

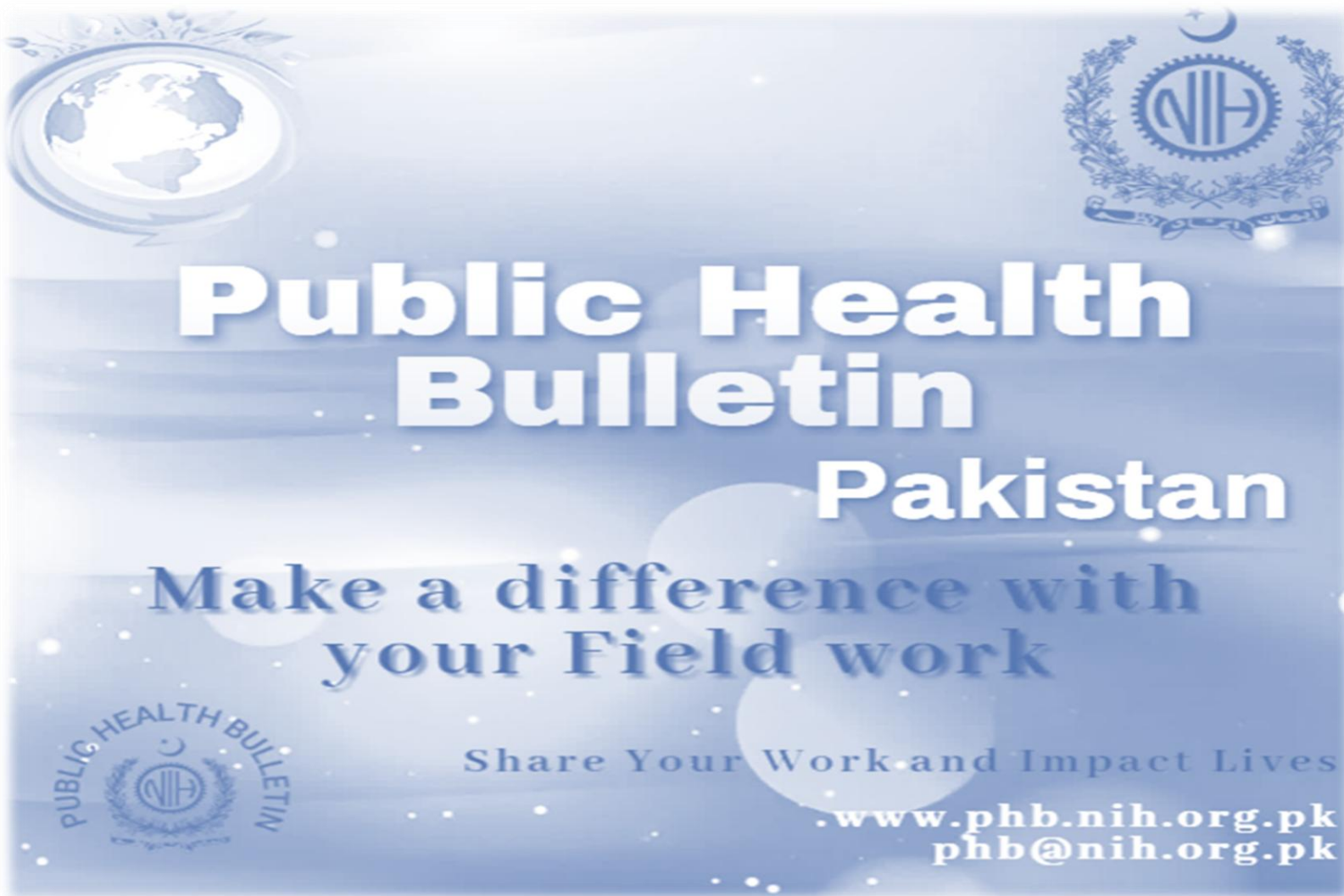
Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

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

Vol. 5 | Week 33
11th AUGUST – 17th AUGUST
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Integrated Disease Surveillance & Response (IDSR) Weekly Public Health Bulletin is your go-to resource for disease trends, outbreak alerts, and crucial public health information. By reading and sharing this bulletin, you can help increase awareness and promote preventive measures within your community.



Overview

IDSR Reports

Ongoing Events

Field Reports

Public Health Bulletin - Pakistan, Week 33, 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 on Maternal Mortality and Access to Quality Care in Pakistan*
- *Knowledge hub on Dengue: What you need to know*

By transforming complex health data into actionable intelligence, the Public Health Bulletin continues to be an indispensable tool in our collective journey toward a healthier Pakistan.

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*Sincerely,
The Chief Editor*

- During Week 33, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, TB, ALRI <5 years, B. Diarrhea, Dog Bite, VH (B, C & D), Typhoid and SARI.
- Twenty-one cases of AFP reported from Sindh, eighteen from KPK and three from AJK.
- Eleven suspected cases of HIV/ AIDS reported from Sindh, four from KP and two from AJK.
- Eight suspected cases of Brucellosis reported from KP.
- Among VPDs, there is an increase in number of cases of Chickenpox, AFP, Diphtheria and NT this week.
- Among Respiratory diseases, there is an increase in number of cases of TB this week.
- Among Water/food-borne diseases, there is an increase in number of cases of AVH (A & E) this week.
- Among Vector-borne diseases, there is an increase in number of cases of Malaria this week.
- Among Zoonotic/Other diseases, there is an increase in number of cases of 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 73%
- Sindh is the top reporting region with a compliance rate of 96%, followed by AJK 93%, GB 92% and ICT 76%.
- The lowest compliance rate was observed in KP 63% and Balochistan 44%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2704	1693	63
Azad Jammu Kashmir	454	422	93
Islamabad Capital Territory	38	29	76
Balochistan	1308	578	44
Gilgit Baltistan	410	377	92
Sindh	2111	2033	96
National	6986	5289	73

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

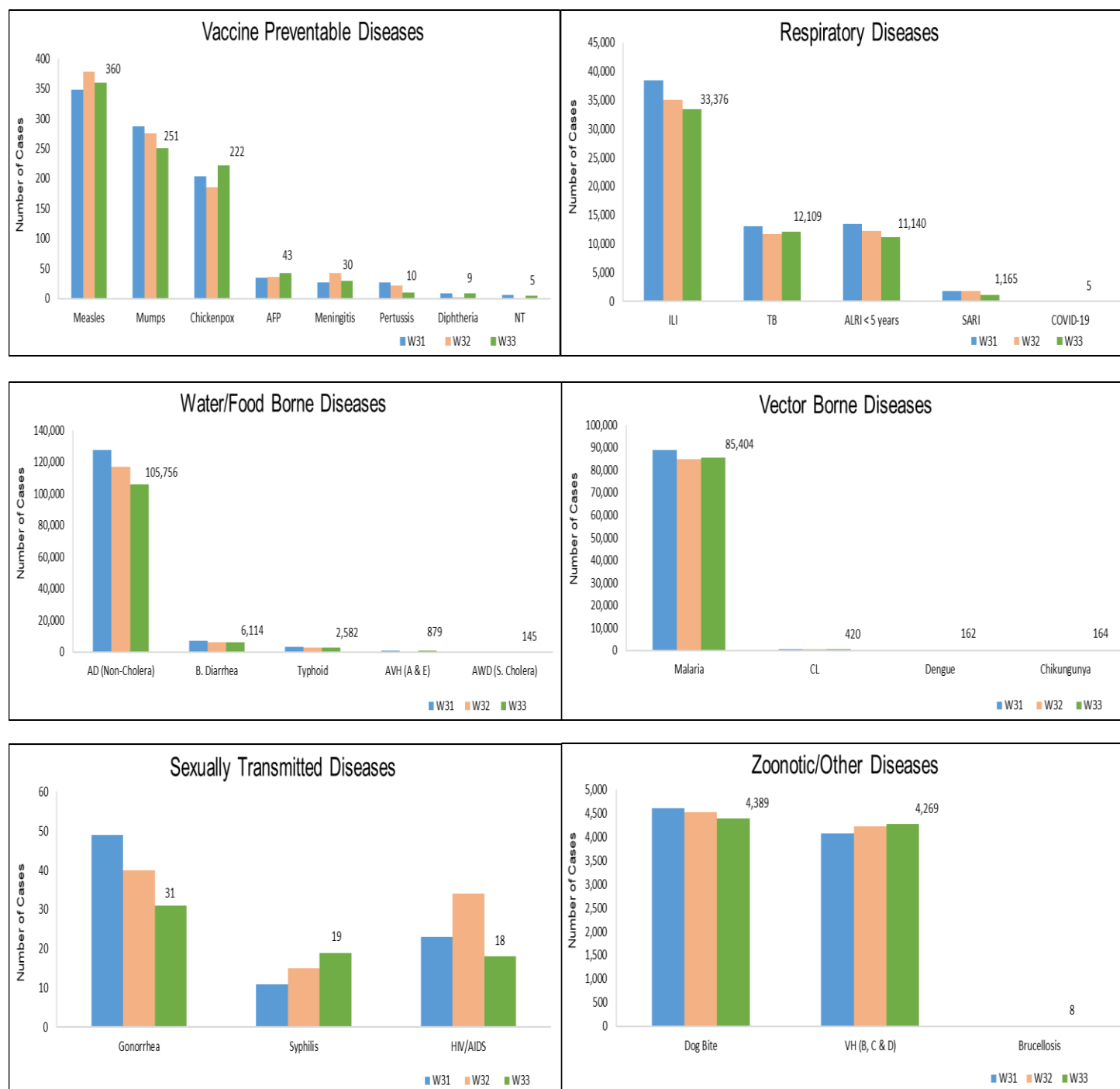
- **Enhance Case Detection and Outbreak Alert Systems:** Train healthcare providers to recognize dengue warning signs and improve timely reporting of suspected and confirmed cases within IDSR, especially during peak transmission seasons.
- **Improve Laboratory Confirmation and Case Management:** Expand 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.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 33, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	2273	5070	2763	423	39261	NR	55966	105756
Malaria	8	2763	0	1	8322	NR	74310	85404
ILI	1599	3217	309	1308	3483	NR	23460	33376
TB	133	59	111	13	209	NR	11584	12109
ALRI < 5 years	671	889	521	2	736	NR	8321	11140
B. Diarrhea	62	775	167	4	976	NR	4130	6114
Dog Bite	123	201	4	0	1082	NR	2979	4389
VH (B, C & D)	42	61	4	0	91	NR	4071	4269
Typhoid	20	325	105	1	838	NR	1293	2582
SARI	102	221	222	0	550	NR	70	1165
AVH (A & E)	29	1	4	0	227	NR	618	879
CL	0	15	0	0	403	NR	2	420
Measles	9	15	54	1	227	NR	54	360
Mumps	8	21	5	1	165	NR	51	251
Dengue	6	7	0	0	76	NR	73	162
Chickenpox/ Varicella	9	5	34	2	154	NR	18	222
AWD (S.Cholera)	15	41	33	0	52	NR	4	145
Chikungunya	0	0	0	0	0	NR	164	164
AFP	3	0	1	0	18	NR	21	43
Meningitis	0	0	1	0	14	NR	15	30
Gonorrhea	0	25	0	0	2	NR	4	31
Syphilis	0	6	0	0	0	NR	13	19
HIV/AIDS	2	1	0	0	4	NR	11	18
Pertussis	0	8	1	0	1	NR	0	10
Brucellosis	0	0	0	0	8	NR	0	8
Diphtheria (Probable)	0	0	0	0	3	NR	6	9
COVID-19	0	0	0	0	5	NR	0	5
NT	0	0	0	0	5	NR	0	5
CCHF	0	0	0	0	0	NR	1	1

Figure 1: Most frequently reported suspected cases during Week 33, Pakistan.



- 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 Badin, Larkana and Khairpur whereas AD (Non-Cholera) cases are from Sujawal, South Karachi and Badin.
- Twenty-one 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, ALRI<5 Years, B. Diarrhea, Dog Bite, Typhoid, Chikungunya, Dengue, SARI, Chickenpox, Syphilis, HIV/ AIDS, Gonorrhea and AWD (S. Cholera) while an increase in cases of Malaria, TB, VH (B, C, D), AVH (A & E), Measles, Mumps, AFP, Meningitis and Diphtheria this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 33, Sindh

Districts	Malaria	AD (non-cholera)	ILI	TB	ALRI < 5 years	B. Diarrhea	VH (B, C & D)	Dog Bite	Typhoid	AVH (A & E)
Badin	6034	3446	796	759	396	325	323	131	40	0
Dadu	3295	2943	574	404	835	507	42	366	140	346
Ghotki	3903	1228	10	654	432	138	366	249	0	0
Hyderabad	1350	2425	1093	331	136	57	76	47	4	5
Jacobabad	1169	886	561	175	464	126	170	174	45	8
Jamshoro	3085	1965	62	516	266	129	192	88	52	1
Kamber	3827	2108	4	749	256	108	138	216	14	2
Karachi Central	43	1004	1177	217	0	17	15	11	134	12
Karachi East	44	256	154	23	13	4	0	0	7	0
Karachi Keamari	20	572	296	4	14	1	0	0	1	1
Karachi Korangi	67	285	72	15	4	8	1	0	3	1
Karachi Malir	243	1661	2879	172	283	58	16	48	15	3
Karachi South	142	4678	16	122	97	221	134	15	176	24
Karachi West	251	763	1035	85	191	14	24	75	22	1
Kashmore	2071	481	280	257	159	66	7	29	0	1
Khairpur	5401	3273	5142	1157	908	475	103	209	246	8
Larkana	5528	1955	0	788	211	280	26	35	4	2
Matari	3319	1783	0	544	192	43	343	83	8	10
Mirpurkhas	3973	2866	2421	618	292	141	221	149	15	6
Naushero Feroze	2258	1480	775	400	394	171	31	242	153	1
Sanghar	5085	1912	143	901	290	114	1013	113	57	6
Shaheed Benazirabad	2484	1946	0	306	147	102	119	123	85	1
Shikarpur	1997	1269	5	229	146	144	141	163	1	0
Sujawal	2204	4904	7	132	350	172	49	61	19	6
Sukkur	2292	1383	1857	346	468	121	122	105	2	0
Tando Allahyar	3705	1926	815	433	161	138	99	85	4	0
Tando Muhammad Khan	3288	1681	81	526	135	159	73	88	3	0
Tharparkar	3372	2470	1118	442	507	165	20	0	16	30
Thatta	1703	972	2087	39	162	29	145	74	16	142
Umerkot	2157	1445	0	240	412	97	62	0	11	1
Total	74310	55966	23460	11584	8321	4130	4071	2979	1293	618

Figure 2: Most frequently reported suspected cases during Week 33, Sindh

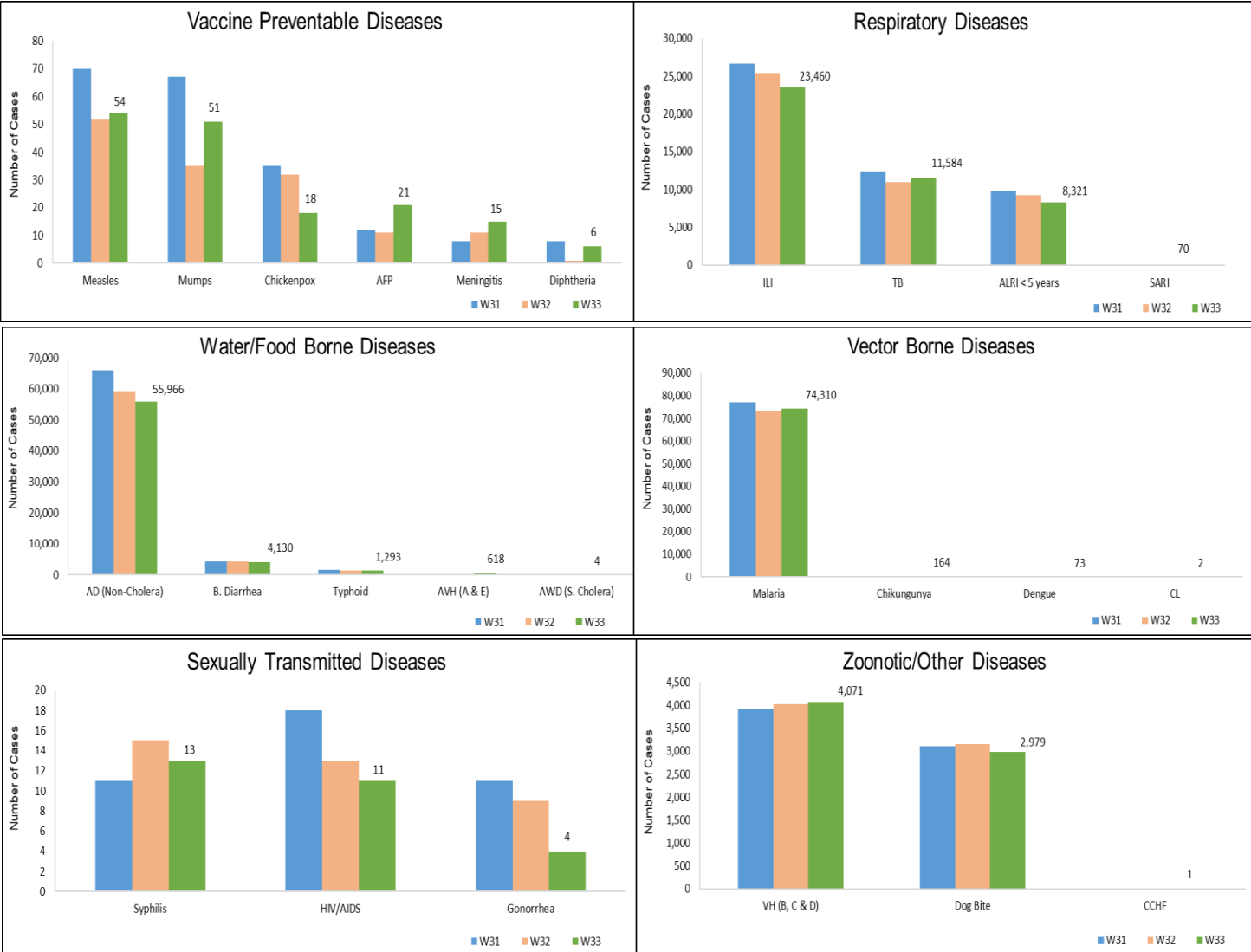
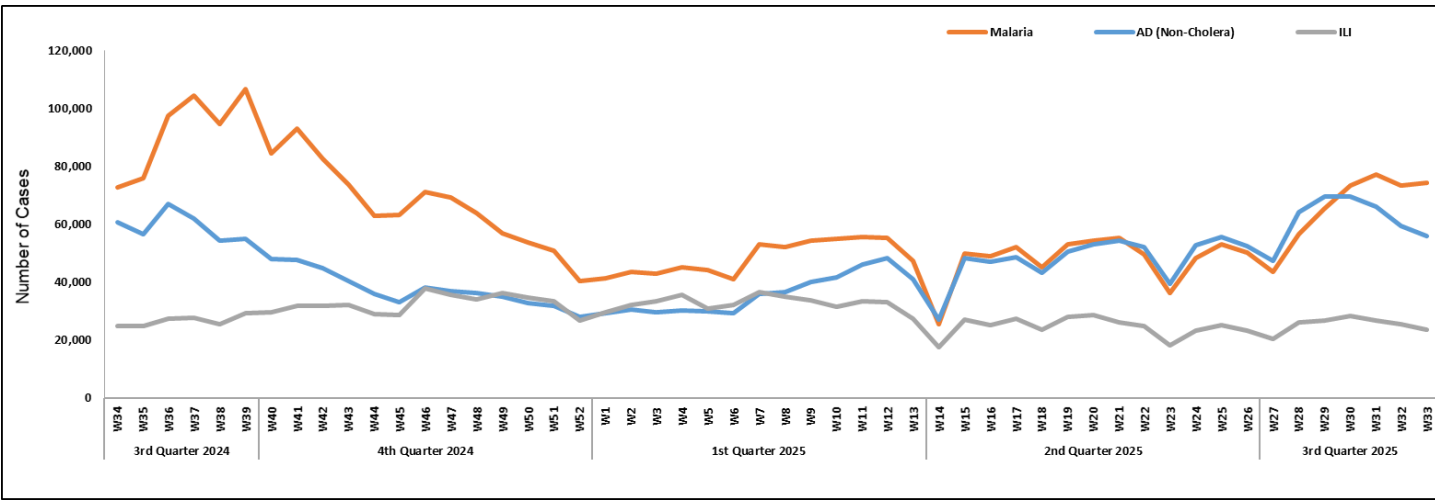


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, Typhoid, SARI, Dog Bite, VH (B, C & D) and TB cases were the most frequently reported diseases from Balochistan province.
- AD (Non-Cholera) cases are mostly reported from Usta Muhammad, Kech (Turbat) and Lasbella while ILI cases are mostly reported from Kech (Turbat), Quetta and Kharan.
- One case of HIV/AIDs reported from Balochistan. Field investigation is required to confirm the cases.
- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, Typhoid, Dog Bite, VH (B, C & D), TB, AWD (S. Cholera), Mumps, Pertussis, Syphilis and Chickenpox showed an increase in number of cases while SARI, Measles, CL, Dengue and HIV/ AIDS showed decline in number of cases this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 33, Balochistan

Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	Typhoid	SARI	Dog Bite	VH (B, C & D)	TB
Barkhan	83	51	110	13	5	31	0	37	0	9
Chagai	37	48	7	0	12	7	0	0	0	0
Dera Bugti	62	0	59	0	6	1	0	0	0	0
Harnai	215	2	81	152	53	0	0	2	0	0
Hub	130	54	175	0	2	0	0	0	1	0
Jaffarabad	199	91	172	4	72	3	16	24	0	24
Jhal Magsi	264	294	275	32	0	18	0	9	0	10
Kachhi (Bolan)	91	0	49	16	14	0	0	12	2	0
Kalat	11	1	6	4	2	3	0	0	0	1
Kech (Turbat)	557	773	726	56	81	13	2	0	10	0
Kharan	219	409	55	5	91	5	0	0	2	0
Khuzdar	94	64	105	3	26	38	6	0	0	1
Killa Abdullah	96	55	2	10	12	8	11	1	0	0
Kohlu	19	41	34	2	16	11	NR	1	0	0
Lasbella	451	64	252	140	30	13	2	32	8	0
Loralai	128	90	33	20	8	7	27	0	0	0
Mastung	137	132	84	4	26	12	88	1	0	1
Naseerabad	341	16	121	8	13	90	20	69	12	9
Nushki	160	0	7	0	52	0	0	0	0	0
Quetta	431	543	4	111	26	23	14	0	0	0
Sherani	53	55	16	13	13	0	4	0	0	0
Sibi	375	180	118	7	27	19	19	5	0	0
Sohbat pur	314	36	130	162	125	17	9	4	1	2
Surab	24	87	2	0	0	0	0	0	0	0
Usta Muhammad	559	104	131	122	63	6	0	4	25	2
Zhob	20	27	9	5	0	0	3	0	0	0
Total	5,070	3,217	2,763	889	775	325	221	201	61	59

Figure 4: Most frequently reported suspected cases during Week 33, Balochistan

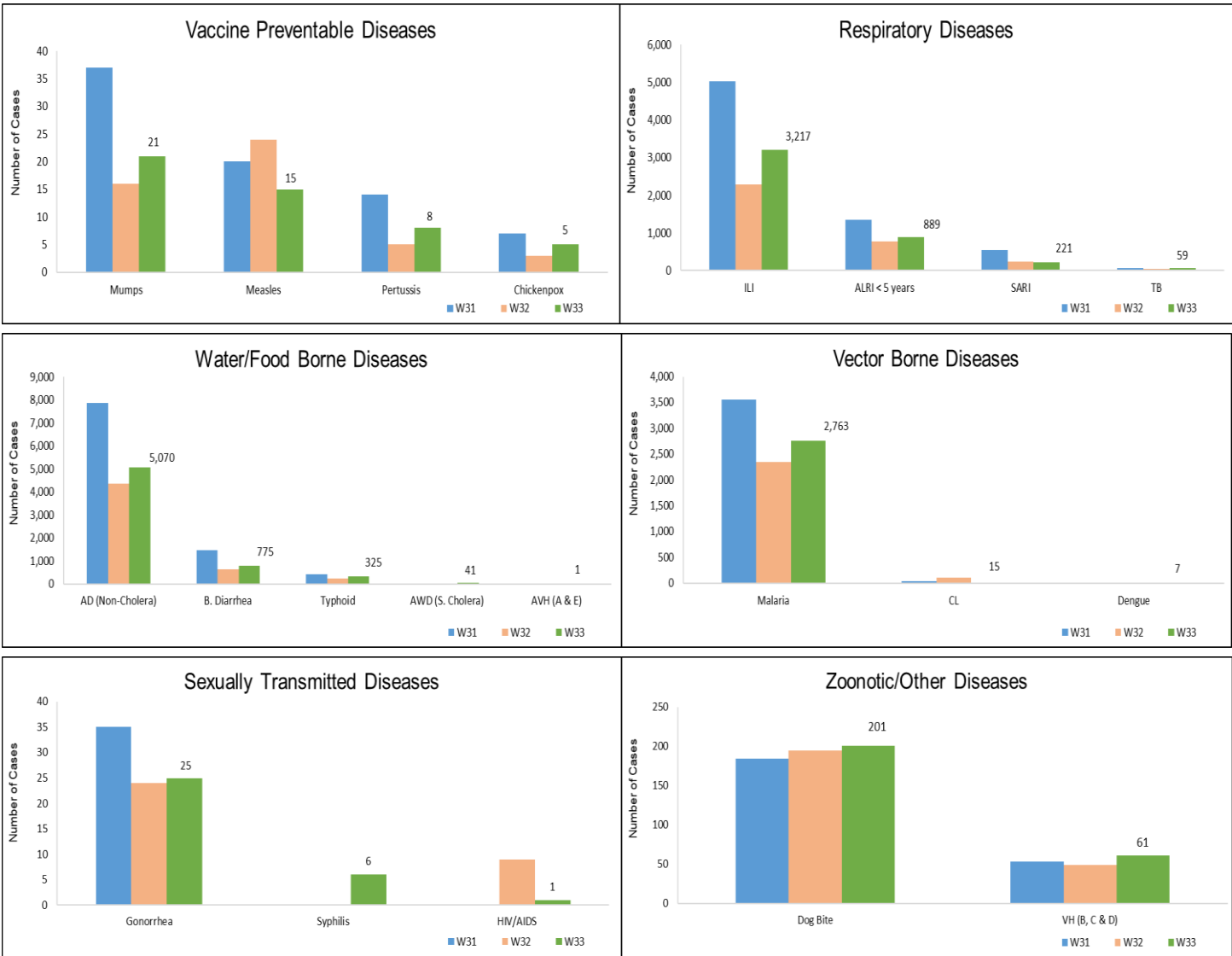
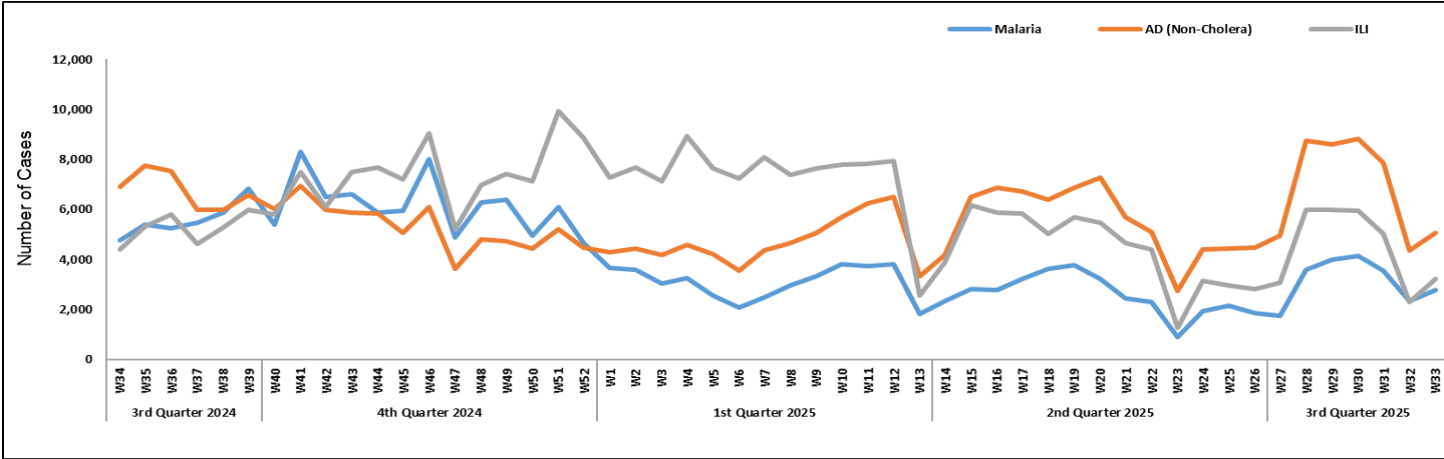


