

# 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

Make a difference with  
your Field work

Share Your Work and Impact Lives

[www.phb.nih.org.pk](http://www.phb.nih.org.pk)  
[phb@nih.org.pk](mailto:phb@nih.org.pk)





## Overview

## IDSR Reports

## Ongoing Events

## Field Reports

### Public Health Bulletin - Pakistan, Week 08, 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;*

- *Strengthening Health Security: National Workshop in Islamabad Concludes with Focus on Financial Strategies for NAPHS*
- *Investigation of a Suspected Outbreak of dengue, UC Wadpaggga, District Peshawar*
- *Knowledge hub on Understanding Seasonal Allergies: A Public Health Guide*

*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.*

***Subscribe to the Weekly Bulletin today!***

*Stay informed. Stay prepared. Stay healthy.*

*Sincerely,  
The Chief Editor*



*Note: All reported cases in this report are suspected cases*

- During Week 08, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, TB, ALRI <5 years, dog bite, B. Diarrhea, VH (B, C & D), Typhoid and SARI.
- Forty-two cases of AFP reported from KP, nine from Punjab, seven from Sindh and one from AJK.
- Twenty suspected cases of HIV/ AIDS reported from Punjab, four from Sindh and three from KP.
- Seven suspected cases of Brucellosis reported from KP.
- Among VPDs, there is an increase in number of cases of Measles, Rubella and NT this week.
- Among respiratory diseases, there is an increase in number of cases of SARI this week.
- Among food/ water-borne diseases, there is an increase in number of cases of AD (Non-cholera) this week.
- Among STDs, there is an increase in number of cases of HIV/AIDs this week.
- Among other diseases, there is an increase in number of cases of dog bite this week.

## IDSR compliance attributes

- The national compliance rate for IDSR reporting in 158 implemented districts is 82%
- Sindh is the top reporting regions with a compliance rate of 96%, followed by AJK 93%, GB 92% and KP 78%.
- The lowest compliance rate was observed in ICT 63% and Balochistan 58%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2315	1806	78
Azad Jammu Kashmir	404	377	93
Islamabad Capital Territory	36	23	63
Balochistan	1308	768	58
Gilgit Baltistan	405	376	92
Sindh	2098	2031	96
National	6566	5381	82



## Public Health Actions

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

### AD (Non-Cholera)

- **Safe Water and Sanitation:** Improve access to clean, safe drinking water and upgrade sanitation systems by installing water purification units, ensuring reliable piped water supply, and enhancing sewage management to prevent fecal contamination of water sources.
- **Water Quality Maintenance:** Implement routine changing of filters in filtration plants and regular testing of government water supply systems to monitor and maintain water quality, ensuring the removal of pathogens and contaminants.
- **Oral Rehydration Therapy Access:** Ensure widespread availability and distribution of oral rehydration salts (ORS) and zinc supplements, particularly for children under 5, through local health facilities and community outreach programs to reduce morbidity and mortality.
- **Food and Hygiene Safety:** Promote safe food handling practices by educating communities on proper cooking, storage, and hand washing with soap before eating or preparing food to limit transmission through contaminated food and water.
- **Public Education and Community Awareness:** Engage local health workers, community leaders, and volunteers to conduct regular educational campaigns, highlighting the importance of hygiene practices, early symptom recognition, and prompt treatment-seeking behavior to empower communities in prevention efforts.

### Typhoid

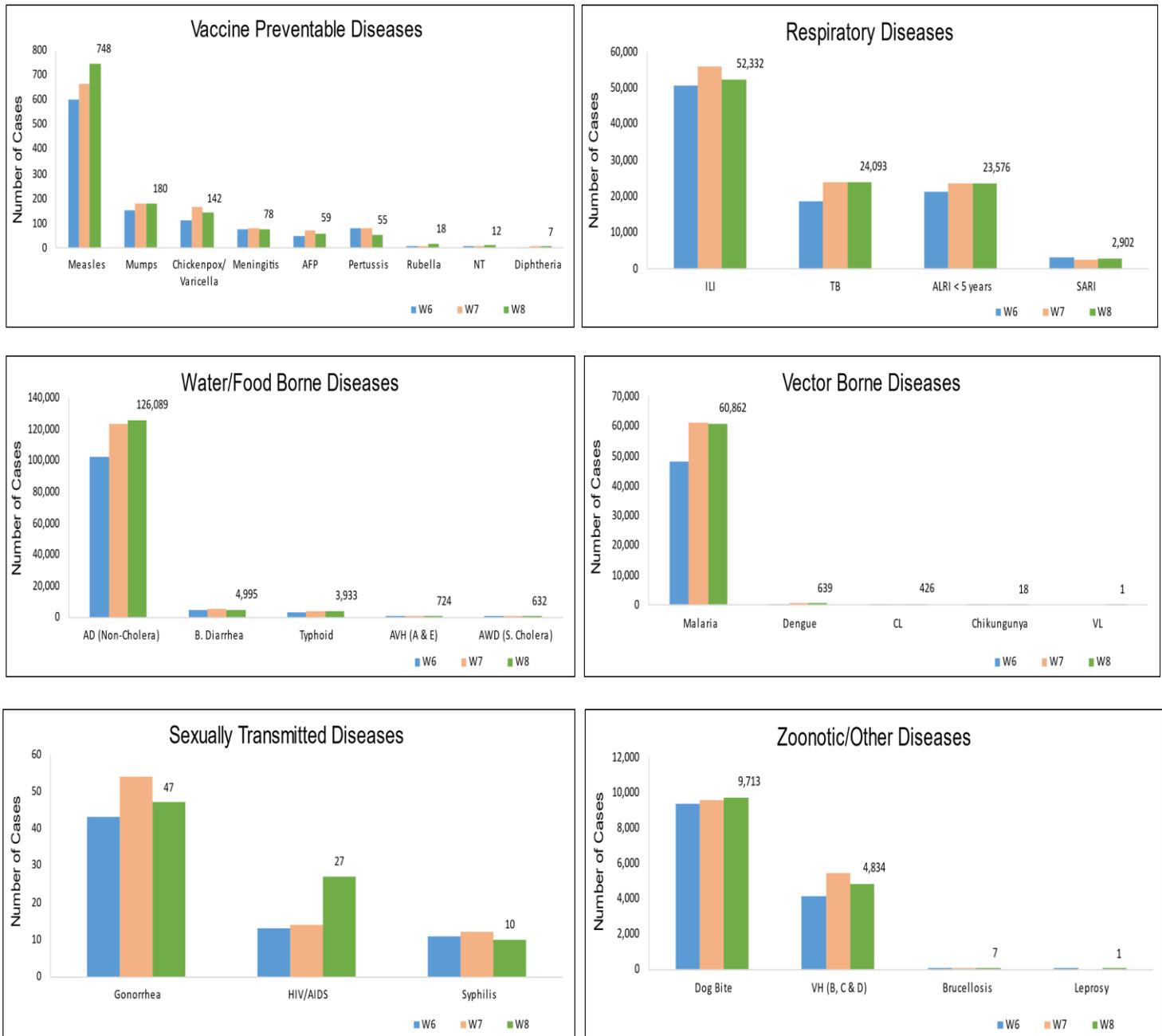
- **Safe Water and Sanitation:** Enhance access to clean, safe drinking water and improve sanitation infrastructure.
- **Surveillance and Laboratory Testing:** Implement strict surveillance of typhoid cases, coupled with mandatory laboratory testing, to promptly identify and track multidrug-resistant (MDR) and extensively drug-resistant (XDR) strains of Salmonella Typhi, enabling targeted interventions and containment.
- **Vaccination of High-Risk Populations:** Prioritize vaccination campaigns targeting children under 15 years in endemic and high-risk areas with the typhoid conjugate vaccine (TCV) to curb the spread of extensively drug-resistant (XDR) S. Typhi, while also decreasing reliance on antibiotics and combating antimicrobial resistance.
- **Food Safety:** Implement strict food safety regulations, including training food handlers on hygienic practices, ensuring thorough cooking of food, and promoting safe storage methods to minimize the risk of foodborne typhoid transmission.
- **Community Awareness:** Leverage local health workers, community leaders, and influencers to conduct community awareness sessions, educating residents on typhoid prevention methods, encouraging community-driven behavioral change.



**Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 08, Pakistan.**

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	867	4,653	515	194	18,163	65,216	36,481	126,089
Malaria	0	2,955	0	0	3,296	2,636	51,975	60,862
ILI	2,251	7,351	441	1,395	5,907	11	34,976	52,332
TB	59	121	52	17	374	11,820	11,650	24,093
ALRI < 5 years	1,237	2,276	1,087	8	2,370	2,488	14,110	23,576
Dog Bite	101	227	13	0	869	5,147	3,356	9,713
B. Diarrhea	31	995	56	2	686	443	2,782	4,995
VH (B, C & D)	26	57	2	0	98	0	4,651	4,834
Typhoid	16	300	61	1	616	2,092	847	3,933
SARI	326	795	236	2	1,292	0	251	2,902
Measles	7	22	3	1	463	161	91	748
AVH (A & E)	20	14	1	0	199	0	490	724
Dengue	0	1	0	0	1	588	49	639
AWD (S. Cholera)	2	67	15	0	47	501	0	632
CL	0	61	0	0	364	1	0	426
Mumps	1	14	0	0	91	0	74	180
Chickenpox/ Varicella	5	4	6	0	45	7	75	142
Meningitis	0	0	2	0	6	62	8	78
AFP	1	0	0	0	42	9	7	59
Pertussis	0	44	1	0	10	0	0	55
Gonorrhoea	0	19	0	0	19	0	9	47
HIV/AIDS	0	0	0	0	3	20	4	27
Chikungunya	0	0	0	0	0	0	18	18
Rubella	0	0	0	0	12	6	0	18
NT	0	0	0	0	12	0	0	12
Syphilis	0	0	0	0	0	0	10	10
Diphtheria	0	0	0	0	3	3	1	7
Brucellosis	0	0	0	0	7	0	0	7
VL	0	0	0	0	1	0	0	1
Leprosy	0	0	0	0	0	0	1	1

