

Current major event

CCHF in Pakistan

The DEWS team in Pakistan have reported one new suspected case of Congo Crimean hemorrhagic fever (CCHF) in week 33. This brings to 37, the total number of cases reported throughout the country in 2012. 29 of the cases are lab confirmed including 9 deaths (CFR = 31.03%). Investigations revealed that all the cases were exposed to infected animals and contacts with humans. DEWS and the provincial health authorities are responding to the outbreak.

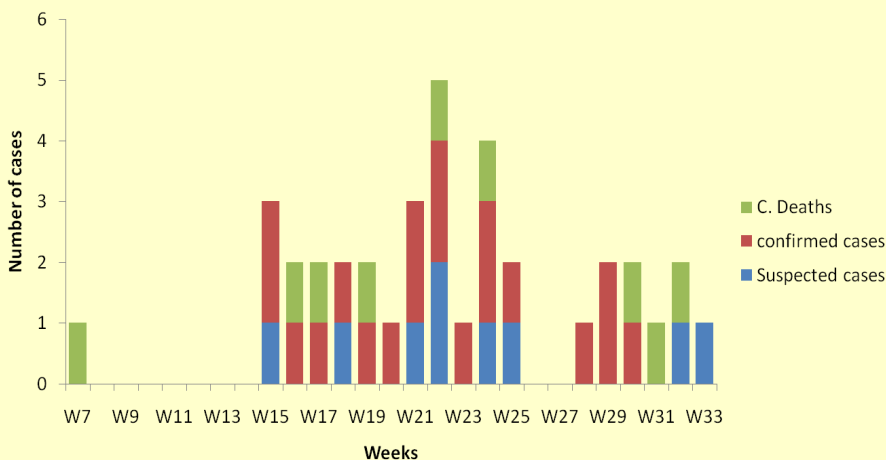
Editorial note

Crimean Congo virus the causative agent for the Crimean Congo hemorrhagic fever (CCHF) is endemic in Pakistan. The disease is reported sporadically with marked increase in the number of cases around the feast of "Id El Adha" when many animals are slaughtered. Outbreaks of nosocomial infection have also been reported among health care workers in the Country. The last outbreak occurred in 2010 where WHO-EMRO and WHO-PAK deployed an expert on infection control in healthcare settings to Pakistan in response. Nine health care workers were infected in that outbreak.

CCHF is a serious viral hemorrhagic fever caused by an RNA virus of family Bunyaviridae, genus Nairovirus. The virus is carried by Hyalomma species of ticks and humans become infected through the bites of ticks or when the tick is crushed on the skin. These ticks are usually found on sheep, cattle, goats or camels, and their slaughtered skins. They may also be exposed to the virus in blood or tissues of a viremic animal during its slaughter and butchering; or by contact with infected blood or secretions of acute human cases in home or hospital setting.

Since the beginning of the year a total of 37 cases including 9 deaths has already been reported (see chart on the right). 21 cases have been reported from Balochistan; 6 from Sindh; 5 from Khyber

Reported CCHF cases and death : Pakistan Wk 7- 33



Reported outbreaks of CCHF in Pakistan 2006-2012

Year	Cases	Deaths	CFR (%)
2000-2	191	59	26.2
2003-6	328	42	12.8
2010	29	3	4.9
2012	37	9	24.3

Source: DEWS & NIH Pakistan

Pakhtunkhwa and 5 from Punjab. These numbers are likely to rise in the coming months especially during the Id El Adha when a lot of animals will be slaughtered.

The DEWS teams and the provincial health authorities need to double their efforts to trace every contact, monitor them for fever and refer for treatment if fever develops. The health education and awareness raising sessions being made are commendable. Effort to improve awareness on bio-safety should be extended to butchers and animal handlers

More importantly, a lot needs to be done to improve public health care practices in the health care settings. Training health care workers on personal safety, infection prevention and control in the workplace including adherence to universal standard precaution practices is a must. Personal Protective Equipments (PPE) must be made available to staff involved in giving care to these patients.

Update on outbreaks

in the Eastern Mediterranean Region

Hepatitis E: in S. Sudan; **Acute Gastro-enteritis:** in Egypt; **Dengue** and **CCHF** in Pakistan; **Measles** in Afghanistan and Pakistan;

Current public health events of international concern

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

Avian influenza

China	[43(28), 65.1%]
Egypt	[168 (60), 35.7%]
Indonesia	[190 (158), 83.1 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[21(19), 90.4%]
Bangladesh	[6(0), 0%]
Global total	[607(358), 58.9%]

Hepatitis E

S. Sudan	[10(?), ?]
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Measles

Afghanistan	[?383 (?), 0%]#
Pakistan	[9000 (125), 1.4%]#

Crimean-congo haemorrhagic fever

Pakistan	[37 (9) 24.3%]#
Afghanistan	[6(1), 16.6%]#

Acute Gastroenteritis

Egypt	[2000 (0), 0.0%]
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Ebola Haemorrhagic Fever

Uganda	[24(16), 66.7%]
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CFR=Case-Fatality Rate; # Suspected cases