PUBLIC HEALTH BULLETIN-PAKISTAN

Vol. 5 | Week 42
12th OCTOBER– 18th OCTOBER
26th October, 2026

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.



Overview

IDSR Reports

Ongoing Events

Field Reports

Public Health Bulletin - Pakistan, Week 42, 2026

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:

- **Strengthening Health Crisis Communication: Balochistan Hosts Capacity Building Workshop for RCCE Spokespersons**
- **Knowledge Hub - Understanding Malaria: 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.

Subscribe to the Weekly Bulletin today!

Stay informed. Stay prepared. Stay healthy.

Sincerely,

Overview

Note: All reported cases in this report are suspected cases

- *During Week 42, the most frequently reported cases were of Acute Diarrhea (Non-Cholera), followed by Malaria, ILI, ALRI <5 years, TB, B. Diarrhea, Animal/Dog Bite, VH (B, C & D), Typhoid, SARI, Dengue, and AVH (A & E).*
- *Twenty-five cases of AFP were reported from KP, sixteen cases from Sindh, and two from AJK.*
- *Eight suspected cases of HIV/ AIDS reported from Sindh and seven from KP.*
- *Two suspected cases of Brucellosis were reported from KP and two from Balochistan.*
- *Among VPDs, there is an increase in the number of cases of Pertussis, Meningitis, and Rubella this week.*
- *Among Respiratory diseases, there is an increase in the number of cases of ILI, ALRI < 5years, TB, and SARI 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 an increase 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 and a decrease in the 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 89%*
- *Sindh is the top reporting region with a compliance rate of 99%, followed by AJK 97%, GB 88%, Balochistan 83%,* ***and*** *KP 82%.*
- *The lowest compliance rate was observed in ICT at 47%.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	2,281	1,871	82
Azad Jammu Kashmir	480	467	97
Islamabad Capital Territory	66	31	47
Balochistan	1,317	1087	83
Gilgit Baltistan	405	357	88
Sindh	2,067	2,054	99
National	6,616	5,867	89

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

Measles

- **Strengthen Surveillance and Case Detection:** Enhance measles surveillance through IDSR by ensuring timely notification of suspected cases, prompt outbreak alerts, and active case finding, particularly in high-risk and underserved areas.
- **Improve Laboratory Confirmation:** Strengthen laboratory capacity for measles IgM testing and PCR, ensuring timely specimen collection, transportation, and reporting of results.
- **Strengthen Routine Immunization:** Improve coverage of measles-containing vaccines (MCV1 and MCV2) through routine immunization, outreach services, and catch-up vaccination in areas with immunity gaps.
- **Implement Outbreak Control Measures:** Ensure rapid investigation of suspected outbreaks, appropriate isolation of cases, identification of susceptible contacts, and targeted vaccination activities in affected communities.
- **Raise Community Awareness:** Conduct public health awareness campaigns on measles symptoms, transmission, complications, and the importance of complete vaccination and early healthcare-seeking.

Mumps

- **Strengthen Surveillance and Case Detection:** Enhance mumps surveillance through IDSR by training healthcare providers on case recognition, timely notification, and early detection of clusters, particularly in schools and crowded institutions.
- **Improve Laboratory Confirmation:** Facilitate laboratory confirmation through RT-PCR or serological testing, particularly during outbreaks and in atypical cases.
- **Promote Immunization:** Strengthen awareness regarding mumps prevention through vaccination and advocate for MMR vaccination in accordance with national immunization policy.
- **Implement Outbreak Control Measures:** Ensure appropriate isolation of suspected cases, identification of close contacts, and implementation of infection prevention measures in schools and healthcare facilities.
- **Raise Community Awareness:** Educate communities on mumps symptoms, including parotid gland swelling, possible complications, transmission routes, and the importance of timely medical consultation.

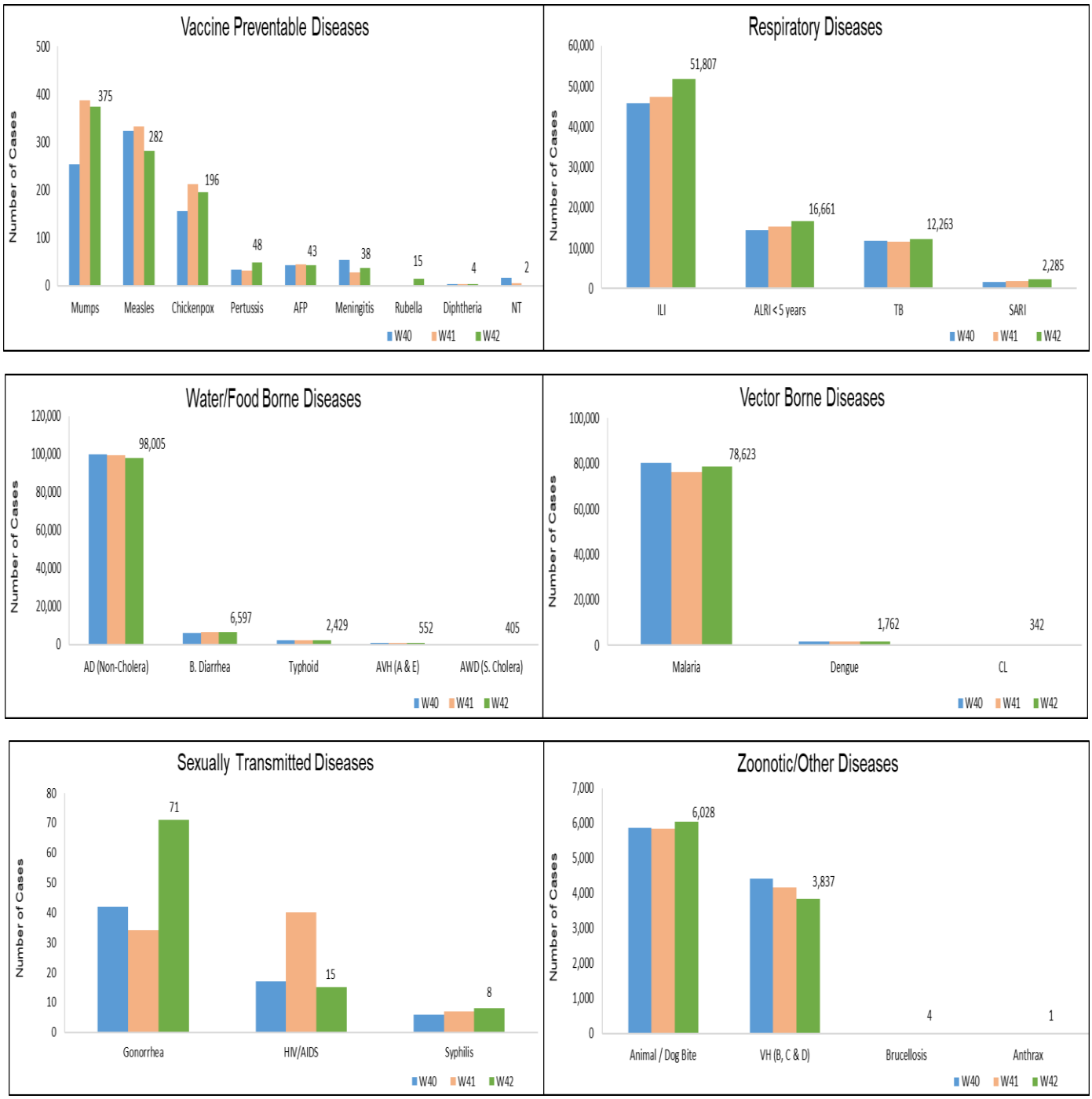
NIH
UK Health Security Agency
World Health Organization
CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Table 1: Province/Area wise distribution of most frequently reported suspected cases during Week 42, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,176	9,169	799	500	36,240	NR	50,121	98,005
Malaria	6	3,616	2	5	6,463	NR	68,531	78,623
ILI	1,955	10,689	352	2,093	4,331	NR	32,387	51,807
ALRI < 5 years	1,138	2,766	724	8	750	NR	11,275	16,661
TB	32	48	88	9	277	NR	11,809	12,263
B. Diarrhea	34	1,851	48	3	1,145	NR	3,516	6,597
Animal / Dog Bite	94	143	2	0	1,264	NR	4,525	6,028
VH (B, C & D)	23	73	53	0	139	NR	3,549	3,837
Typhoid	17	507	78	0	566	NR	1,261	2,429
SARI	72	1,253	109	0	433	NR	418	2,285
Dengue	22	4	0	0	1,523	NR	213	1,762
AVH (A & E)	15	3	0	0	205	NR	329	552
AWD (S. Cholera)	8	374	11	0	7	NR	5	405
Mumps	23	88	39	2	157	NR	66	375
CL	0	35	0	0	306	NR	1	342
Measles	0	16	8	0	224	NR	34	282
Chickenpox/ Varicella	6	7	2	0	174	NR	7	196
Gonorrhea	0	42	0	0	1	NR	28	71
Pertussis	0	17	12	0	18	NR	1	48
AFP	2	0	0	0	25	NR	16	43
Meningitis	0	0	5	0	11	NR	22	38
HIV/AIDS	0	0	0	0	7	NR	8	15
Rubella (CRS)	0	15	0	0	0	NR	0	15
Syphilis	0	2	0	0	0	NR	6	8
Brucellosis	0	2	0	0	2	NR	0	4
Diphtheria (Probable)	0	0	0	0	4	NR	0	4
NT	0	0	0	0	2	NR	0	2
Anthrax	0	0	1	0	0	NR	0	1

UK Health Security Agency
World Health Organization
CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Figure 1: Most frequently reported suspected cases during Week 42, Pakistan.



