PUBLIC HEALTH BULLETIN-PAKISTAN

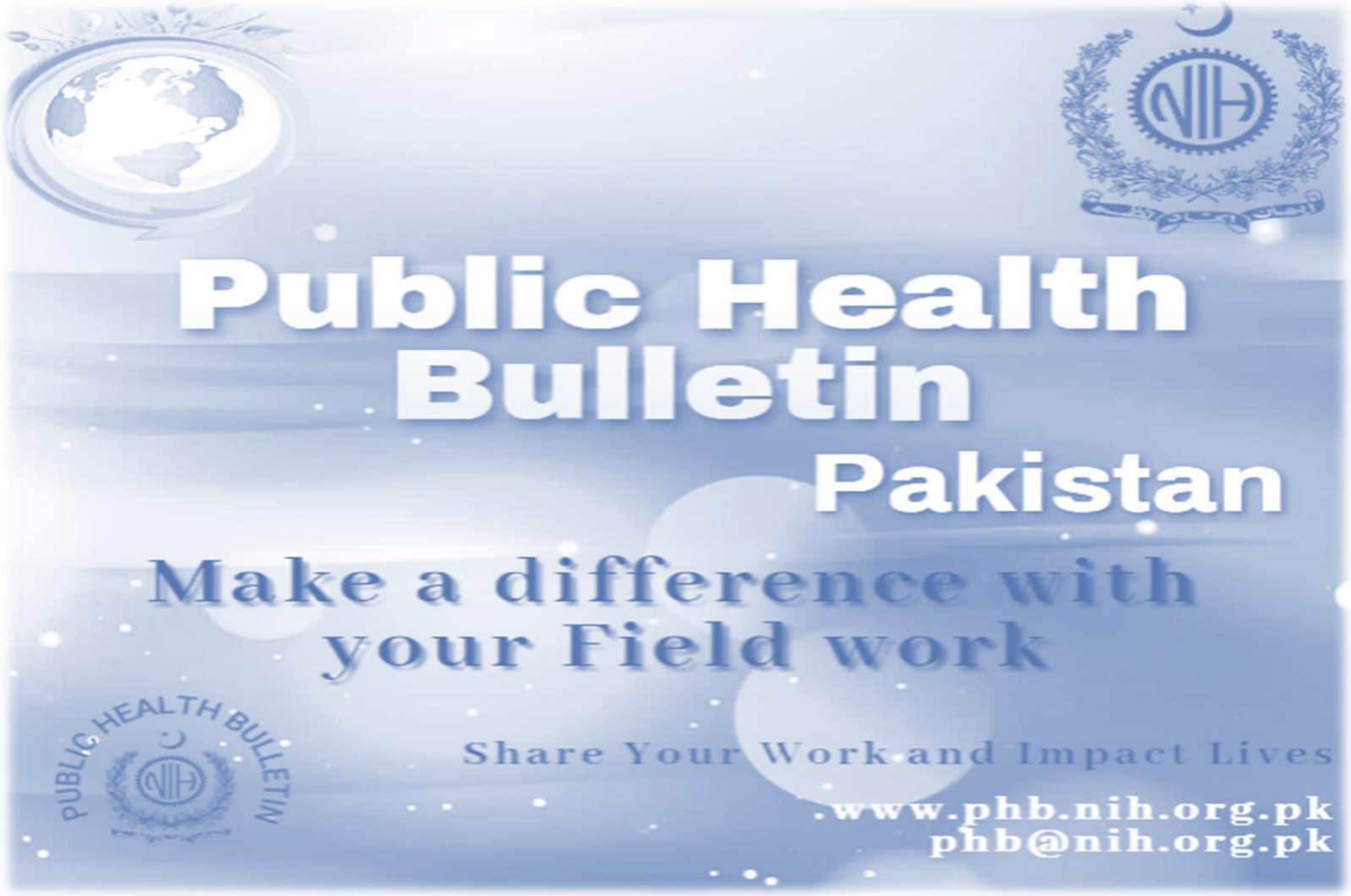
Vol. 5 | Week 23
01st JUNE – 07th JUNE
16th June, 2026

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 23, 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;

- *Knowledge hub on Typhoid Fever; 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.

Subscribe to the Weekly Bulletin today!

Stay informed. Stay prepared. Stay healthy.

Sincerely,
The Chief Editor

- *During Week 23, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, TB, ALRI <5 years, Animal/ Dog Bite, B. Diarrhea, VH (B, C & D), Typhoid, SARI, and Measles.*
- *Eighteen cases of AFP were reported from KP and eleven from Sindh.*
- *Seven suspected cases of HIV/ AIDS were reported from KP, and six from Sindh and Balochistan each.*
- *Six suspected cases of Brucellosis were reported from KP.*
- *Among VPDs, there is an increase in the number of cases of Measles, Chickenpox, Mumps, Meningitis, AFP, Pertussis, and Diphtheria this week.*
- *Among Respiratory diseases, there is an increase in the number of cases of ILI, TB, ALRI <5 years, and SARI this week.*
- *Among Water/food-borne diseases, there is an increase in the number of cases of AD (Non-Cholera), B. Diarrhea, Typhoid, AVH (A & E), and AWD (S. Cholera) this week.*
- *Among Vector-borne diseases, there is an increase in the number of cases of Malaria, CL, and Dengue this week.*
- *Among STDs, there is an increase in the number of suspected cases of Gonorrhea and HIV/AIDS this week.*
- *Among Zoonotic/Other diseases, there is an increase in the number of cases of Animal/ Dog Bite, VH (B, C & D), CCHF, and Confirmed Rabies 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 74%.*
- *Sindh is the top reporting region with a compliance rate of 99%, followed by GB 89%, KP 80%, ICT 79% and Balochistan 44%.*
- *In Week 23, the lowest compliance rate is observed in AJK, 0%, due to the non-availability of internet connection in the region.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,277	1,825	80
Azad Jammu Kashmir	476	0	0
Islamabad Capital Territory	38	30	79
Balochistan	1,303	574	44
Gilgit Baltistan	405	360	89
Sindh	2,111	2,080	99
National	6,610	5,292	74

Public Health Actions

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

Typhoid

- **Enhance Case Detection and Reporting:** Strengthen typhoid surveillance within the Integrated Disease Surveillance and Response (IDSR) system by training healthcare providers on standard case definitions, timely notification, and outbreak detection, particularly in high-burden and underserved areas.
- **Improve Laboratory Diagnosis:** Expand laboratory diagnostic capacity for typhoid by supporting culture and sensitivity testing for MDR and XDR detection at district and provincial levels to confirm cases and guide antimicrobial stewardship.
- **Promote Water, Sanitation, and Hygiene (WASH):** Collaborate with relevant sectors to ensure access to safe drinking water, improve sanitation infrastructure, and promote hygiene practices, especially handwashing with soap.
- **Implement Vaccination Strategies:** Support the scale-up of Typhoid Conjugate Vaccine (TCV) through routine immunization and targeted campaigns in high-risk populations.
- **Raise Community Awareness:** Develop culturally appropriate health education campaigns to inform communities about transmission routes, preventive behaviors (e.g., safe food handling and hygiene), and the importance of early care seeking.

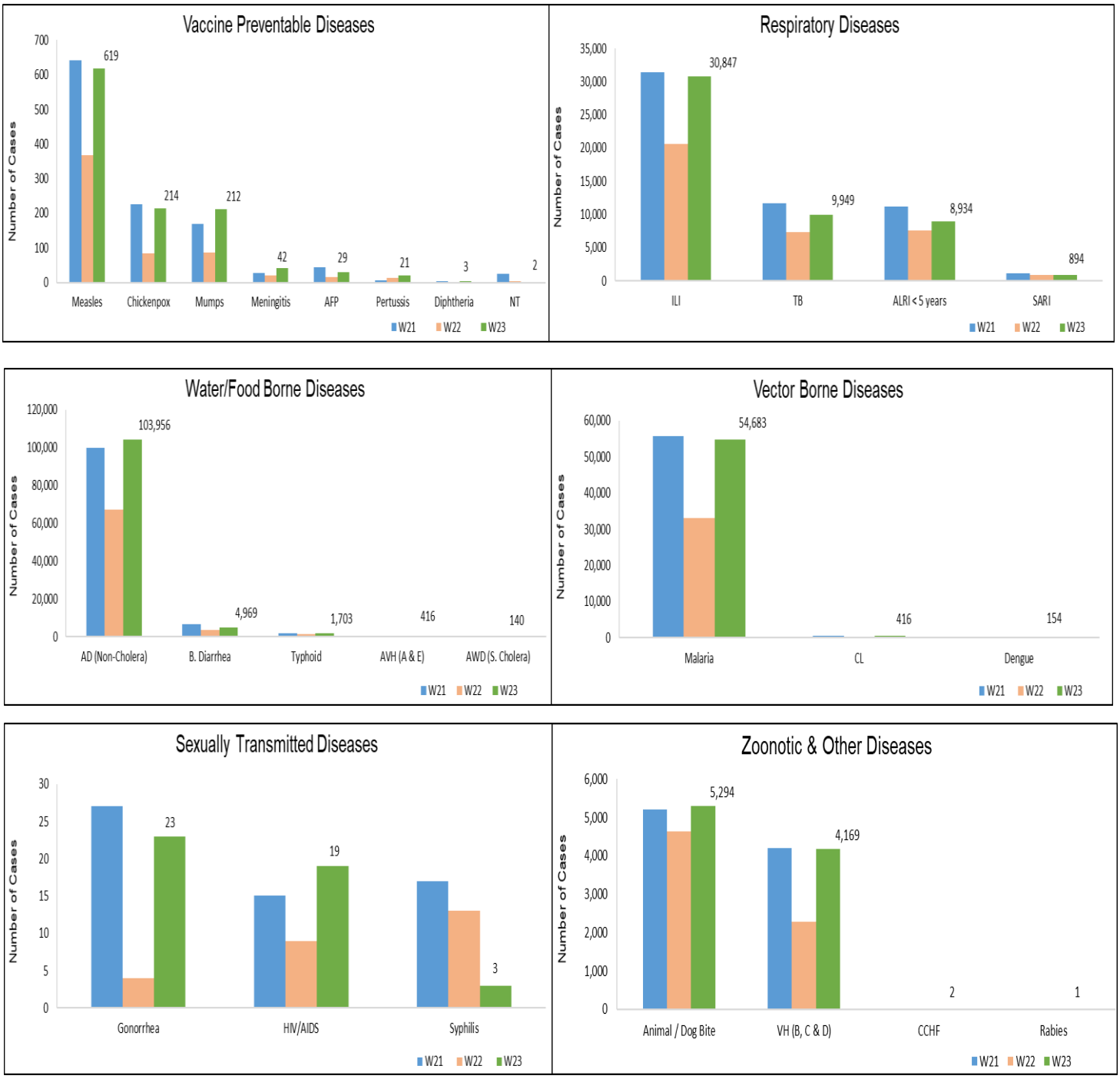
Acute Viral Hepatitis (A & E)

- **Enhance Case Detection and Reporting:** Strengthen AHV (A & E) surveillance in the IDSR system by training health personnel to recognize symptoms and ensure timely reporting, especially during seasonal peaks or in outbreak-prone areas.
- **Strengthen Laboratory Confirmation:** Improve diagnostic capacity by ensuring availability of rapid and confirmatory tests (e.g., IgM for HAV/HEV) at regional laboratories to facilitate timely outbreak response.
- **Improve WASH Infrastructure:** Coordinate with municipal and rural development authorities to upgrade water supply systems, prevent sewage contamination, and promote latrine use to interrupt fecal-oral transmission.
- **Engage in Risk Communication:** Design and disseminate targeted messages through community channels to raise awareness about safe drinking water, personal hygiene, food safety, and the risks of consuming contaminated water or raw produce.

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 23, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	NR	5,523	819	692	46,866	NR	50,056	103,956
Malaria	NR	1,645	0	4	6,056	NR	46,978	54,683
ILI	NR	2,922	281	1,184	3,401	NR	23,059	30,847
TB	NR	11	53	16	266	NR	9,603	9,949
ALRI < 5 years	NR	925	473	0	783	NR	6,753	8,934
Animal / Dog Bite	NR	48	1	0	1,410	NR	3,835	5,294
B. Diarrhea	NR	750	40	3	1,239	NR	2,937	4,969
VH (B, C & D)	NR	37	0	54	125	NR	3,953	4,169
Typhoid	NR	270	47	0	575	NR	811	1,703
SARI	NR	265	70	0	413	NR	146	894
Measles	NR	2	3	1	485	NR	128	619
AVH (A & E)	NR	9	1	0	165	NR	241	416
CL	NR	25	0	0	388	NR	3	416
Chickenpox/ Varicella	NR	8	1	3	129	NR	73	214
Mumps	NR	29	7	1	104	NR	71	212
AWD (S. Cholera)	NR	124	4	0	0	NR	12	140
Dengue	NR	18	0	0	38	NR	98	154
Meningitis	NR	1	2	0	19	NR	20	42
AFP	NR	0	0	0	18	NR	11	29
Gonorrhea	NR	14	0	0	0	NR	9	23
Pertussis	NR	13	0	0	5	NR	3	21
HIV/AIDS	NR	6	0	0	7	NR	6	19
Rubella (CRS)	NR	11	0	0	0	NR	0	11
Brucellosis	NR	0	0	0	6	NR	0	6
Diphtheria (Probable)	NR	2	0	0	0	NR	1	3
Syphilis	NR	0	0	0	0	NR	3	3
CCHF	NR	0	0	0	2	NR	0	2
NT	NR	0	0	0	1	NR	1	2
Rabies	NR	0	0	0	0	NR	1	1

Figure 1: Most frequently reported suspected cases during Week 23, Pakistan.



Sindh

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

Table 2: District wise distribution of most frequently reported suspected cases during Week 23, Sindh.

Districts	AD (Non-Cholera)	Malaria	ILI	TB	ALRI < 5 years	VH (B, C & D)	Animal / Dog Bite	B. Diarrhea	Typhoid	AVH (A & E)
Badin	4,140	3,454	2,358	737	283	237	130	230	44	0
Dadu	2,535	2,852	387	370	805	111	326	343	114	33
Ghotki	1,496	2,627	0	461	462	607	236	117	0	0
Hyderabad	2,610	693	1,160	299	124	102	100	64	8	3
Jacobabad	775	1,652	523	227	256	176	275	94	25	0
Jamshoro	1,973	1,464	88	480	245	148	102	90	48	5
Kamber	1,889	2,309	0	691	197	57	272	108	21	0
Karachi Central	2,025	18	1,187	195	75	11	91	1	112	20
Karachi East	389	73	10	17	13	15	16	2	1	1
Karachi Keamari	730	19	471	11	19	0	13	9	2	4
Karachi Korangi	480	65	2	57	1	2	10	5	4	1
Karachi Malir	1,562	57	2,027	66	136	10	45	38	9	2
Karachi South	89	18	0	0	0	0	0	0	0	0
Karachi West	993	230	1,503	69	219	17	85	28	18	2
Kashmore	421	1,410	312	124	72	9	123	46	8	0
Khairpur	2,985	3,380	4,993	832	820	222	261	298	189	17
Larkana	1,801	2,730	0	618	225	29	118	288	3	0
Matiari	1,439	2,343	101	537	190	201	135	29	0	18
Mirpurkhas	3,410	2,381	2,389	503	214	17	146	134	14	37
Naushero Feroze	1,342	1,550	1,032	252	254	128	295	138	42	0
Sanghar	1,876	3,104	56	882	228	741	174	30	18	0
Shaheed Benazirabad	1,574	1,783	0	209	118	142	166	66	71	0
Shikarpur	1,292	1,595	3	210	162	284	259	205	1	0
Sujawal	2,242	1,089	0	158	172	45	83	86	0	0
Sukkur	1,430	1,035	1,797	346	121	130	106	108	6	0
Tando Allahyar	1,965	1,709	471	284	87	139	71	65	4	2
Tando Muhammad Khan	1,356	885	0	326	116	4	92	68	0	0
Tharparkar	2,131	1,889	1,039	337	570	136	1	104	5	24
Thatta	1,438	1,196	1,150	39	271	178	104	41	17	67
Umerkot	1,668	3,368	0	266	298	55	0	102	27	5
Total	50,056	46,978	23,059	9,603	6,753	3,953	3,835	2,937	811	241

Figure 2: Most frequently reported suspected cases during Week 23, Sindh.

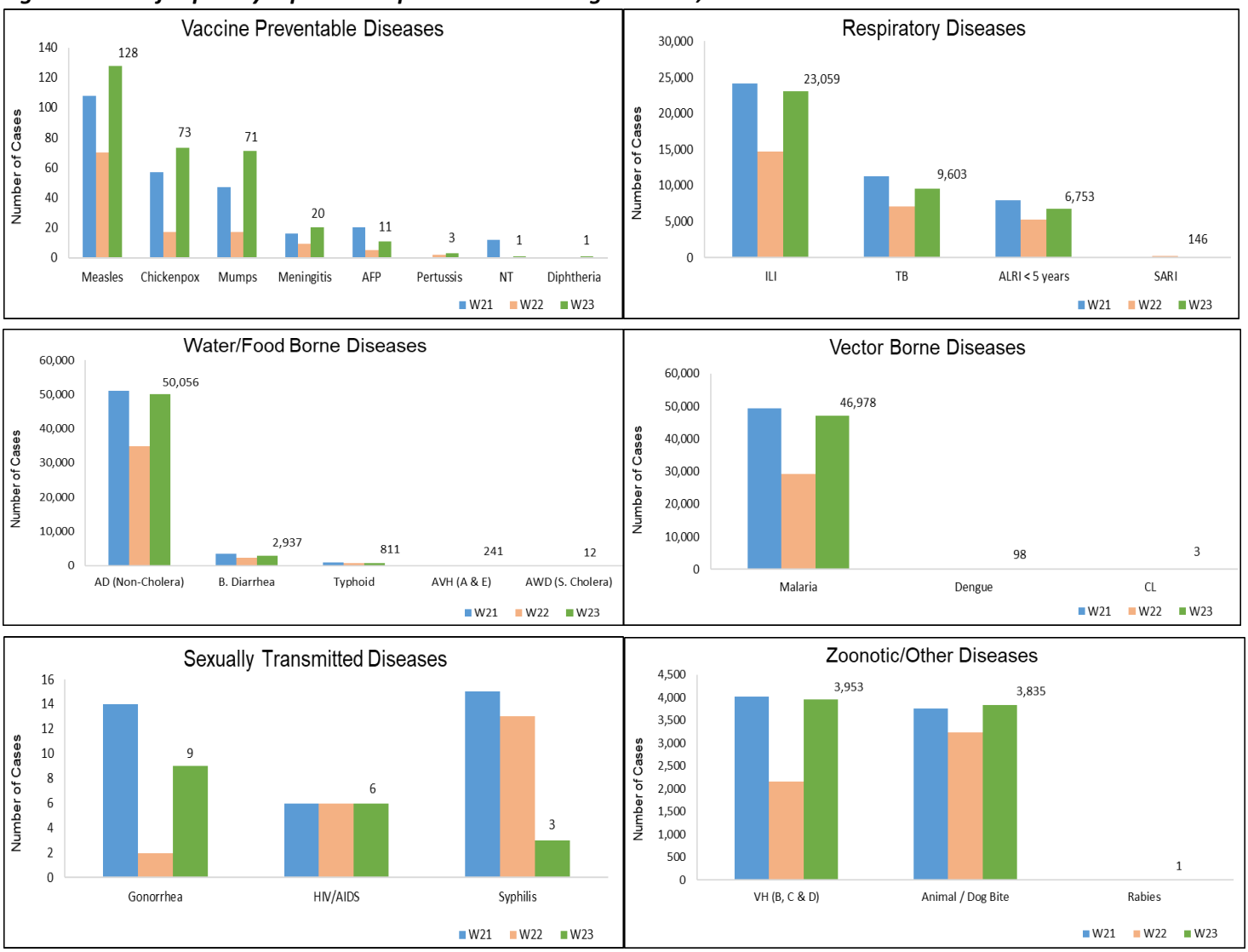
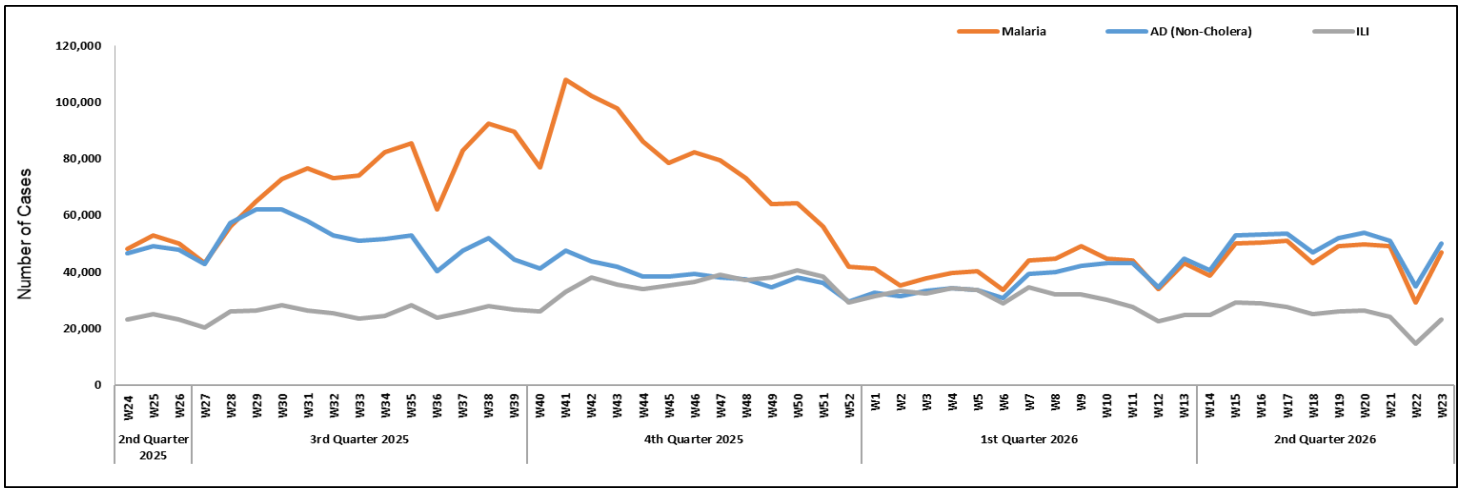


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



Balochistan

- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, Typhoid, SARI, AWD (S. Cholera), Animal/ Dog Bite, and VH (B, C & D) cases were the most frequently reported diseases from Balochistan province.
- AD (Non-Cholera) cases were mostly reported from Usta Muhammad, Mastung, and Lasbella while ILI cases were mostly reported from Kharan, Chaman, and Loralai.
- Six cases of HIV/ AIDS were reported from Balochistan. Field investigation is required to confirm the cases.
- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, Typhoid, SARI, AWD (S. Cholera), VH (B, C & D), Mumps, CL, Gonorrhea, Pertussis, TB, Rubella, Chickenpox, Diphtheria, and Meningitis showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of Animal/ Dog Bite, Dengue, and Measles.

Table 3: District wise distribution of most frequently reported suspected cases* during *Week 23, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	Typhoid	SARI	AWD (S. Cholera)	Animal / Dog Bite	VH (B, C & D)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	69	37	52	9	3	21	0	5	6	0
Chagai	172	199	53	0	42	10	0	0	0	5
Chaman	1	397	0	0	14	18	1	0	2	0
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Harnai	178	6	73	139	63	0	0	0	2	0
Hub	220	55	65	10	12	0	0	0	0	0
Jaffarabad	184	24	108	26	30	2	0	0	3	0
Jhal Magsi	142	129	113	9	0	1	0	0	0	0
Kachhi (Bolan)	202	215	185	39	13	NR	36	17	3	2
Kalat	4	0	3	3	4	4	0	0	0	0
Kech (Turbat)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kharan	232	426	28	0	104	9	13	3	0	0
Khuzdar	81	20	35	2	15	11	4	1	1	0
Killa Abdullah	298	113	5	15	38	19	44	36	3	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	482	65	225	219	28	5	0	0	9	14
Loralai	348	282	60	23	34	17	12	0	0	0
Mastung	543	165	60	39	41	5	36	0	5	1
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	331	0	215	45	24	74	29	0	5	6
Nushki	67	0	1	0	19	0	0	5	0	0
Panjgur	31	4	27	24	8	0	0	0	0	0
Pishin	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Quetta	76	62	7	55	3	26	20	1	0	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	446	272	178	84	19	24	44	20	1	0
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	30	89	0	0	0	0	0	0	0	0
Usta Muhammad	1,099	133	73	101	114	1	10	0	8	9
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Ziarat	287	229	79	83	122	23	16	36	0	0
Total	5,523	2,922	1,645	925	750	270	265	124	48	37

Figure 4: Most frequently reported suspected cases during Week 23, Balochistan.

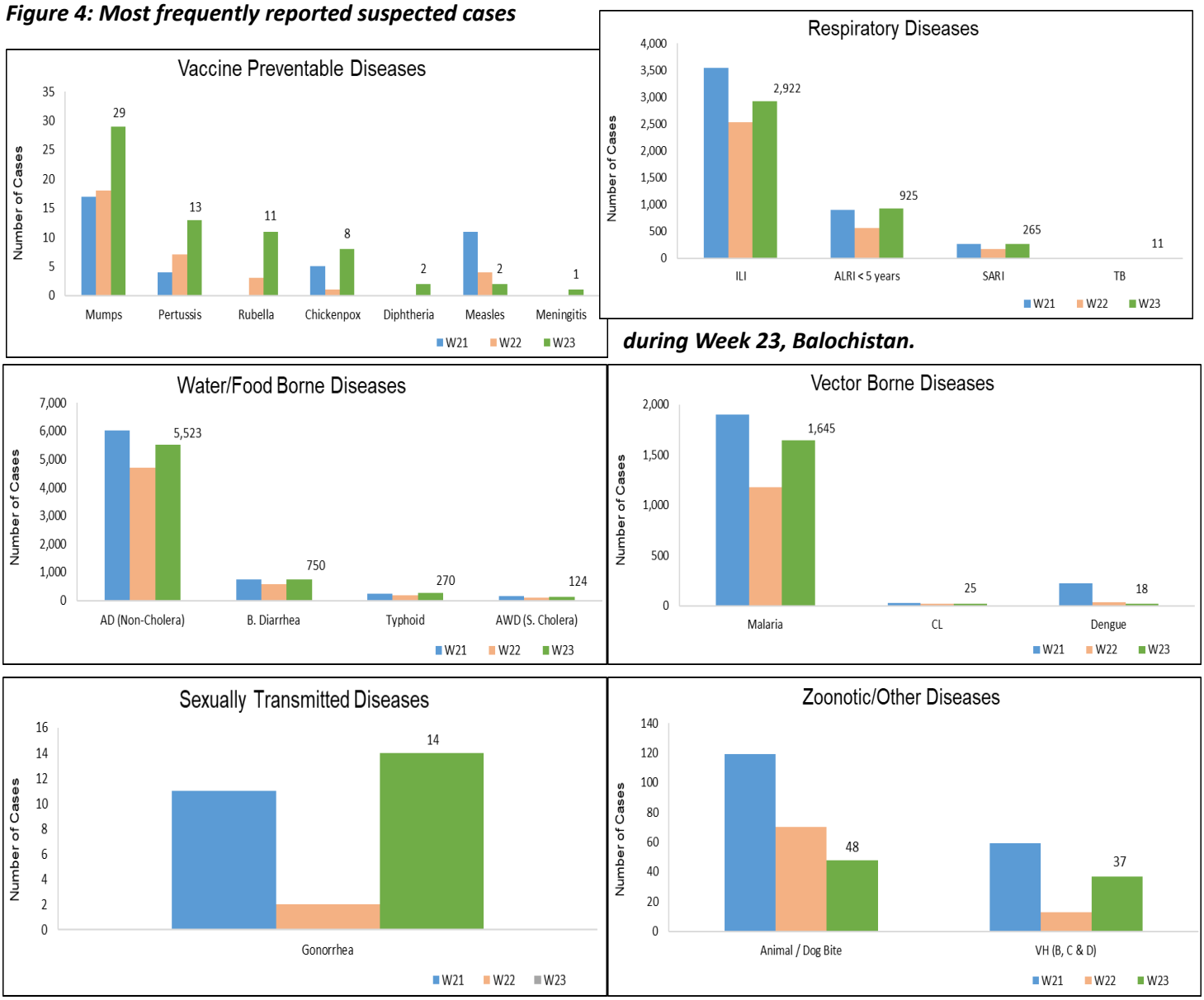
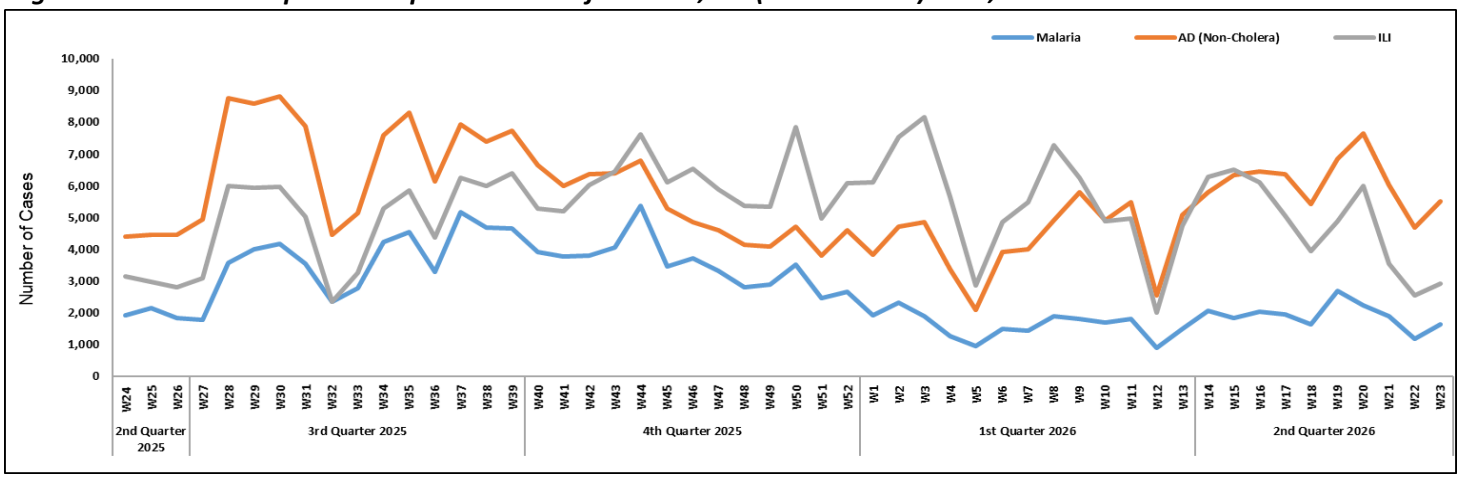


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



UK Health Security Agency

World Health Organization

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Khyber Pakhtunkhwa

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

Table 4: District wise distribution of most frequently reported suspected cases during Week 23, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	ALRI < 5 years	Typhoid	Measles	SARI	CL
Abbottabad	1,485	5	33	84	16	38	13	19	20	1
Bajaur	1,177	306	2	81	70	12	1	22	28	43
Bannu	1,036	985	5	1	16	9	97	95	8	7
Battagram	539	105	517	5	0	0	0	0	0	0
Buner	417	221	0	19	0	0	3	0	0	0
Charsadda	2,705	345	535	6	98	161	124	23	0	0
Chitral Lower	1,165	19	12	15	48	12	10	7	12	11
Chitral Upper	229	5	15	4	3	8	15	0	5	0
D.I. Khan	2,649	509	0	26	24	18	1	68	0	1
Dir Lower	2,469	169	0	73	98	5	35	27	0	15
Dir Upper	3,037	19	32	18	49	83	19	6	0	0
Hangu	286	100	41	3	0	0	1	0	0	12
Haripur	2,328	0	501	99	5	17	10	5	2	0
Karak	639	186	11	26	37	25	3	25	0	59
Khyber	962	601	15	85	163	48	26	1	11	60
Kohat	809	119	0	21	43	0	4	3	0	56
Kohistan Lower	117	2	0	0	4	0	4	0	0	0
Kohistan Upper	409	5	0	2	27	1	0	3	0	0
Kolai Palas	89	2	5	0	3	2	1	0	4	0
L & C Kurram	11	0	1	1	2	0	0	0	0	0
Lakki Marwat	744	281	5	94	8	0	16	4	0	0
Malakand	1,538	34	160	0	0	1	0	30	7	0
Mansehra	1,410	5	79	0	5	24	16	0	22	0
Mardan	2,408	300	27	27	71	115	36	21	0	2
Mohmand	121	97	88	18	5	0	5	6	69	52
North Waziristan	8	69	3	0	2	3	6	1	4	2
Nowshera	2,858	420	9	99	39	17	7	4	12	29
Orakzai	174	11	4	0	1	0	0	0	0	0
Peshawar	5,318	47	204	31	160	17	50	55	0	0
Shangla	1,677	517	0	169	12	9	21	8	0	0
South Waziristan (Lower)	121	164	148	17	78	27	12	10	111	34
SWU	44	4	8	0	0	0	0	0	0	0
Swabi	2,559	119	626	127	33	27	8	32	67	0
Swat	4,582	41	247	231	64	88	24	9	0	0
Tank	415	160	17	5	8	5	2	0	0	0
Tor Ghar	172	73	0	4	25	11	3	1	0	4
Upper Kurram	159	11	51	19	22	0	2	0	31	0
Total	46,866	6,056	3,401	1,410	1,239	783	575	485	413	388

Figure 6: Most frequently reported suspected cases during Week 23, KP.

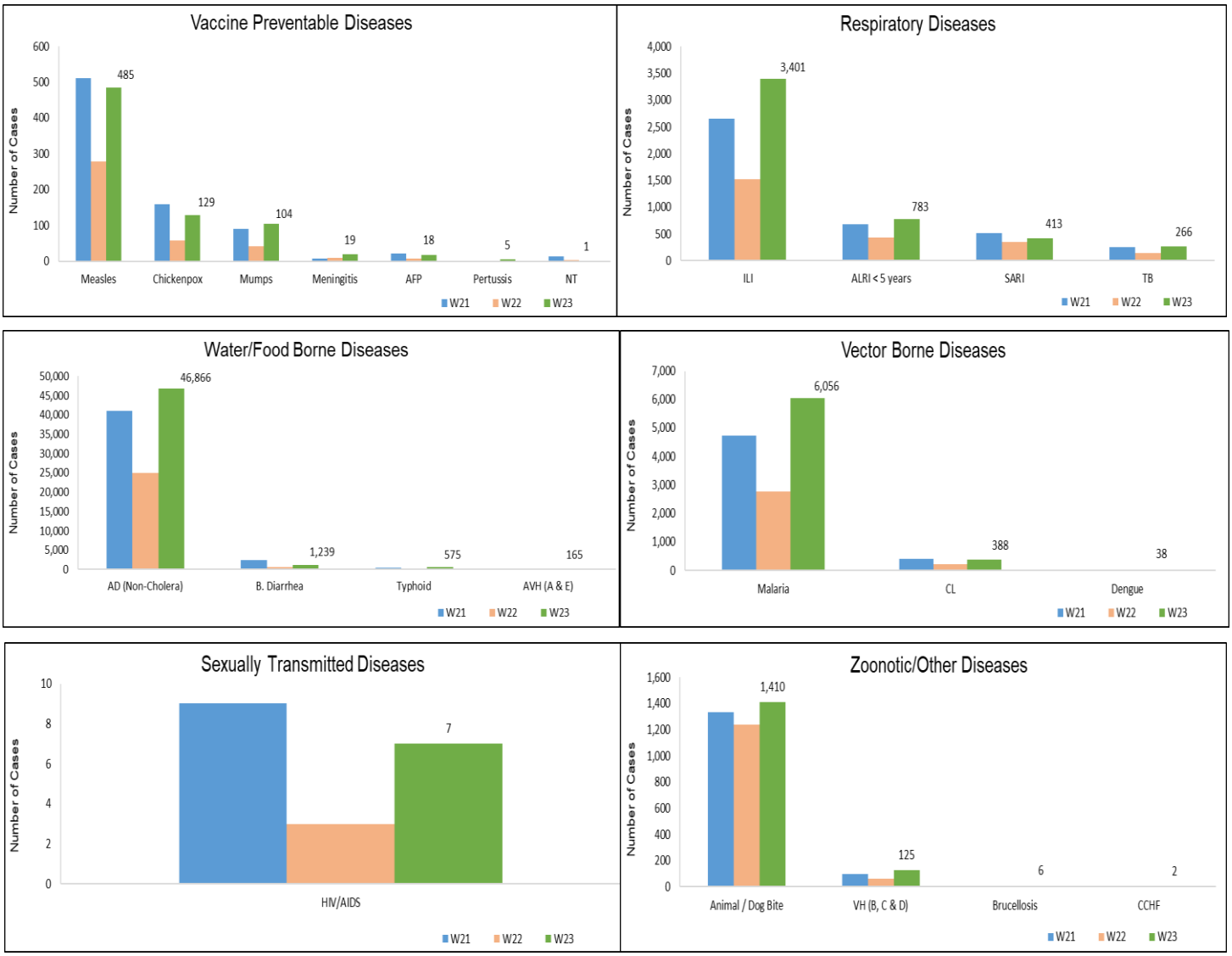
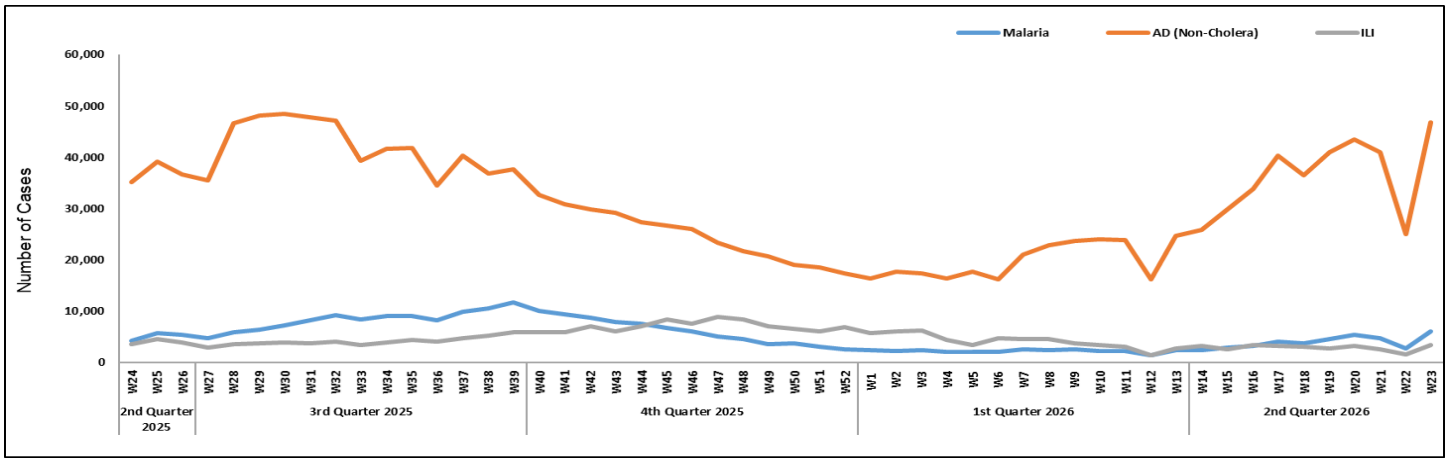


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT, AJK & GB

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

AJK: Data for Week 23 is not shared due to non-availability of internet connection in the region.

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

NOTE: Due to the political conditions AJK data for Week 23 is not shared.

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

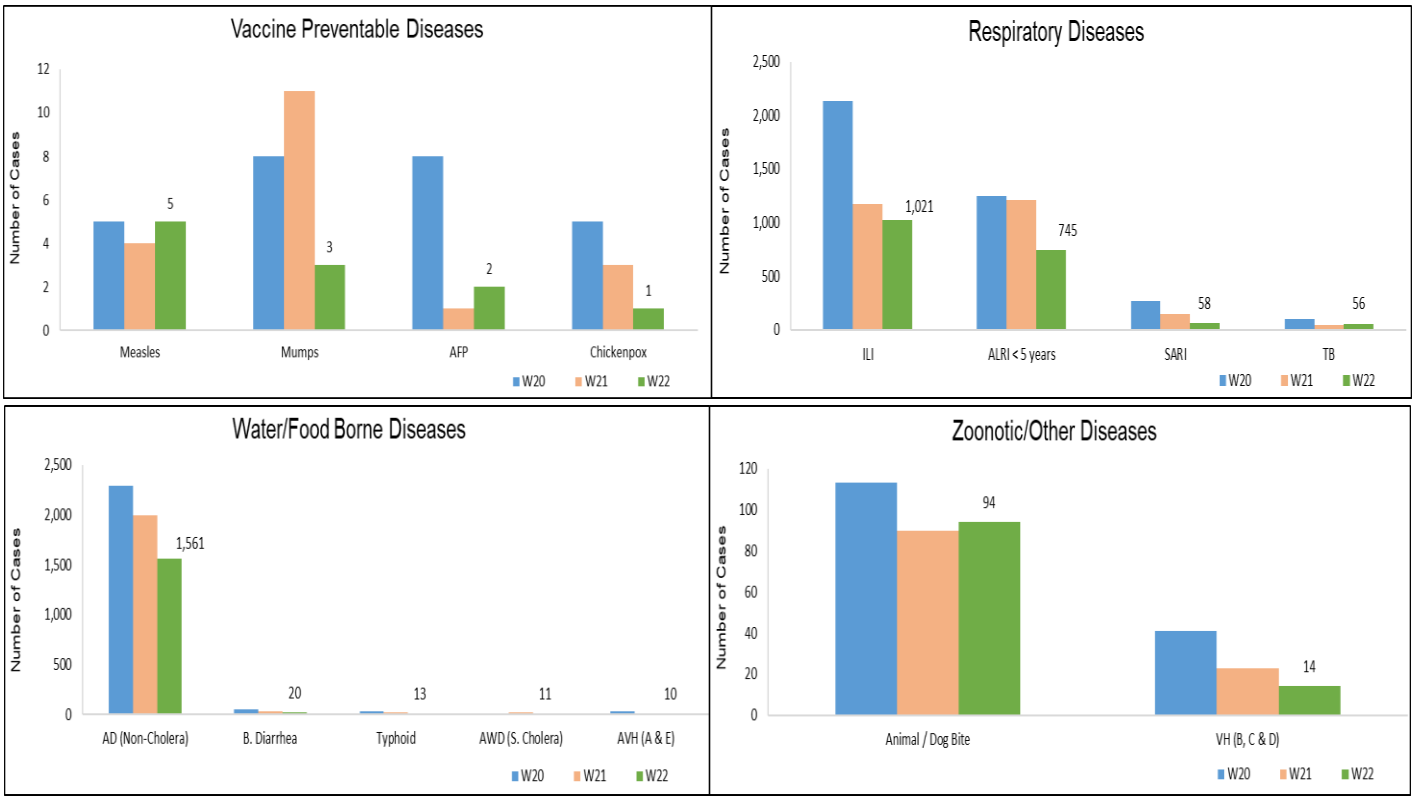


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.

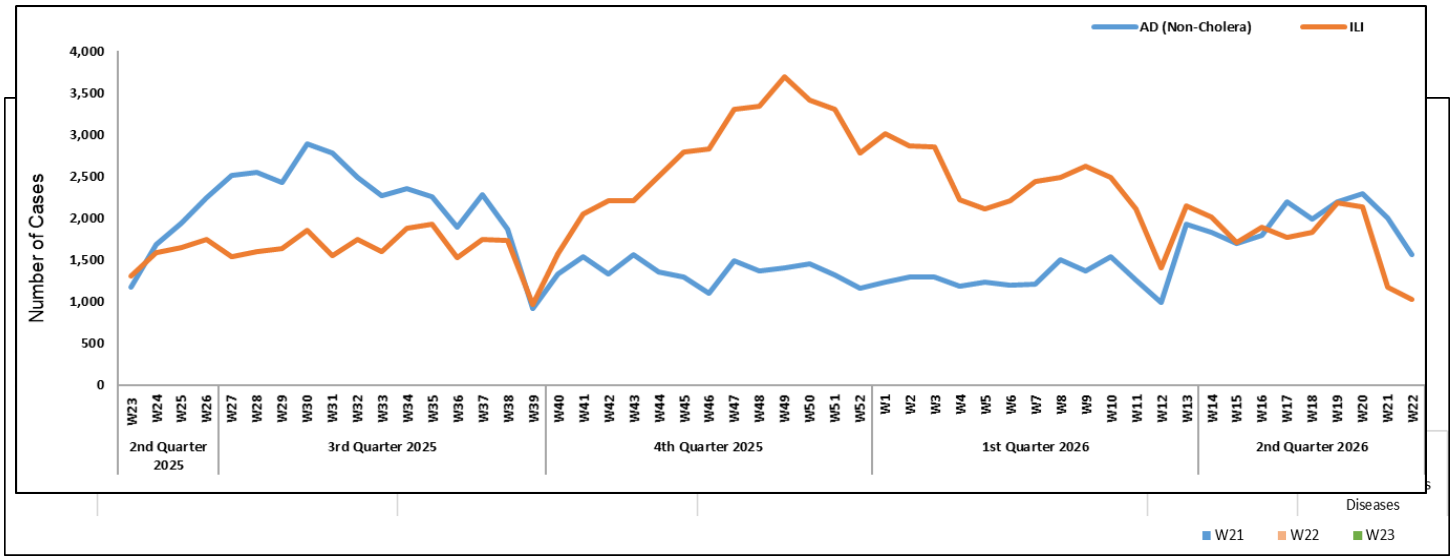


Figure 10: Most frequently reported suspected cases during Week 23, ICT.

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

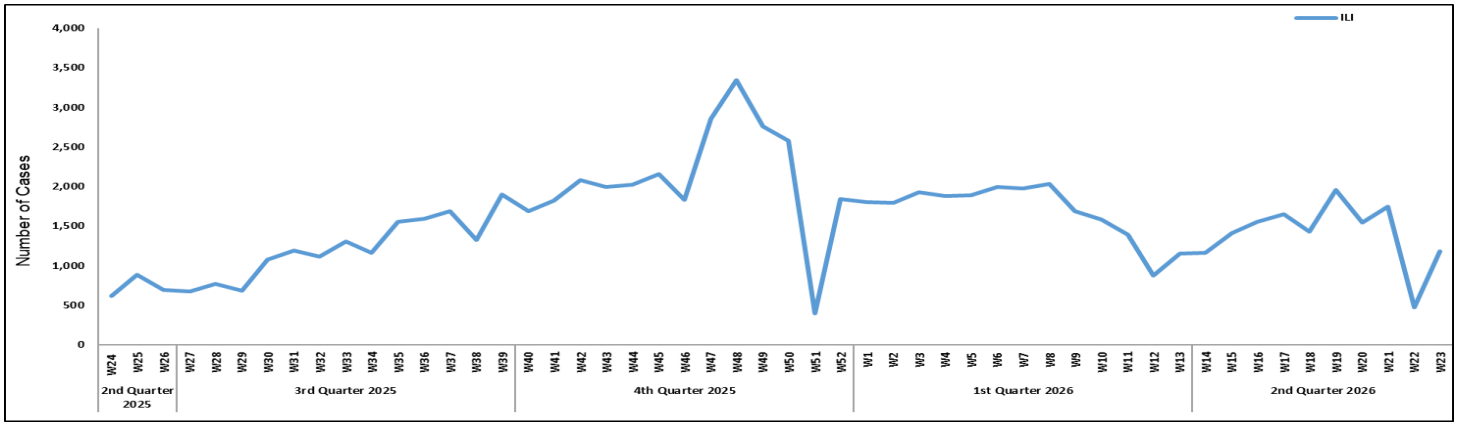


Figure 12: Most frequently reported suspected cases during Week 23, GB.

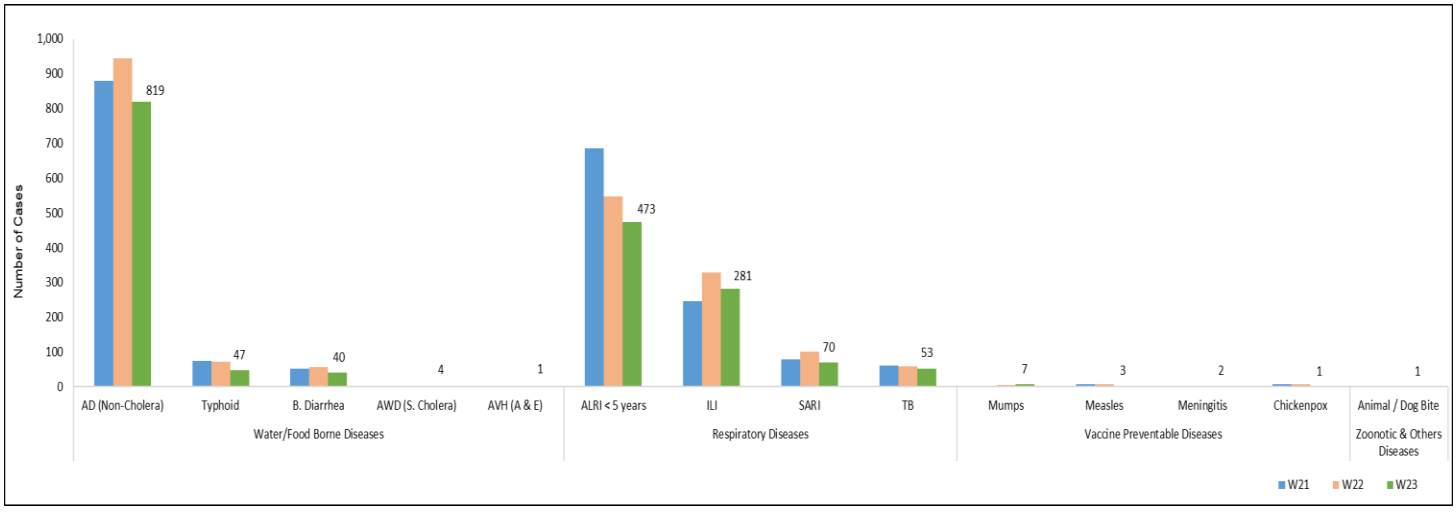


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 23, Pakistan.

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		-	-	1,133	116	134	13	-	-	174	0	-	-	-	-
CCHF		-	-	14	4	-	-	-	-	-	-	-	-	-	-
Dengue		-	-	64	4	3	0	-	-	-	-	-	-	-	-
VH (B)		-	-	849	93	69	2	-	-	586	6	-	-	-	-
VH (C)		-	-	776	36	69	0	-	-	667	1	-	-	-	-
VH (D)		-	-	39	8	-	-	-	-	-	-	-	-	-	-
Covid-19		-	-	1	0	-	-	-	-	-	-	-	-	-	-
TB		-	-	117	16	22	7	-	-	53	1	-	-	-	-
HIV/ AIDS		-	-	544	0	41	0	-	-	204	0	-	-	-	-
Syphilis		-	-	276	0	12	0	-	-	136	1	-	-	-	-
Typhoid		-	-	94	8	-	-	-	-	209	1	-	-	-	-
Diphtheria		-	-	-	-	-	-	-	-	-	-	-	-	-	-
ILI		-	-	2	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		-	-	1	0	-	-	-	-	-	-	-	-	-	-
Meningitis		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles		202	92	15	6	130	103	2	1	6	4	523	67	31	10
Rubella (CRS)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)		-	-	21	0	1	0	-	-	-	-	-	-	-	-
Chikungunya		-	-	1	0	-	-	-	-	-	-	-	-	-	-
Chickenpox		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gonorrhea		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mpox		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (Visceral)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
SARI		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	6	0	-	-	-	-	-	-	-	-	16	0	-	-
	SARI	29	0	-	-	13	0	4	0	-	-	54	1	-	-
Influenza A	ILI	6	0	-	-	-	-	-	-	-	-	16	0	-	-
	SARI	29	0	-	-	13	0	4	0	-	-	54	0	-	-
Influenza B	ILI	6	0	-	-	-	-	-	-	-	-	16	0	-	-
	SARI	29	3	-	-	13	0	4	0	-	-	54	0	-	-
RSV	ILI	6	0	-	-	-	-	-	-	-	-	16	0	-	-
	SARI	29	0	-	-	13	0	4	0	-	-	54	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.

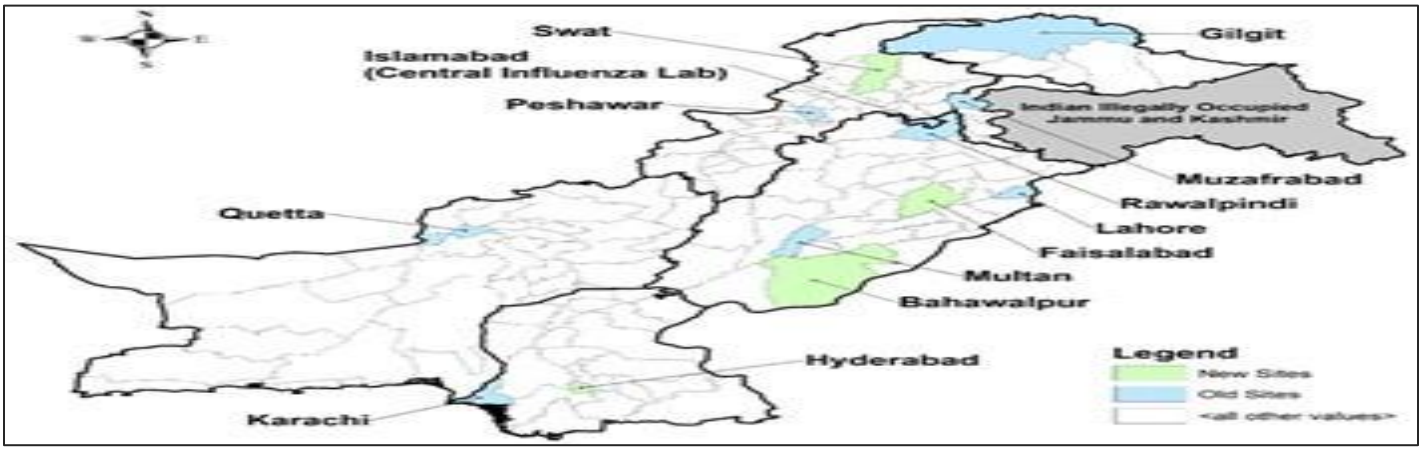


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 23, Pakistan.

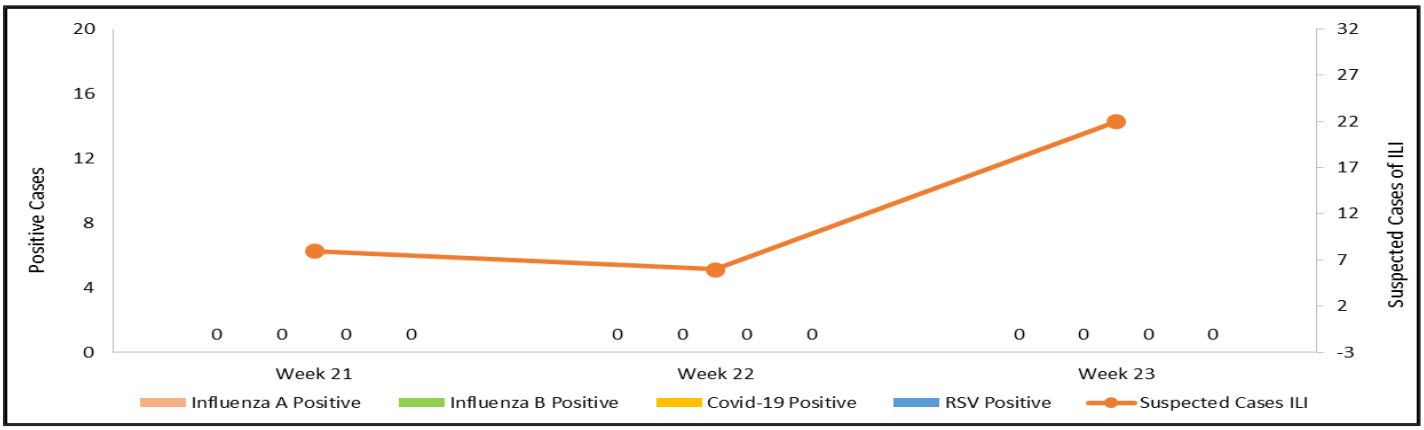


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 23, Pakistan.

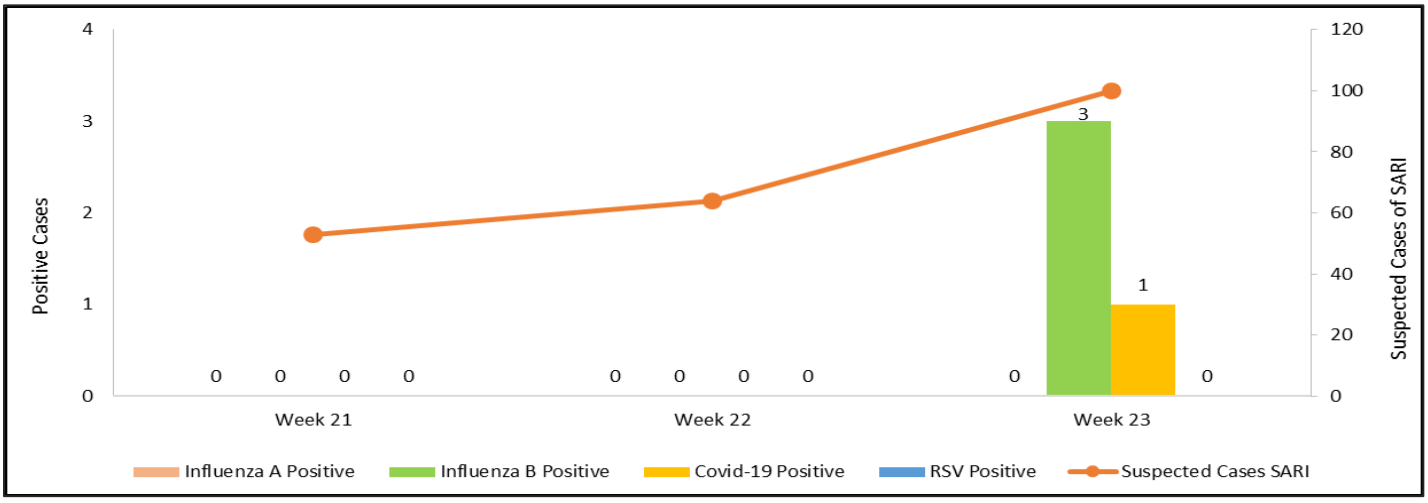


Table 6: Compliance of IDSR reporting districts Week 23, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	104	94%
	Bannu	228	131	57%
	Battagram	59	39	66%
	Buner	34	34	100%
	Bajaur	43	43	100%
	Charsadda	61	61	100%
	Chitral Upper	31	31	100%
	Chitral Lower	37	37	100%
	D.I. Khan	115	114	99%
	Dir Lower	63	63	100%
	Dir Upper	56	52	93%
	Hangu	22	18	82%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	43	81%
	Kohat	61	61	100%
	Kohistan Lower	13	10	77%
	Kohistan Upper	22	14	64%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	34	10	29%
	Upper Kurram	38	31	82%
	Malakand	41	41	100%
	Mansehra	133	130	98%
	Mardan	82	70	85%
	Nowshera	57	54	95%
	North Waziristan	10	7	70%
	Peshawar	157	129	82%
	Shangla	37	37	100%
	Swabi	65	61	94%
	Swat	75	73	97%
	South Waziristan (Upper)	93	37	40%
	South Waziristan (Lower)	29	27	93%
	Tank	34	33	97%
	Torghar	13	13	100%
	Mohmand	68	22	32%
	Orakzai	69	8	12%
Azad Jammu Kashmir	Mirpur	41	0	0%
	Bhimber	85	0	0%
	Kotli	60	0	0%
	Muzaffarabad	45	0	0%
	Poonch	46	0	0%

	Haveli	39	0	0%
	Bagh	54	0	0%
	Neelum	39	0	0%
	Jhelum Velley	29	0	0%
	Sudhnooti	27	0	0%
Islamabad Capital Territory	ICT	24	22	92%
	CDA	12	8	67%
Balochistan	Gwadar	26	0	0%
	Kech	45	0	0%
	Khuzdar	74	11	15%
	Killa Abdullah	26	25	96%
	Lasbella	55	55	100%
	Pishin	65	0	0%
	Quetta	56	8	14%
	Sibi	36	29	81%
	Zhob	39	0	0%
	Jaffarabad	16	16	100%
	Naseerabad	32	30	94%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	0	0%
	Chagai	36	21	58%
	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	15	47%
	Mastung	46	46	100%
	Loralai	33	25	76%
	Killa Saifullah	28	0	0%
	Ziarat	29	26	90%
	Duki	31	0	0%
	Nushki	29	28	97%
	Dera Bugti	45	0	0%
	Washuk	46	0	0%
	Panjgur	38	2	5%
	Awaran	23	0	0%
	Chaman	25	21	84%
	Barkhan	20	18	90%
	Hub	33	31	94%
	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	44	100%
	Diamer	62	55	89%
	Astore	55	55	100%

	Shigar	23	22	96%
	Skardu	54	54	100%
	Ganche	29	15	52%
	Kharmang	25	25	100%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	65	65	100%
	Naushahro Feroze	102	102	100%
	Tharparkar	273	272	100%
	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	105	99%
	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	41	98%
	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 23, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
AJK	Mirpur	2	0	0%
	Bhimber	1	0	0%
	Kotli	1	0	0%
	Muzaffarabad	2	0	0%
	Poonch	2	0	0%
	Haveli	1	0	0%

	Bagh	1	0	0%
	Neelum	1	0	0%
	Jhelum Vellay	1	0	0%
	Sudhnooti	1	0	0%
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%

Knowledge Hub

Typhoid Fever: What You Need to Know

Typhoid fever is a serious bacterial infection caused by ***Salmonella Typhi***. It is primarily spread through **contaminated food or water** and is common in areas with poor sanitation. Typhoid fever can lead to high fever, fatigue, and abdominal pain. If left untreated, it can be fatal.

What is Typhoid Fever?

Typhoid fever is an illness caused by a specific type of bacteria, ***Salmonella Typhi***. It is different from the more common types of *Salmonella* that cause typical food poisoning. Typhoid fever is a systemic infection, meaning it spreads throughout the body, and is generally more severe.

How Typhoid Fever Spreads

Typhoid fever is spread through the **fecal-oral route**. The bacteria are passed in the feces (poop) of infected people and then contaminate food or water, which is then ingested by others.

Transmission occurs through:

- **Contaminated Food or Water:** This is the most common way, often when water supplies are exposed to sewage or when food is handled by an infected person who did not wash their hands thoroughly.
- **Chronic Carriers:** Some people can continue to shed the bacteria in their feces for years after recovering, unknowingly spreading the infection.

Signs & Symptoms

Symptoms typically appear **6 to 30 days after exposure**. The illness is characterized by a gradual onset of severe symptoms.

Common symptoms include:

- **Sustained High Fever:** The fever often gradually increases over several days, reaching $103^\circ F$ to $104^\circ F$ (up to $40^\circ C$).
- Weakness and fatigue.
- Headache.
- Abdominal pain.
- Loss of appetite.
- **Constipation** or, less commonly, diarrhea.
- Rash (small, rose-colored spots on the chest and abdomen, appearing in some cases).

Complications

Without prompt treatment, typhoid fever can lead to severe, life-threatening complications:

- **Intestinal Perforation:** A hole in the intestine that allows contents to leak into the abdominal cavity, causing peritonitis (a severe infection). This requires emergency surgery.
- **Intestinal Hemorrhage:** Severe bleeding in the intestines.
- **Neuropsychiatric symptoms:** Including delirium and confusion.
- **Death:** About 10-30% of untreated cases can be fatal.

Prevention

Prevention of typhoid fever focuses on vaccination, safe food/water practices, and good hygiene.

- **Vaccination:** Typhoid vaccines are recommended for **travelers** to areas where typhoid fever is common, and for people with known exposure risk. Both injectable and oral vaccines are available.
- **Safe Food and Water Practices:** When traveling or in high-risk areas, drink only boiled or bottled water. Eat only thoroughly cooked food that is served

hot, and avoid raw fruits and vegetables you cannot peel yourself.
- **Good Hygiene: Wash hands thoroughly with soap and water** before eating, preparing food, and after using the toilet.

Diagnosis and Treatment

- **Diagnosis:** Typhoid fever is usually confirmed by a **blood culture** to isolate the *Salmonella Typhi* bacteria. Stool and urine cultures may also be used.
- **Treatment:** Typhoid fever is treated with **antibiotics**. Early diagnosis is crucial.
    - The choice of antibiotic depends on the region where the infection was acquired due to rising rates of **antibiotic resistance**.
    - It is vital to complete the full course of prescribed antibiotics to eliminate the bacteria and prevent relapse or becoming a chronic carrier.
    - Severe cases require hospitalization and intravenous fluids/antibiotics.

More Information

For additional authoritative information on typhoid fever, please visit:

- **Centers for Disease Control and Prevention (CDC):** https://www.cdc.gov/typhoid-fever/index.html
- **World Health Organization (WHO):** https://www.who.int/news-room/fact-sheets/detail/typhoid
- **Public Health Agency of Canada (PHAC):** https://www.canada.ca/en/public-health/services/diseases/typhoid.html
- **UK Health Security Agency (UKHSA) / National Health Service (NHS):** https://www.nhs.uk/conditions/typhoid-fever/

قومی ادارہ صحت، پاکستان

ٹائیفائیڈ بخار کیا ہے

ٹائیفائیڈ بخار ایک وبائی مرض ہے جو ایک مخصوص جرثومے سے لاحق ہوتا ہے۔ یہ مرض زیادہ تر آلودہ خوراک یا آلودہ پانی کے استعمال اور حفظان صحت کے اصولوں پر عمل نہ کرنے سے پھیلتا ہے۔ خاص طور پر قوت مدافعت کی کمی کے شکار افراد کو اس مرض سے جلد متاثر ہونے کا خدشہ ہوتا ہے۔

اس مرض کی اہم علامات میں تیز بخار (103 ڈگری فارن ہائیٹ سے زیادہ)، بھوک کا نہ لگنا، پیٹ میں درد، متلی، قبض یا دست اور کمزوری محسوس ہونا شامل ہیں جبکہ مرض کی شدت میں انتڑیوں میں سوراخ بھی ہو سکتے ہیں۔ ان علامات کی موجودگی کی صورت میں فوراً مستند ڈاکٹر سے رجوع کریں تا کہ ٹائیفائیڈ بخار کی بروقت تشخیص کی جا سکے۔

ٹائیفائیڈ بخار سے بچاؤ

ہاتھوں کی صفائی کا خیال رکھیں خاص طور پر کھانا کھانے سے پہلے اور بیت الخلاء استعمال کرنے کے بعد ہاتھوں کو اچھی طرح صابن اور صاف پانی سے دھوئیں۔

پانی ہمیشہ ابال کر پئیں۔

پانی کو صاف کرنے کیلئے کلورین (مجوزہ مقدار) کا استعمال کریں۔

ہمیشہ تازہ اور صاف ستھری غذا کا استعمال کریں۔

باہر کے کھلے (غیر معیاری) کھانے اور مشروبات سے گریز کریں۔

سبزی اور پھل کو دھو کر استعمال کریں۔

ٹائیفائیڈ بخار سے پیشگی بچاؤ کے لئے ڈاکٹر کے مشورے سے ٹائیفائیڈ ویکسین لگوائیں۔

اہم ہدایات

یاد رہے کہ پاکستان میں ٹائیفائیڈ بخار کے علاج کے لئے استعمال ہونے والی بیشتر اینٹی بائیوٹک ادویات غیر موثر ہو چکی ہیں۔ اس لیے ضروری ہے کہ مستند ڈاکٹر کے مشورے سے اینٹی بائیوٹک ادویات استعمال کریں تا کہ ادویات مزاحم ٹائیفائیڈ سے بچا جا سکے۔

Produced by the Field Epidemiology & Disease Surveillance Division (FE&DSD) National Institute of Health, Islamabad
Phone No: 051-9255237 Fax No: 051-9255099 Email: eic.nih@gmail.com Website: www.nih.org.pk

	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