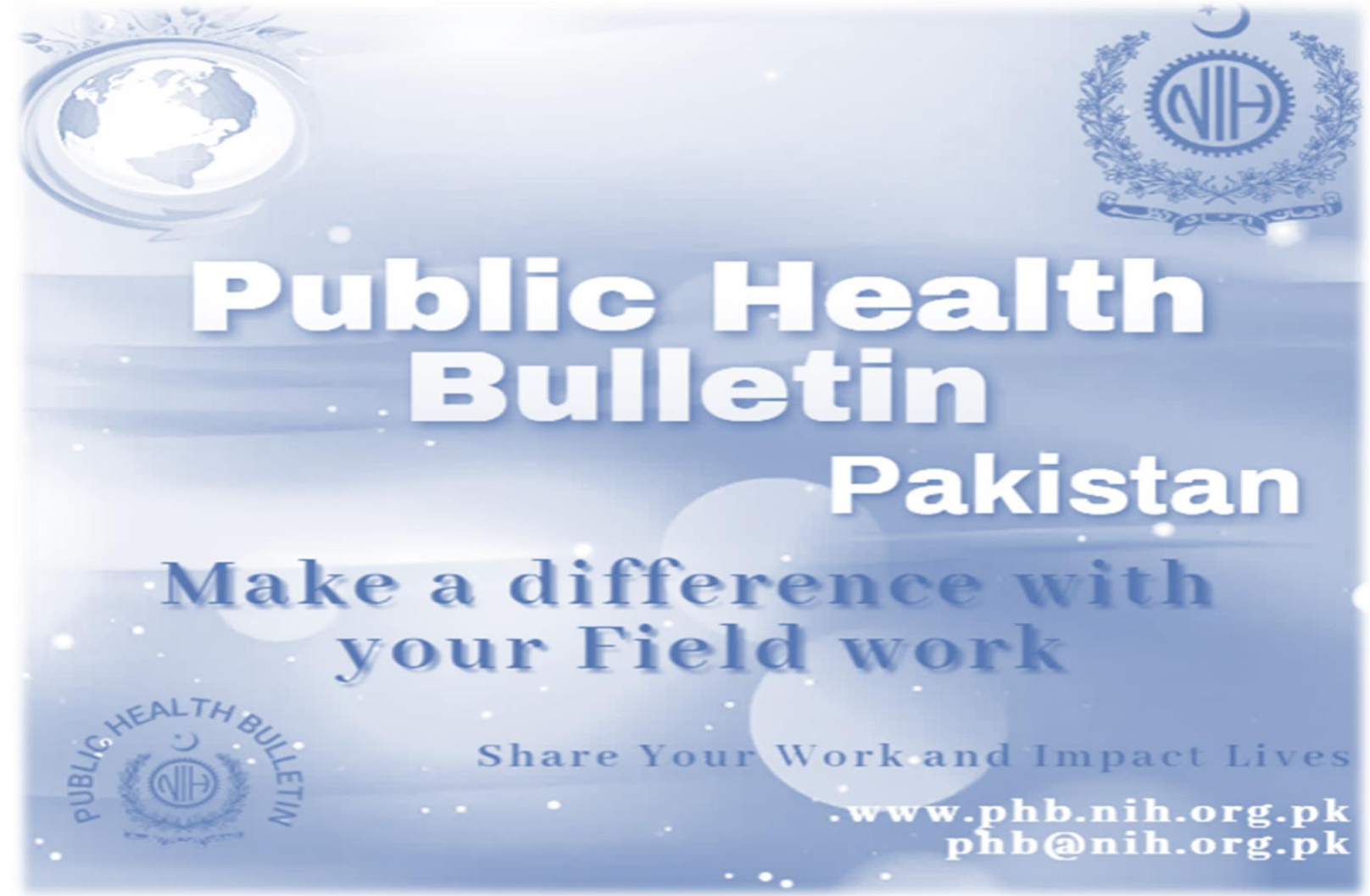
Integrated Disease Surveillance & Response (IDSR) Report

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 48, 2023

This edition of the Public Health Bulletin summarizes the most significant public health developments in Pakistan during Week 48 of 2023.

In week 48, 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 AVH (A&E). Ninety-four cases of Pertussis were reported from GB. All are suspected cases and need field verification. There is overall an increase in cases of ILI and SARI Sindh, KPK and Balochistan. Field investigation required to verify cases. Acute Diarrhea (AD) and Malaria continued to be reported in high numbers from all provinces. Field investigations required to identify hotspot areas of interventions for control and prevention of diseases.

This edition of the Public Health Bulletin encompasses insights from the National Consultative Workshop on the Development of the National Action Plan for Health Security, along with field activity reports detailing the Investigation of Suspected Measles Outbreak in Sohbatpur, Balochistan. Additionally, this issue presents a Understanding of Severe Acute Respiratory Illness (SARI): A Guide to Awareness and Prevention

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

Overview

- *During week 48, 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 AVH (A&E).*
- *Ninety-four cases of Pertussis were reported from GB. All are suspected cases and need field verification.*
- *There is overall an increase in cases of ILI and SARI Sindh, KPK and Balochistan. Field investigation required to verify cases.*
- *Acute Diarrhea (AD) and Malaria continued to be reported in high numbers from all provinces. Field investigations required to identify hotspot areas of interventions for control and prevention of diseases.*

IDSR compliance attributes

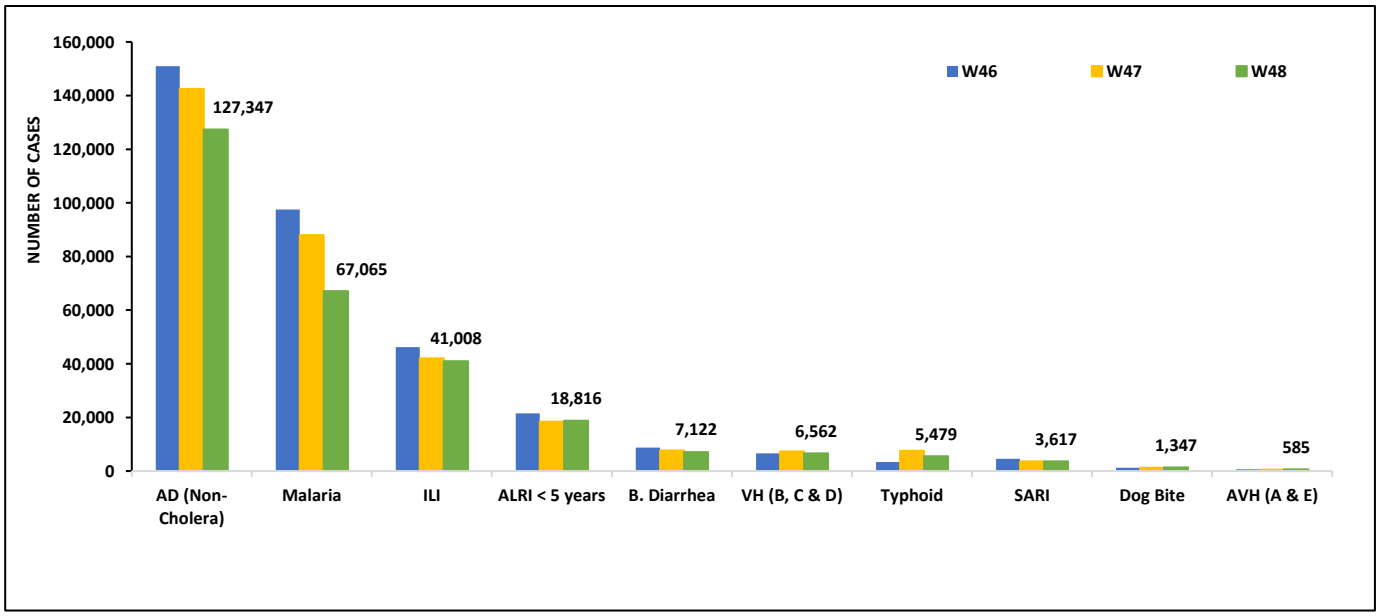
- *The national compliance rate for IDSR reporting in 124 implemented districts* is 71%
- *AJK and Sindh are the top reporting region with a compliance rate of 83% and 77% followed by Baluchistan with 75% and Gilgit Baltistan 74%*
- *The lowest compliance rate was observed in ICT.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2658	1560	59
Azad Jammu Kashmir	404	311	77
Islamabad Capital Territory	70	40	57
Balochistan	1178	882	75
Gilgit Baltistan	440	325	74
Sindh	2088	1738	83
National	6838	4856	71

Table 1: Province/Area wise distribution of most frequently reported suspected cases during week 48, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,159	5,885	258	46	15,513	72,145	32,341	127,347
Malaria	79	7,451	3	1	4,229	2,967	52,335	67,065
ILI	2,996	8,601	401	241	6,441	NR	22,328	41,008
ALRI < 5 years	1,294	2,235	500	0	2,962	NR	11,825	18,816
B. Diarrhea	62	1,743	50	1	686	1,803	2,777	7,122
VH (B, C & D)	19	94	0	0	36	NR	6,413	6,562
Typhoid	34	863	51	0	527	2,990	1,014	5,479
SARI	345	1,337	240	0	1,243	NR	452	3,617
Dog Bite	23	199	3	0	228	NR	894	1,347
AVH (A & E)	22	38	2	0	160	NR	363	585
Mumps	61	110	51	0	73	NR	245	540
AWD (S. Cholera)	61	245	59	0	87	NR	58	510
Measles	13	73	6	0	210	NR	82	384
Pertussis	3	225	94	0	37	NR	10	369
Chickenpox/ Varicella	16	6	8	0	103	78	19	230
Dengue	0	1	0	0	31	NR	155	187
Gonorrhea	2	150	7	0	9	NR	13	181
Meningitis	4	13	0	0	7	NR	13	37
AFP	5	1	0	0	24	NR	6	36
Syphilis	0	3	0	0	0	NR	25	28
VL	0	1	0	0	26	NR	1	28
Diphtheria (Probable)	3	4	2	0	9	NR	0	18
HIV/AIDS	0	7	0	0	1	NR	2	10
NT	0	2	0	0	8	NR	0	10
Brucellosis	0	0	0	0	2	NR	1	3
Leprosy	0	2	0	0	1	NR	0	3
Rubella (CRS)	0	1	0	0	0	NR	0	1

Figure 1: Most frequently reported suspected cases during week 48, Pakistan.



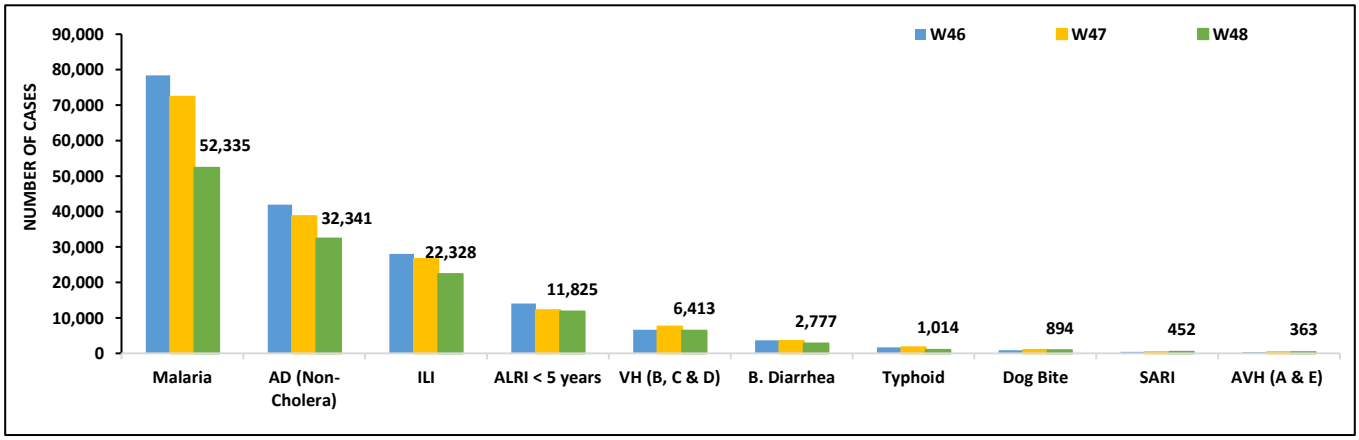
Sindh

- Malaria cases were the most frequently reported followed by AD (Non-Cholera), ILI, ALRI<5 Years, VH (B, C, D), B. Diarrhea, Typhoid, dog bite, SARI and AVH (A&E). An overall decline in trend for ILI, AD and Malaria cases observed this week.
- Sujawal (146) and Tharparkar (75) districts reported SARI cases. All are suspected cases and need verification.
- Typhoid cases are reported in high numbers: 348 from Khairpur districts. Field investigation is required to identify the source to control the spread of disease.
- Cases of VH (B&C) reported in increased numbers from Khairpur, Jacobabad, Kambar and Tharparkar. An urgent response is warranted to verify the cases.

Table 2: District wise distribution of most frequently reported suspected cases during week 48, Sindh

DISTRICTS	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Typhoid	Dog Bite	SARI	AVH (A&E)
Badin	1,482	1,679	580	360	192	100	30	56	36	0
Dadu	4,131	1,860	380	1,443	12	294	24	0	8	27
Ghotki	869	723	0	541	318	123	0	59	0	2
Hyderabad	209	1,592	322	36	57	20	12	0	0	0
Jacobabad	3,218	909	374	1,202	397	105	19	46	0	0
Jamshoro	1,990	1,261	62	250	108	117	30	13	0	3
Kamber	4,893	1,978	0	437	475	155	40	39	0	0
Karachi Central	39	848	2,091	70	284	9	74	0	3	12
Karachi East	130	558	262	15	0	16	1	6	0	11
Karachi Keamari	4	261	145	23	0	1	17	1	0	5
Karachi Korangi	34	182	0	2	0	3	1	0	0	1
Karachi Malir	68	605	2,515	179	4	47	23	31	43	3
Karachi South	37	107	0	0	0	0	0	0	0	0
Karachi West	114	869	839	172	26	54	30	33	41	7
Kashmore	2,356	476	841	201	172	54	11	79	0	0
Khairpur	5,293	3,054	3,411	1,661	970	377	348	114	68	7
Larkana	7,959	1,801	8	529	154	276	5	0	0	0
Matiari	1,175	1,172	26	542	305	51	21	19	1	1
Mirpurkhas	1,414	836	3,292	356	51	48	14	0	0	0
Naushero Feroze	980	667	1,238	157	63	65	49	53	0	0
Sanghar	2,144	1,497	7	317	820	46	30	103	0	1
Shaheed Benazirabad	1,230	1,452	0	471	106	59	151	0	0	0
Shikarpur	3,037	1,274	3	199	276	162	4	121	7	0
Sujawal	852	502	0	57	0	36	4	0	146	54
Sukkur	3,097	1,469	2,303	602	437	227	7	32	0	0
Tando Allahyar	726	637	474	257	290	77	5	3	0	2
Tando Muhammad Khan	860	866	4	207	131	98	0	1	0	0
Tharparkar	1,976	1,586	1,613	1,192	436	101	39	2	75	13
Thatta	968	778	1,538	86	183	15	21	83	24	213
Umerkot	1,050	842	0	261	146	41	4	0	0	1
Total	52,335	32,341	22,328	11,825	6,413	2,777	1,014	894	452	363

Figure 2: Most frequently reported suspected cases during week 48 Sindh



Balochistan

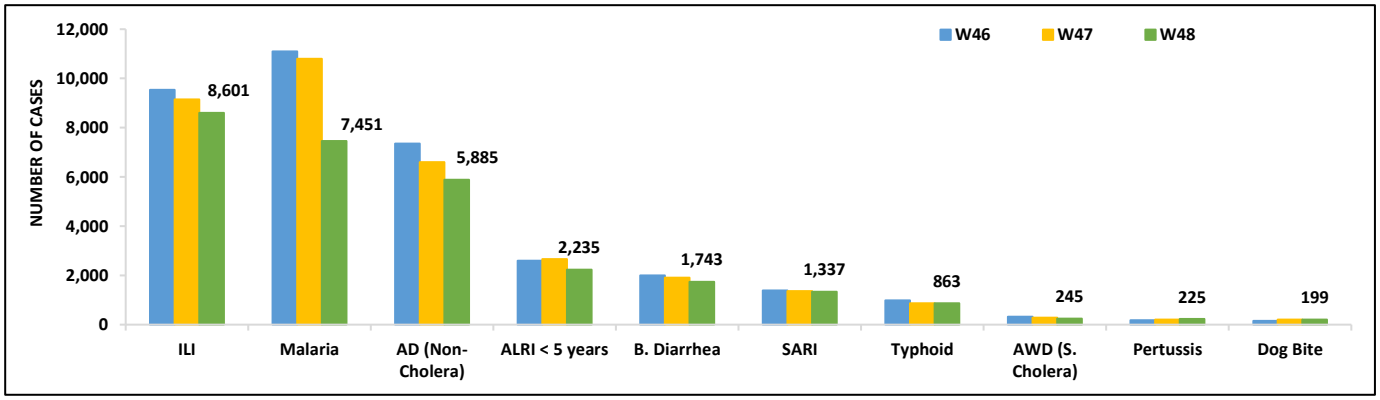
- ILI, Malaria, AD (Non-Cholera), ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), Pertussis and dog bite were the most frequently reported diseases from Balochistan province.
- Trends for ILI, AD and Malaria cases continue to decline this week.
- Cases of Pertussis were reported in high numbers from Dera Bugti and Harnai. All are suspected cases and need field investigation to verify the cases.

Barkhan, Pishin and Dera Bugti reported Typhoid cases. Field investigation required to verify cases.

Table 3: District wise distribution of most frequently reported suspected cases during week 48, Balochistan

Districts	ILI	Malaria	AD Non-Cholera)	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S.Cholera)	Pertussis	Dog Bite
Barkhan	195	93	82	194	42	24	53	2	10	15
Chaman	308	41	150	0	55	1	19	5	1	1
Dera Bugti	361	46	176	16	191	89	83	34	34	12
Duki	103	177	81	28	39	0	14	0	0	0
Harnai	114	64	129	40	59	71	7	19	39	3
Hub	23	63	85	165	95	0	5	13	0	3
Jaffarabad	90	285	207	54	55	117	13	1	2	94
Jhal Magsi	75	1,029	476	54	52	18	7	0	0	20
Kachhi (Bolan)	185	821	371	70	13	0	23	1	6	10
Kalat	117	186	177	10	41	54	38	25	3	7
Kech (Turbat)	22	43	51	20	31	0	54	0	7	0
Kharan	1,360	395	305	73	68	1	NR	1	NR	NR
Khuzdar	341	65	101	4	66	0	4	15	0	0
Killa Saifullah	101	49	111	0	27	7	13	0	3	0
Kohlu	10	148	122	181	51	29	18	2	12	0
Lasbella	579	152	227	74	156	197	45	22	23	0
Loralai	219	622	226	90	18	45	6	0	0	9
Mastung	358	51	151	70	63	114	38	1	4	0
Musa Khel	197	82	198	100	59	116	34	0	5	0
Naseerabad	111	184	73	34	33	30	39	29	26	0
Nushki	0	553	297	15	13	0	51	0	0	6
Panjgur	6	15	146	1	31	0	0	0	0	0
Pishin	52	210	123	22	50	32	64	11	21	0
Quetta	91	1	25	25	10	0	3	0	0	4
Sherani	978	21	284	16	50	10	26	3	4	0
Sibi	150	1	30	0	15	153	12	0	0	0
Sohbat pur	1,379	675	482	81	46	29	53	35	15	9
Surab	23	602	232	99	84	44	56	3	0	2
Usta Muhammad	133	25	55	35	1	16	35	0	0	0
Washuk	188	556	377	235	41	26	12	0	0	1
Zhob	286	56	132	15	90	5	2	0	0	0
Ziarat	213	100	110	340	51	85	15	0	7	0
Total	8,601	7,451	5,885	2,235	1,743	1,337	863	245	225	199

Figure 3: Most frequently reported suspected cases during week 48, Balochistan

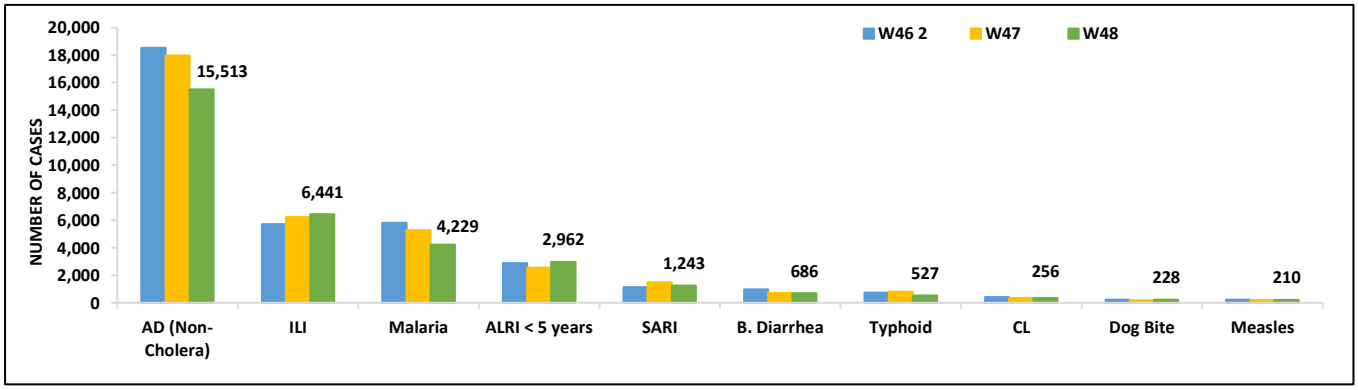


- Cases of AD (Non-Cholera) were maximum followed by ILI, ALRI<5 Years, Malaria, SARI, B. Diarrhea, Typhoid, CL, dogbite and Measles cases.
- Trends for ILI showed slight rise in cases whereas Malaria and AD cases declined this week.
- Peshawar and D.I.Khan Measles cases in high numbers. These are suspected cases and a field investigation is required to verify numbers.

Table 4: District wise distribution of most frequently reported suspected cases during week 48, KP

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI <5 Years	SARI	B. Diarrhea	Typhoid	CL	Dog Bite	Measles
Abbottabad	399	31	2	17	20	1	10	2	0	0
Bajaur	150	25	36	30	10	11	0	0	0	1
Bannu	627	16	1,035	20	2	11	54	0	3	6
Battagram	136	448	71	0	1	0	0	0	0	3
Buner	164	0	143	75	0	0	1	0	11	3
Charsadda	940	439	472	105	150	14	19	34	61	2
Chitral Lower	228	100	3	25	35	8	5	9	0	4
Chitral Upper	85	9	2	17	7	5	30	1	1	0
D.I. Khan	774	15	390	21	53	25	0	1	3	37
Dir Lower	897	12	442	325	0	56	28	15	5	17
Dir Upper	265	254	7	20	1	10	23	5	0	1
Hangu	175	212	312	7	9	6	20	29	0	11
Haripur	812	814	20	391	9	10	44	0	0	0
Karak	181	25	146	8	0	0	10	13	50	25
Khyber	76	47	92	7	8	20	2	17	0	0
Kohat	45	2	16	1	0	0	0	1	1	0
Kohistan Lower	95	0	8	4	0	7	0	0	0	0
Kohistan Upper	269	30	4	6	10	5	25	0	1	1
Kolai Palas	33	0	2	4	0	3	0	0	0	0
L & C Kurram	15	169	1	0	0	2	0	0	0	0
Lakki Marwat	340	0	275	76	0	16	20	15	7	2
Malakand	489	0	9	64	7	41	13	12	0	17
Mansehra	453	549	8	132	74	13	2	0	0	2
Mardan	773	75	32	931	3	30	0	8	0	1
Mohmand	150	84	105	9	17	30	15	30	3	1
Nowshera	1,148	0	36	4	1	19	4	2	0	1
Peshawar	2,805	1,466	79	221	315	149	85	24	3	36
SD DI Khan	0	0	0	0	0	0	0	0	0	0
SD Peshawar	0	80	3	0	0	2	0	0	0	0
SD Tank	0	0	1	0	0	0	0	0	0	0
Shangla	235	75	96	6	29	0	14	0	7	6
SWA	49	428	69	129	33	39	27	34	6	4
Swabi	661	506	15	195	118	4	19	0	1	1
Swat	1,554	71	14	89	0	11	0	0	35	11
Tank	318	0	220	0	0	6	29	0	0	7
Tor Ghar	34	0	59	6	16	14	20	4	20	0
Upper Kurram	138	459	4	17	315	118	8	0	10	10
Total	15,513	6,441	4,229	2,962	1,243	686	527	256	228	210

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 ALRI <5 years, AD (Non-Cholera), SARI, Malaria, B. Diarrhea, AWD (S. Cholera), Mumps, Typhoid and dog bite. The trends for ILI and ALRI <5 years showed a slight rise 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

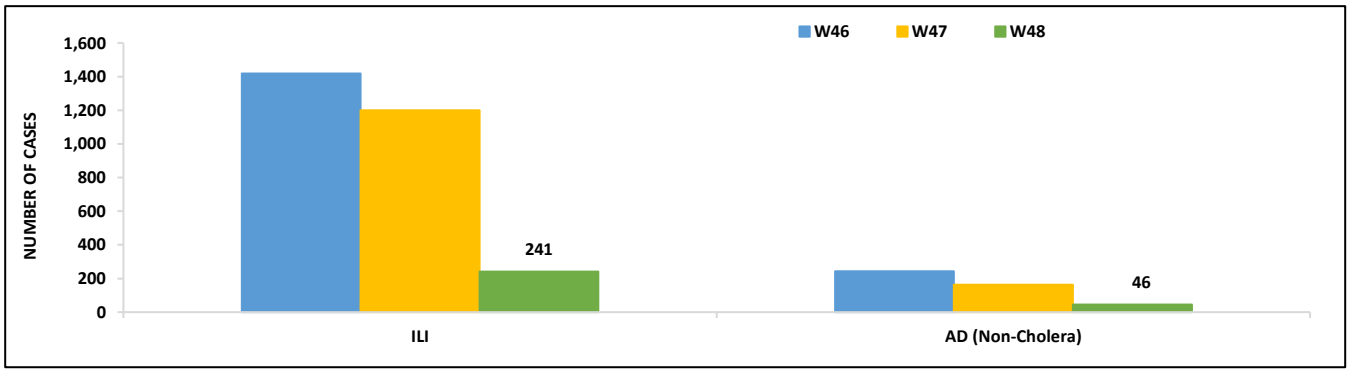


Figure 6: Week wise reported suspected cases of ILI, ICT

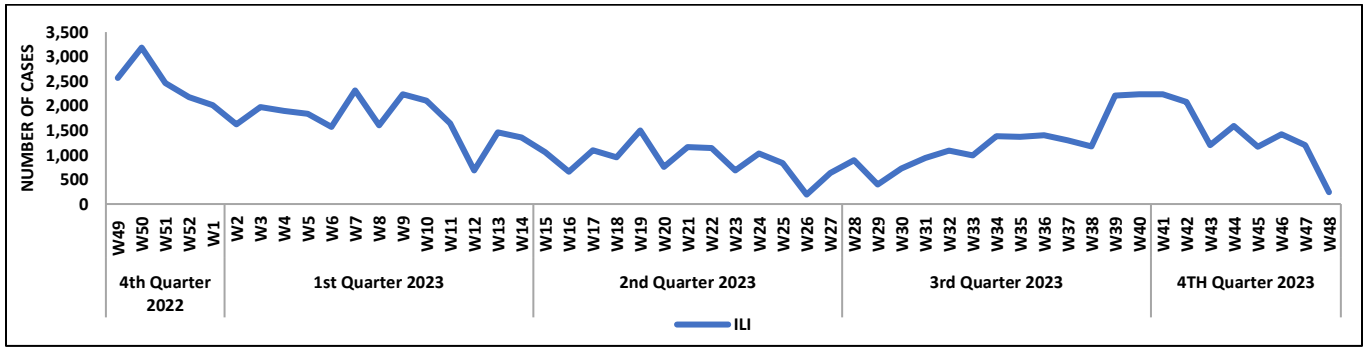


Figure 7: Most frequently reported suspected cases during week 48, AJK

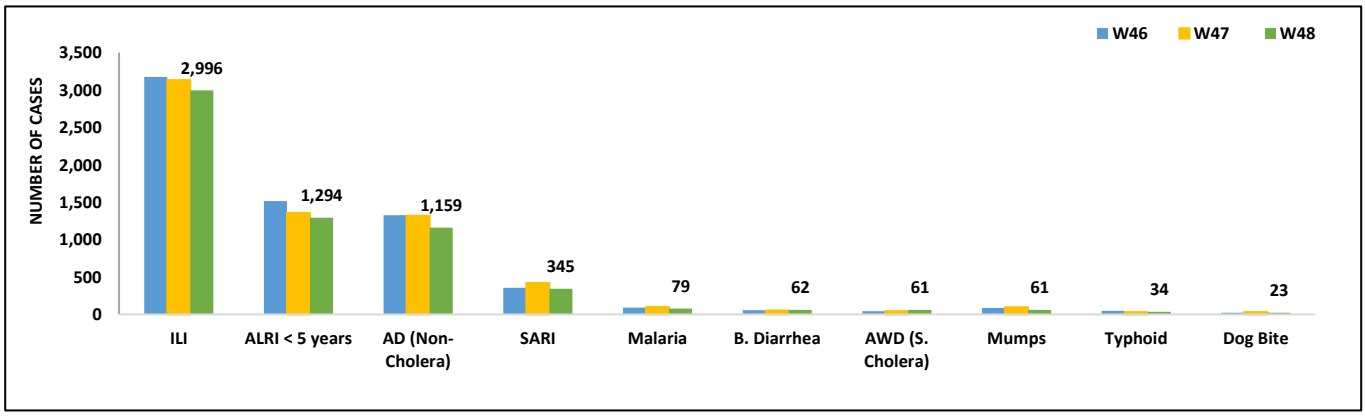


Figure 8: Week wise reported suspected cases of ILI and ALRI<5 years AJK

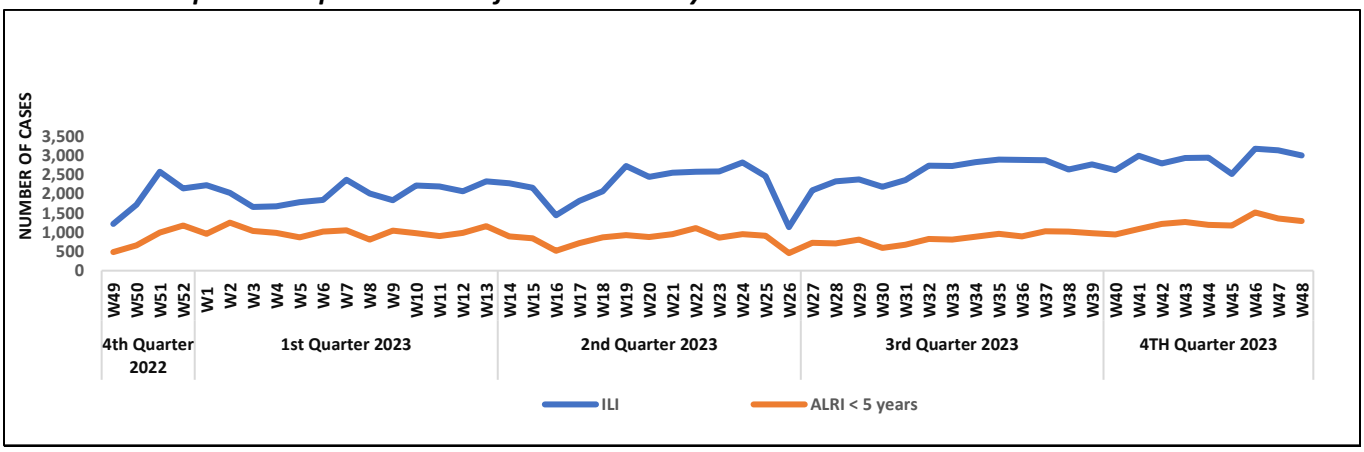


Figure 9: Most frequent cases reported during WK 48, GB

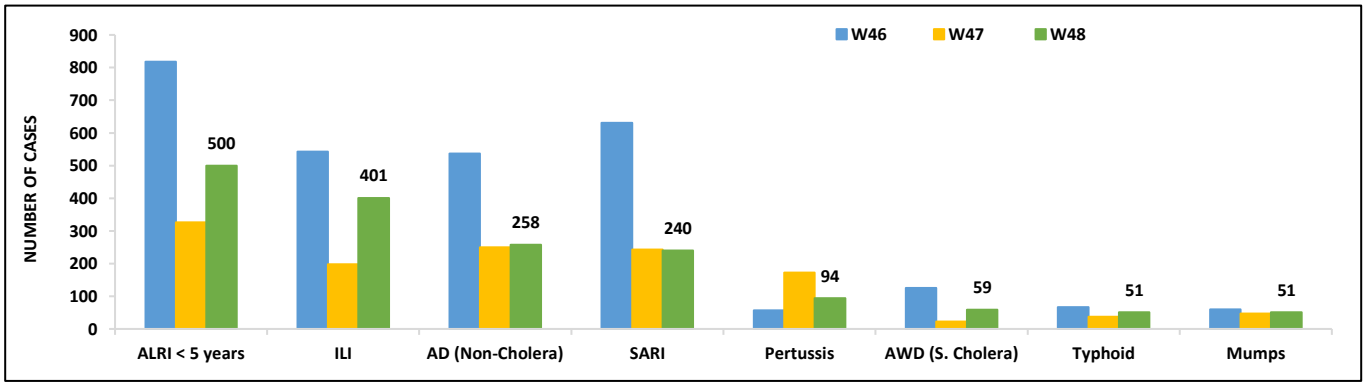
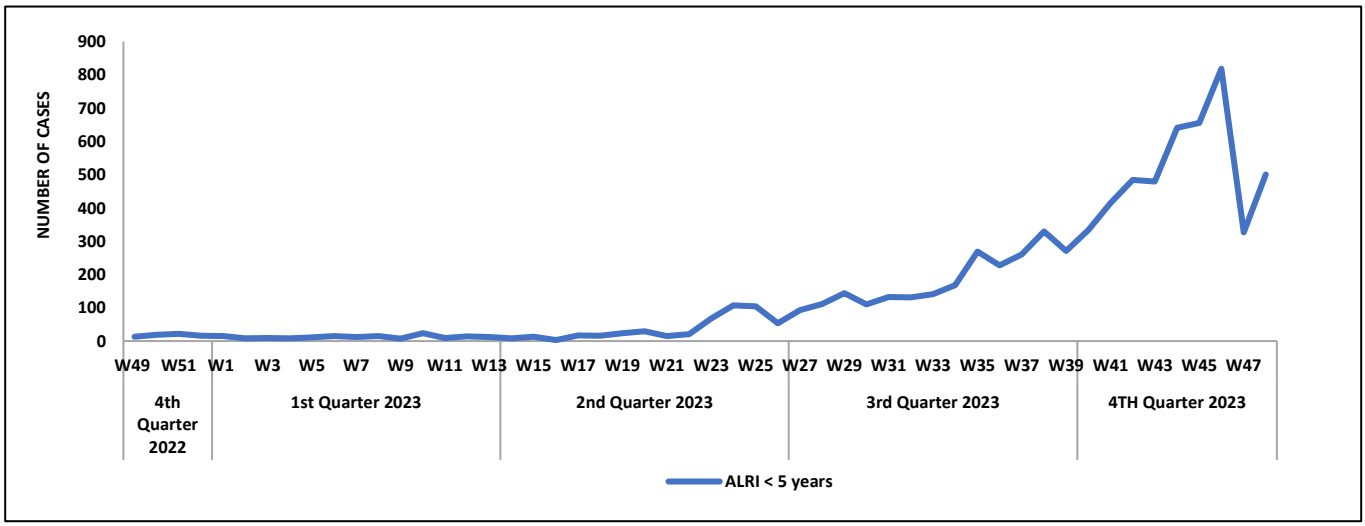


Figure 10: Week wise reported suspected cases of ALRI, GB



- 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

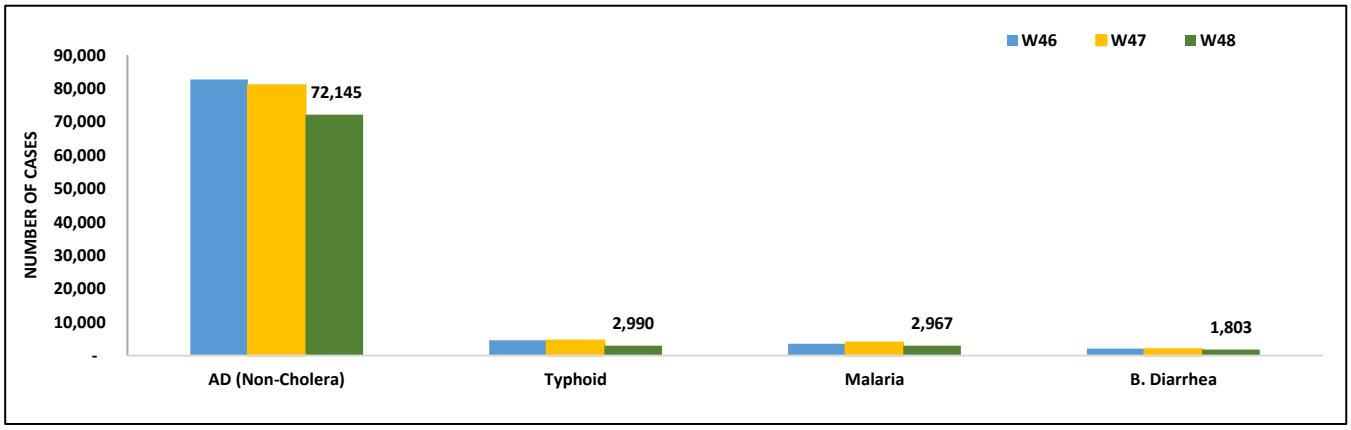


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 48

Diseases	Sindh	Balochistan	Punjab	KPK	ISL	Gilgit
Acute Watery Diarrhoea (S. Cholera)	0	0	-	0	0	0
Acute diarrhea(non-cholera)	0	0	-	0	0	0
Malaria	78	0	-	0	0	0
CCHF	0	0	-	0	0	0
Dengue	24	0	-	0	09	0
MPOX	0	0	-	0	0	0
Acute Viral Hepatitis(B)	0	0	-	0	1	0
Acute Viral Hepatitis(C)	**0**	0	-	0	3	0
Acute Viral Hepatitis(E)	0	0	-	0	0	0
Typhoid	5	0	-	0	1	0
Covid 19	0	0	-	0	0	0
TB	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 48

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	110	101	92%
	Bannu	244	110	45%
	Battagram	63	20	32%
	Buner	34	28	82%
	Bajaur	44	23	52%
	Charsadda	59	56	95%
	Chitral Upper	34	28	82%
	Chitral Lower	35	34	97%
	D.I. Khan	94	91	97%
	Dir Lower	74	71	96%
	Dir Upper	52	39	75%
	Hangu	22	21	95%
	Haripur	71	60	85%
	Karak	32	32	100%
	Khyber	64	15	23%
	Kohat	61	61	100%
	Kohistan Lower	11	11	100%
	Kohistan Upper	20	20	100%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	70	100%
	Lower & Central Kurram	40	10	25%
	Upper Kurram	42	13	31%
	Malakand	48	36	75%
	Mansehra	136	79	58%
	Mardan	80	75	94%
	Nowshera	54	50	93%
	North Waziristan	380	0	0%
	Peshawar	152	121	80%
	Shangla	65	20	31%
	Swabi	62	55	89%
	Swat	76	65	86%
	South Waziristan	133	48	36%
	Tank	34	30	88%
	Torghar	14	12	86%
	Mohmand	86	36	42%
	SD DI Khan	19	1	5%
	SD Peshawar	5	3	60%
	SD Tank	58	5	9%
	Mirpur	37	37	100%
	Bhimber	42	22	52%
	Kotli	60	59	98%
	Muzaffarabad	45	42	93%
	Poonch	46	46	100%
	Haveli	39	20	51%

Azad Jammu Kashmir	Bagh	40	31	78%
	Neelum	39	35	90%
	Jhelum Vellay	29	29	100%
	Sudhnooti	27	27	96%
Islamabad Capital Territory	ICT	35	20	57%
	CDA	35	20	57%
Balochistan	Gwadar	25	0	0%
	Kech	39	26	67%
	Khuzdar	20	17	85%
	Killa Abdullah	20	0	0%
	Lasbella	55	55	100%
	Pishin	62	4	6%
	Quetta	43	17	40%
	Sibi	36	36	100%
	Zhob	39	33	85%
	Jaffarabad	16	16	100%
	Naserabad	32	31	97%
	Kharan	29	29	100%
	Sherani	15	15	100%
	Kohlu	75	68	91%
	Chagi	35	28	80%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	33	94%
	Jhal Magsi	26	26	100%
	Sohbat pur	25	25	100%
	Surab	32	19	59%
	Mastung	45	45	100%
	Loralai	33	28	85%
	Killa Saifullah	28	27	96%
	Ziarat	29	20	69%
	Duki	31	28	90%
	Nushki	32	30	94%
	Dera Bugti	45	23	51%
	Washuk	46	24	52%
	Panjgur	38	12	32%
	Awaran	23	0	0%
	Chaman	24	23	96%
	Barkhan	20	20	100%
	Hub	33	33	100%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	31	97%
	Nagar	25	20	80%
	Ghizer	62	31	50%
	Gilgit	40	40	100%
	Diamer	78	40	51%
	Astore	54	53	98%
	Shigar	27	25	93%

	Skardu	52	47	90%
	Ganche	29	29	100%
	Kharmang	46	9	20%
Sindh	Hyderabad	73	32	44%
	Ghotki	64	64	100%
	Umerkot	43	32	74%
	Naushahro Feroze	107	63	59%
	Tharparkar	282	247	88%
	Shikarpur	60	60	100%
	Thatta	53	28	53%
	Larkana	67	66	99%
	Kamber Shadadkot	71	71	100%
	Karachi-East	23	22	96%
	Karachi-West	20	20	100%
	Karachi-Malir	37	19	51%
	Karachi-Kemari	18	9	50%
	Karachi-Central	11	9	82%
	Karachi-Korangi	18	10	56%
	Karachi-South	4	4	100%
	Sujawal	54	47	87%
	Mirpur Khas	106	54	51%
	Badin	124	62	50%
	Sukkur	64	63	98%
	Dadu	90	81	90%
	Sanghar	100	100	100%
	Jacobabad	44	42	95%
	Khairpur	169	166	98%
	Kashmore	59	59	100%
	Matiari	42	40	95%
	Jamshoro	68	68	100%
	Tando Allahyar	54	41	76%
	Tando Muhammad Khan	40	40	100%
	Shaheed Benazirabad	124	119	96%

A Note from Field Activities.

Forging a Path towards a Healthier Pakistan: A Summary of the National Consultative Workshop on the Development of the National Action Plan for Health Security (NAPHS Pakistan 2024-2028)

Dr. Mumtaz Ali Khan
Chief CDC Pakistan
NIH, Islamabad

In a concerted effort to safeguard the health of the nation, the National Institutes of Health Pakistan, under the aegis of the Ministry of NHSR&C, in collaboration with the World Health Organization (WHO), organized a two-day National Consultative Workshop on the Development of the National Action Plan for Health Security (NAPHS Pakistan 2024-2028). This pivotal gathering brought together provincial leadership, stakeholders, and development partners to harness their collective expertise and provide invaluable input into the methodology, tools, and processes underpinning the development of NAPHS in Pakistan.

The workshop marked a significant milestone in the nation's resolute endeavor to strengthen its health security architecture and effectively combat emerging and re-emerging health threats. The unwavering commitment of the Ministry of National Health Services, Regulations & Coordination Islamabad was evident in its unwavering support for this initiative. The overarching objective of the workshop was to foster a collaborative platform for NAPHS 2024-2028 development. Participants actively engaged in a series of discussions, regarding proposed methodology, tools, and processes for NAPHS development.

The workshop also provided a platform for participants to delve into the intricate details of the NAPHS framework, ensuring a comprehensive understanding of its components and their intended outcomes.

The workshop's outcomes have laid a solid foundation for the development of a robust and comprehensive NAPHS 2024-2028, in the later meetings and workshops. This 1st National Consultative Workshop on the developing understanding about process of National Action Plan for Health Security (NAPHS Pakistan 2024-2028) paved the way for the smooth progress in the strategic NAPHS development in Pakistan.

A Note from Field Activities.

Investigation of Suspected Measles Outbreak in Sohbatpur, Balochistan November

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

Background:

Measles, a highly contagious viral disease responsible for severe complications and even death,

remains a significant public health concern in Balochistan, Pakistan, particularly in areas plagued by low immunization rates and malnutrition. In response to a reported rise in measles cases within UC Sahnri, District Sohbatpur, during November 2023, a comprehensive investigation was initiated.

Objectives:

This investigation aimed to:

1. Determine the magnitude of the measles outbreak within UC Sahnri, Sohbatpur.
2. Assess the risk factors associated with measles transmission within the affected area.
3. Formulate effective recommendations to contain the outbreak and prevent future occurrences.

Methods:

A structured questionnaire aligned with the Integrated Disease Surveillance and Response (IDSR) framework was employed to assess clinical signs and symptoms, immunization status, age, sex, nutritional status, travel history, treatment history, and contact tracing for all suspected cases.

A suspected case was defined as "a child aged 0-60 months residing in UC Sahnri, Sohbatpur, between 15 October 2023 and 25 November 2023, presenting with fever (temperature ≥ 37.5°C) and a maculopapular skin rash lasting for three or more days, accompanied by at least one of the following: cough, coryza, and conjunctivitis."

Results:

The investigation identified six suspected measles cases, two of which were male and four female. Laboratory confirmation was obtained for four cases, while the remaining two were classified as EPI link cases. Notably, none of the affected children were immunized against measles. The affected area, characterized by poor accessibility, exhibited significantly low immunization coverage. Furthermore, malnutrition prevalence was evident among the affected children.

Discussion:

Based on the investigation findings, it can be inferred that the primary drivers of the measles outbreak in UC Sahnri were low immunization rates and malnutrition, facilitating child-to-child transmission within households and close contacts. The affected population encompassed individuals across various age groups, with a slight predominance among children aged 2-5 years. Notably, cases were geographically clustered within Village Sadar Deen.

Conclusion:

The measles outbreak in Sohbatpur serves as a stark reminder of the crucial role timely medical interventions and nutritional support play in safeguarding public health. The epidemiological investigations conducted during this outbreak revealed valuable insights into its nature and localized clustering within Village Sadar Deen. These findings underscore the urgent need for prompt and coordinated actions to effectively control future outbreaks and bolster public health resilience within the region.

Letter to Editor.

A Resurgence of Polio: A Call for Renewed Vigilance and Collaborative Action

Dr. Muhammad Ali Mirza
District Surveillance coordinator,
DHA Rawalpindi

The recent case of a nine-month-old child contracting polio in Pakistan's Orakzai district, the first such occurrence in twelve years, serves as a stark reminder that this debilitating disease continues to pose a significant threat to vulnerable children globally. This incident compels us to take immediate and sustained action to achieve the long-held goal of global polio eradication.

While the government's efforts through mass vaccination campaigns are commendable and acknowledge the critical role they play, it is crucial to recognize that community engagement is the cornerstone of success in this ongoing fight. Misinformation and vaccine hesitancy remain significant challenges, and overcoming them requires a concerted effort from healthcare professionals, community leaders, and individual citizens. We must

work together to educate and empower communities, addressing their concerns and fostering a culture of acceptance and understanding around the importance of vaccination for all children under five.

Furthermore, the detection of wild poliovirus in environmental samples across twelve districts raises serious concerns about the virus's widespread circulation within Pakistan. This information serves as a valuable early warning system, enabling the implementation of rapid response strategies to identify and vaccinate potentially infected populations. We must leverage this critical data to ensure swift and comprehensive action to contain the spread of the virus and protect vulnerable communities.

The ongoing nationwide polio campaign presents a pivotal opportunity to protect children and ensure their future well-being. We urge all parents and caregivers to prioritize the health of their children by ensuring they receive the life-saving polio vaccine during this critical time. By working together with unwavering commitment and collaborative action, we can create a future where no child ever again suffers the devastating consequences of polio

Knowledge Hub

Understanding Severe Acute Respiratory Illness (SARI): A Guide to Awareness and Prevention

Severe acute respiratory illness (SARI) is a serious public health concern, affecting individuals of all ages worldwide. With its rapid spread and potential for severe complications, understanding SARI is crucial for individuals and communities to take proactive measures for prevention and protection.

What is SARI?

Defined by the World Health Organization (WHO), SARI is a clinical term used to describe an acute respiratory illness characterized by a sudden onset of fever (temperature >38°C) and cough, requiring hospitalization. The term "acute" refers to the rapid onset of symptoms, while "severe" signifies the illness's seriousness, often requiring medical intervention.

Causes and Transmission:

SARI can be caused by various infectious agents, including viruses, bacteria, and fungi. Some common viral culprits include influenza A and B viruses, respiratory syncytial virus (RSV), and adenoviruses. Bacterial causes include Streptococcus pneumoniae and Mycoplasma pneumoniae. Fungal infections, though rarer, can also contribute to SARI cases.

Transmission of SARI primarily occurs through respiratory droplets expelled when an infected individual cough, sneezes, or talks. These droplets can directly infect others or contaminate surfaces, potentially leading to indirect transmission. Additionally, some SARI-causing viruses, like RSV, can spread through close contact via handshakes or touching contaminated surfaces.

Symptoms and Complications:

Symptoms of SARI can vary depending on the causative agent and individual susceptibility. However, some common symptoms include Fever (temperature >38°C), Cough, Difficulty breathing or shortness of breath, Chest pain, Muscle aches and Fatigue

In severe cases, SARI can lead to complications such as pneumonia, acute respiratory distress syndrome (ARDS), and even death. It's crucial to seek immediate medical attention if you experience any of the above symptoms, especially if they are severe or worsen over time.

Prevention and Protection:

Despite the potential seriousness of SARI, simple measures can significantly reduce the risk of infection and transmission:

- Vaccination: Regular vaccination against influenza, pneumonia, and other SARI-causing viruses is one of the most effective preventive measures.
- Hand hygiene: Frequent and thorough handwashing with soap and water,

especially after contact with potentially contaminated surfaces, is essential.

- Respiratory hygiene: Covering your mouth and nose with a tissue or your elbow when coughing or sneezing helps prevent droplet spread.
- Social distancing: Maintaining a safe distance from individuals exhibiting respiratory symptoms creates a barrier against direct droplet transmission.
- Staying home when sick: If you're feeling unwell, avoid contact with others and stay home to prevent further spread of the illness.
- Maintaining good overall health: Eating a healthy diet, exercising regularly, and getting enough sleep strengthen your immune system and help fight off infections.

Conclusion:

By understanding SARI and practicing preventive measures like vaccination, good hygiene, and social distancing, we can collectively mitigate the risks and protect ourselves and our communities from the potential dangers of this serious respiratory illness. Remember, early diagnosis, prompt treatment, and preventive measures are key to minimizing the impact of SARI and safeguarding public health.

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.

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