

Current major event

Imported CCHF from Afghanistan

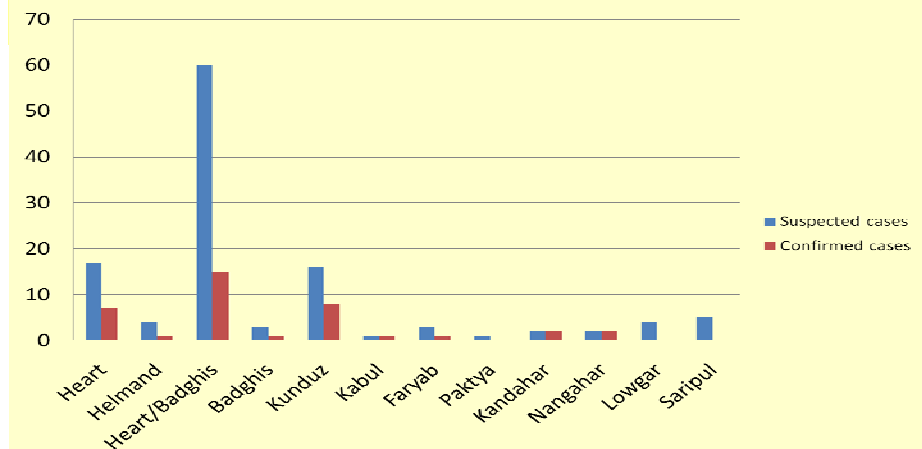
On the 4th October 2012 a case of Crimean Congo Virus Haemorrhagic Fever (CCHF) was confirmed in a male adult resident of Glasgow, Scotland. The case became ill on 28 September while visiting his family in Afghanistan. He returned to Scotland via Dubai on 2 October and was admitted on the 3rd, The patient died on 7th October 2012. In accordance with IHR (2005) requirement for notification of public health emergency of international concern, Scotland has notified WHO and WHO has alerted Afghanistan and United Arab Emirates is assisting the two countries to carry out risk assessments and contact tracing

Editorial note

Crimean Congo virus haemorrhagic fever is endemic in Afghanistan. The confirmation of CCHF in Glasgow, Scotland this week in a patient with a travel history to Afghanistan should not come as a surprise. The deceased was reported to have attended a family wedding ceremony in their village. During such occasions animals are often slaughtered and butchered and this case was probably exposed during this event. Since the beginning of the year, the Afghan Ministry of Public Health has reported suspected and confirmed human cases of CCHF in their Weekly Morbidity and Mortality bulletin. Since 2007 the Disease Early Warning and Response System (DEWS) has investigated several outbreaks from many provinces all over the Country (see chart and table).

CCHF is a viral hemorrhagic fever caused by the Nairovirus of the Bunyaviridae family, transmitted to humans by the bite or crushed tissues of the Hyalomma tick, or by direct contact with blood of an infected animal or human. CCHF is a severe disease with very high case fatality rate ranging from 2% to 50%. The disease was first described in Crimea in 1944 and identified in 1956 in

Reported cases of CCHF - Afghanistan 2007-2012



Reported cases of CCHF: Afghanistan

Year	Cases	Deaths	CFR%
2007	22	1	4.5
2008	30	10	33
2009	15	0	0
2010	3	0	0
2011	8	0	0
2012	26	4	15.4

Congo, thus the current name given to the disease and the virus that causes it. The disease is endemic in many countries in Africa, countries around the Crimean Sea and Asia. Outbreaks of CCHF have been reported in the WHO Eastern Mediterranean Region from Afghanistan, Iran, Iraq, Pakistan and Sudan. The disease is also endemic in these countries.

This year, cases and outbreaks of CCHF were reported from Afghanistan, Iran Iraq and Pakistan (see table). Thus CCHF is a regional problem for these countries that requires a close collaboration and a coordinated approach to control. Transboundary movements and trade in animal is frequent among these countries. The four countries and WHO/EMRO have signed the Group of 5 (G-5) Agreement that coordinates and work together to control viral haemorrhagic fevers in the sub-region. The group has organized a training on VHF in Tehran at the end of October 2012.

Update on outbreaks

in the Eastern Mediterranean Region

Hepatitis E: in S. Sudan; **Novel Coronavirus :** in Qatar and Saudi Arabia; **Cholera:** in Iraq; **Dengue** in Pakistan and **CCHF** 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	[621 (21), 3.3%]
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Novel Coronavirus

Saudi Arabia	[1 (1), 100%]
Qatar	[1 (0),]

Crimean-congo haemorrhagic fever

Afghanistan	[26 (4) 15.4%]
Pakistan	[39 (9) 21.1%]

Cholera

Iraq	[200 (2), 1%]
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Ebola Haemorrhagic Fever

D.R Congo	[71 (35), 47.9%]
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CFR=Case-Fatality Rate; # Suspected cases