Sindh

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

Table 2: District wise distribution of most frequently reported suspected cases during Week 42, Sindh.

Districts	Malaria	AD (Non-Cholera)	ILI	TB	ALRI < 5 years	Animal / Dog Bite	VH (B, C & D)	B. Diarrhea	Typhoid	SARI
Badin	3,873	5,051	3,963	898	757	173	321	488	82	15
Dadu	3,591	3,187	899	715	2,372	271	288	530	273	185
Ghotki	4,320	1,434	177	591	711	355	381	126	4	4
Hyderabad	882	2,199	1,501	333	167	106	75	69	7	0
Jacobabad	2,623	758	762	312	541	211	184	109	53	22
Jamshoro	2,742	2,045	32	579	413	143	94	128	54	0
Kamber	4,595	1,840	3	848	334	238	42	118	13	0
Karachi Central	211	1,477	3,024	90	202	123	77	19	227	9
Karachi East	38	260	18	24	22	24	9	2	4	0
Karachi Keamari	14	574	565	21	11	13	0	6	0	0
Karachi Korangi	45	428	20	21	6	10	1	25	2	0
Karachi Malir	238	1,243	3,674	135	215	75	10	46	32	0
Karachi South	12	83	23	1	0	0	0	0	3	0
Karachi West	325	1,064	2,017	133	225	87	19	35	19	6
Kashmore	1,888	315	445	109	116	125	8	42	0	0
Khairpur	4,319	3,086	2,142	835	951	282	285	251	181	153
Larkana	5,626	2,315	217	901	444	117	58	298	1	0
Matiari	2,911	1,405	9	653	221	162	104	64	1	0
Mirpurkhas	2,816	2,550	2,211	646	363	154	57	181	8	0
Naushero Feroze	1,944	1,477	2,309	286	495	349	61	137	139	3
Sanghar	4,877	1,884	68	970	349	254	502	45	32	3
Shaheed Benazirabad	2,635	1,737	4	308	269	212	99	64	77	0
Shikarpur	3,013	1,443	8	194	160	319	100	205	0	6
Sujawal	1,205	2,631	0	130	150	78	64	29	5	0
Sukkur	2,928	1,628	2,794	449	233	141	143	127	1	0
Tando Allahyar	2,266	1,496	1,233	381	135	131	263	60	1	0
Tando Muhammad Khan	1,152	1,005	0	537	148	66	45	60	0	0
Tharparkar	1,783	2,043	609	308	689	5	19	110	8	0
Thatta	1,820	1,633	3,078	86	177	127	155	54	8	12
Umerkot	3,839	1,830	582	315	399	174	85	88	26	0
Total	68,531	50,121	32,387	11,809	11,275	4,525	3,549	3,516	1,261	418

Figure 2: Most frequently reported suspected cases during Week 42, Sindh.

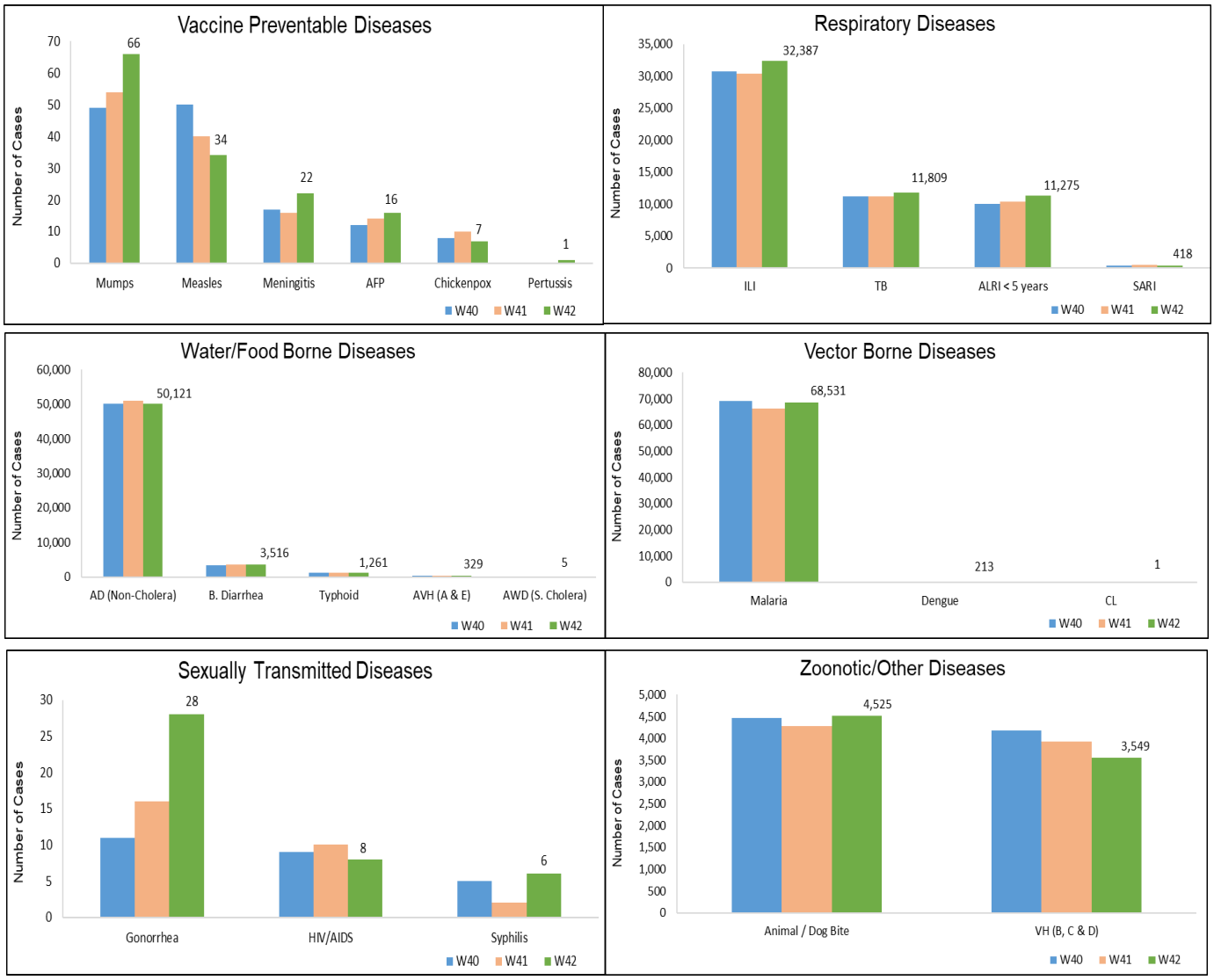
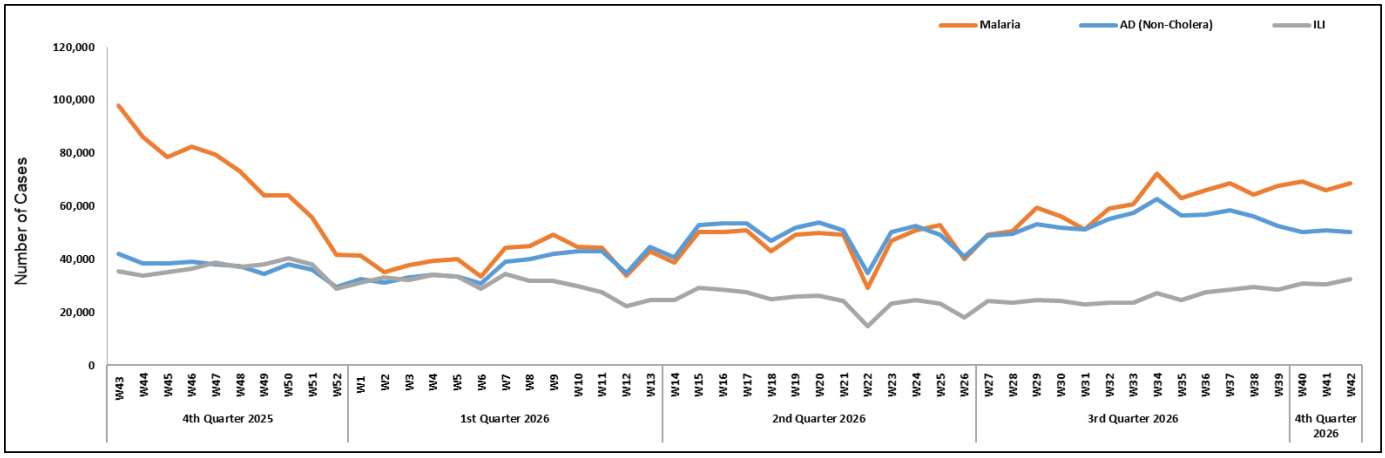


Figure 3: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Sind



Balochistan

- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, B. Diarrhea, SARI, Typhoid, AWD (S. Cholera), Animal / Dog Bite, and Mump cases were the most frequently reported diseases from Balochistan province.
- ILI cases are mostly reported from Quetta, Gwadar, and Kech (Turbat) while AD (Non-Cholera) cases are mostly reported from Quetta, Usta Muhammad and Gwadar.

Table 3: District wise distribution of most frequently reported suspected cases* during *Week 42, Balochistan.

Districts	ILI	AD (Non-Cholera)	Malaria	ALRI < 5 years	B. Diarrhea	SARI	Typhoid	AWD (S. Cholera)	Animal / Dog Bite	Mumps
Awaran	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Barkhan	52	70	186	0	22	2	34	2	15	0
Bashore	332	178	2	34	28	37	8	7	0	0
Chagai	290	166	32	0	34	0	5	0	0	0
Chaman	324	152	6	37	63	73	24	6	0	0
Dera Bugti	26	124	218	10	15	320	4	28	1	NR
DBS	55	104	86	101	2	0	21	0	0	0
Duki	51	15	13	0	0	0	0	2	0	0
Gwadar	1,115	632	27	4	22	2	9	0	8	0
Harnai	5	250	70	283	92	0	0	0	7	0
Hub	148	220	148	13	11	0	0	0	0	0
Jaffarabad	37	119	100	0	14	0	0	0	0	0
Jhal Magsi	104	230	161	26	1	26	1	0	0	0
Kachhi (Bolan)	126	139	53	6	11	116	NR	19	17	NR
Kalat	0	0	0	0	0	0	0	0	0	0
Kech (Turbat)	940	375	441	39	54	1	3	NR	NR	7
Kharan	683	242	30	2	101	69	8	0	0	0
Khuzdar	323	338	172	2	222	12	70	0	0	0
Killa Abdullah	182	191	0	7	25	42	3	14	7	1
Killa Saifullah	0	134	109	128	44	20	15	0	2	0
Kohlu	341	205	62	NR	2	NR	52	NR	NR	NR
Lasbella	128	426	275	270	27	0	10	0	9	6
Loralai	568	429	39	58	52	67	28	0	3	0
Mastung	436	290	72	56	24	50	15	0	5	0
MusaKhel	58	62	254	24	13	2	40	6	0	0
Naseerabad	3	220	176	25	9	0	43	100	24	0
Nushki	0	203	3	9	110	0	0	47	0	0
Panjgur	162	241	187	127	92	31	2	33	0	22
Pishin	649	323	29	128	148	97	12	21	9	8
Quetta	1,765	941	5	327	105	113	12	38	0	7
Sherani	39	37	7	8	11	26	5	0	0	6
Sibi	124	125	29	17	10	3	5	6	0	6
Sohbat pur	62	296	65	235	61	9	13	0	12	2
Surab	117	36	0	0	0	0	0	0	0	0
Tump	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Usta Muhammad	241	699	43	283	78	0	3	0	8	0
Washuk	594	426	276	11	201	52	35	4	0	20
Zhob	158	293	182	415	44	75	9	3	0	2
Ziarat	451	238	58	81	103	8	18	38	16	1
Total	10,689	9,169	3,616	2,766	1,851	1,253	507	374	143	88

Figure 4: Most frequently reported suspected cases during Week 42, Balochistan.

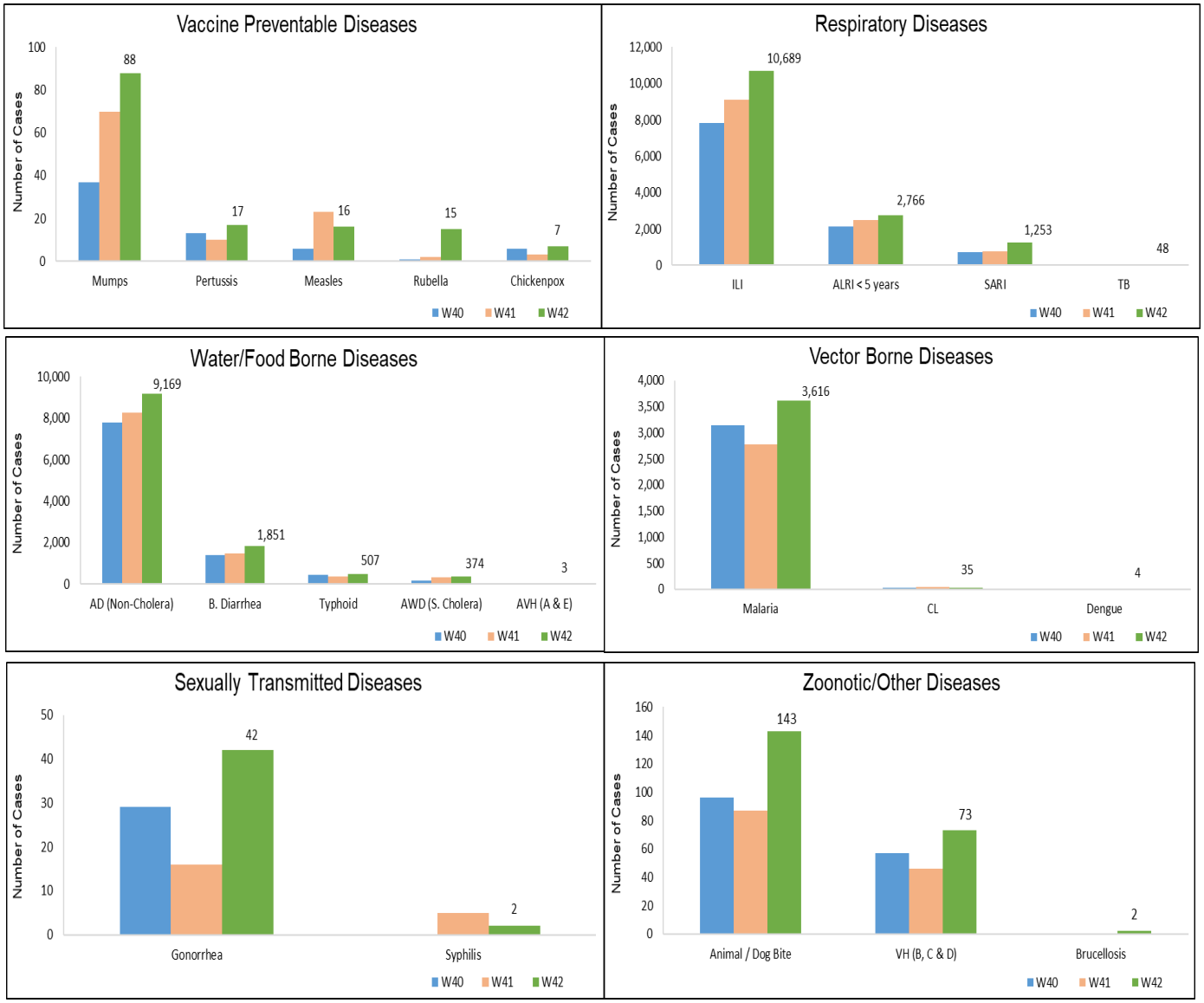
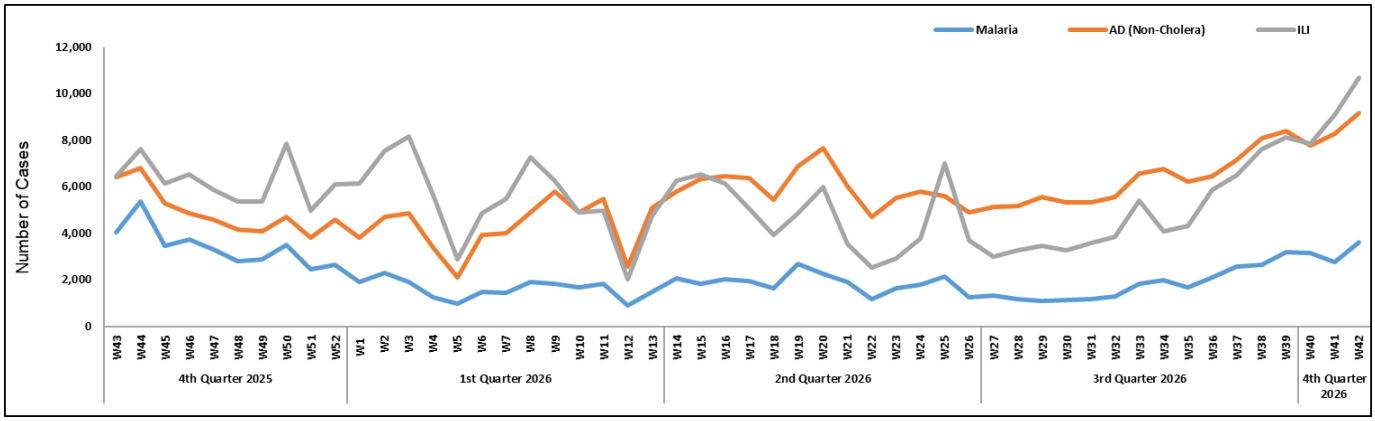


Figure 5: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, Balochistan.



Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by Malaria, ILI, Dengue, Animal / Dog Bite, B. Diarrhea, ALRI<5 Years, Typhoid SARI and CL.
- AFP, Pertussis, Meningitis, ILI, ALRI <5years, and Dengue cases showed an increase in number while Measles, Mumps, Chickenpox, NT, TB, AD (Non-Cholera), Malaria, HIV/ AIDS and Dog Bite showed a decline in number this week.
- Twenty-five cases of AFP were reported from KP. All are suspected cases and need field verification.
- Seven cases of HIV/AIDs reported from KP. Field investigation is required.
- Two 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 42, KP.

Districts	AD (Non-Cholera)	Malaria	ILI	Dengue	Animal / Dog Bite	B. Diarrhea	ALRI < 5 years	Typhoid	SARI	CL
Abbottabad	1,091	8	284	10	34	4	18	16	9	1
Bajaur	710	231	2	2	157	27	19	0	6	26
Bannu	962	928	0	261	1	8	9	63	0	6
Battagram	441	37	513	0	21	0	0	0	0	0
Buner	511	87	0	0	39	3	0	0	65	0
Charsadda	2,035	252	313	529	8	51	141	73	0	0
Chitral Lower	543	26	14	9	9	20	6	3	8	1
Chitral Upper	110	2	5	0	3	7	5	8	6	0
D.I. Khan	2,175	541	0	5	60	53	10	8	0	2
Dir Lower	1,445	50	0	0	57	55	6	1	0	0
Dir Upper	1,808	20	50	0	36	17	29	11	0	0
Hangu	465	99	4	0	10	10	0	55	0	10
Haripur	1,645	7	692	12	50	0	76	3	0	0
Karak	854	470	3	0	51	88	71	33	0	119
Khyber	459	470	29	31	46	91	11	43	31	67
Kohat	774	365	0	481	37	66	2	10	0	15
Kohistan Lower	217	5	0	0	6	3	0	5	0	0
Kohistan Upper	411	16	0	0	0	7	7	0	0	0
Kolai Palas	86	1	0	0	0	0	12	0	8	0
L & C Kurram	43	12	0	0	0	0	0	0	23	0
Lakki Marwat	817	355	0	65	90	12	30	35	0	0
Malakand	1,315	137	7	0	16	164	0	0	15	0
Mansehra	1,145	36	577	6	10	10	14	0	0	0
Mardan	1,712	369	48	5	24	47	47	32	0	0
Mohmand	64	135	102	5	16	8	0	2	107	22
North Waziristan	87	105	0	2	0	1	9	11	0	1
Nowshera	1,910	649	27	25	10	14	9	24	17	19
Orakzai	70	5	8	0	0	0	0	0	0	0
Peshawar	5,429	67	231	68	26	166	10	31	0	0
Shangla	1,248	264	0	0	135	0	10	9	0	0
South Waziristan (Lower)	187	110	93	1	6	87	10	6	78	13
SWU	26	1	3	0	0	0	0	0	0	0
Swabi	1,945	267	1,070	2	76	12	32	8	45	0
Swat	2,673	54	131	3	204	73	126	70	0	0
Tank	534	202	16	0	10	7	9	1	0	0
Tor Ghar	119	73	0	0	7	22	3	0	0	4
Upper Kurram	174	7	109	1	9	12	19	5	15	0
Total	36,240	6,463	4,331	1,523	1,264	1,145	750	566	433	306

UK Health Security Agency
World Health Organization
CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Figure 6: Most frequently reported suspected cases during Week 42, KP.

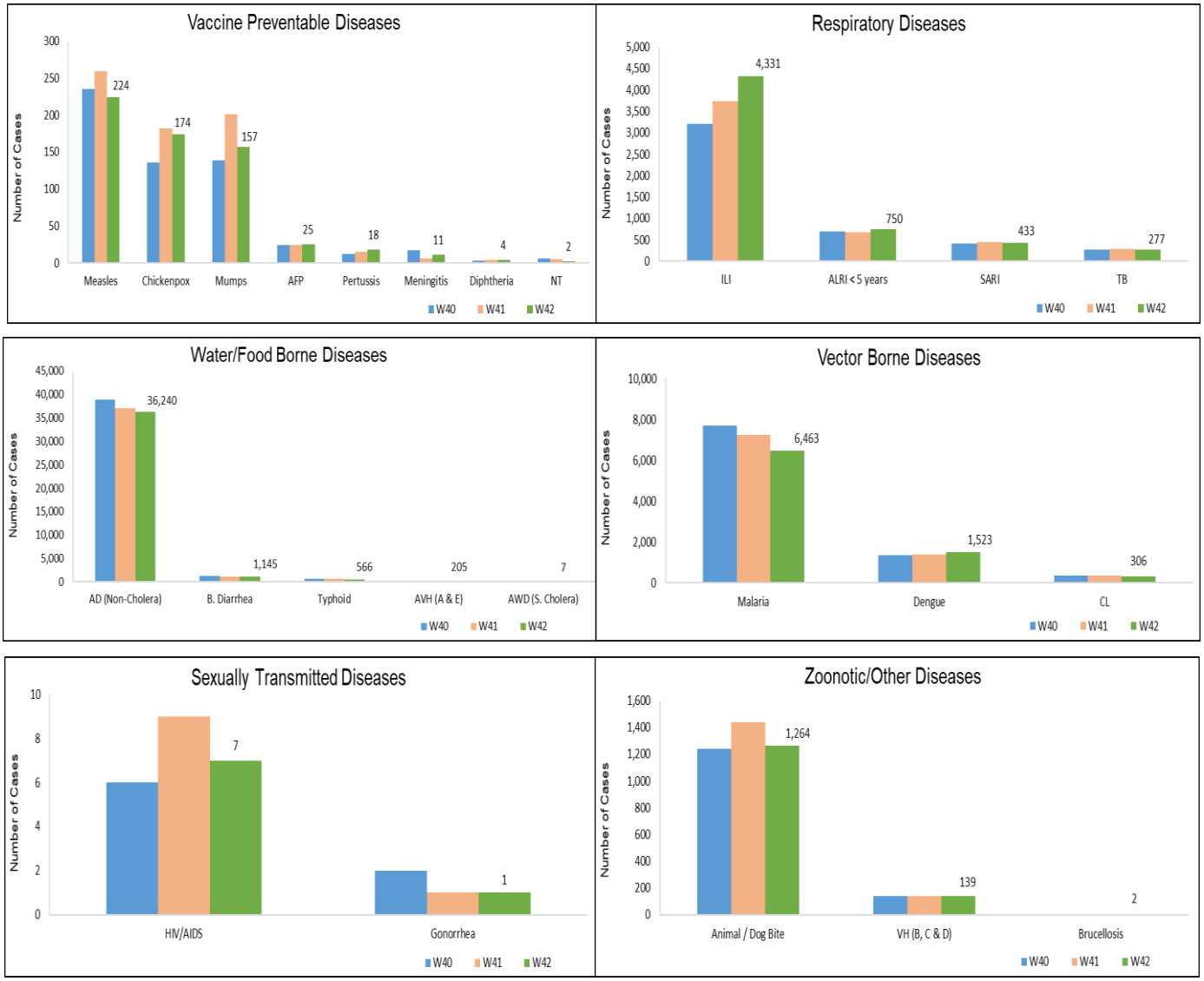
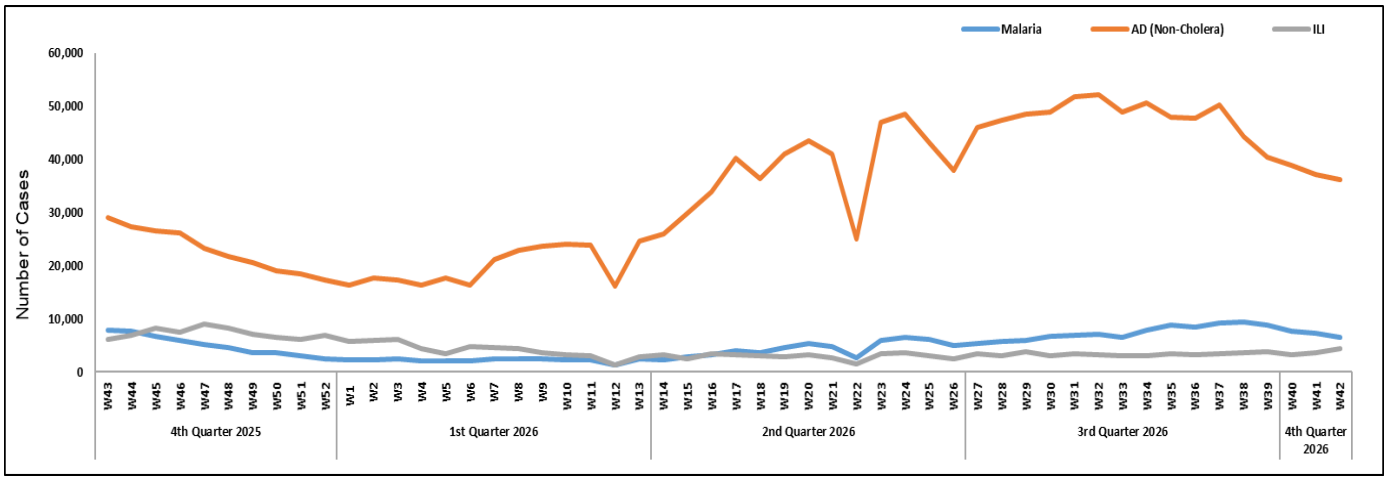


Figure 7: Week wise reported suspected cases of Malaria, AD (Non-Cholera) & ILI, KP.

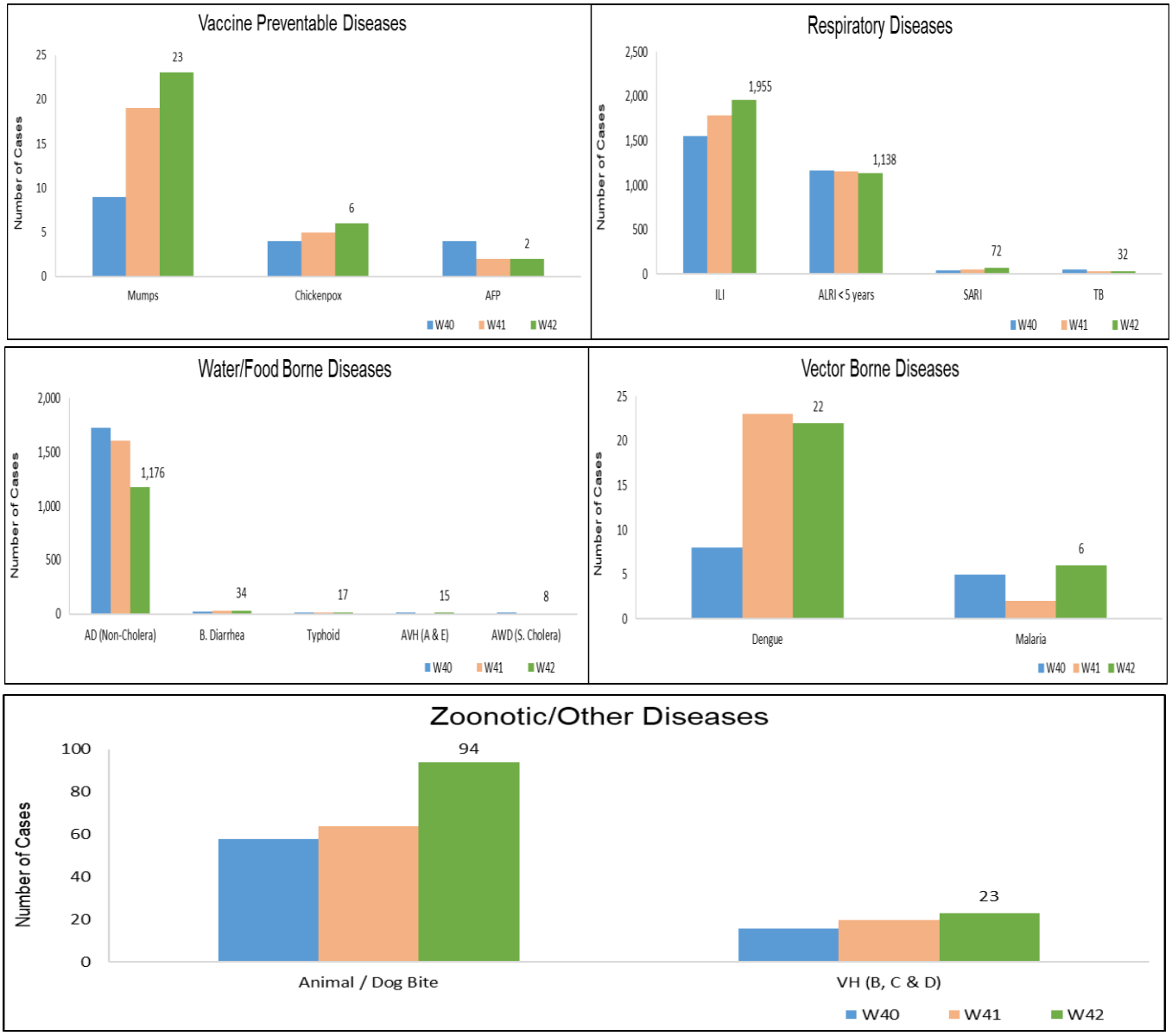


ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera). ILI cases showed an increase in number this week.

AJK: The most frequently reported cases from AJK were ILI followed by AD (Non-Cholera) and ALRI < 5 years. Mumps, Chicken pox, ILI, SARI, AVH (A & E), Malaria, Dogbite and VH (B, C &D).

GB: AD (non-cholera) cases were maximum, followed by ALRI <5 Years. An increase in cases is observed for AWD 9S. Cholera), ALRI <5 years, pertussis, and VH (B, C & D). In contrast, cases of AD (Non-Cholera), Typhoid, B. Diarrhea, ILI, and Mumps declined this week.

Figure 8: Most frequently reported suspected cases during Week 42, AJK.



UK Health Security Agency
World Health Organization
CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

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

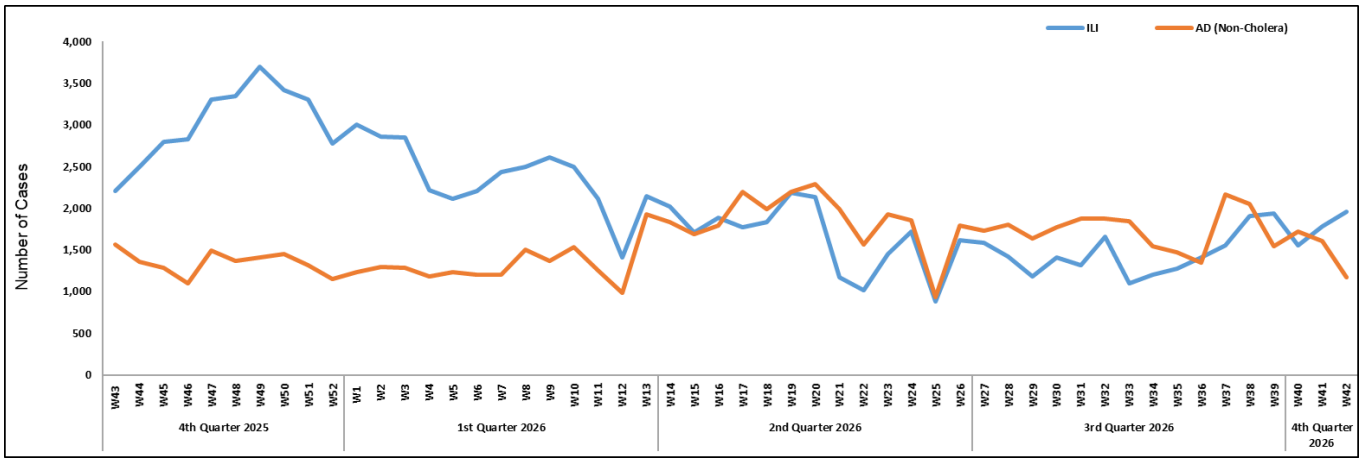


***Figure 10: Most frequently reported suspected cases during Week 42, ICT*.**

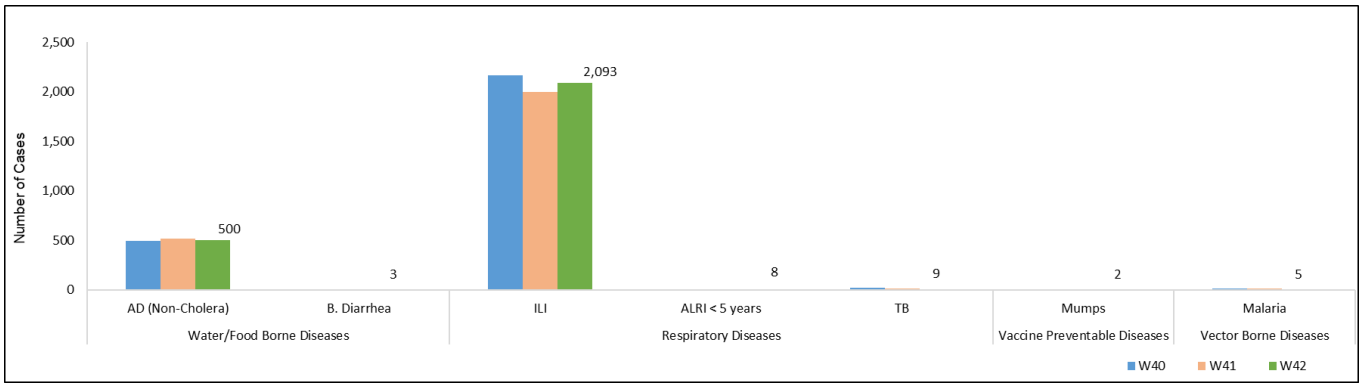


***Figure 11: Week wise reported suspected cases of ILI, ICT*.**

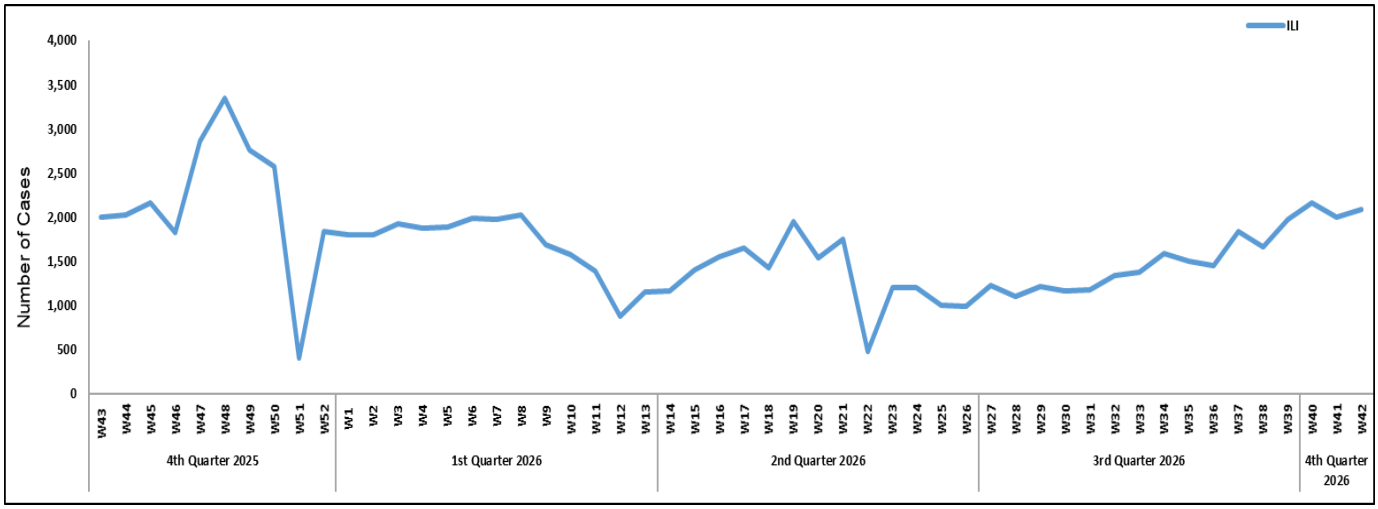


Figure 12: Most frequently reported suspected cases during Week 42, GB.

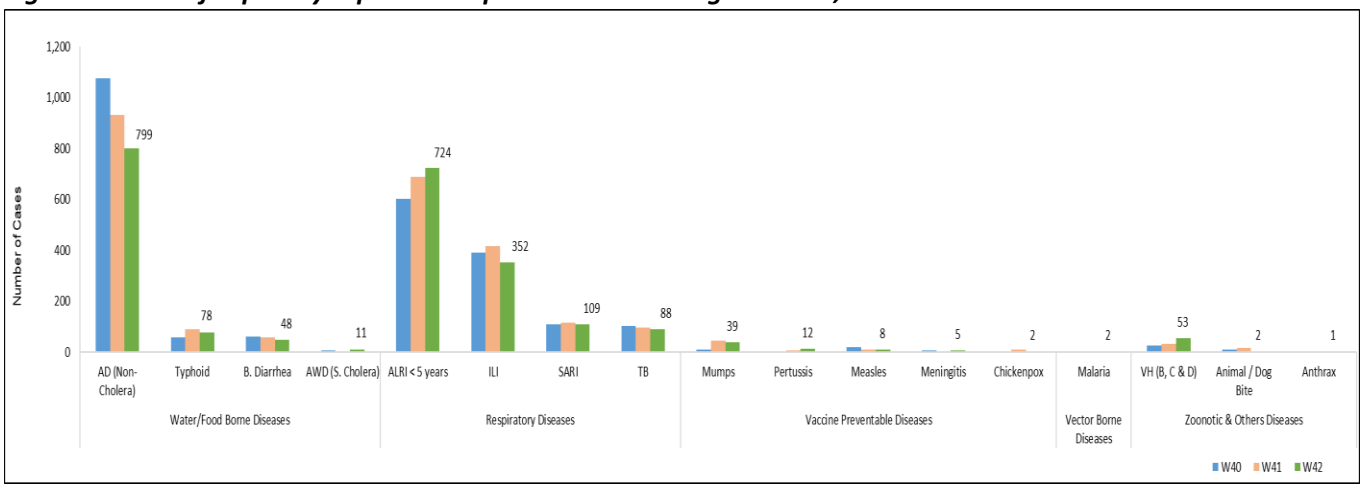


Figure 13: Week wise reported suspected cases of AD (Non-Cholera), GB.

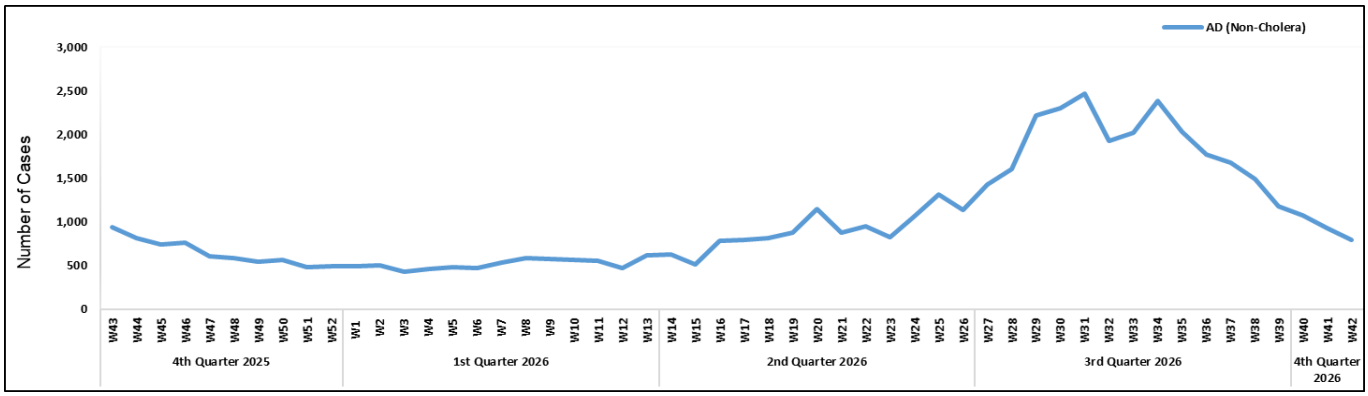


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epi Week 42, Pakistan.

Diseases		Sindh		Balochistan		KPK		ISL		GB		Punjab		AJK	
		Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos	Total Test	Total Pos
AWD (S. Cholera)		36	0	-	-	-	-	-	-	-	-	-	-	-	-
Stool culture & Sensitivity		213	0	-	-	-	-	-	-	-	-	-	-	-	-
Malaria		9,535	459	2,012	99	-	-	-	-	194	0	-	-	42	0
CCHF		20	0	4	1	-	-	-	-	-	-	-	-	-	-
Dengue		2,925	202	17	0	-	-	-	-	8	0	-	-	97	8
VH (B)		13,278	267	798	95	-	-	-	-	1,705	21	-	-	403	0
VH (C)		13,955	988	762	50	-	-	-	-	1,463	3	-	-	403	4
VH (D)		129	46	21	3	-	-	-	-	-	-	-	-	-	-
VH (A)		316	62	-	-	-	-	-	-	-	-	-	-	-	-
VH (E)		109	15	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19		3	0	4	1	-	-	-	-	-	-	-	-	5	0
TB		826	71	127	11	-	-	-	-	26	0	-	-	44	3
HIV/ AIDS		6,205	18	510	0	-	-	-	-	197	0	-	-	400	0
Syphilis		1,496	25	127	0	-	-	-	-	171	0	-	-	-	-
Typhoid		543	25	112	13	-	-	-	-	122	8	-	-	67	2
Diphtheria		6	2	-	-	-	-	-	-	-	-	-	-	-	-
ILI		13	3	4	2	-	-	-	-	-	-	-	-	-	-
Pneumonia (ALRI)		176	16	4	1	-	-	-	-	-	-	-	-	-	-
Meningitis		17	0	-	-	-	-	-	-	-	-	-	-	-	-
Measles		81	27	10	4	177	94	9	4	3	0	205	22	2	0
Rubella (CRS)		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leishmaniosis (cutaneous)		1	0	17	2	-	-	-	-	6	2	-	-	-	-
Brucellosis		-	-	-	-	-	-	-	-	-	-	-	-	7	0
Mpox		17	5	-	-	-	-	-	-	-	-	-	-	-	-
SARI		27	10	-	-	-	-	-	-	-	-	-	-	-	-
Covid-19	ILI	1	0	0	0	5	0	5	0	8	0	23	0	2	0
	SARI	4	0	0	0	7	0	15	0	2	0	44	0	3	0
Influenza A	ILI	1	0	0	0	5	0	5	1	8	0	23	4	2	0
	SARI	4	0	0	0	7	0	15	0	2	0	44	9	3	0
Influenza B	ILI	1	0	0	0	5	0	5	0	8	0	23	0	2	0
	SARI	4	0	0	0	7	1	15	1	2	0	44	1	3	0
RSV	ILI	1	0	0	0	5	0	5	0	8	0	23	0	2	0
	SARI	4	0	0	0	7	0	15	0	2	0	44	0	3	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.

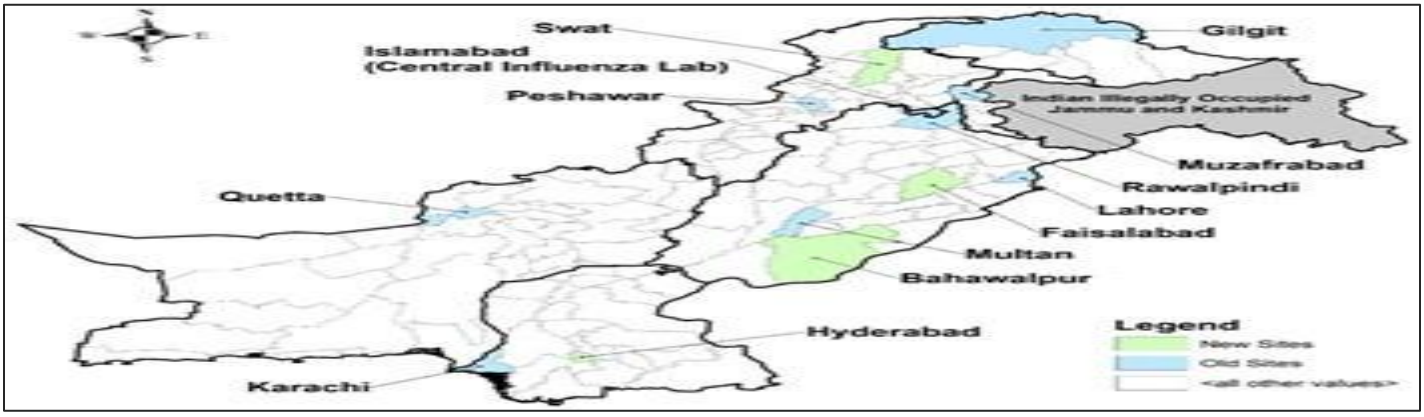


Figure 15: Distribution of suspected samples of ILI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 42, Pakistan.

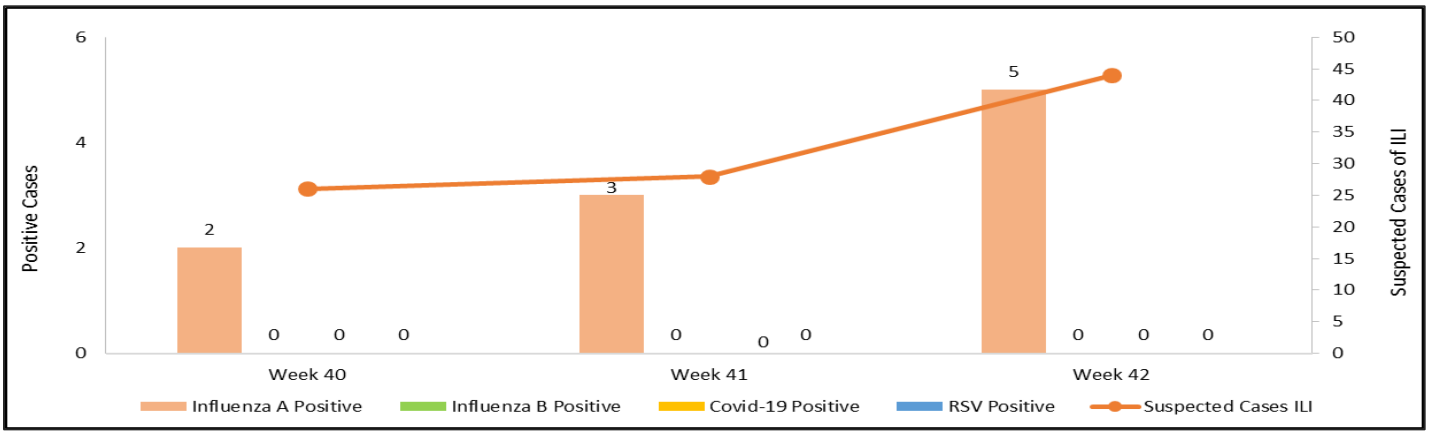
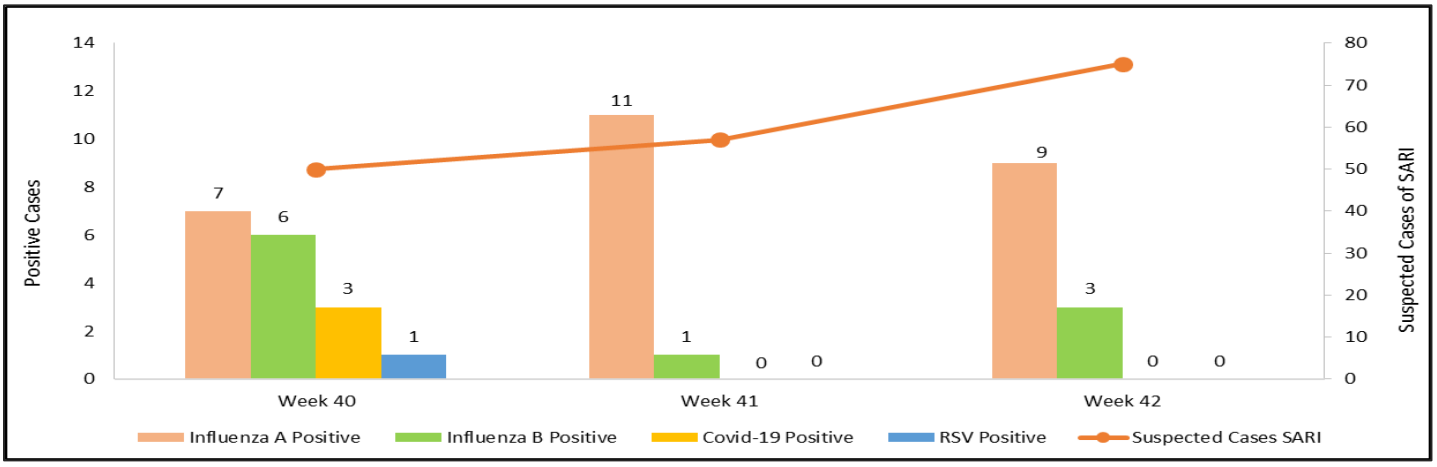


Figure 16: Distribution of suspected samples of SARI and positive cases of Influenza A, Influenza B, COVID-19 and RSV, Week 42, Pakistan.



IDSR Reports Compliance

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

Table 6: Compliance of IDSR reporting districts Week 42, Pakistan.

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	111	104	94%
	Bannu	228	130	57%
	Battagram	59	42	71%
	Buner	34	33	97%
	Bajaur	43	42	98%
	Charsadda	61	61	100%
	Chitral Upper	31	30	97%
	Chitral Lower	37	36	97%
	D.I. Khan	115	115	100%
	Dir Lower	63	53	84%
	Dir Upper	56	47	84%
	Hangu	22	21	95%
	Haripur	72	72	100%
	Karak	36	36	100%
	Khyber	53	37	70%
	Kohat	61	60	98%
	Kohistan Lower	13	13	100%
	Kohistan Upper	22	16	73%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	68	97%
	Lower & Central Kurram	34	11	32%
	Upper Kurram	38	37	97%
	Malakand	42	41	98%
	Mansehra	133	131	98%
	Mardan	81	75	93%
	Nowshera	57	57	100%
	North Waziristan	12	9	75%
	Peshawar	157	130	83%
	Shangla	37	37	100%
	Swabi	65	60	92%
	Swat	75	75	100%
	South Waziristan (Upper)	93	87	94%
	South Waziristan (Lower)	29	27	93%
	Tank	34	33	97%
	Torghar	13	13	100%
	Mohmand	68	17	25%
	Orakzai	69	5	7%
Azad Jammu Kashmir	Mirpur	41	41	100%
	Bhimber	85	85	100%
	Kotli	60	60	100%
	Muzaffarabad	49	48	98%
	Poonch	46	46	100%
	Haveli	39	39	100%
	Bagh	54	54	100%

UK Health Security Agency
World Health Organization
CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

	Neelum	39	38	97%
	Jhelum Velley	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	24	24	100%
	CDA	12	6	50%
Balochistan	Gwadar	26	26	100%
	Kech	45	25	56%
	Khuzdar	74	58	78%
	Killa Abdullah	26	22	85%
	Lasbella	55	55	100%
	Pishin	65	35	54%
	Quetta	56	49	88%
	Sibi	36	20	56%
	Zhob	39	38	97%
	Jaffarabad	16	16	100%
	Naseerabad	32	31	97%
	Kharan	30	30	100%
	Sherani	15	4	27%
	Kohlu	75	74	99%
	Chagai	36	18	50%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	18	51%
	Jhal Magsi	28	28	100%
	Sohbat pur	35	35	100%
	Surab	32	18	56%
	Mastung	46	46	100%
	Loralai	33	31	94%
	Killa Saifullah	28	15	54%
	Ziarat	29	25	86%
	Duki	31	9	29%
	Nushki	29	29	100%
	Dera Bugti	32	29	91%
	Dera Bugti South	21	21	100%
	Washuk	46	38	83%
	Panjgur	38	23	61%
	Awaran	23	0	0%
	Chaman	27	26	96%
	Barkhan	20	19	95%
	Hub	33	31	94%
	Musakhel	41	37	90%
	Bashore	17	17	100%
	Tump	9	0	0%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	32	100%
	Nagar	20	20	100%
	Ghizer	38	16	42%
	Gilgit	44	43	98%
	Diamer	62	61	98%

UK Health Security Agency
World Health Organization
CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

	Astore	55	55	100%
	Shigar	23	23	100%
	Skardu	54	54	100%
	Ganche	29	29	100%
	Kharmang	25	24	96%
Sindh	Hyderabad	72	72	100%
	Ghotki	64	64	100%
	Umerkot	65	65	100%
	Naushahro Feroze	102	97	95%
	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	26	74%
	Karachi-Kemari	22	20	91%
	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	88	98%
	Sanghar	100	99	99%
	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	31	76%
	Shaheed Benazirabad	122	122	100%

Table 7: Compliance of IDSR reporting Tertiary care hospitals Week 42, 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 Editor

Persistent Measles Transmission in South Asia: A Regional Warning for Strengthening Immunization and Surveillance

Dear Editor,

Measles continues to pose a considerable public health challenge across South Asia, where persistent transmission reflects immunity gaps, missed routine immunization opportunities, and weaknesses in early outbreak detection and response. The ongoing outbreak in Bangladesh highlights the consequences of accumulated population susceptibility and underscores the need for sustained regional attention to this highly contagious, vaccine-preventable disease.

According to the Directorate General of Health Services (DGHS), Bangladesh reported 230,013 suspected measles cases, including 23,935 laboratory-confirmed cases and 1,254 deaths between 15 March and 1 November 2026. The scale of this outbreak, particularly its substantial pediatric burden, raises serious concerns regarding routine immunization coverage, timely case detection, and the capacity of health systems to contain outbreaks. Despite supplementary immunization activities reportedly exceeding their administrative targets, continued transmission highlights the limitations of relying solely on campaign coverage figures without ensuring equitable and sustained population immunity.

The situation warrants particular attention in Pakistan, where measles continues to circulate. National surveillance recorded 14,249 laboratory-confirmed measles cases as of October 2026, indicating a substantial ongoing disease burden. Although the epidemiological circumstances differ between the two countries, the concurrent transmission underscores the vulnerability of the region to outbreaks of vaccine-preventable diseases.

Measles transmission is closely associated with immunity gaps among unvaccinated and incompletely vaccinated children. Missed routine immunization opportunities, population mobility, inequitable access to vaccination, and gaps in disease surveillance can collectively sustain transmission. Furthermore, administrative vaccination coverage may not accurately reflect immunity at the district or community level, particularly where population denominators are unreliable or inaccessible populations remain unaccounted for.

The present situation calls for a more integrated approach to measles prevention and control. First, routine immunization services must be strengthened, with particular emphasis on identifying and reaching zero-dose and under-immunized children. Second, supplementary immunization activities should be guided by district-level immunity gaps and independent coverage verification rather than administrative targets alone. Third, surveillance systems must ensure timely notification, laboratory confirmation, epidemiological investigation, and prompt reporting of suspected cases. Strengthening the linkage between field surveillance and laboratory networks is essential for detecting transmission patterns and initiating timely public health interventions.

Equally important is regional coordination. Given population mobility and shared geographical boundaries, countries in South Asia should strengthen information exchange, cross-border event-based surveillance, and preparedness for emerging outbreaks. Such coordination should

complement, rather than substitute for, strong national immunization and surveillance programs.

The current outbreak in Bangladesh should be regarded not merely as a national emergency but as a regional warning. The continued burden of measles in Pakistan further demonstrates that sustained transmission cannot be addressed through reactive vaccination campaigns alone. Strengthening routine immunization, closing immunity gaps, improving surveillance sensitivity, and ensuring timely outbreak response must remain collective public health priorities if preventable childhood morbidity and mortality are to be reduced across South Asia.

Knowledge Hub

Understanding Measles: A Public Health Priority

What is Measles?

Measles is caused by a virus in the paramyxovirus family. It's a vaccine-preventable disease. Before the MMR (Measles, Mumps, and Rubella) vaccine became widely available, measles was a common childhood illness. It's now rare in many parts of the world due to high vaccination rates, but outbreaks can still happen in communities where people are unvaccinated.

How Measles Spreads

Measles is one of the most contagious diseases known. It spreads through the air when an infected person coughs or sneezes. The virus can remain in the air and on surfaces for up to two hours after the infected person has left.

An infected person can spread the virus for four days before the rash appears and four days after the rash appears.

Signs & Symptoms

Symptoms usually begin 7-14 days after exposure to the virus.

Initial symptoms include:

- High fever
- Cough
- Runny nose
- Red, watery eyes
- **Koplik spots:** tiny white spots with bluish-white centers found inside the mouth on the inner cheek. These appear 2-3 days before the rash.

The characteristic measles rash appears 3-5 days after the first symptoms:

- It starts as flat, red spots on the face, along the hairline, and behind the ears.
- The rash then spreads down the body to the trunk, arms, and legs.
- The spots may become slightly raised and can merge together.

Complications

Measles can lead to severe complications, especially in young children and adults.

Common complications:

- Ear infections
- Diarrhea
- Pneumonia: The most common cause of death from measles in young children.

More severe complications (less common):

- **Encephalitis:** Swelling of the brain, which can lead to deafness or intellectual disability.
- **Subacute Sclerosing Panencephalitis (SSPE):** A very rare, but fatal degenerative disease of the central

nervous system that can develop years after a measles infection.
- **Pregnancy complications:** Measles during pregnancy can lead to premature birth or low birth weight.

Prevention

The best way to prevent measles is through **vaccination** with the MMR vaccine.

- **Children:** The CDC and WHO recommend two doses: the first at 12-15 months of age and the second at 4-6 years of age.
- **Adults:** Adults who are not sure about their vaccination status or have certain risk factors may need one or two doses.

Vaccination is highly effective and safe. It helps to protect not only the vaccinated individual but also those who cannot be vaccinated (e.g., infants too young for the vaccine).

Diagnosis and Treatment

- **Diagnosis:** Measles is diagnosed by a doctor based on symptoms, vaccination history, and laboratory tests (blood or swab tests).
- **Treatment:** There is no specific antiviral treatment for measles. Care focuses on supportive measures to relieve symptoms:
    - Rest and plenty of fluids.
    - Fever reducers like acetaminophen (paracetamol). Do **NOT** give aspirin to children or teenagers due to the risk of Reye's syndrome.
    - Vitamin A supplementation for all children diagnosed with measles, as it can reduce the risk of severe outcomes.

People with measles should isolate themselves from others for four days after the rash appears to prevent spreading the virus.

More Information

For additional authoritative information on measles, please visit:

- **World Health Organization (WHO):** https://www.who.int/news-room/fact-sheets/detail/measles
- **Centers for Disease Control and Prevention (CDC):** https://www.cdc.gov/measles/index.html
- **Public Health Agency of Canada (PHAC):** https://www.canada.ca/en/public-health/services/diseases/measles.html
- **UK Health Security Agency (UKHSA) / National Health Service (NHS):** https://www.nhs.uk/conditions/measles

MEASLES
IT ISN'T JUST A LITTLE RASH



Measles can be dangerous, especially for babies and young children.

Measles symptoms typically include:

- **High fever** (may spike to more than 104°F)
- **Cough**
- **Runny nose**
- **Red and/or watery eyes**
- **Rash** (breaks out 3-5 days after symptoms begin)

Measles can be serious.

Measles can cause severe health complications, including pneumonia, swelling of the brain (encephalitis) and death.

- **1 out of 5** people who get measles will be hospitalized.
- **1 out of every 20** children with measles will get pneumonia, the most common cause of death from measles in young children.
- **1 out of every 1,000** people with measles will develop brain swelling, which may lead to brain damage.
- **1 to 3 out of 1,000** people with measles will die.

Long-term complications

A very rare, but deadly disease called subacute sclerosing panencephalitis can develop 7 to 10 years after a person has recovered from measles.

CDC

www.cdc.gov/measles



You have the power to protect your child.

Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine. Talk to your healthcare provider.

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

UK Health Security Agency

World Health Organization

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION