

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 26, 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:

- **Strengthening Health Crisis Communication: Balochistan Hosts Capacity Building Workshop for RCCE Spokespersons**
- **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,

- During Week 26, 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, CL and AVH (A & E).
- Sixteen cases of AFP were reported from Sindh, eleven from KP and two from GB.
- Six suspected cases of HIV/ AIDS reported from KP and three from Sindh.
- Two suspected cases of Brucellosis were reported from KP.
- Among VPDs, there is an increase in the number of cases of AFP 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 a decrease in the number of cases of AD (Non. Cholera) and B.Diarrhea this week.
- Among Vector-borne diseases, there is a decrease in the number of cases of Malaria this week.
- Among STDs, there is an increase 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 74%
- Sindh is the top reporting region with a compliance rate of 98%, followed by GB 93%, ICT 89% and KP 78%.
- The lowest compliance rate was observed in Balochistan, 46% and AJK 0%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,277	1,786	78
Azad Jammu Kashmir	476	0	0
Islamabad Capital Territory	36	32	89
Balochistan	1,305	599	46
Gilgit Baltistan	405	375	93
Sindh	2,115	2,074	98
National	6,614	4,866	74

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

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 high risk of unsafe therapeutic injections, and the availability of free or subsidized screening and antiviral treatments.

Malaria

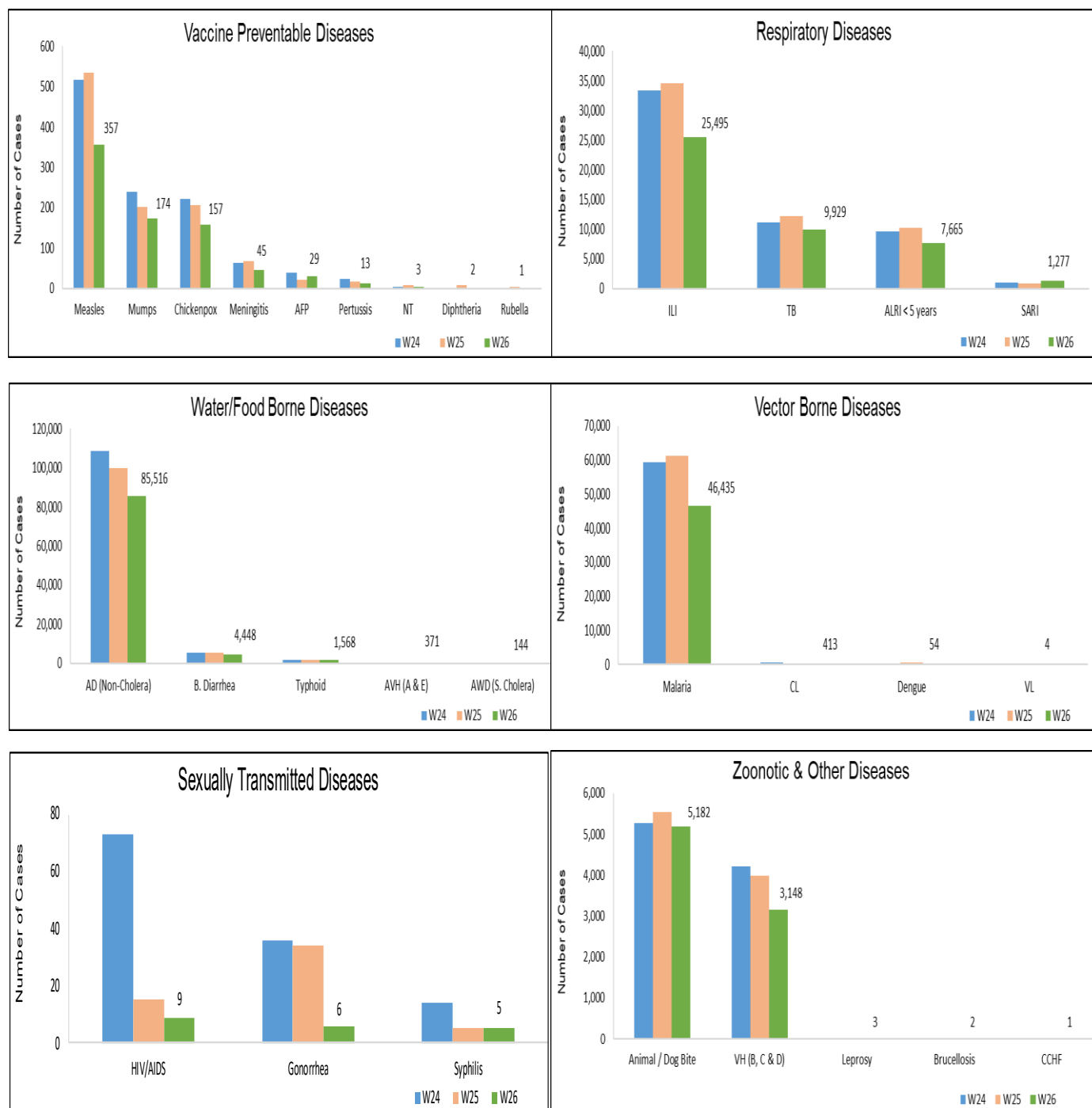
- **Enhance Case Detection and Reporting:** Strengthen malaria surveillance through the IDSR system with timely case reporting from all public and private health facilities, particularly in high-burden, endemic, and border districts.
- **Expand Laboratory and Point-of-Care Diagnosis:** Ensure widespread 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



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 26, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	NR	4,879	1,137	452	37,725	NR	40,873	85,516
Malaria	NR	1,253	0	0	5,023	NR	40,159	46,435
ILI	NR	3,690	225	992	2,461	NR	18,127	25,495
TB	NR	13	78	7	442	NR	9,303	9,929
ALRI < 5 years	NR	754	498	1	467	NR	5,931	7,665
Animal / Dog Bite	NR	128	1	0	1,204	NR	3,849	5,182
B. Diarrhea	NR	650	72	0	1,026	NR	2,700	4,448
VH (B, C & D)	NR	37	0	62	117	NR	2,783	3,148
Typhoid	NR	263	63	3	509	NR	728	1,568
SARI	NR	442	58	0	340	NR	322	1,277
CL	NR	28	0	0	382	NR	3	413
AVH (A & E)	NR	5	30	0	118	NR	216	371
Measles	NR	10	7	1	284	NR	55	357
Mumps	NR	17	6	1	103	NR	47	174
Chickenpox/ Varicella	NR	2	12	3	125	NR	12	157
AWD (S. Cholera)	NR	122	7	0	0	NR	15	144
Dengue	NR	3	0	0	23	NR	28	54
Meningitis	NR	0	2	0	11	NR	29	45
AFP	NR	0	2	0	11	NR	16	29
Pertussis	NR	2	6	0	4	NR	1	13
HIV/AIDS	NR	0	0	0	6	NR	3	9
Gonorrhea	NR	4	0	0	0	NR	2	6
Syphilis	NR	3	0	0	0	NR	2	5
VL	NR	1	0	0	3	NR	0	4
Leprosy	NR	0	0	0	0	NR	3	3
NT	NR	0	0	0	3	NR	0	3
Brucellosis	NR	0	0	0	2	NR	0	2
Diphtheria (Probable)	NR	0	0	0	2	NR	0	2
CCHF	NR	0	0	0	1	NR	0	1
Rubella (CRS)	NR	1	0	0	0	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 26, Pakistan.



- AD (non-cholera) cases were maximum followed by Malaria, ILI, TB, ALRI < 5 Years, Animal / Dog Bite, VH (B, C & D), B. Diarrhea, Typhoid and SARI.
- Malaria cases are mostly from Khairpur, Umerkot and Sanghar whereas ILI cases are from Khairpur, Badin and Mirpurkhas.
- Sixteen 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, Chickenpox, ILI, TB, ALRI < 5 years, AD (non-cholera), B. Diarrhea, Typhoid, Malaria, HIV/AIDS, Dog Bite and VH (B, C & D), while an increase in the number of cases of AFP and SARI this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 26, Sindh.

Districts	AD (Non-Cholera)	Malaria	ILI	TB	ALRI < 5 years	Animal / Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	SARI
Badin	3,011	2,678	1,823	705	258	127	67	143	42	0
Dadu	2,006	2,167	220	456	762	306	87	431	101	5
Ghotki	1,245	2,459	0	400	338	277	524	80	1	0
Hyderabad	2,162	534	1,163	231	105	131	64	55	4	0
Jacobabad	606	1,273	468	233	176	208	103	66	25	10
Jamshoro	1,823	1,014	64	463	200	81	69	155	34	0
Kamber	1,902	1,814	0	566	159	223	31	116	17	0
Karachi Central	1,420	7	898	186	74	73	12	1	77	0
Karachi East	272	60	6	15	12	26	7	3	1	0
Karachi Keamari	480	9	278	10	11	7	0	5	2	0
Karachi Korangi	382	50	6	35	0	4	1	4	2	0
Karachi Malir	1,097	49	1,459	88	161	27	5	23	13	0
Karachi South	78	13	0	0	0	0	0	0	0	0
Karachi West	681	170	1,133	54	169	69	14	23	14	6
Kashmore	453	1,353	97	94	75	172	19	54	6	0
Khairpur	2,700	3,017	3,839	855	698	231	142	276	164	127
Larkana	1,807	2,272	0	587	209	72	23	206	3	0
Matiali	1,317	2,181	5	472	116	90	184	43	0	0
Mirpurkhas	2,509	1,976	1,603	540	224	319	56	71	22	0
Naushero Feroze	1,441	1,610	1,046	273	203	270	86	206	43	0
Sanghar	1,634	2,810	88	913	234	261	538	29	13	5
Shaheed Benazirabad	1,489	1,602	0	201	133	188	75	68	82	0
Shikarpur	1,026	1,172	4	150	178	203	165	152	3	1
Sujawal	1,463	1,002	0	191	201	96	70	68	7	166
Sukkur	1,214	1,245	1,415	290	116	125	86	100	4	0
Tando Allahyar	1,198	1,479	436	258	76	108	119	60	6	0
Tando Muhammad Khan	1,037	624	0	307	99	55	11	62	1	0
Tharparkar	1,722	1,395	768	391	414	1	48	73	2	0
Thatta	1,171	1,261	1,308	45	267	99	135	47	13	2
Umerkot	1,527	2,863	0	294	263	0	42	80	26	0
Total	40,873	40,159	18,127	9,303	5,931	3,849	2,783	2,700	728	322

Figure 2: Most frequently reported suspected cases during Week 26, Sindh.

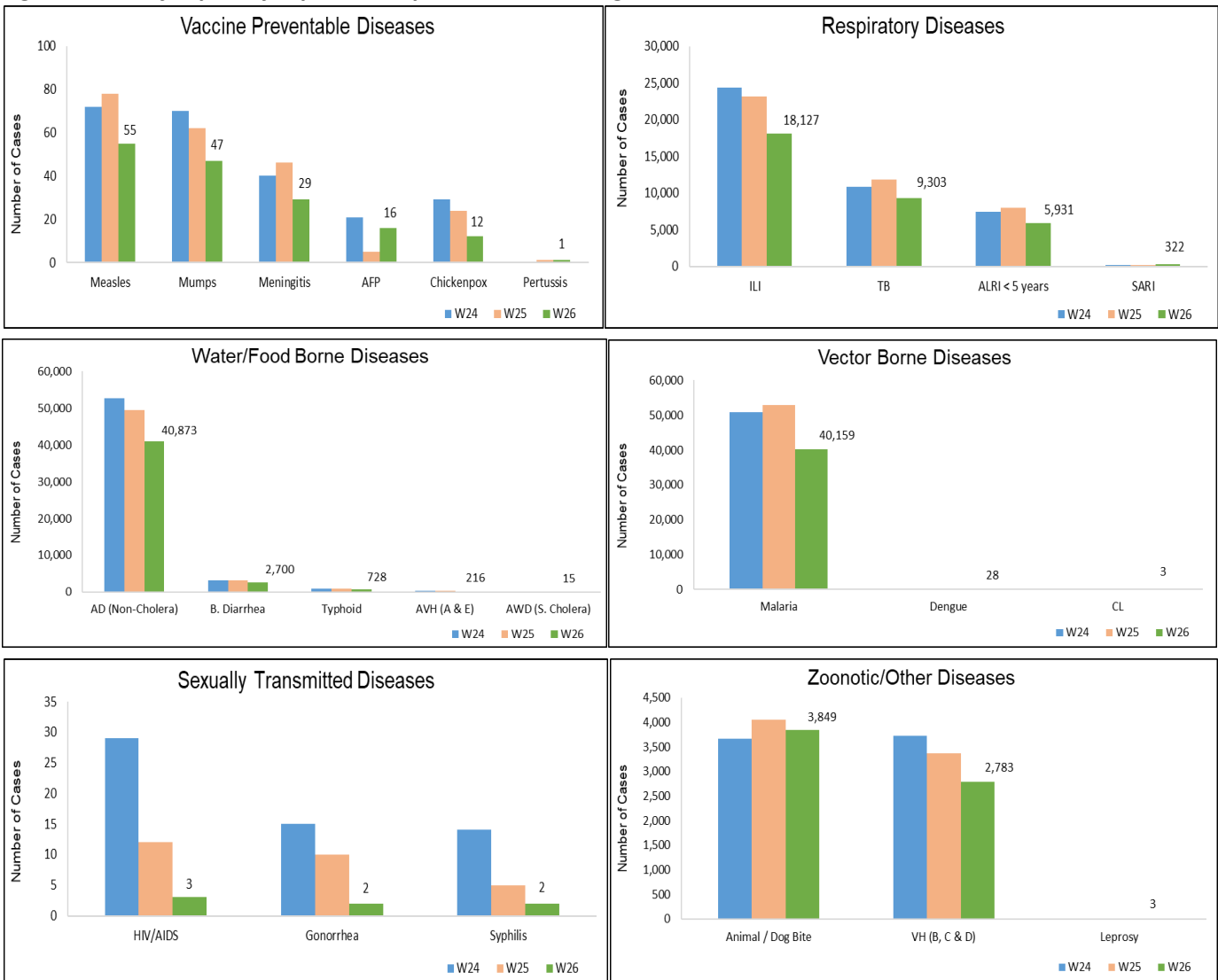
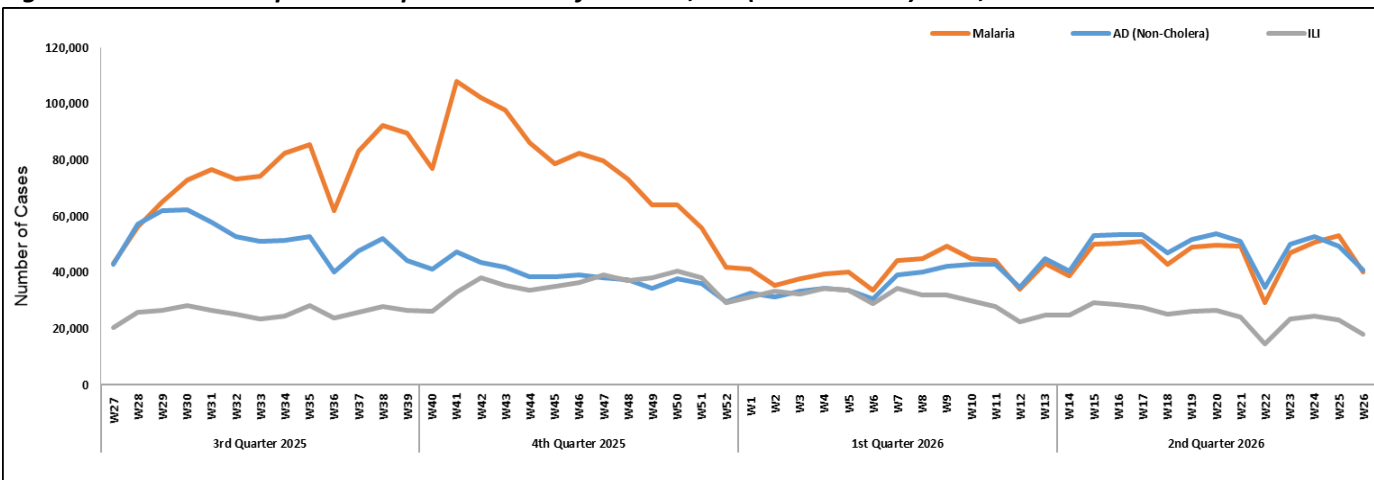


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



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

Table 3: District wise distribution of most frequently reported suspected cases during Week 26, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	Animal / Dog Bite	AWD (S. Cholera)	VH (B, C & D)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	87	53	65	3	6	1	38	11	8	0
Chagai	114	111	31	0	19	0	8	0	0	3
Chaman	11	73	5	0	8	0	12	3	4	0
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	446	711	27	NR	29	NR	NR	NR	NR	NR
Harnai	50	4	25	37	13	0	0	0	0	0
Hub	177	40	57	8	3	2	0	1	0	0
Jaffarabad	41	0	33	3	4	0	0	2	0	0
Jhal Magsi	102	123	58	1	0	36	1	14	0	0
Kachhi (Bolan)	161	172	111	21	14	52	NR	14	10	3
Kalat	6	0	3	0	0	0	2	0	0	0
Kech (Turbat)	120	135	72	NR	26	NR	NR	0	0	NR
Kharan	194	375	37	0	64	27	7	0	0	0
Khuzdar	91	65	42	5	23	7	12	1	0	0
Killa Abdullah	208	97	6	6	44	48	17	2	43	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	366	58	137	255	22	0	6	10	0	17
Loralai	311	353	67	17	56	21	42	0	0	0
Mastung	430	170	40	37	37	51	10	12	0	2
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	293	0	137	36	25	26	67	36	0	1
Nushki	148	0	1	2	36	0	0	0	1	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Quetta	339	550	3	36	17	44	8	0	7	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	397	188	147	71	27	68	18	3	26	2
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Usta Muhammad	398	97	45	104	72	8	2	5	0	9
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	81	41	18	47	19	24	NR	NR	2	NR
Ziarat	308	274	86	65	86	27	13	14	21	0
Total	4,879	3,690	1,253	754	650	442	263	128	122	37

Figure 4: Most frequently reported suspected cases during Week 26, Balochistan.

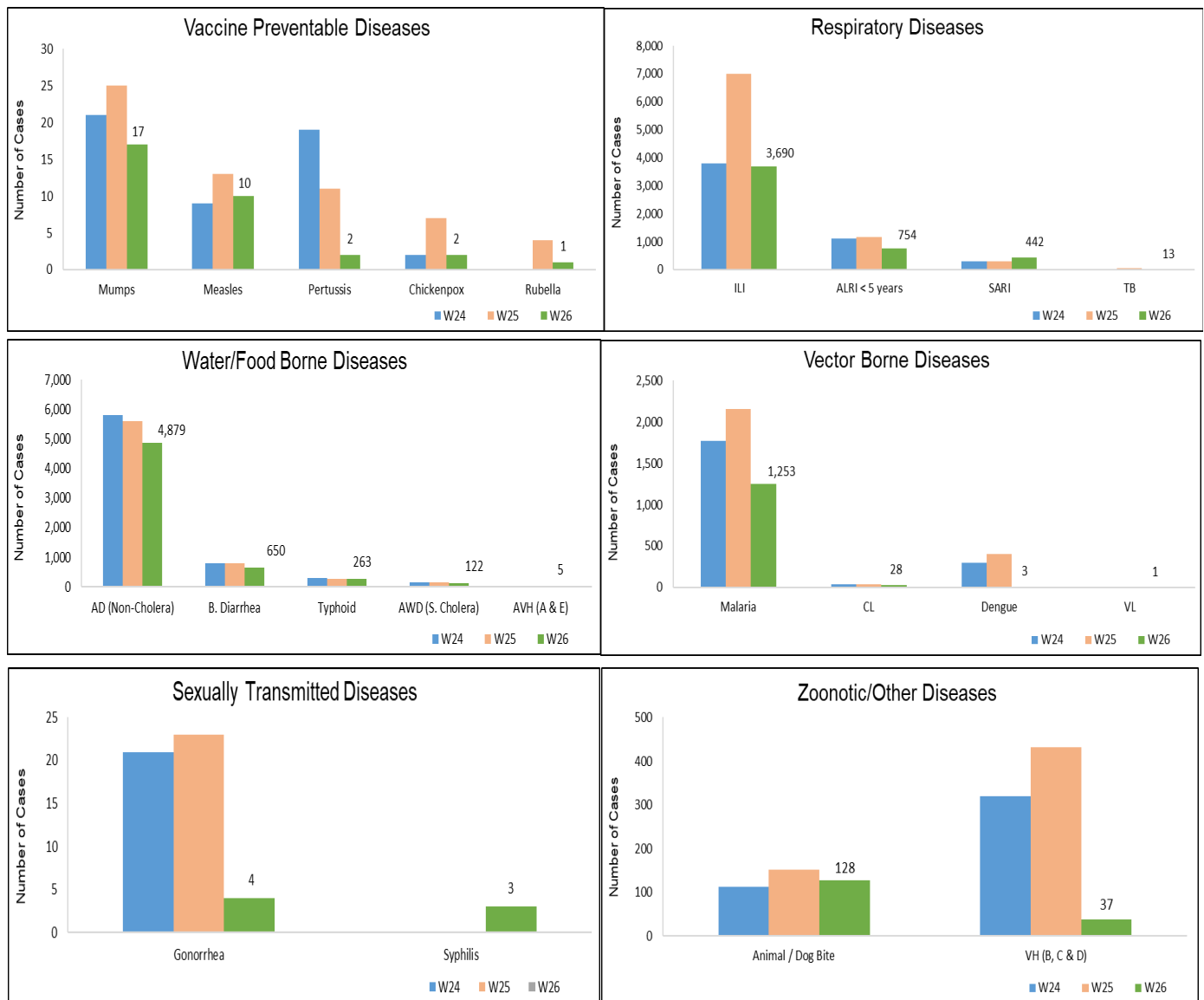
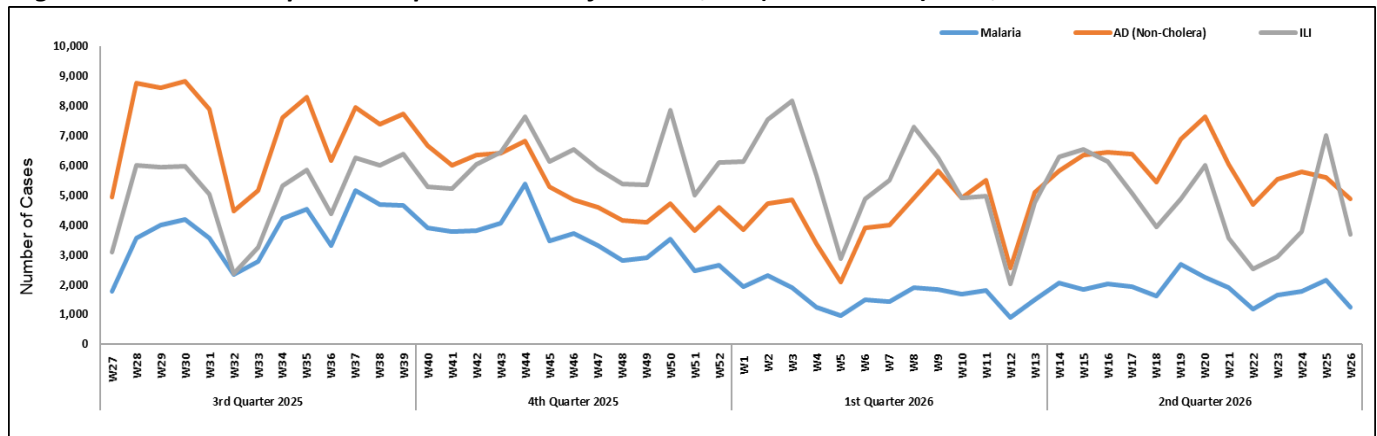


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Animal / Dog Bite, B. Diarrhea, Typhoid, ALRI<5 Years, TB, CL and SARI.
- TB, SARI, CL and HIV / AIDS cases showed an increase in number while Measles, Mumps, Chickenpox, AFP and Meningitis, ILI, ALRI<5 Years ,AD (Non-Cholera), B. Diarrhea, Typhoid, Malaria and Dog Bite showed a decline in number this week.
- Eleven cases of AFP were reported from KP. All are suspected cases and need field verification.
- Six cases of HIV/AIDs reported from KP. Field investigation is required.
- Two suspected cases of brucellosis were reported from KP, which require field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 26, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	Typhoid	ALRI < 5 years	TB	CL	SARI
Abbottabad	1,119	0	28	47	10	16	20	15	0	0
Bajaur	862	268	6	109	53	0	12	13	26	24
Bannu	868	729	16	1	6	93	5	14	10	0
Battagram	390	57	400	2	0	0	0	0	0	0
Buner	332	82	0	15	0	0	0	1	0	0
Charsadda	1,563	167	163	12	54	47	8	0	0	0
Chitral Lower	1,047	12	13	14	41	8	14	1	4	7
Chitral Upper	160	7	16	3	4	13	5	4	0	6
D.I. Khan	1,578	356	0	32	11	4	14	5	1	0
Dir Lower	2,260	114	0	86	88	29	6	4	13	0
Dir Upper	1,964	19	43	20	42	16	84	2	0	0
Hangu	148	66	0	2	0	1	0	0	6	0
Haripur	1,337	0	26	15	0	0	7	0	0	0
Karak	598	152	5	64	37	12	38	5	95	0
Khyber	986	741	31	71	107	42	66	23	92	4
Kohat	627	109	0	31	31	10	0	0	41	0
Kohistan Lower	114	2	0	0	6	3	0	0	0	0
Kohistan Upper	221	14	0	3	7	0	1	0	0	0
Kolai Palas	87	2	2	0	2	0	0	0	0	0
L & C Kurram	4	3	2	0	2	1	0	0	0	0
Lakki Marwat	543	202	0	70	8	14	2	3	0	0
Malakand	863	69	31	23	0	0	2	3	0	6
Mansehra	1,282	1	492		23	0	1	217	0	0
Mardan	1,944	196	41	14	73	49	86	7	0	1
Mohmand	84	119	88	4	2	3	0	1	27	63
North Waziristan	80	76	3	1	6	8	6	3	1	8
Nowshera	2,481	281	17	68	37	7	18	15	25	12
Orakzai	96	11	4	0	0	0	0	0	0	0
Peshawar	4,814	53	189	18	112	38	12	13	0	2
Shangla	1,701	489	0	132	11	35	12	50	0	0
South Waziristan (Lower)	171	139	202	28	64	12	6	15	36	142
SWU	26	8	8	0	0	0	0	0	0	0
Swabi	2,185	165	404	111	32	6	21	8	0	51
Swat	4,650	82	198	182	118	38	12	11	0	0
Tank	305	142	24	2	5	0	4	2	0	0
Tor Ghar	193	88	0	12	23	3	5	6	5	0
Upper Kurram	42	2	9	12	11	1	0	1	0	14
Total	37,725	5,023	2,461	1,204	1,026	509	467	442	382	340

Figure 6: Most frequently reported suspected cases during Week 26, KP.

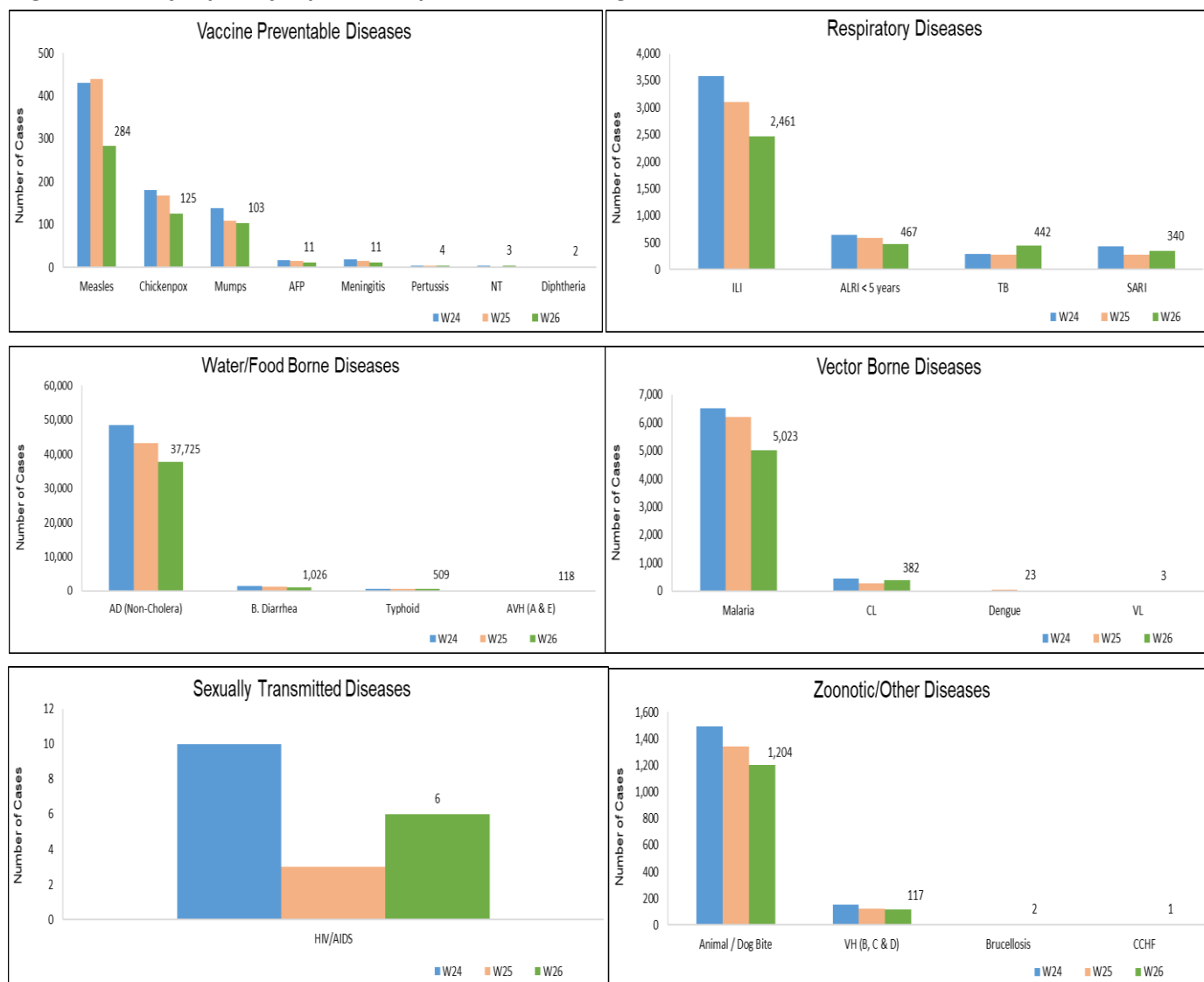
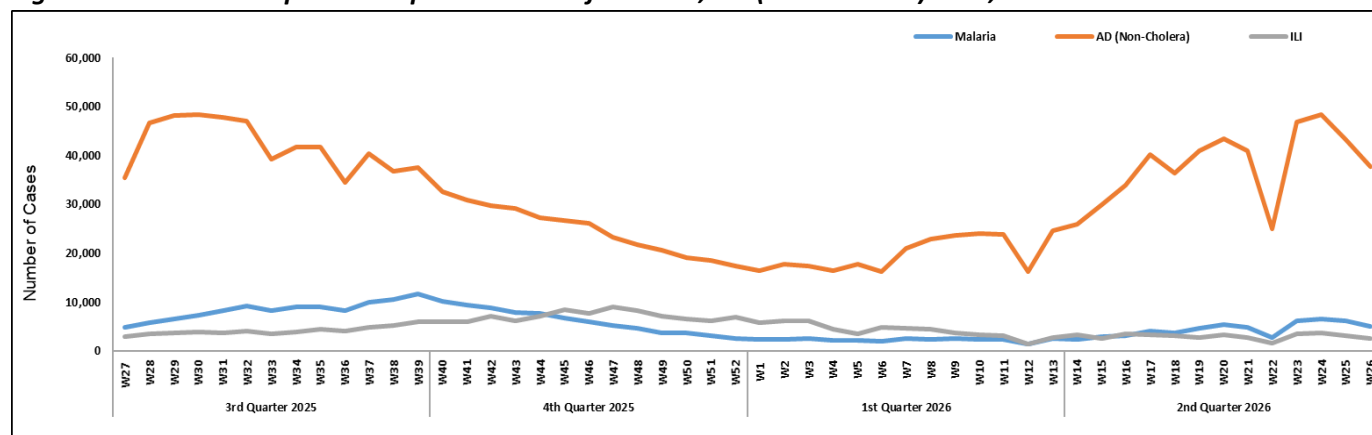


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and VH (B, C & D). 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, AVH (A &E), Chickenpox, Measles, and Pertussis. In contrast, a decline is observed in the number of cases of ALRI <5 Years, AD (Non-Cholera), ILI, and SARI this week.

NOTE: Due to the political conditions AJK data for Week 26 is not shared.

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

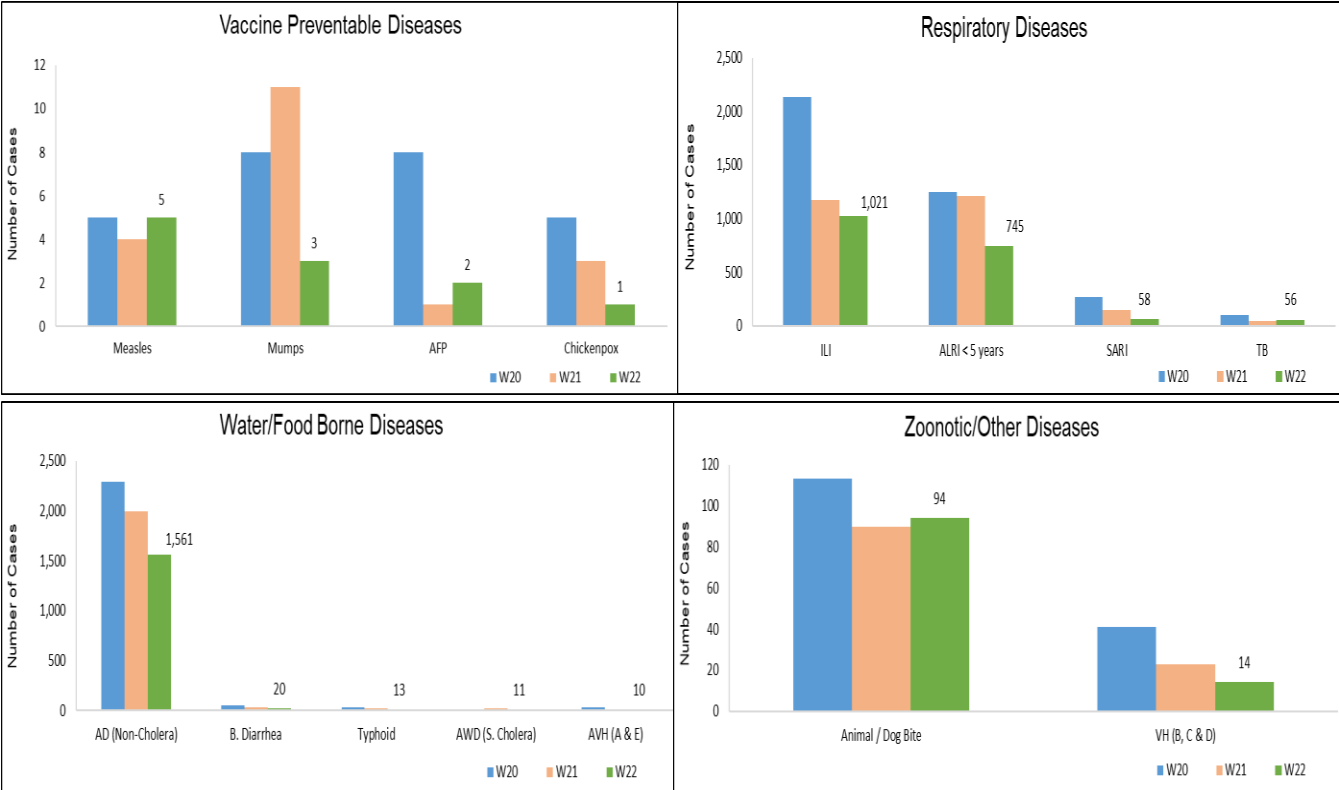


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.

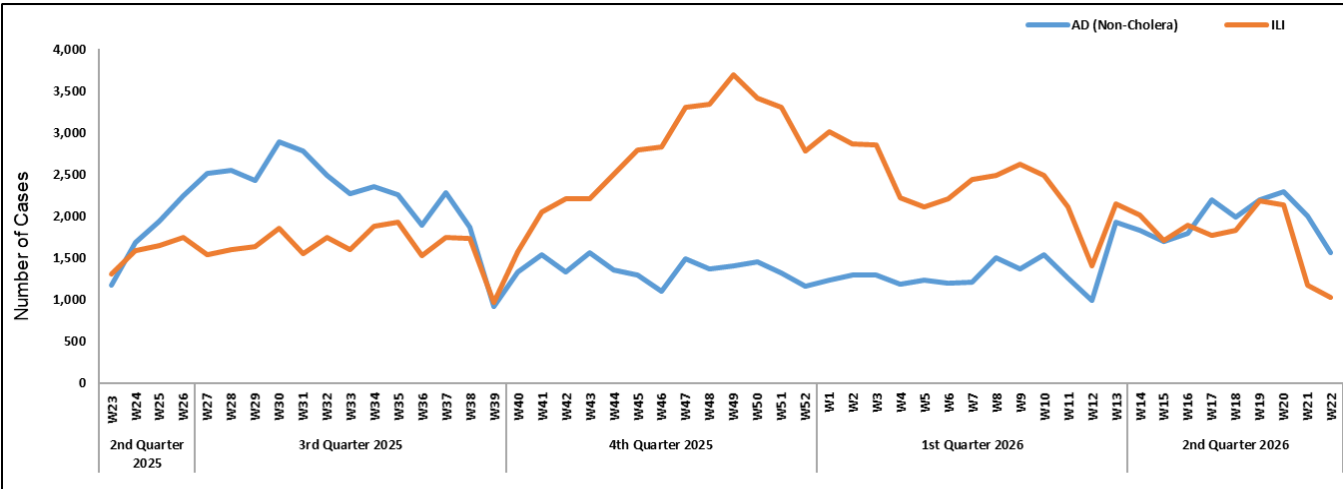


Figure 10: Most frequently reported suspected cases during Week 26, ICT.

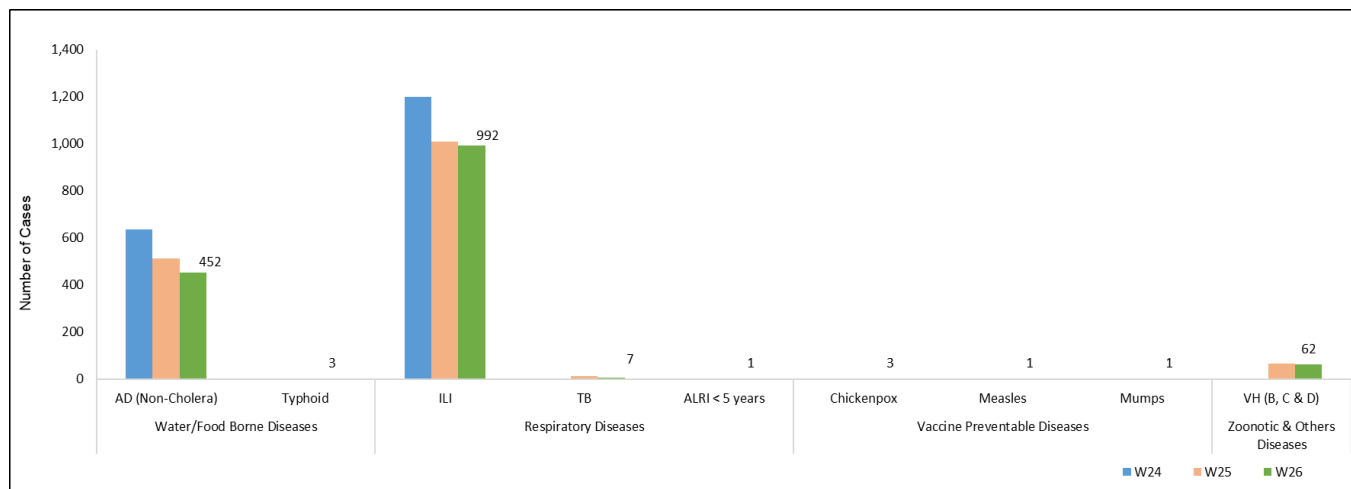


Figure 11: Week wise reported suspected cases of ILI, ICT.



Figure 12: Most frequently reported suspected cases during Week 26, GB.

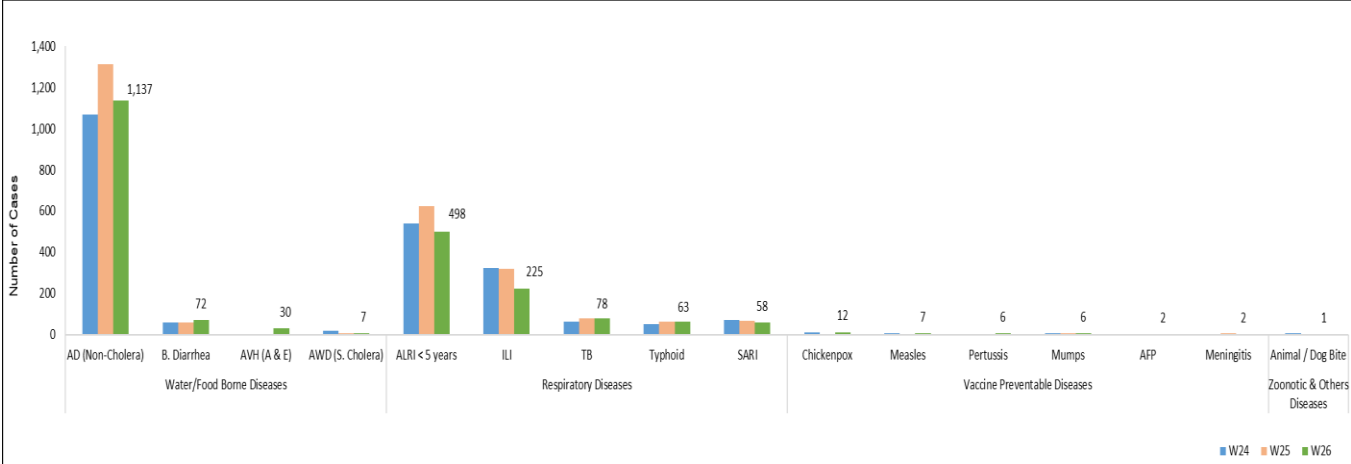


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.

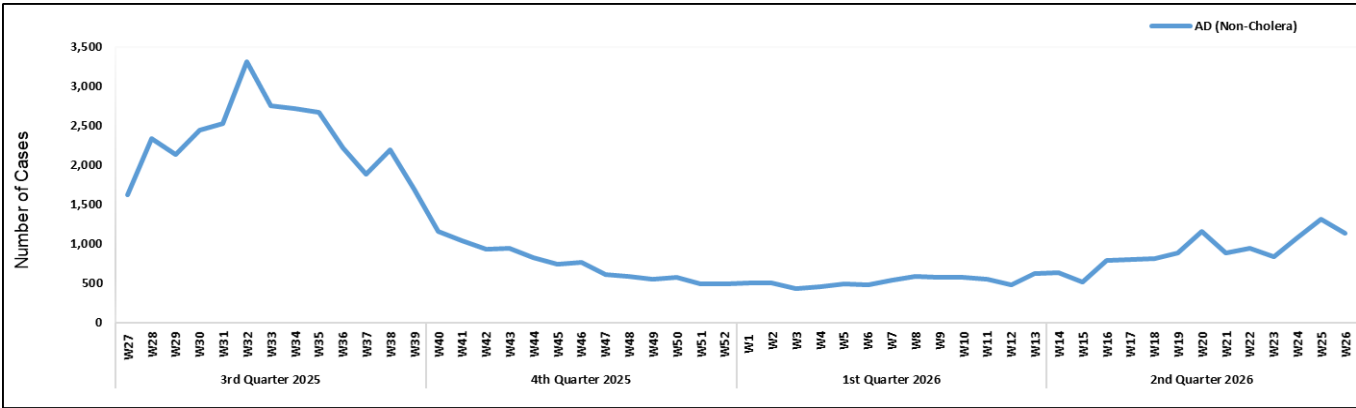


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 26, Pakistan.

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)	47	5	-	-	-	-	-	-	2	0	-	-	-	-
Stool culture & Sensitivity	174	2	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	5,507	339	2,170	156	-	-	-	-	191	0	-	-	-	-
CCHF	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dengue	1,188	42	282	2	-	-	-	-	-	-	-	-	-	-
VH (B)	8,129	152	1,344	204	-	-	-	-	593	2	-	-	-	-
VH (C)	8,305	564	1,280	96	-	-	-	-	634	2	-	-	-	-
VH (D)	126	31	96	22	-	-	-	-	-	-	-	-	-	-
VH (A)	90	43	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)	90	19	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	2	0	-	-	-	-	-	-	-	-	-	-	-	-
TB	432	38	190	24	-	-	-	-	100	0	-	-	-	-
HIV/ AIDS	2,796	20	820	0	-	-	-	-	257	0	-	-	-	-
Syphilis	955	15	470	0	-	-	-	-	188	0	-	-	-	-
Typhoid	316	13	110	14	-	-	-	-	218	6	-	-	-	-
Diphtheria	2	0	-	-	-	-	-	-	-	-	-	-	-	-
ILI	4	0	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)	139	12	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	9	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles	34	14	33	16	197	94	13	7	6	0	207	40	3	1
Rubella (CRS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniasis (cutaneous)	-	-	2	2	-	-	-	-	2	0	-	-	-	-
Chikungunya	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chickenpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gonorrhea	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mpox	9	0	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniasis (Visceral)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SARI	9	6	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	-	-	-	-	-	2	0	-	-	18	0	-	-
	SARI	9	0	-	-	6	0	11	0	-	138	4	-	-
Influenza A	ILI	-	-	-	-	-	2	0	-	-	18	0	-	-
	SARI	9	0	-	-	6	0	11	0	-	138	0	-	-
Influenza B	ILI	-	-	-	-	-	2	0	-	-	18	0	-	-
	SARI	9	0	-	-	6	0	11	0	-	138	0	-	-
RSV	ILI	-	-	-	-	-	2	0	-	-	18	0	-	-
	SARI	9	0	-	-	6	0	11	0	-	138	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.

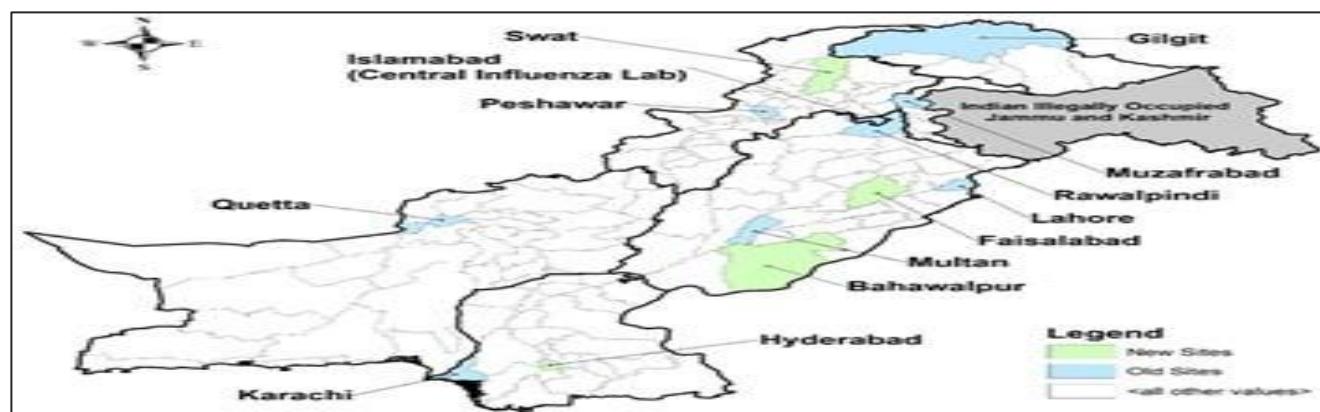


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 26, Pakistan.

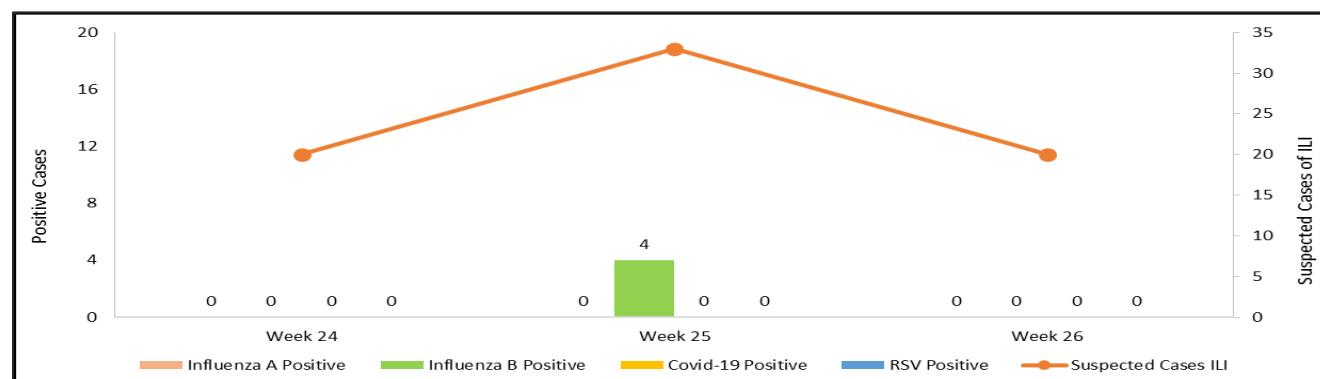
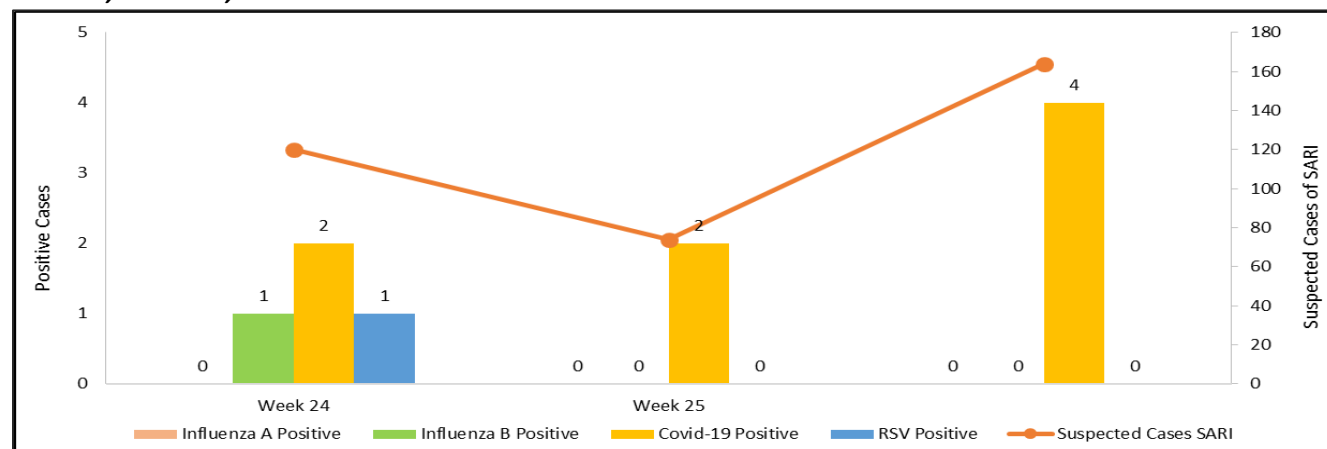


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 26, Pakistan.



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 26, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	104	94%
	Bannu	228	124	54%
	Battagram	59	40	68%
	Buner	34	34	100%
	Bajaur	43	43	100%
	Charsadda	61	59	97%
	Chitral Upper	31	31	100%
	Chitral Lower	37	37	100%
	D.I. Khan	115	113	98%
	Dir Lower	63	62	98%
	Dir Upper	56	54	96%
	Hangu	22	19	86%
	Haripur	72	69	96%
	Karak	36	36	100%
	Khyber	53	33	62%
	Kohat	61	61	100%
	Kohistan Lower	13	9	69%
	Kohistan Upper	22	11	50%
	Kolai Palas	10	8	80%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	34	11	32%
	Upper Kurram	38	33	87%
	Malakand	41	41	100%
	Mansehra	133	112	84%
	Mardan	82	72	88%
	Nowshera	57	55	96%
	North Waziristan	10	10	100%
	Peshawar	157	129	82%
	Shangla	37	37	100%
	Swabi	65	61	94%
	Swat	75	73	97%
	South Waziristan (Upper)	93	38	41%
	South Waziristan (Lower)	29	26	90%
	Tank	34	32	94%
	Torghar	13	13	100%
	Mohmand	68	20	29%
	Orakzai	69	7	10%
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	24	100%
	CDA	12	8	67%
Balochistan	Gwadar	26	25	96%
	Kech	45	13	29%
	Khuzdar	74	12	16%
	Killa Abdullah	26	23	88%
	Lasbella	55	55	100%
	Pishin	65	0	0%
	Quetta	56	22	39%
	Sibi	36	36	100%
	Zhob	39	13	33%
	Jaffarabad	16	16	100%
	Naseerabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	0	0%
	Chagai	36	15	42%
	Kalat	41	40	98%
	Harnai	17	4	24%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	0	0%
	Surab	32	0	0%
	Mastung	46	46	100%
	Loralai	33	26	79%
	Killa Saifullah	28	0	0%
	Ziarat	29	27	93%
	Duki	31	0	0%
	Nushki	29	29	100%
	Dera Bugti	45	0	0%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	25	7	28%
	Barkhan	20	19	95%
	Hub	33	29	88%
	Musakhel	41	0	0%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%
	Ghizer	38	38	100%
	Gilgit	44	43	98%
	Diamer	62	56	90%
	Astore	55	55	100%
	Shigar	23	23	100%
	Skardu	54	54	100%
	Ganche	29	29	100%

	Kharmang	25	25	100%
Sindh	Hyderabad	72	71	99%
	Ghotki	64	64	100%
	Umerkot	65	65	100%
	Naushahro Feroze	102	102	100%
	Tharparkar	273	271	99%
	Shikarpur	59	59	100%
	Thatta	50	50	100%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	16	76%
	Karachi-West	20	20	100%
	Karachi-Malir	35	29	83%
	Karachi-Kemari	22	21	95%
	Karachi-Central	12	11	92%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	54	98%
	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	55	93%
	Matari	42	42	100%
	Jamshoro	74	74	100%
	Tando Allahyar	54	54	100%
	Tando Muhammad Khan	41	41	100%
	Shaheed Benazirabad	122	122	100%

Table 7: Compliance of IDSR reporting Tertiary care hospitals Week 26, 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%

Strengthening Health Crisis Communication: Balochistan Hosts Capacity Building Workshop for RCCE Spokespersons



The National Institutes of Health, the Balochistan Health Department, and the World Health Organization have jointly organized a specialized two-day capacity-building workshop in Balochistan dedicated to strengthening Risk Communication and Community Engagement spokespersons. This collaborative initiative was designed to address the critical need for coordinated and timely communication, ensuring that accurate public health information is shared transparently across the province, especially during times of crisis.

By bringing together key communication coordinators and health education officials, the training focused on equipping provincial spokespersons with the necessary skills and strategies to manage public health messaging effectively. The workshop emphasized practical techniques for engaging communities directly, addressing public concerns, and maintaining trust during health emergencies. Empowering these spokespersons is seen as a vital step in ensuring that vital health advice is not only

disseminated but also culturally understood and adopted by local populations.



A central theme of the two-day event was the integration of pandemic preparedness and response through the operationalization of the One Health approach. Recognizing that modern health threats often emerge at the intersection of human, animal, and environmental systems, the training highlighted how spokespersons must coordinate across diverse sectors to deliver unified public health messages. Through this holistic framework, the workshop aimed to build a more resilient communication infrastructure capable of managing future outbreaks and public health challenges in Balochistan.



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/malaria-guidance-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



Use insect repellent

Sleep under an insecticide-treated bed net



Get rid of stagnant water from places where mosquitoes breed, such as in old containers, flower pots and used tyres



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/