

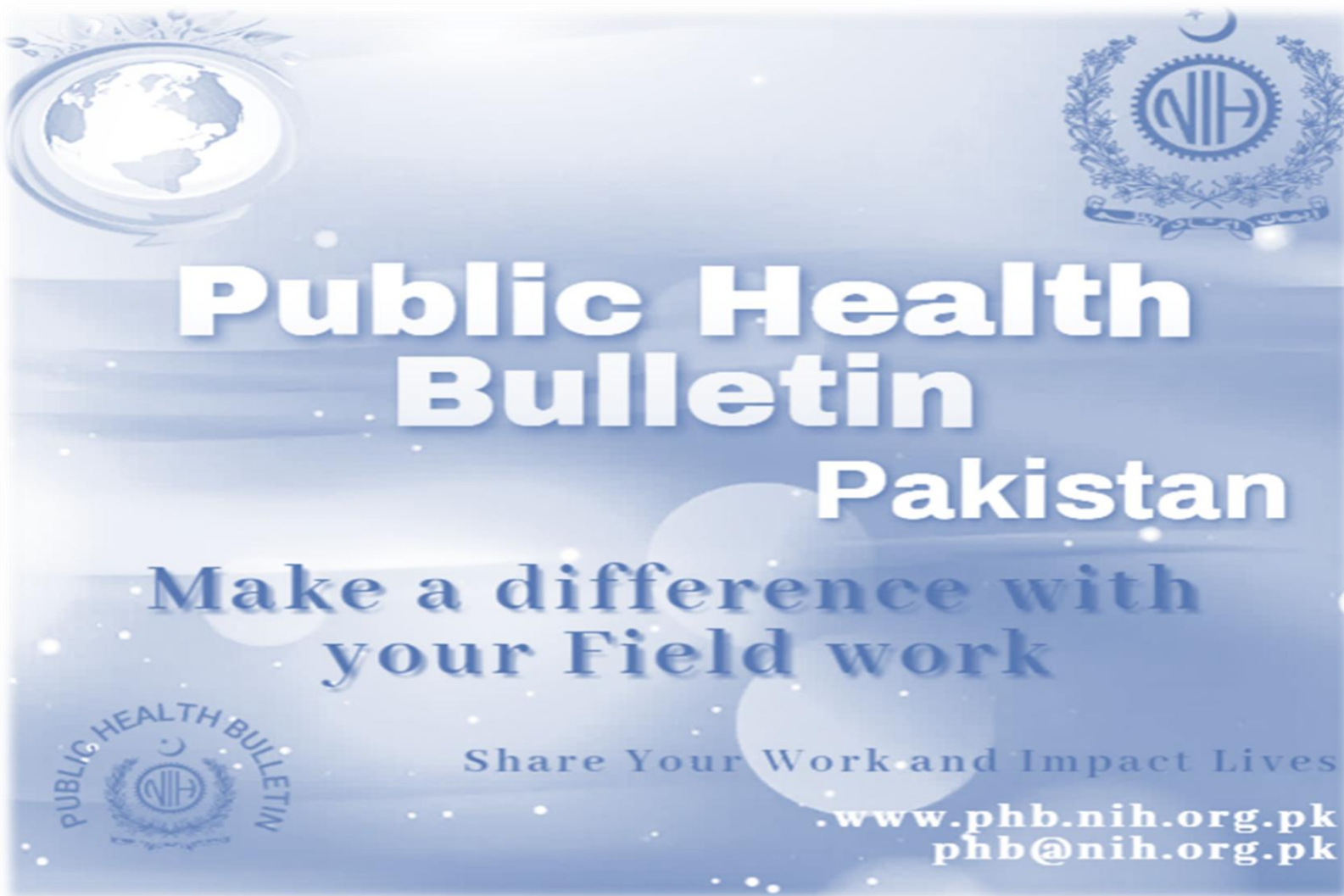
Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

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

Vol. 5 | Week 40
29th SEPTEMBER – 05th OCTOBER
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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 40, 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;

- *Advancing Health Security Through Innovation; FETP Frontline 3.0 Using One Health Approach in Pakistan*
- *Knowledge hub on Acute Watery Diarrhea: 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 40, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, TB, B. Diarrhea, Dog Bite, VH (B, C & D), Typhoid and SARI.
- Twenty-four cases of AFP were reported from KP, nine from Sindh, three from AJK, and one from GB.
- Seventeen suspected cases of HIV/AIDS were reported from Sindh and four from KP.
- One suspected case of Brucellosis was reported from KP.
- Among VPDs, there is an increase in the number of cases of Measles, Meningitis, AFP, and Diphtheria this week.
- Among Respiratory diseases, there is an increase in the number of cases of TB and ALRI <5 years this week.
- Among Water/Food-borne diseases, there is an increase in the number of cases of Acute Diarrhea (Non-Cholera), Typhoid, AWD (S. Cholera), and AVH (A & E) this week.
- Among Vector-borne diseases, there is an increase in the number of cases of Dengue, Malaria, and Cutaneous Leishmaniasis (CL) this week.

IDSR compliance attributes

- The national compliance rate for IDSR reporting in 158 implemented districts is 80%
- Sindh is the top reporting regions with a compliance rate of 95%, followed by AJK 94%, GB 92% and ICT 81%.
- The lowest compliance rate was observed in KP 75% and Balochistan 57%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2704	1769	65
Azad Jammu Kashmir	469	412	88
Islamabad Capital Territory	38	26	68
Balochistan	1308	743	57
Gilgit Baltistan	417	374	90
Sindh	2111	2059	98
National	7047	5425	76

Public Health Actions

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

Typhoid

- **Enhance Case Detection and Reporting:** Strengthen typhoid surveillance within the Integrated Disease Surveillance and Response (IDSR) system by training healthcare providers on standard case definitions, timely notification, and outbreak detection, particularly in high-burden and underserved areas.
- **Improve Laboratory Diagnosis:** Expand laboratory diagnostic capacity for typhoid by supporting culture and sensitivity testing for MDR and XDR detection at district and provincial levels to confirm cases and guide antimicrobial stewardship.
- **Promote Water, Sanitation, and Hygiene (WASH):** Collaborate with relevant sectors to ensure access to safe drinking water, improve sanitation infrastructure, and promote hygiene practices, especially handwashing with soap.
- **Implement Vaccination Strategies:** Support the scale-up of Typhoid Conjugate Vaccine (TCV) through routine immunization and targeted campaigns in high-risk populations.
- **Raise Community Awareness:** Develop culturally appropriate health education campaigns to inform communities about transmission routes, preventive behaviors (e.g., safe food handling and hygiene), and the importance of early care-seeking.

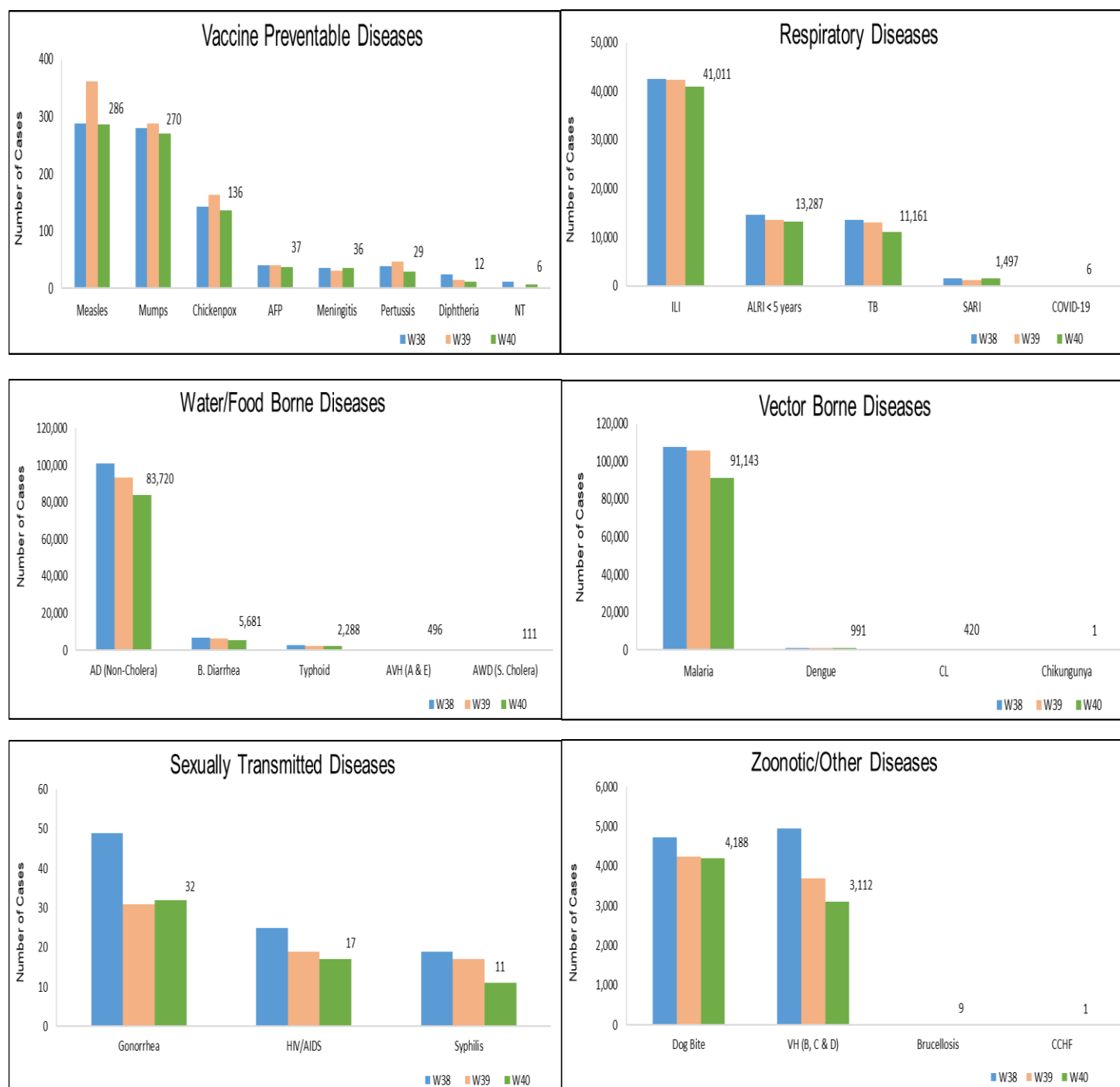
Acute Viral Hepatitis (A & E)

- **Enhance Case Detection and Reporting:** Strengthen AHV (A & E) surveillance in the IDSR system by training health personnel to recognize symptoms and ensure timely reporting, especially during seasonal peaks or in outbreak-prone areas.
- **Strengthen Laboratory Confirmation:** Improve diagnostic capacity by ensuring availability of rapid and confirmatory tests (e.g., IgM for HAV/HEV) at regional laboratories to facilitate timely outbreak response.
- **Improve WASH Infrastructure:** Coordinate with municipal and rural development authorities to upgrade water supply systems, prevent sewage contamination, and promote latrine use to interrupt fecal-oral transmission.
- **Engage in Risk Communication:** Design and disseminate targeted messages through community channels to raise awareness about safe drinking water, personal hygiene, food safety, and the risks of consuming contaminated water or raw produce.

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 40, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
Malaria	7	3907	0	30	10052	NR	77147	91143
AD (Non-Cholera)	1330	6623	1151	396	32587	NR	41633	83720
ILI	1568	5253	423	1685	5943	NR	26139	41011
ALRI < 5 years	855	1895	632	5	918	NR	8982	13287
TB	41	91	94	11	309	NR	10615	11161
B. Diarrhea	52	1189	72	11	1049	NR	3308	5681
Dog Bite	94	285	5	0	875	NR	2929	4188
VH (B, C & D)	25	135	2	0	101	NR	2849	3112
Typhoid	32	489	84	3	788	NR	892	2288
SARI	126	762	139	0	390	NR	80	1497
Dengue	68	14	27	0	708	NR	174	991
AVH (A & E)	19	21	0	0	200	NR	256	496
CL	2	57	0	0	361	NR	0	420
Measles	5	9	12	2	220	NR	38	286
Mumps	7	46	4	0	191	NR	22	270
Chickenpox/ Varicella	10	5	36	0	70	NR	15	136
AWD (S.Cholera)	26	56	12	0	15	NR	2	111
AFP	2	0	1	0	24	NR	10	37
Meningitis	4	8	3	0	9	NR	12	36
Gonorrhea	0	28	0	0	0	NR	4	32
Pertussis	2	6	2	0	18	NR	1	29
HIV/AIDS	0	0	0	0	2	NR	15	17
Diphtheria (Probable)	0	0	0	0	6	NR	6	12
Syphilis	0	0	0	0	1	NR	10	11
Brucellosis	2	0	0	0	7	NR	0	9
COVID-19	0	0	0	0	6	NR	0	6
NT	0	1	0	0	5	NR	0	6
Chikungunya	0	0	0	0	0	NR	1	1
CCHF	0	0	0	0	0	NR	1	1

Figure 1: Most frequently reported suspected cases during Week 40, Pakistan.



- Malaria and AD (Non-Cholera) remained the leading reported diseases this week, followed by ILI, TB, and ALRI <5 years.
- Malaria cases were mainly reported from Khairpur, Mirpurkhas, and Sanghar, while AD (Non-Cholera) cases were concentrated in Khairpur, Dadu, and Mirpurkhas. ILI cases were higher in Khairpur, Mirpurkhas, and Karachi Malir.
- A decline was observed in AD (Non-Cholera), Malaria, ILI, and ALRI <5 years compared to the previous week, while AVH (A & E) showed an increase, particularly in Thatta and Tharparkar..

Table 2: District wise distribution of most frequently reported suspected cases during Week 40, Sindh

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	B. Diarrhea	Dog Bite	VH (B, C & D)	Typhoid	AVH (A & E)
Badin	4327	2354	1971	774	512	228	143	252	47	2
Dadu	4005	2501	515	470	807	355	450	125	125	4
Ghotki	5806	1211	59	456	466	116	168	78	0	0
Hyderabad	1185	1553	1755	258	159	64	45	83	5	6
Jacobabad	1052	739	624	208	523	107	163	165	46	0
Jamshoro	3219	1793	100	608	299	98	67	143	36	9
Kamber	3230	1547	0	622	294	128	172	27	10	0
Karachi Central	40	1176	1101	186	101	2	28	18	129	8
Karachi East	61	297	4	27	10	5	0	0	13	0
Karachi Keamari	11	638	328	1	13	2	0	0	0	0
Karachi Korangi	115	386	40	21	1	7	0	0	2	0
Karachi Malir	143	1277	2829	112	260	39	32	2	24	2
Karachi South	6	84	0	0	0	0	0	0	0	0
Karachi West	301	802	1063	70	289	17	54	21	26	6
Kashmore	2194	335	484	179	138	45	106	3	0	0
Khairpur	6690	2790	5921	1085	994	376	217	135	214	23
Larkana	5508	1401	0	633	181	294	28	13	3	0
Matari	3184	1211	3	473	215	49	82	61	2	0
Mirpurkhas	5970	2493	2923	641	386	103	134	28	13	11
Naushero Feroze	2074	1335	1045	505	422	285	229	21	20	0
Sanghar	6261	1898	101	870	313	62	139	973	19	12
Shaheed Benazirabad	2520	1574	1	268	167	108	125	47	79	0
Shikarpur	1336	738	1	116	104	97	178	90	3	0
Sujawal	1200	2838	8	110	119	155	54	50	3	0
Sukkur	2885	1322	1663	344	438	129	60	63	2	0
Tando Allahyar	3724	1324	865	337	137	85	64	205	3	3
Tando Muhammad Khan	2089	1289	112	564	158	122	106	54	0	0
Tharparkar	3551	1922	1258	460	716	65	1	38	28	48
Thatta	1402	1118	1365	8	383	70	84	110	13	119
Umerkot	3058	1687	0	209	377	95	0	44	27	3
Total	77147	41633	26139	10615	8982	3308	2929	2849	892	256

Figure 2: Most frequently reported suspected cases during Week 40 Sindh

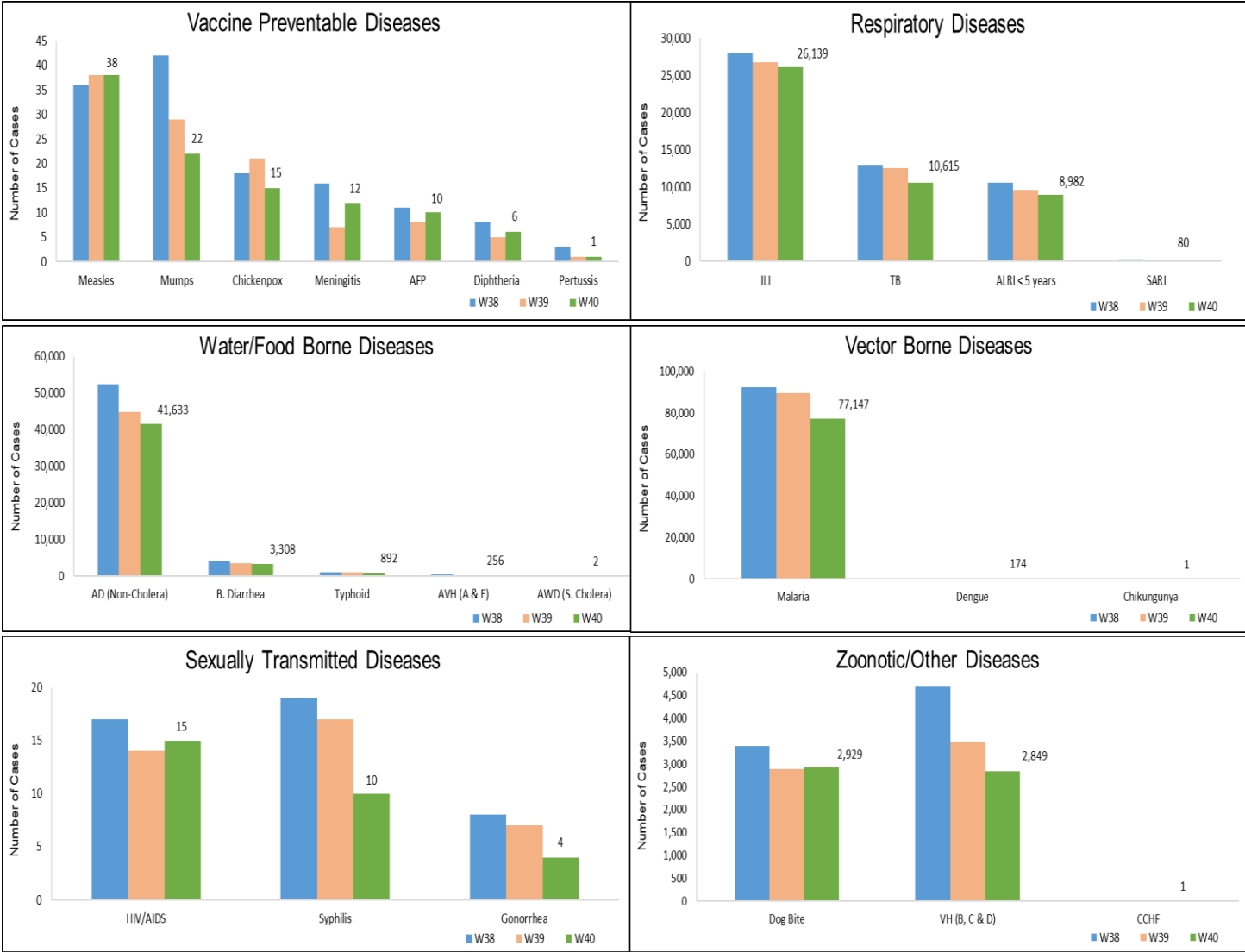
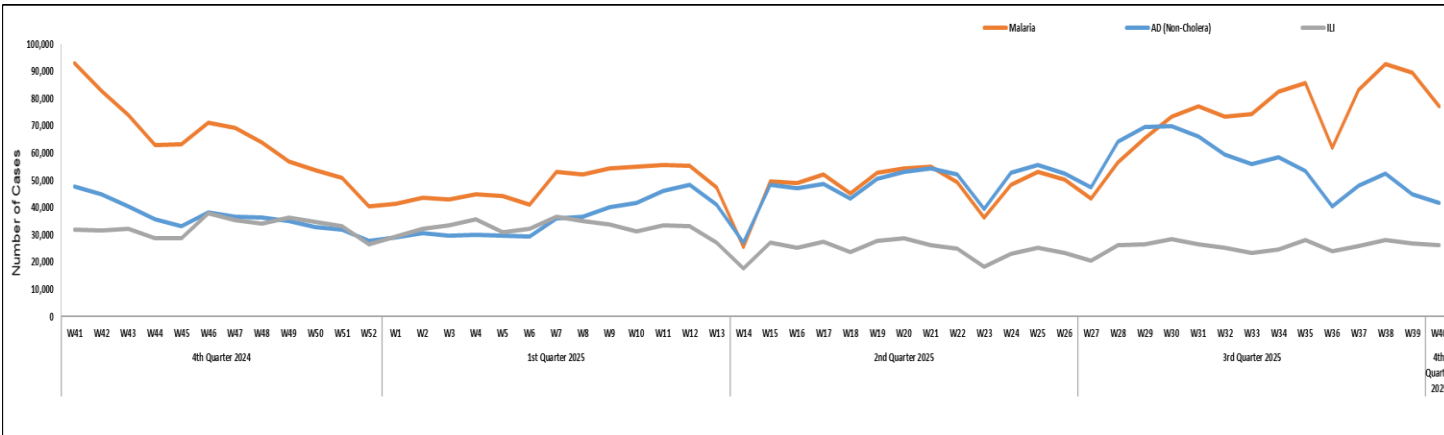


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



- AD (Non-Cholera) and ILI remained the leading reported conditions this week, followed by Malaria, ALRI <5 years, and Bloody Diarrhea.
- High numbers of AD (Non-Cholera) cases were reported from Usta Muhammad, Jaffarabad, and Quetta, while Malaria cases were mainly from Lasbella, Jaffarabad, and Killa Saifullah. ILI cases were concentrated in Quetta, Pishin, and Kharan.
- A decline was observed in AD (Non-Cholera), Malaria, and ALRI <5 years compared to the previous week,

Table 3: District wise distribution of most frequently reported suspected cases during Week 40, Balochistan

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	Dog Bite	VH (B, C & D)	TB
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	84	54	113	16	4	0	33	33	0	0
Chagai	147	205	37	0	53	0	3	0	1	0
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	86	0	79	6	10	0	2	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	13	19	0	2	5	0	8	2	1	0
Harnai	234	0	82	182	95	0	0	2	0	0
Hub	205	65	191	3	12	0	1	2	0	1
Jaffarabad	514	111	745	82	58	19	7	52	61	66
Jhal Magsi	253	509	206	21	1	0	7	9	0	2
Kachhi (Bolan)	275	249	227	64	68	152	84	29	1	1
Kalat	11	1	11	0	11	0	4	0	0	0
Kech (Turbat)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kharan	193	512	39	0	74	20	10	0	0	0
Khuzdar	89	198	49	2	22	24	30	1	0	0
Killa Abdullah	230	180	9	7	61	74	24	2	0	0
Killa Saifullah	129	0	192	129	68	40	27	0	0	0
Kohlu	165	286	94	15	48	3	26		6	
Lasbella	406	66	544	177	25	5	3	4	15	4
Loralai	245	416	52	67	25	65	23	2	1	0
Mastung	100	109	48	58	8	91	9	0	0	0
MusaKhel	139	60	239	35	30	4	23	1	4	0
Naseerabad	279	21	122	42	6	26	51	94	26	9
Nushki	155	0	10	9	54	0	0	0	0	0
Panjgur	93	63	151	69	22	16	0	0	0	0
Pishin	416	565	31	127	147	59	28	0	0	0
Quetta	476	735	14	114	39	28	14	0	1	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	420	487	251	105	34	93	29	0	0	2
Sohbat pur	300	49	110	181	63	17	16	13	1	3
Surab	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Usta Muhammad	816	181	171	220	114	10	18	16	17	0
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	76	34	47	116	7	15	1	0	0	3
Ziarat	74	78	43	46	25	1	8	23	0	0
Total	6623	5253	3907	1895	1189	762	489	285	135	91

Figure 4: Most frequently reported suspected cases during Week 40, Balochistan

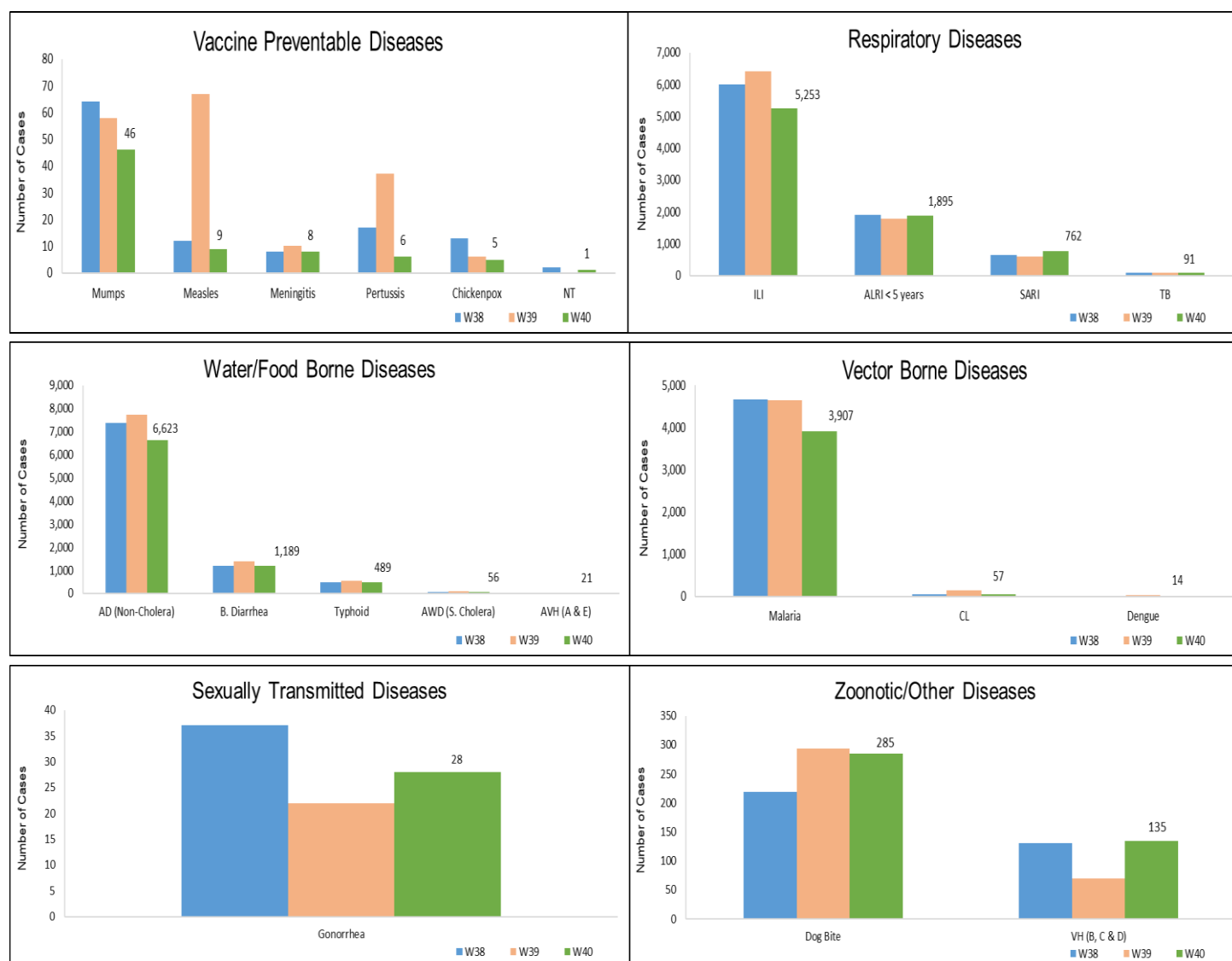
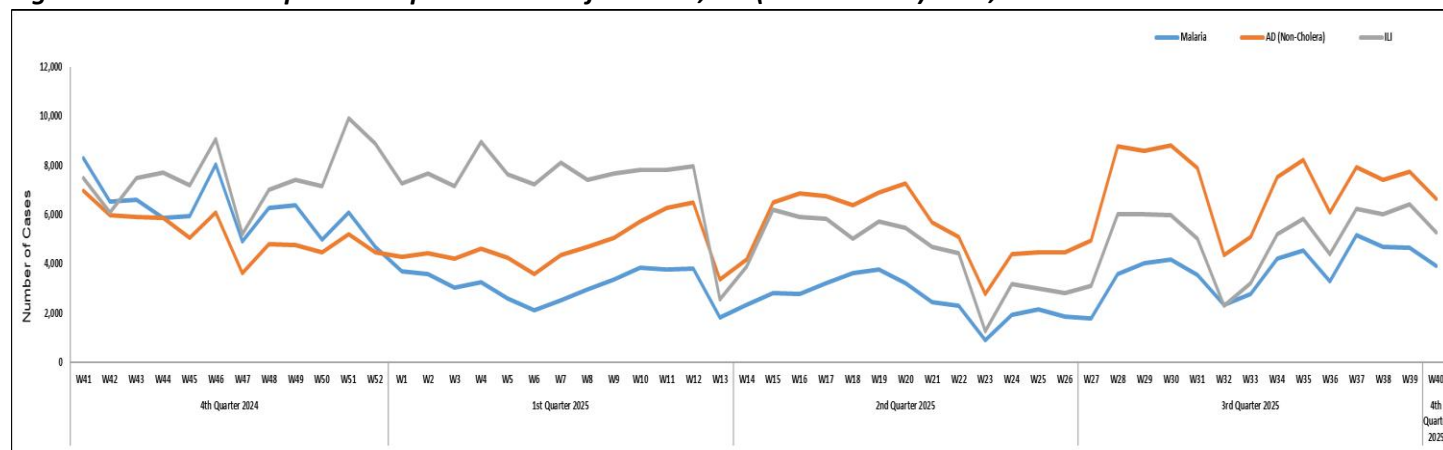


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan



- AD (Non-Cholera) remained the leading reported condition across KP with 32,587 cases, followed by Malaria (10,052), ILI (5,943), and Bloody Diarrhea (1,049).
- High AD (Non-Cholera) burdens were observed in Peshawar, Swat, Nowshera, Charsadda, and D.I. Khan, while Malaria cases were concentrated in Bannu, D.I. Khan, Lakki Marwat, and Nowshera.
- Dengue and Cutaneous Leishmaniasis (CL) showed localized spikes; Dengue in Peshawar, Charsadda, and Swat, and CL in Karak, Khyber, and Mohmand.

Table 4: District wise distribution of most frequently reported suspected cases during Week 40, KP

Districts	AD (Non-Cholera)	Malaria	ILI	B. Diarrhea	ALRI < 5 years	Dog Bite	Typhoid	Dengue	SARI	CL
Abbottabad	1035	3	180	10	53	75	11	42	6	0
Bajaur	561	341	87	156	23	70	3	12	61	12
Bannu	982	1437	3	12	7	2	89	5	6	0
Battagram	396	158	826	1	6	7	2	21	2	0
Buner	303	234	0	0	0	9	10	0	0	0
Charsadda	2188	479	1812	91	246	0	40	99	4	0
Chitral Lower	506	34	7	11	25	15	6	2	8	10
Chitral Upper	170	9	42	10	10	2	8	0	11	1
D.I. Khan	2028	1347	0	30	5	16	0	0	0	0
Dir Lower	1628	157	0	64	6	42	29	22	0	0
Dir Upper	1507	15	23	18	44	14	9	0	2	2
Hangu	280	112	173	0	0	8	11	17	0	52
Haripur	1076	10	383	4	22	13	21	40	10	0
Karak	639	273	76	21	36	29	9	2	0	141
Khyber	647	594	32	152	88	42	40	0	5	32
Kohat	787	341	2	16	10	23	15	38	0	4
Kohistan Lower	187	6	0	12	0	1	0	25	0	0
Kohistan Upper	235	48	1	8	36	0	1	0	0	0
Kolai Palas	53	0	0	3	0	0	12	0	0	0
L & C Kurram	17	1	0	5	0	1	3	0	3	0
Lakki Marwat	1002	974	2	6	0	74	14	14	0	0
Malakand	1045	96	138	0	0	0	11	0	0	2
Mansehra	788	24	283	2	0	45	6	45	0	0
Mardan	1276	384	29	66	26	6	17	32	3	6
Mohmand	117	296	42	9	0	11	6	1	90	48
North Waziristan	42	93	10	12	20	0	22	14	0	18
Nowshera	2309	739	11	37	12	16	33	11	9	18
Orakzai	82	50	7	2	0	0	0	0	0	0
Peshawar	4514	65	516	120	64	4	148	108	1	0
Shangla	1099	755	2	12	4	21	73	5	0	0
South Waziristan (Lower)	133	57	149	5	12	20	20	2	43	9
South Waziristan (Upper)	64	85	25	4	0	0	0	0	10	6
Swabi	1352	171	548	19	47	145	55	56	46	0
Swat	2647	143	396	57	102	146	46	94	0	0
Tank	659	413	49	20	5	0	0	0	0	0
Tor Ghar	87	90	0	20	5	13	6	0	32	0
Upper Kurram	146	18	89	34	4	5	12	1	38	0
Total	32587	10052	5943	1049	918	875	788	708	390	361

Figure 6: Most frequently reported suspected cases during Week 40, KP

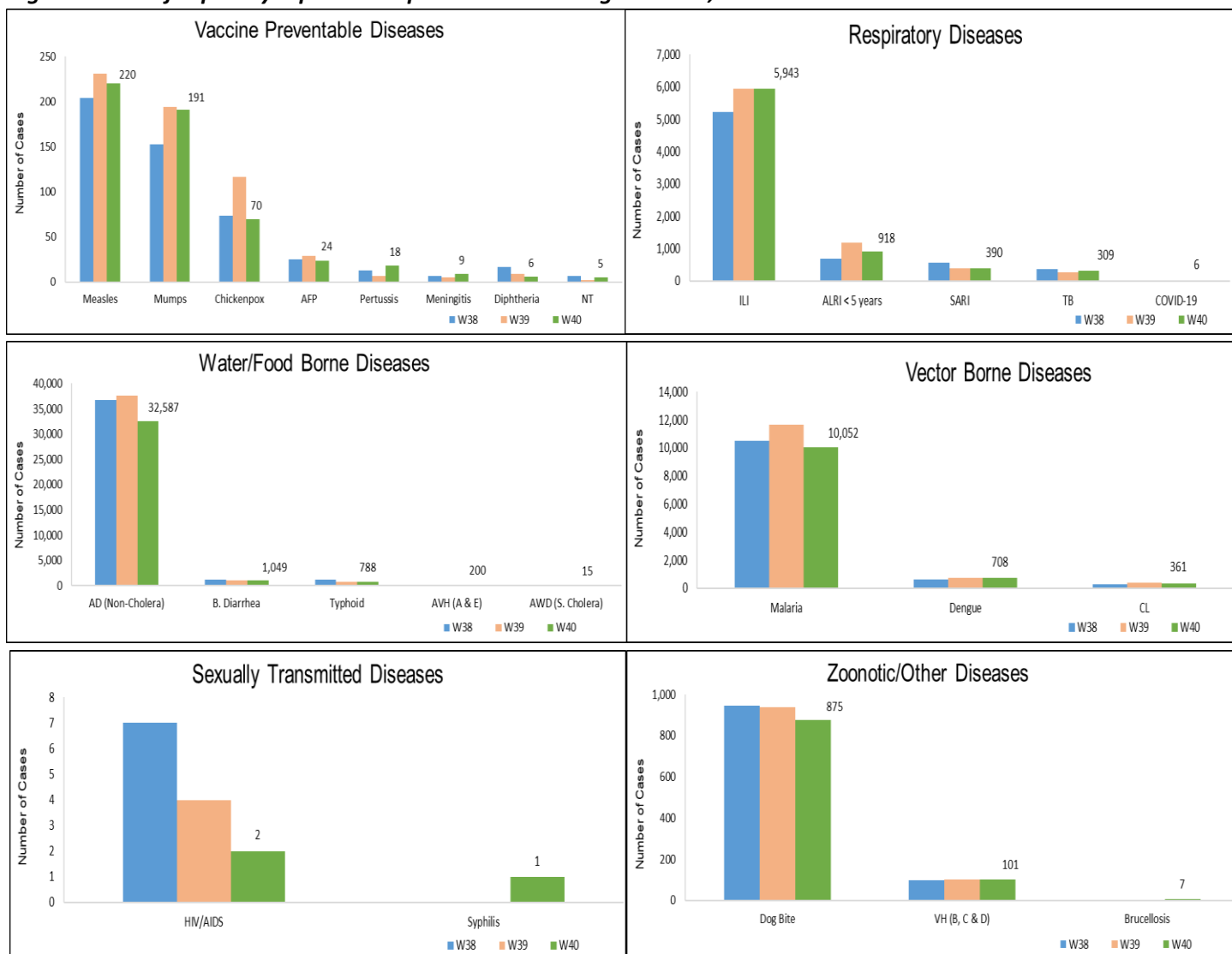
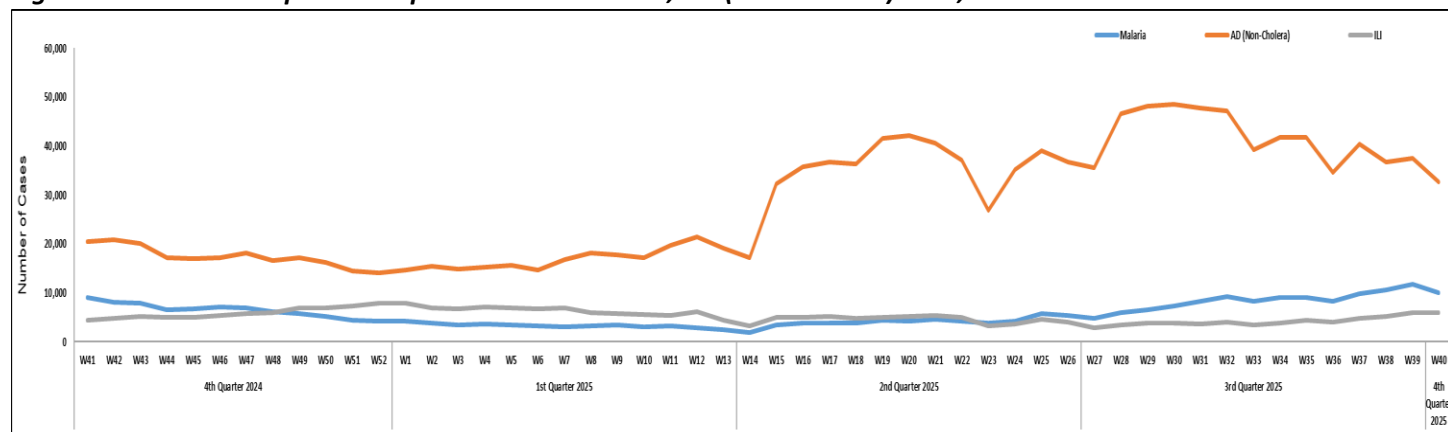


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP



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

AJK: ILI cases were maximum followed by AD (Non-Cholera), ALRI < 5years, SARI, dog bite, TB, B. Diarrhea, VH (B, C & D), Typhoid and AWD (S. Cholera) cases. An increase in number of suspected cases was observed for AD (Non-Cholera), ALRI < 5years, SARI, Dengue, dog bite, VH (B, C & D), Typhoid, Measles, Pertussis and Meningitis while a decline in cases observed for ILI and AWD (S. Cholera) this week.

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

Figure 8: Most frequently reported suspected cases during Week 40, AJK



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

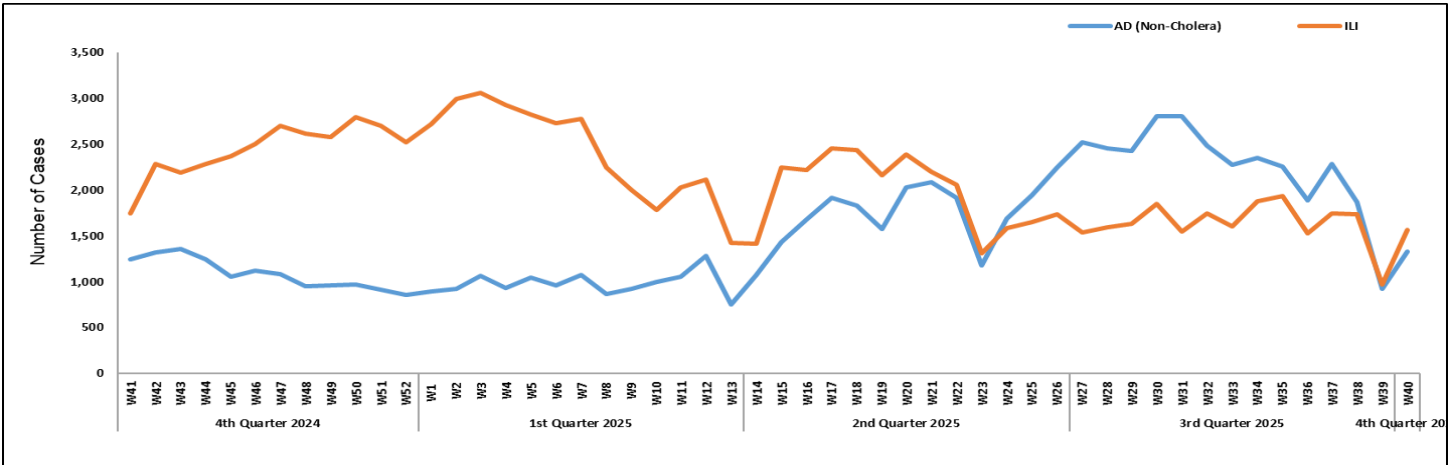


Figure 10: Most frequently reported suspected cases during Week 40, ICT

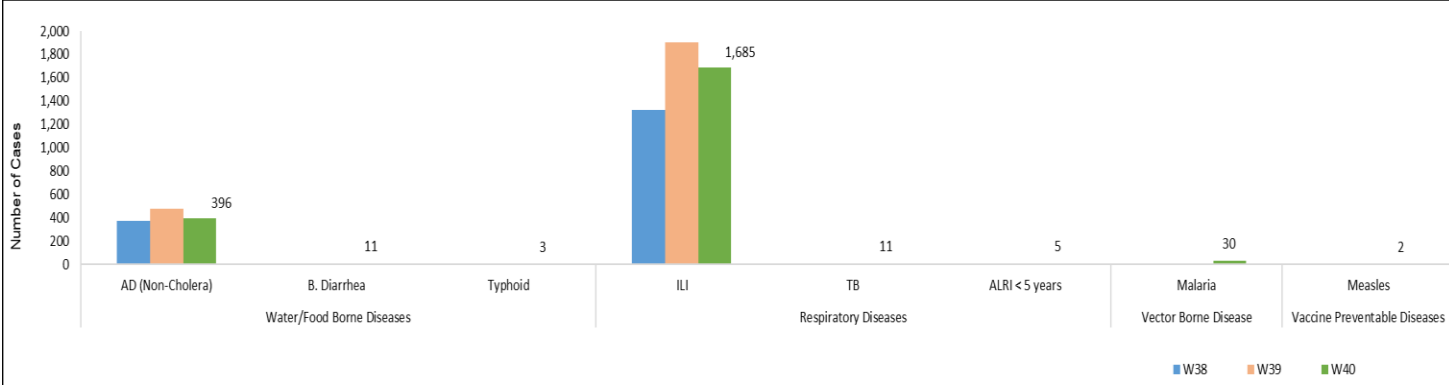


Figure 11: Week wise reported suspected cases of ILI, ICT

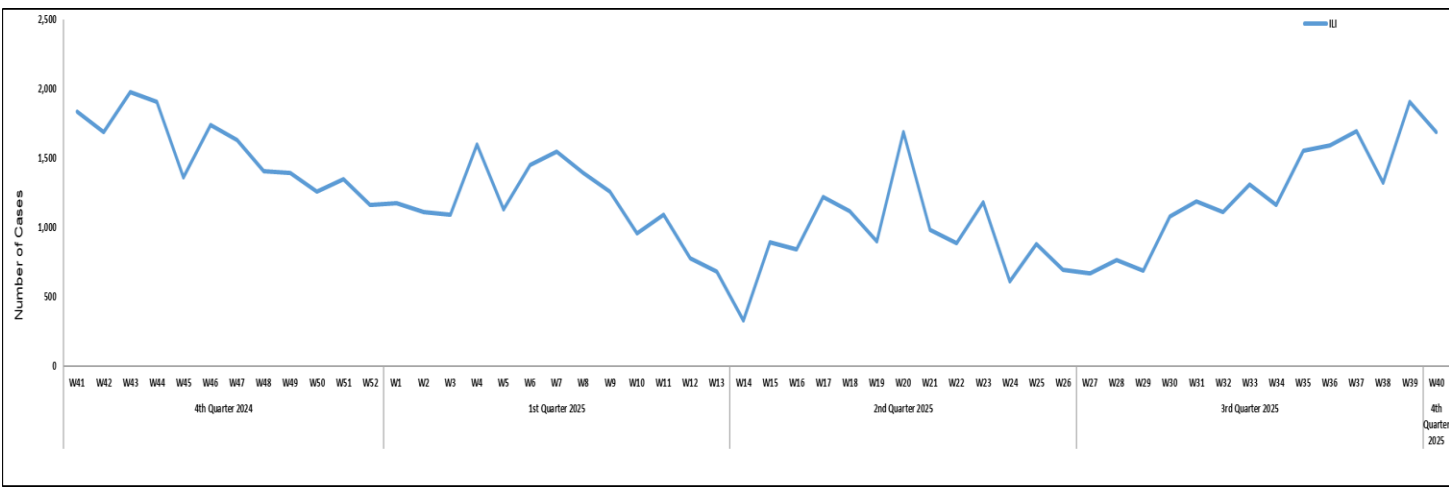


Figure 12: Most frequently reported suspected cases during Week 40, GB

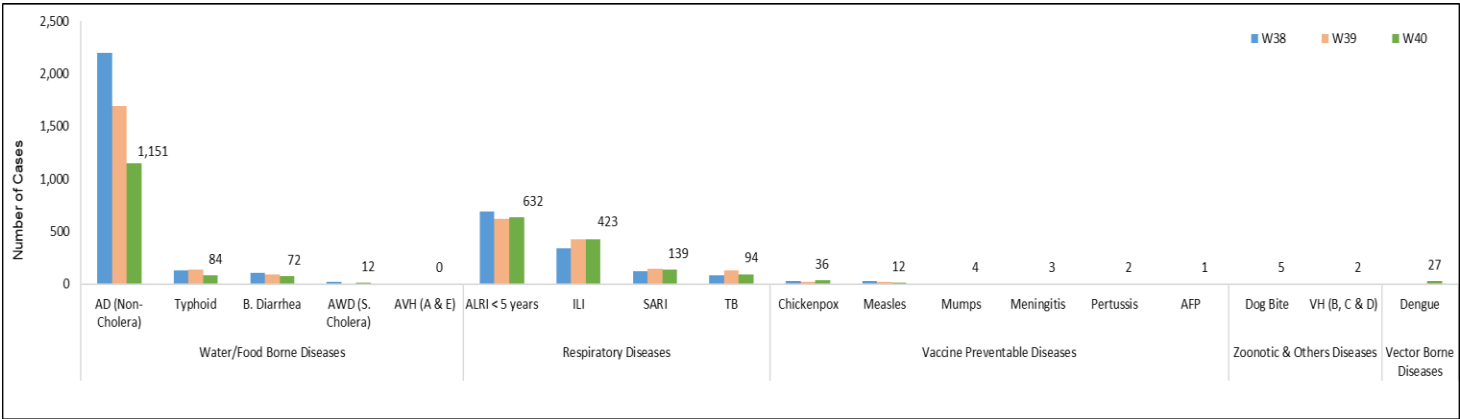


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB

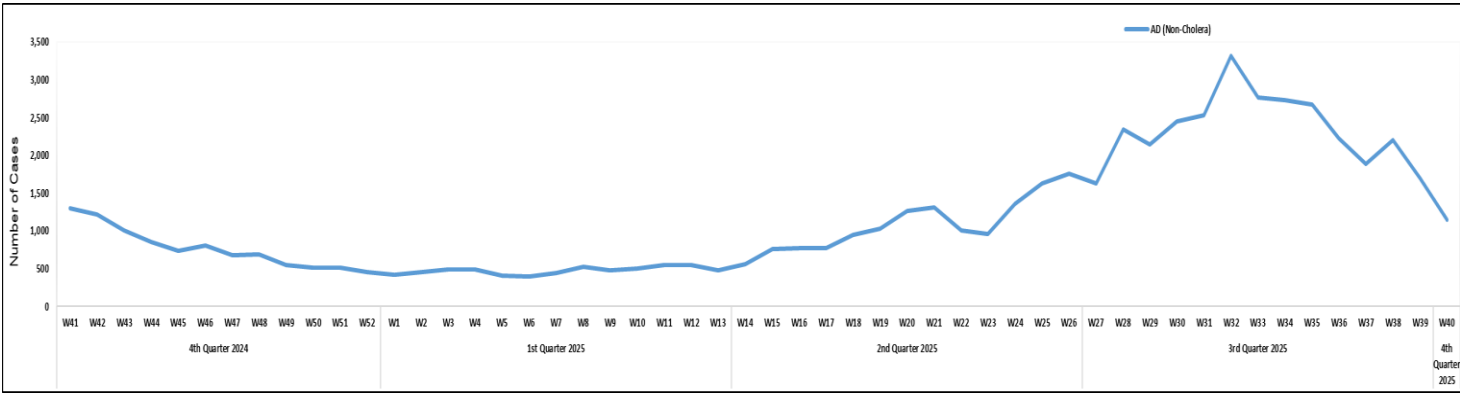


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 40

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)	159	2	-	-	0	0	-	-	3	0	-	-	0	0
Stool culture & Sensitivity	310	4	-	-	0	0	-	-	0	0	-	-	0	0
Malaria	14,943	1,164	-	-	10,155	67	-	-	166	0	-	-	28	0
CCHF	0	0	5	1	0	0	-	-	0	0	-	-	-	-
Dengue	8,600	4,889	-	-	12,240	122	-	-	0	0	-	-	231	78
VH (B)	11,380	474	0	0	85	12	-	-	1,076	24	-	-	231	2
VH (C)	11,566	1,006	75	42	110	19	-	-	1,154	3	-	-	231	4
VH (D)	602	68	20	8	0	0	-	-	0	0	-	-	0	0
VH (A)	434	116	-	-	0	0	-	-	0	0	-	-	0	0
VH (E)	221	14	-	-	0	0	-	-	0	0	-	-	0	0
Covid-19	18	0	8	2	5	0	-	-	0	0	-	-	0	0
TB	346	33	-	-	0	0	-	-	95	0	-	-	38	3
HIV/ AIDS	4,226	35	-	-	1,387	1	-	-	162	0	-	-	228	2
Syphilis	911	13	-	-	5	0	-	-	145	0	-	-	0	0
Typhoid	2,383	40	-	-	0	0	-	-	87	7	-	-	0	0
Diphtheria	12	1	-	-	17	12	-	-	0	0	-	-	0	0
ILI	15	4	1	0	0	0	-	-	0	0	-	-	0	0
Pneumonia (ALRI)	399	86	-	-	0	0	-	-	0	0	-	-	0	0
Meningitis	30	4	-	-	0	0	-	-	0	0	-	-	0	0
Measles	106	32	33	19	222	101	15	12	5	0	229	61	3	1
Rubella (CRS)	16	5	-	-	0	0	-	-	0	0	-	-	0	0
Leishmaniasis (cutaneous)	15	1	-	-	24	3	-	-	0	0	-	-	0	0
Chikungunya	2	0	-	-	0	0	-	-	0	0	-	-	0	0
Gonorrhea	131	0	-	-	0	0	-	-	0	0	-	-	0	0
Brucellosis	2	0	-	-	0	0	-	-	0	0	-	-	0	0
Mpox	4	1	-	-	0	0	-	-	0	0	-	-	0	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 40, 2025

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	101	91%
	Bannu	238	131	55%
	Battagram	59	36	61%
	Buner	34	22	65%
	Bajaur	44	37	84%
	Charsadda	59	58	98%
	Chitral Upper	34	30	88%
	Chitral Lower	35	34	97%
	D.I. Khan	114	113	99%
	Dir Lower	74	61	82%
	Dir Upper	37	34	92%
	Hangu	22	19	86%
	Haripur	72	65	90%
	Karak	36	36	100%
	Khyber	53	46	87%
	Kohat	61	61	100%
	Kohistan Lower	11	9	82%
	Kohistan Upper	20	13	65%
	Kolai Palas	10	7	70%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	4	10%
	Upper Kurram	41	30	73%
	Malakand	42	31	74%
	Mansehra	133	91	68%
	Mardan	80	58	73%
	Nowshera	56	53	95%
	North Waziristan	13	9	69%
	Peshawar	156	133	85%
	Shangla	37	34	92%
	Swabi	64	63	98%
	Swat	77	74	96%
	South Waziristan (Upper)	93	91	98%
	South Waziristan (Lower)	42	29	69%
	Tank	34	31	91%
	Torghar	14	14	100%
	Mohmand	68	33	49%
	Orakzai	69	9	13%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	92	37	40%
	Kotli	60	60	100%
	Muzaffarabad	45	45	100%
	Poonch	46	45	98%
	Haveli	39	39	100%
	Bagh	54	54	100%



	Neelum	39	39	100%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	23	20	87%
	CDA	15	6	40%
Balochistan	Gwadar	26	1	4%
	Kech	44	0	0%
	Khuzdar	74	15	20%
	Killa Abdullah	26	25	96%
	Lasbella	55	55	100%
	Pishin	69	38	55%
	Quetta	55	29	53%
	Sibi	36	36	100%
	Zhob	39	13	33%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	32	43%
	Chagi	36	24	67%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	25	100%
	Surab	32	0	0%
	Mastung	45	45	100%
	Loralai	33	25	76%
	Killa Saifullah	28	18	64%
	Ziarat	29	11	38%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	37	82%
	Washuk	46	0	0%
	Panjgur	38	6	16%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	19	95%
	Hub	33	24	73%
	Musakhel	41	21	51%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	38	100%
	Gilgit	44	44	100%
	Diamer	62	56	90%
	Astore	55	55	100%
	Shigar	27	25	93%
	Skardu	53	52	98%
	Ganche	29	27	93%

	Kharmang	46	25	54%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	101	94%
	Tharparkar	276	262	95%
	Shikarpur	60	59	98%
	Thatta	52	52	100%
	Larkana	67	66	99%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	15	71%
	Karachi-West	20	20	100%
	Karachi-Malir	35	28	80%
	Karachi-Kemari	22	22	100%
	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	124	124	100%
	Sukkur	64	63	98%
	Dadu	90	89	99%
	Sanghar	100	98	98%
	Jacobabad	44	44	100%
	Khairpur	170	166	98%
	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	117	96%

Table 7: IDSR reporting Tertiary care hospital Week 40, 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	1	50%
	Haveli	1	1	100%
	Bagh	1	1	100%
	Neelum	1	0	0%
	Jhelum Vellay	1	1	100%
	Sudhnooti	1	1	100%
Sindh	Karachi-South	3	1	33%
	Sukkur	1	0	0%
	Shaheed Benazirabad	1	0	0%
	Karachi-East	1	1	100%
	Karachi-Central	1	0	0%
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%

Advancing Health Security Through Innovation; FETP Frontline 3.0 Using One Health Approach in Pakistan

The National Institute of Health (NIH), Pakistan, has marked a significant global milestone with the successful completion of the 23rd and 24th cohorts of its Frontline Field Epidemiology Training Program (FETP). The 23rd cohort concluded in Islamabad, while the 24th cohort conducted in Peshawar, Khyber Pakhtunkhwa holds special distinction as the **world's first implementation of the CDC's FETP Frontline 3.0 curriculum**, integrating the **One Health approach** into frontline epidemiology training.



This achievement represents a major advancement in workforce development and pandemic preparedness. Developed in collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and Global Health partners, the FETP Frontline 3.0 course is a next-generation model designed to strengthen early detection, reporting, and response capabilities at the community and district levels. By embedding the One Health lens recognizing the interconnectedness of human, animal, and environmental health the program enhances participants' ability to address complex, multisectoral public health challenges such as zoonotic diseases and antimicrobial resistance.

Over 30 public health professionals from Khyber Pakhtunkhwa participated in this 3 Months course jointly organized by NIH, the KP Health Department, and Global Fund. Through a combination of classroom instruction and field-based exercises, participants were trained in

practical epidemiologic methods, disease surveillance, data analysis, and outbreak response. The curriculum's updated design emphasizes cross-sectoral collaboration and real-world problem-solving skills critical for managing public health threats in an increasingly interconnected world.

The introduction of FETP Frontline 3.0 in Pakistan underscores NIH's leadership in adopting innovative approaches to strengthen national and provincial health security. It aligns closely with the country's commitments under the International Health Regulations (IHR 2005) and the Global Health Security Agenda (GHSA), reinforcing the vision of a prepared and responsive health system.



As the first country globally to pilot and successfully complete this new iteration of the FETP Frontline program, Pakistan sets a precedent for others to follow demonstrating how investment in people, partnerships, and innovation can translate into stronger, more resilient public health systems.

Knowledge Hub

Acute Watery Diarrhea: What you need to know

Acute Watery Diarrhea (AWD) is a clinical term for diarrhea characterized by frequent, loose, or liquid stools without blood. It is a major public health concern, especially in areas with poor sanitation, because it can lead to severe and life-threatening dehydration.

What Causes Acute Watery Diarrhea?

AWD is most often caused by an infection from a virus, bacteria, or parasite. The most common causes include:

- **Bacteria:**
 - ***Vibrio cholerae*** (the cause of cholera): This is the most infamous cause of AWD, leading to profuse, "rice-water" stools that can cause severe dehydration in a matter of hours.
 - ***Escherichia coli*** (E. coli), particularly enterotoxigenic E. coli (ETEC).
 - ***Campylobacter***
 - ***Salmonella***
- **Viruses:**
 - **Rotavirus**
 - **Norovirus**
 - **Adenovirus**
- **Parasites:**
 - ***Cryptosporidium***
 - ***Giardia***

How It Spreads

AWD is spread primarily through the **fecal-oral route**. This means that a person gets sick by ingesting water or food that is contaminated with the feces of an infected person.

Transmission can occur through:

- **Contaminated Water:** Drinking unsafe water or using it for food preparation.
- **Contaminated Food:** Eating food that was washed with contaminated water, or food prepared by an infected person who didn't wash their hands.
- **Person-to-Person Contact:** Direct contact with an infected person, particularly in a household or group setting.

Signs & Symptoms

The main symptom of AWD is the frequent passage of large volumes of watery stools. This is a crucial distinction from other forms of

diarrhea, such as dysentery, which is characterized by bloody stools.

Symptoms can include:

- Frequent, watery, non-bloody diarrhea.
- Nausea and vomiting.
- Abdominal cramps.
- Fever (in some cases).

The most dangerous symptom is **dehydration**, which can be very rapid and severe. Signs of dehydration include:

- Extreme thirst.
- Sunken eyes.
- Dry mouth and tongue.
- Reduced urination.
- Lack of tears (in children).
- Lethargy or irritability.

Complications

The most common and serious complication of AWD is **severe dehydration**. Losing large amounts of water and electrolytes (such as sodium and potassium) can lead to:

- **Hypovolemic shock:** A dangerous drop in blood volume and pressure.
- **Kidney failure.**
- **Electrolyte imbalance**, which can disrupt heart and nerve function.
- **Death**, especially in young children and infants, if fluids are not replaced quickly.

Prevention

Prevention of AWD focuses on good hygiene and ensuring access to safe food and water.

- **Safe Water:** Drink and use only boiled, bottled, or chemically treated water.
- **Hand Hygiene:** Wash hands with soap and water frequently, especially after using the toilet and before preparing or eating food.
- **Food Safety:** Eat food that is well-cooked and served hot. Avoid raw or uncooked foods from unhygienic sources.

- **Sanitation:** Proper disposal of human waste is essential to prevent the contamination of water sources and the environment.
- **Vaccination:** The rotavirus vaccine is a key tool in preventing a common cause of AWD in children. An oral cholera vaccine is also available for travelers and people living in high-risk areas.

Diagnosis and Treatment

- **Diagnosis:** AWD is primarily diagnosed based on symptoms and a physical exam to assess for dehydration. Lab tests on stool samples can identify the specific cause.
- **Treatment:** The most important treatment for AWD is **rehydration**.
 - **Oral Rehydration Solution (ORS):** This is the cornerstone of treatment. ORS is a simple mixture of salts, sugar, and water that helps the body absorb fluids and electrolytes to replace what has been lost. It can be made with pre-packaged sachets or a simple recipe.
 - **Zinc Supplementation:** For children, zinc supplements are recommended as they can reduce the duration and severity of diarrhea.
 - **Antibiotics:** Antibiotics are **not** needed for most cases of AWD. They are only prescribed by a doctor if a bacterial cause (like cholera) is confirmed or highly suspected.

Immediate medical attention is crucial if a person with AWD shows signs of severe dehydration, especially in infants and young children.

More Information

For additional authoritative information on Acute Watery Diarrhea, please visit:

- **World Health Organization (WHO):** <https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease>
- **Centers for Disease Control and Prevention (CDC):** <https://www.cdc.gov/cholera/index.html>
- **Public Health Agency of Canada (PHAC):** <https://www.canada.ca/en/public-health/services/diseases/diarrhea.html>
- **UK Health Security Agency (UKHSA) / National Health Service (NHS):** <https://www.nhs.uk/conditions/diarrhoea-and-vomiting/>





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