

Current major events

CCHF in Afghanistan: Outbreak contained

The outbreak of Crimien-Congo haemorrhagic fever (CCHF) reported earlier from Herat province of Afghanistan (*Weekly Epi Monitor*, issue no: 34, dated 24 August 2008), has been successfully contained. Since 28th of August 2008, no new case has been reported from Herat province or elsewhere in Afghanistan. So far, a total of 19 cases of CCHF have been officially reported by the Ministry of Public Health in Afghanistan including 3 deaths (CFR: 15.7%). Six of these reported cases have been laboratory confirmed. No human to human transmission of cases was reported during this period. However, only one health care worker providing care to the CCHF patients in the hospitals was reported to have infected with the disease.

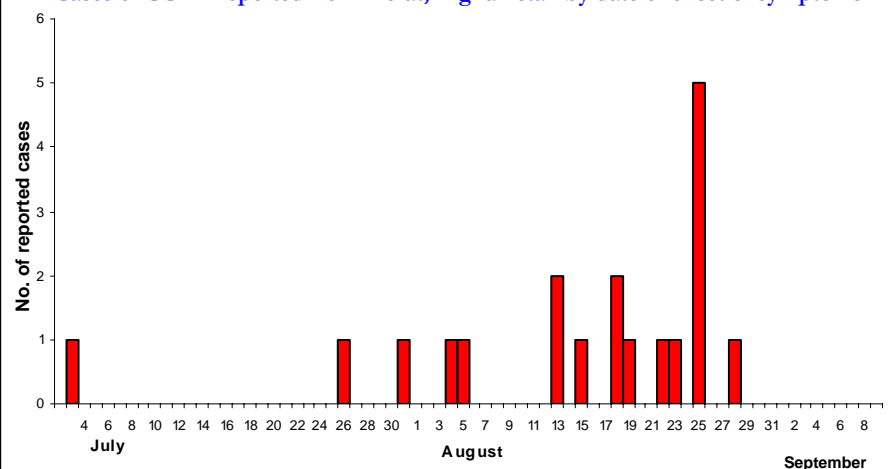
Editorial note

The outbreak of CCHF in Afghanistan and the subsequent control measures initiated by the local health authorities with support from WHO is a good example how effective coordination between all partners involved in outbreak response operations as well as implementing right strategies for control pay off in saving lives and reducing morbidity from a deadly disease for which there is no specific treatment or vaccine for mass protection.

Outbreak control measures for viral haemorrhagic fevers (VHFs) like that of CCHF are rather simple and appear very effective if they are fully understood by the affected communities and ensure their fullest participation in the control efforts.

The openness of reporting of the situation by the local health authorities to the affected populations made it easy for the local communities to protect themselves from the risk of exposure. Moreover, the transparent way the local health authority handled and managed its containment operations in the affected areas paved the way for mobilization of the affected communities for stopping prac-

Cases of CCHF reported from Herat, Afghanistan by date of onset of symptoms



Recommended strategies for CCHF outbreak control

- Establishing a coordination mechanism between all partners involved in response operations;
- Organizing social mobilization campaigns in order to restrict practices that promote transmission;
- Setting up isolation wards in the hospitals;
- Implementing standard infection control practices in all health care settings;
- Establishing active surveillance system to identify new cases;
- Implementing integrated vector control activities to reduce human exposure;

tices and behaviours that could otherwise promote transmission of the virus in the community and spread of the outbreak. Such practices would include preventing contacts with the blood of virus-infected animals (e.g. slaughtering activities), preventing tick bites, and preventing the transmission during care at home or during funerals.

Therefore, in the absence of specific treatment or available vaccines, social mobilization and health education campaign remains the most critical component for stopping transmission of the disease amongst the at-risk populations

The magnitude of public health problem owing to VHFs will continue to grow unless there is a renewed and intensified efforts by the affected countries to prevent and control the disease using evidence based strategies and control measures in the endemic areas.

Update on outbreaks

in the Eastern Mediterranean Region

CCHF: in Afghanistan, **Dengue:** in Saudi Arabia, **Cholera:** in Iraq; **Hepatitis –E:** in Sudan

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian influenza

Egypt	[50 (22), 44%]
Indonesia	[137 (112), 81.7%]

AWD/Cholera

Sudan (Gedaref)	[100 (2), 2%]
Iran	[103 (4), 2.9%]
Afghanistan	[20(0), 0.0%]
Iraq	[182(11), 6.%]

Dengue fever

Saudi Arabia	[533 (?), ?%]
Yemen	[1001 (?), ?%]

Hepatitis E

Uganda	[6530 (104), 1.6%]
Sudan	[224(23), 10.2%]*

VHF

DRC Congo	[5 (4), 80%]
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Yellow fever

Cote d' Ivoire	[2(0), 0%]
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Crimean Congo H. Fever

Afghanistan	[19(3), 15.7%]
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(* = Unofficial figures)
CFR = Case-Fatality Rate