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

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Public Health Bulletin - Pakistan.

Overview

IDSR Reports

Ongoing Events

Field Reports

Public Health Bulletin - Pakistan, Week 03, 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;

- *Advancing Laboratory Safety and Health Security: NIH Leads Development of National Bio-Risk Management Guidelines*
- *Letter to Editor on COVID-19 Legacy and Pakistan's Preparedness for Future Pandemics*
- *Knowledge hub on Meningitis: 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

Note: All reported cases in this report are suspected cases

...y, ...d, and Measles.

- *Eighteen cases of AFP were reported from KP, thirteen from Sindh, and three from AJK.*

- *Eight suspected cases of HIV/ AIDS were reported from Sindh and five from KP.*

- *Two suspected cases of Leprosy were reported from Sindh.*

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

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

- *Among Water/food-borne diseases, there is an increase in the number of cases of Acute Diarrhea (Non-Cholera), and B. Diarrhea this week.*

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

- *Among STDs, there is an increase in the number of cases of HIV/AIDS 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.*

- *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 80%*

- *Sindh is the top reporting region with a compliance rate of 98%, followed by GB 87%, AJK 85%, ICT 79%, and KP 75%.*

- *In Week 3, the lowest compliance rate was observed in Balochistan, 57%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2229	1681	75
Azad Jammu Kashmir	469	399	85
Islamabad Capital Territory	38	30	79
Balochistan	1308	743	57
Gilgit Baltistan	417	362	87
Sindh	2111	2070	98
National	6572	5285	80

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

Meningitis

- **Strengthen Surveillance and Early Detection:** Enhance meningitis surveillance under IDSR by ensuring immediate reporting of suspected cases and rapid identification of clusters, particularly in high-risk districts.
- **Improve Laboratory Confirmation:** Strengthen capacity for cerebrospinal fluid (CSF) analysis, including Gram stain, culture, and PCR, to identify causative organisms and guide targeted response.
- **Ensure Prompt Case Management:** Train healthcare workers in early recognition and immediate initiation of appropriate antibiotic therapy; ensure availability of essential medicines and referral pathways.
- **Promote Preventive Vaccination:** Strengthen coverage of meningococcal, pneumococcal, and Hib vaccines through routine immunization and targeted campaigns in outbreak settings.
- **Implement Outbreak Control Measures:** Conduct contact tracing, provide chemoprophylaxis where indicated, and implement community-level response measures to limit transmission.
- **Enhance Risk Communication:** Educate communities on early symptoms (sudden fever, stiff neck, altered consciousness) and the importance of urgent medical care.
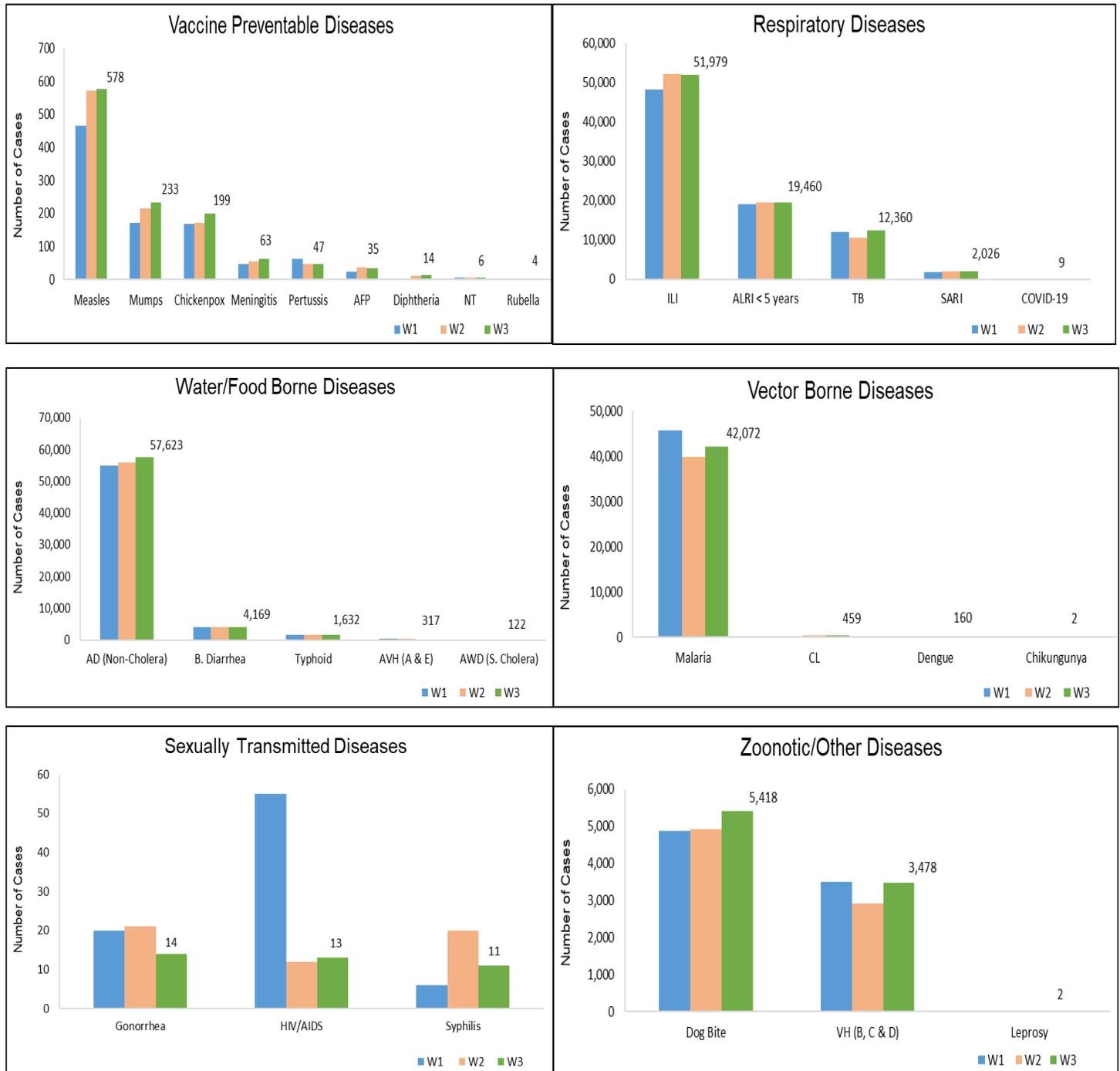
Chickenpox (Varicella)

- **Strengthen Surveillance and Reporting:** Integrate chickenpox case reporting within IDSR, ensuring timely notification of outbreaks, especially in schools and other crowded settings.
- **Support Laboratory Confirmation (when indicated):** Facilitate PCR or serological testing for atypical, severe, or outbreak-related cases to confirm diagnosis.
- **Promote Vaccination:** Strengthen varicella vaccination strategies where included in national policy, prioritizing high-risk groups and outbreak-affected areas.
- Implement Isolation and Contact Management: Advise isolation of cases during the infectious period and identify susceptible high-risk contacts for post-exposure prophylaxis where appropriate.
- Promote Community Awareness: Disseminate information on symptom recognition, transmission through respiratory droplets and contact with lesions, home-based care, and early referral for complications.

Pakistan

Table 1: Province/Area-wise distribution of most frequently reported suspected cases during Week 03, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,290	4,850	428	295	17,381	NR	33,379	57,623
ILI	2,852	8,146	394	1,927	6,196	NR	32,464	51,979
Malaria	0	1,898	0	0	2,468	NR	37,706	42,072
ALRI < 5 years	1,574	2,093	1,137	11	1,541	NR	13,104	19,460
TB	127	33	36	10	272	NR	11,882	12,360
Dog Bite	94	153	5	1	849	NR	4,316	5,418
B. Diarrhea	32	914	38	5	521	NR	2,659	4,169
VH (B, C & D)	20	41	1	2	103	NR	3,311	3,478
SARI	326	705	121	0	624	NR	250	2,026
Typhoid	18	291	53	0	568	NR	702	1,632
Measles	32	5	13	1	474	NR	53	578
CL	1	46	0	0	402	NR	10	459
AVH (A & E)	18	7	0	0	122	NR	170	317
Mumps	5	87	1	0	115	NR	25	233
Chickenpox/ Varicella	9	22	8	0	126	NR	34	199
Dengue	0	2	0	0	6	NR	152	160
AWD (S. Cholera)	3	83	2	0	26	NR	8	122
Meningitis	4	2	5	0	8	NR	44	63
Pertussis	0	38	0	0	8	NR	1	47
AFP	3	1	0	0	18	NR	13	35
Diphtheria	0	1	0	0	3	NR	10	14
Gonorrhea	0	13	0	0	1	NR	0	14
HIV/AIDS	0	0	0	0	5	NR	8	13
Syphilis	0	2	0	0	0	NR	9	11
COVID-19	0	0	0	0	9	NR	0	9
NT	0	0	0	0	6	NR	0	6
Rubella	0	4	0	0	0	NR	0	4
Chikungunya	0	0	0	0	0	NR	2	2
Leprosy	0	0	0	0	0	NR	2	2

Figure 1: Most frequently reported suspected cases during Week 03, Pakistan.

Vaccine Preventable Diseases — Number of Cases (W1, W2, W3)
Measles 578, Mumps 233, Chickenpox 199, Meningitis 63, Pertussis 47, AFP 35, Diphtheria 14, NT 6, Rubella 4

Respiratory Diseases — Number of Cases (W1, W2, W3)
ILI 51,979, ALRI < 5 years 19,460, TB 12,360, SARI 2,026, COVID-19 9

Water/Food Borne Diseases — Number of Cases (W1, W2, W3)
AD (Non-Cholera) 57,623, B. Diarrhea 4,169, Typhoid 1,632, AVH (A & E) 317, AWD (S. Cholera) 122

Vector Borne Diseases — Number of Cases (W1, W2, W3)
Malaria 42,072, CL 459, Dengue 160, Chikungunya 2

Sexually Transmitted Diseases — Number of Cases (W1, W2, W3)
Gonorrhea 14, HIV/AIDS 13, Syphilis 11

Zoonotic/Other Diseases — Number of Cases (W1, W2, W3)
Dog Bite 5,418, VH (B, C & D) 3,478, Leprosy 2

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

Table 2: District-wise distribution of most frequently reported suspected cases during Week 03, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	TB	Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	SARI
Badin	1,618	1,658	2,708	533	726	205	333	186	45	0
Dadu	3,281	1,955	932	1,412	584	345	100	279	110	0
Ghotki	1,232	668	0	874	403	294	378	75	0	0
Hyderabad	338	1,806	2,107	210	355	76	117	59	4	0
Jacobabad	810	515	1,166	484	244	268	82	71	16	2
Jamshoro	1,633	1,237	108	570	516	152	147	70	29	2
Kamber	2,110	1,227	0	314	861	273	70	91	18	0
Karachi Central	14	1,606	2,074	2	196	102	28	2	69	0
Karachi East	19	258	2	23	6	0	0	3	0	0
Karachi Keamari	6	500	233	14	3	4	0	0	0	0
Karachi Korangi	66	305	16	1	33	0	0	4	3	0
Karachi Malir	35	799	2,424	176	126	44	3	29	15	3
Karachi South	16	66	0	0	0	0	0	0	0	0
Karachi West	335	847	1,322	190	67	59	21	21	22	5
Kashmore	1,599	169	591	106	87	165	5	23	1	0
Khairpur	3,525	2,668	6,828	1,769	1,277	370	224	295	148	70
Larkana	3,438	1,157	2	421	783	74	21	239	5	0
Matiari	1,728	1,032	0	264	662	126	152	51	2	0
Mirpurkhas	1,102	1,821	4,437	549	741	227	37	92	16	0
Naushero Feroze	1,481	1,500	1,005	467	329	199	67	224	45	2
Sanghar	2,963	1,477	122	809	1,074	304	921	65	25	0
Shaheed Benazirabad	1,631	1,154	0	338	355	159	127	79	83	0
Shikarpur	1,471	836	6	325	215	279	150	148	2	5
Sujawal	781	1,372	0	210	129	86	1	79	10	142
Sukkur	1,105	822	2,035	369	405	222	45	107	2	0
Tando Allahyar	961	764	1,434	239	411	63	86	80	3	0
Tando Muhammad Khan	416	772	70	229	584	95	91	85	2	6
Tharparkar	1,505	1,782	1,991	1,020	412	1	39	101	6	9
Thatta	741	1,297	849	700	56	124	54	14	1	4
Umerkot	1,746	1,309	2	486	242	0	12	87	20	0
Total	37,706	33,379	32,464	13,104	11,882	4,316	3,311	2,659	702	250

Figure 2: Most frequently reported suspected cases during Week 03, Sindh.
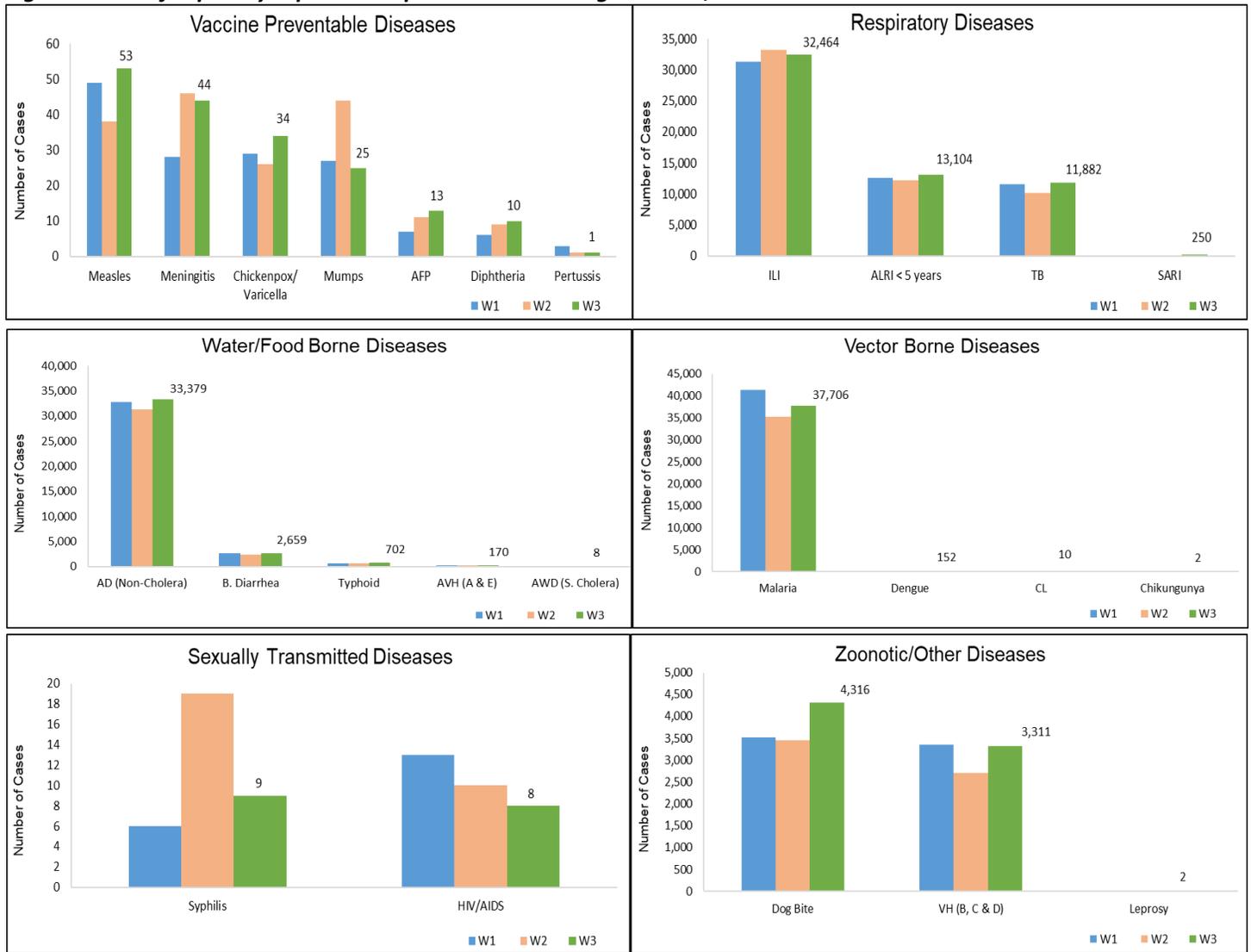
Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.
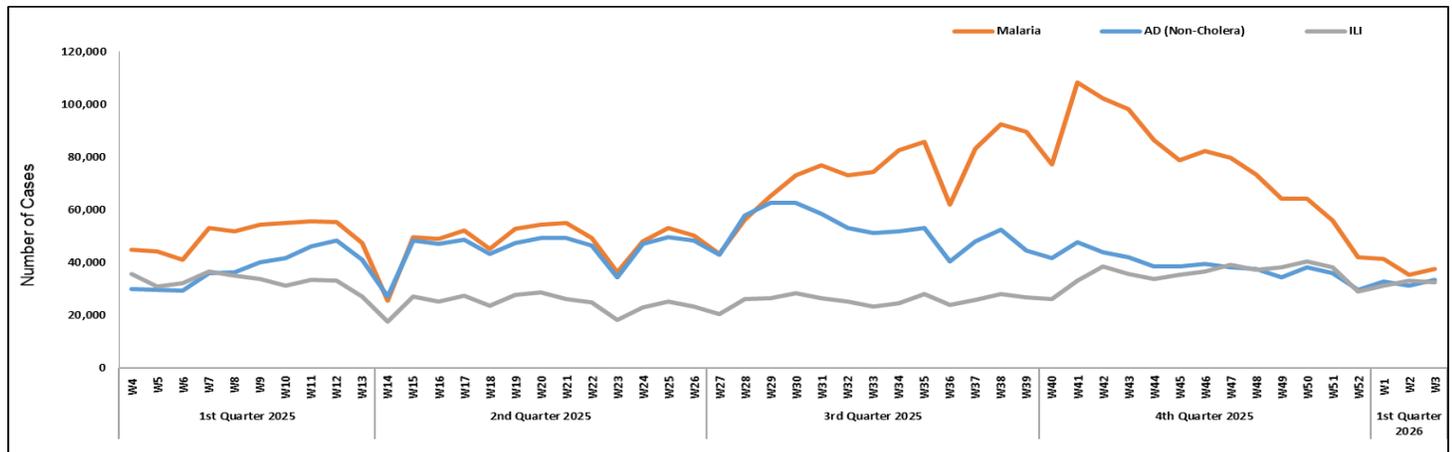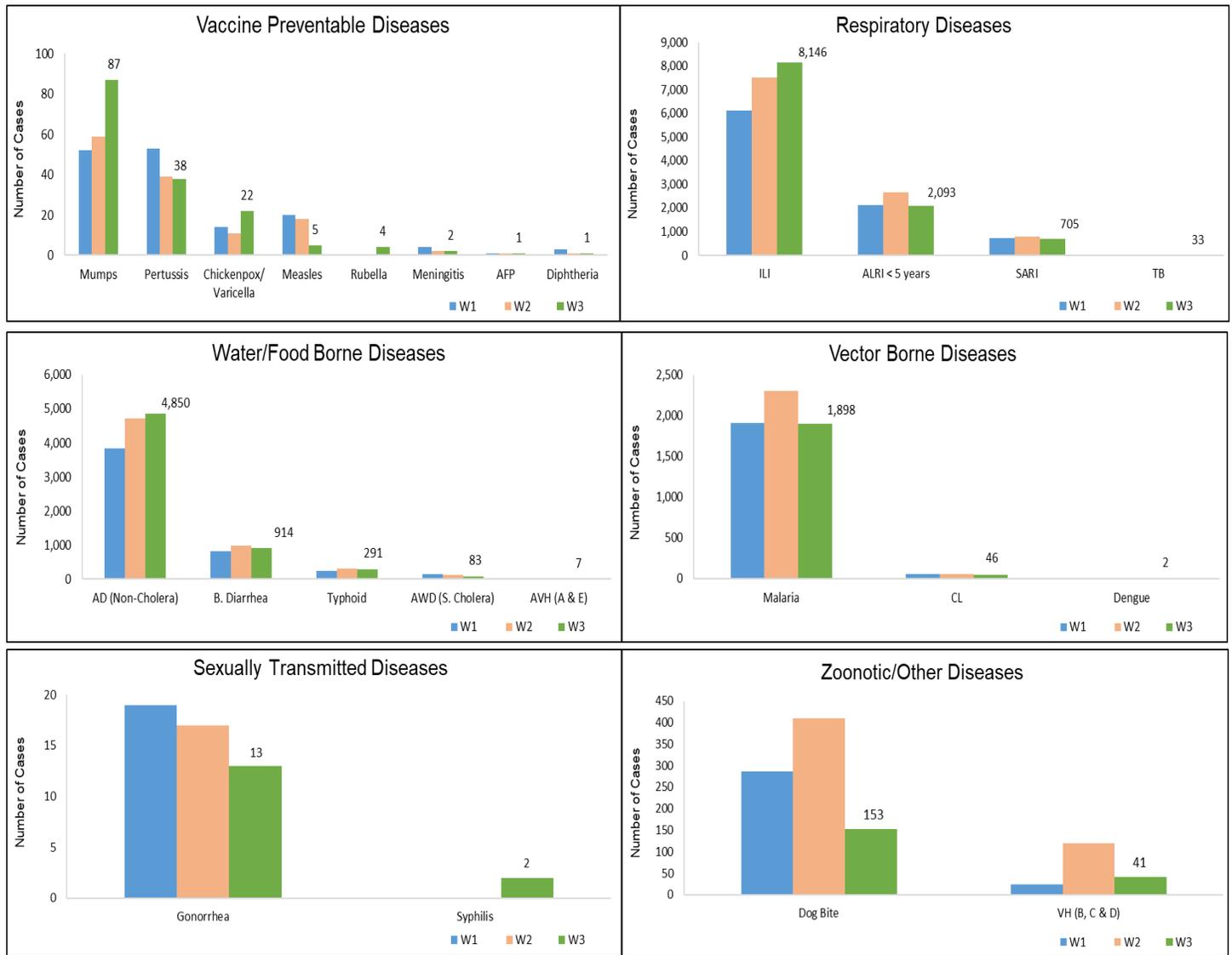
Balochistan

- ILI, AD (Non-Cholera), ALRI <5 years, Malaria, B. Diarrhea, SARI, Typhoid, Dog Bite, Mumps, and AWD (S. Cholera) cases were the most frequently reported diseases from Balochistan province.
- ILI cases were mostly reported from Gwadar, Kech (Turbat), and Sibi while AD (Non-Cholera) cases were mostly reported from Kech (Turbat), Sibi, and Usta Muhammad.
- One case of AFP was reported from Balochistan. Field investigation is required to confirm the cases.
- ILI, AD (Non-Cholera), Mumps, Chickenpox, and Rubella (CRS) showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of ALRI <5 years, Malaria, B. Diarrhea, SARI, Typhoid, Dog Bite, AWD (S. Cholera), CL, VH (B, C & D), Pertussis, TB, Gonorrhea, AVH (A & E), Measles, and Dengue.

Table 3: District wise distribution of most frequently reported suspected cases during *Week 03, Balochistan.*

Districts	ILI	AD (Non-Cholera)	ALRI < 5 years	Malaria	B. Diarrhea	SARI	Typhoid	Dog Bite	Mumps	AWD (S. Cholera)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	55	54	17	29	10	3	21	32	8	0
Chagai	249	92	0	34	23	0	6	0	0	0
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	0	2	3	0	0	0	0	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	1,152	283	10	49	54	0	12	2	5	2
Harnai	0	184	177	37	47	0	0	3	0	0
Hub	92	210	27	54	26	8	6	5	3	0
Jaffarabad	189	168	19	136	60	43	5	11	4	0
Jhal Magsi	181	137	63	174	0	0	5	2	0	0
Kachhi (Bolan)	320	239	42	273	16	13	0	4	0	12
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	986	436	40	175	70	9	NR	NR	4	NR
Kharan	728	144	2	13	45	0	5	0	0	0
Khuzdar	228	99	18	36	30	24	32	0	8	7
Killa Abdullah	202	119	25	2	34	98	14	6	7	23
Killa Saifullah	3	144	270	141	102	62	28	12	0	0
Kohlu	251	100	14	45	29	1	10	NR	5	2
Lasbella	89	340	144	230	25	12	6	24	1	0
Loralai	641	193	61	20	28	99	19	0	1	0
Mastung	164	111	119	26	20	28	6	4	0	0
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	17	260	63	121	14	14	20	11	3	0
Nushki	8	67	12	1	20	20	1	0	0	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	746	211	126	10	81	90	14	4	3	12
Quetta	481	237	138	5	27	37	11	1	5	1
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	813	397	167	157	58	104	35	10	28	22
Sohbat pur	8	129	124	28	22	4	10	1	0	0
Surab	28	8	0	0	0	0	0	0	0	0
Usta Muhammad	224	354	276	67	36	1	2	21	0	0
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	54	37	17	0	1	25	0	0	0	0
Ziarat	237	95	119	35	36	10	23	0	2	2
Total	8,146	4,850	2,093	1,898	914	705	291	153	87	83

Figure 4: Most frequently reported suspected cases during Week 03, Balochistan.

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

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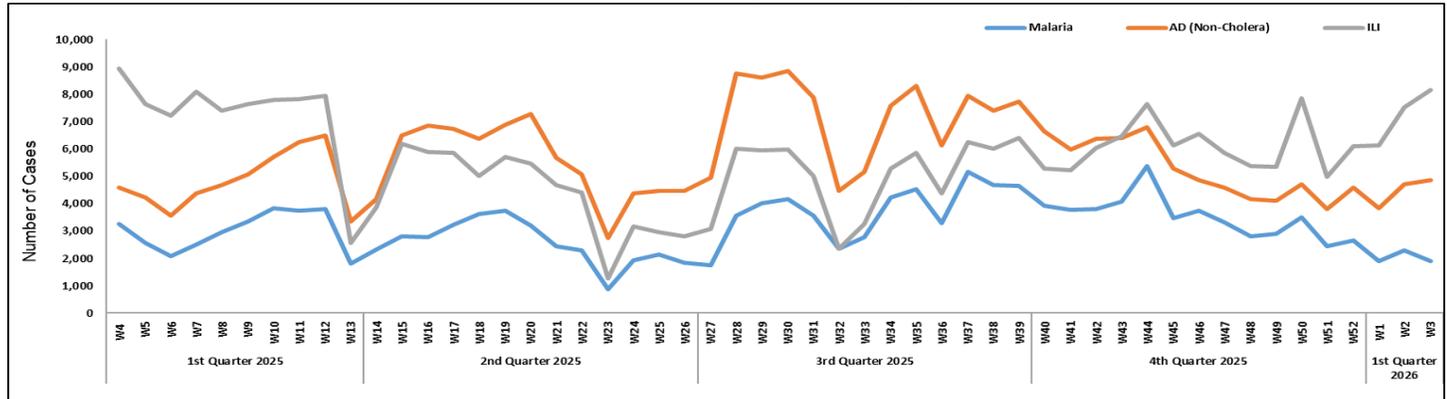
- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, Dog Bite, SARI, Typhoid, B. Diarrhea, Measles and CL.
- ILI, Malaria, ALRI<5 Years, Chickenpox, Mumps, VH (B, C & D), AWD (S. Cholera), COVID-19, Pertussis, Meningitis, NT, Dengue, and Diphtheria cases showed an increase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

*Table 4: District-wise distribution of most frequently reported suspected cases during Week 03, KP.*

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	Dog Bite	SARI	Typhoid	B. Diarrhea	Measles	CL
Abbottabad	508	157	0	48	39	10	17	6	0	0
Bajaur	469	7	96	13	81	45	3	22	17	7
Bannu	610	4	1,143	10	2	0	89	6	87	0
Battagram	208	572	7	11	12	NR	1	3	13	NR
Buner	183	0	96	0	5	0	5	0	0	0
Charsadda	1,249	2,126	148	435	5	4	73	74	40	0
Chitral Lower	322	15	1	31	10	26	2	11	1	5
Chitral Upper	74	16	1	13	4	2	8	2	0	0
D.I. Khan	1,126	0	93	28	10	0	0	18	33	1
Dir Lower	849	1	38	12	43	0	18	41	34	0
Dir Upper	616	127	5	79	19	0	14	12	13	0
Hangu	237	15	65	0	15	0	0	5	3	51
Haripur	1,053	981	0	99	16	60	35	14	1	0
Karak	296	42	52	41	29	0	6	6	34	162
Khyber	332	7	94	19	51	6	57	63	1	42
Kohat	347	0	25	9	43	0	4	10	0	22
Kohistan Lower	63	0	0	0	0	0	0	4	4	0
Kohistan Upper	216	0	2	0	0	0	1	16	3	0
Kolai Palas	24	18	1	1	0	0	2	3	0	0
L & C Kurram	5	0	0	0	0	0	0	4	0	0
Lakki Marwat	227	21	123	16	45	0	9	1	2	0
Malakand	422	140	19	25	0	38	0	0	17	2
Mansehra	525	146	NR	14	NR	NR	19	NR	NR	NR
Mardan	687	155	31	159	33	2	28	26	19	3
Mohmand	27	150	53	2	11	141	3	5	7	47
North Waziristan	76	4	61	56	7	56	47	16	19	14
Nowshera	984	59	51	45	7	13	7	18	10	19
Orakzai	36	9	1	0	1	0	0	0	1	0
Peshawar	2,390	389	10	112	7	8	29	34	63	0
Shangla	276	0	54	13	30	0	25	0	1	0
South Waziristan (Lower)	84	105	11	80	13	79	9	17	4	17
SWU	48	16	2	5	0	27	0	0	0	0
Swabi	798	595	56	90	188	59	34	12	30	0
Swat	1,462	154	18	50	99	38	7	34	16	0
Tank	336	22	79	4	0	0	0	6	0	0
Tor Ghar	57	12	21	15	12	0	10	5	0	10
Upper Kurram	159	131	11	6	12	10	6	27	1	0
Total	17,381	6,196	2,468	1,541	849	624	568	521	474	402

Figure 6: Most frequently reported suspected cases during Week 03, KP.
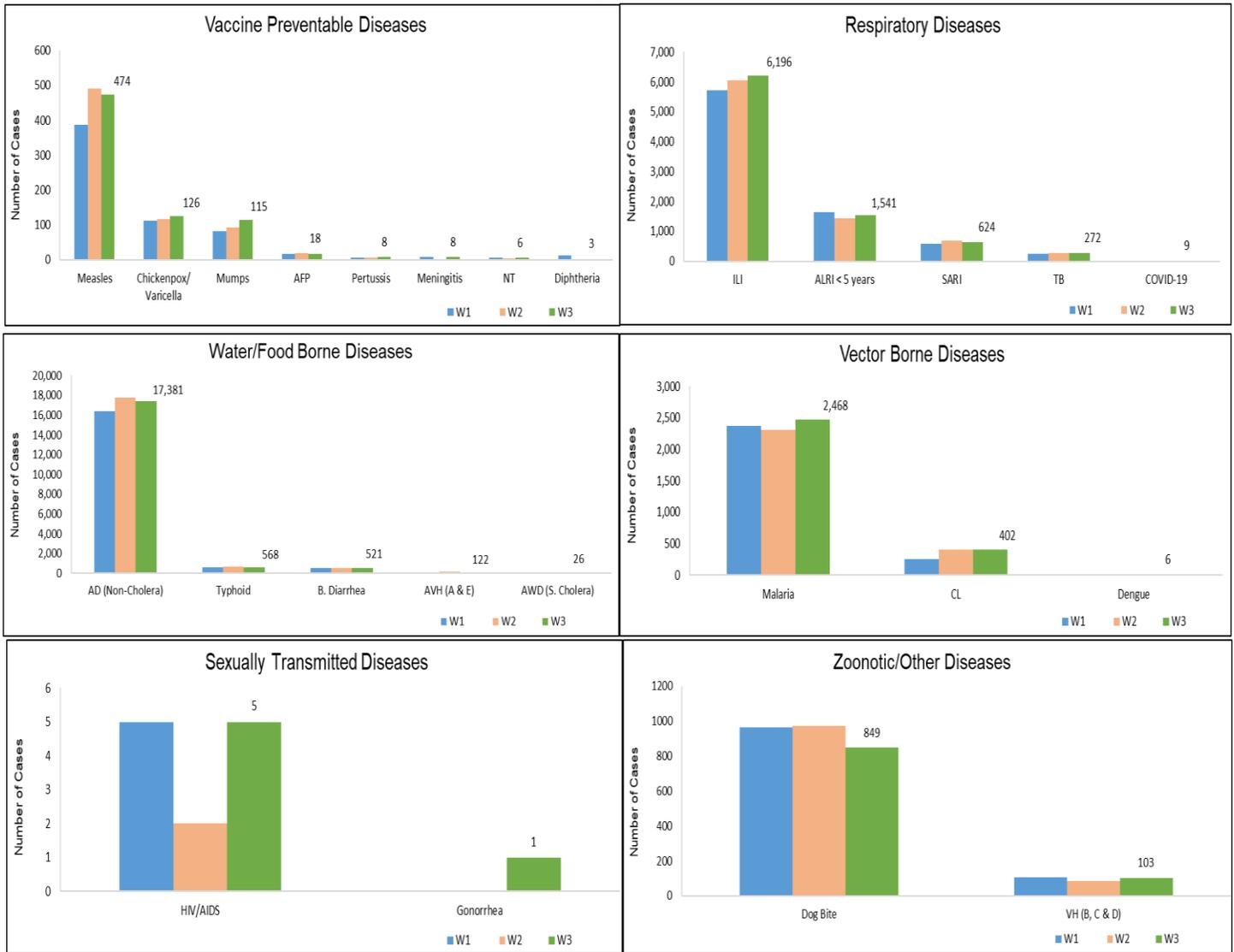
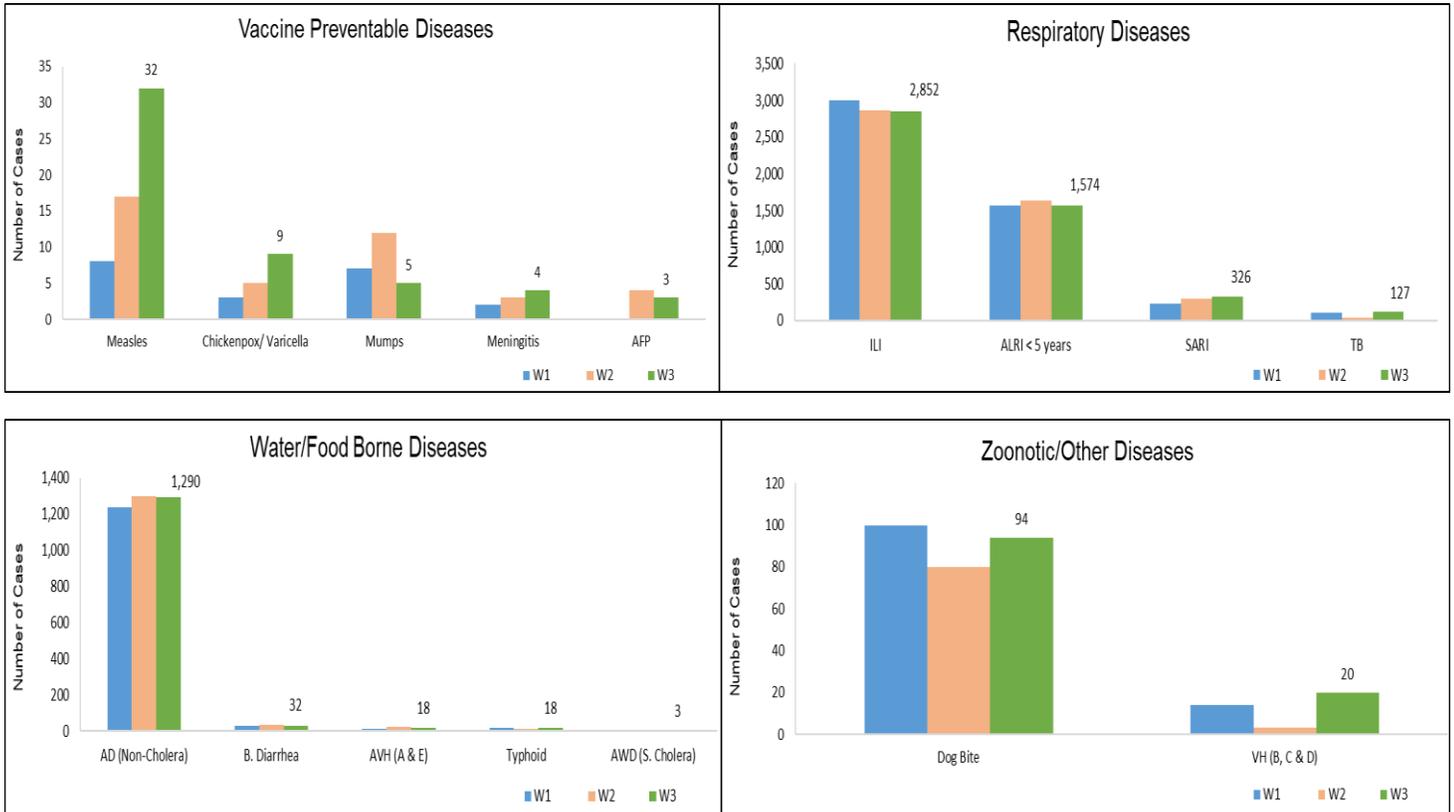*Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.*
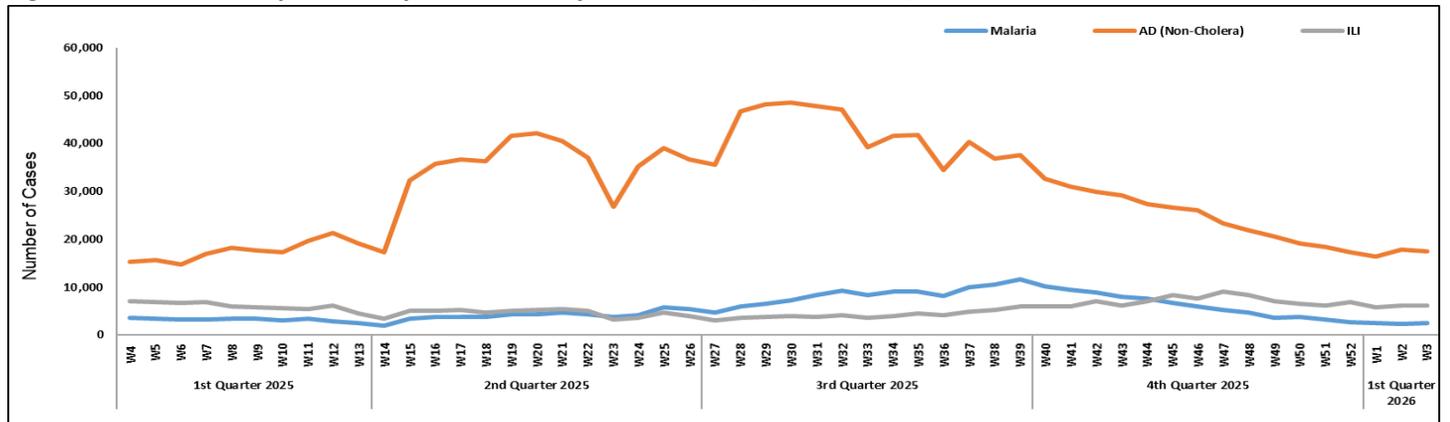
ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera), ALRI < 5years, TB, B. Diarrhea, VH (B, C & D), Measles, and Dog Bite. AD (Non-Cholera), ALRI < 5years, and VH (B, C & D) cases showed a decline in number while an increase in number was observed in ILI, TB, B. Diarrhea, and Measles cases this week.

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

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

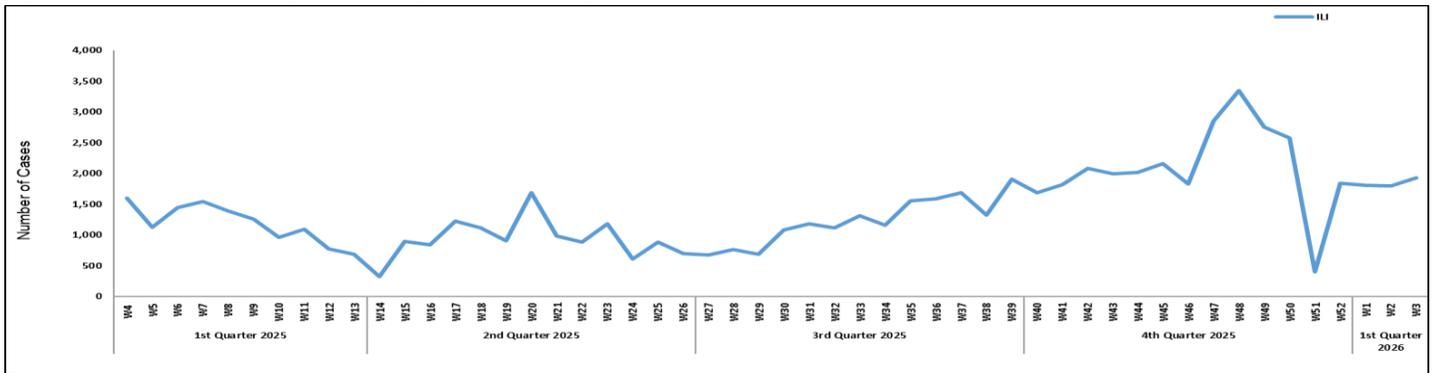**Figure 8: Most frequently reported suspected cases during Week 03, AJK.**

Figure 9: Week wise reported suspected cases of ILI and ALRI < 5 years, AJK.
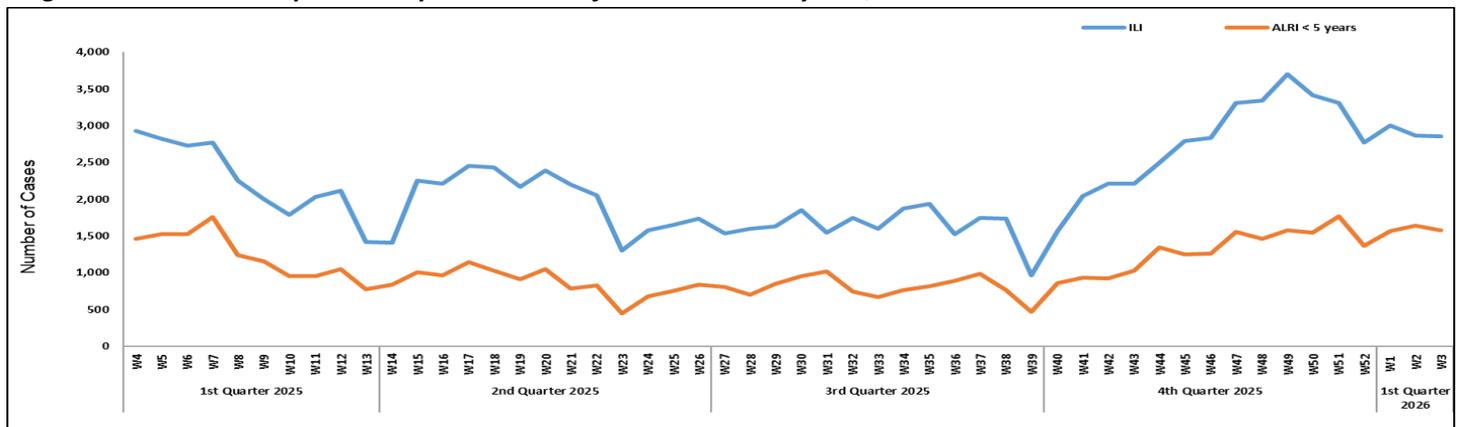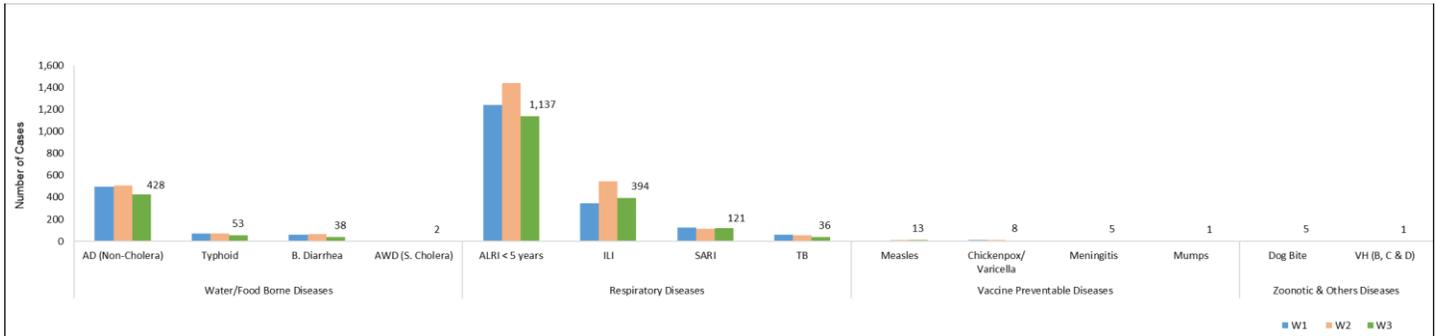
Figure 10: Most frequently reported suspected cases during Week 03, ICT.

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

Figure 12: Most frequently reported suspected cases during Week 03, GB.

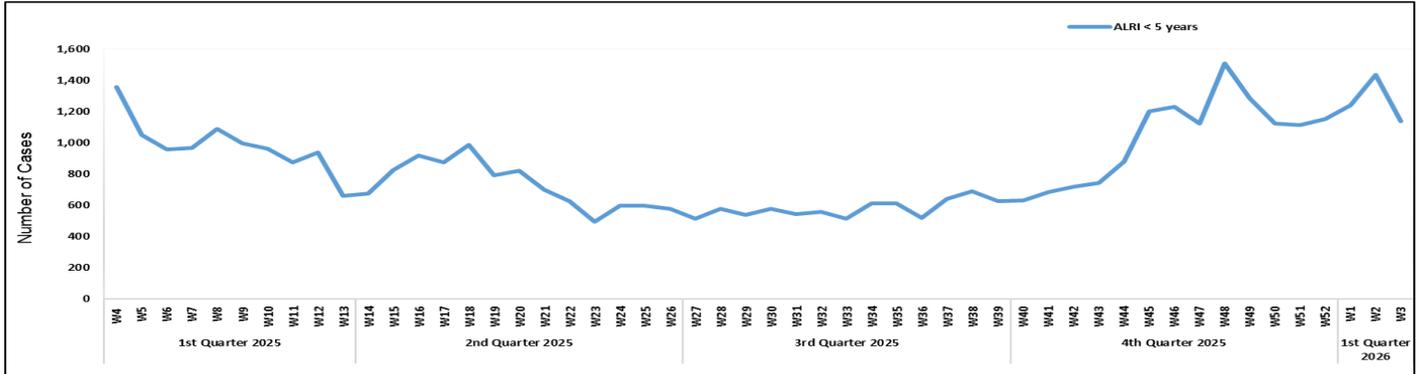*Figure 13: Week wise reported suspected cases of ALRI < 5 years, GB.*

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 03, 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)		126	0	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		167	1	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		5119	222	950	77	57	9	-	-	51	0	-	-	4	0
CCHF		-	-	1	0	-	-	-	-	-	-	-	-	-	-
Dengue		1462	34	17	0	-	-	-	-	-	-	-	-	19	1
VH (B)		13635	284	939	103	98	1	-	-	923	9	-	-	225	2
VH (C)		13941	1127	903	51	98	0	-	-	1008	3	-	-	225	7
VH (D)		241	52	48	10	-	-	-	-	-	-	-	-	-	-
VH (A)		105	22	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		47	16	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		7	0	1	0	-	-	-	-	-	-	-	-	15	0
TB		724	58	124	19	3	1	-	-	37	0	-	-	81	12
HIV/ AIDS		3917	28	569	9	63	0	-	-	142	0	-	-	226	0
Syphilis		1630	16	128	1	10	0	-	-	50	0	-	-	-	-
Typhoid		634	15	103	22	-	-	-	-	102	1	-	-	2	0
Diphtheria		8	1	-	-	-	-	-	-	-	-	-	-	-	-
ILI		17	3	3	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		140	35	3	1	-	-	-	-	-	-	-	-	-	-
Meningitis		8	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		297	120	44	26	318	123	52	26	1	0	520	112	53	22
Rubella (CRS)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)		8	0	20	7	6	3	-	-	-	-	-	-	1	1
SARI		24	13	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	5	0	-	-	-	-	-	-	5	0	31	0	-	-
	SARI	21	0	-	-	16	0	-	-	6	0	138	0	-	-
Influenza A	ILI	5	0	-	-	-	-	-	-	5	0	31	1	-	-
	SARI	21	0	-	-	16	0	-	-	6	0	138	2	-	-
Influenza B	ILI	5	0	-	-	-	-	-	-	5	0	31	0	-	-
	SARI	21	0	-	-	16	0	-	-	6	0	138	0	-	-
RSV	ILI	5	0	-	-	-	-	-	-	5	0	31	0	-	-
	SARI	21	0	-	-	16	2	-	-	6	0	138	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 03, 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	128	54%
	Battagram	59	36	61%
	Buner	34	19	56%
	Bajaur	44	43	98%
	Charsadda	59	59	100%
	Chitral Upper	34	30	88%
	Chitral Lower	35	34	97%
	D.I. Khan	114	113	99%
	Dir Lower	74	63	85%
	Dir Upper	37	34	92%
	Hangu	22	20	91%
	Haripur	72	71	99%
	Karak	36	36	100%
	Khyber	53	42	79%
	Kohat	61	61	100%
	Kohistan Lower	11	7	64%
	Kohistan Upper	20	11	55%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	42	3	7%
	Upper Kurram	41	29	71%
	Malakand	42	26	62%
	Mansehra	133	81	61%
	Mardan	80	63	79%
	Nowshera	56	55	98%
	North Waziristan	13	9	69%
	Peshawar	156	133	85%
	Shangla	37	28	76%
	Swabi	64	62	97%
	Swat	77	74	96%
	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	8	12%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	92	67	73%
	Kotli	60	60	100%
	Muzaffarabad	45	44	98%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	54	29	54%
	Neelum	39	21	54%

	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	23	23	100%
	CDA	15	7	47%
Balochistan	Gwadar	26	24	92%
	Kech	44	38	86%
	Khuzdar	74	23	31%
	Killa Abdullah	26	24	92%
	Lasbella	55	55	100%
	Pishin	69	31	45%
	Quetta	55	21	38%
	Sibi	36	35	97%
	Zhob	39	11	28%
	Jaffarabad	16	16	100%
	Naserabad	32	30	94%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	21	28%
	Chagi	36	20	56%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	18	72%
	Surab	32	4	13%
	Mastung	46	45	98%
	Loralai	33	29	88%
	Killa Saifullah	28	26	93%
	Ziarat	29	27	93%
	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	20	100%
	Hub	33	27	82%
	Musakhel	41	0	0%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	37	97%
	Gilgit	44	44	100%
	Diamer	62	56	90%
	Astore	55	55	100%
	Shigar	27	18	67%
	Skardu	53	52	98%
	Ganche	29	23	79%

	Kharmang	46	25	54%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	102	95%
	Tharparkar	276	262	95%
	Shikarpur	60	59	98%
	Thatta	52	48	92%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	15	71%
	Karachi-West	20	20	100%
	Karachi-Malir	35	27	77%
	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	103	97%
	Badin	124	123	99%
	Sukkur	64	63	98%
	Dadu	90	90	100%
	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	54	100%
	Tando Muhammad Khan	41	41	100%
	Shaheed Benazirabad	122	122	100%

Table 7: Compliance of IDSR reporting Tertiary care hospitals Week 03, 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	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%

Advancing Laboratory Safety and Health Security: NIH Leads Development of National Bio-Risk Management Guidelines

The National Institute of Health (NIH), Pakistan, has convened the inception meeting to initiate the development of National Bio-Risk Management Guidelines for Laboratories, an important milestone in strengthening the country's biosafety and biosecurity architecture. The meeting brought together the Technical Working Group, comprising key national stakeholders, to align on the scope, objectives, governance mechanisms, and technical approach for the guideline development process.

The initiative adopts a risk-based, One Health-oriented framework, recognizing that biological risks transcend sectoral boundaries and require coordinated action across human health, animal health, and environmental laboratories. By integrating these domains, the guidelines aim to address the full spectrum of laboratory-associated risks, including accidental exposures, laboratory-acquired infections, pathogen containment failures, and the potential misuse of biological materials.

A central outcome of the inception meeting was consensus on harmonizing national laboratory practices with internationally recognized standards and best practices. This includes alignment with global biosafety and biosecurity principles, risk assessment methodologies, and management systems that promote a culture of safety, accountability, and continuous quality improvement. Such harmonization is essential for strengthening Pakistan's compliance with international health security frameworks and for enhancing confidence in the safety and reliability of laboratory operations nationwide.

The development of National Bio-Risk Management Guidelines is expected to yield significant long-term benefits for Pakistan's public health sector. Standardized and clearly articulated national guidance will support laboratories at all levels, public and private, clinical, research, veterinary, and environmental, in implementing consistent biosafety and biosecurity measures. This will reduce variability in practices, close critical gaps, and improve preparedness for emerging and re-emerging infectious diseases, zoonotic threats, and other biological hazards.

Moreover, the initiative supports broader system strengthening by reinforcing governance, accountability, and intersectoral coordination. Through the Technical Working Group, the process fosters national ownership, technical consensus, and sustained collaboration among key institutions. This collaborative model is critical for institutionalizing bio-risk management as a core component of laboratory systems rather than a standalone or ad hoc activity.

As Pakistan continues to expand its diagnostic, surveillance, and research capacities, the establishment of National Bio-Risk Management Guidelines will serve as a foundational pillar for safe and responsible laboratory practice. The NIH-led effort represents a forward-looking investment in public health resilience, positioning the country to manage biological risks better, meet international expectations, and protect population health in an increasingly complex bio-threat landscape.

Letter to the Editor

COVID-19 Legacy and Pakistan's Preparedness for Future Pandemics

Dear Editor,

As Pakistan gradually moves beyond the acute phase of the COVID-19 pandemic, it is tempting to treat the crisis as a closed chapter. However, doing so would be a serious mistake. COVID-19 was not merely a temporary health emergency; it was a stress test of our entire public health system. The true legacy of the pandemic lies not only in the lives lost but also in the lessons we choose to learn or ignore, as we prepare for future infectious disease threats.

COVID-19 exposed both strengths and weaknesses in Pakistan's health infrastructure. On the positive side, the country demonstrated an ability to mobilize resources rapidly under pressure. Emergency operations centers were activated, testing capacity expanded from almost negligible levels, and a nationwide vaccination campaign was rolled out in a relatively short period. The use of digital platforms for registration and data tracking showed that innovation is possible even in resource-constrained settings.

However, these achievements should not overshadow the systemic gaps that became painfully evident. The pandemic revealed chronic underinvestment in public health, weak disease surveillance systems, and limited critical care capacity. At the start of the outbreak, Pakistan faced shortages of personal protective equipment, ventilators, trained staff, and laboratory facilities. COVID-19 did not create these shortcomings; they were simply exposed by it.

One of the most important lessons from the pandemic is the central role of public health preparedness. For years, Pakistan's health system has focused primarily on curative services, while preventive care and surveillance have remained neglected. COVID-19 demonstrated that without strong early warning systems, outbreaks escalate rapidly and become far more costly, both in human and economic terms. Strengthening disease surveillance, laboratory networks, and data-sharing mechanisms must now be treated as a national priority.

The pandemic also highlighted the importance of public trust and effective communication. Mixed messaging, misinformation, and conspiracy theories significantly undermined public compliance with preventive measures. Vaccine hesitancy, fueled by rumors and mistrust, slowed immunization efforts despite vaccine availability. This experience underscores the need for transparent, consistent, and science-based communication during health crises. Public health messaging must be delivered in local languages and through trusted community figures, including healthcare workers, religious leaders, and educators.

Another lasting impact of COVID-19 has been on healthcare workers, who bore the brunt of the crisis. Many worked long hours under extreme stress, often without adequate protection, and some paid the ultimate price with their lives. Yet issues such as job insecurity, low wages, and lack of mental health support persist. A resilient health system cannot exist without a protected, motivated, and adequately trained workforce. Investing in healthcare workers is not an expense; it is insurance against future crises.

COVID-19 also revealed deep health inequities. Low-income communities, daily wage earners, and informal workers were disproportionately affected, both by the virus and by lockdown measures. Limited access to healthcare, overcrowded living conditions, and economic vulnerability increased their risk of infection and hardship. Future pandemic planning must integrate social protection measures to ensure that public health interventions do not unintentionally worsen poverty and inequality.

From a policy perspective, Pakistan must institutionalize pandemic preparedness rather than relying on ad hoc responses. This includes developing and regularly updating a national

pandemic preparedness plan, conducting simulation exercises, and ensuring coordination between federal and provincial authorities. Devolution of health services has created opportunities, but it has also led to fragmentation. Clear roles, communication channels, and accountability mechanisms are essential during national emergencies.

Investment in research and local manufacturing capacity is another critical lesson. During COVID-19, Pakistan depended heavily on imported diagnostic kits, medicines, and vaccines. Strengthening local pharmaceutical production and biomedical research institutions would enhance self-reliance and reduce vulnerability during global supply chain disruptions.

Furthermore, the pandemic reinforced the link between human health, the environment, and climate change. Many emerging infectious diseases are zoonotic, driven by environmental degradation, urban crowding, and climate shifts. Pakistan's future preparedness must therefore adopt a "One Health" approach that integrates human, animal, and environmental health policies.

Perhaps the most important legacy of COVID-19 is the realization that pandemics are not rare events. In a globalized world, the question is not if another pandemic will occur, but *when*. Whether Pakistan faces the next crisis with resilience or panic depends on the decisions we make today.

We owe it to those who lost their lives and to future generations to ensure that the suffering endured during COVID-19 was not in vain. Preparedness, investment in public health, and evidence-based policymaking are no longer optional. They are essential pillars of national security and development.

If Pakistan treats COVID-19 as a forgotten chapter rather than a hard-earned lesson, we risk repeating the same mistakes at an even greater cost. The time to prepare for the next pandemic is not when it arrives; it is now.

Dr. Muhammad Hamza Ikram (Rph)
Scientific Officer
CDC-NIH

Knowledge Hub

Meningitis: What You Need to Know

Meningitis is a serious inflammation of the protective membranes (meninges) that cover the brain and spinal cord. It is a medical emergency because it can progress rapidly, leading to permanent disability or death within hours.

What is Meningitis?

The "meninges" are three layers of membranes that protect the central nervous system. When these layers become infected, they swell, putting pressure on the brain and spinal cord.

While many things can cause this inflammation, the most common are:

- **Bacterial Meningitis:** The most severe form. It can be fatal and requires immediate antibiotic treatment.
- **Viral Meningitis:** Generally, less severe than bacterial; most people recover on their own, though it can still be very painful.
- **Fungal Meningitis:** Rare, usually affecting people with weakened immune systems (e.g., HIV/AIDS or cancer).
- **Non-infectious:** Caused by head injuries, brain surgery, or certain cancers/medications.

How It Spreads

Most germs that cause meningitis are passed from person to person through **respiratory and throat secretions** (saliva or spit).

- **Close Contact:** Coughing, sneezing, or kissing.
- **Living Quarters:** It spreads easily in places where people live in proximity, like college dorms or military barracks.
- **Carriers:** Some people carry the bacteria in their nose or throat without

getting sick themselves, but they can still pass it to others.

Signs & Symptoms

The classic "triad" of symptoms in adults includes **fever, headache, and neck stiffness**.

- **Sudden high fever.**
- **Stiff neck:** Difficulty or pain when trying to touch the chin to the chest.
- **Severe headache:** Often described as the "worst headache of my life."
- **Sensitivity to light (Photophobia).**
- **Confusion** or altered mental state.
- **Nausea and vomiting.**
- **Skin Rash:** A dark red or purple "petechial" rash that does not fade when pressed with a glass (common in meningococcal meningitis).

Note on Infants: Babies may not show a stiff neck. Instead, look for a bulging "soft spot" (fontanel) on the head, constant crying, extreme irritability, or poor feeding.

Diagnosis

If meningitis is suspected, doctors must act fast. The gold standard for diagnosis is a **Lumbar Puncture (Spinal Tap)**.

A needle is inserted into the lower back to collect cerebrospinal fluid (CSF). This fluid is tested to see if the cause is bacterial, viral, or fungal, which dictates the treatment plan.

Treatment

- **Bacterial:** Treated immediately with **intravenous (IV) antibiotics** and sometimes corticosteroids to reduce brain swelling.
- **Viral:** Antibiotics won't help. Treatment usually involves rest, fluids, and over-the-counter pain medicine.
- **Fungal:** Requires long-term, high-dose antifungal medication.

Prevention

1. **Vaccination:** This is the single most effective way to prevent bacterial meningitis. Major vaccines include:
   - **Meningococcal**
   - **Pneumococcal (PCV13, PPSV23)**
   - **Hib (Haemophilus influenzae type b)**
2. **Healthy Habits:** Don't share drinks, utensils, or lip balms. Wash your hands frequently.
3. **Prophylaxis:** If you have been in close contact with someone who has bacterial meningitis, a doctor may give you "preventative" antibiotics.

More Information

For official guidelines and current outbreak data, visit:

- **Centers for Disease Control and Prevention (CDC):** cdc.gov/meningitis
- **World Health Organization (WHO):** who.int/news-room/fact-sheets/detail/meningitis
- **Meningitis Research Foundation:** meningitis.org

UK Health Security Agency

World Health Organization

CDC
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

What you need to know about
MENINGOCOCCAL DISEASE

Meningococcal disease is caused by the bacteria *Neisseria meningitidis*. It is transmitted from person-to-person through saliva and spit. Babies, small children and young adults are most at risk.

Early treatment saves lives.

Immediately visit your nearest health facility if you or a loved one experiences the following symptoms:

World Health Organization
Western Pacific Region

Symptoms

In older children and adults

- sudden fever
- vomiting
- headache
- stiff neck or backache
- nausea
- sensitivity to light
- confusion
- red or purple rash

In babies and small children

It can be difficult to notice the symptoms in babies and young children, and only few signs of illness may be present. Some of the symptoms you should be alert for are:

- high fever
- unusual crying
- refusing to eat or drink
- vomiting
- changes in sleeping patterns
- seizure
- purple rash

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