

# 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

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## Overview

### Public Health Bulletin - Pakistan, Week 15, 2025

## IDSR Reports

## Ongoing Events

## Field Reports

*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;*

- *Crimean-Congo Hemorrhagic Fever Outbreak Investigation IN Killi Haji Faiuzllah Khan, Chaman, Balochistan*
- *Knowledge hub on Understanding Crimean-Congo Hemorrhagic Fever (CCHF)*

*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 15, 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, Typhoid and SARI.
- Fourteen cases of AFP reported from KP, four from Sindh and three from AJK.
- Three suspected cases of HIV/ AIDS reported from Sindh.
- Thirteen suspected cases of Brucellosis reported from KP.
- Among VPDs, there is an increase in number of cases of Measles, Chickenpox, Mumps, Pertussis and AFP this week.
- Among Respiratory diseases, there is an increase in number of cases of ILI, ALRI <5 years, TB and SARI this week.
- Among Water/food-borne diseases, there is an increase in number of cases of Acute Diarrhea (Non-Cholera), B. Diarrhea, Typhoid and AVH (A & E) this week.
- Among Vector-borne diseases, there is an increase in number of cases of Malaria and CL this week.
- Among other diseases, there is an increase in number of cases of VH (B, C & D) and dog bite this week.

## IDSR compliance attributes

- The national compliance rate for IDSR reporting in 158 implemented districts is 79%
- Sindh is the top reporting regions with a compliance rate of 94%, followed by GB 92%, AJK 89%, and ICT 81%.
- The lowest compliance rate was observed in KP 73% and Balochistan 57%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2315	1699	73
Azad Jammu Kashmir	404	358	89
Islamabad Capital Territory	36	29	81
Balochistan	1308	740	57
Gilgit Baltistan	405	377	93
Sindh	2095	1974	94
National	6563	5177	79



## Public Health Actions

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

### ILI (Influenza like illness)

#### Crimean-Congo Hemorrhagic Fever (CCHF)

- **Surveillance and Reporting:** Strengthen Integrated Disease Surveillance and Response (IDSR) to monitor CCHF cases, identify high-risk areas, and detect outbreaks early. Enhance reporting from healthcare facilities and laboratories.
- **Personal Protective Measures:** Promote use of protective clothing (gloves, long sleeves, trousers) for people in contact with livestock or animal blood, especially butchers, slaughterhouse workers, and healthcare workers handling patients.
- **Environmental Sanitation:** Implement vector control measures to reduce tick populations in livestock and surroundings.
- **Occupational Safety:** Educate high-risk occupational groups (farmers, veterinarians, slaughterhouse staff, healthcare workers) on safe handling of animals, proper disposal of animal waste, and use of PPE.
- **Community Engagement:** Conduct public awareness campaigns through TV, radio, and community health workers on tick bite prevention, early symptom recognition, and importance of seeking timely medical care

### Brucellosis

- **Surveillance and Reporting:** Strengthen Integrated Disease Surveillance and Response (IDSR) to monitor human and animal brucellosis cases, ensuring timely detection and inter-sectoral data sharing under One Health.
- **Vaccination:** Implement and strengthen livestock vaccination programs to reduce animal reservoir.
- **Food Safety:** Promote consumption of pasteurized milk and properly cooked meat; educate communities on the risks of consuming unpasteurized dairy products.
- **Environmental Sanitation:** Improve hygienic handling of animal birth products, manure, and carcasses to prevent environmental contamination.
- **Occupational Safety:** Educate farmers, veterinarians, abattoir workers, and laboratory staff on safe animal handling, use of PPE, and biosafety protocols.
- **Community Engagement:** Conduct awareness campaigns via mass media and community health workers on safe animal husbandry practices, recognition of symptoms, early medical consultation, and treatment adherence.

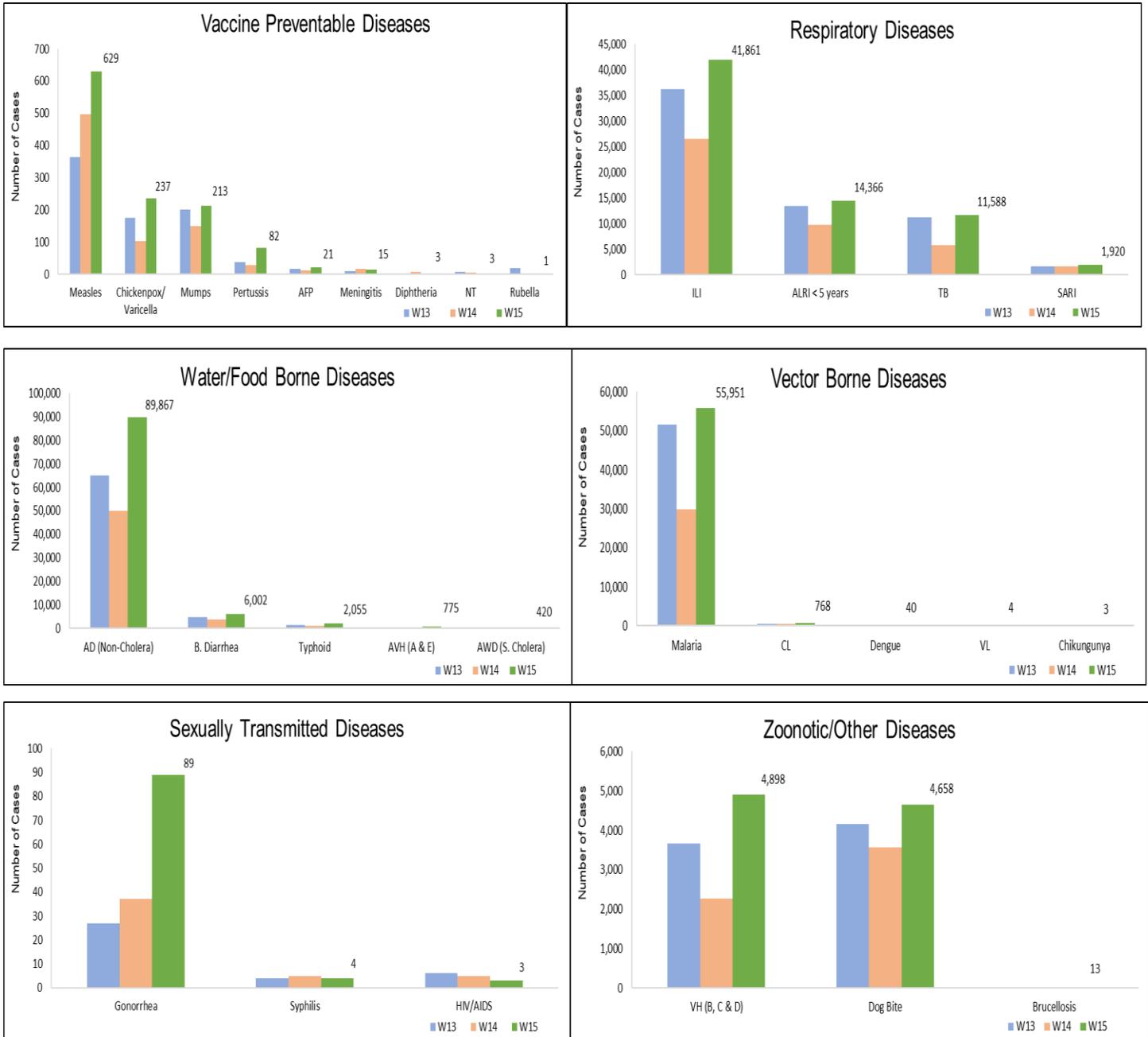


**Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 15, Pakistan.**

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	1,436	6,493	755	401	32,339	NR	48,443	89,867
Malaria	0	2,819	0	0	3,354	NR	49,778	55,951
ILI	2,250	6,184	364	891	5,071	NR	27,101	41,861
ALRI < 5 years	1,006	1484	824	4	1,553	NR	9,495	14,366
TB	60	129	107	5	427	NR	10,860	11,588
B. Diarrhea	45	1388	61	3	1,142	NR	3,363	6,002
VH (B, C & D)	25	64	7	1	114	NR	4,687	4,898
Dog Bite	108	168	9	0	960	NR	3,413	4,658
Typhoid	14	376	81	0	585	NR	999	2,055
SARI	210	686	205	1	677	NR	141	1,920
AVH (A & E)	23	5	4	0	300	NR	443	775
CL	0	76	0	0	689	NR	3	768
Measles	12	18	7	2	457	NR	133	629
AWD (S. Cholera)	14	290	21	0	77	NR	18	420
Chickenpox/ Varicella	3	9	3	6	58	NR	158	237
Mumps	3	45	0	0	105	NR	60	213
Gonorrhoea	0	34	0	0	19	NR	36	89
Pertussis	0	68	4	0	2	NR	8	82
Dengue	0	18	0	0	1	NR	21	40
AFP	3	0	0	0	14	NR	4	21
Meningitis	1	0	1	0	4	NR	9	15
Brucellosis	0	0	0	0	13	NR	0	13
VL	0	0	0	0	0	NR	4	4
Syphilis	0	0	0	0	0	NR	4	4
NT	0	0	0	0	3	NR	0	3
Diphtheria	0	0	0	0	3	NR	0	3
Chikungunya	0	2	0	0	0	NR	1	3
HIV/AIDS	0	0	0	0	0	NR	3	3
Rubella	0	0	0	0	1	NR	0	1

★ Punjab Data delayed due to non-reporting by HF

**Figure 1: Most frequently reported suspected cases during Week 15, Pakistan.**

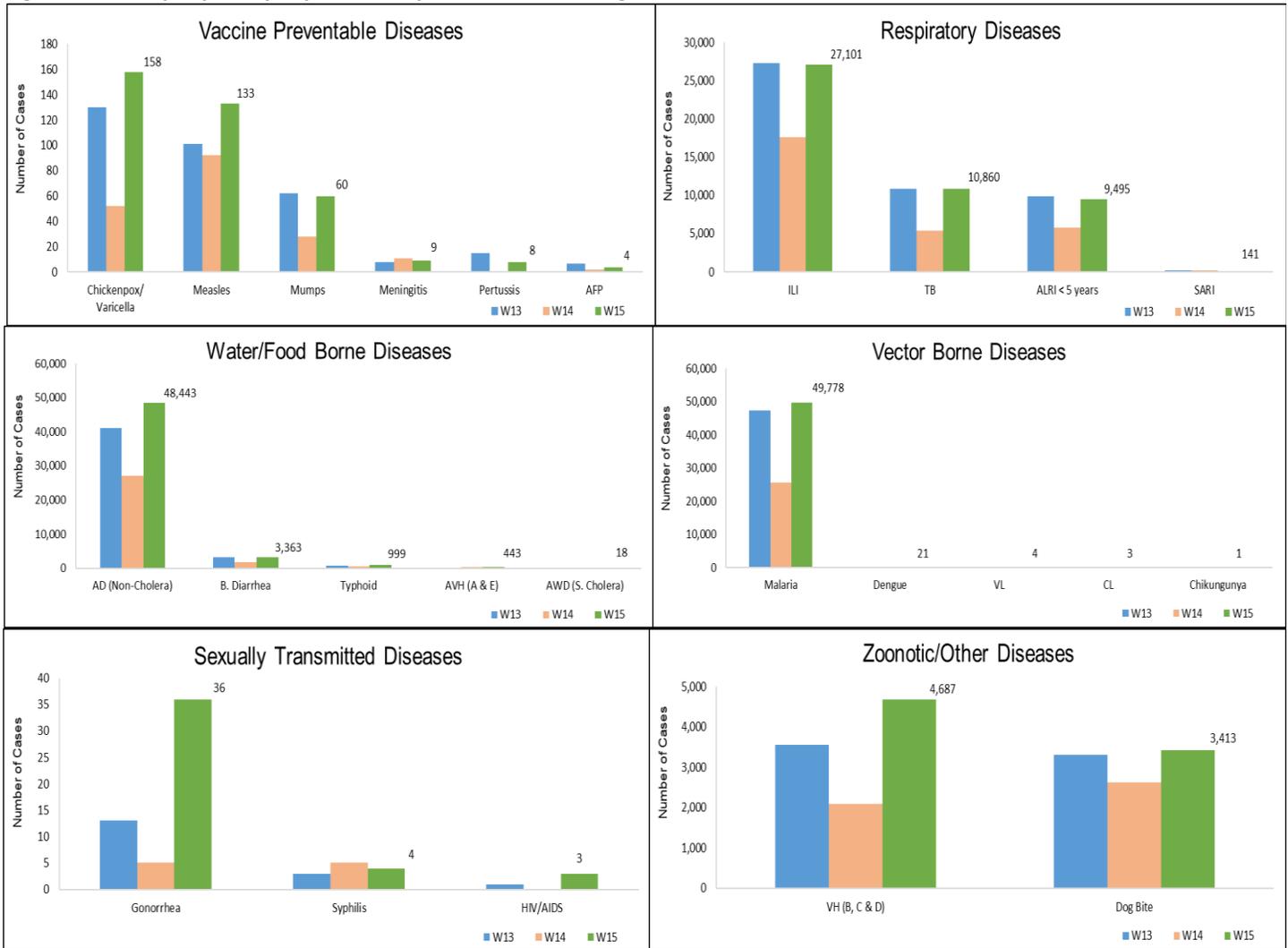


- Malaria cases were maximum followed by AD (Non-Cholera), ILI, TB, ALRI<5 Years, VH (B, C, D), dog bite, B. Diarrhea, Typhoid and AVH (A & E).
- Malaria cases are mostly from Larkana, Khairpur and Sanghar whereas AD (Non-Cholera) cases are from Badin, Khairpur and Mirpurkhas.
- Four cases of AFP reported from Sindh. They are suspected cases and need field verification.
- Three suspected cases of HIV/ AIDS reported from Sindh. They need field investigation.
- There is an increase in number of cases of Malaria, AD (Non-Cholera), ILI, TB, ALRI<5 Years, VH (B, C, D), dog bite, B. Diarrhea, Typhoid, AVH (A & E) and VPDs including Chickenpox, Measles, Mumps, Pertussis and AFP this week.

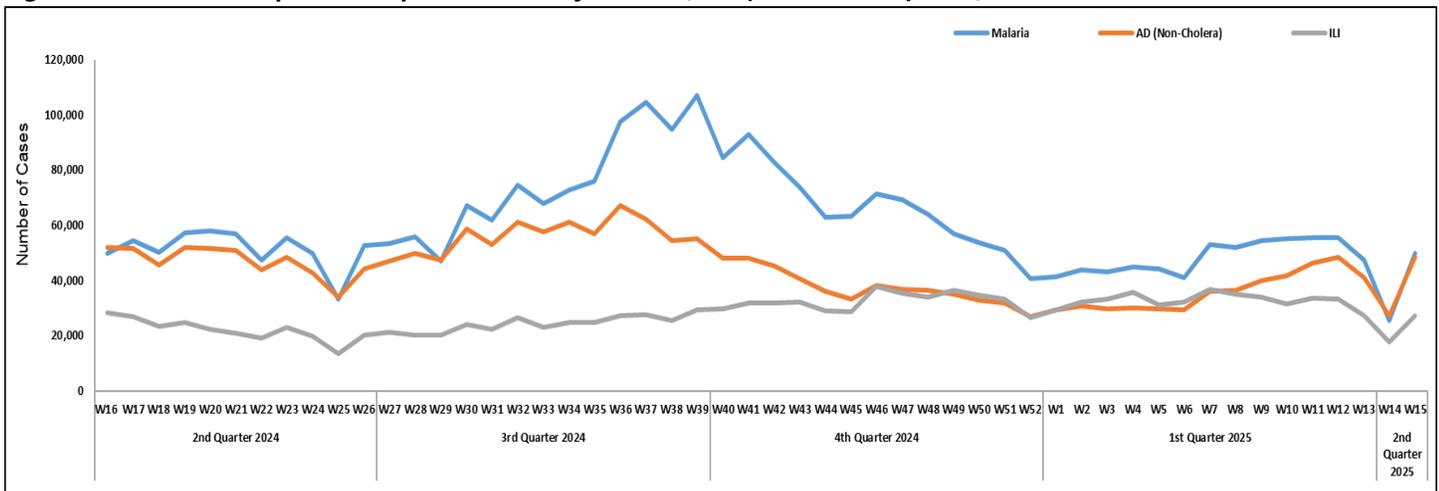
**Table 2: District wise distribution of most frequently reported suspected cases during Week 15, Sindh**

Districts	Malaria	AD (non-cholera)	ILI	TB	ALRI < 5 years	VH (B, C & D)	Dog Bite	B. Diarrhea	Typhoid	AVH (A & E)
Badin	2,764	3,876	3,793	791	531	226	117	221	57	7
Dadu	3,626	2,948	622	399	981	47	621	461	136	59
Ghotki	935	894	60	217	360	149	188	45	5	0
Hyderabad	891	2,643	1,103	305	99	114	45	17	7	4
Jacobabad	705	733	624	122	227	182	213	91	29	0
Jamshoro	2,089	1,733	205	590	291	184	86	160	19	8
Kamber	3,701	1,825	0	763	335	113	244	91	25	0
Karachi Central	1	661	812	10	12	6	0	2	89	14
Karachi East	18	438	365	18	20	3	20	3	2	0
Karachi Keamari	8	613	439	8	38	1	0	8	3	5
Karachi Korangi	78	361	1	24	2	2	0	4	1	0
Karachi Malir	181	1,175	2,287	106	213	26	44	21	13	1
Karachi South	5	87	0	0	0	0	0	0	0	0
Karachi West	289	848	1,140	91	192	35	132	21	26	3
Kashmore	2,005	445	405	193	125	22	115	48	3	0
Khairpur	4,335	3,799	5,738	1,048	1,215	226	267	377	251	2
Larkana	5,039	2,045	73	934	404	62	37	342	17	8
Matari	2,236	1,971	7	538	172	410	78	69	2	2
Mirpurkhas	1,707	3,555	2,598	645	408	250	127	122	12	4
Naushero Feroze	1,420	1,166	917	360	360	79	211	174	48	0
Sanghar	3,883	2,203	30	1,123	482	1,270	202	81	63	5
Shaheed Benazirabad	1,958	1,936	2	305	148	105	130	115	83	0
Shikarpur	2,349	1,328	3	257	181	470	161	167	4	0
Sujawal	699	1,484	0	101	180	65	63	44	11	15
Sukkur	1,807	1,533	2,172	350	532	78	102	128	8	0
Tando Allahyar	1,565	1,461	418	398	201	198	70	105	16	2
Tando Muhammad Khan	745	1,399	44	428	170	11	24	115	0	0
Tharparkar	2,011	2,031	1,183	367	657	92	1	137	30	41
Thatta	1,395	1,790	2,060	43	485	169	115	80	20	260
Umerkot	1,333	1,462	0	326	474	92	0	114	19	3
<b>Total</b>	<b>49,778</b>	<b>48,443</b>	<b>27,101</b>	<b>10,860</b>	<b>9,495</b>	<b>4,687</b>	<b>3,413</b>	<b>3,363</b>	<b>999</b>	<b>443</b>

**Figure 2: Most frequently reported suspected cases during Week 15 Sindh**



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



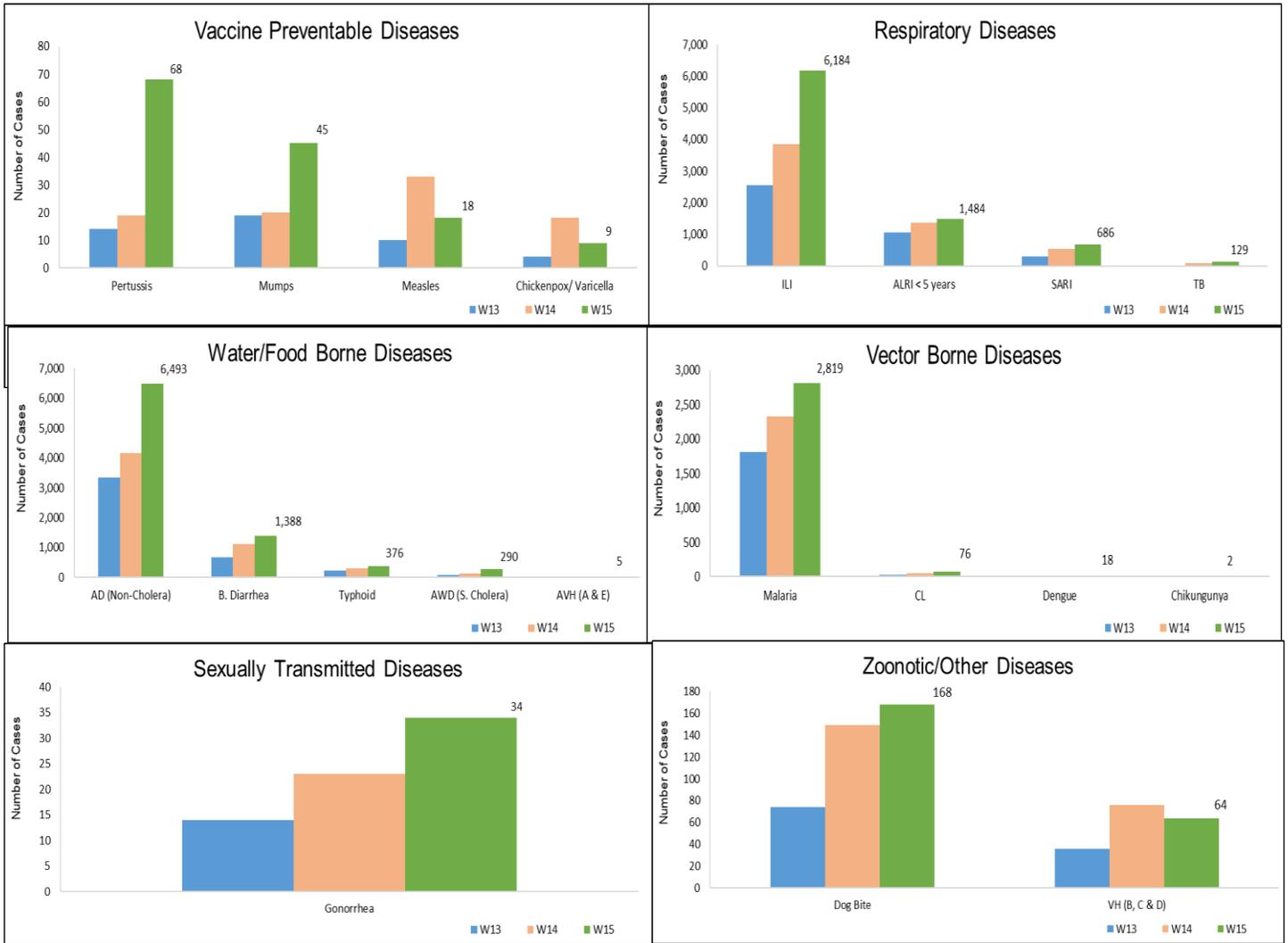
- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), dog bite and TB cases were the most frequently reported diseases from Balochistan province.
- AD (Non-Cholera) cases are mostly reported from Usta Muhammad, Gwadar and Quetta while ILI cases are mostly reported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

**Table 3: District wise distribution of most frequently reported suspected cases during Week 15, Balochistan**

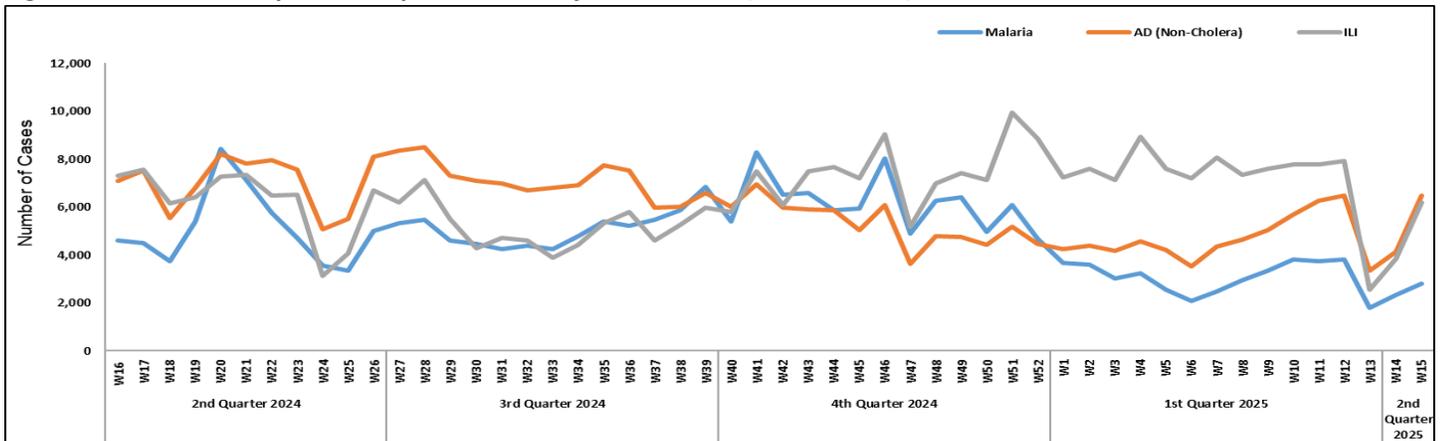
Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Dog Bite	TB
Barkhan	99	29	64	6	6	6	32	1	17	11
Chagai	159	184	40	0	47	0	15	0	0	0
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	67	0	62	31	4	0	0	0	0	0
Gwadar	611	972	119	26	95	0	37	4	1	NR
Hub	193	72	138	28	9	0	1	0	2	0
Jaffarabad	473	213	559	7	102	11	6	0	75	64
Jhal Magsi	96	370	61	0	0	0	1	0	5	1
Kachhi (Bolan)	179	63	169	47	70	139	27	36	0	1
Kalat	15	1	11	9	3	1	11	0	0	0
Kharan	212	492	28	27	94	0	4	41	0	0
Khuzdar	290	352	124	0	147	21	37	0	0	0
Killa Abdullah	108	79	6	5	27	34	30	54	15	1
Kohlu	308	344	115	16	88	76	31	NR	1	NR
Lasbella	480	49	293	126	52	0	18	0	18	0
Loralai	203	351	36	52	34	82	12	1	4	0
Mastung	141	119	59	37	47	17	10	0	0	2
MusaKhel	51	50	109	18	5	0	4	25	1	0
Panjgur	202	128	170	101	70	7	0	50	0	0
Pishin	430	474	38	94	102	17	28	65	10	1
Quetta	608	794	15	187	35	57	17	1	2	0
Sherani	43	53	0	0	22	9	0	0	0	0
Sibi	17	81	7	5	12	0	3	0	0	0
Sohbat pur	229	36	235	121	71	17	19	1	6	7
Surab	48	171	21	0	0	0	0	0	0	0
Usta Muhammad	815	182	117	181	85	0	11	0	11	0
Washuk	234	306	185	3	125	20	11	11	0	7
Zhob	182	219	38	357	36	172	11	0	0	34
<b>Total</b>	<b>6,493</b>	<b>6,184</b>	<b>2,819</b>	<b>1,484</b>	<b>1,388</b>	<b>686</b>	<b>376</b>	<b>290</b>	<b>168</b>	<b>129</b>



