

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.

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Overview

IDSR Reports

Ongoing Events

Field Reports

Public Health Bulletin - Pakistan, Week 35, 2024

Evolving from a basic disease registry, Pakistan's Public Health Bulletin has become an indispensable tool for safeguarding public health. By meticulously tracking disease trends, the Bulletin serves as an early warning system, enabling timely interventions to prevent outbreaks.

Beyond data compilation, this week's bulletin also includes a call of participation in PHB Special Edition, information on Mpox as a Public Health Emergency of International Concern and Pakistan's response, Outbreak Investigation of Acute Conjunctivitis, Outbreak Investigation of Gastro enteritis, and a knowledge review on Conjunctivitis.

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Sincerely,
The Chief Editor



- During week 35, most reported cases were of Acute Diarrhea (Non-cholera) followed by Malaria, ILI, TB, ALRI<5 years, B. Diarrhea, dog bite, Typhoid and AWD (S>cholera).
- Twenty-nine cases of AFP reported from KP, thirteen from Punjab, six from Sindh, four from AJK and three from Balochistan. All are suspected cases and need field verification.
- Ten suspected cases of HIV/AIDS reported from KP, four each from Punjab and Sindh and one from AJK. Field investigation required to verify the cases.
- Thirty-two suspected cases of Brucellosis reported from KP, Field investigation required to verify the cases.
- One suspected case of CCHF reported from Punjab. Field investigation required to verify the case.
- There is a decreasing trend observed for AD (Non-cholera), Typhoid, VH(B,C &D) and AWD (S. Cholera) cases while an increasing trend observed for Malaria, ILI, ALRI <5 years and B.Diarrhea cases this week.

IDSR compliance attributes

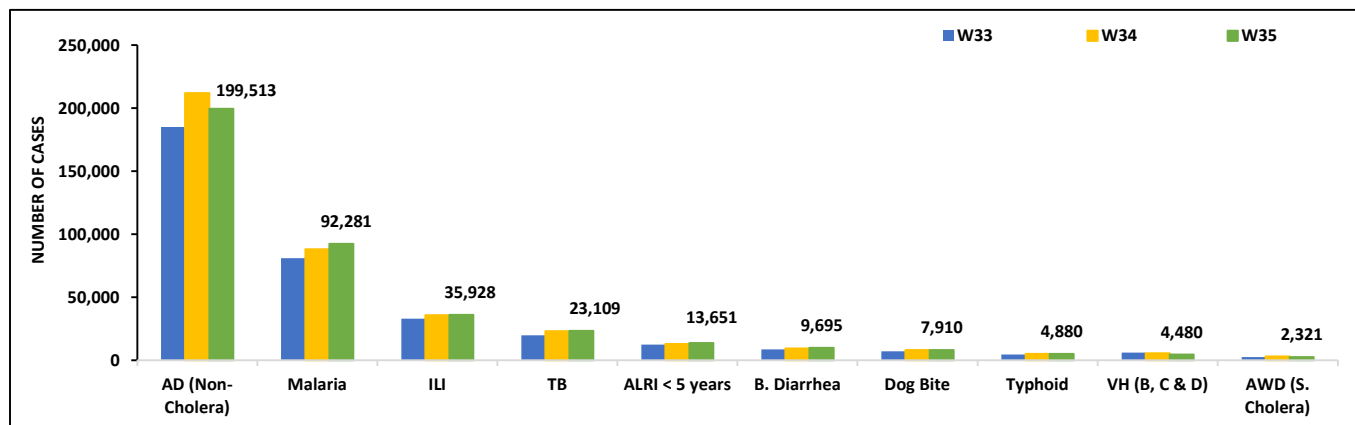
- The national compliance rate for IDSR reporting in 158 implemented districts is 83%
- Gilgit Baltistan and AJK are the top reporting regions with a compliance rate of 100% and 98%, followed by Sindh 95% and ICT 75%
- The lowest compliance rate was observed in Balochistan.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2348	1726	73
Azad Jammu Kashmir	382	376	98
Islamabad Capital Territory	36	27	75
Balochistan	1291	936	73
Gilgit Baltistan	374	373	100
Sindh	2086	1991	95
National	6517	5429	83

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 35, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	2,318	7,733	3,275	451	31,193	97,915	56,628	199,513
Malaria	55	5,385	0	3	8,019	2,889	75,930	92,281
ILI	1,467	5,317	315	937	3,112	1	24,779	35,928
TB	53	116	103	5	433	10,026	12,373	23,109
ALRI < 5 years	881	1,467	411	2	1,324	706	8,860	13,651
B.Diarrhea	95	1,648	153	7	2,095	930	4,767	9,695
Dog Bite	142	123	1	0	636	4,877	2,131	7,910
Typhoid	27	739	74	2	761	2,095	1,182	4,880
VH (B, C & D)	9	114	2	0	128	0	4,227	4,480
AWD (S. Cholera)	38	265	88	0	225	1,695	10	2,321
SARI	117	557	160	0	933	0	229	1,996
Dengue	0	1	0	0	52	1,310	178	1,541
AVH (A&E)	30	17	12	0	295	0	504	858
Measles	16	26	4	0	174	240	29	489
CL	0	81	0	0	249	1	4	335
Mumps	5	49	4	0	84	0	103	245
Chikungunya	0	0	0	0	0	0	163	163
Chickenpox/ Varicella	2	1	20	1	58	21	13	116
Gonorrhoea	0	101	0	0	5	0	8	114
Meningitis	4	4	0	0	12	62	7	89
AFP	4	3	0	0	29	13	6	55
Pertussis	3	27	1	0	7	0	2	40
Diphtheria (Probable)	0	13	0	0	16	5	0	34
Brucellosis	0	0	0	0	32	0	0	32
HIV/AIDS	1	0	0	0	10	4	4	19
Rubella (CRS)	0	1	0	0	16	0	0	17
Syphilis	0	2	0	0	0	0	14	16
NT	1	2	0	0	5	1	1	10
Leprosy	0	2	0	0	0	0	0	2
VL	0	1	0	0	0	0	0	1
CCHF	0	0	0	0	0	1	0	1

Figure 1: Most frequently reported suspected cases during Week 35, Pakistan.

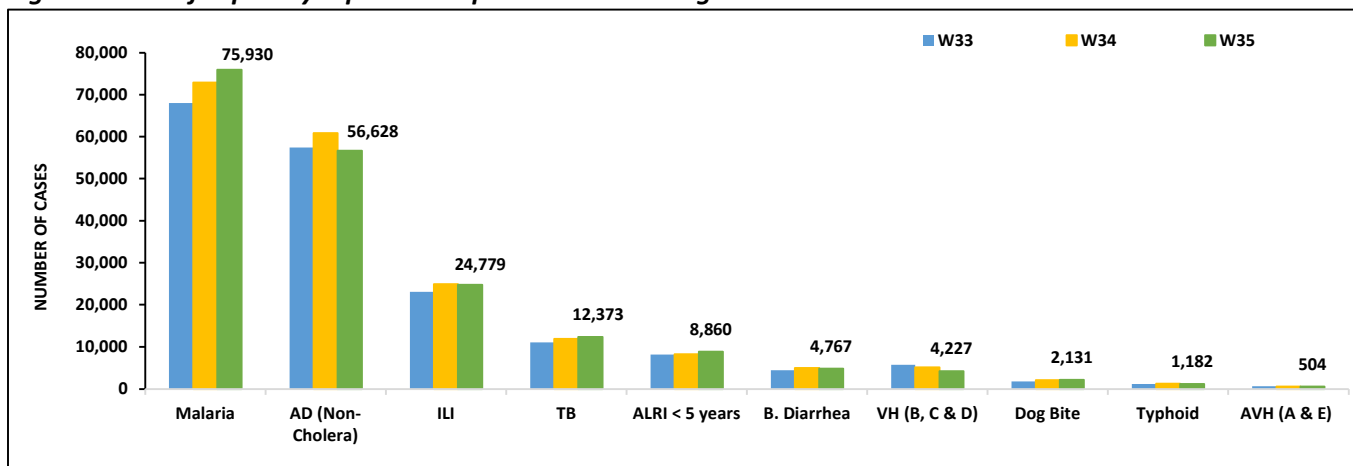


- Malaria cases were the highest followed by AD (Non-Cholera), ILI, TB, ALRI<5 Years, B. Diarrhea, VH (B, C, D), dog bite, Typhoid and AVH (A & E).
- Malaria cases are mostly from Larkana, Khairpur and Mirpurkhas whereas AD (Non-Cholera) cases are from Khairpur, Dadu and Badin.
- Six cases of AFP, four suspected cases of HIV/ AIDS reported from Sindh. All are suspected cases and need field verification.
- There is an increasing trend observed for Malaria, TB and ALRI<5 Years cases while a decreasing trend observed for AD (Non-Cholera), ILI, B. Diarrhea and VH (B, C, D) cases this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 35, Sindh

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Dog Bite	Typhoid	AVH (A&E)
Badin	5,979	3,574	1,324	725	473	340	292	69	48	17
Dadu	4,471	3,903	195	550	737	521	26	248	113	13
Ghotki	2,142	1,451	72	298	325	134	405	161	0	8
Hyderabad	242	1,825	1,445	60	86	0	28	0	8	0
Jacobabad	766	959	431	148	443	115	158	124	60	0
Jamshoro	2,048	2,350	77	477	235	154	100	31	53	7
Kamber	5,442	2,074	13	847	309	241	203	204	16	0
Karachi Central	90	1,260	1,470	232	15	21	41	24	129	3
Karachi East	77	524	263	11	22	6	1	17	4	0
Karachi Keamari	4	253	89	0	26	0	0	0	4	2
Karachi Korangi	50	328	0	14	2	4	0	0	0	1
Karachi Malir	445	2,105	2,614	147	247	91	53	38	41	9
Karachi South	45	82	4	0	0	0	0	0	0	0
Karachi West	162	947	1,216	134	219	35	119	52	32	7
Kashmore	1,791	762	440	264	151	89	19	175	8	0
Khairpur	7,429	4,315	5,725	1302	1,014	521	224	159	251	9
Larkana	8,225	2,947	0	1019	255	452	111	22	34	15
Matiali	2,105	2,095	6	619	179	102	339	29	5	4
Mirpurkhas	6,322	3,088	2,610	656	705	157	93	20	6	7
Naushero Feroze	2,969	1,927	1,143	541	393	174	30	220	117	1
Sanghar	3,847	1,275	8	985	399	59	715	151	21	2
Shaheed Benazirabad	2,548	2,309	3	440	202	111	57	85	106	3
Shikarpur	3,312	1,620	3	288	129	189	686	84	2	0
Sujawal	1,552	2,614	0	98	158	307	63	35	0	62
Sukkur	2,269	1,608	1,665	598	310	261	58	51	3	0
Tando Allahyar	2,573	1,471	591	403	188	172	281	39	10	3
Tando Muhammad Khan	1,801	1,368	0	693	151	124	7	0	2	0
Tharparkar	2,952	2,951	1,436	405	709	220	40	2	57	40
Thatta	1,688	2,208	1,936	33	324	93	59	91	11	289
Umerkot	2,584	2,435	0	386	454	74	19	0	41	2
Total	75,930	56,628	24,779	12,373	8,860	4,767	4,227	2,131	1,182	504

Figure 2: Most frequently reported suspected cases during Week 35 Sindh

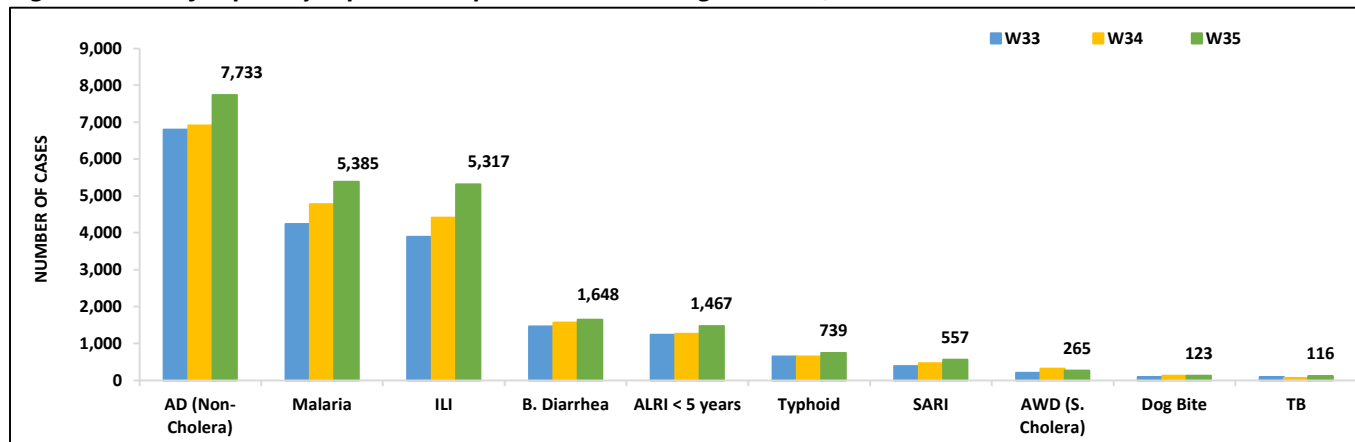


- AD (Non-Cholera), Malaria, ILI, B. Diarrhea, ALRI <5 years, Typhoid, SARI, AWD (S. Cholera), dog bite and TB cases were the most frequently reported diseases from Balochistan province.
- AD (Non-Cholera) cases are mostly reported from Usta Muhammad, Quetta and Lasbella while Malaria cases are mostly reported from Jaffarabad, Lasbella and Sohbat Pur.
- Three cases of AFP reported from Balochistan. All are suspected cases and need field verification.
- AD (Non-Cholera), Malaria, ILI, B. Diarrhea, ALRI <5 years, Typhoid, SARI and TB cases showed an increasing trend this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 35, Balochistan

Districts	AD Non-Cholera)	Malaria	ILI	B. Diarrhea	ALRI < 5 years	Typhoid	SARI	AWD (S.Cholera)	TB	CL
Awaran	20	39	36	14	0	2	0	4	0	0
Barkhan	100	145	94	19	26	33	0	0	0	0
Chagai	156	73	240	64	0	17	0	26	3	0
Dera Bugti	81	198	60	43	1	19	0	0	0	0
Duki	81	32	35	27	9	8	9	0	11	0
Gwadar	225	15	28	45	NR	NR	NR	NR	NR	NR
Harnai	82	90	13	67	141	0	0	14	2	5
Hub	310	191	105	17	16	4	0	0	2	4
Jaffarabad	480	857	77	77	31	1	26	4	18	37
Jhal Magsi	245	249	306	8	7	30	0	0	8	7
Kalat	68	50	3	15	8	27	0	0	0	0
Kharan	134	66	330	62	0	2	6	0	0	0
Khuzdar	448	343	379	129	18	37	26	27	0	0
Killa Abdullah	232	46	63	78	10	39	3	0	0	1
Killa Saifullah	189	211	0	35	106	12	4	0	0	0
Kohlu	229	186	324	104	9	55	55	1	NR	1
Lasbella	493	436	82	22	112	5	6	4	7	0
Loralai	289	69	385	64	60	22	105	0	10	0
Mastung	262	209	174	58	86	99	18	7	21	3
Musakhel	8	33	8	1	0	1	0	1	0	0
Naseerabad	273	182	30	19	18	44	5	0	24	8
Nushki	165	14	16	35	0	0	0	2	0	0
Panjgur	192	278	189	75	173	25	20	78	0	0
Pishin	338	80	347	149	66	53	28	23	2	9
Quetta	539	54	670	76	49	65	35	36	0	6
Sherani	16	9	30	5	0	0	2	0	0	0
Sibi	304	144	428	35	52	41	94	12	1	4
Sohbat pur	335	378	10	59	98	29	14	4	6	4
Surab	31	39	71	0	11	0	0	0	0	0
Usta Muhammad	910	307	110	85	100	14	10	3	5	0
Washuk	230	140	291	84	12	13	18	2	1	1
Zhob	137	129	195	25	227	16	68	0	0	26
Ziarat	131	93	188	52	21	26	5	17	2	0
Total	7,733	5,385	5,317	1,648	1,467	739	557	265	123	116

Figure 3: Most frequently reported suspected cases during Week 35, Balochistan

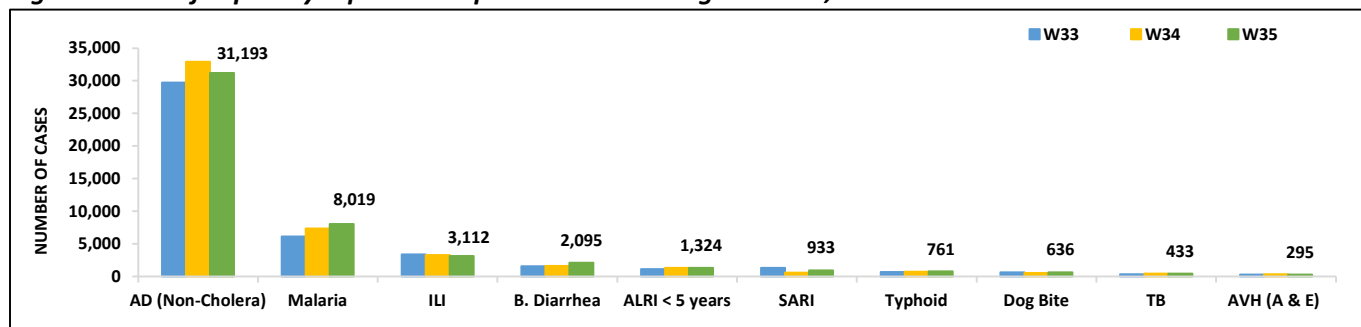


- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, B. Diarrhea, ALRI<5 Years, SARI, Typhoid , dog bite, TB and AVH (A & E) cases.
- AD (Non-Cholera), ILI and AVH (A & E) cases showed a decreasing trend while Malaria, B. Diarrhea, ALRI<5 Years, SARI, Typhoid , dog bite and TB cases showed an increasing trend this week.
- Twenty-nine cases of AFP, Ten suspected cases of HIV/ AIDS, Thirty-two suspected cases of Brucellosis reported from KP. All are suspected cases and need field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 35, KP

Districts	AD (Non-Cholera)	Malaria	ILI	B.Diarrhea	SARI	ALRI <5 Years	Typhoid	Dog Bite	TB	AVH (A&E)
Abbottabad	1,024	43	113	14	12	0	41	3	12	6
Bajaur	2,377	383	12	118	357	45	7	45	13	36
Bannu	850	1,428	0	30	29	0	77	2	14	6
Battagram	127	4	237	0	0	0	0	0	0	0
Buner	401	357	0	0	0	0	8	13	6	0
Charsadda	696	222	415	24	47	0	47	0	4	17
Chitral Lower	1,079	28	62	24	41	27	7	6	11	0
Chitral Upper	228	11	4	8	6	11	18	3	0	2
D.I. Khan	1,220	354	0	16	6	0	4	11	54	0
Dir Lower	1,875	216	3	132	116	0	54	40	11	11
Dir Upper	1,216	24	101	5	29	0	10	0	11	2
Hangu	85	153	0	2	37	0	0	0	2	0
Haripur	1,024	39	104	15	19	1	27	3	22	51
Karak	303	270	58	0	19	0	8	9	10	0
Khyber	386	315	28	142	26	40	36	25	10	9
Kohat	520	214	54	0	33	0	21	2	2	0
Kohistan Lower	199	10	0	13	0	0	0	0	0	0
Kohistan Upper	514	14	5	32	4	12	6	2	16	0
Kolai Palas	70	7	32	6	2	11	0	0	1	0
L & C Kurram	42	42	44	19	0	1	4	0	0	0
Lakki Marwat	682	185	1	20	11	0	11	23	8	0
Malakand	1,157	102	40	203	19	11	25	0	2	25
Mansehra	802	12	243	26	25	81	22	10	7	4
Mardan	878	34	0	17	182	0	25	18	6	0
Mohmand	174	340	99	64	8	114	8	26	2	0
North Waziristan	29	79	0	20	21	20	31	0	0	0
Nowshera	1,748	216	4	342	0	13	12	11	6	12
Orakzai	32	23	10	9	0	0	0	0	0	0
Peshawar	4,179	84	710	134	48	39	88	5	19	21
SD Peshawar	13	1	0	0	0	0	0	0	0	0
SD Tank	23	63	2	1	0	0	3	1	0	0
Shangla	1,345	2,003	0	301	25	30	20	60	106	5
SWA	62	152	123	22	31	59	13	1	6	0
Swabi	1,521	99	201	21	39	45	41	221	46	56
Swat	3,696	88	111	225	76	38	36	81	20	32
Tank	362	189	38	3	14	0	22	1	3	0
Tor Ghar	88	183	0	40	2	11	10	3	0	0
Upper Kurram	166	32	258	47	40	324	19	11	3	0
Total	31,193	8,019	3,112	2,095	1,324	933	761	636	433	295

Figure 4: Most frequently reported suspected cases during Week 35, KP



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

AJK: AD (Non-Cholera) cases were maximum followed by ILI, ALRI <5 years, dog bite, SARI, B. Diarrhea, Malaria, TB, AWD (S. Cholera) and AVH (A & E) cases. A decreasing trend observed for AD (Non-Cholera), ALRI <5 years, SARI, B. Diarrhea, TB, AWD (S. Cholera) and AVH (A & E) cases while an increasing trend observed for ILI, dog bite and Malaria cases this week. Four suspected cases of AFP, One suspected case of HIV/AIDs reported from AJK. It requires field verification.

