

Current major event

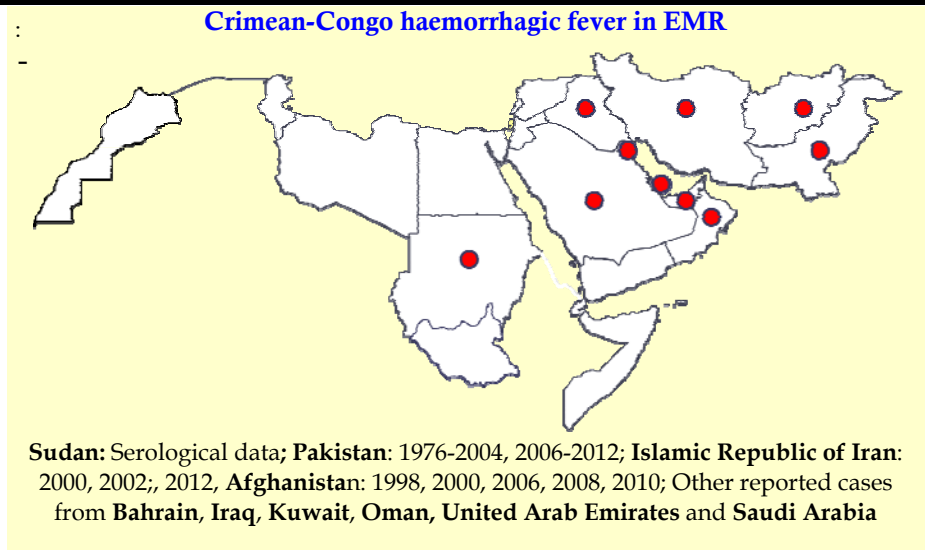
CCHF In Pakistan

The Crimean-Congo haemorrhagic fever (CCHF) has been reported from Pakistan in recent time. A total of 8 cases of CCHF including 3 deaths were reported which have the date of onset between 5 to 28 April 2012. While all these 8 cases were identified in all 4 provinces of Pakistan, they were all linked to Balochistan, a known endemic focus of CCHF.

Editorial note

CCHF is endemic in Pakistan as well as in some other countries in the Eastern Mediterranean Region (EMR). Pakistan remains one of the countries most affected by the disease in the region (*Please see the map*). The causative agent is a *bunyavirus* belonging to the genus *Nairovirus*. The CCHF virus is transmitted from cattle and sheep to humans via a tick vector and can also spread from person to person via infected blood. Cases usually occur singly among shepherds or among small groups of individuals in contact with livestock or animal products. Occasionally, clusters of cases occur as a result of nosocomial transmission in hospitals. Mortality can be as high as 40 percent in extreme situations but is normally in the region of 15 percent.

As the risk of nosocomial transmission of CCHF is extremely high in hospitals, particularly amongst the health-care workers and evidences of such mode of transmission has been documented in the past in some countries in the Region, notably in Pakistan and Afghanistan, stringent measures for appropriate infection control need to be practiced and maintained in all health care facilities treating any suspected case of CCHF in order to prevent any secondary transmission. Health-care workers, when dealing with any suspected case, need to maintain standard precautions for infection control and should adhere to other usual practices like wearing gloves and other protective clothings when examining



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.

patients. Currently, it has been reported in the media that not only in Pakistan, CCHF has been reported in the entire belt including from Afghanistan, Iran and Turkey. Therefore, the neighboring countries, in addition, also need to strengthen surveillance for early detection of any suspected case as the chances of spread of CCHF across the border could be high owing to population and trans-boundary movement of animals and amongst these neighbouring countries in the region. Given the growing concern in the region, concerted control efforts and close cooperation between animal and human health sector need to be taken urgently by the countries with endemic foci of CCHF in order to reduce public health threats from CCHF

Update on outbreaks

in the Eastern Mediterranean Region

Hospital associated infection in Jordan; **Meningococcal meningitis** in Sudan; **Avian Influenza (H5N1)** in Egypt

Current public health events of international concern

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

Avian influenza

China	[42(28), 66.7%]
Egypt	[167 (60), 35.9%]
Indonesia	[189 (157), 83 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[20(18), 90%]
Bangladesh	[6(0), 0%]
Global total	[603(356), 59.0%]

Measles

Afghanistan	[261 (0), 0%]#
Somalia	[1046 (na), na%)]#
Yemen	[3800(124), 3.3%]#

Hospital Associated infection

Jordan	[11(1), 9.1%)]#
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Meningococcal Meningitis

Chad	[1043(67), 6.4%]
Sudan	[42(7), 16.6%]

CFR=Case-Fatality Rate;
Suspected cases only