

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.



The graphic features a blue background with a globe on the left and the NIH logo on the right. The text is centered and reads: 'Public Health Bulletin Pakistan', 'Make a difference with your Field work', and 'Share Your Work and Impact Lives'. At the bottom right, it provides the website 'www.phb.nih.org.pk' and email 'phb@nih.org.pk'. A smaller NIH logo is in the bottom left corner of the graphic.





Overview

Public Health Bulletin - Pakistan, Week 08, 2026

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 to be relevant 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 week's highlights include;

- *Strengthening National Health Security: NIH Pakistan hosts National IHR Landscaping Meeting*
- *Knowledge hub on Understanding HIV/AIDS: A Public Health Priority*

By transforming complex health data into actionable intelligence, the Public Health Bulletin remains an indispensable tool in our collective journey toward a healthier Pakistan.

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*Sincerely,
The Chief Editor*



Note: All reported cases in this report are suspected cases

- During Week 08, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, ALRI <5 years, TB, Dog Bite, VH (B, C & D), B. Diarrhea, Typhoid, SARI, and Measles.
- Twenty-one cases of AFP were reported from KP, seven from Sindh, two from GB, two from Balochistan, and one from AJK.
- Nineteen suspected cases of HIV/ AIDS were reported from Sindh, four from Balochistan, three from KP, and one from AJK.
- Five suspected cases of Brucellosis were reported from KP, and two suspected cases were reported from Balochistan.
- Among VPDs, there is an increase in the number of cases of Measles, Meningitis, AFP, and Diphtheria this week.
- Among Respiratory diseases, there is an increase in the number of cases of ALRI <5 years and TB this week.
- Among Water/food-borne diseases, there is an increase in the number of cases of AD (Non- Cholera) and Typhoid 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 98%, followed by AJK 88%, KP and GB 80%, and ICT 79%.
- The lowest compliance rate was observed in **Balochistan**, 50%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,234	1,795	80
Azad Jammu Kashmir	469	413	88
Islamabad Capital Territory	38	30	79
Balochistan	1,308	651	50
Gilgit Baltistan	417	334	80
Sindh	2,111	2,072	98
National	6,577	5,295	81



Public Health Actions

Federal, Provincial, and 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)

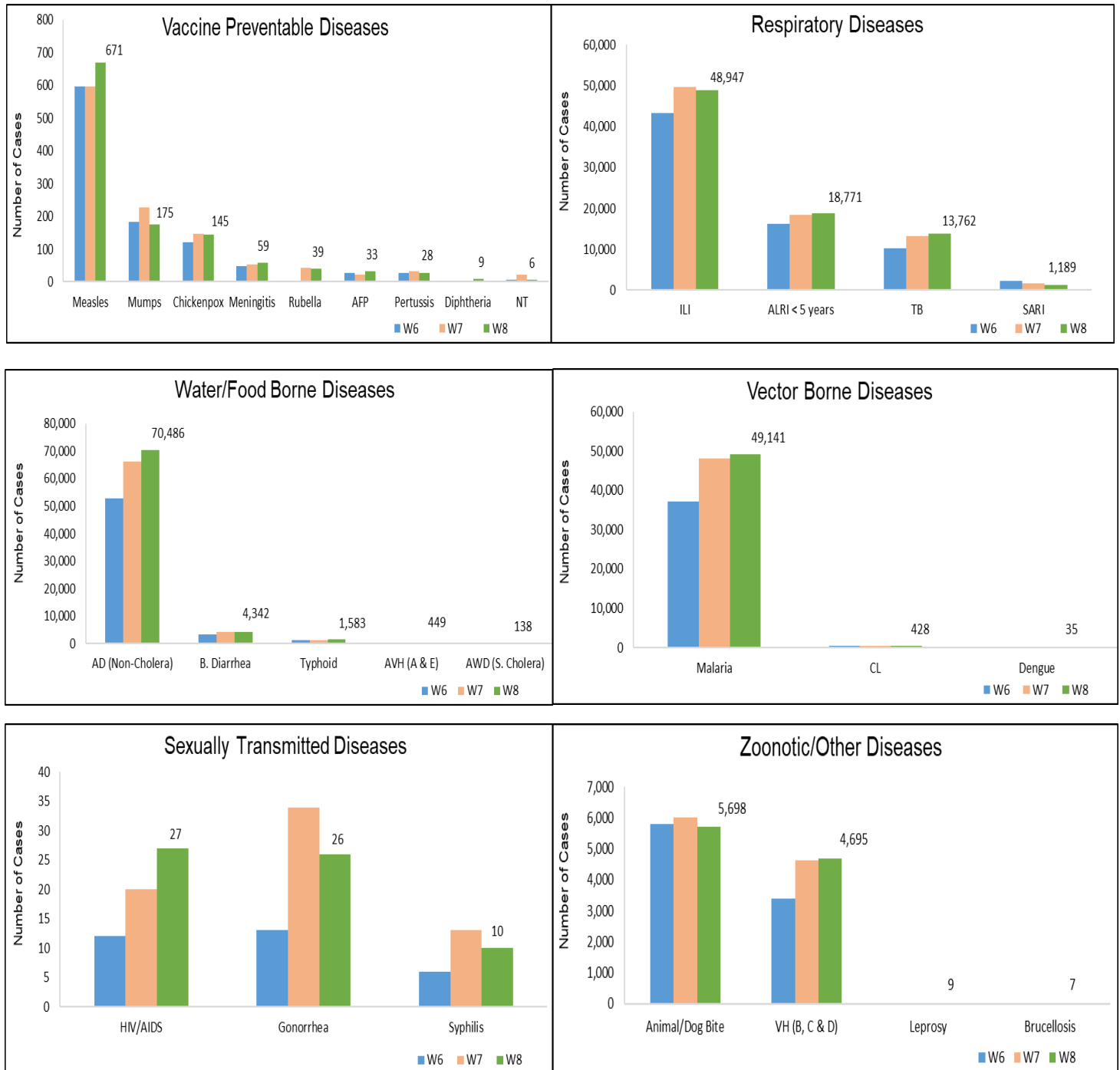
- **Enhance Case Detection and Reporting:** Strengthen AHV (A & E) surveillance in the IDSR system by training health personnel to recognize symptoms and ensure timely reporting, especially during seasonal peaks or in outbreak-prone areas.
- **Strengthen Laboratory Confirmation:** Improve diagnostic 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 08, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,501	4,911	558	435	22,871	NR	40,210	70,486
Malaria	0	1,887	2	0	2,421	NR	44,831	49,141
ILI	2,493	7,271	295	2,027	4,507	NR	32,354	48,947
ALRI < 5 years	1,128	1,462	1,077	9	1,328	NR	13,767	18,771
TB	56	27	97	16	235	NR	13,331	13,762
Animal / Dog Bite	104	227	8	1	978	NR	4,380	5,698
VH (B, C & D)	11	47	2	1	96	NR	4,538	4,695
B. Diarrhea	41	634	37	10	547	NR	3,073	4,342
Typhoid	24	297	81	0	393	NR	788	1,583
SARI	143	478	104	0	389	NR	75	1,189
Measles	5	17	19	1	538	NR	91	671
AVH (A & E)	12	8	0	0	169	NR	260	449
CL	0	73	0	0	355	NR	0	428
Mumps	2	45	1	2	102	NR	23	175
Chickenpox/ Varicella	2	10	7	1	61	NR	64	145
AWD (S. Cholera)	2	130	1	0	5	NR	0	138
Meningitis	2	0	3	0	4	NR	50	59
Rubella	0	36	0	0	3	NR	0	39
Dengue	0	2	0	0	0	NR	33	35
AFP	1	2	2	0	21	NR	7	33
Pertussis	0	19	0	0	9	NR	0	28
HIV/AIDS	1	4	0	0	3	NR	19	27
Gonorrhoea	0	0	0	0	5	NR	21	26
Syphilis	0	0	0	0	2	NR	8	10
Diphtheria	0	1	0	0	3	NR	5	9
Leprosy	0	0	0	0	0	NR	9	9
Brucellosis	0	2	0	0	5	NR	0	7
NT	0	2	0	0	4	NR	0	6

Figure 1: Most frequently reported suspected cases during Week 08, Pakistan.



- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, TB, VH (B, C, D), Dog Bite, B. Diarrhea, Typhoid and AVH (A & E).
- Malaria cases are mostly from Khairpur, Larkana and Sanghar whereas ILI cases are from Khairpur, Mirpurkhas and Badin.
- Seven cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of Mumps, AFP, ILI and SARI while an increase in number of cases of Measles, Meningitis, Chicken pox, Diphtheria, TB, AD(Non-Cholera), B. Diarrhea, Typhoid, Malaria, HIV/AIDS, VH (B, C&D)

Table 2: District-wise distribution of most frequently reported suspected cases during Week 08, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	TB	VH (B, C & D)	Animal / Dog Bite	B. Diarrhea	Typhoid	AVH (A & E)
Badin	2,301	2,202	2,919	487	866	188	146	234	60	41
Dadu	3,083	2,341	1,219	2,241	574	90	395	395	103	43
Ghotki	2,255	848	32	699	574	563	326	86	1	0
Hyderabad	635	2,666	2,332	211	374	123	62	53	8	3
Jacobabad	975	672	1,118	427	336	119	270	72	17	0
Jamshoro	1,935	1,599	132	534	710	109	150	72	22	16
Kamber	2,680	1,494	0	304	842	59	290	98	22	0
Karachi Central	11	1,436	1,586	152	242	21	95	0	78	0
Karachi East	35	386	4	36	42	1	22	10	1	0
Karachi Keamari	4	590	200	38	9	8	3	1	1	2
Karachi Korangi	58	350	20	1	82	0	2	15	2	1
Karachi Malir	65	1,287	2,361	174	149	5	47	38	12	10
Karachi South	12	100	0	0	0	0	0	0	0	0
Karachi West	369	871	1,274	184	80	17	69	13	22	0
Kashmore	1,558	262	248	83	106	7	245	30	0	0
Khairpur	4,513	3,106	6,597	1,310	1,323	262	423	316	223	15
Larkana	3,492	1,355	2	404	857	28	79	296	4	0
Matiali	2,227	1,472	6	378	776	326	140	53	1	11
Mirpurkhas	1,573	2,570	4,119	594	792	32	220	148	7	42
Naushero Feroze	1,233	1,296	494	652	314	100	283	197	29	1
Sanghar	3,328	1,761	113	733	1,196	1,351	188	64	29	1
Shaheed Benazirabad	2,125	1,397	0	291	350	174	145	72	93	0
Shikarpur	1,796	1,002	7	340	243	268	281	147	6	0
Sujawal	553	1,752	0	600	109	65	86	159	0	1
Sukkur	1,441	1,103	2,254	374	471	98	139	125	4	0
Tando Allahyar	1,355	1,102	1,732	220	494	225	66	87	3	5
Tando Muhammad Khan	705	874	56	214	607	61	125	112	1	0
Tharparkar	1,831	1,881	1,521	917	487	83	0	93	11	12
Thatta	934	1,070	2,006	655	40	131	83	11	4	55
Umerkot	1,749	1,365	2	514	286	24	0	76	24	1
Total	44,831	40,210	32,354	13,767	13,331	4,538	4,380	3,073	788	260

Figure 2: Most frequently reported suspected cases during Week 08, Sindh.

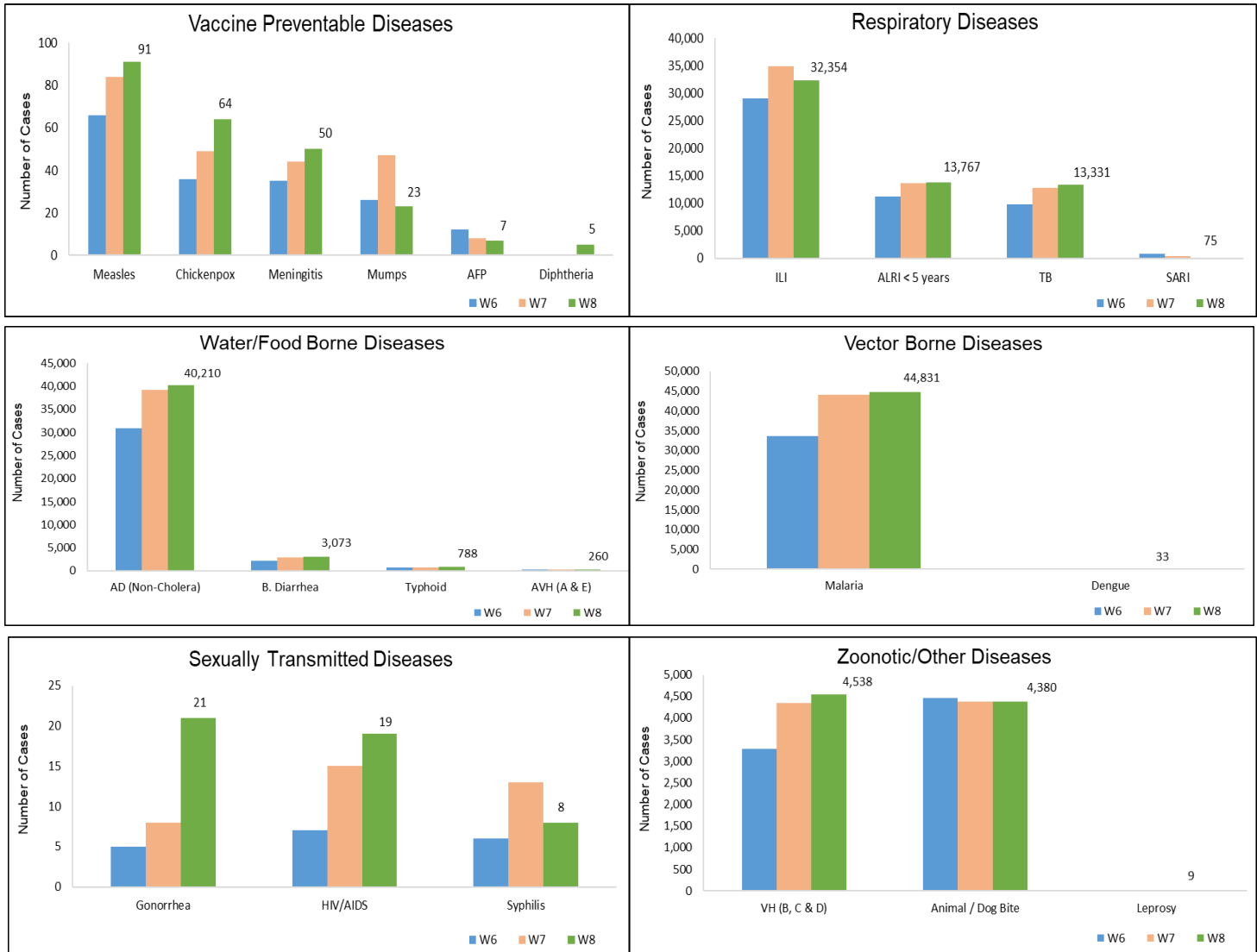
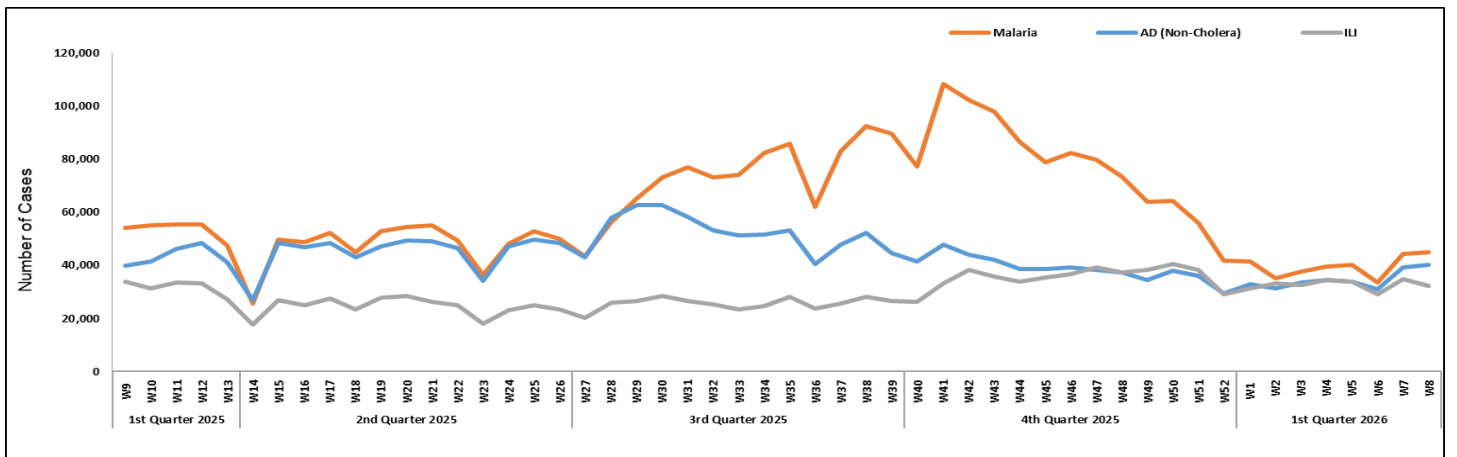


Figure 3: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



- ILI, AD (Non-Cholera), 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.
- ILI cases are mostly reported from Gwadar, Kech (Turbat) and Chaman while AD (Non-Cholera) cases are mostly reported from Gwadar, Kech (Turbat) and Sibi.
- Two suspected cases of AFP reported from Balochistan. Field investigation is required to confirm the cases.
- Measles, Mumps, Chickenpox, Rubella, AFP, Diphtheria, ILI, ALRI < 5 years, AD (Non cholera), Typhoid, AWD (S. Cholera), Malaria, HIV/AIDS, and dog bite cases showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of Pertussis, NT, CL, and VH (B, C & D).

Table 3: District-wise distribution of most frequently reported suspected cases during Week 08, Balochistan.

Districts	ILI	AD (Non-Cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	Animal / Dog Bite	AWD (S. Cholera)	CL
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	48	66	25	9	11	0	20	0	0	0
Chagai	251	120	25	0	31	0	10	0	0	0
Chaman	894	6	1	0	23	22	33	4	14	0
Dera Bugti	0	15	12	19	4	0	8	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	1,167	637	54	42	84	0	41	3	4	0
Harnai	0	103	37	264	32	0	0	0	0	2
Hub	19	56	20	8	0	0	0	0	0	1
Jaffarabad	129	230	199	3	35	9	0	14	0	0
Jhal Magsi	180	125	82	19	0	0	1	0	0	0
Kachhi (Bolan)	288	212	257	60	17	15	0	11	12	4
Kalat	2	5	1	7	0	0	4	0	0	0
Kech (Turbat)	1,016	518	404	7	76	NR	10	NR	18	1
Kharan	532	147	5	0	58	18	8	0	0	2
Khuzdar	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Killa Abdullah	180	95	3	11	14	60	7	15	6	4
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	107	28	13	28	26	8	10	NR	NR	NR
Lasbella	84	402	171	129	20	3	10	0	0	0
Loralai	352	154	4	47	27	84	8	0	0	0
Mastung	236	156	11	101	28	23	4	6	0	3
MusaKhel	60	85	66	23	16	7	4	1	9	0
Naseerabad	13	347	186	96	18	25	53	68	1	7
Nushki	13	66	2	8	18	0	0	0	0	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Quetta	787	376	2	130	12	39	12	0	17	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	477	443	229	116	41	131	41	14	45	19
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	7	2	0	0	0	0	0	0	0	0
Usta Muhammad	251	391	63	218	39	6	2	74	0	2
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	45	29	0	26	4	25	1	0	0	2
Ziarat	133	97	15	91	0	3	10	17	4	26
Total	7,271	4,911	1,887	1,462	634	478	297	227	130	73



Figure 4: Most frequently reported suspected cases during Week 08, Balochistan.

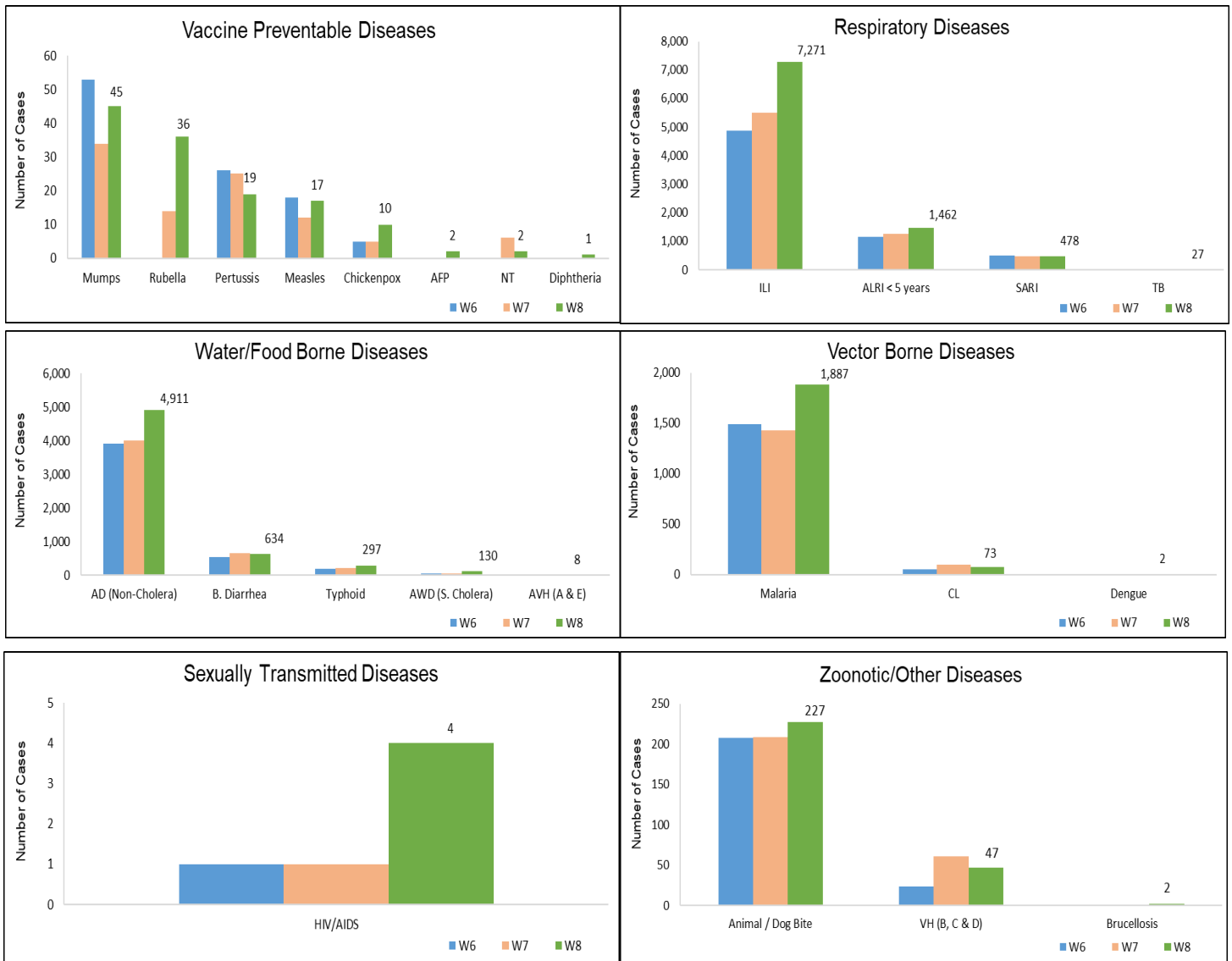
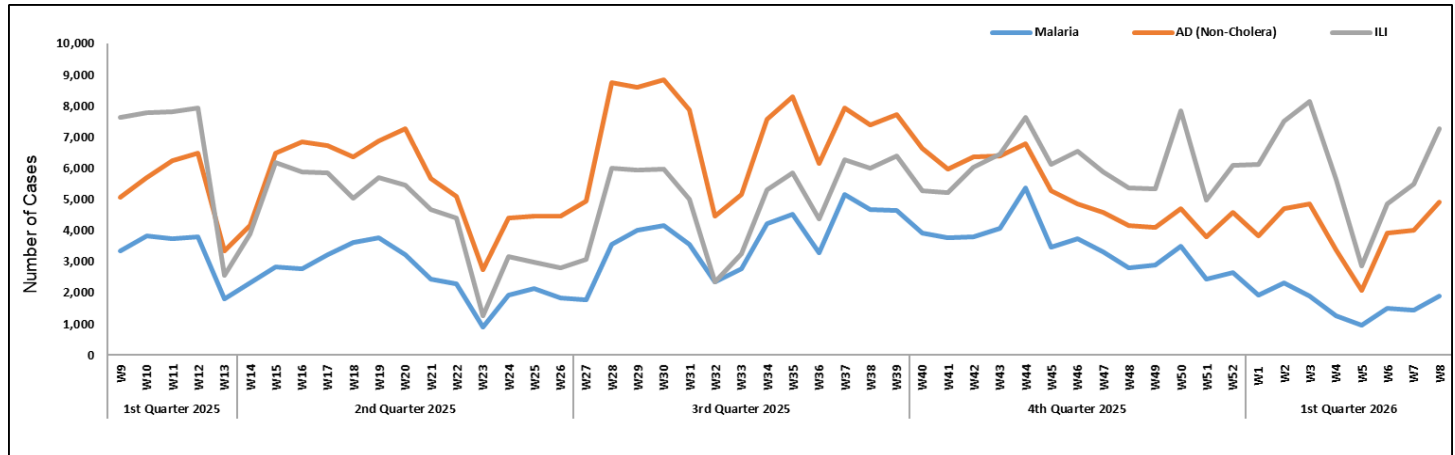


Figure 5: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, Dog Bite, B. Diarrhea, Measles, Typhoid, SARI and CL.
- Measles, AFP, Pertussis, ALRI < 5 years and AD (Non- Cholera) cases showed an increase in number while Mumps, Chicken pox, ILI, SARI, TB, B. Diarrhea, Malaria, CL, HIV/AIDs, dog bite and VH (B, C & D) showed a decline 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. A field investigation is required.
- Five suspected cases of Brucellosis were reported from KP, which requires field verification.

Table 4: District-wise distribution of most frequently reported suspected cases during Week 08, KP.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	Animal / Dog Bite	B. Diarrhea	Measles	Typhoid	SARI	CL
Abbottabad	683	199	0	30	74	6	20	6	6	0
Bajaur	612	5	84	19	98	26	29	0	31	23
Bannu	664	4	958	12	2	7	74	74	0	0
Battagram	307	521	16	5	9	6	13	0	0	0
Buner	188	0	128	0	8	0	0	9	0	0
Charsadda	1,495	911	162	180	8	66	35	41	1	0
Chitral Lower	351	28	3	14	14	21	0	4	9	3
Chitral Upper	86	17	0	7	5	2	0	1	6	0
D.I. Khan	1,762	0	101	39	5	20	51	0	0	1
Dir Lower	1,131	0	49	9	53	60	33	18	0	0
Dir Upper	933	73	5	60	9	18	11	10	0	0
Hangu	281	87	51	1	16	1	11	2	0	38
Haripur	1,222	380	0	295	32	20	9	10	12	0
Karak	746	141	82	50	18	0	23	0	0	137
Khyber	343	0	54	4	45	47	0	31	6	57
Kohat	333	0	25	0	38	0	0	3	0	5
Kohistan Lower	117	0	0	15	1	8	1	0	0	0
Kohistan Upper	472	2	1	4	0	10	2	1	0	0
Kolai Palas	47	13	0	4	0	2	0	1	0	0
L & C Kurram	45	12	17	6	4	6	0	8	5	0
Lakki Marwat	413	13	125	2	72	2	5	9	0	0
Malakand	497	254	15	41	0	0	16	0	50	3
Mansehra	330	59	0	0	0	0	0	0	0	0
Mardan	1,073	56	19	119	20	29	2	0	0	1
Mohmand	92	103	57	1	20	17	1	4	112	45
North Waziristan	53	6	44	40	1	5	28	19	32	1
Nowshera	1,205	22	94	24	12	18	19	35	15	24
Orakzai	52	5	0	0	1	0	0	0	0	0
Peshawar	3,059	267	10	72	5	44	75	22	0	0
Shangla	655	0	132	29	63	0	5	21	0	0
South Waziristan (Lower)	29	66	12	28	22	3	11	9	20	16
SWU	30	8	12	4	0	2	0	0	15	0
Swabi	1,239	912	74	101	243	19	57	38	54	0
Swat	1,877	201	16	92	55	50	3	8	0	0
Tank	232	25	51	5	0	4	4	2	0	0
Tor Ghar	70	0	18	7	17	10	0	3	0	1
Upper Kurram	147	117	6	9	8	18	0	4	15	0
Total	22,871	4,507	2,421	1,328	978	547	538	393	389	355



Figure 6: Most frequently reported suspected cases during Week 08, KP.

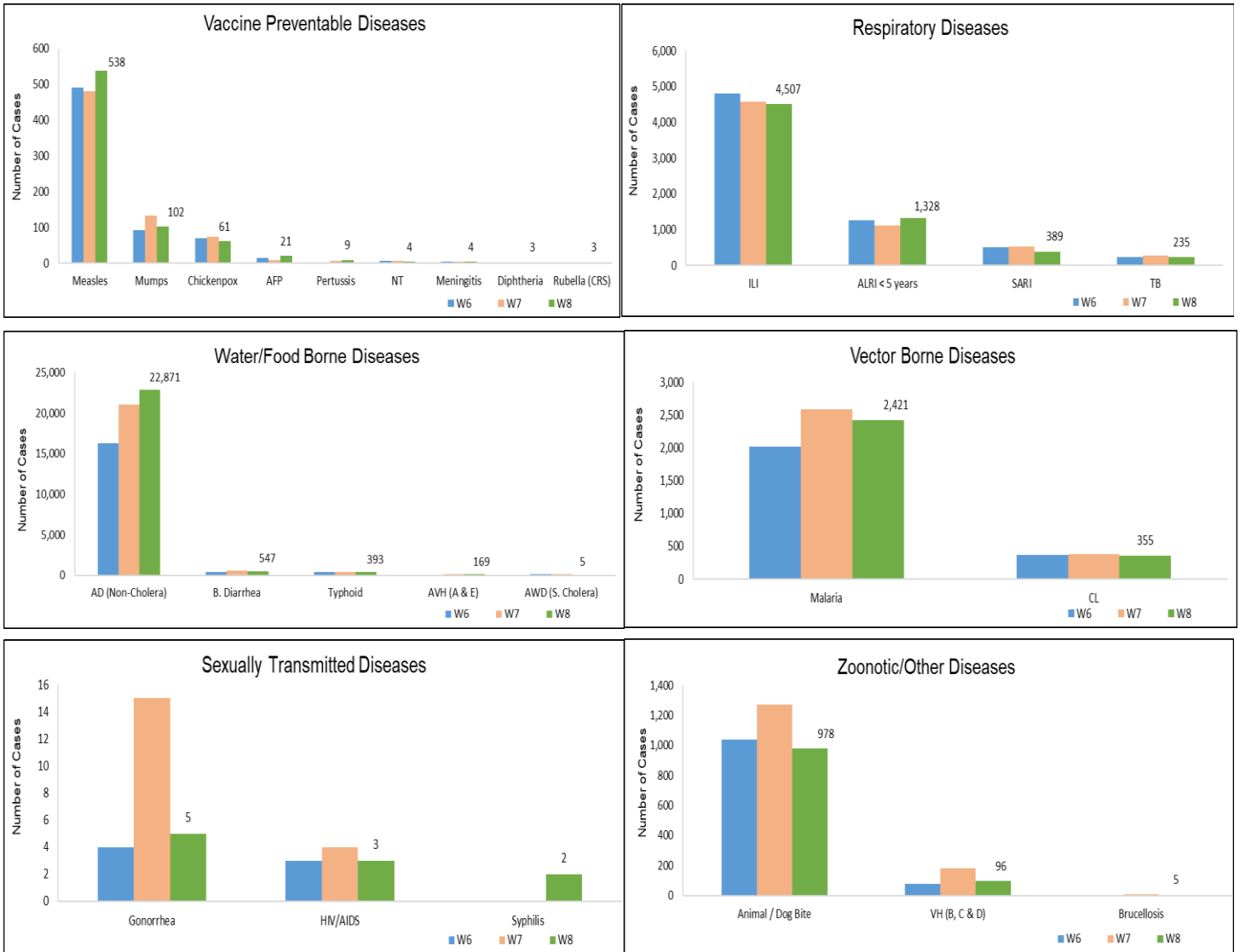
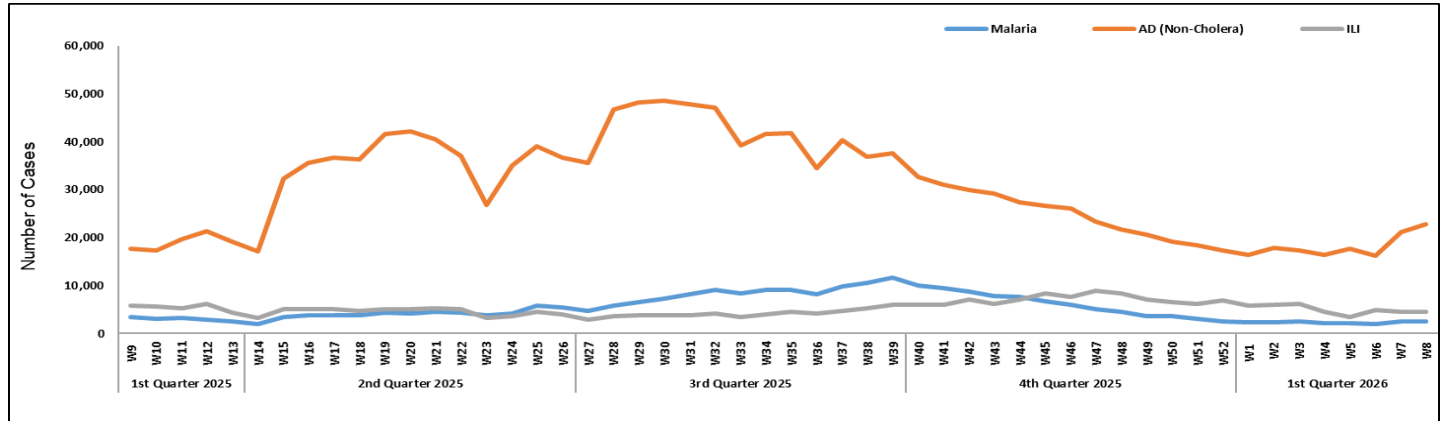


Figure 7: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



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

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

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

Figure 8: Most frequently reported suspected cases during Week 08, AJK.

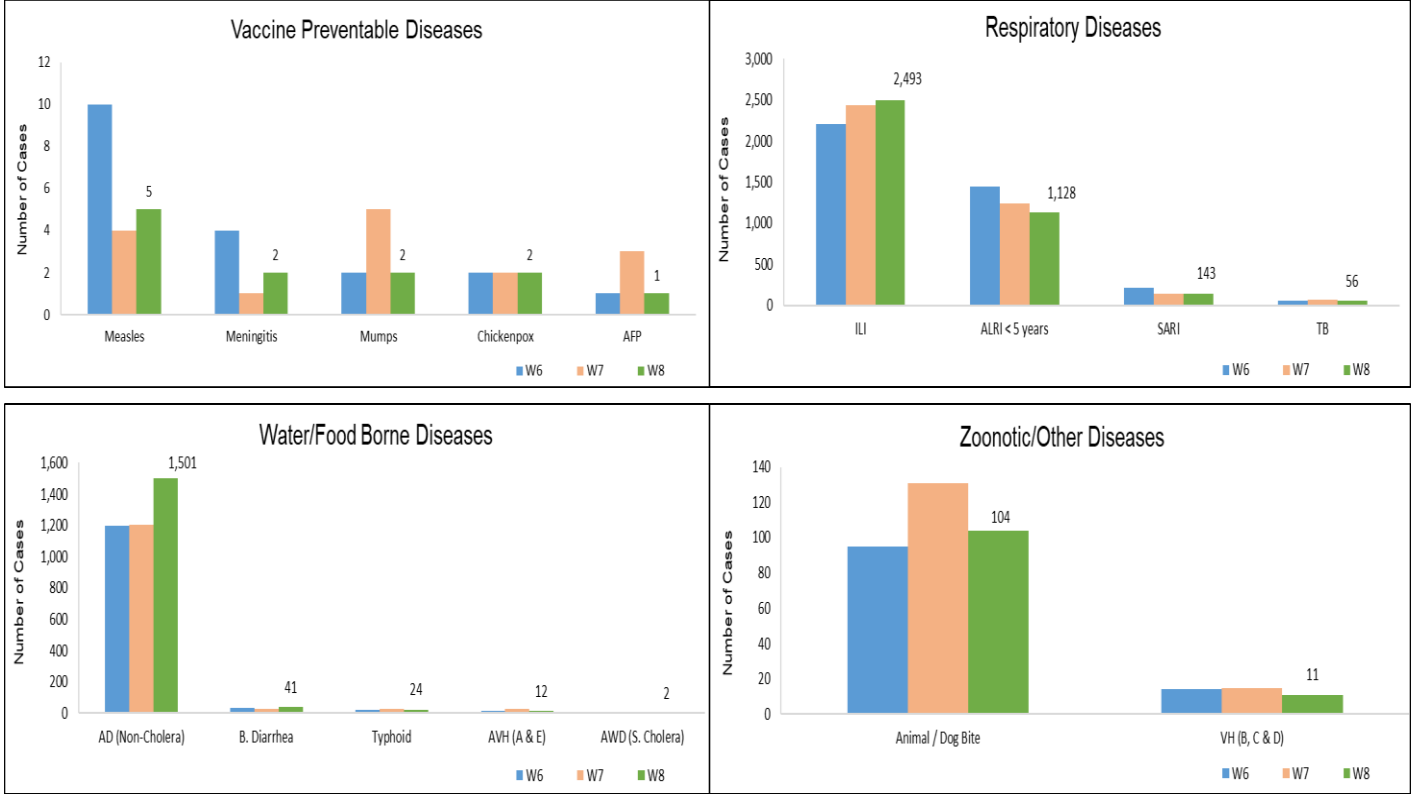


Figure 9: Week-wise reported suspected cases of ILI and ALRI < 5 years, AJK

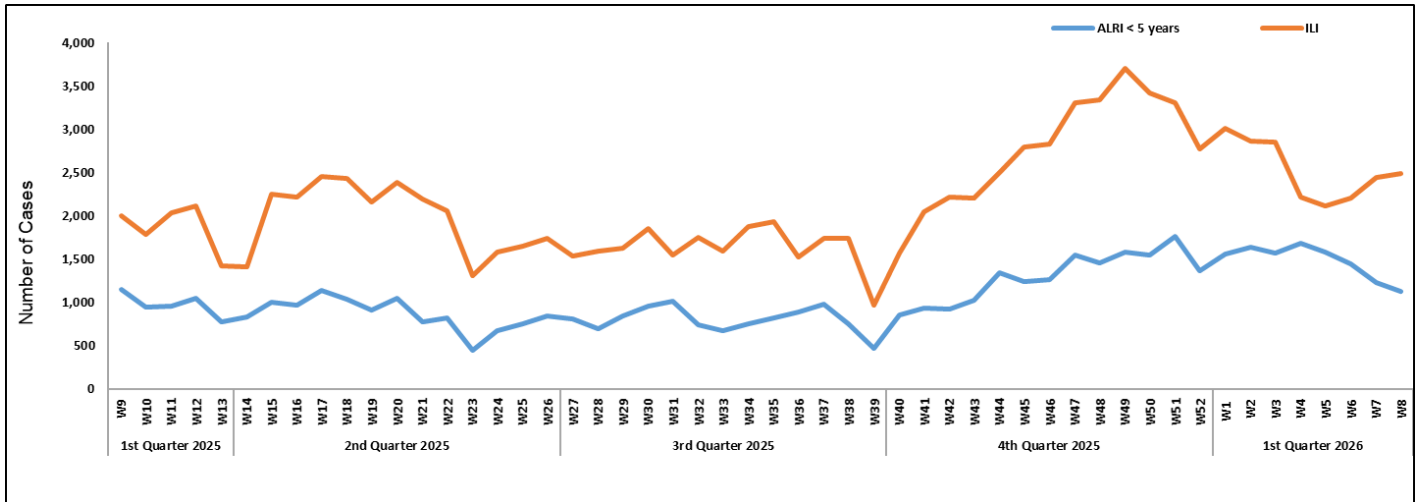


Figure 10: Most frequently reported suspected cases during Week 08, ICT.

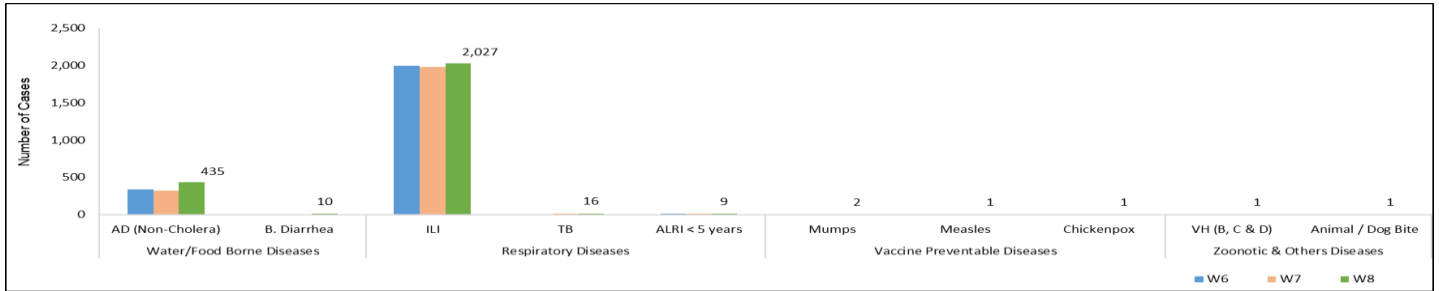


Figure 11: Week-wise reported suspected cases of ILI, ICT.

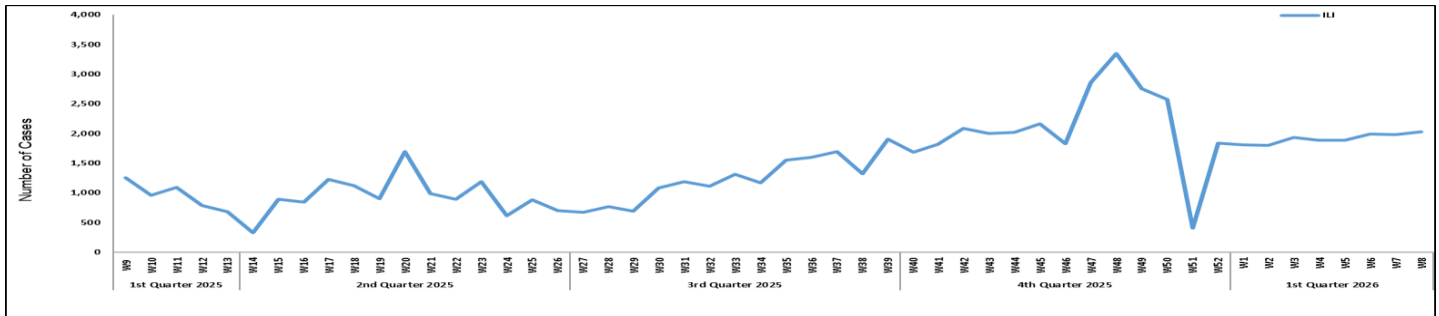


Figure 12: Most frequently reported suspected cases during Week 08, GB.

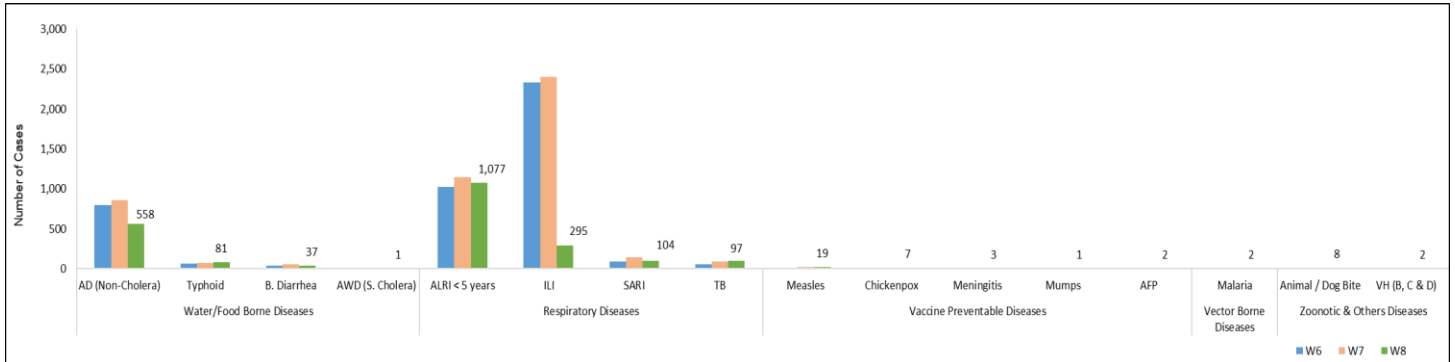


Figure 13: Week-wise reported suspected cases of ALRI < 5 years, GB.

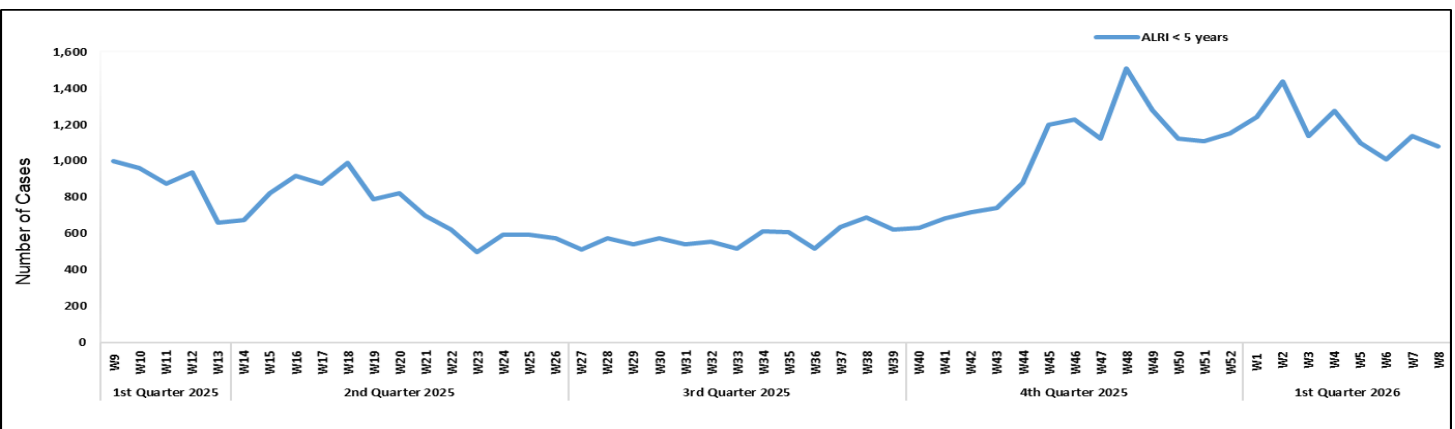


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 08, Pakistan.

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)	35	1	-	-	-	-	-	-	-	-	-	-	-	-	
Stool culture & Sensitivity	222	11	-	-	-	-	-	-	-	-	-	-	2	0	
Malaria	5,879	215	1,462	107	84	6	-	-	156	0	-	-	8	0	
CCHF	-	-	1	0	-	-	-	-	-	-	-	-	-	-	
Dengue	1,264	19	32	0	-	-	-	-	-	-	-	-	-	-	
VH (B)	12,501	294	1,090	96	57	0	-	-	1,582	11	-	-	376	5	
VH (C)	12,887	1,136	981	124	57	0	-	-	1,668	4	-	-	373	8	
VH (D)	254	62	-	-	-	-	-	-	-	-	-	-	-	-	
VH (A)	80	30	-	-	-	-	-	-	-	-	-	-	-	-	
VH (E)	18	3	-	-	-	-	-	-	-	-	-	-	-	-	
Covid-19	-	-	-	-	-	-	-	-	-	-	-	-	12	0	
TB	692	63	219	38	13	4	-	-	40	3	-	-	82	10	
HIV/ AIDS	2,910	21	664	4	20	0	-	-	200	0	-	-	214	2	
Syphilis	1,095	12	224	2	5	0	-	-	154	2	-	-	-	-	
Typhoid	628	8	164	31	-	-	-	-	171	2	-	-	-	-	
Diphtheria	4	1	-	-	-	-	-	-	-	-	-	-	-	-	
ILI	10	3	-	-	-	-	-	-	-	-	-	-	-	-	
Pneumonia (ALRI)	139	24	-	-	-	-	-	-	-	-	-	-	-	-	
Meningitis	5	0	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	214	88	21	12	409	175	53	28	10	7	352	84	28	10	
Rubella (CRS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Leishmaniosis (cutaneous)	83	29	-	-	7	4	-	-	-	-	-	-	-	-	
SARI	13	7	-	-	-	-	-	-	-	-	-	-	-	-	
Covid-19	ILI	-	-	-	-	-	-	-	-	-	-	17	0	-	-
	SARI	1	0	-	-	31	0	13	0	-	-	141	0	23	0
Influenza A	ILI	-	-	-	-	-	-	-	-	-	-	17	0	-	-
	SARI	1	0	-	-	31	0	13	0	-	-	141	0	23	0
Influenza B	ILI	-	-	-	-	-	-	-	-	-	-	17	0	-	-
	SARI	1	0	-	-	31	0	13	0	-	-	141	2	23	0
RSV	ILI	-	-	-	-	-	-	-	-	-	-	17	0	-	-
	SARI	1	0	-	-	31	1	13	3	-	-	141	12	23	0



Integrated Respiratory Viruses Sentinel Surveillance, National Influenza Centre

- The National Influenza Centre (NIC) comprises twelve Laboratory-Based sentinel surveillance sites strategically located at major tertiary care hospitals across Pakistan providing comprehensive geographical coverage
- These sites collect samples from individuals with Influenza-Like Illness (ILI) and Severe Acute Respiratory Infections (SARI), which are then analyzed for high-impact Respiratory pathogens with epidemic and pandemic potential, including Influenza, SARS-CoV-2, and Respiratory Syncytial Virus.

Figure 14: District wise Influenza sentinel sites, Pakistan.

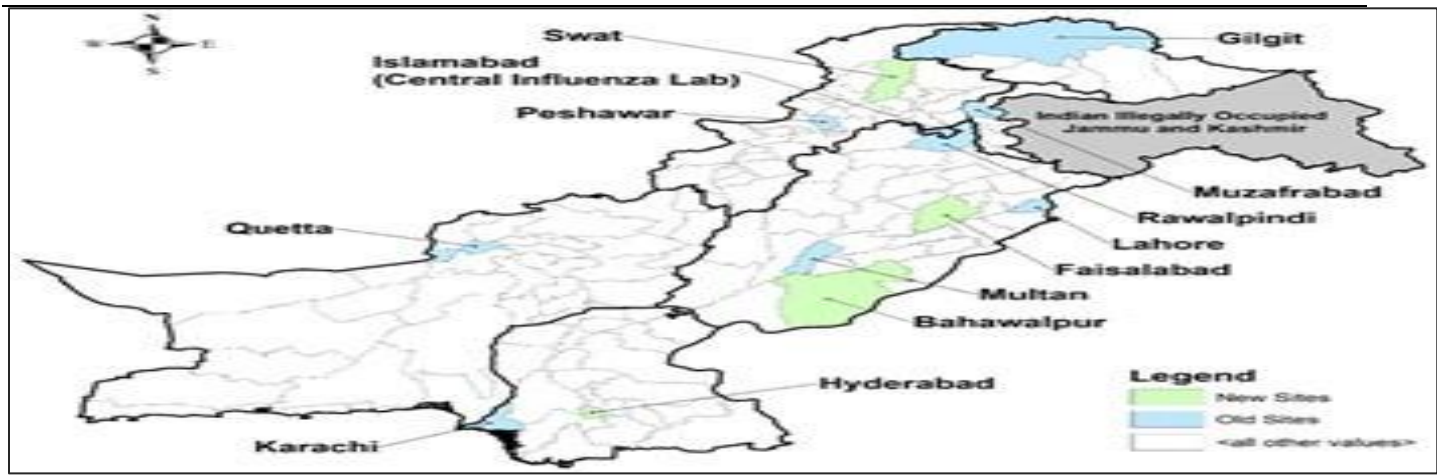


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19, and RSV, Week 8, Pakistan.

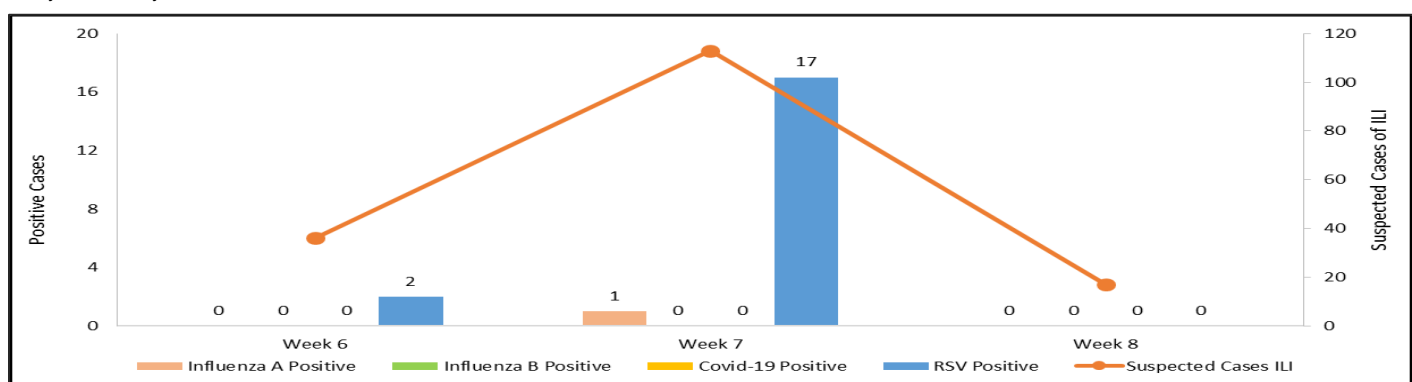
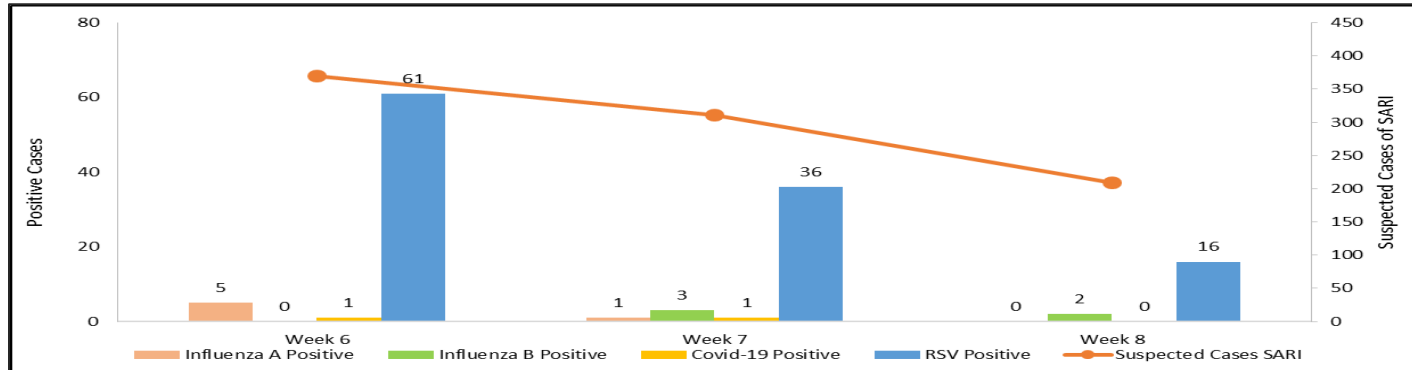


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19, and RSV, Week 8, Pakistan.



IDSR Reports Compliance

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

Table 6: Compliance of IDSR reporting districts, Week 08, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for the current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	105	95%
	Bannu	238	130	55%
	Battagram	59	44	75%
	Buner	34	16	47%
	Bajaur	44	43	98%
	Charsadda	59	58	98%
	Chitral Upper	34	30	88%
	Chitral Lower	35	35	100%
	D.I. Khan	114	114	100%
	Dir Lower	74	62	84%
	Dir Upper	37	32	86%
	Hangu	22	20	91%
	Haripur	72	71	99%
	Karak	36	36	100%
	Khyber	53	40	75%
	Kohat	61	61	100%
	Kohistan Lower	11	10	91%
	Kohistan Upper	20	20	100%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	15	36%
	Upper Kurram	41	31	76%
	Malakand	42	26	62%
	Mansehra	133	131	98%
	Mardan	80	69	86%
	Nowshera	56	55	98%
	North Waziristan	13	10	77%
	Peshawar	156	132	85%
	Shangla	37	33	89%
	Swabi	66	65	98%
	Swat	77	75	97%
	South Waziristan (Upper)	93	38	41%
	South Waziristan (Lower)	42	28	67%
	Tank	34	33	97%
Torghar	14	13	93%	
Mohmand	68	27	40%	
Orakzai	69	9	13%	
Azad Jammu Kashmir	Mirpur	39	39	100%
	Bhimber	92	64	70%

	Kotli	60	60	100%
	Muzaffarabad	45	44	98%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	54	43	80%
	Neelum	39	23	59%
	Jhelum Velley	29	28	97%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	15	6	40%
Balochistan	Gwadar	26	23	88%
	Kech	44	32	73%
	Khuzdar	74	0	0%
	Killa Abdullah	26	23	88%
	Lasbella	55	54	98%
	Pishin	69	0	0%
	Quetta	55	32	58%
	Sibi	36	35	97%
	Zhob	39	10	26%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	9	12%
	Chagi	36	21	58%
	Kalat	41	40	98%
	Harnai	17	15	88%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	27	96%
	Sohbat pur	25	0	0%
	Surab	32	1	3%
	Mastung	46	46	100%
	Loralai	33	25	76%
	Killa Saifullah	28	0	0%
	Ziarat	29	21	72%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	9	20%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	24	100%
	Barkhan	20	18	90%
	Hub	33	15	45%
Musakhel	41	16	39%	
Usta Muhammad	34	34	100%	
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	0	0%



	Gilgit	44	44	100%
	Diامر	62	58	94%
	Astore	55	55	100%
	Shigar	27	19	70%
	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	98	92%
	Tharparkar	276	272	99%
	Shikarpur	60	59	98%
	Thatta	52	49	94%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	17	81%
	Karachi-West	20	20	100%
	Karachi-Malir	35	30	86%
	Karachi-Kemari	22	21	95%
	Karachi-Central	12	11	92%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	52	95%
	Mirpur Khas	106	106	100%
	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	54	100%	
Tando Muhammad Khan	41	41	100%	
Shaheed Benazirabad	122	122	100%	



Table 7: Compliance of IDSR reporting Tertiary care hospitals Week 08, 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	2	100%
	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	1	100%
	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	0	0%



Strengthening National Health Security: NIH Pakistan Hosts National IHR Landscaping Meeting

The National Institutes of Health Pakistan convened the **National International Health Regulations (IHR) Landscaping Meeting** on **25 February 2026** to review national progress toward strengthening public health preparedness and response capacities. The meeting was organized with technical support from Resolve to Save Lives under the **PMEP Connect 2025 initiative**, bringing together key national stakeholders and development partners engaged in health security initiatives across Pakistan.



The primary objective of the meeting was to assess ongoing efforts toward implementation of the International Health Regulations (2005) and to enhance coordination among partners supporting Pakistan’s health security agenda. Participants reviewed findings from the **REMAP (Resource Mapping) assessment**, which provided a comprehensive overview of partner-supported activities, funding streams, and technical contributions aligned with national priorities.

A central focus of the discussions was ensuring alignment between partner-supported programs and the national strategic framework outlined in the National Action Plan for Health Security 2024–2028. The REMAP exercise highlighted areas of progress as well as critical gaps in public health capacities, particularly in surveillance systems, laboratory strengthening, workforce development, and emergency preparedness. Through open dialogue, stakeholders identified opportunities to better coordinate investments and technical assistance to maximize impact.



The meeting also emphasized the importance of institutionalizing the **REMAP dashboard** as a dynamic tool for monitoring partner contributions and tracking progress across the health security landscape. By maintaining a transparent, regularly updated platform, partners can improve visibility into activities, minimize duplication of efforts, and facilitate evidence-based decision-making.

Participants reaffirmed their collective commitment to strengthening collaboration across government institutions, international organizations, and implementing partners. Enhanced coordination mechanisms will support more efficient resource utilization and enable Pakistan to address priority gaps identified through national assessments.

By bringing partners together under a unified framework, the meeting marked an important step toward reinforcing Pakistan's preparedness to prevent, detect, and respond to public health threats. Continued collaboration and strategic alignment with national priorities will play a vital role in advancing the country's progress toward full implementation of the IHR and strengthening the resilience of Pakistan's public health system.

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 (PrEP)** for high-risk populations
- **Post-exposure prophylaxis (PEP)** 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

- As of 2,023, **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 1,995
- AIDS-related deaths have declined by 69% since 2,004

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 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 2,030.

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](#)





Reduce your risk of getting HIV by:



Using condoms



Ensuring that your partners who are living with HIV are taking treatment




Using PrEP to prevent getting HIV if you have ongoing risk, including during pregnancy



Using sterile needles and syringes for all injections



Getting tested and treated for sexually transmitted infections

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