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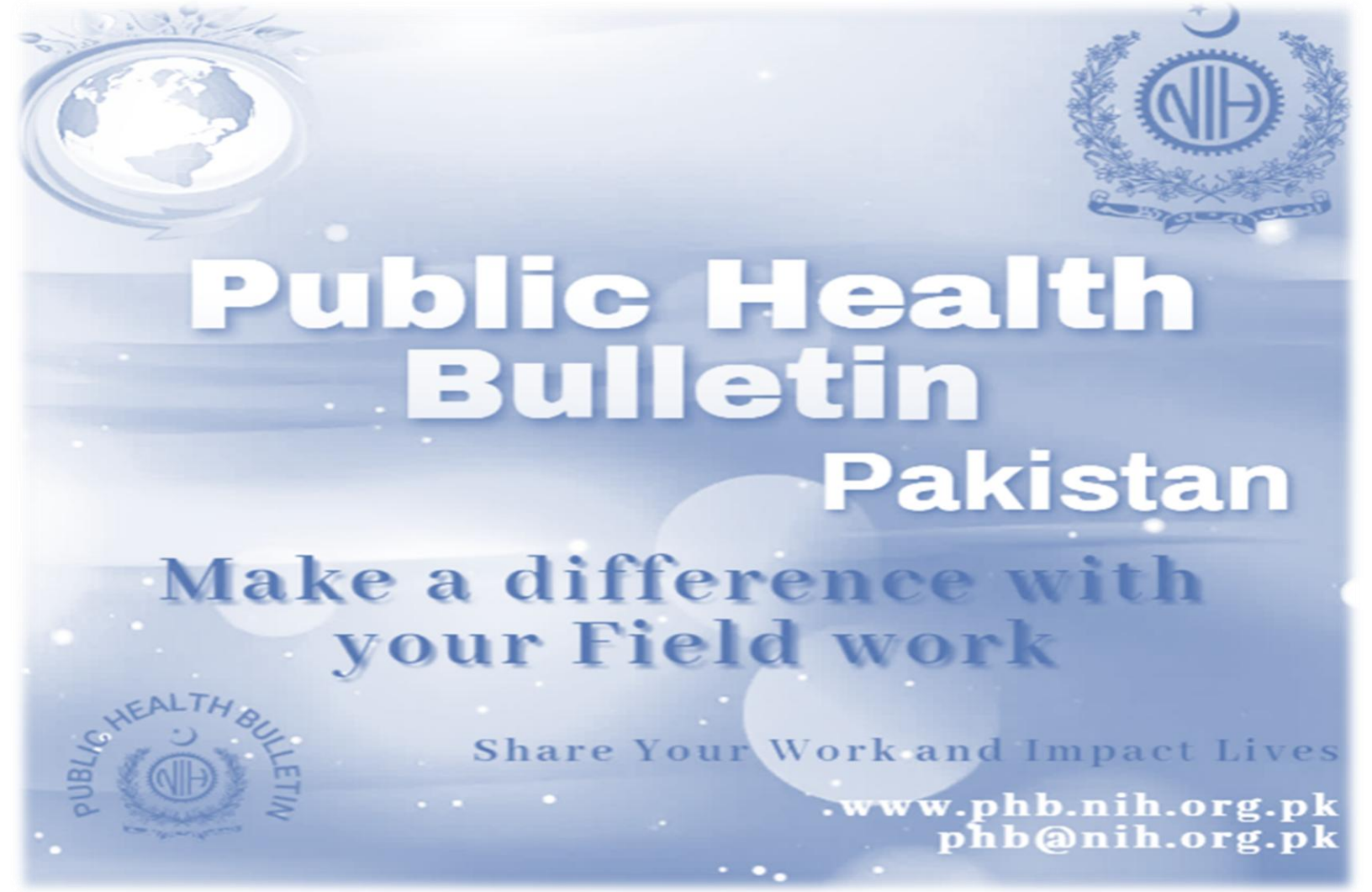
Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

http:/www.phb.nih.org.pk/

Integrated Disease Surveillance & Response (IDSR) Weekly Public Health Bulletin is your go-to resource for disease trends, outbreak alerts, and crucial public health information. By reading and sharing this bulletin, you can help increase awareness and promote preventive measures within your community.



Public Health Bulletin - Pakistan, Week 04, 2025

The Public Health Bulletin (PHB) provides timely, reliable, and actionable health information to the public and professionals. It disseminates key IDSR data, outbreak reports, and seasonal trends, along with actionable public health recommendations. Its content is carefully curated for relevance to Pakistan's priorities, excluding misinformation. The PHB also proactively addresses health misinformation on social media and aims to be a trusted resource for informed public health decision-making.

This Weeks Highlights include;

- *Advancing Mortality Surveillance System: Provincial Advocacy and Implementation in Kyber Pakhtunkhwa*
- *Chickenpox Outbreak Response in Warana Musakan, Karak, KP January 29, 2025.*
- *A knowledge review and infographic on Chikenpox*

By transforming complex health data into actionable intelligence, the Public Health Bulletin continues to be an indispensable tool in our collective journey toward a healthier Pakistan.

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Stay informed. Stay prepared. Stay healthy.

Sincerely,
The Chief Editor

Overview

Note: All reported cases in this report are suspected cases

- *During week 04, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by ILI, Malaria, ALRI <5 years, TB, dog bite, VH (B, C & D), B. Diarrhea, Typhoid and SARI.*
- *Thirty-eight cases of AFP reported from Punjab, twenty-four from KP, eight from Sindh, three from AJK and one from ICT.*
- *Fifteen suspected cases of HIV/ AIDS reported each from Punjab and Sindh and seven from KP.*
- *Six suspected cases of Brucellosis reported from KP.*
- *Among VPDs, there is an increasing number of cases of Measles, Meningitis, Pertussis, AFP and Diphtheria this week.*
- *Among respiratory diseases, there is an increasing number of cases of ILI and TB this week.*
- *Among water/food borne diseases, there is an increasing number of cases of Acute Diarrhea (Non-Cholera) this week.*
- *Among vector-borne, there is an increasing number of cases of Malaria this week.*
- *Among STDs, there is an increasing number of cases of HIV/AIDs this week.*
- *Among other diseases, there is an increasing number of cases of VH (B, C & D) this week.*
- *Field investigation is required for verification of the alerts and for prevention and control of the outbreaks.*

IDSR compliance attributes

- *The national compliance rate for IDSR reporting in 158 implemented districts is 82%*
- *AJK is the top reporting regions with a compliance rate of 94%, followed by GB 93% and Sindh 92%.*
- *The lowest compliance rate was observed in ICT 78%, KP 76% and Balochistan 63%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2316	1755	76
Azad Jammu Kashmir	404	376	94
Islamabad Capital Territory	36	27	78
Balochistan	1307	820	63
Gilgit Baltistan	405	376	93
Sindh	2095	1927	92
National	6563	5356	83

Public Health Actions

Federal, Provincial, Regional Health Departments and relevant programs may consider following public health actions to prevent and control diseases.

Viral Hepatitis

- **Strengthen Surveillance**: Utilize the IDSR system to monitor hepatitis cases and guide targeted interventions in regions with high prevalence.
- **Increase Access to Testing and Treatment**: Improve availability of hepatitis B and C screening and testing. Expand access to antiviral treatments, particularly in underserved areas.
- **Enhance Community Awareness**: Collaborate with local health workers to raise awareness about prevention, safe practices, and available treatments for hepatitis.

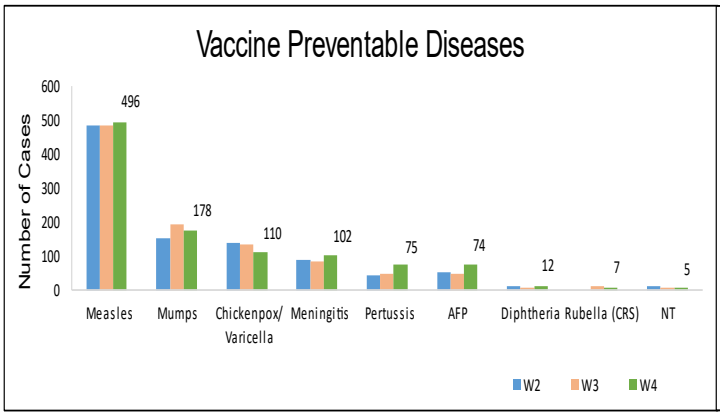
Meningitis

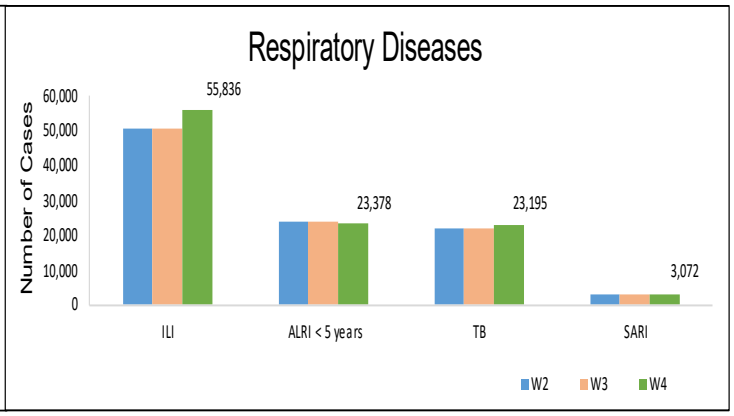
- **Enhance Surveillance via IDSR:** Strengthen the IDSR system to detect and respond quickly to meningitis cases, enabling timely outbreak management.
- **Improved Laboratory Testing & Case Management:** Enhanced diagnostic capacity by strengthening laboratory networks, ensuring timely and accurate testing. Linked laboratory findings with swift case management protocols to improve patient outcomes and outbreak control.
- **Public Education on Symptoms:** Raise awareness about the early symptoms of meningitis to encourage prompt medical treatment and reduce complications.

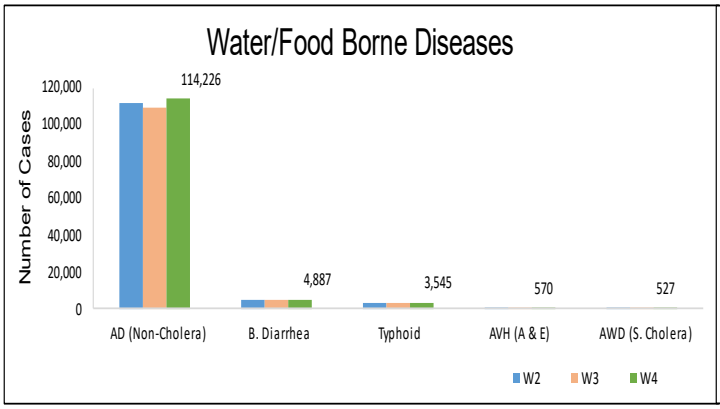
Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 04, Pakistan.

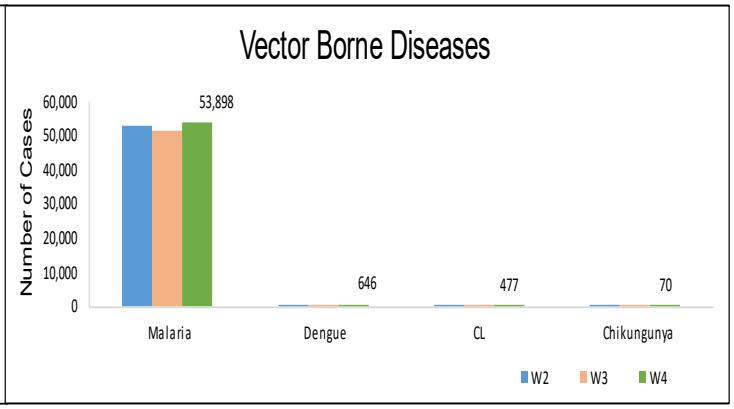
Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	930	4,580	487	258	15,170	62,928	29,873	114,226
ILI	2,921	8,921	465	1,598	7,089	3	34,839	55,836
Malaria	0	3,258	0	0	3,536	2,271	44,833	53,898
ALRI < 5 years	1,465	2,202	1,356	6	1,862	2,221	14,266	23,378
TB	37	173	60	16	432	10,846	11,631	23,195
Dog Bite	122	225	6	0	729	5,067	3,225	9,374
VH (B, C & D)	9	90	1	0	92	0	4,938	5,130
B. Diarrhea	25	920	46	2	829	459	2,606	4,887
Typhoid	7	328	40	0	597	1,757	816	3,545
SARI	362	715	266	3	1,494	0	232	3,072
Dengue	0	0	0	0	1	600	45	646
AVH (A & E)	16	4	7	0	174	0	369	570
AWD (S. Cholera)	6	80	3	0	10	417	11	527
Measles	5	26	6	1	272	129	57	496
CL	0	58	0	0	414	2	3	477
Mumps	2	21	3	1	77	0	74	178
Chickenpox/ Varicella	0	6	6	1	54	11	32	110
Meningitis	1	1	1	0	6	85	8	102
Pertussis	0	48	5	0	20	0	2	75
AFP	3	0	0	1	24	38	8	74
Chikungunya	0	0	0	0	0	0	70	70
Gonorrhea	0	23	0	0	15	0	16	54
HIV/AIDS	0	0	0	0	7	15	15	37
Diphtheria (Probable)	0	0	0	0	7	5	0	12
Rubella (CRS)	0	0	0	0	0	7	0	7
Syphilis	0	0	0	0	0	0	6	6
Brucellosis	0	0	0	0	6	0	0	6
NT	0	0	0	0	5	0	0	5
Leprosy	0	0	0	0	1	0	0	1

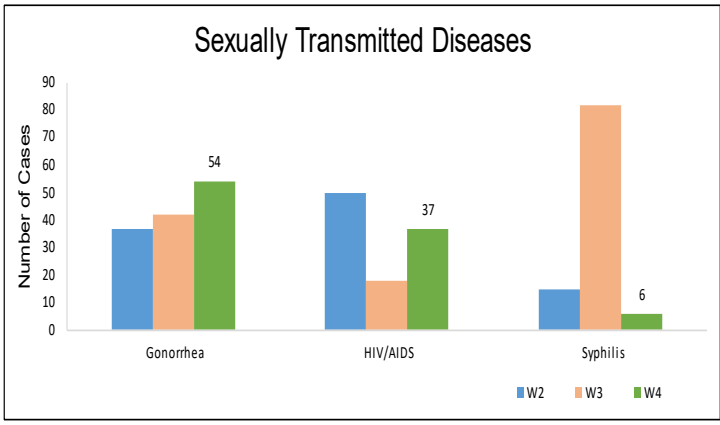
Figure 1: Most frequently reported suspected cases during Week 04, Pakistan.

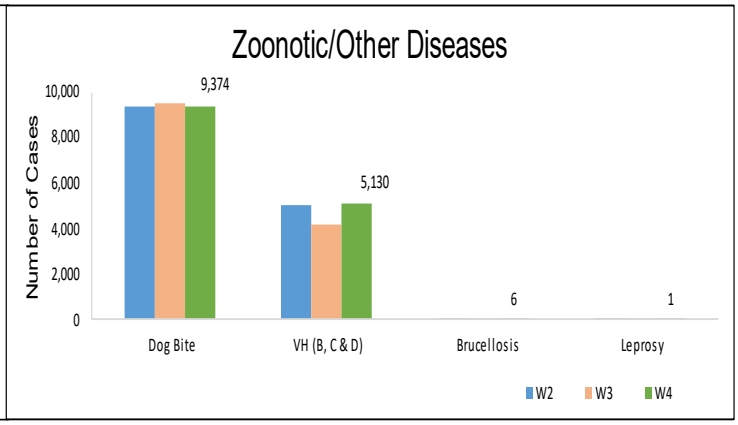












Sindh

- Malaria cases were maximum followed by ILI, AD (Non-Cholera), ALRI<5 Years, TB, VH (B, C, D), dog bite, B. Diarrhea, Typhoid and SARI.
- Malaria cases are mostly from Larkana, Dadu and Khairpur whereas ILI cases are from Khairpur, Mirpurkhas and Karachi Malir.
- Fifteen suspected cases of HIV/ AIDS reported from Sindh. Field investigation required to verify the case.
- Eight cases of AFP reported from Sindh. All are suspected cases and need field verification.
- There is an increase in number of cases of Malaria, ILI, AD (Non-Cholera), ALRI<5 Years and VH (B, C, D) this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 04, Sindh

Districts	Malaria	ILI	AD (Non-Cholera)	ALRI < 5 years	TB	VH (B, C & D)	Dog Bite	B. Diarrhea	Typhoid	SARI
Badin	1,909	2,846	1,716	719	947	273	178	112	70	16
Dadu	4,107	873	2,156	1,522	486	64	408	429	132	47
Ghotki	770	73	446	558	270	145	253	52	6	3
Hyderabad	358	9	865	11	64	64	39	3	8	7
Jacobabad	910	844	553	486	128	254	237	86	44	0
Jamshoro	1,746	424	1,038	297	586	330	69	81	47	5
Kamber	3,286	0	1,351	509	918	154	263	101	20	0
Karachi Central	6	1,743	485	11	8	6	0	5	34	3
Karachi East	48	733	449	52	14	3	16	11	1	0
Karachi Keamari	4	402	497	58	0	0	1	1	3	0
Karachi Korangi	90	13	384	3	15	2	2	7	1	1
Karachi Malir	192	3,692	1,144	297	117	25	50	30	19	3
Karachi South	7	7	93	0	0	4	8	0	0	0
Karachi West	266	1,080	860	215	137	64	34	21	30	2
Kashmore	1,897	654	259	308	280	36	66	52	2	0
Khairpur	4,014	7,314	2,016	1,301	994	197	243	308	140	6
Larkana	4,701	8	1,465	681	972	78	62	290	9	6
Matiari	2,387	5	1,079	468	579	417	80	27	1	3
Mirpurkhas	1,359	5,010	1,712	734	709	228	106	88	11	66
Naushero Feroze	1,673	895	851	489	415	36	207	124	23	0
Sanghar	3,804	151	1,577	892	1154	1,288	128	120	50	2
Shaheed Benazirabad	1,331	6	1,144	291	277	116	153	44	84	0
Shikarpur	2,228	7	996	324	294	425	196	156	5	0
Sujawal	467	10	730	508	144	71	70	48	4	26
Sukkur	1,747	2,041	964	820	460	85	108	108	10	0
Tando Allahyar	963	1,688	666	376	526	264	99	70	5	1
Tando Muhammad Khan	351	43	517	220	364	3	28	53	0	0
Tharparkar	1,946	1,909	1,686	1,097	398	86	0	84	25	18
Thatta	1,061	2,359	1,065	434	40	106	121	26	9	150
Umerkot	1,205	0	1,109	585	335	114	0	69	23	4
Total	44,833	34,839	29,873	14,266	11,631	4,938	3,225	2,606	816	369

Figure 2: Most frequently reported suspected cases during Week 04 Sindh

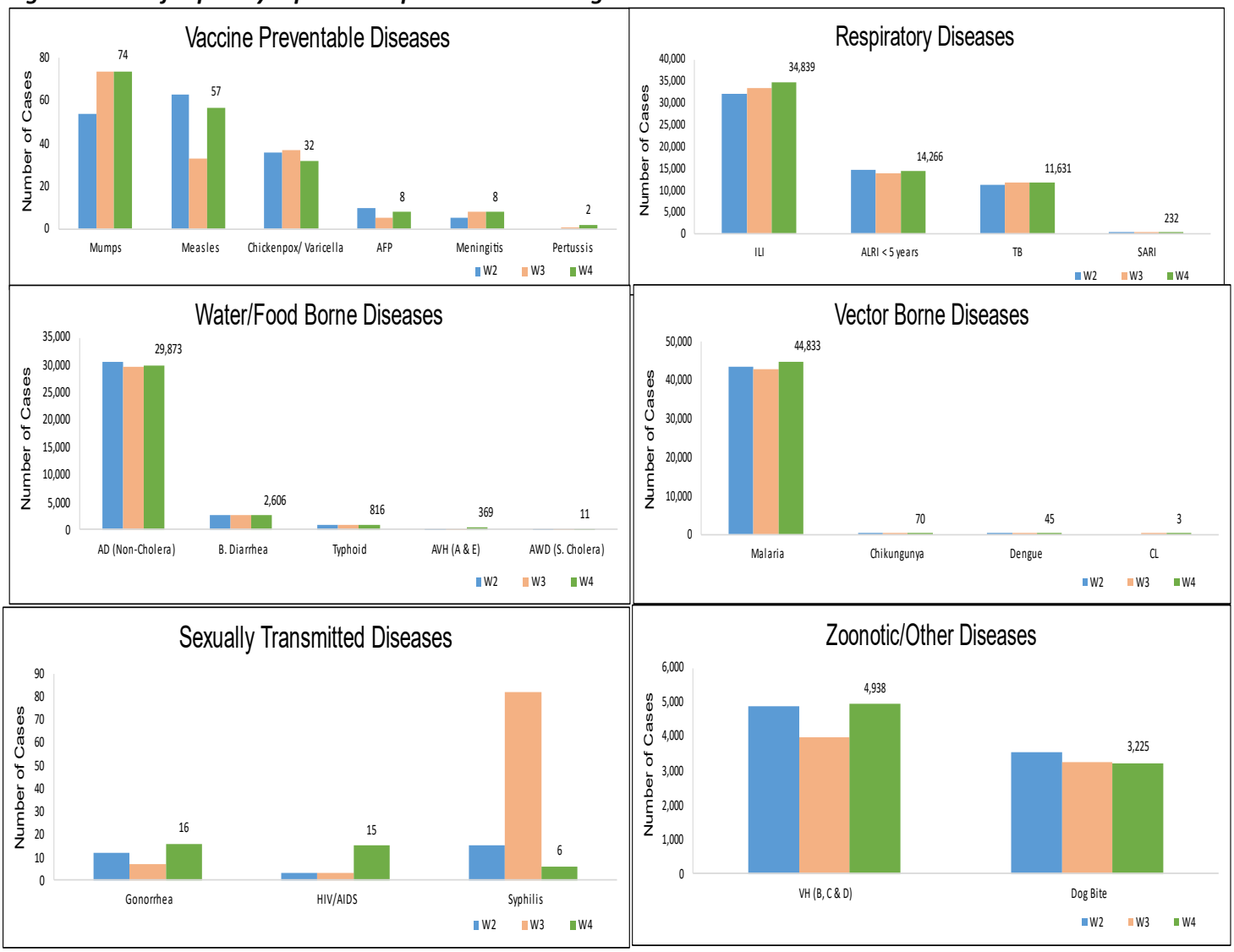
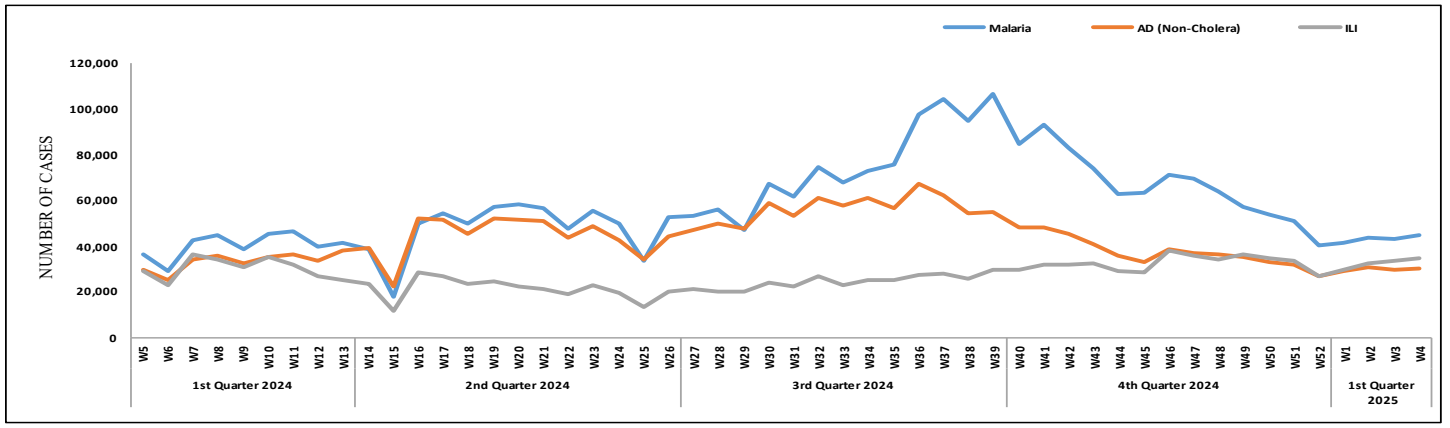


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, dog bite, TB and VH (B, C & D) cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Gwadar, Kech (Turbat) and Quetta while AD (Non-Cholera) cases are mostly reported from Gwadar, Quetta and Usta Muhammad.
- ILI, AD (Non-Cholera), Malaria, SARI, dog bite, TB and VH (B, C & D) showed an increase in cases this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 04, Balochistan

Districts	ILI	AD (Non-Cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	Dog Bite	TB	VH (B, C & D)
Awaran	59	20	30	0	9	0	2	0	0	0
Barkhan	39	53	22	6	1	0	19	8	7	0
Chagai	269	88	20	0	38	0	7	0	1	0
Dera Bugti	89	49	84	71	8	0	0	0	0	0
Gwadar	1,588	496	129	20	33	0	5	0	0	0
Harnai	25	96	56	208	38	0	0	3	0	0
Jaffarabad	167	239	389	4	29	9	3	51	114	28
Jhal Magsi	526	300	382	284	3	2	28	12	13	0
Kalat	5	11	9	14	6	2	16	0	0	0
Kech (Turbat)	1,184	285	508	12	63	11	1	NR	NR	0
Kharan	639	113	20	0	74	16	2	0	0	0
Khuzdar	290	169	60	1	102	18	5	0	1	0
Killa Saifullah	0	93	75	202	35	29	4	0	0	0
Kohlu	454	137	61	55	66	85	42	1	NR	3
Lasbella	61	304	362	97	41	4	12	19	1	7
Loralai	431	110	20	41	21	90	12	5	0	0
Mastung	50	96	13	8	9	84	11	8	0	6
Naseerabad	44	307	339	51	11	30	59	95	9	26
Panjgur	112	102	57	153	23	18	4	0	0	0
Pishin	601	222	10	98	78	42	29	3	0	0
Quetta	925	392	14	139	30	80	16	1	0	1
Sherani	23	4	3	0	0	32	0	0	0	0
Sibi	124	28	9	4	10	5	1	0	0	0
Sohbat pur	37	169	206	107	28	17	24	7	4	2
Surab	159	48	0	0	0	0	0	0	0	0
Usta Muhammad	218	374	264	232	55	31	7	10	1	17
Washuk	344	142	84	NR	56	NR	NR	NR	NR	NR
Zhob	265	70	16	372	19	104	10	0	22	0
Ziarat	193	63	16	23	34	6	9	2	0	0
Total	8,921	4,580	3,258	2,202	920	715	328	225	173	90

Figure 4: Most frequently reported suspected cases during Week 04, Balochistan

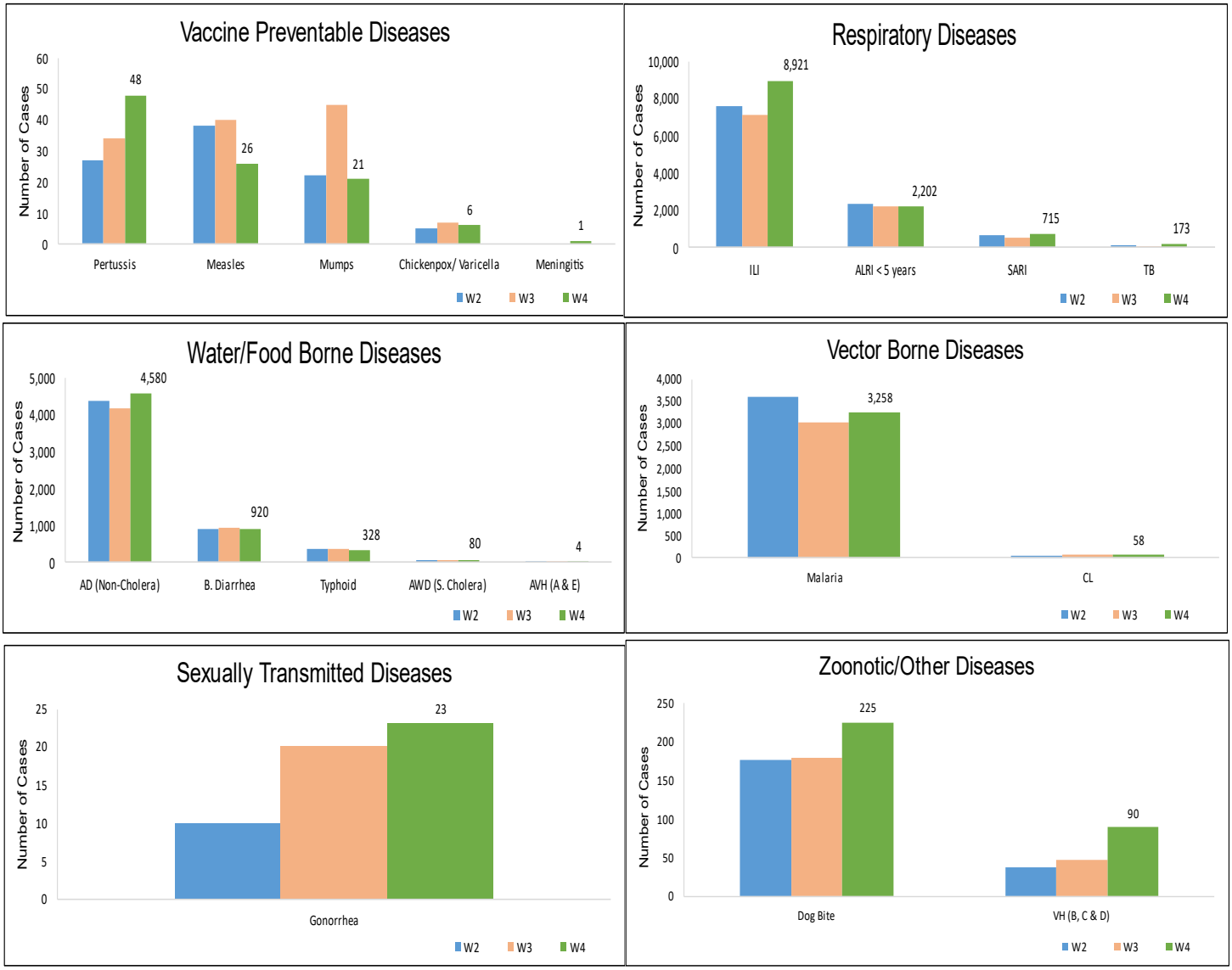
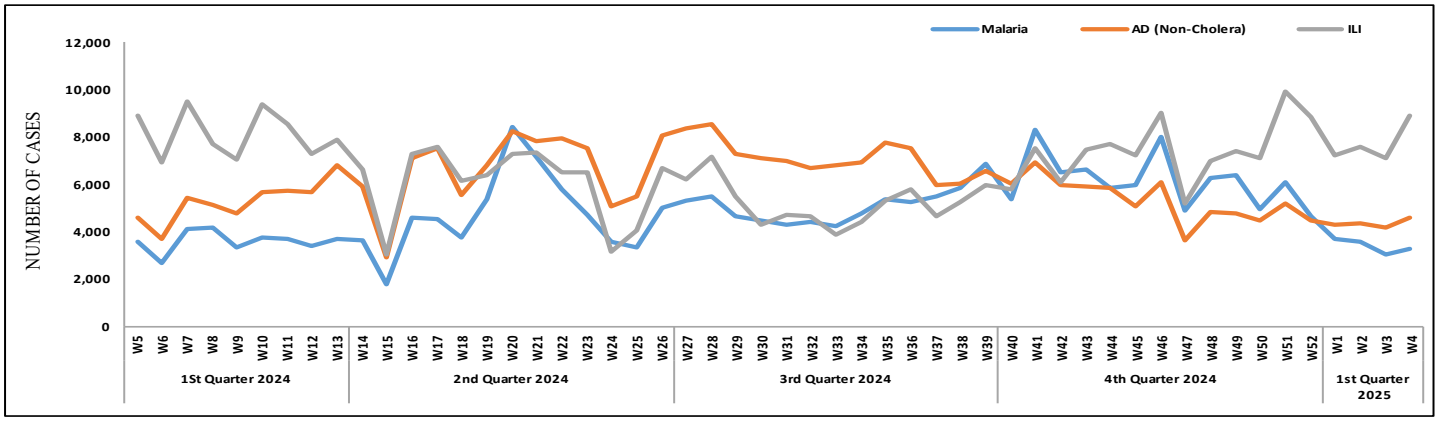


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan



- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, SARI, ALRI<5 Years, B. Diarrhea, dog bite, Typhoid, TB and CL cases.
- AD (Non-Cholera), ILI, Malaria and B. Diarrhea cases showed a decline in number while SARI, ALRI<5 Years, dog bite, TB and CL cases showed an increase in number this week.
- Twenty-five cases of AFP reported from KP. All are suspected cases and need field verification.
- Eleven suspected cases of Brucellosis reported from KP. They require field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 04, KP

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	SARI	B. Diarrhea	Dog Bite	Typhoid	TB	CL
Abbottabad	440	298	0	88	29	10	8	39	10	0
Bajaur	286	149	82	27	130	71	58	1	4	19
Bannu	558	7	1,533	19	0	24	2	88	26	1
Battagram	138	573	7	NR	NR	1	NR	NR	30	3
Buner	193	0	211	0	0	0	13	0	2	0
Charsadda	1,326	1,556	464	701	5	150	6	88	22	0
Chitral Lower	202	202	2	20	29	8	5	1	4	6
Chitral Upper	54	2	2	5	2	0	1	7	1	0
D.I. Khan	1,109	0	186	45	0	14	10	2	43	1
Dir Lower	819	1	174	28	0	59	56	26	22	1
Dir Upper	478	270	4	16	3	2	39	1	18	7
Haripur	387	185	0	60	29	0	7	3	40	0
Karak	230	66	92	45	85	18	6	1	1	137
Khyber	421	223	112	154	190	139	43	90	13	74
Kohat	313	77	31	12	39	19	15	4	0	54
Kohistan Lower	46	0	1	0	0	3	0	0	1	0
Kohistan Upper	228	12	10	15	0	12	0	0	0	0
Kolai Palas	51	10	1	4	3	8	0	2	2	0
L & C Kurram	6	6	6	0	0	5	1	0	0	0
Lakki Marwat	585	34	161	30	0	16	55	15	2	1
Malakand	444	82	31	45	31	30	0	12	2	37
Mansehra	431	278	17	13	6	2	0	8	3	0
Mardan	687	0	3	49	0	15	35	14	11	0
Mohmand	106	209	128	10	161	23	12	3	3	57
North Waziristan	24	0	7	1	3	0	1	2	1	1
Nowshera	860	36	16	6	6	10	1	2	14	3
Orakzai	3	23	1	0	0	7	0	0	0	0
Peshawar	1,848	1,050	26	97	209	122	8	47	22	0
SD Tank	4	3	9	0	0	0	0	0	0	0
Shangla	599	0	66	31	0	5	81	17	61	2
South Waziristan (Lower)	15	238	7	5	63	3	12	10	2	0
SWU	0	0	2	0	0	0	0	0	0	0
Swabi	679	837	43	173	64	2	172	38	44	0
Swat	1,066	175	8	112	15	12	57	50	8	0
Tank	394	155	76	16	0	3	0	16	13	0
Tor Ghar	27	0	12	12	75	15	15	4	3	10
Upper Kurram	112	332	5	23	317	21	10	6	4	0
Total	15,170	7,089	3,536	1,862	1,494	829	729	597	432	414

Figure 6: Most frequently reported suspected cases during Week 04, KP

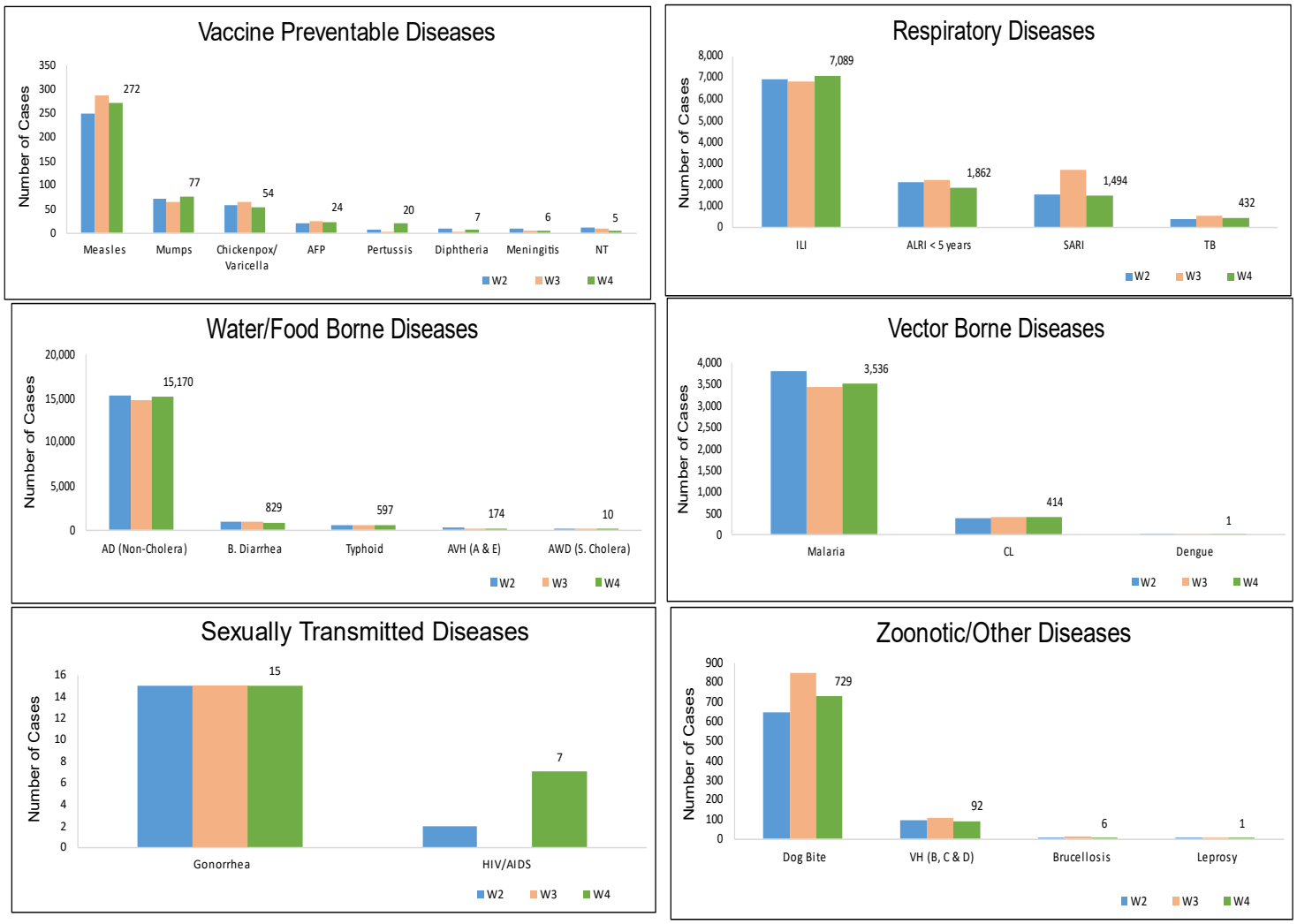
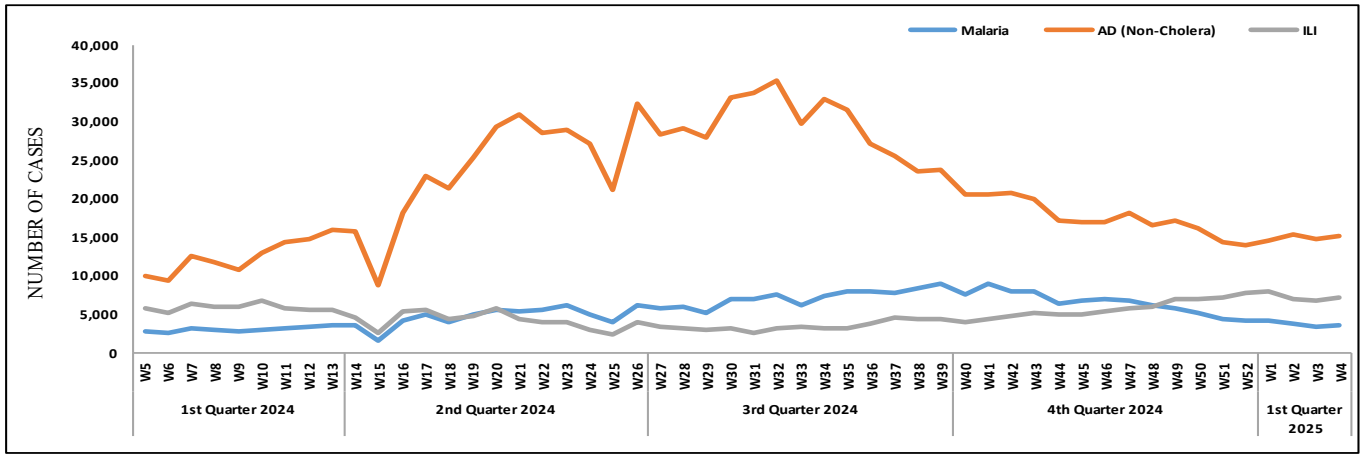


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP



Punjab

- AD (Non-Cholera) cases were maximum followed by TB, dog bite, Malaria, ALRI<5 Years, Typhoid, Dengue, B. Diarrhea and AWD (S. Cholera) cases.
- AD (Non-Cholera), TB, dog bite and ALRI<5 Years showed an increase in cases while Malaria and Dengue showed a decline in number of cases this week.
- Thirty-eight cases of AFP reported from Punjab. All are suspected cases and need field verification.

Figure 8: Most frequently reported suspected cases during Week 04, Punjab

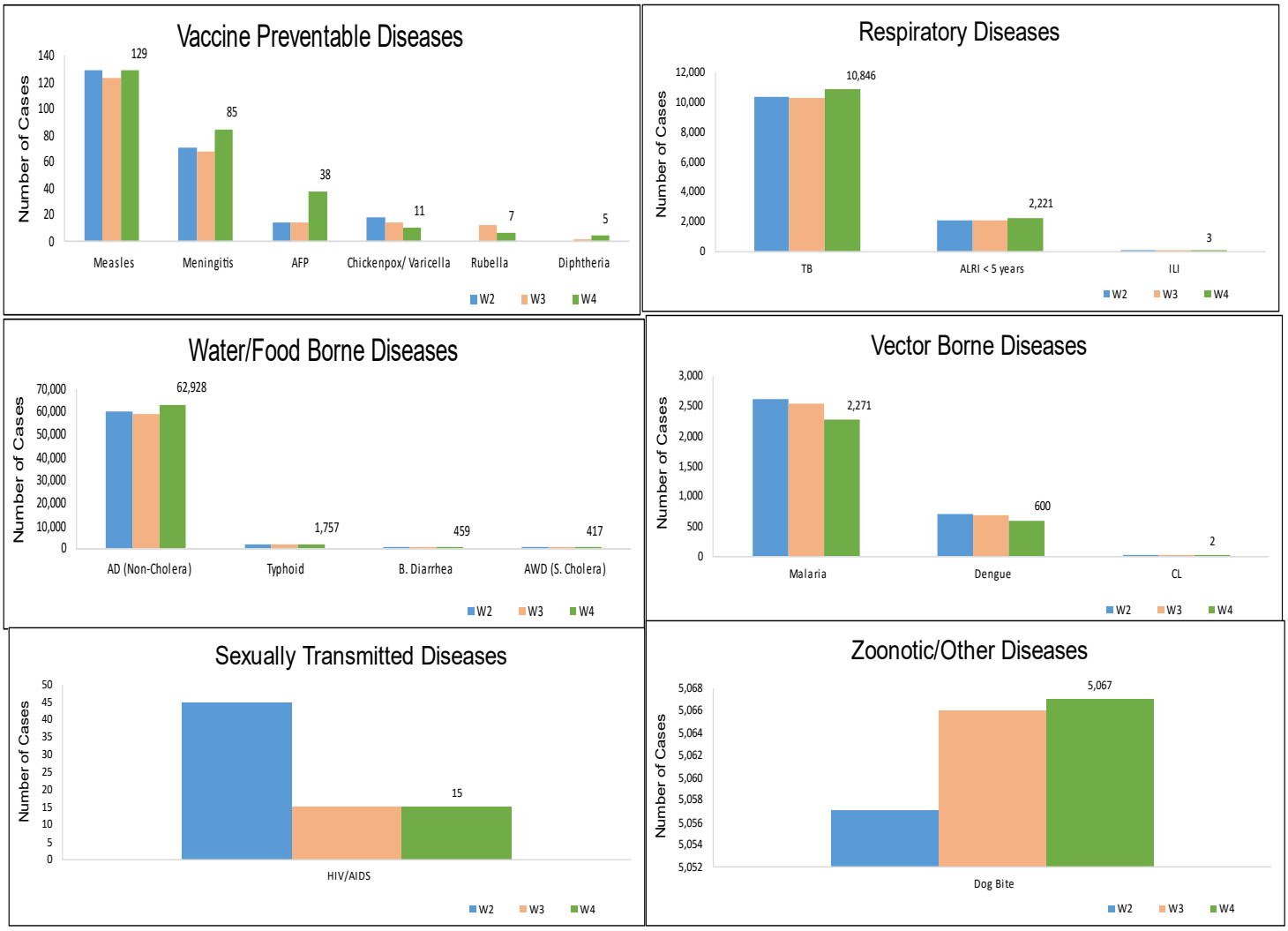
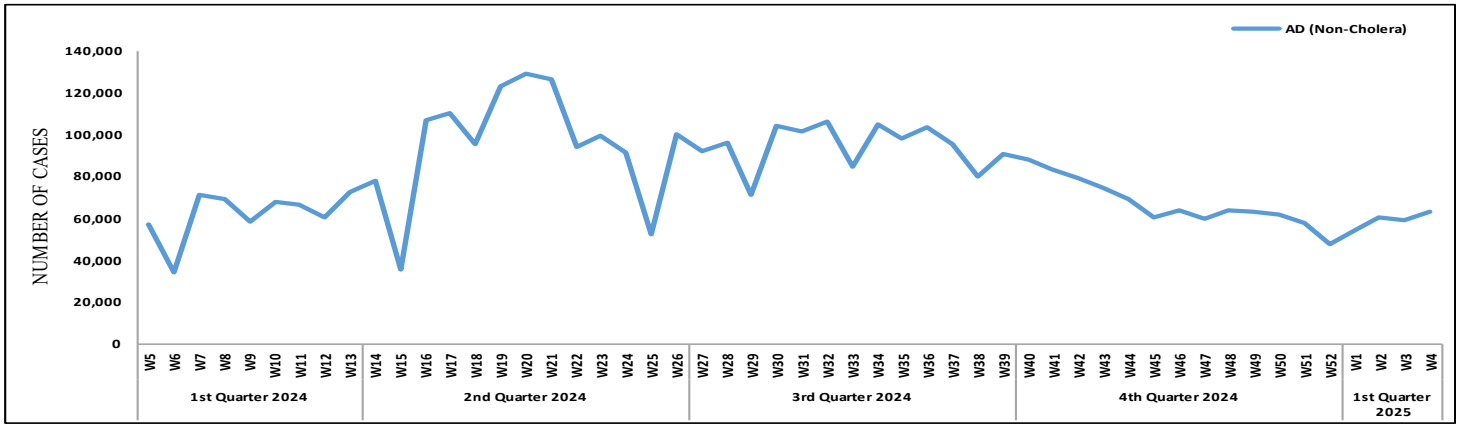


Figure 9: Week wise reported suspected cases of AD (Non-Cholera), Punjab



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and TB. ILI cases showed an increase in number this week. One case of AFP reported from ICT. It is suspected case and needs field verification.

AJK: ILI cases were maximum followed by ALRI < 5years, AD (Non-Cholera), SARI, dog bite, TB, B. Diarrhea, AVH (A & E), VH (B, C & D) and Typhoid cases. A decline in cases observed for ILI, ALRI < 5years, AD (Non-Cholera), SARI, dog bite, TB, B. Diarrhea, VH (B, C & D) and Typhoid this week. Three cases of AFP reported from AJK. All are suspected cases and need field verification.

GB: ALRI <5 Years cases were the most frequently reported diseases followed by AD (Non-Cholera), ILI, SARI, TB, B. Diarrhea and Typhoid cases. A decline in cases observed for ALRI <5 years, AD (Non-Cholera), ILI, SARI, TB and B. Diarrhea this week.

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Figure 10: Most frequently reported suspected cases during Week 04, AJK

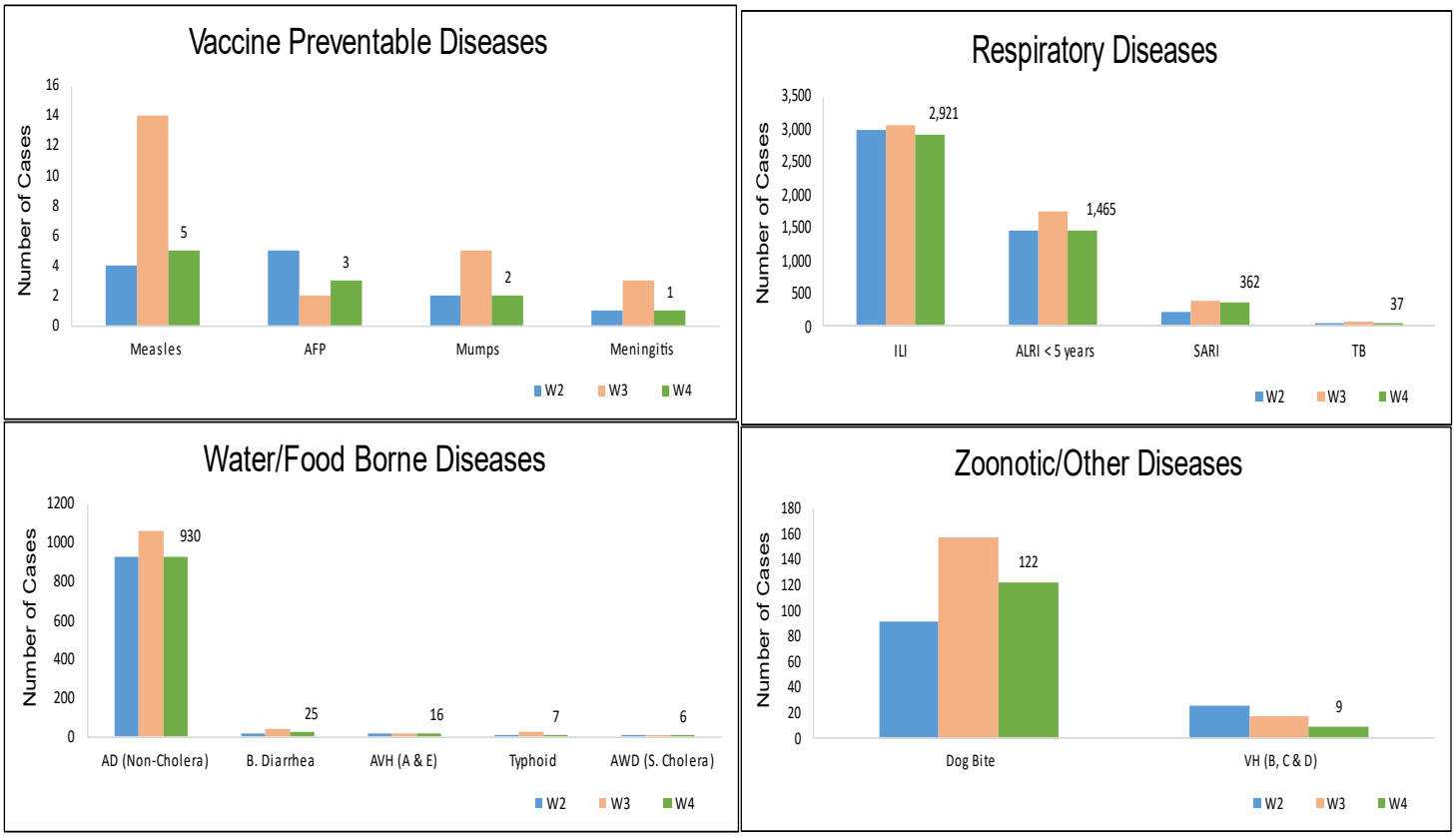


Figure 11: Week wise reported suspected cases of ILI and ARI <5 years, AJK

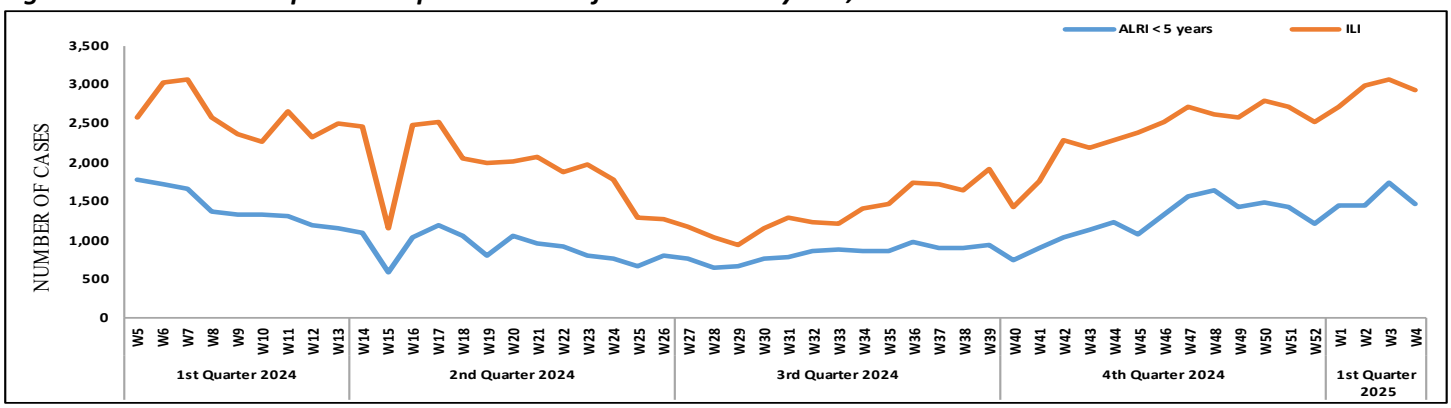


Figure 12: Most frequently reported suspected cases during Week 04, ICT

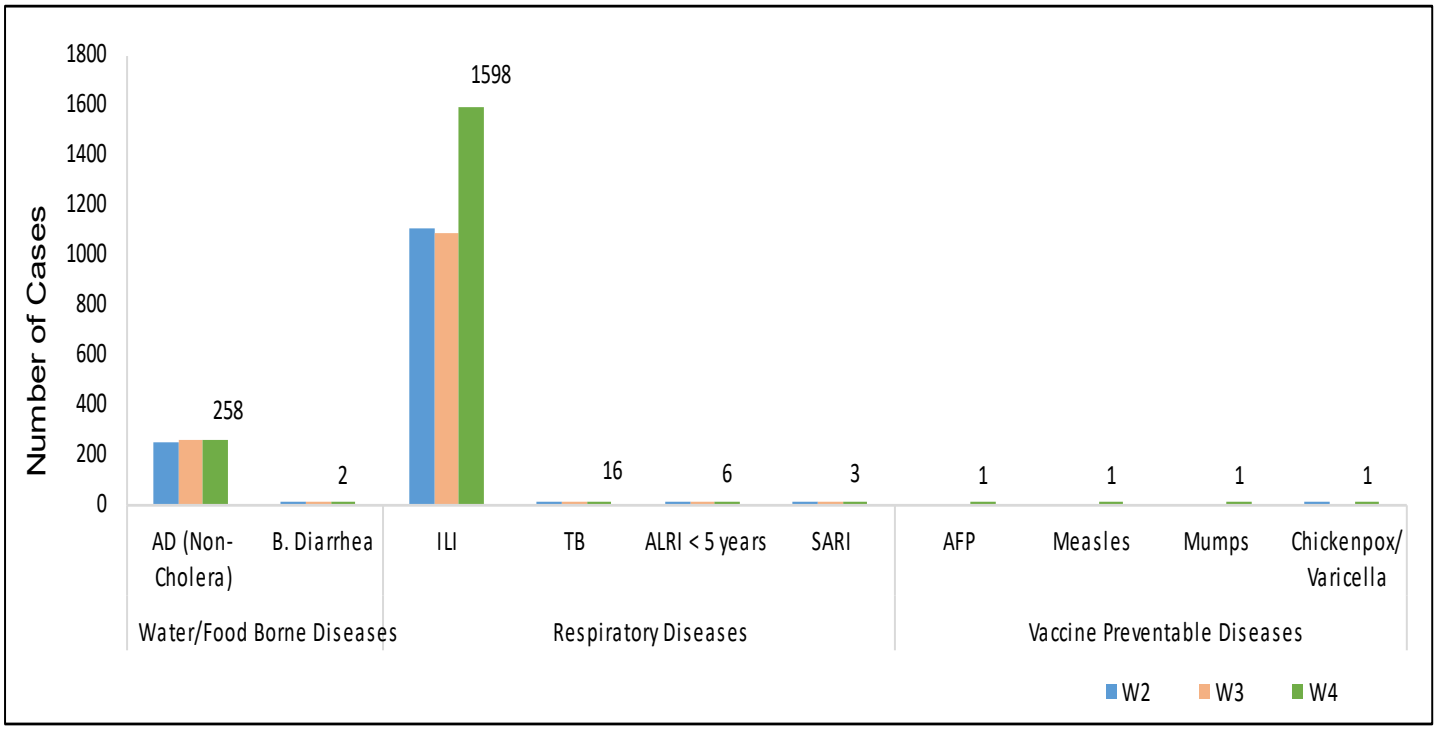


Figure 13: Week wise reported suspected cases of ILI, ICT

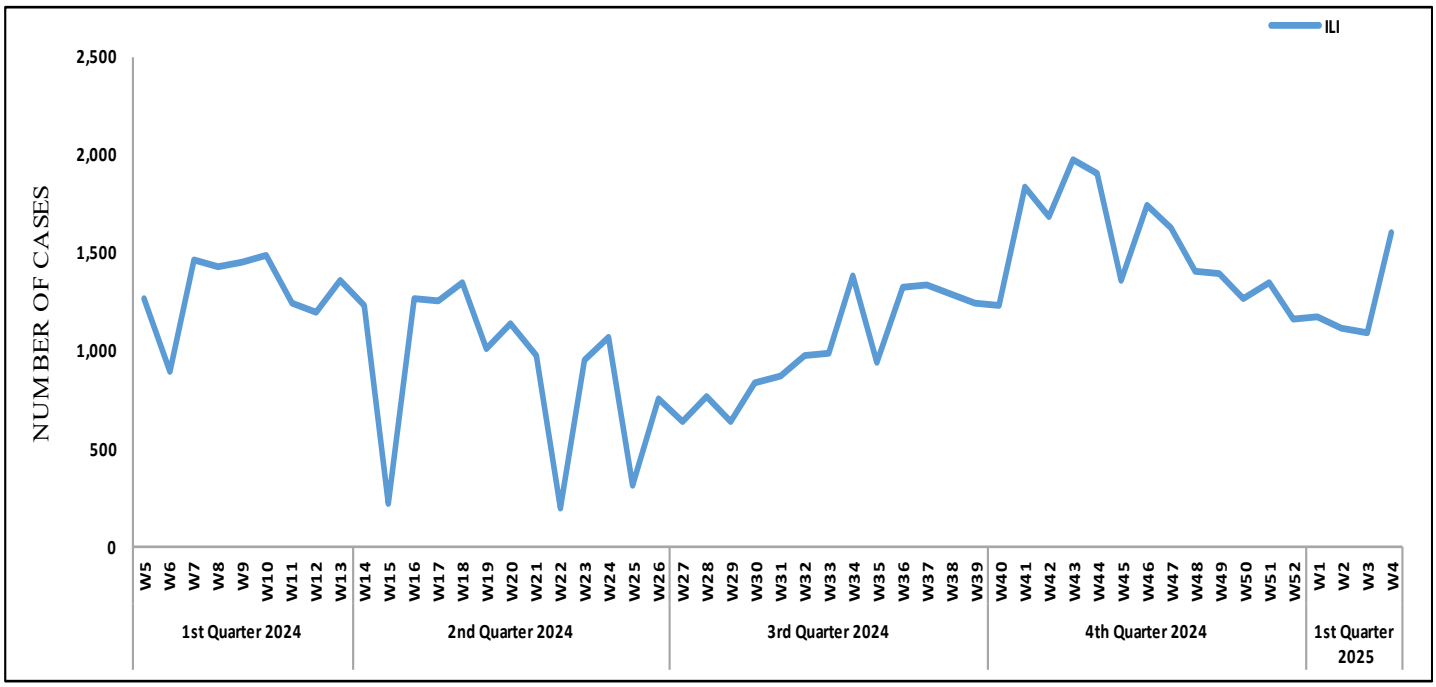


Figure 14: Most frequent cases reported during Week 04, GB

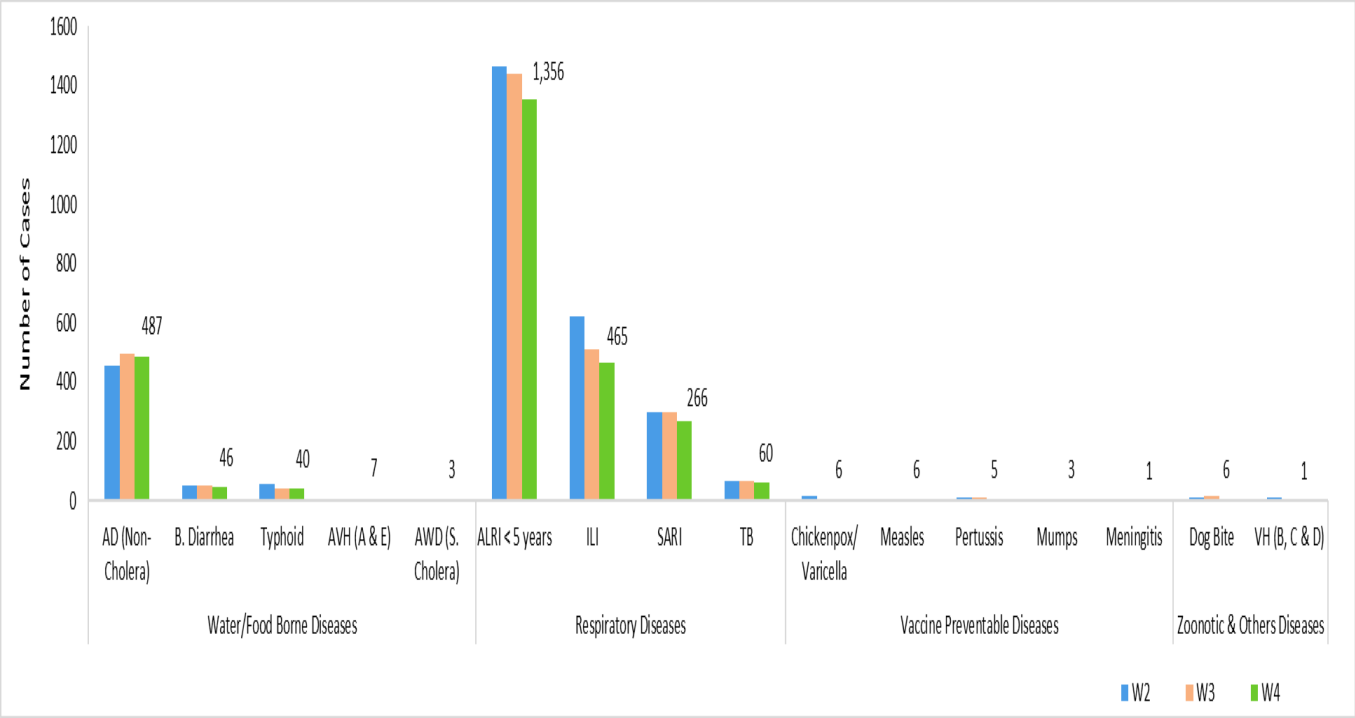


Figure 15: Week wise reported suspected cases of ALRI <5 years, GB

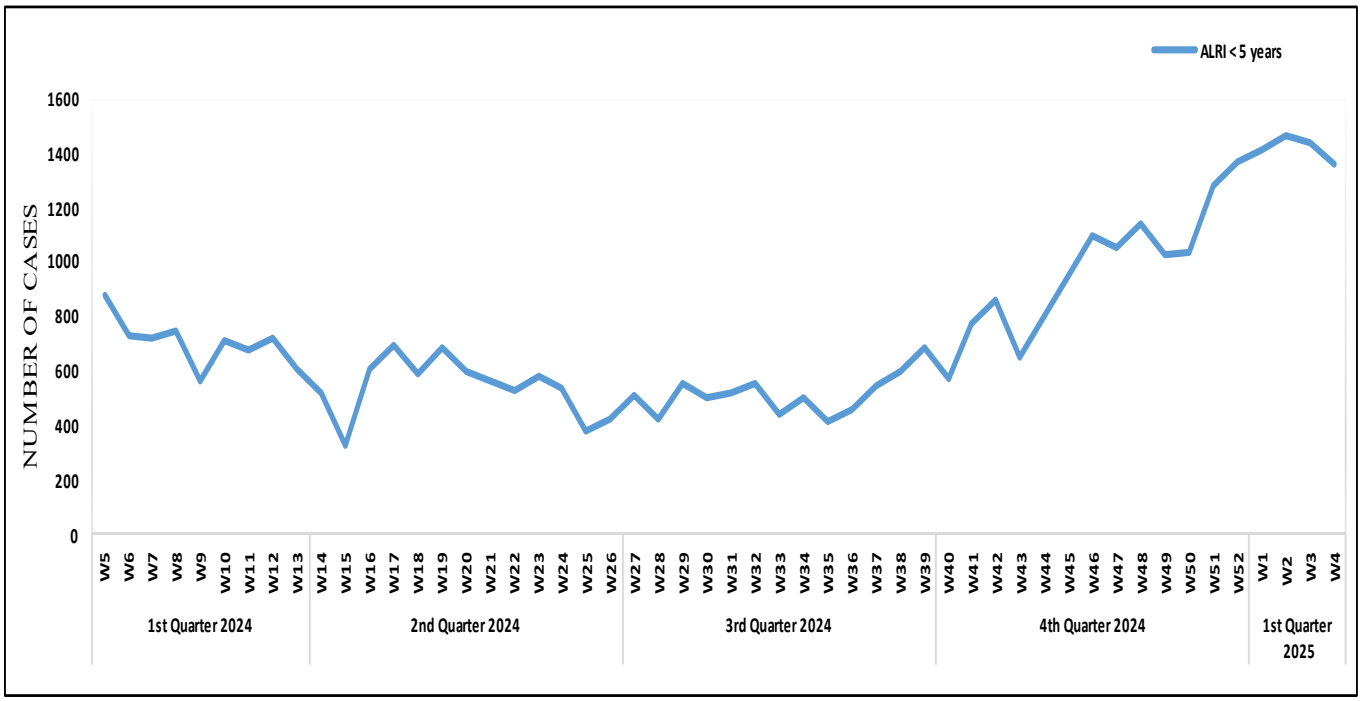


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 04

Diseases		Sindh		Balochistan		KPK		ISL		GB		Punjab		AJK	
		Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos
AWD (S. Cholera)	AWD (S. Cholera)	160	0	-	-	0	0	-	-	-	-	-	-	-	0
AD (non-cholera)	AD (non-cholera)	255	11	-	-	0	0	-	-	-	-	-	-	-	0
Malaria	Malaria	5,425	284	-	-	218	4	-	-	-	-	-	-	-	42
CCHF	CCHF	0	0	3	0	0	0	-	-	-	-	-	-	-	0
Dengue	Dengue	1,464	68	-	-	30	0	-	-	-	-	-	-	-	0
VH (B)	VH (B)	12,363	321	122	104	1,281	28	-	-	0	0	-	-	-	654
VH (C)	VH (C)	12,433	836	72	25	1,281	14	-	-	0	0	-	-	-	654
VH (A & E)	VH (D)	143	30	13	1	0	0	-	-	-	-	-	-	-	0
Covid-19	VH (A)	109	0	-	-	0	0	-	-	-	-	-	-	-	0
Chikungunya	VH (E)	12	4	-	-	0	0	-	-	-	-	-	-	-	0
TB	Covid-19	35	0	6	0	14	0	-	-	-	-	-	-	-	0
HIV/ AIDS	Chikungunya	21	1	0	0	0	0	-	-	-	-	-	-	-	0
Syphilis	TB	600	59	-	-	56	4	-	-	-	-	-	-	-	59
B. Diarrhea	HIV/ AIDS	2,523	9	-	-	910	3	-	-	-	-	-	-	-	475
Typhoid	Syphilis	1,214	18	-	-	228	1	-	-	-	-	-	-	-	3
Diptheria	B. Diarrhea	142	4	-	-	0	0	-	-	-	-	-	-	-	0
Pertussis	Typhoid	1,308	16	-	-	105	3	-	-	-	-	-	-	-	4
M-POX	Diphtheria	9	1	-	-	0	0	-	-	-	-	-	-	-	0
Leishmaniansis (cutaneous)	Pertussis	0	0	-	-	0	0	-	-	-	-	-	-	-	0
Leishmaniansis (Visceral)	M-POX	2	0	-	-	0	0	-	-	-	-	-	-	-	0
Pneumonial (ALRI)	Leishmaniansis (cutaneous)	2	0	-	-	0	0	-	-	-	-	-	-	-	0
Brucellosis	Leishmaniansis (Visceral)	0	0	-	-	4	0	-	-	-	-	-	-	-	0
Meningitis	Pneumonial (ALRI)	104	17	-	-	0	0	-	-	-	-	-	-	-	0
Gonorrhea	Brucellosis	0	0	-	-	5	0	-	-	-	-	-	-	-	0
Rubella (CRS)	Meningitis	0	0	-	-	15	1	-	-	-	-	-	-	-	0
Covid-19	Out of SARI	36	0	0	0	42	0	127	1	25	0	220	1	5	0
	Out of ILI	10	0	0	0	8	0	94	0	5	0	131	0	5	0
Influenza A	Out of SARI	36	2	0	0	42	2	127	14	25	2	220	28	5	0
	Out of ILI	10	0	0	0	8	1	94	11	5	0	131	26	5	0
Influenza B	Out of SARI	36	1	0	0	42	0	127	14	25	0	220	34	5	0
	Out of ILI	10	0	0	0	8	0	94	15	5	0	131	28	5	0
RSV	Out of SARI	36	0	0	0	42	0	127	32	25	0	220	0	5	0
	Out of ILI	10	0	0	0	8	0	94	6	5	0	131	0	5	0

Table 6: IDSR reporting districts Week 04, 2024

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	106	95%
	Bannu	238	137	58%
	Battagram	59	35	59%
	Buner	34	34	100%
	Bajaur	44	36	82%
	Charsadda	59	59	100%
	Chitral Upper	34	28	82%
	Chitral Lower	35	34	97%
	D.I. Khan	113	113	100%
	Dir Lower	74	73	99%
	Dir Upper	37	29	78%
	Hangu	22	0	0%
	Haripur	72	68	94%
	Karak	36	36	100%
	Khyber	53	41	77%
	Kohat	61	61	100%
	Kohistan Lower	11	11	100%
	Kohistan Upper	20	20	100%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	6	14%
	Upper Kurram	41	28	68%
	Malakand	42	31	74%
	Mansehra	133	110	83%
	Mardan	80	76	95%
	Nowshera	55	51	93%
	North Waziristan	13	3	23%
	Peshawar	154	131	85%
	Shangla	37	25	68%
	Swabi	64	62	97%
	Swat	77	75	97%
	South Waziristan (Upper)	93	38	41%
	South Waziristan (Lower)	42	19	45%
	Tank	34	30	88%
	Torghar	14	14	100%
	Mohmand	68	51	75%
	SD Peshawar	5	0	0%
	SD Tank	58	5	9%
	Orakzai	69	9	13%
	Mirpur	37	37	100%
	Bhimber	42	20	48%

Azad Jammu Kashmir	Kotli	60	60	100%
	Muzaffarabad	45	42	93%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	40	40	100%
	Neelum	39	36	92%
	Jhelum Vellay	29	29	100%
Islamabad Capital Territory	Sudhnooti	27	27	100%
	ICT	21	19	90%
Balochistan	CDA	15	8	53%
	Gwadar	26	25	96%
	Kech	44	31	70%
	Khuzdar	74	50	68%
	Killa Abdullah	26	0	0%
	Lasbella	55	55	100%
	Pishin	69	42	61%
	Quetta	55	39	71%
	Sibi	36	20	56%
	Zhob	39	30	77%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	29	97%
	Sherani	15	5	33%
	Kohlu	75	33	44%
	Chagi	36	24	67%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	0	0%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	25	100%
	Surab	32	24	75%
	Mastung	45	45	100%
	Loralai	33	24	73%
	Killa Saifullah	28	27	96%
	Ziarat	29	29	100%
	Duki	31	0	0%
	Nushki	32	0	0%
	Dera Bugti	45	29	64%
	Washuk	46	27	59%
	Panjgur	38	16	42%
	Awaran	23	5	22%
	Chaman	24	0	0%
	Barkhan	20	19	95%
	Hub	33	0	0%
	Musakhel	41	0	0%
Gilgit Baltistan	Usta Muhammad	34	34	100%
	Hunza	40	40	100%
	Nagar	52	52	100%
	Ghizer	62	60	97%

	Gilgit	54	54	100%
	Diamer	38	38	100%
	Astore	32	32	100%
	Shigar	25	20	80%
	Skardu	29	29	100%
	Ganche	27	25	93%
Sindh	Kharmang	46	24	52%
	Hyderabad	74	25	34%
	Ghotki	64	63	98%
	Umerkot	43	43	100%
	Naushahro Feroze	107	96	90%
	Tharparkar	276	240	87%
	Shikarpur	61	60	98%
	Thatta	52	51	98%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	23	19	83%
	Karachi-West	20	20	100%
	Karachi-Malir	37	26	70%
	Karachi-Kemari	18	15	83%
	Karachi-Central	12	9	75%
	Karachi-Korangi	18	17	94%
	Karachi-South	4	4	100%
	Sujawal	55	54	98%
	Mirpur Khas	106	101	95%
	Badin	124	124	100%
	Sukkur	64	63	98%
	Dadu	90	88	98%
	Sanghar	100	99	99%
	Jacobabad	44	43	98%
	Khairpur	170	168	99%
	Kashmore	59	59	100%
	Matiari	42	42	100%
	Jamshoro	75	74	99%
	Tando Allahyar	54	54	100%
	Tando Muhammad Khan	41	41	100%
	Shaheed Benazirabad	125	122	98%

Table 7: IDSR reporting Tertiary care hospital Week 04, 2024

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
AJK	Mirpur	2	2	100%
	Bhimber	1	1	100%
	Kotli	1	1	100%
	Muzaffarabad	2	2	100%
	Poonch	2	2	100%
	Haveli	1	1	100%
	Bagh	1	1	100%
	Neelum	1	1	100%
	Jhelum Vellay	1	1	100%
	Sudhnooti	1	1	100%
Sindh	Karachi-South	1	0	0%
	Sukkur	1	0	0%
	Shaheed Benazirabad	1	1	100%
	Karachi-East	1	1	100%
	Karachi-Central	1	1	100%

Advancing Mortality Surveillance System: Provincial Advocacy and Implementation in KP

The Center for Disease Control, National Institute of Health (NIH), in collaboration with the Health Department Khyber Pakhtunkhwa (KP), successfully conducted a consultative workshop on the implementation of a Mortality Surveillance System. This initiative is a significant step toward strengthening public health surveillance and data-driven decision-making in Pakistan.

The workshop brought together 43 key participants from all relevant stakeholders, including representatives from Medical Teaching Institutions (MTIs), the KP Healthcare Commission, and other key organizations. The objective was to foster discussions on the development and implementation of a robust and comprehensive mortality surveillance system tailored to the needs of the province.

During the sessions, experts emphasized the critical role of standardized mortality surveillance at the national level and its integration with existing disease surveillance systems. The participants were introduced to the national framework and implementation plan for mortality surveillance developed by NIH, which aims to create a unified system for accurate data collection and reporting across the country. The discussions also focused on aligning the framework with provincial needs and prioritizing activities for effective implementation in KP.

A key aspect of the workshop was the importance of accurate cause-of-death reporting and the electronic integration of mortality data. The participants recognized that reliable mortality data is essential for understanding disease patterns, identifying public health priorities, and guiding policy decisions. Addressing gaps in death certification and ensuring the adoption of international standards in mortality data collection were highlighted as critical areas of focus.

The workshop concluded with a strategic roadmap for the implementation of the mortality surveillance system in KP. Participants reached a consensus on the next steps, including capacity building, strengthening data collection mechanisms, and ensuring interoperability between mortality and disease surveillance systems.

The CEO of NIH commended the leadership of KP in spearheading this initiative, drawing parallels with the province's early role in successfully piloting the Integrated Disease Surveillance and Response System (IDSRS). This collaborative effort marks a pivotal advancement in Pakistan's public health infrastructure, paving the way for more informed, timely, and evidence-based interventions to improve health outcomes nationwide.

Notes from the field:

Chickenpox Outbreak Response in Warana Musakan, Karak, KP January 29, 2025.

On January 29, 2025, a chickenpox outbreak was reported in Warana Musakan, Karak. In response, a coordinated effort was led by the District Health Officer (DHO) of Karak. A multidisciplinary response team was mobilized to assess the situation, provide medical care, and conduct awareness activities within the affected community.

Response Team and Coordination

The response was conducted under the supervision of the DHO Karak, with the involvement of public health specialists, district entomologists, and surveillance focal persons from the DHO office. Additionally, representatives from the district administration and education department played a key role in reporting and facilitating the response efforts.

Epidemiological Findings and Response

A total of 50 cases of chickenpox were identified and treated. All affected individuals were reported to be in stable condition, and no serious cases were documented. Symptomatic management and essential medicines were provided to the patients to alleviate symptoms and prevent complications.

Awareness and Prevention Activities Undertaken

To mitigate the spread of the outbreak and enhance community knowledge, awareness sessions were conducted in local educational institutions:

- **GPS Zawahir Jan Koroona:** 125 students received education on chickenpox prevention and management.
- **GHSS Warana Musakan:** 352 students participated in awareness sessions on chickenpox, focusing on transmission, symptoms, and preventive measures.

- **Hygiene Promotion:** The response team emphasized the importance of hygiene, early identification of symptoms, and timely medical intervention to control the outbreak. Preventive measures included promoting regular handwashing, proper disposal of contaminated materials, and ensuring affected individuals remained isolated to prevent further spread. Schools and community centers were advised to implement routine disinfection practices, particularly in high-contact areas.

- **Isolation and Early Detection**: Health education sessions were conducted to inform the community about recognizing

early signs of chickenpox and seeking prompt medical attention. Parents and caregivers were encouraged to monitor children for symptoms and report any new cases to healthcare providers while ensuring affected individuals remained isolated to minimize transmission.

- **Vaccination Awareness**: Vaccination awareness was also highlighted, reinforcing the importance of immunization in reducing susceptibility to the virus.

Ongoing Surveillance and Community Engagement:

Ongoing surveillance and preventive measures will continue to ensure the health and safety of the affected population. Public health authorities will maintain active case tracking, conduct follow-up visits, and provide additional resources to sustain preventive efforts. Community engagement remains a critical aspect, with health teams working closely with local leaders to promote adherence to preventive guidelines and encourage timely reporting of suspected cases.

Knowledge Hub

Chicken Pox

Introduction

Chickenpox, also known as varicella, is a highly contagious viral infection caused by the varicella-zoster virus (VZV). It primarily affects children but can also occur in adults who have not been previously infected or vaccinated. Although generally a mild disease in healthy individuals, it can lead to severe complications in immunocompromised individuals, pregnant women, and neonates.

Epidemiology

Chickenpox is a global disease with widespread occurrence, especially in regions with low vaccination coverage. It is primarily transmitted through respiratory droplets or direct contact with vesicular fluid. Before the introduction of the varicella vaccine, nearly all individuals contracted chickenpox during childhood. In countries with routine vaccination programs, the incidence has significantly declined, with a notable reduction in severe cases and complications.

Clinical Presentation

The incubation period of chickenpox ranges from 10 to 21 days. The prodromal phase includes fever, malaise, and fatigue, followed by the appearance of a pruritic maculopapular rash that rapidly progresses to vesicles and crusted lesions. The rash typically appears first on the trunk and face before spreading to the extremities. Severe cases may present with complications such as bacterial superinfection, pneumonia, encephalitis, or disseminated varicella in immunocompromised patients.

Management and Treatment

Chickenpox is usually self-limiting, and treatment is primarily supportive. Antipyretics, antihistamines, and skin care measures help alleviate symptoms. Antiviral therapy (e.g., acyclovir) is recommended for high-risk groups, including immunocompromised patients, pregnant women, and adults with severe disease. Varicella-zoster immune globulin (VZIG) may be administered post-exposure to prevent severe illness in high-risk individuals.

Prevention and Control

Vaccination:

- The most effective preventive measure against chickenpox is vaccination.
- The varicella vaccine, administered in a two-dose schedule, provides strong immunity and significantly reduces disease incidence and severity.
- Countries with routine varicella vaccination programs have reported substantial decreases in chickenpox-related hospitalizations and deaths.

Herd Immunity:

- Achieved through widespread vaccination, herd immunity protects individuals who cannot receive the vaccine, such as immunocompromised individuals and pregnant women.

- Breakthrough cases in vaccinated individuals tend to be milder with fewer complications.

Post-Exposure Prophylaxis:

- Varicella-zoster immune globulin (VZIG) is recommended for high-risk individuals, such as newborns and immunocompromised patients, to prevent severe disease.
- Antiviral therapy with acyclovir may also be considered for high-risk groups.

Infection Control Measures:

- Limiting the spread of chickenpox is crucial, especially in healthcare and childcare settings.
- Isolation of infected individuals until lesions have crusted over is recommended to prevent transmission.
- Proper hand hygiene, respiratory etiquette, and disinfection of contaminated surfaces help reduce the risk of spread.

Schools and childcare centers should implement policies for excluding infected individuals to minimize outbreaks

Key Takeaway

Chickenpox remains an important public health concern, particularly in areas with low vaccine coverage. While it is generally a mild illness, severe complications can occur in high-risk individuals. Widespread vaccination has proven to be the most effective strategy for reducing the burden of disease. Continued surveillance, immunization efforts, and adherence to infection control measures are essential for achieving further reductions in spread of disease.

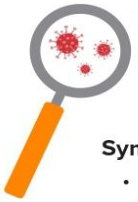
References

Centers for Disease Control and Prevention (CDC). Chickenpox: Signs and Symptoms. CDC [Internet]. 2023 [cited 2025 Feb 11]. Available from: https://www.cdc.gov/chikenpox/signs-symptoms/index.html

World Health Organization (WHO). Chickenpox. WHO [Internet]. 2023 [cited 2025 Feb 11]. Available from: https://www.who.int/news-room/fact-sheets/detail/chikenpox

Chickenpox
What you should know

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

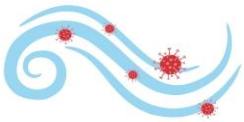


The varicella-zoster virus causes chickenpox.

Symptoms:

- Blister-like rash.
- Fever.
- Headache.
- Tiredness.
- Loss of appetite.

Chickenpox spreads easily:



- Through the air.
- On surfaces.

People can spread chickenpox 1–2 days before they get a rash until all the blisters form scabs.

Getting vaccinated is the best way to prevent chickenpox.

Unvaccinated people should:

- Avoid people with chickenpox and places where outbreaks are happening.
- Frequently wash hands with soap and warm water.

Chickenpox can be dangerous for people who are:

- Infants.
- Teens.
- Adults.
- Pregnant.
- Living with a weakened immune system.

It can cause brain infections, pneumonia, or birth defects.

If these people are exposed to chickenpox, call a healthcare provider right away.

Unvaccinated and exposed? Get vaccine within 3–5 days to prevent or reduce illness.

If you get sick:

- Rest.
- Drink fluids.
- Treat fever and discomfort, as needed. Never give aspirin to children.

Learn more at cdc.gov/chickenpox

Communicable Disease Control | March 2024
3629 S. D St. | Tacoma, WA 98418 | (253) 649-1413 | tpchd.org

Image Reference : https://tpchd.org/wp-content/uploads/2024/03/Chickenpox-infographic-and-FAQs.pdf

	https://phb.nih.org.pk/		https://twitter.com/NIH_Pakistan
	idsr-pak@nih.org.pk		https://www.facebook.com/NIH.PK/

UK Health Security Agency

World Health Organization

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION