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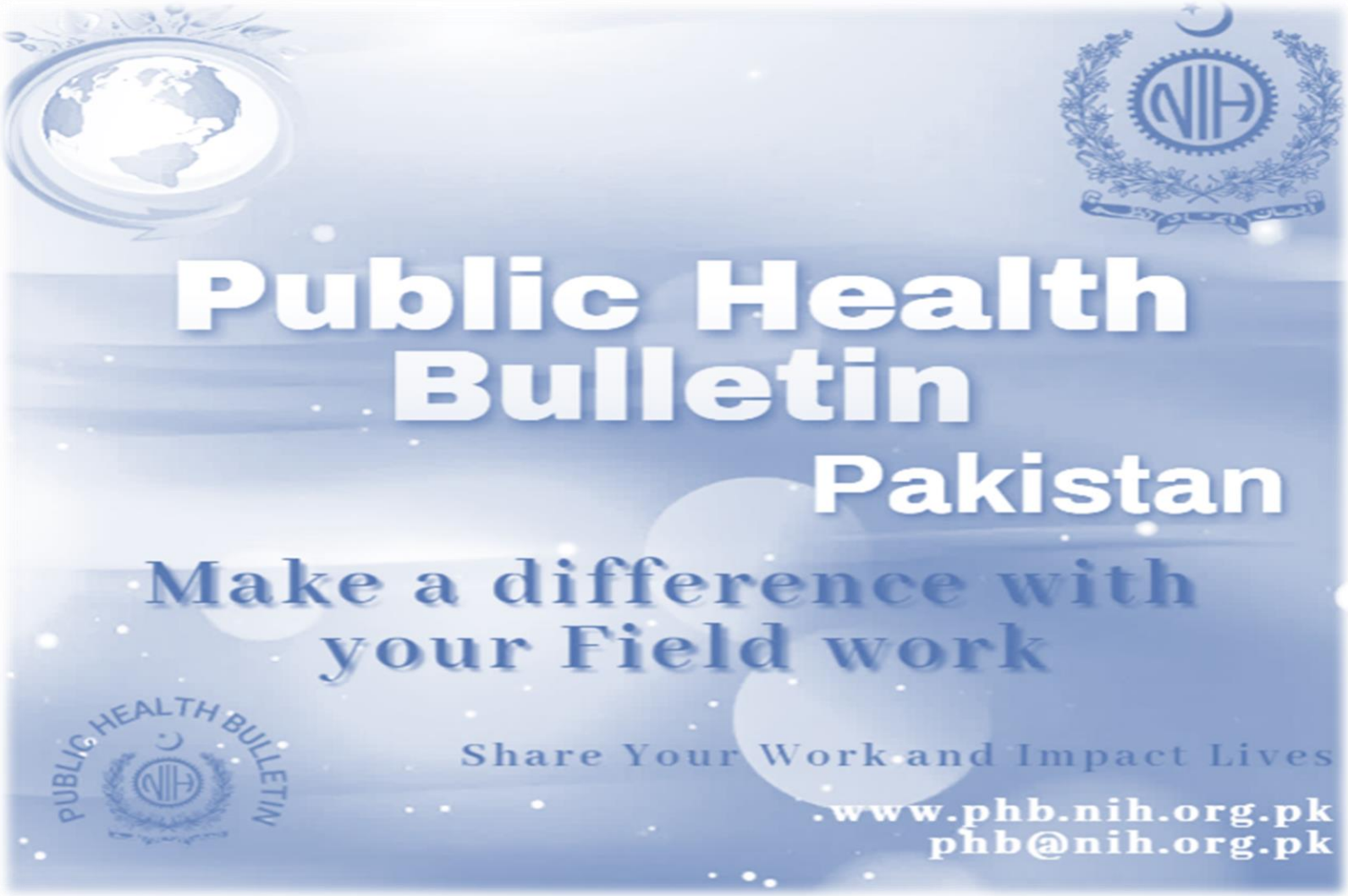
PUBLIC HEALTH BULLETIN-PAKISTAN

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 06, 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 Week's Highlights include;

- *Letter to the Editor on "Strengthening Respiratory Disease Surveillance and Prevention in Pakistan: The Critical Role of Sentinel Systems"*
- *Knowledge hub on Understanding of SARI: What you need to know*

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

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Stay informed. Stay prepared. Stay healthy.

Sincerely,
The Chief Editor

Overview

Note: All reported cases in this report are suspected cases

- *During Week 6, 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.*
- *Fourteen cases of AFP were reported from KP, twelve from Sindh, and one from AJK.*
- *Seven suspected cases of HIV/ AIDS were reported from Sindh, three from KP, one from AJK, and one from Balochistan.*
- *Among VPDs, there is an increase in the number of cases of measles, mumps, meningitis, and Pertussis this week.*
- *Among Respiratory diseases, there is an increase in the number of cases of SARI this week.*
- *Among Water/food-borne diseases, there is a decrease in the number of cases of AD(Non–Cholera), B. Diarrhea and Typhoid this week.*
- *Among Vector-borne diseases, there is an increase in the number of cases of Chikungunya this week.*
- *Among STDs, there is a decline in the number of cases of Syphilis this week.*
- *Among Zoonotic/Other diseases, there is a decrease in the 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 79%*
- *Sindh is the top reporting region with a compliance rate of 98%, followed by AJK 84%, KP, GB, and ICT 79%.*
- *The lowest compliance rate was observed in Balochistan, 46%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,234	1,756	79
Azad Jammu Kashmir	469	393	84
Islamabad Capital Territory	38	30	79
Balochistan	1,308	599	46
Gilgit Baltistan	417	330	79
Sindh	2,111	2,074	98
National	6,577	5,182	79

Public Health Actions

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

Influenza-Like Illness (ILI)

Strengthen Surveillance and Reporting:

Enhance ILI surveillance through the Integrated Disease Surveillance and Response System (IDSRS) by ensuring standardized case definitions, timely reporting from outpatient departments, and routine data analysis to detect seasonal trends and unusual increases.

Improve Laboratory Testing and Sentinel Surveillance:

Strengthen sentinel surveillance sites for ILI with access to laboratory confirmation of influenza and other respiratory pathogens; ensure timely specimen collection, transport, and reporting of results.

Promote Infection Prevention and Control (IPC) Practices:

Implement standard IPC measures in healthcare and community settings, including respiratory etiquette, hand hygiene, environmental cleaning, and appropriate use of masks during periods of increased transmission.

Enhance Risk Communication and Community Awareness:

Conduct targeted health education campaigns to raise awareness about ILI symptoms, transmission, preventive measures, and the importance of early healthcare-seeking, particularly during influenza seasons.

Support Vaccination Strategies:

Promote seasonal influenza vaccination among high-risk groups, including healthcare workers, older adults, pregnant women, and individuals with chronic illnesses, in line with national immunization policies.

Severe Acute Respiratory Infection (SARI)

Strengthen Case Detection and Hospital-Based Surveillance:

Ensure early identification and reporting of SARI cases through hospital-based surveillance using standardized case definitions; prioritize timely notification of clusters and unusual severity patterns.

Enhance Laboratory Diagnostic Capacity:

Expand laboratory capacity for confirmation of influenza viruses and other priority respiratory pathogens, including SARS-CoV-2 and emerging respiratory viruses; ensure biosafety and quality assurance in testing.

Improve Clinical Management and Referral Systems:

Strengthen the capacity of healthcare facilities to manage severe respiratory infections through the availability of oxygen therapy, critical care services, and adherence to national clinical management guidelines.

Strengthen Infection Prevention and Control in Health Facilities:

Reinforce IPC practices in inpatient settings, including triage of respiratory cases, isolation where feasible, proper use of personal protective equipment (PPE), and protection of healthcare workers.

Enhance Preparedness and Risk Communication:

Develop and implement risk communication strategies to inform the public about warning signs of severe illness, when to seek urgent care, and protective behaviors during outbreaks or peak respiratory illness seasons.

Table 1: Province/Area-wise distribution of most frequently reported suspected cases during Week 06, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	1,199	3,908	457	337	16,264	NR	30,683	52,848
ILI	2,212	4,864	342	1,993	4,814	NR	29,069	43,294
Malaria	0	1,491	0	0	2,017	NR	33,557	37,065
ALRI < 5 years	1,442	1,140	1,009	13	1,265	NR	11,276	16,145
TB	53	14	54	4	243	NR	9,830	10,198
Dog Bite	94	208	0	1	1,040	NR	4,455	5,798
VH (B, C & D)	14	23	1	0	77	NR	3,289	3,404
B. Diarrhea	35	553	37	2	434	NR	2,174	3,235
SARI	210	485	94	0	509	NR	865	2,163
Typhoid	22	204	63	0	431	NR	625	1,345
Measles	10	18	7	4	491	NR	66	596
CL	0	52	0	0	372	NR	8	432
AVH (A & E)	17	2	0	0	86	NR	219	324
AWD (S. Cholera)	2	61	2	0	234	NR	0	299
Mumps	2	53	7	2	93	NR	26	183
Chickenpox/ Varicella	2	5	6	4	68	NR	36	121
Dengue	0	3	0	0	0	NR	75	78
Meningitis	4	0	3	0	5	NR	35	47
Pertussis	0	26	0	0	0	NR	2	28
AFP	1	0	0	0	14	NR	12	27
Gonorrhea	0	4	0	0	4	NR	5	13
HIV/AIDS	1	1	0	0	3	NR	7	12
Chikungunya	0	0	0	0	0	NR	9	9
Syphilis	0	0	0	0	0	NR	6	6
NT	0	0	0	0	6	NR	0	6
COVID-19	0	0	0	0	4	NR	0	4
Leprosy	0	0	0	0	0	NR	1	1

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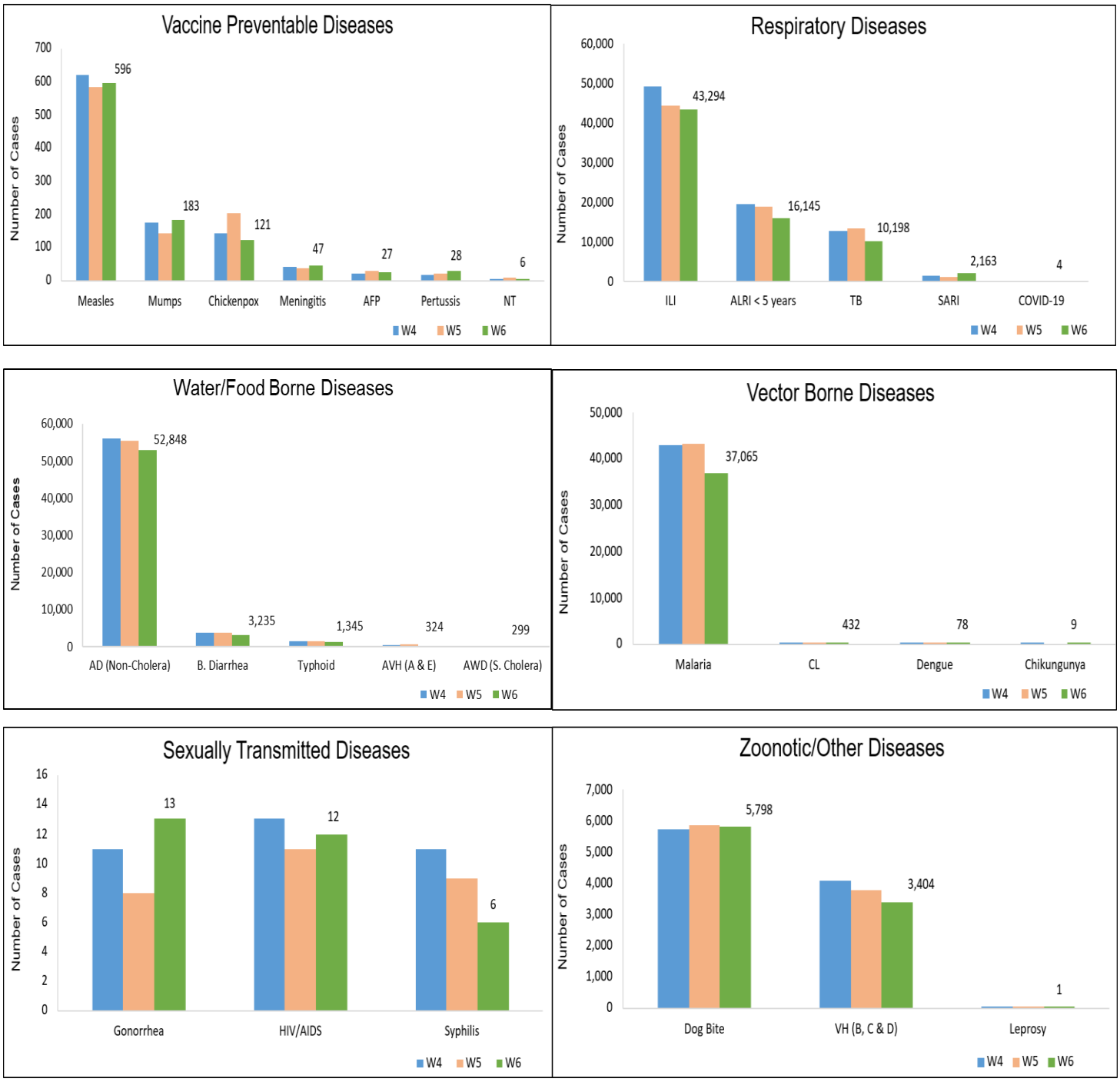
Figure 1: Most frequently reported suspected cases during Week 06, Pakistan.



Sindh

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

Table 2: District-wise distribution of most frequently reported suspected cases during Week 06, Sindh.

Districts	Malaria	AD (non-cholera)	ILI	ALRI < 5 years	TB	Dog Bite	VH (B, C & D)	B. Diarrhea	SARI	Typhoid
Badin	1,536	1,781	2,811	553	721	155	215	161	0	38
Dadu	3,244	1,952	988	1,436	467	382	108	312	0	137
Ghotki	1,348	659	42	620	448	299	372	58	0	0
Hyderabad	496	1,824	2,175	178	286	74	112	44	0	3
Jacobabad	747	447	1,178	340	257	269	130	61	0	19
Jamshoro	1,228	1,152	140	478	370	123	73	59	1	39
Kamber	2,211	1,237	0	279	675	232	72	100	0	20
Karachi Central	8	1,119	1,766	103	217	202	11	1	0	47
Karachi East	28	273	1	13	20	4	1	0	0	1
Karachi Keamari	5	542	248	71	2	3	0	3	0	0
Karachi Korangi	37	238	18	0	32	1	9	5	0	1
Karachi Malir	74	996	2,395	172	119	50	6	25	1	7
Karachi South	8	62	0	0	0	0	0	0	0	0
Karachi West	372	773	1,373	300	76	72	20	8	1	22
Kashmore	1,615	184	461	103	80	255	1	8	0	1
Khairpur	3,226	2,265	5,495	1,280	899	387	230	215	85	113
Larkana	2,746	1,127	4	372	661	64	20	214	0	7
Matiari	1,456	955	7	236	564	172	104	45	0	0
Mirpurkhas	885	1,636	3,737	381	534	267	28	83	8	7
Naushero Feroze	873	906	511	426	172	230	81	63	1	25
Sanghar	2,850	1,302	31	576	1,053	287	968	61	2	19
Shaheed Benazirabad	1,577	1,063	0	241	283	155	89	60	0	70
Shikarpur	1,335	738	7	327	192	217	169	105	4	5
Sujawal	652	1,556	0	124	189	80	40	102	754	14
Sukkur	1,043	812	1,730	331	318	183	40	81	0	3
Tando Allahyar	737	672	1,615	156	295	60	201	75	0	4
Tando Muhammad Khan	282	593	55	173	333	135	58	80	0	0
Tharparkar	1,262	1,368	1,319	753	335	2	33	61	5	6
Thatta	506	1,300	959	793	26	95	86	11	2	10
Umerkot	1,170	1,151	3	461	206	0	12	73	1	7
Total	33,557	30,683	29,069	11,276	9,830	4,455	3,289	2,174	865	625

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Figure 2: Most frequently reported suspected cases during Week 06, Sindh.

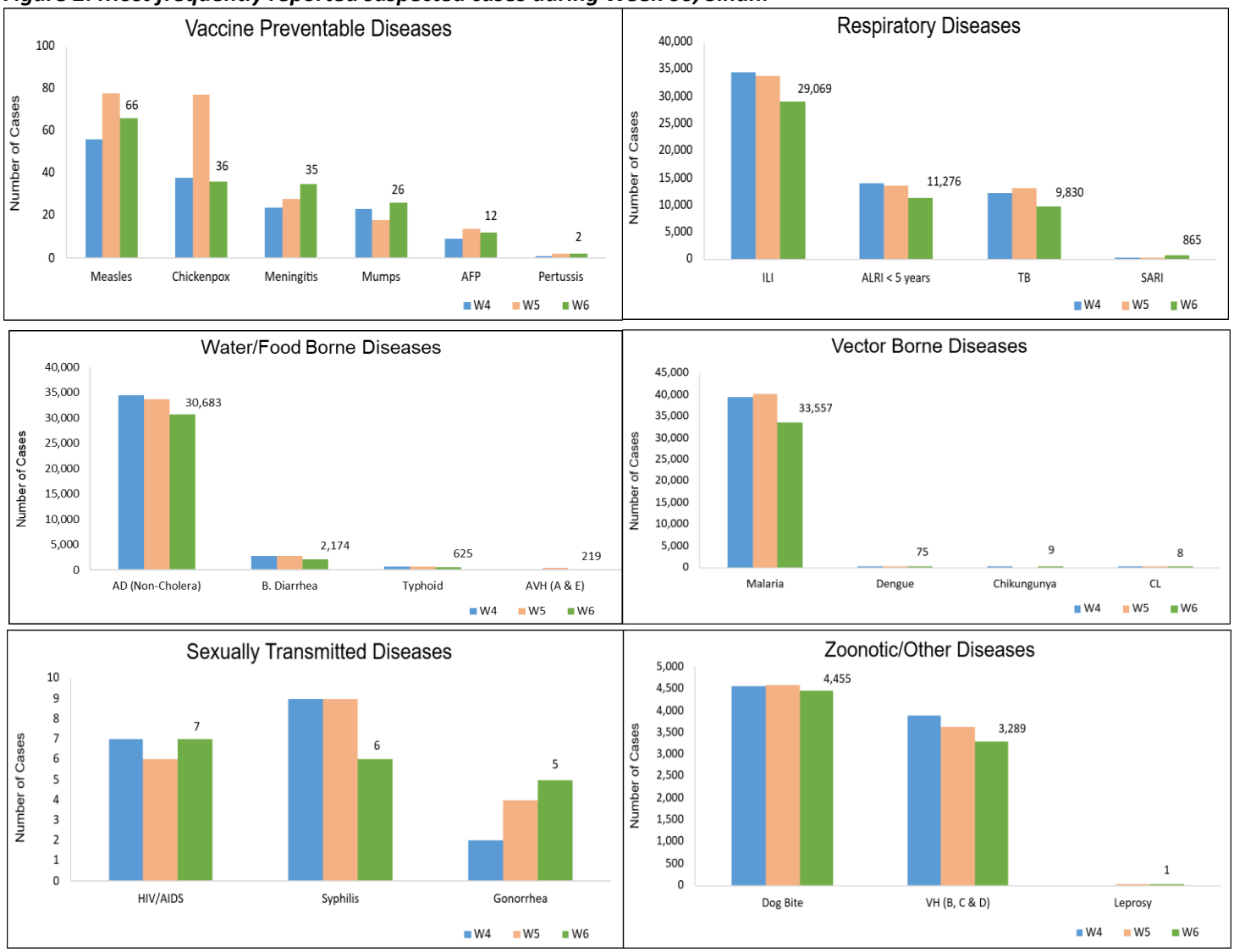
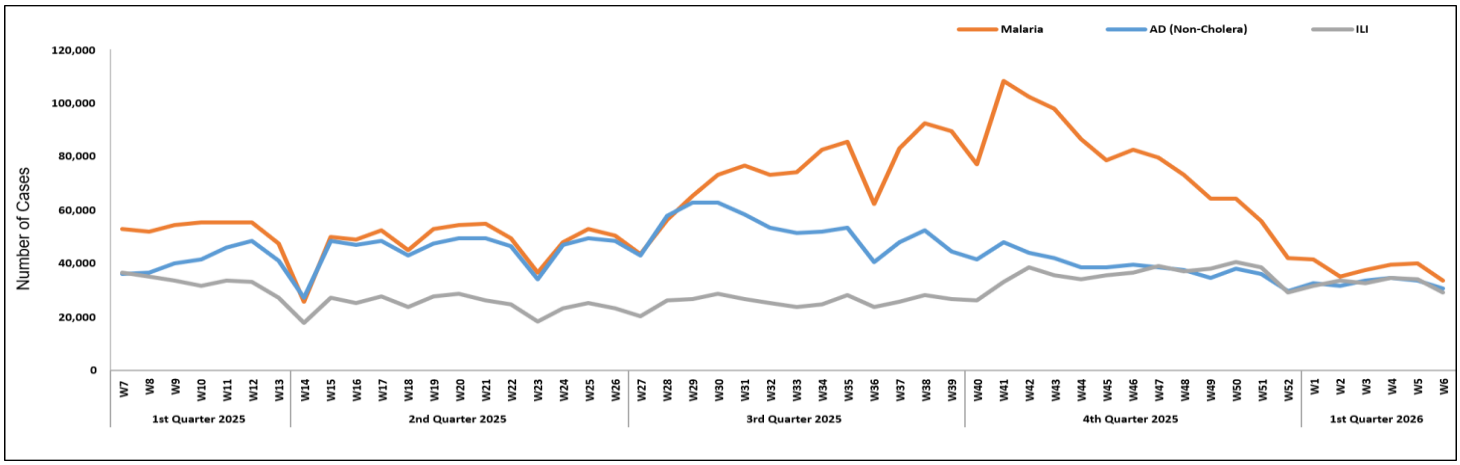


Figure 3: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



Balochistan

- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Dog Bite, Typhoid, AWD (S. Cholera) and Mumps cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Gwadar, Kech (Turbat) and Sibi while AD (Non-Cholera) cases are mostly reported from Usta Muhammad, Sibi and Lasbella.
- One case of HIV/AIDS reported from Balochistan. Field investigation is required to confirm the cases.
- Measles, Mumps, Pertussis, ILI, ALRI<5years, SARI, AD(Non-Cholera), B. Diarrhea, Typhoid, Malaria, Dengue, CL, HIV/AIDS 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 Chickenpox.

Table 3: District-wise distribution of most frequently reported suspected cases* during *Week 06, Balochistan.

Districts	ILI	AD (non-cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Dog Bite	Typhoid	AWD (S. Cholera)	Mumps
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	46	77	17	5	12	0	16	10	0	7
Chagai	154	49	15	0	13	0	0	3	0	1
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	0	20	10	20	2	0	0	4	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	836	261	65	12	63	0	4	14	3	3
Harnai	0	182	39	200	64	0	6	0	0	0
Hub	53	54	26	0	10	0	0	0	0	0
Jaffarabad	76	70	74	26	39	42	24	11	0	5
Jhal Magsi	111	67	79	24	0	0	0	0	0	0
Kachhi (Bolan)	270	165	252	68	23	9	8	0	20	0
Kalat	0	5	0	3	0	0	0	0	0	0
Kech (Turbat)	494	201	192	4	17	5	NR	6	NR	2
Kharan	480	108	5	0	49	20	0	4	0	0
Khuzdar	187	97	62	0	37	31	5	19	0	9
Killa Abdullah	140	74	0	9	15	75	10	5	20	3
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	63	16	8	11	10	NR	NR	9	NR	NR
Lasbella	34	273	188	111	22	1	16	4	0	1
Loralai	473	156	9	44	37	80	0	22	0	1
Mastung	134	131	10	109	22	19	9	0	0	2
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	12	253	128	32	15	21	83	40	1	1
Nushki	6	51	0	0	9	8	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	472	224	0	35	7	11	0	1	2	4
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	481	313	212	147	37	116	4	37	12	11
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	20	6	0	0	0	0	0	0	0	0
Usta Muhammad	195	951	87	182	26	22	13	1	0	2
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	14	23	0	19	2	24	0	0	0	0
Ziarat	113	81	13	79	22	1	10	14	3	1
Total	4,864	3,908	1,491	1,140	553	485	208	204	61	53

Figure 4: Most frequently reported suspected cases during Week 06, Balochistan.

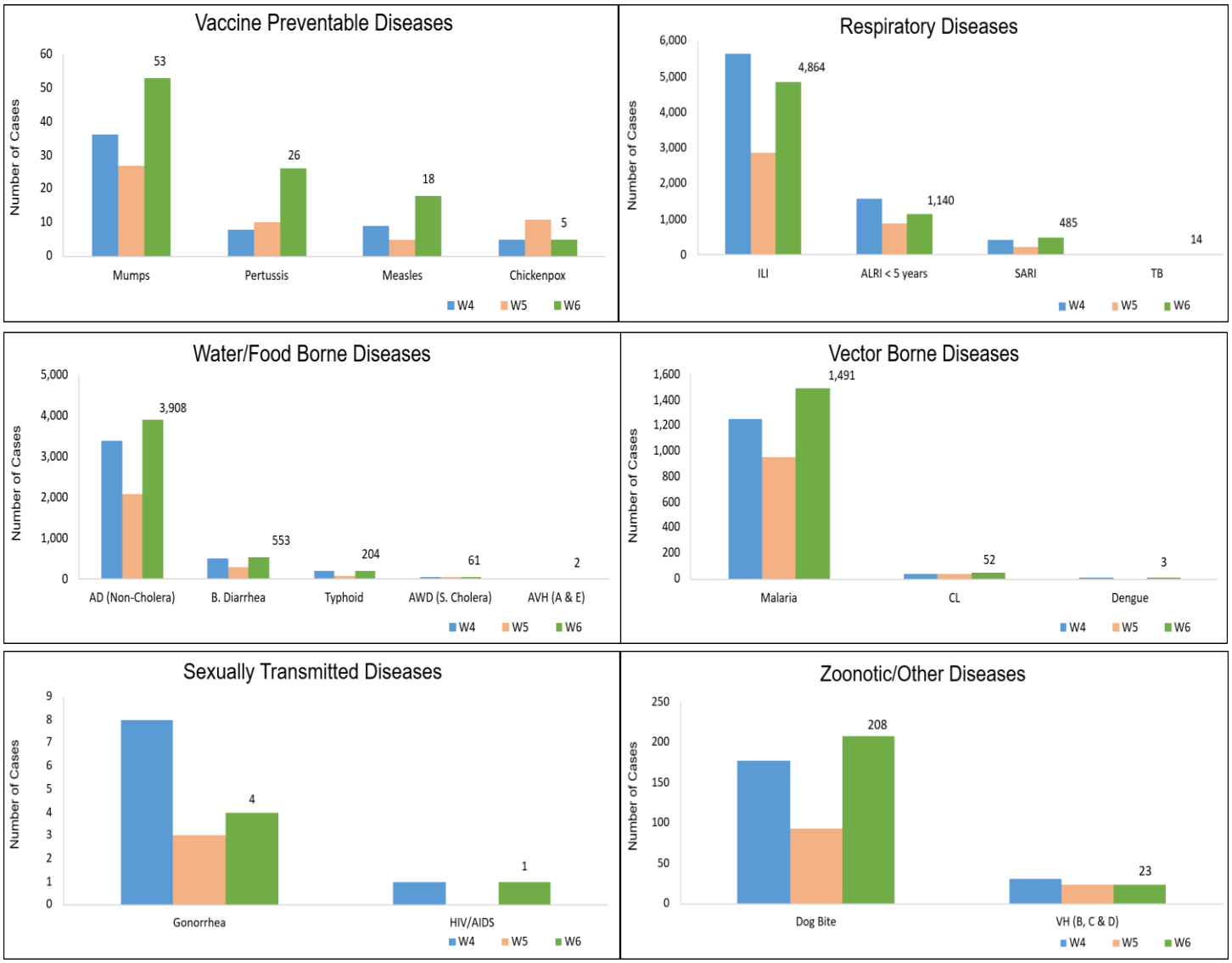
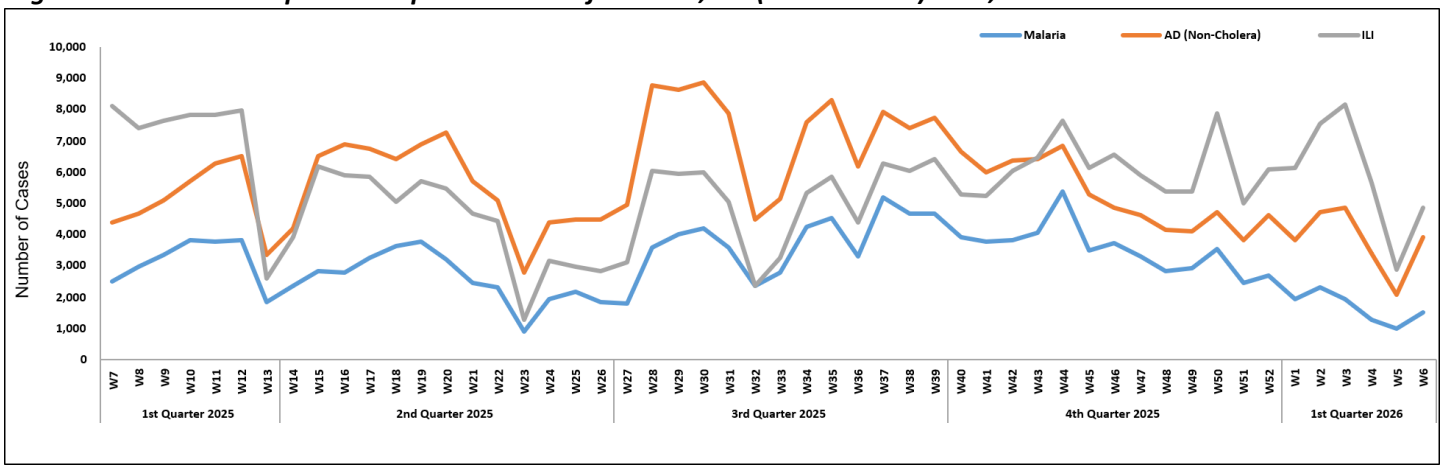


Figure 5: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, Dog Bite, SARI, Measles, B. Diarrhea, Typhoid and CL.
- Measle, Mumps, Meningitis, AWD (S. Cholera), ILI and SARI cases showed an increase in number this week while Chicken pox, NT, ALRI<5years, TB, AD (Non-Cholera), Malaria, HIVAIDS, Dogbite and VH (B, C&D) showed decline in number.
- Fourteen cases of AFP were reported from KP. All are suspected cases and need field verification.
- Three cases of HIV/AIDs reported from KP. A field investigation is required.

Table 4: District wise distribution of most frequently reported suspected cases during Week 06, KP.

Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	Dog Bite	SARI	Measles	B. Diarrhea	Typhoid	CL
Abbottabad	484	200	0	21	61	28	24	2	19	0
Bajaur	513	7	77	16	84	72	22	19	4	22
Bannu	513	0	852	1	0	0	86	0	76	0
Battagram	229	490	3	4	15	2	18	1	0	0
Buner	107	NR	73	NR	NR	NR	NR	NR	6	NR
Charsadda	832	1,627	113	232	1	0	49	51	85	0
Chitral Lower	245	20	5	21	15	11	0	18	3	2
Chitral Upper	53	21	0	5	3	3	0	2	8	0
D.I. Khan	1,186	0	84	27	8	0	45	21	0	2
Dir Lower	907	0	41	12	39	0	27	45	17	0
Dir Upper	538	53	6	21	11	0	1	7	0	0
Hangu	189	84	44	0	21	0	0	5	0	61
Haripur	709	54	0	28	32	0	0	0	0	0
Karak	17	180	60	0	27	0	0	0	0	51
Khyber	184	0	52	98	37	3	4	33	10	77
Kohat	0	0	9	82	28	0	0	1	1	11
Kohistan Lower	61	0	0	25	1	0	2	2	0	0
Kohistan Upper	182	0	1	0	0	0	3	10	0	0
Kolai Palas	59	13	0	2	0	0	0	2	2	0
L & C Kurram	32	4	8	5	3	1	0	10	2	0
Lakki Marwat	291	18	111	9	42	0	6	1	8	0
Malakand	437	319	12	64	0	48	16	0	0	3
Mansehra	519	153	0	4	0	0	0	1	0	0
Mardan	737	122	22	158	24	2	1	19	0	1
Mohmand	54	154	48	1	17	128	2	12	3	91
North Waziristan	16	2	39	45	1	63	28	5	23	3
Nowshera	797	47	68	20	16	18	16	16	12	17
Orakzai	53	4	0	0	0	0	0	2	0	0
Peshawar	2,674	234	6	91	7	0	62	31	19	1
Shangla	512	0	95	33	153	0	10	0	11	0
South Waziristan (Lower)	30	83	12	42	12	19	11	2	6	20
SWU	20	0	11	6	0	21	0	0	0	0
Swabi	720	551	44	74	200	65	48	14	23	0
Swat	1,806	251	20	85	150	0	10	66	78	0
Tank	359	19	62	5	0	0	0	7	1	0
Tor Ghar	75	0	26	12	20	0	0	14	8	10
Upper Kurram	124	104	13	16	12	25	0	15	6	0
Total	16,264	4,814	2,017	1,265	1,040	509	491	434	431	372

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Figure 6: Most frequently reported suspected cases during Week 06, KP.

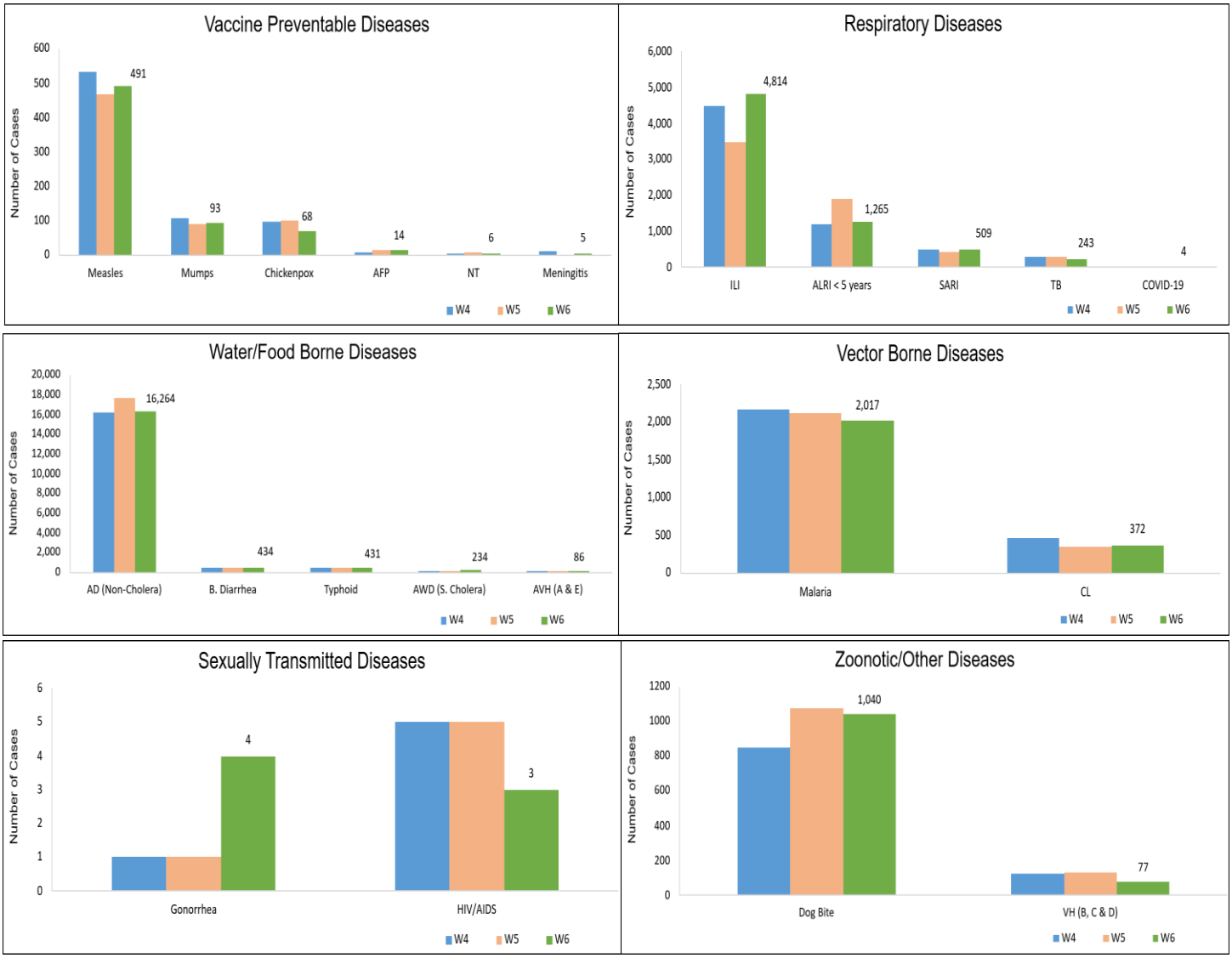
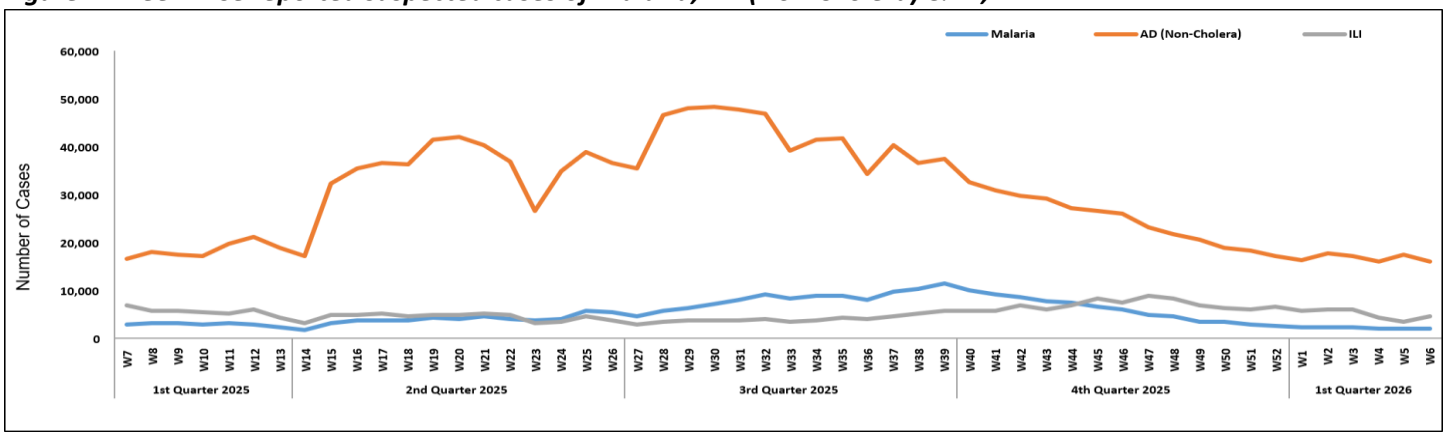


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and ALRI < 5years while a slight increase in number was observed in AD (Non-Cholera) and ILI cases this week.

AJK: ILI cases were maximum followed by ALRI < 5years, AD (Non-Cholera) and SARI. An increase in number of suspected cases was observed for ILI, SARI, Meningitis, B. Diarrhea, Dog Bite and VH (B, C&D) and AFP while a decline in cases observed for Measles, Chicken pox, ALRI<5years, TB, and AD (Non-cholera) this week.

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

Figure 8: Most frequently reported suspected cases during Week 06, AJK.

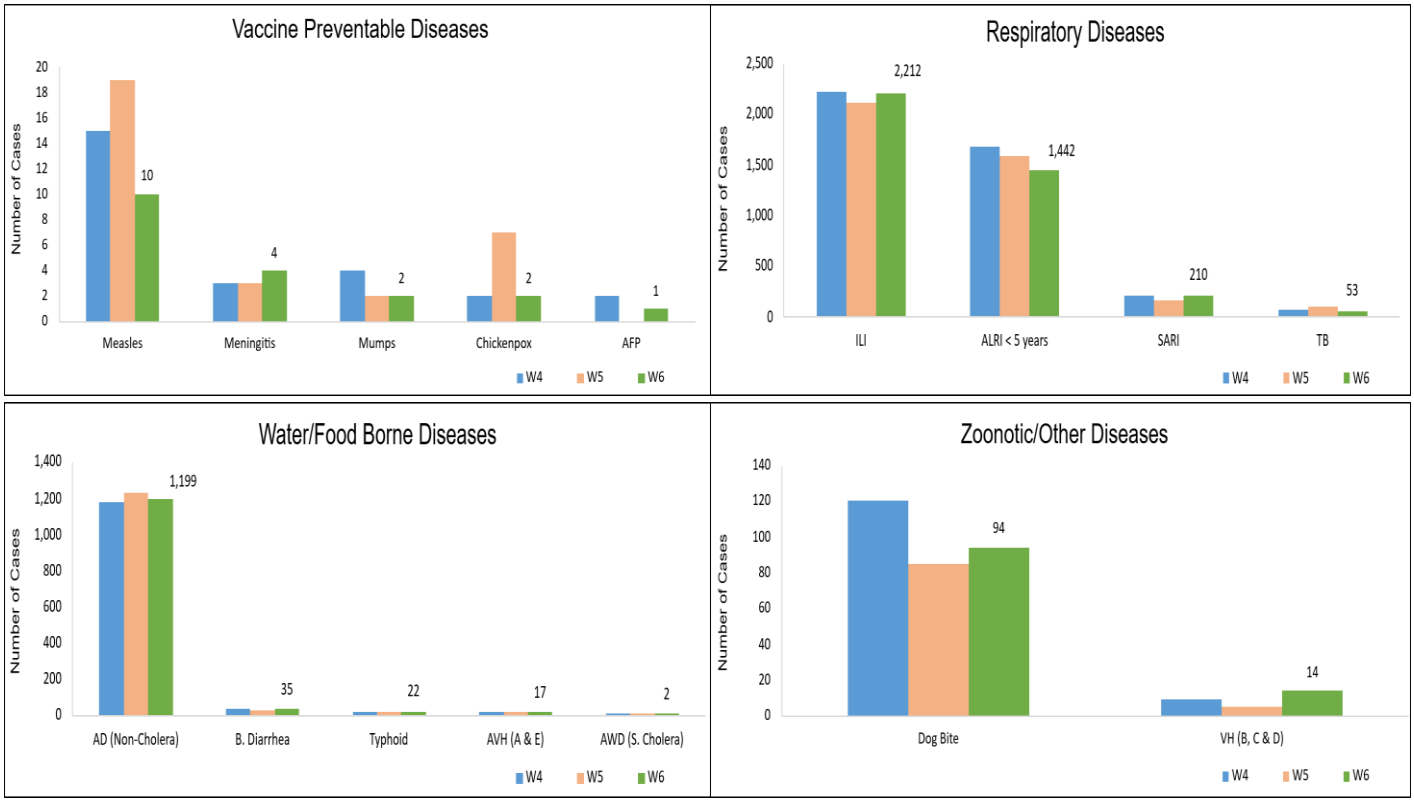
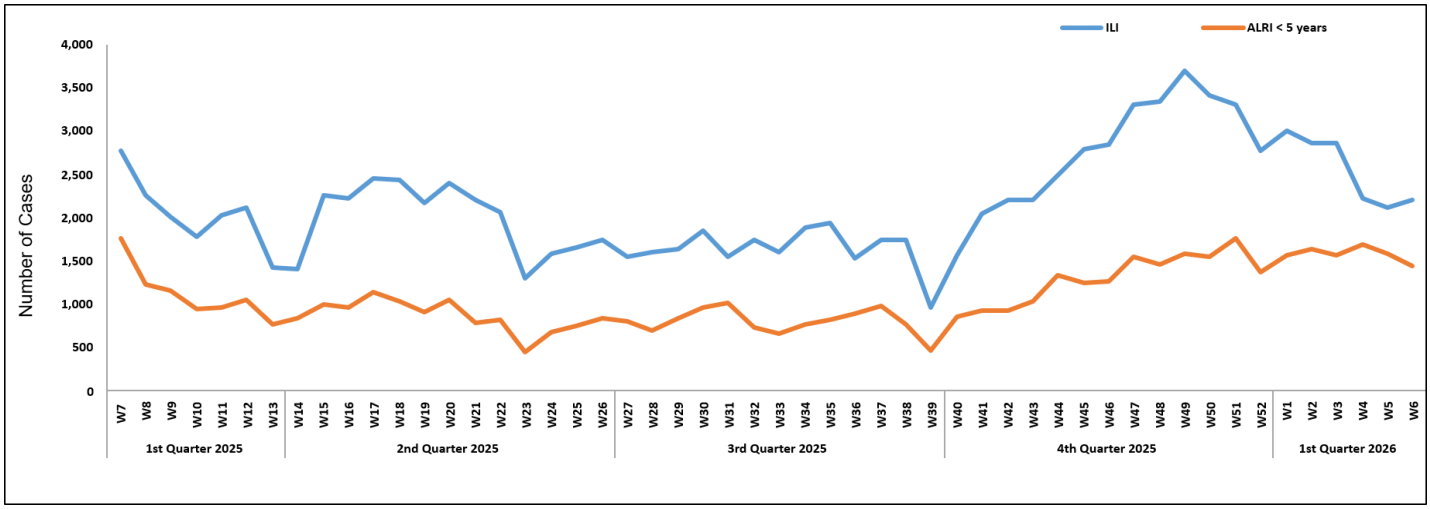


Figure 9: Week wise reported suspected cases of ILI and ALRI < 5 years, AJK.



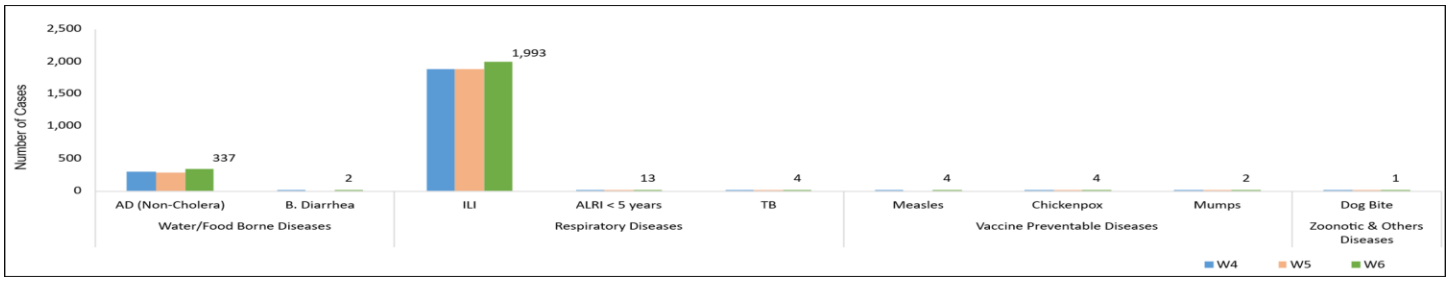


Figure 10: Most frequently reported suspected cases during Week 06, ICT.

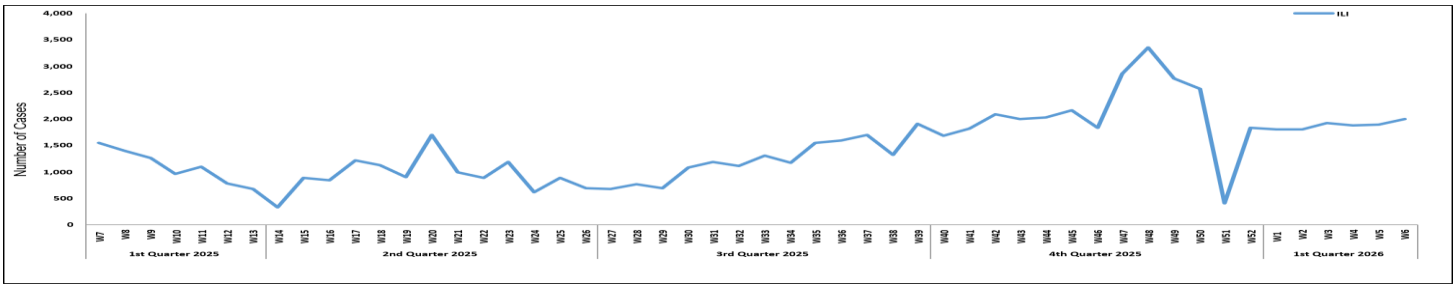


Figure 11: Week wise reported suspected cases of ILI, ICT.

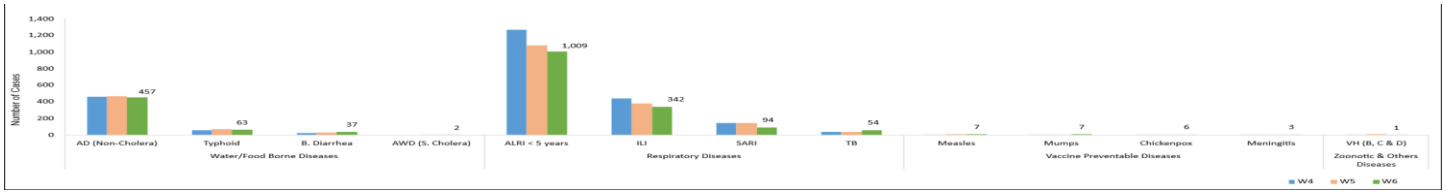


Figure 12: Most frequently reported suspected cases during Week 06, GB.

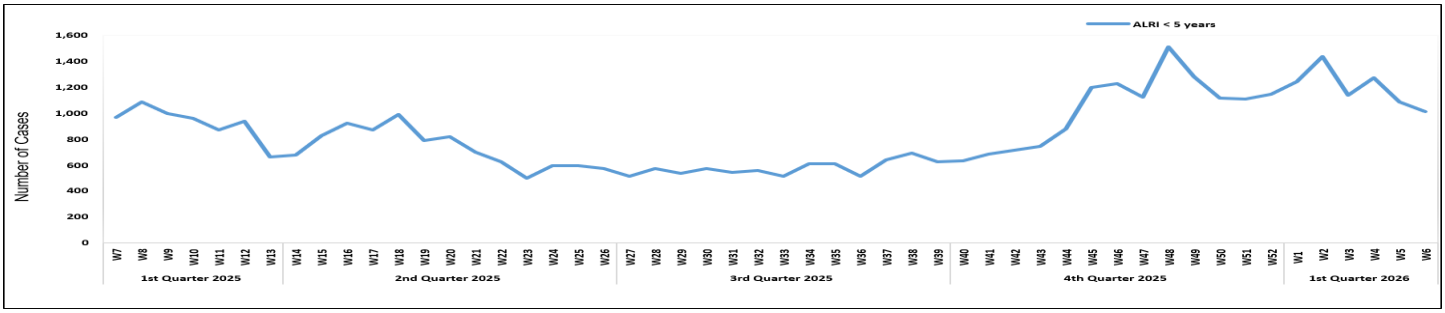


Figure 13: Week wise reported suspected cases of ALRI < 5 years, GB.

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 06, 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)		23	0	-	-	9	0	-	-	-	-	-	-	1	1
Stool culture & Sensitivity		125	1	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		3,931	130	715	43	71	7	-	-	66	0	-	-	-	-
CCHF		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dengue		1,074	21	7	0	2	0	-	-	7	2	-	-	-	-
VH (B)		9,766	232	546	36	75	0	-	-	822	6	-	-	235	2
VH (C)		9,705	859	560	49	75	0	-	-	888	1	-	-	235	11
VH (D)		219	45	21	6	-	-	-	-	-	-	-	-	-	-
VH (A)		232	22	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		42	10	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		-	-	1	1	-	-	-	-	-	-	-	-	9	0
TB		517	57	55	10	22	7	-	-	31	1	-	-	68	6
HIV/ AIDS		3,226	24	318	2	43	0	-	-	130	1	-	-	234	0
Syphilis		1,010	12	114	2	9	0	-	-	60	0	-	-	-	-
Typhoid		250	4	92	12	-	-	-	-	59	5	-	-	1	0
Diphtheria		5	4	-	-	-	-	-	-	-	-	-	-	-	-
ILI		14	6	2	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		128	15	3	1	-	-	-	-	-	-	-	-	-	-
Meningitis		7	1	-	-	-	-	-	-	-	-	-	-	-	-
Measles		257	91	14	6	407	151	15	8	-	-	204	52	22	9
Rubella (CRS)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)		3	3	67	20	6	2	-	-	2	0	-	-	-	-
Leishmaniosis (Visceral)		-	-	2	0	-	-	-	-	-	-	-	-	-	-
SARI		19	8	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	-	-	-	-	-	-	16	0	-	-	20	0	-	-
	SARI	3	0	-	-	31	1	145	0	64	0	127	0	-	-
Influenza A	ILI	-	-	-	-	-	-	16	0	-	-	20	0	-	-
	SARI	3	0	-	-	31	0	145	3	64	1	127	1	-	-
Influenza B	ILI	-	-	-	-	-	-	16	0	-	-	20	0	-	-
	SARI	3	0	-	-	31	0	145	0	64	0	127	0	-	-
RSV	ILI	-	-	-	-	-	-	16	2	-	-	20	0	-	-
	SARI	3	0	-	-	31	3	145	47	64	0	127	11	-	-

Figure 14: District wise Influenza sentinel sites, Pakistan

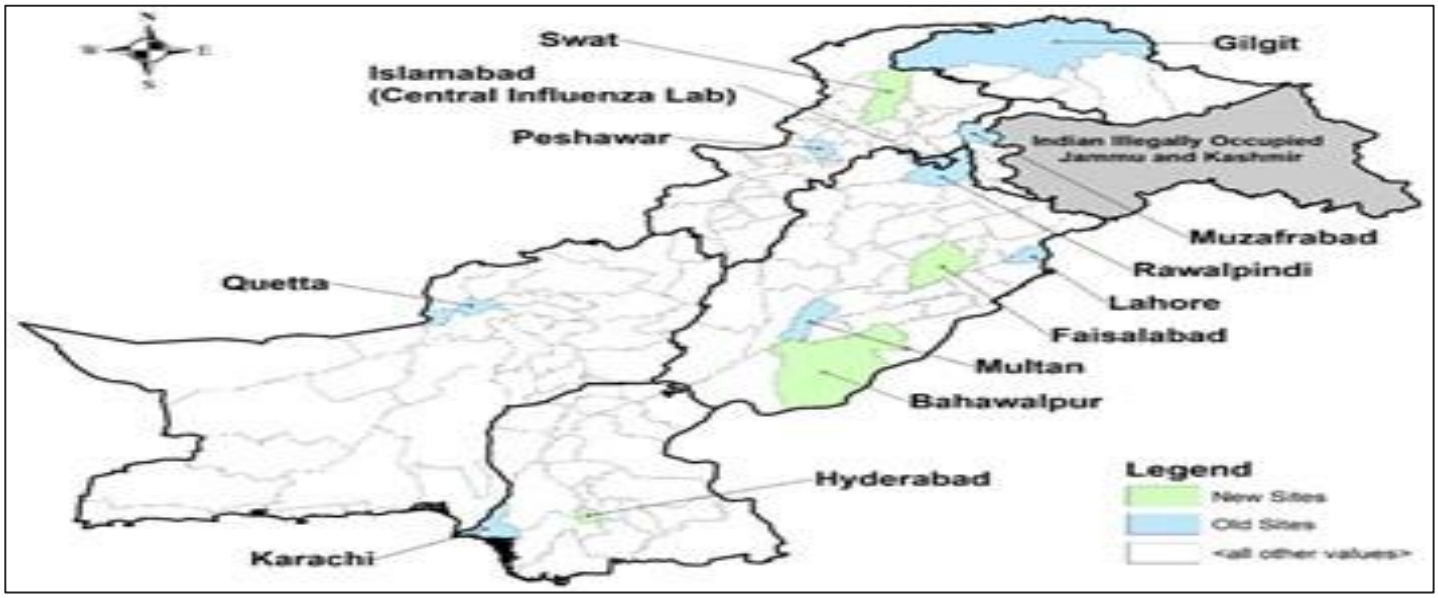


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19, and RSV, Week 6, Pakistan.

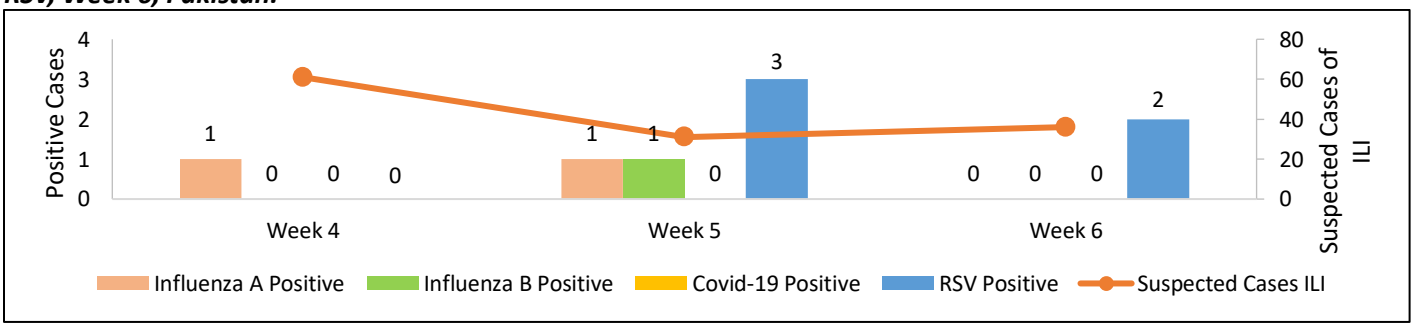


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19, and RSV, Week 6, Pakistan.

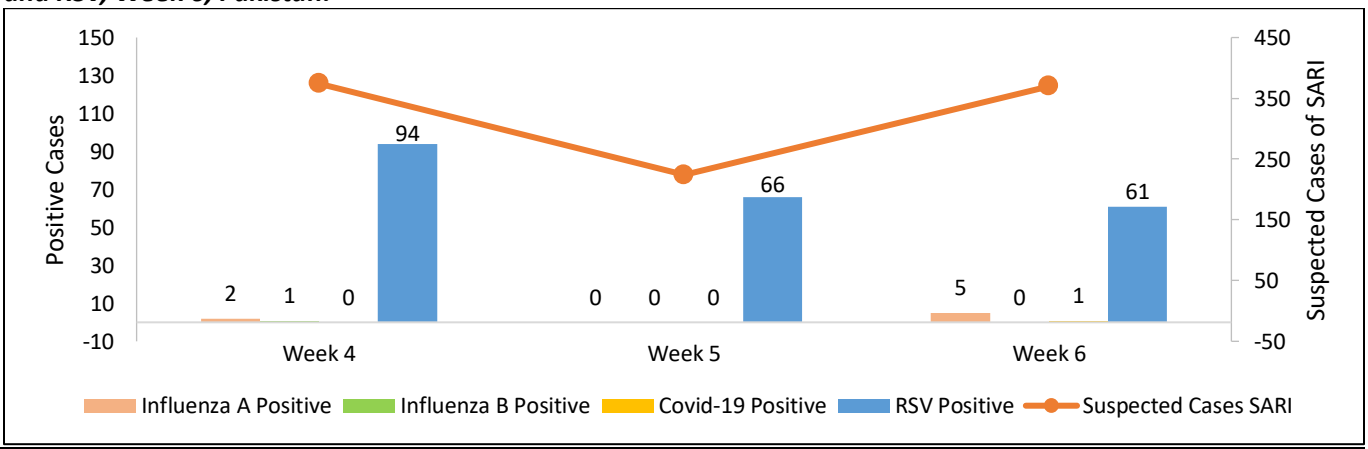


Table 6: Compliance of IDSR reporting districts, Week 06, Pakistan.

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	121	51%
	Battagram	59	41	69%
	Buner	34	16	47%
	Bajaur	44	41	93%
	Charsadda	59	57	97%
	Chitral Upper	34	29	85%
	Chitral Lower	35	34	97%
	D.I. Khan	114	114	100%
	Dir Lower	74	63	85%
	Dir Upper	37	31	84%
	Hangu	22	20	91%
	Haripur	72	70	97%
	Karak	36	36	100%
	Khyber	53	39	74%
	Kohat	61	61	100%
	Kohistan Lower	11	11	100%
	Kohistan Upper	20	20	100%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	42	13	31%
	Upper Kurram	41	32	78%
	Malakand	42	30	71%
	Mansehra	133	121	91%
	Mardan	80	67	84%
	Nowshera	56	53	95%
	North Waziristan	13	9	69%
	Peshawar	156	132	85%
	Shangla	37	33	89%
	Swabi	64	64	100%
	Swat	77	74	96%
	South Waziristan (Upper)	93	37	40%
	South Waziristan (Lower)	42	29	69%
	Tank	34	33	97%
	Torghar	14	13	93%
	Mohmand	68	25	37%
	Orakzai	69	8	12%
Azad Jammu Kashmir	Mirpur	39	38	97%
	Bhimber	92	60	65%
	Kotli	60	59	98%
	Muzaffarabad	45	44	98%

	Poonch	46	46	100%
	Haveli	39	38	97%
	Bagh	54	20	37%
	Neelum	39	32	82%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	23	96%
	CDA	15	7	47%
Balochistan	Gwadar	26	23	88%
	Kech	44	26	59%
	Khuzdar	74	22	30%
	Killa Abdullah	26	22	85%
	Lasbella	55	55	100%
	Pishin	69	0	0%
	Quetta	55	17	31%
	Sibi	36	35	97%
	Zhob	39	9	23%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	6	8%
	Chagi	36	15	42%
	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	24	73%
	Killa Saifullah	28	0	0%
	Ziarat	29	20	69%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	11	24%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	15	75%
	Hub	33	9	27%
	Musakhel	41	0	0%
	Usta Muhammad	34	31	91%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	0	0%
	Gilgit	44	44	100%
	Diamer	62	60	97%
	Astore	55	55	100%

	Shigar	27	13	48%
	Skardu	53	52	98%
	Ganche	29	29	100%
	Kharmang	46	25	54%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	63	98%
	Umerkot	62	62	100%
	Naushahro Feroze	107	98	92%
	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	32	91%
	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	89	99%
	Sanghar	100	99	99%
	Jacobabad	44	44	100%
	Khairpur	170	168	99%
	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 06, 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	1	50%
	Poonch	2	2	100%
	Haveli	1	1	100%
	Bagh	1	1	100%
	Neelum	1	1	100%
	Jhelum Vellay	1	1	100%
	Sudhnooti	1	1	100%
Sindh	Karachi-South	3	2	67%
	Sukkur	1	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%

Letter to Editor

Strengthening Respiratory Disease Surveillance and Prevention in Pakistan: The Critical Role of Sentinel Systems

Dear Editor,

Respiratory diseases continue to pose a substantial public health burden in Pakistan, contributing significantly to outpatient visits, hospitalizations, and seasonal surges in morbidity and mortality. The COVID-19 pandemic highlighted the devastating potential of respiratory pathogens and reinforced the importance of sustained surveillance, laboratory preparedness, and rapid response systems.

With the advancements in the public health preparedness agenda, Pakistan needs to strengthen respiratory disease prevention and surveillance as a strategic priority.

The National Influenza Centre (NIC) serves as a cornerstone of the country's laboratory-based respiratory surveillance network. Through twelve sentinel surveillance sites strategically located in major tertiary care hospitals across Pakistan, the NIC ensures broad geographical representation and systematic monitoring of respiratory pathogens. These sites collect respiratory specimens from patients presenting with Influenza-Like Illness (ILI) and Severe Acute Respiratory Infections (SARI), which are subsequently analyzed for high-impact respiratory pathogens with epidemic and pandemic potential, including influenza viruses, SARS-CoV-2, and Respiratory Syncytial Virus (RSV) (2,3).

This sentinel-based model enables early detection of circulating strains, monitoring of seasonal trends, and identification of unusual epidemiological patterns. Laboratory confirmation enhances the accuracy of surveillance data and supports timely public health decision-making. In coordination with the National Institute of Health, surveillance findings inform risk assessment, clinical preparedness, vaccination recommendations, and response strategies.

Respiratory disease surveillance is already embedded within the national surveillance architecture under the Integrated Disease Surveillance and Response framework. (4). However, continued strengthening of reporting timeliness, laboratory confirmation rates, and data utilization at district and provincial levels is essential to maximize the system's effectiveness as an early warning mechanism.

Prevention strategies must complement surveillance efforts. Seasonal influenza and other respiratory viruses continue to affect vulnerable populations, including the elderly, pregnant women, healthcare workers, and individuals with chronic comorbidities. Despite the availability of preventive measures, vaccine uptake in high-risk groups remains suboptimal, highlighting the need for strengthened advocacy and risk communication (5).

Infection prevention and control (IPC) practices remain foundational. Routine implementation of hand hygiene, respiratory etiquette, appropriate triage systems, and improved ventilation in

healthcare and community settings should be sustained beyond emergency periods. The lessons learned during the COVID-19 pandemic offer an invaluable opportunity to institutionalize resilient IPC practices within routine healthcare delivery. (6).

Environmental determinants further amplify respiratory disease burden. Urban air pollution contributes to increased susceptibility to respiratory infections and exacerbates chronic pulmonary conditions, necessitating coordinated multisectoral action to mitigate these determinants of health. (7)

Preparedness for emerging respiratory pathogens remains imperative. Continuous laboratory capacity strengthening, genomic surveillance, and workforce training are essential to detect novel strains with epidemic or pandemic potential. Expanding sentinel representativeness to underserved areas and reinforcing public–private sector reporting can further improve the completeness and equity of surveillance data.

In conclusion, optimizing respiratory disease surveillance under the existing national framework, reinforcing preventive strategies, and sustaining laboratory excellence are fundamental to safeguarding population health. Strengthening sentinel systems and ensuring timely, data-driven responses will enhance Pakistan's resilience against seasonal respiratory illnesses and future emerging threats.

Sincerely,
Dr Nimra Gillani, Epidemiologist, IDSRS/NIH

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Understanding SARI: Transmission, Symptoms, and Prevention

Knowledge Hub

What are SARIs?

Severe Acute Respiratory Infections (SARIs) are a group of illnesses that cause lung inflammation. Various viruses and bacteria, including influenza, pneumonia, and COVID-19, can cause SARIs.

They are characterized by symptoms such as:

Symptoms:

Fever, cough, difficulty in breathing, chest pain, sore throat, runny nose, muscle aches, and fatigue are common symptoms.

How are SARIs Spread?

SARIs typically spread through respiratory droplets: 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 mask in crowded indoor settings, especially if you are at high risk or live with someone who is infected.

• **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 difficulty in breathing, chest pain, confusion, or bluish lips.

Additional Resources

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

• Centers for Disease Control and Prevention (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، ذیابطیس، 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 کے ذریعے اردگرد کی چیزوں 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۔

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

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UK Health Security Agency

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CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION