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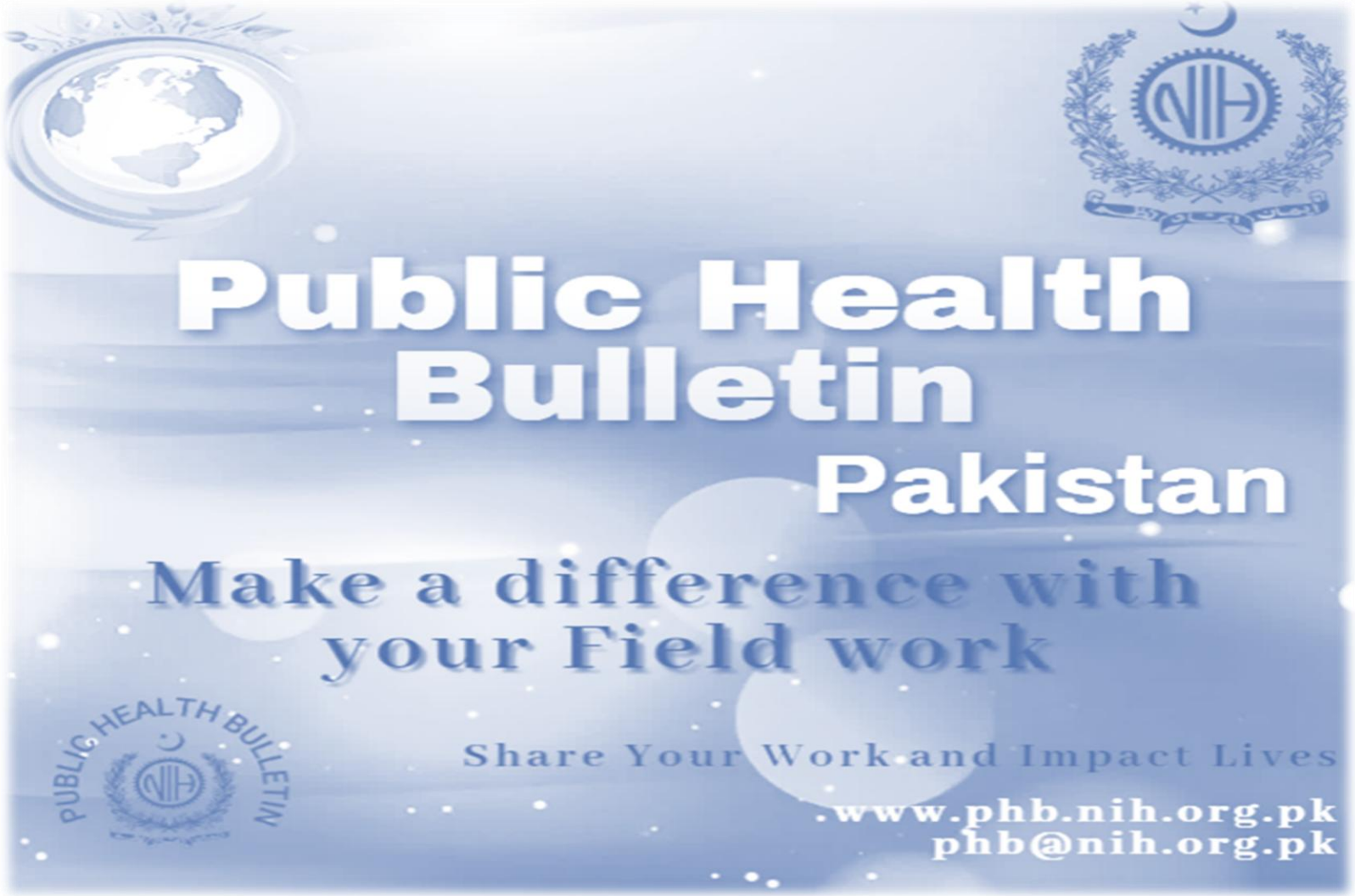
Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

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

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



Public Health Bulletin - Pakistan, Week 17, 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;

- *Letter to Editor - Heatwave*
- *Knowledge hub on Understanding Heatwave*

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 17, 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.*
- *Twenty-one cases of AFP reported from KP, seven from Sindh, four from AJK and two from GB.*
- *Four suspected cases of HIV/ AIDS reported from Sindh, two from AJK and one from KP.*
- *Eleven suspected cases of Brucellosis reported from KP.*
- *Two suspected cases of CCHF reported from KP.*
- *Among VPDs, there is an increase in number of cases of Measles, Pertussis and Meningitis this week.*
- *Among Respiratory diseases, there is an increase in number of cases of ILI, ALRI<5 years and TB this week.*
- *Among Water/food-borne diseases, there is an increase in number of cases of Acute Diarrhea (Non-Cholera) this week.*
- *Among Vector-borne diseases, there is an increase in number of cases of Malaria this week.*
- *Among other diseases, there is an increase in number of cases of dog bite 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 80%*
- *AJK is the top reporting regions with a compliance rate of 95%, followed by Sindh 94%, GB 92% and ICT 78%.*
- *The lowest compliance rate was observed in KP 75% and Balochistan 58%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2315	1732	75
Azad Jammu Kashmir	404	382	95
Islamabad Capital Territory	36	28	78
Balochistan	1304	751	58
Gilgit Baltistan	405	373	92
Sindh	2114	1990	94
National	6578	5256	80

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 through the Integrated Disease Surveillance and Response (IDSR) system by training healthcare workers on malaria case definitions, ensuring timely reporting, and identifying outbreaks—especially in endemic and high-transmission areas.
- **Improve Diagnostic and Treatment Capacity:** Ensure availability of rapid diagnostic tests (RDTs) and microscopy services at primary care levels; support training on prompt diagnosis and treatment per national guidelines, including ACTs (Artemisinin-based Combination Therapies).
- **Vector Control and Environmental Management:** Collaborate with local authorities to promote indoor residual spraying (IRS), distribute long-lasting insecticidal nets (LLINs), and support environmental management to reduce mosquito breeding sites (e.g., stagnant water).
- **Promote Community-Based Prevention:** Engage communities in adopting preventive behaviors such as consistent bed net use, wearing protective clothing, and early healthcare-seeking for fever.
- **Strengthen Health Education and Risk Communication:** Conduct behavior change communication campaigns to raise awareness about malaria symptoms, transmission, prevention methods, and timely treatment.

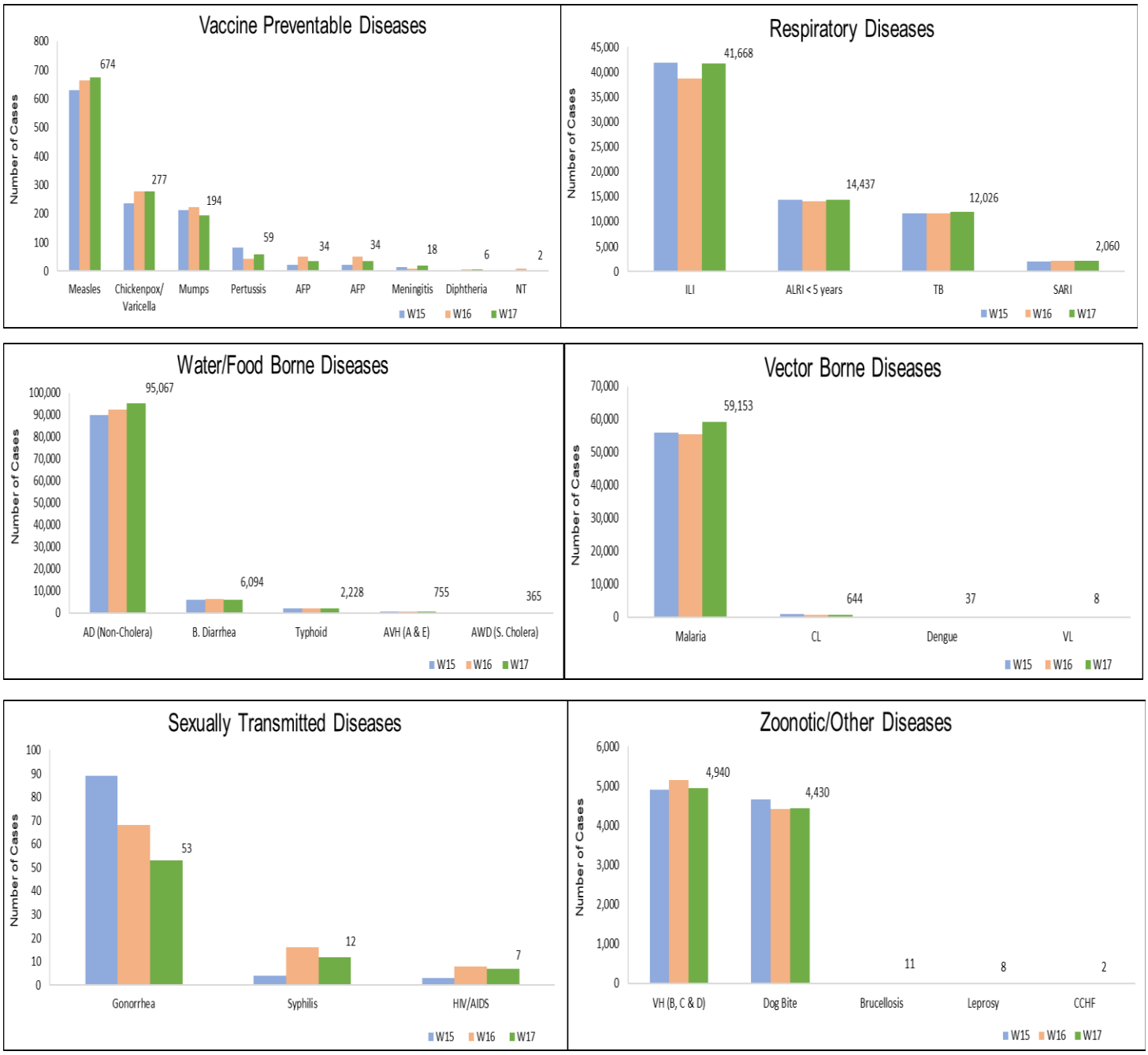
Dengue

- **Enhance Case Detection and surveillance Systems:** Train healthcare providers to recognize dengue warning signs and improve timely reporting of suspected and confirmed cases within IDSR, especially during peak transmission seasons.
- **Improve Laboratory Confirmation and Case Management:** Expand access to confirmatory testing (NS1 antigen, IgM ELISA) at secondary and tertiary care levels and ensure implementation of dengue case management protocols to reduce complications and mortality.
- **Intensify Vector Surveillance and Control:** Conduct regular larval and adult mosquito surveillance; support targeted vector control interventions like source reduction, larvicide application, and community clean-up drives to eliminate breeding habitats.
- **Promote Community Engagement and Risk Communication:** Launch awareness campaigns on eliminating standing water, using mosquito repellents, and recognizing early symptoms of dengue to encourage prompt care-seeking.
- **Coordinate Multi-Sectoral Response:** Foster collaboration with municipal services, education, and environmental sectors to enforce solid waste management, water storage practices, and school-based dengue prevention activities.

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 17, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	1,911	6,719	768	613	36,625	NR	48,431	95,067
Malaria	0	3,222	0	0	3,794	NR	52,137	59,153
ILI	2,454	5,812	438	1,221	5,145	NR	26,598	41,668
ALRI < 5 years	1,141	1,900	874	2	1,344	NR	9,176	14,437
TB	52	81	77	11	376	NR	11,429	12,026
B. Diarrhea	62	1,277	77	2	1,256	NR	3,420	6,094
VH (B, C & D)	13	64	0	1	87	NR	4,775	4,940
Dog Bite	130	113	4	0	1,031	NR	3,152	4,430
Typhoid	9	525	51	0	718	NR	925	2,228
SARI	240	682	115	0	851	NR	172	2,060
AVH (A & E)	30	17	9	0	282	NR	417	755
Measles	14	48	2	2	474	NR	134	674
CL	2	53	0	0	586	NR	3	644
AWD (S. Cholera)	13	222	14	0	111	NR	5	365
Chickenpox/ Varicella	5	13	6	11	92	NR	150	277
Mumps	1	14	4	0	117	NR	58	194
Pertussis	0	39	4	0	13	NR	3	59
Gonorrhea	0	20	0	0	14	NR	19	53
Dengue	0	21	0	0	4	NR	12	37
AFP	4	0	2	0	21	NR	7	34
Meningitis	6	0	2	0	1	NR	9	18
Syphilis	0	7	0	0	0	NR	5	12
Brucellosis	0	0	0	0	11	NR	0	11
VL	0	0	0	0	8	NR	0	8
Leprosy	0	0	0	0	8	NR	0	8
HIV/AIDS	2	0	0	0	1	NR	4	7
Diphtheria (Probable)	0	0	0	0	4	NR	2	6
NT	0	0	0	0	2	NR	0	2
CCHF	0	0	0	0	2	NR	0	2

Figure 1: Most frequently reported suspected cases during Week 17, Pakistan.



Sindh

- Malaria cases were maximum followed by AD (Non-Cholera), ILI, TB, ALRI<5 Years, VH (B, C, D), B. Diarrhea, dog bite, Typhoid and AVH (A & E).
- Malaria cases are mostly from Larkana, Khairpur and Kamber whereas AD (Non-Cholera) cases are from Khairpur, Mirpurkhas and Hyderabad.
- Seven cases of AFP reported from Sindh. They are suspected cases and need field verification.
- Four 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, dog bite, AVH (A & E), Meningitis and SARI this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 17, Sindh

Districts	Malaria	AD (non-cholera)	ILI	TB	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Dog Bite	Typhoid	AVH (A & E)
Badin	3,073	3,024	2,791	762	488	302	200	136	47	0
Dadu	3,987	2,946	728	440	931	78	442	549	115	52
Ghotki	1,057	829	85	238	357	98	53	172	0	0
Hyderabad	787	3,039	1,512	270	86	86	63	97	7	5
Jacobabad	916	717	560	128	286	209	120	217	29	0
Jamshoro	2,291	2,034	171	610	294	184	101	72	35	10
Kamber	4,153	1,997	0	850	312	111	146	209	24	0
Karachi Central	0	622	351	9	4	6	0	0	72	13
Karachi East	48	466	403	10	16	1	7	18	1	0
Karachi Keamari	13	651	344	21	10	0	7	4	7	3
Karachi Korangi	77	323	2	17	2	0	7	0	1	0
Karachi Malir	165	1,007	1,534	101	133	16	4	36	5	3
Karachi South	1	93	0	0	0	0	0	0	0	0
Karachi West	321	822	1,085	71	176	42	17	96	29	2
Kashmore	2,166	545	625	194	166	21	93	130	0	0
Khairpur	4,860	3,593	6,992	1,017	1,138	132	353	168	236	24
Larkana	4,959	2,120	48	1,048	343	64	360	31	14	11
Matiari	2,570	2,011	3	660	220	470	39	65	3	2
Mirpurkhas	1,607	3,198	2,309	662	349	274	92	119	19	2
Naushero Feroze	1,268	1,057	778	308	338	79	152	229	53	1
Sanghar	4,067	2,218	65	1,146	563	1,270	163	174	65	5
Shaheed Benazirabad	2,031	1,934	8	380	200	96	111	132	89	1
Shikarpur	2,473	1,361	2	256	190	498	159	175	2	0
Sujawal	969	2,101	7	208	215	62	109	61	12	10
Sukkur	1,620	1,676	2,031	433	517	40	142	69	4	0
Tando Allahyar	1,796	1,865	479	431	185	354	134	63	7	0
Tando Muhammad Khan	795	1,272	47	447	158	30	86	17	0	0
Tharparkar	1,687	1,405	1,034	356	560	88	80	0	15	35
Thatta	1,232	2,040	2,604	65	484	105	82	113	10	236
Umerkot	1,148	1,465	0	291	455	59	98	0	24	2
Total	52,137	48,431	26,598	11,429	9,176	4,775	3,420	3,152	925	417

