

Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

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

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

Public Health Bulletin Pakistan

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Overview

Public Health Bulletin - Pakistan, Week 19, 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;

- *Letter to the editor on "Free Hepatitis C Screening and Treatment Initiative: A Significant Step Towards Hepatitis Elimination in Pakistan."*
- *NIH and WHO Advance Public Health Emergency Preparedness Through RRT Training Initiative*
- *Knowledge hub on Understanding SARI: 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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Stay informed. Stay prepared. Stay healthy.

*Sincerely,
The Chief Editor*

Note: All reported cases in this report are suspected cases

- During Week 19, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, ALRI <5 years, TB, Animal/ Dog Bite, B. Diarrhea, VH (B, C & D), Typhoid, SARI, and Measles.
- Eighteen cases of AFP were reported from Sindh, seventeen from KP, and two from AJK.
- Ten suspected cases of HIV/ AIDS were reported from Sindh and three from KP.
- Four suspected cases of Brucellosis were reported from KP.
- Among VPDs, there is an increase in the number of cases of Mumps, Chickenpox, Pertussis, Rubella (CRS), and NT this week.
- Among Respiratory diseases, there is an increase in the number of cases of ILI, ALRI <5 years, and SARI this week.
- Among Water/food-borne diseases, there is an increase in the number of cases of Acute Diarrhea (Non-Cholera), B. Diarrhea, and Typhoid this week.
- Among Vector-borne diseases, there is an increase in the number of cases of Malaria, CL, and Dengue this week.
- Among Zoonotic/Other diseases, there is an increase in the number of cases of 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 81%.
- Sindh is the top reporting region with a compliance rate of 99%, followed by AJK 97%, GB 84%, KP 81%, and ICT 71%.
- In Week 19, the lowest compliance rate is observed in Balochistan, 48%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,277	1,842	81
Azad Jammu Kashmir	476	464	97
Islamabad Capital Territory	38	27	71
Balochistan	1,303	621	48
Gilgit Baltistan	405	339	84
Sindh	2,111	2,080	99
National	6,610	5,363	81



Public Health Actions

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

Influenza-Like Illness (ILI)

Strengthen Surveillance and Reporting:

Enhance ILI surveillance through the Integrated Disease Surveillance and Response System (IDSRS) by ensuring standardized case definitions, timely reporting from outpatient departments, and routine data analysis to detect seasonal trends and unusual increases.

Improve Laboratory Testing and Sentinel Surveillance:

Strengthen sentinel surveillance sites for ILI with access to laboratory confirmation of influenza and other respiratory pathogens; ensure timely specimen collection, transport, and reporting of results.

Promote Infection Prevention and Control (IPC) Practices:

Implement standard IPC measures in healthcare and community settings, including respiratory etiquette, hand hygiene, environmental cleaning, and appropriate use of masks during periods of increased transmission.

Enhance Risk Communication and Community Awareness:

Conduct targeted health education campaigns to raise awareness about ILI symptoms, transmission, preventive measures, and the importance of early healthcare-seeking, particularly during influenza seasons.

Support Vaccination Strategies:

Promote seasonal influenza vaccination among high-risk groups, including healthcare workers, older adults, pregnant women, and individuals with chronic illnesses, in line with national immunization policies.

Severe Acute Respiratory Infection (SARI)

Strengthen Case Detection and Hospital-Based Surveillance:

Ensure early identification and reporting of SARI cases through hospital-based surveillance using standardized case definitions; prioritize timely notification of clusters and unusual severity patterns.

Enhance Laboratory Diagnostic Capacity:

Expand laboratory capacity for confirmation of influenza viruses and other priority respiratory pathogens, including SARS-CoV-2 and emerging respiratory viruses; ensure biosafety and quality assurance in testing.

Improve Clinical Management and Referral Systems:

Strengthen capacity of healthcare facilities to manage severe respiratory infections through availability of oxygen therapy, critical care services, and adherence to national clinical management guidelines.

Strengthen Infection Prevention and Control in Health Facilities:

Reinforce IPC practices in inpatient settings, including triage of respiratory cases, isolation where feasible, proper use of personal protective equipment (PPE), and protection of healthcare workers.

Enhance Preparedness and Risk Communication:

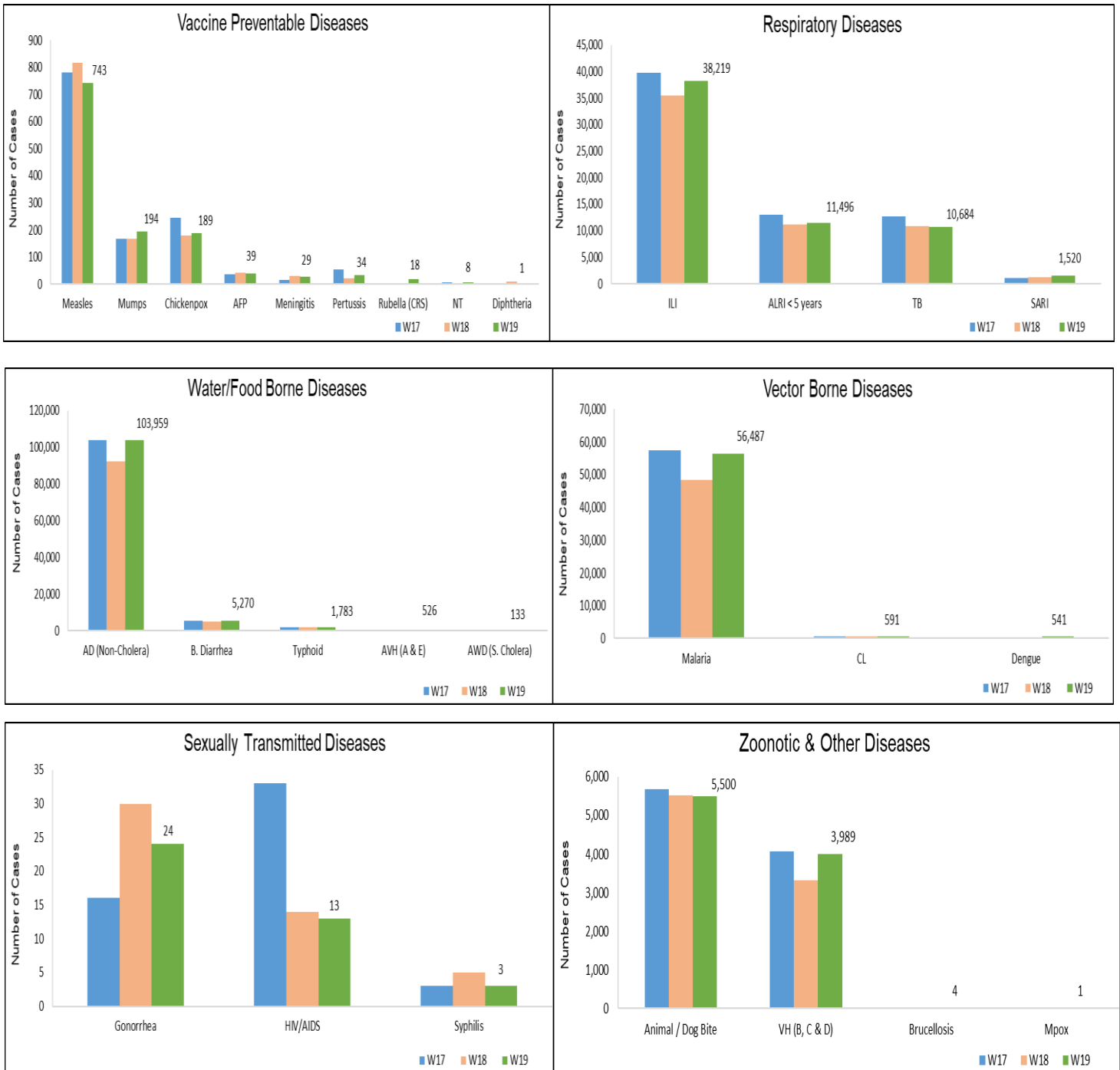
Develop and implement risk communication strategies to inform the public about warning signs of severe illness, when to seek urgent care, and protective behaviors during outbreaks or peak respiratory illness seasons.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 19, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	2,195	6,861	878	829	41,428	NR	51,768	103,959
Malaria	4	2,695	0	0	4,625	NR	49,163	56,487
ILI	2,186	4,871	326	1,955	2,796	NR	26,085	38,219
ALRI < 5 years	1,284	1,156	774	0	703	NR	7,579	11,496
TB	104	13	135	11	334	NR	10,087	10,684
Animal / Dog Bite	138	71	6	1	1,545	NR	3,739	5,500
B. Diarrhea	30	918	41	5	1,107	NR	3,169	5,270
VH (B, C & D)	34	42	4	1	155	NR	3,753	3,989
Typhoid	31	341	103	3	486	NR	819	1,783
SARI	191	309	125	0	447	NR	448	1,520
Measles	18	4	14	2	524	NR	181	743
CL	0	222	0	0	357	NR	12	591
Dengue	0	299	3	0	52	NR	187	541
AVH (A & E)	140	14	0	0	133	NR	239	526
Mumps	3	34	5	2	101	NR	49	194
Chickenpox/ Varicella	3	14	4	1	105	NR	62	189
AWD (S. Cholera)	3	116	10	0	0	NR	4	133
AFP	2	1	1	0	17	NR	18	39
Pertussis	0	27	0	0	3	NR	4	34
Meningitis	4	1	5	0	5	NR	14	29
Gonorrhea	0	9	0	0	1	NR	14	24
Rubella (CRS)	0	18	0	0	0	NR	0	18
HIV/AIDS	0	0	0	0	3	NR	10	13
NT	0	0	2	0	6	NR	0	8
Brucellosis	0	0	0	0	4	NR	0	4
Syphilis	0	0	0	0	0	NR	3	3
Diphtheria (Probable)	1	0	0	0	0	NR	0	1
Mpox	0	0	0	0	0	NR	1	1

Figure 1: Most frequently reported suspected cases during Week 19, Pakistan.



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

Table 2: District wise distribution of most frequently reported suspected cases during Week 19, Sindh.

Districts	AD (Non-Cholera)	Malaria	ILI	TB	ALRI < 5 years	VH (B, C & D)	Animal / Dog Bite	B. Diarrhea	Typhoid	SARI
Badin	4,305	3,323	2,624	658	357	243	88	188	101	0
Dadu	2,450	2,701	322	432	851	45	244	374	99	0
Ghotki	1,626	2,546	16	505	448	626	266	133	0	0
Hyderabad	2,670	693	1,462	333	127	154	83	69	5	0
Jacobabad	863	1,540	796	270	353	174	274	85	9	0
Jamshoro	2,223	2,094	98	544	280	131	103	81	38	1
Kamber	1,777	2,637	0	682	195	62	239	112	18	0
Karachi Central	2,254	22	1,641	234	105	25	134	2	104	0
Karachi East	446	47	9	23	12	2	8	6	2	0
Karachi Keamari	732	6	383	7	22	0	6	8	2	1
Karachi Korangi	377	55	8	38	5	1	15	14	1	0
Karachi Malir	1,270	65	1,893	59	243	4	32	32	5	0
Karachi South	93	19	0	0	0	0	0	0	0	0
Karachi West	1,052	261	1,637	91	163	15	96	29	25	30
Kashmore	416	1,640	204	115	78	5	108	36	0	0
Khairpur	3,169	3,725	6,063	865	873	163	328	333	187	239
Larkana	1,953	3,063	0	646	233	24	92	288	5	0
Matiali	1,538	2,480	40	596	170	336	141	110	2	0
Mirpurkhas	3,596	2,152	3,058	548	245	62	166	177	14	0
Naushero Feroze	1,619	1,645	995	299	349	142	259	191	48	2
Sanghar	1,828	3,162	66	764	294	592	182	59	11	0
Shaheed Benazirabad	1,776	2,213	0	256	174	141	154	89	77	0
Shikarpur	1,166	1,642	4	237	213	85	314	178	0	1
Sujawal	3,003	1,038	0	165	151	61	94	73	0	143
Sukkur	1,269	1,114	1,959	270	118	6	109	107	9	0
Tando Allahyar	1,830	1,575	753	321	109	319	81	93	6	0
Tando Muhammad Khan	1,390	903	0	444	113	7	25	89	0	3
Tharparkar	2,096	2,145	866	342	611	91	2	103	2	26
Thatta	1,291	1,371	1,188	47	468	190	96	30	16	2
Umerkot	1,690	3,286	0	296	219	47	0	80	33	0
Total	51,768	49,163	26,085	10,087	7,579	3,753	3,739	3,169	819	448

Figure 2: Most frequently reported suspected cases during Week 19, Sindh.

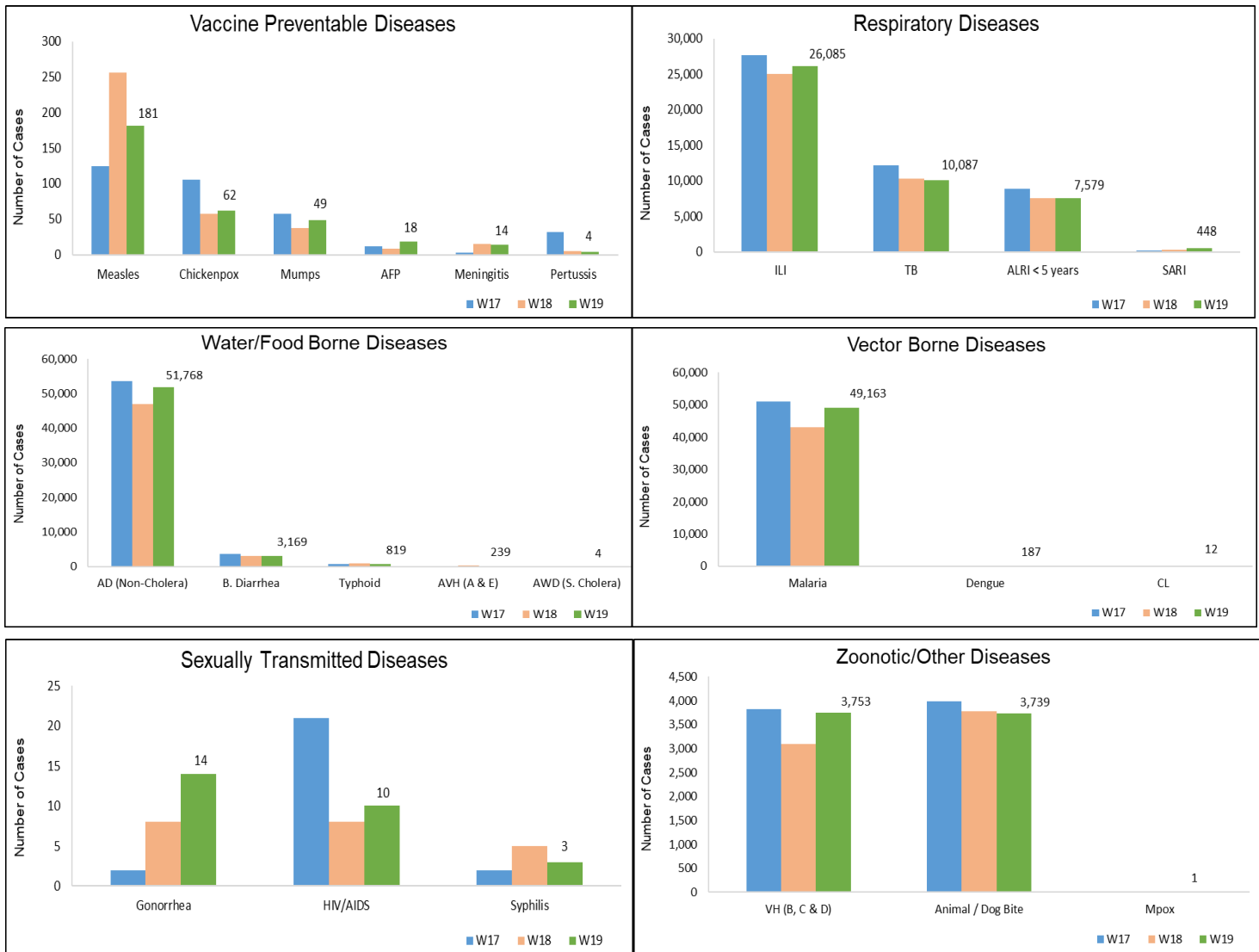
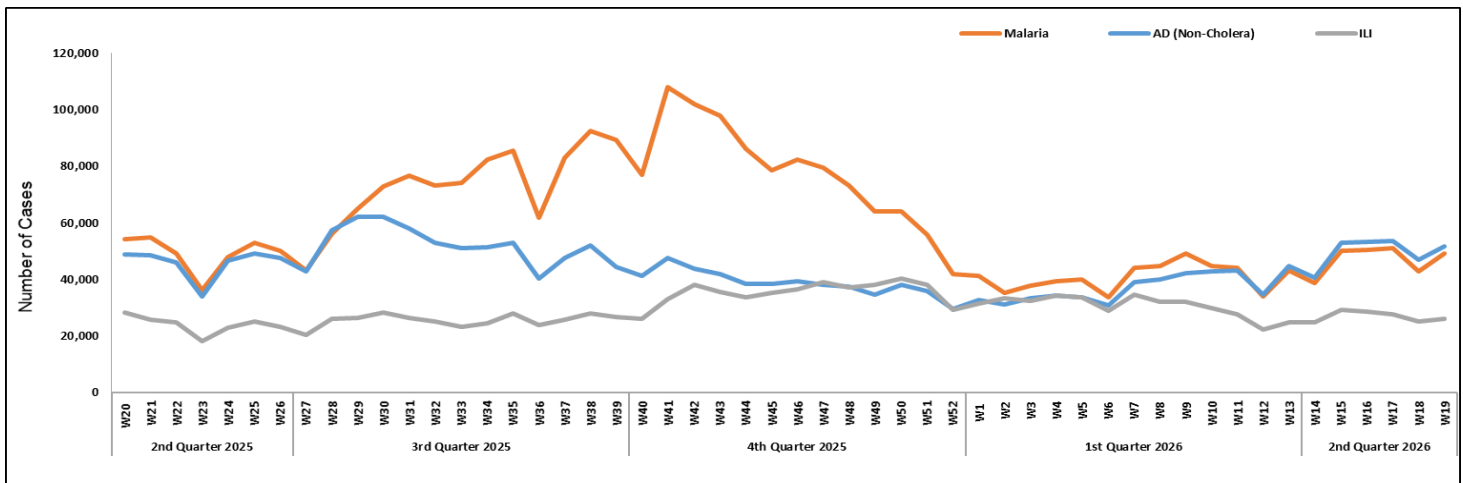


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



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

Table 3: District wise distribution of most frequently reported suspected cases during Week 19, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	Typhoid	SARI	Dengue	CL	AWD (S. Cholera)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	150	54	63	24	20	33	2	0	0	5
Chagai	167	205	35	0	40	9	0	0	0	0
Chaman	8	251	11	0	42	29	0	0	0	13
Dera Bugti	6	0	4	0	2	1	0	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	449	340	70	0	7	0	NR	67	1	NR
Harnai	236	15	110	204	68	0	0	0	0	0
Hub	216	67	78	12	10	2	0	0	1	0
Jaffarabad	189	3	133	31	21	2	0	0	0	0
Jhal Magsi	92	147	70	3	0	0	0	0	0	0
Kachhi (Bolan)	216	261	298	70	25	NR	6	NR	NR	16
Kalat	5	0	1	10	0	0	0	0	0	0
Kech (Turbat)	568	860	301	9	95	15	NR	139	NR	NR
Kharan	231	443	17	4	91	9	16	0	0	0
Khuzdar	172	61	45	0	29	23	8	0	1	0
Killa Abdullah	261	110	2	14	47	19	54	0	17	28
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lasbella	543	75	406	211	27	9	1	93	5	0
Loralai	325	385	36	32	40	16	31	0	0	2
Mastung	463	409	208	64	69	53	50	0	11	0
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	370	13	326	55	30	75	24	0	13	1
Nushki	189	0	0	0	89	0	0	0	0	4
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Quetta	522	697	18	100	32	9	31	0	2	3
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	508	234	346	63	42	33	38	0	165	33
Sohbat pur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Surab	6	20	0	0	0	0	0	0	0	0
Usta Muhammad	862	177	101	206	78	2	7	0	6	0
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	104	40	16	44	14	NR	41	NR	NR	11
Ziarat	3	4	0	0	0	2	0	0	0	0
Total	6,861	4,871	2,695	1,156	918	341	309	299	222	116



Figure 4: Most frequently reported suspected cases during Week 19, Balochistan.

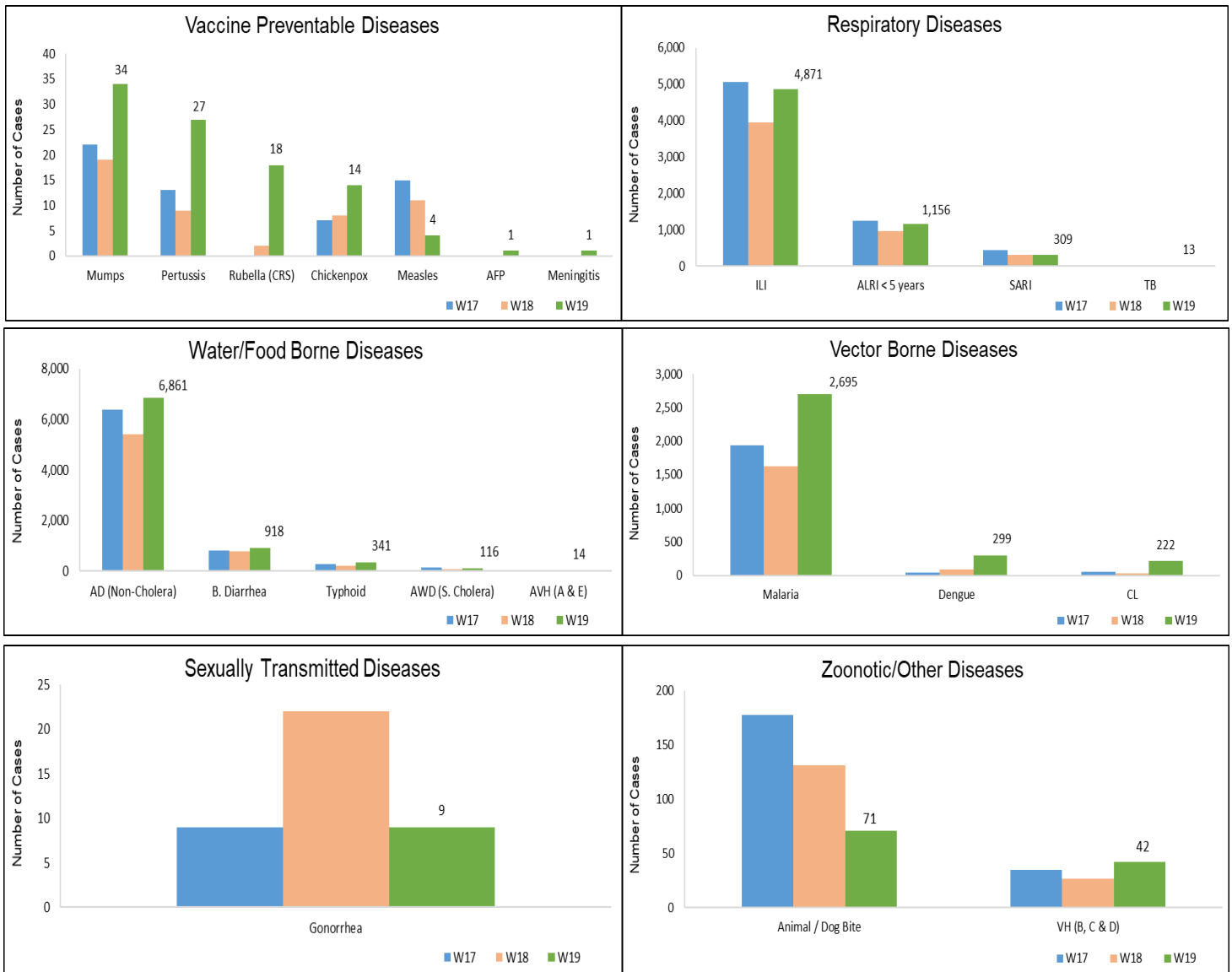


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



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

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	ALRI < 5 years	Measles	Typhoid	SARI	CL
Abbottabad	1,036	4	27	64	13	32	3	10	3	0
Bajaur	872	165	7	83	45	23	13	1	32	31
Bannu	1,007	969	3	3	16	7	94	82	0	7
Battagram	407	46	386	7	2	2	6	2	5	0
Buner	480	123	0	0	0	0	0	2	0	0
Charsadda	2,405	300	322	54	99	144	22	79	1	0
Chitral Lower	676	11	18	20	32	22	18	3	21	12
Chitral Upper	152	4	19	2	4	9	0	13	3	0
D.I. Khan	3,074	323	0	27	40	25	80	1	0	3
Dir Lower	1,922	72	0	59	90	4	25	28	0	2
Dir Upper	1,117	11	41	11	21	2	0	3	0	0
Hangu	486	91	5	30	44	1	12	2	0	9
Haripur	1,865	4	337	81	9	61	10	7	10	0
Karak	650	119	15	39	29	37	32	7	0	120
Khyber	723	268	38	29	158	19	0	28	3	16
Kohat	890	61	4	41	68	0	4	12	0	68
Kohistan Lower	123	0	0	0	2	0	0	5	0	0
Kohistan Upper	364	1	0	1	13	2	0	0	0	0
Kolai Palas	83	1	8	0	3	2	0	1	0	0
L & C Kurram	43	0	4	3	2	0	0	0	0	0
Lakki Marwat	921	160	0	97	9	3	3	9	0	2
Malakand	997	19	140	0	0	13	11	0	24	1
Mansehra	872	2	77	0	1	0	0	1	0	0
Mardan	2,039	121	11	22	68	77	28	29	0	0
Mohmand	121	122	110	8	3	1	8	5	122	46
North Waziristan	65	84	5	1	8	8	21	15	3	7
Nowshera	2,887	336	23	98	34	24	9	5	12	11
Orakzai	141	14	7	13	1	0	1	0	0	0
Peshawar	6,153	28	261	16	131	21	58	45	0	1
Shangla	1,479	772	0	308	5	10	7	36	0	1
South Waziristan (Lower)	67	77	115	17	42	15	11	11	117	16
SWU	41	21	2	0	0	0	0	0	1	0
Swabi	2,436	69	558	126	28	18	39	3	59	0
Swat	3,886	22	52	158	27	86	4	25	0	0
Tank	560	128	24	10	2	4	3	0	0	0
Tor Ghar	139	62	0	15	21	12	2	4	0	4
Upper Kurram	249	15	177	102	37	19	0	12	31	0
Total	41,428	4,625	2,796	1,545	1,107	703	524	486	447	357



Figure 6: Most frequently reported suspected cases during Week 19, KP.

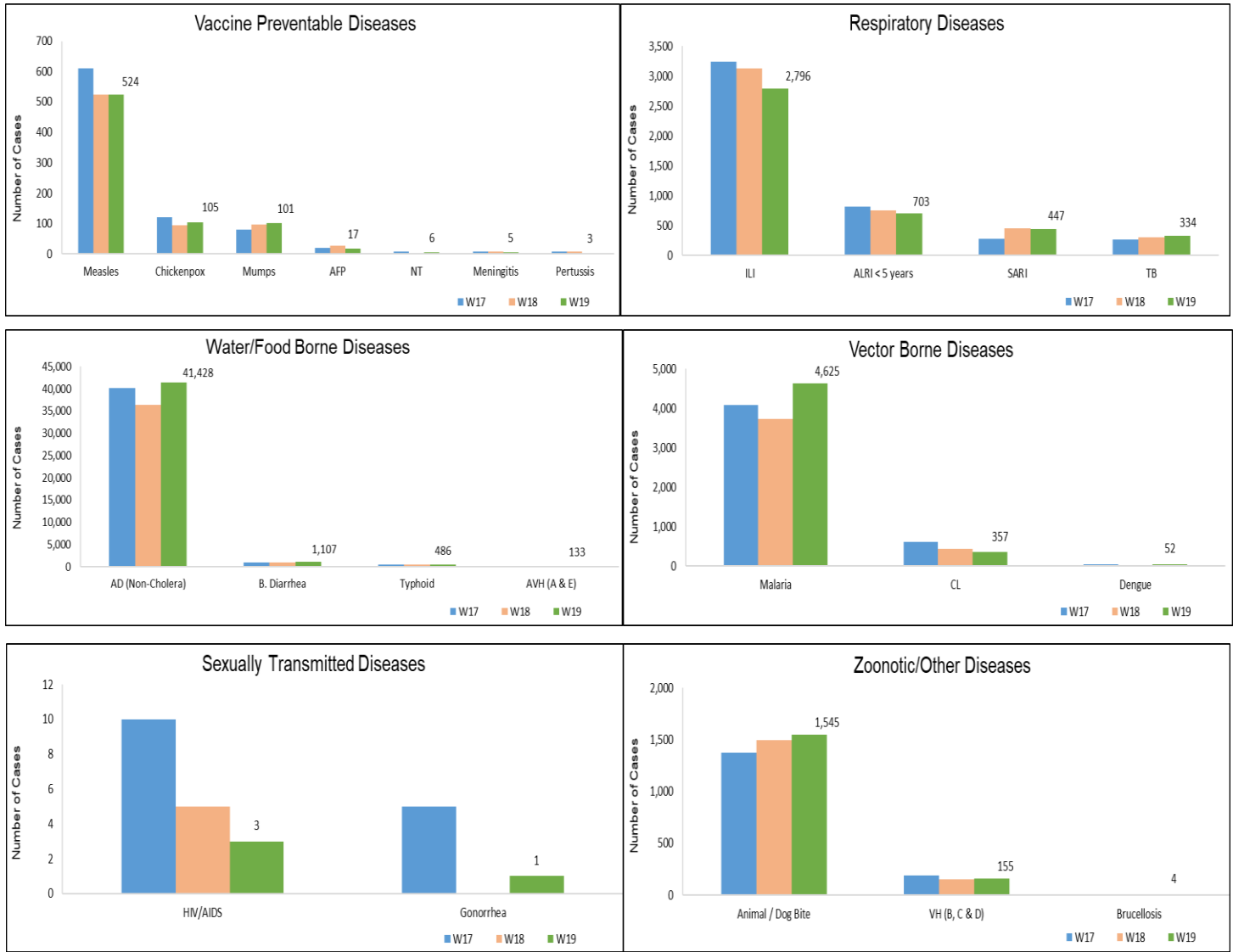
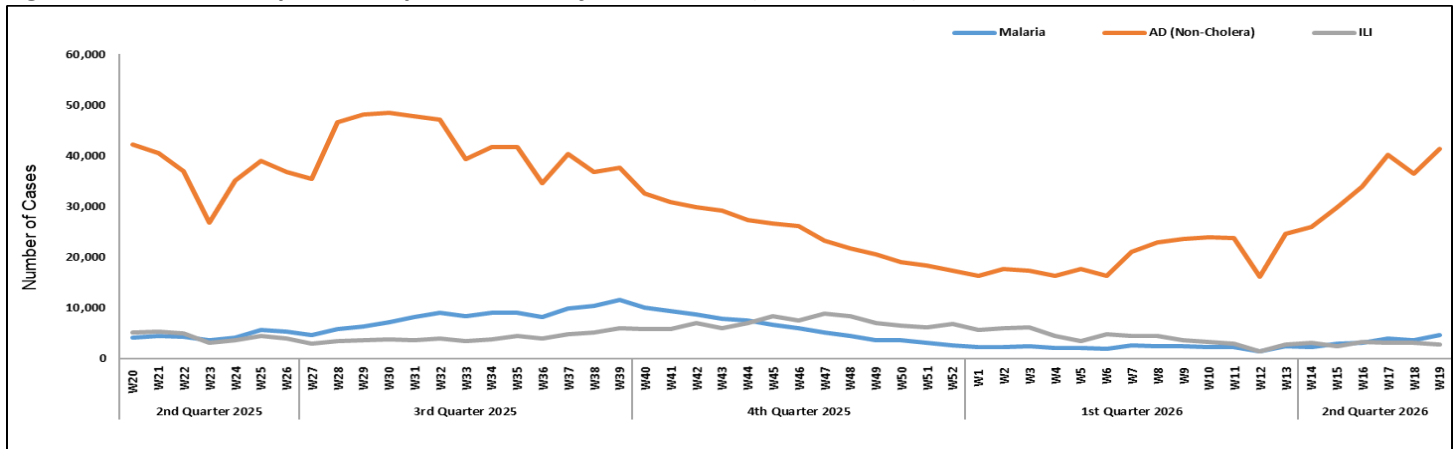


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



ICT, AJK & GB

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

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

GB: AD (non-cholera) cases were the most frequently reported disease followed by ALRI < 5 Years, ILI, TB, SARI, Typhoid, B. Diarrhea, Measles, AWD (S. Cholera), and Animal/ Dog Bite cases. An increase in cases is observed for AD (Non-Cholera), ALRI < 5 Years, TB, SARI, Measles, AWD (S. Cholera), Animal/ Dog Bite, VH (B, C & D), Dengue, and NT while a decline is observed in number of cases of ILI, Typhoid, B. Diarrhea, Meningitis, Mumps, Chickenpox/ Varicella, and AFP this week.

Figure 8: Most frequently reported suspected cases during Week 19, AJK.

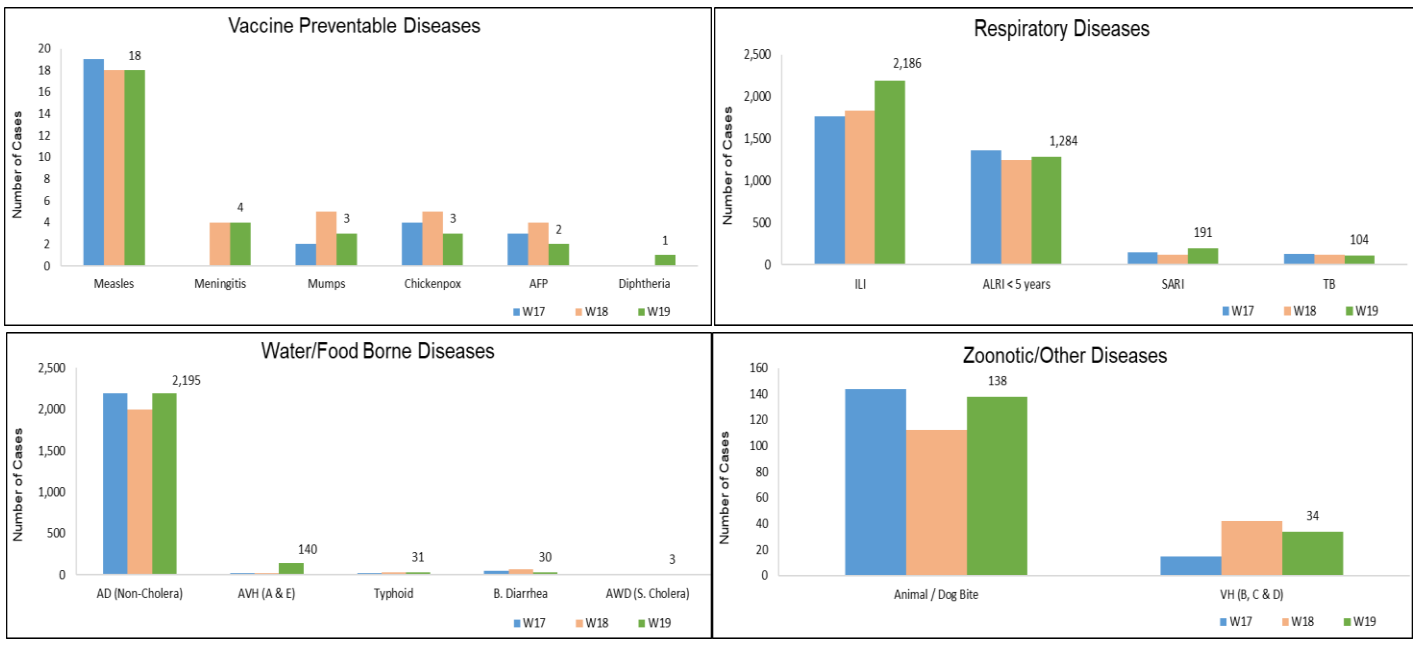


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.

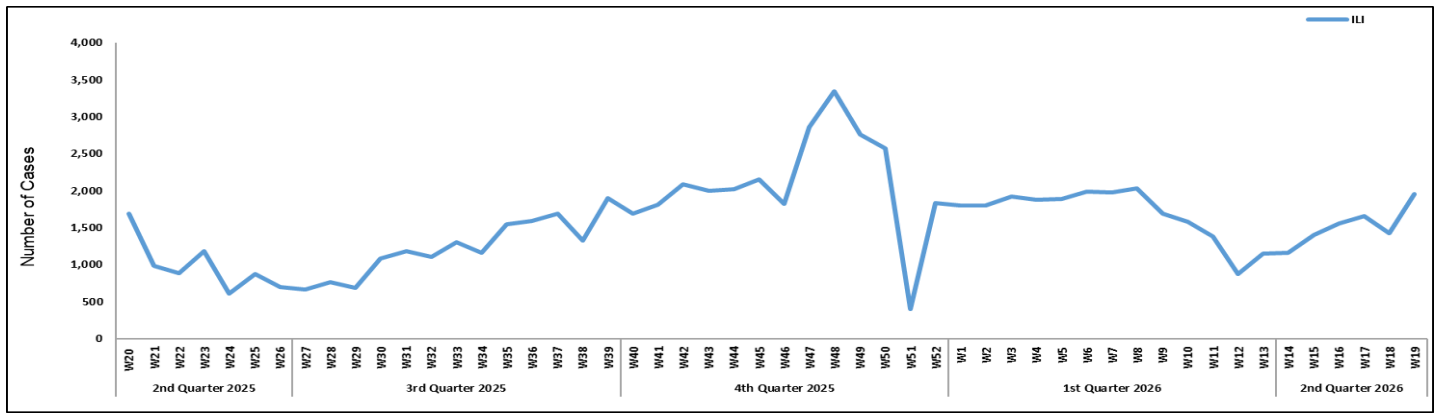


Figure 10: Most frequently reported suspected cases during Week 19, ICT.

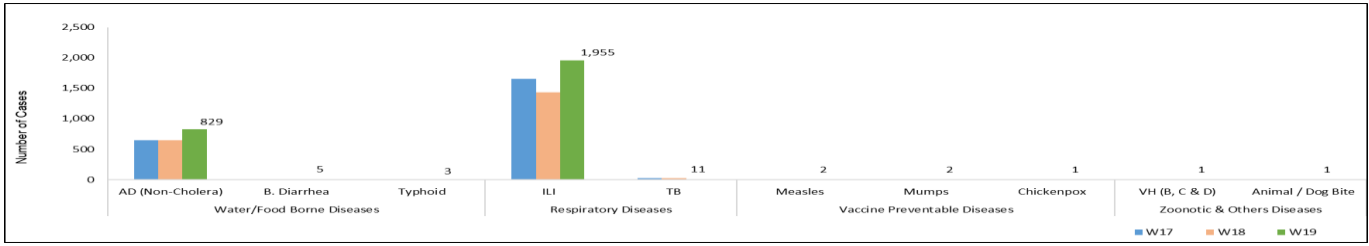


Figure 11: Week-wise reported suspected cases of ILI, ICT.

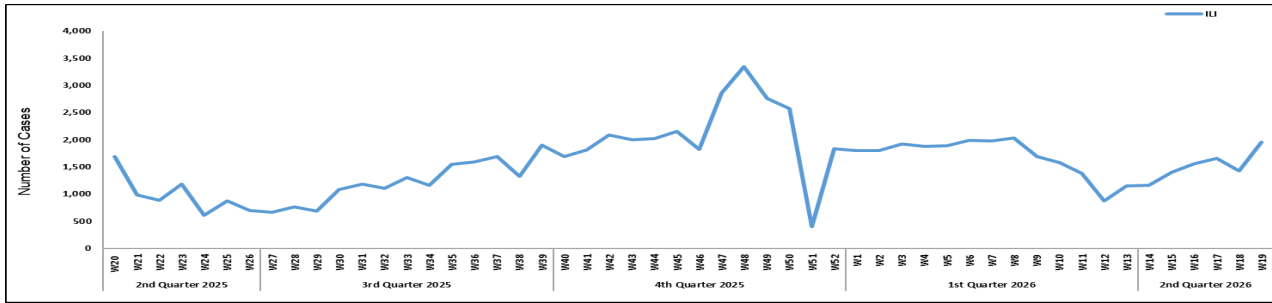


Figure 12: Most frequently reported suspected cases during Week 19, GB.

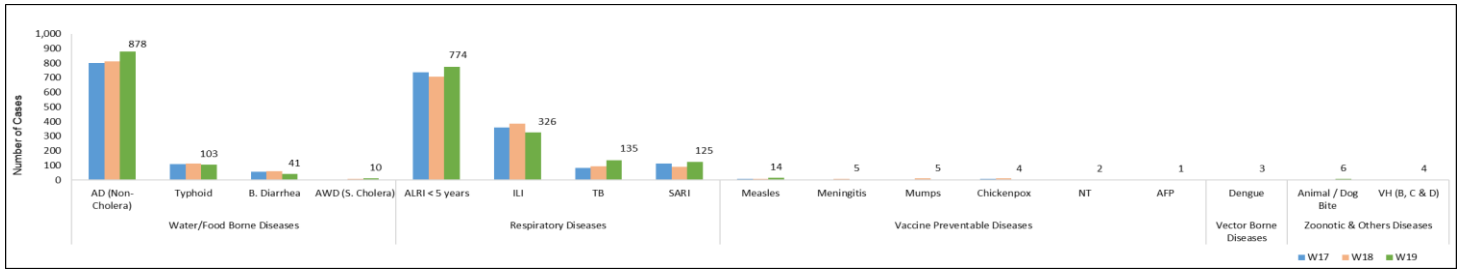


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.

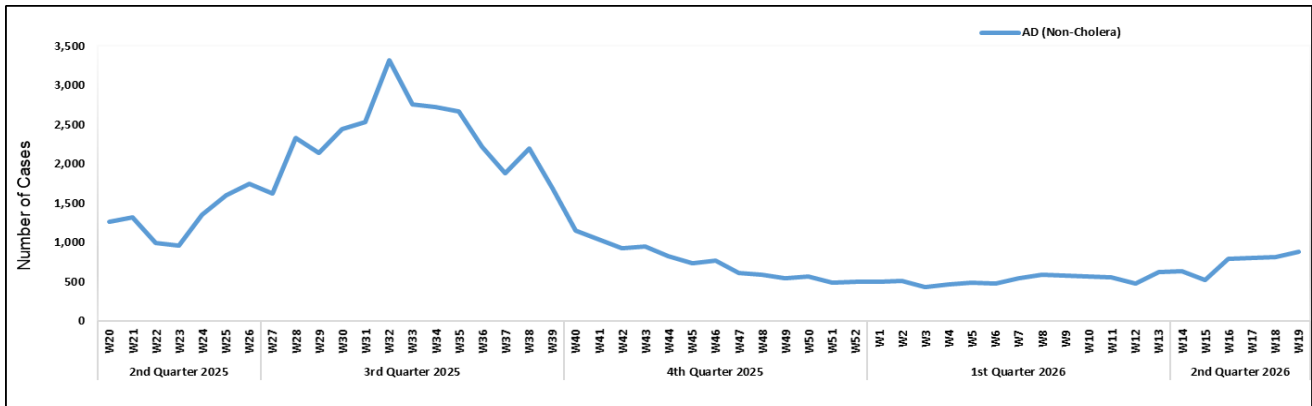


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 19, Pakistan.

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)	36	2	-	-	-	-	-	-	-	-	-	-	-	-	
Stool culture & Sensitivity	27	2	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	5,875	258	1,977	147	4	0	-	-	296	0	-	-	8	0	
CCHF	-	-	4	1	-	-	-	-	-	-	-	-	-	-	
Dengue	1,338	102	844	117	13	0	-	-	-	-	-	-	5	0	
VH (B)	15,211	287	994	95	40	2	-	-	1,185	18	-	-	256	2	
VH (C)	15,171	1,177	960	57	47	3	-	-	1,216	5	-	-	256	17	
VH (D)	399	100	-	-	-	-	-	-	-	-	-	-	-	-	
VH (A)	158	58	-	-	5	3	-	-	-	-	-	-	-	-	
VH (E)	86	22	-	-	3	3	-	-	-	-	-	-	-	-	
Covid-19	2	0	2	0	-	-	-	-	-	-	-	-	5	0	
TB	803	61	120	15	1	0	-	-	165	1	-	-	31	5	
HIV/ AIDS	5,047	37	677	0	14	0	-	-	382	0	-	-	262	0	
Syphilis	1,423	24	108	0	-	-	-	-	261	1	-	-	-	-	
Typhoid	351	9	101	15	-	-	-	-	320	3	-	-	-	-	
Diphtheria	6	0	-	-	-	-	-	-	-	-	-	-	-	-	
ILI	15	2	2	0	-	-	-	-	-	-	-	-	-	-	
Pneumonia (ALRI)	131	30	2	1	-	-	-	-	-	-	-	-	-	-	
Meningitis	11	0	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	387	226	28	20	396	190	16	8	3	1	703	175	48	18	
Rubella (CRS)	-	-	8	0	-	-	-	-	-	-	-	-	-	-	
Leishmaniosis (cutaneous)	-	-	1	1	-	-	-	-	-	-	-	-	-	-	
Gonorrhoea	9	0	-	-	-	-	-	-	-	-	-	-	-	-	
Brucellosis	-	-	-	-	-	-	-	-	10	0	-	-	-	-	
Mpox	7	0	-	-	-	-	-	-	-	-	-	-	-	-	
SARI	24	10	-	-	-	-	-	-	-	-	-	-	-	-	
Covid-19	ILI	10	0	-	-	4	0	-	-	-	-	12	0	2	0
	SARI	30	0	-	-	24	0	3	0	-	-	28	0	5	0
Influenza A	ILI	10	0	-	-	4	0	-	-	-	-	12	0	2	0
	SARI	30	0	-	-	24	0	3	0	-	-	28	0	5	0
Influenza B	ILI	10	0	-	-	4	0	-	-	-	-	12	0	2	0
	SARI	30	1	-	-	24	0	3	0	-	-	28	0	5	0
RSV	ILI	10	0	-	-	4	0	-	-	-	-	12	0	2	0
	SARI	30	0	-	-	24	0	3	0	-	-	28	0	5	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.

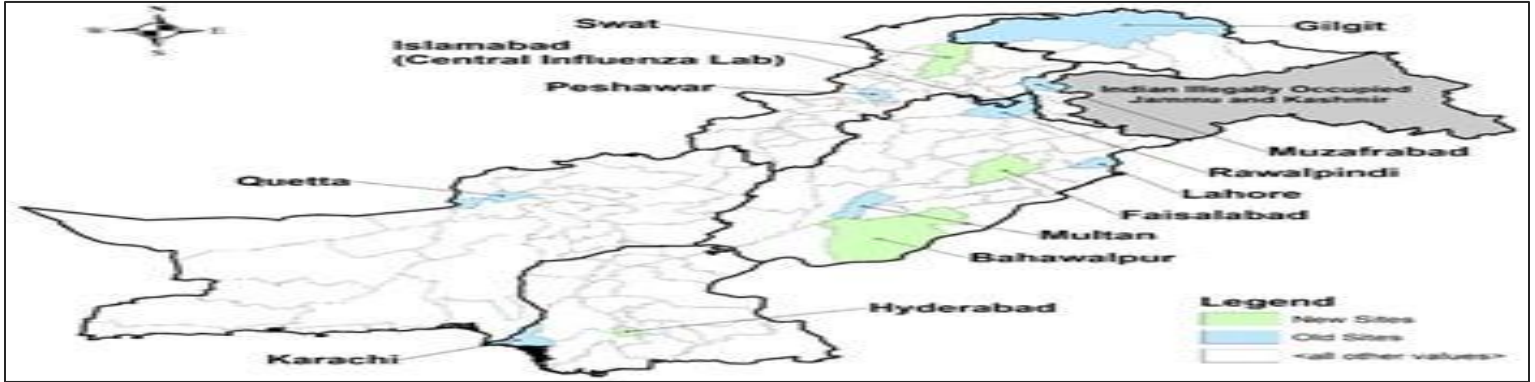


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 19, Pakistan.

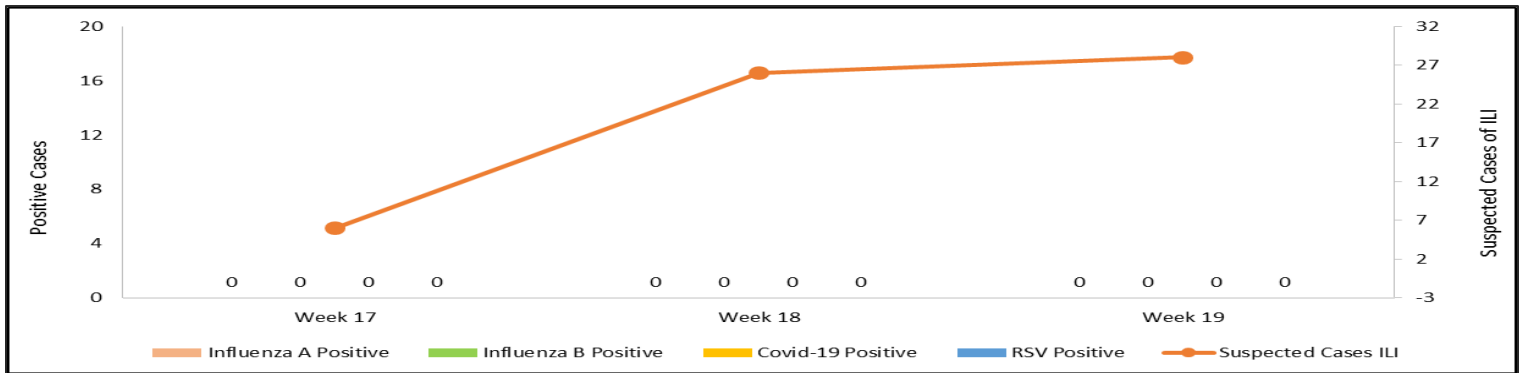
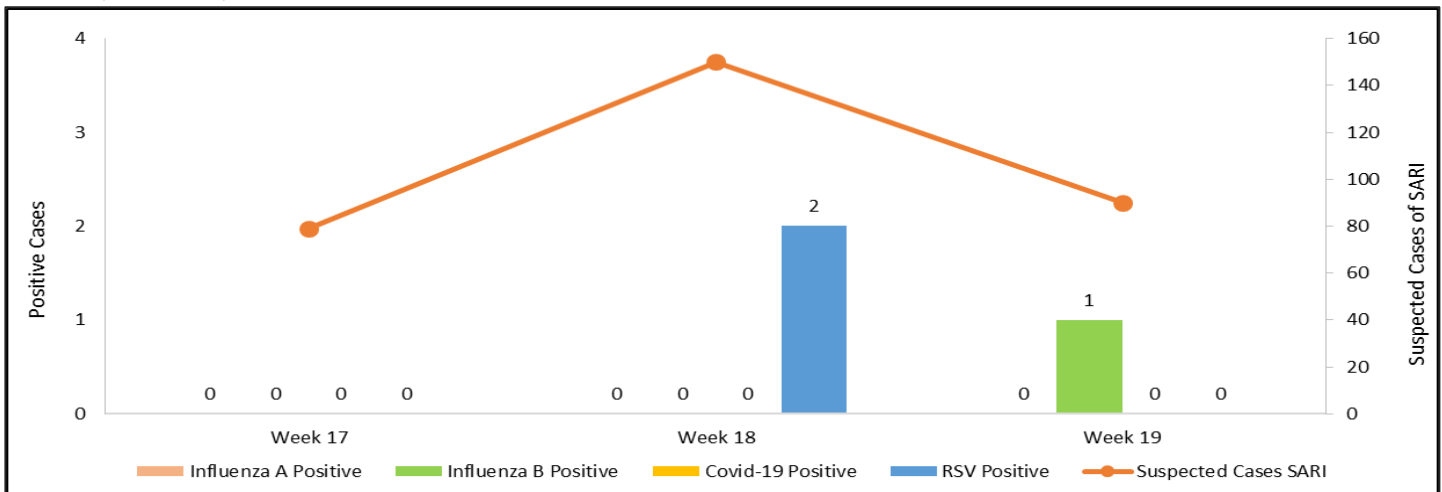


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 19, Pakistan.



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 19, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	106	95%
	Bannu	241	128	53%
	Battagram	59	40	68%
	Buner	34	34	100%
	Bajaur	44	43	98%
	Charsadda	61	61	100%
	Chitral Upper	31	31	100%
	Chitral Lower	37	36	97%
	D.I. Khan	115	114	99%
	Dir Lower	63	62	98%
	Dir Upper	56	52	93%
	Hangu	23	19	83%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	40	75%
	Kohat	61	61	100%
	Kohistan Lower	13	9	69%
	Kohistan Upper	22	17	77%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	69	99%
	Lower & Central Kurram	42	8	19%
	Upper Kurram	38	36	95%
	Malakand	41	41	100%
	Mansehra	133	127	95%
	Mardan	82	67	82%
	Nowshera	57	55	96%
	North Waziristan	12	9	75%
	Peshawar	157	131	83%
	Shangla	37	36	97%
	Swabi	65	63	97%
	Swat	77	72	94%
	South Waziristan (Upper)	93	37	40%
	South Waziristan (Lower)	29	29	100%
Tank	34	32	94%	
Torghar	13	13	100%	
Mohmand	68	38	56%	
Orakzai	69	9	13%	
Azad Jammu Kashmir	Mirpur	41	41	100%
	Bhimber	85	85	100%
	Kotli	60	60	100%
	Muzaffarabad	45	45	100%



	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	54	53	98%
	Neelum	39	39	100%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	19	79%
	CDA	14	8	57%
Balochistan	Gwadar	26	24	92%
	Kech	44	35	80%
	Khuzdar	74	14	19%
	Killa Abdullah	26	21	81%
	Lasbella	55	55	100%
	Pishin	65	0	0%
	Quetta	56	26	46%
	Sibi	36	34	94%
	Zhob	39	13	33%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	0	0%
	Chagi	36	19	53%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	0	0%
	Surab	32	3	9%
	Mastung	45	30	67%
	Loralai	33	28	85%
	Killa Saifullah	28	0	0%
	Ziarat	29	0	3%
	Duki	31	0	0%
	Nushki	29	29	100%
	Dera Bugti	45	2	4%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	25	24	96%
Barkhan	20	20	100%	
Hub	33	29	88%	
Musakhel	41	0	0%	
Usta Muhammad	34	34	100%	
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%
	Ghizer	38	0	0%
	Gilgit	44	42	95%
	Diامر	62	59	95%
	Astore	55	55	100%



	Shigar	23	23	100%
	Skardu	54	54	100%
	Ganche	29	29	100%
	Kharmang	25	25	100%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	65	65	100%
	Naushahro Feroze	102	102	100%
	Tharparkar	273	272	100%
	Shikarpur	59	59	100%
	Thatta	50	50	100%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	17	81%
	Karachi-West	20	20	100%
	Karachi-Malir	35	29	83%
	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	106	100%
	Badin	123	122	99%
	Sukkur	63	63	100%
	Dadu	90	88	98%
	Sanghar	100	100	100%
	Jacobabad	44	44	100%
	Khairpur	168	168	100%
	Kashmore	59	59	100%
	Matiari	42	42	100%
	Jamshoro	74	74	100%
Tando Allahyar	54	54	100%	
Tando Muhammad Khan	41	41	100%	
Shaheed Benazirabad	122	122	100%	



Table 7: Compliance of IDSR reporting Tertiary care hospitals Week 19, 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	1	33%
	Swabi	1	0	0%
	Nowshera	1	1	100%
	Mardan	1	1	100%
	Abbottabad	1	1	100%
	Swat	1	1	100%



NIH and WHO Advance Public Health Emergency Preparedness Through RRT Training Initiative

In a significant step toward strengthening Pakistan's public health emergency preparedness and response capacity, the National Institutes of Health (NIH), in collaboration with the World Health Organization (WHO), successfully convened a high-level three-day Rapid Response Team (RRT) Training of Trainers (TOT) workshop from 11–13 May 2026. The workshop brought together public health professionals, surveillance officers, and emergency response experts from across the country to build a sustainable cadre of trainers capable of leading and strengthening rapid response mechanisms at national and subnational levels.



The training focused on developing a resilient and skilled workforce equipped to detect, investigate, and respond effectively to public health threats and emergencies. Through interactive sessions, practical exercises, and scenario-based learning, participants enhanced their competencies in outbreak investigation, risk assessment, emergency coordination, and field response operations.

A key feature of the workshop was the integration of the One Health approach, which recognizes the interconnectedness of human, animal, and environmental health. By fostering collaboration across multiple sectors, the initiative emphasized the importance of coordinated action in preventing, detecting, and responding to emerging health threats. This multisectoral framework is critical for addressing complex challenges such as zoonotic diseases, environmental hazards, and other public health emergencies that require a unified response.



The workshop also emphasized the alignment of Rapid Response Teams with surveillance and response systems, reinforcing the role of RRTs in timely event

detection, verification, and containment. Participants were introduced to global best practices, including principles aligned with the 7-1-7 framework, to promote faster detection and response to public health events.



By investing in the development of a skilled trainer network, NIH and WHO are laying the foundation for a stronger, more coordinated emergency response system. The initiative represents a strategic commitment to enhancing national preparedness, strengthening surveillance and response capacities, and building a workforce capable of safeguarding public health through timely and effective action.

Letter To the Editor

Free Hepatitis C Screening and Treatment Initiative: A Significant Step Towards Hepatitis Elimination in Pakistan

Dear Editor,

Hepatitis C virus (HCV) infection remains a major public health challenge in Pakistan, which bears one of the highest burdens of HCV globally. An estimated 10 million Pakistanis are living with hepatitis C, while thousands of new infections continue to occur annually due to unsafe injections, unscreened blood transfusions, and other preventable risk factors (1,2). Furthermore, only a fraction of infected individuals are aware of their status, highlighting substantial gaps in screening and diagnosis (2).

In this context, the recent launch of the Prime Minister's Hepatitis C Elimination Program and the initiation of free hepatitis C screening and treatment services in Islamabad represent a landmark achievement in Pakistan's public health response (1). The initiative, launched by the Ministry of National Health Services, Regulations and Coordination in collaboration with the World Health Organization (WHO), aims to eliminate hepatitis C as a public health threat by 2030 through mass screening, early diagnosis, and free treatment (1).

Under the program, free screening services are available at major federal healthcare facilities, including Pakistan Institute of Medical Sciences (PIMS), Polyclinic Hospital, NORI Hospital, Federal General Hospital, and



selected rural health centers in Tarlai, Sihala, Rawat, Bara Kahu, and Sohan. Importantly, the program provides free treatment that would otherwise impose a considerable financial burden on patients. Removing economic barriers to diagnosis and treatment is expected to increase healthcare-seeking behavior, facilitate early case detection, and reduce ongoing community transmission (1).

The significance of this initiative extends beyond individual patient care. Chronic hepatitis C often remains asymptomatic for years before progressing to cirrhosis, liver failure, or hepatocellular carcinoma (3). Since curative antiviral therapies can achieve cure rates exceeding 95%, early identification and treatment of infected individuals remain the cornerstone of hepatitis elimination strategies (3). Therefore, public awareness campaigns encouraging individuals to undergo screening, even in the absence of symptoms, are critical to the success of elimination efforts.

The initiative also aligns with the WHO Global Health Sector Strategy on HIV, Viral Hepatitis and Sexually Transmitted Infections (2022–2030), which aims to reduce new viral hepatitis infections by 90% and hepatitis-related mortality by 65% by 2030 (3). Achieving these targets requires scaling up testing, treatment, surveillance, and prevention services while ensuring equitable access across all regions of the country.

While the Islamabad initiative is highly commendable, sustained progress will depend on expanding free screening and treatment services nationwide, strengthening surveillance systems,

ensuring uninterrupted availability of diagnostic kits and medicines, and integrating hepatitis services within primary healthcare. Continued political commitment, community engagement, and coordinated action across all levels of the health system will be essential to transform this promising initiative into a national movement toward a hepatitis C-free Pakistan.

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Knowledge Hub

Understanding SARIs: Transmission, Symptoms, and Prevention

What are SARIs?

Severe Acute Respiratory Infections (SARIs) are a group of illnesses that cause inflammation in the lungs. They are characterized by symptoms such as:

Symptoms:

- Fever
- Cough
- Difficulty breathing
- Chest pain
- Sore throat
- Runny nose
- Muscle aches
- Fatigue

SARIs can be caused by various viruses and bacteria, including influenza, pneumonia, and COVID19.

How are SARIs Spread?

SARIs are typically spread through respiratory droplets, meaning they can be transmitted when an infected person coughs, sneezes, or talks.

How to Prevent SARIs

Here are some essential steps to prevent SARIs:

- **Get Vaccinated:** Stay up-to-date on flu and COVID-19 vaccines.
- **Practice Good Hygiene:** Wash your hands frequently with soap and water, especially after

touching surfaces or being in public places. Use hand sanitizer when soap and water are not available.

- **Wear a Mask:** Wear a well-fitting mask in crowded indoor settings, especially if you are at high risk or live with someone who is.
- **Avoid Close Contact:** Maintain a safe distance from people who are sick.
- **Clean and Disinfect:** Regularly clean and disinfect frequently touched surfaces.
- **Stay Home When Sick:** If you are sick, stay home to avoid spreading illness to others.

When to Seek Medical Attention

Seek immediate medical attention if you experience any of the following:

- Difficulty breathing
- Chest pain
- Confusion
- Bluish lips or face

Additional Resources

For more information on SARIs and how to protect yourself, please visit the following resources:

- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/>
- World Health Organization (WHO): <https://www.who.int/>
- European Centre for Disease Prevention and Control (ECDC): <https://www.ecdc.europa.eu/en>
- National Institutes of Health (NIH): <https://www.nih.gov/>
- Your Local Health Department: <https://www.cdc.gov/>





Seasonal Flu (موسمی فلو)



موسمی فلو ایک قابل علاج بیماری ہے۔ عام طور پر بزرگ چھوٹے بچے، حاملہ خواتین، قوت مدافعت میں کمی اور دائمی بیماریوں کا شکار (کنسر، زلیطیس، دل یا سانس کی شدید بیماریوں میں مبتلا مریض وغیرہ) کو اس بیماری سے جلد متاثر ہونے کا خطرہ ہے۔ اس بیماری کا وائرس سلی فضا میں کھانسنے یا چھینکنے کی وجہ سے اور مریض کے ہاتھوں کے ذریعے ارد گرد کی جگہوں پر پھیل جاتا ہے اور جب کوئی صحت مند شخص وہاں سانس لیتا ہے یا متاثرہ چیزوں کو چھوتا ہے تو یہ وائرس اس تک منتقل ہو جاتا ہے۔

استعمال کے فوراً بعد نشو
پپیرو کو محفوظ طریقے سے
ٹھکانے لگائیں



کھانسنے یا چھینکنے وقت منہ
اور ناک کو رو مال یا نشو
پپیرو سے ڈھانپ لیں



فلو کی صورت میں
ماسک کا استعمال کریں



اپنے ہاتھ صاف پانی اور صابن
کے ساتھ اچھی طرح دھوئیں



پیشہ کاری کی صورت میں فوراً
مستند معالج سے رابطہ کریں



فلو کی صورت میں گھر
پر آرام کریں اور لوگوں سے
میل جول میں احتیاط کریں



اس بیماری سے بچاؤ کیلئے معمولی ویکسینیشن (Flu Vaccination) کردائی جاسکتی ہے۔ خاص طور پر قوت مدافعت کی کمی کا شکار، حاملہ خواتین اور دائمی بیماری (زلیطیس، دوسرے دل کے امراض) میں مبتلا مریض ویکسینیشن ضرور کروائیں۔



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