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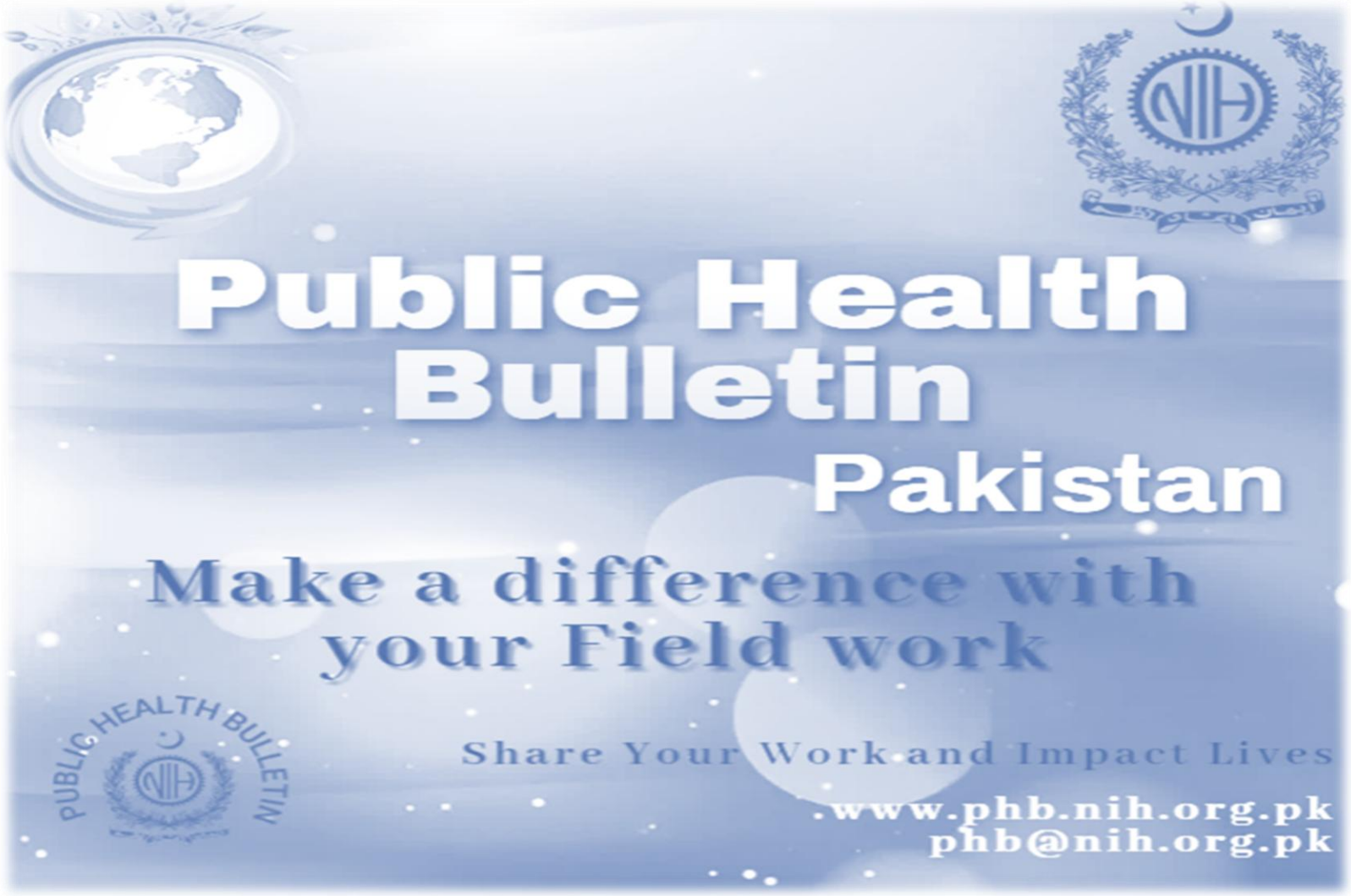
Integrated Disease Surveillance & Response (IDSR) Report

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 18, 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 - Urgent actions Needed on Pakistan's Rising NCD Burden*
- *Knowledge hub on Understanding Diabetes*

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 18, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, TB, B. Diarrhea, dog bite, VH (B, C & D), Typhoid and SARI.*
- *Twenty-one cases of AFP reported from KP, eleven from Sindh and one from GB.*
- *Four suspected cases of HIV/ AIDS reported from Sindh.*
- *Seventeen 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, Mumps and Diphtheria this week.*
- *Among Water/food-borne diseases, there is an increase in number of cases of B. Diarrhea 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.

Tuberculosis

- **Enhance Case Detection and Notification:** Strengthen TB surveillance by ensuring active case finding, contact tracing, and prompt notification through the IDSR and National TB Control Program, especially in high-burden and vulnerable populations.
- **Improve Diagnostic Capacity:** Expand access to rapid molecular diagnostics (e.g., GeneXpert) and chest radiography; strengthen laboratory networks for smear microscopy and drug susceptibility testing to identify MDR-TB.
- **Ensure Treatment Access and Adherence:** Scale up directly observed treatment (DOTS) and patient-centered care to improve treatment adherence; ensure uninterrupted supply of first-line and second-line TB medicines.
- **Address Social Determinants:** Coordinate with social support systems to address malnutrition, poor housing, and stigma, which contribute to TB burden and treatment dropout.
- **Raise Public Awareness:** Implement targeted awareness campaigns to educate communities about TB symptoms, transmission, and the importance of early diagnosis and treatment completion.

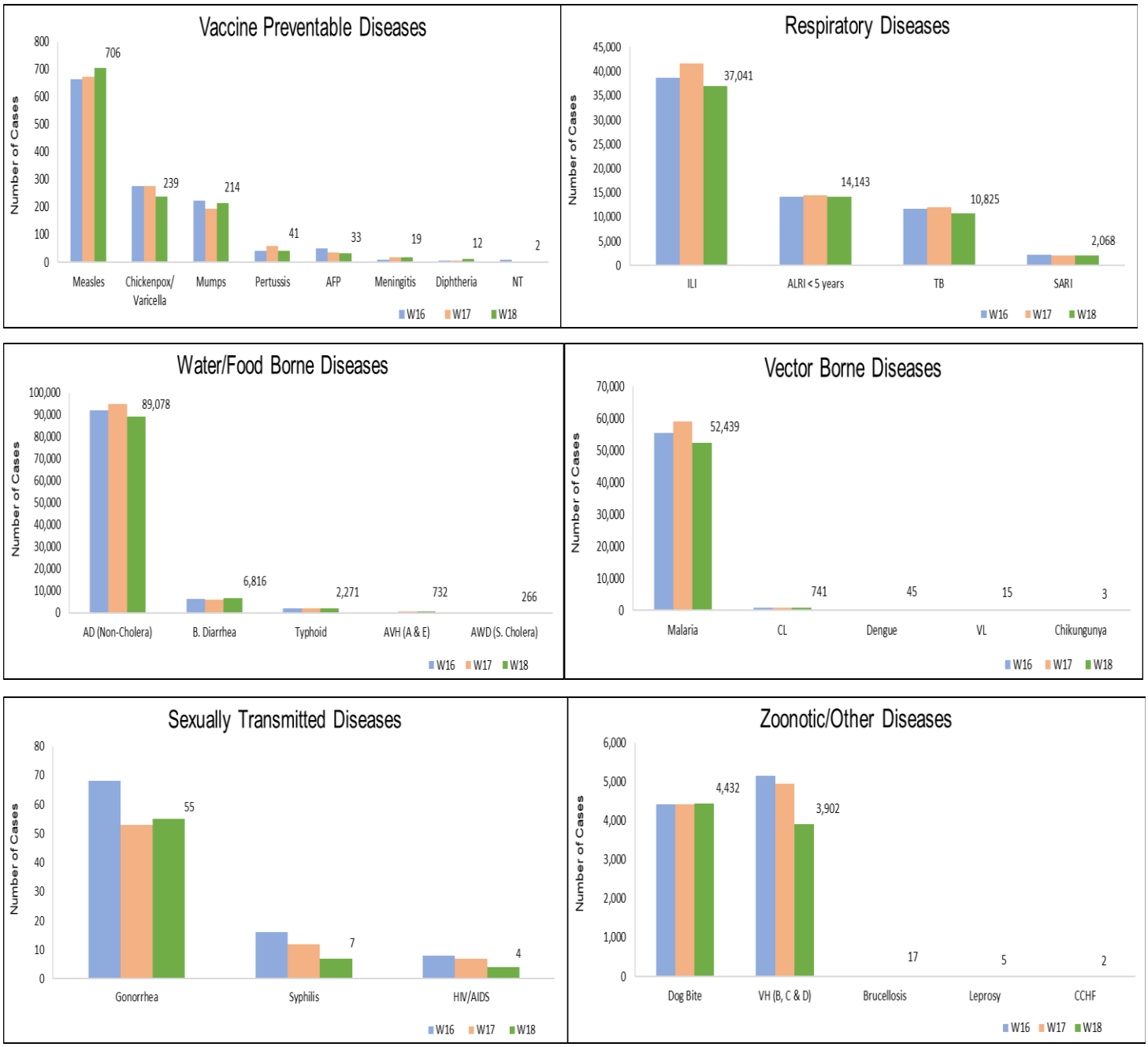
Severe Acute Respiratory Infections

- **Strengthen Surveillance and Early Detection:** Integrate SARI surveillance into IDSR to ensure timely detection of clusters or spikes; enhance facility-based sentinel surveillance for early warning of respiratory outbreaks.
- **Improve Diagnostic and Case Management Capacity:** Equip hospitals with diagnostic tools (PCR, radiology) for respiratory pathogens, including influenza, RSV, and COVID-19; train health staff in clinical management of severe respiratory illness.
- **Ensure Infection Prevention and Control (IPC):** Reinforce IPC practices in healthcare facilities, including use of PPE, hand hygiene, patient isolation, and respiratory etiquette to reduce healthcare-associated transmission.
- **Promote Seasonal Vaccination:** Encourage influenza vaccination for high-risk groups including health workers, the elderly, pregnant women, and individuals with chronic illnesses.
- **Enhance Risk Communication and Public Awareness:** Disseminate public health messages on prevention of respiratory infections (e.g., mask use during outbreaks, staying home when ill, seeking timely care) via media and community outreach.

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 18, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	1,827	6,377	942	503	36,307	NR	43,122	89,078
Malaria	0	3,622	0	0	3,832	NR	44,985	52,439
ILI	2,434	5,023	325	1,119	4,701	NR	23,439	37,041
ALRI < 5 years	1,033	1,931	987	0	1,203	NR	8,989	14,143
TB	53	116	76	6	335	NR	10,239	10,825
B. Diarrhea	64	1,297	68	1	1,212	NR	4,174	6,816
Dog Bite	92	162	8	0	1,146	NR	3,024	4,432
VH (B, C & D)	16	88	2	0	94	NR	3,702	3,902
Typhoid	9	533	100	0	783	NR	846	2,271
SARI	218	752	190	2	732	NR	174	2,068
CL	0	50	0	0	691	NR	0	741
AVH (A & E)	30	19	8	0	201	NR	474	732
Measles	7	30	11	1	525	NR	132	706
AWD (S. Cholera)	14	175	22	0	54	NR	1	266
Chickenpox/ Varicella	5	22	11	3	100	NR	98	239
Mumps	4	33	5	0	127	NR	45	214
Gonorrhea	0	36	0	0	9	NR	10	55
Dengue	0	31	0	0	1	NR	13	45
Pertussis	1	22	8	0	1	NR	9	41
AFP	0	0	1	0	21	NR	11	33
Meningitis	2	0	2	0	7	NR	8	19
Brucellosis	0	0	0	0	17	NR	0	17
VL	0	0	0	0	3	NR	12	15
Diphtheria (Probable)	0	0	0	0	12	NR	0	12
Syphilis	0	0	0	0	2	NR	5	7
Leprosy	0	0	0	0	5	NR	0	5
HIV/AIDS	0	0	0	0	0	NR	4	4
Chikungunya	0	1	0	0	0	NR	2	3
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 18, Pakistan.



Sindh

- Malaria cases were maximum followed by AD (Non-Cholera), ILI, TB, ALRI<5 Years, B. Diarrhea, VH (B, C, D), dog bite, Typhoid and AVH (A & E).
- Malaria cases are mostly from Larkana, Sanghar and Khairpur whereas AD (Non-Cholera) cases are from Badin, Khairpur and Dadu.
- Eleven 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 a decrease in number of cases of Malaria, AD (Non-Cholera), ILI, TB, ALRI<5 Years, VH (B, C, D) and dog bite while an increase in number of cases of B. Diarrhea, AFP and Pertussis this week.

.

Table 2: District wise distribution of most frequently reported suspected cases during Week 18, Sindh

Districts	Malaria	AD (non-cholera)	ILI	TB	ALRI < 5 years	B. Diarrhea	VH (B, C & D)	Dog Bite	Typhoid	AVH (A & E)
Badin	2,780	3,035	2,727	745	394	185	249	131	56	12
Dadu	2,782	2,825	177	384	1,622	1,608	77	595	150	6
Ghotki	1,035	920	82	200	164	38	38	109	0	0
Hyderabad	661	2,461	1,241	261	94	38	78	52	8	5
Jacobabad	727	605	479	117	220	80	118	199	34	0
Jamshoro	1,681	1,817	140	511	272	119	84	82	24	10
Kamber	3,391	1,827	0	674	222	118	124	216	20	0
Karachi Central	1	583	431	4	2	1	5	0	65	13
Karachi East	32	351	245	8	6	5	0	16	0	1
Karachi Keamari	8	438	297	26	22	2	0	1	4	4
Karachi Korangi	66	323	1	13	2	7	1	0	1	1
Karachi Malir	174	1,131	1,848	80	185	8	5	37	10	2
Karachi South	4	63	0	0	0	0	0	0	0	8
Karachi West	233	755	893	63	138	17	38	90	22	2
Kashmore	1,973	574	492	232	189	84	27	97	12	0
Khairpur	3,550	3,028	5,610	859	944	277	144	136	185	18
Larkana	4,112	1,637	91	709	337	241	32	25	2	3
Matiari	2,116	1,715	0	584	115	49	470	58	7	7
Mirpurkhas	1,765	2,705	2,134	702	386	76	151	105	10	3
Naushero Feroze	1,229	1,067	817	266	299	159	56	211	39	1
Sanghar	3,594	1,885	108	1,073	376	95	1,095	230	39	6
Shaheed Benazirabad	1,933	1,781	3	340	203	103	83	127	93	0
Shikarpur	2,192	1,235	3	213	179	135	219	149	4	0
Sujawal	970	1,948	8	227	214	104	55	48	0	15
Sukkur	1,600	1,497	2,097	434	638	181	6	66	9	0
Tando Allahyar	1,558	1,671	763	400	150	119	346	87	11	0
Tando Muhammad Khan	552	1,021	41	428	139	75	10	71	0	0
Tharparkar	2,057	1,622	1,205	377	573	99	53	3	23	16
Thatta	998	1,236	1,506	5	500	64	65	83	2	340
Umerkot	1,211	1,366	0	304	404	87	73	0	16	1
Total	44,985	43,122	23,439	10,239	8,989	4,174	3,702	3,024	846	474

