PUBLIC HEALTH BULLETIN-PAKISTAN

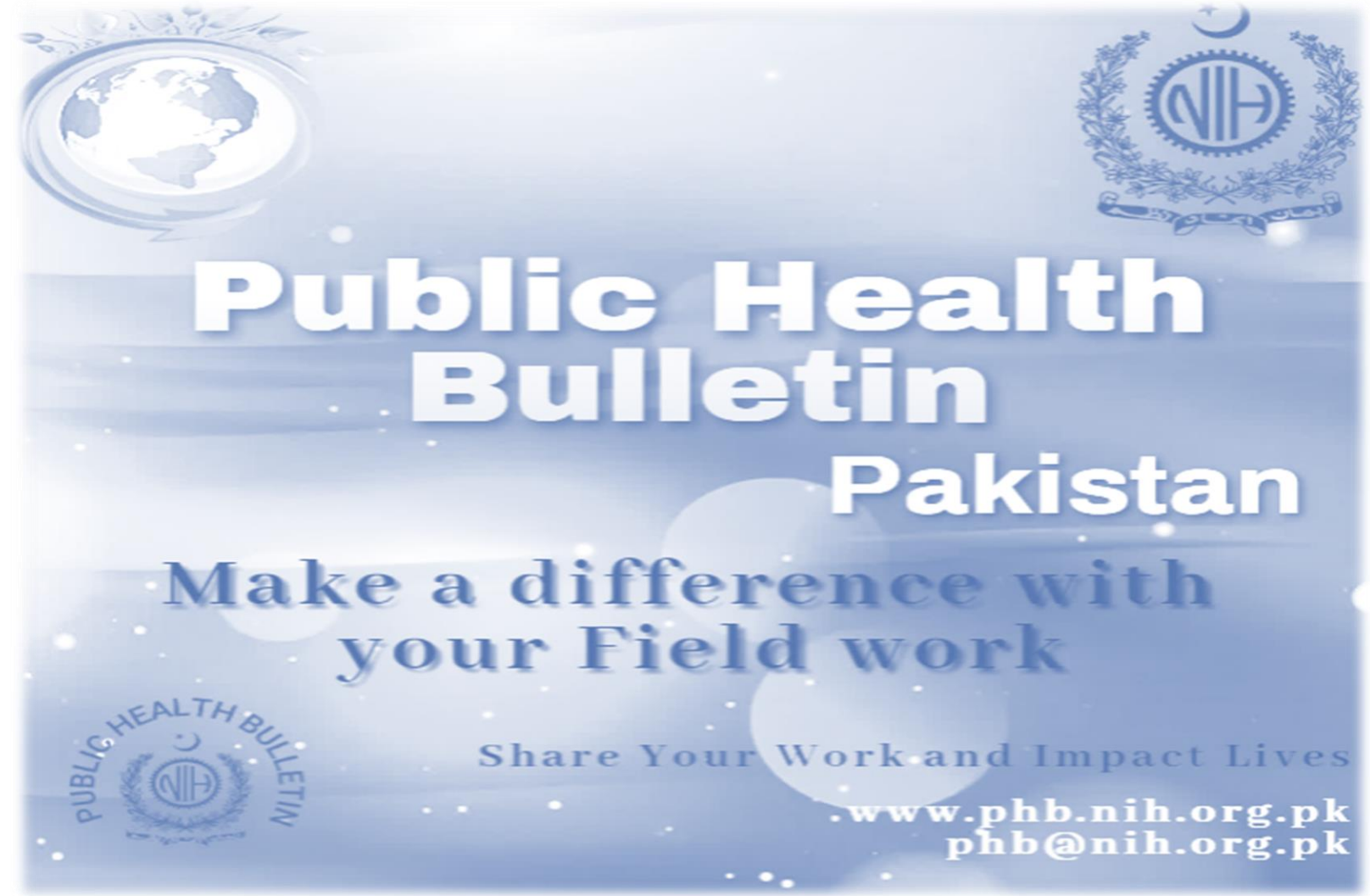
Vol. 4 / Week 07
27th Feb 2024

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 07, 2024

This week's edition of the Public Health Bulletin Pakistan sheds light on critical trends and valuable insights pertaining to the nation's health landscape. The bulletin identifies prevalent illnesses such as acute diarrhea (non-cholera), respiratory infections (ILI and ALRI), malaria, and tuberculosis as the most commonly reported concerns. However, the report also highlights the presence of suspected cases of serious diseases like AFP, HIV/AIDS, and Brucellosis, demanding further investigation for confirmation, as the currently reported cases lack conclusive diagnoses.

This edition also features a call to action, encouraging field epidemiologists to contribute their invaluable expertise to the Public Health Bulletin Pakistan. For insightful reading, the bulletin includes a surveillance investigation report exploring a suspected Suspected Diphtheria Outbreak in Dura Goth, Lasbela. Furthermore, Punjab shares an insight as the province Gears Up for Second Polio Vaccination Campaign of 2024

Recognizing the crucial role of individual empowerment in disease control, the editor concludes with an informative update Awareness on Respiratory Health and Etiquette in the Face of Spring Pollen Allergies

Sincerely,

The Chief Editor

- *During week 7, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by ILI, Malaria, ALRI <5 years, TB, VH (B, C & D), B. Diarrhea, Typhoid, SARI, and dog bite.*
- *Twelve cases of AFP reported from KP and six from Sindh. All are suspected cases and need field verification.*
- *Four suspected cases of HIV/ AIDS reported from KP. Field investigation required to verify the cases.*
- *There is an increasing trend observed for Acute Diarrhea (Non-Cholera), ILI, Malaria, ALRI <5 years, TB, VH (B, C & D), B. Diarrhea and Typhoid cases this week.*

IDSR compliance attributes

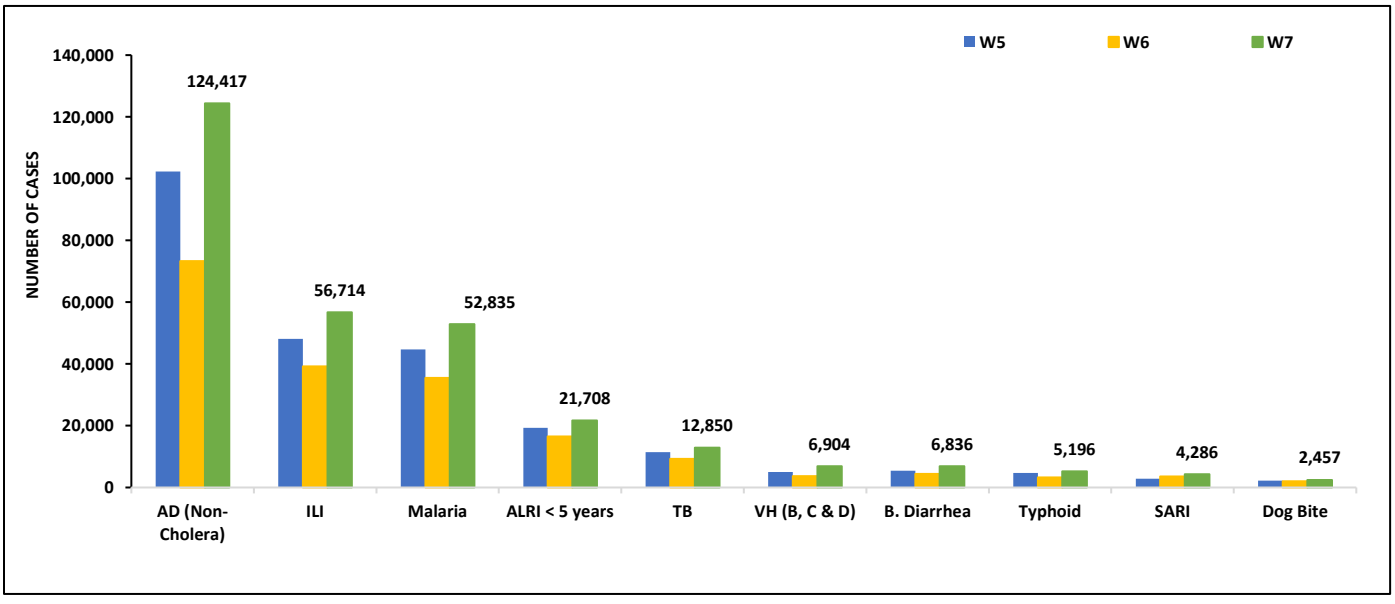
- *The national compliance rate for IDSR reporting in 149 implemented districts* is 75%
- *Gilgit Baltistan and AJK are the top reporting regions with a compliance rate of 100% and 98%, followed by Sindh 92% and Baluchistan 76%*
- *The lowest compliance rate was observed in KPK.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	*2750*	*1547*	*56*
Azad Jammu Kashmir	*382*	*373*	*98*
Islamabad Capital Territory	*70*	*52*	*74*
Balochistan	*1220*	*925*	*76*
Gilgit Baltistan	*374*	*374*	*100*
Sindh	*2087*	*1922*	*92*
National	*6883*	*5193*	*75*

Table 1: Province/Area wise distribution of most frequently reported suspected cases during week 07, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,152	5,423	314	323	12,273	71,204	33,728	124,417
ILI	3,133	9,499	560	1,457	6,162	8	35,895	56,714
Malaria	0	4,121	0	0	3,093	3,280	42,341	52,835
ALRI < 5 years	1,729	2,312	721	2	2,500	NR	14,444	21,708
TB	50	188	42	17	417	NR	12,136	12,850
VH (B, C & D)	9	92	3	0	88	NR	6,712	6,904
B.Diarrhea	47	1,533	32	3	502	1,566	3,153	6,836
Typhoid	16	566	36	1	457	2,954	1,166	5,196
SARI	545	1,244	329	0	1,205	NR	963	4,286
Dog Bite	35	104	0	0	117	NR	2,201	2,457
Measles	7	41	24	0	443	NR	116	631
AVH(A&E)	16	20	8	0	191	NR	323	558
CL	0	178	0	0	261	5	0	444
Mumps	15	60	7	0	48	NR	313	443
AWD (S. Cholera)	31	236	41	0	56	NR	19	383
Pertussis	0	110	0	5	54	NR	10	179
Chickenpox/ Varicella	4	19	5	0	44	32	68	172
Gonorrhea	0	73	0	0	5	NR	7	85
Dengue	0	0	0	0	1	NR	72	73
Syphilis	0	14	0	0	8	NR	7	29
Meningitis	3	1	0	0	13	NR	10	27
AFP	1	5	0	0	12	NR	6	24
VL	0	9	0	0	8	NR	0	17
Diphtheria (Probable)	0	12	0	0	4	NR	0	16
HIV/AIDS	0	2	0	0	4	NR	1	7
NT	0	0	0	0	3	NR	1	4
Brucellosis	0	0	0	0	4	NR	0	4
Rubella (CRS)	0	1	0	0	0	NR	0	1

Figure 1: Most frequently reported suspected cases during week 07, Pakistan.



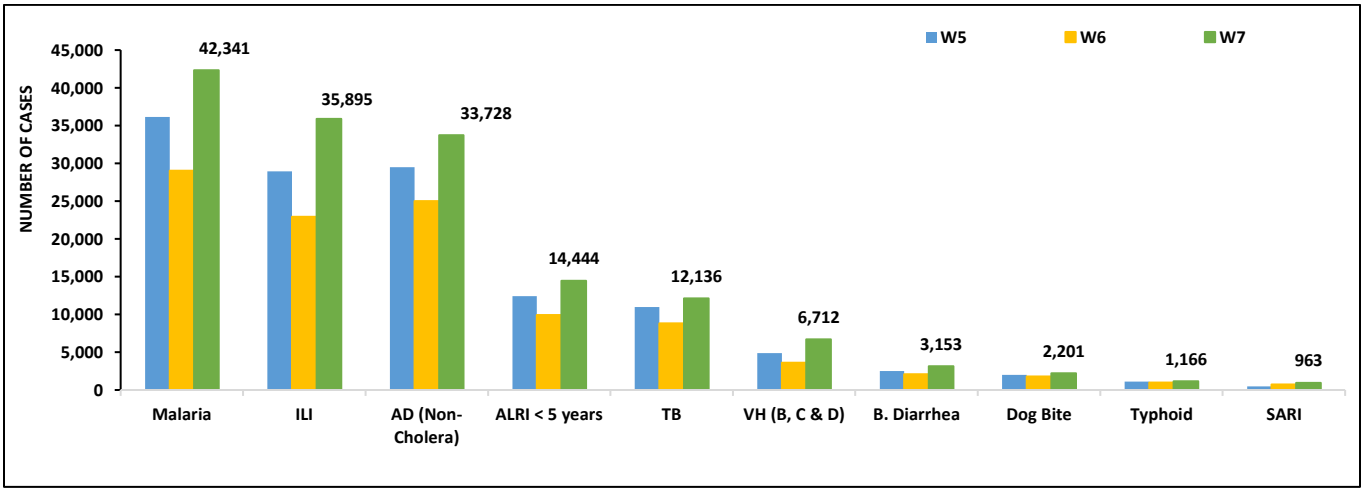
Sindh

- Malaria cases were maximum followed by ILI, AD (Non-Cholera), ALRI<5 Years, TB, VH (B, C, D), B. Diarrhea, dog bite, Typhoid and SARI.
- Malaria cases are from Larkana, Khairpur and Kamber whereas AD cases are mostly from Khairpur, Badin and Dadu.
- Six cases of HIV/AIDS reported from Sindh. All are suspected cases and need field verification.
- There is an increasing trend observed for Malaria, ILI, AD (Non- Cholera), ALRI<5 Years, TB, VH (B, C, D) and B. Diarrhea cases this week.

