Weekly Epidemiological Bulletin

Integrated Disease Surveillance and Response System

Khyber Pakhtunkhwa

Epidemiological Week – 42 (Oct 12 – 18 Oct, 2026)

Highlights





Coordination and monthly Review Meeting of District IDSRS Focal Persons at IDSRS Office, DGHS

- During Epidemiological Week 42 of 2026, A Coordination and Review Meeting of District Integrated Disease Surveillance and Response (IDSRS) Focal Persons was held on 12 October 2026 at the IDSRS Office, Directorate General of Health Services (DGHS), under the chairmanship of the Program Manager IDSRS. The meeting reviewed district-level surveillance performance, reporting timeliness and completeness, disease alerts, suspected outbreaks, and the status of outbreak investigations and response activities. Key surveillance gaps, data quality issues, operational challenges, and district preparedness were discussed. Participants emphasized corrective actions to strengthen IDSRS implementation, improve inter-district coordination, and ensure timely detection, reporting, and response to public health threats.



Outbreak response to Confirm Diphtheria case by District Rapid Response Team at District Charsadda

- During **Epidemiological Week 42 of 2026**, On 06 October 2026, the District IDSRS/Rapid Response Team (RRT) investigated a reported mortality case from DHQ Hospital Batkhela under the supervision of Dr. Saghir Ul Mani, Public Health Coordinator, on the instructions of the District Health Officer (DHO), Malakand. According to the hospital report, the deceased had a history of diabetes mellitus, and the cause of death was recorded as a heart attack/cardiac arrest. Laboratory tests for dengue, malaria, and chikungunya were negative. The investigation team reviewed the available clinical information and laboratory findings to assess the possibility of a communicable disease-related death.

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	23	324	1118	19	0	34
Bajaur	33	31	774	259	1	157
Bannu	7	25	1061	1195	4	1
Battagram	0	513	441	37	0	21
Buner	14	80	517	87	0	39
Charsadda	8	460	2199	781	0	8
Chitral Lower	6	28	567	36	0	9
Chitral Upper	3	16	126	2	0	3
D.I. Khan	48	21	2237	548	0	60
Dir Lower	12	8	1508	50	0	57
Dir Upper	16	81	1836	20	0	36
Hangu	0	4	530	109	0	10
Haripur	14	769	1648	19	0	50
Karak	28	83	994	589	0	51
Khyber	4	79	612	568	0	46
Kohat	7	2	856	861	0	37
Kohistan Lower	2	0	226	5	0	6
Kohistan Upper	9	10	418	16	0	2
Kolai Palas	0	20	86	1	0	0
L & C Kurram	1	23	43	12	0	0
Lakki Marwat	8	33	864	420	0	90
Malakand	25	25	1507	137	0	16
Mansehra	8	600	1180	42	0	10
Mardan	22	108	1794	374	0	24
Mohmand	3	209	74	162	0	16
North Waziristan	1	10	99	108	0	0
Nowshera	7	64	1985	693	0	10
Orakzai	0	8	70	5	0	0
Peshawar	29	257	5638	135	0	26
Shangla	13	62	1260	264	0	135
South Waziristan (Lower)	31	198	303	124	0	6
South Waziristan (Upper)	0	3	26	1	0	0
Swabi	18	1170	1974	269	2	76
Swat	18	269	2856	57	0	204
Tank	7	31	542	202	0	10
Tor Ghar	2	20	141	77	0	7
Upper Kurram	14	147	192	8	1	9
Total	**441**	**5791**	**38302**	**8292**	**8**	**1266**

Table 1: *Districts wise most frequently suspected cases reported during epidemiological week 42.*

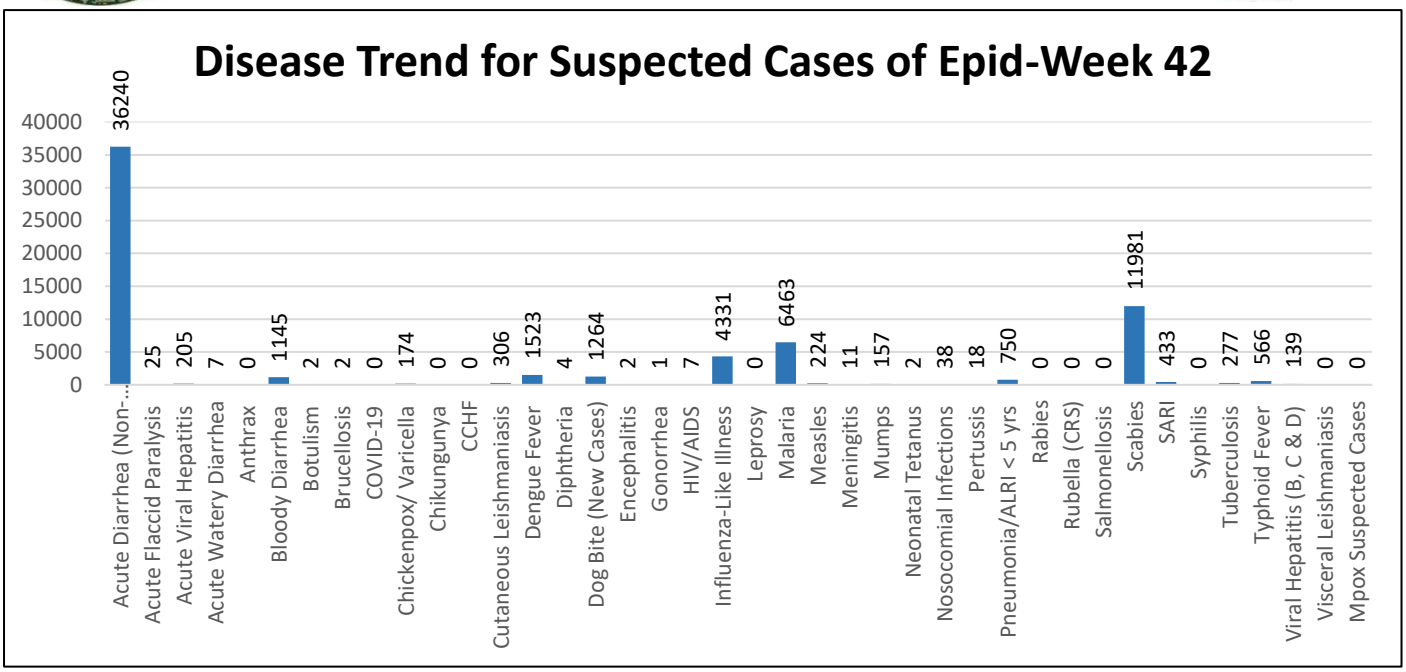
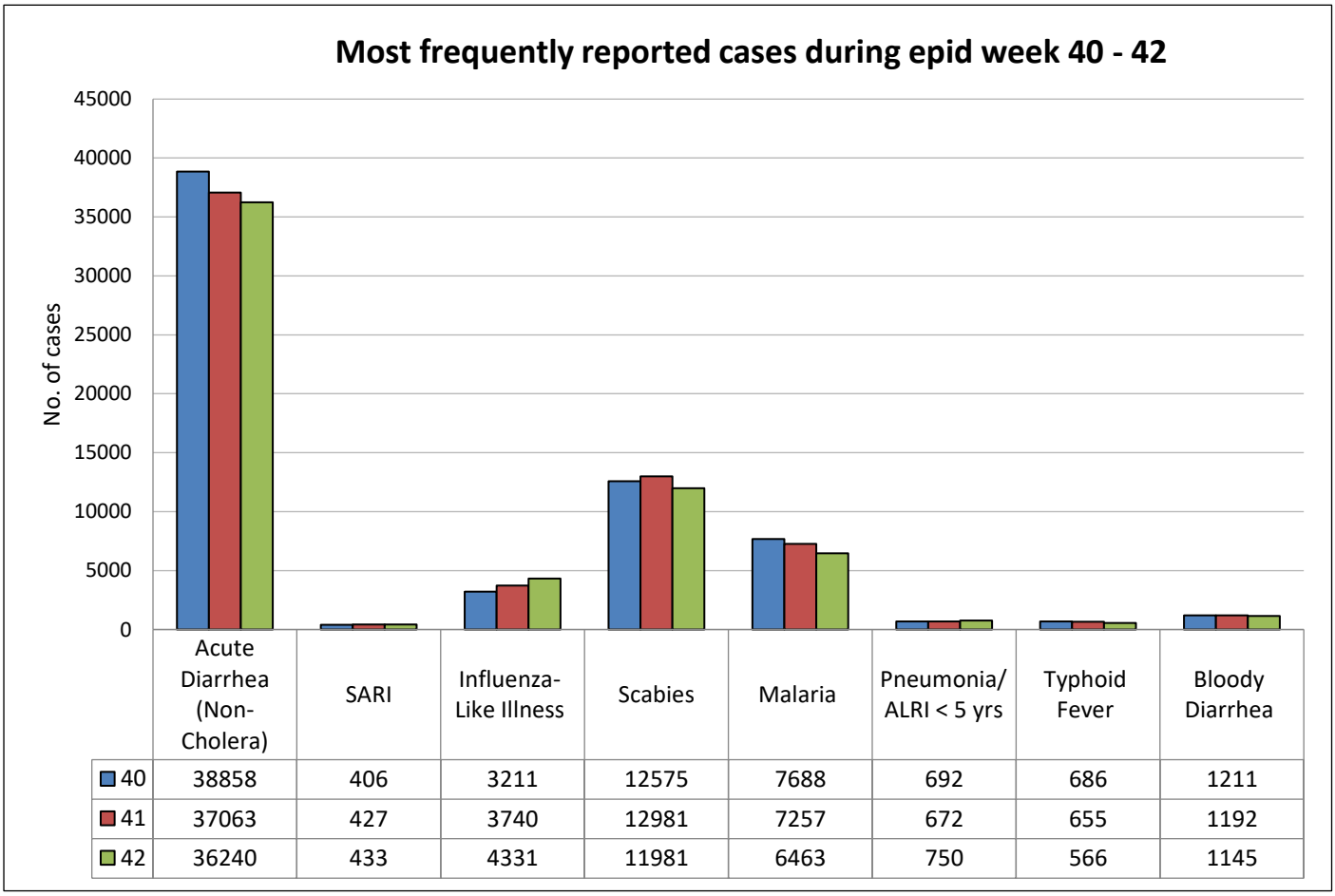


Figure 1: The above graph shows no. of suspected cases for Week 42. The suspected cases are reported from the IDSRS trained health facilities of Khyber Pakhtunkhwa.



	Acute Diarrhea (Non-Cholera)	SARI	Influenza-Like Illness	Scabies	Malaria	Pneumonia/ ALRI < 5 yrs	Typhoid Fever	Bloody Diarrhea
40	38858	406	3211	12575	7688	692	686	1211
41	37063	427	3740	12981	7257	672	655	1192
42	36240	433	4331	11981	6463	750	566	1145

Figure 2: The above graph shows the disease pattern of the last 3 weeks. No unusual trend found in Week-42. 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.

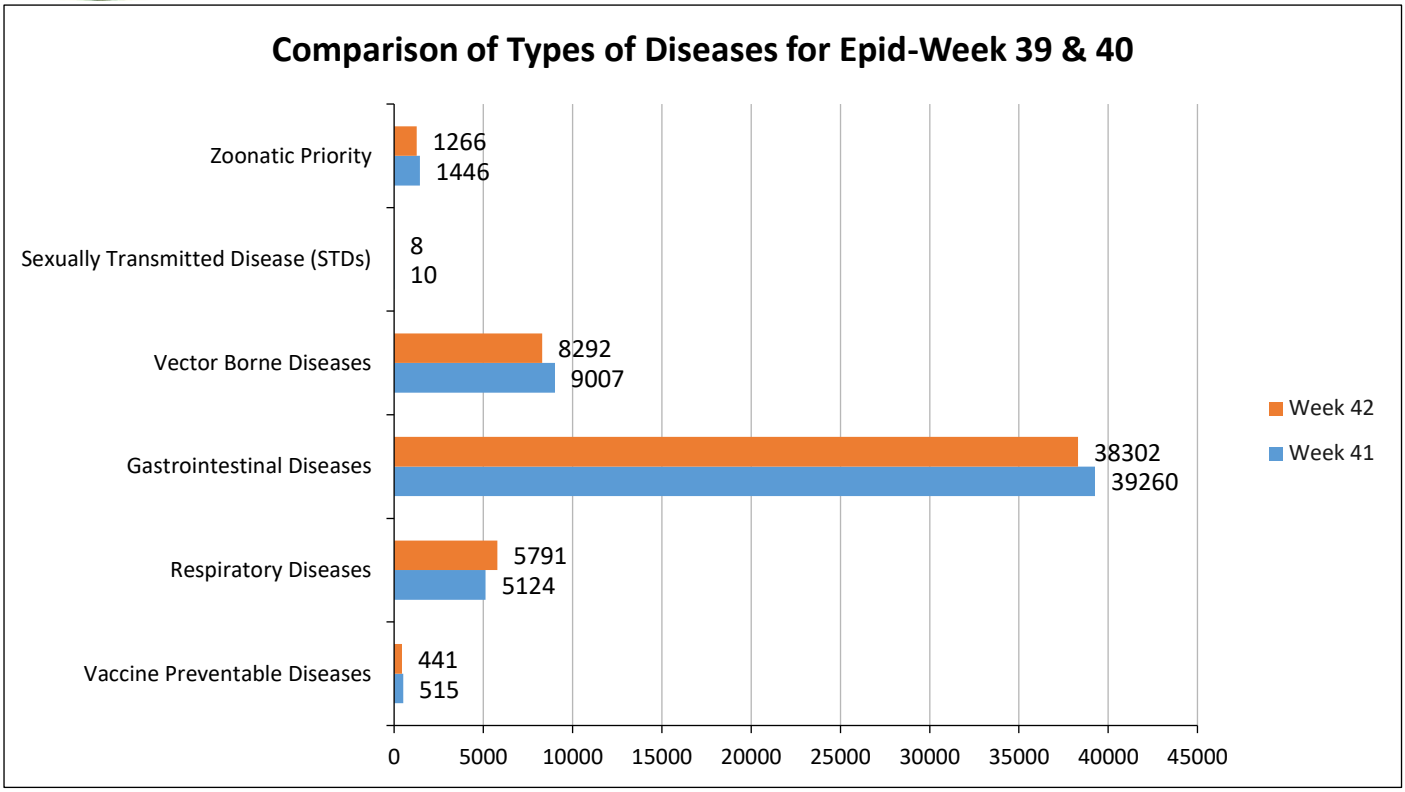


Figure 3: As compared to the previous week this week is showing an increasing trend in most of the disease groups.

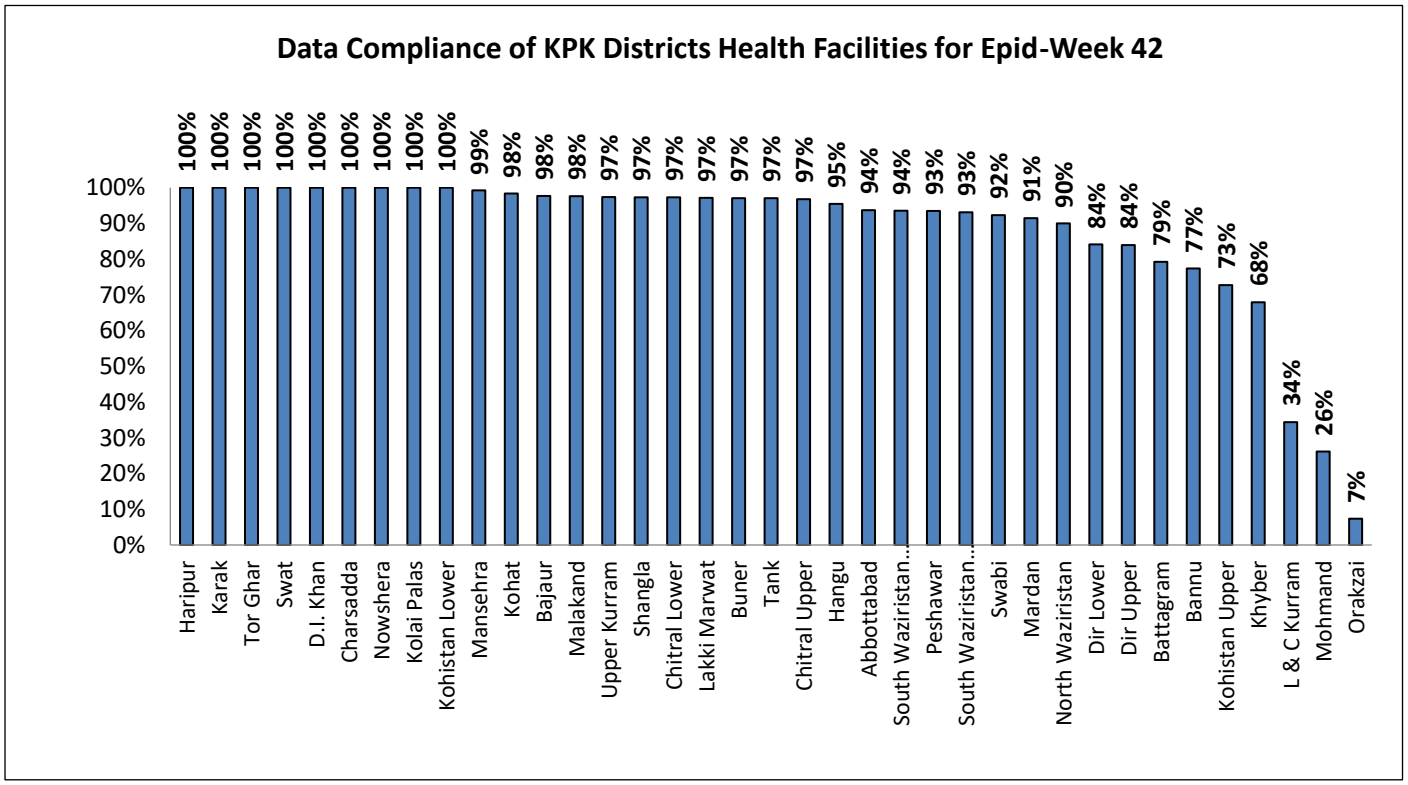
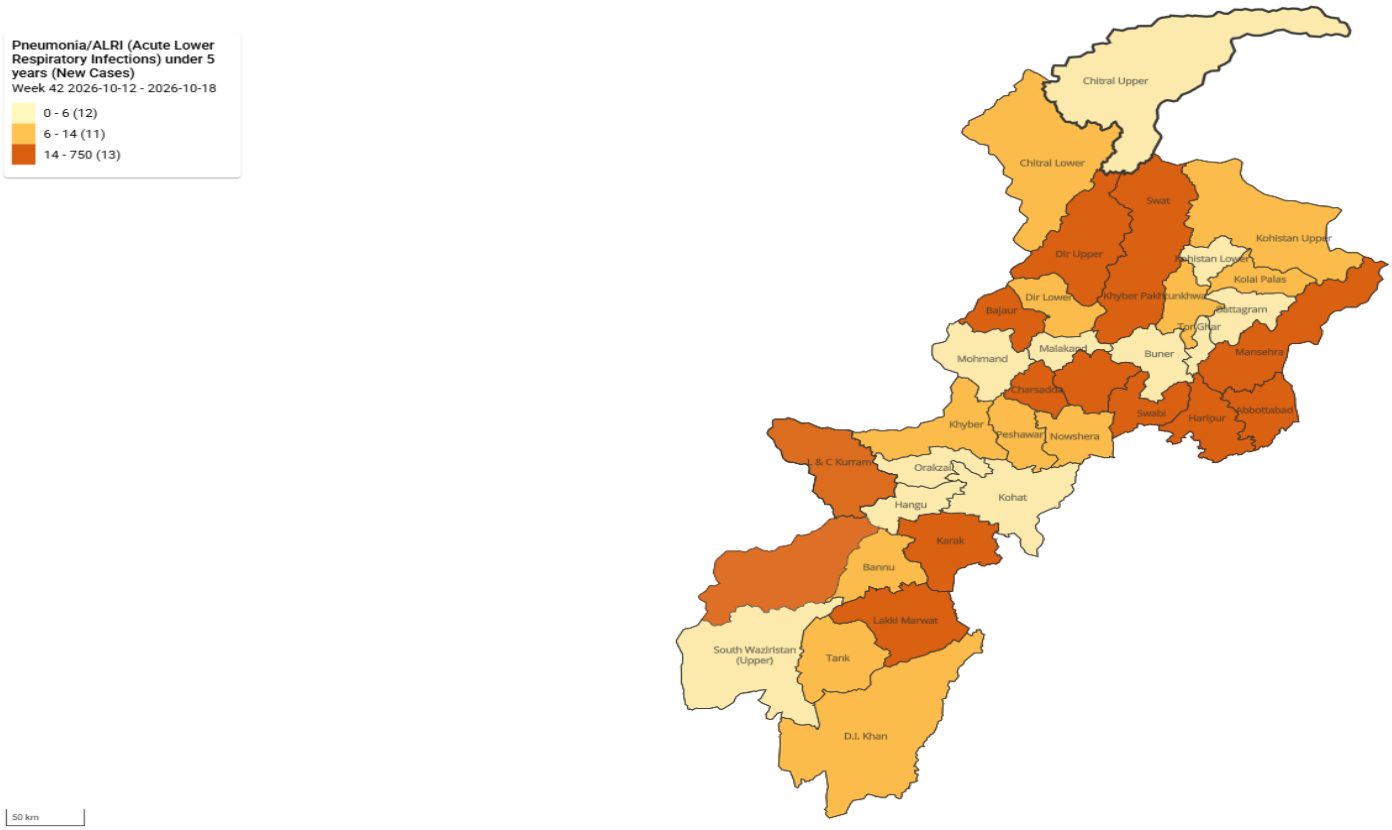


Figure 4: The compliance report is generated every Tuesday. The above compliance report shows that under 50% of health facilities have submitted weekly reports from District L&C Kurram, Mohmand and Orakzai. The rest of all districts have above 50% reporting compliance rate.

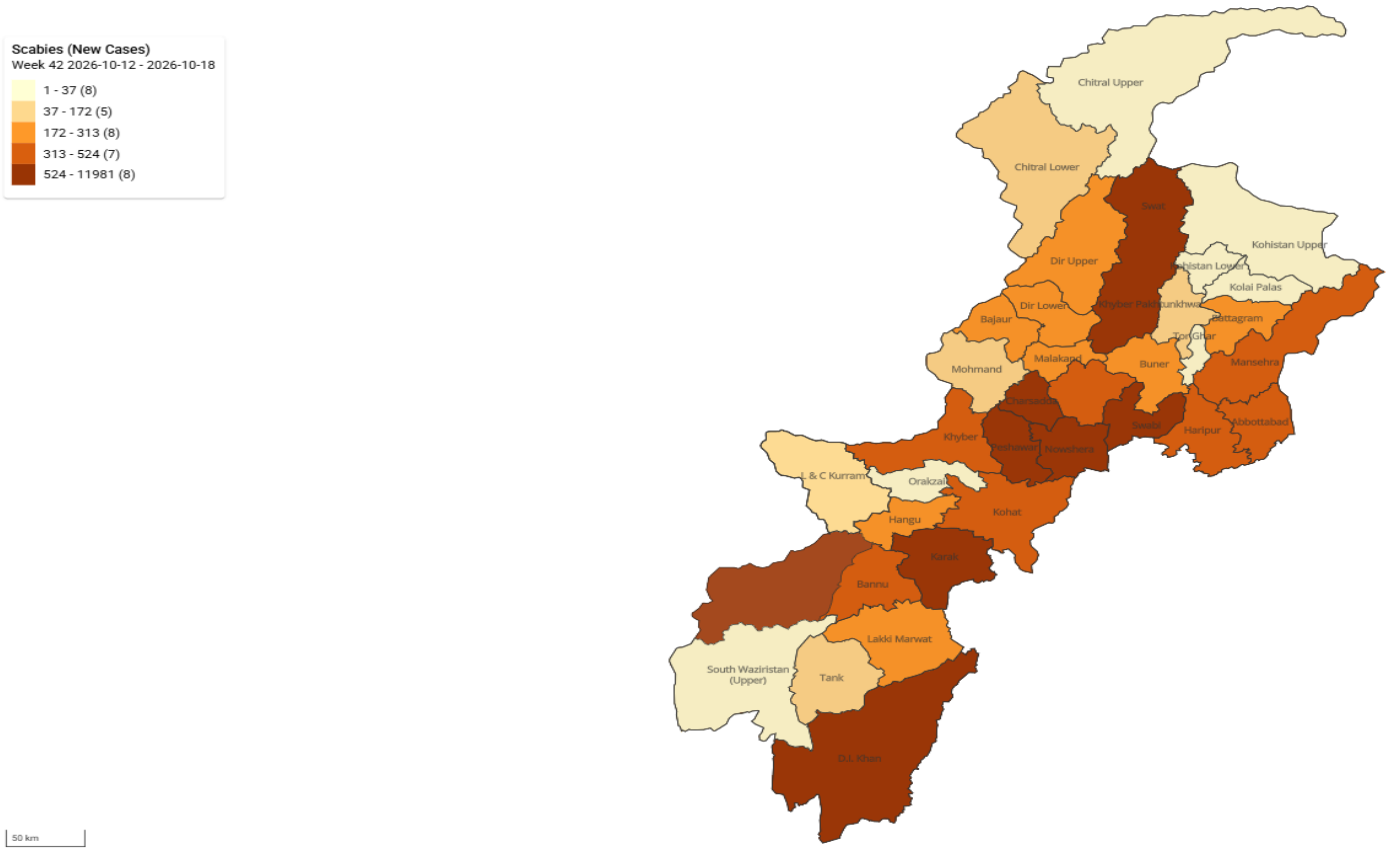
Public Health Reference Lab
Khyber Medical University, Peshawar

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)	14	0	14	0
Blood for C/S	97	9	88	0
CCHF	2	0	2	0
Chikungunya	5	0	5	0
Covid 19	5	0	5	0
Covid_19 seq	0	0	0	0
Dengue Elisa	0	0	0	0
Diphtheria (Probable)	0	0	0	0
Influenza (H1N1)	5	0	5	0
M-POX	1	0	1	0
Stool for C/s	0	0	0	0
HVS For C/s	2	1	1	0
Pus For C/s	2	0	2	0
Urine For C/s	61	10	51	0
Dengue PCR	3	0	3	0
Grand Total	**197**	**20**	**177**	**0**

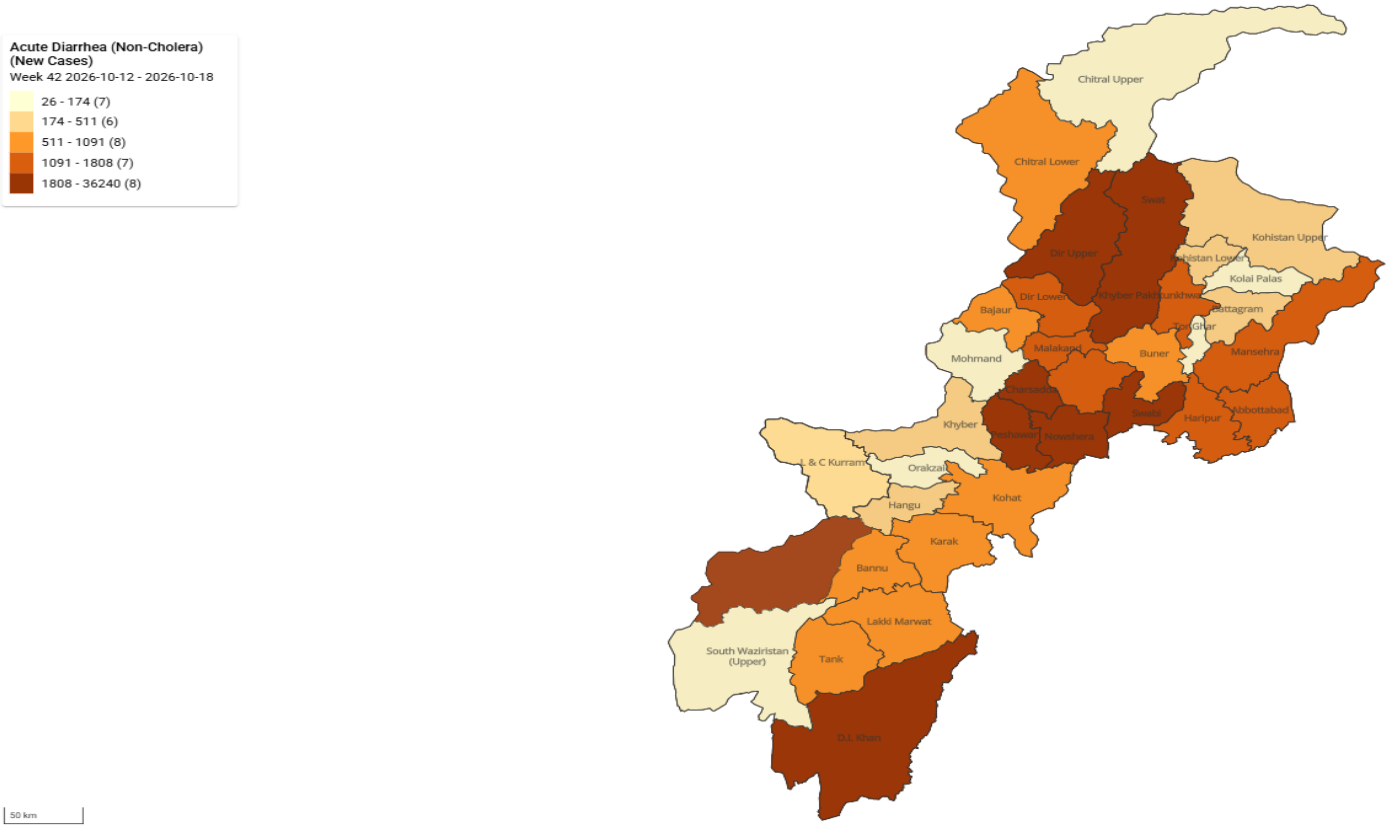
The above table shows the test count conducted in epidemiological week 42, by the Public Health Reference Lab, Khyber Medical University, Peshawar Khyber Pakhtunkhwa.



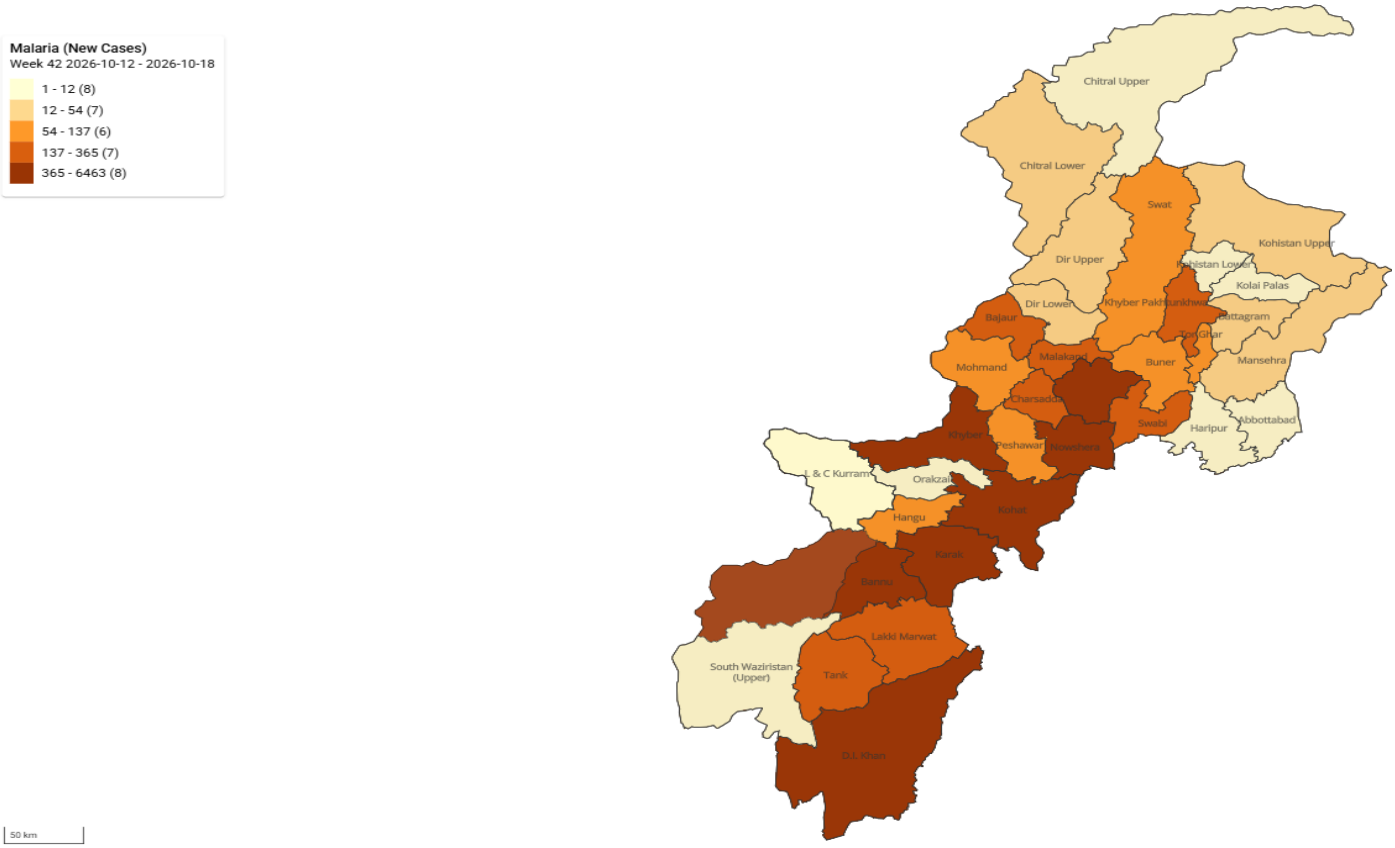
Map 1: Shows suspected Pneumonia cases reported from Khyber Pakhtunkhwa. Districts **Swat, Dir Upper, Karak, Charsadda, Swabi, Mardan, Abbottabad, Haripur, Lakki Marwat, Mansehra Shangla, Khyber and SWI** have a greater number of suspected Pneumonia cases than other districts**.**



Map 2: Shows suspected Scabies cases reported from Khyber Pakhtunkhwa. District **Swat, Swabi, Nowshera, Peshawar, Charsadda, DI khan, Mardan 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, Mardan, Nowshera, Peshawar, Charsadda, DI Khan and Sout Waziristan Lower** have a greater number of suspected Acute Diarrhea cases.



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