

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 41, 2026

Overview

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

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

This Week's Highlights:

- **Strengthening Public Health Emergency Preparedness: Operationalizing the Rapid Response Team System**
- **Knowledge Hub - Understanding Malaria: A Public Health Priority**

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

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

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Stay informed. Stay prepared. Stay healthy.

Sincerely,

Note: All reported cases in this report are suspected cases

- During Week 41, 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, AVH (A & E), CL and Mumps.
- Twenty-four cases of AFP were reported from KP, fourteen from Sindh, three from GB, two from AJK & two from Balochistan.
- Nineteen suspected cases of HIV/ AIDS reported from Balochistan, ten from Sindh, nine from KP, and two from AJK.
- One suspected case of brucellosis was reported from KP.
- Among VPDs, there is an increase in the number of cases of measles, Mumps, chickenpox, and AFP this week.
- Among Respiratory diseases, there is an increase in the number of cases of ILI and ALRI in children <5 years this week.
- Among Water/food-borne diseases, there is an increase in the number of cases of 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 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 100%, followed by AJK 97%, GB 92%, and KP 80%.
- The lowest compliance rate was observed in Balochistan 70% and ICT 48%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,281	1,821	80
Azad Jammu Kashmir	480	467	97
Islamabad Capital Territory	66	32	48
Balochistan	1,317	926	70
Gilgit Baltistan	405	373	92
Sindh	2,067	2,058	100
National	6,616	5,677	86

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

Cutaneous Leishmaniasis

- **Enhance Case Detection and Reporting:** Strengthen IDSR surveillance through healthcare provider training, early case recognition, and timely reporting.
- **Strengthen Laboratory Diagnosis:** Improve access to microscopy and other diagnostic services for timely case confirmation.
- **Strengthen Case Management and Referral:** Ensure timely treatment, appropriate referrals, and access to care, particularly in endemic and underserved areas.
- **Implement Integrated Vector Control:** Coordinate sandfly control through indoor residual spraying, environmental management, and reduction of breeding and resting sites
- **Raise Community Awareness:** Promote awareness of sandfly prevention, personal protection, early recognition, and timely healthcare seeking.
- **Strengthen Outbreak Detection and Response:** Monitor disease trends, investigate unusual increases, and implement targeted control measures.

Dog Bite

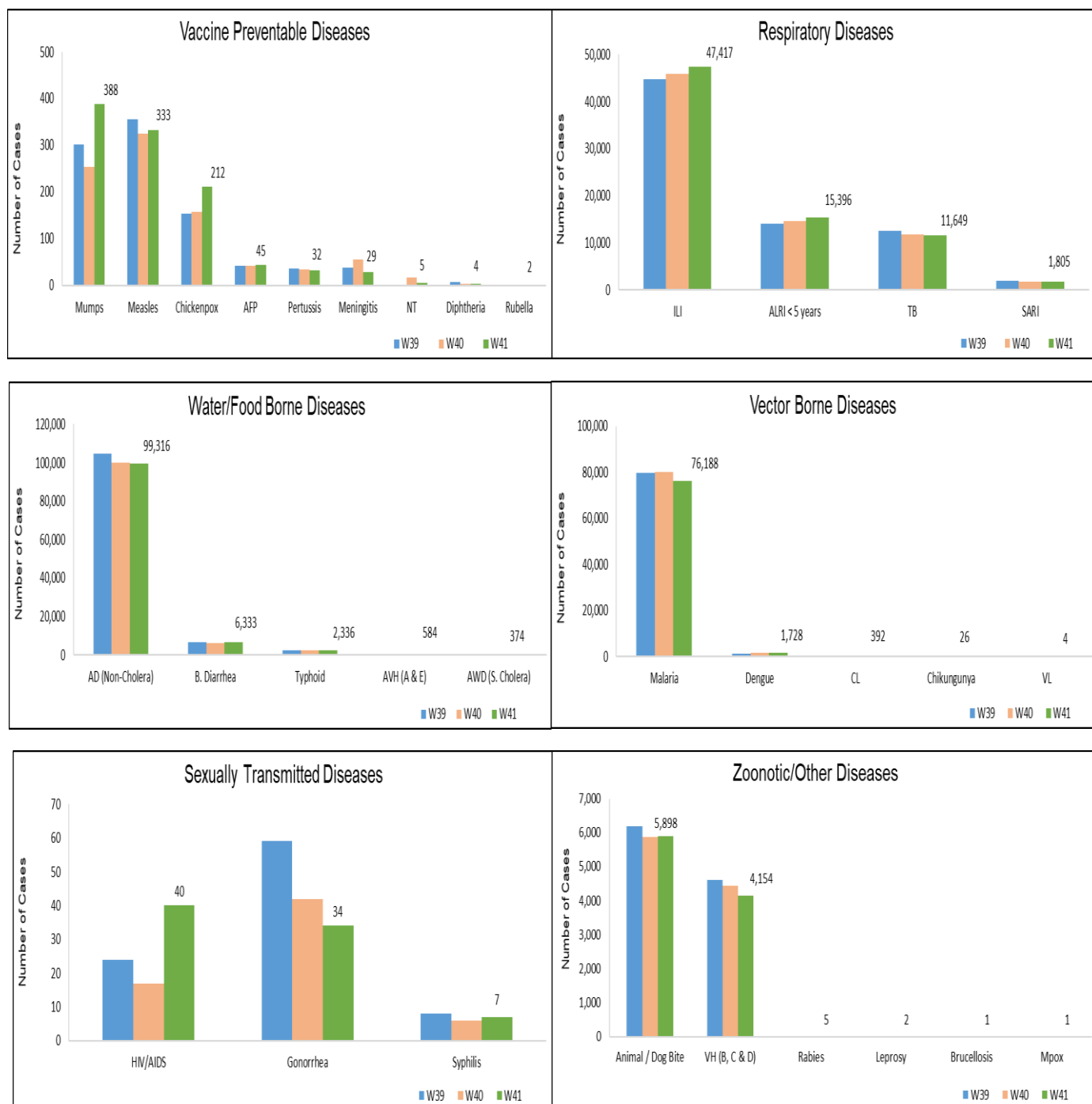
- **Enhance Case Detection and Reporting:** Strengthen IDSR-based surveillance and timely reporting of dog bites and suspected rabies cases.
- **Ensure Prompt Post-Exposure Management:** Provide immediate wound care, risk assessment, and timely rabies post-exposure prophylaxis (PEP).
- **Ensure Availability of Rabies Biologicals:** Maintain uninterrupted supplies of rabies vaccines and immunoglobulins at designated health facilities
- **Strengthen One Health Coordination:** Enhance collaboration among human health, veterinary, and municipal authorities for integrated surveillance and response.
- **Promote Responsible Dog Ownership and Dog Population Management:** Support dog registration, vaccination, responsible ownership, and evidence-based dog population management.
- **Raise Community Awareness:** Educate communities on dog-bite prevention, immediate wound washing, and prompt medical care.
- **Strengthen Rabies Prevention and Control:** Implement mass dog vaccination campaigns in high-risk areas and strengthen human and animal rabies surveillance to prevent transmission and deaths.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 41, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,607	8,266	933	518	37,063	NR	50,929	99,316
Malaria	2	2,771	2	11	7,257	NR	66,145	76,188
ILI	1,780	9,084	417	1,998	3,740	NR	30,398	47,417
ALRI < 5 years	1,159	2,471	687	2	672	NR	10,405	15,396
TB	28	56	95	15	285	NR	11,170	11,649
B. Diarrhea	31	1,468	57	8	1,192	NR	3,577	6,333
Animal / Dog Bite	64	87	15	2	1,442	NR	4,288	5,898
VH (B, C & D)	20	46	31	0	136	NR	3,921	4,154
Typhoid	18	373	90	2	655	NR	1,198	2,336
SARI	53	765	115	0	427	NR	445	1,805
Dengue	23	5	0	0	1,408	NR	292	1,728
AVH (A & E)	9	10	0	0	199	NR	366	584
CL	0	42	0	0	342	NR	8	392
Mumps	19	70	44	0	201	NR	54	388
AWD (S. Cholera)	8	345	4	0	15	NR	2	374
Measles	2	23	8	0	260	NR	40	333
Chickenpox/ Varicella	5	3	10	2	182	NR	10	212
AFP	2	2	3	0	24	NR	14	45
HIV/AIDS	2	19	0	0	9	NR	10	40
Gonorrhea	0	16	1	0	1	NR	16	34
Pertussis	0	10	7	0	15	NR	0	32
Meningitis	3	0	4	0	6	NR	16	29
Chikungunya	0	4	0	0	0	NR	22	26
Syphilis	0	5	0	0	0	NR	2	7
NT	0	0	0	0	5	NR	0	5
Rabies	0	5	0	0	0	NR	0	5
Diphtheria (Probable)	0	0	0	0	4	NR	0	4
VL	0	4	0	0	0	NR	0	4
Leprosy	0	0	0	0	2	NR	0	2
Rubella (CRS)	0	2	0	0	0	NR	0	2
Brucellosis	0	0	0	0	1	NR	0	1
Mpox	0	0	0	1	0	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 41, 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 Larkana, Sanghar and Badin whereas ILI cases are from Karachi Malir, Karachi Central and Badin.
- Fourteen 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, ILI, Malaria, Dog Bite, and VH (B, C & D), while there is an increase in the number of cases of Mumps, AFP, Chickenpox, ALRI < 5 years, AD (non- cholera), B. Diarrhea, and HIV/AIDs this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 41, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	Animal / Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	SARI
Badin	4,484	4,850	3,608	849	881	190	187	454	83	0
Dadu	3,557	3,108	803	648	2,038	312	301	546	260	103
Ghotki	4,511	1,754	0	495	668	290	462	183	5	0
Hyderabad	1,070	2,501	1,507	325	177	119	86	61	1	0
Jacobabad	2,188	811	624	278	379	213	224	119	58	21
Jamshoro	2,362	2,000	29	664	381	125	96	121	67	0
Kamber	4,474	1,735	2	784	266	236	40	113	11	0
Karachi Central	250	1,486	3,362	130	201	126	77	23	195	1
Karachi East	24	268	34	17	20	16	9	4	14	0
Karachi Keamari	13	611	596	12	11	21	0	7	2	0
Karachi Korangi	51	390	14	19	5	6	3	19	4	0
Karachi Malir	220	1,184	3,674	138	216	84	17	51	37	1
Karachi South	12	109	24	0	0	0	0	0	0	0
Karachi West	327	1,094	1,845	137	213	85	22	33	24	5
Kashmore	1,669	292	414	95	110	146	6	50	0	0
Khairpur	3,713	2,766	2,248	710	758	264	217	205	153	143
Larkana	5,217	2,304	183	780	390	102	39	378	4	0
Matari	2,875	1,363	13	697	213	144	176	74	1	0
Mirpurkhas	3,063	2,497	1,818	666	418	196	34	135	5	163
Naushero Feroze	1,943	1,434	1,744	277	420	358	40	139	91	0
Sanghar	4,602	1,989	101	986	290	201	721	30	27	0
Shaheed Benazirabad	2,449	1,804	0	257	226	243	92	65	88	0
Shikarpur	2,595	1,421	9	228	212	273	132	174	0	5
Sujawal	604	3,489	0	85	101	35	0	39	2	0
Sukkur	2,825	1,512	2,773	378	250	131	271	148	13	0
Tando Allahyar	2,685	1,564	1,238	373	141	99	234	77	5	0
Tando Muhammad Khan	1,178	1,252	0	440	111	62	246	64	0	0
Tharparkar	1,935	1,970	558	326	600	0	12	129	7	0
Thatta	1,731	1,564	3,085	64	259	121	93	56	15	3
Umerkot	3,518	1,807	92	312	450	90	84	80	26	0
Total	66,145	50,929	30,398	11,170	10,405	4,288	3,921	3,577	1,198	445

Figure 2: Most frequently reported suspected cases during Week 41, Sindh.

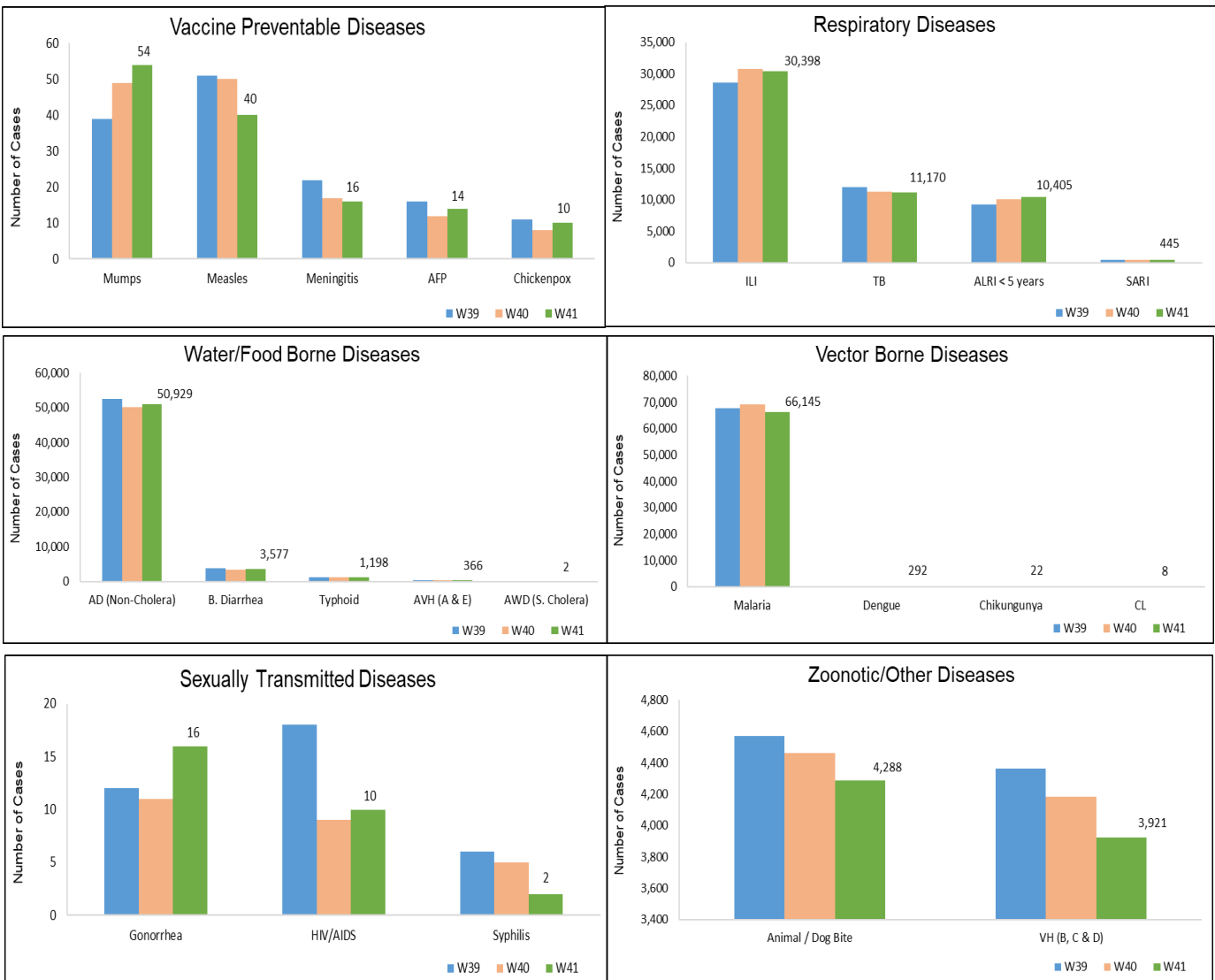
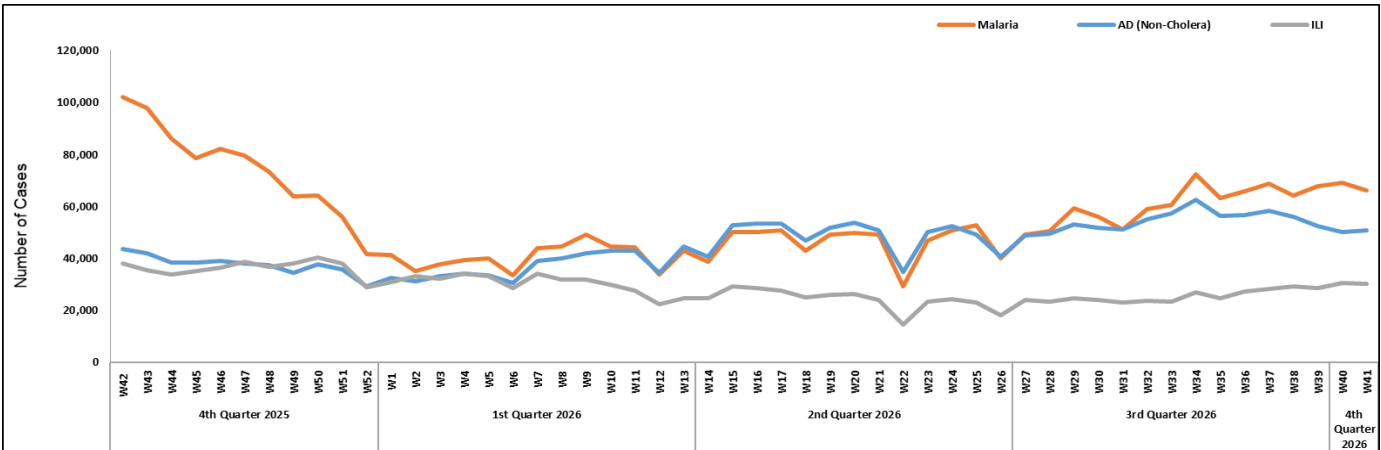


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



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

Table 3: District wise distribution of most frequently reported suspected cases during Week 41, Balochistan.

Districts	ILI	AD (Non-Cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Animal / Dog Bite	Mumps
Awaran	252	14	72	0	17	13	9	20	0	6
Barkhan	38	46	124	2	18	0	26	7	9	0
Bashore	177	100	3	18	11	19	2	18	0	2
Chagai	314	190	33	0	38	0	12	0	0	0
Chaman	216	144	4	30	29	25	9	25	0	0
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
DBS	80	86	108	49	12	0	8	3	0	0
Duki	59	22	12	0	0	0	0	0	0	0
Gwadar	1,002	620	58	15	23	3	14	1	4	2
Harnai	4	253	79	412	88	0	0	0	8	0
Hub	116	226	123	16	7	0	0	0	2	0
Jaffarabad	15	149	146	0	10	0	0	0	5	0
Jhal Magsi	7	57	68	16	0	0	0	0	0	0
Kachhi (Bolan)	127	152	43	8	9	132	NR	23	NR	NR
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	1,059	408	356	NR	67	NR	5	NR	NR	8
Kharan	631	262	34	1	92	35	6	0	0	0
Khuzdar	161	189	120	13	90	2	46	1	1	0
Killa Abdullah	202	188	0	14	43	43	7	49	5	5
Killa Saifullah	0	123	110	106	37	20	14	0	0	0
Kohlu	441	455	109	36	52	35	102	NR	NR	NR
Lasbela	154	451	221	286	27	0	20	0	12	6
Loralai	634	461	62	39	65	61	21	0	2	0
Mastung	394	335	78	136	23	46	5	0	8	0
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Nushki	0	155	0	9	41	0	0	1	0	0
Panjgur	133	216	198	161	104	25	1	37	0	18
Pishin	300	276	16	62	115	45	15	27	5	2
Quetta	1,022	490	0	58	35	69	1	58	0	0
Sherani	26	53	6	10	11	10	0	0	0	8
Sibi	253	329	98	48	16	57	7	23	3	6
Sohbat pur	19	243	50	200	49	7	2	0	0	0
Surab	29	10	0	0	0	0	0	0	0	0
Tump	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Usta Muhammad	188	720	56	304	77	0	1	0	2	0
Washuk	466	329	206	48	125	41	16	9	0	7
Zhob	179	224	107	291	58	73	4	11	0	0
Ziarat	386	290	71	83	79	4	20	32	5	0
Total	9,084	8,266	2,771	2,471	1,468	765	373	345	87	70

Figure 4: Most frequently reported suspected cases during Week 41, Balochistan.

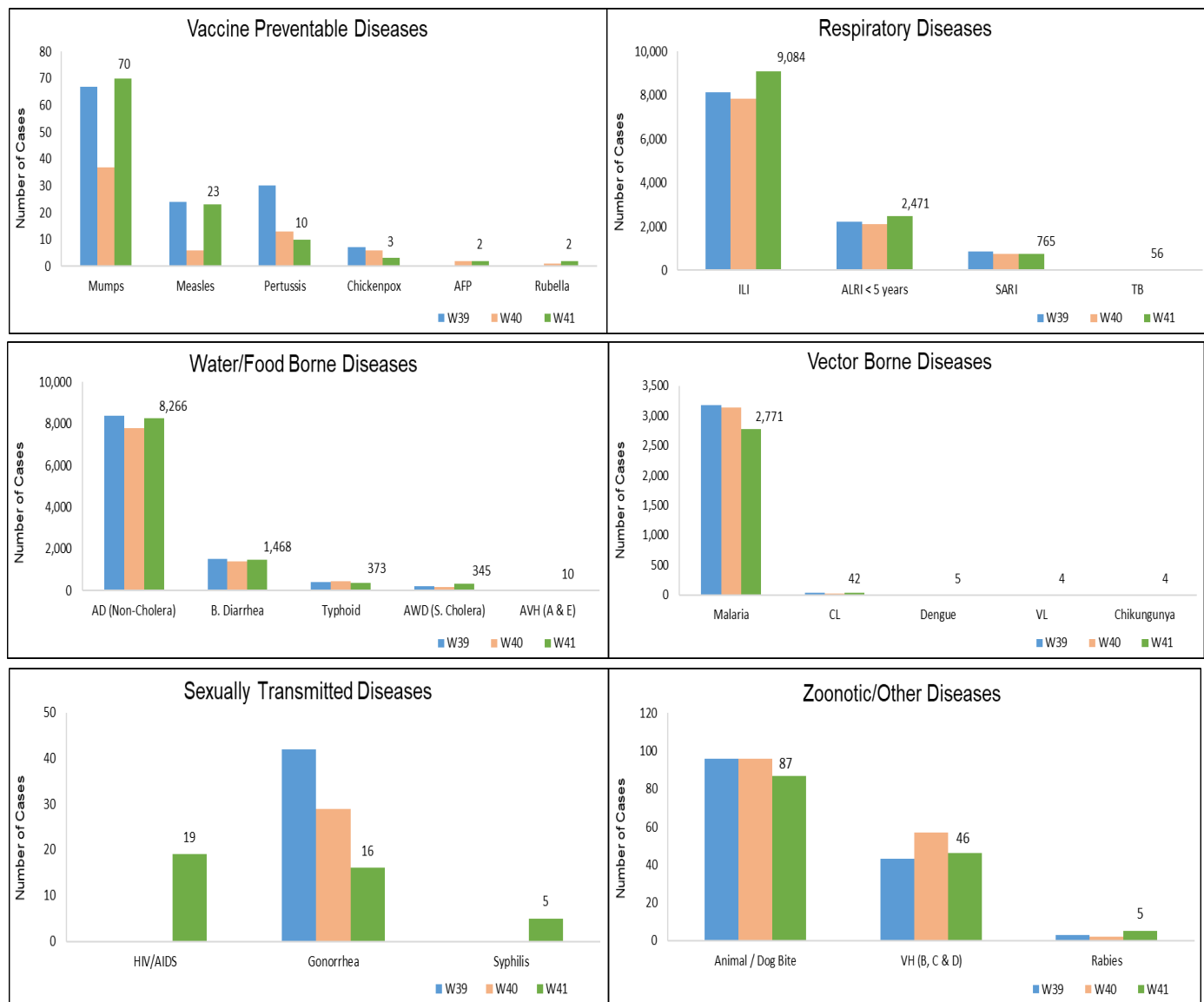
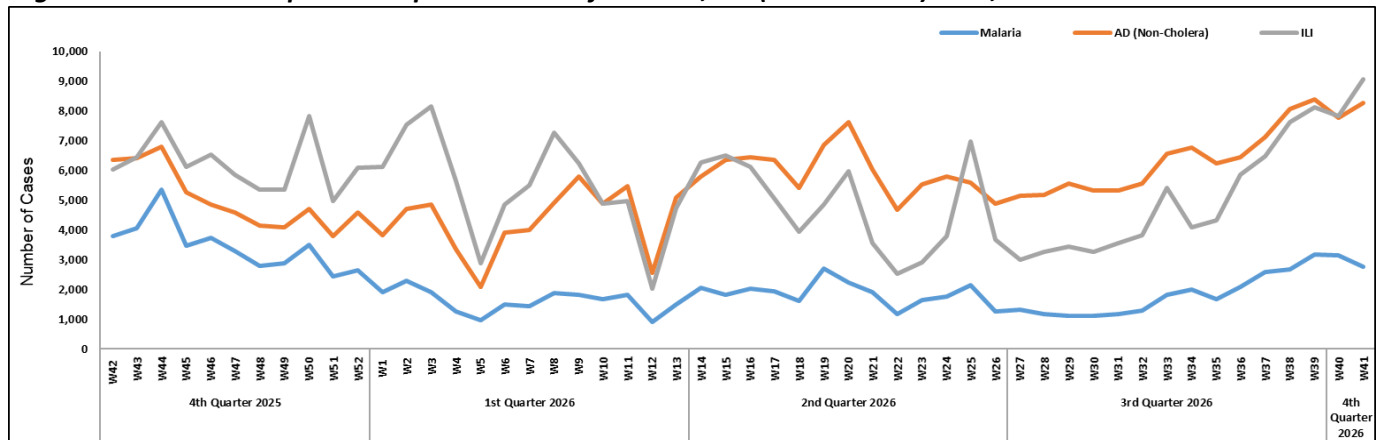


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Animal / Dog Bite, Dengue, B. Diarrhea, ALRI<5 Years, Typhoid, SARI and CL.
- Measles, Mumps, Chickenpox, Pertussis, Diphtheria, ILI, Animal/ Dog bite and HIV/AIDS cases showed an increase in number while, Meningitis, AD (non- cholera), and Malaria showed decline this week.
- Twenty-four cases of AFP were reported from KP. All are suspected cases and need field verification.
- Nine cases of HIV/AIDs reported from KP. Field investigation is required.
- One suspected case of brucellosis was reported from KP, which requires field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 41, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	Dengue	B. Diarrhea	ALRI < 5 years	Typhoid	SARI	CL
Abbottabad	975	7	89	49	7	8	28	12	13	0
Bajaur	603	216	1	114	6	39	17	0	5	28
Bannu	1,002	967	39	1	192	46	10	70	0	6
Battagram	527	45	690	16	0	0	0	0	0	0
Buner	463	303	0	8	0	27	0	0	0	0
Charsadda	2,253	259	345	7	582	64	115	67	2	0
Chitral Lower	515	16	9	13	0	10	5	7	4	3
Chitral Upper	134	2	7	1	0	8	3	6	1	0
D.I. Khan	2,094	567	0	43	4	49	16	6	0	1
Dir Lower	1,565	61	0	38	0	44	5	0	0	0
Dir Upper	1,982	28	55	28	0	26	64	32	0	0
Hangu	380	107	0	10	7	15	0	62	0	10
Haripur	1,455	3	447	56	18	5	6	5	0	0
Karak	969	591	11	47	9	82	79	28	0	101
Khyber	622	539	46	42	23	82	35	27	41	86
Kohat	882	411	3	38	400	44	0	13	0	30
Kohistan Lower	230	4	0	6	7	5	0	3	0	6
Kohistan Upper	395	10	0	0	0	15	4	0	0	0
Kolai Palas	76	2	2	0	0	0	3	0	0	0
L & C Kurram	33	10	0	0	0	2	0	0	0	0
Lakki Marwat	824	342	0	90	71	6	26	29	0	0
Malakand	1,246	36	274	31	0	183	0	0	20	0
Mansehra	1,122	8	140	33	3	19	0	10	5	0
Mardan	1,991	479	86	187	5	49	45	60	0	0
Mohmand	56	56	114	5	4	2	0	8	121	31
North Waziristan	69	130	0	1	3	1	13	13	20	5
Nowshera	2,172	877	33	12	9	22	14	14	37	19
Orakzai	72	4	9	0	0	0	0	0	0	0
Peshawar	5,124	52	165	15	45	147	13	43	0	0
Shangla	1,323	443	0	142	0	11	17	48	0	0
South Waziristan (Lower)	164	107	87	2	0	38	2	2	72	15
SWU	14	2	0	0	0	0	0	0	0	0
Swabi	1,968	319	882	132	8	14	21	8	74	0
Swat	3,048	55	94	245	5	91	109	75	0	0
Tank	362	118	13	2	0	1	3	0	0	0
Tor Ghar	125	73	2	13	0	21	1	0	0	1
Upper Kurram	228	8	97	15	0	16	18	7	12	0
Total	37,063	7,257	3,740	1,442	1,408	1,192	672	655	427	342

Figure 6: Most frequently reported suspected cases during Week 41, KP.

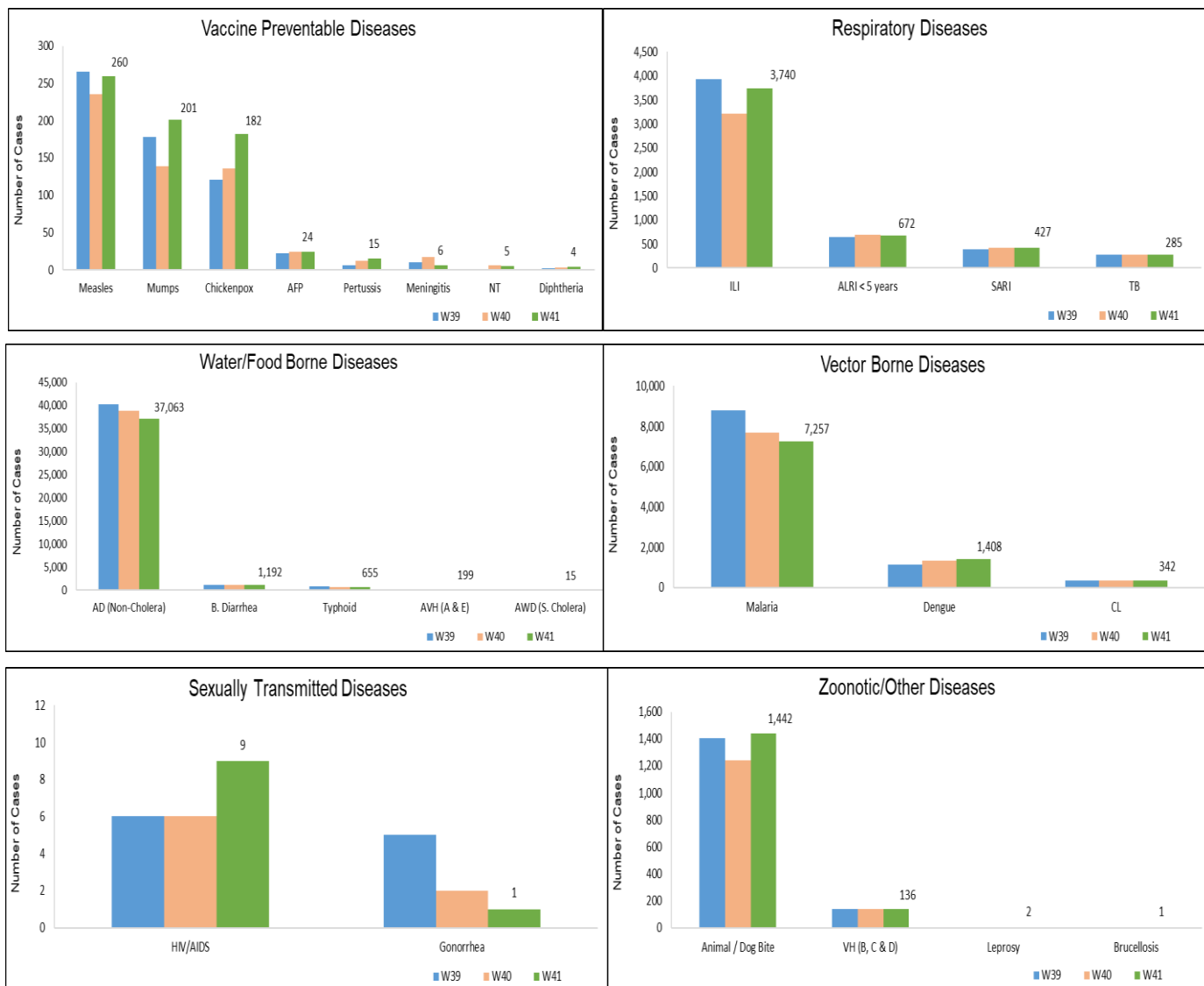
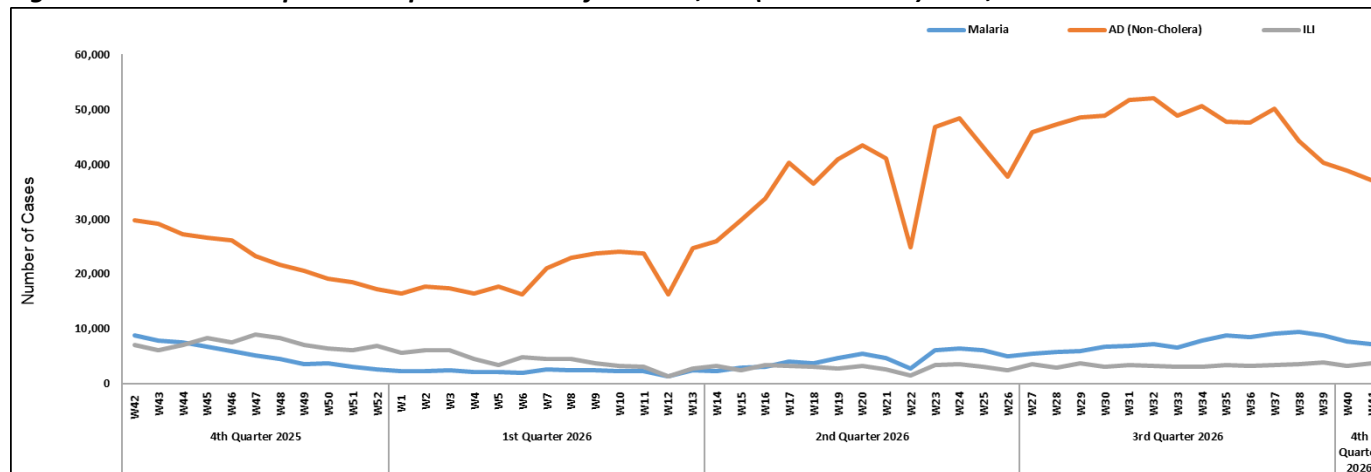


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



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

AJK: The most frequently reported cases from AJK were ILI followed by AD (Non-Cholera) and ALRI <5years. Mumps, Chicken pox, Meningitis, ILI, B.Diarrhea, Dengue, Dog bite and VH (B, C&D) cases showed an increase in number while AD (non-cholera), AFP, Measles, and Malaria cases showed a decline in number this week.

GB: AD (non-cholera) cases were highest, followed by ALRI <5 Years and ILI. Cases increased for typhoid, ILI, ALRI < 5 years, SARI, Mumps, Animal/dog bite, and VH (B, C & D); in contrast, cases of AD (non-cholera) declined this week.

Figure 8: Most frequently reported suspected cases during Week 41, AJK.

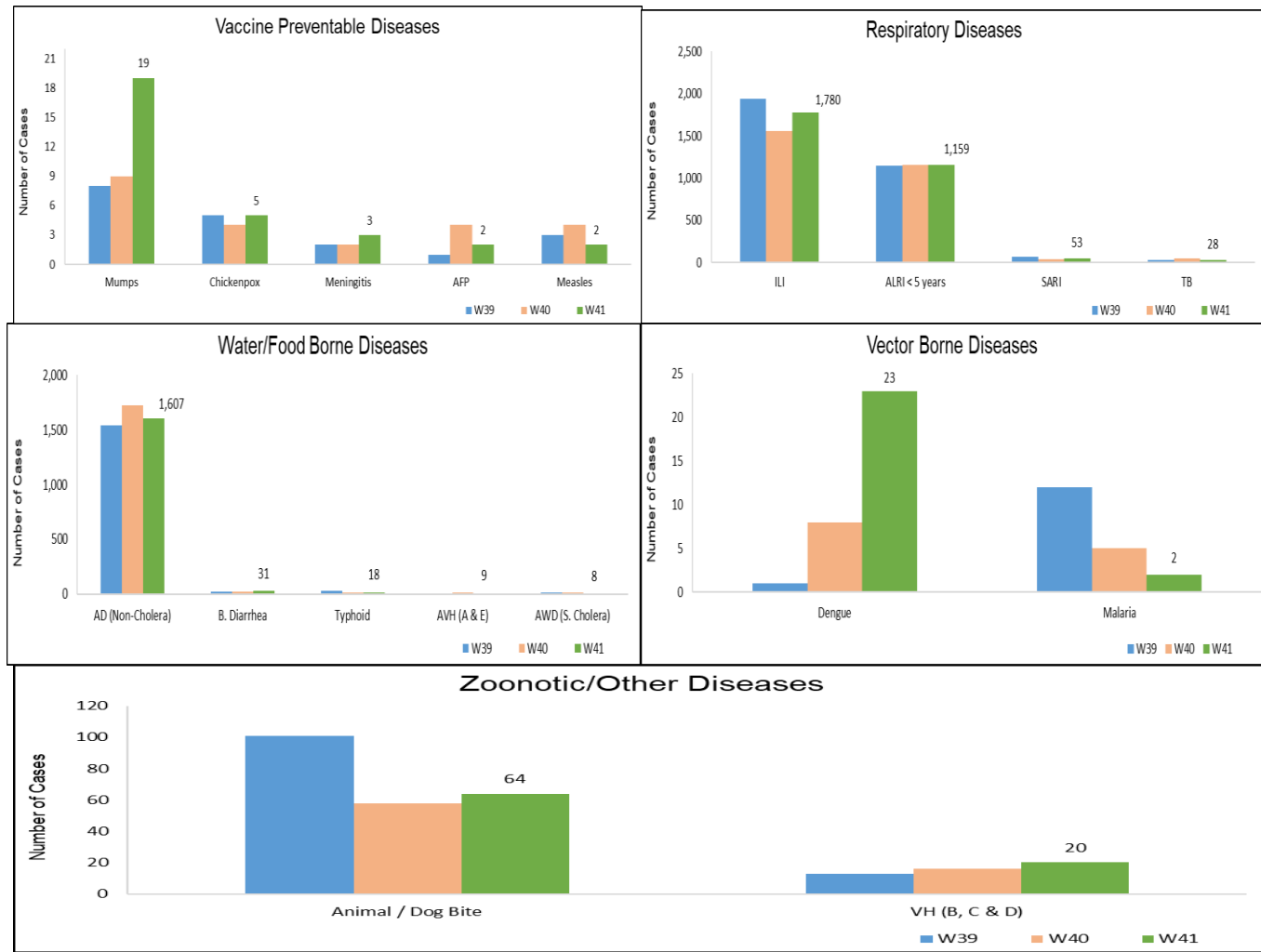
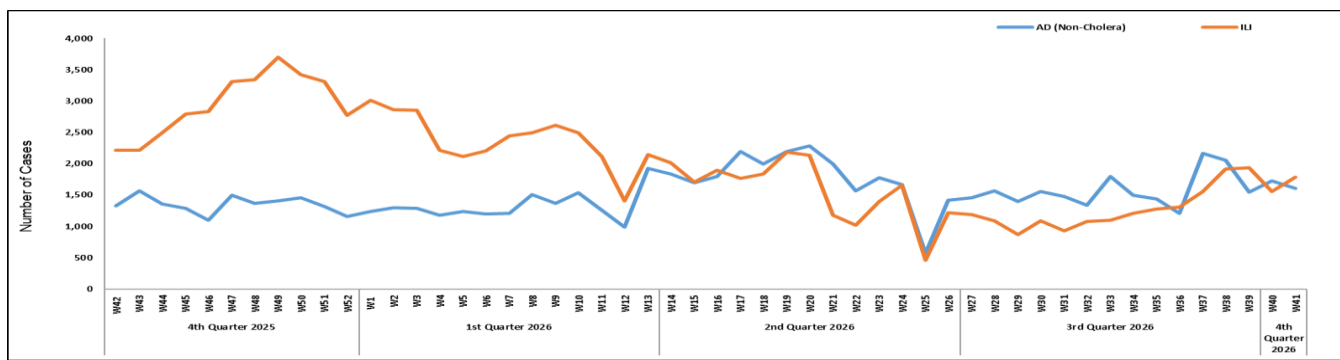


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.



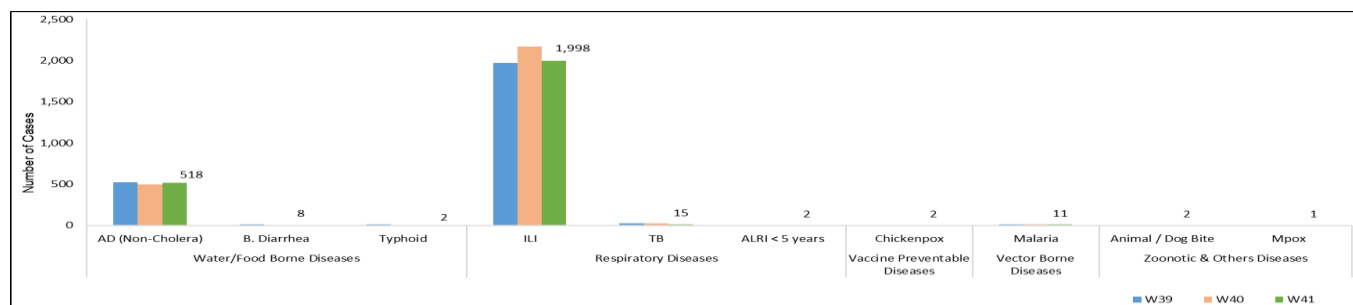


Figure 10: Most frequently reported suspected cases during Week 41, ICT.

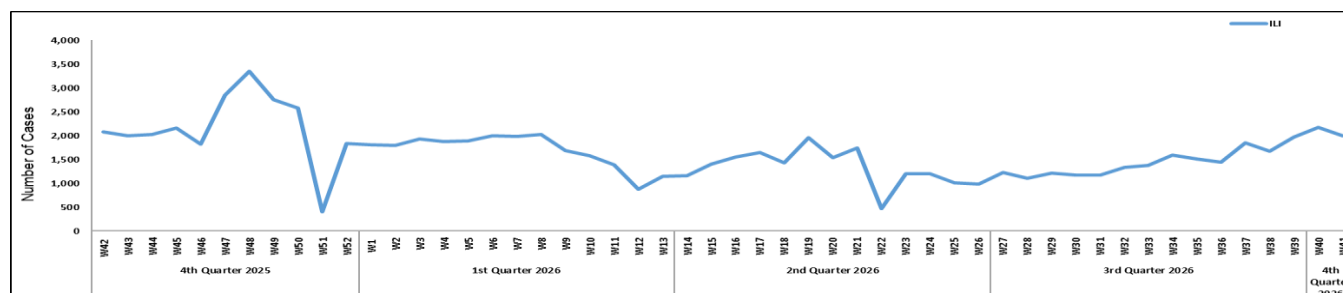


Figure 11: Week wise reported suspected cases of ILI, ICT.

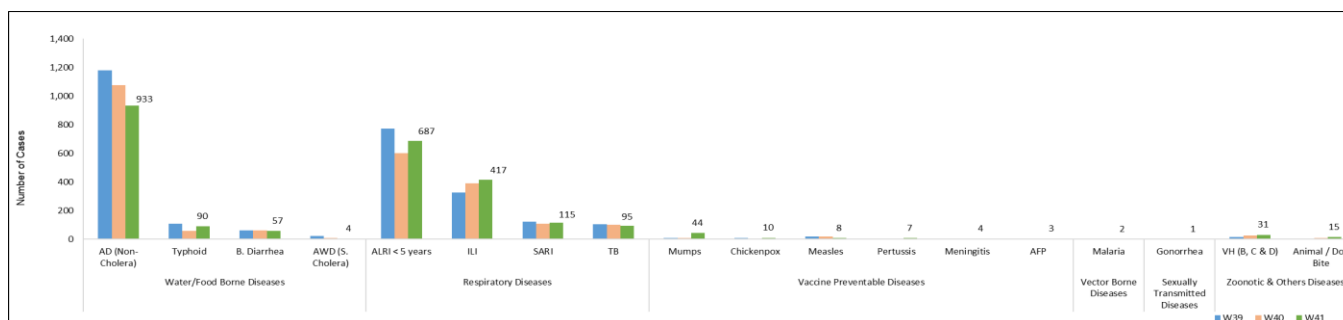


Figure 12: Most frequently reported suspected cases during Week 41, GB.

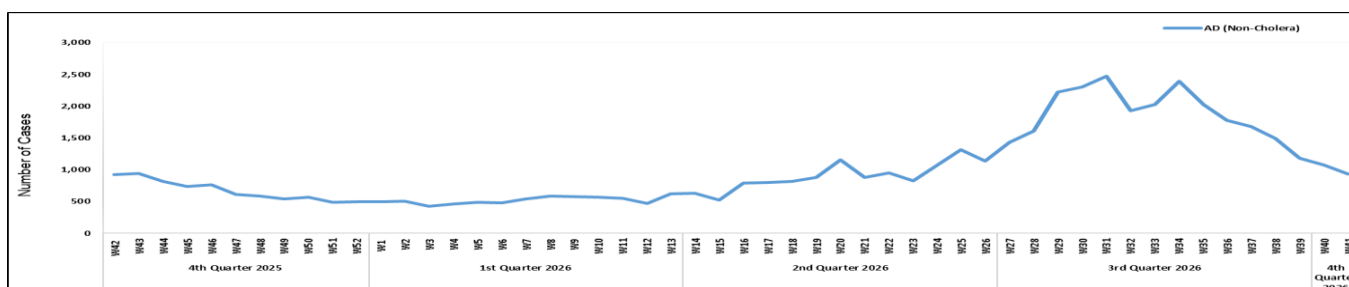


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB

Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 41, 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)		6	0	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		143	0	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		8,112	371	1,725	78	-	-	-	-	223	0	-	-	42	0
CCHF		-	-	5	2	-	-	-	-	-	-	-	-	-	-
Dengue		2,384	177	32	0	-	-	-	-	-	-	-	-	122	15
VH (B)		10,965	268	1,134	210	-	-	-	-	1,895	28	-	-	326	3
VH (C)		11,623	904	1,015	55	-	-	-	-	1,365	3	-	-	326	8
VH (D)		128	37	32	4	-	-	-	-	-	-	-	-	-	-
VH (A)		261	52	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		78	19	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		16	0	2	0	-	-	-	-	-	-	-	-	7	0
TB		997	90	140	16	-	-	-	-	31	0	-	-	45	5
HIV/ AIDS		5,697	30	643	0	-	-	-	-	252	0	-	-	323	0
Syphilis		1,231	39	157	1	-	-	-	-	211	0	-	-	-	-
Typhoid		151	9	81	11	-	-	-	-	109	2	-	-	-	-
Diphtheria		2	1	-	-	-	-	-	-	-	-	-	-	-	-
ILI		16	1	2	1	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		167	26	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis		18	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		63	31	35	12	284	121	4	4	-	-	261	42	5	3
Leishmaniasis (cutaneous)		7	1	16	4	-	-	-	-	2	0	-	-	-	-
Chikungunya		-	-	2	0	-	-	-	-	-	-	-	-	-	-
Brucellosis		-	-	-	-	-	-	-	-	-	-	-	-	5	0
Mpox		38	8	-	-	-	-	-	-	-	-	-	-	-	-
SARI		27	10	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	2	0	-	-	4	0	3	0	4	0	14	0	1	0
	SARI	3	0	-	-	6	0	13	0	11	0	22	0	2	0
Influenza A	ILI	2	0	-	-	4	0	3	0	4	0	14	3	1	0
	SARI	3	0	-	-	6	0	13	5	11	1	22	5	2	0
Influenza B	ILI	2	0	-	-	4	0	3	0	4	0	14	0	1	0
	SARI	3	0	-	-	6	0	13	0	11	0	22	1	2	0
RSV	ILI	2	0	-	-	4	0	3	0	4	0	14	0	1	0
	SARI	3	0	-	-	6	0	13	0	11	0	22	0	2	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.

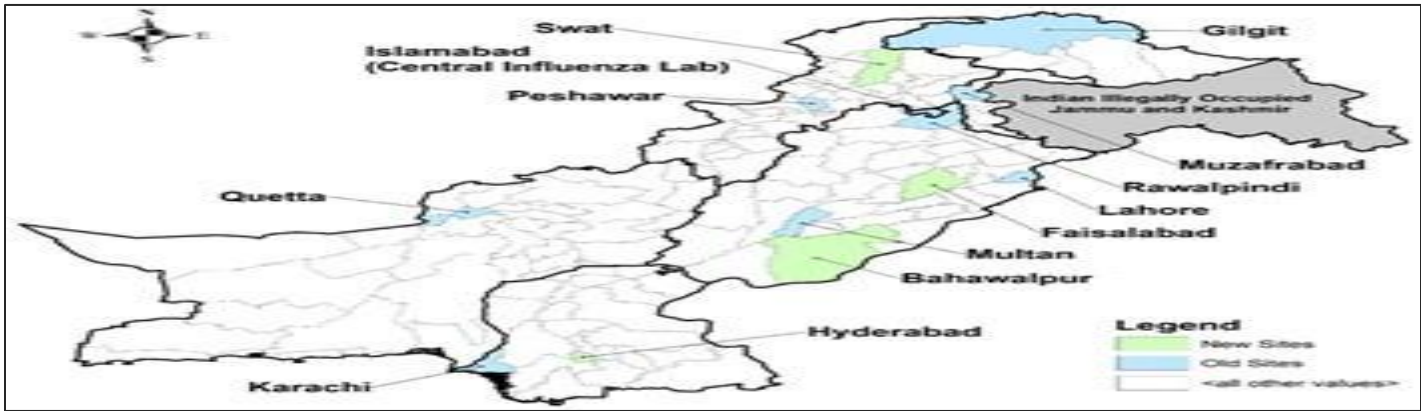


Figure 15: Distribution of suspected ILI samples and positive cases of Influenza A, Influenza B, COVID-19, and RSV, Week 41, Pakistan.

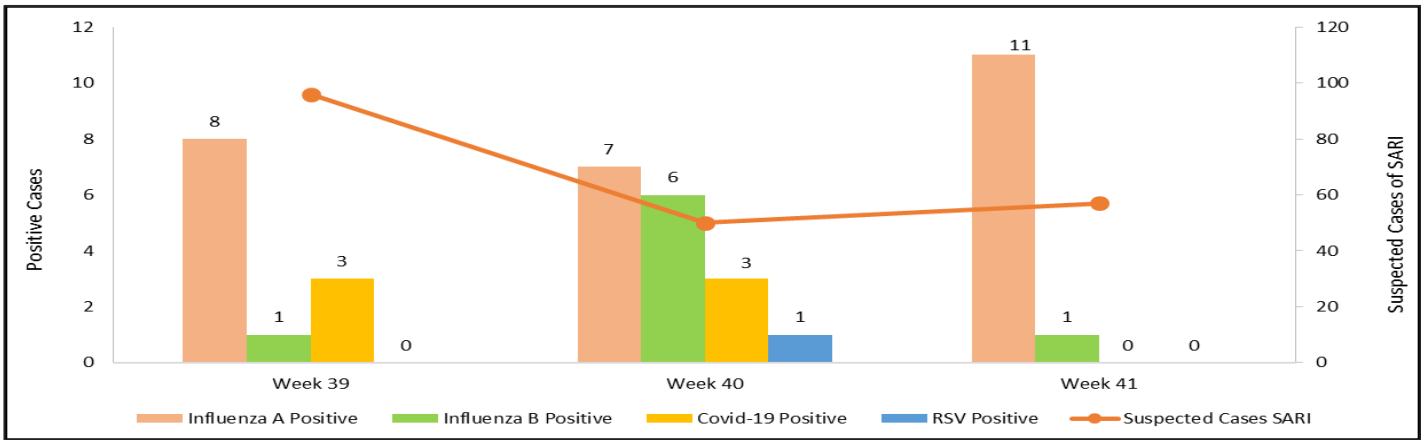
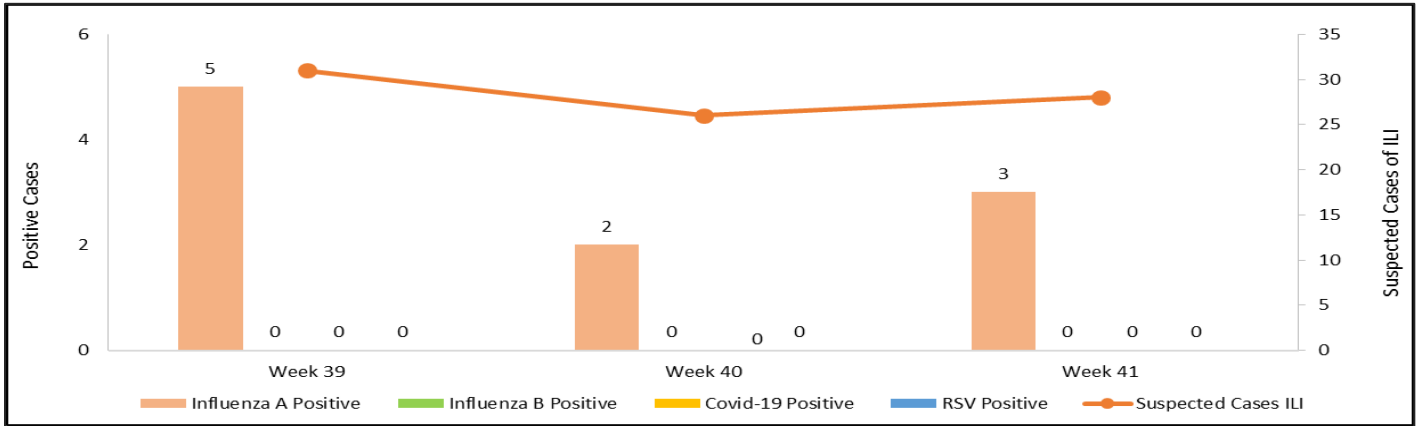


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 41, Pakistan.

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 41, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	102	92%
	Bannu	228	123	54%
	Battagram	59	40	68%
	Buner	34	34	100%
	Bajaur	43	41	95%
	Charsadda	61	60	98%
	Chitral Upper	31	30	97%
	Chitral Lower	37	37	100%
	D.I. Khan	115	114	99%
	Dir Lower	63	55	87%
	Dir Upper	56	48	86%
	Hangu	22	20	91%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	39	74%
	Kohat	61	61	100%
	Kohistan Lower	13	11	85%
	Kohistan Upper	22	17	77%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	34	11	32%
	Upper Kurram	38	37	97%
	Malakand	42	40	95%
	Mansehra	133	131	98%
	Mardan	81	71	88%
	Nowshera	57	53	93%
	North Waziristan	12	7	58%
	Peshawar	157	123	78%
	Shangla	37	37	100%
	Swabi	65	56	86%
	Swat	75	75	100%
	South Waziristan (Upper)	93	71	76%
	South Waziristan (Lower)	29	28	97%
	Tank	34	32	94%
	Torghar	13	13	100%
	Mohmand	68	14	21%
	Orakzai	69	5	7%
Azad Jammu Kashmir	Mirpur	41	41	100%
	Bhimber	85	84	99%
	Kotli	60	60	100%
	Muzaffarabad	49	48	98%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	54	54	100%
	Neelum	39	39	100%



	Jhelum Valley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	23	96%
	CDA	12	7	58%
Balochistan	Gwadar	26	26	100%
	Kech	45	27	60%
	Khuzdar	74	35	47%
	Killa Abdullah	26	23	88%
	Lasbella	55	55	100%
	Pishin	65	15	23%
	Quetta	56	32	57%
	Sibi	36	33	92%
	Zhob	39	38	97%
	Jaffarabad	16	16	100%
	Naseerabad	32	0	0%
	Kharan	30	30	100%
	Sherani	15	4	27%
	Kohlu	75	70	93%
	Chagai	36	20	56%
	Kalat	41	37	90%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	35	35	100%
	Surab	32	4	13%
	Mastung	46	46	100%
	Loralai	33	31	94%
	Killa Saifullah	28	17	61%
	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	32	70%
	Panjgur	38	24	63%
	Awaran	23	19	83%
	Chaman	27	15	56%
	Barkhan	20	19	95%
	Hub	33	28	85%
	Musakhel	41	0	0%
	Bashore	17	9	53%
	Tump	9	0	0%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%
	Ghizer	38	36	95%
	Gilgit	44	43	98%
	Diamer	62	60	97%
	Astore	55	54	98%

	Shigar	23	23	100%
	Skardu	54	54	100%
	Ganche	29	27	93%
	Kharmang	25	24	96%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	63	98%
	Umerkot	65	65	100%
	Naushahro Feroze	102	95	93%
	Tharparkar	273	271	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	20	91%
	Karachi-Central	12	10	83%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	50	91%
	Mirpur Khas	106	106	100%
	Badin	123	123	100%
	Sukkur	63	62	98%
	Dadu	90	90	100%
	Sanghar	100	99	99%
	Jacobabad	44	44	100%
	Khairpur	168	166	99%
	Kashmore	59	59	100%
	Matiari	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 41, 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 Islamabad's Public Health Emergency Preparedness: Operationalizing the Rapid Response Team System



Timely detection and effective response are fundamental for preventing the spread of infectious diseases and minimizing the impact of public health emergencies.

The District Health Officer (DHO), Islamabad, convened a meeting with representatives of the National Institutes of Health (NIH), Pakistan, to deliberate on strategies for operationalizing the Rapid Response Team (RRT) system in the federal capital.

The meeting focused on strengthening coordination between district health authorities and NIH to enhance disease surveillance, facilitate early outbreak detection, and ensure timely investigation and response to public health threats.

Operationalizing the RRT system represents an important step towards bridging the gap between early warning and effective public health action. A functional response mechanism can facilitate rapid field

investigations, timely risk assessments, implementation of appropriate control measures, and continuous monitoring of outbreak situations. Strengthening these capacities at the district level is particularly important for managing emerging and re-emerging infectious disease threats.

The engagement reaffirmed NIH and the Islamabad district health authorities' shared commitment to strengthening surveillance and response capacities through improved institutional coordination, technical support, and an integrated approach to public health emergency management.



A strengthened and operational Rapid Response Team system will contribute to a more proactive, coordinated, and resilient public health infrastructure in Islamabad, reinforcing the national commitment to early warning, rapid response, and effective prevention and control of public health emergencies.

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. Five parasite species 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, and jaundice.

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, and death

Prevention

Prevention is crucial, especially for travelers to malaria-endemic areas. Take prescription drugs before, during, and after travel to areas where malaria is common.

Use insect repellent containing DEET (: N,N-Diethyl-meta-toluamide) 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

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

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 is 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

COMMON VECTORS



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/