

## Current major event

### CCHF in multiple countries

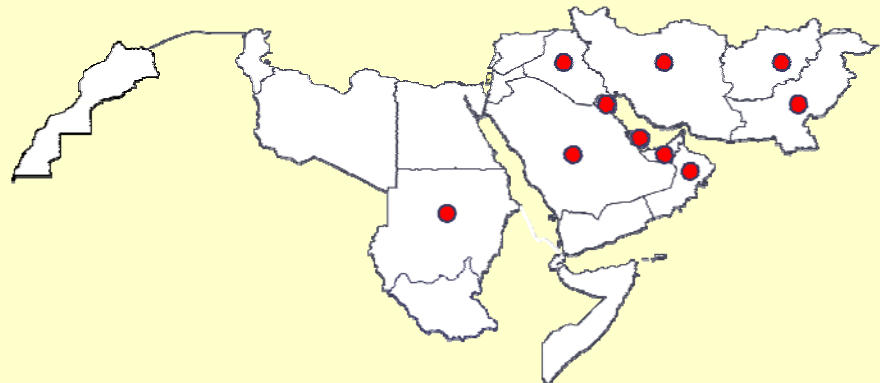
In recent time, Crimean-Congo haemorrhagic fever (CCHF) has been reported from three countries in the region. These include Pakistan, Afghanistan and Iran (Islamic Republic of). While nosocomial transmissions have been reported in healthcare workers both in Pakistan and Iran, no such transmission has yet been reported in Afghanistan. However, such healthcare associated transmissions of CCHF was reported in healthcare workers in Afghanistan in the past .

### 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.

The risk of nosocomial transmission of CCHF is extremely high in hospitals, particularly amongst the health-care workers. Evidences of such mode of transmission has been documented in the past in few countries in the Region, notably in Pakistan and Afghanistan. Stringent measures for appropriate infection control need to be encouraged in all health care facilities treating any suspected case of CCHF in order to prevent any secondary transmission. Health-care workers need to maintain standard precautions for infection control and should adhere to other usual practices like wearing gloves and other protective

### Crimean-Congo haemorrhagic fever in EMR



**Sudan:** Serological data; **Pakistan:** 1976-2004, 2006-2012; **Islamic Republic of Iran:** 2000, 2002, 2012, **Afghanistan:** 1998, 2000, 2006, 2008, 2010, 2012; Other reported cases from **Bahrain, Iraq, Kuwait, Oman, United Arab Emirates and Saudi Arabia**

### Nosocomial transmission of CCHF in healthcare workers in EMR

Country/Year	Primary case	HCW contacts	Exposure
Pakistan, 1976	1	10	Healthcare
UAE, 1979	1	2	Healthcare
Iraq, 1979	1	2	Healthcare
Pakistan, 1994	1	3	Surgery
Pakistan, 1994	3	4	Healthcare
Pakistan, 1994	1	3	Surgery
Pakistan, 2000	1	2	Healthcare
Pakistan, 2002	3	2	Muco-cutaneous
Iran, 2003	?	5	Healthcare
Afghanistan, 2008	30	1	Healthcare
Sudan, 2010	?	1	Healthcare
Iran, 2012	?	3	Healthcare

? = Unknown  
Source = published and unpublished information

clothing when examining patients. In addition to Pakistan, the media has also reported outbreaks of CCHF from the entire belt including from Afghanistan, Iran and Turkey. Therefore, the neighboring countries, 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 movement and trans-boundary movement of animals in the region.

### Update on outbreaks

#### in the Eastern Mediterranean Region

**Avian influenza** in Egypt; **Dengue** and **CCHF** in Pakistan; **Measles** in Afghanistan, Yemen and Somalia.

### Current public health events of international concern

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

#### Avian influenza

China	[43(28), <b>65.1%</b> ]
Egypt	[168 (60), <b>35.7%</b> ]
Indonesia	[189 (157), <b>83 %</b> ]
Viet Nam	[123(61), <b>49.5%</b> ]
Cambodia	[21(19), <b>90.4%</b> ]
Bangladesh	[ 6(0), <b>0% ]</b>
Global total	[606(357), <b>58.9%</b> ]

#### Measles

Afghanistan	[261 (0), <b>0% ]#</b>
Somalia	[1046 ( ? ) ]#
Yemen	[3800(124), <b>3.3% ]#</b>

#### Crimean-congo haemorrhagic fever

Pakistan	[26 (6) <b>23% ]#</b>
Afghanistan	[6(1), <b>16.6% ]#</b>
Iran	[ ? ]

#### Dengue

Pakistan	[111(0), ]
Yemen	[112(2), <b>1.7% ]</b>

CFR=Case-Fatality Rate; # Suspected cases