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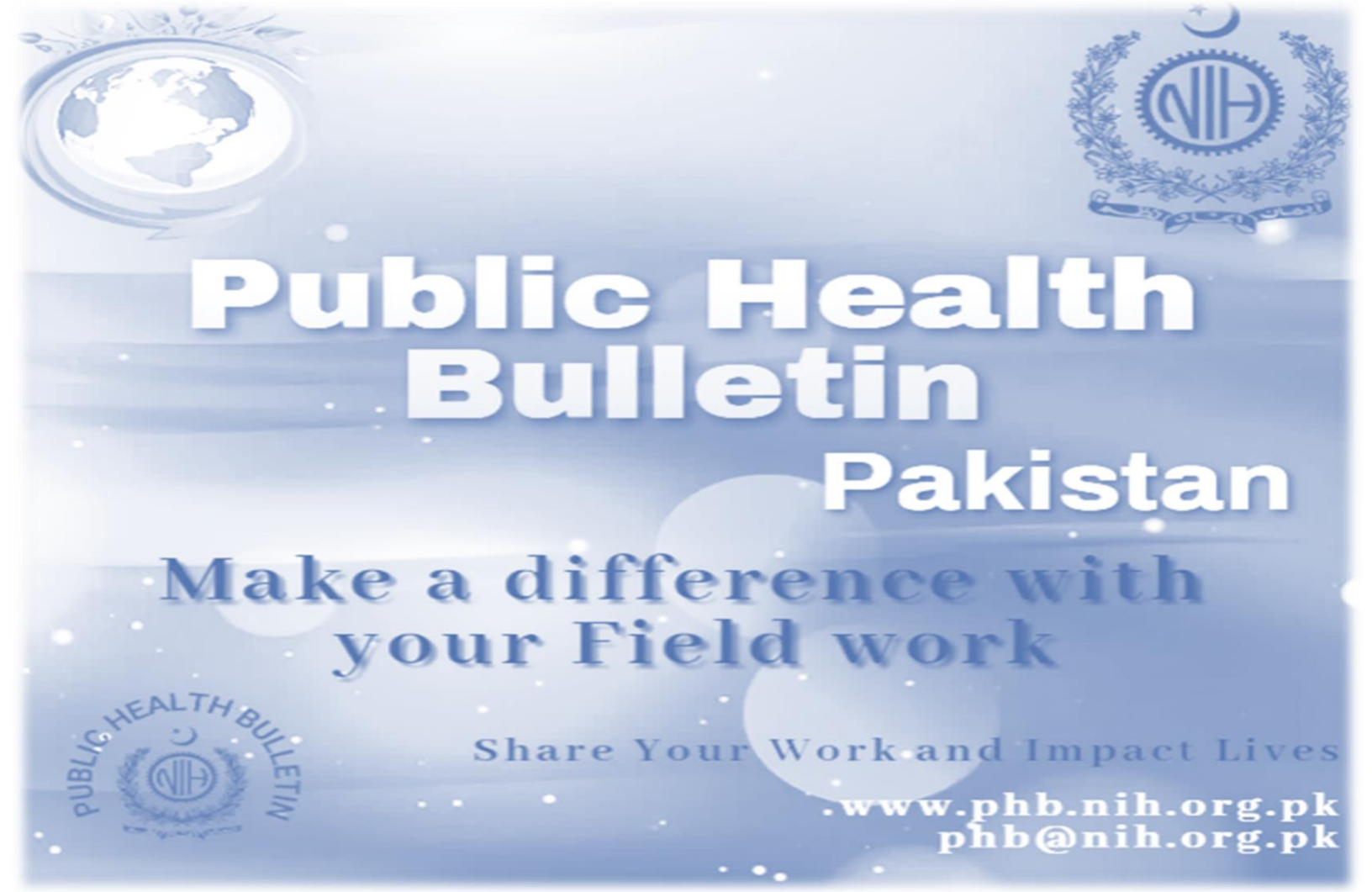
PUBLIC HEALTH BULLETIN-PAKISTAN

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 05, 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 in accordance with 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 Week's Highlights include;

- *Strengthening International Collaboration in Public Health: KSA Delegation visits NIH Islamabad*
- *Letter to the editor on "Climate Variability and health risks. The Need for Adaptive Strategies"*
- *Knowledge hub on Understanding Dengue: A Public Health Priority*

By transforming complex health data into actionable intelligence, the Public Health Bulletin remains 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

- *During Week 05, 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, Typhoid, SARI, and AVH (A & E).*
- *Fourteen cases of AFP were reported from Sindh and fourteen from KP.*
- *Six suspected cases of HIV/ AIDS were reported from Sindh and five from KP.*
- *Four suspected cases of Leprosy were reported from Sindh.*
- *Among VPDs, there was an increase in the number of cases of Chickenpox, AFP, Pertussis, NT, and Rubella (CRS) this week.*
- *Among Respiratory diseases, there was an increase in the number of cases of TB this week.*
- *Among Water/food-borne diseases, there was an increase in the number of cases of Typhoid, AVH (A & E), and AWD (S. Cholera) this week.*
- *Among Vector-borne diseases, there was an increase in the number of cases of Malaria this week.*
- *Among STDs, there was a decline in the number of cases of HIV/ AIDS and Syphilis this week.*
- *Among Zoonotic/Other diseases, there is an increase in the number of cases of Dog Bite and Leprosy this week.*
- *Field investigation is required for verification of the alerts and for prevention and control of the outbreaks.*

IDSR compliance attributes

- *The national compliance rate for IDSR reporting in 158 implemented districts is 76%.*
- *Sindh is the top reporting region with a compliance rate of 98%, followed by AJK 90%, ICT 82%, GB 78%, and KP 77%.*
- *In Week 5, the lowest compliance rate was observed in Balochistan, 31%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,234	1,723	77
Azad Jammu Kashmir	469	422	90
Islamabad Capital Territory	38	31	82
Balochistan	1,308	410	31
Gilgit Baltistan	417	324	78
Sindh	2,111	2,078	98
National	6,577	4,988	76

Public Health Actions

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

Dengue

• **Strengthen Surveillance and Case Notification:** Enhance dengue reporting through the IDSR/IDSRS system, integrating human health and entomological data for early outbreak detection in high-risk areas.

• **Expand Laboratory Confirmation:** Strengthen laboratory capacity for dengue diagnosis using NS1 antigen and IgM/IgG testing to support timely case confirmation and outbreak response.

• **Enhance Integrated Vector Management:** Implement coordinated vector control through larval source reduction, larviciding, fogging, and environmental management in collaboration with municipal and environmental sectors.

• **Strengthen Outbreak Preparedness and Response:** Activate rapid response teams for case investigation, active case finding, entomological surveillance, and targeted vector control.

• **Raise Public Awareness:** Conduct risk communication to promote source reduction, personal protective measures, and early healthcare seeking.

Malaria

• **Strengthen Surveillance and Case Detection:** Enhance malaria surveillance through the IDSR/IDSRS system with timely reporting from all health facilities, particularly in endemic and border areas.

• **Expand Laboratory Diagnosis:** Strengthen access to parasitological confirmation through rapid diagnostic tests and microscopy for early and accurate diagnosis.

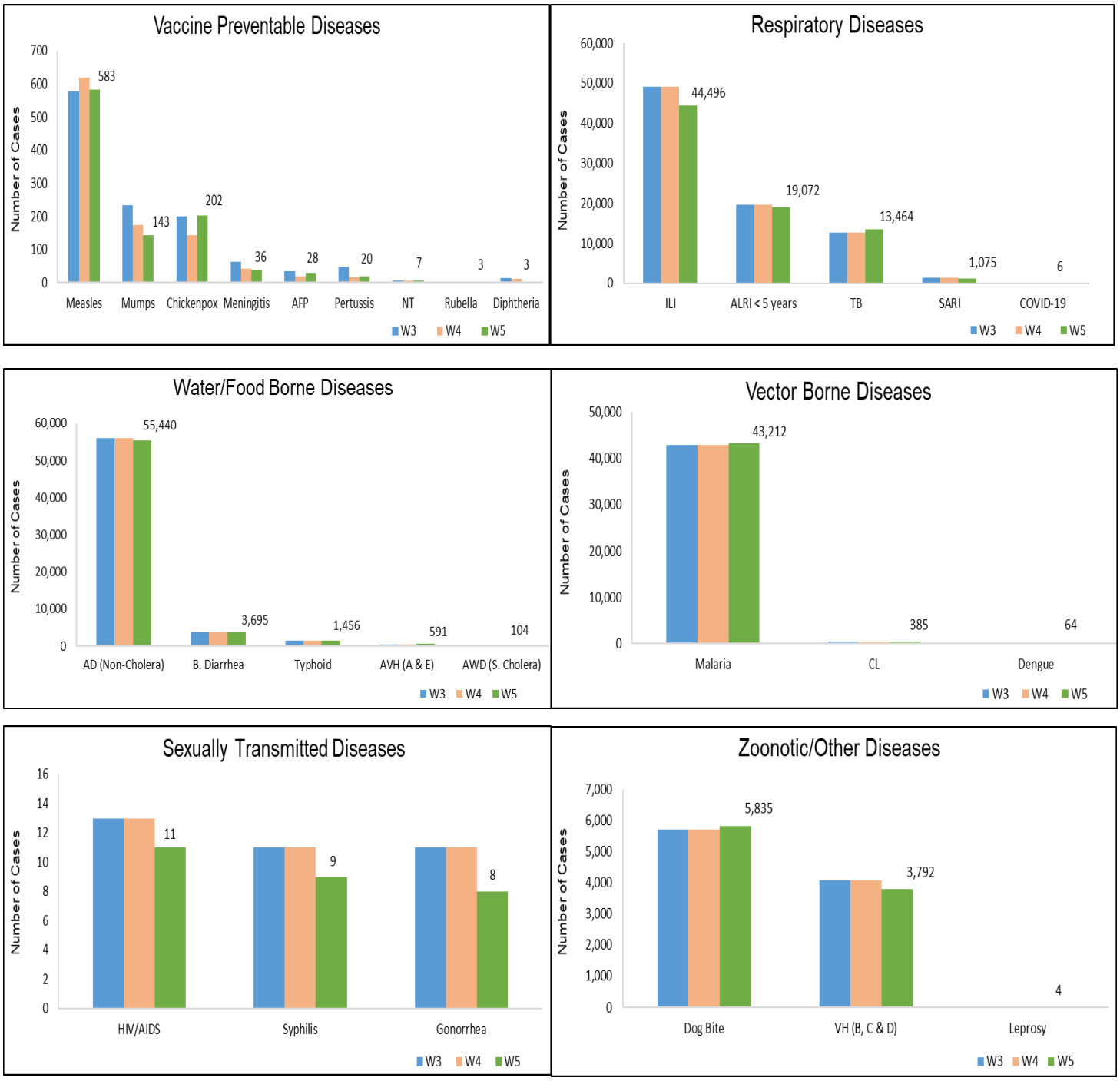
• **Improve Case Management:** Ensure availability of antimalarial medicines and adherence to national treatment guidelines to reduce transmission and mortality.

• **Enhance Vector Control Measures:** Scale up long-lasting insecticidal nets, indoor residual spraying, and environmental management through coordinated human, animal, and environmental health actions.

Table 1: Province/Area-wise distribution of most frequently reported suspected cases during Week 05, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	1,232	2,081	469	285	17,679	NR	33,694	55,440
ILI	2,106	2,873	380	1,886	3,473	NR	33,778	44,496
Malaria	0	955	1	0	2,127	NR	40,129	43,212
ALRI < 5 years	1,586	904	1,084	4	1,895	NR	13,599	19,072
TB	98	18	39	7	293	NR	13,009	13,464
Dog Bite	85	93	7	1	1,073	NR	4,576	5,835
VH (B, C & D)	5	23	9	1	132	NR	3,622	3,792
B. Diarrhea	29	293	28	0	505	NR	2,840	3,695
Typhoid	16	88	69	0	520	NR	763	1,456
SARI	169	232	145	0	404	NR	125	1,075
AVH (A & E)	23	1	0	0	94	NR	473	591
Measles	19	5	13	0	468	NR	78	583
CL	0	34	0	0	343	NR	8	385
Chickenpox/ Varicella	7	11	4	2	101	NR	77	202
Mumps	2	27	3	2	91	NR	18	143
AWD (S. Cholera)	6	64	3	0	28	NR	3	104
Dengue	0	0	0	0	1	NR	63	64
Meningitis	3	1	4	0	0	NR	28	36
AFP	0	0	0	0	14	NR	14	28
Pertussis	0	10	2	0	6	NR	2	20
HIV/AIDS	0	0	0	0	5	NR	6	11
Syphilis	0	0	0	0	0	NR	9	9
Gonorrhea	0	3	0	0	1	NR	4	8
NT	0	0	0	0	7	NR	0	7
COVID-19	0	0	0	0	6	NR	0	6
Leprosy	0	0	0	0	0	NR	4	4
Diphtheria	0	0	0	0	0	NR	3	3
Rubella	0	0	0	0	0	NR	3	3

Figure 1: Most frequently reported suspected cases during Week 05, 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, Sanghar and Larkana whereas ILI cases are from Khairpur, Mirpurkhas and Badin.
- Fourteen cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of ILI, AD (Non-Cholera), ALRI<5 Years, VH (B, C, D), SARI, Dengue, Mumps, and HIV/ AIDS while an increase in the number of cases of Malaria, TB, Dog Bite, B. Diarrhea, Typhoid, AVH (A & E), Measles, Chickenpox, Meningitis, AFP, CL, Leprosy, Diphtheria, Rubella and Pertussis this week.

Table 2: District-wise distribution of most frequently reported suspected cases during Week 05, Sindh.

Districts	Malaria	ILI	AD (Non-Cholera)	ALRI < 5 years	TB	Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	AVH (A & E)
Badin	1,969	3,192	1,597	559	800	165	119	210	48	0
Dadu	3,075	923	1,782	1,385	590	370	100	347	124	90
Ghotki	1,842	0	745	772	554	295	509	70	0	0
Hyderabad	662	2,071	1,894	253	311	50	54	57	1	1
Jacobabad	967	1,258	522	527	369	274	114	51	10	0
Jamshoro	1,620	120	1,197	542	569	153	85	70	27	9
Kamber	2,286	0	1,317	319	866	276	34	100	16	0
Karachi Central	17	2,249	1,555	3	259	169	15	1	75	1
Karachi East	24	0	317	26	40	4	0	3	0	0
Karachi Keamari	3	275	622	72	22	16	0	4	9	3
Karachi Korangi	69	14	328	4	46	0	3	6	13	2
Karachi Malir	116	3,099	1,185	170	191	53	5	35	17	2
Karachi South	9	0	84	0	0	0	0	0	0	0
Karachi West	370	1,324	828	246	82	67	19	19	24	0
Kashmore	1,591	600	201	134	67	305	8	17	0	0
Khairpur	4,241	7,422	2,659	1,471	1,035	357	268	224	131	7
Larkana	3,089	2	1,164	396	863	90	31	276	5	0
Matiari	1,848	33	984	373	730	217	194	158	1	4
Mirpurkhas	1,201	3,640	2,245	629	789	283	7	180	45	280
Naushero Feroze	1,386	802	1,400	710	228	208	89	194	35	0
Sanghar	3,239	72	1,534	754	1,221	244	1,177	59	11	2
Shaheed Benazirabad	1,758	2	1,310	346	401	154	129	74	100	1
Shikarpur	1,642	4	836	297	275	293	181	139	4	0
Sujawal	723	0	1,225	207	140	76	40	71	15	0
Sukkur	1,327	1,997	857	464	485	174	24	108	5	0
Tando Allahyar	802	1,553	756	213	463	50	179	75	4	2
Tando Muhammad Khan	405	74	655	280	689	135	77	101	0	0
Tharparkar	1,412	1,744	1,677	1,033	549	1	40	93	10	12
Thatta	817	1,308	993	844	73	97	105	14	9	55
Umerkot	1,619	0	1,225	570	302	0	16	84	24	2
Total	40,129	33,778	33,694	13,599	13,009	4,576	3,622	2,840	763	473

Figure 2: Most frequently reported suspected cases during Week 05, Sindh.

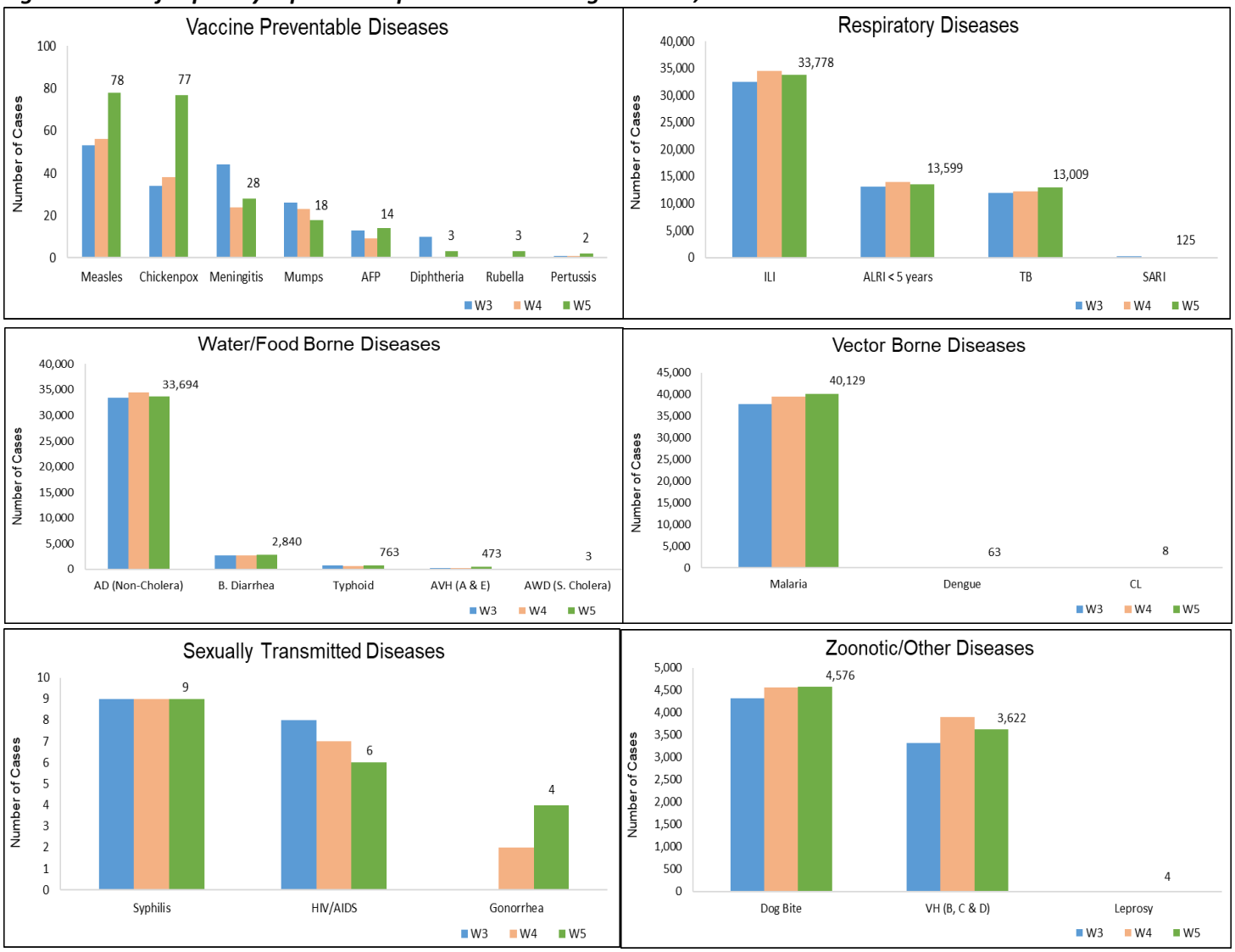
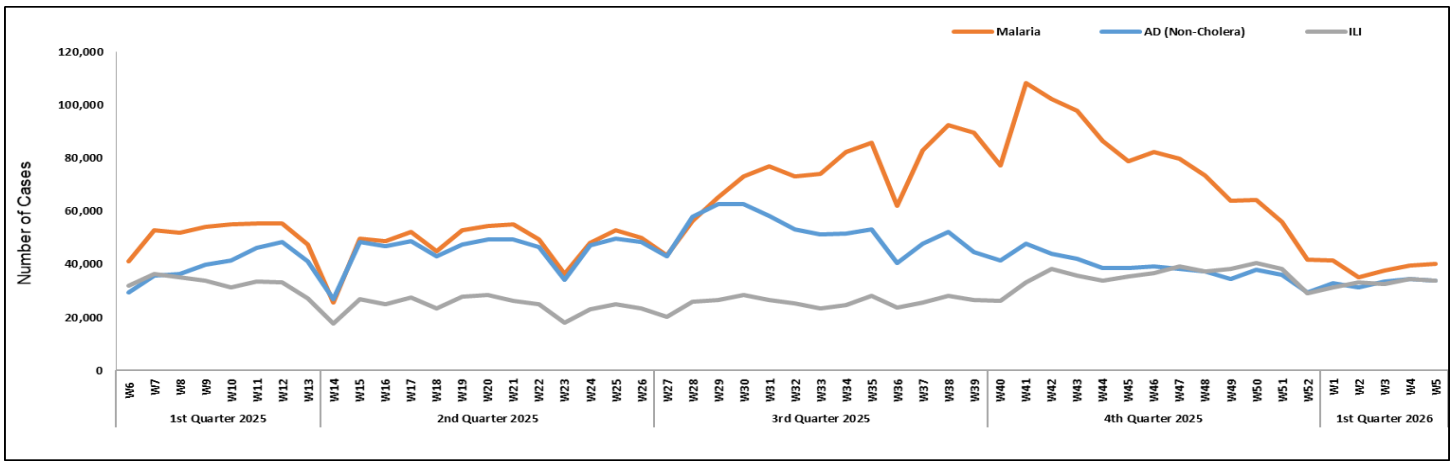


Figure 3: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Dog Bite, Typhoid, AWD (S. Cholera) and CL cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Kharan, Gwadar, and Sibi while AD (Non-Cholera) cases are mostly reported from Lasbella, Kachhi (Bolan), and Naseerabad.
- AWD (S. Cholera), TB, Chickenpox, Pertussis, and Meningitis 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), Malaria, ALRI <5 years, B. Diarrhea, SARI, Dog Bite, Typhoid, CL, Mumps, VH (B, C & D), Measles, and Gonorrhea.

Table 3: District-wise distribution of most frequently reported suspected cases* during *Week 05, Balochistan.

Districts	ILI	AD (Non-Cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Dog Bite	Typhoid	AWD (S. Cholera)	CL
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	24	17	9	1	1	2	8	18	0	6
Chagai	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	0	1	0	NR	0	NR	NR	NR	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	467	90	35	6	19	NR	NR	4	NR	NR
Harnai	0	136	36	156	52	0	2	0	0	0
Hub	124	112	25	24	10	0	1	1	0	0
Jaffarabad	9	19	7	0	10	0	0	0	0	0
Jhal Magsi	26	22	15	8	0	0	3	3	0	0
Kachhi (Bolan)	386	254	290	66	17	9	8	0	15	7
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	64	73	3	6	3	NR	NR	1	NR	NR
Kharan	494	105	3	1	44	1	0	6	0	0
Khuzdar	12	20	2	NR	11	2	NR	NR	NR	NR
Killa Abdullah	10	12	0	5	2	16	3	0	17	0
Killa Saifullah	0	31	24	41	13	0	0	6	0	0
Kohlu	37	9	4	5	6	6	NR	1	NR	NR
Lasbella	63	268	155	121	24	4	22	6	0	9
Loralai	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Mastung	339	112	3	93	15	74	22	7	3	0
MusaKhel	25	74	92	22	4	4	1	10	7	0
Naseerabad	13	215	116	35	11	26	21	13	0	7
Nushki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Quetta	211	171	3	96	4	13	1	1	1	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	453	155	87	71	20	49	0	10	21	3
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Usta Muhammad	80	167	46	135	25	14	1	0	0	2
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	36	18	0	12	2	12	0	1	0	0
Ziarat	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Total	2,873	2,081	955	904	293	232	93	88	64	34

Figure 4: Most frequently reported suspected cases during Week 05, Balochistan.

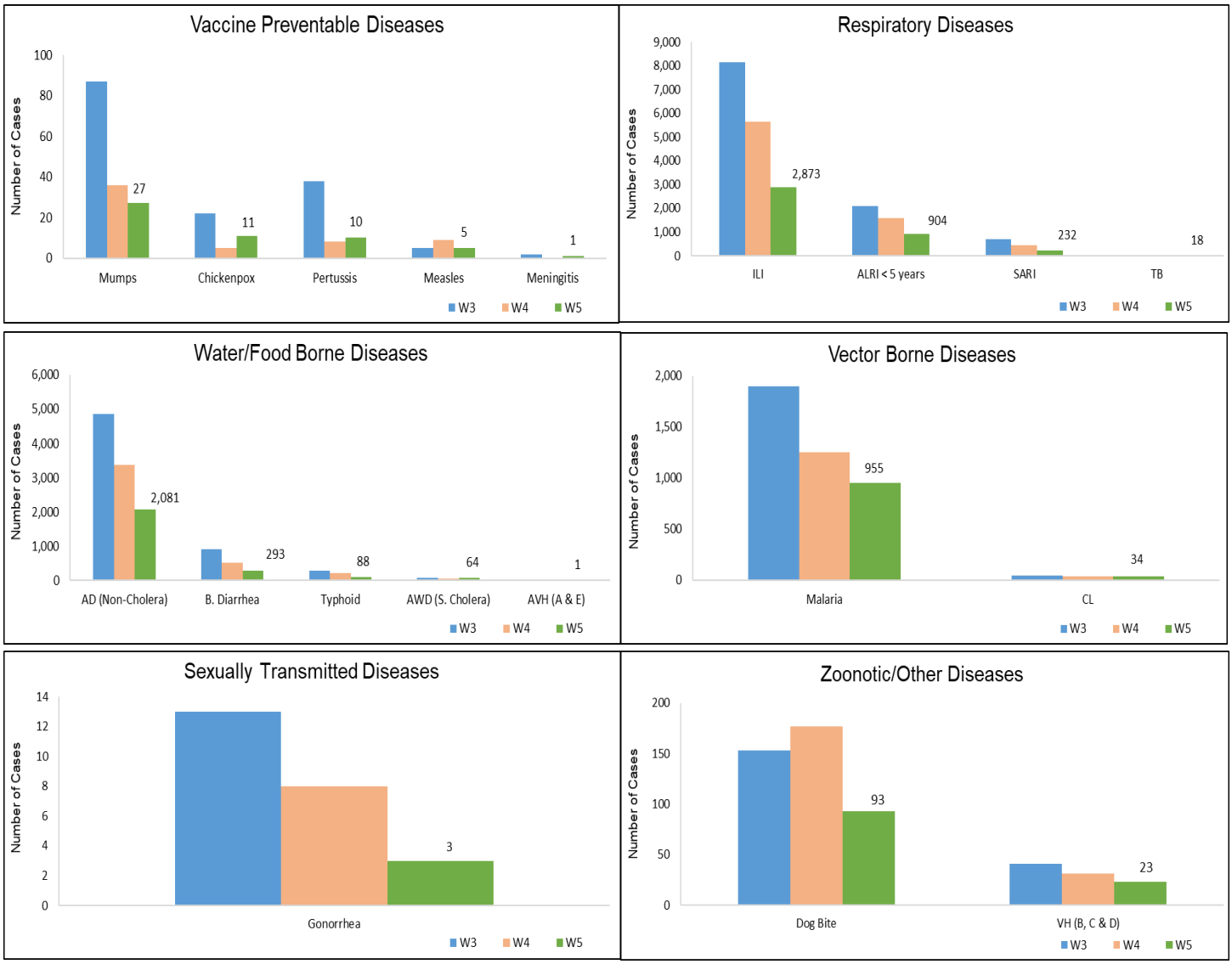
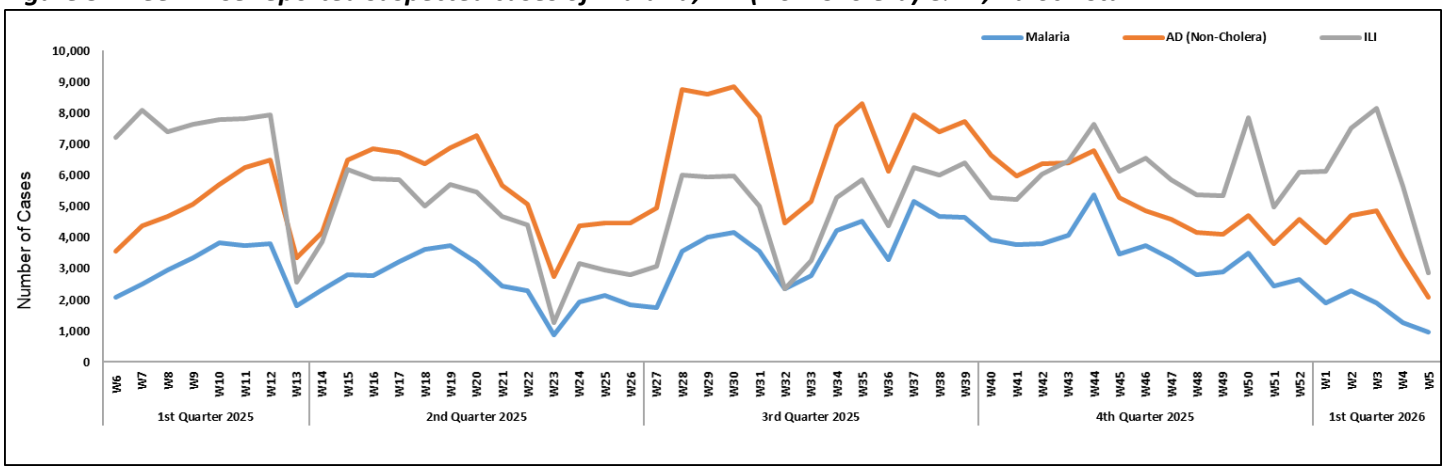


Figure 5: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, Dog Bite, Typhoid, B. Diarrhea, Measles, SARI, and CL.
- AD (Non-Cholera), ALRI<5 Years, Dog Bite, Typhoid, TB, VH (B, C & D), Chickenpox, AWD (S. Cholera), AFP, NT, and COVID-19 cases showed an increase in number while ILI, Malaria, B. Diarrhea, Measles, SARI, CL, AVH (A & E), Mumps, Pertussis, and Dengue showed a decline in number this week.
- Fourteen cases of AFP were reported from KP. All are suspected cases and need field verification.
- Five cases of HIV/AIDs were reported from KP. Field investigation is required.
- Seven suspected cases of NT were reported from KP, which require field verification.

Table 4: District-wise distribution of most frequently reported suspected cases during Week 05, KP.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	Dog Bite	Typhoid	B. Diarrhea	Measles	SARI	CL
Abbottabad	369	156	0	24	69	18	4	1	6	1
Bajaur	418	9	104	29	89	3	25	22	50	20
Bannu	583	0	947	5	0	66	0	78	0	0
Battagram	159	418	4	17	13	2	NR	15	NR	NR
Buner	140	1	77	NR	NR	4	NR	NR	NR	NR
Charsadda	1,433	945	152	1,004	2	184	74	36	3	0
Chitral Lower	251	24	5	27	13	5	16	0	25	10
Chitral Upper	51	13	0	7	7	3	4	0	4	0
D.I. Khan	1,366	0	91	25	6	0	30	37	0	1
Dir Lower	835	0	49	8	73	19	44	39	0	1
Dir Upper	630	56	5	87	23	8	11	6	0	0
Hangu	238	86	16	0	24	0	1	0	0	47
Haripur	750	18	0	41	51	0	0	0	0	0
Karak	220	38	26	36	16	1	11	27	0	123
Khyber	180	0	33	15	33	11	43	0	3	11
Kohat	421	0	18	7	54	6	9	0	0	25
Kohistan Lower	121	0	0	0	0	0	3	3	0	0
Kohistan Upper	266	10	5	8	0	0	22	0	18	0
Kolai Palas	79	15	0	5	0	0	2	0	0	0
L & C Kurram	23	5	1	0	0	0	3	0	4	0
Lakki Marwat	317	19	118	18	42	8	0	8	0	0
Malakand	426	9	11	3	0	0	0	11	6	4
Mansehra	493	109	0	5	0	25	3	0	1	0
Mardan	745	66	12	120	23	7	23	8	2	1
Mohmand	27	128	43	0	9	3	4	2	131	45
North Waziristan	41	5	65	42	1	24	4	18	9	11
Nowshera	806	45	45	19	10	9	5	5	12	21
Orakzai	34	6	1	0	0	0	0	0	0	0
Peshawar	2,850	254	12	71	4	27	28	80	0	0
Shangla	489	0	76	42	115	16	2	7	0	0
South Waziristan (Lower)	70	78	14	21	15	5	16	7	46	14
SWU	24	0	14	6	0	0	0	0	28	0
Swabi	820	575	58	82	150	24	20	41	43	0
Swat	1,383	240	14	80	202	24	60	13	0	0
Tank	394	21	88	4	0	0	5	3	0	0
Tor Ghar	83	0	13	9	21	11	16	0	0	8
Upper Kurram	144	124	10	28	8	7	17	1	13	0
Total	17,679	3,473	2,127	1,895	1,073	520	505	468	404	343

Figure 6: Most frequently reported suspected cases during Week 05, KP.

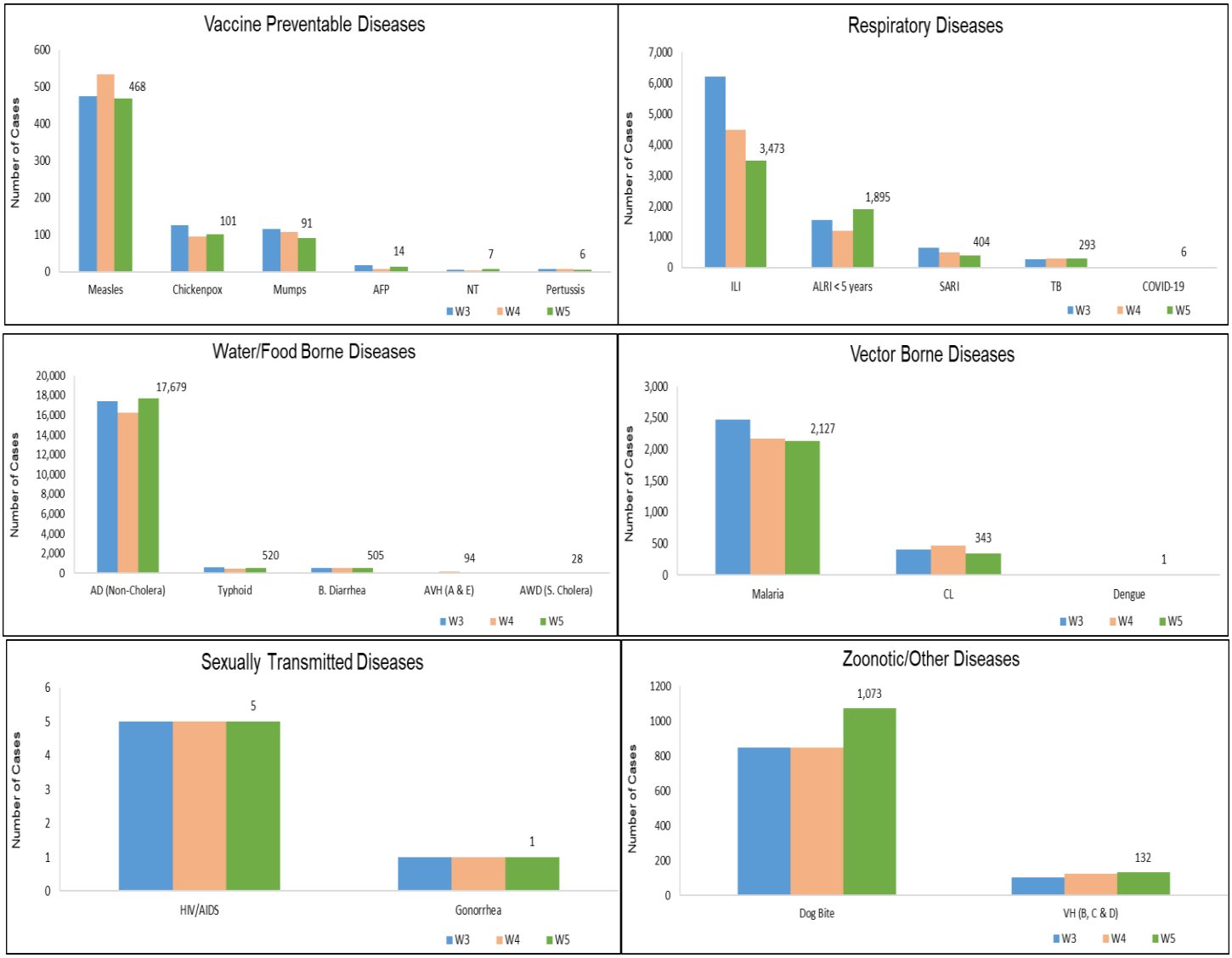
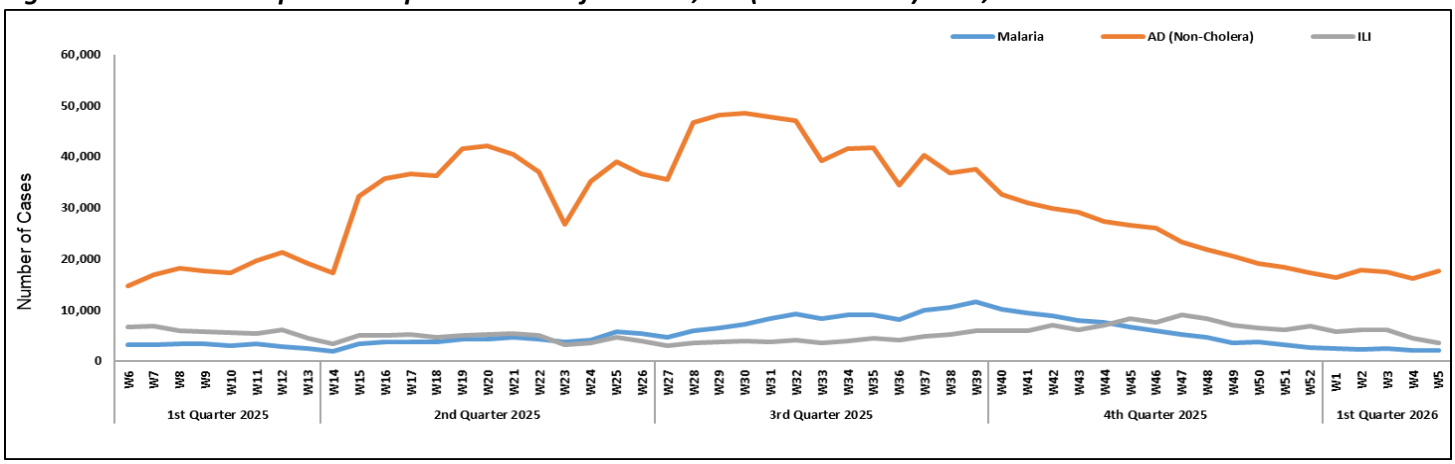


Figure 7: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT, AJK & GB

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

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

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

Figure 8: Most frequently reported suspected cases during Week 05, AJK.

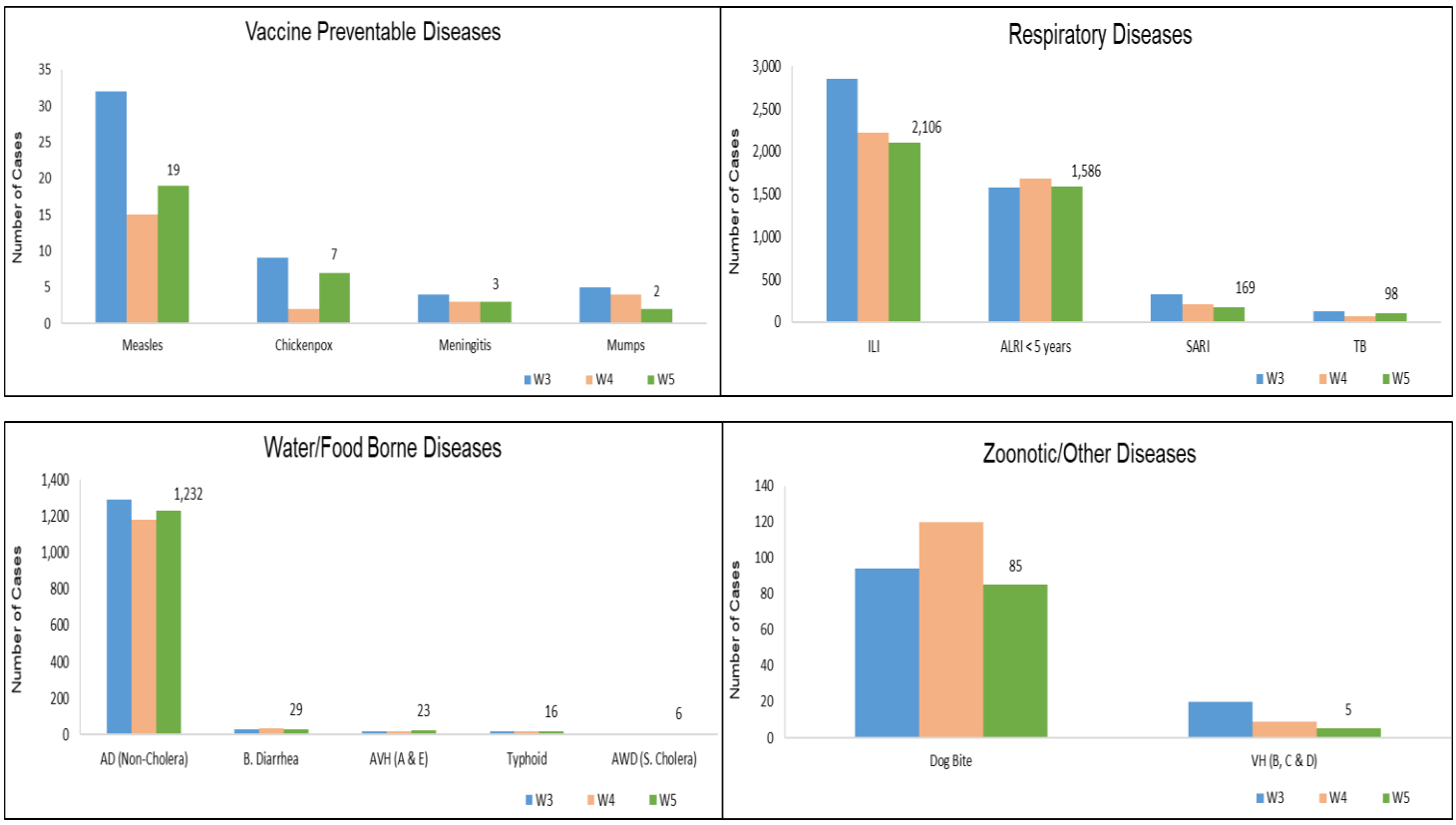


Figure 9: Week-wise reported suspected cases of ILI and ALRI < 5 years

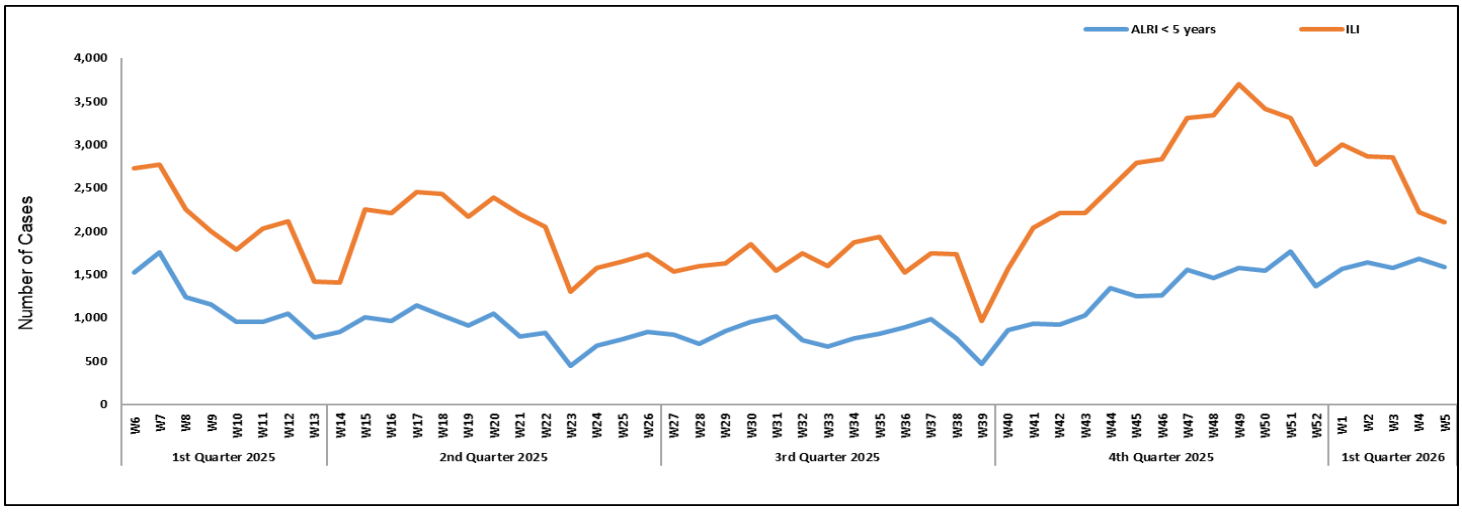


Figure 10: Most frequently reported suspected cases during Week 05, ICT.

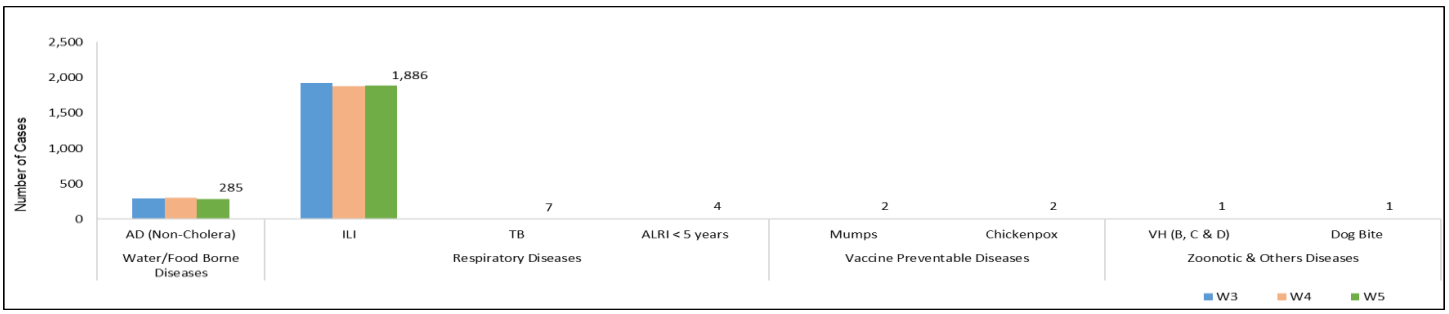


Figure 11: Week-wise reported suspected cases of ILI, ICT.

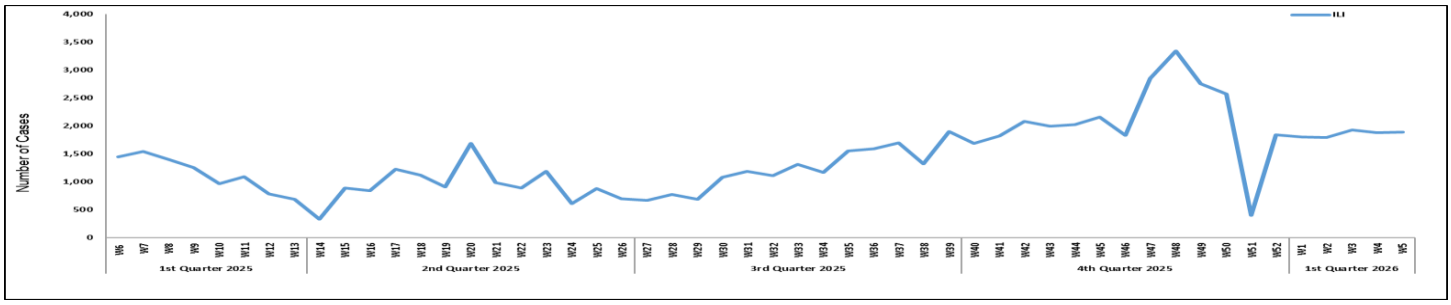


Figure 12: Most frequently reported suspected cases during Week 05, GB.

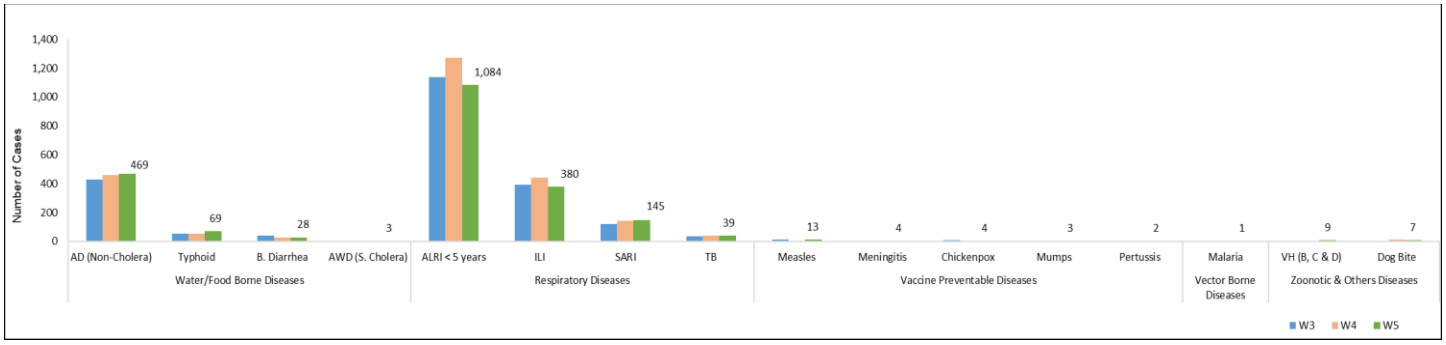


Figure 13: Week-wise reported suspected cases of ALRI < 5 years, GB.

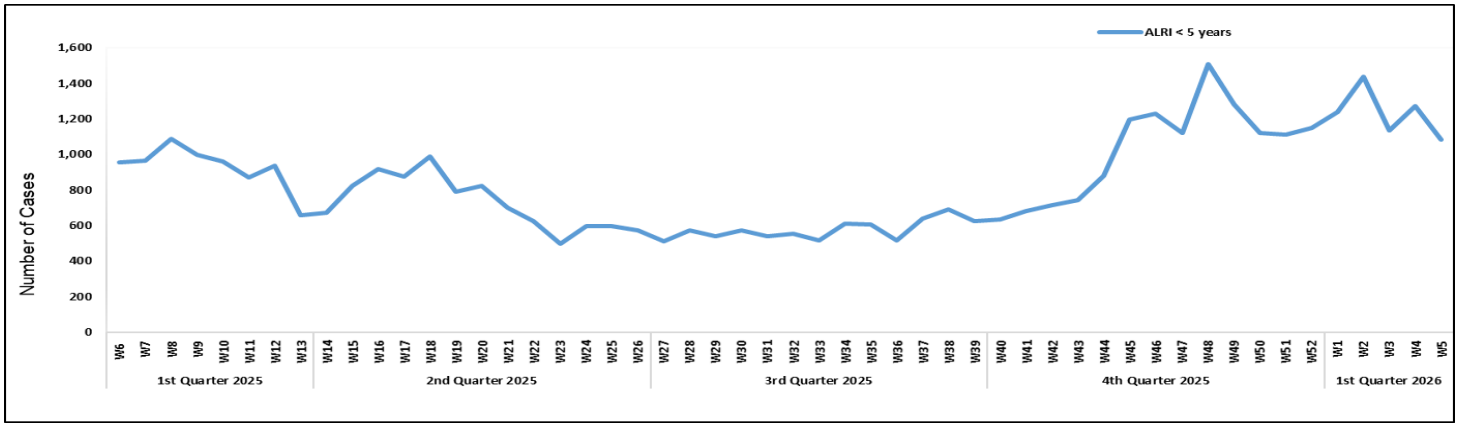


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 05, Pakistan.

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)		28	0	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		177	1	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		5,000	197	1,347	48	63	1	-	-	128	0	-	-	-	-
CCHF		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dengue		1,130	44	1	0	-	-	-	-	-	-	-	-	-	-
VH (B)		13,649	362	421	72	81	2	-	-	1,156	13	-	-	-	-
VH (C)		13,887	1,296	368	21	81	0	-	-	1,228	2	-	-	-	-
VH (D)		223	50	-	15	3	-	-	-	-	-	-	-	-	-
VH (A)		154	24	-	-	-	-	-	-	2	0	-	-	-	-
VH (E)		62	16	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		9	0	2	0	-	-	-	-	-	-	-	-	-	-
TB		762	89	80	8	14	5	-	-	135	0	-	-	-	-
HIV/ AIDS		3,565	30	246	4	52	0	-	-	234	1	-	-	-	-
Syphilis		1,274	14	-	-	11	0	-	-	121	0	-	-	-	-
Typhoid		624	5	45	0	-	-	-	-	175	7	-	-	-	-
Diphtheria		16	2	-	-	-	-	-	-	-	-	-	-	-	-
ILI		14	3	3	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		168	26	3	1	-	-	-	-	-	-	-	-	-	-
Meningitis		13	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		318	142	20	9	425	219	22	12	-	-	417	97	43	25
Leishmaniosis (cutaneous)		16	0	45	11	5	3	-	-	-	-	-	-	-	-
Chickenpox		9	0	-	-	-	-	-	-	-	-	-	-	-	-
Mpox		5	0	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (Visceral)		-	-	3	1	-	-	-	-	-	-	-	-	-	-
SARI		31	12	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	-	-	-	-	4	0	15	0	12	0	-	-	-	-
	SARI	-	-	-	-	21	0	187	0	8	0	8	0	-	-
Influenza A	ILI	-	-	-	-	4	0	15	1	12	0	-	-	-	-
	SARI	-	-	-	-	21	0	187	0	8	0	8	0	-	-
Influenza B	ILI	-	-	-	-	4	0	15	1	12	0	-	-	-	-
	SARI	-	-	-	-	21	0	187	0	8	0	8	0	-	-
RSV	ILI	-	-	-	-	4	0	15	3	12	0	-	-	-	-
	SARI	-	-	-	-	21	0	187	66	8	0	8	0	-	-

IDSR Reports Compliance

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

Table 6: Compliance of IDSR reporting districts, Week 05, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for the current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	99	89%
	Bannu	238	117	49%
	Battagram	59	37	63%
	Buner	34	16	47%
	Bajaur	44	42	95%
	Charsadda	59	59	100%
	Chitral Upper	34	29	85%
	Chitral Lower	35	34	97%
	D.I. Khan	114	114	100%
	Dir Lower	74	62	84%
	Dir Upper	37	31	84%
	Hangu	22	19	86%
	Haripur	72	64	89%
	Karak	36	36	100%
	Khyber	53	39	74%
	Kohat	61	61	100%
	Kohistan Lower	11	11	100%
	Kohistan Upper	20	19	95%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	42	6	14%
	Upper Kurram	41	32	78%
	Malakand	42	30	71%
	Mansehra	133	128	96%
	Mardan	80	62	78%
	Nowshera	56	55	98%
	North Waziristan	13	9	69%
	Peshawar	156	133	85%
	Shangla	37	31	84%
	Swabi	64	64	100%
	Swat	77	75	97%
	South Waziristan (Upper)	93	37	40%
	South Waziristan (Lower)	42	29	69%
	Tank	34	33	97%
	Torghar	14	13	93%
	Mohmand	68	11	16%
	Orakzai	69	9	13%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	92	61	66%
	Kotli	60	60	100%
	Muzaffarabad	45	45	100%

	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	54	54	100%
	Neelum	39	25	64%
	Jhelum Velley	29	28	97%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	15	7	47%
Balochistan	Gwadar	26	9	35%
	Kech	44	8	18%
	Khuzdar	74	4	5%
	Killa Abdullah	26	7	27%
	Lasbella	55	55	100%
	Pishin	69	0	0%
	Quetta	55	14	25%
	Sibi	36	17	47%
	Zhob	39	5	13%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	29	97%
	Sherani	15	0	0%
	Kohlu	75	5	7%
	Chagi	36	0	0%
	Kalat	41	40	98%
	Harnai	17	14	82%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	14	50%
	Sohbat pur	25	0	0%
	Surab	32	0	0%
	Mastung	46	46	100%
	Loralai	33	0	0%
	Killa Saifullah	28	5	18%
	Ziarat	29	0	0%
	Duki	31	0	0%
	Nushki	32	0	0%
	Dera Bugti	45	1	2%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	12	60%
	Hub	33	19	58%
	Musakhel	41	18	44%
	Usta Muhammad	34	22	65%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	0	0%
	Gilgit	44	44	100%
	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	99	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	17	81%
	Karachi-West	20	20	100%
	Karachi-Malir	35	33	94%
	Karachi-Kemari	22	21	95%
	Karachi-Central	12	11	92%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	55	100%
	Mirpur Khas	106	105	99%
	Badin	124	123	99%
	Sukkur	64	63	98%
	Dadu	90	90	100%
	Sanghar	100	100	100%
	Jacobabad	44	44	100%
	Khairpur	170	167	98%
	Kashmore	59	59	100%
	Matiari	42	42	100%
	Jamshoro	75	74	99%
	Tando Allahyar	54	54	100%
	Tando Muhammad Khan	41	41	100%
	Shaheed Benazirabad	122	122	100%

Table 7: Compliance of IDSR reporting Tertiary care hospitals Week 05, 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	1	100%

Strengthening International Collaboration in Public Health: KSA Delegation visits NIH Islamabad.

A high-level delegation from the Kingdom of Saudi Arabia (KSA) recently visited Pakistan's National Institutes of Health in a significant move to boost regional public health collaboration. The visit highlighted a shared commitment to advance vaccine manufacturing capabilities through strategic bilateral collaboration.

The primary focus of the discussions was creating a framework for collaborative vaccine research, development, and production initiatives. Recognizing the evolving landscape of global health threats and the critical importance of self-reliance in vaccine supply, both sides explored avenues to leverage their respective technical expertise, regulatory experience, and manufacturing infrastructure. The dialogue emphasized technology transfer, capacity building, quality assurance systems, and workforce development as central pillars of sustainable collaboration.

In the context of regional and global health security, the engagement highlighted the need for resilient vaccine production and ecosystems capable of responding rapidly to emerging infectious diseases. Strengthened cooperation between Pakistan and KSA is likely to improve access to life-saving vaccines, reduce reliance on external supply chains, and boost preparedness for future pandemics.

The visit also reaffirmed the importance of South–South collaboration in advancing equitable health solutions. By fostering institutional linkages and promoting knowledge exchange, both countries signaled their intention to translate diplomatic goodwill into tangible public health outcomes. This strategic partnership holds significant promise for strengthening vaccine sovereignty, promoting innovation, and reinforcing collective resilience across the region.

Letter to the Editor:

Climate Variability and Health Risks: The Need for Adaptive Strategies

Dear Editor,

Pakistan stands among the countries most vulnerable to climate change despite contributing minimally to global greenhouse gas emissions. The escalating frequency of floods, heatwaves, droughts, and erratic rainfall patterns is no longer solely an environmental concern; rather, it is a growing public health emergency. The devastating 2022 floods exposed systemic fragilities in water, sanitation, healthcare delivery, and disease surveillance systems, emphasizing the urgent need for climate-resilient health planning.

Climate variability is reshaping disease epidemiology across the country. Post-disaster surveillance has documented surges in vector-borne diseases such as malaria and dengue, while water insecurity has intensified diarrheal diseases and malnutrition risks among vulnerable populations. Air pollution, exacerbated by rising temperatures and continued fossil fuel dependence, remains a major contributor to respiratory and cardiovascular morbidity. These patterns reflect a complex intersection of environmental degradation and public health vulnerability [1,5].

Rapid urbanization and infrastructure expansion, particularly around the Margalla Hills, are accelerating deforestation and biodiversity loss. Habitat destruction disrupts ecological balance and increases human–wildlife interactions, thereby elevating the risk of zoonotic disease transmission. Wildlife displacement and altered vector ecology illustrate how ecosystem degradation can influence the emergence of infectious diseases [7,8]. These trends emphasize the importance of adopting a One Health approach that integrates environmental, animal, and human health systems.

Maladaptive development further compounds climate risk. Urban expansion that disrupts natural drainage systems heightens flood susceptibility, while informal settlements remain disproportionately exposed due to inadequate sanitation and limited access to healthcare. Climate-induced displacement has also been associated with anxiety, depression, and psychosocial stress, and these are the areas where mental health services remain under-resourced [4,6].

Although Pakistan has developed national climate and health frameworks, implementation gaps persist [2,3]. Integrating climate risk assessments into development planning, enhancing climate-sensitive disease surveillance, protecting forests, strengthening water and sanitation systems, expanding renewable energy initiatives, and institutionalizing One Health coordination mechanisms are critical priorities.

Embedding One Health principles into climate adaptation strategies is not optional; rather, it is essential. Strengthened multisectoral coordination, ecosystem restoration, and climate-resilient healthcare systems will be pivotal in safeguarding Pakistan's population against escalating climate-related health threats.

Dr. Beenish Altaf

Senior Scientific Officer

Assistant Professor - FETP IDSRS/NIH

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Knowledge Hub

Understanding Dengue: Transmission, Symptoms, and Prevention

What is Dengue?

Dengue is a mosquito-borne viral disease caused by the dengue virus and transmitted primarily by *Aedes* mosquitoes. It commonly occurs in tropical and subtropical regions and can lead to outbreaks, especially during the monsoon season.

Symptoms:

Fever, severe headache, pain behind the eyes, muscle and joint pain, nausea or vomiting, skin rash, and fatigue are common.

In severe cases, dengue can cause bleeding, plasma leakage, and shock, requiring urgent medical care.

How is Dengue Spread?

Dengue is transmitted through the bite of an infected *Aedes* mosquito, which usually bites during the daytime. It does not spread directly from person to person.

How to Prevent Dengue

The following are some essential steps to prevent dengue:

- **Prevent Mosquito Breeding:** Eliminate stagnant water from containers, water tanks, tyres, and flower pots.
- **Protect Against Mosquito Bites:** Use mosquito repellents, coils, and screens; wear long-sleeved clothing, especially at dawn and dusk.

- **Use Bed Nets:** Sleep under bed nets, particularly children, pregnant women, and sick individuals.
- **Environmental Management:** Keep surroundings clean and coordinate with local authorities for waste management and drainage.
- **Community Participation:** Support community-led source reduction and vector control activities.

When to Seek Medical Attention

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

Persistent high fever, severe abdominal pain, bleeding from the nose or gums, vomiting or difficulty drinking fluids, extreme weakness or drowsiness.

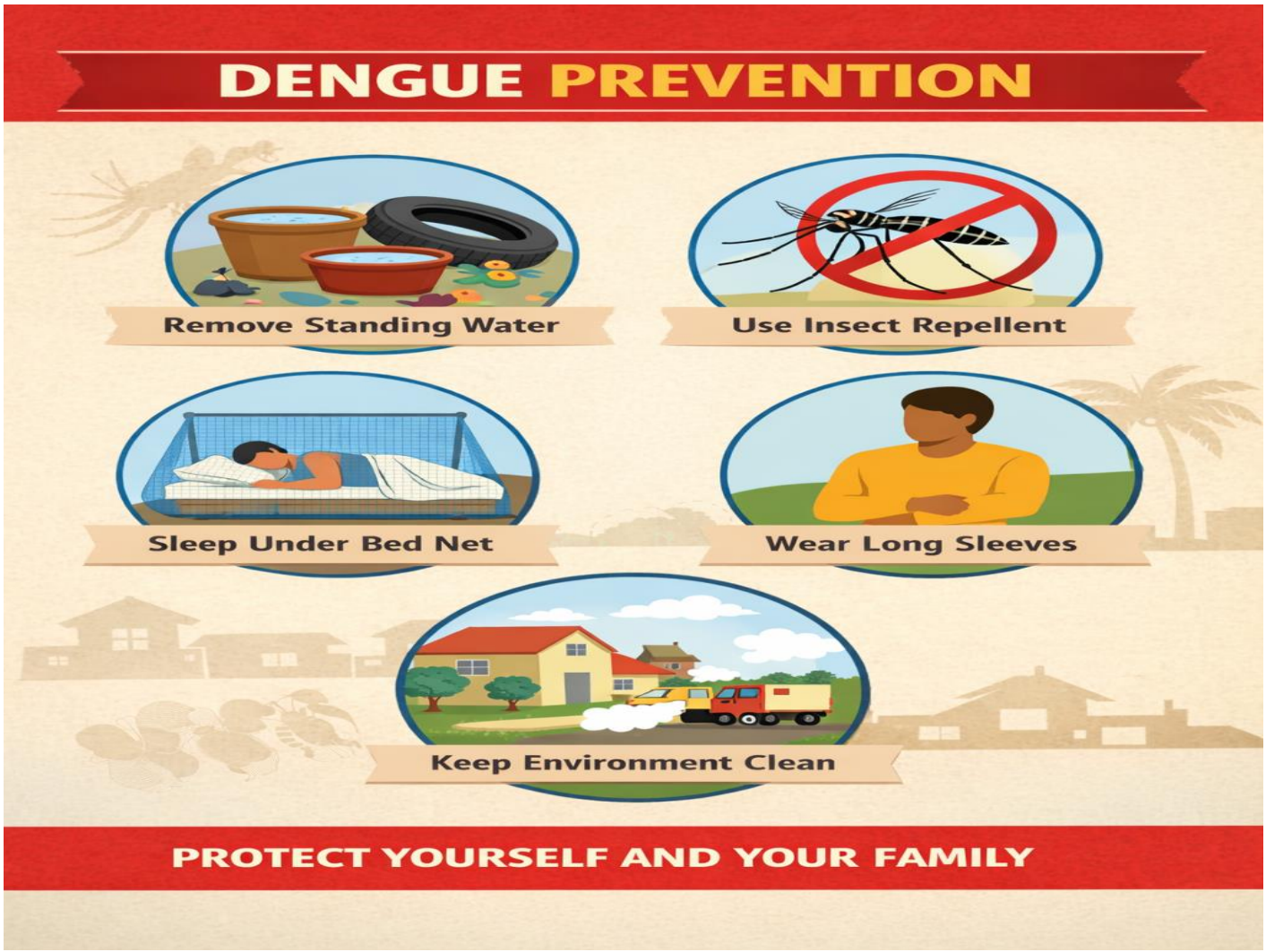
Additional Resources

For more information on dengue and prevention measures, please visit:

World Health Organization (WHO): https://www.who.int/

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

National Institutes of Health (NIH): https://www.nih.gov/



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