

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.

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Overview

Public Health Bulletin - Pakistan, Week 09, 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 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 Week's Highlights include;

- *Strengthening Frontline Capacity for Respiratory Virus Response: A Public Health Empowerment Initiative in Karachi*
- *Knowledge hub on Understanding Brucellosis: Symptoms, Prevention, and Treatment*

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*



Overview

- During Week 9, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, ALRI <5 years, TB, Animal/ Dog Bite, VH (B, C & D), B. Diarrhea, Typhoid, SARI, and Measles.
- Fourteen cases of AFP were reported from KP, thirteen from Sindh, and one from AJK and Balochistan each.
- Eight suspected cases of HIV/ AIDS were reported from Sindh and five from KP.
- Four suspected cases of Leprosy were reported from Balochistan and one from Sindh.
- Among VPDs, there is an increase in the number of cases of Measles, Chickenpox, Mumps, Pertussis, and Neonatal Tetanus (NT) this week.
- Among Respiratory diseases, there is an increase in the number of cases of TB and SARI this week.
- Among Water/food-borne diseases, there is an increase in the number of cases of Acute Diarrhea (Non-Cholera), and B. Diarrhea this week.
- Among Vector-borne diseases, there is an increase in the number of cases of Malaria this week.
- Among STDs, there is a decline in the number of cases of HIV/AIDS and Gonorrhoea this week.
- Among Zoonotic/Other diseases, there is an increase in the number of cases of Animal/ Dog Bite and VH (B, C & D) this week.
- Field investigation is required for verification of the alerts and for prevention and control of the outbreaks.

IDSR compliance attributes

- The national compliance rate for IDSR reporting in 158 implemented districts is 80%
- Sindh is the top reporting region with a compliance rate of 98%, followed by AJK 92%, KP 79%, GB 77 %, and ICT 74%.
- In Week 9, the lowest compliance rate is observed in Balochistan, 51%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,234	1,759	79
Azad Jammu Kashmir	469	431	92
Islamabad Capital Territory	38	28	74
Balochistan	1,308	662	51
Gilgit Baltistan	417	320	77
Sindh	2,111	2,077	98
National	6,577	5,277	80



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

Malaria

- **Enhance Case Detection and Reporting:** Strengthen malaria surveillance through the Integrated Disease Surveillance and Response (IDSR) system by training healthcare workers on malaria case definitions, ensuring timely reporting, and identifying outbreaks, especially in endemic and high-transmission areas.
- **Improve Diagnostic and Treatment Capacity:** Ensure availability of rapid diagnostic tests (RDTs) and microscopy services at primary care levels; support training on prompt diagnosis and treatment per national guidelines, including ACTs (Artemisinin-based Combination Therapies).
- **Vector Control and Environmental Management:** Collaborate with local authorities to promote indoor residual spraying (IRS), distribute long-lasting insecticidal nets (LLINs), and support environmental management to reduce mosquito breeding sites (e.g., stagnant water).
- **Promote Community-Based Prevention:** Engage communities in adopting preventive behaviors such as consistent bed net use, wearing protective clothing, and early healthcare-seeking for fever.
- **Strengthen Health Education and Risk Communication:** Conduct behavior change communication campaigns to raise awareness about malaria symptoms, transmission, prevention methods, and timely treatment.

Chikungunya

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

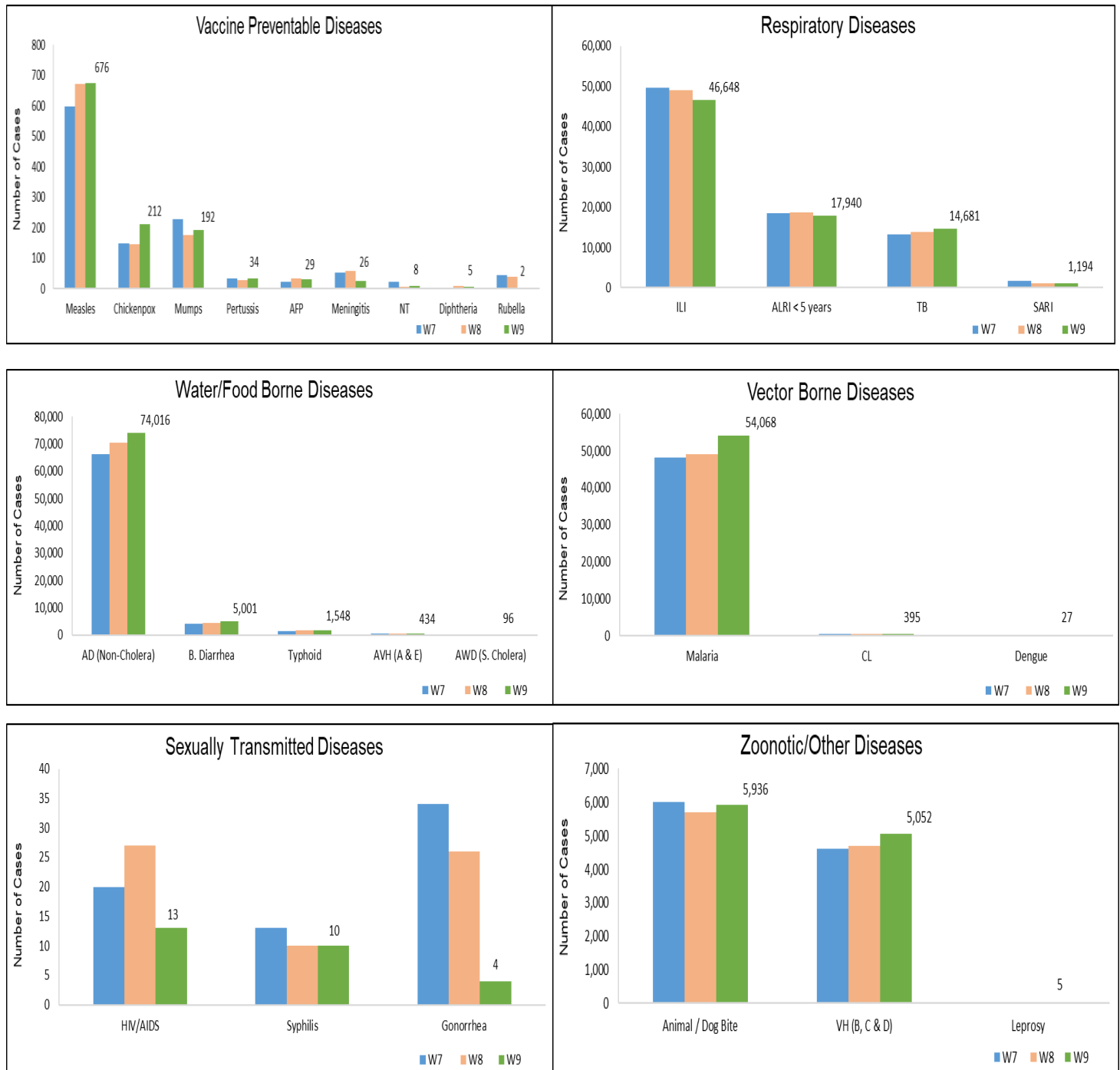


Pakistan

Table 1: Province/Area-wise distribution of most frequently reported suspected cases during Week 09, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,366	5,807	532	347	23,680	NR	42,284	74,016
Malaria	0	1,819	0	0	2,539	NR	49,710	54,068
ILI	2,616	6,252	190	1,687	3,704	NR	32,199	46,648
ALRI < 5 years	1,101	1,574	936	7	973	NR	13,349	17,940
TB	90	29	61	14	241	NR	14,246	14,681
Animal / Dog Bite	125	224	5	1	945	NR	4,636	5,936
VH (B, C & D)	12	42	3	1	106	NR	4,888	5,052
B. Diarrhea	25	804	34	7	777	NR	3,354	5,001
Typhoid	22	220	54	0	508	NR	744	1,548
SARI	137	525	89	0	321	NR	122	1,194
Measles	4	18	15	0	540	NR	99	676
AVH (A & E)	15	5	0	0	187	NR	227	434
CL	0	28	0	0	354	NR	13	395
Chickenpox	6	14	2	4	112	NR	74	212
Mumps	5	37	3	2	94	NR	51	192
AWD (S. Cholera)	4	82	0	0	6	NR	4	96
Pertussis	0	18	0	0	16	NR	0	34
AFP	1	1	0	0	14	NR	13	29
Dengue	0	6	0	0	1	NR	20	27
Meningitis	0	0	2	0	10	NR	14	26
HIV/AIDS	0	0	0	0	5	NR	8	13
Syphilis	0	0	0	0	0	NR	10	10
NT	0	1	0	0	7	NR	0	8
Diphtheria	0	4	0	0	1	NR	0	5
Leprosy	0	4	0	0	0	NR	1	5
Gonorrhea	0	0	0	0	0	NR	4	4
Rubella	0	2	0	0	0	NR	0	2

Figure 1: Most frequently reported suspected cases during Week 09, Pakistan.



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

Table 2: District-wise distribution of most frequently reported suspected cases during Week 09, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	VH (B, C & D)	Animal / Dog Bite	B. Diarrhea	Typhoid	AVH (A & E)
Badin	2,636	2,440	2,758	977	544	227	104	233	31	2
Dadu	3,020	2,139	1,177	630	2,221	82	251	337	110	49
Ghotki	2,553	1,062	32	623	668	554	357	115	0	0
Hyderabad	734	2,176	1,991	430	212	112	55	68	5	0
Jacobabad	961	627	1,001	334	429	159	364	86	14	0
Jamshoro	1,945	1,627	107	692	502	102	127	83	22	12
Kamber	3,013	1,477	0	865	305	90	280	125	19	0
Karachi Central	13	1,366	1,621	263	98	21	153	0	80	0
Karachi East	24	366	1	62	28	3	2	4	0	1
Karachi Keamari	14	491	195	12	12	0	29	0	5	1
Karachi Korangi	63	299	18	72	5	2	7	14	3	0
Karachi Malir	77	1,294	2,197	109	238	7	43	28	7	2
Karachi South	10	61	0	0	0	0	0	0	0	0
Karachi West	380	960	1,420	74	175	18	69	13	30	0
Kashmore	1,733	339	274	123	83	14	262	67	1	0
Khairpur	4,360	3,023	6,887	1,250	1,230	274	322	335	212	10
Larkana	3,742	1,594	2	948	406	32	67	316	2	0
Matiari	2,437	1,600	7	852	341	297	142	56	1	12
Mirpurkhas	1,748	2,795	4,138	957	620	42	263	116	2	48
Naushero Feroze	1,513	1,388	652	276	582	115	215	303	39	2
Sanghar	3,916	2,066	112	1,180	695	1,729	353	69	18	0
Shaheed Benazirabad	2,318	1,555	1	377	248	169	119	90	88	0
Shikarpur	2,020	1,111	8	292	355	245	435	198	1	0
Sujawal	972	1,456	0	150	514	41	86	104	0	2
Sukkur	1,574	1,193	2,149	492	371	50	229	166	5	0
Tando Allahyar	1,457	1,194	2,055	461	211	173	47	108	8	4
Tando Muhammad Khan	605	1,044	77	828	242	73	156	107	0	0
Tharparkar	2,150	2,410	1,716	583	1,036	69	3	104	13	12
Thatta	1,224	1,387	1,603	46	538	132	96	13	8	65
Umerkot	2,498	1,744	0	288	440	56	0	96	20	5
Total	49,710	42,284	32,199	14,246	13,349	4,888	4,636	3,354	744	227

Figure 2: Most frequently reported suspected cases during Week 09, Sindh.

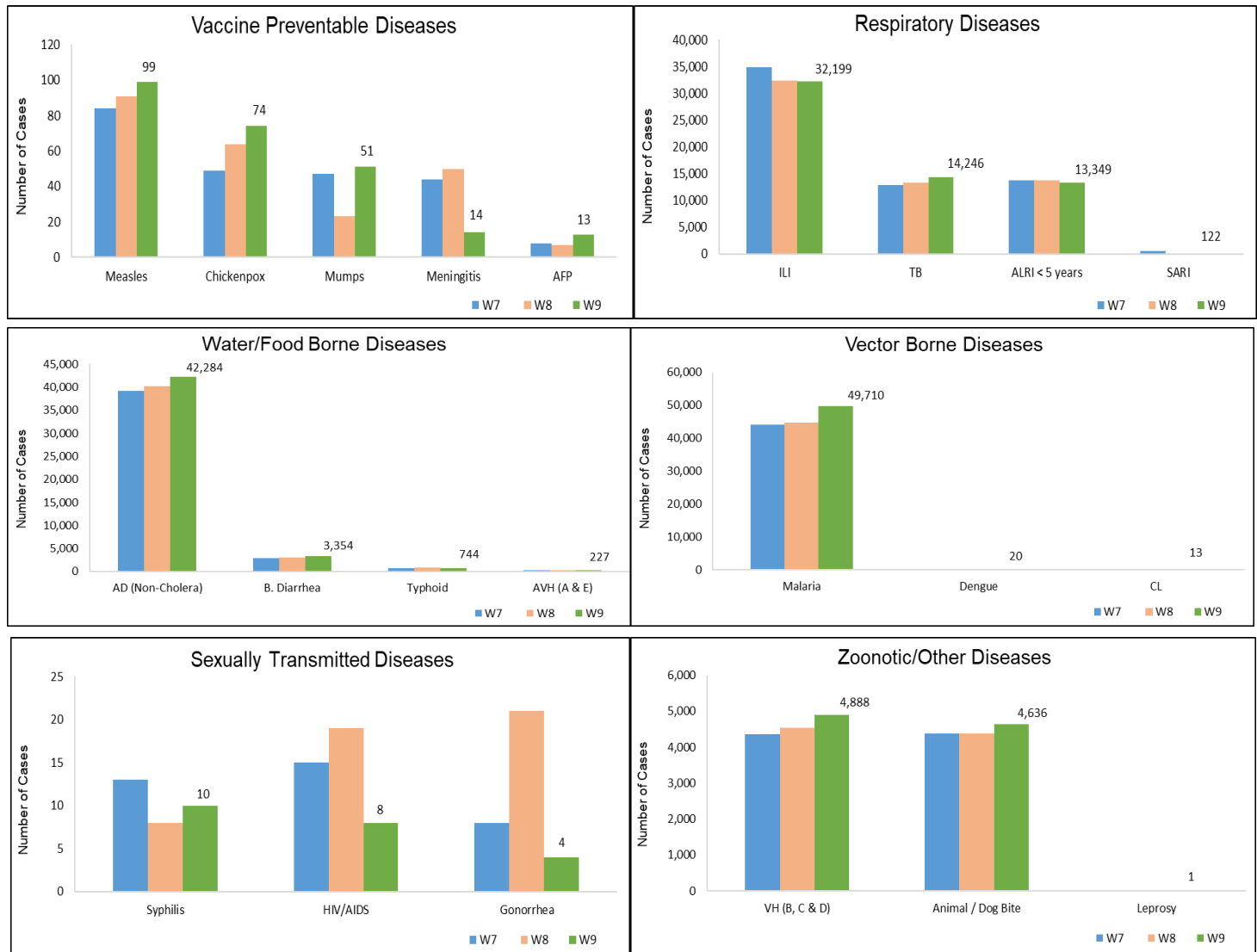
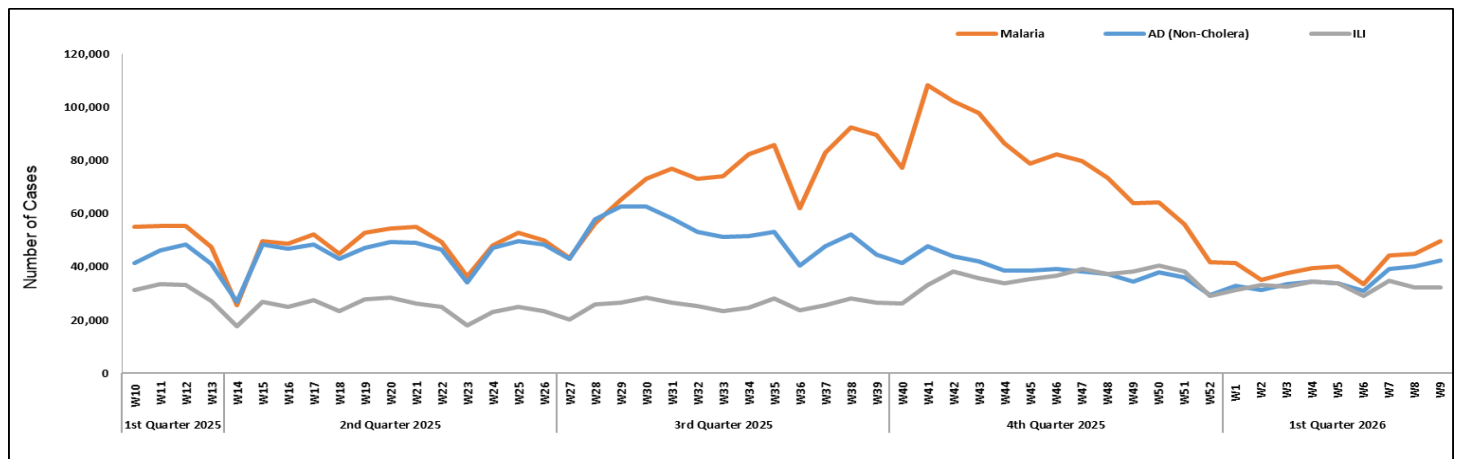


Figure 3: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Animal/ Dog Bite, Typhoid, AWD (S. Cholera) and VH (B, C & D) cases were the most frequently reported diseases from Balochistan province.
- ILI cases were mostly reported from Gwadar, Quetta, and Kech (Turbat) while AD (Non-Cholera) cases were mostly reported from Gwadar, Kech (Turbat), and Quetta.
- One case of AFP was reported from Balochistan. Field investigation is required to confirm the case.
- AD (Non-Cholera), ALRI <5 years, B. Diarrhea, SARI, TB, Measles, Chickenpox, Dengue, Leprosy, and Diphtheria showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of ILI, Malaria, Animal/ Dog Bite, Typhoid, AWD (S. Cholera), VH (B, C & D), Mumps, CL, Pertussis, AVH (A & E), Rubella (CRS), AFP, and NT.

Table 3: District-wise distribution of most frequently reported suspected cases during Week 09, Balochistan.

Districts	ILI	AD (Non-Cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Animal / Dog Bite	Typhoid	AWD (S. Cholera)	VH (B, C & D)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	32	72	19	31	10	0	0	21	1	0
Chagai	269	162	25	0	42	0	0	8	0	3
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	0	20	13	19	2	0	0	10	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	950	750	49	2	102	0	2	6	5	0
Harnai	0	196	41	279	67	0	6	0	0	0
Hub	56	170	51	12	10	0	0	1	0	0
Jaffarabad	143	230	226	3	36	21	41	1	0	3
Jhal Magsi	23	23	25	24	0	0	0	1	0	0
Kachhi (Bolan)	259	204	296	70	24	13	0	0	16	9
Kalat	1	13	5	14	2	0	0	4	0	0
Kech (Turbat)	748	546	305	2	90	NR	NR	8	NR	4
Kharan	546	184	16	2	81	20	0	7	0	0
Khuzdar	136	105	40	32	19	18	1	16	0	0
Killa Abdullah	138	105	2	8	28	69	16	5	8	1
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	87	17	13	29	23	11	NR	5	NR	NR
Lasbella	52	364	164	113	23	1	10	2	0	0
Loralai	334	149	6	34	34	67	0	10	0	0
Mastung	302	255	23	231	31	41	8	5	0	2
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	13	352	143	57	13	14	62	29	1	11
Nushki	8	90	2	15	27	0	0	0	0	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	363	175	8	72	46	55	0	8	13	0
Quetta	779	507	1	152	10	60	0	18	4	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	524	473	217	109	41	79	0	30	31	0
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Usta Muhammad	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	36	36	0	11	2	38	0	0	0	0
Ziarat	240	142	33	55	0	3	11	21	3	0
Total	6,252	5,807	1,819	1,574	804	525	224	220	82	42



Figure 4: Most frequently reported suspected cases during Week 09, Balochistan.

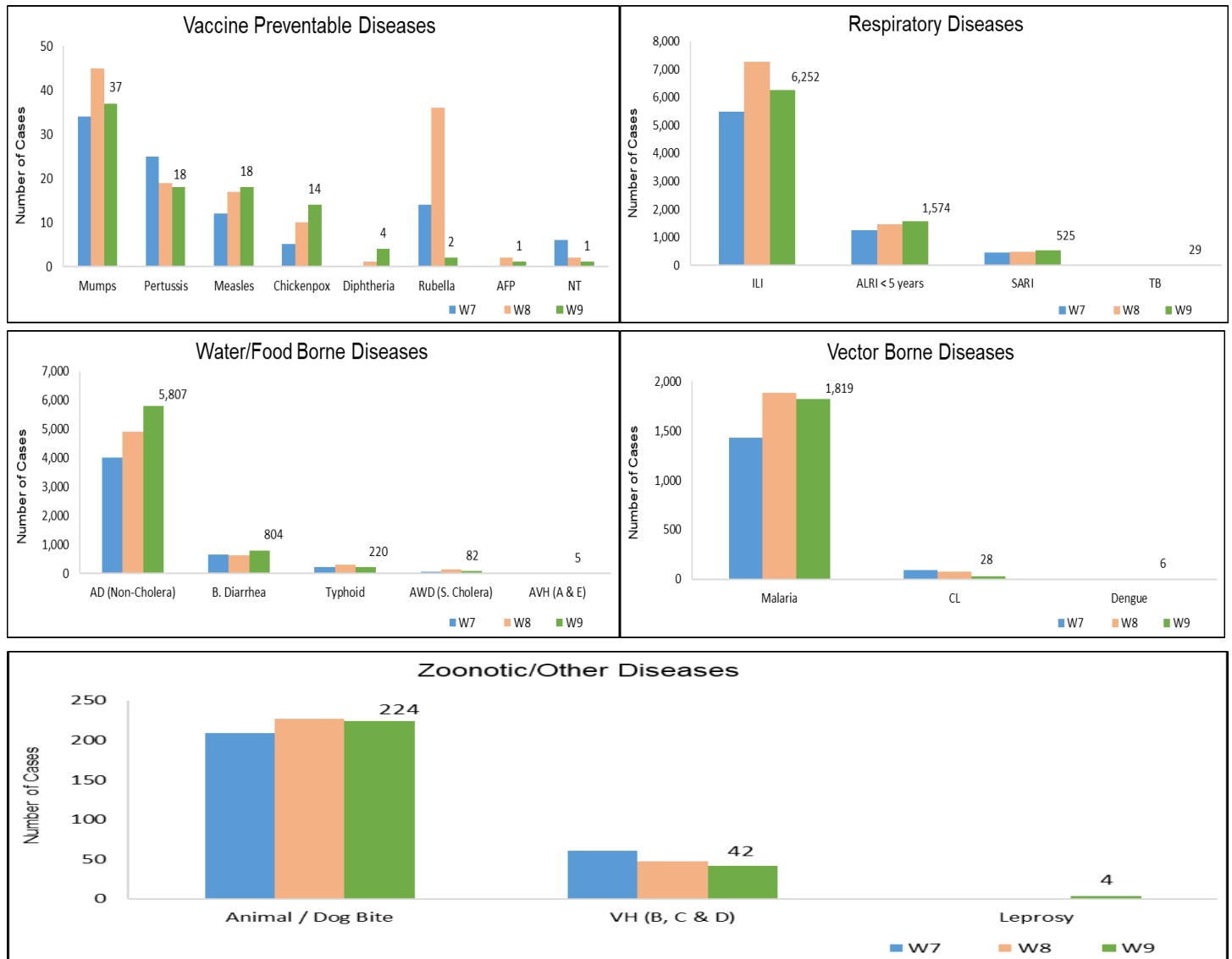
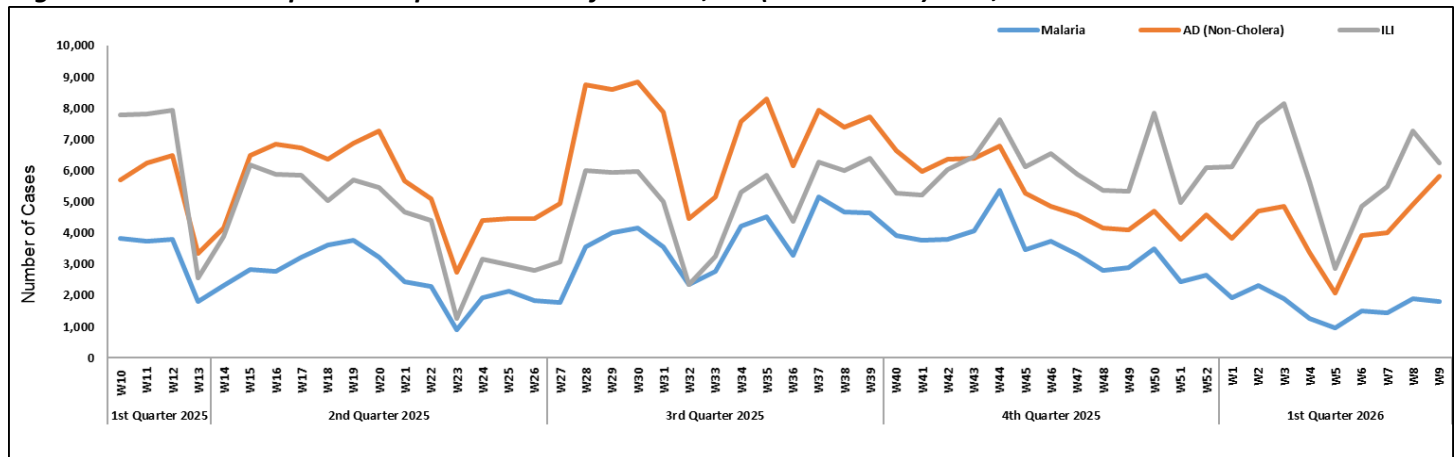


Figure 5: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, Animal/ Dog Bite, B. Diarrhea, Measles, Typhoid, CL, and SARI.
- AD (Non-Cholera), Malaria, B. Diarrhea, Measles, Typhoid, TB, AVH (A & E), Chickenpox, VH (B, C, & D), Pertussis, Meningitis, NT, and AWD (S. Cholera) cases showed an increase in number while ILI, ALRI<5 Years, Animal/ Dog Bite, CL, SARI, Mumps, AFP, and Diphtheria showed a decline in number this week.
- Fourteen cases of AFP were reported from KP. All are suspected cases and need field verification.
- Five cases of HIV/AIDS were reported from KP. A field investigation is required.
- Seven suspected cases of NT were reported from KP, which require field verification.

Table 4: District-wise distribution of most frequently reported suspected cases during Week 09, KP.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	Animal / Dog Bite	B. Diarrhea	Measles	Typhoid	CL	SARI
Abbottabad	777	29	1	18	71	6	21	13	0	3
Bajaur	778	5	102	9	107	27	26	3	17	32
Bannu	742	3	883	5	4	4	87	96	16	0
Battagram	295	423	17	12	10	9	9	2	0	0
Buner	172	0	46	0	6	0	0	4	0	0
Charsadda	1,672	673	283	201	17	112	51	79	1	1
Chitral Lower	368	34	7	22	16	21	1	4	6	15
Chitral Upper	86	20	2	1	1	4	0	6	0	3
D.I. Khan	2,075	0	93	18	5	31	47	2	5	0
Dir Lower	1,035	0	53	5	41	73	31	22	0	0
Dir Upper	973	36	7	55	11	23	8	14	0	0
Hangu	368	0	100	0	9	51	0	3	15	0
Haripur	1,084	606	0	86	16	30	11	6	0	0
Karak	356	5	71	24	8	5	19	13	171	0
Khyber	347	0	51	8	1	55	1	30	42	1
Kohat	317	0	11	0	36	0	0	0	3	0
Kohistan Lower	123	0	1	5	0	8	3	3	0	0
Kohistan Upper	327	1	1	9	0	22	3	0	0	0
Kolai Palas	55	15	1	5	0	4	0	1	0	4
L & C Kurram	26	5	5	5	4	2	1	4	0	5
Lakki Marwat	535	21	180	6	88	3	2	6	1	0
Malakand	217	48	12	8	0	0	10	1	1	23
Mansehra	506	94	0	0	0	0	0	10	0	0
Mardan	971	47	12	125	18	21	15	13	1	1
Mohmand	89	80	50	2	23	21	5	2	43	95
North Waziristan	112	5	65	41	1	7	26	17	1	10
Nowshera	1,577	36	127	30	13	37	10	23	22	13
Orakzai	101	5	1	0	0	4	1	0	0	1
Peshawar	3,068	219	6	46	16	54	69	25	0	2
Shangla	463	0	145	7	70	2	8	20	0	0
South Waziristan (Lower)	20	16	18	4	0	1	2	5	1	11
SWU	37	10	11	6	0	1	0	2	0	14
Swabi	1,312	895	55	102	234	26	59	51	0	60
Swat	2,040	206	11	78	93	66	9	21	0	0
Tank	359	23	67	4	0	12	5	0	0	0
Tor Ghar	91	0	36	13	18	11	0	3	8	0
Upper Kurram	206	144	8	13	8	24	0	4	0	27
Total	23,680	3,704	2,539	973	945	777	540	508	354	321



Figure 6: Most frequently reported suspected cases during Week 09, KP.

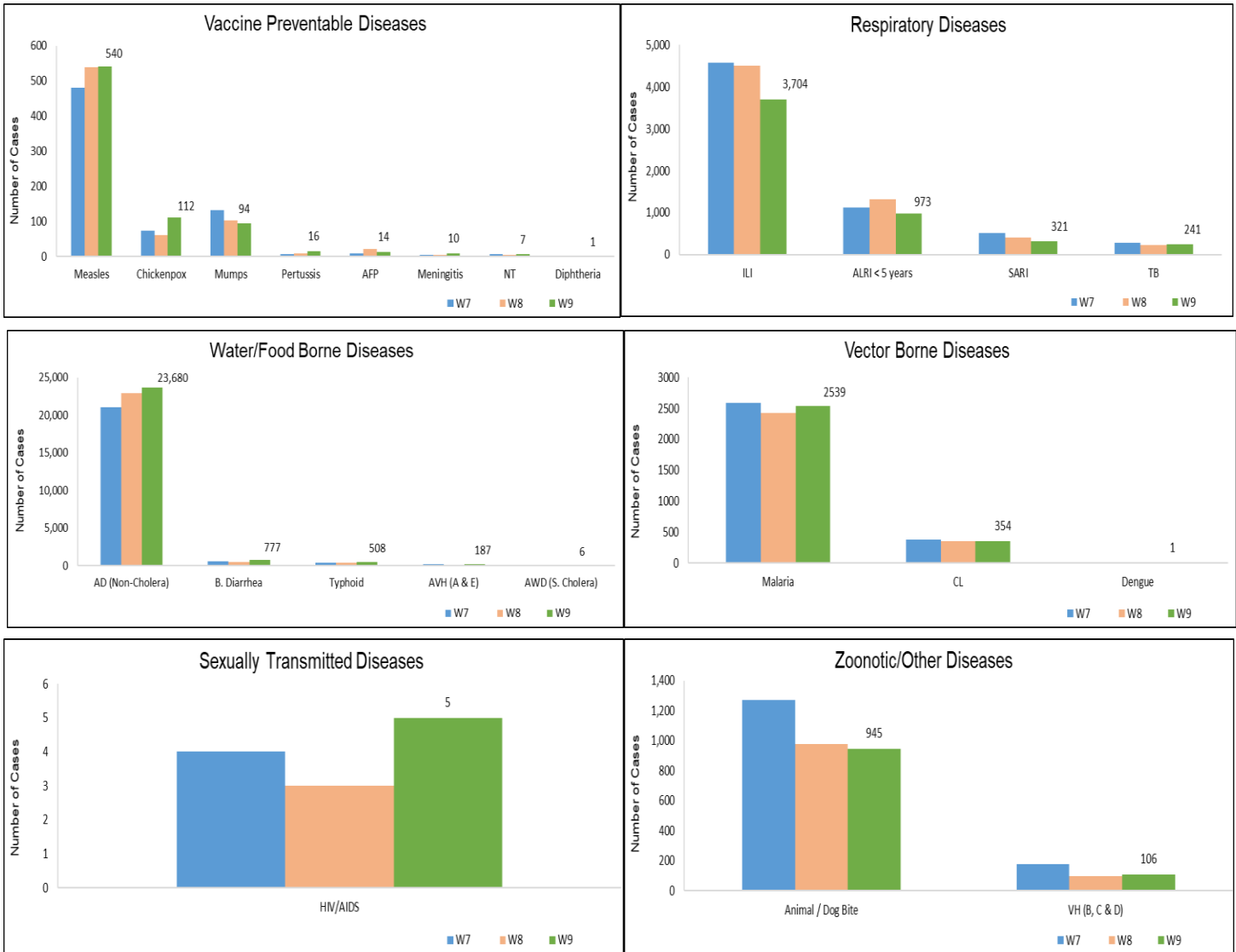
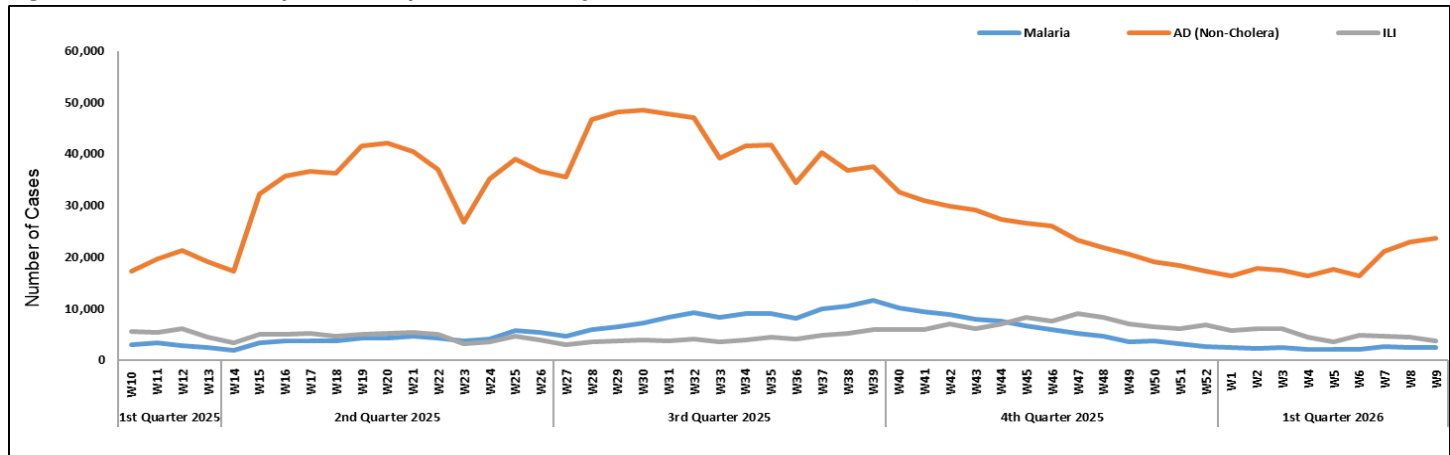


Figure 7: Week-wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera), TB, ALRI < 5years, B. Diarrhea, Chickenpox, Mumps, VH (B, C & D), and Animal/ Dog Bite. ILI, AD (Non-Cholera), TB, ALRI < 5years, and B. Diarrhea cases showed a decline in number while an increase in number was observed in Chickenpox cases this week.

AJK: ILI cases were maximum followed by AD (Non-Cholera), ALRI < 5years, SARI, Animal/ Dog Bite, TB, B. Diarrhea, Typhoid, AVH (A & E), and VH (B, C & D) cases. An increase in number of suspected cases was observed for ILI, Animal/ Dog Bite, TB, AVH (A & E), VH (B, C & D), Chickenpox, Mumps, and AWD (S. Cholera) while a decline in cases observed for AD (Non-Cholera), ALRI < 5years, SARI, B. Diarrhea, Typhoid, and Measles this week.

GB: ALRI <5 Years cases were the most frequently reported disease, followed by AD (Non-Cholera), ILI, SARI, TB, Typhoid, B. Diarrhea, Measles, Animal/ Dog Bite, VH (B, C & D), Mumps, Chickenpox, and Meningitis cases. An increase in cases was observed for VH (B, C & D) and Mumps. In contrast, a decline was observed in the number of cases of ALRI <5 Years, AD (Non-Cholera), ILI, SARI, TB, Typhoid, B. Diarrhea, Measles, Animal/ Dog Bite, Chickenpox, and Meningitis.

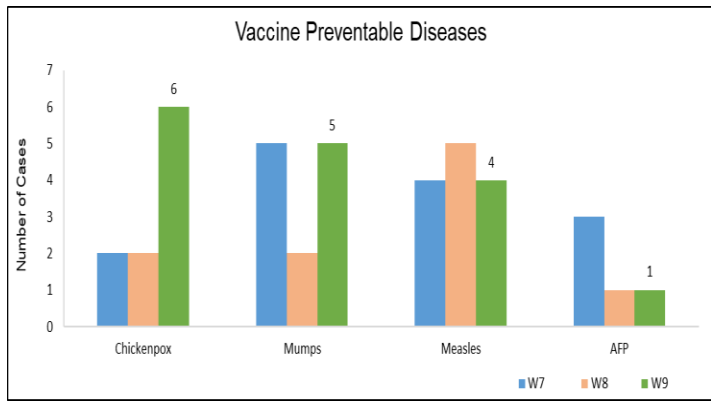
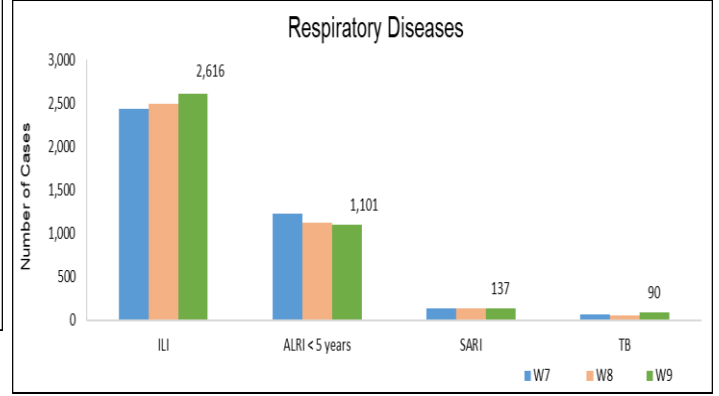


Figure 8: Most frequently reported suspected cases



during Week 09, AJK.

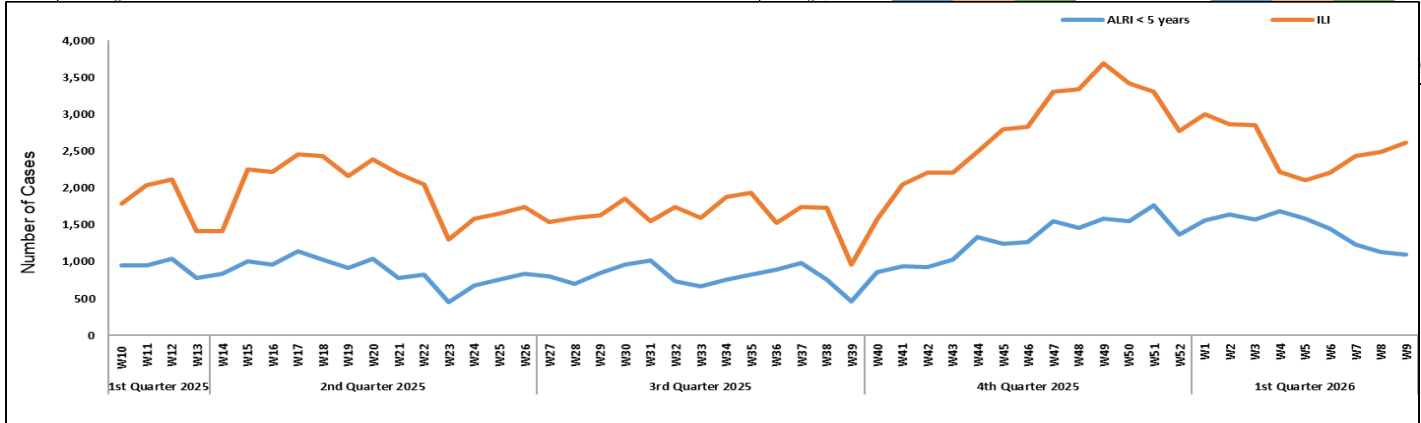
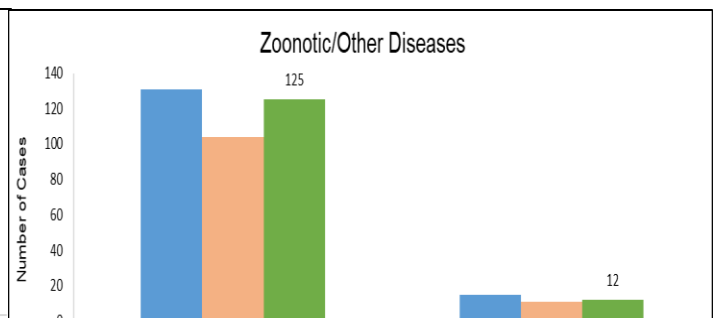
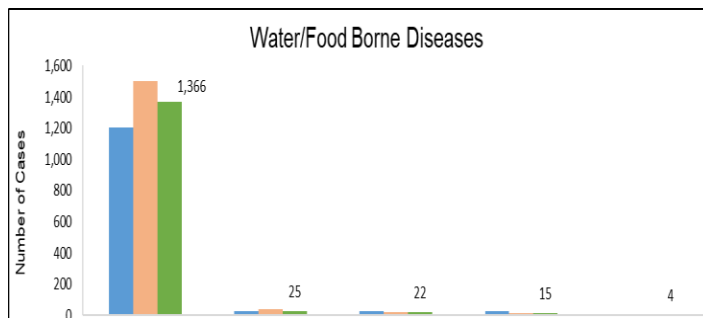


Figure 9: Week-wise reported suspected cases of ILI and ALRI < 5 years, AJK



Figure 10: Most frequently reported suspected cases during Week 09, ICT.

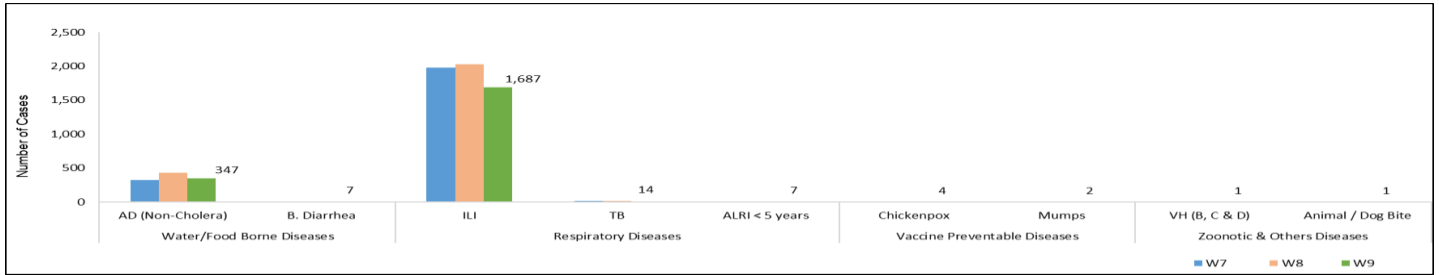


Figure 11: Week-wise reported suspected cases of ILI, ICT.

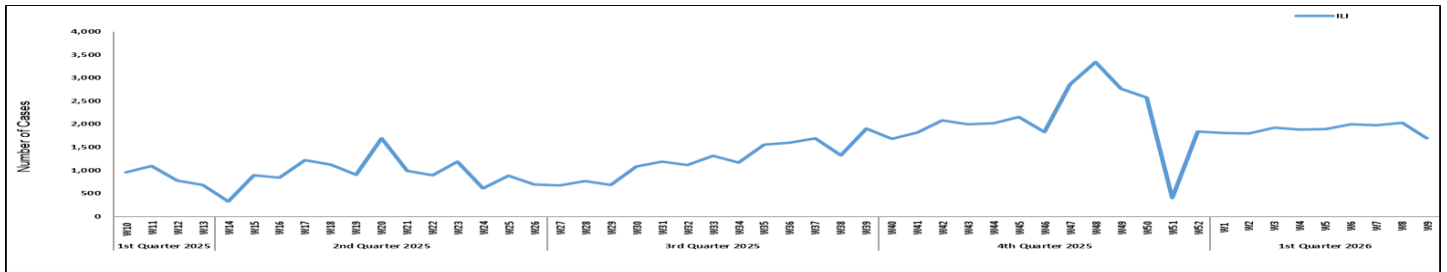


Figure 12: Most frequently reported suspected cases during Week 09, GB.

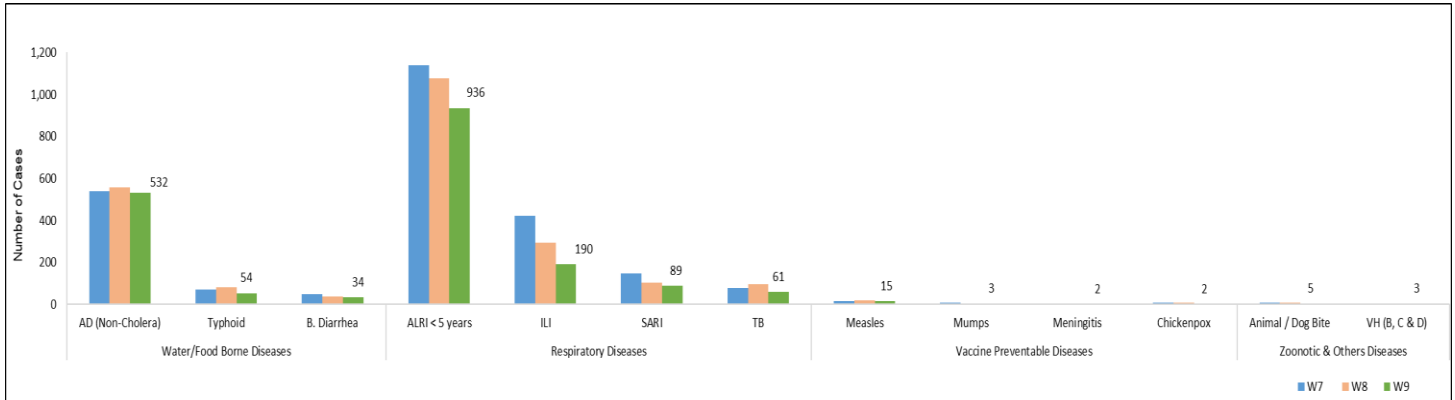


Figure 13: Week-wise reported suspected cases of ALRI < 5 years, GB.

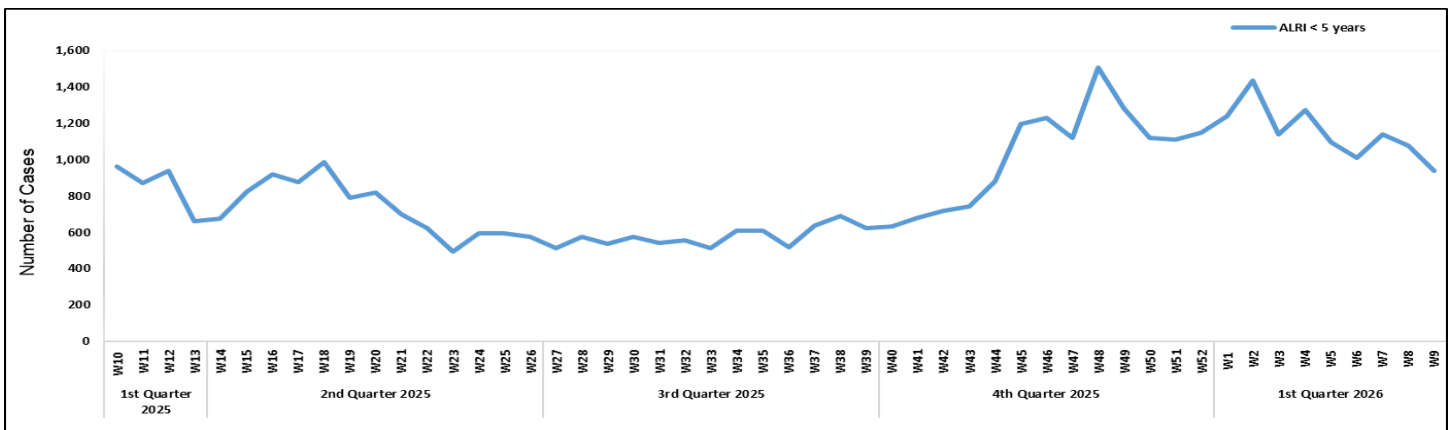


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 09, Pakistan.

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)	59	3	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity	263	2	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	6,250	241	1,618	110	80	1	-	-	84	0	-	-	11	0
CCHF	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dengue	1,410	32	42	1	-	-	-	-	-	-	-	-	7	0
VH (B)	12,274	334	1,151	109	67	0	-	-	363	4	-	-	167	3
VH (C)	12,463	1,123	1,195	120	67	0	-	-	443	0	-	-	167	6
VH (D)	269	79	-	-	-	-	-	-	-	-	-	-	-	-
VH (A)	106	36	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)	53	17	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	-	-	-	-	-	-	-	-	-	-	-	-	8	0
TB	838	92	211	18	16	7	-	-	73	1	-	-	97	9
HIV/ AIDS	3,268	21	773	0	32	0	-	-	132	0	-	-	153	0
Syphilis	1,413	22	94	1	4	0	-	-	75	0	-	-	-	-
Typhoid	662	5	154	33	-	-	-	-	47	2	-	-	-	-
Diphtheria	8	2	-	-	-	-	-	-	-	-	-	-	-	-
ILI	5	3	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)	183	30	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	19	2	-	-	-	-	-	-	1	0	-	-	-	-
Measles	412	199	61	33	336	133	21	12	13	8	474	102	48	11
Rubella (CRS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)	1	0	91	38	4	1	-	-	1	1	-	-	-	-
SARI	23	9	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	5	0	-	-	-	-	-	-	2	0	14	0	-
	SARI	38	0	-	-	14	0	13	0	5	0	84	0	-
Influenza A	ILI	5	0	-	-	-	-	-	-	2	0	14	0	-
	SARI	38	0	-	-	14	0	13	0	5	0	84	2	-
Influenza B	ILI	5	0	-	-	-	-	-	-	2	0	14	0	-
	SARI	38	2	-	-	14	0	13	0	5	0	84	1	-
RSV	ILI	5	0	-	-	-	-	-	-	2	0	14	0	-
	SARI	38	0	-	-	14	0	13	3	5	0	84	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.
- In week 9, there were no cases of ILI and decrease in number of SARI cases

Figure 14: District wise Influenza sentinel sites, Pakistan.

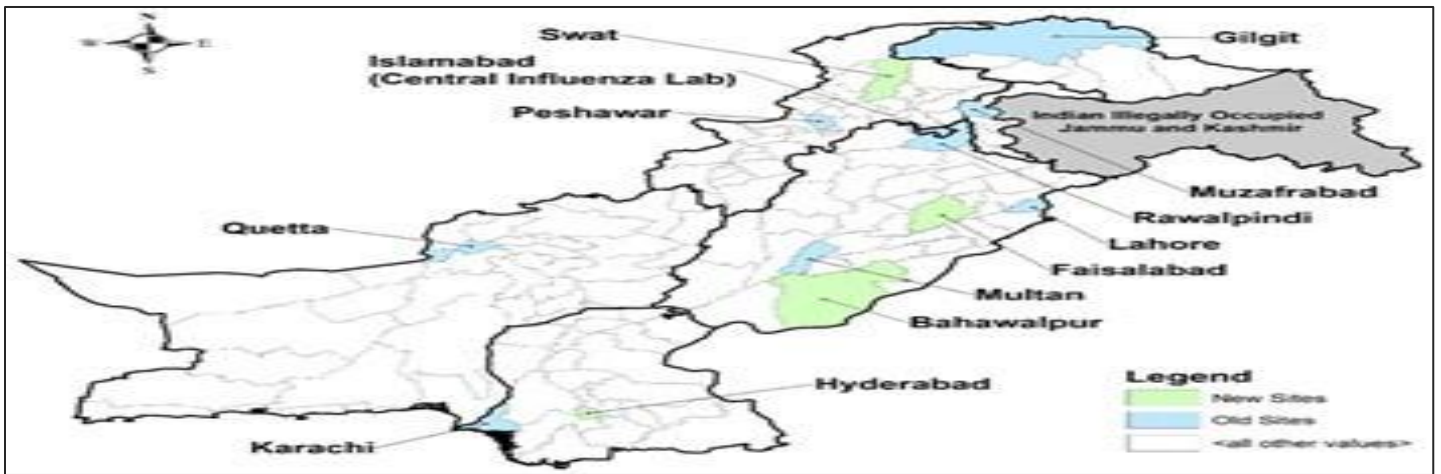


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19, and RSV, Week 09, Pakistan.

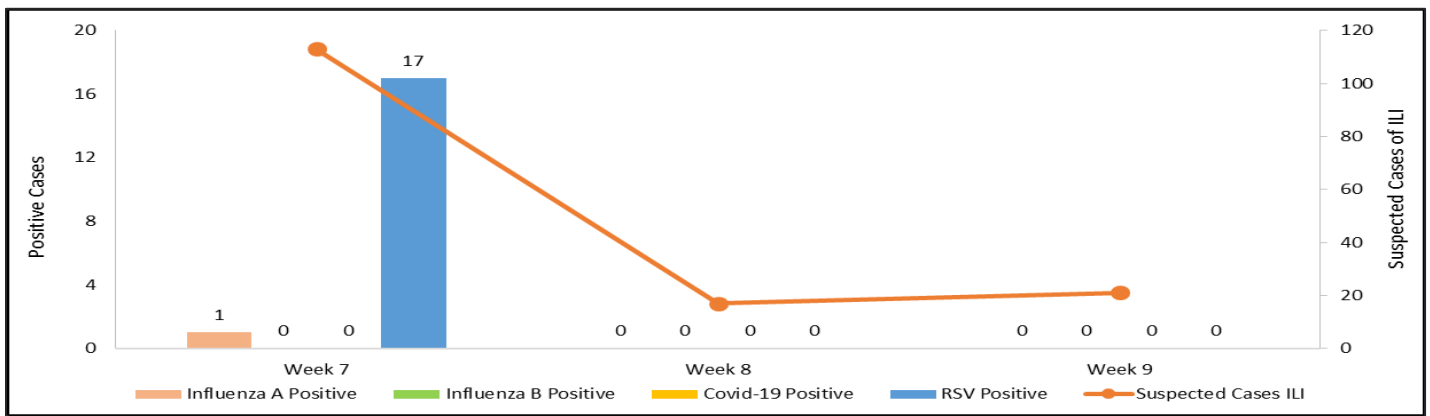
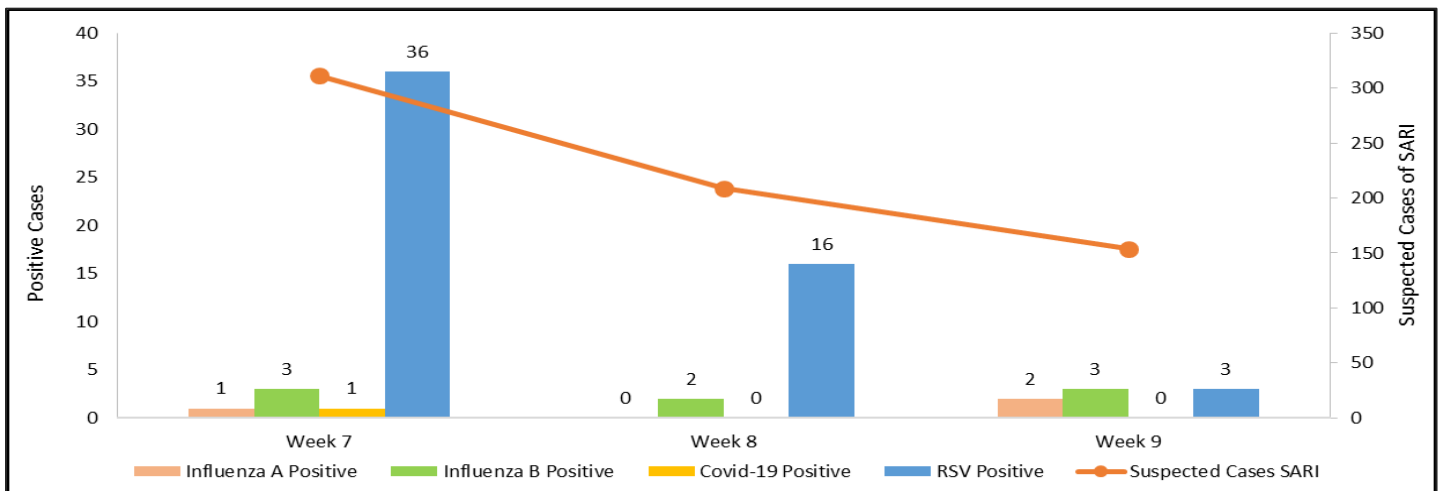


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19, and RSV, Week 09, Pakistan.



IDSR Reports Compliance

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

Table 6: Compliance of IDSR reporting Districts Week 09, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for the current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	102	92%
	Bannu	238	127	53%
	Battagram	59	45	76%
	Buner	34	13	38%
	Bajaur	44	43	98%
	Charsadda	59	59	100%
	Chitral Upper	34	30	88%
	Chitral Lower	35	34	97%
	D.I. Khan	114	113	99%
	Dir Lower	74	61	82%
	Dir Upper	37	28	76%
	Hangu	22	19	86%
	Haripur	72	71	99%
	Karak	36	36	100%
	Khyber	53	37	70%
	Kohat	61	61	100%
	Kohistan Lower	11	11	100%
	Kohistan Upper	20	20	100%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	15	36%
	Upper Kurram	41	36	88%
	Malakand	42	17	40%
	Mansehra	133	129	97%
	Mardan	80	62	78%
	Nowshera	56	54	96%
	North Waziristan	13	11	85%
	Peshawar	156	130	83%
	Shangla	37	35	95%
	Swabi	66	64	97%
	Swat	77	74	96%
	South Waziristan (Upper)	93	36	39%
	South Waziristan (Lower)	42	27	64%
	Tank	34	33	97%
Torghar	14	13	93%	
Mohmand	68	25	37%	
Orakzai	69	9	13%	
Azad Jammu Kashmir	Mirpur	39	39	100%
	Bhimber	92	66	72%



	Kotli	60	59	98%
	Muzaffarabad	45	45	100%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	54	42	78%
	Neelum	39	39	100%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	15	4	27%
Balochistan	Gwadar	26	26	100%
	Kech	44	33	75%
	Khuzdar	74	19	26%
	Killa Abdullah	26	22	85%
	Lasbella	55	54	98%
	Pishin	69	19	28%
	Quetta	55	32	58%
	Sibi	36	33	92%
	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	0	0%
	Barkhan	20	18	90%
	Hub	33	29	88%
Musakhel	41	0	0%	
Usta Muhammad	34	34	0%	
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	0	0%



	Gilgit	44	44	100%
	Diامر	62	59	95%
	Astore	55	55	100%
	Shigar	27	4	15%
	Skardu	53	52	98%
	Ganche	29	29	100%
	Kharmang	46	25	54%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	102	95%
	Tharparkar	276	272	99%
	Shikarpur	60	59	98%
	Thatta	52	49	94%
	Larkana	67	66	99%
	Kamber Shiwakoti	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	55	100%
	Mirpur Khas	106	105	99%
	Badin	124	123	99%
	Sukkur	64	63	98%
	Dadu	90	90	100%
	Sanghar	100	100	100%
	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 09, 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	2	100%
	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	0	0%
	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 Frontline Capacity for Respiratory Virus Response: A Public Health Empowerment Initiative in Karachi

In a strategic initiative to strengthen preparedness and response to respiratory viral threats, the National Institute of Health Pakistan, in collaboration with the Sindh Health Department and EMPHNET, successfully conducted a five-day Public Health Empowerment Workshop in Karachi from 2–6 February 2026.



The workshop brought together 26 frontline surveillance officers, clinicians, and laboratory professionals representing district, healthcare facility, and laboratory tiers—ensuring a comprehensive, multi-level approach to capacity building. Designed to address evolving challenges in respiratory virus surveillance and outbreak response, the training adopted a dynamic format that combined expert-led sessions with hands-on practical exercises and scenario-based learning.

Participants enhanced their competencies in key public health domains, including integrated disease surveillance, infection prevention and control (IPC), case detection and reporting, and risk communication with communities. Emphasis was also placed on

strengthening coordination across sectors and improving the timeliness and quality of outbreak response.



By fostering interdisciplinary collaboration and equipping participants with practical, field-oriented skills, the workshop significantly contributed to building resilient local systems capable of early detection, rapid response, and effective mitigation of respiratory outbreaks. This initiative reflects a continued commitment by national and regional partners to reinforce public health workforce capacity and safeguard population health in the face of emerging and re-emerging respiratory threats.

Knowledge Hub

Brucellosis: What You Need to Know

Brucellosis is a bacterial disease caused by various species of the *Brucella* bacteria. It primarily infects livestock (cattle, goats, sheep, pigs) but can be transmitted to humans. It is often referred to as "undulant fever" because the fever characteristically rises and falls in waves.

Brucellosis is a zoonotic disease, meaning it spreads from animals to humans. The illness in humans is often chronic and debilitating, affecting multiple organ systems. The bacteria are highly infectious and can survive in the environment for several months under certain conditions.

The most common species of *Brucella* that infect humans are:

- *B. melitensis* (primarily from sheep and goats, causing the most severe disease).
- *B. abortus* (from cattle).
- *B. suis* (from pigs).
- *B. canis* (from dogs).

Transmission

- Brucellosis is not typically spread from person to person. Transmission occurs through contact with infected animals or consumption of contaminated animal products.
- Eating Contaminated Foods: This is the most common route.
- Consuming unpasteurized (raw) milk, cheese, or ice cream from infected animals (especially goats, sheep, or cows).
- Eating undercooked meat from infected animals.
- Occupational Exposure (Direct Contact): People who work with animals are at high risk.
- Coming into contact with blood, urine, vaginal discharge, or, most dangerously, placentas and fetuses of infected animals (e.g., veterinarians, farmers, slaughterhouse workers).
- The bacteria can enter the body through cuts, abrasions, or the mucous membranes (eyes, nose, mouth).

- Inhalation: Breathing in the bacteria, which can happen in laboratories or slaughterhouses.

Signs & Symptoms

Symptoms of brucellosis can appear anywhere from 5 days to 6 months after exposure, but usually within 1 to 3 weeks. The illness often starts slowly.

Common symptoms include:

- Fever: The defining feature is the undulating fever rising in the evening and dropping in the morning.
- Sweating: Profuse sweating (often with a foul odor).
- Fatigue and malaise (general feeling of being unwell).
- Muscle and joint pain (arthritis is common).
- Headache.
- Loss of appetite and weight loss.

If the infection is not treated, it can become chronic and cause more serious symptoms that persist for months or years.

Complications

Although brucellosis is rarely fatal (less than 2%), it can lead to severe and chronic complications if not properly treated, often affecting the joints and central nervous system.

- Arthritis: Inflammation of the joints, particularly the hip, knee, or spine.
- Epididymo-orchitis: Swelling and pain in the testicles.
- Endocarditis: Infection of the heart lining, which is the most common cause of death from brucellosis.



- Neuro-brucellosis: Infection of the central nervous system (brain and meninges), leading to meningitis or abscesses.
- Chronic Fatigue: Persistent fatigue, joint pain, and fever that can last for years.

Prevention

- It focuses heavily on controlling the disease in animals and protecting humans from exposure.
- Avoid consuming unpasteurized milk, cheese, and ice cream. Boiling milk or buying products labeled "pasteurized" kills the bacteria.
- Cook meat thoroughly (well-done).
- Use personal protective equipment (PPE), including gloves, goggles, and face shields, when assisting with animal births or handling infected tissues.
- Vaccination programs for livestock (cattle, sheep, and goats) are critical for controlling the disease in animal populations.
- Proper safety protocols are required when handling Brucella bacteria in a laboratory setting.

Diagnosis and Treatment

Brucellosis is often difficult to diagnose because its symptoms are similar to those of many other febrile illnesses.

Diagnosis is confirmed through:

- Blood Culture: Growing the bacteria from a blood sample.

- Serology: Testing the blood for antibodies against the Brucella bacteria.

Brucellosis is treatable with antibiotics. Treatment involves a combination of two antibiotics (most commonly doxycycline plus rifampicin or streptomycin) given for a period of 6 to 8 weeks. It is crucial to complete the entire course of antibiotics to prevent relapse.

More Information

For additional authoritative information on brucellosis, please visit:

1. Centers for Disease Control and Prevention (CDC):
<https://www.cdc.gov/brucellosis/index.html>
2. World Health Organization (WHO):
<https://www.who.int/news-room/factsheets/detail/brucellosis>
3. Public Health Agency of Canada (PHAC):
<https://www.canada.ca/en/publichealth/services/diseases/brucellosis.html>
4. UK Health Security Agency (UKHSA):
<https://www.gov.uk/guidance/brucellosis-guidance-data-and-analysis>



WHAT WE NEED TO KNOW ABOUT BRUCELLOSIS

- Brucellosis is a Zoonotic Disease that affects both humans and animals
- Also known as "Undulant fever" or "Malta fever"

- Caused by gram-negative intracellular aerobic coccobacilli
- Humans can get infection from Cattle, Buffalo, Sheep, Goats, Pigs & Dogs

Mainly four types of species in which Brucellosis found in India



Brucellosis is commonly unrecognised & needs attention!!!

- Leads to high economic loss to dairy farmers and livestock producers
- Results in chronic debilitating illness in humans after leading to complications

How do humans get infected?

- Ingestion of raw, unpasteurized milk & its products
- Direct Contact with infected animal's birth products
- Inhalation of Infectious Aerosols
- Blood Transfusion

How do animals get infected?

- Through close contact with infected animal
- Contact with infected animal's birth products
- Nursing of young animals from an infected female animal
- By breeding/mating with infected animal
- Consumption of contaminated fodder

When to suspect Brucellosis?

H/O eating raw dairy products

H/O Occupational exposure
(Veterinarians, Dairy Farmers, Abattoir Workers, Livestock Handlers)

Fever accompanied by anorexia and back pain (undulant fever)

Headache, night sweats, rashes, poor appetite and weight loss

Leucopenia, enlargement of liver, spleen and lymph nodes

Respiratory tract complication

Joint pains and swelling

Always Rule Out Brucellosis in cases of Pyrexia of Unknown Origin associated with Joint Pains

Diagnosis	Treatment
<ol style="list-style-type: none"> 1. ELISA 2. PCR 3. Bacterial Culture (Gold standard) 	<p>Doxycycline 100 mg BD for 6 weeks or Doxycycline 100 mg (6 weeks) + Streptomycin 1gm Day I.M (3 weeks) OBSERVE FOR RELAPSE</p>

How to prevent Brucellosis?

In Humans	In Animals
<div style="display: flex; justify-content: space-around;"> <div style="width: 20%; text-align: center;"> <p>Do not eat or consume raw dairy products</p> </div> <div style="width: 20%; text-align: center;"> <p>Always wash your hands after handling animals</p> </div> <div style="width: 20%; text-align: center;"> <p>Wear protective clothing during disposal of animal waste/ biological waste</p> </div> <div style="width: 20%; text-align: center;"> <p>Wear protective clothing when handling reproductive tissues (delivery of animals) and during per rectal examination and Artificial Insemination of animals</p> </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%; text-align: center;"> <p>Separate sick animals from the healthy animals</p> </div> <div style="width: 45%; text-align: center;"> <p>Mandatory Brucella vaccination of female calves</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>Avoiding breeding or sick animals</p> </div>

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