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Weekly Epidemiological Bulletin

Integrated Disease Surveillance and response system

Islamabad week 17-2025 (21 April 2025 – 27 April, 2025)

Highlight

Table 1: District most frequently suspected cases reported during Epidemiological week-17

Disease	AD	ILI	B. Diarrhea	Measles	Chick enpox	Viral Hep B C & D	Malaria	Tuberculosis	ALRI < 5 years
CHC Shah Allah Ditta	39	42							
CHC Kirpa	19	29							
CHC Rawat	40	127							
RHC Bhara kahu	81	303			05			01	
RHC Tarlai	58	105			01			10	
RHC Sihala	29	76							
BHU Gagri	25	26							
BHU Bhukkhar	42	21							
BHU Bhimber Trar	07	17							
BHU Jagiot	11	0							
BHU Jhang Syedan	28	28							
BHU Chirrah	21	42							
BHU Tumair	09	04							
BHU Pind Begwal	38	28							
BHU Phulgran	29	38	01		02				
BHU Shahdara	09	17							
BHU Sohan	07	09							
Humak Dispensary	07	30							
BHU Golra Sharif	22	14							
BHU Gokina	23	15							
CHC G-13	32	55							02



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Table 2: Showing week 15-2025 to 17-2025 IDSR –SITUATION REPORT

S No.		Week 15	Week 16	Week 17
1	Number of sites Reported	21	21	21
2	Influenza like Illness	792	741	576
3	AD (non-Cholera)	387	462	1026
4	Bloody Diarrhea	02	04	01
5	Chickenpox/Varicella	05	02	08
6	Malaria	0	0	0
7	ALRI < 5 years	04	05	02
8	Measles	0	0	0
9	Typhoid	01	01	0
10	Dengue	0	0	0



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Week wise case report of AD & ILI, ICT

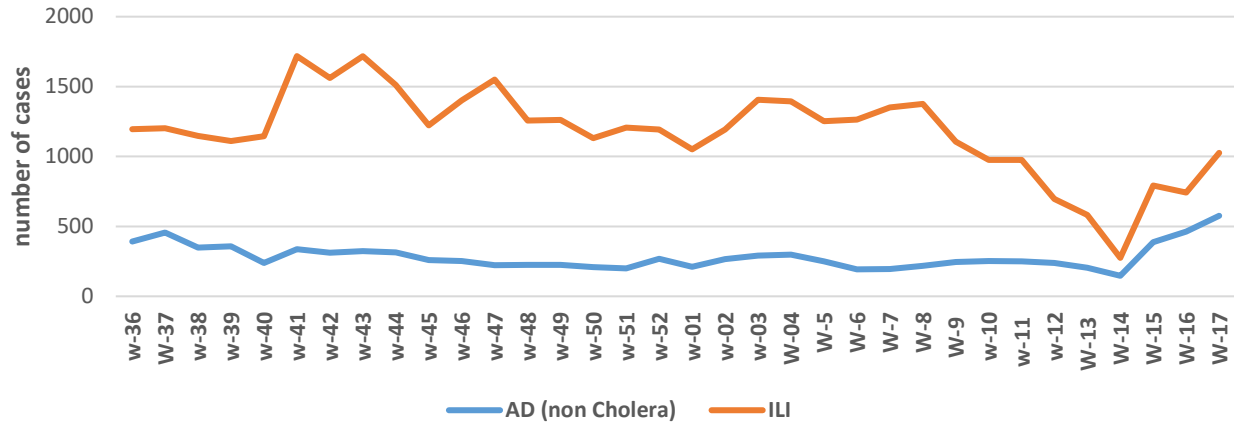


Figure 1: In week 17-2025, disease trends of ILI and acute diarrhea (non-cholera).

Disease Status for Suspected Cases of Epid-Week 17-2025

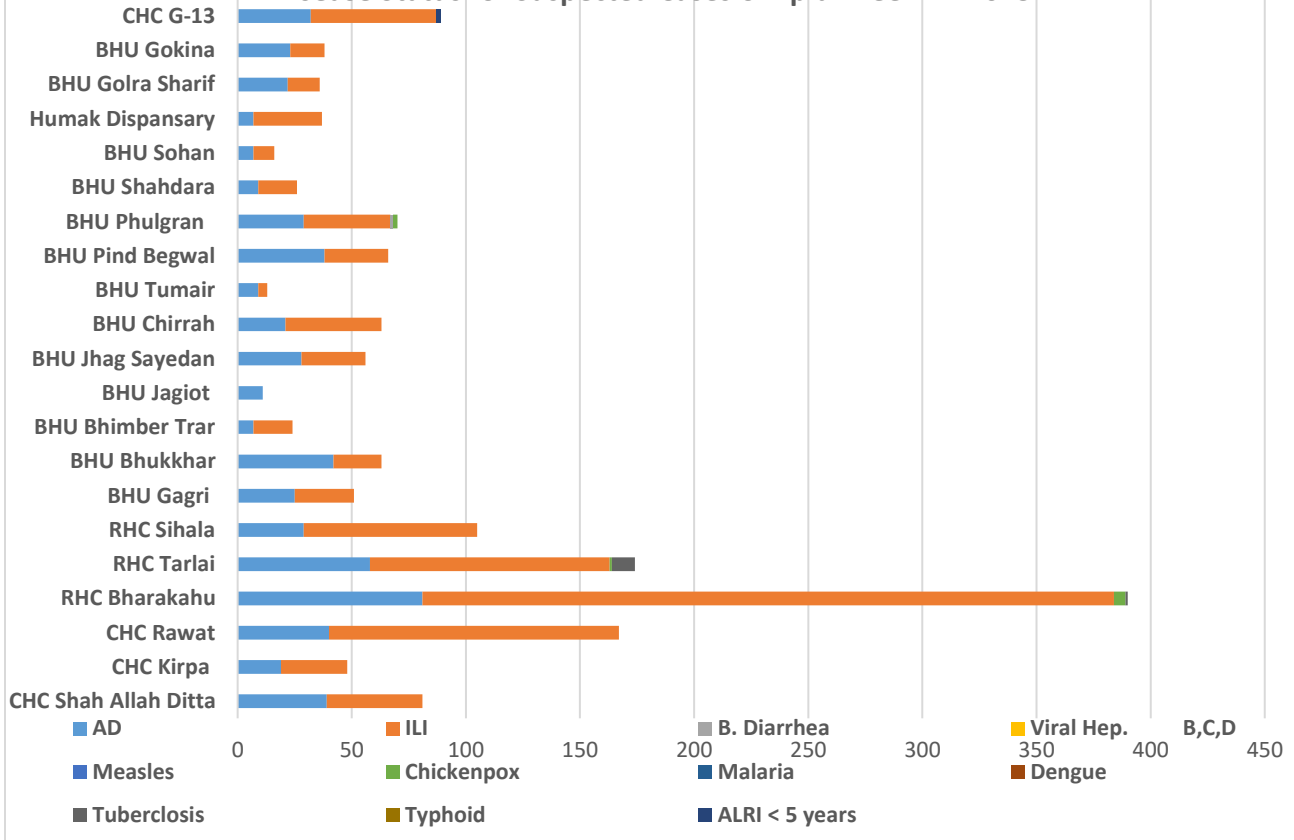


Figure 2: In week 17-2025, ILI has the upper trend with 576 cases followed by acute diarrhea (non-cholera) 1026 cases.



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Most frequently reported cases during epid week 07-2025 to 17- 2025

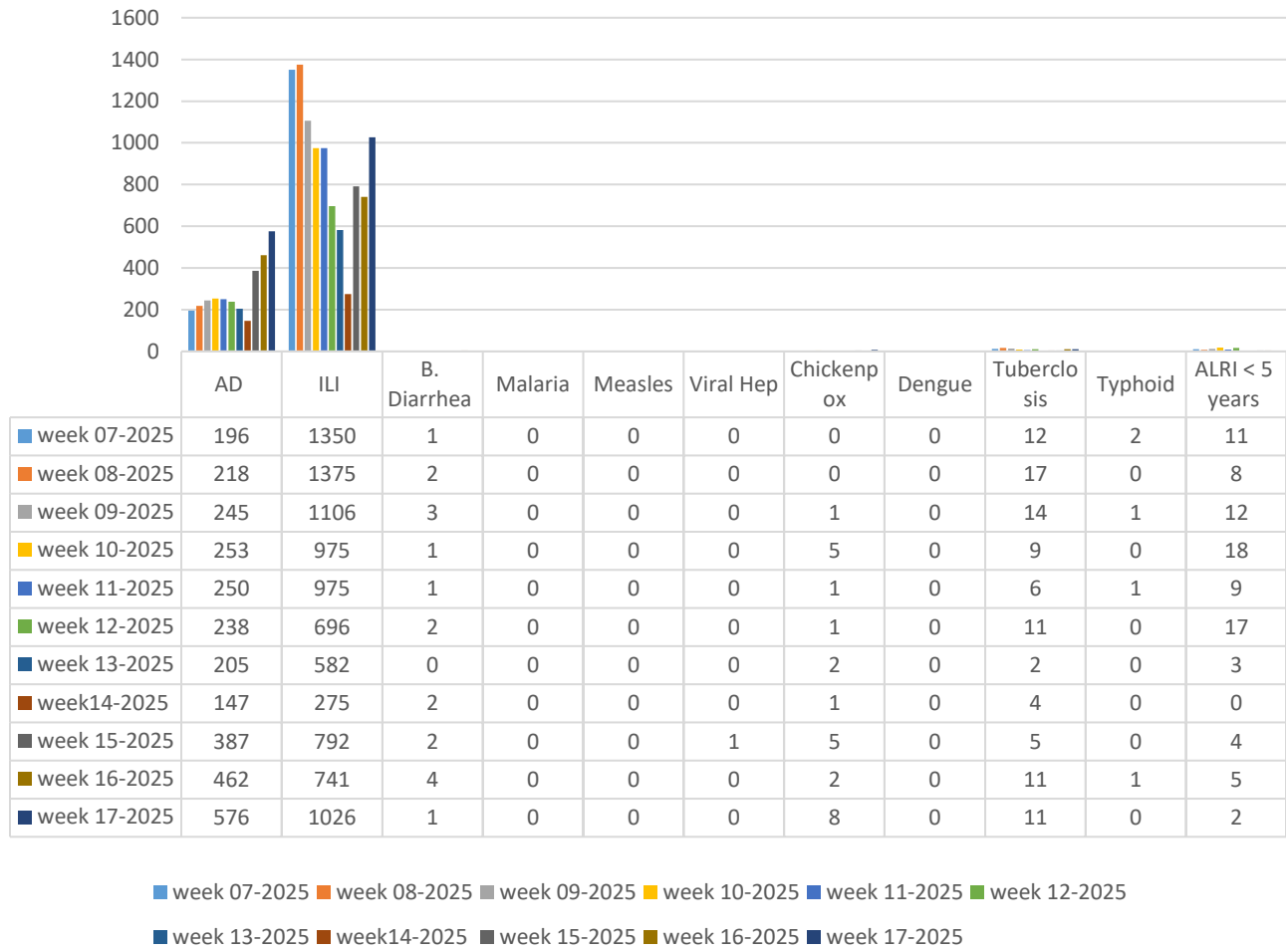


Figure 3: There is increase in number of AD (non-Cholera) & increase in ILI Cases in week 17-2025.

COVID highlight

Sampling Reports May 21st to 27th May. 2025

Total Positive	Total Negative	Total Pending	Total Sample Taken
0	0	0	0

Table 3: Showing 0 % positivity rate during epidemiological week 17-2025.



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Expanded Program on Immunization activities of Health Department ICT

EPI in Pakistan is coordinated at Federal Directorate of Immunization under the Ministry of National Health Services and Regulation Coordination (NHSR&C). The EPI program shall be including vaccines for prevention of vaccine preventable diseases among the adolescents and older age groups as the evidence of vaccines' effectiveness is acquired and advised by the NITAG. The immunization schedule shall thus be periodically updated as and when required depending upon the local disease burden and requirements. The health department with an objective to improve the health of all works on prevention of the diseases EPI is one of the major components. The EPI at district level is managed and supported by staff at district level and the EPI services are provided at Union council level through Fixed Centers, Outreach Vaccination sites and mobile if applicable.

Total EPI Coverage Antigen wise coverage in ICT rural during week 17-2025

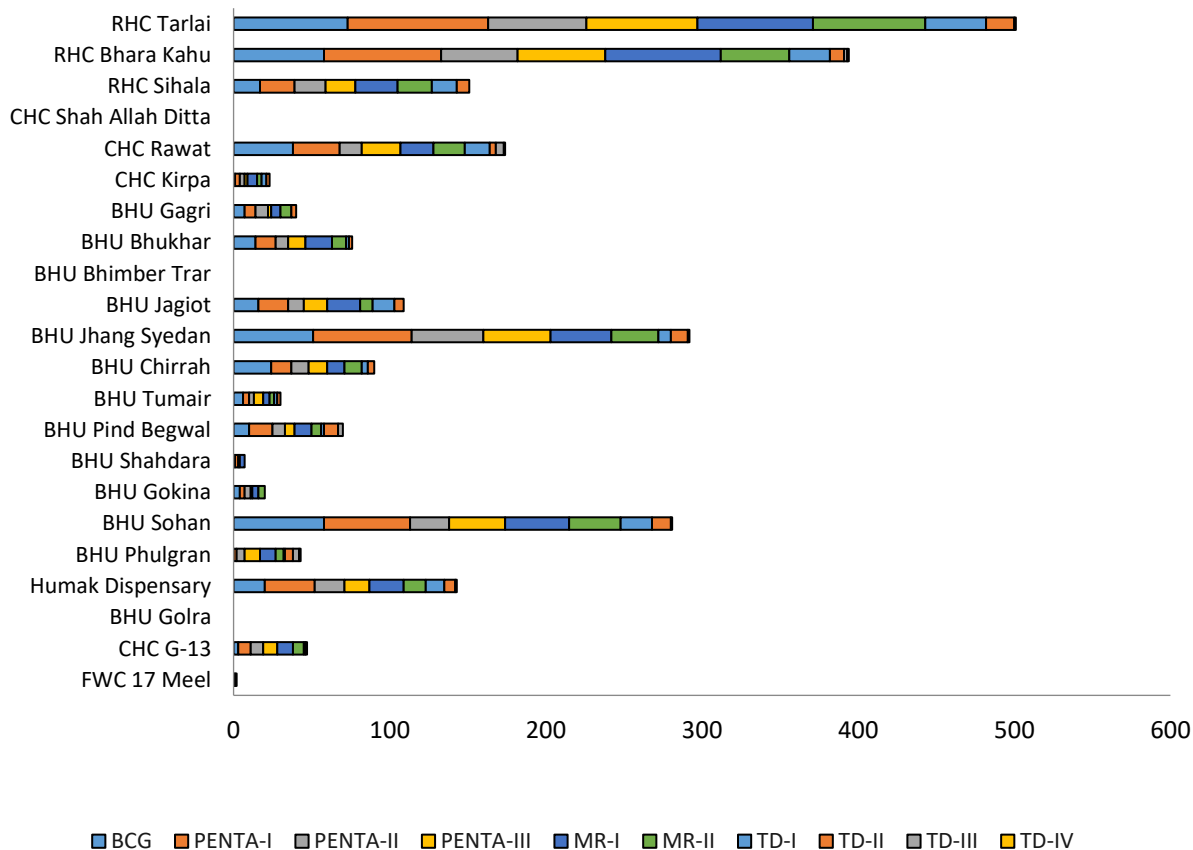


Figure 4: In week 18-2025, total coverage vaccine wise. BCG 205, Penta I 310, Penta II 228, Penta III 211, MR I 174 MR II 130, TD-I 71, TD-II 33, TD-III 07 and TD-IV-V 3.



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Total EPI Coverage in ICT rural during week 17-2025

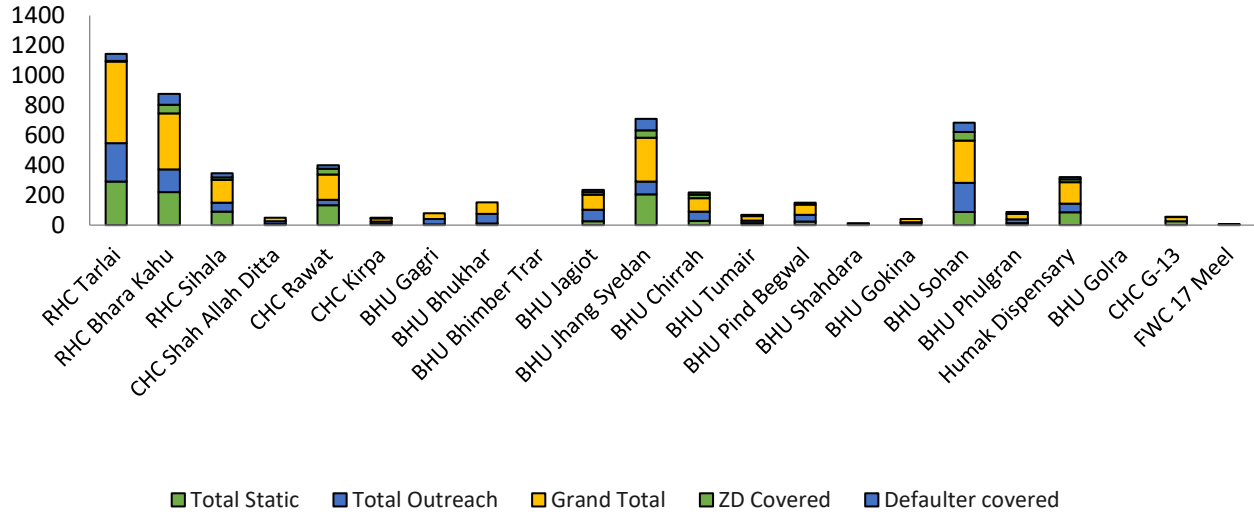


Figure 5: In week 18-2025, Total static coverage was 810, Outreach total was 562 Zero dose covered were 133 and defaulter covered were 198.

Total EPI coverage of Private sector hospitals antigen wise- Week 17-2025

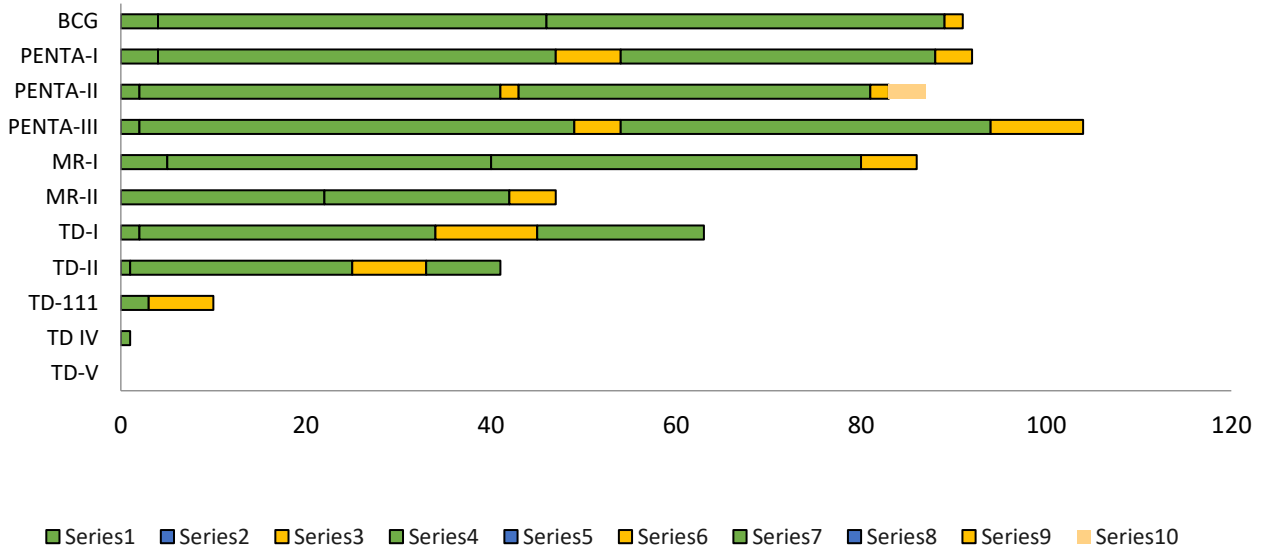


Figure 6: There is vaccine coverage of Public private partnership with private hospitals. In week 17-2025 a total of 740 doses of different antigen were given by hospitals in private sector.



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Surveillance

The District Health Office Islamabad's surveillance teams remained actively engaged throughout the week, focusing on high-risk areas for dengue and measles. Field teams conducted vector surveillance, identified and eliminated mosquito breeding sites, and carried out community awareness activities on dengue prevention. Additionally, teams monitored suspected measles cases and sensitized the community about early signs, prevention, and the importance of timely vaccination.

