# **Weekly Dengue Fever Bulletin**

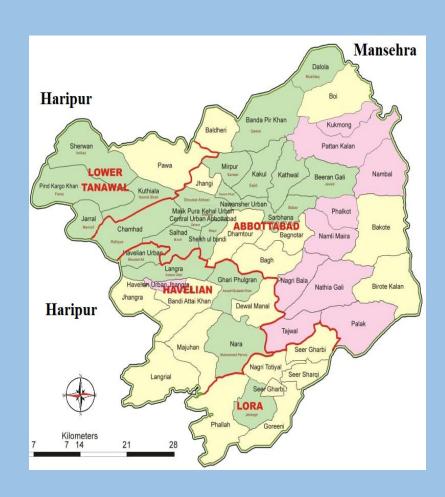
Volume 1, Issue 4, Monday 17 September 2018



### **Abbottabad**

The capital city of Abbottabad District in Hazara region of eastern Khyber Pakhtunkhwa, Pakistan, remains a popular hill station. It is about 150 kilometres (93 miles) east of Peshawar, at an altitude of 1260 meters (4,134 ft).It covers an area of 1969 sq.km having a population of 1400113. It comprises of 03 Cantt areas, 209 Village Councils & 51 Union Councils. The city is well known throughout Pakistan pleasant weather and sightliness, thus making it a hub for tourists. The influx of tourists during summer vacation aggravates the challenges posed by **epidemics** 

The Meteorological conditions of the Union Councils in outskirts of Abbottabad favour the onset of epidemics



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# Overview

Dengue outbreak started with a report of thirty three (33) Cases from BBSTH & ATH in the August, 2017 with one patient expired on 2-9-2017

Cases belonged to 6 Union councils of District Abbottabad with larva index ranging from 50-80% and some of the cases were brought from out District; Haripur, Mansehra & Kohistan

Rapid spread & emerging pattern of disease, districts were sensitized

Abbottabad suffered the most with 33 cases (64.3 % of total) mainly spread over 14 union councils.

Total positive case burden till date is 204\* in which 4 people died

Out of 204 positive cases 131 cases reported from Abbottabad & 73 from Out Districts

Moreover Dengue fever cases in previous years were more in numbers i-e in 2016 there were 405 confirmed cases of DF.

Geographically the areas were divided into high risk, medium risk & low risk Union Councils on the basis of Vector and Virus Presence, Union Councils having both vector and virus were put red zone, yellow zone union councils were those having only vector or virus and green zones, where no virus or vector exists as per the meteorological conditions

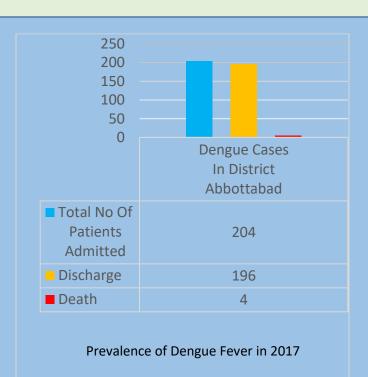
Case Surveillance & Case Response strategies were introduced based on WHO guidelines

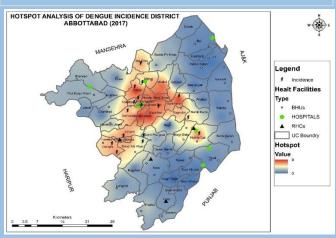
Director Public Health showed special interest and took initiative regarding prevention and control of Dengue Fever throughout Khyber Pakhtunkhwa

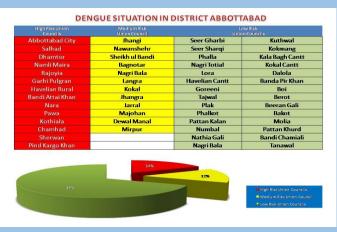
Involvement of District Administration took all the line departments on board and realized the goals of the program.

Integrated Vector management strategy took success in reducing the disease burden on the Government.

Mechanically reduction of the potential breeding sites of mosquito and health awareness sessions are the key to success.



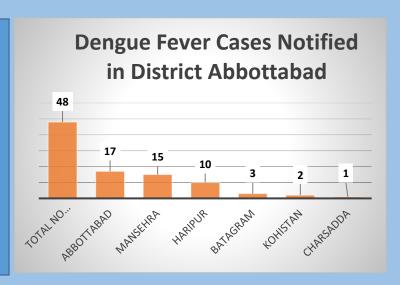


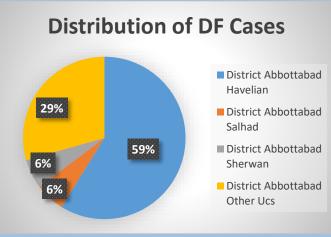


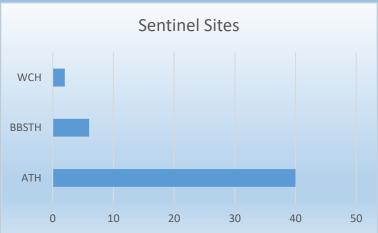
## 2. New Event:

From January 2018 till now a total of 48 cases are reported in which 17 cases belong to district Abbottabad

All 17 cases are imported from other districts based on the travel history, Biological onset of disease and usual time of diagnosis on appearance of sign/symptoms. Disease detected on screening, samples were taken and sent to NIH, Islamabad for RT-PCR







## 3. Ongoing Events:

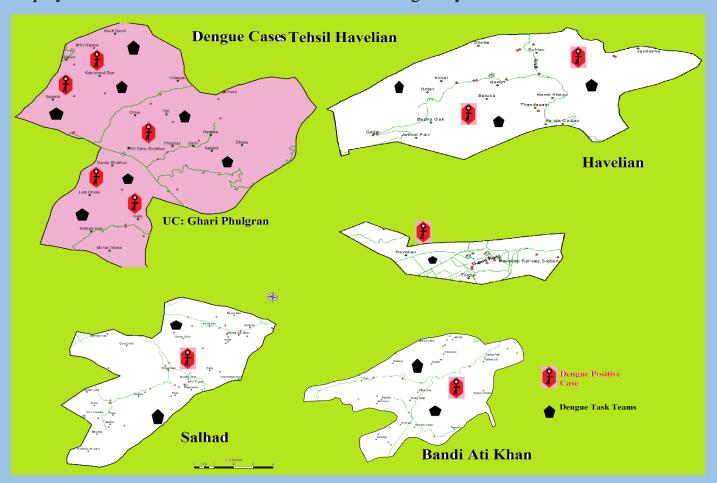
- District is working according to the Dengue Action Plan 2018
- Selective integrated mosquito with community and inter-sectoral participation
- Indoor House-to-House & Outdoor site-to-site Surveillance, emphasis on mechanical reduction of potential breeding sites and Health Awareness Sessions included; house-to-house sessions, school sessions, community sessions, hujra sessions & community sessions with community participation. Seminars in colleges & District Council Hall on Measures of Prevention and Control
- Special Sessions conducted by Imam Masjid in Namaz Juma every week
- Section 144 on all Tyre Shops; Specially in Havelian, Sherwan, Salhad & Abbottabad city

- Case Response Strategy adopted from hospital to community, Followed by IRS in 500 sq. Meters, Peri- domestic, Domestic fogging, Sprinkling of Temi phos granules, indoor & outdoor surveillance by dengue task force teams.
- Health Awareness Sessions covering Environmental Modification: improve water supply, mosquito-proofing of overhead tanks or underground reservoirs, filling, land leveling and transformation of impoundment margins, covering domestic water-storage containers, cleaning flowerpots, cleaning incidental water collections, managing construction sites, managing discarded receptacles, glass bottles, cans, public places & tyre management.
   Personal protection: protected cloths, use of mats, coils, aerosols, repellents & use of insecticide-treated material; bed nets

#### Primary Health Care Approach to Dengue Prevention and Control

Formulated local Bodies at Union Council level headed by Incharge Health Facility, local members and community norms are playing their active role in prevention and control

**RED ZONE:** In Tehsil Havelian vector density from H-H indices of 61% was brought to 3% by Dengue Task Force Teams in past couple of months and still continued to eliminate all the possible breeding sites of mosquito. Dengue Alert distributed to 109 Health Facilities and to line department. Active Surveillance continued, Dengue Prevention & control banners displayed in all areas and BCC material distributed regularly



## 4. Summary of major challenges:

- ► Causative factors are not under control of Health sector
- ► Intersectoral collaboration remains a challenge
- ► Clarity of roles for Health Department & District Government; availability of resources as per defined roles
- ► Limited Disease surveillance and vector surveillance capacities
- ▶ Implementation of case management guidelines in MTI
- ► Community awareness and involvement
- Support from District Administration
- ► Human Resource and budget Requirement DDRU & Program

#### **Actions Taken:**

- Section 144 on Tyre Shops, Petrol Pumps etc.
- Directives given to WSSC & TMA Abbottabad, Havelian on regular basis
- Capacity building and training to the Local Government
- Awareness Session through local Media, FM on regular basis



# All events currently being monitored

All the activities are monitored by the District Health Officer Abbottabad.

The DHO chairs the meeting of DDRU on regular basis for analyzing & evaluating the performance of the program, keeping his team motivated in field.

The Coordinator Public Health visits the Red Zone Union Councils and Hospitals regularly.

Peri-Domestic & Domestic Fogging Activity is monitored in Dusk & Dawn on regular basis.

Data sources: Data is provided by Members of Dengue Task Force Teams via regular situation reports, teleconferences. Situations are evolving and dynamic therefore numbers stated are subject to change.

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 Secretary DDRU