

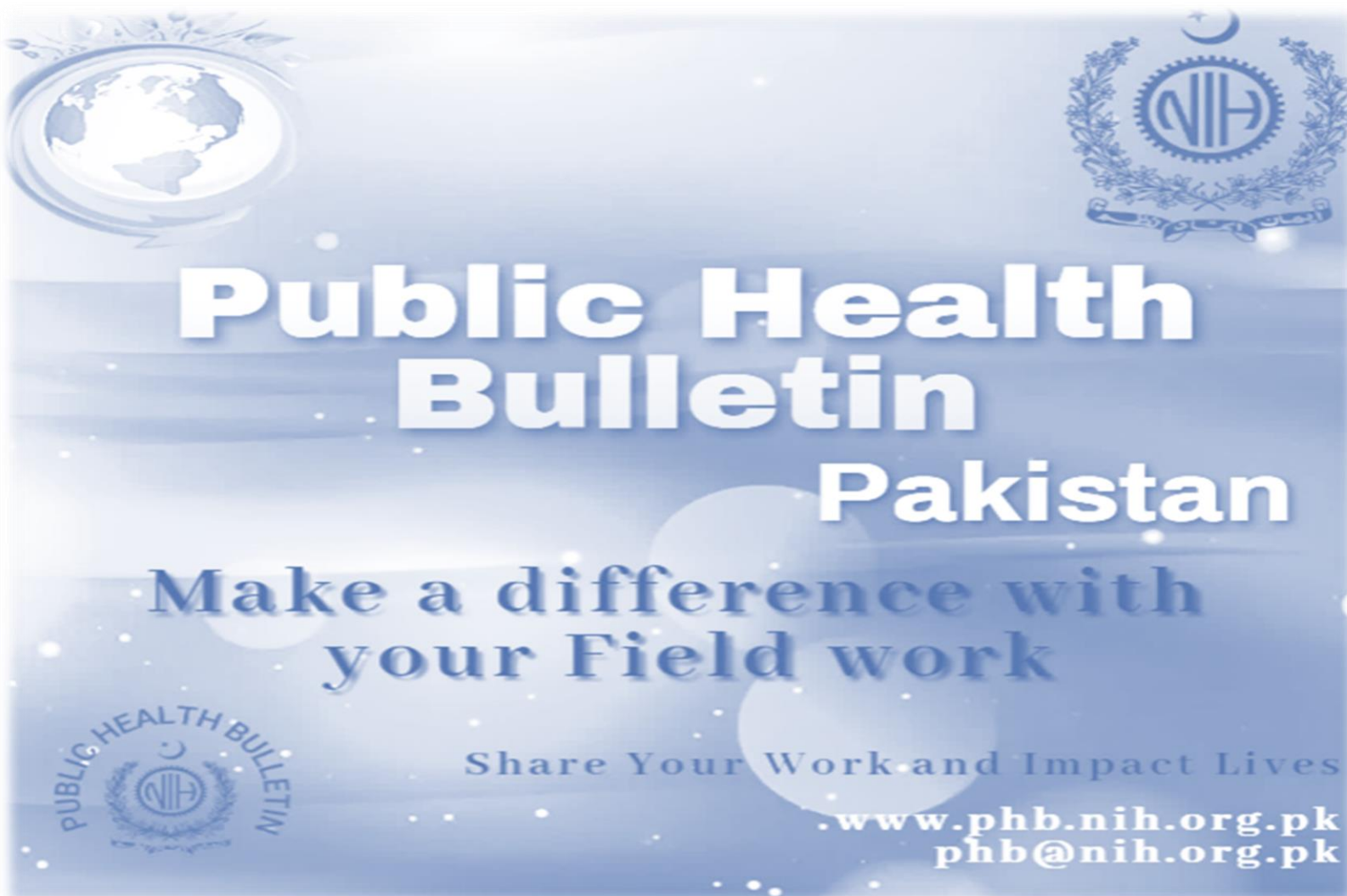
Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

<http://www.phb.nih.org.pk/>

Vol. 5 | Week 08
17th FEB – 23rd FEB
11th March, 2025

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.



Overview

IDSR Reports

Ongoing Events

Field Reports

Public Health Bulletin - Pakistan, Week 08, 2025

The Public Health Bulletin (PHB) provides timely, reliable, and actionable health information to the public and professionals. It disseminates key IDSR data, outbreak reports, and seasonal trends, along with actionable public health recommendations. Its content is carefully curated for relevance to Pakistan's priorities, excluding misinformation. The PHB also proactively addresses health misinformation on social media and aims to be a trusted resource for informed public health decision-making.

This Weeks Highlights include;

- *Strengthening Health Security: National Workshop in Islamabad Concludes with Focus on Financial Strategies for NAPHS*
- *Investigation of a Suspected Outbreak of dengue, UC Wadpagg, District Peshawar*
- *Knowledge hub on Understanding Seasonal Allergies: A Public Health Guide*

By transforming complex health data into actionable intelligence, the Public Health Bulletin continues to be an indispensable tool in our collective journey toward a healthier Pakistan.

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*Sincerely,
The Chief Editor*

- During Week 08, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, TB, ALRI <5 years, dog bite, B. Diarrhea, VH (B, C & D), Typhoid and SARI.
- Forty-two cases of AFP reported from KP, nine from Punjab, seven from Sindh and one from AJK.
- Twenty suspected cases of HIV/ AIDS reported from Punjab, four from Sindh and three from KP.
- Seven suspected cases of Brucellosis reported from KP.
- Among VPDs, there is an increase in number of cases of Measles, Rubella and NT this week.
- Among respiratory diseases, there is an increase in number of cases of SARI this week.
- Among food/ water-borne diseases, there is an increase in number of cases of AD (Non-cholera) this week.
- Among STDs, there is an increase in number of cases of HIV/AIDs this week.
- Among other diseases, there is an increase in number of cases of dog bite this week.

IDSR compliance attributes

- The national compliance rate for IDSR reporting in 158 implemented districts is 82%
- Sindh is the top reporting regions with a compliance rate of 96%, followed by AJK 93%, GB 92% and KP 78%.
- The lowest compliance rate was observed in ICT 63% and Balochistan 58%.

| Region | Expected Reports | Received Reports | Compliance (%) |
|-----------------------------|------------------|------------------|----------------|
| Khyber Pakhtunkhwa | 2315 | 1806 | 78 |
| Azad Jammu Kashmir | 404 | 377 | 93 |
| Islamabad Capital Territory | 36 | 23 | 63 |
| Balochistan | 1308 | 768 | 58 |
| Gilgit Baltistan | 405 | 376 | 92 |
| Sindh | 2098 | 2031 | 96 |
| National | 6566 | 5381 | 82 |

Public Health Actions

Federal, Provincial, Regional Health Departments and relevant programs may consider following public health actions to prevent and control diseases.

AD (Non-Cholera)

- **Safe Water and Sanitation:** Improve access to clean, safe drinking water and upgrade sanitation systems by installing water purification units, ensuring reliable piped water supply, and enhancing sewage management to prevent fecal contamination of water sources.
- **Water Quality Maintenance:** Implement routine changing of filters in filtration plants and regular testing of government water supply systems to monitor and maintain water quality, ensuring the removal of pathogens and contaminants.
- **Oral Rehydration Therapy Access:** Ensure widespread availability and distribution of oral rehydration salts (ORS) and zinc supplements, particularly for children under 5, through local health facilities and community outreach programs to reduce morbidity and mortality.
- **Food and Hygiene Safety:** Promote safe food handling practices by educating communities on proper cooking, storage, and hand washing with soap before eating or preparing food to limit transmission through contaminated food and water.
- **Public Education and Community Awareness:** Engage local health workers, community leaders, and volunteers to conduct regular educational campaigns, highlighting the importance of hygiene practices, early symptom recognition, and prompt treatment-seeking behavior to empower communities in prevention efforts.

Typhoid

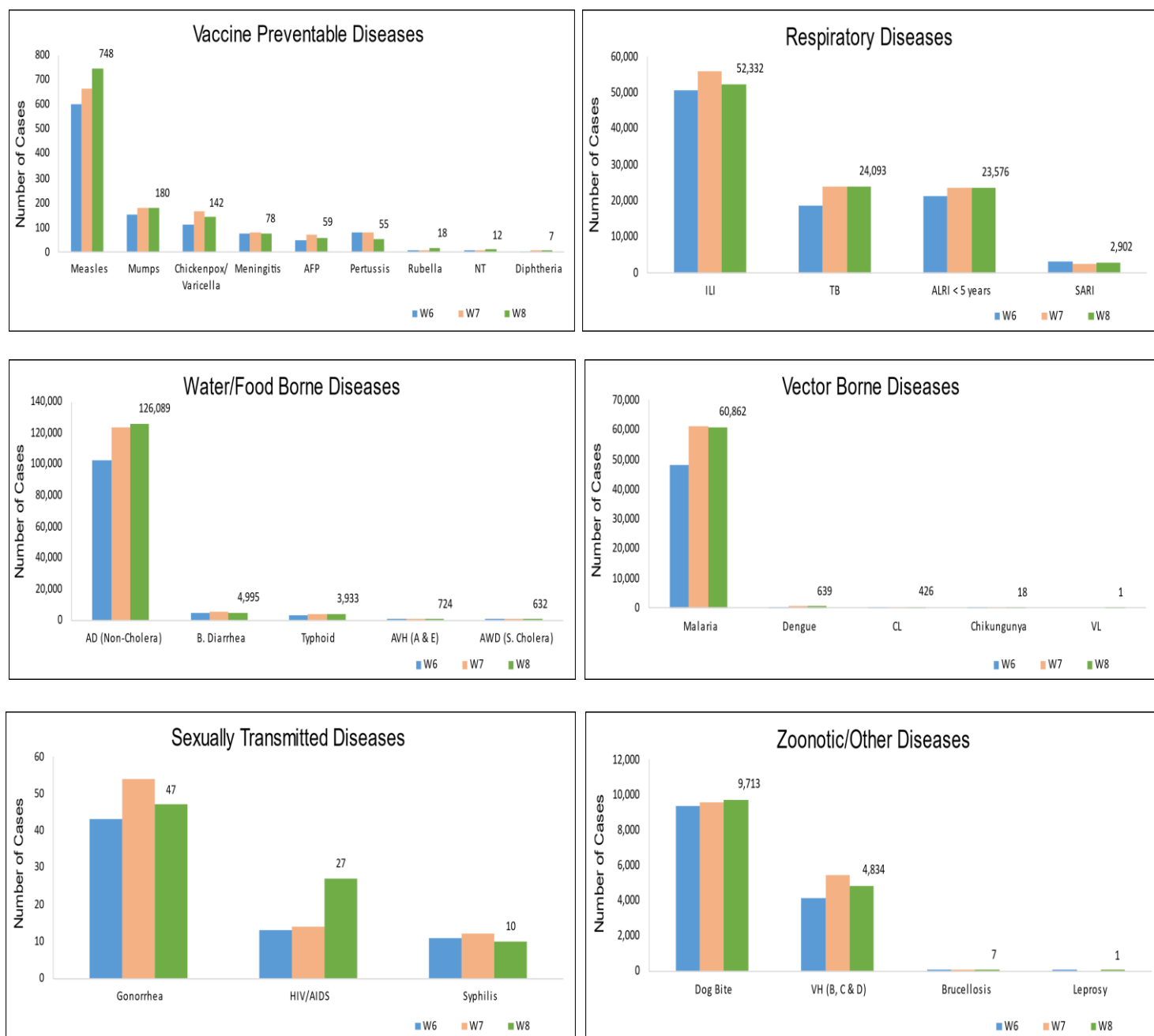
- **Safe Water and Sanitation:** Enhance access to clean, safe drinking water and improve sanitation infrastructure.
- **Surveillance and Laboratory Testing:** Implement strict surveillance of typhoid cases, coupled with mandatory laboratory testing, to promptly identify and track multidrug-resistant (MDR) and extensively drug-resistant (XDR) strains of *Salmonella Typhi*, enabling targeted interventions and containment.
- **Vaccination of High-Risk Populations:** Prioritize vaccination campaigns targeting children under 15 years in endemic and high-risk areas with the typhoid conjugate vaccine (TCV) to curb the spread of extensively drug-resistant (XDR) *S. Typhi*, while also decreasing reliance on antibiotics and combating antimicrobial resistance.
- **Food Safety:** Implement strict food safety regulations, including training food handlers on hygienic practices, ensuring thorough cooking of food, and promoting safe storage methods to minimize the risk of foodborne typhoid transmission.
- **Community Awareness:** Leverage local health workers, community leaders, and influencers to conduct community awareness sessions, educating residents on typhoid prevention methods, encouraging community-driven behavioral change.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 08, Pakistan.