**Figure 4: Most frequently reported suspected cases during Week 15, Balochistan**



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



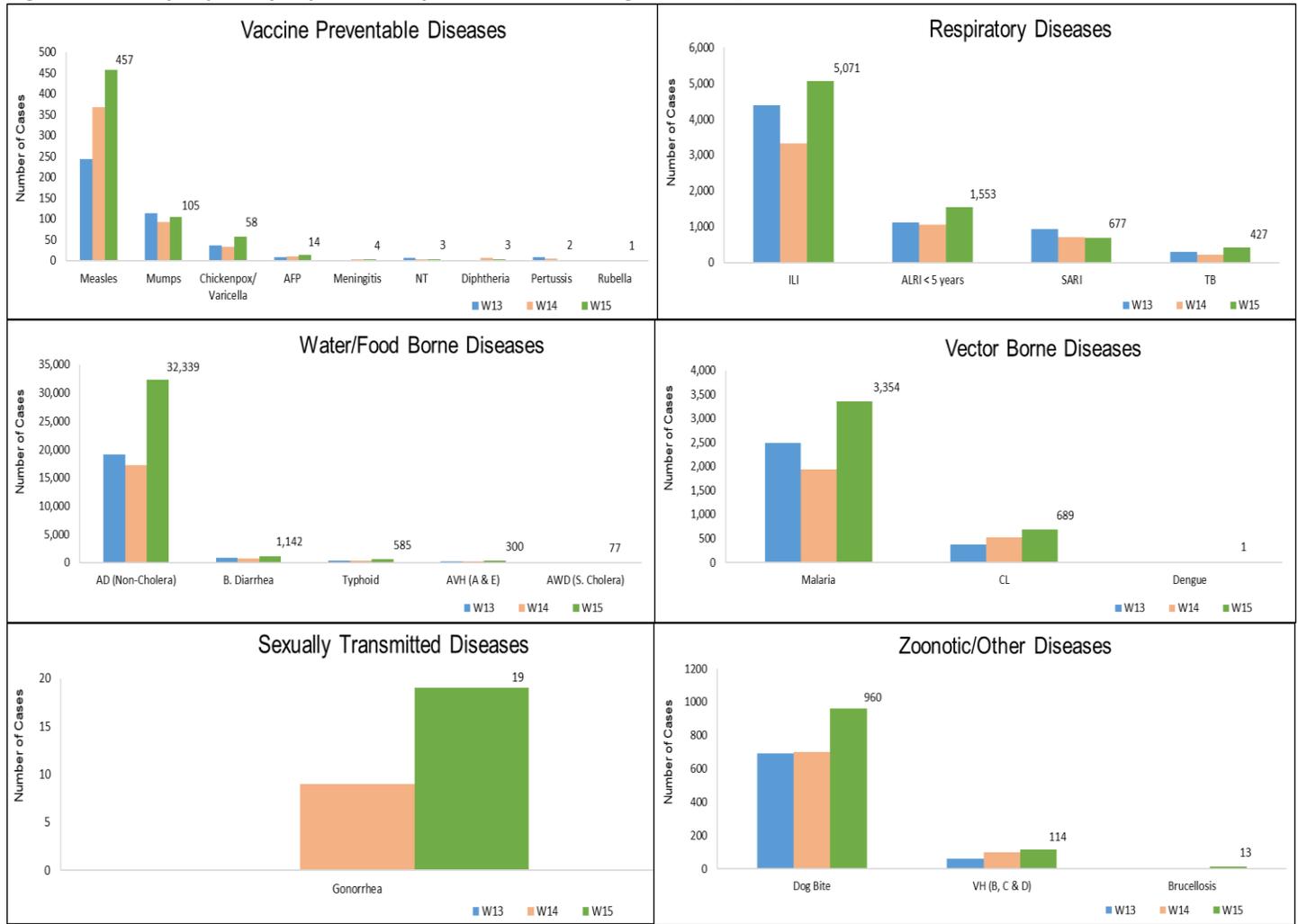
- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, B. Diarrhea, dog bite, CL, SARI, Typhoid and Measles.
- AD (Non-Cholera), ILI, Malaria, ALRI<5 Years, B. Diarrhea, dog bite, CL, Typhoid, Measles, Mumps, Chickenpox and AFP showed an increase in number of cases this week.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

**Table 4: District wise distribution of most frequently reported suspected cases during Week 15, KP**

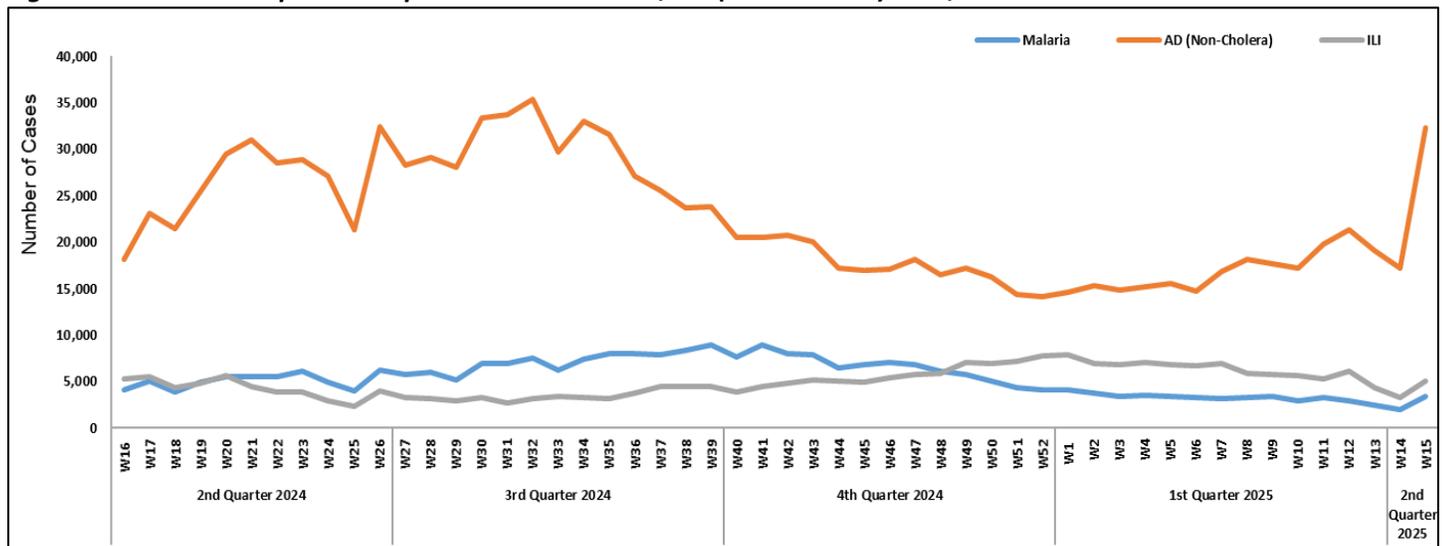
Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	Dog Bite	CL	SARI	Typhoid	Measles
Abbottabad	912	135	0	21	14	10	0	0	33	6
Bajaur	566	98	177	20	87	58	39	124	7	19
Bannu	826	2	1,291	15	29	2	0	9	81	84
Battagram	212	460	17	15	9	12	5	NR	10	8
Buner	286	0	295	0	0	13	0	0	0	0
Charsadda	2,517	1,079	282	621	183	4	1	7	69	32
Chitral Lower	583	176	8	17	17	19	10	6	3	1
Chitral Upper	134	12	2	14	7	0	1	4	10	0
D.I. Khan	2,469	0	125	32	26	31	1	0	0	95
Dir Lower	1,693	0	174	9	68	60	1	0	45	15
Dir Upper	846	108	3	27	0	14	10	18	5	6
Hangu	273	275	59	5	NR	8	50	NR	5	NR
Haripur	1,249	211	0	75	0	14	0	0	1	1
Karak	469	65	39	44	25	44	333	54	1	42
Khyber	602	40	82	54	120	43	46	22	22	3
Kohat	768	2	25	3	47	36	41	10	5	2
Kohistan Lower	69	0	1	0	8	0	0	2	0	0
Kohistan Upper	295	0	3	5	32	2	1	4	2	3
Kolai Palas	42	8	0	1	5	0	0	0	8	2
L & C Kurram	6	2	0	0	10	0	0	0	0	0
Lakki Marwat	943	2	110	1	21	65	0	0	12	10
Malakand	854	75	3	8	36	0	35	2	20	6
Mansehra	669	314	0	1	1	0	0	0	26	0
Mardan	885	157	1	264	22	60	15	0	13	5
Mohmand	223	182	144	2	19	10	91	144	6	7
North Waziristan	114	0	40	7	21	0	1	0	13	11
Nowshera	2,697	20	35	27	28	20	1	10	18	5
Orakzai	121	25	5	0	13	2	0	0	0	0
Peshawar	5,283	445	32	41	150	9	0	40	57	55
SD Tank	18	0	18	0	6	1	0	0	0	0
Shangla	834	1	209	8	2	92	0	2	8	4
South Waziristan (Lower)	11	17	7	1	4	0	0	0	4	0
SWU	35	26	6	1	0	0	0	8	0	0
Swabi	1,787	655	53	64	27	252	0	60	52	14
Swat	2,319	164	14	122	47	28	0	6	24	14
Tank	498	121	66	17	2	7	0	0	16	3
Tor Ghar	80	4	10	6	24	27	7	17	3	4
Upper Kurram	151	190	18	5	32	17	0	128	6	0
<b>Total</b>	<b>32,339</b>	<b>5,071</b>	<b>3,354</b>	<b>1,553</b>	<b>1,142</b>	<b>960</b>	<b>689</b>	<b>677</b>	<b>585</b>	<b>457</b>



**Figure 6: Most frequently reported suspected cases during Week 15, KP**



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

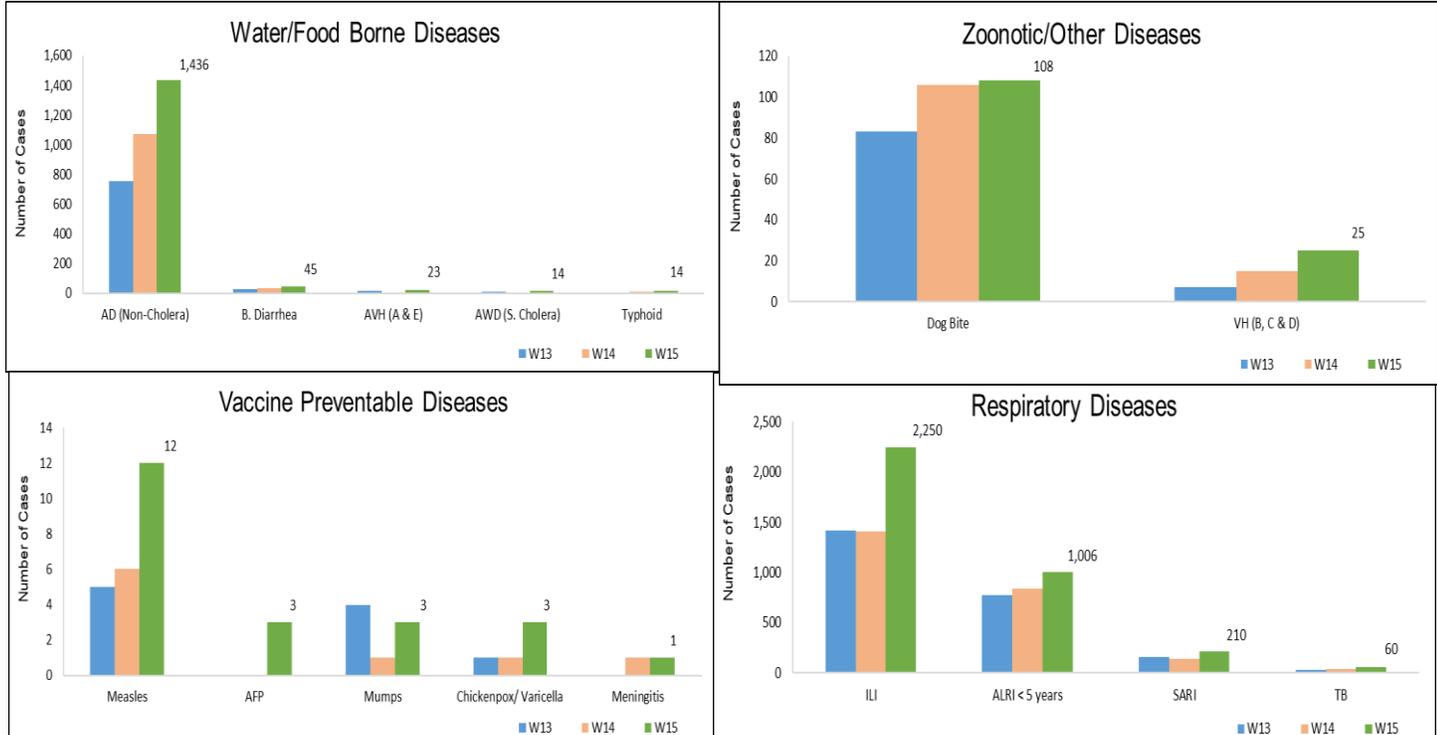


**ICT:** The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and TB. ILI and AD (Non-Cholera) cases showed a decline in number this week.

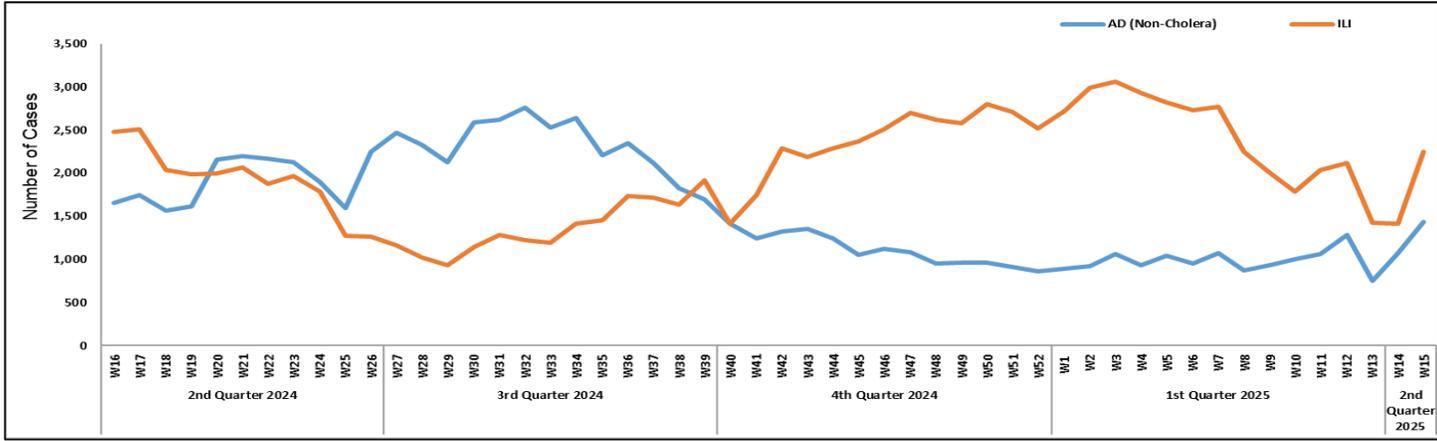
**AJK:** ILI cases were maximum followed by AD (Non-Cholera), ALRI < 5years, SARI, dog bite, TB, B. Diarrhea, VH (B, C & D), AVH (A & E) and Typhoid cases. Three cases of AFP reported from AJK. They are suspected cases and need field verification. An increase in cases observed for ILI, AD (Non-Cholera),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

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

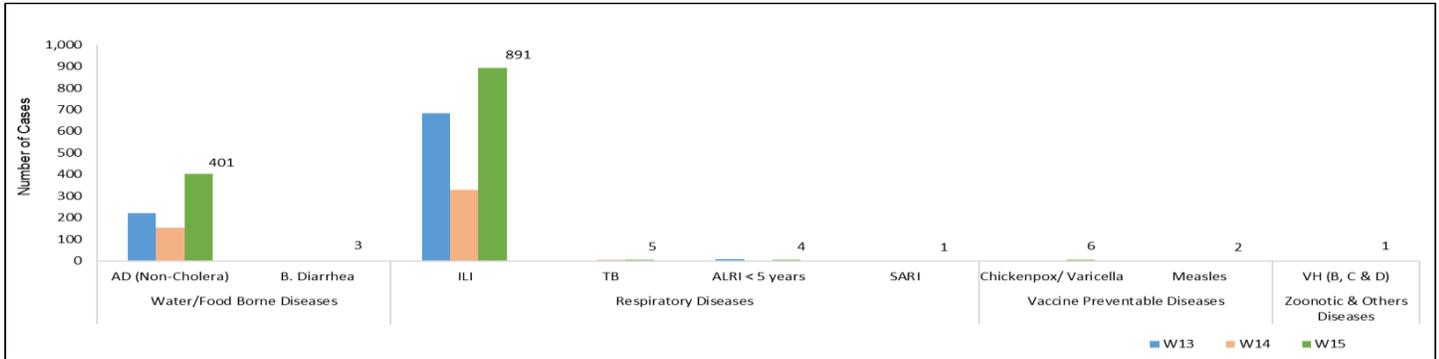
**Figure 10: Most frequently reported suspected cases during Week 15, AJK**



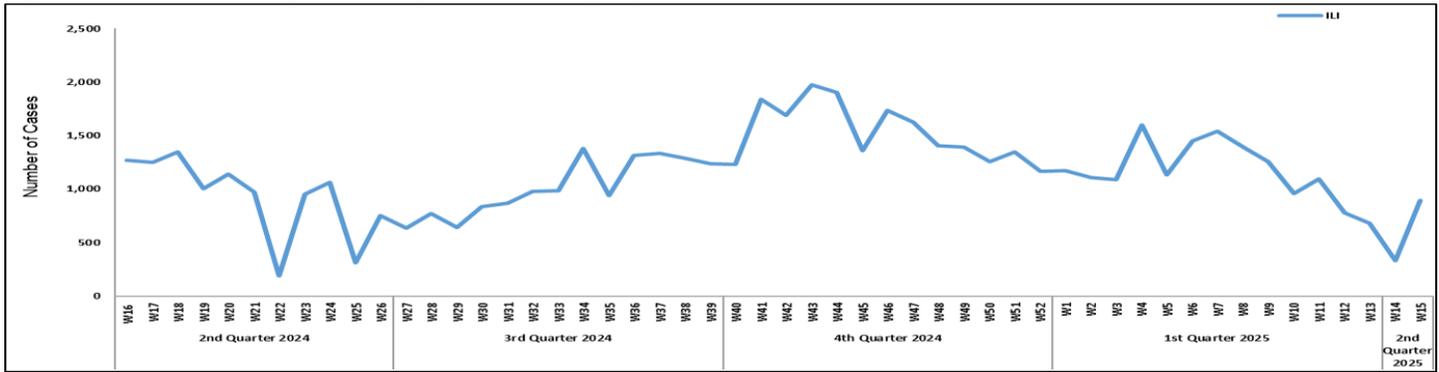
**Figure 11: Week wise reported suspected cases of ILI and ARI < 5 years, AJK**



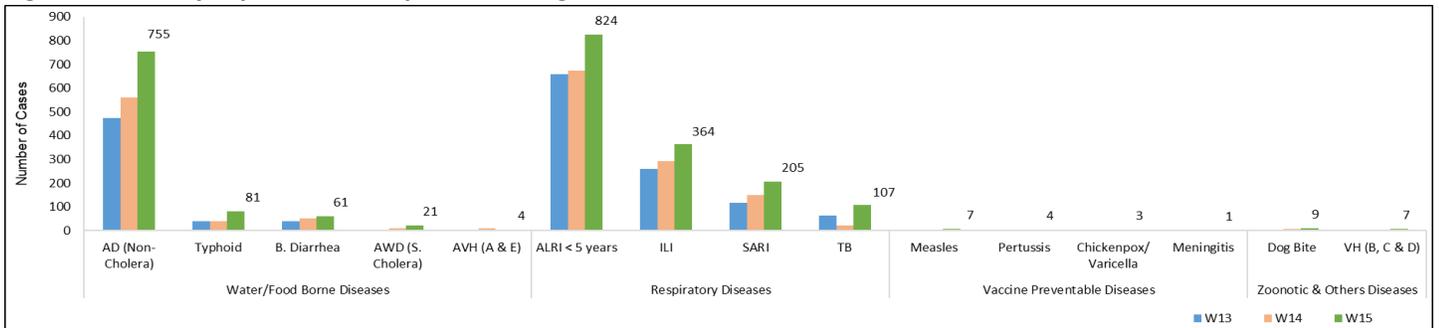
**Figure 12: Most frequently reported suspected cases during Week 15, ICT**



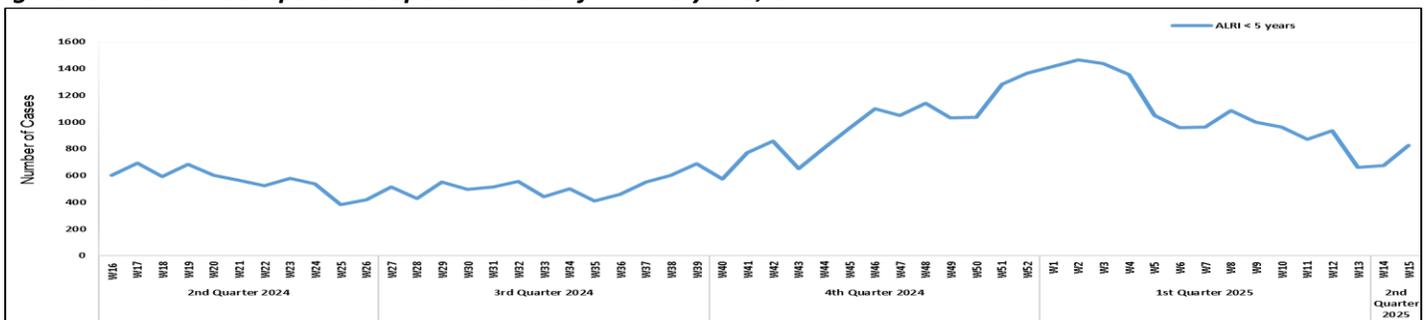
**Figure 13: Week wise reported suspected cases of ILI, ICT**



**Figure 14: Most frequent cases reported during Week 15, 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 15**

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)	157	0	-	-	0	0	-	-	-	-	-	-	0	0	
AD (non-cholera)	225	0	-	-	0	0	-	-	-	-	-	-	0	0	
Malaria	7,266	374	-	-	450	8	-	-	-	-	-	-	0	0	
CCHF	0	0	16	2	0	0	1	0	-	-	-	-	0	0	
Dengue	1,355	85	8	0	0	0	2	1	-	-	-	-	0	0	
VH (B)	12,451	395	104	82	1,247	12	-	-	-	-	-	-	186	1	
VH (C)	13,430	1,213	90	35	1,243	12	-	-	-	-	-	-	186	1	
VH (D)	131	52	32	8	0	0	-	-	-	-	-	-	0	0	
VH (A)	128	36	-	-	1	1	-	-	-	-	-	-	0	0	
VH (E)	102	24	-	-	1	1	-	-	-	-	-	-	0	0	
Covid-19	40	0	71	2	0	0	16	0	-	-	-	-	0	0	
Chikungunya	14	0	8	0	0	0	-	-	-	-	-	-	0	0	
TB	712	114	-	-	4	1	-	-	-	-	-	-	43	4	
HIV/ AIDS	7,050	42	3	0	1,147	1	-	-	-	-	-	-	72	0	
Syphilis	1,201	11	-	-	327	0	-	-	-	-	-	-	0	0	
B. Diarrhea	126	0	-	-	0	0	-	-	-	-	-	-	0	0	
Typhoid	1,031	19	-	-	0	0	-	-	-	-	-	-	1	0	
Diphtheria	7	1	-	-	0	0	-	-	-	-	-	-	0	0	
ILI	22	8	3	0	0	0	-	-	-	-	-	-	0	0	
Pneumonia (ALRI)	44	18	-	-	0	0	-	-	-	-	-	-	0	0	
Measles	382	180	60	34	333	167	18	7	3	1	540	162	42	23	
Rubella	382	5	60	3	333	4	18	0	3	0	540	6	42	2	
Covid-19	Out of SARI	15	0	0	0	6	0	38	0	0	0	132	4	0	0
	Out of ILI	6	0	0	0	0	0	50	1	0	0	130	2	2	0
Influenza A	Out of SARI	15	0	0	0	6	0	38	0	0	0	132	2	0	0
	Out of ILI	6	0	0	0	0	0	50	2	0	0	130	1	2	0
Influenza B	Out of SARI	15	0	0	0	6	0	38	0	0	0	132	2	0	0
	Out of ILI	6	0	0	0	0	0	50	0	0	0	130	0	2	0
RSV	Out of SARI	15	0	0	0	6	0	38	0	0	0	132	2	0	0
	Out of ILI	6	0	0	0	0	0	50	2	0	0	130	0	2	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 15, 2024**

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	102	92%
	Bannu	238	137	58%
	Battagram	59	33	56%
	Buner	34	25	74%
	Bajaur	44	42	95%
	Charsadda	59	57	97%
	Chitral Upper	34	30	88%
	Chitral Lower	35	34	97%
	D.I. Khan	113	113	100%
	Dir Lower	74	62	84%
	Dir Upper	37	33	89%
	Hangu	22	21	95%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	44	83%
	Kohat	61	61	100%
	Kohistan Lower	11	10	91%
	Kohistan Upper	20	16	80%
	Kolai Palas	10	8	80%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	4	10%
	Upper Kurram	41	27	66%
	Malakand	42	36	86%
	Mansehra	133	50	38%
	Mardan	80	38	48%
	Nowshera	55	52	95%
	North Waziristan	13	7	54%
	Peshawar	155	128	83%
	Shangla	37	31	84%
	Swabi	64	63	98%
	Swat	77	76	99%
	South Waziristan (Upper)	93	38	41%
	South Waziristan (Lower)	42	18	43%
	Tank	34	29	85%
Torghar	14	14	100%	
Mohmand	68	62	91%	
SD Peshawar	5	0	0%	
SD Tank	58	9	16%	
Balochistan	Orakzai	69	12	17%
	Mirpur	37	37	100%
	Bhimber	42	20	48%



<b>Azad Jammu Kashmir</b>	Kotli	60	60	100%
	Muzaffarabad	45	43	96%
	Poonch	46	46	100%
	Haveli	39	17	44%
	Bagh	40	40	100%
	Neelum	39	39	100%
	Jhelum Velley	29	29	100%
<b>Islamabad Capital Territory</b>	Sudhnooti	27	27	100%
	ICT	21	21	100%
<b>Balochistan</b>	CDA	15	8	53%
	Gwadar	26	26	100%
	Kech	44	0	0%
	Khuzdar	74	44	59%
	Killa Abdullah	26	20	77%
	Lasbella	55	55	100%
	Pishin	69	45	65%
	Quetta	55	34	62%
	Sibi	36	19	53%
	Zhob	39	31	79%
	Jaffarabad	16	16	100%
	Naserabad	32	0	0%
	Kharan	30	30	100%
	Sherani	15	4	27%
	Kohlu	75	49	65%
	Chagi	36	22	61%
	Kalat	41	40	98%
	Harnai	17	0	0%
	Kachhi (Bolan)	35	13	37%
	Jhal Magsi	28	14	50%
	Sohbat pur	25	25	100%
	Surab	32	25	78%
	Mastung	45	45	100%
	Loralai	33	28	85%
	Killa Saifullah	28	0	0%
	Ziarat	29	0	0%
	Duki	31	0	0%
	Nushki	32	0	0%
	Dera Bugti	45	29	64%
	Washuk	46	38	83%
	Panjgur	38	14	37%
	Awaran	23	0	0%
	Chaman	24	0	0%
Barkhan	20	20	100%	
Hub	33	30	91%	
Musakhel	41	16	39%	
<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	62	100%
	Astore	54	54	100%
	Shigar	27	25	93%
	Skardu	52	52	100%
	Ganche	29	29	100%
Sindh	Kharmang	46	25	54%
	Hyderabad	73	68	93%
	Ghotki	64	63	98%
	Umerkot	43	43	100%
	Naushahro Feroze	107	96	90%
	Tharparkar	276	233	84%
	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	36	97%
	Karachi-Kemari	18	17	94%
	Karachi-Central	12	6	50%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	22	40%
	Mirpur Khas	106	104	98%
	Badin	124	124	100%
	Sukkur	64	63	98%
	Dadu	90	87	97%
	Sanghar	100	99	99%
	Jacobabad	44	44	100%
	Khairpur	170	169	99%
	Kashmore	59	59	100%
	Matiari	42	41	98%
	Jamshoro	75	74	99%
Tando Allahyar	54	52	96%	
Tando Muhammad Khan	41	41	100%	
Shaheed Benazirabad	122	122	100%	



**Table 7: IDSR reporting Tertiary care hospital Week 15, 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	100%



## Notes from the field:

### Crimean-Congo Hemorrhagic Fever Outbreak Investigation IN Killi Haji Faiuzllah Khan, Chaman, Balochistan

Dr. Olas Yar Khan

#### Introduction

Crimean-Congo Hemorrhagic Fever (CCHF) is a zoonotic viral disease caused by the *Nairovirus* of the *Bunyaviridae* family. It is primarily transmitted through tick bites or contact with infected animal blood and tissues, and in healthcare settings through contact with infected body fluids. Globally, CCHF is endemic in over 30 countries, with sporadic outbreaks resulting in high case fatality rates of up to 30%. In the Eastern Mediterranean Region (EMR), including countries such as Pakistan, Afghanistan, and Iran, CCHF is a recurrent threat, especially in areas with close human-animal interaction. Pakistan reports seasonal outbreaks annually, particularly before Eid-ul-Adha due to increased livestock handling. Balochistan is a high-risk province due to cross-border animal movement and limited biosafety in healthcare facilities.

#### Objectives

- To determine the magnitude of the CCHF outbreak in Chaman.
- To identify potential risk factors associated with transmission
- To recommend appropriate control and preventive measures to contain the outbreak and prevent future cases

#### Methods

A descriptive study was conducted to assess the extent and potential risk factors associated with a confirmed case of Crimean-Congo Hemorrhagic Fever (CCHF) in Chaman, Balochistan. A confirmed case was defined as “any individual with hemorrhagic symptoms and

thrombocytopenia who tested positive for CCHF via RT-PCR”. A suspected case was defined as “any person with fever and bleeding symptoms with recent exposure to livestock living or a confirmed case”. Data were collected using a structured case investigation form to document epidemiological, clinical, and exposure histories. Active case finding included review of hospital records and interviews with all healthcare workers who had contact with the patient. Laboratory testing included complete blood counts (CBCs) and confirmatory RT-PCR performed at the Public Health Laboratory in Quetta. Data were analyzed descriptively to determine frequencies, proportions, ratios, and attack rates by demographic and geographic characteristics.

#### Results

A single confirmed case of CCHF was identified in a 25-year-old female resident of Killi Haji Faiuzllah Khan, Chaman. She initially presented at BMCH with complaints of incomplete abortion and was found to have per vaginal, nasal, and mucosal bleeding. She was subsequently transferred to the CCHF isolation ward at Fatima Jinnah Chest Hospital in Quetta. The case has n travel history before and after the infection.

No secondary cases were detected among the 35 exposed healthcare workers at the time of reporting. The patient exhibited hemorrhagic symptoms including mucosal bleeding and thrombocytopenia. Identified risk factors included her role as an animal handler, suggesting potential exposure to livestock. Laboratory findings confirmed thrombocytopenia on CBC and a positive RT-PCR for CCHF.

#### Discussion

This investigation confirms a single case of CCHF in a 25-year-old female animal handler from Chaman, Balochistan, who initially presented with incomplete abortion and hemorrhagic symptoms. Her clinical diagnosis was confirmed by RT-PCR. CCHF is endemic in Pakistan, particularly in Balochistan where animal trade and tick exposure are common. The current case underscores the risk posed to both the



community and healthcare workers in the absence of strong infection prevention measures.

Healthcare workers (n=35) were identified as potentially exposed, emphasizing nosocomial transmission risks in resource-limited hospitals. The patient had a high-risk occupational profile and had visited multiple healthcare facilities, increasing the potential for secondary transmission.

The attack rate remains low with no secondary cases at the time of reporting. However, delayed recognition, limited PPE use, and insufficient isolation facilities elevate the outbreak risk. Comparable investigations in endemic areas have shown that early isolation and PPE compliance can dramatically reduce nosocomial transmission (1,2).

### Conclusion

A single confirmed case of CCHF was identified in Chaman, Balochistan, involving a 25-year-old female with direct animal exposure. Her condition was diagnosed at BMCH and confirmed through RT-PCR. Despite potential secondary exposure among 35 healthcare workers, no additional cases were identified at the time of investigation. Risk factors included animal handling, inadequate PPE, and inter-facility movement. Prompt identification, case isolation, and contact tracing likely prevented an outbreak.

### Recommendations

- Train HCWs in early recognition and infection prevention protocols
- Launch community awareness campaigns about CCHF transmission from animals
- Incorporate regular CCHF simulation drills in provincial hospitals
- Develop rapid diagnostic testing capacity in district-level laboratories

### References

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## Knowledge Hub

### Crimean-Congo Hemorrhagic Fever (CCHF)

#### Overview

Crimean-Congo Hemorrhagic Fever (CCHF) is a **tick-borne viral disease** caused by the *Crimean-Congo hemorrhagic fever virus* (CCHFV), a member of the *Nairovirus* genus in the *Bunyaviridae* family. The disease is primarily transmitted to humans through bites from infected **Hyalomma ticks**, direct contact with blood or tissues of infected livestock, or via **nosocomial transmission** through exposure to blood or body fluids of infected individuals.

#### Geographic Distribution

CCHF is endemic in **Africa, the Balkans, the Middle East, and Asia**, including countries such as Pakistan, Iran, Turkey, and parts of Eastern Europe. The virus circulates among domestic animals (cattle, goats, sheep) without causing illness in them, making surveillance challenging.

#### Transmission

##### Zoonotic and Vector-Borne Transmission

- Tick bites, especially from *Hyalomma* species.
- Handling or slaughtering infected animals.
- Contact with animal blood or tissues during or after slaughter.

##### Human-to-Human Transmission

- Contact with blood, secretions, or other bodily fluids of infected persons.



- Nosocomial outbreaks have been reported, especially in healthcare settings without adequate infection prevention and control (IPC) measures.

### Clinical Features

The incubation period varies:

- **1–3 days** after a tick bite.
- **5–6 days** following contact with infected tissues or fluids.

### Symptoms

- Sudden onset of high fever, headache, back pain, joint pain, and photophobia.
- Followed by vomiting, diarrhea, and abdominal pain.
- **Hemorrhagic phase** includes bleeding from gums, nose (epistaxis), and internal organs.
- Severe cases may develop multi-organ failure, shock, and death.

### Diagnosis and Laboratory Testing

- **RT-PCR:** For confirmation in the early phase.
- **ELISA (IgM/IgG):** For detecting antibodies in later stages.
- **CBC:** Often reveals **thrombocytopenia**, leukopenia, and elevated liver enzymes.

### Treatment and Supportive Care

- There is **no specific antiviral treatment** approved for CCHF.
- Supportive care includes **fluid management, electrolyte balance, blood product transfusion, and critical care support.**
- Some countries use **ribavirin** off-label, but evidence is limited and inconclusive (WHO & UKHSA).

### Infection Prevention and Control (IPC)

- Use of **PPE** (gloves, masks, gowns, face shields) in healthcare settings.
- **Patient isolation**, especially during hemorrhagic phases.
- **Safe burial practices** for deceased cases.
- **Decontamination** of patient environments and instruments.
- Screening and monitoring of **exposed healthcare workers.**

### Prevention and Surveillance

#### Public Health Measures

- **Tick control** on animals through acaricides.
- **Public education** for high-risk groups (farmers, butchers, healthcare workers).
- **Surveillance** systems in endemic countries to detect outbreaks early.

#### Occupational Health

- Healthcare and abattoir workers should be trained on **biohazard precautions.**
- Use of **repellents** and **protective clothing** for those in tick-infested areas.

### References

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# کانگو بخار کیا ہے



Crimean Congo Hemorrhagic Fever (CCHF) جسے مختصر اکا گوبخار کہا جاتا ہے ایک خطرناک قسم کے وائرس (nairovirus) سے پھیلتا ہے۔ یہ وائرس زیادہ تر بھیڑ، بکری، گائے، بیل، دنبہ اور اونٹ کی کھال میں چبکی ہوئی چیچڑیوں (Ticks) میں پایا جاتا ہے۔ جب یہ چیچڑی کسی مویشی یا انسان کو کاٹ لے تو پھر یہ وائرس متحرک ہو جاتا ہے۔ اس کے علاوہ یہ وائرس متاثرہ جانور کے خون کے ذریعے بھی پھیل سکتا ہے۔ مثلاً اگر قصاب جانور زخ زخ کرتے ہوئے احتیاط نہیں کرتا اور اس کے ہاتھ پر کٹ لگا جاتا ہے تو اس طرح متاثرہ جانور کے خون سے مخصوص وائرس اس کے جسم میں داخل ہو جائے گا۔ یہ وائرس صرف انسانوں میں بیماری پھیلاتا ہے جبکہ جانوروں میں اس مرض کی کوئی علامت رونما نہیں ہوتی۔ عام طور پر یہ مرض ان علاقوں میں پایا جاتا ہے جہاں بڑی تعداد میں مویشی پالے جاتے ہیں۔ یہ وائرس مریض کے خون، تھوک اور فصلات میں پایا جاتا ہے۔ کانگو بخار سے متاثر ہونے کا خطرہ زیادہ تر ان لوگوں کو ہے جو مویشیوں کے زیادہ قریب رہتے ہیں جیسے مویشیوں کے بیوپاری، زرعی کارکن، قصاب اور جانوروں کے معالج وغیرہ۔ عید الاضحیٰ کے موقع پر کانگو بخار کے پھیلنے کا خطرہ زیادہ ہو جاتا ہے کیونکہ عمید پر ملک کے تمام صوبوں سے جانوروں کی نقل و حرکت غیر معمولی طور پر بڑھنے کے ساتھ ساتھ عام لوگوں کا جانوروں سے رابطہ / قربت بھی بڑھ جاتی ہے۔

## علامات

اچانک تیز بخار، کمر، پٹھوں، گردن میں درد اور کھچاؤ۔ متلی، تھکے، گلے کی سوزش۔ جسم پر سرخ رنگ کے دھبے۔  
 موزوں، ناک اور اندرونی اعضاء سے خون کا اخراج۔ مندرجہ بالا علامات کی صورت میں فوراً ڈاکٹر سے رجوع کریں۔  
 اب تک کانگو بخار کی کوئی ویکسین ایجاد نہیں ہوئی لہذا احتیاطی تدابیر اپناتے ہوئے اس بیماری سے بچا جاسکتا ہے۔

## عوام الناس کے لیے ہدایات

- مویشی منڈی جاتے وقت بیلکے رنگ کا پوری آستین والا لباس پہنیں تاکہ ان پر چیچڑی کی موجودگی کو دیکھا جاسکے۔
- مویشی منڈی سے واپس آکر نہائیں اور کپڑے تبدیل کر لیں۔
- بچوں کو مویشی منڈی لے جانے سے گریز کریں۔
- قربانی کا جانور خریدنے سے پہلے اچھی طرح یقین کر لیں کہ اس کے جسم پر چیچڑیاں نہ ہوں۔
- جانور کو چیک کرتے وقت دستاں استعمال کریں یا چیچڑی بھگاؤ لوش (Repellent) لگائیں۔
- اپنے جانور کو چیچڑیوں سے محفوظ رکھنے کیلئے محکمہ لائیو سٹاک کے مشورے سے چیچڑیاں اودیاں کا استعمال کریں۔
- جانوروں کو زخ زخ کرتے اور گوشت بناتے وقت دستاں استعمال کریں اور جانوروں کے خون سے خود کو آلودہ ہونے سے بچائیں۔
- ذبح شدہ جانور کا خون مکمل طور پر بہہ جانے دیں۔
- جانور ذبح کرنے کے بعد خون اور آلائشوں کو احتیاط سے تلف کریں۔
- قربانی کا گوشت دھوتے ہوئے دستاں استعمال کریں۔
- گوشت کو اچھی طرح پکا کر کھائیں۔
- بیماری کی صورت میں ڈاکٹر سے رجوع کریں۔

## طبی عملے کے لیے ہدایات

- کانگو کے مریض کا علاج کرتے وقت ڈاکٹر اور دیگر سٹاف ذاتی حفاظتی اقدامات مثلاً دستاں، ماسک اور گاؤن کا استعمال یقینی بنائیں۔
- علاج کے دوران مریض کو الگ کمرے (Isolation Room) میں رکھیں۔
- انسپیکشن لگاتے وقت مناسب احتیاطی تدابیر اپنائیں اور سرخ / سوئی صحیح طریقے سے تلف کریں۔
- مریض کی موت واقع ہونے کی صورت میں احتیاطی تدابیر کو ملحوظ خاطر رکھ کر تدفین کی جائے۔
- متاثرہ مریض کی زیر استعمال چیزیں مثلاً برتن، کپڑے وغیرہ ضائع کر دیں یا جلادیں۔

## محکمہ لائیو سٹاک کیلئے ہدایات

- مویشی منڈیوں میں چیچڑیاں پھرنے کو یقینی بنایا جائے۔
- جانوروں کو چیک کرتے وقت دستاں استعمال کریں یا (DEET) لوشن لگائیں۔
- مویشیوں اور ان کے بازوؤں کو چیچڑیوں سے محفوظ رکھنے کیلئے صفائی کا خیال رکھیں۔

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This document can also be accessed at NIH Website [www.nih.org.pk](http://www.nih.org.pk) - <https://maa.nih.org.pk>

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