

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.



Public Health Bulletin Pakistan

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Public Health Bulletin - Pakistan, Week 30, 2026

Overview

IDSR Reports

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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:

- **Letter to Editor: Monsoon in Pakistan: Strengthening Preparedness to Protect Health and Health Systems**
- **Knowledge Hub - Understanding Malaria: 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,

Note: All reported cases in this report are suspected cases

- During Week 30, 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-seven cases of AFP were reported from KP and fourteen from Sindh.
- Twelve suspected cases of HIV/ AIDS were reported from KP and five from Sindh.
- One suspected case of Brucellosis was reported from KP.
- Among VPDs, there is an increase in the number of cases of Measles, Chickenpox, Mumps, AFP, Rubella, NT, 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 AWD (S. Cholera) this week.
- Among Vector-borne diseases, there is an increase in the number of cases of Dengue this week.
- Among STDs, there is an increase in the number of suspected cases of Gonorrhea and Syphilis 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 72%.
- Sindh is the top reporting region with a compliance rate of 97%, followed by GB 86%, ICT 86%, KP 80%, and Balochistan 38%.
- In Week 30, 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	1,820	80
Azad Jammu Kashmir	476	0	0
Islamabad Capital Territory	36	31	86
Balochistan	1,305	494	38
Gilgit Baltistan	405	350	86
Sindh	2,115	2,059	97
National	6,614	4,754	72

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

Malaria

- **Enhance Case Detection and Reporting:** Strengthen malaria surveillance through the IDSR system with timely case reporting from all public and private health facilities, particularly in high-burden, endemic, and border districts.
- **Expand Laboratory and Point-of-Care Diagnosis:** Ensure widespread access to early and accurate malaria diagnosis by equipping health facilities with Rapid Diagnostic Tests (RDTs) and high-quality microscopy services to distinguish between *Plasmodium vivax* and *Plasmodium falciparum* infections.
- **Improve Case Management:** Secure a continuous supply of first-line antimalarial medicines (such as Artemisinin-based Combination Therapies, or ACTs) and ensure healthcare provider adherence to national treatment guidelines to prevent severe malaria, chloroquine resistance, and mortality.
- **Enhance Vector Control Measures:** Coordinate the large-scale distribution and monitor the use of Long-Lasting Insecticidal Nets (LLINs) in high-risk communities, implement targeted Indoor Residual Spraying (IRS), and manage larval breeding sources through collaborative environmental management actions.
- **Raise Community Awareness:** Develop culturally appropriate risk communication campaigns focusing on the importance of sleeping under LLINs, eliminating standing water around households, recognizing early symptoms (such as sudden fever and chills), and seeking immediate medical care

Viral Hepatitis (B, C and D)

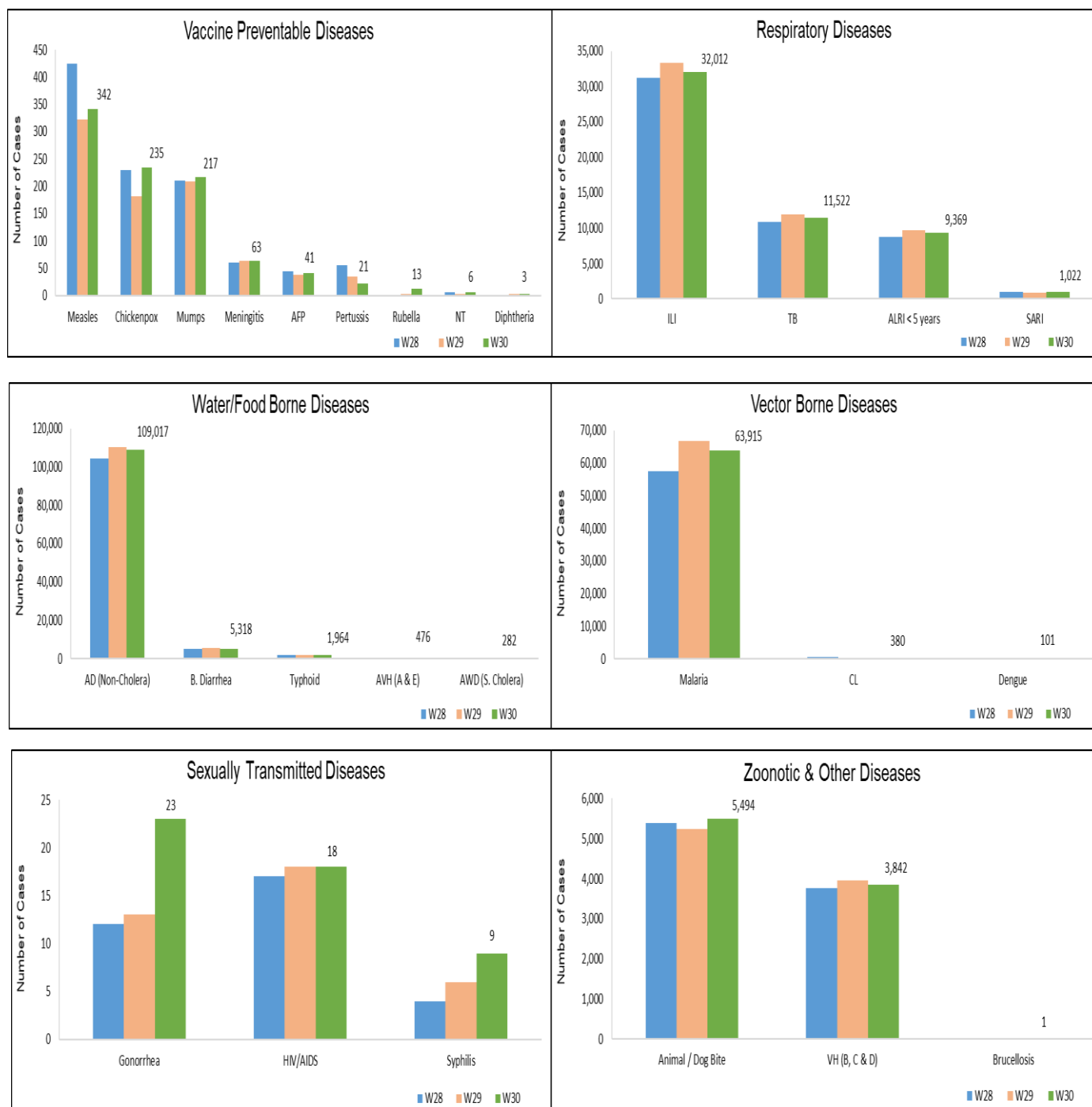
- **Enhance Case Detection and Reporting:** Strengthen chronic viral hepatitis (B, C, and D) surveillance within the Integrated Disease Surveillance and Response (IDSR) system by training healthcare providers on standard clinical case definitions, risk-factor history recording, and timely case reporting.
- **Strengthen Laboratory Confirmation and Screening:** Expand laboratory diagnostic capacity at district and provincial levels to provide reliable screening and confirmatory testing, including Hepatitis B Surface Antigen (HBsAg), anti-HCV, and molecular testing (PCR) for viral load and Hepatitis D co-infection.
- **Enforce Infection Control and Injection Safety:** Coordinate with healthcare regulatory authorities to promote infection control standards, eliminate the reuse of syringes through the transition to auto-disable syringes, and enforce strict sterilization protocols in medical, dental, and traditional health settings.
- **Implement Vaccination and Harm Reduction:** Support the scale-up of Hepatitis B birth-dose vaccination within routine immunization (EPI) networks, and ensure vaccine availability for high-risk populations, including healthcare workers and patients requiring frequent transfusions.
- **Engage in Community Awareness and Stigma Reduction:** Disseminate targeted educational materials highlighting the blood-borne and sexual transmission routes of HBV, HCV, and HDV, the



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 30, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	NR	5,336	2,303	521	48,914	NR	51,943	109,017
Malaria	NR	1,120	0	0	6,792	NR	56,003	63,915
ILI	NR	3,272	329	1,156	3,163	NR	24,092	32,012
TB	NR	11	143	7	314	NR	11,047	11,522
ALRI < 5 years	NR	1,074	652	0	594	NR	7,049	9,369
Animal / Dog Bite	NR	91	7	0	1,411	NR	3,985	5,494
B. Diarrhea	NR	572	95	4	1,484	NR	3,163	5,318
VH (B, C & D)	NR	61	68	200	113	NR	3,400	3,842
Typhoid	NR	234	142	1	680	NR	907	1,964
SARI	NR	336	69	0	432	NR	185	1,022
AVH (A & E)	NR	4	1	0	163	NR	308	476
CL	NR	10	0	0	366	NR	4	380
Measles	NR	11	5	3	273	NR	50	342
AWD (S. Cholera)	NR	225	15	0	41	NR	1	282
Chickenpox/ Varicella	NR	9	6	3	208	NR	9	235
Mumps	NR	24	4	1	133	NR	55	217
Dengue	NR	7	0	0	58	NR	36	101
Meningitis	NR	2	5	0	18	NR	38	63
AFP	NR	0	0	0	27	NR	14	41
Gonorrhea	NR	16	0	0	0	NR	7	23
Pertussis	NR	5	1	0	14	NR	1	21
HIV/AIDS	NR	1	0	0	12	NR	5	18
Rubella (CRS)	NR	12	0	0	1	NR	0	13
Syphilis	NR	0	0	0	2	NR	7	9
NT	NR	1	0	0	5	NR	0	6
Diphtheria (Probable)	NR	0	0	0	3	NR	0	3
Brucellosis	NR	0	0	0	1	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 30, 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 were mostly from Khairpur, Badin, and Ghotki whereas AD (Non-Cholera) cases were from Badin, Khairpur, and Mirpurkhas.
- Fourteen cases of AFP were reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of Malaria, AD (Non-Cholera), ILI, TB, ALRI<5 Years, VH (B, C & D), B. Diarrhea, Typhoid, AVH (A & E), Measles, Meningitis, Dengue, AFP, Chickenpox, Gonorrhea, HIV/ AIDS, and Pertussis, while an increase in the number of cases of Animal/ Dog Bite, SARI, Mumps, Syphilis, CL, and AWD (S. Cholera) this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 30, 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	4,119	4,650	2,549	917	317	141	115	248	77	23
Dadu	2,214	2,350	408	528	978	288	141	362	134	79
Ghotki	3,842	1,485	0	592	543	333	590	112	0	0
Hyderabad	846	2,823	1,339	376	130	96	137	92	5	4
Jacobabad	1,427	739	479	245	236	217	59	98	41	0
Jamshoro	2,186	2,311	56	594	246	108	108	115	23	19
Kamber	2,466	2,147	1	704	177	248	33	107	10	0
Karachi Central	5	2,057	1,243	18	10	75	60	5	99	9
Karachi East	106	380	16	35	13	13	12	2	3	1
Karachi Keamari	43	684	455	20	11	13	0	4	3	1
Karachi Korangi	83	528	4	30	1	4	3	6	4	1
Karachi Malir	78	1,278	1,925	111	136	51	9	35	10	5
Karachi South	16	78	0	0	0	0	0	0	0	0
Karachi West	271	880	1,386	79	203	89	13	23	17	0
Kashmore	1,711	489	268	133	67	233	17	49	8	0
Khairpur	4,476	3,410	5,270	978	750	346	137	322	213	15
Larkana	3,343	1,981	148	737	264	97	59	277	8	0
Matari	3,059	1,615	11	646	173	103	162	58	0	23
Mirpurkhas	3,082	2,916	2,195	659	239	130	81	124	11	29
Naushero Feroze	1,667	1,362	934	292	376	256	112	115	62	1
Sanghar	2,873	1,634	79	851	274	257	564	48	14	0
Shaheed Benazirabad	2,632	1,727	0	266	139	210	113	91	107	0
Shikarpur	1,944	1,337	2	197	160	238	175	182	4	0
Sujawal	1,184	2,702	0	78	222	78	60	156	0	0
Sukkur	1,810	1,785	1,828	360	163	103	284	119	3	0
Tando Allahyar	2,278	1,880	737	338	112	88	133	93	4	3
Tando Muhammad Khan	1,258	1,381	0	530	110	77	104	85	2	0
Tharparkar	1,875	1,962	907	392	578	2	16	98	7	29
Thatta	1,734	1,639	1,852	43	173	91	70	49	18	65
Umerkot	3,375	1,733	0	298	248	0	33	88	20	1
Total	56,003	51,943	24,092	11,047	7,049	3,985	3,400	3,163	907	308

Figure 2: Most frequently reported suspected cases during Week 30, Sindh.

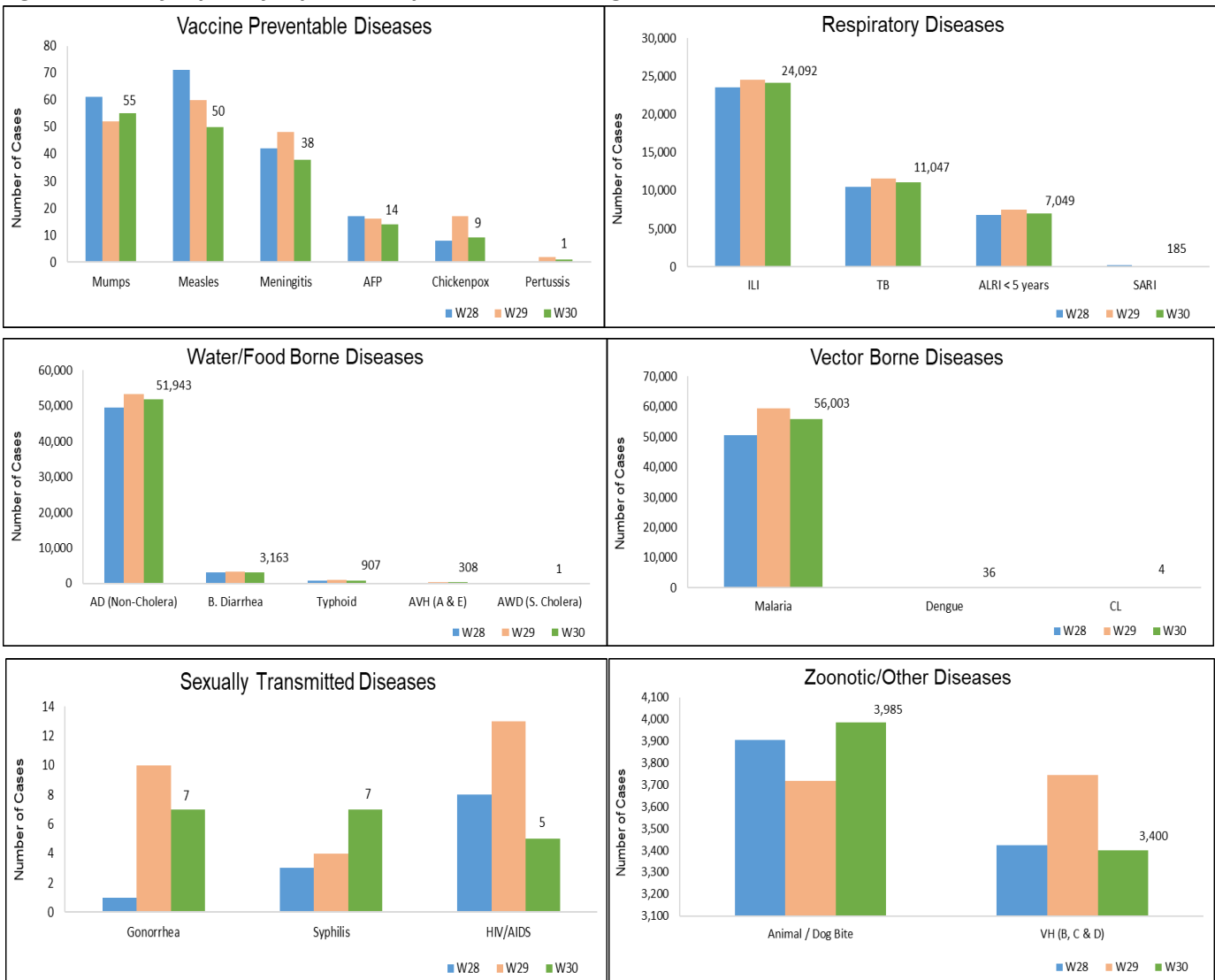
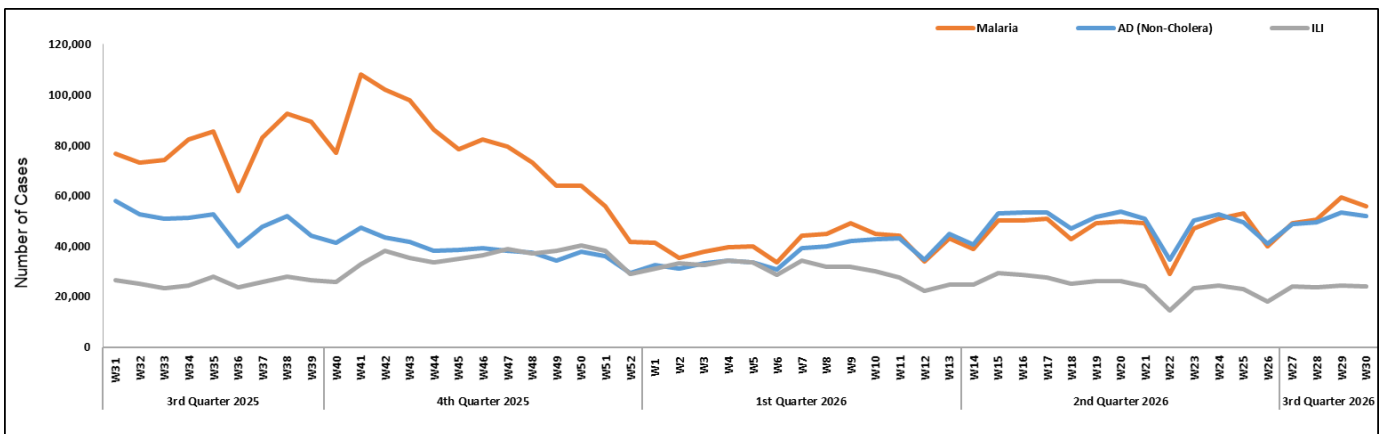


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



- 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.
- AD (Non-Cholera) cases were mostly reported from Usta Muhammad, Gwadar, and Lasbella, while ILI cases were mostly reported from Gwadar, Kharan, and Loralai.
- Malaria, ALRI <5 years, AWD (S. Cholera), VH (B, C & D), Mumps, Gonorrhea, Rubella, Measles, TB, Chickenpox, Meningitis, and NT showed an increase in the number of cases. A decline has been observed in AD (Non-Cholera), ILI, B. Diarrhea, SARI, Typhoid, Animal/ Dog Bite, CL, Dengue, Pertussis, AVH (A & E), and HIV/ AIDS cases.

Table 3: District wise distribution of most frequently reported suspected cases during Week 30, 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	86	48	74	25	12	2	38	6	10	0
Chagai	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
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	564	764	45	NR	8	NR	2	NR	NR	NR
Harnai	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Hub	61	27	12	5	1	2	0	0	5	0
Jaffarabad	142	0	13	0	18	0	3	0	1	0
Jhal Magsi	0	0	0	0	0	0	0	0	0	0
Kachhi (Bolan)	207	229	141	37	23	47	NR	16	18	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	238	480	26	1	88	31	5	0	0	0
Khuzdar	65	17	39	0	12	20	24	0	0	0
Killa Abdullah	269	111	8	5	40	58	6	47	6	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	555	100	230	293	25	2	13	0	12	17
Loralai	414	380	48	43	52	47	32	7	0	0
Mastung	492	179	47	91	28	41	19	0	10	3
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	314	0	59	12	24	23	46	0	18	1
Nushki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Panjgur	67	38	116	16	0	0	0	0	0	2
Pishin	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Quetta	187	208	2	101	6	1	8	29	2	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	390	212	123	106	32	46	18	25	3	1
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	14	48	0	0	0	0	0	0	0	0
Usta Muhammad	886	94	33	184	128	8	3	0	1	36
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Ziarat	385	337	104	155	75	8	17	95	5	0
Total	5,336	3,272	1,120	1,074	572	336	234	225	91	61

Figure 4: Most frequently reported suspected cases during Week 30, Balochistan.

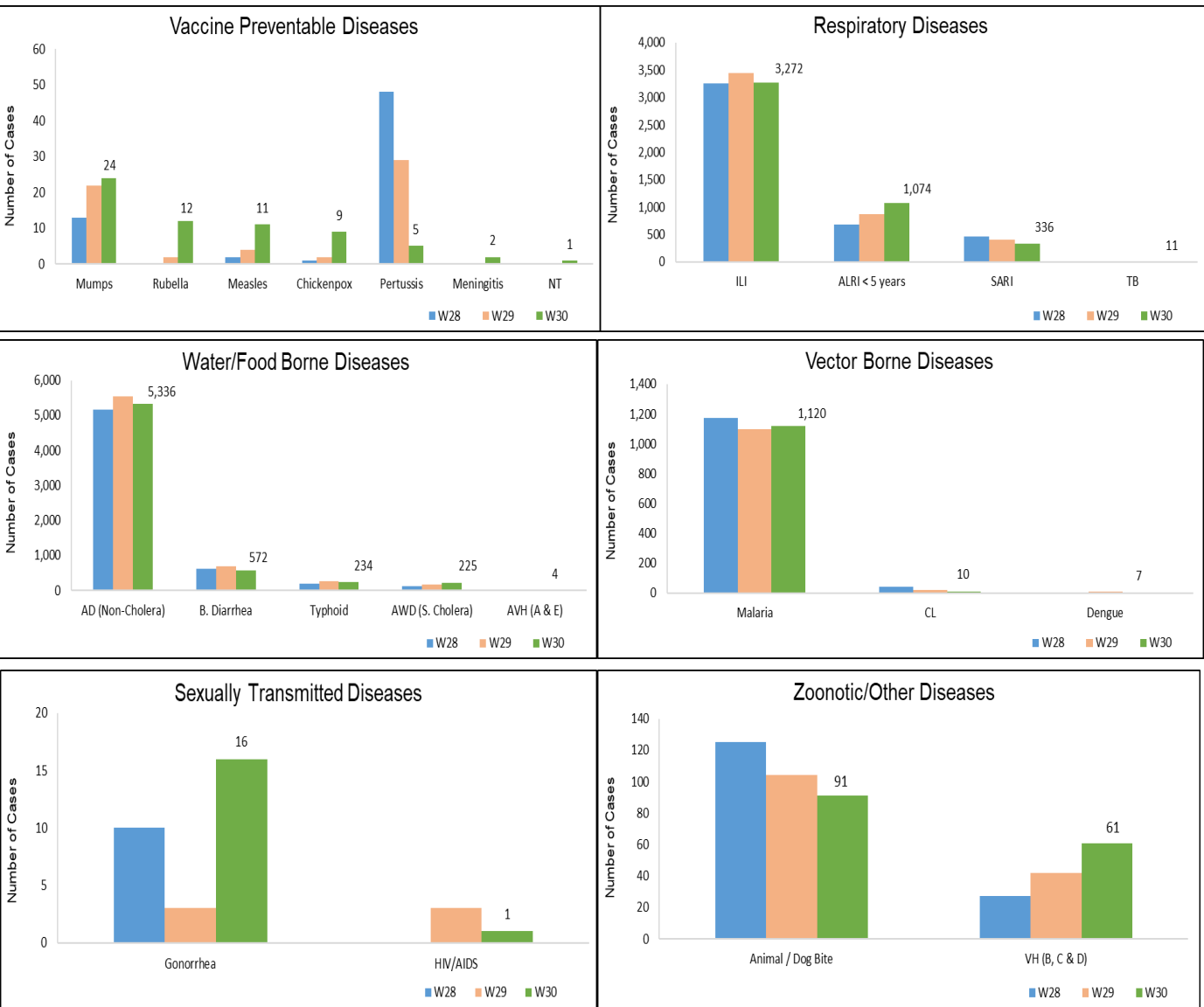
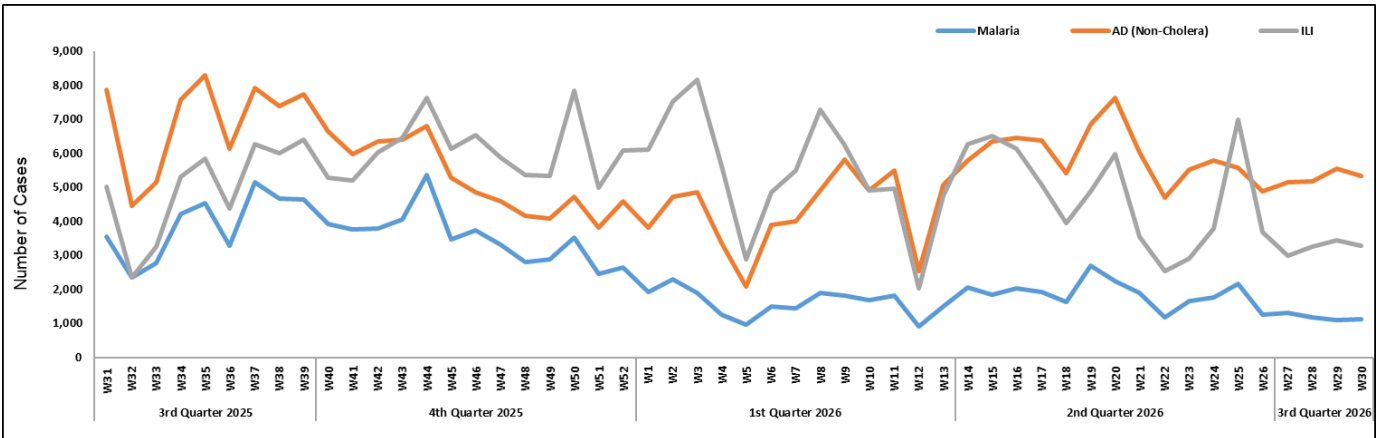


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



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

Table 4: District wise distribution of most frequently reported suspected cases during Week 30, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	B. Diarrhea	Animal / Dog Bite	Typhoid	ALRI < 5 years	SARI	CL	TB
Abbottabad	1,545	7	42	16	47	9	28	0	0	26
Bajaur	784	365	1	60	106	0	3	3	23	12
Bannu	800	593	4	7	12	46	3	0	4	10
Battagram	787	93	627	0	7	19	8	8	0	3
Buner	790	265	22	8	27	5	95	0	0	9
Charsadda	1,819	356	238	56	2	59	96	0	0	0
Chitral Lower	1,303	21	8	59	16	19	13	13	6	1
Chitral Upper	275	6	14	8	9	13	4	4	1	2
D.I. Khan	1,851	565	0	27	32	2	12	0	3	9
Dir Lower	2,297	187	0	98	52	41	4	27	7	5
Dir Upper	5,384	18	25	34	29	9	23	0	0	2
Hangu	425	120	0	41	2	26	0	0	17	0
Haripur	2,076	5	192	0	57	15	24	20	0	0
Karak	683	287	1	85	59	21	52	0	63	10
Khyber	797	611	39	148	53	19	36	14	92	12
Kohat	714	209	0	63	14	18	8	0	60	0
Kohistan Lower	114	3	0	10	5	3	0	0	0	0
Kohistan Upper	390	10	1	14	0	0	2	0	0	0
Kolai Palas	141	2	22	2	0	1	1	0	0	3
L & C Kurram	63	28	4	11	4	1	0	2	1	0
Lakki Marwat	759	332	0	2	98	17	3	0	0	2
Malakand	880	56	98	177	43	0	1	1	0	1
Mansehra	1,840	1	559	11	0	1	7		0	7
Mardan	2,141	262	23	86	20	46	31	0	0	4
Mohmand	115	190	102	2	10	2	1	95	35	1
North Waziristan	43	82	0	2	1	16	19	12	6	4
Nowshera	2,540	451	8	28	98	14	11	2	20	28
Orakzai	104	10	6	1	0	0	0	0	0	0
Peshawar	5,279	48	193	131	26	45	24	0	0	19
Shangla	2,151	808	0	13	203	50	12	0	0	82
South Waziristan (Lower)	209	170	173	57	18	34	2	116	23	12
SWU	51	14	0	0	0	0	1	0	0	0
Swabi	2,960	128	477	38	132	4	0	100	0	22
Swat	5,834	62	180	133	203	111	65	0	0	12
Tank	364	271	15	3	6	1	4	0	0	5
Tor Ghar	306	144	0	28	11	3	0	0	5	9
Upper Kurram	300	12	89	25	9	10	1	15	0	2
Total	48,914	6,792	3,163	1,484	1,411	680	594	432	366	314

Figure 6: Most frequently reported suspected cases during Week 30, KP.

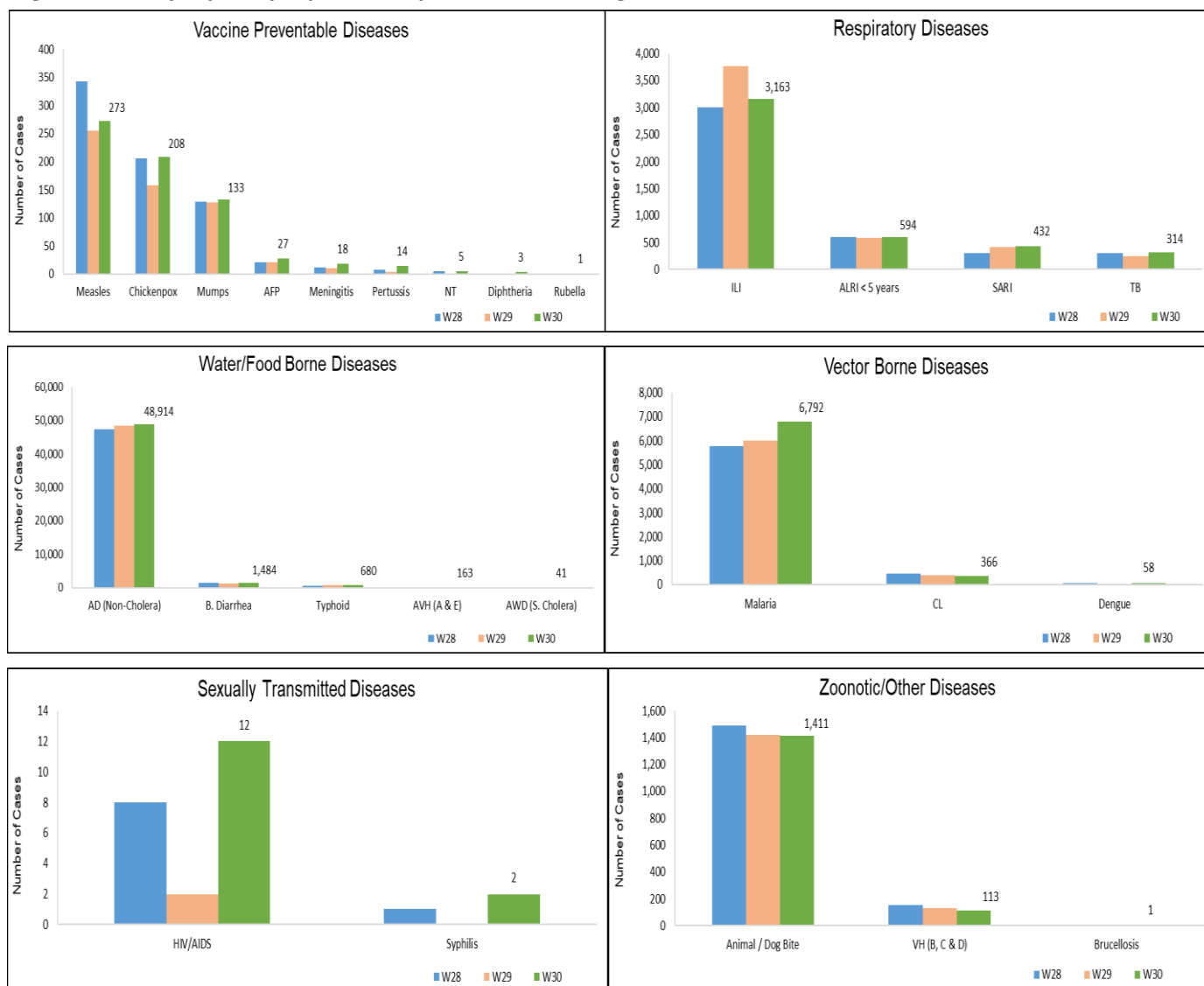
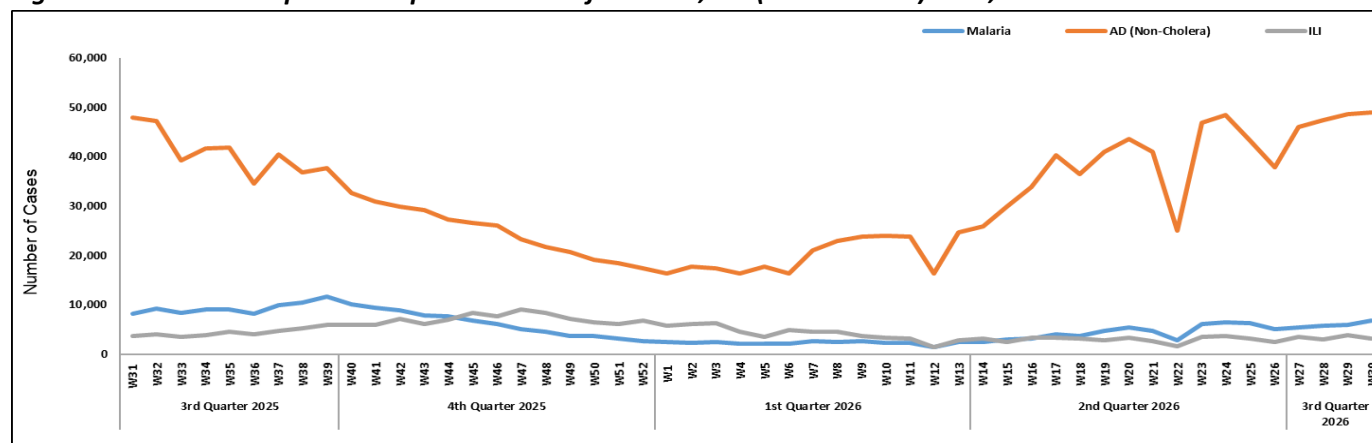


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



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

AJK: Data for Week 30 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, TB, Typhoid, B. Diarrhea, SARI, VH (B, C & D), AWD (S. Cholera), and Animal/ Dog Bite. An increase in cases is observed for AD (Non-Cholera), ALRI <5 Years, ILI, TB, Typhoid, SARI, VH (B, C & D), AWD (S. Cholera), Animal/ Dog Bite, Measles, and Pertussis, while a decline is observed in the number of cases of B. Diarrhea, Meningitis, Mumps, and AVH (A & E) this week.

NOTE: Due to the political conditions AJK data for Week 30 is not shared.
Figure 8: Most frequently reported suspected cases during Week 22, AJK.

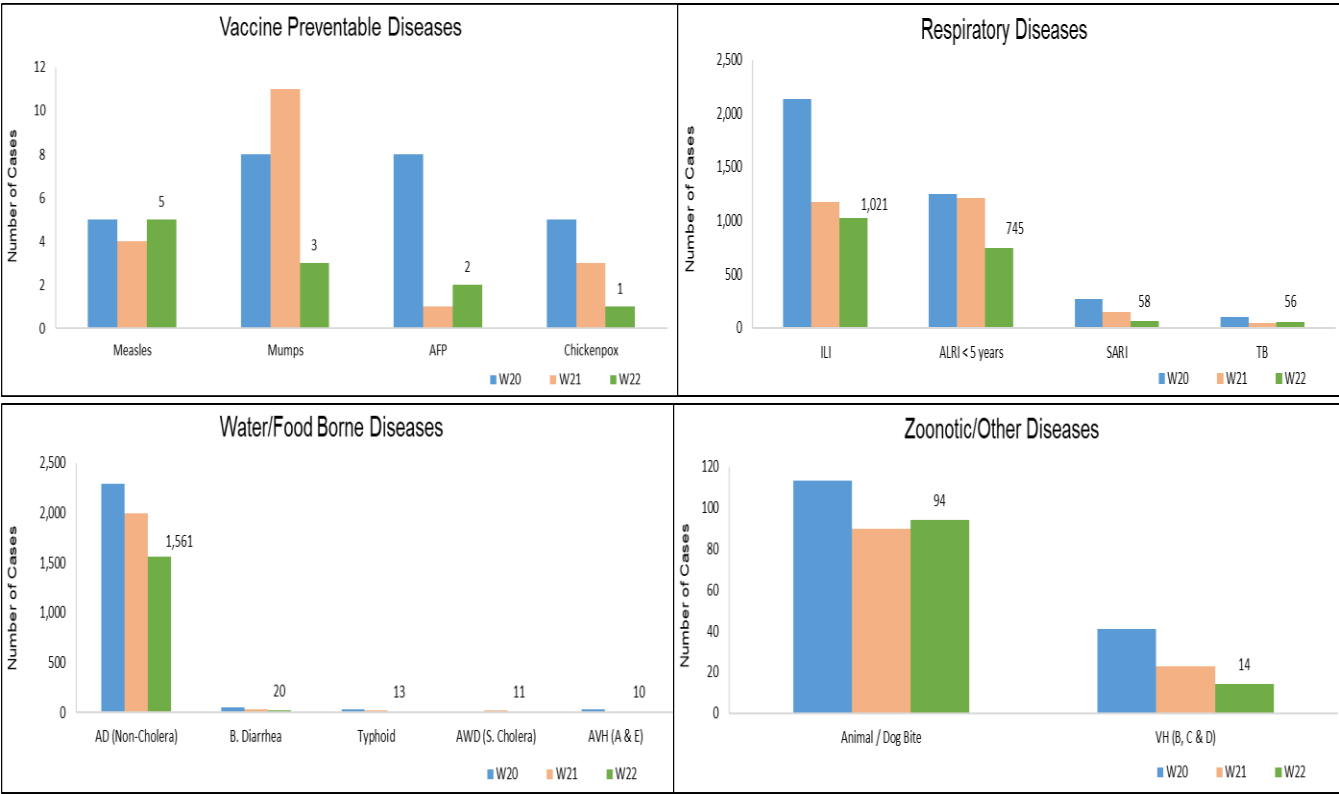


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.

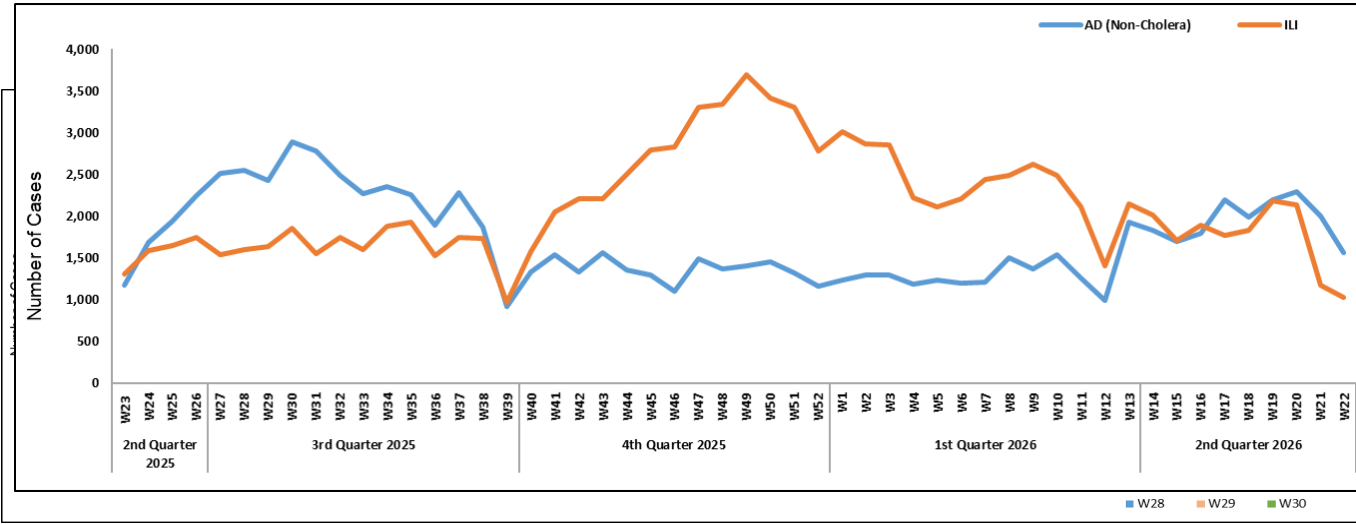


Figure 10: Most frequently reported suspected cases during Week 30, ICT.

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

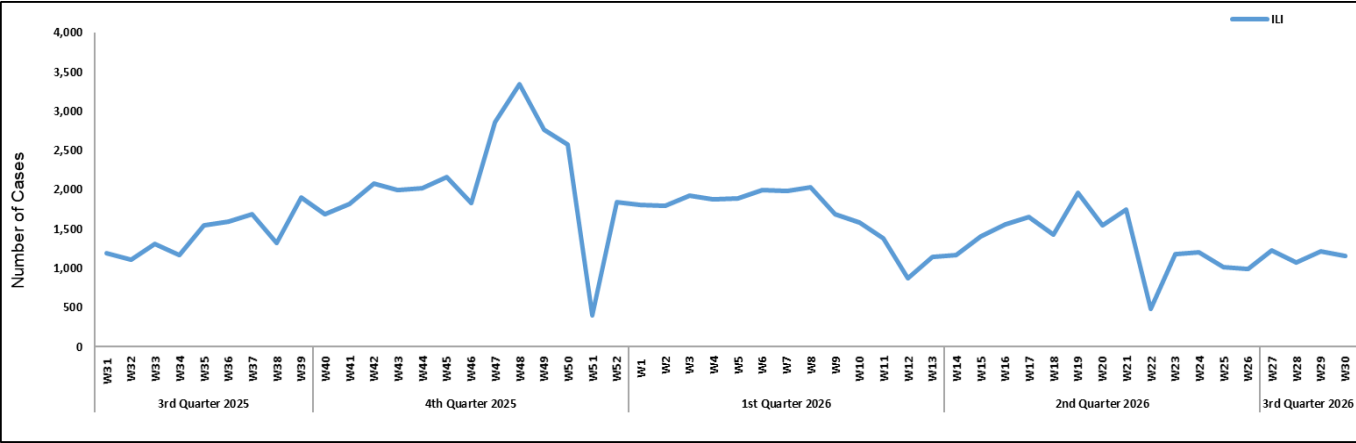


Figure 12: Most frequently reported suspected cases during Week 30, GB.

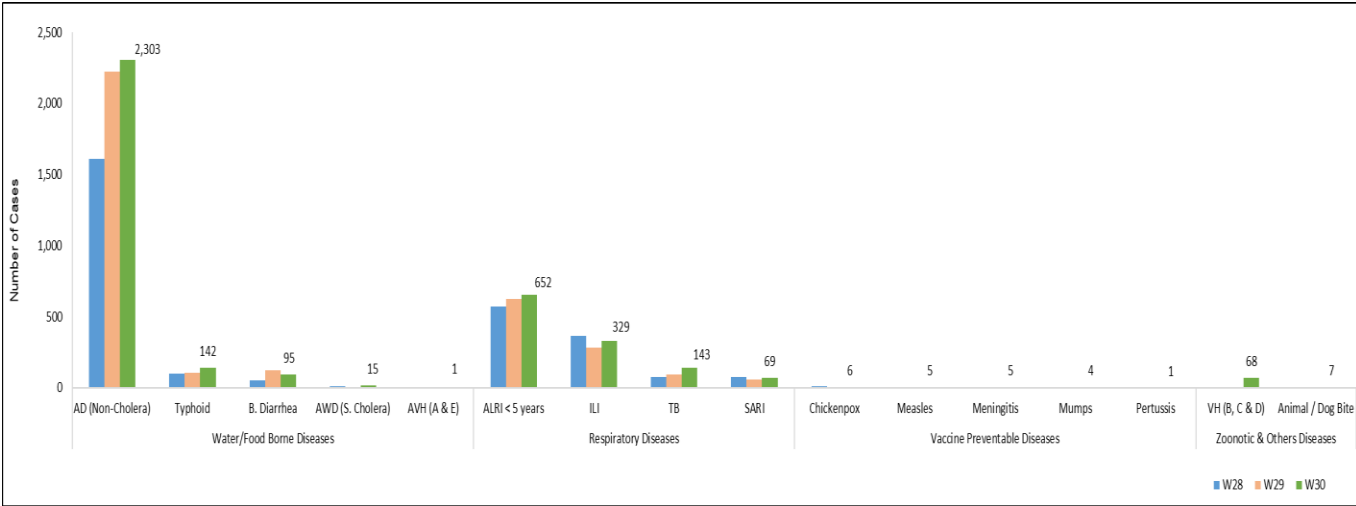
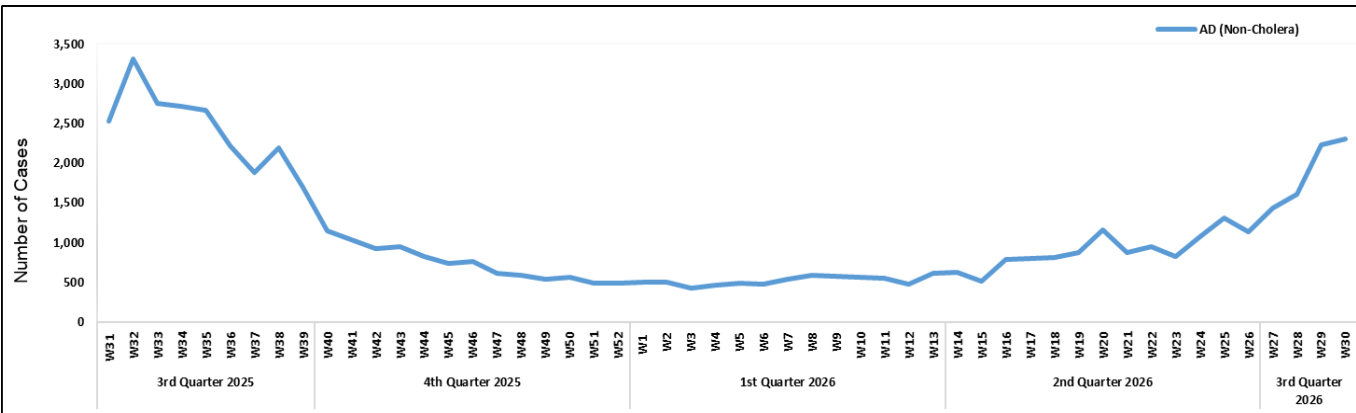


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.



Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 30, 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)	19	0	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity	19	2	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	6,948	563	395	41	-	-	-	-	266	0	-	-	-	-
CCHF	-	-	2	1	-	-	-	-	-	-	-	-	-	-
Dengue	624	20	92	0	-	-	-	-	-	-	-	-	-	-
VH (B)	13,346	268	267	57	-	-	-	-	2,027	31	-	-	-	-
VH (C)	13,679	966	543	62	-	-	-	-	2,102	4	-	-	-	-
VH (D)	31	17	21	8	-	-	-	-	-	-	-	-	-	-
VH (A)	3	0	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	3	1	-	-	-	-	-	-	-	-	-	-	-	-
TB	705	99	82	11	-	-	-	-	149	0	-	-	-	-
HIV/ AIDS	4,441	33	327	0	-	-	-	-	308	0	-	-	-	-
Syphilis	1,294	21	-	-	-	-	-	-	250	0	-	-	-	-
Typhoid	129	6	95	14	-	-	-	-	85	5	-	-	-	-
Diphtheria	1	0	-	-	-	-	-	-	-	-	-	-	-	-
ILI	5	1	3	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)	-	-	2	0	-	-	-	-	-	-	-	-	-	-
Measles	87	40	33	15	241	116	8	5	2	1	257	56	14	5
Leishmaniosis (cutaneous)	14	10	20	4	-	-	-	-	6	0	-	-	-	-
Chikungunya	-	-	2	0	-	-	-	-	-	-	-	-	-	-
Chickenpox	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Mpox	2	1	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (Visceral)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SARI	21	3	2	0	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	-	-	-	1	0	-	-	-	-	25	0	-	-
	SARI	-	-	-	60	1	3	0	-	-	65	4	-	-
Influenza A	ILI	-	-	-	1	0	-	-	-	-	25	0	-	-
	SARI	-	-	-	60	1	3	0	-	-	65	0	-	-
Influenza B	ILI	-	-	-	1	0	-	-	-	-	25	0	-	-
	SARI	-	-	-	60	0	3	0	-	-	65	0	-	-
RSV	ILI	-	-	-	1	0	-	-	-	-	25	0	-	-
	SARI	-	-	-	60	0	3	0	-	-	65	0	-	-

Integrated Respiratory Viruses Sentinel Surveillance, National Influenza Centre

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

Figure 14: District wise Influenza sentinel sites, Pakistan.

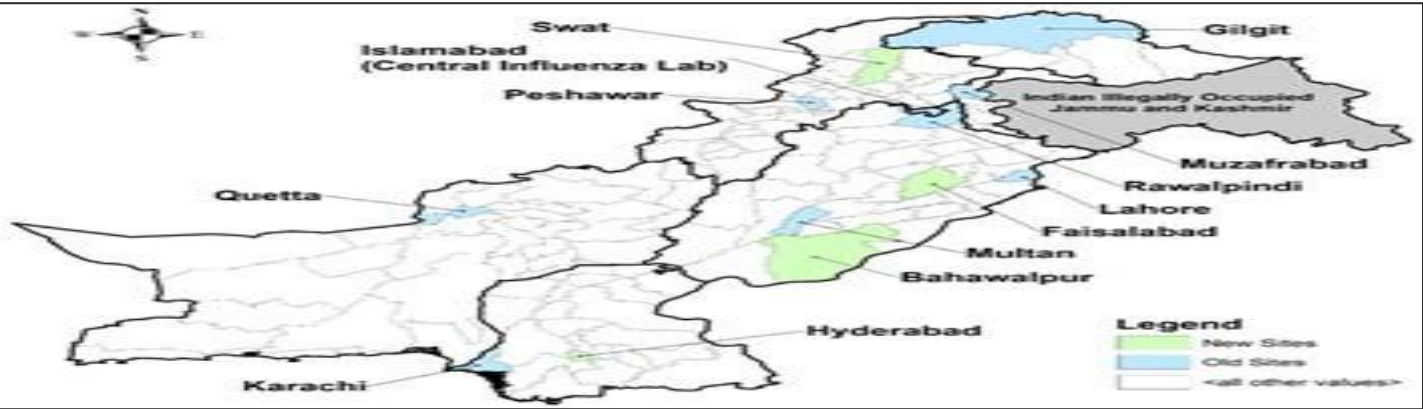


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 30, Pakistan.

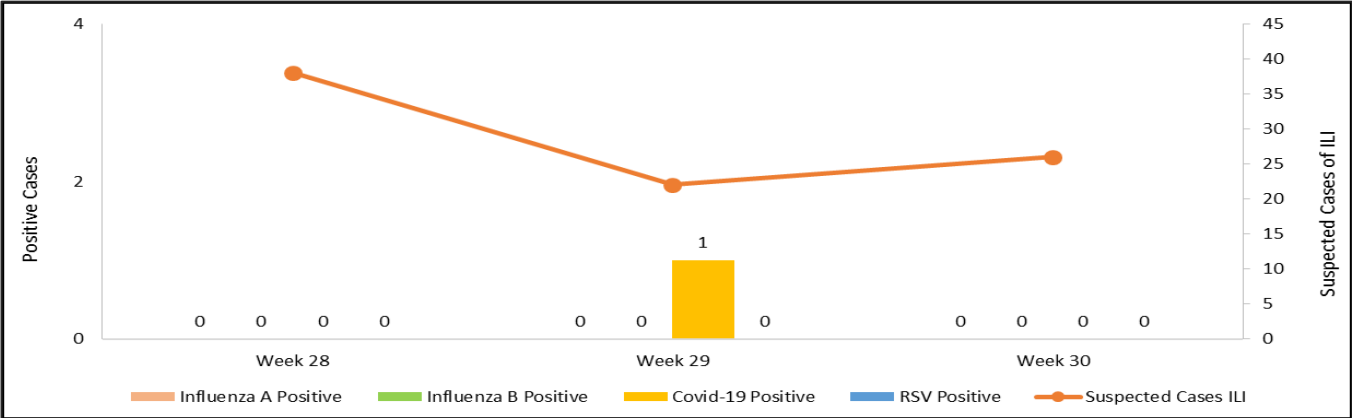
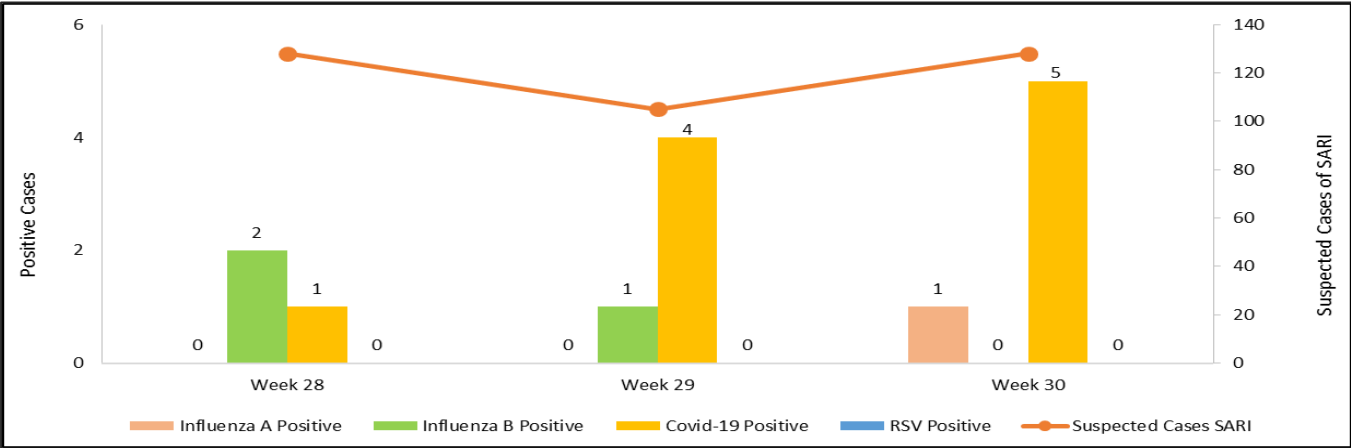


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 30, Pakistan.



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 30, 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	89	39%
	Battagram	59	36	61%
	Buner	34	34	100%
	Bajaur	43	43	100%
	Charsadda	61	60	98%
	Chitral Upper	31	31	100%
	Chitral Lower	37	36	97%
	D.I. Khan	115	115	100%
	Dir Lower	63	56	89%
	Dir Upper	56	46	82%
	Hangu	22	19	86%
	Haripur	72	71	99%
	Karak	36	35	97%
	Khyber	53	40	75%
	Kohat	61	61	100%
	Kohistan Lower	13	9	69%
	Kohistan Upper	22	17	77%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	34	15	44%
	Upper Kurram	38	37	97%
	Malakand	41	40	98%
	Mansehra	133	123	92%
	Mardan	82	65	79%
	Nowshera	57	53	93%
	North Waziristan	10	8	80%
	Peshawar	157	130	83%
	Shangla	37	37	100%
	Swabi	65	64	98%
	Swat	75	73	97%
	South Waziristan (Upper)	93	93	100%
	South Waziristan (Lower)	29	27	93%
	Tank	34	33	97%
	Torghar	13	13	100%
	Mohmand	68	23	34%
	Orakzai	69	6	9%
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	7	58%
Balochistan	Gwadar	26	25	96%
	Kech	45	0	0%
	Khuzdar	74	10	14%
	Killa Abdullah	26	21	81%
	Lasbella	55	55	100%
	Pishin	65	0	0%
	Quetta	56	15	27%
	Sibi	36	30	83%
	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	0	0%
	Kalat	41	40	98%
	Harnai	17	0	0%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	14	50%
	Sohbat pur	25	0	0%
	Surab	32	7	22%
	Mastung	46	46	100%
	Loralai	33	28	85%
	Killa Saifullah	28	0	0%
	Ziarat	29	28	97%
	Duki	31	0	0%
	Nushki	29	0	0%
	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	12	36%
	Musakhel	41	0	0%
	Usta Muhammad	34	33	97%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	19	95%
	Ghizer	38	30	79%
	Gilgit	44	44	100%
	Diamer	62	58	94%
	Astore	55	55	100%
	Shigar	23	4	17%
	Skardu	54	54	100%

	Ganche	29	29	100%
	Kharmang	25	25	100%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	63	98%
	Umerkot	65	65	100%
	Naushahro Feroze	102	93	91%
	Tharparkar	273	270	99%
	Shikarpur	59	59	100%
	Thatta	50	49	98%
	Larkana	67	66	99%
	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	3	50%
	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	58	98%
	Matari	42	42	100%
	Jamshoro	74	74	100%
	Tando Allahyar	54	52	96%
	Tando Muhammad Khan	41	41	100%
	Shaheed Benazirabad	122	122	100%

Table 7: Compliance of IDSR reporting Tertiary care hospitals Week 30, 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%

Letter to Editor

Monsoon in Pakistan: Strengthening Preparedness to Protect Health and Health Systems

Dear Editor,

Pakistan's annual monsoon season is no longer merely a predictable climatic event; it has become a recurring public health emergency with increasingly severe consequences. In recent years, heavier rainfall, flooding, and population displacement have repeatedly strained health services, disrupted disease surveillance, damaged health infrastructure, and increased the burden of communicable diseases. While emergency response remains essential, experience suggests that greater emphasis must now be placed on preparedness.

From a public health surveillance perspective at the National Institute of Health (NIH), the monsoon season consistently highlights vulnerabilities within Pakistan's health system. Flooded roads and damaged health facilities interrupt routine healthcare delivery and delay reporting of priority diseases. Population displacement into temporary shelters creates conditions favorable for outbreaks of acute watery diarrhea, typhoid fever, hepatitis A and E, malaria, dengue, leptospirosis, and other vector- and water-borne diseases. Disruptions to immunization services also increase the risk of vaccine-preventable diseases, particularly measles, while overcrowded living conditions facilitate the transmission of acute respiratory infections.

The impact extends beyond disease occurrence. Laboratories may face interruptions in specimen transport, cold-chain systems become vulnerable during prolonged power outages, supply chains for essential medicines are disrupted, and already limited healthcare personnel are diverted toward emergency response. These challenges reduce the capacity of the health system to detect, verify, and

respond to outbreaks when timely action is most critical.

Pakistan has made important progress by expanding Integrated Disease Surveillance and Response (IDSR), strengthening laboratory networks, and enhancing emergency coordination mechanisms. However, each monsoon season demonstrates that surveillance systems are only as effective as the preparedness measures supporting them. Early warning information must translate rapidly into public health action before outbreaks escalate.

Preparedness should therefore become the cornerstone of Pakistan's monsoon health strategy. Risk assessments should be conducted before the onset of the rainy season to identify high-risk districts and vulnerable populations. Health facilities in flood-prone areas should develop contingency plans, maintain emergency stocks of essential medicines, diagnostics, and personal protective equipment, and ensure backup power and communication systems. Rapid Response Teams should be pre-positioned and trained to investigate suspected outbreaks promptly. Surveillance reporting should continue uninterrupted through digital platforms with alternative reporting mechanisms available where connectivity is affected. Community-based event surveillance can further strengthen early detection in remote and displaced populations.

Preparedness should also extend beyond the health sector. Close coordination among meteorological authorities, disaster management agencies, water and sanitation departments, local governments, and public health institutions is essential to anticipate health risks and implement preventive interventions before flooding occurs. Risk communication should encourage safe water practices, vector control, food hygiene, and timely healthcare seeking through clear, evidence-based public messaging.

As climate change increases the frequency and intensity of extreme weather events, Pakistan must transition from a reactive model of emergency response to a proactive model of



preparedness and resilience. Investments in surveillance, resilient health infrastructure, laboratory capacity, workforce preparedness, and multisectoral coordination will not only reduce the health impacts of future monsoons but also strengthen national health security against a broad range of public health emergencies.

The monsoon should no longer be viewed as a seasonal crisis that demands temporary response measures. Instead, it should serve as an annual reminder that preparedness remains the most effective intervention for protecting both public health and the resilience of Pakistan's health system.

Sincerely,

Dr. Hamza Ikram (RPh)

Scientific Officer

Center for Disease Control

National Institute of Health , Islamabad

Knowledge Hub

Understanding Malaria: A Public Health Priority

Malaria is a serious and sometimes fatal disease caused by a parasite transmitted to humans through the bite of infected female **Anopheles mosquitoes**.

What is Malaria?

Malaria is a disease caused by a **parasite** of the *Plasmodium* group. These parasites are spread to people through the bites of infected female *Anopheles* mosquitoes. The parasites multiply in the human liver and then infect red blood cells. There are five parasite species that cause malaria in humans:

- ***Plasmodium falciparum***: The most common species and the deadliest.
- ***Plasmodium vivax***: Found mostly outside Africa and can cause a relapse.
- Other, less common species include *P. ovale*, *P. malariae*, and *P. knowlesi*.

How Malaria Spreads?

Malaria is transmitted when an infected *Anopheles mosquito* bites a human. The parasite enters the person's bloodstream and travels to the liver. After maturing, the parasites re-enter the bloodstream and infect red blood cells, which can then be picked up by another mosquito.

Malaria is **not** contagious from person to person like a cold or flu. It cannot be sexually transmitted or spread by casual contact.

Signs & Symptoms

Symptoms of malaria typically appear **10 days to 4 weeks after infection**, though they can emerge as early as 7 days or as late as a year.

Common symptoms include:

- Fever and chills that may cycle
- Headache
- Muscle aches
- Fatigue
- Nausea and vomiting

Severe malaria, caused by *P. falciparum*, can lead to:

- Impaired consciousness or coma (cerebral malaria)
- Severe anemia
- Kidney failure
- Convulsions
- Jaundice (yellowing skin and eyes)

Anyone with these symptoms, especially after traveling to a malaria-endemic area, should seek immediate medical attention.

Complications If left untreated, malaria can quickly become life-threatening. Complications can include:

- Brain swelling
- Severe anemia
- Kidney or liver failure
- Acute respiratory distress syndrome (ARDS)
- Seizures
- Death

Prevention



Prevention is crucial, especially for travelers to malaria-endemic areas.

Antimalarial Medication: Take prescription drugs before, during, and after travel to areas where malaria is common.

Mosquito Bite Prevention:

- Use insect repellent containing DEET.
- Wear long-sleeved shirts and long pants, especially from dusk to dawn.
- Sleep in screened rooms or under an insecticide-treated bed net.

Malaria Vaccine (RTS, S/AS01): The WHO has recommended a vaccine for children living in areas with moderate to high malaria transmission. It does not provide complete protection, so other prevention methods are still needed.

Diagnosis and Treatment

Diagnosis: Malaria is diagnosed with a blood test, typically a blood smear viewed under a microscope, or with rapid diagnostic tests (RDTs).

Treatment: Malaria is a treatable disease, especially when diagnosed early. It is treated with antimalarial drugs. The specific medication depends on the type of parasite, the severity of the disease, and where the infection was acquired. It's essential to complete the entire course of medication.

More information:

For additional information on malaria, please visit:

1. Centers for Disease Control and Prevention (CDC):
<https://www.cdc.gov/malaria/index.html>
2. World Health Organization (WHO):
<https://www.who.int/news-room/factsheets/detail/malaria>
3. Public Health Agency of Canada (PHAC):
<https://www.canada.ca/en/publichealth/services/diseases/malaria.html>
4. UK Health Security Agency (UKHSA):
<https://www.gov.uk/guidance/malariaguidance-data-and-analysis>



VECTOR-BORNE DISEASES

VECTORS MAY BE A THREAT TO YOU, AT HOME AND WHEN TRAVELLING

VECTORS ARE SMALL ORGANISMS THAT CARRY SERIOUS DISEASES



WITH JUST 1 BITE they can transmit diseases such as:

- Malaria
- Dengue
- Zika
- Lyme disease
- Yellow fever
- Japanese encephalitis



TAKE SIMPLE MEASURES TO PROTECT YOURSELF AND YOUR FAMILY

Get vaccinated against yellow fever and Japanese encephalitis



Install



window screens



For more information, contact your health-care professional

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