

Current major event

Crimean-Congo haemorrhagic fever (CCHF) in Pakistan

Crimean-Congo haemorrhagic fever (CCHF) continues to spread in Pakistan with new infections being reported in areas that are not known foci for the disease. In 2012, a total of 60 cases of CCHF including 16 deaths were reported in the country, while 3 new cases including 1 death have so far been reported in 2013 from Pakistan.

Editorial note

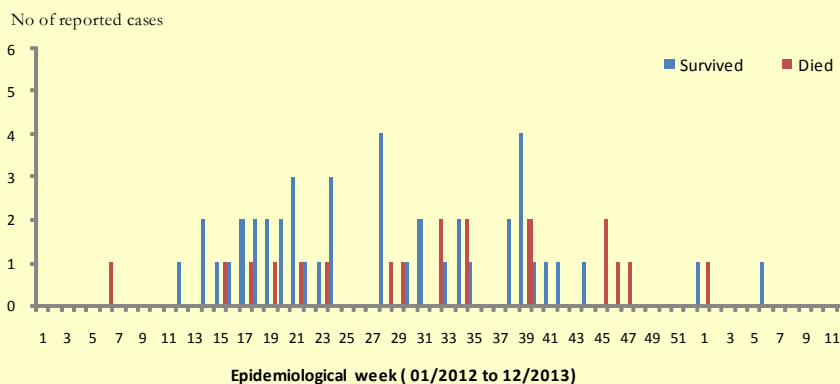
Since it was recognized for the first time in Pakistan in 1976, there have been a bi-annual surge of CCHF cases in the country. Cases usually appear between March and May and again between August and October. Furthermore, it has been shown that the disease is more prevalent in specific areas of Balochistan.

The recent trend of transmission of CCHF in the country is worrying as cases are occurring through out the year (*see chart right*) and expanding in a wide geographic areas of the country. This indicates that the control measures for mitigation of transmission are not effective thus resulting in the disease spreading out from its established foci of Balochistan to other new areas. Although majority of the cases are still concentrated in Balochistan (*see the table*), we believe that with time, the cases will increase (some of them laboratory-confirmed) in these new areas of the Country.

Crimean-Congo hemorrhagic fever virus (CCHFV) is tick-borne a arbovirus that causes acute viral haemorrhagic fever. In the Eastern Mediterranean Region, CCHF is endemic in Pakistan, Afghanistan and Iran. Nosocomial outbreaks of CCHF have also been reported from Sudan and UAE in the recent past.

The current outbreak of CCHF started in week no 7 of 2012 and continued till week no 47. The long duration of this

Cases of Crimean-Congo haemorrhagic fever reported from Pakistan, Jan 2012– March 2013



CCHF cases in Pakistan: Jan 2012 to March 2013

Province	Cases	Death
Sindh	7	3
Punjab	8	3
Khyber Pakhtunkhwa/ Fata	9	4
Balochistan	39	7
Total	63	17

disease occurrence is a cause for concern as it clearly depicts ineffectiveness of control measures to contain the outbreak at its source. What is worrying is that the disease has re-appeared again after a gap of nearly 4 weeks in January 2013. The month of January is not the usual season for CCHF in Pakistan. Since the first case, two more cases including 1 death were reported in 2013 so far. There is a risk now that CCHF may spread cross-border as many of the areas reporting CCHF cases in recent time are on the borders of Afghanistan and Iran which are also endemic foci for CCHF. Moreover population movement between these bordering areas is rampant.

Given this risk, while cross-border surveillance needs to be strengthened, much needs to be done in Pakistan for re-enforcing control measures to prevent spread of the disease to new areas. The involvement of both animal and health sector will be important to contain the current wave of this outbreak.

Update on outbreaks

in the Eastern Mediterranean Region

Novel Coronavirus in UAE; Hepatitis E: in South Sudan; .

Current public health events of international concern

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

Avian influenza

Egypt	[171 (61), 35.67]
Indonesia	[192 (160), 83.3 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[26(23), 88.4%]
Global total	[621(367), 59%]

Hepatitis E

S. Sudan	[8940 (158),1.7%]#
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Novel coronavirus

Saudi Arabia	[9 (6), 66.6 %]
Qatar	[2 (0)]
Jordan	[2 (2), 100%]
UK	[3 (1), 33%]
UAE	[1 (1), 100%]

West Nile Virus

Tunisia	[81 (12) 14.8.%]#
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Yellow fever

Sudan	[849 (171), 20.2%] #
Chad	[139 (9), 6.4%]

CFR=Case-Fatality Rate; # Suspected cases