

Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institutes of Health, Islamabad

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

Make a difference with
your **Field work**

Share Your Work and Impact Lives



 www.phb.nih.org.pk
 phb@nih.org.pk

Public Health Bulletin - Pakistan, Week 29, 2026

Overview

IDSR Reports

Ongoing Events

Field Reports

The **Integrated Disease Surveillance & Response (IDSR) Weekly Public Health Bulletin** is your trusted source for the latest disease trends, outbreak updates, and essential public health information in Pakistan. Published weekly, the bulletin provides **timely, reliable, and evidence-based** information for public health professionals, policymakers, healthcare workers, and the public. It presents key surveillance findings, outbreak investigations, seasonal disease trends, and practical public health recommendations to support informed decision-making and strengthen disease prevention efforts.

The bulletin is developed using verified surveillance data and expert review to ensure its content remains accurate, relevant, and aligned with Pakistan's public health priorities. It also addresses emerging health misinformation by providing factual, science-based information that communities can trust.

This Week's Highlights:

- **National Functional Simulation Exercise on Flood Emergency Preparedness and Response**
- **Knowledge Hub : Protecting Your Health During Floods in Pakistan**

Together, we can strengthen disease surveillance, promote informed action, and build a healthier Pakistan.

By transforming surveillance data into actionable public health intelligence, the IDSR Weekly Public Health Bulletin continues to support evidence-based decision-making and protect communities across Pakistan.

Subscribe to the Weekly Bulletin today!

Stay informed. Stay prepared. Stay healthy.

Sincerely,

Note: All reported cases in this report are suspected cases

- During Week 29, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, TB, ALRI <5 years, B. Diarrhea, Animal/Dog Bite, VH (B, C & D), Typhoid, SARI, AVH (A & E), and CL.
- Twenty-one cases of AFP were reported from KP, sixteen from Sindh, and one from GB.
- Thirteen suspected cases of HIV/ AIDS were reported from Sindh, three from Balochistan, and two from KP.
- One suspected case of Brucellosis was reported from KP.
- Among VPDs, there is an increase in the number of cases of Meningitis, Diphtheria, and Rubella this week.
- Among Respiratory diseases, there is an increase in the number of cases of ILI, TB, and ALRI <5 years this week.
- Among Water/food-borne diseases, there is an increase in the number of cases of AD (Non-Cholera), B. Diarrhea, Typhoid, AVH (A & E), and AWD (S. Cholera) this week.
- Among Vector-borne diseases, there is an increase in the number of cases of Malaria this week.
- Among STDs, there is an increase in the number of suspected cases of HIV/AIDS, Gonorrhea, and Syphilis this week.
- Among Zoonotic/Other diseases, there is an increase in the number of cases of 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 72%.
- Sindh is the top reporting region with a compliance rate of 98%, followed by ICT 89%, GB 87%, KP 77%, and Balochistan 40%.
- In Week 29, the lowest compliance rate is observed in AJK, 0%, due to the non-availability of internet connection in the region.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,277	1,759	77
Azad Jammu Kashmir	476	0	0
Islamabad Capital Territory	36	32	89
Balochistan	1,305	523	40
Gilgit Baltistan	405	354	87
Sindh	2,115	2,074	98
National	6,614	4,742	72



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

FLOOD RELATED DISEASES

Strengthen disease surveillance for acute watery diarrhea, cholera, typhoid fever, hepatitis A and E, malaria, dengue, and other epidemic-prone diseases through the Integrated Disease Surveillance and Response (IDSR) system, ensuring timely case reporting, verification, and response.

Conduct rapid risk assessments in flood-affected areas to identify priority health risks, vulnerable populations, and resource needs, and guide evidence-based public health interventions.

Ensure access to safe water, sanitation, and hygiene (WASH) by coordinating with relevant sectors to support water quality monitoring, chlorination, safe water supply, sanitation facilities, and hygiene promotion.

Strengthen vector surveillance and control through entomological monitoring, source reduction, larval control, indoor residual spraying where appropriate, and community engagement to reduce mosquito breeding sites.

Maintain continuity of essential health services, including emergency medical care, maternal and child health services, routine immunization, management of chronic diseases, and uninterrupted access to essential medicines and medical supplies.

Enhance infection prevention and control (IPC) measures in healthcare facilities, temporary shelters, and relief camps to reduce the risk of disease transmission.

Strengthen laboratory capacity to support timely diagnosis and confirmation of priority communicable diseases and facilitate prompt outbreak detection and response.

Implement risk communication and community engagement (RCCE) activities to promote safe water and food practices, personal hygiene, vector control, early healthcare seeking, and dissemination of accurate public health information.

Coordinate a multisectoral response using the One Health approach by working closely with the National and Provincial Disaster Management Authorities (NDMA/PDMAs), Pakistan Meteorological Department (PMD), WASH partners, veterinary services, environmental agencies, local administrations, and humanitarian organizations.

Protect vulnerable populations, including children, pregnant women, older adults, persons with disabilities, and displaced communities, by ensuring equitable access to healthcare, nutrition, mental health and psychosocial support, and essential public health services.

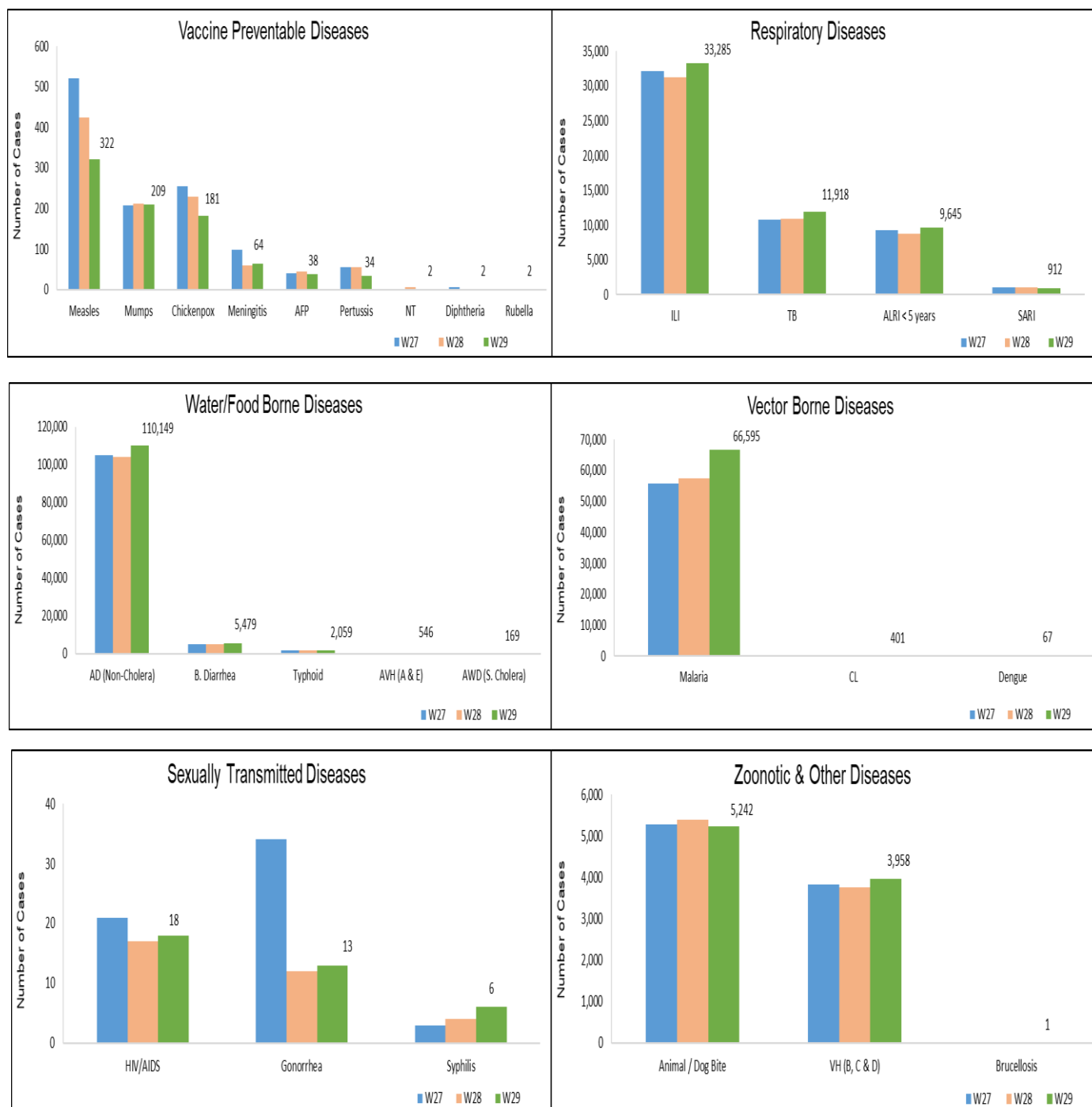
Strengthen emergency preparedness and response capacity through contingency planning, emergency stockpiling, deployment of rapid response teams, simulation exercises, and regular after-action reviews to improve readiness for future flood emergencies.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 29, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (non-cholera)	NR	5,550	2,223	596	48,524	NR	53,256	110,149
Malaria	NR	1,100	0	1	5,994	NR	59,500	66,595
ILI	NR	3,447	281	1,218	3,761	NR	24,578	33,285
TB	NR	9	96	16	247	NR	11,550	11,918
ALRI < 5 years	NR	876	627	71	590	NR	7,481	9,645
B. Diarrhea	NR	693	124	6	1,296	NR	3,360	5,479
Animal / Dog Bite	NR	104	5	0	1,420	NR	3,713	5,242
VH (B, C & D)	NR	42	4	35	131	NR	3,746	3,958
Typhoid	NR	260	108	0	756	NR	935	2,059
SARI	NR	401	58	0	409	NR	44	912
AVH (A & E)	NR	16	2	0	180	NR	348	546
CL	NR	22	0	0	376	NR	3	401
Measles	NR	4	3	0	255	NR	60	322
AWD (S. Cholera)	NR	164	5	0	0	NR	0	169
Mumps	NR	22	7	1	127	NR	52	209
Chickenpox/ Varicella	NR	2	6	1	155	NR	17	181
Dengue	NR	8	0	0	19	NR	40	67
Meningitis	NR	0	6	0	10	NR	48	64
AFP	NR	0	1	0	21	NR	16	38
Pertussis	NR	29	0	0	3	NR	2	34
HIV/AIDS	NR	3	0	0	2	NR	13	18
Gonorrhea	NR	3	0	0	0	NR	10	13
Syphilis	NR	2	0	0	0	NR	4	6
Diphtheria (Probable)	NR	1	0	0	1	NR	0	2
NT	NR	0	0	0	1	NR	1	2
Rubella (CRS)	NR	2	0	0	0	NR	0	2
Brucellosis	NR	0	0	0	1	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 29, Pakistan.



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

Table 2: District wise distribution of most frequently reported suspected cases during Week 29, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	VH (B, C & D)	Animal / Dog Bite	B. Diarrhea	Typhoid	AVH (A & E)
Badin	4,261	4,641	2,716	882	484	202	145	298	42	0
Dadu	2,720	2,704	399	576	1,000	122	267	422	154	100
Ghotki	3,502	1,446	0	534	450	606	337	135	1	39
Hyderabad	992	2,932	1,577	380	143	106	60	84	3	2
Jacobabad	1,543	760	491	272	180	42	235	95	29	0
Jamshoro	2,297	2,341	57	624	230	174	115	82	49	16
Kamber	2,425	2,270	0	758	194	29	245	119	20	0
Karachi Central	2	1,887	1,199	22	13	20	58	3	92	7
Karachi East	96	412	21	27	30	11	14	7	3	1
Karachi Keamari	19	723	461	15	18	0	27	9	1	4
Karachi Korangi	65	537	3	25	10	1	7	7	3	0
Karachi Malir	78	1,542	2,207	119	153	7	45	26	19	2
Karachi South	21	91	0	0	0	0	0	0	0	0
Karachi West	246	949	1,297	68	214	15	84	27	18	0
Kashmore	1,466	496	223	133	100	23	83	47	3	0
Khairpur	4,755	3,511	4,479	942	825	183	319	311	256	12
Larkana	2,819	1,936	162	684	271	44	115	342	4	1
Matlari	3,269	1,766	14	724	207	160	94	56	0	28
Mirpurkhas	3,326	3,523	2,562	767	302	104	159	143	20	41
Naushero Feroze	1,873	1,593	1,215	325	362	122	217	153	40	8
Sanghar	2,880	1,650	84	946	302	539	201	52	18	0
Shaheed Benazirabad	2,799	1,967	0	282	145	109	177	79	99	0
Shikarpur	1,770	1,266	2	219	171	301	238	195	2	0
Sujawal	1,239	1,758	0	103	121	69	72	113	1	0
Sukkur	2,103	1,602	1,621	354	179	249	130	122	4	0
Tando Allahyar	2,598	2,008	805	402	118	131	85	97	1	2
Tando Muhammad Khan	1,272	1,301	0	504	116	129	81	91	0	0
Tharparkar	2,241	2,235	1,046	399	599	46	3	122	10	15
Thatta	1,907	1,436	1,937	54	263	106	100	35	16	68
Umerkot	4,916	1,973	0	410	281	96	0	88	27	2
Total	59,500	53,256	24,578	11,550	7,481	3,746	3,713	3,360	935	348

Figure 2: Most frequently reported suspected cases during Week 29, Sindh.

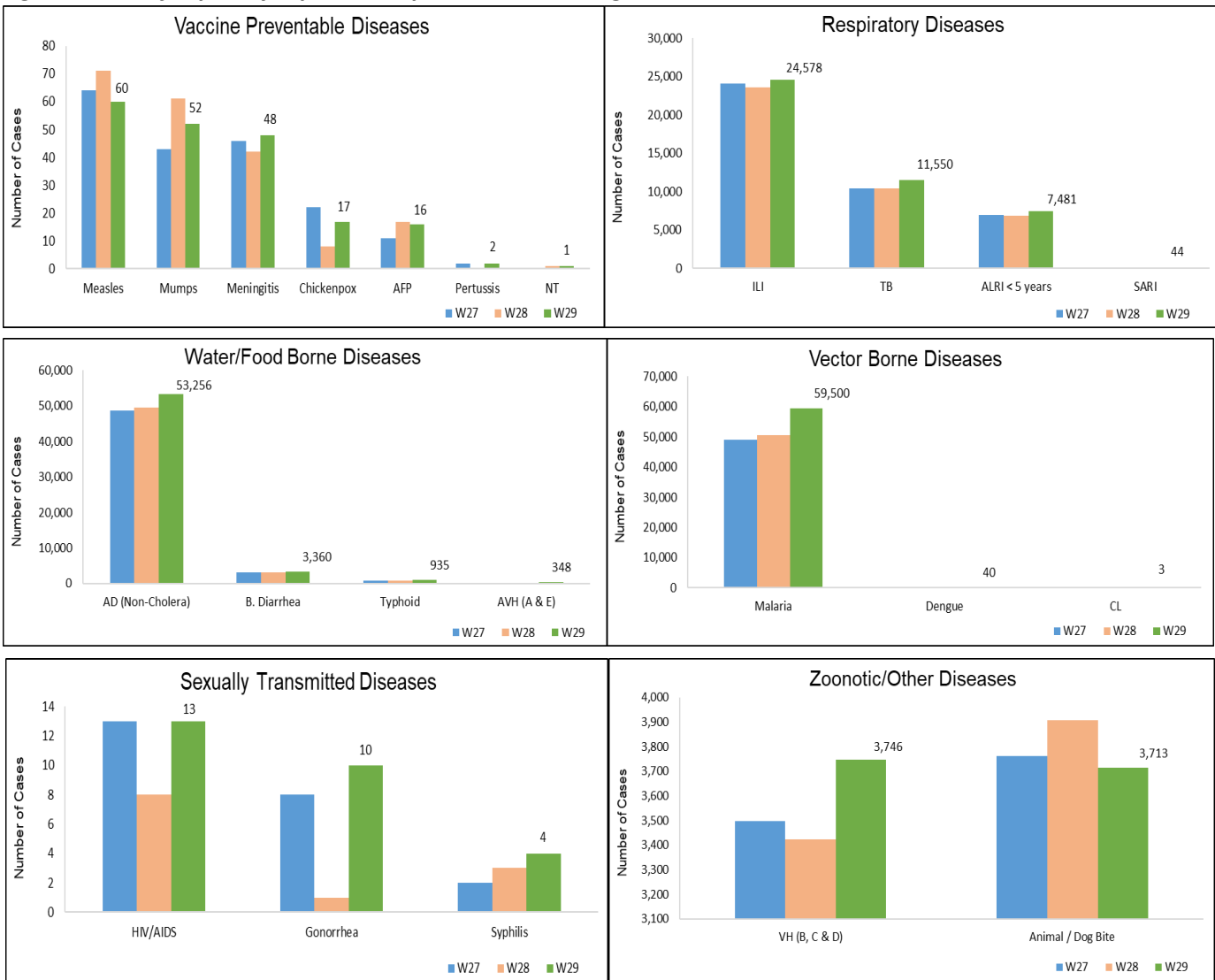
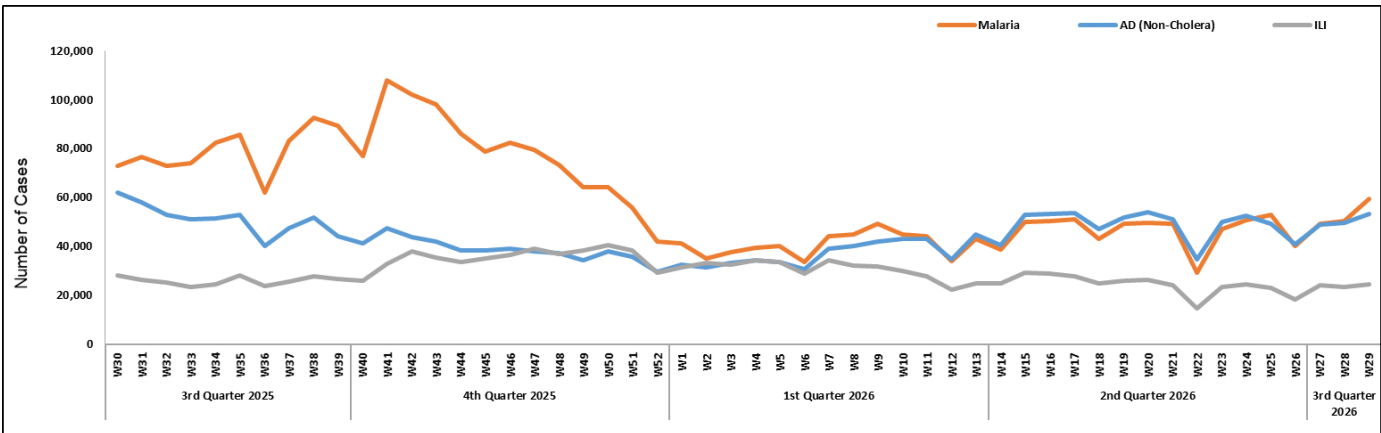


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



- AD (Non-Cholera), ILI, Malaria, ALRI<5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), Animal/ Dog Bite, and VH (B, C & D) cases were the most frequently reported diseases from Balochistan province.
- AD (Non-Cholera) cases were mostly reported from Usta Muhammad, Lasbella, and Gwadar while ILI cases were mostly reported from Gwadar, Kharan, and Loralai.
- AD (Non-Cholera), ILI, ALRI<5 years, B. Diarrhea, Typhoid, AWD (S. Cholera), VH (B, C & D), Mumps, AVH (A & E), Dengue, Measles, HIV/ AIDS, Rubella, Chickenpox, Syphilis, and Diphtheria showed an increase in the number of cases. A decline has been observed in Malaria, SARI, Animal/ Dog bite, Pertussis, CL, and Gonorrhea.

Table 3: District wise distribution of most frequently reported suspected cases during Week 29, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Animal / Dog Bite	VH (B, C & D)
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	95	48	58	22	10	3	29	0	15	0
Chagai	180	241	28	0	36	0	10	0	1	2
Chaman	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	488	735	26	NR	14	NR	NR	NR	NR	NR
Harnai	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Hub	117	34	36	5	0	0	0	0	1	0
Jaffarabad	114	0	50	4	16	0	2	0	3	0
Jhal Magsi	102	145	3	7	0	52	2	0	11	0
Kachhi (Bolan)	208	215	139	36	29	73	NR	13	14	3
Kalat	4	0	3	0	0	0	0	0	0	0
Kech (Turbat)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kharan	235	525	34	0	89	0	6	1	0	0
Khuzdar	61	35	33	5	12	0	14	9	0	0
Killa Abdullah	304	111	6	12	53	31	9	36	1	4
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lasbella	521	96	202	257	42	0	12	0	5	19
Loralai	397	415	50	37	52	43	23	7	0	0
Mastung	387	168	70	78	32	50	17	0	10	11
MusaKhel	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Naseerabad	329	0	81	14	12	27	89	15	26	0
Nushki	171	0	0	0	20	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	86	55	7	53	13	7	3	22	0	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	459	207	179	64	45	98	20	42	0	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	944	105	22	178	124	0	4	0	5	3
Washuk	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Zhob	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Ziarat	348	312	73	104	94	17	20	19	12	0
Total	5,550	3,447	1,100	876	693	401	260	164	104	42

Figure 4: Most frequently reported suspected cases during Week 29, Balochistan.

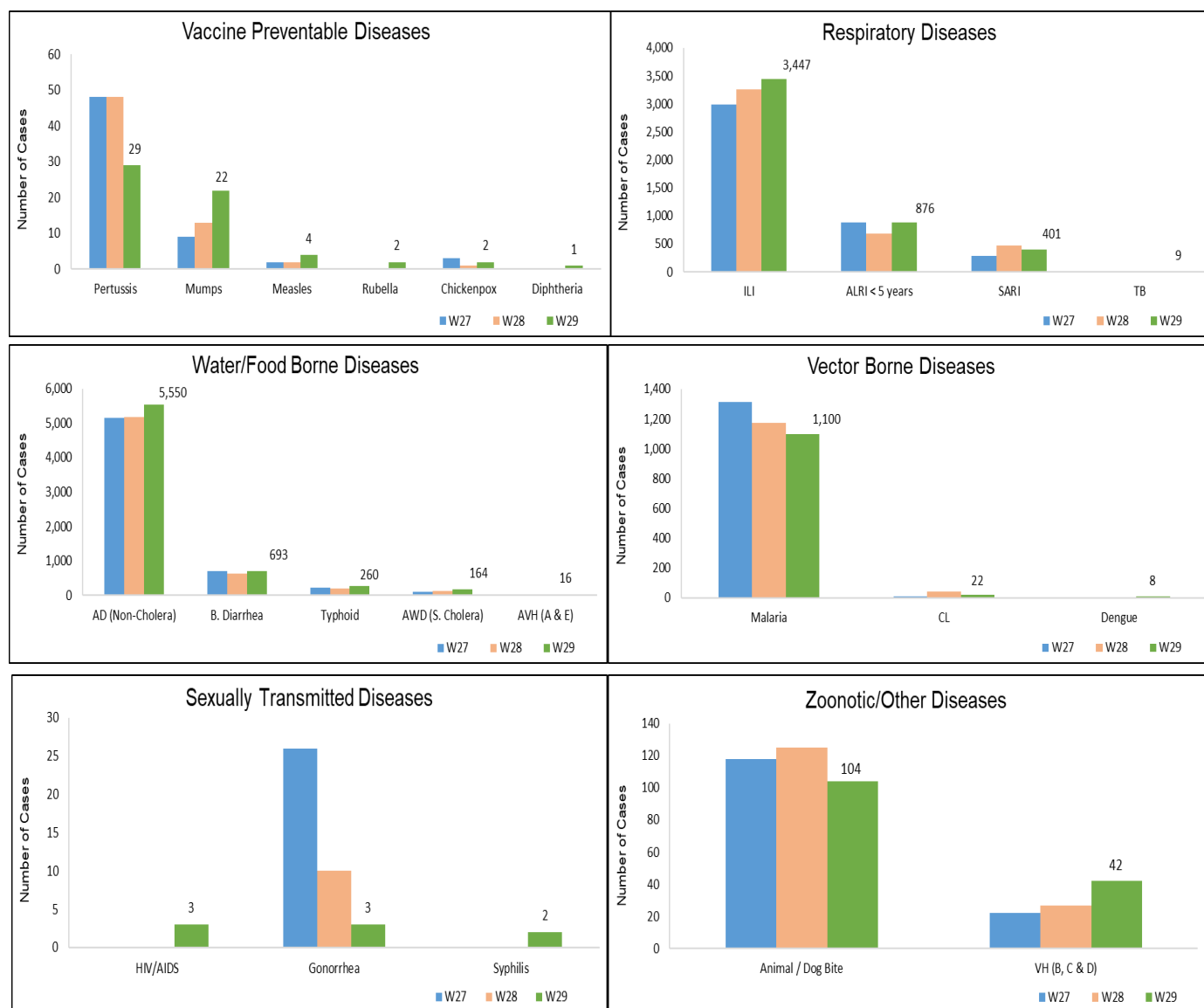
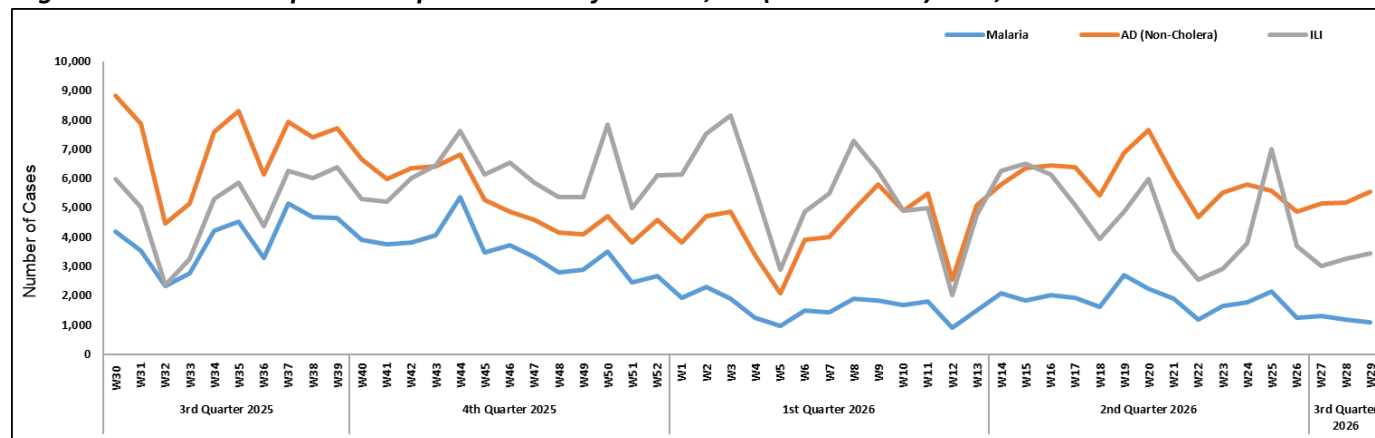


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



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

Table 4: District wise distribution of most frequently reported suspected cases during Week 29, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	Typhoid	ALRI < 5 years	SARI	CL	Measles
Abbottabad	2,209	5	38	76	14	11	22	15	1	15
Bajaur	839	402	2	138	45	2	8	3	27	20
Bannu	149	35	0	0	9	8	5	0	0	0
Battagram	903	75	689	5	2	0	8	0	0	13
Buner	503	127	0	20	0	6	0	0	0	0
Charsadda	2,868	365	389	6	77	231	115	3	0	9
Chitral Lower	1,323	30	18	20	38	7	8	8	13	2
Chitral Upper	315	9	13	2	1	15	9	6	0	0
D.I. Khan	1,976	628	0	35	31	1	12	0	1	28
Dir Lower	2,466	191	80	60	114	41	4	33	8	42
Dir Upper	2,316	14	25	20	42	16	67	0	0	8
Hangu	364	105	0	9	10	28	0	0	14	0
Haripur	2,033	2	206	66	0	4	21	25	0	8
Karak	728	212	7	48	132	34	48	0	141	18
Khyber	798	610	29	67	92	17	34	10	63	4
Kohat	823	233	0	41	44	8	0	0	34	0
Kohistan Lower	167	5	0	0	6	7	0	0	0	0
Kohistan Upper	430	10	0	1	21	0	1	0	0	1
Kolai Palas	132	2	8	0	4	8	3	0	0	0
L & C Kurram	85	23	6	3	11	3	0	3	0	0
Lakki Marwat	608	317	0	96	2	19	2	0	0	0
Malakand	957	48	119	8	0	0	0	5	1	14
Mansehra	2,305	9	607	1	53	5	7	0	0	2
Mardan	2,214	385	37	30	50	62	34	2	0	4
Mohmand	133	170	123	7	6	6	0	103	32	0
North Waziristan	87	98	4	0	0	10	6	8	2	5
Nowshera	2,677	399	10	70	30	9	15	2	21	0
Orakzai	117	13	5	0	0	0	0	0	0	0
Peshawar	5,416	62	210	28	152	52	24	1	0	20
Shangla	2,605	594	0	149	19	19	9	0	0	4
South Waziristan (Lower)	276	216	306	9	41	17	5	113	17	8
SWU	37	2	1	0	0	0	0	0	0	0
Swabi	2,957	122	512	136	48	6	10	58	0	9
Swat	5,687	82	196	245	133	91	102	0	0	18
Tank	420	259	17	5	4	1	3	0	0	1
Tor Ghar	292	119	0	8	39	3	0	0	1	2
Upper Kurram	309	16	104	11	26	9	8	11	0	0
Total	48,524	5,994	3,761	1,420	1,296	756	590	409	376	255

Figure 6: Most frequently reported suspected cases during Week 29, KP.

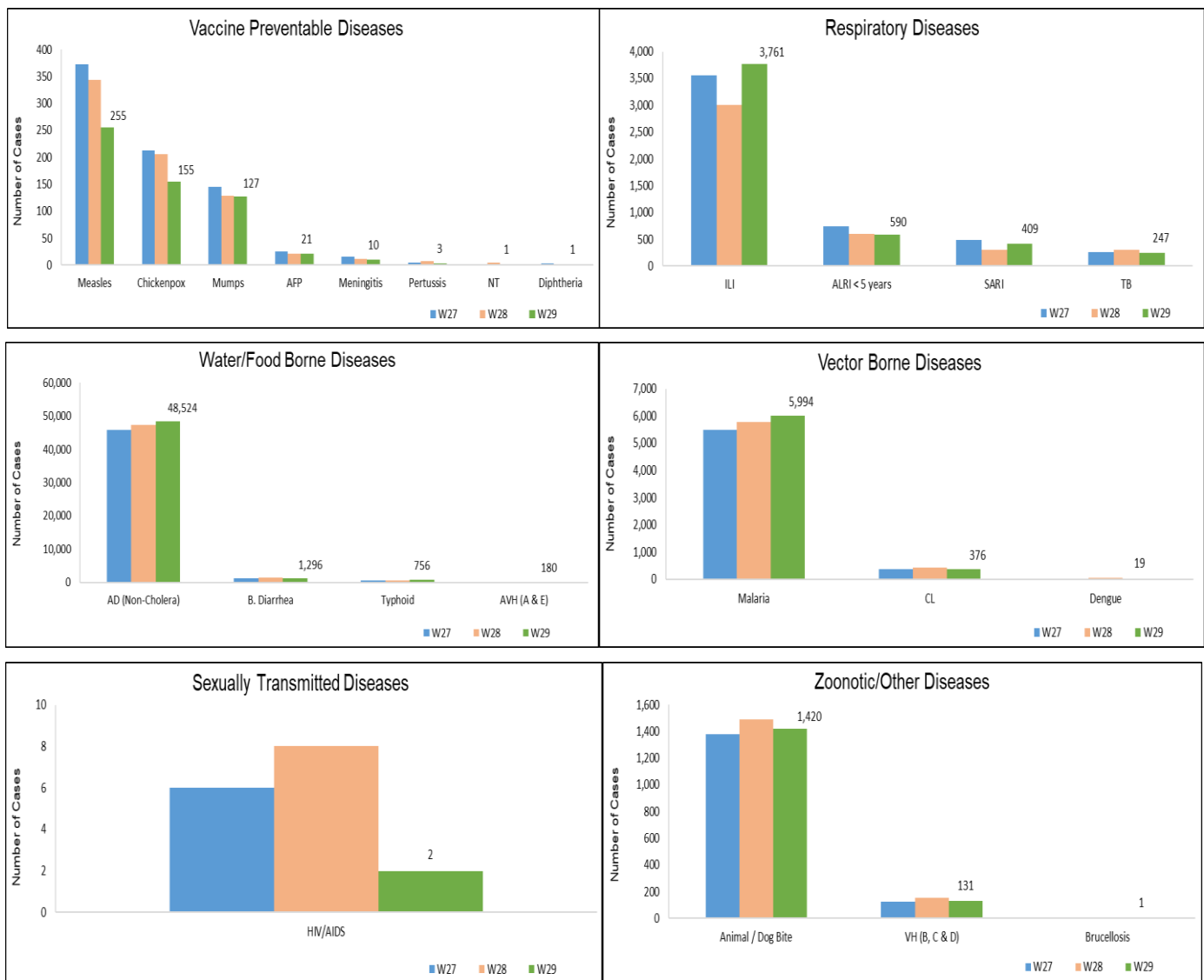
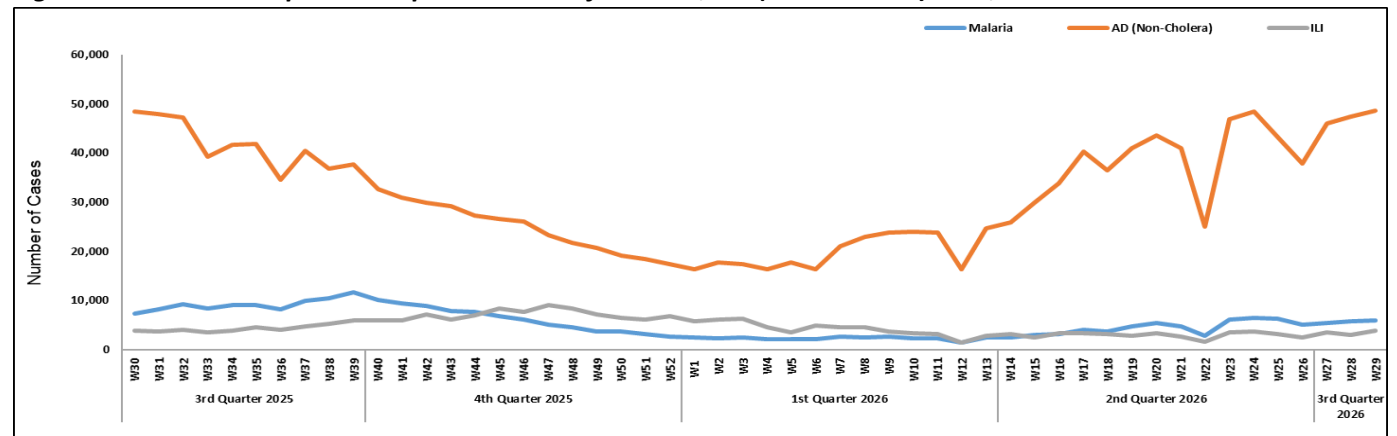


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



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

AJK: Data for Week 29 is not shared due to the non-availability of internet connection in the region.

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

NOTE: Due to the political conditions AJK data for Week 29 is not shared.
Figure 8: Most frequently reported suspected cases during Week 22, AJK.

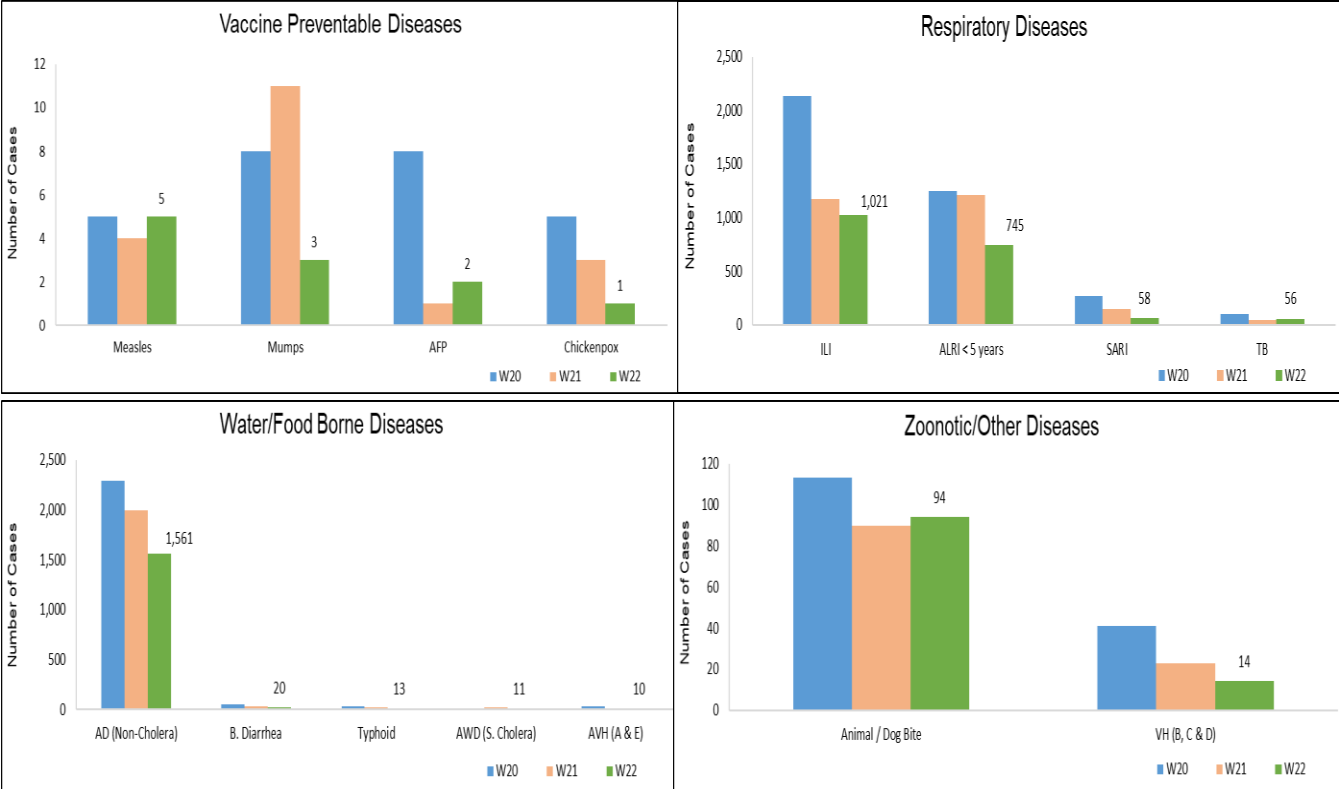


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK.

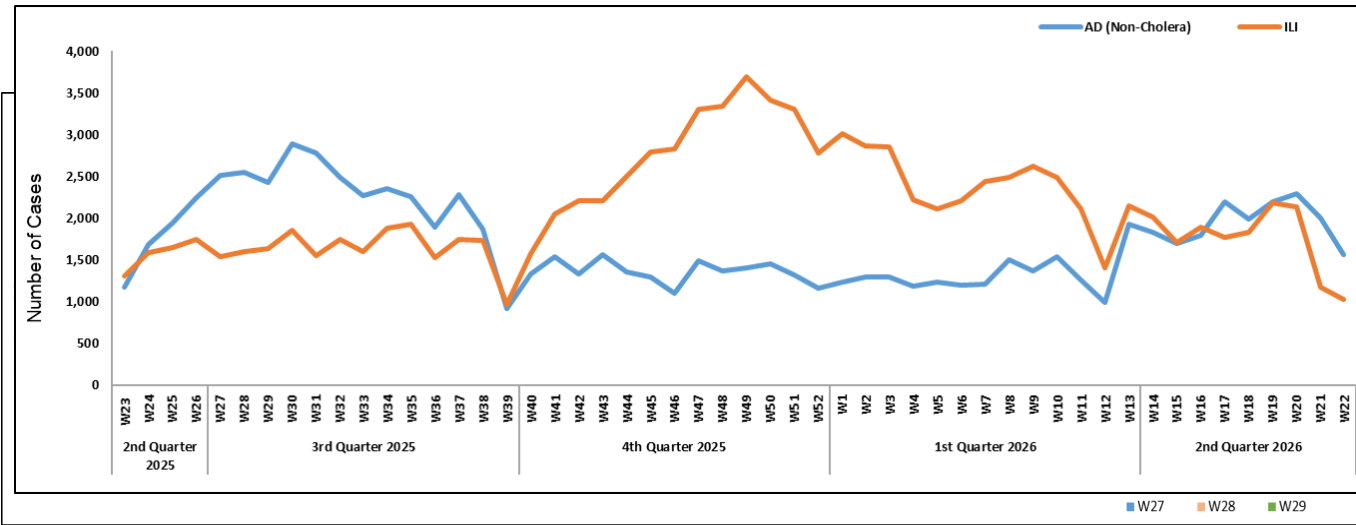


Figure 10: Most frequently reported suspected cases during Week 29, ICT.

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

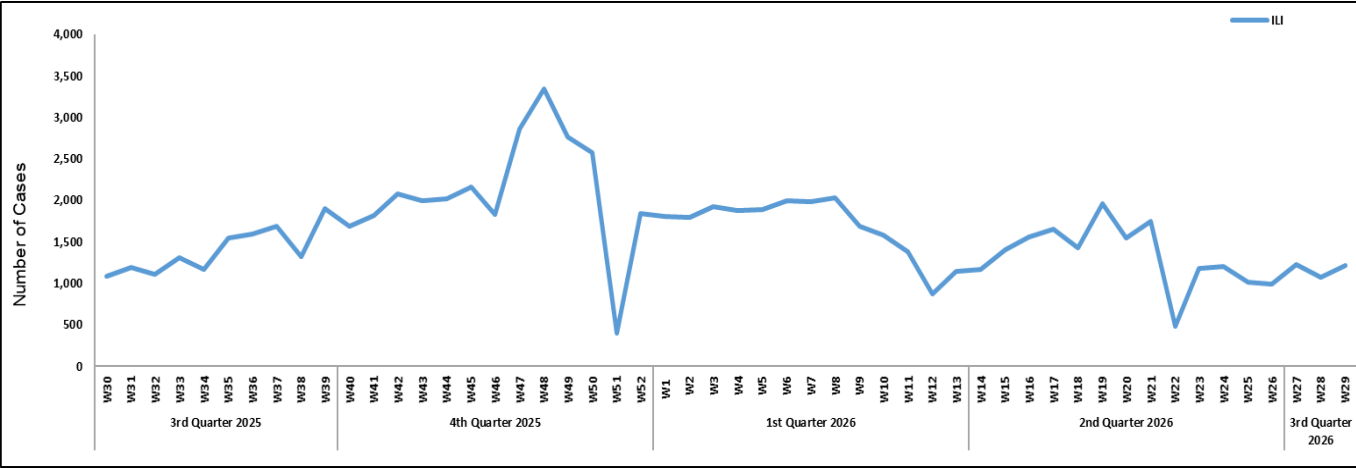


Figure 12: Most frequently reported suspected cases during Week 29, GB.

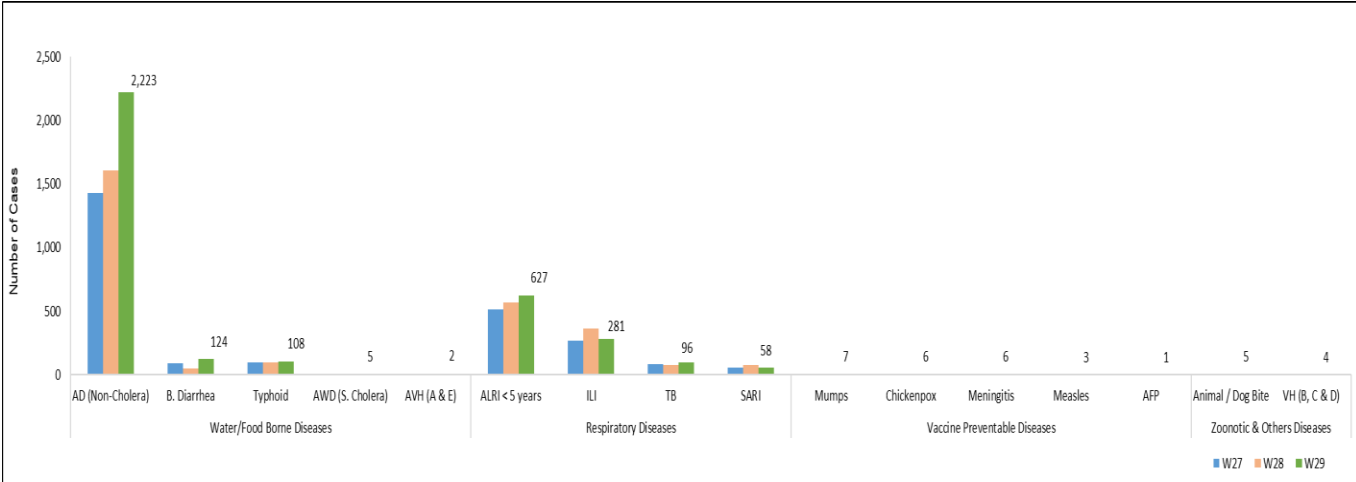
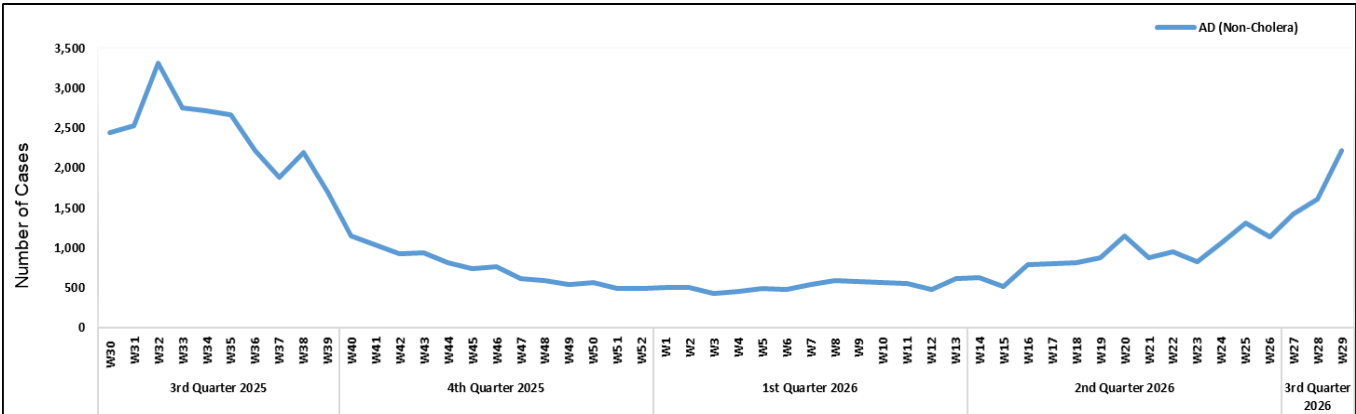


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.



Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 29, 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)	11	0	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity	179	0	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	7,096	584	777	51	-	-	-	-	220	0	-	-	-	-
CCHF	-	-	4	1	-	-	-	-	-	-	-	-	-	-
Dengue	1,253	66	137	2	-	-	-	-	5	0	-	-	-	-
VH (B)	13,826	289	550	45	-	-	-	-	1,729	22	-	-	-	-
VH (C)	14,094	1,049	530	14	-	-	-	-	1,554	6	-	-	-	-
VH (D)	197	43	12	4	-	-	-	-	-	-	-	-	-	-
VH (A)	204	98	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)	92	15	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	13	0	-	-	-	-	-	-	-	-	-	-	-	-
TB	707	76	46	4	-	-	-	-	142	1	-	-	-	-
HIV/ AIDS	5,098	32	403	1	-	-	-	-	280	0	-	-	-	-
Syphilis	1,261	18	74	0	-	-	-	-	211	1	-	-	-	-
Typhoid	137	3	103	12	-	-	-	-	220	10	-	-	-	-
Diphtheria	1	0	-	-	-	-	-	-	-	-	-	-	-	-
ILI	13	0	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)	133	15	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	14	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles	150	56	33	17	210	79	10	4	4	2	408	101	6	0
Rubella (CRS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)	7	0	11	0	-	-	-	-	4	0	-	-	-	-
Chikungunya	-	-	3	0	-	-	-	-	-	-	-	-	-	-
Chickenpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gonorrhea	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mpox	1	0	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (Visceral)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SARI	17	4	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	2	0	-	-	-	-	-	-	-	18	1	2	0
	SARI	21	1	-	-	-	14	2	-	-	50	1	20	0
Influenza A	ILI	2	0	-	-	-	-	-	-	-	18	0	2	0
	SARI	21	0	-	-	-	14	0	-	-	50	0	20	0
Influenza B	ILI	2	0	-	-	-	-	-	-	-	18	0	2	0
	SARI	21	0	-	-	-	14	0	-	-	50	1	20	0
RSV	ILI	2	0	-	-	-	-	-	-	-	18	0	2	0
	SARI	21	0	-	-	-	14	0	-	-	50	0	20	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.

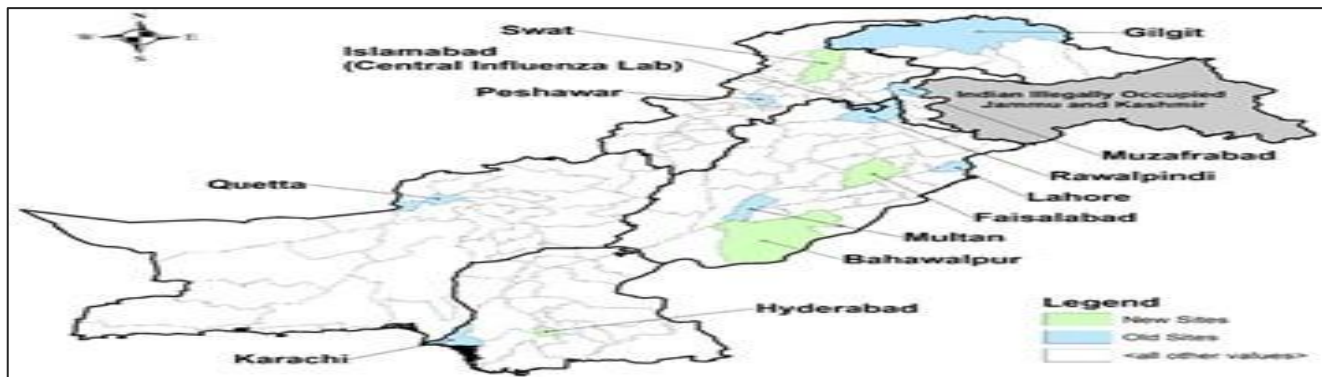


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 29, Pakistan.

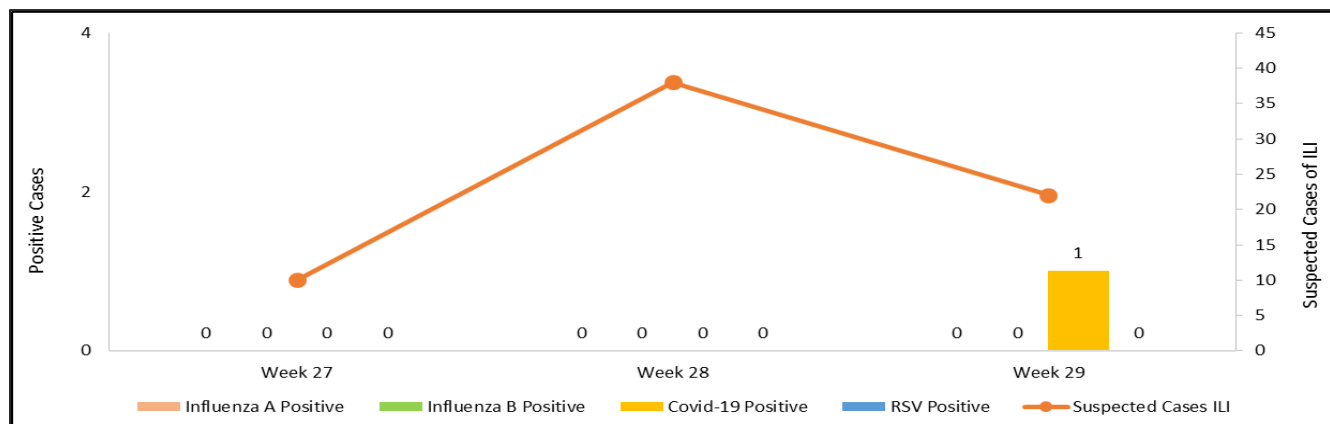
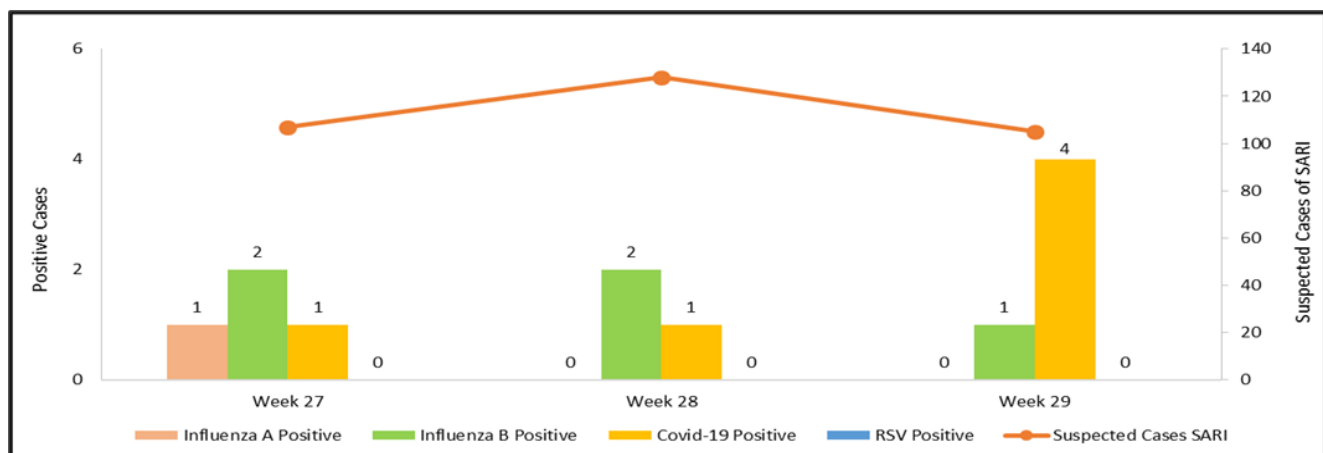


Figure 16: Distribution suspected samples of SARI and positive cases of Influenza A, Influenza B, Covid-19 and RSV, Week 29, Pakistan.



IDSR Reports Compliance

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

Table 6: Compliance of IDSR reporting districts Week 29, 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	228	32	14%
	Battagram	59	44	75%
	Buner	34	34	100%
	Bajaur	43	43	100%
	Charsadda	61	59	97%
	Chitral Upper	31	31	100%
	Chitral Lower	37	37	100%
	D.I. Khan	115	115	100%
	Dir Lower	63	51	81%
	Dir Upper	56	47	84%
	Hangu	22	18	82%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	40	75%
	Kohat	61	61	100%
	Kohistan Lower	13	8	62%
	Kohistan Upper	22	15	68%
	Kolai Palas	10	9	90%
	Lakki Marwat	70	55	79%
	Lower & Central Kurram	34	16	47%
	Upper Kurram	38	36	95%
	Malakand	41	41	100%
	Mansehra	133	131	98%
	Mardan	82	74	90%
	Nowshera	57	54	95%
	North Waziristan	10	7	70%
	Peshawar	157	126	80%
	Shangla	37	34	92%
	Swabi	65	62	95%
	Swat	75	71	95%
	South Waziristan (Upper)	93	93	100%
	South Waziristan (Lower)	29	29	100%
	Tank	34	33	97%
	Torghar	13	13	100%
	Mohmand	68	22	32%
	Orakzai	69	7	10%
Azad Jammu Kashmir	Mirpur	41	0	0%
	Bhimber	85	0	0%
	Kotli	60	0	0%
	Muzaffarabad	45	0	0%
	Poonch	46	0	0%
	Haveli	39	0	0%

	Bagh	54	0	0%
	Neelum	39	0	0%
	Jhelum Velley	29	0	0%
	Sudhnooti	27	0	0%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	12	8	67%
Balochistan	Gwadar	26	20	77%
	Kech	45	0	0%
	Khuzdar	74	7	9%
	Killa Abdullah	26	23	88%
	Lasbella	55	55	100%
	Pishin	65	0	0%
	Quetta	56	9	16%
	Sibi	36	32	89%
	Zhob	39	0	0%
	Jaffarabad	16	16	100%
	Naseerabad	32	31	97%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	0	0%
	Chagai	36	21	58%
	Kalat	41	39	95%
	Harnai	17	0	0%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	27	96%
	Sohbat pur	25	0	0%
	Surab	32	0	0%
	Mastung	46	46	100%
	Loralai	33	28	85%
	Killa Saifullah	28	0	0%
	Ziarat	29	26	90%
	Duki	31	0	0%
	Nushki	29	27	93%
	Dera Bugti	45	0	0%
	Washuk	46	0	0%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	25	0	0%
	Barkhan	20	18	90%
	Hub	33	17	52%
	Musakhel	41	0	0%
	Usta Muhammad	34	33	97%
Gilgit Baltistan	Hunza	32	28	88%
	Nagar	20	20	100%
	Ghizer	38	38	100%
	Gilgit	44	44	100%
	Diamer	62	57	92%
	Astore	55	55	100%
	Shigar	23	4	17%

	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	101	99%
	Tharparkar	273	272	100%
	Shikarpur	59	59	100%
	Thatta	50	49	98%
	Larkana	67	66	99%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	16	76%
	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	3	50%
	Sujawal	55	51	93%
	Mirpur Khas	106	106	100%
	Badin	123	123	100%
	Sukkur	63	63	100%
	Dadu	90	90	100%
	Sanghar	100	100	100%
	Jacobabad	44	44	100%
	Khairpur	168	168	100%
	Kashmore	59	59	100%
	Matiali	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 29, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
AJK	Mirpur	2	0	0%
	Bhimber	1	0	0%
	Kotli	1	0	0%
	Muzaffarabad	2	0	0%
	Poonch	2	0	0%
	Haveli	1	0	0%
	Bagh	1	0	0%
	Neelum	1	0	0%
	Jhelum Vellay	1	0	0%

	Sudhnooti	1	0	0%
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	1	100%

National Functional Simulation Exercise on Floods- Enhancing Public Health Emergency Readiness



From **July 6–8, 2026**, the National Institutes of Health (NIH), Pakistan, in collaboration with the U.S. Centers for Disease Control and Prevention (US-CDC), successfully conducted a **three-day National Functional Simulation Exercise (SIMEX) and Workshop on Public Health Emergency Readiness**. The event brought together a diverse group of stakeholders from across the country to strengthen Pakistan's preparedness and response capacity for public health emergencies through a realistic, scenario-based learning environment.

The simulation exercise was designed using a **One Health** approach, recognizing the interconnectedness of human, animal, and environmental health in the prevention, detection, and response to public health threats. Participants included healthcare professionals, epidemiologists, surveillance officers, laboratory

experts, emergency response personnel, and representatives from veterinary, livestock, wildlife, environmental protection, disaster management, and other partner agencies. This multidisciplinary participation fostered collaboration and reinforced the importance of coordinated action across sectors during emergencies.

Throughout the three-day exercise, participants engaged in a series of simulated emergency scenarios that tested the functionality of surveillance systems, risk assessment processes, information sharing mechanisms, incident management structures, and multisectoral coordination. In addition to enhancing technical competencies, the workshop emphasized effective communication, rapid decision-making, resource coordination, and the integration of surveillance data into emergency response planning.



The exercise provided an opportunity for participants to practice their respective roles and responsibilities in responding to evolving public health events, while identifying operational

strengths and areas requiring further improvement.

The successful completion of the National Functional Simulation Exercise represents an important milestone in Pakistan's ongoing efforts to build resilient public health systems and strengthen compliance with international health security frameworks. By promoting collaboration across sectors and reinforcing the principles of the One Health approach, the exercise has contributed to enhancing the country's capacity to prepare for, detect, and respond effectively to future public health emergencies.

- Drinking only boiled, chlorinated, filtered, or bottled water.
- Storing drinking water in clean, covered containers.
- Washing hands with soap before eating, preparing food, and after using the toilet.
- Eating freshly prepared food and discarding food that has come into contact with floodwater.
- Seeking immediate medical care if you or a family member develops severe diarrhea, vomiting, or signs of dehydration.

Mosquito-Borne Diseases

Standing water left after floods provides ideal breeding sites for mosquitoes, increasing the risk of **dengue** and **malaria**, particularly in flood-affected and endemic areas.

Reduce your risk by:

- Emptying containers and removing stagnant water around homes and shelters.
- Sleeping under long-lasting insecticide-treated mosquito nets.
- Wearing long-sleeved clothing and applying mosquito repellent, especially during dawn and dusk.
- Seeking prompt medical attention if fever develops after flood exposure.

Rodents and Snake Bites

Flooding often forces rodents and snakes from their natural habitats into homes, shelters, and surrounding communities, increasing the risk of bites, injuries, and disease transmission.

Knowledge Hub

Protecting Your Health During Floods in Pakistan

Seasonal monsoon flooding is one of Pakistan's most recurring natural hazards, affecting millions of people each year. Beyond the immediate impact of displacement and damage to infrastructure, floods increase the risk of infectious diseases, injuries, snake bites, and disruption of essential health services. Adopting preventive measures and staying informed through official channels can significantly reduce these risks.

Waterborne Diseases

Floodwaters can contaminate drinking water with sewage and other pollutants, increasing the risk of **acute watery diarrhea (AWD)**, **cholera**, **typhoid fever**, and **hepatitis A and E**.

Protect yourself by:



Stay protected by:

- Wear boots and gloves when cleaning flooded areas or handling debris.
- Using a torch when walking outdoors at night.
- Checking bedding, clothing, shoes, and storage areas before use.
- Keeping food and waste in covered containers to discourage rodents.
- Never attempting to handle or kill snakes.

Seeking immediate medical attention if bitten by a snake or if an animal bite **occurs**.

Food and Water Safety

Food contaminated by floodwater can transmit serious illnesses.

Follow these precautions:

- Consume freshly cooked food and avoid eating food exposed to floodwater.
- Wash fruits and vegetables with safe water before consumption.
- Keep raw and cooked foods separate and maintain good kitchen hygiene.
- Discard food with an unusual smell, appearance, or that has been left unrefrigerated for prolonged periods.

Injury Prevention and Wound Care

Floodwaters may conceal sharp debris, open drains, broken glass, and electrical hazards.

Protect yourself by:

- Avoiding walking or driving through floodwaters whenever possible.

- Keeping cuts and wounds clean and covered with waterproof dressings.
- Washing wounds immediately with clean water and soap if exposed to floodwater.
- Seeking medical attention for deep wounds, signs of infection, or possible tetanus vaccination if indicated.

Protect Vulnerable Groups

Children, pregnant women, older adults, persons with disabilities, and individuals with chronic medical conditions are particularly vulnerable during floods. Ensure they have uninterrupted access to essential medicines, safe drinking water, adequate nutrition, routine immunization, and timely healthcare.

Mental Health and Well-being

Floods can cause significant emotional distress, anxiety, and grief. Maintaining contact with family and community members, following daily routines where possible, and seeking support from healthcare providers or counsellors can help reduce the psychological impact of disasters.

Stay Informed Through Official Sources

During flood emergencies, rely on verified information and follow instructions issued by:

- **National Disaster Management Authority (NDMA)** for national flood advisories and preparedness guidance.
- **Provincial Disaster Management Authorities (PDMAs)** for provincial alerts, evacuation notices, and relief information.

- **Pakistan Meteorological Department (PMD)** for weather forecasts and flood warnings.
- **National Institute of Health (NIH), Pakistan**, and provincial health departments for disease surveillance updates and public health advisories.

Emergency Preparedness

Prepare an emergency kit containing safe drinking water, non-perishable food, essential medicines, oral rehydration salts (ORS), a first-aid kit, flashlight, batteries, power bank, and copies of important documents stored in waterproof bags.

Emergency Assistance

For immediate assistance during flood emergencies:

- **Rescue 1122:** Emergency rescue, ambulance, and fire services.
- **District Administration and PDMA:** Information on evacuation centres, relief camps, and emergency assistance.
- Follow official updates from the **NDMA**, **PMD**, and local authorities before returning to flood-affected areas.

Remember: Early reporting of illness, prompt medical care, and adherence to official public health advisories are essential to preventing disease outbreaks and protecting communities during and after floods.

FLOOD SAFETY & HEALTH GUIDE

Essential Guidelines for Communities & Families • World Health Organization (WHO) & CDC Standards

⚠️ CRITICAL HEALTH ALERT:

Floodwaters are contaminated with sewage, toxic runoff, and disease-causing pathogens. Avoid direct contact whenever possible and never consume untreated water.

💧 SAFE DRINKING WATER

Always purify water before drinking, cooking, or brushing teeth:

Method	Instructions
Boiling	Bring water to a rolling boil for at least 1 full minute . Allow to cool naturally.
Purification Tablets	Add 1 NaDCC / Aquatab per 5L of clear water. Wait 30 minutes before drinking.
Chlorine Bleach	Add 2 drops of unscented household bleach (5-6%) per liter of water. Let stand 30 mins.

⚠️ IMMEDIATE SAFETY RULES

✓ DO

- Boil or disinfect all drinking water.
- Wear rubber boots & gloves during cleanup.
- Seek immediate medical help for fever or diarrhea.
- Keep children out of floodwaters.

✗ DON'T

- **Never** walk or drive through flowing water.
- **Never** touch fallen electrical wires or appliances.
- **Never** eat flooded fresh produce or wet grains.
- **Never** ignore open wound infections.

🧼 HYGIENE & FOOD PROTECTION

- **Handwashing:** Wash hands with soap and clean water after floodwater contact, before eating, and after using latrines.
- **Contaminated Food:** Throw away any food touched by floodwater, including soft-packaged items and cardboard containers.
- **Safe Utensils:** Wash and sanitize all plates, pots, and cutting surfaces with treated water before cooking.
- **Wound Care:** Clean cuts immediately with antiseptic and cover with waterproof bandages to prevent *tetanus* and bacterial infections.

🏠 KEY ILLNESSES TO WATCH FOR

- **Cholera & Diarrhea:** Sudden watery stools and severe vomiting. *Start Oral Rehydration Salts (ORS) immediately and seek health clinic.*
- **Malaria & Dengue:** High fever, severe headache, muscle joints body pain, and chills.
- **Leptospirosis & Skin Infections:** Yellowing eyes (jaundice), skin redness, fever, or infected cuts.

🦟 MOSQUITO & PEST PROTECTION

- **Sleep Under Nets:** Always use insecticide-treated bed nets (ITNs) to prevent Malaria and Dengue.
- **Clear Standing Water:** Empty containers, buckets, and old tires weekly to destroy mosquito breeding sites.
- **Rodent Defense:** Store all food in sealed containers and keep trash covered to keep away displaced pests.

👥 COMMUNITY ACTION STEPS

- Report any sudden disease outbreaks or clusters of fever/diarrhea to local health authorities immediately.
- Help elderly neighbors, pregnant women, and children reach safe, dry shelter and medical relief.
- Participate in community cleanup to restore drainage channels.

Emergency Health & Rescue Contact:

National & Provincial Health Emergency Response Center

Rescue Helpline: **1122** / Health Helpline: **1166**

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