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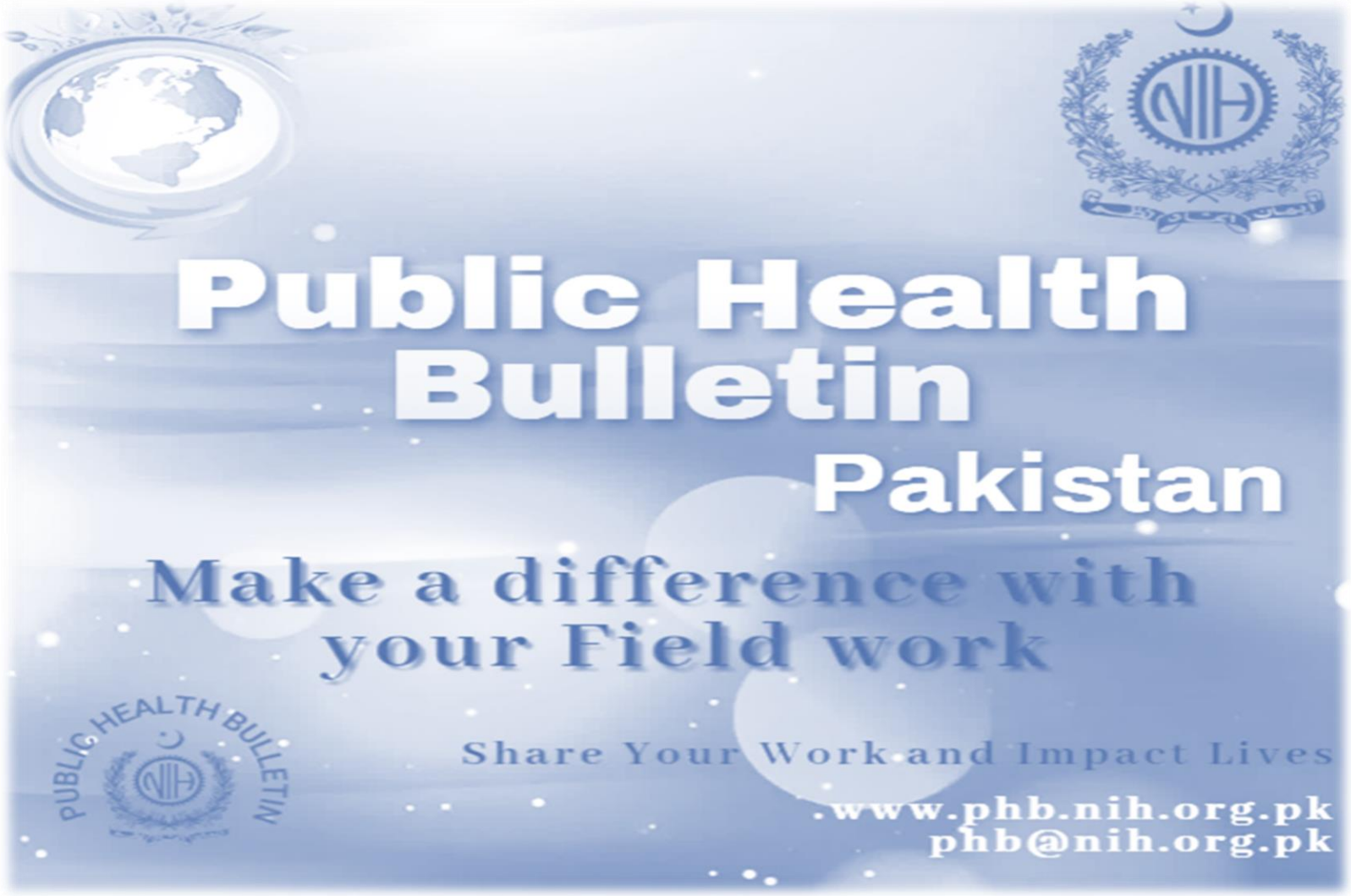
PUBLIC HEALTH BULLETIN-PAKISTAN

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 25, 2026

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 Week's Highlights include;

- *Strengthening Early Disease Detection: NIH Leads National Consultation on Event–Based Surveillance*
- *Knowledge hub on Understanding Monkeypox: 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 25, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria ILI, TB, ALRI <5 years, Animal/ Dog Bite, B. Diarrhea, VH (B, C & D), Typhoid, SARI, Measles and AVH (A & E).*
- *Fifteen cases of AFP were reported from KP, five from Sindh and one from GB.*
- *Twelve suspected cases of HIV/ AIDS reported from Sindh and three from KP.*
- *Three suspected cases of Brucellosis reported from KP.*
- *Among VPDs, there is an increase in the number of cases of Measles, Meningitis, NT and Diphtheria this week.*
- *Among Respiratory diseases, there is an increase in the number of cases of ILI, TB, and ALRI <5 years this week.*
- *Among Water/food-borne diseases, there is a decrease in the number of cases of AD (Non- Cholera) this week.*
- *Among Vector-borne diseases, there is an increase in the number of cases of Malaria this week.*
- *Among STDs, there is a decline in the number of cases of HIV/AIDs this week.*

IDSR compliance attributes

- *The national compliance rate for IDSR reporting in 158 implemented districts is 74%*
- *Sindh is the top reporting region with a compliance rate of 98%, followed by GB 91%, ICT 89% and KP 80%.*
- *The lowest compliance rate was observed in Balochistan 44% and AJK 0%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	*2,277*	*1,827*	*80*
Azad Jammu Kashmir	*476*	*0*	*0*
Islamabad Capital Territory	*36*	*32*	*89*
Balochistan	*1,305*	*570*	*44*
Gilgit Baltistan	*405*	*369*	*91*
Sindh	*2,115*	*2,078*	*98*
National	*6,614*	*4,876*	*74*

Public Health Actions

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

Mpox (Monkeypox)

Strengthen Surveillance and Case Detection: Enhance Mpox surveillance through the Integrated Disease Surveillance and Response (IDSR) system by training healthcare workers to identify suspected cases (fever, rash, lymphadenopathy) and ensure timely reporting and alert generation.

Improve Laboratory Capacity: Strengthen laboratory diagnostic capacity for Mpox confirmation using PCR testing. Ensure proper specimen collection, storage, and transport systems, especially during suspected outbreaks.

Enhance Case Management and Infection Prevention: Establish standard protocols for isolation, clinical management, and infection prevention and control (IPC) in healthcare settings. Ensure availability of personal protective equipment (PPE) for healthcare workers.

Strengthen Contact Tracing and Monitoring: Conduct active contact tracing of confirmed cases and monitor contacts for symptoms for at least 21 days to prevent further transmission.

Promote Risk Communication and Community Engagement: Implement public awareness campaigns to educate communities about Mpox transmission, symptoms, prevention measures, and the importance of early healthcare-seeking behavior while addressing stigma.

Ensure Safe Animal and Environmental Practices: Promote safe handling of animals and animal products, particularly in areas where the risk of zoonotic transmission exists. Strengthen coordination between human and animal health sectors under One Health approach.

Strengthen Points of Entry Screening: Enhance screening and preparedness at airports and border crossings for early detection of suspected Mpox cases, especially during international outbreaks.

Consider Vaccination Strategies: Where available, consider targeted vaccination (e.g., ring vaccination) for high-risk groups, including healthcare workers and close contacts of confirmed cases.

Brucellosis

Strengthen Surveillance and Reporting: Integrate human and animal brucellosis surveillance within the One Health framework to ensure early detection, reporting, and response to outbreaks.

Improve Laboratory Diagnosis: Expand laboratory capacity for serological and molecular confirmation at district and provincial levels; ensure biosafety standards in sample handling.

Enhance Intersectoral Collaboration: Coordinate with livestock and agriculture departments for joint outbreak investigations, animal vaccination campaigns, and control of infection sources.

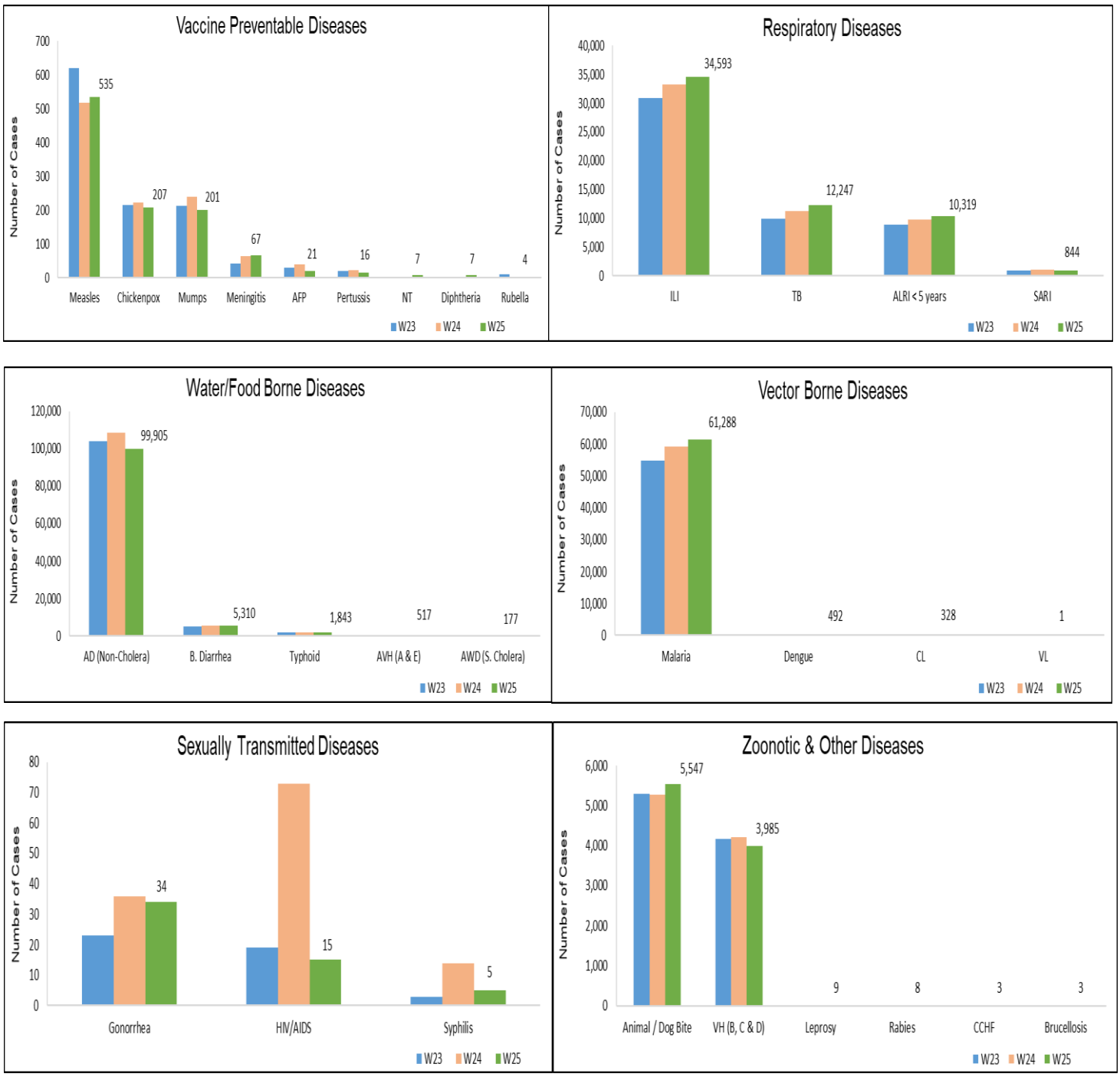
Promote Safe Animal Handling Practices: Educate farmers, veterinarians, and abattoir workers on safe handling of livestock, proper disposal of animal products, and use of protective gear.

Raise Public Awareness: Conduct community education on avoiding consumption of unpasteurized dairy products and promoting early care-seeking for prolonged fever or joint pain.

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 25, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	NR	5,585	1,312	513	43,134	NR	49,361	99,905
Malaria	NR	2,151	0	4	6,189	NR	52,944	61,288
ILI	NR	6,993	320	1,009	3,102	NR	23,169	34,593
TB	NR	43	77	12	269	NR	11,846	12,247
ALRI < 5 years	NR	1,168	624	0	586	NR	7,941	10,319
Animal / Dog Bite	NR	152	2	0	1,339	NR	4,054	5,547
B. Diarrhea	NR	787	60	4	1,176	NR	3,283	5,310
VH (B, C & D)	NR	432	0	65	123	NR	3,365	3,985
Typhoid	NR	276	62	1	647	NR	857	1,843
SARI	NR	292	66	0	268	NR	218	844
Measles	NR	13	4	1	439	NR	78	535
AVH (A & E)	NR	18	0	0	208	NR	291	517
Dengue	NR	406	0	0	45	NR	41	492
CL	NR	42	0	0	281	NR	5	328
Chickenpox/ Varicella	NR	7	4	4	168	NR	24	207
Mumps	NR	25	5	1	108	NR	62	201
AWD (S. Cholera)	NR	153	6	0	0	NR	18	177
Meningitis	NR	1	6	0	14	NR	46	67
Gonorrhea	NR	23	0	0	1	NR	10	34
AFP	NR	0	1	0	15	NR	5	21
Pertussis	NR	11	0	0	4	NR	1	16
HIV/AIDS	NR	0	0	0	3	NR	12	15
Leprosy	NR	0	0	0	0	NR	9	9
Rabies	NR	6	0	0	0	NR	2	8
Diphtheria (Probable)	NR	6	0	0	1	NR	0	7
NT	NR	6	0	0	1	NR	0	7
Syphilis	NR	0	0	0	0	NR	5	5
Rubella (CRS)	NR	4	0	0	0	NR	0	4
Brucellosis	NR	0	0	0	3	NR	0	3
CCHF	NR	0	0	0	3	NR	0	3
VL	NR	0	0	0	1	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 25, Pakistan.



Sindh

- 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 AVH (A & E).
- Malaria cases are mostly from Umerkot, Khairpur and Badin whereas ILI cases are from Khairpur, Badin and Mirpurkhas.
- Five cases of AFP reported from Sindh. They are suspected cases and need field verification.
- Twelve cases of HIV/AIDs reported from Sindh. They are suspected cases and need field verification.
- There is a decline in the number of cases of Mumps, Chickenpox, AFP, ILI, AD (non-cholera), HIV//AIDS and VH (B, C&D), while an increase in the number of cases of Measles, Meningitis, Pertussis, TB, ALRI<5years, AVH(A&E), Malaria, and animal/dog bite this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 25, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	Animal / Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	AVH (A & E)
Badin	3,614	4,152	2,454	814	442	167	126	320	79	0
Dadu	2,847	1,621	364	560	999	203	108	429	132	45
Ghotki	3,208	1,384	0	478	448	352	617	120	3	0
Hyderabad	667	2,806	1,228	329	138	68	89	77	7	4
Jacobabad	1,733	705	518	260	294	307	93	147	27	0
Jamshoro	1,761	1,933	74	627	234	100	142	60	19	12
Kamber	2,711	2,030	0	796	255	257	48	163	12	1
Karachi Central	4	2,068	1,387	319	71	94	21	1	105	4
Karachi East	90	413	11	29	16	31	20	10	1	0
Karachi Keamari	10	670	425	28	32	14	0	9	1	5
Karachi Korangi	75	506	1	73	0	16	3	14	4	3
Karachi Malir	66	1,512	1,798	96	271	33	2	40	6	2
Karachi South	14	114	0	0	0	0	0	0	0	0
Karachi West	232	1,076	1,616	66	283	66	15	23	21	1
Kashmore	1,492	458	208	104	78	181	10	38	10	0
Khairpur	3,797	3,319	4,912	1,222	949	311	131	316	197	0
Larkana	2,870	1,982	0	648	226	72	37	211	4	0
Matiari	3,128	1,852	16	670	200	124	282	50	0	34
Mirpurkhas	2,518	3,480	2,302	670	310	166	74	138	15	52
Naushero Feroze	1,669	1,485	1,059	289	308	276	132	226	44	0
Sanghar	2,932	1,612	72	909	277	313	444	43	12	2
Shaheed Benazirabad	2,242	1,845	2	277	140	195	111	69	106	0
Shikarpur	1,745	1,245	3	262	210	233	250	185	1	0
Sujawal	1,086	1,488	0	189	105	86	49	78	1	0
Sukkur	1,911	1,440	1,801	386	182	124	125	134	4	0
Tando Allahyar	2,113	1,888	716	395	106	98	118	76	2	0
Tando Muhammad Khan	1,011	1,271	0	489	127	74	5	81	0	0
Tharparkar	1,833	2,015	1,001	423	548	2	54	95	6	27
Thatta	1,319	1,261	1,201	40	382	91	196	31	11	81
Umerkot	4,246	1,730	0	398	310	0	63	99	27	18
Total	52,944	49,361	23,169	11,846	7,941	4,054	3,365	3,283	857	291

Figure 2: Most frequently reported suspected cases during Week 25, Sindh.

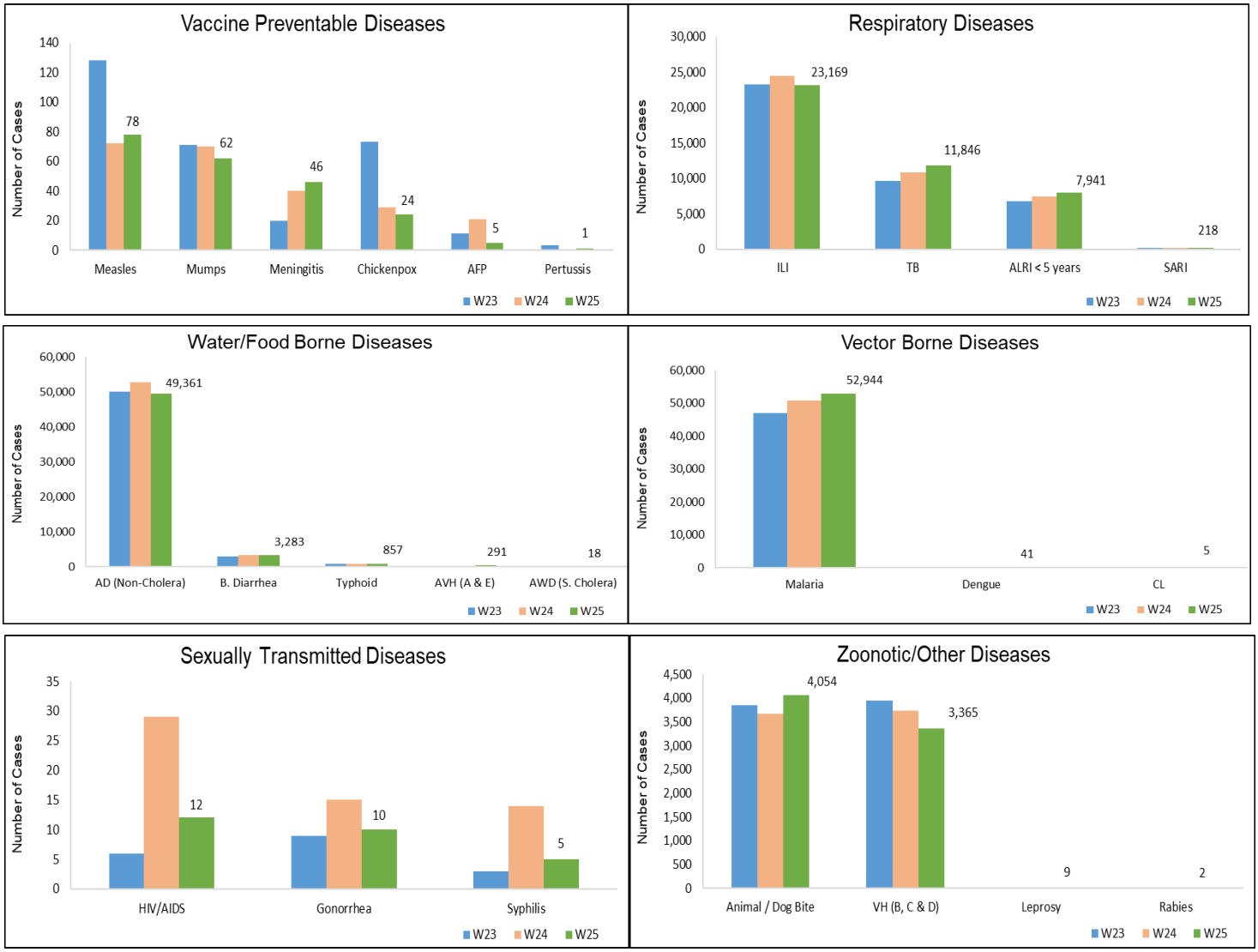
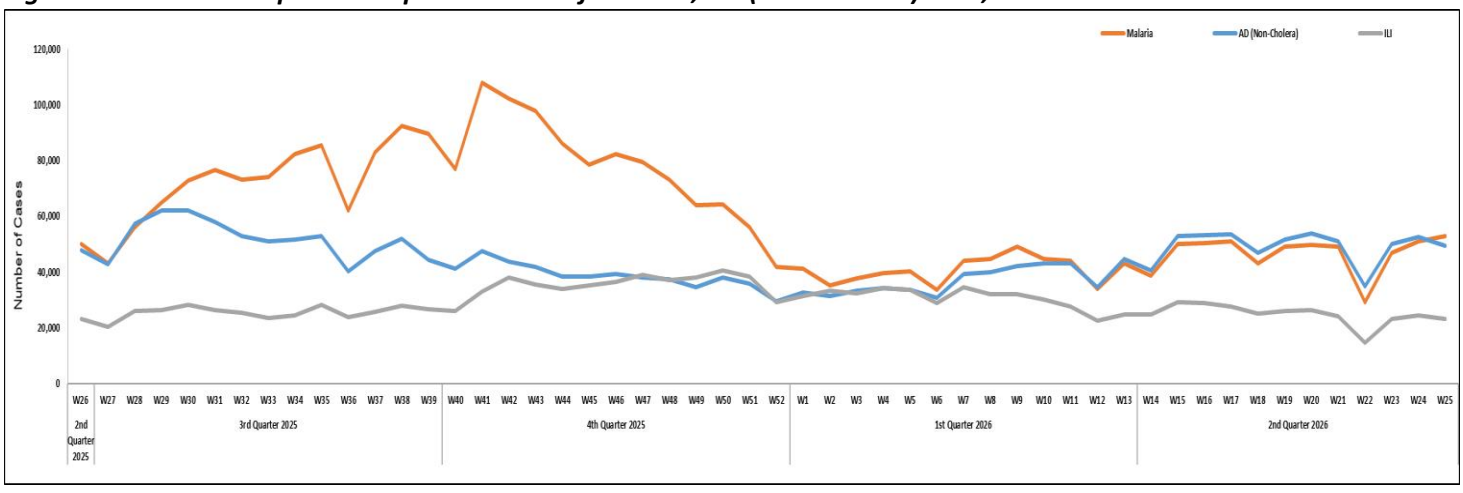


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



Balochistan

- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, VH (B, C&D), Dengue, SARI, Typhoid and AWD (S. Cholera) cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Kech (Turbat), Kharan and Gwadar while AD (Non-Cholera) cases are mostly reported from Mastung, Usta Muhammad, and Lasbella.
- Measles, Mumps, Chickenpox, NT, Diphtheria, Rubella, ILI, ALRI<5years, TB, AWD(S.Cholera), Malaria, Dengue, CL, VH (B, C&D), Animal/Dogbite and Rabies showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of Pertussis, Meningitis, SARI, and AD (non-cholera) this week.

Table 3: District-wise distribution of most frequently reported suspected cases* during *Week 25, Balochistan.

Districts	ILI	AD (Non-Cholera)	Malaria	ALRI < 5 years	B. Diarrhea	VH (B, C & D)	Dengue	SARI	Typhoid	AWD (S. Cholera)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	118	106	70	16	9	0	0	0	33	7
Chagai	184	159	55	0	33	1	0	0	5	0
Chaman	405	3	6	0	41	0	0	4	32	3
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	446	264	9	NR	9	NR	NR	NR	NR	NR
Harnai	3	200	71	154	74	0	0	0	0	0
Hub	59	208	66	4	7	0	0	0	1	0
Jaffarabad	51	98	74	4	5	0	0	0	0	0
Jhal Magsi	9	48	41	36	0	0	0	0	0	0
Kachhi (Bolan)	234	187	150	57	18	4	NR	19	NR	23
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	3,527	419	678	19	17	380	405	9	10	0
Kharan	480	210	39	0	90	0	0	11	6	0
Khuzdar	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Killa Abdullah	105	270	9	3	45	0	0	40	8	36
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lasbella	89	492	205	284	51	21	1	0	9	0
Loralai	428	318	67	43	62	0	0	24	28	0
Mastung	198	634	81	97	57	11	0	50	13	0
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	0	406	173	46	17	2	0	36	70	0
Nushki	0	147	3	0	11	0	0	0	0	6
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Quetta	29	73	1	38	8	0	0	4	9	7
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	222	480	178	66	20	0	0	48	26	41
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Usta Muhammad	125	541	94	138	71	13	0	10	3	0
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Ziarat	281	322	81	163	142	0	0	37	23	30
Total	6,993	5,585	2,151	1,168	787	432	406	292	276	153

Figure 4: Most frequently reported suspected cases during Week 25, Balochistan.

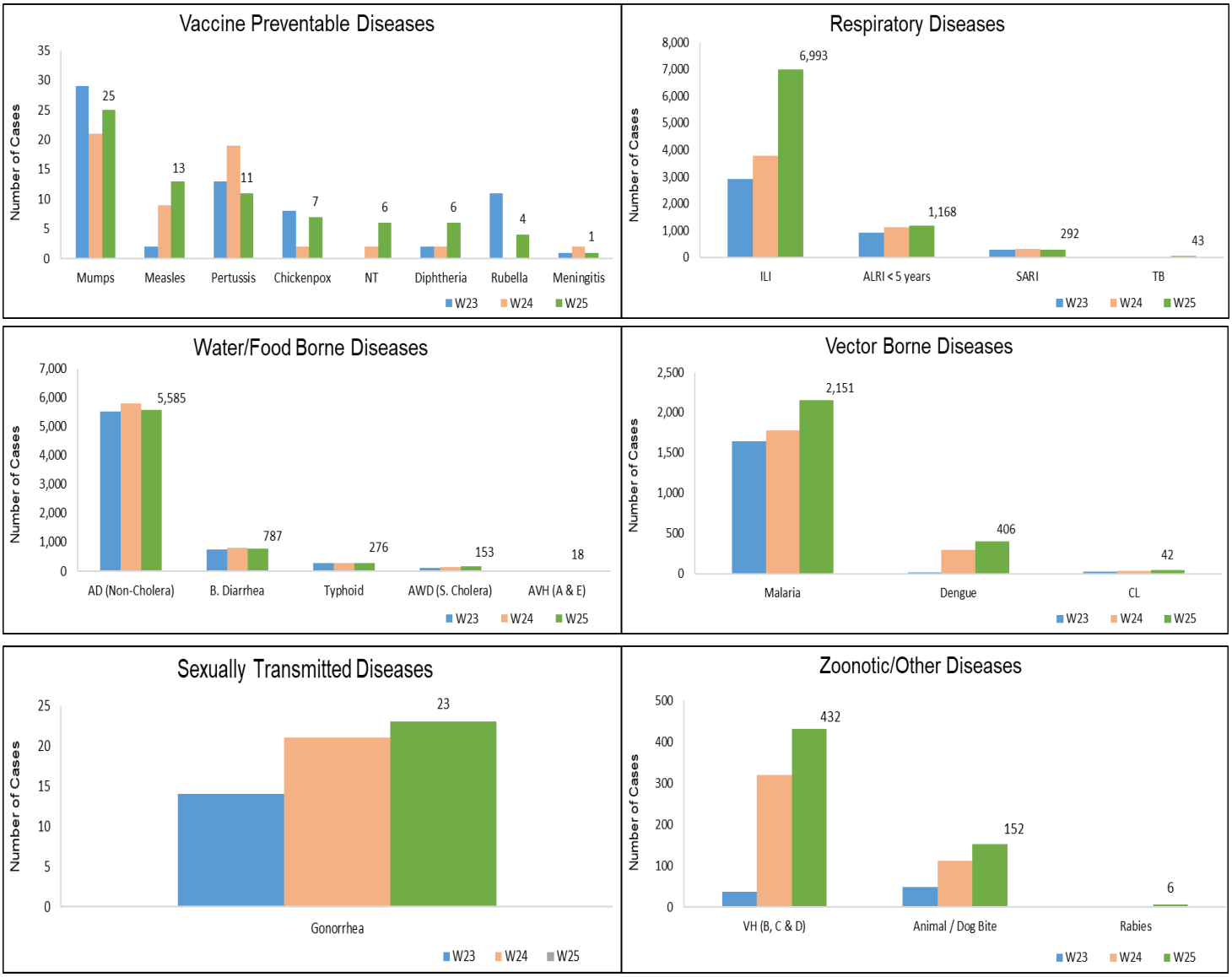
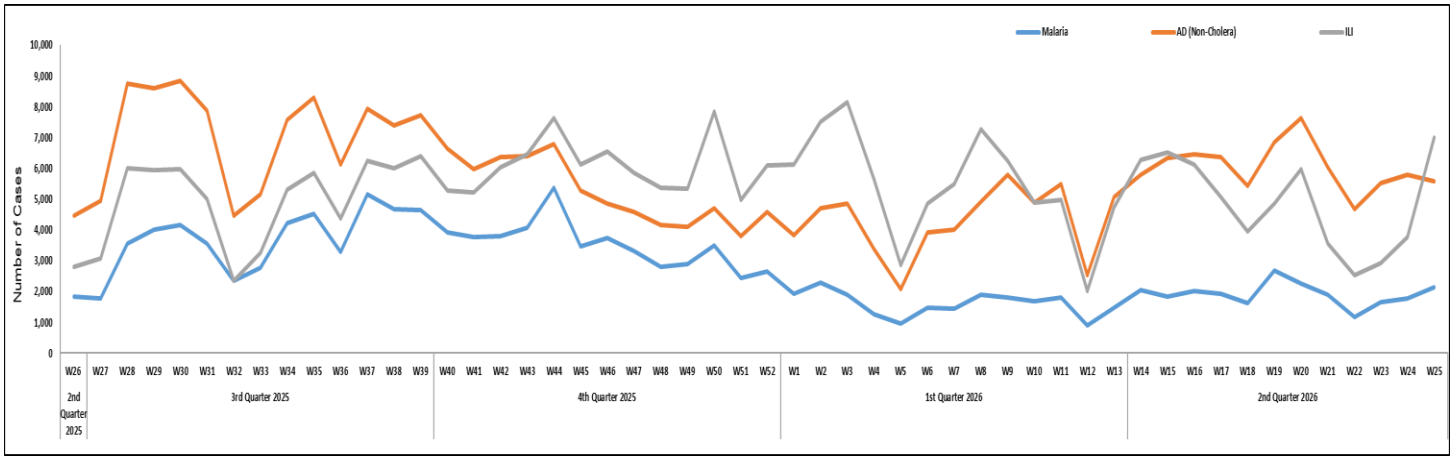


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Animal/Dog Bite,B. Diarrhea, Typhoid, ALRI<5years, Measles, CL and TB.
- Measles and Dengue cases showed an increase in number while Mumps, Chickenpox, AFP, Meningitis, ILI, ALRI<5years, SARI, AD (non-cholera), B.Diarrhea, Malaria, CL, HIV/AIDS, Dog bite and VH (B, C&D) showed a decline in number this week.
- Fifteen cases of AFP reported from KP. All are suspected cases and need field verification.
- Three cases of HIV/AIDs reported from KP. Field investigation is required.
- Three suspected cases of Brucellosis reported from KP, which require field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 25, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	Typhoid	ALRI < 5 years	Measles	CL	TB
Abbottabad	1,199	2	24	48	9	11	20	10	0	15
Bajaur	1,065	358	1	99	55	2	14	17	26	12
Bannu	1,025	952	4	4	28	97	5	70	8	18
Battagram	415	75	453	12	2	19	2	8	0	6
Buner	470	136	0	17	0	4	0	0	0	7
Charsadda	2,921	345	511	35	85	127	113	13	0	5
Chitral Lower	1,061	18	15	15	34	9	8	1	9	3
Chitral Upper	198	11	18	7	3	12	6	2	0	1
D.I. Khan	1,947	556	0	38	28	5	14	60	0	15
Dir Lower	2,178	152	0	91	115	32	6	19	11	2
Dir Upper	1,941	16	26	21	28	11	57	7	0	4
Hangu	261	132	37	30	0	0	0	11	10	0
Haripur	1,946	1	293	72	3	4	2	5	0	3
Karak	607	180	20	43	51	7	45	19	53	8
Khyber	917	620	53	72	132	49	37	2	44	11
Kohat	809	193	0	52	38	25	2	1	35	1
Kohistan Lower	129	3	0	0	5	4	0	0	0	0
Kohistan Upper	252	12	0	1	5	0	2	1	0	0
Kolai Palas	126	1	4	0	2	0	0	0	0	0
L & C Kurram	26	9	6	0	6	3	0	0	0	0
Lakki Marwat	647	259	0	68	5	21	3	5	0	3
Malakand	1,332	21	77	7	0	0	0	5	0	5
Mansehra	1,483	5	323	0	22	5	8	0	0	2
Mardan	2,006	332	37	19	73	35	115	32	3	1
Mohmand	68	76	11	1	3	3	0	1	11	0
North Waziristan	100	99	3	1	7	11	0	8	6	0
Nowshera	2,672	418	15	19	35	12	24	20	30	20
Orakzai	138	12	3	0	0	0	0	0	0	0
Peshawar	5,588	67	196	24	145	31	33	69	0	15
Shangla	1,460	476	0	196	10	36	9	4	0	62
South Waziristan (Lower)	196	171	206	22	108	9	16	11	29	13
SWU	22	4	2	0	0	0	0	0	0	0
Swabi	2,623	108	553	142	27	6	14	23	0	21
Swat	4,526	65	154	171	65	28	10	14	0	6
Tank	422	205	21	0	7	3	3	0	1	4
Tor Ghar	173	92	0	11	24	12	6	1	5	6
Upper Kurram	185	7	36	1	16	14	12	0	0	0
Total	43,134	6,189	3,102	1,339	1,176	647	586	439	281	269

Figure 6: Most frequently reported suspected cases during Week 25, KP.

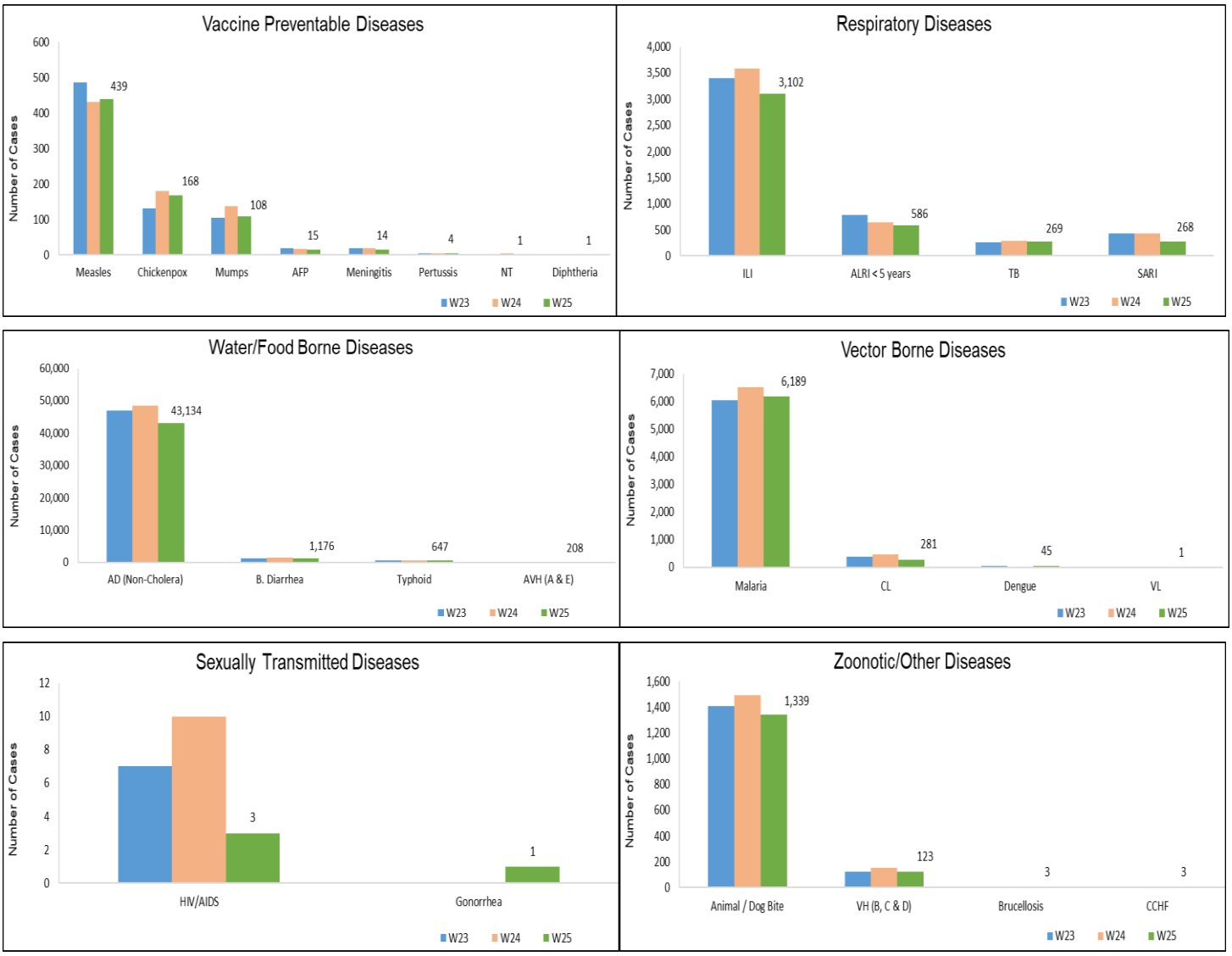
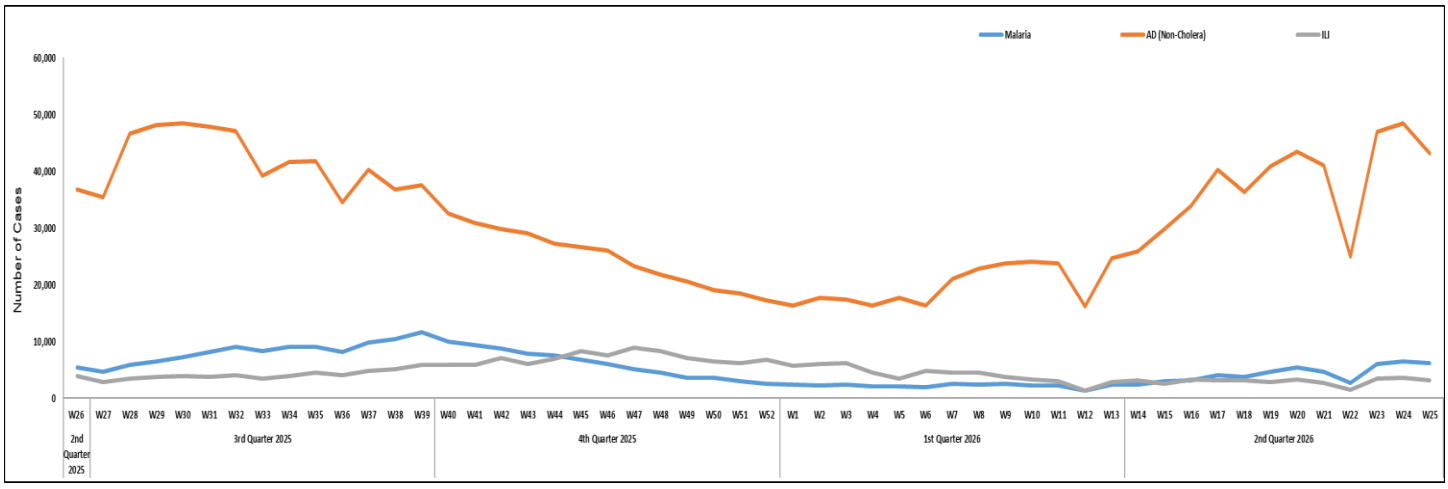


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and VH (B, C & D). An increase has been observed in the cases of TB and VH (B, C&D) while there is decline in the number of AD (Non-Cholera) and ILI cases this week.

AJK: Not reporting this week.

GB: AD (non-cholera) cases were the most frequently reported disease, followed by ALRI <5 Years and ILI cases. An increase in cases is observed for AD (non-cholera), Typhoid, TB, and ALRI<5years cases, while a decline is observed in the number of cases of AWD (S.Cholera). SARI. and dog bite cases this week.

NOTE: Due to the political conditions AJK data for Week 25 is not shared.

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

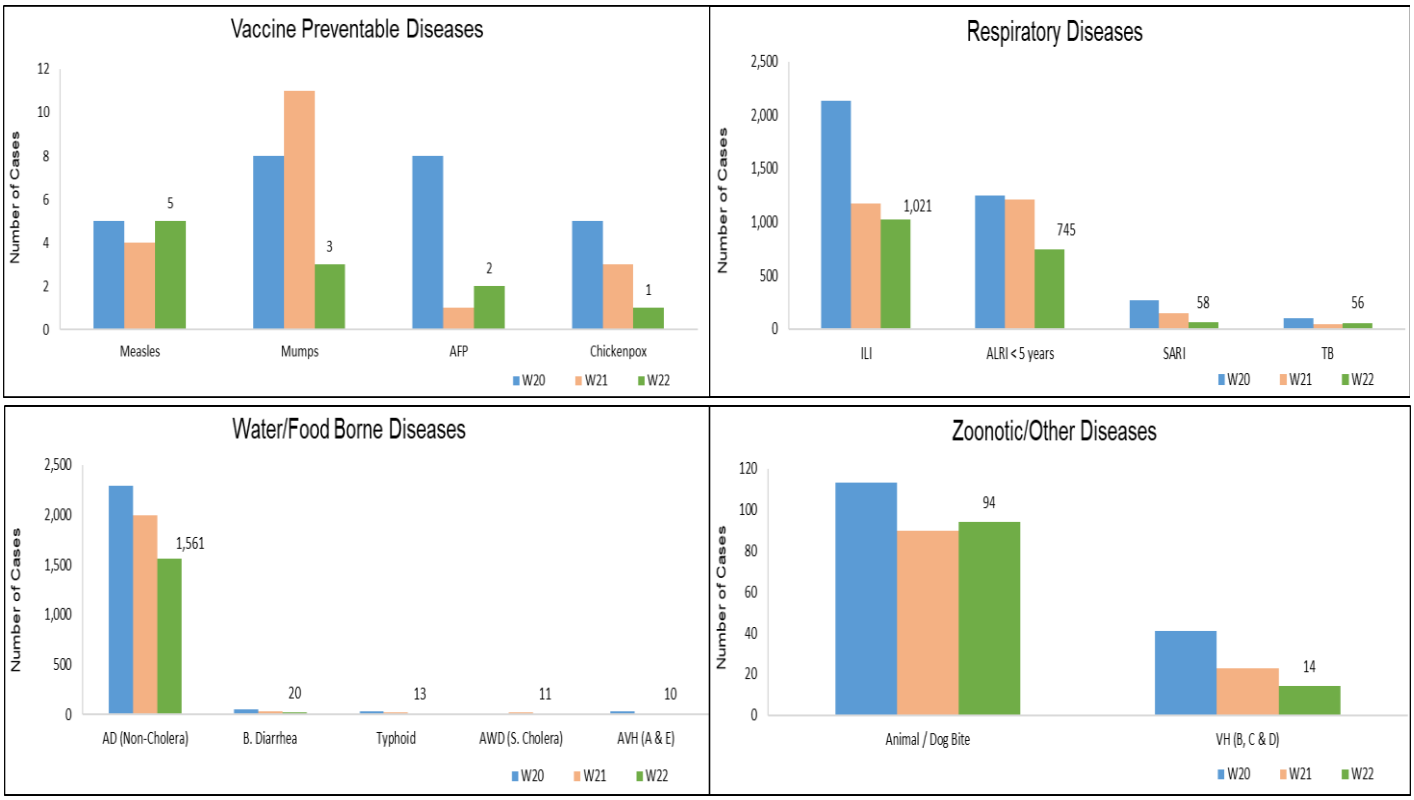


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.

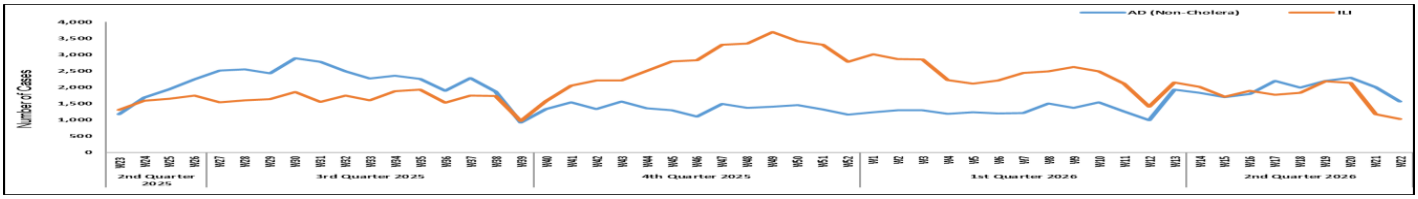
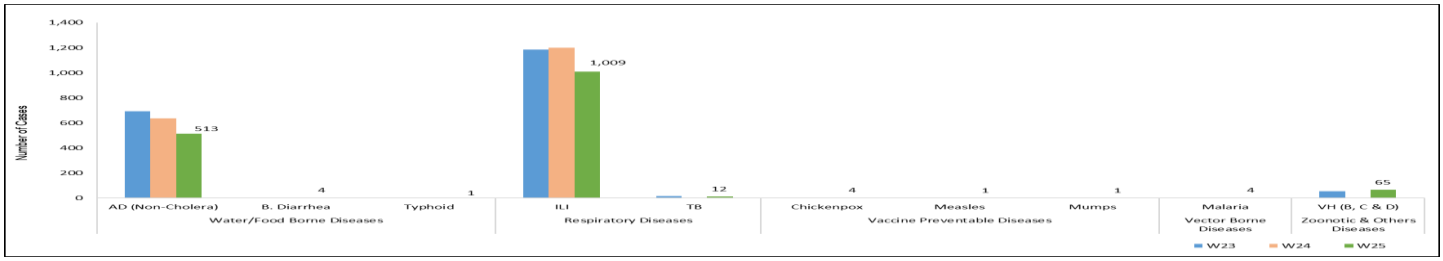


Figure 10: Most frequently reported suspected cases during Week 25, ICT.



UK Health Security Agency

World Health Organization

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

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

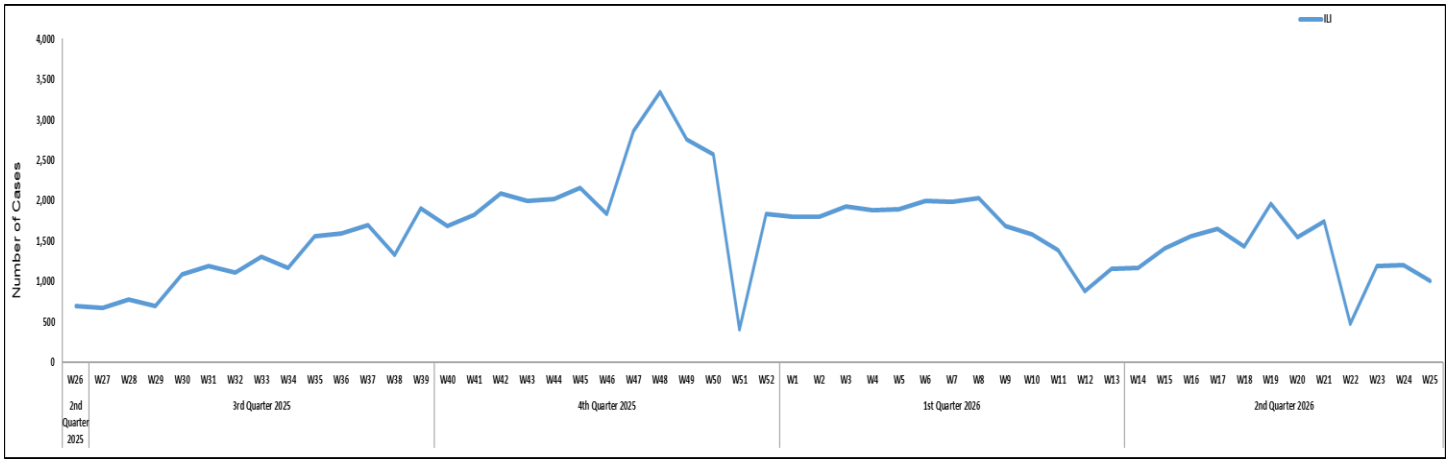


Figure 12: Most frequently reported suspected cases during Week 25, GB.

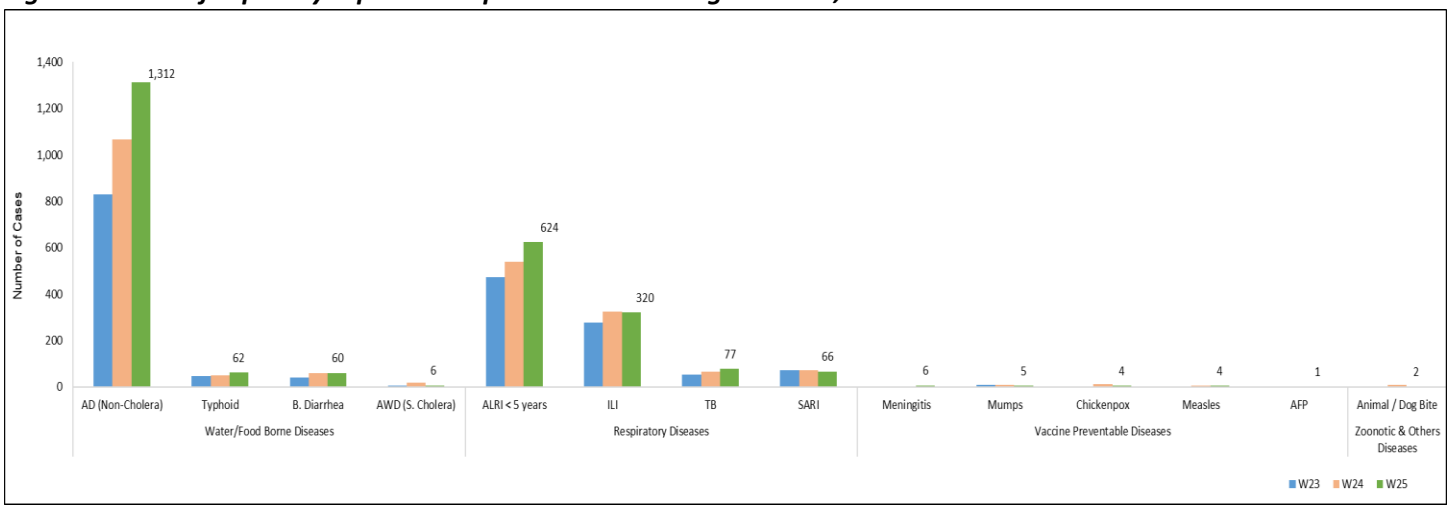


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.

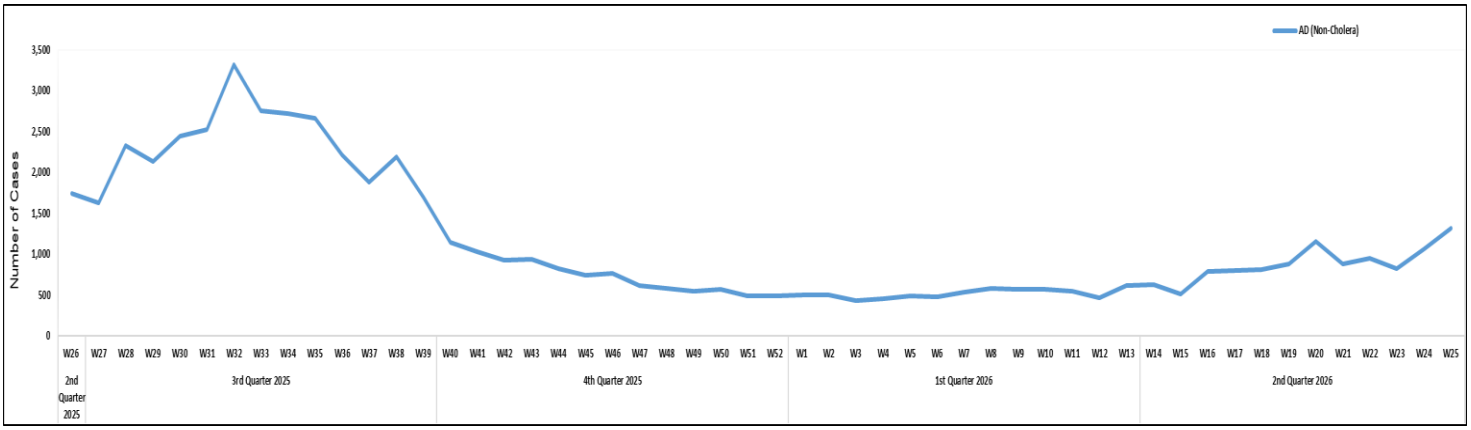


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 25, Pakistan.

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)		21	4	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		181	1	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		6,228	434	925	74	-	-	-	-	258	1	-	-	-	-
CCHF		1	0	8	2	-	-	-	-	-	-	-	-	-	-
Dengue		1,087	37	255	0	-	-	-	-	-	-	-	-	-	-
VH (B)		10,906	246	851	110	-	-	-	-	693	5	-	-	-	-
VH (C)		11,128	750	799	58	-	-	-	-	790	1	-	-	-	-
VH (D)		249	62	-	-	-	-	-	-	-	-	-	-	-	-
VH (A)		172	65	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		61	12	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		4	0	-	-	-	-	-	-	-	-	-	-	-	-
TB		751	49	119	16	-	-	-	-	94	1	-	-	-	-
HIV/ AIDS		4,227	30	509	0	-	-	-	-	356	0	-	-	-	-
Syphilis		1,478	23	167	0	-	-	-	-	252	0	-	-	-	-
Typhoid		132	1	48	4	-	-	-	-	193	4	-	-	-	-
Diphtheria		13	1	-	-	-	-	-	-	-	-	-	-	-	-
ILI		4	1	2	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		142	18	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis		13	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		229	104	26	14	198	72	13	5	13	1	482	91	2	2
Leishmaniosis (cutaneous)		-	-	21	8	-	-	-	-	2	0	-	-	-	-
Chickenpox		9	0	-	-	-	-	-	-	-	-	-	-	-	-
Mpox		17	2	-	-	-	-	-	-	-	-	-	-	-	-
SARI		12	5	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	-	-	-	-	19	0	1	0	-	-	13	0	-	-
	SARI	-	-	-	-	6	0	14	1	-	-	54	1	-	-
Influenza A	ILI	-	-	-	-	19	0	1	0	-	-	13	0	-	-
	SARI	-	-	-	-	6	0	14	0	-	-	54	0	-	-
Influenza B	ILI	-	-	-	-	19	4	1	0	-	-	13	0	-	-
	SARI	-	-	-	-	6	0	14	0	-	-	54	0	-	-
RSV	ILI	-	-	-	-	19	0	1	0	-	-	13	0	-	-
	SARI	-	-	-	-	6	0	14	0	-	-	54	0	-	-

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

Figure 14: District wise Influenza sentinel sites, Pakistan.

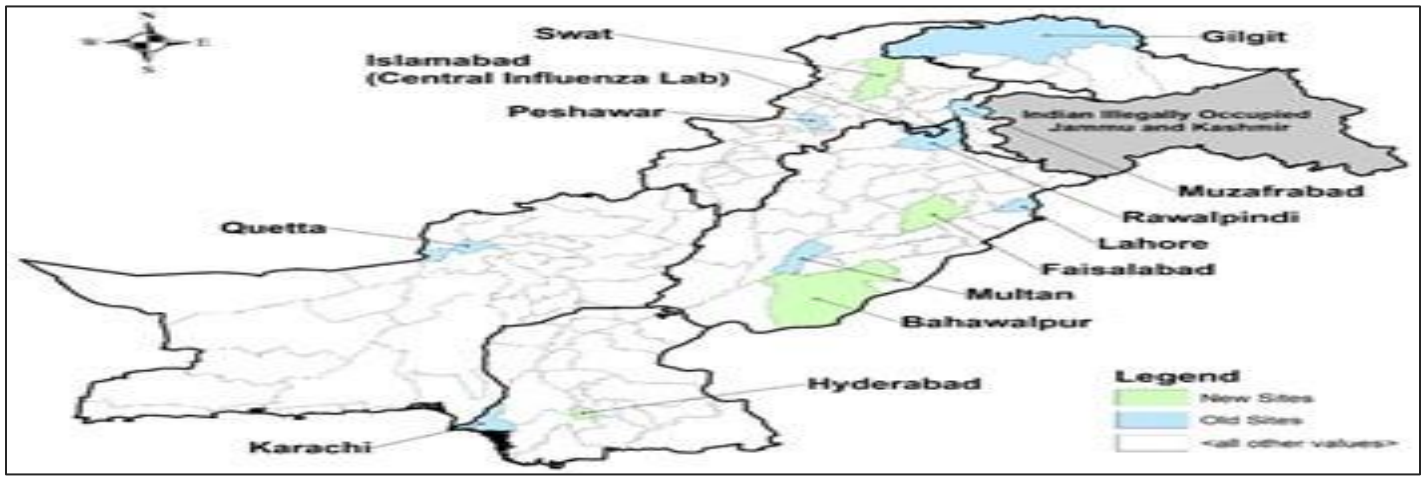


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 25, Pakistan.

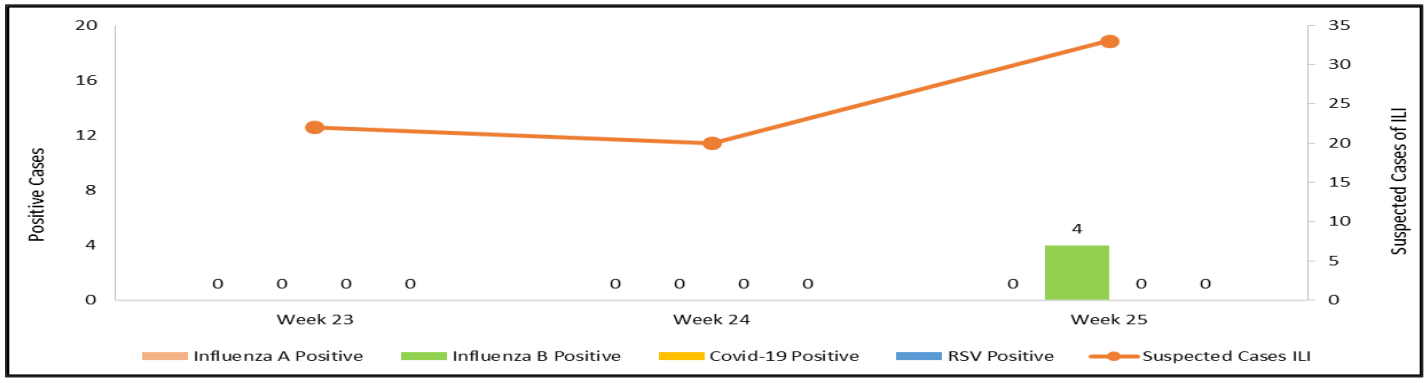
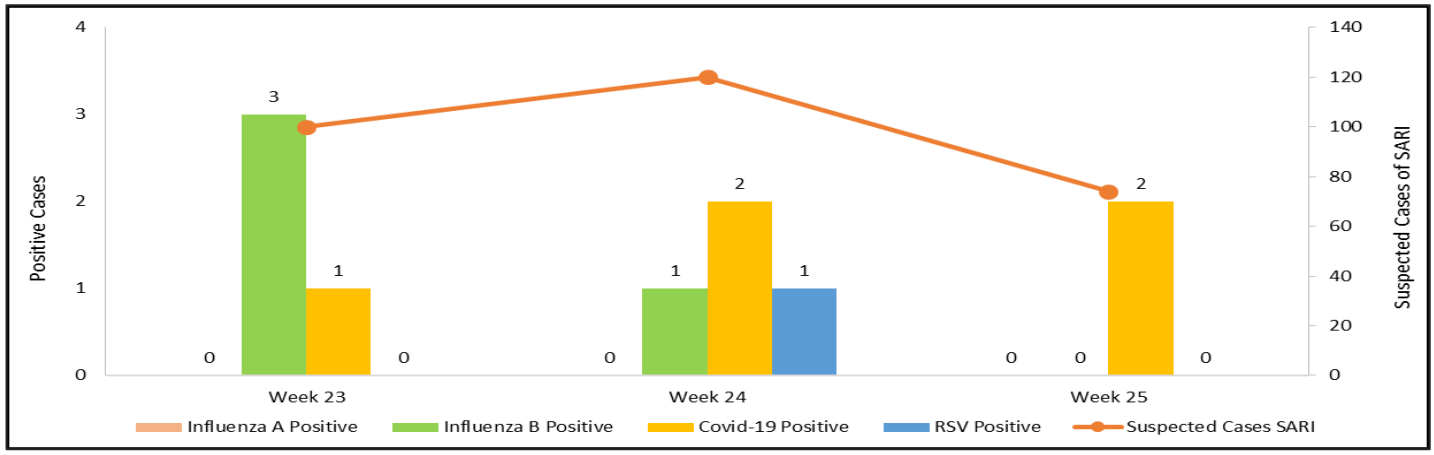


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 25, Pakistan.



IDSR Reports Compliance

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

Table 6: Compliance of IDSR reporting districts Week 25, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	106	95%
	Bannu	228	128	56%
	Battagram	59	43	73%
	Buner	34	34	100%
	Bajaur	43	43	100%
	Charsadda	61	61	100%
	Chitral Upper	31	30	97%
	Chitral Lower	37	37	100%
	D.I. Khan	115	114	99%
	Dir Lower	63	62	98%
	Dir Upper	56	53	95%
	Hangu	22	20	91%
	Haripur	72	70	97%
	Karak	36	36	100%
	Khyber	53	42	79%
	Kohat	61	61	100%
	Kohistan Lower	13	8	62%
	Kohistan Upper	22	13	59%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	34	11	32%
	Upper Kurram	38	28	74%
	Malakand	41	41	100%
	Mansehra	133	131	98%
	Mardan	82	74	90%
	Nowshera	57	55	96%
	North Waziristan	10	10	100%
	Peshawar	157	129	82%
	Shangla	37	36	97%
	Swabi	65	61	94%
	Swat	75	74	99%
	South Waziristan (Upper)	93	36	39%
	South Waziristan (Lower)	29	27	93%
	Tank	34	33	97%
	Torghar	13	13	100%

	Mohmand	68	22	32%
	Orakzai	69	6	9%
Azad Jammu Kashmir	Mirpur	41	0	0%
	Bhimber	85	0	0%
	Kotli	60	0	0%
	Muzaffarabad	45	0	0%
	Poonch	46	0	0%
	Haveli	39	0	0%
	Bagh	54	0	0%
	Neelum	39	0	0%
	Jhelum Velley	29	0	0%
	Sudhnooti	27	0	0%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	12	8	67%
Balochistan	Gwadar	26	19	73%
	Kech	45	8	18%
	Khuzdar	74	0	0%
	Killa Abdullah	26	24	92%
	Lasbella	55	55	100%
	Pishin	65	0	0%
	Quetta	56	7	13%
	Sibi	36	33	92%
	Zhob	39	0	0%
	Jaffarabad	16	16	100%
	Naseerabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	0	0%
	Chagai	36	18	50%
	Kalat	41	40	98%
	Harnai	17	16	94%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	21	75%
	Sohbat pur	25	0	0%
	Surab	32	0	0%
	Mastung	46	46	100%
	Loralai	33	27	82%
	Killa Saifullah	28	0	0%
	Ziarat	29	26	90%
	Duki	31	0	0%
	Nushki	29	28	97%
	Dera Bugti	45	0	0%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	25	22	88%
	Barkhan	20	20	100%
	Hub	33	30	91%
	Musakhel	41	0	0%

	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%
	Ghizer	38	38	100%
	Gilgit	44	43	98%
	Diamer	62	57	92%
	Astore	55	55	100%
	Shigar	23	21	91%
	Skardu	54	54	100%
	Ganche	29	24	83%
	Kharmang	25	25	100%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	65	65	100%
	Naushahro Feroze	102	102	100%
	Tharparkar	273	270	99%
	Shikarpur	59	59	100%
	Thatta	50	50	100%
	Larkana	67	66	99%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	16	76%
	Karachi-West	20	20	100%
	Karachi-Malir	35	29	83%
	Karachi-Kemari	22	21	95%
	Karachi-Central	12	11	92%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	55	100%
	Mirpur Khas	106	106	100%
	Badin	123	123	100%
	Sukkur	63	63	100%
	Dadu	90	90	100%
	Sanghar	100	100	100%
	Jacobabad	44	44	100%
	Khairpur	168	168	100%
	Kashmore	59	58	98%
	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 25, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
AJK	Mirpur	2	0	0%
	Bhimber	1	0	0%
	Kotli	1	0	0%
	Muzaffarabad	2	0	0%
	Poonch	2	0	0%
	Haveli	1	0	0%
	Bagh	1	0	0%
	Neelum	1	0	0%
	Jhelum Vellay	1	0	0%
	Sudhnooti	1	0	0%
Sindh	Karachi-South	3	2	67%
	Sukkur	1	1	100%
	Shaheed Benazirabad	1	1	100%
	Karachi-East	1	1	100%
	Karachi-Central	1	1	100%
KP	Peshawar	3	0	0%
	Swabi	1	0	0%
	Nowshera	1	1	100%
	Mardan	1	1	100%
	Abbottabad	1	1	100%
	Swat	1	1	100%

Strengthening Early Disease Detection: NIH Leads National Consultation on Event-Based Surveillance

The National Institute of Health (NIH), Pakistan, successfully convened a two-day National Consultative Workshop on **9–10 June 2026**, bringing together representatives from provincial health departments, technical experts, and development partners to advance the development of Pakistan's **Event-Based Surveillance (EBS) Model** under the Pandemic Preparedness Fund (PPF).

The workshop served as a collaborative platform to review international best practices, discuss country-specific priorities, and build consensus on the design and implementation of a standardized EBS framework tailored to Pakistan's public health system. Through interactive technical sessions and stakeholder consultations, participants identified key strategies for strengthening the detection, verification, reporting, and rapid response to unusual public health events.

The development of a national EBS model represents a significant step toward enhancing Pakistan's disease surveillance capacity by complementing existing indicator-based surveillance systems. Once implemented, the framework is expected to facilitate the timely identification of emerging health threats, improve multisectoral coordination, and strengthen preparedness and response to infectious disease outbreaks and other public health emergencies.

This initiative reflects NIH's continued commitment to reinforcing the country's surveillance systems and building a resilient, integrated public health infrastructure capable of responding effectively to current and future health challenges.

Knowledge Hub

Understanding Mpox (Monkeypox): A Public Health Priority

What is Mpox?

It is a viral zoonotic disease caused by the mpox virus, a member of the Orthopoxvirus genus. The virus is characterized by two distinct genetic clades: clade I and clade II. Clade I is associated with more severe disease, in contrast to Clade II.

Transmission:

Close physical contact: Transmission occurs through direct contact with skin lesions, bodily fluids, respiratory droplets, or contaminated objects (fomites).

Zoonotic transmission: Infection can spread from animals to humans through bites, scratches, or handling infected animal products.

Human-to-human transmission: Includes prolonged face-to-face, skin-to-skin, or mucosal contact (e.g., mouth-to-mouth or mouth-to-skin).

Vertical transmission: Rare transmission from an infected mother to the fetus or newborn during or after childbirth.

Disease Progression:

Incubation period: Usually 5–21 days (commonly 6–13 days) before symptoms appear.
Early (febrile) stage: Fever, swollen lymph nodes, headache, chills, sore throat, and fatigue lasting 1–4 days.
Rash (exanthem) stage: Skin rash appears and progresses, lasting about 2–4 weeks.
Recovery: Most patients recover within a few weeks after the rash resolves.

Symptoms:

Mpox usually begins with early symptoms such as fever, chills, muscle aches, back pain, swollen lymph nodes, and fatigue. Within 1–3 days of fever onset, a rash appears and progresses through stages from flat spots to raised bumps, fluid-filled blisters, pus-filled lesions, and finally scabs. The lesions are typically deep, firm, well-defined, and often have a central depression. The rash mainly affects the face, hands, and feet, including the palms and soles, with fewer lesions on the trunk. Unlike Chickenpox, lesions show a synchronous development pattern all over the body.

Treatment:

Self-limiting illness: Most patients recover within 2–4 weeks.
Supportive care: Ensure adequate hydration, nutrition, and rest.
Symptom management: Treat fever, pain, and any secondary infections.
Antiviral treatment: Consider drugs like Tecovirimat in severe or high-risk cases.
Isolation: Patients should remain isolated until all lesions heal completely.
Infection control: Proper handling and disposal of contaminated materials are essential to prevent the spread.

Prevention of Mpox

1. **Avoid contact:** Avoid close contact with infected individuals and animals.
2. **Hand hygiene**: Wash hands regularly with soap and water or use alcohol-based sanitizers.

3. **Use PPE:** Wear appropriate protective equipment when caring for suspected or confirmed cases.
4. **Safe animal handling**: Properly handle and thoroughly cook animal products.
5. **Isolation:** Isolate infected individuals to prevent further spread.

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