

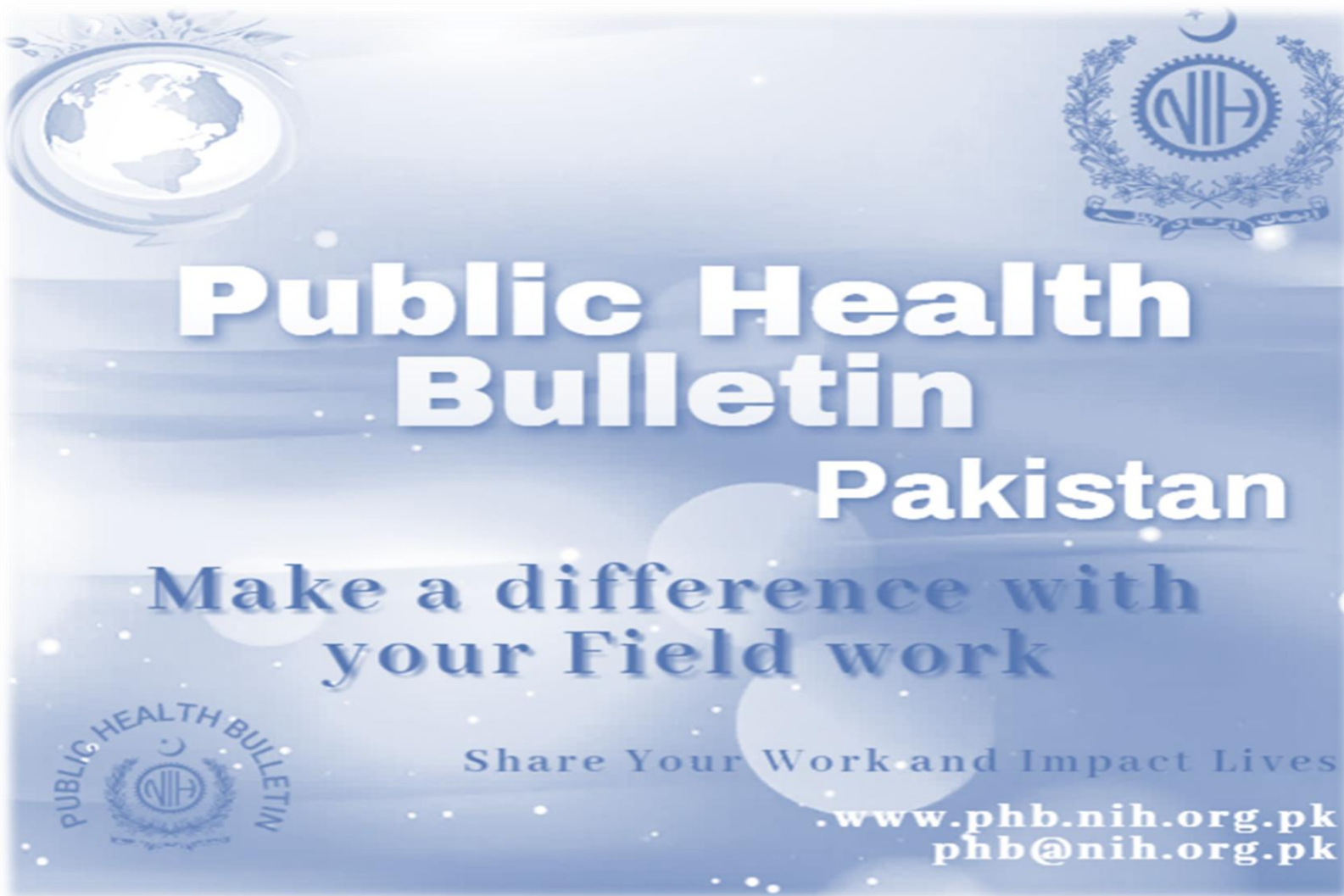
Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

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

Vol. 5 | Week 41
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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 41, 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;

- *Strengthening One Health Governance: CDC-NIH Hosts Provincial Workshop in Gilgit*
- *Measles Outbreak Investigation Report, Pishin District, Balochistan (October–December 2024).*
- *Knowledge hub on Understanding HIV/AIDS: 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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*Sincerely,
The Chief Editor*

- During Week 41, the most frequently reported cases were of Malaria followed by Acute Diarrhea (Non-Cholera), ILI, ALRI <5 years, TB, , B. Diarrhea, VH (B, C & D), dog bite and Typhoidl.
- Twenty-one cases of AFP reported from KP, 10 from Sindh, two from AJK, two from Balochistan and one from GB.
- Thirty-one suspected cases of HIV/ AIDS reported from Sindh, three from KP and one from Balochistan.
- One suspected case of Brucellosis reported from KP.
- Among VPDs, there is an increase in number of cases of Mumps, Pertussis, Diphtheria and NT this week.
- Among Respiratory diseases, there is an increase in number of cases of ILI, ALRI < 5 years and TB this week.
- Among Water/food-borne diseases, there is an increase in number of cases of Acute Diarrhea (Non-Cholera) and B.Diarrhea 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.

IDSR compliance attributes

- The national compliance rate for IDSR reporting in 158 implemented districts is 77%
- Sindh is the top reporting regions with a compliance rate of 97%, followed by AJK 96%, GB 90% and ICT 68%.
- The lowest compliance rate was observed in KP 65% and Balochistan 56%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2704	1760	65
Azad Jammu Kashmir	469	451	96
Islamabad Capital Territory	38	26	68
Balochistan	1308	729	56
Gilgit Baltistan	417	374	90
Sindh	2111	2055	97
National	7047	5425	77

Public Health Actions

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

Bloody Diarrhea

- **Strengthen Surveillance and Case Notification:** Enhance reporting of bloody diarrhea cases through the IDSR system by training healthcare providers on standard case definitions, early detection of clusters, and immediate notification of suspected outbreaks.
- **Improve Laboratory Diagnosis and Antimicrobial Sensitivity Testing:** Expand diagnostic capacity to identify bacterial causes (e.g., *Shigella*, *E. coli* O157:H7, *Entamoeba histolytica*) and conduct antimicrobial resistance testing to guide appropriate treatment.
- **Ensure Effective Case Management:** Train healthcare workers on syndromic management and rational use of antibiotics; ensure availability of essential medicines, ORS, and supportive care at all health facility levels.
- **Promote Water, Sanitation, and Hygiene (WASH):** Coordinate with WASH stakeholders to improve access to safe water, sanitation infrastructure, and hygiene promotion, particularly in outbreak-prone or underserved communities.
- **Raise Public Awareness and Promote Preventive Behaviors:** Conduct targeted health education on hand hygiene, safe food handling, proper sanitation, and the importance of seeking care promptly in cases of bloody stools especially for young children.

Chikungunya

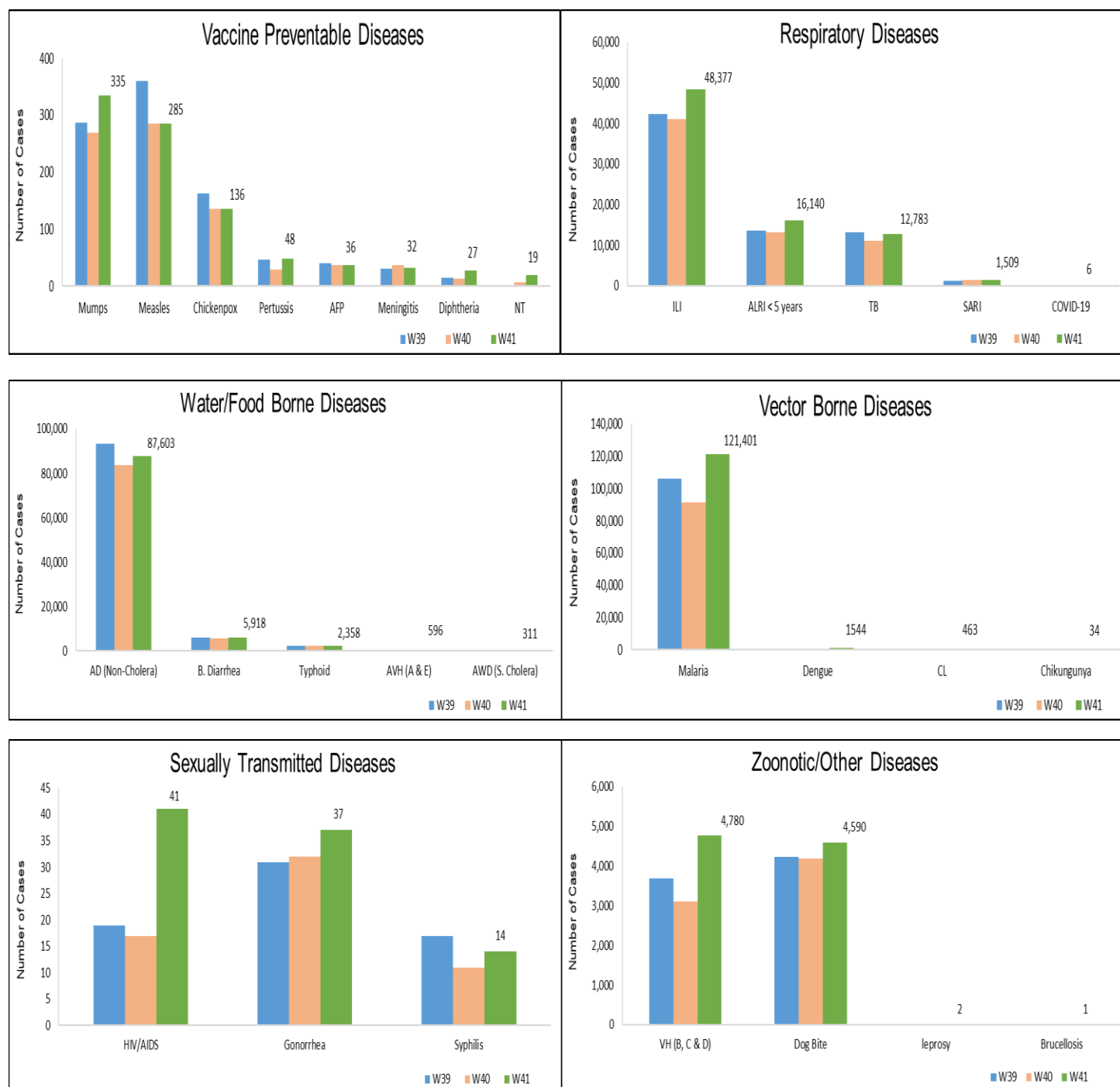
- **Strengthen Surveillance and Case Detection:** Integrate chikungunya reporting into the IDSR system by training healthcare providers on clinical recognition (fever with severe joint pain) and differential diagnosis from dengue and Zika; ensure timely reporting of suspected and confirmed cases.
- **Improve Laboratory Confirmation:** Expand diagnostic capacity for chikungunya virus using RT-PCR in the acute phase and IgM ELISA in the convalescent phase, especially in areas with ongoing arboviral activity.
- **Enhance Vector Surveillance and Control:** Conduct regular entomological surveillance for *Aedes* mosquitoes; implement targeted vector control measures, including elimination of breeding sites, larviciding, and space spraying in outbreak situations.
- **Promote Community-Based Prevention:** Engage communities to remove stagnant water from domestic and peri-domestic environments, use personal protective measures (mosquito repellents, long-sleeved clothing), and improve household waste management.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 41, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
Malaria	9	3761	0	2	9408	NR	108221	121401
AD (Non-Cholera)	1532	5984	1033	408	30915	NR	47731	87603
ILI	2044	5209	297	1817	5930	NR	33080	48377
ALRI < 5 years	933	1793	682	5	1312	NR	11415	16140
TB	68	82	124	9	343	NR	12157	12783
B. Diarrhea	41	1039	66	0	924	NR	3848	5918
VH (B, C & D)	18	89	6	0	134	NR	4533	4780
Dog Bite	118	331	1	0	1053	NR	3087	4590
Typhoid	33	452	109	2	754	NR	1008	2358
Dengue	136	12	24	0	801	NR	571	1544
SARI	217	700	125	0	392	NR	75	1509
AVH (A & E)	61	15	2	0	183	NR	335	596
CL	2	116	0	0	342	NR	3	463
Mumps	6	64	7	0	197	NR	61	335
AWD (S.Cholera)	126	156	12	0	14	NR	3	311
Measles	11	10	14	2	203	NR	45	285
Chickenpox/ Varicella	11	3	26	1	80	NR	15	136
Pertussis	0	20	3	0	15	NR	10	48
HIV/AIDS	0	1	0	0	3	NR	37	41
Gonorrhea	0	34	0	0	1	NR	2	37
AFP	2	2	1	0	21	NR	10	36
Chikungunya	0	1	0	0	16	NR	17	34
Meningitis	8	1	1	0	5	NR	17	32
Diphtheria (Probable)	0	1	0	0	13	NR	13	27
NT	0	0	0	0	3	NR	16	19
Syphilis	0	1	0	0	0	NR	13	14
COVID-19	0	0	0	0	6	NR	0	6
Leprosy	0	0	0	0	0	NR	2	2
Brucellosis	0	0	0	0	1	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 41, 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 Dengue.
- AD (non-cholera) cases are mostly from Dadu, Khairpur and Hyderabad whereas Malaria cases are from Khairpur, Sanghar and Larkana.
- Ten cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is an increase in number of cases of Measles, Mumps, Meningitis, Diphtheria, Pertussis, NT, AD (Non-Cholera), B. Diarrhea, Malaria, ILI, ALRI<5 Years, TB, dog bite, VH (B, C, D) and HIV/AIDS and this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 41, Sindh

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Dog Bite	Typhoid	Dengue
Badin	5147	2423	2211	788	635	209	238	95	53	0
Dadu	5874	3391	600	553	1069	135	429	422	133	0
Ghotki	6999	1293	31	585	721	567	120	238	2	0
Hyderabad	2254	2769	2387	390	246	82	84	50	11	215
Jacobabad	1766	766	1052	201	528	258	140	185	42	0
Jamshoro	5399	1955	95	581	396	137	112	118	49	95
Kamber	5599	1904	0	849	375	65	136	168	22	0
Karachi										
Central	54	1107	1220	180	87	11	4	13	112	1
Karachi East	81	294	3	30	17	0	0	2	6	50
Karachi										
Keamari	17	669	265	3	15	0	0	0	0	0
Karachi										
Korangi	105	414	43	28	0	0	8	0	4	16
Karachi										
Malir	119	1177	3163	152	263	10	32	35	19	36
Karachi										
South	9	107	4	0	0	0	0	0	0	0
Karachi										
West	287	817	1109	63	260	16	16	72	29	0
Kashmore	2189	306	760	149	172	9	61	80	0	0
Khairpur	9737	3314	8006	1096	1296	265	420	295	244	0
Larkana	8084	1889	0	764	269	30	346	38	4	0
Matlari	5938	1815	8	704	313	241	92	58	1	7
Mirpurkhas	6166	3017	4159	749	448	28	134	96	11	2
Naushero										
Feroze	2434	1526	1104	417	567	52	399	219	63	0
Sanghar	8099	2307	107	960	428	1191	90	192	25	0
Shaheed										
Benazirabad	4687	1835	2	384	199	71	106	114	93	0
Shikarpur	4095	1348	5	265	177	288	184	266	2	0
Sujawal	1518	1539	8	134	431	55	127	37	0	0
Sukkur	4877	1476	2239	357	256	99	133	72	10	0
Tando										
Allahyar	5541	1456	953	509	249	437	80	44	4	0
Tando										
Muhammad Khan	2003	1560	120	506	198	60	125	81	0	1
Tharparkar	3910	2110	1299	452	933	42	111	2	19	148
Thatta	2288	1410	2127	31	471	136	36	95	12	0
Umerkot	2945	1737	0	277	396	39	85	0	38	0
Total	108221	47731	33080	12157	11415	4533	3848	3087	1008	571

Figure 2: Most frequently reported suspected cases during Week 41 Sindh

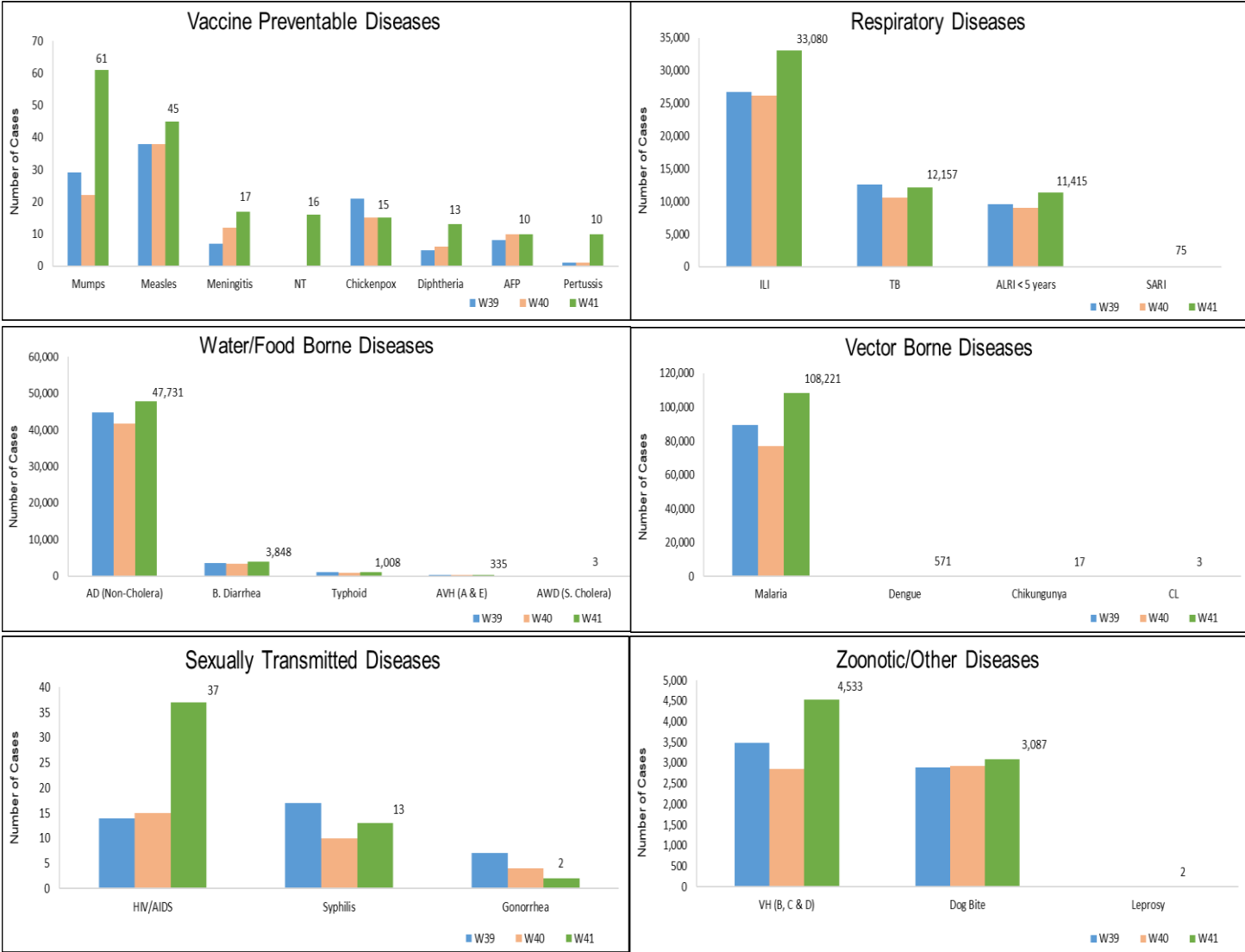
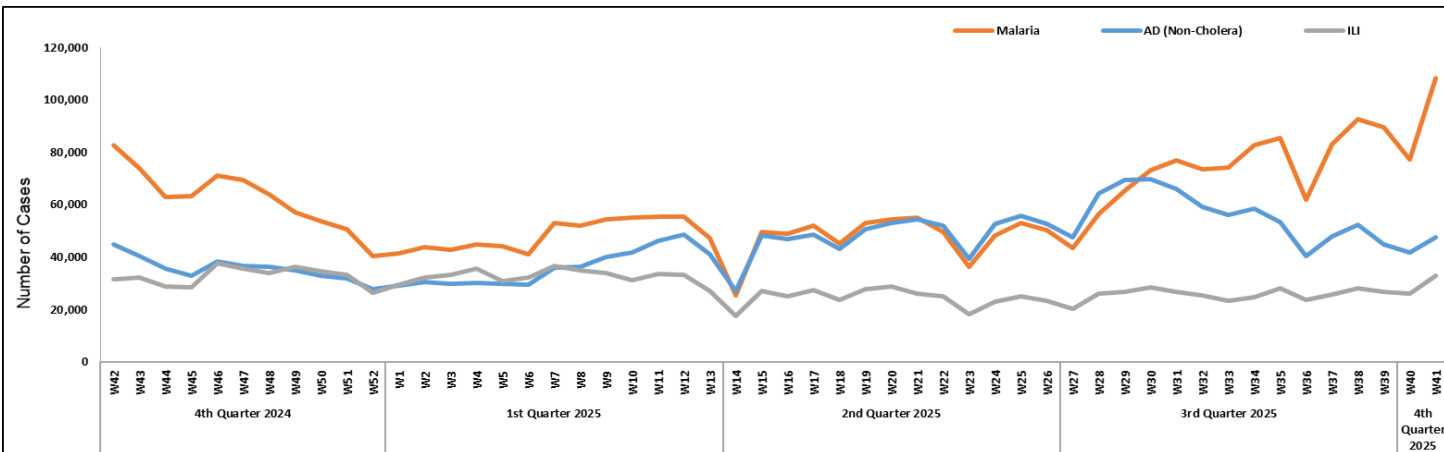


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, dog bite, AWD (S. Cholera) and CL cases were the most frequently reported diseases from Balochistan province.
- AD (non-cholera) cases are mostly reported from Usta Muhammad, Jaffarabad and Quetta and while ILI cases are mostly reported from Pishin, Quetta and Kharan.
- One case of HIV/AIDs reported from Balochistan. Field investigation is required to confirm the cases.
- AWD (S. Cholera), dog bite, Measles, Mumps, Pertussis, AFP, Diphtheria and HIV/AIDs showed an increase in number of cases this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 41, Balochistan

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	Dog Bite	AWD (S.Cholera)	CL
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	87	78	109	29	4	0	36	17	3	0
Chagai	169	254	62	0	54	0	9	0	0	0
Chaman	23	237	11	8	31	0	43	6	0	0
Dera Bugti	42	0	50	30	0	0	1	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Harnai	242	0	89	215	85	0	0	1	0	0
Hub	157	142	59	16	8	0	0	1	0	0
Jaffarabad	518	183	911	51	82	14	10	95	0	36
Jhal Magsi	172	390	147	28	1	1	6	6	0	0
Kachhi (Bolan)	187	198	166	62	40	90	73	40	50	27
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kharan	179	488	41	0	61	50	1	0	0	0
Khuzdar	90	87	76	1	21	11	27	0	0	0
Killa Abdullah	246	206	19	8	64	59	29	14	49	13
Killa Saifullah	139	0	193	109	45	36	17	0	0	0
Kohlu	143	363	95	20	48	10	27	1	2	NR
Lasbella	390	53	686	165	20	0	7	13	0	11
Loralai	252	453	58	84	40	60	26	0	0	4
Mastung	119	162	77	95	8	90	6	0	0	0
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	312	17	154	32	7	32	54	100	25	5
Nushki	173	10	9	0	60	8	0	0	11	0
Panjgur	62	30	87	26	16	3	0	0	0	0
Pishin	383	559	31	141	133	41	21	11	6	5
Quetta	420	557	19	169	23	31	13	0	1	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	364	419	231	61	13	74	10	0	9	7
Sohbat pur	265	14	130	141	75	7	16	6	0	3
Surab	28	105	0	0	0	0	0	0	0	0
Usta Muhammad	789	166	241	273	99	68	20	20	0	5
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	33	38	10	29	1	15	0	0	0	0
Ziarat	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Total	5984	5209	3761	1793	1039	700	452	331	156	116

Figure 4: Most frequently reported suspected cases during Week 41, Balochistan

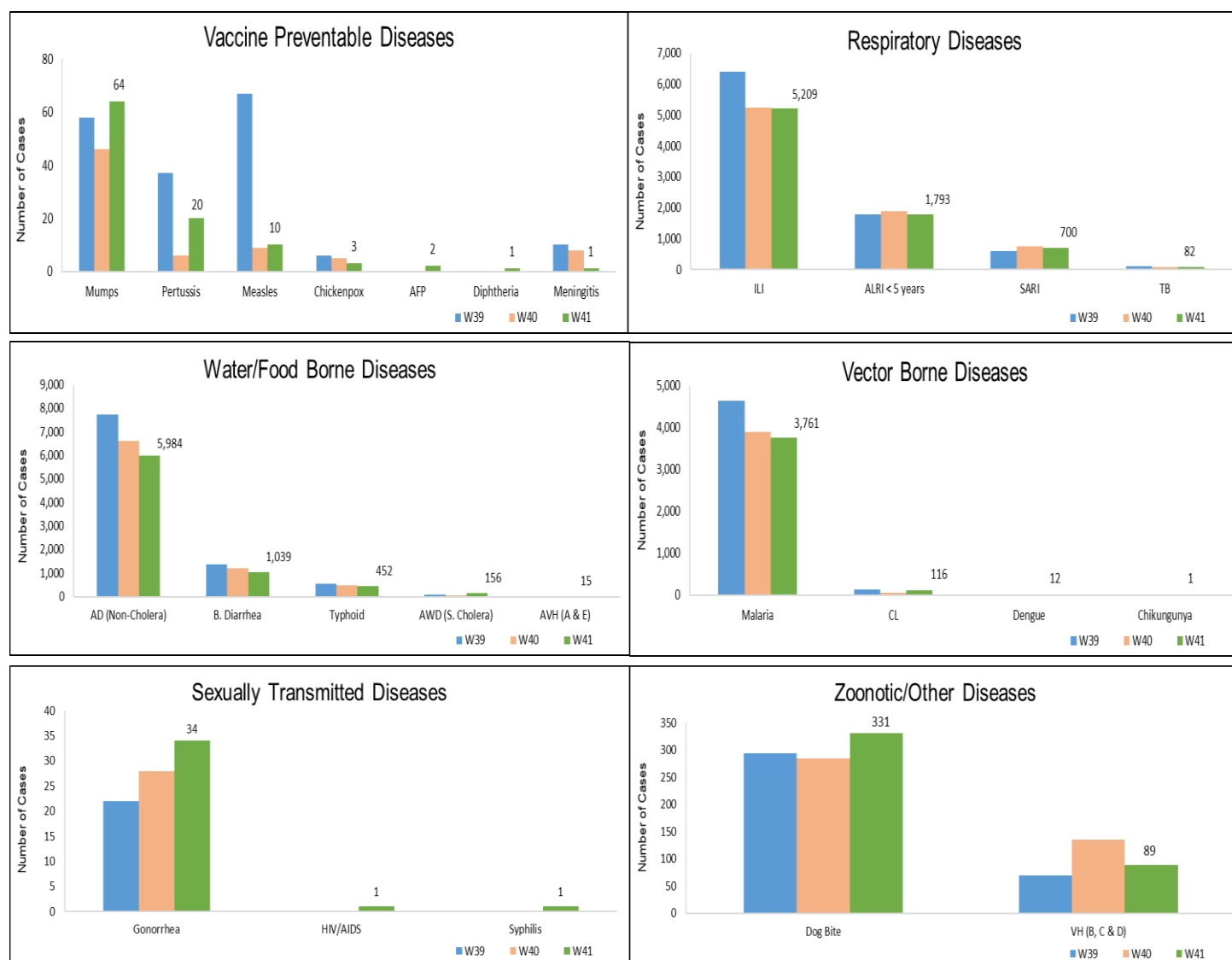
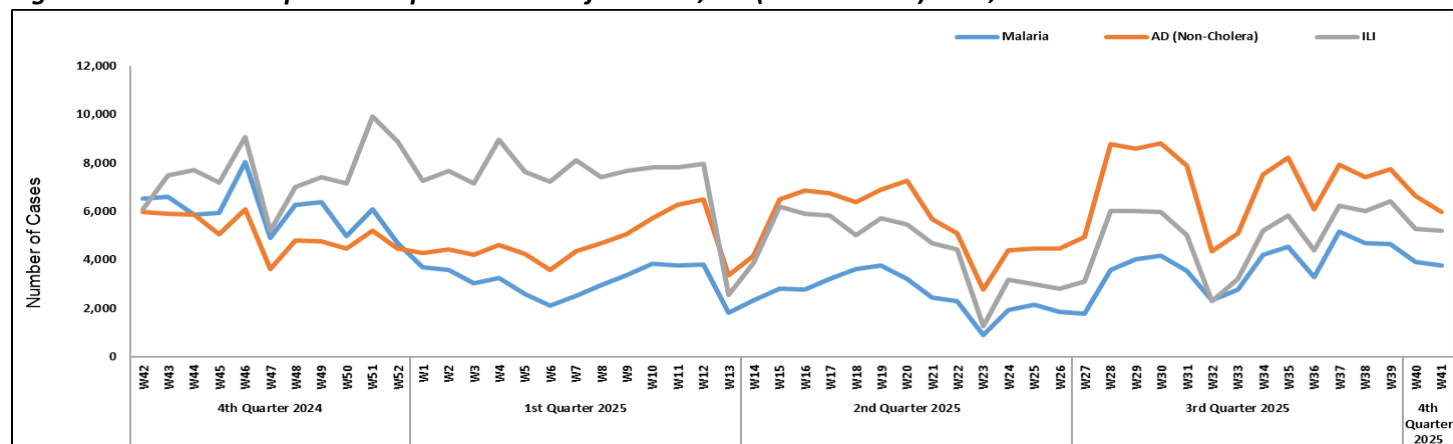


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan



- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, ALRI<5 Years, dog bite, B. Diarrhea, Dengue, Typhoid, SARI and TB.
- Measles, AFP, Pertussis, Meningitis, NT, AD (non- cholera) and Malaria cases showed a decline in this week while Mumps, Chickenpox, Diphtheria, ALRI<5 years, TB, Dengue, Dog bite, VH (B,C&D) and HIV/AIDS cases showed an increase in number this week..
- Twenty-one 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.
- One suspected case of Brucellosis reported from KP. They require field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 41, KP

Districts	AD (Non-Cholera)	Malaria	ILI	ALRI < 5 years	Dog Bite	B. Diarrhea	Dengue	Typhoid	SARI	TB
Abbottabad	926	0	200	83	82	7	51	12	7	10
Bajaur	560	285	102	5	85	77	11	3	84	8
Bannu	880	1749	5	5	4	24	25	82	4	14
Battagram	322	128	703	0	5	13	27	2	0	36
Buner	236	252	0	0	7	0	0	5	0	1
Charsadda	1904	458	1767	423	19	98	196	149	4	16
Chitral Lower	475	21	21	18	11	11	2	4	19	4
Chitral Upper	145	6	41	15	2	5	1	11	10	2
D.I. Khan	1898	1048	0	8	15	22	2	0	0	2
Dir Lower	1765	117	0	6	50	74	21	27	0	4
Dir Upper	1190	18	66	58	14	20	2	13	3	3
Hangu	333	146	366	9	9	3	13	5	0	7
Haripur	939	10	360	28	20	10	65	26	9	6
Karak	517	253	8	47	65	14	1	4	0	5
Khyber	761	687	58	67	50	128	0	67	5	9
Kohat	680	273	0	1	33	15	2	12	0	0
Kohistan Lower	131	12	5	0	1	3	0	0	0	0
Kohistan Upper	311	14	0	67	0	7	7	4	6	14
Kolai Palas	91	6	6	6	0	9	1	3	0	1
L & C Kurram	20	0	0	1	3	10	0	3	0	0
Lakki Marwat	986	852	0	0	68	7	18	12	0	8
Malakand	917	46	67	0	0	0	0	5	0	3
Mansehra	716	11	254	19	61	5	32	10	0	7
Mardan	1371	311	41	83	6	74	22	15	2	10
Mohmand	96	289	51	1	9	14	7	4	109	2
North Waziristan	39	118	17	15	0	12	27	21	0	2
Nowshera	2346	632	20	19	14	14	19	19	13	22
Orakzai	53	24	4	0	0	1	0	0	0	0
Peshawar	4456	66	483	59	3	89	125	78	10	24
Shangla	1106	652	0	17	126	6	5	24	0	66
South Waziristan (Lower)	107	39	156	11	8	5	2	16	36	6
South Waziristan (Upper)	53	49	32	9	0	2	0	0	10	0
Swabi	1255	131	594	88	145	17	35	51	2	33
Swat	2399	134	348	131	125	47	78	55	0	6
Tank	678	462	53	5	0	20	0	0	0	9
Tor Ghar	71	90	0	5	9	18	1	2	23	1
Upper Kurram	182	19	102	3	4	43	3	10	36	2
Total	30915	9408	5930	1312	1053	924	801	754	392	343

Figure 6: Most frequently reported suspected cases during Week 41, KP

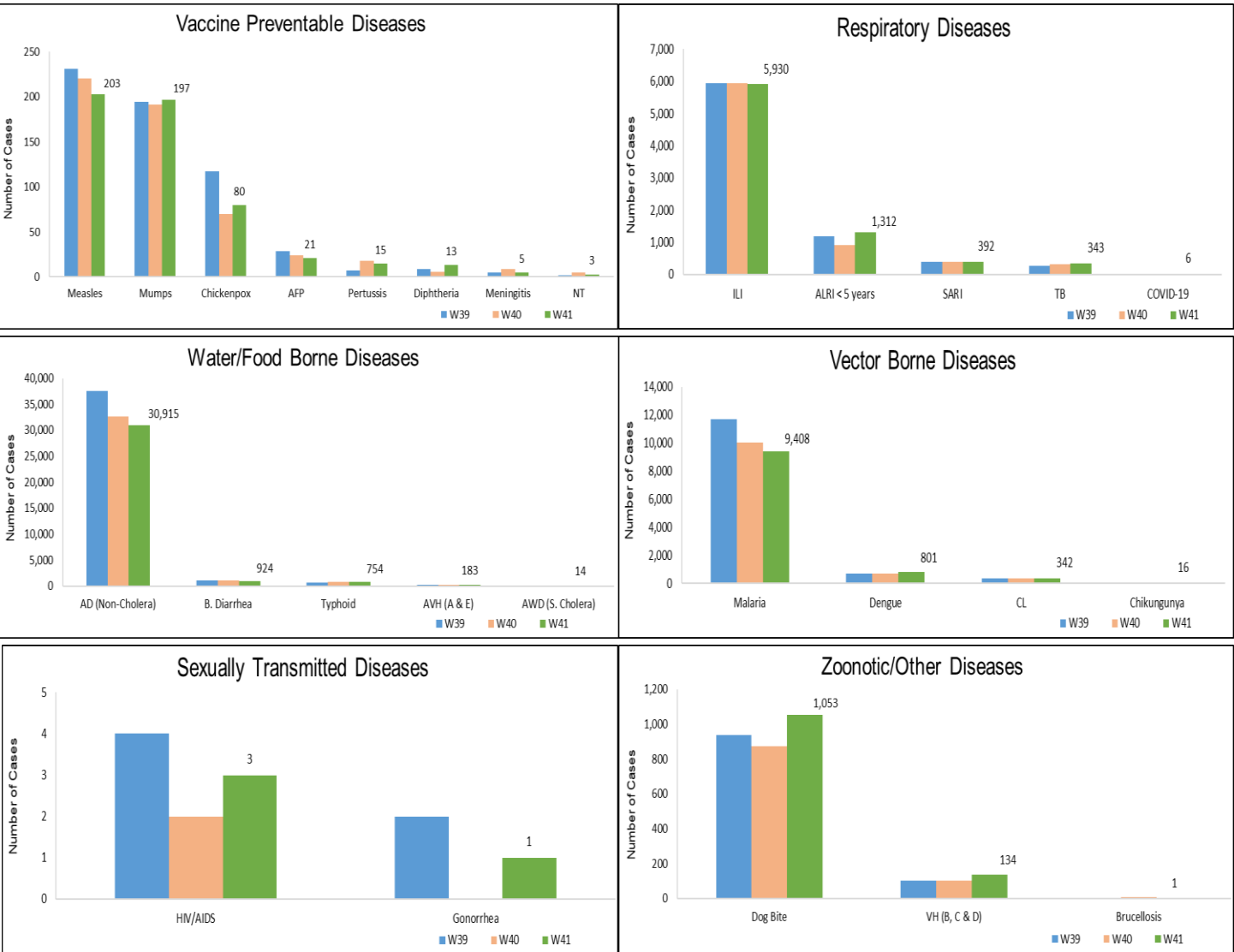
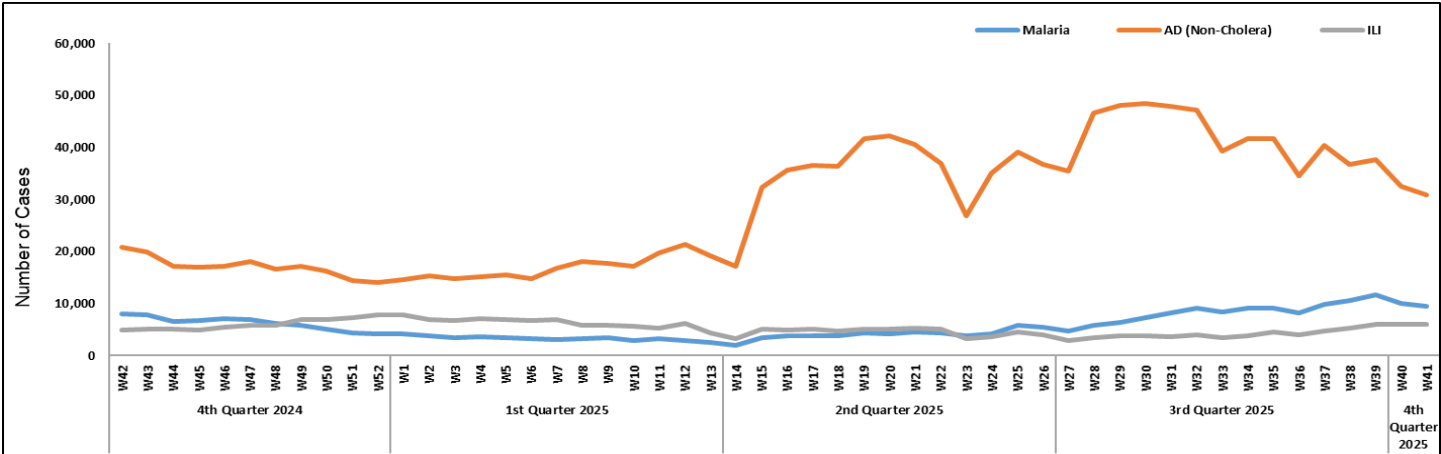


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP



ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and ALRI<5years this week. There is an increase in number of AD (non- cholera) and ILI cases this week.

AJK: ILI cases were maximum followed by AD (Non-Cholera), ALRI < 5years, SARI, Dengue and AWD (S. Cholera) cases. An increase in number of suspected cases was observed for Chickenpox, Measles, Meningitis, ILI, ALRI<5years, SARI, TB, AD (Non-Cholera), AWD (S. Cholera), AVH(A&E), Typhoid, Dengue, Malaria and dog bite this week.

GB: AD (non-cholera), cases were the most frequently reported diseases followed by ALRI<5 years, ILI and SARI cases. An increase in cases observed TB, Typhoid and ALRI<5years for this week.

Figure 8: Most frequently reported suspected cases during Week 41, AJK



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

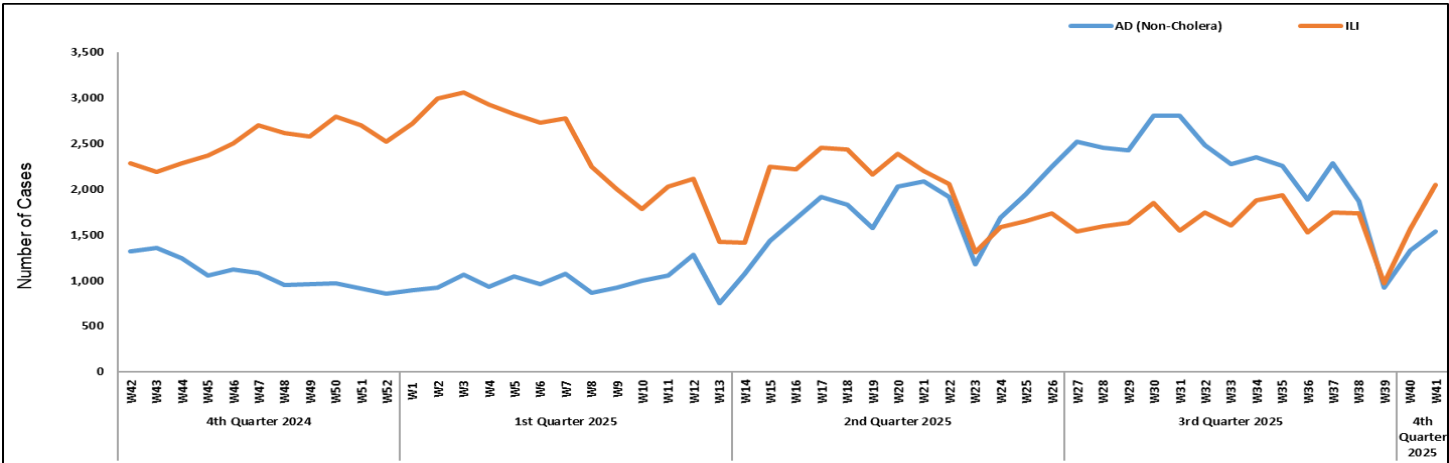


Figure 10: Most frequently reported suspected cases during Week 41, ICT

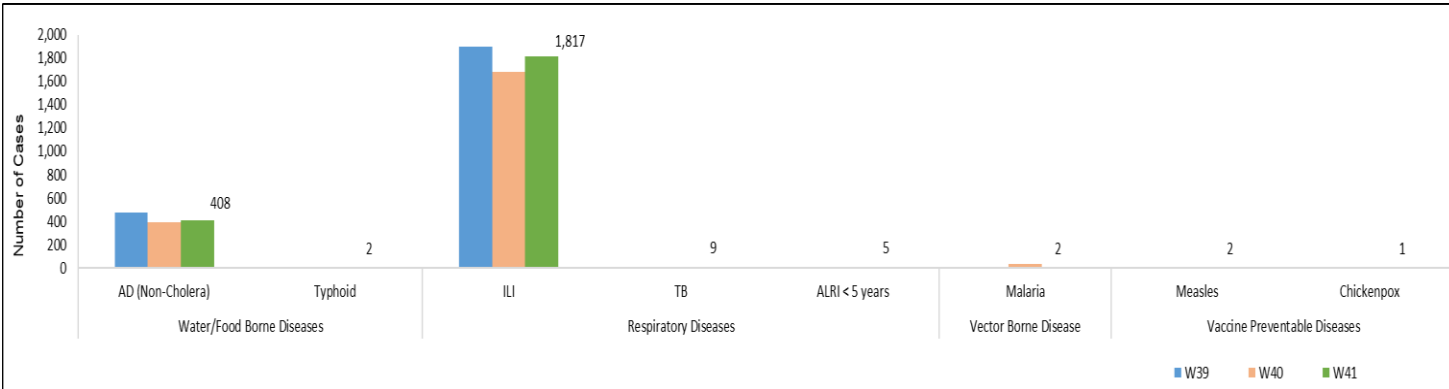


Figure 11: Week wise reported suspected cases of ILI, ICT

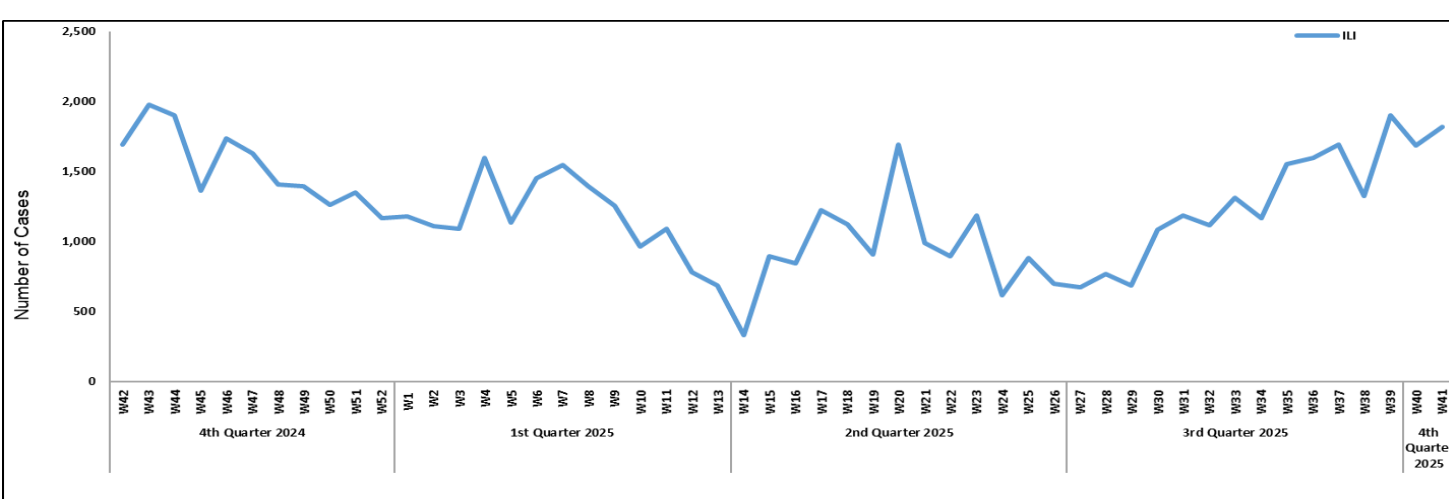


Figure 12: Most frequently reported suspected cases during Week 41, GB

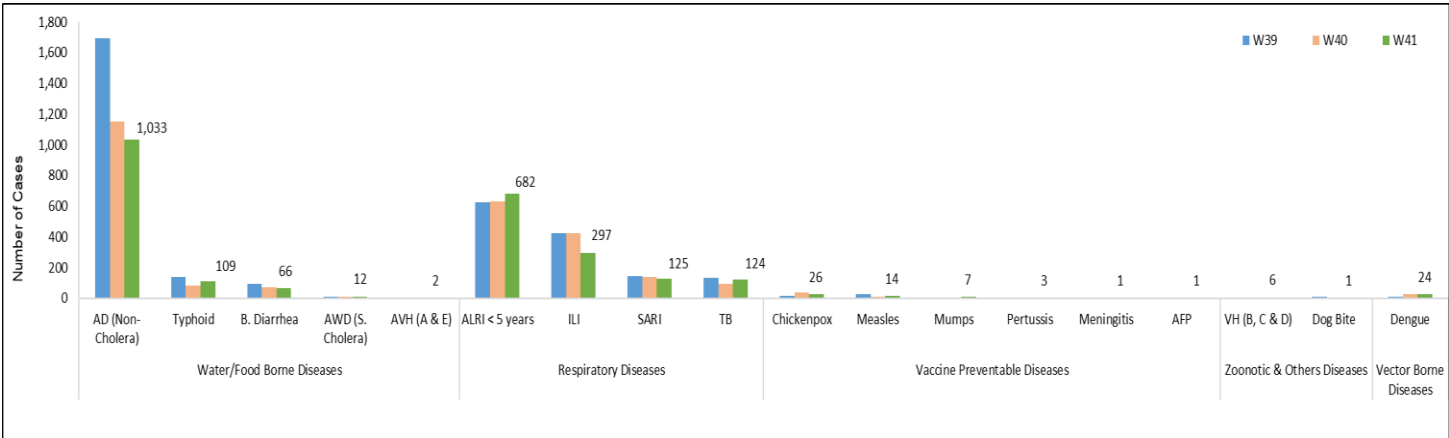


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB

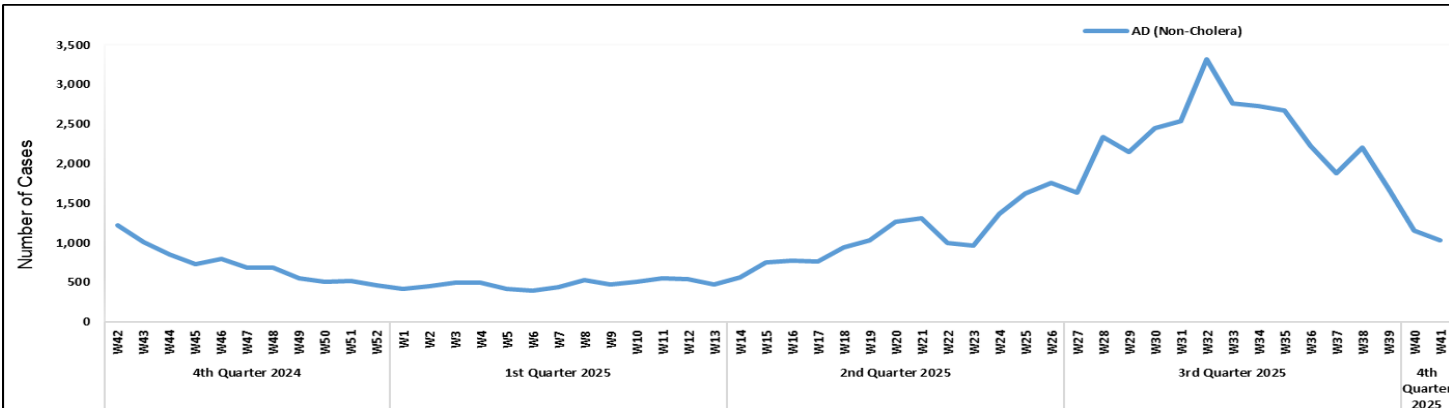


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 41

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)	155	0	-	-	0	0	-	-	1	0	-	-	0	0
Stool culture & Sensitivity	291	2	-	-	0	0	-	-	0	0	-	-	0	0
Malaria	20,314	1,432	-	-	9,907	48	-	-	150	1	-	-	18	1
CCHF	1	1	8	0	0	0	-	-	0	0	-	-	0	0
Dengue	9,906	7,784	-	-	10,795	164	-	-	50	3	-	-	228	52
VH (B)	12,867	372	10	7	74	9	-	-	752	14	-	-	459	1
VH (C)	12,869	1,022	48	22	129	27	-	-	824	3	-	-	457	4
VH (D)	209	62	-	-	0	0	-	-	0	0	-	-	0	0
VH (A)	241	81	-	-	0	0	-	-	13	0	-	-	0	0
VH (E)	161	22	-	-	0	0	-	-	0	0	-	-	0	0
Covid-19	30	2	3	0	40	0	-	-	0	0	-	-	8	0
TB	588	72	-	-	54	9	-	-	82	1	-	-	40	2
HIV/ AIDS	5,928	59	-	-	272	3	-	-	154	0	-	-	407	0
Syphilis	1,501	28	-	-	10	0	-	-	144	1	-	-	0	0
Typhoid	2,385	41	-	-	0	0	-	-	123	8	-	-	0	0
Diphtheria	5	1	-	-	0	0	-	-	0	0	-	-	0	0
ILI	18	5	-	-	38	2	-	-	0	0	-	-	0	0
Pneumonia (ALRI)	363	97	-	-	0	0	-	-	0	0	-	-	0	0
Meningitis	35	4	-	-	0	0	-	-	0	0	-	-	0	0
Measles	87	41	5	3	122	40	15	12	5	3	224	52	17	3
Rubella (CRS)	6	4	-	-	0	0	-	-	1	1	-	-	-	-
Leishmaniasis (cutaneous)	4	1	-	-	25	9	-	-	-	-	-	-	-	-
Chikungunya	21	5	-	-	0	0	-	-	-	-	-	-	-	-
Gonorrhea	132	0	-	-	0	0	-	-	-	-	-	-	-	-
Brucellosis	2	0	-	-	0	0	-	-	-	-	-	-	-	-
Mpox	0	0	-	-	1	0	-	-	-	-	-	-	-	-

IDSR Reports Compliance

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

Table 6: IDSR reporting districts Week 41, 2025

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	103	93%
	Bannu	238	131	55%
	Battagram	59	38	64%
	Buner	34	20	59%
	Bajaur	44	38	86%
	Charsadda	59	59	100%
	Chitral Upper	34	30	88%
	Chitral Lower	35	34	97%
	D.I. Khan	114	113	99%
	Dir Lower	74	62	84%
	Dir Upper	37	28	76%
	Hangu	22	20	91%
	Haripur	72	70	97%
	Karak	36	36	100%
	Khyber	53	46	87%
	Kohat	61	61	100%
	Kohistan Lower	11	7	64%
	Kohistan Upper	20	10	50%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	5	12%
	Upper Kurram	41	27	66%
	Malakand	42	19	45%
	Mansehra	133	99	74%
	Mardan	80	60	75%
	Nowshera	56	56	100%
	North Waziristan	13	9	69%
	Peshawar	156	132	85%
	Shangla	37	35	95%
	Swabi	64	62	97%
	Swat	77	74	96%
	South Waziristan (Upper)	93	93	100%
	South Waziristan (Lower)	42	27	64%
	Tank	34	33	97%
	Torghar	14	13	93%
	Mohmand	68	24	35%
	Orakzai	69	8	12%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	92	85	92%
	Kotli	60	60	100%
	Muzaffarabad	45	44	98%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	54	54	100%



	Neelum	39	30	77%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	23	21	91%
	CDA	15	5	33%
Balochistan	Gwadar	26	0	0%
	Kech	44	0	0%
	Khuzdar	74	14	19%
	Killa Abdullah	26	26	100%
	Lasbella	55	55	100%
	Pishin	69	29	42%
	Quetta	55	25	45%
	Sibi	36	34	94%
	Zhob	39	10	26%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	29	97%
	Sherani	15	0	0%
	Kohlu	75	35	47%
	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	14	44%
	Mastung	45	44	98%
	Loralai	33	28	85%
	Killa Saifullah	28	18	64%
	Ziarat	29	0	0%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	30	67%
	Washuk	46	0	0%
	Panjgur	38	5	13%
	Awaran	23	0	0%
	Chaman	24	24	100%
	Barkhan	20	19	95%
	Hub	33	27	82%
	Musakhel	41	0	0%
	Usta Muhammad	34	33	97%
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	23	85%
	Skardu	53	52	98%
	Ganche	29	29	100%

	Kharmang	46	25	54%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	102	95%
	Tharparkar	276	252	91%
	Shikarpur	60	59	98%
	Thatta	52	52	100%
	Larkana	67	66	99%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	14	67%
	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	53	96%
	Mirpur Khas	106	103	97%
	Badin	124	124	100%
	Sukkur	64	63	98%
	Dadu	90	90	100%
	Sanghar	100	100	100%
	Jacobabad	44	44	100%
	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 41, 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	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%

A Landmark Step for Women's Health; Pakistan Launches HPV Vaccination Drive

Pakistan has taken a historic step toward safeguarding the health of its future generations with the national launch of the Human Papillomavirus (HPV) vaccination campaign a major milestone in the country's fight against cervical cancer. The campaign, led by the Ministry of National Health Services, Regulations and Coordination (MoNHSR&C) and implemented through the Federal Directorate of Immunization and provincial health departments, will run from 15 to 27 September 2025 in the first phase, covering Punjab, Sindh, Islamabad, and Azad Jammu & Kashmir.



This initiative marks Pakistan's inclusion among more than 145 countries worldwide that have successfully introduced the HPV vaccine, including leading Muslim nations such as Saudi Arabia, the United Arab Emirates, Qatar, Malaysia, and Indonesia. The HPV vaccine has proven globally to be a safe and highly effective intervention against cervical cancer a disease

that remains one of the most preventable causes of death among women.

In an inspiring show of leadership and trust, Federal Health Minister Syed Mustafa Kamal publicly had his daughter vaccinated, setting a powerful example for parents nationwide. His message to the nation was clear and heartfelt:

"Just as my own daughter is dear to me, so are all the daughters of my nation. I do not want a single one of them to lose her life to this preventable cancer."

Dr. Mumtaz Ali Khan, Chief of the Center for Disease Control (CDC), NIH, also appealed directly to parents:

"Protect your daughters from cervical cancer by ensuring they receive the HPV vaccine on time. This vaccine is trusted and used in over 145 countries around the world. False rumors must never outweigh a father's sense of responsibility."



The campaign emphasizes prevention over cure, aligning with the government's broader vision for a healthier Pakistan. As Federal Health Minister Kamal aptly stated, *"Building new hospitals is not the solution; we must prevent our people from falling ill in the first place. Every vaccine provided by the government is critical to achieving that goal."*

The HPV vaccination initiative represents more than a public health campaign it is a collective commitment to protecting Pakistan's daughters and building a cancer-free future. Through leadership, trust, and community action, the nation is taking a decisive stand for women's health, dignity, and life.

Knowledge Hub

Chikungunya: What you need to Know

Chikungunya is a viral disease caused by the **Chikungunya virus (CHIKV)**, which is transmitted to humans by the bite of infected mosquitoes. It is best known for causing a sudden onset of fever and severe, often debilitating joint pain.

What is Chikungunya?

Chikungunya is an illness caused by a virus. The name "Chikungunya" comes from a word in the Kimakonde language of Tanzania and Mozambique meaning "to become contorted," describing the stooped posture of people suffering from the disease's severe joint pain. It is an acute illness, meaning it is short-lived, but its symptoms can be quite severe.

How Chikungunya Spreads

Chikungunya is transmitted to humans through the bite of infected ***Aedes aegypti*** and ***Aedes albopictus*** mosquitoes. These are the same mosquitoes that transmit dengue and Zika viruses. They are most active during the daytime, biting in the morning and late afternoon.

- **Mosquito-to-human:** An infected mosquito bites a human, passing the virus.
- **Human-to-mosquito:** An uninfected mosquito bites a person with Chikungunya and becomes infected, then transmits the virus to others.

The virus is **not** spread from person to person through direct contact.

Signs & Symptoms

Symptoms of Chikungunya typically appear **3 to 7 days after the mosquito bite**, but can range from 1 to 12 days. About 3% to 28% of people infected with the virus may not develop any symptoms.

Common symptoms include:

- **Sudden high fever**
- **Severe joint pain** (polyarthralgia), which can be debilitating. The pain is often

symmetrical and affects multiple joints, including the hands, wrists, ankles, and feet.

- Joint swelling.
- Headache.
- Muscle pain.
- Rash.
- Nausea.
- Fatigue.

Complications

While most people recover from Chikungunya, some can experience long-term complications, primarily chronic joint pain.

- **Chronic Joint Pain:** The most common long-term issue. The severe joint pain and swelling can last for weeks, months, or even years after the initial infection. This can cause significant disability and affect quality of life.
- **Neurological complications:** Rare but serious complications such as meningitis, encephalitis, or Guillain-Barré syndrome have been reported.
- **Ocular complications:** Can cause eye inflammation (uveitis or retinitis).

Infants infected around the time of birth and older adults are at a higher risk of more severe disease.

Prevention

There is no vaccine to prevent Chikungunya, so the best way to prevent the disease is to **avoid mosquito bites** and to **control mosquito populations**.

- **Mosquito bite prevention:**
 - Use insect repellent containing DEET, picaridin, or oil of lemon eucalyptus.
 - Wear long-sleeved shirts and long pants, especially during daytime hours when *Aedes* mosquitoes are most active.
 - Use screens on windows and doors.



- Sleep under mosquito nets if you are in an area with a risk of Chikungunya.
- **Mosquito control:**
 - **Eliminate breeding sites:** Empty, cover, or discard containers that hold water (e.g., buckets, planters, tires), as these are where mosquitoes lay their eggs.
 - Use larvicides in standing water that cannot be drained.
- **Pain relief:** Use over-the-counter medications like acetaminophen (paracetamol) to relieve fever and pain. **Avoid aspirin and other NSAIDs** until a diagnosis is confirmed, as these can increase the risk of bleeding if the illness is later identified as dengue.

More Information

For additional authoritative information on Chikungunya, please visit:

Diagnosis and Treatment

- **Diagnosis:** Chikungunya is diagnosed by a healthcare provider based on symptoms, recent travel history to an endemic area, and a **blood test** to confirm the presence of the virus or antibodies.
- **Treatment:** There is **no specific antiviral treatment** for Chikungunya. Care focuses on relieving symptoms.
 - **Rest:** Get plenty of rest.
 - **Fluids:** Drink plenty of fluids to prevent dehydration.
- **Centers for Disease Control and Prevention (CDC):** <https://www.cdc.gov/chikungunya/index.html>
- **World Health Organization (WHO):** <https://www.who.int/news-room/fact-sheets/detail/chikungunya>
- **Public Health Agency of Canada (PHAC):** <https://www.canada.ca/en/public-health/services/diseases/chikungunya.html>
- **UK Health Security Agency (UKHSA) / National Health Service (NHS):** <https://www.nhs.uk/conditions/chikungunya/>

Chikungunya

Information for health workers

Source of infection

Vector-borne, transmitted by mosquitoes.



Type of exposure & prevention

Chikungunya is a viral disease transmitted to humans by infected mosquitoes. It is caused by the chikungunya virus.



Reduce mosquito breeding by:

- ▶ implementing emergency vector control measures such as spraying insecticides during outbreaks
- ▶ safely disposing of all items that can collect water
- ▶ covering all water tanks and storage and emptying unused water
- ▶ keeping grass short around hospitals and wards clean



Reduce mosquito bites by:

- ▶ using window screens, repellents, insecticide treated bed nets, coils and vaporizers
- ▶ wearing light coloured clothing that covers your arms and legs



Symptoms



Fever



Joint pain



Muscular pain



Joint swelling



Headaches



Nausea



Fatigue



Rash

Actions to take in case of symptoms:



Take a detailed medical history of any patient you may suspect of having chikungunya to perform a correct diagnosis. Fever and joint pain are key distinguishing symptoms of chikungunya. Inform the public health authorities if you have a confirmed case.



World Health Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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