

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.



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Public Health Bulletin - Pakistan, Week 35, 2026

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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:

- **Hands-on Laboratory Training Strengthens National Capacity for Wastewater Environmental Surveillance, Metagenomic Sequencing & Bioinformatics**
- **Knowledge Hub – Understanding Rabies: A Public Health Priority**

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.

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Overview

Note: All reported cases in this report are suspected cases

- During Week 35, 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-four cases of AFP were reported from KP, eleven from Sindh, and one from Balochistan and GB each.
- Fifteen suspected cases of HIV/ AIDS were reported from Balochistan, ten from KP, and seven from Sindh.
- Two suspected cases of Brucellosis were reported from Balochistan and one from KP.
- Among VPDs, there is an increase in the number of cases of Mumps, Meningitis, NT, and Diphtheria this week.
- Among Respiratory diseases, there is a decrease in the number of cases of ILI, TB, ALRI <5 years, and SARI this week.
- Among Water/ Food-borne diseases, there is a decrease 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 CL, Dengue, and Chikungunya this week.
- Among STDs, there is an increase in the number of suspected cases of Syphilis this week.
- Among Zoonotic/ Other diseases, there is an increase in the number of cases of Animal/ Dog Bite 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 75%.
- Sindh is the top reporting region with a compliance rate of 97%, followed by GB 94%, KP 80%, ICT 75%, and Balochistan 55%.
- In Week 35, the lowest compliance rate was observed in AJK, at 0%, due to the non-availability of internet connection in the region.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,277	1,821	80
Azad Jammu Kashmir	476	0	0
Islamabad Capital Territory	36	27	75
Balochistan	1,305	715	55
Gilgit Baltistan	405	382	94
Sindh	2,115	2,055	97
National	6,614	5,000	75



Public Health Actions

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

Rubella:

Strengthen routine immunization to achieve high and equitable coverage of rubella-containing vaccine, with targeted catch-up vaccination in areas with immunity gaps.

Enhance case-based surveillance for fever-and-rash illness and ensure timely investigation and laboratory confirmation of suspected cases.

Strengthen congenital rubella syndrome (CRS) surveillance through maternal, neonatal, and child health services, particularly for infants with compatible congenital abnormalities.

Protect women of reproductive age by identifying susceptible women and providing vaccination before pregnancy or postpartum according to national guidelines.

Ensure rapid outbreak response through active case finding, vaccination assessment, contact investigation, and targeted immunization where indicated.

Promote risk communication on rubella prevention, vaccination, and the serious consequences of infection during pregnancy.

Brucellosis:

Strengthen Surveillance and Reporting: Integrate human and animal brucellosis surveillance within the One Health framework to ensure early detection, reporting, and response to outbreaks.

Improve Laboratory Diagnosis: Expand laboratory capacity for serological and molecular confirmation at district and provincial levels; ensure biosafety standards in sample handling.

Enhance Intersectoral Collaboration: Coordinate with livestock and agriculture departments for joint outbreak investigations, animal vaccination campaigns, and control of infection sources.

Promote Safe Animal Handling Practices: Educate farmers, veterinarians, and abattoir workers on safe handling of livestock, proper disposal of animal products, and use of protective gear.

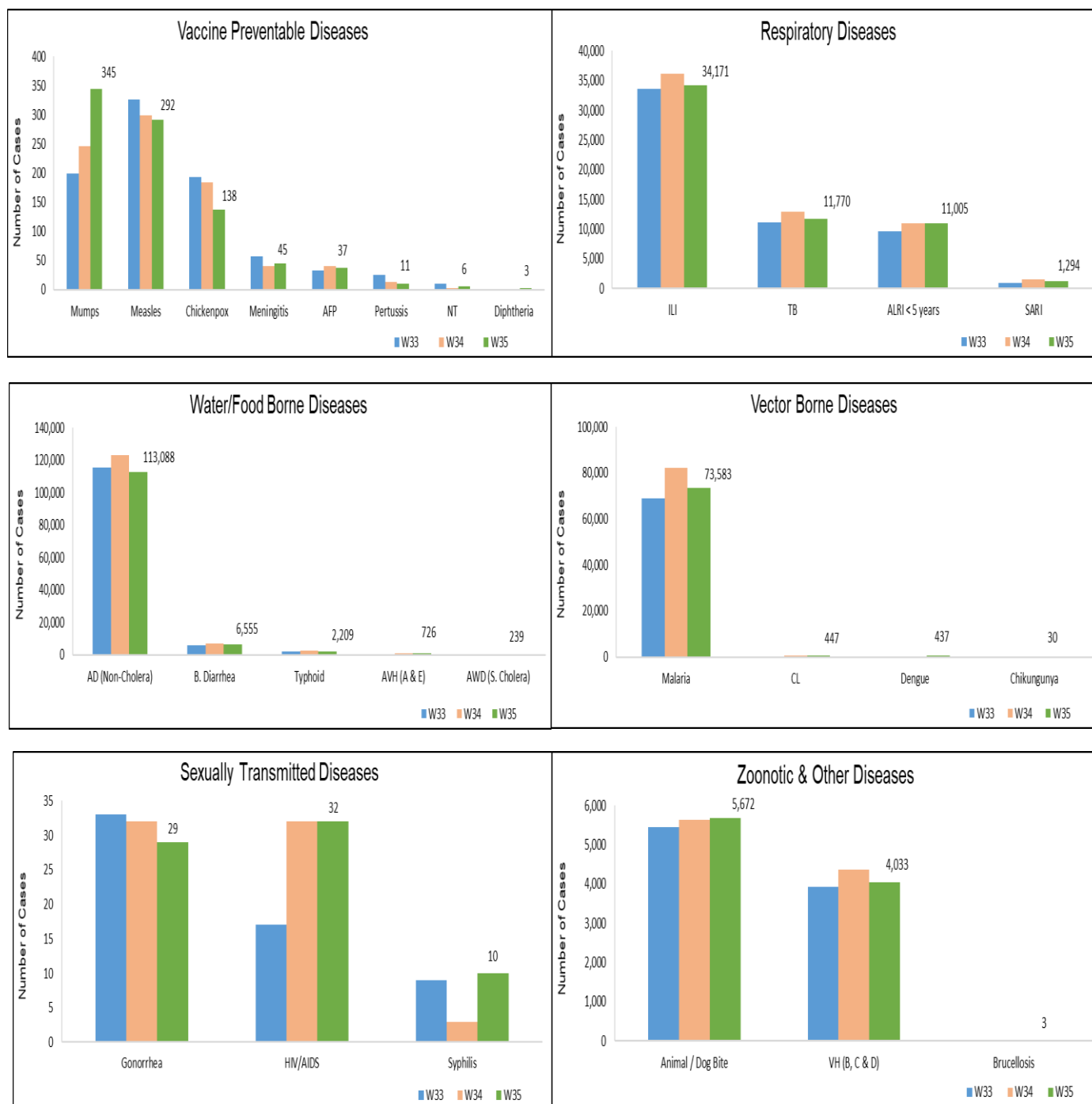
Raise Public Awareness: Conduct community education on avoiding consumption of unpasteurized dairy products and promoting early care-seeking for prolonged fever or joint pain.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 35, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	NR	6,213	2,030	581	47,789	NR	56,475	113,088
Malaria	NR	1,680	0	1	8,773	NR	63,129	73,583
ILI	NR	4,319	313	1,486	3,425	NR	24,628	34,171
TB	NR	24	103	16	292	NR	11,335	11,770
ALRI < 5 years	NR	1,323	489	0	539	NR	8,654	11,005
B. Diarrhea	NR	984	85	4	1,284	NR	4,198	6,555
Animal / Dog Bite	NR	97	10	1	1,615	NR	3,949	5,672
VH (B, C & D)	NR	20	44	138	121	NR	3,710	4,033
Typhoid	NR	378	99	1	723	NR	1,008	2,209
SARI	NR	515	68	0	433	NR	278	1,294
AVH (A & E)	NR	9	0	0	265	NR	452	726
CL	NR	38	0	0	401	NR	8	447
Dengue	NR	1	0	0	263	NR	173	437
Mumps	NR	22	5	1	268	NR	49	345
Measles	NR	2	18	1	243	NR	28	292
AWD (S. Cholera)	NR	205	14	0	7	NR	13	239
Chickenpox/ Varicella	NR	10	4	1	114	NR	9	138
Meningitis	NR	0	4	0	19	NR	22	45
AFP	NR	1	1	0	24	NR	11	37
HIV/AIDS	NR	15	0	0	10	NR	7	32
Chikungunya	NR	2	0	0	15	NR	13	30
Gonorrhea	NR	16	0	0	2	NR	11	29
Pertussis	NR	8	0	0	3	NR	0	11
Syphilis	NR	1	0	0	0	NR	9	10
NT	NR	0	0	0	6	NR	0	6
Brucellosis	NR	2	0	0	1	NR	0	3
Diphtheria (Probable)	NR	0	0	0	3	NR	0	3
Leprosy	NR	1	0	0	0	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 35, Pakistan.



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

Table 2: District wise distribution of most frequently reported suspected cases during Week 35, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	B. Diarrhea	Animal / Dog Bite	VH (B, C & D)	Typhoid	AVH (A & E)
Badin	5,784	5,328	2,643	982	582	491	158	207	62	6
Dadu	2,543	3,057	756	607	1,829	595	334	300	247	224
Ghotki	4,116	2,328	0	571	589	249	304	623	0	0
Hyderabad	1,305	2,970	1,224	396	143	121	81	75	2	2
Jacobabad	1,445	800	581	256	273	96	231	79	31	0
Jamshoro	1,944	2,475	35	618	260	151	121	82	49	15
Kamber	2,762	1,977	31	757	230	118	240	42	14	0
Karachi Central	6	1,744	1,315	24	4	1	111	14	82	5
Karachi East	157	392	24	16	10	13	12	33	2	0
Karachi Keamari	36	681	567	17	18	4	17	1	9	4
Karachi Korangi	52	410	6	22	2	9	8	1	4	0
Karachi Malir	92	821	1,675	99	94	28	21	5	21	5
Karachi South	13	113	27	1	0	1	0	0	0	0
Karachi West	250	836	1,725	125	145	30	85	13	19	0
Kashmore	1,444	499	228	90	73	76	81	8	2	0
Khairpur	4,401	3,396	5,071	962	722	334	352	211	180	21
Larkana	2,942	2,065	114	682	259	298	59	35	2	1
Matiari	3,120	2,050	6	572	191	69	156	179	0	36
Mirpurkhas	4,439	3,830	1,732	679	276	175	181	80	17	36
Naushero Feroze	1,522	1,437	1,010	280	310	121	288	37	83	7
Sanghar	3,347	1,786	40	857	284	64	161	554	14	0
Shaheed Benazirabad	2,615	1,896	3	284	160	95	236	127	77	0
Shikarpur	2,080	1,422	3	216	119	181	234	287	2	0
Sujawal	1,376	2,246	0	99	127	52	57	60	5	0
Sukkur	1,872	1,649	2,365	388	527	169	131	280	6	0
Tando Allahyar	3,582	1,841	1,072	362	137	108	98	75	15	6
Tando Muhammad Khan	1,605	1,699	9	573	158	159	82	65	0	0
Tharparkar	2,188	2,719	654	446	607	193	1	100	16	19
Thatta	1,712	1,777	1,712	54	201	104	109	110	21	64
Umerkot	4,379	2,231	0	300	324	93	0	27	26	1
Total	63,129	56,475	24,628	11,335	8,654	4,198	3,949	3,710	1,008	452

Figure 2: Most frequently reported suspected cases during Week 35, Sindh.

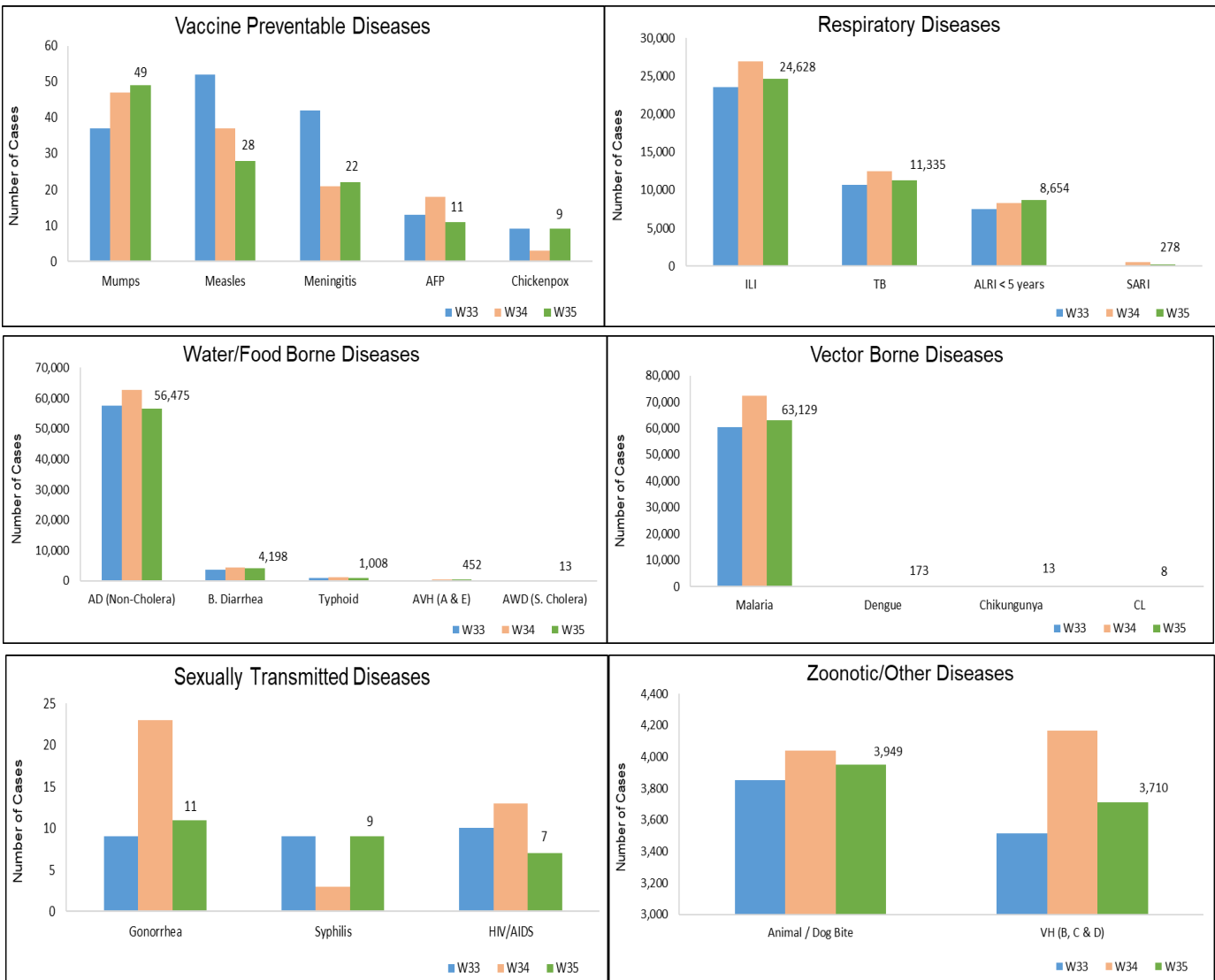
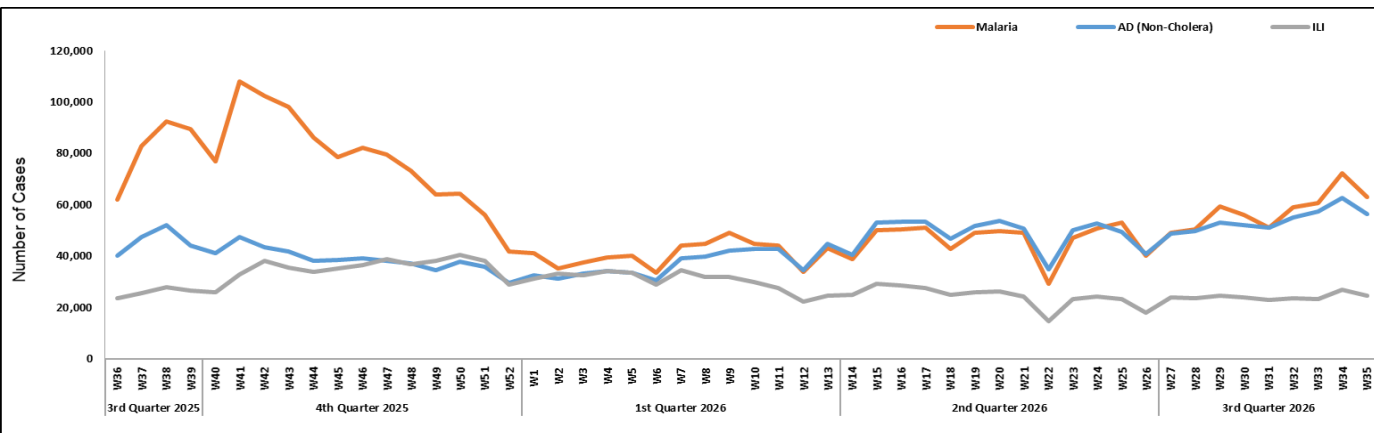


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



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

Table 3: District wise distribution of most frequently reported suspected cases during Week 35, Balochistan.

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Animal / Dog Bite	CL
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	59	33	131	6	13	4	31	0	14	2
Chagai	169	268	30	0	36	0	10	0	0	0
Chaman	109	271	13	12	36	40	41	7	3	0
Dera Bugti	28	4	31	6	12	0	9	0	0	0
Duki	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gwadar	651	967	43	NR	23	NR	46	NR	2	NR
Harnai	194	4	64	153	62	0	0	0	1	0
Hub	106	27	47	12	3	0	0	0	0	0
Jaffarabad	148	2	150	0	4	0	0	0	2	0
Jhal Magsi	0	0	0	0	0	0	0	0	0	0
Kachhi (Bolan)	153	137	56	13	7	78	NR	11	15	NR
Kalat	0	1	4	0	0	0	0	0	0	0
Kech (Turbat)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kharan	177	505	3	0	56	15	6	0	0	0
Khuzdar	65	53	27	19	27	2	8	0	0	0
Killa Abdullah	237	131	0	0	53	32	16	53	3	17
Killa Saifullah	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kohlu	127	148	57	NR	40	NR	6	NR	NR	NR
Lasbella	512	105	230	205	22	0	34	0	6	7
Loralai	318	314	52	31	37	40	16	2	5	1
Mastung	274	231	55	95	20	46	19	0	5	1
MusaKhel	172	29	214	17	30	4	25	8	0	0
Naseerabad	253	0	121	8	9	21	38	0	19	4
Nushki	91	0	2	2	13	3	0	5	0	0
Panjgur	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Pishin	418	317	38	83	168	50	18	42	5	4
Quetta	114	66	5	131	5	4	2	18	0	0
Sherani	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Sibi	368	134	107	104	25	75	28	10	2	1
Sohbat pur	224	4	28	127	58	7	9	9	0	0
Surab	16	61	0	0	0	0	0	0	0	0
Usta Muhammad	786	115	52	195	101	0	2	0	4	0
Washuk	10	42	13	0	23	0	1	0	0	0
Zhob	99	45	21	35	7	76	NR	18	NR	NR
Ziarat	335	305	86	69	94	18	13	22	11	1
Total	6,213	4,319	1,680	1,323	984	515	378	205	97	38

Figure 4: Most frequently reported suspected cases during Week 35, Balochistan.

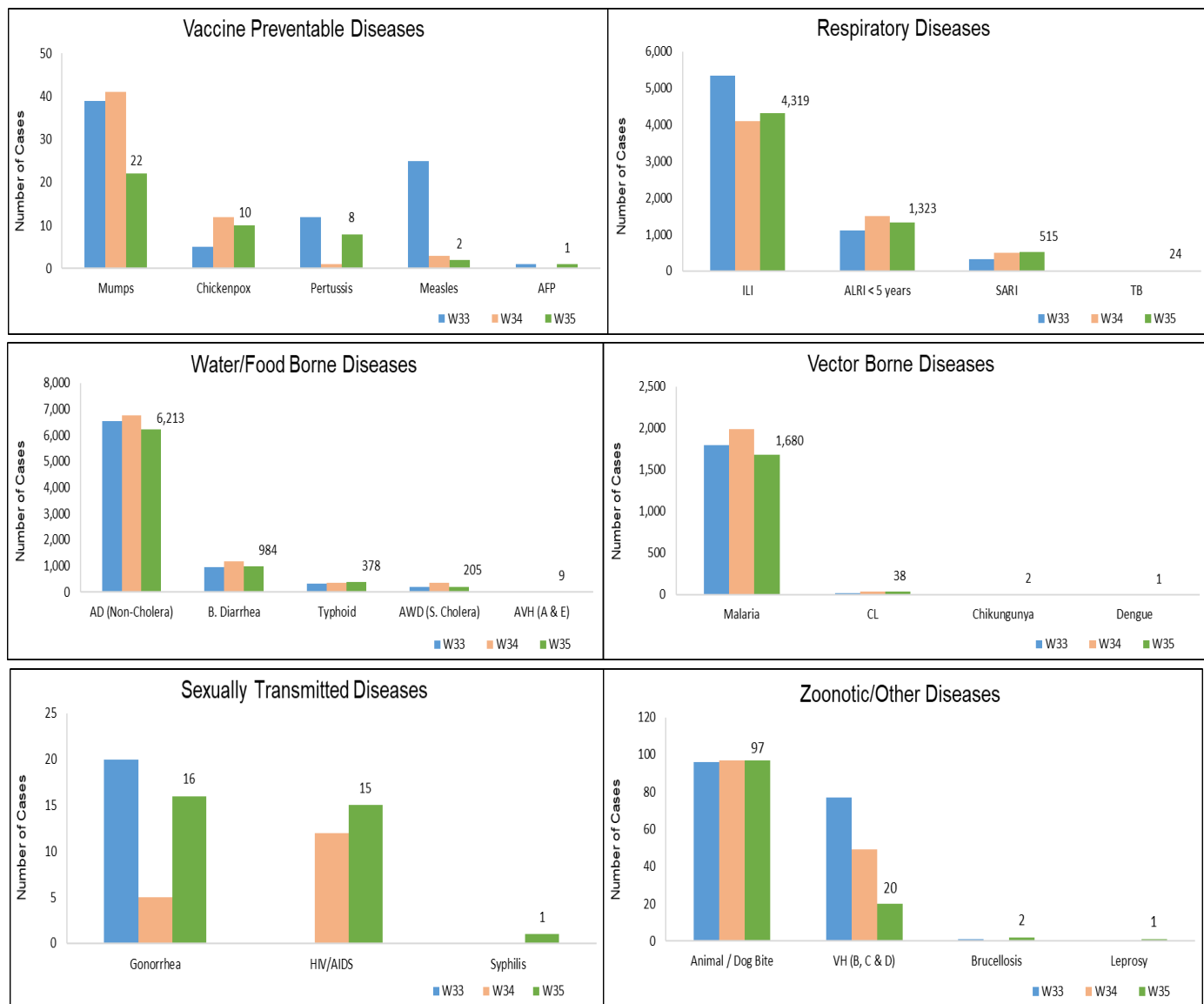
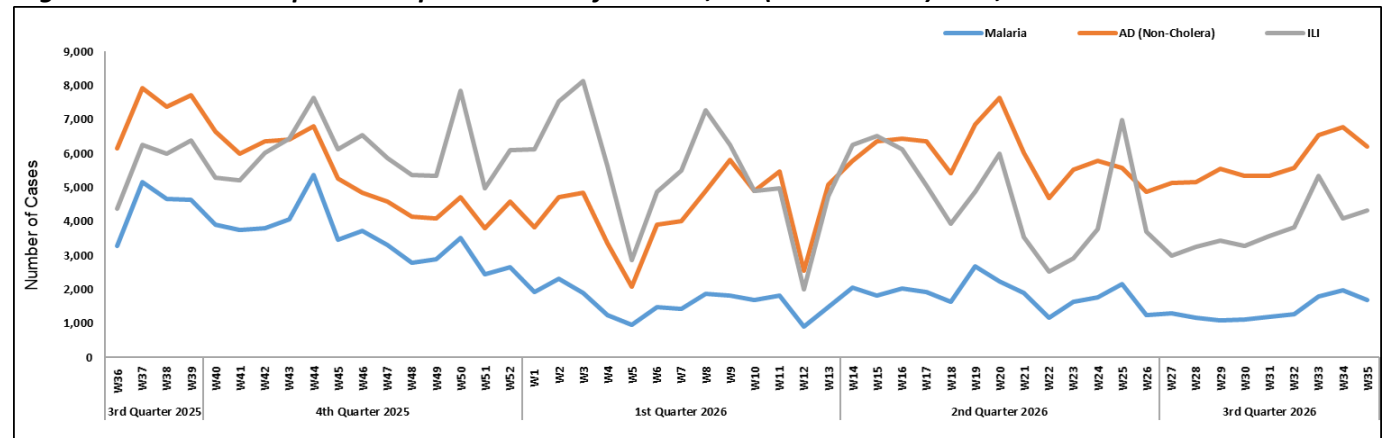


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Animal/ Dog Bite, B. Diarrhea, Typhoid, ALRI <5 Years, SARI, CL and TB.
- Malaria, ILI, Animal/ Dog Bite, Typhoid, SARI, CL, TB, Mumps, Dengue, AFP, Meningitis, Chikungunya, HIV/ AIDS, AWD (S. Cholera), NT, and Diphtheria cases showed an increase in number while AD (Non-Cholera), B. Diarrhea, ALRI <5 Years, AVH (A & E), Measles, VH (B, C & D), Chickenpox, Pertussis, Gonorrhea, and Brucellosis showed a decline in number this week.
- Twenty-four cases of AFP were reported from KP. All are suspected cases and need field verification.
- Ten 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 35, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	Typhoid	ALRI < 5 years	SARI	CL	TB
Abbottabad	1,529	9	191	86	11	14	42	16	3	21
Bajaur	760	350	0	70	46	0	8	3	22	11
Bannu	844	875	6	2	18	73	3	0	7	23
Battagram	724	42	687	1	0	0	0	0	0	0
Buner	589	375	0	64	13	0	0	0	0	1
Charsadda	2,783	355	416	9	144	83	115	1	0	14
Chitral Lower	759	37	9	7	35	11	5	15	7	5
Chitral Upper	230	7	11	4	8	8	1	4	0	2
D.I. Khan	2,065	1,048	0	32	36	8	9	0	1	8
Dir Lower	2,446	154	0	92	96	42	4	0	9	1
Dir Upper	3,077	20	33	27	30	16	28	0	0	2
Hangu	346	109	0	0	8	1	0	0	7	0
Haripur	1,647	3	330	57	0	7	35	30	0	0
Karak	1,046	574	10	58	115	36	52	0	96	6
Khyber	1,054	654	18	58	120	15	19	3	115	8
Kohat	973	428	0	57	64	12	6	0	27	0
Kohistan Lower	199	3	0	0	12	9	0	0	2	0
Kohistan Upper	391	13	0	0	13	0	7	0	0	0
Kolai Palas	104	3	13	0	3	0	3	0	0	0
L & C Kurram	65	21	0	2	1	0	0	0	0	0
Lakki Marwat	862	407	0	74	7	25	4	0	0	3
Malakand	2,092	33	117	61	0	0	0	10	0	4
Mansehra	1,199	1	359	0	18	1	10	0	0	0
Mardan	2,180	739	53	102	58	70	37	4	0	11
Mohmand	104	135	134	4	1	8	0	118	46	0
North Waziristan	42	77	0	0	1	10	2	9	2	2
Nowshera	2,777	762	14	54	27	18	4	8	26	26
Orakzai	68	4	9	0	0	0	0	0	0	0
Peshawar	5,748	84	140	17	109	60	13	0	0	19
Shangla	2,334	594	0	213	5	56	7	0	0	79
South Waziristan (Lower)	192	204	105	12	81	23	5	71	24	13
SWU	0	0	0	0	0	0	0	0	0	0
Swabi	2,854	182	593	168	11	5	23	109	0	2
Swat	4,893	82	108	254	142	103	90	0	0	15
Tank	375	217	24	0	8	0	4	0	0	4
Tor Ghar	259	137	0	17	21	4	0	0	7	8
Upper Kurram	179	35	45	13	22	5	3	32	0	4
Total	47,789	8,773	3,425	1,615	1,284	723	539	433	401	292

Figure 6: Most frequently reported suspected cases during Week 35, KP.

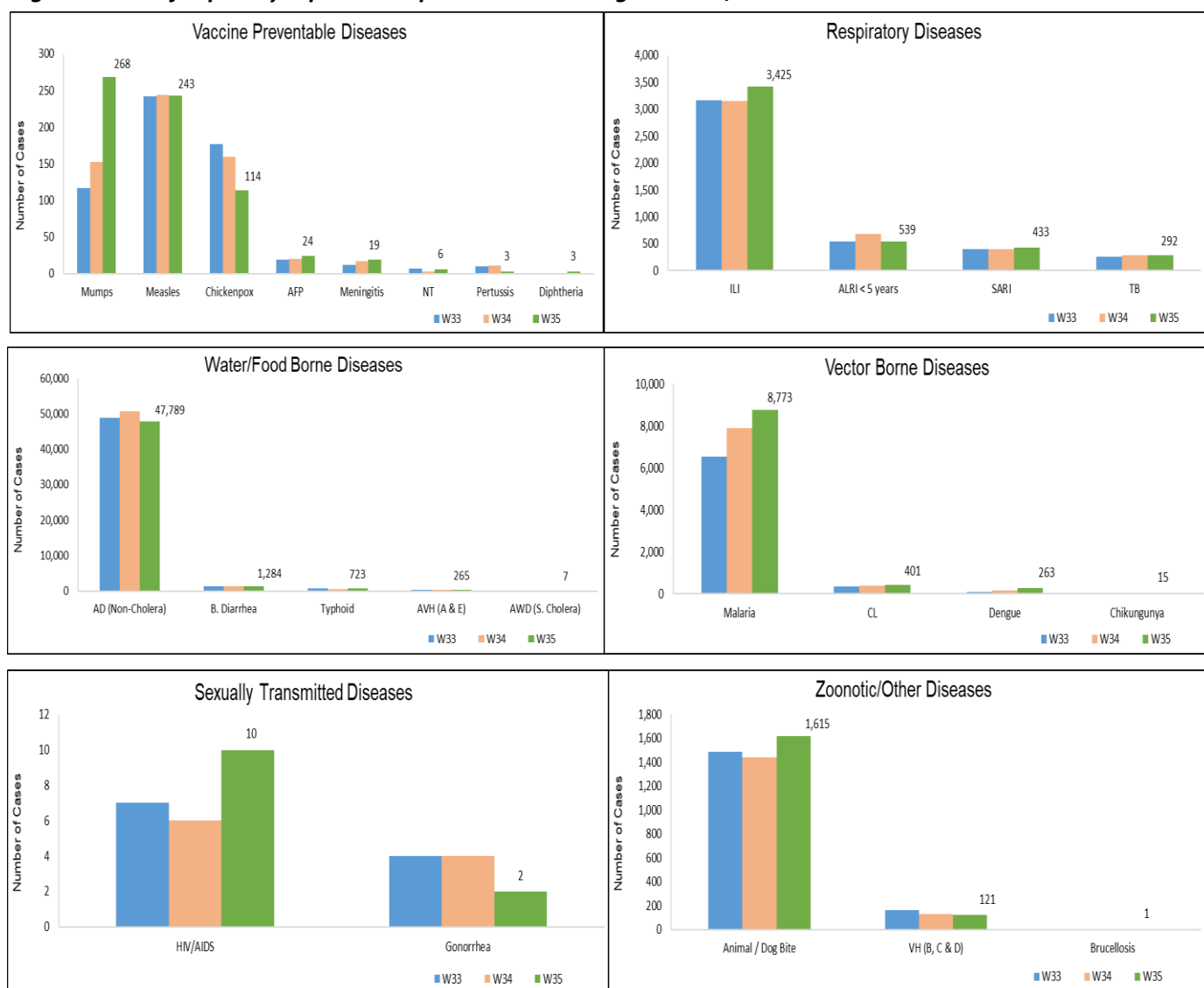
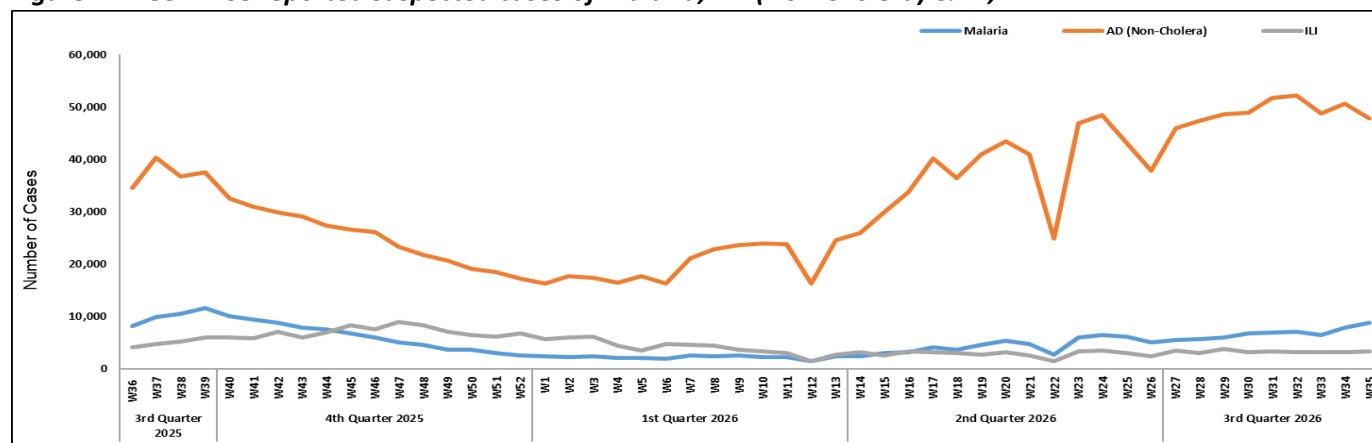


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



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

AJK: Data for Week 35 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, TB, Typhoid, B. Diarrhea, SARI, VH (B, C & D), Measles, and AWD (S. Cholera). An increase in cases is observed for Typhoid, VH (B, C & D), Measles, and Meningitis, while a decline is observed in the number of cases of AD (Non-Cholera), ALRI <5 Years, ILI, TB, B. Diarrhea, SARI, AWD (S. Cholera), Animal/ Dog Bite, Mumps, Chickenpox, and AFP this week.

NOTE: Due to the political conditions AJK data for Week 35 is not shared.
Figure 8: Most frequently reported suspected cases during Week 22, AJK.

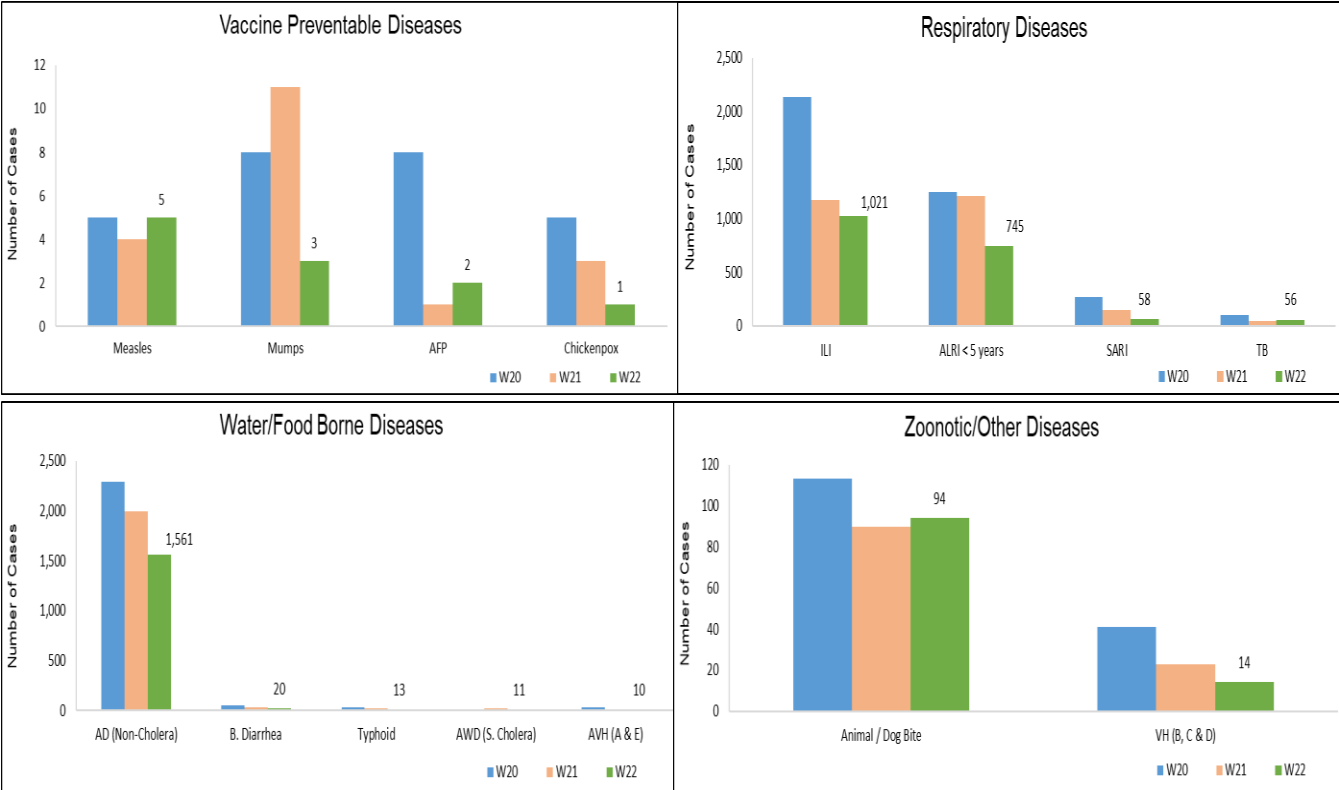


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK

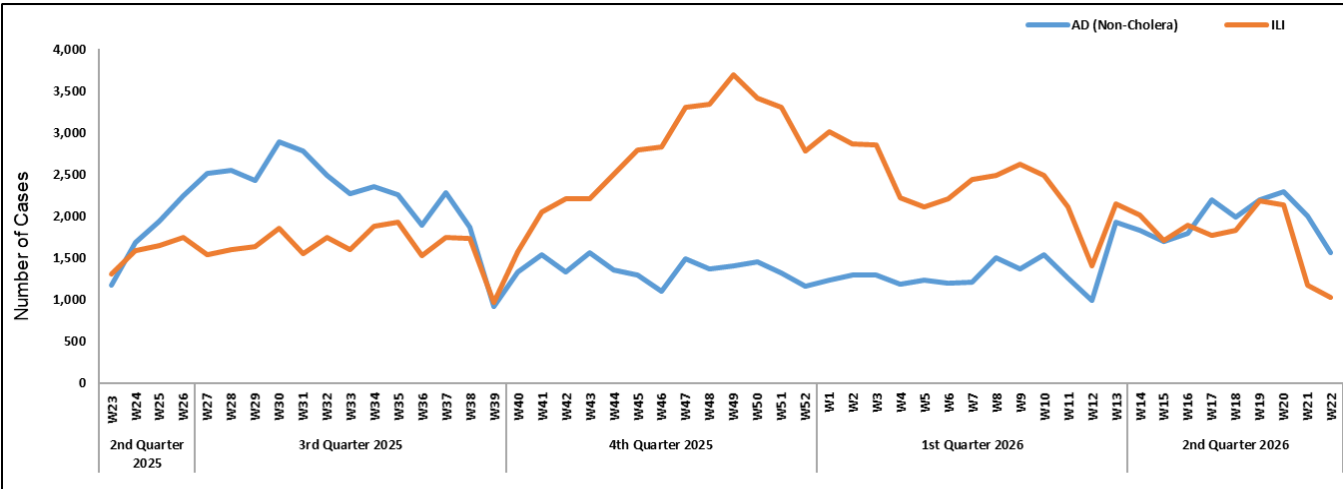


Figure 10: Most frequently reported suspected cases during Week 35, ICT.

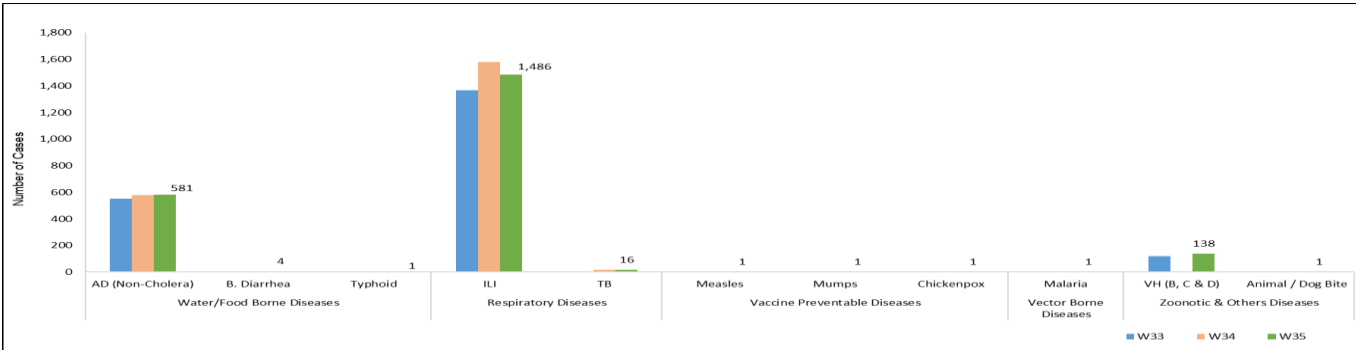


Figure 11: Week wise reported suspected cases of ILI, ICT.

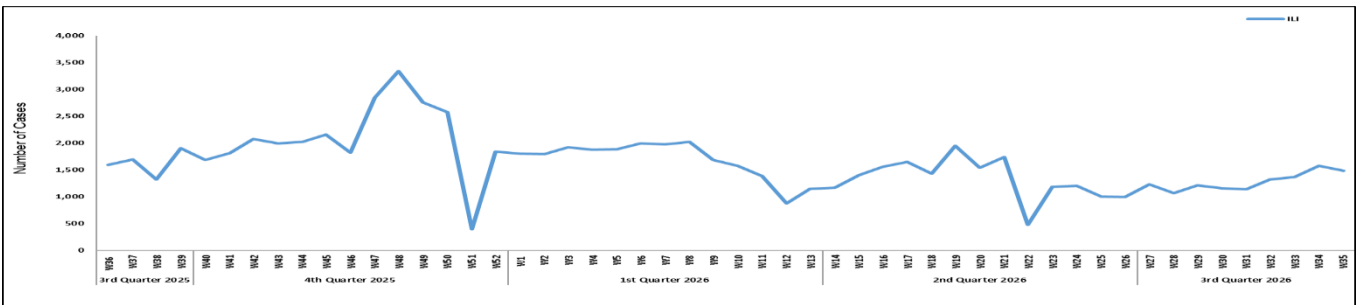


Figure 12: Most frequently reported suspected cases during Week 35, GB.

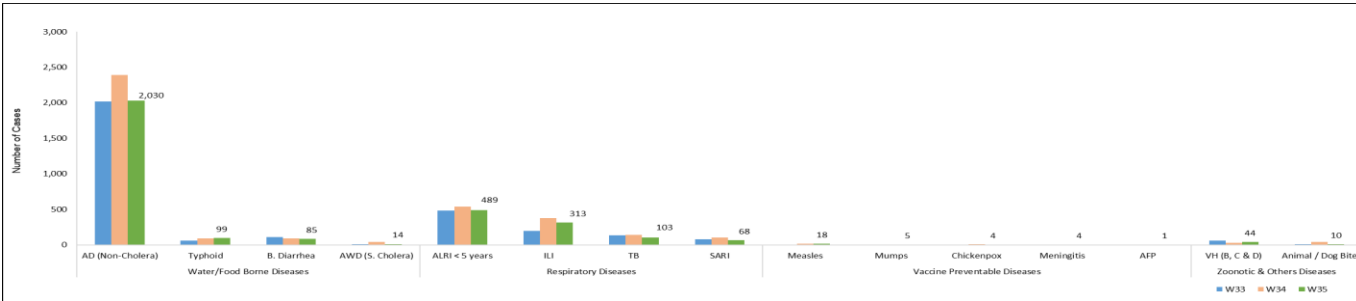
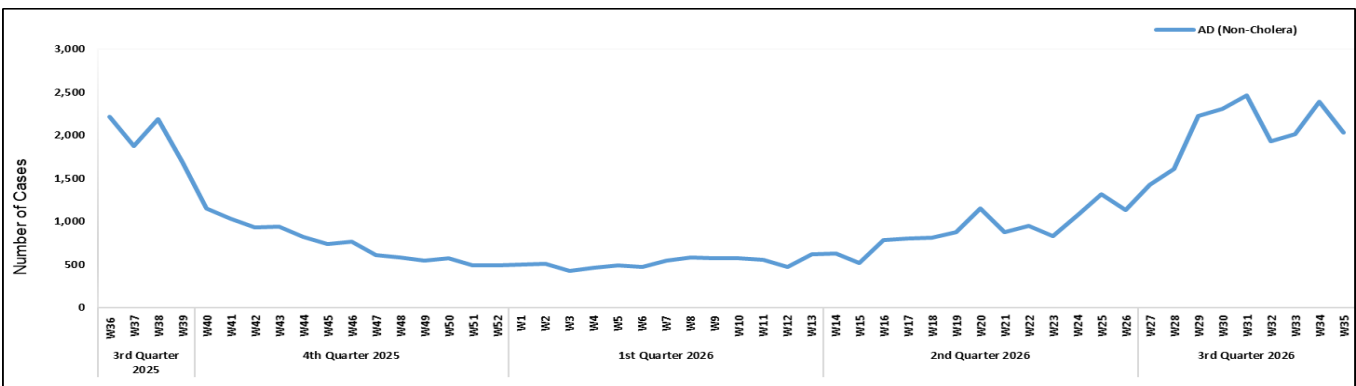


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.



Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 35, 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)		9	0	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		134	2	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		7,587	541	1,256	95	-	-	-	-	254	0	-	-	-	-
CCHF		-	-	15	1	-	-	-	-	-	-	-	-	-	-
Dengue		1,529	95	28	0	-	-	-	-	-	-	-	-	-	-
VH (B)		10,315	238	846	80	-	-	-	-	1,775	26	-	-	-	-
VH (C)		10,675	797	839	68	-	-	-	-	1,697	19	-	-	-	-
VH (D)		90	11	35	9	-	-	-	-	-	-	-	-	-	-
VH (A)		258	56	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		53	8	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		5	0	1	0	-	-	-	-	-	-	-	-	-	-
TB		641	66	102	16	-	-	-	-	47	3	-	-	-	-
HIV/ AIDS		4,730	49	557	6	-	-	-	-	253	0	-	-	-	-
Syphilis		1,192	32	235	0	-	-	-	-	237	1	-	-	-	-
Typhoid		146	6	67	5	-	-	-	-	230	2	-	-	-	-
Diphtheria		6	0	-	-	-	-	-	-	-	-	-	-	-	-
ILI		4	0	1	0	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		154	31	1	1	-	-	-	-	-	-	-	-	-	-
Meningitis		10	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		147	49	9	4	237	84	4	3	8	2	166	24	3	0
Rubella (CRS)		9	0	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)		9	4	22	5	-	-	-	-	1	0	-	-	-	-
Chikungunya		2	0	-	-	-	-	-	-	-	-	-	-	-	-
Mpox		13	3	-	-	-	-	-	-	-	-	-	-	-	-
SARI		13	8	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	1	0	-	-	-	-	1	0	-	-	12	0	-	-
	SARI	9	0	-	-	20	0	5	0	-	-	49	3	-	-
Influenza A	ILI	1	0	-	-	-	-	1	0	-	-	12	0	-	-
	SARI	9	0	-	-	20	0	5	0	-	-	49	0	-	-
Influenza B	ILI	1	0	-	-	-	-	1	0	-	-	12	0	-	-
	SARI	9	0	-	-	20	0	5	0	-	-	49	0	-	-
RSV	ILI	1	0	-	-	-	-	1	0	-	-	12	0	-	-
	SARI	9	0	-	-	20	0	5	0	-	-	49	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.

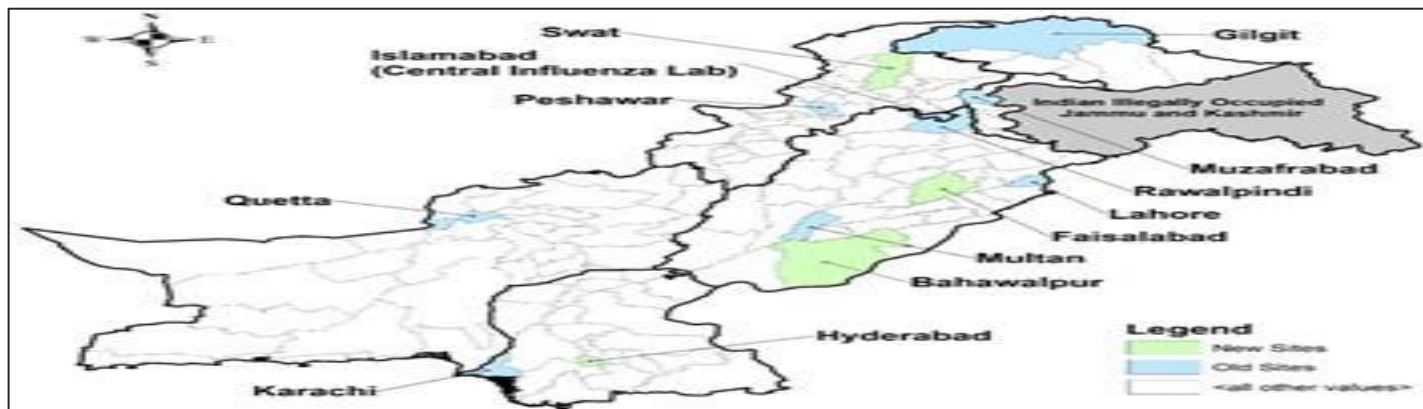


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 35, Pakistan.

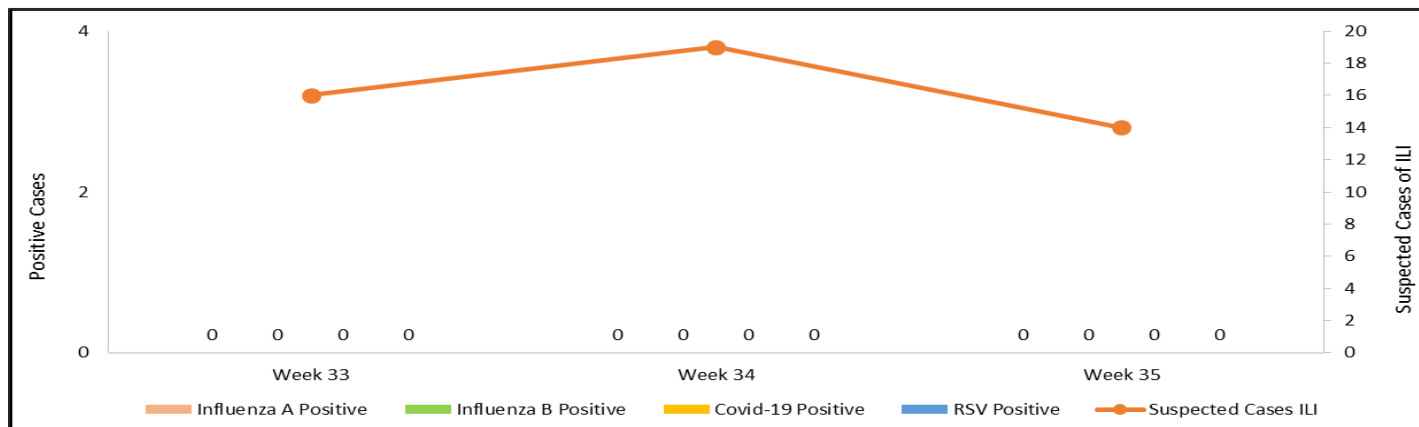
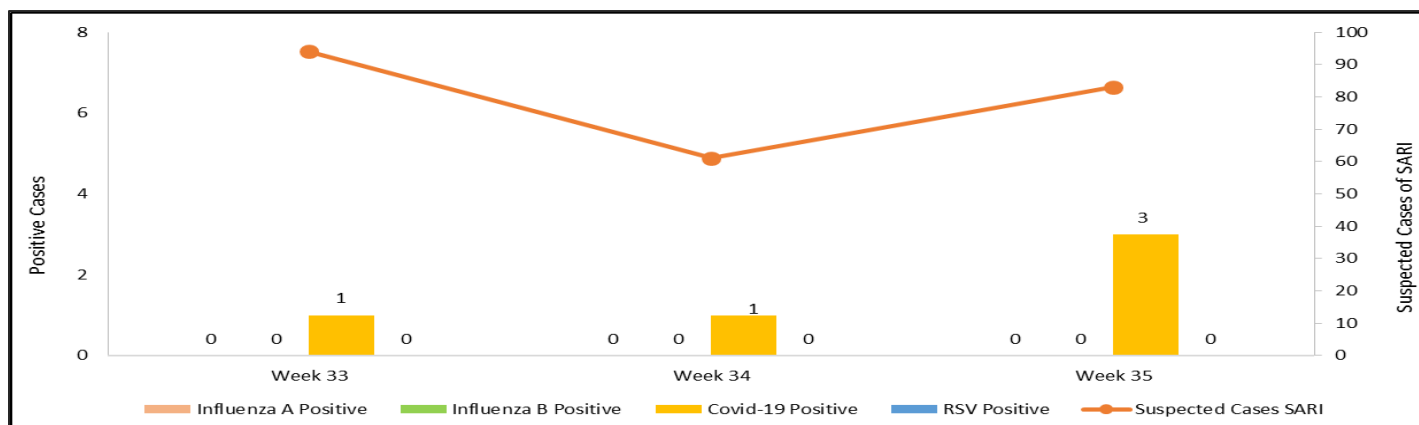


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 35, Pakistan.



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 35, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	105	95%
	Bannu	228	115	50%
	Battagram	59	42	71%
	Buner	34	34	100%
	Bajaur	43	41	95%
	Charsadda	61	61	100%
	Chitral Upper	31	31	100%
	Chitral Lower	37	35	95%
	D.I. Khan	115	115	100%
	Dir Lower	63	63	100%
	Dir Upper	56	52	93%
	Hangu	22	16	73%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	41	77%
	Kohat	61	60	98%
	Kohistan Lower	13	11	85%
	Kohistan Upper	22	13	59%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	34	12	35%
	Upper Kurram	38	37	97%
	Malakand	42	41	98%
	Mansehra	133	131	98%
	Mardan	82	78	95%
	Nowshera	57	57	100%
	North Waziristan	11	10	91%
	Peshawar	157	131	83%
	Shangla	37	37	100%
	Swabi	65	60	92%
	Swat	75	72	96%
	South Waziristan (Upper)	93	38	41%
	South Waziristan (Lower)	29	28	97%
	Tank	34	33	97%
	Torghar	13	13	100%
	Mohmand	68	17	25%
	Orakzai	69	5	7%
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	3	25%
Balochistan	Gwadar	26	25	96%
	Kech	45	0	0%
	Khuzdar	74	10	14%
	Killa Abdullah	26	25	96%
	Lasbella	55	55	100%
	Pishin	65	17	26%
	Quetta	56	9	16%
	Sibi	36	30	83%
	Zhob	39	14	36%
	Jaffarabad	16	16	100%
	Naseerabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	0	0%
	Kohlu	75	34	45%
	Chagai	36	23	64%
	Kalat	41	40	98%
	Harnai	17	16	94%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	27	96%
	Sohbat pur	25	25	100%
	Surab	32	10	31%
	Mastung	46	46	100%
	Loralai	33	20	61%
	Killa Saifullah	28	0	0%
	Ziarat	29	28	97%
	Duki	31	0	0%
	Nushki	29	29	100%
	Dera Bugti	45	12	27%
	Washuk	46	11	24%
	Panjgur	38	0	0%
	Awaran	23	0	0%
	Chaman	25	24	96%
	Barkhan	20	17	85%
	Hub	33	16	48%
	Musakhel	41	22	54%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%
	Ghizer	38	38	100%
	Gilgit	44	44	100%
	Diamer	62	62	100%
	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	88	86%
	Tharparkar	273	272	100%
	Shikarpur	59	59	100%
	Thatta	50	50	100%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	21	16	76%
	Karachi-West	20	20	100%
	Karachi-Malir	35	24	69%
	Karachi-Kemari	22	21	95%
	Karachi-Central	12	10	83%
	Karachi-Korangi	18	18	100%
	Karachi-South	6	4	67%
	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%
	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 35, 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%

Hands-on Laboratory Training Strengthens National Capacity for Wastewater Environmental Surveillance, Metagenomic Sequencing and Bioinformatics



The National Institutes of Health (NIH), Islamabad, in collaboration with Duke-NUS Medical School and Aga Khan University (AKU), successfully conducted a four-day Hands-on Laboratory Training on Wastewater Environmental Surveillance (WES), Metagenomic Sequencing, and Bioinformatics from 14–17 July 2026 at the Department of Microbiology, NIH, Islamabad.

The training was organized to strengthen national technical capacity in the emerging field of wastewater-based epidemiology and genomic surveillance, which provides an important complementary approach to conventional public health surveillance. By detecting and characterizing microbial genetic material in wastewater, WES can support early identification of circulating pathogens, monitor trends in community-level transmission, and generate valuable information for public health preparedness and response.

The four-day programme combined theoretical sessions with intensive laboratory and analytical exercises, giving participants practical experience across the full wastewater surveillance and genomic analysis workflow. Training activities included wastewater grab-sample collection and handling, NanoTrap processing, nucleic acid extraction, 16S metagenomic library preparation, Illumina MiSeq sequencing, and TaqMan Array testing. Participants also received hands-on exposure to bioinformatics workflows for sequencing data analysis, geographic information system (GIS) mapping, and digital surveillance tools for visualizing and interpreting public health data.



The initiative represents an important step towards strengthening Pakistan's capacity for environmental and genomic surveillance, particularly as public health systems increasingly require complementary approaches for the early detection and monitoring of emerging and re-emerging infectious diseases.

The collaboration between NIH, Duke-NUS, and AKU also highlights the value of national and international partnerships in advancing laboratory and public health capabilities

Knowledge Hub

Understanding Rabies: A Public Health Priority

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 necessary for stopping heavy bleeding, wounds should not be stitched immediately, as this can trap the virus inside.

Post-Exposure Prophylaxis (PEP)

It 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.

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

Symptoms 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 are fever, headache, and itching at the site of the bite, whereas advanced symptoms include hyperactivity, excitable behavior, and **Hydrophobia** (fear of water, spasms when trying to drink).

In case of Paralytic Rabies, gradual paralysis starts from the wound site, eventually leading to coma and death.

Assessing the Animal (Dog)

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

A healthy or vaccinated dog may be observed for 10 days. If the dog remains healthy, PEP may not be needed (only under medical

supervision). But if the dog shows aggression, excessive drooling, or is unable to swallow, it should be treated as rabid.

Prevention

Ensuring your dogs and cats are vaccinated is the best way to protect your family. Do not approach or feed unfamiliar dogs, especially those acting strangely. 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/newsroom/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/>





کتے کے کاٹنے سے بچیں: ریسبیز سے بچیں

ریسبیز ایک خطرناک اور جان لیوا مرض ہے اس سے بچاؤ کیلئے ضروری ہے کہ



پالتو کتے کو مدافعتی ٹیکہ ہر سال
ویٹرری ڈاکٹر سے لگوائیں



اپنے پالتو کتے کو آوارہ نہ
پھرنے دیں اور اس کے
گلے میں پتہ باندھ کر رکھیں



کتے کے کاٹنے کی صورت میں
زخم کو صابن اور پانی کے ساتھ
۱۵ منٹ تک دھوئیں اور فوری
طور پر مستند ڈاکٹر سے رجوع کریں



آوارہ کتوں کے پاس جانے،
انکو پتھر مارنے یا چھیڑنے
سے گریز کریں



کتے کے کاٹنے کی صورت میں ریسبیز
ویکسین لگوا کر اس جان لیوا بیماری
سے بچا جاسکتا ہے



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