

Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institutes of Health, Islamabad

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



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Public Health Bulletin - Pakistan, Week 36, 2026

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

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

This Week's Highlights:

- **Knowledge Hub - Understanding Measles: A Public Health Priority**

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

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

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Stay informed. Stay prepared. Stay healthy.

*Sincerely,
The Chief Editor*

Overview

- During Week 36, 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) & Dengue.
- Twenty-one cases of AFP were reported from KP, and ten from Sindh.
- Eighteen suspected cases of HIV/ AIDS reported from Sindh, ten from KP, and three from Balochistan.
- Among VPDs, there is an increase in the number of cases of Measles, Chicken pox, Pertussis and NT this week.
- Among Respiratory diseases, there is an increase in the number of cases of ILI this week.
- Among Water/food-borne diseases, there is an increase in the number of cases of Typhoid this week.
- Among Vector-borne diseases, there is an increase in the number of cases of Malaria 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 76%
- Sindh is the top reporting region with a compliance rate of 100%, followed by GB 94%, KP 81%, and ICT 78%.
- The lowest compliance rate was observed in Balochistan, 55% and AJK 0%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,277	1,836	81
Azad Jammu Kashmir	476	0	0
Islamabad Capital Territory	36	28	78
Balochistan	1,317	725	55
Gilgit Baltistan	405	381	94
Sindh	2,067	2,061	100
National	6,614	5,031	76

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

Measles

- **Strengthen Surveillance and Case Notification:** Enhance measles case reporting through the IDSR system by training healthcare providers to recognize and report suspected cases (fever with maculopapular rash and cough, coryza, or conjunctivitis). Ensure immediate outbreak alerts.
- **Expand Laboratory Confirmation:** Strengthen laboratory capacity for measles IgM antibody testing and PCR, particularly for outbreak investigations and elimination verification.
- **Improve Immunization Coverage:** Ensure high and equitable coverage of measles-containing vaccines (MCV1 and MCV2) through routine immunization, outreach services, and catch-up campaigns in underserved areas.
- **Strengthen Outbreak Preparedness and Response:** Establish rapid response teams for case isolation, contact tracing, and ring vaccination.
- **Raise Public Awareness:** Implement community engagement and communication campaigns to promote vaccine acceptance, early healthcare-seeking, and understanding of measles symptoms and risks.

Mumps

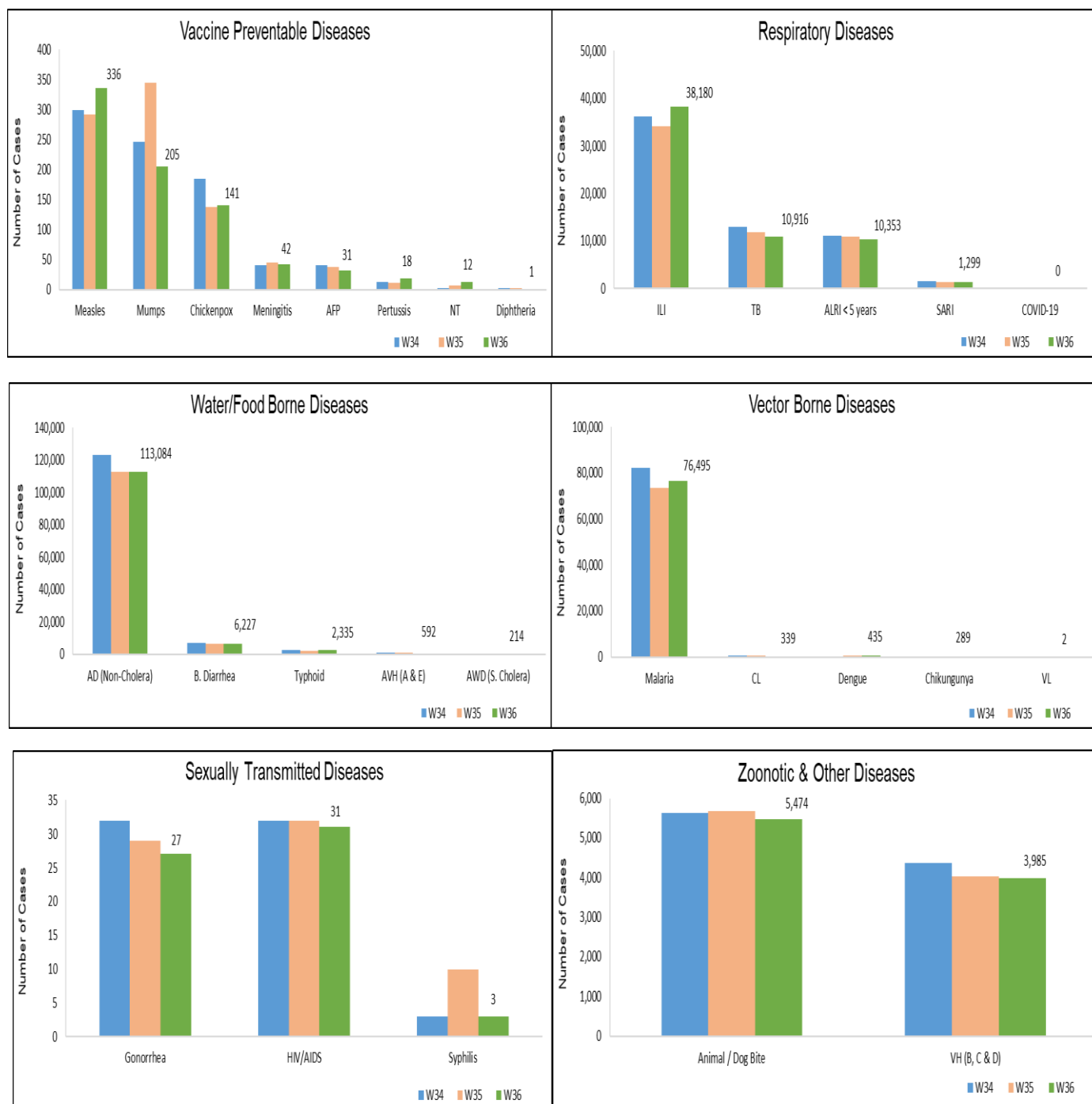
- **Enhance Surveillance and Case Detection:** Strengthen mumps case detection within IDSR by training health workers to apply standard case definitions and promptly report suspected cases, particularly in schools and crowded institutions.
- **Expand Laboratory Capacity:** Support laboratory confirmation through IgM antibody testing and PCR where feasible, especially during outbreaks.
- **Promote Vaccination:** Increase coverage of the Measles-Mumps-Rubella (MMR) vaccine via routine immunization services and supplemental campaigns in high-risk or low-coverage populations.
- **Implement Outbreak Control Measures:** Encourage isolation of suspected cases during the infectious period and conduct contact tracing in schools and workplaces to minimize transmission.
- **Raise Community Awareness:** Disseminate health education materials highlighting mumps symptoms, routes of transmission (respiratory droplets), preventive measures, and importance of vaccination.
 - **Strengthen Multi-Sectoral Collaboration:** Work with educational institutions and community leaders to promote vaccination campaigns and enforce outbreak control strategies.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 36, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	NR	6,338	1,766	505	47,655	NR	56,820	113,084
Malaria	NR	2,097	0	5	8,464	NR	65,929	76,495
ILI	NR	5,853	271	1,436	3,315	NR	27,305	38,180
TB	NR	17	95	12	264	NR	10,528	10,916
ALRI < 5 years	NR	1,329	550	2	620	NR	7,852	10,353
B. Diarrhea	NR	1,119	100	9	1,217	NR	3,782	6,227
Animal / Dog Bite	NR	100	13	0	1,390	NR	3,971	5,474
VH (B, C & D)	NR	57	42	4	157	NR	3,725	3,985
Typhoid	NR	334	87	0	820	NR	1,094	2,335
SARI	NR	488	69	0	441	NR	301	1,299
AVH (A & E)	NR	3	2	0	239	NR	348	592
Dengue	NR	1	0	0	260	NR	174	435
CL	NR	39	0	0	291	NR	9	339
Measles	NR	11	13	0	273	NR	39	336
Chikungunya	NR	1	0	0	274	NR	14	289
AWD (S. Cholera)	NR	193	16	0	2	NR	3	214
Mumps	NR	25	6	0	119	NR	55	205
Chickenpox/ Varicella	NR	5	8	1	121	NR	6	141
Meningitis	NR	0	4	0	14	NR	24	42
AFP	NR	0	0	0	21	NR	10	31
HIV/AIDS	NR	3	0	0	10	NR	18	31
Gonorrhea	NR	15	0	0	5	NR	7	27
Pertussis	NR	11	0	0	7	NR	0	18
NT	NR	1	0	0	11	NR	0	12
Syphilis	NR	0	0	0	0	NR	3	3
VL	NR	1	0	0	1	NR	0	2
COVID-19	NR	0	0	0	1	NR	0	1
Diphtheria (Probable)	NR	0	0	0	1	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 36, Pakistan.



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

Table 2: District wise distribution of most frequently reported suspected cases during Week 36, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	Animal / Dog Bite	B. Diarrhea	VH (B, C & D)	Typhoid	AVH (A & E)
Badin	5,401	5,879	3,261	881	435	180	463	139	97	8
Dadu	2,845	3,949	629	599	1,508	329	442	308	280	119
Ghotki	4,533	2,242	0	517	655	282	203	828	2	0
Hyderabad	1,476	2,967	1,265	403	134	80	93	98	2	3
Jacobabad	1,448	828	533	213	188	194	111	126	34	0
Jamshoro	2,250	2,444	18	590	264	110	151	126	57	17
Kamber	2,980	1,733	5	681	201	219	96	62	13	0
Karachi Central	35	2,026	1,522	29	3	120	1	28	111	5
Karachi East	114	363	33	23	13	18	8	15	2	0
Karachi Keamari	22	711	602	6	14	16	9	1	5	1
Karachi Korangi	71	424	9	20	2	7	8	1	4	1
Karachi Malir	104	1,183	2,676	91	129	39	32	2	18	7
Karachi South	21	125	21	0	0	0	0	0	1	0
Karachi West	266	1,066	2,073	171	188	88	85	16	20	0
Kashmore	1,558	446	246	102	95	100	58	10	2	0
Khairpur	3,803	2,924	4,609	765	785	307	281	196	184	24
Larkana	3,648	2,072	121	667	283	82	314	22	2	0
Matari	3,683	1,720	17	558	184	170	76	206	1	25
Mirpurkhas	4,424	3,559	2,007	625	304	149	195	64	13	45
Naushero Feroze	1,818	1,567	1,345	280	256	256	143	19	70	10
Sanghar	4,116	1,845	44	913	293	316	50	456	14	0
Shaheed Benazirabad	2,413	1,837	0	245	150	200	80	91	80	0
Shikarpur	2,119	1,312	3	208	118	260	176	145	2	0
Sujawal	1,279	2,137	0	110	126	65	46	74	2	0
Sukkur	1,775	1,469	2,361	373	236	122	138	255	2	0
Tando Allahyar	3,560	1,618	1,181	318	106	95	79	177	6	5
Tando Muhammad Khan	1,749	1,565	0	444	133	103	135	107	0	0
Tharparkar	1,900	2,566	527	323	543	0	164	20	11	12
Thatta	1,992	2,203	2,197	71	192	64	60	77	35	66
Umerkot	4,526	2,040	0	302	314	0	85	56	24	0
Total	65,929	56,820	27,305	10,528	7,852	3,971	3,782	3,725	1,094	348

Figure 2: Most frequently reported suspected cases during Week 36, Sindh.

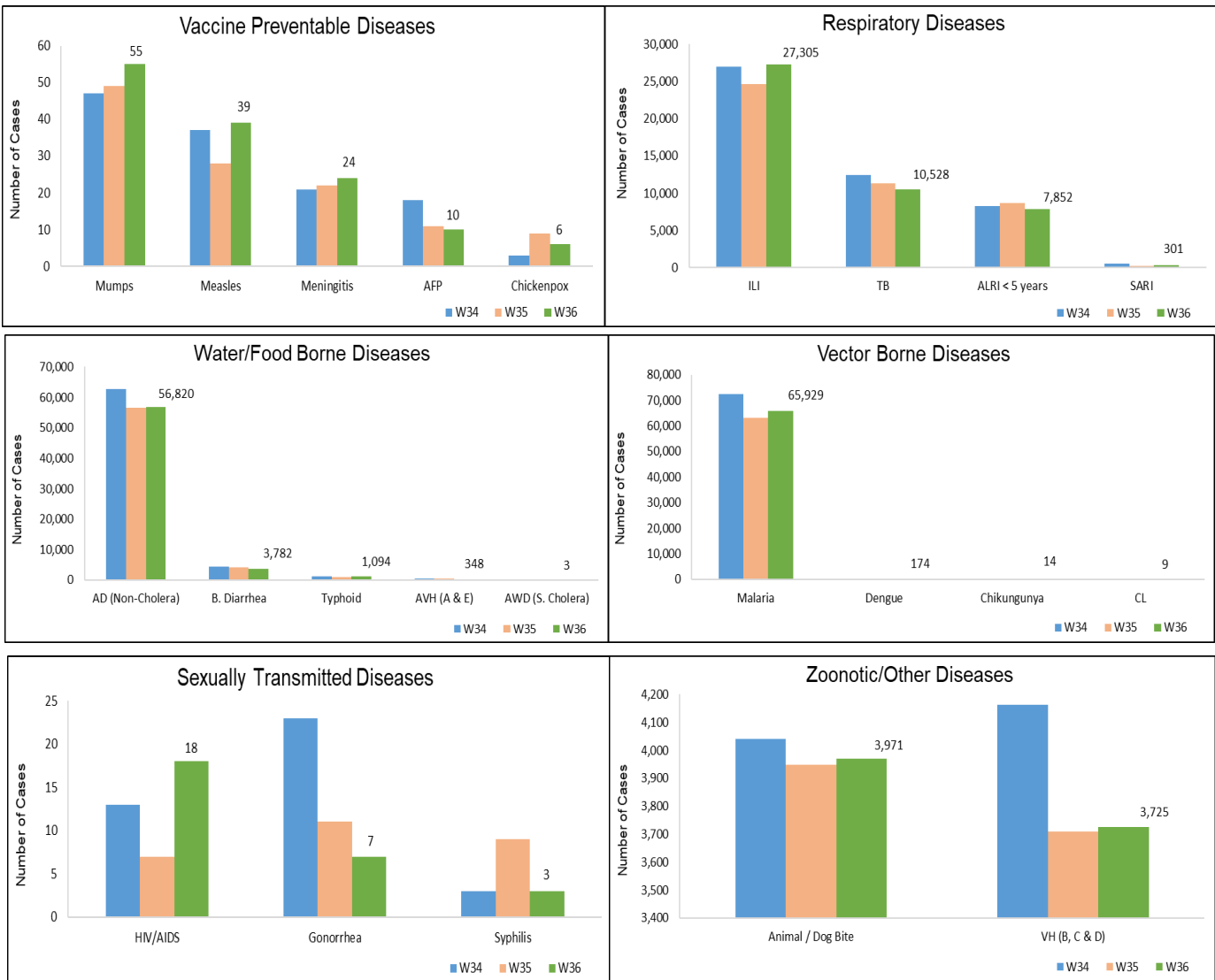
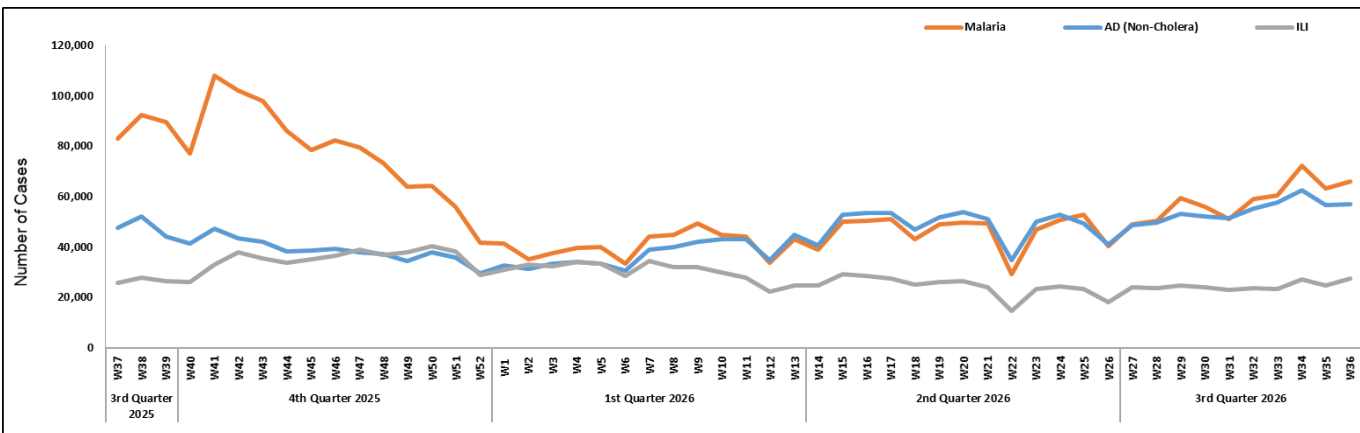


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



- 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, Kech (Turbat) & Kharan while AD (Non-Cholera) cases are mostly reported from Usta Muhammad, Gwadar & Lasbella.
- Measles, Mumps, Pertussis, NT, ILI, AD (Non-Cholera), B. Diarrhea, Malaria, Animal/ Dog Bite & VH (B, C & D) showed an increase in the number of cases. A decline has been observed in Chickenpox, Typhoid & HIV/AIDs.

Table 3: District wise distribution of most frequently reported suspected cases during Week 36, 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	21	99	27	0	9	0	8	8	0	1
Barkhan	65	42	143	5	16	4	37	1	14	0
Chagai	181	337	32	0	34	0	10	0	0	1
Chaman	2	182	3	0	30	1	25	1	0	0
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti (South)	26	7	29	4	8	0	10	3	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	627	1,178	50	NR	37	NR	4	NR	NR	NR
Harnai	201	6	30	151	63	0	0	0	0	0
Hub	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Jaffarabad	177	0	165	0	12	0	0	0	0	0
Jhal Magsi	0	0	0	0	0	0	0	0	0	0
Kachhi (Bolan)	143	161	55	17	15	84	NR	17	12	NR
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	381	851	281	2	79	NR	3	NR	NR	2
Kharan	215	584	5	1	80	34	9	0	0	0
Khuzdar	127	102	79	3	89	7	21	0	2	0
Killa Abdullah	250	174	4	6	56	73	16	46	1	0
Killa Saifullah	160	0	100	85	54	26	13	0	0	0
Kohlu	96	116	29	NR	NR	4	4	NR	NR	NR
Lasbella	561	112	211	244	20	0	16	0	6	28
Loralai	404	443	71	37	44	64	24	1	3	0
Mastung	170	238	44	82	25	24	11	0	1	0
MusaKhel	52	24	341	12	20	2	36	2	0	0
Naseerabad	272	0	122	19	9	23	53	0	53	5
Nushki	161	0	0	0	41	0	0	0	0	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	426	455	51	68	143	45	21	46	5	0
Quetta	167	220	4	105	18	6	4	26	0	1
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	82	55	35	1	7	17	0	20	0	0
Sohbat pur	265	9	27	142	84	7	2	0	0	0
Surab	22	70	0	0	0	0	0	0	0	0
Usta Muhammad	924	168	66	299	92	0	2	0	3	19
Washuk	69	162	57	9	26	18	5	9	0	0
Zhob	91	58	36	37	8	49	0	13	0	0
Ziarat	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Total	6,338	5,853	2,097	1,329	1,119	488	334	193	100	57

Figure 4: Most frequently reported suspected cases during Week 36, Balochistan.

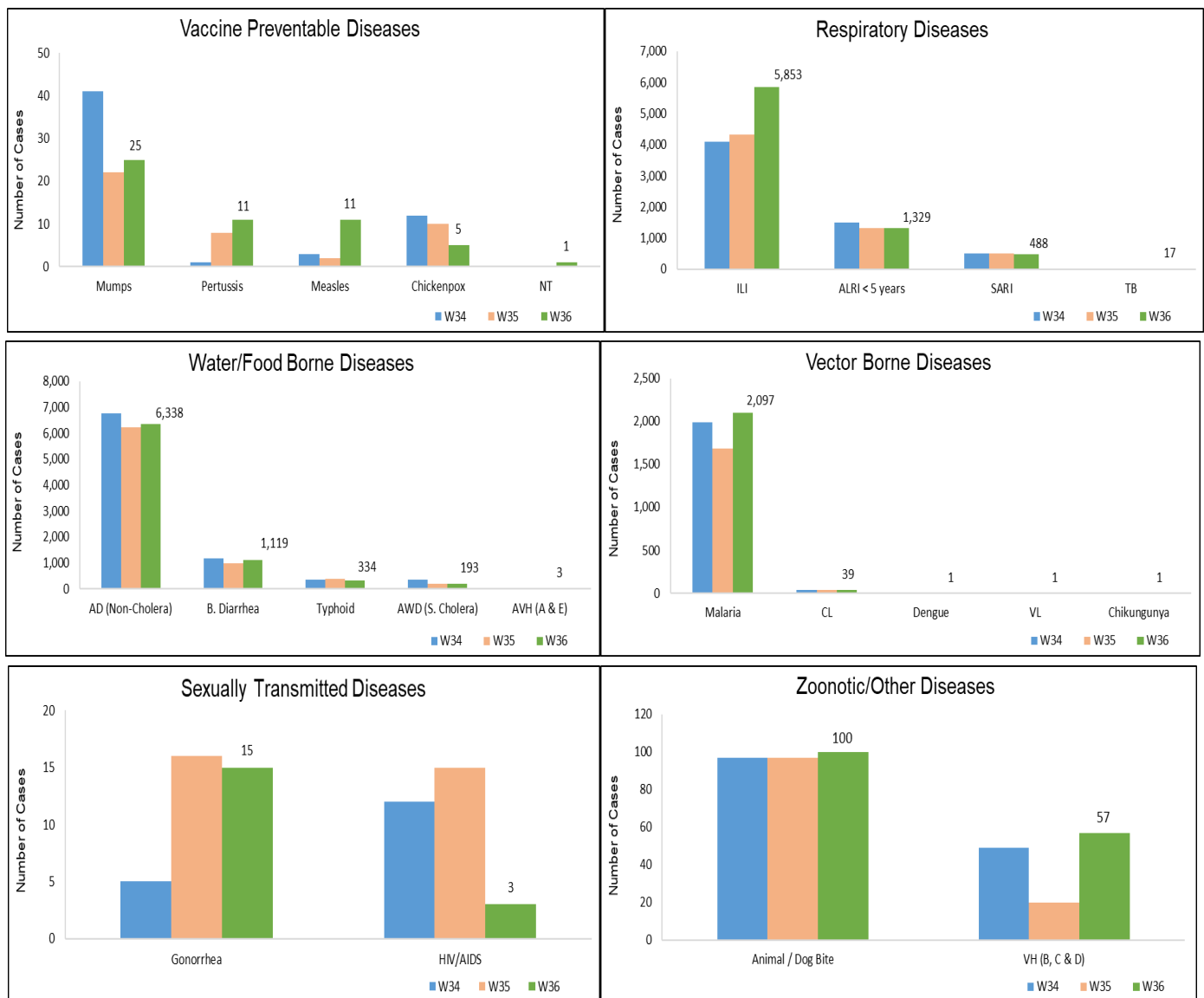
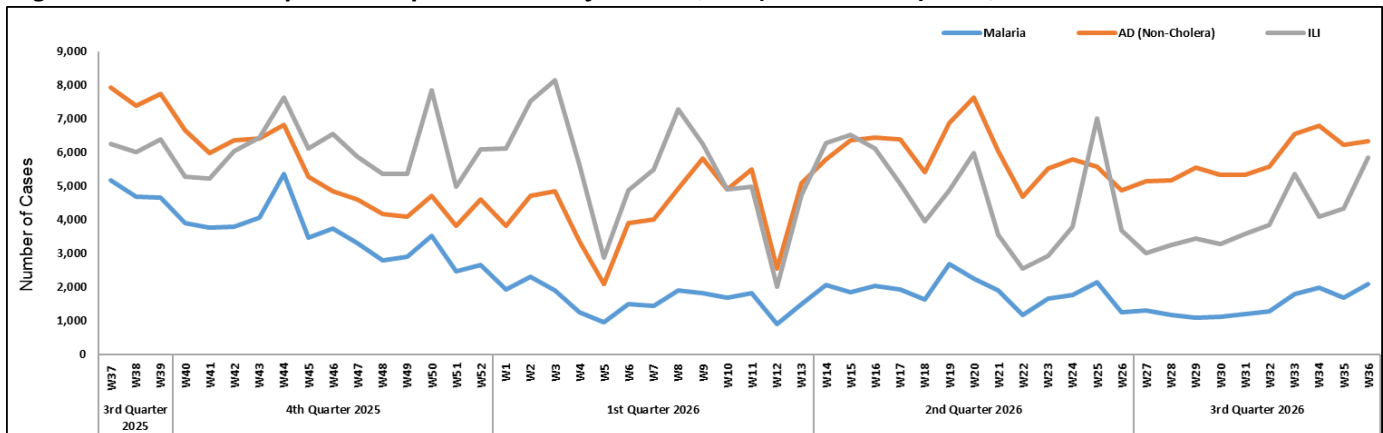


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



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

Table 4: District wise distribution of most frequently reported suspected cases during Week 36, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	Typhoid	ALRI < 5 years	SARI	CL	Chikungunya
Abbottabad	1,674	9	74	65	16	15	28	6	0	0
Bajaur	762	271	3	101	37	1	16	2	19	0
Bannu	1,031	977	7	2	19	101	13	0	6	0
Battagram	613	61	1,027	9	3	20	7	3	0	0
Buner	505	279	0	18	11	0	0	0	0	0
Charsadda	3,085	407	433	9	133	91	113	0	0	0
Chitral Lower	928	26	5	8	30	4	7	14	5	0
Chitral Upper	300	5	13	5	5	5	7	3	0	0
D.I. Khan	2,196	768	0	31	42	6	18	0	3	0
Dir Lower	2,498	126	0	56	114	46	6	72	5	0
Dir Upper	2,802	24	38	22	17	21	38	0	0	0
Hangu	354	90	0	0	14	28	0	0	6	0
Haripur	1,369	2	78	59	0	2	25	20	0	0
Karak	775	599	0	43	73	22	52	0	65	0
Khyber	1,125	687	10	63	169	30	28	3	74	0
Kohat	959	417	14	31	62	11	3	0	29	0
Kohistan Lower	329	5	0	0	8	9	0	0	1	0
Kohistan Upper	368	24	0	1	15	3	8	0	1	0
Kolai Palas	101	3	1	0	3	0	2	0	0	0
L & C Kurram	37	10	2	0	2	0	0	0	0	0
Lakki Marwat	896	398	0	89	4	21	0	0	0	0
Malakand	1,936	55	25	31	0	0	0	12	0	4
Mansehra	1,116	22	432	0	23	6	31	0	0	0
Mardan	2,289	742	11	85	54	40	55	1	0	0
Mohmand	85	172	152	8	5	4	0	99	31	0
North Waziristan	63	137	0	1	3	13	5	3	3	0
Nowshera	3,191	1,059	14	65	28	9	11	14	26	270
Orakzai	65	6	10	0	0	0	1	0	0	0
Peshawar	5,579	45	126	15	109	64	9	0	0	0
Shangla	2,176	543	0	174	8	93	3	0	0	0
South Waziristan (Lower)	85	77	27	15	23	18	9	3	11	0
SWU	7	0	1	0	0	0	0	0	0	0
Swabi	2,712	153	608	143	13	10	35	164	0	0
Swat	4,766	34	83	214	129	114	72	12	0	0
Tank	480	166	26	0	9	1	7	0	0	0
Tor Ghar	155	55	0	14	20	4	0	0	6	0
Upper Kurram	243	10	95	13	16	8	11	10	0	0
Total	47,655	8,464	3,315	1,390	1,217	820	620	441	291	274

Figure 6: Most frequently reported suspected cases during Week 36, KP.

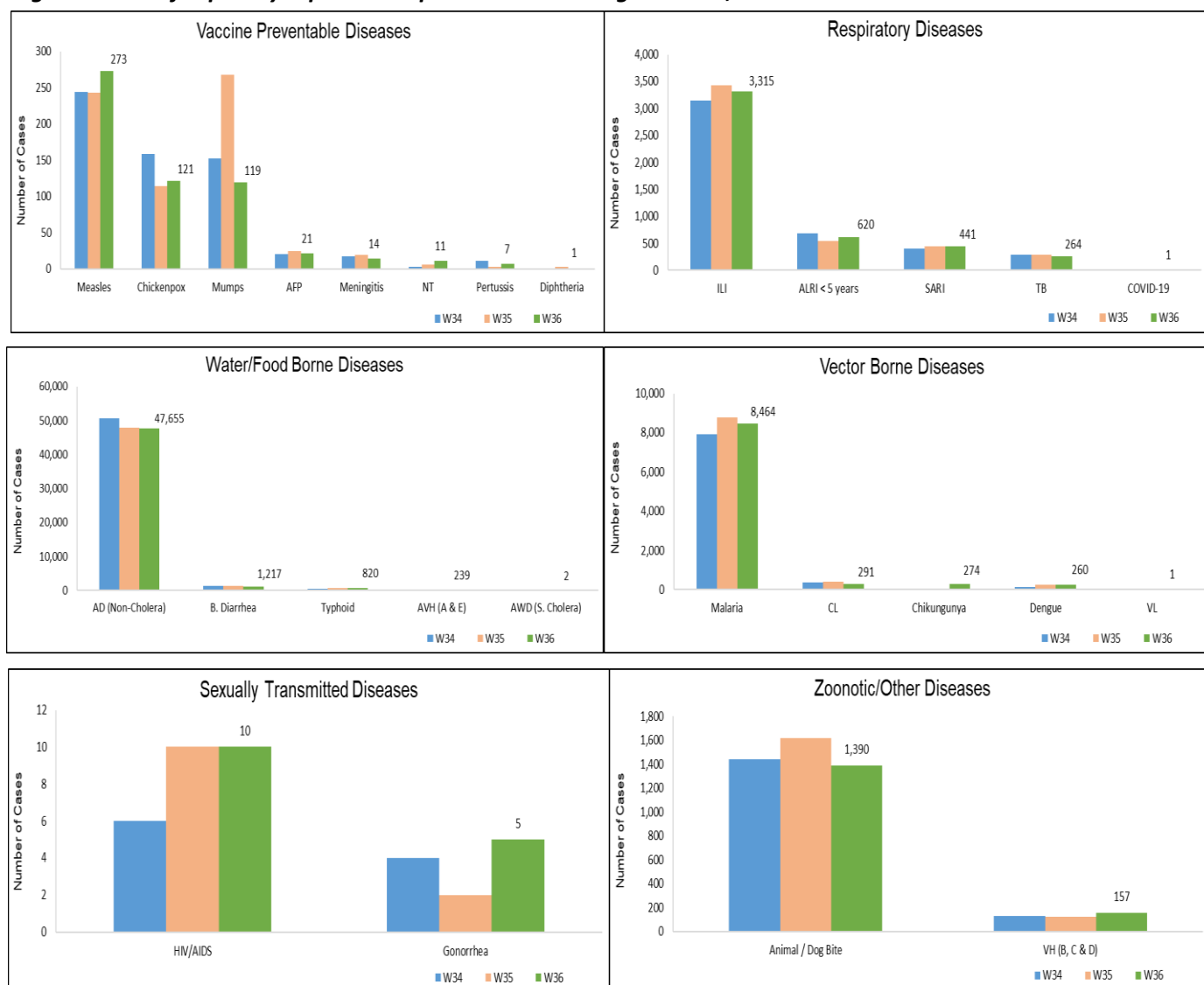
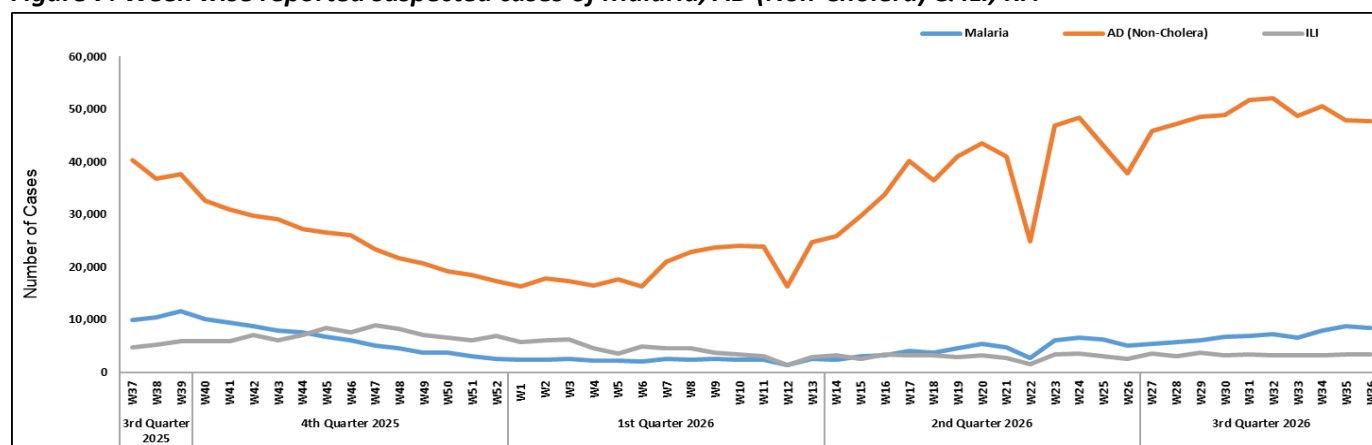


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera). AD (non- cholera) 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 B.Diarrhea and ALRI < 5 years. In contrast, a decline is observed in the number of cases of AD (Non-Cholera) & ILI this week.

NOTE: Due to the political conditions AJK data for Week 36 is not shared.

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

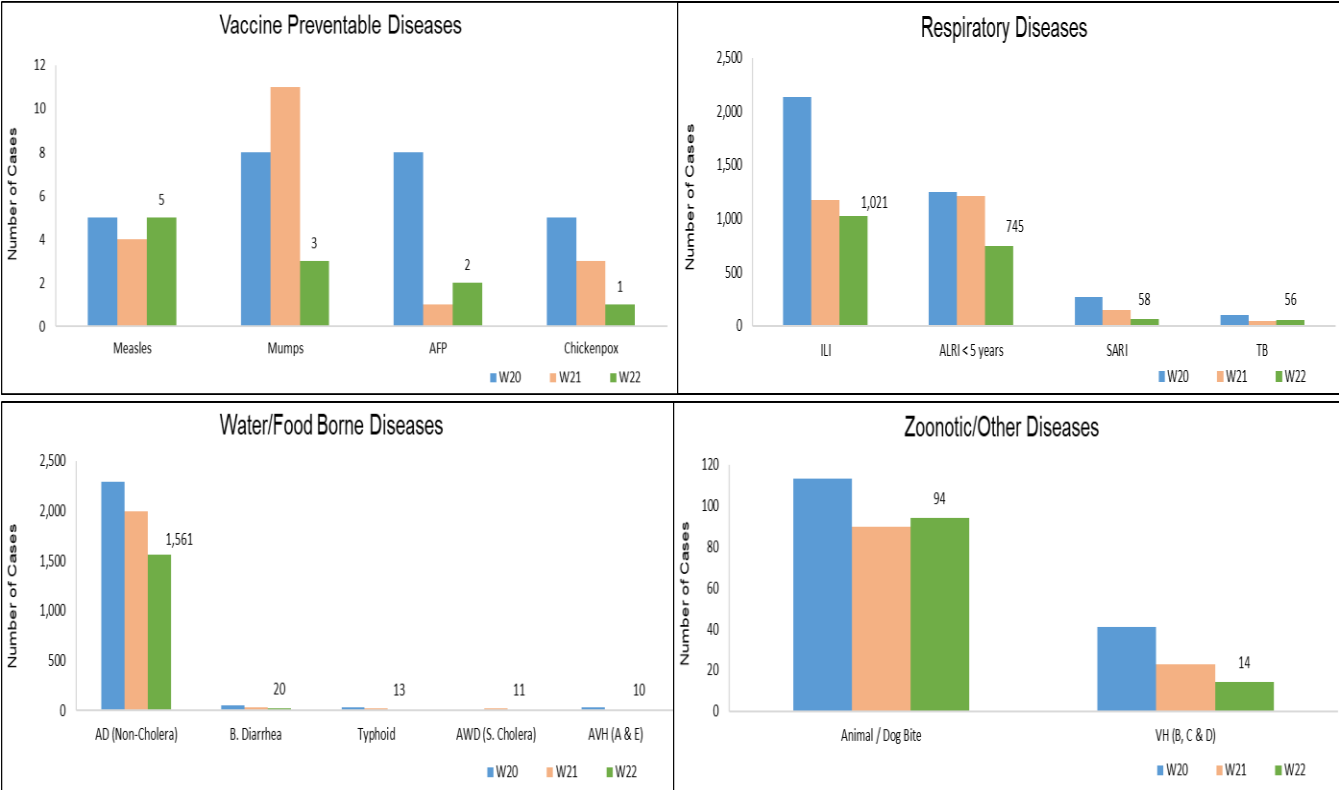


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.

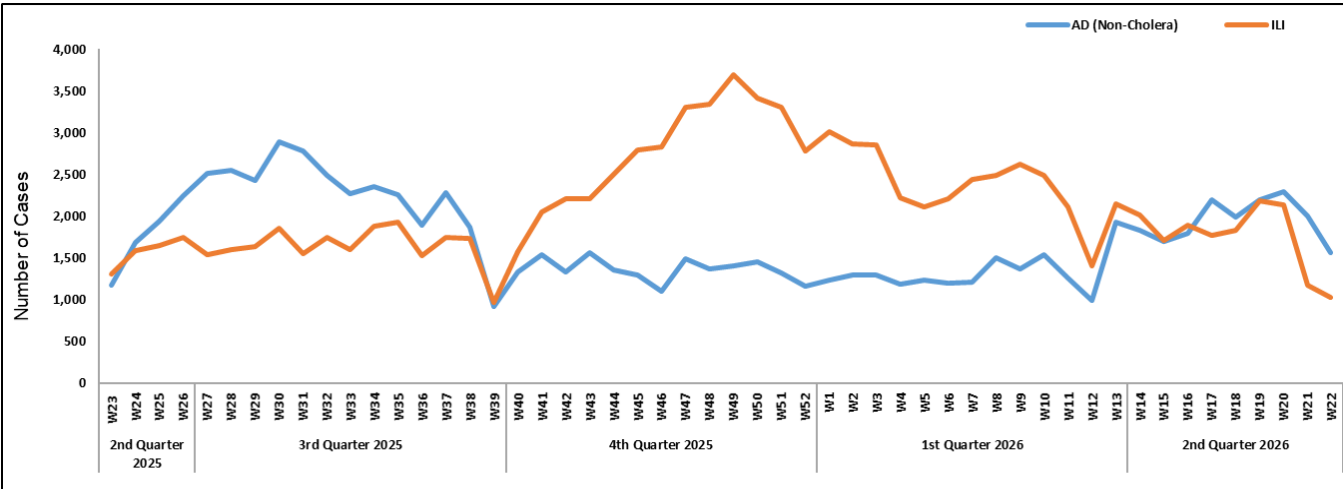


Figure 10: Most frequently reported suspected cases during Week 36, ICT.

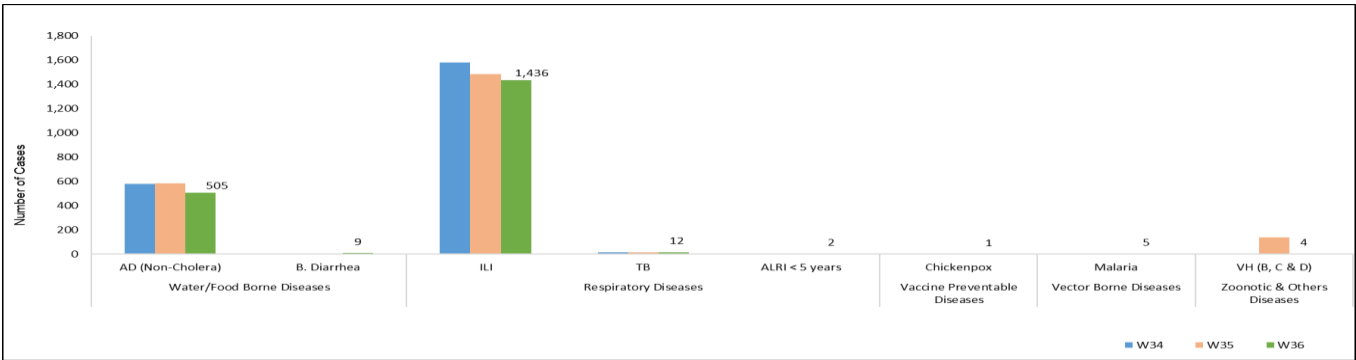


Figure 11: Week wise reported suspected cases of ILI, ICT.

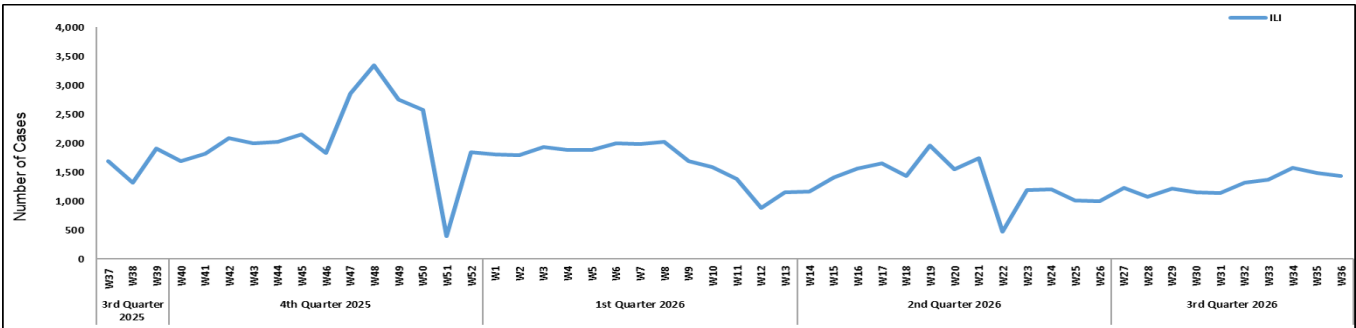


Figure 12: Most frequently reported suspected cases during Week 36, GB.

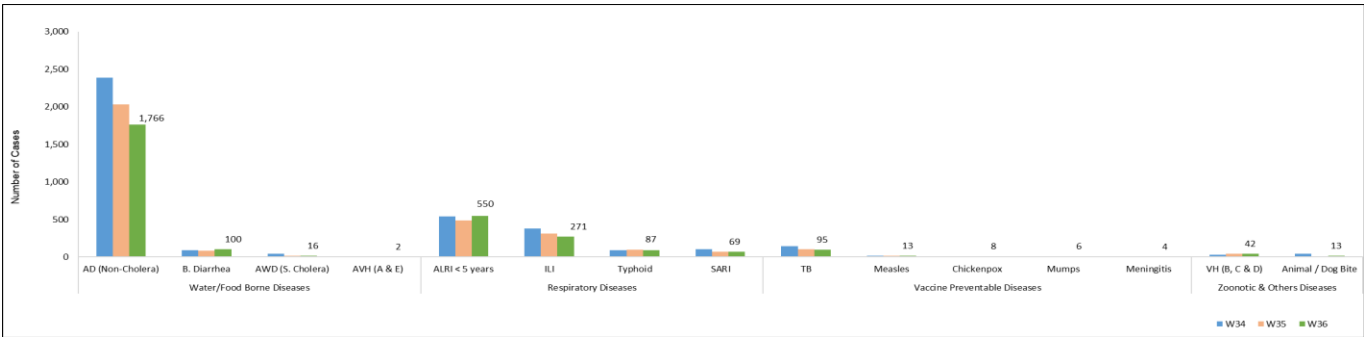
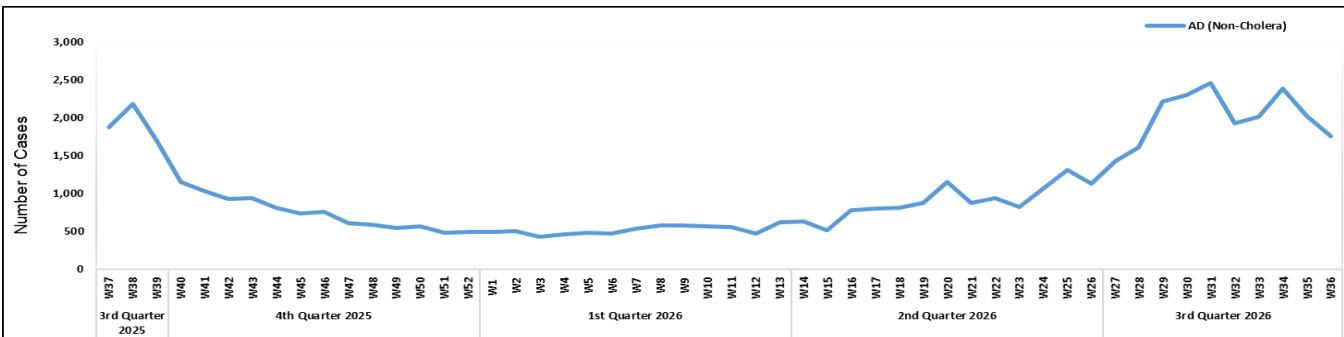


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.



Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 36, 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)	10	1	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity	159	3	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	8,245	657	897	55	-	-	-	-	203	0	-	-	-	-
CCHF	-	-	10	3	-	-	-	-	-	-	-	-	-	-
Dengue	2,100	101	17	0	-	-	-	-	-	-	-	-	-	-
VH (B)	12,969	298	594	84	-	-	-	-	1,896	18	-	-	-	-
VH (C)	13,291	965	581	43	-	-	-	-	1,884	9	-	-	-	-
VH (D)	146	39	20	4	-	-	-	-	-	-	-	-	-	-
VH (A)	257	66	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)	72	13	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	3	0	2	0	-	-	-	-	-	-	-	-	-	-
TB	737	91	70	12	-	-	-	-	112	1	-	-	-	-
HIV/ AIDS	5,478	29	352	3	-	-	-	-	220	0	-	-	-	-
Syphilis	1,275	20	34	0	-	-	-	-	200	0	-	-	-	-
Typhoid	190	21	43	1	-	-	-	-	174	5	-	-	-	-
Diphtheria	9	3	-	-	-	-	-	-	-	-	-	-	-	-
ILI	13	1	2	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)	165	18	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	14	1	-	-	-	-	-	-	-	-	-	-	-	-
Measles	74	30	25	12	168	76	6	3	3	0	297	39	2	1
Rubella (CRS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniasis (cutaneous)	11	2	18	2	-	-	-	-	3	0	-	-	-	-
Chikungunya	15	0	-	-	-	-	-	-	-	-	-	-	-	-
Mpox	27	8	-	-	-	-	-	-	-	-	-	-	-	-
SARI	24	9	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	4	0	-	-	2	1	-	-	-	4	0	-	-
	SARI	8	0	-	-	55	0	10	1	-	9	0	-	-
Influenza A	ILI	4	0	-	-	2	0	-	-	-	4	0	-	-
	SARI	8	0	-	-	55	0	10	0	-	9	0	-	-
Influenza B	ILI	4	0	-	-	2	0	-	-	-	4	0	-	-
	SARI	8	0	-	-	55	1	10	0	-	9	0	-	-
RSV	ILI	4	0	-	-	2	0	-	-	-	4	0	-	-
	SARI	8	0	-	-	55	0	10	0	-	9	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.

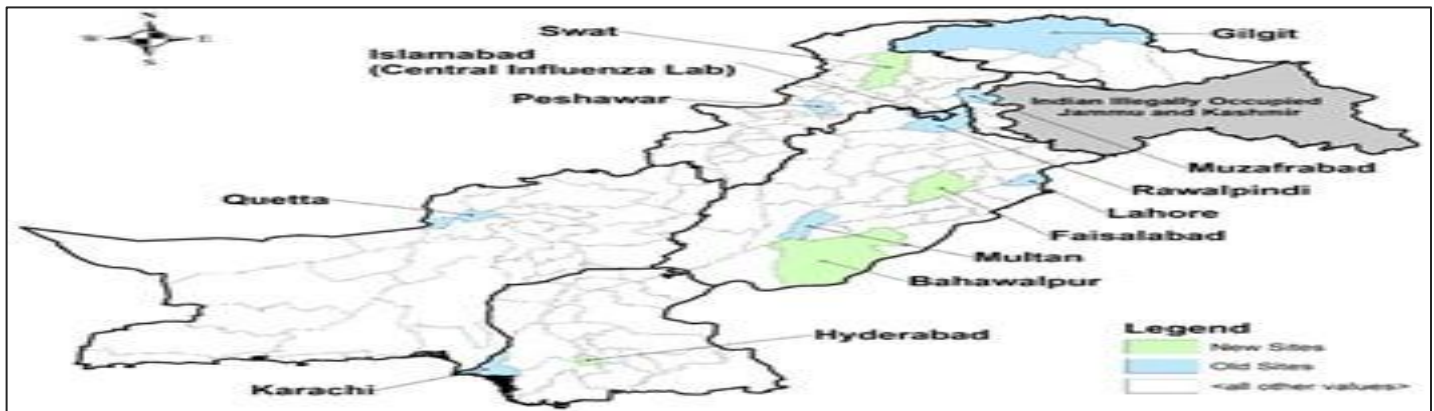


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 36, Pakistan.

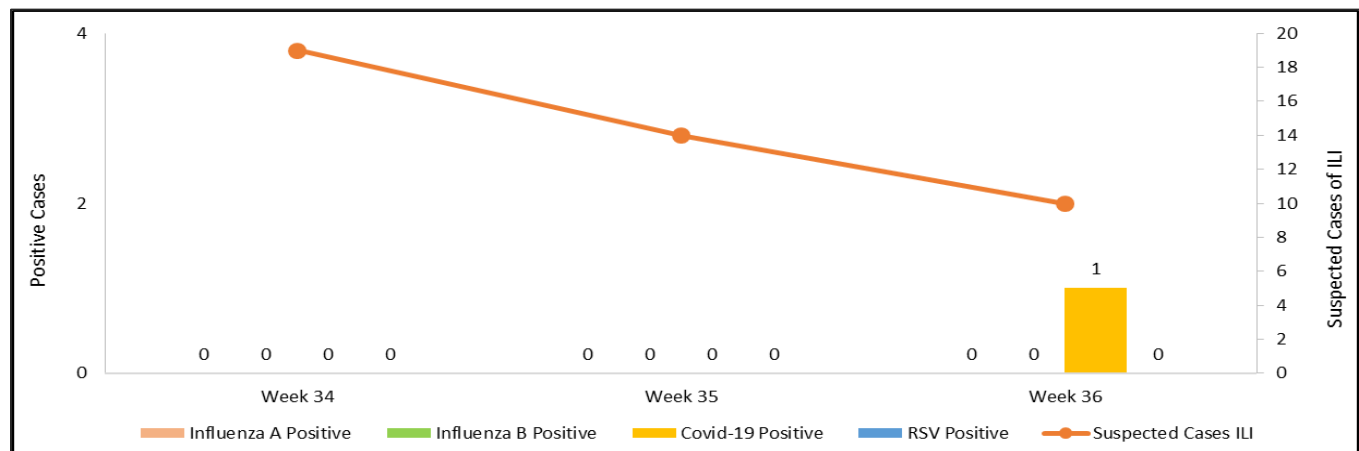
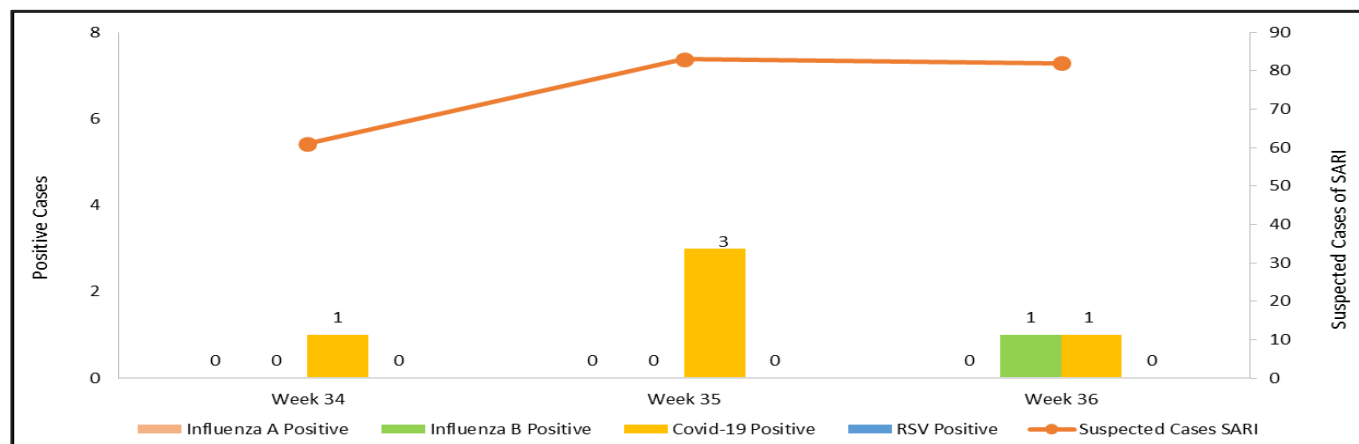


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 36, Pakistan.



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 36, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	100	90%
	Bannu	228	122	54%
	Battagram	59	43	73%
	Buner	34	33	97%
	Bajaur	43	43	100%
	Charsadda	61	60	98%
	Chitral Upper	31	31	100%
	Chitral Lower	37	37	100%
	D.I. Khan	115	115	100%
	Dir Lower	63	59	94%
	Dir Upper	56	49	88%
	Hangu	22	18	82%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	42	79%
	Kohat	61	61	100%
	Kohistan Lower	13	13	100%
	Kohistan Upper	22	15	68%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	34	13	38%
	Upper Kurram	38	35	92%
	Malakand	42	41	98%
	Mansehra	133	110	83%
	Mardan	82	71	87%
	Nowshera	57	57	100%
	North Waziristan	11	10	91%
	Peshawar	157	130	83%
	Shangla	37	36	97%
	Swabi	65	61	94%
	Swat	75	74	99%
	South Waziristan (Upper)	93	75	81%
	South Waziristan (Lower)	29	28	97%
	Tank	34	33	97%
	Torghar	13	13	100%
	Mohmand	68	18	26%
	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 Valley	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	28	62%
	Khuzdar	74	23	31%
	Killa Abdullah	26	24	92%
	Lasbella	55	55	100%
	Pishin	65	16	25%
	Quetta	56	12	21%
	Sibi	36	12	33%
	Zhob	39	17	44%
	Jaffarabad	16	16	100%
	Naseerabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	21	28%
	Chagai	36	23	64%
	Kalat	41	40	98%
	Harnai	17	16	94%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	14	50%
	Sohbat pur	25	25	100%
	Surab	32	13	41%
	Mastung	46	46	100%
	Loralai	33	30	91%
	Killa Saifullah	28	10	36%
	Ziarat	29	0	0%
	Duki	31	0	0%
	Nushki	29	29	100%
	Dera Bugti	32	0	0%
	Dera Bugti South	21	12	57%
	Washuk	46	16	35%
	Panjgur	38	0	0%
	Awaran	23	7	30%
	Chaman	27	26	96%
	Barkhan	20	19	95%
	Hub	33	0	0%
	Musakhel	41	36	88%
	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	62	100%
	Astore	55	54	98%
	Shigar	23	23	100%

	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	94	92%
	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	27	77%
	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 36, 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

What is Measles?

Measles is caused by a virus in the paramyxovirus family. It's a vaccine-preventable disease. Before the MMR (Measles, Mumps, and Rubella) vaccine became widely available, measles was a common childhood illness. It's now rare in many parts of the world due to high vaccination rates, but outbreaks can still happen in communities where people are unvaccinated.

How Measles Spreads

Measles is one of the most contagious diseases known. It spreads through the air when an infected person coughs or sneezes. The virus can remain in the air and on surfaces for up to two hours after the infected person has left.

An infected person can spread the virus for four days before the rash appears and four days after the rash appears.

Signs & Symptoms

Symptoms usually begin 7-14 days after exposure to the virus.

Initial symptoms include:

- High fever (can reach over 104°F or 40°C)
- Cough
- Runny nose
- Red, watery eyes
- **Koplik spots:** tiny white spots with bluish-white centers found inside the mouth on the inner cheek. These appear 2-3 days before the rash.

The characteristic measles rash appears 3-5 days after the first symptoms:

- It starts as flat, red spots on the face, along the hairline, and behind the ears.
- The rash then spreads down the body to the trunk, arms, and legs.
- The spots may become slightly raised and can merge together.

Complications

Measles can lead to severe complications, especially in young children and adults.

Common complications:

- Ear infections
- Diarrhea
- Pneumonia: The most common cause of death from measles in young children.

More severe complications (less common):

- **Encephalitis:** Swelling of the brain, which can lead to deafness or intellectual disability.
- **Subacute Sclerosing Panencephalitis (SSPE):** A very rare, but fatal degenerative disease of the central nervous system that can develop years after a measles infection.
- **Pregnancy complications:** Measles during pregnancy can lead to premature birth or low birth weight.

Prevention

The best way to prevent measles is through **vaccination** with the MMR vaccine.

- **Children:** The CDC and WHO recommend two doses: the first at 12-15 months of age and the second at 4-6 years of age.
- **Adults:** Adults who are not sure about their vaccination status or have certain risk factors may need one or two doses.

Vaccination is highly effective and safe. It helps to protect not only the vaccinated individual but also those who cannot be vaccinated (e.g., infants too young for the vaccine).

<https://www.nhs.uk/conditions/measles>

Diagnosis and Treatment

- **Diagnosis:** Measles is diagnosed by a doctor based on symptoms, vaccination history, and laboratory tests (blood or swab tests).
- **Treatment:** There is no specific antiviral treatment for measles. Care focuses on supportive measures to relieve symptoms:
 - Rest and plenty of fluids.
 - Fever reducers like acetaminophen (paracetamol). Do **NOT** give aspirin to children or teenagers due to the risk of Reye's syndrome.
 - Vitamin A supplementation for all children diagnosed with measles, as it can reduce the risk of severe outcomes.

People with measles should isolate themselves from others for four days after the rash appears to prevent spreading the virus.

More Information

For additional authoritative information on measles, please visit:

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



MEASLES

IT ISN'T JUST A LITTLE RASH



Measles can be dangerous, especially for babies and young children.

Measles symptoms typically include:



High fever
(may spike to more than 104°F)



Cough



Runny nose



Red and/or watery eyes



Rash
(breaks out 3-5 days after symptoms begin)

Measles can be serious.

Measles can cause severe health complications, including pneumonia, swelling of the brain (encephalitis) and death.



1 out of 5 people who get measles will be hospitalized.



1 out of every 20 children with measles will get pneumonia, the most common cause of death from measles in young children.



1 out of every 1,000 people with measles will develop brain swelling, which may lead to brain damage.



1 to 3 out of 1,000 people with measles will die.

Long-term complications

A very rare, but deadly disease called subacute sclerosing panencephalitis can develop 7 to 10 years after a person has recovered from measles.



www.cdc.gov/measles



You have the power to protect your child.

Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine. Talk to your healthcare provider.

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