PUBLIC HEALTH BULLETIN-PAKISTAN

Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

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

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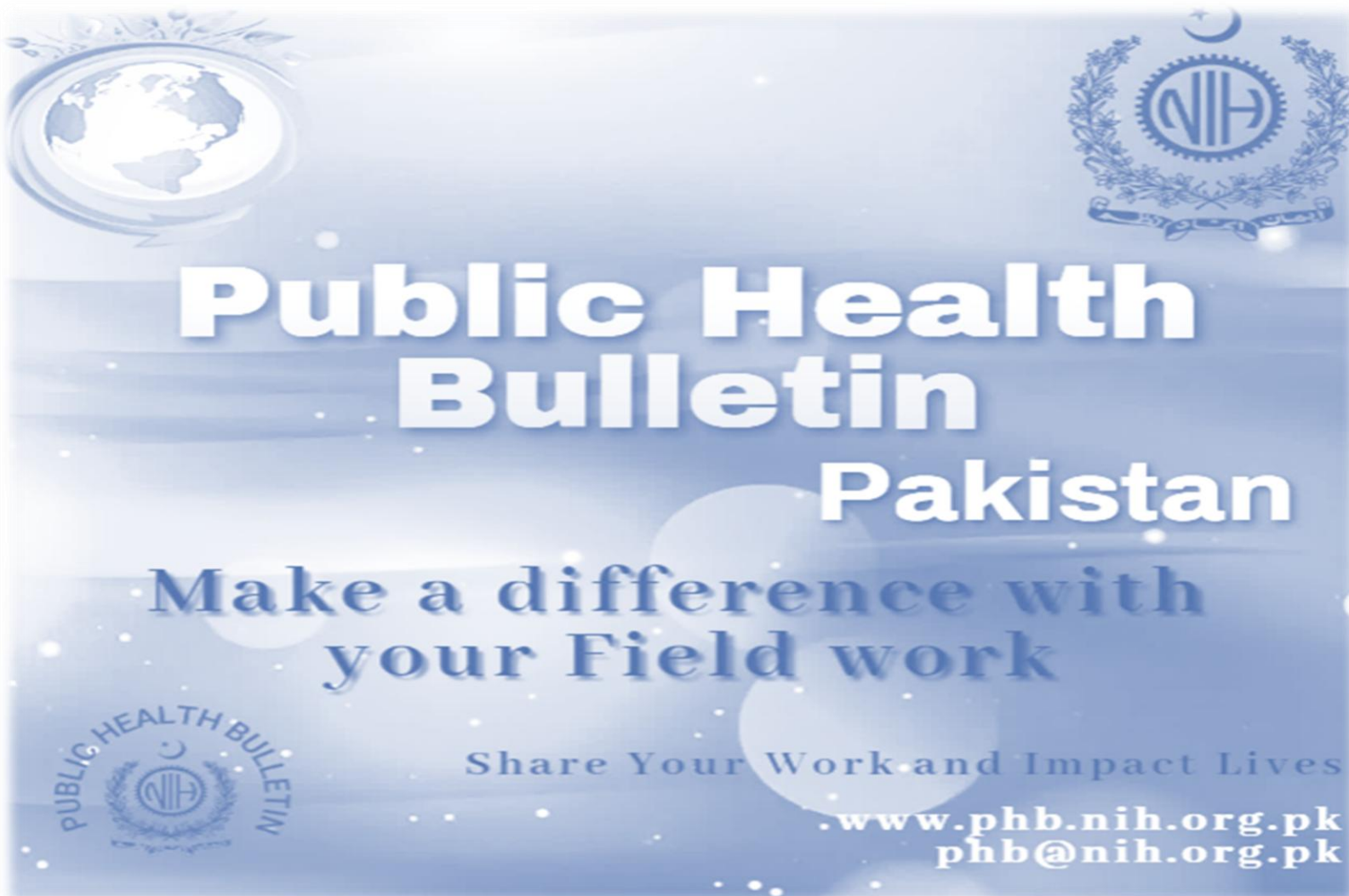
Overview

IDSR Reports

Ongoing Events

Field Reports

Public Health Bulletin - Pakistan, Week 49, 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;
- *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.

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Stay informed. Stay prepared. Stay healthy.

Sincerely,
The Chief Editor

Note: All reported cases in this report are suspected cases

- *During Week 49, the most frequently reported cases were of Malaria, followed by Acute Diarrhea (Non-Cholera), ILI, ALRI <5 years, TB, Dog Bite, B. Diarrhea, VH (B, C & D), SARI, Typhoid and AVH (A & E).*

- *Twenty-eight cases of AFP reported from KP, eleven from Sindh and four from AJK.*

- *Two suspected cases of HIV/ AIDS reported from Sindh and one from KP.*

- *One suspected case of Brucellosis reported from KP.*

- *Among VPDs, there is an increase in number of cases of Measles, Mumps, Pertussis and Rubella (CRS) this week.*

- *Among Respiratory diseases, there is an increase in number of cases of ALRI <5 years and SARI this week.*

- *Among Water/food-borne diseases, there is an increase in number of cases of AVH (A & E) and AWD (S. Cholera) this week.*

- *Among Vector-borne diseases, there is an increase in number of cases of Chikungunya this week.*

- *Among STDs, there is a decline in number of cases of HIV/AIDs 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 97%, followed by GB 90%, AJK 81% and ICT 71%.*

- *The lowest compliance rate was observed in KP 62% followed by Balochistan 49%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	*2704*	*1686*	*62*
Azad Jammu Kashmir	*469*	*379*	*81*
Islamabad Capital Territory	*38*	*27*	*71*
Balochistan	*1308*	*645*	*49*
Gilgit Baltistan	*417*	*374*	*90*
Sindh	*2111*	*2058*	*97*
National	*7047*	*5169*	*73*

Public Health Actions

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

Measles

- **Strengthen Surveillance and Case Notification:** Enhance measles case reporting through the IDSR system by training healthcare providers to recognize and report suspected cases (fever with maculopapular rash and cough, coryza, or conjunctivitis). Ensure immediate outbreak alerts.
- **Expand Laboratory Confirmation:** Strengthen laboratory capacity for measles IgM antibody testing and PCR, particularly for outbreak investigations and elimination verification.
- **Improve Immunization Coverage:** Ensure high and equitable coverage of measles-containing vaccines (MCV1 and MCV2) through routine immunization, outreach services, and catch-up campaigns in underserved areas.
- **Strengthen Outbreak Preparedness and Response:** Establish rapid response teams for case isolation, contact tracing, and ring vaccination.
- **Raise Public Awareness:** Implement community engagement and communication campaigns to promote vaccine acceptance, early healthcare-seeking, and understanding of measles symptoms and risks.
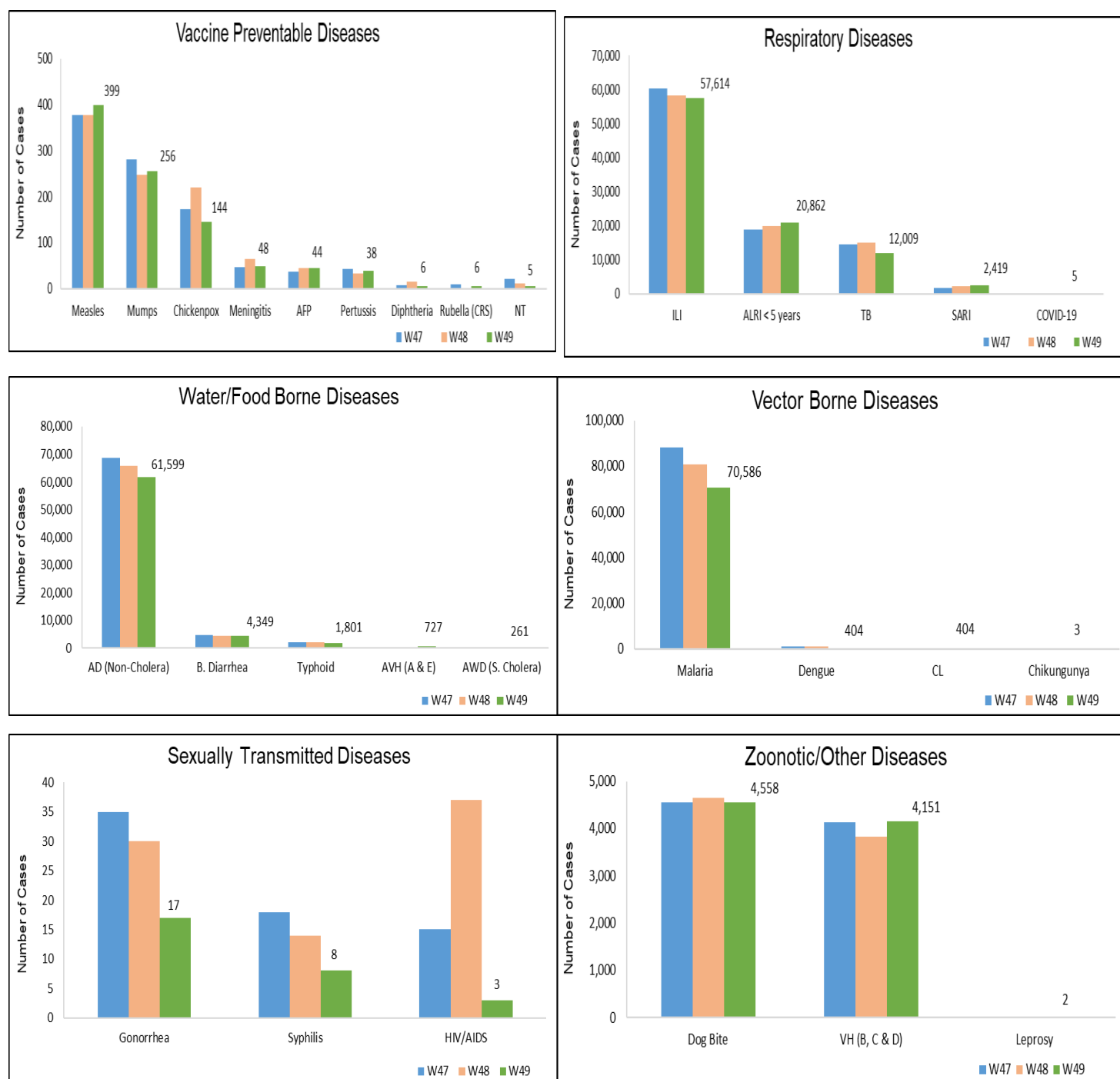
Mumps

- **Enhance Surveillance and Case Detection:** Strengthen mumps case detection within IDSR by training health workers to apply standard case definitions and promptly report suspected cases, particularly in schools and crowded institutions.
- **Expand Laboratory Capacity:** Support laboratory confirmation through IgM antibody testing and PCR where feasible, especially during outbreaks.
- **Promote Vaccination:** Increase coverage of the Measles-Mumps-Rubella (MMR) vaccine via routine immunization services and supplemental campaigns in high-risk or low-coverage populations.
- **Implement Outbreak Control Measures:** Encourage isolation of suspected cases during the infectious period and conduct contact tracing in schools and workplaces to minimize transmission.
- **Raise Community Awareness:** Disseminate health education materials highlighting mumps symptoms, routes of transmission (respiratory droplets), preventive measures, and importance of vaccination.
- **Strengthen Multi-Sectoral Collaboration:** Work with educational institutions and community leaders to promote vaccination campaigns and enforce outbreak control strategies.
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Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 49, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
Malaria	1	2,887	1	0	3,633	NR	64,064	70,586
AD (non-cholera)	1,407	4,093	544	379	20,606	NR	34,570	61,599
ILI	3,697	5,344	492	2,758	7,118	NR	38,205	57,614
ALRI < 5 years	1,580	2,276	1,281	0	1,547	NR	14,178	20,862
TB	98	88	95	2	234	NR	11,492	12,009
Dog Bite	118	253	4	0	840	NR	3,343	4,558
B. Diarrhea	25	993	48	1	598	NR	2,684	4,349
VH (B, C & D)	25	49	9	0	114	NR	3,954	4,151
SARI	312	768	137	0	723	NR	479	2,419
Typhoid	29	290	79	0	552	NR	851	1,801
AVH (A & E)	21	5	21	0	152	NR	528	727
CL	1	97	0	0	301	NR	5	404
Dengue	8	0	0	0	44	NR	352	404
Measles	8	10	7	0	316	NR	58	399
AWD (S. Cholera)	8	164	4	0	69	NR	16	261
Mumps	15	50	2	0	149	NR	40	256
Chickenpox/ Varicella	6	4	36	3	82	NR	13	144
Meningitis	9	0	1	0	8	NR	30	48
AFP	4	1	0	0	28	NR	11	44
Pertussis	2	16	7	0	9	NR	4	38
Gonorrhea	0	12	0	0	0	NR	5	17
Syphilis	0	0	0	0	0	NR	8	8
Diphtheria (Probable)	0	1	0	0	4	NR	1	6
Rubella (CRS)	2	0	0	0	0	NR	4	6
COVID-19	0	0	0	0	5	NR	0	5
NT	0	0	0	0	5	NR	0	5
Chikungunya	0	0	0	0	0	NR	3	3
HIV/AIDS	0	0	0	0	1	NR	2	3
Leprosy	0	0	0	0	0	NR	2	2
Brucellosis	0	0	0	0	1	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 49, Pakistan.

Vaccine Preventable Diseases — Number of Cases (W47, W48, W49)
- Measles: 399
- Mumps: 256
- Chickenpox: 144
- Meningitis: 48
- AFP: 44
- Pertussis: 38
- Diphtheria: 6
- Rubella (CRS): 6
- NT: 5

Respiratory Diseases — Number of Cases (W47, W48, W49)
- ILI: 57,614
- ALRI < 5 years: 20,862
- TB: 12,009
- SARI: 2,419
- COVID-19: 5

Water/Food Borne Diseases — Number of Cases (W47, W48, W49)
- AD (Non-Cholera): 61,599
- B. Diarrhea: 4,349
- Typhoid: 1,801
- AVH (A & E): 727
- AWD (S. Cholera): 261

Vector Borne Diseases — Number of Cases (W47, W48, W49)
- Malaria: 70,586
- Dengue: 404
- CL: 404
- Chikungunya: 3

Sexually Transmitted Diseases — Number of Cases (W47, W48, W49)
- Gonorrhea: 17
- Syphilis: 8
- HIV/AIDS: 3

Zoonotic/Other Diseases — Number of Cases (W47, W48, W49)
- Dog Bite: 4,558
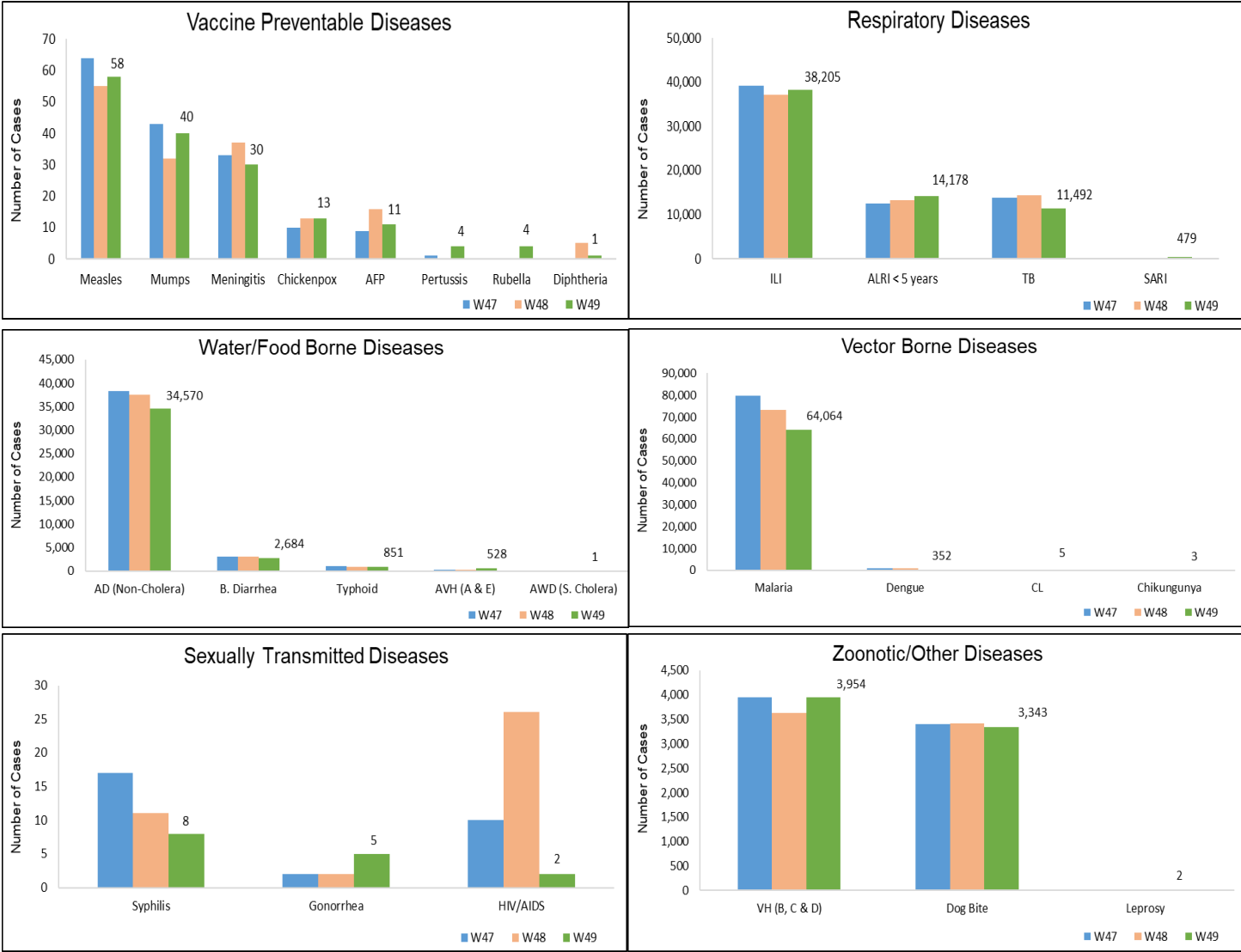- VH (B, C & D): 4,151
- Leprosy: 2

Sindh

- Malaria cases were maximum followed by ILI, AD (Non-Cholera), ALRI<5 Years, TB, VH (B, C, D), Dog Bite, B. Diarrhea, Typhoid and AVH (A & E).
- Malaria cases are mostly from Khairpur, Dadu and Larkana whereas ILI cases are from Khairpur, Mirpurkhas and Badin.
- Eleven cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of Malaria, AD (Non-Cholera), TB, Dog Bite, B. Diarrhea, Typhoid, Dengue, Meningitis, AFP, CL, Leprosy and HIV/ AIDS while an increase in number of cases ILI, ALRI<5 Years, VH (B, C & D), AVH (A & E), SARI, Measles, Mumps, Pertussis, Rubella and Chikungunya this week.
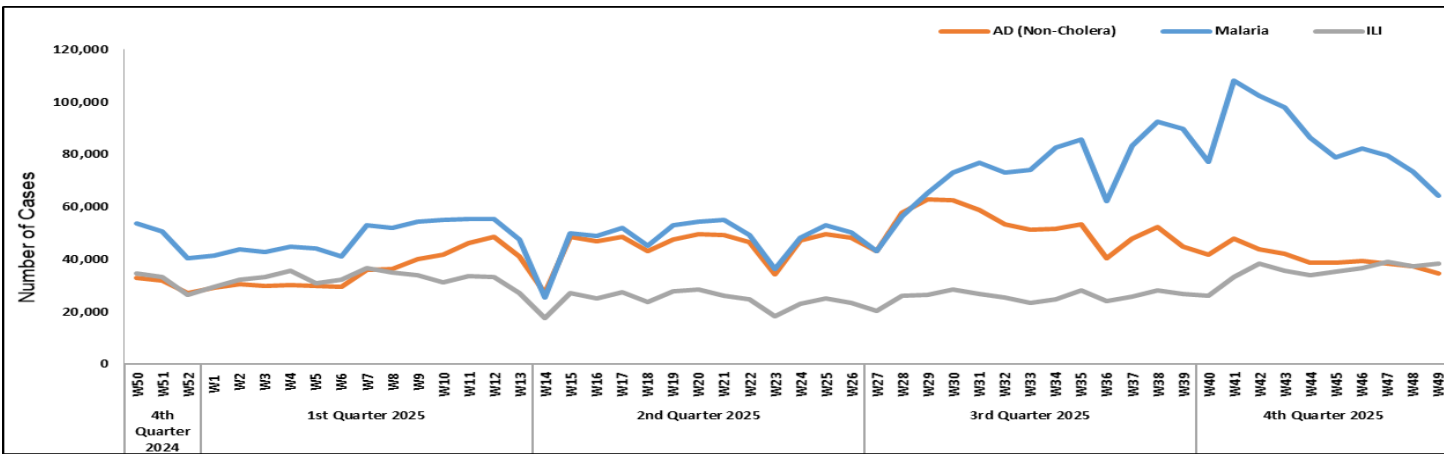
Table 2: District wise distribution of most frequently reported suspected cases during Week 49, Sindh

Districts	Malaria	ILI	AD (non-cholera)	ALRI < 5 years	TB	VH (B, C & D)	Dog Bite	B. Diarrhea	Typhoid	AVH (A & E)
Badin	2,872	3,793	1,804	555	822	305	148	159	40	2
Dadu	4,997	900	2,053	1,329	510	96	374	329	147	106
Ghotki	3,542	0	834	1,033	610	446	187	79	0	0
Hyderabad	981	2,313	1,782	219	390	106	90	43	2	0
Jacobabad	1,190	1,220	630	405	207	211	203	103	30	0
Jamshoro	3,860	139	1,262	503	549	126	121	69	61	17
Kamber	3,608	0	1,462	350	867	84	256	105	21	0
Karachi Central	16	2,510	1,609	22	157	19	9	0	77	0
Karachi East	31	4	169	9	5	0	1	0	0	0
Karachi Keamari	2	207	406	20	1	0	0	1	1	0
Karachi Korangi	131	42	295	0	33	1	8	3	2	1
Karachi Malir	47	2,911	762	171	70	9	33	21	11	4
Karachi South	10	0	56	0	0	0	0	0	0	0
Karachi West	325	1,154	789	334	68	16	58	13	28	4
Kashmore	2,124	801	235	186	166	18	111	25	0	15
Khairpur	5,745	7,375	2,725	1,388	1,020	176	242	295	218	21
Larkana	4,644	0	1,321	348	796	25	62	249	8	0
Matiari	2,726	39	1,176	278	703	167	69	81	1	2
Mirpurkhas	3,021	5,082	2,107	580	671	40	162	180	8	220
Naushero Feroze	907	585	1,148	618	122	70	230	112	27	0
Sanghar	4,157	137	1,520	501	1,010	1,045	250	56	37	4
Shaheed Benazirabad	2,767	5	1,307	306	340	124	105	55	80	0
Shikarpur	2,835	12	920	194	225	216	233	162	5	0
Sujawal	670	0	876	566	187	49	66	100	0	0
Sukkur	3,146	2,337	1,085	1,484	400	50	80	100	3	0
Tando Allahyar	1,890	1,872	583	180	339	234	59	50	4	7
Tando Muhammad Khan	832	165	743	248	438	89	98	87	1	0
Tharparkar	2,957	1,898	2,322	998	436	58	2	93	14	11
Thatta	1,735	2,692	1,276	790	79	156	86	38	2	112
Umerkot	2,296	12	1,313	563	271	18	0	76	23	2
Total	64,064	38,205	34,570	14,178	11,492	3,954	3,343	2,684	851	528

Figure 2: Most frequently reported suspected cases during Week 49 Sindh

Vaccine Preventable Diseases

Measles: 58, Mumps: 40, Meningitis: 30, Chickenpox: 13, AFP: 11, Pertussis: 4, Rubella: 4, Diphtheria: 1

Legend: W47, W48, W49

Respiratory Diseases

ILI: 38,205, ALRI < 5 years: 14,178, TB: 11,492, SARI: 479

Legend: W47, W48, W49

Water/Food Borne Diseases

AD (Non-Cholera): 34,570, B. Diarrhea: 2,684, Typhoid: 851, AVH (A & E): 528, AWD (S. Cholera): 1

Legend: W47, W48, W49

Vector Borne Diseases

Malaria: 64,064, Dengue: 352, CL: 5, Chikungunya: 3

Legend: W47, W48, W49

Sexually Transmitted Diseases

Syphilis: 8, Gonorrhea: 5, HIV/AIDS: 2

Legend: W47, W48, W49

Zoonotic/Other Diseases

VH (B, C & D): 3,954, Dog Bite: 3,343, Leprosy: 2

Legend: W47, W48, W49

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

Legend: AD (Non-Cholera), Malaria, ILI

X-axis weeks: W50, W51, W52 (4th Quarter 2024); W1–W13 (1st Quarter 2025); W14–W26 (2nd Quarter 2025); W27–W39 (3rd Quarter 2025); W40–W49 (4th Quarter 2025)
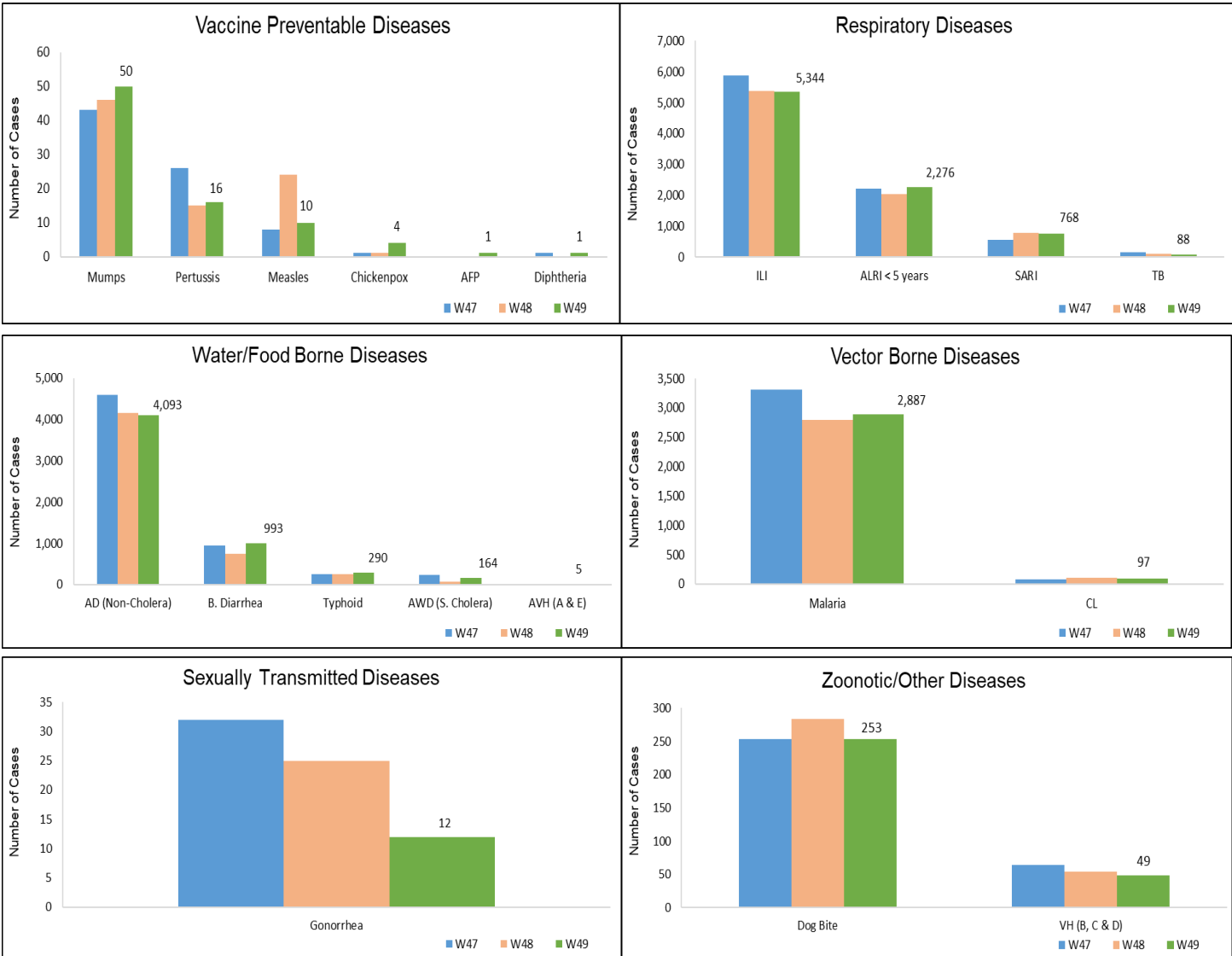
Balochistan

- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, Dog Bite, AWD (S. Cholera) and CL cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Kachhi (Bolan), Kharan and Pishin while AD (Non-Cholera) cases are mostly reported from Usta Muhammad, Jaffarabad and Lasbella.
- One case of AFP reported from Balochistan. Field investigation is required to confirm the cases.
- Malaria, ALRI <5 years, B. Diarrhea, Typhoid, AWD (S. Cholera), Mumps, Pertussis, AVH (A & E), Chickenpox, AFP and Diphtheria showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of ILI, AD (Non-Cholera), SARI, Dog Bite, CL, TB, VH (B, C & D), Gonorrhea and Measles.
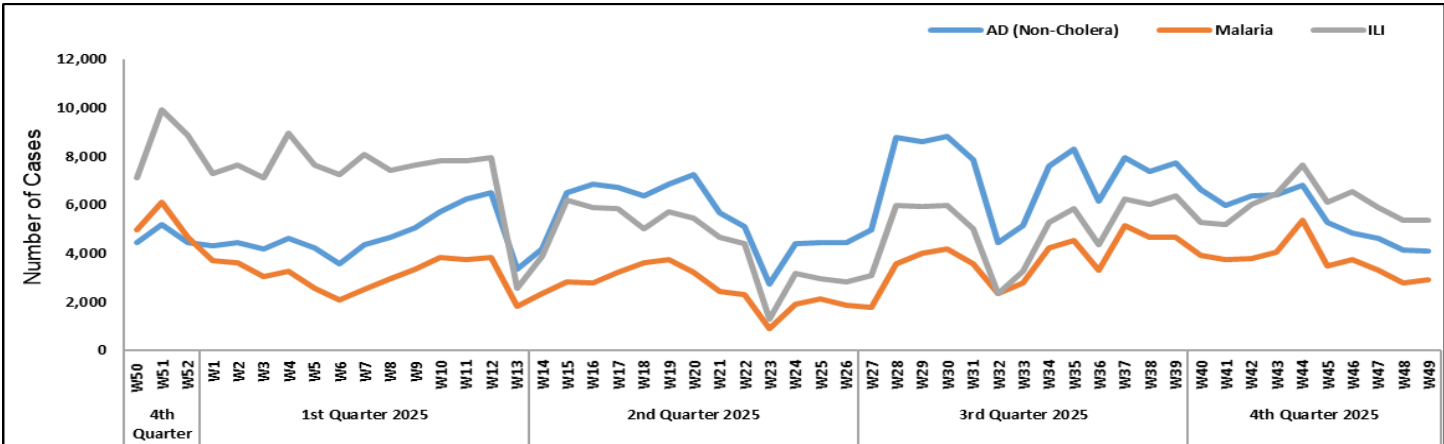
Table 3: District wise distribution of most frequently reported suspected cases during Week 49, Balochistan

Districts	ILI	AD (non-cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	Dog Bite	AWD (S. Cholera)	CL
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	59	66	29	16	2	0	27	18	0	3
Chagai	393	122	38	0	26	0	10	0	0	0
Chaman	97	0	0	0	8	0	7	1	0	0
Dera Bugti	0	28	38	82	0	0	2	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Harnai	0	107	45	146	45	0	0	4	0	4
Hub	105	73	140	3	9	0	0	0	0	0
Jaffarabad	210	363	613	44	43	5	8	45	0	18
Jhal Magsi	51	54	71	4	0	0	2	0	0	0
Kachhi (Bolan)	758	315	428	6	261	91	3	0	83	34
Kalat	0	7	2	0	1	0	4	0	0	0
Kech (Turbat)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kharan	737	150	20	0	50	63	6	0	0	0
Khuzdar	45	27	19	0	20	5	15	0	1	0
Killa Abdullah	247	133	3	14	52	114	20	7	31	6
Killa Saifullah	0	229	196	440	76	20	22	5	0	0
Kohlu	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lasbella	86	326	436	157	19	16	11	16	0	11
Loralai	504	181	29	100	27	93	15	0	0	2
Mastung	223	131	18	76	14	13	1	8	3	0
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	25	268	272	51	20	67	58	108	2	4
Nushki	25	87	0	11	13	43	0	0	0	0
Panjgur	36	51	25	29	24	0	0	0	1	0
Pishin	668	232	11	352	131	120	18	3	18	6
Quetta	407	234	14	233	6	64	15	2	9	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	148	183	207	67	25	12	12	0	4	3
Sohbat pur	35	176	104	139	29	6	19	4	0	0
Surab	71	18	0	0	0	0	0	0	0	0
Usta Muhammad	267	464	97	270	61	7	5	23	0	6
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	44	29	4	34	1	27	1	0	0	0
Ziarat	103	39	28	2	30	2	9	9	12	0
Total	5,344	4,093	2,887	2,276	993	768	290	253	164	97

Figure 4: Most frequently reported suspected cases during Week 49, Balochistan

Vaccine Preventable Diseases — Number of Cases; W47, W48, W49: Mumps 50, Pertussis 16, Measles 10, Chickenpox 4, AFP 1, Diphtheria 1

Respiratory Diseases — Number of Cases; W47, W48, W49: ILI 5,344, ALRI < 5 years 2,276, SARI 768, TB 88

Water/Food Borne Diseases — Number of Cases; W47, W48, W49: AD (Non-Cholera) 4,093, B. Diarrhea 993, Typhoid 290, AWD (S. Cholera) 164, AVH (A & E) 5

Vector Borne Diseases — Number of Cases; W47, W48, W49: Malaria 2,887, CL 97

Sexually Transmitted Diseases — Number of Cases; W47, W48, W49: Gonorrhea 12

Zoonotic/Other Diseases — Number of Cases; W47, W48, W49: Dog Bite 253, VH (B, C & D) 49

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

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

Table 4: District wise distribution of most frequently reported suspected cases during Week 49, KP

Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	Dog Bite	SARI	B. Diarrhea	Typhoid	Measles	CL
Abbottabad	498	309	0	33	38	7	4	15	6	0
Bajaur	387	81	102	19	86	61	49	1	18	14
Bannu	679	5	941	9	1	0	12	78	22	0
Battagram	220	791	34	2	9	8	2	NR	NR	NR
Buner	162	0	58	0	8	0	0	6	0	0
Charsadda	1,312	1,997	232	302	1	1	51	36	20	0
Chitral Lower	348	72	10	45	17	26	16	3	0	11
Chitral Upper	111	31	4	9	1	5	3	10	0	0
D.I. Khan	1,698	0	387	27	15	0	26	1	24	1
Dir Lower	1,044	1	65	11	71	0	60	28	13	0
Dir Upper	706	77	4	97	37	0	13	9	14	0
Hangu	235	0	46	0	4	0	19	2	1	30
Haripur	782	671	5	71	20	18	10	48	0	0
Karak	290	32	136	30	14	0	9	3	40	90
Khyber	386	43	206	57	29	11	81	78	0	72
Kohat	400	1	89	11	26	0	20	9	0	10
Kohistan Lower	64	0	0	0	0	0	8	0	1	0
Kohistan Upper	191	13	9	8	1	0	15	0	1	0
Kolai Palas	64	4	0	1	0	0	1	2	0	0
L & C Kurram	20	4	1	16	1	0	1	5	1	0
Lakki Marwat	450	35	314	19	53	0	0	12	0	0
Malakand	672	95	33	69	0	34	0	2	11	3
Mansehra	823	90	0	0	0	0	0	0	0	0
Mardan	739	42	34	207	23	0	33	27	12	2
Mohmand	77	152	116	2	14	198	6	6	0	42
North Waziristan	75	10	101	29	0	15	0	25	9	4
Nowshera	1,268	26	139	21	9	13	6	0	3	4
Orakzai	51	3	3	0	0	0	4	0	0	0
Peshawar	3,066	637	28	167	7	8	68	9	59	0
Shangla	670	0	169	18	64	1	1	34	14	0
South Waziristan (Lower)	66	221	40	29	17	81	1	8	7	11
SWU	28	18	17	11	2	43	0	0	0	3
Swabi	793	868	48	94	97	156	4	49	21	0
Swat	1,562	588	28	114	146	0	38	34	17	0
Tank	438	59	204	4	0	0	10	0	0	0
Tor Ghar	60	9	20	8	9	0	6	3	0	4
Upper Kurram	171	133	10	7	20	37	21	9	2	0
Total	20,606	7,118	3,633	1,547	840	723	598	552	316	301

Figure 6: Most frequently reported suspected cases during Week 49, KP
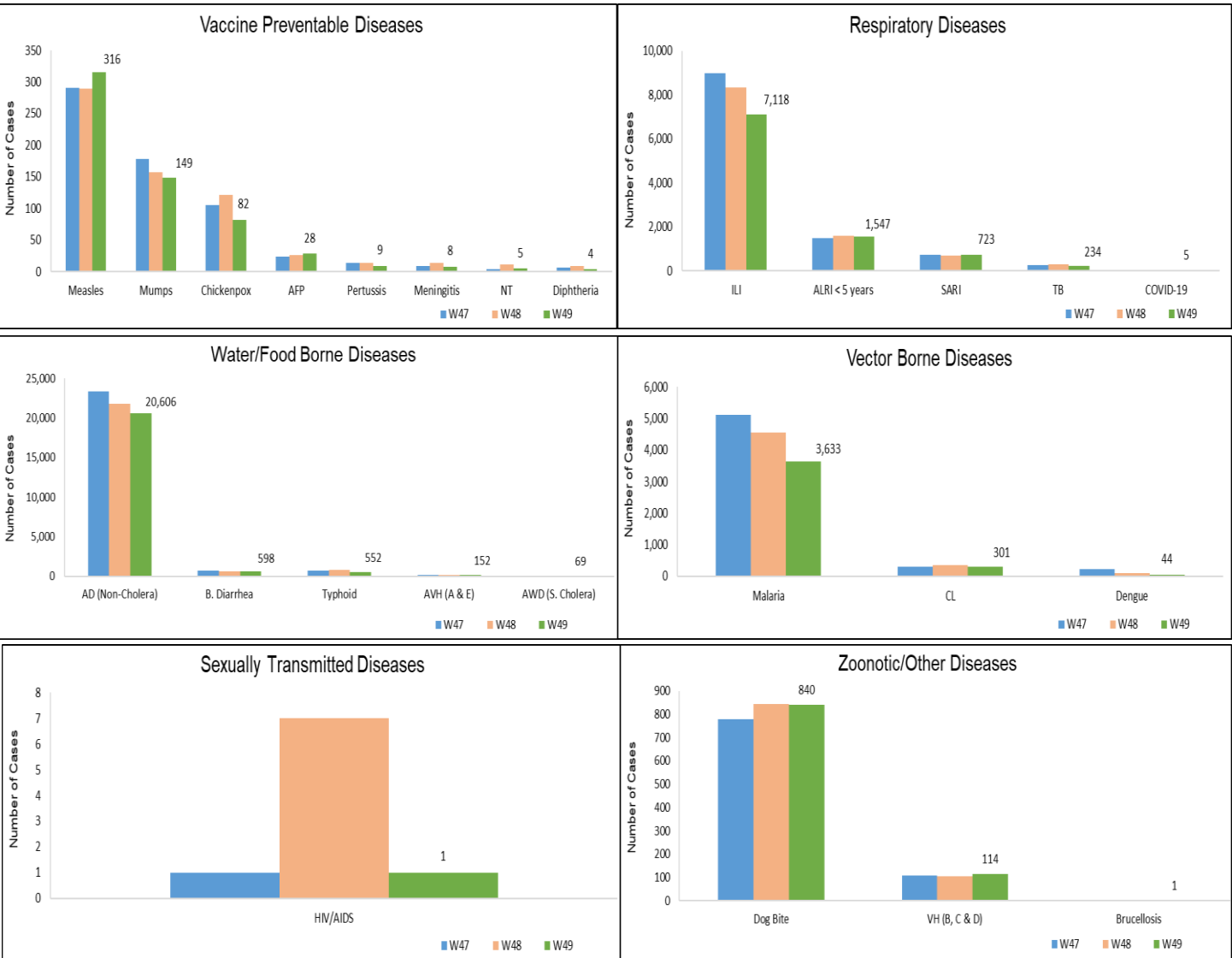
Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP
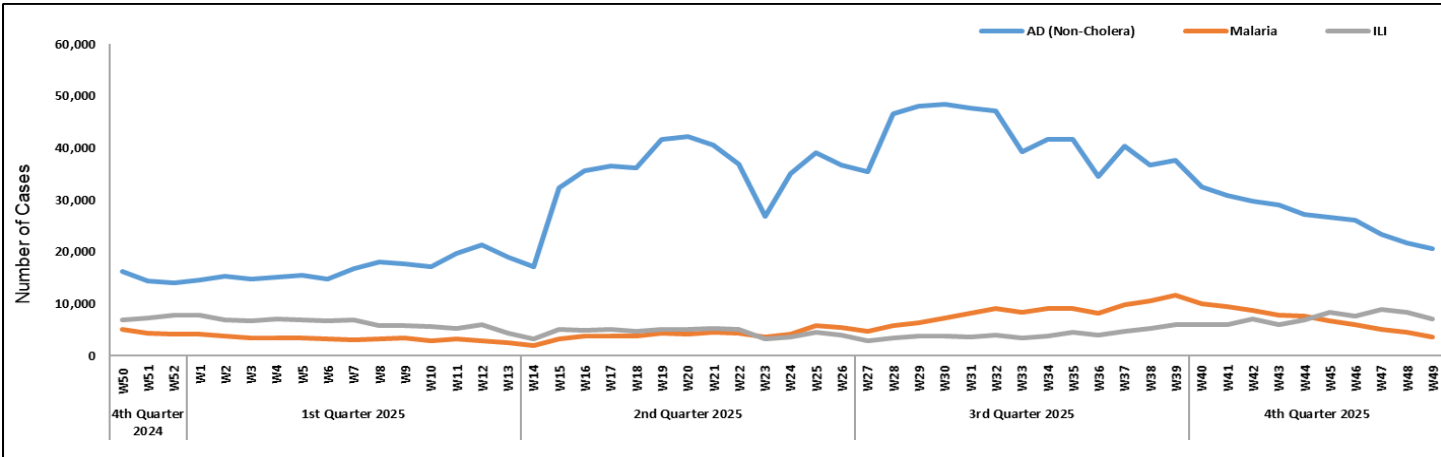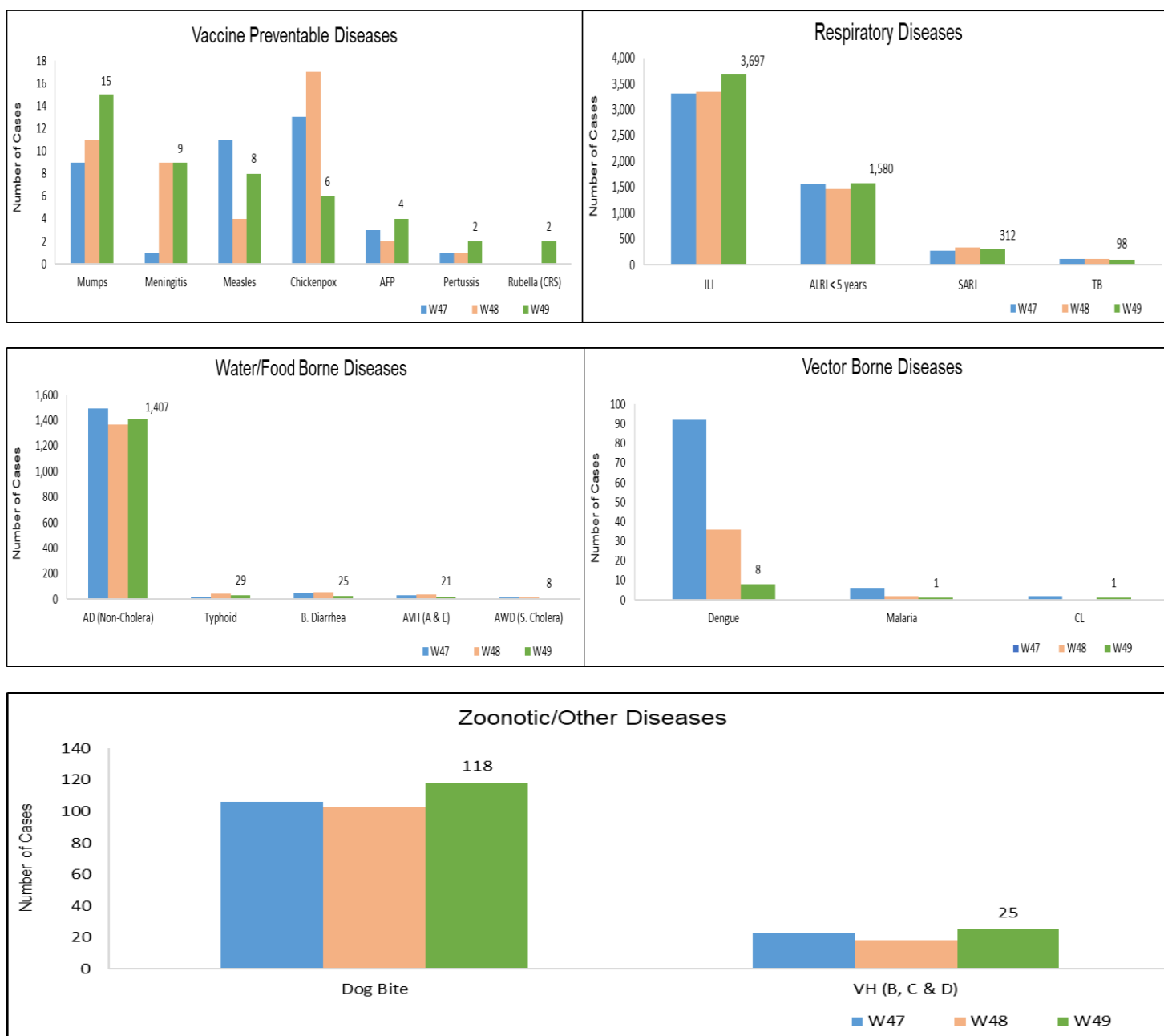
ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera), Chickenpox, TB and B. Diarrhea. ILI, Chickenpox and TB cases showed a decline in number while a slight increase in number was observed in AD (Non-Cholera) cases this week.

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

GB: ALRI <5 years cases were the most frequently reported diseases followed by AD (Non-Cholera), ILI, SARI, TB, Typhoid, B. Diarrhea, Chickenpox/ Varicella, AVH (A & E), VH (B, C & D), Measles and Pertussis cases. An increase in cases is observed for AVH (A & E), VH (B, C & D). Measles, Pertussis and AWD (S. Cholera) while a decline is observed in number of cases of ALRI <5 Years, AD (Non-Cholera), ILI, SARI, TB,
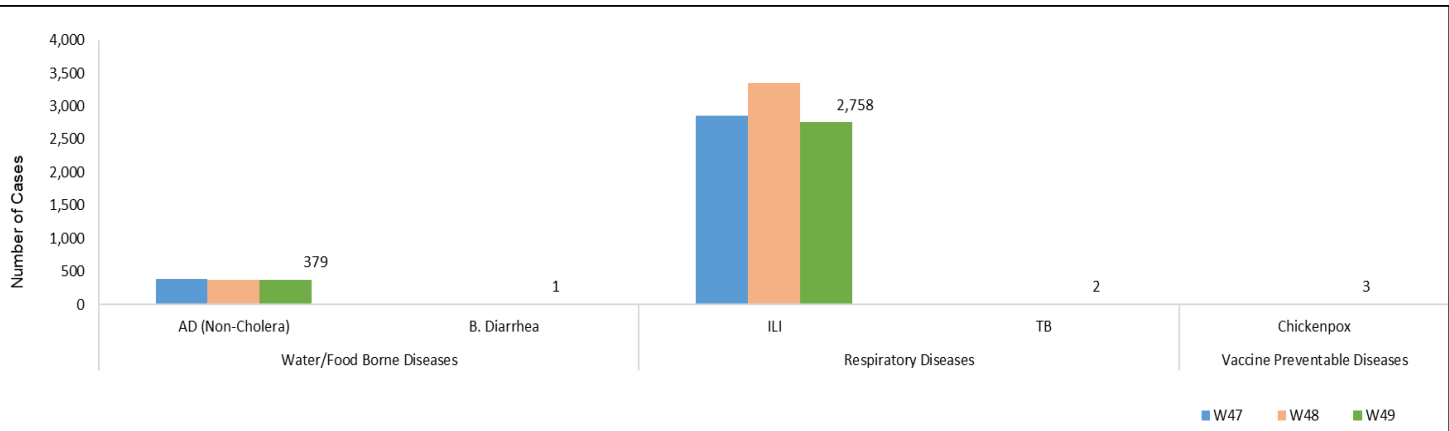
Figure 8: Most frequently reported suspected cases during Week 49, AJK

Figure 9: Week wise reported suspected cases of ILI and ALRI < 5 years, AJK
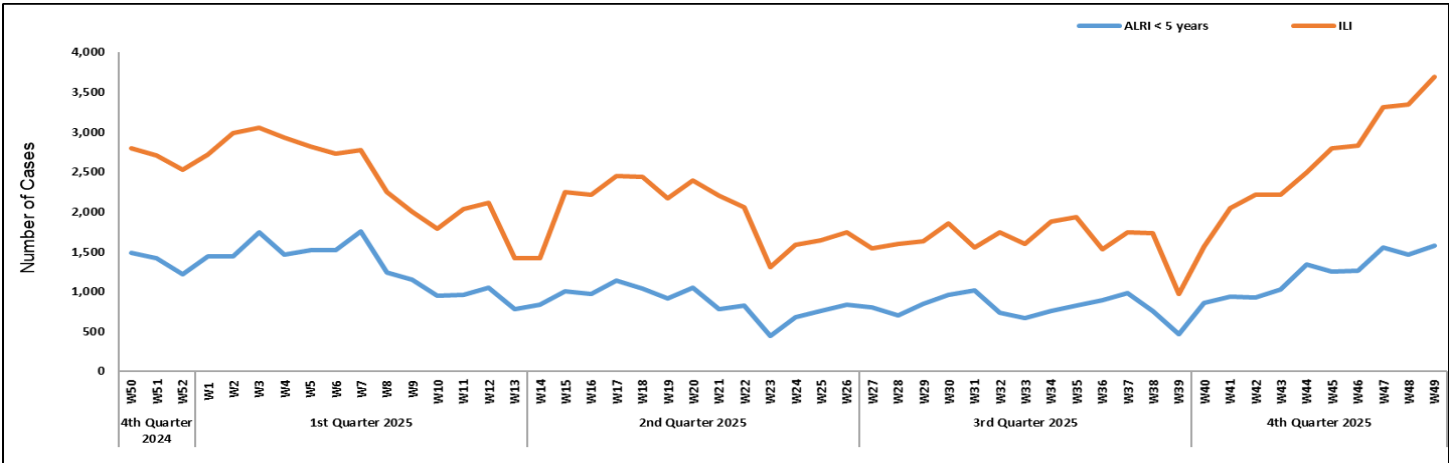
Figure 10: Most frequently reported suspected cases during Week 49, ICT

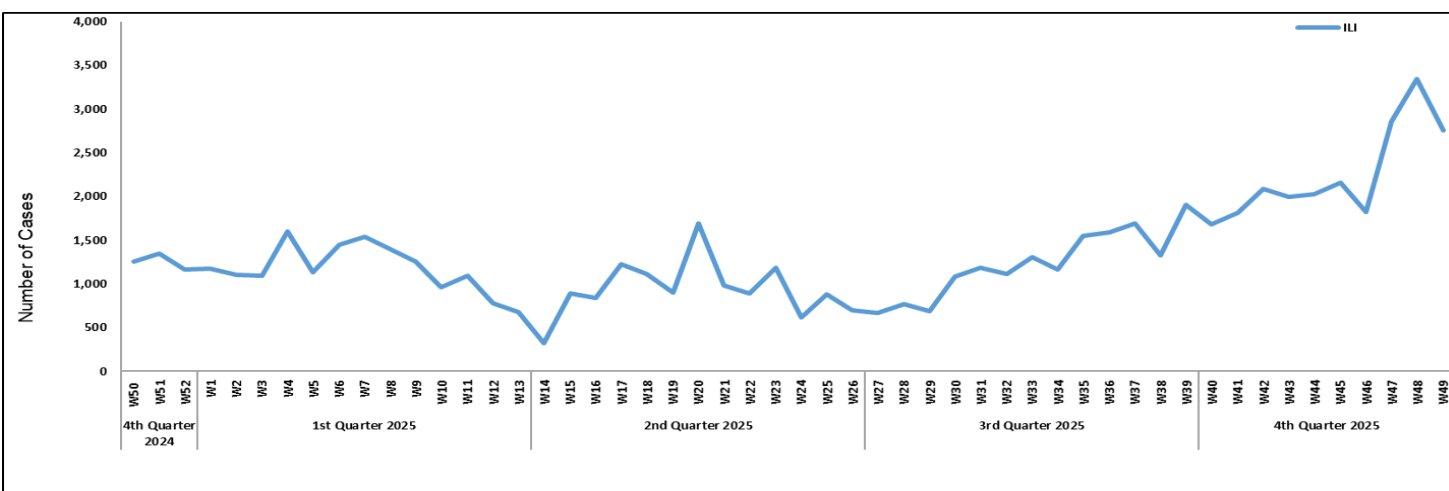*Figure 11: Week wise reported suspected cases of ILI, ICT*

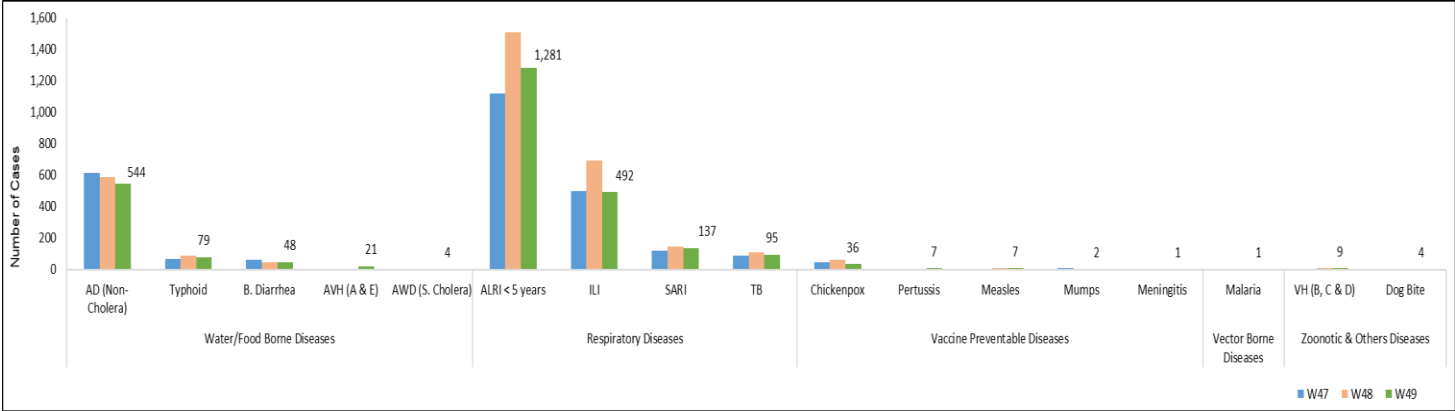**Figure 12: Most frequently reported suspected cases during Week 49, GB**
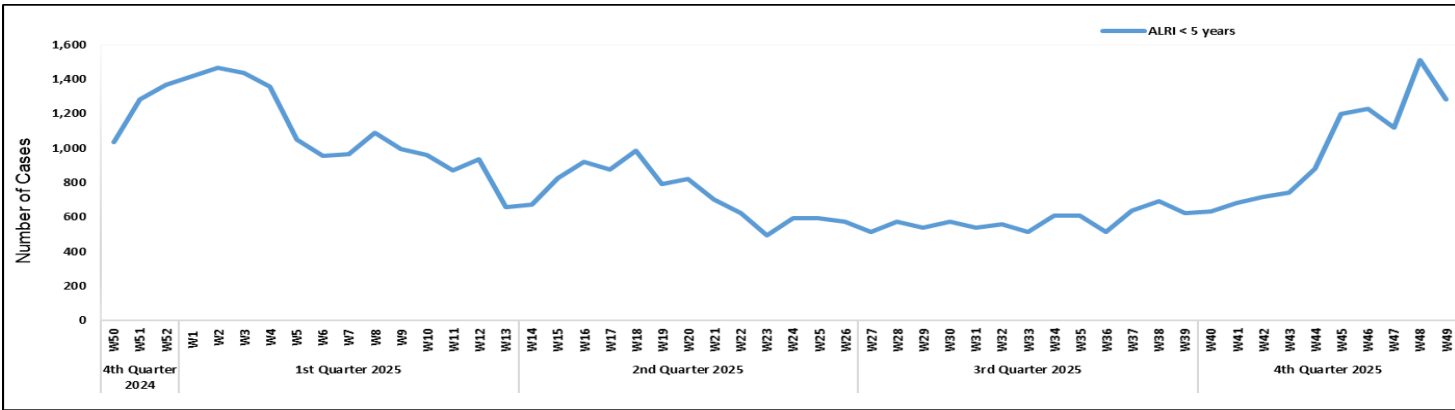

Figure 13: Week wise reported suspected cases of ALRI < 5 years, GB

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 49

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)		32	0	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		176	2	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		11,679	519	39	0	1,618	9	-	-	77	0	-	-	2	0
CCHF		-	-	2	0	-	-	-	-	-	-	-	-	-	-
Dengue		5,962	509	20	0	191	2	-	-	-	-	-	-	25	1
VH (B)		13,708	503	177	39	114	9	-	-	1,159	14	-	-	227	1
VH (C)		13,643	1,108	107	10	135	14	-	-	1,220	2	-	-	228	5
VH (D)		91	15	-	-	-	-	-	-	-	-	-	-	-	-
VH (A)		89	37	-	-	-	-	-	-	4	0	-	-	-	-
VH (E)		56	22	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		4	0	6	0	24	0	-	-	-	-	-	-	-	-
TB		690	64	8	0	-	-	-	-	35	2	-	-	86	9
HIV/ AIDS		3,672	49	24	0	375	4	-	-	253	0	-	-	229	0
Syphilis		911	16	-	-	-	-	-	-	87	0	-	-	-	-
Typhoid		728	10	-	-	-	-	-	-	96	1	-	-	-	-
Diphtheria		9	1	-	-	-	-	-	-	-	-	-	-	-	-
ILI		19	8	2	0	23	4	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		159	44	2	1	-	-	-	-	-	-	-	-	-	-
Meningitis		10	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		228	90	26	11	174	78	42	24	-	-	331	79	32	11
Rubella (CRS)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)		14	0	-	-	11	5	-	-	-	-	-	-	4	1
Mpox		2	0	-	-	-	-	-	-	-	-	-	-	-	-
SARI		26	9	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	SARI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenza A	ILI	2	0	-	-	-	-	6	1	4	0	13	2	-	-
	SARI	8	2	-	-	96	9	41	7	21	1	138	10	-	-
Influenza B	ILI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	SARI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RSV	ILI	-	-	-	-	7	1	6	3	-	-	-	-	-	-
	SARI	-	-	-	-	96	24	41	16	-	-	-	-	-	-

- 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: Compliance of IDSR reporting districts Week 49, Pakistan

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	125	53%
	Battagram	59	30	51%
	Buner	34	18	53%
	Bajaur	44	41	93%
	Charsadda	59	55	93%
	Chitral Upper	34	30	88%
	Chitral Lower	35	35	100%
	D.I. Khan	114	113	99%
	Dir Lower	74	61	82%
	Dir Upper	37	29	78%
	Hangu	22	17	77%
	Haripur	72	61	85%
	Karak	36	36	100%
	Khyber	53	47	89%
	Kohat	61	61	100%
	Kohistan Lower	11	6	55%
	Kohistan Upper	20	9	45%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	42	5	12%
	Upper Kurram	41	31	76%
	Malakand	42	23	55%
	Mansehra	133	118	89%
	Mardan	80	69	86%
	Nowshera	56	50	89%
	North Waziristan	13	8	62%
	Peshawar	156	135	87%
	Shangla	37	27	73%
	Swabi	64	58	87%
	Swat	77	74	96%
	South Waziristan (Upper)	93	37	40%
	South Waziristan (Lower)	42	29	69%
	Tank	34	31	91%
	Torghar	14	13	93%
	Mohmand	68	15	22%
	Orakzai	69	11	16%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	92	59	64%
	Kotli	60	60	100%
	Muzaffarabad	45	45	100%
	Poonch	46	46	100%
	Haveli	39	39	100%

	Bagh	54	38	70%
	Neelum	39	0	0%
	Jhelum Valley	29	28	97%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	23	23	100%
	CDA	15	4	27%
Balochistan	Gwadar	26	0	0%
	Kech	44	0	0%
	Khuzdar	74	8	11%
	Killa Abdullah	26	26	100%
	Lasbella	55	52	95%
	Pishin	69	34	49%
	Quetta	55	20	36%
	Sibi	36	30	83%
	Zhob	39	11	28%
	Jaffarabad	16	13	81%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	0	0%
	Chagi	36	22	61%
	Kalat	41	40	98%
	Harnai	17	9	53%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	20	71%
	Sohbat pur	25	25	100%
	Surab	32	10	31%
	Mastung	46	46	100%
	Loralai	33	28	85%
	Killa Saifullah	28	25	89%
	Ziarat	29	13	45%
	Duki	31	0	0%
	Nushki	32	30	94%
	Dera Bugti	45	32	71%
	Washuk	46	0	0%
	Panjgur	38	3	8%
	Awaran	23	0	0%
	Chaman	24	5	21%
	Barkhan	20	19	95%
	Hub	33	10	30%
	Musakhel	41	0	0%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	38	100%
	Gilgit	44	44	100%
	Diamer	62	57	92%
	Astore	55	55	100%

	Shigar	27	22	81%
	Skardu	53	52	98%
	Ganche	29	29	100%
	Kharmang	46	25	54%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	100	93%
	Tharparkar	276	271	98%
	Shikarpur	60	59	98%
	Thatta	52	52	100%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	13	62%
	Karachi-West	20	20	100%
	Karachi-Malir	35	24	69%
	Karachi-Kemari	22	21	95%
	Karachi-Central	12	11	92%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	53	96%
	Mirpur Khas	106	104	98%
	Badin	124	123	99%
	Sukkur	64	63	98%
	Dadu	90	89	99%
	Sanghar	100	100	100%
	Jacobabad	44	44	100%
	Khairpur	170	162	95%
	Kashmore	59	59	100%
	Matiari	42	42	100%
	Jamshoro	75	74	99%
	Tando Allahyar	54	53	98%
	Tando Muhammad Khan	41	41	100%
	Shaheed Benazirabad	122	122	100%

Table 7: Compliance of IDSR reporting Tertiary care hospital Week 49, Pakistan

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	0	0%
	Jhelum Valley	1	0	0%
	Sudhnooti	1	1	100%
Sindh	Karachi-South	3	2	67%
	Sukkur	1	0	0%
	Shaheed Benazirabad	1	1	100%
	Karachi-East	1	1	100%
	Karachi-Central	1	1	100%
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 the Editor

Strengthening Integrated Disease Surveillance Through Field Engagement: Reflections from District Kharmang

Dear Editor,

Effective disease surveillance relies not only on robust reporting systems but also on continuous field engagement, capacity building, and coordination among frontline health workers. In this context, a field visit was conducted on 16 December 2025 to District Kharmang during the ongoing polio vaccination campaign, with the objective of supporting field operations and strengthening the Integrated Disease Surveillance and Response System (IDSRS).

The activity was undertaken in collaboration with the District Surveillance Officer (DSO), World Health Organization, and primarily targeted frontline health workers, surveillance focal persons, and medical officers at key reporting sites. The visit involved monitoring of multiple weekly IDSRS reporting sites, including ACD Pari and CD Hamzigound, where interactive meetings were held with reporting staff and facility-based medical officers.

The content of these engagements focused on reviewing priority IDSRS diseases and their standardized case definitions, emphasizing the importance of timely, complete, and accurate disease reporting, and discussing practical approaches to strengthen community engagement for the prevention and early detection of communicable diseases. Special attention was given to strategies for health education and community awareness, recognizing the critical role of informed communities in early case detection and outbreak prevention.

In addition, a daily review meeting of the polio campaign was convened with the Deputy Commissioner and District Health Officer (DHO), Kharmang, to assess campaign progress, identify operational challenges, and align surveillance and response activities with ongoing immunization efforts. This intersectoral coordination underscored the value of integrating disease surveillance with programmatic public health activities.

From a surveillance and public health perspective, such field-based activities have a tangible impact. They reinforce correct application of case definitions, improve data quality at reporting sites, enhance ownership of surveillance responsibilities among frontline staff, and promote timely flow of information within the health system. Moreover, direct engagement helps bridge gaps between policy and practice, ensuring that surveillance guidelines are translated into actionable field-level processes.

In the long term, regular field visits and supportive supervision contribute to building a resilient surveillance system by strengthening human resource capacity, fostering collaboration between surveillance and program teams, and embedding a culture of data-driven decision-making. Integrating surveillance strengthening activities within routine public health campaigns, such as polio eradication efforts, offers a sustainable approach to improving early warning, outbreak detection, and response under IDSRS.

Continued investment in such on-ground engagement is essential for advancing public health preparedness and ensuring effective disease control at the community level.

Dr Mujtaba Ali Khan
Surveillance Officer
IDSRS, GB

Notes from the field:

Measles Outbreak Investigation in UC Qadirabad, District Nushki (27-29 October 2025)

Introduction

Measles is a highly contagious viral disease and remains endemic in Pakistan, with recurrent outbreaks reported from areas with low routine immunization coverage and high population mobility. Border districts are particularly vulnerable due to frequent cross-border movement. In October 2025, suspected measles cases were reported from Union Council Qadirabad, District Nushki, and were investigated by the District Health Management Team.

Objectives

- To assess the magnitude of the suspected measles outbreak
- To identify associated risk factors
- To implement immediate prevention and control measures

Methods

A descriptive outbreak investigation was conducted from 27–29 October 2025 in UC Qadirabad. Suspected measles cases were defined as "any individual residing in UC Qadirabad and its adjacent area, presenting with fever and generalized maculopapular rash during 27-29 October 2025". Data was collected using a structured measles investigation form. Active case finding and health facility record review were conducted. Blood samples were collected from suspected cases and sent to NIH Islamabad for laboratory confirmation.

Results

A total of five suspected measles cases were identified, affecting children aged 2–12 years, with a male-to-female ratio of 2:3. All cases were from UC Qadirabad and none had received measles vaccination. Recent cross-border travel between Pakistan and Afghanistan was reported among the cases. Three blood samples were collected for laboratory confirmation. Clinical presentation included fever and maculopapular rash (100%), cough (100%), coryza (60%), conjunctivitis (40%), and pneumonia (20%).

Active case search did not identify additional cases. Mop-up vaccination activities resulted in vaccination of 30 children. Vitamin A supplementation and community awareness sessions were conducted.

Discussion

This investigation identified a small, localized cluster of suspected measles cases in UC Qadirabad, District Nushki, among unvaccinated children, highlighting persistent immunization gaps in border and mobile populations. Recent cross-border travel likely contributed to exposure and transmission. Prompt detection, rapid field investigation, and timely response measures, including mop-up vaccination, vitamin A supplementation, and community awareness, effectively prevented further spread, with no fatalities reported. The event underscores the importance of sensitive VPD surveillance and sustained strengthening of routine immunization services in border districts to prevent future outbreaks.

Conclusion

The suspected measles outbreak was limited to a small cluster among unvaccinated, school-aged children with recent cross-border travel history. Timely investigation and response prevented further spread. Persistent immunization gaps in mobile and border populations remain a key public health concern.

Recommendations

- Strengthen routine and event-based VPD surveillance across District Nushki
- Improve outreach and mop-up immunization activities for mobile populations
- Enhance community awareness on the importance of measles vaccination
- Conduct a district-wide measles vaccination campaign with effective monitoring

References

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3. Centers for Disease Control and Prevention. Epidemiology and prevention of vaccine-preventable diseases. 14th ed. Washington (DC): CDC; 2021.
4. National Institute of Health Pakistan. Measles surveillance and outbreak response guidelines. Islamabad: NIH; 2022.
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Knowledge Hub

Understanding SARIs: Transmission, Symptoms, and Prevention

What are SARIs?

Severe Acute Respiratory Infections (SARIs) are a group of illnesses that cause inflammation in the lungs. They are characterized by symptoms such as:

Symptoms:

- Fever
- Cough
- Difficulty breathing
- Chest pain
- Sore throat
- Runny nose
- Muscle aches
- Fatigue

SARIs can be caused by various viruses and bacteria, including influenza, pneumonia, and COVID19.

How are SARIs Spread?

SARIs are typically spread through respiratory droplets, meaning they can be transmitted when an infected person coughs, sneezes, or talks.

How to Prevent SARIs

Here are some essential steps to prevent SARIs:

- **Get Vaccinated:** Stay up-to-date on flu and COVID-19 vaccines.
- **Practice Good Hygiene:** Wash your hands frequently with soap and water, especially after touching surfaces or being in public places. Use hand sanitizer when soap and water are not available.
- **Wear a Mask:** Wear a well-fitting ask in crowded indoor settings, especially if you are at high risk or live with someone who is at high risk.
- **Avoid Close Contact**: Maintain a safe distance from people who are sick.
- **Clean and Disinfect**: Regularly clean and disinfect frequently touched surfaces.
- **Stay Home When Sick**: If you are sick, stay home to avoid spreading illness to others.

When to Seek Medical Attention

Seek immediate medical attention if you experience any of the following:

- Difficulty breathing
- Chest pain
- Confusion
- Bluish lips or face

Additional Resources
For more information on SARIs and how to protect yourself, please visit the following resources:

- Centers for Disease Control and (CDC): https://www.cdc.gov/
- World Health Organization (WHO): https://www.who.int/
- European Centre for Disease Prevention and Control (ECDC): https://www.ecdc.europa.eu/en
- National Institutes of Health (NIH): https://www.nih.gov/
- Your Local Health Department: https://www.cdc.gov/

Seasonal Flu (موسمی فلو)

موسمی فلو ایک قابل علاج بیماری ہے۔ عام طور پر بزرگ، چھوٹے بچے، حاملہ خواتین، قوت مدافعت میں کمی اور دائمی بیماریوں کا شکار (کینسر، ذیابیطس، دل یا سانس کی شدید بیماریوں میں مبتلا مریض وغیرہ) کو اس بیماری سے جلد متاثر ہونے کا خطرہ ہے۔ اس بیماری کا وائرس کھلی فضا میں کھانسنے یا چھینکنے کی وجہ سے اور مریض کے ہاتھوں کے ذریعے اردگرد کی اشیوں پر پھیل جاتا ہے اور جب کوئی صحت مند شخص وہاں سانس لیتا ہے یا متاثرہ چیزوں کو چھوتا ہے تو یہ وائرس اس تک منتقل ہو جاتا ہے۔

استعمال کے فوراً بعد ٹشو پیپر کو محفوظ طریقے سے ٹھکانے لگائیں		کھانستے یا چھینکتے وقت منہ اور ناک کو رومال یا ٹشو پیپر سے ڈھانپ لیں	
فلو کی صورت میں ماسک کا استعمال کریں		اپنے ہاتھ صاف پانی اور صابن کے ساتھ اچھی طرح دھوئیں	
پیچیدگی کی صورت میں فوراً مستند معالج سے رابطہ کریں		فلو کی صورت میں گھر پر آرام کریں اور لوگوں سے میل جول میں احتیاط کریں	

اس بیماری سے بچاؤ کے لیے معمول کی ویکسینیشن (Flu Vaccination) کروائی جا سکتی ہے۔ خاص طور پر قوت مدافعت کی کمی کا شکار، حاملہ خواتین اور دائمی بیماری (ذیابیطس، دمہ، دل کے امراض) میں مبتلا مریض ویکسینیشن ضرور کروائیں۔

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

UK Health Security Agency

World Health Organization

CDC
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION