World Health Organization
Regional Office for the Eastern Mediterranean

Weekly Epidemiological Monitor

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Current major events

CCHF in Iraq

The Ministry of Health in Iraq has reported a total of 18 suspected cases of Crimean-Congo hemorrhagic fever (CCHF) since 1 May 2010 from Mosul of Ninawa Governorate. Nine (9) of the cases were laboratory confirmed, and there were 3 related deaths. The cases were confirmed at the Central Public Health Laboratory in Baghdad. The last confirmed case was reported on 5 July 2010.

The MOH with support from WHO Country Office has taken appropriate public health measures that included strengthening of surveillance, case investigations, case management and health education to contain and prevent further spread of the outbreak..

Editorial note

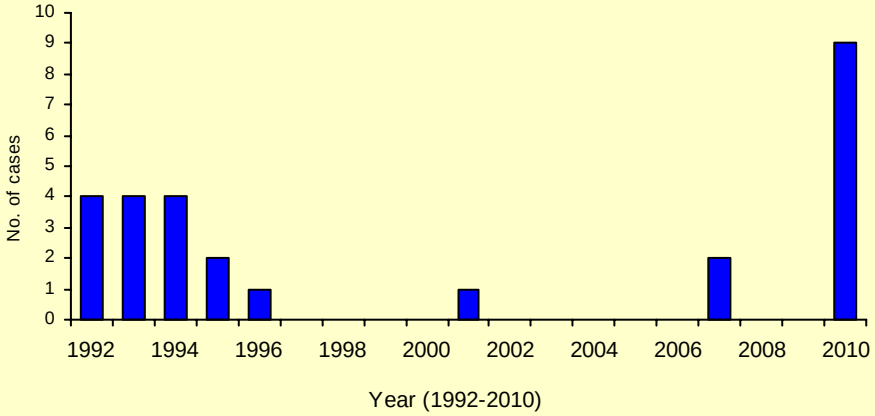
Crimean-Congo haemorrhagic fever (CCHF) is a zoonotic viral disease that is asymptomatic in infected animals but could be a serious threat to humans. The disease has a wide geographic distribution in parts of Africa, Asia, eastern Europe and the Middle East. The disease is caused by Crimean-Congo haemorrhagic fever virus (CCHFV) belonging to the genus *Nairovirus* in the Bunyaviridae family and causes severe diseases in human beings, with a reported mortality rate of 3–30%. CCHF was first clinically described in 1944 in Crimea in the former Soviet Union during a large outbreak of over 200 cases. CCHF virus was identified in 1967 from a patient in Uzbekistan, and was found to be similar to a virus isolated in 1956 in Congo, hence the name Crimean-Congo.

CCHFV usually circulates between asymptomatic animals and ticks in an enzootic cycle. Human beings become infected through tick bites, by contact with a patient with CCHF during the acute phase of infection, or by contact with blood or tissues from viraemic livestock. The clinical features show common dramatic progression characterized by haemorrhage, myalgia, and fever, with some differences among different regions suggested but not well studied.

Epidemiologically, CCHF cases are distributed mainly among actively working age groups exposed to tick populations. The major at-risk group are farmers living in endemic areas; most of the aff ected cases deal with agriculture and/or animal husbandry.

As it appears, outbreaks of CCHF among humans in the Ninawa governorate of Iraq is quite frequent (*Please see the graph)* . Although, no health care worker has been infected so far in these outbreaks, it should not be forgotten that the hospital health-care workers are at serious risk of transmission of CCHF infection when caring for patients with haemorrhages from the nose, mouth, gums, and injection sites. Being an endemic area for CCHF, targeted health education campaigns should be emphasized in Ninawa governorate like using personal protective measures to avoid bites from infected ticks and contact with infected blood or tissue in order to prevent recurrence of outbreak in the area.

Confirmed cases of HF reported in Ninawa governorate of Iraq, 1992-2010



Clinical features of CCHF

- **Incubation period:** Depends on the mode of acquisition of virus. Usually 1 to 3 days with a maximum of 9 days;
- **Symptoms:** Sudden onset of fever, myalgia, dizziness, neck pain and stiffness;
- **Signs:** Tachycardia, lymphadenopathy and a petechial rash

Update on outbreaks

in the Eastern Mediterranean Region

Cholera in Yemen & Djibouti; **Dengue** in Yemen and Sudan

Current public health events of international concern
[cumulative N° of cases (deaths), **CFR %**]

Avian influenza	
Egypt	[109 (34), **31.1%**]
Indonesia	[166 (137), **82.5 %**]
China	[39 (26), **66.6%**]
Global total	[500(296), **59.2%**]
Dengue fever	
Sudan	[3679 (12), **0.3%**]
Yemen	[8109 (10), **0.1%**]
AWD (Cholera)	
Yemen	[300 (4), **1.3 %**]
Benin	[278(2),**0.72%**]
Pandemic (H1N1) 2009	
AFRO	No of deaths: 168
AMRO	No of deaths: At least 8516
EMRO	No of deaths: 1019
EURO	No of deaths: At least 4879
SEARO	No of deaths: 1883
WPRO	No of deaths: 1846
GLOBAL Total	No of deaths: 18,311

CFR=Case-Fatality Rate

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