Weekly Epidemiological Bulletin

Integrated Disease Surveillance and Response System

Khyber Pakhtunkhwa

Epidemiological Week – 35 (Aug 24 – 30 Aug, 2026)

Highlights



Response to Mpox Outbreak by Rapid Response Team – District Mardan

- During Epidemiological Week 35 of 2026, One **laboratory-confirmed Mpox case** was reported in District Mardan. The patient is a 35-year-old male Afghan citizen residing and working in the Sheikh Yousaf/Charsadda Road area of Mardan. He developed symptoms on **06 August 2026** and subsequently sought medical care at Khyber Teaching Hospital (KTH), Peshawar, and Northwest General Hospital, Peshawar. A **Real-Time PCR test for Mpox was positive on 25 August 2026**. Following notification, the District Health Office Mardan Public Health Team initiated field response activities, including **case investigation, contact identification and assessment, active surveillance, infection prevention and control, and risk communication**. The patient's workplace and residential surroundings were assessed to identify potential contacts and prevent further transmission. The investigation and contact monitoring remain ongoing.



Investigation of Chikungunya Outbreak by Rapid Response Team – District Nowshera

- During Epidemiological Week 35 of 2026, A suspected Chikungunya cluster was reported from **VC Spin Kane, UC Ziarat Kaka Sahib, District Nowshera**, following reports of fever and severe joint pain among community members. In response, the District Health Office RRT Team Nowshera conducted active case search, medical screening, vector surveillance and control, community awareness, and laboratory sampling. A total of **44 suspected cases** were identified through medical camps, and **15 blood samples were dispatched to PHRL Peshawar for PCR testing**. Of these, **6 samples were confirmed positive for Chikungunya**. Larval surveillance identified **24 larva-positive houses out of 62 inspected** and **38 positive containers out of 418 inspected**, indicating active mosquito breeding in the affected area. Vector control measures included **IRS in 212 houses and outdoor spraying in 21 streets**, along with community awareness sessions and distribution of bed nets and symptomatic treatment. The District Health Office continues **active surveillance, case follow-up, vector control, laboratory investigation, and community awareness activities** to contain transmission and prevent further spread.



Investigation of Acute Watery Diarrhea (AWD) Outbreak by Rapid Response Team – District Karak

- During Epidemiological Week 35 of 2026, A suspected **Acute Watery Diarrhea (AWD) outbreak** was reported from **Village Nari Panos, UC Nari Panos, District Karak**, on **23 August 2026**. The District Health Office promptly mobilized a response team and established a medical camp at RHC Nari Panos. A total of **125 patients were assessed**, including **9 severely dehydrated patients**, while **46 patients received IV access/rehydration** according to clinical need. ORS and supportive treatment were provided, and cholera screening through Rapid Diagnostic Tests (RDTs) was **negative** among selected suspected cases. Environmental assessment identified the **pressure pump and open groundwater storage tanks** as potential water-contamination risks. Community members were advised on water disinfection and chlorination, safe water storage, hand hygiene, sanitation, and proper ORS use. **Active surveillance, water-quality testing, and follow-up of the affected area are ongoing** to prevent further transmission.



Investigation of Acute Watery Diarrhea (AWD) Outbreak by Rapid Response Team – District Karak

- During Epidemiological Week 35, A suspected **Acute Watery Diarrhea (AWD) outbreak** was reported from **Shagi Lawagher area, Dabbli Lawagher, UC Mitha Khel, District Karak**, on **21 August 2026**. The District Health Office promptly mobilized an outbreak response team and established a medical camp in the affected locality. A total of **42 patients were assessed**, including **5 severely dehydrated patients**, while **22 patients received IV access/rehydration** according to clinical need. ORS and supportive treatment were provided, and arrangements were made for laboratory investigation of suspected cases through the established referral mechanism. The field assessment identified the **pressure pump and open groundwater storage tanks** as potential sources of contamination. Community members were advised on chlorination and disinfection of water sources, safe water storage, boiling drinking water, hand hygiene, sanitation, and proper ORS use. **Active surveillance, laboratory testing, water-quality assessment, and follow-up activities are ongoing** to control the outbreak and prevent further transmission.






Investigation of Dengue Suspected Outbreak by Rapid Response Team – District Bannu

- During Epidemiological Week 35, A total of **18 dengue cases** was reported from the **Paretti Gate/Press Club area of Bannu** during the reporting period. The cluster was initially identified on **20 August 2026**, when two cases tested **NS1 positive**. Subsequent field investigation identified multiple mosquito larval breeding sites in the affected area. In response, the DHO Bannu team conducted **thermal fogging, larval source elimination, bed-net distribution, community awareness, and screening activities** in Paretti Gate and other parts of the city. Identified cases were provided with medical guidance and advised to observe appropriate home isolation measures. **Continued surveillance, vector control, and community mobilization are being undertaken** to prevent further transmission.

District Names	Notifiable Diseases Groups (Suspected Cases)					
	Vaccine-Preventable Diseases	Respiratory Diseases	Gastrointestinal Diseases	Vector Borne Diseases	Sexually Transmitted Diseases (STDs)	Zoonotic Priority Diseases
Abbottabad	37	270	1557	13	0	86
Bajaur	22	22	837	373	2	70
Bannu	22	32	953	1052	0	2
Battagram	0	687	724	42	0	1
Buner	7	1	602	375	0	64
Charsadda	10	546	3057	359	2	9
Chitral Lower	6	34	808	44	0	7
Chitral Upper	1	18	247	7	0	4
D.I. Khan	53	17	2109	1049	3	32
Dir Lower	26	5	2597	163	0	92
Dir Upper	7	63	3126	20	0	27
Hangu	0	0	355	117	0	0
Haripur	16	395	1654	11	0	57
Karak	48	68	1233	670	0	58
Khyber	2	48	1212	769	0	58
Kohat	1	6	1049	496	0	57
Kohistan Lower	0	0	220	5	0	0
Kohistan Upper	6	7	404	13	0	1
Kolai Palas	0	16	107	3	0	0
L & C Kurram	0	0	66	21	0	2
Lakki Marwat	12	7	894	432	0	74
Malakand	142	131	2117	33	0	61
Mansehra	4	369	1220	1	0	0
Mardan	19	105	2311	740	0	102
Mohmand	3	252	119	185	0	4
North Waziristan	7	13	55	79	0	0
Nowshera	5	52	2873	804	0	54
Orakzai	0	9	68	4	0	0
Peshawar	39	172	5938	87	1	17
Shangla	8	86	2400	594	0	213
South Waziristan (Lower)	6	194	307	228	1	12
South Waziristan (Upper)	0	0	0	0	0	0
Swabi	15	727	2881	183	0	168
Swat	29	213	5215	84	2	254
Tank	7	32	384	217	0	0
Tor Ghar	3	8	284	144	0	17
Upper Kurram	3	84	206	35	1	13
Total	**566**	**4689**	**50189**	**9452**	**12**	**1616**

Table 1: *Districts wise most frequently suspected cases reported during epidemiological week 35.*

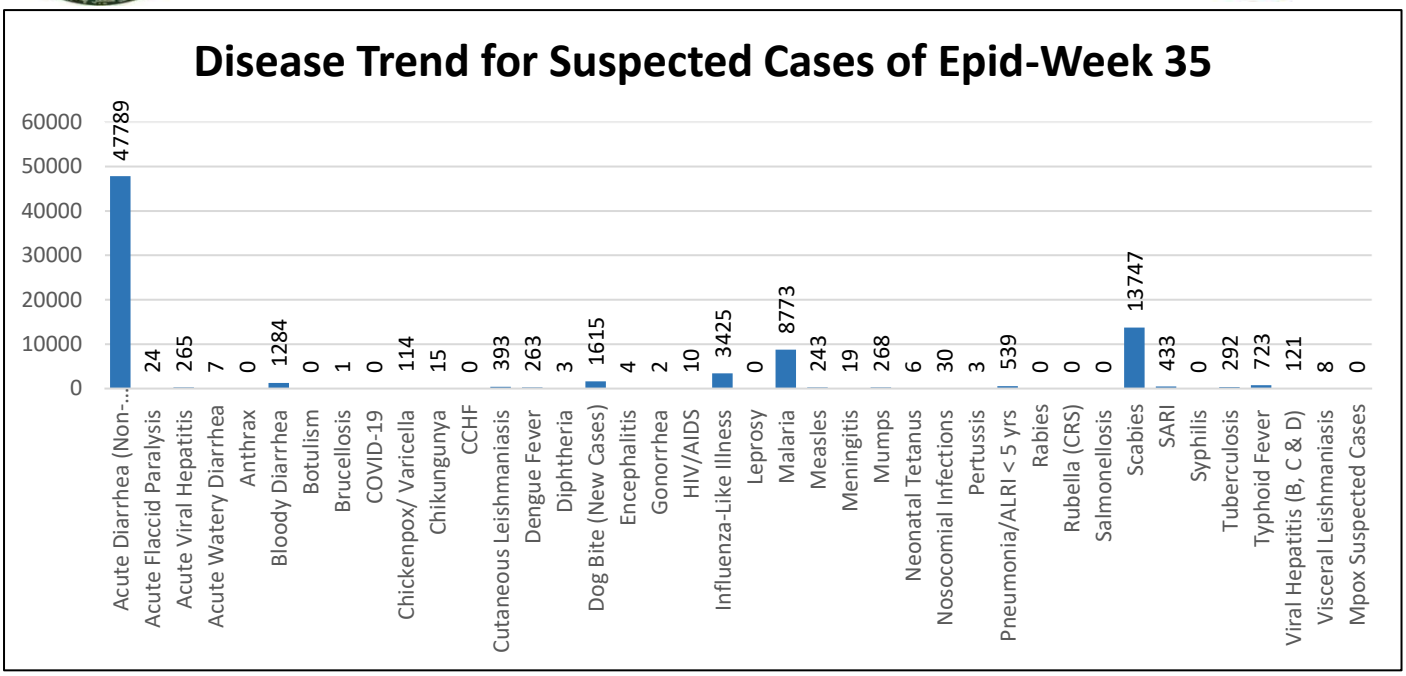
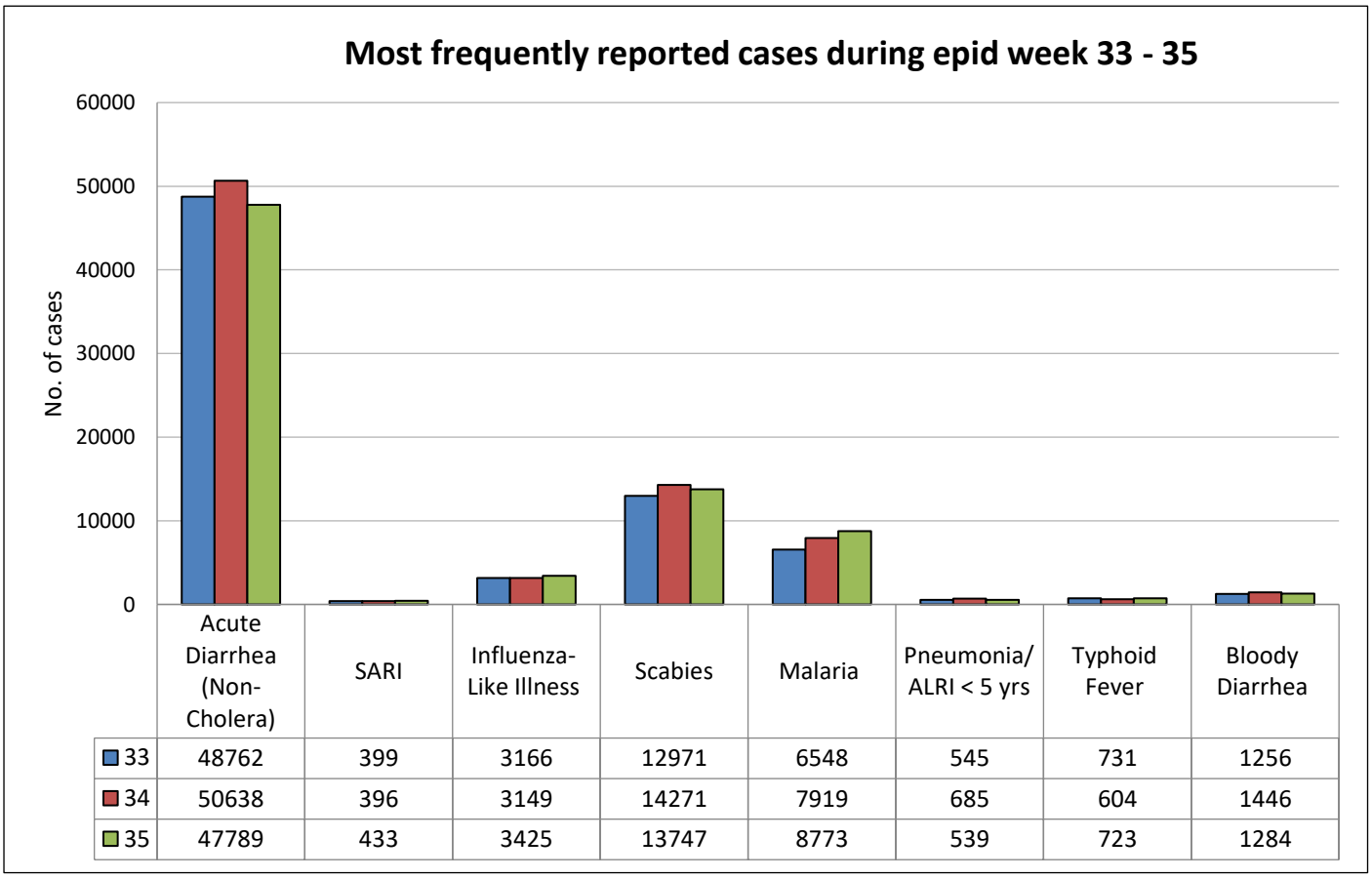


Figure 1: The above graph shows no. of suspected cases for Week 35. The suspected cases are reported from the IDSRS trained health facilities of Khyber Pakhtunkhwa.



	Acute Diarrhea (Non-Cholera)	SARI	Influenza-Like Illness	Scabies	Malaria	Pneumonia/ ALRI < 5 yrs	Typhoid Fever	Bloody Diarrhea
33	48762	399	3166	12971	6548	545	731	1256
34	50638	396	3149	14271	7919	685	604	1446
35	47789	433	3425	13747	8773	539	723	1284

Figure 2: The above graph shows the disease pattern of the last 3 weeks. No unusual trend found in Week-35. The above diseases are selected due to the high number of reported cases. The minimum range is above 300 cases per disease reported in the week.

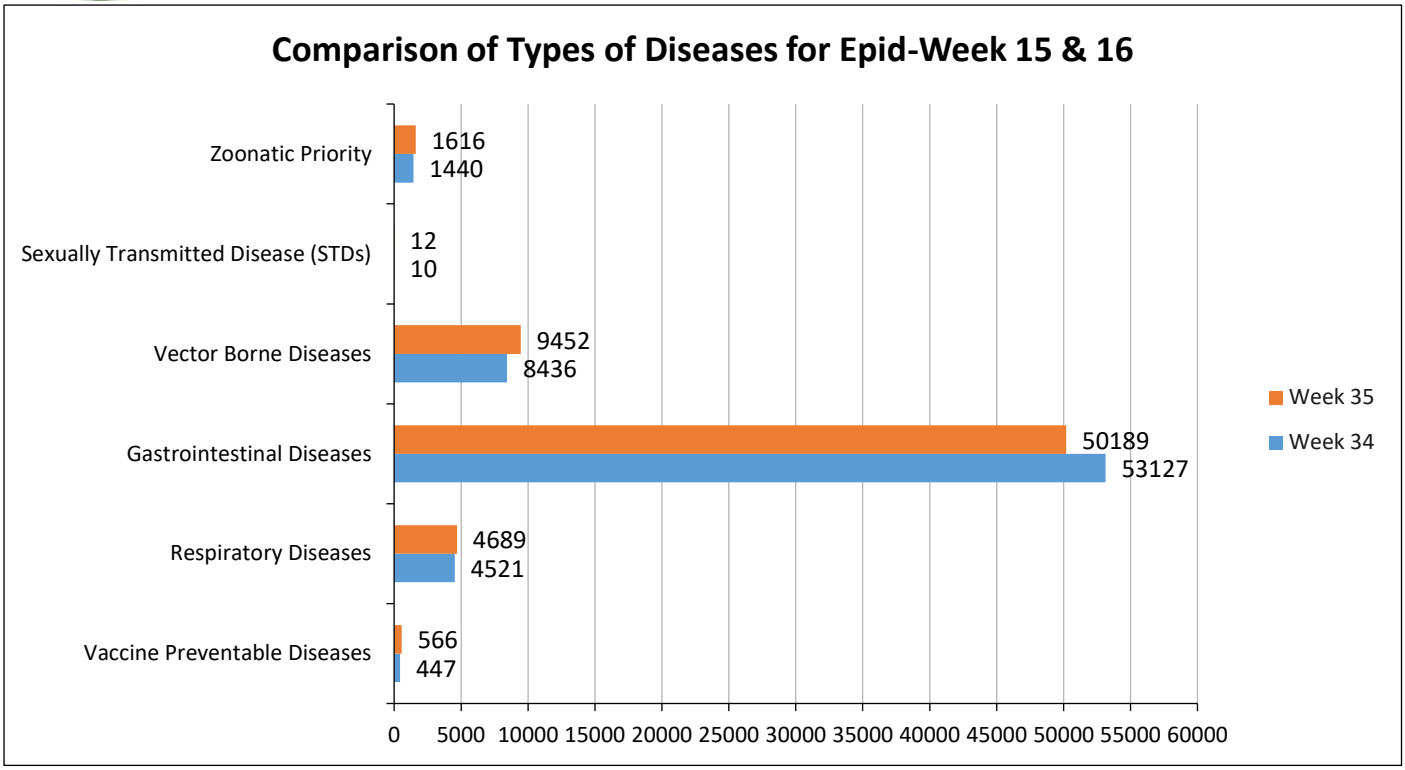


Figure 3: As compared to the previous week this week is showing an increasing trend in most of the disease groups.

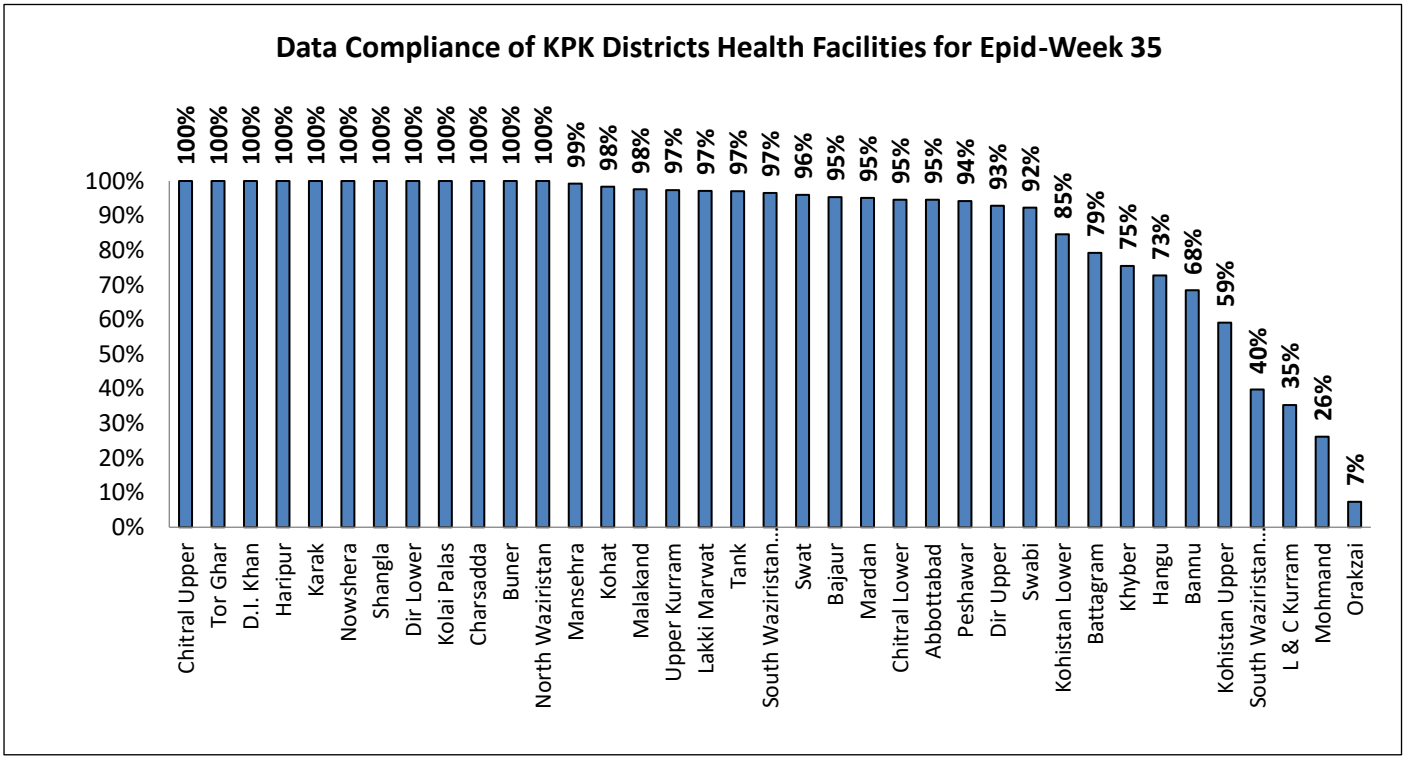
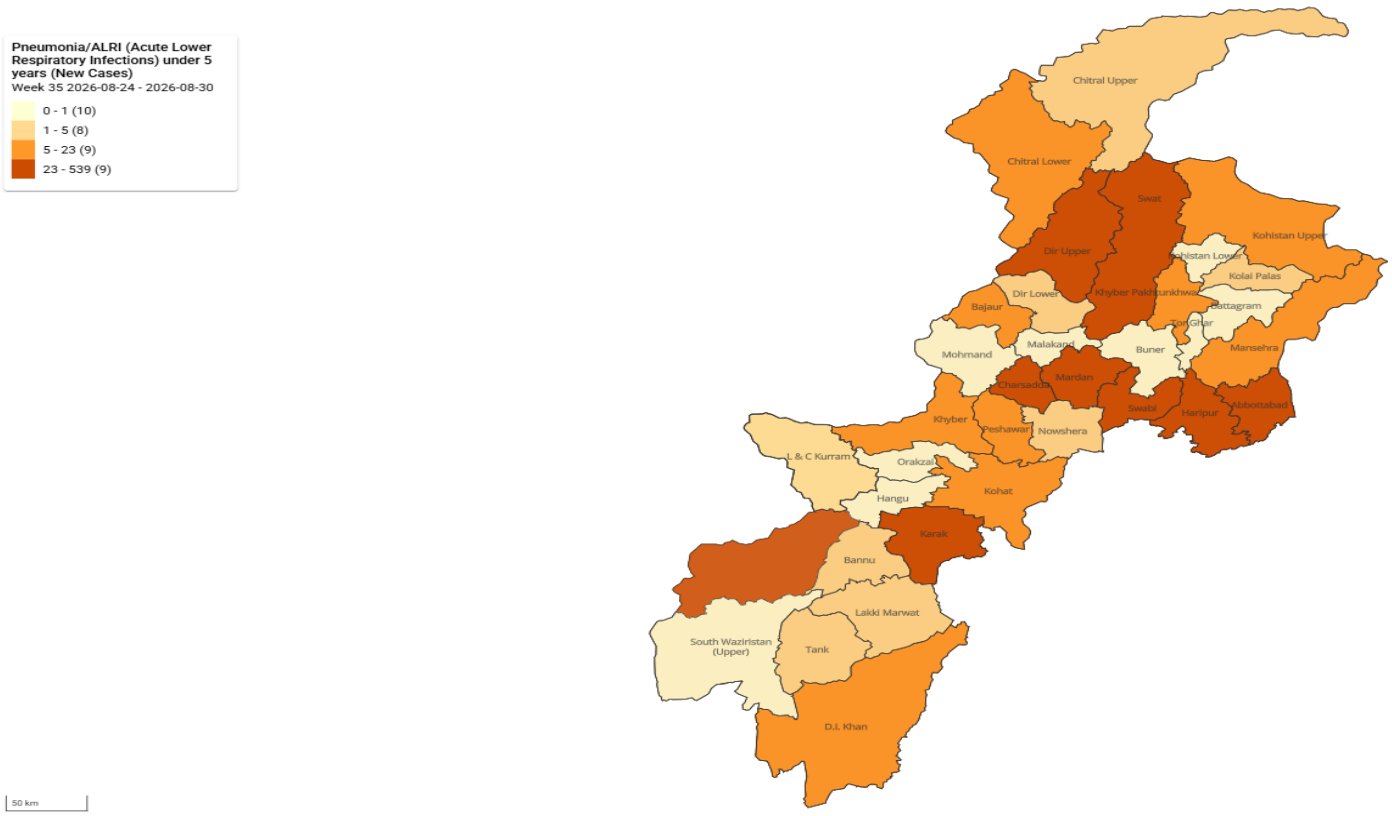


Figure 4: The compliance report is generated every Tuesday. The above compliance report shows that under 50% of health facilities have submitted weekly reports from District SWL, L&C Kurram, Mohmand and Orakzai. The rest of all districts have above 50% reporting compliance rate.

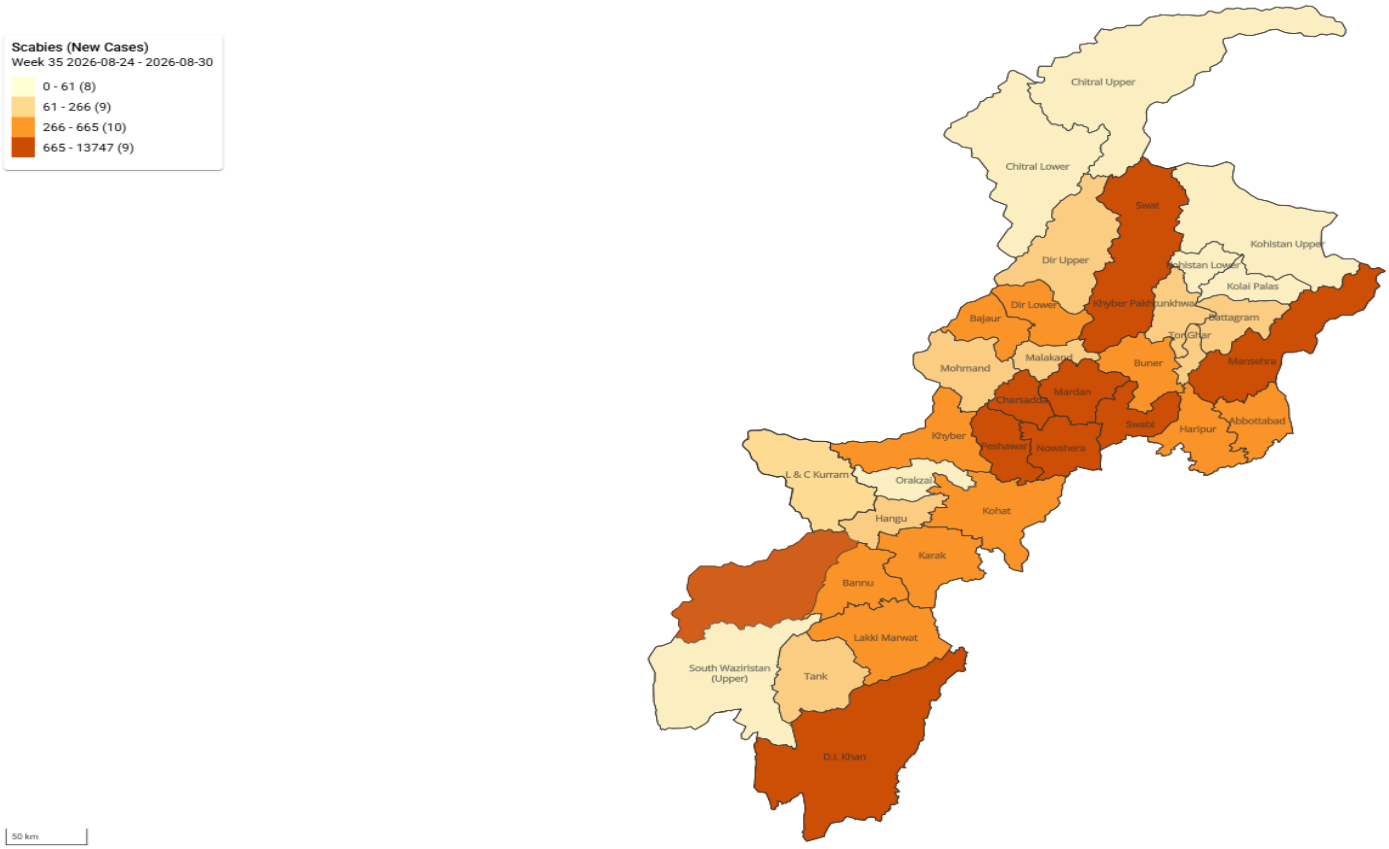
Public Health Reference Lab
Khyber Medical University, Peshawar

Diagnostic Tests	Total Samples	Positive	Negative	Inconclusive
Acute Viral Hepatitis(A)	0	0	0	0
Acute Viral Hepatitis(E)	0	0	0	0
Acute Watery Diarrhea (S. Cholera)	8	0	8	0
Blood for C/S	72	19	53	0
CCHF	0	0	0	0
Chikungunya	0	0	0	0
Covid 19	0	0	0	0
Covid_19 seq	0	0	0	0
Dengue Elisa	0	0	0	0
Diphtheria (Probable)	0	0	0	0
Influenza (H1N1)	0	0	0	0
M-POX	1	1	0	0
Stool for C/s	1	0	1	0
HVS For C/s	2	1	1	0
Pus For C/s	10	5	5	0
Urine For C/s	56	17	39	0
Dengue PCR	1	1	0	0
Grand Total	**151**	**44**	**107**	**0**

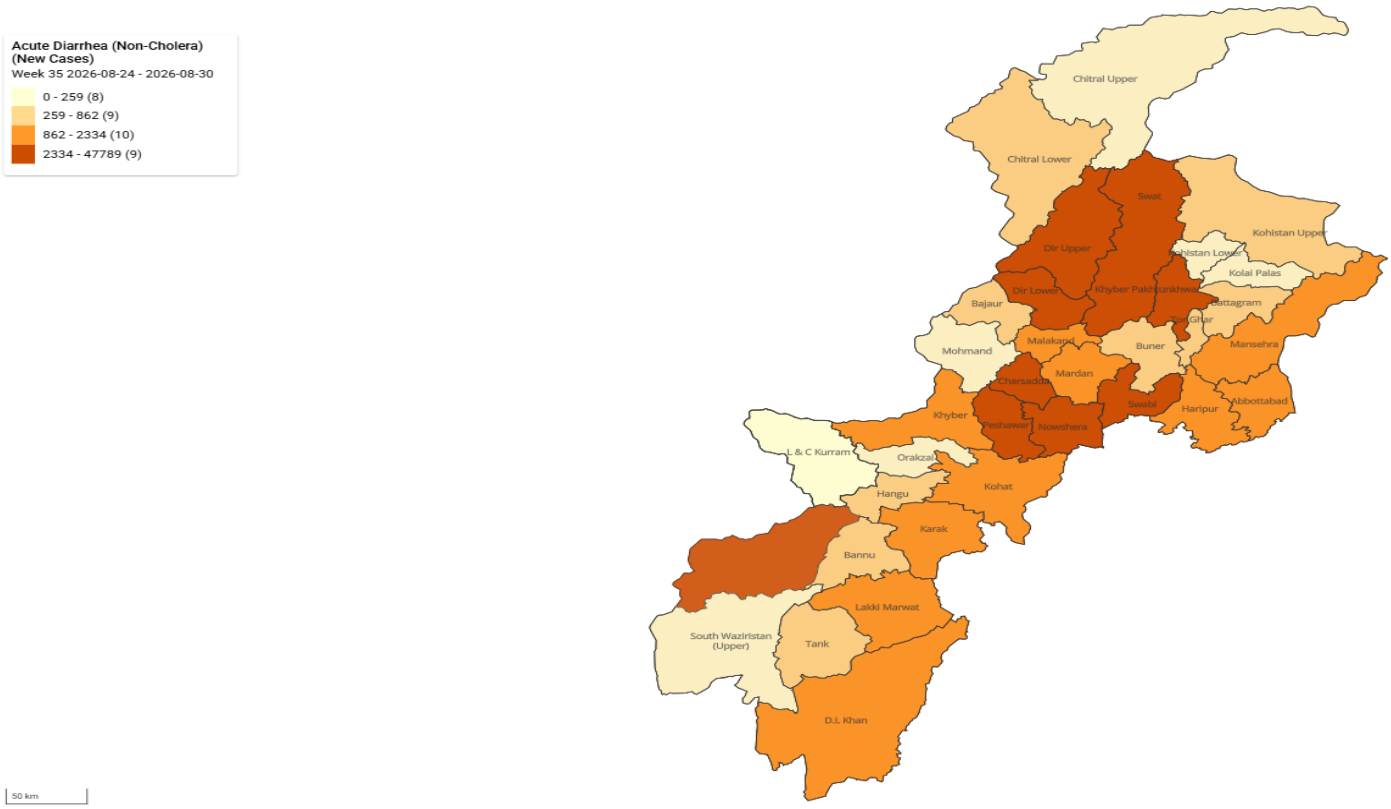
The above table shows the test count conducted in epidemiological week 35, by the Public Health Reference Lab, Khyber Medical University, Peshawar Khyber Pakhtunkhwa.



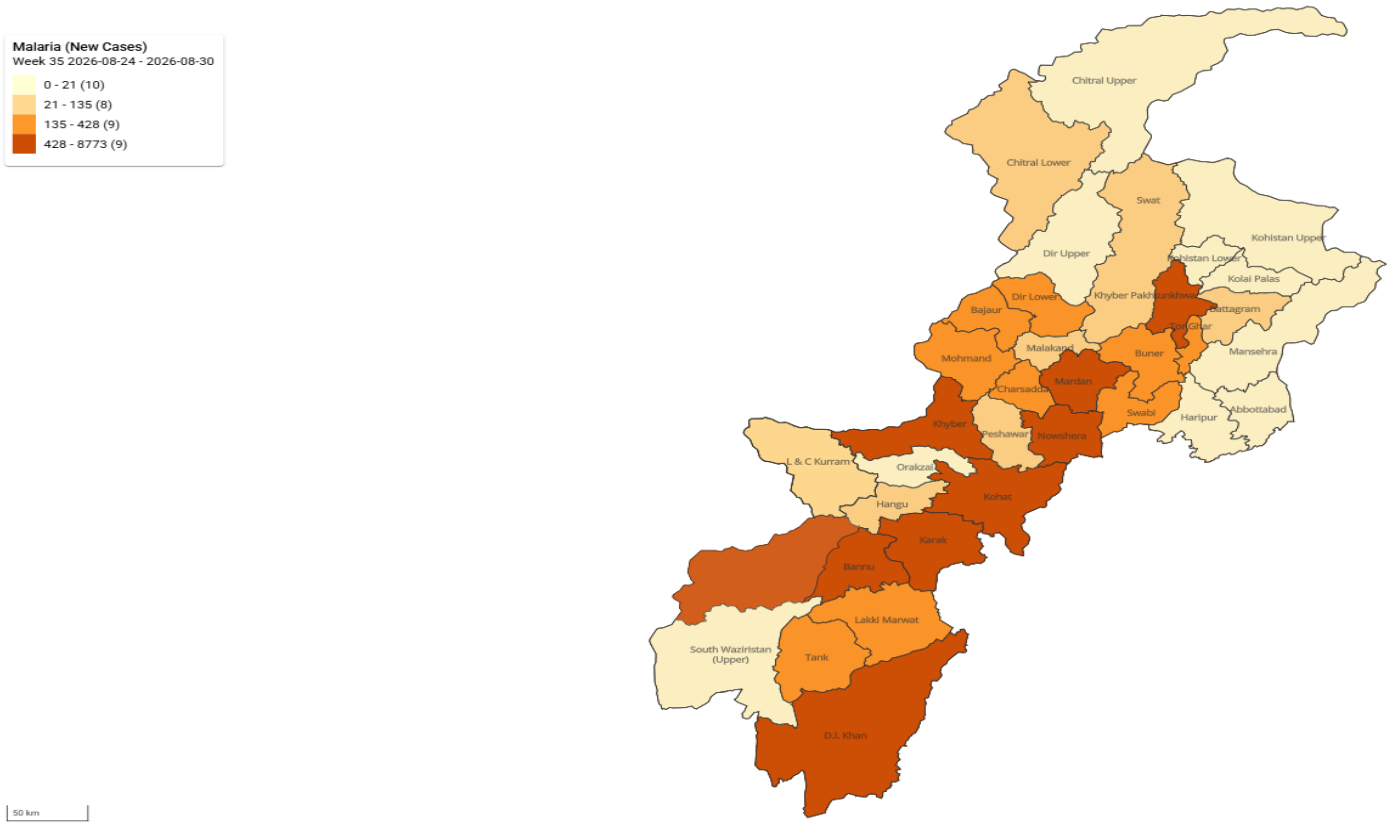
Map 1: Shows suspected Pneumonia cases reported from Khyber Pakhtunkhwa. Districts **Swat, Dir Upper, Abbottabad, Karak, Charsadda, Swabi, Mardan, Khyber, Peshawar, Haripur, karak and SWl** have a greater number of suspected Pneumonia cases than other districts**.**



Map 2: Shows suspected Scabies cases reported from Khyber Pakhtunkhwa. District **Swat, Swabi, Nowshera, Peshawar, Charsadda, Mardan, Mansehra, DI Khan and SWL** have a greater number of suspected Scabies cases than other districts**.**



Map 3: Shows suspected Acute Diarrhea cases reported from Khyber Pakhtunkhwa. District **Swat, Dir Upper, Dir lower, Swabi, Nowshera, Peshawar, Shangla, and Sout Waziristan Lower** have a greater number of suspected Acute Diarrhea cases.



Map 4: Shows suspected Malaria cases reported from Khyber Pakhtunkhwa. District **Shangla, Khyber, Kohat, Nowshera, Mardan, Karak, Bannu, SW Lower** and **DI Khan** have a large number of suspected Malaria cases.