Table 2: District wise distribution of most frequently reported suspected cases during week 07, Sindh

Districts	Malaria	ILI	AD (Non-Cholera)	ALRI < 5 years	TB	VH (B, C & D)	B. Diarrhea	Dog Bite	Typhoid	SARI
Badin	1,840	517	2,088	694	876	270	157	78	39	0
Dadu	2,799	160	1,994	1,021	451	155	313	116	100	3
Ghotki	256	0	433	566	194	364	51	287	0	0
Hyderabad	210	2,986	1,154	257	342	157	88	34	18	0
Jacobabad	1,506	626	726	692	279	241	152	177	13	35
Jamshoro	1,784	16	1,158	350	418	125	50	6	60	0
Kamber	3,885	0	1,320	501	878	418	133	55	44	0
Karachi Central	74	2,750	1,122	232	728	540	23	0	77	7
Karachi East	100	505	724	31	10	0	8	15	0	0
Karachi Keamari	5	93	224	38	0	8	4	2	2	0
Karachi Korangi	86	0	377	1	3	0	5	0	3	0
Karachi Malir	58	3,298	949	352	61	44	84	22	28	2
Karachi South	30	0	112	0	0	0	0	0	0	0
Karachi West	202	2,518	968	270	296	235	69	191	78	80
Kashmore	1,254	872	415	293	296	157	36	291	22	0
Khairpur	4,517	5,221	2,636	1,532	1010	499	534	116	281	633
Larkana	5,428	10	1,394	757	866	132	226	5	5	0
Matiari	989	17	1,240	654	686	595	75	48	5	0
Mirpurkhas	2,328	6,802	1,890	720	758	134	96	42	11	0
Naushero Feroze	762	1,029	548	159	300	125	61	165	41	0
Sanghar	2,737	5	1,421	522	762	626	44	83	19	16
Shaheed Benazirabad	1,285	0	1,569	519	388	139	65	102	148	2
Shikarpur	2,434	4	1,035	186	173	901	121	213	2	9
Sujawal	562	0	721	519	50	100	23	26	13	0
Sukkur	1,486	2,212	1,205	360	568	245	252	33	24	0
Tando Allahyar	1,292	1,320	1,056	439	431	138	114	2	18	0
Tando Muhammad Khan	687	0	674	201	389	14	68	0	22	0
Tharparkar	1,774	3,316	1,961	1,503	498	78	143	7	40	164
Thatta	1,062	1,618	1,269	529	33	182	54	85	18	12
Umerkot	909	0	1,345	546	392	90	104	0	35	0
Total	42,341	35,895	33,728	14,444	12136	6,712	3,153	2,201	1,166	963

Figure 2: Most frequently reported suspected cases during week 07 Sindh



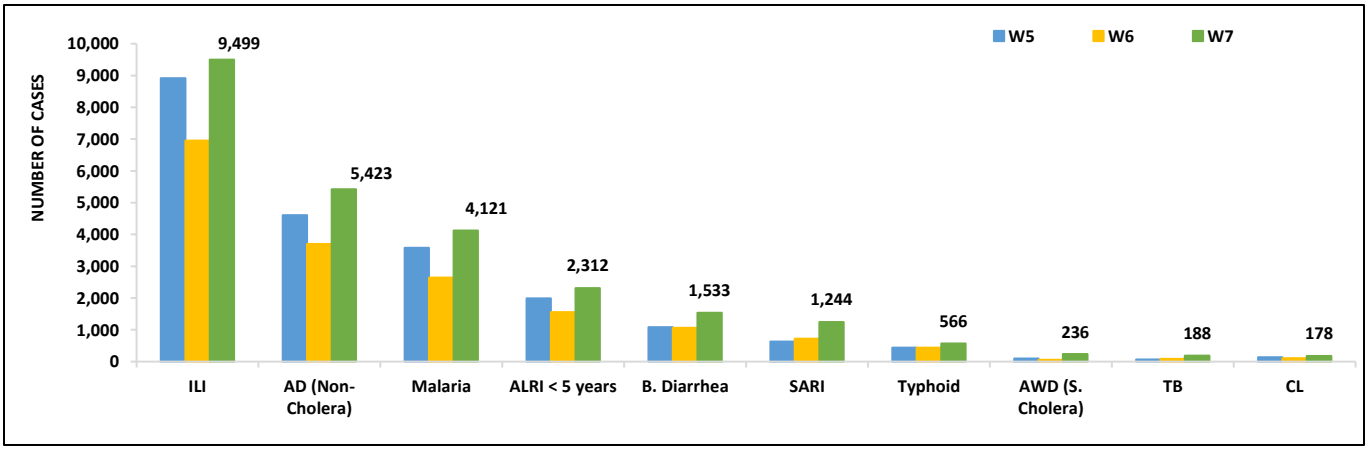
Balochistan

- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), TB and CL were the most frequently reported diseases from Balochistan province.
- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera) and TB cases showed an increasing trend this week.
- ILI cases are mostly reported from Kech (Turbat), Quetta and Sibi while AD (Non-Cholera) cases are mostly reported

Table 3: District wise distribution of most frequently reported suspected cases during week 07, Balochistan

Districts	ILI	AD Non-Cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S.Cholera)	TB	CL
Awaran	63	33	59	3	12	3	4	2	0	0
Barkhan	118	75	23	50	7	0	32	3	0	0
Chagai	347	152	20	3	59	2	26	21	0	0
Chaman	201	77	7	10	45	54	19	18	1	6
Dera Bugti	22	15	39	24	15	6	5	0	0	0
Duki	37	81	14	32	47	40	7	11	0	3
Gwadar	741	346	33	1	43	0	1	0	0	1
Harnai	15	78	60	196	68	0	4	12	2	0
Hub	152	208	206	45	51	19	3	0	9	17
Jaffarabad	206	309	633	42	43	46	5	0	68	19
Jhal Magsi	235	425	591	54	20	6	25	4	26	2
Kachhi (Bolan)	50	148	116	75	65	64	43	11	0	1
Kalat	8	30	13	10	14	0	27	0	0	1
Kech (Turbat)	1,364	412	179	145	68	39	2	NR	NR	1
Kharan	451	133	43	0	71	20	2	19	0	0
Khuzdar	74	74	16		36	5	4	NR	NR	NR
Killa Saifullah	4	116	120	163	77	16	11	0	7	3
Kohlu	566	202	88	56	136	148	35	24	1	1
Lasbella	130	319	372	111	14	31	9	0	2	31
Loralai	372	157	31	54	47	129	24	5	0	3
Mastung	223	139	37	76	24	57	18	5	4	1
Musakhel	80	56	83	26	20	15	4	8	1	0
Naseerabad	0	141	158	32	26	0	22	0	0	6
Nushki	40	125	4	0	43	16	0	3	0	0
Panjgur	110	65	65	66	26	11	8	16	1	2
Pishin	220	27	3	19	39	3	9	0	1	8
Quetta	1,168	338	19	53	86	24	29	25	1	28
Sherani	160	43	0	0	15	180	7	0	0	0
Sibi	1,058	228	261	58	42	63	46	30	1	40
Sohbat pur	81	208	348	124	49	32	36	4	7	4
Surab	154	76	27	31	14	10	49	0	1	0
Usta Muhammad	174	266	313	302	47	3	11	0	0	0
Washuk	260	77	52	7	76	53	9	0	0	0
Zhob	277	114	47	389	41	120	15	4	55	0
Ziarat	338	130	41	55	47	29	15	11	0	0
Total	9,499	5,423	4,121	2,312	1,533	1,244	566	236	188	178

