Weekly Epidemiological Bulletin

Integrated Disease Surveillance and Response System

Khyber Pakhtunkhwa

Epidemiological Week – 38 (Sept 14 – 20 Sept, 2026)

Highlights



Investigation of Mpox Outbreak by District Rapid Response Team at District Peshawar

- During Epidemiological Week 38 of 2026, A **confirmed case of Mpox** was reported in District Peshawar. The patient is a 29-year-old male resident of Mashogagar, Peshawar, with recent travel history to Swat and a reported history of close contact approximately three weeks prior to illness. The patient presented with generalized pustular lesions and was afebrile and clinically stable at the time of response. He is currently home-isolated and receiving treatment under the supervision of a dermatologist at Hayatabad Medical Complex. A district response team, in coordination with the local BHU team, conducted case investigation and response activities on 16 September 2026. Eight close family contacts were identified; all were asymptomatic at the time of assessment. The family was counselled regarding Mpox signs and symptoms and advised to immediately contact health authorities if symptoms develop. The patient has been advised to maintain isolation for two weeks and undergo repeat testing following complete healing of lesions. Close contacts and the family will continue to be monitored for two weeks for development of symptoms and further public-health guidance.






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

- During **Epidemiological Week 37 of 2026**, On 15 September 2026, an AWD/suspected cholera alert was reported from Women & Children MTI Hospital, Bannu. A public health investigation was conducted following identification of three suspected cases presenting with acute watery diarrhea, vomiting, abdominal pain, and signs of dehydration.

  The three patients, aged 3–13 years, had attended the same marriage ceremony at Akrami Adda, Mira Khel, on 13 September 2026 and developed symptoms on 14 September 2026. All three cases were admitted for treatment and observation, and stool samples were collected for laboratory investigation.

  Laboratory testing was negative for cholera in all three suspected cases. Therefore, no laboratory-confirmed cholera case was identified from this alert. However, the clustering of AWD cases following a common social gathering warranted epidemiological investigation and appropriate public-health response.

  Response measures included assessment of the suspected common exposure, recommendation for drinking-water quality investigation, community surveillance for additional AWD cases, and provision of ORS, Aqua Tabs, and health education on safe drinking water, sanitation, and hand hygiene.









Investigation of Malaria Outbreak by District Rapid Response Team at District Mardan

- **During Epidemiological Week 38 of 2026**, a multidisciplinary team conducted malaria outbreak response and entomological surveillance in **15 affected localities of District Mardan**, following an unusual increase in confirmed malaria cases. The team inspected potential *Anopheles* breeding habitats, including stagnant water, ponds, drains, irrigation channels, rice fields, and other water-logged areas. Malaria awareness and sensitization sessions were conducted with **Lady Health Workers, patients, and community members**, focusing on early identification, testing, prompt treatment, referral, personal protection, and elimination of mosquito breeding sites. Meetings were also held with health-facility in-charges to strengthen malaria surveillance, diagnosis, treatment, reporting, and outbreak response. Surveillance data from **18 hotspot health facilities** showed **3,459 individuals screened during Week 37, with 1,676 positive cases (TPR: 48.45%)**, compared with 2,360 screened and 1,120 positive cases (TPR: 47.45%) in Week 36. The August 2026 cumulative data recorded 6,293 screenings with 2,540 positive cases (TPR: 40.36%). Key recommendations include strengthening active and entomological surveillance, larval source management, environmental sanitation, availability of RDTs and antimalarial medicines, targeted IRS in high-risk areas, consistent LLIN use, community awareness, and stronger inter-sectoral coordination. **Limited financial resources remain a key operational constraint.**

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	28	98	1023	14	0	52
Bajaur	26	22	882	416	1	125
Bannu	24	23	1042	1095	1	0
Battagram	0	837	468	29	0	8
Buner	2	2	362	277	0	28
Charsadda	11	495	2850	420	0	7
Chitral Lower	11	28	578	37	0	9
Chitral Upper	5	21	305	5	0	5
D.I. Khan	57	20	2243	754	0	27
Dir Lower	30	11	2480	164	0	68
Dir Upper	23	124	2702	31	1	40
Hangu	0	0	410	134	0	4
Haripur	11	273	1834	11	0	65
Karak	23	88	987	570	0	49
Khyber	5	88	1045	839	0	51
Kohat	3	11	891	478	0	37
Kohistan Lower	0	8	213	2	0	0
Kohistan Upper	17	3	333	19	0	3
Kolai Palas	0	17	95	4	0	0
L & C Kurram	0	0	19	6	0	0
Lakki Marwat	11	11	940	375	0	84
Malakand	30	173	1759	45	0	32
Mansehra	1	337	989	74	1	0
Mardan	16	72	2232	1359	0	122
Mohmand	3	275	133	253	0	3
North Waziristan	5	12	87	115	0	1
Nowshera	2	47	3073	1414	0	16
Orakzai	0	5	100	9	0	0
Peshawar	35	251	6339	96	0	11
Shangla	11	84	1612	361	0	119
South Waziristan (Lower)	21	183	279	201	0	11
South Waziristan (Upper)	0	0	23	1	0	0
Swabi	16	918	3241	257	0	166
Swat	28	180	3852	55	0	226
Tank	5	25	507	131	0	1
Tor Ghar	6	1	189	139	0	15
Upper Kurram	6	140	309	13	0	11
Total	**472**	**4883**	**46426**	**10203**	**4**	**1396**