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan



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

Table 4: District wise distribution of most frequently reported suspected cases during Week 33, KP

Districts	AD (non-cholera)	Malaria	ILI	Dog Bite	B. Diarrhea	Typhoid	ALRI < 5 years	SARI	CL	AVH (A & E)
Abbottabad	1537	4	78	49	10	31	12	5	0	0
Bajaur	727	272	0	80	65	4	2	23	10	6
Bannu	852	1391	5	2	17	74	9	4	0	0
Battagram	636	105	524	8	6	17	0	2	0	0
Buner	320	217	0	0	0	0	0	0	0	0
Charsadda	2639	512	1197	12	87	64	208	84	0	52
Chitral Lower	1146	28	16	15	26	8	13	8	17	3
Chitral Upper	346	9	36	5	6	28	8	17	0	3
D.I. Khan	2024	920	0	23	25	6	3	0	2	0
Dir Lower	1909	154	0	29	87	37	6	0	6	13
Dir Upper	2745	17	13	13	55	18	94	0	2	2
Hangu	149	116	82	1	0	1	80	0	25	0
Haripur	1095	0	6	10	0	0	18	0	0	0
Karak	770	348	51	51	20	5	24	0	221	8
Khyber	891	979	39	84	137	129	43	5	38	20
Kohat	899	228	0	25	23	22	0	1	2	3
Kohistan Lower	166	1	0	0	16	1	3	3	0	0
Kohistan Upper	216	6	1	0	21	5	6	13	0	0
L & C Kurram	40	11	2	5	4	18	2	27	0	0
Lakki Marwat	1003	584	0	73	6	15	1	0	0	0
Malakand	1307	48	32	0	0	21	0	0	0	61
Mansehra	1369	8	161	0	3	12	0	0	0	2
Mardan	1500	182	140	210	46	19	35	0	1	0
Mohmand	230	307	105	18	30	5	2	219	48	1
North Waziristan	77	143	0	4	25	21	15	7	3	0
Nowshera	2684	334	16	6	33	21	21	5	1	24
Orakzai	114	22	5	6	11	0	0	0	0	0
Peshawar	4302	96	231	16	90	132	12	1	2	5
Shangla	1527	670	0	33	10	18	0	0	0	0
South Waziristan (Lower)	70	83	89	20	1	9	19	20	15	0
South Waziristan (Upper)	36	82	14	0	1	10	3	0	8	0
Swabi	534	55	469	163	6	34	42	54	0	14
Swat	4564	53	70	106	46	37	39	0	0	8
Tank	560	257	35	0	5	0	5	0	0	0
Tor Ghar	115	67	0	10	25	3	7	16	2	2
Upper Kurram	162	13	66	5	33	13	4	36	0	0
Total	39261	8322	3483	1082	976	838	736	550	403	227

Figure 6: Most frequently reported suspected cases during Week 33, KP

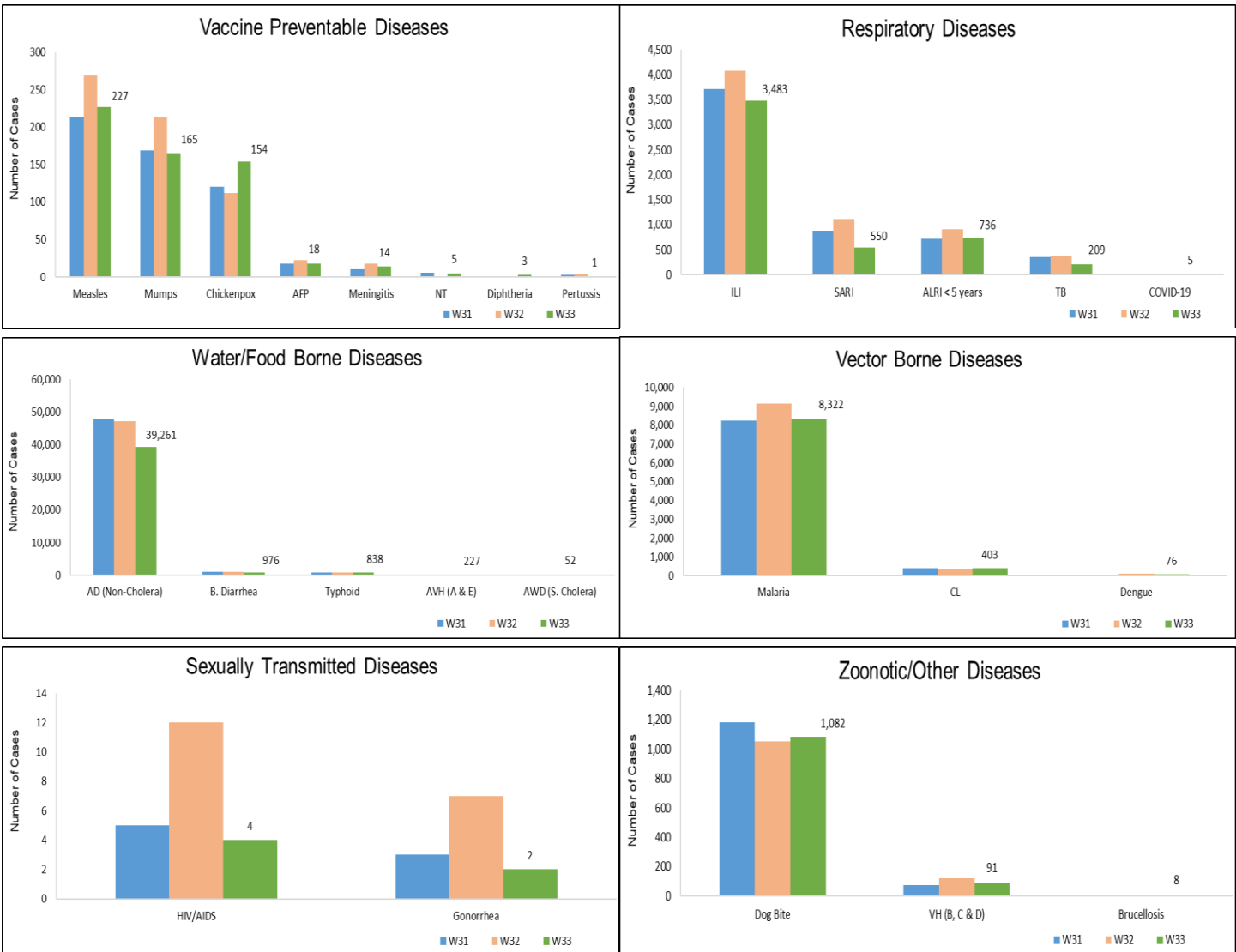
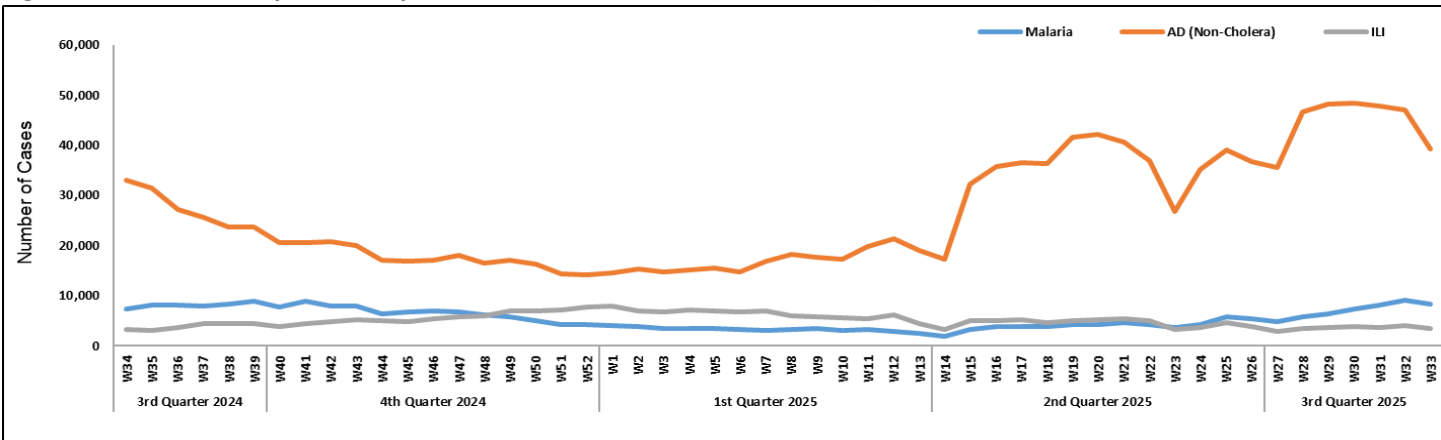


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP



- The most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by TB, dog bite, ALRI <5 years, Malaria, Typhoid and AWD (S. Cholera) this week.
- 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

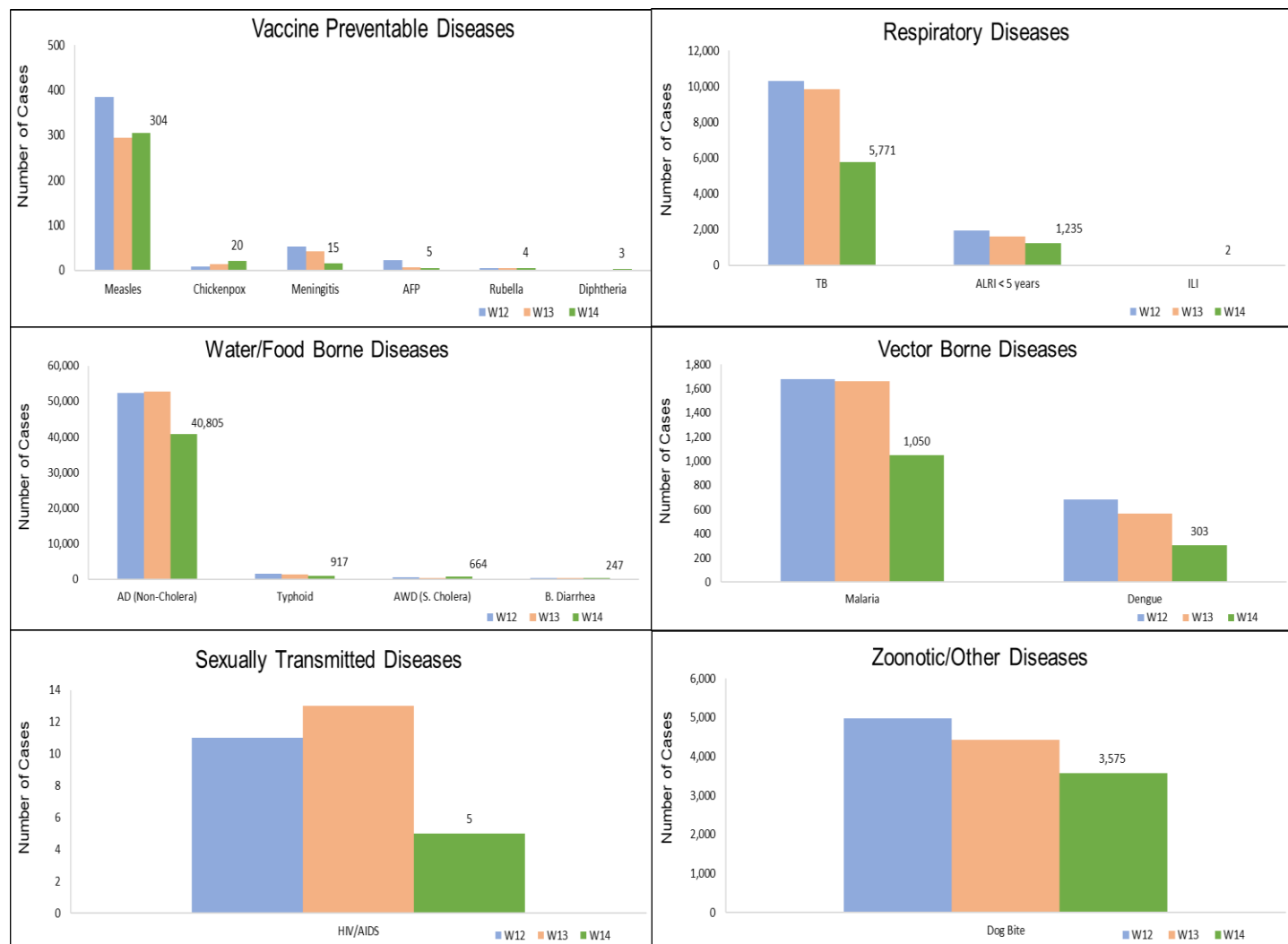
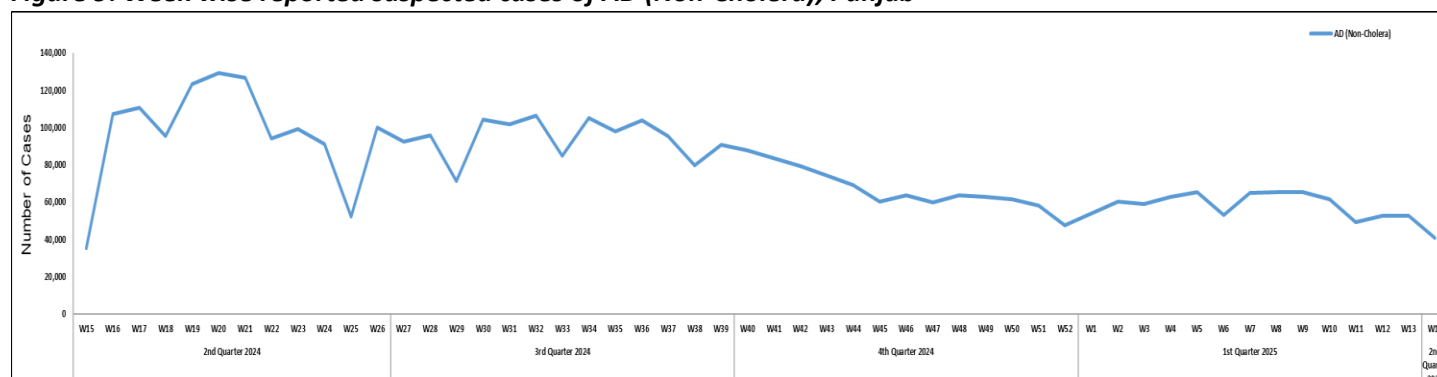


Figure 9: Week wise reported suspected cases of AD (Non-Cholera), Punjab



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

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

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

Figure 10: Most frequently reported suspected cases during Week 33, AJK

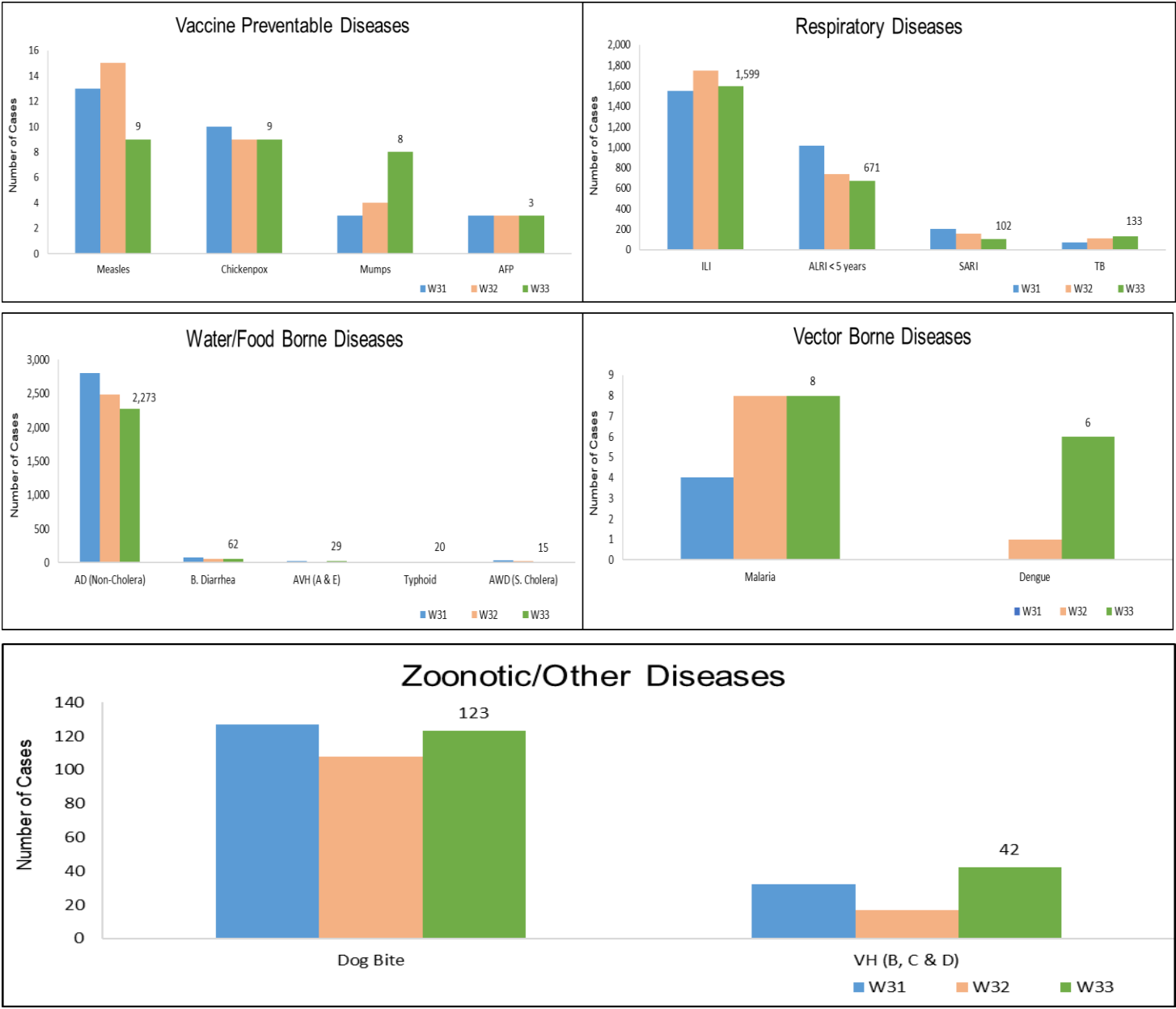


Figure 11: Week wise reported suspected cases of ILI and AD (Non-Cholera)

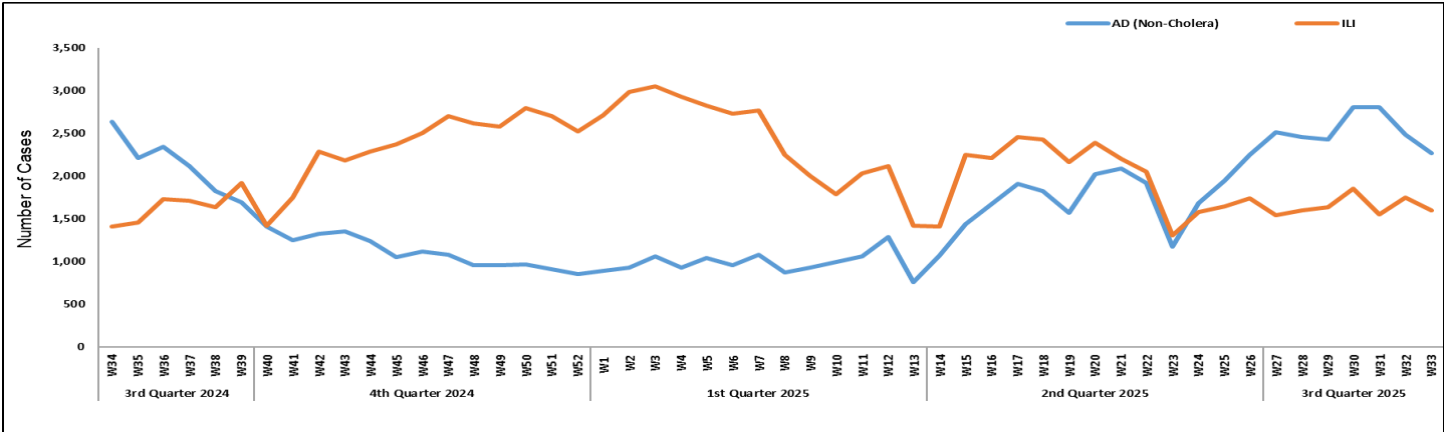


Figure 12: Most frequently reported suspected cases during Week 33, ICT

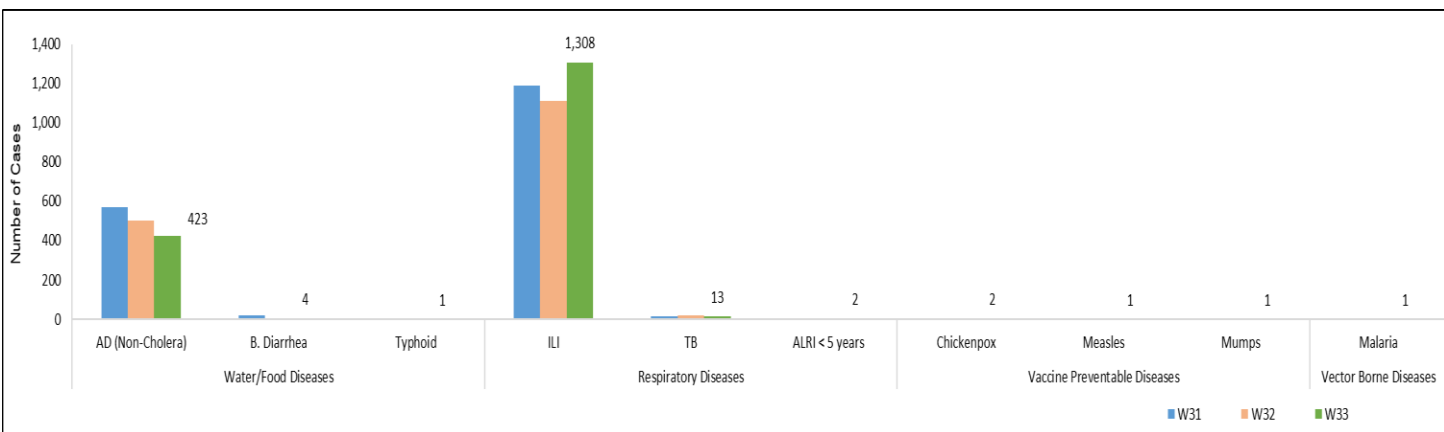


Figure 13: Week wise reported suspected cases of ILI, ICT



Figure 14: Most frequent cases reported during Week 33, GB

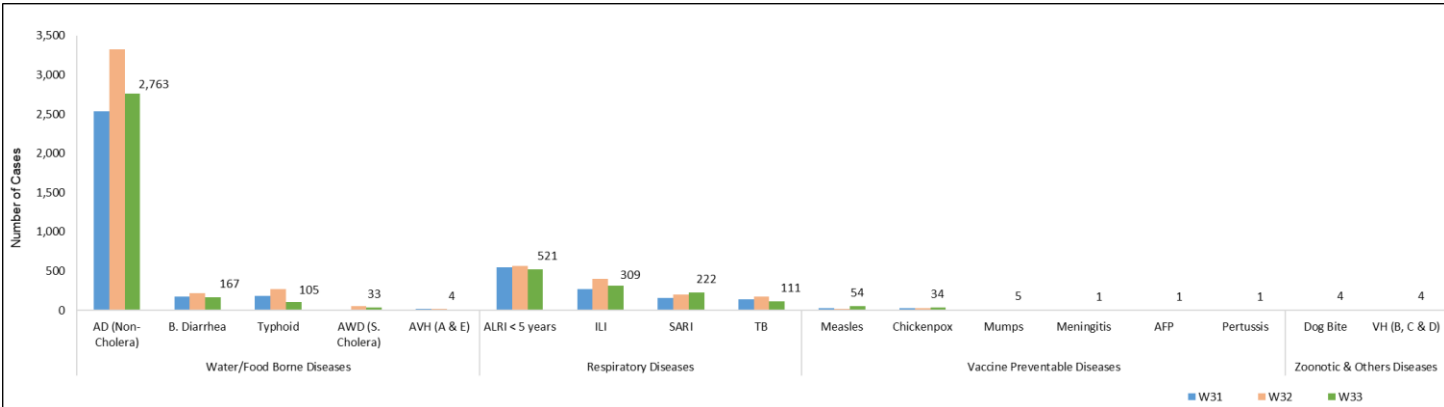


Figure 15: Week wise reported suspected cases of AD (Non-Cholera), GB

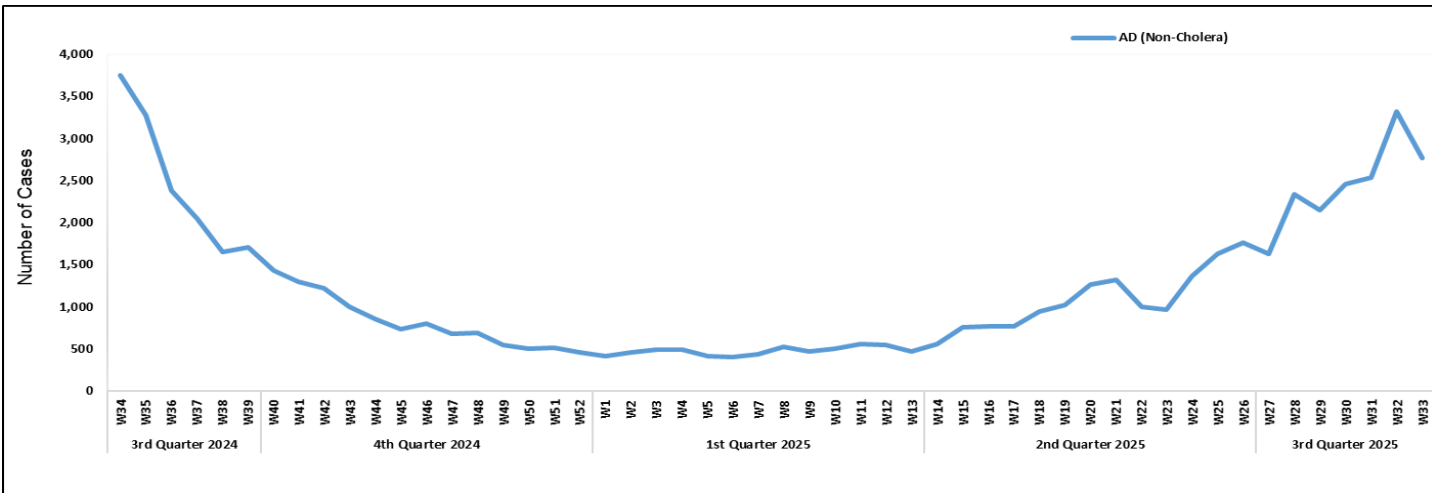


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 33

Diseases	Sindh		Balochistan		KPK		ISL		GB		Punjab		AJK	
	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos
AWD (S. Cholera)	140	2	-	-	0	0	-	-	0	0	-	-	0	0
Stool culture & Sensitivity	275	4	-	-	0	0	-	-	0	0	-	-	0	0
Malaria	11,389	1,104	-	-	28	8	-	-	112	0	-	-	21	1
CCHF	0	0	12	3	0	0	-	-	0	0	-	-	0	0
Dengue	3,517	540	1	0	0	0	-	-	0	0	-	-	51	6
VH (B)	11,709	382	139	111	30	6	-	-	896	17	-	-	536	7
VH (C)	12,190	1,087	92	35	28	2	-	-	673	6	-	-	532	24
VH (D)	116	22	90	21			-	-			-	-	0	0
VH (A)	214	55	-	-	5	2	-	-	120	2	-	-	0	0
VH (E)	160	15	-	-			-	-	0	0	-	-	0	0
Covid-19	58	1	2	0	1	0	-	-	0	0	-	-	10	0
TB	570	87	-	-	4	0	-	-	25	0	-	-	113	12
HIV/ AIDS	3,668	30	2	1	24	0	-	-	192	0	-	-	480	1
Syphilis	1,570	19	-	-	1	0	-	-	112	0	-	-	0	0
Typhoid	1,804	35	-	-	0	0	-	-	105	6	-	-	0	0
Diphtheria	12	8	3	0	1	0	1	0	0	0	1	0	0	0
ILI	16	3	-	-	0	0	-	-	0	0	-	-	0	0
Pneumonia (ALRI)	342	71	-	-	0	0	-	-	0	0	-	-	0	0
Meningitis	29	3	-	-	0	0	-	-	0	0	-	-	0	0
Measles	52	20	30	19	210	100	7	5	12	11	332	98	10	2
Rubella	52	0	30	0	210	3	7	0	12	0	332	6	10	0
Rubella (CRS)	14	8	-	-	0	0	-	-	0	0	-	-	0	0
Leishmaniasis (cutaneous)	15	2	-	-	0	0	-	-	0	0	-	-	0	0
Chikungunya	10	0	1	0	0	0	-	-	0	0	-	-	0	0
Brucellosis	1	0	-	-	0	0	-	-	0	0	-	-	0	0
Gonorrhea	124	0	-	-	0	0	-	-	0	0	-	-	0	0

IDSR Reports Compliance

- Out of 158 IDSR implemented districts, compliance is low from KP and Balochistan. Green color highlights >50% compliance while red color highlights <50% compliance

Table 6: IDSR reporting districts Week 33, 2025

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	103	93%
	Bannu	238	129	54%
	Battagram	59	39	66%
	Buner	34	17	50%
	Bajaur	44	35	80%
	Charsadda	59	58	98%
	Chitral Upper	34	30	88%
	Chitral Lower	35	35	100%
	D.I. Khan	114	113	99%
	Dir Lower	74	62	84%
	Dir Upper	37	32	86%
	Hangu	22	12	55%
	Haripur	72	67	93%
	Karak	36	36	100%
	Khyber	53	48	91%
	Kohat	61	61	100%
	Kohistan Lower	11	9	82%
	Kohistan Upper	20	14	70%
	Kolai Palas	10	0	0%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	6	14%
	Upper Kurram	41	29	71%
	Malakand	42	21	50%
	Mansehra	133	83	62%
	Mardan	80	56	70%
	Nowshera	56	53	95%
	North Waziristan	13	9	69%
	Peshawar	156	129	83%
	Shangla	37	34	92%
	Swabi	64	12	19%
	Swat	77	65	84%
	South Waziristan (Upper)	93	92	99%
	South Waziristan (Lower)	42	27	64%
	Tank	34	32	94%
	Torghar	14	14	100%
	Mohmand	68	50	74%
	SD Peshawar	5	0	0%
	SD Tank	58	2	3%
	Orakzai	69	10	14%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	71	71	100%
	Kotli	60	60	100%



	Muzaffarabad	45	45	100%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	40	40	100%
	Neelum	39	28	72%
	Jhelum Valley	29	28	97%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	23	23	100%
	CDA	15	6	40%
Balochistan	Gwadar	26	0	0%
	Kech	44	38	86%
	Khuzdar	74	16	22%
	Killa Abdullah	26	10	38%
	Lasbella	55	52	95%
	Pishin	69	0	0%
	Quetta	55	25	45%
	Sibi	36	34	94%
	Zhob	39	4	10%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	4	27%
	Kohlu	75	7	9%
	Chagi	36	6	17%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	5	14%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	25	100%
	Surab	32	13	41%
	Mastung	45	45	100%
	Loralai	33	10	30%
	Killa Saifullah	28	0	0%
	Ziarat	29	0	0%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	20	44%
	Washuk	46	12	26%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	19	95%
	Hub	33	19	58%
	Musakhel	41	0	0%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	38	100%
	Gilgit	42	40	95%
	Diamer	62	60	97%

	Astore	55	55	100%
	Shigar	27	25	93%
	Skardu	53	53	100%
	Ganche	29	29	100%
	Kharmang	46	25	54%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	102	95%
	Tharparkar	276	252	91%
	Shikarpur	60	59	98%
	Thatta	52	28	54%
	Larkana	67	67	100%
	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	10	83%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	55	100%
	Mirpur Khas	106	105	99%
	Badin	124	124	100%
	Sukkur	64	63	98%
	Dadu	90	88	98%
	Sanghar	100	98	98%
	Jacobabad	44	44	100%
	Khairpur	170	167	98%
	Kashmore	59	59	100%
	Matiari	42	42	100%
	Jamshoro	75	74	99%
	Tando Allahyar	54	54	100%
	Tando Muhammad Khan	41	40	98%
	Shaheed Benazirabad	122	122	100%

Table 7: IDSR reporting Tertiary care hospital Week 33, 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	3	2	67%
	Sukkur	1	0	0%
	Shaheed Benazirabad	1	0	0%
	Karachi-East	1	1	100%
	Karachi-Central	1	0	0%
KP	Peshawar	3	0	0%
	Swabi	1	0	0%
	Nowshera	1	1	100%
	Mardan	1	1	100%
	Abbottabad	1	1	100%
	Swat	1	1	100%

Letter to Editor

Maternal Mortality and Access to Quality Care in Pakistan

Dear Editor,

Through you weekly Public Health Bulletin, I intend to draw attention to one of the most urgent and yet preventable public health challenges in Pakistan, that is persistently high rate of maternal mortality. Despite decades of interventions and repeated commitments, far too many Pakistani women continue to lose their lives during pregnancy and childbirth. These deaths are not inevitable; they are symptoms of systemic inequality, weak healthcare delivery, and social neglect.

According to the Pakistan Maternal Mortality Survey (2019), our maternal mortality ratio stands at approximately 186 deaths per 100,000 live births; a rate several times higher than that of neighboring countries with comparable resources. Behind every number is a human tragedy: a mother lost, a child orphaned, and a family forever changed. **What is most distressing is that the majority of these deaths are preventable with timely access to skilled health-care.**

Most maternal deaths in Pakistan are caused by complications such as postpartum hemorrhage, eclampsia, sepsis, and obstructed labor. These conditions can be effectively managed if women have access to quality antenatal, delivery, and postnatal services. Yet, in many parts of the country, the pathway to safe motherhood is fraught with barriers. Women living in remote or impoverished areas face long distances to health facilities, poor transportation, and a shortage of trained birth attendants. Even where facilities exist, the quality of care is often compromised by inadequate staffing, lack of essential supplies, and weak referral systems.

The roots of this problem are deeply intertwined with social determinants. Low female literacy, early marriage, poverty, and gender discrimination all contribute to poor maternal outcomes. Many women are not empowered to make decisions about their own health, including whether or when to seek care. Cultural norms in some regions discourage women from being examined by male doctors, yet female doctors and midwives are often unavailable. This social reality must inform our health planning it is not enough to build clinics; we must ensure they are accessible, acceptable, and responsive to women's needs.

At the policy level, Pakistan has made commendable efforts through programs such as the National Maternal, Newborn and Child Health (MNCH) Program, the Lady Health Workers (LHW) initiative, and community midwifery training. These have improved awareness and coverage to some extent, but their impact is limited by inconsistent funding, weak supervision, and insufficient integration with provincial health systems after devolution. In many rural districts, LHWs are overburdened and underpaid, and community midwives lack equipment and institutional support. Without continuous training and incentives, the quality of their services declines.

Improving maternal health requires more than medical interventions; it demands a comprehensive approach. First, antenatal care must be universal and standardized. Every pregnant woman should receive at least four antenatal visits, where potential complications can be detected early. Regular blood pressure monitoring, anemia screening, and counseling on birth preparedness should be mandatory services at the primary care level.

Second, skilled birth attendance must become the norm, not the exception. Deliveries at home without trained assistance remain common,



particularly in rural Balochistan, Sindh, and southern Punjab. Expanding midwifery training programs and ensuring their deployment in underserved areas can make a significant difference. Each union council should have at least one functioning birthing station equipped with emergency obstetric care supplies and referral linkages to higher-level hospitals.

Third, the emergency transport system for obstetric cases must be strengthened. Too many women die on the way to hospitals because ambulances are unavailable or unaffordable. The establishment of community-based transport funds and public-private partnerships for emergency vehicles could save countless lives.

Fourth, health financing must prioritize maternal and newborn health. Provincial budgets should allocate dedicated funds for maternal health infrastructure, staff recruitment, and medicines. The introduction of social health insurance schemes could reduce the catastrophic out-of-pocket expenditures that deter poor families from seeking care.

Fifth, data collection and accountability mechanisms must improve. Many maternal deaths go unrecorded, especially those that occur at home. A national maternal death surveillance and response system should be institutionalized to identify preventable factors and ensure follow-up action.

Moreover, we cannot ignore the role of education and family planning. An educated woman is more likely to seek healthcare, delay early marriage, and space her pregnancies all key determinants of maternal survival. Expanding access to modern contraceptive methods through public and private channels can help reduce unplanned pregnancies and unsafe abortions, which remain a significant contributor to maternal deaths.

Partnerships are also essential. The government must work hand-in-hand with non-governmental organizations, professional associations, and

international agencies to scale up evidence-based interventions. Successful local models such as community birth centers in Gilgit-Baltistan or mobile health clinics in Tharparkar should be replicated and supported through national policy.

Finally, we must shift how we view maternal health. Safe motherhood is not merely a medical service; it is a fundamental human right. Every woman, regardless of geography or income, has the right to give birth safely and with dignity. Maternal health is also an economic issue when women die in childbirth, families fall into poverty, and communities lose productivity.

Pakistan has the knowledge, experience, and infrastructure to change this narrative. What we need is political will, consistent funding, and accountability at every level. No woman should die while giving life. Ensuring safe motherhood should be a national priority, not a privilege for the few.

Dr. Maryam Tanveer
Scientific Officer
CDC-NIH

Knowledge Hub

Dengue: What You Need to Know

Dengue is a mosquito-borne viral infection that is common in tropical and subtropical regions worldwide. It is caused by the dengue virus and transmitted to humans through the bite of infected *Aedes* mosquitoes.

What is Dengue?

Dengue is a viral disease caused by any of four closely related dengue viruses (**DENV-1, DENV-2, DENV-3, and DENV-4**). Infection with one serotype provides lifelong immunity to that specific serotype but only temporary and partial immunity to the others. Subsequent infections with different serotypes increase the risk of **severe dengue**.

How Dengue Spreads



Dengue is transmitted primarily by the bite of infected female *Aedes aegypti* mosquitoes, and to a lesser extent, *Aedes albopictus* mosquitoes. These mosquitoes are active during the **daytime**.

- **Mosquito-to-human:** An infected *Aedes* mosquito bites a human, passing the virus.
- **Human-to-mosquito:** An uninfected mosquito bites a dengue-infected person and then transmits the virus to others.

Dengue is **not contagious from person to person** through direct contact.

Signs & Symptoms

Symptoms typically begin **4 to 10 days after the mosquito bite** and usually last for 2 to 7 days. Symptoms can range from mild to severe.

Common (Mild) Dengue Symptoms:

- **High fever** (up to 104°F or 40°C).
- **Severe headache** and pain behind the eyes.
- **Severe joint and muscle pain** (often called "breakbone fever").
- Nausea and vomiting.
- Rash.

Warning Signs of Severe Dengue (Seek immediate medical attention):

Severe dengue is potentially fatal. Warning signs often appear **24-48 hours after the fever has gone down** (critical phase).

- **Severe abdominal pain** or tenderness.
- **Persistent vomiting** (three or more times in 24 hours).
- **Bleeding** from the nose or gums.
- Blood in vomit or stools.
- Rapid breathing.
- Fatigue, restlessness, or irritability.
- Cold or clammy skin.

Severe Dengue (Dengue Hemorrhagic Fever / Dengue Shock Syndrome)

Severe dengue is a medical emergency that can lead to plasma leakage, severe bleeding, organ

impairment, and **shock**. People who have had dengue before are at a significantly higher risk of developing severe dengue upon a second infection with a different serotype.

Prevention

There is no specific treatment to cure dengue, so prevention is key. The most effective strategy is to **avoid mosquito bites** and **control mosquito populations**.

• Mosquito Bite Prevention:

- Use EPA-registered insect repellents (DEET, picaridin, etc.).
- Wear long-sleeved shirts and long pants.
- Stay in screened or air-conditioned areas.

• Mosquito Control (Source Reduction):

- **Eliminate breeding sites** by regularly emptying, cleaning, or covering containers that hold water (e.g., tires, buckets, flower pots) where *Aedes* mosquitoes lay their eggs. [Image showing standing water in domestic containers that serve as mosquito breeding sites]

• Dengue Vaccine:

- A dengue vaccine (Dengvaxia, CYD-TDV) is approved for use in some dengue-endemic countries for individuals with **confirmed prior dengue infection**. Consult local health authorities regarding vaccine recommendations in your area.

Diagnosis and Treatment

- **Diagnosis:** Dengue is diagnosed via a **blood test** that detects the dengue virus or antibodies produced in response to the infection.
- **Treatment:** There is **no specific antiviral treatment**. Treatment focuses on supportive care to manage symptoms.



- **Rest and Fluids:** Get plenty of rest and drink fluids to prevent dehydration.
- **Pain Relief:** Use **acetaminophen (paracetamol)** for fever and pain.
- **Avoid NSAIDs:** **Do NOT** use **aspirin, ibuprofen, or naproxen** until a doctor rules out dengue, as these medications can increase the risk of bleeding.
- **Hospitalization:** Patients with warning signs of severe dengue need immediate hospitalization for close monitoring and intravenous fluids.

More Information

For additional authoritative information on dengue, please visit:

- **World Health Organization (WHO):**
<https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue>
- **Centers for Disease Control and Prevention (CDC):**
<https://www.cdc.gov/dengue/index.html>
- **Public Health Agency of Canada (PHAC):**
<https://www.canada.ca/en/public-health/services/diseases/dengue.html>
- **UK Health Security Agency (UKHSA) / National Health Service (NHS):**
<https://www.nhs.uk/conditions/dengue-fever/>





خود کو ڈینگلی مچھر سے بچائیں

ڈینگلی کیا ہے؟ ڈینگلی بخار ایک خاص قسم کے مادہ ڈینگلی مچھر (Aedes albopictus) اور (Aedes aegypti) کے کاٹنے سے لاحق ہوتا ہے۔ اس مچھر کی خصوصیات یہ ہیں کہ اس کے جسم پر سیاہ اور سفید رنگ کی دھاریاں پائی جاتی ہیں۔

فرق کی ٹرے باقاعدگی سے صاف کریں

ڈینگلی مچھر سے بچنے کیلئے احتیاطی تدابیر

پانی کے برتن کو ڈھانپ کر رکھیں



کوڑا کرکٹ کو فوراً تلف کریں



روم کو لڑ استعمال میں نہ ہوں تو پانی نکال دیں



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نکالے / ٹوٹی ایک ہو تو مرمت کر جائیں



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ڈینگلی مچھر
چکن گونی اور زیکا وائرس
کا باعث بھی
بتا ہے

ڈینگلی بخار کا کوئی
مخصوص علاج نہیں ہے اور
فی الحال اس کیلئے ویکسین بھی دستیاب
نہیں ہے لہذا صرف بروقت احتیاط
سے ہی محفوظ رہا جاسکتا ہے

Field Epidemiology & Disease Surveillance Division (FE&DSD),

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