

PUBLIC HEALTH BULLETIN-PAKISTAN

Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institutes of Health, Islamabad

PAKISTAN

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Integrated Disease Surveillance & Response (IDSR) Weekly Public Health Bulletin is your go-to resource for disease trends, outbreak alerts, and crucial public health information. By reading and sharing this bulletin, you can help increase awareness and promote preventive measures within your community.



Public Health Bulletin Pakistan

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Public Health Bulletin - Pakistan, Week 31, 2026

Overview

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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:

- **Advancing One Health Capacity: FETP - Frontline 26th Cohort Holds 2nd Contact Session in Karachi**
- **Knowledge Hub - Understanding TB: 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,

- During Week 31, 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, AVH (A & E), and CL.
- Twenty-one cases of AFP were reported from KP, eleven from Sindh, and one from GB.
- Five suspected cases of HIV/ AIDS reported from KP and four from Sindh.
- One suspected case of Brucellosis was reported from Balochistan.
- Among VPDs, there is an increase in the number of cases of Measles and Diphtheria this week.
- Among Respiratory diseases, there is an increase in the number of cases of SARI this week.
- Among Water/food-borne diseases, there is an increase in the number of cases of AD (Non. Cholera) and B.Diarrhea this week.
- Among Vector-borne diseases, there is an increase in the number of cases of 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 a decrease in the number of cases of Animal / Dog Bite and VH (B, C & D) this week.
- Field investigation is required for verification of the alerts and for prevention and control of the outbreaks.

IDSR Compliance Attributes

- The national compliance rate for IDSR reporting in 158 implemented districts is 73%
- Sindh is the top reporting region with a compliance rate of 98%, followed by GB 89%, KP 82%. and ICT 78%
- The lowest compliance rate was observed in Balochistan, 39% and AJK 0%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,277	1,856	82
Azad Jammu Kashmir	476	0	0
Islamabad Capital Territory	36	28	78
Balochistan	1,305	505	39
Gilgit Baltistan	405	360	89
Sindh	2,115	2,076	98
National	6,614	4,825	73

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

Tuberculosis (TB)

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

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

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

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

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

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

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

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

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

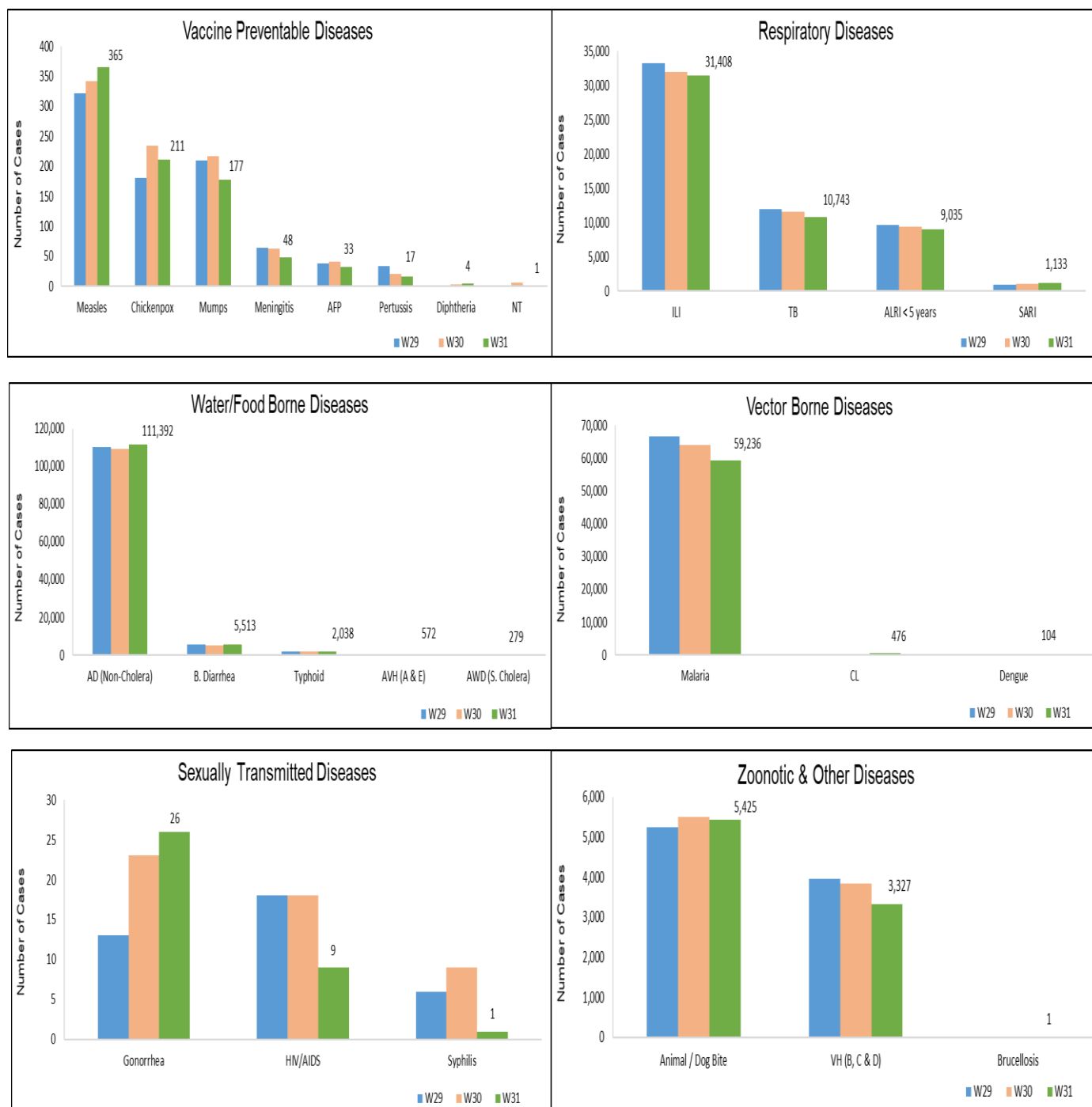
Promote Child Nutrition and Environmental Health: Support exclusive breastfeeding, adequate nutrition, vitamin supplementation where appropriate, and interventions to reduce indoor air pollution, household smoke exposure, and overcrowding.

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

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 31, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	NR	5,333	2,459	600	51,741	NR	51,259	111,392
Malaria	NR	1,184	0	0	6,935	NR	51,117	59,236
ILI	NR	3,561	254	1,143	3,420	NR	23,030	31,408
TB	NR	11	127	11	270	NR	10,324	10,743
ALRI < 5 years	NR	820	521	0	556	NR	7,138	9,035
B. Diarrhea	NR	659	105	3	1,450	NR	3,296	5,513
Animal / Dog Bite	NR	99	7	1	1,590	NR	3,728	5,425
VH (B, C & D)	NR	61	11	188	136	NR	2,931	3,327
Typhoid	NR	224	124	0	720	NR	970	2,038
SARI	NR	323	62	0	470	NR	278	1,133
AVH (A & E)	NR	2	0	0	257	NR	313	572
CL	NR	20	0	0	453	NR	3	476
Measles	NR	12	7	0	307	NR	39	365
AWD (S. Cholera)	NR	176	10	0	88	NR	5	279
Chickenpox/ Varicella	NR	3	11	8	171	NR	18	211
Mumps	NR	12	4	0	128	NR	33	177
Dengue	NR	0	0	0	78	NR	26	104
Meningitis	NR	0	4	0	15	NR	29	48
AFP	NR	0	1	0	21	NR	11	33
Gonorrhea	NR	15	0	0	0	NR	11	26
Pertussis	NR	4	0	0	12	NR	1	17
HIV/AIDS	NR	0	0	0	5	NR	4	9
Diphtheria (Probable)	NR	0	0	0	4	NR	0	4
Brucellosis	NR	1	0	0	0	NR	0	1
NT	NR	0	0	0	0	NR	1	1
Syphilis	NR	0	0	0	0	NR	1	1

Figure 1: Most frequently reported suspected cases during Week 31, Pakistan.



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

Table 2: District wise distribution of most frequently reported suspected cases during Week 31, Sindh.

Districts	AD (Non-Cholera)	Malaria	ILI	TB	ALRI < 5 years	Animal / Dog Bite	B. Diarrhea	VH (B, C & D)	Typhoid	AVH (A & E)
Badin	5,275	4,159	2,597	833	583	154	358	250	170	4
Dadu	3,187	2,187	651	534	1,254	318	478	177	138	102
Ghotki	1,741	3,462	115	677	472	288	122	499	0	0
Hyderabad	2,481	838	1,487	334	115	72	87	65	8	2
Jacobabad	613	1,053	590	235	207	198	91	68	35	0
Jamshoro	2,168	1,916	52	548	236	94	87	123	33	14
Kamber	2,033	2,116	1	641	217	217	132	31	15	1
Karachi Central	1,706	1	958	15	3	97	2	22	83	4
Karachi East	330	100	14	6	10	9	6	19	3	1
Karachi Keamari	567	15	387	17	13	23	5	0	2	2
Karachi Korangi	386	59	1	22	1	14	5	1	3	1
Karachi Malir	1,113	76	1,513	87	113	46	26	6	7	4
Karachi South	69	15	7	0	0	0	0	0	0	0
Karachi West	784	244	1,332	79	160	85	16	15	19	0
Kashmore	464	1,387	242	94	58	165	49	10	4	0
Khairpur	3,292	4,299	4,523	949	695	318	268	202	171	10
Larkana	1,816	2,733	136	646	237	84	341	60	1	0
Matiali	1,430	2,161	10	486	142	75	46	73	0	14
Mirpurkhas	2,894	2,897	1,788	677	260	158	173	80	7	60
Naushero Feroze	1,722	1,926	1,203	314	273	287	150	49	91	11
Sanghar	1,480	2,576	53	773	286	233	48	452	15	0
Shaheed Benazirabad	1,604	2,183	0	255	123	156	78	103	92	1
Shikarpur	1,240	1,701	3	199	128	233	169	52	1	0
Sujawal	2,578	986	0	120	227	36	58	58	2	0
Sukkur	1,607	1,897	2,023	334	137	105	110	213	1	0
Tando Allahyar	1,693	2,331	540	277	113	85	61	99	5	2
Tando Muhammad Khan	1,316	1,165	0	452	127	51	109	80	0	0
Tharparkar	2,130	1,640	1,022	406	525	1	101	22	8	17
Thatta	1,772	1,659	1,782	39	177	126	40	87	28	63
Umerkot	1,768	3,335	0	275	246	0	80	15	28	0
Total	51,259	51,117	23,030	10,324	7,138	3,728	3,296	2,931	970	313

Figure 2: Most frequently reported suspected cases during Week 31, Sindh.

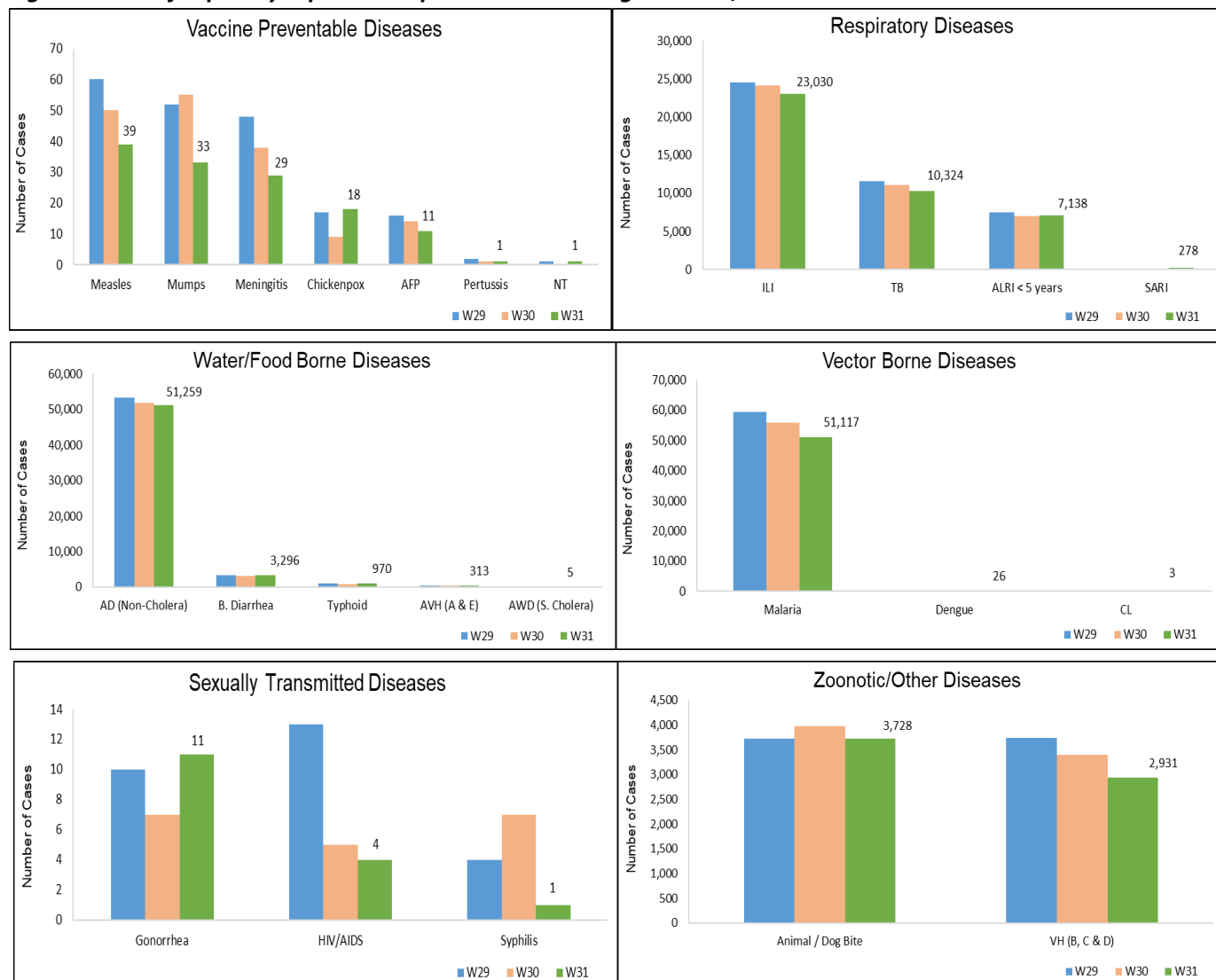
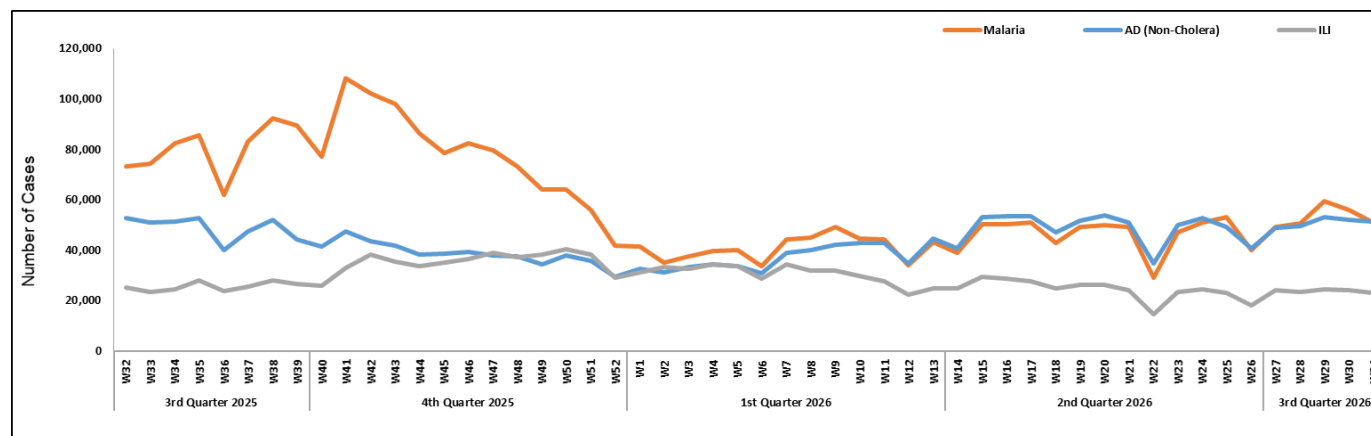


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



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

Table 3: District wise distribution of most frequently reported suspected cases during Week 31, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Animal / Dog Bite	VH (B, C & D)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	93	53	112	11	12	2	39	6	10	0
Chagai	202	316	26	0	41	0	15	0	0	3
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	468	677	45	NR	19	NR	10	NR	NR	NR
Harnai	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Hub	124	9	42	4	2	2	0	0	5	0
Jaffarabad	131	30	44	0	16	0	1	0	5	0
Jhal Magsi	92	22	17	2	0	86	1	0	0	0
Kachhi (Bolan)	175	206	112	31	22	33	NR	24	12	1
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kharan	227	537	13	0	76	26	6	0	0	0
Khuzdar	79	34	48	2	10	3	8	1	2	0
Killa Abdullah	282	114	15	25	50	59	17	68	9	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	538	73	214	224	32	1	4	0	4	16
Loralai	418	366	68	37	48	26	26	8	4	0
Mastung	403	185	82	57	34	46	23	0	7	5
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	258	0	40	13	16	19	40	19	29	5
Nushki	155	0	0	0	8	0	0	0	0	0
Panjgur	33	32	47	0	4	0	0	0	0	0
Pishin	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Quetta	168	241	2	111	24	9	8	6	0	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	162	171	111	7	17	3	5	17	0	0
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	18	61	0	0	0	0	0	0	0	0
Usta Muhammad	989	104	23	168	137	6	3	0	3	31
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Ziarat	318	330	123	128	91	2	18	27	9	0
Total	5,333	3,561	1,184	820	659	323	224	176	99	61

Figure 4: Most frequently reported suspected cases during Week 31, Balochistan.

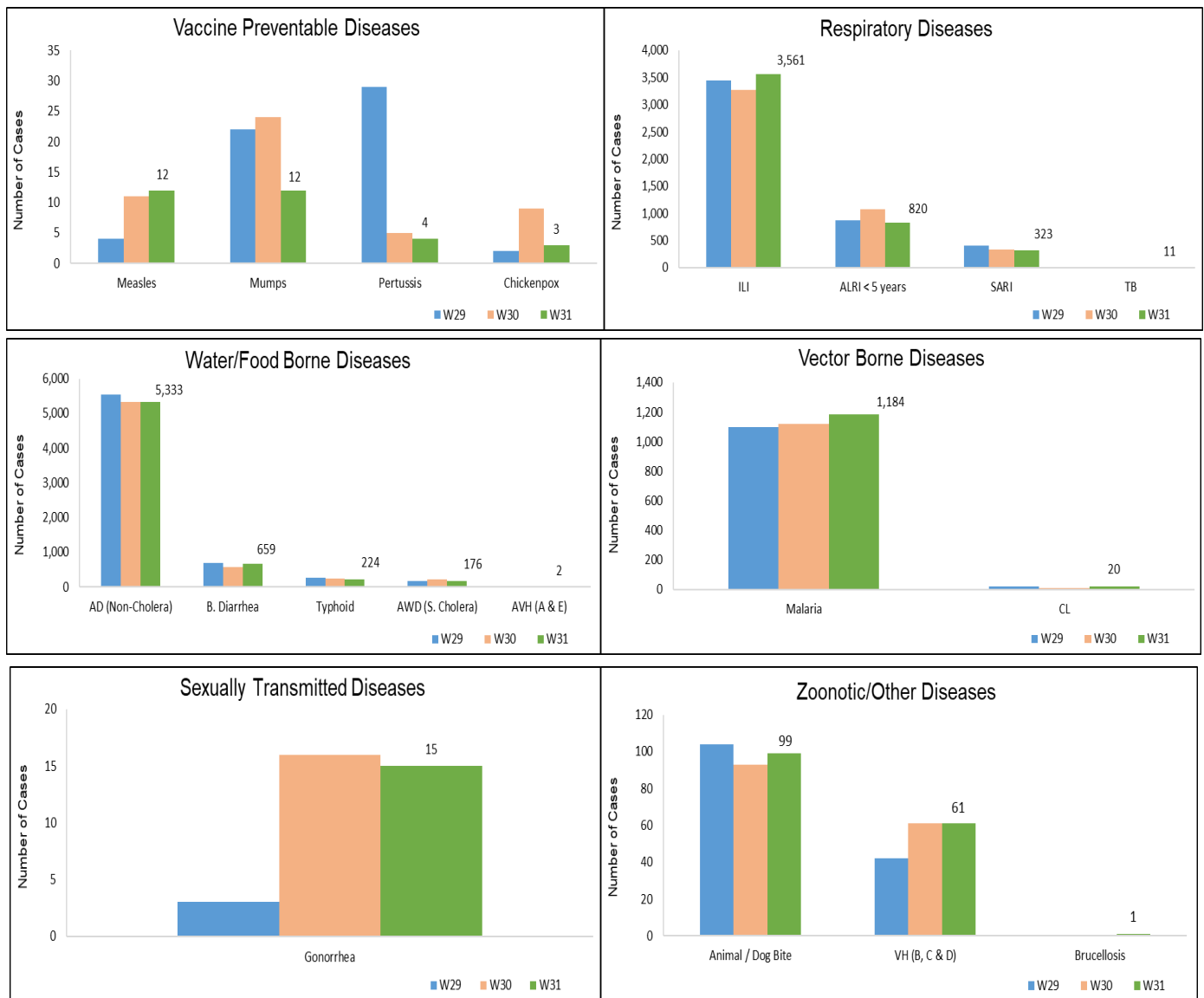
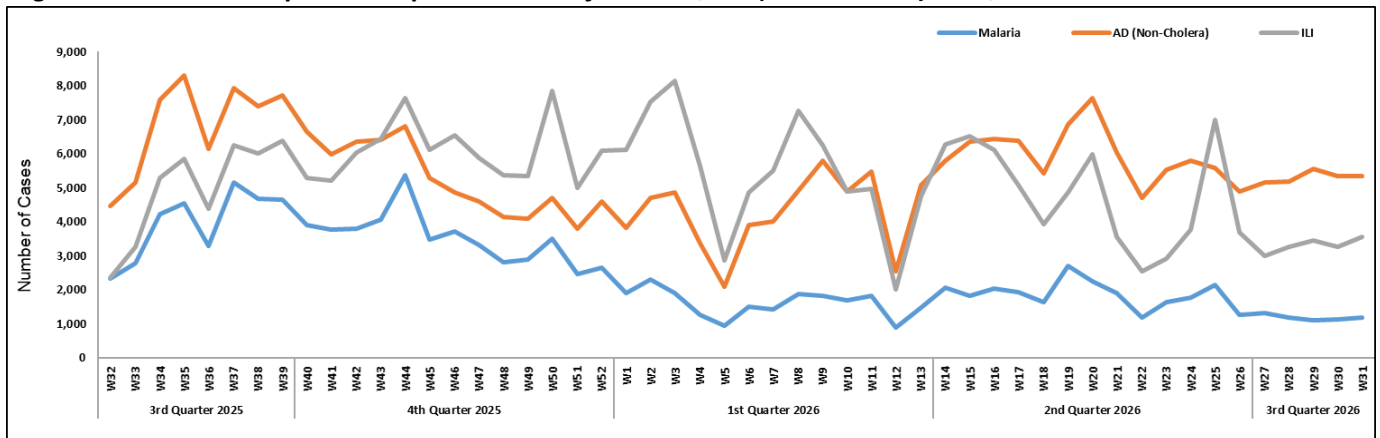


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



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

Table 4: District wise distribution of most frequently reported suspected cases during Week 31, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	Typhoid	ALRI < 5 years	SARI	CL	Measles
Abbottabad	1,707	5	60	49	9	13	22	29	2	34
Bajaur	873	338	0	91	58	3	12	4	26	22
Bannu	811	645	4	9	13	58	3	1	4	32
Battagram	904	92	604	14	2	15	3	6	0	10
Buner	593	157	0	37	0	0	0	0	0	0
Charsadda	2,681	404	338	41	161	58	101	0	1	12
Chitral Lower	1,241	25	10	9	45	4	10	7	8	1
Chitral Upper	273	7	9	7	8	10	2	5	2	1
D.I. Khan	1,900	652	0	55	33	2	10	0	3	33
Dir Lower	2,647	135	0	68	107	44	4	0	11	21
Dir Upper	4,801	27	28	26	32	21	78	0	0	11
Hangu	367	112	4	1	24	3	0	0	9	0
Haripur	1,891	7	288	74	0	0	34	20	0	4
Karak	715	314	5	72	78	27	50	0	120	18
Khyber	813	559	16	15	152	22	37	9	92	0
Kohat	812	226	0	58	41	13	0	0	52	0
Kohistan Lower	402	2	0	1	5	1	0	0	0	1
Kohistan Upper	284	19	0	1	15	0	1	0	0	3
Kolai Palas	139	5	19	0	0	2	0	0	0	0
L & C Kurram	54	25	4	0	9	1	0	0	0	0
Lakki Marwat	757	360	0	112	2	20	4	0	0	0
Malakand	1,335	60	176	66	45	0	0	14	0	10
Mansehra	1,845	3	518	0	52	16	14	0	0	0
Mardan	2,205	414	27	62	78	48	43	0	0	31
Mohmand	134	143	131	12	0	9	0	121	51	2
North Waziristan	63	94	4	2	0	16	3	6	6	3
Nowshera	3,016	557	13	72	22	12	1	7	22	2
Orakzai	125	6	6	0	1	0	0	0	0	0
Peshawar	5,568	51	209	19	142	51	27	0	0	16
Shangla	2,629	786	0	209	8	39	14	0	0	7
South Waziristan (Lower)	242	185	166	13	73	44	1	124	28	14
SWU	37	3	0	0	0	0	0	0	0	0
Swabi	2,701	92	510	117	31	6	19	105	0	12
Swat	6,256	86	139	255	148	152	55	0	0	4
Tank	322	199	18	2	6	0	5	0	0	2
Tor Ghar	303	130	0	15	30	3	0	0	16	1
Upper Kurram	295	10	114	6	20	7	3	12	0	0
Total	51,741	6,935	3,420	1,590	1,450	720	556	470	453	307

Figure 6: Most frequently reported suspected cases during Week 31, KP.

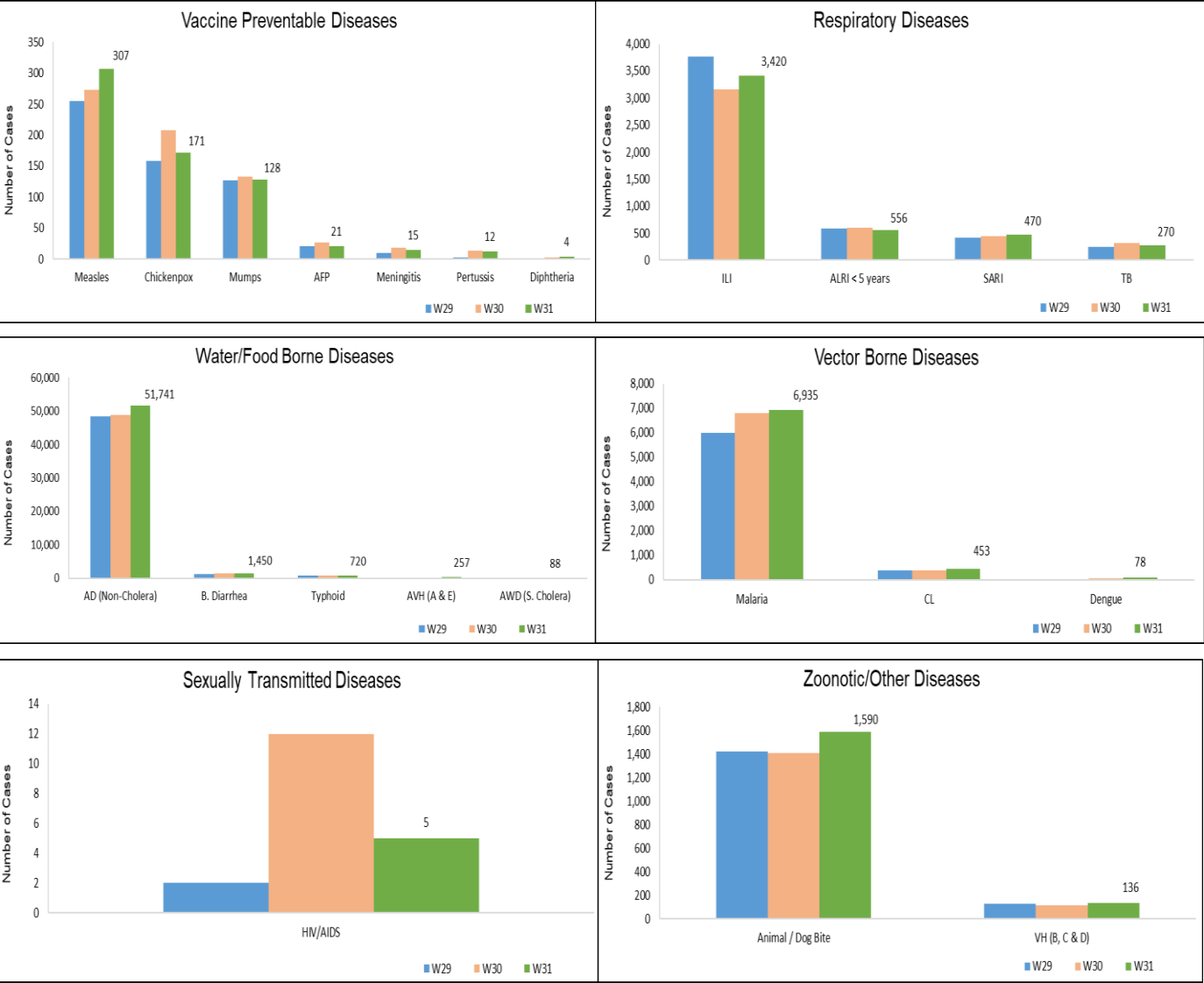
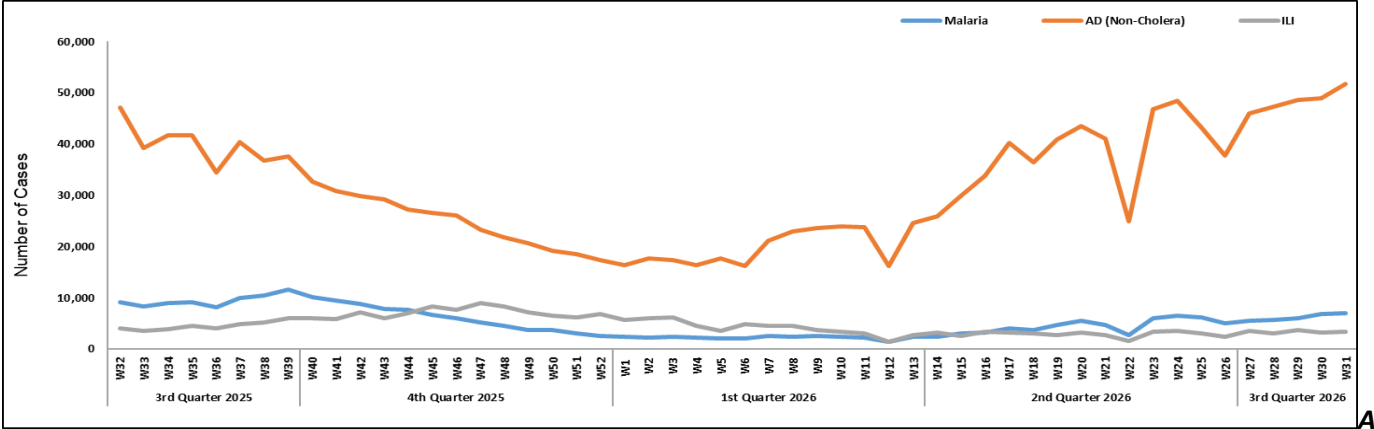


Figure 7: Week wise reported suspected cases of Malaria, (Non-Cholera) & ILI, KP.



AD

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

NOTE: Due to the political conditions AJK data for Week 31 is not shared.
Figure 8: Most frequently reported suspected cases during Week 22, AJK.

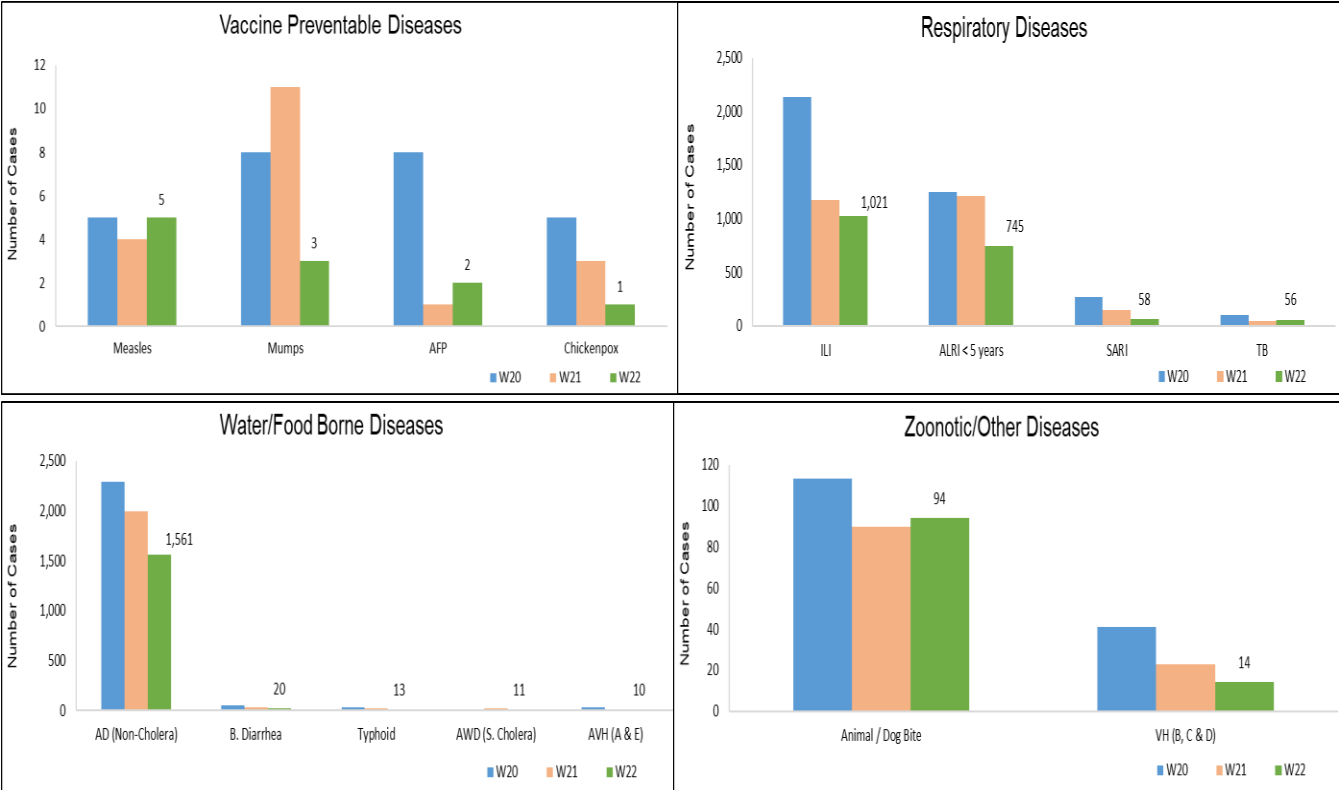


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.

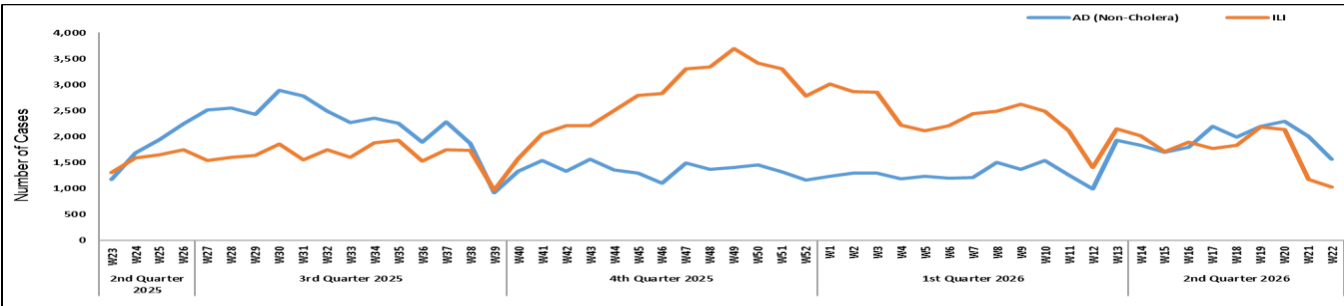


Figure 10: Most frequently reported suspected cases during Week 31, ICT.

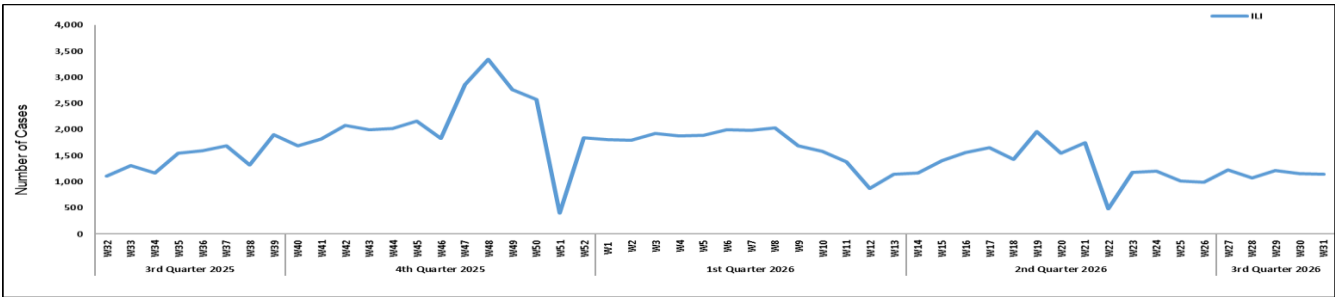
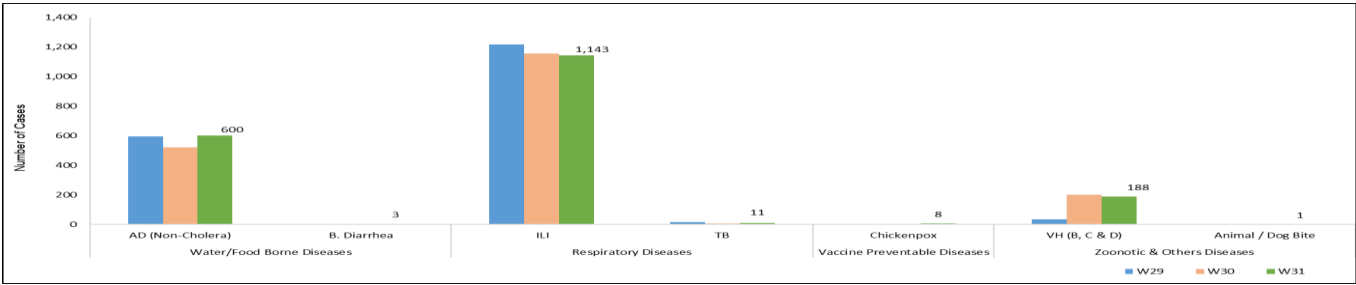


Figure 11: Week wise reported suspected cases of ILI, ICT.

Figure 12: Most frequently reported suspected cases during Week 31, GB.

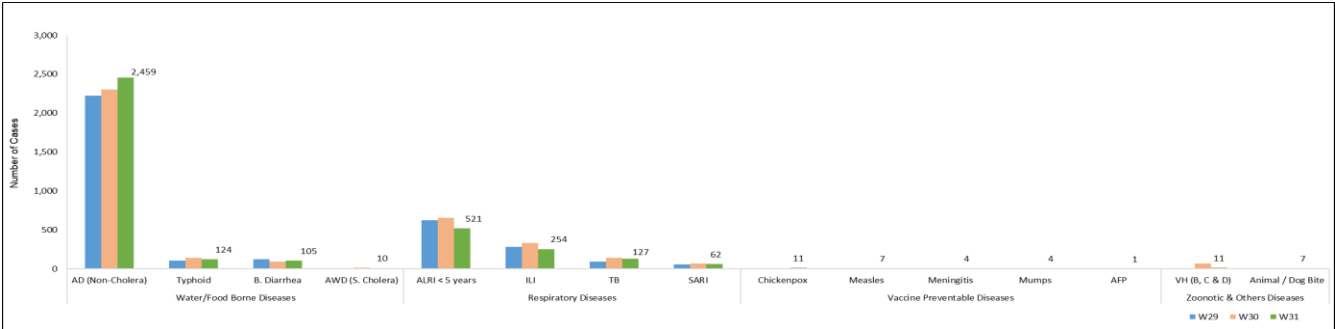
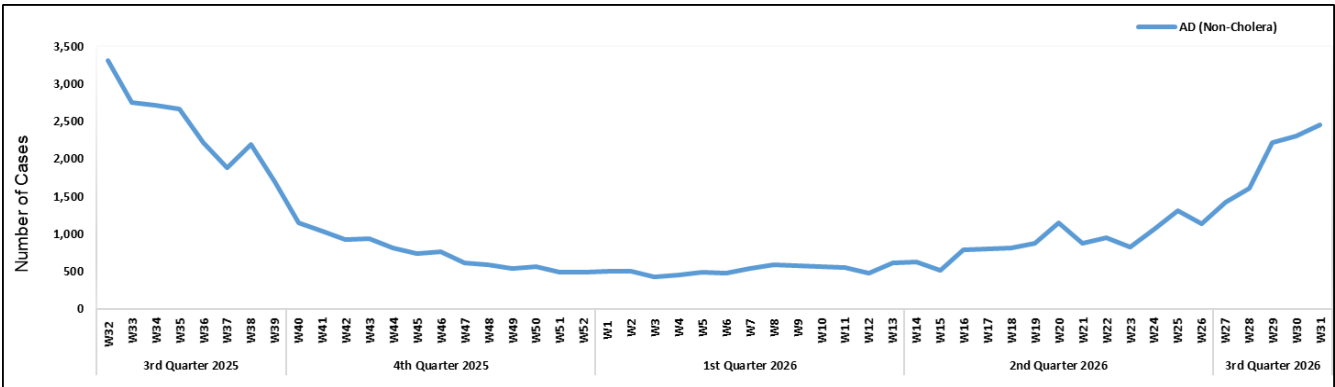


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.



Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 31, 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)		13	3	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		183	1	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		5,481	410	1,053	84	-	-	-	-	178	3	-	-	-	-
CCHF		-	-	3	1	-	-	-	-	-	-	-	-	-	-
Dengue		1,015	70	164	3	-	-	-	-	6	0	-	-	-	-
VH (B)		10,324	202	571	122	-	-	-	-	1,587	9	-	-	-	-
VH (C)		10,449	704	536	47	-	-	-	-	1,618	2	-	-	-	-
VH (D)		59	16	62	17	-	-	-	-	-	-	-	-	-	-
VH (A)		132	61	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		71	7	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		2	0	4	0	-	-	-	-	-	-	-	-	-	-
TB		530	65	71	6	-	-	-	-	131	0	-	-	-	-
HIV/ AIDS		3,298	19	314	0	-	-	-	-	239	0	-	-	-	-
Syphilis		827	20	80	0	-	-	-	-	167	0	-	-	-	-
Typhoid		135	1	49	4	-	-	-	-	263	2	-	-	-	-
Diphtheria		3	1	-	-	-	-	-	-	-	-	-	-	-	-
ILI		19	0	4	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		129	8	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis		16	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		108	34	33	13	259	100	3	1	3	1	361	58	2	1
Leishmaniosis (cutaneous)		2	0	5	5	-	-	-	-	3	0	-	-	-	-
Chikungunya		-	-	4	0	-	-	-	-	-	-	-	-	-	-
Chickenpox		1	0	-	-	-	-	-	-	-	-	-	-	-	-
Mpox		15	1	-	-	-	-	-	-	-	-	-	-	-	-
SARI		16	3	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	2	0	-	-	19	0	1	0	-	-	1	0	-	-
	SARI	6	0	-	-	-	-	4	1	-	-	13	0	-	-
Influenza A	ILI	2	0	-	-	19	0	1	0	-	-	1	0	-	-
	SARI	6	0	-	-	-	-	4	0	-	-	13	0	-	-
Influenza B	ILI	2	0	-	-	19	0	1	0	-	-	1	0	-	-
	SARI	6	0	-	-	-	-	4	0	-	-	13	0	-	-
RSV	ILI	2	0	-	-	19	0	1	0	-	-	1	0	-	-
	SARI	6	0	-	-	-	-	4	0	-	-	13	0	-	-

Figure 14: District wise Influenza sentinel sites, Pakistan.

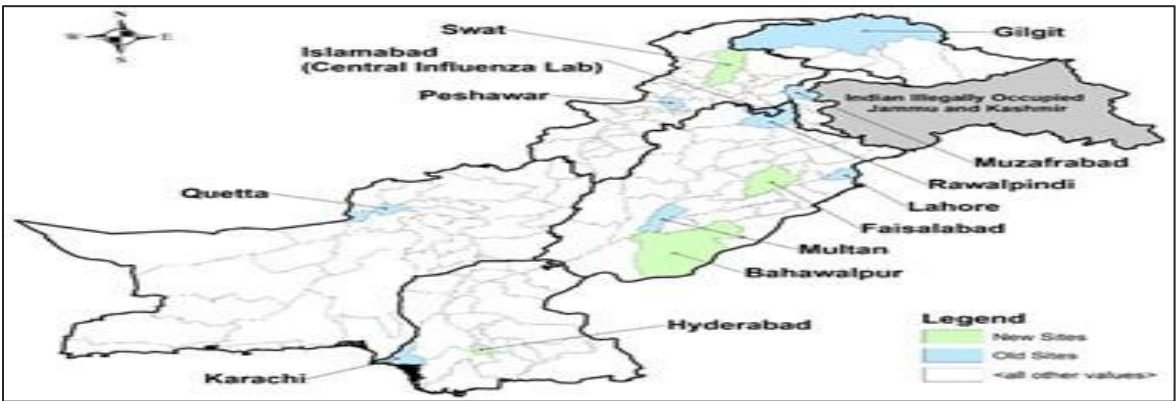


Figure15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 31, Pakistan.

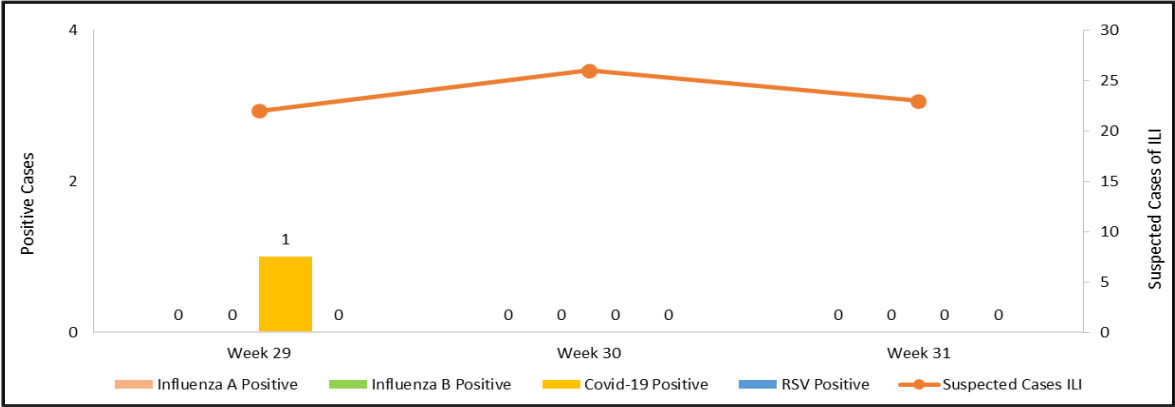
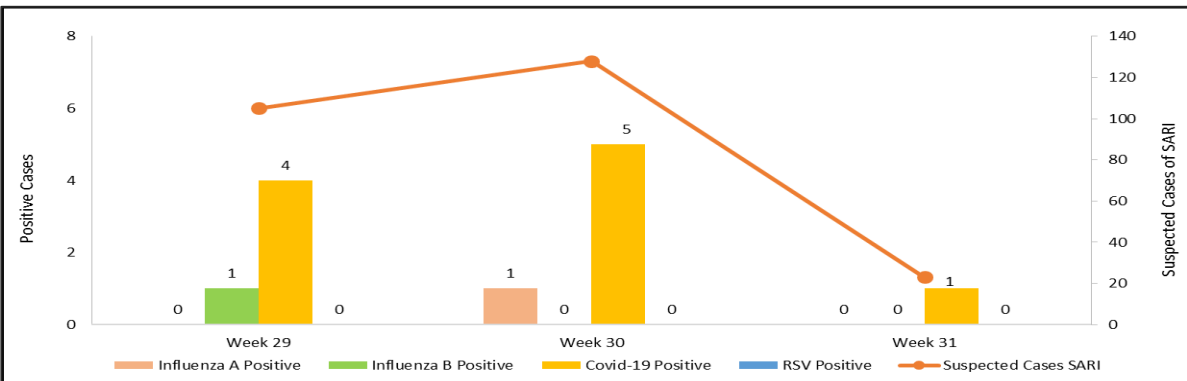


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 31, Pakistan.



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 31, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	101	91%
	Bannu	228	109	48%
	Battagram	59	38	64%
	Buner	34	34	100%
	Bajaur	43	43	100%
	Charsadda	61	58	95%
	Chitral Upper	31	30	97%
	Chitral Lower	37	37	100%
	D.I. Khan	115	114	99%
	Dir Lower	63	62	98%
	Dir Upper	56	52	93%
	Hangu	22	18	82%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	41	77%
	Kohat	61	61	100%
	Kohistan Lower	13	9	69%
	Kohistan Upper	22	13	59%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	34	13	38%
	Upper Kurram	38	35	92%
	Malakand	42	41	98%
	Mansehra	133	131	98%
	Mardan	82	77	94%
	Nowshera	57	57	100%
	North Waziristan	10	8	80%
	Peshawar	157	130	83%
	Shangla	37	37	100%
	Swabi	65	61	94%
	Swat	75	75	100%
	South Waziristan (Upper)	93	93	100%
	South Waziristan (Lower)	29	25	86%
	Tank	34	30	88%
	Torghar	13	13	100%
	Mohmand	68	19	28%
	Orakzai	69	5	7%
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	23	96%
	CDA	12	5	42%
Balochistan	Gwadar	26	25	96%
	Kech	45	0	0%
	Khuzdar	74	9	12%
	Killa Abdullah	26	24	92%
	Lasbella	55	55	100%
	Pishin	65	0	0%
	Quetta	56	12	21%
	Sibi	36	14	39%
	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	22	61%
	Kalat	41	0	0%
	Harnai	17	0	0%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	0	0%
	Surab	32	9	28%
	Mastung	46	46	100%
	Loralai	33	26	79%
	Killa Saifullah	28	0	0%
	Ziarat	29	28	97%
	Duki	31	0	0%
	Nushki	29	29	100%
	Dera Bugti	45	0	0%
	Washuk	46	0	0%
	Panjgur	38	15	39%
	Awaran	23	0	0%
	Chaman	25	0	0%
	Barkhan	20	19	95%
	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	37	97%
	Gilgit	44	42	95%
	Diamer	62	58	94%
	Astore	55	55	100%
	Shigar	23	8	35%

	Skardu	54	54	100%
	Ganche	29	29	100%
	Kharmang	25	25	100%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	65	65	100%
	Naushahro Feroze	102	101	99%
	Tharparkar	273	272	100%
	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	10	83%
	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%
	Matiali	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 31, 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	0	0%
	Abbottabad	1	1	100%
	Swat	1	1	100%

Advancing One Health Capacity: FETP Front-line 26th Cohort Holds 2nd Contact Session in Karachi



The 26th Cohort of the Field Epidemiology Training Program (FETP)-Frontline successfully convened its Second Contact Session in Karachi, bringing together frontline public health professionals from human health, veterinary services, and environmental protection sectors to strengthen the practical implementation of the One Health approach.

The five-day capacity-building session provided a collaborative learning platform for 27 fellows representing diverse disciplines and sectors. It emphasized the importance of cross-sectoral coordination in detecting, preventing, and responding to health threats that emerge at the intersection of human, animal, and environmental health. Through interactive learning, expert mentorship, group discussions, and practical exercises, fellows were encouraged to translate epidemiological concepts into coordinated field-level action.

The session placed particular emphasis on strengthening the ability of fellows to identify shared health threats, collaborate across institutional boundaries, and develop evidence-informed interventions.

The successful implementation of the session reflects a strong multi-sectoral partnership among the Health Department of

Sindh, the World Health Organization (WHO), and CDC-NIH. This collaboration demonstrates a shared commitment to developing a skilled epidemiological workforce and strengthening preparedness, surveillance, and response capacities at the regional level.



Through continued investment in cross-sectoral training and collaboration, the FETP-Frontline program remains a vital platform for transforming epidemiological knowledge into coordinated action, one that recognizes that protecting human health is inseparable from protecting animal health and the environment.

Knowledge Hub

Tuberculosis (TB): What You Need to Know

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

What is Tuberculosis?

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

Incubation Period

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

How TB Spreads to Humans

Airborne Transmission

TB spreads when a person with active pulmonary TB releases bacteria into the air by coughing, sneezing, or speaking. People nearby may inhale these bacteria and become infected.

Close and Prolonged Contact

The risk of infection increases among household contacts of TB patients, people living or working in crowded environments, and individuals with prolonged exposure to an infectious person.

High-Risk Groups

People at increased risk include healthcare workers, household contacts of TB patients, people living with HIV/AIDS, individuals with diabetes mellitus, malnourished individuals, smokers, and people with chronic lung disease.

Signs & Symptoms

Symptoms of active TB usually develop gradually and may include persistent cough lasting two weeks or more, fever, night sweats, unexplained weight loss. Loss of appetite, fatigue, and weakness. Chest pain, coughing up blood or sputum.

Symptoms of extrapulmonary TB depend on the organ affected and may include

swollen lymph nodes, bone pain, or neurological symptoms.

Complications

If left untreated, TB can lead to serious complications, including severe lung damage and respiratory failure, spread of infection to other organs, tuberculous meningitis (infection of the brain lining), permanent disability, and death.

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

Prevention

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

Personal Protection

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

Early Detection and Treatment

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

Vaccination

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

Community Awareness

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

Diagnosis and Treatment

These are essential to prevent complications and transmission.



TB can be diagnosed through:

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

Treatment consists of:

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

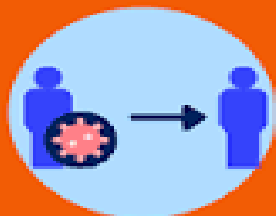
Most patients can be cured when diagnosed early and treated appropriately.

More Information

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

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

Tuberculosis preventive treatment is for many people, including anyone:



in close contact
with TB patients



living with HIV



who gets dialysis



about to have
a transplant



who works in health



from high
TB burden countries



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

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