

EXTRAORDINARY
GOVERNMENT



REGISTERED NO. P.III
G A Z E T T E

KHYBER PAKHTUNKHWA

Published by Authority

PESHAWAR, WEDNESDAY, 6TH SEPTEMBER, 2017.

GOVERNMENT OF KHYBER PAKHTUNKHWA HEALTH DEPARTMENT.

NOTIFICATION

Dated: 6th September, 2017.

SOH (E&A) 2-65/Vol II/2017: In pursuance of provisions of sub-section (n) of Section 2 of the Khyber Pakhtunkhwa Public Health (Surveillance and Response) Ordinance, 2017, the following are hereby declared as notified diseases:

S. No	Disease/ Condition	Case Definition	Reporting Timeline when state of Health Emergency declared	Reporting Timeline otherwise (Maximum)
1.	Probable Diphtheria	Any person with upper respiratory tract illness characterized by an adherent membrane on the tonsils, pharynx and/or nose and any one of the following: laryngitis, pharyngitis or tonsillitis.	Immediate	24 hours
2.	Crimean Congo Hemorrhagic Fever (CCHF)	Patient with sudden onset of illness with high grade fever (38.5 °C) for > 3 days and < 10 days especially in CCHF endemic areas and among those in contact with a confirmed patient or handling animals and raw animal products and when fever does not respond to antibiotics or anti-malarial treatment.	Immediate	24 hours
3.	Suspected Measles	Any person with fever and maculopapular rash and one of the following: cough, coryza or conjunctivitis OR Any person in whom a clinician suspects measles infection.	Immediate	24 hours
4.	Acute Flaccid Paralysis	Any child under 15 years of age with recent onset of floppy weakness of any cause including Guillian- Barre Syndrome or any person of any age with a paralytic illness. In whom poliomyelitis is suspected	Immediate	24 hours
5.	Acute Watery Diarrhoea/ Suspected Cholera	<i>Non endemic areas;</i> Any person aged 2 years or more with severe dehydration or death from acute watery Diarrhoea. <i>During Outbreak;</i> Acute watery diarrhoea with or without vomiting in a patient aged 5 years or more	Immediate	Immediate

6.	Tuberculosis	<p>TB presumptive is a patient who represents with symptoms or signs suggestive of TB, as:</p> <p>A. Patient with cough of two or more than two weeks, Or</p> <p>B. Cough less than two week with symptoms:</p> <ul style="list-style-type: none"> • Sputum (Blood stained or without blood) • Fever usually at night • Weight loss • A History of previous TB in a patient or TB history in family or close contact 	24 Hours	7 Days	
7.	Suspected Dengue Fever	Dengue Fever	Any person having acute onset of fever (>38°C) for 2- 10 days with at least two of the following manifestations: Severe headache, retro-orbital pain, myalgia/arthralgia.	Immediate	24 hours
		Dengue Hemorrhagic Fever	<p>A probable or confirmed case of Dengue in whom haemorrhage tendencies is evidenced by;</p> <ul style="list-style-type: none"> • Petechiae, Ecchymoses or purpura • Bleeding mucosa, GIT, injection sites <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> • Haematemesis or Melaena 	Immediate	Immediate
8.	Leishmaniasis	Cutaneous Leishmaniasis	Any person having skin lesions on the face neck, arms, and legs (exposed body parts), which began as nodules and turned into skin ulcers, eventually healing but leaving a depressed scar.	48 Hours	7 Days
		Visceral Leishmaniasis	A person with clinical symptoms of Prolonged irregular fever, splenomegaly and weight loss where fever lasts more than 2 weeks and does not respond to anti-malarial drugs	Immediate	24 hours
9.	Severe Acute Respiratory Syndrome (SARI)	Any person with acute respiratory infection with history of fever of $\geq 38^{\circ}\text{C}$ and cough with onset within last 10 days and requires hospitalization.	Immediate	24 hours	
10.	Suspected Meningococcal Meningitis	<p>Any person having sudden onset of fever $>38^{\circ}\text{C}$ axillary and one or more of the following:</p> <ul style="list-style-type: none"> -Neck stiffness -Altered consciousness -Other meningeal sign or petechial or purpural rash -In infants under one year of age, suspect meningitis when fever is accompanied by bulging fontanelle. 	Immediate	24 hours	
11.	Cutaneous Anthrax	<p>Skin lesion evolving over 1 to 6 days from a papular through a vesicular stage to a depressed black eschar/scab invariably accompanied by oedema</p> <p style="text-align: center;">AND</p> <p>has an epidemiological link to a suspected or confirmed Anthrax animal case or contaminated animal product.</p>	Immediate	Immediate	

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12.	HIV/AIDS	Lab based surveillance	24 Hours	7 Days	
13.	Influenza	Pandemic Influenza (H1N1)	Any person with clinical compatible illness or who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case	Immediate	Immediate
		Avian/Human Influenza A (H5N1)	Any person who has been in contact with suspected avian influenza case, or living in area where birds/chickens have died or were sick in last 2 weeks, or living in endemic area, presenting with Respiratory tract illness characterized by fever (Temp > 38°C) and one or more of the following: Cough, Sore throat, Shortness of breath	Immediate	Immediate
14.	Neonatal Tetanus (NNT)	<p>Suspected Case:</p> <p>Any neonatal death between 3 and 28 days of age in which the cause of death is unknown OR any neonate reported as having suffered from neonatal tetanus between 3 and 28 days of age and not investigated.</p> <p>Confirmed case:</p> <p>Any neonate with normal ability to suck and cry during the first 2 days of life, and who between 3 and 28 days of age cannot suck normally and becomes stiff or has convulsions or both.</p> <p>Hospital-reported cases are considered confirmed.</p>	24 Hours	7 Days	