| Diseases | AJK | Balochistan | GB | ICT | KP | Punjab | Sindh | Total |
|--------------------------|-------|-------------|-------|-------|--------|--------|--------|---------|
| AD (Non-Cholera) | 867 | 4,653 | 515 | 194 | 18,163 | 65,216 | 36,481 | 126,089 |
| Malaria | 0 | 2,955 | 0 | 0 | 3,296 | 2,636 | 51,975 | 60,862 |
| ILI | 2,251 | 7,351 | 441 | 1,395 | 5,907 | 11 | 34,976 | 52,332 |
| TB | 59 | 121 | 52 | 17 | 374 | 11,820 | 11,650 | 24,093 |
| ALRI < 5 years | 1,237 | 2,276 | 1,087 | 8 | 2,370 | 2,488 | 14,110 | 23,576 |
| Dog Bite | 101 | 227 | 13 | 0 | 869 | 5,147 | 3,356 | 9,713 |
| B. Diarrhea | 31 | 995 | 56 | 2 | 686 | 443 | 2,782 | 4,995 |
| VH (B, C & D) | 26 | 57 | 2 | 0 | 98 | 0 | 4,651 | 4,834 |
| Typhoid | 16 | 300 | 61 | 1 | 616 | 2,092 | 847 | 3,933 |
| SARI | 326 | 795 | 236 | 2 | 1,292 | 0 | 251 | 2,902 |
| Measles | 7 | 22 | 3 | 1 | 463 | 161 | 91 | 748 |
| AVH (A & E) | 20 | 14 | 1 | 0 | 199 | 0 | 490 | 724 |
| Dengue | 0 | 1 | 0 | 0 | 1 | 588 | 49 | 639 |
| AWD (S. Cholera) | 2 | 67 | 15 | 0 | 47 | 501 | 0 | 632 |
| CL | 0 | 61 | 0 | 0 | 364 | 1 | 0 | 426 |
| Mumps | 1 | 14 | 0 | 0 | 91 | 0 | 74 | 180 |
| Chickenpox/ Varicella | 5 | 4 | 6 | 0 | 45 | 7 | 75 | 142 |
| Meningitis | 0 | 0 | 2 | 0 | 6 | 62 | 8 | 78 |
| AFP | 1 | 0 | 0 | 0 | 42 | 9 | 7 | 59 |
| Pertussis | 0 | 44 | 1 | 0 | 10 | 0 | 0 | 55 |
| Gonorrhea | 0 | 19 | 0 | 0 | 19 | 0 | 9 | 47 |
| HIV/AIDS | 0 | 0 | 0 | 0 | 3 | 20 | 4 | 27 |
| Chikungunya | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 18 |
| Rubella | 0 | 0 | 0 | 0 | 12 | 6 | 0 | 18 |
| NT | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 12 |
| Syphilis | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 |
| Diphtheria | 0 | 0 | 0 | 0 | 3 | 3 | 1 | 7 |
| Brucellosis | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 7 |
| VL | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Leprosy | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |

Figure 1: Most frequently reported suspected cases during Week 08, Pakistan.



- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, TB, VH (B, C, D), dog bite, B. Diarrhea, Typhoid and AVH (A & E).
- Malaria cases are mostly from Larkana, Khairpur and Sanghar whereas AD (Non-Cholera) cases are from Dadu, Badin and Mirpurkhas.
- Seven cases of AFP reported from Sindh. All are suspected cases and need field verification.
- Four suspected cases of HIV/ AIDS reported from Sindh. Field investigation required to verify the cases.

Table 2: District wise distribution of most frequently reported suspected cases during Week 08, Sindh

| Districts | Malaria | AD (non-cholera) | ILI | ALRI < 5 years | TB | VH (B, C & D) | Dog Bite | B. Diarrhea | Typhoid | AVH (A & E) |
|---------------------|---------------|------------------|---------------|----------------|---------------|---------------|--------------|--------------|------------|-------------|
| Badin | 2,811 | 2,534 | 2,808 | 528 | 881 | 386 | 149 | 126 | 95 | 3 |
| Dadu | 3,703 | 2,858 | 576 | 1,608 | 427 | 82 | 353 | 373 | 110 | 71 |
| Ghotki | 796 | 589 | 87 | 730 | 266 | 126 | 193 | 55 | 6 | 1 |
| Hyderabad | 757 | 2,085 | 2,705 | 167 | 221 | 84 | 23 | 1 | 6 | 5 |
| Jacobabad | 638 | 489 | 864 | 482 | 100 | 208 | 216 | 89 | 26 | 0 |
| Jamshoro | 1,720 | 1,111 | 87 | 369 | 530 | 135 | 105 | 119 | 28 | 8 |
| Kamber | 3,473 | 1,353 | 0 | 330 | 816 | 132 | 277 | 98 | 21 | 0 |
| Karachi Central | 8 | 646 | 1,341 | 21 | 20 | 5 | 0 | 1 | 86 | 14 |
| Karachi East | 27 | 401 | 504 | 54 | 27 | 2 | 27 | 8 | 0 | 0 |
| Karachi Keamari | 20 | 525 | 369 | 62 | 22 | 0 | 0 | 4 | 9 | 3 |
| Karachi Korangi | 52 | 401 | 3 | 2 | 16 | 0 | 0 | 3 | 1 | 1 |
| Karachi Malir | 194 | 1,272 | 2,877 | 231 | 79 | 11 | 44 | 28 | 11 | 0 |
| Karachi South | 0 | 71 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Karachi West | 279 | 842 | 1,163 | 118 | 92 | 37 | 32 | 22 | 31 | 3 |
| Kashmore | 1,851 | 322 | 852 | 201 | 208 | 25 | 58 | 42 | 1 | 0 |
| Khairpur | 4,542 | 2,144 | 7,971 | 1,407 | 1,014 | 206 | 253 | 271 | 142 | 1 |
| Larkana | 5,000 | 1,694 | 111 | 673 | 997 | 71 | 37 | 334 | 12 | 5 |
| Matiari | 2,785 | 1,242 | 2 | 542 | 538 | 600 | 39 | 34 | 2 | 2 |
| Mirpurkhas | 2,214 | 2,181 | 3,396 | 609 | 648 | 193 | 140 | 83 | 9 | 2 |
| Naushero Feroze | 1,514 | 1,166 | 1,343 | 598 | 368 | 42 | 265 | 133 | 42 | 0 |
| Sanghar | 4,135 | 1,781 | 92 | 902 | 1,337 | 1,156 | 236 | 131 | 43 | 2 |
| Shaheed Benazirabad | 1,848 | 1,336 | 3 | 260 | 320 | 84 | 163 | 57 | 77 | 0 |
| Shikarpur | 2,566 | 1,024 | 3 | 247 | 280 | 342 | 286 | 155 | 3 | 0 |
| Sujawal | 810 | 868 | 12 | 419 | 165 | 37 | 52 | 58 | 2 | 0 |
| Sukkur | 1,633 | 1,027 | 2,234 | 605 | 469 | 96 | 158 | 135 | 6 | 0 |
| Tando Allahyar | 1,955 | 942 | 1,470 | 313 | 417 | 276 | 108 | 122 | 12 | 2 |
| Tando Muhammad Khan | 698 | 783 | 40 | 223 | 472 | 2 | 24 | 73 | 0 | 0 |
| Tharparkar | 2,727 | 2,142 | 2,580 | 1,179 | 530 | 100 | 2 | 94 | 33 | 30 |
| Thatta | 1,329 | 1,270 | 1,482 | 512 | 56 | 151 | 116 | 33 | 9 | 334 |
| Umerkot | 1,890 | 1,382 | 0 | 718 | 334 | 62 | 0 | 100 | 24 | 3 |
| Total | 51,975 | 36,481 | 34,976 | 14,110 | 11,650 | 4,651 | 3,356 | 2,782 | 847 | 490 |

Figure 2: Most frequently reported suspected cases during Week 08 Sindh

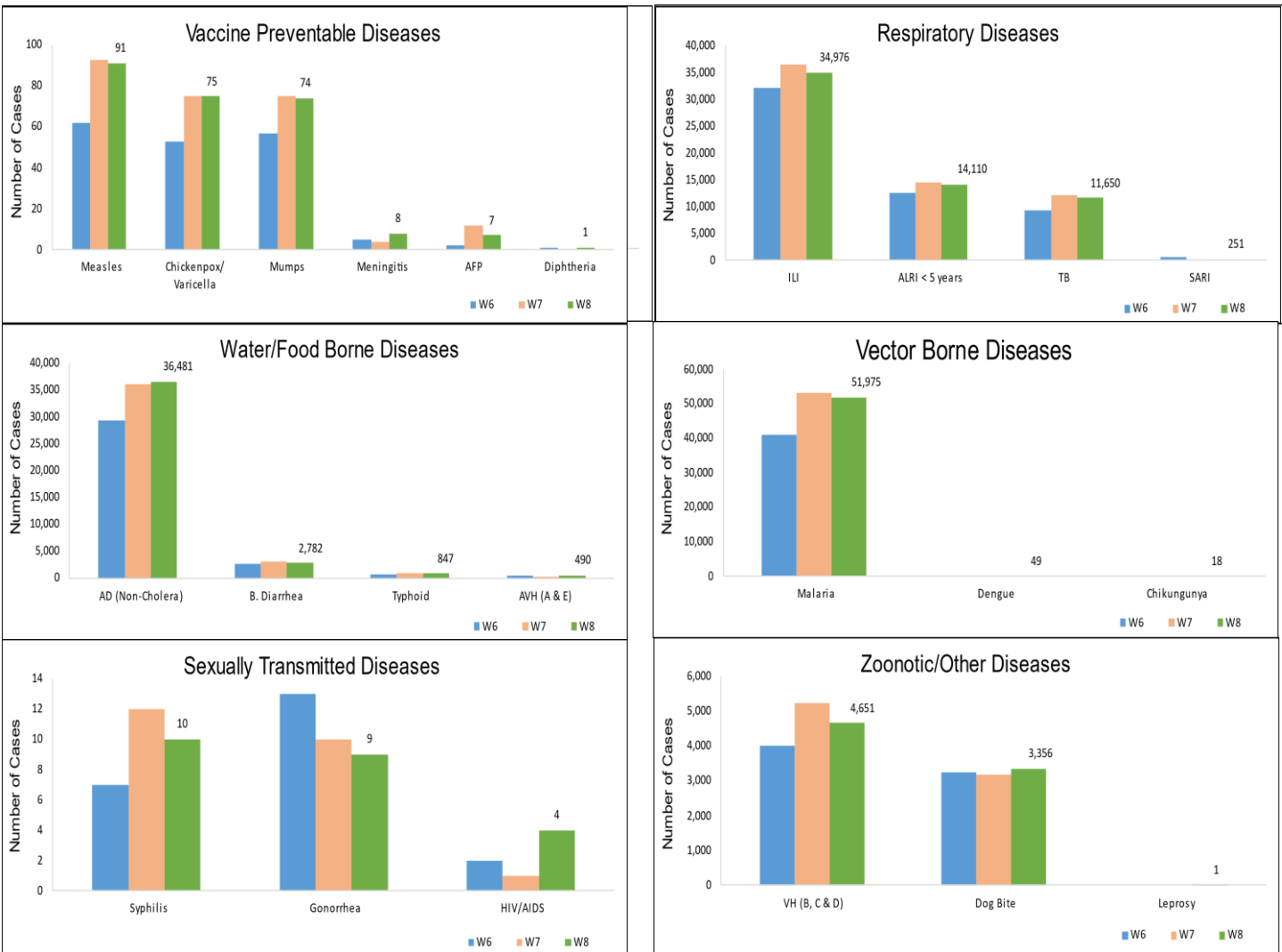
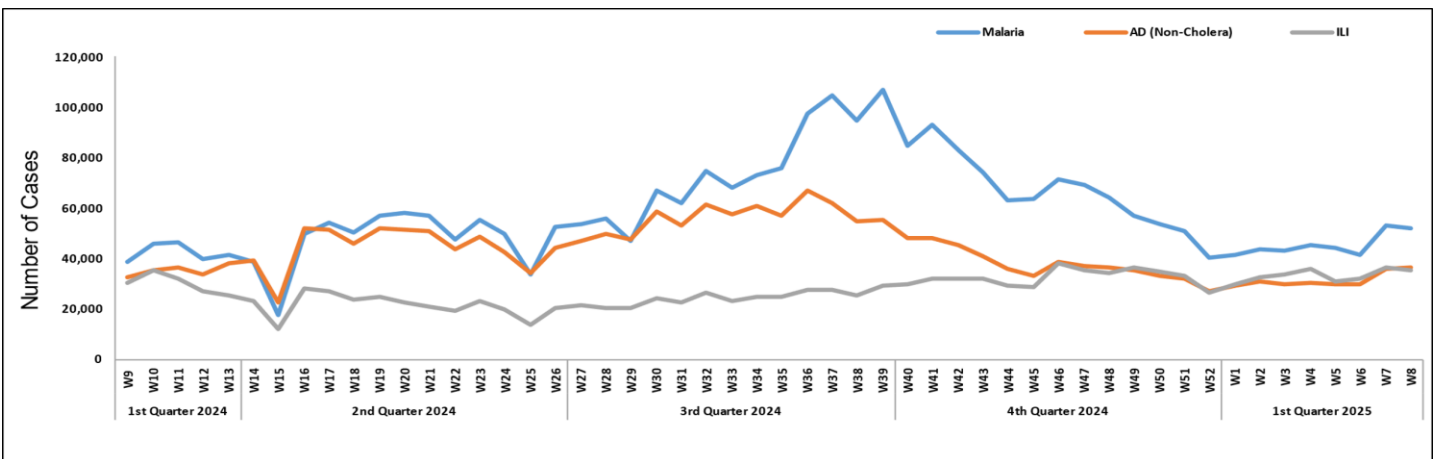


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, dog bite, TB and AWD (S. Cholera) cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Gwadar, Quetta and Kharan while AD (Non-Cholera) cases are mostly reported from Usta Muhammad, Gwadar and Quetta.
- AD (Non-Cholera), Malaria, ALRI <5 years, SARI, dog bite, TB and AWD (S. Cholera) showed an increase in cases while ILI, B. Diarrhea and Typhoid showed a decline in cases this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 08, Balochistan

| Districts | ILI | AD (non-cholera) | Malaria | ALRI < 5 years | B. Diarrhea | SARI | Typhoid | Dog Bite | TB | AWD (S. Cholera) |
|-----------------|--------------|------------------|--------------|----------------|-------------|------------|------------|------------|------------|------------------|
| Barkhan | 26 | 36 | 16 | 27 | 3 | 0 | 25 | 10 | 0 | 2 |
| Chagai | 260 | 93 | 15 | 0 | 30 | 0 | 14 | 0 | 0 | 0 |
| Dera Bugti | 91 | 64 | 16 | 80 | 5 | 0 | 0 | 0 | 0 | 0 |
| Gwadar | 1,447 | 452 | 137 | 34 | 85 | 0 | 5 | 0 | 0 | 0 |
| Harnai | 12 | 78 | 45 | 195 | 56 | 0 | 0 | 2 | 0 | 0 |
| Hub | 126 | 147 | 129 | 37 | 18 | 0 | 5 | 14 | 4 | 0 |
| Jaffarabad | 173 | 340 | 621 | 18 | 70 | 0 | 5 | 45 | 68 | 0 |
| Jhal Magsi | 510 | 255 | 387 | 243 | 0 | 1 | 6 | 23 | 8 | 0 |
| Kalat | 3 | 9 | 9 | 7 | 4 | 2 | 12 | 0 | 0 | 0 |
| Kharan | 577 | 113 | 25 | 0 | 60 | 6 | 6 | 0 | 0 | 0 |
| Khuzdar | 384 | 241 | 88 | 3 | 99 | 25 | 18 | NR | NR | 3 |
| Killa Abdullah | 26 | 54 | 8 | 10 | 17 | 41 | 13 | 2 | 3 | 12 |
| Killa Saifullah | 0 | 111 | 160 | 210 | 65 | 50 | 4 | 6 | 0 | 0 |
| Kohlu | 431 | 177 | 84 | 13 | 59 | 83 | 34 | 1 | NR | NR |
| Lasbella | 98 | 317 | 302 | 102 | 36 | 7 | 6 | 22 | 0 | 0 |
| Loralai | 350 | 104 | 10 | 51 | 30 | 73 | 2 | 3 | 0 | 0 |
| Mastung | 126 | 136 | 33 | 33 | 19 | 91 | 28 | 9 | 1 | 0 |
| MusaKhel | 19 | 13 | 29 | 5 | 5 | 0 | 0 | 0 | 0 | 3 |
| Naseerabad | 33 | 326 | 216 | 24 | 10 | 54 | 41 | 64 | 0 | 0 |
| Panjgur | 113 | 140 | 63 | 91 | 27 | 4 | 2 | 0 | 0 | 12 |
| Pishin | 540 | 170 | 21 | 109 | 85 | 30 | 21 | 7 | 0 | 26 |
| Quetta | 882 | 393 | 9 | 159 | 21 | 63 | 6 | 1 | 0 | 1 |
| Sherani | 29 | 6 | 4 | 0 | 0 | 24 | 0 | 0 | 0 | 1 |
| Sibi | 320 | 106 | 18 | 41 | 7 | 37 | 3 | 1 | 1 | 0 |
| Sohbat pur | 20 | 138 | 206 | 125 | 45 | 18 | 28 | 5 | 3 | 1 |
| Surab | 80 | 22 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Usta Muhammad | 225 | 460 | 245 | 202 | 60 | 11 | 4 | 11 | 1 | 0 |
| Washuk | 50 | 16 | 16 | NR | 5 | NR | NR | NR | NR | NR |
| Zhob | 232 | 75 | 17 | 407 | 37 | 171 | 6 | 0 | 32 | 0 |
| Ziarat | 168 | 61 | 17 | 50 | 37 | 4 | 6 | 1 | 0 | 6 |
| Total | 7,351 | 4,653 | 2,955 | 2,276 | 995 | 795 | 300 | 227 | 121 | 67 |

Figure 4: Most frequently reported suspected cases during Week 08, Balochistan

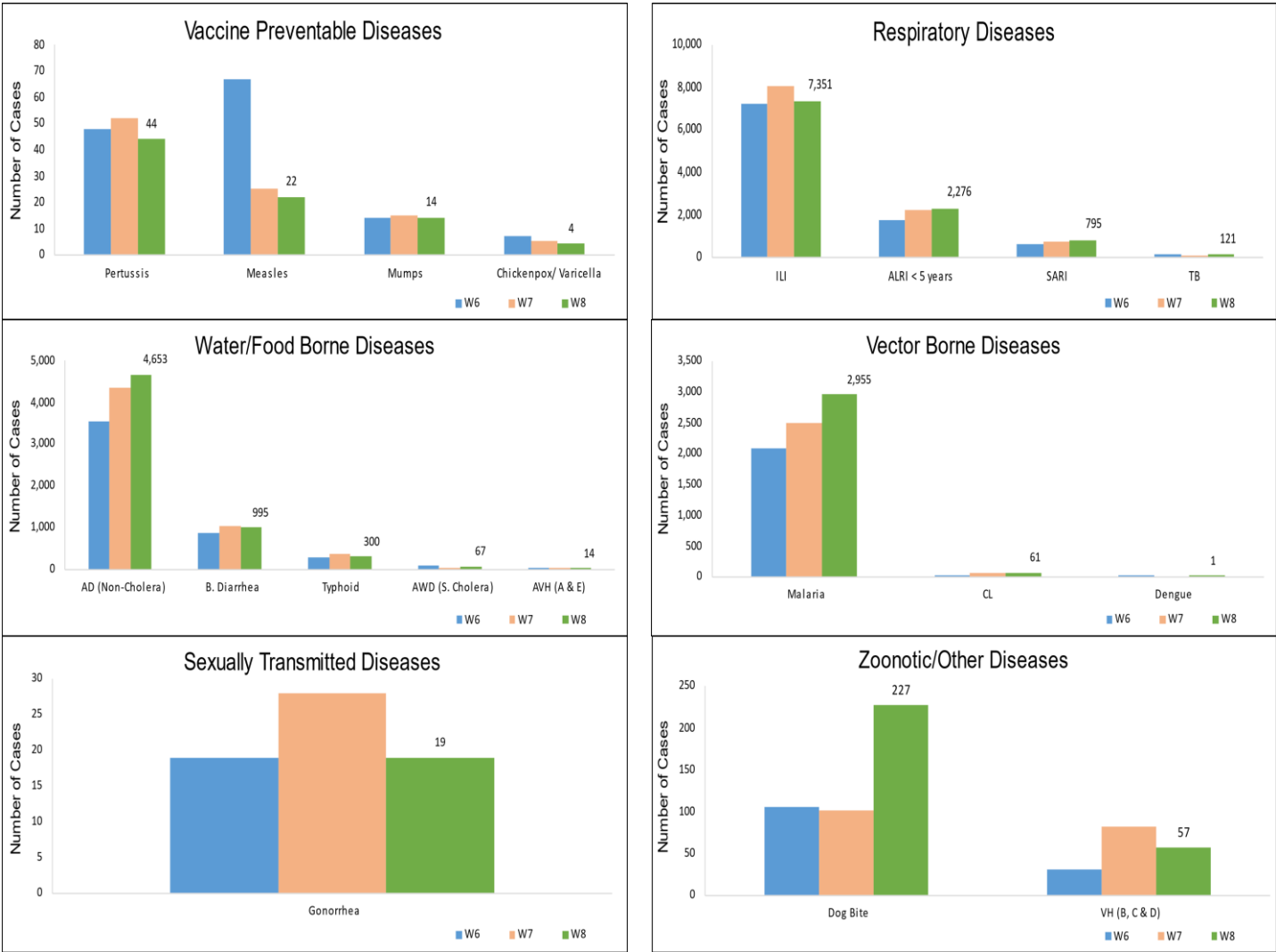
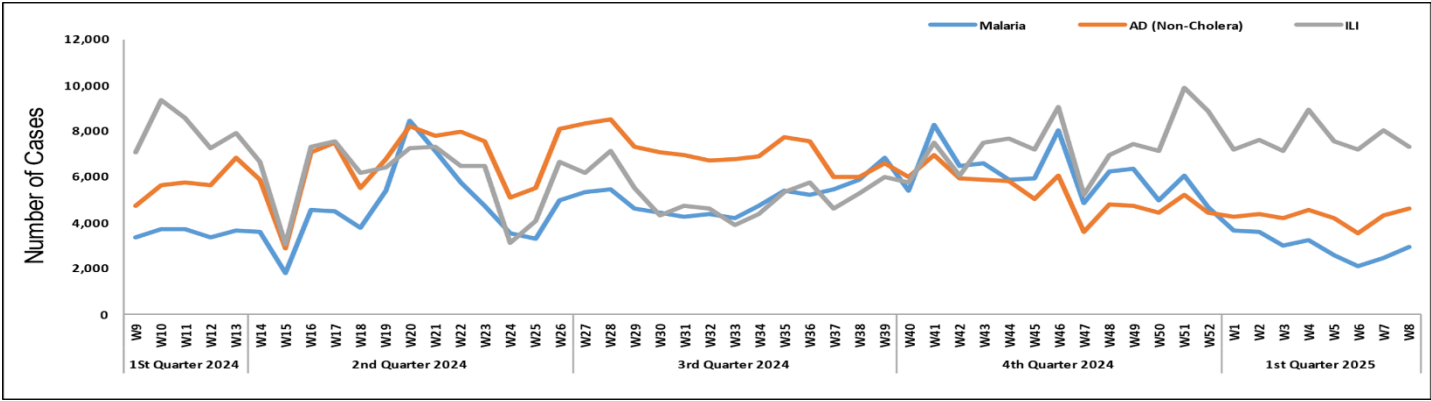


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan



- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, SARI, dog bite, B. Diarrhea, Typhoid, Measles and TB cases.
- AD (Non-Cholera), Malaria, ALRI<5 Years, SARI and Measles cases showed an increase in number while ILI, dog bite, B. Diarrhea and TB cases showed a decline in number this week.
- Forty-two cases of AFP reported from KP. All are suspected cases and need field verification.
- Three cases of HIV/AIDs reported from KP. Field investigation is required.
- Seven suspected cases of Brucellosis reported from KP. They require field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 08, KP

| Districts | AD (non-cholera) | ILI | Malaria | ALRI < 5 years | SARI | Dog Bite | B. Diarrhea | Typhoid | Measles | TB |
|--------------------------|------------------|--------------|--------------|----------------|--------------|------------|-------------|------------|------------|------------|
| Abbottabad | 601 | 40 | 0 | 30 | 3 | 55 | 13 | 14 | 18 | 7 |
| Bajaur | 336 | 72 | 127 | 28 | 104 | 48 | 73 | 8 | 23 | 11 |
| Bannu | 756 | 7 | 1,345 | 16 | 4 | 1 | 30 | 80 | 49 | 21 |
| Battagram | 185 | 533 | 5 | 4 | 0 | 8 | 5 | 0 | 3 | 46 |
| Buner | 142 | 0 | 191 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Charsadda | 1,567 | 1,736 | 331 | 688 | 30 | 4 | 51 | 73 | 38 | 16 |
| Chitral Lower | 219 | 202 | 7 | 22 | 19 | 10 | 9 | 2 | 1 | 5 |
| Chitral Upper | 59 | 10 | 3 | 5 | 7 | 1 | 1 | 8 | 0 | 2 |
| D.I. Khan | 1,192 | 0 | 103 | 37 | 0 | 7 | 18 | 1 | 78 | 33 |
| Dir Lower | 773 | 0 | 266 | 17 | 0 | 54 | 64 | 10 | 14 | 7 |
| Dir Upper | 538 | 78 | 1 | 30 | 4 | 7 | 0 | 3 | 6 | 25 |
| Hangu | 61 | 139 | 37 | 0 | 0 | 0 | 3 | 1 | 0 | 0 |
| Haripur | 513 | 328 | 0 | 90 | 30 | 21 | 0 | 2 | 3 | 0 |
| Karak | 234 | 63 | 54 | 48 | 92 | 40 | 16 | 1 | 17 | 5 |
| Khyber | 720 | 102 | 83 | 593 | 328 | 63 | 93 | 118 | 12 | 45 |
| Kohat | 344 | 58 | 7 | 3 | 12 | 14 | 23 | 6 | 2 | 0 |
| Kohistan Lower | 79 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 5 | 0 |
| Kohistan Upper | 250 | 0 | 5 | 21 | 1 | 0 | 21 | 0 | 0 | 21 |
| Kolai Palas | 52 | 10 | 2 | 4 | 10 | 0 | 6 | 5 | 0 | 1 |
| L & C Kurram | 10 | 5 | 0 | 0 | 0 | 1 | 9 | 1 | 0 | 0 |
| Lakki Marwat | 599 | 21 | 105 | 6 | 0 | 39 | 4 | 6 | 3 | 11 |
| Malakand | 493 | 15 | 5 | 32 | 22 | 0 | 44 | 40 | 17 | 2 |
| Mansehra | 555 | 329 | 0 | 4 | 2 | 0 | 4 | 7 | 0 | 3 |
| Mardan | 731 | 0 | 7 | 80 | 15 | 64 | 8 | 21 | 19 | 2 |
| Mohmand | 136 | 164 | 135 | 2 | 147 | 12 | 17 | 6 | 16 | 3 |
| North Waziristan | 41 | 0 | 22 | 3 | 11 | 0 | 4 | 10 | 15 | 6 |
| Nowshera | 961 | 38 | 46 | 127 | 10 | 78 | 11 | 19 | 10 | 22 |
| Orakzai | 70 | 22 | 6 | 0 | 0 | 77 | 3 | 4 | 10 | 0 |
| Peshawar | 2,703 | 580 | 31 | 140 | 41 | 11 | 62 | 44 | 69 | 15 |
| SD Tank | 17 | 3 | 13 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| Shangla | 173 | 0 | 204 | 9 | 0 | 42 | 5 | 18 | 6 | 4 |
| South Waziristan (Lower) | 13 | 13 | 4 | 0 | 82 | 0 | 0 | 1 | 0 | 0 |
| SWU | 27 | 38 | 19 | 0 | 11 | 0 | 0 | 0 | 1 | 0 |
| Swabi | 793 | 732 | 16 | 115 | 82 | 178 | 5 | 27 | 15 | 42 |
| Swat | 1,456 | 152 | 0 | 153 | 0 | 24 | 24 | 46 | 8 | 7 |
| Tank | 593 | 121 | 95 | 28 | 0 | 3 | 0 | 20 | 2 | 5 |
| Tor Ghar | 35 | 0 | 12 | 23 | 18 | 1 | 15 | 5 | 2 | 3 |
| Upper Kurram | 134 | 296 | 8 | 12 | 207 | 6 | 39 | 9 | 0 | 4 |
| Total | 18,163 | 5,907 | 3,296 | 2,370 | 1,292 | 869 | 686 | 616 | 463 | 374 |

Figure 6: Most frequently reported suspected cases during Week 08, KP

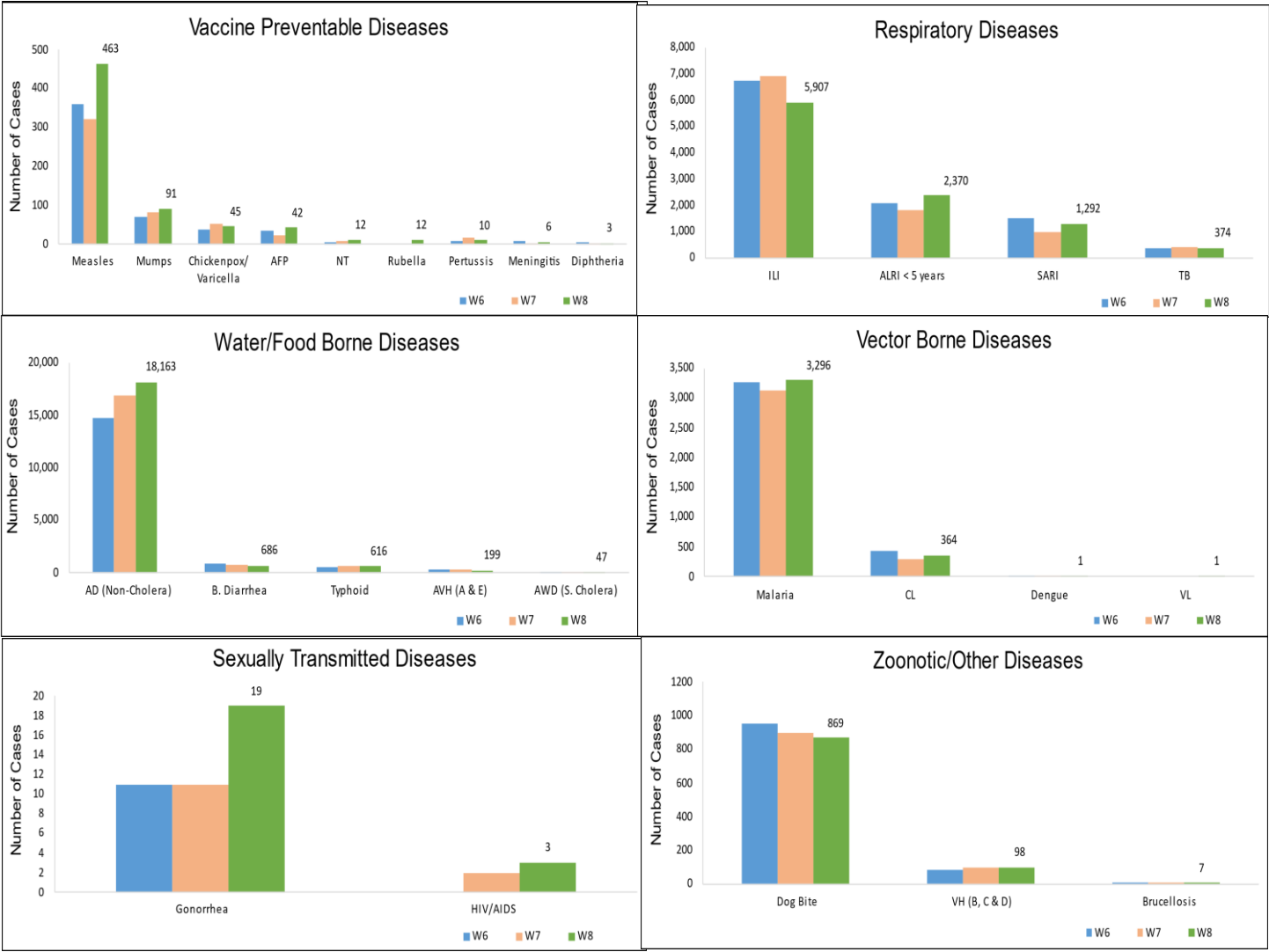
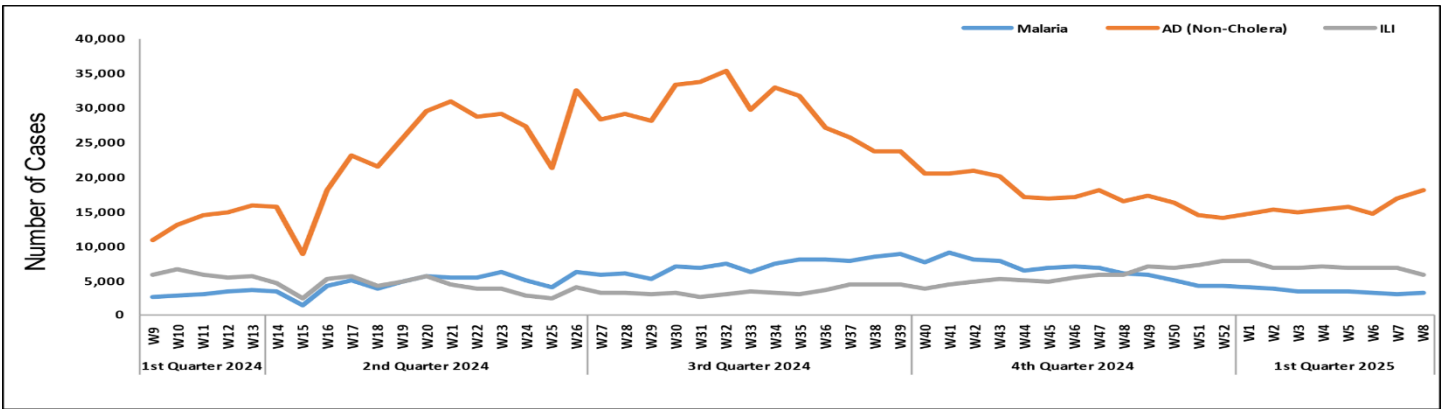


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP



- AD (Non- Cholera) cases were maximum followed by TB, dog bite, Malaria, ALRI<5 Years, Typhoid, Dengue, AWD (S. Cholera) and B. Diarrhea cases.
- Dog bite, Malaria, ALRI<5 Years and Dengue showed a decline in number of cases while AD (Non- Cholera) and TB showed an increase in cases this week.
- Twenty cases of HIV/AIDs reported from Punjab. All are suspected cases and need field verification.
- Nine suspected cases of AFP reported from Punjab. They require field verification.

Figure 8: Most frequently reported suspected cases during Week 08, Punjab

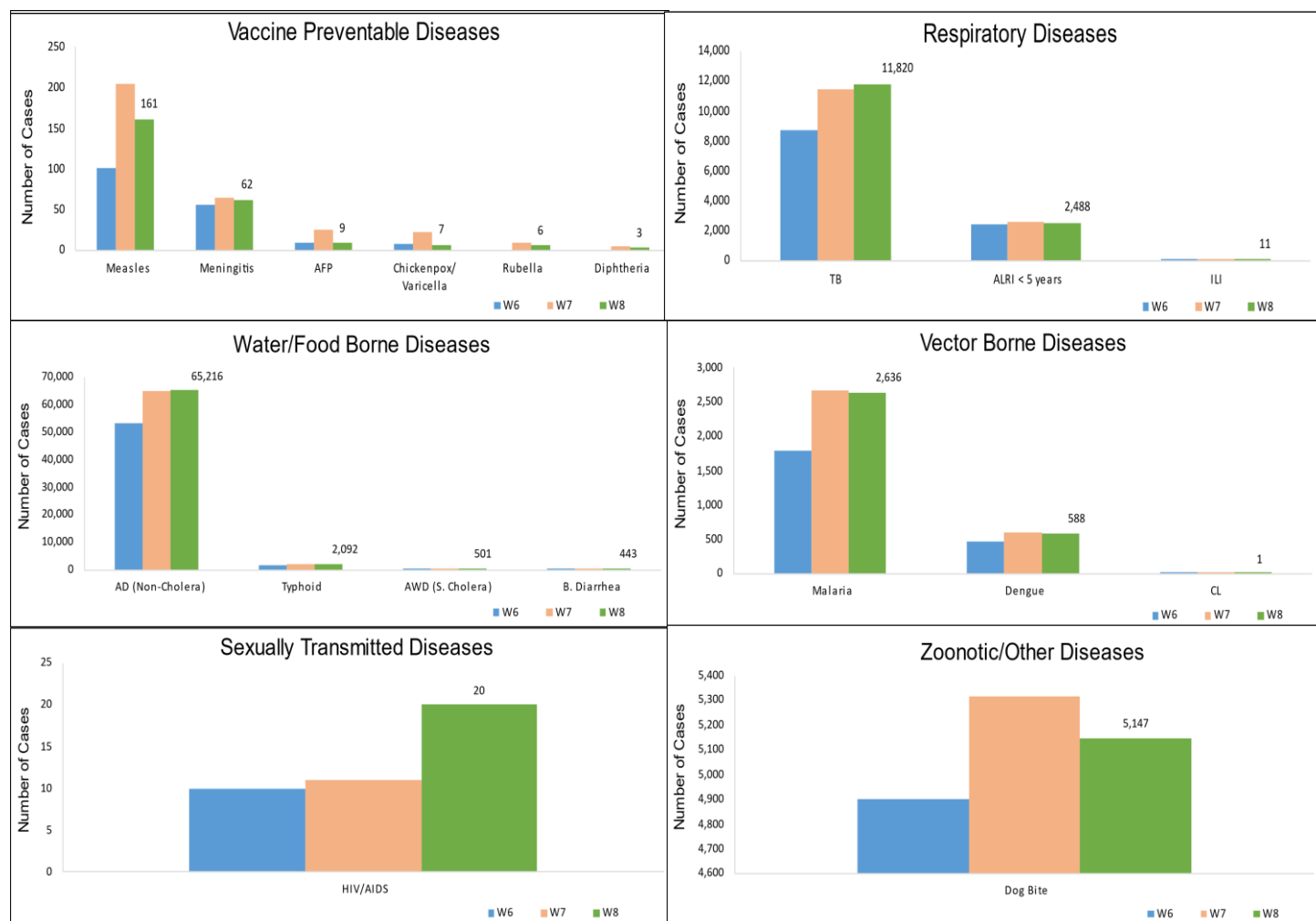
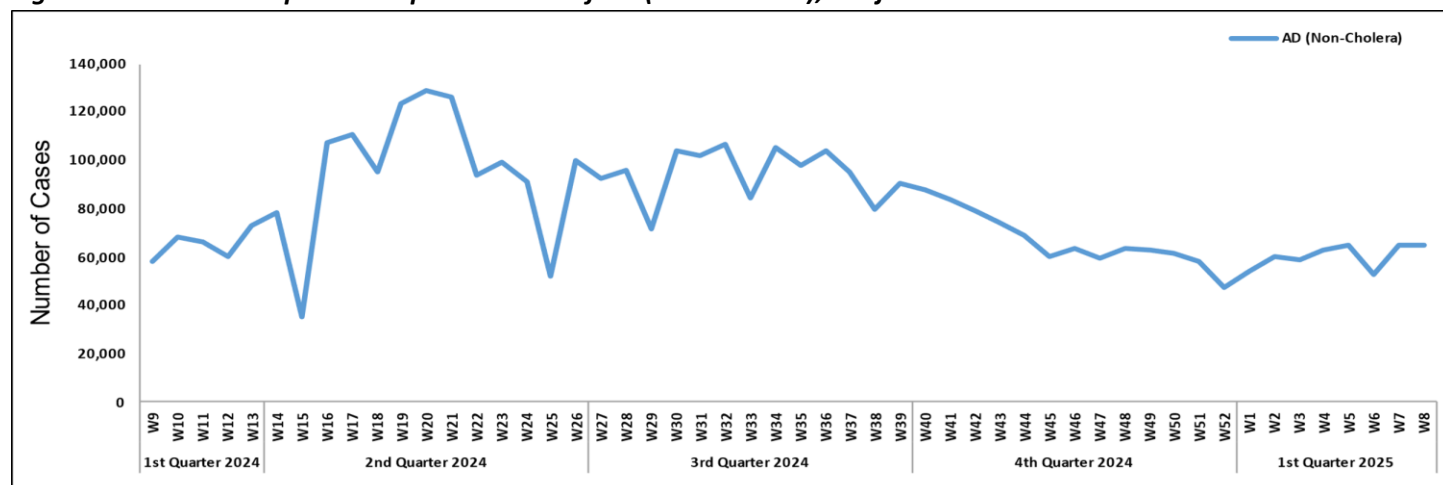


Figure 9: Week wise reported suspected cases of AD (Non-Cholera), Punjab



ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and TB. ILI cases showed a decline in number this week

AJK: ILI cases were maximum followed by ALRI < 5years, AD (Non-Cholera), SARI, dog bite, TB, B. Diarrhea, VH (B, C & D), AVH (A & E) and Typhoid cases. A decline in cases observed for ILI, ALRI < 5years, AD (Non-Cholera), SARI, VH (B, C & D) and AVH (A & E) this week. One case of AFP reported from AJK. It is suspected case and needs field verification.

GB: ALRI <5 Years cases were the most frequently reported diseases followed by AD (Non-Cholera), ILI, SARI, Typhoid, B. Diarrhea, TB and AWD (S. Cholera) cases. An increase in cases observed for ALRI <5 years, AD (Non-Cholera), Typhoid, B. Diarrhea and TB while a decline in cases observed for ILI and SARI this week.

1Figure 10: Most frequently reported suspected cases during Week 08, AJK

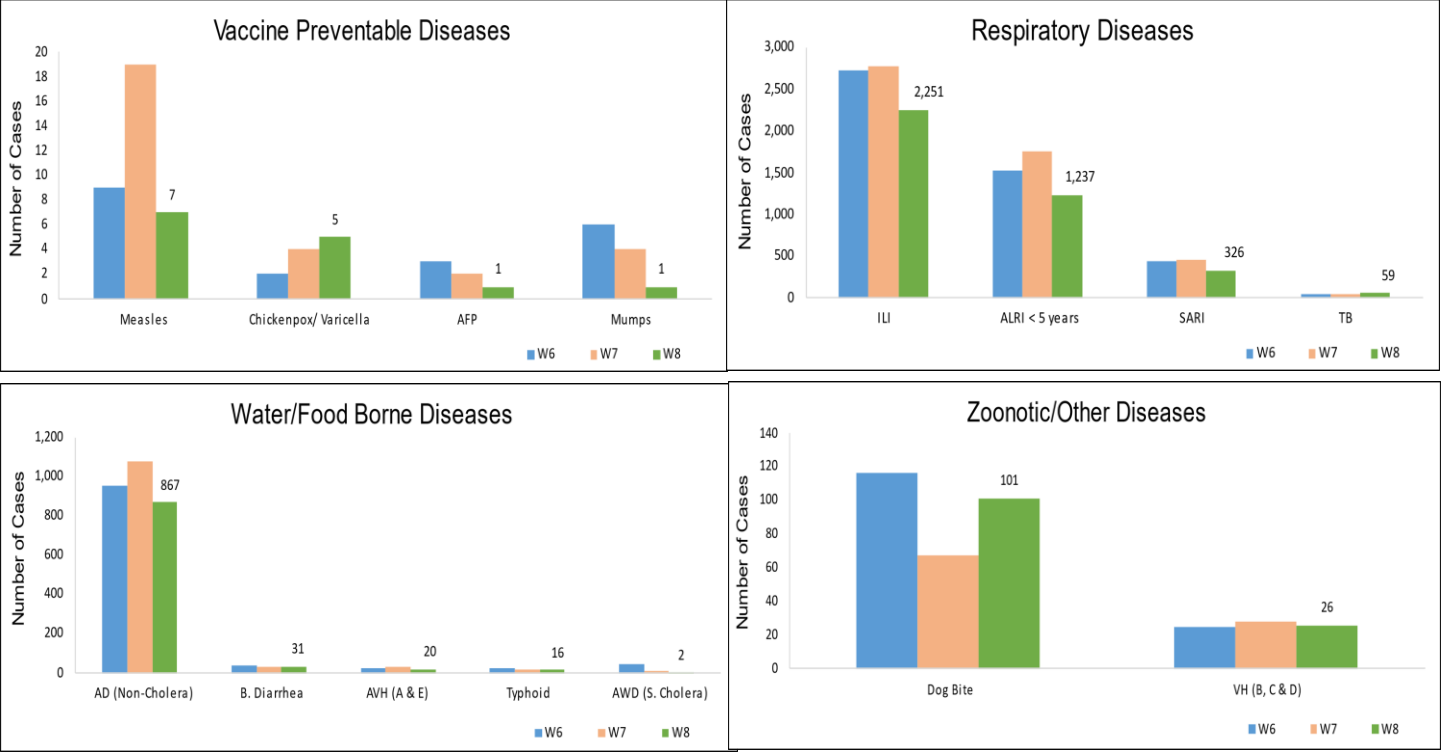


Figure 11: Week wise reported suspected cases of ILI and ARI <5 years, AJK

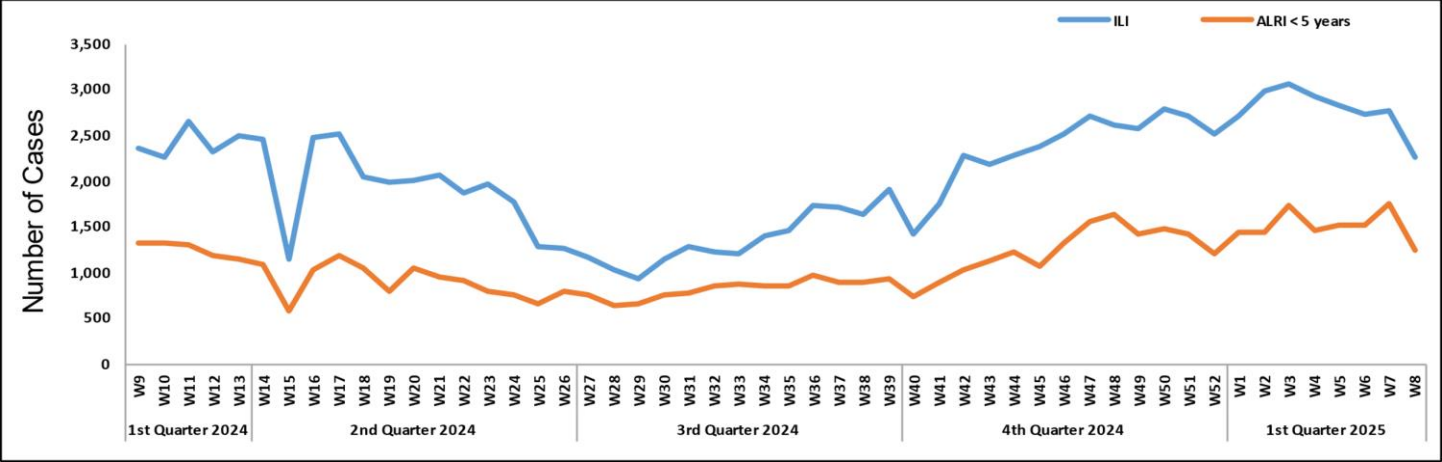


Figure 12: Most frequently reported suspected cases during Week 08, ICT

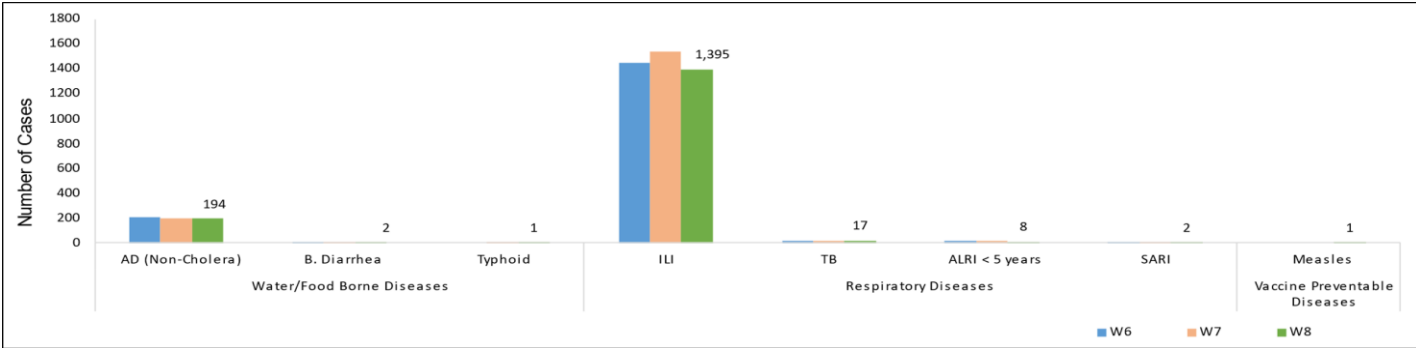


Figure 13: Week wise reported suspected cases of ILI, ICT

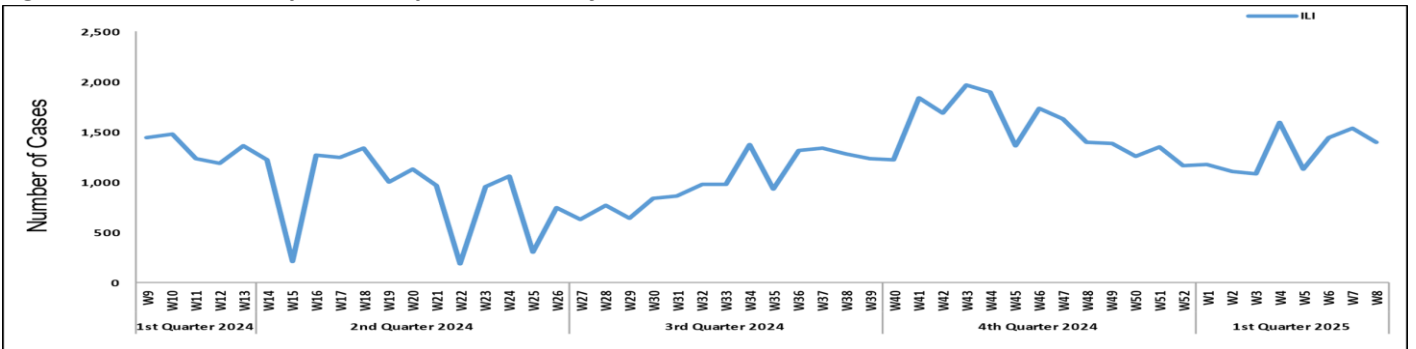


Figure 14: Most frequent cases reported during Week 08, GB

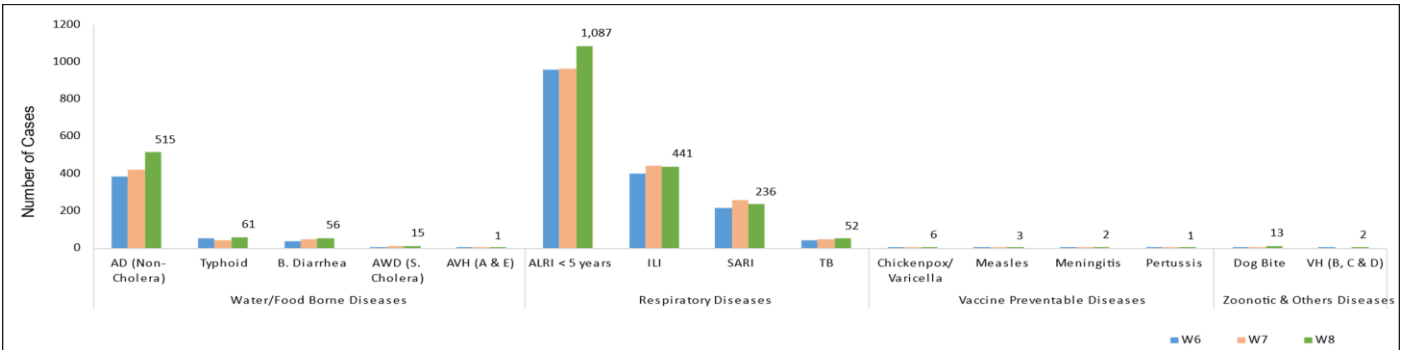


Figure 15: Week wise reported suspected cases of ALRI <5 years, GB

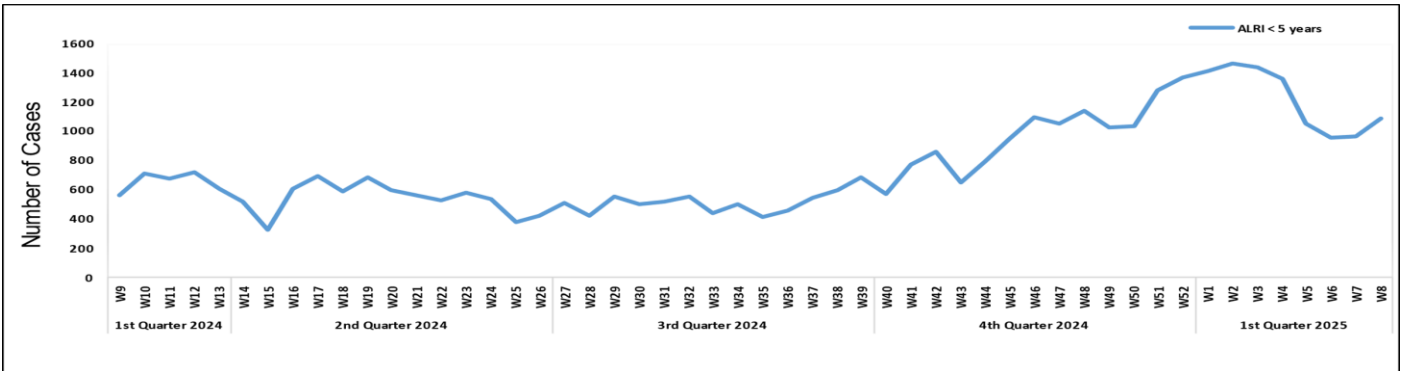


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 08

| 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) | 149 | 1 | - | - | - | - | - | - | - | - | - | - | 35 | 0 |
| AD (non-cholera) | 215 | 2 | - | - | - | - | - | - | - | - | - | - | 45 | 0 |
| Malaria | 13,478 | 469 | - | - | - | - | - | - | - | - | - | - | 33 | 0 |
| Dengue | 1,727 | 29 | - | - | - | - | - | - | - | - | - | - | 5 | 0 |
| VH (B) | 10,912 | 400 | - | - | - | - | - | - | - | - | - | - | 785 | 4 |
| VH (C) | 11,655 | 1,211 | - | - | - | - | - | - | - | - | - | - | 785 | 3 |
| VH (D) | 140 | 32 | - | - | - | - | - | - | - | - | - | - | 0 | 0 |
| VH (A) | 165 | 69 | - | - | - | - | - | - | - | - | - | - | 0 | 0 |
| VH (E) | 61 | 17 | - | - | - | - | - | - | - | - | - | - | 0 | 0 |
| Covid-19 | 60 | 1 | - | - | - | - | - | - | - | - | - | - | 28 | 0 |
| Chikungunya | 14 | 2 | - | - | - | - | - | - | - | - | - | - | 0 | 0 |
| TB | 506 | 39 | - | - | - | - | - | - | - | - | - | - | 78 | 5 |
| HIV/ AIDS | 4,823 | 10 | - | - | - | - | - | - | - | - | - | - | 382 | 0 |
| Syphilis | 1,303 | 22 | - | - | - | - | - | - | - | - | - | - | 0 | 0 |
| B. Diarrhea | 134 | 0 | - | - | - | - | - | - | - | - | - | - | 13 | 0 |
| Typhoid | 930 | 9 | - | - | - | - | - | - | - | - | - | - | 0 | 0 |
| Diphtheria | 6 | 4 | - | - | - | - | - | - | - | - | - | - | 0 | 0 |
| ILI | 34 | 15 | - | - | - | - | - | - | - | - | - | - | 4 | 0 |
| Pneumonia (ALRI) | 156 | 33 | - | - | - | - | - | - | - | - | - | - | 0 | 0 |
| Leishmaniasis (cutaneous) | 1 | 0 | - | - | - | - | - | - | - | - | - | - | 0 | 0 |
| Measles | 250 | 134 | 48 | 30 | 323 | 166 | 15 | 9 | 4 | 3 | 222 | 39 | 15 | 9 |
| Rubella | 250 | 3 | 48 | 1 | 323 | 4 | 15 | 0 | 4 | 0 | 222 | 8 | 15 | 0 |
| Covid-19 | Out of SARI | 0 | 0 | 0 | 9 | 0 | 206 | 1 | 0 | 0 | 255 | 1 | 0 | 0 |
| | Out of ILI | 0 | 0 | 0 | 2 | 0 | 183 | 0 | 0 | 0 | 141 | 1 | 0 | 0 |
| Influenza A | Out of SARI | 0 | 0 | 0 | 9 | 0 | 206 | 15 | 0 | 0 | 255 | 18 | 0 | 0 |
| | Out of ILI | 0 | 0 | 0 | 2 | 0 | 183 | 11 | 0 | 0 | 141 | 18 | 0 | 0 |
| Influenza B | Out of SARI | 0 | 0 | 0 | 9 | 0 | 206 | 15 | 0 | 0 | 255 | 24 | 0 | 0 |
| | Out of ILI | 0 | 0 | 0 | 2 | 0 | 183 | 21 | 0 | 0 | 141 | 31 | 0 | 0 |
| RSV | Out of SARI | 0 | 0 | 0 | 9 | 0 | 206 | 49 | 0 | 0 | 255 | 0 | 0 | 0 |
| | Out of ILI | 0 | 0 | 0 | 2 | 0 | 183 | 10 | 0 | 0 | 141 | 0 | 0 | 0 |

IDSR Reports Compliance

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

Table 6: IDSR reporting districts Week 08, 2024

| Provinces/Regions | Districts | Total Number of Reporting Sites | Number of Reported Sites for current week | Compliance Rate (%) |
|--------------------|--------------------------|---------------------------------|---|---------------------|
| Khyber Pakhtunkhwa | Abbottabad | 111 | 105 | 95% |
| | Bannu | 238 | 134 | 56% |
| | Battagram | 59 | 33 | 56% |
| | Buner | 34 | 32 | 94% |
| | Bajaur | 44 | 43 | 98% |
| | Charsadda | 59 | 59 | 100% |
| | Chitral Upper | 34 | 30 | 88% |
| | Chitral Lower | 35 | 34 | 97% |
| | D.I. Khan | 113 | 112 | 99% |
| | Dir Lower | 74 | 73 | 99% |
| | Dir Upper | 37 | 28 | 76% |
| | Hangu | 22 | 16 | 73% |
| | Haripur | 72 | 72 | 100% |
| | Karak | 36 | 36 | 100% |
| | Khyber | 53 | 40 | 75% |
| | Kohat | 61 | 61 | 100% |
| | Kohistan Lower | 11 | 10 | 91% |
| | Kohistan Upper | 20 | 17 | 85% |
| | Kolai Palas | 10 | 10 | 100% |
| | Lakki Marwat | 70 | 69 | 99% |
| | Lower & Central Kurram | 42 | 6 | 14% |
| | Upper Kurram | 41 | 29 | 71% |
| | Malakand | 42 | 33 | 79% |
| | Mansehra | 133 | 106 | 80% |
| | Mardan | 80 | 76 | 95% |
| | Nowshera | 55 | 52 | 95% |
| | North Waziristan | 13 | 7 | 54% |
| | Peshawar | 155 | 129 | 83% |
| | Shangla | 37 | 28 | 76% |
| | Swabi | 64 | 61 | 95% |
| | Swat | 77 | 77 | 100% |
| | South Waziristan (Upper) | 93 | 36 | 39% |
| | South Waziristan (Lower) | 42 | 18 | 43% |
| | Tank | 34 | 32 | 94% |
| | Torghar | 14 | 14 | 100% |
| | Mohmand | 68 | 64 | 94% |
| | SD Peshawar | 5 | 0 | 0% |
| | SD Tank | 58 | 10 | 17% |
| | Orakzai | 69 | 14 | 20% |
| | Mirpur | 37 | 37 | 100% |
| | Bhimber | 42 | 20 | 48% |
| | Kotli | 60 | 60 | 100% |
| | Muzaffarabad | 45 | 42 | 93% |



| | | | | |
|-----------------------------|-----------------|----|----|------|
| Azad Jammu Kashmir | Poonch | 46 | 46 | 100% |
| | Haveli | 39 | 39 | 100% |
| | Bagh | 40 | 40 | 100% |
| | Neelum | 39 | 37 | 95% |
| | Jhelum Valley | 29 | 29 | 100% |
| Islamabad Capital Territory | Sudhnooti | 27 | 27 | 100% |
| | ICT | 21 | 15 | 71% |
| Balochistan | CDA | 15 | 8 | 53% |
| | Gwadar | 26 | 22 | 85% |
| | Kech | 44 | 0 | 0% |
| | Khuzdar | 74 | 41 | 55% |
| | Killa Abdullah | 26 | 14 | 54% |
| | Lasbella | 55 | 55 | 100% |
| | Pishin | 69 | 35 | 51% |
| | Quetta | 55 | 34 | 62% |
| | Sibi | 36 | 20 | 56% |
| | Zhob | 39 | 33 | 85% |
| | Jaffarabad | 16 | 16 | 100% |
| | Naserabad | 32 | 32 | 100% |
| | Kharan | 30 | 30 | 100% |
| | Sherani | 15 | 8 | 53% |
| | Kohlu | 75 | 40 | 53% |
| | Chagi | 36 | 21 | 58% |
| | Kalat | 41 | 40 | 98% |
| | Harnai | 17 | 17 | 100% |
| | Kachhi (Bolan) | 35 | 0 | 0% |
| | Jhal Magsi | 28 | 28 | 100% |
| | Sohbat pur | 25 | 25 | 100% |
| | Surab | 32 | 12 | 38% |
| | Mastung | 45 | 45 | 100% |
| | Loralai | 33 | 21 | 64% |
| | Killa Saifullah | 28 | 26 | 93% |
| | Ziarat | 29 | 18 | 62% |
| | Duki | 31 | 0 | 0% |
| | Nushki | 32 | 0 | 0% |
| | Dera Bugti | 45 | 28 | 62% |
| | Washuk | 46 | 4 | 9% |
| | Panjgur | 38 | 14 | 37% |
| | Awaran | 23 | 0 | 0% |
| | Chaman | 24 | 0 | 0% |
| | Barkhan | 20 | 20 | 100% |
| | Hub | 33 | 31 | 94% |
| | Musakhel | 41 | 4 | 10% |
| Gilgit Baltistan | Usta Muhammad | 34 | 34 | 100% |
| | Hunza | 32 | 32 | 100% |
| | Nagar | 25 | 20 | 80% |
| | Ghizer | 38 | 38 | 100% |
| | Gilgit | 40 | 40 | 100% |
| | Diامر | 62 | 61 | 98% |

| | | | | |
|-------|---------------------|-----|-----|------|
| | Astore | 54 | 54 | 100% |
| | Shigar | 27 | 25 | 93% |
| | Skardu | 52 | 52 | 100% |
| | Ganche | 29 | 29 | 100% |
| Sindh | Kharmang | 46 | 25 | 54% |
| | Hyderabad | 73 | 69 | 95% |
| | Ghotki | 64 | 63 | 98% |
| | Umerkot | 43 | 43 | 100% |
| | Naushahro Feroze | 107 | 96 | 90% |
| | Tharparkar | 276 | 260 | 94% |
| | Shikarpur | 61 | 60 | 98% |
| | Thatta | 52 | 52 | 100% |
| | Larkana | 67 | 67 | 100% |
| | Kamber Shadadkot | 71 | 71 | 100% |
| | Karachi-East | 24 | 19 | 79% |
| | Karachi-West | 20 | 20 | 100% |
| | Karachi-Malir | 37 | 37 | 100% |
| | Karachi-Kemari | 18 | 17 | 94% |
| | Karachi-Central | 12 | 6 | 50% |
| | Karachi-Korangi | 18 | 18 | 100% |
| | Karachi-South | 6 | 4 | 67% |
| | Sujawal | 55 | 55 | 100% |
| | Mirpur Khas | 106 | 101 | 95% |
| | Badin | 124 | 123 | 99% |
| | Sukkur | 64 | 63 | 98% |
| | Dadu | 90 | 89 | 99% |
| | Sanghar | 100 | 99 | 99% |
| | Jacobabad | 44 | 44 | 100% |
| | Khairpur | 170 | 165 | 97% |
| | Kashmore | 59 | 59 | 100% |
| | Matiari | 42 | 42 | 100% |
| | Jamshoro | 75 | 73 | 97% |
| | Tando Allahyar | 54 | 54 | 100% |
| | Tando Muhammad Khan | 41 | 40 | 98% |
| | Shaheed Benazirabad | 125 | 122 | 98% |

Table 7: IDSR reporting Tertiary care hospital Week 08, 2024

| Provinces/Regions | Districts | Total Number of Reporting Sites | Number of Reported Sites for current week | Compliance Rate (%) |
|-------------------|---------------------|---------------------------------|---|---------------------|
| AJK | Mirpur | 2 | 2 | 100% |
| | Bhimber | 1 | 1 | 100% |
| | Kotli | 1 | 1 | 100% |
| | Muzaffarabad | 2 | 2 | 100% |
| | Poonch | 2 | 2 | 100% |
| | Haveli | 1 | 1 | 100% |
| | Bagh | 1 | 1 | 100% |
| | Neelum | 1 | 1 | 100% |
| | Jhelum Vellay | 1 | 1 | 100% |
| | Sudhnooti | 1 | 1 | 100% |
| Sindh | Karachi-South | 1 | 0 | 0% |
| | Sukkur | 1 | 0 | 0% |
| | Shaheed Benazirabad | 1 | 1 | 100% |
| | Karachi-East | 1 | 1 | 100% |
| | Karachi-Central | 1 | 1 | 0% |

Strengthening Health Security: National Workshop in Islamabad with Focus on Financial Strategies for NAPHS

In a significant step toward strengthening Pakistan's health security framework, a national workshop aimed at securing and strategically utilizing financial resources for the effective implementation of the National Action Plan for Health Security (NAPHS) concluded successfully in Islamabad, this two-day event convened a diverse group of stakeholders, including high-ranking government officials, public health experts, financial planners, and representatives from key national and international organizations.



The workshop served as a critical platform to address the pressing need for sustainable funding mechanisms to support Pakistan's health security priorities, particularly in the context of its commitments under the International Health Regulations (IHR).

The primary focus of the workshop was twofold: to devise actionable strategies for aligning national budgets with the NAPHS's outlined priorities and to foster robust collaboration among stakeholders to ensure long-term financial sustainability for health security initiatives. Pakistan, as a signatory to the IHR, has been working to strengthen its capacity to prevent, detect, and respond to public health threats, a mission that the NAPHS seeks to

operationalize through a multi-sectoral, whole-of-government approach.



However, securing adequate funding remains a persistent challenge, especially in a resource-constrained environment where competing priorities often vie for attention. The Islamabad workshop tackled this issue head-on, emphasizing the integration of health security financing into national planning and budgeting cycles.

