

Priority



GOVERNMENT OF PAKISTAN
NATIONAL INSTITUTE OF HEALTH, ISLAMABAD



No.F.NO.1-22/ADVISORY/CDC/2025

Islamabad, the 15th December, 2025

From

Dr. Mumtaz Ali Khan
Chief (Centre of Disease Control)

To

- 1- Chief Executive Officer, IHRA, Islamabad
- 2- Director General (FDI), FDI, Islamabad
- 3- Additional Secretary (Admin & Technical), MONFSR, Islamabad
- 4- Executive Director, PIMS, Islamabad
- 5- Executive Director, FGPC, Islamabad
- 6- Medical Superintendent, FGTB, Rawalpindi
- 7- Executive Director, NIRM, Islamabad
- 8- Director Staff to Chairman, CDA, Islamabad
- 9- Director, BHSP, Karachi
- 10- District Health Officer, DHO, Islamabad
- 11- Medical Director, FGH, Islamabad
- 12- Deputy Director PHC/ICT/Coord, MONHS, Islamabad
- 13- SPS to Minister of State, MONHS, Islamabad
- 14- Staff Officer to Federal Minister, MONHS, Islamabad
- 15- PSO to Federal Secretary Health, MONHS, Islamabad
- 16- Staff Officer to CEO, NIH, Islamabad

SUBJECT: ADVISORY FOR THE PREVENTION AND CONTROL OF SEASONAL INFLUENZA (H3N2)

Influenza is an acute viral infection caused by influenza viruses. It is common in all parts of the world with increased in number of cases particularly during winter season from November to April. During the 2025–2026 season, a new genetic subclade of Influenza A(H3N2), Subclade K, has emerged globally. Recently, there has been a rapid rise in detection of H3N2 cases since August, 2025 among different WHO regions. The South East Asia region has shown increased positivity of Influenza cases with predominance of H3N2 (66% of all Influenza A cases) since May 2025 till end of November.

2. Keeping in view this unprecedented upsurge before the expected season, to address this issue and to alert all the public health authorities of the country, following advisory has been issued:

“Advisory for the Prevention and Control of Seasonal Influenza (H3N2)”

3. The objective of this advisory is to alert and facilitate the health authorities and other stakeholders for ensuring timely preventive and control measures encompassing

preparedness to deal with increased workload expected in the outpatient and in-patient departments during next few months.

4. It is requested that the attached advisory may kindly be circulated to all relevant health facilities, institutions and line departments under your jurisdiction for timely implementation of recommended actions.

With profound regards.



Dr. Mumtaz Ali Khan
Chief (Centre of Disease Control)
Ph:03215114117

Distribution List Enclosed

Dr. Mumtaz Ali Khan
Chief (Centre of Disease Control)
15 December, 2025, 04:09:17 PM

Distribution List:

1. Secretary, Health Department, Government of the Punjab, Lahore
2. Secretary, Health Department, Government of Sindh, Karachi
3. Secretary, Health Department, Government of KPK, Peshawar
4. Secretary, Health Department, Government of Balochistan, Quetta
5. Secretary, Health Department, Government of AJK, Muzaffarabad
6. Secretary, Health Department, Government of Gilgit-Baltistan, Gilgit
7. Chief Executive Officer, Islamabad Healthcare Regulatory Authority, Islamabad
8. Chief Executive Officer, Punjab Healthcare Commission, Lahore
9. Chief Executive Officer, Sindh Healthcare Commission, Karachi
10. Chief Executive Officer, KPK Healthcare Commission, Peshawar
11. Director General Health Services, Government of the Punjab, Lahore
12. Director General Health Services, Government of Sindh, Hyderabad
13. Director General Health Services, Government of KPK, Peshawar
14. Director General Health Services, Government of Balochistan, Quetta
15. Director General Health Services, Government of Gilgit-Baltistan, Gilgit
16. Director General Health Services, Government of AJK, Muzaffarabad
17. Director General, Federal Directorate of Immunization (FDI), Islamabad
18. Animal Husbandry Commissioner, Mo National Food Security & Research, Islamabad
19. Executive Director, Pakistan Institute of Medical Sciences, Islamabad
20. Executive Director, Federal Government Polyclinic Hospital, Islamabad
21. Executive Director, Capital Hospital CDA, Islamabad
22. Executive Director, Federal Government TB Hospital, Rawalpindi
23. Executive Director, National Institute of Rehabilitation Medicine (NIRM), Islamabad
24. Director General Health Services, Capital Development Authority, Islamabad
25. Director General, PAEC Hospital, Islamabad
26. Director General, KRL Hospital, Islamabad
27. Director General, NESCOM Hospital, Islamabad
28. Director, Border Health Services-Pakistan, Karachi
29. District Health Officer, ICT, Islamabad
30. Director, Nuclear Oncology & Radiotherapy Institute (NORI), Islamabad
31. Commandant, PAF Hospital, Islamabad
32. Commandant, Naval Complex Hospital, (PNS Hafeez), Islamabad
33. Medical Superintendent, Social Security Hospital, Islamabad
34. Director, Federal General Hospital, Park Road, Islamabad
35. Executive Director, Shifa International Hospital, Islamabad
36. Executive Director, Qauid-e-Azam International Hospital, Islamabad
37. Executive Director, Maroof International Hospital, Islamabad
38. Commandant, Combined Military Hospital (CMH), Rawalpindi
39. Commandant, Military Hospital (MH), Rawalpindi
40. Medical Superintendent, Cantonment General Hospital, Rawalpindi
41. Medical Superintendent, District Headquarter Hospital, Rawalpindi
42. Medical Superintendent, Fauji Foundation Hospital, Rawalpindi
43. Medical Superintendent, Holy Family Teaching Hospital, Rawalpindi
44. Medical Superintendent, Benazir Bhutto Hospital, Rawalpindi
45. Medical Superintendent, WAPDA Hospital, Rawalpindi
46. Medical Superintendent, Railway Hospital, Rawalpindi
47. Officer In-charge, Provincial Disease Surveillance & Response Unit (PDSRU) at Provincial Health Directorates, Lahore, Hyderabad, Peshawar, Quetta, Gilgit and Muzaffarabad
48. All Deputy Commissioners with the request to direct all concerned departments at district level.
49. Provincial Coordinator, EPI, Punjab, Sindh, KPK, Balochistan, GB and AJK

C.c:

1. Chief Secretary, Government of Punjab, Sindh, KPK, Balochistan, GB and AJK.
2. Surgeon General Pakistan Army, GHQ Rawalpindi
3. Chief Commissioner, ICT Administration Islamabad
4. WHO Country Representative, Islamabad
5. SPS to Federal Minister of Health, M/o NHR&C, Islamabad
6. SPS to Secretary, M/o NHR&C, Islamabad
7. PS to Director General Health, M/o NHR&C, Islamabad



No.F.1-22/Advisory/CDC/2025
Centers for Disease Control
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National Focal Point for International Health Regulations

December 2025

Advisory for the Prevention and Control of Seasonal Influenza (H3N2)

Background:

Influenza is an acute viral respiratory illness caused by influenza A and B viruses, leading to annual epidemics. Influenza A is associated with higher transmissibility and severe disease among older adults, young children, pregnant women, and individuals with chronic conditions.

During the 2025–2026 season, a new genetic subclade of Influenza A(H3N2), Subclade K, has emerged globally. Recently, there has been a rapid rise in detection of H3N2 cases since August, 2025 among different WHO regions. The South East Asia region has shown increased positivity of Influenza cases with predominance of H3N2 (66% of all Influenza A cases) since May 2025 till end of November. Similarly, Australia and New Zealand have also reported increased Influenza cases with significant proportion of H3N2 subclade.

Pakistan is also observing rising influenza-like illness (ILI) and severe acute respiratory infection (SARI) cases. The country has reported a total of 340,856 suspected ILI cases from epidemiological week 44 to 49 from all provinces and regions through Integrated Disease Surveillance & Response Systems with 12% positivity of H3N2 cases among tested samples.

Keeping in view the recent upsurge of Influenza across various regions and remarkable increase of H3N2 cases, limited access to healthcare services, unsatisfied infection prevention & control practices in different settings and limited health awareness in the community, the flu season in Pakistan can be severe. Therefore, it's essential for individuals, especially those in high-risk groups, to take preventive measures, such as getting vaccinated, practicing good hygiene, and seeking medical attention promptly if symptoms persist.

Objectives of the Advisory:

The objective of this advisory is to alert and facilitate the health authorities and other stakeholders for ensuring timely preventive and control measures encompassing preparedness to deal with increased workload expected in the outpatient and in-patient departments during next few months.

Public Health Impact:

Seasonal influenza viruses including H3N2 can manifest with mild to moderate symptoms, but they can rapidly progress to severe illness, particularly in high-risk individuals. The primary modes of transmission are through respiratory droplets and aerosols, which can spread through person-to-person contact via sneezing, coughing, or talking, touching contaminated surfaces and subsequent face-touching and close contact with an infected individual, especially in crowded areas or poorly ventilated spaces. Prompt identification and reporting of suspected Influenza-like illnesses (ILI) and severe acute respiratory infections (SARI) are crucial in preventing outbreaks and reducing the risk of severe complications and fatalities. Vulnerable populations are at increased risk of developing severe influenza-related complications, including:

- Elderly individuals (≥ 65 years)
- Young children (< 5 years)
- Overweight or obese individuals
- Immunocompromised individuals (e.g., those with HIV/AIDS or undergoing chemotherapy)
- People with chronic health conditions, such as, diabetes, cardiac disease, and respiratory disease
- Pregnant women

It is worthwhile to mention that early detection, prompt treatment, and vaccination can significantly reduce the burden of influenza-related illnesses and deaths.

Prevention and Control Measures:

If someone is sick or has been in close-contact with persons having flu-like illness, following preventive measures are recommended for limiting the Influenza transmission:

- Frequent and thorough hand washing with soap & water and use of hand sanitizer if soap and water are unavailable
- To opt for respiratory etiquettes through covering mouth and nose while sneezing or coughing with elbow
- Sick patients to stay at home, take rest and avoid crowds
- Taking social distancing measures during the illness until recovery

Risk Communication:

Disseminate clear, accurate, and timely information on Influenza A(H3N2) Subclade K. Emphasize vaccination, early care-seeking for severe symptoms, and preventive behaviors. Engage community leaders, healthcare workers, and media to counter misinformation and protect high-risk populations.

Vaccination: It is most effective way to prevent infection and its severe outcomes particularly in high-risk groups. World Health Organization (WHO) recommends seasonal influenza vaccination for pregnant women (highest priority), children, elderly people, individuals with chronic medical conditions and health-care workers. For 2025-2026, the WHO recommends following egg-based trivalent vaccine composition for the use in northern hemisphere including Pakistan:

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus
- an A/Croatia/10136RV/2023 (H3N2)-like virus
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Despite genetic drift, vaccination reduces severity of illness and mortality.

Cases Management:

As the disease is self-limiting, therefore treatment is mainly supportive. However, in hospitalized patients, early antiviral treatment may shorten the duration of illness. Antiviral treatment (Oseltamivir/Tamiflu) is recommended for hospitalized with severe, complicated, or progressive illness. In general, persons at higher risk for influenza complications recommended for antiviral treatment include:

- Children aged younger than 2 years
- Adults aged 65 years and older
- Persons with comorbidities
- Persons with immunosuppression including that caused by medications or by HIV infection
- Women who are pregnant or postpartum (within 2 weeks after delivery)
- Persons aged younger than 19 years who are receiving long-term aspirin therapy
- Persons who are morbidly obese
- Residents of nursing homes and other chronic care facilities

- Patients with chronic medical conditions (such as chronic cardiac, pulmonary, renal, metabolic, neurodevelopmental, liver or hematologic diseases)

Required Surveillance Measures:

Enhanced surveillance for ILI and SARI from October onwards may provide the best chance to detect earlier with prompt response in preventing outbreaks afterwards. To ensure standardized surveillance across Pakistan, NIH proposes the following cases definitions:

Case Definitions:

Influenza Like Illness (ILI): An acute respiratory infection with fever of $\geq 38^{\circ}\text{C}$ with cough **AND** onset within last 10 days.

Severe Acute Respiratory Illness (SARI): An acute respiratory infection with history of fever of $>38^{\circ}\text{C}$ and cough with onset within last 10 days **AND** requires Hospitalization.

Sample Collection:

- Respiratory specimens including throat or nasal/ nasopharyngeal swabs and nasopharyngeal aspirates/ broncho-alveolar lavage fluid from intubated patients may be collected and placed immediately in Viral Transport Medium (VTM)
- The samples should be transported to Influenza sentinel labs at identified provincial facilities (list available on NIH website) or to the National Institutes of Health Islamabad under intimation to the Center for Disease Control (CDC-NIH) contact on Tel: 051-9255566 and Fax No. 051-9255099
- The samples may be transported to lab at 4°C within 4 days, or frozen at -20°C in case of prolonged storage. All referred samples must be accompanied by the completed epidemiological data forms

Note: The updated guidelines on prevention, control and management of Influenza along with patient history form for ILI/SARI are available at NIH website (www.nih.org.pk) which may be filled and sent to NIH along with the samples of the suspected patients.

This advisory may please be widely distributed among all concerned and NIH may please be kept informed of the measures undertaken in respective areas of jurisdiction.