The province of Khyber Pakhtunkhwa of Pakistan has officially notified of an outbreak of dengue fever in its capital city-Peshawar. Since mid July to end of September 2017, a total of 52,926 suspected/clinically diagnosed cases of dengue fever including 38 associated deaths have been reported. Of these, 10,893 cases have been laboratory-confirmed by NS1 antigen test (Non- structural protein). Samples from the suspected cases were also tested at the National Institute of Health (NIH) in Islamabad and Dengue serotype-2 (DEN-2) was identified as the causative agent for this outbreak in Peshawar.

Editorial note
Dengue is endemic in Pakistan. Since 2006 (please see the table), the country has faced repeated outbreaks of dengue fever (DF). The biggest outbreak that the country faced, so far, is in 2011 in Lahore immediately after the flood in 2010. Over 200,000 suspected/clinically diagnosed cases were reported during that outbreak. In recent time, the country faced another major outbreak in Swat valley of Khyber Pakhtunkhwa province where more than 25,000 suspected cases were reported.

This is the not the first time that the province of Khyber Pakhtunkhwa has reported dengue fever cases. Previously in 2013, small focal outbreaks of DF were reported in the province and the same serotype of dengue (DEN-2) was reported to have been circulating. This year, cases have increased in number, though the geographic spread is limited to the capital city and also in the adjoining districts.

A WHO field mission was conducted to assess the situation specially the risk of further spread. It appeared that the outbreak was detected late and as a result, the response was also delayed resulting in rapid spread of DF cases in the capital city owing to population movement and mobility in the capital city. Since mid-July, the number of suspected cases reported from DF are huge, however, improved case management has, perhaps, led to keeping the number of deaths to a reasonably low number.

There is now an urgent need to scale up the ongoing response measures to prevent geographic spread of cases. Surveillance needs to be strengthened in all the districts of the province of Khyber Pakhtunkhwa as well as in the neighboring provincial districts using a standard epidemiological case definition. Surveillance data should be used to monitor the progression of the outbreak as owing to limitations of surveillance system, the size and nature of this outbreak is yet to be determined or could not be determined. At the same time, surveillance data should be used to map out cases and mount targeted interventions for vector control. Entomological surveillance also needs to be scaled up in both the affected areas as well as in the adjoining areas of the Khyber Pakhtunkhwa province to guide interventions as well as to early detect any sign of outbreak spread.

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 [1,721 (671), 38.9%]
- **Cholera: 2016-2017**
  - Somalia [77,133 (1,159), 1.5%]
  - Yemen [780,886 (2,137), 0.27%]
- **Lassa Fever: 2017**
  - Nigeria [853 (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 [5 (0)]
  - Afghanistan [6 (0)]
- **Zika Virus Infection: 2015-2017**
  - 84 countries and territories have reported transmission so far.