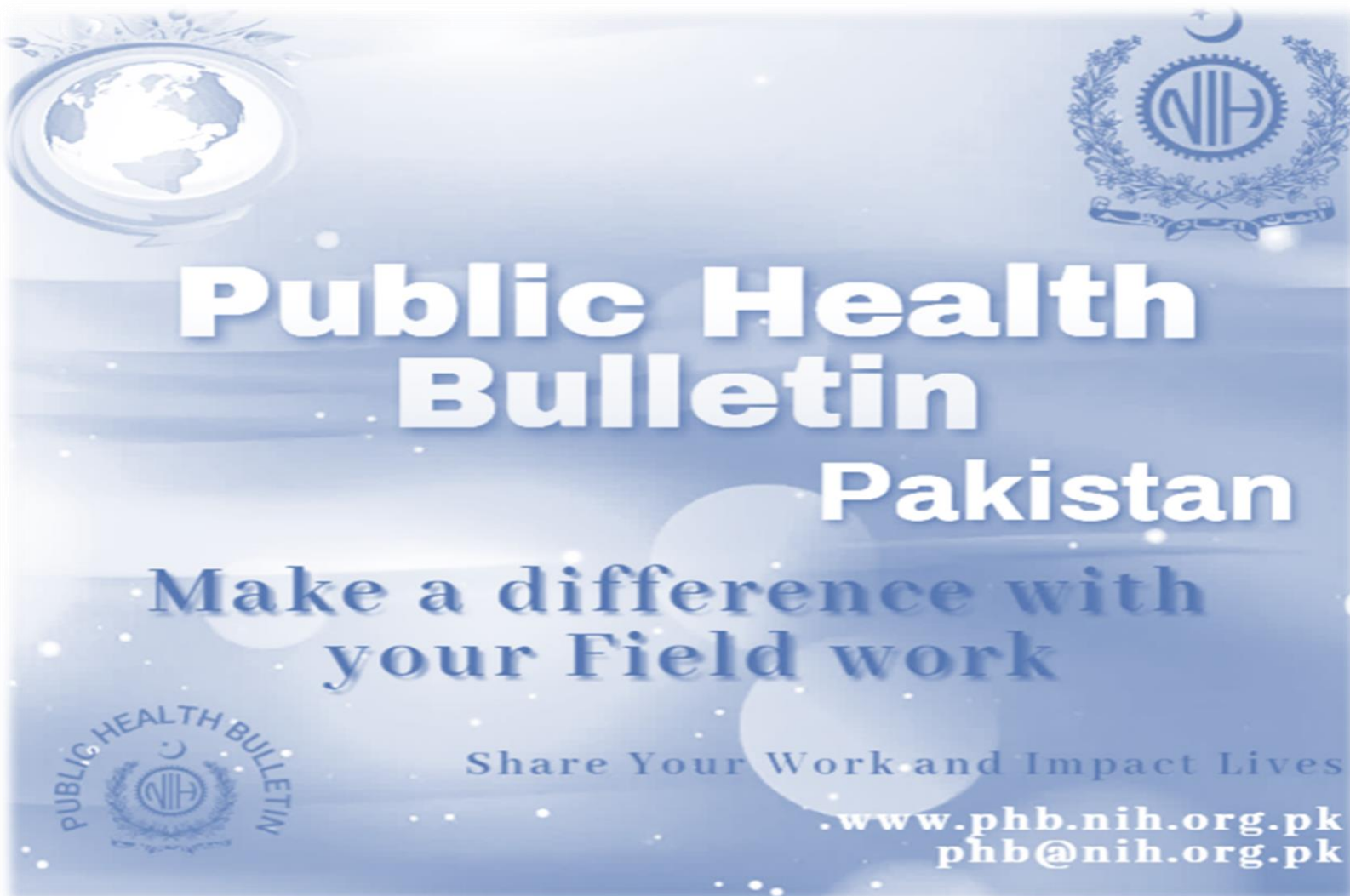


Integrated Disease Surveillance & Response (IDSR) Report

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.



Overview

IDSR Reports

Ongoing Events

Field Reports

Public Health Bulletin - Pakistan, Week 11, 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;

- *NIH Convenes Inaugural Provincial TWG Meeting to Advance National IPC Program*
- *Suspected Measles Outbreak Investigation Report in Kili Sirkai, UC Loiband, Tehsil Muslim Bagh, District Killa Saifullah from 6th March to 8th March 2025*
- *Knowledge hub on Understanding Heatwaves: Stay Cool, Stay Safe*

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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*Sincerely,
The Chief Editor*

- During Week 11, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, TB, B. Diarrhea, VH (B, C & D), dog bite, SARI and Typhoid.
- Thirty cases of AFP reported from KP, fourteen from Sindh and two from AJK.
- Eight suspected cases of HIV/ AIDS reported from KP, three from Sindh and one from Balochistan.
- Fourteen suspected cases of Brucellosis reported from KP.
- Among VPDs, there is an increase in number of cases of Mumps, Chickenpox, Pertussis and Diphtheria this week.
- Among respiratory diseases, there is an increase in number of cases of ILI this week.
- Among vector-borne diseases, there is an increase in number of cases of CL 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 83%
- Sindh is the top reporting regions with a compliance rate of 97%, followed by AJK 93%, GB 92% and ISB 80%.
- The lowest compliance rate was observed in KP 76% and Balochistan 67%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2315	1770	76
Azad Jammu Kashmir	404	378	93
Islamabad Capital Territory	36	29	80
Balochistan	1307	876	67
Gilgit Baltistan	405	374	92
Sindh	2095	2032	97
National	6562	5459	83

Public Health Actions

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

Malaria

- **Enhance Case Detection and Reporting:** Strengthen malaria surveillance within the Integrated Disease Surveillance and Response (IDSR) system by training healthcare providers on standard case definitions, timely case notification, and outbreak detection, especially in endemic and underserved areas.
- **Improve Laboratory Diagnosis:** Expand access to malaria diagnostic tools such as rapid diagnostic tests (RDTs) and microscopy at primary and secondary healthcare facilities. Ensure regular quality control and training to improve diagnostic accuracy.
- **Scale-Up Vector Control Measures:** Implement targeted indoor residual spraying (IRS), distribute insecticide-treated nets (ITNs), and support community-based larval source management in high-transmission zones through coordinated vector control campaigns.
- **Promote Environmental Sanitation:** Work with municipal bodies and communities to improve waste disposal, drainage systems, and reduce stagnant water to disrupt mosquito breeding cycles in both rural and peri-urban areas.
- **Raise Community Awareness:** Design and disseminate health messages to promote consistent use of ITNs, early diagnosis and treatment-seeking behavior, and community participation in vector control activities.
- **Ensure Inter-sectoral Coordination:** Collaborate with sectors such as education, local government, housing, and agriculture to integrate malaria prevention into broader development and infrastructure programs.

Dengue

- **Enhance Case Detection and Reporting:** Improve dengue surveillance by training frontline healthcare providers on clinical case definitions, timely notification, and use of syndromic surveillance tools, especially during peak transmission seasons.
- **Improve Laboratory Diagnosis:** Expand laboratory capacity at district and tertiary levels to perform confirmatory tests for dengue, including NS1 antigen and IgM/IgG ELISA. Implement quality assurance systems and timely reporting protocols.
- **Strengthen Vector Surveillance and Control:** Conduct routine entomological surveillance and implement integrated vector management strategies including source reduction, use of larvicides, and targeted fogging during outbreaks in urban hotspots.
- **Promote Urban Sanitation and Water Management:** Address urban risk factors by ensuring regular garbage disposal, covering water storage containers, and eliminating artificial breeding sites through community and municipal action.
- **Raise Public Awareness and Community Mobilization:** Launch targeted communication campaigns to educate households on identifying and eliminating mosquito breeding sites, recognizing early warning signs of severe dengue, and seeking timely medical care.

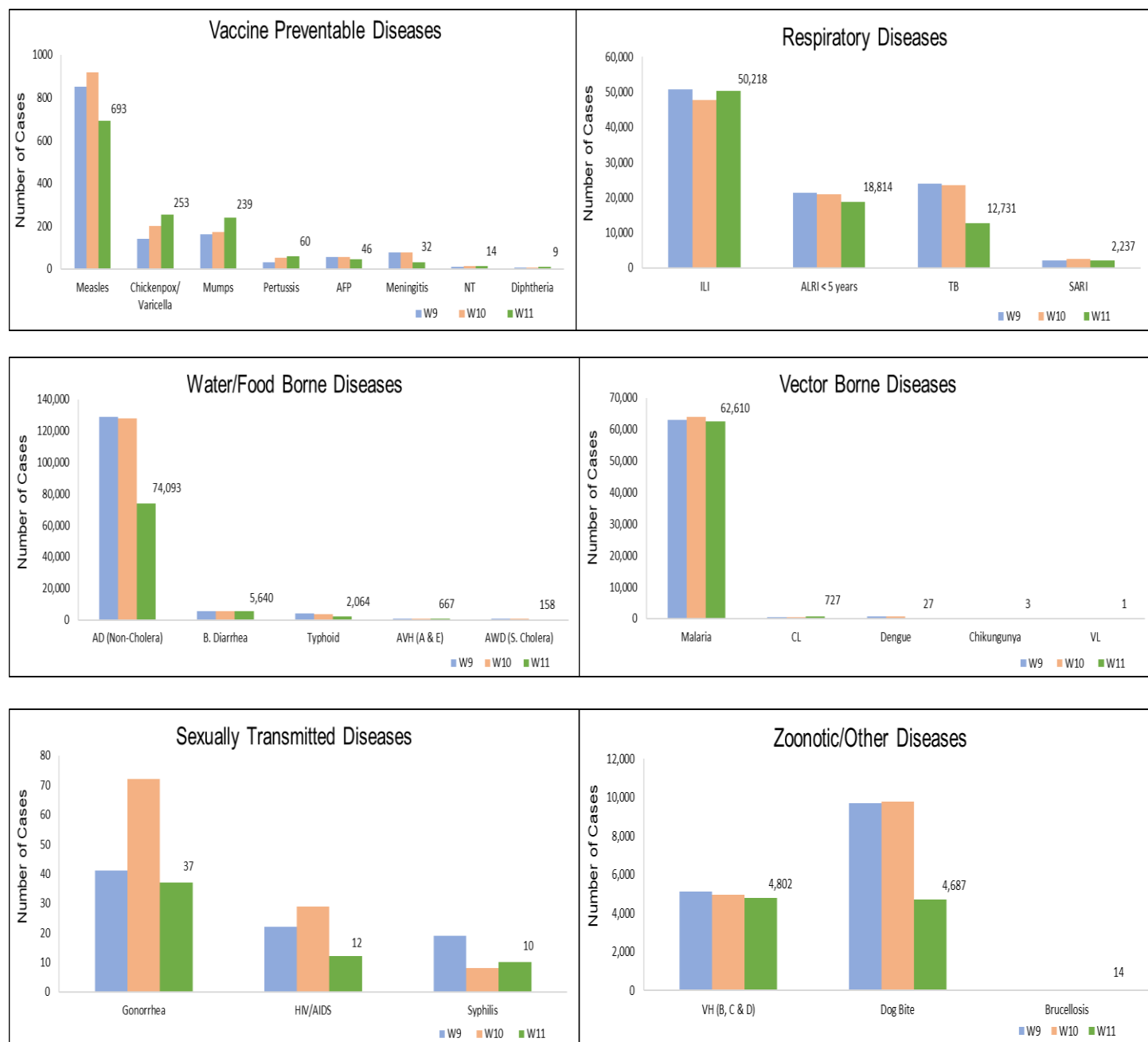


Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 11, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab*	Sindh	Total
AD (Non-Cholera)	1,058	6,248	552	259	19,768	NR	46,208	74,093
Malaria	2	3,750	0	0	3,306	NR	55,552	62,610
ILI	2,033	7,789	460	1,092	5,325	NR	33,519	50,218
ALRI < 5 years	955	2,285	872	20	1,958	NR	12,724	18,814
TB	43	120	54	6	379	NR	12,129	12,731
B. Diarrhea	19	1,188	64	1	876	NR	3,492	5,640
VH (B, C & D)	11	111	2	0	91	NR	4,587	4,802
Dog Bite	110	178	4	0	976	NR	3,419	4,687
SARI	163	984	188	2	731	NR	169	2,237
Typhoid	15	350	54	1	561	NR	1,083	2,064
CL	0	94	0	0	633	NR	0	727
Measles	21	39	18	0	507	NR	108	693
AVH (A & E)	16	4	3	0	215	NR	429	667
Chickenpox/ Varicella	2	17	1	1	56	NR	176	253
Mumps	6	20	1	0	122	NR	90	239
AWD (S. Cholera)	6	117	1	0	34	NR	0	158
Pertussis	0	41	3	0	8	NR	8	60
AFP	2	0	0	0	30	NR	14	46
Gonorrhea	0	25	0	0	6	NR	6	37
Meningitis	2	0	2	0	11	NR	17	32
Dengue	0	6	0	0	1	NR	20	27
NT	0	0	0	0	14	NR	0	14
Brucellosis	0	0	0	0	14	NR	0	14
HIV/AIDS	0	1	0	0	8	NR	3	12
Syphilis	0	0	0	0	3	NR	7	10
Diphtheria (Probable)	0	0	0	0	6	NR	3	9
Chikungunya	0	0	0	0	0	NR	3	3
VL	0	0	0	0	1	NR	0	1

★ Data delayed due to non-reporting by Health Facilities.

Figure 1: Most frequently reported suspected cases during Week 11, Pakistan.



- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, TB, VH (B, C, D), B. Diarrhea, dog bite, Typhoid and AVH (A & E).
- Malaria cases are mostly from Larkana, Khairpur and Sanghar whereas AD (Non-Cholera) cases are from Badin, Mirpurkhas and Dadu.
- Fourteen cases of AFP reported from Sindh. All are suspected cases and need field verification.
- Three suspected cases of HIV/ AIDS reported from Sindh. Field investigation required to verify the cases.
- There is an increase in number of cases of Malaria, AD (Non-Cholera), ILI, B. Diarrhea, TB, Chickenpox, Measles, Mumps, Meningitis, AFP, Pertussis, Diphtheria and HIV/ AIDs while a decline in number of cases of ALRI<5 Years, VH (B, C, D) and dog bite this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 11, Sindh

Districts	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	TB	VH (B, C & D)	B. Diarrhea	Dog Bite	Typhoid	AVH (A & E)
Badin	2,647	3,317	3,708	498	856	460	182	205	63	6
Dadu	3,988	3,130	500	1,101	523	63	471	418	106	51
Ghotki	890	687	93	517	244	63	34	158	0	0
Hyderabad	713	2,542	2,062	154	254	76	26	56	10	8
Jacobabad	757	696	816	555	139	220	93	207	38	0
Jamshoro	2,199	1,487	101	325	633	178	161	131	54	14
Kamber	3,763	1,756	0	358	818	158	129	332	22	0
Karachi Central	3	639	1,109	11	16	6	4	0	89	5
Karachi East	21	376	334	32	15	9	8	29	1	0
Karachi Keamari	12	402	381	53	14	0	9	0	4	0
Karachi Korangi	79	339	11	7	19	0	5	0	1	1
Karachi Malir	211	1,144	2,408	243	83	6	30	46	18	1
Karachi South	1	71	3	0	0	0	0	0	0	0
Karachi West	317	879	1,157	208	70	41	22	134	25	2
Kashmore	2,169	401	811	178	309	16	46	144	2	0
Khairpur	4,641	2,955	7,241	1,523	1,120	217	377	243	306	16
Larkana	5,339	1,893	115	671	986	77	327	31	18	5
Matlari	2,781	2,093	9	205	656	533	47	50	1	0
Mirpurkhas	2,188	3,210	3,258	574	731	247	136	124	20	1
Naushero Feroze	1,538	1,123	1,290	395	271	44	141	221	57	0
Sanghar	4,526	2,228	65	808	1,297	837	131	177	48	2
Shaheed Benazirabad	2,097	1,714	3	285	328	98	76	160	93	2
Shikarpur	3,032	1,309	3	295	291	445	150	217	2	2
Sujawal	1,197	1,364	0	106	129	15	114	41	4	10
Sukkur	1,851	1,446	2,187	970	474	86	136	92	8	0
Tando Allahyar	2,019	1,756	1,779	295	496	357	178	65	9	0
Tando Muhammad Khan	806	1,436	46	206	487	0	124	20	0	0
Tharparkar	2,685	2,589	2,241	936	439	88	177	3	41	36
Thatta	1,574	1,628	1,788	653	57	175	42	115	20	266
Umerkot	1,508	1,598	0	562	374	72	116	0	23	1
Total	55,552	46,208	33,519	12,724	12,129	4,587	3,492	3,419	1,083	429

Figure 2: Most frequently reported suspected cases during Week 11 Sindh

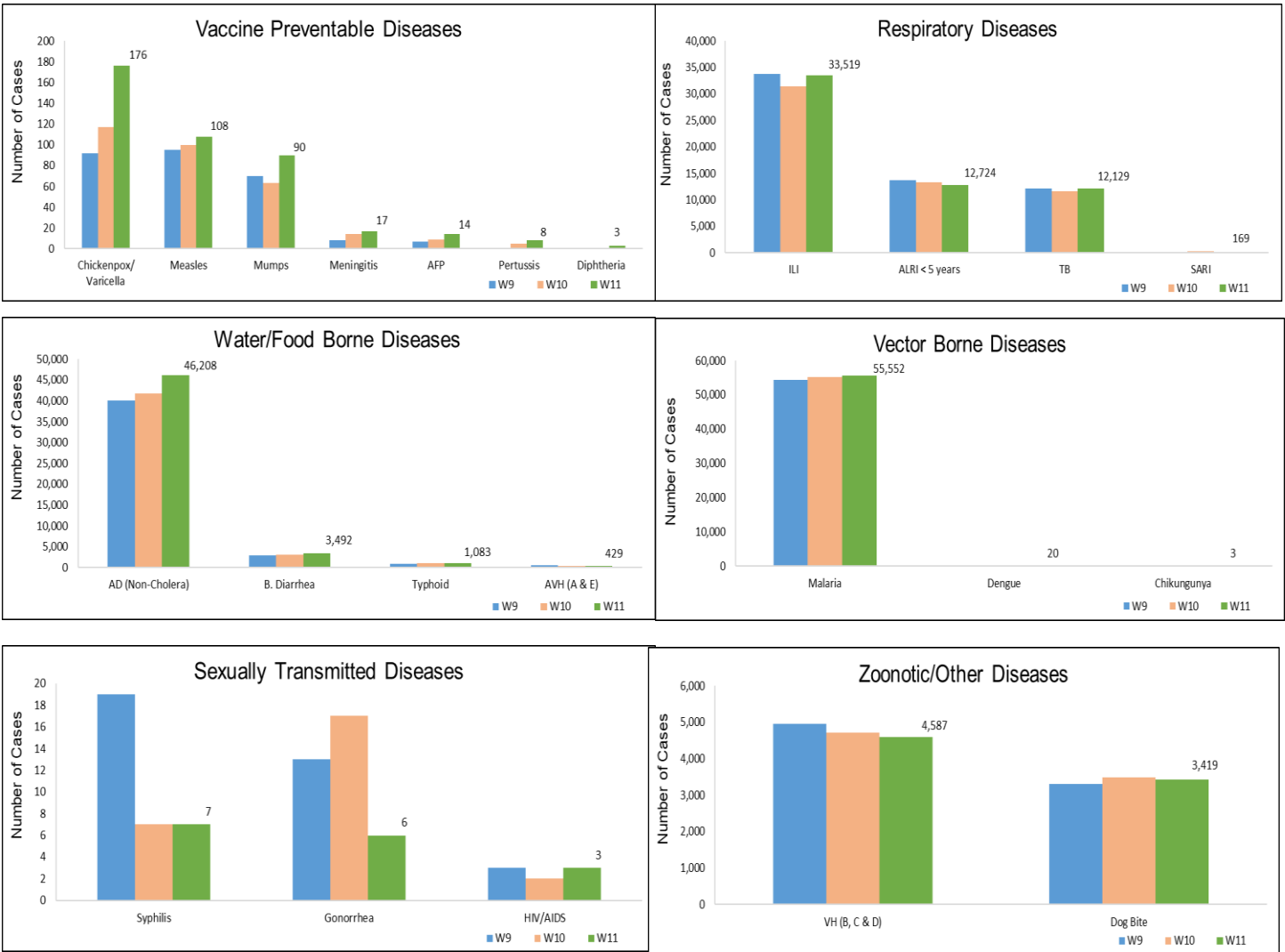
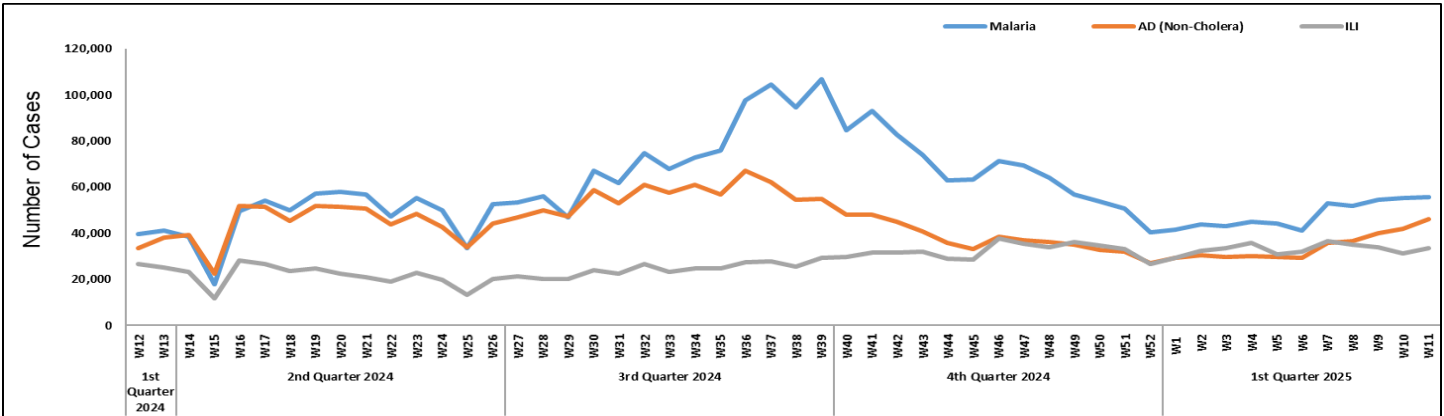


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



- 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 Quetta, Gwadar and Jhal Magsi while AD (Non-Cholera) cases are mostly reported from Quetta, Usta Muhammad and Kech (Turbat).
- One suspected case of HIV/ AIDS reported from Balochistan. Field investigation required to verify the case.
- ILI, AD (Non-Cholera), ALRI <5 years, B. Diarrhea, dog bite, Pertussis, Mumps and Chickenpox showed an increase in cases while Malaria, Typhoid and TB showed a decline in cases this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 11, Balochistan

Districts	ILI	AD (Non-Cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	Dog Bite	TB	AWD (S. Cholera)
Barkhan	37	62	27	38	4	2	16	4	0	2
Chagai	182	121	35	0	30	0	12	0	1	0
Dera Bugti	72	83	51	52	8	4	0	0	0	0
Gwadar	908	339	129	25	51	0	12	0	0	8
Harnai	7	72	48	122	19	18	0	0	0	6
Hub	76	192	99	18	17	0	2	2	2	0
Jaffarabad	197	451	546	58	103	14	6	37	45	0
Jhal Magsi	618	345	801	303	0	1	12	13	4	0
Kachhi (Bolan)	88	115	134	32	43	162	18	0	0	16
Kalat	4	20	13	8	10	0	8	0	0	0
Kech (Turbat)	611	459	300	59	47	NR	NR	NR	NR	NR
Kharan	565	138	20	0	50	34	3	0	0	0
Khuzdar	484	326	117	NR	109	28	26	NR	NR	NR
Killa Abdullah	65	67	7	32	15	80	8	1	3	23
Killa Saifullah	0	107	204	165	55	24	6	0	0	0
Kohlu	345	213	81	9	43	70	28	2	NR	NR
Lasbella	66	406	267	105	58	8	10	19	0	0
Loralai	365	150	27	70	44	73	20	10	0	0
Mastung	165	146	31	106	50	31	17	12	2	3
Naseerabad	40	351	214	40	12	35	57	21	31	1
Nushki	0	132	11	0	38	0	0	0	0	1
Pishin	586	257	18	100	99	64	22	7	1	23
Quetta	1,019	553	12	163	55	57	17	0	0	0
Sherani	25	8	2	0	0	22	0	0	0	2
Sibi	92	6	5	2	4	2	0	1	0	0
Sohbat pur	64	207	162	112	46	21	18	3	5	3
Surab	155	40	14	0	0	0	0	0	0	0
Usta Muhammad	232	520	209	242	48	20	7	31	0	3
Washuk	323	170	123	17	67	23	13	2	0	20
Zhob	221	114	19	355	29	186	5	0	25	0
Ziarat	177	78	24	52	34	5	7	13	1	6
Total	7,789	6,248	3,750	2,285	1,188	984	350	178	120	117

Figure 4: Most frequently reported suspected cases during Week 11, Balochistan

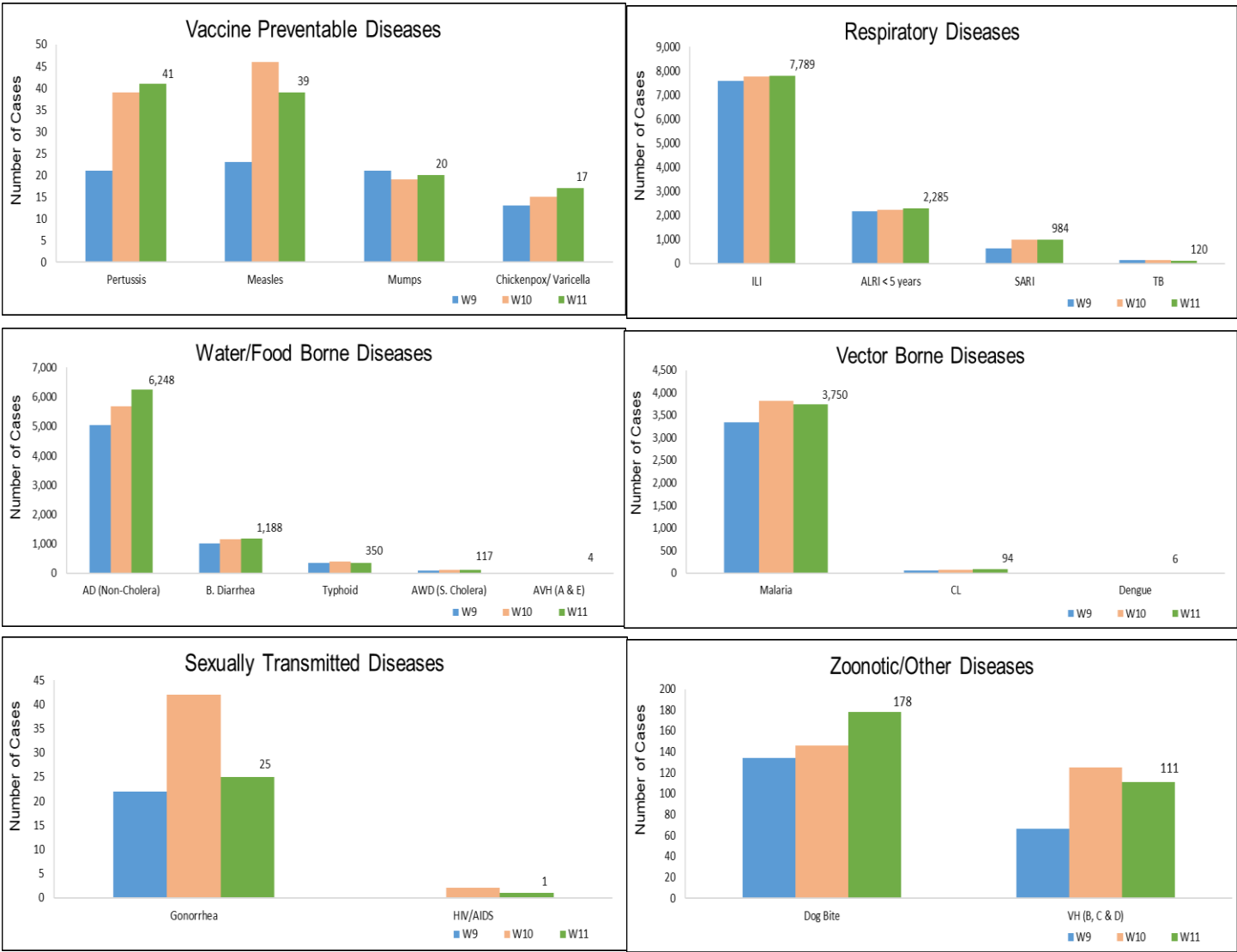
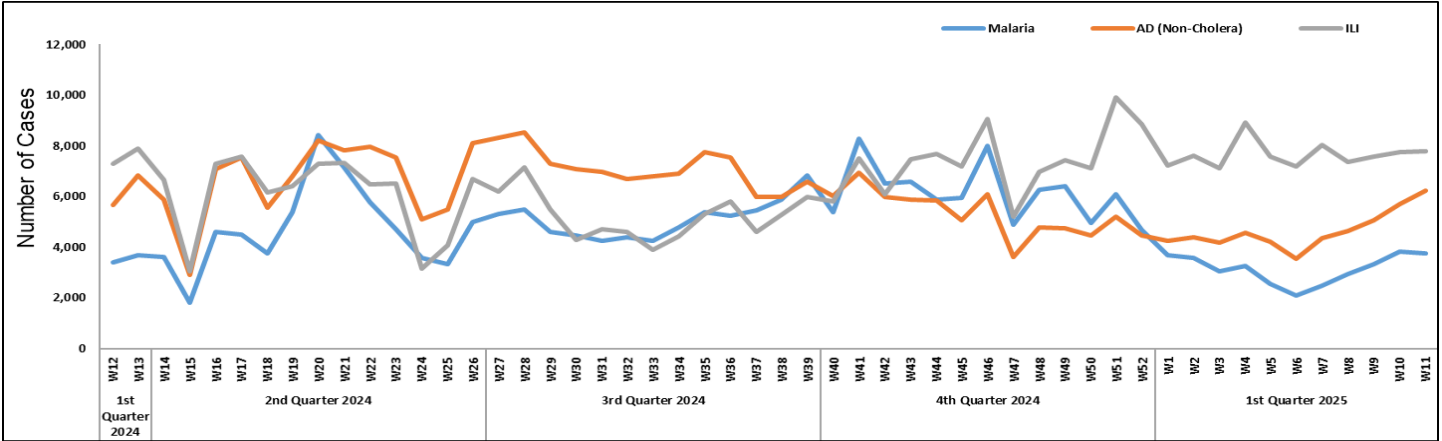


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan



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

Table 4: District wise distribution of most frequently reported suspected cases during Week 11, KP

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	Dog Bite	B. Diarrhea	SARI	CL	Typhoid	Measles
Abbottabad	659	61	0	22	43	7	7	0	38	3
Bajaur	399	82	127	14	69	74	105	16	6	15
Bannu	718	2	1,348	13	2	18	14	1	85	68
Battagram	123	441	6	5	9	6	NR	4	7	14
Buner	218	0	255	1	9	0	0	0	1	0
Charsadda	1,716	1,441	374	606	12	137	2	0	46	47
Chitral Lower	308	122	3	15	17	10	21	5	0	2
Chitral Upper	57	6	2	2	3	3	0	1	4	0
D.I. Khan	1,315	0	139	26	29	12	0	1	2	92
Dir Lower	893	0	122	14	58	55	0	1	33	17
Dir Upper	707	59	2	92	20	3	8	0	7	11
Hangu	168	307	124	21	10	3	0	48	3	0
Haripur	564	288	0	84	31	0	35	0	7	3
Karak	298	82	41	74	38	18	10	277	0	29
Khyber	864	29	102	177	71	166	55	141	92	20
Kohat	458	0	14	4	26	18	0	17	4	3
Kohistan Lower	56	0	1	0	0	4	0	0	0	4
Kohistan Upper	162	9	8	7	0	31	3	0	0	15
Kolai Palas	42	12	1	4	0	4	1	0	3	0
L & C Kurram	10	4	0	0	1	13	0	0	0	0
Lakki Marwat	681	8	125	7	30	10	0	0	6	11
Mansehra	561	336	0	3	0	1	14	0	3	0
Mardan	362	166	10	289	71	16	0	38	44	19
Mohmand	127	206	135	3	19	23	156	75	3	11
North Waziristan	27	0	15	6	1	25	9	0	5	24
Nowshera	1,334	45	29	93	9	21	20	1	19	6
Orakzai	109	24	7	0	6	8	0	0	0	0
Peshawar	2,791	357	17	80	29	71	29	0	46	49
SD Peshawar	17	NR	NR	NR	NR	3	NR	NR	NR	NR
SD Tank	27	0	12	0	0	2	0	0	0	0
Shangla	586	0	129	12	51	2	0	0	20	10
South Waziristan (Lower)	15	14	3	1	0	1	2	0	1	0
SWU	22	57	20	1	0	0	24	0	0	0
Swabi	825	626	47	79	259	11	53	0	33	21
Swat	1,610	188	7	149	12	43	0	0	10	4
Tank	739	142	63	29	6	3	0	0	26	4
Tor Ghar	74	0	12	14	24	23	20	7	4	5
Upper Kurram	126	211	6	11	11	31	143	0	3	0
Total	19,768	5,325	3,306	1,958	976	876	731	633	561	507

Figure 6: Most frequently reported suspected cases during Week 11, KP

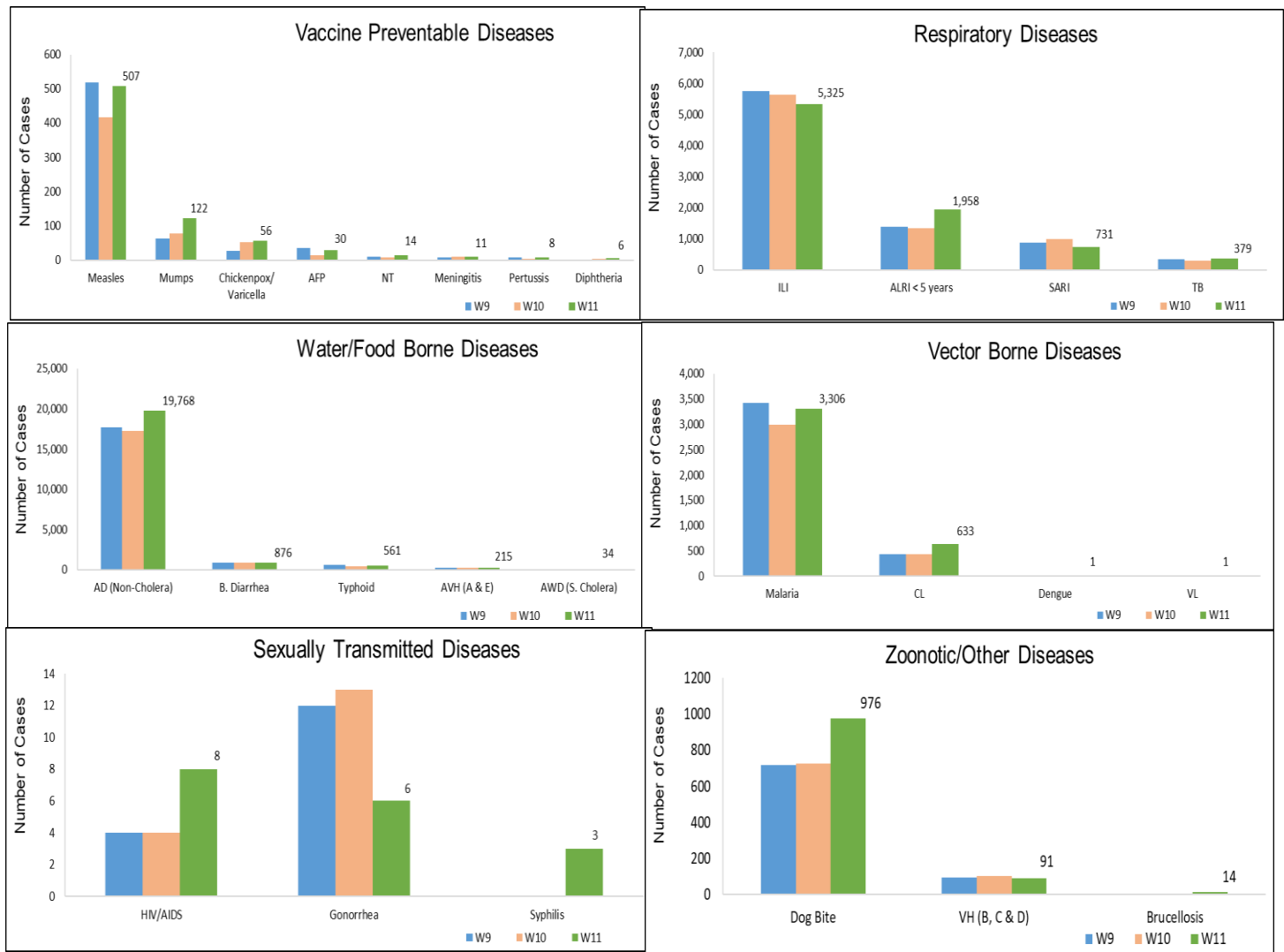
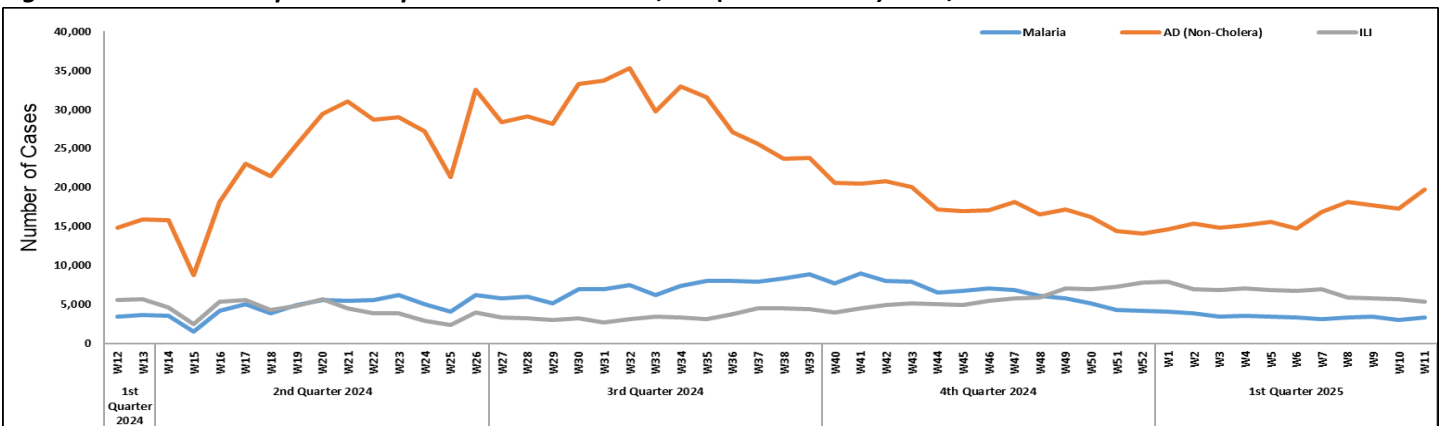


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP



ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and ALRI <5 years. ILI, AD (Non-Cholera) and ALRI <5 years cases showed an increase in number this week.

AJK: ILI cases were maximum followed by AD (Non-Cholera), ALRI < 5years, SARI, dog bite, TB, Measles, B. Diarrhea, AVH (A & E) and Typhoid cases. An increase in cases observed for ILI, AD (Non-Cholera), ALRI < 5years, SARI, TB, Measles and AVH (A & E) while a decline in cases observed for dog bite, B. Diarrhea and Typhoid this week. Two cases of AFP reported from AJK. They 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, B. Diarrhea, Typhoid, TB and Measles cases. An increase in cases observed for by AD (Non-Cholera), ILI, B. Diarrhea, TB and Measles while a decline in cases observed for ALRI <5 Years, SARI and Typhoid this week.

Figure 08: Most frequently reported suspected cases during Week 11, AJK

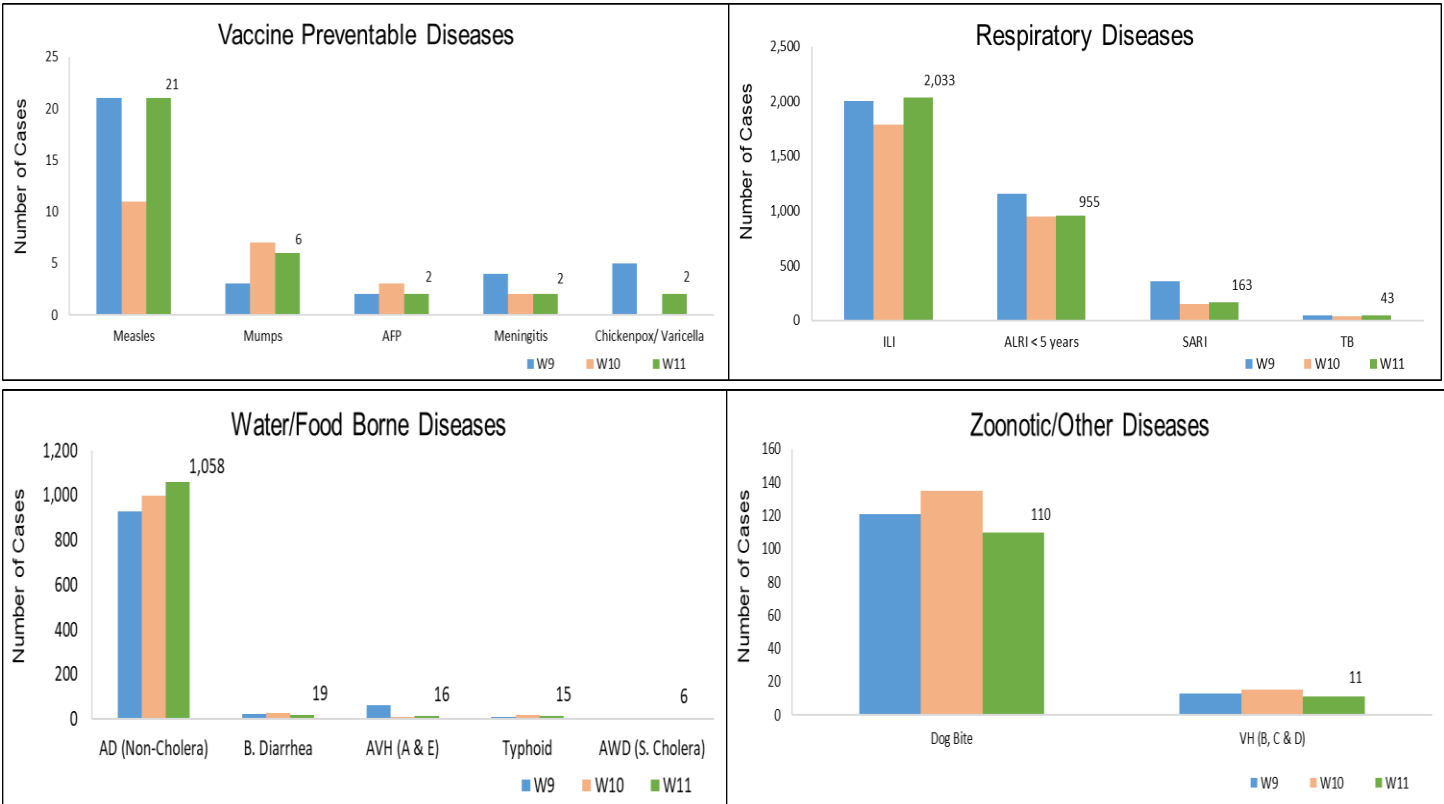


Figure 09: Week wise reported suspected cases of ILI and ARI <5 years, AJK

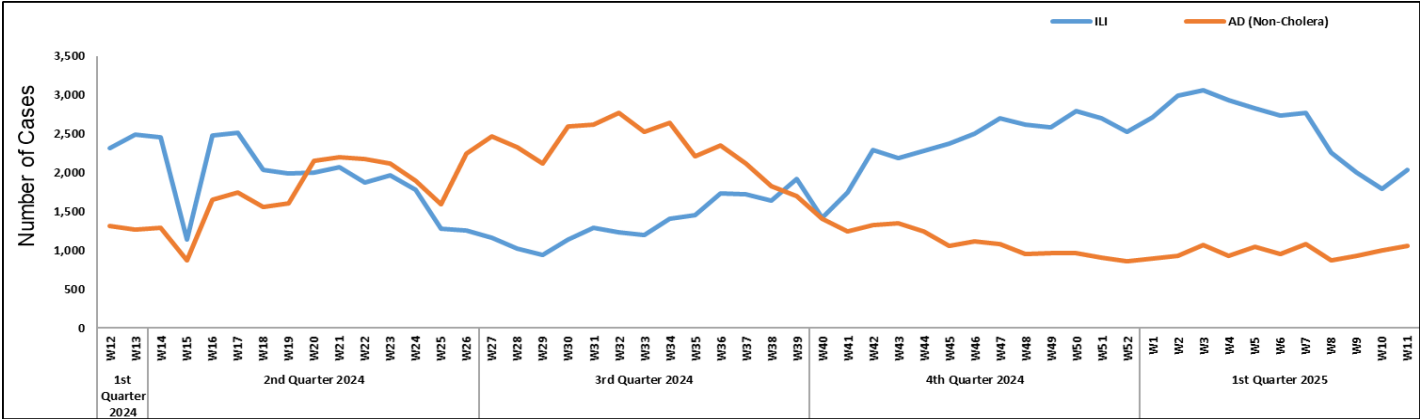


Figure 10: Most frequently reported suspected cases during Week 11, ICT

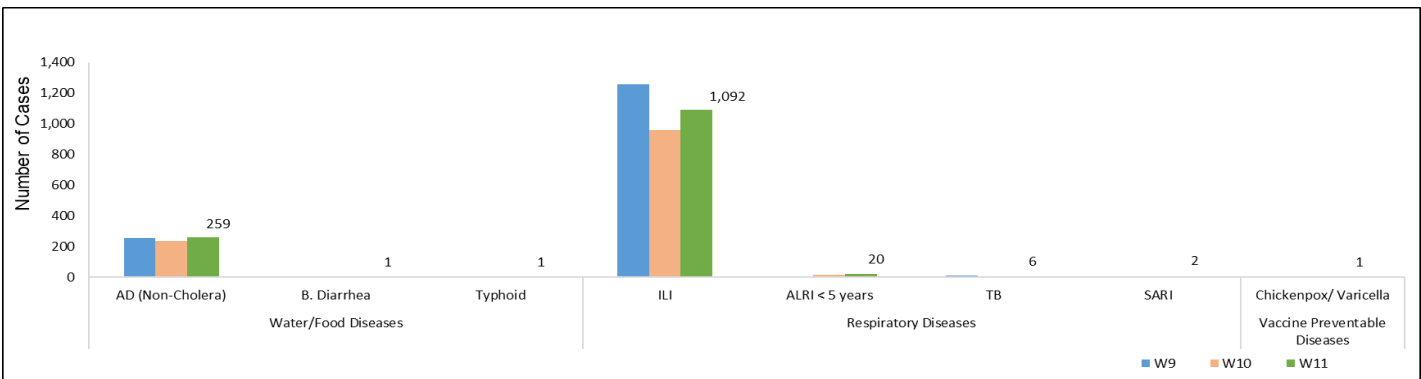


Figure 11: Week wise reported suspected cases of ILI, ICT

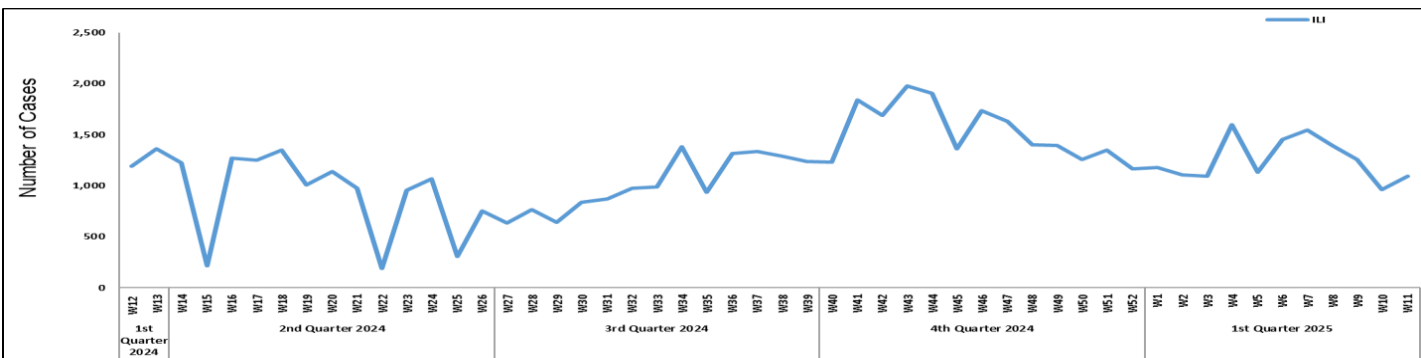


Figure 12: Most frequent cases reported during Week 11, GB

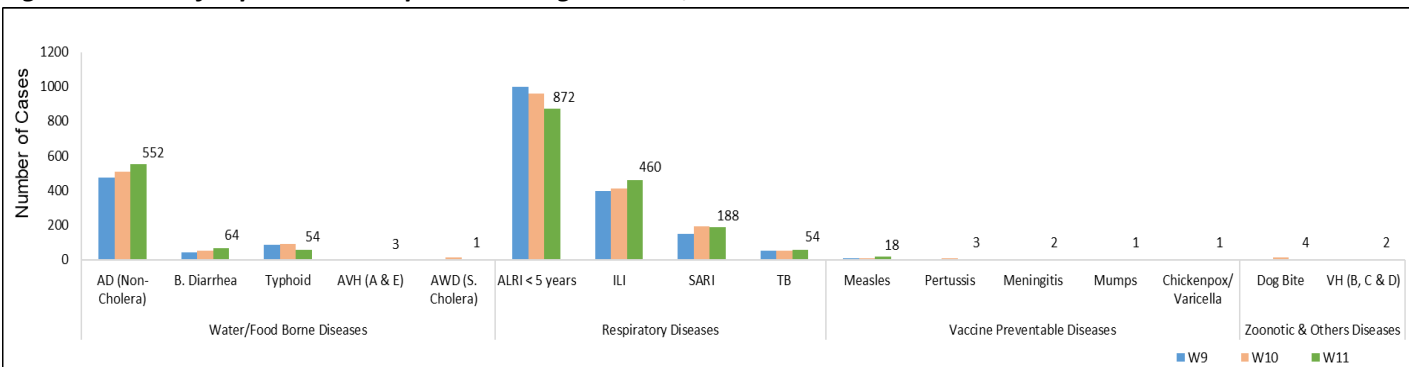


Figure 13: Week wise reported suspected cases of ALRI <5 years, GB

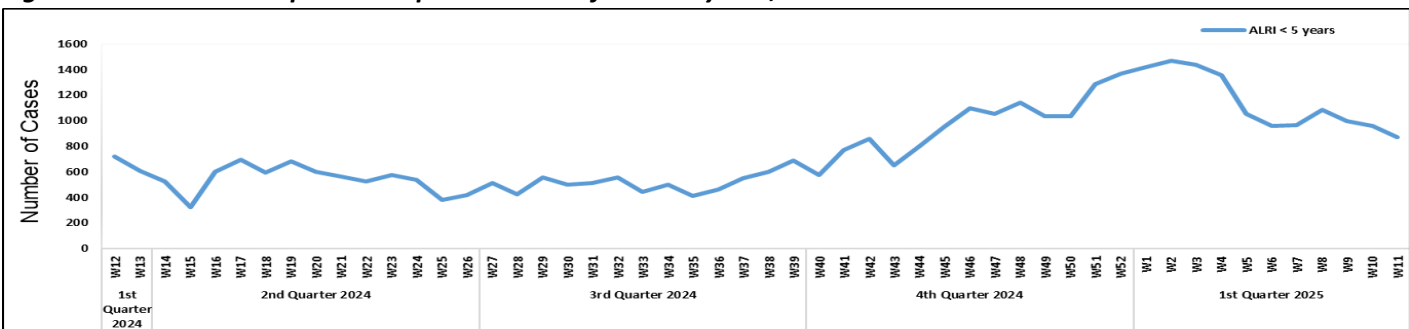


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 11

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)	143	1	-	-	0	0	-	-	-	-	-	-	0	0
AD (non-cholera)	143	0	-	-	0	0	-	-	-	-	-	-	0	0
Malaria	9,467	356	-	-	190	4	-	-	-	-	-	-	27	0
CCHF	0	0	4	0	0	0	-	-	-	-	-	-	0	0
Dengue	1,146	38	1	0	23	0	2	0	-	-	-	-	4	0
VH (B)	12,453	400	53	40	450	13	-	-	-	-	-	-	635	3
VH (C)	12,891	1,310	35	15	450	5	-	-	-	-	-	-	633	12
VH (D)	481	177	12	2	0	0	-	-	-	-	-	-	0	0
VH (A)	153	49	-	-	0	0	-	-	-	-	-	-	0	0
VH (E)	17	4	-	-	0	0	-	-	-	-	-	-	0	0
Covid-19	55	0	6	0	5	0	2	0	-	-	-	-	0	0
Chikungunya	12	6	1	0	0	0	0	0	-	-	-	-	0	0
TB	544	76	-	-	50	4	-	-	-	-	-	-	76	7
HIV/ AIDS	4,476	58	-	-	290	4	-	-	-	-	-	-	546	0
Syphilis	1,282	28	-	-	65	0	-	-	-	-	-	-	0	0
B. Diarrhea	127	0	-	-	0	0	-	-	-	-	-	-	0	0
Typhoid	425	8	-	-	14	0	-	-	-	-	-	-	0	0
Diphtheria	6	1	-	-	0	0	-	-	-	-	-	-	0	0
ILI	23	10	2	0	0	0	-	-	-	-	-	-	0	0
Leishmaniasis (cutaneous)	0	0	-	-	10	1	-	-	-	-	-	-	0	0
Leishmaniasis (Visceral)	0	0	-	-	17	4	-	-	-	-	-	-	0	0
Pneumonia (ALRI)	172	38	-	-	0	0	-	-	-	-	-	-	0	0
Brucellosis	0	0	-	-	18	0	-	-	-	-	-	-	0	0
Meningitis	9	1	-	-	28	4	-	-	-	-	-	-	0	0
Measles	339	188	36	22	443	221	7	6	6	4	315	87	32	18
Rubella	339	2	36	1	443	7	7	0	6	0	315	5	32	1
Covid-19	Out of SARI	10	0	0	0	0	82	0	0	0	80	1	0	0
	Out of ILI	6	0	0	0	0	25	0	0	0	53	0	0	0
Influenza A	Out of SARI	10	1	0	0	0	82	3	0	0	80	1	0	0
	Out of ILI	6	1	0	0	0	25	1	0	0	53	2	0	0
Influenza B	Out of SARI	10	0	0	0	0	82	1	0	0	80	2	0	0
	Out of ILI	6	0	0	0	0	25	1	0	0	53	1	0	0
RSV	Out of SARI	10	0	0	0	0	82	26	0	0	80	0	0	0
	Out of ILI	6	0	0	0	0	25	1	0	0	53	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 11, 2024

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	103	93%
	Bannu	238	139	58%
	Battagram	59	31	53%
	Buner	34	33	97%
	Bajaur	44	43	98%
	Charsadda	59	58	98%
	Chitral Upper	34	30	88%
	Chitral Lower	35	35	100%
	D.I. Khan	113	113	100%
	Dir Lower	74	74	100%
	Dir Upper	37	32	86%
	Hangu	22	19	86%
	Haripur	72	71	99%
	Karak	36	36	100%
	Khyber	53	44	83%
	Kohat	61	61	100%
	Kohistan Lower	11	10	91%
	Kohistan Upper	20	14	70%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	5	12%
	Upper Kurram	41	29	71%
	Malakand	42	0	0%
	Mansehra	133	109	82%
	Mardan	80	52	65%
	Nowshera	55	54	98%
	North Waziristan	13	4	31%
	Peshawar	155	133	86%
	Shangla	37	32	86%
	Swabi	64	63	98%
	Swat	77	77	100%
	South Waziristan (Upper)	93	37	40%
	South Waziristan (Lower)	42	16	38%
	Tank	34	33	97%
	Torghar	14	14	100%
	Mohmand	68	63	93%
	SD Peshawar	5	1	20%
	SD Tank	58	10	17%
	Orakzai	69	14	20%
	Mirpur	37	37	100%
	Bhimber	42	20	48%
	Kotli	60	60	100%
	Muzaffarabad	45	43	96%



Azad Jammu Kashmir	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	40	40	100%
	Neelum	39	38	97%
	Jhelum Valley	29	28	97%
Islamabad Capital Territory	Sudhnooti	27	27	100%
	ICT	21	21	100%
Balochistan	CDA	15	8	53%
	Gwadar	25	23	92%
	Kech	44	29	66%
	Khuzdar	74	49	66%
	Killa Abdullah	26	16	62%
	Lasbella	55	55	100%
	Pishin	69	42	61%
	Quetta	55	39	71%
	Sibi	36	20	56%
	Zhob	39	31	79%
	Jaffarabad	16	15	94%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	8	53%
	Kohlu	75	44	59%
	Chagi	36	20	56%
	Kalat	41	40	98%
	Harnai	17	16	94%
	Kachhi (Bolan)	35	12	34%
	Jhal Magsi	28	25	89%
	Sohbat pur	25	25	100%
	Surab	32	23	72%
	Mastung	45	45	100%
	Loralai	33	25	76%
	Killa Saifullah	28	21	75%
	Ziarat	29	14	48%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	33	73%
	Washuk	46	34	74%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	16	80%
	Hub	33	31	94%
	Musakhel	41	0	0%
Gilgit Baltistan	Usta Muhammad	34	34	100%
	Hunza	32	32	100%
	Nagar	25	19	76%
	Ghizer	38	38	100%
	Gilgit	40	40	100%
	Diamer	62	61	98%

	Astore	54	54	100%
	Shigar	27	25	93%
	Skardu	52	52	100%
	Ganche	29	28	97%
Sindh	Kharmang	46	25	54%
	Hyderabad	73	71	97%
	Ghotki	64	64	100%
	Umerkot	43	43	100%
	Naushahro Feroze	107	96	90%
	Tharparkar	276	257	93%
	Shikarpur	61	60	98%
	Thatta	52	52	100%
	Larkana	67	66	99%
	Kamber Shadadkot	71	71	100%
	Karachi-East	24	19	79%
	Karachi-West	20	20	100%
	Karachi-Malir	37	33	89%
	Karachi-Kemari	18	15	83%
	Karachi-Central	12	9	75%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	55	100%
	Mirpur Khas	106	98	92%
	Badin	124	124	100%
	Sukkur	64	63	98%
	Dadu	90	90	100%
	Sanghar	100	100	100%
	Jacobabad	44	44	100%
	Khairpur	170	169	99%
	Kashmore	59	58	98%
	Matiari	42	42	100%
	Jamshoro	75	74	99%
	Tando Allahyar	54	54	100%
	Tando Muhammad Khan	41	41	100%
	Shaheed Benazirabad	122	122	100%

Table 7: IDSR reporting Tertiary care hospital Week 11, 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	1	100%
	Shaheed Benazirabad	1	0	0%
	Karachi-East	1	1	100%
	Karachi-Central	1	0	0%

Notes from Field

Suspected Measles Outbreak Investigation Report in Kili Sirkai, UC Loiband, Tehsil Muslim Bagh, District Killa Saifullah from 6th March to 8th March 2025

Dr. Nasir Khan – DSO

Dr. Talha Bin Saeed – FETP Fellow

Mr. Waseem Khan – M&E Officer

Introduction

Measles is a highly contagious viral illness caused by the measles virus and spreads through respiratory droplets when an infected person breathes, coughs, or sneezes. Despite the availability of a safe and effective vaccine, measles remains a significant public health challenge. In 2023, measles caused an estimated 107,500 deaths globally, primarily among unvaccinated or under-vaccinated children under five years of age [1]. In South Asia, frequent outbreaks are often linked to low vaccination coverage, migration, and vaccine hesitancy. Within Pakistan, periodic outbreaks continue to occur, particularly in remote or underserved areas with low immunization uptake. On 5th March 2025, suspected measles cases were reported via social media from Kili Sirkai, a village in Union Council Loiband, Tehsil Muslim Bagh, District Killa Saifullah. In response, an investigation was initiated to verify the outbreak, determine its magnitude and risk factors, and implement control measures.

Objectives

- To confirm and determine the magnitude of the outbreak.
- To determine the cause and risk factors associated with the outbreak.
- To recommend and implement appropriate control and preventive measures.

Methods

A descriptive cross-sectional study was conducted in Kili Sirkai, Union Council (UC) Loiband, Tehsil Muslim Bagh, District Killa Saifullah, from 6th to 8th March 2025. The total population of UC Loiband is approximately 9,773. The suspected measles case defined as “any individual of any age or gender, who developed a sudden onset of generalized maculopapular rash and fever with at least one of the following symptoms: cough, runny nose, or red eyes, or any case clinically suspected by a healthcare provider between 21st February and 15th March 2025, residing in or having traveled to Kili Sirkai”. Data were collected using the standard measles outbreak investigation questionnaire provided by the Provincial Disease Surveillance and Response Unit (PDSRU). Data sources included immunization cards, household interviews, observations and line listings. Active case finding was performed through door-to-door visits, and no hospital records were available for review. The data were analyzed using descriptive statistics to calculate attack rates, case fatality rate, gender ratio, and identify patterns by person, place, and time.

Results

A total of three suspected measles cases, including one death, were identified from the same household in Kili Sirkai. All affected

individuals were females. The mean age of the cases was 3.7 years (range: 2-6), and all were unvaccinated due to household-level vaccine refusal. The first case had symptom onset on 6th March 2025, and all three cases developed symptoms within 48 hours of each other. All cases had a recent travel history to District Pishin, which was the likely source of exposure. The overall attack rate was 2.6 per 10,000 population, and the case fatality rate was 33%. Clinical presentation in all cases included fever (100%), rash (100%), cough (100%), runny nose (66%) and conjunctivitis (33%). No additional suspected cases were found during active surveillance of neighboring households, where overall immunization coverage was reported to be adequate.

Discussion

This outbreak of suspected measles in Kili Sirkai was confirmed through field investigation and clinical assessment. The outbreak was confined to a single vaccine-refusing household, all cases were female children under five years of age, consistent with global data identifying young, unvaccinated children as the most vulnerable group [2,3]. The outbreak's origin was likely linked to recent travel to District Pishin, where a probable index case was identified. No additional spread was detected in surrounding households. The findings underscore the persistent threat of vaccine-preventable diseases in settings where immunization coverage is incomplete due to vaccine refusal or misinformation. Measles is highly contagious, and even a small number of unvaccinated individuals can lead to localized outbreaks. WHO recommends at least 95% coverage with two doses of measles vaccine to achieve herd immunity and prevent outbreaks [1].

Conclusion

The investigation confirmed a localized outbreak of suspected measles in Kili Sirkai, UC Loiband, with three cases and one death reported from a

single vaccine-refusing household. The outbreak did not spread beyond this cluster, attributed to relatively good immunization coverage in surrounding homes. Nonetheless, the event highlights the risk posed by vaccine refusal and underscores the importance of maintaining high immunization coverage and robust surveillance.

Recommendations

1. **Strengthen active surveillance** for measles in all high-risk areas, particularly those near borders or with recent travel exposure.
2. **Strengthen routine immunization efforts** by updating defaulter lists and ensuring follow-up with unvaccinated children.
3. **Educate caregivers and community elders** about the importance and safety of measles vaccination, especially in areas with a history of vaccine refusal.
4. **Promote trust in vaccination** by involving local leaders, teachers, and religious figures to dispel myths and misinformation.
5. **Plan targeted mop-up vaccination campaigns** in clusters where refusals are identified, to quickly raise herd immunity and prevent spread.
6. **Provide vitamin A supplementation** to reduce complications among exposed or suspected children under five.

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Knowledge Hub

Understanding Heatwaves: Stay Cool, Stay Safe

What is a Heatwave?

A heatwave is a period of extremely hot weather, often with high humidity, that lasts for several days. It can happen anywhere, but it becomes especially dangerous when people are not used to such high temperatures or are unprepared for them.

Due to climate change, heatwaves are becoming more frequent, more intense, and longer-lasting in many parts of the world—including Pakistan.

Why Are Heatwaves a Public Health Concern?

Heatwaves are not just uncomfortable—they can be **life-threatening**. According to the **World Health Organization (WHO)**, extreme heat can lead to serious illnesses and even death, especially among:

- Older adults
- Children
- People with heart or breathing problems
- Outdoor workers
- Those without access to fans or cooling

In the United States alone, over 10,000 people died from heat-related causes between 2004 and 2018, as reported by the Centers for Disease Control and Prevention (CDC).¹

In Pakistan, cities like Karachi, Jacobabad, and Lahore have experienced severe heatwaves in recent years. In 2015, a heatwave in Karachi led to over 1,200 deaths in just a few days, overwhelming hospitals and morgues (2).

Common Symptoms of Heat-Related Illness

Heat can affect the body in many ways. Here are some warning signs to watch for:

Heat Exhaustion

- Heavy sweating
- Tiredness or weakness
- Headache
- Dizziness
- Nausea or vomiting
- Cool, pale, clammy skin

Heatstroke (Very Dangerous!)

- High body temperature (over 103°F / 39.4°C)
- Red, hot, and dry skin (no sweating)
- Rapid pulse
- Confusion or fainting
- Seizures

If you or someone else shows signs of heatstroke, seek immediate medical help. It can be fatal if not treated quickly.

What You Can Do: Simple Steps to Stay Safe

Whether at home, at work, or outside, here are some easy ways to protect yourself during a heatwave:

Stay Hydrated

- Drink water often, even if you're not thirsty.
- Avoid tea, coffee, or sugary drinks in excess.

Stay Cool

- Stay indoors during the hottest hours (11 a.m. – 4 p.m.).
- Use fans or air conditioning, if available.
- Take cool showers or wipe your body with a wet cloth.

Dress Right

- Wear loose, light-colored clothes.
- Use a hat or umbrella for shade.

Look Out for Others

- Check on elderly neighbors or family members.
- Keep children out of parked cars—they can heat up like ovens.

Know Your Risk



- If you have health problems, avoid physical activity during hot hours.
- Workers in agriculture, construction, or delivery jobs should take extra breaks and drink water often.

What Can Communities and Governments Do?

Countries like Canada, the UK, and Pakistan are taking steps to prevent heatwave-related deaths:

- **Early warnings:** Alerts on TV and phones before extreme heat.
- **Cooling centers:** Safe places for people without fans or AC.
- **Public awareness:** Campaigns to teach people how to stay safe.
- **Training:** Health workers and rescue staff trained to deal with heat emergencies.

The Public Health Agency of Canada, UK Health Security Agency, and Pakistan's health authorities are working to build heat resilience in communities through planning and preparedness(3,4).

Pakistan's Rising Heat Risk

Pakistan is among the **top 10 countries most affected by climate change**. According to national health experts, more than **30 cities** in the country are at risk of heatwaves every summer. Poor access to electricity, water shortages, and rapid urbanization make the problem worse.

The **National Disaster Management Authority (NDMA)** and **Pakistan Meteorological Department** issue heatwave alerts during summer months, but there is still a strong need for:

- More community awareness
- Tree planting and green spaces
- Water access for the poor and homeless
- School and workplace safety plans

Key Takeaways

Heatwaves are not just a weather problem they are a **public health emergency**. With better planning, simple actions, and community support, we can **prevent illness and save lives**.

Let's spread the word. When it gets hot, stay **cool**, stay **hydrated**, and stay **informed**.

Sources

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ہیٹ سٹروک



ہیٹ سٹروک، سن سٹروک یا لوگٹنا شدید گرمی سے ہونی والی بیماری ہے جس میں انسانی جسم کا درجہ حرارت اچانک بہت زیادہ ہو جاتا ہے اور جسم میں پانی کی شدید کمی واقع ہو جاتی ہے

ہیٹ سٹروک سے زیادہ تر جن لوگوں کو متاثر ہونے کا خدشہ ہوتا ہے ان میں بچے، بزرگ، مزدور، کھلاڑی اور موذی امراض میں مبتلا مریض شامل ہیں۔

ہیٹ سٹروک کی علامات



احتیاطی تدابیر



اگر آپ کو شبہ ہو کہ فرد کو ہیٹ سٹروک ہے تو فوری طور پر ہسپتال پہنچائیں۔ طبی امداد میں تاخیر جان لیوا ثابت ہو سکتی ہے

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