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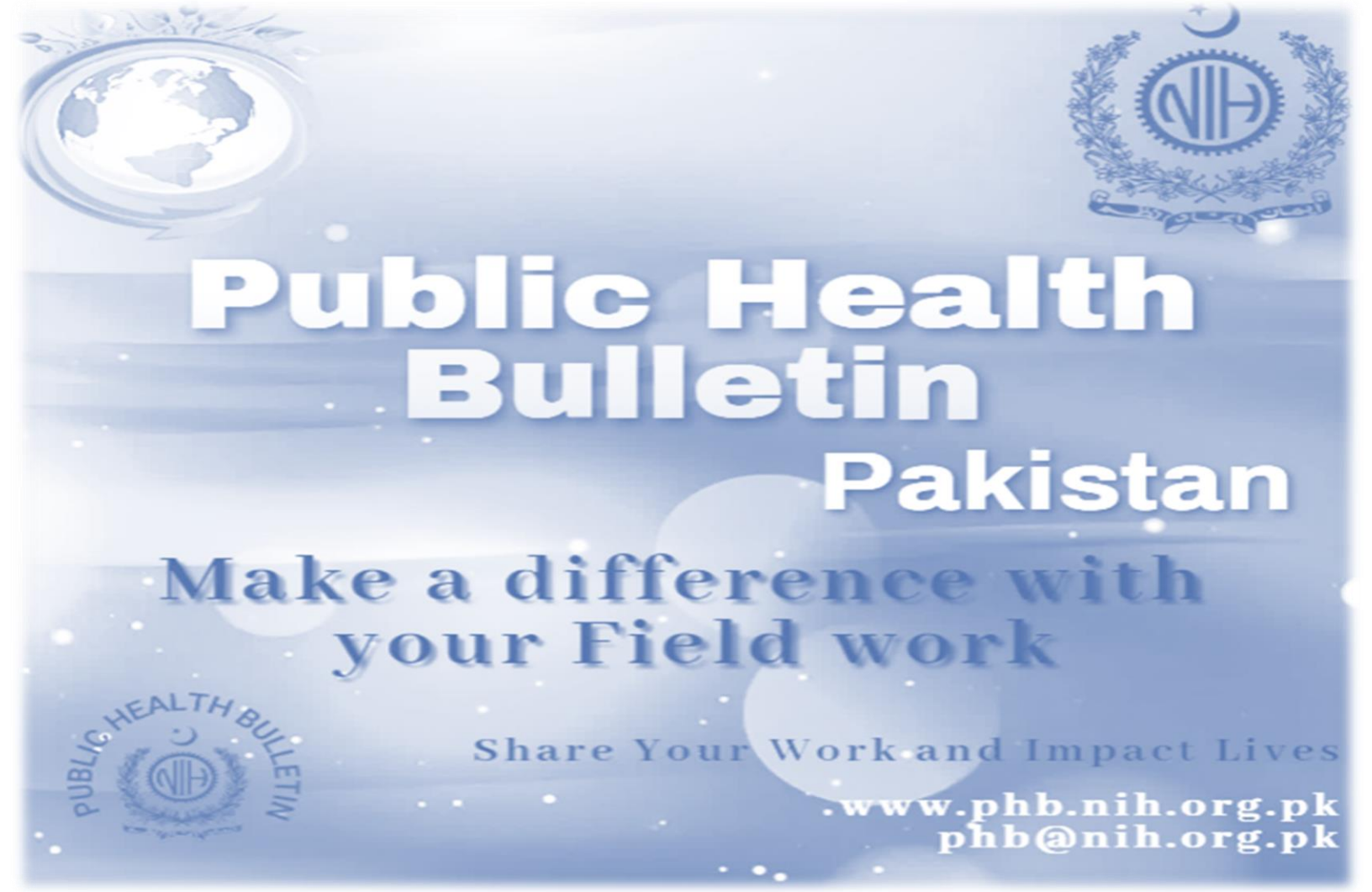
PUBLIC HEALTH BULLETIN-PAKISTAN

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.



Public Health Bulletin - Pakistan, Week 04, 2026

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 Disease Surveillance: NIH hosts IDSRS refresher Session for ICT and CDA Healthcare Providers.*
- *Letter to Editor on "Nipah virus preparedness in Pakistan: Reflections on National Advisory Measures".*
- *Knowledge hub on Understanding Brucellosis: 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

Overview

Note: All reported cases in this report are suspected cases

- *During Week 4, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by ILI, Malaria, ALRI <5 years, TB, Dog Bite, VH (B, C & D), B. Diarrhea, SARI, Typhoid, and Measles.*
- *Nine cases of AFP were reported from Sindh, eight from KP, and two from AJK.*
- *Seven suspected cases of HIV/ AIDS were reported from Sindh, five from KP, and one from Balochistan.*
- *Two suspected cases of Brucellosis reported from KP.*
- *Among VPDs, there is an increase in the number of cases of Measles while there is a decrease in the cases of Mumps Chicken pox, Meningitis, AFP, Pertussis and Diphtheria this week.*
- *Among Respiratory diseases, there is an increase in the number of cases of TB and ALRI <5years this week.*
- *Among Water/food-borne diseases, there is a decrease in the number of cases of AD (Non-Cholera), while there is an increase in the cases of AVH (A & E) this week.*
- *Among Vector-borne diseases, there is an increase in the number of cases of Malaria and CL this week.*
- *Among STDs, there is a decline in the number of cases of Gonorrhea this week.*
- *Among Zoonotic/Other diseases, there is an increase in the number of cases of dog bite and VH (B, C & D) this week.*

IDSR compliance attributes

- *The national compliance rate for IDSR reporting in 158 implemented districts is 78%*
- *Sindh is the top reporting region with a compliance rate of 98%, followed by AJK 90%, GB 87%, and ICT 79%.*
- *The lowest compliance rate was observed in KP 73% and Balochistan, 46%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	*2,234*	*1,637*	*73*
Azad Jammu Kashmir	*469*	*424*	*90*
Islamabad Capital Territory	*38*	*30*	*79*
Balochistan	*1,308*	*599*	*46*
Gilgit Baltistan	*417*	*364*	*87*
Sindh	*2,111*	*2,076*	*98*
National	*6,577*	*5,130*	*78*

Public Health Actions

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

Brucellosis

• Strengthen Surveillance and Reporting: Integrate human and animal brucellosis surveillance within the One Health framework to ensure early detection, reporting, and response to outbreaks.

• Improve Laboratory Diagnosis: Expand laboratory capacity for serological and molecular confirmation at district and provincial levels; ensure biosafety standards in sample handling.

• Enhance Intersectoral Collaboration: Coordinate with livestock and agriculture departments for joint outbreak investigations, animal vaccination campaigns, and control of infection sources.

• Promote Safe Animal Handling Practices: Educate farmers, veterinarians, and abattoir workers on safe handling of livestock, proper disposal of animal products, and use of protective gear.

• Raise Public Awareness: Conduct community education on avoiding consumption of unpasteurized dairy products and promoting early care-seeking for prolonged fever or joint pain.

Diphtheria

• Strengthen Surveillance and Case-Based Reporting: Enhance integrated disease surveillance for diphtheria to ensure timely case detection, immediate notification, and monitoring of trends, particularly in high-risk and under-immunized populations.

• Improve Laboratory Confirmation: Strengthen laboratory capacity for prompt bacteriological confirmation of Corynebacterium diphtheriae, including toxin testing, and ensure proper specimen collection, transport, and biosafety practices.

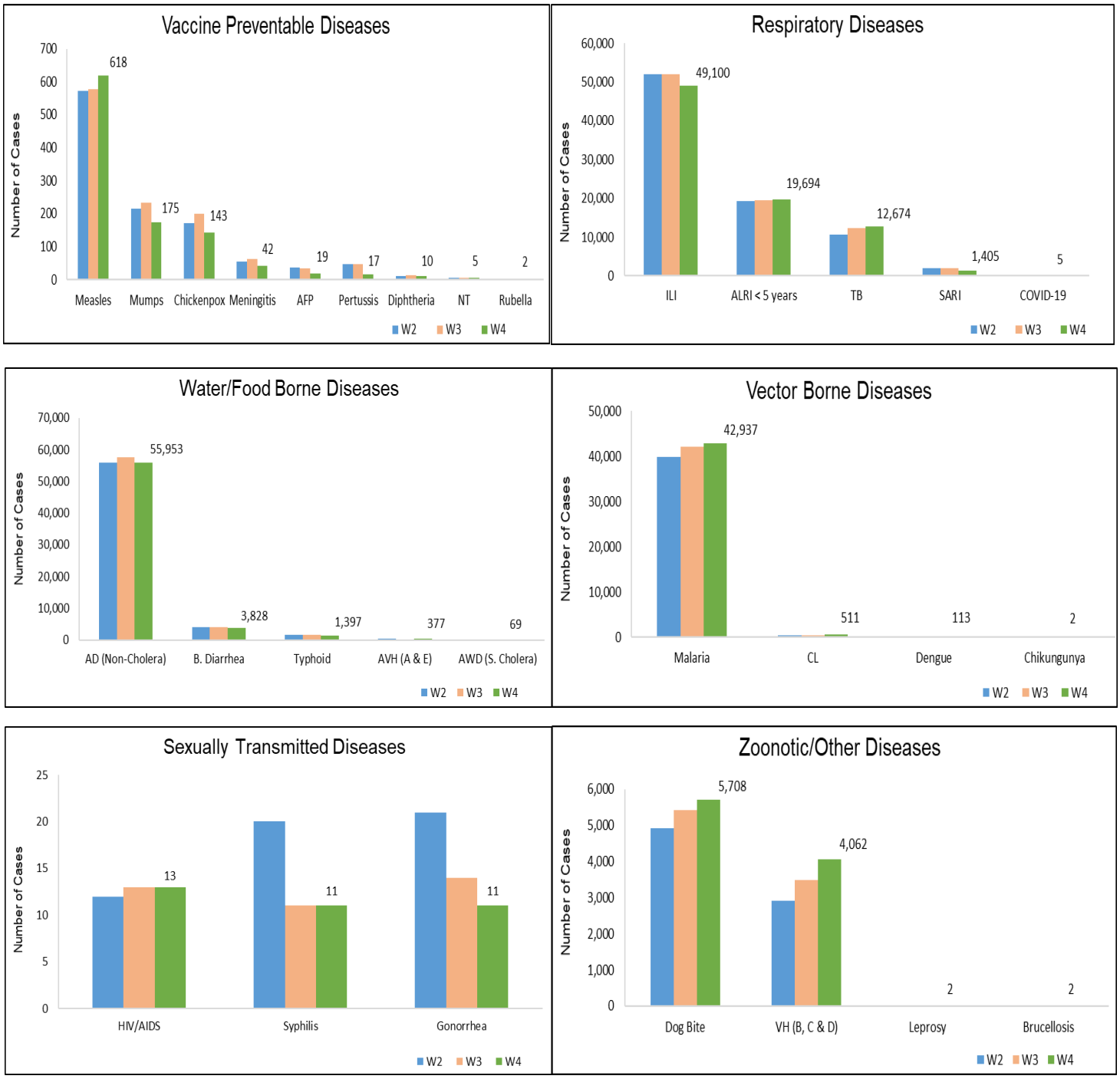
• Ensure Rapid Case Management and Response: Ensure availability of diphtheria antitoxin (DAT) and appropriate antibiotics at designated health facilities; implement standard case management protocols and isolation of suspected cases to prevent transmission.

• Strengthen Immunization Services: Intensify routine immunization and booster dose coverage (DPT/Td), and conduct targeted catch-up and outbreak response immunization activities in affected and high-risk area

Table 1: Province/Area-wise distribution of most frequently reported suspected cases during Week 04, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	1,178	3,367	459	300	16,235	NR	34,414	55,953
ILI	2,217	5,639	443	1,872	4,476	NR	34,453	49,100
Malaria	0	1,254	1	0	2,163	NR	39,519	42,937
ALRI < 5 years	1,683	1,592	1,273	7	1,191	NR	13,948	19,694
TB	69	16	39	6	288	NR	12,256	12,674
Dog Bite	120	177	11	1	847	NR	4,552	5,708
VH (B, C & D)	9	31	6	1	126	NR	3,889	4,062
B. Diarrhea	37	505	27	7	512	NR	2,740	3,828
SARI	210	437	142	0	465	NR	151	1,405
Typhoid	16	214	54	2	438	NR	673	1,397
Measles	15	9	4	1	533	NR	56	618
CL	1	37	0	0	471	NR	2	511
AVH (A & E)	18	1	0	0	142	NR	216	377
Mumps	4	36	2	2	108	NR	23	175
Chickenpox/ Varicella	2	5	1	1	96	NR	38	143
Dengue	0	2	0	0	9	NR	102	113
AWD (S. Cholera)	3	55	0	0	10	NR	1	69
Meningitis	3	0	4	0	11	NR	24	42
AFP	2	0	0	0	8	NR	9	19
Pertussis	0	8	0	0	8	NR	1	17
HIV/AIDS	0	1	0	0	5	NR	7	13
Gonorrhea	0	8	0	0	1	NR	2	11
Syphilis	0	2	0	0	0	NR	9	11
Diphtheria (Probable)	0	8	0	0	2	NR	0	10
COVID-19	0	0	0	0	5	NR	0	5
NT	0	0	0	0	4	NR	1	5
Brucellosis	0	0	0	0	2	NR	0	2
Chikungunya	0	0	0	0	0	NR	2	2
Leprosy	0	2	0	0	0	NR	0	2
Rubella (CRS)	0	2	0	0	0	NR	0	2

Figure 1: Most frequently reported suspected cases during Week 04, Pakistan.



Sindh

- Malaria cases were maximum followed by ILI, AD (Non-Cholera), ALRI<5 Years, TB, Dog Bite, VH (B, C, D), B. Diarrhea, Typhoid and AVH (A & E).
- Malaria cases are mostly from Khairpur, Larkana and Sanghar whereas ILI cases are from Khairpur, Mirpurkhas and Badin.
- Nine cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of Meningitis, Mumps, AFP, Typhoid and HIV/ AIDS while an increase in number of cases of Measles, NT, Chickenpox, ILI, ALRI < 5 years, TB, AD(Non-Cholera), Malaria, Dog Bite, and VH (B, C& D) this week.

Table 2: District-wise distribution of most frequently reported suspected cases during Week 04, Sindh.

Districts	Malaria	ILI	AD (non-cholera)	ALRI < 5 years	TB	Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	AVH (A & E)
Badin	1,941	2,997	2,017	599	816	216	203	176	31	0
Dadu	3,082	991	1,941	1,427	671	300	98	338	104	85
Ghotki	1,215	0	609	770	533	252	433	70	0	0
Hyderabad	443	2,342	2,246	223	377	75	125	63	3	1
Jacobabad	895	1,084	543	520	299	285	78	82	25	0
Jamshoro	1,847	126	1,393	615	571	174	105	63	24	9
Kamber	2,425	0	1,324	341	843	264	85	101	19	0
Karachi Central	13	2,263	1,567	6	271	163	17	0	67	0
Karachi East	16	4	300	24	7	3	2	7	0	0
Karachi Keamari	1	225	542	37	3	4	0	0	0	0
Karachi Korangi	56	13	400	10	35	8	0	8	1	5
Karachi Malir	92	2,880	1,142	179	135	49	7	34	10	0
Karachi South	14	0	84	0	0	1	0	0	0	0
Karachi West	269	1,224	758	216	73	75	20	19	22	0
Kashmore	1,773	573	198	133	121	306	3	14	0	0
Khairpur	3,573	6,929	2,701	1,577	1,019	304	276	295	142	8
Larkana	3,412	2	1,305	480	895	88	27	263	3	0
Matiari	2,003	60	967	452	591	142	362	48	1	2
Mirpurkhas	1,410	4,771	2,121	680	850	238	37	114	7	22
Naushero Feroze	979	593	1,178	584	131	184	36	72	36	0
Sanghar	3,159	94	1,528	860	1,119	311	1,239	100	21	2
Shaheed Benazirabad	1,966	2	1,301	351	382	162	114	81	79	0
Shikarpur	1,625	5	867	319	240	372	192	170	6	0
Sujawal	883	0	804	245	130	83	39	126	12	0
Sukkur	1,091	2,083	872	340	382	171	43	101	2	0
Tando Allahyar	859	1,504	739	219	378	61	79	92	6	1
Tando Muhammad Khan	534	90	762	261	578	147	89	90	0	0
Tharparkar	1,448	1,868	1,854	1,078	435	5	32	99	15	19
Thatta	847	1,726	1,035	859	49	109	128	28	10	60
Umerkot	1,648	4	1,316	543	322	0	20	86	27	2
Total	39,519	34,453	34,414	13,948	12,256	4,552	3,889	2,740	673	216

Figure 2: Most frequently reported suspected cases during Week 04, Sindh.

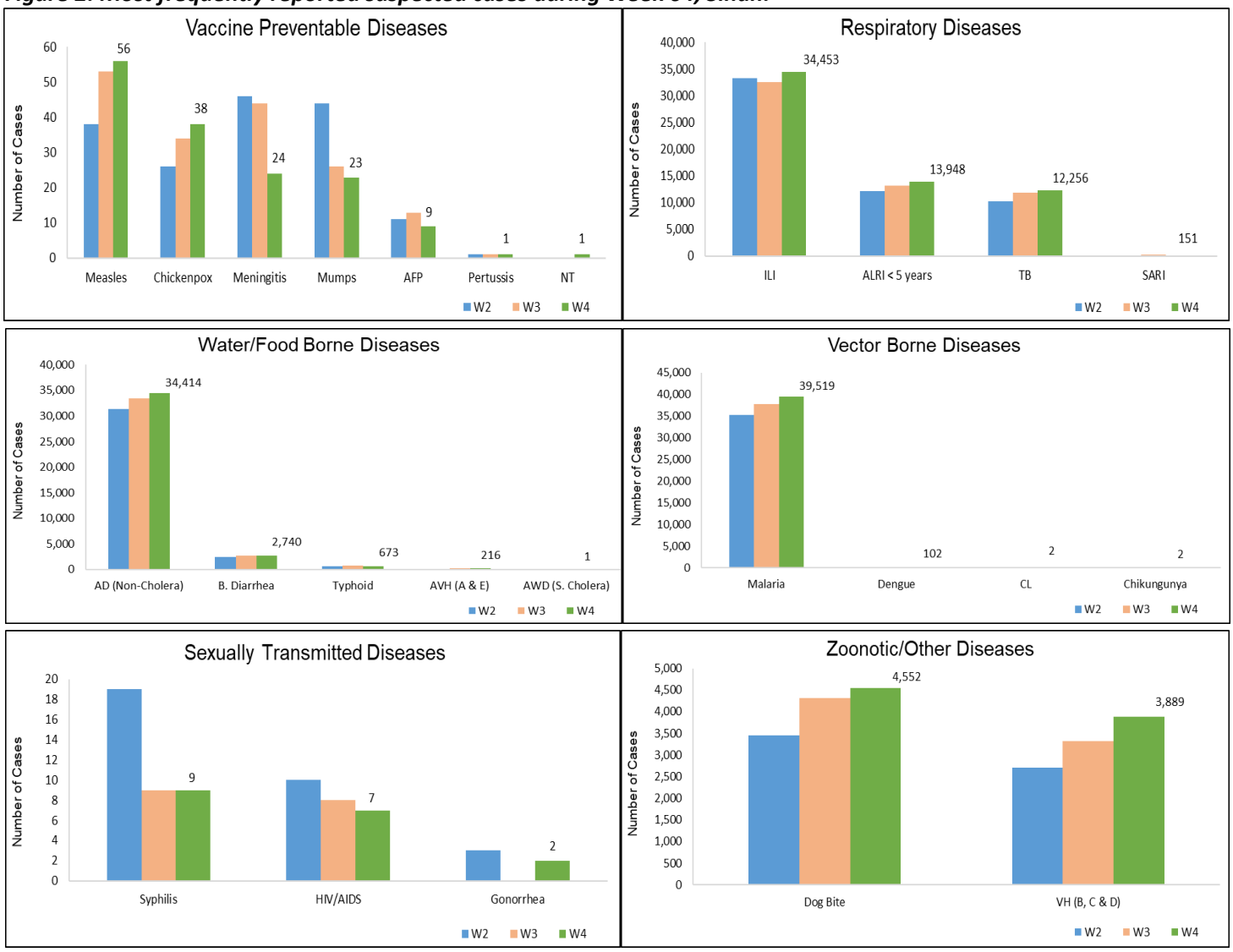
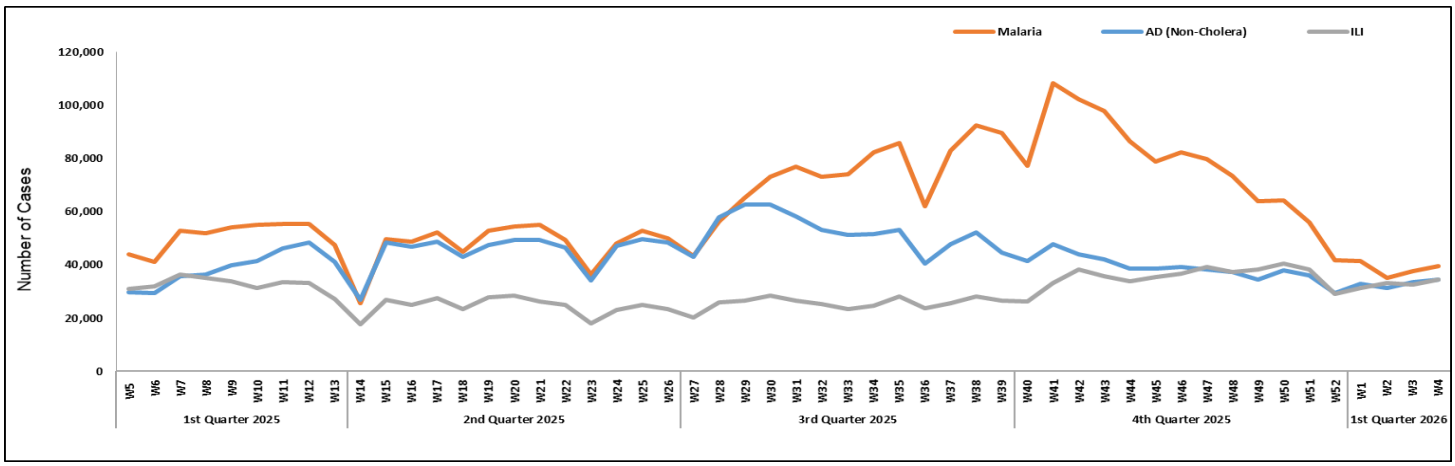


Figure 3: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



Balochistan

- ILI, AD (Non-Cholera), ALRI <5 years, Malaria, 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 Gwadar, Quetta and Kharan while AD (Non-Cholera) cases are mostly reported from Sibi, Lasbella and Naseer Abad.
- One case of HIV/AIDS reported from Balochistan. Field investigation is required to confirm the case.
- Measles, Diphtheria and dog bite showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of Mumps, Pertussis, Chicken pox, Rubella, ILI, ALRI < 5years, SARI, AD (Non-Cholera), B. Diarrhea, Typhoid, AWD (S. Cholera), Malaria, CL, Gonorrhea, and VH (B, C & D).

Table 3: District-wise distribution of most frequently reported suspected cases* during *Week 04, Balochistan.

Districts	ILI	AD (Non-Cholera)	ALRI < 5 years	Malaria	B. Diarrhea	SARI	Typhoid	Dog Bite	AWD (S. Cholera)	CL
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	60	59	46	25	10	2	25	9	1	1
Chagai	172	68	0	23	17	0	1	0	0	0
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	0	3	6	0	0	0	0	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	1,227	233	2	23	28	0	3	1	3	0
Harnai	0	138	227	37	47	0	0	1	0	0
Hub	94	142	16	37	18	0	1	0	0	0
Jaffarabad	70	79	2	52	27	0	2	15	0	0
Jhal Magsi	217	160	25	120	0	0	0	0	0	0
Kachhi (Bolan)	344	254	63	314	18	10	0	9	12	0
Kalat	0	0	0	0	1	0	0	0	0	0
Kech (Turbat)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kharan	620	139	17	10	59	0	5	0	0	1
Khuzdar	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Killa Abdullah	206	78	20	2	17	74	16	21	11	7
Killa Saifullah	0	145	245	94	45	52	12	0	0	0
Kohlu	125	58	5	11	16		5	NR	NR	NR
Lasbella	56	275	92	211	16	10	6	19	0	20
Loralai	512	152	59	9	46	60	20	0	0	0
Mastung	266	111	96	14	12	64	7	18	0	0
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	19	266	54	93	16	1	26	51	1	8
Nushki	38	28	0	2	13	2	0	0	0	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Quetta	643	256	146	7	6	32	16	0	6	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	558	426	166	124	29	82	46	0	21	0
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	21	6	0	0	0	0	0	0	0	0
Usta Muhammad	267	211	267	35	27	18	0	16	0	0
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	10	13	14	0	2	26	0	0	0	0
Ziarat	114	67	24	11	35	4	23	17	0	0
Total	5,639	3,367	1,592	1,254	505	437	214	177	55	37

Figure 4: Most frequently reported suspected cases during Week 04, Balochistan.

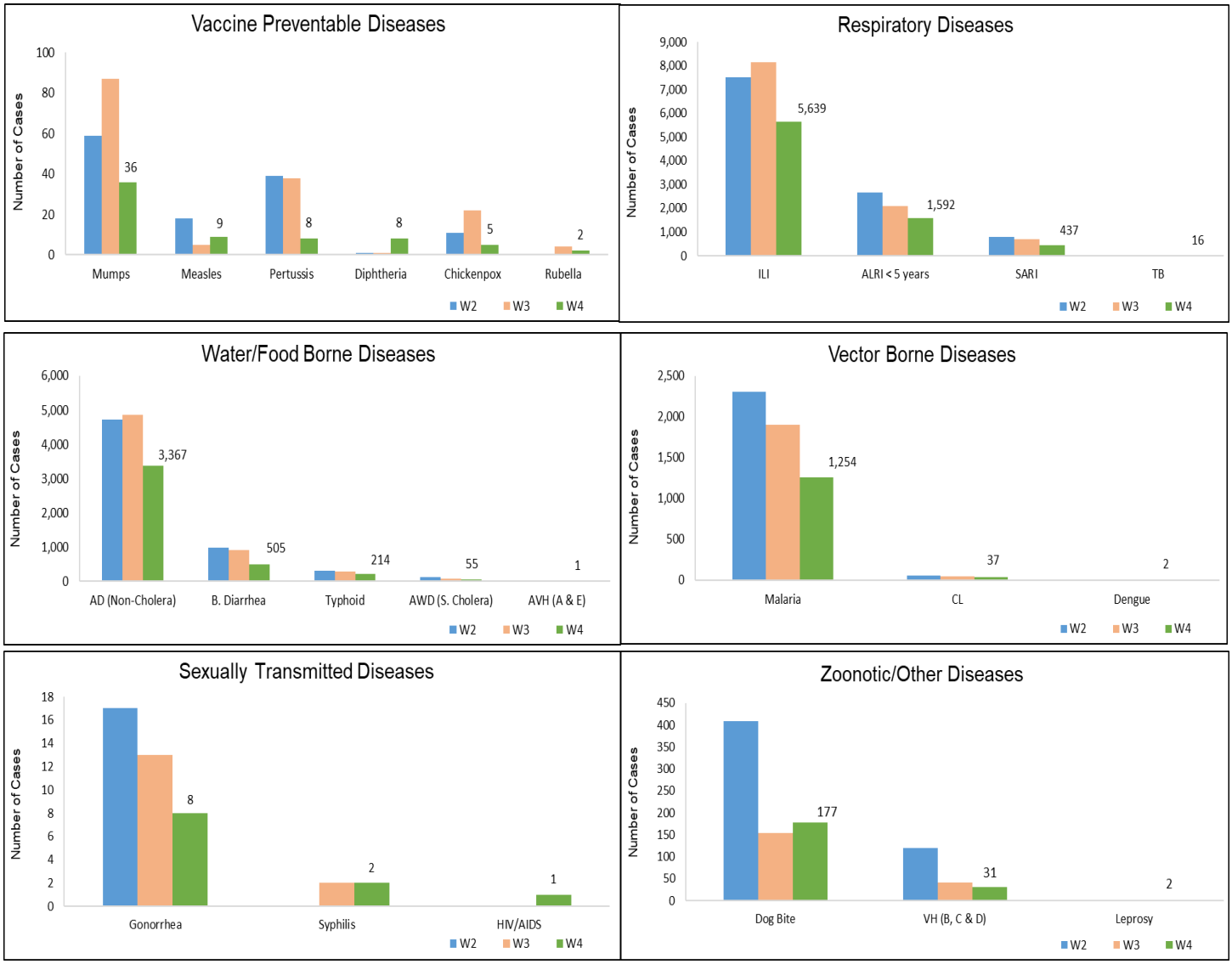
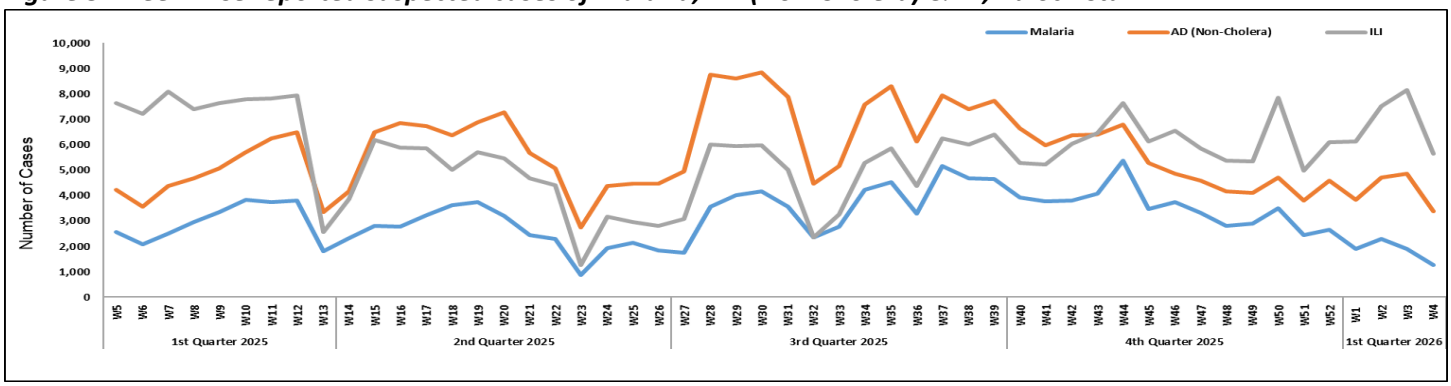


Figure 5: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, Dog Bite, Measles B. Diarrhea, CL, SARI & Typhoid.
- Measles, Meningitis, CL & VH (B, C&D) cases showed an increase in number while Mumps, AFP, Chickenpox, ILI, ALRI <5 years, SARI, AD (Non- Cholera), Typhoid and Malaria showed a decline in number this week.
- Eight cases of AFP reported from KP. All are suspected cases and need field verification.
- Five cases of HIV/AIDs reported from KP. A field investigation is required.
- Two suspected cases of Brucellosis were reported from KP, which require field verification.

Table 4: District-wise distribution of most frequently reported suspected cases during Week 04, KP.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	Dog Bite	Measles	B. Diarrhea	CL	SARI	Typhoid
Abbottabad	389	159	0	30	56	3	8	0	5	25
Bajaur	484	7	101	28	89	20	21	13	47	1
Bannu	625	0	874	0	0	96	6	0	1	72
Battagram	177	433	8	9	9	12	2	NR	NR	NR
Buner	194	2	92	0	12	0	0	0	0	7
Charsadda	1,402	1,573	177	317	35	64	70	0	3	78
Chitral Lower	167	23	3	27	9	0	8	4	20	2
Chitral Upper	53	15	1	9	2	1	2	1	6	7
D.I. Khan	1,153	0	89	34	6	47	11	2	0	0
Dir Lower	699	1	50	15	55	28	51	1	0	16
Dir Upper	467	66	8	16	5	3	11	0	0	3
Hangu	230	2	57	0	13	0	0	44	0	0
Haripur	748	60	0	28	24	0	0	0	0	0
Karak	285	33	52	40	23	40	7	237	0	3
Khyber	246	3	54	26	44	3	55	59	1	33
Kohat	367	0	30	7	60	1	12	23	0	9
Kohistan Lower	91	0	0	0	2	1	1	1	0	0
Kohistan Upper	186	2	3	6	1	0	30	0	0	1
Kolai Palas	41	19	0	1	0	0	1	0	0	1
L & C Kurram	10	0	3	0	0	0	7	0	6	2
Lakki Marwat	196	17	109	19	34	4	0	0	0	9
Malakand	436	150	12	28	0	5	31	5	31	0
Mansehra	442	184	0	0	0	0	0	0	0	20
Mardan	716	232	38	175	25	9	20	4	3	17
Mohmand	32	126	44	2	16	4	0	37	149	0
North Waziristan	29	50	59	43	1	23	7	3	38	36
Nowshera	987	50	66	44	10	15	11	13	15	11
Orakzai	42	7	0	0	4	0	1	0	0	0
Peshawar	2,334	301	7	55	3	70	34	0	10	7
Shangla	324	0	32	20	69	4	0	0	0	3
South Waziristan (Lower)	58	101	12	28	12	8	17	15	34	8
SWU	31	9	8	14	2	0	0	0	21	0
Swabi	777	466	57	97	153	52	15	0	51	33
Swat	1,300	213	8	39	59	20	45	0	0	25
Tank	365	25	78	3	0	0	1	0	0	0
Tor Ghar	46	4	24	18	3	0	13	9	0	4
Upper Kurram	106	143	7	13	11	0	14	0	24	5
Total	16,235	4,476	2,163	1,191	847	533	512	471	465	438

Figure 6: Most frequently reported suspected cases during Week 04, KP.

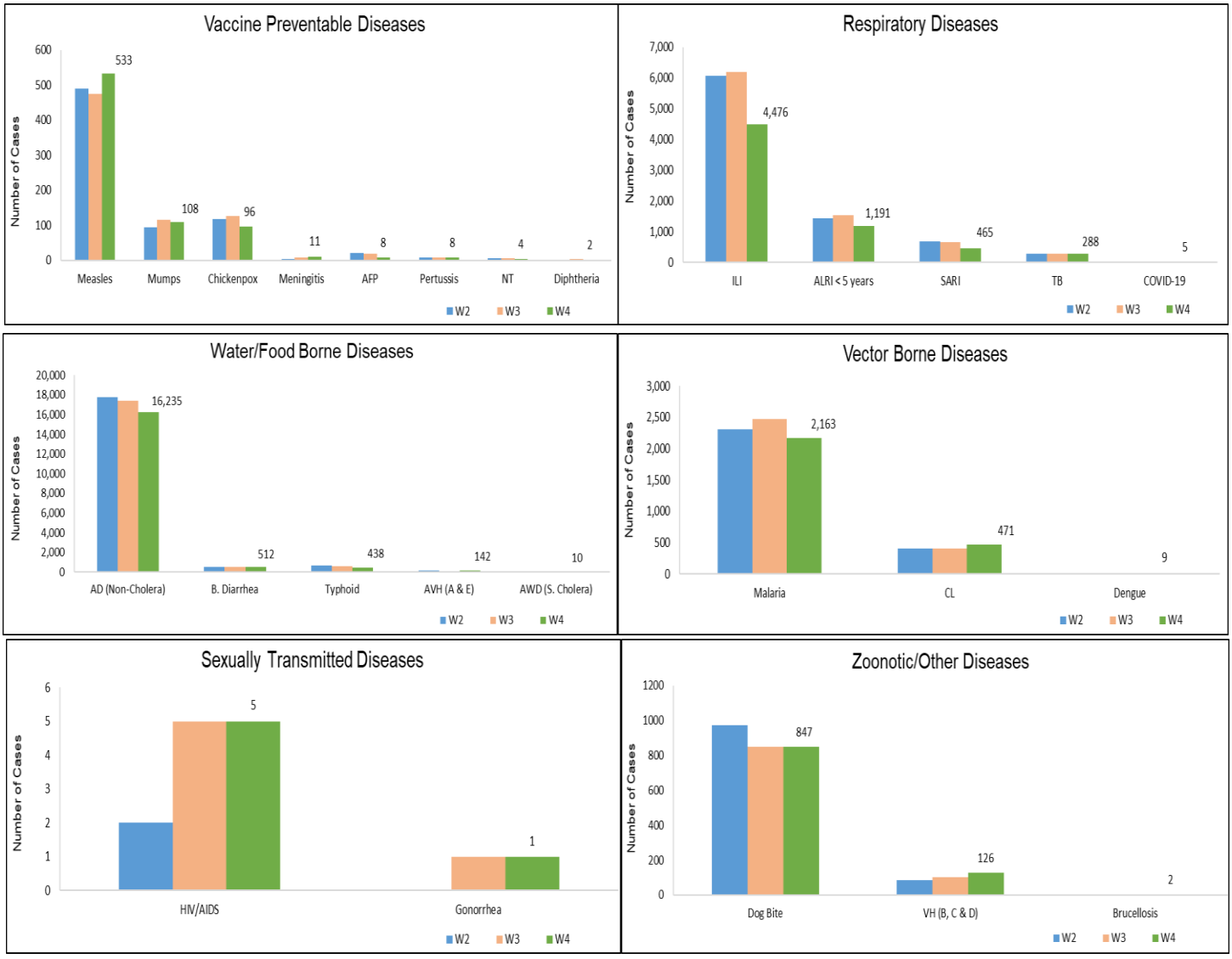
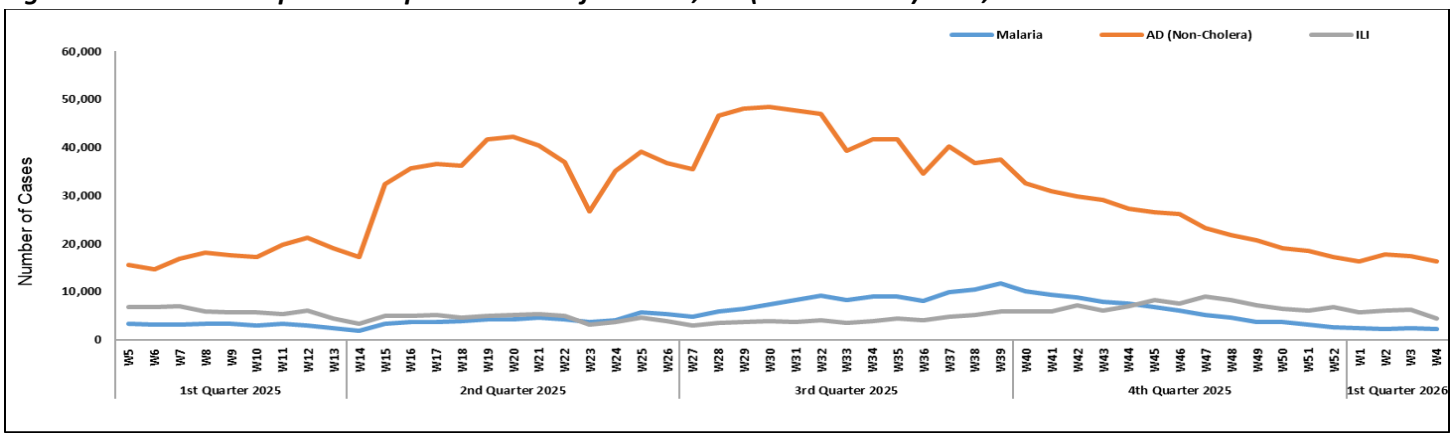


Figure 7: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera), Chickenpox, TB and B. Diarrhea. ILI 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 and Dog Bite. An increase in number of suspected cases was observed for ALRI < 5years, Dog Bite and B.Diarrhea while a decline in cases observed for Measles, Mumps, Meningitis, AFP, Chickenpox, ILI, SARI, AD (Non- Cholera) and VH (B, C &D) this week.

GB: ALRI <5 Years cases were the most frequently reported diseases followed by AD (Non-Cholera), ILI, and SARI. An increase in cases is observed for AD (Non – Cholera), ALRI<5 years, ILI, SARI & Dog bite while a decline is observed in number of cases of B.Diarrhea this week.

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Figure 8: Most frequently reported suspected cases during Week 04, AJK.

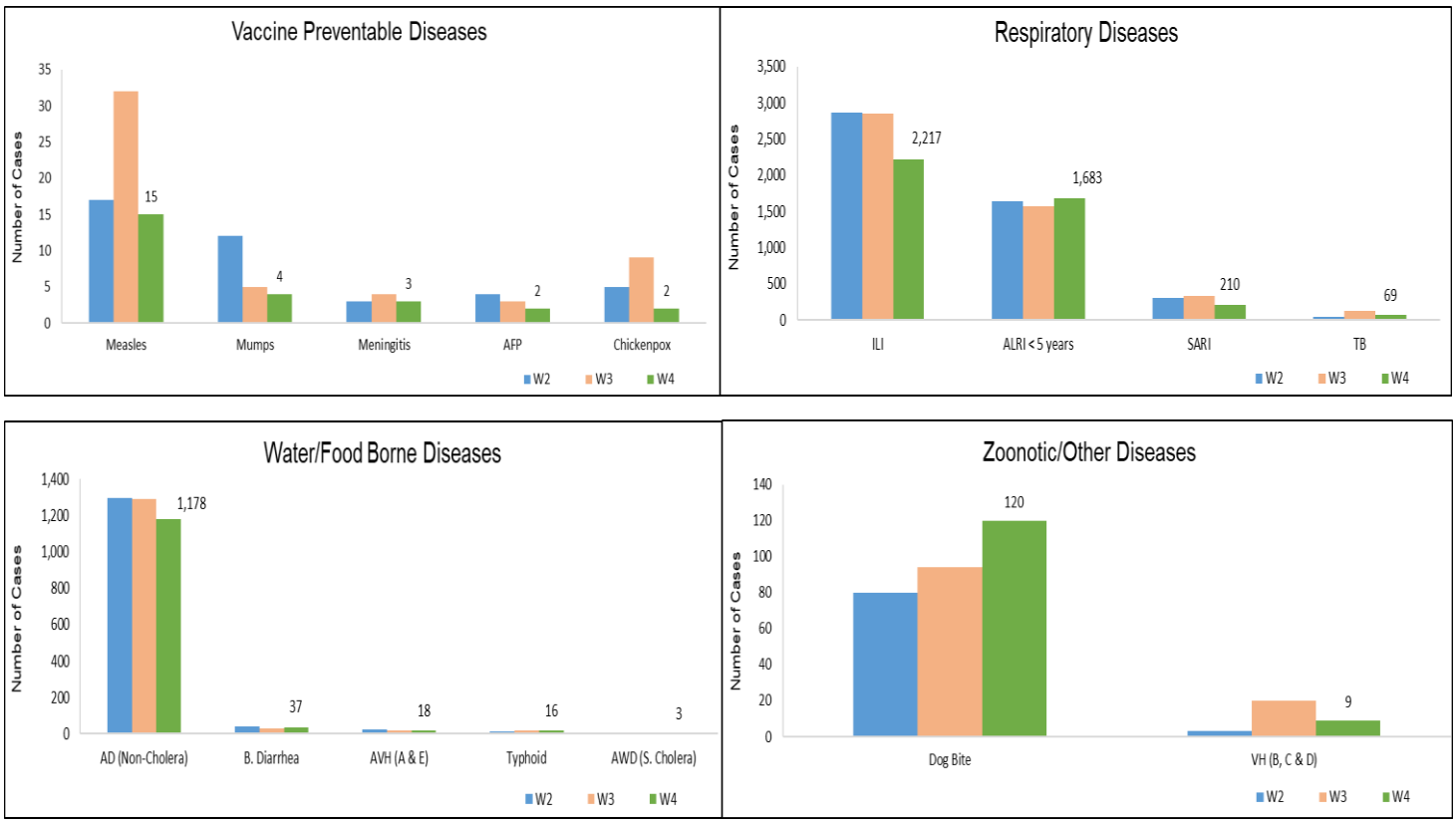

Figure 9: Week-wise reported suspected cases of ILI and ALRI < 5 years, A

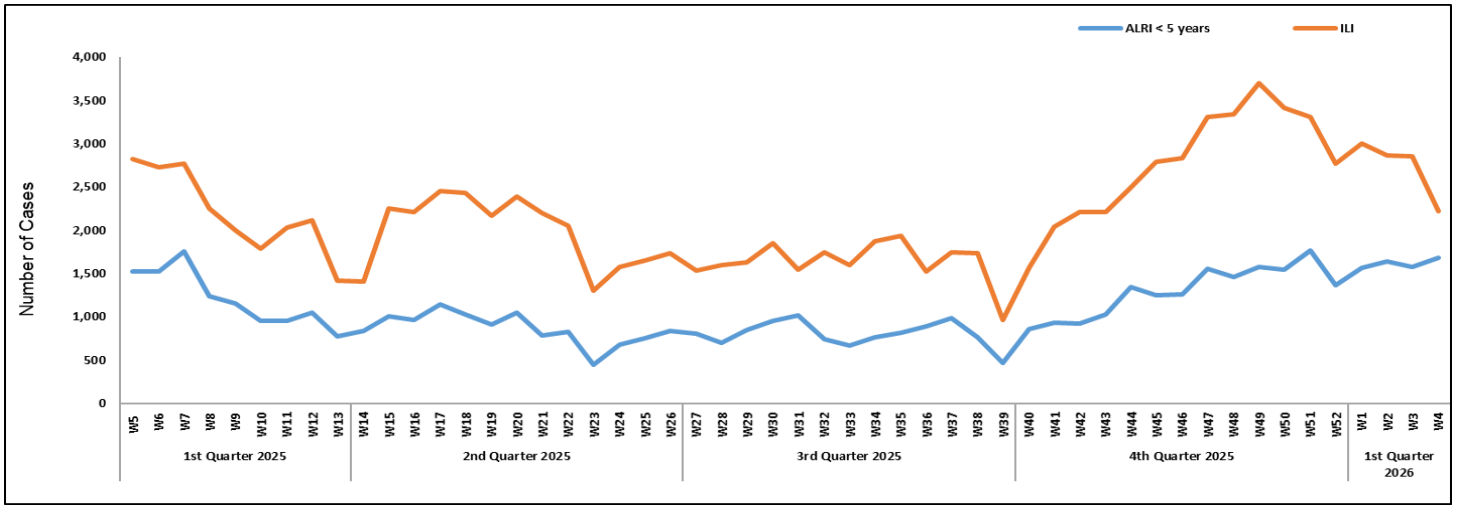

Figure 10: Most frequently reported suspected cases during Week 04, ICT.

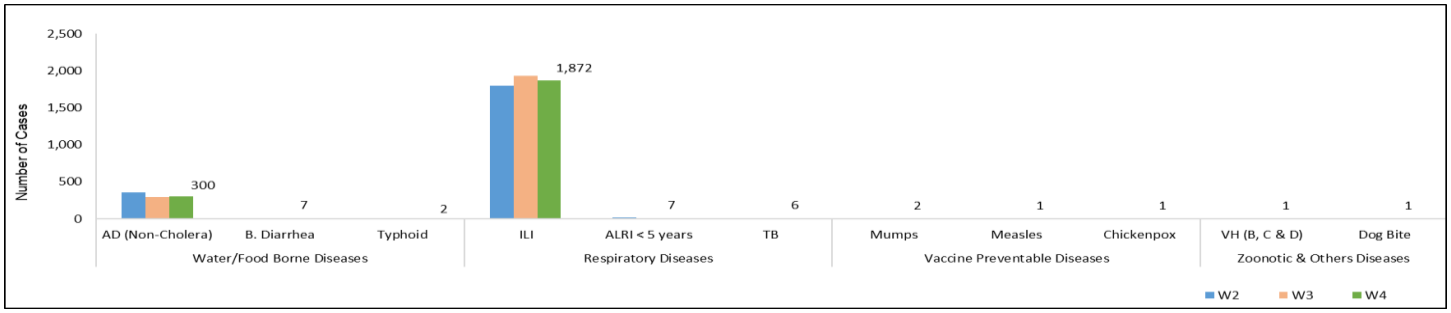

Figure 11: Week-wise reported suspected cases of ILI, ICT.

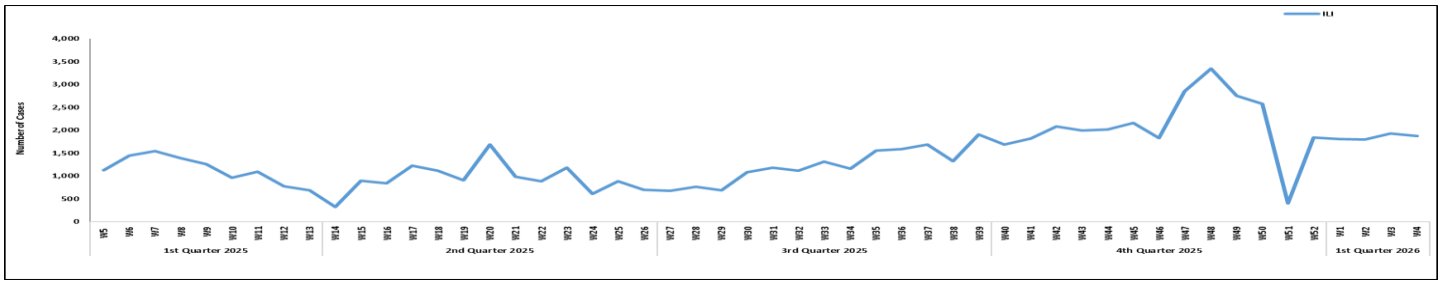

Figure 12: Most frequently reported suspected cases during Week 04, GB.

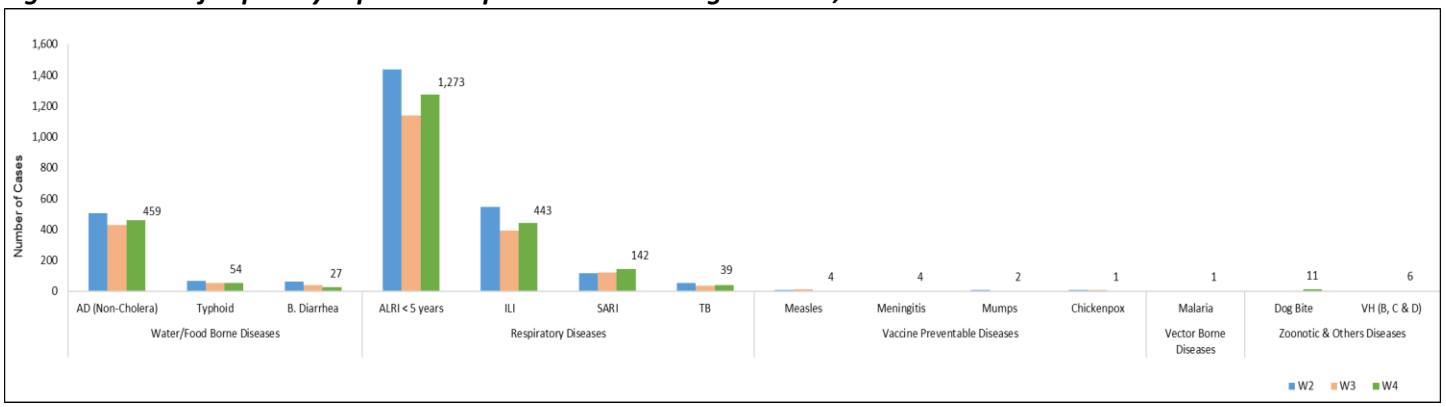

Figure 13: Week-wise reported suspected cases of ALRI < 5 years, GB.

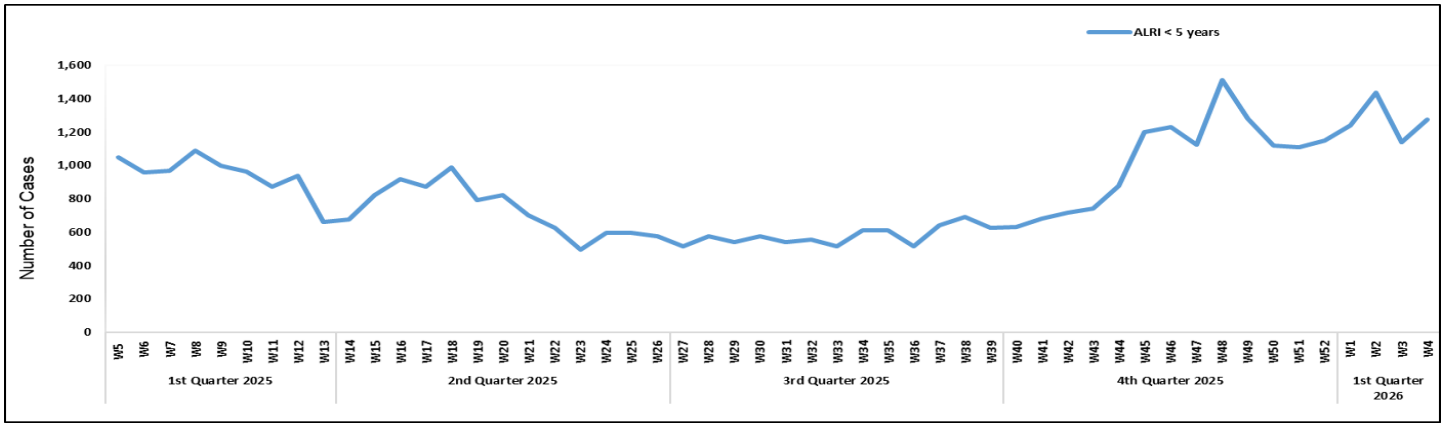

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 04, Pakistan.

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)		25	0	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		180	2	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		5,380	287	694	36	38	5	-	-	84	0	-	-	3	0
CCHF		-	-	1	0	-	-	-	-	-	-	-	-	-	-
Dengue		1,349	34	-	-	-	-	-	-	-	-	-	-	-	-
VH (B)		1,521	280	684	46	107	0	-	-	863	5	-	-	175	4
VH (C)		1,544	1,333	746	62	107	0	-	-	939	8	-	-	175	3
VH (D)		308	69	-	-	-	-	-	-	-	-	-	-	-	-
VH (A)		100	29	-	-	-	-	-	-	1	0	-	-	-	-
VH (E)		73	13	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		7	0	1	0	-	-	-	-	-	-	-	-	15	0
TB		617	72	78	8	6	2	-	-	83	1	-	-	47	5
HIV/ AIDS		4,264	29	536	3	54	0	-	-	209	0	-	-	159	0
Syphilis		2,148	17	51	2	9	0	-	-	83	0	-	-	-	-
Typhoid		616	10	48	6	-	-	-	-	54	0	-	-	-	-
Diphtheria		15	3	-	-	-	-	-	-	-	-	-	-	-	-
ILI		17	4	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		196	44	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis		9	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		254	104	27	16	348	154	40	12	4	2	539	121	40	12
Leishmaniosis (cutaneous)		7	1	21	12	1	0	-	-	-	-	-	-	-	-
SARI		29	12	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	-	-	-	-	2	0	15	0	8	0	36	0	-	-
	SARI	2	0	-	-	14	0	219	0	6	0	133	0	-	-
Influenza A	ILI	-	-	-	-	2	0	15	0	8	0	36	1	-	-
	SARI	2	0	-	-	14	0	219	0	6	0	133	2	-	-
Influenza B	ILI	-	-	-	-	2	0	15	0	8	0	36	0	-	-
	SARI	2	0	-	-	14	0	219	1	6	0	133	0	-	-
RSV	ILI	-	-	-	-	2	0	15	0	8	0	36	0	-	-
	SARI	2	0	-	-	14	0	219	94	6	0	133	0	-	-

IDSR Reports Compliance

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

Table 6: Compliance of IDSR reporting districts, Week 04, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for the current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	101	91%
	Bannu	238	123	52%
	Battagram	59	35	59%
	Buner	34	18	53%
	Bajaur	44	43	98%
	Charsadda	59	59	100%
	Chitral Upper	34	30	88%
	Chitral Lower	35	33	94%
	D.I. Khan	114	113	99%
	Dir Lower	74	61	82%
	Dir Upper	37	30	81%
	Hangu	22	20	91%
	Haripur	72	69	96%
	Karak	36	36	100%
	Khyber	53	44	83%
	Kohat	61	61	100%
	Kohistan Lower	11	10	91%
	Kohistan Upper	20	10	50%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	42	5	12%
	Upper Kurram	41	30	73%
	Malakand	42	26	62%
	Mansehra	133	79	59%
	Mardan	80	66	83%
	Nowshera	56	55	98%
	North Waziristan	13	10	77%
	Peshawar	156	125	80%
	Shangla	37	4	11%
	Swabi	64	59	92%
	Swat	77	70	91%
	South Waziristan (Upper)	93	38	41%
	South Waziristan (Lower)	42	29	69%
	Tank	34	33	97%
	Torghar	14	13	93%
	Mohmand	68	12	18%
	Orakzai	69	10	14%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	92	62	67%
	Kotli	60	60	100%
	Muzaffarabad	45	45	100%
	Poonch	46	46	100%
	Haveli	39	38	97%

	Bagh	54	54	100%
	Neelum	39	27	69%
	Jhelum Velley	29	28	97%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	15	6	40%
Balochistan	Gwadar	26	26	100%
	Kech	44	0	0%
	Khuzdar	74	0	0%
	Killa Abdullah	26	21	81%
	Lasbella	55	55	100%
	Pishin	69	00	0%
	Quetta	55	27	49%
	Sibi	36	36	100%
	Zhob	39	9	23%
	Jaffarabad	16	16	100%
	Naserabad	32	31	97%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	17	23%
	Chagi	36	17	47%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	0	0%
	Surab	32	3	9%
	Mastung	46	46	100%
	Loralai	33	20	61%
	Killa Saifullah	28	24	86%
	Ziarat	29	21	72%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	2	4%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	19	95%
	Hub	33	23	70%
	Musakhel	41	0	0%
	Usta Muhammad	34	24	71%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	38	100%
	Gilgit	44	43	98%
	Diamer	62	58	94%
	Astore	55	55	100%
	Shigar	27	12	44%
	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	272	99%
	Shikarpur	60	59	98%
	Thatta	52	49	94%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	16	76%
	Karachi-West	20	20	100%
	Karachi-Malir	35	32	91%
	Karachi-Kemari	22	21	95%
	Karachi-Central	12	10	83%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	55	100%
	Mirpur Khas	106	106	100%
	Badin	124	123	99%
	Sukkur	64	63	98%
	Dadu	90	89	99%
	Sanghar	100	100	100%
	Jacobabad	44	44	100%
	Khairpur	170	168	99%
	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 hospitals Week 04, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for the 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 Vellay	1	1	100%
	Sudhnooti	1	1	100%
Sindh	Karachi-South	3	2	67%
	Sukkur	1	1	100%
	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	0	0%

Strengthening Disease Surveillance: NIH hosts IDSRS Refresher Session for ICT and CDA Healthcare Providers.

The National Institute of Health, Islamabad, recently convened a one-day refresher training session to strengthen the **Integrated Disease Surveillance and Response System (IDSRS)** through enhanced understanding of standardized case definitions and reporting protocols. The session brought together healthcare providers from the **Islamabad Capital Territory (ICT)** and the Capital Development Authority (CDA), reinforcing a shared commitment to improve disease surveillance at the regional level.

The training emphasized the critical importance of accurate case identification, timely reporting, and adherence to standardized IDSRS guidelines to ensure early detection of priority diseases and public health events. Participants engaged in interactive discussions, practical exercises, and scenario-based learning designed to address common reporting challenges and strengthen data quality.

By aligning frontline healthcare providers with updated surveillance standards, the initiative aims to improve reporting compliance, enhance outbreak detection capacity, and support evidence-based decision-making. Such capacity-building efforts are instrumental in fortifying Pakistan's public health surveillance infrastructure and advancing national preparedness for emerging and re-emerging health threats.

Letter to the Editor:

Nipah virus preparedness in Pakistan: Reflections on National Advisory Measures

Dear Editor,

Nipah virus (NiV) remains a significant emerging zoonotic threat with the potential to cause severe outbreaks. It is characterized by high case fatality rates and human-to-human transmission. It was initially isolated and characterized in Malaysia in 1998(1). The name "Nipah virus" was derived from Kampung Sungai Nipah (Nipah River village) in Negeri Sembilan State, Malaysia, where the virus was first confirmed in patient serum samples exhibiting encephalitis symptoms [2, 3]. The NiV belongs to the RNA virus group Mononegavirales, along with other well-known viruses, such as the Hendra, Ebola, measles, mumps, rabies, and Marburg viruses [4]. Two major genetic lineages of the NiV cause disease in humans: NiV Malaysia (NiV-MY) and NiV Bangladesh (NiV-BD) [5]. The primary modes of transmission of the NiV to humans include direct contact with infected animals, particularly fruit bats of the Pteropus genus [6], or consumption of contaminated food, such as raw date palm sap.

In 2018, the World Health Organization (WHO) acknowledged NiV infection as a global health concern and a priority disease, highlighting the urgent need for research on the epidemiology, modes of transmission, and potential prevention and control strategies [3]. Due to its high mortality rate in humans and zoonotic nature, the NiV is classified as a biosafety level 4 pathogen. Despite the increasing risk of a global pandemic, comprehensive studies that integrate data from NiV infections in pigs, bats, and humans remain scarce. Currently, no specific therapeutic intervention for NiV infection is available; symptomatic supportive care remains the primary approach, and a vaccine against NiV is yet to be developed [7, 8].

Although Pakistan has not reported any confirmed human cases to date, the recent advisory issued by the National Institute of Health (NIH), Pakistan, in January 2026, highlights the need for heightened vigilance and preparedness as well as regional epidemiological developments.

The NIH advisory urges all provinces and territories to enhance surveillance for Severe Acute Respiratory Infections (SARI), Acute Encephalitis Syndrome (AES), and unexplained clusters of febrile illness, particularly among individuals with relevant travel history or exposure to animals. It further emphasizes early case detection, immediate reporting through established surveillance channels, strict infection prevention and control (IPC) measures in healthcare settings, and strengthening laboratory diagnostic readiness for emerging zoonotic pathogens. This proactive alert reflects Pakistan's commitment to preparedness despite the absence of confirmed cases.

NiV has caused recurrent outbreaks in neighboring countries, including India and Bangladesh. Pakistan's geographic proximity, cross-border movement, shared ecological zones, increasing urbanization, deforestation, and expanding human–animal interfaces elevate the risk of potential spillover events. Considering the

epidemic potential and the lack of specific antiviral treatment, a preventive and coordinated approach is essential.

Strengthening event-based surveillance within the Integrated Disease Surveillance and Response System (IDSRS), ensuring rapid alert verification, and expanding laboratory capacity for timely confirmation are critical components of preparedness. Healthcare facilities must ensure the availability of personal protective equipment, designated isolation areas, and regular IPC training of the healthcare workers to minimize the risk of nosocomial transmission.

Operationalizing a robust One Health approach is central to NiV preparedness in Pakistan. Effective coordination between human health, livestock, wildlife, and environmental sectors is necessary for early detection of zoonotic threats. Monitoring unusual morbidity or mortality events in animals, enhancing inter-ministerial information sharing, and integrating animal and human surveillance data will strengthen early warning systems.

Community engagement and risk communication are equally important. IDSRS national staff is working on creating awareness messages in local languages for social media. Public awareness should focus on avoiding consumption of potentially contaminated food products, minimizing contact with sick animals, and encouraging prompt healthcare-seeking behavior for neurological or respiratory symptoms. Risk communication must remain culturally sensitive and evidence-based to prevent misinformation and unnecessary panic.

Previous experience with public health emergencies has demonstrated the value of timely advisories, coordinated responses, and surveillance strengthening. The recent NIH alert serves as a timely reminder that preparedness for high-impact zoonotic diseases such as Nipah virus must be continuous and multisectoral.

In conclusion, while no confirmed cases of Nipah virus have been reported in Pakistan, the regional context and ecological realities necessitate vigilant surveillance, intersectoral collaboration, and sustained operationalization of the One Health framework. Proactive investment in preparedness today will be critical in mitigating the impact of any potential future outbreak.

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Sincerely,
Dr. Nimra Gillani, MBBS, MSPH
Medical Epidemiologist
Integrated Disease Surveillance and Response System (IDSRS)
Pakistan

Knowledge Hub

Brucellosis: What You Need to Know

Brucellosis is a bacterial disease caused by various species of the Brucella bacteria. It primarily infects livestock (cattle, goats, sheep, pigs) but can be transmitted to humans. It is often referred to as "undulant fever" because the fever characteristically rises and falls in waves.

What is Brucellosis?

Brucellosis is a zoonotic disease, meaning it spreads from animals to humans. The illness in humans is often chronic and debilitating, affecting multiple organ systems. The bacteria are highly infectious and can survive in the environment for several months under certain conditions.

The most common species of Brucella that infect humans are:

• B. melitensis (primarily from sheep and goats, causing the most severe disease).

• B. abortus (from cattle). • B. suis (from pigs).

• B. canis (from dogs).

How Brucellosis Spreads to Humans

• Brucellosis is not typically spread from person to person. Transmission occurs through contact with infected animals or consumption of contaminated animal products.

• Eating Contaminated Foods: This is the most common route.

• Consuming unpasteurized (raw) milk, cheese, or ice cream from infected animals (especially goats, sheep, or cows).

• Eating undercooked meat from infected animals.

• Occupational Exposure (Direct Contact): People who work with animals are at high risk.

• Coming into contact with blood, urine, vaginal discharge, or, most dangerously, placentas and fetuses of infected animals (e.g., veterinarians, farmers, slaughterhouse workers).

• The bacteria can enter the body through cuts, abrasions, or the mucous membranes (eyes, nose, mouth).

• Inhalation: Breathing in the bacteria, which can happen in laboratories or slaughterhouses.

Signs & Symptoms

Symptoms of brucellosis can appear anywhere from 5 days to 6 months after exposure, but usually within 1 to 3 weeks. The illness often starts slowly.

Common symptoms include:

• Fever: The defining feature is the undulating fever rising in the evening and dropping in the morning.

• Sweating: Profuse sweating (often with a foul odor).

• Fatigue and malaise (general feeling of being unwell).

• Muscle and joint pain (arthritis is common).

• Headache.

• Loss of appetite and weight loss.

If the infection is not treated, it can become chronic and cause more serious symptoms that persist for months or years.

Complications

Although brucellosis is rarely fatal (less than 2%), it can lead to severe and chronic complications if not properly treated, often affecting the joints and central nervous system.

• Arthritis: Inflammation of the joints, particularly the hip, knee, or spine.

• Epididymo-orchitis: Swelling and pain in the testicles.

• Endocarditis: Infection of the heart lining, which is the most common cause of death from brucellosis.

• Neurobrucellosis: Infection of the central nervous system (brain and meninges), leading to meningitis or abscesses.

• Chronic Fatigue: Persistent fatigue, joint pain, and fever that can last for years.

Prevention

• Prevention focuses heavily on controlling the disease in animals and protecting humans from exposure.

Food Safety:

• Avoid consuming unpasteurized milk, cheese, and ice cream. Boiling milk or buying products labeled "pasteurized" kills the bacteria.

• Cook meat thoroughly (well-done).

Occupational Protection:

• Use personal protective equipment (PPE), including gloves, goggles, and face shields, when assisting with animal births or handling infected tissues.

• Vaccination programs for livestock (cattle, sheep, and goats) are critical for controlling the disease in animal populations.

Laboratory Safety

• Proper safety protocols are required when handling Brucella bacteria in a laboratory setting.

Diagnosis and Treatment

Diagnosis: Brucellosis is often difficult to diagnose because its symptoms are similar to those of many other febrile illnesses.

Diagnosis is confirmed through:

• Blood Culture: Growing the bacteria from a blood sample.

• Serology: Testing the blood for antibodies against the Brucella bacteria.

Treatment: Brucellosis is treatable with antibiotics. Treatment typically involves a combination of two antibiotics (most commonly doxycycline plus rifampicin or streptomycin) for a period of 6 to 8 weeks to prevent relapse. It is crucial to complete the entire course of antibiotics.

More Information

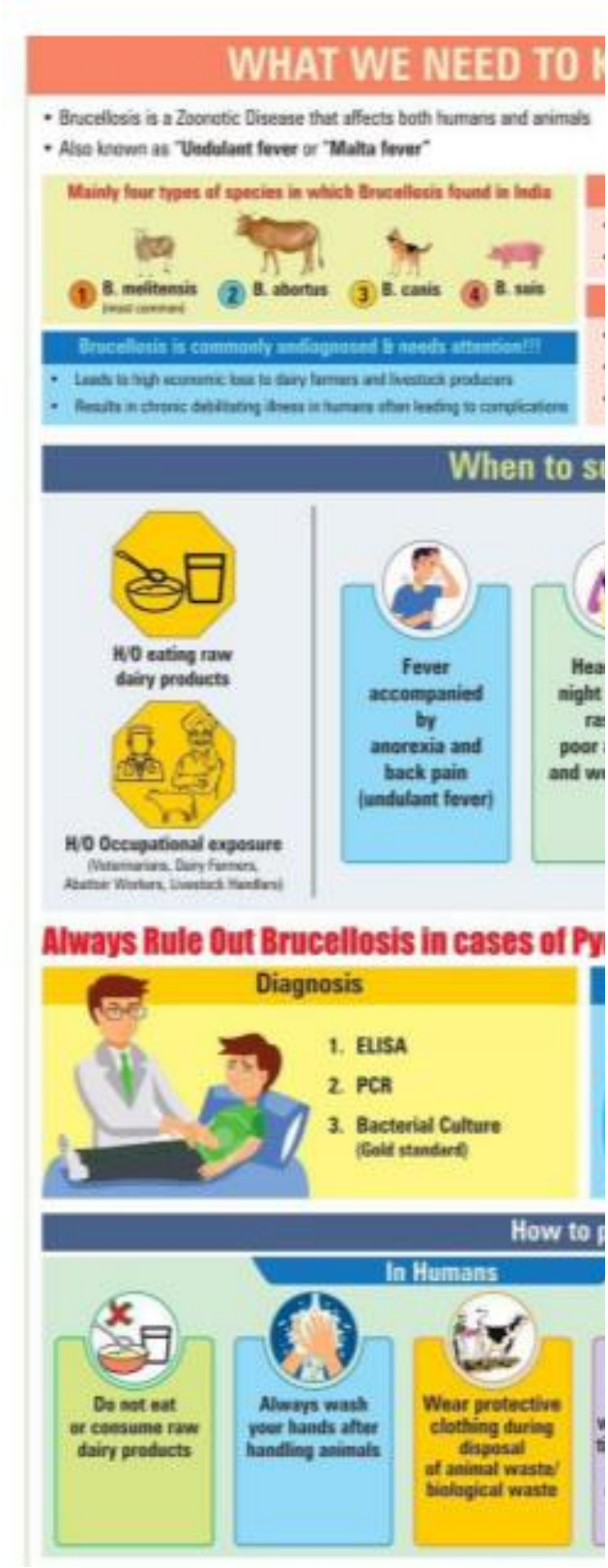
For additional authoritative information on brucellosis, please visit:

1. Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/brucellosis/index.html

2. World Health Organization (WHO): https://www.who.int/news-room/factsheets/detail/brucellosis

3. Public Health Agency of Canada (PHAC): https://www.canada.ca/en/publichealth/services/diseases/brucellosis.ht

4. UK Health Security Agency (UKHSA): https://www.gov.uk/guidance/brucellosisguidance-data-and-analysis



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