

Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institutes of Health, Islamabad

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.



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Public Health Bulletin - Pakistan, Week 28, 2026

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The **Integrated Disease Surveillance & Response (IDSR) Weekly Public Health Bulletin** is your trusted source for the latest disease trends, outbreak updates, and essential public health information in Pakistan. Published weekly, the bulletin provides **timely, reliable, and evidence-based** information for public health professionals, policymakers, healthcare workers, and the public. It presents key surveillance findings, outbreak investigations, seasonal disease trends, and practical public health recommendations to support informed decision-making and strengthen disease prevention efforts.

The bulletin is developed using verified surveillance data and expert review to ensure its content remains accurate, relevant, and aligned with Pakistan's public health priorities. It also addresses emerging health misinformation by providing factual, science-based information that communities can trust.

This Week's Highlights:

- **Two-Day Capacity Building Training on Integrated Disease Surveillance and Response System (IDSRS) Conducted for Healthcare Providers at Federal General Hospital, Islamabad**
- **Knowledge Hub – Understanding Dengue: A Public Health Priority**

Together, we can strengthen disease surveillance, promote informed action, and build a healthier Pakistan.

By transforming surveillance data into actionable public health intelligence, the IDSR Weekly Public Health Bulletin continues to support evidence-based decision-making and protect communities across Pakistan.

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Stay informed. Stay prepared. Stay healthy.

*Sincerely,
The Chief Editor*

- During Week 28, 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, AVH (A & E) and CL.
- Twenty-one cases of AFP were reported from KP, seventeen from Sindh, four from GB, and two from Balochistan.
- Nine suspected cases of HIV/ AIDS reported from Sindh and eight from KP.
- Seven suspected cases of Brucellosis were reported from KP.
- Among VPDs, there is an increase in the number of cases of Mumps, Pertussis, AFP and NT this week.
- Among Respiratory diseases, there is a decrease in the number of cases of ILI and ALRI < 5 years this week.
- Among Water/food-borne diseases, there is a decrease in the number of cases of AD (Non. Cholera) this week.
- Among Vector-borne diseases, there is an increase in the number of cases of Malaria and CL this week.
- Among STDs, there is a decrease in the number of cases of HIV/AIDs this week.
- Among Zoonotic/Other diseases, there is an increase in the number of cases of Animal / Dog Bite 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 73%
- Sindh is the top reporting region with a compliance rate of 98%, followed by GB 93%, ICT 81% and KP 81%.
- The lowest compliance rate was observed in Balochistan, 39%, and AJK, 0%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,277	1,838	81
Azad Jammu Kashmir	476	0	0
Islamabad Capital Territory	36	29	81
Balochistan	1,305	513	39
Gilgit Baltistan	405	375	93
Sindh	2,115	2,070	98
National	6,614	4,825	73

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

Dengue

- **Strengthen Surveillance and Case Notification:** Enhance dengue reporting through the IDSR system, integrating human health and entomological data for early outbreak detection in high-risk areas.
- **Expand Laboratory Confirmation:** Strengthen laboratory capacity for dengue diagnosis using NS1 antigen and IgM/IgG testing to support timely case confirmation and outbreak response.
- **Enhance Integrated Vector Management:** Implement coordinated vector control through larval source reduction, larviciding, fogging, and environmental management in collaboration with municipal and environmental sectors.
- **Strengthen Outbreak Preparedness and Response:** Activate rapid response teams for case investigation, active case finding, entomological surveillance, and targeted vector control.
- **Raise Public Awareness:** Conduct risk communication to promote source reduction, personal protective measures, and early healthcare seeking.

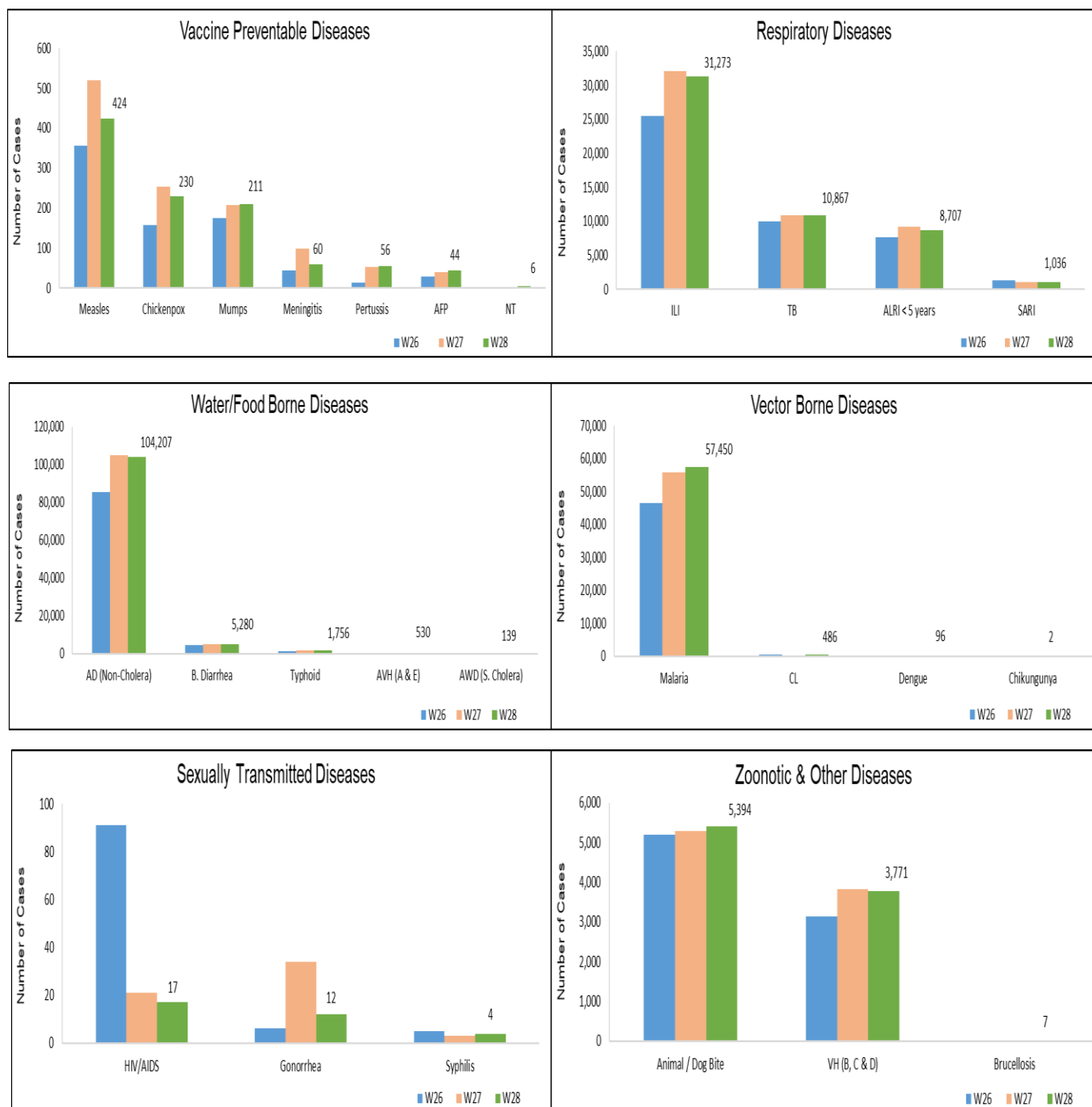
Chikungunya

- **Strengthen Surveillance and Case Detection:** Integrate chikungunya reporting into the IDSR system by training healthcare providers on clinical recognition (fever with severe joint pain) and differential diagnosis from dengue and Zika; ensure timely reporting of suspected and confirmed cases.
- **Improve Laboratory Confirmation:** Expand diagnostic capacity for chikungunya virus using RT-PCR in the acute phase and IgM ELISA in the convalescent phase, especially in areas with ongoing arboviral activity.
- **Enhance Vector Surveillance and Control:** Conduct regular entomological surveillance for *Aedes* mosquitoes; implement targeted vector control measures, including elimination of breeding sites, larviciding, and space spraying in outbreak situations.
- **Promote Community-Based Prevention:** Engage communities to remove stagnant water from domestic and peri-domestic environments, use personal protective measures (mosquito repellents, long-sleeved clothing), and improve household waste management.
- **Raise Public Awareness and Risk Communication:** Disseminate information on symptoms, prevention, and the importance of early care-seeking.

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 28, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	NR	5,171	1,607	517	47,272	NR	49,640	104,207
Malaria	NR	1,174	0	0	5,764	NR	50,512	57,450
ILI	NR	3,260	365	1,070	3,008	NR	23,570	31,273
TB	NR	9	77	12	295	NR	10,474	10,867
ALRI < 5 years	NR	686	570	1	606	NR	6,844	8,707
Animal / Dog Bite	NR	125	2	0	1,489	NR	3,778	5,394
B. Diarrhea	NR	619	54	2	1,436	NR	3,169	5,280
VH (B, C & D)	NR	27	2	167	153	NR	3,422	3,771
Typhoid	NR	187	99	0	579	NR	891	1,756
SARI	NR	466	76	0	305	NR	189	1,036
AVH (A & E)	NR	12	1	0	222	NR	295	530
CL	NR	40	0	0	441	NR	5	486
Measles	NR	2	8	0	343	NR	71	424
Chickenpox/ Varicella	NR	1	11	5	205	NR	8	230
Mumps	NR	13	6	2	129	NR	61	211
AWD (S. Cholera)	NR	125	13	0	0	NR	1	139
Dengue	NR	1	0	0	64	NR	31	96
Meningitis	NR	0	6	0	12	NR	42	60
Pertussis	NR	48	1	0	7	NR	0	56
AFP	NR	2	4	0	21	NR	17	44
HIV/AIDS	NR	0	0	0	8	NR	9	17
Gonorrhea	NR	10	0	0	1	NR	1	12
Brucellosis	NR	0	0	0	7	NR	0	7
NT	NR	0	0	0	5	NR	1	6
Syphilis	NR	0	0	0	1	NR	3	4
Chikungunya	NR	0	0	0	1	NR	1	2

Figure 1: Most frequently reported suspected cases during Week 28, Pakistan.



- Malaria cases were maximum followed by AD (non-cholera), ILI, TB, ALRI < 5 Years, Animal / Dog Bite, VH (B, C & D), B. Diarrhea, Typhoid and AVH (A & E).
- Malaria cases are mostly from Khairpur, Umerkot and Badin whereas ILI cases are from Khairpur, Badin and Mirpurkhas.
- Seventeen cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of Meningitis, Chickenpox, ILI, ALRI < 5 years, HIV/AIDS and VH (B, C & D), while an increase in the number of cases of Measles, Mumps, AFP, NT, TB, AD (non-cholera), Malaria and Animal/Dog Bite this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 28, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	Animal / Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	AVH (A & E)
Badin	3,588	4,626	2,452	815	640	127	189	481	158	0
Dadu	2,339	2,441	241	462	641	252	79	370	99	52
Ghotki	3,391	1,343	0	452	491	295	610	105	1	0
Hyderabad	743	2,651	1,484	385	136	77	124	68	1	4
Jacobabad	1,355	703	509	216	277	257	70	107	34	0
Jamshoro	1,570	2,237	52	495	217	97	94	87	39	12
Kamber	2,128	2,257	0	674	152	210	28	107	14	0
Karachi Central	4	1,777	1,335	214	11	96	14	5	86	5
Karachi East	86	420	14	26	26	26	9	8	4	0
Karachi Keamari	7	682	479	23	17	22	0	7	0	9
Karachi Korangi	77	500	2	48	1	8	0	11	2	3
Karachi Malir	75	1,333	1,928	93	178	41	15	31	8	6
Karachi South	18	87	0	0	0	0	0	0	0	0
Karachi West	216	926	1,290	68	192	91	14	21	19	0
Kashmore	1,614	493	260	132	106	164	16	59	5	0
Khairpur	3,851	3,349	4,902	869	755	337	116	235	130	19
Larkana	2,806	1,951	118	670	265	122	39	258	3	1
Matari	2,806	1,670	6	686	175	101	237	52	1	33
Mirpurkhas	2,393	3,230	2,342	674	242	154	89	93	10	62
Naushero Feroze	1,287	1,216	700	242	255	217	100	139	72	6
Sanghar	2,970	1,853	179	902	239	241	718	49	14	0
Shaheed Benazirabad	2,424	1,860	0	238	130	205	114	79	91	1
Shikarpur	1,633	1,275	3	195	167	275	75	234	2	0
Sujawal	1,278	1,035	0	85	216	63	160	105	0	0
Sukkur	1,871	1,491	1,808	360	137	147	125	109	3	0
Tando Allahyar	2,064	1,821	707	383	93	93	152	81	6	1
Tando Muhammad Khan	857	1,161	0	457	93	14	29	69	0	0
Tharparkar	1,817	2,074	868	357	479	0	29	88	2	13
Thatta	1,504	1,420	1,891	13	228	46	118	32	6	68
Umerkot	3,740	1,758	0	240	285	0	59	79	81	0
Total	50,512	49,640	23,570	10,474	6,844	3,778	3,422	3,169	891	295

Figure 2: Most frequently reported suspected cases during Week 28, Sindh.

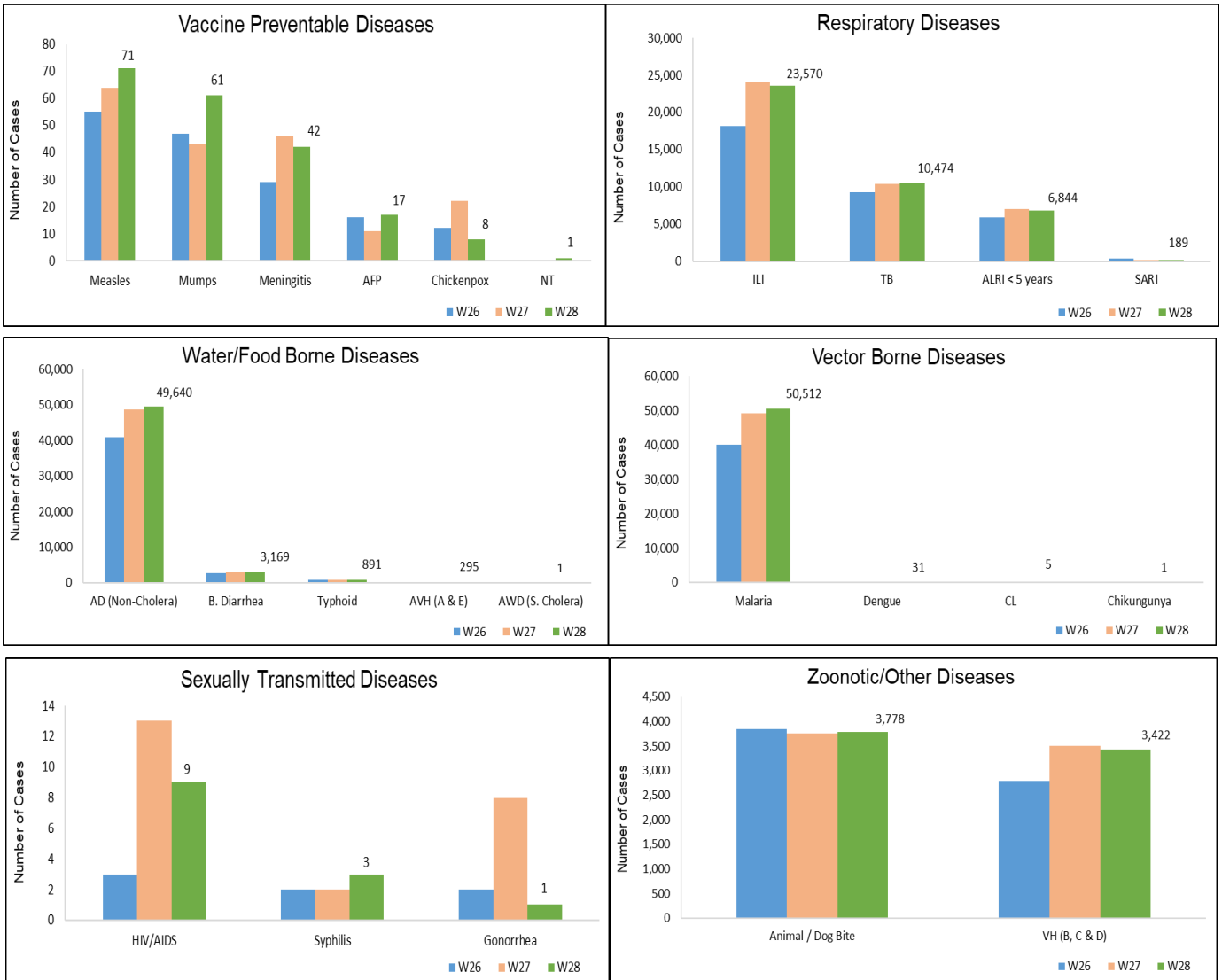
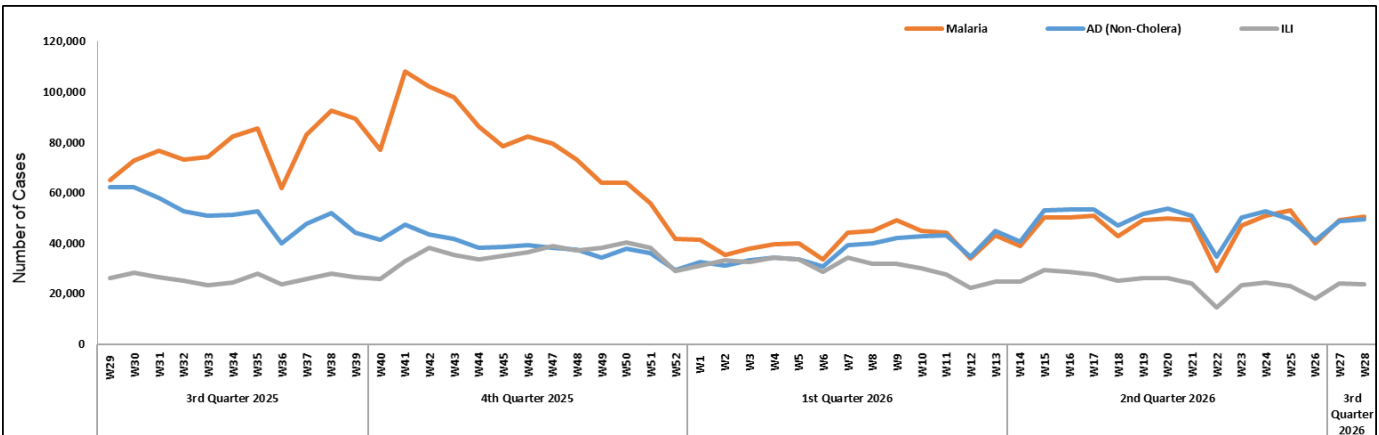


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), Animal/Dog Bite and Pertussis cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Gwadar, Kharan and Kachhi (Bolan) while AD (Non-Cholera) cases are mostly reported from Usta Muhammad., Gwadar and Loralai.
- Mumps, AFP, ILI, SARI, AWD (S. Cholera), CL, Animal / Dog Bite and VH (B, C & D) showed an increase in the number of cases. A decline has been observed in Chickenpox, ALRI<5years, AD (non- cholera), B.Diarrhea, Typhoid, Malaria, and Gonorrhea.

Table 3: District-wise distribution of most frequently reported suspected cases during Week 28, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Animal / Dog Bite	Pertussis
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	94	47	55	7	6	0	30	3	16	0
Chagai	168	193	38	0	30	0	10	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	538	745	13	NR	8	NR	NR	NR	NR	NR
Harnai	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Hub	112	22	24	6	1	0	0	0	5	0
Jaffarabad	0	0	0	0	0	0	0	0	0	0
Jhal Magsi	66	62	2	3	0	87	0	0	0	0
Kachhi (Bolan)	198	218	261	40	28	82	NR	14	15	42
Kalat	3	0	0	2	0	0	0	0	0	0
Kech (Turbat)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kharan	218	439	32	37	84	4	8	0	0	0
Khuzdar	60	28	36	16	10	0	14	2	0	0
Killa Abdullah	315	173	6	11	45	64	17	38	3	1
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lasbella	413	126	237	144	28	22	4	0	10	0
Loralai	441	438	58	33	58	49	12	6	0	0
Mastung	293	140	40	64	23	22	4	0	13	0
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	365	0	113	25	21	30	50	5	53	0
Nushki	170	0	0	0	29	0	0	0	0	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Quetta	105	52	1	40	11	6	4	8	0	5
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	369	173	134	46	20	94	15	30	2	0
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	20	85	0	0	0	0	0	0	0	0
Usta Muhammad	966	103	36	170	136	6	3	0	6	0
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Ziarat	257	216	88	42	81	0	16	19	2	0
Total	5,171	3,260	1,174	686	619	466	187	125	125	48

Figure 4: Most frequently reported suspected cases during Week 28, Balochistan.

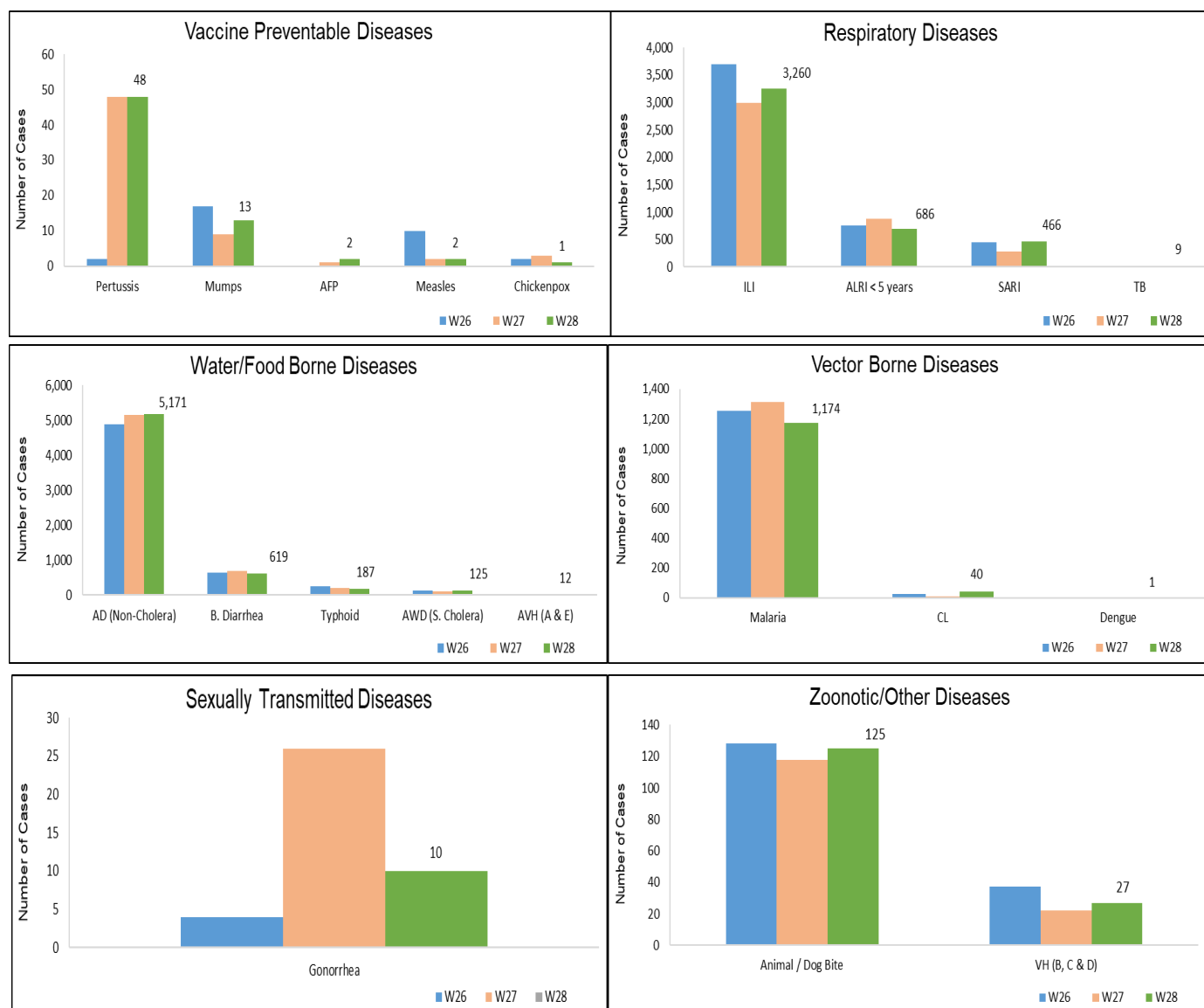
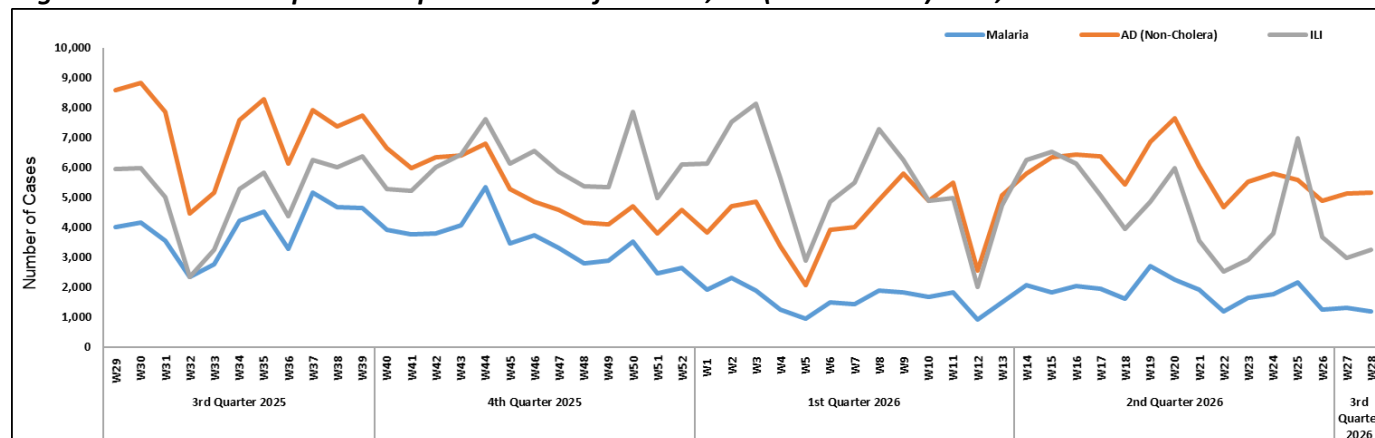


Figure 5: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Animal / Dog Bite, B. Diarrhea, ALRI<5 Years, Typhoid, CL, Measles and SARI.
- Pertussis, NT, TB, AD (Non-cholera), B. Diarrhea, Malaria, CL, Dengue, HIV / AIDS, Dog Bite and VH (B, C & D) cases showed an increase in number while Measles, Mumps, Chicken pox, AFP and Meningitis, ILI, ALRI<5 Years, SARI and Typhoid showed a decline in number this week.
- Twenty-one cases of AFP were reported from KP. All are suspected cases and need field verification.
- Eight cases of HIV/AIDs reported from KP. Field investigation is required.
- Seven 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 28, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	ALRI < 5 years	Typhoid	CL	Measles	SARI
Abbottabad	1,584	17	28	55	15	13	8	1	16	3
Bajaur	1,025	377	1	149	55	12	1	35	12	5
Bannu	1,122	767	4	23	16	5	82	7	42	0
Battagram	623	40	586	5	5	9	2	0	19	3
Buner	617	73	16	NR	20	91	6	NR	1	NR
Charsadda	3,101	314	249	12	84	130	85	1	15	0
Chitral Lower	1,322	16	11	16	43	14	9	11	8	13
Chitral Upper	249	5	14	4	7	3	17	1	1	3
D.I. Khan	1,924	478	0	40	22	21	2	2	40	0
Dir Lower	2,345	141	0	66	149	4	38	14	25	0
Dir Upper	2,340	25	33	23	30	41	11	0	16	0
Hangu	265	57	0	9	27	0	22	28	0	0
Haripur	1,852	4	219	59	5	3	14	0	8	0
Karak	702	163	35	49	56	43	16	133	27	0
Khyber	952	698	36	48	174	38	27	103	1	4
Kohat	903	198	0	43	41	0	8	39	2	0
Kohistan Lower	134	2	0	1	9	0	7	0	0	0
Kohistan Upper	375	16	0	0	16	5	0	0	1	0
Kolai Palas	71	1	11	0	0	0	0	0	0	0
L & C Kurram	64	17	13	0	10	0	2	1	0	4
Lakki Marwat	668	260	0	121	2	0	20	0	2	0
Malakand	1,014	35	26	28	0	1	0	1	11	4
Mansehra	1,805	4	466	0	54	4	0	0	0	0
Mardan	2,258	346	48	45	83	46	62	0	2	0
Mohmand	152	133	109	10	8	1	0	26	2	113
North Waziristan	88	91	2	1	0	5	13	1	9	13
Nowshera	2,753	178	10	108	30	19	8	17	6	1
Orakzai	101	7	0	0	1	0	0	0	0	0
Peshawar	5,407	63	217	17	183	15	59	0	45	0
Shangla	1,730	490	0	166	9	5	26	0	3	0
South Waziristan (Lower)	257	189	271	13	95	7	3	16	12	59
SWU	26	7	5	0	0	0	0	0	0	0
Swabi	2,852	118	481	192	20	18	4	0	11	68
Swat	5,454	47	33	163	99	43	8	0	6	0
Tank	564	243	19	3	3	2	0	0	0	0
Tor Ghar	255	124	0	9	38	0	5	4	0	0
Upper Kurram	318	20	65	11	27	8	14	0	0	12
Total	47,272	5,764	3,008	1,489	1,436	606	579	441	343	305

Figure 6: Most frequently reported suspected cases during Week 28, KP.

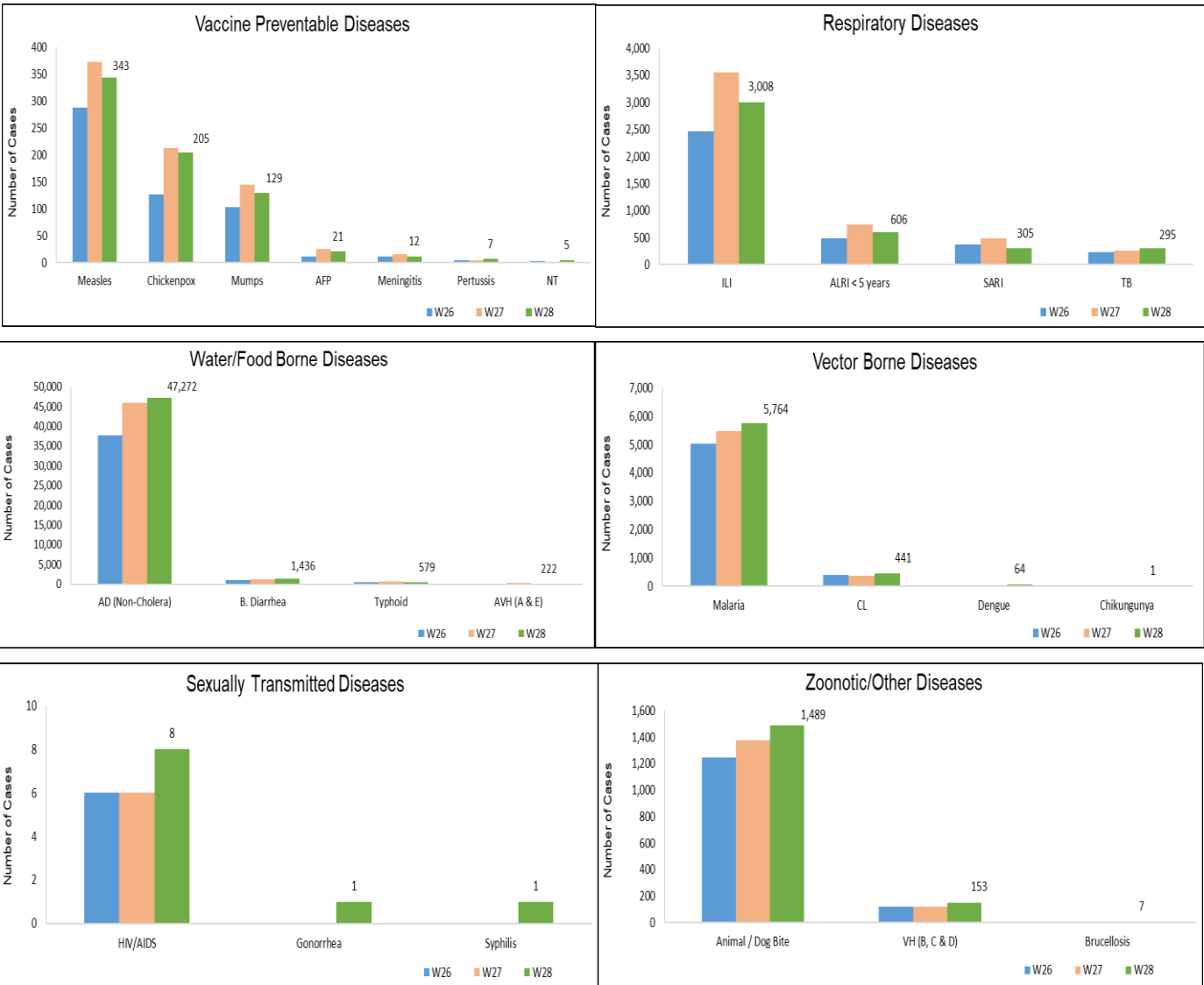
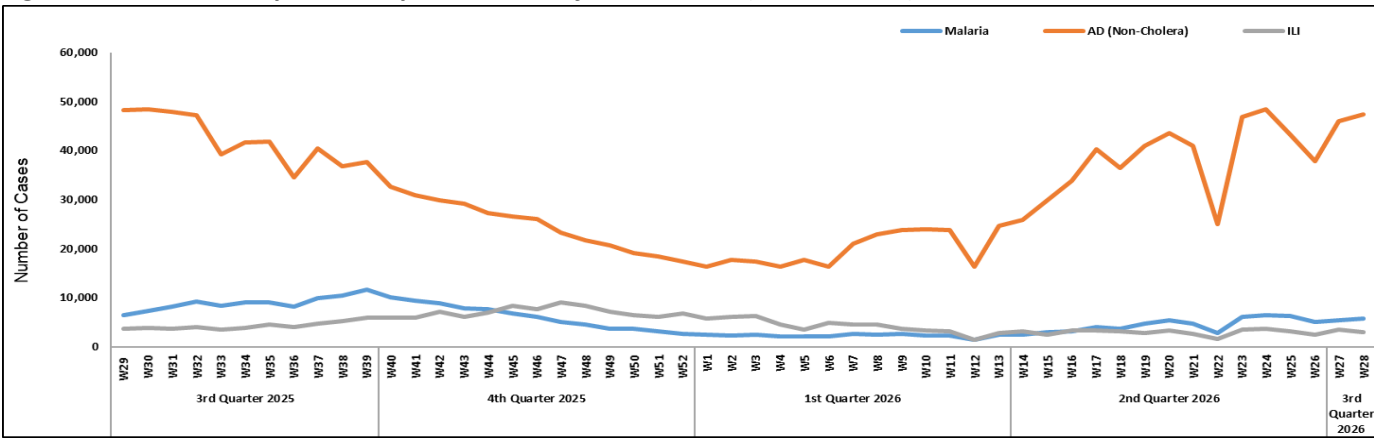


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



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

AJK: No reporting from AJK due to political issues.

GB: AD (non-cholera) cases were maximum, followed by ALRI <5 Years and ILI. An increase in cases is observed for AD (non-cholera), ILI, SARI, and ALRI < 5 years and chickenpox. In contrast, a decline is observed in the number of cases of ALRI <5 Years, AD (Non-Cholera), ILI, and SARI this week.

NOTE: Due to the political conditions AJK data for Week 28 is not shared.

