

**Regional Office for the Eastern Mediterranean** 

# Weekly Epidemiological Monitor

Volume 1, Issue 34, Sunday 24 August 2008

## **Current major events**

#### **CCHF** in Afghanistan

On 11 August 2008, a suspected case of haemorrhagic fever was admitted at the regional hospital of Herat province in Afghanistan. The case, a married woman of 33 years, was admitted with high fever, headache, vomiting and epistaxis. The patient was, later, laboratory confirmed as suffering from Crimean Congo haemorrhagic fever (CCHF). The family of the patient has cows, goats and sheep in their house, and the patient had a history of slaughtering sheep and coming in contact with blood and meat of the slaughtered sheep. The patient has recovered and no more cases were reported from the area.

### **Editorial note**

Crimean–Congo haemorrhagic fever (CCHF) is a viral haemorrhagic fever (VHF) is caused by infection with a tickborne virus Nairovirus in the family Bunyaviridae. Ixodid (hard) ticks, especially those of the genus, Hyalomma, are both a reservoir and a vector for the CCHF virus. Numerous wild and domestic animals, such as cattle, goats, sheep and hares, serve as amplifying hosts for the virus. Transmission to humans occurs through contact with infected animal blood or ticks. CCHF can be transmitted from one infected human to another by contact with infectious blood or body fluids. Documented spread of CCHF has also occurred in hospitals due to improper sterilization of medical equipment, reuse of injection needles, and contamination of medical supplies.

In the EMR, CCHF has been endemic in the Islamic Republic of Iran, Iraq and Pakistan since the 1970s with sporadic cases every year and localized outbreaks. In Afghanistan the first reported case was in 1998 and thereafter sporadic cases of CCHF were also reported in 2000 and in 2006. CCHF outbreaks have also been reported in other countries of EMR including the United Arab Emirates (1979 and 1994–1996), Bahrain, Kuwait (1983) Oman (1995), Pakistan



Outbreaks of Crimean-Congo haemorrhagic fever in EMR

Sudan: Serological data; Pakistan: 1976-2004; Islamic Republic of Iran: 2000, 2002; Afghanistan: 1998, 2000, 2006, 2008; Other reported cases from Bahrain, Iraq, Kuwait, Oman, United Arab Emirates and Saudi Arabia

# Prevention and Control of CCHF in the community

- Persons living in endemic areas should use personal protective measures; persons who work with livestock in endemic areas need to use of repellent on the skin, and clothing, wearing gloves and other protective clothing.
- Infection control procedures should be strengthened in health care facilities in order to avoid nosocomial spread of infection. Patients should be isolated and cared for using barrier nursing technique. Health care workers should be protected from sharp injuries during surgical procedures on the patient ;
- Health care workers who have had contact with tissue or blood from CCHF patients should be followed up for at-least 14 days after the putative exposure.

(1976–2003), Islamic Republic of Iran (2000 and 2002), Iraq (1981), and Saudi Arabia (1989–1990). Serological evidence of CCHF has also been identified in Sudan. As CCHF can be transmitted from human to human, stringent infection control procedures needs to be maintained in health care facilities as well as at the community level to prevent secondary transmission.

Given the growing concern and repeated outbreaks from VHFs in the EMR, it is important that national preparedness plans for early detection of and timely response to emerging outbreaks of viral haemorrhagic fevers are developed and should emphasize partnerships with veterinary and entomological services, timely sharing of information and institution of joint control activities.

#### Update on outbreaks

in the Eastern Mediterranean Region

**CCHF:** in Afghanistan, **Dengue:** in Saudi Arabia. **Cholera**; in Sudan (Aweil). **Hepatitis –E:** in Red sea state of Sudan

Current public health events of international concern [cumulative N° of cases (deaths), CFR %]	
Avian influenza	
Egypt	[50 (22), <b>44%</b> ]
Indonesia	[135 (110), <b>81.4%</b> ]
AWD/Cholera	
Sudan (South)	[8703 (57), <b>0.65%</b> ]*
Uganda	[528 (31), <b>5.8%</b> ]
Dengue fever	
Saudi Arabia	[533 (?), ?%]
Yemen	[1001 (?), <b>?%</b> ]
Hepatitis E	
Uganda	[6530 (104), <b>1.6%</b> ]
Sudan	[224(23), <b>10.2%</b> ]*
Lassa fever	
Liberia	[44 (5), <b>11.4%</b> ]
Yellow fever	
Cote d' Ivoire	[2(0), 0%]
Crimean Congo I	H. Feve
Afghanistan	[1(0), 0%]
(*=Unofficial figures)	

CFR=Case-Fatality Rate

Published by the World Health Organization (WHO), Eastern Mediterranean Regional Office (EMRO), Cairo, Egypt. For Correspondence: Tel + 20-2-22765273, Fax + 20-2-2765456. E-mail: csr@emro.who.int