

# 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.

## One Health



## One World

One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.





## Overview

## IDSR Reports

## Ongoing Events

## Field Reports

### Public Health Bulletin - Pakistan, Week 43, 2023

This bulletin highlights the most notable public health events in Pakistan during Week 43 of 2023.

Acute Diarrhea (Non-Cholera) was the most frequently reported disease during Week 43, followed by Malaria, Influenza-like Illness (ILI), Acute Lower Respiratory Infection in children under 5 (ALRI <5 years), Viral Hepatitis (B&D), Bloody Diarrhea, Severe Acute Respiratory Infection (SARI), dog bite, and Acute Watery Diarrhea (AWD) (A&E).

Foodborne and waterborne diseases continue to be reported from across the country. All causative agents, modes of spread, and risk factors are known. A multi-sectoral approach is needed to reduce the burden of these diseases.

It is important to note that all reported cases are suspected and require field investigation for verification.

This issue of the Public Health Bulletin also includes information on Role of vaccination in preventing seasonal Flu, Smog Health Emergency in Punjab, Health Week Activities of Rawalpindi and an educational awareness essay on CCHF.

The team reminds the public to stay vigilant and to seek medical attention promptly if they experience any symptoms of the diseases listed above.

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

Sincerely,  
The Chief Editor



- During week 43, most frequent reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, B. Diarrhea, VH (B, C), Typhoid, SARI, dog bite and AVH (A&E).
- Acute Diarrhea (non- Cholera) cases continue to be reported in high numbers from all provinces and regions especially from Punjab, Sindh and KPK. All are suspected cases and need field verification.
- A rise in Typhoid cases observed this week which required urgent response through multisectoral coordination.

## IDSR compliance attributes

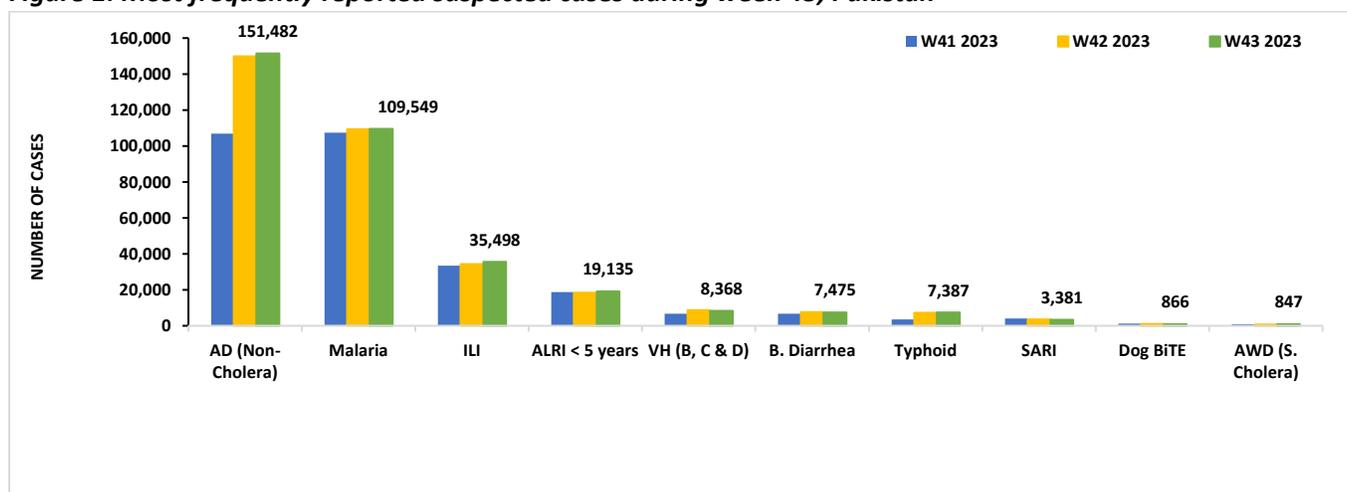
- The national compliance rate for IDSR reporting in 121 implemented districts is 75%
- Sindh and AJK are the top reporting region with a compliance rate of 91% and 88% followed by Khyber Pakhtunkhwa with 74%
- The lowest compliance rate was observed in Gilgit Baltistan.

Region	Expected Reports	Received Reports	Compliance (%)
<i>Khyber Pakhtunkhwa</i>	1865	1382	74
<i>Azad Jammu Kashmir</i>	377	333	88
<i>Islamabad Capital Territory</i>	27	16	59
<i>Balochistan</i>	1304	861	66
<i>Gilgit Baltistan</i>	479	129	27
<i>Sindh</i>	2038	1864	91
<i>National</i>	6090	4585	75

**Table 1: Province/Area wise distribution of most frequently reported cases during week 43, Pakistan.**

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,154	6,550	349	54	18,422	83,404	41,549	151,482
Malaria	69	8,038	0	1	6,338	4,612	90,491	109,549
ILI	2,576	8,110	179	446	4,472	426	19,289	35,498
ALRI < 5 years	1,142	2,313	259	0	1,800	44	13,577	19,135
B. Diarrhea	37	1,752	28	0	725	2,226	3,600	8,368
VH (B, C & D)	7	102	0	0	198	NR	7,168	7,475
Typhoid	27	868	21	0	691	4,405	1,375	7,387
SARI	305	1,073	265	0	802	NR	936	3,381
Dog Bite	37	199	0	0	127	NR	503	866
AVH (A & E)	37	36	3	0	328	NR	443	847
AWD (S. Cholera)	40	423	25	8	109	NR	77	682
Mumps	76	115	40	1	103	NR	329	664
CL	0	121	0	0	430	53	44	648
Measles	9	175	1	0	225	NR	91	501
Dengue	8	3	0	4	75	NR	335	425
Chickenpox/ Varicella	15	14	7	0	107	233	21	397
Pertussis	2	161	13	0	67	NR	13	256
Gonorrhea	0	119	1	0	17	NR	32	169
Rubella (CRS)	0	10	4	0	10	NR	36	60
Meningitis	2	12	8	0	7	NR	25	54
Syphilis	18	1	0	0	0	NR	35	54
AFP	2	4	0	0	32	NR	11	49
Anthrax	0	0	0	0	0	NR	0	0
HIV/AIDS	10	8	0	0	4	NR	10	32
NT	0	1	9	0	15	NR	0	25
Diphtheria (Probable)	0	10	0	0	12	NR	0	22
VL	0	6	0	0	1	NR	8	15
Brucellosis	0	3	0	0	1	NR	0	4
Chikungunya	0	0	0	0	0	NR	2	2
Leprosy	0	0	0	0	0	NR	0	0
CCHF	0	0	0	0	0	NR	0	0

**Figure 1: Most frequently reported suspected cases during week 43, Pakistan**

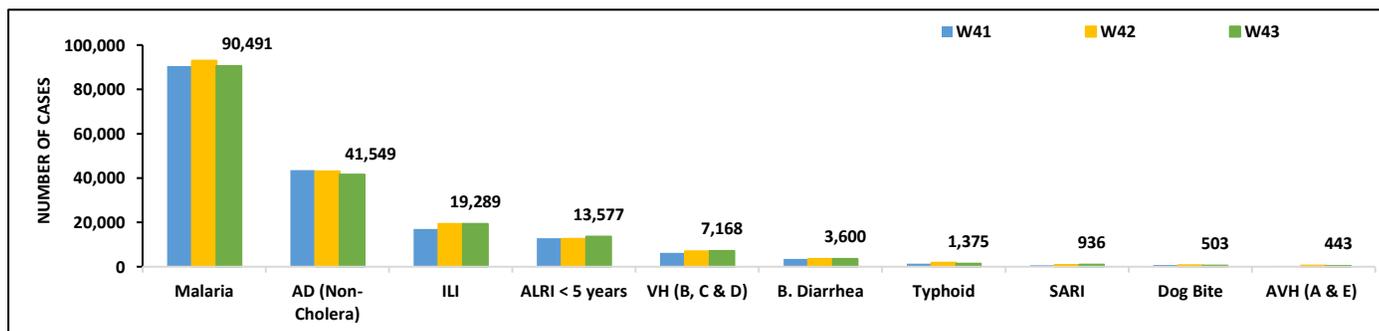


- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, VH (B, C ), B. Diarrhea, Typhoid, SARI, dog bite and AVH (A&E).
- SARI cases increased and reported in high numbers from Khairpur, Sanghar and Tharparkar. All are suspected cases and need verification.
- Except for malaria, ILI and AD cases showed an upward trend in cases.
- There is rise in cases of VH (B,C) reported in high numbers from Sanghar, Kambar and Matiari. Field investigation is required to identify the source to control the spread of disease.

**Table 2: District wise distribution of most frequently reported suspected cases during week 43, Sindh**

DISTRICTS	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Typhoid	SARI	Dog Bite	AVH (A & E)
Badin	6,045	2,841	523	745	339	225	48	11	63	2
Dadu	5,795	2,913	362	1,543	0	452	145	40	0	12
Ghotki	1,861	816	0	631	382	126	0	0	0	0
Hyderabad	586	1,774	388	62	87	24	18	0	2	1
Jacobabad	3,225	1,147	230	1,238	205	150	21	22	56	0
Jamshoro	2,488	1,696	22	213	235	87	52	7	6	0
Kamber	7,547	2,112	0	835	732	237	21	26	0	0
Karachi Central	139	1,314	1,985	94	175	21	161	0	0	23
Karachi East	154	491	122	40	0	19	15	10	0	0
Karachi Keamari	7	328	102	50	0	0	5	0	0	2
Karachi Korangi	42	260	4	4	0	4	3	0	0	0
Karachi Malir	98	658	1,978	160	28	54	26	25	10	8
Karachi South	52	118	0	0	0	0	0	0	0	1
Karachi West	149	946	684	113	32	39	39	42	36	7
Kashmore	2,609	513	717	198	102	69	11	0	0	0
Khairpur	7,654	2,904	1,074	1,211	370	364	210	386	7	1
Larkana	11,743	2,181	7	575	174	437	7	0	0	1
Matiari	2,239	1,443	13	569	696	69	7	1	33	6
Mirpurkhas	5,075	2,147	4,587	591	146	80	18	0	26	6
Naushero Feroze	1,562	1,171	589	142	113	93	68	0	97	0
Sanghar	3,775	1,826	114	782	1,088	104	95	278	0	6
Shaheed Benazirabad	2,106	2,084	0	480	222	81	220	4	3	0
Shikarpur	3,940	1,131	2	278	319	100	4	8	110	0
Sujawal	1,900	584	13	29	59	36	20	1	1	51
Sukkur	5,357	1,655	1,851	559	289	214	5	0	0	0
Tando Allahyar	1,724	766	388	354	556	123	10	0	5	4
Tando Muhammad Khan	2,061	1,271	0	275	109	97	6	0	2	0
Tharparkar	4,789	1,776	2,462	1,149	291	122	83	60	1	26
Thatta	3,273	1,512	1,072	289	175	106	18	15	45	285
Umerkot	2,496	1,171	0	368	244	67	39	0	0	1
<b>Total</b>	<b>90,491</b>	<b>41,549</b>	<b>19,289</b>	<b>13,577</b>	<b>7,168</b>	<b>3,600</b>	<b>1,375</b>	<b>936</b>	<b>503</b>	<b>443</b>

**Figure 2: Most frequently reported suspected cases during week 43, Sindh**



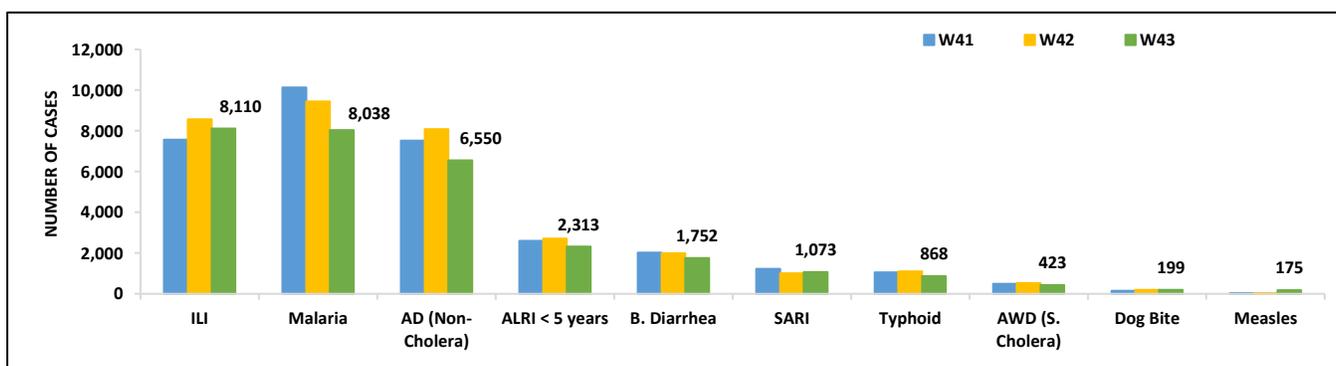
- ILI, Malaria, AD (Non-Cholera), ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), dog bite and Measles were the most frequently reported diseases from Balochistan province.
- Trend for AD and Malaria showed downward trend in cases this week whereas ILI showed an upward trend.
- Quetta, Kech, Gwadar reported ILI cases in high numbers.
- One hundred and thirty-four cases of Measles reported from Chaman this week. An urgent field response is required to verification and clustering of cases if any.

# Balochistan

**Table 3: District wise distribution of most frequently reported suspected cases during week 43, Balochistan**

Districts	ILI	Malaria	AD Non-Cholera)	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S.Cholera)	Dog Bite	Measles
Barkhan	115	190	102	93	34	23	76	40	10	0
Chagai	279	6	212	0	61	1	26	8	4	0
Chaman	293	103	159	2	123	28	80	64	0	134
Dera Bugti	50	422	76	72	62	44	38	10	1	0
Duki	93	92	109	26	96	97	21	43	0	0
Gwadar	661	91	186	NR	39	NR	3	NR	NR	NR
Harnai	15	117	106	211	112	0	3	12	3	0
Hub	183	319	262	8	44	77	12	9	116	1
Jaffarabad	150	1,745	507	19	69	25	4	0	15	0
Jhal Magsi	200	479	348	52	25	4	1	4	5	2
Kachhi (Bolan)	283	332	352	2	0	0	0	0	0	0
Kalat	27	62	89	14	25	1	56	0	0	1
Kech (Turbat)	643	172	214	89	8	NR	NR	NR	1	8
Kharan	273	65	130	1	61	2	8	1	0	9
Khuzdar	163	126	144	4	32	3	14	0	0	0
Killa Saifullah	3	434	169	149	85	23	30	1	0	0
Kohlu	566	272	226	67	162	176	78	33	1	0
Lasbella	55	689	577	620	11	37	13	0	8	0
Loralai	333	68	183	65	70	132	44	1	0	0
Mastung	232	73	245	18	75	103	62	32	8	0
MusaKhel	30	73	32	17	10	6	12	5	2	3
Nushki	11	39	192	0	78	8	0	5	0	0
Panjgur	55	166	123	4	26	12	52	31	0	0
Pishin	66	1	53	7	28	0	7	0	2	0
Quetta	1,311	34	385	40	51	12	34	2	0	15
Sherani	71	17	36	5	16	37	3	8	0	0
Sibi	897	618	371	101	73	53	67	72	2	0
Surab	89	44	34	13	21	1	17	9	0	0
Usta Muhammad	246	831	481	171	73	25	12	0	2	0
Washuk	310	89	189	2	71	32	10	0	0	0
Zhob	152	220	160	390	56	74	63	10	0	1
Ziarat	255	49	98	51	55	37	22	23	19	1
<b>Total</b>	<b>8110</b>	<b>8038</b>	<b>6550</b>	<b>2313</b>	<b>1752</b>	<b>1073</b>	<b>868</b>	<b>423</b>	<b>199</b>	<b>175</b>

**Figure 3: Most frequently reported suspected cases during week 43, Balochistan**

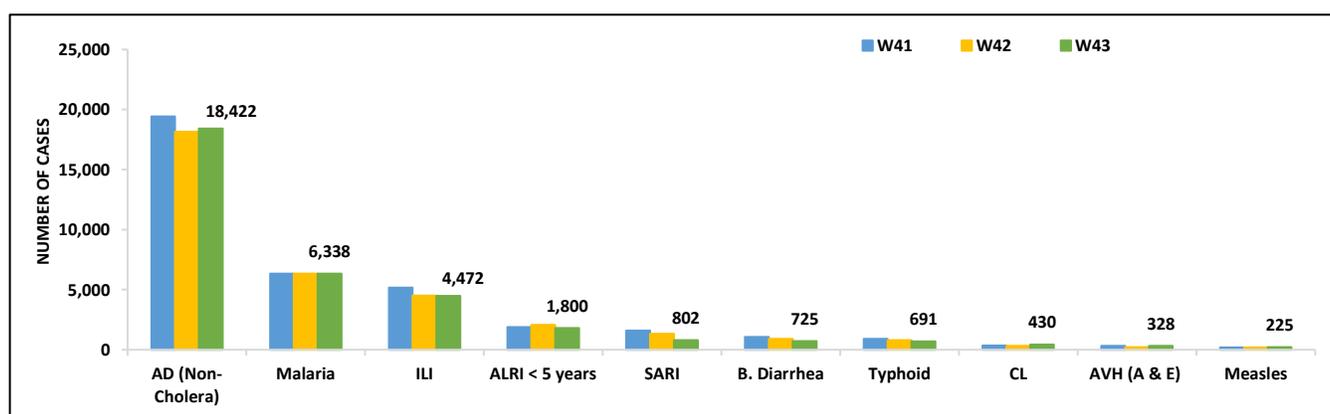


- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, ALRI<5 Years, SARI, B. Diarrhea, Typhoid, CL, AVH (A&E) and Measles cases. Trends for Malaria, AD and ILI cases remained same this week.
- Measles cases were reported from Dir Lower, SWA and Khyber.
- Acute Diarrhea cases continue to be reported in high numbers from many districts across the province namely Swat, Peshawar, Nowshera, D.I.Khan and Haripur. Health education and public health intervention are required to control the spread of disease.

**Table 4: District wise distribution of most frequently reported suspected cases during week 43, KP**

Districts	AD (Non-Cholera)	Malaria	ILI	ALRI <5 Years	SARI	B. Diarrhea	Typhoid	CL	AVH (A & E)	Measles
Abbottabad	427	4	33	21	27	0	10	0	0	0
Bajaur	174	99	5	18	5	29	0	0	0	1
Bannu	769	1,305	42	5	0	4	58	0	1	3
Buner	315	361	0	55	0	0	9	0	0	3
Charsadda	920	349	269	57	63	36	10	34	0	2
Chitral Lower	216	23	113	37	32	20	7	15	8	1
Chitral Upper	105	4	13	13	21	7	27	0	1	0
D.I. Khan	1,023	603	8	4	41	14	2	1	0	1
Dir Lower	960	537	11	199	45	127	50	5	181	27
Dir Upper	618	19	34	35	6	12	28	6	5	19
Hangu	233	473	154	8	60	21	16	28	5	0
Haripur	1,093	43	903	379	40	14	59	0	11	2
Karak	230	239	103	10	0	7	4	47	0	11
Khyber	93	308	65	0	5	34	9	25	2	30
Kohat	72	38	2	1	0	0	0	2	0	0
Kohistan Lower	61	10	2	7	1	16	0	0	0	5
Kohistan Upper	243	23	34	4	12	12	43	0	0	5
Kolai Palas	60	10	0	2	0	8	0	0	0	0
L & C Kurram	5	6	0	0	0	2	1	0	0	1
Lakki Marwat	411	363	0	84	0	10	9	14	0	1
Malakand	549	53	0	63	3	44	29	22	28	12
Mansehra	487	14	631	36	85	7	4	0	0	7
Mardan	764	67	66	212	0	28	0	6	13	0
Mohmand	138	227	41	5	3	11	12	83	0	0
Nowshera	1,732	75	27	1	28	24	9	18	0	0
Peshawar	2,632	96	784	162	145	123	104	23	28	26
SD Bannu	3	5	2	1	0	5	0	0	3	2
SD Lakki	3	5	0	0	0	0	0	0	0	0
Shangla	318	129	0	3	3	1	56	4	0	8
SWA	107	138	99	48	68	49	47	69	6	31
Swabi	1,112	89	602	250	77	14	24	0	15	13
Swat	2,194	67	399	61	0	26	0	0	19	14
Tank	298	439	0	8	0	3	55	21	0	0
Tor Ghar	48	117	0	11	31	15	8	7	2	0
Upper Kurram	9	0	30	0	1	2	1	0	0	0
<b>Total</b>	<b>18,422</b>	<b>6,338</b>	<b>4,472</b>	<b>1,800</b>	<b>802</b>	<b>725</b>	<b>691</b>	<b>430</b>	<b>328</b>	<b>225</b>

**Figure 4: Most frequently reported suspected cases during week 43, KP**



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

**AJK:** ILI cases were maximum followed by ALRI <5 years, AD (Non-Cholera), SARI, Mumps, Malaria, AWD (S. Cholera), B. Diarrhea and dog bite Trend for ILI cases and ALRI <5 years remained same cases this week.

**GB:** AD (Non. Cholera) cases were the most frequently reported diseases followed by ALRI<5 years, SARI, ILI, Mumps. Diarrhea, AWD and Typhoid. Trend for AD cases showed decline this week.

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

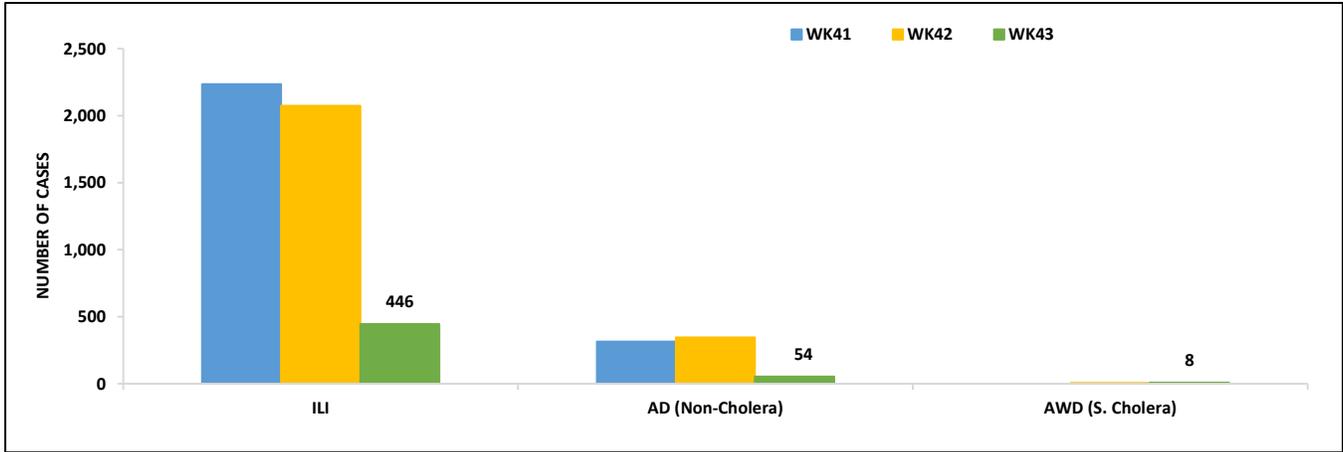


Figure 6: Week wise reported suspected cases of ILI, ICT

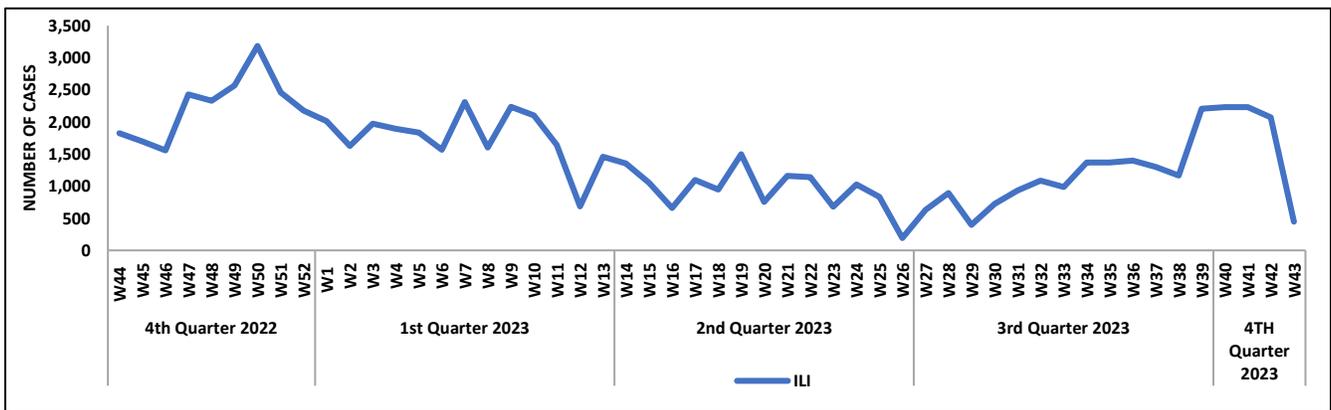


Figure 7: Most frequently reported suspected cases during week 42, AJK

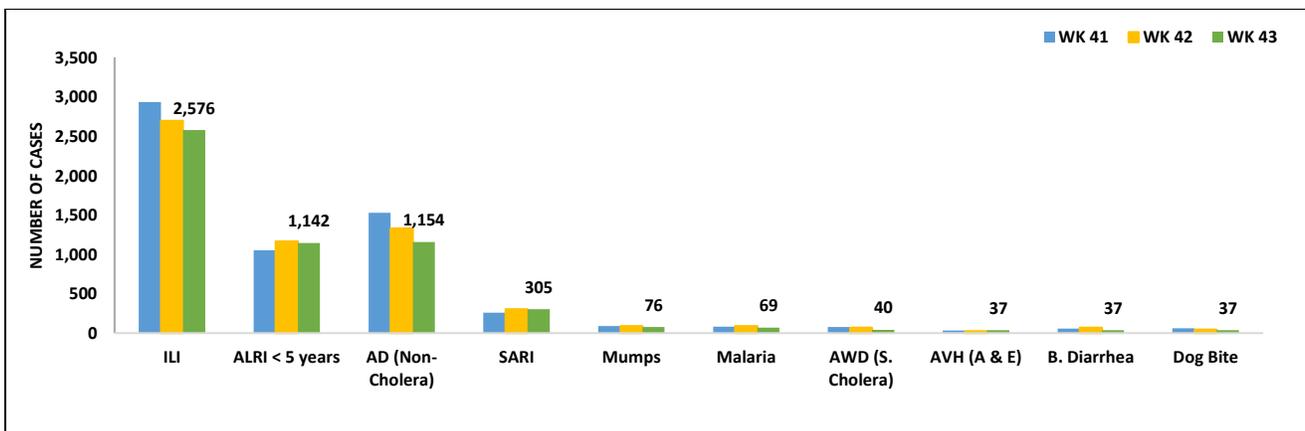


Figure 8: Week wise reported suspected cases of AD (Non-Cholera) and ILI, AJK

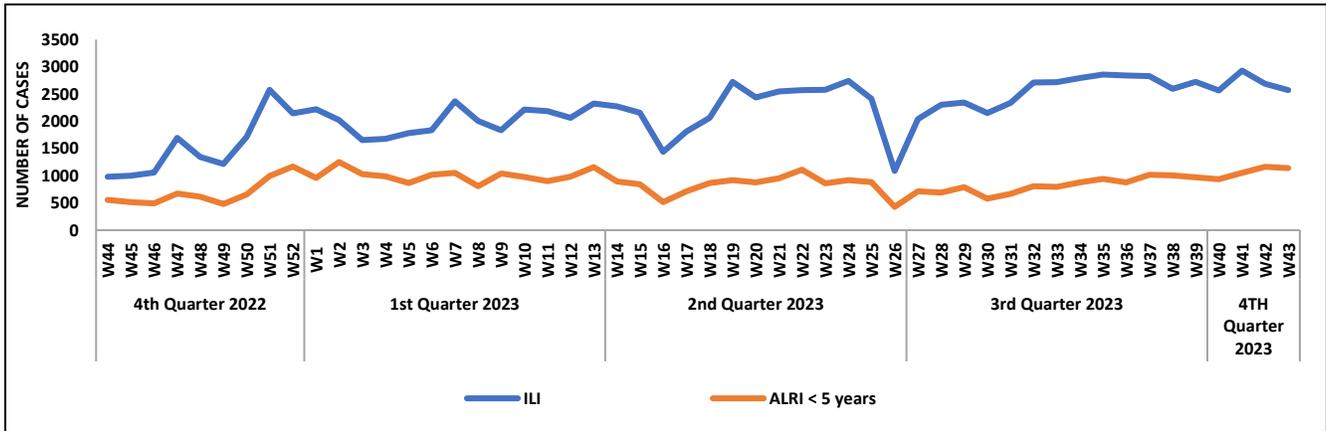


Figure 9: Most frequent cases reported during WK 43, GB

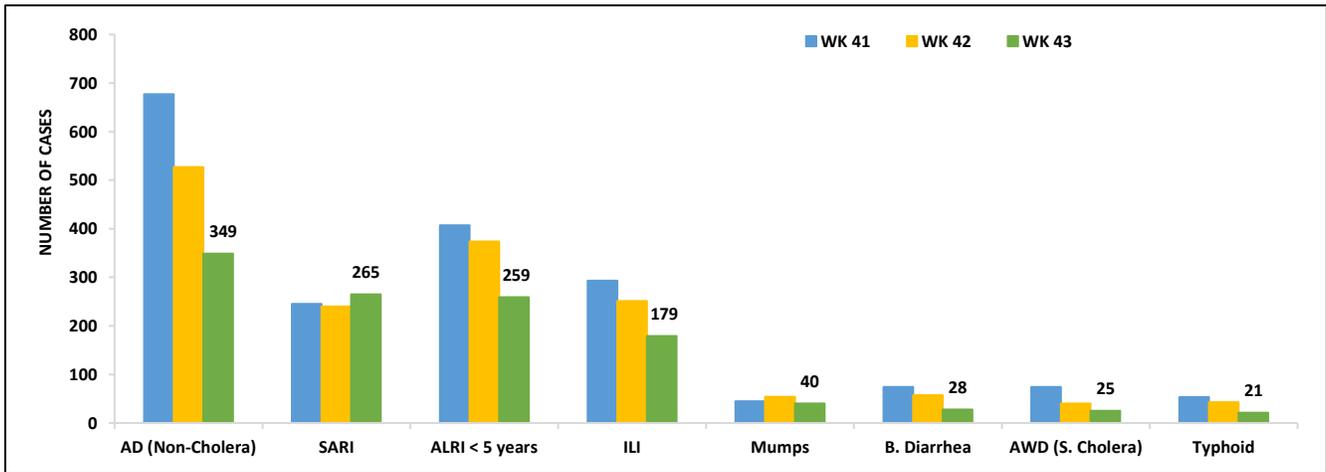
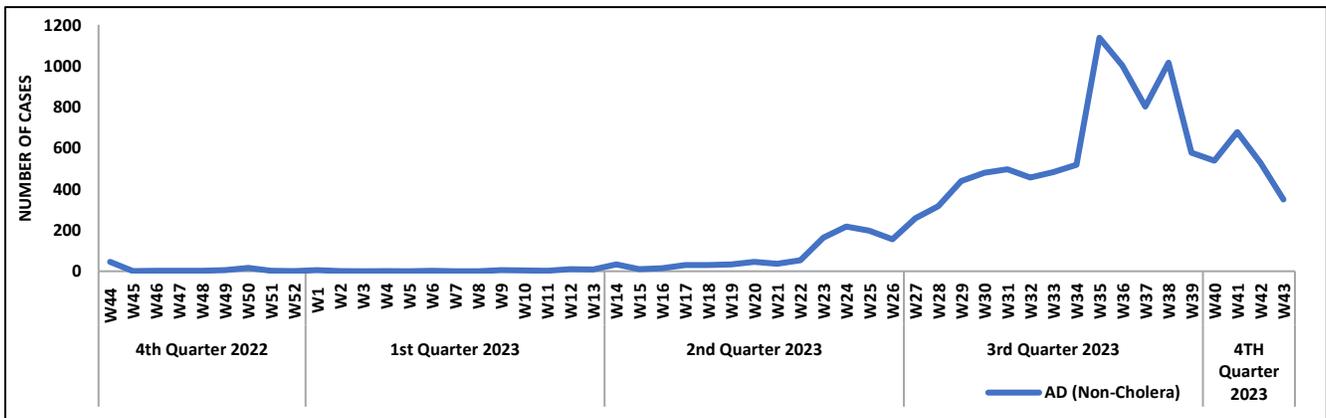
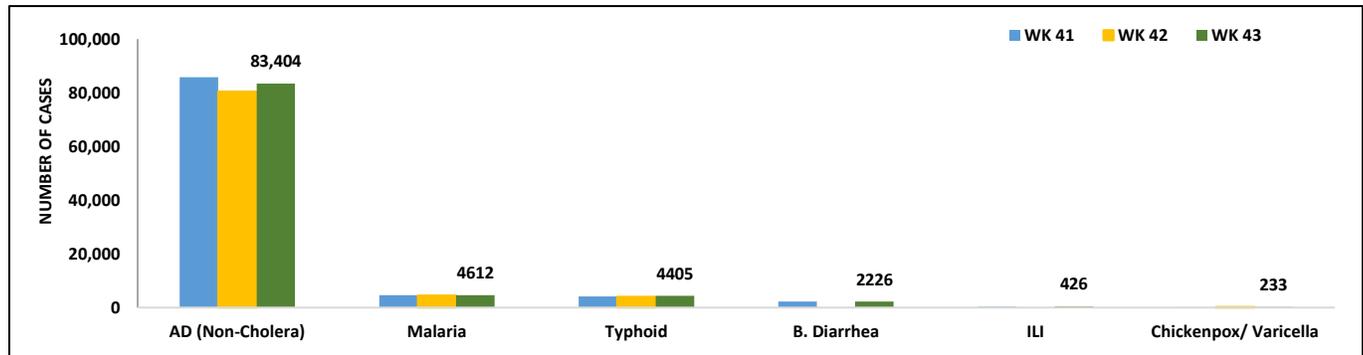


Figure 10: Week wise reported suspected cases of AD (Non-Cholera), GB



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

**Figure 11: District wise distribution of most frequently reported suspected cases during week 43, Punjab**



**Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 43**

Diseases	Sindh	Balochistan	Punjab	KPK	ISL	Gilgit
Acute Watery Diarrhoea (S. Cholera)	0	-	-	0	-	-
Acute diarrhea(non-cholera)	0	-	0	-	-	-
Malaria	214	-	-	0	0	0
CCHF	-	2	--	0	--	-
Dengue	26	0	-	0	-	-
MPOX	0	-	-	0	-	-
Acute Viral Hepatitis(B)	110	0	-	-	-	8
Acute Viral Hepatitis(C)	294	8	0	0	2	4
Acute Viral Hepatitis(E)	0	-	-	2	-	-
Typhoid	5	-	-	0	0	6
Covid 19	0	0	-	0	-	-
Tb	-	-	1	-	-	5



# IDSR Reports Compliance

- Out OF 120 IDSr implemented districts, compliance is low from Gilgit Baltistan districts. Green color showing >50% compliance while red color is <50% compliance

**Table 6: IDSr reporting districts Week 43**

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Agreed Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	110	110	104	95%
	Bannu	92	92	81	88%
	Battagram	43	43	0	0%
	Buner	34	34	9	26%
	Bajaur	44	44	19	43%
	Charsadda	61	61	51	84%
	Chitral Upper	33	33	27	82%
	Chitral Lower	35	35	34	97%
	D.I. Khan	89	89	86	97%
	Dir Lower	75	75	70	93%
	Dir Upper	55	55	46	84%
	Hangu	22	22	22	100%
	Haripur	69	69	66	96%
	Karak	39	39	39	100%
	Khyber	40	40	12	30%
	Kohat	59	59	59	100%
	Kohistan Lower	11	11	11	100%
	Kohistan Upper	20	20	19	95%
	Kolai Palas	10	10	10	100%
	Lakki Marwat	49	49	49	100%
	Lower & Central Kurram	40	40	2	5%
	Upper Kurram	42	42	1	2%
	Malakand	42	42	37	88%
	Mansehra	133	133	85	64%
	Mardan	84	84	62	74%
	Nowshera	54	54	53	98%
	North Waziristan	22	22	0	0%
	Peshawar	101	101	101	100%
	Shangla	64	64	9	14%
	Swabi	67	67	66	99%
	Swat	76	76	63	83%
	South Waziristan	78	78	44	56%
	Tank	54	54	27	50%
Torghar	18	18	18	100%	
Azad Jammu Kashmir	Mirpur	37	37	37	100%
	Bhimber	20	20	17	85%
	Kotli	60	60	59	98%
	Muzaffarabad	43	45	42	93%
	Poonch	46	46	46	100%
	Haveli	34	34	18	53%
	Bagh	40	40	35	88%
	Neelum	39	39	24	62%
	Jhelum Vellay	29	29	28	97%



	Sudhnooti	27	27	27	100%
Islamabad Capital Territory	ICT	18	18	8	44%
	CDA	9	9	8	89%
Balochistan	Gwadar	24	24	19	79%
	Kech	78	44	13	30%
	Khuzdar	136	20	20	100%
	Killa Abdullah	50	32	0	0%
	Lasbella	85	85	55	65%
	Pishin	118	23	6	26%
	Quetta	77	77	18	23%
	Sibi	36	36	33	92%
	Zhob	37	37	34	92%
	Jaffarabad	47	47	16	34%
	Naserabad	37	37	22	59%
	Kharan	32	32	28	88%
	Sherani	32	32	15	47%
	Kohlu	75	75	70	93%
	Chagi	35	35	25	71%
	Kalat	65	65	38	58%
	Harnai	18	18	17	94%
	Kachhi (Bolan)	35	35	34	97%
	Jhal Magsi	39	39	25	64%
	Sohbat pur	25	25	0	0%
	Surab	33	33	25	76%
	Mastung	45	45	45	100%
	Loralai	33	33	28	85%
	Killa Saifullah	31	31	26	84%
	Ziarat	42	42	24	57%
	Duki	31	31	29	94%
	Nushki	32	32	30	94%
	Dera Bugti	45	45	29	64%
	Washuk	25	25	25	100%
	Panjgur	38	38	9	24%
	Awaran	23	23	0	0%
	Chaman	22	22	21	95%
Barkhan	19	19	19	100%	
Hub	33	33	30	91%	
Usta Muhammad	34	34	33	97%	
Gilgit Baltistan	Hunza	31	31	27	87%
	Nagar	6	6	0	0%
	Ghizer	62	62	2	3%
	Gilgit	48	48	37	77%
	Diamer	79	79	4	5%
	Astore	53	53	2	4%
	Shigar	24	24	8	33%
	Skardu	51	51	29	57%
	Ganche	79	79	13	16%
Kharmang	46	46	7	15%	



Sindh	Hyderabad	71	71	40	56%
	Ghotki	64	64	64	100%
	Umerkot	98	43	33	77%
	Naushahro Feroze	68	68	62	91%
	Tharparkar	278	278	257	92%
	Shikarpur	60	60	60	100%
	Thatta	53	53	52	98%
	Larkana	67	67	66	99%
	Kamber Shadadkot	71	71	70	99%
	Karachi-East	14	14	13	93%
	Karachi-West	23	23	20	87%
	Karachi-Malir	37	37	19	51%
	Karachi-Kemari	18	18	11	61%
	Karachi-Central	11	11	11	100%
	Karachi-Korangi	18	18	12	67%
	Karachi-South	4	4	4	100%
	Sujawal	54	54	53	98%
	Mirpur Khas	104	104	82	79%
	Badin	124	124	110	89%
	Sukkur	64	64	64	100%
	Dadu	90	90	87	97%
	Sanghar	101	101	100	99%
	Jacobabad	43	43	43	100%
	Khairpur	168	168	162	96%
	Kashmore	59	59	59	100%
	Matiari	42	42	40	95%
	Jamshoro	70	70	68	97%
	Tando Allahyar	54	54	42	78%
	Tando Muhammad Khan	41	41	40	98%
	Shaheed Benazirabad	124	124	120	97%



### H1N1 Flu: A Persistent Threat and the Need for Vaccination

Influenza A, often known as the seasonal flu or swine flu, is a respiratory illness caused by the H1N1 influenza virus. It is one of the three influenza viruses that are to blame for seasonal flu. The H1N1 flu can produce a range of symptoms, from mild to severe, and can lead to serious complications such as pneumonia, bronchitis, and even death.