Table 1: *Districts wise most frequently suspected cases reported during epidemiological week 38.*

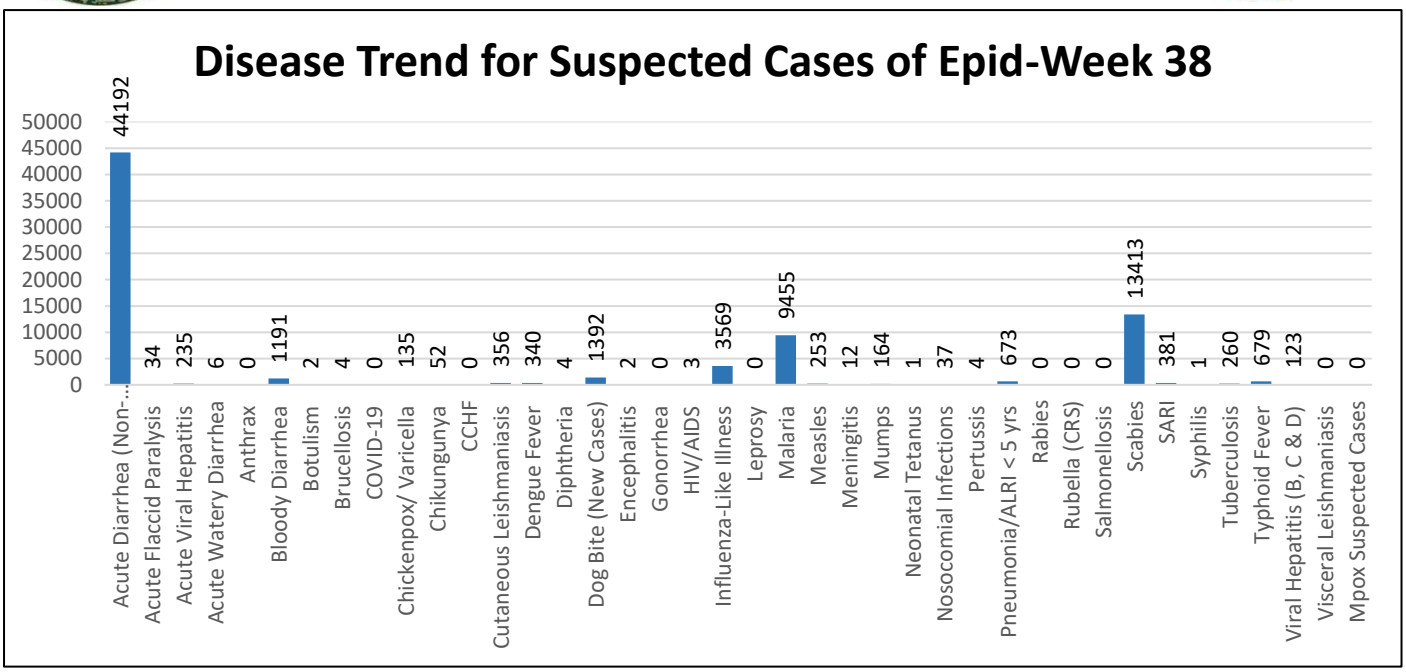
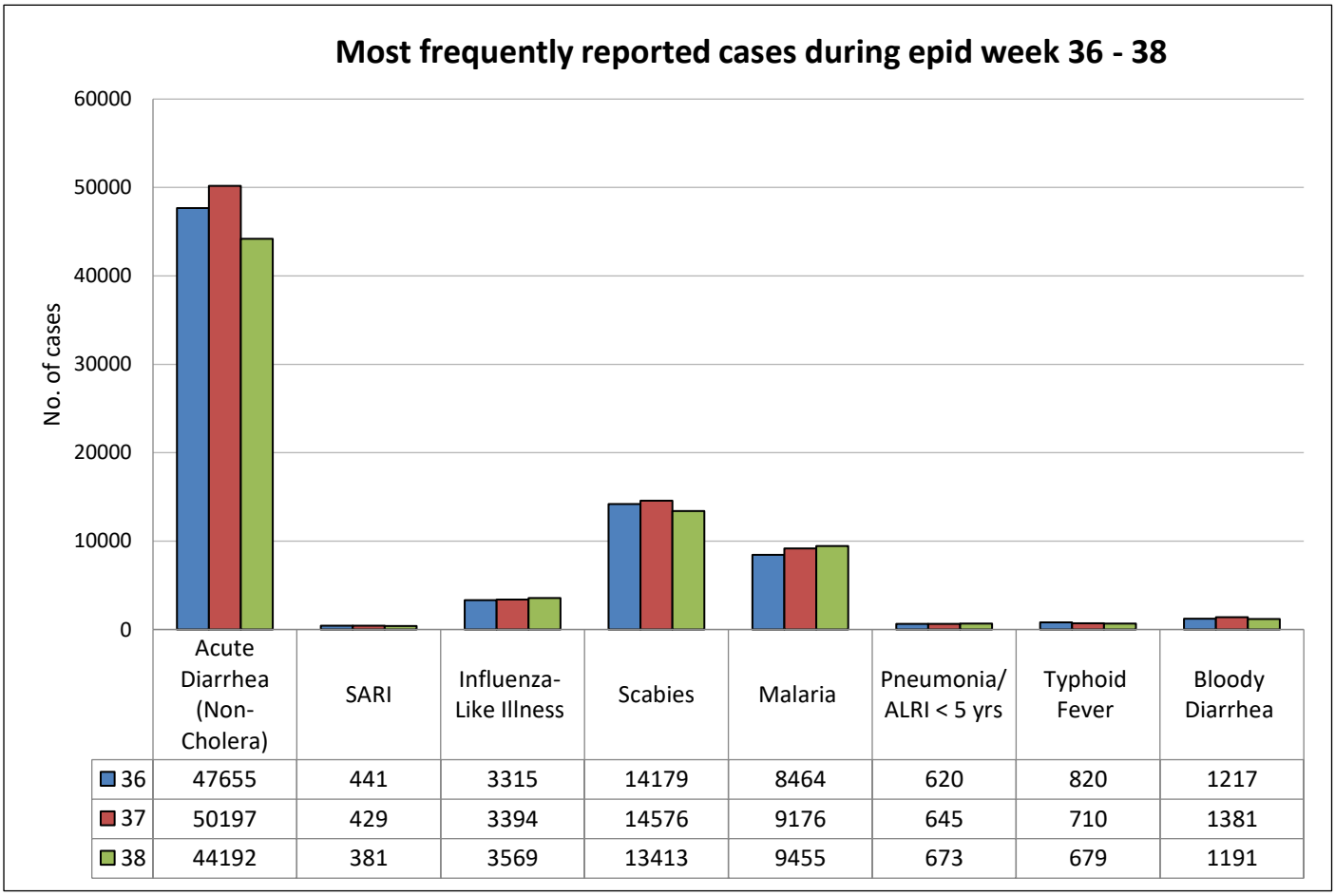


Figure 1: The above graph shows no. of suspected cases for Week 38. The suspected cases are reported from the IDSRS trained health facilities of Khyber Pakhtunkhwa.



	Acute Diarrhea (Non-Cholera)	SARI	Influenza-Like Illness	Scabies	Malaria	Pneumonia/ ALRI < 5 yrs	Typhoid Fever	Bloody Diarrhea
36	47655	441	3315	14179	8464	620	820	1217
37	50197	429	3394	14576	9176	645	710	1381
38	44192	381	3569	13413	9455	673	679	1191

Figure 2: The above graph shows the disease pattern of the last 3 weeks. No unusual trend found in Week-38. 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.

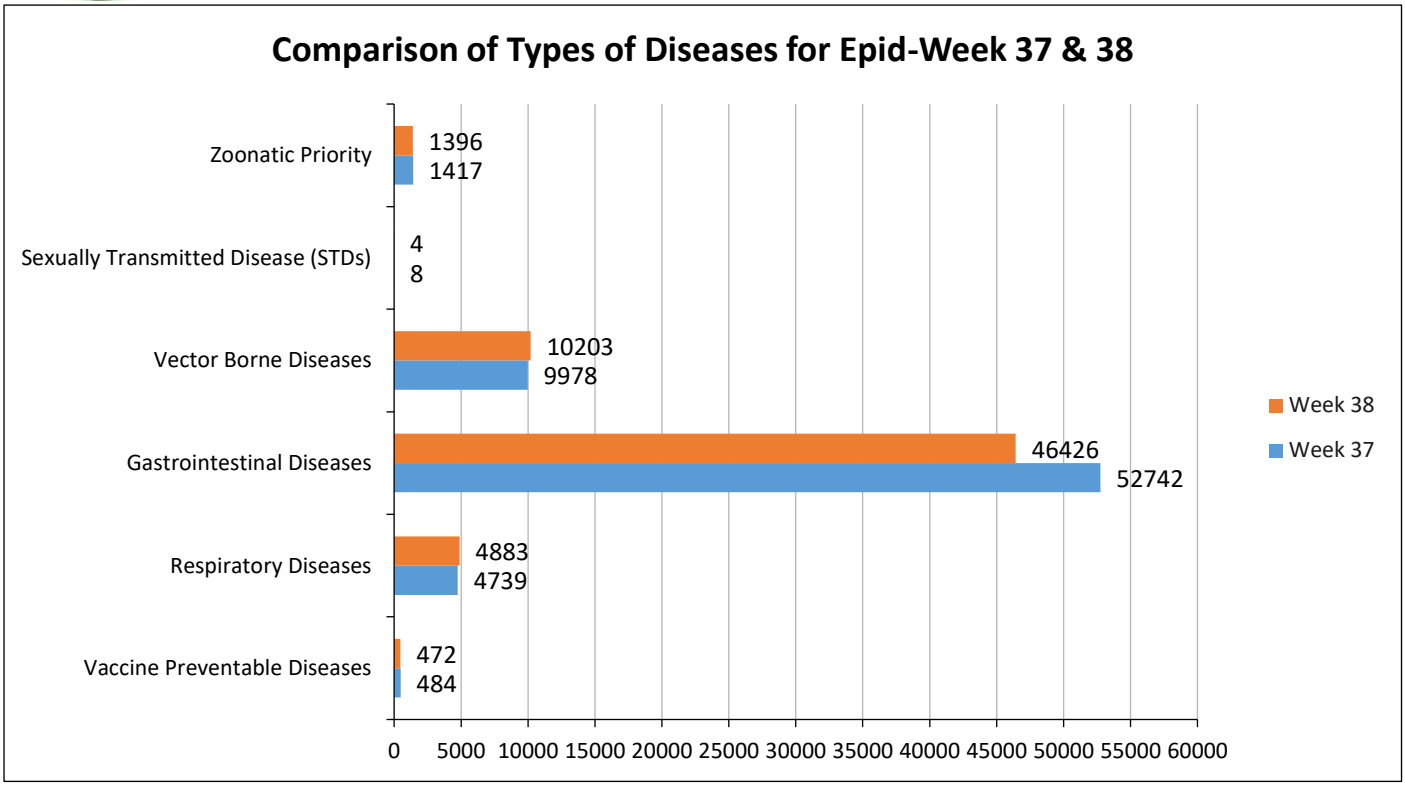


Figure 3: As compared to the previous week this week is showing an increasing trend in most of the disease groups.

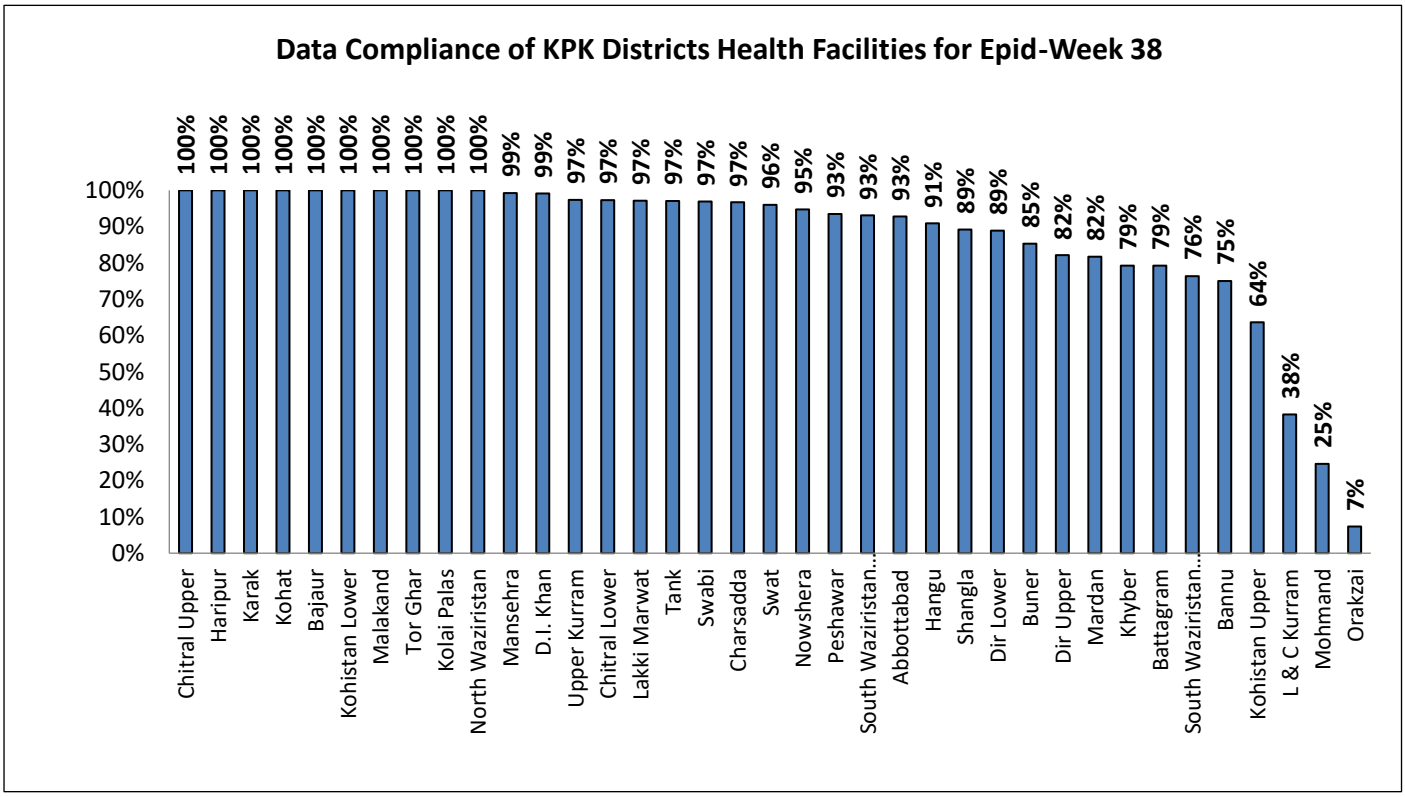
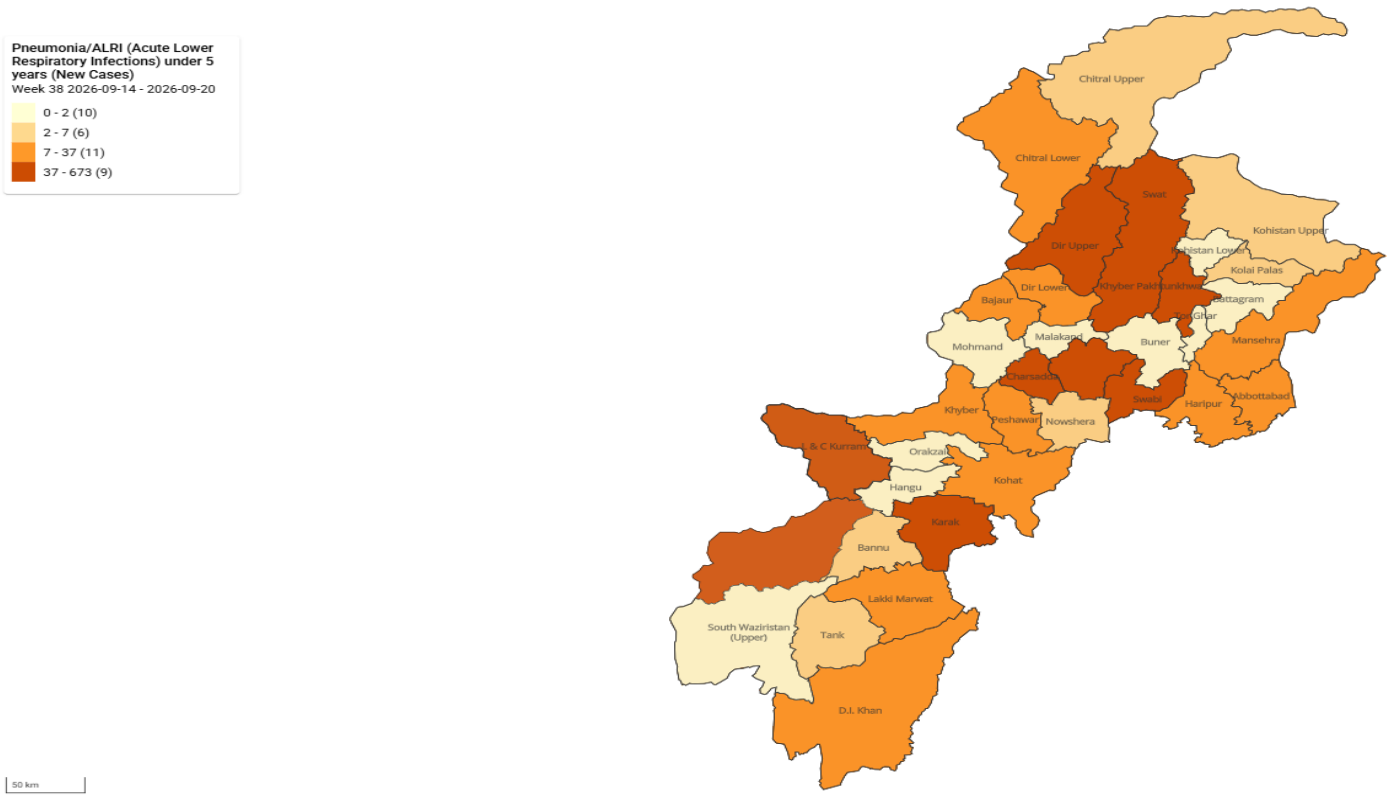


Figure 4: The compliance report is generated every Tuesday. The above compliance report shows that under 50% of health facilities have submitted weekly reports from District L&C Kurram, Mohmand and Orakzai. The rest of all districts have above 50% reporting compliance rate.

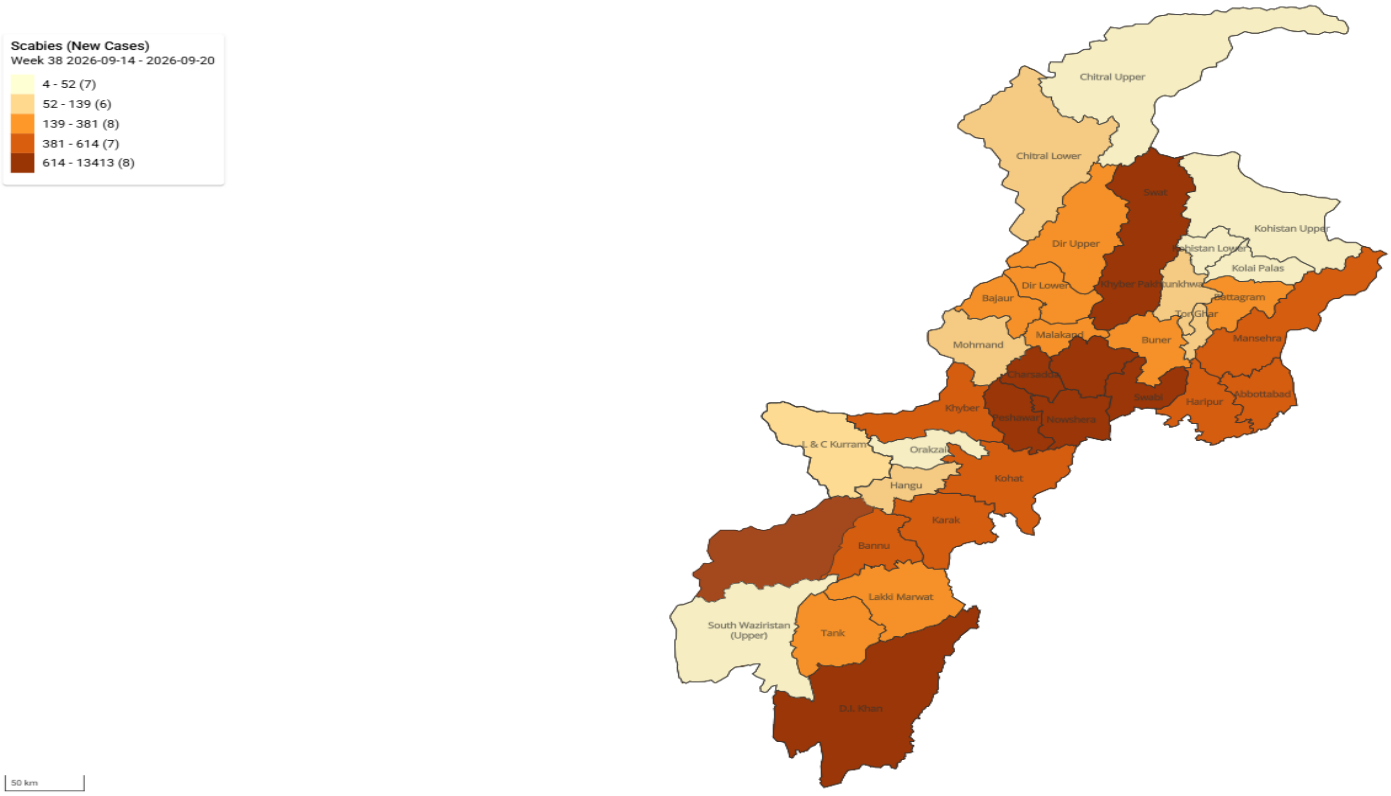
Public Health Reference Lab
Khyber Medical University, Peshawar

Diagnostic Tests	Total Samples	Positive	Negative	Inconclusive
Acute Viral Hepatitis(A)	0	0	0	0
Acute Viral Hepatitis(E)	0	0	0	0
Acute Watery Diarrhea (S. Cholera)	1	0	1	0
Blood for C/S	40	7	33	0
CCHF	1	1	0	0
Chikungunya	79	14	65	0
Covid 19	2	0	2	0
Covid_19 seq	0	0	0	0
Dengue Elisa	0	0	0	0
Diphtheria (Probable)	1	0	1	0
Influenza (H1N1)	2	0	2	0
M-POX	0	0	0	0
Stool for C/s	1	1	0	0
HVS For C/s	0	0	0	0
Pus For C/s	9	3	6	0
Urine For C/s	61	24	37	0
Dengue PCR	38	4	34	0
Grand Total	**235**	**54**	**181**	**0**

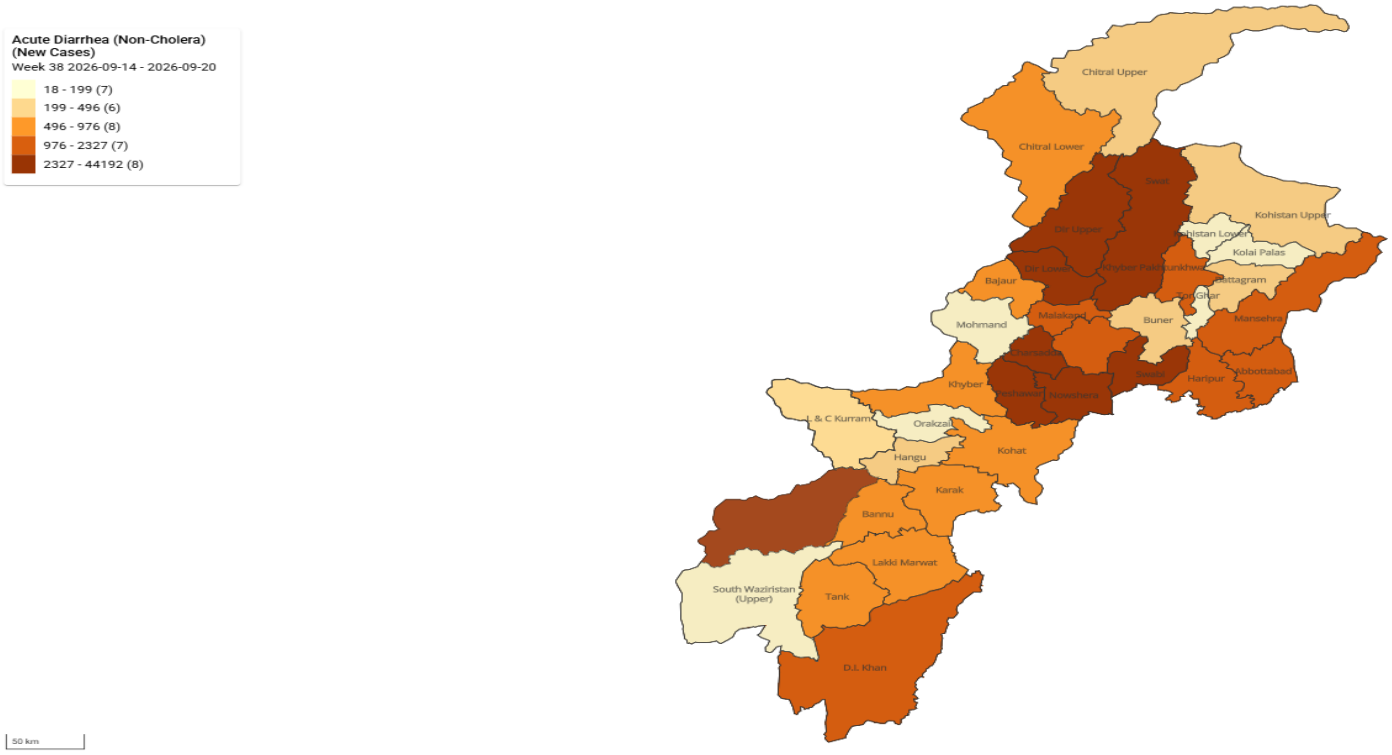
The above table shows the test count conducted in epidemiological week 38, by the Public Health Reference Lab, Khyber Medical University, Peshawar Khyber Pakhtunkhwa.



