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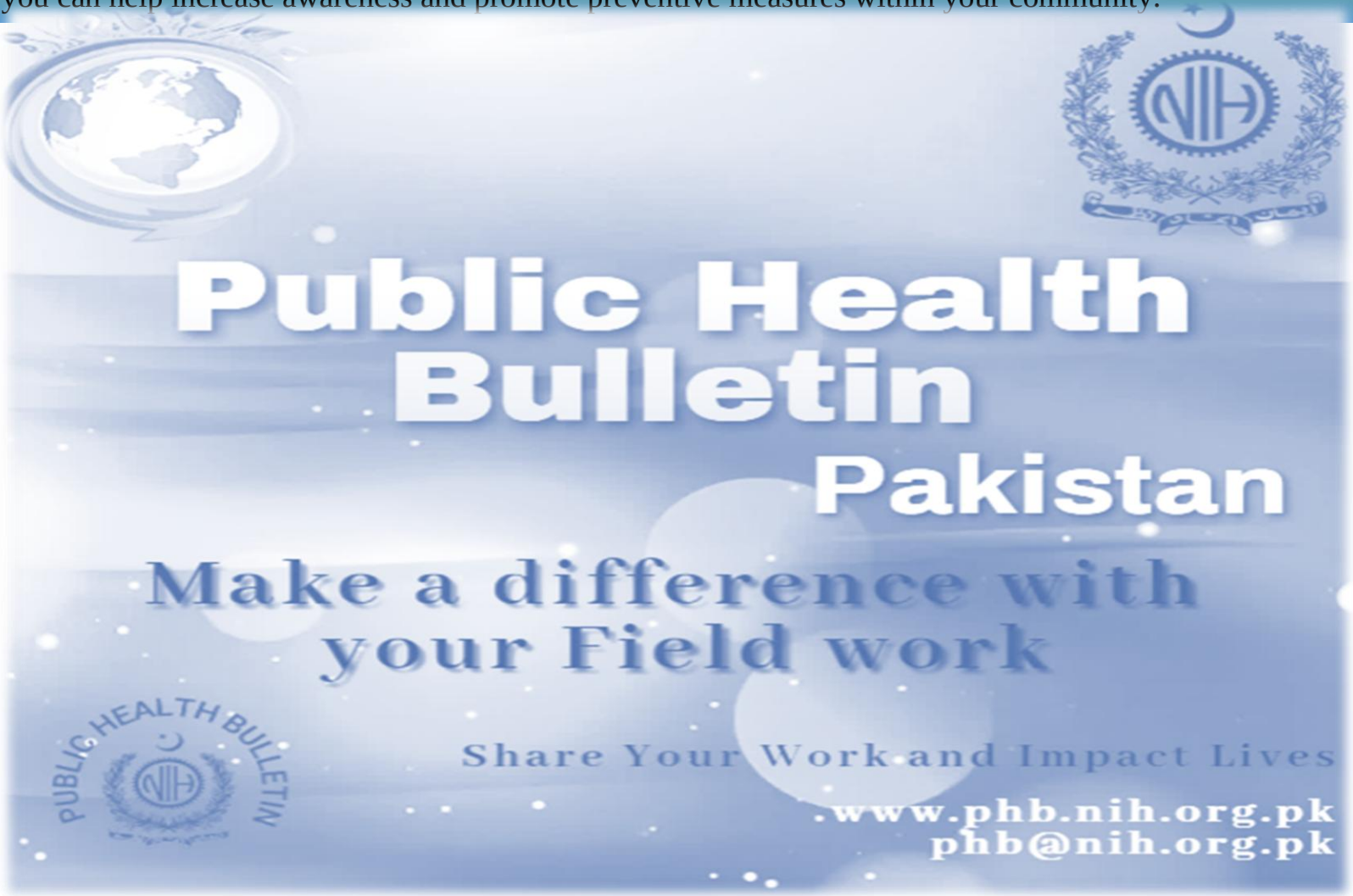
PUBLIC HEALTH BULLETIN-PAKISTAN

Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

http:/www.phb.nih.org.pk/

Integrated Disease Surveillance & Response (IDSR) Weekly Public Health Bulletin is your go-to resource for disease trends, outbreak alerts, and crucial public health information. By reading and sharing this bulletin, you can help increase awareness and promote preventive measures within your community.



Overview

IDSR Reports

Ongoing Events

Field Reports

Public Health Bulletin - Pakistan, Week 07, 2026

Pakistan's Public Health Bulletin has evolved far beyond its initial purpose as a simple list of illnesses. Today, it serves as a powerful resource, empowering both healthcare professionals and citizens with a wealth of public health information.

This comprehensive document delves deeply into prevalent diseases such as malaria, influenza, tuberculosis, and childhood respiratory infections. But its reach extends far wider, actively monitoring a broad spectrum of health concerns including diarrhea, dog bites, hepatitis, typhoid, and even potential cholera outbreaks. This critical data serves as the cornerstone for targeted prevention plans, enabling stakeholders to proactively address emerging health threats before they become widespread.

Think of the Bulletin as an early warning system for diseases. By meticulously tracking disease prevalence, it identifies trends that might otherwise go unnoticed. This allows for swift public health interventions, potentially stopping the spread of illnesses like polio and brucellosis before they erupt into major outbreaks.

The Bulletin goes beyond just presenting numbers. It offers insightful reports from field activities, as exemplified by this week's edition featuring reports on AMR activities in Balochistan, building stronger vaccination programs, and investigating and respond to recent dengue case in Rawalpindi.

The Public Health Bulletin goes beyond informing, fostering knowledge sharing through a dedicated Knowledge Hub section (featuring " Preventing Viral Hepatitis: It's Time for Action" this week). It also tackles real-world issues, like The AMR in Pakistan: A silent Epudemic through featured commentary.

By equipping everyone with knowledge, the Public Health Bulletin empowers Pakistanis to build a healthier nation.

Sincerely,
The Chief Editor

Overview

- *During Week 07, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by ILI, Malaria, ALRI <5 years, TB, Animal/ Dog Bite, VH (B, C & D), B. Diarrhea, SARI, Typhoid, and Measles.*
- *Nine cases of AFP were reported from KP, eight from Sindh, and three from AJK.*
- *Fifteen suspected cases of HIV/ AIDS were reported from Sindh, and four from KP.*
- *Eight suspected cases of Brucellosis were reported from KP.*
- *Among VPDs, there is an increase in the number of cases of Measles, Mumps, Chickenpox, Meningitis, Pertussis, Rubella (CRS), and NT this week.*
- *Among Respiratory diseases, there is an increase in the number of cases of ILI, ALRI <5 years, TB, and COVID-19 this week.*
- *Among Water/food-borne diseases, there is an increase in the number of cases of AD (Non-Cholera), B. Diarrhea, Typhoid, and AVH (A & E) this week.*
- *Among Vector-borne diseases, there is an increase in the number of cases of Malaria and CL this week.*
- *Among STDs, there is an increase in the number of cases of Gonorrhea and HIV/AIDS this week.*
- *Among Zoonotic/Other diseases, there is an increase in the number of cases of Animal/ Dog Bite, VH (B, C & D), and Brucellosis 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 88%, GB 87%, KP 79%, and ICT 76%.*
- *In Week 7, the lowest compliance rate is observed in Balochistan, 45%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	*2,234*	*1,765*	*79*
Azad Jammu Kashmir	*469*	*414*	*88*
Islamabad Capital Territory	*38*	*29*	*76*
Balochistan	*1,308*	*584*	*45*
Gilgit Baltistan	*417*	*364*	*87*
Sindh	*2,111*	*2,074*	*98*
National	*6,577*	*5,230*	*80*

Public Health Actions

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

Dog Bite

- **Strengthen Surveillance and Reporting:** Ensure timely reporting of animal bite cases through IDSR and strengthen coordination between human and animal health sectors for rabies surveillance.
- **Ensure Prompt Post-Exposure Prophylaxis (PEP):** Guarantee availability of rabies vaccine and rabies immunoglobulin at designated health facilities and train healthcare workers on proper wound management and PEP protocols.
- **Promote Immediate Wound Care:** Educate communities on immediate washing of bite wounds with soap and water for at least 15 minutes and prompt referral to health facilities.
- **Enhance Animal Vaccination and Control:** Collaborate with veterinary authorities to support mass dog vaccination campaigns, responsible pet ownership, and control of stray dog populations.
- **Raise Community Awareness:** Conduct public awareness campaigns on prevention of dog bites, safe interaction with animals, and the importance of seeking immediate medical care after exposure.

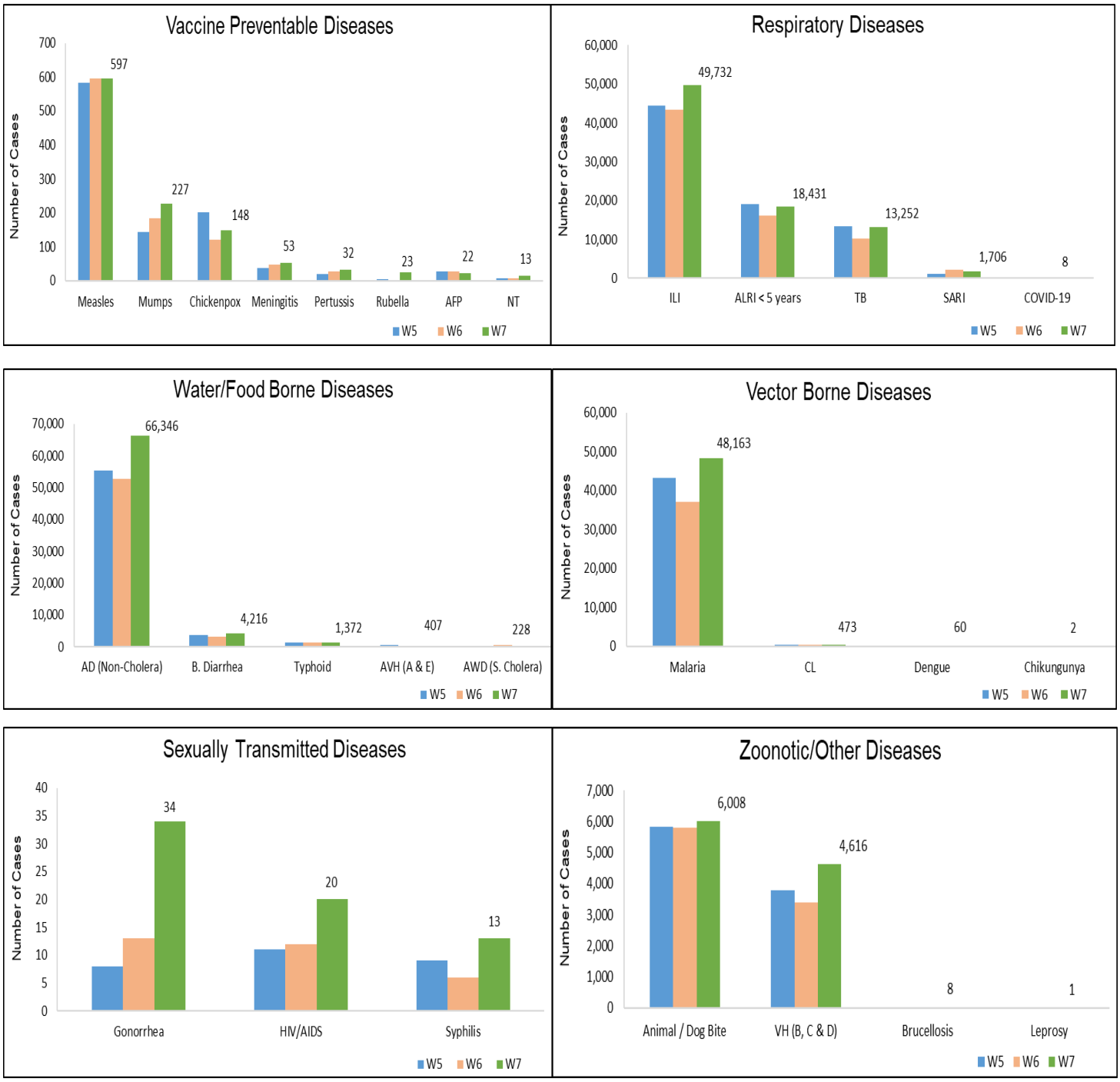
Viral Hepatitis B, C, and D

- **Strengthen Surveillance and Case Reporting:** Enhance hepatitis surveillance within IDSR and national hepatitis control programs to ensure timely detection, reporting, and monitoring of cases.
- **Improve Diagnostic and Screening Services:** Expand access to screening and confirmatory testing for hepatitis B, C, and D at primary and secondary healthcare levels, including routine screening for high-risk groups.
- **Promote Preventive Vaccination:** Strengthen coverage of hepatitis B vaccination through routine immunization, including the birth dose, and targeted vaccination for high-risk populations and healthcare workers.
- **Ensure Safe Medical Practices:** Enforce infection prevention and control measures in healthcare settings, including safe injection practices, proper sterilization of medical equipment, and safe blood transfusion services.
- **Expand Access to Treatment and Care:** Improve linkage to care for diagnosed individuals and ensure availability of antiviral therapies and long-term monitoring for chronic hepatitis infections.
- Conduct community education campaigns on modes of transmission (unsafe injections, blood exposure, and perinatal transmission), prevention measures, and the importance of early testing and treatment.

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 07, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,204	4,008	541	321	21,054	NR	39,218	66,346
ILI	2,440	5,494	423	1,979	4,577	NR	34,819	49,732
Malaria	1	1,432	0	0	2,585	NR	44,145	48,163
ALRI < 5 years	1,234	1,258	1,138	10	1,125	NR	13,666	18,431
TB	69	37	78	15	277	NR	12,776	13,252
Animal / Dog Bite	131	209	9	0	1,272	NR	4,387	6,008
VH (B, C & D)	15	61	5	3	179	NR	4,353	4,616
B. Diarrhea	25	656	48	7	604	NR	2,876	4,216
SARI	144	460	147	0	502	NR	453	1,706
Typhoid	27	221	71	0	406	NR	647	1,372
Measles	4	12	16	1	480	NR	84	597
CL	0	95	0	0	374	NR	4	473
AVH (A & E)	30	4	0	0	178	NR	195	407
AWD (S. Cholera)	7	55	1	0	163	NR	2	228
Mumps	5	34	7	2	132	NR	47	227
Chickenpox/ Varicella	2	5	9	3	73	NR	56	148
Dengue	0	3	0	0	2	NR	55	60
Meningitis	1	0	3	0	5	NR	44	53
Gonorrhea	0	11	0	0	15	NR	8	34
Pertussis	0	25	0	0	7	NR	0	32
Rubella (CRS)	0	14	0	0	1	NR	8	23
AFP	3	0	2	0	9	NR	8	22
HIV/AIDS	0	1	0	0	4	NR	15	20
NT	0	6	0	0	7	NR	0	13
Syphilis	0	0	0	0	0	NR	13	13
Brucellosis	0	0	0	0	8	NR	0	8
COVID-19	0	0	0	0	8	NR	0	8
Chikungunya	0	0	0	0	0	NR	2	2
Leprosy	0	0	0	0	0	NR	1	1

Figure 1: Most frequently reported suspected cases during Week 07, Pakistan.



Sindh

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

Table 2: District wise distribution of most frequently reported suspected cases during Week 07, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	TB	Animal / Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	SARI
Badin	2,399	2,225	2,775	486	852	123	187	207	11	0
Dadu	3,225	2,243	2,119	1,934	607	336	82	411	87	0
Ghotki	2,023	811	61	692	559	303	544	79	3	0
Hyderabad	876	2,176	2,276	220	386	48	149	48	6	5
Jacobabad	1,007	615	1,286	349	319	314	122	89	13	0
Jamshoro	1,810	1,411	132	513	549	155	146	75	25	2
Kamber	2,487	1,547	0	288	853	315	57	120	23	0
Karachi Central	8	1,619	2,014	138	134	199	27	0	74	0
Karachi East	34	399	0	18	27	14	3	2	0	0
Karachi Keamari	2	609	228	62	3	4	0	0	0	0
Karachi Korangi	40	373	29	3	76	1	0	20	2	0
Karachi Malir	67	1,340	2,717	195	147	56	6	47	5	2
Karachi South	14	79	0	0	0	0	0	0	0	0
Karachi West	324	858	1,299	187	72	117	17	14	21	0
Kashmore	1,648	254	431	98	102	223	12	10	0	0
Khairpur	4,003	2,974	7,055	1,478	1,138	356	351	295	166	162
Larkana	3,659	1,440	2	427	859	82	19	325	3	0
Matiari	2,298	1,292	5	329	772	178	302	59	1	0
Mirpurkhas	1,494	2,112	4,469	634	779	137	35	79	8	0
Naushero Feroze	1,075	1,213	564	491	134	290	93	95	40	1
Sanghar	3,586	1,680	110	631	1,229	236	1,122	71	18	0
Shaheed Benazirabad	2,210	1,373	5	271	389	155	180	97	97	0
Shikarpur	1,893	948	8	380	243	265	217	156	2	5
Sujawal	660	2,102	0	600	166	94	65	55	7	259
Sukkur	1,385	931	2,201	407	496	194	103	116	3	0
Tando Allahyar	1,023	1,076	1,785	267	479	67	254	91	7	0
Tando Muhammad Khan	555	973	47	248	585	122	143	119	0	9
Tharparkar	1,723	2,033	1,515	1,050	494	3	54	106	11	6
Thatta	783	1,143	1,686	703	49	0	22	8	3	2
Umerkot	1,834	1,369	0	567	278	0	41	82	11	0
Total	44,145	39,218	34,819	13,666	12,776	4,387	4,353	2,876	647	453

Figure 2: Most frequently reported suspected cases during Week 07, Sindh.

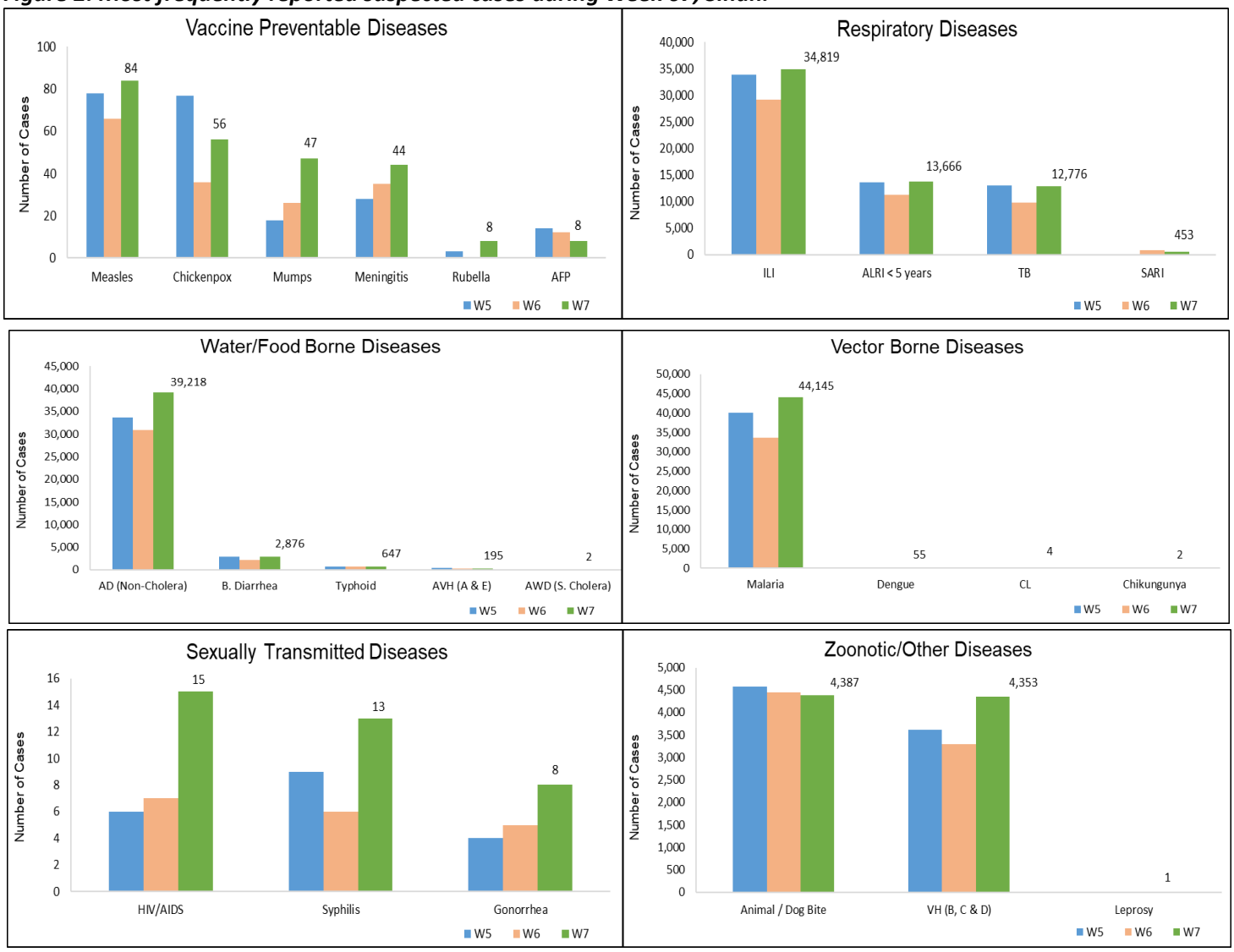
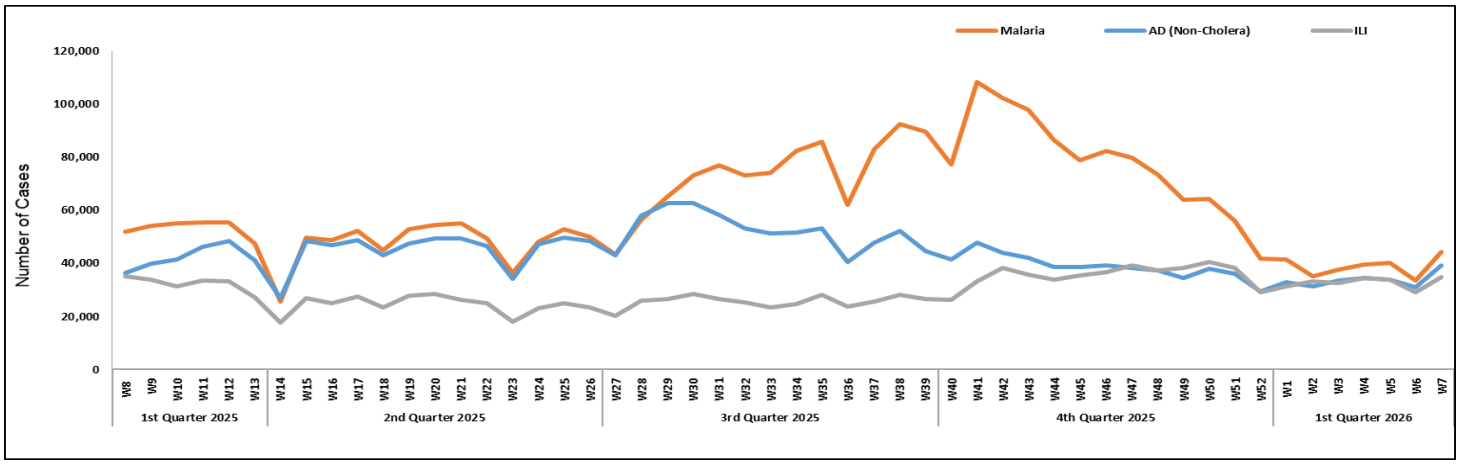


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



Balochistan

- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, Animal/ Dog Bite, CL, 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 Sibi, Lasbella, and Usta Muhammad.
- Six cases of AFP were reported from Balochistan. Field investigation is required to confirm the cases.
- One case of HIV/ AIDS was reported in Week 07. It is a suspected case and needs field verification.
- ILI, AD (Non-Cholera), ALRI <5 years, B. Diarrhea, Typhoid, Animal/ Dog Bite, CL, and VH (B, C & D), TB, Rubella (CRS), Gonorrhea, NT, and AVH (A & E) showed an increase in the number of cases. At the same time, a decline has been observed in the number of cases of Malaria, SARI, AWD (S. Cholera), Mumps, Pertussis, and Measles.

Table 3: District wise distribution of most frequently reported suspected cases* during *Week 07, Balochistan.

Districts	ILI	AD (Non-Cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	Animal / Dog Bite	CL	VH (B, C & D)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	48	72	22	40	10	0	22	0	0	1
Chagai	267	115	27	0	26	0	8	1	0	0
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	0	11	4	14	0	0	3	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	1,023	344	44	23	63	1	8	NR	NR	NR
Harnai	0	186	53	197	61	0	0	0	3	0
Hub	69	198	58	18	26	2	4	1	2	24
Jaffarabad	78	227	168	42	56	0	3	37	44	3
Jhal Magsi	164	89	55	25	0	0	2	0	0	0
Kachhi (Bolan)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kalat	0	1	1	1	0	0	1	0	0	0
Kech (Turbat)	613	229	140	6	33	NR	9	NR	1	NR
Kharan	577	146	8	2	63	41	6	0	0	0
Khuzdar	191	71	52	1	42	10	18	10	15	0
Killa Abdullah	163	93	1	3	23	90	4	8	1	0
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	176	62	23	22	13	6	10	NR	NR	NR
Lasbella	66	397	177	95	16	2	3	21	17	14
Loralai	364	134	6	48	20	77	9	0	0	0
Mastung	193	147	21	133	18	23	3	11	1	1
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	11	309	244	54	16	23	49	87	6	7
Nushki	0	61	0	0	72	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	749	286	5	167	23	41	11	0	0	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	396	428	241	103	32	110	43	0	1	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	305	377	82	247	41	10	5	33	2	11
Zhob	41	25	0	17	2	24	0	0	2	0
Ziarat	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Total	5,494	4,008	1,432	1,258	656	460	221	209	95	61

Figure 4: Most frequently reported suspected cases during Week 07, Balochistan.

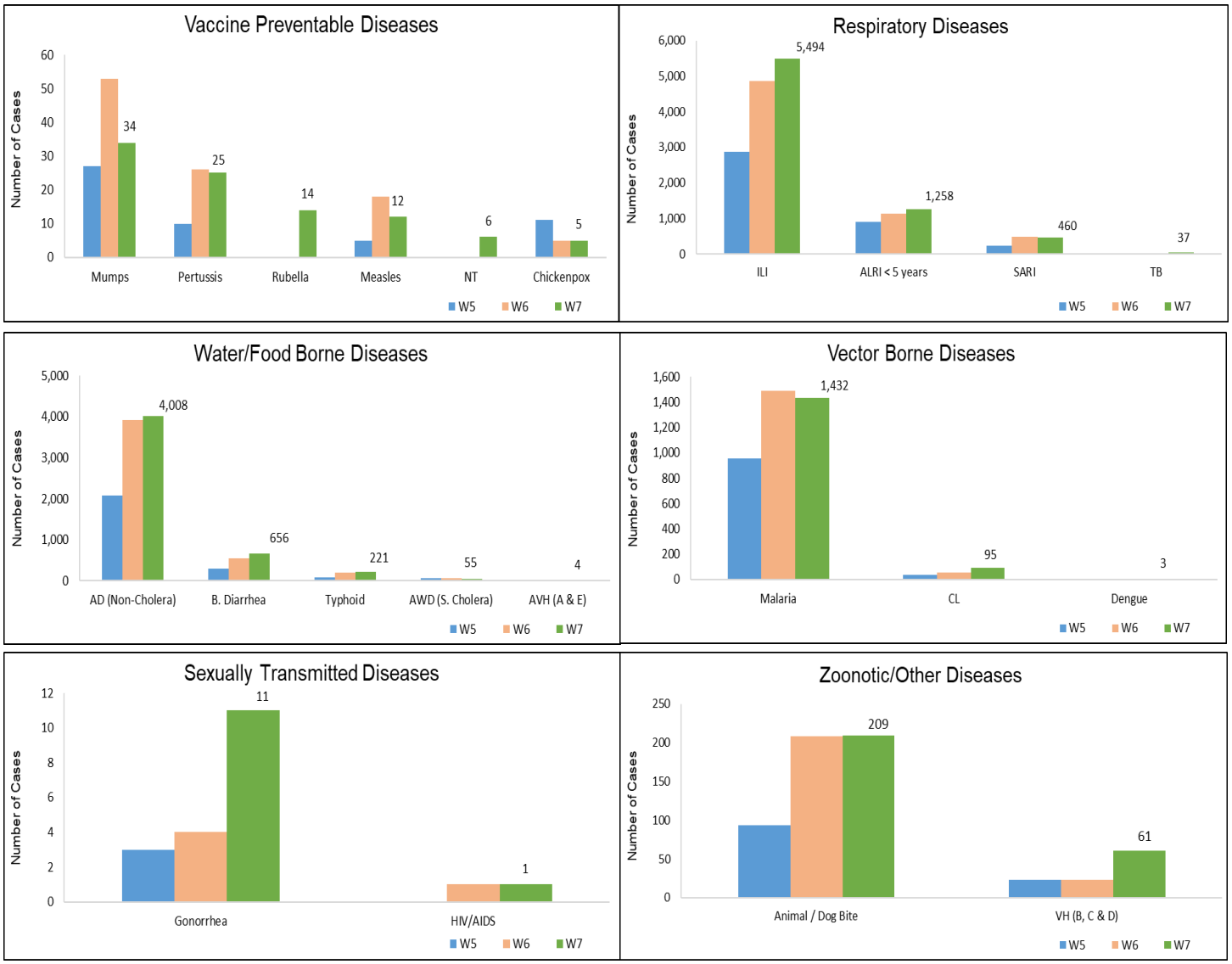
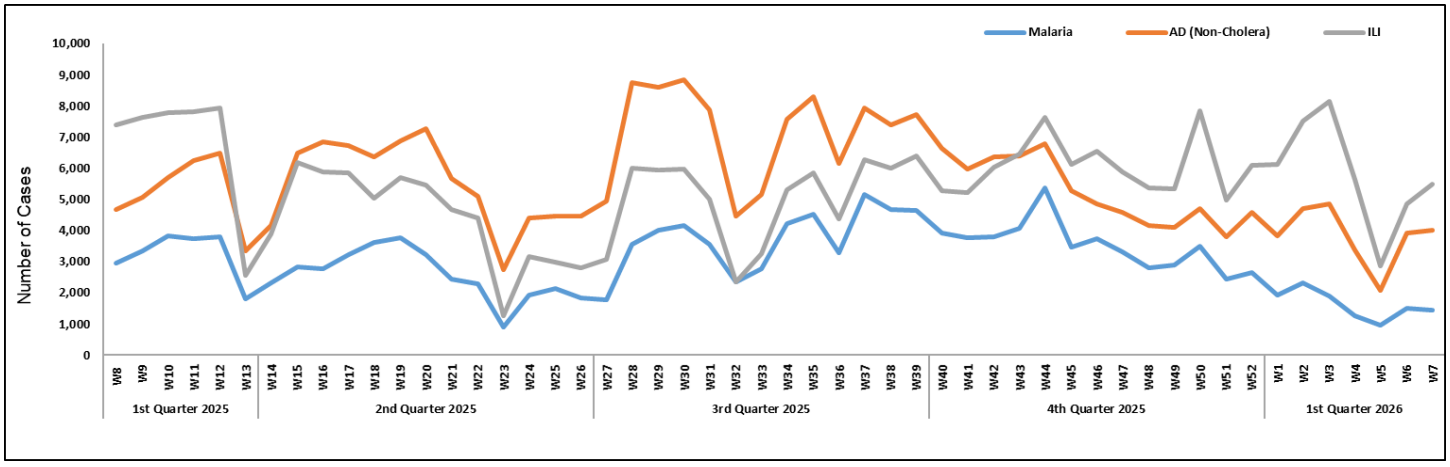


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, Animal/ Dog Bite, ALRI<5 Years, B. Diarrhea, SARI, Measles, Typhoid, and CL.
- AD (Non-Cholera), Malaria, Animal/ Dog Bite, B. Diarrhea, CL, TB, VH (B, C, & D), AVH (A & E), Mumps, Chickenpox, Gonorrhea, Brucellosis, COVID-19, NT, Pertussis, HIV/ AIDS, Dengue, and Rubella (CRS) cases showed an increase in number while ILI, ALRI<5 Years, SARI, Measles, Typhoid, AWD (S. Cholera), and AFP showed a decline in number this week.
- Nine cases of AFP were reported from KP. All are suspected cases and need field verification.
- Four cases of HIV/AIDs were reported from KP. Field investigation is required.
- Eight suspected cases of Brucellosis were reported from KP, which require field verification.

Table 4: District wise distribution of most frequently reported suspected cases during Week 07, KP.

Districts	AD (Non-Cholera)	ILI	Malaria	Animal / Dog Bite	ALRI < 5 years	B. Diarrhea	SARI	Measles	Typhoid	CL
Abbottabad	615	321	0	87	22	2	18	12	18	0
Bajaur	584	4	105	100	15	31	42	29	2	14
Bannu	697	0	1,101	0	0	2	5	73	88	0
Battagram	247	503	16	15	7	5	0	10	0	0
Buner	112	0	98	13	0	0	0	0	8	0
Charsadda	1,392	793	153	8	233	69	1	36	26	0
Chitral Lower	435	25	4	8	20	20	18	0	7	6
Chitral Upper	72	32	1	4	4	5	12	0	6	0
D.I. Khan	1,483	2	100	9	35	18	12	42	0	1
Dir Lower	1,008	0	47	71	16	50	0	16	14	1
Dir Upper	714	82	18	3	16	23	0	2	0	0
Hangu	266	69	52	18	0	0	0	0	0	29
Haripur	1,063	611	0	42	68	20	0	3	0	0
Karak	219	68	102	28	17	28	7	31	13	190
Khyber	257	0	46	38	16	39	0	0	31	33
Kohat	346	0	38	54	0	8	0	0	2	13
Kohistan Lower	102	0	1	1	26	7	0	3	2	1
Kohistan Upper	347	1	6	2	6	16	0	1	1	0
Kolai Palas	49	7	0	0	2	3	0	0	1	0
L & C Kurram	25	3	6	2	6	11	0	0	4	0
Lakki Marwat	400	11	124	67	3	0	0	5	9	0
Malakand	499	130	10	0	29	0	26	20	0	7
Mansehra	503	149	0	0	13	0	2	0	1	0
Mardan	1,025	57	58	31	136	50	2	0	0	0
Mohmand	70	133	63	14	0	9	135	2	1	60
North Waziristan	16	5	41	5	34	5	60	28	27	0
Nowshera	1,068	56	82	9	29	17	17	13	23	15
Orakzai	91	4	4	0	0	2	0	0	0	0
Peshawar	3,152	286	9	3	94	50	0	77	23	1
Shangla	761	0	108	128	44	0	0	11	6	0
South Waziristan (Lower)	56	88	17	17	13	6	28	6	8	2
SWU	12	0	8	2	2	1	28	1	0	0
Swabi	1,031	779	53	254	110	13	74	46	46	0
Swat	1,760	185	18	213	80	63	0	13	31	0
Tank	325	23	64	0	4	4	1	0	0	0
Tor Ghar	90	0	23	10	7	4	0	0	5	1
Upper Kurram	162	150	9	16	18	23	14	0	3	0
Total	21,054	4,577	2,585	1,272	1,125	604	502	480	406	374

Figure 6: Most frequently reported suspected cases during Week 07, KP.

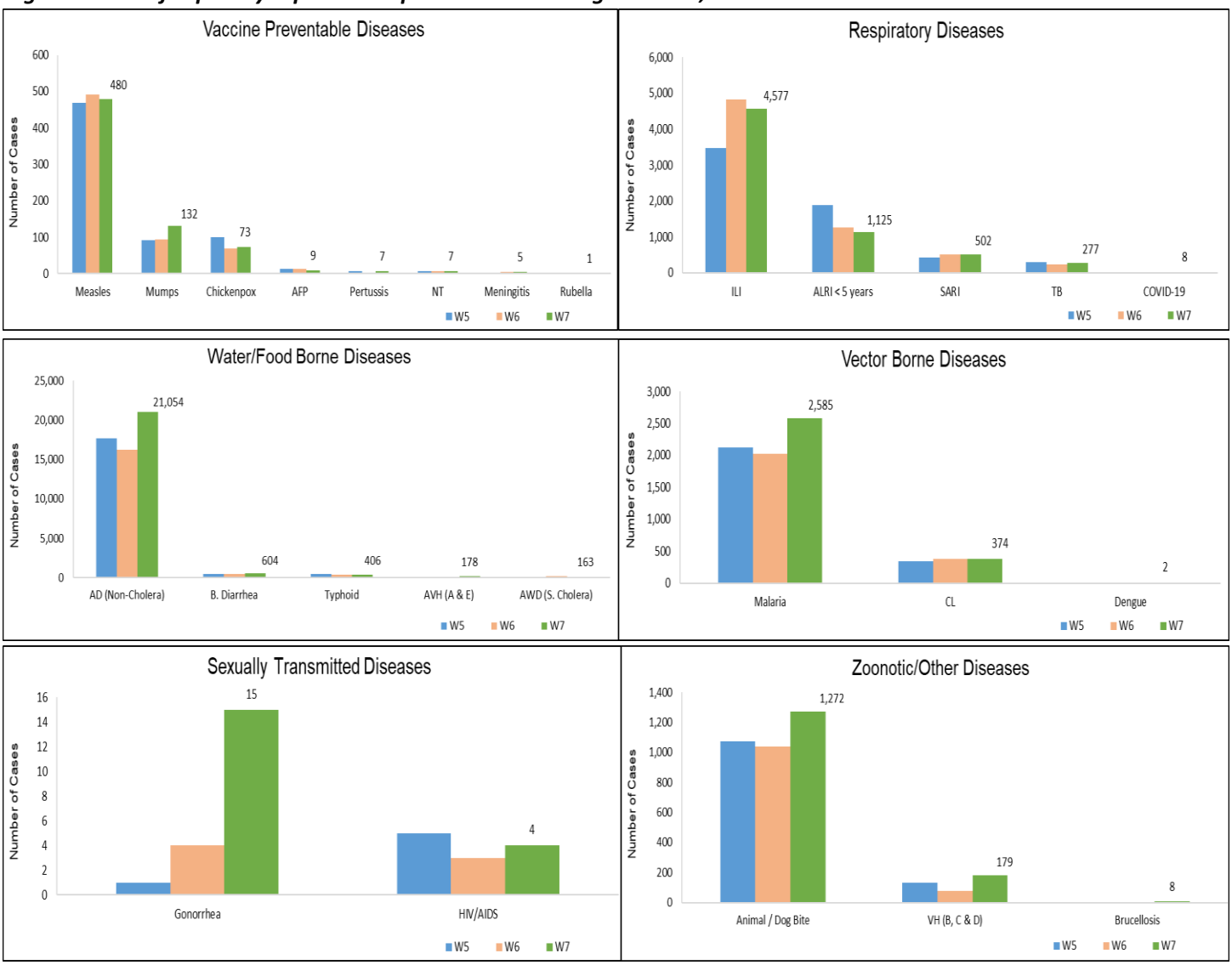
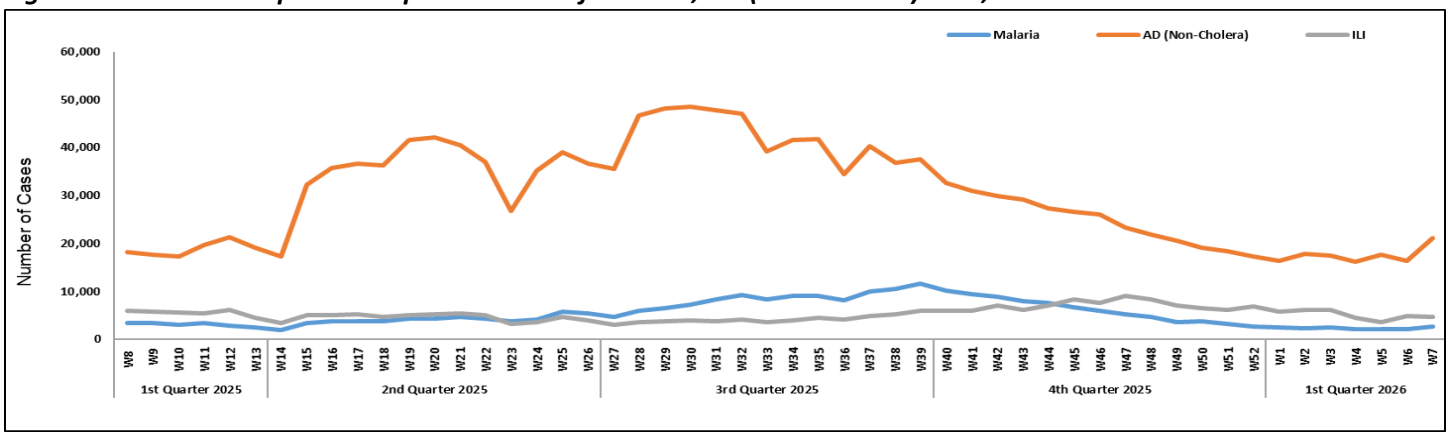


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT, AJK & GB

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

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

Figure 8: Most frequently reported suspected cases during Week 07, AJK.

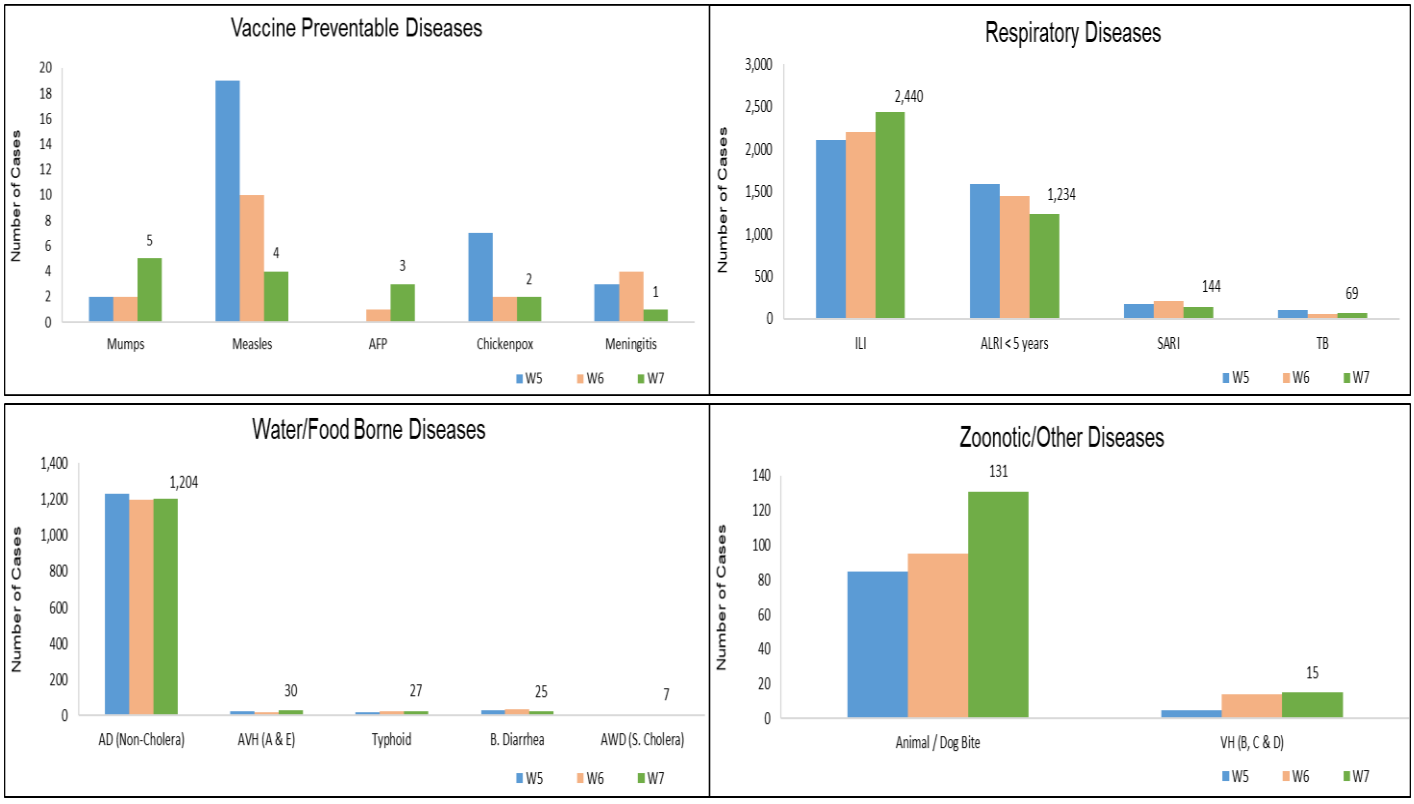


Figure 9: Week wise reported suspected cases of ILI and ALRI < 5 years, AJK.

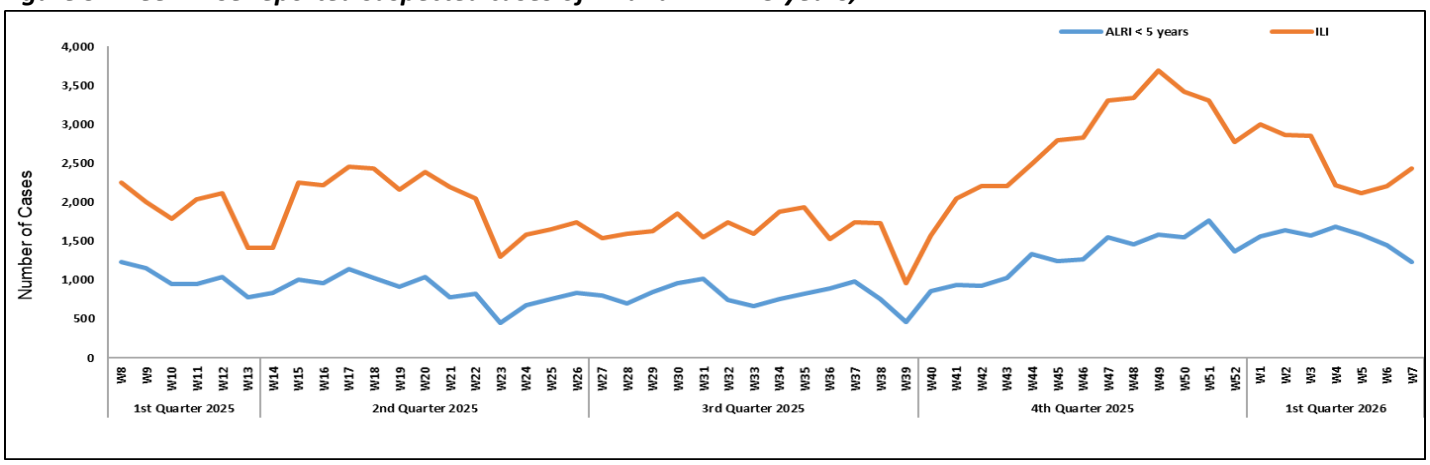


Figure 10: Most frequently reported suspected cases during Week 07, ICT.

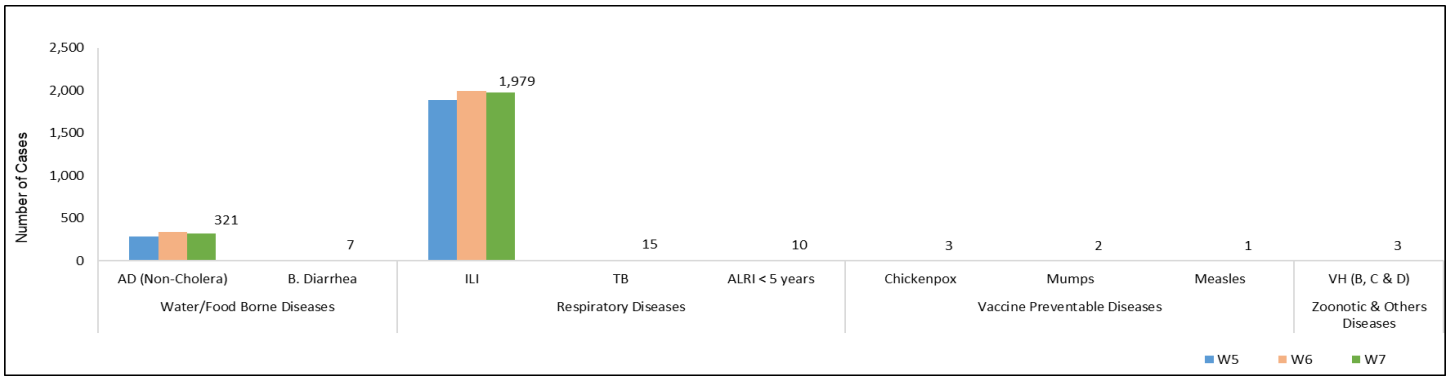


Figure 11: Week wise reported suspected cases of ILI, ICT.

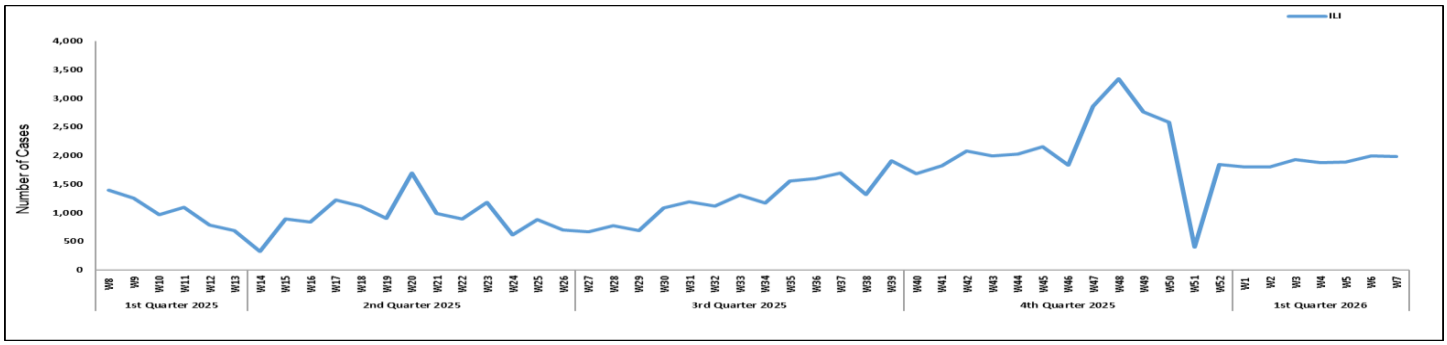


Figure 12: Most frequently reported suspected cases during Week 07, GB.

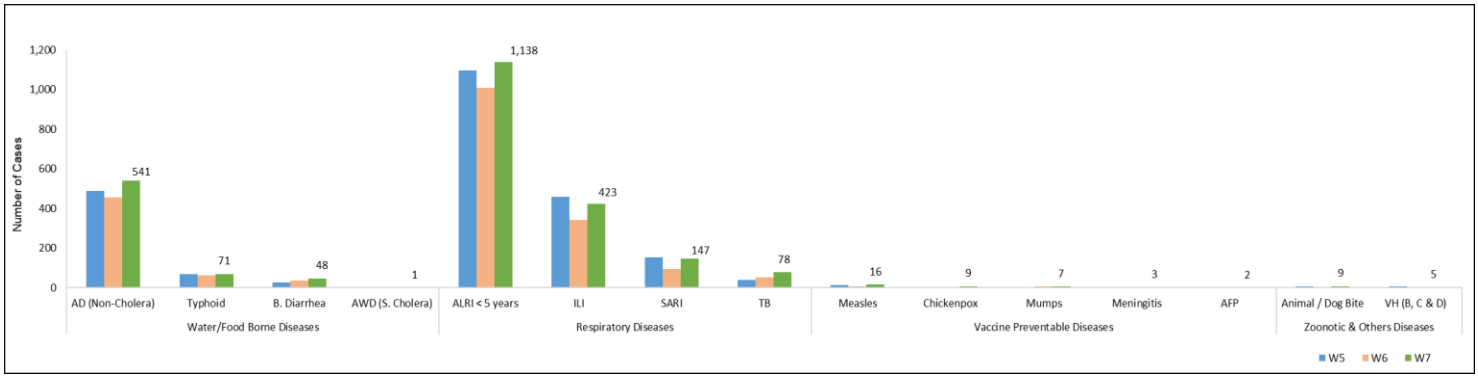


Figure 13: Week wise reported suspected cases of ALRI < 5 years, GB.

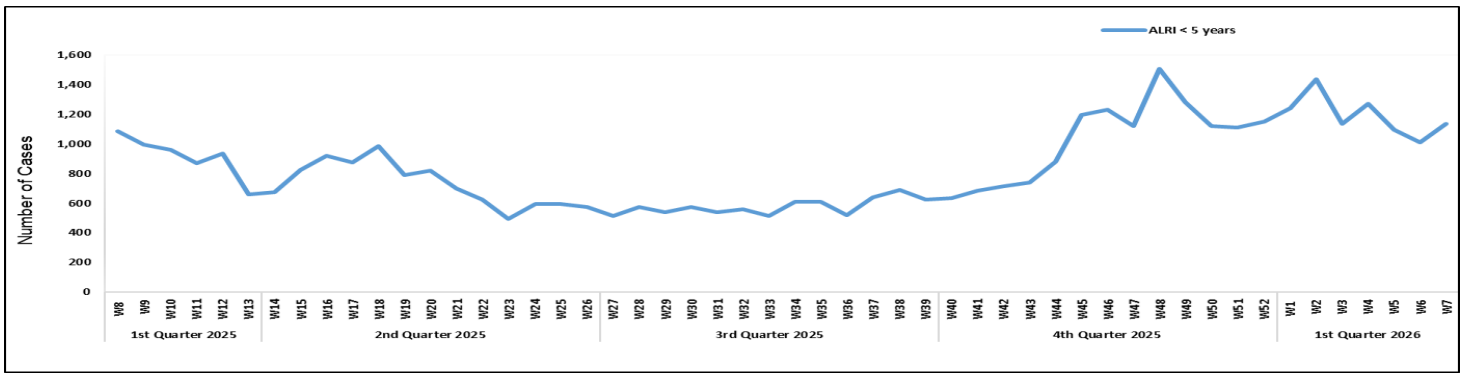
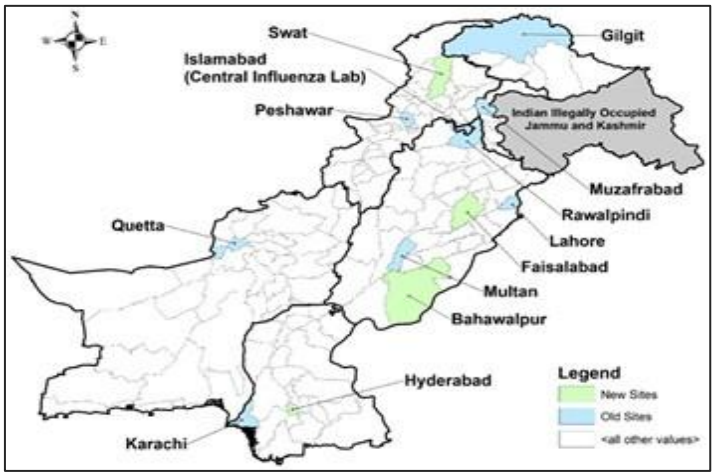


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 07, Pakistan.

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)		52	1	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		233	1	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		6,395	206	1,018	79	58	6	-	-	166	0	-	-	-	-
CCHF		1	1	-	-	-	-	-	-	-	-	-	-	-	-
Dengue		1,483	29	32	0	-	-	-	-	-	-	-	-	-	-
VH (B)		13,644	458	962	88	90	2	-	-	820	10	-	-	245	2
VH (C)		15,025	1,367	933	34	-	-	-	-	930	2	-	-	245	17
VH (D)		221	54	32	3	-	-	-	-	-	-	-	-	-	-
VH (A)		92	33	-	-	-	-	-	-	1	0	-	-	-	-
VH (E)		50	12	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		-	-	3	0	-	-	-	-	-	-	-	-	12	0
TB		857	101	122	16	23	4	-	-	42	1	-	-	36	4
HIV/ AIDS		4,055	23	562	2	44	0	-	-	307	0	-	-	245	0
Syphilis		1,476	19	48	0	4	0	-	-	167	0	-	-	-	-
Typhoid		708	9	119	34	-	-	-	-	162	6	-	-	-	-
Diphtheria		7	1	-	-	-	-	-	-	-	-	-	-	-	-
ILI		10	0	3	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		175	46	3	1	-	-	-	-	-	-	-	-	-	-
Meningitis		4	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		373	140	40	25	386	157	25	7	4	1	480	93	61	16
Leishmaniosis (cutaneous)		1	0	73	38	2	1	-	-	-	-	-	-	-	-
Leishmaniosis (Visceral)		-	-	2	0	-	-	-	-	-	-	-	-	-	-
SARI		16	10	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	-	-	-	-	-	-	20	0	48	0	45	0	-	-
	SARI	24	0	-	-	49	1	110	0	-	-	110	0	18	0
Influenza A	ILI	-	-	-	-	-	-	20	1	48	0	45	0	-	-
	SARI	24	0	-	-	49	0	110	0	-	-	110	1	18	0
Influenza B	ILI	-	-	-	-	-	-	20	0	48	0	45	0	-	-
	SARI	24	1	-	-	49	1	110	1	-	-	110	0	18	0
RSV	ILI	-	-	-	-	-	-	20	5	48	0	45	12	-	-
	SARI	24	0	-	-	49	1	110	32	-	-	110	3	18	0

Figure 14: District wise Influenza sentinel sites, Pakistan.



- 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.
- There is an increase in the ILI Cases and SARI cases shows a decrease in trend this week

Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 7, Pakistan.

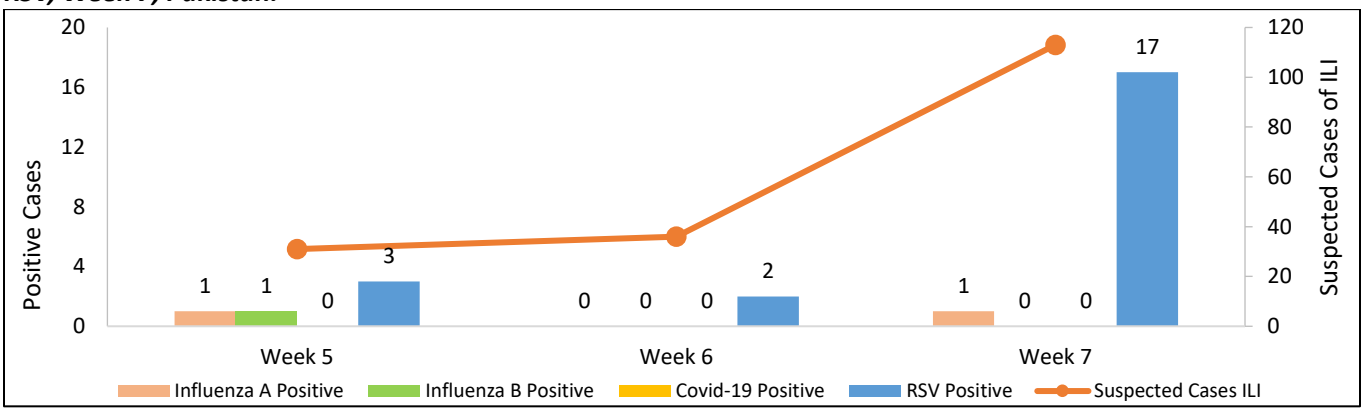
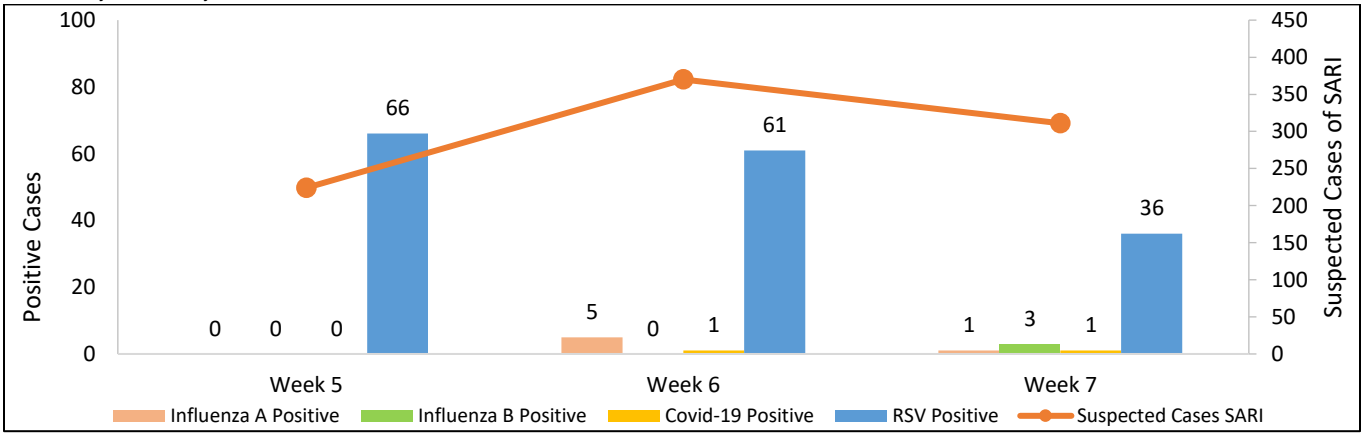


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 7, Pakistan.



- 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 07, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	103	93%
	Bannu	238	125	53%
	Battagram	59	46	78%
	Buner	34	9	26%
	Bajaur	44	43	98%
	Charsadda	59	57	97%
	Chitral Upper	34	30	88%
	Chitral Lower	35	35	100%
	D.I. Khan	114	114	100%
	Dir Lower	74	62	84%
	Dir Upper	37	34	92%
	Hangu	22	19	86%
	Haripur	72	69	96%
	Karak	36	36	100%
	Khyber	53	39	74%
	Kohat	61	61	100%
	Kohistan Lower	11	11	100%
	Kohistan Upper	20	18	90%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	13	31%
	Upper Kurram	41	34	83%
	Malakand	42	20	48%
	Mansehra	133	128	96%
	Mardan	80	67	84%
	Nowshera	56	52	93%
	North Waziristan	13	10	77%
	Peshawar	156	134	86%
	Shangla	37	34	92%
	Swabi	64	65	102%
	Swat	77	73	95%
	South Waziristan (Upper)	93	37	40%
	South Waziristan (Lower)	42	29	69%
	Tank	34	33	97%
	Torghar	14	13	93%
	Mohmand	68	24	35%
	Orakzai	69	10	14%
Azad Jammu Kashmir	Mirpur	39	39	100%
	Bhimber	92	67	73%
	Kotli	60	60	100%
	Muzaffarabad	45	43	96%
	Poonch	46	46	100%
	Haveli	39	38	97%

	Bagh	54	35	65%
	Neelum	39	30	77%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	15	5	33%
Balochistan	Gwadar	26	21	81%
	Kech	44	16	36%
	Khuzdar	74	15	20%
	Killa Abdullah	26	23	88%
	Lasbella	55	55	100%
	Pishin	69	0	0%
	Quetta	55	25	45%
	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	14	19%
	Chagi	36	21	58%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	0	0%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	0	0%
	Surab	32	0	0%
	Mastung	46	46	100%
	Loralai	33	22	67%
	Killa Saifullah	28	0	0%
	Ziarat	29	0	0%
	Duki	31	0	0%
	Nushki	32	29	91%
	Dera Bugti	45	7	16%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	24	0	0%
	Barkhan	20	18	90%
	Hub	33	30	91%
	Musakhel	41	0	0%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	31	97%
	Nagar	25	20	80%
	Ghizer	38	38	100%
	Gilgit	44	44	100%
	Diamer	62	58	94%
	Astore	55	55	100%
	Shigar	27	15	56%

	Skardu	53	51	96%
	Ganche	29	27	93%
	Kharmang	46	25	54%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	62	62	100%
	Naushahro Feroze	107	99	93%
	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	31	89%
	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	99	99%
	Jacobabad	44	44	100%
	Khairpur	170	167	98%
	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 07, 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	0	0%
	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	1	100%

Second Contact Session of FETP Frontline, 25th Cohort in Balochistan

The National Institute of Health (NIH), in collaboration with the World Health Organization (WHO) and with support from the Pandemic Fund, successfully organized the 2nd contact session of the Field Epidemiology Training Program (FETP) Frontline. The event took place at Serena Hotel, Quetta, bringing together frontline public health professionals for an intensive five-day program focused on consolidating knowledge, refining skills, and strengthening the practical capacity of participants to respond to public health challenges at the community and district levels.

The first two days of the session were dedicated to a series of lectures that provided participants with a structured and comprehensive understanding of key epidemiologic competencies. Fellows engaged with the full spectrum of outbreak investigation, starting from case identification, accurate data collection, and systematic analysis, to interpretation and actionable public health recommendations. The lectures emphasized methodological rigor and adherence to established epidemiologic principles, ensuring that participants could apply these frameworks effectively in real-world field scenarios. In parallel, sessions on scientific report writing provided participants with the tools to document field investigations in a structured, evidence-based, and policy-relevant format. Fellows learned techniques for compiling and presenting data accurately, formulating clear conclusions, and drafting reports suitable for national and international dissemination.

Equally significant were the sessions on scientific oral presentation skills. Fellows were trained to communicate complex epidemiologic findings clearly and confidently to a variety of audiences, including health authorities, stakeholders, and peers. Practical exercises allowed participants to present sample data and receive feedback on clarity, delivery, and engagement, reinforcing the importance of translating technical evidence into actionable public health insights. These foundational skills are essential for ensuring that frontline epidemiologists not only conduct investigations but also influence decision-making processes and support timely interventions in outbreak situations.

The final three days of the session shifted the focus from theoretical learning to applied practice. Participants presented the milestones they had achieved during Field Interval 1, highlighting the investigations, interventions, and community-level actions they had undertaken in their respective assignments. This exercise allowed fellows to reflect on their experiences, identify lessons learned, and evaluate the effectiveness of their field activities. Each presentation was followed by structured feedback from facilitators and peers, which provided guidance on strengthening analytic methods, enhancing reporting accuracy, and improving the communication of findings. This feedback mechanism reinforced evidence-based approaches, encouraged peer-to-peer learning, and fostered critical thinking among the participants.

Throughout the session, emphasis was placed on linking field practice to broader public health outcomes. Fellows discussed challenges encountered during their investigations, including logistical constraints, data gaps, and community engagement issues, and explored strategies to overcome them. Facilitators guided discussions on how to prioritize actions during outbreaks, leverage limited resources, and implement interventions that maximize public health impact. By combining theoretical instruction with practical application, the session strengthened the fellows' ability to respond rapidly and effectively to emerging public health threats.

In addition to skill development, the session served as an important platform for professional exchange. Fellows were able to

share experiences across different regions, compare approaches, and learn from the successes and challenges of their peers. This collaborative environment enhanced knowledge transfer, reinforced standard operating procedures, and built networks that will support ongoing outbreak response efforts.

The 2nd contact session concluded with the allocation of milestones for the upcoming third contact session. Fellows were provided with structured objectives to guide their fieldwork in the next interval, ensuring continuity in skill application and measurable progress in their professional development. The planning of these milestones reflects the program's commitment to iterative learning, continuous assessment, and the development of practical competencies that are directly applicable to the frontline epidemiology context.

Letter to the Editor

Proactive Strategies to Prevent Dengue Resurgence Amid Rising Temperatures

Dear Editor,

As Pakistan experiences rising temperatures, environmental conditions are becoming increasingly favorable for the proliferation of *Aedes aegypti*, the primary vector of dengue virus. Historically, seasonal surges in dengue cases have closely followed periods of increased rainfall and warmer ambient temperatures, resulting in elevated morbidity, hospitalizations, and a strain on healthcare resources. Immediate proactive measures are essential to prevent a resurgence and mitigate public health impacts.

Vector control remains the cornerstone of dengue prevention. Eliminating potential mosquito breeding sites such as stagnant water in households, construction sites, discarded containers, and public spaces must be prioritized. Community engagement through targeted awareness campaigns is crucial to ensure widespread adoption of preventive behaviors, including proper water storage, disposal of refuse, and the use of personal protective measures. Municipal authorities should intensify larvicidal interventions and space spraying in high-risk urban and peri-urban areas, guided by entomological surveillance data to maximize efficiency.

Health system preparedness is equally critical. Strengthening integrated disease surveillance systems for early detection, ensuring rapid case reporting, and training healthcare workers to recognize warning signs of severe dengue can significantly reduce morbidity and mortality. Coordination across human health, municipal, and environmental sectors, following a One Health approach, will enhance the effectiveness of prevention strategies.

Proactive, evidence-based, multi-sectoral interventions implemented now can substantially reduce the risk of dengue resurgence. Waiting until cases rise will inevitably increase the disease burden and overwhelm healthcare services. Strategic action at both community and system levels is essential to safeguard public health.

Dr. Hamza Ikram

Scientific Officer

Knowledge Hub

Rabies & Dog Bites: What You Need to Know

Rabies is a preventable viral disease most often transmitted through the bite of a rabid animal. Once clinical symptoms appear, rabies is virtually 100% fatal. Therefore, immediate medical intervention after a dog bite is a matter of life and death.

What is Rabies?

Rabies is caused by a virus that affects the central nervous system of mammals, eventually causing disease in the brain and death. In most countries, domestic dogs are the most common source of rabies transmission to humans.

How It Spreads

The rabies virus is carried in the **saliva** of an infected animal. It is transmitted to humans through:

- **Bites:** The most common route.
- **Scratches:** If the animal's claws are contaminated with saliva.
- **Licks:** If saliva comes into contact with broken skin or mucous membranes (eyes, nose, mouth).

Critical First Aid: The First 15 Minutes

The most effective way to reduce the risk of rabies immediately after a bite is to physically remove the virus from the wound site.

1. **Immediate Flushing:** Wash the wound thoroughly with **soap and running water** for at least **15 minutes**.
2. **Disinfect:** Apply an antiseptic like povidone-iodine or 70% alcohol if available.
3. **Do Not Suture:** Unless absolutely necessary for stopping heavy bleeding, wounds should not be stitched immediately, as this can trap the virus inside.

Post-Exposure Prophylaxis (PEP)

PEP is the medical treatment given to a person after a bite to prevent the rabies virus from entering the central nervous system. It is highly effective if started immediately.

- **Rabies Vaccine:** A series of shots given on specific days (usually Day 0, 3, 7, and 14).
- **Rabies Immune Globulin (RIG):** Infiltrated around the wound for severe bites to provide immediate antibodies until the body starts producing its own.

Note: If you have been bitten, do not wait for symptoms. Seek PEP immediately. There is no cure once symptoms begin.

Signs of Rabies in Humans

The incubation period (time from bite to symptoms) is typically **1–3 months**, but can range from < 1 week to > 1 year.

- **Initial Symptoms:** Fever, headache, and tingling/itching at the site of the bite.
- **Advanced Symptoms:** * **Furious Rabies:** Hyperactivity, excitable behavior, and **Hydrophobia** (fear of water—spasms when trying to drink).
    - **Paralytic Rabies:** Gradual paralysis starting from the wound site, eventually leading to coma and death.

Assessing the Animal (Dog)

If possible, identify the dog and check its vaccination status.

- **Healthy/Vaccinated Dog:** May be observed for 10 days. If the dog remains healthy, PEP may not be needed (only under medical supervision).
- **Sick or Stray Dog:** If the dog shows aggression, excessive drooling, or is unable to swallow, it should be treated as rabid.

Prevention

- **Vaccinate Your Pets:** Ensuring your dogs and cats are vaccinated is the best way to protect your family.
- **Avoid Strays:** Do not approach or feed unfamiliar dogs, especially those acting strangely.
- **Educate Children:** Teach children to "be a tree" (stay still) if approached by an unfamiliar dog and to report any scratches or bites immediately.

More Information

For clinical protocols and global rabies status, visit:

- **World Health Organization (WHO) - Rabies:** https://www.who.int/news-room/fact-sheets/detail/rabies
- **Centers for Disease Control and Prevention (CDC) - Rabies:** https://www.cdc.gov/rabies/index.html
- **Global Alliance for Rabies Control (GARC):** https://rabiesalliance.org/

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