Weekly Epidemiological Bulletin

Integrated Disease Surveillance and Response System

Khyber Pakhtunkhwa

Epidemiological Week – 37 (Sept 07 – 13 Sept, 2026)

Highlights









Response to Dengue Outbreak by Provincial and District Rapid Response Team at District Kohat

- During Epidemiological Week 37 of 2026, a Provincial Rapid Response Team conducted a **dengue outbreak** investigation in District Kohat, with **Gulshan Abad, KDA—particularly Garhi Doulatzai—identified as the principal hotspot**. The team conducted epidemiological assessment, active case finding, household and entomological surveillance, and laboratory sampling.

  During the field investigation, **several households were inspected**, and **19 blood samples** were collected from suspected dengue cases for laboratory confirmation. Of these, **4 samples tested positive** for dengue by RT-PCR at PHRL-KMU. **Larvae-positive water containers were detected** during the entomological surveillance, while several houses were locked, limiting the completeness of the household assessment.

  The investigation highlighted the need for intensified active case finding, repeat household inspections, timely laboratory confirmation, systematic source reduction, strengthened public–private laboratory coordination, and sustained community awareness and vector-control activities in the affected area.



Investigation of CCHF Outbreak by Provincial IDSRS at HMC and District Rapid Response Team at District Lakki Marwat

- During Epidemiological Week 37 of 2026, a **laboratory-confirmed case of Crimean-Congo Hemorrhagic Fever (CCHF)** was reported from Mohalla Sifat Khel, Village Abba Khel, UC Abba Khel, District Lakki Marwat. The patient, a 32-year-old female, developed symptoms on **04 September 2026** and was confirmed positive by **PCR at PHRL-KMU, Peshawar, on 10 September 2026**. She was admitted to HMC Peshawar on 09 September.

  A field investigation was conducted by the Public Health Coordination along with IDSRS Focal Person in collaboration with the Livestock Department to identify potential risk factors and prevent further transmission. The patient had a history of **close contact with livestock and possible tick exposure**. During the investigation, a **high number of ticks were observed on cattle**, indicating a potential environmental risk. **Eight close contacts were traced and line-listed; all were asymptomatic** at the time of investigation, and no additional suspected cases were identified through active case search.

The response included **contact tracing, community awareness, reinforcement of infection prevention and control measures, and acaricidal spraying of livestock and animal shelters** in and around the affected household. Continued monitoring of contacts, tick-control measures, safe livestock handling, and coordination between the Health and Livestock Departments were recommended to reduce the risk of further CCHF transmission.






Investigation of Suspected Dengue Outbreak by Provincial IDSRS and District Rapid Response Team at District Peshawar

- During **Epidemiological Week 37 of 2026**, two separate surveillance teams (1. Provincial Surveillance Officer IDSRS, 2. District Focal Person IDSRS with District RRT) conducted dengue-related activities in **DHA Peshawar** in response to reports of suspected dengue cases. The teams assessed the epidemiological situation, conducted field surveillance, reviewed potential mosquito-breeding sites, and coordinated with local authorities and health facilities.

During the field activities, **potential Aedes mosquito-breeding sites were identified, particularly at residential and under-construction premises, including uncovered water-storage containers and pooled/stagnant water**. One team also reported **larvae-positive water containers**, while household visits identified clustering of suspected dengue cases, with some households reporting approximately **3–4 affected family members**.

A second team from the **DHO Peshawar** faced restricted access to the DHA colony due to the requirement for official permission from the colony committee. The team was therefore unable to conduct comprehensive indoor surveillance and community-based activities. The restriction was also reported to affect routine indoor surveillance by Lady Health Workers. The team subsequently visited **BHU Nasir Bagh**, where dengue RDTs, awareness materials, and arrangements for sample collection and referral for PCR testing were handed over for residents voluntarily seeking assessment.

Coordination with the **DHA Administration** was undertaken to emphasize regular indoor surveillance, weekly inspection and management of water-holding containers, elimination of stagnant water at construction sites, early detection and testing of suspected cases, and targeted vector-control measures. **Improved access for health teams and LHWs, systematic source reduction, continued surveillance, community awareness, and strengthened coordination between DHA Administration and the Health Department** are recommended to address the identified surveillance and vector-control gaps.



Investigation of Suspected AWD/Suspected Cholera Outbreak by District Rapid Response Team at District Mardan

- **Epidemiological Week 37 of 2026**, Following a community complaint regarding diarrheal cases in Bakshali Bagg, Haram Banda, the Public Health Rapid Response Team (RRT), led by Dr. Robina Riaz, Public Health Coordinator, conducted an active surveillance visit in the affected area.
  The team carried out active case finding and screening of suspected cases, collected water samples for laboratory testing, and obtained clinical samples from severely dehydrated patients for laboratory confirmation of suspected cholera. Community awareness and health education sessions were also conducted, emphasizing safe drinking water, personal hygiene, sanitation, prevention of diarrheal diseases, and timely reporting of suspected cases.
  The response aimed to identify suspected cases promptly, support laboratory investigation, and strengthen community-level preventive measures to control 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	35	128	1627	20	0	69
Bajaur	35	22	1165	369	1	118
Bannu	19	14	1194	1041	0	2
Battagram	0	354	523	9	1	0
Buner	1	2	561	277	0	55
Charsadda	7	947	2725	467	2	7
Chitral Lower	8	42	757	40	0	11
Chitral Upper	2	21	307	6	0	4
D.I. Khan	49	25	2208	609	0	25
Dir Lower	27	14	2576	154	0	80
Dir Upper	15	75	2931	24	0	30
Hangu	0	0	522	174	0	0
Haripur	11	174	1588	23	0	26
Karak	18	90	1131	553	0	39
Khyber	2	110	1262	884	0	48
Kohat	5	3	1066	451	0	30
Kohistan Lower	3	0	324	2	0	2
Kohistan Upper	20	11	422	15	0	1
Kolai Palas	2	5	63	2	0	0
L & C Kurram	0	6	46	15	0	0
Lakki Marwat	11	5	984	389	0	83
Malakand	35	290	2319	63	0	23
Mansehra	5	240	1344	349	0	0
Mardan	19	97	2175	1180	1	185
Mohmand	2	228	134	206	0	6
North Waziristan	6	16	69	105	0	1
Nowshera	10	63	3360	1285	0	36
Orakzai	0	0	92	4	0	0
Peshawar	27	226	8578	115	0	5
Shangla	4	66	1870	409	0	124
South Waziristan (Lower)	30	179	322	207	1	9
South Waziristan (Upper)	0	5	43	5	0	0
Swabi	21	922	3151	180	1	164
Swat	40	207	4380	58	1	206
Tank	9	32	454	186	0	1
Tor Ghar	3	13	192	89	0	16
Upper Kurram	3	107	277	13	0	11
Total	**484**	**4739**	**52742**	**9978**	**8**	**1417**

Table 1: *Districts wise most frequently suspected cases reported during epidemiological week 37.*

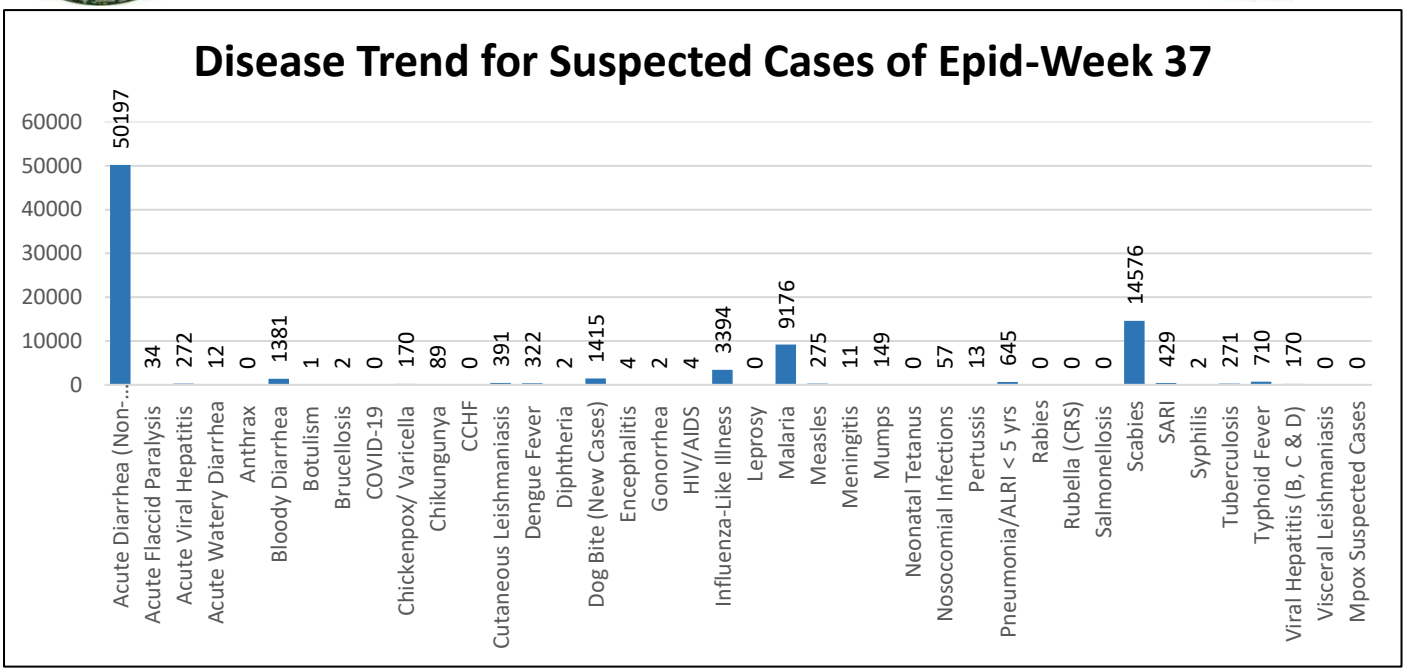
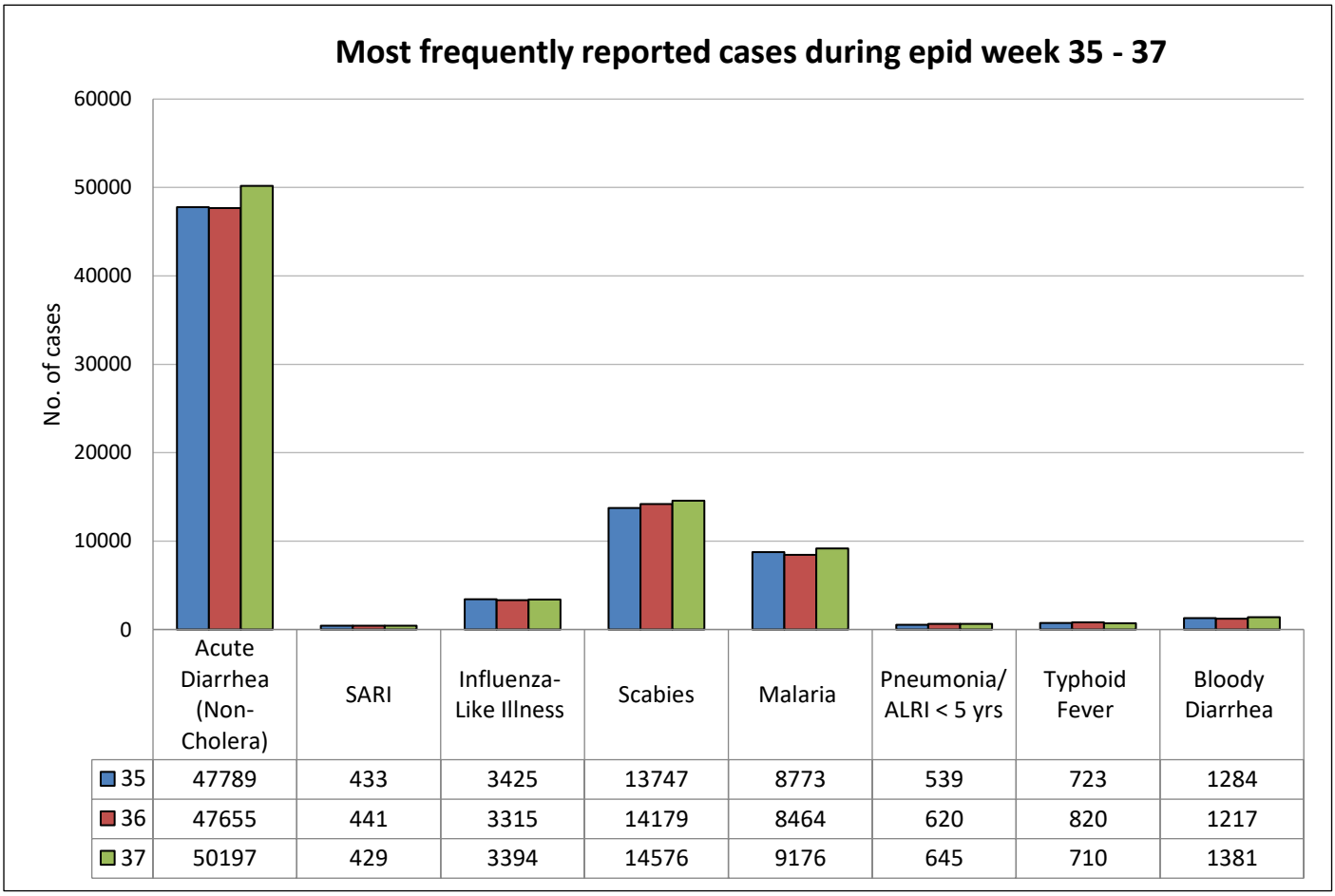


Figure 1: The above graph shows no. of suspected cases for Week 37. The suspected cases are reported from the IDSRS trained health facilities of Khyber Pakhtunkhwa.



	Acute Diarrhea (Non-Cholera)	SARI	Influenza-Like Illness	Scabies	Malaria	Pneumonia/ ALRI < 5 yrs	Typhoid Fever	Bloody Diarrhea
35	47789	433	3425	13747	8773	539	723	1284
36	47655	441	3315	14179	8464	620	820	1217
37	50197	429	3394	14576	9176	645	710	1381

Figure 2: The above graph shows the disease pattern of the last 3 weeks. No unusual trend found in Week-37. 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.

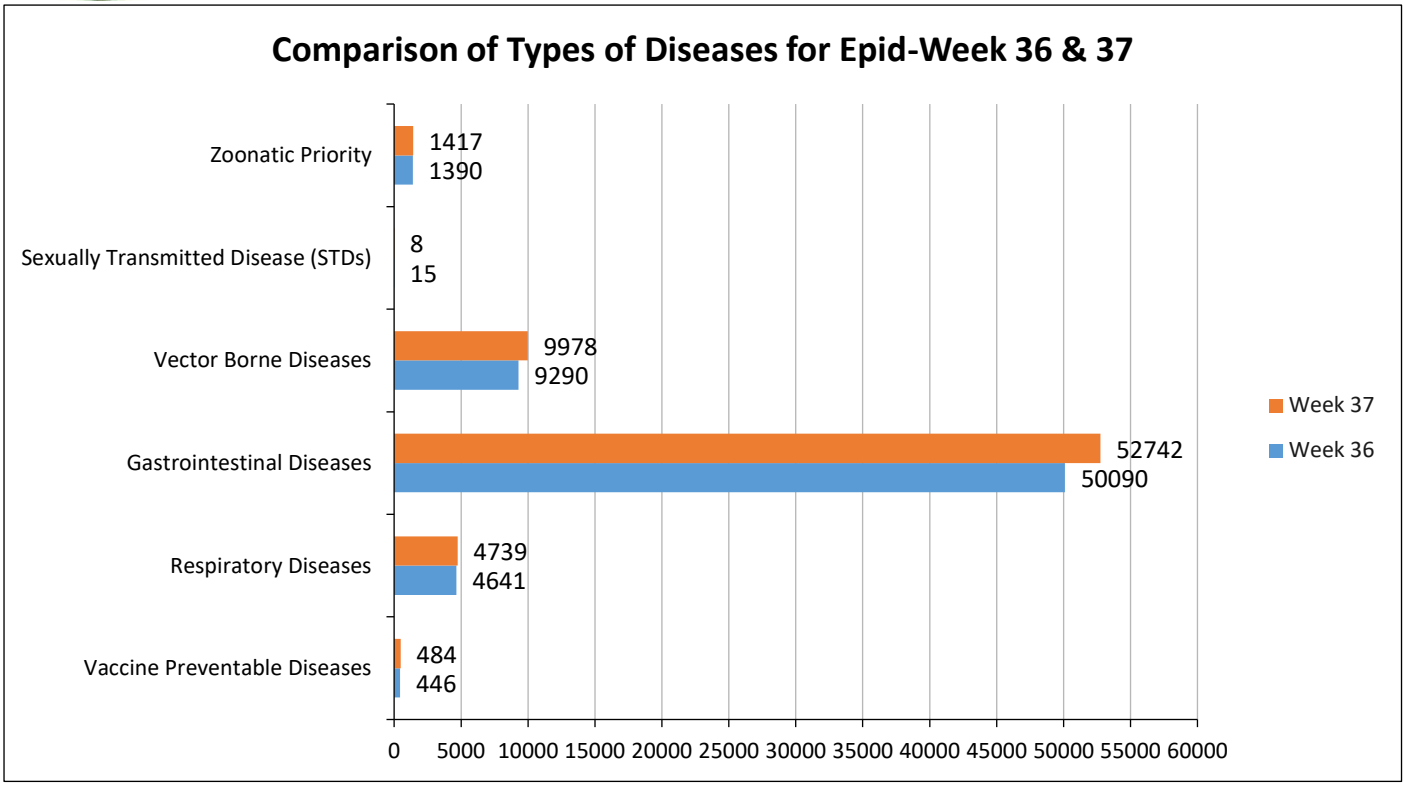


Figure 3: As compared to the previous week this week is showing an increasing trend in most of the disease groups.

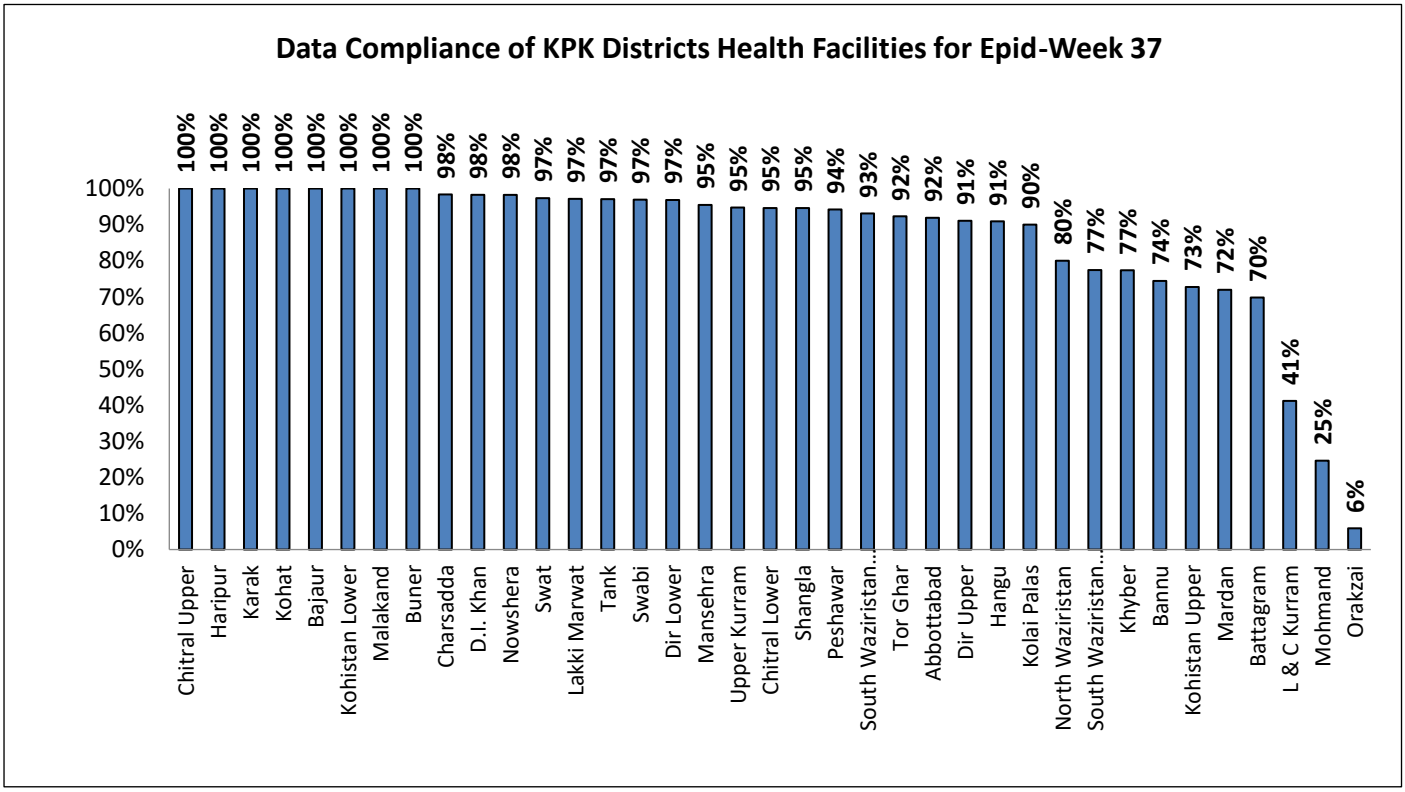
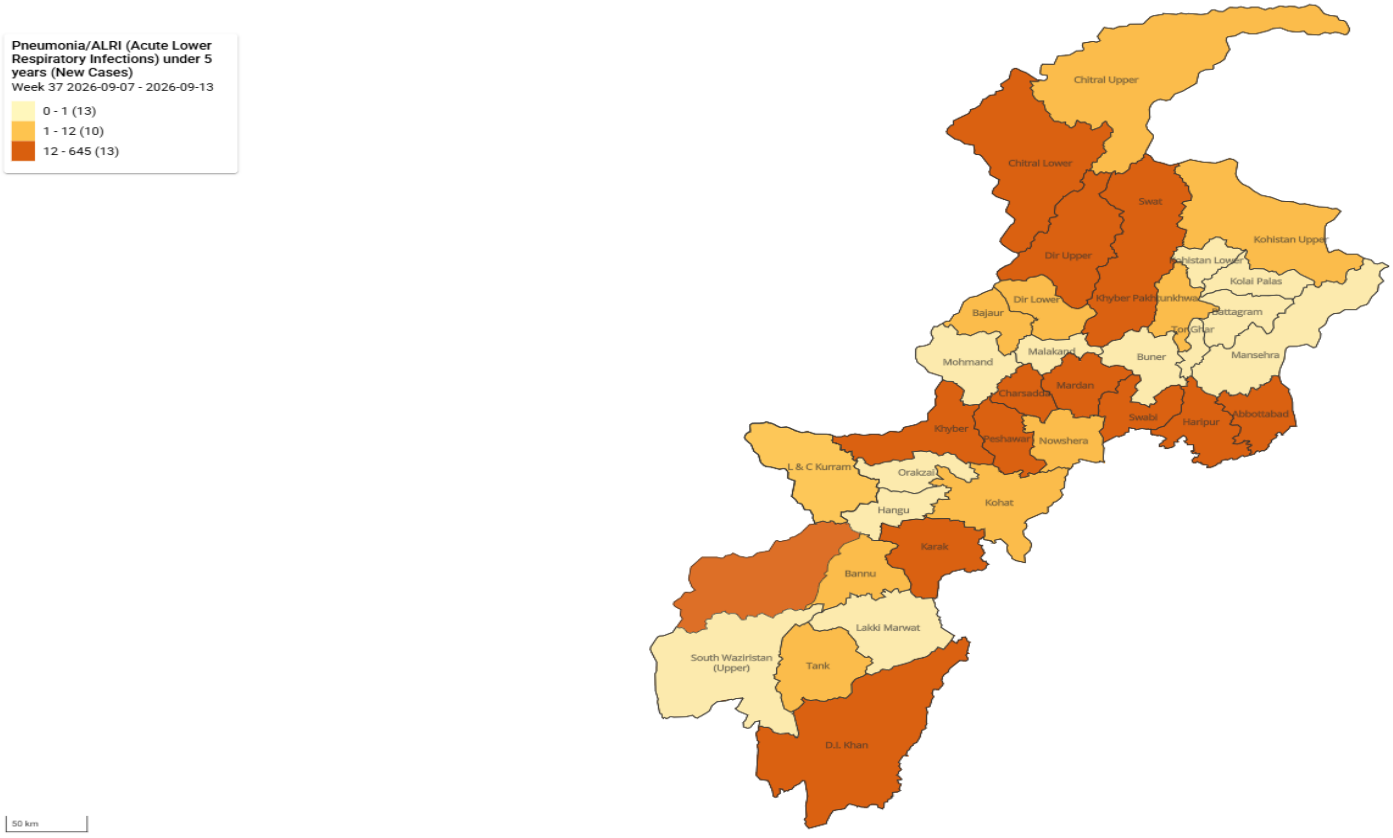


Figure 4: The compliance report is generated every Tuesday. The above compliance report shows that under 50% of health facilities have submitted weekly reports from District L&C Kurram, Mohmand and Orakzai. The rest of all districts have above 50% reporting compliance rate.

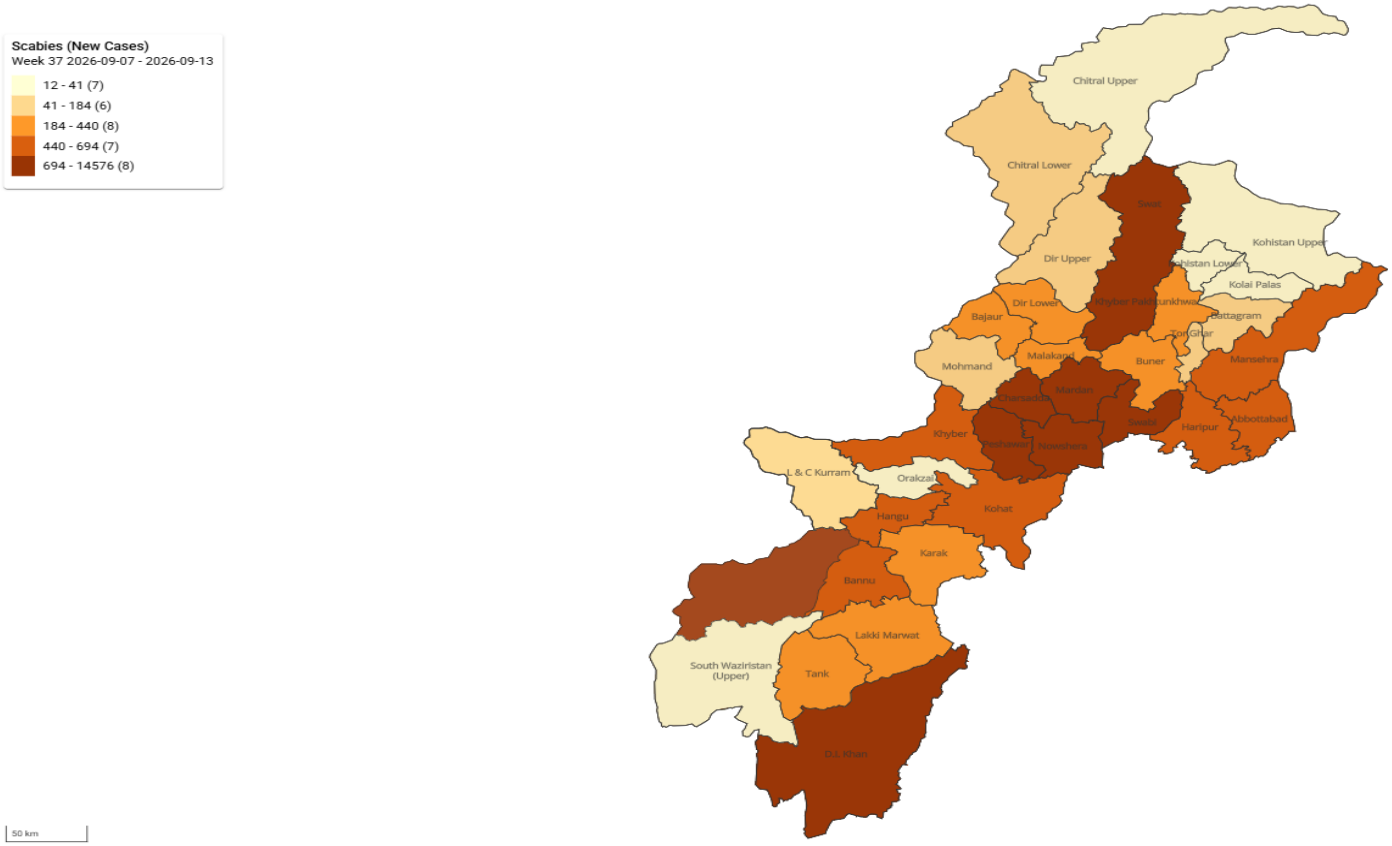
Public Health Reference Lab
Khyber Medical University, Peshawar

Diagnostic Tests	Total Samples	Positive	Negative	Inconclusive
Acute Viral Hepatitis(A)	2	0	2	0
Acute Viral Hepatitis(E)	2	0	2	0
Acute Watery Diarrhea (S. Cholera)	5	0	5	0
Blood for C/S	89	14	75	0
CCHF	3	1	2	0
Chikungunya	42	7	35	0
Covid 19	3	0	3	0
Covid_19 seq	0	0	0	0
Dengue Elisa	0	0	0	0
Diphtheria (Probable)	0	0	0	0
Influenza (H1N1)	3	0	3	0
M-POX	0	0	0	0
Stool for C/s	1	0	1	0
HVS For C/s	2	2	0	0
Pus For C/s	4	1	3	0
Urine For C/s	33	17	16	0
Dengue PCR	31	7	24	0
Grand Total	**220**	**49**	**171**	**0**

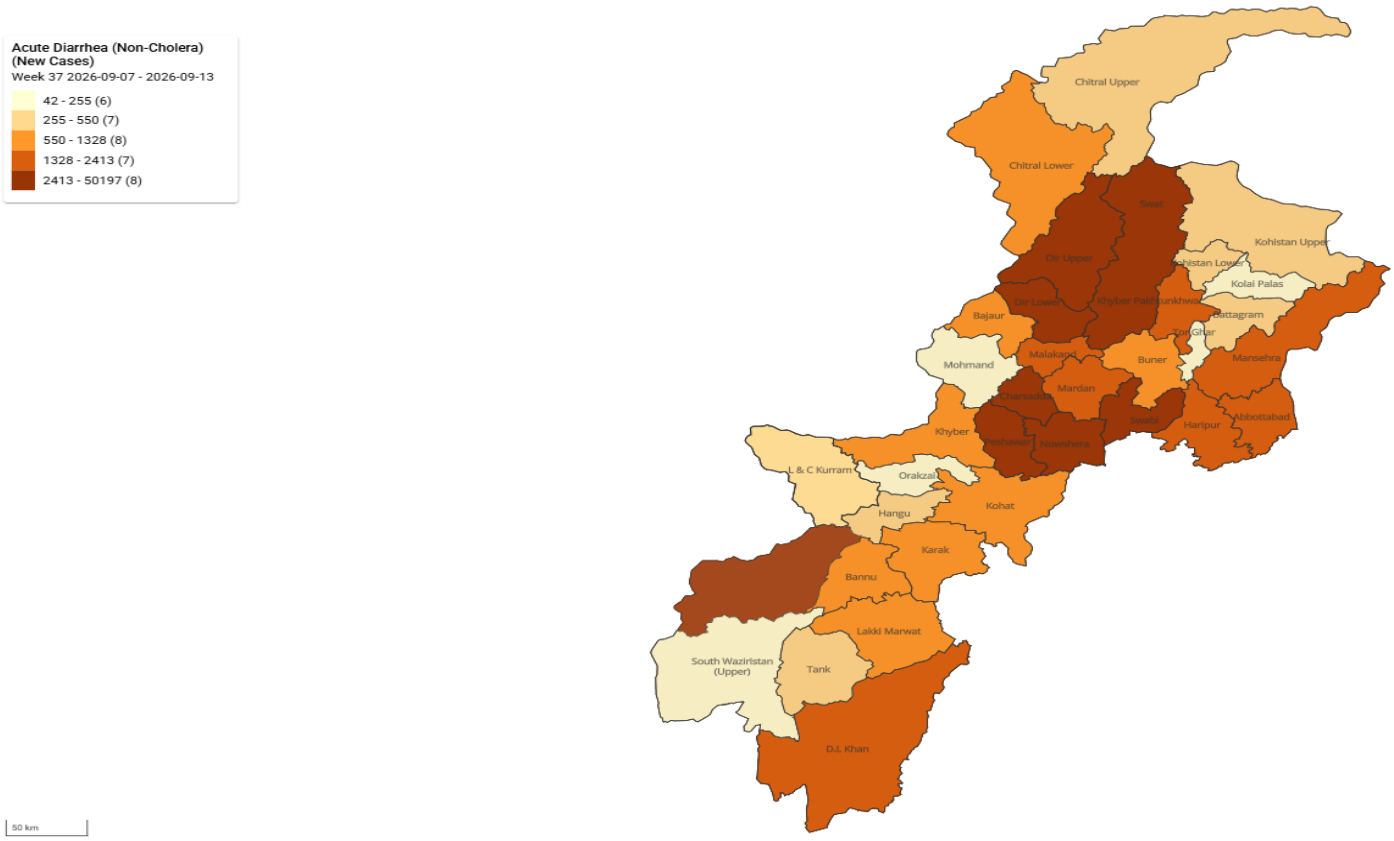
The above table shows the test count conducted in epidemiological week 37, by the Public Health Reference Lab, Khyber Medical University, Peshawar Khyber Pakhtunkhwa.



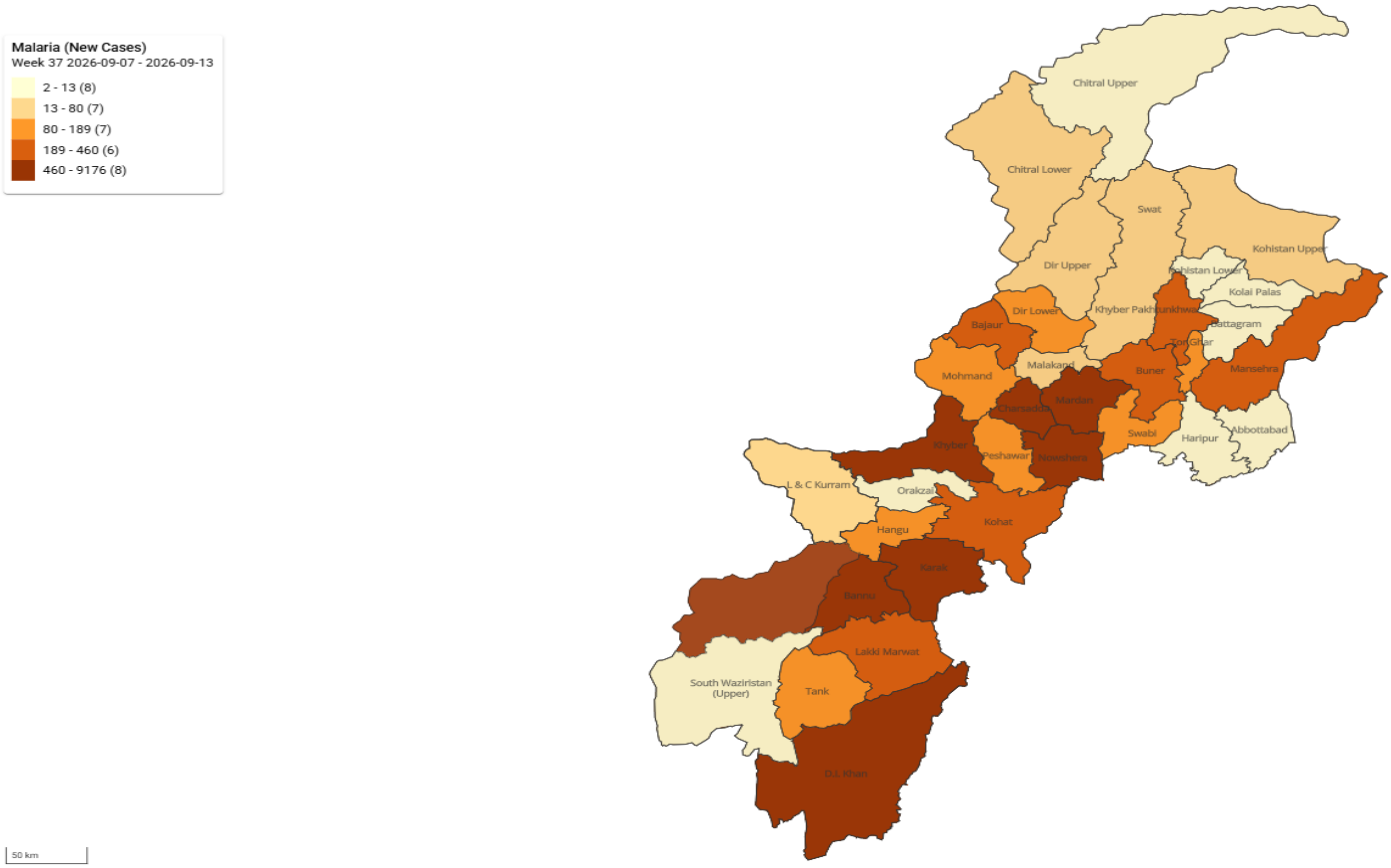
Map 1: Shows suspected Pneumonia cases reported from Khyber Pakhtunkhwa. Districts **Swat, Chitral Lower, Dir Upper, Abbottabad, Karak, Charsadda, Swabi, Mardan, Khyber, Peshawar, Haripur, karak and SWl** have a greater number of suspected Pneumonia cases than other districts**.**



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 and Sout Waziristan Lower** have a greater number of suspected Acute Diarrhea cases.



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