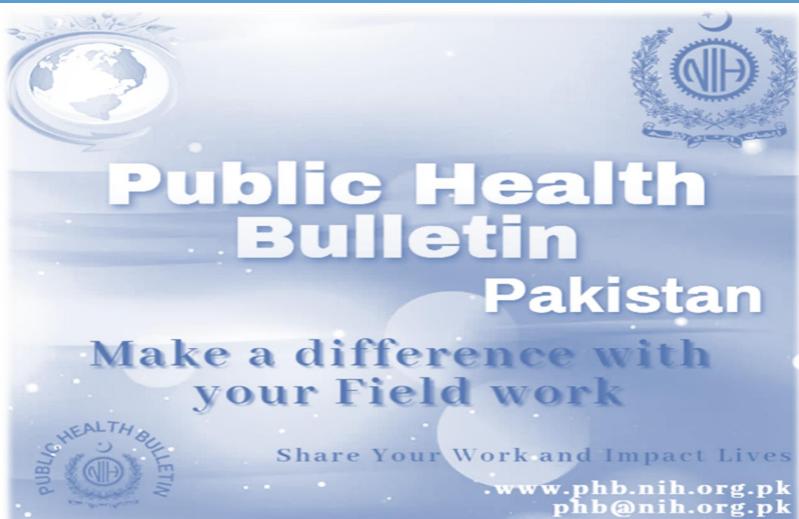
II th August 27 2025 **Integrated Disease Surveillance** & Response (IDSR) Report

Center of Disease Control National Institute of Health, Islamabad A K S A N

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

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

















Overview

Public Health Bulletin - Pakistan, Week 31, 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;

- Strengthening One Health Governance: CDC-NIH Hosts Provincial Workshop in Gilgit
- Measles Outbreak Investigation Report, Pishin District, Balochistan (October–December 2024).
- Knowledge hub on Understanding HIV/AIDS: A Public Health Priority

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









Overview

- During Week 31, 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.
- Eighteen cases of AFP reported from KP, twelve from Sindh and three from AJK.
- Eighteen suspected cases of HIV/ AIDS reported from Sindh and five from KP.
- Nine suspected cases of Brucellosis reported from KP.
- Among VPDs, there is an increase in number of cases of Measles, Pertussis and NT this week.
- Among Respiratory diseases, there is an increase in number of cases of ALRI <5 years this week.
- Among Water/food-borne diseases, there is a decrease in number of cases of all diseases this week.
- Among Vector-borne diseases, there is an increase in number of cases of Malaria, CL, Chikungunya and Dengue this week.
- Among STDs, there is a decrease in number of cases of all diseases this week.
- Among Zoonotic/Other diseases, there is a decrease in number of cases of dog bite and VH (B, C & D) 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 76%
- Sindh and AJK are the top reporting regions with a compliance rate of 97% each, followed by GB 93% and ICT 76%.
- The lowest compliance rate was observed in KP 63% and Balochistan 58%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2704	1699	63
Azad Jammu Kashmir	415	401	<i>97</i>
Islamabad Capital Territory	38	29	<i>76</i>
Balochistan	1308	<i>753</i>	58
Gilgit Baltistan	410	380	<i>93</i>
Sindh	2111	2058	97
National	6986	5289	76









Public Health Actions

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

Influenza-Like Illness (ILI)

- Strengthen Surveillance and Early Detection: Enhance ILI surveillance through IDSR and sentinel sites to monitor seasonal trends and detect influenza activity early; ensure regular reporting from both public and private health facilities.
- Improve Laboratory Diagnostic Capacity: Expand access to influenza virus testing using RT-PCR and rapid antigen detection at designated sentinel laboratories; strengthen sample collection and transport systems.
- **Promote Vaccination:** Encourage annual influenza vaccination for high-risk groups, including healthcare workers, the elderly, pregnant women, and individuals with chronic diseases.
- Implement Infection Prevention and Control (IPC): Reinforce IPC measures in healthcare and community settings including mask use, hand hygiene, respiratory etiquette, and isolation of symptomatic patients where feasible.
- **Enhance Risk Communication:** Conduct public awareness campaigns about influenza prevention, vaccination benefits, and when to seek medical attention for respiratory symptoms.

Acute Lower Respiratory Infections (ALRI)

- Strengthen Surveillance and Case Reporting: Integrate ALRI surveillance into IDSR by training health workers to identify and report pneumonia and other severe lower respiratory infections in all age groups, particularly children under five.
- Improve Diagnostic and Treatment Capacity: Equip healthcare facilities with diagnostic tools such as pulse oximeters, chest X-rays, and laboratory support for bacterial and viral pathogen identification; ensure prompt and guideline-based treatment.
- **Strengthen IPC and Community-Based Interventions:** Promote exclusive breastfeeding for six months, reduce indoor air pollution, encourage hand hygiene, and improve ventilation to prevent respiratory infections.
- Raise Public Awareness: Disseminate messages about early recognition of danger signs (fast breathing, chest indrawing), importance of vaccination, and timely healthcare-seeking for children and adults with severe respiratory symptoms.









Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 31, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	2,805	7,872	2,536	572	47,827	NR	65,982	127,594
Malaria	4	3,548	1	0	8,227	NR	77,079	88,859
ILI	1,548	5,020	270	1,187	3,706	NR	26,660	38,391
ALRI < 5 years	1,018	1,343	543	2	726	NR	9,847	13,479
ТВ	71	64	139	13	360	NR	12,387	13,034
B. Diarrhea	76	1,448	177	22	1,118	NR	4,338	7,179
Dog Bite	127	184	5	2	1,182	NR	3,112	4,612
VH (B, C & D)	32	53	6	1	75	NR	3,909	4,076
Typhoid	14	421	185	2	854	NR	1,625	3,101
SARI	201	536	155	0	874	NR	73	1,839
AVH (A & E)	21	14	16	0	229	NR	317	597
CL	0	31	0	0	406	NR	1	438
Measles	13	20	30	1	214	NR	70	348
Chikungunya	0	1	0	0	0	NR	295	296
Mumps	3	37	11	0	169	NR	67	287
Dengue	0	8	0	0	35	NR	191	234
Chickenpox/ Varicella	10	7	27	5	120	NR	35	204
AWD (S.Cholera)	14	0	126	0	19	NR	14	173
Gonorrhea	0	35	0	0	3	NR	11	49
AFP	3	1	1	0	18	NR	12	35
Meningitis	6	1	2	0	10	NR	8	27
Pertussis	0	14	5	0	3	NR	5	27
HIV/AIDS	0	0	0	0	5	NR	18	23
Syphilis	0	0	0	0	0	NR	11	11
VL	0	10	0	0	0	NR	0	10
Diphtheria	0	0	0	0	1	NR	8	9
Brucellosis	0	0	0	0	9	NR	0	9
NT	0	0	0	0	6	NR	0	6
COVID-19	0	0	0	0	4	NR	0	4
Rubella (CRS)	0	2	0	0	0	NR	0	2

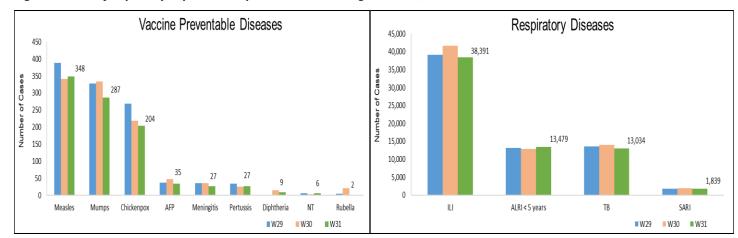


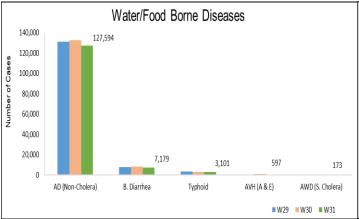


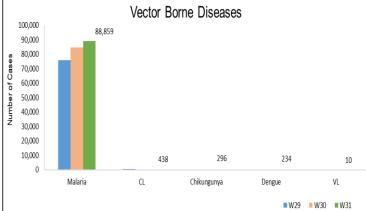


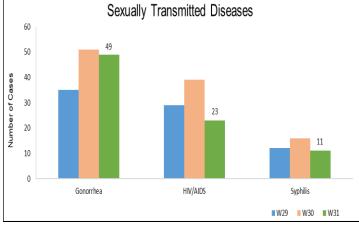


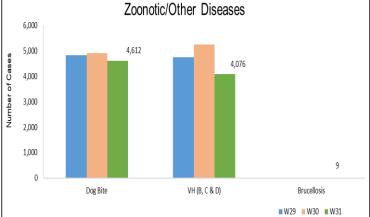
Figure 1: Most frequently reported suspected cases during Week 31, Pakistan.









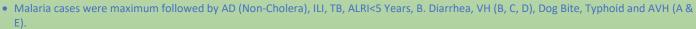














- Malaria cases are mostly from Badin, Sanghar and Larkana whereas AD (Non-Cholera) cases are from Karachi South, Badin and Mirpurkhas.
- Twelve cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of AD (Non-Cholera), ILI, TB, B. Diarrhea, VH (B, C, D), Dog Bite, Typhoid, AVH (A & E), SARI, Measles, AWD (S. Cholera), AFP, Syphilis, Meningitis and Diphtheria this week while an increase in number of cases of Malaria, ALRI<5 Years, Chikungunya, Dengue, Mumps, Chickenpox, HIV/ AIDS, Gonorrhea and Pertussis this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 31, Sindh

Districts	Malaria	AD (non- cholera)	ILI	ТВ	ALRI < 5 years	B. Diarrhea	VH (B, C & D)	Dog Bite	Typhoid	AVH (A & E)
Badin	6,191	4,189	2,245	1,018	467	392	180	175	53	2
Dadu	3,650	3,073	474	450	889	602	64	374	147	31
Ghotki	3,948	1,352	17	479	394	136	542	259	0	0
Hyderabad	1,314	3,190	1,366	400	121	83	75	66	10	8
Jacobabad	832	800	769	172	392	97	123	202	19	0
Jamshoro	3,275	2,083	61	603	273	87	252	89	36	10
Kamber	3,614	2,029	0	701	205	106	120	163	21	0
Karachi Central	55	1,380	1,358	201	2	20	18	9	164	10
Karachi East	60	289	169	22	13	5	1	1	13	1
Karachi Keamari	7	822	380	6	22	2	0	0	6	0
Karachi Korangi	91	379	5	21	1	7	0	2	2	0
Karachi Malir	251	1,923	3,211	191	353	64	14	53	16	6
Karachi South	188	7,376	21	218	171	421	93	39	362	31
Karachi West	294	835	1,078	69	176	25	21	62	22	0
Kashmore	1,951	522	347	172	90	72	7	99	0	1
Khairpur	5,400	3,746	6,234	1,028	1,028	294	136	225	312	14
Larkana	5,422	1,480	0	645	152	199	53	31	9	1
Matiari	4,311	2,116	1	628	231	60	377	59	1	9
Mirpurkhas	4,120	4,114	2,852	787	341	115	231	242	23	11
Naushero Feroze	2,238	1,668	622	454	566	317	36	248	215	1
Sanghar	5,636	2,225	42	1,014	399	74	644	106	31	9
Shaheed Benazirabad	2,617	1,933	2	268	155	83	86	133	78	0
Shikarpur	1,944	1,193	5	247	143	148	111	122	5	0
Sujawal	1,642	3,636	8	167	327	81	69	48	0	10
Sukkur	2,187	1,495	1,749	362	788	108	106	110	2	0
Tando Allahyar	3,610	2,296	869	407	201	123	154	56	3	2
Tando Muhammad Khan	3,458	2,216	89	736	219	218	95	69	0	0
Tharparkar	3,847	3,278	1,308	548	571	254	49	1	32	26
Thatta	2,007	2,432	1,378	37	861	64	168	69	18	133
Umerkot	2,919	1,912	0	336	296	81	84	0	25	1
Total	77,079	65,982	26,660	12,387	9,847	4,338	3,909	3,112	1,625	317



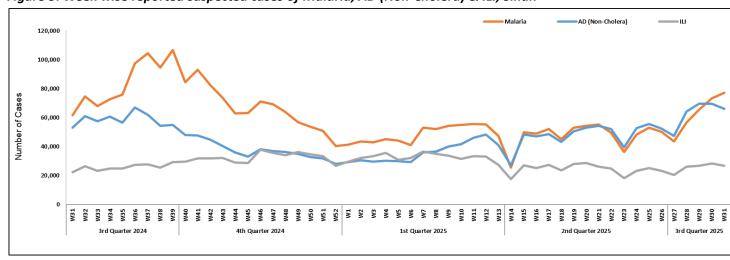






Figure 2: Most frequently reported suspected cases during Week 31 Sindh Vaccine Preventable Diseases Respiratory Diseases 30,000 26,660 80 25,000 70 Number of Cases Number of Cases 60 20,000 50 15,000 12,387 40 9,847 30 10,000 20 5,000 10 73 Measles Chickenpox ILI ALRI < 5 years SARI ■W30 ■W31 ■ W30 ■ W31 Water/Food Borne Diseases Vector Borne Diseases 80,000 90.000 65,982 70.000 77,079 80,000 70,000 50,000 60,000 50,000 40,000 40,000 30,000 30.000 20,000 20,000 4,338 10,000 1.625 295 191 0 AD (Non-Cholera) B. Diarrhea Typhoid AVH (A & E) AWD (S. Cholera) Malaria Chikungunya Dengue CL ■ W30 ■ W29 ■W30 ■W31 ■ W29 Sexually Transmitted Diseases Zoonotic/Other Diseases 6,000 20 18 5,000 16 Number of Cases 3,909 Number of Cases 4,000 14 11 3.112 12 3.000 10 8 2,000 6 4 1,000 VH (B, C & D) HIV/AIDS Syphilis Dog Bite Gonorrhea ■ W29 ■ W30 ■ W31 ■ W29 ■ W30 ■W31

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













- AD (Non-Cholera) cases are mostly reported from Quetta, Pishin and Kech (Turbat) while ILI cases are mostly reported from
- Zero case of HIV/AIDs reported from Balochistan.

Kech (Turbat), Quetta and Pishin.

Balochistan

AD (Non-Cholera), ILI, Malaria, B. Diarrhea, ALRI <5 years, SARI, Typhoid, TB, Mumps, Gonorrhea, CL, AVH (A & E), Chickenpox, Rubella and AFP showed a decrease in number of cases this week whereas an increase in number of cases of Dog Bite, VH (B, C, D), Measles, VL and Dengue is observed.

Table 3: District wise distribution of most frequently reported suspected cases during Week 31, Balochistan

Barkhan		AD									
Awaran 47 41 95 23 5 0 1 0 0 Barkhan 79 40 87 6 0 0 22 24 0 0 Chagai 109 143 54 39 0 0 3 0 0 0 Chaman NR NR<	Districts	chole	ILI	Malaria			SARI	Typhoid	Dog Bite	ТВ	
Barkhan		ļ		0.5	22	-		_		_	_
Chagai 109 143 54 39 0 0 3 0 0 Chaman Chaman NR		ļ						ļ			0
Chaman NR NR <th< th=""><th></th><th>ļ</th><th></th><th>ļ</th><th></th><th></th><th></th><th>·</th><th>ļ</th><th></th><th>0</th></th<>		ļ		ļ				·	ļ		0
Dera Bugti 25 0 14 0 <t< th=""><th></th><td>ļ</td><td>Į</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></t<>		ļ	Į								0
Duki NR N		å	·····			ļ		·			····
Gwadar NR NR NR NR NR NR NR N		ļ	Į					<u> </u>			0
Harnai		ļ						-			NR
Hub							NR	·		NR	NR
Jaffarabad 225 79 269 55 31 21 5 9 25 Co Jhal Magsi 176 207 279 1 23 0 19 16 8 00 Kachhi (Bolan) 133 34 35 32 20 62 11 0 0 0 Kalat 76 4 51 36 10 1 30 0 1 0 Kech (Turbat) 684 849 510 69 84 7 1 0 0 0 Kharan 261 440 58 97 6 0 3 0 0 0 Khuzdar 101 79 127 16 7 9 16 0 0 0 Killa Abdullah 241 89 8 62 17 27 26 8 2 Killa Saifullah 181 0 177 56 101 9 9 9 3 0 0 Kohlu 163 238 93 83 10 19 44 1 0 0 Lasbella 646 51 359 41 202 4 23 4 3 19 Loralai 314 361 79 32 43 67 22 3 0 0 Mastung 129 197 72 21 29 63 7 3 2 0 MusaKhel 9 0 1 0 0 0 0 0 0 0 Naseerabad 385 35 117 11 31 26 34 69 5 12 Nushki 163 2 16 49 0 3 0 0 0 0 Panjgur NR NR NR NR NR NR NR N		200	å		79	132		0		0	0
Jhal Magsi	Hub	314	å		16	7	ļ	6	2		0
Kachhi (Bolan) 133 34 35 32 20 62 11 0 0 Control of the control of t		225	79	269	55	31	21	5	9	25	0
Kalat 76 4 51 36 10 1 30 0 1 Column Kech (Turbat) 684 849 510 69 84 7 1 0	Jhal Magsi	176	207	279	1	23	0	19	16	8	0
Kech (Turbat) 684 849 510 69 84 7 1 0 0 0 Kharan 261 440 58 97 6 0 3 0 0 0 Khuzdar 101 79 127 16 7 9 16 0 0 0 Killa Abdullah 241 89 8 62 17 27 26 8 2 0 Killa Saifullah 181 0 177 56 101 9 9 3 0 0 Kohlu 163 238 93 83 10 19 44 1 0 0 Kohlu 163 238 93 83 10 19 44 1 0 0 Lasbella 646 51 359 41 202 4 23 4 3 19 Loralai 314 361 79 </th <th>Kachhi (Bolan)</th> <td>133</td> <td>34</td> <td>35</td> <td>32</td> <td>20</td> <td>62</td> <td>11</td> <td>0</td> <td>0</td> <td>0</td>	Kachhi (Bolan)	133	34	35	32	20	62	11	0	0	0
Kharan 261 440 58 97 6 0 3 0 0 0 Khuzdar 101 79 127 16 7 9 16 0 0 0 Killa Abdullah 241 89 8 62 17 27 26 8 2 0 Killa Saifullah 181 0 177 56 101 9 9 3 0 0 Kohlu 163 238 93 83 10 19 44 1 0 0 Kohlu 163 238 93 83 10 19 44 1 0 0 Kohlu 163 238 93 83 10 19 44 1 0 0 Loralai 314 361 79 32 43 67 22 3 0 0 Mastung 129 197 72	Kalat	76	4	51	36	10	1	30	0	1	0
Khuzdar 101 79 127 16 7 9 16 0 0 0 Killa Abdullah 241 89 8 62 17 27 26 8 2 0 Killa Saifullah 181 0 177 56 101 9 9 3 0 0 Kohlu 163 238 93 83 10 19 44 1 0 0 Kohlu 163 238 93 83 10 19 44 1 0 0 Lasbella 646 51 359 41 202 4 23 4 3 15 Loralai 314 361 79 32 43 67 22 3 0 0 Mastung 129 197 72 21 29 63 7 3 2 0 Musakhel 9 0 1	Kech (Turbat)	684	849	510	69	84	7	1	0	0	0
Killa Abdullah 241 89 8 62 17 27 26 8 2 0 Killa Saifullah 181 0 177 56 101 9 9 3 0 0 Kohlu 163 238 93 83 10 19 44 1 0 0 Lasbella 646 51 359 41 202 4 23 4 3 15 Loralai 314 361 79 32 43 67 22 3 0 0 Mastung 129 197 72 21 29 63 7 3 2 0 MusaKhel 9 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Kharan	261	440	58	97	6	0	3	0	0	0
Killa Saifullah 181 0 177 56 101 9 9 3 0 0 Kohlu 163 238 93 83 10 19 44 1 0 0 Lasbella 646 51 359 41 202 4 23 4 3 19 Loralai 314 361 79 32 43 67 22 3 0 0 Mastung 129 197 72 21 29 63 7 3 2 0 MusaKhel 9 0 1 0 0 0 0 0 0 0 Naseerabad 385 35 117 11 31 26 34 69 5 12 Nushki 163 2 16 49 0 3 0 0 0 0 Panjgur NR NR NR <t< th=""><th>Khuzdar</th><td>101</td><td>79</td><td>127</td><td>16</td><td>7</td><td>9</td><td>16</td><td>0</td><td>0</td><td>0</td></t<>	Khuzdar	101	79	127	16	7	9	16	0	0	0
Kohlu 163 238 93 83 10 19 44 1 0 0 Lasbella 646 51 359 41 202 4 23 4 3 19 Loralai 314 361 79 32 43 67 22 3 0 0 Mastung 129 197 72 21 29 63 7 3 2 0 MusaKhel 9 0 1 0	Killa Abdullah	241	89	8	62	17	27	26	8	2	0
Lasbella 646 51 359 41 202 4 23 4 3 15 Loralai 314 361 79 32 43 67 22 3 0 0 Mastung 129 197 72 21 29 63 7 3 2 0 MusaKhel 9 0 1 0	Killa Saifullah	181	0	177	56	101	9	9	3	0	0
Loralai 314 361 79 32 43 67 22 3 0 0 Mastung 129 197 72 21 29 63 7 3 2 0 MusaKhel 9 0 1 0	Kohlu	163	238	93	83	10	19	44	1	0	0
Mastung 129 197 72 21 29 63 7 3 2 0 MusaKhel 9 0 1 0	Lasbella	646	51	359	41	202	4	23	4	3	19
MusaKhel 9 0 1 0<	Loralai	314	361	79	32	43	67	22	3	0	0
Naseerabad 385 35 117 11 31 26 34 69 5 12 Nushki 163 2 16 49 0 3 0 0 0 0 Panjgur NR	Mastung	129	197	72	21	29	63	7	3	2	0
Nushki 163 2 16 49 0 3 0 0 0 0 Panjgur NR N	MusaKhel	9	0	1	0	0	0	0	0	0	0
Nushki 163 2 16 49 0 3 0 0 0 0 Panjgur NR N	Naseerabad	385	35	117	11	31	26	34	69	5	12
Panjgur NR NR <t< th=""><th>Nushki</th><td>163</td><td>2</td><td>16</td><td>49</td><td>0</td><td>3</td><td>0</td><td>0</td><td>0</td><td>0</td></t<>	Nushki	163	2	16	49	0	3	0	0	0	0
Pishin 693 505 53 242 120 45 32 4 0 0 Quetta 715 620 34 62 85 42 30 2 0 0 Sherani 12 8 0 2 0 3 0 0 0 0 Sibi 343 319 149 32 80 92 44 1 0 0 Sohbat pur 342 3 103 78 146 4 17 8 1 2		ļ			NR	NR	·	NR	NR	NR	NR
Quetta 715 620 34 62 85 42 30 2 0 0 Sherani 12 8 0 2 0 3 0 0 0 0 Sibi 343 319 149 32 80 92 44 1 0 0 Sohbat pur 342 3 103 78 146 4 17 8 1 2		å	å					å			0
Sherani 12 8 0 2 0 3 0 0 0 0 Sibi 343 319 149 32 80 92 44 1 0 0 Sohbat pur 342 3 103 78 146 4 17 8 1 2	Quetta	å			ļ	ļ	ļ	\$	2	0	0
Sibi 343 319 149 32 80 92 44 1 0 0 Sohbat pur 342 3 103 78 146 4 17 8 1 2	Sherani	}	ļ		ļ		ļ	ł	0	0	0
Sohbat pur 342 3 103 78 146 4 17 8 1 2		ļ		149	j	80		44	ļ	0	0
		ļ	ļ			ļ		ļ			2
	_			_	_	_		_	_	_	0
Usta Muhammad 616 122 201 79 108 3 8 23 2 20			·····				ļ	·····			20
		4	÷				ļ				0
		}						·			0
		·	÷					å			0
		·····	÷		b						53







Figure 4: Most frequently reported suspected cases during Week 31, Balochistan

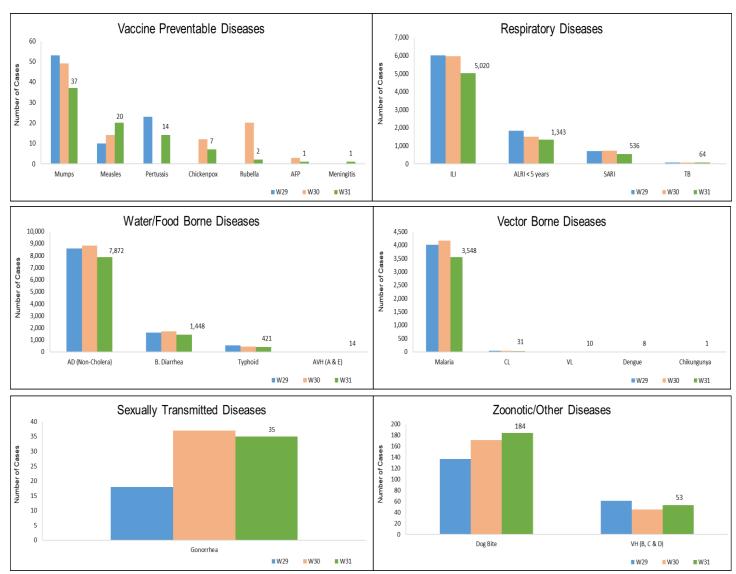
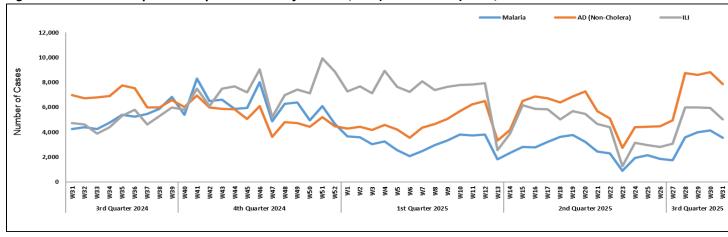


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan











Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Dog Bite, B. Diarrhea, SARI, Typhoid, ALRI<5 Years, CL, and TB.
- AD (Non-Cholera), ILI, B. Diarrhea, TB, AVH (A & E), Mumps, Chickenpox, VH (B, C, & D), AWD (S. Cholera), AFP, Pertussis, Gonorrhea and Diphtheria cases showed a decline in number while Malaria, Dog Bite, SARI, Typhoid, ALRI<5 Years, CL, Measles and NT showed an increase in number this week.
- Eighteen cases of AFP reported from KP. All are suspected cases and need field verification.
- Five cases of HIV/AIDs reported from KP. Field investigation is required.
- Nine suspected cases of Brucellosis reported from KP. They require field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 31, KP

	AD (non-			Dog	В.			ALRI		
Districts	cholera)	Malaria	ILI	Bite	Diarrhea	SARI	Typhoid	< 5	CL	ТВ
Abbottabad	1,957	0	77	25	14	0	15	years 12	0	12
Bajaur	963	399	0	105	92	36	4	5	21	15
Bannu	747	1,345	0	5	12	2	95	5	0	22
Battagram	918	110	675	12	6	2	5	4	1	26
Buner	422	305	0/3	0	0	0	8	0	0	0
Charsadda	3,054	407	1,178	11	98	125	79	268	0	8
Chitral Lower	994	11	27	8	25	9	2	14	8	3
Chitral Upper	225	11	14	6	6	19	14	4	0	1
D.I. Khan	1,849	445	0	63	28	0	3	7	2	26
Dir Lower	2,539	164	0	78	89	0	49	9	0	7
Dir Upper	3,111	13	18	31	42	0	22	40	1	2
Hangu	167	116	73	0	2	0	3	0	25	0
Haripur	1,372	0	12	21	0	0	0	6	0	0
Karak	621	197	77	91	7	0	8	19	200	7
Khyber	1,105	1,566	44	46	125	342	82	139	58	18
Kohat	1,206	207	3	31	31	2	19	0	18	0
Kohistan Lower	185	2	3	0	14	0	0	0	0	0
Kohistan Upper	241	8	0	1	26	0	1	0	0	0
Kolai Palas	102	1	12	0	11	0	3	2	0	0
L & C Kurram	5	6	2	0	8	0	1	0	0	0
Lakki Marwat	920	429	0	70	7	0	12	0	0	7
Malakand	1,245	34	28	0	0	0	27	0	5	0
Mansehra	992	6	150	0	3	0	14	0	0	1
Mardan	1,464	123	8	79	19	0	21	19	1	1
Mohmand	331	266	84	8	23	151	4	2	48	3
North Waziristan	147	130	6	1	11	0	21	9	1	1
Nowshera	2,735	350	29	7	21	9	37	5	15	28
Orakzai	144	44	4	6	10	0	0	0	0	0
Peshawar	5,617	127	315	11	174	26	178	14	0	16
SD Tank	25	8	1	0	3	0	2	0	0	0
Shangla	2,961	871	0	82	11	0	23	8	0	84
SW (L)	50	44	52	0	0	0	6	3	0	13
SW(U)	65	44	28	0	2	10	0	9	2	0
Swabi	2,098	85	563	236	26	59	56	58	0	29
Swat	6,203	68	89	132	72	9	23	55	0	16
Tank	658	184	39	1	16	0	1	5	0	5
Tor Ghar	134	84	2	9	36	21	5	0	0	7
Upper Kurram	255	17	93	6	48	52	11	5	0	2
Total	47,827	8,227	3,706	1,182	1,118	874	854	726	406	360







Figure 6: Most frequently reported suspected cases during Week 31, KP

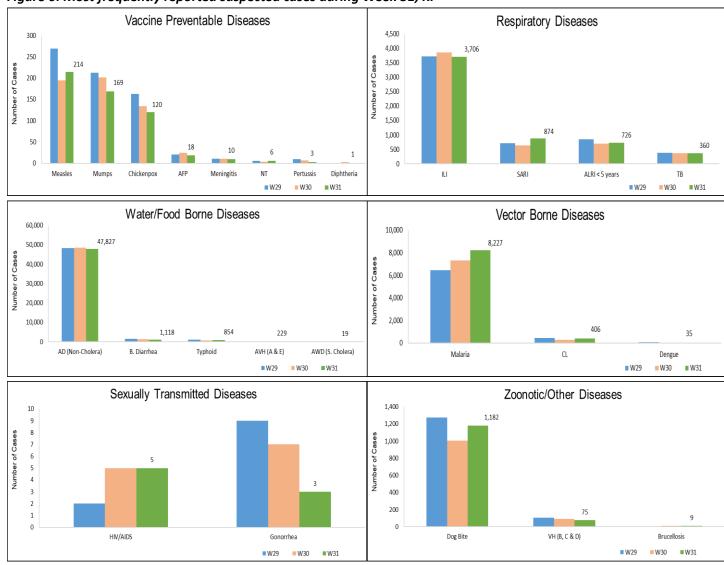
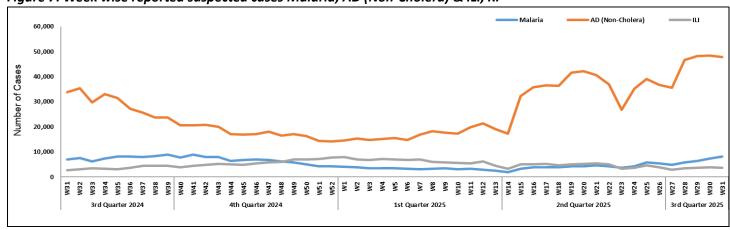


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP











- There is a decline in cases observed for Acute Diarrhea (Non-Cholera), TB, dog bite, ALRI <5 years, Malaria and Typhoid this week.
- Five cases of AFP reported Punjab this week. They are suspected cases and need field verification.
- Five suspected cases of HIV/ AIDS reported from Punjab this week. They require field investigation.

Figure 8: Most frequently reported suspected cases during Week 14, Punjab

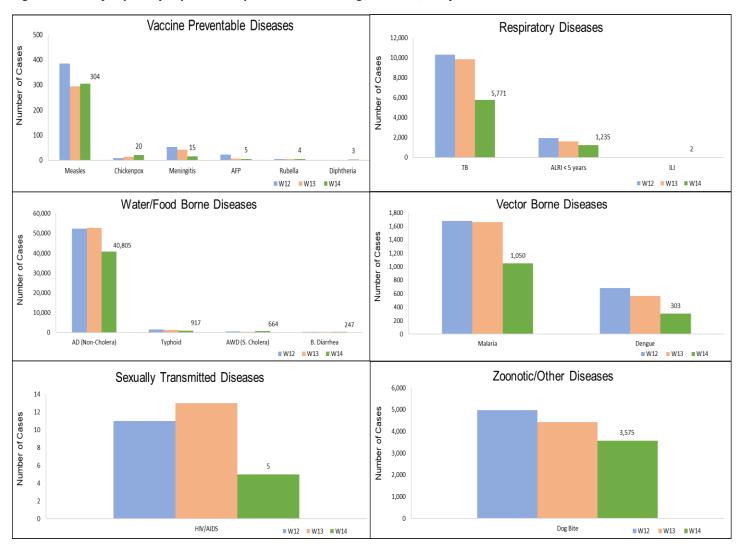
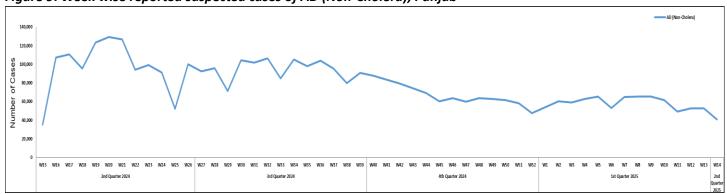


Figure 9: Week wise reported suspected cases of AD (Non-Cholera), Punjab











ICT, AJK & week

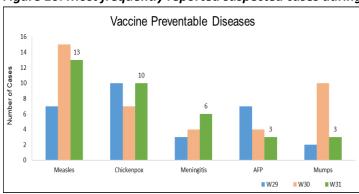
GB

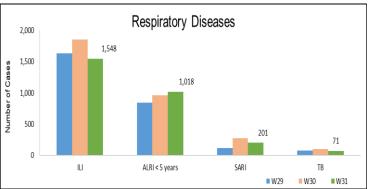
ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera), B. Diarrhea, TB, Chickenpox and ALRI < 5years. The number of cases of ILI, B. Diarrhea, TB and Chickenpox increased while AD (Non-Cholera) cases showed a decline in number this week.

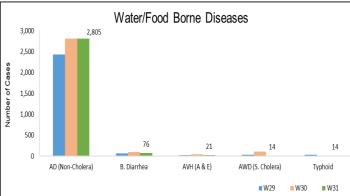
AJK: AD (Non-Cholera) cases were maximum followed by ILI, ALRI < 5years, SARI, Dog Bite, B. Diarrhea, TB, VH (B, C & D), AVH (A & E), Typhoid and AWD (S. Cholera) cases. An increase in number of suspected cases was observed for ALRI < 5years, Dog Bite, Typhoid, Chickenpox, Meningitis and Malaria while a decline in cases observed for ILI, SARI, B. Diarrhea, TB, VH (B, C & D), AVH (A & E), AWD (S. Cholera), Measles, AFP and Mumps this week.

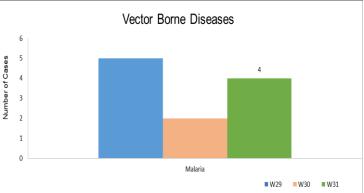
GB: AD (Non-Cholera) cases were the most frequently reported disease followed by ALRI <5 Years, ILI, Typhoid, B. Diarrhea, SARI, TB, AWD (S. Cholera), Measles, Chickenpox and AVH (A & E) cases. An increase in cases was observed for AD (Non-Cholera), Typhoid, B. Diarrhea, SARI, TB, AWD (S. Cholera), AVH (A & E), VH (B, C & D) and Dog Bite while there was a decline in number of cases of ALRI <5 Years, ILI, Measles, Chickenpox and Mumps in Week 31.

Figure 10: Most frequently reported suspected cases during Week 31, AJK









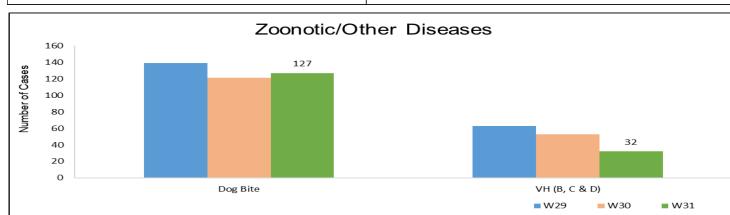










Figure 11: Week wise reported suspected cases of ILI and AD (Non-Cholera)

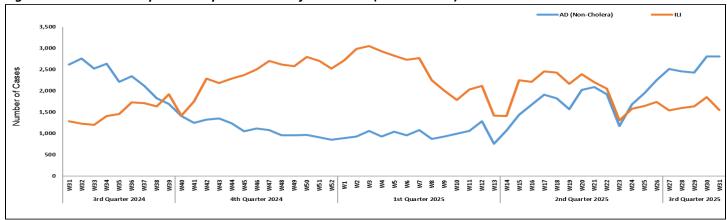


Figure 12: Most frequently reported suspected cases during Week 31, ICT

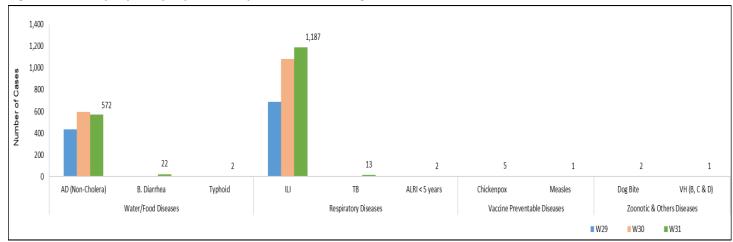


Figure 13: Week wise reported suspected cases of ILI, ICT

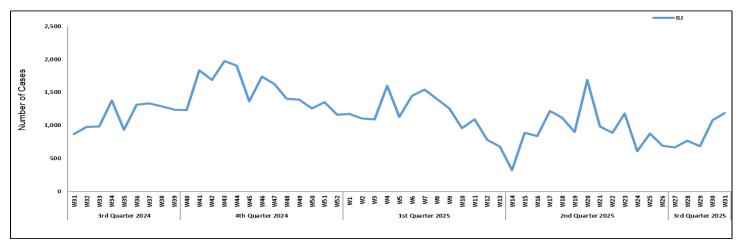










Figure 14: Most frequent cases reported during Week 31, GB

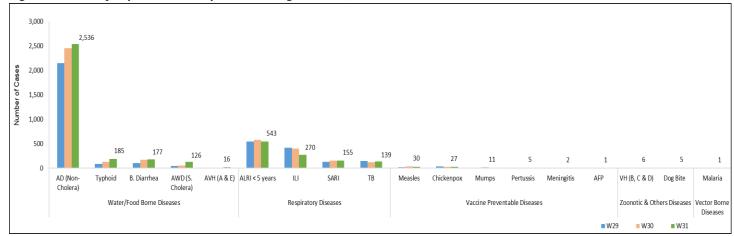
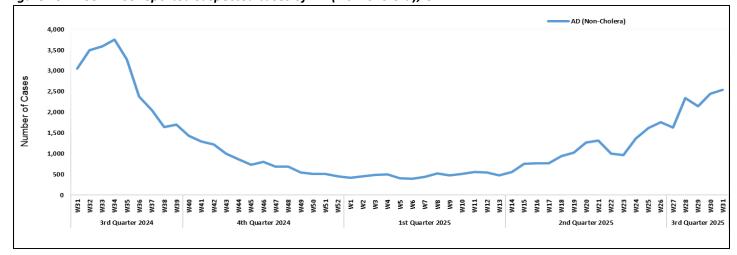


Figure 15: Week wise reported suspected cases of AD (Non-Cholera), GB



Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 31

	Sin	dh	Baloc	histan	KI	PK	IS	SL .	G	В	Pun	jab	А	JΚ
Diseases	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Tota I Pos	Total Test	Total Pos	Total Test	Total Pos
AWD (S. Cholera)	195	0	-	-	-	-	-	-	-	-	-	-	-	-









Stool cult Sensiti		287	1	-	-	-	-	_	-	-	-	-	-	-	-
Malaı	ria	10,104	1,039	-	-	33	23	-	-	120	1	-	-	81	4
ССН	F	0	0	16	2	-	-	-	-	-	-	-	-		
Deng	ue	2,752	325	4	0	2	0	-	-	-	-	-	-	69	0
VH (E	3)	16,057	469	93	79	1,193	12	-	-	1,139	20	-	-	1,737	5
VH (0	C)	12,973	1,046	44	13	1,188	6	-	-	1,135	9	-	-	1,741	12
VH (I)	69	6	22	3	-	-	-	-	-	-	-	-	-	-
VH (A	4)	181	50	-	-	5	2	-	-	5	1	-	-	-	-
VH (I	E)	120	19	-	-	3	2	-	-	-	-	-	-	-	-
Covid-	-19	25	0	2	0	1	0	-	-	-	-	-	-	13	0
ТВ		531	80	-	-	12	1	-	-	31	1	-	-	80	5
HIV/ A	IDS	6,020	44	-	-	1,110	2	-	-	152	0	-	-	2,064	0
Syphi	lis	1,279	18	-	-	7	0	-	-	114	0	-	-	-	-
Typho	oid	1,156	25	-	-	-	-	-	-	125	9	-	-	-	-
Diphth	eria	2	1	-	-	-	-	_	-	-	-	-	-	-	-
ILI		25	2	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	a (ALRI)	102	26	_	-	-	-	-	-	-	-	-	-	-	-
Mening	gitis	0	0	-	-	-	-	-	-	-	-	-	-	-	-
Meas	les	129	50	18	6	270	120	5	1	17	12	332	67	29	6
Rube	lla	129	0	18	0	270	6	5	0	17	2	332	3	29	0
Rubella	(CRS)	0	0	-	_	2	1	-	-	-	-	-	-	-	-
Leishman (cutane		28	3	-	-	-	-	_	-	-	-	-	-	-	-
	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ovid-19	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
nfluenz	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
аА	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
nfluenz	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
аВ	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RSV	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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 31, 2025

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
	Abbottabad	111	103	93%
	Bannu	238	123	52%
	Battagram	59	43	73%
	Buner	34	19	56%
	Bajaur	44	37	84%
	Charsadda	59	59	100%
	Chitral Upper	34	30	88%
	Chitral Lower	35	35	100%
	D.I. Khan	114	113	99%
	Dir Lower	74	63	85%
	Dir Upper	37	27	73%
	Hangu	22	10	45%
	Haripur	72	67	93%
	Karak	36	36	100%
	Khyber	53	44	83%
	Kohat	61	61	100%
	Kohistan Lower	11	9	82%
Khyber Pakhtunkhwa	Kohistan Upper	20	16	80%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	3	7%
	Upper Kurram	41	30	73%
	Malakand	42	18	43%
	Mansehra	133	79	59%
	Mardan	80	51	64%
	Nowshera	56	55	98%
	North Waziristan	13	8	62%
	Peshawar	156	134	86%
	Shangla	37	36	97%
	Swabi	64	63	98%
	Swat	77	76	99%
	South Waziristan (Upper)	93	36	39%
	South Waziristan (Lower)	42	25	60%
	Tank	34	31	91%
	Torghar	14	14	100%
	Mohmand	68	52	76%
	SD Peshawar	5	0	0%
	SD Tank	58	4	7%
	Orakzai	69	11	16%
	Mirpur	37	37	100%
Azad Jammu	Bhimber	42	39	93%
Kashmir	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	ICT	23	23	100%
Territory	CDA	15	6	40%
	Gwadar	26	0	0%
	Kech	44	37	84%
	Khuzdar	74	14	19%
	Killa Abdullah	26	23	88%
	Lasbella	55	55	100%
	Pishin	69	39	57%
	Quetta	55	36	65%
	Sibi	36	34	94%
	Zhob	39	7	18%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	1	7%
	Kohlu	75	32	43%
	Chagi	36	21	58%
	Kalat	41	40	98%
Balochistan	Harnai	17	15	88%
	Kachhi (Bolan)	35	11	31%
	Jhal Magsi	28	14	50%
	Sohbat pur	25	25	100%
	Surab	32	16	50%
	Mastung	45	45	100%
	Loralai	33	26	79%
	Killa Saifullah	28	19	68%
	Ziarat	29	14	48%
	Duki	31	0	0%
	Nushki	32	0	0%
	Dera Bugti	45	8	18%
	Washuk	46	18	39%
	Panjgur	38	0	0%
	Awaran	23	14	61%
	Chaman	24	0	0%
	Barkhan	20	20	100%
	Hub	33	27	82%
	Musakhel	41	2	5%
	Usta Muhammad	34	33	97%
Gilgit Baltistan	Hunza	32	32	100%
Jilgit Daltistali	Nagar	25	20	80%
	Ghizer	38	38	100%
	Gilgit	42	41	98%
	Diamer	62	62	100%
	Astore	55	55	100%
	ASIOTE	22	22	100%









	Skardu	53	53	100%
	Ganche	29	29	100%
	Kharmang	46	25	54%
	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	102	95%
	Tharparkar	276	251	91%
	Shikarpur	60	60	100%
	Thatta	52	52	100%
	Larkana	67	65	97%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	14	67%
	Karachi-West	20	20	100%
	Karachi-Malir	35	33	94%
	Karachi-Kemari	22	22	100%
	Karachi-Central	12	11	92%
Sindh	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	53	96%
	Mirpur Khas	106	105	99%
	Badin	124	124	100%
	Sukkur	64	63	98%
	Dadu	90	90	100%
	Sanghar	100	98	98%
	Jacobabad	44	44	100%
	Khairpur	170	169	99%
	Kashmore	59	58	98%
	Matiari	42	42	100%
	Jamshoro	75	74	99%
	Tando Allahyar	54	54	100%
	Tando Muhammad Khan	41	41	100%
	Shaheed Benazirabad	122	122	100%

Table 7: IDSR reporting Tertiary care hospital Week 31, 2025

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
	Mirpur	2	2	100%
	Bhimber	1	1	100%
	Kotli	1	1	100%
AJK	Muzaffarabad	2	2	100%
AJK	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%
	Karachi-South	3	2	67%
	Sukkur	1	0	0%
Sindh	Shaheed Benazirabad	1	0	0%
	Karachi-East	1	1	100%
	Karachi-Central	1	0	0%
	Peshawar	3	0	0%
	Swabi	1	0	0%
VD.	Nowshera	1	0	0%
KP	Mardan	1	1	100%
	Abbottabad	1	0	0%
	Swat	1	0	0%









Letter to Editor

Malnutrition and Stunting in Children Under Five in Pakistan

Dear Editor,

I wish to highlight the persistent and deeply troubling crisis of malnutrition and stunting among children in Pakistan. Despite years of programs and pledges, our nation continues to face one of the highest rates of child stunting in the world.

According to the National Nutrition Survey (2018), about 38% of children under five in Pakistan are stunted and nearly 30% are underweight. This is not merely a statistic it represents millions of young lives whose physical growth and cognitive potential are being permanently limited by poor nutrition and social neglect. These numbers reflect a chronic public health failure that spans decades. Malnutrition is not caused by food scarcity alone; it stems from a complex mix of poverty, inadequate maternal nutrition, low education, poor sanitation, and limited access to health services. In simple terms, it is a product of systemic inequity.

The problem often begins before a child is even born. Many mothers enter pregnancy malnourished and anemic, leading to low birth weights and underdeveloped infants. Inadequate prenatal care and lack of dietary guidance further compound these risks. After birth, early initiation of breastfeeding and exclusive breastfeeding for the first six months are not widely practiced, either due to lack of awareness or social pressures. The introduction of complementary feeding is often delayed or inappropriate, exposing infants to infections and nutrient deficiencies.

In rural areas, where poverty is deepest, families often rely on monotonous diets dominated by wheat or rice, with limited intake of fruits, vegetables, or proteins. In urban slums, the challenge is different but equally dangerous cheap processed foods high in salt, sugar, and

unhealthy fats are replacing traditional meals, creating a paradox of malnutrition amid plenty.

Government programs such as the Ehsaas Nashonuma initiative and the Benazir Income Support Programme have made commendable progress in linking nutrition with social protection, but their coverage remains limited compared to the scale of need. Nutrition interventions are still fragmented across ministries health, food security, education, and social welfare without strong coordination. This fragmentation undermines efficiency and accountability.

To address malnutrition effectively, Pakistan must recognize that it is not just a health issue but a development challenge. The first 1,000 days of life from conception to a child's second birthday are critical. Investments during this window yield lifelong returns in health, learning ability, and productivity. Community-based nutrition education for mothers and caregivers should be expanded through Lady Health Workers (LHWs), who are the frontline of our health system.

At the same time, food fortification needs to be institutionalized. Wheat flour, edible oil, and salt must be fortified with essential vitamins and minerals to address widespread deficiencies of iron, iodine, and vitamin A. The private sector, which dominates food production, should be legally bound and technically supported to ensure compliance.

Sanitation and safe water also play a vital role. Repeated infections caused by poor hygiene prevent children from absorbing nutrients even when food is available. The integration of nutrition with WASH (Water, Sanitation, and Hygiene) programs is therefore essential.

Education, particularly for girls, is another key factor. An educated mother is far more likely to understand the importance of balanced nutrition, breastfeeding, and timely healthcare. Empowering women with knowledge and economic independence is one of the most effective long-term strategies against malnutrition.









Finally, the role of media and community leaders cannot be overstated. Awareness campaigns in local languages, led by trusted voices, can shift public behavior more effectively than official circulars. We must make nutrition a national conversation, not a technical footnote in policy documents.

A nation's future depends on its children. Every stunted child represents lost human potential a loss that no economy can afford. Pakistan cannot aspire to development while millions of its youngest citizens begin life malnourished. Ensuring proper nutrition is not charity; it is an investment in our collective survival.

It is time for political leaders, health professionals, and communities to unite behind a single, clear goal: that no child in Pakistan should suffer from preventable malnutrition. The moral, social, and economic case for action is overwhelming. What remains is the will to act.

Dr. Hamza Ikram Scientific Officer, CDC National Institute of Health

Knowledge Hub

Influenza-Like Illness (ILI): What You Need to Know

Influenza-Like Illness (ILI) is a medical term used to describe a sickness that feels like the flu (influenza) but is not necessarily confirmed as influenza. It is characterized by a high temperature and respiratory symptoms. Public health agencies track ILI to monitor flu outbreaks and other respiratory viruses in the community.

What is ILI?

ILI is a defined set of symptoms used for surveillance (tracking illnesses). A case of ILI is typically defined as a person presenting with:

- 1. Fever (or feeling feverish/chills), AND
- 2. A cough AND/OR sore throat.

While the flu is a common cause of ILI, other viruses can cause the same symptoms, including:

- Rhinoviruses (common cold)
- Respiratory Syncytial Virus (RSV)

- Adenoviruses
- Coronaviruses (including SARS-CoV-2, which causes COVID-19)

How is ILI Spread?

The viruses that cause ILI are spread in similar ways, primarily through **respiratory droplets** produced when an infected person coughs, sneezes, or talks.

- Airborne transmission: Droplets containing the virus travel through the air and are inhaled by others.
- Direct contact: Touching an infected surface or object (a fomite) that has the virus on it, and then touching your own mouth, nose, or eyes.

People are generally contagious from one day before symptoms begin until about 5 to 7 days after they become sick.

Signs & Symptoms

The sudden onset of symptoms and the presence of a fever are key characteristics that distinguish ILI from a simple cold.

Symptom	Influenza-Like Illness (ILI) / Flu	Common Cold
Fever	High starts suddenly	Rare or mild
Headache	Common and often severe	Rare
Muscle Aches/Pains	Common and often severe	Slight
Fatigue/Weakness	Can last for weeks	Mild
Sore Throat	Common	Common
Stuffy/Runny Nose	Sometimes	Common
Sudden Onset	Typical	Gradual

Complications

While many people recover from ILI without lasting issues, the illnesses can lead to serious









complications, particularly for **bacterial infections**.

Complications are more likely in **high-risk groups**:

- Young children (especially under 5).
- Adults over 65.
- People with chronic health conditions (e.g., asthma, diabetes, heart disease).
- Pregnant individuals.

Potential severe complications include:

- **Pneumonia** (a lung infection, which can be viral or bacterial).
- **Bronchitis** and other respiratory illnesses.
- Myocarditis (inflammation of the heart).
- **Encephalitis** (inflammation of the brain).
- Worsening of chronic health problems (e.g., congestive heart failure or asthma).

Prevention

Prevention focuses on vaccination and excellent hygiene, particularly for the most common cause, influenza.

 Vaccination (Flu Shot): Get a seasonal influenza vaccine every year. The vaccine helps your body build immunity against the flu strains expected to circulate that season, reducing the risk of severe illness, hospitalization, and death.

• Good Hygiene:

- Wash hands frequently with soap and water for at least 20 seconds.
- Use an alcohol-based hand sanitizer if soap and water are not available.
- Cover your mouth and nose with a tissue when coughing or sneezing, or use your elbow.
- Avoid touching your eyes, nose, and mouth.

 Social Distancing: Stay home when you are sick to avoid spreading germs to others.

Diagnosis and Treatment

Diagnosis: If a patient meets the ILI criteria, a healthcare provider may perform a rapid diagnostic test (like a nasal or throat swab) to quickly check for influenza or other specific viruses like COVID-19 or RSV. Identifying the specific virus is important for treatment decisions.

Treatment:

Rest and Fluids: The vast majority of ILI cases are viral and resolve with supportive care: getting plenty of **rest** and drinking **fluids** to stay hydrated.

Over-the-Counter Medicine: Medications like acetaminophen (paracetamol) or ibuprofen can help reduce fever and relieve aches.

Antiviral Medication (for Flu): If influenza is suspected or confirmed, a healthcare provider may prescribe antiviral drugs (like oseltamivir or baloxavir). These work best when started within 48 hours of the onset of symptoms and are primarily recommended for people at high risk of complications.

More Information

For additional authoritative information on influenza and ILI surveillance, please visit:

Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/flu/index.htm

World Health Organization (WHO): https://www.who.int/news-room/fact-sheets/detail/influenza-(seasonal)

Public Health Agency of Canada (PHAC): https://www.canada.ca/en/public-health/services/diseases/flu-influenza.html

UK Health Security Agency (UKHSA) / National Health Service (NHS): https://www.nhs.uk/conditions/flu/













Airborne diseases involving droplets. Spreads through coughing, sneezing or of infection talking to an infected person.



Risk & prevention

Health care workers are at greater risk of being exposed to influenza, especially doctors and nurses. You can protect yourself by:







Keeping a safe distance



Wearing personal protective equipment



Keeping clinics and hospitals well ventilated



Washing hands regularly



Adopting good infection prevention and control measures

At hospitals ensure:



Soap and water are available at all times



Hospitals are regularly cleaned with disinfectants

Symptoms



High fever



Runny nose



Headaches



Cough



Muscle and joint pain

Actions to take in case of symptoms:



In case of symptoms, immediately start treatment and inform your supervisor. Stay at home and rest until you have made a full recovery.





https://phb.nih.org.pk/



https://twitter.com/NIH Pakistan



idsr-pak@nih.org.pk



https://www.facebook.com/NIH.PK/







