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Current major event

CCHF in Afghanistan

Afghanistan has reported unusual increase in cases of Crimean Congo hemorrhagic fever (CCHF). The increase is mainly in Herat province in the western part of the country. As of week 33, 154 cases including 35 deaths (CFR=22.7%) have been reported countrywide.

Editorial note

Since April 2017, the country has experienced overall increasing trend of CCHF with Herat province being the most affected. Even though the total number of new cases of CCHF reported nationwide was lower in the month of August, it is too early to conclude that the surge in number of news cases witnessed since May this year is stabilizing.

CCHF is the most wide-spreading, tick-borne viral disease affecting humans. The disease is endemic in Afghanistan with 5-50 human cases reported every year on average. The first case was reported in 1998. and the most severe outbreak of CCHF reported to date occurred in 2008 between the 10th July and 22nd October in Herat city in the Western region with 30 cases reported including nine deaths (CFR: 33%).

A cross-sectional seroprevalence survey conducted during this outbreak showed a CCHF IgG prevalence of 11.2% among livestock-owning households. Surveyed livestock showed a very high IgG prevalence of 75.0% underlying the risk infection through frequent contact with livestock.

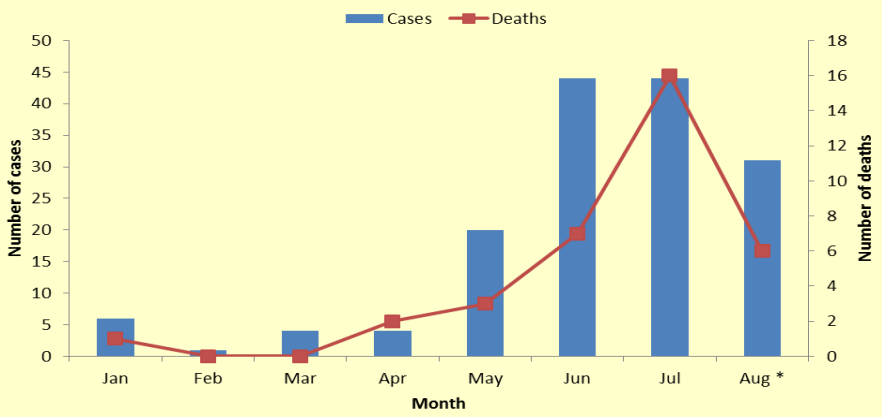
The CCHF virus is typically spread by tick bites or contact with livestock carrying the disease; exposure to blood or viscera of infected livestock, or by drinking unpasteurized milk. Increased interaction with livestock in the wake of Eidul Adha (Sacrifice Feast; 31 Aug-4 Sep 2017), when Muslims across the globe slaughter millions of animals could have played a role in the increase in number of CCHF cases that have been reported so far in Herat.

Onset of CCHF virus infection is characterized by fever and hemorrhage and often with nonspecific prodromal symptoms such as muscle pains, headache, vomiting, diarrhea, and bleeding into the skin. CCHF infection can be clinically difficult to distinguish from other causes of undifferentiated febrile illness and other viral hemorrhagic fevers. The disease has a case fatality rate ranging from between 5 and 80%. Laboratory confirmation of the disease relies on serological tests (i.e. IgM and IgG specific antibodies) and PCR.

Appropriate containment measures should be undertaken. This should include effective coordination between human and animal health sectors, and other relevant stakeholders. Surveillance of the disease in the affected areas should be enhanced. Appropriate case definition that ensures all suspected cases are captured should be adopted (e.g. any patient presenting with febrile illness with or without one or more constitutional signs in the affected area should be treated as a suspected case)

All the cases of CCHF should have optimal supportive care. There is no vaccine for the disease therefore enhanced preventive measures especially among animal handles should be implemented. Abattoir workers should used special glasses, coat, gloves, mask, and shoes while slaughtering the animal. Health workers should operate in clinical settings with appropriate protective gear when handing suspected cases of CCHF. Risk communication to raise awareness about the disease should be emphasized.

Distribution of CCHF cases and deaths by month in Afghanistan, 2017



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	[7,466 (0)]
MERS-CoV: 2012-2017	
Saudi Arabia	[1,718 (671), 39.1%]
Cholera: 2016-2017	
Somalia	[77,133 (1,159), 1.5%]
Yemen	[731,750 (2,115), 0.3%]
Lassa Fever: 2017	
Nigeria	[854 (118), 13.8%]
Avian Influenza A (H7N9): 2013-2017	
China	[1,557 (605), 38.9%]
Dengue fever: 2017	
Côte d'Ivoire	[1231 (2), 0.2%]
Wild poliovirus: 2017	
Pakistan	[4 (0)]
Afghanistan	[6 (0)]
Zika Virus Infection: 2015-2017	
84 countries and territories have reported transmission so far.	