

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

IDSR Reports

Ongoing Events

Field Reports

Public Health Bulletin - Pakistan, Week 10, 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 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;

- *Advancing One Health Coordination: Operationalization Workshop Strengthens Multisectoral Action in Balochistan*
- *Knowledge hub on Understanding Meningitis: 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.

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*Sincerely,
The Chief Editor*



Note: All reported cases in this report are suspected cases

- During Week 10, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, ALRI <5 years, TB, Dog Bite, B. Diarrhea, VH (B, C & D), Typhoid, SARI, and Measles.
- Ten cases of AFP were reported from KP, eight from Sindh, and one from Balochistan.
- Eight suspected cases of HIV/ AIDS were reported from KP, eight from Sindh, and one from Balochistan.
- Among VPDs, there is an increase in the number of cases of Measles and Meningitis this week.
- Among Respiratory diseases, there is an increase in the number of cases of SARI this week.
- Among Water/food-borne diseases, there is a decrease in the number of cases of B.Diarrhea this week.
- Among Vector-borne diseases, there is a decrease in the number of cases of Malaria this week.
- Among STDs, there is an increase in the number of cases of HIV/AIDs this week.
- Among Zoonotic/Other diseases, there is a decrease in the number of cases of 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 91%, and GB 80%.
- The lowest compliance rate was observed in KP and ICT 79% and Balochistan, 46%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,234	1,775	79
Azad Jammu Kashmir	469	429	91
Islamabad Capital Territory	38	30	79
Balochistan	1,308	605	46
Gilgit Baltistan	417	335	80
Sindh	2,111	2,076	98
National	6,577	5,277	80



Public Health Actions

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

Meningitis

- **Strengthen Surveillance and Early Detection:** Enhance meningitis surveillance under IDSR by ensuring immediate reporting of suspected cases and rapid identification of clusters, particularly in high-risk districts.
- **Improve Laboratory Confirmation:** Strengthen capacity for cerebrospinal fluid (CSF) analysis, including Gram stain, culture, and PCR, to identify causative organisms and guide targeted response.
- **Ensure Prompt Case Management:** Train healthcare workers in early recognition and immediate initiation of appropriate antibiotic therapy; ensure availability of essential medicines and referral pathways.
- **Promote Preventive Vaccination:** Strengthen coverage of meningococcal, pneumococcal, and Hib vaccines through routine immunization and targeted campaigns in outbreak settings.
- **Implement Outbreak Control Measures:** Conduct contact tracing, provide chemoprophylaxis where indicated, and implement community-level response measures to limit transmission.
- **Enhance Risk Communication:** Educate communities on early symptoms (sudden fever, stiff neck, altered consciousness) and the importance of urgent medical care.

Chickenpox (Varicella)

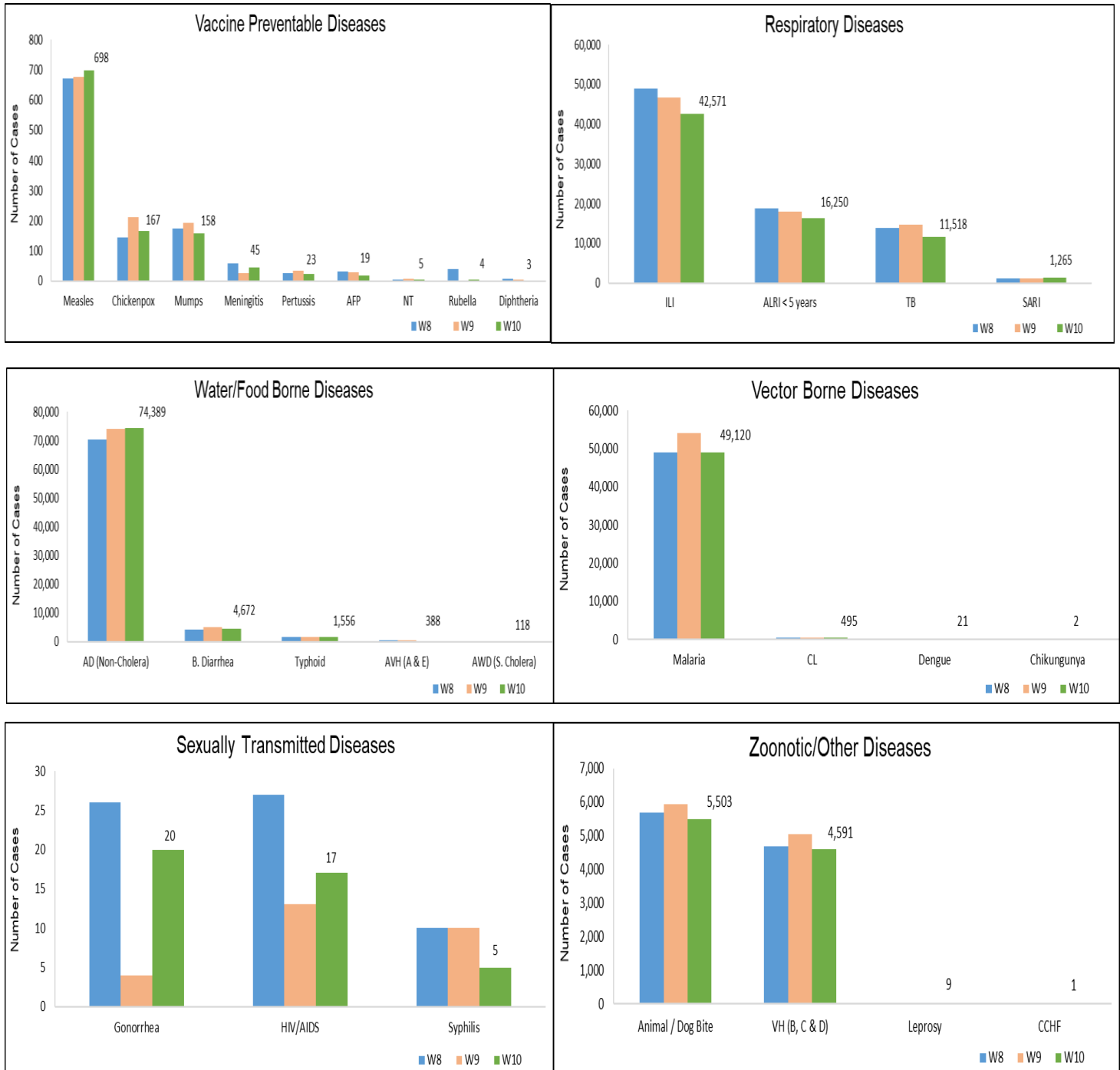
- **Strengthen Surveillance and Reporting:** Integrate chickenpox case reporting within IDSR, ensuring timely notification of outbreaks, especially in schools and other crowded settings.
- **Support Laboratory Confirmation (when indicated):** Facilitate PCR or serological testing for atypical, severe, or outbreak-related cases to confirm diagnosis.
- **Promote Vaccination:** Strengthen varicella vaccination strategies were included in national policy, prioritizing high-risk groups and outbreak-affected areas.
- **Implement Isolation and Contact Management:** Advise isolation of cases during the infectious period and identify susceptible high-risk contacts for post-exposure prophylaxis where appropriate.
- **Promote Community Awareness:** Disseminate information on symptom recognition, transmission through respiratory droplets and contact with lesions, home-based care, and early referral for complication



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 10, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,539	4,878	513	320	23,999	NR	43,140	74,389
Malaria	8	1,684	0	0	2,322	NR	45,106	49,120
ILI	2,493	4,793	225	1,581	3,332	NR	30,147	42,571
ALRI < 5 years	1,317	1,209	816	1	1,042	NR	11,865	16,250
TB	91	15	59	15	278	NR	11,060	11,518
Animal / Dog Bite	115	70	0	0	951	NR	4,367	5,503
B. Diarrhea	36	724	39	17	634	NR	3,222	4,672
VH (B, C & D)	51	42	5	2	78	NR	4,413	4,591
Typhoid	32	231	90	1	432	NR	770	1,556
SARI	166	400	76	0	480	NR	143	1,265
Measles	5	16	28	1	530	NR	118	698
CL	0	59	0	0	430	NR	6	495
AVH (A & E)	23	4	0	0	130	NR	231	388
Chickenpox/ Varicella	5	9	4	2	78	NR	69	167
Mumps	12	17	3	1	95	NR	30	158
AWD (S. Cholera)	4	96	3	0	14	NR	1	118
Meningitis	3	0	3	0	15	NR	24	45
Pertussis	0	13	0	0	10	NR	0	23
Dengue	0	1	0	0	0	NR	20	21
Gonorrhoea	0	10	0	0	4	NR	6	20
AFP	0	1	0	0	10	NR	8	19
HIV/AIDS	0	1	0	0	8	NR	8	17
Leprosy	0	0	0	0	0	NR	9	9
NT	0	1	0	0	4	NR	0	5
Syphilis	0	0	0	0	0	NR	5	5
Rubella	0	4	0	0	0	NR	0	4
Diphtheria	0	0	0	0	2	NR	1	3
Chikungunya	0	0	0	0	2	NR	0	2
CCHF	0	0	0	0	1	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 10, 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 Larkana, Khairpur and Sanghar whereas ILI cases are from Khairpur, Mirpurkhas and Badin.
- Eight cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of Chicken pox, Mumps, AFP, ILI, ALRI<5years, TB, Malaria, VH (B, C&D) and dog bite cases while an increase in the number of cases of Measles, Meningitis, Diphtheria, and AD (Non- Cholera) this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 10, 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	2,129	2,458	2,799	519	662	154	134	227	47	0
Dadu	2,848	2,209	1,063	1,975	473	70	256	359	101	41
Ghotki	2,304	1,088	23	696	516	568	329	91	0	0
Hyderabad	616	2,258	2,082	168	322	107	90	48	7	2
Jacobabad	1,435	684	1,000	413	288	161	210	92	19	1
Jamshoro	1,863	1,875	124	485	559	100	116	66	17	9
Kamber	3,139	1,617	0	280	813	84	369	101	25	0
Karachi Central	8	1,469	1,365	81	245	23	140	1	82	2
Karachi East	29	344	2	30	30	2	22	5	0	2
Karachi Keamari	4	497	173	14	0	0	20	3	3	0
Karachi Korangi	79	315	18	1	66	0	5	19	3	2
Karachi Malir	64	1,354	2,426	333	97	9	33	29	5	4
Karachi South	10	69	0	0	0	0	0	0	0	0
Karachi West	363	812	1,429	362	72	19	85	12	26	0
Kashmore	1,436	294	276	75	112	4	231	14	0	0
Khairpur	3,561	3,046	6,177	1,191	953	245	373	310	204	9
Larkana	3,907	1,632	5	342	758	32	78	317	3	0
Matiari	1,936	1,606	3	277	662	302	129	68	2	14
Mirpurkhas	1,503	3,044	3,483	485	671	36	180	161	4	45
Naushero Feroze	1,631	1,499	601	551	280	101	260	361	71	1
Sanghar	3,349	2,117	79	498	1,015	1,225	229	46	22	1
Shaheed Benazirabad	1,987	1,565	0	226	293	187	146	72	75	0
Shikarpur	1,868	988	4	315	271	273	396	182	4	0
Sujawal	743	1,268	0	408	130	41	61	116	1	0
Sukkur	1,535	1,262	2,166	381	397	243	180	120	6	0
Tando Allahyar	1,136	1,324	1,561	148	323	105	63	94	6	5
Tando Muhammad Khan	628	1,066	68	150	421	76	124	88	0	0
Tharparkar	1,871	2,380	1,365	793	356	71	1	132	7	18
Thatta	1,029	1,326	1,855	247	35	155	107	17	5	72
Umerkot	2,095	1,674	0	421	240	20	0	71	25	3
Total	45,106	43,140	30,147	11,865	11,060	4,413	4,367	3,222	770	231



Figure 2: Most frequently reported suspected cases during Week 10, Sindh.

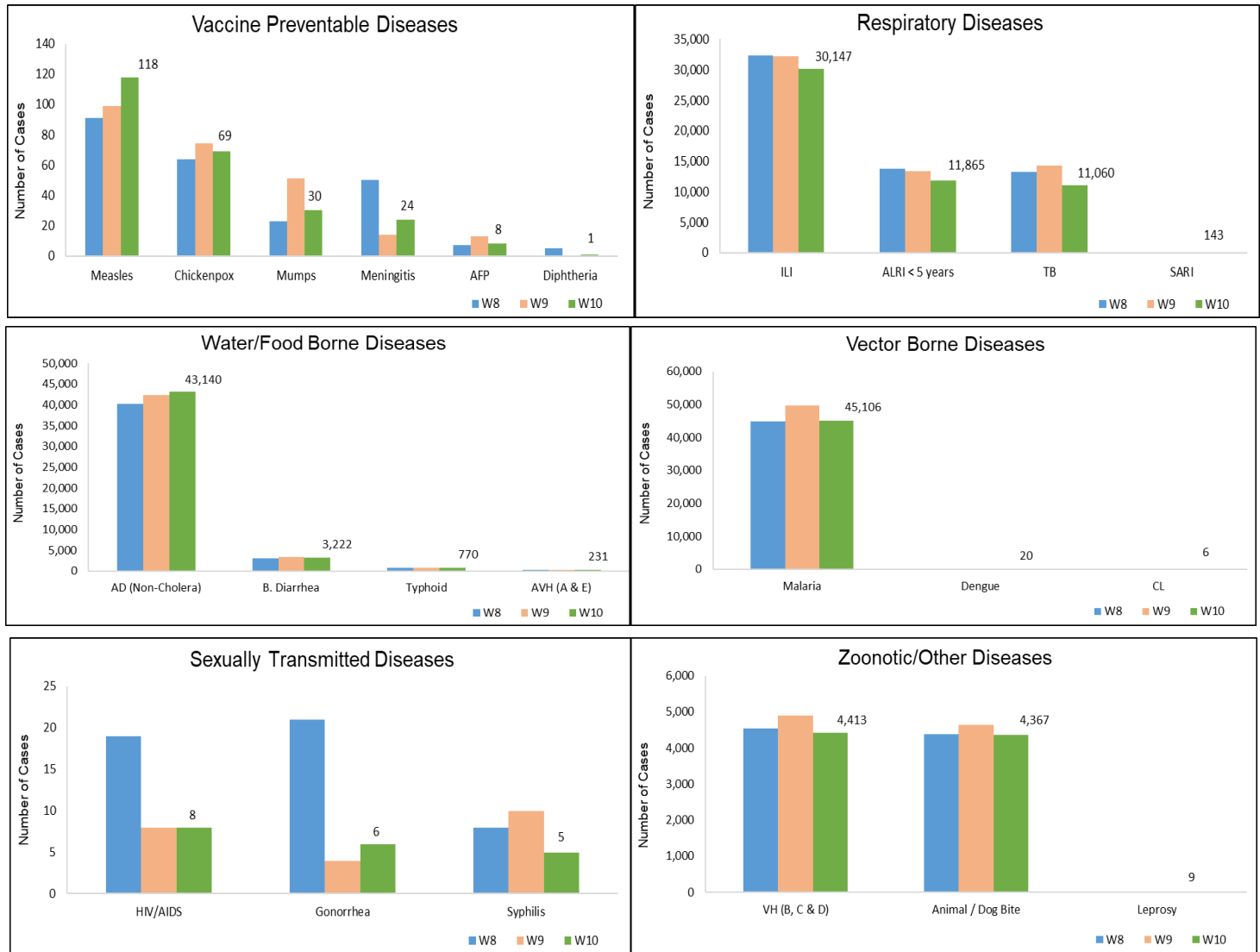
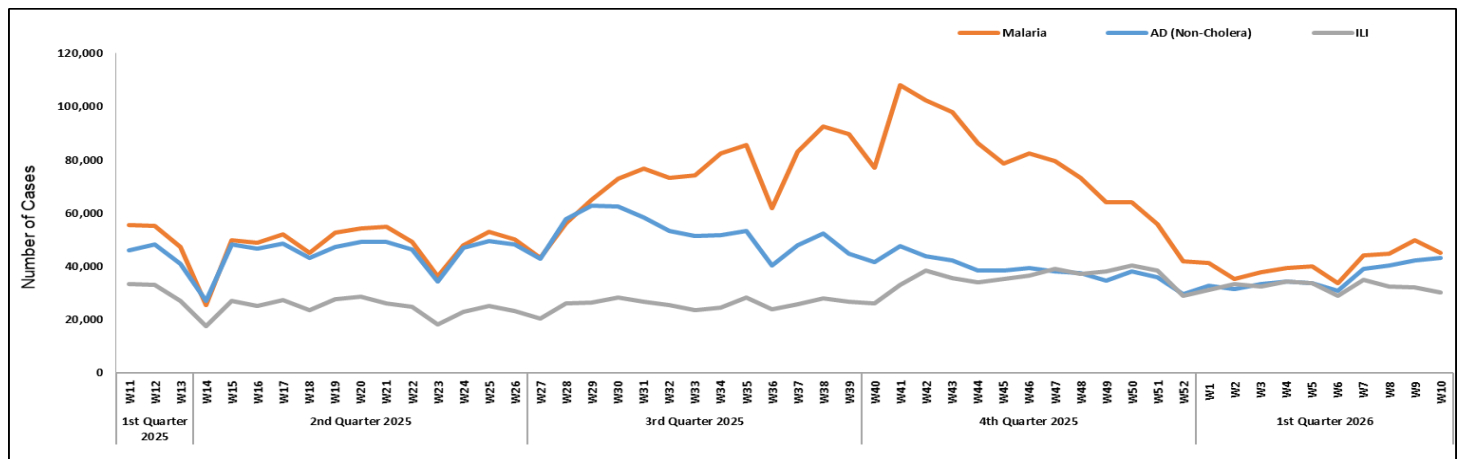


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



- AD (Non-Cholera), ILI, Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), Animal / Dog bite and CL cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Gwadar, Kech (Turbat) and Kharan while AD (Non-Cholera) cases are mostly reported from Kech (Turbat), Usta Muhammad and Sibi.
- One case of AFP reported from Balochistan. Field investigation is required to confirm the cases.
- Rubella and CL showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of Mumps, Measles, Pertussis, Chickenpox, ILI, ALRI < 5 years, SARI, AD (Non-Cholera), B. Diarrhea, Malaria, and dog bite.

Table 3: District wise distribution of most frequently reported suspected cases during Week 10, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Animal / Dog Bite	CL
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	79	51	32	21	18	3	20	0	0	0
Chagai	173	312	34	0	45	0	10	0	0	0
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	10	0	8	9	0	0	2	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	441	935	42	5	72	NR	6	NR	NR	NR
Harnai	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Hub	176	73	45	15	11	1	3	2	0	5
Jaffarabad	166	5	117	6	32	12	3	0	0	0
Jhal Magsi	114	93	90	10	0	0	2	0	0	0
Kachhi (Bolan)	197	248	257	70	31	14	0	16	13	0
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	604	821	203	8	86	11	8	NR	NR	1
Kharan	192	497	12	0	83	10	4	2	0	0
Khuzdar	114	126	71	5	15	28	29	25	10	11
Killa Abdullah	144	151	0	10	25	80	5	15	11	0
Killa Saifullah	81	0	88	134	30	25	7	1	0	0
Kohlu	21	93	14	23	16	NR	5	NR	NR	NR
Lasbella	340	68	166	140	42	0	9	0	0	18
Loralai	151	323	11	46	26	81	7	0	0	0
Mastung	246	245	22	163	46	23	10	0	7	1
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	369	11	145	65	24	26	55	0	0	11
Nushki	112	0	0	8	38	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	36	56	2	76	5	11	6	1	0	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	490	297	187	94	32	56	23	26	0	12
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	496	217	118	221	43	19	4	0	3	0
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Ziarat	126	171	20	80	4	0	13	8	26	0
Total	4,878	4,793	1,684	1,209	724	400	231	96	70	59



Figure 4: Most frequently reported suspected cases during Week 10, Balochistan.

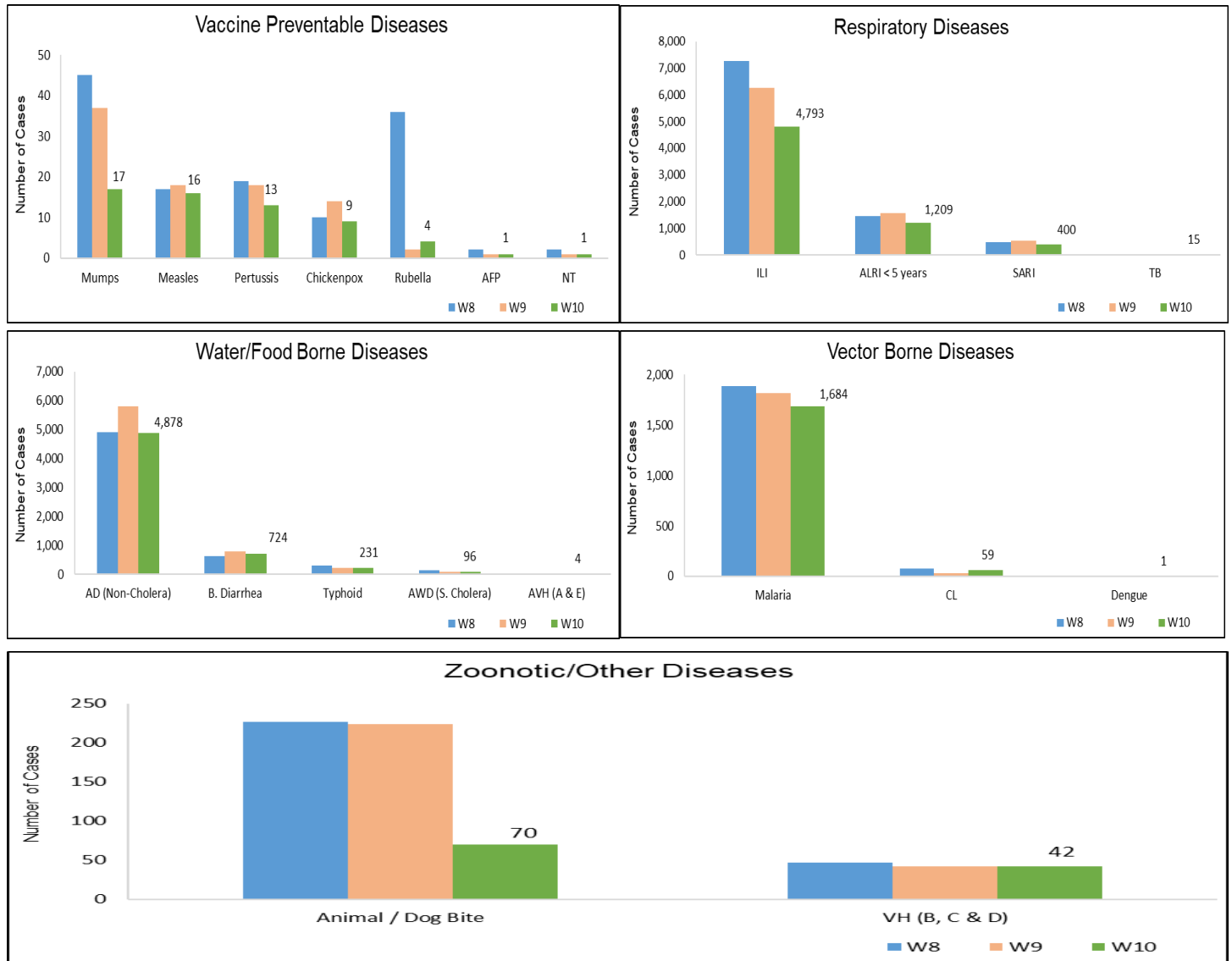
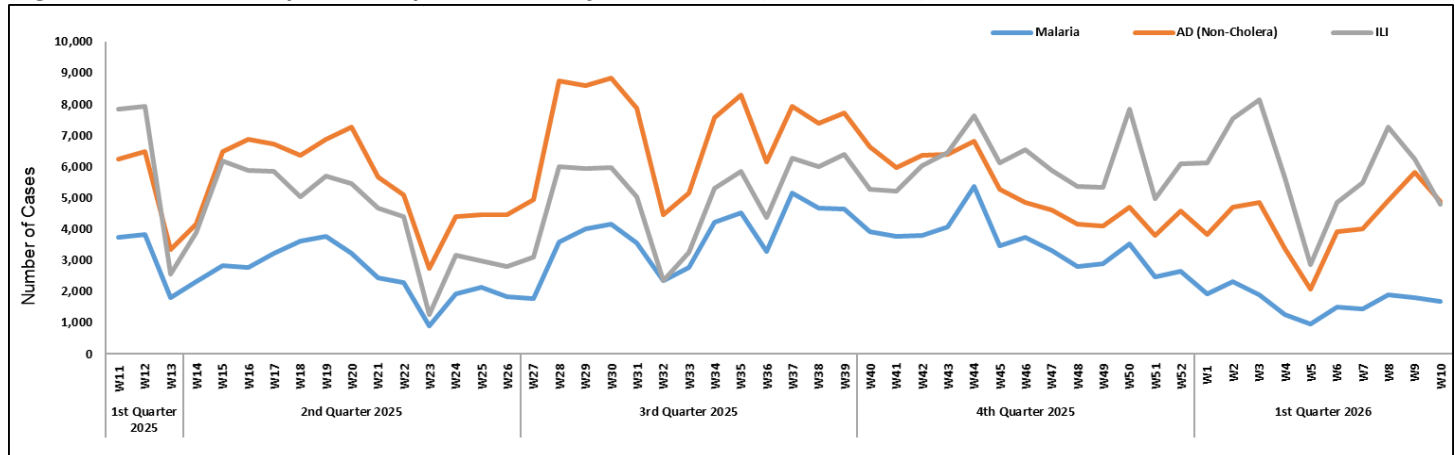


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



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

Table 4: District wise distribution of most frequently reported suspected cases during Week 10, KP.

Districts	AD (non-cholera)	ILI	Malaria	ALRI < 5 years	Animal / Dog Bite	B. Diarrhea	Measles	SARI	Typhoid	CL
Abbottabad	680	223	0	28	51	8	17	19	6	0
Bajaur	610	0	108	11	53	34	28	37	1	15
Bannu	781	4	766	10	5	12	79	4	84	11
Battagram	290	402	18	7	9	1	6	2	4	0
Buner	208	0	82	0	13	0	0	0	0	0
Charsadda	1,709	661	201	202	30	92	39	0	62	1
Chitral Lower	311	14	4	20	13	19	0	13	7	6
Chitral Upper	81	15	2	4	0	1	0	3	13	0
D.I. Khan	2,283	0	101	21	4	30	40	0	1	3
Dir Lower	1,189	0	58	10	51	69	31	0	18	0
Dir Upper	451	26	4	67	11	14	4	0	12	0
Hangu	375	7	58	0	23	7	2	0	4	44
Haripur	1,016	48	0	30	26	0	0	0	0	0
Karak	349	17	54	44	40	21	34	0	6	129
Khyber	329	7	55	8	52	61	2	2	31	28
Kohat	446	0	41	1	43	9	0	0	12	61
Kohistan Lower	135	0	0	2	0	1	2	0	1	0
Kohistan Upper	350	0	0	2	1	18	2	0	1	0
Kolai Palas	39	11	0	1	2	8	0	0	0	0
L & C Kurram	36	6	7	5	1	2	0	0	4	0
Lakki Marwat	532	5	119	6	86	0	0	0	9	0
Malakand	616	223	17	29	0	0	15	24	0	0
Mansehra	480	84	0	1	0	0	0	0	0	0
Mardan	1,271	110	31	196	20	19	18	4	15	2
Mohmand	83	68	67	1	19	17	3	83	3	63
North Waziristan	67	6	42	37	3	7	42	18	18	0
Nowshera	1,366	30	97	34	11	27	19	15	15	14
Orakzai	97	4	6	0	2	7	1	0	0	0
Peshawar	2,876	270	9	54	1	55	95	22	22	0
Shangla	794	0	151	14	87	5	4	0	11	0
South Waziristan (Lower)	55	66	19	19	9	7	8	50	3	45
SWU	21	12	0	1	0	0	0	3	0	0
Swabi	1,498	769	68	79	224	15	32	163	43	0
Swat	1,843	110	35	72	41	49	3	0	18	0
Tank	450	21	76	3	0	0	1	0	0	0
Tor Ghar	83	0	16	12	14	5	2	0	3	8
Upper Kurram	199	113	10	11	6	14	1	18	5	0
Total	23,999	3,332	2,322	1,042	951	634	530	480	432	430



Figure 6: Most frequently reported suspected cases during Week 10, KP.

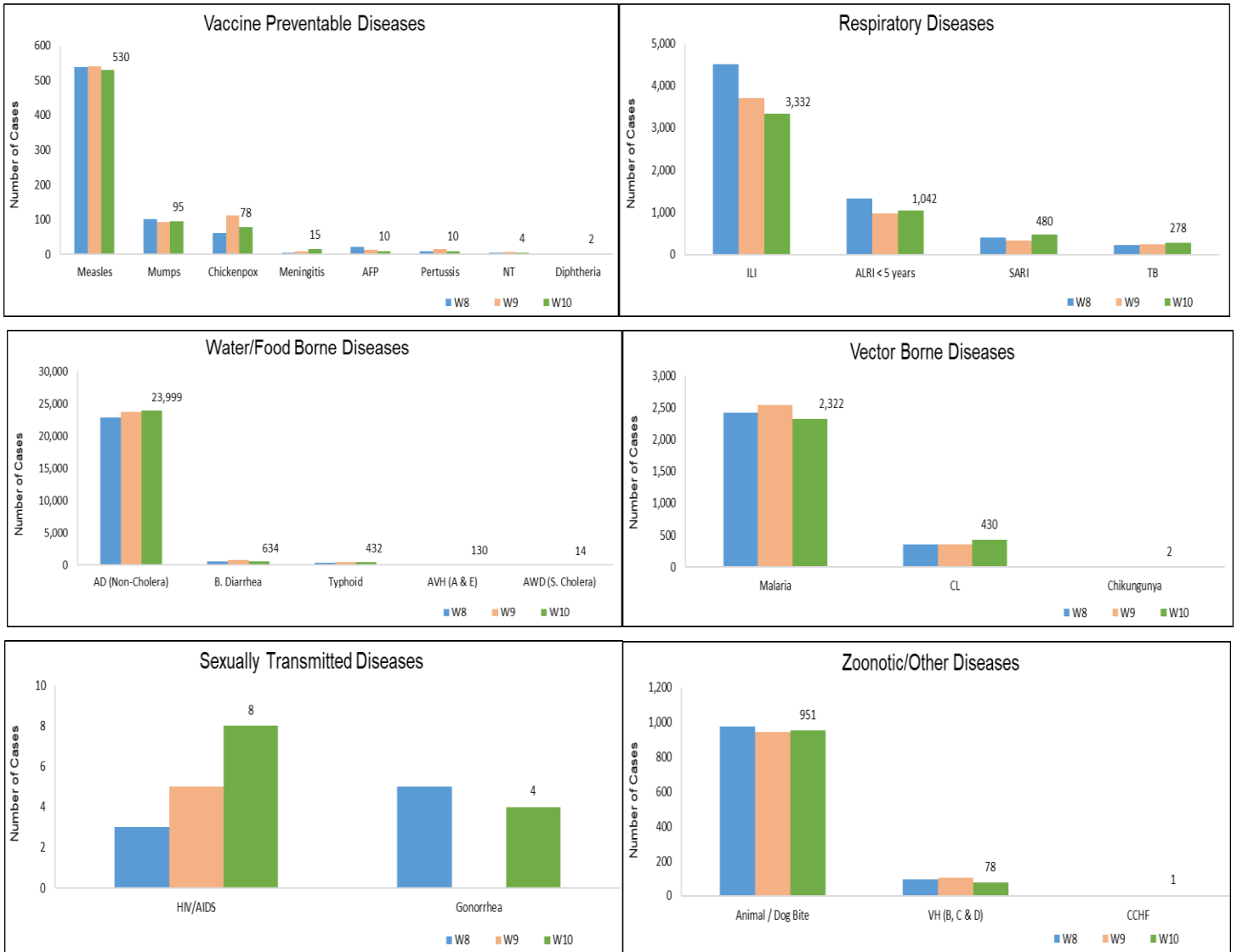
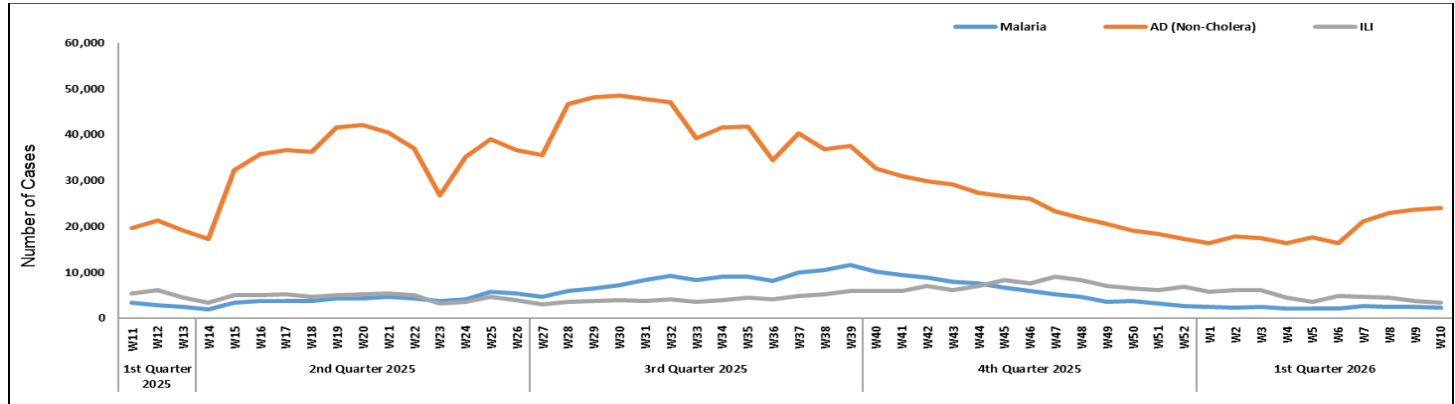


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



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

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

Figure 8: Most frequently reported suspected cases during Week 10, AJK.

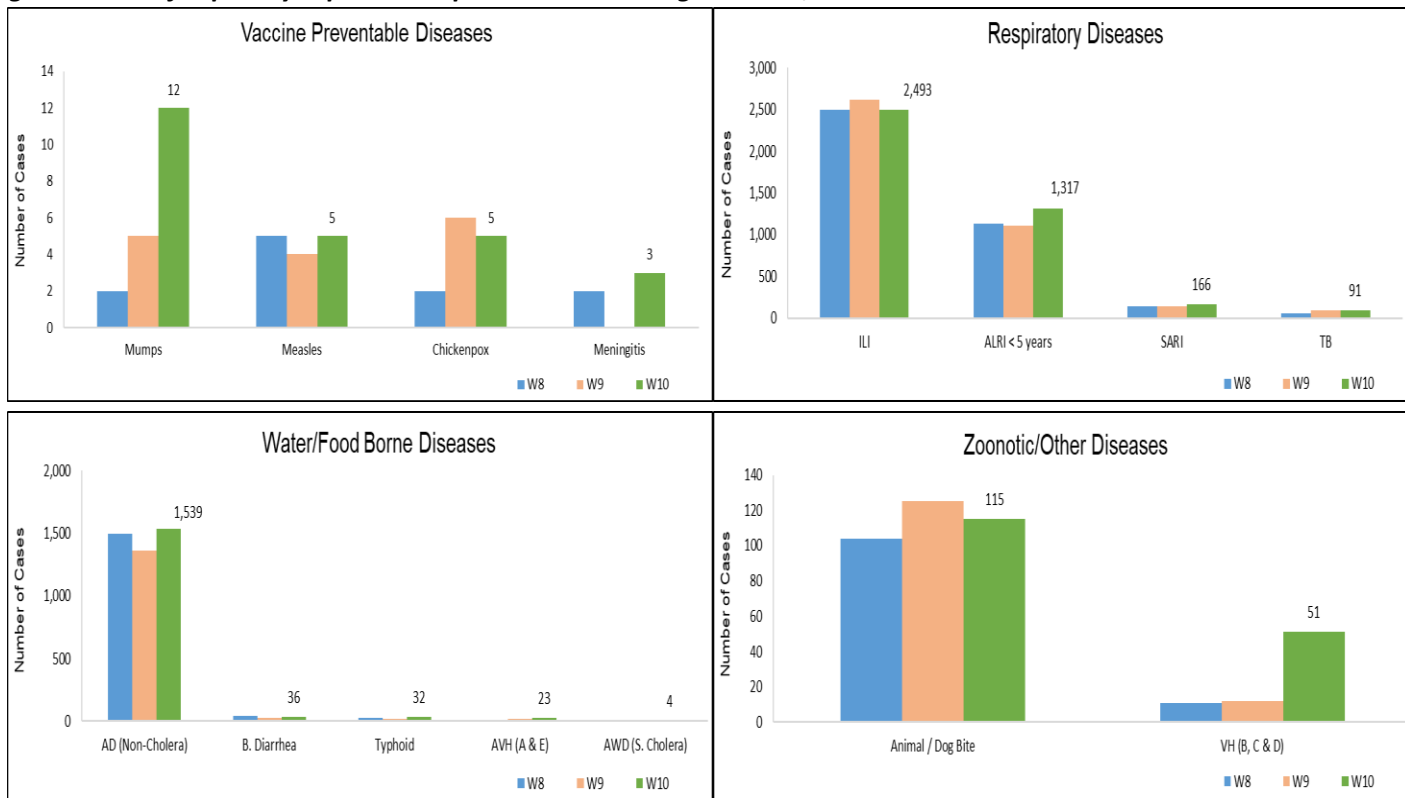


Figure 9: Week wise reported suspected cases of AD (Non-Cholera) and ILI, AJK.

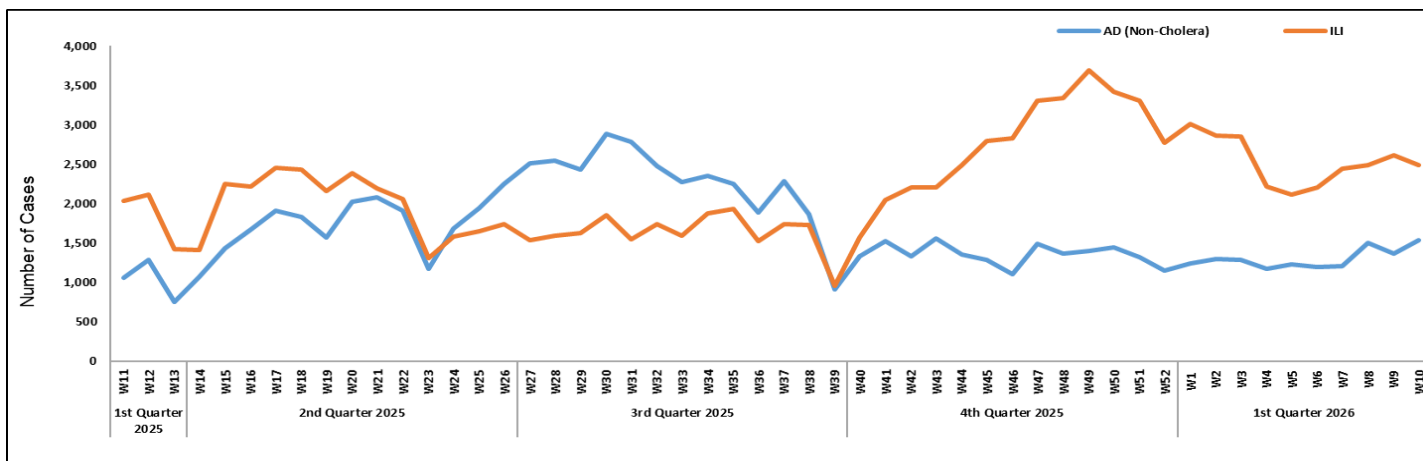


Figure 10: Most frequently reported suspected cases during Week 10, ICT.

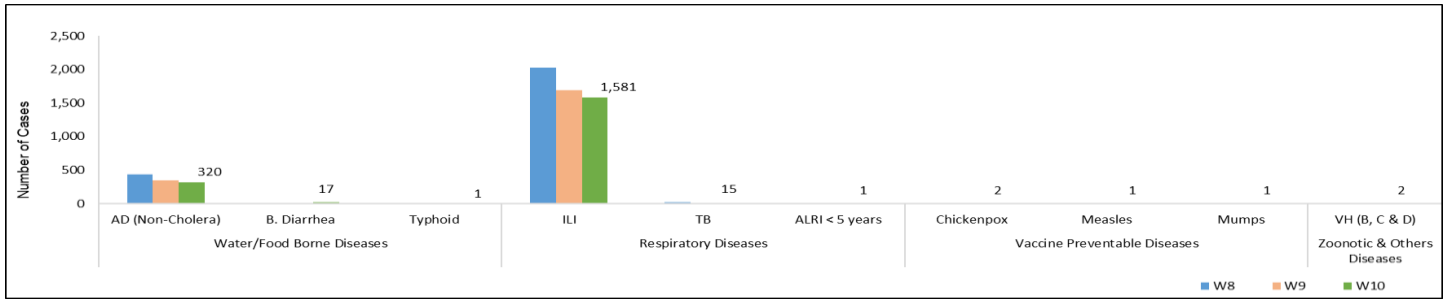


Figure 11: Week wise reported suspected cases of ILI, ICT.

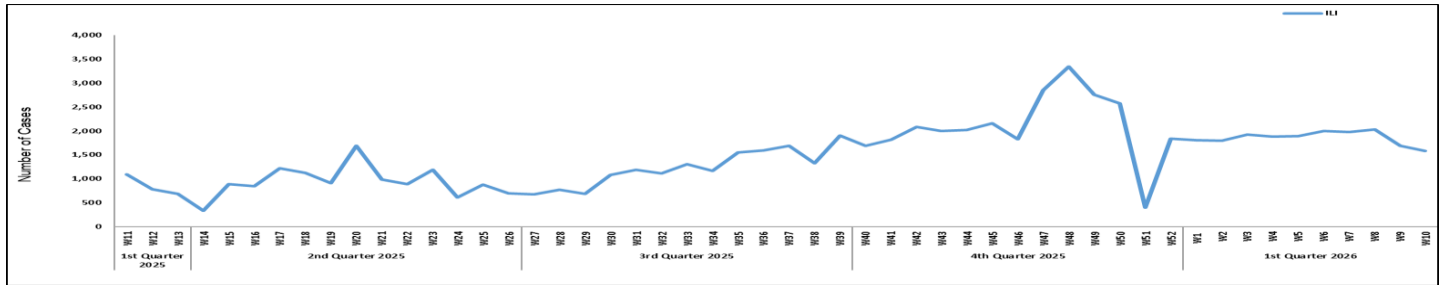


Figure 12: Most frequently reported suspected cases during Week 10, GB.

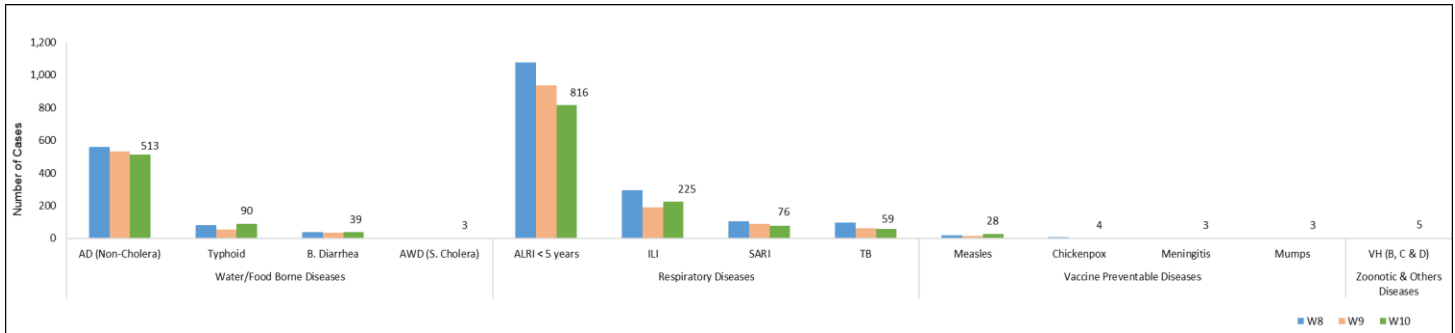


Figure 13: Week wise reported suspected cases of ALRI < 5 years, GB.

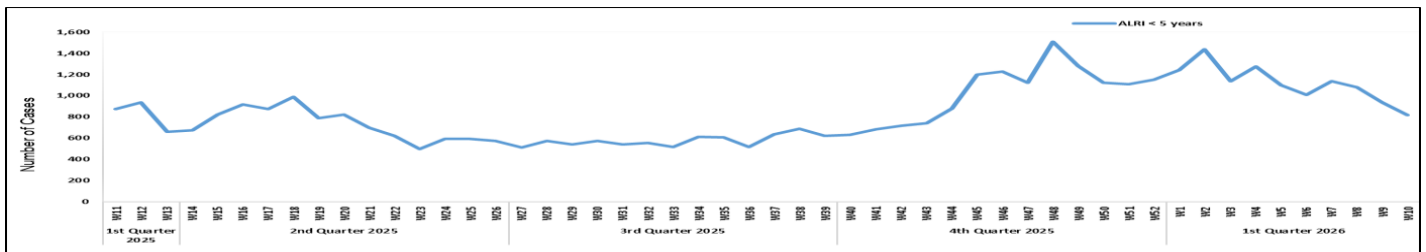


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 10, Pakistan.

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)	47	1	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity	215	3	-	-	-	-	-	-	-	-	-	-	2	0
Malaria	6,235	241	1,368	91	74	14	-	-	157	0	-	-	13	0
CCHF	-	-	1	0	-	-	-	-	-	-	-	-	-	-
Dengue	1,229	24	30	0	-	-	-	-	-	-	-	-	-	-
VH (B)	11,430	260	856	91	70	0	-	-	677	5	-	-	503	7
VH (C)	11,397	1,094	1,014	148	70	0	-	-	755	2	-	-	500	18
VH (D)	262	75	40	9	-	-	-	-	-	-	-	-	-	-
VH (A)	10	3	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)	50	18	-	-	-	-	-	-	-	-	-	-	-	-
TB	733	95	178	21	23	8	-	-	83	0	-	-	58	3
HIV/ AIDS	3,240	29	617	1	34	0	-	-	283	0	-	-	458	1
Syphilis	1,102	17	77	0	5	0	-	-	151	0	-	-	-	-
Typhoid	641	5	140	26	-	-	-	-	169	5	-	-	-	-
Diphtheria	7	0	-	-	-	-	-	-	-	-	-	-	-	-
ILI	12	2	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)	144	35	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	11	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles	263	96	23	8	398	189	16	8	-	-	387	60	30	13
Leishmaniosis (cutaneous)	9	0	92	41	5	3	-	-	1	0	-	-	-	-
Mpox	1	0	-	-	-	-	-	-	-	-	-	-	-	-
SARI	16	6	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	-	-	-	-	-	-	-	-	-	11	0	2	0
	SARI	-	-	-	-	-	10	0	-	-	68	0	14	0
Influenza A	ILI	-	-	-	-	-	-	-	-	-	11	0	2	0
	SARI	-	-	-	-	-	10	0	-	-	68	0	14	0
Influenza B	ILI	-	-	-	-	-	-	-	-	-	11	0	2	0
	SARI	-	-	-	-	-	10	0	-	-	68	0	14	0
RSV	ILI	-	-	-	-	-	-	-	-	-	11	0	2	0
	SARI	-	-	-	-	-	10	0	-	-	68	2	14	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.

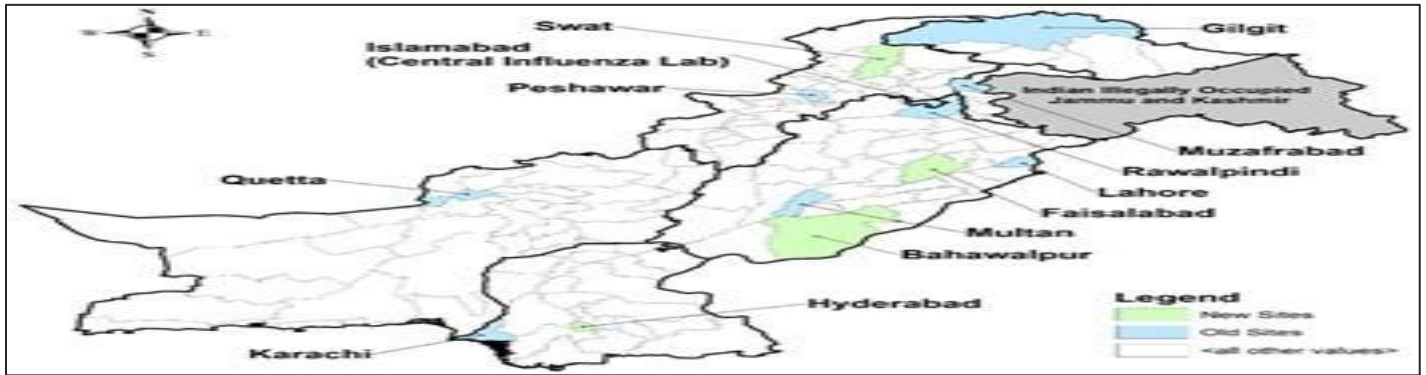


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 10, Pakistan.

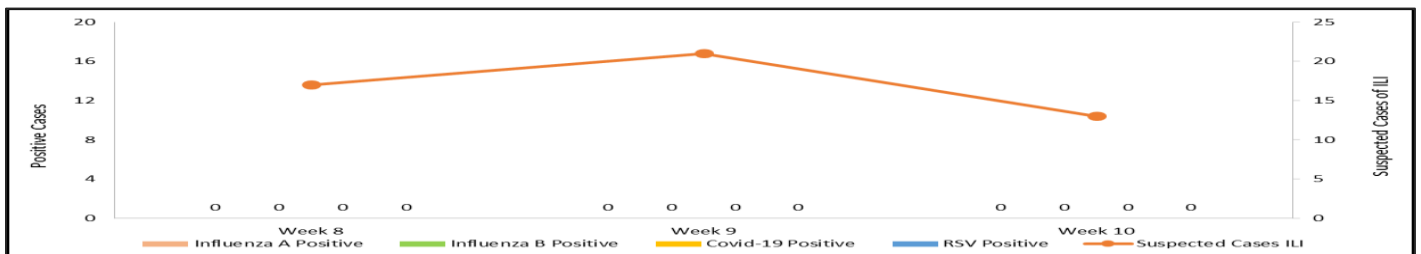
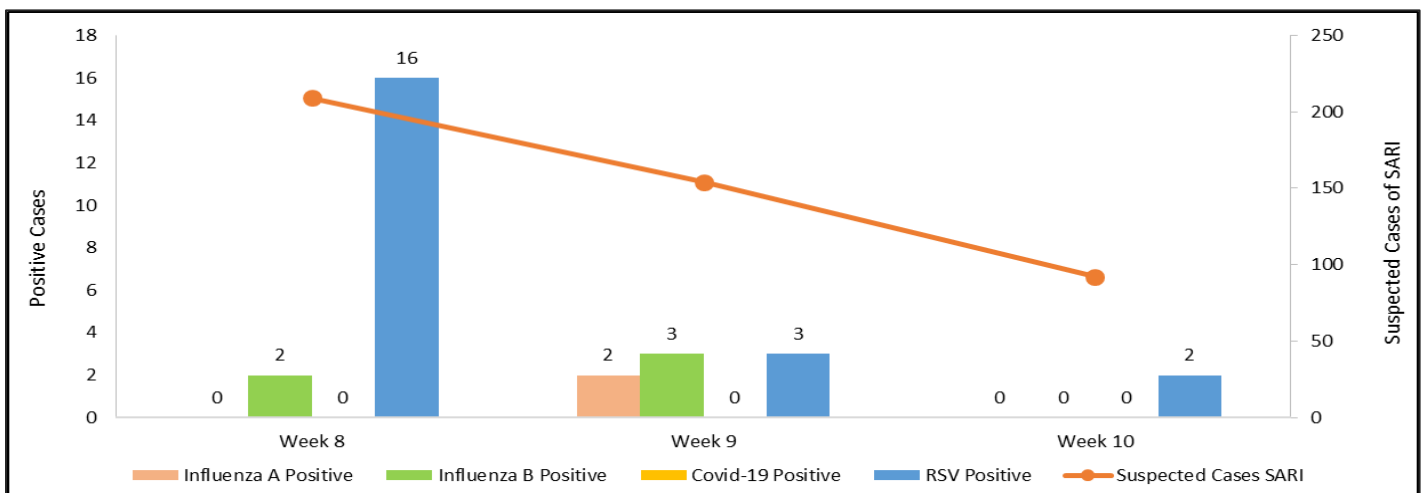


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 10, Pakistan.



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 10, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	104	94%
	Bannu	238	127	53%
	Battagram	59	44	75%
	Buner	34	16	47%
	Bajaur	44	43	98%
	Charsadda	59	58	98%
	Chitral Upper	34	30	88%
	Chitral Lower	35	34	97%
	D.I. Khan	114	114	100%
	Dir Lower	74	62	84%
	Dir Upper	37	16	43%
	Hangu	22	20	91%
	Haripur	72	71	99%
	Karak	36	36	100%
	Khyber	53	38	72%
	Kohat	61	61	100%
	Kohistan Lower	11	10	91%
	Kohistan Upper	20	19	95%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	16	38%
	Upper Kurram	41	34	83%
	Malakand	42	32	76%
	Mansehra	133	127	95%
	Mardan	80	72	90%
	Nowshera	56	51	91%
	North Waziristan	13	10	77%
	Peshawar	156	131	84%
	Shangla	37	32	86%
	Swabi	66	65	98%
	Swat	77	75	97%
	South Waziristan (Upper)	93	38	41%
	South Waziristan (Lower)	42	29	69%
Tank	34	33	97%	
Torghar	14	13	93%	
Mohmand	68	27	40%	
Orakzai	69	8	12%	
Azad Jammu Kashmir	Mirpur	39	39	100%
	Bhimber	92	77	84%
	Kotli	60	60	100%
	Muzaffarabad	45	42	93%
	Poonch	46	46	100%



	Haveli	39	39	100%
	Bagh	54	37	69%
	Neelum	39	33	85%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	15	6	40%
Balochistan	Gwadar	26	24	92%
	Kech	44	33	75%
	Khuzdar	74	21	28%
	Killa Abdullah	26	22	85%
	Lasbella	55	55	100%
	Pishin	69	0	0%
	Quetta	55	8	15%
	Sibi	36	30	83%
	Zhob	39	0	0%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	7	9%
	Chagi	36	22	61%
	Kalat	41	40	98%
	Harnai	17	0	0%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	0	0%
	Surab	32	0	0%
	Mastung	46	46	100%
	Loralai	33	24	73%
	Killa Saifullah	28	14	50%
	Ziarat	29	22	76%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	5	11%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	16	80%
Hub	33	29	88%	
Musakhel	41	0	0%	
Usta Muhammad	34	34	100%	
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	25	20	80%
	Ghizer	38	9	0%
	Gilgit	44	44	100%
	Diامر	62	59	95%
	Astore	55	55	100%
	Shigar	27	10	37%



	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	271	98%
	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	31	89%
	Karachi-Kemari	22	21	95%
	Karachi-Central	12	11	92%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	Sujawal	55	54	98%
	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%
	Matiali	42	42	100%
	Jamshoro	75	74	99%
Tando Allahyar	54	53	98%	
Tando Muhammad Khan	41	41	100%	
Shaheed Benazirabad	122	121	99%	



Table 7: Compliance of IDSR reporting Tertiary care hospitals Week 10, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for 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	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%



Advancing One Health Coordination: Operationalization Workshop Strengthens Multisectoral Action in Balochistan

The National Institute of Health Pakistan, in collaboration with the Health Department of Balochistan and key international partners, including the World Health Organization, Food and Agriculture Organization, and Asian Development Bank, successfully conducted a One Health Unit Operationalization Workshop in Quetta. The workshop marked a significant milestone in strengthening integrated, multisectoral approaches to public health in the province



The event brought together a diverse group of stakeholders from the human health, animal health, and environmental sectors, including representatives from the Environmental Protection Agency, academia, and development partners. This cross-sectoral engagement reflects the core principles of the One Health approach, which recognizes the interconnectedness of human, animal, and environmental health in preventing and responding to emerging health threats.

A central focus of the workshop was operationalizing the Provincial One Health Unit, a strategic platform to institutionalize coordination among relevant sectors. Through a series of interactive sessions, technical discussions, and group exercises, participants collaborated to define roles and responsibilities, establish coordination mechanisms, and outline the governance structures necessary for the Unit's effective functioning.



In addition, participants jointly developed and finalized the Annual One Health Action Plan for Balochistan. The action plan outlines priority interventions to enhance preparedness, early detection, and rapid response to zoonotic diseases, environmental hazards, and other public health emergencies. Emphasis was placed on strengthening surveillance systems, improving data sharing across sectors, building workforce capacity, and promoting risk communication and community engagement.

The workshop also highlighted the importance of aligning provincial One Health efforts with national frameworks and international commitments, ensuring coherence in implementation and

maximizing the impact of partner-supported initiatives. Participants underscored the need for sustained collaboration, resource mobilization, and continuous monitoring to translate plans into actionable outcomes.

This initiative represents a critical step in advancing coordinated One Health implementation in Balochistan. By reinforcing partnerships across sectors and establishing a functional One Health Unit, the province is better positioned to address complex health challenges at the human-animal-environment interface. The strengthened multisectoral collaboration is expected to significantly enhance the province's capacity to prevent, detect, and respond to emerging public health threats, contributing to a more resilient and integrated health system in Pakistan.

Knowledge Hub

Meningitis: What You Need to Know

Meningitis is a serious inflammation of the protective membranes (meninges) that cover the brain and spinal cord. It is a medical emergency because it can progress rapidly, leading to permanent disability or death within hours.

The "meninges" are three layers of membranes that protect the central nervous system. When these layers become infected, they swell, putting pressure on the brain and spinal cord.

While many things can cause this inflammation, the most common are:

- **Bacterial Meningitis:** The most severe form. It can be fatal and requires immediate antibiotic treatment.

- **Viral Meningitis:** Generally, less severe than bacterial; most people recover on their own, though it can still be very painful.
- **Fungal Meningitis:** Rare, usually affecting people with weakened immune systems (e.g., HIV/AIDS or cancer).
- **Non-infectious:** Caused by head injuries, brain surgery, or certain cancers/medications.

How It Spreads

Most germs that cause meningitis are passed from person to person through **respiratory and throat secretions** (saliva or spit).

- **Close Contact:** Coughing, sneezing, or kissing.
- **Living Quarters:** It spreads easily in places where people live in proximity, like college dorms or military barracks.
- **Carriers:** Some people carry the bacteria in their nose or throat without getting sick themselves, but they can still pass it to others.

Signs & Symptoms

The classic "triad" of symptoms in adults includes **fever, headache, and neck stiffness**.

- **Sudden high fever.**
- **Stiff neck:** Difficulty or pain when trying to touch the chin to the chest.
- **Severe headache:** Often described as the "worst headache of my life."
- **Sensitivity to light (Photophobia).**
- **Confusion** or altered mental state.
- **Nausea and vomiting.**
- **Skin Rash:** A dark red or purple "petechial" rash that does not fade



when pressed (common in meningococcal meningitis).

However, babies may not show a stiff neck. Instead, a bulging "soft spot" (fontanel) on the head, constant crying, extreme irritability, or poor feeding may be.

Diagnosis

If meningitis is suspected, doctors must act fast. The gold standard for diagnosis is a **Lumbar Puncture (Spinal Tap)**.

A needle is inserted into the lower back to collect cerebrospinal fluid (CSF). This fluid is tested to see if the cause is bacterial, viral, or fungal, which dictates the treatment plan.

Treatment

- **Bacterial:** Treat immediately with **intravenous (IV) antibiotics** and sometimes corticosteroids to reduce brain swelling.
- **Viral:** Antibiotics won't help. Treatment usually involves rest, fluids, and over-the-counter pain medicine.
- **Fungal:** Requires long-term, high-dose antifungal medication.

Prevention

1. **Vaccination:** This is the single most effective way to prevent bacterial meningitis. Major vaccines include:
 - **Meningococcal**
 - **Pneumococcal (PCV13, PPSV23)**
 - **Hib (Haemophilus influenzae type b)**
2. **Healthy Habits:** Don't share drinks, utensils, or lip balms. Wash your hands frequently.
3. **Prophylaxis:** If you have been in close contact with someone who has bacterial meningitis, a doctor may give you "preventative" antibiotics.

More Information

For official guidelines and current outbreak data, visit:

- **Centers for Disease Control and Prevention (CDC):**
cdc.gov/meningitis
- **World Health Organization (WHO):**
who.int/news-room/fact-sheets/detail/meningitis
- **Meningitis Research Foundation:**
meningitis.org





What you need to know about MENINGOCOCCAL DISEASE

Meningococcal disease is caused by the bacteria *Neisseria meningitidis*. It is transmitted from person-to-person through saliva and spit. Babies, small children and young adults are most at risk.

Early treatment saves lives.



Immediately visit your nearest health facility if you or a loved one experiences the following symptoms:



World Health Organization
Western Pacific Region

Symptoms

In older children and adults

- sudden fever
- vomiting
- headache
- stiff neck or backache
- nausea
- sensitivity to light
- confusion
- red or purple rash






In babies and small children

It can be difficult to notice the symptoms in babies and young children, and only few signs of illness may be present. Some of the symptoms you should be alert for are:

- high fever
- unusual crying
- refusing to eat or drink
- vomiting
- changes in sleeping patterns
- seizure
- purple rash



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