Although the H1N1 flu is most common during the winter months, it can occur at any time of year. The most effective way to protect yourself from the H1N1 flu is to receive a flu shot annually. The flu shot is a safe and effective vaccine that protects against the most prevalent flu virus strains, including the H1N1 flu.

Here are a few reasons why it is now the ideal time to receive a H1N1 flu shot:

- The H1N1 flu is still a threat. While the 2009-2010 H1N1 flu pandemic has ended, the virus is still circulating and can cause illness. In fact, the H1N1 flu was one of the most prevalent flu virus strains circulating during the 2022-2023 flu season.
- The H1N1 flu can be severe. While most people who contract the H1N1 flu recover without any complications, some people may develop serious health problems such as pneumonia and bronchitis. The H1N1 flu can also be fatal, especially in young children, older adults, and people with chronic health conditions.
- The flu shot is safe and effective. The flu shot is one of the safest and most effective vaccines available. It is made from a weakened or inactivated form of the flu virus, which means it cannot give you the flu. The flu shot is also very effective at preventing the flu, especially in children and adults under the age of 65.

If you are considering getting a H1N1 flu shot, there are a few things to keep in mind. First, the flu shot is recommended for everyone over the age of 6 months. Second, the flu shot should be administered annually to ensure that you are protected against the most common flu virus strains. Third, the flu shot is safe for pregnant women and people with chronic health conditions.

In conclusion, it is the right time to get a H1N1 flu shot because the virus is still circulating and can cause serious illness. The flu shot is a safe and effective way to protect yourself from the H1N1 flu and other strains of the flu virus.

### A Note from Field Activities.

*From the desk of Chief Editor*

#### Lahore, Pakistan, Imposes Health Emergency as Smog Engulfs the City

Amidst a blanket of toxic haze, Lahore, Pakistan's second-most populous city, was compelled to declare a health emergency on Tuesday. This drastic measure was taken in response to the city's deteriorating air quality, which has soared to alarming levels, reaching a hazardous air quality index (AQI) of 400.

In an effort to mitigate the health risks posed by the severe smog, the interim chief minister of Punjab province, announced a four-day workweek for public institutions. Schools, colleges, cinemas, parks, and other public places will remain closed on Thursdays, Fridays, and Saturdays, in addition to the regular Sunday off. Markets, however, will be allowed to operate on Saturdays, albeit with reduced hours.

The chief minister emphasized the urgency of addressing the smog crisis, declaring, "Due to the escalating smog levels, the government is enforcing a health emergency in Lahore, Gujranwala, Hafizabad, and Nankana Sahib districts until the situation improves."

Authorities have directed the administration to intensify efforts to combat the sources of smog,



including crop burning and other pollution-causing activities.

Lahore, with its population of nearly 14 million, is currently among the world's most polluted cities, joining the ranks of New Delhi and Dhaka. The suffocating smog, a cocktail of harmful pollutants, has caused widespread respiratory ailments, prompting doctors to advise the public to stay indoors, drink plenty of fluids, and seek medical attention if symptoms persist.

The health emergency in Lahore underscores the urgent need for comprehensive measures to address air pollution, not only in Pakistan but also globally. The well-being of millions of people hinges on the collective efforts of governments, industries, and individuals to protect the environment and safeguard public health.

## Letter to the Editor:

DDSRU Raises Awareness of Smog and its Health Effects in Rawalpindi, Pakistan

**Dr. Muhammad Ali Mirza**  
District Surveillance  
coordinator  
Rawalpindi.



Smog, a major environmental challenge in Punjab, Pakistan, is caused by a variety of factors, including vehicle emissions, industrial pollution, and dust. It can have a significant impact on human health, causing respiratory problems, heart disease, and cancer.

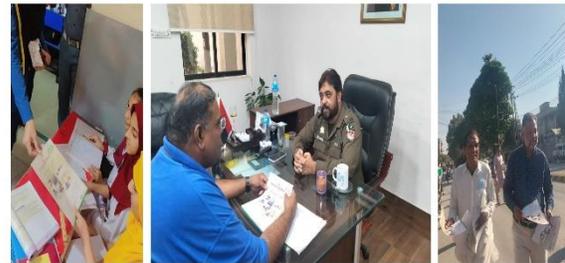
To raise awareness and educate the public about smog and its health effects, a team from the District Disease Surveillance and Response Unit (DDSRU), in collaboration with city traffic police Rawalpindi, recently conducted a series of activities in Rawalpindi. These activities included a public awareness campaign, school visits, and community outreach events.

The public awareness campaign reached over 10,000 people, the school visits reached over 5,000 students, and the community outreach events

reached over 2,000 people. Feedback from participants was positive, with many people expressing that they learned something new about smog and its health effects.

The DDSRU team distributed educational pamphlets and posters on smog in high-traffic areas, such as markets and bus stops, and engaged in one-on-one conversations to answer questions and provide information on preventive measures. During the school visits, the team delivered educational presentations on smog to students, covering topics such as the causes and effects of smog, the health risks associated with smog exposure, and preventive measures.

The community outreach events featured educational activities, such as awareness walks and



seminars on smog, and the team also provided information on preventive measures, such as wearing masks and avoiding outdoor activities during peak smog hours.



The field activity report shows that there is a high level of awareness about smog among the public in Rawalpindi. However, there is still a need for more education and outreach to ensure that everyone understands the health risks associated with smog exposure and knows how to protect themselves.

## Letter to the Editor:

Health Week in Rawalpindi: Empowering Community Health and Well-being

**Dr. Ehsan Ghani**  
DHO (Preventive Services)



The recently concluded Health Week in Rawalpindi, Pakistan, have proven to be an outstanding success, reaching an impressive 24,915 individuals across various primary and secondary healthcare facilities within the district. This remarkable accomplishment reflects the unwavering dedication of the health department in providing essential services to the community and underscores the community's high level of awareness and engagement with health initiatives.

The Health Weeks effectively reached a diverse and widespread population, attracting individuals from all ages, genders, and backgrounds. Notably, a significant proportion of those served fell within the 25-44 age group, indicating a strong focus on preventive care for the working-age population. The near-equal distribution of male and female participants further emphasizes the program's commitment to providing healthcare services to all genders.

## Enhancing Access to Essential Health Services

The Health Weeks provided a convenient and accessible platform for individuals to receive various health screenings, tests, and counseling services. This accessibility proved to be a key factor in the program's success, as it enabled individuals to

seek necessary healthcare without facing barriers such as cost, transportation, or time constraints.

To highlight the program's impact, 14,411 individuals underwent serological tests for the detection of viral hepatitis, while 5,493 individuals were screened for tuberculosis. Suspected TB individuals and 435 those who tested positive for viral hepatitis were enrolled in treatment programs for disease management.

## Promoting Preventive Care and Healthy Lifestyles

The Health Weeks extended beyond providing immediate medical attention; they also played a crucial role in raising awareness about preventive care and promoting healthy lifestyles. A total of 10,848 individuals received counseling on adopting healthy lifestyles, encompassing nutrition, physical health, and stress management. Outreach efforts and educational activities effectively informed participants about the importance of early detection of health issues and encouraged them to adopt healthy habits such as nutrition, exercise, and stress management.

## A Testament to Community-Based Health Initiatives

The Health Weeks in Rawalpindi stand as a testament to the power of community-based health initiatives. By providing essential services, promoting preventive care, and empowering individuals to adopt healthy lifestyles, these programs have made a significant contribution to the overall health and well-being of the community. By incorporating the suggested recommendations, future Health Weeks can continue to build upon this success and further enhance the health outcomes of Rawalpindi residents.

## Knowledge Hub

### What is CCHF?

Crimean-Congo hemorrhagic fever (CCHF) is a viral illness that can be fatal. It is caused by a virus called Crimean-Congo hemorrhagic fever virus (CCHFV), which is spread to humans through contact with the



blood or tissues of infected animals, such as livestock (e.g., sheep, goats, cattle), ticks, or humans.

### Symptoms of CCHF

The symptoms of CCHF typically appear 2 to 14 days after infection. They can include fever, headache, muscle pain, backache, fatigue, sore throat, and gastrointestinal symptoms such as nausea, vomiting, and diarrhea. In some cases, patients may also experience bleeding from the eyes, nose, gums, or other orifices.

### Treatment for CCHF

There is no specific treatment for CCHF. Treatment is supportive and may include measures such as providing fluids, oxygen, and medications to manage symptoms.

### Prevention of CCHF

The best way to prevent CCHF is to avoid contact with infected animals and ticks. This can be done by:

- Avoiding contact with livestock, especially during birthing and slaughtering.
- Wearing protective clothing when working with livestock or in areas where ticks are common.
- Using insect repellent when outdoors in areas where ticks are common.
- Checking for ticks after being outdoors and removing any ticks that are found.
- **Getting vaccinated against CCHF.**

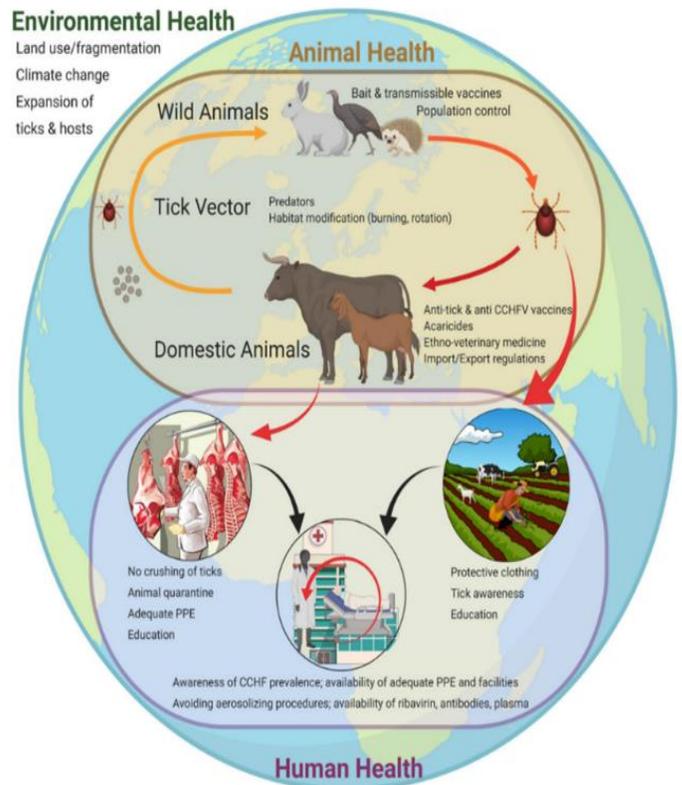
### Health education and public awareness message

CCHF is a serious illness that can be fatal. However, it can be prevented by taking steps to avoid contact with infected animals and ticks. Here are some important messages to raise public awareness about CCHF:

- CCHF is a viral illness that can be spread to humans through contact with the blood or tissues of infected animals, such as livestock (e.g., sheep, goats, cattle), ticks, or humans.
- The symptoms of CCHF typically appear 2 to 14 days after infection and can include fever, headache, muscle pain, backache, fatigue, sore throat, and gastrointestinal symptoms such as nausea, vomiting, and diarrhea. In some cases, patients may also experience bleeding from the eyes, nose, gums, or other orifices.

- There is no specific treatment for CCHF. Treatment is supportive and may include measures such as providing fluids, oxygen, and medications to manage symptoms.
- The best way to prevent CCHF is to avoid contact with infected animals and ticks. This can be done by wearing protective clothing, using insect repellent, checking for ticks after being outdoors, and getting vaccinated against CCHF.

If you think you may have been exposed to CCHF, it is important to seek medical attention immediately.



## PHB, Pakistan: Submission Guidelines

### Notes from the Field

- These abbreviated reports aim to inform the public health community of ongoing or recent events of concern without awaiting the development of a full report.
- Events of concern include outbreaks, unusual disease clusters, poisoning, and notable public health-related case reports.
- These reports may contain preliminary results and hypotheses regarding risk factors and exposures. Definitive conclusions are not required.
- Ideal length: 500 words. Longer submissions may be accepted, but the justification should be discussed with the managing editor beforehand.

### Structure:

- Brief introduction describing the onset of the event and its identification
- Description of the investigation, magnitude, and extent of the event

Outcomes (e.g., hospitalizations or deaths) and any preliminary conclusions

- Public health actions taken to control the situation and recommendations for preventing future recurrences
- Illustrations are encouraged.
- Report laboratory and epidemiologic results within a public health perspective, explaining their significance and placing them in a broader context.
- Tables and figures: One table, one figure, and one summary box may be included, especially if they can shorten the text.
- References: Keep references relevant and recent. (See details in Author Submission Checklist and Submission Formats)
- Criteria for authors: Attribution should be strictly limited to those persons or organizations responsible for writing the report or to whom public inquiries should be directed.

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