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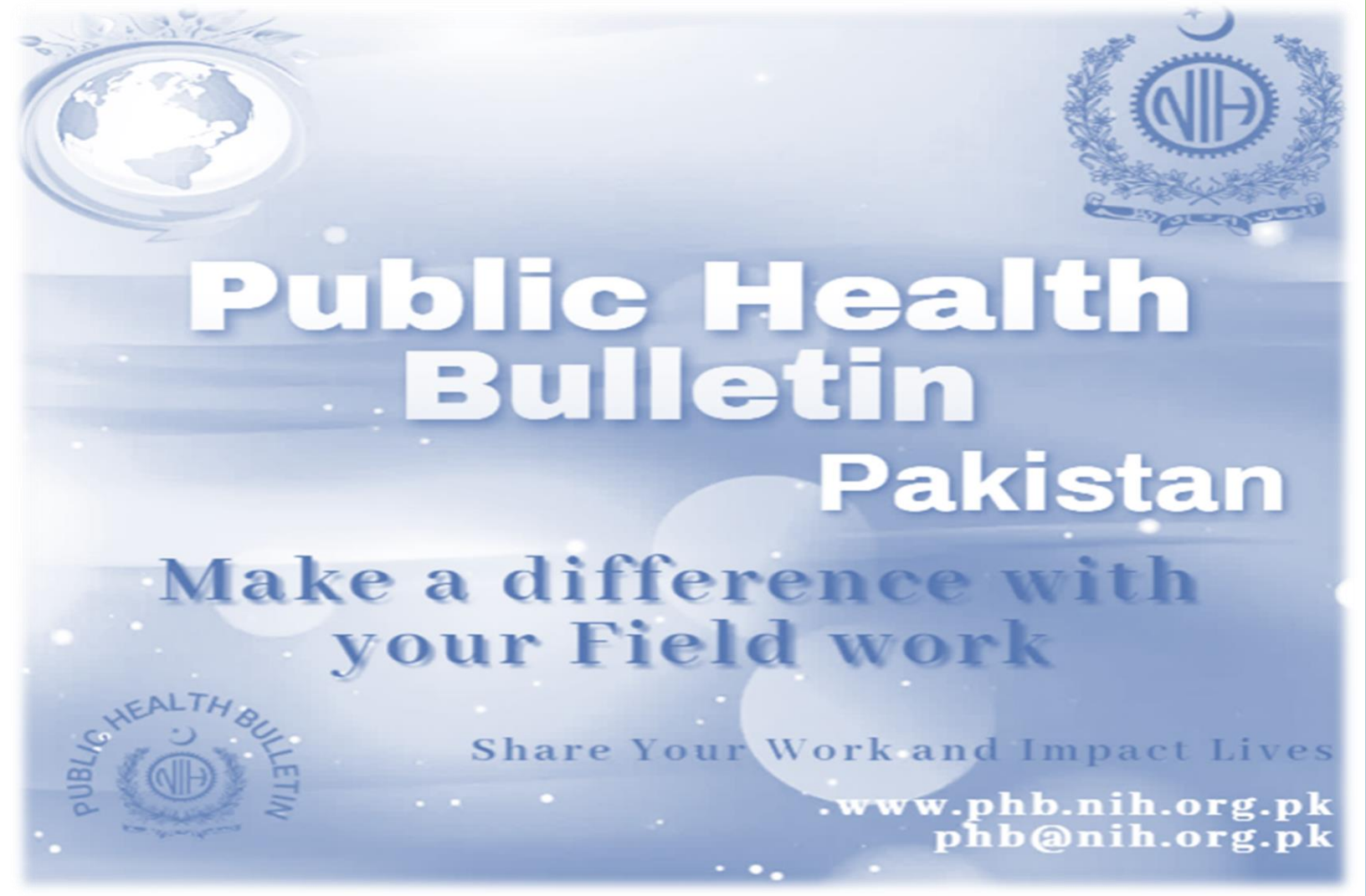
*PUBLIC HEALTH BULLETIN-PAKISTAN*

# Integrated Disease Surveillance & Response (IDSR) Report

**Center of Disease Control**
**National Institute of Health, Islamabad**

**http:/www.phb.nih.org.pk/**

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, Week 51, 2025**

*The Public Health Bulletin (PHB) provides timely, reliable, and actionable health information to the public and professionals. It disseminates key IDSR data, outbreak reports, and seasonal trends, along with actionable public health recommendations. Its content is carefully curated for relevance to Pakistan's priorities, excluding misinformation. The PHB also proactively addresses health misinformation on social media and aims to be a trusted resource for informed public health decision-making.*

*This Weeks Highlights include;*

- *Closing the Surveillance Gap: Pakistan's National Strategy to Prevent & Detect Healthcare – Associated Infections.*
- *Dengue Outbreak Investigation Report, Bagh District, Azad Jammu & Kashmir (July–August 2025).*
- *Knowledge hub on Understanding Dengue: A Public Health Priority*

*By transforming complex health data into actionable intelligence, the Public Health Bulletin continues to be an indispensable tool in our collective journey toward a healthier Pakistan.*

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*Stay informed. Stay prepared. Stay healthy.*

*Sincerely,*
*The Chief Editor*

# Overview

***Note: All reported cases in this report are suspected cases***

- *During Week 51, the most frequently reported cases were of Malaria, followed by Acute Diarrhea (Non-Cholera), ILI, ALRI <5 years, TB, Dog Bite, B. Diarrhea, VH (B, C & D), SARI, Typhoid and Measles.*
- *Twenty-three cases of AFP reported from KP, eleven from Sindh, one from GB and one from AJK.*
- *Eight suspected cases of HIV/ AIDS reported from Sindh and seven from KP.*
- *Among VPDs, there is an increase in number of cases of Measles, Pertussis, Chickenpox, Diphtheria, AFP and NT this week.*
- *Among Respiratory diseases, there is an increase in number of cases of SARI this week.*
- *Among Water/food-borne diseases, there is decrease in the cases of AD (Non- Cholera) and B.Diarrhea this week.*
- *Among Vector-borne diseases, there is decrease in number of cases of Malaria this week.*
- *Among STDs, there is a decline in number of cases of HIV/AIDs this week.*
- *Among Zoonotic/Other diseases, there is an increase in number of cases of dog bite 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 77%*
- *Sindh is the top reporting regions with a compliance rate of 96%, followed by AJK 86%, GB 78% and KPK 75%.*
- *The lowest compliance rate was observed in Balochistan 45% and ICT 26%.*

| Region | Expected Reports | Received Reports | Compliance (%) |
|---|---|---|---|
| Khyber Pakhtunkhwa | 2229 | 1672 | 75 |
| Azad Jammu Kashmir | 469 | 401 | 86 |
| Islamabad Capital Territory | 38 | 10 | 26 |
| Balochistan | 1308 | 595 | 45 |
| Gilgit Baltistan | 417 | 327 | 78 |
| Sindh | 2111 | 2031 | 96 |
| National | 6572 | 5036 | 77 |

# Public Health Actions

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

## Dengue

• **Strengthen Surveillance and Case Notification:** Enhance dengue reporting through the IDSR/IDSRS system, integrating human health and entomological data for early outbreak detection in high-risk areas.

• **Expand Laboratory Confirmation:** Strengthen laboratory capacity for dengue diagnosis using NS1 antigen and IgM/IgG testing to support timely case confirmation and outbreak response.

• **Enhance Integrated Vector Management:** Implement coordinated vector control through larval source reduction, larviciding, fogging, and environmental management in collaboration with municipal and environmental sectors.

• **Strengthen Outbreak Preparedness and Response:** Activate rapid response teams for case investigation, active case finding, entomological surveillance, and targeted vector control.

• **Raise Public Awareness:** Conduct risk communication to promote source reduction, personal protective measures, and early healthcare seeking.

## Malaria

• **Strengthen Surveillance and Case Detection:** Enhance malaria surveillance through the IDSR/IDSRS system with timely reporting from all health facilities, particularly in endemic and border areas.

• **Expand Laboratory Diagnosis:** Strengthen access to parasitological confirmation through rapid diagnostic tests and microscopy for early and accurate diagnosis.

• **Improve Case Management:** Ensure availability of antimalarial medicines and adherence to national treatment guidelines to reduce transmission and mortality.

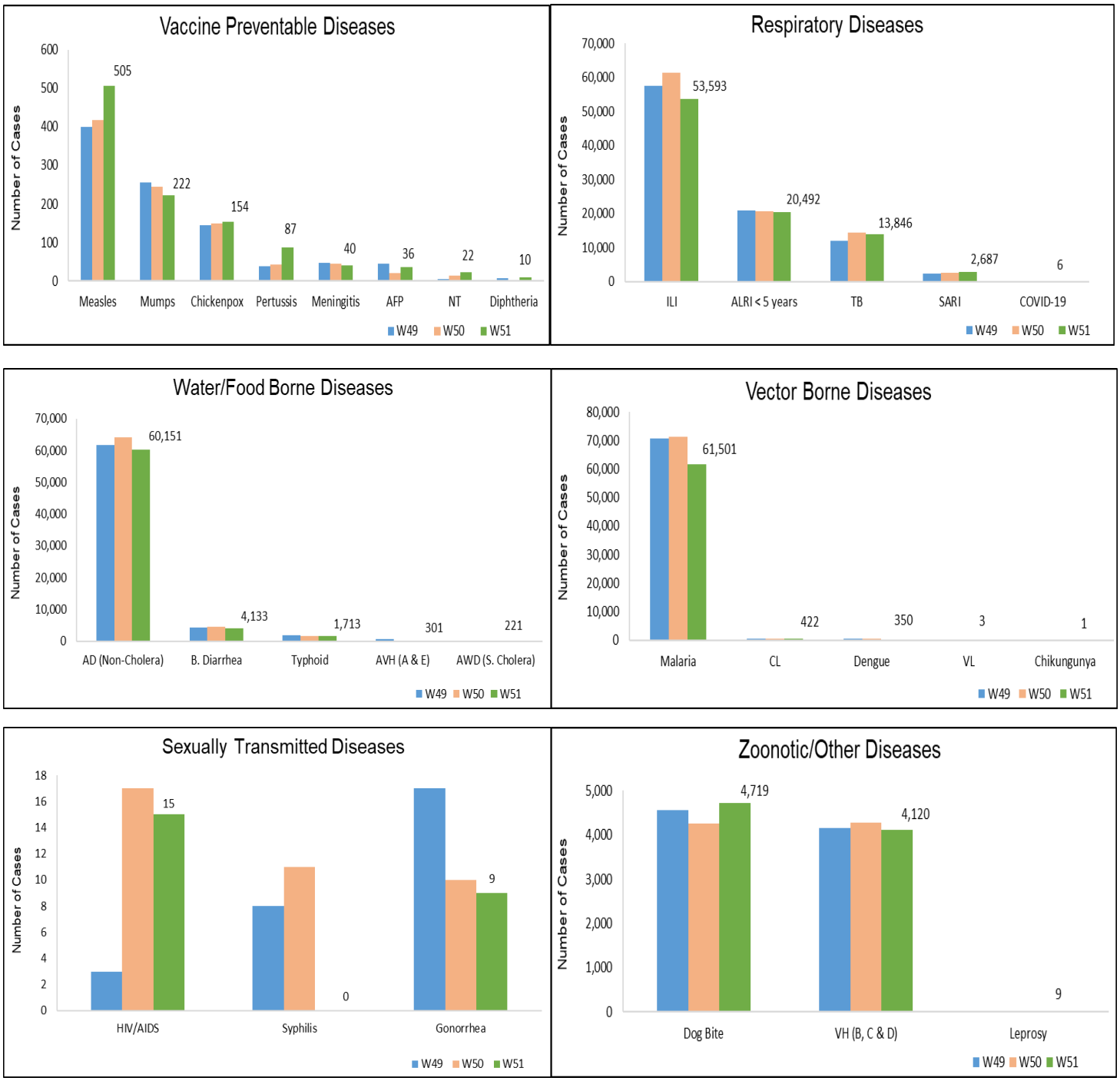
• **Enhance Vector Control Measures:** Scale up long-lasting insecticidal nets, indoor residual spraying, and environmental management through coordinated human, animal, and environmental health actions.

• **Raise Community Awareness:** Promote health education on malaria symptoms, consistent bed-net use, and early treatment seeking behavior.

***Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 51, Pakistan.***

| Diseases | AJK | Balochistan | GB | ICT | KP | Punjab | Sindh | Total |
|---|---|---|---|---|---|---|---|---|
| Malaria | 0 | 2,454 | 1 | 0 | 3,098 | NR | 55,948 | 61,501 |
| AD (Non-Cholera) | 1,320 | 3,806 | 488 | 79 | 18,439 | NR | 36,019 | 60,151 |
| ILI | 3,307 | 4,982 | 472 | 399 | 6,137 | NR | 38,296 | 53,593 |
| ALRI < 5 years | 1,765 | 1,878 | 1,110 | 15 | 1,625 | NR | 14,099 | 20,492 |
| TB | 101 | 23 | 89 | 3 | 275 | NR | 13,355 | 13,846 |
| Dog Bite | 118 | 201 | 4 | 0 | 714 | NR | 3,682 | 4,719 |
| B. Diarrhea | 31 | 841 | 49 | 0 | 551 | NR | 2,661 | 4,133 |
| VH (B, C & D) | 14 | 39 | 7 | 0 | 122 | NR | 3,938 | 4,120 |
| SARI | 254 | 955 | 128 | 0 | 824 | NR | 526 | 2,687 |
| Typhoid | 15 | 267 | 72 | 0 | 609 | NR | 750 | 1,713 |
| Measles | 16 | 25 | 6 | 1 | 408 | NR | 49 | 505 |
| CL | 0 | 41 | 0 | 0 | 379 | NR | 2 | 422 |
| Dengue | 0 | 5 | 0 | 0 | 20 | NR | 325 | 350 |
| AVH (A & E) | 19 | 0 | 0 | 0 | 109 | NR | 173 | 301 |
| Mumps | 7 | 52 | 5 | 0 | 112 | NR | 46 | 222 |
| AWD (S. Cholera) | 6 | 190 | 2 | 0 | 19 | NR | 4 | 221 |
| Chickenpox/ Varicella | 4 | 1 | 24 | 3 | 97 | NR | 25 | 154 |
| Pertussis | 0 | 30 | 4 | 0 | 50 | NR | 3 | 87 |
| Meningitis | 3 | 0 | 1 | 0 | 13 | NR | 23 | 40 |
| AFP | 1 | 0 | 1 | 0 | 23 | NR | 11 | 36 |
| NT | 0 | 0 | 0 | 0 | 22 | NR | 0 | 22 |
| HIV/AIDS | 0 | 0 | 0 | 0 | 7 | NR | 8 | 15 |
| Diphtheria (Probable) | 0 | 1 | 0 | 0 | 9 | NR | 0 | 10 |
| Syphilis | 0 | 0 | 0 | 0 | 0 | NR | 10 | 10 |
| Gonorrhea | 0 | 5 | 0 | 0 | 1 | NR | 3 | 9 |
| Leprosy | 0 | 3 | 0 | 0 | 0 | NR | 6 | 9 |
| COVID-19 | 0 | 0 | 0 | 0 | 6 | NR | 0 | 6 |
| VL | 0 | 0 | 0 | 0 | 3 | NR | 0 | 3 |
| Chikungunya | 0 | 0 | 0 | 0 | 0 | NR | 1 | 1 |

***Figure 1: Most frequently reported suspected cases during Week 51, Pakistan.***



## Sindh

- Malaria cases were maximum followed by ILI, AD (Non-Cholera), ALRI<5 Years, TB, VH (B, C, D), Dog Bite, B. Diarrhea, Typhoid and SARI.
- Malaria cases are mostly from Khairpur, Dadu and Larkana whereas ILI cases are from Khairpur, Dadu and Sanghar.
- Eleven cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of Measles, Mumps, Meningitis, ILI, ALRI<5 Years, TB, Malaria, AD (Non-Cholera), TB, VH (B, C & D )and HIV/ AIDS while an increase in number of cases of Chicken pox, AFP, Pertussis, SARI and dog bite this week.

***Table 2: District wise distribution of most frequently reported suspected cases during Week 51, Sindh***

| Districts | Malaria | ILI | AD (Non-Cholera) | ALRI < 5 years | TB | VH (B, C & D) | Dog Bite | B. Diarrhea | Typhoid | SARI |
|---|---|---|---|---|---|---|---|---|---|---|
| Badin | 2,563 | 2,763 | 2,053 | 695 | 843 | 282 | 184 | 146 | 41 | 0 |
| Dadu | 5,183 | 1,088 | 2,107 | 1,493 | 568 | 100 | 378 | 329 | 130 | 0 |
| Ghotki | 2,231 | 52 | 759 | 1,003 | 556 | 352 | 225 | 93 | 0 | 0 |
| Hyderabad | 842 | 2,423 | 2,098 | 199 | 397 | 129 | 81 | 62 | 1 | 2 |
| Jacobabad | 1,072 | 1,246 | 635 | 380 | 240 | 175 | 191 | 83 | 52 | 2 |
| Jamshoro | 2,716 | 156 | 1,406 | 541 | 628 | 140 | 120 | 73 | 37 | 3 |
| Kamber | 2,429 | 0 | 1,492 | 337 | 877 | 73 | 246 | 114 | 18 | 0 |
| Karachi Central | 23 | 2,150 | 1,595 | 18 | 200 | 23 | 36 | 1 | 72 | 0 |
| Karachi East | 23 | 0 | 173 | 16 | 7 | 0 | 1 | 4 | 0 | 0 |
| Karachi Keamari | 5 | 239 | 436 | 14 | 6 | 0 | 0 | 1 | 0 | 0 |
| Karachi Korangi | 107 | 28 | 277 | 1 | 49 | 15 | 0 | 4 | 2 | 0 |
| Karachi Malir | 29 | 2,566 | 678 | 134 | 81 | 2 | 29 | 26 | 7 | 0 |
| Karachi South | 16 | 0 | 62 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Karachi West | 367 | 1,402 | 850 | 201 | 68 | 15 | 65 | 24 | 22 | 1 |
| Kashmore | 2,193 | 789 | 244 | 151 | 142 | 18 | 106 | 38 | 1 | 0 |
| Khairpur | 5,583 | 8,470 | 2,819 | 1,756 | 1,244 | 214 | 285 | 307 | 165 | 118 |
| Larkana | 3,955 | 0 | 1,472 | 399 | 796 | 21 | 48 | 293 | 0 | 0 |
| Matiari | 2,650 | 25 | 1,350 | 259 | 787 | 133 | 106 | 51 | 2 | 0 |
| Mirpurkhas | 2,232 | 5,598 | 2,225 | 730 | 875 | 32 | 200 | 70 | 5 | 20 |
| Naushero Feroze | 1,008 | 602 | 1,291 | 543 | 179 | 54 | 193 | 115 | 15 | 2 |
| Sanghar | 4,072 | 149 | 1,680 | 766 | 1,394 | 1,282 | 274 | 76 | 38 | 0 |
| Shaheed Benazirabad | 2,462 | 4 | 1,346 | 385 | 478 | 101 | 175 | 85 | 82 | 0 |
| Shikarpur | 2,484 | 12 | 1,029 | 182 | 307 | 214 | 256 | 136 | 2 | 8 |
| Sujawal | 415 | 0 | 701 | 510 | 77 | 37 | 78 | 31 | 9 | 342 |
| Sukkur | 2,338 | 2,372 | 996 | 295 | 453 | 79 | 154 | 119 | 3 | 0 |
| Tando Allahyar | 1,520 | 1,589 | 756 | 242 | 465 | 257 | 41 | 56 | 7 | 0 |
| Tando Muhammad Khan | 792 | 110 | 666 | 301 | 732 | 56 | 100 | 98 | 0 | 0 |
| Tharparkar | 3,076 | 2,497 | 2,092 | 1,186 | 566 | 21 | 2 | 129 | 15 | 28 |
| Thatta | 1,397 | 1,957 | 1,337 | 784 | 58 | 100 | 108 | 20 | 1 | 0 |
| Umerkot | 2,165 | 9 | 1,394 | 578 | 282 | 13 | 0 | 77 | 23 | 0 |
| Total | 55,948 | 38,296 | 36,019 | 14,099 | 13,355 | 3,938 | 3,682 | 2,661 | 750 | 526 |

***Figure 2: Most frequently reported suspected cases during Week 51 Sindh***

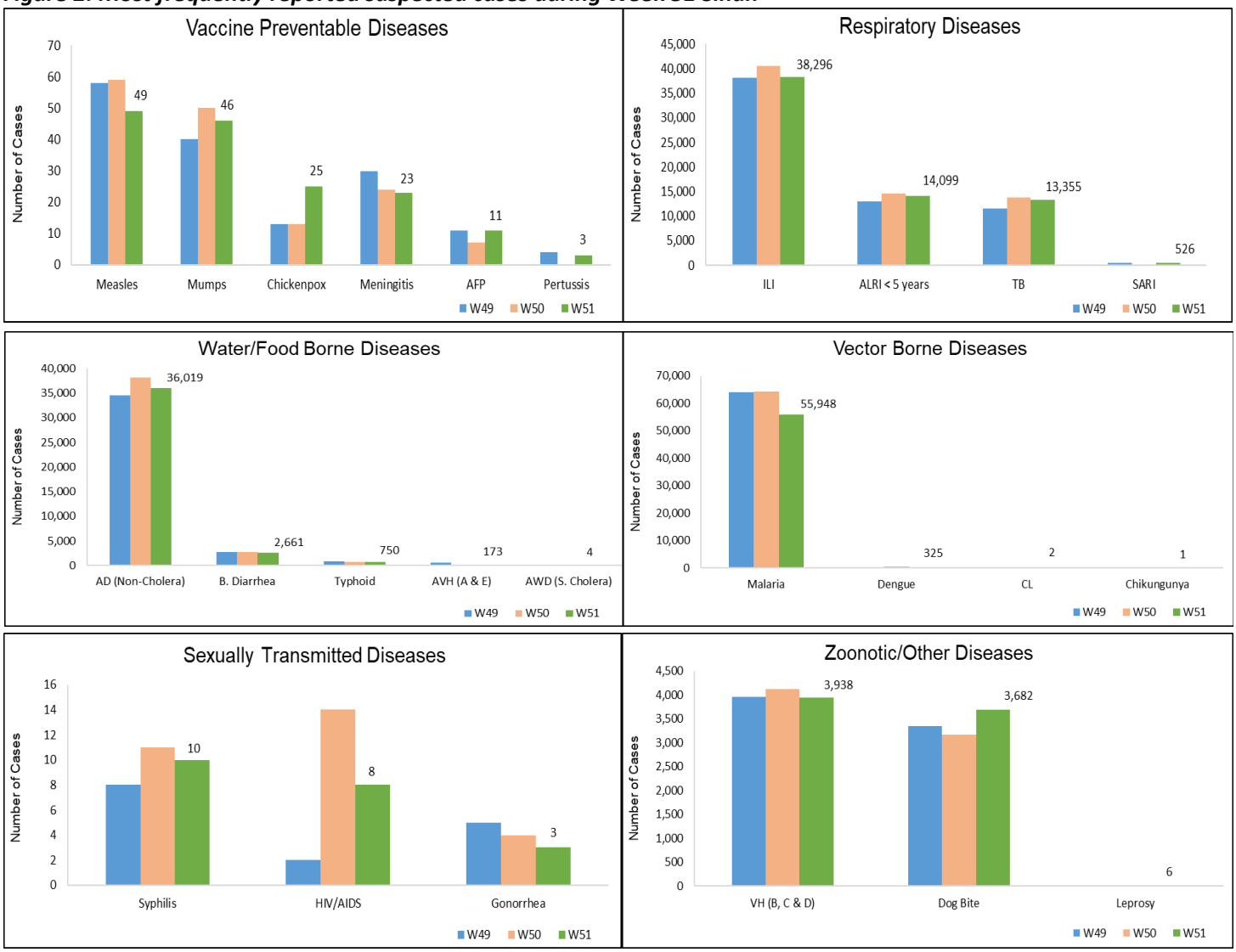
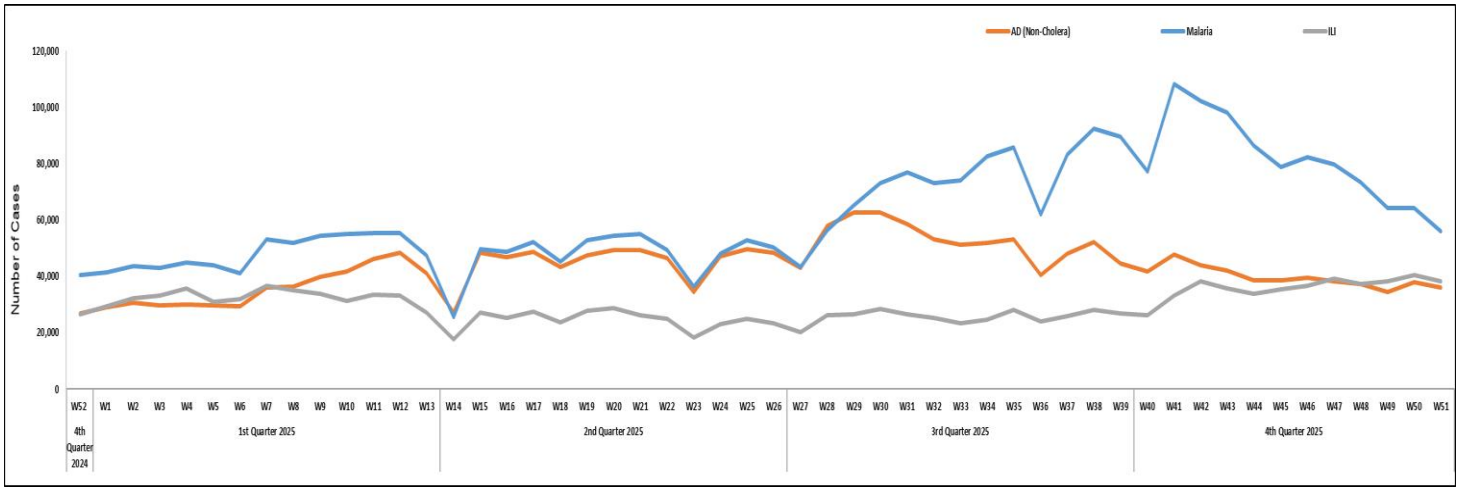



***Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh***



## Balochistan

- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, SARI, B. Diarrhea, Typhoid, Dog Bite, AWD (S. Cholera) and Mumps cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Sibbi, Kharan and Kachhi (Bolan) while AD (Non-Cholera) cases are mostly reported from Sibi, Usta Muhammad and Kachhi (Bolan).
- Measles, Pertussis, Diphtheria, AWD (S. Cholera) and Leprosy showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of Mumps, Chicken pox, ILI, ALRI < 5 years and TB, AD (Non-Cholera), B. Diarrhea, Malaria, Cutaneous leishmaniosis (CL), Dog Bite, VH (B, C & D) and Gonorrhea.

***Table 3: District wise distribution of most frequently reported suspected cases during Week 51, Balochistan.***

| Districts | ILI | AD (Non-Cholera) | Malaria | ALRI < 5 years | SARI | B. Diarrhea | Typhoid | Dog Bite | AWD (S. Cholera) | Mumps |
|---|---|---|---|---|---|---|---|---|---|---|
| Awaran | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Barkhan | 55 | 77 | 35 | 31 | 21 | 15 | 27 | 3 | 0 | 7 |
| Chagai | 324 | 114 | 39 | 0 | 0 | 30 | 4 | 0 | 0 | 1 |
| Chaman | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Dera Bugti | 0 | 12 | 12 | 50 | 0 | 0 | 6 | 0 | 0 | 0 |
| Duki | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Gwadar | 24 | 16 | 12 | 1 | 0 | 11 | 4 | 3 | 4 | 1 |
| Harnai | 0 | 90 | 23 | 94 | 0 | 34 | 0 | 0 | 0 | 0 |
| Hub | 152 | 137 | 120 | 17 | 2 | 22 | 0 | 0 | 0 | 0 |
| Jaffarabad | 183 | 217 | 284 | 7 | 6 | 46 | 4 | 1 | 0 | 7 |
| Jhal Magsi | 142 | 101 | 164 | 27 | 5 | 0 | 0 | 0 | 0 | 0 |
| Kachhi (Bolan) | 637 | 366 | 357 | 3 | 96 | 293 | 0 | 5 | 153 | 0 |
| Kalat | 0 | 0 | 2 | 1 | 0 | 0 | 2 | 0 | 0 | 0 |
| Kech (Turbat) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Kharan | 687 | 171 | 15 | 0 | 42 | 44 | 13 | 0 | 0 | 0 |
| Khuzdar | 215 | 111 | 39 | 3 | 14 | 18 | 32 | 0 | 1 | 0 |
| Killa Abdullah | 295 | 139 | 6 | 14 | 102 | 18 | 19 | 8 | 16 | 6 |
| Killa Saifullah | 0 | 206 | 156 | 333 | 108 | 67 | 34 | 2 | 1 | 0 |
| Kohlu | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Lasbella | 93 | 314 | 304 | 185 | 13 | 17 | 6 | 21 | 1 | 1 |
| Loralai | 612 | 189 | 15 | 90 | 114 | 41 | 18 | 0 | 0 | 1 |
| Mastung | 199 | 87 | 25 | 84 | 27 | 9 | 6 | 0 | 0 | 2 |
| MusaKhel | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Naseerabad | 33 | 310 | 242 | 89 | 8 | 24 | 33 | 118 | 1 | 5 |
| Nushki | 28 | 10 | 0 | 0 | 80 | 6 | 0 | 0 | 0 | 0 |
| Panjgur | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Pishin | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Quetta | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Sherani | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Sibi | 939 | 459 | 369 | 342 | 259 | 38 | 43 | 0 | 13 | 20 |
| Sohbat pur | 0 | 176 | 105 | 142 | 12 | 41 | 10 | 8 | 0 | 0 |
| Surab | 51 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Usta Muhammad | 263 | 458 | 126 | 318 | 21 | 58 | 3 | 32 | 0 | 0 |
| Washuk | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Zhob | 47 | 27 | 4 | 43 | 22 | 1 | 2 | 0 | 0 | 0 |
| Ziarat | 3 | 3 | 0 | 4 | 3 | 8 | 1 | 0 | 0 | 1 |
| Total | 4,982 | 3,806 | 2,454 | 1,878 | 955 | 841 | 267 | 201 | 190 | 52 |

***Figure 4: Most frequently reported suspected cases during Week 51, Balochistan***

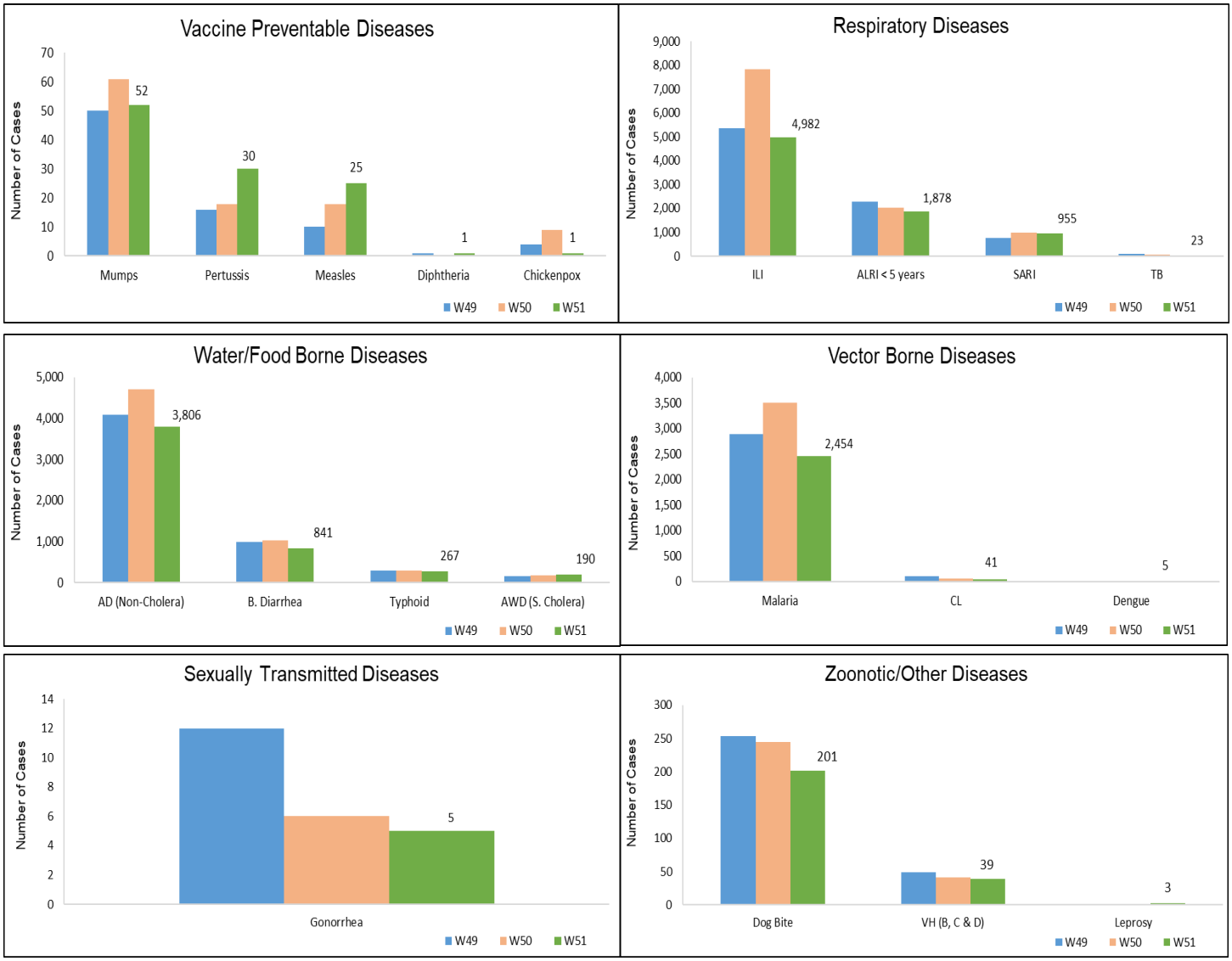



***Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan***

## Khyber Pakhtunkhwa

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

***Table 4: District wise distribution of most frequently reported suspected cases during Week 51, KP.***

| Districts | AD (Non-Cholera) | ILI | Malaria | ALRI < 5 years | SARI | Dog Bite | Typhoid | B. Diarrhea | Measles | CL |
|---|---|---|---|---|---|---|---|---|---|---|
| Abbottabad | 496 | 84 | 0 | 56 | 7 | 68 | 26 | 3 | 14 | 1 |
| Bajaur | 418 | 3 | 104 | 13 | 92 | 100 | 6 | 28 | 15 | 9 |
| Bannu | 622 | 4 | 886 | 12 | 0 | 1 | 85 | 5 | 35 | 0 |
| Battagram | 249 | 765 | 28 | 8 | NR | 4 | 1 | 2 | 14 | NR |
| Buner | 112 | 0 | 86 | 0 | 0 | 0 | 10 | 0 | 0 | 0 |
| Charsadda | 1,166 | 1,797 | 212 | 363 | 3 | 15 | 52 | 91 | 30 | 0 |
| Chitral Lower | 311 | 35 | 4 | 17 | 21 | 10 | 4 | 13 | 1 | 7 |
| Chitral Upper | 83 | 20 | 1 | 9 | 8 | 3 | 12 | 4 | 1 | 1 |
| D.I. Khan | 1,576 | 0 | 294 | 27 | 0 | 15 | 0 | 19 | 21 | 1 |
| Dir Lower | 950 | 1 | 59 | 6 | 0 | 46 | 26 | 60 | 21 | 1 |
| Dir Upper | 748 | 83 | 5 | 128 | 0 | 30 | 11 | 10 | 18 | 1 |
| Hangu | 206 | 10 | 61 | 0 | 0 | 17 | 3 | 1 | 0 | 41 |
| Haripur | 647 | 828 | 0 | 76 | 42 | 6 | 41 | 10 | 3 | 0 |
| Karak | 293 | 16 | 126 | 59 | 0 | 13 | 7 | 13 | 50 | 137 |
| Khyber | 365 | 0 | 285 | 133 | 0 | 42 | 50 | 88 | 0 | 75 |
| Kohat | 311 | 3 | 33 | 11 | 0 | 18 | 6 | 7 | 1 | 19 |
| Kohistan Lower | 62 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 2 | 0 |
| Kohistan Upper | 117 | 0 | 2 | 1 | 0 | 1 | 0 | 8 | 1 | 0 |
| Kolai Palas | 79 | 0 | 0 | 4 | 0 | 0 | 6 | 3 | 0 | 0 |
| L & C Kurram | 7 | 4 | 0 | 0 | 0 | 0 | 0 | 9 | 0 | 0 |
| Lakki Marwat | 359 | 0 | 245 | 17 | 0 | 12 | 0 | 1 | 0 | 0 |
| Malakand | 529 | 233 | 19 | 37 | 49 | 0 | 0 | 0 | 12 | 6 |
| Mansehra | 402 | 291 | 0 | 14 | 75 | 0 | 71 | 4 | 0 | 0 |
| Mardan | 601 | 91 | 19 | 155 | 1 | 26 | 19 | 13 | 10 | 0 |
| Mohmand | 57 | 149 | 82 | 2 | 197 | 7 | 2 | 7 | 4 | 39 |
| North Waziristan | 89 | 4 | 80 | 32 | 27 | 0 | 43 | 18 | 24 | 10 |
| Nowshera | 1,127 | 36 | 79 | 18 | 12 | 3 | 2 | 6 | 16 | 10 |
| Orakzai | 88 | 7 | 6 | 0 | 0 | 0 | 0 | 6 | 0 | 0 |
| Peshawar | 2,845 | 430 | 23 | 173 | 68 | 3 | 17 | 61 | 53 | 0 |
| Shangla | 618 | 0 | 93 | 19 | 0 | 38 | 17 | 3 | 7 | 0 |
| South Waziristan (Lower) | 60 | 281 | 19 | 64 | 59 | 13 | 6 | 2 | 13 | 10 |
| SWU | 26 | 1 | 13 | 13 | 34 | 0 | 0 | 0 | 0 | 2 |
| Swabi | 709 | 503 | 30 | 66 | 102 | 48 | 15 | 3 | 19 | 0 |
| Swat | 1,455 | 253 | 26 | 70 | 0 | 149 | 62 | 33 | 22 | 0 |
| Tank | 430 | 66 | 149 | 8 | 0 | 3 | 0 | 3 | 0 | 0 |
| Tor Ghar | 67 | 16 | 21 | 11 | 0 | 10 | 2 | 3 | 0 | 9 |
| Upper Kurram | 159 | 123 | 8 | 3 | 27 | 11 | 7 | 13 | 1 | 0 |
| Total | 18,439 | 6,137 | 3,098 | 1,625 | 824 | 714 | 609 | 551 | 408 | 379 |

***Figure 6: Most frequently reported suspected cases during Week 51, KP.***

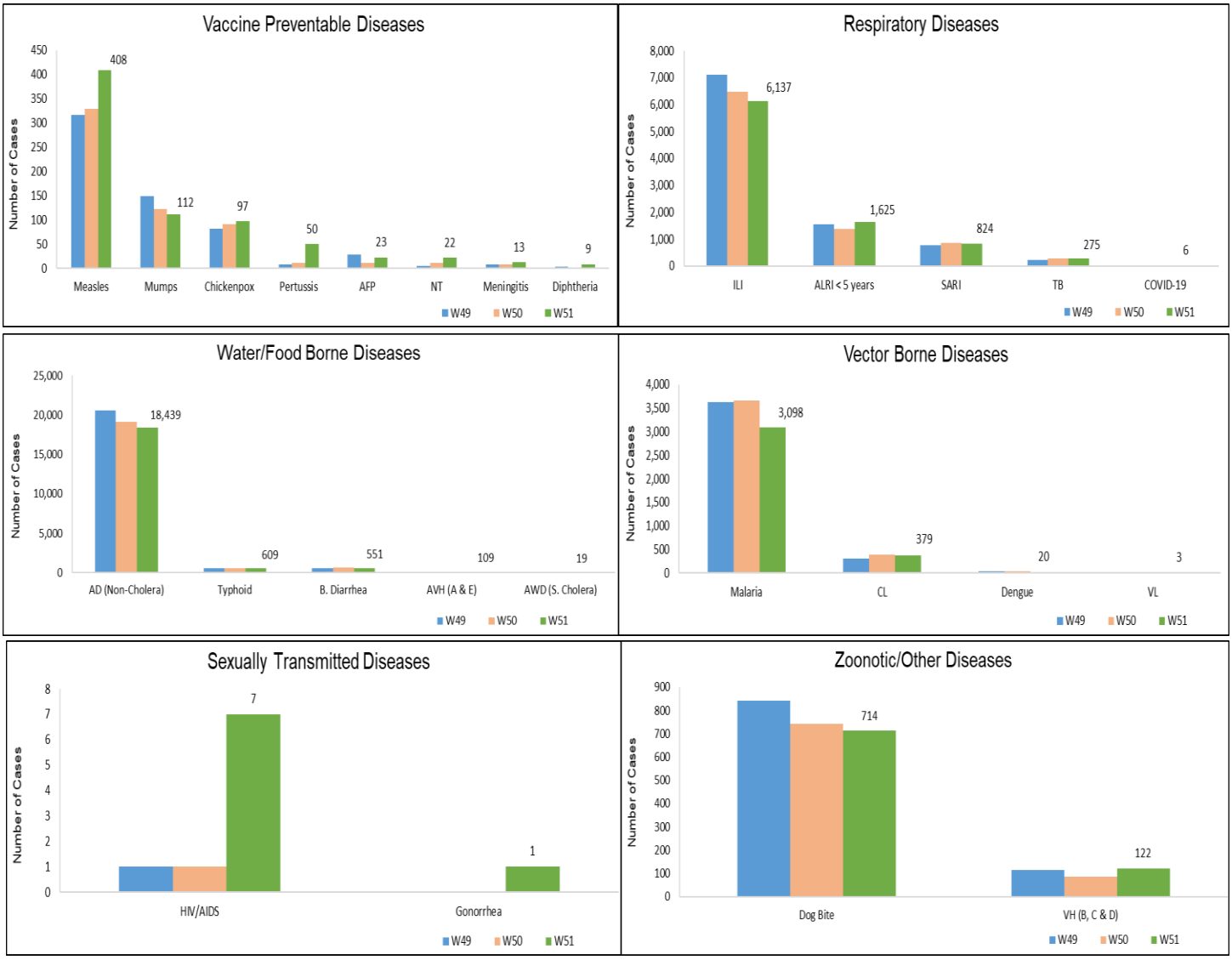
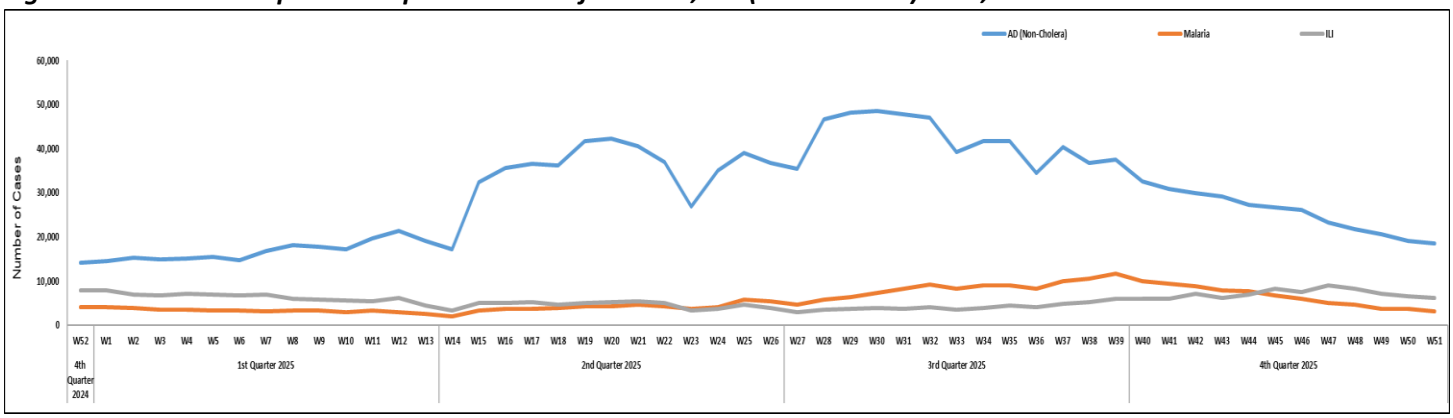



***Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP***



## ICT, AJK & GB

*ICT*: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and ALRI<5 and Chicken pox .AD (Non cholera) and ILI cases showed a decline in number this week.

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

*GB:* ALRI <5 Years cases were the most frequently reported diseases followed by AD (Non-Cholera), ILI, SARI, TB, Typhoid, B. Diarrhea, Chickenpox/ Varicella, VH (B, C & D), Measles, Mumps and Pertussis cases. A decline is observed in number of cases of ILI, ALRI <5 Years, AD (Non-Cholera), SARI and TB this week.

***Figure 8: Most frequently reported suspected cases during Week 51, AJK.***

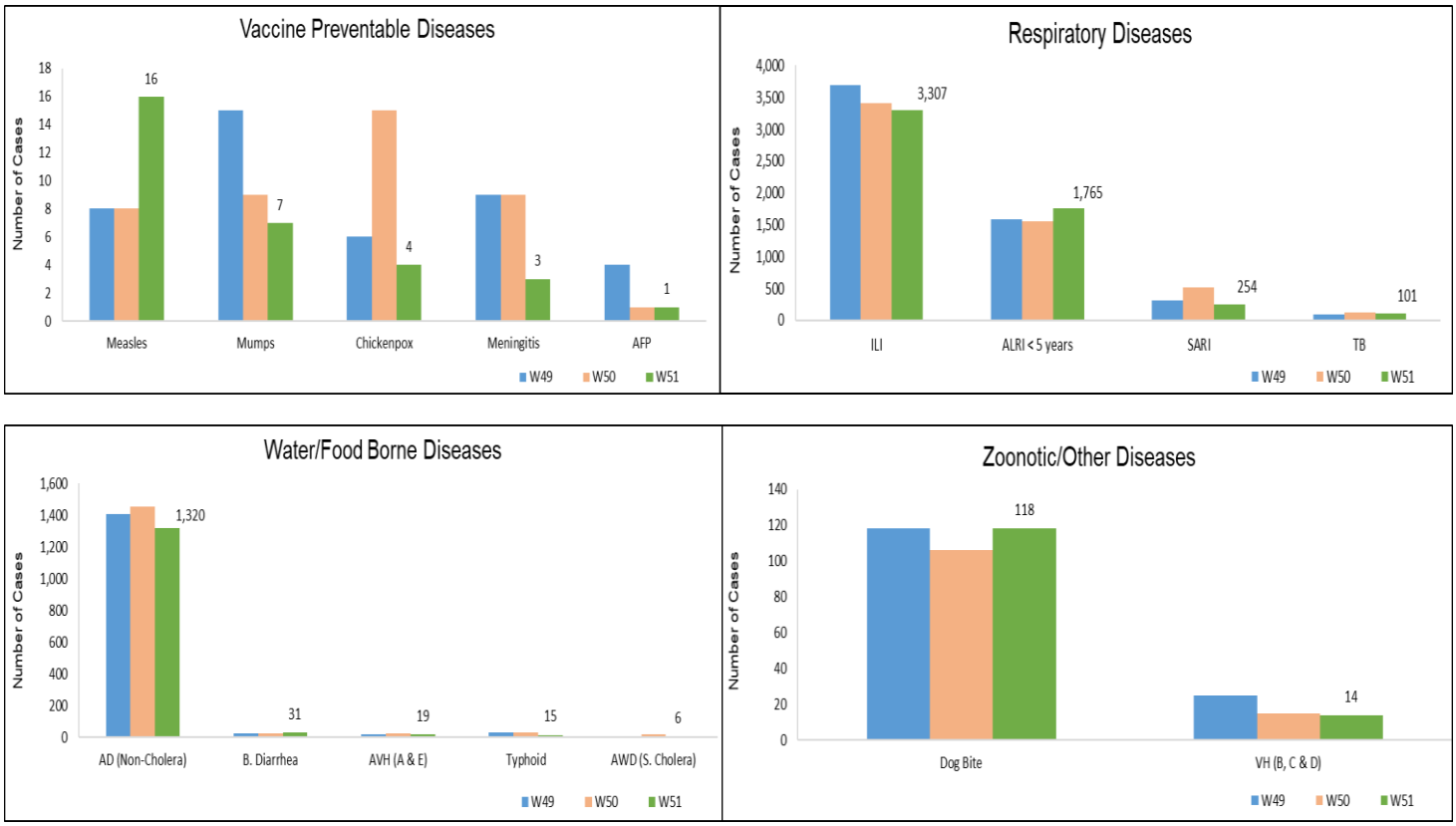



***Figure 9: Week wise reported suspected cases of ILI and ALRI < 5 years, AJK***

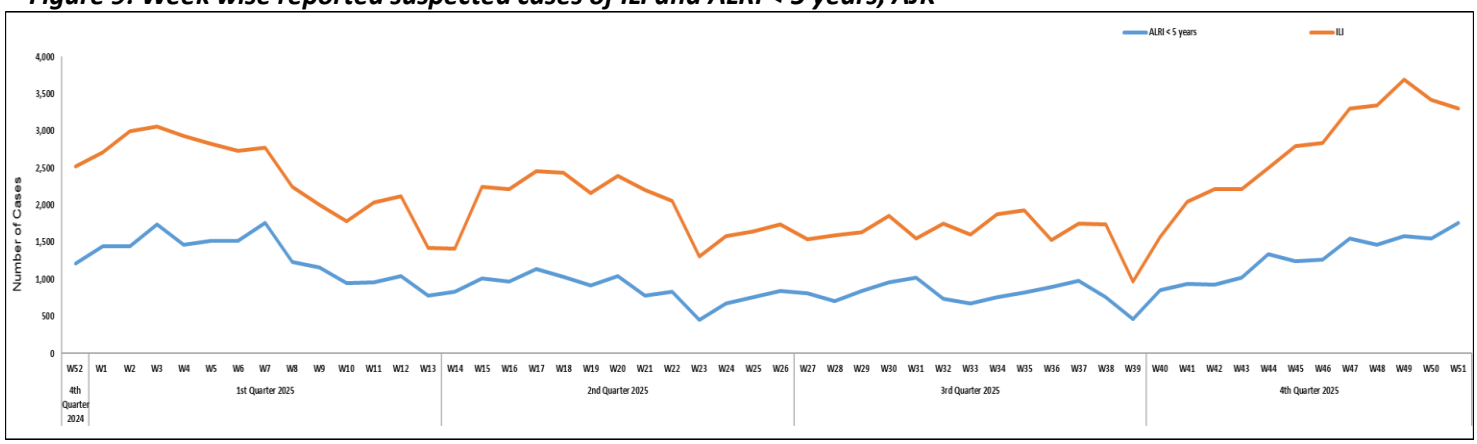


***Figure 10: Most frequently reported suspected cases during Week 51, ICT.***

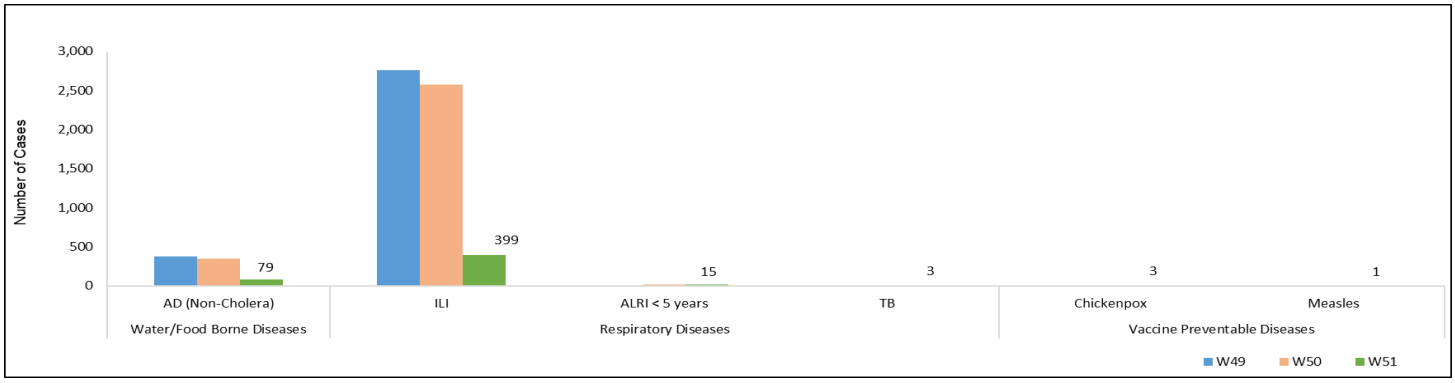



***Figure 11: Week wise reported suspected cases of ILI, ICT.***

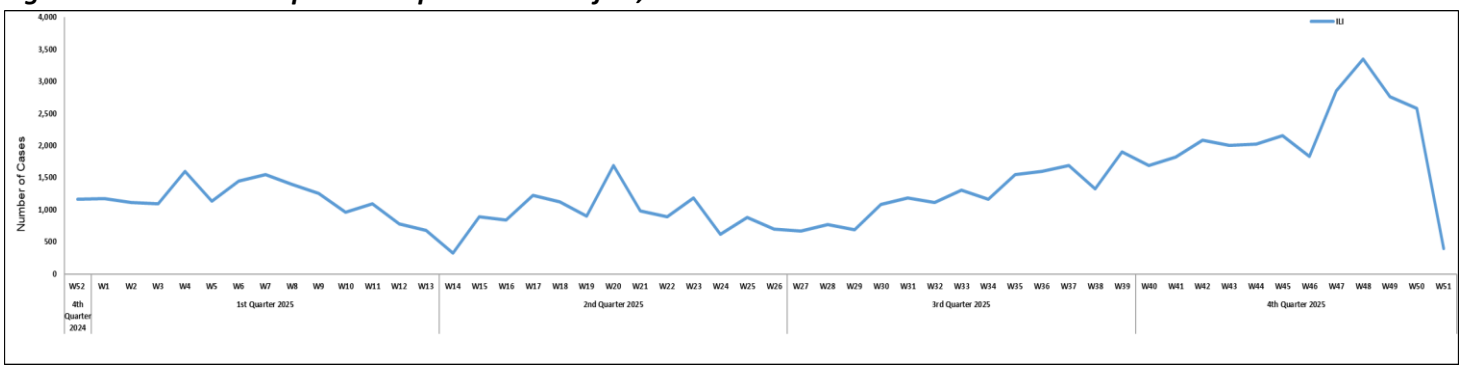



***Figure 12: Most frequently reported suspected cases during Week 51, GB.***

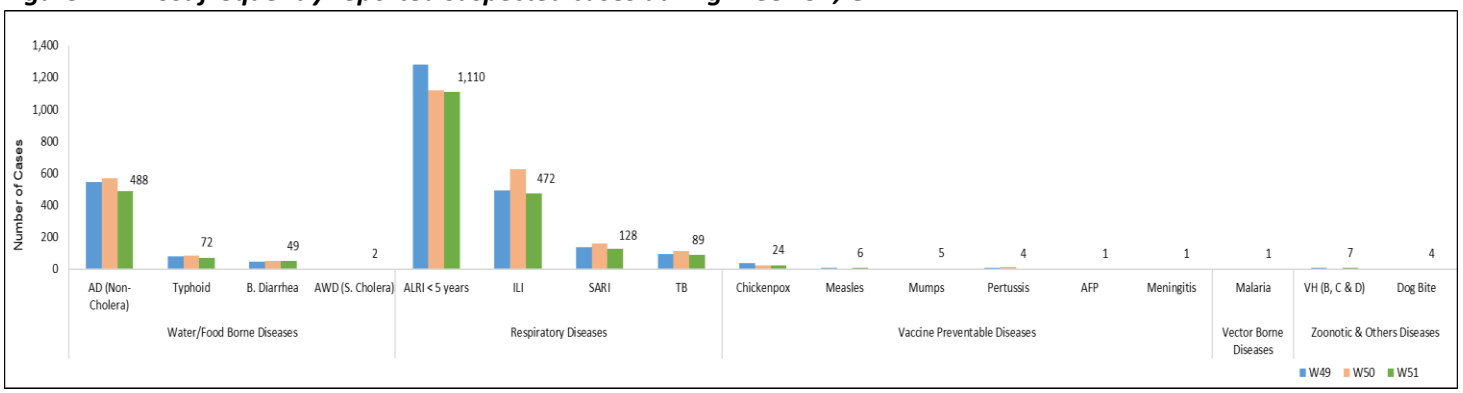



***Figure 13: Week wise reported suspected cases of ALRI < 5 years, GB.***

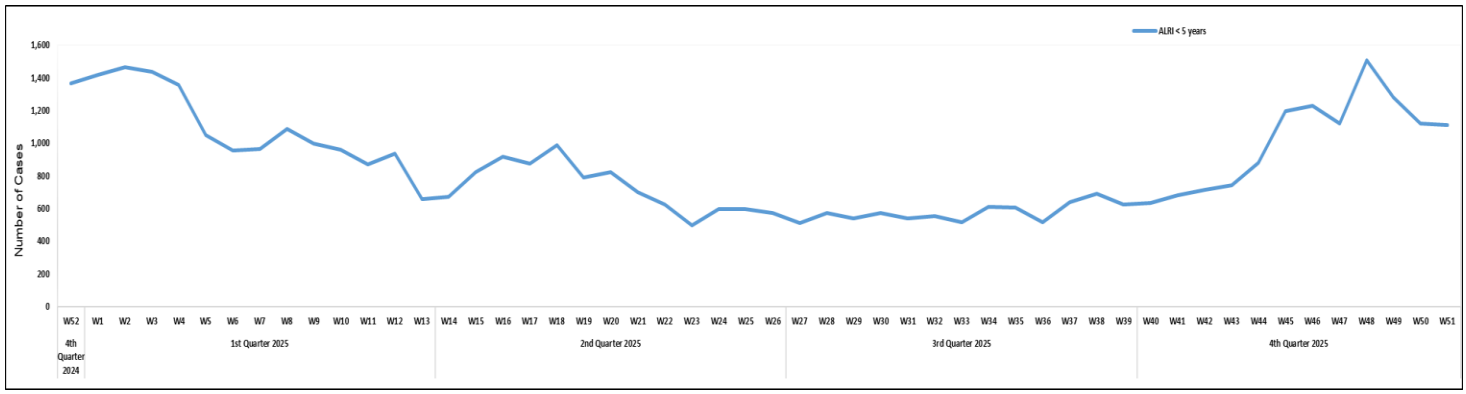


***Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 51***

| 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) | | 70 | 0 | - | - | - | - | - | - | - | - | - | - | - | - |
| Stool culture & Sensitivity | | 295 | 1 | - | - | - | - | - | - | - | - | - | - | - | - |
| Malaria | | 12881 | 397 | 1237 | 139 | 130 | 21 | - | - | 105 | 0 | - | - | 2 | 0 |
| CCHF | | 1 | 0 | - | - | - | - | - | - | - | - | - | - | - | - |
| Dengue | | 4483 | 379 | 2 | 0 | 2 | 0 | - | - | - | - | - | - | 3 | 0 |
| VH (B) | | 16893 | 604 | 868 | 97 | 63 | 0 | - | - | 1148 | 11 | - | - | 249 | 3 |
| VH (C) | | 17429 | 1587 | 835 | 48 | 63 | 0 | - | - | 1201 | 5 | - | - | 249 | 9 |
| VH (D) | | 154 | 34 | 48 | 12 | - | - | - | - | - | - | - | - | - | - |
| VH (A) | | 53 | 12 | - | - | - | - | - | - | - | - | - | - | - | - |
| VH (E) | | 92 | 5 | - | - | - | - | - | - | - | - | - | - | - | - |
| Covid-19 | | 49 | 1 | 6 | 1 | - | - | - | - | - | - | - | - | - | - |
| TB | | 1105 | 101 | 181 | 19 | 24 | 6 | - | - | 85 | 0 | - | - | 79 | 9 |
| HIV/ AIDS | | 4116 | 34 | 553 | 2 | 17 | 0 | - | - | 237 | 0 | - | - | 253 | 0 |
| Syphilis | | 1321 | 26 | 63 | 2 | 6 | 0 | - | - | 102 | 0 | - | - | - | - |
| Typhoid | | 2599 | 37 | 147 | 26 | - | - | - | - | 117 | 10 | - | - | 1 | 0 |
| Diphtheria | | 4 | 1 | - | - | - | - | - | - | - | - | - | - | - | - |
| ILI | | 121 | 21 | 3 | 1 | - | - | - | - | - | - | - | - | - | - |
| Pneumonia (ALRI) | | 290 | 87 | - | - | - | - | - | - | - | - | - | - | - | - |
| Meningitis | | 41 | 1 | - | - | - | - | - | - | - | - | - | - | - | - |
| Measles | | 150 | 69 | 53 | 34 | 213 | 114 | 19 | 13 | 1 | 0 | 328 | 66 | 18 | 8 |
| Rubella (CRS) | | 9 | 2 | - | - | - | - | - | - | - | - | - | - | - | - |
| Leishmaniosis (cutaneous) | | - | - | 32 | 10 | 4 | 3 | - | - | - | - | - | - | - | - |
| Chikungunya | | 10 | 0 | - | - | - | - | - | - | - | - | - | - | - | - |
| Gonorrhea | | 102 | 3 | - | - | - | - | - | - | - | - | - | - | - | - |
| Leishmaniosis (Visceral) | | - | - | 1 | 0 | - | - | - | - | - | - | - | - | - | - |
| SARI | | 103 | 52 | - | - | - | - | - | - | - | - | - | - | - | - |
| Covid-19 | ILI | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | SARI | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Influenza A | ILI | 4 | 1 | - | - | - | - | 77 | 15 | 5 | 0 | 43 | 8 | - | - |
| | SARI | 10 | 2 | - | - | 87 | 2 | 263 | 47 | - | - | 152 | 20 | - | - |
| Influenza B | ILI | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | SARI | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| RSV | ILI | - | - | - | - | - | - | 77 | 5 | - | - | - | - | - | - |
| | SARI | - | - | - | - | 87 | 22 | 263 | 98 | - | - | - | - | - | - |

**Table 6: Compliance of IDSR reporting districts Week 51, Pakistan.**

| Provinces/Regions | Districts | Total Number of Reporting Sites | Number of Reported Sites for current week | Compliance Rate (%) |
|---|---|---|---|---|
| Khyber Pakhtunkhwa | Abbottabad | 111 | 103 | 93% |
| | Bannu | 238 | 133 | 56% |
| | Battagram | 59 | 36 | 61% |
| | Buner | 34 | 16 | 47% |
| | Bajaur | 44 | 39 | 89% |
| | Charsadda | 59 | 57 | 97% |
| | Chitral Upper | 34 | 30 | 88% |
| | Chitral Lower | 35 | 35 | 100% |
| | D.I. Khan | 114 | 113 | 99% |
| | Dir Lower | 74 | 61 | 82% |
| | Dir Upper | 37 | 35 | 95% |
| | Hangu | 22 | 18 | 82% |
| | Haripur | 72 | 70 | 97% |
| | Karak | 36 | 36 | 100% |
| | Khyber | 53 | 39 | 74% |
| | Kohat | 61 | 61 | 100% |
| | Kohistan Lower | 11 | 8 | 73% |
| | Kohistan Upper | 20 | 10 | 50% |
| | Kolai Palas | 10 | 10 | 100% |
| | Lakki Marwat | 70 | 68 | 97% |
| | Lower & Central Kurram | 42 | 4 | 10% |
| | Upper Kurram | 41 | 30 | 73% |
| | Malakand | 42 | 25 | 60% |
| | Mansehra | 133 | 66 | 50% |
| | Mardan | 80 | 62 | 78% |
| | Nowshera | 56 | 54 | 96% |
| | North Waziristan | 13 | 9 | 69% |
| | Peshawar | 156 | 136 | 87% |
| | Shangla | 37 | 31 | 84% |
| | Swabi | 64 | 62 | 97% |
| | Swat | 77 | 74 | 96% |
| | South Waziristan (Upper) | 93 | 39 | 42% |
| | South Waziristan (Lower) | 42 | 29 | 69% |
| | Tank | 34 | 32 | 94% |
| | Torghar | 14 | 13 | 93% |
| | Mohmand | 68 | 18 | 26% |
| | Orakzai | 69 | 10 | 14% |
| Azad Jammu Kashmir | Mirpur | 37 | 37 | 100% |
| | Bhimber | 92 | 69 | 75% |
| | Kotli | 60 | 60 | 100% |
| | Muzaffarabad | 45 | 45 | 100% |
| | Poonch | 46 | 46 | 100% |
| | Haveli | 39 | 39 | 100% |
| | Bagh | 54 | 27 | 50% |
| | Neelum | 39 | 22 | 56% |

| | | | | |
|---|---|---|---|---|
| | Jhelum Velley | 29 | 29 | 100% |
| | Sudhnooti | 27 | 27 | 100% |
| **Islamabad Capital Territory** | ICT | 23 | 3 | 13% |
| | CDA | 15 | 7 | 47% |
| **Balochistan** | Gwadar | 26 | 1 | 4% |
| | Kech | 44 | 0 | 0% |
| | Khuzdar | 74 | 17 | 23% |
| | Killa Abdullah | 26 | 23 | 88% |
| | Lasbella | 55 | 55 | 100% |
| | Pishin | 69 | 0 | 0% |
| | Quetta | 55 | 0 | 0% |
| | Sibi | 36 | 36 | 100% |
| | Zhob | 39 | 10 | 26% |
| | Jaffarabad | 16 | 16 | 100% |
| | Naseerabad | 32 | 29 | 91% |
| | Kharan | 30 | 30 | 100% |
| | Sherani | 15 | 0 | 0% |
| | Kohlu | 75 | 0 | 0% |
| | Chagi | 36 | 20 | 56% |
| | Kalat | 41 | 40 | 98% |
| | Harnai | 17 | 8 | 47% |
| | Kachhi (Bolan) | 35 | 18 | 51% |
| | Jhal Magsi | 28 | 28 | 100% |
| | Sohbat pur | 25 | 25 | 100% |
| | Surab | 32 | 8 | 25% |
| | Mastung | 46 | 45 | 98% |
| | Loralai | 33 | 30 | 91% |
| | Killa Saifullah | 28 | 24 | 86% |
| | Ziarat | 29 | 2 | 7% |
| | Duki | 31 | 0 | 0% |
| | Nushki | 32 | 29 | 91% |
| | Dera Bugti | 45 | 21 | 47% |
| | Washuk | 46 | 0 | 0% |
| | Panjgur | 38 | 0 | 0% |
| | Awaran | 23 | 0 | 0% |
| | Chaman | 24 | 0 | 0% |
| | Barkhan | 20 | 18 | 90% |
| | Hub | 33 | 28 | 85% |
| | Musakhel | 41 | 0 | 0% |
| | Usta Muhammad | 34 | 34 | 100% |
| **Gilgit Baltistan** | Hunza | 32 | 32 | 100% |
| | Nagar | 25 | 20 | 80% |
| | Ghizer | 38 | 0 | 0% |
| | Gilgit | 44 | 44 | 100% |
| | Diamer | 62 | 52 | 84% |
| | Astore | 55 | 55 | 100% |
| | Shigar | 27 | 18 | 67% |
| | Skardu | 53 | 52 | 98% |
| | Ganche | 29 | 29 | 100% |

| | | | | |
|---|---|---|---|---|
| | Kharmang | 46 | 25 | 54% |
| **Sindh** | Hyderabad | 72 | 72 | 100% |
| | Ghotki | 64 | 64 | 100% |
| | Umerkot | 62 | 62 | 100% |
| | Naushahro Feroze | 107 | 102 | 95% |
| | Tharparkar | 276 | 268 | 97% |
| | Shikarpur | 60 | 59 | 98% |
| | Thatta | 52 | 52 | 100% |
| | Larkana | 67 | 66 | 99% |
| | Kamber Shadadkot | 71 | 71 | 100% |
| | Karachi-East | 21 | 13 | 62% |
| | Karachi-West | 20 | 20 | 100% |
| | Karachi-Malir | 35 | 24 | 69% |
| | Karachi-Kemari | 22 | 21 | 95% |
| | Karachi-Central | 12 | 11 | 92% |
| | Karachi-Korangi | 18 | 18 | 100% |
| | Karachi-South | 6 | 4 | 67% |
| | Sujawal | 55 | 22 | 40% |
| | Mirpur Khas | 106 | 106 | 100% |
| | Badin | 124 | 123 | 99% |
| | Sukkur | 64 | 63 | 98% |
| | Dadu | 90 | 89 | 99% |
| | Sanghar | 100 | 100 | 100% |
| | Jacobabad | 44 | 44 | 100% |
| | Khairpur | 170 | 167 | 98% |
| | Kashmore | 59 | 59 | 100% |
| | Matiari | 42 | 42 | 100% |
| | Jamshoro | 75 | 74 | 99% |
| | Tando Allahyar | 54 | 53 | 98% |
| | Tando Muhammad Khan | 41 | 41 | 100% |
| | Shaheed Benazirabad | 122 | 121 | 99% |

**Table 7: Compliance of IDSR reporting Tertiary care hospitals Week 51, Pakistan.**

| Provinces/Regions | Districts | Total Number of Reporting Sites | Number of Reported Sites for current week | Compliance Rate (%) |
|---|---|---|---|---|
| AJK | Mirpur | 2 | 1 | 50% |
| | Bhimber | 1 | 0 | 0% |
| | Kotli | 1 | 0 | 0% |
| | Muzaffarabad | 2 | 1 | 50% |
| | Poonch | 2 | 0 | 0% |
| | Haveli | 1 | 0 | 0% |
| | Bagh | 1 | 0 | 0% |
| | Neelum | 1 | 0 | 0% |
| | Jhelum Vellay | 1 | 0 | 0% |
| | Sudhnooti | 1 | 0 | 0% |
| Sindh | Karachi-South | 3 | 1 | 33% |
| | Sukkur | 1 | 0 | 0% |
| | Shaheed Benazirabad | 1 | 1 | 100% |
| | Karachi-East | 1 | 0 | 0% |
| | Karachi-Central | 1 | 1 | 100% |
| KP | Peshawar | 3 | 0 | 0% |
| | Swabi | 1 | 0 | 0% |
| | Nowshera | 1 | 1 | 100% |
| | Mardan | 1 | 0 | 0% |
| | Abbottabad | 1 | 1 | 100% |
| | Swat | 1 | 0 | 0% |

## Letter to the Editor

### Closing the Surveillance Gap: Pakistan's National Strategy to Prevent and Detect Healthcare-Associated Infections

Dear Editor,

Healthcare-associated infections (HCAIs) remain a major but largely preventable threat to patient safety, quality of care, and health system resilience in Pakistan. They prolong hospital stays, increase healthcare costs, accelerate antimicrobial resistance, and lead to avoidable illness and death. While Pakistan has made progress through national Infection Prevention and Control (IPC) guidelines and the establishment of IPC structures at federal and provincial levels, the absence of a standardized national surveillance system has limited the country's ability to consistently detect, analyze, and respond to HCAIs.

To address this gap, the National Institute of Health (NIH), under the Ministry of National Health Services, Regulations and Coordination, in collaboration with provincial health departments, stakeholders, and development partners, has developed the National HCAI Surveillance and Response Strategic Plan 2025–2030. The strategy provides a unified framework to establish a sustainable, integrated, and resilient national HCAI surveillance system. It is aligned with WHO IPC core components, the International Health Regulations (2005), and key recommendations of Pakistan's Joint External Evaluation (JEE) 2023.

The strategic plan envisions a health system capable of preventing, detecting, and responding to healthcare-associated infections in a timely manner, ensuring safer and higher-quality care nationwide. Its mission centers on strengthening surveillance through multisectoral collaboration, workforce development, and the effective use of digital technologies. Priority actions include strengthening governance and leadership, enhancing healthcare facility and laboratory capacity, and building a trained workforce through structured training and certification.

A central feature of the strategy is the integration of HCAI surveillance with antimicrobial resistance monitoring, laboratory information systems, and the Integrated Disease Surveillance and Response (IDSR) system. This integrated approach enables coherent data flows, actionable analysis, and evidence-based decision-making, supported by continuous supervision, monitoring, and evaluation.

Operationalization of the strategy is guided by the National HCAIs Surveillance Implementation Guidelines 2025, developed in alignment with the WHO Practical Handbook on HCAIs Surveillance (2024). These guidelines translate national policy into standardized, practical actions at facility, provincial, and national levels, with a focus on generating reliable and comparable data for timely prevention and response.

The guidelines prioritize case-based surveillance of high-impact infections, including catheter-associated urinary tract infections, central line-associated bloodstream infections, ventilator-associated pneumonia, and surgical site infections, alongside laboratory-based surveillance of multidrug-resistant organisms. Surveillance is implemented through a DHIS-2–based national HCAI system hosted at the National Health Data Center (NHDC), NIH, with interoperability with IDSR. Automated case detection using WHO definitions, combined with web, mobile, and paper-based reporting, ensures standardization, timeliness, and inclusivity across diverse healthcare settings.

Clear roles and responsibilities, standardized case definitions, structured reporting formats, and stepwise guidance on data use and feedback are core elements of the guidelines. Strong emphasis is placed on data governance, patient confidentiality, ethical use of information, and capacity building through training, mentorship, and supportive supervision.

Together, the National HCAI Surveillance and Response Strategic Plan 2025–2030 and the HCAIs Surveillance Implementation Guidelines mark a transition from fragmented efforts to a coordinated national system. Through phased implementation and sustained commitment across all levels of the health system, Pakistan aims to reduce the burden of HCAIs, safeguard antimicrobial effectiveness, and strengthen health system resilience. By 2030, the country seeks to establish a fully functional, standardized, and sustainable national HCAI surveillance system, placing patient safety and infection prevention firmly at the center of the public health agenda.

Center For Disease Control – CDC

National Institute of Health – NIH

# Notes from the field:

## Dengue Outbreak Investigation Report, Bagh District, Azad Jammu & Kashmir (July - August 2025)

### Introduction

Dengue fever is a rapidly increasing mosquito-borne viral disease, disproportionately affecting South Asia due to favorable climate, urbanization, and weak vector control

Pakistan has experienced recurrent dengue outbreaks with expanding geographic spread, including new transmission zones. In Azad Jammu & Kashmir, dengue transmission has historically been limited; however, in August 2025, an unusual clustering of dengue cases was reported from District Bagh, prompting an outbreak investigation to assess the situation and guide response measures.

#### Objectives

- To confirm the dengue outbreak in District Bagh
- To assess the magnitude of the outbreak
- To identify risk factors
- To recommend prevention and control measures

### Methods

A descriptive outbreak investigation was conducted in UC Chirala and UC Sahlian, Tehsil Dhirkot, District Bagh, from 20 July to 26 August 2025. The study population included all laboratory-confirmed dengue cases reported through IDSRS.

A suspected case was defined as “an individual with acute fever and at least two symptoms (headache, retro-orbital pain, myalgia, or rash)”. A confirmed case was “a suspected case with laboratory confirmation through NS1 antigen or IgM/IgG ELISA”.

Data were collected through line-listing in DHIS2, household visits for active case finding, and health facility record review. Environmental assessments and entomological surveillance were conducted to identify mosquito breeding sites. Data were analyzed by person, place, and time, and attack rates were calculated.

#### Results

As of 26 August 2025, a total of 48 laboratory-confirmed dengue cases were reported. The median age of cases was 34 years (range: 5–65 years). Males constituted 64.5% of cases, while females accounted for 35.5%, with a male-to-female ratio of 2:1.

Most cases were reported from Seri Bandi (60%), followed by Sikandar Abad Budal (15%), Khapadar (6%), and other scattered localities (19%). The overall attack rate was 0.26%. Entomological surveillance revealed high indices (HI 35%, CI 28%, BI 40), exceeding WHO thresholds.

Common clinical symptoms included fever (100%), headache (72%), myalgia (65%), and rash. No dengue-related deaths were reported. Laboratory testing confirmed active transmission, with the majority of cases testing NS1 antigen positive. Environmental assessments identified stagnant water, open drains, and improper water storage as major risk factors.

### Discussion

The investigation confirms an active dengue outbreak in District Bagh with localized clustering and sustained transmission. High vector indices and environmental conditions favorable for mosquito breeding were key contributors. The predominance of cases among males and working-age adults suggests increased outdoor exposure. While no fatalities were reported, gaps in vector control capacity, diagnostic availability, and entomological expertise highlight the need for strengthened preparedness and response.

### Conclusion

The dengue outbreak in District Bagh highlights the expanding epidemiology of dengue in Pakistan, including previously low-risk areas. Strengthened surveillance, integrated vector management, and sustained community engagement are critical to interrupt transmission and prevent future outbreaks.

### Recommendations

- Strengthen integrated vector management with regular larval surveillance
- Ensure adequate supply of diagnostic kits and essential medicines
- Deploy entomological expertise at district level
- Intensify risk communication and community engagement
- Enhance IDSRS-based early warning and response mechanisms

### References


1. World Health Organization. Dengue and severe dengue. Geneva: WHO; 2024.
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3. Gubler DJ. Dengue, urbanization and globalization: the unholy trinity of the 21st century. *Trop Med Health*. 2011;39(4 Suppl):3–11.
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## Knowledge Hub

### Understanding Dengue: Transmission, Symptoms, and Prevention

#### What is Dengue?

Dengue is a mosquito-borne viral disease caused by the dengue virus and transmitted primarily by *Aedes* mosquitoes. It commonly occurs in tropical and subtropical regions and can lead to outbreaks, especially during the monsoon season.

#### Symptoms:

- Fever
- Severe headache
- Pain behind the eyes
- Muscle and joint pain
- Nausea or vomiting
- Skin rash and fatigue

In severe cases, dengue can cause bleeding, plasma leakage, and shock, requiring urgent medical care.

#### How is Dengue Spread?

Dengue is transmitted through the bite of an infected *Aedes* mosquito, which usually bites during daytime hours. Dengue does not spread directly from person to person.

#### How to Prevent Dengue

Here are some essential steps to prevent dengue:

• **Prevent Mosquito Breeding:** Eliminate stagnant water from containers, water tanks, tyres, and flower pots.

• **Protect Against Mosquito Bites:** Use mosquito repellents, coils, and screens; wear long-sleeved clothing, especially during the day.

• **Use Bed Nets:** Sleep under bed nets, particularly for children, pregnant women, and sick individuals.

- **Environmental Management:** Keep surroundings clean and coordinate with local authorities for waste management and drainage.
- **Community Participation:** Support community-led source reduction and vector control activities.

### When to Seek Medical Attention

Seek immediate medical attention if you experience any of the following:

- Persistent high fever
- Severe abdominal pain
- Bleeding from nose or gums
- Vomiting or difficulty drinking fluids
- Extreme weakness or drowsiness

### Additional Resources

For more information on dengue and prevention measures, please visit:

World Health Organization (WHO): https://www.who.int/
Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/
National Institutes of Health (NIH): https://www.nih.gov/

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# مچھر کی افزائش گاہوں کا خاتمہ ! ڈینگی کا خاتمہ

## ڈینگی مچھر کی افزائش کی مندرجہ ذیل جگہوں کو خشک اور صاف رکھیں

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بغیر ڈھکن کے پانی جمع کرنے والے برتن

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