Weekly Epidemiological Bulletin

Integrated Disease Surveillance and Response System

Khyber Pakhtunkhwa

Epidemiological Week – 36 (Aug 31 – 06 Sept, 2026)

Highlights



Response to Chikungunya Outbreak by Provincial and District Rapid Response Team at District Nowshera

- During Epidemiological Week 36 of 2026, an outbreak investigation was conducted in **Spin Kanray (White Stone Kaly), District Nowshera**, following an increase in dengue-like illness. Laboratory testing at **PHRL-KMU** confirmed **14 chikungunya-positive cases among 28 initially submitted samples (50% positivity)**, confirming local transmission. A joint provincial and district team conducted active case finding, household surveillance, vector assessment and community awareness activities. **Aedes mosquito breeding was identified in room air coolers and other water-holding containers**, with five households of symptomatic individuals found positive for larvae during repeat surveillance. Additional clinical samples were collected for laboratory confirmation.
- Immediate response measures included **source reduction, distribution of bed nets and mosquito repellents, coordination of IRS/fogging activities, practical training of LHSs/LHWs, and community health education**. Logistics including **300 bed nets, 100 kg Temifast larvicide**

and 50 liters of ICON insecticide were provided to support district response activities. Continued household surveillance, laboratory testing, targeted vector control, active case finding and community participation are recommended to interrupt transmission and prevent spread to neighboring areas.



Investigation of Chikungunya Outbreak by Rapid Response Team – District Malakand

- During Epidemiological Week 36 of 2026, A **Chikungunya PCR-positive case** was confirmed from **Thana Guandu, Jalalah, District Malakand**, with the laboratory result received on **06 September 2026 from PHRL**. In response, the District Rapid Response Team conducted a field visit on **07 September 2026** to the patient's household and surrounding locality. The RRT conducted **active case finding and household surveillance**, assessed potential mosquito breeding sites, and carried out **fogging/spraying** in the affected area. **Mosquito nets were distributed**, and the patient's family and community were educated on mosquito-bite prevention, elimination of stagnant water, environmental hygiene, and early reporting of suspected cases. LHWs were briefed to maintain **regular household follow-up and active surveillance** for additional febrile illness. Continued surveillance and targeted vector-control measures are being maintained 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	32	129	1705	20	0	65
Bajaur	25	36	835	290	0	101
Bannu	26	38	1193	1149	5	2
Battagram	19	1040	639	64	0	9
Buner	3	0	516	279	0	18
Charsadda	5	560	3349	411	0	9
Chitral Lower	6	31	964	31	0	8
Chitral Upper	0	25	312	5	0	5
D.I. Khan	42	31	2244	773	0	31
Dir Lower	27	80	2672	131	0	56
Dir Upper	14	77	2841	24	0	22
Hangu	0	0	396	97	0	0
Haripur	5	125	1372	11	0	59
Karak	17	57	887	664	0	43
Khyber	1	53	1353	761	0	63
Kohat	2	20	1032	478	0	31
Kohistan Lower	2	0	346	6	0	0
Kohistan Upper	16	8	386	25	0	1
Kolai Palas	0	5	104	3	0	0
L & C Kurram	0	2	39	10	0	0
Lakki Marwat	5	2	921	419	0	89
Malakand	15	41	1970	59	0	31
Mansehra	40	470	1145	22	0	0
Mardan	13	74	2386	745	2	85
Mohmand	1	253	100	204	0	8
North Waziristan	11	11	81	140	0	1
Nowshera	6	62	3267	1356	0	65
Orakzai	2	11	65	6	0	0
Peshawar	19	159	5764	48	0	15
Shangla	3	13	2279	543	3	174
South Waziristan (Lower)	19	51	143	88	0	15
South Waziristan (Upper)	0	1	7	0	0	0
Swabi	15	828	2760	154	0	143
Swat	31	184	5078	37	2	214
Tank	15	38	490	166	0	0
Tor Ghar	4	6	179	61	0	14
Upper Kurram	5	120	270	10	3	13
Total	**446**	**4641**	**50090**	**9290**	**15**	**1390**

Table 1: *Districts wise most frequently suspected cases reported during epidemiological week 36.*

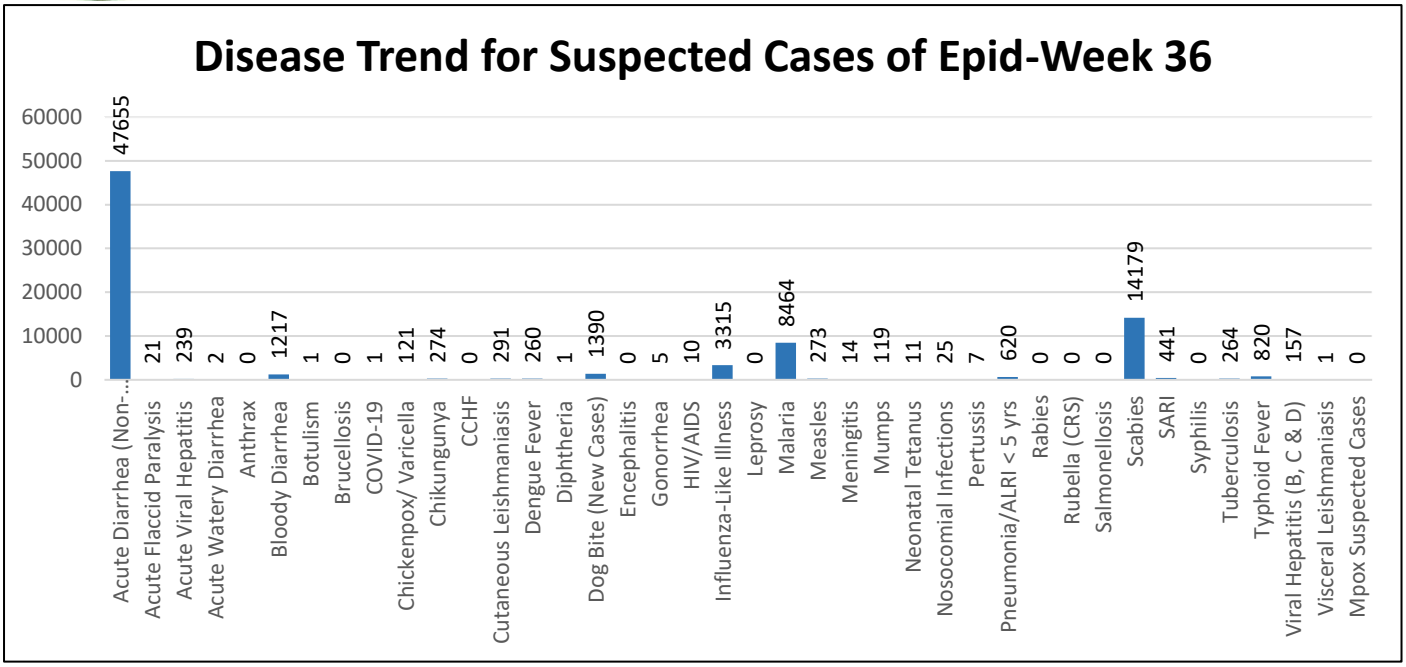
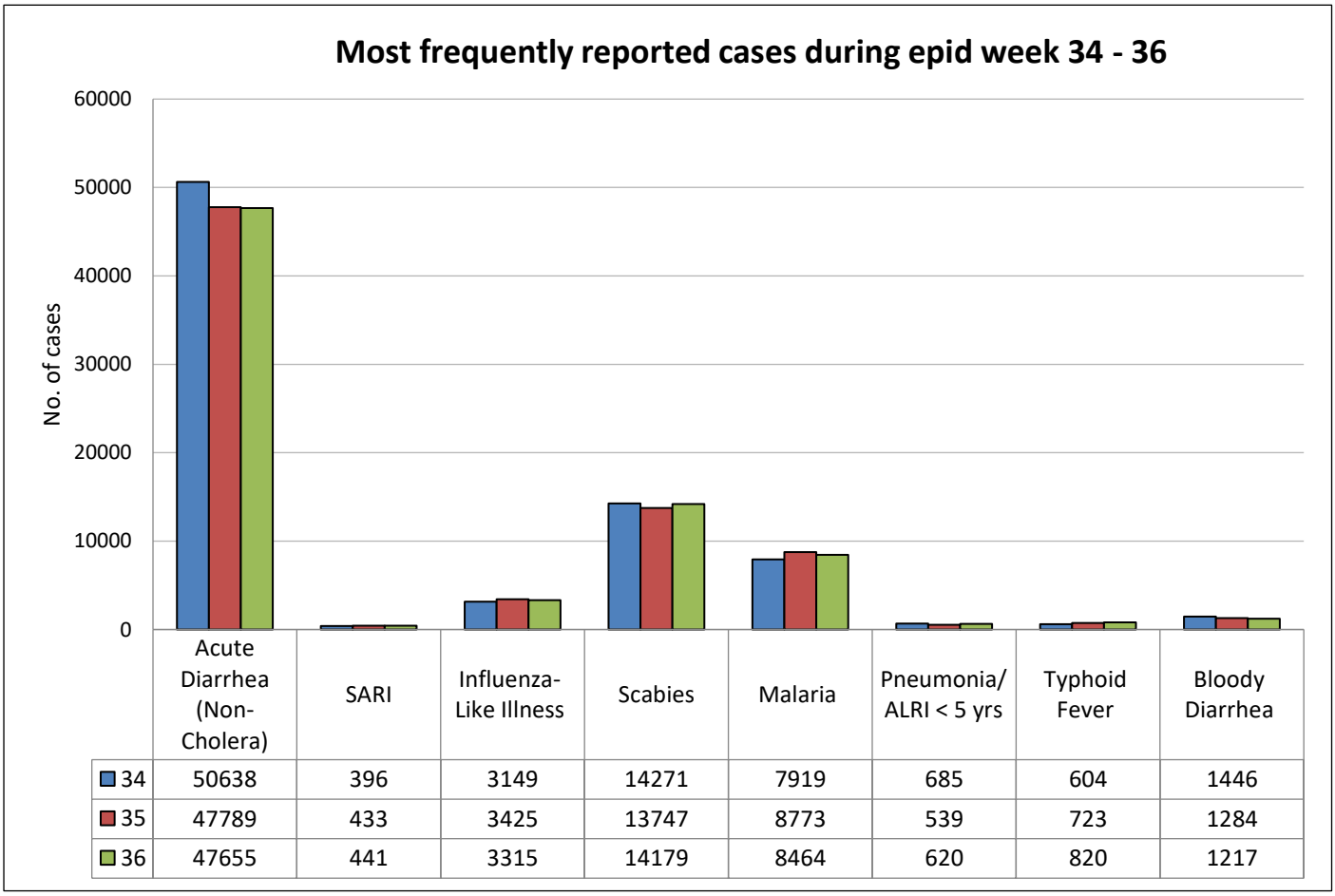


Figure 1: The above graph shows no. of suspected cases for Week 36. The suspected cases are reported from the IDSRS trained health facilities of Khyber Pakhtunkhwa.



	Acute Diarrhea (Non-Cholera)	SARI	Influenza-Like Illness	Scabies	Malaria	Pneumonia/ ALRI < 5 yrs	Typhoid Fever	Bloody Diarrhea
34	50638	396	3149	14271	7919	685	604	1446
35	47789	433	3425	13747	8773	539	723	1284
36	47655	441	3315	14179	8464	620	820	1217

Figure 2: The above graph shows the disease pattern of the last 3 weeks. No unusual trend found in Week-36. 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.

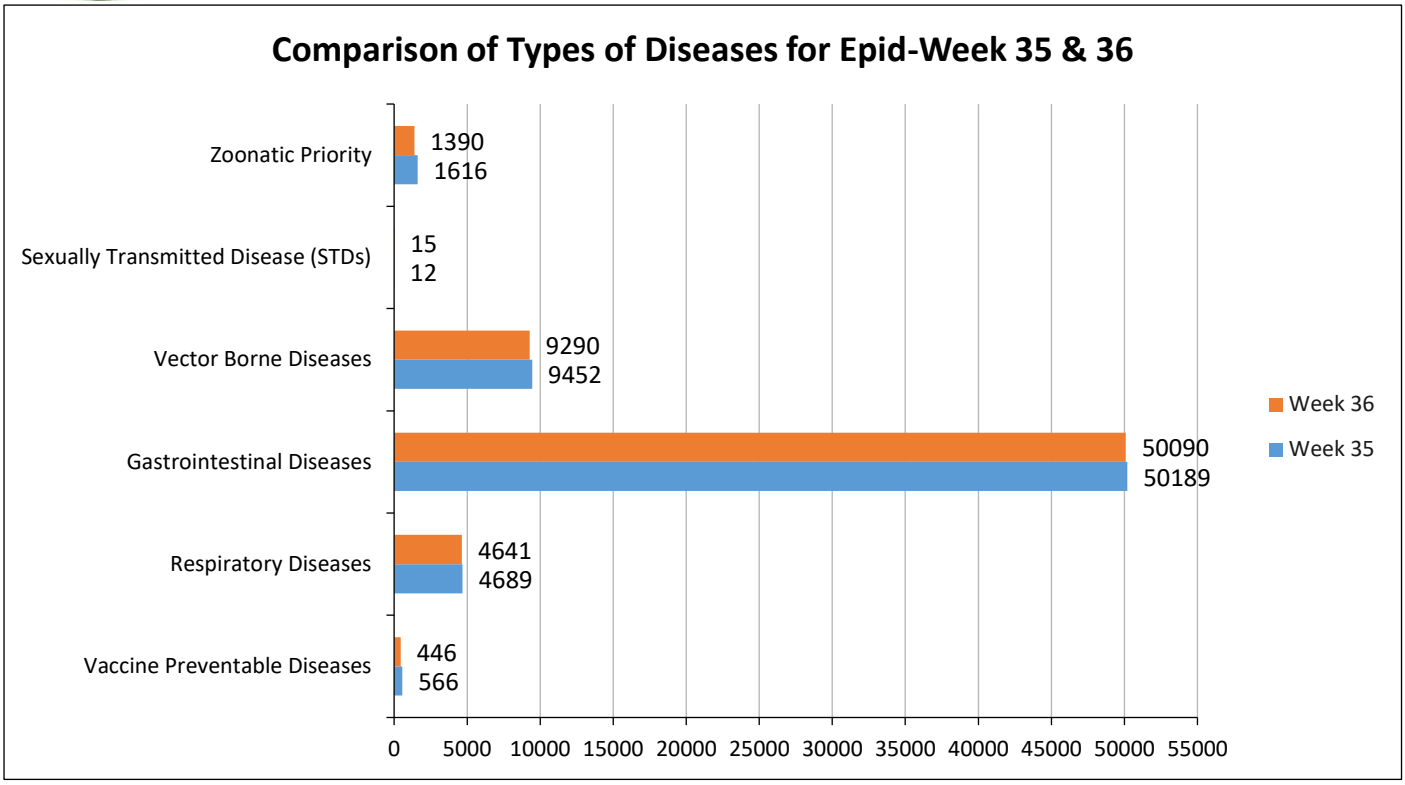


Figure 3: As compared to the previous week this week is showing an increasing trend in most of the disease groups.

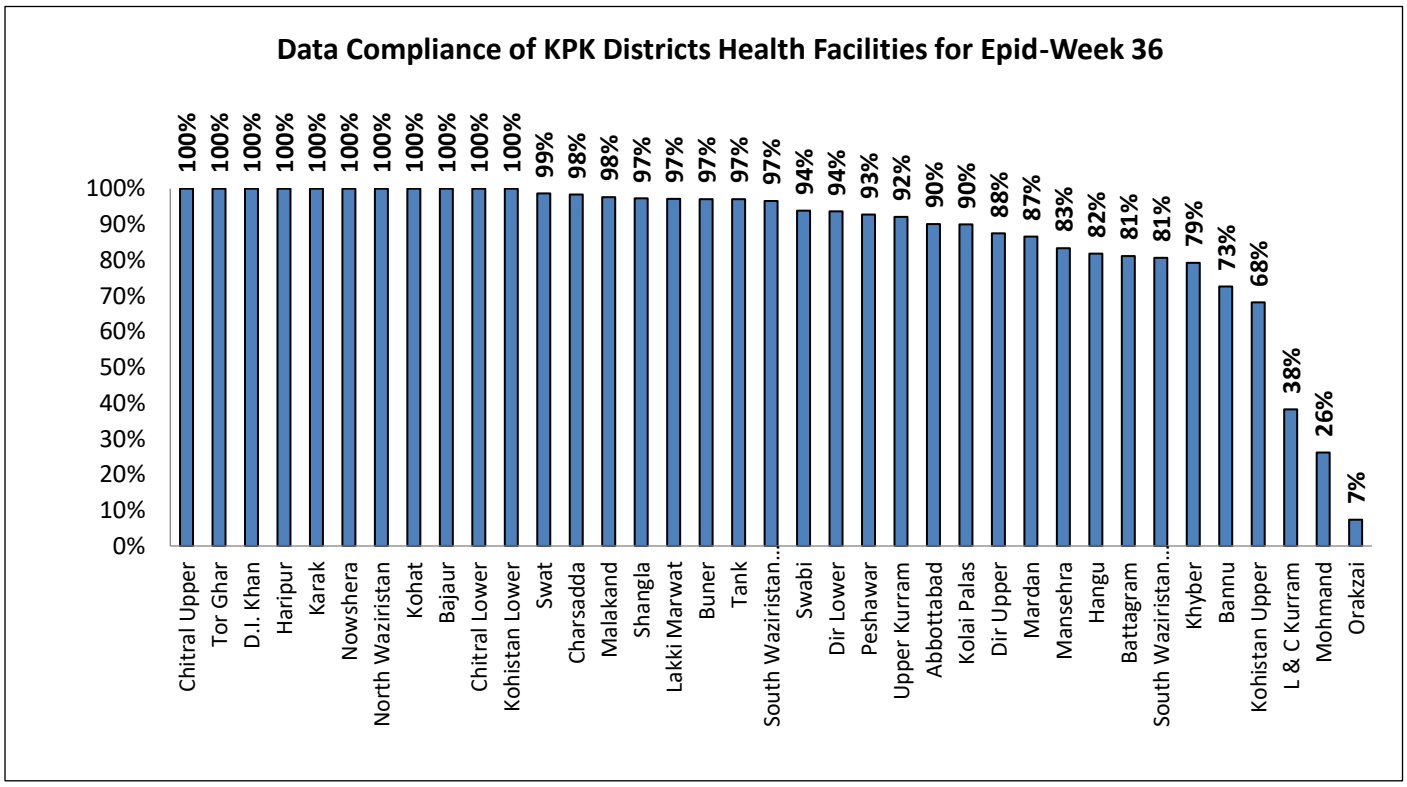
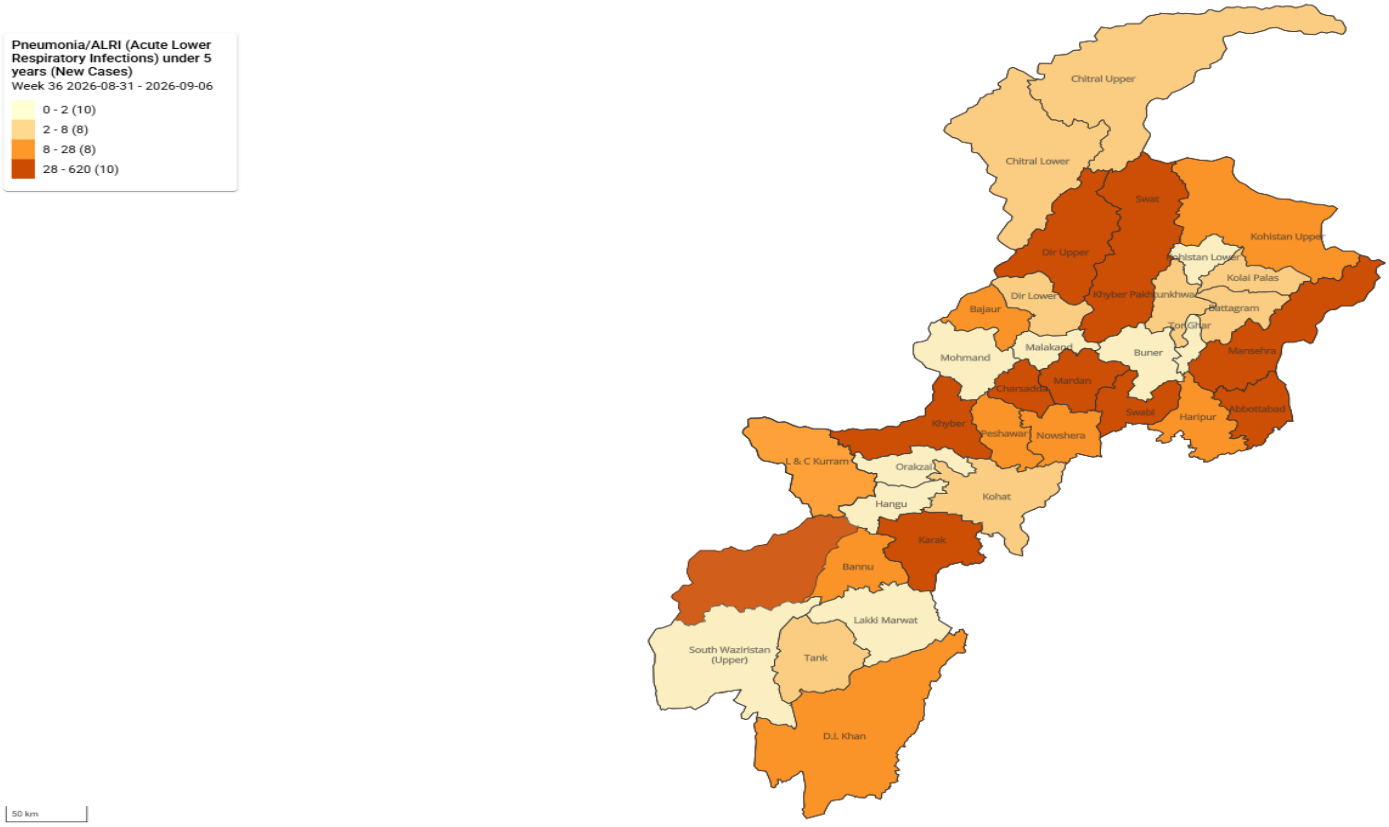


Figure 4: The compliance report is generated every Tuesday. The above compliance report shows that under 50% of health facilities have submitted weekly reports from District L&C Kurram, Mohmand and Orakzai. The rest of all districts have above 50% reporting compliance rate.

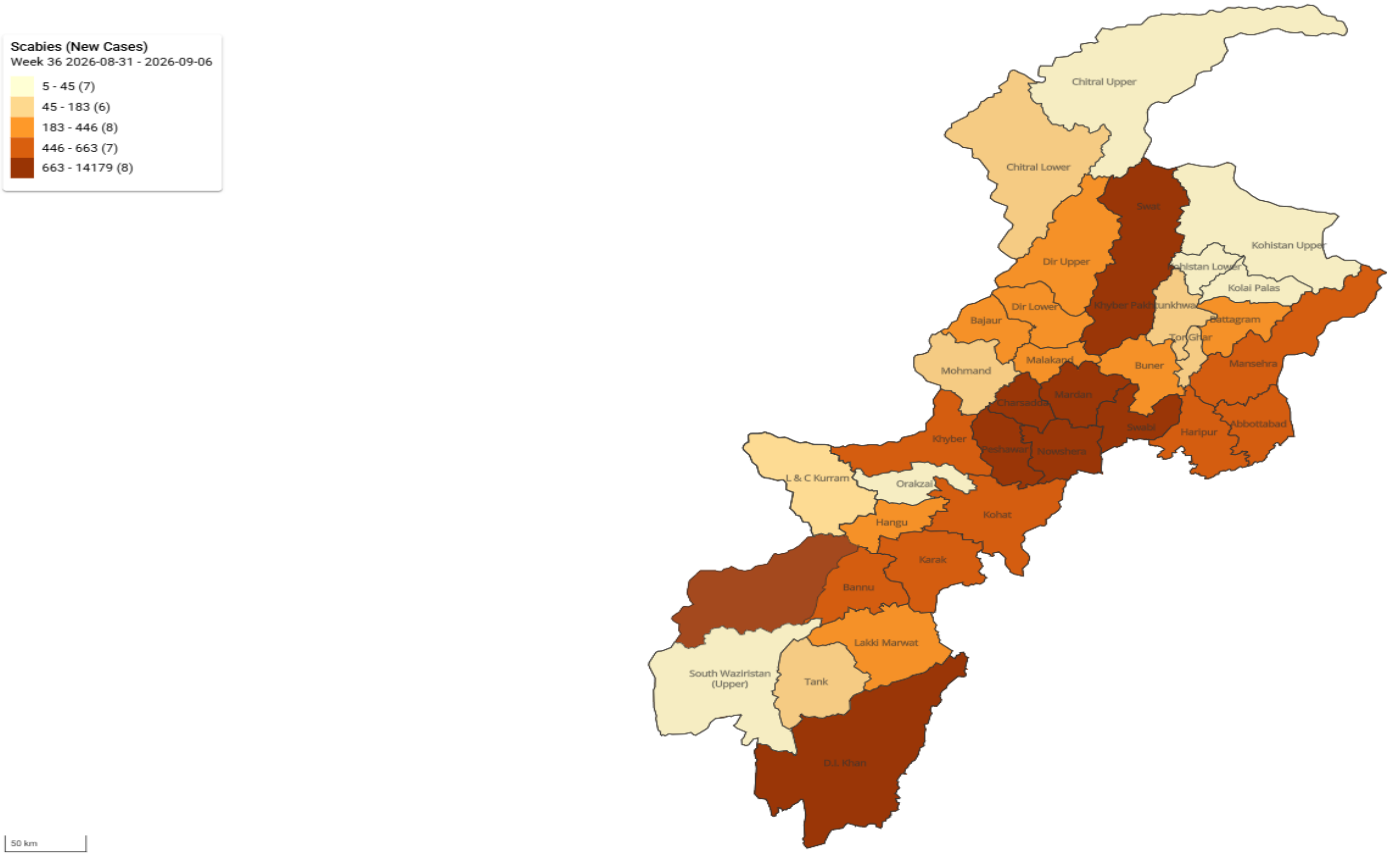
Public Health Reference Lab
Khyber Medical University, Peshawar

Diagnostic Tests	Total Samples	Positive	Negative	Inconclusive
Acute Viral Hepatitis(A)	0	0	0	0
Acute Viral Hepatitis(E)	1	0	1	0
Acute Watery Diarrhea (S. Cholera)	7	0	7	0
Blood for C/S	70	12	58	0
CCHF	0	0	0	0
Chikungunya	28	14	14	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	0	0	0	0
HVS For C/s	2	2	0	0
Pus For C/s	10	8	2	0
Urine For C/s	34	18	16	0
Dengue PCR	26	0	26	0
Grand Total	**179**	**55**	**124**	**0**

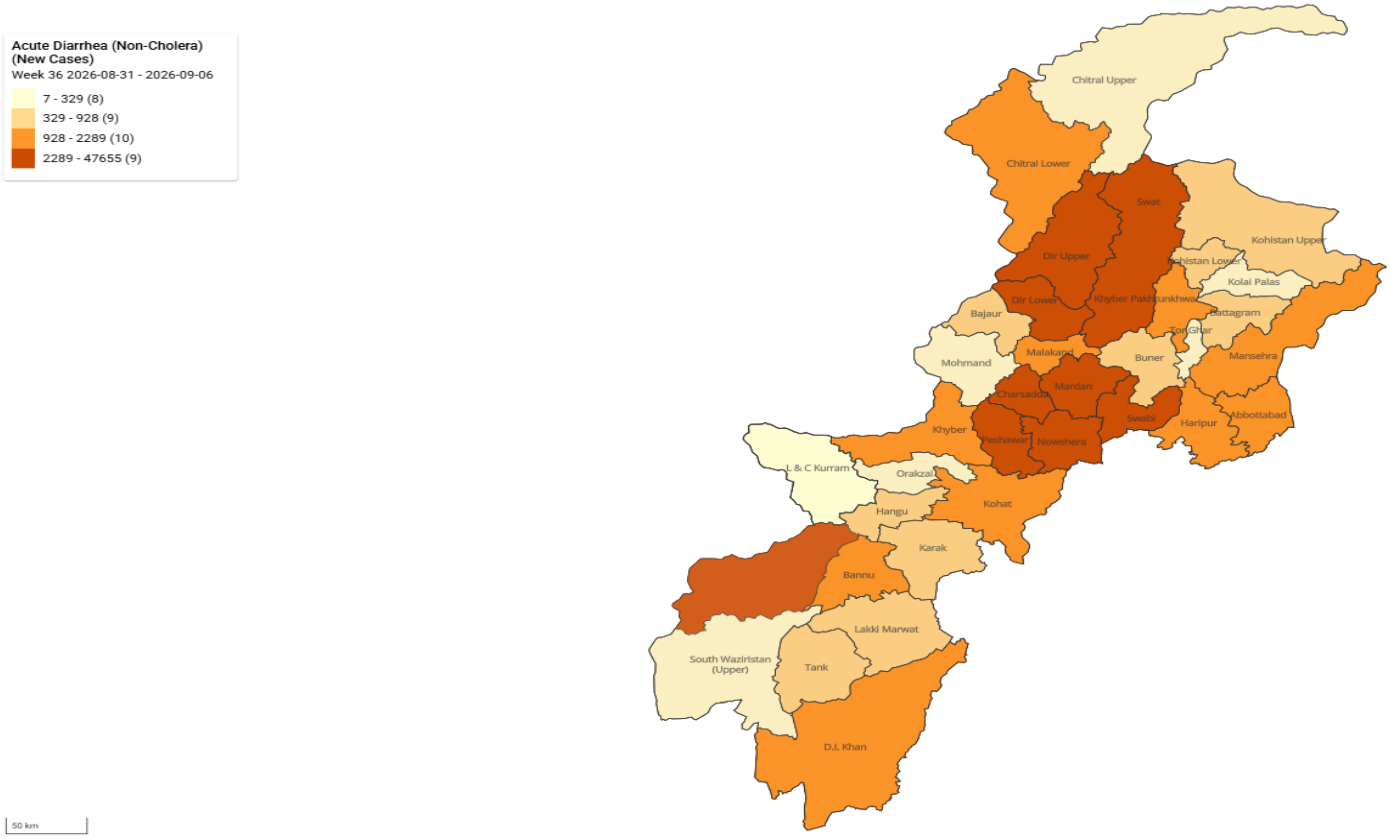
The above table shows the test count conducted in epidemiological week 36, by the Public Health Reference Lab, Khyber Medical University, Peshawar Khyber Pakhtunkhwa.



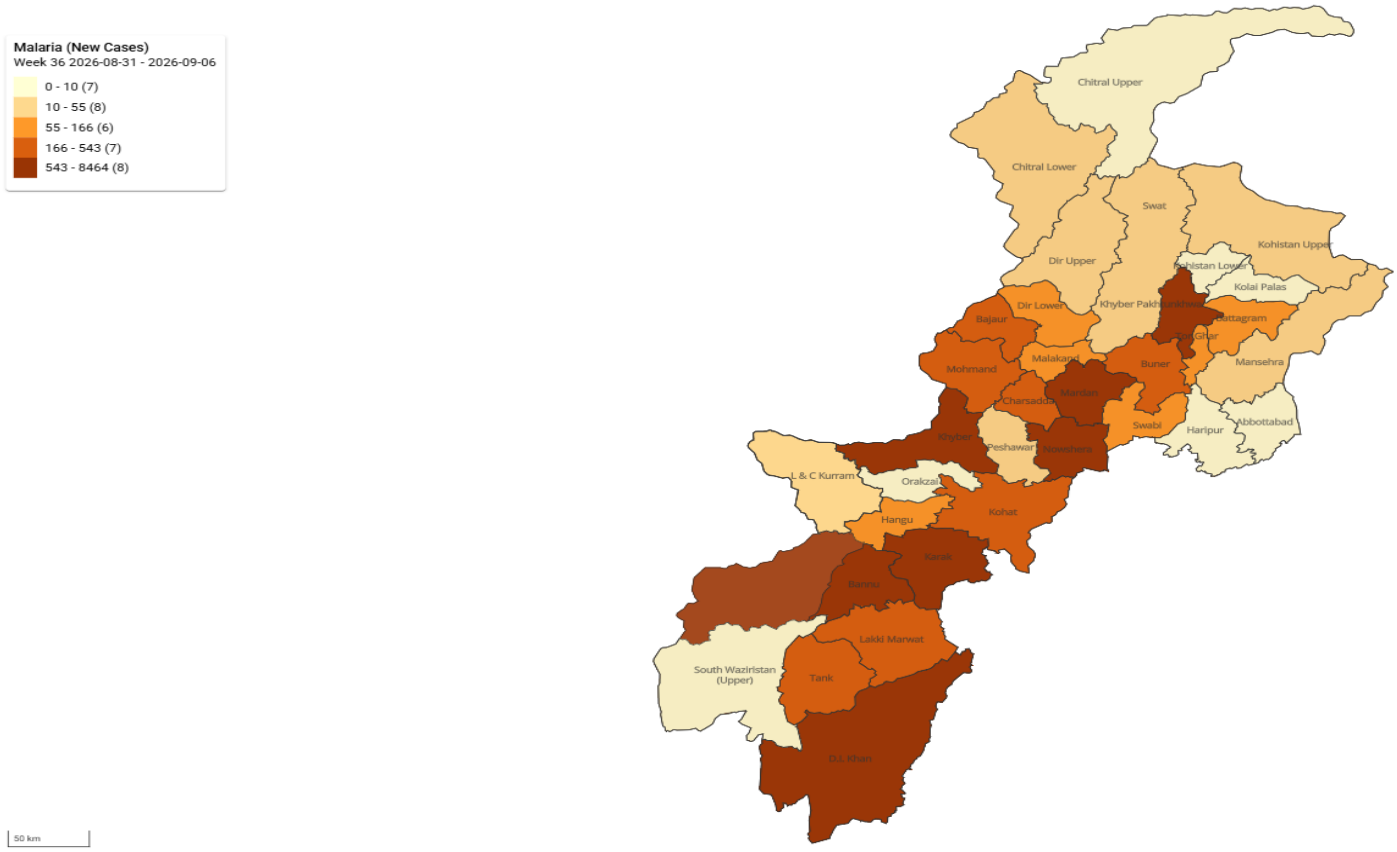
Map 1: Shows suspected Pneumonia cases reported from Khyber Pakhtunkhwa. Districts **Swat, Dir Upper, Abbottabad, Karak, Charsadda, Swabi, Mardan, Khyber, Peshawar, Haripur, karak and SWl** have a greater number of suspected Pneumonia cases than other districts**.**



Map 2: Shows suspected Scabies cases reported from Khyber Pakhtunkhwa. District **Swat, Swabi, Nowshera, Peshawar, Charsadda, Mardan, 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, Nowshera, Mardan, Karak, Bannu, SW Lower** and **DI Khan** have a large number of suspected Malaria cases.