**Figure 1: Most frequently reported suspected cases during Week 08, Pakistan.**

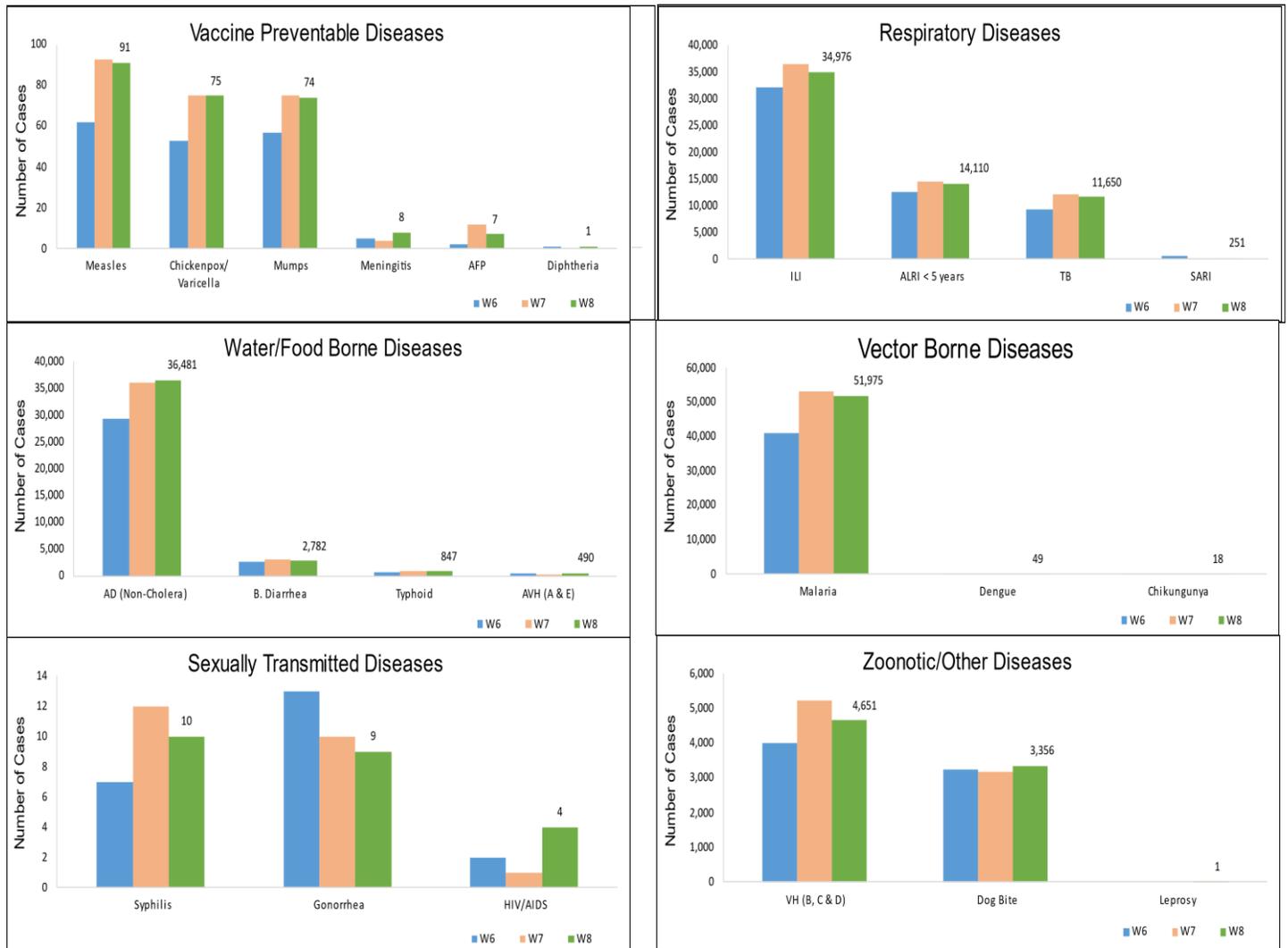


- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, TB, VH (B, C, D), dog bite, B. Diarrhea, Typhoid and AVH (A & E).
- Malaria cases are mostly from Larkana, Khairpur and Sanghar whereas AD (Non-Cholera) cases are from Dadu, Badin and Mirpurkhas.
- Seven cases of AFP reported from Sindh. All are suspected cases and need field verification.
- Four suspected cases of HIV/ AIDS reported from Sindh. Field investigation required to verify the cases.

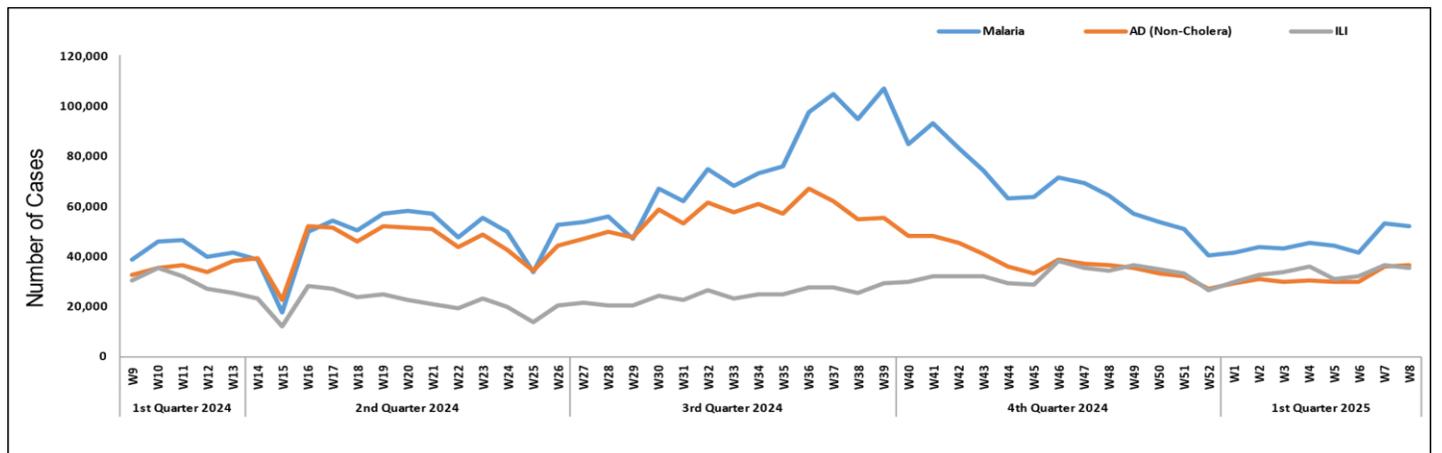
**Table 2: District wise distribution of most frequently reported suspected cases during Week 08, Sindh**

Districts	Malaria	AD (non-cholera)	ILI	ALRI < 5 years	TB	VH (B, C & D)	Dog Bite	B. Diarrhea	Typhoid	AVH (A & E)
Badin	2,811	2,534	2,808	528	881	386	149	126	95	3
Dadu	3,703	2,858	576	1,608	427	82	353	373	110	71
Ghotki	796	589	87	730	266	126	193	55	6	1
Hyderabad	757	2,085	2,705	167	221	84	23	1	6	5
Jacobabad	638	489	864	482	100	208	216	89	26	0
Jamshoro	1,720	1,111	87	369	530	135	105	119	28	8
Kamber	3,473	1,353	0	330	816	132	277	98	21	0
Karachi Central	8	646	1,341	21	20	5	0	1	86	14
Karachi East	27	401	504	54	27	2	27	8	0	0
Karachi Keamari	20	525	369	62	22	0	0	4	9	3
Karachi Korangi	52	401	3	2	16	0	0	3	1	1
Karachi Malir	194	1,272	2,877	231	79	11	44	28	11	0
Karachi South	0	71	1	0	0	0	0	0	0	0
Karachi West	279	842	1,163	118	92	37	32	22	31	3
Kashmore	1,851	322	852	201	208	25	58	42	1	0
Khairpur	4,542	2,144	7,971	1,407	1,014	206	253	271	142	1
Larkana	5,000	1,694	111	673	997	71	37	334	12	5
Matiari	2,785	1,242	2	542	538	600	39	34	2	2
Mirpurkhas	2,214	2,181	3,396	609	648	193	140	83	9	2
Naushero Feroze	1,514	1,166	1,343	598	368	42	265	133	42	0
Sanghar	4,135	1,781	92	902	1,337	1,156	236	131	43	2
Shaheed Benazirabad	1,848	1,336	3	260	320	84	163	57	77	0
Shikarpur	2,566	1,024	3	247	280	342	286	155	3	0
Sujawal	810	868	12	419	165	37	52	58	2	0
Sukkur	1,633	1,027	2,234	605	469	96	158	135	6	0
Tando Allahyar	1,955	942	1,470	313	417	276	108	122	12	2
Tando Muhammad Khan	698	783	40	223	472	2	24	73	0	0
Tharparkar	2,727	2,142	2,580	1,179	530	100	2	94	33	30
Thatta	1,329	1,270	1,482	512	56	151	116	33	9	334
Umerkot	1,890	1,382	0	718	334	62	0	100	24	3
<b>Total</b>	<b>51,975</b>	<b>36,481</b>	<b>34,976</b>	<b>14,110</b>	<b>11,650</b>	<b>4,651</b>	<b>3,356</b>	<b>2,782</b>	<b>847</b>	<b>490</b>

