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Current major events

Nosocomial outbreak of CCHF in Pakistan

During the last few weeks, at-least eleven (11) laboratory-confirmed cases of Crimean Congo haemorrhagic fever (CCHF) were reported from Pakistan of which two died. One of the deceased was a medical doctor working in a hospital in Manshera district under the KPK province. The clinical exposure of this medical doctor to the disease remains unknown. Additionally, four female doctors and four other health care staff (Three nurses and a ward attendant) working at a hospital in Rawalpindi contracted the disease and tested positive for CCHF while they were attending patients of CCHF in the same hospital.

Editorial note

Sporadic cases and occasional outbreaks of CCHF affecting humans are reported in Pakistan throughout the year although the incidence, usually, peaks in June and in October. The disease-CCHF remains endemic particularly in the Baluchistan province but sporadic cases affecting humans are also reported throughout the year from Punjab, KPK as well as from Sindh provinces.

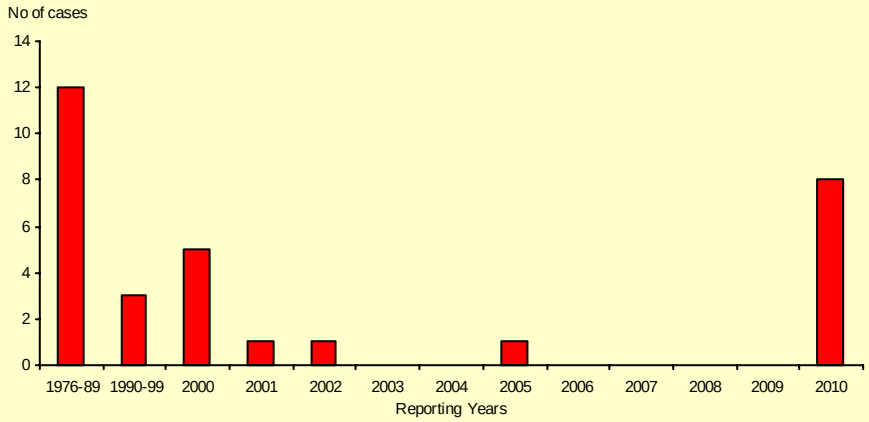
Unfortunately nosocomial outbreaks amongst the health care workers (HCWs) have also been reported across Pakistan since 1976 *(please see the graph)* which signifies major breaches in standard precautions to infection control measures in health-care facilities in the country that are responsible for recurrent transmission of CCHF viral pathogens to the health care staff.

When patients with CCHF are admitted to hospital, there is a risk of nosocomial spread of infection. Patients with suspected or confirmed CCHF should be isolated and cared for using barrier nursing techniques. Specimens of blood or tissues taken for diagnostic purposes should be collected and handled using standard precautions. Sharps (needles and other penetrating surgical instruments) and body wastes should be safely disposed of using appropriate decontamination procedures. The HCWs are also at risk of acquiring infection from sharps injuries during surgical procedures and, in the past, infection has been transmitted to surgeons operating on patients to determine the cause of the symptoms in the early stages of (at that moment undiagnosed) infection.

In addition to practices carried out by health workers, all individuals (including patients and visitors) should also comply with infection control practices in health-care settings.

The current outbreak is, by far, the worst documented outbreak amongst the HCWs in the recent history of Pakistan. It is, therefore, imperative that the Ministry of Health seriously considers establishing a comprehensive national programme on infection prevention and control that also supports implementation of appropriate infection control measures in all health-care settings in the country in order to prevent recurrence of such outbreaks amongst the health care staff

Cases of CCHF reported amongst the health care workers in Pakistan, 1976-2010



Prevention and Control of CCHF in health-care settings

- Standard precautions should be the minimum level of pre-cautions used when providing care for all patients. Hand hygiene remains a major component of standard precautions and should be performed before and after any direct patient contact;
- The use of personal protective equipment should be guided by risk assessment and extent of contact anticipated with blood and body fluids or pathogens;
- Suspected patients should be isolated and cared for using barrier nursing technique.
- 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.

Update on outbreaks

in the Eastern Mediterranean Region

Avian Influenza A(H5N1) in Egypt.; CCHF and **Dengue fever/Dengue Haemorrhagic Fever** in Pakistan; **Kala-Azar** in southern Sudan;

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

Avian influenza	
Egypt	[112 (36), **32.1%**]
Indonesia	[168 (139), **82.7 %**]
Viet Nam	[119(59), **49.6%**
China	[39 (26), **66.6%**]
Global total	[505(300), **59.4%**]
Yellow Fever	
Senegal	[2(0), **0%**]
AWD (Cholera)	
Niger	[976 (62), **6.4%**]
Chad	[2508 (111), **4.4%**]
Cameroun	[7869 (515), **6.5%**]
Nigeria	[29115(1191),**4%**]
Kala-Azar (Visceral Leishmaniasis)	
S. Sudan	[2114(99), **4.7%**]
Acute Haemorrhagic Conjunctivitis	
S. Sudan	[428(0), **0.0%**]
Uganda	[6818(0), **0.0%**]

CFR=Case-Fatality Rate

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