



Pakistan's recurring pediatrics HIV outbreaks: a systemic failure demanding urgent reform

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Dear Editor,

In 2019, a doctor serving as a whistle-blower revealed a concerning HIV outbreak in the southern Sindh district of Ratodero, where hundreds of children were found to have contracted HIV after sharing needles at medical clinics. Within two years, the number of affected patients had exceeded 1,500, at least 50 children had died. The ban was swiftly, but briefly, regulatory; the whistle-blower himself reported that prohibited unlicensed practitioners had cleared within months again, and the president of the Infectious Diseases Society of Pakistan noted regulatory departments were there only on paper (Jazeera, 2021).

History is now repeating itself. In the first quarter of 2026 (January, 294, February, 324, and March, 276), Sindh registered 894 new HIV cases, including 329 children younger than 14 years (Bhatti, 2026). The health experts caution that it is detecting three to four new cases of pediatrics daily (Dunya News, 2026). The same constellation of failures is attributed to these infections, as in 2019: reuse of intravenous drips, cannulas and syringes, unsterilized equipment, and transfusion of unscreened blood - which continues across both public and private facilities because of lax enforcement of regulations (Bhatti, 2026).

An investigation by BBC Eye in Punjab found that unsafe practices persisted at Tehsil Headquarters Hospital in Taunsa months after the authorities had recognized 106 pediatric HIV infections and suspended the medical superintendent. In undercover recording, instances of syringe reuse on multi-dose vials were recorded at least 10 times and the staff injecting patients without sterile gloves were recorded 66 times. Out of 331 children that tested positive between November 2024 and October 2025 in Taunsa, less than one in 20 parents was HIV-positive, which rules out mother-to-child transmission as the main factor. A jointly authored inspection report by WHO and UNICEF reported that the situation in the pediatric emergency hospital was of particular concern. At least nine children have been killed (Desk, 2026).

The country of Pakistan has one of the largest therapeutic injection rates in the world, with several of them not even necessary, as dictated by demand and practice. Shortages of supplies in overcrowded state-run hospitals also encourage reuse of equipment (Desk, 2026). The administrative suspensions will not be able to handle these realities of struct

In Pakistan, binding national infection prevention and control (IPC) laws, hospital-level IPC audit committees that are independent of managers, real-time surveillance of pediatric HIV, and incorporation of safe injection practices in medical education are all needed. The technical and financial assistance should be conditional on measurable IPC compliance standards by international partners, WHO, UNICEF, and bilateral donors. Pakistan will keep paying the price of a crisis that can be prevented without structural changes that are enforced.

CONFLICT OF INTEREST

The author declares no conflicts of Interest.

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