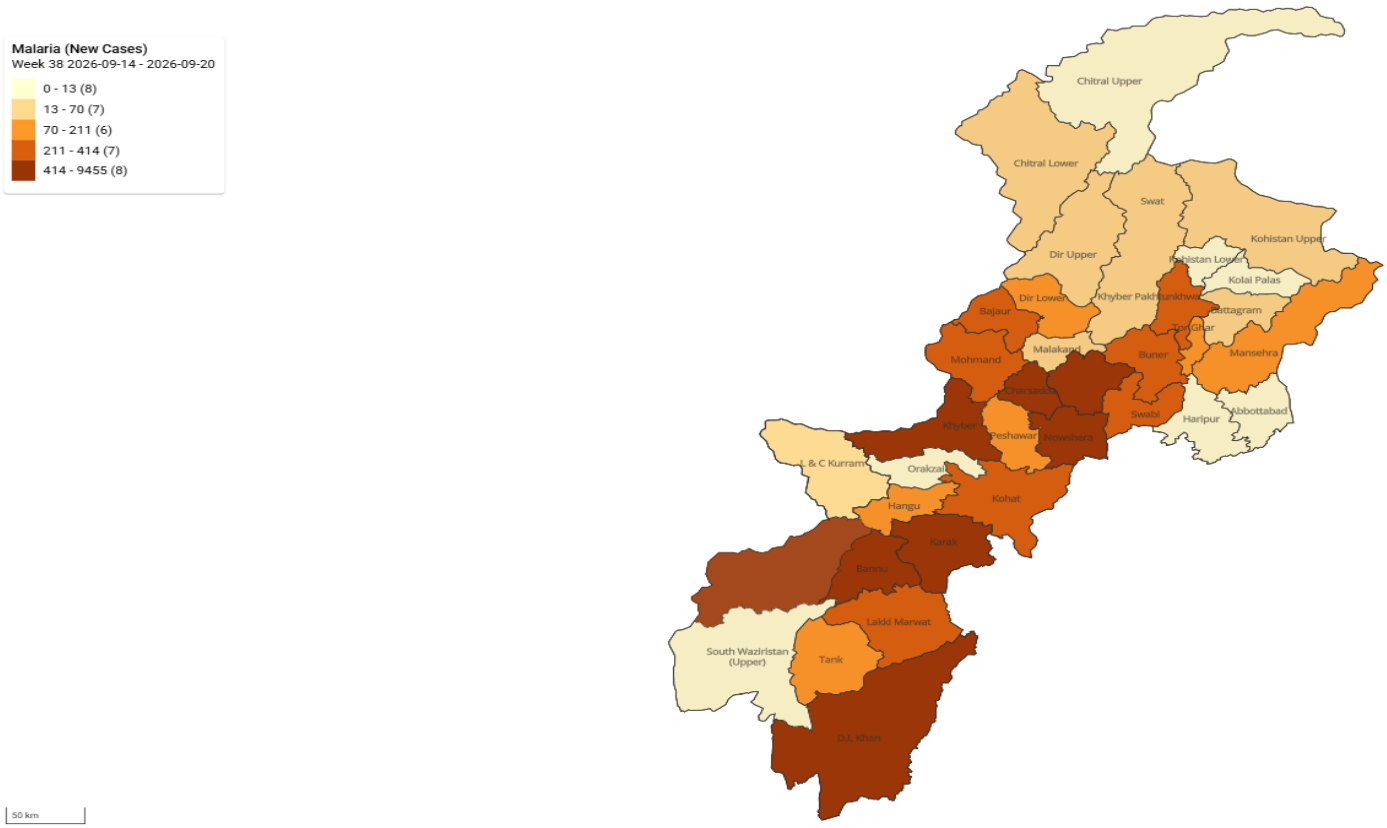
Map 1: Shows suspected Pneumonia cases reported from Khyber Pakhtunkhwa. Districts **Swat, Dir Upper, Karak, Charsadda, Swabi, Mardan, L&C Kurram, and SWl** have a greater number of suspected Pneumonia cases than other districts**.**



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.