**Figure 2: Most frequently reported suspected cases during Week 08 Sindh**



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



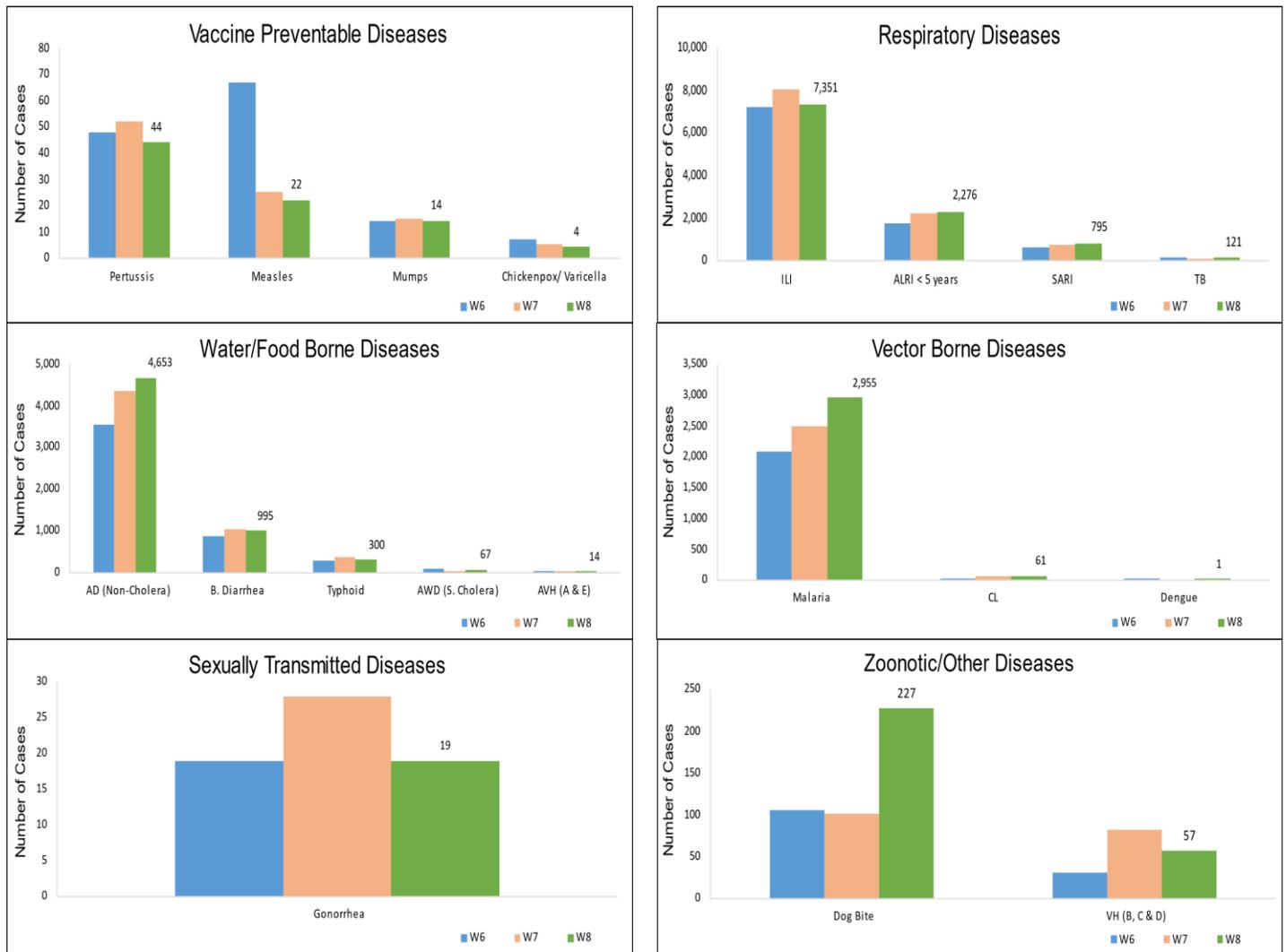
- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, dog bite, TB and AWD (S. Cholera) cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Gwadar, Quetta and Kharan while AD (Non-Cholera) cases are mostly reported from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

**Table 3: District wise distribution of most frequently reported suspected cases during Week 08, Balochistan**

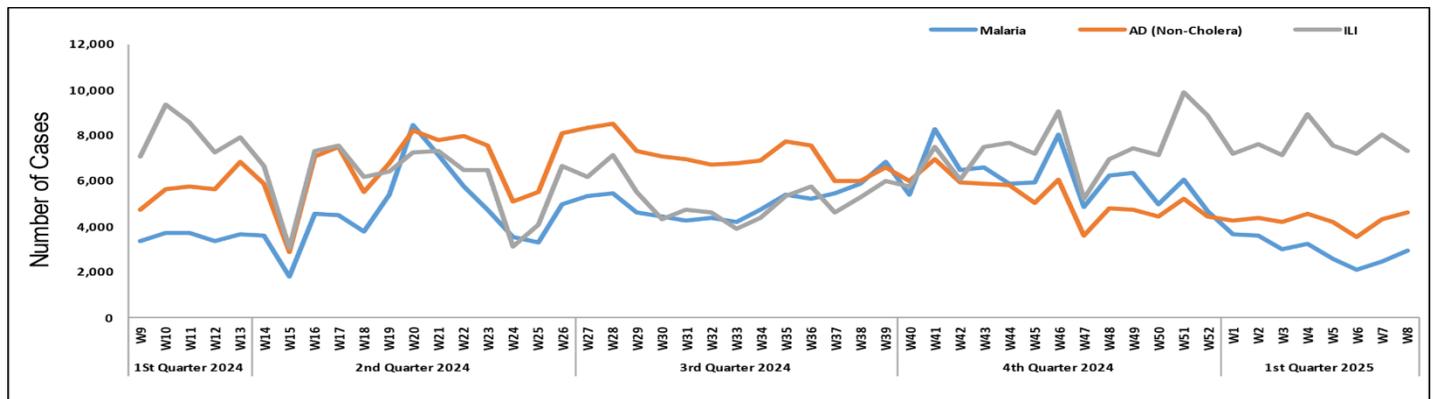
Districts	ILI	AD (non-cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	Dog Bite	TB	AWD (S. Cholera)
Barkhan	26	36	16	27	3	0	25	10	0	2
Chagai	260	93	15	0	30	0	14	0	0	0
Dera Bugti	91	64	16	80	5	0	0	0	0	0
Gwadar	1,447	452	137	34	85	0	5	0	0	0
Harnai	12	78	45	195	56	0	0	2	0	0
Hub	126	147	129	37	18	0	5	14	4	0
Jaffarabad	173	340	621	18	70	0	5	45	68	0
Jhal Magsi	510	255	387	243	0	1	6	23	8	0
Kalat	3	9	9	7	4	2	12	0	0	0
Kharan	577	113	25	0	60	6	6	0	0	0
Khuzdar	384	241	88	3	99	25	18	NR	NR	3
Killa Abdullah	26	54	8	10	17	41	13	2	3	12
Killa Saifullah	0	111	160	210	65	50	4	6	0	0
Kohlu	431	177	84	13	59	83	34	1	NR	NR
Lasbella	98	317	302	102	36	7	6	22	0	0
Loralai	350	104	10	51	30	73	2	3	0	0
Mastung	126	136	33	33	19	91	28	9	1	0
MusaKhel	19	13	29	5	5	0	0	0	0	3
Naseerabad	33	326	216	24	10	54	41	64	0	0
Panjgur	113	140	63	91	27	4	2	0	0	12
Pishin	540	170	21	109	85	30	21	7	0	26
Quetta	882	393	9	159	21	63	6	1	0	1
Sherani	29	6	4	0	0	24	0	0	0	1
Sibi	320	106	18	41	7	37	3	1	1	0
Sohbat pur	20	138	206	125	45	18	28	5	3	1
Surab	80	22	9	0	0	0	0	0	0	0
Usta Muhammad	225	460	245	202	60	11	4	11	1	0
Washuk	50	16	16	NR	5	NR	NR	NR	NR	NR
Zhob	232	75	17	407	37	171	6	0	32	0
Ziarat	168	61	17	50	37	4	6	1	0	6
<b>Total</b>	<b>7,351</b>	<b>4,653</b>	<b>2,955</b>	<b>2,276</b>	<b>995</b>	<b>795</b>	<b>300</b>	<b>227</b>	<b>121</b>	<b>67</b>



**Figure 4: Most frequently reported suspected cases during Week 08, Balochistan**



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



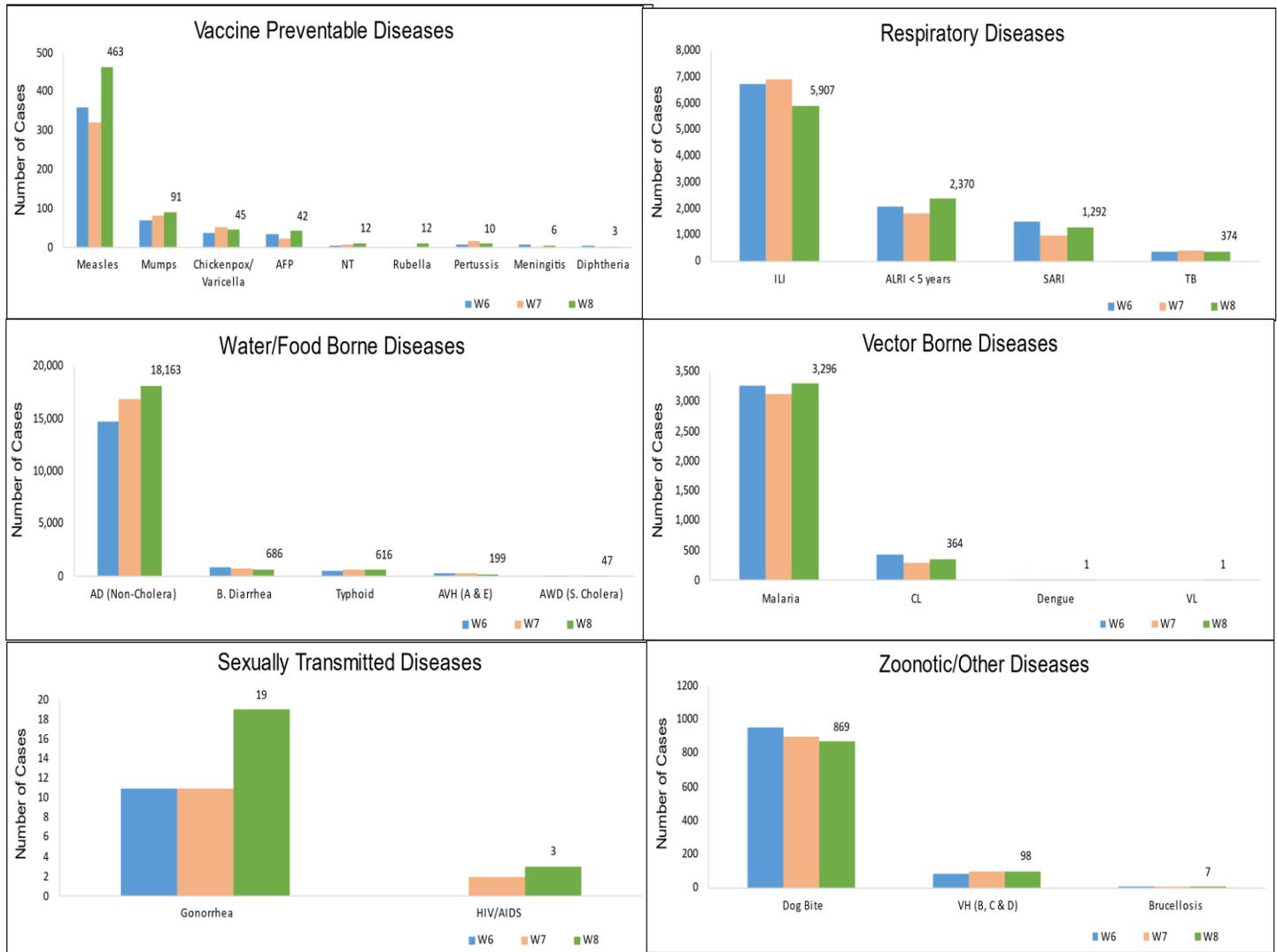
- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, SARI, dog bite, B. Diarrhea, Typhoid, Measles and TB cases.
- AD (Non-Cholera), Malaria, ALRI<5 Years, SARI and Measles cases showed an increase in number while ILI, dog bite, B. Diarrhea and TB cases showed a decline in number this week.
- Forty-two cases of AFP reported from KP. All are suspected cases and need field verification.
- Three cases of HIV/AIDs reported from KP. Field investigation is required.
- Seven suspected cases of Brucellosis reported from KP. They require field verification.

**Table 4: District wise distribution of most frequently reported suspected cases during Week 08, KP**

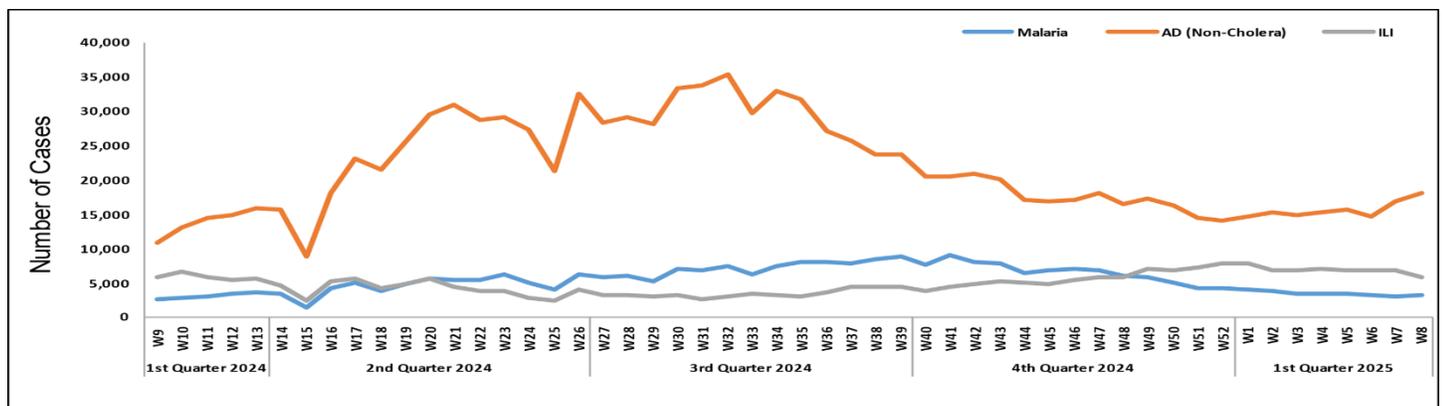
Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	SARI	Dog Bite	B. Diarrhea	Typhoid	Measles	TB
Abbottabad	601	40	0	30	3	55	13	14	18	7
Bajaur	336	72	127	28	104	48	73	8	23	11
Bannu	756	7	1,345	16	4	1	30	80	49	21
Battagram	185	533	5	4	0	8	5	0	3	46
Buner	142	0	191	0	0	0	0	0	1	0
Charsadda	1,567	1,736	331	688	30	4	51	73	38	16
Chitral Lower	219	202	7	22	19	10	9	2	1	5
Chitral Upper	59	10	3	5	7	1	1	8	0	2
D.I. Khan	1,192	0	103	37	0	7	18	1	78	33
Dir Lower	773	0	266	17	0	54	64	10	14	7
Dir Upper	538	78	1	30	4	7	0	3	6	25
Hangu	61	139	37	0	0	0	3	1	0	0
Haripur	513	328	0	90	30	21	0	2	3	0
Karak	234	63	54	48	92	40	16	1	17	5
Khyber	720	102	83	593	328	63	93	118	12	45
Kohat	344	58	7	3	12	14	23	6	2	0
Kohistan Lower	79	0	1	0	0	0	2	0	5	0
Kohistan Upper	250	0	5	21	1	0	21	0	0	21
Kolai Palas	52	10	2	4	10	0	6	5	0	1
L & C Kurram	10	5	0	0	0	1	9	1	0	0
Lakki Marwat	599	21	105	6	0	39	4	6	3	11
Malakand	493	15	5	32	22	0	44	40	17	2
Mansehra	555	329	0	4	2	0	4	7	0	3
Mardan	731	0	7	80	15	64	8	21	19	2
Mohmand	136	164	135	2	147	12	17	6	16	3
North Waziristan	41	0	22	3	11	0	4	10	15	6
Nowshera	961	38	46	127	10	78	11	19	10	22
Orakzai	70	22	6	0	0	77	3	4	10	0
Peshawar	2,703	580	31	140	41	11	62	44	69	15
SD Tank	17	3	13	0	0	0	4	0	0	0
Shangla	173	0	204	9	0	42	5	18	6	4
South Waziristan (Lower)	13	13	4	0	82	0	0	1	0	0
SWU	27	38	19	0	11	0	0	0	1	0
Swabi	793	732	16	115	82	178	5	27	15	42
Swat	1,456	152	0	153	0	24	24	46	8	7
Tank	593	121	95	28	0	3	0	20	2	5
Tor Ghar	35	0	12	23	18	1	15	5	2	3
Upper Kurram	134	296	8	12	207	6	39	9	0	4
<b>Total</b>	<b>18,163</b>	<b>5,907</b>	<b>3,296</b>	<b>2,370</b>	<b>1,292</b>	<b>869</b>	<b>686</b>	<b>616</b>	<b>463</b>	<b>374</b>



**Figure 6: Most frequently reported suspected cases during Week 08, KP**

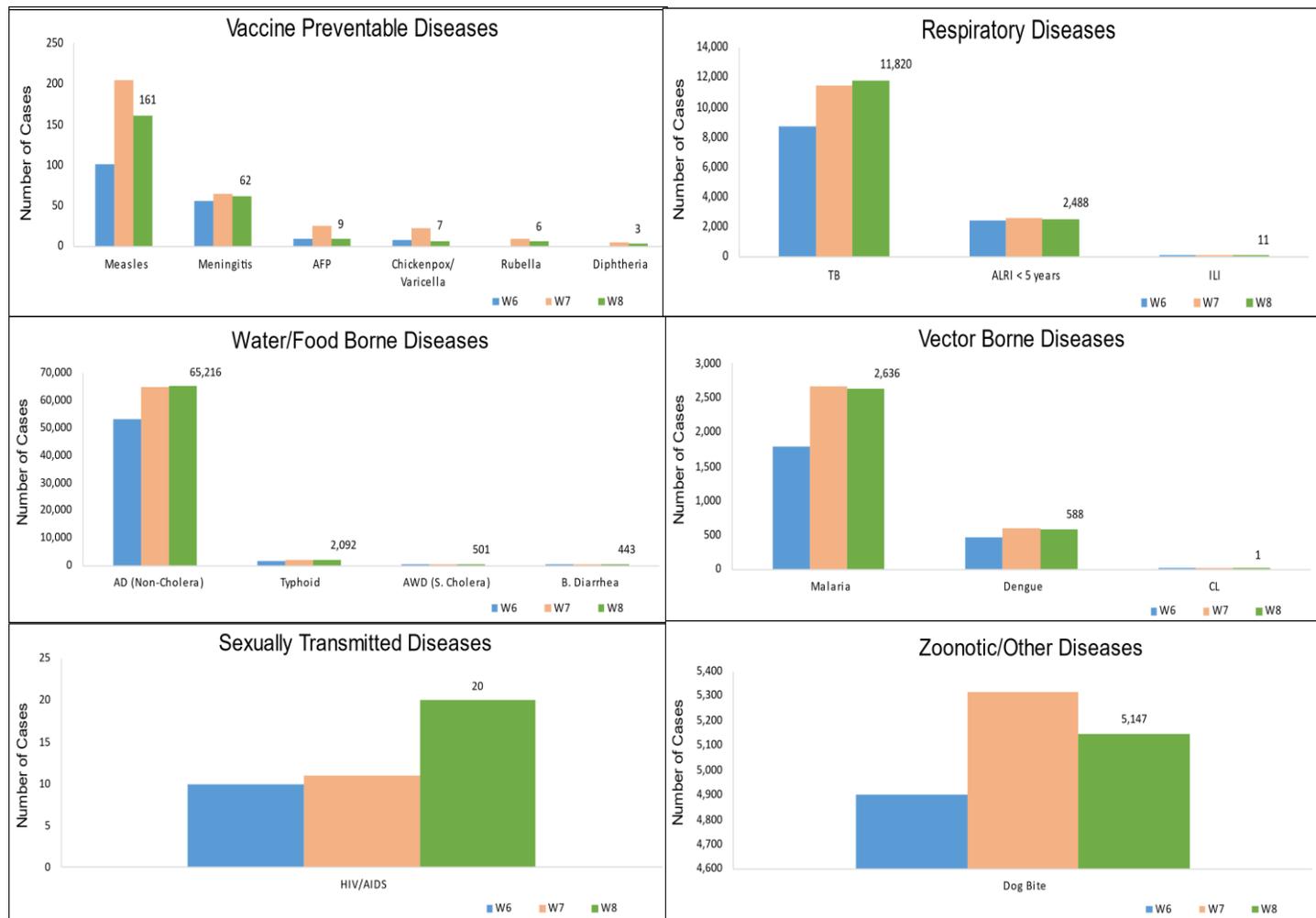


**Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP**

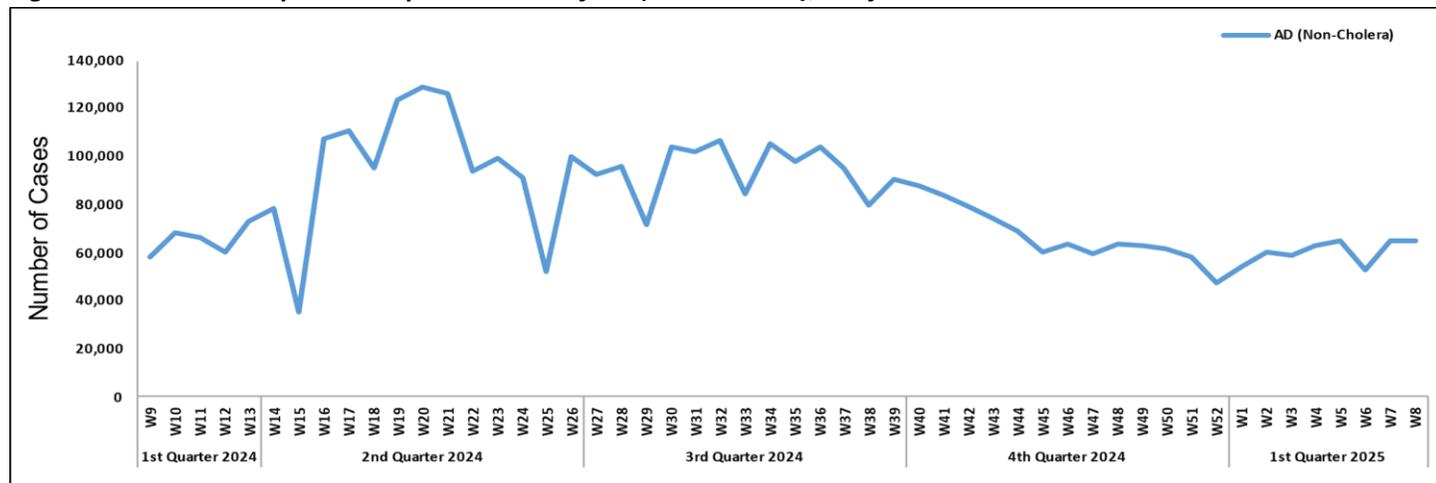


- AD (Non- Cholera) cases were maximum followed by TB, dog bite, Malaria, ALRI<5 Years, Typhoid, Dengue, AWD (S. Cholera) and B. Diarrhea cases.
- Dog bite, Malaria, ALRI<5 Years and Dengue showed a decline in number of cases while AD (Non- Cholera) and TB showed an increase in cases this week.
- Twenty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

**Figure 8: Most frequently reported suspected cases during Week 08, Punjab**



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

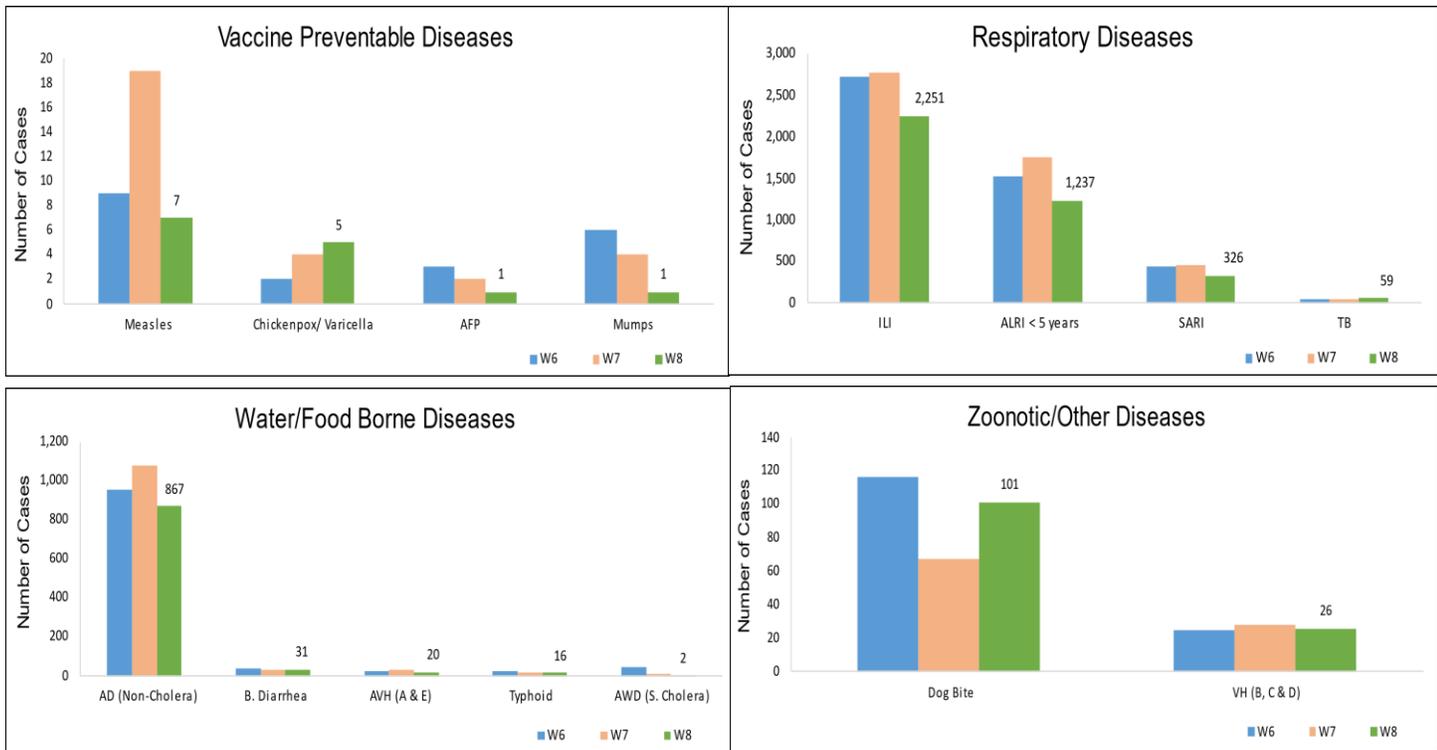


**ICT:** The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and TB. ILI cases showed a decline in number this week

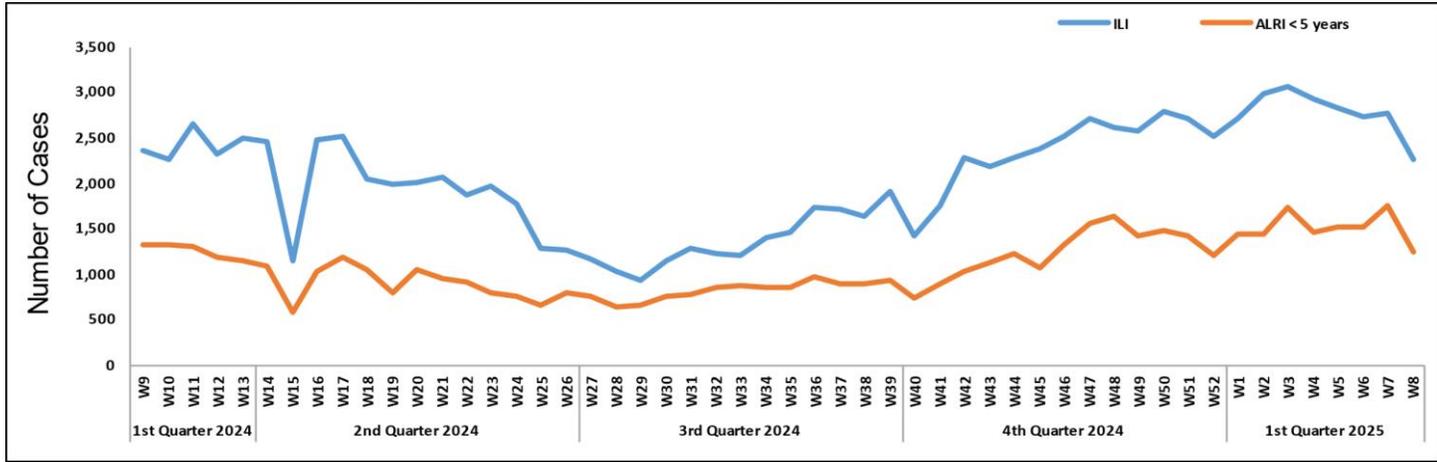
**AJK:** ILI cases were maximum followed by ALRI < 5years, AD (Non-Cholera), SARI, dog bite, TB, B. Diarrhea, VH (B, C & D), AVH (A & E) and Typhoid cases. A decline in cases observed for ILI, ALRI < 5years, AD (Non-Cholera), SARI, VH (B, C & D) and AVH (A & E) this week. One case of AFP reported from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

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

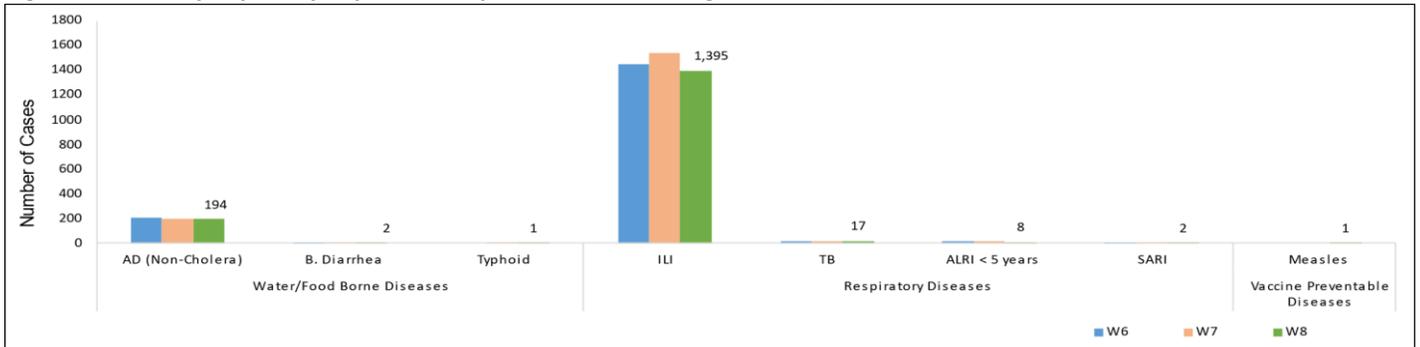
**1Figure 10: Most frequently reported suspected cases during Week 08, AJK**



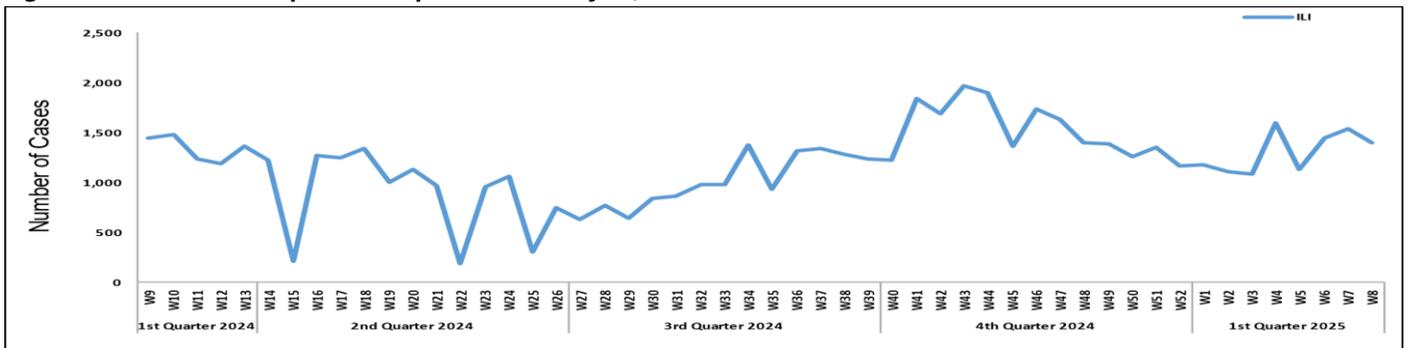
**Figure 11: Week wise reported suspected cases of ILI and ARI < 5 years, AJK**



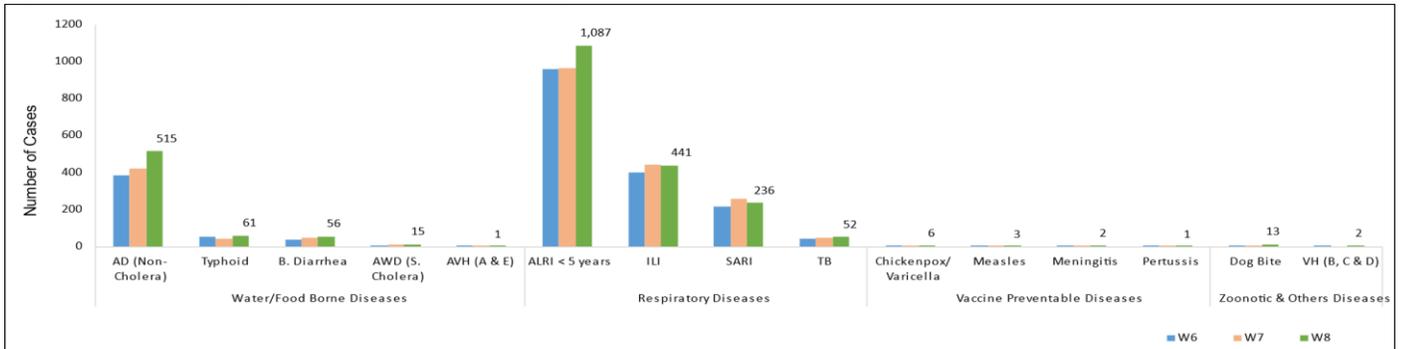
**Figure 12: Most frequently reported suspected cases during Week 08, ICT**



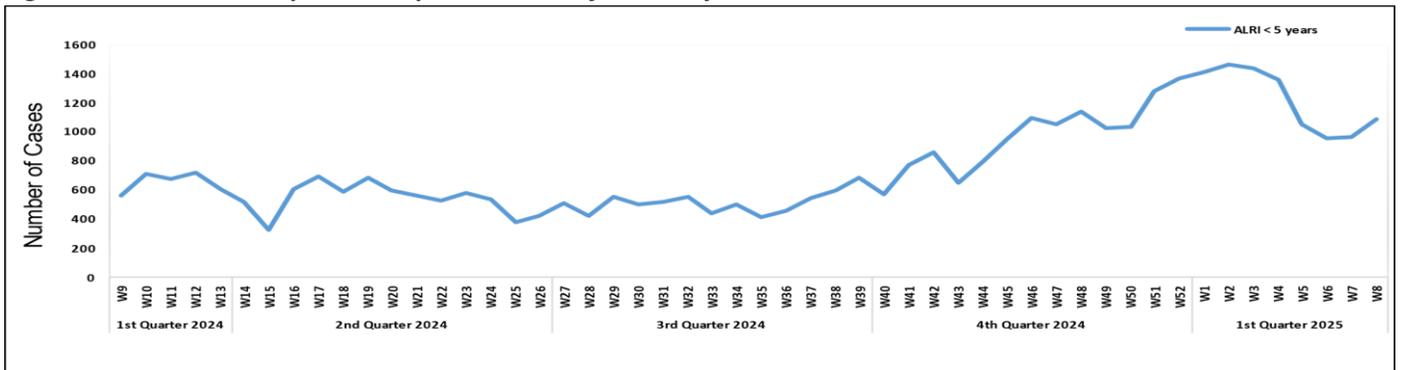
**Figure 13: Week wise reported suspected cases of ILI, ICT**



**Figure 14: Most frequent cases reported during Week 08, 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 08**

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)	149	1	-	-	-	-	-	-	-	-	-	-	35	0	
AD (non-cholera)	215	2	-	-	-	-	-	-	-	-	-	-	45	0	
Malaria	13,478	469	-	-	-	-	-	-	-	-	-	-	33	0	
Dengue	1,727	29	-	-	-	-	-	-	-	-	-	-	5	0	
VH (B)	10,912	400	-	-	-	-	-	-	-	-	-	-	785	4	
VH (C)	11,655	1,211	-	-	-	-	-	-	-	-	-	-	785	3	
VH (D)	140	32	-	-	-	-	-	-	-	-	-	-	0	0	
VH (A)	165	69	-	-	-	-	-	-	-	-	-	-	0	0	
VH (E)	61	17	-	-	-	-	-	-	-	-	-	-	0	0	
Covid-19	60	1	-	-	-	-	-	-	-	-	-	-	28	0	
Chikungunya	14	2	-	-	-	-	-	-	-	-	-	-	0	0	
TB	506	39	-	-	-	-	-	-	-	-	-	-	78	5	
HIV/ AIDS	4,823	10	-	-	-	-	-	-	-	-	-	-	382	0	
Syphilis	1,303	22	-	-	-	-	-	-	-	-	-	-	0	0	
B. Diarrhea	134	0	-	-	-	-	-	-	-	-	-	-	13	0	
Typhoid	930	9	-	-	-	-	-	-	-	-	-	-	0	0	
Diphtheria	6	4	-	-	-	-	-	-	-	-	-	-	0	0	
ILI	34	15	-	-	-	-	-	-	-	-	-	-	4	0	
Pneumonia (ALRI)	156	33	-	-	-	-	-	-	-	-	-	-	0	0	
Leishmaniasis (cutaneous)	1	0	-	-	-	-	-	-	-	-	-	-	0	0	
Measles	250	134	48	30	323	166	15	9	4	3	222	39	15	9	
Rubella	250	3	48	1	323	4	15	0	4	0	222	8	15	0	
Covid-19	Out of SARI	0	0	0	0	9	0	206	1	0	0	255	1	0	0
	Out of ILI	0	0	0	0	2	0	183	0	0	0	141	1	0	0
Influenza A	Out of SARI	0	0	0	0	9	0	206	15	0	0	255	18	0	0
	Out of ILI	0	0	0	0	2	0	183	11	0	0	141	18	0	0
Influenza B	Out of SARI	0	0	0	0	9	0	206	15	0	0	255	24	0	0
	Out of ILI	0	0	0	0	2	0	183	21	0	0	141	31	0	0
RSV	Out of SARI	0	0	0	0	9	0	206	49	0	0	255	0	0	0
	Out of ILI	0	0	0	0	2	0	183	10	0	0	141	0	0	0



# IDSR Reports Compliance

- Out of 158 IDSR implemented districts, compliance is low from KP and Balochistan. Green color highlights >50% compliance while red color highlights <50% compliance

**Table 6: IDSR reporting districts Week 08, 2024**

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	105	95%
	Bannu	238	134	56%
	Battagram	59	33	56%
	Buner	34	32	94%
	Bajaur	44	43	98%
	Charsadda	59	59	100%
	Chitral Upper	34	30	88%
	Chitral Lower	35	34	97%
	D.I. Khan	113	112	99%
	Dir Lower	74	73	99%
	Dir Upper	37	28	76%
	Hangu	22	16	73%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	40	75%
	Kohat	61	61	100%
	Kohistan Lower	11	10	91%
	Kohistan Upper	20	17	85%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	6	14%
	Upper Kurram	41	29	71%
	Malakand	42	33	79%
	Mansehra	133	106	80%
	Mardan	80	76	95%
	Nowshera	55	52	95%
	North Waziristan	13	7	54%
	Peshawar	155	129	83%
	Shangla	37	28	76%
	Swabi	64	61	95%
	Swat	77	77	100%
	South Waziristan (Upper)	93	36	39%
	South Waziristan (Lower)	42	18	43%
	Tank	34	32	94%
Torghar	14	14	100%	
Mohmand	68	64	94%	
SD Peshawar	5	0	0%	
SD Tank	58	10	17%	
Balochistan	Orakzai	69	14	20%
	Mirpur	37	37	100%
	Bhimber	42	20	48%
	Kotli	60	60	100%
	Muzaffarabad	45	42	93%



<b>Azad Jammu Kashmir</b>	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	40	40	100%
	Neelum	39	37	95%
	Jhelum Velley	29	29	100%
<b>Islamabad Capital Territory</b>	Sudhnooti	27	27	100%
	ICT	21	15	71%
<b>Balochistan</b>	CDA	15	8	53%
	Gwadar	26	22	85%
	Kech	44	0	0%
	Khuzdar	74	41	55%
	Killa Abdullah	26	14	54%
	Lasbella	55	55	100%
	Pishin	69	35	51%
	Quetta	55	34	62%
	Sibi	36	20	56%
	Zhob	39	33	85%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	8	53%
	Kohlu	75	40	53%
	Chagi	36	21	58%
	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	12	38%
	Mastung	45	45	100%
	Loralai	33	21	64%
	Killa Saifullah	28	26	93%
	Ziarat	29	18	62%
	Duki	31	0	0%
	Nushki	32	0	0%
	Dera Bugti	45	28	62%
	Washuk	46	4	9%
Panjgur	38	14	37%	
Awaran	23	0	0%	
Chaman	24	0	0%	
Barkhan	20	20	100%	
Hub	33	31	94%	
Musakhel	41	4	10%	
<b>Gilgit Baltistan</b>	Usta Muhammad	34	34	100%
	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	38	100%
	Gilgit	40	40	100%
	Diامر	62	61	98%



	Astore	54	54	100%
	Shigar	27	25	93%
	Skardu	52	52	100%
	Ganche	29	29	100%
Sindh	Kharmang	46	25	54%
	Hyderabad	73	69	95%
	Ghotki	64	63	98%
	Umerkot	43	43	100%
	Naushahro Feroze	107	96	90%
	Tharparkar	276	260	94%
	Shikarpur	61	60	98%
	Thatta	52	52	100%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	24	19	79%
	Karachi-West	20	20	100%
	Karachi-Malir	37	37	100%
	Karachi-Kemari	18	17	94%
	Karachi-Central	12	6	50%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	55	100%
	Mirpur Khas	106	101	95%
	Badin	124	123	99%
	Sukkur	64	63	98%
	Dadu	90	89	99%
	Sanghar	100	99	99%
	Jacobabad	44	44	100%
	Khairpur	170	165	97%
	Kashmore	59	59	100%
	Matiari	42	42	100%
Jamshoro	75	73	97%	
Tando Allahyar	54	54	100%	
Tando Muhammad Khan	41	40	98%	
Shaheed Benazirabad	125	122	98%	



**Table 7: IDSR reporting Tertiary care hospital Week 08, 2024**

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
<b>AJK</b>	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%
<b>Sindh</b>	Karachi-South	1	0	0%
	Sukkur	1	0	0%
	Shaheed Benazirabad	1	1	100%
	Karachi-East	1	1	100%
	Karachi-Central	1	1	0%



## Strengthening Health Security: National Workshop in Islamabad with Focus on Financial Strategies for NAPHS

In a significant step toward strengthening Pakistan's health security framework, a national workshop aimed at securing and strategically utilizing financial resources for the effective implementation of the National Action Plan for Health Security (NAPHS) concluded successfully in Islamabad, this two-day event convened a diverse group of stakeholders, including high-ranking government officials, public health experts, financial planners, and representatives from key national and international organizations.



The workshop served as a critical platform to address the pressing need for sustainable funding mechanisms to support Pakistan's health security priorities, particularly in the context of its commitments under the International Health Regulations (IHR).

The primary focus of the workshop was twofold: to devise actionable strategies for aligning national budgets with the NAPHS's outlined priorities and to foster robust collaboration among stakeholders to ensure long-term financial sustainability for health security initiatives. Pakistan, as a signatory to the IHR, has been working to strengthen its capacity to prevent, detect, and respond to public health threats, a mission that the NAPHS seeks to

operationalize through a multi-sectoral, whole-of-government approach.



However, securing adequate funding remains a persistent challenge, especially in a resource-constrained environment where competing priorities often vie for attention. The Islamabad workshop tackled this issue head-on, emphasizing the integration of health security financing into national planning and budgeting cycles.

Participants engaged in dynamic discussions and practical sessions, exploring innovative ways to mobilize domestic resources while also identifying opportunities for donor coordination. Public health experts underscored the importance of embedding NAPHS activities within existing health system frameworks to maximize efficiency and impact.



Financial planners, meanwhile, highlighted the need for costed operational plans—both short-term (1-2 years) and strategic (5 years)—to provide a clear roadmap for resource allocation. A recurring theme was the necessity of multisectoral coordination, particularly in Pakistan's devolved health system, where provinces hold significant autonomy over public health decisions. Representatives from federal

and provincial levels worked together to bridge gaps and align efforts, ensuring that financial strategies reflect regional realities.

By the workshop's conclusion, participants had outlined preliminary strategies to enhance domestic funding, streamline donor contributions, and integrate NAPHS priorities into national and provincial budgets. These efforts aim to ensure that Pakistan can sustain its health security gains, from improving disease surveillance to building resilient response systems. The event closed with a call to action: translating these discussions into concrete policies and investments. As Pakistan navigates an increasingly complex landscape of health threats—ranging from infectious disease outbreaks to climate-related challenges—the outcomes of this workshop signal a proactive commitment to safeguarding the nation's future. The collaborative spirit and strategic focus displayed in Islamabad lay a foundation for a more secure, healthier Pakistan, with the NAPHS as a cornerstone of that vision.

## Notes from the field:

### Outbreak Investigation of dengue, UC Wadpagga, District Peshawar

Dr. Asma Johar Fellow FETP

Dr. Palwasha Javed Fellow FETP

Dr. Mussawir Manzoor Surveillance Officer

Dr. Sulaiman Durani

#### Introduction

Dengue fever, a mosquito-borne viral illness caused by the dengue virus (DENV), poses a significant global health challenge, with approximately 390 million infections annually, predominantly in tropical and subtropical regions. The World Health Organization highlights a dramatic 30-fold rise in cases over the past 50 years, straining healthcare systems

worldwide. In South Asia, Pakistan faces a substantial regional burden, with seasonal outbreaks tied to monsoon conditions. Within Pakistan, Khyber Pakhtunkhwa province, particularly Peshawar, has experienced recurrent dengue episodes. In 2023, a notable outbreak emerged in Peshawar's Union Council (UC) Wadpagga, prompting an investigation into its scope, risk factors, and preventive measures.

#### Methods

A case-control study was designed to investigate the dengue outbreak in Multanabad, UC Wadpagga, a locality within District Peshawar with a population of 2,079 across 279 households. The study spanned 1 October to 5 November 2023, targeting residents of Multanabad. Cases were defined as individuals with fever and at least two additional dengue symptoms (e.g., headache, myalgia) during this period, confirmed by NS1 antigen testing, while controls were symptom-free residents from the same community. Data were collected through structured questionnaires, active community case searches, and reviews of medical records from a nearby health facility. Laboratory confirmation relied on NS1 antigen tests. Descriptive epidemiology, including spot maps, epidemic curves, gender ratios, and attack rates, was employed, alongside statistical analysis to compare exposure factors between cases and controls via odds ratios.

#### Results

In 2023, District Peshawar reported 161 laboratory-confirmed dengue cases, with 12 identified in Multanabad, UC Wadpagga, during the study period. The median age of cases was 26 years (range: 20–70), while 36 controls had a median age of 28.5 years (range: 10–85).

The overall attack rate in Multanabad was 6 per 1,000 population

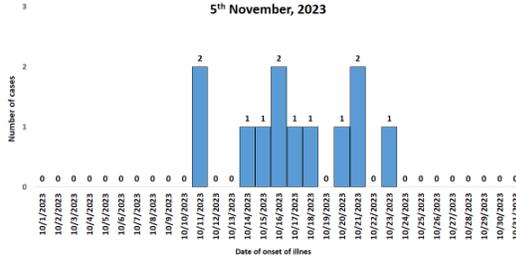


Spot Map of Positive Cases



All cases presented with fever, headache, and myalgia (100%). Risk factor analysis indicated that High mosquito exposure increased odds (OR=1.4), and non-use of bed nets elevated odds further (OR=2.2), while insect repellent use reduced odds (OR=0.7). Laboratory testing confirmed all 12 cases via NS1 antigen.

Number of Dengue cases by the Date of onset of illness reported from Multanabad UC Wadpaggas of district Peshawar from 1st Oct – 5th November, 2023



### Discussion

The localized outbreak in Multanabad reflects a concentrated surge within Peshawar, highlighting vulnerabilities in vector control and personal protection practices. The predominance of young adults among cases may suggest increased outdoor activity or exposure, though the small sample size limits broader generalizations. Conversely, the trend toward protection with insect repellent use aligns with established evidence on reducing mosquito bites. Elevated odds linked to high mosquito exposure and non-use of bed nets point to environmental and household-level risk factors, necessitating targeted interventions. The study’s reliance on a small number of cases and absence of gender-specific data constrain its precision, suggesting a need for larger-scale investigations. Recommendations include intensifying vector control through larviciding and fogging, distributing bed nets to households, promoting repellent use, and enhancing community

engagement to translate awareness into action. In conclusion, this outbreak underscores the urgency of integrated mosquito control and personal protection strategies to mitigate dengue transmission in Peshawar, offering actionable insights for future prevention efforts.

### Conclusion

This investigation into the Multanabad dengue outbreak underscores the critical need for integrated strategies to mitigate transmission in Peshawar. The findings highlight that, practical interventions like repellent use and bed nets offer promising avenues for prevention, despite statistical limitations due to a small sample. Environmental factors, such as high mosquito exposure, remain a key driver, emphasizing the urgency of robust vector control. By combining community engagement, personal protection, and environmental management, public health authorities can reduce the burden of dengue in UC Wadpaggas and beyond, providing a model for tackling seasonal outbreaks in Pakistan’s endemic regions.

### Recommendations

- Strengthen collaboration with local health facilities to enhance early case detection and reporting for a more effective outbreak response.
- Shift public health campaigns from awareness-focused to action-oriented education, encouraging practices like eliminating breeding sites (e.g., uncovered water containers) and consistent use of protective measures.
- Intensify vector control measures, such as larviciding in stagnant water sites and thermal fogging during peak mosquito activity, to reduce *Aedes* populations.
- Distribute insecticide-treated bed nets to households, especially in high-risk zones, to address the increased risk tied to non-use.
- Promote insect repellent use at the community level through free provision or subsidies, leveraging its observed protective trend.



## References

1. World Health Organization. Dengue and severe dengue. [Accessed 23 March 2025]. Available from: <https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue>
2. Bhatt S, Gething PW, Brady OJ, et al. The global distribution and burden of dengue. *Nature*. 2013;496(7446):504-507. doi:10.1038/nature12060
3. National Institute of Health, Pakistan. Dengue fever updates 2023. Islamabad: NIH; 2023.

## Knowledge Hub

### Understanding Seasonal Allergies: A Public Health Guide

As spring blooms or fall leaves pile up, many of us start sneezing, sniffing, or rubbing itchy eyes. These are classic signs of seasonal allergies, a common condition affecting millions worldwide. Whether you're new to allergies or a health professional looking for a refresher, here's what you need to know about what causes them, how they impact us, and what we can do about it.

#### What Are Seasonal Allergies?

Seasonal allergies, often called hay fever or allergic rhinitis, happen when your immune system overreacts to tiny particles in the air—like pollen from trees, grasses, or weeds. Unlike a cold, which is caused by a virus, allergies kick in at specific times of the year when plants release pollen. According to the World Health Organization (WHO), allergic diseases, including seasonal allergies, are on the rise globally, driven by factors like climate change and urbanization.

#### Why Do They Happen?

When you breathe in pollen, your body might see it as a threat if you're allergic. It releases chemicals, like histamine, causing symptoms such as sneezing, a runny nose, or itchy eyes. The CDC explains that pollen levels peak in spring, summer, or fall, depending on the plant. For example, tree pollen spikes in spring, grass in summer, and ragweed in fall. Climate change is making things worse by lengthening pollen seasons, a trend noted by both the CDC and PHAC.

#### Who gets affected?

Anyone can develop seasonal allergies, but they're more common if allergies run in your family. Kids, adults, and seniors all experience them, though symptoms might feel worse for some. The WHO estimates that allergic rhinitis affects 10-30% of people worldwide, with higher rates in urban areas where pollution can team up with pollen to irritate airways.

#### What Are the Symptoms?

- Sneezing or a stuffy nose
- Itchy, watery eyes
- Scratchy throat or cough
- Feeling tired (though not as severe as with a cold)

For professionals, it's worth noting that untreated allergies can lead to complications like sinus infections or worsen asthma, a connection highlighted by PHAC in their respiratory health guidelines.

#### How Can We Manage Seasonal Allergies?

Good news: you don't have to suffer through the season! Here are practical steps:

1. **Stay Informed:** Check local pollen forecasts (available on weather apps or public health sites like the CDC's). Avoid outdoor time when counts are high, usually on dry, windy days.
2. **Keep Pollen Out:** Close windows, shower after being outside, and wash clothes to remove pollen. PHAC recommends this to reduce exposure indoors.
3. **Use Medications:** Always use prescribed antihistamines, nasal sprays, or eye drops for symptoms elevation. For severe cases, a doctor might suggest allergy shots (immunotherapy), which the WHO recognizes as effective for long-term relief.
4. **Use Masks:** Use of masks and proper respiratory hygiene is essential to limit allergen contact.
5. **Clean the Air:** Air purifiers with HEPA filters can trap pollen indoors, a tip backed by the CDC for allergy sufferers.



## A Public Health Perspective

Seasonal allergies aren't just a personal nuisance—they're a growing public health issue. Rising pollen levels due to warmer climates mean more people are affected each year. Health systems can respond by raising awareness, ensuring affordable access to treatments, and tracking allergy trends. The WHO stresses integrating allergy care into primary health services, while PHAC advocates for community education to reduce the burden.

## References

- World Health Organization (WHO). "Allergic Rhinitis and Sinusitis." Available at: [who.int](http://who.int)
- Centers for Disease Control and Prevention (CDC). "Allergies and Hay Fever." Available at: [cdc.gov](http://cdc.gov)
- Public Health Agency of Canada (PHAC). "Respiratory Health and Allergies." Available at: [canada.ca/en/public-health](http://canada.ca/en/public-health)



# ALLERGY

What is an allergy?

An allergy is an adverse reaction to substances outside of the body, called allergens. The most common allergens are:

- Pollen from trees and grasses
- House dust mites
- Pets such as cats and dogs
- Insects like wasps and bees
- Industrial/ household chemicals
- Medicines
- Foods such as nuts, milk and eggs

1/4

PEOPLE IN THE UK SUFFER FROM AN ALLERGY AT SOME TIME IN THEIR LIVES

## Why are so many people suffering from allergies today?

The increase in the number of allergies appears to be linked to issues such as:

- Warm homes encourage common triggers like the house dust mite
- We now spend on average 90% of our time indoors
- Many people's diets are high in fat and low in fruit and vegetables
- Fluctuating levels of air pollution

## SYMPTOMS MAY INCLUDE

- RUNNY NOSE
- COUGHING
- ITCHY EYES
- SICKNESS
- SNEEZING
- SINUS PAIN

## Treatments available for allergies

There are a variety of treatments available to relieve allergies and these take many different forms

- Oral Treatments** can take the form of tablets or syrup
- Nasal Sprays** can relieve allergy symptoms such as sneezing and a runny nose
- Eye Drops** are an effective way to treat itchy and watery eyes
- Skin Creams** provide soothing, cooling effects and fast relief

## TREATING CHILDREN

- Wipe the faces of babies or toddlers to remove pollen from their eyes
- Use a non biological washing powder
- Try vacuuming their mattresses to remove allergens

Talk to a member of your local Alpha Pharmacy team for advice on treatments or Allergy Screening Services

	<a href="https://phb.nih.org.pk/">https://phb.nih.org.pk/</a>		<a href="https://twitter.com/NIH_Pakistan">https://twitter.com/NIH_Pakistan</a>
	<a href="mailto:idsr-pak@nih.org.pk">idsr-pak@nih.org.pk</a>		<a href="https://www.facebook.com/NIH.PK/">https://www.facebook.com/NIH.PK/</a>