2. The reporting of notified diseases as provided for in Section 10 of the Khyber Pakhtunkhwa Public Health (Surveillance & Response) Ordinance 2017 shall be as under:

(1) Every health professional working in any Governmental or private health care establishment shall be under an obligation to ascertain whether the person under their examination or treatment suffers from or is affected by any notified disease. The health professional shall immediately report such a case to the concerned Disease Surveillance Reporting Office or District Disease Surveillance Centre as the case may be, on the form as attached at **Annex-I** within the stipulated time as notified above.

(2) As the public sector professionals carry dual responsibility of being Disease Surveillance Reporting Office also, in case of receipt of a report from the private sector they shall immediately communicate it to the District Disease Surveillance Center.

(3) The District Disease Surveillance Centre, on receipt of the proforma at **Annex-I**, from any health professional, shall in turn submit the information to the Provincial Disease Surveillance Centre electronically, immediately.

(4) The Provincial Disease Surveillance Centre, in case of emergency, shall inform the chairperson of the Public Health Committee through Director General, while otherwise the report shall be submitted in the coming meeting of the Committee.

(5) Record of all such notifications shall be maintained by all concerned for a period of three (03) years from the date of report.

(6) The person in charge of a pathology service (Public or Private), where a test has been performed on a specimen which indicates the probable presence of a human pathogenic organism associated with a notifiable disease, must notify the District Disease Surveillance Center of the detection of the presence of that organism on the proforma at **Annex-I** within the time specified above.

(7) The person in charge of a Food Testing Laboratory, so declared under Khyber Pakhtunkhwa Food Safety Authority Act 2014, where a micro-organism associated with a notifiable disease is isolated or detected at that laboratory, must notify the District Disease Surveillance Center of that isolation or detection on the proforma at **Annex-I** within the time specified above.

(8) The Health Department shall subsequently make arrangements for direct reporting through electronic means to the District and Provincial Disease Surveillance Center.

**SECRETARY HEALTH
KHYBER PAKHTUNKHWA**



HEALTH DEPARTMENT, KHYBER PAKHTUNKHWA

DISEASE NOTIFICATION FORM S.No. _____

Confidential & Urgent

This Page Should Be Sent To Disease Surveillance Reporting Office/District Disease Surveillance Centre

Name of Health Facility/Laboratory: _____ District: _____

PLEASE INDICATE THE CONDITION YOU ARE NOTIFYING:

- | | | |
|--|--|---|
| Crimean Congo Hemorrhagic Fever <input type="checkbox"/> | Acute Flaccid Paralysis <input type="checkbox"/> | Acute Watery Diarrhoea/Suspected Cholera <input type="checkbox"/> |
| Avian/Human Influenza A (H5N1) <input type="checkbox"/> | Pandemic Influenza (H1N1) <input type="checkbox"/> | Severe Acute Respiratory Illness(SARI) <input type="checkbox"/> |
| Dengue Fever <input type="checkbox"/> | Dengue Hemorrhagic Fever <input type="checkbox"/> | Suspected Meningococcal Meningitis <input type="checkbox"/> |
| Cutaneous Anthrax <input type="checkbox"/> | Cutaneous Leishmaniasis <input type="checkbox"/> | Visceral Leishmaniasis <input type="checkbox"/> |
| Suspected Measles <input type="checkbox"/> | Neonatal Tetanus (NNT) <input type="checkbox"/> | Tuberculosis <input type="checkbox"/> |
| | | Diphtheria <input type="checkbox"/> |
| | | HIV/AIDS <input type="checkbox"/> |

CASE DETAILS:

- Name of Case: _____
- Father's Name: _____
- Contact Number of the Case/Guardian: _____

4. Address of the Case:

H.No/St. No. _____ Village/Mohallah/UC: _____
 Tehsil/Town: _____ District: _____

5. Age of the Case: Years _____ Months: _____

6. Gender: Male Female

7. (a): Clinical Comments (Include Risk Factors/Past History/Symptoms) _____

(b) Provisional Diagnosis: _____

8. Date of Onset:

9. Has laboratory testing been requested:

NO/YES

If Yes, Specify Test _____

Specify Result _____

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NOTIFYING DOCTOR/HOSPITAL/LABORATORY/NAME & DETAILS:

Name: _____

Contact of Sender / Mobile: _____ Type of Facility:

Public

Private

Lab

Address: _____

Email: _____

Date of Notification: Signature/Stamp: _____

S.No. _____

Proof of Disease Notification. Health Professional should keep this coupon as evidence

TO BE FILLED BY RECEIVER:

Name: _____ Designation: _____

Receiving Office: _____ Date: _____

Signature/Stamp: _____