

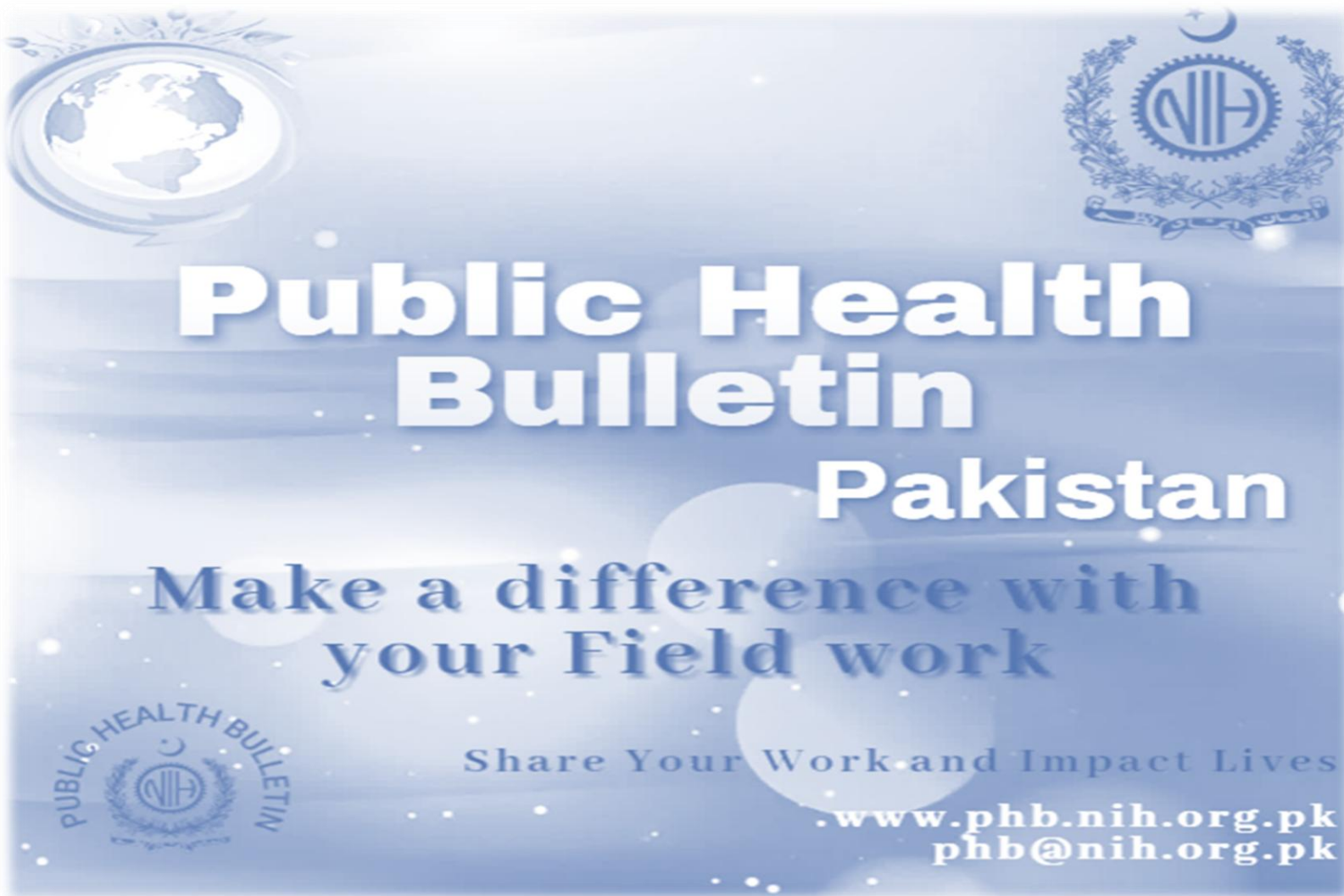
Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

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

Vol. 5 | Week 36
01st SEPTEMBER – 07th SEPTEMBER
15th September, 2025

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 36, 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;

- *Letter to Editor on The Growing Mental Health Crisis Among Youth in Pakistan*
- *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.

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*Sincerely,
The Chief Editor*

- During Week 36, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, TB, B. Diarrhea, VH (B, C & D), dog bite, Typhoid and SARI.
- Fifteen cases of AFP reported from KP, eleven from Sindh, three from AJK and one from GB.
- Twenty-five suspected cases of HIV/ AIDS reported from Sindh and three from KP.
- Two suspected cases of Brucellosis reported from KP.
- Among VPDs, there is an increase in number of cases of Chicken pox, Pertussis, Meningitis, Rubella and Diphtheria this week.
- Among Respiratory diseases, there is a decrease in number of cases of ILI, TB, ALRI < 5years and SARI this week.
- Among Water/food-borne diseases, there is a decrease in number of cases of AD (non – cholera), B. Diarrhea and Typhoid this week.
- Among Vector-borne diseases, there is a decrease in number of cases of Malaria this week.
- Among STDs, there is an increase in number of cases of HIV/AIDs this week.

IDSR compliance attributes

- The national compliance rate for IDSR reporting in 158 implemented districts is 77%
- AJK is the top reporting regions with a compliance rate of 100%, followed by Sindh 97%, GB 89% and ICT 76%.
- The lowest compliance rate was observed in KP 64% and Baluchistan 59%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2704	1720	64
Azad Jammu Kashmir	469	468	100
Islamabad Capital Territory	38	29	76
Baluchistan	1308	770	59
Gilgit Baltistan	416	370	89
Sindh	2111	2038	97
National	7025	5448	77

Public Health Actions

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

Syphilis

- **Strengthen Surveillance and Case Notification:** Strengthen syphilis case reporting into the IDSR system by training healthcare workers to use standard case definitions and improve detection in antenatal clinics and key populations.
- **Improve Diagnostic Services:** Expand access to rapid syphilis tests and confirmatory testing (e.g., RPR, TPHA) at primary and secondary healthcare levels, with linkage to care and partner testing.
- **Ensure Access to Treatment:** Ensure uninterrupted availability of Benzathine penicillin and other recommended antibiotics; implement partner notification and treatment to prevent reinfection.
- **Prevention of Congenital Syphilis through Screening:** Institutionalize routine syphilis screening and treatment during antenatal care to prevent adverse birth outcomes, including stillbirth and congenital infection.
- **Raise Public Awareness and Promote Safer Behaviors:** Conduct behavior change communication campaigns promoting safe sexual practices, STI testing, and early treatment-seeking, especially in adolescents and high-risk groups.

HIV/AIDS

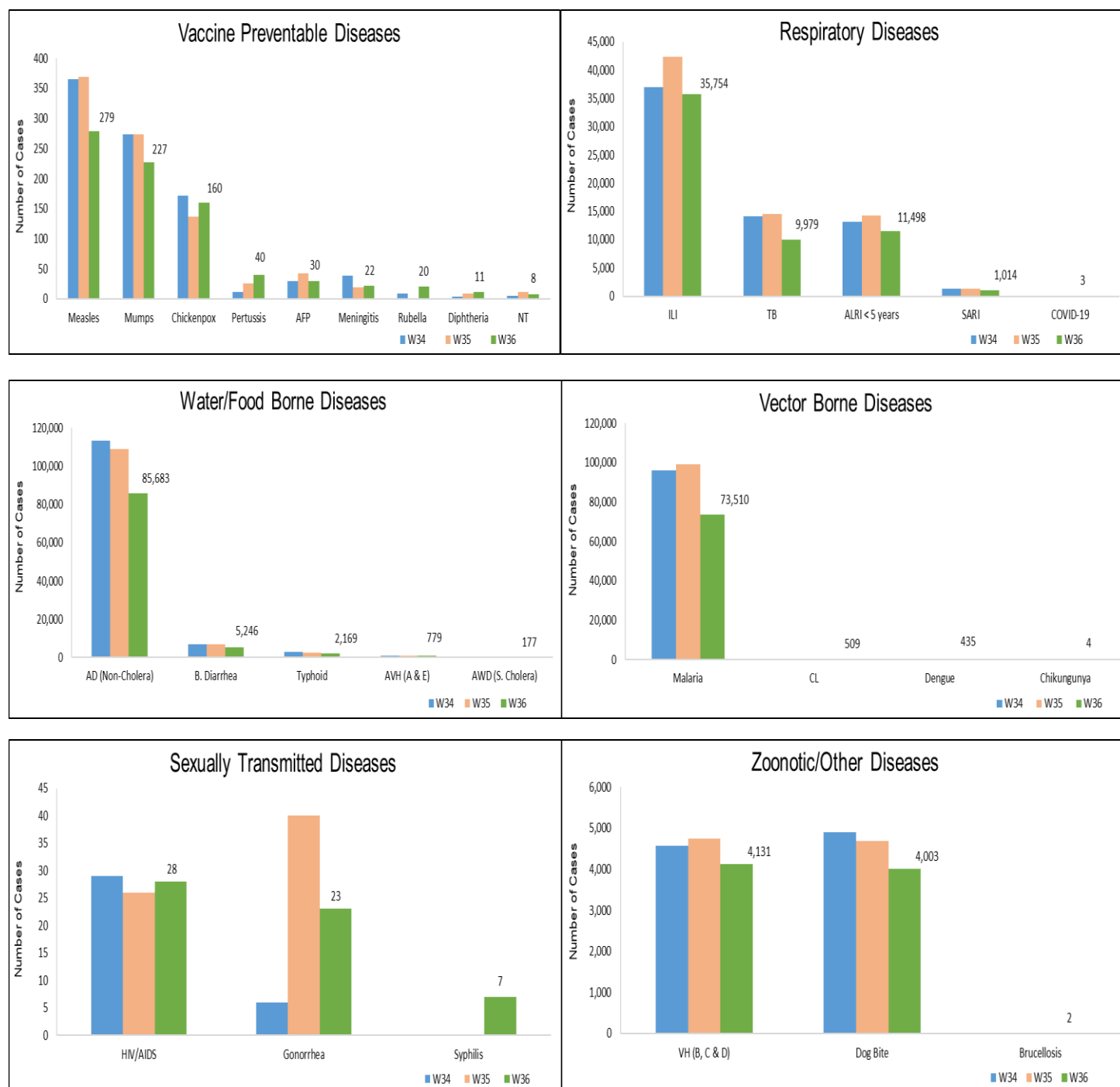
- **Enhance Surveillance and Case Reporting:** Strengthen HIV case-based surveillance within IDSR and through HIV/AIDS control programs; improve data sharing between testing centers, treatment sites, and public health authorities.
- **Expand Testing and Linkage to Care:** Scale up provider-initiated testing and counseling (PITC), community-based testing, and targeted outreach among key populations; ensure immediate linkage to antiretroviral therapy (ART) for all positives.
- **Ensure Universal Access to Treatment and Retention in Care:** Maintain a consistent supply of ART and support adherence through differentiated care models, peer support groups, and community health worker follow-up.
- **Promote Combination Prevention Strategies:** Implement comprehensive HIV prevention, including condom promotion, harm reduction for people who inject drugs, pre-exposure prophylaxis (PrEP), and voluntary medical male circumcision.
- **Prevent Mother-to-Child Transmission:** Integrate HIV testing in antenatal care and ensure ART initiation and follow-up for HIV-positive pregnant women and their infants.
- **Combat Stigma and Raise Awareness:** Conduct advocacy and public education campaigns to reduce stigma, promote testing, and encourage disclosure and support for people living with HIV/AIDS.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 36, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1891	6096	2224	473	34542	NR	40457	85683
Malaria	3	3288	0	5	8183	NR	62031	73510
ILI	1529	4375	314	1593	4072	NR	23871	35754
ALRI < 5 years	895	1451	524	5	705	NR	7918	11498
TB	76	100	102	18	257	NR	9426	9979
B. Diarrhea	42	1081	137	6	1003	NR	2977	5246
VH (B, C & D)	13	83	2	0	328	NR	3705	4131
Dog Bite	135	288	2	0	829	NR	2749	4003
Typhoid	23	382	59	0	763	NR	942	2169
SARI	122	380	76	0	401	NR	35	1014
AVH (A & E)	20	0	4	0	243	NR	512	779
CL	1	54	0	0	453	NR	1	509
Dengue	48	0	0	0	294	NR	93	435
Measles	5	21	27	0	181	NR	45	279
Mumps	6	44	8	1	144	NR	24	227
AWD (S.Cholera)	9	96	22	0	49	NR	1	177
Chickenpox/ Varicella	5	0	32	0	112	NR	11	160
Pertussis	2	16	11	0	11	NR	0	40
AFP	3	0	1	0	15	NR	11	30
HIV/AIDS	0	0	0	0	3	NR	25	28
Gonorrhea	0	13	1	0	4	NR	5	23
Meningitis	5	0	2	0	7	NR	8	22
Rubella (CRS)	5	15	0	0	0	NR	0	20
Diphtheria (Probable)	0	0	0	0	5	NR	6	11
NT	0	0	0	0	8	NR	0	8
Syphilis	0	0	0	0	0	NR	7	7
Chikungunya	0	0	0	0	0	NR	4	4
COVID-19	0	0	0	0	3	NR	0	3
Brucellosis	0	0	0	0	2	NR	0	2

Figure 1: Most frequently reported suspected cases during Week 36, Pakistan.



- Malaria cases were maximum followed by AD (Non-Cholera), ILI, TB, ALRI<5 Years, VH (B, C, D), B. Diarrhea, Dog bite, Typhoid and AVH (A & E).
- AD (non-cholera) cases are mostly from Sujawal, Badin and Dadu whereas Malaria cases are from Larkana, Badin and Khairpur.
- Eleven 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), B.Diarrhea, Typhoid, Measles, Mumps, AFP, Malaria, ILI, ALRI<5 Years, TB, dog bite, VH (B, C, D) while an increase in number of cases of Chickenpox, Diphtheria, Meningitis and HIV/AIDS this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 36, Sindh

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Dog Bite	Typhoid	AVH (A & E)
Badin	5209	2400	2380	619	922	395	289	136	34	6
Dadu	3131	2318	444	329	698	54	391	397	92	221
Ghotki	3429	1145	29	463	329	372	76	138	0	0
Hyderabad	1072	2027	964	237	119	39	44	47	4	12
Jacobabad	1415	681	820	131	451	226	114	143	41	0
Jamshoro	2701	1620	60	500	209	116	73	77	35	7
Kamber	2792	1586	0	687	209	53	84	167	10	0
Karachi Central	29	928	858	153	57	10	17	12	112	4
Karachi East	36	218	132	18	6	1	4	1	18	0
Karachi Keamari	13	519	310	0	9	0	0	0	2	0
Karachi Korangi	48	264	39	17	2	0	6	0	9	8
Karachi Malir	161	1305	2245	97	204	4	52	43	11	5
Karachi South	3	87	2	0	0	0	0	0	0	0
Karachi West	254	735	969	68	203	22	19	98	26	5
Kashmore	1829	319	370	217	128	14	35	75	0	0
Khairpur	4337	2269	5960	923	775	126	262	190	182	1
Larkana	5251	1351	0	583	175	21	229	26	3	0
Matlari	2943	1411	0	482	153	180	40	75	3	6
Mirpurkhas	3085	2185	2295	513	310	66	78	122	9	52
Naushero Feroze	1947	1505	798	469	349	57	313	226	139	1
Sanghar	3839	1648	127	736	264	1092	85	185	40	4
Shaheed Benazirabad	2423	1625	4	252	131	109	68	113	85	0
Shikarpur	1355	888	5	185	85	198	121	161	2	0
Sujawal	2399	3589	0	246	345	0	25	70	27	6
Sukkur	1730	1085	1701	292	141	47	100	82	1	0
Tando Allahyar	2247	1144	644	303	98	246	88	35	3	2
Tando Muhammad Khan	1940	1438	81	356	139	73	114	33	7	0
Tharparkar	2491	1636	824	334	458	36	73	0	6	20
Thatta	1886	1277	1810	31	632	108	106	97	14	150
Umerkot	2036	1254	0	185	317	40	71	0	27	2
Total	62031	40457	23871	9426	7918	3705	2977	2749	942	512

Figure 2: Most frequently reported suspected cases during Week 36 Sindh

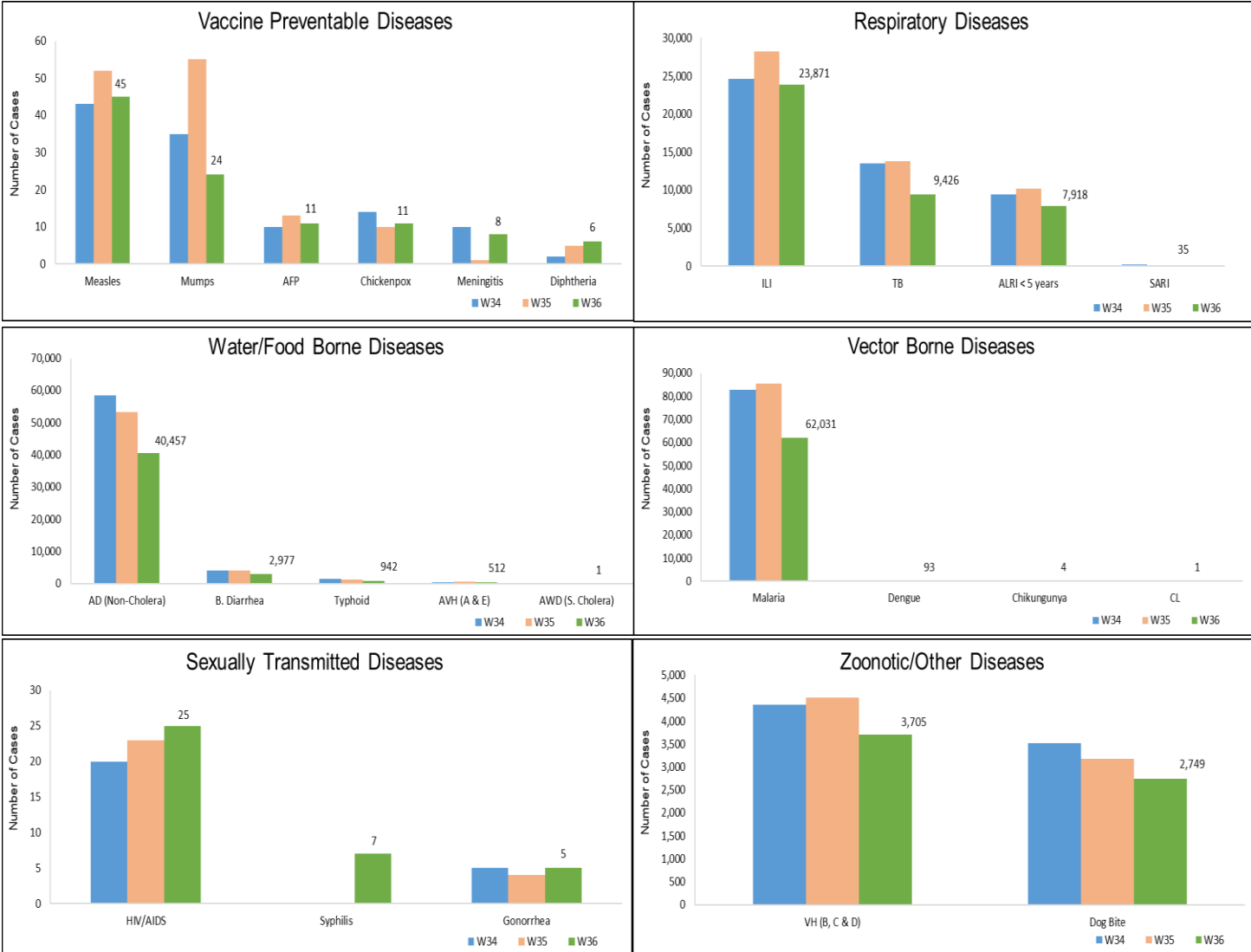
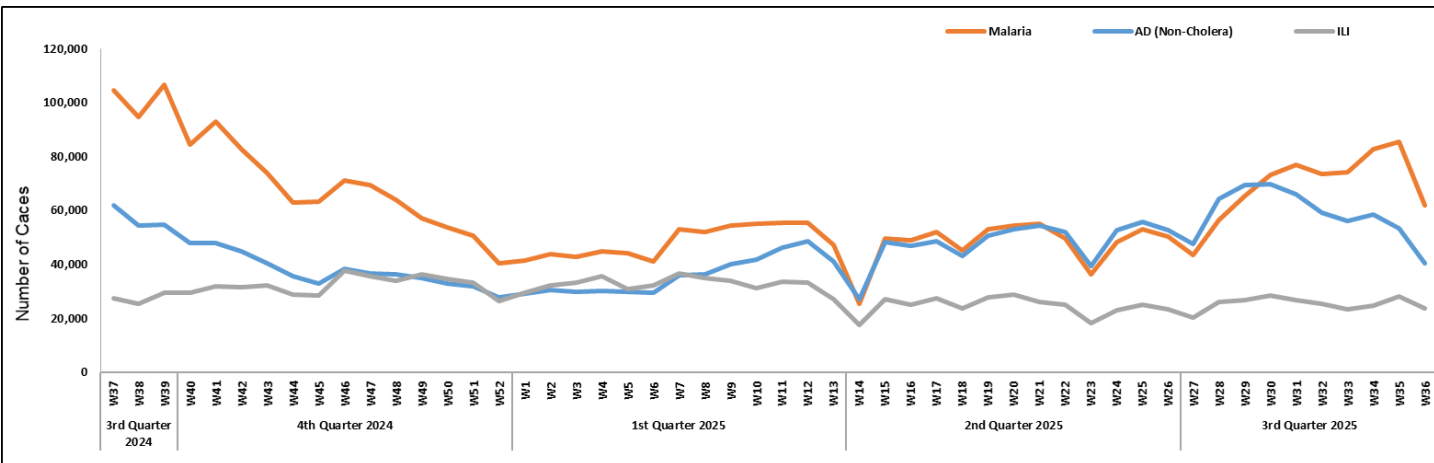


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, Typhoid, SARI, dog bite, TB and AWD (S. Cholera) cases were the most frequently reported diseases from Balochistan province.
- AD (non-cholera) cases are mostly reported from Kech (Turbat), Usta Muhammad and Quetta while ILI cases are mostly reported from Kech (Turbat), Quetta and Sibbi
- AD (Non-Cholera), B. Diarrhea, Typhoid, ILI, Malaria, ALRI <5 years, B, SARI, dog bite, Measles, Mumps, Pertussis and VH (B, C & D) showed decrease in number of cases this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 36, Balochistan

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	Typhoid	SARI	Dog Bite	TB	AWD (S.Cholera)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	69	63	90	9	1	31	0	31	0	3
Chagai	105	165	28	0	29	12	0	0	0	0
Chaman	0	141	57	0	37	41	0	10	0	0
Dera Bugti	113	0	99	0	11	5	0	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	29	27	4	2	13	7	0	2	0	9
Harnai	136	0	74	144	66	0	0	2	0	0
Hub	58	4	21	0	1	0	0	0	1	0
Jaffarabad	416	107	608	37	57	6	11	78	60	0
Jhal Magsi	130	106	86	0	2	1	0	0	0	0
Kachhi (Bolan)	258	5	131	25	72	6	18	14	1	15
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	551	792	481	91	70	0	0	0	0	0
Kharan	165	392	25	0	60	3	7	0	0	0
Khuzdar	78	52	88	9	12	28	20	2	0	2
Killa Abdullah	188	127	7	1	32	16	37	0	0	19
Killa Saifullah	317	0	220	284	95	33	39	11	1	1
Kohlu	59	123	36	10	32	20	0	0	0	0
Lasbella	420	54	275	169	24	8	0	6	4	0
Loralai	220	257	42	33	31	11	49	2	0	1
Mastung	132	176	74	19	25	15	39	0	0	0
MusaKhel	88	32	162	33	26	25	9	0	1	16
Naseerabad	260	27	111	12	12	29	16	105	8	1
Nushki	159	0	8	0	39	0	0	0	0	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	225	284	16	55	74	8	23	0	3	7
Quetta	459	514	18	129	24	13	59	1	0	0
Sherani	37	50	8	14	25	3	11	0	0	0
Sibi	404	492	150	38	27	24	34	2	1	21
Sohbat pur	233	10	75	121	82	15	0	2	2	0
Surab	26	95	2	0	0	0	0	0	0	0
Usta Muhammad	468	82	132	112	53	11	0	18	0	0
Washuk	89	113	72	3	25	3	0	2	0	1
Zhob	124	40	63	85	7	6	3	0	18	0
Ziarat	80	45	25	16	17	2	5	0	0	0
Total	6096	4375	3288	1451	1081	382	380	288	100	96

Figure 4: Most frequently reported suspected cases during Week 36, Balochistan

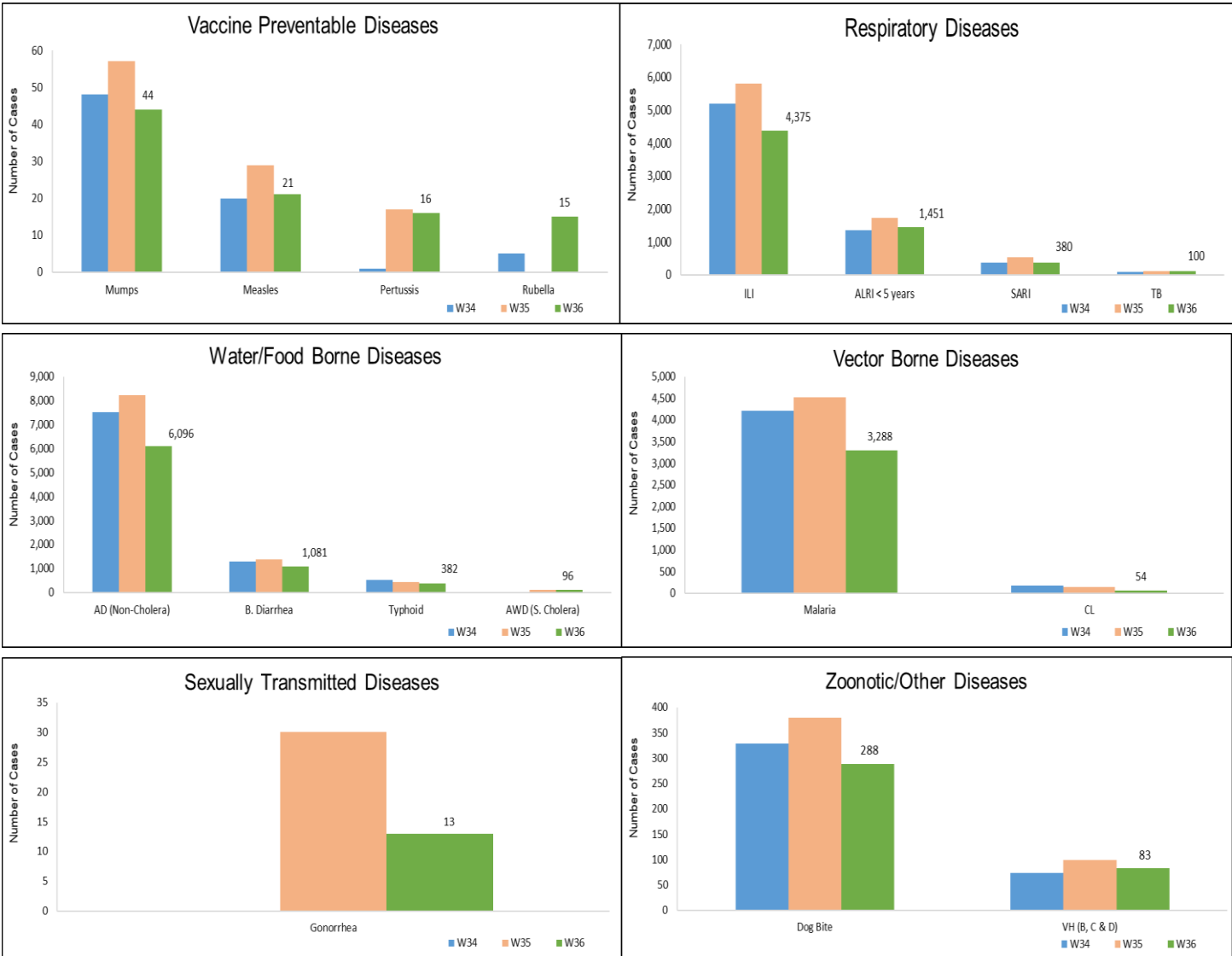
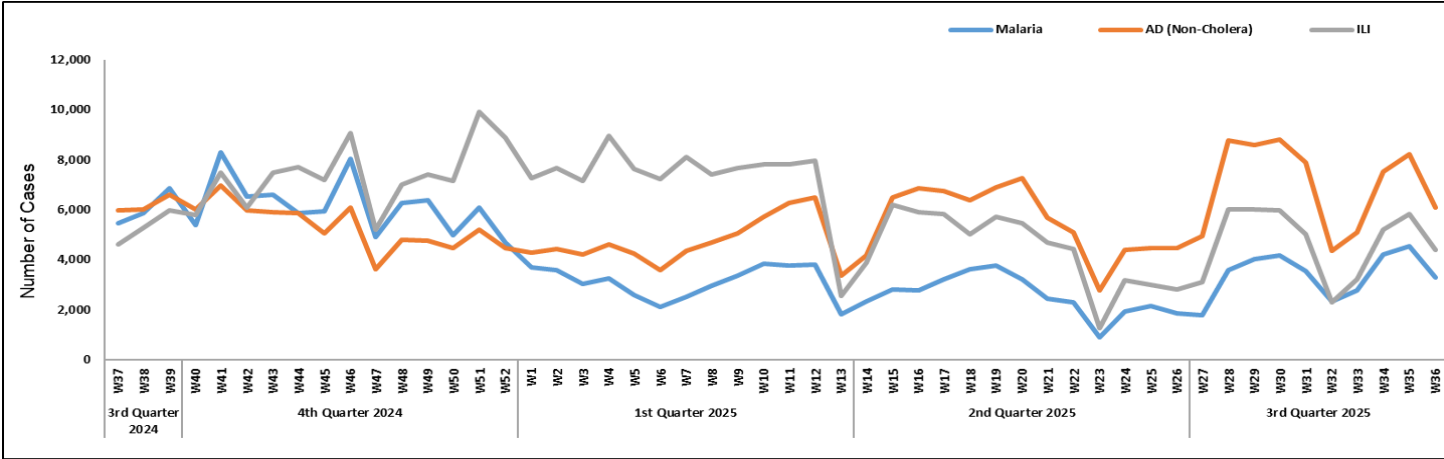


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan



- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, B. Diarrhea, Dog bite, Typhoid, ALRI<5 years, CL, SARI and VH (B, C & D).
- AD (Non-Cholera), ILI, Malaria, ALRI<5 Years, TB and B. Diarrhea, dog bite, Measles, Mumps and Meningitis cases showed a decline in number while Chicken pox, Pertussis, Diphtheria, VH (B, C & D) NT, CL and HIV/AIDs showed an increase in number this week.
- Fifteen cases of AFP reported from KP. All are suspected cases and need field verification.
- Three cases of HIV/AIDs reported from KP. Field investigation is required.
- Two suspected cases of Brucellosis reported from KP. They require field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 36, KP

Districts	AD (Non-Cholera)	Malaria	ILI	B. Diarrhea	Dog Bite	Typhoid	ALRI < 5 years	CL	SARI	VH (B, C & D)
Abbottabad	864	1	69	1	12	14	2	0	0	0
Bajaur	806	428	53	86	90	3	6	7	46	13
Bannu	926	1288	3	19	1	75	5	0	0	0
Battagram	481	74	239	1	0	10	0	0	0	0
Buner	262	101	0	0	0	0	0	0	0	0
Charsadda	2560	454	1215	171	0	130	242	1	11	222
Chitral Lower	797	30	40	9	20	7	8	5	6	3
Chitral Upper	263	13	20	2	0	19	6	0	8	0
D.I. Khan	1553	485	0	16	13	0	4	0	0	0
Dir Lower	1897	221	0	87	19	2	11	0	0	1
Dir Upper	1789	13	15	28	26	9	27	2	0	0
Hangu	167	80	30	0	0	14	55	33	0	0
Haripur	1336	6	337	0	9	6	28	0	3	15
Karak	683	281	38	33	49	5	29	175	0	0
Khyber	508	802	49	172	37	71	28	86	14	12
Kohat	915	283	0	41	25	14	9	37	0	1
Kohistan Lower	176	2	3	8	0	0	4	1	0	0
Kohistan Upper	290	26	1	16	0	1	4	0	2	0
Kolai Palas	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
L & C Kurram	18	4	1	3	1	4	2	0	0	0
Lakki Marwat	799	459	6	10	72	7	0	0	0	0
Malakand	497	40	35	0	0	14	0	2	0	0
Mansehra	642	7	165	2	0	32	0	0	0	0
Mardan	986	180	6	28	9	12	9	0	0	0
Mohmand	152	282	69	17	10	4	0	46	180	1
North Waziristan	93	135	0	1	0	23	18	0	0	0
Nowshera	2640	543	47	9	6	17	11	10	10	6
Orakzai	152	46	6	9	2	0	0	0	0	0
Peshawar	4486	75	376	93	6	144	15	1	1	20
Shangla	1821	1146	20	10	91	16	12	0	0	1
South Waziristan (Lower)	118	99	99	1	28	10	29	13	52	2
South Waziristan (Upper)	55	96	16	4	0	0	6	8	8	0
Swabi	1380	120	519	22	173	39	43	0	13	22
Swat	3663	101	478	29	115	40	82	0	2	8
Tank	549	146	47	15	0	11	5	0	0	0
Tor Ghar	94	101	0	21	8	2	3	26	17	0
Upper Kurram	124	15	70	39	7	8	2	0	28	1
Total	34542	8183	4072	1003	829	763	705	453	401	328

Figure 6: Most frequently reported suspected cases during Week 36, KP

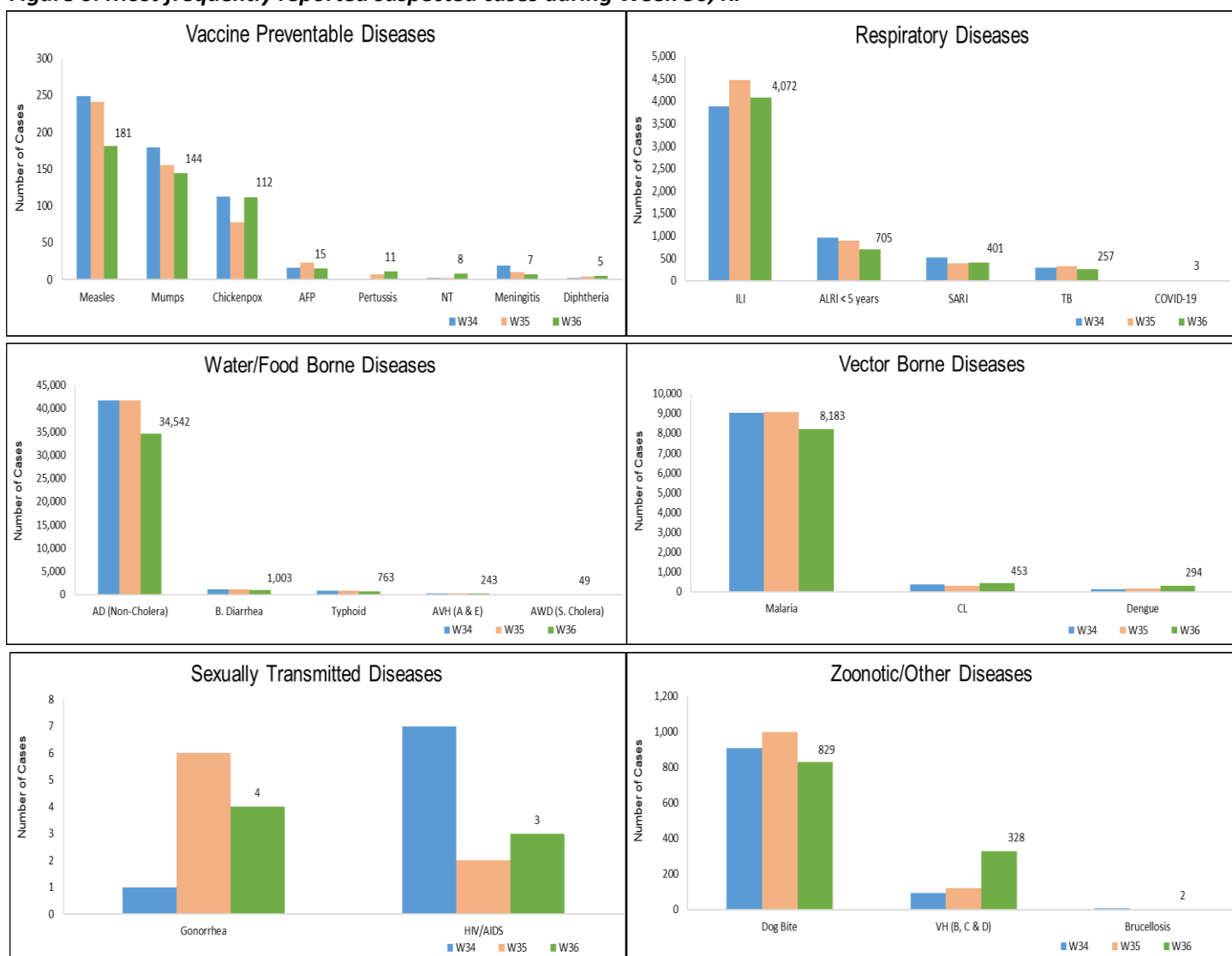
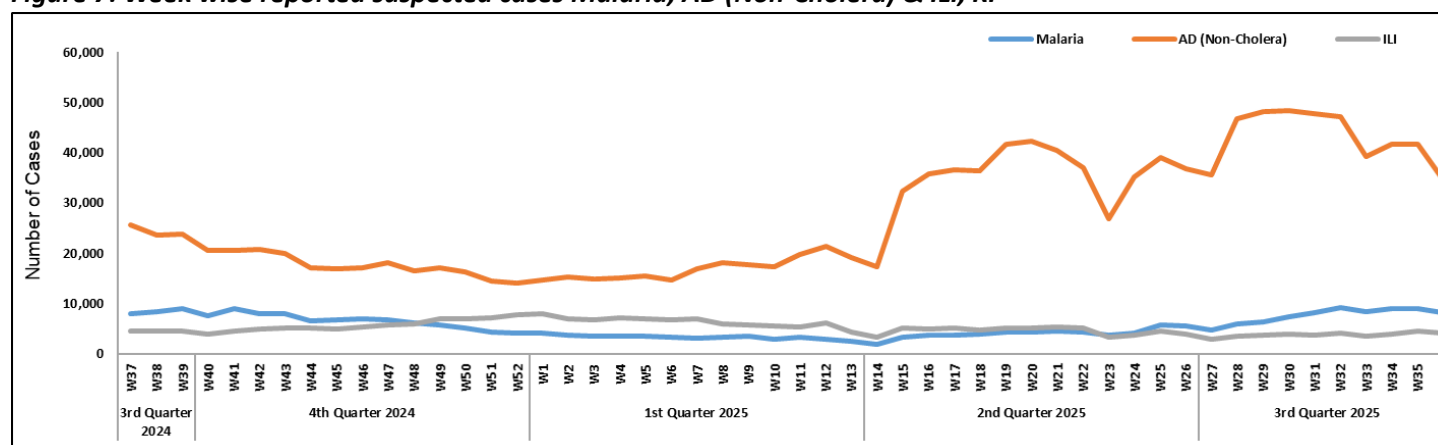


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP



ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera). ILI cases showed an increase while AD (Non cholera) cases showed a decline in number this week.

AJK: AD (Non cholera) cases were maximum followed by ILI, ALRI < 5years, dog bite, SARI TB, Dengue and B. Diarrhea cases. An increase in number of suspected cases was observed for ALRI < 5years, SARI, dengue, dog bite, VH (B, C & D), Typhoid, Mumps, Rubella and Pertussis while a decline in cases observed for Chicken pox, Measles, ILI, TB, Malaria and AD (Non. Cholera) this week.

GB: AD (Non cholera) cases were the most frequently reported diseases followed by ALRI< 5 years, ILI, B. Diarrhea, TB and SARI cases. A decrease in cases observed for AD (Non cholera), B. Diarrhea, Typhoid, ALRI <5 Years, TB, ILI and SARI this week.

Figure 8: Most frequently reported suspected cases during Week 36, AJK

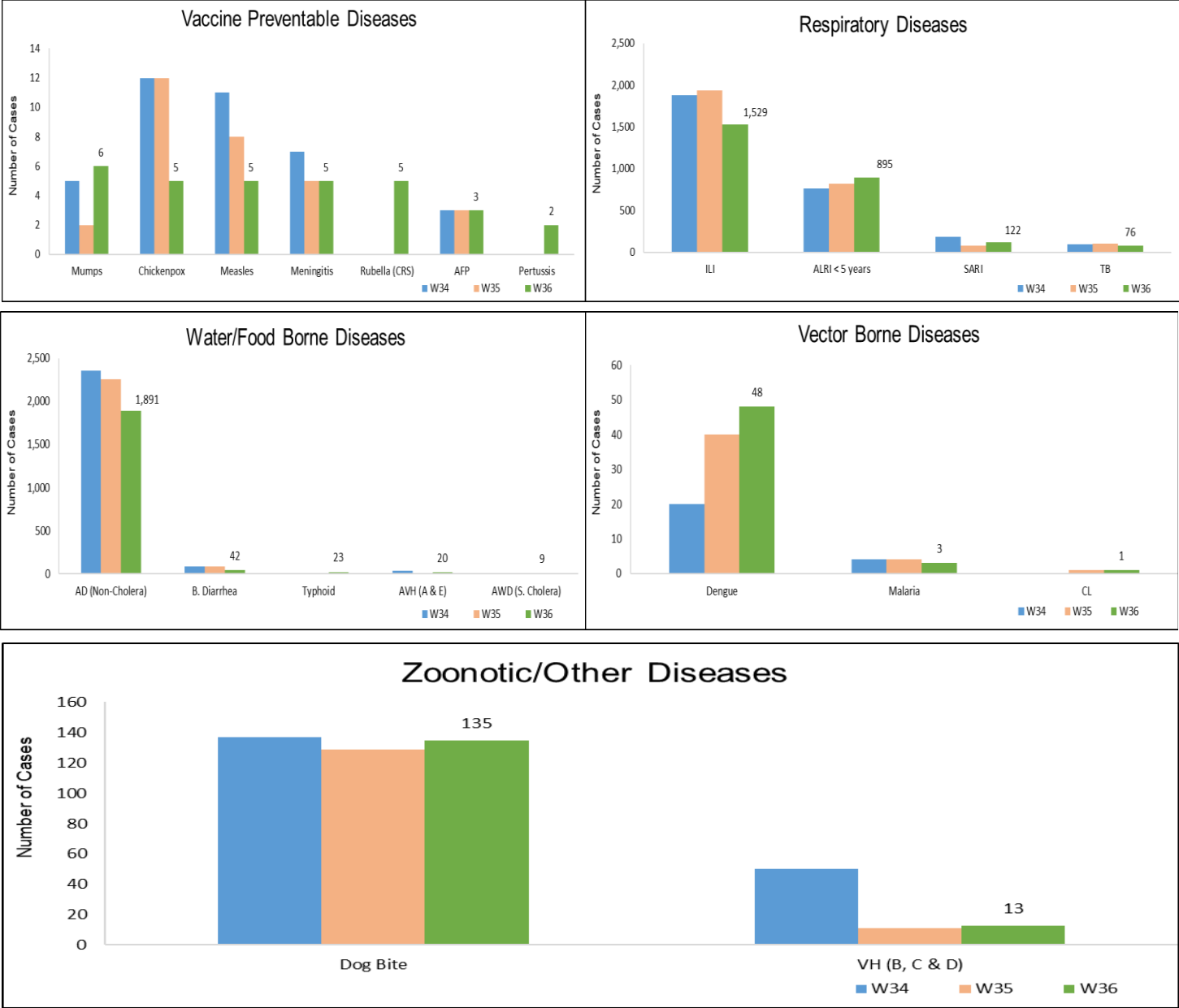


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera)

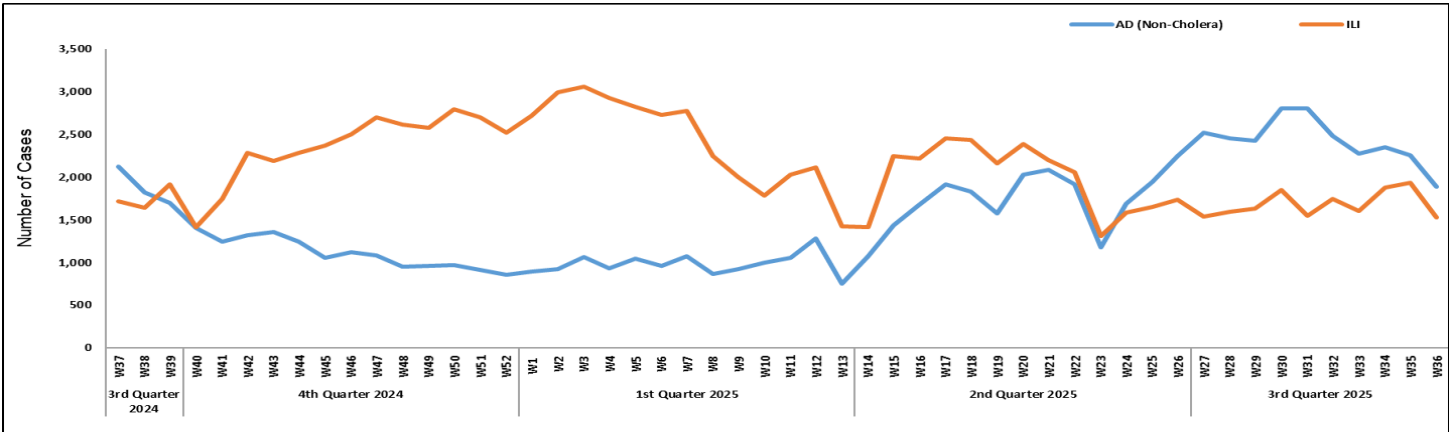


Figure 10: Most frequently reported suspected cases during Week 36, ICT

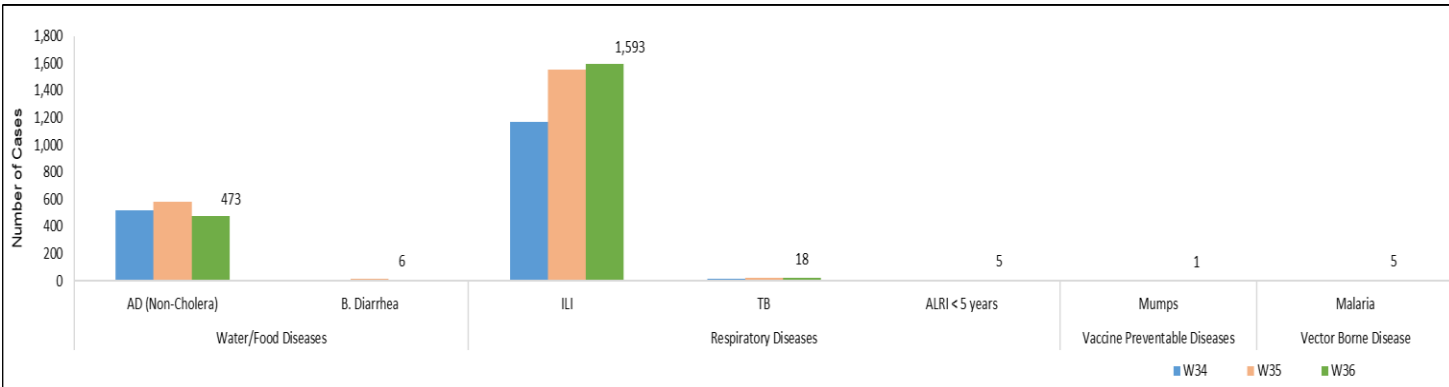


Figure 11: Week wise reported suspected cases of ILI, ICT

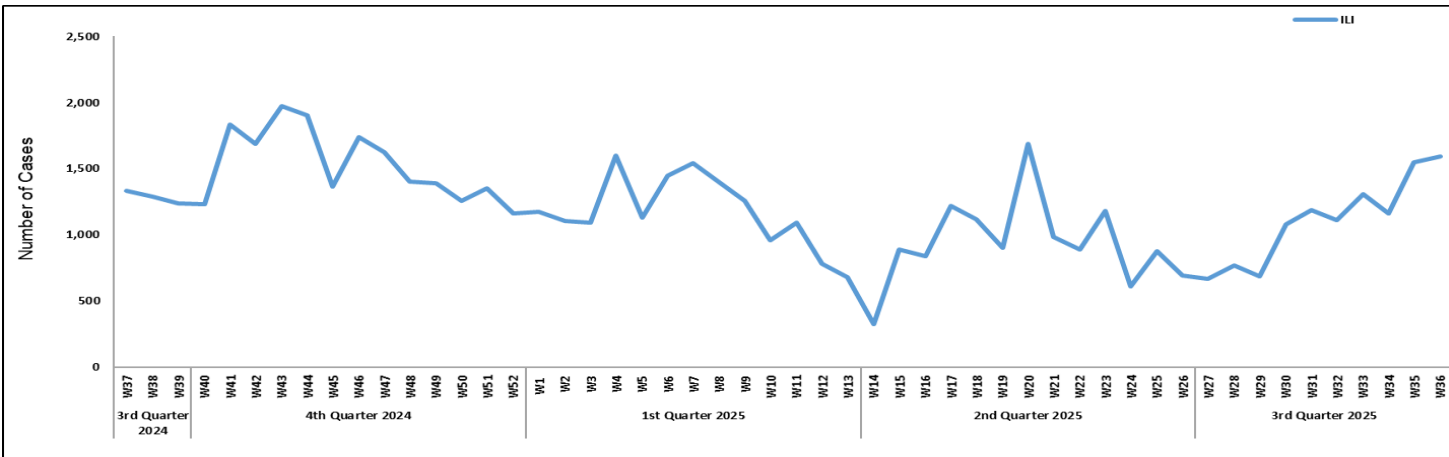


Figure 12: Most frequently reported suspected cases during Week 36, GB

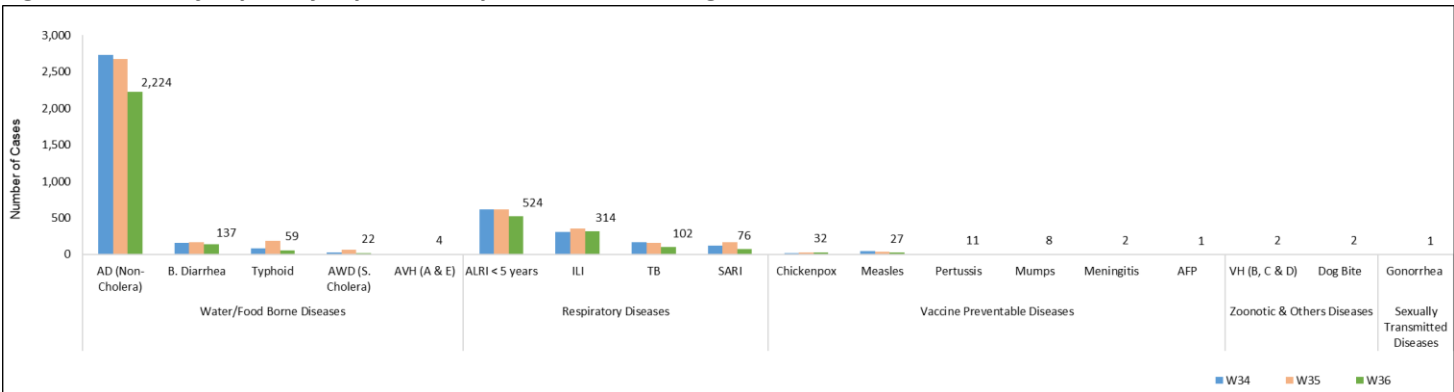
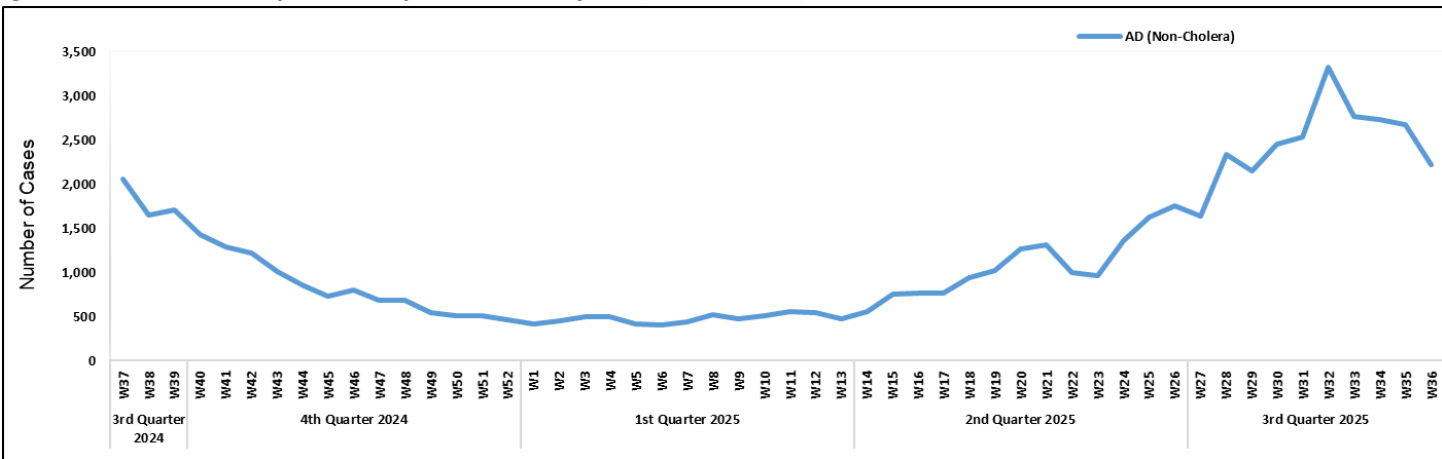


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB



Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 36

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)	46	9	-	-	0	0	-	-	57	41	-	-	0	0
Stool culture & Sensitivity	272	1	-	-	0	0	-	-	0	0	-	-	0	0
Malaria	12,103	1,058	-	-	937	21	-	-	74	0	-	-	43	0
CCHF	1	0	4	1	-	-	-	-	0	0	-	-	0	0
Dengue	4,159	805	-	-	21	3	-	-	0	0	-	-	185	31

VH (B)	11,335	456	0	0	2,223	16	-	-	898	19	-	-	565	4
VH (C)	11,385	939	89	49	2,225	5	-	-	1,119	5	-	-	567	7
VH (D)	127	27	-	-			-	-	0	0	-	-	0	0
VH (A)	114	30	-	-	2	2	-	-	0	0	-	-	0	0
VH (E)	88	17	-	-	3	0	-	-	0	0	-	-	0	0
Covid-19	26	0	5	2			-	-			-	-	10	0
TB	495	43	-	-	8	1	-	-	39	1	-	-	43	4
HIV/ AIDS	4,183	37	-	-	2,054	2	-	-	202	0	-	-	462	0
Syphilis	1,133	13	-	-	624	2	-	-	70	0	-	-	0	0
Typhoid	2,136	65	-	-	0	0	1	1	135	13	-	-	0	0
Diphtheria	13	4	-	-	5	2	-	-	0	0	8	1	0	0
ILI	21	4	-	-	0	0	-	-	0	0	-	-	0	0
Pneumonia (ALRI)	359	66	-	-	0	0	-	-	0	0	-	-	0	0
Meningitis	25	2	-	-	0	0	-	-	0	0	-	-	0	0
Measles	78	37	6	3	142	63	3	1	38	5	197	38	9	2
Rubella	78	2	6	0	142	1	3	0	38	1	197	0	9	0
Rubella (CRS)	11	6	-	-	0	0	-	-	0	0	-	-	0	0
Leishmaniasis (cutaneous)	26	2	-	-	0	0	-	-	0	0	-	-	0	0
Chikungunya	2	0	2	0	0	0	-	-	0	0	-	-	0	0
Gonorrhea	117	0	-	-	0	0	-	-	0	0	-	-	0	0
Brucellosis	0	0	-	-	1	0	-	-	0	0	-	-	0	0
Covid-19	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-
	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenza A	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-
	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenza B	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-
	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-
RSV	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-
	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-

IDSR Reports Compliance

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

Table 6: IDSR reporting districts Week 36, 2024

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	100	90%
	Bannu	238	133	56%
	Battagram	59	32	54%
	Buner	34	18	53%
	Bajaur	44	37	84%
	Charsadda	59	58	98%
	Chitral Upper	34	29	85%
	Chitral Lower	35	34	97%
	D.I. Khan	114	113	99%
	Dir Lower	74	63	85%
	Dir Upper	37	18	49%
	Hangu	22	11	50%
	Haripur	72	68	94%
	Karak	36	36	100%
	Khyber	53	46	87%
	Kohat	61	61	100%
	Kohistan Lower	11	8	73%
	Kohistan Upper	20	15	75%
	Kolai Palas	10	0	0%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	5	12%
	Upper Kurram	41	29	71%
	Malakand	42	16	38%
	Mansehra	133	77	58%
	Mardan	80	44	55%
	Nowshera	56	54	96%
	North Waziristan	13	8	62%
	Peshawar	156	131	84%
	Shangla	37	35	95%
	Swabi	64	62	97%
	Swat	77	73	95%
	South Waziristan (Upper)	93	93	100%
	South Waziristan (Lower)	42	29	69%
	Tank	34	30	88%
	Torghar	14	14	100%
	Mohmand	68	61	90%
	Orakzai	69	10	14%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	92	92	100%
	Kotli	60	60	100%
	Muzaffarabad	45	45	100%
	Poonch	46	46	100%



	Haveli	39	39	100%
	Bagh	54	54	100%
	Neelum	39	39	100%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	23	22	96%
	CDA	15	7	47%
Balochistan	Gwadar	26	1	4%
	Kech	44	36	82%
	Khuzdar	74	14	19%
	Killa Abdullah	26	21	81%
	Lasbella	55	53	96%
	Pishin	69	20	29%
	Quetta	55	27	49%
	Sibi	36	36	100%
	Zhob	39	14	36%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	4	27%
	Kohlu	75	17	23%
	Chagi	36	19	53%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	17	49%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	25	100%
	Surab	32	14	44%
	Mastung	45	45	100%
	Loralai	33	29	88%
	Killa Saifullah	28	26	93%
	Ziarat	29	12	41%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	33	73%
	Washuk	46	13	28%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	24	100%
	Barkhan	20	19	95%
	Hub	33	7	21%
	Musakhel	41	21	51%
	Usta Muhammad	34	31	91%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	38	100%
	Gilgit	42	40	95%
	Diamer	62	54	87%
	Astore	55	55	100%
	Shigar	27	25	93%

	Skardu	53	53	100%
	Ganche	29	29	100%
	Kharmang	46	24	52%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	102	95%
	Tharparkar	276	244	88%
	Shikarpur	60	59	98%
	Thatta	52	52	100%
	Larkana	67	67	100%
	Kamber Shadadkot	71	70	99%
	Karachi-East	21	14	67%
	Karachi-West	20	20	100%
	Karachi-Malir	35	31	89%
	Karachi-Kemari	22	22	100%
	Karachi-Central	12	9	75%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	54	98%
	Mirpur Khas	106	104	98%
	Badin	124	124	100%
	Sukkur	64	63	98%
	Dadu	90	82	91%
	Sanghar	100	99	99%
	Jacobabad	44	44	100%
	Khairpur	170	166	98%
	Kashmore	59	59	100%
	Matiali	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 36, 2024

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

Tackling Mental Health Crisis Among Youth in Pakistan

Dear Editor,

Pakistan is a young country nearly 64% of its population is under 30. This demographic, if healthy and supported, could drive national progress. But instead, a growing proportion of our youth is battling invisible psychological struggles. Studies suggest that one in four young Pakistanis faces symptoms of anxiety or depression, though very few seek or receive help. The reasons are manifold: lack of awareness, limited access to services, cultural stigma, and economic uncertainty.

The pressures faced by today's youth are unlike those of any previous generation. Academic competition, unemployment, social media comparison, and family expectations create constant psychological strain. In urban centers, long commutes, financial instability, and the breakdown of social support systems add to the burden. In rural areas, conflict, poverty, and lack of opportunity breed despair. For many young people, there is simply nowhere to turn.

Unfortunately, mental health remains low on the public health agenda. The country's overall health budget allocates less than 1% to mental health services. Psychiatric care is concentrated in major cities, leaving vast populations in smaller towns and rural areas with little or no access. The number of trained psychiatrists and clinical psychologists is grossly inadequate for a country of over 240 million people. Most cases are handled, if at all, by general physicians who lack specialized training.

Stigma continues to be one of the most powerful barriers. In many communities, mental illness is seen as a personal weakness, a lack of faith, or even possession by evil forces. Such

misconceptions drive families to seek help from unqualified sources rather than trained professionals. As a result, conditions that could be treated early often worsen into crises. Suicide rates, particularly among young men and women aged 15–29, are rising; a heartbreaking reflection of social silence.

Addressing this crisis requires a multi-sectoral, culturally sensitive strategy. First, mental health must be integrated into primary healthcare. Family doctors, community health workers, and Lady Health Visitors can be trained to screen for basic mental health conditions and provide initial counseling or referrals. This model has been implemented successfully in countries like Bangladesh and Sri Lanka with limited resources.

Second, Program for surveillance of mental health illnesses must be established. Pakistan lacks up-to-date, nationwide epidemiological studies on mental illness. Without reliable data, policy planning remains blind. The inclusion of mental health indicators in national surveys such as the Pakistan Demographic and Health Survey (PDHS) would provide the evidence base needed for targeted interventions.

Third, public awareness campaigns are critical. National and provincial governments should collaborate with media outlets, influencers, and civil society to normalize conversations about mental health. Campaigns in Urdu and regional languages can dispel myths, promote help-seeking, and highlight recovery stories. Religious leaders, who hold immense moral authority, can also play a positive role by framing mental health care as compatible with faith and compassion.

Fourth, we need to invest in building human resources. Expanding training programs for psychiatrists, psychologists, and psychiatric nurses is essential. Universities should establish departments of clinical psychology and community mental health, with a focus on research and evidence-based practice. Technology can help bridge service gaps through



tele-counseling and online therapy platforms, especially for remote regions.

The private sector and non-governmental organizations have an important role too. Corporate wellness programs, workplace counseling, and youth mentorship initiatives can help create healthier environments. Philanthropic organizations could fund low-cost community clinics and hotlines, while digital innovators could design mental health apps that offer accessible self-help tools.

Finally, schools and universities need to become safe spaces for emotional wellbeing. Educational institutions should employ trained counselors who can offer psychological support to students. Teachers must be sensitized to recognize warning signs of distress. Life-skills education including stress management, communication, and emotional literacy should be embedded in curricula. Academic success cannot come at the cost of mental collapse.

In the end, no health system can be considered complete without mental health at its core. It is time to move beyond stigma and denial. We must treat mental health with the same seriousness as any physical illness because the mind, too, deserves healing.

Dr Shafiq ur Rehman
Senior Scientific Officer
CDC-NIH

Knowledge Hub

Understanding HIV/AIDS: A Public Health Priority

What is HIV?

HIV is a virus that attacks the body's immune system, specifically the **CD4+ T cells**, which are crucial for fighting infections. If left untreated, HIV reduces the number of these cells, weakening the immune system and making the person more vulnerable to opportunistic infections and certain cancers.

What is AIDS?

AIDS is the most advanced stage of HIV infection, defined by the occurrence of specific diseases or conditions related to severe immunodeficiency. Not everyone with HIV will develop AIDS, especially with early diagnosis and proper treatment.

How is HIV Transmitted?

HIV is transmitted through:

- Unprotected sexual contact with an infected person
- Sharing of needles or syringes
- Transfusion of contaminated blood products
- From mother to child during pregnancy, childbirth, or breastfeeding

HIV is not transmitted through casual contact such as hugging, shaking hands, or sharing utensils.

Symptoms of HIV

HIV infection typically progresses through three stages:

1. **Acute HIV Infection** (2-4 weeks post-infection): flu-like symptoms such as fever, sore throat, rash, or fatigue
2. **Chronic HIV Infection**: virus multiplies at low levels, often asymptomatic
3. **AIDS**: severe immune damage, with symptoms such as weight loss, recurrent fever, persistent diarrhea, and opportunistic infections

Diagnosis

HIV can be diagnosed through:

- **Rapid diagnostic tests (RDTs)** that detect antibodies and/or antigens
- **Enzyme-linked immunosorbent assay (ELISA)**
- **PCR tests** to detect viral RNA, especially in early infection or infants

Early testing enables timely treatment and reduces the risk of onward transmission.

Treatment

There is no cure for HIV, but it can be effectively managed with **antiretroviral therapy (ART)**. ART suppresses viral replication, improves immune function, and prevents the progression to AIDS. With consistent treatment, people living with HIV can lead long, healthy lives.

Key benefits of ART:

- Reduces viral load to undetectable levels
- Prevents transmission (U=U: Undetectable = Un-transmittable)
- Improves quality of life

Prevention Strategies

Effective HIV prevention includes:

- **Consistent use of condoms**
- **HIV testing and counseling**
- **Pre-exposure prophylaxis (PrEP)** for high-risk populations
- **Post-exposure prophylaxis (PEP)** after potential exposure
- **Harm reduction** strategies for people who inject drugs (e.g., needle exchange programs)
- **Safe blood transfusion practices**
- **Mother-to-child transmission prevention** through ART

Global and Regional Response

Global Snapshot:

- As of 2023, **39 million** people were living with HIV
- Over **29 million** were receiving ART
- Sub-Saharan Africa remains the most affected region

Remaining Challenges:

- Stigma and discrimination
- Inequitable access to services
- Vulnerability of key populations (e.g., sex workers, MSM, people who inject drugs)

HIV/AIDS in Pakistan

- Approximately **190,000 people** are living with HIV
- Concentrated epidemic among **key populations**, especially **injecting drug users**

- Ongoing efforts led by **National AIDS Control Programme (NACP)** with support from global partners
- Integration with **One Health**, TB, and hepatitis programs is being explored

Looking Forward: Ending the Epidemic

The **UNAIDS 95-95-95** targets aim for:

- 95% of people living with HIV to know their status
- 95% of diagnosed individuals to receive ART
- 95% of those on ART to achieve viral suppression

To reach these goals, a combination of biomedical, behavioral, and structural interventions is essential. Addressing social determinants of health and ensuring the inclusion of marginalized groups is key to ending AIDS as a public health threat by 2030.

Key Takeaways

- HIV is preventable and manageable with early diagnosis and consistent treatment.
- ART transforms HIV from a life-threatening condition to a chronic manageable illness.
- Public awareness, testing, and stigma reduction are essential to curbing the epidemic.
- Strong health systems, international cooperation, and community engagement are vital.

Further Resources

- [UNAIDS](#)
- [WHO – HIV/AIDS](#)
- [CDC – HIV](#)
- [Pakistan National AIDS Control Programme](#)



Reduce your risk of getting HIV by:



Using condoms



Ensuring that your partners who are living with HIV are taking treatment



Using PrEP to prevent getting HIV if you have ongoing risk, including during pregnancy



Using sterile needles and syringes for all injections



Getting tested and treated for sexually transmitted infections

	https://phb.nih.org.pk/		https://twitter.com/NIH_Pakistan
	idsr-pak@nih.org.pk		https://www.facebook.com/NIH.PK/