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

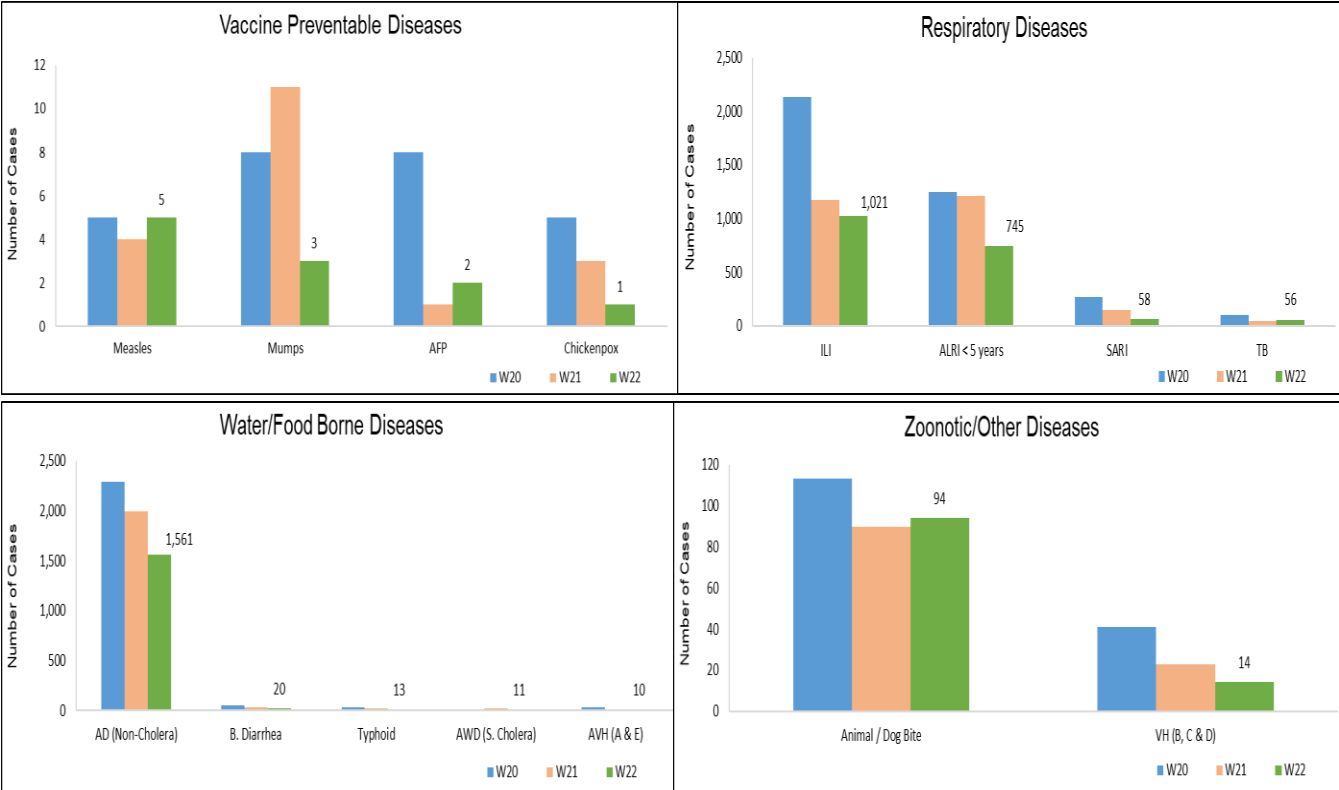


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK

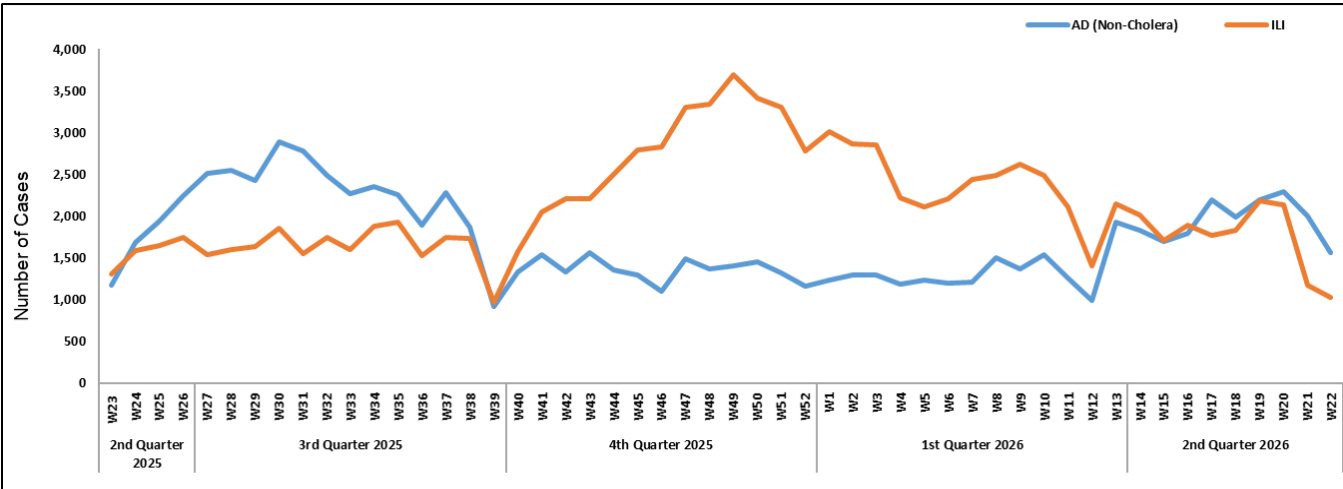


Figure 10: Most frequently reported suspected cases during Week 28, ICT.

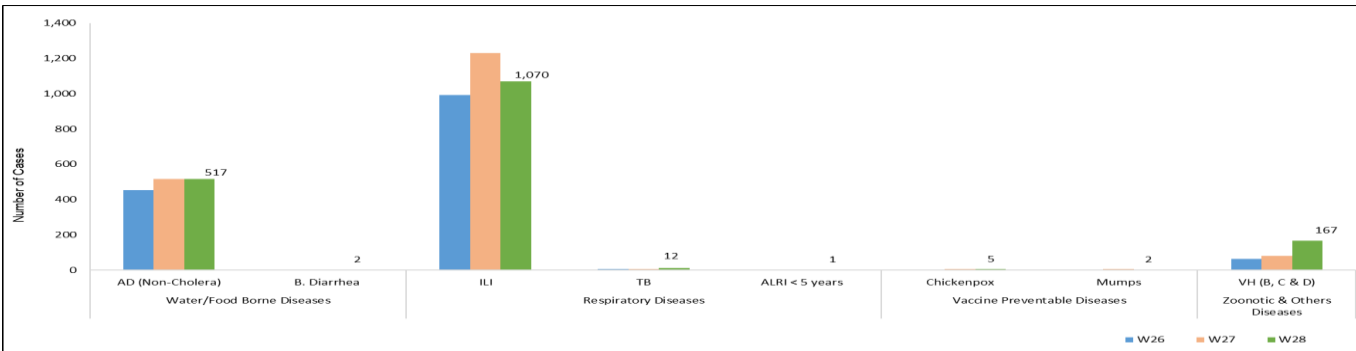


Figure 11: Week wise reported suspected cases of ILI, ICT.

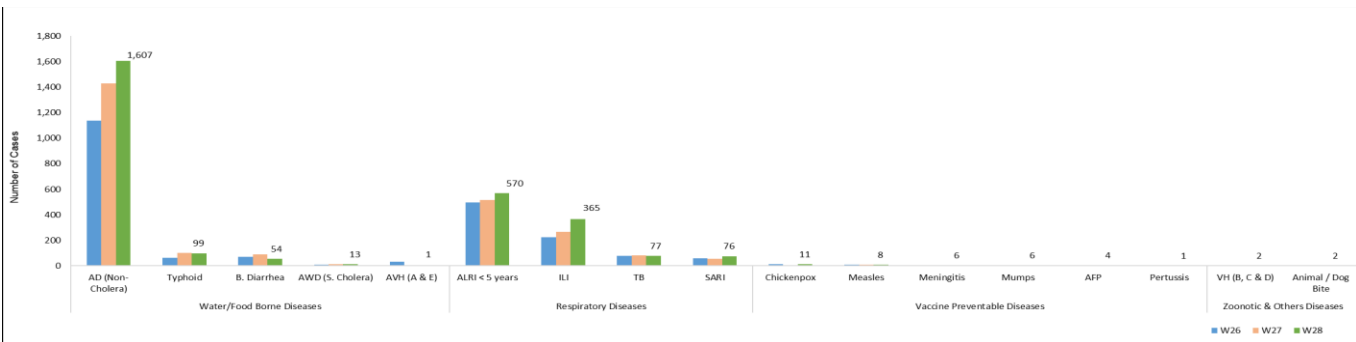
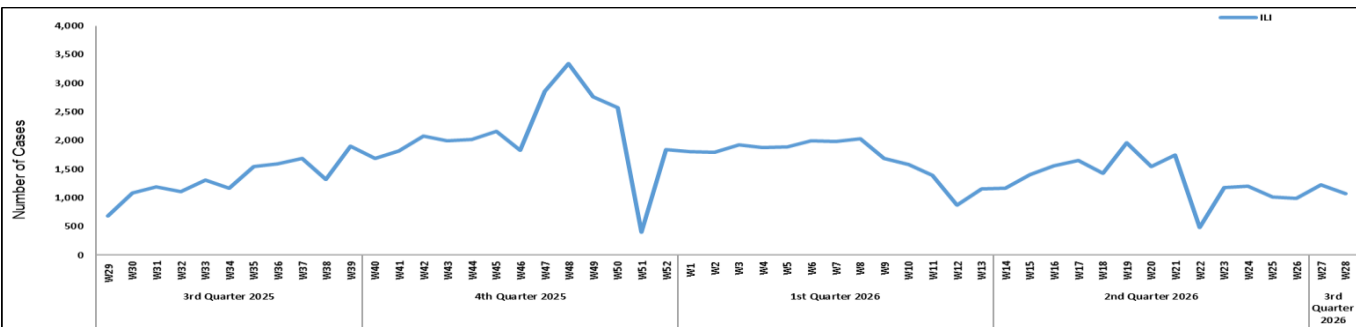


Figure 12: Most frequently reported suspected cases during Week 28, GB.

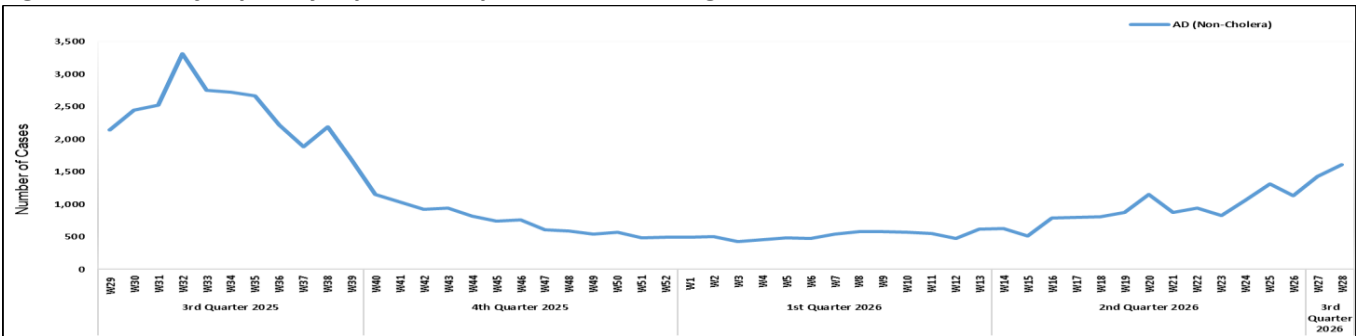


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.

Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 28, 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)		20	3	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		173	0	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		6,443	452	765	56	-	-	-	-	207	1	-	-	-	-
CCHF		-	-	4	0	-	-	-	-	-	-	-	-	-	-
Dengue		1,105	55	178	0	-	-	-	-	-	-	-	-	-	-
VH (B)		11,841	256	549	36	-	-	-	-	1,716	25	-	-	-	-
VH (C)		12,091	915	525	22	-	-	-	-	1,566	5	-	-	-	-
VH (D)		150	45	20	6	-	-	-	-	-	-	-	-	-	-
VH (A)		193	102	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		90	18	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		4	0	-	-	-	-	-	-	-	-	-	-	-	-
TB		668	80	64	14	-	-	-	-	78	1	-	-	-	-
HIV/ AIDS		4,692	23	324	1	-	-	-	-	241	0	-	-	-	-
Syphilis		1,301	23	-	-	-	-	-	-	177	9	-	-	-	-
Typhoid		135	7	54	9	-	-	-	-	341	6	-	-	-	-
Diphtheria		5	2	-	-	-	-	-	-	-	-	-	-	-	-
ILI		8	0	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		120	28	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis		13	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		179	54	26	17	312	122	18	12	18	7	452	70	22	10
Rubella (CRS)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)		3	0	2	1	-	-	-	-	6	0	-	-	-	-
Chikungunya		-	-	3	0	-	-	-	-	-	-	-	-	-	-
Mpox		26	0	-	-	-	-	-	-	-	-	-	-	-	-
SARI		15	3	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	3	0	-	-	7	0	1	0	-	-	27	0	-	-
	SARI	18	0	-	-	38	1	9	0	-	-	83	0	-	-
Influenza A	ILI	3	0	-	-	7	0	1	0	-	-	27	0	-	-
	SARI	18	0	-	-	38	0	9	0	-	-	83	0	-	-
Influenza B	ILI	3	0	-	-	7	0	1	0	-	-	27	0	-	-
	SARI	18	0	-	-	38	1	9	0	-	-	83	1	-	-
RSV	ILI	3	0	-	-	7	0	1	0	-	-	27	0	-	-
	SARI	18	0	-	-	38	0	9	0	-	-	83	0	-	-

Figure 14: District wise Influenza sentinel sites, Pakistan.

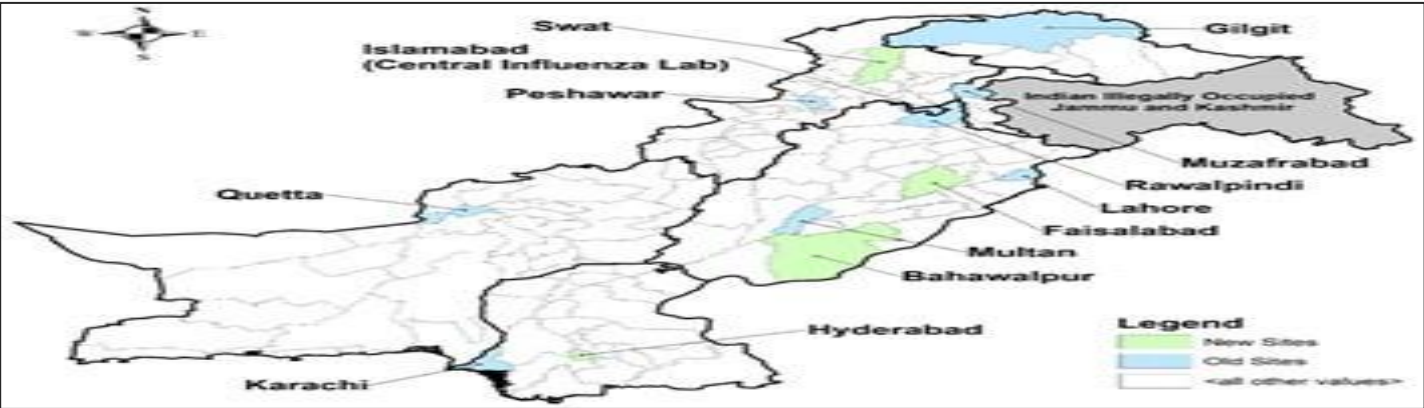


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 28, Pakistan.

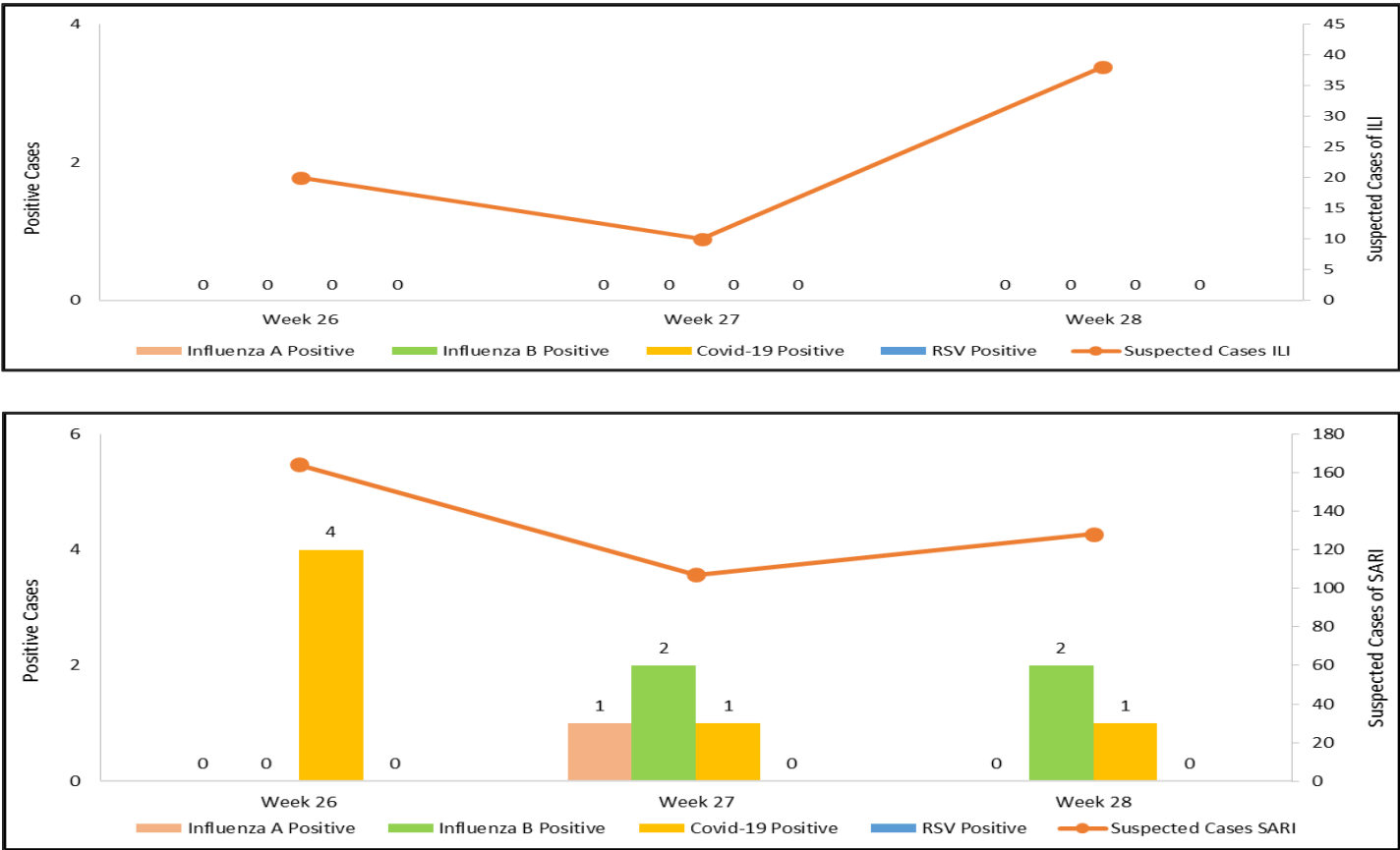


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 28, Pakistan

IDSR Reports Compliance

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

Table 6: Compliance of IDSR reporting districts Week 28, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	103	93%
	Bannu	228	127	56%
	Battagram	59	44	75%
	Buner	34	34	100%
	Bajaur	43	43	100%
	Charsadda	61	61	100%
	Chitral Upper	31	31	100%
	Chitral Lower	37	36	97%
	D.I. Khan	115	114	99%
	Dir Lower	63	62	98%
	Dir Upper	56	52	93%
	Hangu	22	18	82%
	Haripur	72	71	99%
	Karak	36	36	100%
	Khyber	53	41	77%
	Kohat	61	61	100%
	Kohistan Lower	13	6	46%
	Kohistan Upper	22	17	77%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	34	17	50%
	Upper Kurram	38	36	95%
	Malakand	41	41	100%
	Mansehra	133	131	98%
	Mardan	82	74	90%
	Nowshera	57	56	98%
	North Waziristan	10	8	80%
	Peshawar	157	127	81%
	Shangla	37	36	97%
	Swabi	65	63	97%
	Swat	75	71	95%
	South Waziristan (Upper)	93	40	43%
	South Waziristan (Lower)	29	29	100%
	Tank	34	33	97%
	Torghar	13	13	100%
	Mohmand	68	23	34%
	Orakzai	69	4	6%
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 Valley	29	0	0%
	Sudhnooti	27	0	0%
Islamabad Capital Territory	ICT	24	23	96%
	CDA	12	6	50%
Balochistan	Gwadar	26	23	88%
	Kech	45	0	0%
	Khuzdar	74	8	11%
	Killa Abdullah	26	23	88%
	Lasbella	55	55	100%
	Pishin	65	0	0%
	Quetta	56	9	16%
	Sibi	36	19	53%
	Zhob	39	0	0%
	Jaffarabad	16	15	94%
	Naseerabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	0	0%
	Chagai	36	19	53%
	Kalat	41	40	98%
	Harnai	17	0	0%
	Kachhi (Bolan)	35	17	49%
	Jhal Magsi	28	27	96%
	Sohbat pur	25	0	0%
	Surab	32	12	38%
	Mastung	46	46	100%
	Loralai	33	27	82%
	Killa Saifullah	28	0	0%
	Ziarat	29	17	59%
	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	17	85%
	Hub	33	14	42%
	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	43	98%
	Diamer	62	59	95%
	Astore	55	55	100%
	Shigar	23	23	100%
	Skardu	54	54	100%
	Ganche	29	26	90%

	Kharmang	25	25	100%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	65	65	100%
	Naushahro Feroze	102	95	93%
	Tharparkar	273	271	99%
	Shikarpur	59	59	100%
	Thatta	50	50	100%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	16	76%
	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	51	93%
	Mirpur Khas	106	106	100%
	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%
	Matari	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 28, 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	0	0%
	Swabi	1	0	0%
	Nowshera	1	1	100%
	Mardan	1	1	100%
	Abbottabad	1	1	100%
	Swat	1	1	100%

Two-Day Capacity-Building Training on Integrated Disease Surveillance and Response System (IDSRS) Conducted for Healthcare Providers at Federal General Hospital, Islamabad



The Integrated Disease Surveillance and Response System (IDSRS) Project, National Institute of Health (NIH), Islamabad, successfully organized a two-day capacity-building training for healthcare providers from the Federal General Hospital, Park Road, Islamabad. The training was designed to strengthen the knowledge, technical competencies, and practical skills of healthcare professionals in disease surveillance, timely reporting, and public health emergency preparedness, thereby contributing to a more robust national surveillance system.

The training brought together doctors, nurses, laboratory professionals, and other healthcare providers who play a vital role in disease detection and reporting at the facility level. Over the course of the two-day program, participants received comprehensive training on the standardized case definitions of priority notifiable diseases, disease reporting procedures through the IDSRS platform, disease alert generation and response mechanisms,

laboratory surveillance tools, and the Public Health Laboratory Network. Special emphasis was placed on ensuring the completeness, accuracy, and timeliness of surveillance data, recognizing these as essential components for early detection of outbreaks, informed decision-making, and rapid public health response. and re-emerging infectious diseases.

Addressing the participants, **Dr. Muhammad Ali Rehman**, Project Director, IDSRS, National Institute of Health, emphasized that the IDSRS serves as a cornerstone of Pakistan's public health surveillance system by facilitating the early detection, reporting, and response to communicable diseases and other public health threats. He stated that healthcare providers are the frontline workforce and the backbone of the surveillance system, whose commitment to accurate, complete, and timely reporting is indispensable for generating quality surveillance



data. He further noted that reliable data enables evidence-based public health decision-making, strengthens outbreak preparedness and response, and ultimately contributes to reducing morbidity and mortality associated with communicable diseases across the country.

The closing ceremony was graced by **Dr. Mazhar Nisar**, Joint Executive Director, National Institute of Health, and **Dr. Mumtaz Ali Khan**, Chief, Centre for Disease Control (CDC), NIH, who attended as the chief guests. They distributed certificates among the participants in recognition of their successful completion of the training and commended the National IDSRS team for organizing this important capacity-building initiative.

Knowledge Hub

Understanding Dengue: A Public Health Priority

What is Dengue?

It is a mosquito-borne viral disease caused by the dengue virus and transmitted primarily by *Aedes* mosquitoes. It commonly occurs in tropical and subtropical regions and can lead to outbreaks, especially during the monsoon season (1,2)

Symptoms:

Common symptoms include fever, severe headache, pain behind the eyes, muscle and joint pain, nausea or vomiting, skin rash, and fatigue (1,2). In severe cases, dengue can cause bleeding, plasma leakage, and shock, requiring urgent medical care (1).

How is Dengue Spread?

It is transmitted through the bite of an infected *Aedes* mosquito, which usually bites during dusk and dawn hours. Dengue does not spread directly from person to person (1,2)

How to Prevent Dengue?

Preventing dengue requires a combination of household and community-level actions. Stagnant water should be regularly eliminated from containers, water tanks, tyres, and flower pots. Personal protection is also important; individuals should use mosquito repellents, coils, and window screens, and wear long-sleeved

clothing, especially during peak mosquito activity times (2,3). Sleeping under bed nets is recommended, especially for vulnerable groups like children, pregnant women, and sick individuals (2). Maintaining a clean environment and working with local authorities to improve waste management and drainage systems further helps reduce mosquito breeding (1,3). In addition, active community participation in source reduction and vector control activities plays a crucial role in preventing the spread of dengue (1).

When to Seek Medical Attention

Seek medical care if you experience any of the symptoms like persistent high fever, severe abdominal pain, bleeding from the nose or gums, vomiting or difficulty drinking fluids, and extreme weakness or drowsiness.

Additional Resources

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

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

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

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

DENGUE PREVENTION



Remove Standing Water



Use Insect Repellent



Sleep Under Bed Net



Wear Long Sleeves



Keep Environment Clean

PROTECT YOURSELF AND YOUR FAMILY



<https://phb.nih.org.pk/>



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