

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 40, 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 uses 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 Pakistan's Pandemic Preparedness Through a One Health Approach: National Steering Committee Reviews Pandemic Fund Progress.**
- **Knowledge Hub - Understanding Viral Hepatitis A& E: 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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- During Week 40, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, ALRI <5 years, TB, B. Diarrhea, Animal/Dog Bite, VH (B, C & D), Typhoid, SARI, Dengue and AVH (A & E).
- Twenty-four cases of AFP were reported from KP, twelve from Sindh, four from AJK, two from Balochistan and one from GB.
- Nine suspected cases of HIV/ AIDS reported from Sindh, six from KP, and two from GB.
- Two suspected cases of Brucellosis were reported from KP.
- Among VPDs, there is an increase in the number of cases of Chickenpox, meningitis, and NT this week.
- Among Respiratory diseases, there is an increase in the number of cases of ILI and ALRI <5years this week.
- Among Water/food-borne diseases, there is a decrease in the number of cases of AD (non-cholera) 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 86%
- Sindh is the top reporting region with a compliance rate of 99%, followed by AJK 97%, GB 94%, **and** KP 80%.
- The lowest compliance rate was observed in Balochistan 69% and ICT 55 %.

Region	Expected Reports	Received Reports	Compliance (%)
<i>Khyber Pakhtunkhwa</i>	<i>2,281</i>	<i>1,828</i>	<i>80</i>
<i>Azad Jammu Kashmir</i>	<i>480</i>	<i>464</i>	<i>97</i>
<i>Islamabad Capital Territory</i>	<i>66</i>	<i>36</i>	<i>55</i>
<i>Balochistan</i>	<i>1,317</i>	<i>914</i>	<i>69</i>
<i>Gilgit Baltistan</i>	<i>405</i>	<i>379</i>	<i>94</i>
<i>Sindh</i>	<i>2,067</i>	<i>2,052</i>	<i>99</i>
<i>National</i>	<i>6,616</i>	<i>5,673</i>	<i>86</i>

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

Bloody Diarrhea

- **Strengthen Surveillance and Case Notification:** Enhance reporting of bloody diarrhea cases through the IDSR system by training healthcare providers on standard case definitions, early detection of clusters, and immediate notification of suspected outbreaks.
- **Improve Laboratory Diagnosis and Antimicrobial Sensitivity Testing:** Expand diagnostic capacity to identify bacterial causes (e.g., *Shigella*, *E. coli* O157:H7, *Entamoeba histolytica*) and conduct antimicrobial resistance testing to guide appropriate treatment.
- **Ensure Effective Case Management:** Train healthcare workers on syndromic management and rational use of antibiotics; ensure availability of essential medicines, ORS, and supportive care at all health facility levels.
- **Promote Water, Sanitation, and Hygiene (WASH):** Coordinate with WASH stakeholders to improve access to safe water, sanitation infrastructure, and hygiene promotion, particularly in outbreak-prone or underserved communities.
- **Raise Public Awareness and Promote Preventive Behaviors:** Conduct targeted health education on hand hygiene, safe food handling, proper sanitation, and the importance of seeking care promptly in cases of bloody stools especially for young children.
- **Support Outbreak Investigation and Control:** Deploy rapid response teams to investigate suspected outbreaks, identify sources of infection (e.g., contaminated food/water), and implement control measures, including community-level sanitation improvements.

Acute Viral Hepatitis (A & E)

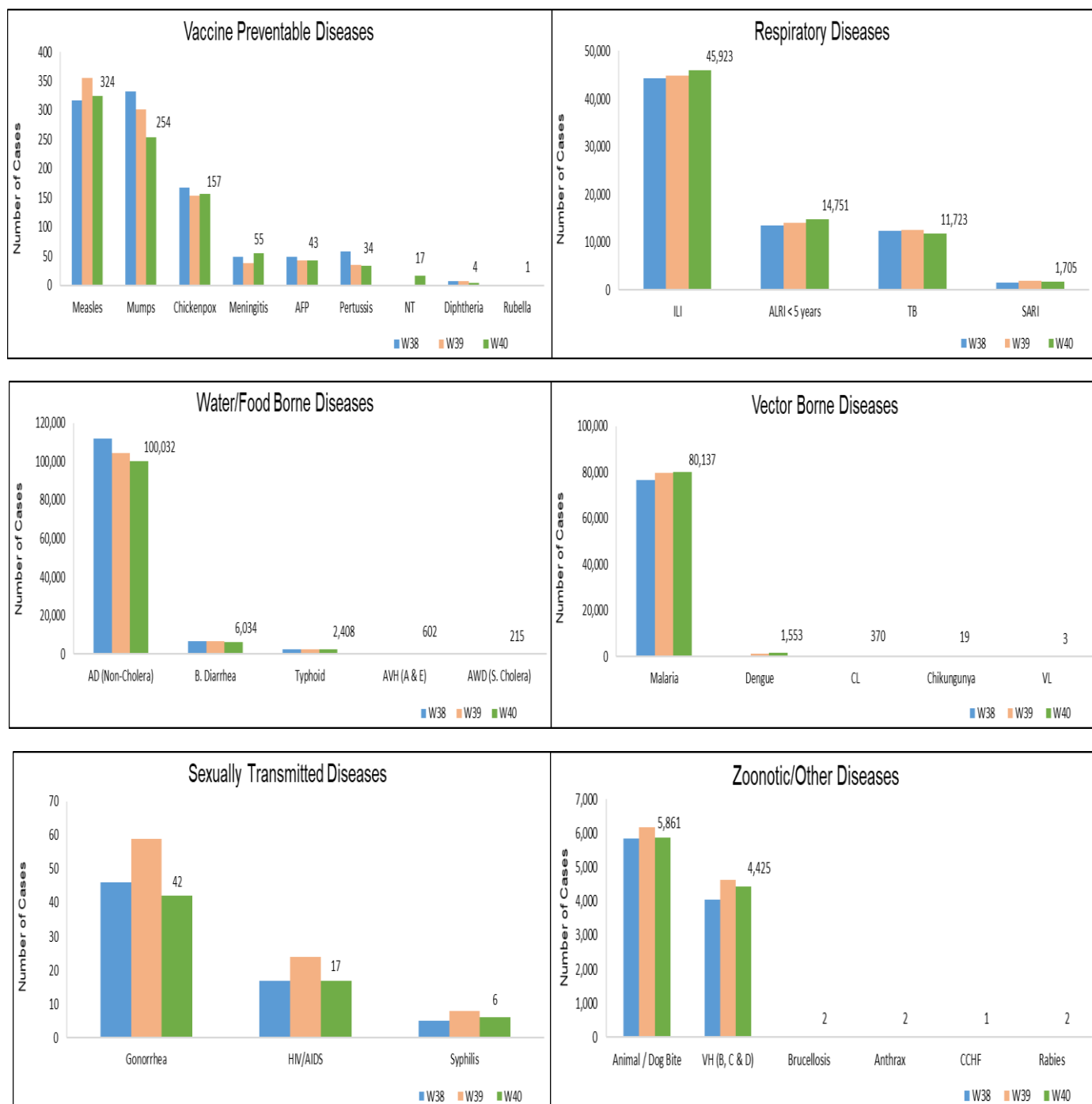
- **Enhance Case Detection and Reporting:** Strengthen AHV (A & E) surveillance in the IDSR system by training health personnel to recognize symptoms and ensure timely reporting, especially during seasonal peaks or in outbreak-prone areas.
- **Strengthen Laboratory Confirmation:** Improve diagnostic capacity by ensuring availability of rapid and confirmatory tests (e.g., IgM for HAV/HEV) at regional laboratories to facilitate timely outbreak response.
- **Improve WASH Infrastructure:** Coordinate with municipal and rural development authorities to upgrade water supply systems, prevent sewage contamination, and promote latrine use to interrupt fecal-oral transmission.
- **Engage in Risk Communication:** Design and disseminate targeted messages through community channels to raise awareness about safe drinking water, personal hygiene, food safety, and the risks of consuming contaminated water or raw produce.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 40, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,720	7,785	1,075	498	38,858	NR	50,096	100,032
Malaria	5	3,137	1	12	7,688	NR	69,294	80,137
ILI	1,582	7,837	391	2,168	3,211	NR	30,734	45,923
ALRI < 5 years	1,180	2,196	603	4	692	NR	10,076	14,751
TB	49	50	102	22	275	NR	11,225	11,723
B. Diarrhea	22	1,407	62	5	1,211	NR	3,327	6,034
Animal / Dog Bite	58	96	8	0	1,238	NR	4,461	5,861
VH (B, C & D)	16	57	25	5	138	NR	4,184	4,425
Typhoid	14	439	59	5	686	NR	1,205	2,408
SARI	44	747	108	0	406	NR	400	1,705
Dengue	8	4	0	1	1,334	NR	206	1,553
AVH (A & E)	15	11	1	0	216	NR	359	602
CL	0	28	0	0	336	NR	6	370
Measles	4	15	18	2	235	NR	50	324
Mumps	9	46	10	1	139	NR	49	254
AWD (S. Cholera)	12	187	7	1	8	NR	0	215
Chickenpox/ Varicella	4	6	3	1	135	NR	8	157
Meningitis	2	9	6	4	17	NR	17	55
AFP	4	2	1	0	24	NR	12	43
Gonorrhea	0	29	0	0	2	NR	11	42
Pertussis	0	22	0	0	12	NR	0	34
Chikungunya	0	0	0	0	0	NR	19	19
HIV/AIDS	0	0	2	0	6	NR	9	17
NT	0	9	1	0	6	NR	1	17
Syphilis	0	0	0	0	1	NR	5	6
Diphtheria (Probable)	0	1	0	0	3	NR	0	4
VL	0	3	0	0	0	NR	0	3
Anthrax	0	0	2	0	0	NR	0	2
Brucellosis	0	0	0	0	2	NR	0	2
Rabies	0	2	0	0	0	NR	0	2
CCHF	0	0	0	0	1	NR	0	1
Rubella (CRS)	0	1	0	0	0	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 40, 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 SARI.
- Malaria cases are mostly from Sanghar, Badin and Larkana whereas ILI cases are from Badin, Karachi Malir and Khairpur.
- Twelve cases of AFP reported from Sindh. They are suspected cases and need field verification
- There is a decline in number of cases of Measles, Meningitis, AFP, Chickenpox, NT, TB, AD (non-cholera), B. Diarrhea, Typhoid, HIV/AIDS, Dog Bite, and VH (B, C & D), while there is an increase in the number of cases of Mumps, ILI, ALRI<5years, and Malaria this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 40, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	Animal / Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	SARI
Badin	5,328	4,704	3,561	1,083	763	165	260	485	71	0
Dadu	3,050	2,864	865	620	2,517	352	252	558	267	219
Ghotki	4,010	1,574	607	589	591	341	216	167	6	0
Hyderabad	1,094	2,405	1,639	385	179	91	71	76	1	0
Jacobabad	2,046	685	544	272	265	215	155	94	39	17
Jamshoro	2,789	1,989	32	581	310	166	167	111	75	1
Kamber	3,329	1,611	6	687	238	233	39	110	12	0
Karachi Central	238	1,535	2,931	145	103	122	63	19	201	0
Karachi East	92	255	28	24	12	32	5	2	2	0
Karachi Keamari	17	643	670	9	16	16	0	8	1	0
Karachi Korangi	49	456	13	24	0	6	0	19	0	0
Karachi Malir	492	1,175	3,429	131	155	81	7	42	39	0
Karachi South	22	93	13	0	0	0	0	0	1	0
Karachi West	296	1,028	1,999	123	205	94	17	34	19	3
Kashmore	1,736	367	352	107	97	83	8	42	1	0
Khairpur	4,427	3,159	3,231	628	837	316	243	221	145	153
Larkana	4,549	1,984	143	748	355	68	31	254	12	0
Matlari	3,479	1,426	11	672	206	172	163	57	1	0
Mirpurkhas	3,439	2,739	2,085	705	372	166	79	109	6	0
Naushero Feroze	1,783	1,193	1,546	239	370	331	28	168	107	0
Sanghar	5,867	2,194	122	1,050	370	347	1,055	35	36	0
Shaheed Benazirabad	2,545	1,732	0	267	201	238	161	47	99	0
Shikarpur	2,701	1,237	1	161	164	270	246	149	3	3
Sujawal	1,209	3,373	0	85	140	73	60	25	0	0
Sukkur	2,726	1,422	2,664	309	211	146	295	130	2	0
Tando Allahyar	3,088	1,747	1,118	315	120	112	247	66	1	0
Tando Muhammad Khan	1,669	1,242	0	453	161	32	84	70	0	0
Tharparkar	1,939	2,035	668	401	668	2	34	116	6	0
Thatta	1,557	1,327	2,453	87	109	123	155	39	20	4
Umerkot	3,728	1,902	3	325	341	68	43	74	32	0
Total	69,294	50,096	30,734	11,225	10,076	4,461	4,184	3,327	1,205	400

Figure 2: Most frequently reported suspected cases during Week 40, Sindh.

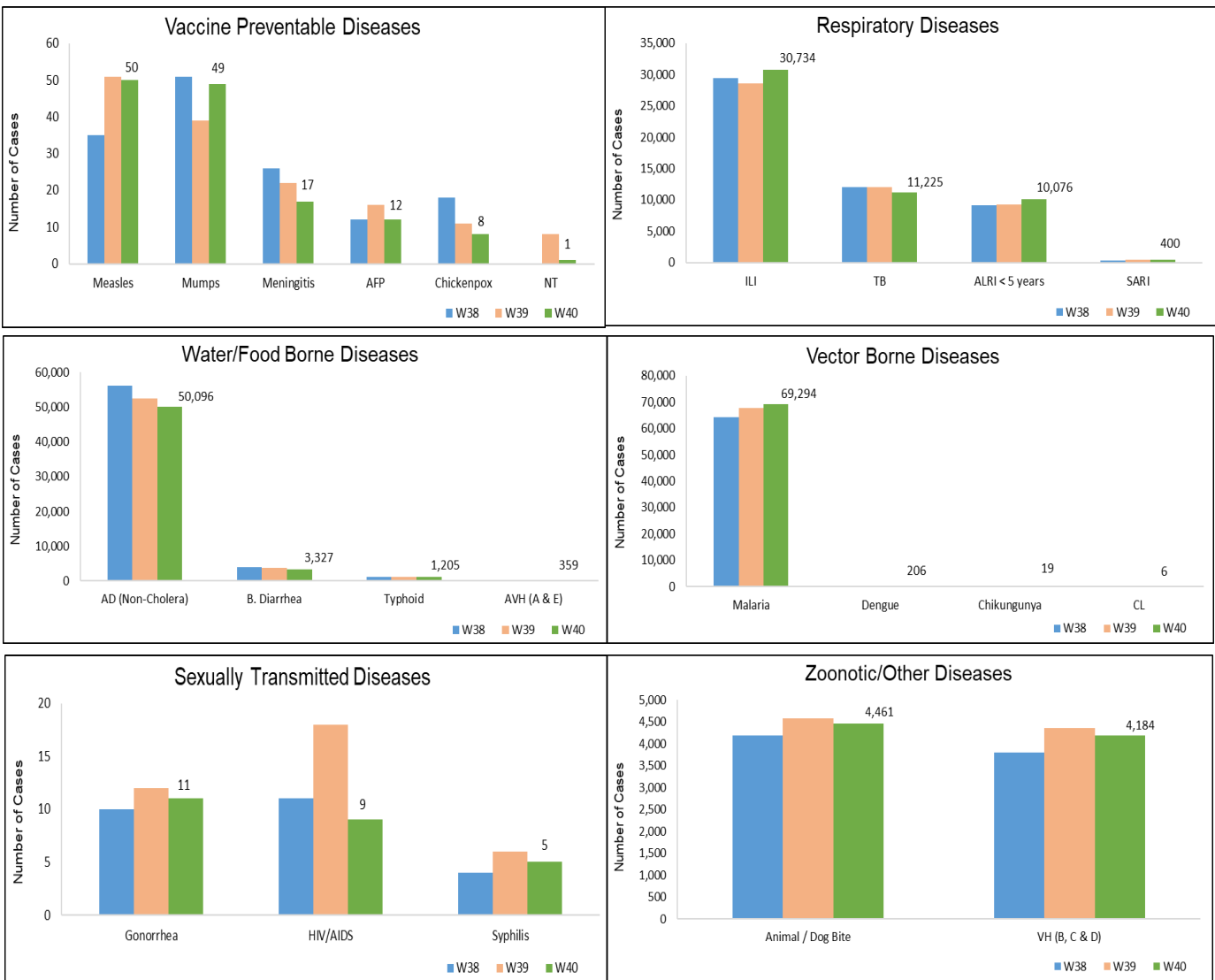
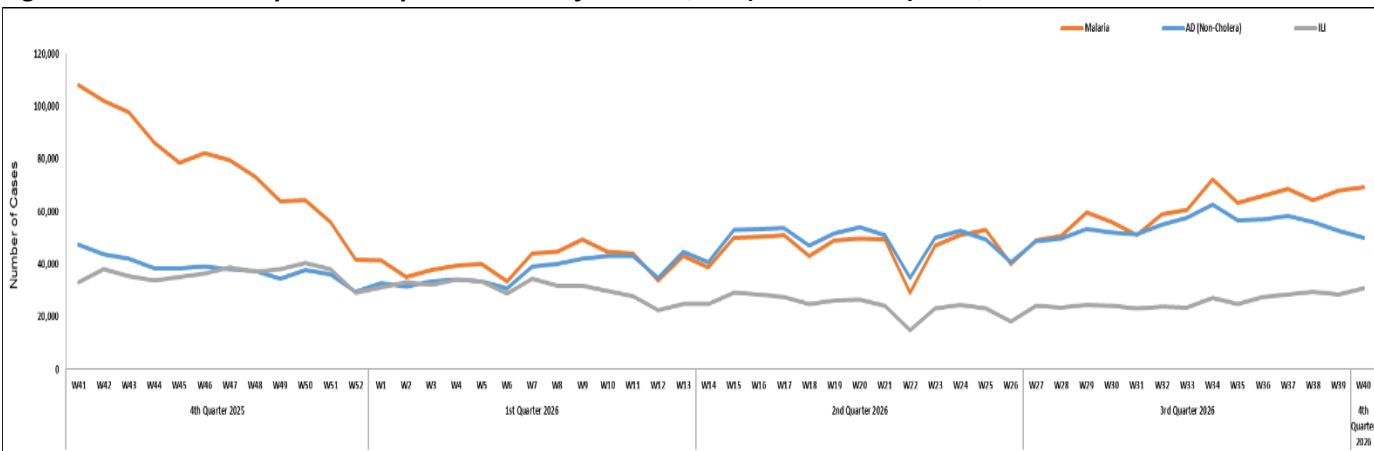


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



- ILI, AD (Non-Cholera), 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) and Quetta while AD (Non-Cholera) cases are mostly reported from Usta Muhammad, Gwadar, and Loralai.
- NT, Meningitis, AFP, Rubella, Typhoid and VH (B, C & D) showed an increase in the number of cases. A decline has been observed in Measles, Mumps, Pertussis, Chickenpox, Diphtheria, ILI, SARI, AD (non- cholera), B.Diarrhea, AWD (s. Cholera), and Malaria this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 40, Balochistan.

Districts	ILI	AD (Non-Cholera)	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	34	69	118	0	20	0	24	0	21	0
Bashore	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Chagai	153	107	12	0	27	0	6	0	0	2
Chaman	146	116	2	14	24	30	16	1	0	0
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
DBS	79	96	109	109	16	0	21	0	2	9
Duki	49	20	13	0	0	0	0	0	0	0
Gwadar	1,344	691	43	49	40	0	37	0	3	0
Harnai	0	199	49	174	93	0	0	0	2	0
Hub	148	254	125	14	20	0	0	0	0	0
Jaffarabad	0	112	128	0	10	0	0	0	9	0
Jhal Magsi	80	215	176	56	0	9	14	0	3	0
Kachhi (Bolan)	124	142	52	2	8	127	NR	18	11	NR
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	999	374	452	5	71	NR	2	NR	NR	2
Kharan	606	224	37	4	81	32	4	0	0	0
Khuzdar	120	133	66	21	46	7	27	0	0	0
Killa Abdullah	119	167	0	3	29	49	22	74	7	0
Killa Saifullah	0	18	23	14	7	2	0	1	0	0
Kohlu	466	284	86	28	68	40	54	NR	NR	0
Lasbella	74	436	301	288	22	0	22	0	14	22
Loralai	521	540	46	51	55	62	15	0	0	0
Mastung	228	257	56	158	33	38	21	0	3	5
MusaKhel	47	43	365	12	13	4	19	3	0	0
Naseerabad	3	295	175	22	16	14	27	0	11	2
Nushki	0	154	1	12	36	0	0	0	0	0
Panjgur	121	138	224	88	79	29	9	6	0	0
Pishin	290	320	22	45	110	26	17	36	5	0
Quetta	901	387	2	124	42	41	4	23	0	0
Sherani	36	36	8	9	19	13	0	0	0	0
Sibi	140	108	44	11	7	20	5	2	0	0
Sohbat pur	0	182	34	138	57	6	8	0	0	0
Surab	51	16	0	0	0	0	0	0	0	0
Tump	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Usta Muhammad	180	854	39	227	90	0	0	0	4	15
Washuk	379	225	149	12	104	22	15	4	0	0
Zhob	179	309	105	363	68	129	6	4	0	0
Ziarat	220	264	75	143	96	47	44	15	1	0
Total	7,837	7,785	3,137	2,196	1,407	747	439	187	96	57

Figure 4: Most frequently reported suspected cases during Week 40, Balochistan.

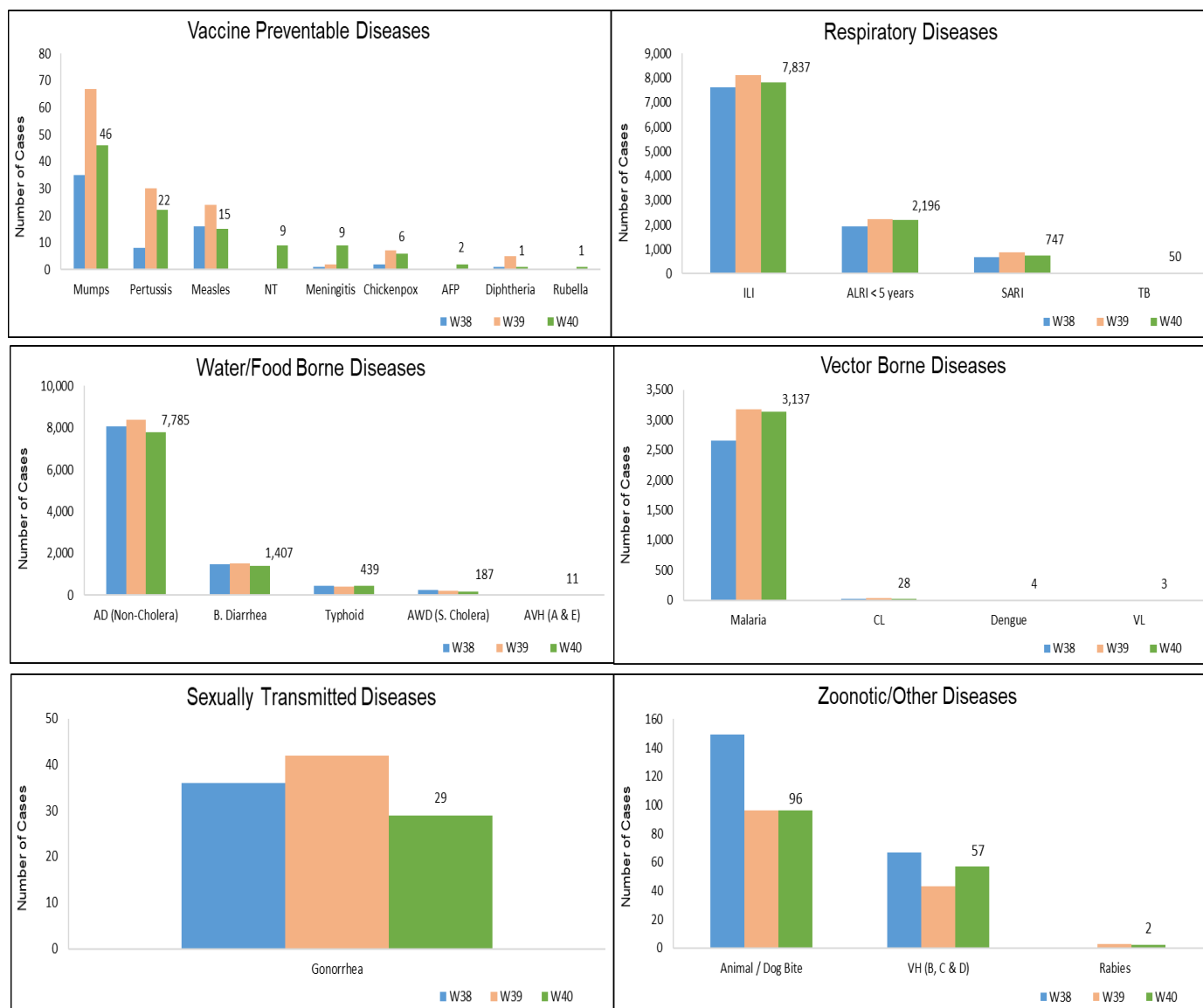
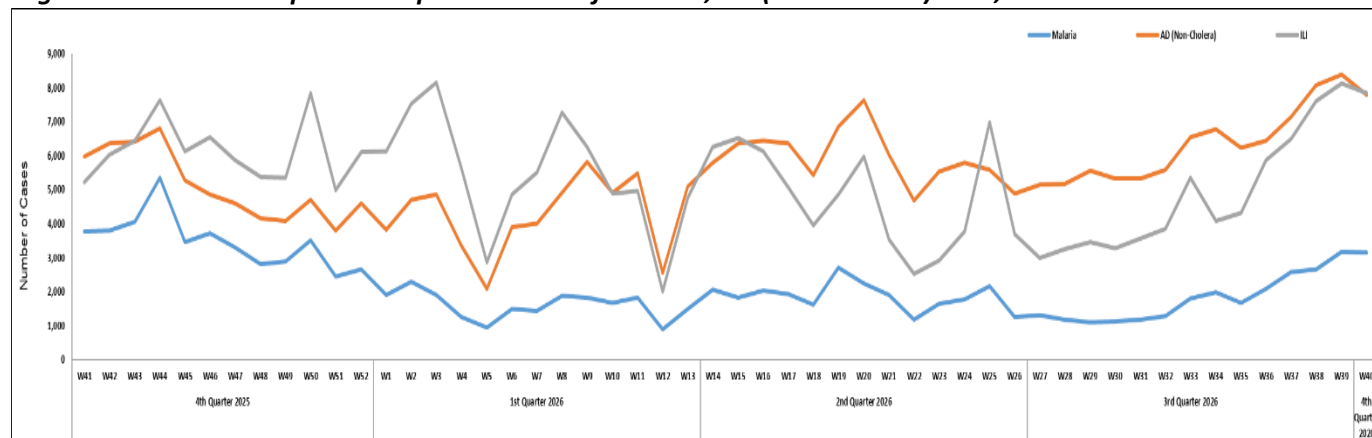


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Dengue, Animal / Dog Bite, B. Diarrhea, ALRI<5 Years, Typhoid, SARI and CL.
- Chicken pox, AFP, Meningitis, Pertussis, NT, Diphtheria, ALRI<5years, B. Diarrhea, SARI, and Dengue cases showed an increase in number while Measles, Mumps ILI, AD (Non-Cholera), Malaria, gonorrhea and Dog Bite showed a decline in number this week.
- Twenty-four 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 40, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Dengue	Animal / Dog Bite	B. Diarrhea	ALRI < 5 years	Typhoid	SARI	CL
Abbottabad	731	7	39	0	14	9	11	10	0	0
Bajaur	675	299	1	7	100	38	15	2	3	31
Bannu	938	764	25	184	1	17	18	62	0	6
Battagram	527	47	640	0	20	0	0	0	0	0
Buner	431	215	0	0	8	18	0	0	0	0
Charsadda	2,358	294	277	506	7	62	115	70	5	1
Chitral Lower	474	21	4	0	9	16	9	4	7	4
Chitral Upper	159	4	4	0	7	3	0	8	3	1
D.I. Khan	2,092	654	0	4	35	47	19	6	0	2
Dir Lower	1,942	111	0	0	71	81	5	44	2	0
Dir Upper	2,086	28	82	0	24	28	35	18	0	0
Hangu	317	63	0	0	11	1	0	57	0	12
Haripur	1,569	16	253	11	66	0	28	6	0	0
Karak	915	506	13	3	51	103	79	33	0	67
Khyber	699	595	75	51	34	140	25	26	50	104
Kohat	796	401	10	427	27	48	3	8	0	25
Kohistan Lower	229	4	0	2	2	7	0	4	0	3
Kohistan Upper	455	22	0	0	0	13	3	0	0	0
Kolai Palas	79	3	0	0	0	1	2	0	0	0
L & C Kurram	25	5	0	0	0	1	0	0	0	0
Lakki Marwat	958	298	0	52	90	3	21	22	0	0
Malakand	1,676	45	136	0	24	126	0	0	16	0
Mansehra	971	49	178	1	0	21	2	1	0	0
Mardan	2,083	838	45	2	136	66	80	83	0	0
Mohmand	82	152	103	4	5	7	0	10	135	34
North Waziristan	64	110	0	1	1	2	14	13	13	0
Nowshera	2,109	910	13	16	15	17	10	6	20	17
Orakzai	114	10	13	0	0	1	0	0	0	0
Peshawar	4,782	72	220	60	9	140	16	77	0	0
Shangla	1,417	416	0	0	162	3	7	20	0	0
South Waziristan (Lower)	144	125	98	0	7	48	5	1	76	29
SWU	18	1	0	0	0	0	0	0	0	0
Swabi	2,499	277	773	2	121	14	50	10	67	0
Swat	3,552	55	86	1	158	85	102	74	0	0
Tank	485	147	15	0	1	2	9	0	0	0
Tor Ghar	132	112	0	0	12	28	1	2	0	0
Upper Kurram	275	12	108	0	10	15	8	9	9	0
Total	38,858	7,688	3,211	1,334	1,238	1,211	692	686	406	336

Figure 6: Most frequently reported suspected cases during Week 40, KP.

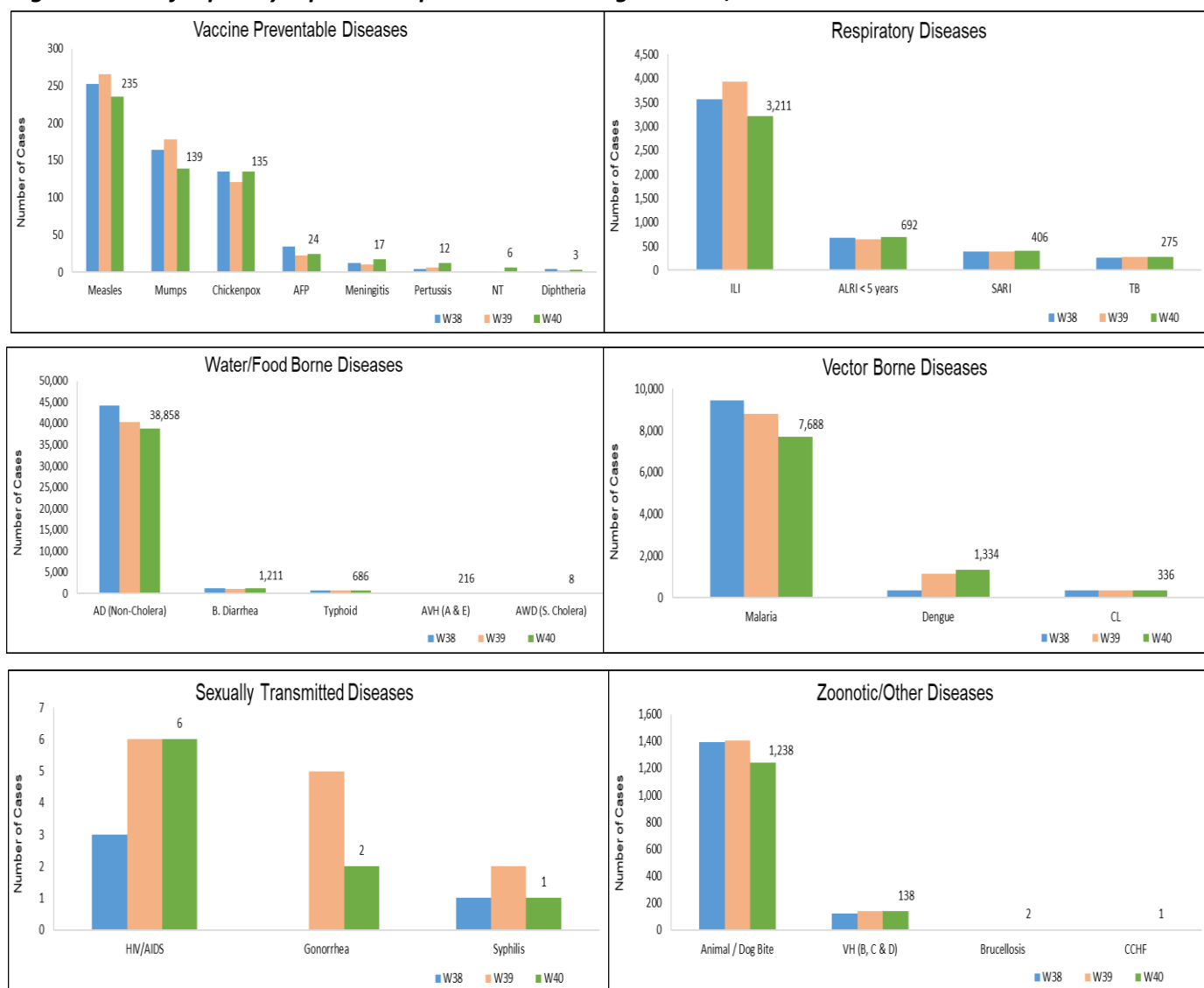
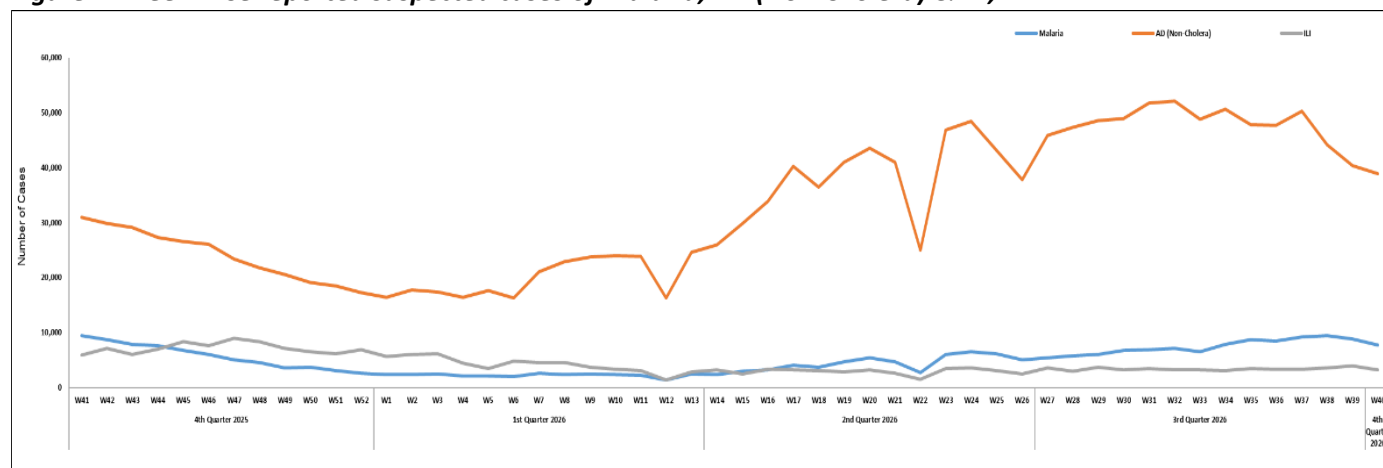


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) . AD (non- cholera) cases showed a decline in number this week.

AJK: AD (non-cholera) cases were maximum, followed by ILI and ALRI <5 Years. An increase in cases is observed for Measles, Mumps, AFP, ALRI, TB, AD (non- cholera), AVH (A &E), Dengue and VH (B, C &D). In contrast, a decline was observed in the number of cases of Chicken pox, ILI, SARI, Malaria, and Animal/ Dog Bite this week

GB: AD (non-cholera) cases were maximum, followed by ALRI <5 Years and ILI. Cases increased for ILI, VH (B, C & D), and Dog bite. In contrast, cases of ALRI <5 Years, AD (Non-Cholera), AWD (S. Cholera), Typhoid, and SARI declined this week.

Figure 8: Most frequently reported suspected cases during Week 40, AJK.

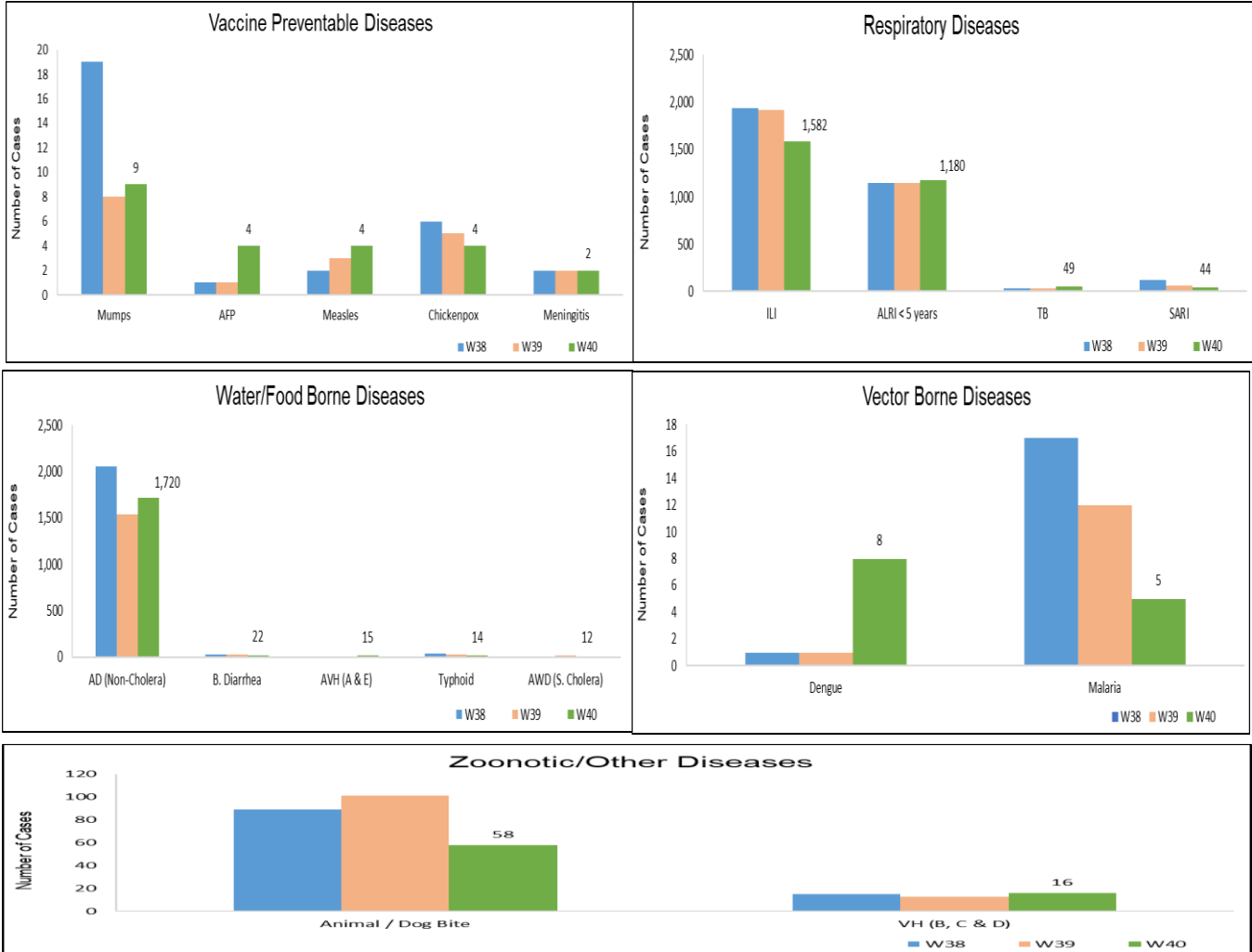


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.



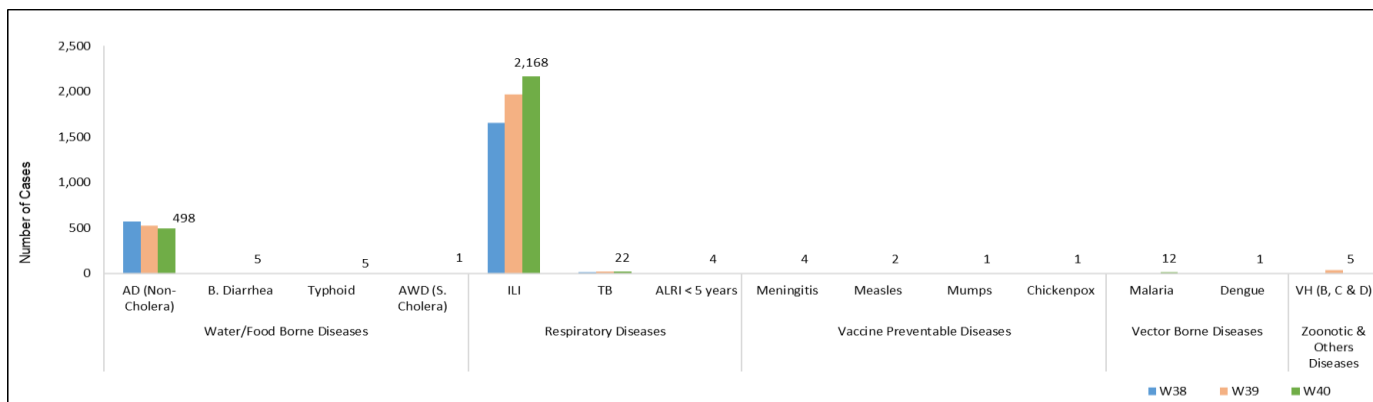


Figure 10: Most frequently reported suspected cases during Week 40, ICT.

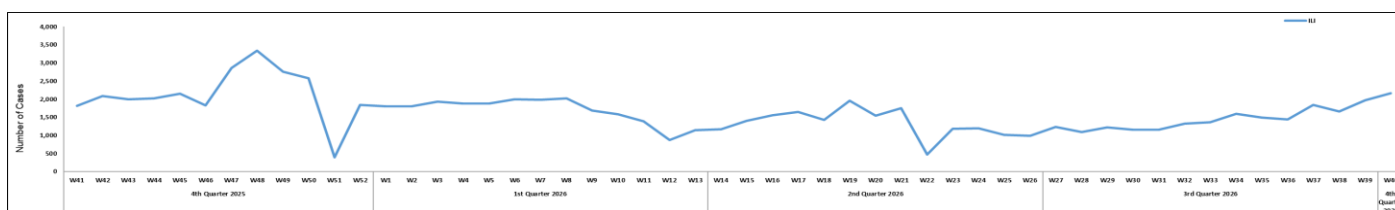


Figure 11: Week wise reported suspected cases of ILI, ICT

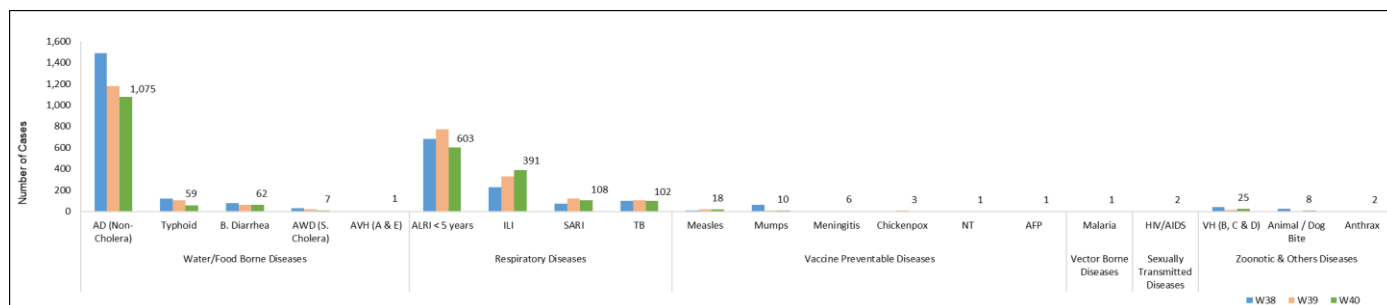


Figure 12: Most frequently reported suspected cases during Week 40, GB.

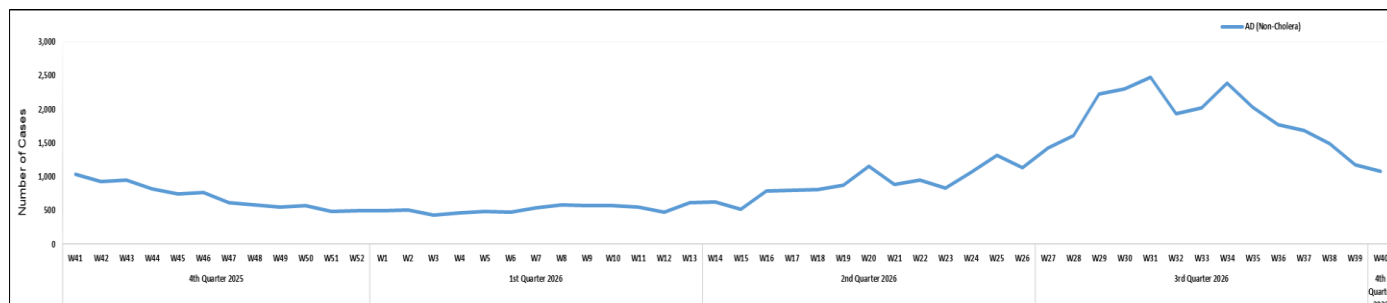


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.

Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 40, 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)	15	0	-	-	-	-	-	-	-	-	-	-	-	-	
Stool culture & Sensitivity	183	0	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	7,825	448	2,937	96	-	-	-	-	190	1	-	-	-	-	
CCHF	-	-	2	0	-	-	-	-	-	-	-	-	-	-	
Dengue	2,461	131	42	2	-	-	-	-	6	0	-	-	-	-	
VH (B)	10,683	250	1,089	110	-	-	-	-	1,698	18	-	-	18	0	
VH (C)	10,827	700	1,111	71	-	-	-	-	1,555	5	-	-	18	1	
VH (D)	128	36	40	8	-	-	-	-	-	-	-	-	-	-	
VH (A)	228	48	-	-	-	-	-	-	1	0	-	-	-	-	
VH (E)	76	18	-	-	-	-	-	-	-	-	-	-	-	-	
Covid-19	7	0	2	0	-	-	-	-	-	-	-	-	-	-	
TB	758	64	131	20	-	-	-	-	33	0	-	-	-	-	
HIV/ AIDS	4,804	16	758	4	-	-	-	-	216	1	-	-	-	-	
Syphilis	1,344	31	319	1	-	-	-	-	181	1	-	-	-	-	
Typhoid	209	19	93	6	-	-	-	-	141	7	-	-	-	-	
Diphtheria	7	1	-	-	-	-	-	-	-	-	-	-	-	-	
ILI	9	4	2	0	-	-	-	-	-	-	-	-	-	-	
Pneumonia (ALRI)	157	14	-	-	-	-	-	-	0	0	-	-	-	-	
Meningitis	12	0	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	132	41	44	10	300	138	7	4	2	1	332	57	9	0	
Leishmaniosis (cutaneous)	-	-	22	3	-	-	-	-	2	0	-	-	-	-	
Chikungunya	-	-	2	0	-	-	-	-	-	-	-	-	-	-	
Mpox	25	4	-	-	-	-	-	-	-	-	-	-	-	-	
SARI	21	13	-	-	-	-	-	-	-	-	-	-	-	-	
Covid-19	ILI	2	0	-	-	3	0	3	0	-	-	17	0	1	0
	SARI	-	-	-	-	7	1	12	0	-	-	24	2	3	0
Influenza A	ILI	2	0	-	-	3	0	3	0	-	-	17	2	1	0
	SARI	-	-	-	-	7	1	12	1	-	-	24	5	3	0
Influenza B	ILI	2	0	-	-	3	0	3	0	-	-	17	0	1	0
	SARI	-	-	-	-	7	4	12	0	-	-	24	2	3	0
RSV	ILI	2	0	-	-	3	0	3	0	-	-	17	0	1	0
	SARI	-	-	-	-	7	0	12	0	-	-	24	1	3	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.

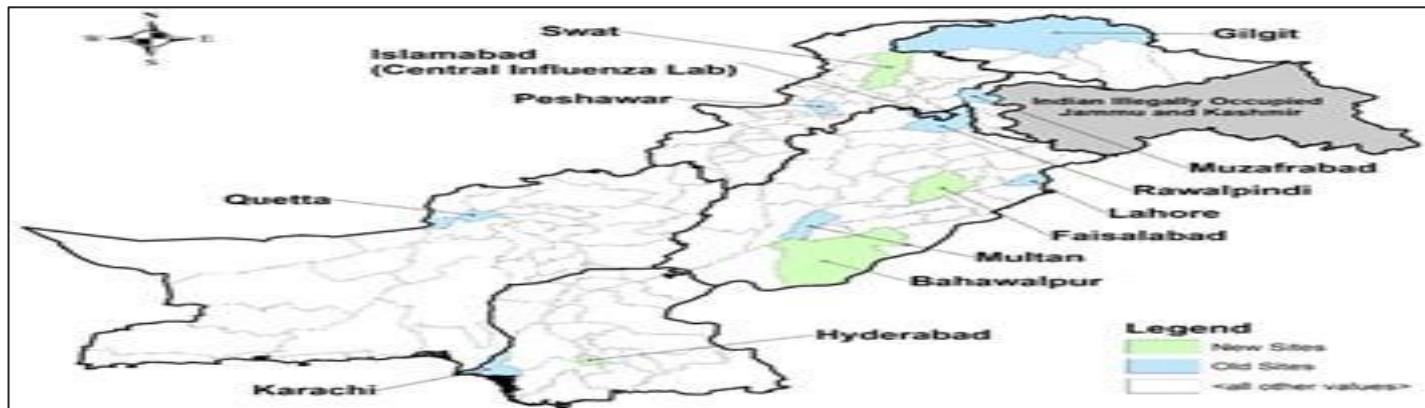


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 40, Pakistan.

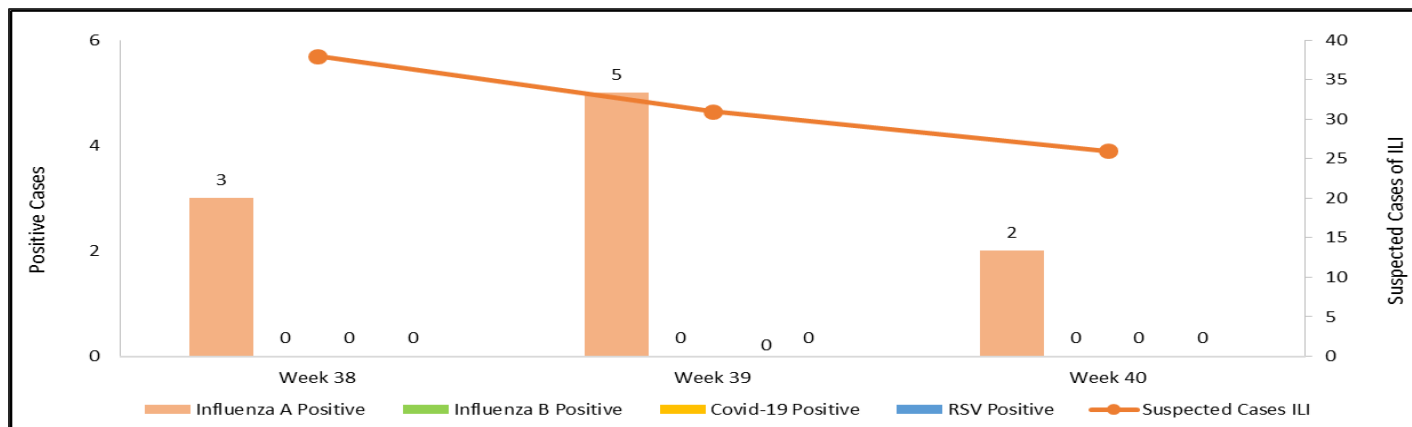
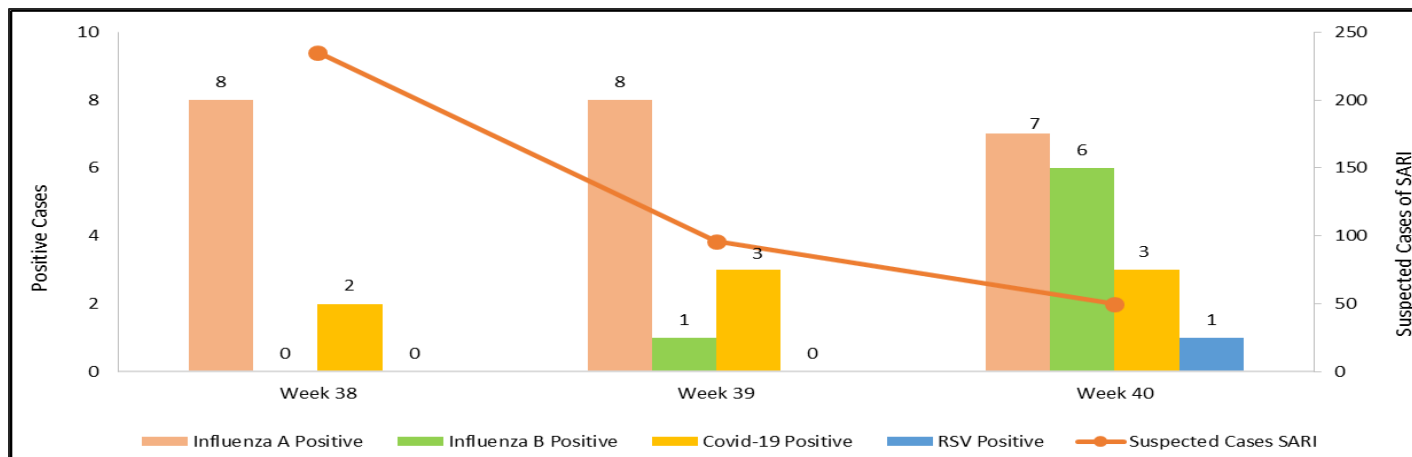


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 40, Pakistan.



IDSR Reports Compliance

Out of 158 IDSR-implemented districts, compliance is low in KP, , ICT and Balochistan. Green color highlights >50% compliance, while red color highlights <50% compliance

Table 6: Compliance of IDSR reporting districts Week 40, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	101	91%
	Bannu	228	100	44%
	Battagram	59	43	73%
	Buner	34	34	100%
	Bajaur	43	42	98%
	Charsadda	61	61	100%
	Chitral Upper	31	31	100%
	Chitral Lower	37	35	95%
	D.I. Khan	115	115	100%
	Dir Lower	63	57	90%
	Dir Upper	56	49	88%
	Hangu	22	18	82%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	28	53%
	Kohat	61	61	100%
	Kohistan Lower	13	13	100%
	Kohistan Upper	22	16	73%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	34	9	26%
	Upper Kurram	38	37	97%
	Malakand	42	42	100%
	Mansehra	133	131	98%
	Mardan	81	73	90%
	Nowshera	57	53	93%
	North Waziristan	12	8	67%
	Peshawar	157	129	82%
	Shangla	37	37	100%
	Swabi	65	63	97%
	Swat	75	74	99%
	South Waziristan (Upper)	93	89	96%
	South Waziristan (Lower)	29	28	97%
	Tank	34	32	94%
	Torghar	13	13	100%
	Mohmand	68	16	24%
	Orakzai	69	5	7%
Azad Jammu Kashmir	Mirpur	41	41	100%
	Bhimber	85	84	99%
	Kotli	60	60	100%
	Muzaffarabad	49	49	100%

	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	54	54	100%
	Neelum	39	37	95%
	Jhelum Valley	29	27	93%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	12	8	67%
Balochistan	Gwadar	26	26	100%
	Kech	45	27	60%
	Khuzdar	74	23	31%
	Killa Abdullah	26	24	92%
	Lasbella	55	55	100%
	Pishin	65	16	25%
	Quetta	56	29	52%
	Sibi	36	20	56%
	Zhob	39	39	100%
	Jaffarabad	16	16	100%
	Naseerabad	32	28	88%
	Kharan	30	30	100%
	Sherani	15	4	27%
	Kohlu	75	73	97%
	Chagai	36	12	33%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	35	35	100%
	Surab	32	13	41%
	Mastung	46	46	100%
	Loralai	33	32	97%
	Killa Saifullah	28	2	7%
	Ziarat	29	28	97%
	Duki	31	12	39%
	Nushki	29	29	100%
	Dera Bugti	32	0	0%
	Dera Bugti South	21	20	95%
	Washuk	46	23	50%
	Panjgur	38	23	61%
	Awaran	23	0	0%
	Chaman	27	23	85%
	Barkhan	20	19	95%
	Hub	33	28	85%
	Musakhel	41	22	54%
	Bashore	17	0	0%
	Tump	9	0	0%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%

	Ghizer	38	37	97%
	Gilgit	44	44	100%
	Diamer	62	61	98%
	Astore	55	55	100%
	Shigar	23	22	96%
	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	88	86%
	Tharparkar	273	270	99%
	Shikarpur	59	59	100%
	Thatta	50	50	100%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	15	71%
	Karachi-West	20	20	100%
	Karachi-Malir	35	26	74%
	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	105	99%
	Badin	123	123	100%
	Sukkur	63	63	100%
	Dadu	90	90	100%
	Sanghar	100	100	100%
	Jacobabad	44	43	98%
	Khairpur	168	166	99%
	Kashmore	59	59	100%
	Matlari	42	41	98%
	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 in tertiary care hospitals, Week 40, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
AJK	Mirpur	2	2	100%
	Bhimber	1	1	100%
	Kotli	1	1	100%
	Muzaffarabad	2	2	100%

	Poonch	2	2	100%
	Haveli	1	1	100%
	Bagh	1	1	100%
	Neelum	1	1	100%
	Jhelum Vellay	1	1	100%
	Sudhnooti	1	1	100%
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 Pakistan's Pandemic Preparedness Through a One Health Approach: National Steering Committee Reviews Pandemic Fund Progress.



Reaffirming its commitment to strengthening national health security and building resilient health systems, the Ministry of National Health Services, Regulations and Coordination (MoNHSR&C) convened the National Steering Committee Meeting for the Pandemic Fund to review implementation progress, deliberate on emerging challenges, and reinforce coordination among key stakeholders involved in Pakistan's pandemic preparedness initiatives.

The meeting brought together representatives of the One Health Secretariat, Provincial One Health Units, and Implementing Entities (IEs) to assess progress against planned activities, discuss implementation bottlenecks, and identify opportunities to accelerate the effective delivery of Pakistan's health security

interventions. Discussions focused on strengthening institutional coordination, improving intersectoral collaboration, and aligning national priorities with provincial implementation efforts.

A key focus of the deliberations was operationalizing the One Health approach, recognizing the interconnectedness of human, animal, and environmental health in preventing, detecting, and responding to public health threats.

The meeting highlighted that pandemic preparedness extends beyond emergency response and requires sustained



investments in public health infrastructure, integrated disease surveillance, workforce development, laboratory networks, and institutional capacities. A functional One Health coordination mechanism remains central to identifying health threats at the human-animal-environment interface and facilitating a timely, evidence-informed response.

Knowledge Hub

Acute Viral Hepatitis A & E: What You Need to Know

It is an inflammation of the liver caused by a virus. Hepatitis A and Hepatitis E are two types of viral hepatitis that are very similar. They both cause an acute (short-term) illness and spread through contaminated food or water. These viruses do not cause chronic (long-term) liver disease

What are Hepatitis A and Hepatitis E?

These are two different viruses, but they cause a similar type of illness. Both viruses infect the liver, causing inflammation and affecting its ability to function. The illness is typically self-limiting, meaning it resolves on its own over time.

Hepatitis A is a highly contagious liver infection caused by the Hepatitis A virus (HAV). It is the most common form of viral hepatitis worldwide.

Hepatitis E is a liver infection caused by the Hepatitis E virus (HEV). It is also widespread, particularly in developing countries.

How Hepatitis A and E Spread

Both viruses spread through the fecal-oral route. This means a person becomes infected by ingesting something contaminated with the faeces of an infected person.

Contaminated Food or Water is the most common mode of transmission. Food can become contaminated if it is handled by an infected person who has not washed his

hands properly. Water can be contaminated with sewage.

Direct contact with an infected person can also spread the virus.

Signs & Symptoms

Symptoms for both Hepatitis A and Hepatitis E are often mild or absent, especially in young children. When symptoms do appear, they are usually the same for both viruses, and may include fever, fatigue, nausea or vomiting, abdominal pain or discomfort, especially in the liver area (upper right side of the belly), dark urine, and light-colored stools, jaundice, loss of appetite, and joint pains.

Symptoms typically appear about 2-6 weeks after exposure and last for a few weeks to a few months.

Complications

Most people who get Hepatitis A or E recover completely with no lasting liver damage. However, in a few cases, complications can occur.

Very rarely, Hepatitis A can lead to acute liver failure, which is a life-threatening condition. This is more common in older adults and people with other liver diseases.

Severe cases of Hepatitis E can also lead to acute liver failure. This is particularly dangerous for pregnant females, for whom Hepatitis E can have a very high fatality rate.

Prevention

Preventing Hepatitis A and E involves both vaccination and good hygiene.

Hepatitis A Prevention



An effective vaccine is available and recommended for all children and adults who are at increased risk, such as travelers to high-risk areas, men who have sex with men, and people with chronic liver disease.

Wash hands with soap and water after using the bathroom, changing diapers, and before preparing or eating food.

Hepatitis E Prevention

A vaccine for Hepatitis E is available in some countries but not globally. Drink only bottled or boiled water, especially when traveling to areas where Hepatitis E is common. Avoid raw or undercooked food.

Diagnosis and Treatment

Both Hepatitis A and E are diagnosed through a blood test that detects antibodies or the virus itself.

There is no specific cure for Hepatitis A or E. Treatment focuses on supportive care to manage symptoms. This includes rest, adequate nutrition, and hydration. A healthcare provider may recommend medications for nausea or other symptoms.

More Information

For additional authoritative information on Hepatitis A and E, please visit:

- Centers for Disease Control and Prevention (CDC):

<https://www.cdc.gov/hepatitis/hevev/index.htm>

- World Health Organization (WHO):

- <https://www.who.int/news-room/factsheets/detail/hepatitis-a>

- <https://www.who.int/news-room/factsheets/detail/hepatitis-e>

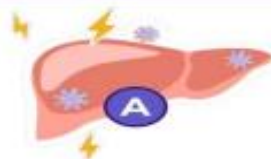
- Public Health Agency of Canada (PHAC):

- <https://www.canada.ca/en/publichealth/services/diseases/hepatitis-a.html>

- UK Health Security Agency (UKHSA) / National Health Service (NHS)

- <https://www.nhs.uk/conditions/hepatitis/>

WHAT YOU SHOULD KNOW ABOUT **HEPATITIS A**



A highly contagious liver disease caused by a virus spread from person to person. The illness can last for weeks to months.

HOW DOES IT SPREAD?



Forgetting to wash your hands after using the bathroom or changing diapers



Having sexual contact with infected partner(s)



Eating or drinking foods contaminated by Hepatitis A

WHAT ARE THE SYMPTOMS?



Throwing up or feeling like throwing up



Yellowing of the eyes and skin



Fever

Other symptoms include:

- Dark pee
- Grey poop
- Joint pain
- Diarrhea
- Feeling tired
- Loss of appetite
- Stomach pain

HOW CAN YOU PREVENT IT?



Get vaccinated.
Call 2-1-1 for information on where to get shots



Wash hands with soap and warm water before eating/preparing food and after using the bathroom/changing diapers

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