Figure 3: Most frequently reported suspected cases during week 07, Balochistan



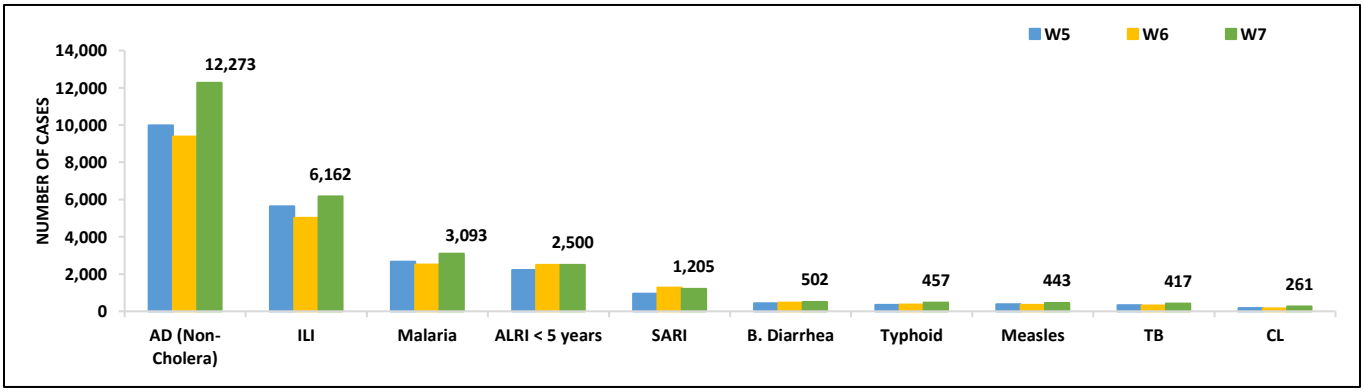
Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, SARI, B. Diarrhea, Typhoid, Measles, TB, and CL cases.
- AD (Non-Cholera), ILI and Malaria cases showed an increasing trend this week.
- Twelve cases of AFP and Four suspected cases of HIV/ AIDS reported from KP. All are suspected cases and need field verification.

Table 4: District wise distribution of most frequently reported suspected cases during week 07, KP

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI <5 Years	SARI	B. Diarrhea	Typhoid	Measles	TB	CL
Abbottabad	340	78	0	19	18	1	6	3	34	0
Bajaur	145	33	44	5	15	11	1	1	0	0
Bannu	642	7	1,143	27	29	11	70	16	24	1
Battagram	51	322	9	0	0	2	0	2	1	3
Buner	218	0	128	92	25	8	2	0	1	0
Charsadda	582	760	302	250	70	20	38	17	0	1
Chitral Lower	114	99	2	88	74	7	15	4	7	9
Chitral Upper	46	9	1	28	6	3	9	0	2	0
D.I. Khan	678	0	120	33	6	16	0	89	33	12
Dir Lower	777	8	405	254	0	81	28	39	20	1
Dir Upper	141	144	1	5	0	0	30	3	32	4
Hangu	137	378	315	21	67	3	6	9	8	10
Haripur	797	449	4	121	11	11	66	2	37	0
Karak	252	22	62	20	0	0	8	55	8	54
Khyber	49	0	10	14	79	10	1	6	4	12
Kohat	39	37	6	4	5	0	0	2	0	0
Kohistan Lower	89	0	2	5	0	5	0	0	0	0
Kohistan Upper	127	0	0	2	0	5	1	19	0	0
Kolai Palas	60	0	0	3	4	0	0	0	0	0
L & C Kurram	0	112	10	0	0	5	0	0	0	0
Lakki Marwat	276	17	102	66	3	9	8	13	5	2
Malakand	337	123	12	59	36	45	9	18	2	18
Mansehra	403	498	0	68	90	7	0	4	18	0
Mardan	640	56	18	700	2	16	0	1	8	0
Mohmand	62	59	87	18	19	14	10	2	0	72
Nowshera	761	67	12	4	23	15	6	23	8	9
Orakzai	6	21	3	0	0	0	0	0	0	0
Peshawar	1,814	747	15	197	83	106	64	66	27	36
SD DI Khan	0	0	3	0	0	0	0	0	0	0
SD Peshawar	2	0	0	0	0	0	0	0	0	0
Shangla	158	0	140	18	0	1	13	4	36	0
SWA	35	232	32	32	52	7	6	1	0	10
Swabi	742	1,082	17	229	107	11	27	16	75	0
Swat	1,320	362	9	86	2	23	2	1	17	0
Tank	209	82	73	8	0	0	17	19	7	3
Tor Ghar	56	0	5	4	8	9	5	0	0	4
Upper Kurram	167	358	0	20	371	40	8	8	3	0
Total	12,273	6,162	3,093	2,500	1,205	502	457	443	417	261

Figure 4: Most frequently reported suspected cases during week 07, KP



ICT, AJK & GB

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

AJK: ILI cases were maximum followed by ALRI <5 years, AD (Non-Cholera), SARI, TB, B. Diarrhea, dog bite, AWD (S. Cholera), AVH (A & E) and Typhoid cases. Cases of AD (Non-Cholera) and SARI showed an increasing trend this week.

GB: ALRI <5 years cases were the most frequently reported diseases followed by ILI, SARI, AD (Non-Cholera), TB, AWD (S. Cholera), Typhoid and B. Diarrhea. Almost same trend for ALRI <5 years and SARI cases observed this week..

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

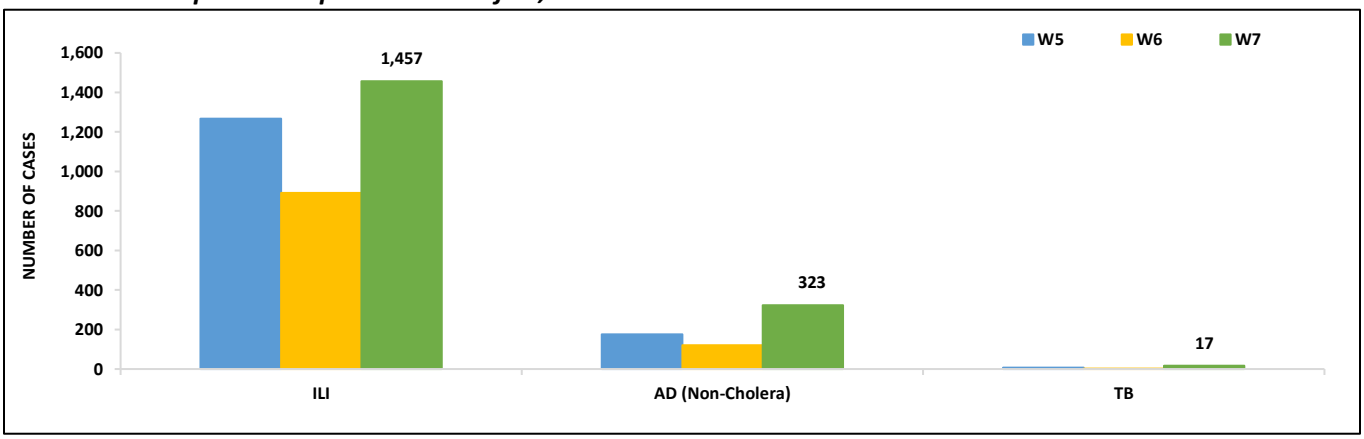


Figure 6: Week wise reported suspected cases of ILI, ICT

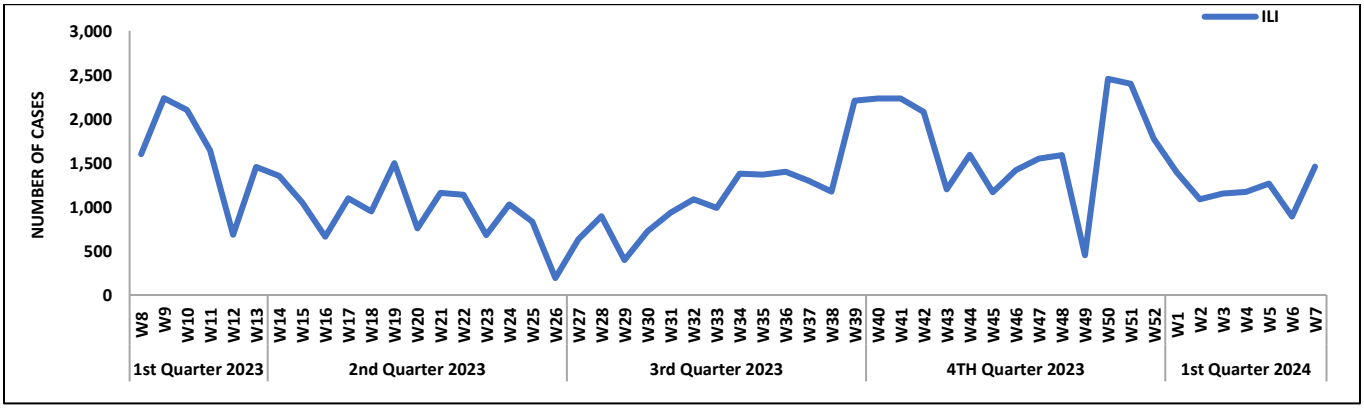
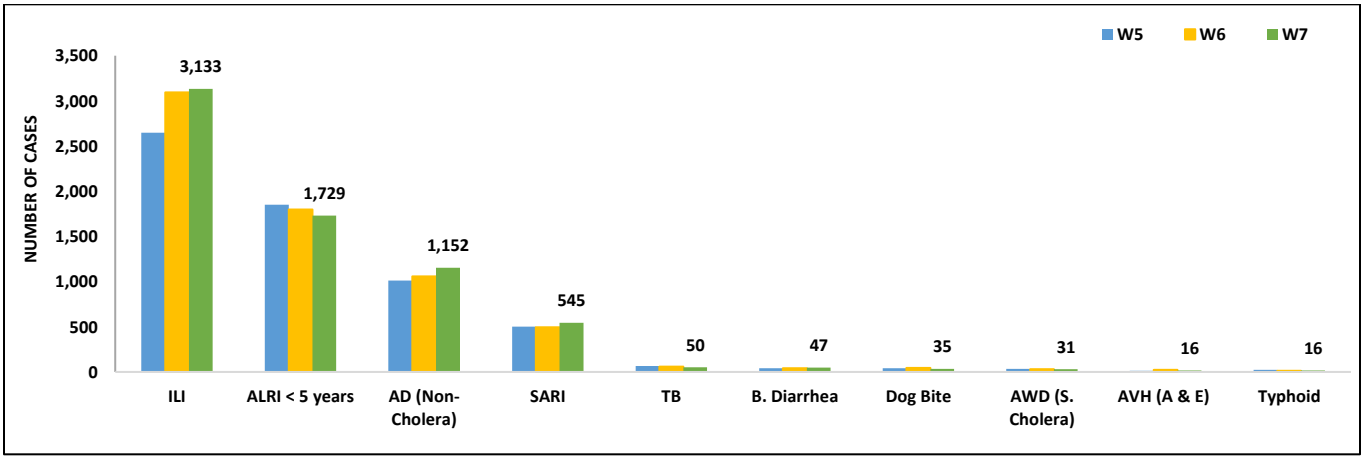


Figure 7: Most frequently reported suspected cases during week 07, AJK



UK Health Security Agency

World Health Organization

USAID

safetynet

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

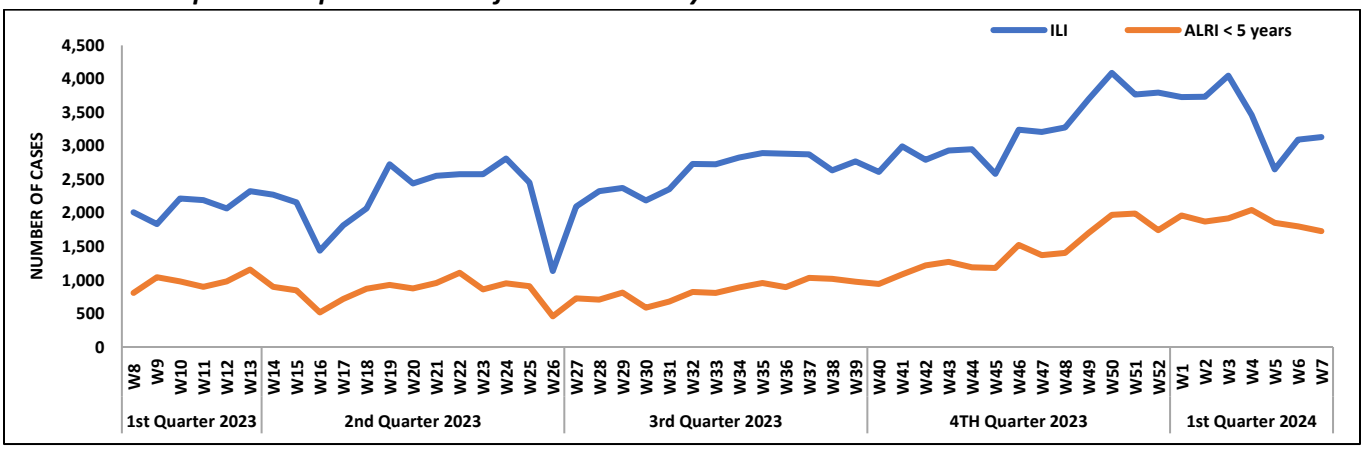


Figure 9: Most frequent cases reported during Wk 04, GB

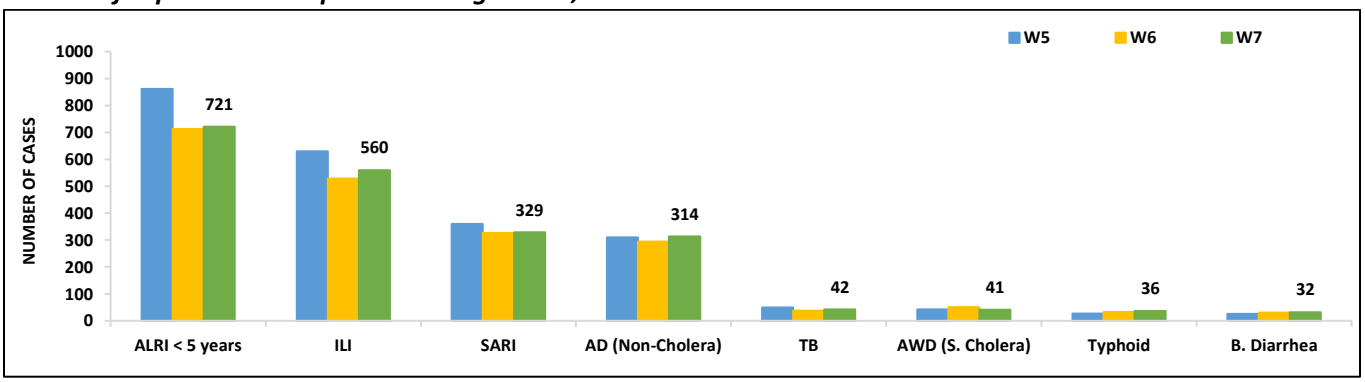
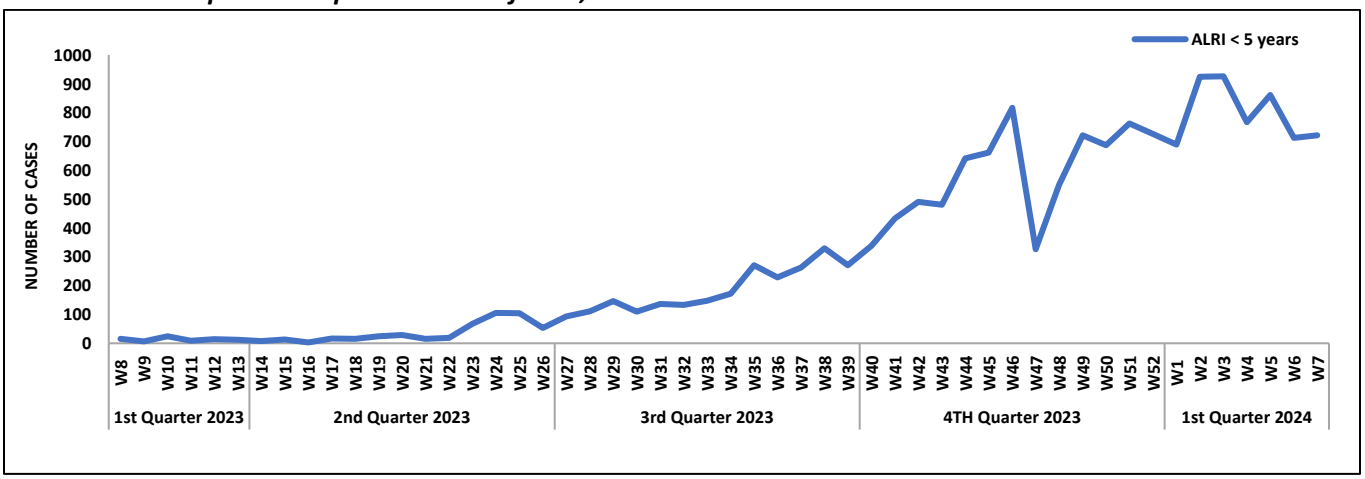


Figure 10: Week wise reported suspected cases of ALRI, GB



Punjab

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

Figure 11: District wise distribution of most frequently reported suspected cases during week 07, Punjab

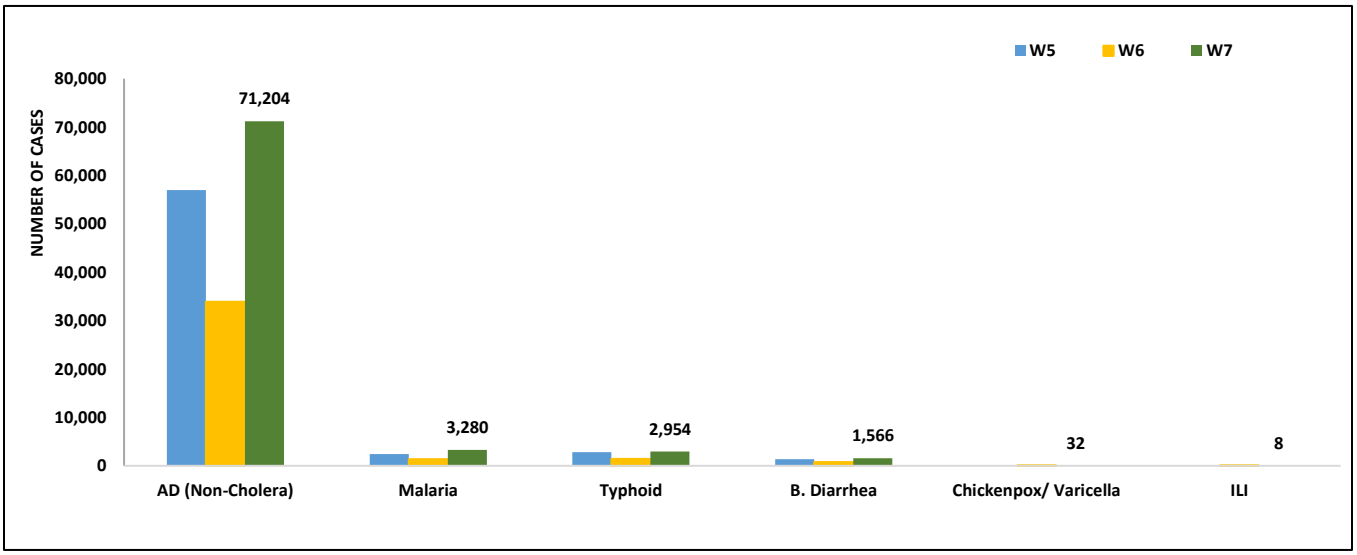


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 07

Diseases	Sindh		Balochistan		KPK		ISL		GB	
	Total Test	Total Positive	Total Test	Total Positive	Total Test	Total Positive	Total Test	Total Positive	Total Test	Total Positive
AWD (S. Cholera)	87	1	-	-	3	0	0	0	-	-
AD (Non-Cholera)	87	0	-	-	0	0	0	0	-	-
Malaria	2,563	132	-	-	0	0	0	0	2	0
CCHF	0	0	12	0	0	0	0	0	-	-
Dengue	28	0	0	0	0	0	1	0	0	0
VH (B)	720	26	63	53	0	0	44	0	117	0
VH (C)	1,457	157	35	4	0	0	45	3	117	1
VH (A)	0	0	-	-	0	0	2	0	-	-
VH (E)	0	0	-	-	0	0	2	1	-	-
Typhoid	450	2	-	-	0	0	8	1	-	-
Covid-19	0	0	-	-	3	0	82	0	-	-
HIV	71	0	-	-	0	0	2	0	-	-
Diphtheria	0	0	-	-	1	0	4	0	-	-
Influenza A	0	0	-	-	7	0	37	0	-	-
TB	186	25	-	-	0	0	0	0	-	-
Syphilis	137	3	-	-	-	-	0	0	-	-

IDSR Reports Compliance

- Out OF 149 IDSR implemented districts, compliance is low from KPK. Green color showing >50% compliance while red color is <50% compliance

Table 6: IDSR reporting districts Week 07, 2024

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	110	103	94%
	Bannu	234	124	53%
	Battagram	63	20	32%
	Buner	34	29	85%
	Bajaur	44	17	39%
	Charsadda	59	54	92%
	Chitral Upper	34	28	82%
	Chitral Lower	35	34	97%
	D.I. Khan	94	89	95%
	Dir Lower	74	74	100%
	Dir Upper	52	28	54%
	Hangu	22	21	95%
	Haripur	71	58	82%
	Karak	35	35	100%
	Khyber	64	11	17%
	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	3	8%
	Upper Kurram	42	11	26%
	Malakand	48	37	77%
	Mansehra	136	75	55%
	Mardan	80	75	94%
	Nowshera	55	54	98%
	North Waziristan	380	0	0%
	Peshawar	153	126	82%
	Shangla	65	12	18%
	Swabi	63	59	94%
	Swat	76	70	92%
	South Waziristan	134	51	38%
	Tank	34	29	85%
	Torghar	14	14	100%
	Mohmand	86	20	23%
	SD DI Khan	19	1	5%
	SD Peshawar	5	2	40%
	SD Tank	58	1	2%
	Orakzai	68	10	15%
	Mirpur	37	37	100%
	Bhimber	20	20	100%
	Kotli	60	58	97%
	Muzaffarabad	45	43	96%
	Poonch	46	45	98%

Azad Jammu Kashmir	Haveli	39	35	90%
	Bagh	40	40	100%
	Neelum	39	39	100%
	Jhelum Vellay	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	35	26	74%
	CDA	35	26	74%
Balochistan	Gwadar	25	24	96%
	Kech	40	32	80%
	Khuzdar	20	14	70%
	Killa Abdullah	20	0	0%
	Lasbella	55	55	100%
	Pishin	62	10	16%
	Quetta	43	20	47%
	Sibi	36	36	100%
	Zhob	39	32	82%
	Jaffarabad	16	15	94%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	15	100%
	Kohlu	75	66	88%
	Chagi	35	28	80%
	Kalat	41	41	100%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	34	97%
	Jhal Magsi	26	26	100%
	Sohbat pur	25	25	100%
	Surab	32	32	100%
	Mastung	45	45	100%
	Loralai	33	27	82%
	Killa Saifullah	28	27	96%
	Ziarat	29	25	86%
	Duki	31	12	39%
	Nushki	32	30	94%
	Dera Bugti	45	9	20%
	Washuk	46	17	37%
	Panjgur	38	21	55%
	Awaran	23	7	30%
	Chaman	24	20	83%
	Barkhan	20	18	90%
	Hub	33	33	100%
	Musakhel	41	16	39%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%
	Ghizer	40	40	100%
	Gilgit	40	40	100%
	Diamer	62	62	100%

	Astore	54	54	100%
	Shigar	27	27	100%
	Skardu	52	52	100%
	Ganche	29	29	100%
	Kharmang	18	18	100%
Sindh	Hyderabad	73	56	77%
	Ghotki	64	64	100%
	Umerkot	43	37	86%
	Naushahro Feroze	107	61	57%
	Tharparkar	282	263	93%
	Shikarpur	60	60	100%
	Thatta	52	50	96%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	23	16	70%
	Karachi-West	20	20	100%
	Karachi-Malir	37	19	51%
	Karachi-Kemari	18	6	33%
	Karachi-Central	11	8	73%
	Karachi-Korangi	18	16	89%
	Karachi-South	4	3	75%
	Sujawal	54	51	94%
	Mirpur Khas	106	98	92%
	Badin	123	116	94%
	Sukkur	64	64	100%
	Dadu	90	89	99%
	Sanghar	100	100	100%
	Jacobabad	44	43	98%
	Khairpur	169	164	97%
	Kashmore	59	58	98%
	Matiari	42	37	88%
	Jamshoro	68	68	100%
	Tando Allahyar	54	54	100%
	Tando Muhammad Khan	40	39	98%
	Shaheed Benazirabad	124	124	100%

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Public Health Events and Surveillance Reports
PHB -Pakistan

Calling All Field Epidemiologists:

Field epidemiologists of Pakistan, your expertise is invaluable**!** While your tireless efforts in disease tracking, outbreak investigations, and program evaluations form the backbone of public health policy, your insights deserve a wider audience.

This is where the Public Health Bulletin Pakistan (PHBP) comes in. It's your platform to share your unique perspectives and findings with fellow professionals, policymakers, and the public, shaping public health understanding and creating a healthier Pakistan for all.

Here's why you should contribute:

- Make a bigger impact: Share your experiences and findings with a wider audience, fostering collaboration and influencing public health practices across the country.
- Shape public understanding: By sharing insights in an accessible format, you can raise awareness, dispel myths, and promote evidence-based understanding of health issues.
- Inspire the next generation: Showcase your dedication and inspire future public health heroes! Your stories can encourage others to join the fight for a healthier Pakistan.
- Sharpen your writing skills: Writing for publication is a valuable skill that strengthens your communication and advocacy abilities. The PHBP provides a platform to hone your writing and share your knowledge clearly and concisely.

What can you contribute?

- Case studies: Share your experiences investigating outbreaks or implementing programs.
- Short reports: Summarize key research findings in a user-friendly format.
- Perspectives: Offer your insights on current challenges and potential solutions.
- Opinions: Engage in constructive debate on relevant public health issues.

Remember:

- The PHBP welcomes diverse perspectives and approaches.
- Focus on the public health implications of your work and its impact on the community.
- Your unique voice matters! By sharing your stories, you can significantly contribute to advancing public health knowledge, practices, and policies.

For submission guidelines and information:

- Visit the PHBP website: https://www.nih.org.pk/
- Email your submissions to phb@nih.org.pk

Don't wait! Submit your article today and join the conversation shaping the future of public health in Pakistan. Together, let's build a healthier future, one voice at a time!

Notes from the Field: Submission Guidelines and Format

Purpose:

"Notes from the Field" are concise reports intended to rapidly inform the public health community about emerging issues. These reports cover ongoing events or recent occurrences of public health concern, such as outbreaks, unusual disease clusters, and notable case reports.

Submission Format:

Length: Ideally, reports should be **600 words or less**. Exceeding this limit requires justification and prior discussion with the managing editor.

Content:

- **Introduction:** Briefly describe the event's onset, including when and how it was identified.
- **Investigation:** Detail the investigation process.
- **Magnitude and Extent:** Describe the scale of the event (e.g., number of cases, geographic distribution).
- **Outcomes:** Report any associated outcomes like hospitalizations or deaths.

- **Preliminary Conclusions:** Share any preliminary findings.
- **Public Health Actions:** Outline current control measures and recommendations for preventing future occurrences.
- **Formatting:** The Author Submission Checklist and Submission Formats document provides further details on reference formatting and other requirements. More details on www.phb.nih.org.pk
- **Tables, Figures, and References:**
  - Limit yourself to **one table, one figure, and one summary box** if possible.
  - Use only **relevant and recent references** (see Author Submission Checklist for complete details).
- **Authorship:**
  - Due to the abbreviated nature of these reports, authorship is strictly limited to individuals or organizations directly responsible for writing the report or handling public inquiries.

Additional Resources:

The Author Submission Checklist and Submission Formats document provides further details on reference formatting and other requirements.

A note from Field Activities.

Investigation of Suspected Diphtheria Outbreak in Dura Goth, Lasbela District, Dec 2023

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

Background:

In response to a concerning development, a suspected case of diphtheria emerged on December 26th, 2023, involving a young female resident of Dura Goth, Uthal, Lasbela District. Recognizing the potential gravity of the situation, health authorities promptly assembled a response team. This team, comprised of various healthcare professionals, was tasked with carrying out a comprehensive investigation to understand the potential cause and extent of the outbreak.

Objective:

A public health investigation was initiated to determine the cause, assess the extent, and recommend control measures for a suspected diphtheria outbreak in Dura Goth, Lasbela, Pakistan.

Methods:

Active case finding was conducted through door-to-door visits using a specific case definition for suspected diphtheria. This definition included individuals residing in or near Dura Goth who presented with upper respiratory illness and a characteristic membrane on the throat or surrounding areas. A structured questionnaire was used to gather information from identified cases and their families, including vaccination history, travel history, and potential risk factors. Throat swab samples were collected from both individuals and sent to the National Institute of Child Health (NICH) in Karachi for laboratory analysis. A mop-up vaccination campaign was conducted, targeting 130 children under 5 years old with the pentavalent vaccine and children above 5 years old with the Td vaccine. On December 29th, the team revisited the area and conducted contact tracing, identifying a 2-year-old girl with recent fever, sore throat, and neck swelling. Samples were collected from all three cases, and laboratory results were pending at the time of report generation.

Findings:

The initial case, a 7-year-old girl, presented with fever, difficulty swallowing, and a pharyngeal membrane. She had received childhood vaccinations but had no recent travel history. An unvaccinated 6-year-old girl with similar symptoms was identified as a close contact. Pharyngeal samples were collected from both individuals and sent for laboratory analysis. Vaccination activities were conducted, reaching 130 children under 5 with the pentavalent vaccine and older children with Td. During a follow-up visit, a 2-year-old girl with fever, sore throat, and neck swelling was identified, bringing the total number of cases to 3. Two of the cases were unvaccinated, and while none had recent travel history, the arrival of guests from Karachi was reported. Laboratory results were pending at the time of this report.

Discussion:

Low vaccination coverage and visits from individuals residing in an area with potential diphtheria circulation were identified as potential risk factors.

Recommendations:

Conduct health education sessions to raise awareness about the significance of routine immunization, proper hygiene practices, and early recognition of symptoms.

Letter to the Editor:

Punjab Gears Up for Second Polio Vaccination Campaign of 2024

Dr. Ehsan Ghani
Fellow FELTP
DHO (Preventive Services)
Rawalpindi

Building on its commitment to eradication, Punjab will launch its second national polio vaccination campaign of the year during the last week of February, aiming to reach millions of children and accelerate progress towards a polio-free future. This comprehensive initiative aims to immunize all children under five throughout the province, further strengthening protection against the poliovirus.

The campaign will run for seven days in high-risk districts of Lahore, Rawalpindi, and Faisalabad, and for five days in all other districts. Over 200,000 individuals will be involved in the effort, including area in-charges, union council medical officers, mobile and fixed team members, and transit team members, all working to ensure the immunization of 22.5 million children under the age of five.

Rawalpindi will hold a week-long campaign to immunize over 786,877 children under five against polio. The District Health Authority has mobilized a large workforce for the campaign, including 3,675 mobile teams, 870 area in-charges, 245 medical officers, and 330 fixed centers. The campaign will also cover children at transit points through 163 designated locations and teams stationed at toll plazas, ensuring no child is missed.

While Punjab has remained polio-free since October 2020, recent environmental samples from specific locations have tested positive, highlighting the importance of continued vigilance. Genomic sequencing further emphasizes this need by revealing links between the detected virus and strains circulating in Afghanistan, indicating a potential risk of importation.

The Punjab Emergency Operations Center (EOC) underscores the crucial role of collaboration in achieving complete eradication. They commend the tireless efforts of frontline workers who reach every child, even in remote areas, and urge parents to welcome them and embrace the safe and effective method of polio immunization.

Data quality remains a top priority, with officials emphasizing ensuring accurate records and capturing every child at transit sites. This comprehensive approach aims to effectively address the recent environmental detections and prevent potential outbreaks.

Parents traveling with their children through transit vaccination points during the campaign are strongly encouraged to ensure their children are immunized to prevent virus re-infection.

Punjab's second polio vaccination campaign signifies the collective commitment to achieving a polio-free future. The success of this campaign relies on the continued collaboration between the program, healthcare workers, and the community, ultimately safeguarding children from this debilitating disease.

Knowledge Hub

Clearing the Air: Awareness on Respiratory Health and Etiquette in the Face of Spring Pollen Allergies

The air we breathe is the very essence of life, yet, we often take it for granted. This is especially true in the spring, when the air becomes filled with pollen, a major trigger for allergy sufferers. Maintaining respiratory health and practicing proper etiquette are crucial not only for individual well-being but also for building a healthier, more responsible community during this season.

Healthy Lungs, Breezy Spring:

As spring unfolds, the air may feel invigorating, but for allergy sufferers, it can also bring challenges. Pollen fills the air, triggering uncomfortable reactions in their respiratory systems, which work tirelessly to filter oxygen and expel waste. During this season, managing these reactions becomes especially important. Here are some simple yet impactful steps to navigate spring with healthy lungs:

- **Embrace the outdoors strategically**: While outdoor exercise is beneficial, consider scheduling it for low pollen count days or early mornings when pollen levels are typically lower.
- **Fuel your lungs for allergy defense**: A balanced diet rich in fruits, vegetables, and whole grains provides essential nutrients to support your immune system and overall well-being.
- **Hydrate for healthy mucus flow**: Staying hydrated helps keep mucus thin and moving, preventing congestion and discomfort.
- **Mind the air, especially pollen**: During peak allergy season, limit exposure to pollen by keeping windows closed, using air purifiers, and changing clothes and washing hair after spending time outdoors.
- **Consult your doctor**: Discuss allergy management strategies with your doctor, including medication options if necessary.

Etiquette: Courteous Coughs and Considerate Sneezes:

Beyond personal health, respiratory etiquette plays a crucial role in preventing the spread of allergens and protecting others during allergy season. These simple acts demonstrate consideration for our community:

- **Cover coughs and sneezes efficiently**: Use a tissue, your elbow, or the inside of your arm to prevent the spread of pollen and other allergens.
- **Wash your hands frequently**: This helps remove pollen and other germs, especially after being outdoors or interacting with shared surfaces.
- **Stay home when symptomatic**: Rest and recuperate at home to avoid spreading allergens to others, especially in crowded settings.
- **Mask up thoughtfully**: Consider wearing a mask in high-risk situations, like during peak pollen season or when interacting with vulnerable individuals.
- **Maintain a safe distance**: When feeling unwell, keep a respectable distance from others to minimize the risk of transmitting allergens.

Beyond Individuals, a Collective Effort for a Blooming Season:

Maintaining respiratory health and practicing proper etiquette are not solely individual responsibilities; they contribute significantly to the collective well-being of our communities. By working together, we can create a blossoming, not sneezing, spring season for everyone:

- **Promote allergy awareness**: Advocate for allergy awareness programs in workplaces and schools to educate individuals about symptoms, triggers, and preventive measures.
- **Support clean air initiatives**: Advocate for and support policies that promote clean air, contributing to overall respiratory health during spring and beyond.
- **Emphasize responsible behavior**: Encourage individuals to practice responsible behavior, like staying home when experiencing allergy symptoms, to minimize the spread of allergens and protect vulnerable individuals.

By prioritizing healthy lungs, practicing proper etiquette, and fostering awareness, we can ensure that every breath we take during spring is a symbol of a healthy, considerate, and ultimately, a flourishing community. Let us clear the air, not just of pollen, but of carelessness. Let us breathe deeply, knowing that together, we can cultivate a springtime filled with fresh air, not sniffles.

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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