Participants engaged in dynamic discussions and practical sessions, exploring innovative ways to mobilize domestic resources while also identifying opportunities for donor coordination. Public health experts underscored the importance of embedding NAPHS activities within existing health system frameworks to maximize efficiency and impact.



Financial planners, meanwhile, highlighted the need for costed operational plans—both short-term (1-2 years) and strategic (5 years)—to provide a clear roadmap for resource allocation. A recurring theme was the necessity of multisectoral coordination, particularly in Pakistan's devolved health system, where provinces hold significant autonomy over public health decisions. Representatives from federal

and provincial levels worked together to bridge gaps and align efforts, ensuring that financial strategies reflect regional realities.

By the workshop's conclusion, participants had outlined preliminary strategies to enhance domestic funding, streamline donor contributions, and integrate NAPHS priorities into national and provincial budgets. These efforts aim to ensure that Pakistan can sustain its health security gains, from improving disease surveillance to building resilient response systems. The event closed with a call to action: translating these discussions into concrete policies and investments. As Pakistan navigates an increasingly complex landscape of health threats—ranging from infectious disease outbreaks to climate-related challenges—the outcomes of this workshop signal a proactive commitment to safeguarding the nation's future. The collaborative spirit and strategic focus displayed in Islamabad lay a foundation for a more secure, healthier Pakistan, with the NAPHS as a cornerstone of that vision.

Notes from the field:

Outbreak Investigation of dengue, UC Wadpagga, District Peshawar

Dr. Asma Johar Fellow FETP

Dr. Palwasha Javed Fellow FETP

Dr. Mussawir Manzoor Surveillance Officer

Dr. Sulaiman Durani

Introduction

Dengue fever, a mosquito-borne viral illness caused by the dengue virus (DENV), poses a significant global health challenge, with approximately 390 million infections annually, predominantly in tropical and subtropical regions. The World Health Organization highlights a dramatic 30-fold rise in cases over the past 50 years, straining healthcare systems

worldwide. In South Asia, Pakistan faces a substantial regional burden, with seasonal outbreaks tied to monsoon conditions. Within Pakistan, Khyber Pakhtunkhwa province, particularly Peshawar, has experienced recurrent dengue episodes. In 2023, a notable outbreak emerged in Peshawar's Union Council (UC) Wadpagga, prompting an investigation into its scope, risk factors, and preventive measures.

Methods

A case-control study was designed to investigate the dengue outbreak in Multanabad, UC Wadpagga, a locality within District Peshawar with a population of 2,079 across 279 households. The study spanned 1 October to 5 November 2023, targeting residents of Multanabad. Cases were defined as individuals with fever and at least two additional dengue symptoms (e.g., headache, myalgia) during this period, confirmed by NS1 antigen testing, while controls were symptom-free residents from the same community. Data were collected through structured questionnaires, active community case searches, and reviews of medical records from a nearby health facility. Laboratory confirmation relied on NS1 antigen tests. Descriptive epidemiology, including spot maps, epidemic curves, gender ratios, and attack rates, was employed, alongside statistical analysis to compare exposure factors between cases and controls via odds ratios.

Results

In 2023, District Peshawar reported 161 laboratory-confirmed dengue cases, with 12 identified in Multanabad, UC Wadpagga, during the study period. The median age of cases was 26 years (range: 20–70), while 36 controls had a median age of 28.5 years (range: 10–85).

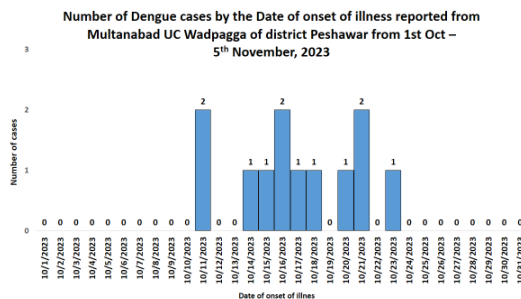
The overall attack rate in Multanabad was 6 per 1,000 population



Spot Map of Positive Cases



All cases presented with fever, headache, and myalgia (100%). Risk factor analysis indicated that High mosquito exposure increased odds (OR=1.4), and non-use of bed nets elevated odds further (OR=2.2), while insect repellent use reduced odds (OR=0.7). Laboratory testing confirmed all 12 cases via NS1 antigen.



Discussion

The localized outbreak in Multanabad reflects a concentrated surge within Peshawar, highlighting vulnerabilities in vector control and personal protection practices. The predominance of young adults among cases may suggest increased outdoor activity or exposure, though the small sample size limits broader generalizations. Conversely, the trend toward protection with insect repellent use aligns with established evidence on reducing mosquito bites. Elevated odds linked to high mosquito exposure and non-use of bed nets point to environmental and household-level risk factors, necessitating targeted interventions. The study's reliance on a small number of cases and absence of gender-specific data constrain its precision, suggesting a need for larger-scale investigations. Recommendations include intensifying vector control through larviciding and fogging, distributing bed nets to households, promoting repellent use, and enhancing community

engagement to translate awareness into action. In conclusion, this outbreak underscores the urgency of integrated mosquito control and personal protection strategies to mitigate dengue transmission in Peshawar, offering actionable insights for future prevention efforts.

Conclusion

This investigation into the Multanabad dengue outbreak underscores the critical need for integrated strategies to mitigate transmission in Peshawar. The findings highlight that, practical interventions like repellent use and bed nets offer promising avenues for prevention, despite statistical limitations due to a small sample. Environmental factors, such as high mosquito exposure, remain a key driver, emphasizing the urgency of robust vector control. By combining community engagement, personal protection, and environmental management, public health authorities can reduce the burden of dengue in UC Wadpaga and beyond, providing a model for tackling seasonal outbreaks in Pakistan's endemic regions.

Recommendations

- Strengthen collaboration with local health facilities to enhance early case detection and reporting for a more effective outbreak response.
- Shift public health campaigns from awareness-focused to action-oriented education, encouraging practices like eliminating breeding sites (e.g., uncovered water containers) and consistent use of protective measures.
- Intensify vector control measures, such as larviciding in stagnant water sites and thermal fogging during peak mosquito activity, to reduce *Aedes* populations.
- Distribute insecticide-treated bed nets to households, especially in high-risk zones, to address the increased risk tied to non-use.
- Promote insect repellent use at the community level through free provision or subsidies, leveraging its observed protective trend.

References

1. World Health Organization. Dengue and severe dengue. [Accessed 23 March 2025]. Available from: <https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue>
2. Bhatt S, Gething PW, Brady OJ, et al. The global distribution and burden of dengue. *Nature*. 2013;496(7446):504-507. doi:10.1038/nature12060
3. National Institute of Health, Pakistan. Dengue fever updates 2023. Islamabad: NIH; 2023.

Knowledge Hub

Understanding Seasonal Allergies: A Public Health Guide

As spring blooms or fall leaves pile up, many of us start sneezing, sniffing, or rubbing itchy eyes. These are classic signs of seasonal allergies, a common condition affecting millions worldwide. Whether you're new to allergies or a health professional looking for a refresher, here's what you need to know about what causes them, how they impact us, and what we can do about it.

What Are Seasonal Allergies?

Seasonal allergies, often called hay fever or allergic rhinitis, happen when your immune system overreacts to tiny particles in the air—like pollen from trees, grasses, or weeds. Unlike a cold, which is caused by a virus, allergies kick in at specific times of the year when plants release pollen. According to the World Health Organization (WHO), allergic diseases, including seasonal allergies, are on the rise globally, driven by factors like climate change and urbanization.

Why Do They Happen?

When you breathe in pollen, your body might see it as a threat if you're allergic. It releases chemicals, like histamine, causing symptoms such as sneezing, a runny nose, or itchy eyes. The CDC explains that pollen levels peak in spring, summer, or fall, depending on the plant. For example, tree pollen spikes in spring, grass in summer, and ragweed in fall. Climate change is making things worse by lengthening pollen seasons, a trend noted by both the CDC and PHAC.

Who gets affected?

Anyone can develop seasonal allergies, but they're more common if allergies run in your family. Kids, adults, and seniors all experience them, though symptoms might feel worse for some. The WHO estimates that allergic rhinitis affects 10-30% of people worldwide, with higher rates in urban areas where pollution can team up with pollen to irritate airways.

What Are the Symptoms?

- Sneezing or a stuffy nose
- Itchy, watery eyes
- Scratchy throat or cough
- Feeling tired (though not as severe as with a cold)

For professionals, it's worth noting that untreated allergies can lead to complications like sinus infections or worsen asthma, a connection highlighted by PHAC in their respiratory health guidelines.

How Can We Manage Seasonal Allergies?

Good news: you don't have to suffer through the season! Here are practical steps:

1. **Stay Informed:** Check local pollen forecasts (available on weather apps or public health sites like the CDC's). Avoid outdoor time when counts are high, usually on dry, windy days.
2. **Keep Pollen Out:** Close windows, shower after being outside, and wash clothes to remove pollen. PHAC recommends this to reduce exposure indoors.
3. **Use Medications:** Always use prescribed antihistamines, nasal sprays, or eye drops for symptoms elevation. For severe cases, a doctor might suggest allergy shots (immunotherapy), which the WHO recognizes as effective for long-term relief.
4. **Use Masks:** Use of masks and proper respiratory hygiene is essential to limit allergen contact.
5. **Clean the Air:** Air purifiers with HEPA filters can trap pollen indoors, a tip backed by the CDC for allergy sufferers.



A Public Health Perspective

Seasonal allergies aren't just a personal nuisance—they're a growing public health issue. Rising pollen levels due to warmer climates mean more people are affected each year. Health systems can respond by raising awareness, ensuring affordable access to treatments, and tracking allergy trends. The WHO stresses integrating allergy care into primary health services, while PHAC advocates for community education to reduce the burden.

References

- World Health Organization (WHO). "Allergic Rhinitis and Sinusitis." Available at: who.int
- Centers for Disease Control and Prevention (CDC). "Allergies and Hay Fever." Available at: cdc.gov
- Public Health Agency of Canada (PHAC). "Respiratory Health and Allergies." Available at: canada.ca/en/public-health



ALLERGY

What is an allergy?

An allergy is an adverse reaction to substances outside of the body, called allergens. The most common allergens are:

- Pollen from trees and grasses
- House dust mites
- Pets such as cats and dogs
- Insects like wasps and bees
- Industrial/household chemicals
- Medicines
- Foods such as nuts, milk and eggs

1/4 PEOPLE IN THE UK SUFFER FROM AN ALLERGY AT SOME TIME IN THEIR LIVES

Why are so many people suffering from allergies today?

The increase in the number of allergies appears to be linked to issues such as:

- Warm homes encourage common triggers like the house dust mite
- We now spend on average 90% of our time indoors
- Many people's diets are high in fat and low in fruit and vegetables
- Fluctuating levels of air pollution

Symptoms may include

- RUNNY NOSE
- COUGHING
- ITCHY EYES
- SICKNESS
- SNEEZING
- SINUS PAIN

Treatments available for allergies





There are a variety of treatments available to relieve allergies and these take many different forms

- Oral Treatments** can take the form of tablets or syrup
- Nasal Sprays** can relieve allergy symptoms such as sneezing and a runny nose
- Eye Drops** are an effective way to treat itchy and watery eyes
- Skin Creams** provide soothing, cooling effects and fast relief

Treating Children

- Wipe the faces of babies or toddlers to remove pollen from their eyes
- Use a non biological washing powder
- Try vacuuming their mattresses to remove allergens

Talk to a member of your local Alphega Pharmacy team for advice on treatments or Allergy Screening Services

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|---|---|---|---|
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