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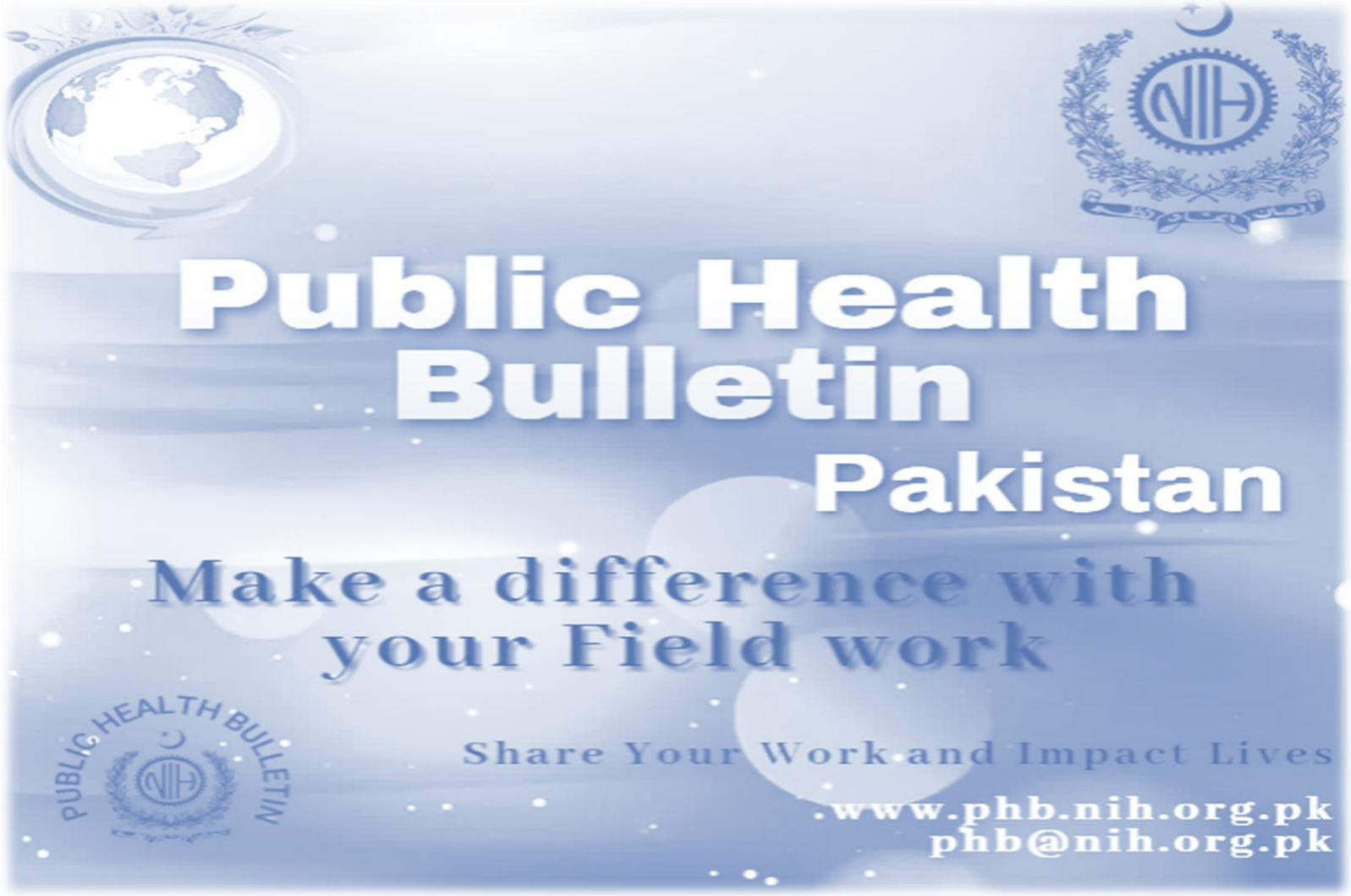
PUBLIC HEALTH BULLETIN-PAKISTAN

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 22, 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;

Advancing Health Equity: UN independent expert on the Human Rights of Persons with Albinism Visits NIH Pakistan

Knowledge hub on Understanding TB: A Public Health Priority

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

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Stay informed. Stay prepared. Stay healthy.

Sincerely,
The Chief Editor

Overview

Note: All reported cases in this report are suspected cases

- *During Week 22, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, ALRI <5 years, TB, Dog Bite, B.Diarrrhea, VH (B, C & D), Typhoid, SARI, and Measles.*
- *Eight cases of AFP were reported from KP, five from Sindh, two from AJK, and one from GB.*
- *Six suspected cases of HIV/ AIDS reported from Sindh and three from KP.*
- *Among VPDs, there is an increase in the number of cases of Pertussis this week.*
- *Among Respiratory diseases, there is a decrease in the number of cases of ILI, TB ALRI <5 years and SARI this week.*
- *Among Water/food-borne diseases, there is decrease in number of cases of AD (Non- Cholera), B. Diarrhea and Typhoid this week.*
- *Among Vector-borne diseases, there is a decrease in the number of cases of Malaria this week.*
- *Among STDs, there is a decline in the number of cases of HIV/AIDs this week.*
- *Among Zoonotic/Other diseases, there is a decrease 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 99%, followed by AJK 97%, GB 93%, **and** ICT 84%.*
- *The lowest compliance rate was observed in KP at 79% and Balochistan at 41%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	*2,277*	*1,808*	*79*
Azad Jammu Kashmir	*476*	*463*	*97*
Islamabad Capital Territory	*38*	*32*	*84*
Balochistan	*1,303*	*532*	*41*
Gilgit Baltistan	*405*	*375*	*93*
Sindh	*2,111*	*2,082*	*99*
National	*6,610*	*5,292*	*80*

Public Health Actions

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

Tuberculosis (TB)

Strengthen Surveillance and Case Detection: Enhance TB surveillance systems to ensure early detection, notification, and monitoring of TB cases, including drug-resistant TB; strengthen contact investigation and screening of high-risk populations.

Expand Access to Diagnostic Services: Improve availability and accessibility of quality-assured diagnostic services, including GeneXpert testing, microscopy, culture, and drug susceptibility testing, particularly in underserved and remote areas.

Ensure Timely Treatment and Adherence: Strengthen implementation of national TB treatment guidelines, ensure uninterrupted availability of anti-tuberculosis medicines, and promote treatment adherence through patient-centered support and follow-up mechanisms.

Address Drug-Resistant Tuberculosis: Strengthen surveillance, diagnosis, and management of drug-resistant TB cases; ensure access to specialized treatment regimens and monitoring services.

Promote Community Awareness and Prevention: Conduct health education campaigns on TB symptoms, modes of transmission, treatment availability, and the importance of early healthcare seeking and treatment completion; reduce stigma associated with TB.

Acute Lower Respiratory Infections (ALRI) in Children Under Five Years

Strengthen Surveillance and Early Detection: Enhance surveillance systems to monitor ALRI trends, detect outbreaks, and identify high-risk populations; ensure timely reporting and investigation of severe cases and deaths.

Improve Case Management Capacity: Train healthcare workers on Integrated Management of Childhood Illness (IMCI) guidelines, early recognition of danger signs, appropriate antibiotic use, oxygen therapy, and referral of severe cases.

Increase Immunization Coverage: Strengthen routine immunization services to ensure high coverage of vaccines that protect against respiratory infections, including pneumococcal, Haemophilus influenzae type b (Hib), measles, pertussis, influenza, and COVID-19 vaccines where recommended.

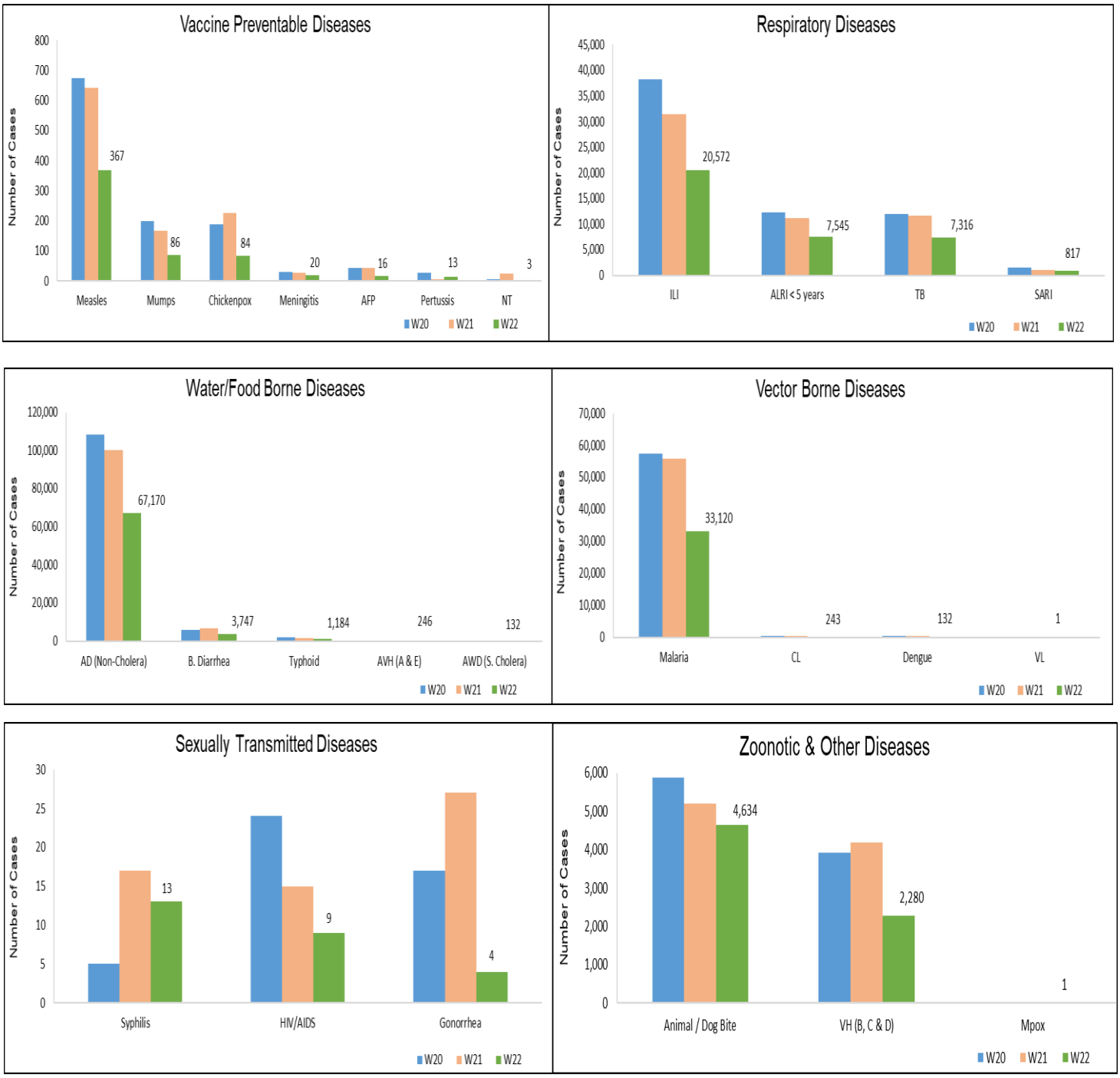
Promote Child Nutrition and Environmental Health: Support exclusive breastfeeding, adequate nutrition, vitamin supplementation where appropriate, and interventions to reduce indoor air pollution, household smoke exposure, and overcrowding.

Raise Caregiver and Community Awareness: Conduct community education campaigns on prevention of respiratory infections, recognition of warning signs such as fast breathing and chest indrawing, appropriate care-seeking behavior, hand hygiene, respiratory etiquette, and timely healthcare utilization.

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 22, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,561	4,689	945	235	24,928	NR	34,812	67,170
Malaria	1	1,176	0	0	2,760	NR	29,183	33,120
ILI	1,021	2,534	328	477	1,521	NR	14,691	20,572
ALRI < 5 years	745	569	548	3	433	NR	5,247	7,545
TB	56	9	59	2	147	NR	7,043	7,316
Animal / Dog Bite	94	70	1	0	1,237	NR	3,232	4,634
B. Diarrhea	20	586	57	0	693	NR	2,391	3,747
VH (B, C & D)	14	13	2	22	63	NR	2,166	2,280
Typhoid	13	178	71	1	252	NR	669	1,184
SARI	58	169	100	0	326	NR	164	817
Measles	5	4	8	2	278	NR	70	367
AVH (A & E)	10	0	1	0	67	NR	168	246
CL	0	24	0	0	216	NR	3	243
AWD (S. Cholera)	11	89	4	0	2	NR	26	132
Dengue	1	39	0	0	26	NR	66	132
Mumps	3	18	5	1	42	NR	17	86
Chickenpox/ Varicella	1	1	7	2	56	NR	17	84
Meningitis	0	0	2	0	9	NR	9	20
AFP	2	0	1	0	8	NR	5	16
Pertussis	0	7	2	0	2	NR	2	13
Syphilis	0	0	0	0	0	NR	13	13
Rubella (CRS)	0	3	0	0	0	NR	8	11
HIV/AIDS	0	0	0	0	3	NR	6	9
Gonorrhea	0	2	0	0	0	NR	2	4
NT	0	0	0	0	3	NR	0	3
VL	0	0	0	0	1	NR	0	1
Mpox	0	0	0	0	1	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 22, Pakistan.



Sindh

- AD (non-cholera) cases were maximum followed by Malaria, ILI, TB, ALRI<5 Years, Dog Bite, B. Diarrhea, VH (B, C, D), Typhoid and AVH (A & E).
- Malaria cases are mostly from Khairpur, Dadu and Sanghar whereas ILI cases are from Khairpur, Badin. and Mirpurkhas.
- Five cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of Measles, Mumps, Chicken pox, Meningitis, AFP, ILI, TB, ALRI < 5 years, AD (Non- Cholera), B. Diarrhea, Typhoid, Malaria, Dog bite, and VH (B, C&D) while an increase in the number of cases of Rubella and Pertussis this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 22, Sindh.

Districts	AD (Non-Cholera)	Malaria	ILI	TB	ALRI < 5 years	Animal / Dog Bite	B. Diarrhea	VH (B, C & D)	Typhoid	AVH (A & E)
Badin	3,411	1,814	2,723	555	599	113	280	78	92	0
Dadu	1,514	2,186	149	375	504	153	248	17	66	14
Ghotki	1,012	1,394	0	280	270	288	80	247	0	0
Hyderabad	1,335	452	650	199	63	67	36	33	4	0
Jacobabad	467	983	514	168	246	185	85	74	35	0
Jamshoro	1,720	1,152	77	420	203	89	79	56	36	19
Kamber	1,506	1,656	0	488	187	210	90	64	12	0
Karachi Central	1,229	13	892	111	48	115	0	12	58	5
Karachi East	137	24	4	12	1	6	2	0	1	0
Karachi Keamari	208	5	149	15	4	13	10	0	0	1
Karachi Korangi	172	21	0	25	0	4	4	0	0	0
Karachi Malir	775	31	770	19	69	33	18	4	4	3
Karachi South	29	6	0	0	0	0	0	0	0	0
Karachi West	566	173	870	52	130	83	17	12	20	0
Kashmore	300	909	160	84	62	69	40	8	2	0
Khairpur	2,321	2,250	2,746	630	681	200	275	132	155	12
Larkana	1,414	1,643	0	409	176	87	190	15	1	1
Matiari	931	1,180	25	336	109	111	36	131	0	9
Mirpurkhas	1,640	1,049	1,077	352	129	177	62	13	14	17
Naushero Feroze	1,499	1,460	999	369	198	290	208	80	36	1
Sanghar	1,348	2,115	70	607	159	245	33	697	14	2
Shaheed Benazirabad	1,243	1,159	0	180	99	140	52	75	58	0
Shikarpur	743	755	1	151	119	161	108	126	0	1
Sujawal	2,463	649	0	142	102	84	47	53	9	0
Sukkur	895	586	947	210	110	81	77	18	6	0
Tando Allahyar	936	776	168	170	44	66	41	65	0	1
Tando Muhammad Khan	917	398	0	285	87	50	50	6	0	0
Tharparkar	1,476	1,101	599	228	359	1	31	7	5	14
Thatta	1,451	1,354	1,101	20	272	111	85	129	17	68
Umerkot	1,154	1,889	0	151	217	0	107	14	24	0
Total	34,812	29,183	14,691	7,043	5,247	3,232	2,391	2,166	669	168

Figure 2: Most frequently reported suspected cases during Week 22, Sindh.

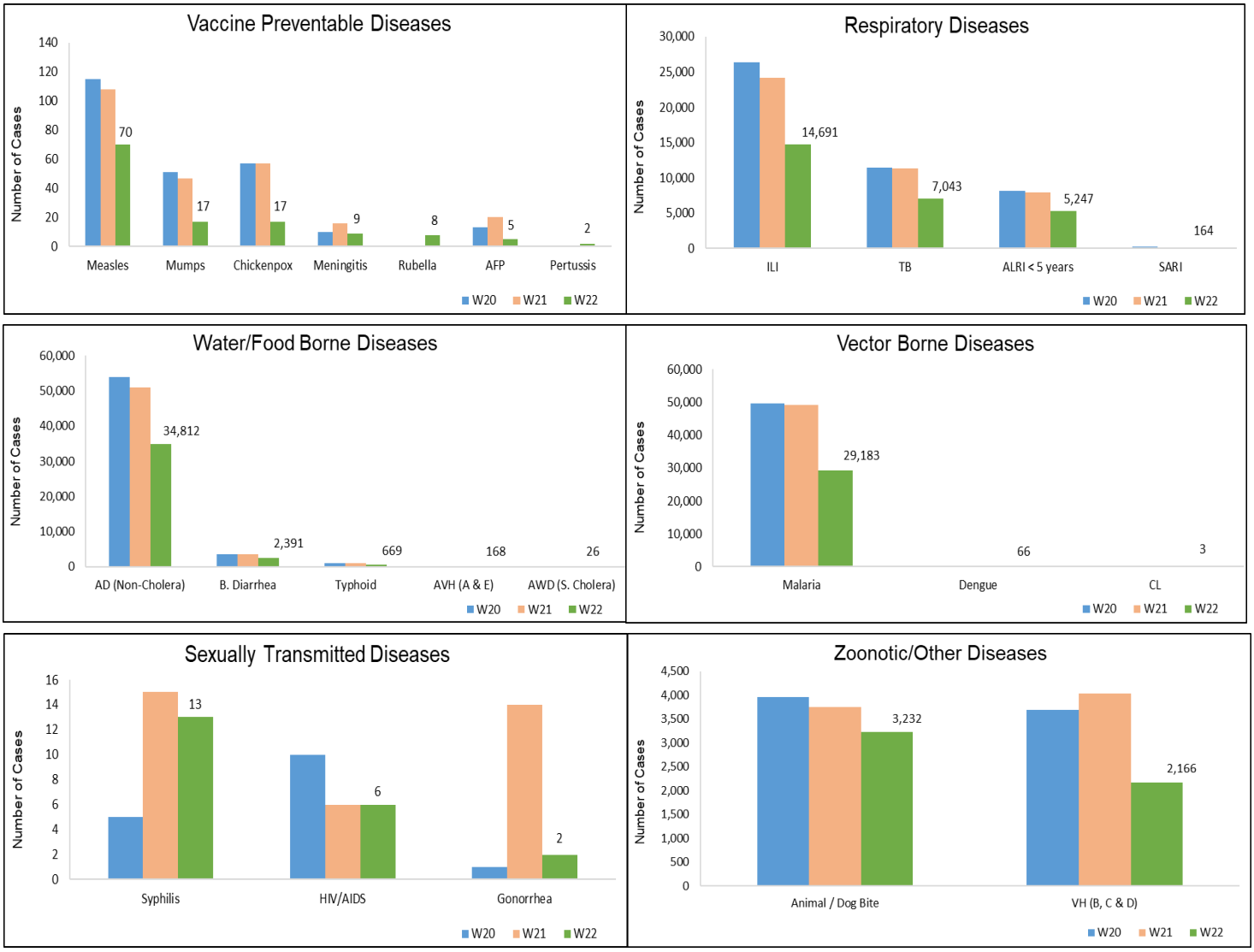
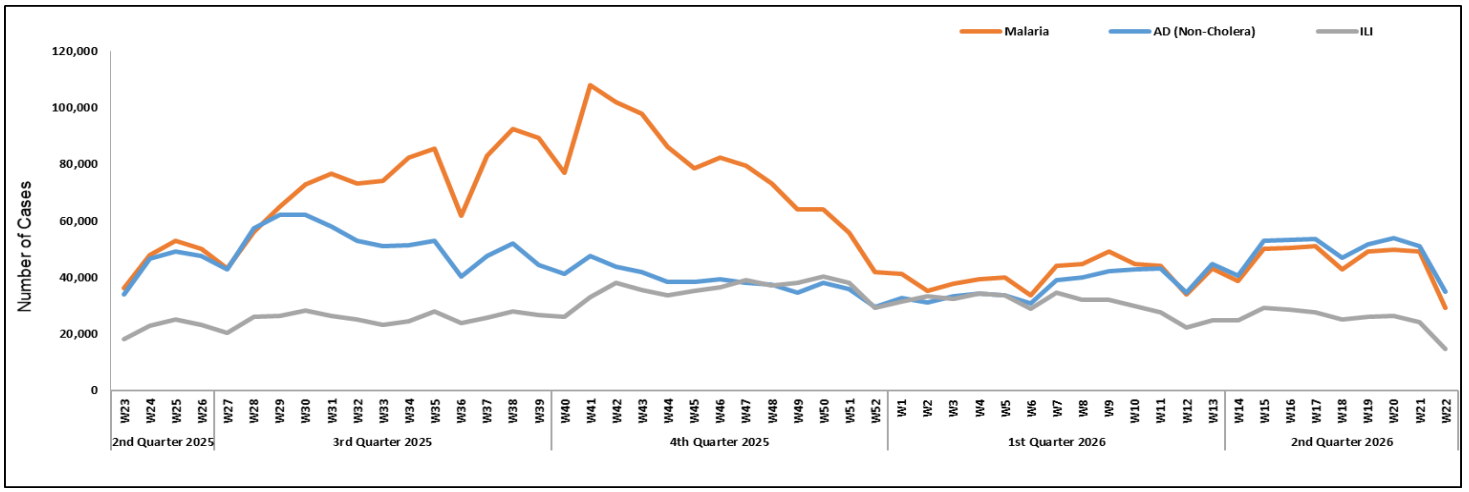


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



Balochistan

- AD (Non-Cholera), ILI, Malaria, B. Diarrhea, ALRI <5 years, Typhoid, SARI, AWD (S. Cholera), Dog Bite, and Dengue cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Gwadar, Kharan and Loralai while AD (Non-Cholera) cases are mostly reported from Mastung, Gwadar and Usta Muhammad.
- Mumps, Pertussis, and Rubella showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of Measles, chickenpox, ILI, ALRI < 5 years, SARI, AD (non–cholera), B. Diarrhea, Typhoid, AWD (S. Cholera), Malaria, Dengue, Gonorrhea, Dog bite, and VH (B, C & D).

Table 3: District wise distribution of most frequently reported suspected cases* during *Week 22, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	B. Diarrhea	ALRI < 5 years	Typhoid	SARI	AWD (S. Cholera)	Animal / Dog Bite	Dengue
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	68	30	88	8	5	28	0	7	9	0
Chagai	113	131	30	23	0	6	0	0	0	0
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	532	551	29	21	NR	25	NR	NR	NR	11
Harnai	130	5	59	51	99	0	0	0	6	0
Hub	54	9	21	6	2	0	0	0	0	0
Jaffarabad	96	1	69	15	1	0	0	0	9	0
Jhal Magsi	53	91	40	2	1	2	1	0	0	0
Kachhi (Bolan)	175	206	186	17	53	NR	30	17	16	NR
Kalat	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kech (Turbat)	180	139	74	37	3	NR	NR	1	NR	1
Kharan	156	254	24	68	0	3	4	0	0	0
Khuzdar	76	25	24	15	0	15	2	0	1	0
Killa Abdullah	150	50	6	40	2	15	18	11	8	0
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lasbella	289	41	131	15	51	1	0	0	2	27
Loralai	192	225	40	28	16	8	8	0	0	0
Mastung	600	96	31	19	27	2	16	0	3	0
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	279	0	134	14	44	41	25	2	8	0
Nushki	202	0	2	59	6	0	0	1	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	228	193	3	18	47	5	15	0	0	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	378	223	119	25	46	19	39	20	4	0
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	6	20	0	0	0	0	0	0	0	0
Usta Muhammad	513	84	46	59	101	1	9	0	4	0
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Ziarat	219	160	20	46	65	7	2	30	0	0
Total	4,689	2,534	1,176	586	569	178	169	89	70	39

Figure 4: Most frequently reported suspected cases during Week 22, Balochistan.

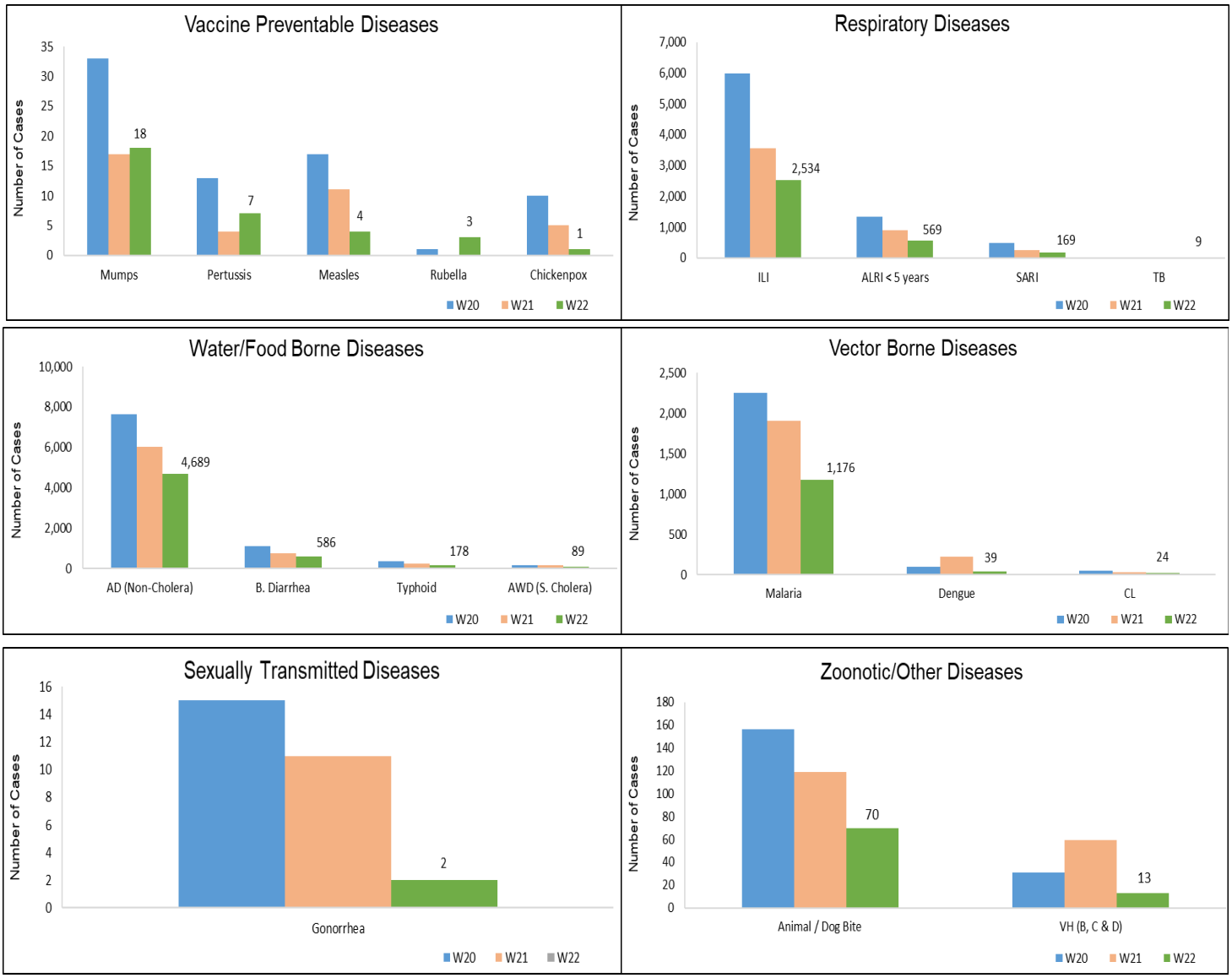
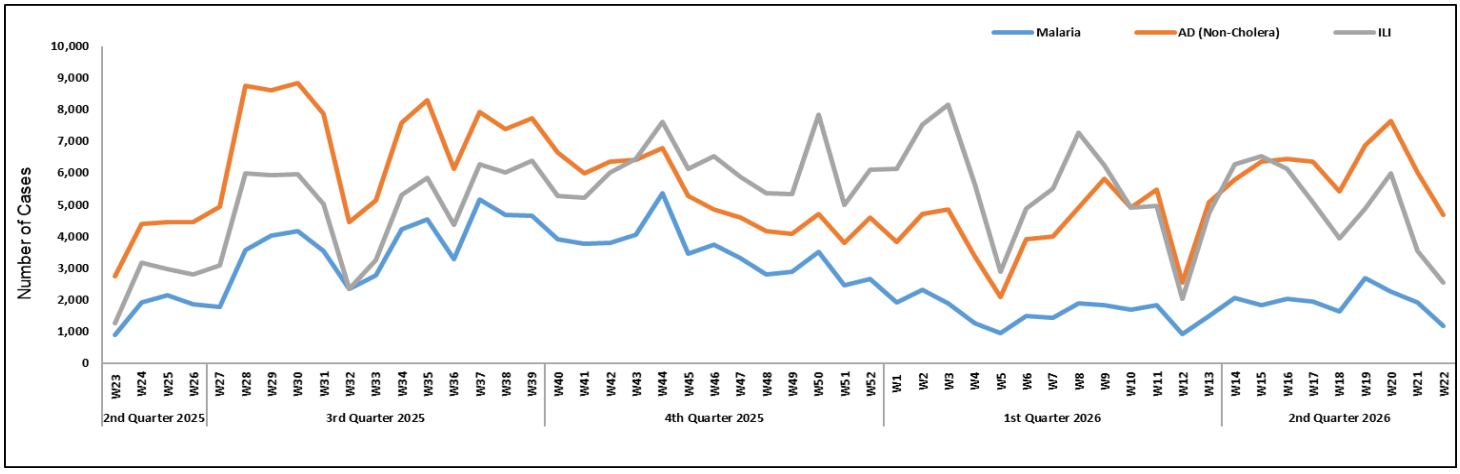


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



Khyber Pakhtunkhwa

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

Table 4: District wise distribution of most frequently reported suspected cases during Week 22, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	ALRI < 5 years	SARI	Measles	Typhoid	CL
Abbottabad	812	3	24	64	4	20	8	12	7	0
Bajaur	605	128	0	32	36	19	19	6	0	5
Bannu	448	562	1	1	8	5	8	90	47	3
Battagram	217	36	168	5	0	0	0	0	0	0
Buner	209	80	0	12	0	0	0	0	3	0
Charsadda	802	108	170	42	25	96	1	9	49	0
Chitral Lower	943	5	19	4	35	8	18	1	8	1
Chitral Upper	123	6	13	4	5	2	5	0	5	1
D.I. Khan	1,647	204	0	26	17	12	0	35	1	1
Dir Lower	1,709	44	0	73	50	7	0	8	2	3
Dir Upper	1,239	5	16	14	19	82	0	2	5	0
Hangu	231	74	1	20	5	1	0	2	2	0
Haripur	884	3	139	68	3	17	0	3	10	0
Karak	296	54	10	19	26	18	0	4	3	89
Khyber	560	151	16	59	97	3	4	0	18	51
Kohat	290	25	0	26	28	0	0	0	3	16
Kohistan Lower	27	2	0	0	3	0	0	0	2	0
Kohistan Upper	205	5	0	1	19	0	0	0	0	0
Kolai Palas	66	0	6	0	0	0	10	0	0	0
L & C Kurram	7	2	0	0	4	0	0	0	1	0
Lakki Marwat	466	116	5	88	6	1	0	2	8	0
Malakand	1,464	7	155	0	0	2	3	5	0	3
Mansehra	529	1	53	0	44	0	2	0	5	0
Mardan	1,271	124	2	16	41	37	0	15	16	1
Mohmand	123	55	67	10	3	0	75	3	0	22
North Waziristan	11	36	1	0	0	7	2	7	5	0
Nowshera	1,593	181	11	34	27	7	5	3	6	10
Orakzai	3	0	0	0	3	0	0	0	0	0
Peshawar	2,360	15	102	14	38	13	0	46	14	0
Shangla	1,264	460	0	197	9	5	0	4	7	0
South Waziristan (Lower)	84	98	77	19	58	12	89	1	9	7
SWU	0	0	0	0	0	0	0	0	0	0
Swabi	1,627	50	261	131	12	6	36	17	1	0
Swat	2,370	15	141	229	44	41	0	3	12	0
Tank	228	70	15	3	0	8	0	0	0	0
Tor Ghar	101	31	0	8	12	4	0	0	2	3
Upper Kurram	114	4	48	18	12	0	41	0	1	0
Total	24,928	2,760	1,521	1,237	693	433	326	278	252	216

Figure 6: Most frequently reported suspected cases during Week 22, KP.

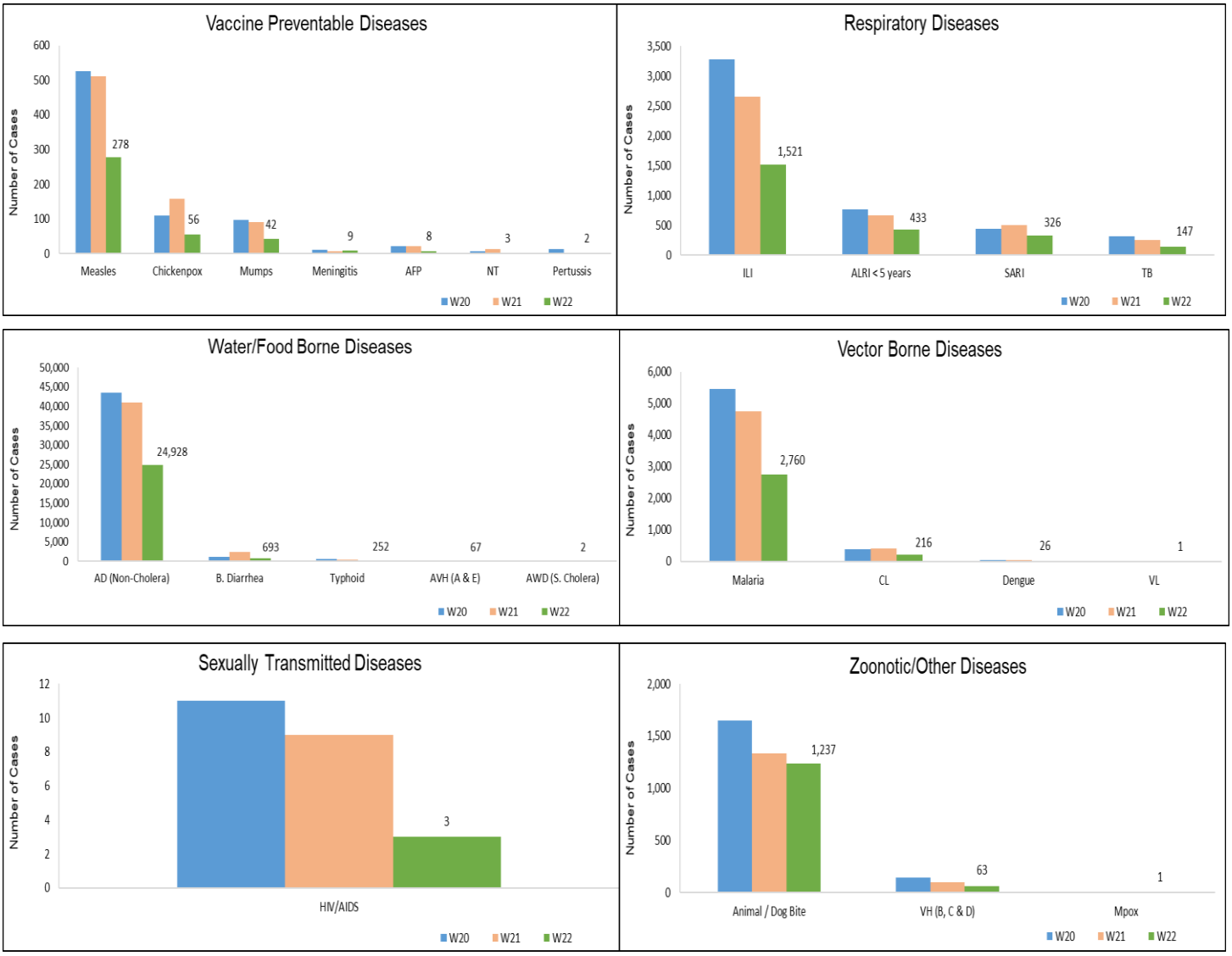
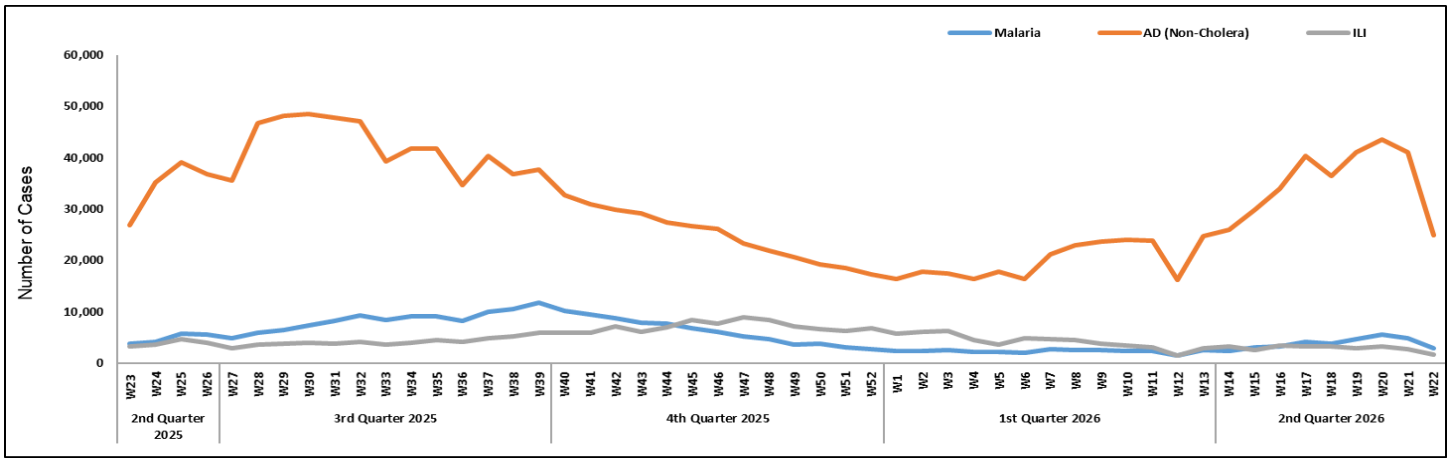


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera), and VH (B, C & D) cases. ILI and AD (Non-Cholera) cases showed a decline in number this week.

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

GB: AD (non- cholera) cases were the most frequently reported diseases, followed by ALRI < 5 years, ILI, and SARI cases. An increase in cases was observed for AD (non-cholera), ILI, and SARI, while a decline was observed in the number of cases of ALRI< 5 years this week.

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Figure 8: Most frequently reported suspected cases during Week 22, AJK.

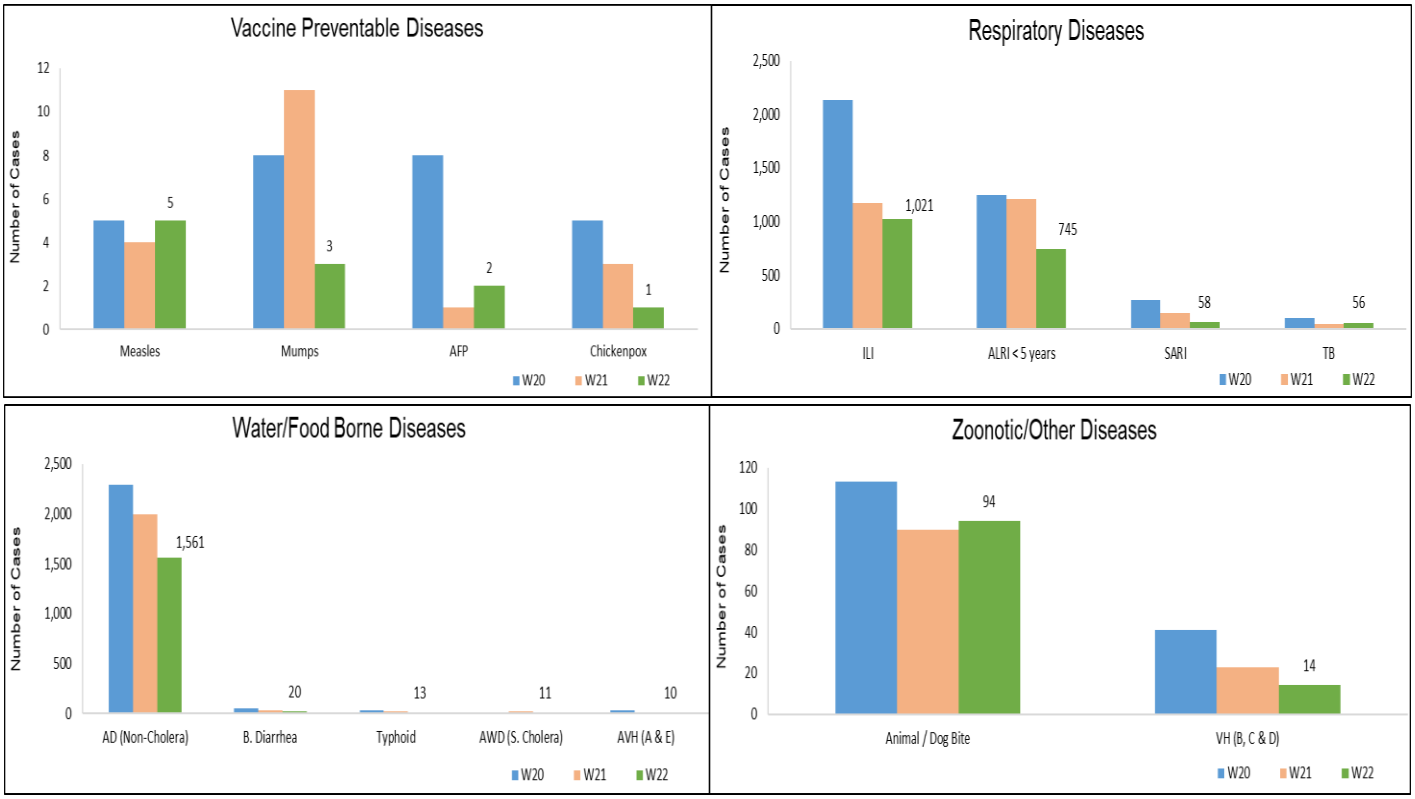

Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK

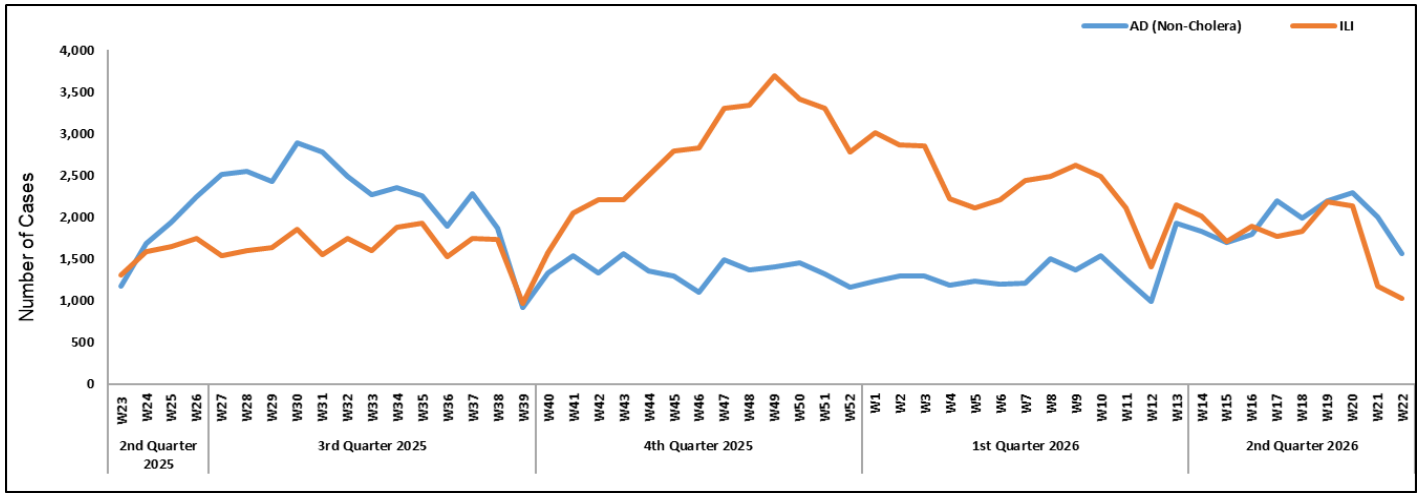

Figure 10: Most frequently reported suspected cases during Week 22, ICT.

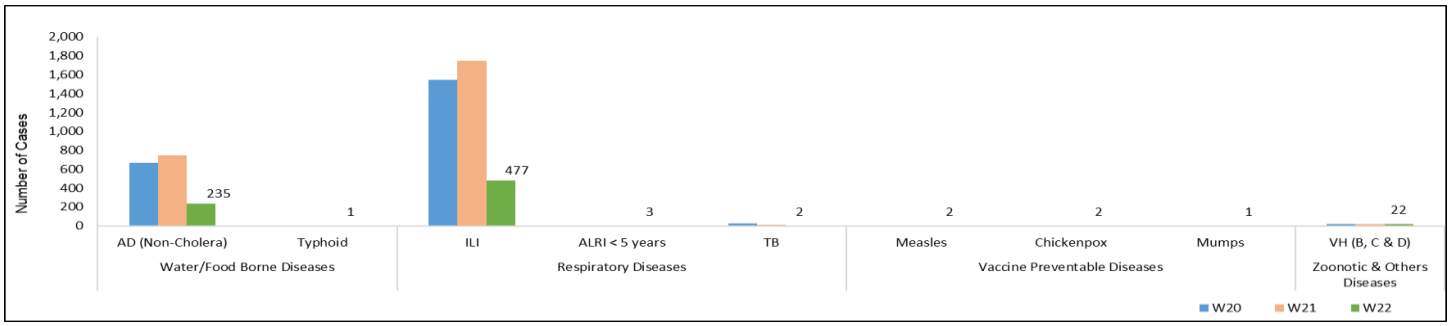

Figure 11: Week wise reported suspected cases of ILI, ICT.

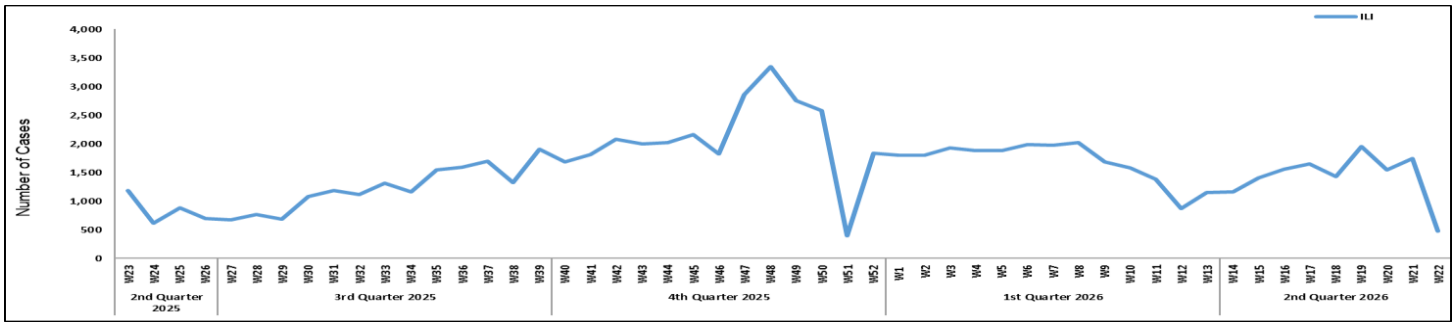

Figure 12: Most frequently reported suspected cases during Week 22, GB.

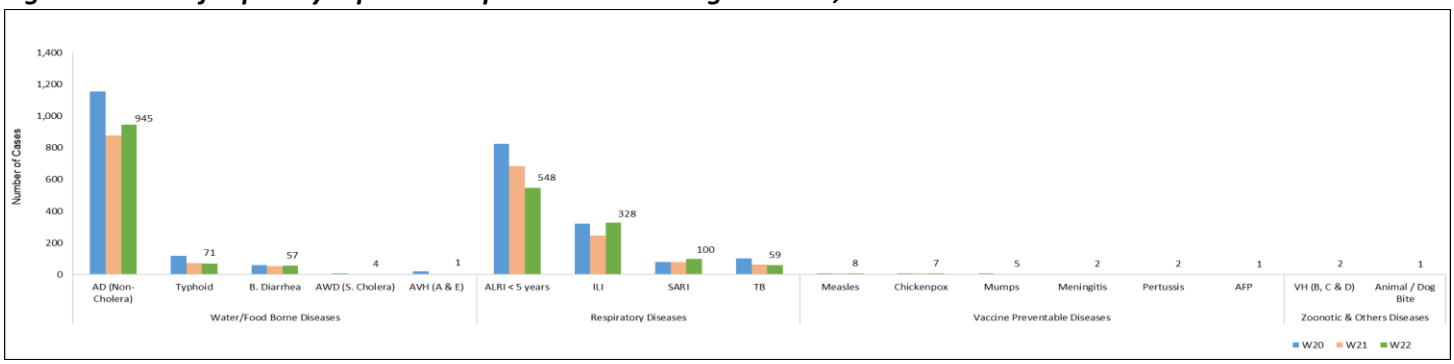

Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.

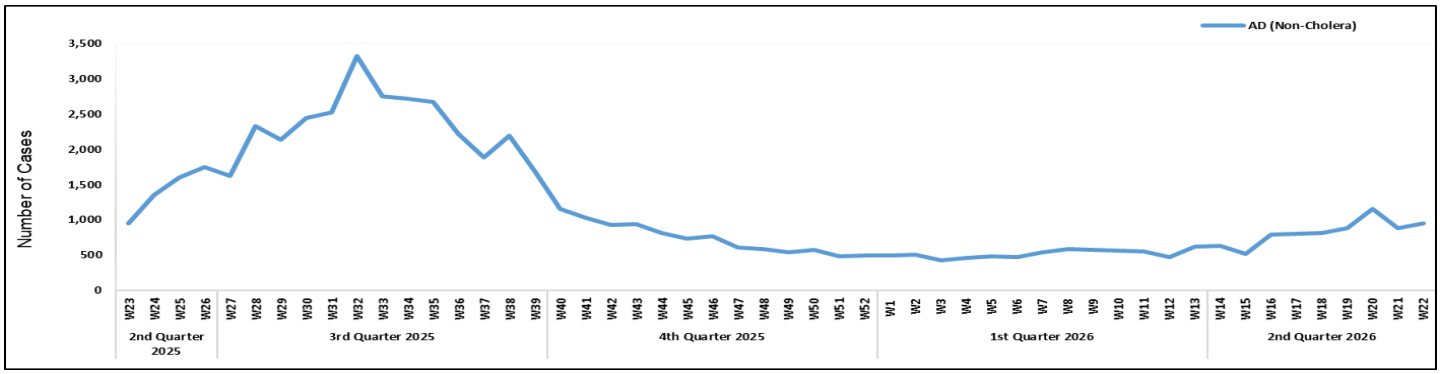

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 22, Pakistan.

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
Malaria		-	-	826	73	140	27	-	-	165	1	-	-	7	0
CCHF		-	-	4	1	-	-	-	-	-	-	-	-	-	-
Dengue		-	-	41	0	1	0	-	-	-	-	-	-	9	0
VH (B)		-	-	736	164	38	0	-	-	501	4	-	-	100	0
VH (C)		-	-	579	27	38	0	-	-	511	3	-	-	99	2
VH (D)		-	-	23	6	-	-	-	-	-	-	-	-	65	0
Covid-19		-	-	1	0	-	-	-	-	-	-	-	-	-	-
TB		-	-	70	3	1	1	-	-	29	0	-	-	1	1
HIV/ AIDS		-	-	452	1	22	0	-	-	216	0	-	-	31	0
Syphilis		-	-	201	8	10	0	-	-	146	0	-	-	-	-
Typhoid		-	-	45	9	-	-	-	-	98	2	-	-	-	-
ILI		-	-	1	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		-	-	1	0	-	-	-	-	-	-	-	-	-	-
Measles		201	89	15	6	278	56	12	7	1	0	167	33	13	2
Leishmaniosis (cutaneous)		-	-	1	1	2	0	-	-	2	0	-	-	-	-
Chikungunya		-	-	4	0	-	-	-	-	-	-	-	-	-	-
Mpox		-	-	-	-	-	-	-	-	-	-	-	-	2	0
Covid-19	ILI	-	-	-	-	-	-	-	-	-	-	6	0	-	-
	SARI	5	0	-	-	15	0	3	0	-	-	41	0	-	-
Influenza A	ILI	-	-	-	-	-	-	-	-	-	-	6	0	-	-
	SARI	5	0	-	-	15	0	3	0	-	-	41	0	-	-
Influenza B	ILI	-	-	-	-	-	-	-	-	-	-	6	0	-	-
	SARI	5	0	-	-	15	0	3	0	-	-	41	0	-	-
RSV	ILI	-	-	-	-	-	-	-	-	-	-	6	0	-	-
	SARI	5	0	-	-	15	0	3	0	-	-	41	0	-	-

Integrated Respiratory Viruses Sentinel Surveillance, National Influenza Centre

- The National Influenza Centre (NIC) comprises twelve Laboratory-Based sentinel surveillance sites strategically located at major tertiary care hospitals across Pakistan providing comprehensive geographical coverage. These sites collect samples from individuals with Influenza-Like Illness (ILI) and Severe Acute Respiratory Infections (SARI), which are then analyzed for high-impact Respiratory pathogens with epidemic and pandemic potential, including Influenza, SARS-CoV-2, and Respiratory Syncytial Virus.

Figure 14: District wise Influenza sentinel sites, Pakistan.

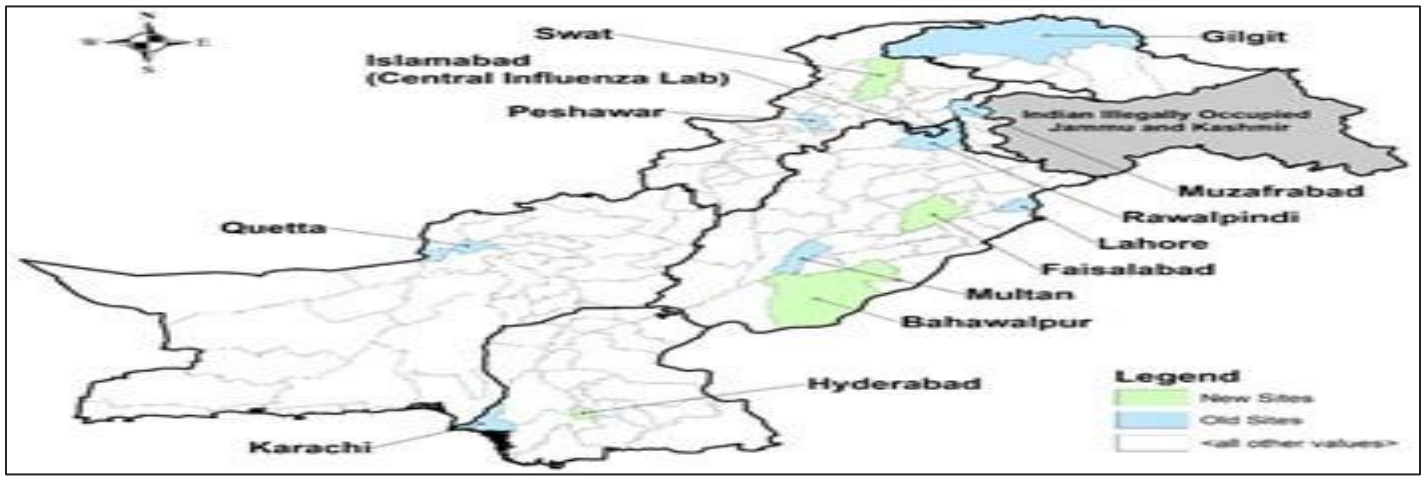

Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 22, Pakistan.

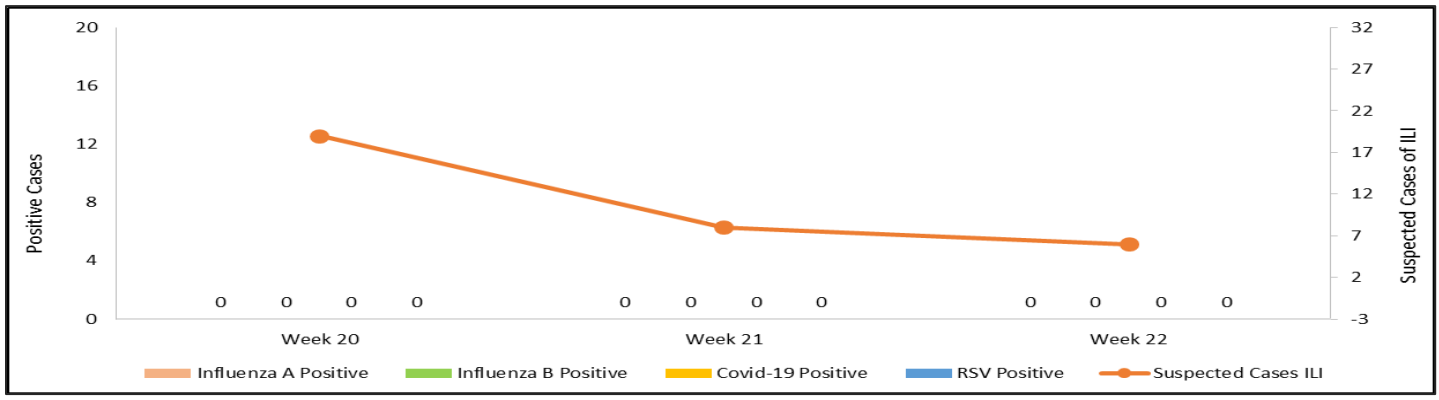

Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 22, Pakistan.

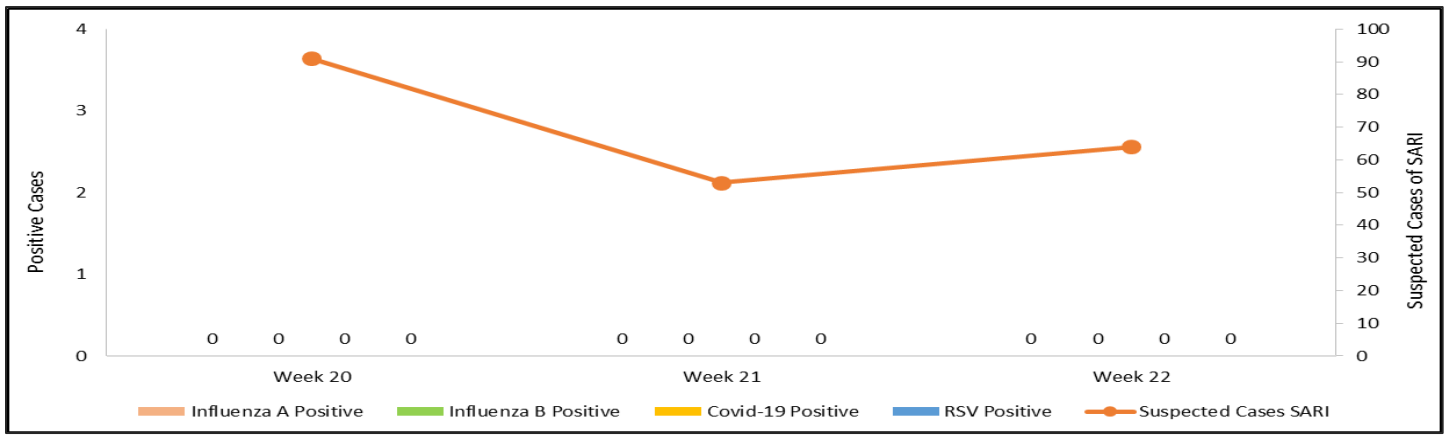

Table 6: Compliance of IDSR reporting districts Week 22, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	102	92%
	Bannu	241	127	53%
	Battagram	59	46	78%
	Buner	34	34	100%
	Bajaur	44	42	95%
	Charsadda	61	59	97%
	Chitral Upper	31	31	100%
	Chitral Lower	37	37	100%
	D.I. Khan	115	114	99%
	Dir Lower	63	63	100%
	Dir Upper	56	51	91%
	Hangu	23	18	78%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	40	75%
	Kohat	61	60	98%
	Kohistan Lower	13	7	54%
	Kohistan Upper	22	14	64%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	6	14%
	Upper Kurram	38	34	89%
	Malakand	41	41	100%
	Mansehra	133	131	98%
	Mardan	82	69	84%
	Nowshera	57	56	98%
	North Waziristan	12	6	50%
	Peshawar	157	126	80%
	Shangla	37	37	100%
	Swabi	65	63	97%
	Swat	77	70	91%
	South Waziristan (Upper)	93	35	38%
	South Waziristan (Lower)	29	28	97%
	Tank	34	33	97%
	Torghar	13	13	100%
	Mohmand	68	22	32%
	Orakzai	69	7	10%
Azad Jammu Kashmir	Mirpur	41	41	100%
	Bhimber	85	85	100%
	Kotli	60	60	100%
	Muzaffarabad	45	43	96%
	Poonch	46	46	100%

	Haveli	39	39	100%
	Bagh	54	54	100%
	Neelum	39	39	100%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	12	8	67%
Balochistan	Gwadar	26	25	96%
	Kech	44	18	41%
	Khuzdar	74	9	12%
	Killa Abdullah	26	21	81%
	Lasbella	55	54	98%
	Pishin	65	0	0%
	Quetta	56	19	34%
	Sibi	36	33	92%
	Zhob	39	0	0%
	Jaffarabad	16	16	100%
	Naseerabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	0	0%
	Chagai	36	20	56%
	Kalat	41	0	0%
	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	23	70%
	Killa Saifullah	28	0	0%
	Ziarat	29	21	72%
	Duki	31	0	0%
	Nushki	29	29	100%
	Dera Bugti	45	0	0%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	25	0	0%
	Barkhan	20	20	100%
	Hub	33	16	48%
	Musakhel	41	0	0%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%
	Ghizer	38	38	100%
	Gilgit	44	42	95%
	Diamer	62	57	92%
	Astore	55	55	100%
	Shigar	23	23	100%

	Skardu	54	54	100%
	Ganche	29	29	100%
	Kharmang	25	25	100%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	65	65	100%
	Naushahro Feroze	102	102	100%
	Tharparkar	273	269	99%
	Shikarpur	59	59	100%
	Thatta	50	50	100%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	17	81%
	Karachi-West	20	20	100%
	Karachi-Malir	35	29	83%
	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	101	95%
	Badin	123	123	100%
	Sukkur	63	63	100%
	Dadu	90	90	100%
	Sanghar	100	100	100%
	Jacobabad	44	44	100%
	Khairpur	168	168	100%
	Kashmore	59	59	100%
	Matiari	42	42	100%
	Jamshoro	74	74	100%
	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 22, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
AJK	Mirpur	2	2	100%
	Bhimber	1	1	100%
	Kotli	1	1	100%
	Muzaffarabad	2	2	100%
	Poonch	2	2	100%
	Haveli	1	1	100%
	Bagh	1	1	100%
	Neelum	1	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	1	33%
	Swabi	1	0	0%
	Nowshera	1	1	100%
	Mardan	1	1	100%
	Abbottabad	1	1	100%
	Swat	1	1	100%

Advancing Health Equity: UN Independent Expert on the Human Rights of Persons with Albinism Visits NIH Pakistan

As part of an official mission to Pakistan from 2–13 June 2026, the United Nations Independent Expert on the Human Rights of Persons with Albinism visited the National Institutes of Health (NIH) in Islamabad on 4 June 2026. The visit emphasized the importance of integrating human rights considerations into public health policies and programs to improve the well-being of vulnerable and marginalized populations.

During the visit, the Independent Expert attended a comprehensive briefing at the Public Health Emergency Operations Center (PHEOC), where NIH officials presented ongoing efforts to strengthen awareness, data collection, surveillance, and healthcare access for persons with albinism in Pakistan. Discussions focused on the current status of albinism-related health services, challenges in generating reliable data, barriers to healthcare access, and opportunities to enhance multisectoral collaboration for improved service delivery and social inclusion.

The briefing highlighted Pakistan's commitment to advancing equitable healthcare and addressing the unique health and social needs of persons with albinism through evidence-based public health approaches. Particular emphasis was placed on the importance of strengthening data systems, promoting community awareness, improving access to dermatological and ophthalmological services, and protecting the rights and dignity of individuals living with albinism.

The visit provided an important platform for dialogue between national public health authorities and international human rights stakeholders. It also offered an opportunity to identify priority areas for future collaboration, including capacity building, advocacy, research, and the development of inclusive policies that support the health and wellbeing of persons with albinism.

The engagement reflects NIH's continued commitment to fostering partnerships that advance health equity, strengthen public health systems, and ensure that no population is left behind in the pursuit of universal health coverage and sustainable development.

Knowledge Hub

Tuberculosis (TB): What You Need to Know

It is a contagious infectious disease caused by the bacterium *Mycobacterium tuberculosis*. It most commonly affects the lungs (pulmonary TB) but can also involve other parts of the body, including the lymph nodes, bones, kidneys, and brain. TB remains one of the leading causes of death from infectious diseases worldwide, particularly in low- and middle-income countries. It is a major public health concern in Pakistan and many other countries.

What is Tuberculosis?

It is an airborne infectious disease that spreads from person to person through the air. Not everyone infected with TB bacteria becomes sick. People with latent TB infection carry the bacteria without symptoms and cannot spread the disease, while those with active TB disease can become ill and transmit the infection to others.

Incubation Period

- Usually 2-12 weeks.
- In some people, TB bacteria can remain dormant for years before causing disease.

How TB Spreads to Humans

Airborne Transmission

TB spreads when a person with active pulmonary TB releases bacteria into the air by:

Coughing, sneezing, or speaking. People nearby may inhale these bacteria and become infected.

Close and Prolonged Contact

The risk of infection increases among:

Household contacts of TB patients, people living or working in crowded environments, and individuals with prolonged exposure to an infectious person.

High-Risk Groups

People at increased risk include:

Healthcare workers, household contacts of TB patients, people living with HIV/AIDS, individuals with diabetes mellitus, malnourished individuals, smokers, and people with chronic lung disease.

Signs & Symptoms

Symptoms of active TB usually develop gradually and may include:

Persistent cough lasting two weeks or more, fever, night sweats, unexplained weight loss. Loss of appetite, fatigue, and weakness. Chest pain, coughing up blood or sputum.

Symptoms of extrapulmonary TB depend on the organ affected and may include swollen lymph nodes, bone pain, or neurological symptoms.

Complications

If left untreated, TB can lead to serious complications, including:

Severe lung damage, respiratory failure. Spread of infection to other organs; tuberculous meningitis (infection of the brain lining); permanent disability; and death.

Drug-resistant TB may develop when treatment is incomplete or improperly managed, making treatment more difficult and prolonged.

Prevention

It focuses on reducing transmission, early diagnosis, and completing treatment.

Personal Protection

Cover the mouth and nose when coughing or sneezing. Practice regular hand hygiene. Ensure good ventilation in homes and workplaces. Avoid close contact with patients with infectious TB until treatment is established.

Early Detection and Treatment

Seek medical evaluation for a cough lasting two weeks or longer. Screen household contacts of confirmed TB patients. Complete the full course of prescribed treatment.

Vaccination

Bacillus Calmette-Guérin (BCG) vaccine is administered to infants in many countries, including Pakistan. The vaccine helps protect children against severe forms of TB.

Community Awareness

Educate communities about TB symptoms and transmission, reduce stigma associated with TB, and encourage timely healthcare seeking and treatment adherence.

Diagnosis and Treatment

Early diagnosis and treatment are essential to prevent complications and transmission.

TB can be diagnosed through:

Sputum smear microscopy, GeneXpert/CBNAAT testing, Culture and drug susceptibility testing, Chest X-ray, Tuberculin Skin Test (TST) or Interferon-Gamma Release Assays (IGRAs) for latent infection.

Treatment consists of:

A combination of anti-tuberculosis medicines prescribed by healthcare providers. Standard treatment usually lasts at least six months for drug-sensitive TB. Drug-resistant TB requires longer and specialized treatment regimens. Treatment adherence is critical for cure and prevention of drug resistance.

Most patients can be cured when diagnosed early and treated appropriately.

More Information

For additional authoritative information on Tuberculosis (TB), please visit:

1. World Health Organization (WHO): https://www.who.int/health-topics/tuberculosis
2. Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/tb
3. National Institute of Health (NIH), Pakistan: https://www.nih.org.pk
4. Stop TB Partnership: https://www.stoptb.org
5. World Bank Tuberculosis Information: https://www.worldbank.org/en/topic/tuberculosis

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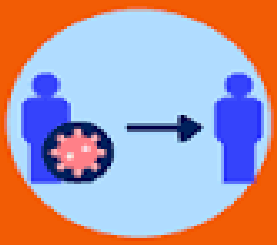
Tuberculosis preventive treatment is for many people, including anyone:



in close contact with TB patients

living with HIV

who gets dialysis

about to have a transplant

who works in health

from high TB burden countries

World Health Organization
Eastern Mediterranean Region

Yes! We can end TB!
Commit. Invest. Deliver.

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

UK Health Security Agency

World Health Organization

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION