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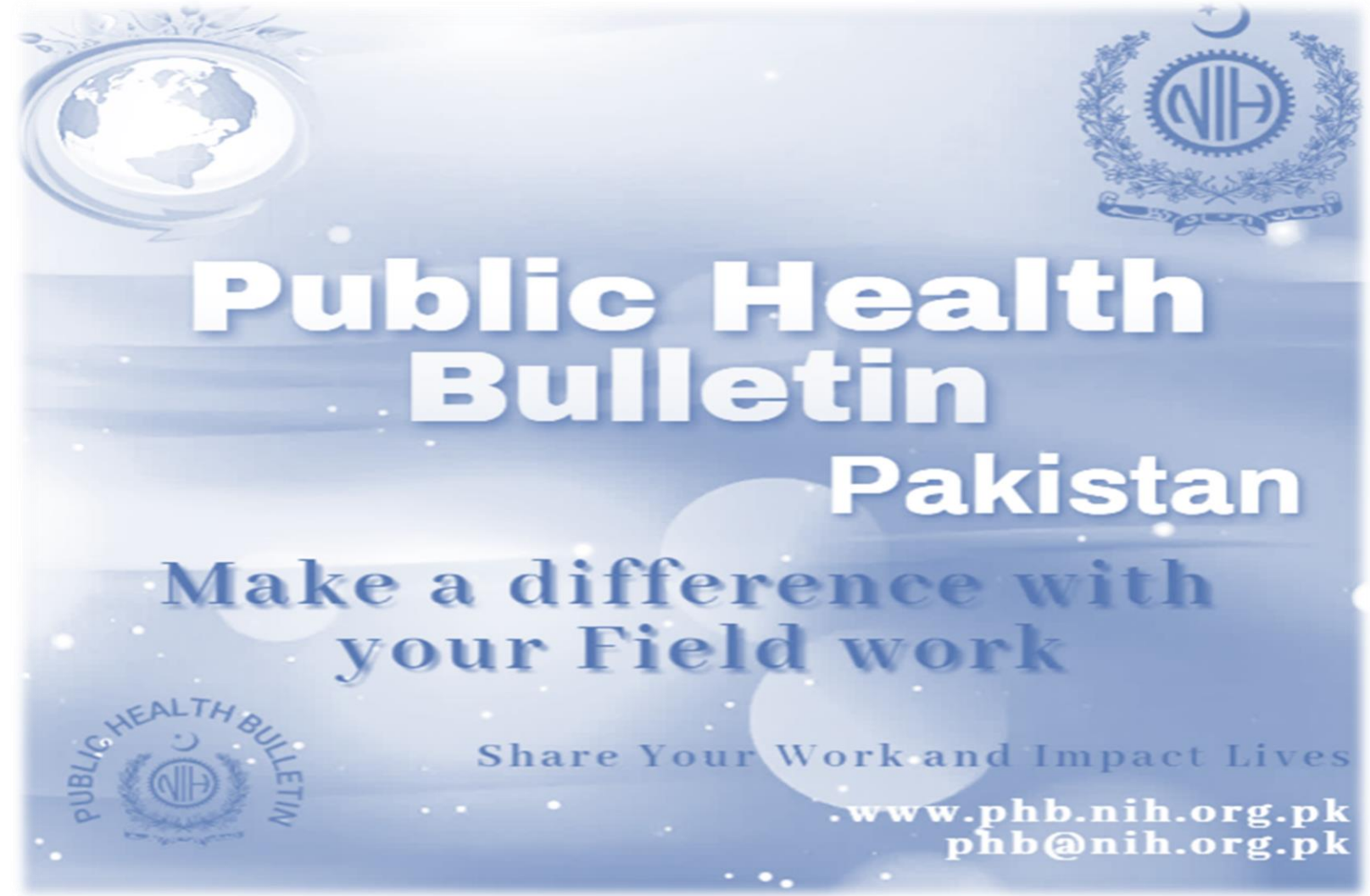
Integrated Disease Surveillance & Response (IDSR) Report

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 49, 2023

This edition of the Public Health Bulletin presents a comprehensive overview of the most noteworthy public health developments in Pakistan during Week 49 of 2023.

While the recent temperature decline offered some reprieve, Acute Diarrhea (Non-Cholera) and Malaria remained prevalent across all provinces. Continued vigilance and targeted public health interventions remain crucial to mitigate future cases. Additionally, an overall increase in Influenza-like Illness (ILI) was observed, particularly in Sindh. Similarly, high numbers of Severe Acute Respiratory Infections (SARI) were reported in Khyber Pakhtunkhwa and Balochistan. Field investigations are necessary to verify and understand these trends, ultimately guiding targeted interventions for disease control and prevention.

Beyond epidemiological updates, this edition delves into insights gained from the recently held National Consultative Workshop on the Development of the National Action Plan for Health Security (NAPHS). Furthermore, it provides detailed field activity reports on the Investigation of Suspected Measles Outbreak in Zhob, Balochistan. Recognizing the importance of individual responsibility, the concluding section focuses on Understanding and Awareness on Respiratory Health and Etiquette, encouraging the public to prioritize personal hygiene and seek medical attention when necessary.

The Public Health team reiterates the importance of remaining vigilant and actively seeking medical attention should individuals 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 49, most frequent reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, B. Diarrhea, Typhoid, SARI, dog bite and AVH (A&E).*
- *Despite the drop-in temperature, AD and Malaria continued to be reported in high numbers from all provinces of the country. Public health intervention required targeting risk factors to avoid cases in the future.*
- *There is overall an increase in cases of ILI especially from Sindh whereas KPK and Balochistan reported high numbers of SARI cases. Field investigation required to verify cases.*

IDSR compliance attributes

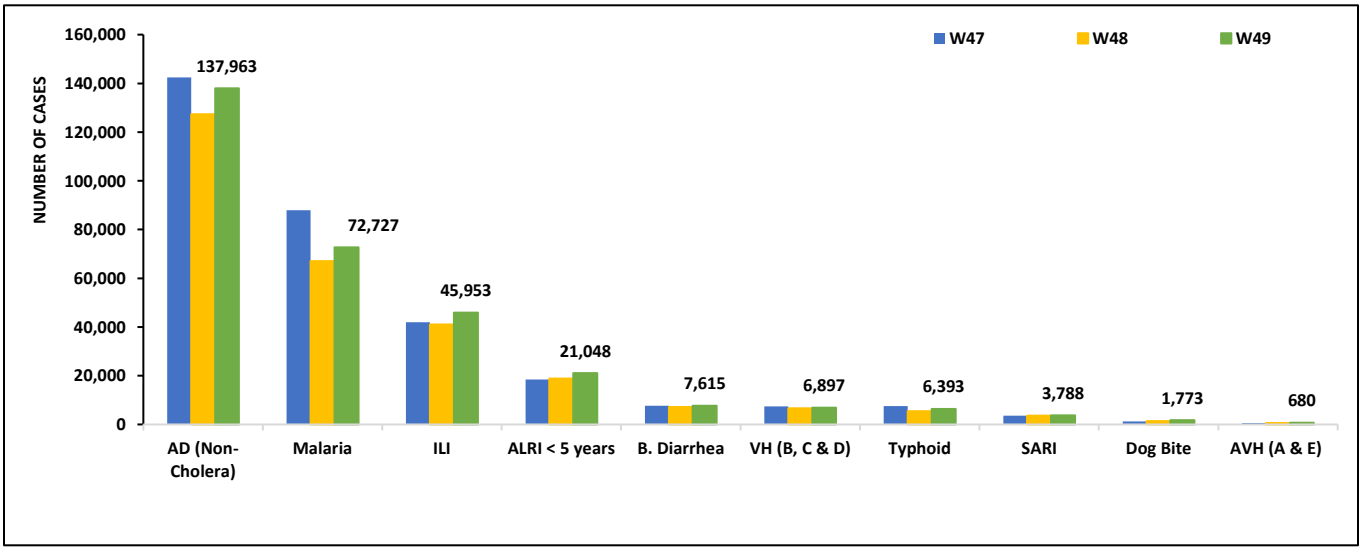
- *The national compliance rate for IDSR reporting in 124 implemented districts* is 72%
- *AJK and Sindh are the top reporting region with a compliance rate of 91% and 87% followed by Gilgit Baltistan 78% and Baluchistan with 75%*
- *The lowest compliance rate was observed in ICT.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2689	1552	58
Azad Jammu Kashmir	384	351	91
Islamabad Capital Territory	70	12	17
Balochistan	1178	879	75
Gilgit Baltistan	418	324	78
Sindh	2092	1830	87
National	6831	4948	72

Table 1: Province/Area wise distribution of most frequently reported suspected cases during week 49, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,254	5,439	457	66	15,855	78,338	36,554	137,963
Malaria	75	8,293	0	0	4,839	3,852	55,668	72,727
ILI	3,619	7,856	524	395	8,354	NR	25,205	45,953
ALRI < 5 years	1,675	2,585	703	0	3,174	NR	12,911	21,048
B. Diarrhea	56	1,597	58	1	581	1,898	3,424	7,615
VH (B, C & D)	8	138	2	0	97	NR	6,652	6,897
Typhoid	29	739	51	0	624	2,895	2,058	6,396
SARI	317	1,238	360	0	1,546	NR	327	3,788
Dog Bite	36	284	0	0	207	NR	1,246	1,773
AVH (A & E)	27	22	3	0	165	NR	463	680
AWD (S. Cholera)	33	334	96	0	113	NR	59	635
Mumps	55	100	41	0	90	NR	289	575
Measles	11	65	8	0	219	NR	123	426
Pertussis	1	109	44	0	27	NR	6	283
Chickenpox/ Varicella	12	20	6	0	86	57	24	205
Dengue	0	0	0	1	17	NR	142	160
Gonorrhea	0	92	3	0	5	NR	19	119
VL	0	45	13	0	30	NR	0	88
Brucellosis	0	3	0	0	2	NR	48	53
AFP	0	0	0	0	29	NR	11	40
Syphilis	0	19	2	0	0	NR	14	35
Meningitis	5	7	1	0	8	NR	10	31
Diphtheria (Probable)	1	10	0	0	17	NR	0	28
NT	0	0	0	0	10	NR	0	10
HIV/AIDS	0	3	0	0	0	NR	4	7
Chikungunya	0	2	4	0	0	NR	0	6
Rubella (CRS)	0	1	3	0	0	NR	0	4
Leprosy	0	0	1	0	0	NR	0	1

Figure 1: Most frequently reported suspected cases during week 49, Pakistan.



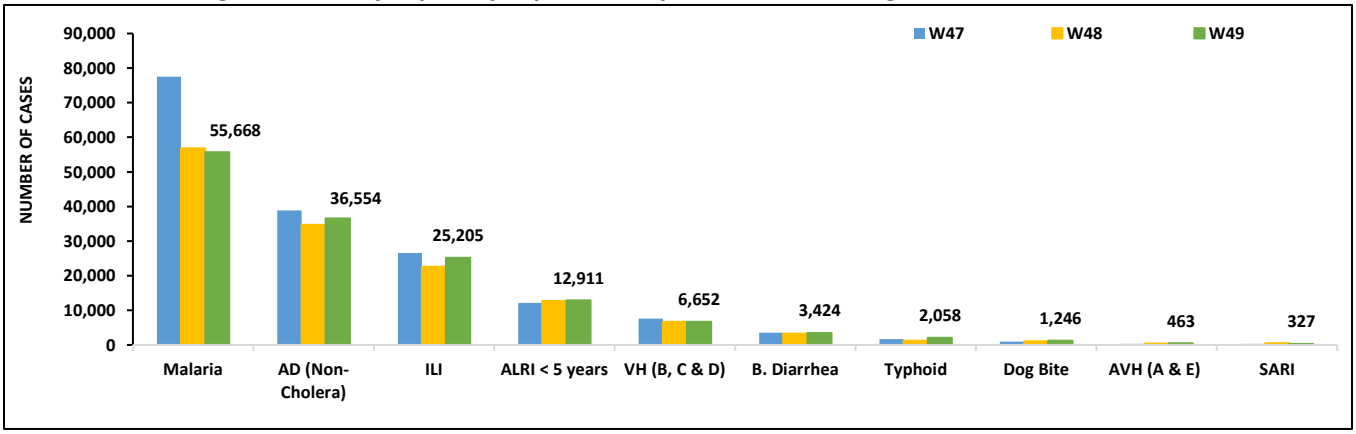
Sindh

- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 years, VH (B, C, D), B. Diarrhea, Typhoid, dog bite, AVH (A&E) and SARI.
- SARI cases reported in high numbers from Dadu and Khairpur. All are suspected cases, however field investigation to verify cases is required.
- Trends for ILI and AD cases showed a slight rise in cases whereas Malaria cases declined.

Table 2: District wise distribution of most frequently reported suspected cases during week 49, Sindh

DISTRICTS	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Typhoid	Dog Bite	AVH (A&E)	SARI
Badin	2,115	2,257	503	601	310	234	41	60	3	15
Dadu	4,911	2,823	790	1,033	0	495	524	54	8	105
Ghotki	667	766	0	614	274	133	0	74	1	0
Hyderabad	228	1,749	362	66	67	33	14	0	0	0
Jacobabad	2,364	897	279	1,612	319	78	21	99	0	26
Jamshoro	2,004	1,251	73	246	116	85	57	15	4	10
Kamber	4,503	1,757	0	408	578	186	41	38	0	0
Karachi Central	29	879	1,955	62	322	16	84	0	12	0
Karachi East	120	555	303	4	0	8	2	9	1	1
Karachi Keamari	4	249	128	7	0	1	2	0	7	0
Karachi Korangi	37	178	1	2	0	2	1	0	0	0
Karachi Malir	45	482	1,971	122	5	55	29	25	3	9
Karachi South	34	79	0	0	0	0	0	0	0	0
Karachi West	92	832	789	205	24	35	33	32	4	21
Kashmore	2,426	653	1,026	226	42	66	10	110	0	0
Khairpur	6,140	2,822	3,842	1,423	1,139	609	797	154	3	84
Larkana	7,687	1,939	5	611	185	304	10	0	0	0
Matiari	1,308	1,434	20	368	346	54	7	19	1	0
Mirpurkhas	2,252	1,404	4,170	778	182	64	11	78	0	0
Naushero Feroze	1,343	846	1,524	193	61	56	64	55	0	0
Sanghar	2,474	1,668	58	653	892	38	35	110	0	0
Shaheed Benazirabad	1,470	1,654	0	548	122	92	153	25	0	4
Shikarpur	2,900	1,417	6	206	219	137	2	106	0	12
Sujawal	712	663	0	96	71	34	9	23	71	0
Sukkur	3,046	1,515	2,194	591	321	205	6	62	0	1
Tando Allahyar	1,091	1,006	1,067	333	432	93	16	4	2	2
Tando Muhammad Khan	800	878	0	230	94	105	1	0	0	3
Tharparkar	2,039	1,933	2,441	1,048	61	120	47	2	19	33
Thatta	1,530	1,149	1,698	321	146	53	17	92	324	1
Umerkot	1,297	819	0	304	324	33	24	0	0	0
Total	55,668	36,554	25,205	12,911	6,652	3,424	2,058	1,246	463	327

Figure 2: Most frequently reported suspected cases during week 49 Sindh



Balochistan

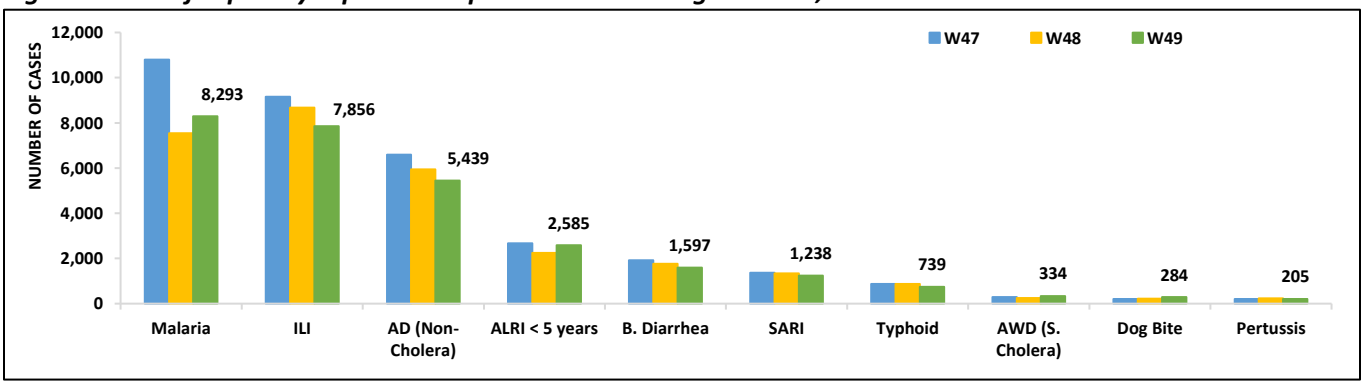
- Malaria, ILI, AD (Non-Cholera), ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), dog bite and Pertussis were the most frequently reported diseases from Balochistan province. Trend for ILI, AD showed decline whereas for Malaria cases slight rise observed this week.
- Pertussis cases were reported in high numbers from many districts. All are suspected cases and need field investigation to verify the cases.

Chaman, Musa Khel and Sibi reported AWD cases in increased numbers. Field investigations are required to find out the verify cases.

Table 3: District wise distribution of most frequently reported suspected cases during week 49, Balochistan

Districts	Malaria	ILI	AD Non-Cholera)	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S.Cholera)	Dog Bite	Pertussis
Awaran	0	0	0	0	0	0	0	0	0	0
Barkhan	56	180	92	185	21	5	44	10	10	15
Chagai	61	386	179	0	62	0	33	13	0	0
Chaman	32	176	110	59	69	9	32	46	0	12
Dera Bugti	241	66	70	55	56	37	25	5	0	5
Duki	55	82	113	40	66	82	12	19	1	34
Gwadar	96	803	244	23	48	0	6	0	0	0
Harnai	83	36	133	259	88	0	2	7	5	0
Hub	303	136	204	46	55	75	6	0	90	0
Jaffarabad	1,386	90	533	19	55	2	2	0	25	0
Jhal Magsi	1,119	236	403	139	23	0	22	4	19	24
Kachhi (Bolan)	337	43	107	9	42	57	49	15	0	4
Kalat	34	37	51	24	15	2	53	0	0	0
Kech (Turbat)	180	139	45	95	5	7	NR	2	NR	NR
Kharan	77	428	128	0	54	0	1	12	0	0
Khuzdar	68	157	92	0	36	8	27	0	7	4
Killa Saifullah	153	7	130	161	56	49	26	1	0	24
Kohlu	145	770	228	77	167	204	64	37	2	27
Lasbella	625	126	200	114	12	32	3	10	5	0
Loralai	49	308	139	60	67	80	22	1	0	1
Mastung	43	308	177	75	34	118	26	5	22	7
Musa Khel	174	89	72	25	22	30	29	42	0	19
Naseerabad	684	1	256	7	21	0	48	0	4	1
Nushki	9	36	127	0	65	2	0	0	0	0
Panjgur	111	80	124	50	31	2	4	12	0	9
Pishin	2	106	48	35	21	0	4	0	5	0
Sherani	5	153	32	1	16	120	7	0	0	0
Sibi	686	1,634	290	113	55	101	33	70	3	14
Sohbat pur	612	21	293	124	94	36	41	0	4	0
Surab	42	122	65	25	5	37	60	0	0	0
Usta Muhammad	649	182	394	297	28	31	10	0	0	0
Washuk	51	311	117	10	100	5	4	0	0	0
Zhob	81	238	139	381	54	103	13	10	0	2
Ziarat	44	369	104	77	54	4	31	13	82	3
Total	8,293	7,856	5,439	2,585	1,597	1,238	739	334	284	109

Figure 3: Most frequently reported suspected cases during week 49, Balochistan

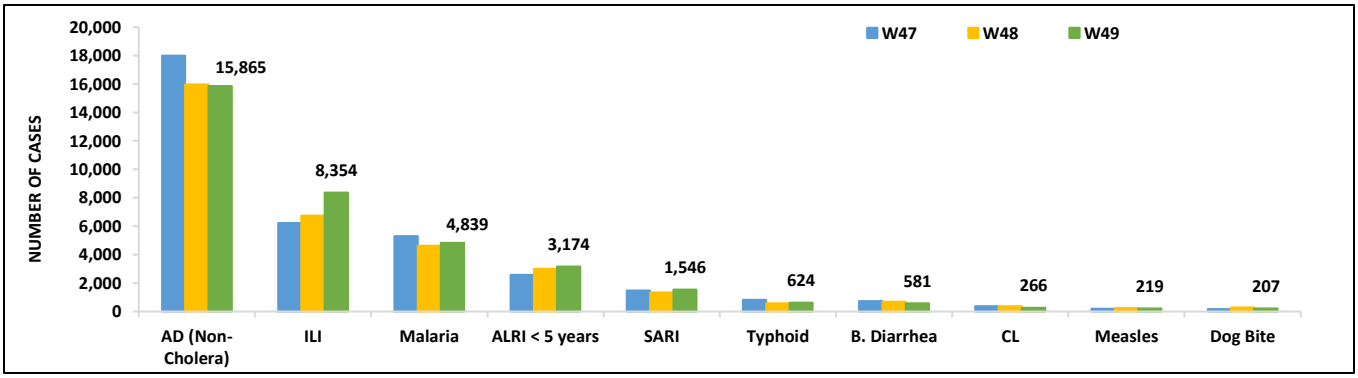


- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, SARI, B. Diarrhea, Typhoid, CL, Measles and dog bite cases.
- A rise in ILI cases observed this week.
- Chitral upper, Karak and Peshawar reported an increased number of Measles cases. These are suspected cases and a field investigation is required to verify cases.
- Cutaneous Leishmaniasis cases reported in high numbers from Mohmand and Karak districts which needs verification.

Table 4: District wise distribution of most frequently reported suspected cases during week 49, KP

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI <5 Years	SARI	Typhoid	B. Diarrhea	CL	Measles	Dog Bite
Abbottabad	381	38	2	22	22	8	0	0	1	2
Bajaur	225	46	84	8	113	0	9	0	5	0
Bannu	638	40	1,074	29	2	62	7	0	5	4
Battagram	126	459	55	0	0	0	0	0	2	0
Buner	273	0	194	68	0	7	1	0	0	13
Charsadda	888	511	380	155	124	38	27	1	5	0
Chitral Lower	178	131	4	39	53	7	6	3	2	5
Chitral Upper	86	8	3	19	8	27	6	0	0	1
D.I. Khan	828	13	397	25	41	0	29	0	35	7
Dir Lower	832	1	640	422	4	28	77	9	21	11
Dir Upper	251	361	6	39	9	24	7	5	3	3
Hangu	173	286	362	10	4	5	5	19	4	0
Haripur	804	999	14	425	47	60	10	0	1	0
Karak	186	65	138	11	0	5	0	45	38	36
Khyber	37	65	80	14	14	3	16	11	1	0
Kohat	54	3	17	1	1	0	0	0	2	1
Kohistan Lower	42	0	1	7	0	1	5	0	0	0
Kohistan Upper	154	48	1	23	13	8	5	0	0	0
Kolai Palas	39	0	2	5	12	0	19	0	0	0
L & C Kurram	25	174	0	0	0	0	0	0	0	0
Lakki Marwat	415	0	227	82	0	16	12	0	0	10
Malakand	400	46	17	112	23	36	28	7	13	0
Mansehra	429	1,017	2	106	120	1	4	0	2	0
Mardan	861	174	15	515	0	0	17	4	1	1
Mohmand	154	102	118	11	34	21	17	99	0	7
Nowshera	1,045	0	34	1	31	14	20	7	2	0
Peshawar	2,810	1,538	135	487	183	153	133	23	29	4
SD DI Khan	0	0	3	0	0	1	0	0	0	0
SD Peshawar	1	75	7	0	0	0	0	0	0	0
SD Tank	1	0	2	0	0	0	1	0	0	0
Shangla	304	51	171	26	36	17	0	0	1	21
SWA	51	467	77	129	39	35	18	31	2	34
Swabi	854	901	30	288	88	26	19	0	13	3
Swat	1713	190	10	60	0	1	5	0	9	14
Tank	379	0	510	12	0	1	3	0	6	0
Tor Ghar	30	0	30	4	28	3	18	2	2	22
Upper Kurram	198	545	2	19	497	16	57	0	14	8
Total	15865	8354	4844	3174	1546	624	581	266	219	207

Figure 4: Most frequently reported suspected cases during week 49, 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 decreasing trend in cases this week.

AJK: ILI cases were maximum followed by ALRI <5 years, AD (Non-Cholera), SARI, Malaria, B. Diarrhea, Mumps, dog bite, AWD and Typhoid. A rise in trends for ILI and ALRI<5years cases observed this week.

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

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

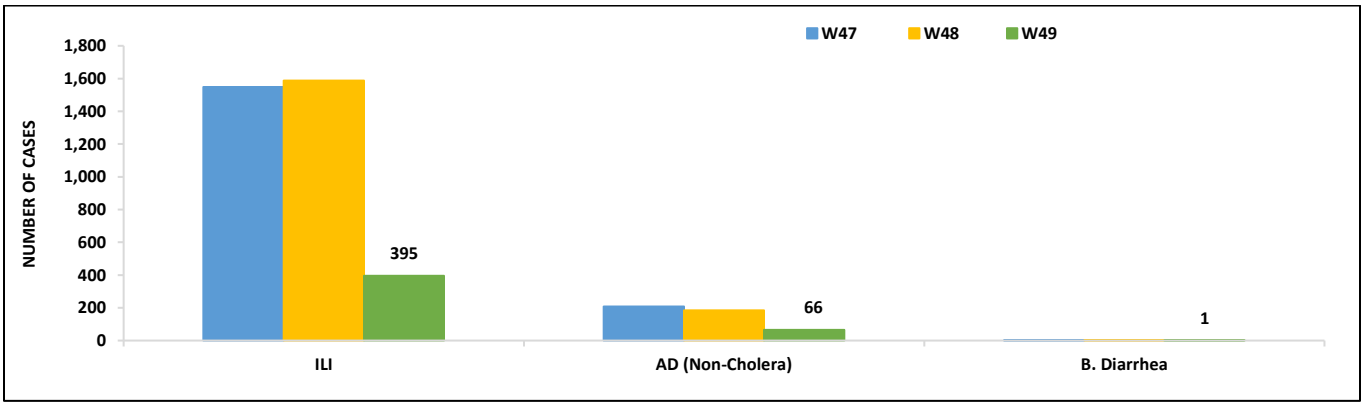


Figure 6: Week wise reported suspected cases of ILI, ICT

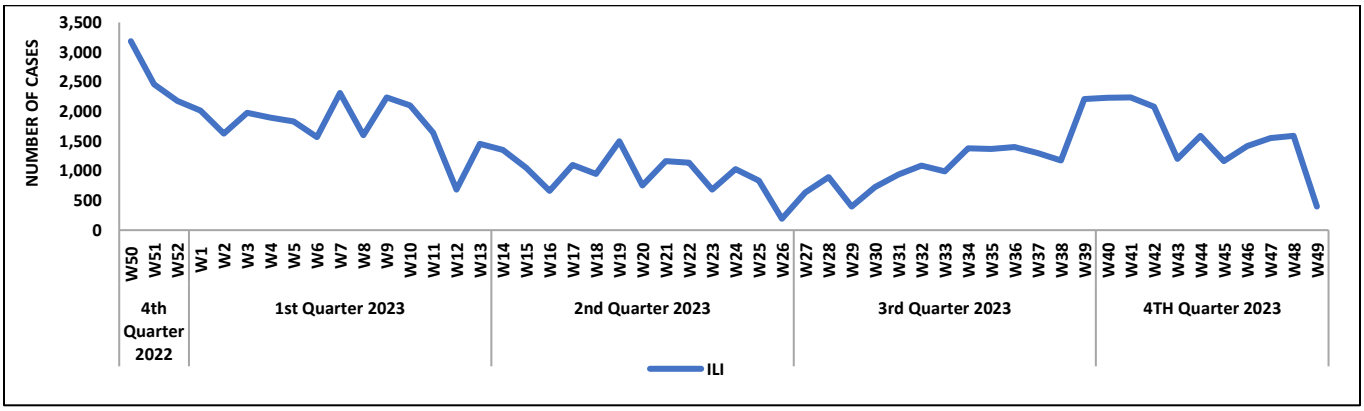


Figure 7: Most frequently reported suspected cases during week 49, AJK

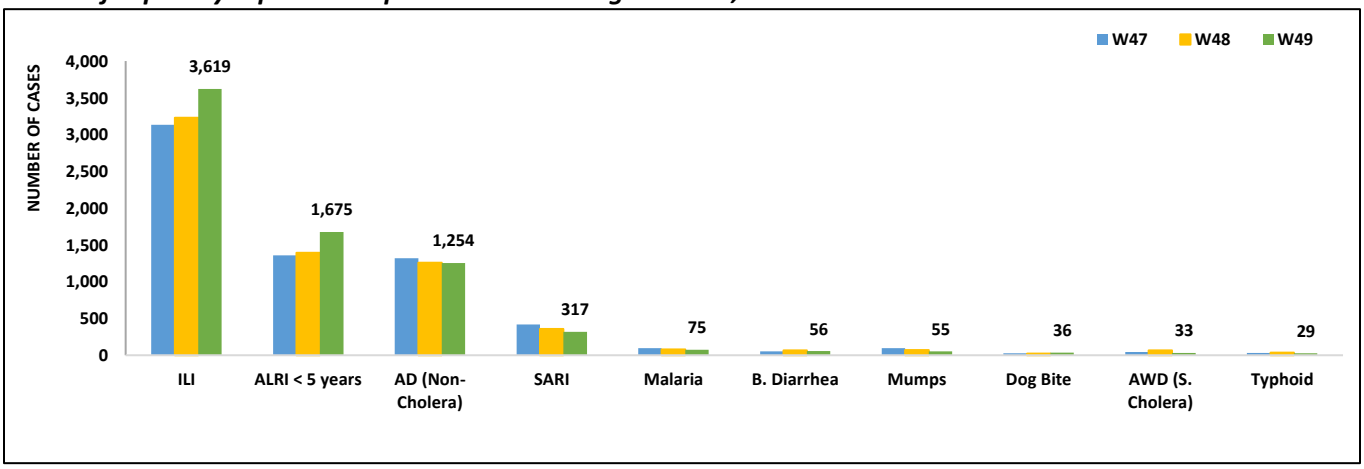


Figure 8: Week wise reported suspected cases of ILI and ALRI<5 years AJK

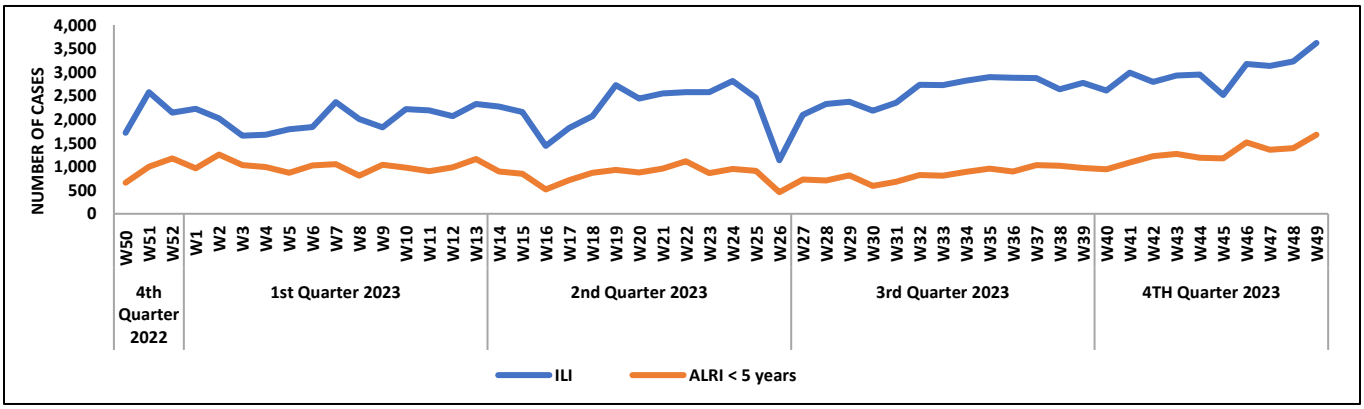


Figure 9: Most frequent cases reported during WK 49, GB

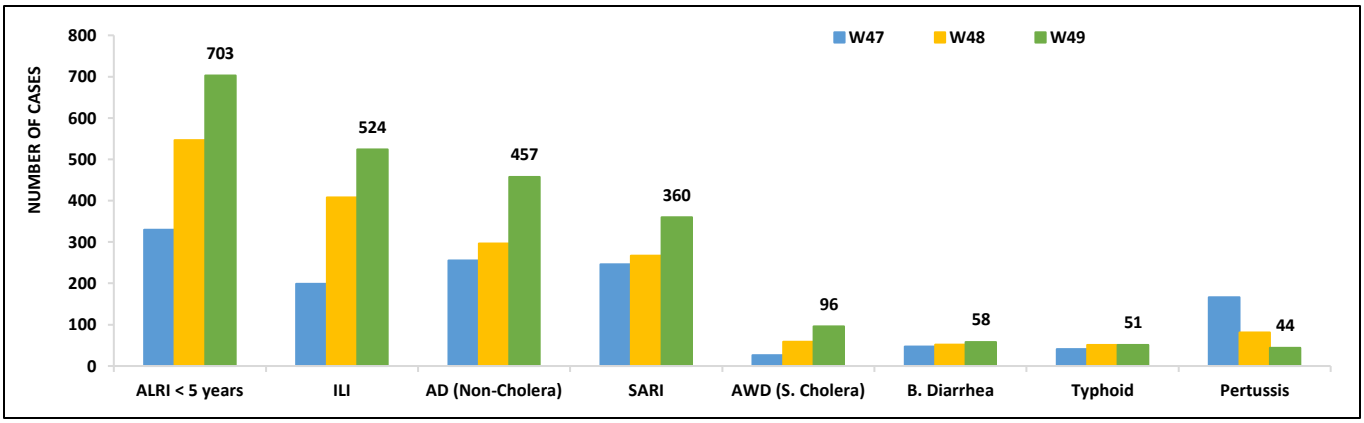
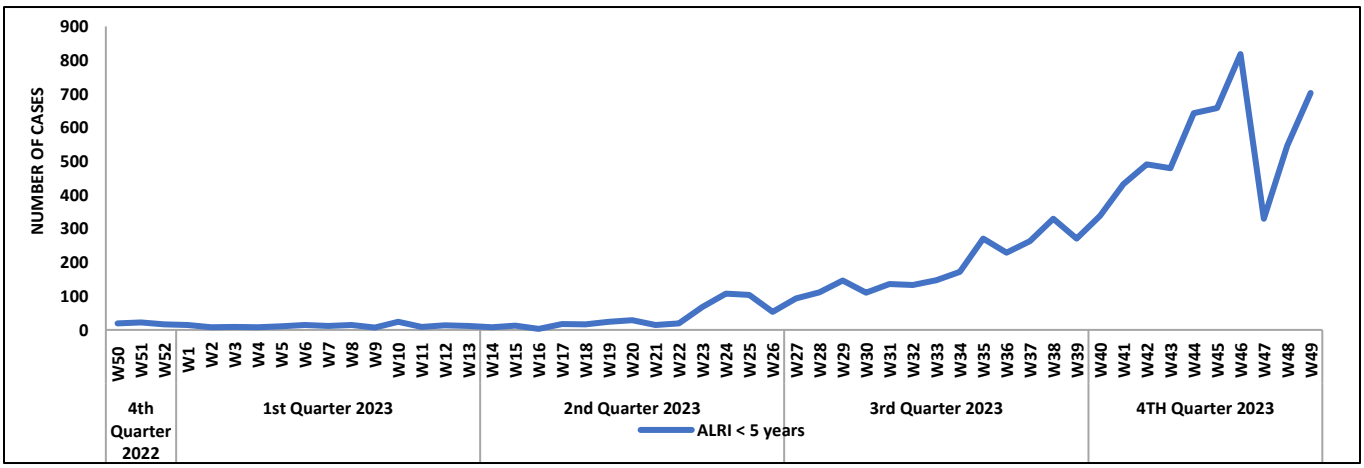


Figure 10: Week wise reported suspected cases of ALRI, GB



- Cases of AD (Non-Cholera) were maximum followed by Typhoid, Malaria and B. Diarrhea. Trends for AD cases remained same this week.

Figure 11: District wise distribution of most frequently reported suspected cases during week 49, Punjab

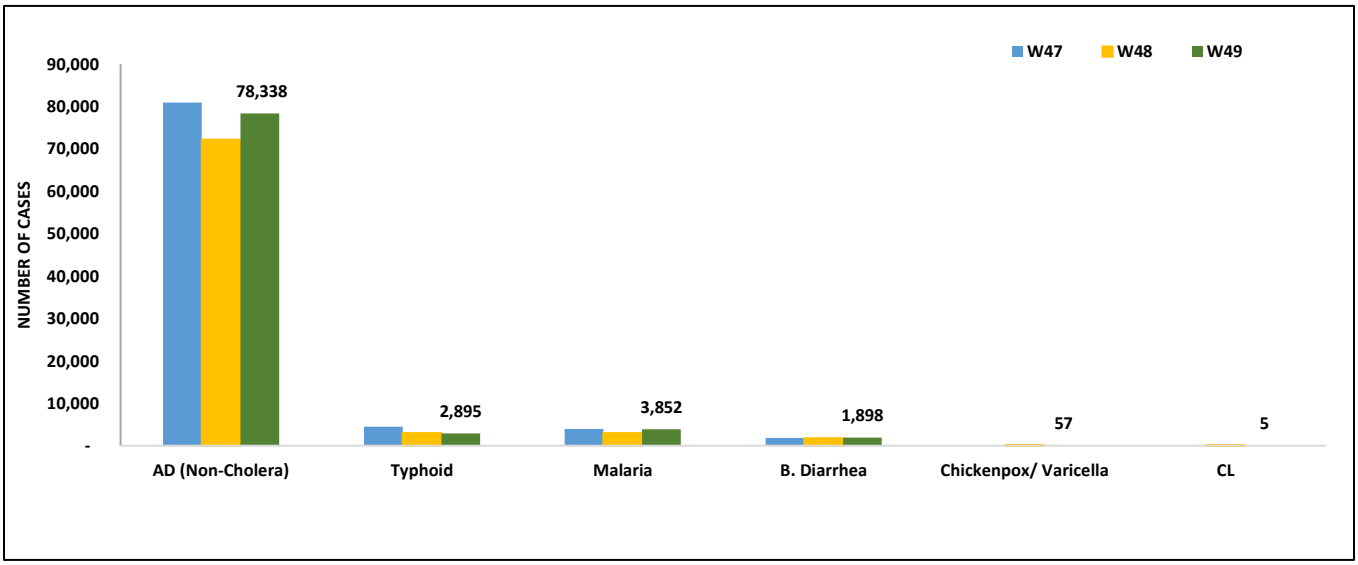


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 49

Diseases	Sindh	Balochistan	Punjab	KPK	ISL	Gilgit
Acute Watery Diarrhoea (S. Cholera)	0	-	-	-	-	-
Acute diarrhea(non-cholera)	0	-	0	-	-	-
Malaria	312	-	-	-	-	-
CCHF	-	0	-	0	0	-
Influenza	-	-	-	22	-	-
Dengue	2	2	-	-	7	-
Acute Viral Hepatitis(A)	0	-	-	-	-	0
Acute Viral Hepatitis(B&C)	68	6	-	-	-	0
Mumps	0	-	-	-	0	-
Typhoid	6	-	-	0	-	-
Covid 19	-	3	-	0	0	0
MPOX	-	-	-	1	-	-

IDSR Reports Compliance

- Out OF 125 IDSR implemented districts, compliance is low from ICT & KPK. Green color showing >50% compliance while red color is <50% compliance

Table 6: IDSR reporting districts Week 49

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	110	100	91%
	Bannu	244	108	44%
	Battagram	63	17	27%
	Buner	34	27	79%
	Bajaur	44	25	57%
	Charsadda	59	55	93%
	Chitral Upper	34	27	79%
	Chitral Lower	35	35	100%
	D.I. Khan	94	89	95%
	Dir Lower	74	73	99%
	Dir Upper	52	43	83%
	Hangu	22	21	95%
	Haripur	71	61	86%
	Karak	32	32	100%
	Khyber	64	12	19%
	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	6	15%
	Upper Kurram	42	12	29%
	Malakand	48	37	77%
	Mansehra	136	79	58%
	Mardan	80	74	93%
	Nowshera	54	52	96%
	North Waziristan	380	0	0%
	Peshawar	153	117	76%
	Shangla	65	20	31%
	Swabi	62	60	97%
	Swat	76	67	88%
	South Waziristan	133	47	35%
	Tank	34	31	91%
	Torghar	14	12	86%
	Mohmand	86	35	41%
	SD DI Khan	19	1	5%
	SD Peshawar	5	3	60%
	SD Tank	58	2	3%
	Mirpur	37	37	100%
	Bhimber	22	20	91%
	Kotli	60	53	88%
	Muzaffarabad	45	43	96%
	Poonch	46	46	100%
	Haveli	39	20	51%

Azad Jammu Kashmir	Bagh	40	39	98%
	Neelum	39	37	95%
	Jhelum Vellay	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	35	6	17%
	CDA	35	6	17%
Balochistan	Gwadar	25	21	84%
	Kech	39	4	10%
	Khuzdar	20	19	95%
	Killa Abdullah	20	0	0%
	Lasbella	55	51	93%
	Pishin	62	5	8%
	Quetta	43	0	0%
	Sibi	36	36	100%
	Zhob	39	33	85%
	Jaffarabad	16	14	88%
	Naserabad	32	32	100%
	Kharan	29	29	100%
	Sherani	15	13	87%
	Kohlu	75	73	97%
	Chagi	35	31	89%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	34	97%
	Jhal Magsi	26	26	100%
	Sohbat pur	25	24	96%
	Surab	32	19	59%
	Mastung	45	45	100%
	Loralai	33	22	67%
	Killa Saifullah	28	27	96%
	Ziarat	29	24	83%
	Duki	31	28	90%
	Nushki	32	30	94%
	Dera Bugti	45	23	51%
	Washuk	46	19	41%
	Panjgur	38	13	34%
	Awaran	23	12	52%
	Chaman	24	23	96%
	Barkhan	20	19	95%
	Hub	33	33	100%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	31	97%
	Nagar	20	20	100%
	Ghizer	40	30	75%
	Gilgit	40	39	98%
	Diamer	78	37	47%
	Astore	54	54	100%
	Shigar	27	23	85%

	Skardu	52	51	98%
	Ganche	29	29	100%
	Kharmang	46	10	22%
Sindh	Hyderabad	73	31	42%
	Ghotki	64	64	100%
	Umerkot	43	29	67%
	Naushahro Feroze	107	63	59%
	Tharparkar	282	256	91%
	Shikarpur	60	60	100%
	Thatta	53	48	91%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	23	21	91%
	Karachi-West	20	20	100%
	Karachi-Malir	37	15	41%
	Karachi-Kemari	18	6	33%
	Karachi-Central	11	7	64%
	Karachi-Korangi	18	12	67%
	Karachi-South	4	4	100%
	Sujawal	54	50	93%
	Mirpur Khas	106	62	58%
	Badin	127	111	87%
	Sukkur	64	62	97%
	Dadu	90	90	100%
	Sanghar	100	94	94%
	Jacobabad	44	41	94%
	Khairpur	169	163	96%
	Kashmore	59	58	98%
	Matiari	42	41	98%
	Jamshoro	68	68	100%
	Tando Allahyar	54	53	98%
	Tando Muhammad Khan	40	40	100%
	Shaheed Benazirabad	124	123	99%

A Note from Field Activities.

From Brainstorming to Momentum: NAPHS Workshop Shapes Health Security Strategy with Collaborative Push

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

Following the momentum of the inaugural NAPHS strategy development workshop, a productive follow-up session took place at Ramada Murree on December 11-13, 2023. Organized by the Ministry of National Health Services Regulation and Coordination and supported by the World Health Organization, this session saw diverse stakeholders engage in a collaborative effort to strengthen Pakistan's health security preparedness. The workshop brought together representatives from all provincial teams, along with a diverse range of stakeholders including NIH, WHO, UK-HSA, JHPIGO, Chemonics, and other crucial development partners, fostering a comprehensive and inclusive dialogue.

A distinguished delegation from the Punjab provincial team, headed by Dr. Yadullah Ali, Director Health Services CD&EPC, attended the follow-up session. Dr. Yadullah was accompanied by Dr. M. Shaban Nadeem, Dr. Saeed Akhtar Ghuman, and Dr. Ahmad Shafeeq.

The workshop proved to be a vibrant tapestry of interactive sessions, active participation, insightful presentations, and thought-provoking Q&A sessions. The true strength of the workshop lay in the collaborative spirit – provincial teams, national institutes, international partners, and NGOs all unified to build a robust NAPHS strategy.

Following a participatory approach, the workshop participants were strategically divided into six distinct groups. Each group was assigned a specific thematic area, ensuring comprehensive coverage of all 19 core capacities outlined by the Intersectoral Health Resources (IHR) framework.

Through engaging group discussions and collaborative efforts, each group developed and presented insightful recommendations. These recommendations were then meticulously reviewed and refined, culminating in a final set of actionable strategies.

To ensure widespread implementation and provincial-level buy-in, the draft document outlining these strategies will be disseminated to all relevant districts. Furthermore, a joint team consisting of representatives from the Ministry of National Health Services, Regulations & Coordination (MoNHSR&C), the National Institute of Health (NIH), and technical

experts from the World Health Organization (WHO) will embark on provincial visits.

During these provincial visits, the team will engage in further deliberations with provincial authorities and key stakeholders. This consultative approach aims to incorporate provincial perspectives and garner necessary support for the successful implementation of the proposed strategies.

This NAPHS workshop wasn't merely a brainstorming session; it was a monumental step towards building Pakistan's breathtaking resilience against diverse health threats. The shared expertise, the unwavering commitment, and the collaborative spirit witnessed at Ramada Murree give us immense hope for a future where our nation is prepared to face any health crisis with strength and unity.

The commendable leadership of Dr. Yadullah Ali and his team, coupled with the active participation of all stakeholders, deserves sincere appreciation. This workshop has laid the groundwork for a comprehensive and effective NAPHS that will safeguard the health and well-being of our citizens for generations to come.

Let us continue to build on this momentum, channeling the collaborative spirit and intellectual fervor witnessed at Ramada Murree to translate the NAPHS blueprint into reality. May this workshop be remembered as a pivotal moment in safeguarding Pakistan's public health against any foreseeable or unforeseen threat.

A Note from Field Activities.

Investigation of Measles Outbreak in UC Sambaza, District Zhob Balochistan from 22nd Nov, to 27th Nov, 2023.

Dr Kareem Qazi
Surveillance Officer
Balochistan.

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

Introduction

Balochistan, Pakistan, grapples with the persistent threat of measles, a highly contagious viral disease capable of inducing severe complications and even death. This burden is particularly acute in areas afflicted by low immunization coverage and widespread malnutrition. Alarmed by reports of a measles surge among the nomadic population in Union Council Sambaza, Zhob District, Balochistan, a swift and comprehensive investigation was launched in November 2023. A dedicated team drawn from PDSRU, PEPI, FLTP, and DHMT deployed to the affected area to thoroughly investigate the suspected cases.

Methods

A comprehensive questionnaire, aligned with the Integrated Disease Surveillance and Response (IDSR) framework, was utilized to gather detailed information on all suspected cases. This data collection encompassed clinical signs and symptoms, immunization status, age, sex, nutritional status, travel history, treatment history, and contact tracing.

A suspected case was defined as follows: a child aged 0-60 months with fever (temperature ≥ 37.5°C) and a maculopapular skin rash persisting for at least three days, accompanied by at least one additional symptom such as cough, coryza, or conjunctivitis, originating from a nomadic household (family) who migrated from the vicinity of a nearby village named Hazrat Sahib Khanqa to a livestock-suitable area in Sara Thoya.

The team actively searched the nomadic population in the impacted area for probable patients and to gather information. Blood samples were taken from suspected cases to confirm the illness at a lab. The team also held a neighborhood public awareness event to promote healthy habits and promote immunity by involving community and religious leaders, handwashing practices, and social media awareness messaging.

Findings

A thorough investigation revealed seven suspected measles cases, six males and one female, within the nomadic community. Laboratory tests confirmed all seven cases as measles, highlighting the vulnerability of this population. Crucially, none of the affected children had received the measles-rubella (MR) vaccination, underscoring the low immunization coverage in the area.

In response to this outbreak, a proactive vaccination campaign immunized 120 children belonging to the nomadic community with the MR vaccine. This swift action aimed to curb further transmission and protect the vulnerable population.

However, the investigation also identified significant challenges impacting the community's health. The affected area suffers from poor accessibility, making healthcare services difficult to reach. This inaccessibility, coupled with a lack of awareness about vaccination programs, likely contributed to the low

immunization rates. Furthermore, the initial investigation indicated a concerning prevalence of malnutrition among the affected children, potentially weakening their immune systems and increasing their susceptibility to measles.

Conclusion

The investigation in UC Sambaza, Zhob District, confirmed a measles outbreak among the nomadic community, highlighting their vulnerability due to low immunization coverage, limited access to healthcare, and potential malnutrition.

Recommendations:

- Sustained vaccination campaigns: Ensure consistent access to the MR vaccine for all children, particularly in marginalized communities.
- Improved healthcare access: Establish mobile clinics or outreach programs to address geographical barriers.
- Community engagement: Increase awareness about the importance of vaccination and healthy practices through collaborations with community and religious leaders.
- Addressing malnutrition: Implement nutritional interventions to strengthen the community's immunity and overall health.

Knowledge Hub

Clearing the Air: Awareness on Respiratory Health and Etiquette

The air we breathe is the very essence of life, yet, we often take it for granted. Yet, maintaining respiratory health and practicing proper etiquette are crucial not only for individual well-being but also for building a healthier, more responsible community. This essay delves into the importance of both, aiming to inspire awareness and action.

Healthy Lungs, Happy Life:

Our lungs are remarkable organs, filtering oxygen from the air and expelling carbon dioxide. But they are also vulnerable to a wide range of threats, from air pollution and infectious diseases to smoking and occupational hazards. Prioritizing respiratory health through simple steps can make a world of difference:

- Embrace the outdoors: Regular exercise, especially in open spaces, strengthens lung function and increases oxygen intake.
- Eat for healthy lungs: A balanced diet rich in fruits, vegetables, and whole grains provides essential nutrients for optimal lung health.
- Hydrate for healthy mucus: Water is crucial for keeping lung secretions thin and moving, preventing congestion and infection.
- Mind your air: Limit exposure to smoke, dust, and pollutants by choosing smoke-free spaces and air purifiers if necessary.
- Vaccinate wisely: Get vaccinated against common respiratory illnesses like influenza and pneumonia to reduce your risk.

Etiquette: Kindness Through Coughs and Colds:

Beyond personal health, respiratory etiquette dictates how we act to minimize the spread of germs and protect others. These simple acts of courtesy show care for our community:

- Cover your coughs and sneezes: Use a tissue, your elbow, or the inside of your arm, not your hands, to prevent droplets from dispersing.
- Wash your hands frequently: Soap and water are the gold standard for removing germs, especially after coughing, sneezing, or blowing your nose.
- Stay home when sick: Rest and recover to avoid infecting others, especially in crowded settings like workplaces or schools.
- Mask up wisely: Wearing a mask in high-risk situations, like during flu season or in close contact with vulnerable individuals, can be a considerate choice.
- Maintain distance: When feeling unwell, keep a safe distance from others to minimize the risk of transmission.

Beyond Individuals, a Collective Responsibility:

Respiratory health and etiquette are not simply individual concerns; they are woven into the fabric of collective well-being. By prioritizing lung health, practicing proper etiquette, and building awareness, we can create a healthier environment for all:

- Promote workplace wellness: Encourage hygiene practices in workplaces, provide access to handwashing facilities, and offer flexible work arrangements for those feeling unwell.
- Educate children: Integrate lessons on respiratory health and etiquette into school curriculums, fostering responsible behavior from a young age.
- Support public health initiatives: Advocate for clean air policies, vaccination campaigns, and access to healthcare to enhance community health.

In conclusion, prioritizing respiratory health and practicing proper etiquette are not just individual choices, but acts of kindness and responsibility for the wellbeing of all. By taking proactive steps and raising awareness, we can ensure that every breath we take is a symbol of a healthy, considerate, and ultimately, more vibrant community.

Let us clear the air, not just of germs, but of complacency. Let us breathe deep, knowing that together, we can cultivate a world where healthy lungs and thoughtful actions go hand in hand.

PUBLIC HEALTH BULLETIN

COUGH INTO YOUR ARM AND DO NO HARM

COUGH ETIQUETTE

COVER YOUR COUGH

- Cover your mouth and nose with a tissue when you cough or sneeze

OR

- Cover your mouth and nose using your upper sleeve, not your hands, when you cough or sneeze
- Put the used tissue in a waste basket
- Wash your hands with soap and water

OR

- Clean them with an alcohol-based hand rub if soap and water are not available

HELP PREVENT THE SPREAD OF INFECTION

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