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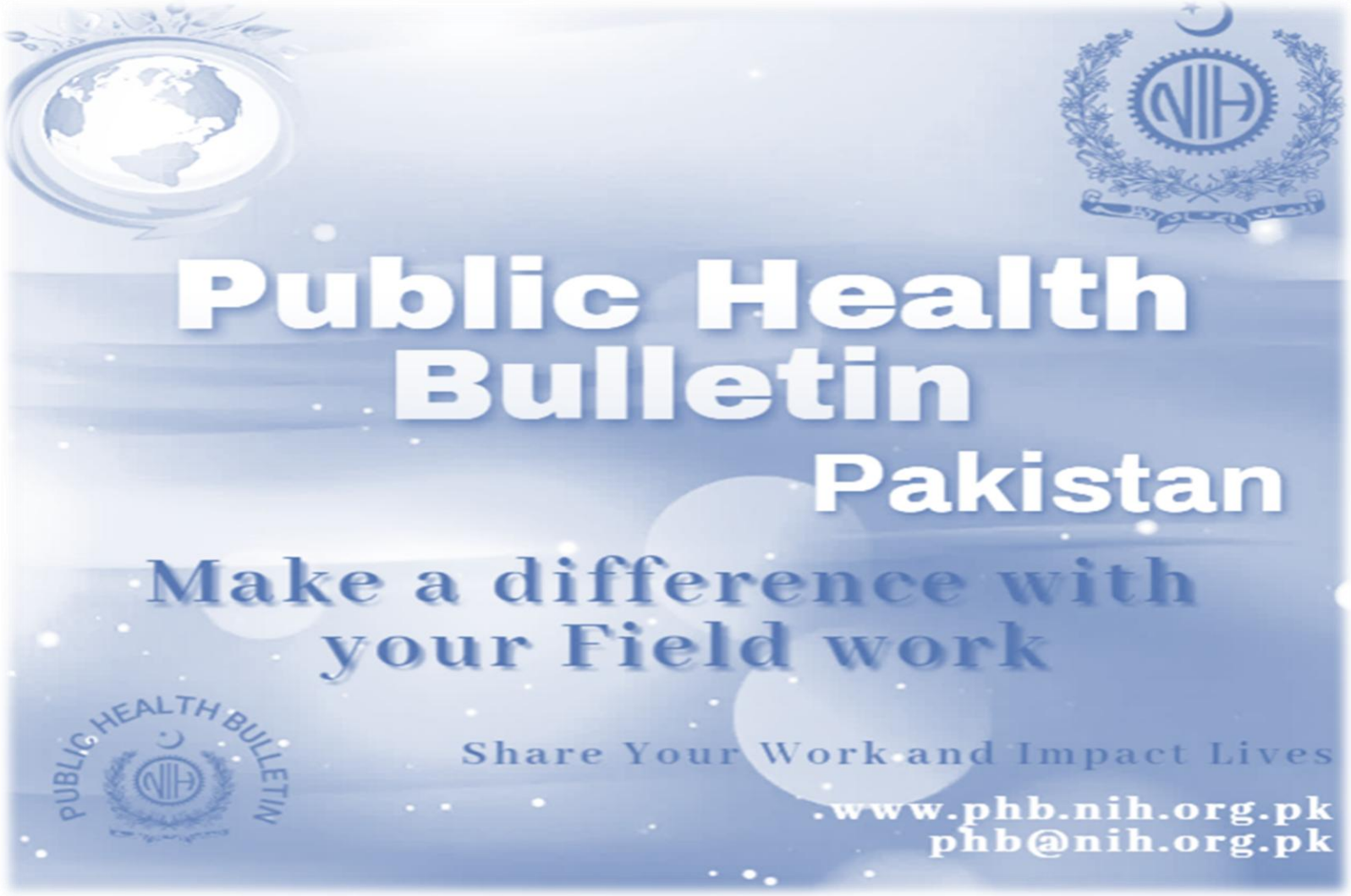
PUBLIC HEALTH BULLETIN-PAKISTAN

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 24, 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 Understanding Acute Watery Diarrhea: What you need to know

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

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Stay informed. Stay prepared. Stay healthy.

Sincerely,
The Chief Editor

- *During Week 24, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, TB, ALRI <5 years, B. Diarrhea, Animal/ Dog Bite, VH (B, C & D), Typhoid, SARI, and Measles.*
- *Twenty-one cases of AFP were reported from Sindh, seventeen from KP, and one from GB.*
- *Thirty-four suspected cases of HIV/ AIDS were reported from Balochistan, Twenty-nine from Sindh, and ten from KP.*
- *Eight suspected cases of Brucellosis were reported from Balochistan and seven from KP.*
- *Among VPDs, there is an increase in the number of cases of Mumps, Chickenpox, Meningitis, AFP, Pertussis, and NT 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 HIV/AIDS, Gonorrhea, and Syphilis this week.*
- *Among Zoonotic/Other diseases, there is an increase in the number of cases of VH (B, C & D), Brucellosis, Leprosy, and 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 98%, followed by GB 90%, ICT 89%, KP 80%, and Balochistan 45%.*
- *In Week 24, 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	1,826	80
Azad Jammu Kashmir	476	0	0
Islamabad Capital Territory	36	32	89
Balochistan	1,305	588	45
Gilgit Baltistan	405	364	90
Sindh	2,115	2,076	98
National	6,614	4,886	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.

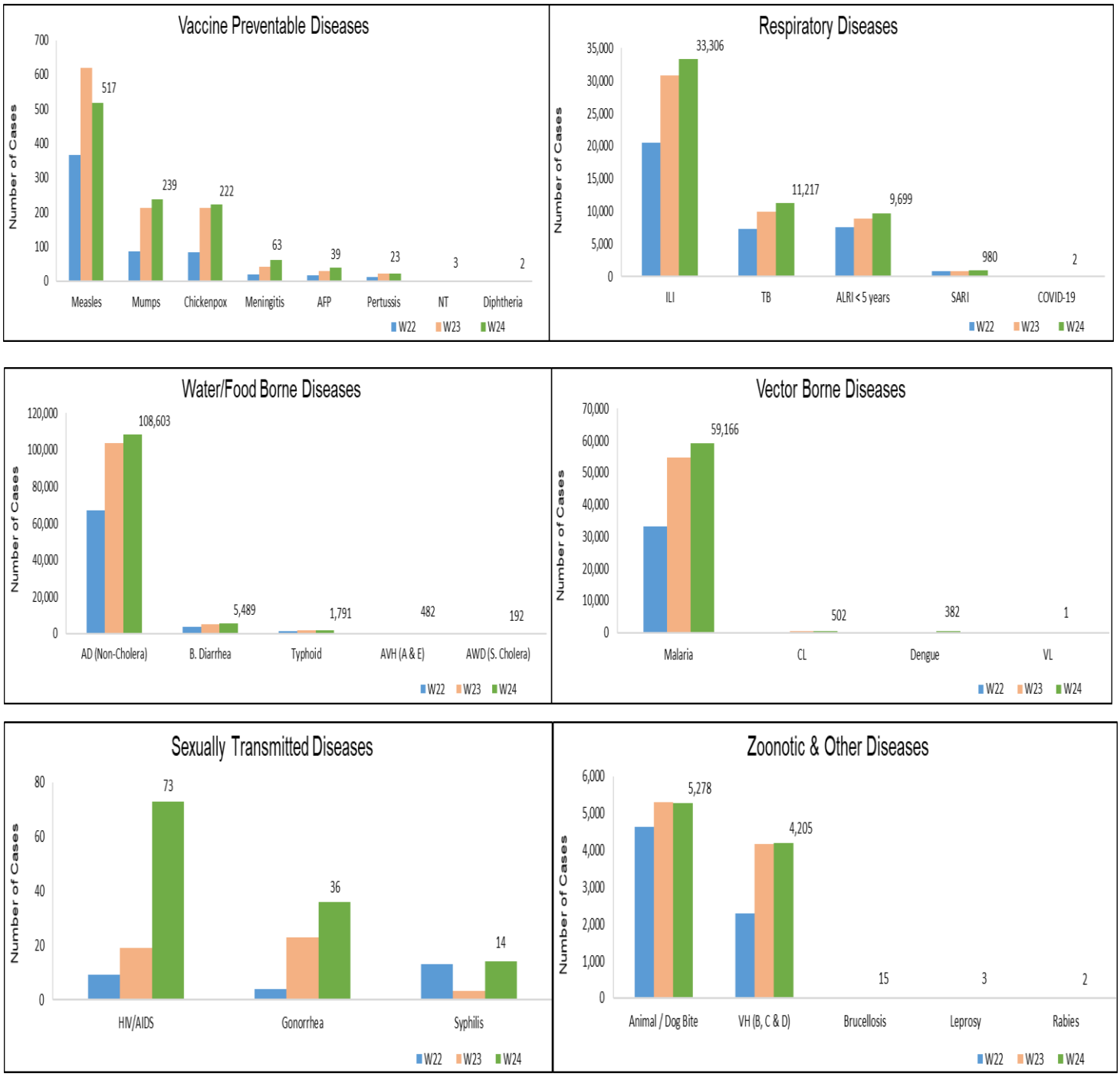
Acute Viral Hepatitis (A & E)

- **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 24, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	NR	5,789	1,068	637	48,425	NR	52,676	108,603
Malaria	NR	1,774	0	0	6,504	NR	50,888	59,166
ILI	NR	3,782	324	1,201	3,585	NR	24,414	33,306
TB	NR	13	64	4	281	NR	10,855	11,217
ALRI < 5 years	NR	1,107	538	2	638	NR	7,414	9,699
B. Diarrhea	NR	790	58	3	1,389	NR	3,249	5,489
Animal / Dog Bite	NR	113	8	1	1,490	NR	3,666	5,278
VH (B, C & D)	NR	320	0	0	153	NR	3,732	4,205
Typhoid	NR	289	50	2	611	NR	839	1,791
SARI	NR	304	71	0	424	NR	181	980
Measles	NR	9	5	2	429	NR	72	517
CL	NR	40	0	0	460	NR	2	502
AVH (A & E)	NR	26	1	0	192	NR	263	482
Dengue	NR	296	0	0	33	NR	53	382
Mumps	NR	21	8	2	138	NR	70	239
Chickenpox/ Varicella	NR	2	10	2	179	NR	29	222
AWD (S. Cholera)	NR	149	19	0	2	NR	22	192
HIV/AIDS	NR	34	0	0	10	NR	29	73
Meningitis	NR	2	2	0	19	NR	40	63
AFP	NR	0	1	0	17	NR	21	39
Gonorrhea	NR	21	0	0	0	NR	15	36
Pertussis	NR	19	0	0	4	NR	0	23
Brucellosis	NR	8	0	0	7	NR	0	15
Syphilis	NR	0	0	0	0	NR	14	14
NT	NR	2	0	0	4	NR	0	6
Leprosy	NR	0	0	0	3	NR	0	3
COVID-19	NR	0	0	0	2	NR	0	2
Diphtheria (Probable)	NR	2	0	0	0	NR	0	2
Rabies	NR	0	0	0	0	NR	2	2
VL	NR	1	0	0	0	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 24, 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 Umerkot, Khairpur, and Sanghar.
- Twenty-one cases of AFP were reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of VH (B, C, D), Animal/ Dog Bite, Measles, Mumps, Dengue, Chickenpox, and CL while an increase in number of cases AD (Non-Cholera), Malaria, ILI, TB, ALRI<5 Years, B. Diarrhea, Typhoid, AVH (A & E), SARI, Meningitis, HIV/ AIDS, AWD (S. Cholera), AFP, Gonorrhea, Syphilis, and Rabies this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 24, 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	4,333	3,402	2,858	872	497	238	100	297	68	0
Dadu	2,564	3,091	419	495	910	101	290	410	108	31
Ghotki	1,401	3,036	0	468	413	657	250	129	0	0
Hyderabad	3,052	813	1,391	328	115	123	60	61	10	5
Jacobabad	740	1,893	542	236	265	163	259	130	48	0
Jamshoro	2,133	1,451	93	483	204	107	77	66	26	6
Kamber	2,142	2,509	0	772	225	69	255	152	14	0
Karachi Central	2,188	13	1,535	286	86	12	108	0	110	12
Karachi East	513	62	9	21	12	19	18	4	0	0
Karachi Keamari	630	12	440	10	18	0	12	8	0	0
Karachi Korangi	482	67	1	59	3	1	8	10	3	1
Karachi Malir	1,435	36	2,074	73	167	5	46	25	6	11
Karachi South	77	17	0	0	0	0	0	0	0	0
Karachi West	1,073	288	1,558	78	212	15	94	35	20	0
Kashmore	500	1,617	229	120	70	14	153	46	7	0
Khairpur	3,327	3,805	4,989	979	877	244	255	296	207	11
Larkana	2,020	2,706	0	673	267	34	66	286	3	0
Matiari	1,781	2,482	11	592	197	242	118	57	2	34
Mirpurkhas	3,402	2,464	2,299	634	270	78	135	109	6	34
Naushero Feroze	1,501	1,650	1,160	303	249	109	268	225	38	1
Sanghar	1,948	3,417	43	843	252	624	239	33	6	0
Shaheed Benazirabad	1,806	1,974	0	243	143	114	185	80	91	0
Shikarpur	1,352	1,672	4	214	191	246	206	213	3	0
Sujawal	2,433	1,230	0	138	177	45	80	75	4	0
Sukkur	1,406	1,411	1,750	336	141	76	100	132	5	0
Tando Allahyar	1,846	1,826	515	376	88	154	120	74	4	5
Tando Muhammad Khan	1,336	867	0	404	113	25	64	79	0	0
Tharparkar	2,123	1,761	1,022	415	644	41	1	98	3	32
Thatta	1,366	1,314	1,472	28	309	131	99	30	19	63
Umerkot	1,766	4,002	0	376	299	45	0	89	28	17
Total	52,676	50,888	24,414	10,855	7,414	3,732	3,666	3,249	839	263

Figure 2: Most frequently reported suspected cases during Week 24, Sindh.

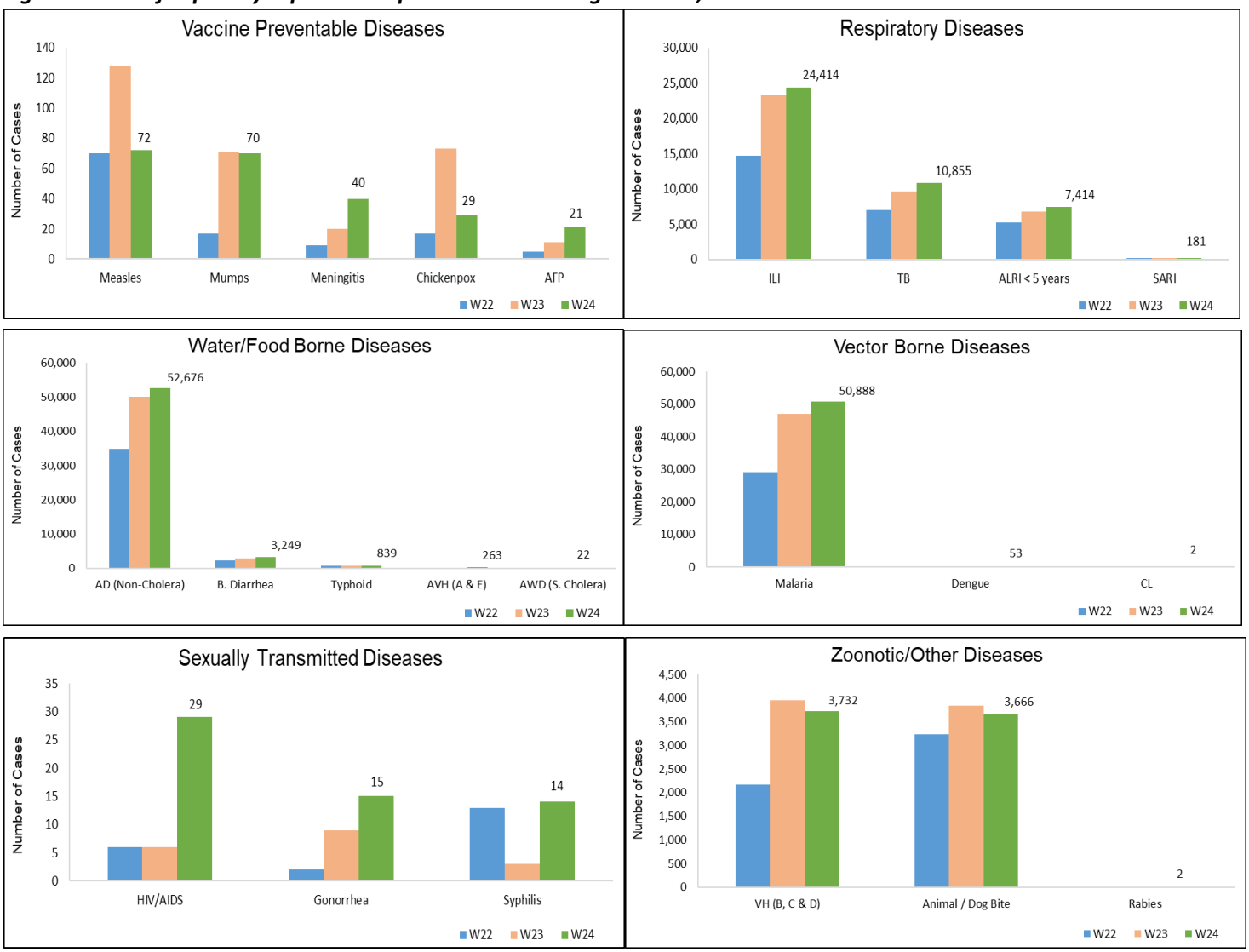
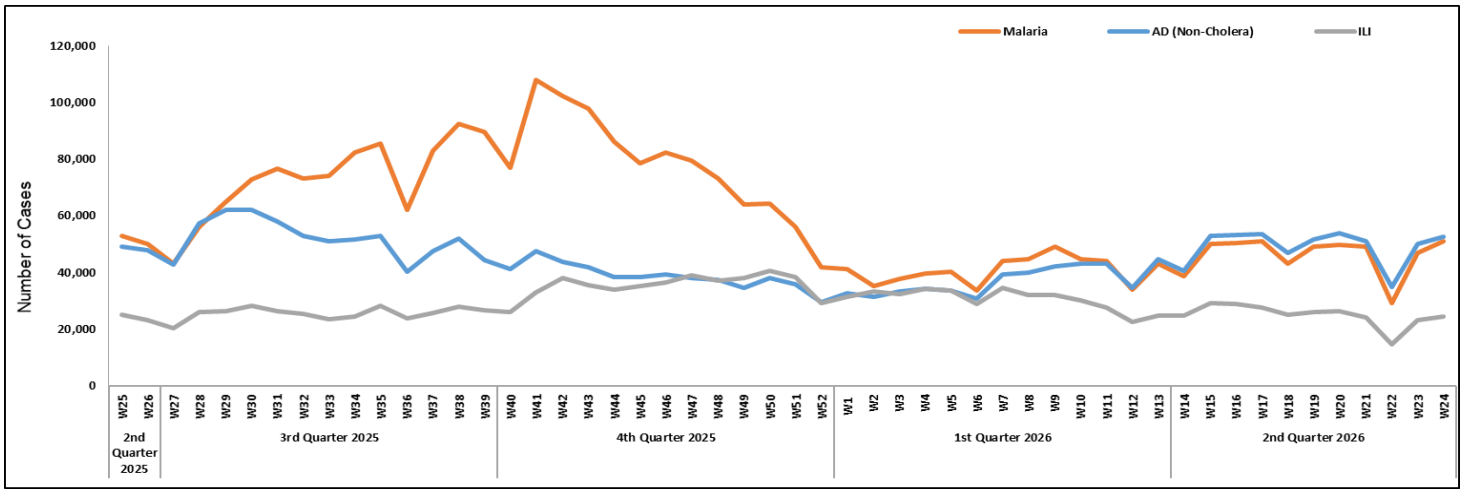


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



Balochistan

- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, VH (B, C & D), SARI, Dengue, Typhoid, and AWD (S. Cholera) cases were the most frequently reported diseases from Balochistan province.
- AD (Non-Cholera) cases were mostly reported from Usta Muhammad, Gwadar, and Lasbella while ILI cases were mostly reported from Quetta, Loralai, and Gwadar.
- Eight cases of Brucellosis were reported from Balochistan. Field investigation is required to confirm the cases.
- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, VH (B, C & D), SARI, Dengue, Typhoid, AWD (S. Cholera), Animal/ Dog Bite, CL, HIV/ AIDS, AVH (A & E), Gonorrhea, Pertussis, TB, Measles, Brucellosis, NT, 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 Mumps and Chickenpox.

Table 3: District wise distribution of most frequently reported suspected cases* during *Week 24, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	VH (B, C & D)	SARI	Dengue	Typhoid	AWD (S. Cholera)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	82	44	62	4	14	0	0	0	40	6
Chagai	191	272	56	0	44	3	0	0	13	0
Chaman	2	235	53	0	24	0	1	0	32	5
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	517	450	9	NR	9	NR	NR	NR	NR	NR
Harnai	227	5	71	189	66	0	0	0	0	0
Hub	206	60	68	6	13	0	0	0	0	0
Jaffarabad	117	0	62	0	14	0	0	0	0	0
Jhal Magsi	0	0	0	0	0	0	0	0	0	0
Kachhi (Bolan)	178	193	164	25	7	2	33	NR	NR	8
Kalat	3	0	1	0	1	0	0	0	1	0
Kech (Turbat)	86	0	329	16	3	271	2	291	1	0
Kharan	223	443	32	0	86	0	16	0	10	7
Khuzdar	46	24	28	1	12	0	9	0	27	8
Killa Abdullah	253	131	6	11	50	0	41	0	9	34
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lasbella	497	72	203	248	34	20	0	5	7	0
Loralai	365	491	71	47	56	0	40	0	35	0
Mastung	495	237	43	86	44	3	62	0	10	1
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	392	0	176	44	42	2	28	0	49	0
Nushki	185	0	0	0	34	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	482	530	6	60	54	0	11	0	13	1
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	421	223	152	84	22	1	34	0	22	28
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Usta Muhammad	519	113	84	153	79	18	9	0	2	0
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Ziarat	302	259	98	133	82	0	18	0	18	51
Total	5,789	3,782	1,774	1,107	790	320	304	296	289	149

Figure 4: Most frequently reported suspected cases during Week 24, Balochistan.

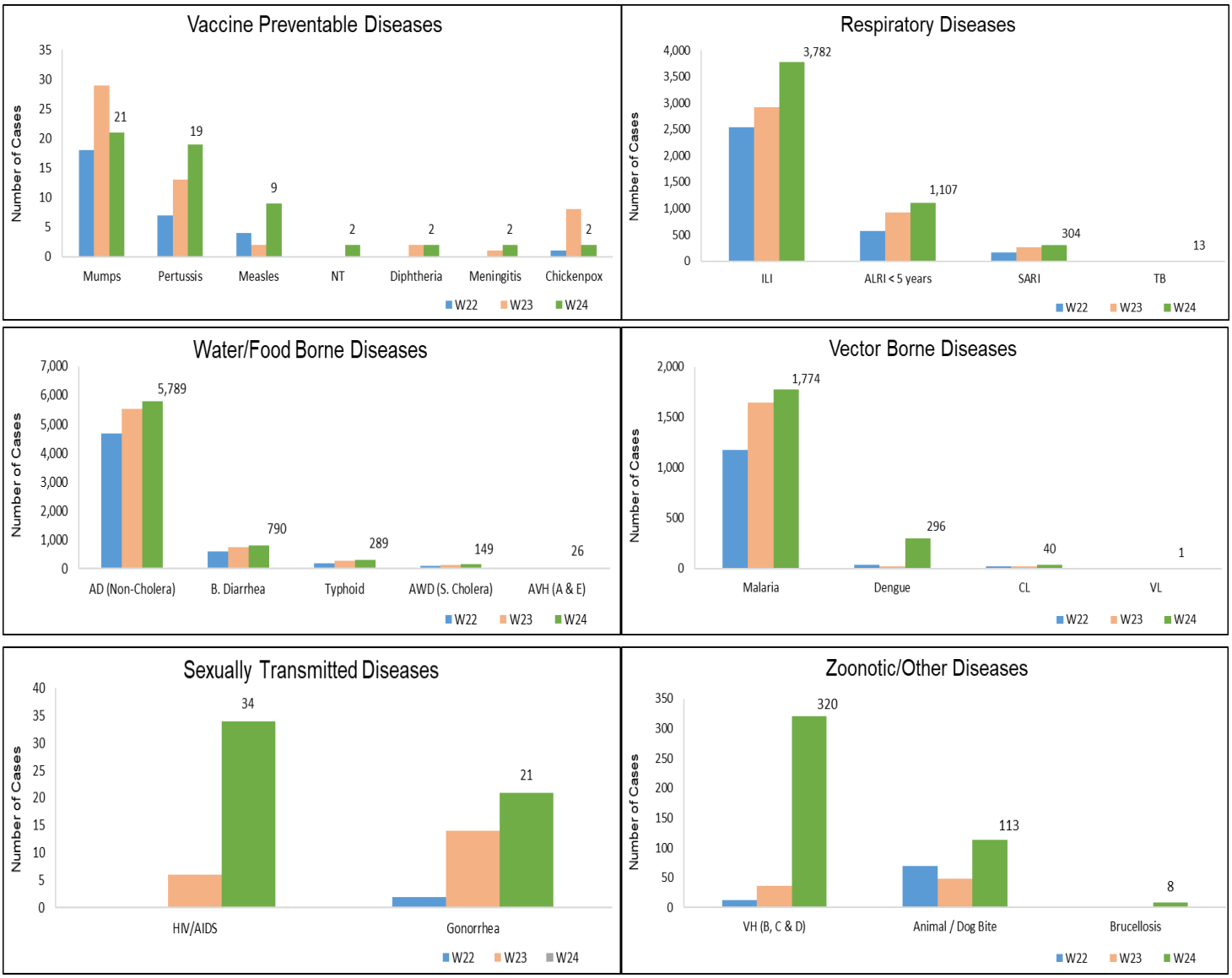
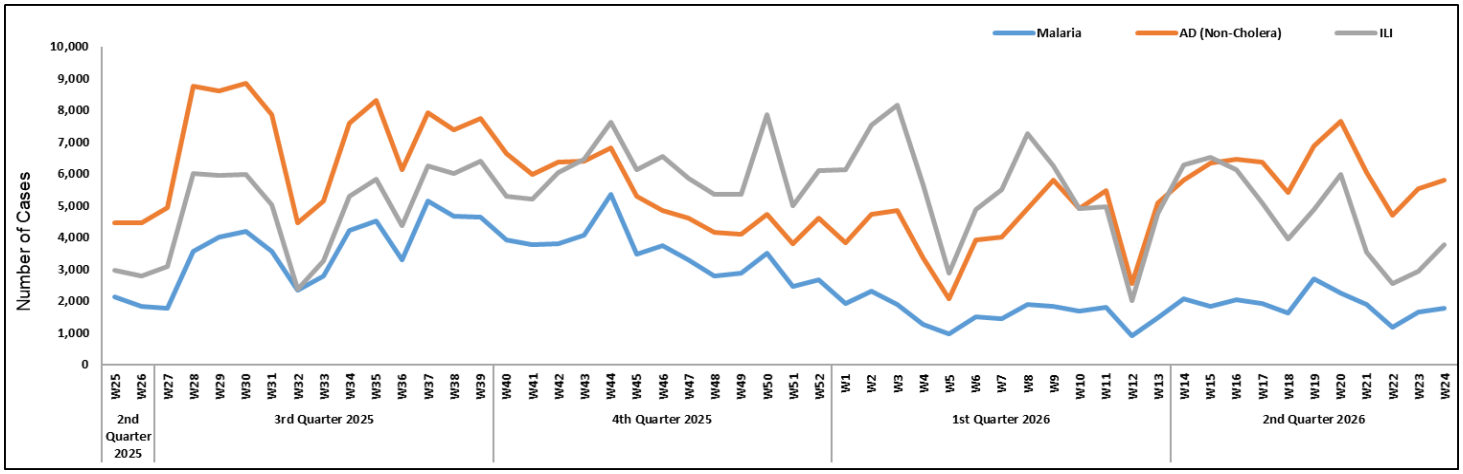


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Animal/ Dog Bite, B. Diarrhea, ALRI<5 Years, Typhoid, CL, Measles, and SARI.
- AD (Non-Cholera), Malaria, ILI, Animal/ Dog Bite, B. Diarrhea, Typhoid, CL, SARI, AVH (A & E), Chickenpox, VH (B, C & D), Mumps, HIV/ AIDS, Brucellosis, Leprosy, NT, and AWD (S. Cholera) cases showed an increase in number while ALRI<5 Years, Measles, Dengue, AFP, and Pertussis showed a decline in number this week.
- Seventeen cases of AFP were reported from KP. All are suspected cases and need field verification.
- Ten cases of HIV/AIDS were 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 24, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	ALRI < 5 years	Typhoid	CL	Measles	SARI
Abbottabad	1,427	7	39	74	19	29	12	0	16	5
Bajaur	1,174	399	4	74	75	9	3	31	9	26
Bannu	1,218	977	4	10	29	12	81	3	67	10
Battagram	437	68	549	4	0	3	5	0	5	0
Buner	667	226	0	24	0	0	4	0	0	0
Charsadda	2,697	285	363	28	100	153	105	1	13	0
Chitral Lower	1,313	18	18	9	55	6	8	8	9	18
Chitral Upper	235	6	15	6	5	6	15	1	0	5
D.I. Khan	2,186	587	0	22	28	9	2	3	62	0
Dir Lower	2,109	148	0	88	112	6	38	10	23	0
Dir Upper	1,687	9	33	15	20	6	3	0	1	0
Hangu	324	79	47	39	0	0	2	15	0	0
Haripur	2,374	7	542	94	5	8	4	0	5	0
Karak	758	229	15	55	116	69	22	80	17	0
Khyber	1,090	679	26	67	121	21	49	124	1	4
Kohat	817	173	0	30	68	4	29	45	1	0
Kohistan Lower	116	5	0	0	5	0	0	0	0	0
Kohistan Upper	433	13	0	0	27	3	0	0	4	15
Kolai Palas	124	0	8	0	2	0	0	0	0	0
L & C Kurram	58	12	6	4	15	0	2	0	0	0
Lakki Marwat	693	288	6	78	5	6	15	0	5	0
Malakand	1,980	43	336	22	0	1	0	0	15	1
Mansehra	1,874	7	414	0	19	5	18	0	1	35
Mardan	2,007	355	17	28	87	86	46	1	35	0
Mohmand	140	108	94	9	8	2	5	54	8	83
North Waziristan	37	88	3	1	5	8	11	1	9	6
Nowshera	2,857	503	21	97	41	22	6	33	5	14
Orakzai	199	16	5	7	7	0	0	0	0	0
Peshawar	6,615	58	163	23	137	34	49	0	61	1
Shangla	2,022	473	0	210	30	17	11	0	3	0
South Waziristan (Lower)	211	157	214	26	100	24	9	33	21	102
SWU	35	0	15	0	0	0	0	0	0	0
Swabi	2,694	107	529	142	13	19	8	0	27	76
Swat	4,932	34	36	182	74	57	33	0	4	0
Tank	492	216	19	0	6	4	2	1	2	0
Tor Ghar	182	111	0	9	34	5	3	16	0	0
Upper Kurram	210	13	44	13	21	4	11	0	0	23
Total	48,425	6,504	3,585	1,490	1,389	638	611	460	429	424

Figure 6: Most frequently reported suspected cases during Week 24, KP.

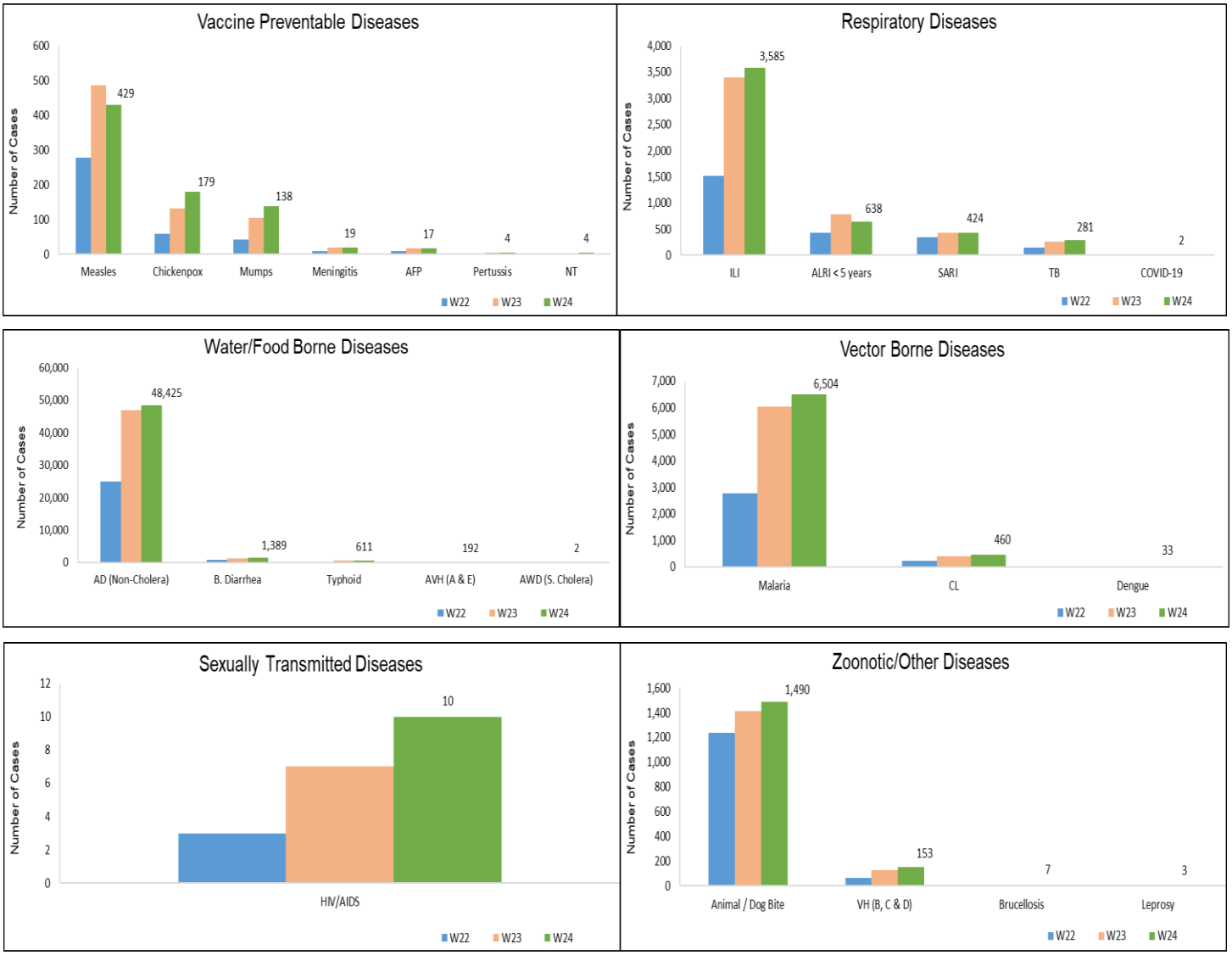
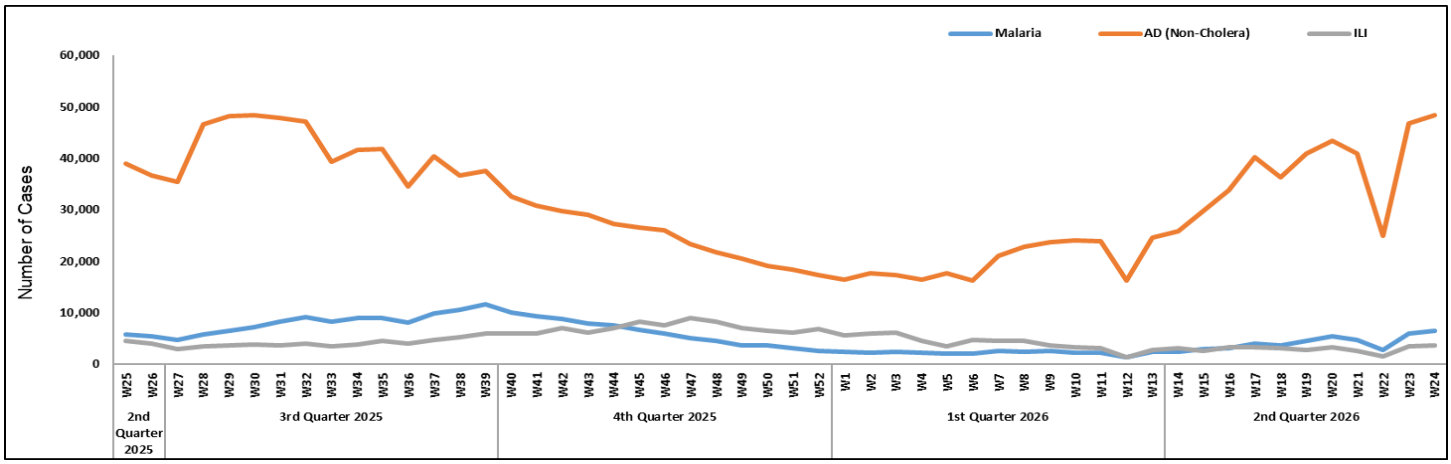


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera), TB, B. Diarrhea, Typhoid, ALRI <5 Years, Measles, Mumps, Chickenpox, and Animal/ Dog Bite. AD (Non-Cholera), TB, and Chickenpox cases showed a decline in number while an increase in number was observed in ILI, Typhoid, ALRI <5 Years, Measles, Mumps, and Animal/ Dog Bite cases this week.

AJK: Data for Week 24 is not shared due to the 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, B. Diarrhea, Typhoid, AWD (S. Cholera), Chickenpox/ Varicella, Mumps, Animal/ Dog Bite, Measles, Meningitis, AVH (A & E), and AFP cases. An increase in cases is observed this week for AD (Non-Cholera), ALRI <5 Years, ILI, SARI, TB, B. Diarrhea, Typhoid, AWD (S. Cholera), Chickenpox/Varicella, Mumps, Animal/Dog Bite, Measles, and AFP.

NOTE: Due to the political conditions AJK data for Week 24 is not shared.

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

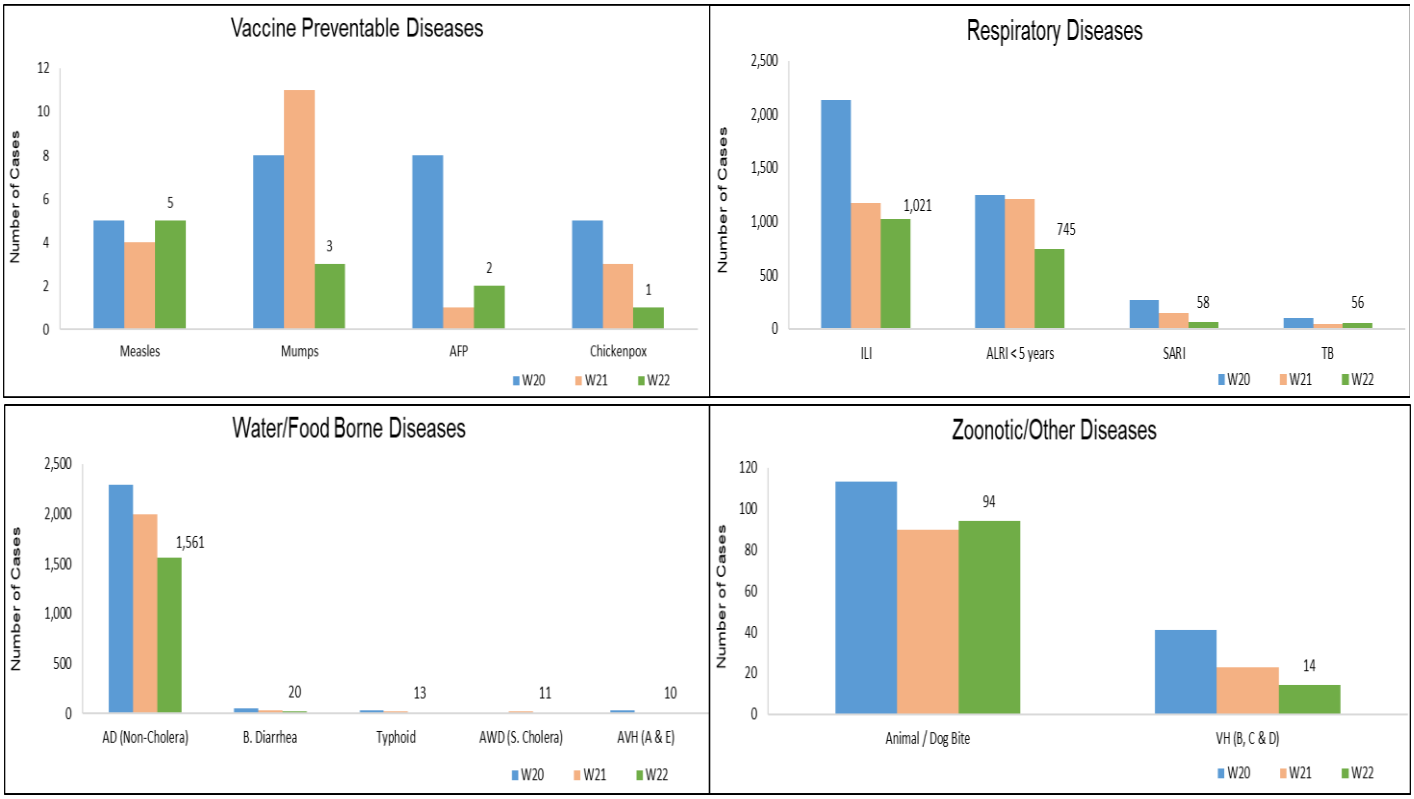


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.

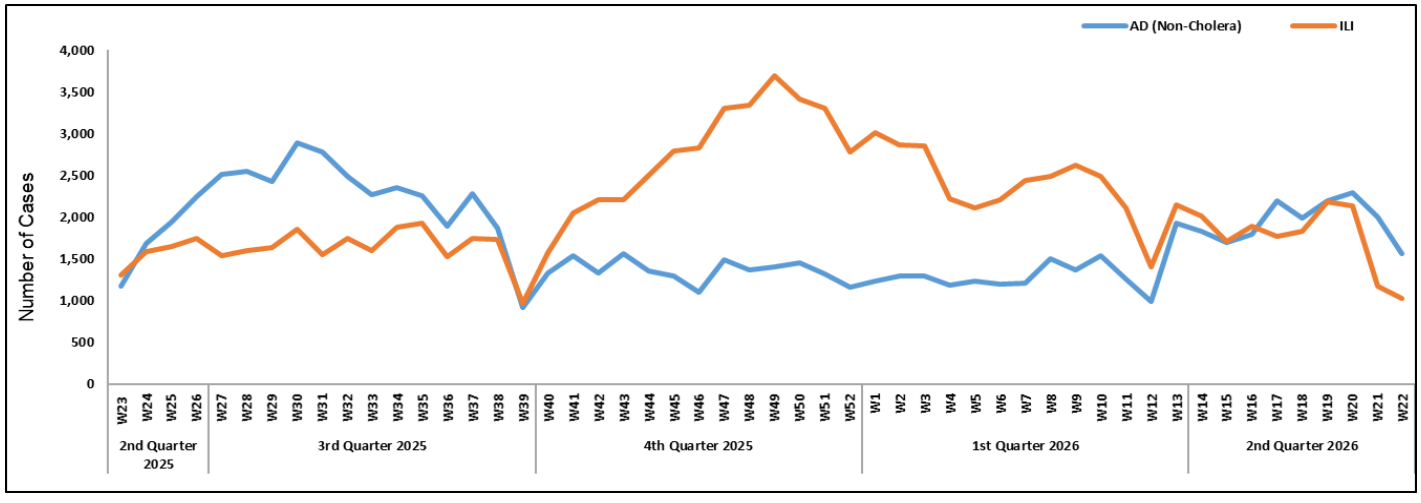


Figure 10: Most frequently reported suspected cases during Week 24, ICT.

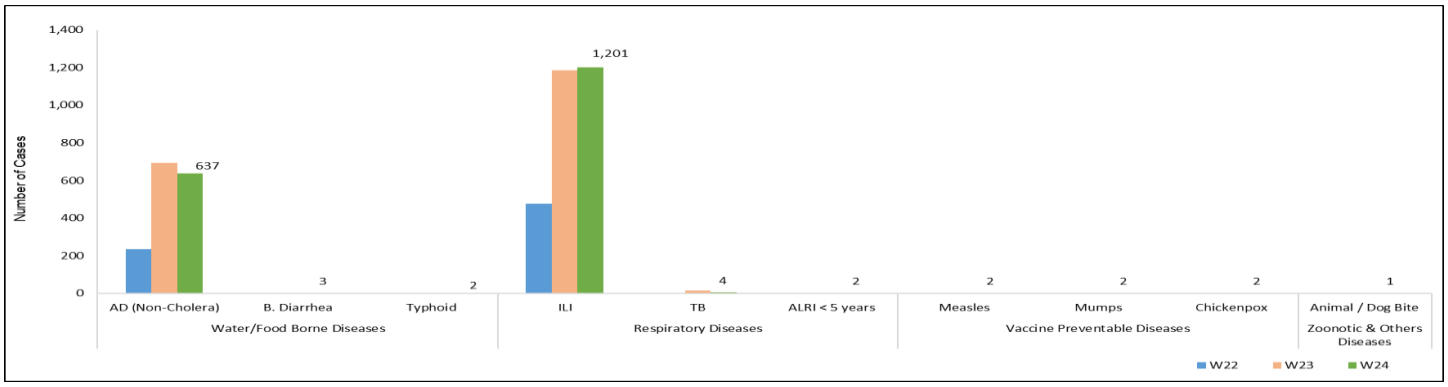


Figure 11: Week wise reported suspected cases of ILI, ICT.

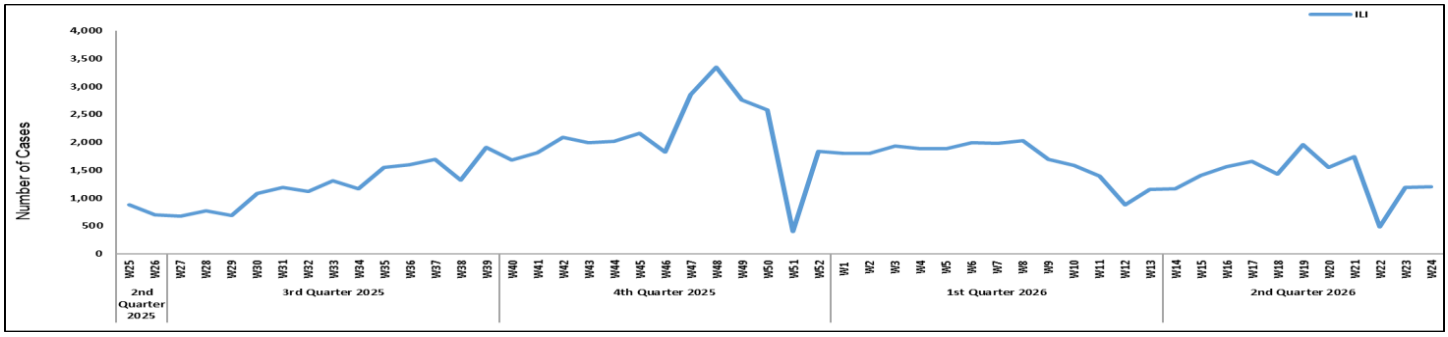


Figure 12: Most frequently reported suspected cases during Week 24, GB.

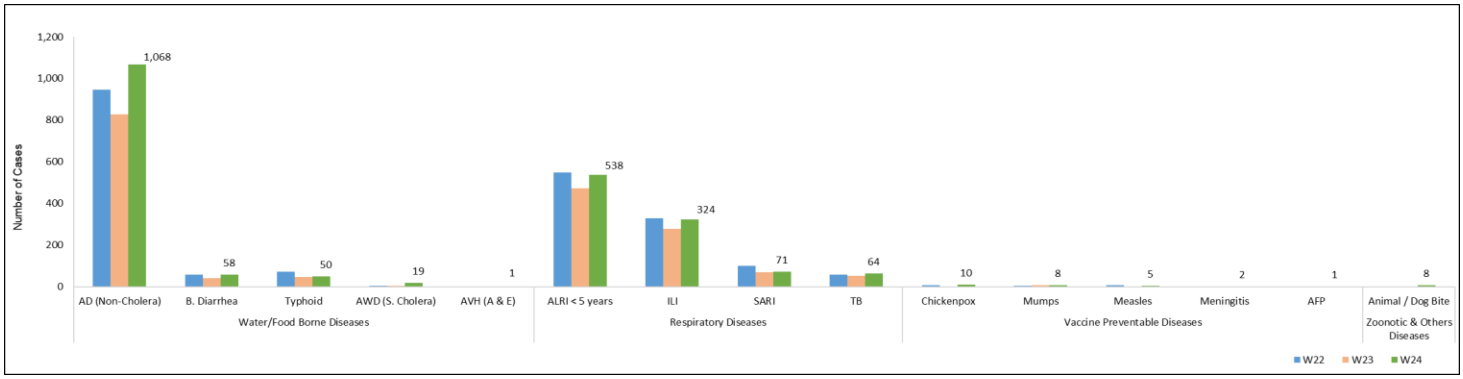


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.

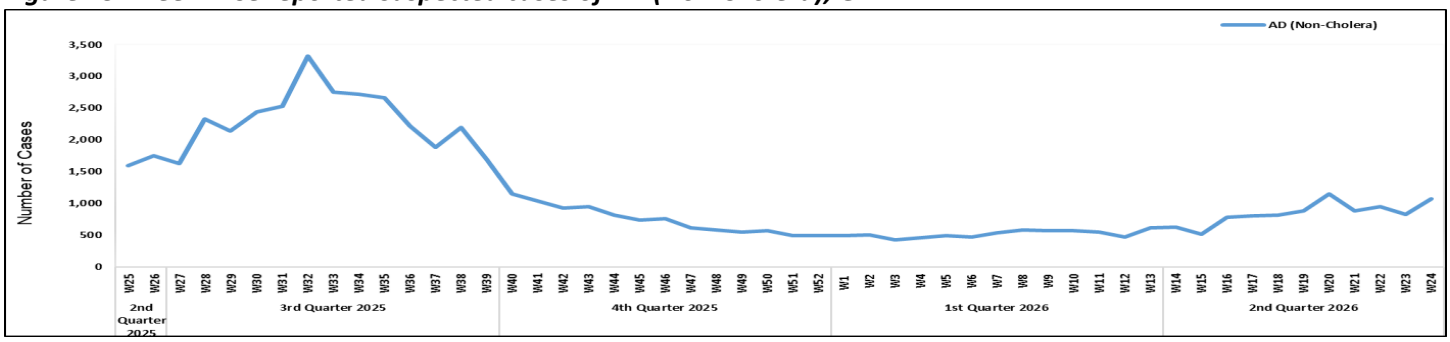


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 24, Pakistan.

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)		-	-	7	5	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		-	-	857	72	-	-	-	-	204	0	-	-	-	-
CCHF		-	-	6	0	-	-	-	-	-	-	-	-	-	-
Dengue		-	-	211	4	-	-	-	-	-	-	-	-	-	-
VH (B)		-	-	552	75	-	-	-	-	1,206	14	-	-	-	-
VH (C)		-	-	521	38	-	-	-	-	1,291	3	-	-	-	-
VH (D)		-	-	40	8	-	-	-	-	-	-	-	-	-	-
VH (A)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		-	-	-	-	-	-	-	-	-	-	-	-	-	-
TB		-	-	75	15	-	-	-	-	66	1	-	-	-	-
HIV/ AIDS		-	-	373	0	-	-	-	-	250	0	-	-	-	-
Syphilis		-	-	27	0	-	-	-	-	170	0	-	-	-	-
Typhoid		-	-	68	5	-	-	-	-	264	3	-	-	-	-
Diphtheria		-	-	-	-	-	-	-	-	-	-	-	-	-	-
ILI		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles		215	92	29	15	345	164	3	2	0	0	532	117	4	3
Rubella (CRS)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)		-	-	16	4	-	-	-	-	-	-	-	-	-	-
Chikungunya		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chickenpox		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gonorrhea		-	-	8	0	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	-	-	-	-	-	-	-	-	-	-	20	0	-	-
	SARI	-	-	-	-	30	0	8	0	-	-	82	2	-	-
Influenza A	ILI	-	-	-	-	-	-	-	-	-	-	20	0	-	-
	SARI	-	-	-	-	30	0	8	0	-	-	82	0	-	-
Influenza B	ILI	-	-	-	-	-	-	-	-	-	-	20	0	-	-
	SARI	-	-	-	-	30	1	8	0	-	-	82	0	-	-
RSV	ILI	-	-	-	-	-	-	-	-	-	-	20	0	-	-
	SARI	-	-	-	-	30	0	8	0	-	-	82	1	-	-

- 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.

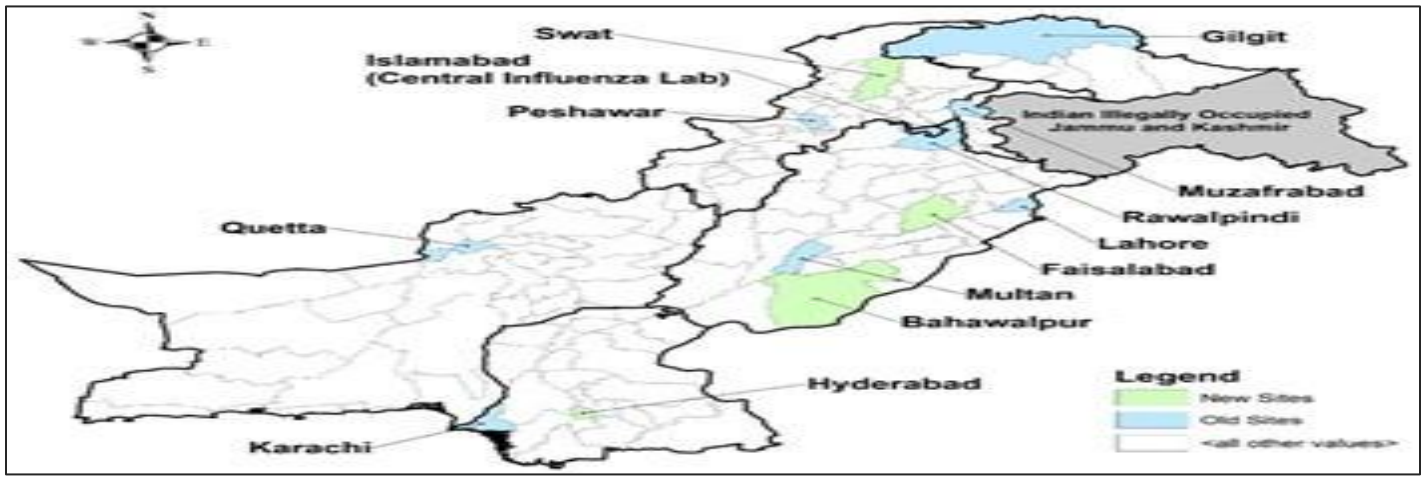


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 24, Pakistan.

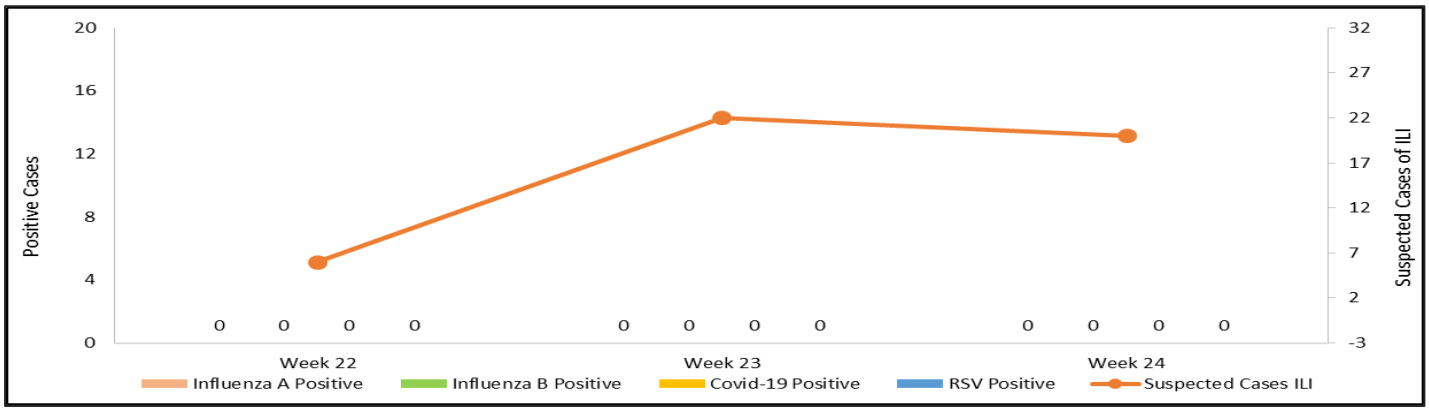


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 24, Pakistan.

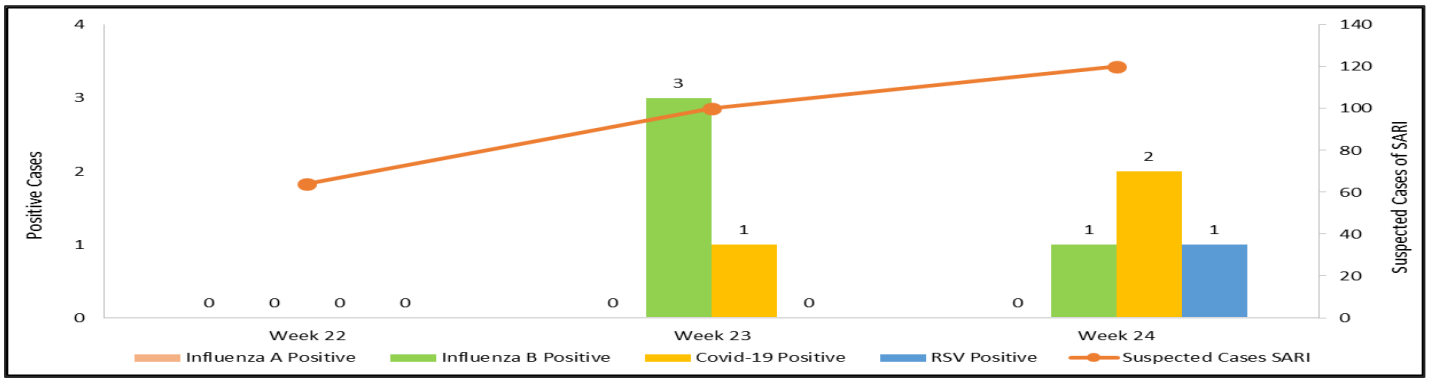


Table 6: Compliance of IDSR reporting districts Week 24, Pakistan.

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	126	55%
	Battagram	59	42	71%
	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	58	92%
	Dir Upper	56	52	93%
	Hangu	22	20	91%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	43	81%
	Kohat	61	61	100%
	Kohistan Lower	13	9	69%
	Kohistan Upper	22	14	64%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	34	14	41%
	Upper Kurram	38	32	84%
	Malakand	41	41	100%
	Mansehra	133	128	96%
	Mardan	82	68	83%
	Nowshera	57	56	98%
	North Waziristan	10	7	70%
	Peshawar	157	128	82%
	Shangla	37	34	92%
	Swabi	65	62	95%
	Swat	75	73	97%
	South Waziristan (Upper)	93	38	41%
	South Waziristan (Lower)	29	27	93%
	Tank	34	33	97%
	Torghar	13	13	100%
	Mohmand	68	28	41%
	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	24	100%
	CDA	12	8	67%
Balochistan	Gwadar	26	22	85%
	Kech	45	1	2%
	Khuzdar	74	9	12%
	Killa Abdullah	26	22	85%
	Lasbella	55	55	100%
	Pishin	65	0	0%
	Quetta	56	22	39%
	Sibi	36	32	89%
	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	23	64%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	14	50%
	Sohbat pur	25	0	0%
	Surab	32	0	0%
	Mastung	46	46	100%
	Loralai	33	30	91%
	Killa Saifullah	28	0	0%
	Ziarat	29	26	90%
	Duki	31	0	0%
	Nushki	29	27	93%
	Dera Bugti	45	0	0%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	25	22	88%
	Barkhan	20	20	100%
	Hub	33	30	91%
	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	54	87%
	Astore	55	55	100%
	Shigar	23	23	100%
	Skardu	54	54	100%

	Ganche	29	19	66%
	Kharmang	25	25	100%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	63	98%
	Umerkot	65	65	100%
	Naushahro Feroze	102	102	100%
	Tharparkar	273	269	99%
	Shikarpur	59	59	100%
	Thatta	50	49	98%
	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	55	100%
	Mirpur Khas	106	106	100%
	Badin	123	123	100%
	Sukkur	63	63	100%
	Dadu	90	88	98%
	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 24, 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%

Knowledge Hub

Acute Watery Diarrhea: What you need to know

Acute Watery Diarrhea (AWD) is a clinical term for diarrhea characterized by frequent, loose, or liquid stools without blood. It is a major public health concern, especially in areas with poor sanitation, because it can lead to severe and life-threatening dehydration.

What Causes Acute Watery Diarrhea?

AWD is most often caused by an infection from a virus, bacteria, or parasite. The most common causes include:

- **Bacteria:**
  - ***Vibrio cholerae*** (the cause of cholera): This is the most infamous cause of AWD, leading to profuse, "rice-water" stools that can cause severe dehydration in a matter of hours.
  - ***Escherichia coli*** (E. coli), particularly enterotoxigenic E. coli (ETEC).
  - ***Campylobacter***
  - ***Salmonella***
- **Viruses:**
  - **Rotavirus**
  - **Norovirus**
  - **Adenovirus**
- **Parasites:**
  - ***Cryptosporidium***
  - ***Giardia***

How It Spreads

AWD is spread primarily through the **fecal-oral route**. This means that a person gets sick by ingesting water or food that is contaminated with the feces of an infected person.

Transmission can occur through:

- **Contaminated Water:** Drinking unsafe water or using it for food preparation.
- **Contaminated Food:** Eating food that was washed with contaminated water, or food prepared by an infected person who didn't wash their hands.
- **Person-to-Person Contact:** Direct contact with an infected person, particularly in a household or group setting.

Signs & Symptoms

The main symptom of AWD is the frequent passage of large volumes of watery stools. This is a crucial distinction from other forms of diarrhea, such as dysentery, which is characterized by bloody stools.

Symptoms can include:

- Frequent, watery, non-bloody diarrhea.
- Nausea and vomiting.
- Abdominal cramps.
- Fever (in some cases).

The most dangerous symptom is **dehydration**, which can be very rapid and severe. Signs of dehydration include:

- Extreme thirst.
- Sunken eyes.
- Dry mouth and tongue.
- Reduced urination.
- Lack of tears (in children).
- Lethargy or irritability.

Complications

The most common and serious complication of AWD is **severe dehydration**. Losing large amounts of water and electrolytes (such as sodium and potassium) can lead to:

- **Hypovolemic shock:** A dangerous drop in blood volume and pressure.
- **Kidney failure.**
- **Electrolyte imbalance,** which can disrupt heart and nerve function.

- **Death,** especially in young children and infants, if fluids are not replaced quickly.

Prevention

Prevention of AWD focuses on good hygiene and ensuring access to safe food and water.

- **Safe Water:** Drink and use only boiled, bottled, or chemically treated water.
- **Hand Hygiene:** Wash hands with soap and water frequently, especially after using the toilet and before preparing or eating food.
- **Food Safety:** Eat food that is well-cooked and served hot. Avoid raw or uncooked foods from unhygienic sources.
- **Sanitation:** Proper disposal of human waste is essential to prevent the contamination of water sources and the environment.
- **Vaccination:** The rotavirus vaccine is a key tool in preventing a common cause of AWD in children. An oral cholera vaccine is also available for travelers and people living in high-risk areas.

Diagnosis and Treatment

- **Diagnosis:** AWD is primarily diagnosed based on symptoms and a physical exam to assess for dehydration. Lab tests on stool samples can identify the specific cause.
- **Treatment:** The most important treatment for AWD is **rehydration**.
    - **Oral Rehydration Solution (ORS):** This is the cornerstone of treatment. ORS is a simple mixture of salts, sugar, and water that helps the body absorb fluids and electrolytes to replace what has been lost. It can be made with pre-packaged sachets or a simple recipe.
    - **Zinc Supplementation:** For children, zinc supplements are recommended as they can reduce the duration and severity of diarrhea.
    - **Antibiotics:** Antibiotics are **not** needed for most cases of AWD. They are only prescribed by a doctor if a bacterial cause (like cholera) is confirmed or highly suspected.

Immediate medical attention is crucial if a person with AWD shows signs of severe dehydration, especially in infants and young children.

More Information

For additional authoritative information on Acute Watery Diarrhea, please visit:

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

	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