Figure 2: Most frequently reported suspected cases during Week 18 Sindh

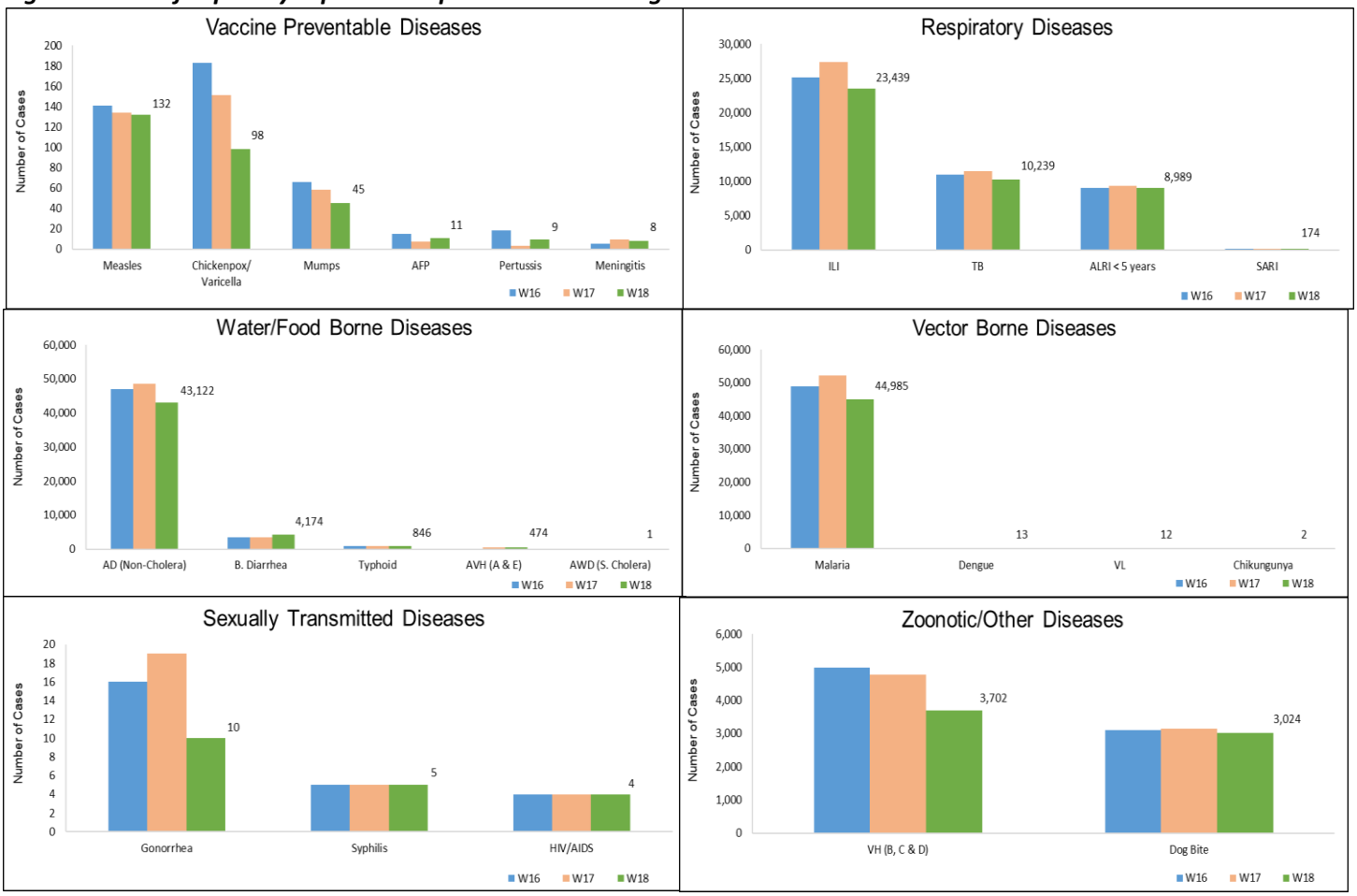
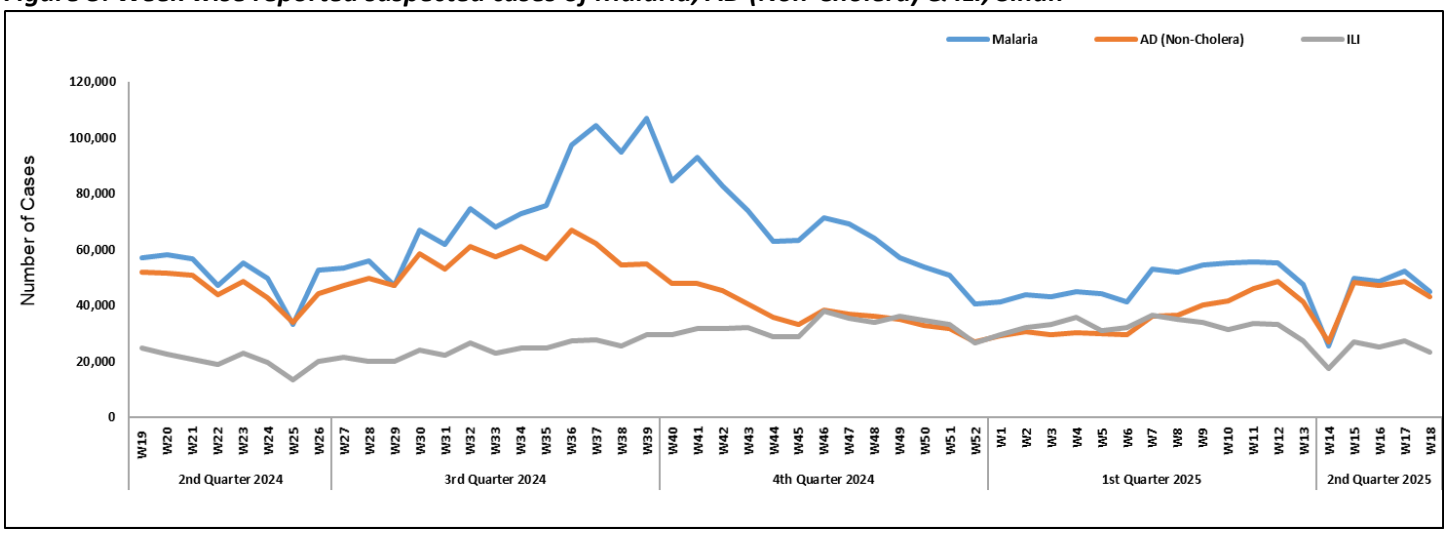


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



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

Table 3: District wise distribution of most frequently reported suspected cases during Week 18, Balochistan

Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Dog Bite	TB
Barkhan	74	58	52	34	6	9	23	2	13	3
Chagai	32	52	2	0	17	0	0	0	0	0
Dera Bugti	84	12	65	2	5	0	0	0	0	0
Gwadar	189	468	54	4	38	0	13	1	0	0
Hub	204	57	88	18	4	0	4	0	2	1
Jaffarabad	522	140	583	40	89	10	4	0	36	34
Jhal Magsi	193	349	226	226	0	0	40	0	14	2
Kachhi (Bolan)	137	35	165	31	48	84	16	37	2	2
Kalat	27	1	25	5	11	2	17	0	0	0
Kech (Turbat)	270	514	150	28	53	2	12	1	NR	NR
Kharan	185	373	47	0	93	32	1	2	0	0
Khuzdar	202	274	148	0	130	34	72	5	0	0
Killa Abdullah	112	76	11	3	32	44	12	24	8	0
Killa Saifullah	134	0	181	122	78	14	24	0	0	0
Kohlu	45	89	60	9	51	29	14	NR	1	1
Lasbella	402	52	327	187	49	4	19	0	40	0
Loralai	215	374	36	29	21	87	10	1	3	0
Mastung	217	114	83	88	54	64	21	1	0	0
MusaKhel	67	38	112	29	14	4	10	9	0	0
Naseerabad	249	29	212	24	11	11	57	0	23	1
Panjgur	94	29	64	56	19	0	0	7	0	0
Pishin	440	466	38	65	109	25	11	39	1	0
Quetta	663	747	20	164	32	42	28	8	0	0
Sibi	113	13	236	170	19	105	57	8	3	0
Sohbat pur	263	32	348	119	91	12	19	5	8	5
Usta Muhammad	884	164	156	170	98	0	13	0	8	0
Washuk	171	312	96	25	94	26	31	25	0	2
Zhob	189	155	37	283	31	112	5	0	0	65
Total	6,377	5,023	3,622	1,931	1,297	752	533	175	162	116

Figure 4: Most frequently reported suspected cases during Week 18, Balochistan

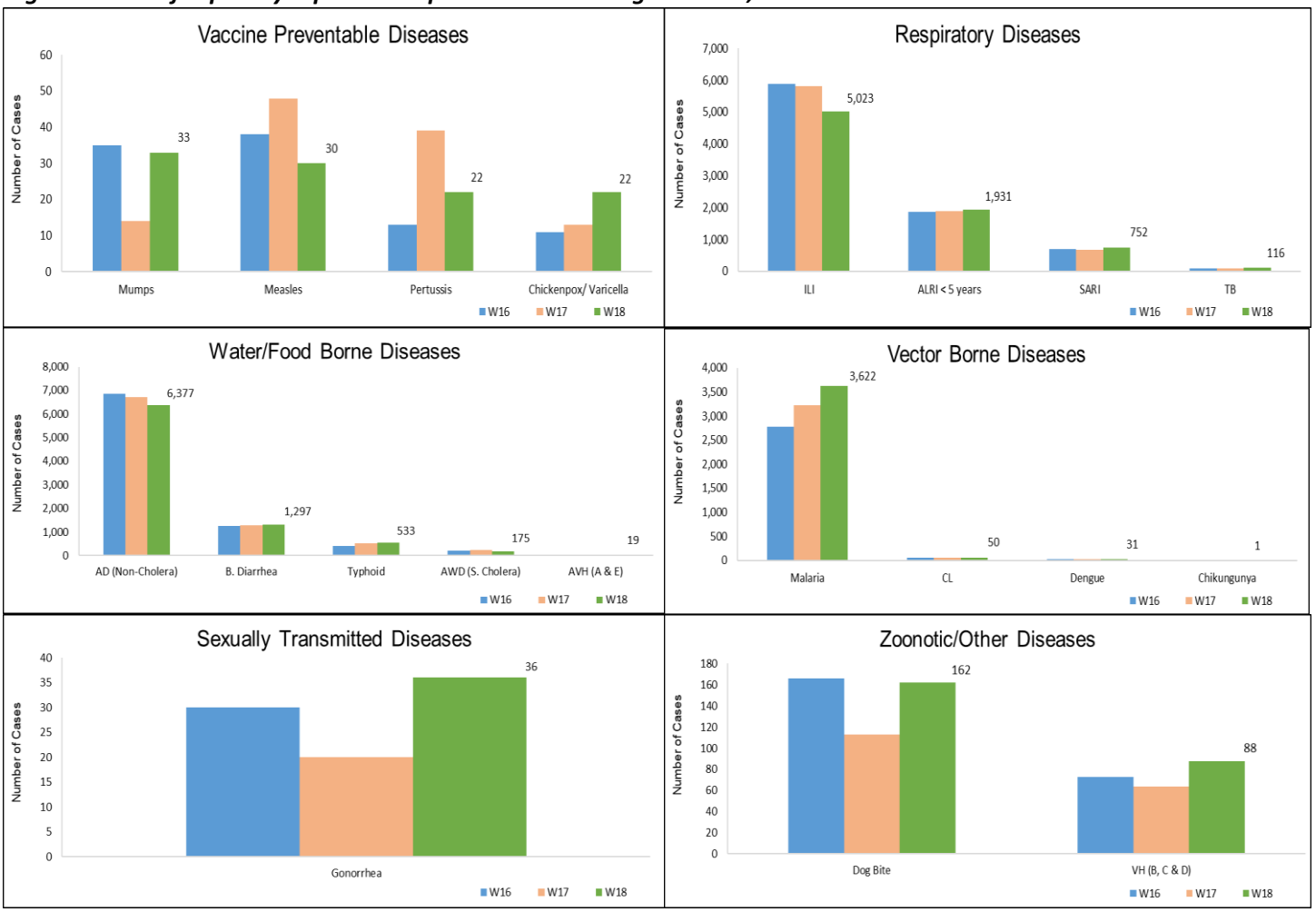
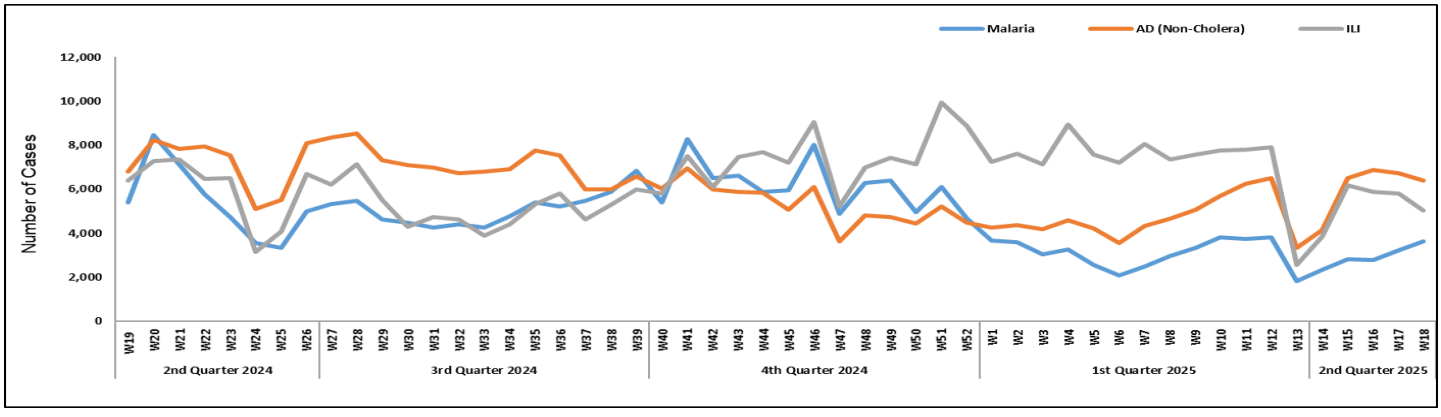


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan



Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, B. Diarrhea, ALRI<5 Years, dog bite, Typhoid, SARI, CL and Measles.
- Malaria, dog bite, Typhoid, CL and VPDs including Measles, Mumps, Chickenpox, Diphtheria and Meningitis showed an increase in number of cases while AD (Non-Cholera), ILI, ALRI<5 Years and SARI 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.
- Seventeen suspected cases of Brucellosis reported from KP. They require field verification.
- Two cases of CCHF reported from KP. They are suspected cases and need field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 18, KP

Districts	AD (non-cholera)	ILI	Malaria	B. Diarrhea	ALRI < 5 years	Dog Bite	Typhoid	SARI	CL	Measles
Abbottabad	900	73	0	9	8	1	50	0	0	18
Bajaur	719	104	193	94	16	63	4	75	21	26
Bannu	907	2	1,359	11	12	2	79	6	0	77
Battagram	204	416	29	1	7	19	2	2	2	6
Buner	359	0	294	0	0	9	3	0	0	0
Charsadda	3,550	1,317	314	165	509	20	131	5	0	64
Chitral Lower	659	165	19	20	14	18	8	12	10	2
Chitral Upper	117	22	2	4	3	2	18	14	0	2
D.I. Khan	2,006	0	154	28	24	42	2	0	1	94
Dir Lower	1,714	0	163	97	13	75	28	0	1	11
Dir Upper	1,154	50	17	12	80	26	8	0	8	9
Hangu	272	238	77	3	18	8	1	0	31	0
Haripur	1,305	166	0	0	21	18	10	2	0	6
Karak	409	51	87	17	22	31	4	27	458	30
Khyber	645	48	114	154	50	31	69	13	53	13
Kohat	942	0	35	52	3	55	19	0	11	0
Kohistan Lower	101	0	0	4	0	1	0	0	3	0
Kohistan Upper	383	0	10	28	1	0	1	0	0	4
Kolai Palas	52	11	0	2	3	0	1	0	0	0
L & C Kurram	5	0	0	4	0	0	0	0	0	0
Lakki Marwat	779	2	162	7	2	44	26	0	0	3
Malakand	1,027	0	15	0	0	0	0	0	0	0
Mansehra	1,271	355	3	3	10	87	19	115	0	6
Mardan	1,206	31	94	33	99	102	13	0	11	18
Mohmand	234	156	148	27	0	10	7	136	62	6
North Waziristan	76	0	19	15	0	0	2	7	2	2
Nowshera	2,964	46	37	41	38	11	24	21	7	8
Orakzai	117	13	13	6	0	3	3	0	0	0
Peshawar	5,873	404	37	218	80	8	132	29	1	80
SD Tank	28	1	16	4	0	0	0	0	0	5
Shangla	566	0	199	11	0	79	21	0	0	5
South Waziristan (Lower)	7	127	44	0	9	8	12	27	0	2
SWU	26	28	4	0	0	0	0	0	0	0
Swabi	1,830	388	52	13	56	279	43	21	0	19
Swat	3,149	155	16	60	81	32	24	10	0	4
Tank	493	105	56	0	11	6	7	0	0	0
Tor Ghar	69	0	36	26	5	39	5	13	9	3
Upper Kurram	189	227	14	43	8	17	7	197	0	2
Total	36,307	4,701	3,832	1,212	1,203	1,146	783	732	691	525

Figure 6: Most frequently reported suspected cases during Week 18, KP

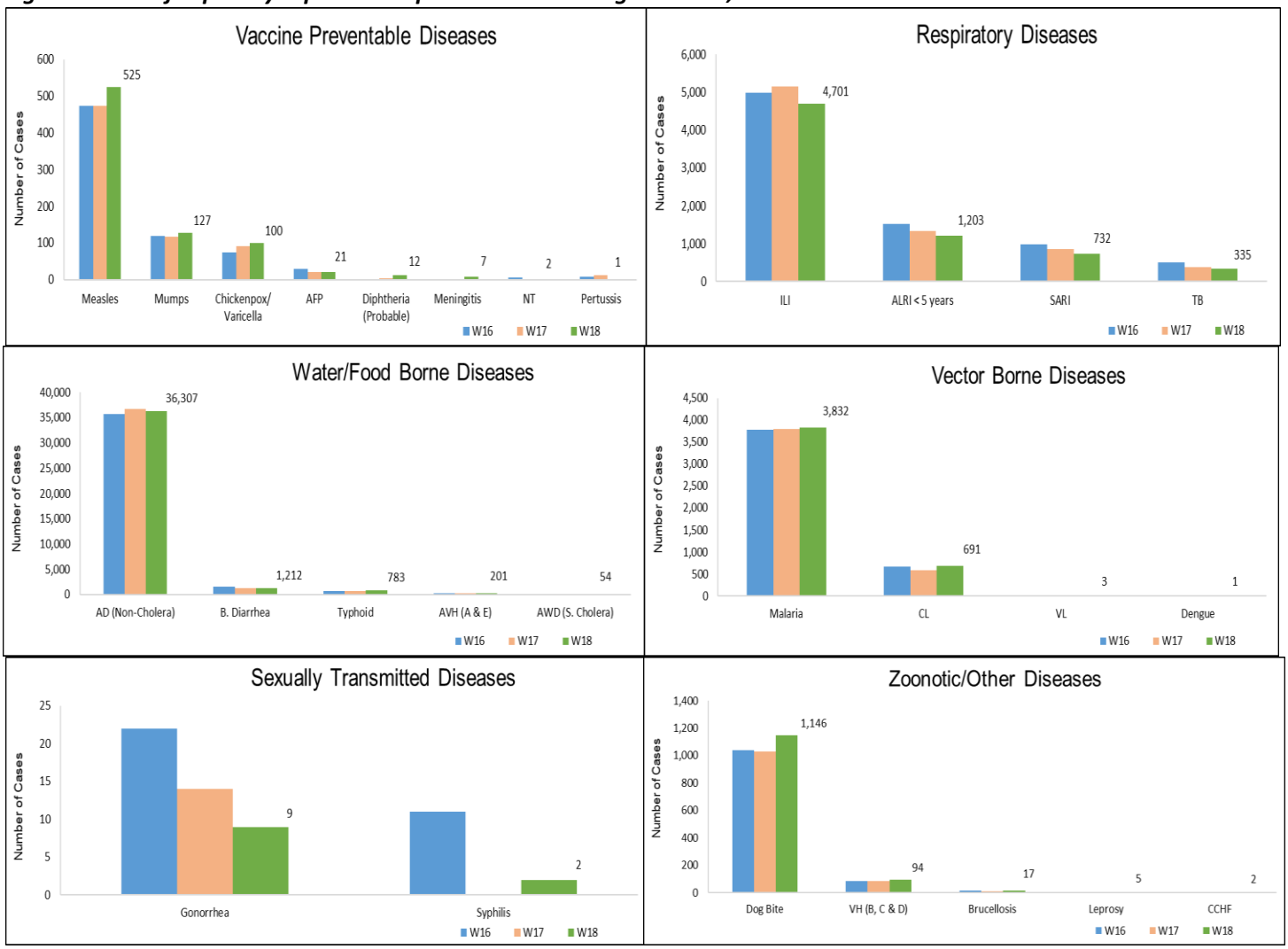
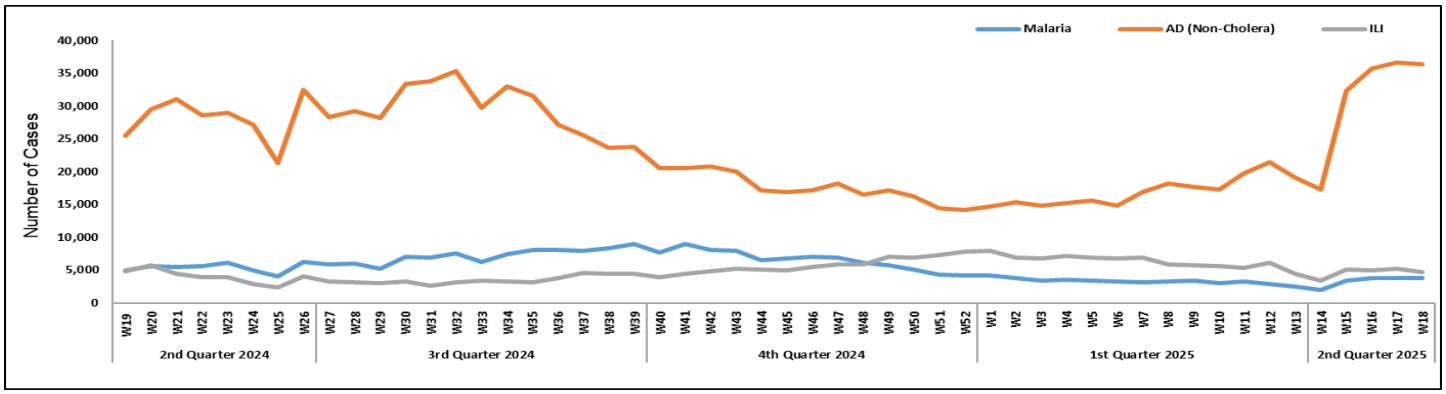


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI and AD (Non-Cholera). ILI and AD (Non-Cholera) cases showed a decrease 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), VH (B, C & D) and AWD (S. Cholera) cases. A decrease in cases observed for ILI, AD (Non-Cholera), ALRI < 5years, SARI and dog bite while an increase in cases observed for VH (B, C & D), Mumps and Pertussis this week.

GB: ALRI <5 Years cases were the most frequently reported diseases followed by AD (Non-Cholera), ILI, SARI, Typhoid, TB, B. Diarrhea and AWD (S. Cholera) cases. One case of AFP reported from GB. It is suspected case and needs field verification. An increase in cases observed for ALRI <5 Years, AD (Non-Cholera), SARI, Typhoid, AWD (S. Cholera) and VPDs including Measles, Chickenpox and Pertussis while a decline in cases observed for ILI, TB and B. Diarrhea this week.

Figure 10: Most frequently reported suspected cases during Week 18, AJK

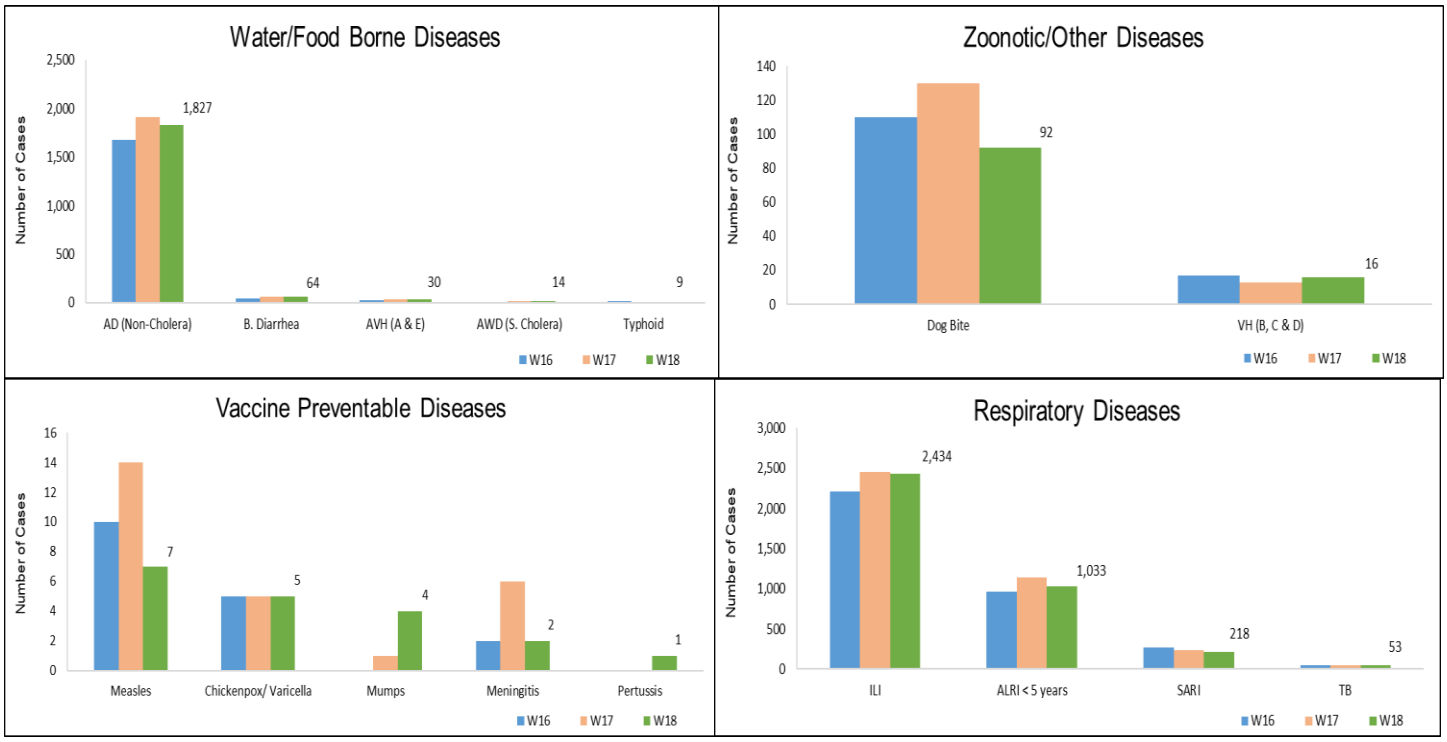


Figure 11: Week wise reported suspected cases of ILI and ARI <5 years, AJ

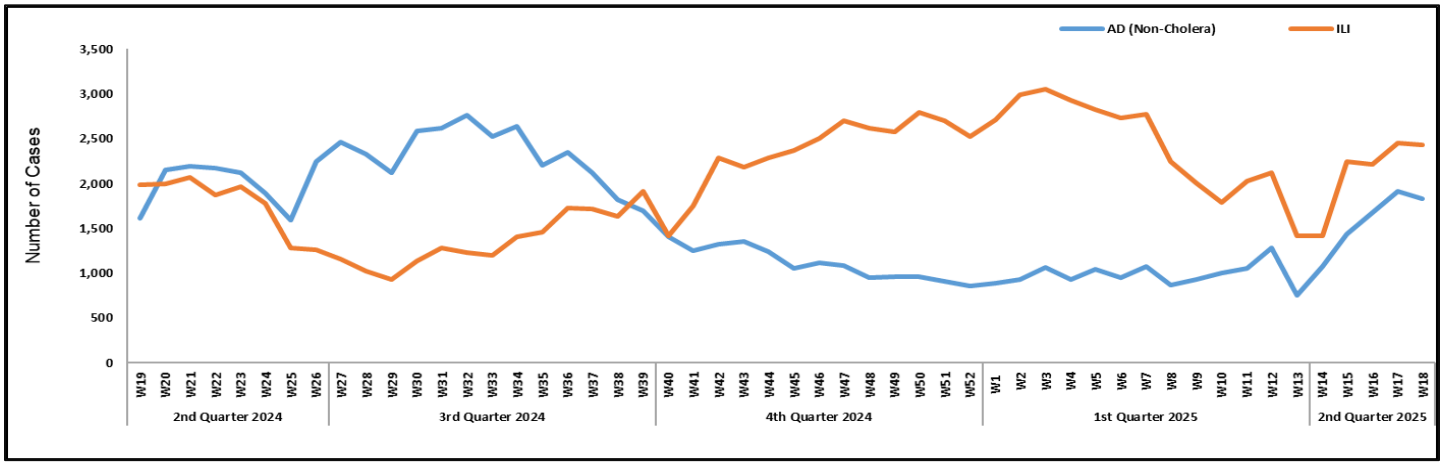


Figure 12: Most frequently reported suspected cases during Week 18, ICT

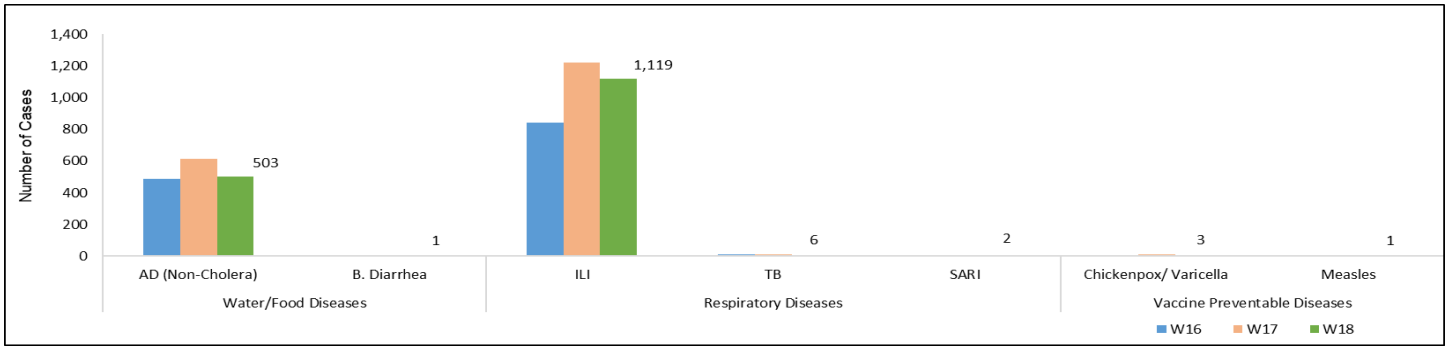


Figure 13: Week wise reported suspected cases of ILI, ICT

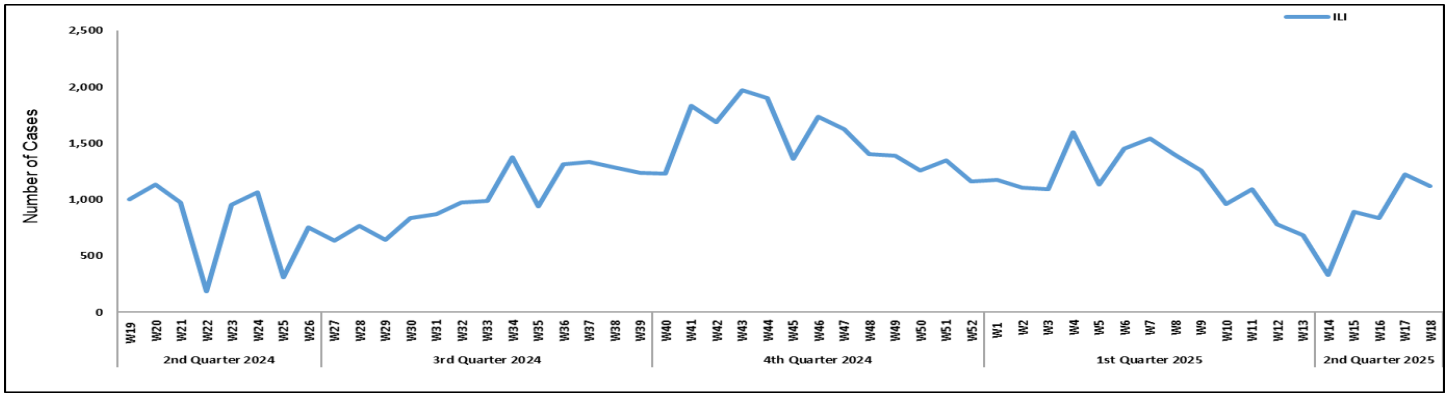


Figure 14: Most frequent cases reported during Week 18, GB

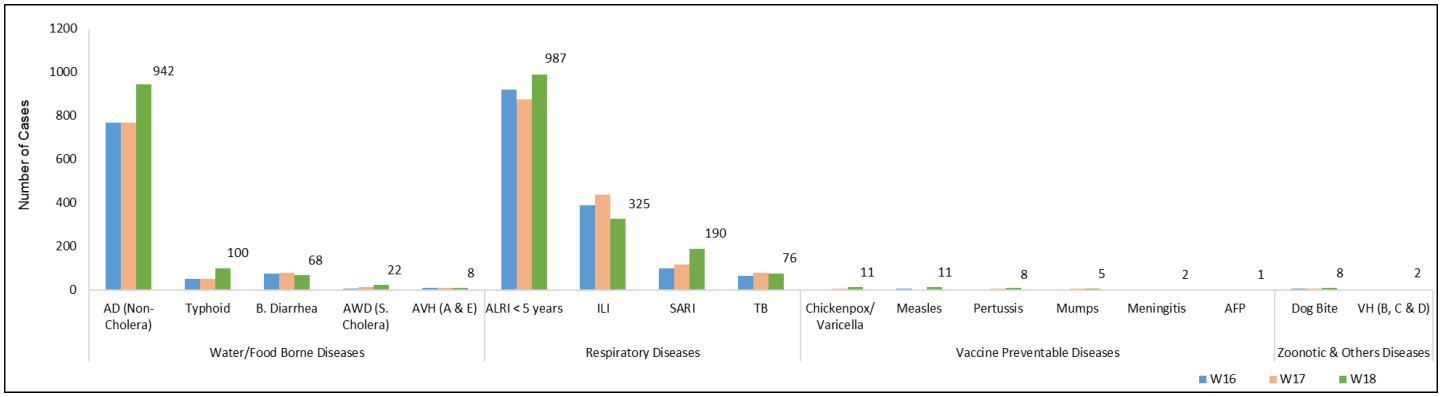


Figure 15: Week wise reported suspected cases of ALRI <5 years, GB

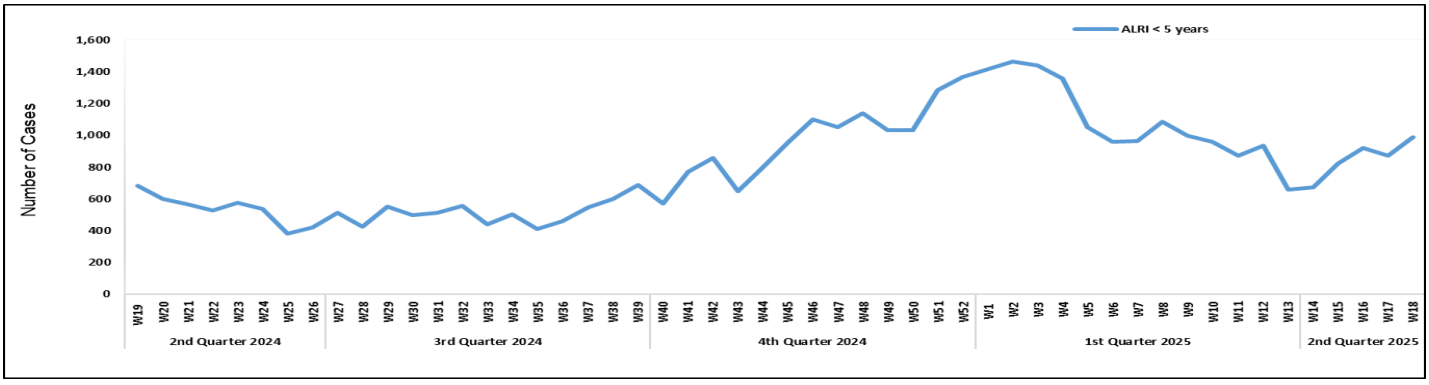


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 18

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)		142	3	-	-	0	0	-	-	-	-	-	-	-	-
AD (non-cholera)		233	3	-	-	0	0	-	-	-	-	-	-	-	-
Malaria		7,776	479	-	-	329	0	-	-	-	-	-	-	-	-
CCHF		0	0	12	0	0	0	-	-	-	-	-	-	-	-
Dengue		1,428	131	3	1	0	0	-	-	-	-	-	-	-	-
VH (B)		14,221	400	166	127	449	1	-	-	-	-	-	-	-	-
VH (C)		14,377	1,236	107	38	449	3	-	-	-	-	-	-	-	-
VH (D)		78	21	61	10	0	0	-	-	-	-	-	-	-	-
VH (A)		120	37	-	-	0	0	-	-	-	-	-	-	-	-
VH (E)		68	24	-	-	0	0	-	-	-	-	-	-	-	-
Covid-19		14	0	23	0	0	0	-	-	-	-	-	-	-	-
Chikungunya		17	0	3	0	0	0	-	-	-	-	-	-	-	-
TB		513	65	-	-	14	0	-	-	-	-	-	-	-	-
HIV/ AIDS		5,454	51	-	-	363	0	-	-	-	-	-	-	-	-
Syphilis		1,092	10	-	-	224	0	-	-	-	-	-	-	-	-
B. Diarrhea		114	2	-	-	0	0	-	-	-	-	-	-	-	-
Typhoid		1,030	23	-	-	0	0	-	-	-	-	-	-	-	-
Diphtheria		3	1	-	-	0	0	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		90	20	-	-	0	0	-	-	-	-	-	-	-	-
ILI		14	2	-	-	0	0	-	-	-	-	-	-	0	0
Measles		347	138	52	16	362	189	21	10	11	10	467	139	36	14
Rubella		347	10	52	2	362	0	21	3	11	1	467	8	36	0
Covid-19	Out of SARI	0	0	0	0	0	0	50	2	0	0	20	0	11	0
	Out of ILI	0	0	0	0	0	0	24	1	0	0	2	0	17	0
Influenza A	Out of SARI	0	0	0	0	0	0	50	4	0	0	20	0	11	0
	Out of ILI	0	0	0	0	0	0	24	0	0	0	2	0	17	0
Influenza B	Out of SARI	0	0	0	0	0	0	50	2	0	0	20	0	11	0
	Out of ILI	0	0	0	0	0	0	24	0	0	0	2	0	17	0
RSV	Out of SARI	0	0	0	0	0	0	50	0	0	0	20	0	11	0
	Out of ILI	0	0	0	0	0	0	24	0	0	0	2	0	17	0

Table 6: IDSR reporting districts Week 18, 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 18, 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

Urgent Actions Needed on Pakistan's Rising NCD Burden

Dear Editor,

The alarming rise of Non-Communicable Diseases (NCDs) across Pakistan demands our immediate and concerted attention. As highlighted by recent reports, NCDs such as cardiovascular diseases, diabetes, cancers, and chronic respiratory illnesses now account for over 60% of annual deaths in our country, a stark epidemiological shift from previous decades. [1] The figures are truly staggering: Pakistan now holds the grim distinction of being first globally in diabetes prevalence, with an estimated 34.5 million adults affected in 2024. [2]

This isn't merely a health crisis; it's an economic burden. The financial strain on both public and private healthcare sectors is immense, with a significant portion of health expenditures now diverted towards managing these preventable conditions. [3] Families are facing devastating medical costs, and the loss of productivity due to premature mortality and disability is impacting our national development. [4]

While the government has initiated programs and frameworks like the National Action Framework for NCDs and Mental Health (2021-2030), [5] and various health education campaigns, the implementation and impact need significant scaling up. We observe a critical gap in translating policy into widespread preventive action. Our healthcare system, historically geared towards communicable diseases and maternal/child health, is struggling to cope with the complex and long-term care requirements of NCDs.

The roots of this crisis lie in modifiable risk factors: unhealthy diets, physical inactivity, and tobacco use. These are not individual failings but systemic issues that require a multi-sectoral approach. We need:

Robust Public Awareness Campaigns: Beyond general advice, targeted, culturally sensitive campaigns are needed to educate communities, particularly youth, about the dangers of ultra-processed foods, the benefits of local, traditional diets, and the importance of regular physical activity.

Policy Enforcement and Innovation: Stricter enforcement of tobacco control laws and consideration of measures like Front-of-Pack Warning Labels (FOPWL) on unhealthy food products are crucial. [6] Furthermore, we must explore fiscal policies that make healthy food more accessible and unhealthy options less appealing.

Strengthening Primary Healthcare: Our basic health units must be equipped and staffed to provide early screening, diagnosis, and basic management of NCDs. This decentralized approach can significantly reduce the burden on tertiary care hospitals and improve early intervention.

Community Engagement: Empowering local communities and leveraging community health workers to promote healthy lifestyles and identify at-risk individuals will be vital.

The time for complacency is over. We must act decisively and collaboratively – individuals, communities, healthcare providers, and policymakers – to turn the tide against NCDs. Investing in prevention today is not just about saving lives, but about securing a healthier, more prosperous future for Pakistan.

Sincerely,

Dr. Maryam Tanveer

Scientific Officer, CDC-NIH

References:

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https://www.thenews.com.pk/print/1299445-pakistan-ranks-first-globally-in-diabetes-prevalence

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[6] Daily Parliament Times. (2025, February 24). *Non-communicable Diseases (NCDs) Are A Major Challenge For Pakistan's Economy: PANAH*. https://www.dailyparliamenttimes.com/2025/02/24/ncds-are-a-major-challenge-for-pakistans-economy-placing-a-huge-strain-on-the-healthcare-system/

Knowledge Hub

Diabetes Explained: A Simple Guide

Diabetes is a common health condition that affects how your body uses sugar (glucose) for energy. It's like your body's energy system isn't working quite right.

What is Diabetes? The Basics

Imagine your body as a car, and sugar (glucose) is the fuel. To get this fuel into the car's engine (your cells), you need a special key called insulin. Insulin is a hormone made by an organ in your belly called the pancreas.

In diabetes, one of two things usually happens:

Your body doesn't make enough insulin. (This is often the case with Type 1 Diabetes). It's like having a car but no key to put the fuel in.

Your body doesn't use insulin properly. (This is common with Type 2 Diabetes). It's like having the key, but the lock is rusty, so the key doesn't work well.

When insulin isn't doing its job, sugar builds up in your blood instead of going into your cells for energy. Over time, high blood sugar can cause serious health problems.

Types of Diabetes

There are a few main types of diabetes:

Type 1 Diabetes: This is an "autoimmune" condition. This means your body's immune system, which normally fights off germs, mistakenly attacks and destroys the cells in your pancreas that make insulin. People with Type 1 diabetes need to take insulin every day to live. It's usually diagnosed in children, teens, and young adults, but can happen at any age.

Analogy: Your car's fuel pump (insulin-making cells) is broken because your own mechanics (immune system) accidentally damaged it.

Type 2 Diabetes: This is the most common type. Here, your body either doesn't make enough insulin or doesn't use the insulin it makes very well (this is called "insulin resistance"). Type 2 diabetes often develops slowly over many years and is linked to lifestyle factors like diet, exercise, and weight, as well as genetics.

Analogy: Your car's fuel line (cells' response to insulin) is clogged or narrowed, so the fuel isn't getting to the engine efficiently, even if the pump is working.

Gestational Diabetes: This type of diabetes develops in some women during pregnancy. It usually goes away after the baby is born, but it increases the mother's and the baby's risk of developing Type 2 diabetes later in life.

Analogy: A temporary issue with the car's fuel system happens only during a specific journey (pregnancy).

Why is Diabetes a Big Deal? (Complications)

If blood sugar stays high for a long time, it can damage many parts of your body. Think of it like constantly running your car with the wrong kind of fuel – it will eventually cause wear and tear.

Possible problems include:

Heart disease and stroke: Damage to blood vessels.

Kidney disease: Can lead to kidney failure.

Nerve damage (neuropathy): Can cause numbness, tingling, and pain, especially in the feet.

Eye problems (retinopathy): Can lead to vision loss and blindness.

Foot problems: Due to nerve damage and poor circulation, minor cuts or blisters can become serious infections.

Dental problems: Increased risk of gum disease.

What are the Warning Signs? (Symptoms)

Symptoms can sometimes be mild and go unnoticed, especially in Type 2 diabetes. Common signs include:

Peeing a lot, especially at night. (Your kidneys try to get rid of extra sugar).

Feeling very thirsty. (Due to losing a lot of fluid from peeing).

Feeling very hungry. (Your cells aren't getting enough energy).

Unexplained weight loss. (Even though you're eating more).

Feeling very tired.

Blurry vision.

Sores that heal slowly.

Frequent infections (like gum, skin, or bladder infections).

If you notice any of these signs, it's important to see a doctor.

How is Diabetes Managed?

The good news is that diabetes can be managed! The goal is to keep your blood sugar levels as close to normal as possible to prevent complications. Management strategies depend on the type of diabetes but often include:

Healthy Eating: Focusing on whole foods, controlling portion sizes, and limiting sugary drinks and processed foods.

Regular Physical Activity: Helps your body use insulin better and lowers blood sugar.

Medication:

Insulin: Essential for all people with Type 1 diabetes and some with Type 2 diabetes.

Pills: Various medications are available for Type 2 diabetes that help your body make more insulin, use insulin better, or remove sugar from your body.

Blood Sugar Monitoring: Regularly checking your blood sugar levels to see how food, activity, and medication affect them.

Regular Doctor Visits: To monitor your condition and adjust your treatment plan.

Can Diabetes Be Prevented? (Especially Type 2)

While Type 1 diabetes cannot be prevented, Type 2 diabetes often can be, or its onset can be delayed. Key prevention strategies include:

Maintaining a healthy weight.

Eating a balanced diet rich in fruits, vegetables, and whole grains.

Being physically active most days of the week.

References

World Health Organization (WHO):

https://www.who.int/news-room/fact-sheets/detail/diabetes

Centers for Disease Control and Prevention (CDC - USA):

https://www.cdc.gov/diabetes/basics/index.html

https://www.cdc.gov/diabetes/library/spotlights/diabetes-facts.html

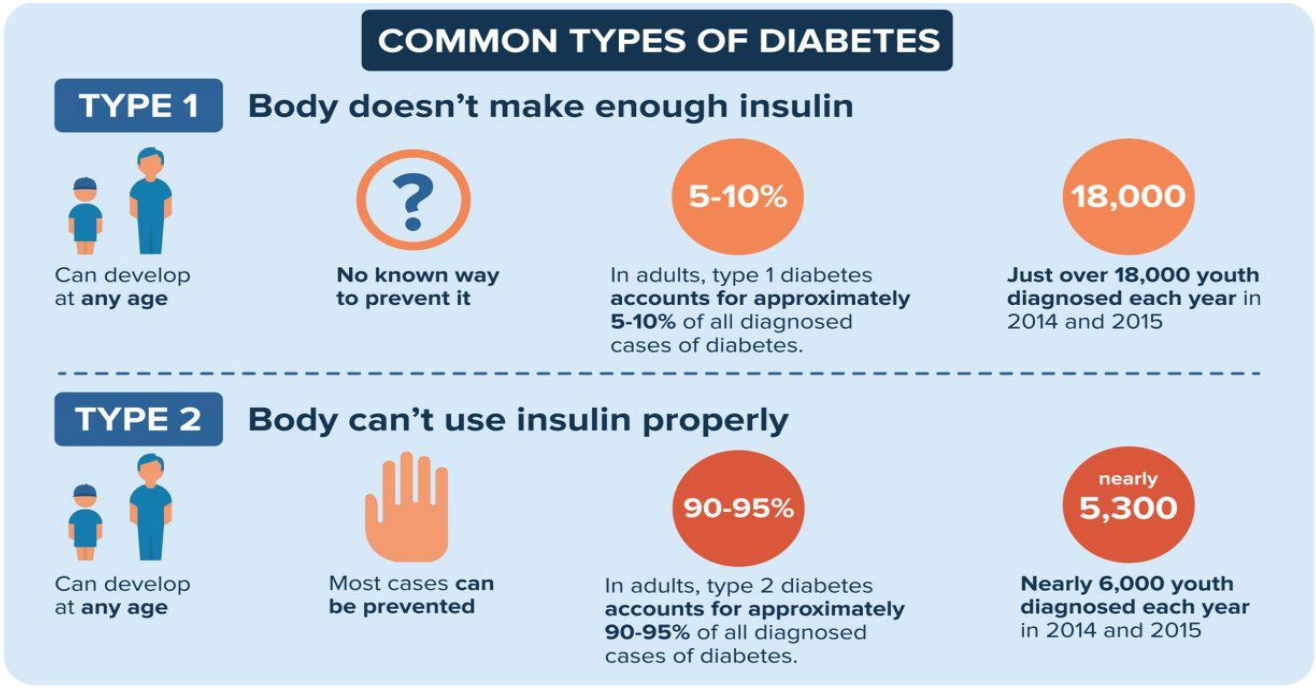
Public Health Agency of Canada (PHAC):

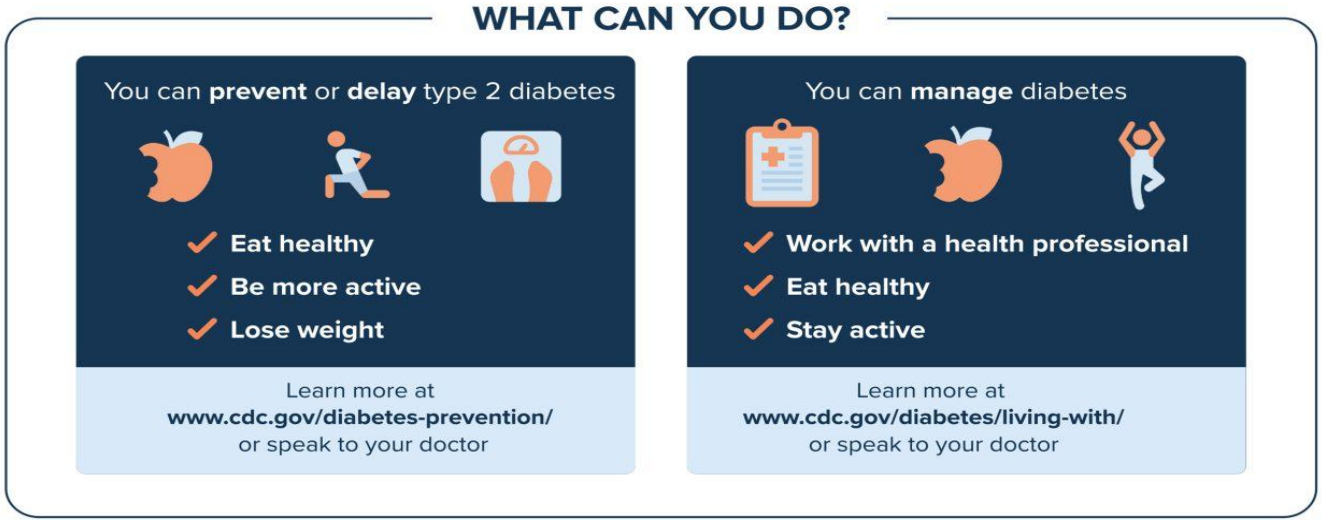
https://www.canada.ca/en/public-health/services/diseases/diabetes.html

UK Health Security Agency (UKHSA) / National Health Service (NHS - UK):

https://www.nhs.uk/conditions/diabetes/

https://www.gov.uk/government/collections/diabetes-data-and-information (More data-focused)





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