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

Figure 5: Most frequently reported suspected cases during Week 35, ICT

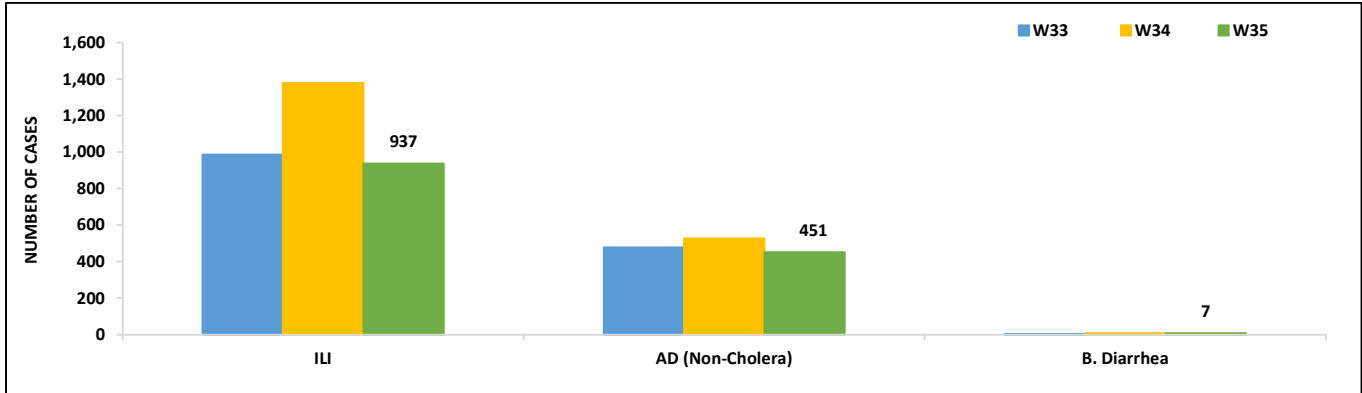


Figure 6: Week wise reported suspected cases of ILI, ICT

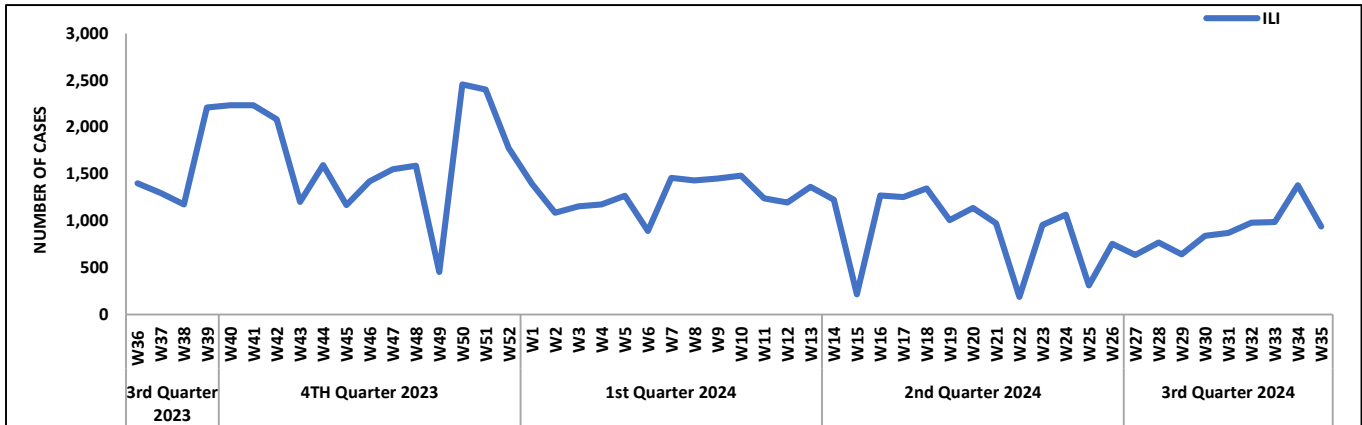


Figure 7: Most frequently reported suspected cases during Week 35, AJK

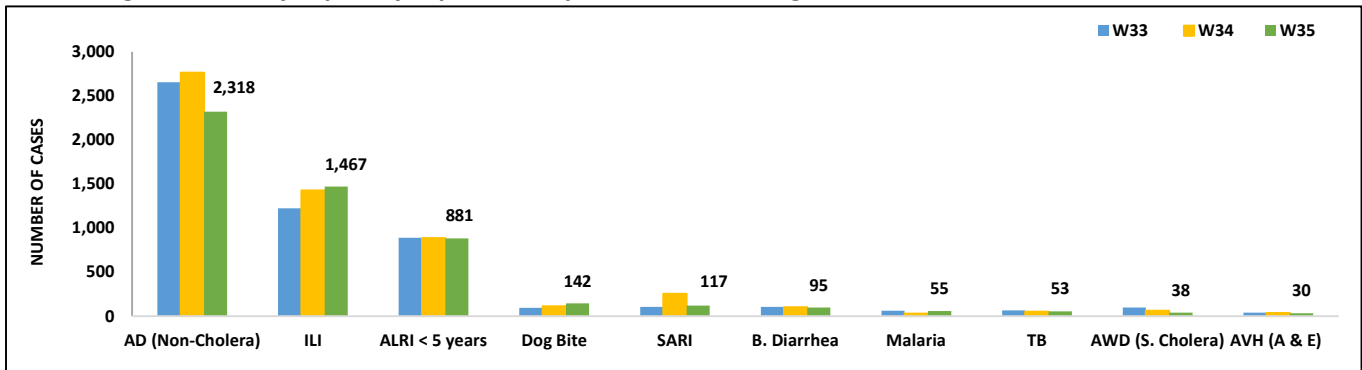


Figure 8: Week wise reported suspected cases of ILI and AD (Non-Cholera) AJK

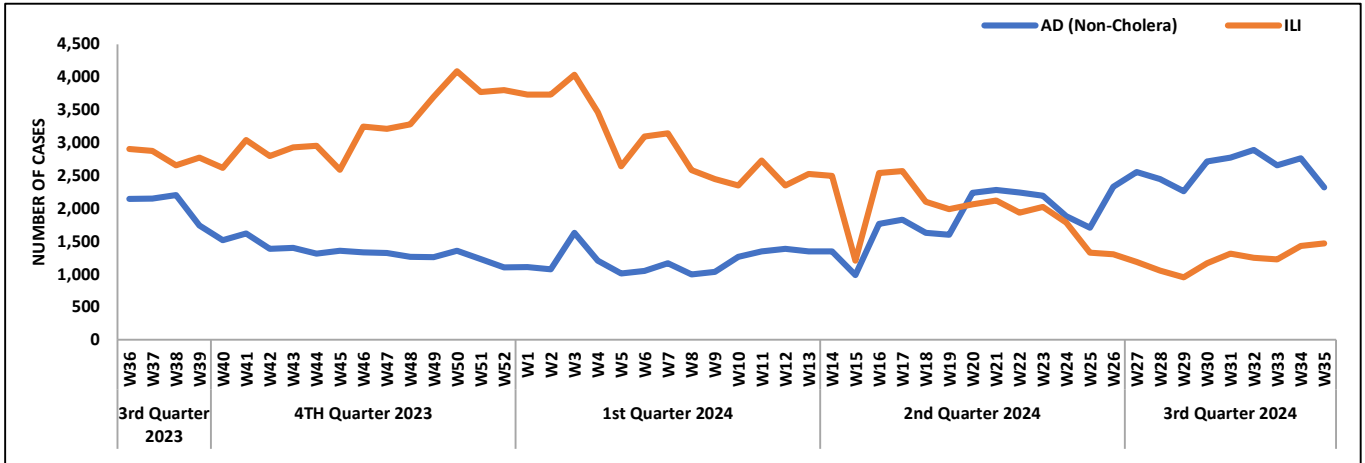


Figure 9: Most frequent cases reported during Week 35, GB

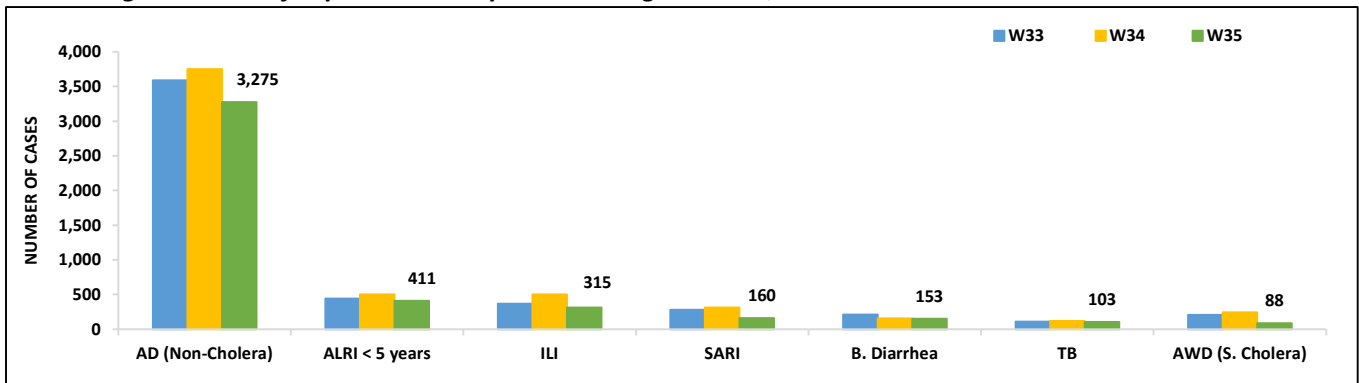
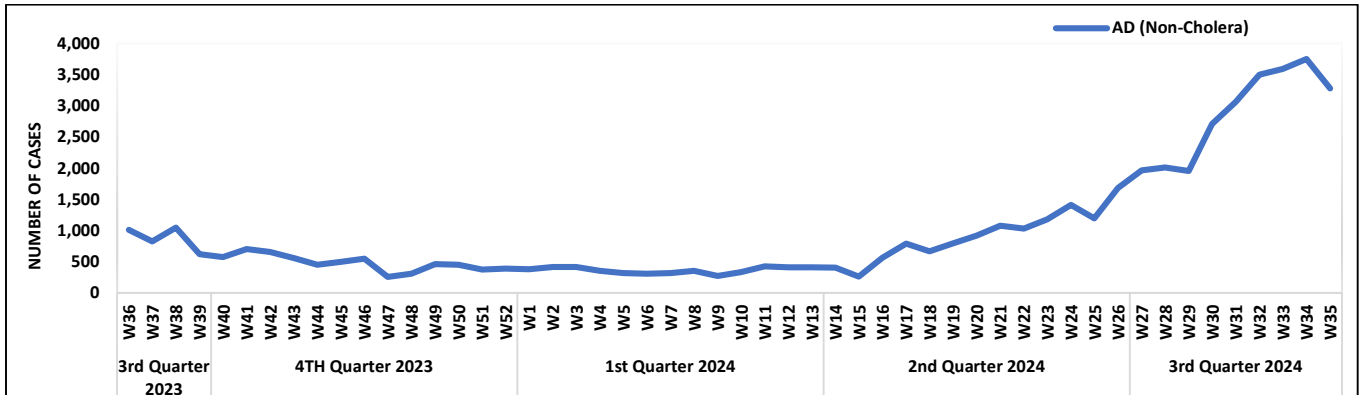


Figure 10: Week wise reported suspected cases of AD (Non-Cholera), GB



- AD (Non-Cholera) cases were maximum followed by TB, dog bite, Malaria, Typhoid, AWD (S. Cholera), Dengue, B. Diarrhea, ALRI<5 Years and Measles cases.
- AD (Non-Cholera), TB, dog bite, Malaria, Typhoid, AWD (S. Cholera), Dengue, B. Diarrhea, ALRI<5 Years and Measles cases showed a decreasing trend this week.
- Thirteen cases of AFP, Four suspected cases of HIV/ AIDS, One suspected case of CCHF reported from Punjab. It requires field verification.

Figure 11: Most frequently reported suspected cases during Week 35, Punjab.

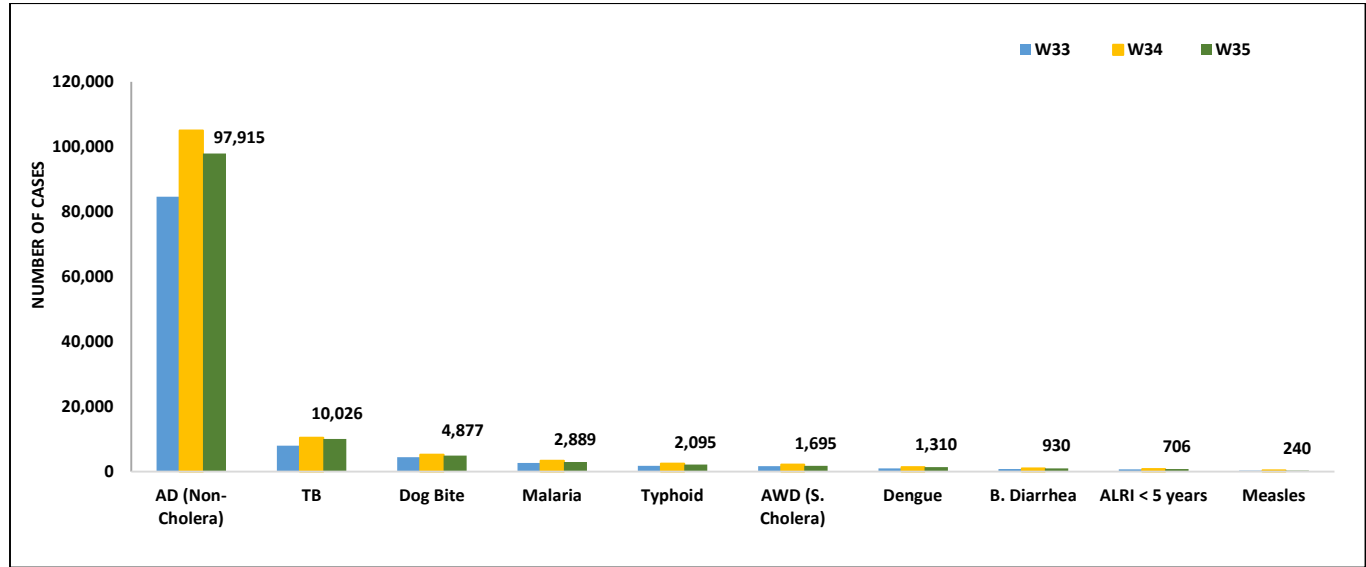


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 35

Diseases	Sindh		Balochistan		KPK		ISL		GB		Punjab		AJK	
	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos
AWD (S. Cholera)	9	1	-	-	7	0	0	0	-	-	-	-	-	-
AD (Non-Cholera)	124	0	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	1,036	121	-	-	-	-	-	-	-	-	-	-	-	-
CCHF	-	-	-	-	4	1	2	0	-	-	-	-	-	-
Dengue	1,084	32	-	-	-	-	7	2	-	-	-	-	-	-
VH (B)	2,891	84	-	-	-	-	-	-	149	1	-	-	-	-
VH (C)	2,912	216	-	-	-	-	-	-	149	0	-	-	-	-
VH (A&E)	0	0	-	-	2	0	-	-	-	-	-	-	-	-
Covid-19	-	-	-	-	5	0	1	1	35	0	-	-	-	-
HIV	17	0	-	-	-	-	-	-	-	-	-	-	-	-
Influenza A	2	0	0	0	8	0	40	2	0	0	30	1	-	-
TB	8	1	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	17	0	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	574	12	-	-	-	-	9	0	-	-	-	-	-	-
Diphtheria (Probable)	-	-	-	-	3	0	14	0	-	-	-	-	-	-
Pertussis	-	-	-	-	-	-	0	0	-	-	-	-	-	-
M-POX	-	-	-	-	9	2	6	0	-	-	-	-	-	-
Chickenpox/Varicella	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chikungunya	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*Measles	52	25	22	16	219	102	4	2	0	0	313	86	26	5
*Rubella	52	0	22	0	219	2	4	0	0	0	313	10	26	0

*Nation reference lab at NIH Islamabad performs measles/rubella testing. Reporting from the lab to IDSR has begun this week.



IDSR Reports Compliance

- Out of 158 IDSR implemented districts, compliance is low from KP and Balochistan districts. Green color showing >50% compliance while red color is <50% compliance

Table 6: IDSR reporting districts Week 35, 2024

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	107	96%
	Bannu	239	120	50%
	Battagram	63	15	24%
	Buner	34	23	68%
	Bajaur	44	37	84%
	Charsadda	59	55	93%
	Chitral Upper	34	26	76%
	Chitral Lower	35	34	97%
	D.I. Khan	114	110	96%
	Dir Lower	74	74	100%
	Dir Upper	53	44	83%
	Hangu	22	15	68%
	Haripur	72	67	93%
	Karak	35	35	100%
	Khyber	52	21	40%
	Kohat	61	61	100%
	Kohistan Lower	11	11	100%
	Kohistan Upper	20	20	100%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	67	96%
	Lower & Central Kurram	42	20	48%
	Upper Kurram	41	37	90%
	Malakand	42	35	83%
	Mansehra	136	92	68%
	Mardan	80	75	94%
	Nowshera	55	53	96%
	North Waziristan	12	6	50%
	Peshawar	151	118	78%
	Shangla	37	34	92%
	Swabi	63	59	94%
	Swat	77	71	92%
	South Waziristan	134	53	40%
	Tank	34	31	91%
	Torghar	14	13	93%
Mohmand	86	60	70%	
SD Peshawar	5	1	20%	
SD Tank	58	6	10%	
Orakzai	68	10	15%	
FATA	Mirpur	37	37	100%
	Bhimber	20	20	100%
	Kotli	60	60	100%
	Muzaffarabad	45	44	98%
	Poonch	46	46	100%
	Haveli	39	38	97%



Azad Jammu Kashmir	Bagh	40	38	95%
	Neelum	39	39	100%
	Jhelum Vellay	29	27	93%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	21	20	95%
	CDA	15	7	47%
Balochistan	Gwadar	25	5	20%
	Kech	44	0	0%
	Khuzdar	74	67	91%
	Killa Abdullah	26	17	65%
	Lasbella	55	55	100%
	Pishin	69	29	42%
	Quetta	39	27	69%
	Sibi	36	30	83%
	Zhob	39	30	77%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	4	27%
	Kohlu	75	57	76%
	Chagi	35	29	83%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	35	100%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	25	100%
	Surab	32	16	50%
	Mastung	45	44	98%
	Loralai	33	32	97%
	Killa Saifullah	28	26	93%
	Ziarat	29	16	55%
	Duki	31	13	42%
	Nushki	32	29	91%
	Dera Bugti	45	38	84%
	Washuk	46	27	59%
	Panjgur	38	29	76%
	Awaran	23	3	13%
	Chaman	25	0	0%
	Barkhan	20	20	100%
Hub	33	31	94%	
Musakhel	41	5	12%	
Usta Muhammad	34	34	100%	
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%
	Ghizer	40	40	100%
	Gilgit	40	39	98%
	Diامر	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	68	93%
	Ghotki	64	64	100%
	Umerkot	43	43	100%
	Naushahro Feroze	107	89	83%
	Tharparkar	282	240	85%
	Shikarpur	59	59	100%
	Thatta	52	52	100%
	Larkana	67	62	93%
	Kamber Shadadkot	71	71	100%
	Karachi-East	23	20	87%
	Karachi-West	20	20	100%
	Karachi-Malir	37	37	100%
	Karachi-Kemari	18	16	89%
	Karachi-Central	11	11	100%
	Karachi-Korangi	18	18	100%
	Karachi-South	4	4	100%
	Sujawal	54	46	85%
	Mirpur Khas	106	102	96%
	Badin	124	119	96%
	Sukkur	63	63	100%
	Dadu	88	88	100%
	Sanghar	100	99	99%
	Jacobabad	44	44	100%
	Khairpur	169	169	100%
	Kashmore	59	59	100%
	Matiari	42	40	95%
	Jamshoro	72	72	100%
	Tando Allahyar	54	54	100%
Tando Muhammad Khan	40	40	100%	
Shaheed Benazirabad	122	122	100%	
Punjab	D.G Khan	108	0	0%

Table 7: IDSR reporting Tertiary care hospital Week 35, 2024

AJK	Mirpur	1	1	100%
	Muzaffarabad	1	1	100%
	Poonch	1	1	100%
Sindh	Karachi-South	1	1	100%
	Sukkur	1	0	0%
	Shaheed Benazirabad	1	1	100%
	Karachi East	1	0	0%

Public Health Bulletin- Pakistan: Special Edition World Field Epidemiology Day.

Dear Esteemed Health Managers,
Field Epidemiologists, Surveillance
Coordinators, and Data Collection and
Dissemination Teams,

We extend a warm invitation to you to join us in commemorating World Field Epidemiology Day on **September 7, 2024**. This year's theme, "**Collaboration is Essential to Field Epidemiology**," underscores the critical role of teamwork in safeguarding public health.

Field epidemiology, the on ground application of epidemiological principles and methods for disease investigation and control, is a cornerstone of public health. It plays a vital role in preventing and controlling infectious disease outbreaks, protecting our communities.

The theme for World Field Epidemiology Day 2024 is particularly significant as it emphasizes the importance of collaboration. Collaboration is essential for effective field epidemiology. By enhancing data collection, facilitating outbreak response, improving surveillance, enabling risk assessment, and strengthening global health security, collaboration proves indispensable. Diverse expertise, shared resources, and coordinated efforts lead to more comprehensive, timely, and effective public health actions. As global health challenges evolve, fostering collaboration remains crucial for protecting and promoting public health worldwide.

We encourage you to actively participate in celebrating World Field Epidemiology Day and promoting diversity, equity, and inclusion within the field. Here are a few suggestions for engagement:

- **Share your Expertise:** We invite contributions of field work images and stories (submit to phb@nih.org.pk) to showcase the impactful work undertaken by PHB-Pakistan.
- **Raise Awareness:** Compose a blog post or article highlighting the significance of field epidemiology and ways to strengthen collaboration within the field.
- **Champion Diversity:** Initiate discussions with your colleagues and networks about the importance of fostering diversity, equity, and inclusion within field epidemiology.
- **Organize or Attend Events:** Consider participating in or hosting workshops and events centered on the theme of collaboration in field epidemiology.

By working together, we can build a strong case for increased support and investment in field epidemiology, ultimately contributing to a healthier and more secure world.

We look forward to your active participation.

The Persistent Threat of Polio in Pakistan

The recent report of a polio case in Islamabad marks a significant setback in Pakistan's efforts to eradicate this crippling disease. Despite years of concerted efforts, the virus continues to persist, posing a serious threat to the health and well-being of children across the country.

The detection of wild poliovirus type 1 (WPV1) in Union Council 4 of rural Islamabad, after a 16-year hiatus, underscores the ongoing risk of



transmission. The virus's presence in environmental samples from the federal capital and neighboring Rawalpindi district further highlights the urgency of the situation.

The detection of wild poliovirus type 1 (WPV1) in environmental samples from Islamabad and Rawalpindi since June, 2024 triggered a heightened state of alert for acute flaccid paralysis (AFP) surveillance in the twin cities. This proactive measure was crucial in ensuring that any potential cases of polio were promptly identified and addressed. The timely detection of the polio case serves as a testament to the effectiveness of the robust surveillance system in place. This system, comprised of a network of healthcare providers, community health workers, and laboratory personnel, played a vital role in identifying the case and initiating necessary interventions to prevent further transmission.

Pakistan's commitment to eradicating polio is commendable. The government's response, including the launch of a targeted vaccination campaign, is a crucial step in addressing the outbreak. However, the success of these efforts depends on the cooperation of parents and communities.

It is imperative that parents allow vaccinators to access their children, ensuring that no child is missed. The polio vaccine is safe, effective, and the only way to protect children from this devastating disease.

Mpox Update: Pakistan's Vigilance Amidst Global Resurgence.

The recent resurgence of Clade I Mpox prompted the World Health Organization (WHO) to declare it a Public Health Emergency of International Concern (PHEIC) on August 14, 2024.

The current situation highlights the necessity for heightened vigilance and proactive public health measures to prevent the potential spread of Mpox within the country. While no local cases have been confirmed so far, the presence of suspected cases and the ongoing international outbreak necessitate robust preventive strategies. Health authorities are focusing on enhancing surveillance, strengthening airport screening processes, and increasing public awareness to mitigate the risk of an outbreak. These measures aim to protect public health and ensure that Pakistan remains vigilant in the face of this emerging infectious threat.

Pakistan has reported a total of 14 Mpox cases, including one death, since the beginning of 2023. Among these, 5 cases have occurred in 2024. All positive cases in the country have been identified as Clade IIb strain, however, no indigenous transmission has been documented within Pakistan to date.

NIH Pakistan's Ongoing Efforts to Combat Mpox

To effectively manage the outbreak, the National Command and Operations Centre (NCOC) NIH conducts daily meetings to evaluate the situation, analyze data, and develop recommendations. Provincial directives have established referral hospitals and quarantine centers, while hospitals nationwide have implemented stringent infection control measures. Furthermore, public health laboratories are on high alert for testing.

NIH Pakistan has strengthened its surveillance infrastructure to rapidly identify and monitor Mpox cases, facilitating prompt interventions. Additionally, the organization has launched awareness campaigns to educate the public about Mpox symptoms, transmission, and prevention measures. These materials are readily accessible on the NIH webpage and social media platforms.



As part of its comprehensive response, the country is expediting plan and procedures for Mpox vaccines procurement for high-risk groups. Vaccination is a crucial strategy for mitigating the outbreak's impact.

Notes from the field:

Outbreak Investigation of Acute Conjunctivitis in District Bhakkar, August 2024

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

Introduction

A concerning outbreak of conjunctivitis was reported in a Bhakkar district school in August 2024. The rapid spread of the disease, as reported by news outlets, prompted a swift response from local and provincial health authorities. A team of health professionals from PDSRU, comprised of the Provincial Epidemiologist, Training Manager, and FETP Fellow, was tasked with investigating the outbreak.

Objectives:

The primary objectives of this outbreak investigation were to:

- To Assess the extent of the conjunctivitis outbreak in District Bhakkar.
- To Identify risk factors and transmission modes to inform future prevention and control strategies.
- To Implement effective control measures, including community education on isolation practices.

Methods

A descriptive study was conducted to investigate the outbreak of conjunctivitis in District Bhakkar. Data

was collected and analyzed from epidemiological weeks 22 to 35, spanning from June 1 to August 31, 2024. An outbreak investigation and active case finding were implemented from August 27 to 31. This involved identifying and documenting new cases of conjunctivitis within the district. A structured questionnaire was developed to collect specific data from affected individuals and their contacts. The questionnaire included variables on demography, clinical history and risk factors. A working case definition was established to standardize the identification of cases. The case definition included the occurrence of any of the following eye symptoms: redness, watering, discharge, or a foreign-body sensation in one or both eyes among residents of District Bhakkar.

Results

Data analysis from the DHIS2 dashboard revealed a substantial increase in acute conjunctivitis cases from June to August. In June, a total of 98 cases were reported, followed by 692 in July and 932 in August. Females accounted for 49% of cases, while males constituted 51%. During the field investigation, 50 active cases were identified, with 40 from mobile clinics and 10 from school visits. The majority of affected individuals were over five years old. Our investigation revealed that close contact with infected individuals, poor hygiene practices, and sharing personal items were key factors in the transmission of conjunctivitis during the outbreak. People who interacted with an infected person were at a higher risk of developing the disease.

Discussion

The outbreaks of conjunctivitis often go unreported in our routine disease surveillance system unless it draws the local media attention. The congregation settings such as hostels, barracks, religious and social gatherings favor the transmission of disease spread through droplets. The causative agent of the conjunctivitis outbreak could not be definitively identified in this investigation due to resource constraints. Adenovirus is a frequent culprit in conjunctivitis cases and is typically diagnosed



clinically. The findings of this investigation highlight the significant increase in the burden of acute conjunctivitis in District Bhakkar compared to previous years. While the district health authority has implemented preventive measures, there is a need for continued emphasis on health education and timely reporting, as outlined in guidelines from the Directorate General Health Punjab.

Recommendations

Based on the findings, the following recommendations are proposed:

- **Health Education Campaigns:** Conduct widespread public health campaigns to raise awareness about conjunctivitis, its symptoms, and preventive measures.
- **Promote Hygiene Practices:** Encourage frequent handwashing, proper respiratory etiquette, and avoidance of sharing personal items.
- **Infection Control Measures:** Implement infection control measures in healthcare settings, schools, and public places.
- **Environmental Hygiene:** Ensure proper sanitation and waste management to prevent disease transmission.
- **Treatment and Isolation:** Provide timely access to treatment and promote self-quarantine during the contagious phase of the illness.
- **Surveillance and Monitoring:** Maintain robust surveillance systems to monitor disease trends and detect early outbreaks.
- **Collaboration and Coordination:** Strengthen collaboration between health departments, healthcare providers, and community organizations.
- **Accessibility to Healthcare:** Ensure equitable access to healthcare services for all residents of District Bhakkar.
- **Training Activities:** Provide training to healthcare workers on the diagnosis, management, and prevention of conjunctivitis.

Conclusion

The outbreaks of conjunctivitis often go unreported in our routine disease surveillance system unless it draws the local media attention. The congregation

settings such as hostels, barracks, religious and social gatherings favor the transmission of disease spread through droplets. The outbreak of acute conjunctivitis in District Bhakkar underscores the importance of effective disease prevention and control measures. By implementing the recommended strategies, the district can mitigate the impact of future outbreaks and protect public health.

Abstract

Investigation of a Gastroenteritis Outbreak in Mohallah Menghwal District Rahim Yar Khan. May 2024

**Dr. Muhammad Saleh
DDSRU Rahim Yar Khan**

Background

A gastrointestinal outbreak occurred in Mohallah Menghwal, Basti Raees Sultan, Sadiq Abad Tehsil, Pakistan, from May 2, 2024, to May 29, 2024. This investigation aimed to identify the causative agent, source of transmission, and recommend preventive measures.

Methodology

A retrospective cohort study was conducted. Data was collected through interviews, medical record reviews, and environmental sampling. Cases were defined as individuals with acute watery diarrhea (≥ 3 loose stools in 24 hours) during the outbreak period. Descriptive statistics and laboratory analyses of stool and water samples were performed.

Results

Thirty cases were identified, affecting individuals aged 6 months to 80 years. Fifty-seven percent of cases were among children under 10. Five cases required hospitalization. *Vibrio cholerae* was identified as the causative agent in stool samples. One male child of 18m died.



Discussion

The outbreak was likely attributed to contaminated water sources. The rapid spread and high attack rate highlight the urgent need for improved water sanitation and hygiene practices in the community.

Conclusion

This investigation identified a cholera outbreak in Mohallah Menghwal. The outbreak was likely due to contaminated water sources. Effective water treatment and sanitation measures are essential to prevent future outbreaks.

Keywords: Gastrointestinal Outbreak, Cholera, Water Contamination, Public Health, Pakistan

Knowledge hub

Prevention and Control of Conjunctivitis: A Guide to Healthy Eyes

Conjunctivitis, commonly known as pink eye, is a highly contagious eye infection characterized by redness, inflammation, and discharge. It can be caused by viruses, bacteria, or allergies. While it is often uncomfortable and unsightly, conjunctivitis can usually be managed at home with proper care.

Understanding Conjunctivitis

Conjunctivitis affects the conjunctiva, the thin, clear membrane that covers the white part of the eye and the inner surface of the eyelids. It can be caused by:

- **Viruses:** The most common cause of conjunctivitis, particularly in children. It is highly contagious and can spread quickly

through contact with infected individuals or contaminated surfaces.

- **Bacteria:** Bacterial conjunctivitis can also be contagious and is often associated with a thicker discharge that may be yellow or green.
- **Allergies:** Allergic conjunctivitis is caused by an allergic reaction to substances such as pollen, dust, or pet dander. It often occurs in people with other allergies, such as hay fever.

Symptoms of Conjunctivitis

When the conjunctiva becomes irritated or infected, it can cause a range of symptoms, including redness, itching, burning, and irritation. Additionally, individuals with conjunctivitis may experience watery or thick discharge, sensitivity to light, and a feeling as though there is something in the eye. These symptoms can significantly impact daily activities and comfort.

Prevention of Conjunctivitis

- **Wash your hands frequently:** This is especially important during outbreaks or when around sick individuals.
- **Avoid touching your eyes:** This can help prevent the spread of germs.
- **Clean and disinfect surfaces:** Regularly clean shared surfaces, such as doorknobs, keyboards, and toys.
- **Use separate towels and washcloths:** Avoid sharing personal items with others.
- **Wear protective eyewear:** If you work in a dusty or dirty environment, wear safety glasses or goggles.

Treatment and Care

While most cases of conjunctivitis resolve on their own, there are steps you can take to manage symptoms and prevent further spread:

- Warm compresses: Apply warm compresses to your eyes several times a day to soothe irritation.
- Over-the-counter eye drops: Lubricating eye drops can help relieve dryness and discomfort.
- Avoid wearing contact lenses: If you have conjunctivitis, it is important to avoid wearing contact lenses until the infection clears.
- Seek medical attention: If your symptoms worsen, or if you have severe pain, vision changes, or a fever, consult a healthcare provider.

In the case of bacterial conjunctivitis, your doctor may prescribe antibiotic eye drops or ointment. Allergic conjunctivitis may require over-the-counter or prescription antihistamines.

By following these preventive measures and seeking appropriate treatment, you can effectively manage conjunctivitis and promote healthy eye health.



World FIELD EPIDEMIOLOGY Day



**WORLD FIELD
EPIDEMIOLOGY DAY**
7 SEPTEMBER



Promoting Diversity, Equity, and Inclusion
in Field Epidemiology

upcoming

**Public Health Bulletin-Pakistan: Vol 4, Issue 35
Special Edition World Field Epidemiology Day**

*We invite you to join us in celebrating World Field Epidemiology Day on
September 7, 2023.*



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