

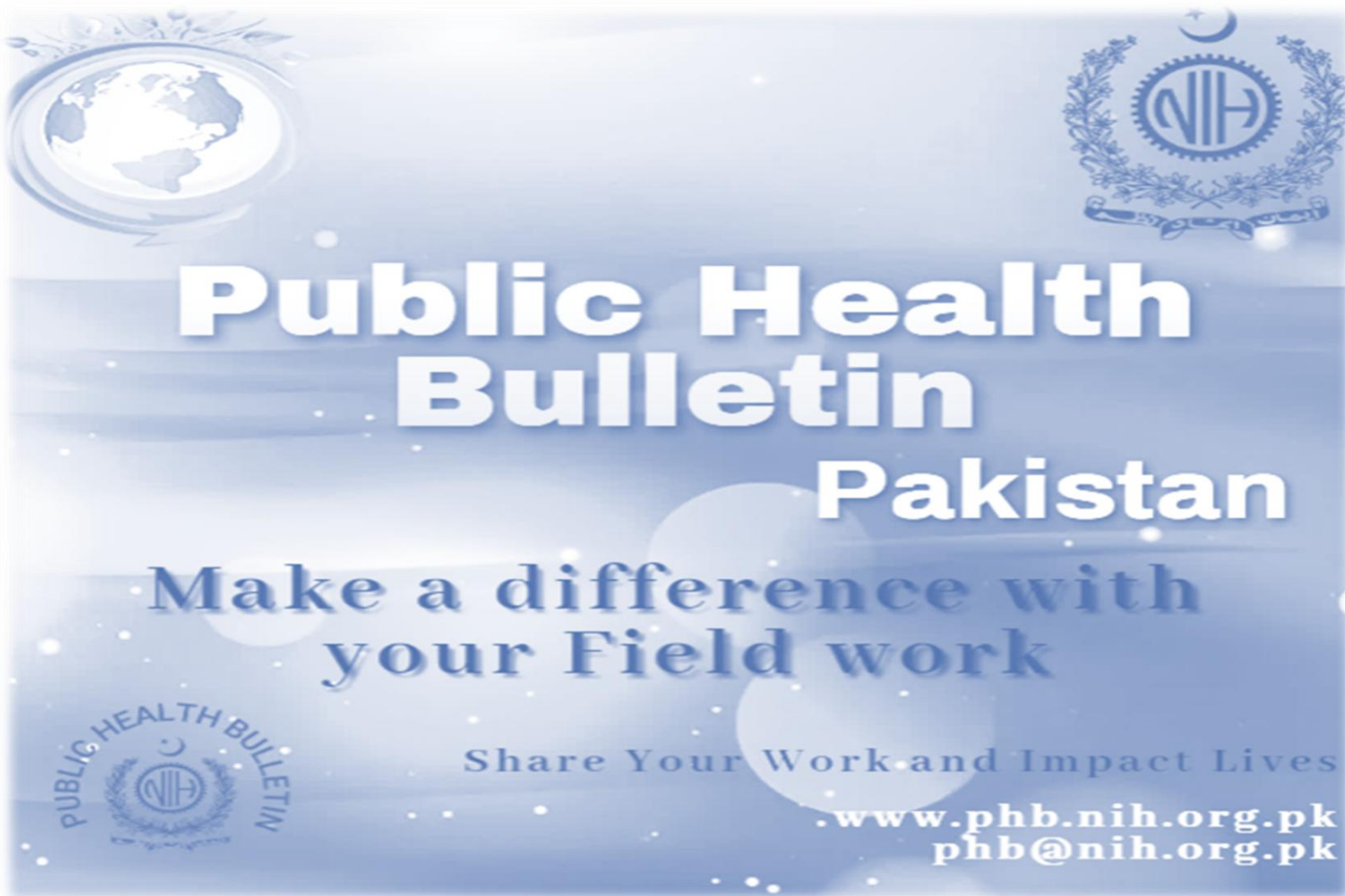
Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

<http://www.phb.nih.org.pk/>

Vol. 5 | Week 19
05th MAY – 11th MAY
10th JUNE, 2025

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.



Overview

Public Health Bulletin - Pakistan, Week 19, 2025

IDSR Reports

Ongoing Events

Field Reports

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;

- *Letter to Editor - Bridging the Divide - Ensuring Equitable Healthcare Access to All Pakistan*
- *Knowledge hub on Mumps: What You Need to Know*

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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*Sincerely,
The Chief Editor*

- During Week 19, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, TB, B. Diarrhea, VH (B, C & D), dog bite, Typhoid and SARI.
- Thirty-nine cases of AFP reported from KP, nine from Sindh and two from AJK.
- Forty-two suspected cases of HIV/ AIDS reported from Sindh, three from Balochistan and two from KP.
- Thirty-two suspected cases of Brucellosis reported from Sindh and nine from KP.
- Among VPDs, there is an increase in number of cases of Chickenpox, Mumps, Pertussis, AFP and Meningitis this week.
- Among Respiratory diseases, there is an increase in number of cases of ILI, TB and SARI this week.
- Among Water/food-borne diseases, there is an increase in number of cases of Acute Diarrhea (Non-Cholera), Typhoid and AVH (A & E) this week.
- Among Vector-borne diseases, there is an increase in number of cases of Malaria this week.
- Among STDs, there is an increase in number of cases of HIV/AIDs this week.
- Among other diseases, there is an increase in number of cases of VH (B, C & D), dog bite 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 79%
- Sindh is the top reporting regions with a compliance rate of 95%, followed by AJK 94%, GB 92% and ICT 78%.
- The lowest compliance rate was observed in KP 73% and Balochistan 54%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2315	1699	73
Azad Jammu Kashmir	404	380	94
Islamabad Capital Territory	36	28	78
Balochistan	1304	702	54
Gilgit Baltistan	405	374	92
Sindh	2108	2011	95
National	6572	5194	79

Public Health Actions

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

Mumps

- **Enhance Surveillance and Case Notification:** Strengthen mumps reporting within the IDSR framework by training healthcare providers on the standard case definition, outbreak detection, and timely notification particularly in schools and crowded settings.
- **Promote Immunization Coverage:** Ensure high coverage of the Measles-Mumps-Rubella (MMR) vaccine through routine immunization and targeted campaigns in areas with low vaccination rates or recent outbreaks.
- **Strengthen Laboratory Confirmation:** Support laboratory capacity for mumps confirmation through serological and PCR testing, especially during outbreaks or in atypical cases.
- **Implement Outbreak Control Measures:** Isolate suspected cases during the infectious period and conduct contact tracing in school and institutional settings to limit further transmission.
- **Raise Community Awareness:** Disseminate culturally appropriate information on mumps symptoms, transmission through respiratory droplets, importance of vaccination, and timely care-seeking behavior.

Rubella

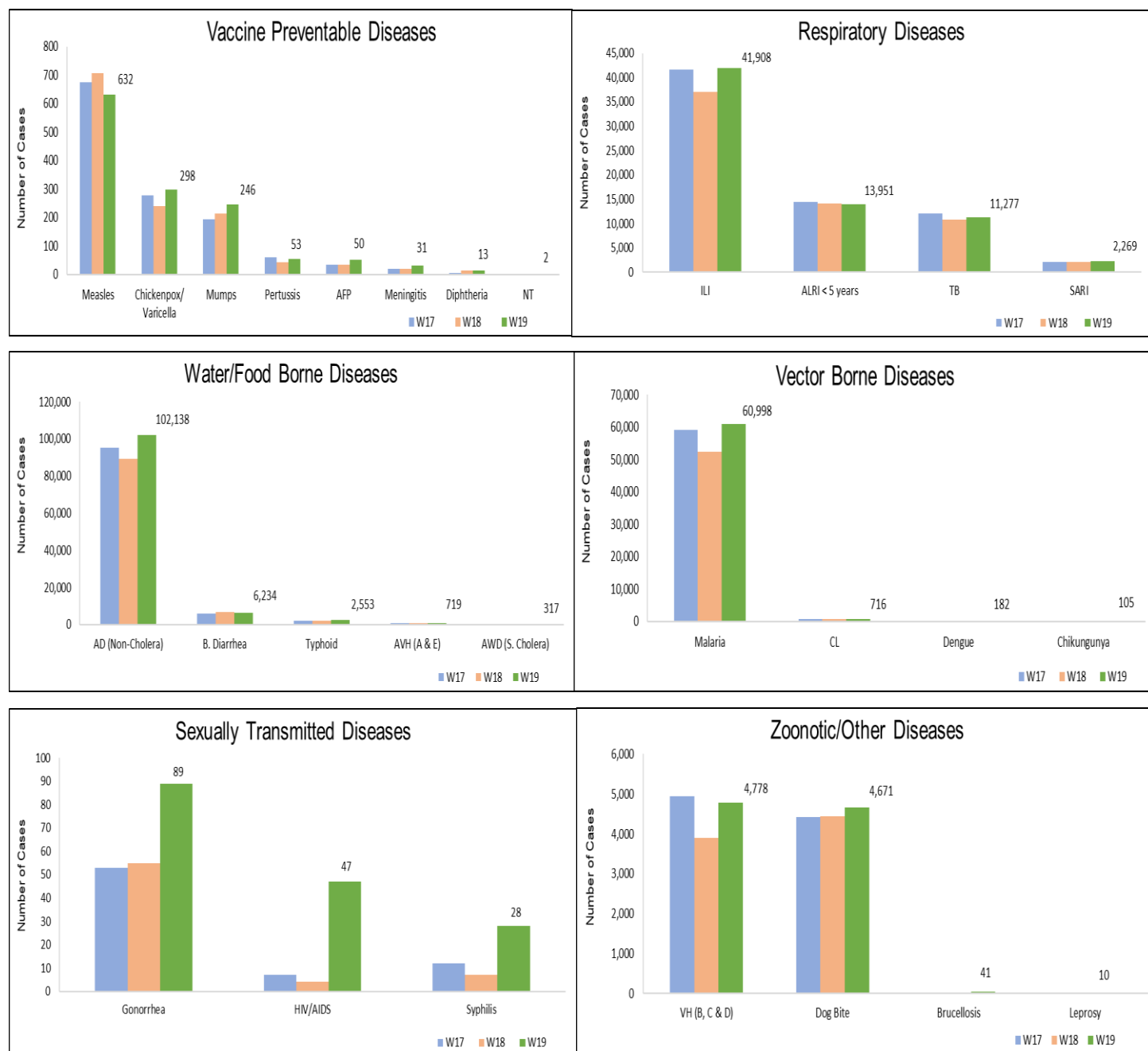
- **Strengthen Surveillance and Case Notification:** Strengthen rubella surveillance in IDSR by training healthcare providers to recognize clinical symptoms, particularly among children and women of reproductive age, and ensure prompt notification of suspected cases and outbreaks.
- **Expand Laboratory Confirmation:** Ensure access to laboratory testing for rubella-specific IgM antibodies and PCR, especially for outbreak investigations and congenital rubella syndrome (CRS) surveillance.
- **Promote Routine Immunization:** Strengthen coverage of the Measles-Rubella (MR) vaccine through routine childhood immunization and supplemental immunization activities (SIAs) to close immunity gaps.
- **Prevent Congenital Rubella Syndrome (CRS):** Prioritize rubella vaccination for adolescent girls and women of reproductive age through routine services or targeted campaigns to prevent CRS.
- **Raise Community Awareness:** Conduct health education campaigns to promote rubella vaccination, highlight the risks of infection during pregnancy, and encourage early reporting of febrile rash illnesses.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 19, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,571	6,849	1,025	487	41,643	NR	50,563	102,138
Malaria	0	3,756	0	0	4,325	NR	52,917	60,998
ILI	2,164	5,673	376	903	5,073	NR	27,719	41,908
ALRI < 5 years	913	1,769	790	1	1,266	NR	9,212	13,951
TB	47	167	123	6	445	NR	10,489	11,277
B. Diarrhea	53	1,147	109	2	1,509	NR	3,414	6,234
VH (B, C & D)	10	119	3	0	84	NR	4,562	4,778
Dog Bite	108	166	4	0	1,154	NR	3,239	4,671
Typhoid	3	419	112	0	836	NR	1,183	2,553
SARI	214	527	139	1	1,075	NR	313	2,269
AVH (A & E)	12	11	3	0	241	NR	452	719
CL	0	54	0	0	662	NR	0	716
Measles	4	20	30	0	425	NR	153	632
AWD (S. Cholera)	21	172	29	0	43	NR	52	317
Chickenpox/ Varicella	2	25	13	1	130	NR	127	298
Mumps	3	21	6	0	158	NR	58	246
Dengue	1	33	0	0	105	NR	43	182
Chikungunya	0	1	0	0	0	NR	104	105
Gonorrhea	0	44	0	0	14	NR	31	89
Pertussis	0	19	4	0	10	NR	20	53
AFP	2	0	0	0	39	NR	9	50
HIV/AIDS	0	3	0	0	2	NR	42	47
Brucellosis	0	0	0	0	9	NR	32	41
Meningitis	1	0	3	0	12	NR	15	31
Syphilis	1	0	0	0	11	NR	16	28
Diphtheria (Probable)	0	1	0	0	2	NR	10	13
Leprosy	0	0	0	0	10	NR	0	10
NT	0	0	0	0	2	NR	0	2

Figure 1: Most frequently reported suspected cases during Week 19, Pakistan.



- Malaria cases were maximum followed by AD (Non-Cholera), ILI, TB, ALRI<5 Years, VH (B, C, D), B. Diarrhea, dog bite, Typhoid and AVH (A & E).
- Malaria cases are mostly from Larkana, Khairpur and Sanghar whereas AD (Non-Cholera) cases are from Khairpur, Karachi South and Badin.
- Forty-two suspected cases of HIV/ AIDS reported from Sindh. They need field investigation.
- Thirty-two cases of Brucellosis reported from Sindh. They are suspected cases and require field verification.
- Nine cases of AFP reported from Sindh. They are suspected cases and need field verification.

Table 2: District wise distribution of most frequently reported suspected cases during Week 19, Sindh

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Dog Bite	Typhoid	AVH (A & E)
Badin	3,087	3,091	2,754	708	484	282	183	92	77	20
Dadu	3,007	1,795	188	398	553	36	294	537	77	4
Ghotki	1,158	859	95	182	422	93	60	156	0	0
Hyderabad	745	2,902	1,700	282	113	105	59	71	12	2
Jacobabad	847	750	666	151	341	174	114	202	42	0
Jamshoro	2,052	1,803	85	536	257	156	112	82	27	8
Kamber	4,147	1,980	0	809	261	118	130	245	21	0
Karachi Central	0	805	627	2	7	6	2	0	76	14
Karachi East	14	348	166	9	3	1	6	1	10	1
Karachi Keamari	7	450	302	13	16	0	7	0	9	7
Karachi Korangi	69	401	2	15	1	0	5	0	2	0
Karachi Malir	189	1,874	2,533	120	221	15	32	42	19	4
Karachi South	67	3,274	95	67	38	93	97	219	233	35
Karachi West	318	874	1,067	96	203	45	27	91	25	0
Kashmore	1,989	607	529	200	231	28	82	20	3	0
Khairpur	4,206	3,353	6,447	910	1,214	258	332	235	259	18
Larkana	5,804	2,183	76	963	327	85	340	44	11	8
Matiari	2,550	1,883	0	493	204	421	58	46	3	6
Mirpurkhas	2,080	3,016	2,328	651	403	196	81	95	12	5
Naushero Feroze	1,258	1,135	847	310	322	49	208	199	47	0
Sanghar	4,149	2,034	122	977	439	1,180	150	196	70	5
Shaheed Benazirabad	2,189	1,887	4	333	182	105	96	109	79	0
Shikarpur	2,569	1,317	3	221	184	282	163	166	2	0
Sujawal	1,109	2,196	0	134	325	74	181	69	0	15
Sukkur	1,970	1,551	2,220	400	692	27	119	126	6	0
Tando Allahyar	1,693	2,107	986	398	175	381	115	72	12	0
Tando Muhammad Khan	879	1,297	57	448	142	12	134	17	1	0
Tharparkar	1,807	1,441	1,192	300	542	55	90	2	15	19
Thatta	1,483	1,795	2,628	96	592	202	55	105	16	279
Umerkot	1,475	1,555	0	267	318	83	82	0	17	2
Total	52,917	50,563	27,719	10,489	9,212	4,562	3,414	3,239	1,183	452

Figure 2: Most frequently reported suspected cases during Week 19 Sindh

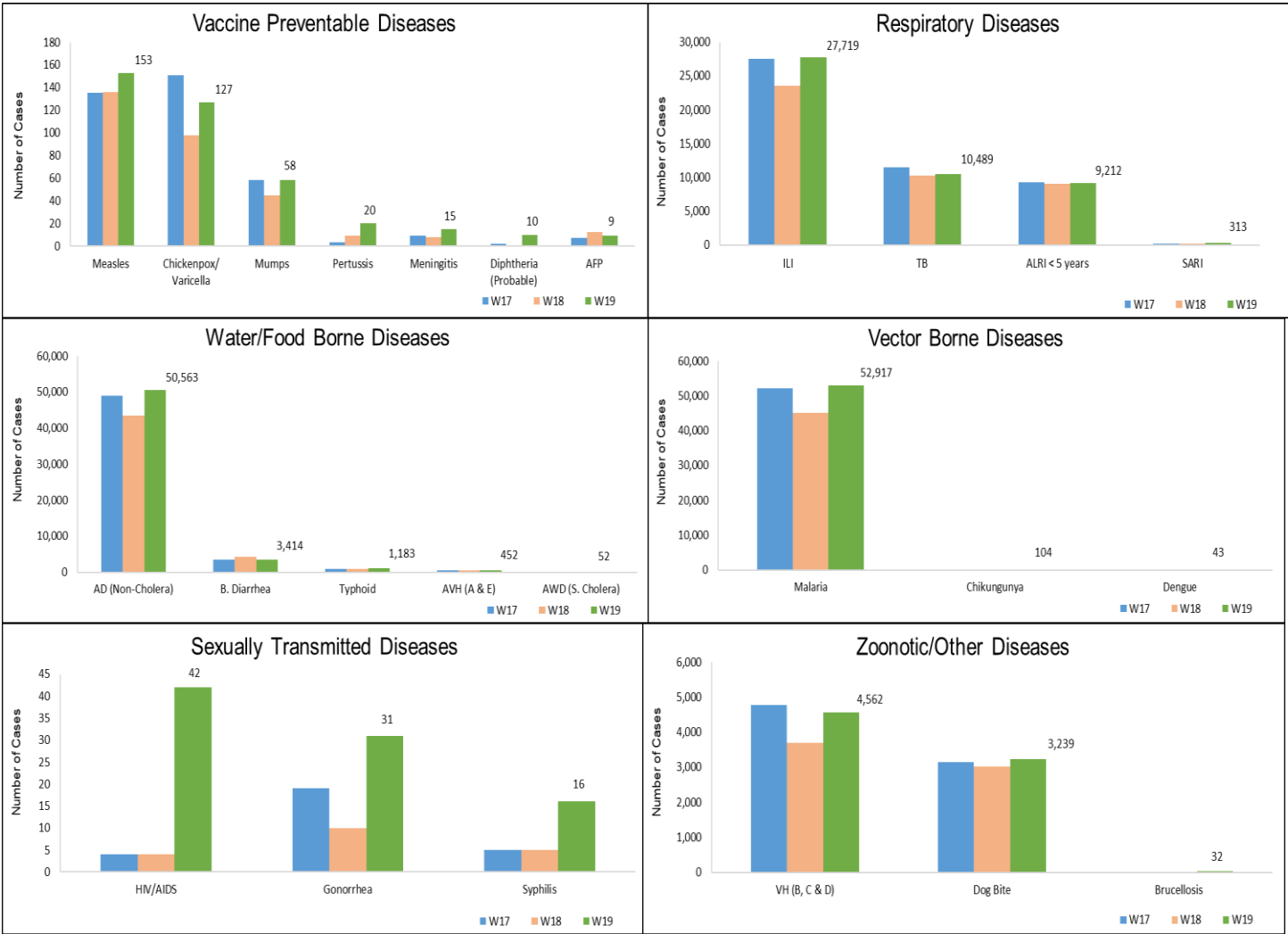
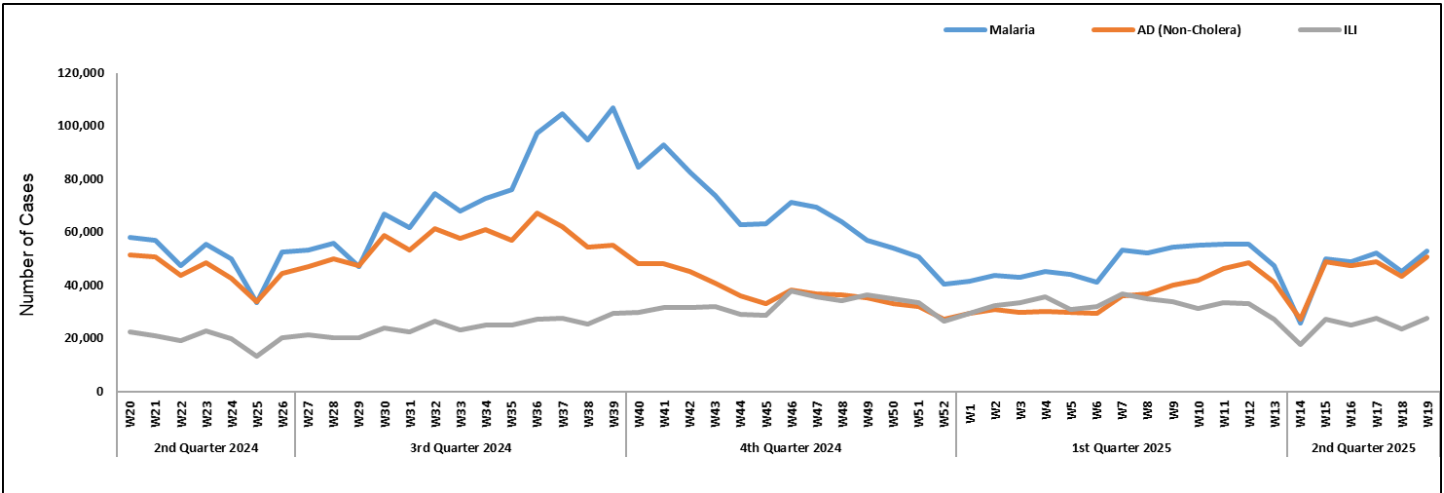


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), TB and dog bite cases were the most frequently reported diseases from Balochistan province.
- AD (Non-Cholera) cases are mostly reported from Usta Muhammad, Quetta and Jaffarabad while ILI cases are mostly reported from Quetta, Gwadar and Kech (Turbat).
- Three suspected cases of HIV/ AIDS reported Balochistan. It requires field investigation.
- AD (Non-Cholera), ILI, Malaria, TB, dog bite, Chickenpox, Diphtheria and HIV/AIDs showed an increase in number of cases while ALRI <5 years, B. Diarrhea, SARI and Typhoid showed a decline in number of cases this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 19, Balochistan

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	TB	Dog Bite
Barkhan	117	74	76	24	4	6	34	7	3	13
Chagai	156	172	30	0	52	0	7	0	0	0
Dera Bugti	87	10	81	10	6	0	5	0	0	0
Gwadar	303	662	92	25	45	0	17	5	1	1
Hub	215	72	116	11	9	0	6	0	1	1
Jaffarabad	595	145	725	29	117	25	5	0	94	29
Jhal Magsi	348	408	459	248	0	0	32	0	9	24
Kalat	37	3	23	10	1	0	19	0	0	0
Kech (Turbat)	285	575	185	44	51	2	NR	NR	NR	NR
Kharan	183	490	82	3	76	0	4	11	0	0
Khuzdar	61	54	58	0	11	0	9	0	0	0
Killa Abdullah	176	79	8	3	32	64	8	37	0	4
Killa Saifullah	5	0	8	7	5	2	0	0	0	0
Kohlu	54	110	58	17	38	31	8	NR	NR	NR
Lasbella	452	61	344	112	47	5	13	0	0	32
Loralai	206	375	36	29	34	90	16	3	0	0
Mastung	204	117	58	41	25	28	14	0	0	0
MusaKhel	42	16	106	20	7	2	11	9	0	0
Naseerabad	331	22	258	26	14	29	64	0	1	25
Panjgur	66	49	81	81	20	0	4	30	0	0
Pishin	507	457	43	87	120	27	31	57	2	6
Quetta	670	779	22	194	43	61	38	3	0	4
Sherani	10	8	0	0	2	2	0	0	0	0
Sibi	61	175	26	0	8	2	2	0	0	0
Sohbat pur	372	47	377	127	133	14	37	7	5	5
Surab	24	95	3	0	0	0	0	0	0	0
Usta Muhammad	926	196	231	336	120	0	8	0	0	21
Washuk	160	246	123	3	89	6	16	3	3	0
Zhob	196	176	47	282	38	131	11	0	48	1
Total	6,849	5,673	3,756	1,769	1,147	527	419	172	167	166

Figure 4: Most frequently reported suspected cases during Week 19, Balochistan

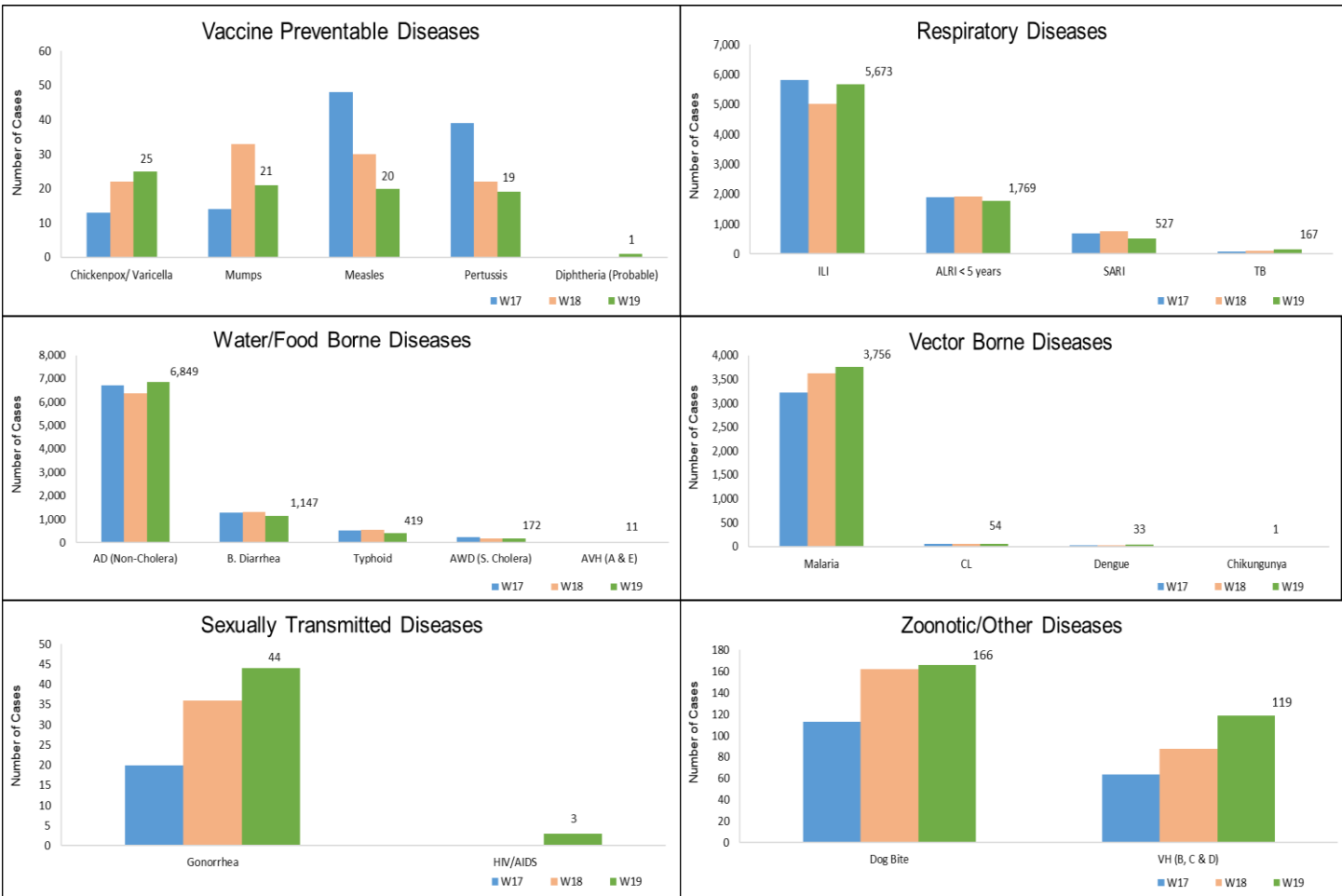
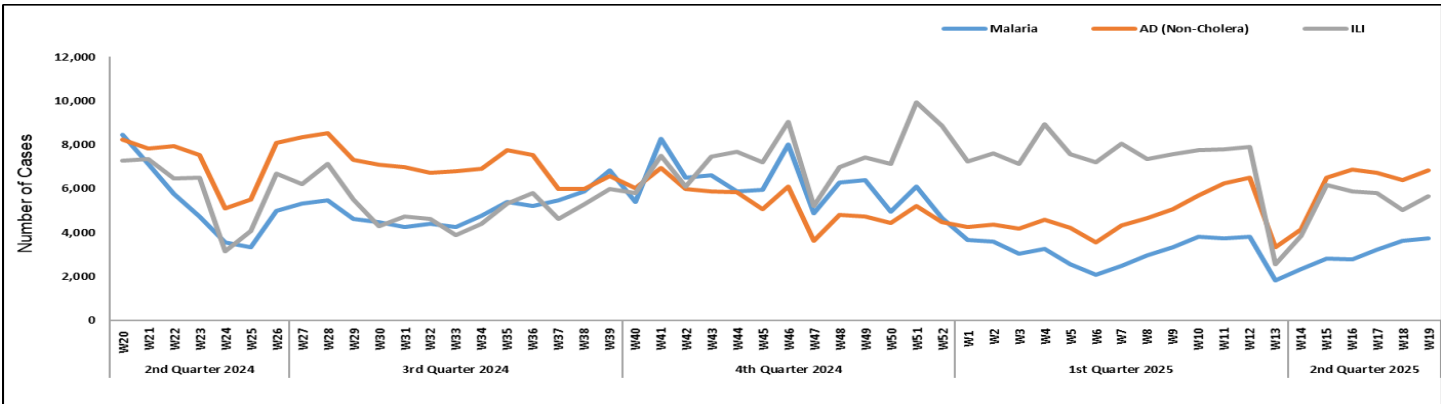


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan



- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, B. Diarrhea, ALRI<5 Years, dog bite, SARI, Typhoid, CL and TB.
- AD (Non-Cholera), ILI, Malaria, B. Diarrhea, ALRI<5 Years, dog bite, SARI, TB, HIV/AIDs, Leprosy and VPDs including Mumps, Chickenpox, AFP, Pertussis and Meningitis showed an increase in number of cases this week.
- Thirty-nine cases of AFP reported from KP. All are suspected cases and need field verification.
- Nine suspected cases of Brucellosis reported from KP. They require field verification.
- Two cases of HIV/AIDs reported from KP. They are suspected cases and need field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 19, KP

Districts	AD (Non-Cholera)	ILI	Malaria	B. Diarrhea	ALRI < 5 years	Dog Bite	SARI	Typhoid	CL	TB
Abbottabad	1,404	93	0	7	15	41	3	49	0	10
Bajaur	858	43	195	92	40	54	71	10	27	11
Bannu	778	0	1,366	50	13	1	3	73	0	18
Battagram	276	440	29	3	NR	19	NR	8	3	31
Buner	467	0	306	0	0	9	0	2	0	3
Charsadda	3,818	1,619	316	197	362	5	53	103	0	9
Chitral Lower	703	115	21	30	23	14	16	3	11	6
Chitral Upper	156	18	2	3	10	0	7	10	0	2
D.I. Khan	2,031	0	177	20	21	55	0	4	4	45
Dir Lower	2,294	0	159	77	11	82	0	31	0	7
Dir Upper	1,134	51	25	6	31	20	0	15	10	24
Hangu	238	221	54	2	2	2	0	3	10	2
Haripur	1,647	157	0	0	17	29	3	8	0	5
Karak	690	69	149	44	31	30	36	4	423	6
Khyber	1,361	93	181	322	223	48	459	116	80	55
Kohat	1,172	2	61	91	4	37	1	27	5	0
Kohistan Lower	81	2	5	5	0	0	0	0	0	0
Kohistan Upper	502	0	6	29	2	0	0	4	0	0
Kolai Palas	110	5	0	9	0	0	0	0	0	4
L & C Kurram	10	6	6	17	0	0	0	2	0	0
Lakki Marwat	873	0	186	10	0	45	0	29	0	8
Malakand	1,504	0	20	0	0	0	0	9	0	0
Mansehra	1,224	397	3	5	2	97	1	44	0	15
Mardan	1,349	94	94	53	148	77	0	21	1	3
Mohmand	268	146	181	9	0	16	128	4	68	2
North Waziristan	133	0	74	20	0	0	3	5	5	7
Nowshera	2,496	13	129	22	25	6	8	18	4	7
Orakzai	136	13	17	4	0	0	0	0	0	0
Peshawar	5,863	331	41	214	58	17	30	121	0	30
SD Tank	15	2	18	4	0	0	0	0	0	0
Shangla	1,100	0	240	1	11	130	0	17	0	67
South Waziristan (Lower)	13	148	77	7	8	11	40	11	8	3
SWU	45	46	9	1	0	0	10	0	0	0
Swabi	2,197	448	48	12	65	225	15	50	0	35
Swat	3,829	152	16	49	121	37	12	12	0	20
Tank	564	109	74	11	14	6	0	8	0	4
Tor Ghar	82	2	25	35	7	26	24	3	3	3
Upper Kurram	222	238	15	48	2	15	152	12	0	3
Total	41,643	5,073	4,325	1,509	1,266	1,154	1,075	836	662	445

Figure 6: Most frequently reported suspected cases during Week 19, KP

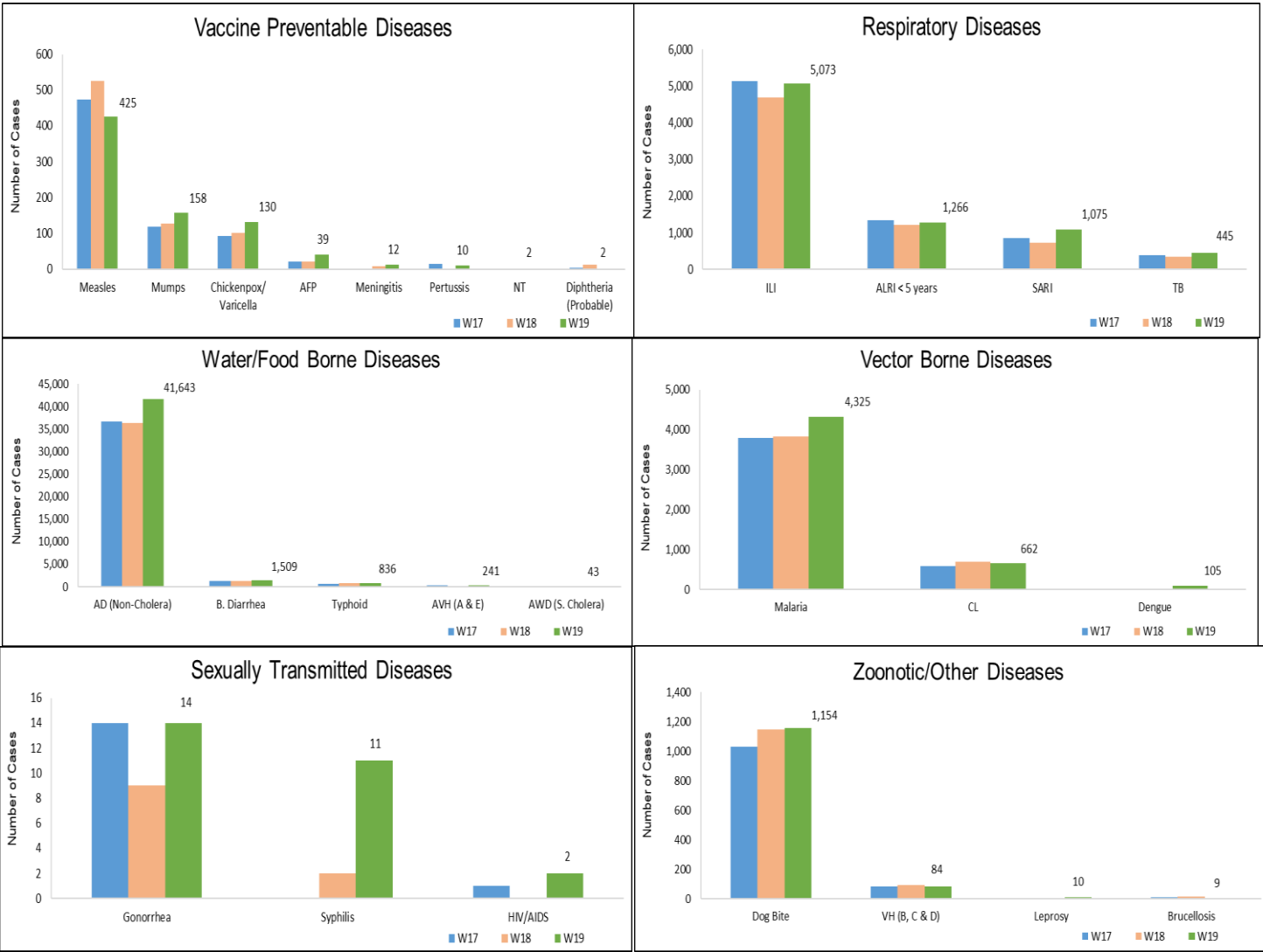
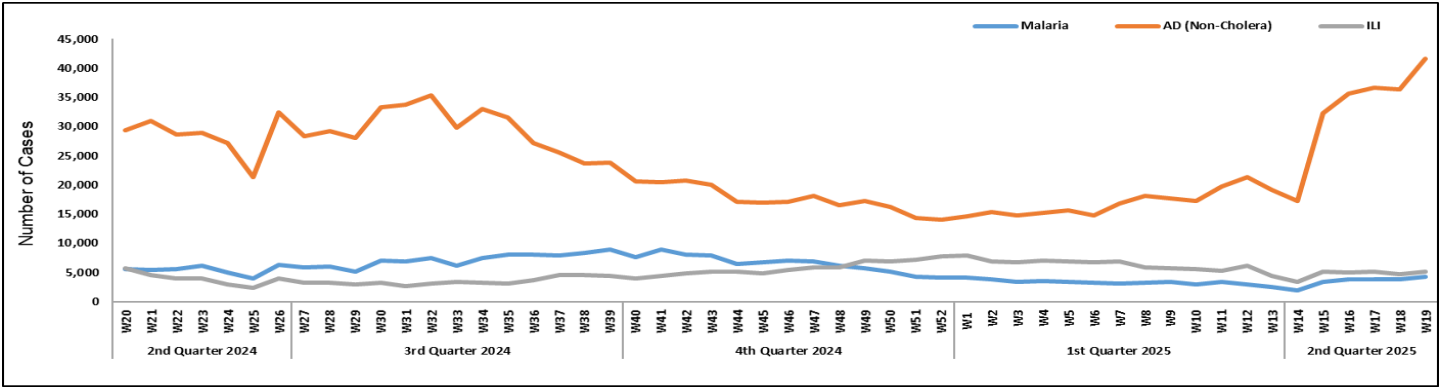


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP



ICT: The most frequently reported cases from Islamabad were ILI and AD (Non-Cholera). ILI and AD (Non-Cholera) cases showed a decrease in number this week.

AJK: ILI cases were maximum followed by AD (Non-Cholera), ALRI < 5years, SARI, dog bite, B. Diarrhea, TB, AWD (S. Cholera), AVH (A & E) and VH (B, C & D) cases. A decrease in cases observed for ILI, AD (Non-Cholera), ALRI < 5years, SARI, B. Diarrhea, AVH (A & E) and VH (B, C & D) while an increase in cases observed for dog bite, AWD (S. Cholera) and AFP this week. Two cases of AFP reported from AJK. It requires field investigation.

GB: AD (Non-Cholera) cases were the most frequently reported diseases followed by ALRI <5 Years, ILI, SARI, TB, Typhoid, B. Diarrhea and Measles cases. An increase in cases observed for AD (Non-Cholera), ILI, TB, Typhoid, B. Diarrhea and Measles while a decline in cases observed for ALRI <5 Years and SARI this week.

Figure 10: Most frequently reported suspected cases during Week 19, AJK

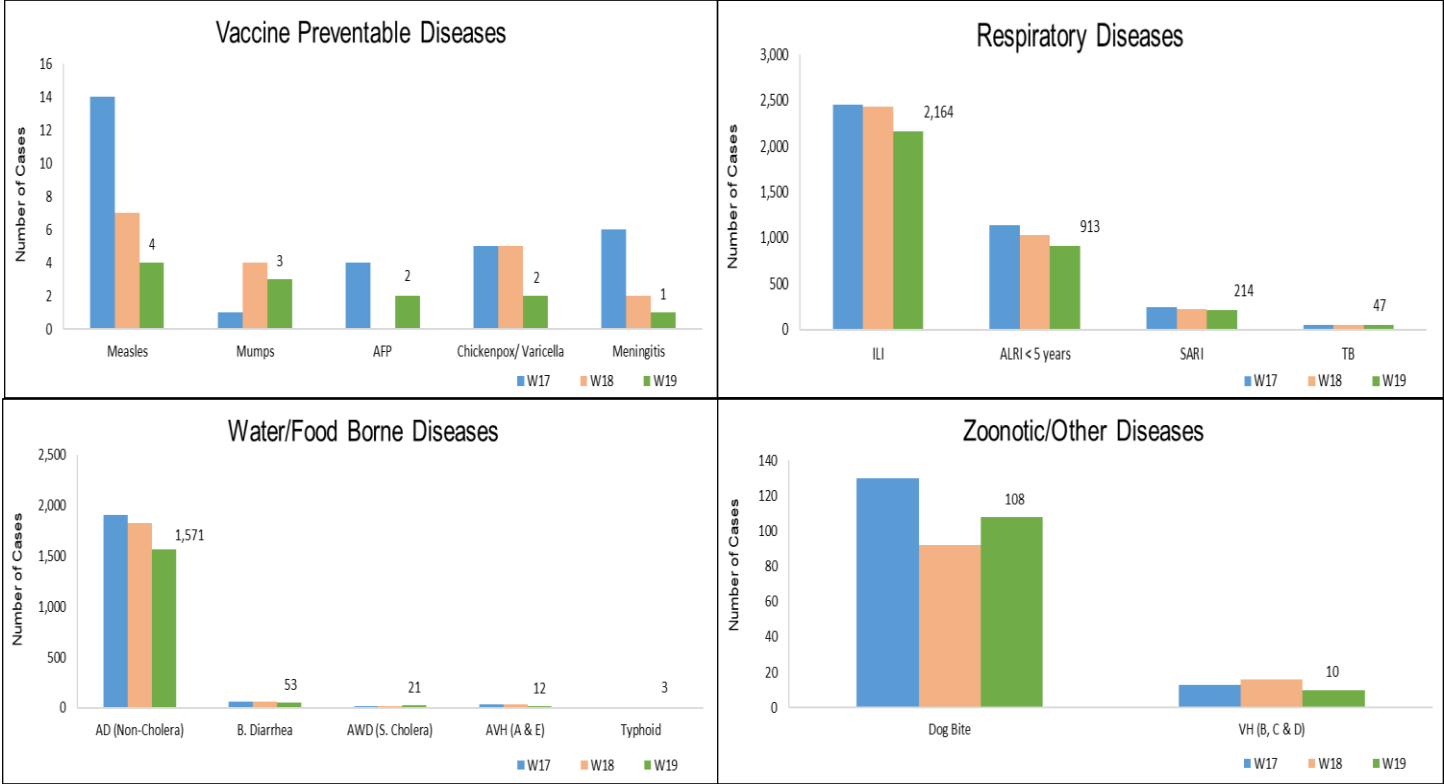


Figure 11: Week wise reported suspected cases of ILI and ARI <5 years, AJ

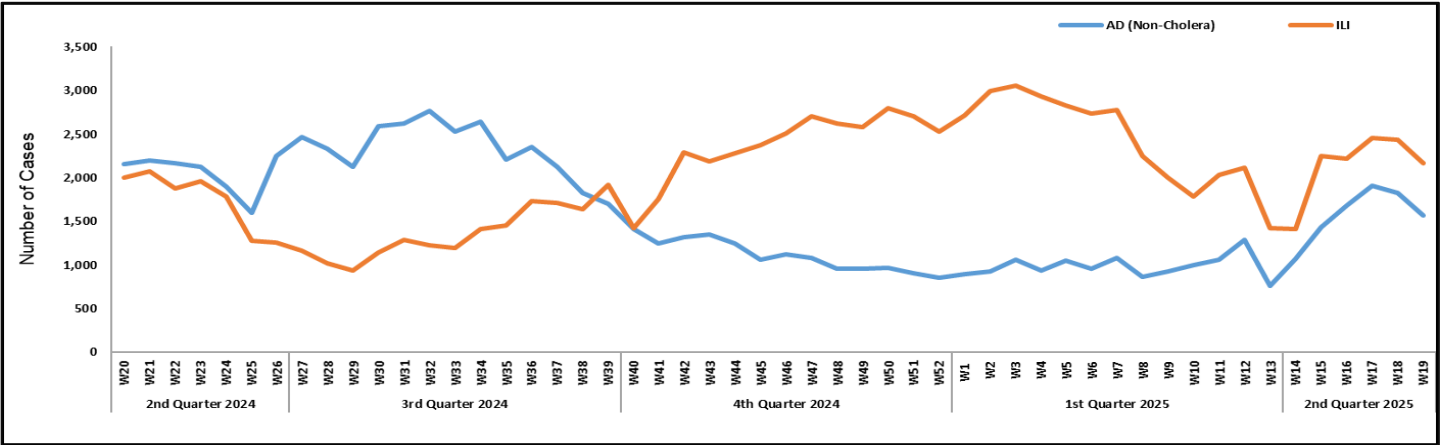


Figure 12: Most frequently reported suspected cases during Week 19, ICT

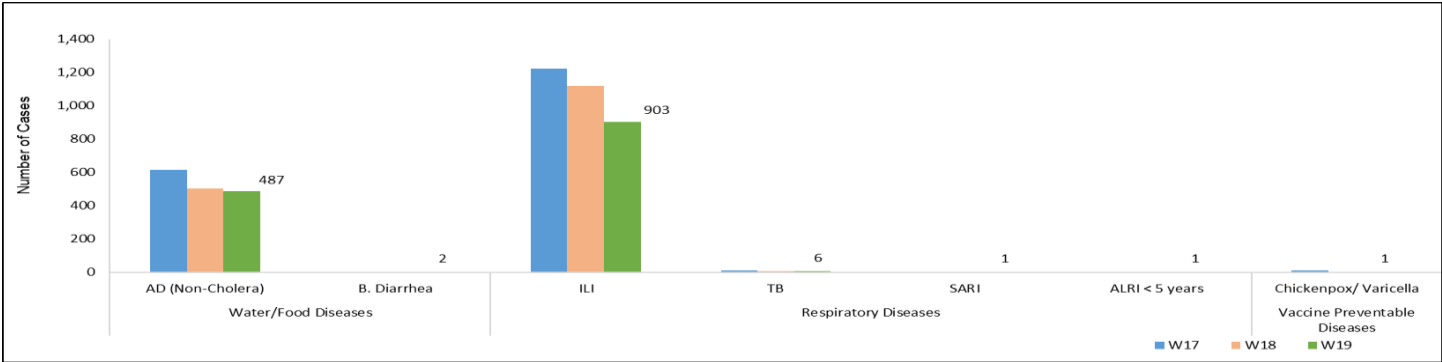


Figure 13: Week wise reported suspected cases of ILI, ICT

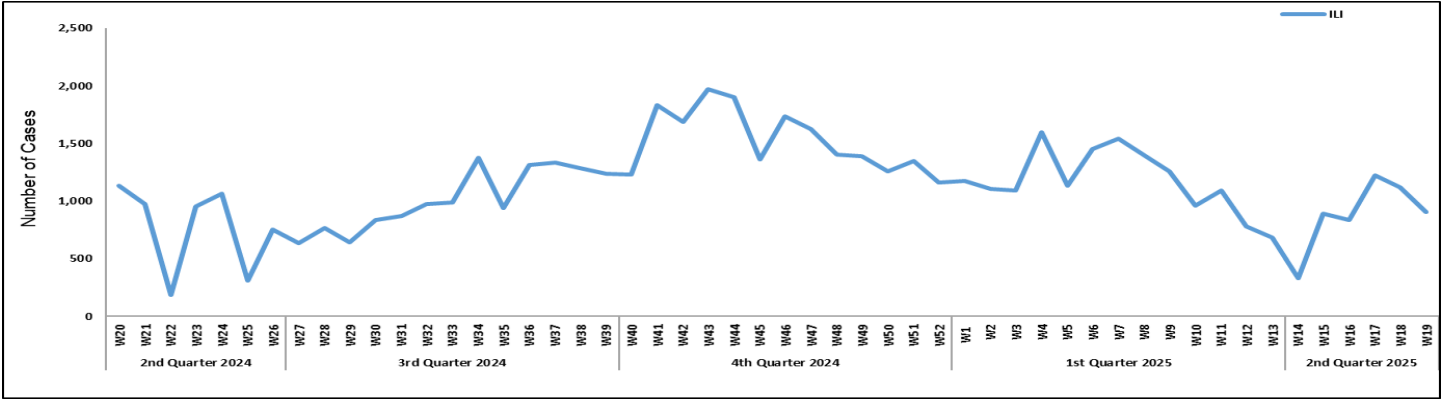


Figure 14: Most frequent cases reported during Week 19, GB

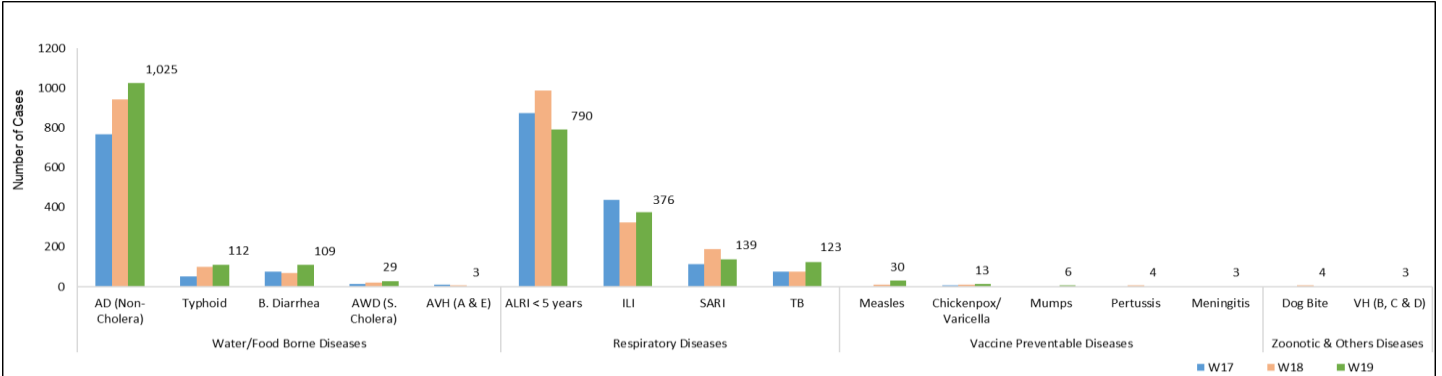


Figure 15: Week wise reported suspected cases of ALRI <5 years, GB

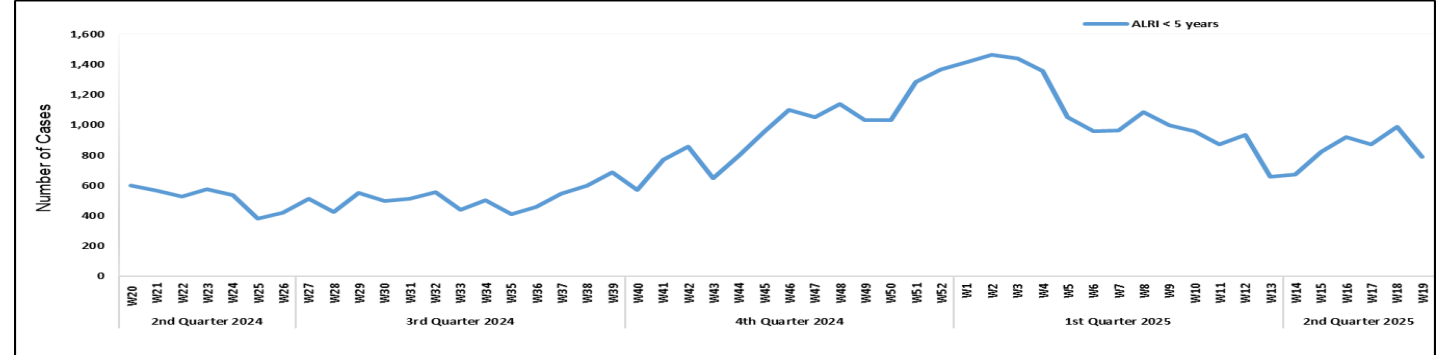


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 19

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)		218	5	-	-	0	0	-	-	-	-	-	-	0	0
AD (non-cholera)		294	1	-	-	0	0	-	-	-	-	-	-	0	0
Malaria		8,744	496	-	-	208	0	-	-	-	-	-	-	7	0
CCHF		0	0	-	-	0	0	-	-	-	-	-	-	0	0
Dengue		1,853	146	-	-	1	0	-	-	-	-	-	-	4	0
VH (B)		15,422	471	-	-	526	3	-	-	-	-	-	-	71	0
VH (C)		15,367	1,456	-	-	523	2	-	-	-	-	-	-	157	4
VH (D)		2,813	20	-	-	0	0	-	-	-	-	-	-	86	0
VH (A)		140	53	-	-	1	0	-	-	-	-	-	-	0	0
VH (E)		71	39	-	-	0	0	-	-	-	-	-	-	0	0
Covid-19		17	0	-	-	1	0	-	-	-	-	-	-	0	0
Chikungunya		13	1	-	-	0	0	-	-	-	-	-	-	0	0
TB		558	83	-	-	5	1	-	-	-	-	-	-	36	6
HIV/ AIDS		5,420	41	-	-	452	0	-	-	-	-	-	-	97	0
Syphilis		1,074	29	-	-	126	0	-	-	-	-	-	-	0	0
B. Diarrhea		164	0	-	-	0	0	-	-	-	-	-	-	0	0
Typhoid		1,304	29	-	-	0	0	-	-	-	-	-	-	1	0
Diphtheria		9	4	-	-	0	0	-	-	-	-	-	-	0	0
ILI		17	3	-	-	0	0	-	-	-	-	-	-	0	0
Pneumonia (ALRI)		114	5	-	-	0	0	-	-	-	-	-	-	0	0
Measles		356	200	76	50	371	183	16	9	18	7	563	160	19	5
Rubella		356	3	76	1	371	5	16	0	18	0	563	4	19	0
Covid-19	Out of SARI	24	5	0	0	7	0	44	4	0	0	83	8	12	0
	Out of ILI	17	3	0	0	0	0	10	1	0	0	20	4	17	0
Influenza A	Out of SARI	24	0	0	0	7	0	44	0	0	0	83	0	12	0
	Out of ILI	17	0	0	0	0	0	10	0	0	0	20	0	17	0
Influenza B	Out of SARI	24	0	0	0	7	0	44	0	0	0	83	0	12	0
	Out of ILI	17	1	0	0	0	0	10	0	0	0	20	0	17	0
RSV	Out of SARI	24	0	0	0	7	0	44	0	0	0	83	0	12	0
	Out of ILI	17	0	0	0	0	0	10	0	0	0	20	0	17	0

IDSR Reports Compliance

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

Table 6: IDSR reporting districts Week 19, 2025

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	102	92%
	Bannu	238	116	49%
	Battagram	59	30	51%
	Buner	34	21	62%
	Bajaur	44	41	93%
	Charsadda	59	57	97%
	Chitral Upper	34	29	85%
	Chitral Lower	35	34	97%
	D.I. Khan	113	113	100%
	Dir Lower	74	63	85%
	Dir Upper	37	28	76%
	Hangu	22	14	64%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	43	81%
	Kohat	61	61	100%
	Kohistan Lower	11	8	73%
	Kohistan Upper	20	17	85%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	6	14%
	Upper Kurram	41	30	73%
	Malakand	42	21	50%
	Mansehra	133	90	68%
	Mardan	80	48	60%
	Nowshera	55	52	95%
	North Waziristan	13	7	54%
	Peshawar	155	129	83%
	Shangla	37	32	86%
	Swabi	64	62	97%
	Swat	77	76	99%
	South Waziristan (Upper)	93	37	40%
	South Waziristan (Lower)	42	21	50%
	Tank	34	29	85%
	Torghar	14	14	100%
	Mohmand	68	62	91%
	SD Peshawar	5	0	0%
	SD Tank	58	7	12%
	Orakzai	69	12	17%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	42	20	48%



	Kotli	60	60	100%
	Muzaffarabad	45	43	96%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	40	40	100%
	Neelum	39	39	100%
	Jhelum Valley	29	29	100%
	Sudhnooti	27	27	100%
	ICT	21	20	95%
Islamabad Capital Territory	CDA	15	8	53%
Balochistan	Gwadar	26	21	81%
	Kech	44	22	50%
	Khuzdar	74	10	14%
	Killa Abdullah	26	19	73%
	Lasbella	55	55	100%
	Pishin	65	40	62%
	Quetta	55	32	58%
	Sibi	36	19	53%
	Zhob	39	29	74%
	Jaffarabad	16	15	94%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	1	7%
	Kohlu	75	13	17%
	Chagi	36	22	61%
	Kalat	41	40	98%
	Harnai	17	0	0%
	Kachhi (Bolan)	35	0	0%
	Jhal Magsi	28	27	96%
	Sohbat pur	25	25	100%
	Surab	32	12	38%
	Mastung	45	41	91%
	Loralai	33	26	79%
	Killa Saifullah	28	3	11%
	Ziarat	29	0	0%
	Duki	31	0	0%
	Nushki	32	0	0%
	Dera Bugti	45	33	73%
	Washuk	46	28	61%
	Panjgur	38	7	18%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	20	100%
	Hub	33	29	88%
	Musakhel	41	18	44%
	Usta Muhammad	34	33	97%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	38	100%

	Gilgit	40	40	100%
	Diamer	62	60	97%
	Astore	54	54	100%
	Shigar	27	25	93%
	Skardu	52	52	100%
	Ganche	29	28	97%
	Kharmang	46	25	54%
Sindh	Hyderabad	73	72	99%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	97	91%
	Tharparkar	276	217	79%
	Shikarpur	60	60	100%
	Thatta	52	52	100%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	16	76%
	Karachi-West	20	20	100%
	Karachi-Malir	35	34	97%
	Karachi-Kemari	18	18	100%
	Karachi-Central	12	7	58%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	5	83%
	Sujawal	55	55	100%
	Mirpur Khas	106	105	99%
	Badin	124	123	99%
	Sukkur	64	63	98%
	Dadu	90	82	91%
	Sanghar	100	99	99%
	Jacobabad	44	43	98%
	Khairpur	170	169	99%
	Kashmore	59	59	100%
	Matari	42	42	100%
	Jamshoro	75	74	99%
	Tando Allahyar	54	54	100%
	Tando Muhammad Khan	41	41	100%
	Shaheed Benazirabad	122	122	100%

Table 7: IDSR reporting Tertiary care hospital Week 19, 2025

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

Letter to the Editor

Bridging the Divide - Ensuring Equitable Healthcare Access to All Pakistan

Dear Editor,

Access to quality healthcare remains a fundamental human right, yet for millions across Pakistan, it remains a distant ideal. While significant strides have been made in certain areas, the reality on the ground highlights persistent disparities that demand urgent and comprehensive solutions. Recent data reveals that over 50% of Pakistanis lack access to basic primary healthcare services, with approximately 42% having no health coverage at all. [1] This alarming statistic underscores a systemic challenge that disproportionately affects our rural populations, women, children, and marginalized communities. [2, 3]

The reasons for this inequity are multifaceted. Our healthcare system grapples with insufficient funding, with Pakistan's government spending significantly less than the WHO-recommended allocation for healthcare as a percentage of GDP. [4, 5] This underinvestment manifests in a severe shortage of healthcare facilities, particularly in remote areas, and a critical deficit of trained medical professionals, including doctors and nurses. [2, 3] Furthermore, the heavy reliance on out-of-pocket expenditure, which accounts for over 50% of healthcare spending, pushes countless families into poverty due to catastrophic health expenses. [1, 6]

Geographical remoteness, inadequate infrastructure, and the high cost of transportation also create formidable barriers for those in rural areas, where access to essential services is often scarce. [3, 7] Cultural norms and low health literacy further compound these challenges, sometimes delaying or preventing

individuals from seeking timely and appropriate medical care. [2, 3]

While initiatives like the Sehat Sahulat Program are commendable steps towards financial protection, their reach needs to be expanded and refined to truly address the widespread need. [7, 8] To genuinely bridge the healthcare access divide, we must advocate for:

Increased and Equitable Health Funding: The government must prioritize health in its budget, significantly increasing allocations to improve infrastructure, equip rural clinics, and ensure a stable supply of essential medicines. Resources must be equitably distributed to address regional disparities. [4, 5, 7]

Strengthening Primary Healthcare: This is the bedrock of a resilient health system. We need to invest in and upgrade Basic Health Units (BHUs) and Rural Health Centers (RHCs), ensuring they are fully functional, well-staffed, and equipped to provide comprehensive primary care, including preventive services, maternal and child health, and clinical management of communicable and non-communicable diseases. [7, 9]

Addressing Workforce Shortages: Incentivizing healthcare professionals to serve in underserved areas, expanding medical education programs, and improving working conditions are crucial to retaining talent and ensuring adequate staffing across the country. [3, 7]

Leveraging Technology: Telemedicine can play a transformative role in connecting remote populations with medical expertise, reducing geographical barriers and improving access to consultations and follow-up care. [7, 10]

Enhanced Health Literacy and Community Engagement: Targeted public health campaigns must empower communities with knowledge about preventive care, health-seeking behaviors, and available services. Community health workers, like the Lady Health Workers, are vital bridges between the health system and the



community, and their role should be further strengthened. [2, 7, 9]

Ensuring that every Pakistani has unhindered access to quality healthcare is not merely a policy goal; it is a moral imperative and an investment in our nation's future. It is time for a concerted effort from policymakers, healthcare providers, civil society, and citizens to build a truly accessible, equitable, and resilient healthcare system for all.

Sincerely,

Dr. Muhammad Hamza Ikram
Scientific Officer, CDC-NIH

References:

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Knowledge Hub

Mumps: What You Need to Know

Mumps is a contagious disease caused by a virus. It primarily affects the salivary glands, which are located just below your ears, causing them to swell. While often mild, mumps can lead to serious complications.

What is Mumps?

Mumps is caused by the mumps virus. It is a vaccine-preventable disease. Before the widespread use of the Measles, Mumps, and

Rubella (MMR) vaccine, mumps was a common childhood illness. While less common now, outbreaks can still occur, especially in unvaccinated populations.

Signs & Symptoms

Symptoms typically appear 16-18 days after exposure to the virus, but can range from 12-25 days. About one-third of people infected with mumps have very mild symptoms or no symptoms at all, but they can still spread the virus.

Common symptoms include:

- Swollen, tender salivary glands under the ears (parotitis) on one or both sides of the face. This is the most characteristic symptom.
- Fever
- Headache
- Muscle aches
- Tiredness
- Loss of appetite
- Pain while chewing or swallowing, especially acidic foods

How Mumps Spreads

Mumps spreads through respiratory droplets from an infected person's nose or throat. It can spread when an infected person:

Coughs, sneezes, or talks.

Shares drinks or eating utensils.

Touches objects or surfaces with unwashed hands that are then touched by others.

A person with mumps is most contagious from a few days before their salivary glands swell until about five days after the swelling begins.

Complications

While most people recover fully from mumps, complications can occur, especially in adults. These are rare but can be serious:

Orchitis: Inflammation of the testicles in males who have reached puberty. This can lead to pain, swelling, and rarely, reduced fertility.



Oophoritis/Mastitis: Inflammation of the ovaries or breasts in females who have reached puberty.

Meningitis: Inflammation of the lining of the brain and spinal cord. This is the most common serious complication of mumps.

Encephalitis: Inflammation of the brain. This is a rare but serious complication.

Pancreatitis: Inflammation of the pancreas.

Hearing loss: Temporary or, rarely, permanent hearing loss in one or both ears.

Prevention

The best way to prevent mumps is to get vaccinated with the Measles, Mumps, and Rubella (MMR) vaccine.

Children: The CDC recommends two doses of the MMR vaccine:

First dose at 12–15 months of age.

Second dose at 4–6 years of age.

Adults: If you are an adult and not sure if you are protected against mumps, talk to your doctor. Many adults, especially those born before 1957, may have natural immunity. However, others may need one or two doses of the MMR vaccine.

Vaccination not only protects the individual but also helps protect the community by reducing the spread of the virus.

What to Do If You Get Mumps

There is no specific treatment to cure mumps. Care focuses on relieving symptoms and preventing spread to others.

If you suspect you have mumps:

Contact a healthcare provider immediately. They can confirm the diagnosis and advise on next steps.

Isolate yourself: Stay home from work, school, or public places for at least five days after the onset of salivary gland swelling.

Get rest: Rest helps your body recover.

Manage symptoms:

Use over-the-counter pain relievers (like acetaminophen or ibuprofen) for fever and aches.

Drink plenty of fluids to stay hydrated. Avoid acidic drinks that might worsen pain.

Apply warm or cold packs to swollen glands for comfort.

Eat soft foods that are easy to chew and swallow.

More Information

For additional authoritative information on mumps, please visit:

Centers for Disease Control and Prevention (CDC):

<https://www.cdc.gov/mumps/index.html>

World Health Organization (WHO):

<https://www.who.int/news-room/fact-sheets/detail/mumps>

Public Health Agency of Canada (PHAC):

<https://www.canada.ca/en/public-health/services/diseases/mumps.html>

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

<https://www.nhs.uk/conditions/mumps/>



PROTECT YOURSELF AGAINST MUMPS



MMR VACCINATION IS THE BEST WAY TO PREVENT MUMPS!

THERE IS NO TREATMENT FOR MUMPS IF YOU GET IT

KEEP FROM SPREADING MUMPS



Don't share things that have saliva on them



Cover your coughs and sneezes



Stay home when you are sick



Wash your hands often with soap and water



Clean and disinfect surfaces

SIGNS AND SYMPTOMS OF MUMPS



Mumps is best known for the puffy cheeks and swollen jaw that it causes.



Fever



Headache



Loss of appetite



Muscle aches



Tiredness

VACCINATION ALSO HELPS PREVENT MUMPS COMPLICATIONS



Complications can include swelling of the:

- testicles
- ovaries
- breasts
- pancreas
- brain
- spinal cord tissue

IF YOU HAVE SYMPTOMS, STAY HOME AND AWAY FROM OTHERS. CONTACT YOUR DOCTOR OR HEALTH SERVICES AT YOUR INSTITUTION.



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