Current major event

Crimean-Congo hemorrhagic fever in Afghanistan

The Ministry of Public Health in Afghanistan recently reported an increase in the number of Crimean-Congo haemorrhagic fever (CCHF) cases in the country. In 2017, a total of 237 cases including 41 deaths (CFR: 17.2%) have been reported throughout 27 provinces. Majority of these cases-71 cases including 13 associated deaths (CFR: 18.3%), were reported from the capital city, Kabul.

Editorial note

Crimean-Congo haemorrhagic fever is a widespread tick-borne viral disease that results in severe viral haemorrhagic fever outbreaks, with a high CFR of 10–40%. Hosts of CCHF virus include a wide range of wild and domestic animals such as cattle, sheep and goats. The CCHF virus is transmitted to people either by tick bites or through contact with infected animal blood or tissues during and immediately after slaughter. Human-to-human transmission can occur resulting from close contact with the blood, secretions, organs or other bodily fluids of infected persons.

CCHF is endemic in some countries of the Eastern Mediterranean Region of WHO and particularly in Afghanistan. An average of 5 to 50 human cases are reported every year in the country. The last most severe outbreak of the disease occurred in 2016, when 156 cases including 18 deaths (CFR: 11.5%) were reported.

In 2017, the total number of cases reported is 237 including 41 deaths (CFR: 17.2%). The male to female ratio of cases in 27 out of 34 provinces is 2:1. Out of the total reported cases, 26 were laboratory confirmed. The highest number of cases was reported in Kabul and Herat provinces. Herat province has an endemic foci for CCHF. A total of 67 cases including 10 deaths (CFR: 14.9%) were reported from this province. These two provinces border Pakistan and Iran (see figure) where livestock transboundary movement is not controlled.

Majority of CCHF cases and deaths in Afghanistan were recorded from June to September (see graph) around the time of Eid Al-Adha (sacrifice feast in Islam).

The increase in the slaughtering of animals during this time period might have significantly increased the risk of CCHF virus transmission. This trend is consistent with the last outbreaks in the country.

The high risk groups for contracting CCHF include animal herders, livestock workers, butchers, slaughterhouse workers and veterinarians. Health care workers are also at risk of infection through unprotected contact with infectious blood and body fluids while caring for patients.

Prevention and control interventions for CCHF need to be strengthened. This should include effective coordination between human and animal health sectors and other relevant stakeholders. As there is no vaccine available either for humans or animals, prevention measures are crucial. Protective gear should be utilised by animal handlers while dealing with infected animals and healthcare workers while dealing with suspected cases. Community awareness and risk communication through sessions, electronic and print media, is the key to prevent the virus/infection spread.

Update on outbreaks in the Eastern Mediterranean Region

MERS in Saudi Arabia; cholera in Somalia; cholera in Yemen; dengue 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) [4 (0)]
Avian influenza A (H7N9): 2013-2017
China [1,564 (612), 39.1%]
Chikungunya: 2016-2017
Pakistan [8,363 (0)]
Cholera: 2016-2017
Somalia [78,784 (1,159), 1.5%]
Yemen [983,484 (2,225), 0.23%]
Plague: 2017
Madagascar [2,417 (209), 9%]
Dengue fever: 2017
Pakistan [125,316 (69), 0.1%]
MERS: 2012-2017
Saudi Arabia [1,751 (612), 38.9%]
Wild poliovirus: 2014-2017
Pakistan [7 (0)]
Afghanistan [12 (0)]
Zika virus infection: 2015-2017
84 countries and territories have reported transmission so far.