Figure 2: Most frequently reported suspected cases during Week 17 Sindh

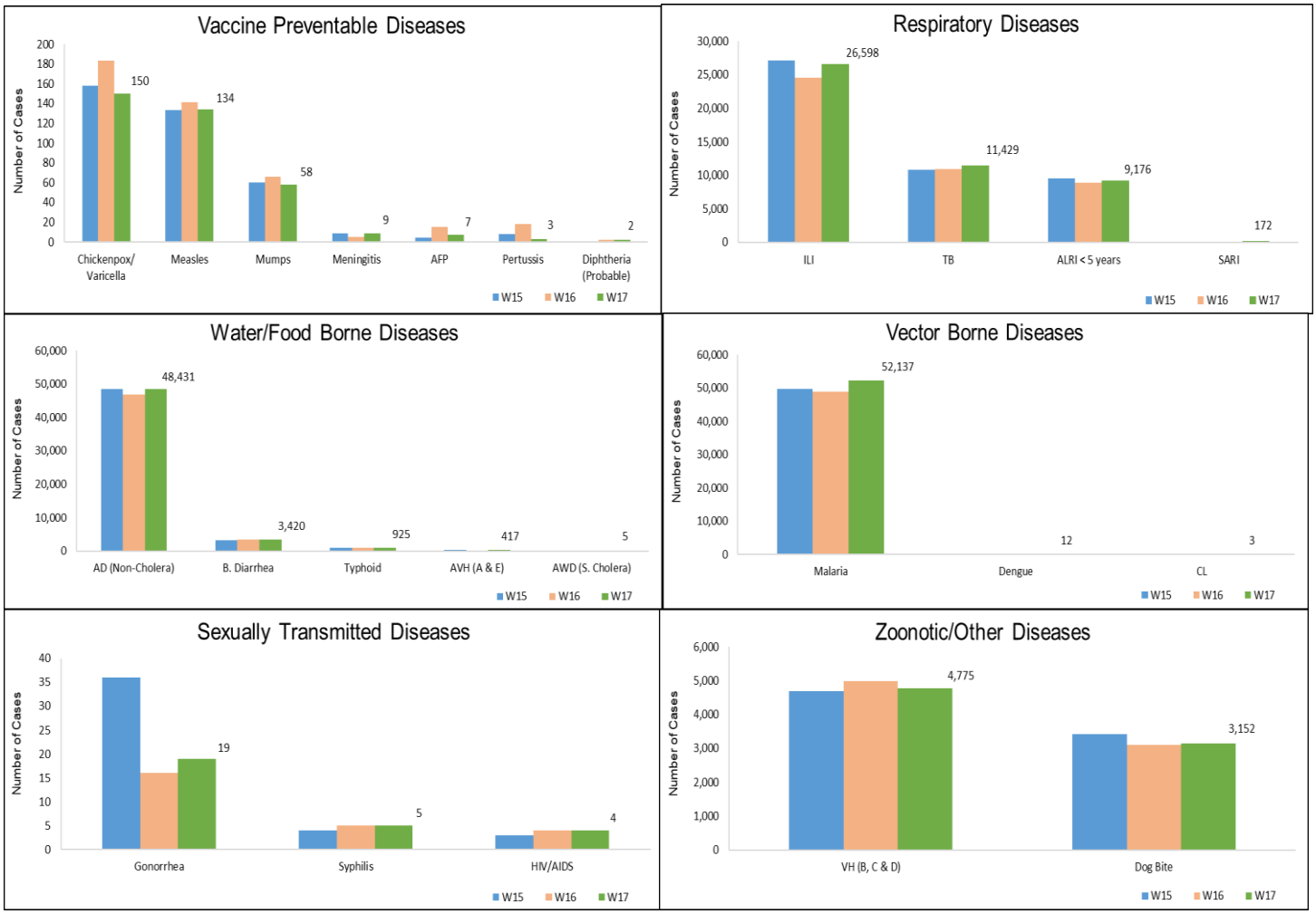
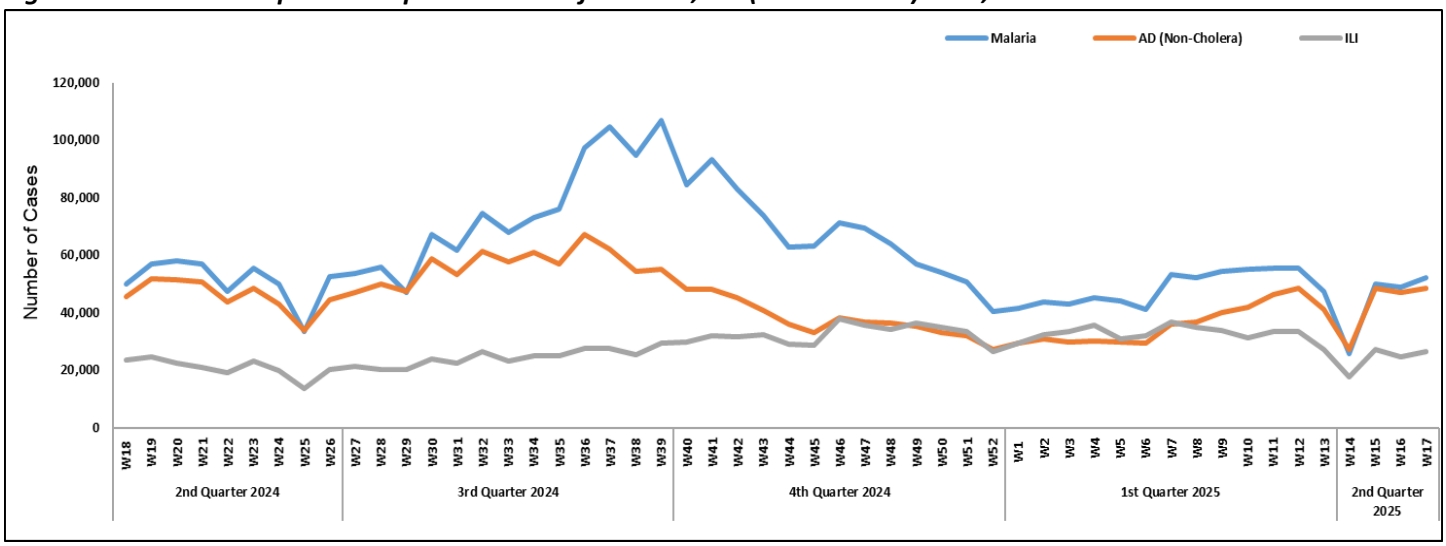


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



Balochistan

- 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, Quetta and Gwadar while ILI cases are mostly reported from Gwadar, Quetta and Kharan.
- Malaria, ALRI <5 years, B. Diarrhea, Typhoid, AWD (S. Cholera), Measles, Pertussis and Chickenpox showed an increase in number of cases while AD (Non-Cholera), ILI, SARI and dog bite showed a decline in number of cases this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 17, Balochistan

Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Dog Bite	TB
Barkhan	88	25	48	22	6	2	21	4	10	6
Chagai	118	222	36	0	39	0	9	0	0	1
Dera Bugti	61	1	49	6	1	0	0	0	0	0
Gwadar	574	988	88	27	103	0	74	0	1	0
Hub	92	41	87	5	8	0	0	0	1	0
Jhal Magsi	397	494	504	65	0	3	28	0	14	9
Kachhi (Bolan)	176	66	184	35	60	136	16	27	0	3
Kalat	15	2	3	2	8	0	11	0	0	0
Kharan	222	497	39	6	96	0	12	0	0	0
Khuzdar	245	240	161	0	133	38	50	6	0	0
Killa Abdullah	89	41	3	5	18	33	11	11	2	0
Killa Saifullah	171	0	191	174	83	32	21	1	0	0
Kohlu	270	256	109	21	59	36	34	NR	NR	NR
Lasbella	481	86	375	212	54	3	25	0	28	1
Loralai	234	388	54	45	52	97	14	4	3	0
Mastung	167	63	61	97	23	6	12	0	9	1
MusaKhel	45	34	95	19	5	3	6	11	1	0
Naseerabad	326	30	256	42	17	24	45	0	21	3
Panjgur	139	38	155	36	17	0	0	10	0	0
Pishin	404	483	41	80	134	16	46	114	4	0
Quetta	778	906	4	247	53	82	20	6	1	0
Sibi	14	57	10	6	9	4	0	0	0	0
Sohbat pur	254	22	250	113	85	16	26	3	1	4
Surab	50	185	12	0	0	0	0	0	0	0
Usta Muhammad	831	154	169	227	96	2	6	0	15	2
Washuk	259	304	186	19	90	34	28	23	2	0
Zhob	219	189	52	389	28	115	10	2	0	51
Total	6,719	5,812	3,222	1,900	1,277	682	525	222	113	81

Figure 4: Most frequently reported suspected cases during Week 17, Balochistan

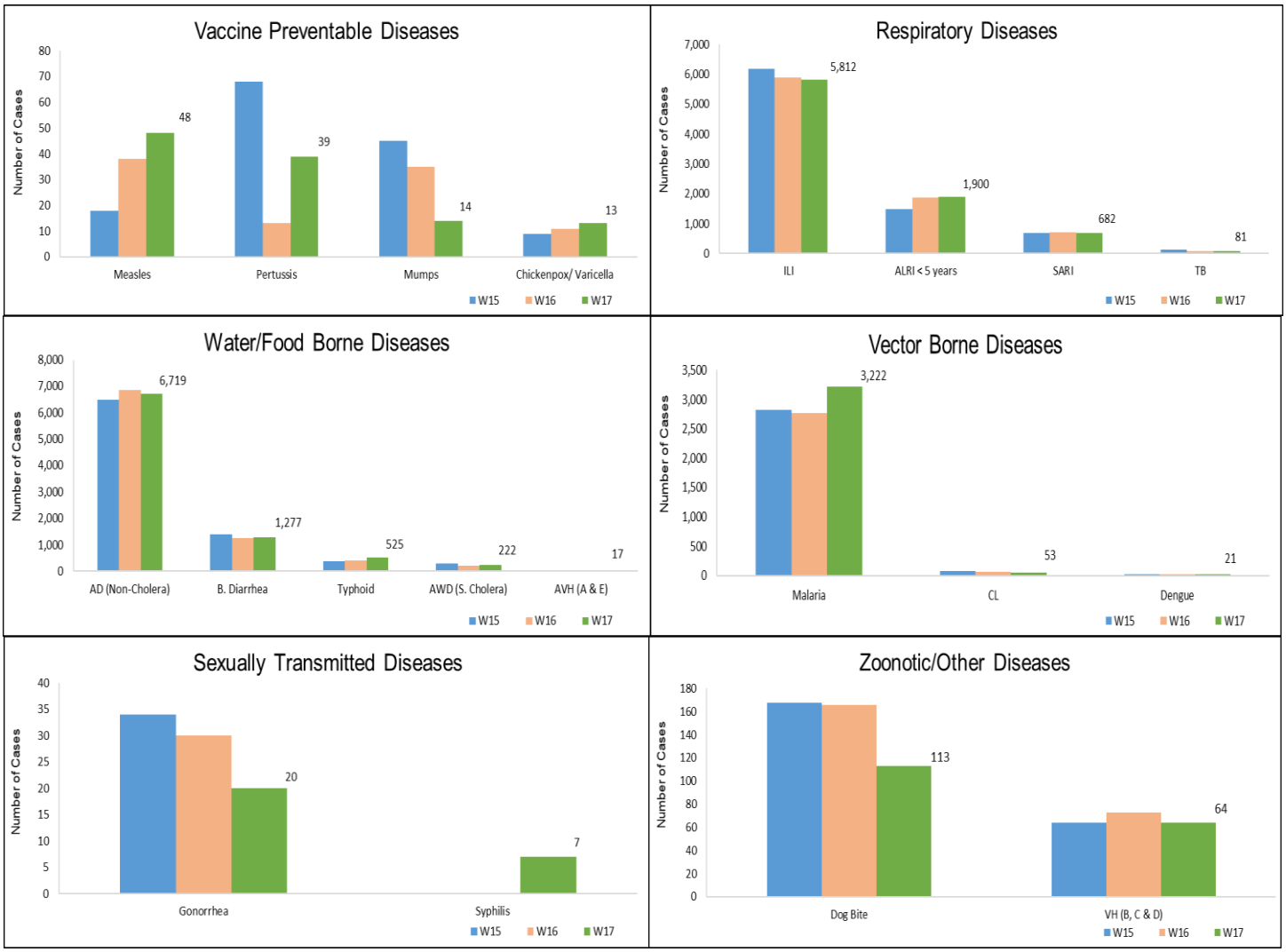
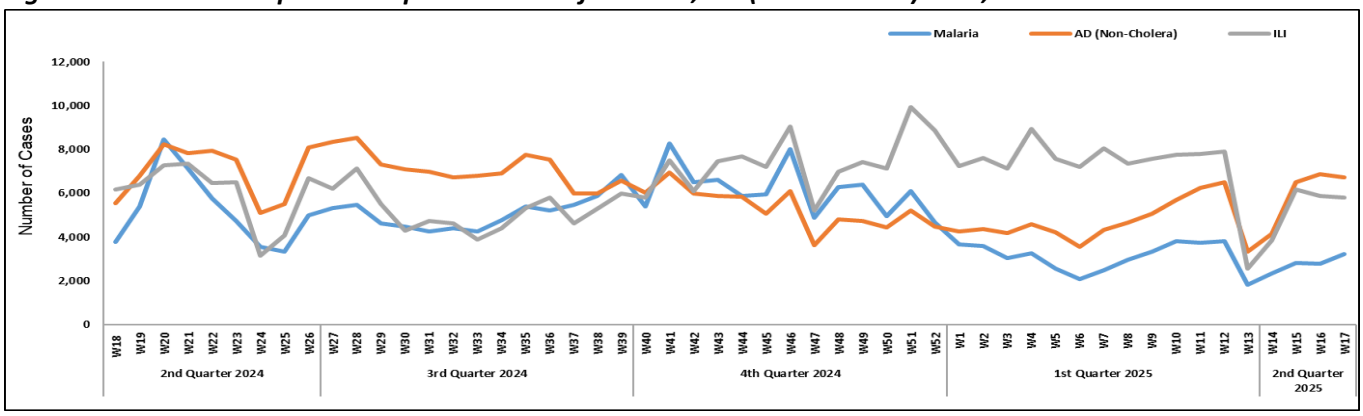


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan



Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, B. Diarrhea, dog bite, SARI, Typhoid, CL and Measles.
- AD (Non-Cholera), ILI, Malaria, and VPDs including Measles, Chickenpox, Pertussis and Diphtheria showed an increase in number of cases while ALRI<5 Years, B. Diarrhea, dog bite, SARI and CL showed a decline in number of cases this week.
- Twenty-one cases of AFP reported from KP. All are suspected cases and need field verification.
- One suspected case of HIV/ AIDS reported from KP. It needs field investigation.
- Eleven suspected cases of Brucellosis reported from KP. They require field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 17, KP

Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	Dog Bite	SARI	Typhoid	CL	Measles
Abbottabad	1,232	41	0	22	15	49	3	53	0	2
Bajaur	571	81	141	26	97	52	96	1	32	26
Bannu	901	3	1,436	13	14	0	0	84	0	74
Battagram	209	609	19	8	3	25	6	3	3	10
Buner	289	0	167	0	0	15	0	5	0	0
Charsadda	3,214	1,393	262	416	189	15	36	103	1	32
Chitral Lower	549	147	12	21	14	13	8	3	14	5
Chitral Upper	122	17	2	12	5	2	5	12	4	0
D.I. Khan	2,035	0	135	17	32	30	0	6	1	103
Dir Lower	1,886	0	146	9	102	123	0	35	1	11
Dir Upper	889	93	13	13	4	13	3	4	0	4
Hangu	240	221	109	3	8	7	NR	3	43	NR
Haripur	1,281	202	0	40	0	27	4	7	0	4
Karak	433	52	116	16	17	27	20	2	327	27
Khyber	827	35	149	22	153	44	8	41	57	24
Kohat	837	0	52	0	55	28	0	9	9	0
Kohistan Lower	103	0	0	0	5	0	0	0	0	5
Kohistan Upper	299	0	8	4	24	3	0	0	0	3
Kolai Palas	67	10	0	2	5	0	0	1	0	0
L & C Kurram	6	3	0	0	4	0	0	0	0	0
Lakki Marwat	875	7	148	1	10	63	0	18	0	11
Malakand	1,075	0	13	0	0	0	0	0	0	0
Mansehra	1,110	454	1	4	2	105	1	27	0	5
Mardan	930	69	46	139	9	71	0	6	0	5
Mohmand	237	131	140	0	24	14	158	7	77	10
North Waziristan	100	0	60	4	30	2	31	6	7	13
Nowshera	2,891	41	46	28	53	14	11	27	5	6
Orakzai	147	26	7	0	12	4	0	0	0	0
Peshawar	6,823	353	82	323	227	8	49	93	1	57
SD Tank	20	0	12	0	2	1	0	0	0	0
Shangla	586	0	275	4	6	57	0	14	0	3
South Waziristan (Lower)	41	171	34	25	12	16	29	9	0	6
SWU	23	18	0	0	0	0	0	0	0	0
Swabi	1,821	453	50	38	24	116	209	87	0	19
Swat	2,842	186	9	105	36	29	10	39	0	3
Tank	792	110	62	13	1	7	0	1	0	5
Tor Ghar	83	0	32	7	36	33	21	6	4	1
Upper Kurram	239	219	10	9	26	18	143	6	0	0
Total	36,625	5,145	3,794	1,344	1,256	1,031	851	718	586	474

Figure 6: Most frequently reported suspected cases during Week 17, KP

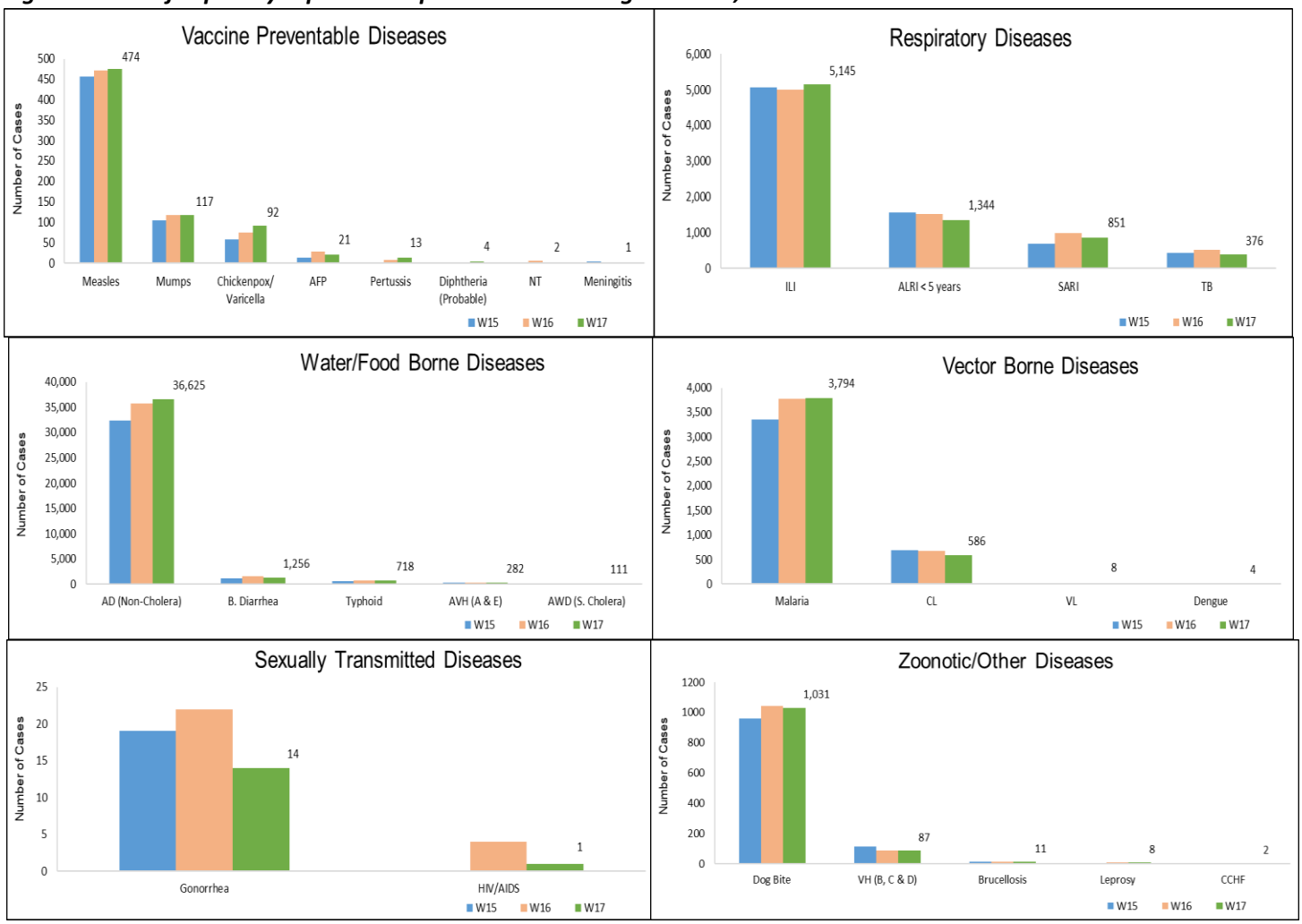
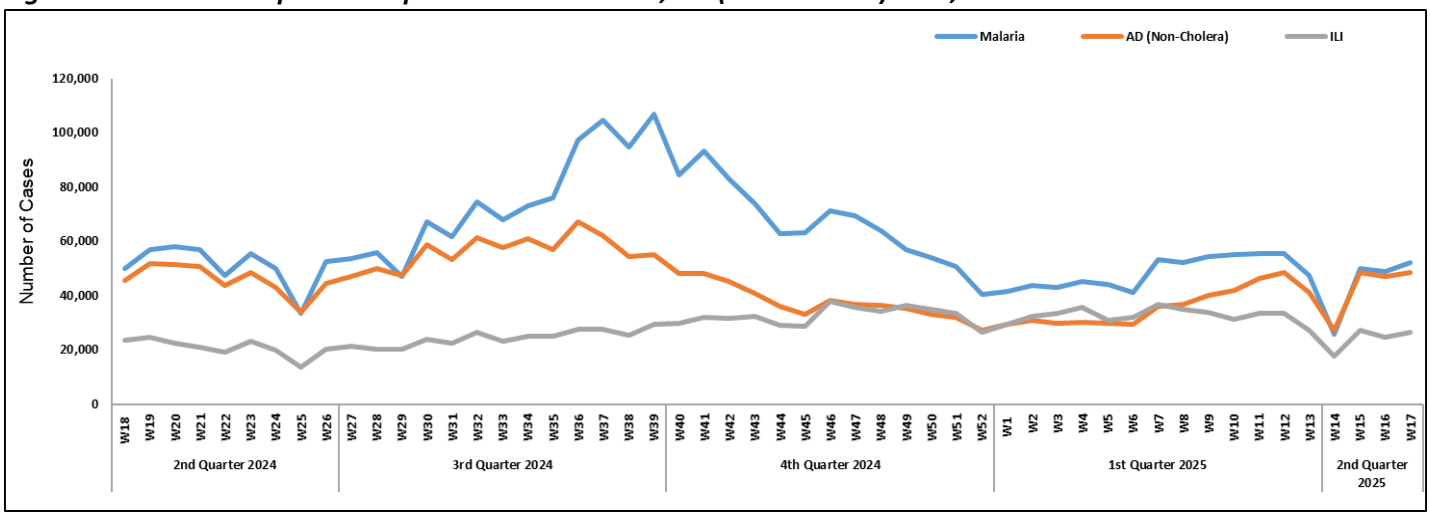


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI and AD (Non-Cholera). ILI and AD (Non-Cholera) cases showed an increase in number this week.

AJK: ILI cases were maximum followed by AD (Non-Cholera), ALRI < 5years, SARI, dog bite, B. Diarrhea, TB, AVH (A & E), Measles and AWD (S. Cholera) cases. Four cases of AFP reported from AJK. They are suspected cases and need field verification. Two suspected cases of HIV/AIDs reported from AJK. They require field verification. An increase in cases observed for ILI, AD (Non-Cholera), ALRI < 5years, dog bite, B. Diarrhea, AVH (A & E), AWD (S. Cholera) and VPDs including Measles, Meningitis, AFP and Mumps this week.

GB: ALRI <5 Years cases were the most frequently reported diseases followed by AD (Non-Cholera), ILI, SARI, B. Diarrhea, TB, Typhoid and AWD (S. Cholera) cases. Two cases of AFP reported from GB. They are suspected cases and need field verification. An increase in cases observed for ILI, SARI, B. Diarrhea, TB and AWD (S. Cholera) while a decline in cases observed for ALRI <5 Years this week.

Figure 10: Most frequently reported suspected cases during Week 17, AJK

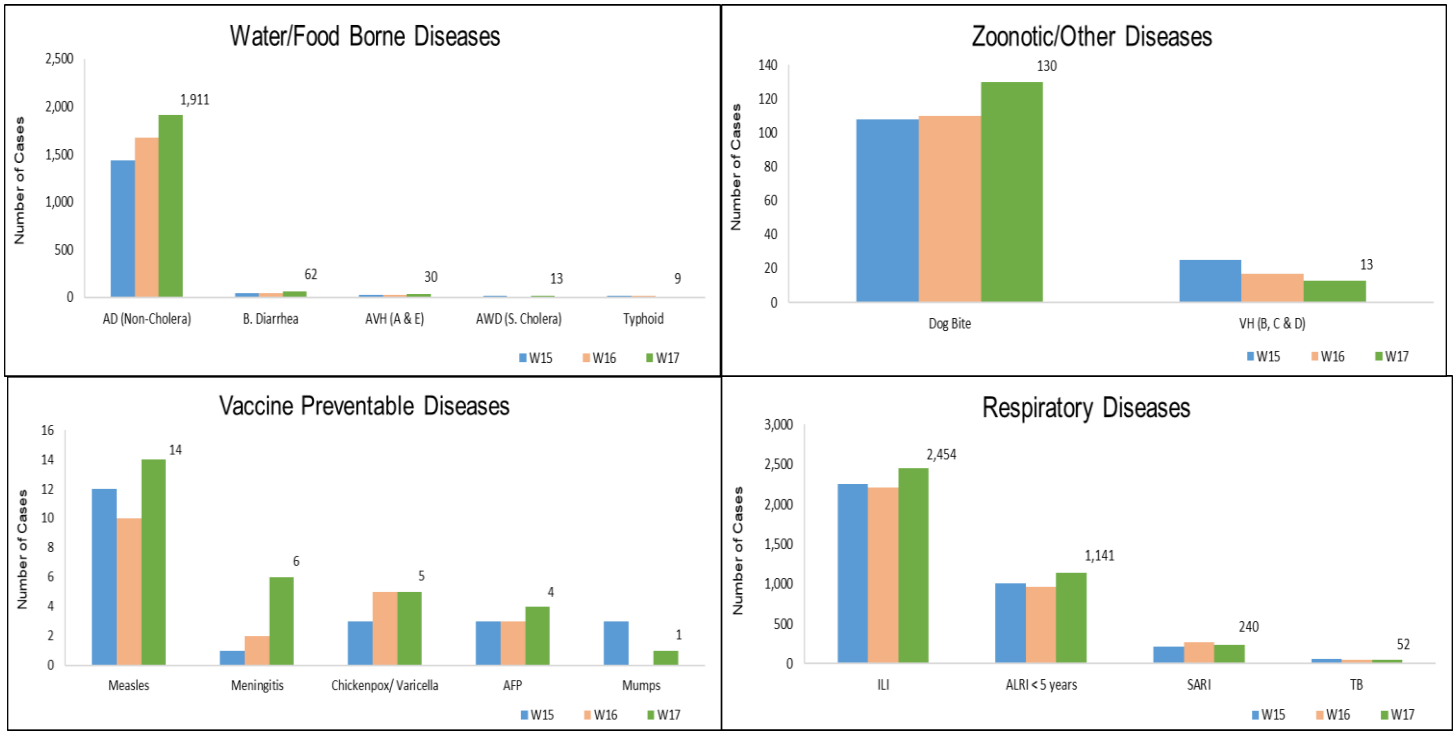


Figure 11: Week wise reported suspected cases of ILI and ARI <5 years, AJ

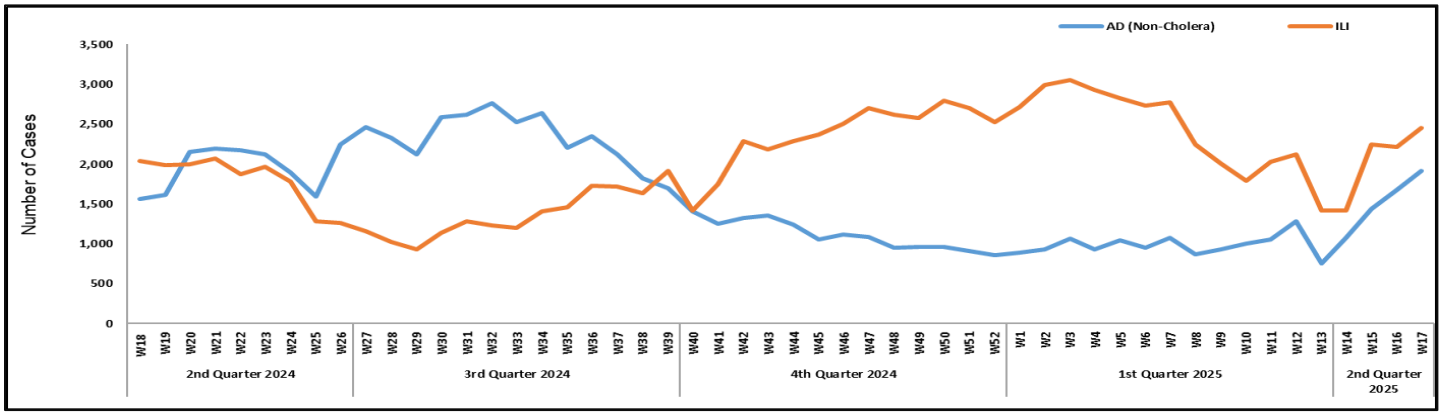


Figure 12: Most frequently reported suspected cases during Week 17, ICT

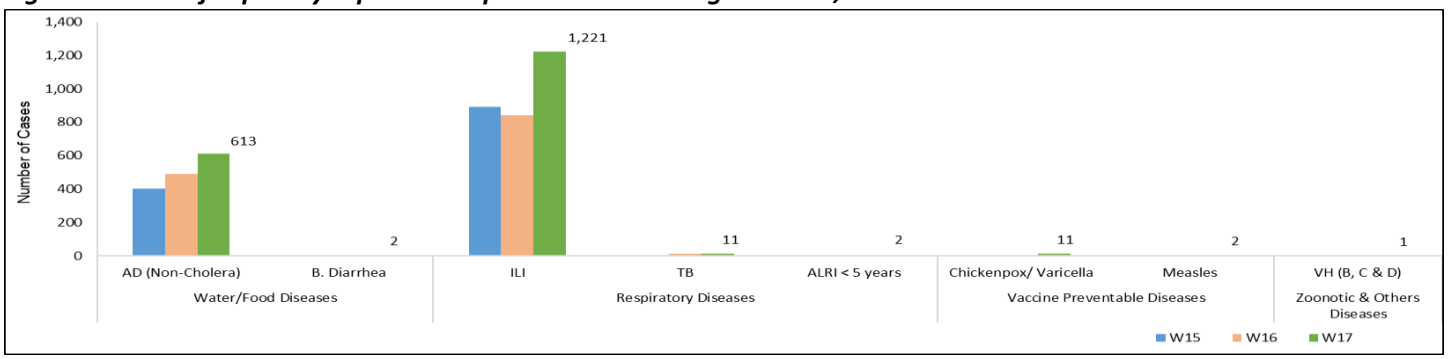


Figure 13: Week wise reported suspected cases of ILI, ICT

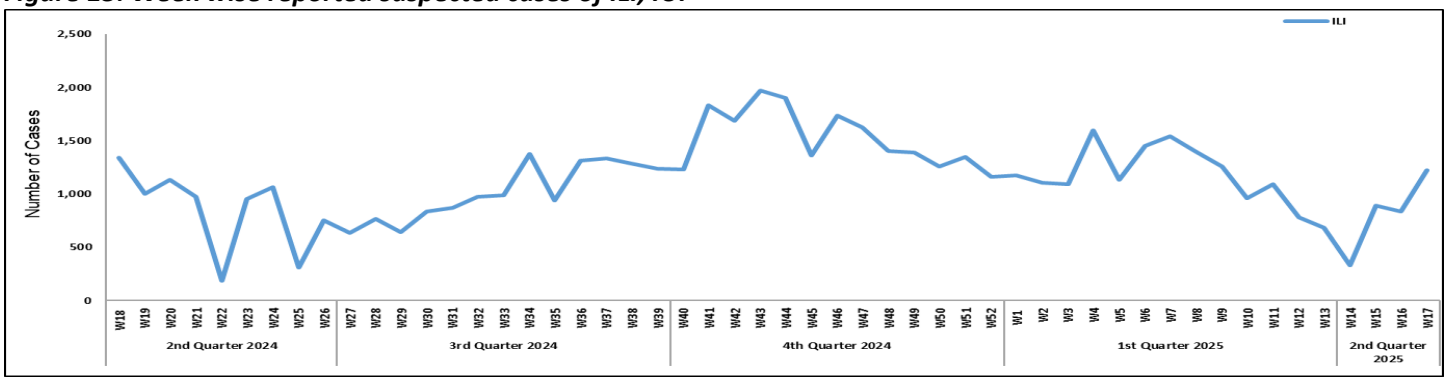


Figure 14: Most frequent cases reported during Week 17, GB

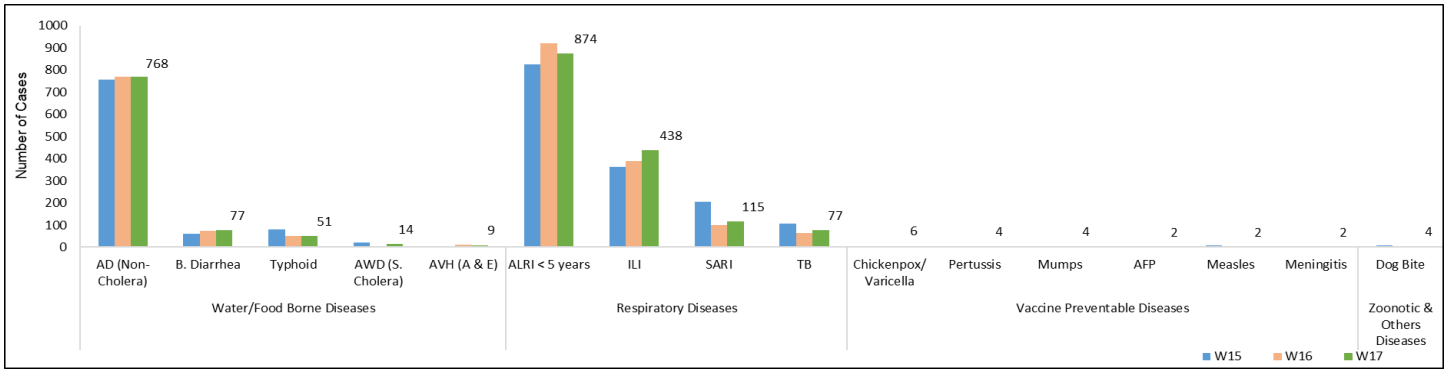


Figure 15: Week wise reported suspected cases of ALRI <5 years, GB

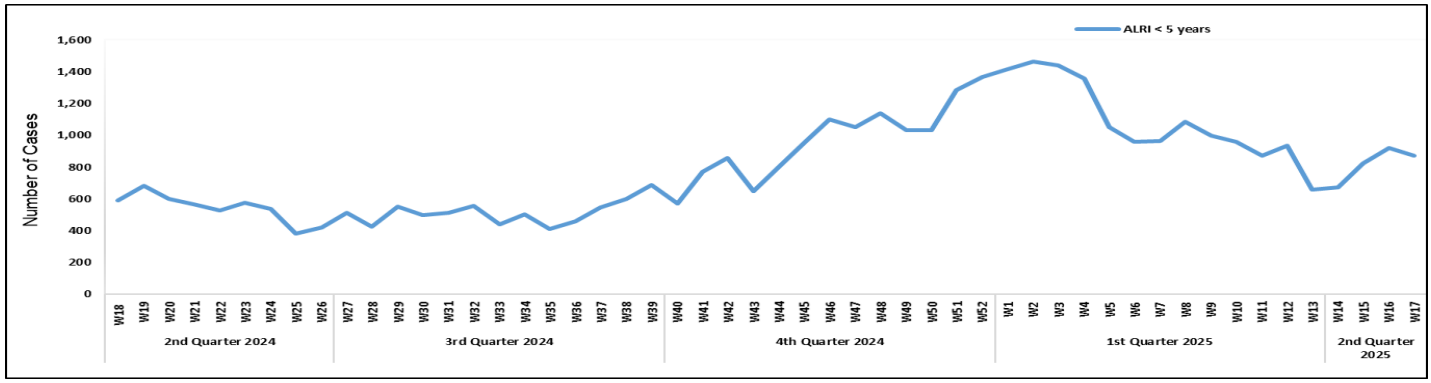


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 17

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	Tota l Pos	Total Test	Total Pos	Total Test	Total Pos
AWD (S. Cholera)		72	1	-	-	10	0	-	-	-	-	-	-	0	0
AD (non-cholera)		159	3	-	-	0	0	-	-	-	-	-	-	0	0
Malaria		7,581	443	-	-	335	0							1	0
CCHF		0	0	-	-	0	0	-	-	-	-	-	-	0	0
Dengue		1,426	99	-	-	2	0	10	0	-	-	-	-	0	0
VH (B)		12,111	391	-	-	523	0			-	-	-	-	127	0
VH (C)		11,952	1,217	-	-	523	0			-	-	-	-	127	0
VH (D)		72	16	-	-	0	0	-	-	-	-	-	-	0	0
VH (A)		137	37	-	-	0	0	-	-	-	-	-	-	0	0
VH (E)		102	40	-	-	0	0	-	-	-	-	-	-	0	0
Covid-19		17	0	-	-	0	0	2	0	-	-	-	-	0	0
Chikungunya		0	0	-	-	0	0	-	-	-	-	-	-	0	0
TB		548	89	-	-	15	0	-	-	-	-	-	-	38	2
HIV/ AIDS		6,013	55	-	-	462	0	-	-	-	-	-	-	18	0
Syphilis		1,330	23	-	-	0	0	-	-	-	-	-	-	0	0
B. Diarrhea		50	1	-	-	0	0	-	-	-	-	-	-	0	0
Typhoid		1,195	29	-	-	0	0	-	-	-	-	-	-	0	0
ILI		17	2	-	-	0	0	-	-	-	-	-	-	0	0
Pneumonia (ALRI)		128	50	-	-	0	0	-	-	-	-	-	-	0	0
M-POX		2	0	-	-	0	0	-	-	-	-	-	-	0	0
Measles		132	64	41	19	286	131	6	5	5	0	380	89	20	7
Rubella		132	7	41	1	286	2	6	0	5	1	380	20	20	0
Covid-19	Out of SARI	8	0	0	0	15	0	35	0	0	0	99	12	0	0
	Out of ILI	0	0	0	0	1	0	25	1	0	0	89	10	0	0
Influenza A	Out of SARI	8	0	0	0	15	0	35	0	0	0	99	0	0	0
	Out of ILI	0	0	0	0	1	0	25	1	0	0	89	0	0	0
Influenza B	Out of SARI	8	0	0	0	15	0	35	0	0	0	99	0	0	0
	Out of ILI	0	0	0	0	1	0	25	1	0	0	89	0	0	0
RSV	Out of SARI	8	0	0	0	15	0	35	1	0	0	99	0	0	0
	Out of ILI	0	0	0	0	1	0	25	0	0	0	89	0	0	0

Table 6: IDSR reporting districts Week 17, 2025

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	101	91%
	Bannu	238	139	58%
	Battagram	59	30	51%
	Buner	34	24	71%
	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	63	85%
	Dir Upper	37	28	76%
	Hangu	22	18	82%
	Haripur	72	71	99%
	Karak	36	36	100%
	Khyber	53	42	79%
	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	3	7%
	Upper Kurram	41	29	71%
	Malakand	42	27	64%
	Mansehra	133	94	71%
	Mardan	80	37	46%
	Nowshera	55	53	96%
	North Waziristan	13	8	62%
	Peshawar	155	130	84%
	Shangla	37	33	89%
	Swabi	64	63	98%
	Swat	77	76	99%
	South Waziristan (Upper)	93	37	40%
	South Waziristan (Lower)	42	23	55%
	Tank	34	31	91%
	Torghar	14	14	100%
	Mohmand	68	63	93%
	SD Peshawar	5	0	0%
	SD Tank	58	5	9%
	Orakzai	69	12	17%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	42	20	48%

	Kotli	60	60	100%
	Muzaffarabad	45	45	100%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	40	40	100%
	Neelum	39	39	100%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	21	21	100%
	CDA	15	7	47%
Balochistan	Gwadar	26	22	85%
	Kech	44	0	0%
	Khuzdar	74	52	70%
	Killa Abdullah	26	14	54%
	Lasbella	55	54	98%
	Pishin	65	43	66%
	Quetta	55	38	69%
	Sibi	36	20	56%
	Zhob	39	31	79%
	Jaffarabad	16	0	0%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	38	51%
	Chagi	36	21	58%
	Kalat	41	40	98%
	Harnai	17	0	0%
	Kachhi (Bolan)	35	13	37%
	Jhal Magsi	28	21	75%
	Sohbat pur	25	25	100%
	Surab	32	25	78%
	Mastung	45	45	100%
	Loralai	33	25	76%
	Killa Saifullah	28	23	82%
	Ziarat	29	0	0%
	Duki	31	0	0%
	Nushki	32	0	0%
	Dera Bugti	45	24	53%
	Washuk	46	31	67%
	Panjgur	38	6	16%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	12	60%
	Hub	33	12	36%
	Musakhel	41	20	49%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	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	26	90%
	Kharmang	46	25	54%
Sindh	Hyderabad	73	72	99%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	96	90%
	Tharparkar	276	228	83%
	Shikarpur	61	60	98%
	Thatta	52	52	100%
	Larkana	67	60	90%
	Kamber Shadadkot	71	70	99%
	Karachi-East	24	19	79%
	Karachi-West	20	20	100%
	Karachi-Malir	37	26	70%
	Karachi-Kemari	18	17	94%
	Karachi-Central	12	6	50%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	46	84%
	Mirpur Khas	106	103	97%
	Badin	124	124	100%
	Sukkur	64	63	98%
	Dadu	90	82	91%
	Sanghar	100	100	100%
	Jacobabad	44	43	98%
	Khairpur	170	166	98%
	Kashmore	59	59	100%
	Matiari	42	42	100%
	Jamshoro	75	74	99%
	Tando Allahyar	54	54	100%
	Tando Muhammad Khan	41	38	93%
	Shaheed Benazirabad	122	122	100%

Table 7: IDSR reporting Tertiary care hospital Week 17, 2025

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

Letter to the Editor

Addressing Pakistan's Intensifying Heatwave Crisis

Addressing the escalating crisis of heatwaves gripping Pakistan is imperative. These extreme weather events are no longer anomalies; they are becoming a stark reality, demanding immediate attention and sustained action from all sectors of society.

The human body possesses a remarkable ability to regulate its internal temperature, However, prolonged exposure to extreme heat, especially coupled with high humidity, overwhelms this natural cooling system.

At the milder end of the spectrum, heat cramps and heat exhaustion are observed, characterized by heavy sweating, fatigue, dizziness, and nausea. While uncomfortable, these are warning signs. The gravest concern is heatstroke, a life-threatening condition where the body's core temperature rises above 40◦C (104◦F), leading to central nervous system dysfunction. Without immediate medical intervention, heatstroke can result in permanent organ damage or death.

Beyond the immediate heat-related illnesses, vulnerable populations are disproportionately affected. The elderly, young children, outdoor laborers, and individuals with chronic health conditions (such as cardiovascular or respiratory diseases) face heightened risks. The cumulative physiological stress, including severe dehydration and electrolyte imbalances, places immense strain on vital organs, exacerbating existing health issues and leading to increased morbidity and mortality rates. The healthcare infrastructure, already stretched, struggles under the surge of heat-affected patients, further highlighting the systemic vulnerabilities.

While heatwaves are natural phenomena, their increasing frequency, intensity, and duration in Pakistan are undeniably linked to broader environmental changes. The primary driver is climate change, a global phenomenon leading to rising average temperatures and more extreme weather patterns worldwide. Pakistan, situated in a climatically vulnerable region, is particularly susceptible to these shifts.

Locally, factors such as rapid urbanization contribute significantly. The "urban heat island effect" describes how metropolitan areas, with their extensive concrete and asphalt surfaces, absorb and retain more heat than rural areas. This creates pockets of significantly higher temperatures, especially at night, offering little respite. Furthermore, rampant deforestation reduces natural shade and disrupts local microclimates, diminishing the planet's natural cooling mechanisms and increasing ground-level temperatures.

Protecting Ourselves and Our Communities

In the face of an ongoing heatwave, immediate protective measures are crucial, hydration is key, seek cooler environments, stay light and loose, look out for others.

Long-Term Prevention of heatwave may include, climate change mitigation, urban planning and green infrastructure, early warning systems and public awareness, water security and sanitation, occupational health and safety, healthcare preparedness.

The intensifying heatwaves in Pakistan are a clear and present danger to public health and national development. This is not merely an environmental issue; it is a critical public health emergency that demands a multi-sectoral, collaborative response. By understanding the science, acting decisively with immediate remedies, and investing in long-term prevention, a more resilient Pakistan capable of withstanding the growing challenges of climate change can be built.

Sincerely,

Dr Muhammad Hamza Ikram
Scientific Officer, CDC-NIH

Knowledge Hub

Understanding and Responding to Extreme Heat

Introduction to Heatwaves

A heatwave is defined as a prolonged period of excessively hot weather, which may be accompanied by high humidity. While the specific criteria for a heatwave vary by region, they generally involve temperatures significantly above the historical average for a given area. These extreme weather events are becoming more frequent, intense, and enduring globally, largely attributed to the overarching phenomenon of climate change. Heatwaves pose a significant threat to public health, infrastructure, and socio-economic stability, necessitating a comprehensive understanding and proactive response.

Pakistan and the heatwave

Pakistan is particularly susceptible to the impacts of heatwaves due to its geographical location, existing climatic vulnerabilities, and socio-economic factors. The country's arid and semi-arid regions regularly experience high temperatures, but the recent increase in both the intensity and duration of heatwaves is alarming.

The burden of disease from heatwaves in Pakistan is substantial, leading to increased illness and deaths, especially among vulnerable groups like the elderly, children, and outdoor workers. These events severely strain the healthcare system, cause economic losses through reduced productivity and agricultural decline, and worsen water scarcity and quality issues. Additionally, heatwaves contribute to mental health challenges and frequently cause power outages, collectively placing immense pressure on the nation's public health and economy

Symptoms of Heat-Related Illnesses

Recognizing the symptoms of heat-related illnesses is crucial for timely intervention. They range in severity:

Heat Cramps:

Painful muscle spasms, typically in the legs, arms, or abdomen.

Often occur during or after strenuous activity in the heat.

Skin may be moist or clammy.

Heat Exhaustion:

Heavy sweating.

Fatigue, weakness, and dizziness.

Nausea or vomiting.

Headache.

Muscle cramps.

Pale, clammy skin.

Rapid, weak pulse.

Fainting.

Body temperature may be normal or slightly elevated (37◦C to 40◦C or 98.6◦F to 104◦F).

Heatstroke (Medical Emergency):

Body temperature of 40◦C (104◦F) or higher.

Hot, red, dry, or moist skin.

Throbbing headache.

Dizziness and confusion.

Nausea and vomiting.

Rapid, strong pulse.

Loss of consciousness or altered mental state (e.g., seizures, delirium).

Can lead to permanent disability or death if not treated immediately.

Treatment and First Aid for Heat-Related Illnesses

Immediate action is vital when heat-related illnesses are suspected.

For Heat Cramps and Heat Exhaustion:

Move to a Cooler Place: Get the affected person into a shaded area or an air-conditioned room immediately.

Lie Down and Loosen Clothing: Help them lie down and loosen any tight clothing.

Hydrate: Offer sips of cool water or an electrolyte-rich drink (like ORS). Avoid very cold drinks, as they can cause stomach cramps.

Cool the Body: Apply cool, wet cloths to the skin (forehead, neck, armpits, groin) or have them take a cool shower or bath.

Rest: Encourage rest. If symptoms do not improve within an hour, or if they worsen, seek medical attention.

For Heatstroke (Call for Emergency Medical Help Immediately):

Heatstroke is a medical emergency. Call emergency services (e.g., 1122 in Pakistan) immediately. While waiting for medical help:

Move to a Cooler Place: Move the person to a cooler, shaded environment.

Aggressive Cooling:

Remove excess clothing.

Immerse the person in a cool bath or shower if possible.

Sponge the person with cool water.

Apply ice packs or cold, wet cloths to the armpits, groin, neck, and back.

Fan the person continuously to promote evaporative cooling.

Monitor: Continuously monitor their body temperature and continue cooling efforts until emergency medical personnel arrive or the body temperature drops below 38.3◦C (101◦F).

Do NOT: Give fluids to an unconscious or delirious person, as it can cause choking.

Key Takeaways

Heatwaves are a growing public health threat in Pakistan, exacerbated by climate change and local factors like urbanization and deforestation.

Recognizing symptoms of heat-related illnesses (cramps, exhaustion, heatstroke) is critical for timely intervention.

Heatstroke is a medical emergency requiring immediate professional help.

Prevention through hydration, seeking cooler environments, appropriate clothing, and checking on vulnerable individuals is paramount.

Long-term resilience requires systemic approaches: climate change mitigation, urban greening, early warning systems, water security, occupational safety, and strengthened healthcare preparedness.

Collective action and awareness are essential to mitigate the impacts of extreme heat and protect communities.

Further Resources

Pakistan Meteorological Department (PMD)

National Disaster Management Authority (NDMA)

World Health Organization (WHO)

ہیٹ سٹروک

ہیٹ سٹروک، سن سٹروک یا لُو لگنا 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۔ طبّی امداد میں تاخیر جان لیوا ثابت ہو سکتی ہے

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UK Health Security Agency

World Health Organization

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION