

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 37, 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:

- **Knowledge Hub - Chickenpox: What You Need to Know**

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

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

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Stay informed. Stay prepared. Stay healthy.

*Sincerely,
The Chief Editor*

Note: All reported cases in this report are suspected cases

- During Week 37, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, TB, ALRI <5 years, B. Diarrhea, Animal/ Dog Bite, VH (B, C & D), Typhoid, SARI, AVH (A & E), and Dengue.
- Thirty-four cases of AFP were reported from KP, seventeen from Sindh, six from Balochistan, and five from AJK.
- Twelve suspected cases of HIV/ AIDS reported from Sindh, four from KP, and one from AJK and GB each.
- Two suspected cases of Brucellosis were reported from Balochistan and KP each.
- Among VPDs, there is an increase in the number of cases of Measles, Mumps, Chickenpox, AFP, Pertussis, Rubella, and Diphtheria this week.
- Among Respiratory diseases, there is an increase in the number of cases of ILI, TB, ALRI <5 years, and SARI this week.
- Among Water/ Food-borne diseases, there is an increase in the number of cases of AD (Non-Cholera), B. Diarrhea, Typhoid, AVH (A & E), AWD (S. Cholera) this week.
- Among Vector-borne diseases, there is an increase in the number of cases of Malaria, CL, and Dengue this week.
- Among STDs, there is an increase in the number of suspected cases of Gonorrhea and Syphilis this week.
- Among Zoonotic & Other diseases, there is an increase in the number of cases of Animal/ Dog Bite, VH (B, C & D), and Brucellosis 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 84%.
- Sindh is the top reporting region with a compliance rate of 100%, followed by GB 94%, ICT 81%, KP 81%, and AJK 78%.
- In Week 37, the lowest compliance rate is observed in Balochistan, at 67%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,277	1,838	81
Azad Jammu Kashmir	480	373	78
Islamabad Capital Territory	36	29	81
Balochistan	1,317	882	67
Gilgit Baltistan	405	382	94
Sindh	2,067	2,057	100
National	6,614	5,561	84

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

Chickenpox (Varicella)

- **Strengthen Surveillance and Case Reporting:** Enhance chickenpox surveillance through IDSR by improving case detection, timely reporting, and outbreak identification, particularly in schools and other crowded settings.
- **Improve Laboratory Confirmation:** Support PCR or other appropriate laboratory testing for atypical, severe, or outbreak-associated cases to confirm diagnosis.
- **Implement Outbreak Control Measures:** Ensure timely isolation of cases, identification of susceptible contacts, and appropriate post-exposure management for high-risk individuals.
- **Promote Vaccination:** Promote varicella vaccination where included in national immunization policy, particularly for susceptible high-risk groups.
- **Raise Community Awareness:** Educate communities on transmission, symptom recognition, isolation of cases, and the importance of seeking care for severe disease or complications.

Pertussis (Whooping Cough)

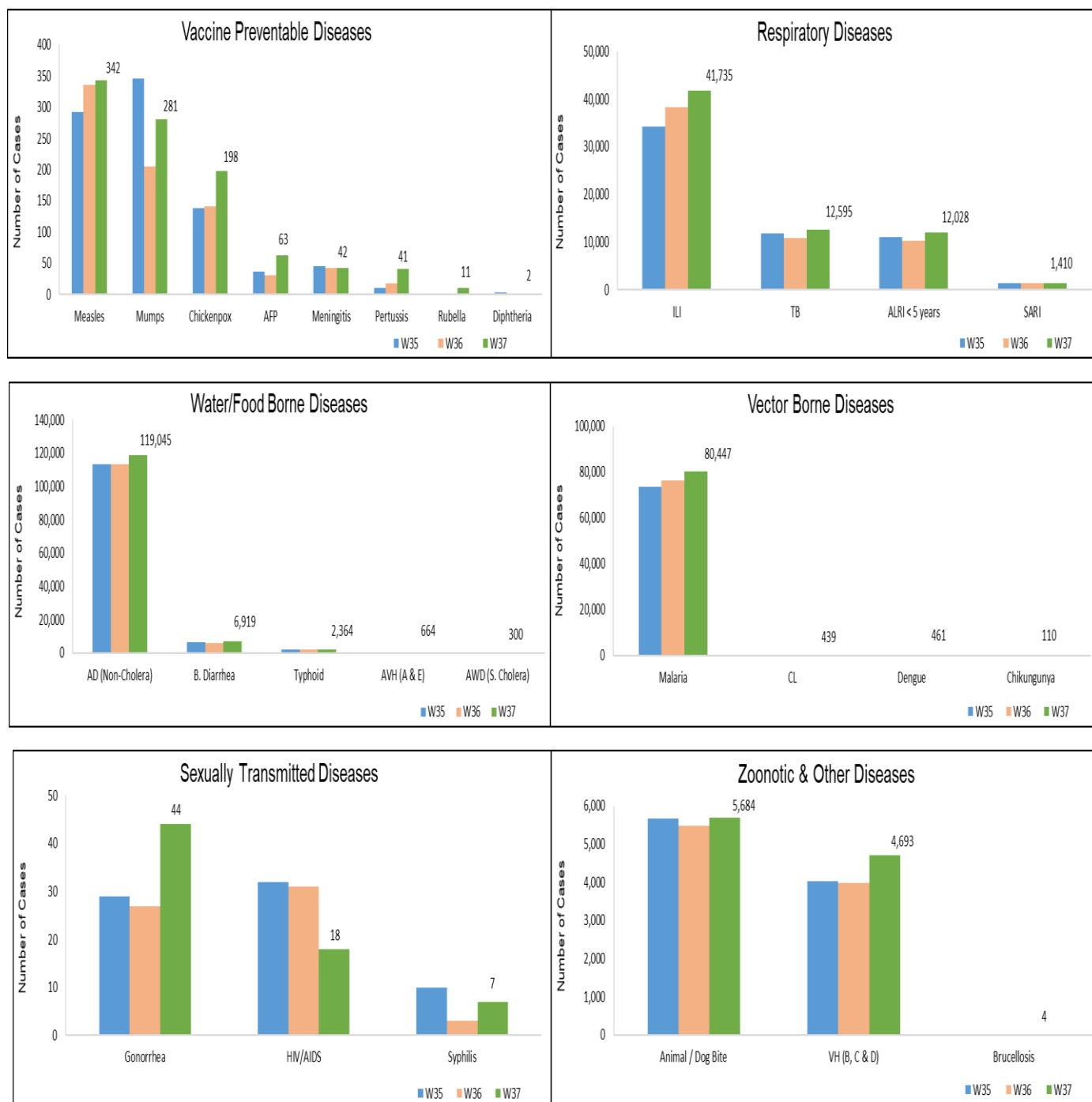
- **Strengthen Surveillance and Case Detection:** Enhance pertussis surveillance through IDSR by training healthcare workers to recognize suspected cases and ensuring timely notification, particularly among infants and young children.
- **Improve Laboratory Diagnosis:** Strengthen laboratory capacity for PCR and culture-based confirmation and ensure timely collection and transport of respiratory specimens.
- **Ensure Prompt Case Management:** Train healthcare providers on early diagnosis and appropriate antibiotic treatment, with special attention to infants and severe cases requiring referral.
- **Strengthen Immunization Coverage:** Improve coverage of pertussis-containing vaccines through routine immunization and targeted catch-up activities in areas with low coverage.
- **Implement Contact Management:** Identify and assess close contacts of confirmed cases and provide appropriate antibiotic prophylaxis and vaccination according to national guidelines.
- **Raise Community Awareness:** Promote awareness of prolonged cough and breathing difficulties in infants, the importance of timely care-seeking, vaccination, and reducing exposure of infants to infected individuals.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 37, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,202	7,010	1,671	597	50,197	NR	58,368	119,045
Malaria	10	2,572	0	5	9,176	NR	68,684	80,447
ILI	1,377	6,467	307	1,844	3,394	NR	28,346	41,735
TB	35	33	131	20	271	NR	12,105	12,595
ALRI < 5 years	645	1,363	658	0	645	NR	8,717	12,028
B. Diarrhea	29	1,192	75	6	1,381	NR	4,236	6,919
Animal / Dog Bite	63	144	7	0	1,415	NR	4,055	5,684
VH (B, C & D)	13	48	53	11	170	NR	4,398	4,693
Typhoid	34	348	117	2	710	NR	1,153	2,364
SARI	48	536	123	0	429	NR	274	1,410
AVH (A & E)	15	5	2	1	272	NR	369	664
Dengue	0	0	0	0	322	NR	139	461
CL	0	32	0	0	391	NR	16	439
Measles	1	10	18	1	275	NR	37	342
AWD (S. Cholera)	43	216	28	0	12	NR	1	300
Mumps	1	40	45	3	149	NR	43	281
Chickenpox/ Varicella	3	9	7	1	170	NR	8	198
Chikungunya	0	0	0	0	89	NR	21	110
AFP	5	6	1	0	34	NR	17	63
Gonorrhea	0	36	0	0	2	NR	6	44
Meningitis	2	0	4	0	11	NR	25	42
Pertussis	0	21	2	0	13	NR	5	41
HIV/AIDS	1	0	1	0	4	NR	12	18
Rubella (CRS)	0	11	0	0	0	NR	0	11
Syphilis	0	0	0	0	2	NR	5	7
Brucellosis	0	2	0	0	2	NR	0	4
Diphtheria (Probable)	0	0	0	0	2	NR	0	2

Figure 1: Most frequently reported suspected cases during Week 37, Pakistan.



- Malaria cases were maximum followed by AD (Non-Cholera), ILI, TB, ALRI <5 years, VH (B, C & D), B. Diarrhea, Animal/ Dog Bite, Typhoid, and AVH (A & E).
- Malaria cases were mostly from Sanghar, Badin, and Umerkot whereas AD (Non-Cholera) cases were from Badin, Dadu, and Mirpurkhas.
- Seventeen cases of AFP were reported from Sindh. They are suspected cases and need field verification.
- There is a decline in the number of cases of SARI, Dengue, Mumps, Measles, HIV/ AIDS, Gonorrhea, and AWD (S. Cholera), while there is an increase in the number of cases of Malaria, AD (Non-Cholera), ILI, TB, ALRI <5 years, VH (B, C & D), B. Diarrhea, Animal/ Dog Bite, Typhoid, AVH (A & E), Meningitis, Chikungunya, AFP, CL, Chickenpox, Pertussis, and Syphilis this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 37, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Animal / Dog Bite	Typhoid	AVH (A & E)
Badin	5,607	6,124	3,118	1,041	753	162	537	132	78	2
Dadu	2,727	4,022	590	651	1,672	166	583	234	280	122
Ghotki	4,332	2,349	305	563	584	845	231	321	3	3
Hyderabad	1,270	2,800	1,629	347	176	100	93	84	1	4
Jacobabad	1,652	856	600	321	251	212	149	232	34	0
Jamshoro	2,566	2,361	12	666	245	130	134	118	37	6
Kamber	3,213	1,946	12	775	219	55	124	210	11	0
Karachi Central	254	1,499	1,545	139	116	31	27	124	202	29
Karachi East	103	435	27	32	14	3	5	36	2	0
Karachi Keamari	23	720	705	16	22	0	8	10	2	1
Karachi Korangi	72	442	20	24	2	1	10	7	4	1
Karachi Malir	205	1,190	2,888	104	167	11	48	61	16	7
Karachi South	19	124	13	1	0	0	0	0	0	0
Karachi West	283	1,145	1,783	116	189	16	45	90	18	1
Kashmore	1,652	436	320	91	55	6	55	212	0	0
Khairpur	3,759	3,020	4,755	795	775	179	309	245	185	25
Larkana	3,483	2,173	102	846	252	45	336	117	4	1
Matiari	3,655	1,918	10	669	208	316	81	183	0	17
Mirpurkhas	4,193	3,732	2,306	655	313	74	198	161	16	39
Naushero Feroze	1,602	1,311	1,546	250	277	39	122	286	63	9
Sanghar	6,676	2,307	141	1,143	383	843	86	301	28	2
Shaheed Benazirabad	2,566	1,780	2	248	164	158	73	206	93	1
Shikarpur	2,377	1,551	3	228	168	66	206	254	3	0
Sujawal	1,108	2,726	0	116	152	70	41	65	2	0
Sukkur	2,259	1,467	2,514	482	187	299	159	73	1	0
Tando Allahyar	3,176	1,822	794	384	132	213	111	116	3	8
Tando Muhammad Khan	1,478	1,421	0	495	139	98	127	61	0	0
Tharparkar	2,131	2,571	621	521	575	27	183	3	11	25
Thatta	1,616	2,004	1,985	66	176	158	62	113	27	66
Umerkot	4,627	2,116	0	320	351	75	93	0	29	0
Total	68,684	58,368	28,346	12,105	8,717	4,398	4,236	4,055	1,153	369

Figure 2: Most frequently reported suspected cases during Week 37, Sindh.

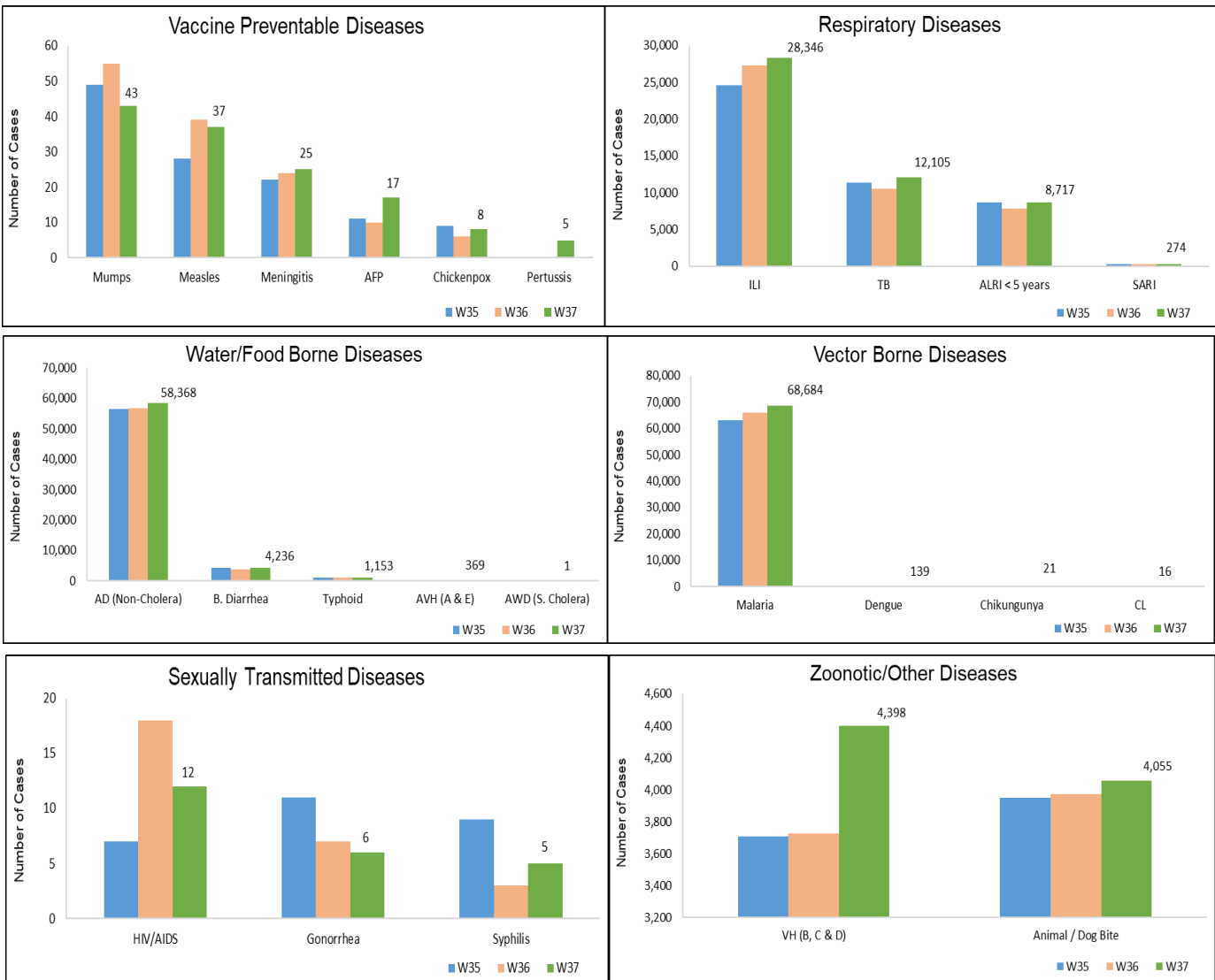
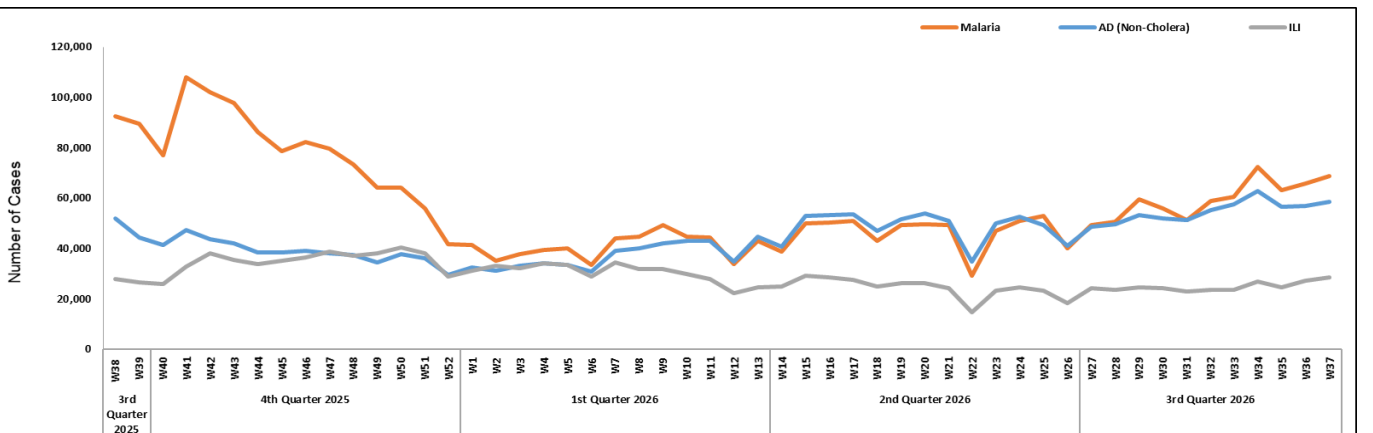


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



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

Table 3: District wise distribution of most frequently reported suspected cases during Week 37, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Animal / Dog Bite	VH (B, C & D)
Awaran	2	220	46	0	14	0	1	22	0	0
Barkhan	97	63	203	26	5	6	37	4	8	0
Bashore	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Chagai	168	267	40	0	35	0	7	0	0	0
Chaman	96	147	4	2	28	3	14	5	0	0
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti (South)	78	6	70	22	5	0	13	0	2	0
Duki	12	86	3	0	0	0	0	0	0	0
Gwadar	630	963	44	NR	27	NR	7	NR	NR	NR
Harnai	217	0	68	223	88	0	0	0	0	0
Hub	101	36	74	8	6	0	0	0	4	0
Jaffarabad	114	0	99	2	8	0	2	0	7	0
Jhal Magsi	130	42	88	14	0	0	1	0	0	0
Kachhi (Bolan)	142	104	77	11	11	101	NR	12	16	NR
Kalat	1	0	0	1	0	0	0	0	0	0
Kech (Turbat)	455	887	373	7	64	NR	3	NR	NR	2
Kharan	229	592	18	4	88	50	7	2	0	0
Khuzdar	214	200	123	2	108	24	70	0	1	5
Killa Abdullah	250	229	0	10	60	77	18	49	4	0
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	155	183	48	NR	1	NR	3	NR	NR	NR
Lasbella	550	207	222	235	31	0	5	0	13	16
Loralai	365	525	41	37	43	72	7	6	0	0
Mastung	124	76	34	51	12	7	2	0	0	0
MusaKhel	97	50	326	17	10	1	31	1	0	0
Naseerabad	353	0	193	15	31	44	44	0	57	6
Nushki	194	0	1	11	47	0	0	3	0	0
Panjgur	20	0	13	26	6	0	0	1	1	0
Pishin	416	426	39	139	148	50	20	42	3	0
Quetta	170	244	9	52	19	3	3	35	0	0
Sherani	21	25	8	0	2	17	5	0	0	0
Sibi	93	53	22	2	4	1	1	0	4	0
Sohbat pur	110	12	13	92	41	8	8	0	0	0
Surab	24	72	0	0	0	0	0	0	0	0
Usta Muhammad	891	158	61	248	101	0	0	0	6	19
Washuk	170	249	93	18	55	12	8	2	0	0
Zhob	91	53	46	31	9	44	0	10	0	0
Ziarat	230	292	73	57	85	16	31	22	18	0
Total	7,010	6,467	2,572	1,363	1,192	536	348	216	144	48

Figure 4: Most frequently reported suspected cases during Week 37, Balochistan.

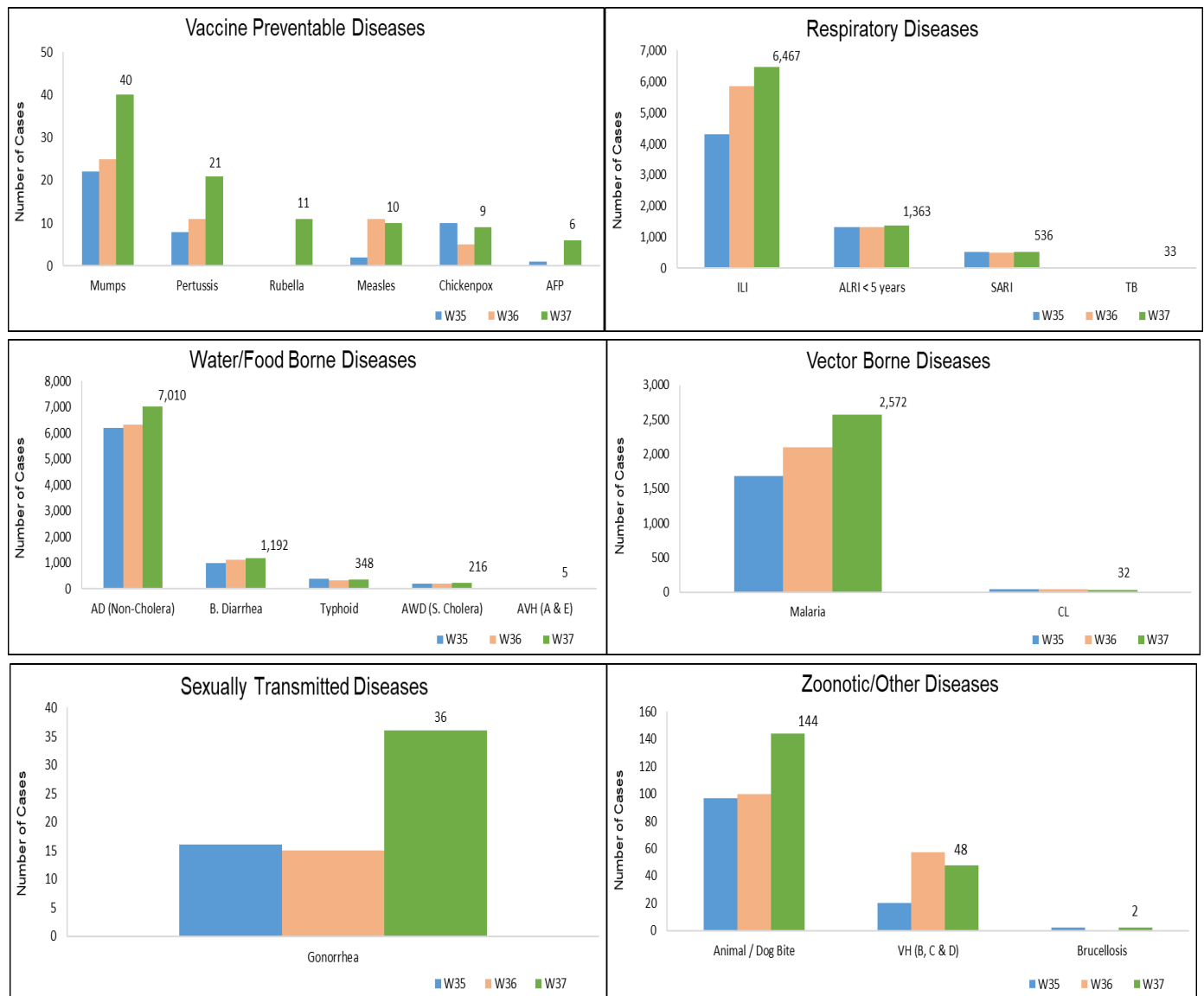
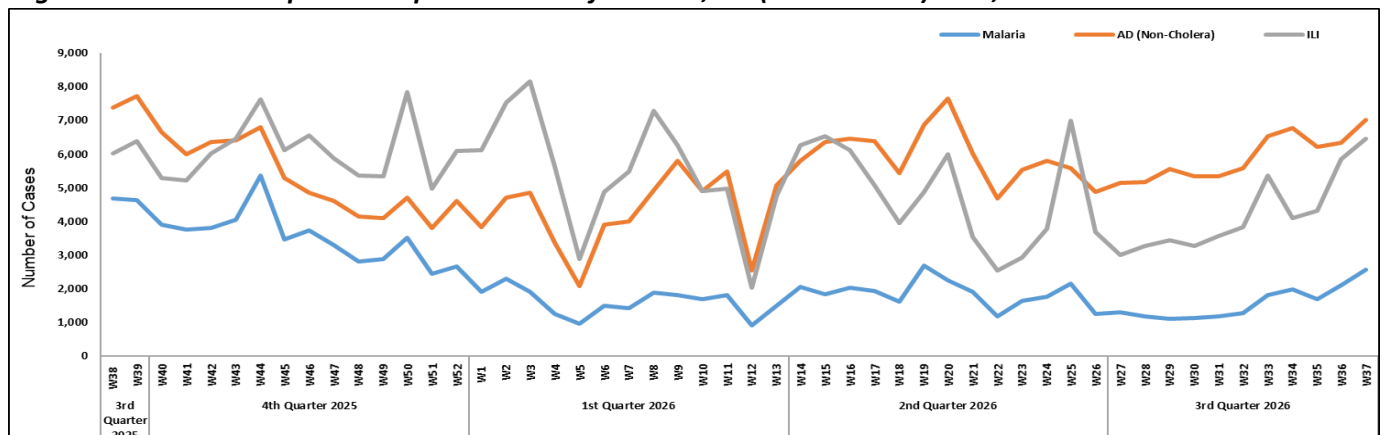


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Animal/ Dog Bite, B. Diarrhea, Typhoid, ALRI<5 Years, SARI, CL, and Dengue.
- AD (Non-Cholera), Malaria, ILI, Animal/ Dog Bite, B. Diarrhea, ALRI<5 Years, CL, Dengue, Measles, AVH (A & E), TB, Chickenpox, VH (B, C & D), Mumps, AFP, Pertussis, AWD (S. Cholera), Diphtheria, Syphilis, and Brucellosis cases showed an increase in number while Typhoid, SARI, Chikungunya, Meningitis, HIV/ AIDS, and Gonorrhea showed a decline in number this week.
- Thirty-four cases of AFP were reported from KP. All are suspected cases and need field verification.
- Four cases of HIV/AIDS were 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 37, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	Typhoid	ALRI < 5 years	SARI	CL	Dengue
Abbottabad	1,597	5	71	68	10	17	20	20	0	15
Bajaur	1,062	337	2	118	56	3	5	5	29	3
Bannu	1,079	913	0	2	14	81	3	0	7	121
Battagram	523	9	354	0	0	0	0	0	0	0
Buner	550	277	0	55	11	0	0	0	0	0
Charsadda	2,571	460	819	7	65	70	115	0	1	6
Chitral Lower	721	29	22	11	30	4	12	8	11	0
Chitral Upper	290	5	11	4	8	7	4	4	1	0
D.I. Khan	2,153	606	0	25	48	7	16	0	3	0
Dir Lower	2,413	152	3	80	103	48	5	5	2	0
Dir Upper	2,878	23	43	30	31	18	29	0	0	1
Hangu	449	130	0	0	11	50	0	0	44	0
Haripur	1,573	9	107	26	6	7	64	0	0	14
Karak	984	483	12	39	88	32	72	0	69	1
Khyber	1,003	750	21	48	183	36	46	32	130	4
Kohat	976	375	0	30	79	11	1	0	21	55
Kohistan Lower	312	2	0	2	6	6	0	0	0	0
Kohistan Upper	416	15	0	0	6	0	11	0	0	0
Kolai Palas	63	2	5	0	0	0	0	0	0	0
L & C Kurram	42	15	6	0	3	1	0	0	0	0
Lakki Marwat	963	346	2	83	4	17	0	0	0	43
Malakand	2,134	62	281	23	150	0	0	2	0	1
Mansehra	1,328	347	238	0	10	6	0	0	0	2
Mardan	2,038	1,177	26	185	60	71	67	0	0	3
Mohmand	123	178	109	6	2	6	0	118	27	1
North Waziristan	58	101	0	1	0	10	7	7	4	0
Nowshera	3,263	1,163	17	36	29	17	7	17	17	17
Orakzai	91	4	0	0	1	0	0	0	0	0
Peshawar	8,358	84	191	5	120	65	14	0	0	30
Shangla	1,843	409	0	124	7	11	9	0	0	0
South Waziristan (Lower)	220	189	92	9	76	12	4	71	16	2
South Waziristan (Upper)	43	5	5	0	0	0	0	0	0	0
Swabi	3,103	179	743	164	10	11	28	131	0	1
Swat	4,105	56	107	206	119	71	91	0	0	2
Tank	444	186	22	1	7	3	4	0	0	0
Tor Ghar	173	80	0	16	16	3	0	0	9	0
Upper Kurram	255	13	85	11	12	9	11	9	0	0
Total	50,197	9,176	3,394	1,415	1,381	710	645	429	391	322

Figure 6: Most frequently reported suspected cases during Week 37, KP.

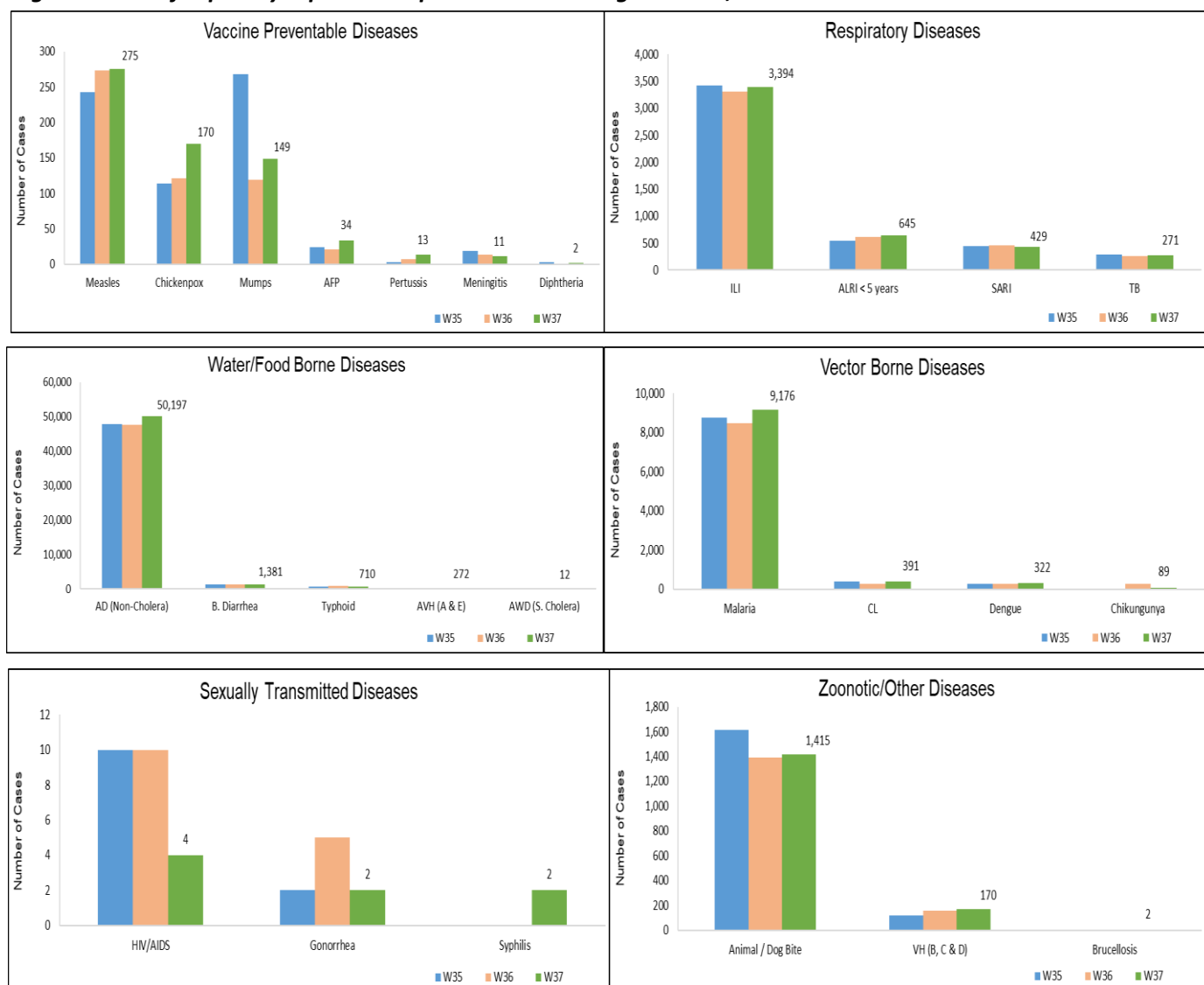
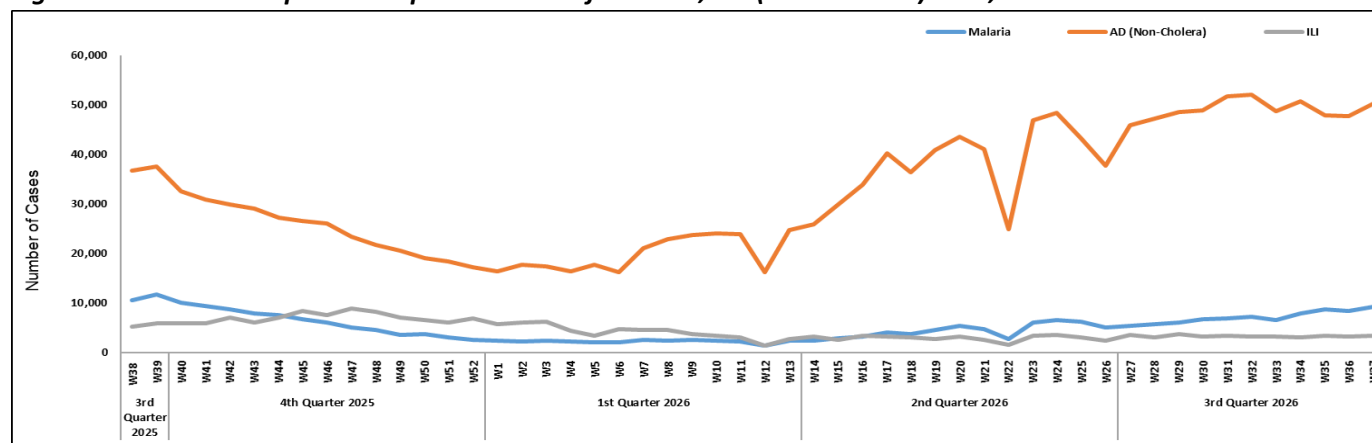


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



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

AJK: ILI cases were maximum followed by AD (Non-Cholera), ALRI <5 years, Animal/ Dog Bite, SARI, AWD (S. Cholera), TB, Typhoid, B. Diarrhea, and AVH (A & E) cases. An increase in the number of suspected cases was observed for ILI, AD (Non-Cholera), ALRI < 5years, Animal/ Dog Bite, SARI, AWD (S. Cholera), TB, Typhoid, B. Diarrhea, AVH (A & E), VH (B, C & D), Malaria, AFP, Meningitis, and Mumps this week.

GB: AD (Non-Cholera) cases were the most frequently reported disease, followed by ALRI <5 Years, ILI, TB, SARI, Typhoid, B. Diarrhea, VH (B, C & D), Mumps, and AWD (S. Cholera). An increase in cases is observed for ALRI <5 Years, ILI, TB, SARI, Typhoid, VH (B, C & D), Mumps, AWD (S. Cholera), Measles, Pertussis, AFP, and HIV/ AIDS, while a decline is observed in the number of cases of AD (Non-Cholera), B. Diarrhea, Chickenpox, and Animal/ Dog Bite this week.

Figure 8: Most frequently reported suspected cases during Week 37, AJK.

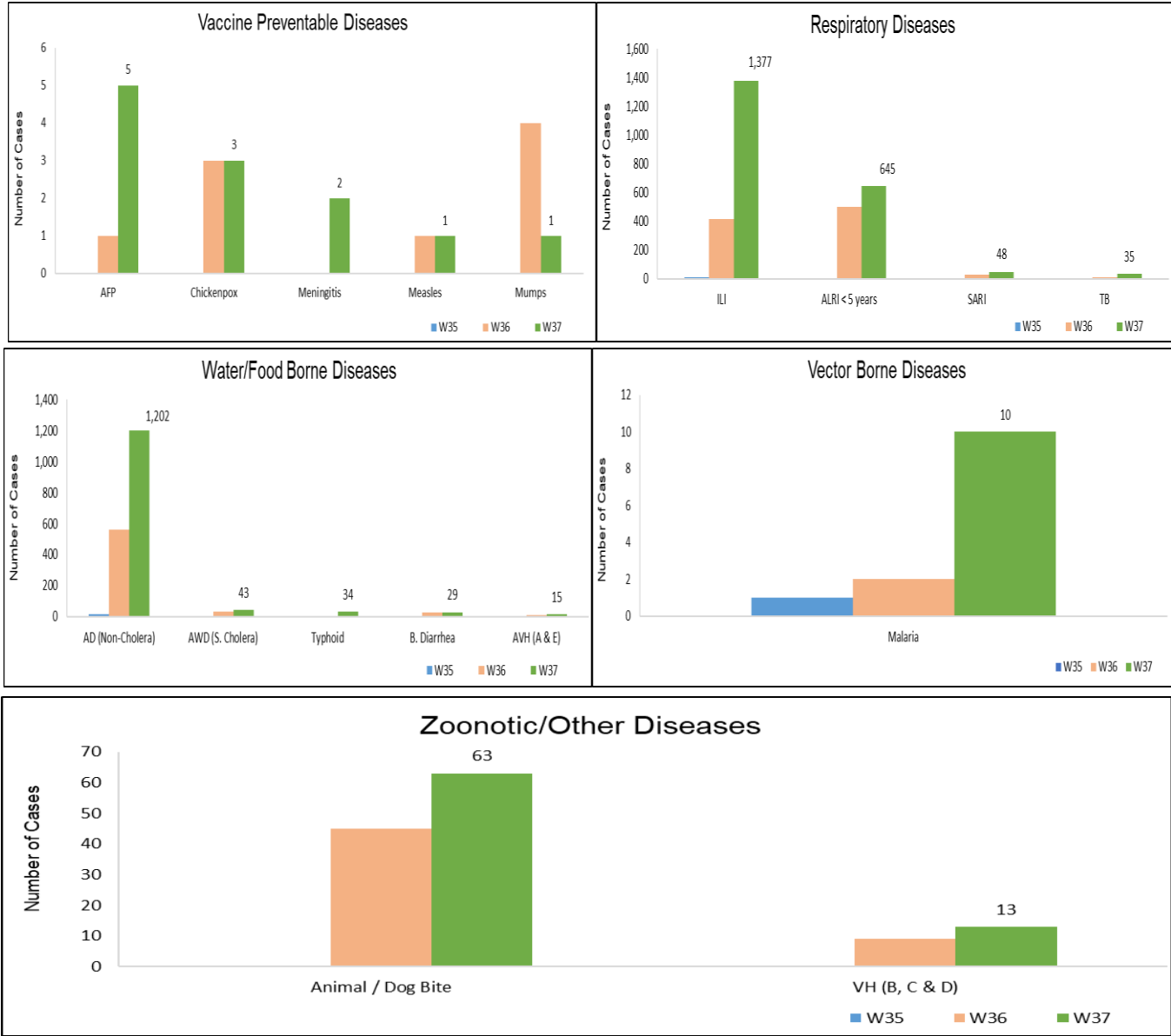


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.

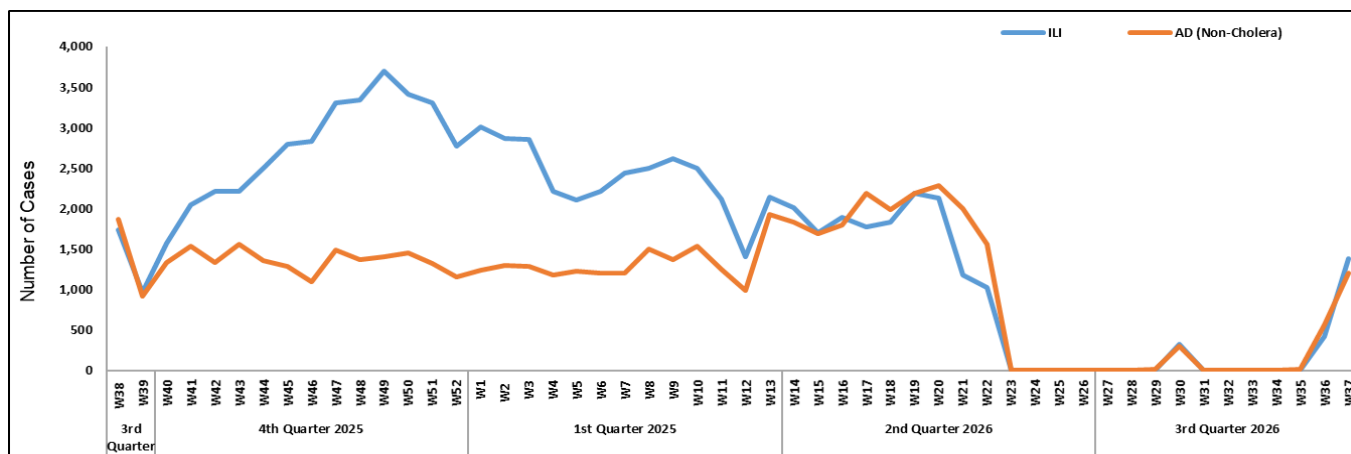


Figure 10: Most frequently reported suspected cases during Week 37, ICT.

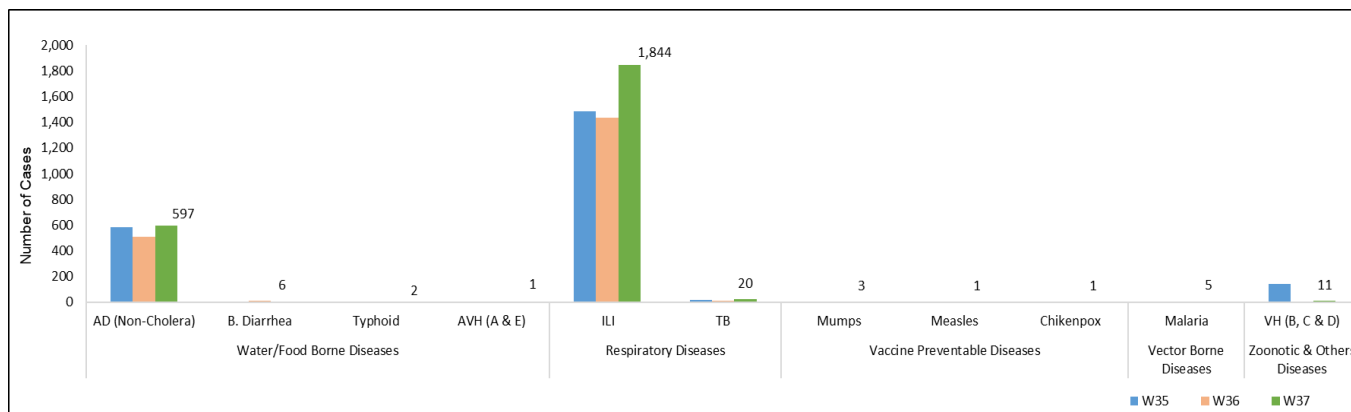


Figure 11: Week wise reported suspected cases of ILI, ICT.

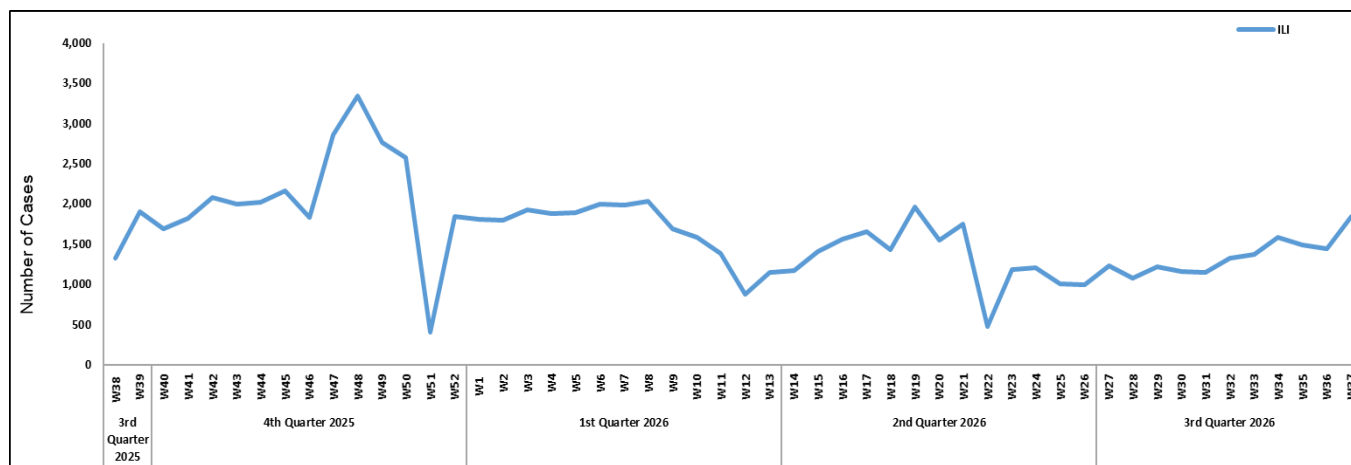


Figure 12: Most frequently reported suspected cases during Week 37, GB.

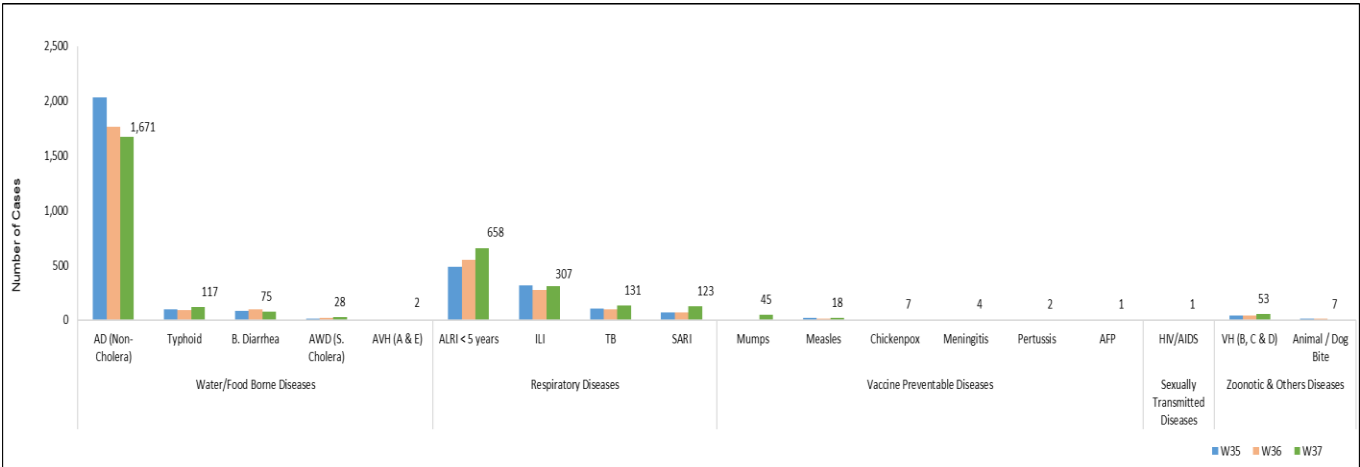
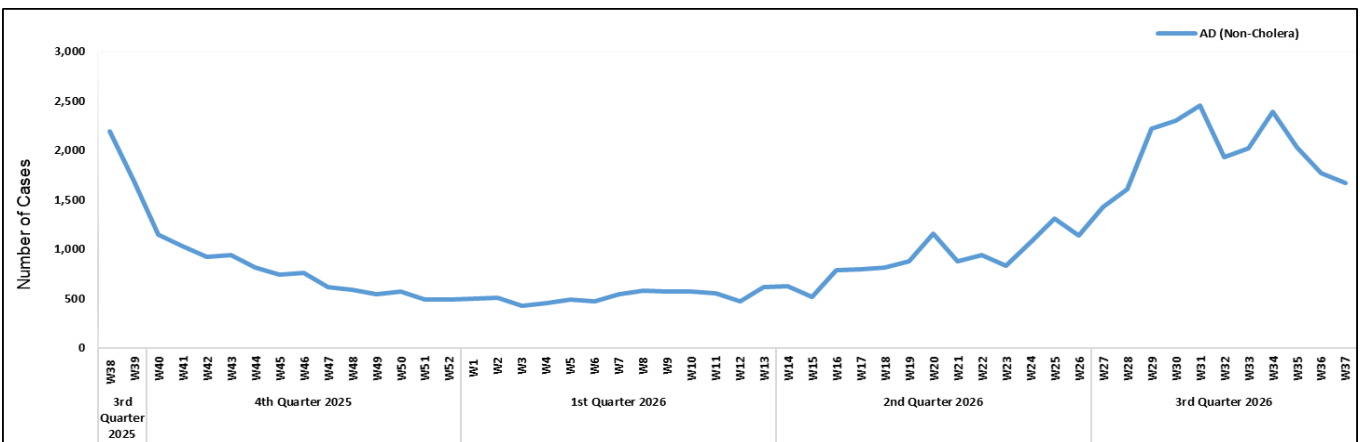


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.



Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 37, 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)		16	0	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		176	1	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		8,016	587	1,129	75	-	-	-	-	203	0	-	-	-	-
CCHF		-	-	8	0	-	-	-	-	-	-	-	-	-	-
Dengue		2,056	99	19	0	-	-	-	-	-	-	-	-	-	-
VH (B)		11,208	215	824	89	-	-	-	-	2003	17	-	-	-	-
VH (C)		11,565	876	831	46	-	-	-	-	1925	6	-	-	-	-
VH (D)		247	45	91	8	-	-	-	-	-	-	-	-	-	-
VH (A)		252	72	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		95	10	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		-	-	2	0	-	-	-	-	-	-	-	-	-	-
TB		720	84	89	11	-	-	-	-	83	1	-	-	-	-
HIV/ AIDS		5,398	52	571	3	-	-	-	-	249	1	-	-	-	-
Syphilis		934	22	79	0	-	-	-	-	197	4	-	-	-	-
Typhoid		199	15	85	8	-	-	-	-	181	3	-	-	-	-
Diphtheria		4	1	-	-	-	-	-	-	-	-	-	-	-	-
ILI		22	5	2	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		154	26	2	2	-	-	-	-	-	-	-	-	-	-
Meningitis		12	2	-	-	-	-	-	-	-	-	-	-	-	-
Measles		49	17	23	10	278	119	10	6	0	0	227	33	15	8
Leishmaniosis (cutaneous)		9	3	21	3	-	-	-	-	-	-	-	-	-	-
Chikungunya		3	0	-	-	-	-	-	-	-	-	-	-	-	-
Mpox		20	4	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (Visceral)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
SARI		22	10	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	6	1	-	-	1	0	2	0	-	-	23	0	2	0
	SARI	17	0	-	-	42	0	6	0	-	-	72	0	9	0
Influenza A	ILI	6	2	-	-	1	0	2	0	-	-	23	0	2	1
	SARI	17	0	-	-	42	0	6	0	-	-	72	6	9	0
Influenza B	ILI	6	0	-	-	1	0	2	0	-	-	23	0	2	0
	SARI	17	0	-	-	42	0	6	0	-	-	72	0	9	0
RSV	ILI	6	0	-	-	1	0	2	0	-	-	23	0	2	0
	SARI	17	0	-	-	42	0	6	0	-	-	72	0	9	0

Integrated Respiratory Viruses Sentinel Surveillance, National Influenza Centre

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

Figure 14: District wise Influenza sentinel sites, Pakistan.

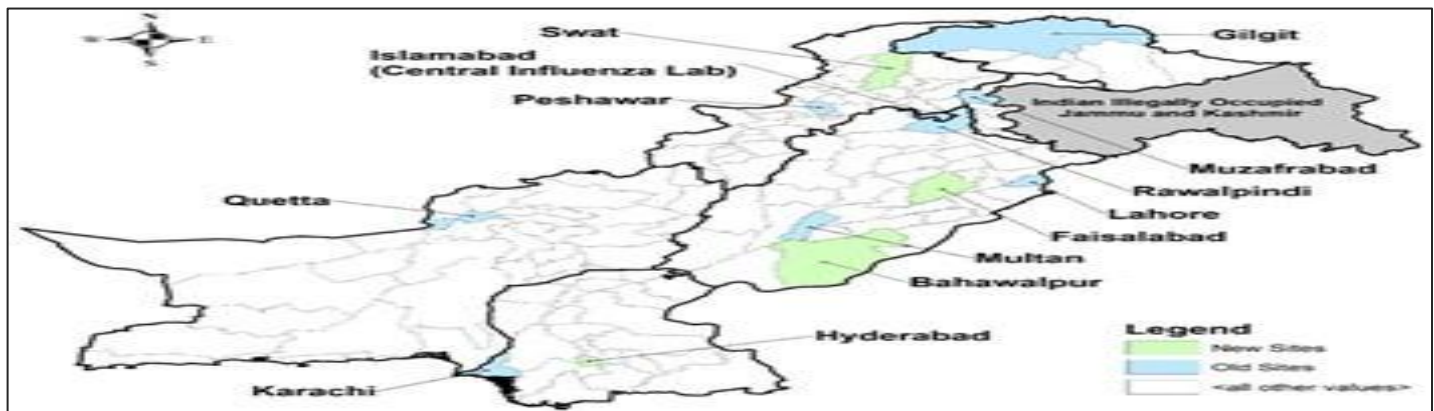


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 37, Pakistan.

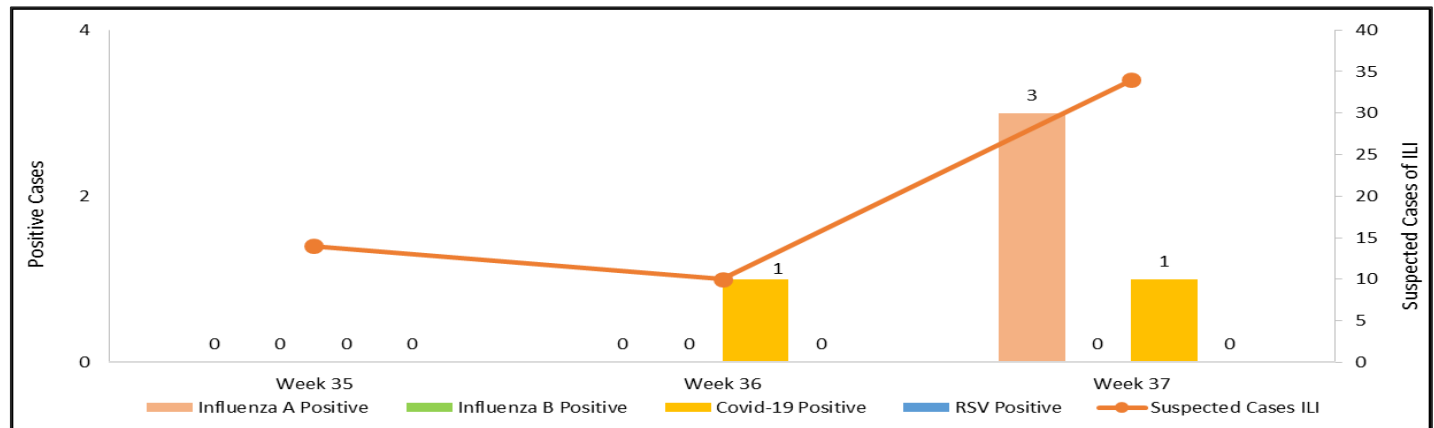
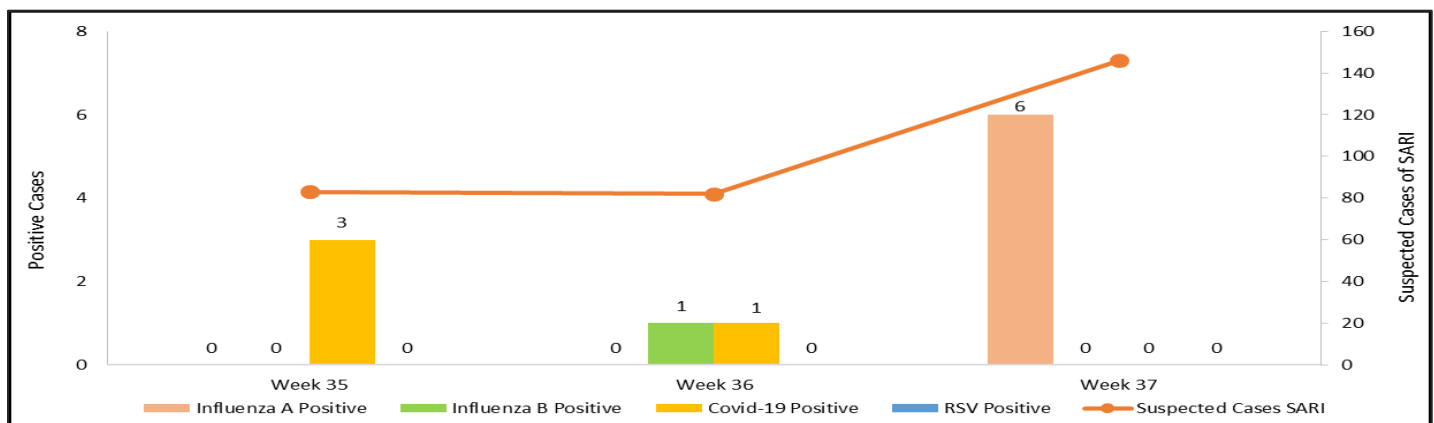


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 37, Pakistan.



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 37, 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	125	55%
	Battagram	59	37	63%
	Buner	34	34	100%
	Bajaur	43	43	100%
	Charsadda	61	60	98%
	Chitral Upper	31	31	100%
	Chitral Lower	37	35	95%
	D.I. Khan	115	113	98%
	Dir Lower	63	61	97%
	Dir Upper	56	51	91%
	Hangu	22	20	91%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	41	77%
	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	14	41%
	Upper Kurram	38	36	95%
	Malakand	42	42	100%
	Mansehra	133	126	95%
	Mardan	82	59	72%
	Nowshera	57	56	98%
	North Waziristan	11	8	73%
	Peshawar	157	130	83%
	Shangla	37	35	95%
	Swabi	65	63	97%
	Swat	75	73	97%
	South Waziristan (Upper)	93	72	77%
	South Waziristan (Lower)	29	27	93%
	Tank	34	33	97%
	Torghar	13	12	92%
	Mohmand	68	17	25%
	Orakzai	69	4	6%
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	0	0%



	Bagh	54	0	0%
	Neelum	39	38	97%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	12	5	42%
Balochistan	Gwadar	26	25	96%
	Kech	45	29	64%
	Khuzdar	74	57	77%
	Killa Abdullah	26	25	96%
	Lasbella	55	55	100%
	Pishin	65	16	25%
	Quetta	56	13	23%
	Sibi	36	21	58%
	Zhob	39	17	44%
	Jaffarabad	16	16	100%
	Naseerabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	4	27%
	Kohlu	75	63	84%
	Chagai	36	20	56%
	Kalat	41	40	98%
	Harnai	17	16	94%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	25	100%
	Surab	32	12	38%
	Mastung	46	44	96%
	Loralai	33	31	94%
	Killa Saifullah	28	0	0%
	Ziarat	29	28	97%
	Duki	31	10	32%
	Nushki	29	29	100%
	Dera Bugti	32	0	0%
	Dera Bugti South	21	20	95%
	Washuk	46	17	37%
	Panjgur	38	3	8%
	Awaran	23	19	83%
	Chaman	27	26	96%
	Barkhan	20	19	95%
	Hub	33	16	48%
	Musakhel	41	24	59%
	Bashore	17	0	0%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%
	Ghizer	38	38	100%
	Gilgit	44	44	100%
	Diamer	62	62	100%

	Astore	55	55	100%
	Shigar	23	23	100%
	Skardu	54	54	100%
	Ganche	29	29	100%
	Kharmang	25	25	100%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	65	65	100%
	Naushahro Feroze	102	88	86%
	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	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	44	100%
	Khairpur	168	168	100%
	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 37, 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	0	0%
	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%

Knowledge Hub

Chickenpox: What You Need to Know

Chickenpox is a highly contagious disease caused by the **varicella-zoster virus (VZV)**. It causes an itchy rash with small, fluid-filled blisters. While usually a mild childhood illness, chickenpox can cause severe complications, particularly in adults, pregnant women, infants, and people with weakened immune systems.

What is Chickenpox?

Chickenpox is a primary infection with the varicella-zoster virus. After a person recovers from chickenpox, the virus stays dormant (inactive) in their body's nervous system. Decades later, the virus can reactivate and cause **Shingles (Herpes Zoster)**, a painful skin rash with blisters.

How It Spreads

Chickenpox is extremely contagious. It spreads easily from people with chickenpox to those who have never had the disease or been vaccinated.

- **Airborne Droplets:** Spreads through the air when an infected person coughs or sneezes.
- **Direct Contact:** Touching the fluid from chickenpox or shingles blisters.
- **Contagious Window:** An infected person can spread the virus **1 to 2 days before the rash appears** until all blisters have dried and formed scabs (usually about 5 to 7 days after the rash starts).

Signs & Symptoms

Symptoms usually appear **10 to 21 days after exposure** to the virus (the incubation period).

Initial Symptoms (1 to 2 days before rash)

- Fever
- Tiredness and general feeling of being unwell (malaise)
- Loss of appetite
- Headache

The Classic Rash

The itchy, fluid-filled rash progresses through three phases:

1. **Raised pink or red bumps (papules):** Break out over several days.
2. **Small fluid-filled blisters (vesicles):** Form on top of the bumps and typically break or leak.
3. **Crusts and scabs:** Cover the broken blisters and take several more days to heal completely.

New bumps continue to appear for several days, so a person may have bumps, blisters, and scabs on their skin all at the same time.

Complications

Although chickenpox is often mild in healthy children, serious complications can occur:

- **Bacterial Skin Infections:** Secondary bacterial infections of the skin or soft tissue from scratching.
- **Pneumonia:** Bacterial or viral lung inflammation (more common in adults).
- **Encephalitis:** Swelling and inflammation of the brain.

- **Bleeding Problems:** Rare complications affecting blood clotting.
- **Pregnancy Risks:** Infection during early pregnancy can cause congenital varicella syndrome (birth defects). Infection close to delivery can cause life-threatening illness in newborns.

Prevention: Vaccination

Vaccination is the best way to prevent chickenpox.

- **Varicella Vaccine:** Highly effective and safe.
 - **Children:** First dose at **12 to 15 months** of age; second dose at **4 to 6 years** of age.
 - **Older Children and Adults:** People aged 13 and older who have never had chickenpox or the vaccine should get two doses, 4 to 8 weeks apart.
- **Herd Immunity:** High vaccination rates protect those who cannot get vaccinated, such as pregnant women or immunocompromised individuals.

Diagnosis and Treatment

- **Diagnosis:** Healthcare providers typically diagnose chickenpox based on the characteristic rash and symptoms. Laboratory tests (swabbing blisters or blood tests) are rarely needed unless complications are suspected.
- **Symptom Management (Supportive Care):**
 - **Itch Relief:** Calamine lotion, cool baths with added baking soda or

colloidal oatmeal, and non-drowsy antihistamines.

- **Fever Control:** Use acetaminophen (paracetamol).
- **CRITICAL WARNING: NEVER give aspirin to children or teenagers with chickenpox.** Using aspirin during a viral illness is linked to **Reye's syndrome**, a severe and potentially fatal condition affecting the liver and brain.
- **Prevent Scratching:** Keep fingernails trimmed short to avoid skin infections from bacteria under nails.
- **Antiviral Treatment:** Antiviral drugs (such as acyclovir) may be prescribed for people at high risk of severe illness (e.g., adults, pregnant women, or people with compromised immune systems) if started within 24 hours of rash onset.

More Information

For official guidelines and public health updates on chickenpox and vaccination, visit:

- **Centers for Disease Control and Prevention (CDC):**
- **World Health Organization (WHO):**
- **National Health Service (NHS - UK):**

CHICKENPOX (VARICELLA)

DEFINITION

Chickenpox is an acute, highly contagious viral disease caused by the Varicella-zoster virus (VZV), a member of the herpesvirus family. It mainly affects children but can also occur in adults.



CAUSES

- Varicella-zoster virus
- Spread by direct contact, droplet infection (coughing, sneezing), and from contact with vesicle - tulu

INCUBATION PERIOD

10–21 days (average 14 days)

MODE OF TRANSMISSION

- Starts as red macules → papules → vesicles (“dew drop on a rose” petal”) → pustules → crusts

Airborne droplets from respiratory secretions.

- Direct contact with vesicle fluid.
- Highly contagious 1–2 days before rash until all lesions are crusted

CLINICAL FEATURES

- Prodromal symptoms (in older children & adults)
 - Low-grade fever
 - Malaise
 - Headache
 - Loss of appetite
- Rash
 - Starts as red macules → papules → vesicles (“dew drop on a rose petal”)
 - Appears first on trunk, then face & extremities —”

DIAGNOSIS

- Clinical: Based on rash and history of exposure
- Lab tests (rarely needed)
 - Tzanck smear, PCR, or VZV serology

PREVENTION

- Varicella vaccine (live attenuated, given at 9 months or later, usually 12–15 months + booster at 4–6 years)



KEY POINT: Chickenpox is a self-limiting infection with a characteristic itchy vesicular rash in different stages. Vaccination is the best preventive measure.

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