

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

Current major event

Upsurge of CCHF cases in

Afghanistan

An upsurge in the number of the reported cases of Crimean Congo hemorrhagic fever (CCHF) from Afghanistan has been reported during 2018. The increase is mainly in Herat province in the western part of the country. As of week 25-2018, a total of 125 cases including 18 deaths (CFR=14.4%) have been reported countrywide.

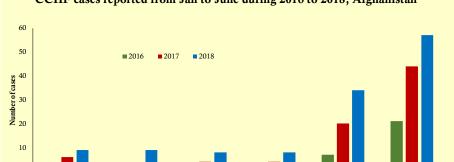
Editorial note

The disease is known to be endemic in Afghanistan, particularly in the bordering areas with Iran and Pakistan where the movement of nomads with their animals is concentrated. Up to 50 human cases of the disease are reported every year on average. The disease is endemic in other countries of the Eastern Mediterranean Region (EMR) of WHO including Iran, Iraq, Kuwait, Oman, Pakistan, Saudi Arabia, Sudan and the United Arab Emirates.

Afghanistan has experienced an overall increasing trend of CCHF since April 2017. There has been a significant surge in reported cases of the disease during the first six months of the current year (*See graph*). During 2018, the most affected province has been Herat (*see table*) where the highest number of CCHF cases has been reported. Herat Province shares a long boarder with Iran; it has the biggest animal market in the country. Huge cross -border movement of the animals occur in this province, as well as within the province.

Increased interaction between humans and livestock is particularly high in the wake of special events like Eidul Adha (one of the Islamic feast). Large movements of livestock have been observed in the period leading up to, and during the Eidul Adha event. During this event, Muslims across the globe slaughter millions of animals and this may play a critical role in the increase in number of CCHF cases. The event will take place from 21-22 August in 2018 and this is likely to lead to further surge in CCHF occurrence in Afghanistan.

Appropriate containment measures should be undertaken to address the ongoing upsurge in cases of CCHF in Afghanistan. These measures should in-



Months

Apr

Mar

CCHF cases and deaths by Province till week 25-2018, Afghanistan

Feb

0

Jan

Province	Cases	Deaths	CFR (%)
Baghlan	7	4	57.14
Balkh	11	3	27.27
Farah	1	0	0
Faryab	7	0	0
Ghazni	4	1	25
Ghor	1	0	0
Helmand	1	0	0
Hirat	39	2	5.13
Jawzjan	6	1	16.67
Kabul	18	2	11.11
Kandahar	1	0	0
Kapisa	3	0	0
Khost	4	1	25
Kunduz	2	2	100
Laghman	1	0	0
Logar	1	1	100
Nangarhar	4	0	0
Paktika	3	0	0
Paktya	3	0	0
Panjsher	1	0	0
Parwan	5	1	20
Sar-e-Pul	1	0	0
Takhar	1	0	0
Grand Total	125	18	14.4

clude effective coordination between human and animal health sectors, and other relevant stakeholders. A multi sectoral approach is needed to address key intervention components to ensure effective prevention and control of the disease. These include enhanced surveillance of CCHF among humans and animals; strengthening of laboratory diagnosis; case management and effective infection prevention and control (IPC) measures. There is also need for an effective community mobilization and sensitization programme that should involve the community and religious leaders.

Going forward, a better understanding of CCHF epidemiology is needed for development of a long term prevention and control strategy. The country requires a comprehensive prevention and control programme that should address human as well as animal and tick populations.

Update on outbreaks in the Eastern Mediterranean Region

May

MERS in Saudi Arabia; **cholera** in Somalia; **cholera** in Yemen; **Diphtheria** in Yemen.

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)]			
Ebola virus disease (EVD): 2018				
Democratic Re- public of Congo (DRC)	[55 (29), 52.7%]			
Rift Valley fever : 2018				
Kenya	[90 (10), 11.1%]			
Cholera: 2017-2018				
Somalia	[5 239 (39), 0.7%]			
Yemen	[1 109 884 (2 305), 0.2%]			
Tanzania	[2 741 (57), 2.1%]			
Diphtheria: 2018				
Yemen	[1 838 (97), 5.3%]			
Bangladesh	[7 888 (44), 0.5%]			
MERS: 2012-2018				
Saudi Arabia	[1 853 (717), 38.7%]			
Yellow Fever: 2017-2018				
Brazil	[1 261 (409), 32.4%]			

CCHF cases reported from Jan to June during 2016 to 2018, Afghanistan

Monitor

Weekly Epidemiological

ISSN 2224-4220

Jun

Volume 11; Issue no 26; 01 July 2018