Vol. 5 | Week 02
05th JANUARY– 11th JANUARY
19th January, 2026

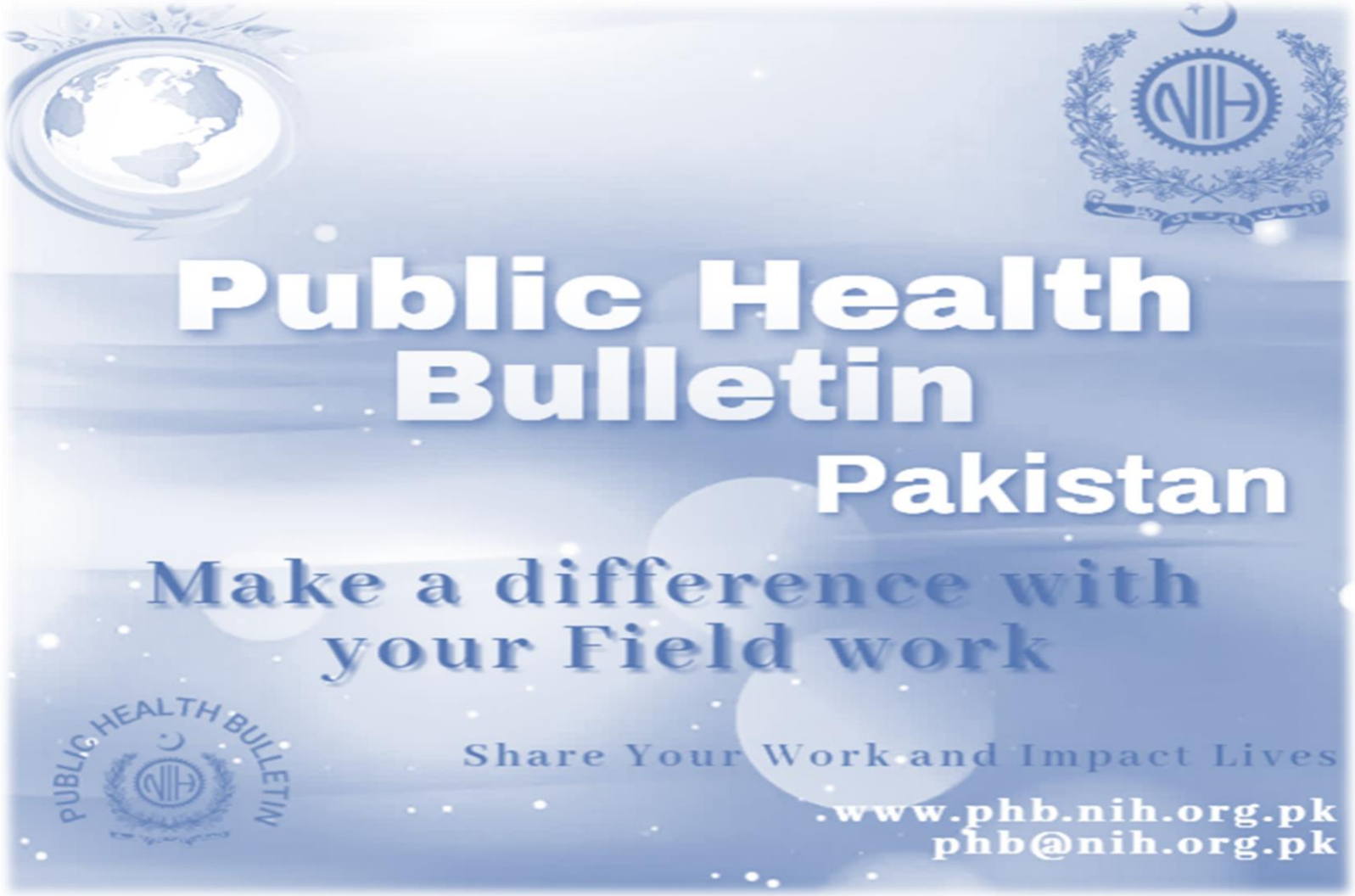
PUBLIC HEALTH BULLETIN-PAKISTAN

Integrated Disease Surveillance & Response (IDSR) Report

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.



Public Health Bulletin - Pakistan, Week 02, 2026

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;

NIH initiates Development of National Bio- Risk Management Guidelines for Laboratories

- *Measles Outbreak Investigation Report, G-61, Islamabad, Pakistan, June-July 2015*
- *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.

Subscribe to the Weekly Bulletin today!

Stay informed. Stay prepared. Stay healthy.

Sincerely,
The Chief Editor

Overview

Note: All reported cases in this report are suspected cases

- *During Week 02, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by ILI, Malaria, ALRI <5 years, TB, Dog Bite, B. Diarrhea, VH (B, C & D), SARI, Typhoid, Measles, CL and AVH (A & E).*
- *Twenty cases of AFP reported from KP, eleven from Sindh, four from AJK, one from Balochistan and one from GB.*
- *Two suspected cases of HIV/ AIDS reported from KP and ten from Sindh.*
- *Two suspected cases of Brucellosis reported from GB and eight from Sindh.*
- *Among VPDs, there is an increase in number of cases of Measles, Mumps, Meningitis, AFP and Diphtheria this week.*
- *Among Respiratory diseases, there is an increase in number of cases of ILI, ALRI <5 years and SARI this week.*
- *Among Water/food-borne diseases, there is an increase in number of cases of AD (Non- Cholera) this week.*
- *Among Vector-borne diseases, there is decrease in number of cases of Malaria this week.*

IDSR compliance attributes

- *The national compliance rate for IDSR reporting in 158 implemented districts is 81%*
- *Sindh is the top reporting region with a compliance rate of 97%, followed by GB 88%, AJK 87%, and ICT 79%.*
- *The lowest compliance rate was observed in KP 77% and Balochistan, 58%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	*2229*	*1706*	*77*
Azad Jammu Kashmir	*469*	*408*	*87*
Islamabad Capital Territory	*38*	*30*	*79*
Balochistan	*1308*	*755*	*58*
Gilgit Baltistan	*417*	*367*	*88*
Sindh	*2111*	*2040*	*97*
National	*6572*	*5306*	*81*

Public Health Actions

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

HIV/AIDS

• **Enhance Surveillance and Case Reporting:** Strengthen HIV case-based surveillance within IDSR and through HIV/AIDS control programs; improve data sharing between testing centers, treatment sites, and public health authorities.

• **Expand Testing and Linkage to Care: Scale** up community-based testing, and targeted outreach among key populations; ensure immediate linkage to antiretroviral therapy (ART) for all positives.

• **Ensure Universal Access to Treatment and Retention in Care:** Maintain a consistent supply of ART and support adherence through differentiated care models, peer support groups, and community health worker follow-up.

• **Promote Combination Prevention Strategies:** Implement comprehensive HIV prevention, including harm reduction for people who inject drugs, pre-exposure prophylaxis (PrEP), and ensuring safe sex practices.

• **Prevent Mother-to-Child Transmission:** Integrate HIV testing in antenatal care and ensure ART initiation and follow-up for HIV-positive pregnant women and their infants.

• Combat Stigma and Raise Awareness: Conduct advocacy and public education campaigns to reduce stigma, promote testing, and encourage disclosure and support for people living with HIV/AIDS.

Syphilis

• **Strengthen Surveillance and Case Notification:** Integrate syphilis case reporting into the IDSR system by training healthcare workers to use standard case definitions and improve detection in antenatal clinics and key populations.

• **Improve Diagnostic Services:** Expand access to rapid syphilis tests and confirmatory testing (e.g., RPR, TPHA) at primary and secondary healthcare levels, with linkage to care and partner testing.

• **Ensure Access to Treatment:** Ensure uninterrupted availability of Benzathine penicillin and other recommended antibiotics; implement partner notification and treatment to prevent reinfection.

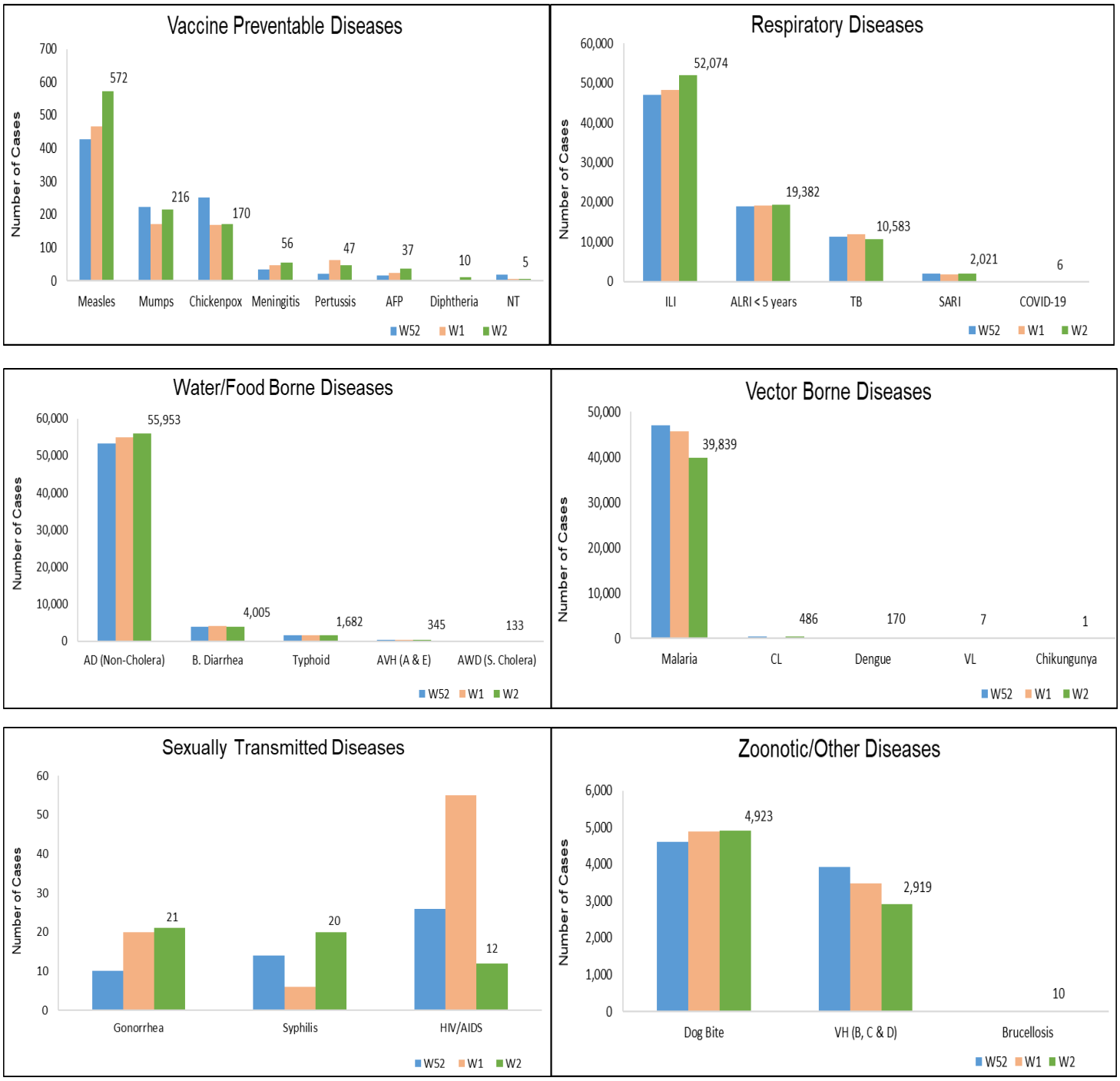
• **Prevent Congenital Syphilis:** Enhance routine syphilis screening and treatment during antenatal care to prevent adverse birth outcomes, including stillbirth and congenital infection.

• **Raise Public Awareness and Promote Safer Behaviors:** Conduct behavior changes communication campaigns promoting condom use, STI testing, and early treatment-seeking, especially in adolescents and high-risk groups.

Table 1: Province/Area-wise distribution of most frequently reported suspected cases during Week 02, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,296	4,711	506	355	17,752	NR	31,333	55,953
ILI	2,861	7,527	546	1,796	6,054	NR	33,290	52,074
Malaria	0	2,305	2	0	2,307	NR	35,225	39,839
ALRI < 5 years	1,643	2,678	1,436	16	1,442	NR	12,167	19,382
TB	43	38	54	5	279	NR	10,164	10,583
Dog Bite	80	409	6	1	972	NR	3,455	4,923
B. Diarrhea	38	991	64	2	524	NR	2,386	4,005
VH (B, C & D)	3	120	1	3	83	NR	2,709	2,919
SARI	303	806	115	0	681	NR	116	2,021
Typhoid	12	307	69	0	643	NR	651	1,682
Measles	17	18	9	0	490	NR	38	572
CL	0	54	0	0	407	NR	25	486
AVH (A & E)	25	16	0	0	146	NR	158	345
Mumps	12	59	7	1	93	NR	44	216
Chickenpox/ Varicella	5	11	10	1	117	NR	26	170
Dengue	0	7	0	0	1	NR	162	170
AWD (S. Cholera)	8	115	0	0	3	NR	7	133
Meningitis	3	2	2	0	3	NR	46	56
Pertussis	0	39	0	0	7	NR	1	47
AFP	4	1	1	0	20	NR	11	37
Gonorrhea	0	17	1	0	0	NR	3	21
Syphilis	0	0	0	0	1	NR	19	20
HIV/AIDS	0	0	0	0	2	NR	10	12
Brucellosis	0	0	2	0	0	NR	8	10
Diphtheria (Probable)	0	1	0	0	0	NR	9	10
VL	0	0	0	0	7	NR	0	7
COVID-19	0	0	0	0	6	NR	0	6
NT	0	0	0	0	5	NR	0	5
Chikungunya	0	0	0	0	0	NR	1	1

Figure 1: Most frequently reported suspected cases during Week 02, Pakistan.



Sindh

- Malaria cases were maximum followed by ILI, AD (Non-Cholera), ALRI<5 Years, TB, Dog Bite, VH (B, C, D), B. Diarrhea, Typhoid and Dengue.
- Malaria cases are mostly from Dadu and Sanghar whereas ILI cases are from Khairpur and Mirpurkhas .
- Eleven cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of Measles, Chickenpox, ALRI<5years, TB, AD (Non-Cholera), B. Diarrhea, Malaria, Dog bite , HIV/ AIDS and VH (B, C & D) while an increase in number of cases Meningitis, Mumps, AFP, Diphtheria and ILI this week

Table 2: District-wise distribution of most frequently reported suspected cases during Week 02, Sindh.

Districts	Malaria	ILI	AD (Non-Cholera)	ALRI < 5 years	TB	Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	Dengue
Badin	1,861	2,049	1,743	548	592	153	356	146	48	0
Dadu	3,181	903	1,993	1,278	490	290	118	293	116	0
Ghotki	1,169	26	548	605	394	266	293	68	0	0
Hyderabad	417	2,191	1,890	197	270	54	101	56	5	0
Jacobabad	782	970	407	386	204	261	51	51	22	0
Jamshoro	1,776	111	1,213	517	556	127	82	58	23	117
Kamber	1,913	0	1,279	330	748	261	90	79	11	0
Karachi Central	16	2,090	1,546	3	135	79	13	1	63	10
Karachi East	11	3	211	12	4	2	2	0	1	0
Karachi Keamari	0	203	539	13	1	0	0	3	0	0
Karachi Korangi	90	17	376	5	14	9	0	2	0	2
Karachi Malir	24	2,007	502	127	79	26	0	13	8	4
Karachi South	14	1	69	0	0	0	0	0	0	0
Karachi West	385	1,370	837	272	83	60	19	18	26	0
Kashmore	1,589	724	188	167	133	216	10	20	1	0
Khairpur	2,844	6,912	2,272	1,514	908	239	222	264	130	0
Larkana	2,966	0	1,078	375	662	60	16	225	4	0
Matiari	1,689	64	962	230	532	107	122	41	0	2
Mirpurkhas	1,256	5,144	2,240	618	669	145	30	116	17	0
Naushero Feroze	1,046	722	1,133	480	84	156	38	123	28	0
Sanghar	3,068	63	1,337	691	1,089	197	505	74	24	0
Shaheed Benazirabad	1,691	2	1,123	332	339	149	84	82	84	0
Shikarpur	1,229	8	708	150	216	253	106	125	5	0
Sujawal	235	0	788	103	89	22	0	95	0	0
Sukkur	1,194	2,175	767	310	324	112	48	104	3	0
Tando Allahyar	784	1,558	686	212	370	52	101	84	1	0
Tando Muhammad Khan	383	150	686	217	474	66	68	87	0	0
Tharparkar	1,555	2,133	1,941	1,095	460	0	16	69	6	26
Thatta	788	1,688	1,163	833	29	93	196	14	0	0
Umerkot	1,269	6	1,108	547	216	0	22	75	25	1
Total	35,225	33,290	31,333	12,167	10,164	3,455	2,709	2,386	651	162

Figure 2: Most frequently reported suspected cases during Week 02, Sindh.

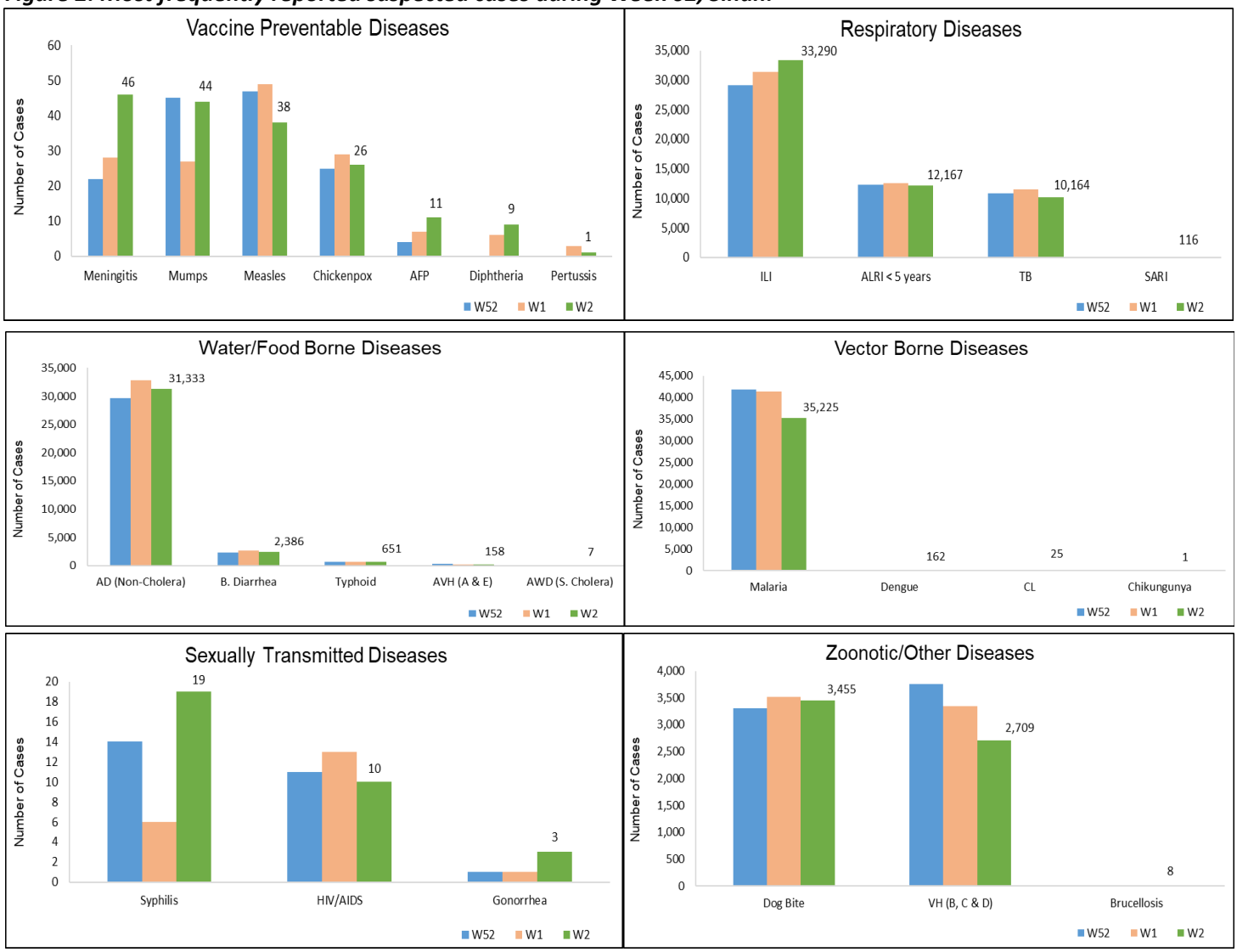
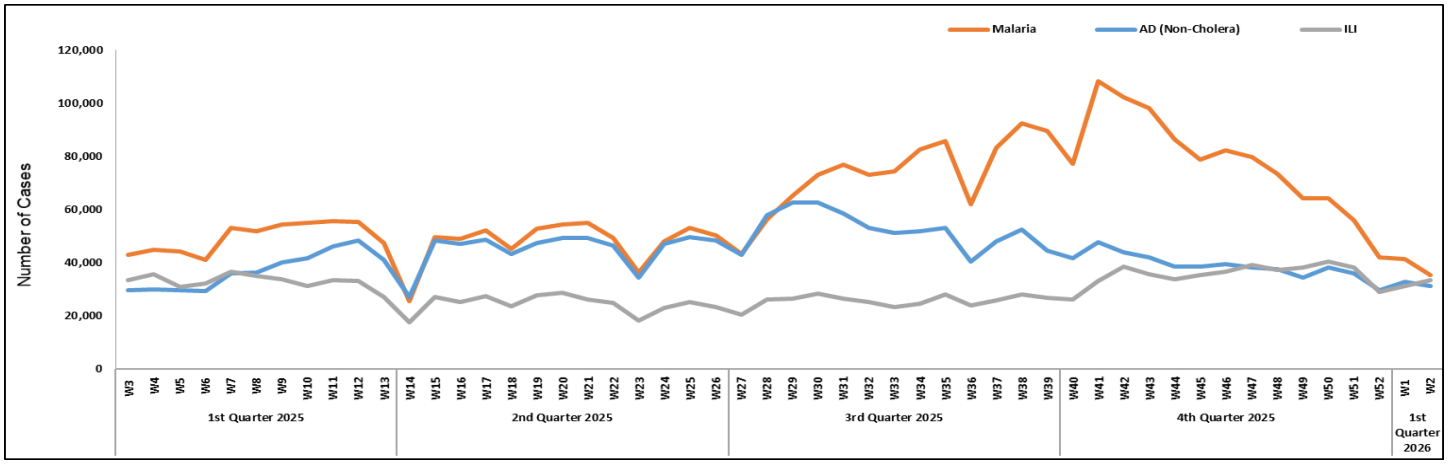


Figure 3: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh



Balochistan

- ILI, AD (Non-Cholera), ALRI <5 years, Malaria, B. Diarrhea, SARI, Dog Bite, Typhoid, VH (B, C& D) and AWD (S. Cholera) cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Gwadar and Kharan while AD (Non-Cholera) cases are mostly reported from Sibbi and Usta Muhammad.
- One case of AFP reported from Balochistan. Field investigation is required to confirm the cases.
- Mumps, ILI, ALRI<5years, SARI, AD (non -Cholera), B.Diarrhea, Typhoid, Malaria, Dog bite and VH (B, C & D) showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of Pertussis, Measles, Chicken pox and Meningitis.

Table 3: District-wise distribution of most frequently reported suspected cases* during *Week 02, Balochistan.

Districts	ILI	AD (Non-Cholera)	ALRI < 5 years	Malaria	B. Diarrhea	SARI	Dog Bite	Typhoid	VH (B, C & D)	AWD (S. Cholera)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	43	76	32	26	8	1	34	15	0	0
Chagai	164	75	0	25	24	0	0	3	1	0
Chaman	278	41	41	0	33	21	3	14	0	7
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	1,309	335	54	80	74	0	2	16	1	3
Harnai	0	173	347	45	45	0	3	0	0	0
Hub	36	96	33	49	0	3	111	3	27	0
Jaffarabad	137	159	20	209	63	52	8	7	3	0
Jhal Magsi	314	219	93	203	1	3	4	6	0	0
Kachhi (Bolan)	398	209	78	302	41	12	8	0	5	18
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	237	101	2	21	29	NR	NR	NR	NR	NR
Kharan	656	129	2	12	50	44	0	3	0	0
Khuzdar	431	293	23	147	164	73	8	64	8	2
Killa Abdullah	236	129	34	0	41	100	8	18	0	19
Killa Saifullah	0	175	322	181	70	64	4	16	2	0
Kohlu	361	79	11	32	27	3	NR	5	NR	NR
Lasbella	108	294	146	258	13	3	19	3	17	0
Loralai	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Mastung	304	134	125	23	25	53	9	6	0	0
MusaKhel	49	59	41	87	16	7	0	12	0	4
Naseerabad	39	300	34	164	18	29	124	47	54	3
Nushki	0	58	25	0	18	12	0	0	0	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	652	245	181	5	85	73	6	18	0	26
Quetta	637	278	181	12	12	26	1	7	0	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	624	427	179	262	28	189	11	30	0	25
Sohbat pur	0	169	149	55	31	5	1	5	0	0
Surab	39	14	0	0	0	0	0	0	0	0
Usta Muhammad	256	366	277	54	46	5	31	1	2	0
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	43	20	88	1	1	22	0	0	0	0
Ziarat	176	58	160	52	28	6	14	8	0	8
Total	7,527	4,711	2,678	2,305	991	806	409	307	120	115

Figure 4: Most frequently reported suspected cases during Week 02, Balochistan.

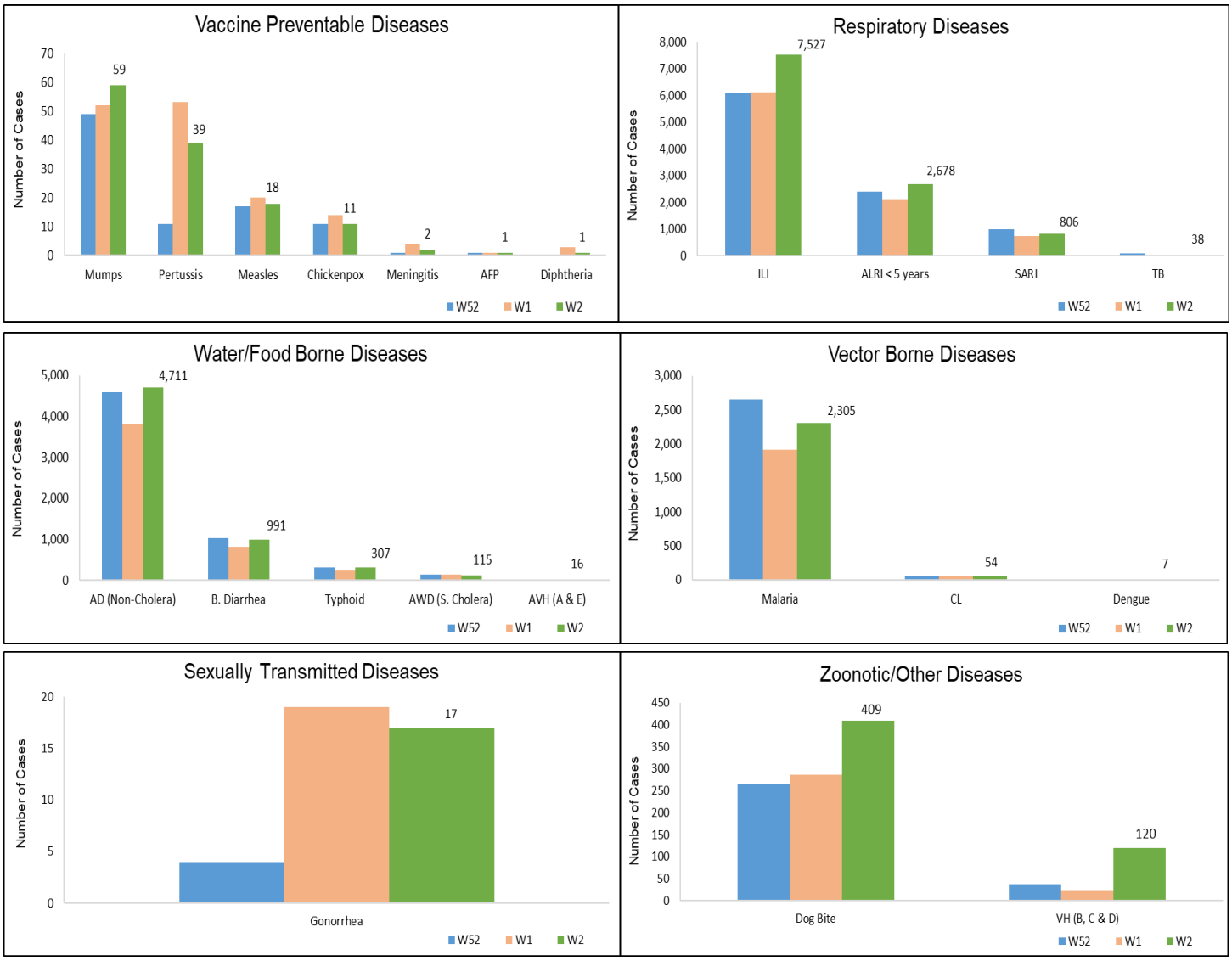
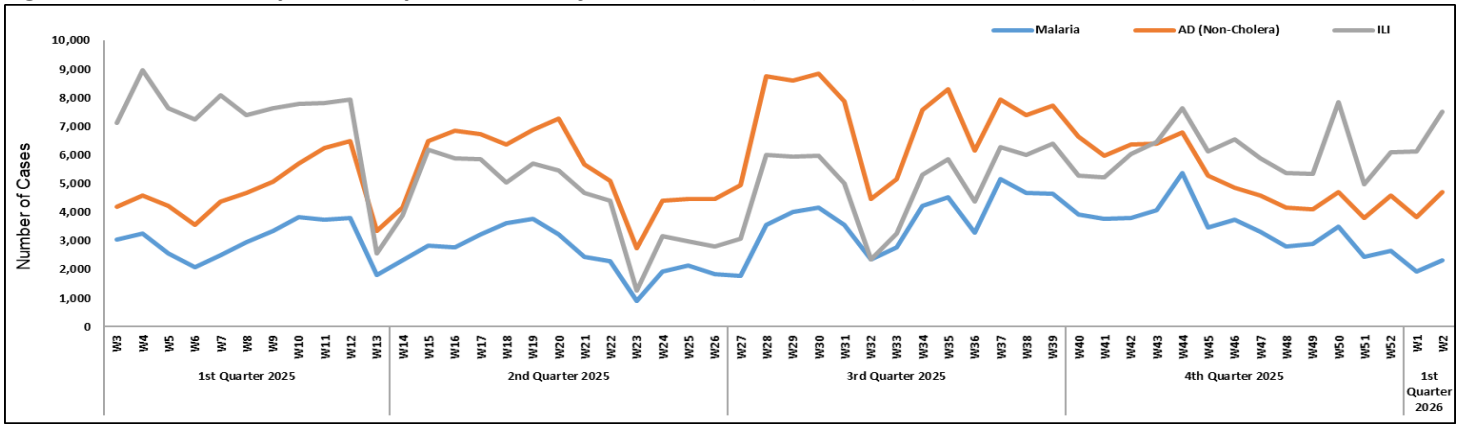


Figure 5: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, Dog Bite, SARI, Typhoid, B. Diarrhea, Measles and CL.
- Measles, Mumps, ILI, SARI, AD (non – cholera) and CL cases showed an increase in number while ALRI < 5years, Malaria, HIVAIDS, and VH (B, C &D) showed a decline in number this week.
- Twenty cases of AFP reported from KP. All are suspected cases and need field verification.
- Two cases of HIV/AIDs reported from KP. Field investigation is required.

Table 4: District-wise distribution of most frequently reported suspected cases during Week 02, KP.

Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	Dog Bite	SARI	Typhoid	B. Diarrhea	Measles	CL
Abbottabad	539	203	0	42	69	8	20	4	1	0
Bajaur	404	0	78	23	99	88	2	18	9	25
Bannu	601	5	976	18	0	2	94	11	69	0
Battagram	261	670	10	3	10	3	10	1	17	NR
Buner	151	0	97	0	8	0	5	0	0	0
Charsadda	1,369	1,798	180	351	6	1	158	67	58	0
Chitral Lower	266	15	1	28	12	27	1	20	2	8
Chitral Upper	85	12	0	10	5	3	8	1	0	2
D.I. Khan	1,185	0	83	32	9	0	0	19	44	1
Dir Lower	907	0	61	13	59	0	18	50	19	2
Dir Upper	552	76	11	18	4	0	3	10	0	0
Hangu	283	27	82	2	21	0	0	9	3	44
Haripur	847	1,069	0	96	29	65	42	12	5	0
Karak	323	76	49	49	37	0	2	10	50	127
Khyber	340	1	80	37	51	0	52	53	1	92
Kohat	352	0	28	10	42	0	3	7	1	27
Kohistan Lower	68	0	0	0	2	0	2	4	0	0
Kohistan Upper	196	5	4	12	0	0	0	7	4	0
Kolai Palas	83	6	0	1	0	0	1	0	0	0
L & C Kurram	4	0	0	0	0	0	1	6	0	0
Lakki Marwat	210	22	129	17	61	0	8	1	3	0
Malakand	508	241	24	39	0	73	0	0	20	3
Mansehra	570	110	0	2	0	0	4	21	0	0
Mardan	669	148	18	207	15	3	9	12	19	2
Mohmand	31	165	54	1	21	159	2	2	5	30
North Waziristan	32	11	36	30	3	19	26	9	26	6
Nowshera	910	47	75	39	5	13	4	14	11	16
Orakzai	60	9	0	0	0	0	0	0	0	0
Peshawar	2,559	331	4	60	5	10	13	50	75	0
Shangla	563	0	59	24	41	0	12	1	2	0
South Waziristan (Lower)	63	94	9	44	17	31	33	0	2	15
SWU	29	10	9	15	0	49	1	1	0	0
Swabi	662	522	49	108	160	101	43	14	29	0
Swat	1,570	231	20	83	152	0	49	52	14	0
Tank	288	25	58	5	1	0	0	6	0	0
Tor Ghar	48	0	14	5	11	0	8	6	0	7
Upper Kurram	164	125	9	18	17	26	9	26	1	0
Total	17,752	6,054	2,307	1,442	972	681	643	524	490	407

Figure 6: Most frequently reported suspected cases during Week 02, KP.

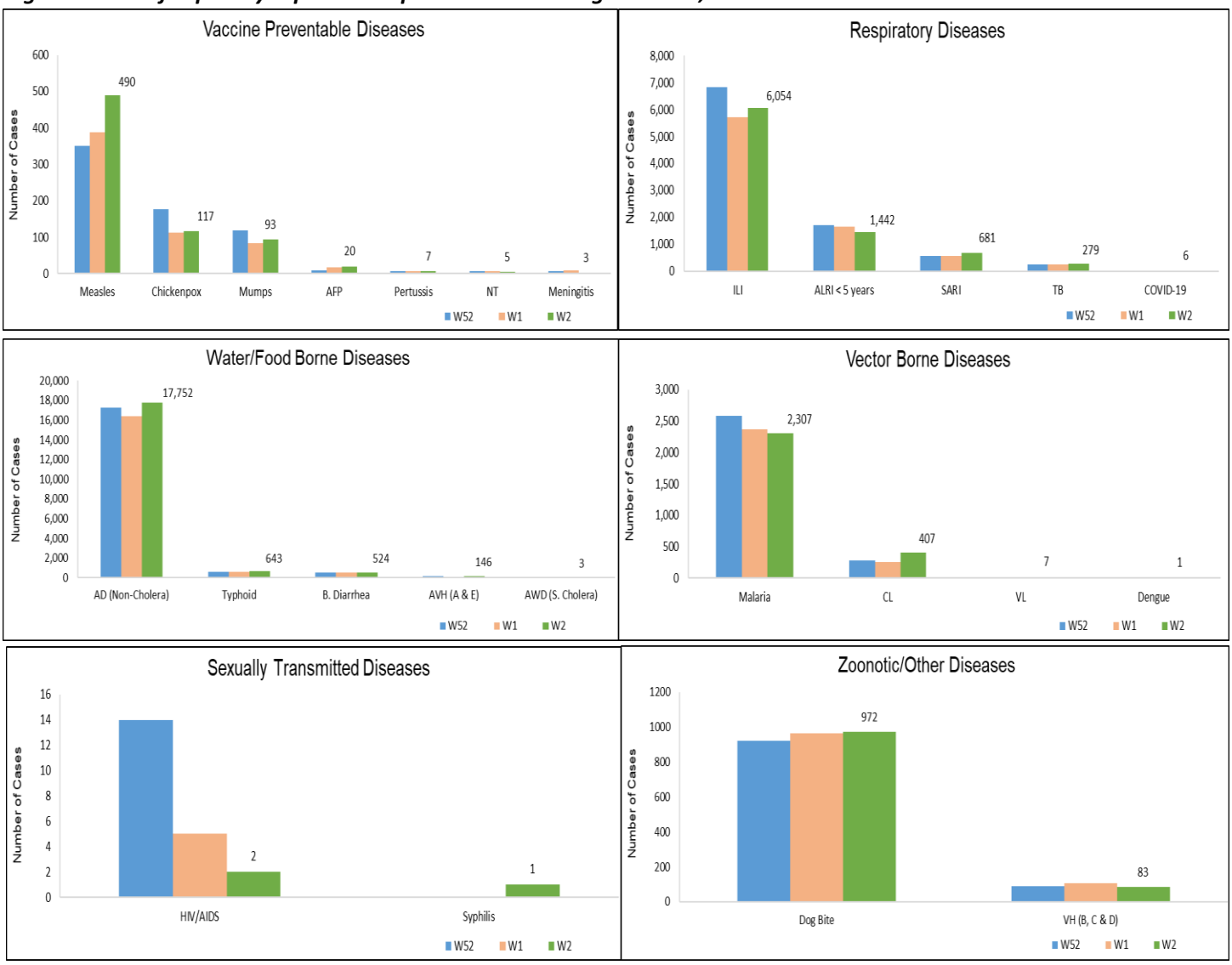
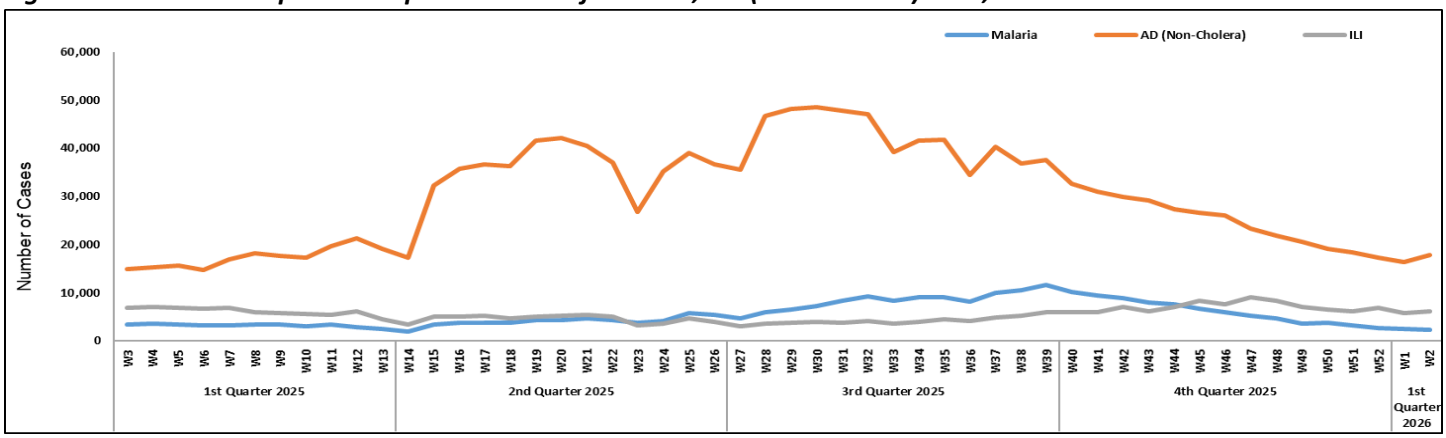


Figure 7: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera), ALRI,5years, TB cases, VH (B, C &D) and B.Diarrhea. An increase in number was observed in AD (Non-Cholera) cases this week.

AJK: ILI cases were maximum followed by ALRI < 5years, AD (Non-Cholera), SARI, Dog Bite, TB and B. Diarrhea cases. An increase in number of suspected cases was observed for Measles, Mumps, Chicken pox, AFP, Meningitis, ALRI <5years, SARI and AD (Non-Cholera) while a decline in cases observed for ILI, TB, Dog bite and VH (B, C&D) this week.

GB: ALRI <5 Years cases were the most frequently reported diseases followed by ILI, AD (Non-Cholera) and SARI cases. An increase in cases is observed for ILI, ALRI<5years and AD (Non – Cholera) this week.

.

Figure 8: Most frequently reported suspected cases during Week 02, AJK.

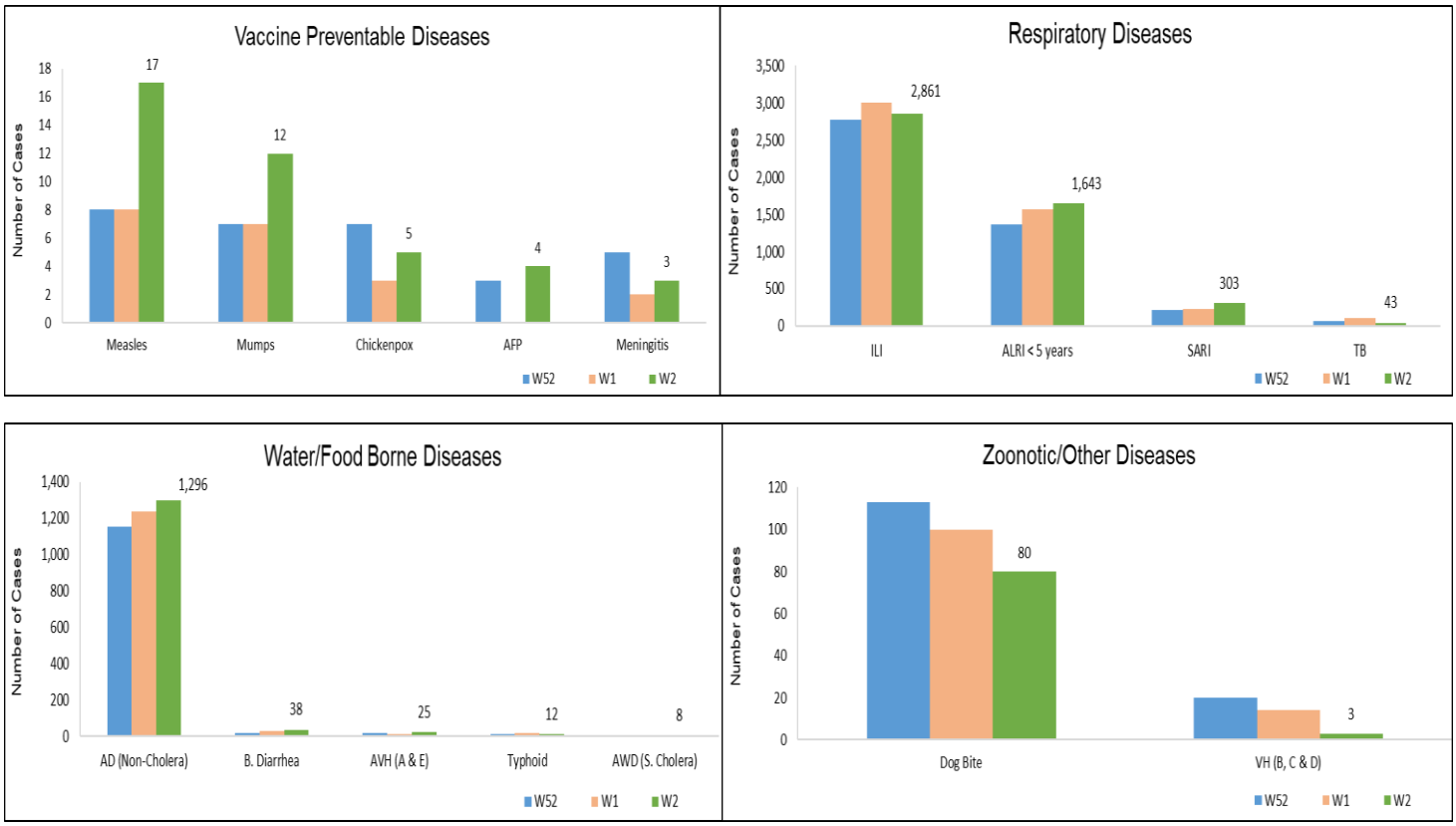


Figure 9: Week-wise reported suspected cases of ILI and ALRI < 5 years, AJK.

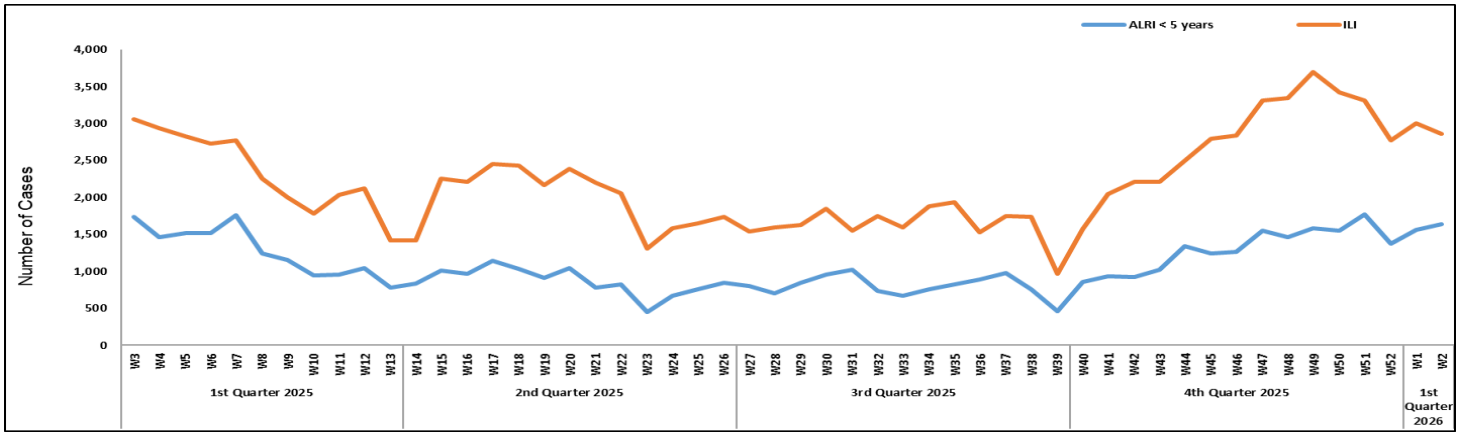


Figure 10: Most frequently reported suspected cases during Week 02, ICT.

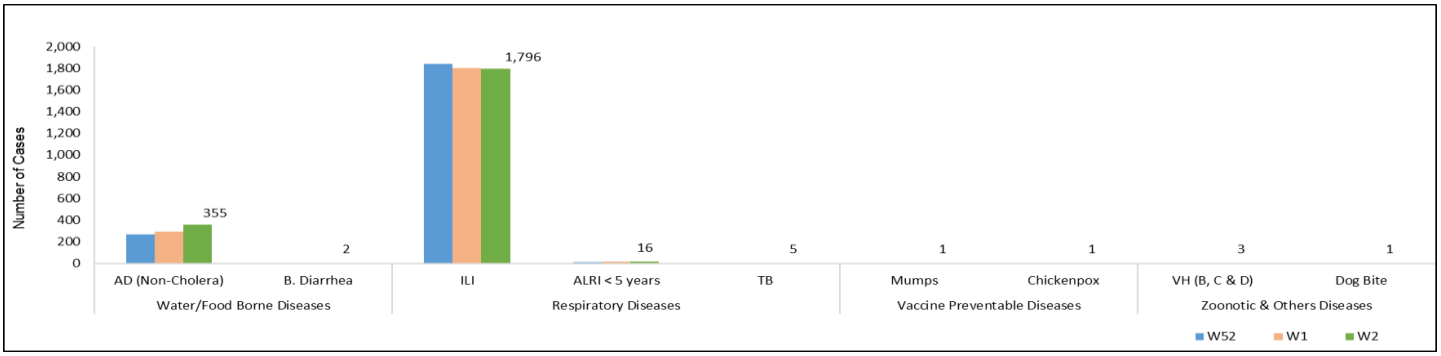


Figure 11: Week-wise reported suspected cases of ILI, ICT.

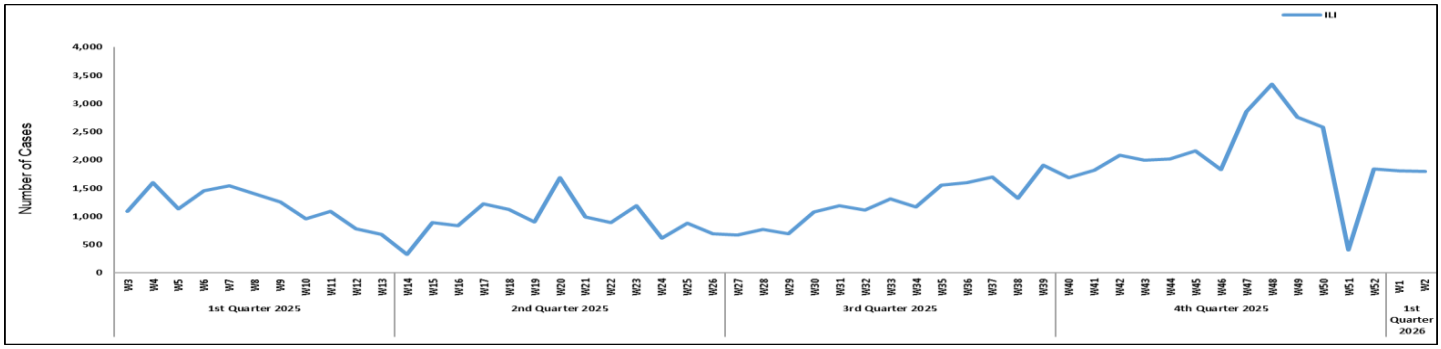


Figure 12: Most frequently reported suspected cases during Week 02, GB.

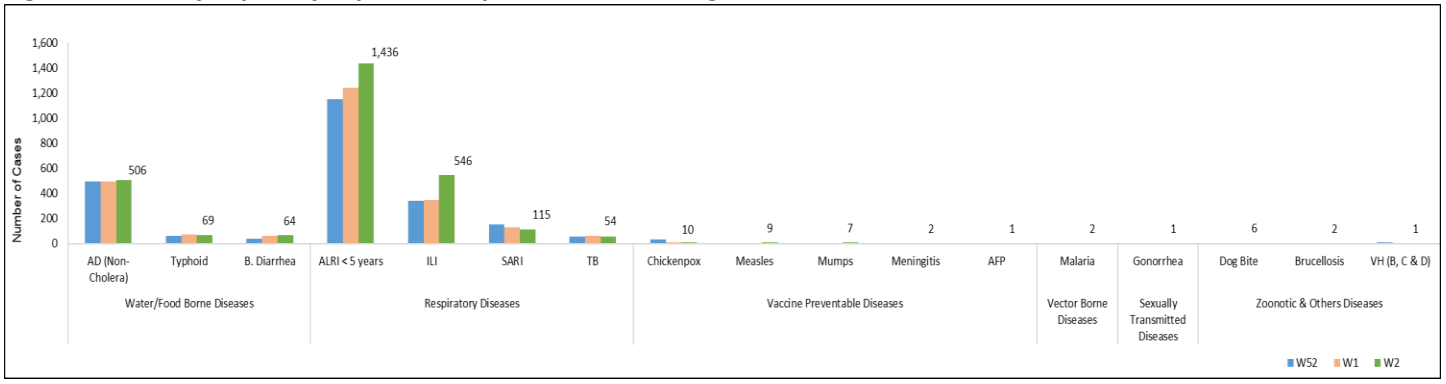


Figure 13: Week-wise reported suspected cases of ALRI < 5 years, GB.

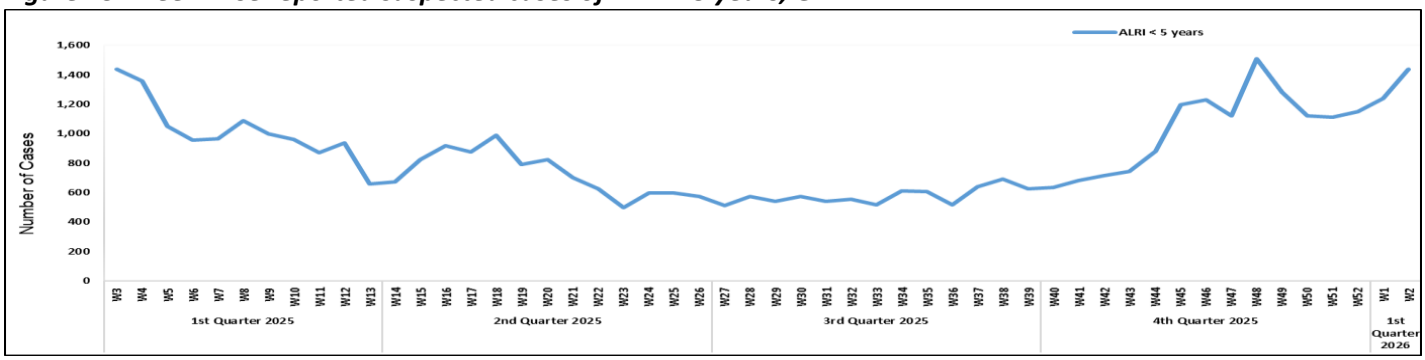


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 02, Pakistan.

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)		56	2	1	0	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		344	2	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		10,094	412	1,082	101	53	11	-	-	109	0	-	-	-	-
CCHF		-	-	1	0	-	-	-	-	-	-	-	-	-	-
Dengue		3,406	152	23	0	1	0	-	-	-	-	-	-	-	-
VH (B)		23,036	462	888	66	63	2	-	-	941	12	-	-	336	7
VH (C)		23,920	2,136	908	28	63	0	-	-	1,017	8	-	-	338	12
VH (D)		466	98	-	-	-	-	-	-	1	0	-	-	-	-
VH (A)		170	58	-	-	-	-	-	-	1	0	-	-	-	-
VH (E)		110	12	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		-	-	3	0	-	-	-	-	-	-	-	-	8	0
TB		1,714	176	172	23	16	3	-	-	52	1	-	-	31	2
HIV/ AIDS		6,718	60	654	3	28	0	-	-	219	0	-	-	258	0
Syphilis		2,248	44	111	0	7	0	-	-	99	0	-	-	-	-
Typhoid		1,328	44	90	11	-	-	-	-	124	1	-	-	-	-
Diphtheria		25	7	-	-	-	-	-	-	-	-	-	-	-	-
ILI		22	4	3	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		256	102	2	1	-	-	-	-	-	-	-	-	-	-
Meningitis		14	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		203	73	38	21	311	132	8	2	-	-	453	92	17	5
Leishmaniosis (cutaneous)		6	0	46	17	1	1	-	-	-	-	-	-	1	1
Chickenpox		18	0	-	-	-	-	-	-	-	-	-	-	-	-
SARI		26	10	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	4	0	-	-	6	0	17	0	10	0	37	0	-	-
	SARI	13	0	-	-	31	0	279	0	30	0	177	0	-	-
Influenza A	ILI	4	0	-	-	6	0	17	1	10	0	37	2	-	-
	SARI	13	1	-	-	31	0	279	6	30	1	177	4	-	-
Influenza B	ILI	4	0	-	-	6	0	17	0	10	0	37	0	-	-
	SARI	13	0	-	-	31	0	279	0	30	0	177	0	-	-
RSV	ILI	4	0	-	-	6	0	17	1	10	0	37	0	-	-
	SARI	13	0	-	-	31	12	279	129	30	0	177	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: Compliance of IDSR reporting districts, Week 02, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for the current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	103	93%
	Bannu	238	129	54%
	Battagram	59	40	68%
	Buner	34	17	50%
	Bajaur	44	36	82%
	Charsadda	59	59	100%
	Chitral Upper	34	30	88%
	Chitral Lower	35	33	94%
	D.I. Khan	114	113	99%
	Dir Lower	74	62	84%
	Dir Upper	37	34	92%
	Hangu	22	19	86%
	Haripur	72	69	96%
	Karak	36	36	100%
	Khyber	53	42	79%
	Kohat	61	61	100%
	Kohistan Lower	11	7	64%
	Kohistan Upper	20	12	60%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	42	3	7%
	Upper Kurram	41	30	73%
	Malakand	42	27	64%
	Mansehra	133	116	87%
	Mardan	80	65	81%
	Nowshera	56	54	96%
	North Waziristan	13	8	62%
	Peshawar	156	132	85%
	Shangla	37	28	76%
	Swabi	64	59	92%
	Swat	77	75	97%
	South Waziristan (Upper)	93	37	40%
	South Waziristan (Lower)	42	28	67%
	Tank	34	32	94%
	Torghar	14	13	93%
	Mohmand	68	11	16%
	Orakzai	69	8	12%
Azad Jammu Kashmir	Mirpur	37	37	100%
	Bhimber	92	67	73%
	Kotli	60	60	100%
	Muzaffarabad	45	44	98%
	Poonch	46	45	98%
	Haveli	39	39	100%

	Bagh	54	34	63%
	Neelum	39	27	69%
	Jhelum Velley	29	28	97%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	23	23	100%
	CDA	15	7	47%
Balochistan	Gwadar	26	26	100%
	Kech	44	10	23%
	Khuzdar	74	66	89%
	Killa Abdullah	26	25	96%
	Lasbella	55	55	100%
	Pishin	69	30	43%
	Quetta	55	23	42%
	Sibi	36	36	100%
	Zhob	39	10	26%
	Jaffarabad	16	14	88%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	19	25%
	Chagi	36	15	42%
	Kalat	41	40	98%
	Harnai	17	16	94%
	Kachhi (Bolan)	35	19	54%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	25	100%
	Surab	32	7	22%
	Mastung	46	46	100%
	Loralai	33	0	0%
	Killa Saifullah	28	25	89%
	Ziarat	29	19	66%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	0	0%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	24	100%
	Barkhan	20	20	100%
	Hub	33	17	52%
	Musakhel	41	16	39%
	Usta Muhammad	34	33	97%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	19	76%
	Ghizer	38	38	100%
	Gilgit	44	44	100%
	Diamer	62	61	98%
	Astore	55	55	100%
	Shigar	27	18	67%

	Skardu	53	52	98%
	Ganche	29	24	83%
	Kharmang	46	24	52%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	100	93%
	Tharparkar	276	267	97%
	Shikarpur	60	59	98%
	Thatta	52	49	94%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	16	76%
	Karachi-West	20	20	100%
	Karachi-Malir	35	21	60%
	Karachi-Kemari	22	21	95%
	Karachi-Central	12	10	83%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	36	65%
	Mirpur Khas	106	105	99%
	Badin	124	123	99%
	Sukkur	64	63	98%
	Dadu	90	90	100%
	Sanghar	100	99	99%
	Jacobabad	44	44	100%
	Khairpur	170	168	99%
	Kashmore	59	59	100%
	Matiari	42	42	100%
	Jamshoro	75	74	99%
	Tando Allahyar	54	53	98%
	Tando Muhammad Khan	41	41	100%
	Shaheed Benazirabad	122	122	100%

Table 7: Compliance of IDSR reporting Tertiary care hospitals Week 02, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for the current week	Compliance Rate (%)
AJK	Mirpur	2	2	100%
	Bhimber	1	1	100%
	Kotli	1	1	100%
	Muzaffarabad	2	1	50%
	Poonch	2	1	50%
	Haveli	1	1	100%
	Bagh	1	1	100%
	Neelum	1	1	100%
	Jhelum Vellay	1	1	100%
	Sudhnooti	1	1	100%
Sindh	Karachi-South	3	2	67%
	Sukkur	1	0	0%
	Shaheed Benazirabad	1	1	100%
	Karachi-East	1	1	100%
	Karachi-Central	1	1	100%
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%

NIH Initiates Development of National Bio-Risk Management Guidelines for Laboratories

The National Institute of Health (NIH), Pakistan, has formally initiated the development of **National Bio-Risk Management Guidelines for Laboratories** through a high-level inception meeting convened at the national level. The meeting marked a significant milestone in Pakistan's efforts to strengthen laboratory biosafety and biosecurity systems and to enhance preparedness against biological risks.

The inception meeting brought together members of the **Technical Working Group (TWG),** comprising experts from human health, animal health, environmental sectors, regulatory bodies, and partner institutions. The purpose of the meeting was to establish a shared understanding of the **scope, objectives, governance mechanisms, and implementation roadmap** for the development of the guidelines. Participants emphasized the importance of adopting a **risk-based and One Health–oriented approach** that recognizes the interconnectedness of human, animal, and environmental health systems.

Discussions focused on aligning national laboratory practices with **international standards and best practices**, while ensuring that the guidelines remain contextually relevant to Pakistan's diverse laboratory landscape. The proposed framework aims to provide clear guidance on biological risk assessment, containment measures, safe handling of biological agents, incident reporting, workforce capacity building, and institutional accountability across public and private sector laboratories.

The initiative responds to the growing need for **harmonized biosafety and biosecurity practices** amid expanding laboratory networks, increased diagnostic capacity, and emerging and re-emerging infectious disease threats. Strengthening bio-risk management is essential not only for protecting laboratory personnel and communities but also for safeguarding public health, animal health, and environmental integrity.

The development of the National Bio-Risk Management Guidelines will proceed through consultative processes, including stakeholder engagement, technical reviews, and consensus-building workshops. Once finalized, the guidelines are expected to serve as a cornerstone for improving laboratory safety, enhancing regulatory oversight, and reinforcing Pakistan's compliance with global health security commitments.

This initiative highlights NIH's leadership role in advancing national health security and building resilient laboratory systems capable of preventing, detecting, and responding safely to biological threats.

Notes from the field:

Measles Outbreak Investigation Report, G-6/1, Islamabad, Pakistan, June–July 2025

Investigation Team:

Dr. Tahreem, Surveillance Officer;
Dr. Faiza Liaqat, Surveillance Officer;
Miss Ayesha Hafeez, Environmental Officer
(FETP Frontline, 23rd Cohort; IDSRS, NIH Pakistan)

Introduction

Measles is a highly contagious viral disease caused by a Morbillivirus of the Paramyxoviridae family and remains a leading cause of vaccine-preventable morbidity and mortality among children worldwide. Despite the availability of a safe and effective vaccine, measles continues to cause outbreaks, particularly in under-immunized and densely populated settings. Globally, measles remains endemic in several low- and middle-income countries, contributing substantially to childhood illness and outbreaks following immunity gaps. The South Asian region continues to experience recurrent measles outbreaks due to suboptimal routine immunization coverage, population movement, and overcrowding. In Pakistan, measles remains endemic with periodic outbreaks reported across urban and peri-urban settings. In June–July 2025, an increase in measles cases was reported from the G-6/1 sector, Islamabad, prompting an outbreak investigation to confirm the outbreak, describe its epidemiology, identify risk factors, and recommend control measures.

Objectives

- To determine the magnitude of the outbreak
- To identify associated risk factors
- To recommend control measures to contain the outbreak and prevent future occurrences

Methods

A **case–control outbreak investigation** was conducted among residents of Street No. 31, G-6/1, Islamabad. The study population included residents aged ≤12 years. The investigation was carried out from **9 July to 15 July 2025**, covering cases with symptom onset between **15 June and 15 July 2025**. A **suspected case** was defined as "any resident ≤12 years of age presenting with fever and maculopapular rash along with cough, coryza, or conjunctivitis during the specified period". A **confirmed case** was "a laboratory confirmed case of measles or with an epidemiological link to a confirmed case". Data were collected using a **standardized Measles Case Investigation Form (IDSR–DHIS2 tool)** through **hospital record reviews** at the Isolation Ward of Pakistan Institute of Medical Sciences (PIMS), **contact tracing**, and **door-to-door active case finding**. Blood samples were collected from admitted patients by hospital staff and tested at the WHO Measles–Rubella National Laboratory, NIH, Pakistan. Data were analyzed descriptively using **Microsoft Excel**, and odds ratios with 95% confidence intervals were calculated to assess associations between exposures and disease.

Results

A total of **seven measles cases** were identified between **25 June and 15 July 2025**, with **no reported deaths**. The **mean age of cases was 5.7 years**, while the mean age of controls was 8 years. Females constituted the majority of cases (**5/7**), resulting in a male-to-female ratio of **1:2.5**. All cases were residents of **Street No. 31, G-6/1**, Islamabad.

Clinically, all cases presented with **fever and maculopapular rash**, and several had accompanying **cough, coryza, or conjunctivitis**. Most cases (**71%**) were unvaccinated against measles, whereas the majority of controls (**92%**) were vaccinated. Vaccination was strongly protective against measles infection (OR = 0.03; 95% CI: 0.004–0.32). Additionally, **overcrowding** was identified as a significant risk factor; **71% of cases** lived in overcrowded households

compared to **26% of controls**, with nearly eightfold increased odds of illness (OR = 7.5; 95%

CI: 1.1–49). Laboratory testing confirmed measles IgM positivity in suspected cases, supporting the outbreak diagnosis.

Discussion

This outbreak investigation confirmed a localized measles outbreak among young children in G-6/1, Islamabad, predominantly affecting unvaccinated females. The findings reinforce the critical role of **measles vaccination** as the most effective preventive measure, consistent with global evidence demonstrating high vaccine effectiveness. The strong association between **household overcrowding and measles transmission** highlights the contribution of environmental and social determinants to outbreak propagation in urban settings. The absence of fatalities suggests timely healthcare access and case management; however, the occurrence of multiple cases highlights persistent immunity gaps. Limitations of this investigation include the inability to calculate attack rates due to unavailable population denominators and the small number of cases, which may affect the precision of estimates. Nonetheless, the investigation provides actionable evidence to guide targeted immunization and community interventions.

Conclusion

The measles outbreak in G-6/1, Islamabad, was confirmed and primarily affected young, unvaccinated children living in overcrowded households. Vaccination was strongly protective, while household overcrowding significantly increased the risk of disease transmission. Strengthening routine immunization and addressing social risk factors are essential to preventing similar outbreaks.

Recommendations

1. Enhance **active surveillance and rapid response capacity** at the district level to ensure early outbreak detection.
2. Strengthen **routine immunization services** and conduct **Supplementary Immunization Activities (SIAs)** in high-risk and underserved areas.
3. Implement **community awareness campaigns** in local languages to promote early recognition and prompt reporting of measles symptoms.
4. Improve **inter-facility coordination and laboratory reporting** to facilitate timely confirmation of suspected cases.
5. Address **overcrowding-related risks** through community engagement and infection prevention education during outbreaks.

References

1. World Health Organization. **Measles surveillance standards**. Geneva: WHO; 2018.
2. World Health Organization. **Measles vaccines: WHO position paper**. Weekly Epidemiol Rec. 2017;92(17):205–27.
3. Centers for Disease Control and Prevention. **Measles (Rubeola): Epidemiology and Prevention of Vaccine-Preventable Diseases**. 14th ed. Atlanta: CDC; 2021.
4. Moss WJ. Measles. *Lancet*. 2017;390(10111):2490–502.
5. World Health Organization. **Weekly epidemiological record: measles updates**. Geneva: WHO.

Knowledge Hub

Understanding HIV/AIDS: A Public Health Priority

Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain major global public health challenges. Despite advances in medical science, the

epidemic continues to affect millions of people worldwide, with significant social, economic, and health consequences. This article provides an overview of HIV/AIDS, including its transmission, prevention, treatment, and the global and regional response.

What is HIV?

HIV is a virus that attacks the body's immune system, specifically the **CD4+ T cells**, which are crucial for fighting infections. If left untreated, HIV reduces the number of these cells, weakening the immune system and making the person more vulnerable to opportunistic infections and certain cancers.

What is AIDS?

AIDS is the most advanced stage of HIV infection, defined by the occurrence of specific diseases or conditions related to severe immunodeficiency. Not everyone with HIV will develop AIDS, especially with early diagnosis and proper treatment.

How is HIV Transmitted?

HIV is transmitted through:

- Unprotected sexual contact with an infected person
- Sharing of needles or syringes
- Transfusion of contaminated blood products
- From mother to child during pregnancy, childbirth, or breastfeeding

HIV is not transmitted through casual contact such as hugging, shaking hands, or sharing utensils.

Symptoms of HIV

HIV infection typically progresses through three stages:

1. **Acute HIV Infection** (2-4 weeks post-infection): flu-like symptoms such as fever, sore throat, rash, or fatigue
2. **Chronic HIV Infection**: The virus multiplies at low levels, often asymptomatic
3. **AIDS**: severe immune damage, with symptoms such as weight loss, recurrent fever, persistent diarrhea, and opportunistic infections

Diagnosis

HIV can be diagnosed through:

- **Rapid diagnostic tests (RDTs)** that detect antibodies and/or antigens
- **Enzyme-linked immunosorbent assay (ELISA)**
- **PCR tests** to detect viral RNA, especially in early infection or infants

Early testing enables timely treatment and reduces the risk of onward transmission.

Treatment

There is no cure for HIV, but it can be effectively managed with **antiretroviral therapy (ART)**. ART suppresses viral replication, improves immune function, and prevents the progression to AIDS. With consistent treatment, people living with HIV can lead long, healthy lives.

Key benefits of ART:

- Reduces viral load to undetectable levels
- Prevents transmission
- Improves quality of life

Prevention Strategies

Effective HIV prevention includes:

- **Consistent use of condoms**
- **HIV testing and counseling**
- **Pre-exposure prophylaxis** for high-risk populations
- **Post-exposure prophylaxis** after potential exposure
- **Harm reduction** strategies for people who inject drugs (e.g., needle exchange programs)
- **Safe blood transfusion practices**
- **Mother-to-child transmission prevention** through ART

Global and Regional Response

Global Snapshot:

- As of 2023, **39 million** people were living with HIV
- Over **29 million** were receiving ART

- Sub-Saharan Africa remains the most affected region

Progress:

- New infections have declined by 59% since the peak in 1995
- AIDS-related deaths have declined by 69% since 2004

Remaining Challenges:

- Stigma and discrimination
- Inequitable access to services
- Vulnerability of key populations (e.g., sex workers, MSM, people who inject drugs)

HIV/AIDS in Pakistan

- Approximately **190,000 people** are living with HIV
- Concentrated epidemic among **key populations**, especially **injecting drug users**
- Ongoing efforts led by the **National AIDS Control Programme (NACP)** with support from global partners
- Integration with **One Health**, TB, and hepatitis programs is being explored

Looking Forward: Ending the Epidemic

The **UNAIDS 95-95-95** targets aim for:

- 95% of people living with HIV should know their status
- 95% of diagnosed individuals to receive ART
- 95% of those on ART to achieve viral suppression

To reach these goals, a combination of biomedical, behavioral, and structural interventions is essential. Addressing social determinants of health and ensuring the inclusion of marginalized groups is key to ending AIDS as a public health threat by 2030.

Key Takeaways

- HIV is preventable and manageable with early diagnosis and consistent treatment.
- ART transforms HIV from a life-threatening condition to a chronic, manageable illness.
- Public awareness, testing, and stigma reduction are essential to curbing the epidemic.
- Strong health systems, international cooperation, and community engagement are vital.

Further Resources

- UNAIDS
- WHO – HIV/AIDS
- CDC – HIV
- Pakistan National AIDS Control Programme

.

	https://phb.nih.org.pk/		https://twitter.com/NIH_Pakistan
	idsr-pak@nih.org.pk		https://www.facebook.com/NIH.PK/

UK Health Security Agency

World Health Organization

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION