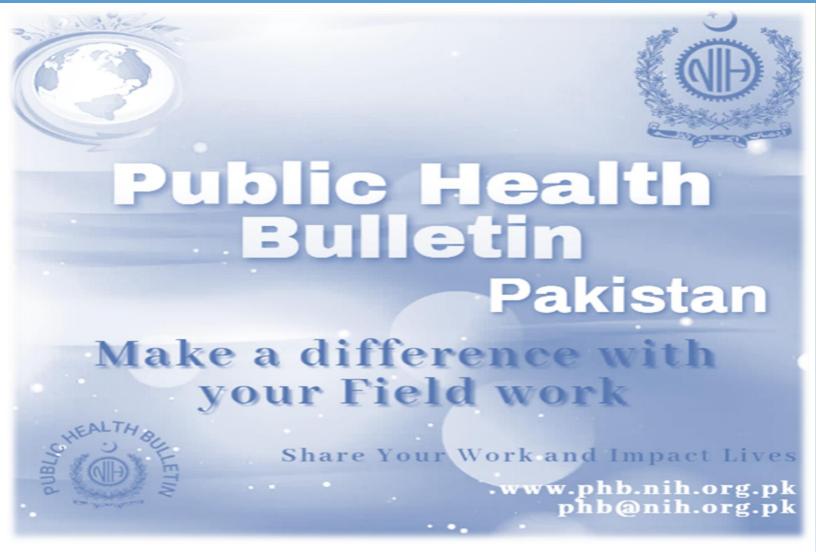
PUBLIC HEALTH BULLETIN-PAKISTAN

PUBLIC HEALTH BULLETIN-PAKISTAN Integrated Disease Surveillance venber 2025

Center of Disease Control National Institute of Health, Islamabad

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

Integrated Disease Surveillance & Response (IDSR) Weekly Public Health Bulletin is your go-to resource for disease trends, outbreak alerts, and crucial public health information. By reading and sharing this bulletin, you can help increase awareness and promote preventive measures within your community.

















Overview

Public Health Bulletin - Pakistan, Week 42, 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 Frontline Preparedness; Integrating One Health into Pakistan's FETP Curriculum
- Knowledge hub on Viral Hepatitis A& E: 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









were of Malaria, followed by Acute Diarrhea (Non-

- Cholera), ILI, ALRI <5 years, TB, B. Diarrhea, VH (B, C & D), dog bite Typhoid and SARI.
- Twenty-three cases of AFP reported from KP, eleven from Sindh, five from AJK and one from GB.
- Twelve suspected cases of HIV/ AIDS reported from Sindh, five from KP and two from Balochistan.
- Among VPDs, there is an increase in number of cases of Measles, Meningitis, AFP and Chickenpox this week.
- Among Respiratory diseases, there is an increase in number of cases of ILI, ALRI <5 years, TB and SARI this
 week.
- Among Water/food-borne diseases, there is decrease in number of cases of Acute Diarrhea (Non-Cholera) and Typhoid this week.
- Among Vector-borne diseases, there is decrease in number of cases of Malaria this week.
- Among STDs, there is decrease in number of cases of HIV/AIDs this week.
- Among Zoonotic/Other diseases, there is decrease in number of cases of dog bite and VH(B,C&D) this week.

IDSR compliance attributes

- The national compliance rate for IDSR reporting in 158 implemented districts is 78%
- Sindh is the top reporting region with a compliance rate of 98%, followed by AJK 95%, GB 92% and ICT 71%.
- The lowest compliance rate was observed in KP 67% and Balochistan 55%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2704	1820	<i>67</i>
Azad Jammu Kashmir	454	433	<i>95</i>
Islamabad Capital Territory	38	27	71
Balochistan	1308	716	55
Gilgit Baltistan	410	377	<i>92</i>
Sindh	2111	2068	98
National	6986	5289	78

















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 42, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
Malaria	4	3798	3	0	8775	NR	102305	114885
AD (Non-								82756
Cholera)	1329	6357	926	411	29823	NR	43910	02/30
ILI	2212	6024	288	2082	7118	NR	38389	56113
ALRI < 5 years	923	1700	716	9	1039	NR	12806	17193
ТВ	124	52	110	18	402	NR	13336	14042
B. Diarrhea	27	1081	78	1	937	NR	3896	6020
VH (B, C & D)	22	38	7	1	114	NR	4250	4432
Dog Bite	122	229	6	0	903	NR	3170	4430
Typhoid	41	334	99	0	644	NR	861	1979
SARI	177	720	138	0	565	NR	90	1690
Dengue	276	3	40	0	613	NR	662	1594
CL	2	124	0	0	409	NR	1	536
AVH (A & E)	29	11	3	0	195	NR	283	521
Measles	8	25	10	0	204	NR	132	379
AWD (S.Cholera)	123	152	13	0	21	NR	11	320
Mumps	7	45	6	0	186	NR	21	265
Chickenpox/				_				155
Varicella	18	10	22	0	88	NR	17	
Meningitis	8	0	2	0	13	NR	25	48
AFP	5	0	1	0	23	NR	11	40
Pertussis	0	30	2	0	5	NR	0	37
Gonorrhea	0	21	0	0	1	NR	4	26
Diphtheria								25
(Probable)	2	0	0	0	17	NR	6	25
HIV/AIDS	0	2	0	0	5	NR	12	19
Chikungunya	0	0	0	0	1	NR	14	15
Syphilis	1	0	0	0	0	NR	12	13
COVID-19	0	0	0	0	5	NR	0	5
NT	0	0	0	0	3	NR	0	3
Leprosy	0	2	0	0	0	NR	0	2
Rubella	0	1	0	0	0	NR	0	1

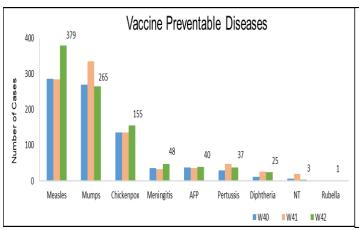


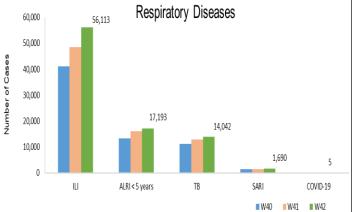


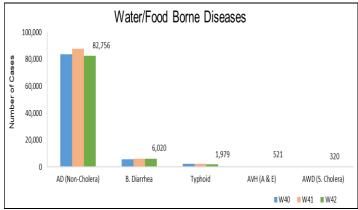


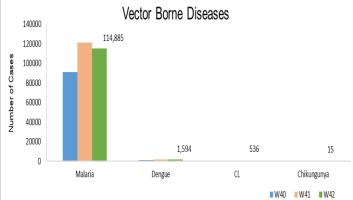


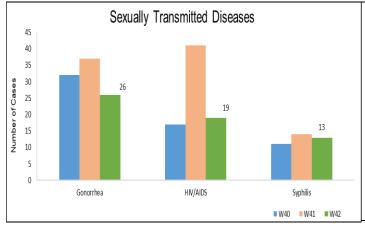
Figure 1: Most frequently reported suspected cases during Week 42, Pakistan.

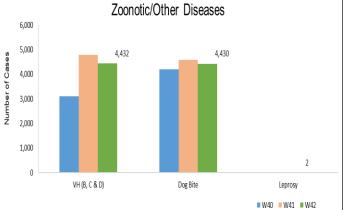














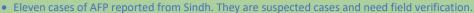












• There is a decline in number of cases of Mumps, Diphtheria, AD (Non-Cholera), Typhoid, Malaria, VH (B, C & D) and HIV/AIDS while an increase in number of cases of Measles, Meningitis, Chickenpox, AFP,ILI, TB, ALRI <5 years and dog bite this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 42, Sindh

Districts	Malaria	AD (Non- Cholera)	ILI	тв	ALRI < 5 years	VH (B, C & D)	B. Diarrhea	Dog Bite	Typhoid	Dengue
Badin	4794	2307	2557	826	893	178	325	151	29	2
Dadu	5124	2519	545	654	1314	125	441	508	129	0
Ghotki	6132	1107	41	594	704	512	122	206	0	0
Hyderabad	2213	2535	2569	453	245	118	76	49	4	286
Jacobabad	1939	839	1149	274	621	270	115	159	45	0
Jamshoro	5849	1778	102	646	386	202	103	115	37	94
Kamber	6502	1799	0	952	354	60	116	202	20	0
Karachi Central	80	1201	1448	191	122	20	3	18	90	2
Karachi East	55	266	0	30	12	0	2	3	11	49
Karachi Keamari	13	618	296	1	14	0	0	0	0	0
Karachi Korangi	112	334	35	39	2	1	10	0	9	27
Karachi Malir	192	1450	3888	134	353	12	47	63	23	56
Karachi South	5	98	0	0	0	0	0	0	0	0
Karachi West	313	812	1188	64	200	17	15	61	25	0
Kashmore	2122	240	759	170	189	12	35	95	0	0
Khairpur	9142	3266	7274	1280	1332	263	368	236	208	4
Larkana	7946	1719	12	789	265	26	373	42	5	0
Matiari	5335	1628	17	730	316	197	70	99	1	7
Mirpurkhas	5117	2602	5003	783	511	43	157	156	10	7
Naushero Feroze	2491	1562	854	500	636	62	422	193	29	0
Sanghar	8399	2116	4667	1244	545	1405	81	213	39	1
Shaheed Benazirabad	4295	1745	0	359	268	74	110	121	92	0
Shikarpur	3312	1147	4	214	156	234	170	165	1	0
Sujawal	1396	2058	5	73	457	0	161	62	3	0
Sukkur	4529	1392	2215	452	631	60	162	57	3	0
Tando Allahyar	4405	1085	1555	513	427	150	90	38	4	0
Tando Muhammad Khan	2091	1172	125	609	218	102	111	89	1	2
Tharparkar	3704	1612	894	447	668	28	66	2	3	125
Thatta	2236	1406	1187	21	563	56	71	67	9	0
Umerkot	2462	1497	0	294	404	23	74	0	31	0
Total	102305	43910	38389	13336	12806	4250	3896	3170	861	662

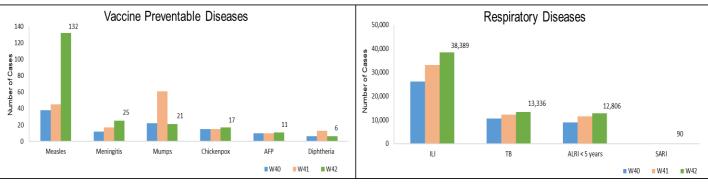


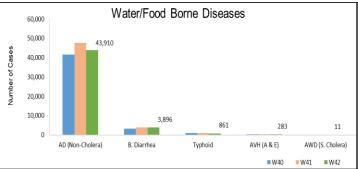


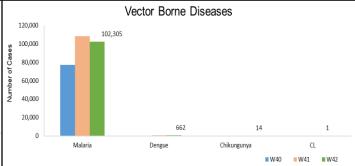


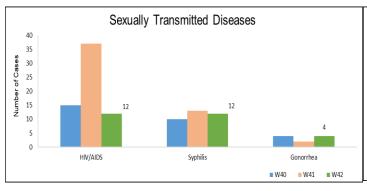
Sindh

Figure 2: Most frequently reported suspected cases during Week 42 Sindh









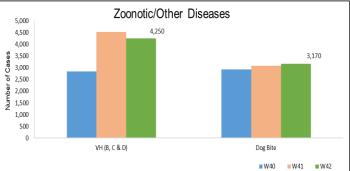
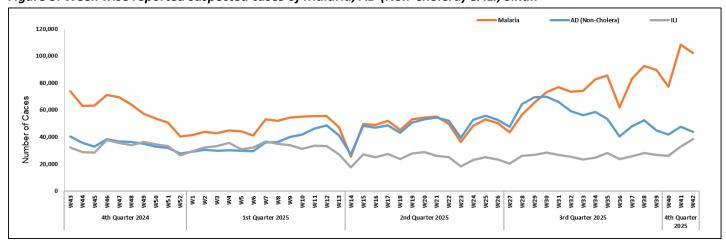


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh













Balochistan

- 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, Kech (Turbat) and Quetta and while ILI cases are mostly reported from Kech (Turbat), Quetta and Kharan.
- Two cases of HIV/AIDs reported from Balochistan. Field investigation is required to confirm the cases.
- AD (Non-Cholera), B.Diarrhea, ILI, Malaria, HIV/AIDS, Measles, Pertussis, Rubella and Chickenpox showed an increase in number of cases this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 42, Balochistan

Districts	AD (Non- Choler a)	ILI	Malari a	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	Dog Bite	AWD (S.Chol era)	CL
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	77	47	90	36	4	0	30	31	4	0
Chagai	151	237	40	0	32	0	5	0	0	0
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	32	0	43	33	0	0	1	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	11	15	24	5	5	0	9	2	4	0
Harnai	174	0	74	193	59	0	0	0	0	0
Hub	173	154	100	0	11	0	0	0	0	2
Jaffarabad	327	178	301	48	57	17	7	4	0	1
Jhal Magsi	167	107	168	36	0	0	1	0	0	0
Kachhi										
(Bolan)	271	246	274	22	45	116	4	34	60	47
Kalat	16	2	13	4	14	0	10	0	0	1
Kech (Turbat)	584	877	700	43	99	0	1	0	0	16
Kharan	196	623	60	0	68	23	4	0	0	0
Khuzdar	17	26	6	0	11	0	14	0	0	1
Killa Abdullah	209	241	19	8	73	77	24	14	51	8
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	131	323	79	17	53	4	23	0	0	0
Lasbella	426	75	680	147	16	2	2	11	0	18
Loralai	245	473	77	79	33	104	22	0	0	2
Mastung	136	190	73	47	17	89	7	1	0	1
MusaKhel	68	61	158	30	20	9	22	1	14	0
Naseerabad	326	21	157	87	7	24	49	80	0	4
Nushki	173	7	6	19	54	0	0	0	0	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	448	551	44	123	166	66	39	8	9	4
Quetta	525	776	26	204	37	43	15	0	1	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	361	344	183	58	22	81	10	0	3	12
Sohbat pur	254	16	129	176	54	8	19	9	0	0
Surab	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Usta									**************************************	
Muhammad	762	220	222	262	98	38	5	27	0	7
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	27	34	14	16	2	16	1	0	0	0
Ziarat	70	180	38	7	24	3	10	7	6	0
Total	6357	6024	3798	1700	1081	720	334	229	152	124









Figure 4: Most frequently reported suspected cases during Week 42, Balochistan

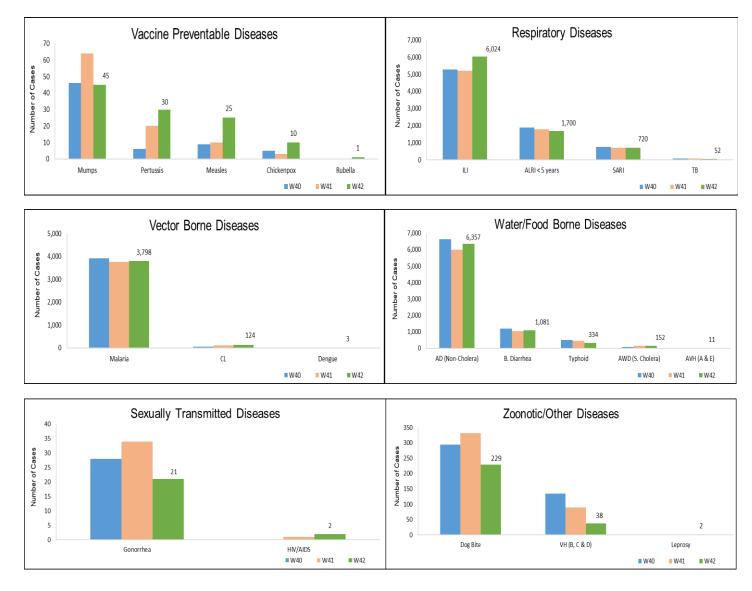
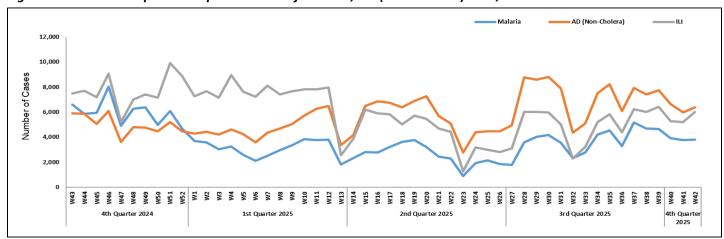


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan











Khyber Pakhtunkhwa

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

Table 4: District wise distribution of most frequently reported suspected cases during Week 42, KP

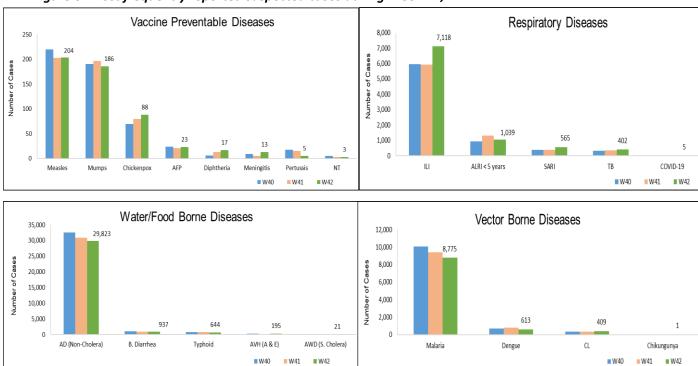
Districts	AD (Non- Cholera)	Malari a	ILI	ALRI < 5	B. Diar	Dog Bite	Typhoid	Dengue	SARI	CL
	Choicia	u		years	rhea					
Abbottabad	728	2	201	86	4	86	9	65	6	0
Bajaur	633	226	79	11	78	69	29	13	66	11
Bannu	854	1652	8	8	22	2	107	26	0	0
Battagram	234	151	747	0	0	10	1	2	0	0
Buner	176	172	0	0	0	7	8	0	0	0
Charsadda	1956	507	1791	305	80	19	24	55	0	1
Chitral Lower	466	14	10	14	7	19	6	2	8	2
Chitral Upper	137	8	40	12	11	3	14	0	12	1
D.I. Khan	2077	905	0	10	36	16	0	0	0	1
Dir Lower	1695	168	0	7	56	43	28	25	0	0
Dir Upper	1087	21	54	83	32	17	10	2	2	2
Hangu	226	127	384	3	0	11	8	17	0	84
Haripur	992	18	448	33	8	13	32	49	12	0
Karak	466	339	25	39	19	29	7	8	0	160
Khyber	753	724	28	43	129	24	63	12	6	37
Kohat	463	271	6	8	9	24	10	27	0	21
Kohistan Lower	155	4	5	0	5	2	0	0	0	0
Kohistan Upper	281	10	0	0	26	0	0	19	0	0
Kolai Palas	104	2	0	0	7	0	0	0	2	0
L & C Kurram	13	8	4	0	5	0	0	0	10	0
Lakki Marwat	779	823	0	0	4	68	14	11	0	1
Malakand	806	29	675	0	0	0	4	0	0	3
Mansehra	854	6	369	19	2	0	1	26	0	0
Mardan	1038	222	45	31	47	17	23	23	1	1
Mohmand	123	285	60	1	7	14	2	9	169	32
North Waziristan	24	108	16	27	25	0	23	28	13	17
Nowshera	2524	482	22	14	16	8	11	8	11	7
Orakzai	43	20	11	0	3	0	0	0	0	0
Peshawar	4553	88	559	34	120	5	49	100	11	0
Shangla	1212	543	0	7	1	74	21	6	0	0
South Waziristan (Lower)	114	69	182	21	2	14	14	2	89	18
South Waziristan (Upper)	55	39	29	4	0	1	0	0	5	9
Swabi	1174	140	756	64	5	179	48	53	85	0
Swat	2160	128	365	141	73	108	64	25	0	0
Tank	642	353	94	4	21	0	0	0	0	0
Tor Ghar	78	92	1	0	40	18	5	0	22	1
Upper Kurram	148	19	104	10	37	3	9	0	35	0
Total	29823	8775	7118	1039	937	903	644	613	565	409







Figure 6: Most frequently reported suspected cases during Week 42, KP



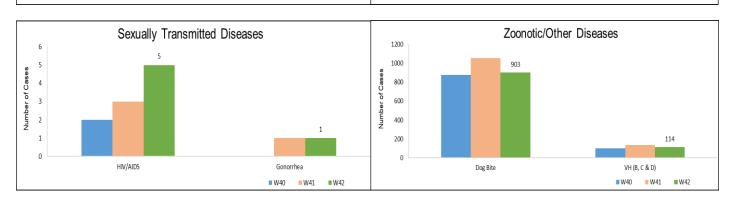
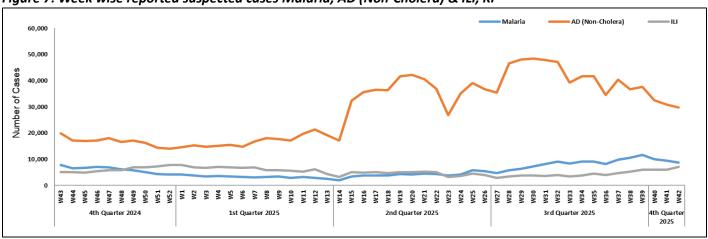


Figure 7: Week wise reported suspected cases Malaria, AD (Non-Cholera) & ILI, KP











- The most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by TB, dog bite, ALRI <5 years, Malaria, Typhoid and AWD (S. Cholera) this week.
- There is a decline in cases observed for Acute Diarrhea (Non-Cholera), TB, dog bite, ALRI <5 years, Malaria and Typhoid this week.
- Five cases of AFP reported Punjab this week. They are suspected cases and need field verification.
- Five suspected cases of HIV/ AIDS reported from Punjab this week. They require field investigation.

Figure 8: Most frequently reported suspected cases during Week 14, Punjab

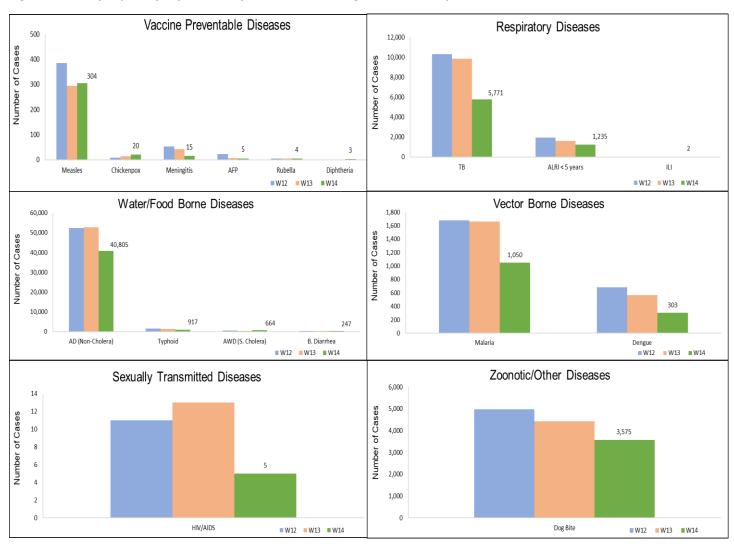
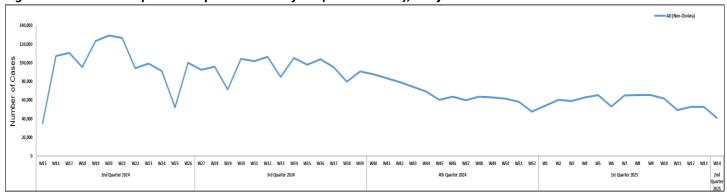


Figure 9: Week wise reported suspected cases of AD (Non-Cholera), Punjab











PUNJAB

GB

ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera), TB, ALRI< 5 years and B.Diarrhea . ILI ICT, AJK & cases showed an increase in number this week.

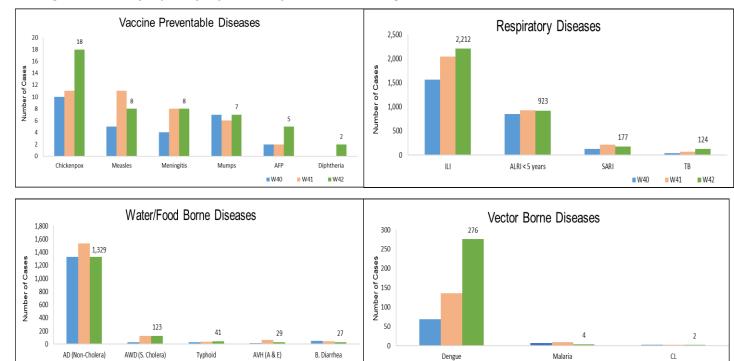
AJK: ILI cases were maximum followed by AD (Non-Cholera), ALRI < 5years, Dengue SARI and TB. An increase in number of suspected cases was observed for Dengue, ILI, TB, Chickenpox, Mumps, Diphtheria, dog bite and VH (B, C&D) while a decline in cases observed for Measles, SARI and AD (Non cholera) this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

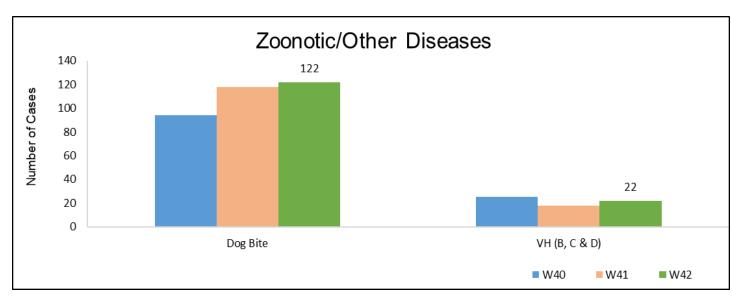
GB: AD (non-cholera) was the most frequently reported disease followed by ALRI <5 Years cases, ILI, SARI & TB. An increase in cases observed for by ALRI <5 Years, SARI and B. Diarrhea this week.

Figure 10: Most frequently reported suspected cases during Week 42, AJK

■W40

■ W41













■ W40

■W41

■ W42

Figure 11: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK

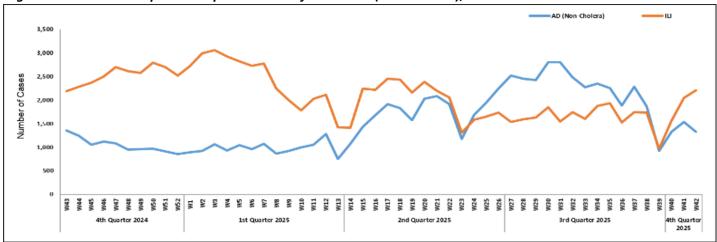


Figure 12: Most frequently reported suspected cases during Week 42, ICT

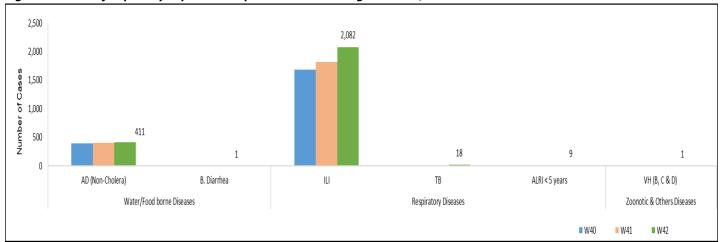


Figure 13: Week wise reported suspected cases of ILI, ICT

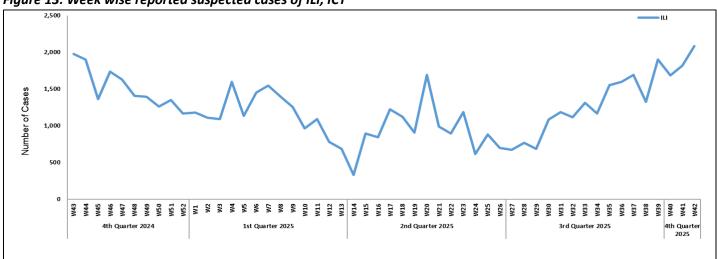










Figure 14: Most frequently reported suspected during Week 42, GB

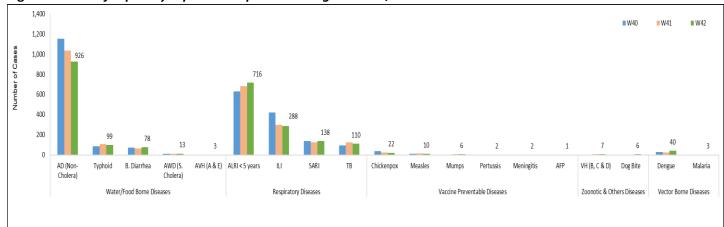
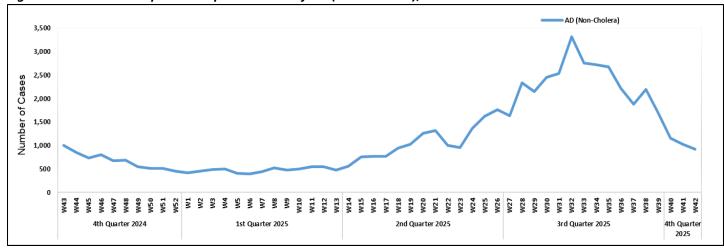


Figure 15: Week wise reported suspected cases of AD (Non-Cholera), GB



Public Health Laboratories

Table 5: Public Health Laboratories con0firmed cases of IDSR Priority Diseases during Epi Week 42

- .	Sin	dh	Baloc	histan	КР	РК	IS	SL .	G	В	Pun	jab	А	JK
Diseases	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Test	Pos	Test	Pos	Test	Pos	Test	Pos	Test	Pos	Test	Pos	Test	Pos
AWD (S. Cholera)	43	2	-	-	2	0	-	-	7	0	-	-	0	0









Stool cult Sensiti		171	5	-	-	5	2	-	-	0	0	_	-	0	0
Malaı		19,275	1,021	-	-	6,854	47	-	-	145	1	-	-	17	2
ССН	F	0	0	4	1	1	0	-	-	0	0	-	-	0	0
Deng	ue	12,083	7,067	-	-	6,826	110	-	-	210	0	-	-	276	37
VH (I	В)	12,351	390	15	11	145	18	-	-	1,199	24	-	-	312	1
VH (0		12,446	1,020	36	16	188	28	-	-	1,265	4	-	-	442	20
VH ([220	64	-	-	0	0	-	-	0	0	-	-	130	0
VH (A	4)	308	82	-	-	6	4	-	-	5	0	-	-	0	0
VH (I	E)	140	31	-	-	2	0	-	-	0	0	-	-	0	0
Covid-	-19	37	4	2	0	4	0	-	-	0	0	-	-	8	0
ТВ		555	54	-	-	7	0	-	-	110	0	-	-	103	5
HIV/ A	IDS	4,377	52	-	-	403	3	-	-	168	0	-	-	495	1
Syphi	lis	853	13	-	-	11	0	-	-	133	0	-	-	0	0
Typho	oid	2,437	33	-	-	0	0	-	-	221	35	-	-	0	0
Diphth	eria	13	9	5	3	51	32	1	1	0	0	8	6	0	0
ILI		27	3	-	-	0	0	-	-	0	0	-	_	0	0
Pneumonia	a (ALRI)	327	78	-	-	0	0	-	-	0	0	-	_	0	0
Menin	gitis	38	2	-	-	0	0	-	-	0	0	-	_	0	0
Meas	les	133	69	15	4	207	85	20	10	2	1	298	64	21	8
Rubella	(CRS)	3	2	-	-	1	0	-	-	0	0	_	-	0	0
Leishman (cutane		33	2	-	-	31	12	-	-	0	0	-	-	0	0
Chikung	unya	6	0	-	-	0	0	-	-	0	0	-	_	0	0
Gonorr	hea	132	1	-	-	0	0	-	-	0	0	-	-	0	0
Brucell	osis	2	0	-	-	1	0	-	-	0	0	-	_	0	0
Covid-19	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20114-13	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenz	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
а А	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenz	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
а В	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RSV	Out of SARI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KSV	Out of ILI	-	-	-	-	-	-	-	-	-	-	-	-	-	-









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 42, 2025

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
	Abbottabad	111	104	94%
	Bannu	238	127	53%
	Battagram	59	30	51%
	Buner	34	19	56%
	Bajaur	44	38	86%
	Charsadda	59	58	98%
	Chitral Upper	34	29	85%
	Chitral Lower	35	34	97%
	D.I. Khan	114	113	99%
	Dir Lower	74	62	84%
	Dir Upper	37	33	89%
	Hangu	22	18	82%
	Haripur	72	70	97%
	Karak	36	36	100%
	Khyber	53	47	89%
	Kohat	61	61	100%
	Kohistan Lower	11	8	73%
	Kohistan Upper	20	12	60%
Khyber	Kolai Palas	10	10	100%
Pakhtunkhwa	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	5	12%
	Upper Kurram	41	30	73%
	Malakand	42	23	55%
	Mansehra	133	116	87%
	Mardan	80	65	81%
	Nowshera	56	53	95%
	North Waziristan	13	8	62%
	Peshawar	156	135	87%
	Shangla	37	35	95%
	Swabi	64	63	98%
	Swat	77	73	95%
	South Waziristan (Upper)	93	93	100%
	South Waziristan (Lower)	42	29	69%
	Tank	34	32	94%
	Torghar	14	13	93%
	Mohmand	68	28	41%
	Orakzai	69	5	7%
Azad Jammu	Mirpur	37	37	100%
Kashmir	Bhimber	92	49	53%
	Kotli	60	60	100%









	Muzaffarabad	45	45	100%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	54	54	100%
	Neelum	39	27	69%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital	ICT	23	22	96%
Territory	CDA	15	6	40%
	Gwadar	26	1	4%
	Kech	44	37	84%
	Khuzdar	74	5	7%
	Killa Abdullah	26	26	100%
	Lasbella	55	55	100%
	Pishin	69	28	41%
	Quetta	55	31	56%
	Sibi	36	32	89%
	Zhob	36	10	
	Jaffarabad			26%
		16 32	16	100% 100%
	Naserabad		32	
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	29	39%
	Chagi	36	23	64%
Balochistan	Kalat	41	40	98%
baiocnistan	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	28	85%
	Killa Saifullah	28	0	0%
	Ziarat	29	13	45%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	26	58%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	19	95%
	Hub	33	26	79%
	Musakhel	41	18	44%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
GIIGIL DAILISLAII	Nagar	25	19	76%
	Ghizer	38	38	100%
	Gilgit	44	41	93%
	0			









	Astore	55	55	100%
	Shigar	27	25	93%
	Skardu	53	52	98%
	Ganche	29	29	100%
	Kharmang	46	25	54%
	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	102	95%
	Tharparkar	276	244	88%
	Shikarpur	60	59	98%
	Thatta	52	51	98%
	Larkana	67	66	99%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	14	67%
	Karachi-West	20	20	100%
	Karachi-Malir	35	30	86%
	Karachi-Kemari	22	21	95%
	Karachi-Central	12	11	92%
Sindh	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	55	100%
	Mirpur Khas	106	102	96%
	Badin	124	124	100%
	Sukkur	64	63	98%
	Dadu	90	90	100%
	Sanghar	100	98	98%
	Jacobabad	44	44	100%
	Khairpur	170	164	96%
	Kashmore	59	58	98%
	Matiari	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 42, 2025

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
	Mirpur	2	2	100%
	Bhimber	1	1	100%
A 11/	Kotli	1	1	100%
AJK	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%
	Karachi-South	3	1	33%
	Sukkur	1	0	0%
Sindh	Shaheed Benazirabad	1	0	0%
	Karachi-East	1	1	100%
	Karachi-Central	1	0	0%
	Peshawar	3	0	0%
	Swabi	1	0	0%
VD.	Nowshera	1	0	0%
КР	Mardan	1	1	100%
	Abbottabad	1	1	100%
	Swat	1	1	100%









Public Health Events and Surveillance Reports, PHB-Pakistan

Strengthening Frontline Preparedness; Integrating One Health into Pakistan's FETP Curriculum

The National Institute of Health (NIH), Pakistan, in collaboration with the World Health Organization (WHO) under the Pandemic Fund, has taken a decisive step toward advancing the nation's health security framework. A two-day technical workshop was convened to review and update the Field Epidemiology Training Program (FETP) Frontline curriculum, embedding a One Health approach that reflects Pakistan's unique health system dynamics and cross-sectoral realities.









The workshop brought together senior representatives and technical experts from human, animal, and environmental health departments and ministries at both national and provincial levels. Their collective expertise and intersectoral collaboration were instrumental in refining the curriculum to ensure it better addresses the country's growing health challenges particularly those emerging at the intersection of humans, animals, and the environment.

The first day of the workshop focused on key thematic areas including workforce development under the International Health Regulations (IHR), an overview of the Pandemic Fund, a detailed presentation on FETP Pakistan's structure, and a review of the FETP Frontline course. Participants engaged in practical group exercises to update an NIH-developed outbreak investigation case study, ensuring the training content remains contextually relevant and field-oriented.

The second day featured group presentations and technical discussions aimed at aligning the revised curriculum with Pakistan's broader vision for health system strengthening and One Health operationalization. **Participants** outlined actionable recommendations enhance coordination between sectors. improve surveillance data integration, and expand frontline epidemiology capacity across the provinces.













This initiative underscores NIH's continued leadership in public health workforce development and pandemic preparedness. By incorporating the One Health perspective into the FETP Frontline curriculum, Pakistan is reinforcing its commitment to early detection and rapid response against zoonotic and emerging infectious diseases.

As global health challenges grow increasingly complex, such efforts are vital to ensuring a prepared, skilled, and connected epidemiologic workforce capable of protecting communities and advancing the goals of the Global Health Security Agenda (GHSA) and IHR (2005). Through collaboration, innovation, and foresight, Pakistan continues to build a stronger frontline against future health threats.

Knowledge Hub

Acute Viral Hepatitis A & E: What You Need to Know

Acute viral hepatitis is an inflammation of the liver caused by a virus. Hepatitis A and Hepatitis E are two types of viral hepatitis that are very similar. They both cause an **acute** (short-term) illness and are spread through contaminated food or water. These viruses do not cause chronic (long-term) liver disease.

What are Hepatitis A and Hepatitis E?

Hepatitis A and Hepatitis E are two different viruses, but they cause a similar type of illness. Both viruses infect the liver, causing inflammation and affecting its ability to function. The illness is typically self-limiting, meaning it resolves on its own over time.

 Hepatitis A: A highly contagious liver infection caused by the Hepatitis A virus (HAV). It is the most common form of viral hepatitis worldwide. Hepatitis E: A liver infection caused by the Hepatitis E virus (HEV). It is also widespread, particularly in developing countries.

How Hepatitis A and E Spread

Both viruses spread through the **fecal-oral route**. This means a person becomes infected by ingesting something contaminated with the feces of an infected person.

- Contaminated Food or Water: This is the most common mode of transmission. Food can become contaminated if it is handled by an infected person who has not washed their hands properly. Water can be contaminated if it is exposed to sewage.
- Person-to-Person Contact: Direct contact with an infected person, such as during sex or caring for a sick person, can also spread the virus.

Signs & Symptoms

Symptoms for both Hepatitis A and Hepatitis E are often mild or absent, especially in young children. When symptoms do appear, they are usually the same for both viruses and can include:

- Fever.
- Fatigue.
- Nausea or vomiting.
- Abdominal pain or discomfort, especially in the liver area (upper right side of the belly).
- Dark urine.
- Light-colored stools.
- Jaundice: A yellowing of the skin and eyes.
- Loss of appetite.
- Joint pain.









Symptoms typically appear about **2-6 weeks after exposure** and last for a few weeks to a few months.

Complications

Most people who get Hepatitis A or E recover completely with no lasting liver damage. However, in some cases, complications can occur.

- Hepatitis A: Very rarely, Hepatitis A can lead to acute liver failure, which is a lifethreatening condition. This is more common in older adults and people with other liver diseases.
- Hepatitis E: Severe cases can also lead to acute liver failure. This is particularly dangerous for pregnant individuals, for whom Hepatitis E can have a very high fatality rate.

Prevention

Preventing Hepatitis A and E involves both vaccination and good hygiene.

Hepatitis A Prevention

- Vaccination: An effective vaccine is available and recommended for all children and for adults who are at increased risk, such as travelers to highrisk areas, men who have sex with men, and people with chronic liver disease.
- Handwashing: Wash hands with soap and water after using the bathroom, changing diapers, and before preparing or eating food.

Hepatitis E Prevention

 Vaccination: A vaccine for Hepatitis E is available in some countries but not globally.

- **Safe Water:** Drink only bottled or boiled water, especially when traveling to areas where Hepatitis E is common.
- **Safe Food:** Avoid raw or undercooked shellfish, pork, and other meat products.

Diagnosis and Treatment

- Diagnosis: Both Hepatitis A and E are diagnosed through a blood test that detects antibodies or the virus itself.
- Treatment: There is no specific cure for Hepatitis A or E. Treatment focuses on supportive care to manage symptoms. This includes rest, adequate nutrition, and hydration. A healthcare provider may recommend medications for nausea or other symptoms.

More Information

For additional authoritative information on Hepatitis A and E, please visit:

- Centers for Disease Control and Prevention (CDC):
 - https://www.cdc.gov/hepatitis/ hav/index.htm
 - https://www.cdc.gov/hepatitis/ hevev/index.htm
- World Health Organization (WHO):
 - https://www.who.int/newsroom/factsheets/detail/hepatitis-a
 - https://www.who.int/newsroom/factsheets/detail/hepatitis-e
- Public Health Agency of Canada (PHAC):
 - https://www.canada.ca/en/pub lichealth/services/diseases/hepati tis-a.html
- UK Health Security Agency (UKHSA) / National Health Service (NHS):
 - https://www.nhs.uk/conditions/hepatitis/









