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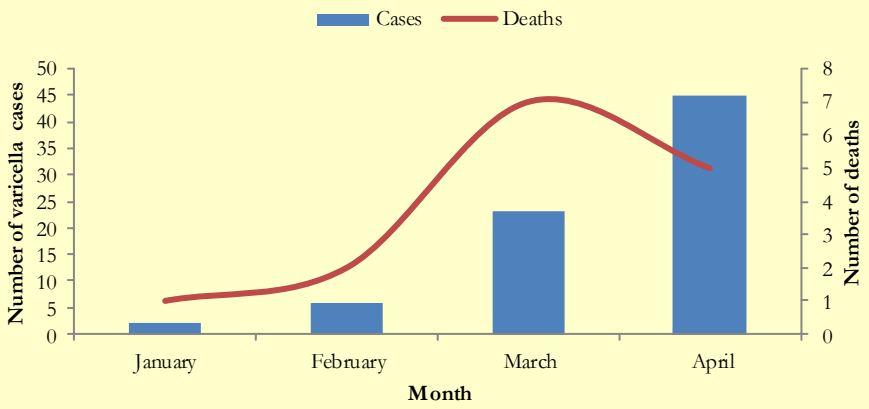
Current major event

Varicella in Pakistan

The Ministry of National Health Services, Regulations and Coordination. Of Pakistan recently reported a total of 76 suspected cases of Varicella (Chickenpox) including 15 deaths (CFR: 19.7%). These cases were reported From 2 January to 15 April 2017. So far all varicella cases have been reported from Faisalabad city, a highly populous city in Punjab province in the eastern part of the country.

Varicella cases reported in Faisalabad city, Pakistan, Jan-Apr 2017



Editorial note

Varicella (chickenpox) is caused by the varicella zoster virus (VZV), a herpes virus belonging to the subfamily of Alphaherpesviridae. Transmission occurs via direct contact through droplets, aerosol, or indirectly by touching freshly soiled contaminated items. Patients are usually contagious from few days before onset of the rash until the rash has crusted over.

Since January this year, all the suspected cases of varicella were reported in one city-Faisalabad. Most of the patients were reported by two main hospitals in the city- Civil Hospital and Allied Hospital, seeking for medical advice.

Based on 2016 and 2017 data of chicken pox occurrence in Pakistan, the current situation appears to follow the typical pattern of periodic large upsurge of chicken pox cases with inter-epidemic cycles of 2–5 years. The ongoing transmission may be exacerbated by other factors such as overcrowding and other environmental and hygiene conditions. Addressing the current situation will require effective coordination mechanism among stakeholders to facilitate systematic and well informed decision making, and information sharing.

Field investigation including contact tracing should be implemented to determine the full extent of this recent upsurge of cases and rate of transmission. A working case definition should be developed and circulated in the affected area to ensure all suspected cases are captured and line list of suspected case maintained by health facilities in the affected areas for monitoring epidemiological and clinical evolution of the situation. Samples should be collected to isolate the pathogen. Given the fact that serological assays may have limitation for confirmation of diagnosis owing to cross-reactivity, confirmatory tests using PCR should be considered to confirm the diagnosis.

Case management of varicella should be symptomatic with antipyretics and recommended topical antipruritic argents for non-complicated cases. Reference should be made to appropriate clinical guidelines on use of antivirals and immunoglobulins in case management and prophylaxis especially in management of severe cases and exposed immunocompromised individuals.

Preventive measure should ensure that people with low immunity and those at extreme age such as elderly and children should be isolated from the infected cases. Appropriate preventive messages should also be disseminated in the affected areas including early seeking of health care if infected.

An effective vaccine is available, in combination formulation (i.e. MMRV) and or single formulation varicella vaccine (V). The vaccine may be considered as part of prevention and control strategy. A single dose strategy may be adopted as efficacy of one does has been found to be comparable with two doses at about 95%. However decision to implement vaccine will require further consultation with key stakeholders including immunization programme to ensure appropriate use of the vaccine in this situation.

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; Cholera in Somalia; Cholera in Yemen; Chikungunya in Pakistan.

Current public health events of international concern
[cumulative N° of cases (deaths), **CFR %**]

Avian Influenza: 2006-2017	
Egypt (A/H5N1)	[359 (122), 34%]
Egypt (A/H9N2)	[3 (0)]
Chikungunya: 2016-2017	
Pakistan	[1,886 (0)]
MERS-CoV: 2012-2017	
Saudi Arabia	[1,586 (640), 40.4%]
Cholera: 2016-2017	
Somalia	[28,357 (552), 1.9%]
Yemen	[24,506 (108), 0.44%]
Meningococcal disease: 2017	
Nigeria	[8,057 (745), 9.3%]
Avian Influenza A (H7N9): 2013-2017	
China	[1,320 (492), 37.3%]
Yellow fever	
Brazil	[1,561 (264), 16.9%]
Wild poliovirus: 2014-2017	
Pakistan	[382 (0)]
Afghanistan	[64 (0)]
Zika Virus Infection: 2015-2017	
84 countries and territories have reported transmission so far.	