

Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institutes of Health, Islamabad

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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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Public Health Bulletin - Pakistan, Week 38, 2026

Overview

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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:

- **Letter to the Editor: Patient Safety in Non-Communicable Disease Care. A Priority for Safer Health Systems**
- **Knowledge Hub - Understanding VH(B, C&D): 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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Stay informed. Stay prepared. Stay healthy.

Sincerely,

Note: All reported cases in this report are suspected cases

- During Week 38, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI < 5 years, ALRI, TB, B. Diarrhea, Animal/Dog Bite, VH (B, C & D), Typhoid, SARI, AVH (A & E), and Dengue.
- Thirty-four cases of AFP were reported from KP, twelve from Sindh, one from ICT, one from GB, and one from AJK.
- Eleven suspected cases of HIV/ AIDS reported from Sindh, three from KP, and three from AJK.
- Four suspected cases of Brucellosis were reported from KP.
- Among VPDs, there is an increase in the number of cases of Mumps, Pertussis, Meningitis, and Diphtheria this week.
- Among Respiratory diseases, there is an increase in the number of cases of ILI and ALRI<5years this week.
- Among Water/food-borne diseases, there is a decrease in the number of cases of AD (Non-cholera) this week.
- Among Vector-borne diseases, there is a decrease in the number of cases of Malaria this week.
- Among STDs, there is a decrease in the number of cases of HIV/AIDs this week.
- Among Zoonotic/Other diseases, there is an increase in the number of cases of Animal / Dog Bite 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 86%
- Sindh is the top reporting region with a compliance rate of 100%, followed by AJK 96%, GB 94% and KP 81%.
- The lowest compliance rate was observed in Balochistan, 71% and ICT 70%.

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,281	1,840	81
Azad Jammu Kashmir	480	461	96
Islamabad Capital Territory	66	46	70
Balochistan	1,317	935	71
Gilgit Baltistan	405	379	94
Sindh	2,067	2,060	100
National	6,616	5,721	86

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

Viral Hepatitis (B, C and D)

- **Strengthen Surveillance and Case Notification:** Ensure timely reporting, investigation, and notification of suspected and confirmed hepatitis B, C, and D cases through IDSRs.
- **Expand Screening and Laboratory Diagnosis:** Improve access to quality-assured hepatitis B and C screening and confirmatory testing, particularly among high-risk populations, with timely linkage to care.
- **Strengthen Infection Prevention and Control (IPC):** Ensure safe injections, proper sterilization, safe blood transfusion practices, and appropriate healthcare waste management.
- **Enhance Prevention through Vaccination and Harm Reduction:** Strengthen hepatitis B vaccination, including timely birth-dose vaccination, and expand harm-reduction measures for populations at increased risk of blood-borne infections.
- **Increase Public Awareness and Linkage to Care:** Promote awareness of transmission and prevention, encourage early testing, and ensure timely referral for treatment and follow-up.

Dog Bite

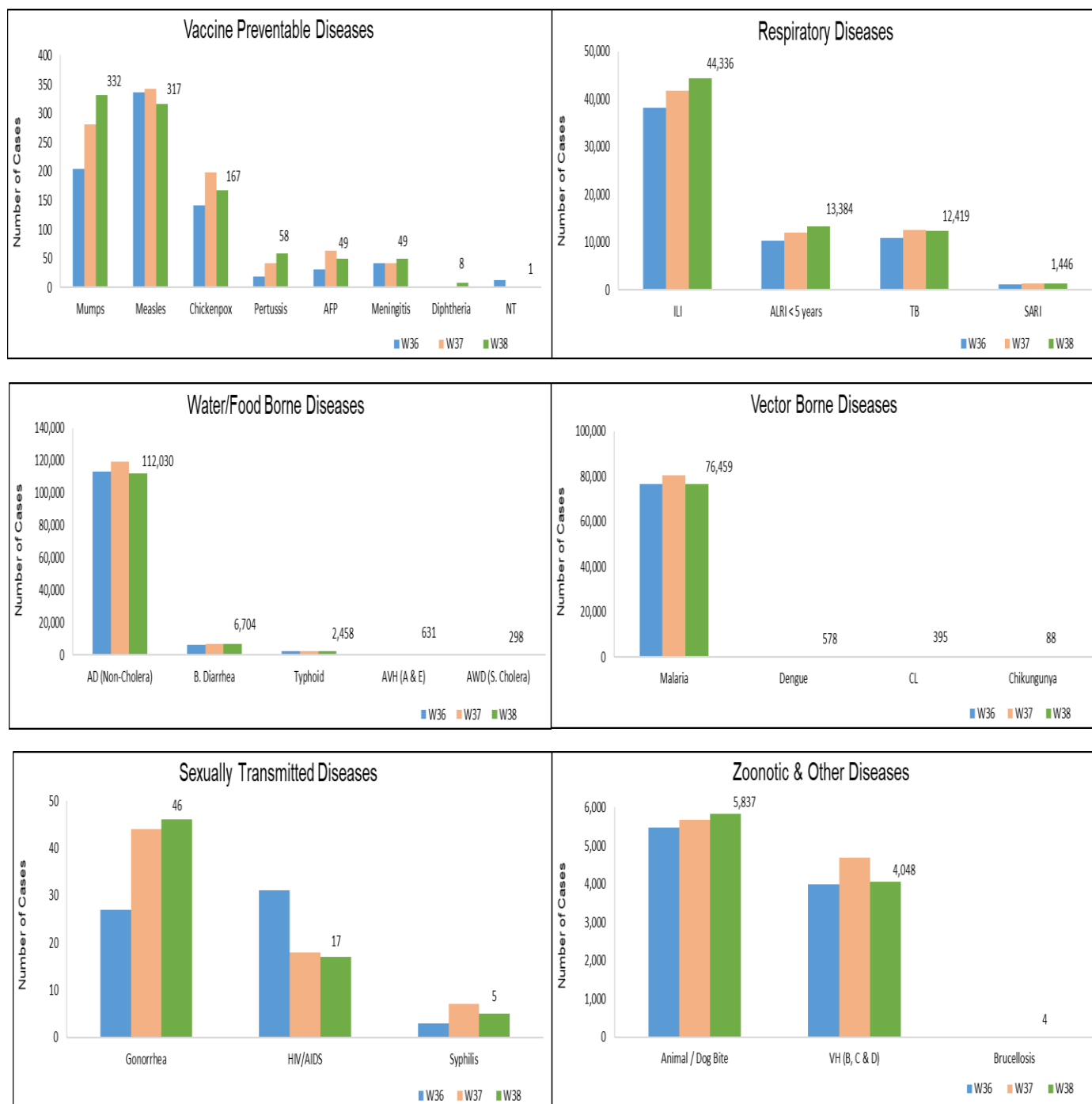
- **Enhance Case Detection and Reporting:** Strengthen timely reporting of dog bites and suspected rabies cases through the IDSR system, especially in high-risk areas.
- **Ensure Prompt Post-Exposure Management:** Ensure immediate wound washing, risk assessment, and timely provision of rabies PEP, including vaccine and rabies immunoglobulin when indicated.
- **Ensure Availability of Rabies Biologicals:** Maintain uninterrupted availability of quality-assured rabies vaccines and immunoglobulin at designated health facilities, particularly in underserved areas.
- **Strengthen One Health Coordination:** Improve collaboration among human health, veterinary, local government, and municipal authorities for coordinated surveillance and response.
- **Promote Responsible Dog Ownership and Population Management:** Promote dog registration, vaccination, responsible ownership, and humane, evidence-based dog population management.
- **Raise Community Awareness:** Educate communities on preventing dog bites, immediate wound washing with soap and water, and seeking prompt medical care after exposure.
- **Strengthen Rabies Prevention and Control:** Conduct mass dog vaccination in high-risk areas and strengthen human and animal rabies surveillance to prevent transmission and deaths.



Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 38, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,680	8,077	1,487	560	44,192	NR	56,034	112,030
Malaria	17	2,661	0	8	9,455	NR	64,318	76,459
ILI	1,974	7,614	227	1,644	3,569	NR	29,308	44,336
ALRI < 5 years	946	1,938	682	4	673	NR	9,105	13,348
TB	34	13	101	14	260	NR	11,997	12,419
B. Diarrhea	24	1,487	78	9	1,191	NR	3,915	6,704
Animal / Dog Bite	89	149	25	0	1,392	NR	4,182	5,837
VH (B, C & D)	15	67	39	10	123	NR	3,794	4,048
Typhoid	39	436	123	10	679	NR	1,171	2,458
SARI	56	666	76	0	381	NR	267	1,446
AVH (A & E)	11	14	2	0	235	NR	369	631
Dengue	1	0	0	2	340	NR	235	578
CL	0	26	0	0	356	NR	13	395
Mumps	19	35	62	1	164	NR	51	332
Measles	2	16	11	0	253	NR	35	317
AWD (S. Cholera)	9	247	31	0	6	NR	5	298
Chickenpox/ Varicella	6	2	6	0	135	NR	18	167
Chikungunya	0	1	0	0	52	NR	35	88
Pertussis	42	8	0	0	4	NR	4	58
AFP	1	0	1	1	34	NR	12	49
Meningitis	0	1	5	5	12	NR	26	49
Gonorrhea	0	36	0	0	0	NR	10	46
HIV/AIDS	3	0	0	0	3	NR	11	17
Diphtheria (Probable)	0	1	0	0	4	NR	3	8
Syphilis	0	0	0	0	1	NR	4	5
Brucellosis	0	0	0	0	4	NR	0	4
NT	0	0	0	0	1	NR	0	1

Figure 1: Most frequently reported suspected cases during Week 38, Pakistan.



- Malaria cases were maximum followed by AD (non-cholera), ILI, TB, ALRI<5 Years, Animal / Dog Bite, B. Diarrhea, VH (B, C & D), Typhoid and AVH (A & E).
- Malaria cases are mostly from Sanghar, Badin and Umerkot whereas ILI cases are from Khairpur, Karachi Malir and Sukkur.
- Twelve cases of AFP reported from Sindh. They are suspected cases and need field verification.
- There is a decline in number of cases of Measles, AFP, Pertussis, AD (non-cholera), B. Diarrhea, Malaria, HIV/AIDS, and VH (B, C & D), while there is an increase in the number of cases of Mumps, Meningitis, Chickenpox, Diphtheria, ILI, ALRI<5years, and dog bite this week.

Table 2: District wise distribution of most frequently reported suspected cases during Week 38, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	Animal / Dog Bite	B. Diarrhea	VH (B, C & D)	Typhoid	AVH (A & E)
Badin	4,930	5,804	2,553	911	490	144	471	146	51	3
Dadu	2,722	3,912	701	650	1,547	364	531	280	285	124
Ghotki	4,131	2,033	542	665	608	319	232	315	7	2
Hyderabad	1,332	2,516	1,331	372	145	94	77	97	2	4
Jacobabad	1,592	867	396	271	426	224	127	196	33	1
Jamshoro	2,248	2,535	20	626	362	145	169	100	67	15
Kamber	3,472	2,106	7	785	250	228	131	38	8	0
Karachi Central	267	1,415	1,972	97	144	167	34	20	195	20
Karachi East	81	285	27	20	13	23	4	8	3	1
Karachi Keamari	17	727	699	21	17	26	9	0	5	2
Karachi Korangi	73	464	24	27	0	7	15	1	2	1
Karachi Malir	270	1,324	3,579	138	157	62	43	14	24	5
Karachi South	20	116	1	0	0	0	0	0	0	0
Karachi West	283	1,067	2,074	120	213	87	63	16	25	0
Kashmore	1,714	402	345	76	75	182	55	9	2	0
Khairpur	3,892	3,312	5,514	863	985	299	286	204	174	24
Larkana	3,732	2,427	96	857	318	79	349	39	3	1
Matari	3,209	1,584	16	728	201	114	73	159	0	28
Mirpurkhas	3,320	3,385	2,066	660	291	162	147	109	12	40
Naushero Feroze	1,546	1,340	1,244	249	291	308	112	46	73	4
Sanghar	5,529	2,218	28	995	373	210	42	731	41	0
Shaheed Benazirabad	2,581	1,936	2	274	231	235	65	146	87	0
Shikarpur	2,211	1,380	4	283	157	244	174	131	3	0
Sujawal	926	2,414	0	100	134	69	32	72	5	12
Sukkur	2,115	1,575	2,580	374	172	111	167	304	6	0
Tando Allahyar	2,941	1,465	850	352	141	102	81	268	2	2
Tando Muhammad Khan	1,341	1,402	0	533	152	63	79	103	2	0
Tharparkar	1,960	2,365	584	517	623	1	186	45	9	17
Thatta	1,461	1,587	2,053	93	213	113	64	108	21	63
Umerkot	4,402	2,071	0	340	376	0	97	89	24	0
Total	64,318	56,034	29,308	11,997	9,105	4,182	3,915	3,794	1,171	369

Figure 2: Most frequently reported suspected cases during Week 38, Sindh.

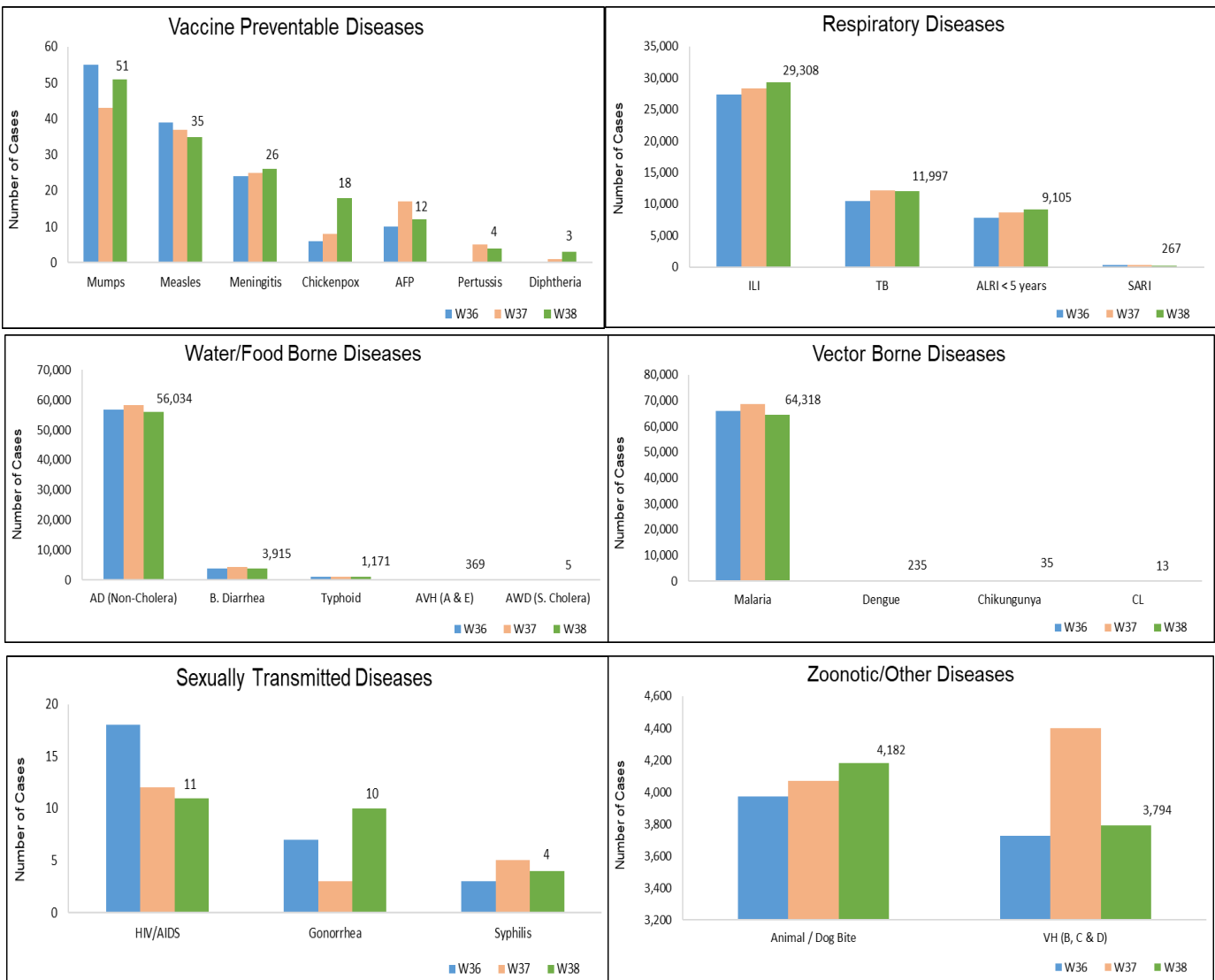
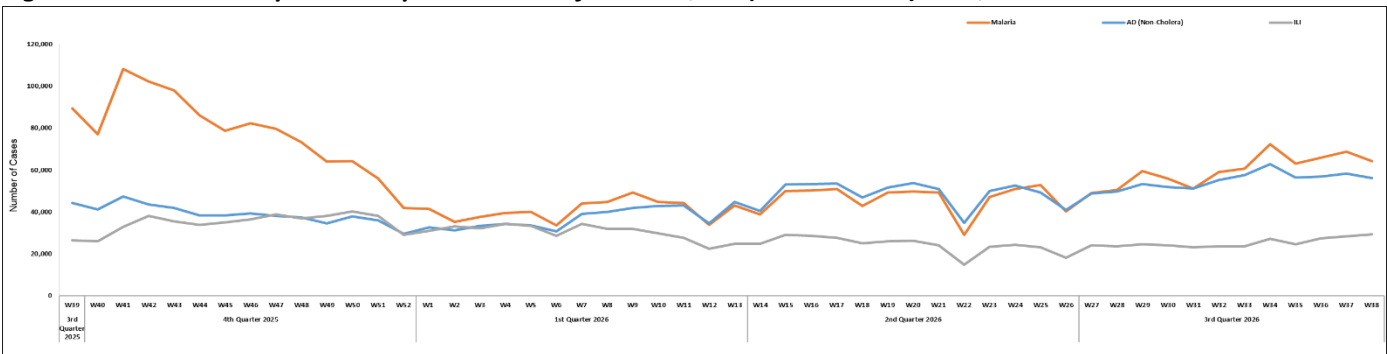


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sindh.



- 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.
- ILI cases are mostly reported from Gwadar, Kech (Turbat) and Quetta while AD (Non-Cholera) cases are mostly reported from Usta Muhammad, Quetta, and Lasbella
- Measles, Diphtheria, Meningitis, ILI, ALRI <5 years, SARI, AD (Non-Cholera), B. Diarrhea, Typhoid, Malaria, and VH (B, C&D) showed an increase in the number of cases. A decline has been observed in Mumps, Pertussis, and Chickenpox this week.

Table 3: District wise distribution of most frequently reported suspected cases during Week 38, 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	19	201	45	0	7	0	1	19	0	0
Barkhan	71	37	138	17	11	4	44	5	22	0
Bashore	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Chagai	165	273	17	0	43	0	8	0	0	0
Chaman	88	343	4	4	76	23	52	24	4	0
Dera Bugti	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dera Bugti (South)	61	21	83	19	5	0	12	0	0	0
Duki	15	85	6	0	0	0	0	0	0	0
Gwadar	514	910	19	NR	13	NR	NR	NR	NR	NR
Harnai	245	4	63	180	80	0	0	0	0	0
Hub	93	37	57	3	2	0	0	0	0	0
Jaffarabad	86	0	85	0	13	0	0	0	4	0
Jhal Magsi	0	0	0	0	0	0	0	0	0	0
Kachhi (Bolan)	145	127	65	12	13	113	NR	23	10	NR
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	484	887	NR	NR	82	NR	NR	NR	NR	4
Kharan	226	643	13	4	89	51	6	2	0	0
Khuzdar	307	279	159	5	174	54	80	6	0	9
Killa Abdullah	210	150	0	6	46	65	11	45	5	0
Killa Saifullah	137	2	89	119	43	17	6	0	0	0
Kohlu	153	138	21	NR	NR	NR	7	NR	NR	NR
Lasbella	536	88	220	221	21	0	30	0	11	23
Loralai	353	405	52	40	37	45	5	0	5	0
Mastung	342	236	50	96	25	40	16	0	6	5
MusaKhel	63	29	422	5	12	1	16	1	0	0
Naseerabad	357	0	165	32	19	20	72	7	74	7
Nushki	198	0	1	10	53	0	0	3	0	0
Panjgur	92	29	112	58	29	6	0	8	0	0
Pishin	373	443	25	40	117	9	13	42	3	0
Quetta	586	772	4	102	29	43	8	12	0	0
Sherani	21	50	3	26	31	33	3	0	0	0
Sibi	343	202	137	37	36	27	11	17	3	0
Sohbat pur	226	4	23	206	65	0	9	0	0	1
Surab	8	24	0	0	0	0	0	0	0	0
Tump	46	243	39	3	4	NR	NR	NR	NR	NR
Usta Muhammad	912	211	46	206	106	0	3	0	2	18
Washuk	144	209	86	14	63	14	7	10	0	0
Zhob	234	114	80	360	43	87	1	10	0	0
Ziarat	224	418	114	109	100	14	15	13	0	0
Total	8,077	7,614	2,661	1,938	1,487	666	436	247	149	67

Figure 4: Most frequently reported suspected cases during Week 38, Balochistan.

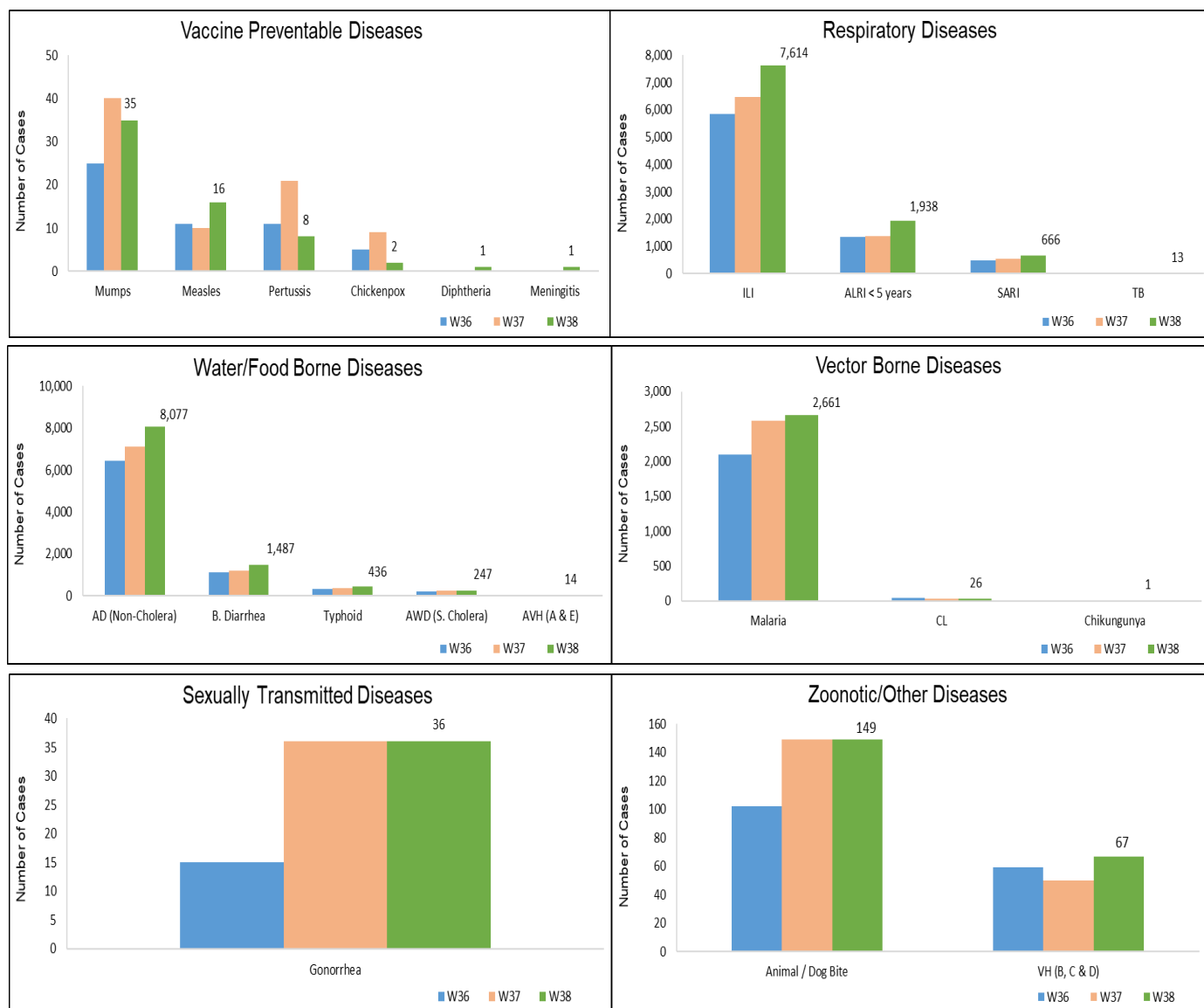


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Animal / Dog Bite, B. Diarrhea, Typhoid, ALRI<5 Years, SARI, CL and Dengue.
- Mumps, Meningitis, Diphtheria, ILI, ALRI<5years, Dengue, and Malaria, cases showed an increase in number while Measles, Chickenpox, Pertussis, SARI, AD (Non-Cholera), B. Diarrhea, CL, HIV/AIDS, VH(B, C&D) and Dog Bite showed a decline in number this week.
- Thirty-four cases of AFP were reported from KP. All are suspected cases and need field verification.
- Three cases of HIV/AIDs 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 38, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Animal / Dog Bite	B. Diarrhea	Typhoid	ALRI < 5 years	SARI	CL	Dengue
Abbottabad	997	6	61	50	11	11	19	2	0	8
Bajaur	799	381	1	125	46	3	7	4	33	2
Bannu	925	947	0	0	13	80	4	0	4	144
Battagram	468	29	837	8	0	0	0	0	0	0
Buner	362	277	0	28	0	0	0	0	0	0
Charsadda	2,713	414	364	7	49	70	123	2	0	6
Chitral Lower	536	30	6	9	28	10	8	12	6	1
Chitral Upper	292	5	11	5	4	8	3	5	0	0
D.I. Khan	2,194	749	0	27	40	9	9	0	1	4
Dir Lower	2,327	159	0	68	89	52	7	1	5	0
Dir Upper	2,648	31	84	40	29	23	37	0	0	0
Hangu	389	128	0	4	10	11	0	0	5	1
Haripur	1,834	0	263	65	0	0	9	0	0	11
Karak	861	502	20	49	63	39	63	0	66	2
Khyber	848	723	11	51	134	31	34	34	111	5
Kohat	829	364	1	37	40	22	8	0	33	81
Kohistan Lower	193	2	0	0	15	4	0	0	0	0
Kohistan Upper	321	19	0	1	11	1	3	0	0	0
Kolai Palas	94	4	11	0	1	0	6	0	0	0
L & C Kurram	18	6	0	0	1	0	0	0	0	0
Lakki Marwat	916	341	0	84	4	20	7	0	0	34
Malakand	1,605	45	168	32	130	0	0	2	0	0
Mansehra	976	74	322	0	8	3	9	0	0	0
Mardan	2,116	1,355	4	122	48	57	60	0	0	4
Mohmand	114	211	143	3	3	13	0	132	40	2
North Waziristan	68	112	0	1	2	17	4	7	1	2
Nowshera	2,998	1,330	9	16	20	10	6	14	31	2
Orakzai	100	9	5	0	0	0	0	0	0	0
Peshawar	6,146	70	213	11	129	55	15	0	1	24
Shangla	1,588	361	0	119	6	12	37	0	0	0
South Waziristan (Lower)	199	183	94	11	65	4	2	77	16	2
SWU	23	1	0	0	0	0	0	0	0	0
Swabi	3,199	257	775	166	13	11	48	73	0	0
Swat	3,550	50	77	226	135	90	89	0	0	5
Tank	496	131	19	1	9	2	2	0	0	0
Tor Ghar	166	136	0	15	18	4	1	0	3	0
Upper Kurram	284	13	70	11	17	7	53	16	0	0
Total	44,192	9,455	3,569	1,392	1,191	679	673	381	356	340

Figure 6: Most frequently reported suspected cases during Week 38, KP.

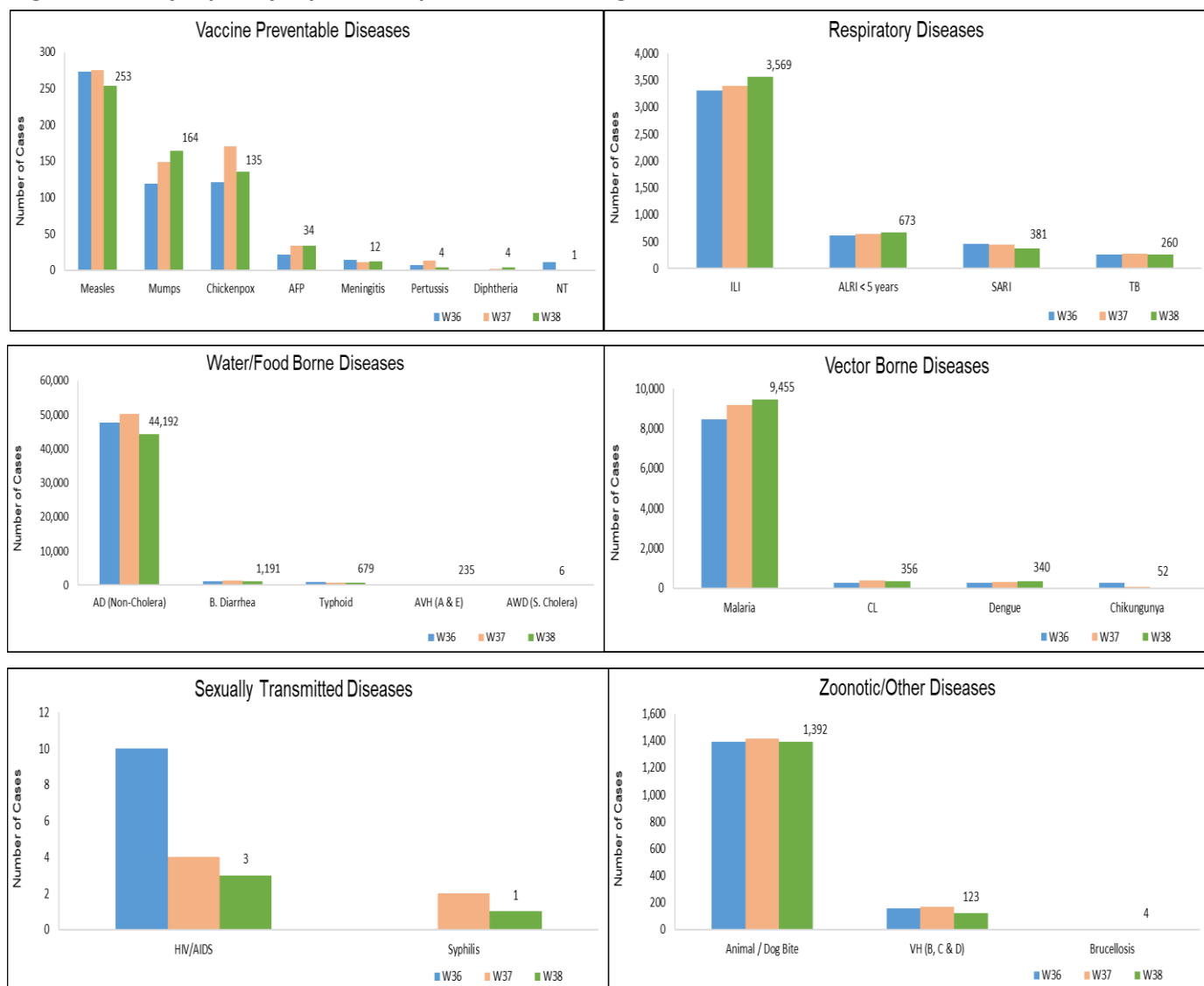
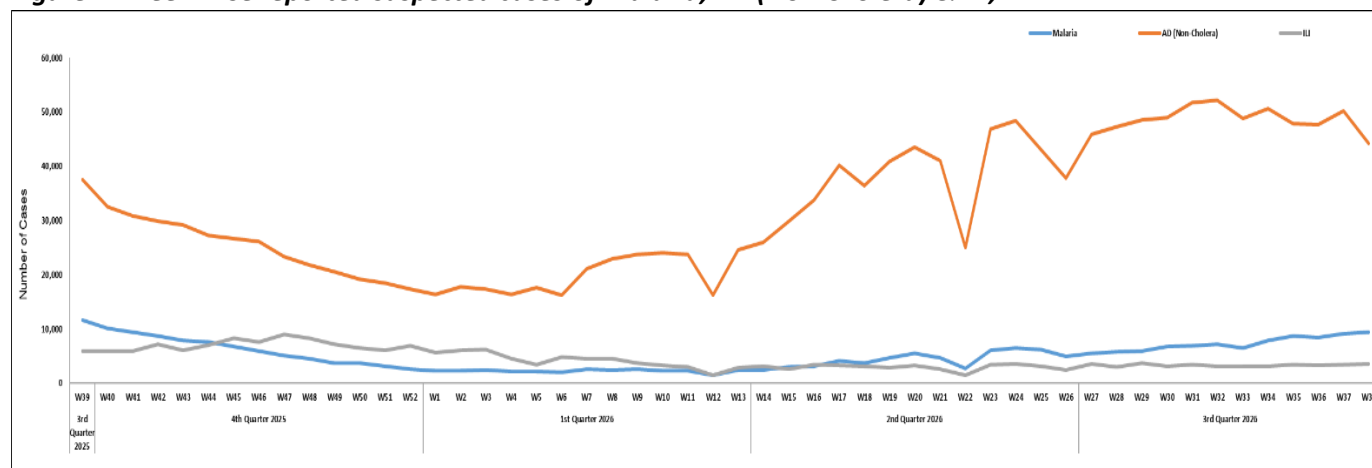


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.



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

AJK: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera) and ALRI<5years. AD (non- cholera), AFP and Dog bite cases showed a decline in number this week. An increase has been observed in the cases of Pertussis, Mumps, Chicken pox, ILI, ALRI<5years, Malaria, dengue and VH (B, C&D) this week.

GB: AD (non-cholera) cases were highest, followed by ALRI <5 Years and ILI. An increase in cases is observed for B.Diarrhea, Typhoid, AWD (S. Cholera), ALRI < 5 years, Mumps, and Dogbite. In contrast, a decline is observed in the number of cases of AD (Non-Cholera), ILI, TB, VH (B, C & D), and SARI this week.

Figure 8: Most frequently reported suspected cases during Week 38, AJK.

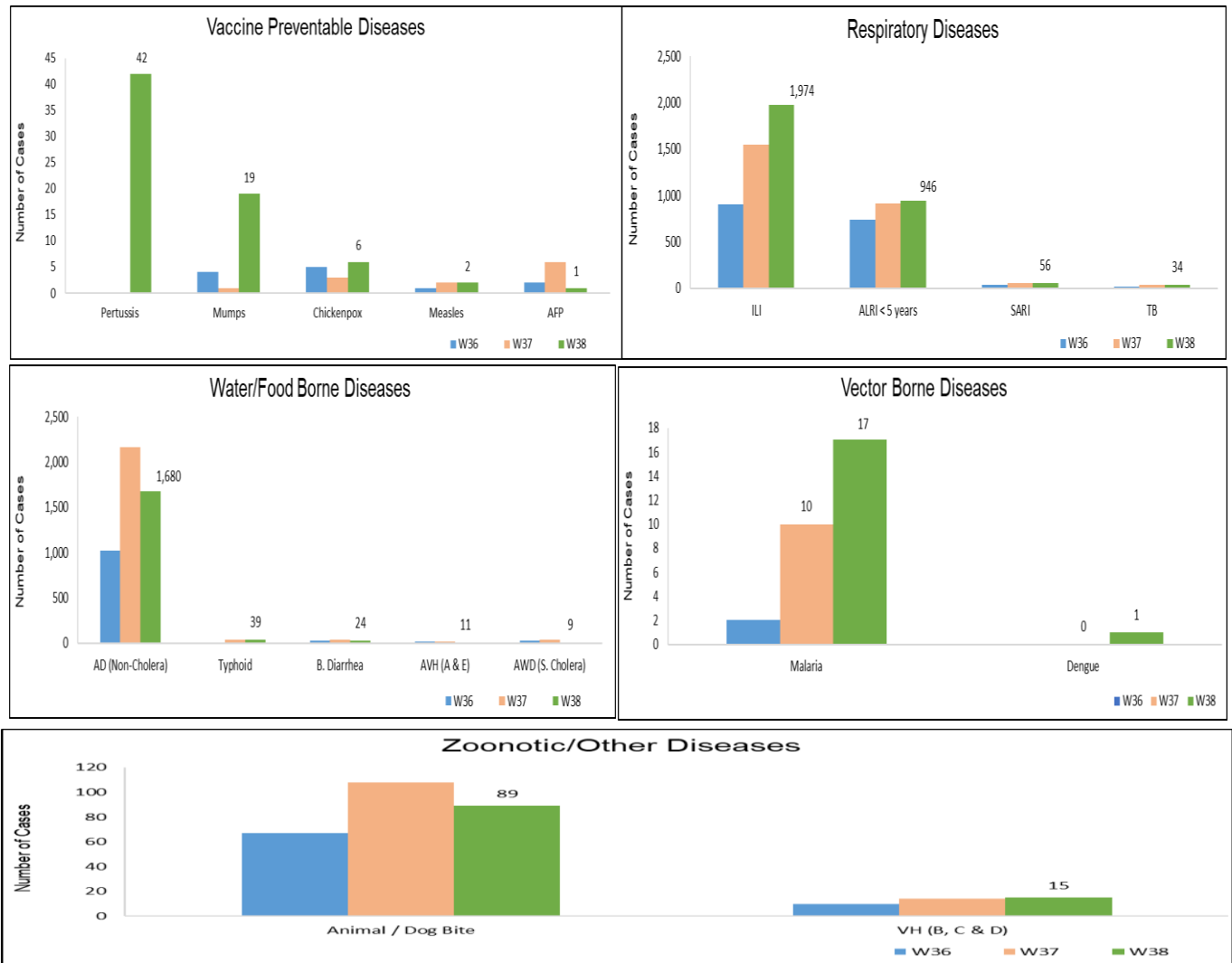
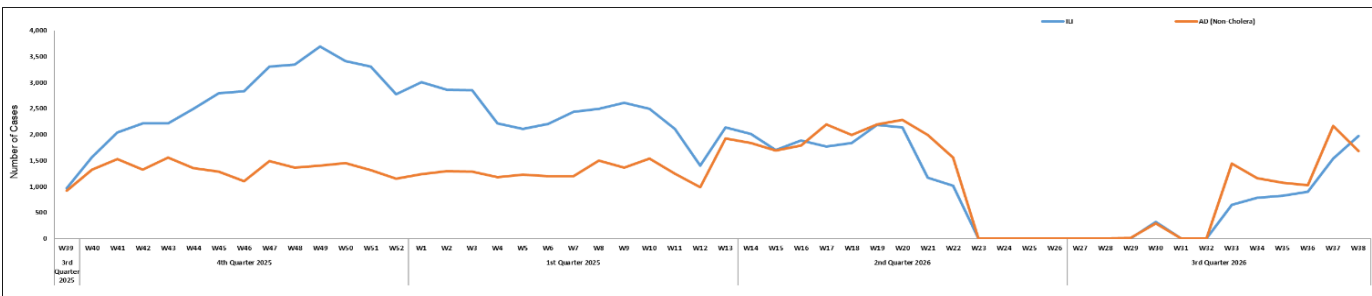


Figure 9: Week wise reported suspected cases of ILI and AD (Non-Cholera), AJK



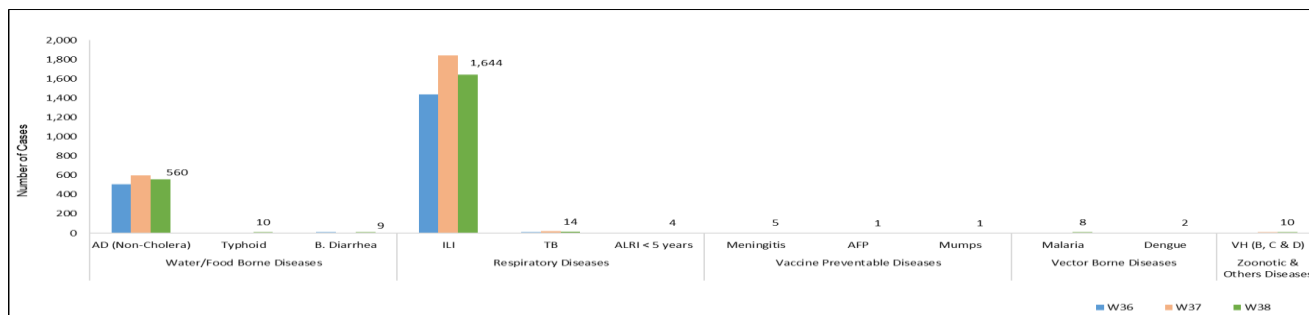


Figure 10: Most frequently reported suspected cases during Week 38, ICT.

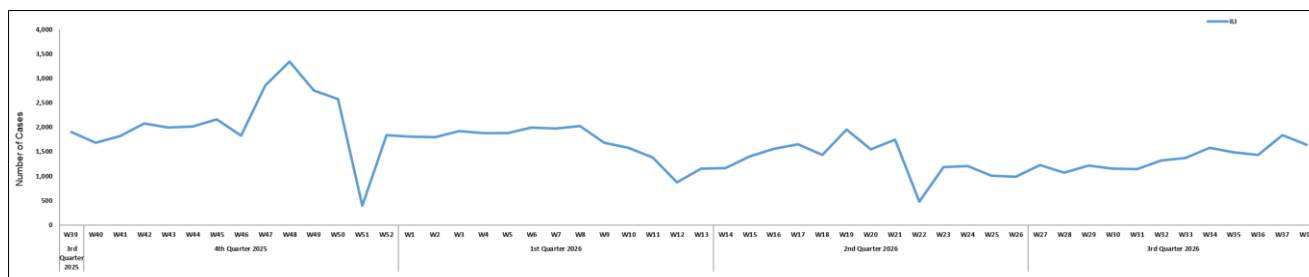


Figure 11: Week-wise reported suspected cases of ILI, ICT

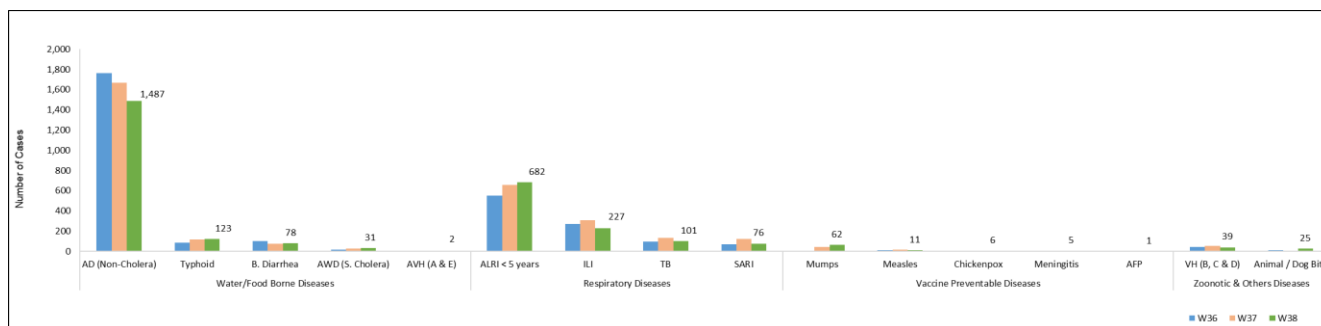


Figure 12: Most frequently reported suspected cases during Week 38, GB.

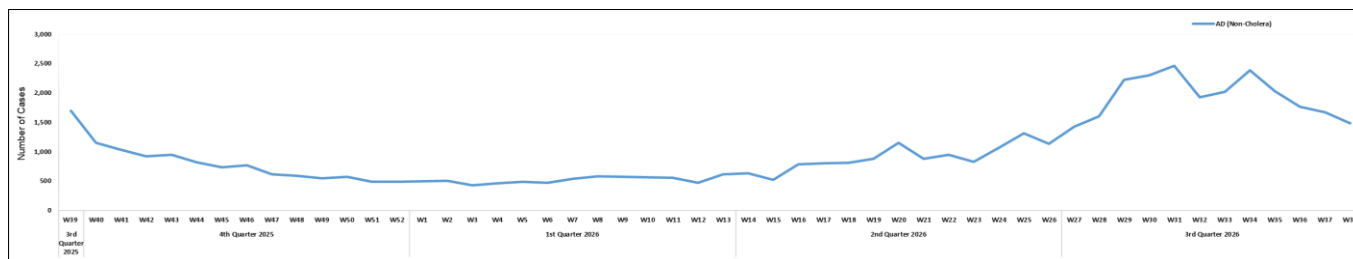


Figure 13: Week-wise reported suspected cases of AD (Non-Cholera), GB

Public Health Laboratories

Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 38, 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	1	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		163	1	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		7,169	537	1,472	92	-	-	-	-	169	1	-	-	-	-
CCHF		-	-	4	0	-	-	-	-	-	-	-	-	-	-
Dengue		2,239	178	56	3	-	-	-	-	6	0	-	-	-	-
VH (B)		11,996	274	1,025	97	-	-	-	-	1,905	17	-	-	-	-
VH (C)		12,483	900	987	65	-	-	-	-	1,730	8	-	-	-	-
VH (D)		317	42	46	6	-	-	-	-	-	-	-	-	-	-
VH (A)		308	72	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		121	17	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		10	0	-	-	-	-	-	-	-	-	-	-	-	-
TB		743	114	142	19	-	-	-	-	49	1	-	-	-	-
HIV/ AIDS		5,823	31	586	0	-	-	-	-	170	0	-	-	-	-
Syphilis		1,381	31	202	0	-	-	-	-	154	0	-	-	-	-
Typhoid		207	10	78	5	-	-	-	-	139	1	-	-	-	-
Diphtheria		13	1	-	-	-	-	-	-	-	-	-	-	-	-
ILI		14	2	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		180	17	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis		15	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		89	24	26	9	224	84	10	6	4	2	239	41	3	1
Rubella (CRS)		1	0	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)		2	1	24	6	-	-	-	-	2	0	-	-	-	-
Chikungunya		1	1	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis		1	1	-	-	-	-	-	-	-	-	-	-	-	-
SARI		17	6	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	3	0	-	-	1	0	-	-	-	-	34	0	-	-
	SARI	7	0	-	-	26	0	13	0	-	-	177	2	12	0
Influenza A	ILI	3	0	-	-	1	0	-	-	-	-	34	3	-	-
	SARI	7	0	-	-	26	0	13	0	-	-	177	8	12	0
Influenza B	ILI	3	0	-	-	1	0	-	-	-	-	34	0	-	-
	SARI	7	0	-	-	26	0	13	0	-	-	177	0	12	0
RSV	ILI	3	0	-	-	1	0	-	-	-	-	34	0	-	-
	SARI	7	0	-	-	26	0	13	0	-	-	177	0	12	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.

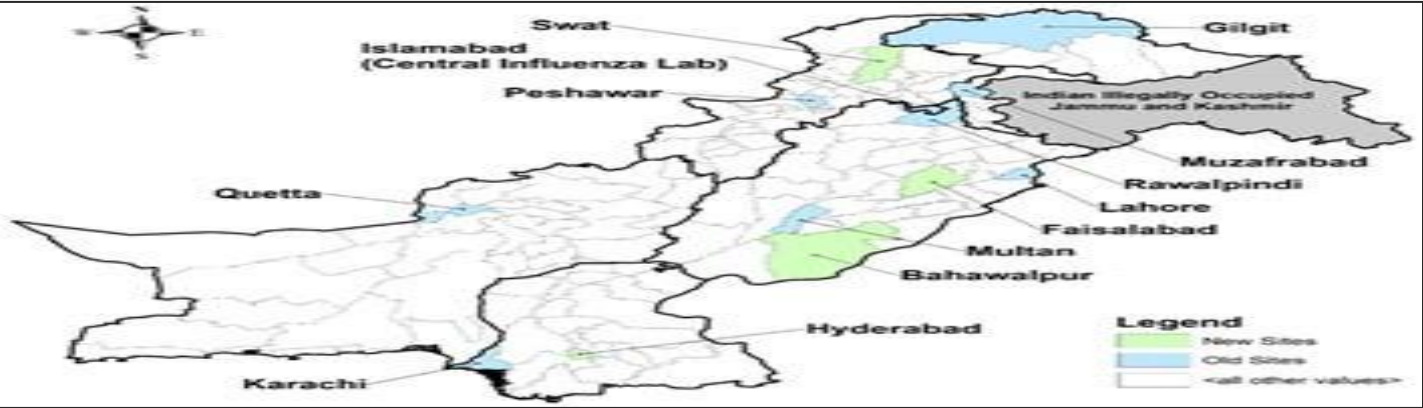


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 38, Pakistan.

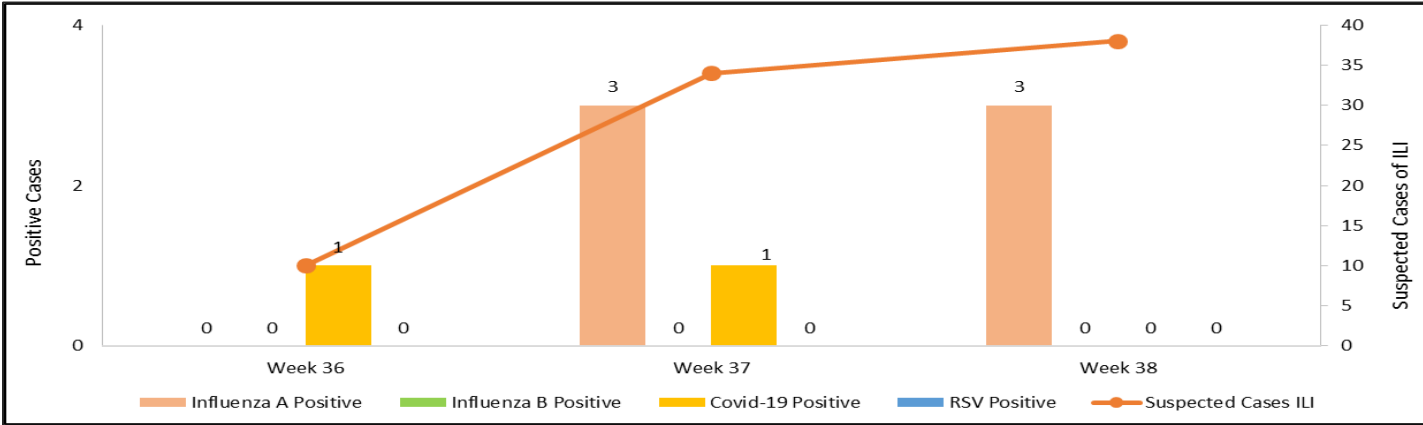
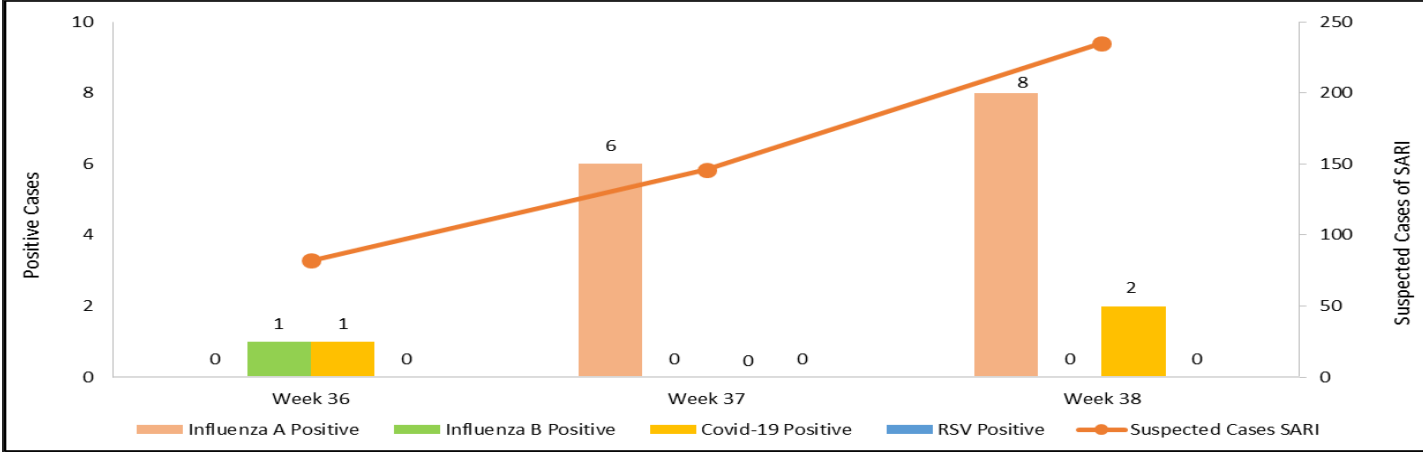


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 38, Pakistan.



IDSR Reports Compliance

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

Table 6: Compliance of IDSR reporting districts Week 38, 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	127	56%
	Battagram	59	42	71%
	Buner	34	29	85%
	Bajaur	43	43	100%
	Charsadda	61	59	97%
	Chitral Upper	31	31	100%
	Chitral Lower	37	36	97%
	D.I. Khan	115	114	99%
	Dir Lower	63	56	89%
	Dir Upper	56	46	82%
	Hangu	22	20	91%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	42	79%
	Kohat	61	61	100%
	Kohistan Lower	13	13	100%
	Kohistan Upper	22	14	64%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	34	13	38%
	Upper Kurram	38	37	97%
	Malakand	42	42	100%
	Mansehra	133	131	98%
	Mardan	82	67	82%
	Nowshera	57	54	95%
	North Waziristan	12	10	83%
	Peshawar	157	130	83%
	Shangla	37	33	89%
	Swabi	65	63	97%
	Swat	75	72	96%
	South Waziristan (Upper)	93	71	76%
	South Waziristan (Lower)	29	28	97%
	Tank	34	33	97%
	Torghar	13	13	100%
	Mohmand	68	16	24%
	Orakzai	69	5	7%
Azad Jammu Kashmir	Mirpur	41	41	100%
	Bhimber	85	82	96%
	Kotli	60	60	100%
	Muzaffarabad	49	45	92%

	Poonch	46	45	98%
	Haveli	39	39	100%
	Bagh	54	54	100%
	Neelum	39	39	100%
	Jhelum Valley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	23	96%
	CDA	42	23	55%
Balochistan	Gwadar	26	25	96%
	Kech	45	26	58%
	Khuzdar	74	61	82%
	Killa Abdullah	26	23	88%
	Lasbella	55	55	100%
	Pishin	65	17	26%
	Quetta	56	31	55%
	Sibi	36	36	100%
	Zhob	39	34	87%
	Jaffarabad	16	16	100%
	Naseerabad	32	32	100%
	Kharan	30	30	100%
	Sherani	15	4	27%
	Kohlu	75	40	53%
	Chagai	36	20	56%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	25	25	100%
	Surab	32	7	22%
	Mastung	46	46	100%
	Loralai	33	29	88%
	Killa Saifullah	28	9	32%
	Ziarat	29	25	86%
	Duki	31	8	26%
	Nushki	29	29	100%
	Dera Bugti	32	0	0%
	Dera Bugti South	21	20	95%
	Washuk	46	17	37%
	Panjgur	38	18	47%
	Awaran	23	16	70%
	Chaman	27	26	96%
	Barkhan	20	19	95%
	Hub	33	18	55%
	Musakhel	41	33	80%
	Bashore	17	0	0%
	Tump	9	3	33%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%

	Ghizer	38	36	95%
	Gilgit	44	44	100%
	Diamer	62	62	100%
	Astore	55	55	100%
	Shigar	23	23	100%
	Skardu	54	54	100%
	Ganche	29	28	97%
	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	15	71%
	Karachi-West	20	20	100%
	Karachi-Malir	35	27	77%
	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%
	Matlari	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 38, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
AJK	Mirpur	2	2	100%
	Bhimber	1	1	100%
	Kotli	1	1	100%
	Muzaffarabad	2	2	100%
	Poonch	2	2	100%
	Haveli	1	1	100%
	Bagh	1	1	100%
	Neelum	1	1	100%
	Jhelum Vellay	1	1	100%
	Sudhnooti	1	1	100%
Sindh	Karachi-South	3	2	67%
	Sukkur	1	1	100%
	Shaheed Benazirabad	1	1	100%
	Karachi-East	1	1	100%
	Karachi-Central	1	1	100%
KP	Peshawar	3	0	0%
	Swabi	1	0	0%
	Nowshera	1	1	100%
	Mardan	1	1	100%
	Abbottabad	1	1	100%
	Swat	1	1	100%

Letter to the Editor

Patient Safety in Noncommunicable Disease Care: A Priority for Safer Health Systems

Dear Editor,

Patient safety is a fundamental component of quality healthcare and a global public health priority. Every year, World Patient Safety Day is observed on 17 September to raise awareness and promote action to reduce avoidable harm in healthcare. In 2026, the World Health Organization (WHO) has dedicated the day to “Safe care for noncommunicable diseases”, under the slogan “Safe care for life!”

Noncommunicable diseases (NCDs), including cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases, often require continuous care over many years. This prolonged interaction with health services creates multiple opportunities for preventing harm. WHO estimates that around 1 in 10 patients experience harm during healthcare. Approximately half of this harm is considered preventable. People living with NCDs may be particularly vulnerable because of complex treatment regimens, multiple healthcare visits, comorbidities, and the need for long-term medication and monitoring.

Patient safety risks can occur throughout the continuum of NCD care, from prevention and early detection to diagnosis, treatment, follow-up, and self-management. Diagnostic delays or errors may postpone appropriate treatment, while medication errors, inappropriate prescribing, drug interactions, and poor adherence can compromise outcomes. Fragmented healthcare services and inadequate

communication between providers may further increase risks, particularly for patients receiving care from multiple facilities or specialists.

In low- and middle-income countries, these challenges may be compounded by limited resources, shortages of trained healthcare personnel, weak referral systems, inadequate continuity of care, and barriers to accessing essential medicines and diagnostic services. For patients with chronic diseases, interruptions in treatment or follow-up can lead to complications and avoidable hospitalizations. Strengthening patient safety therefore requires addressing not only individual clinical practices but also the systems in which care is delivered.

A safer approach begins with strengthening primary healthcare and continuity of care. Standardized clinical protocols, accurate diagnosis, medication reconciliation, appropriate referral, and reliable follow-up mechanisms can reduce preventable errors. Health information systems should support effective communication and information sharing across different levels of care. Healthcare workers also need appropriate training, supportive working environments, and mechanisms for reporting and learning from safety incidents.

Importantly, people living with NCDs should be active partners in their own care. Clear communication, health literacy, shared decision-making, and patient education can help individuals understand their diagnosis, medications, warning signs, and follow-up requirements. WHO emphasizes meaningful engagement of people living with NCDs and communities in identifying safety risks and developing solutions.

Patient safety should also be integrated into national NCD policies and programs. Surveillance of adverse events, monitoring of medication safety, strengthening diagnostic quality, infection prevention and control, and

regular assessment of healthcare processes can help health systems identify gaps and implement corrective measures. A culture of learning rather than blame is essential to encourage healthcare workers to report incidents and near misses and to use these experiences to improve systems.

In conclusion, safe care must remain a priority throughout the entire NCD care journey. As the burden of chronic diseases continues to grow, health systems must ensure that patients are protected from avoidable harm at every point of contact. Strengthening primary healthcare, improving coordination, engaging patients, and building learning-oriented safety systems can help transform the principle of “*first, do no harm*” into everyday practice. On World Patient Safety Day 2026, the message is clear: safe care is not a single intervention; it is a commitment that must continue throughout life.

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Strengthening One Health and Pandemic Preparedness: National Steering Committee Reviews Pandemic Fund Progress



The National Steering Committee Meeting for the Pandemic Fund was convened at the Ministry of National Health Services, Regulations & Coordination (MoNHSRC) to review progress under Pakistan’s Pandemic Fund initiatives and strengthen coordination for national health security.

The meeting brought together key stakeholders, including representatives of the One Health Secretariat, Provincial One Health Units, and Implementing Entities (IEs), providing an important platform to assess implementation progress, discuss emerging challenges, and identify opportunities for more effective coordination across sectors and levels of government.

Discussions focused on strengthening the implementation of activities to improve pandemic preparedness, surveillance, laboratory capacity, workforce development, and One Health coordination. The forum also highlighted

the need to address implementation bottlenecks, ensure timely delivery of planned activities, and strengthen linkages between national and provincial structures.

A key message emerging from the meeting was the need for stronger collaboration across human health, animal health, and environmental sectors. Effective pandemic preparedness requires more than responding to outbreaks once they occur; it requires integrated surveillance, timely information sharing, coordinated risk assessment, and the capacity to detect and respond to health threats at an early stage.

The meeting reaffirmed the Government of Pakistan's commitment to advancing the One Health approach and building resilient health systems capable of preparing for, detecting, and responding to emerging and re-emerging health threats. Strengthening coordination between the One Health Secretariat, Provincial One Health Units, and IEs will remain critical to translating national priorities into effective action at the provincial and local levels.



As Pakistan continues to strengthen its preparedness for future health emergencies, the commitment demonstrated through the National Steering Committee reflects a shared vision: a coordinated, multisectoral, and resilient health system where threats can be detected

early, risks are assessed jointly, and responses are mobilized rapidly.

Knowledge Hub

Viral Hepatitis B, C & D: What You Need to Know

Viral hepatitis is an inflammation of the liver caused by hepatitis viruses. Hepatitis B (HBV), hepatitis C (HCV), and hepatitis D (HDV) can cause acute and chronic liver disease. Chronic infection may lead to cirrhosis, liver failure, and liver cancer. Hepatitis D occurs only in people who are infected with hepatitis B.

What is Hepatitis B, C & D?

Hepatitis B is a DNA virus that can cause acute or chronic liver infection. Hepatitis C is an RNA virus that frequently becomes chronic if untreated. Hepatitis D is a virus that can infect only people who have hepatitis B and may cause more severe liver disease.

How It Spreads

Hepatitis B and D are transmitted through infected blood and body fluids, including through childbirth, sexual contact, unsafe injections, contaminated medical equipment, and sharing needles or personal items contaminated with blood.

Hepatitis C is primarily transmitted through infected blood, particularly through unsafe injections, contaminated needles or medical equipment, unscreened blood, and unsafe tattooing or piercing.

Hepatitis B, C, and D do not spread through casual contact, such as hugging, shaking hands, sharing food, coughing, or sneezing.

Signs & Symptoms

Many people with hepatitis B, C, or D have no symptoms, especially during the early stages. When symptoms occur, they may include fatigue and weakness, loss of appetite, nausea or vomiting, abdominal discomfort, fever, dark urine, pale stools, and Jaundice (yellowing of the skin and eyes)

Untreated chronic infection can progressively damage the liver and may lead to cirrhosis and liver cancer.

Prevention

A safe and effective hepatitis B vaccine is available and provides protection against hepatitis B. Preventing hepatitis B also prevents hepatitis D. There is currently no vaccine for hepatitis C.

Use sterile, single-use needles and equipment. Ensure appropriate infection prevention and control practices during medical, dental, tattooing, and piercing procedures.

All donated blood and blood products should be appropriately screened for hepatitis B and C before transfusion.

Do not share needles, syringes, razors, toothbrushes, or other items that may be contaminated with blood.

Use appropriate barrier protection and seek testing if there has been potential exposure to hepatitis B or C.

Diagnosis and Treatment

Testing is essential because hepatitis B and C can remain undiagnosed for years. Hepatitis B is diagnosed using blood tests such as HBsAg and other HBV markers. Hepatitis C is initially screened with an anti-HCV antibody test and confirmed with HCV RNA testing. Hepatitis D testing is performed in people with hepatitis B when HDV infection is suspected.

There is no specific cure for hepatitis B, but antiviral medicines can control chronic infection and reduce the risk of liver damage. Hepatitis C can be cured with direct-acting antiviral medicines. Hepatitis D requires specialist assessment and management.

More Information

For epidemiological updates, clinical guidelines, and prevention recommendations, visit:

- **World Health Organization (WHO) – Hepatitis:** [WHO Viral Hepatitis](#)
- **WHO – Hepatitis B:** [WHO Hepatitis B Fact Sheet](#)
- **WHO – Hepatitis C:** [WHO Hepatitis C Fact Sheet](#)
- **CDC – Viral Hepatitis:** [CDC Viral Hepatitis](#)

What are the symptoms of hepatitis C?



Abdominal pain



Body aches



Dark-colored pee (urine)



Fatigue



Fever



Gray- or clay-colored poop (stool)



Jaundice



Joint pain



Loss of appetite



Nausea and vomiting

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