

## Current major event

### CCHF continues to claim lives in Pakistan

Since it was first reported in the weekly epidemiological monitor- *vol-6, issue-13, dated 31 March 2013*, Crimean-Congo haemorrhagic fever (CCHF) continues to claim more lives in Pakistan with new infections reported almost every week. A total of 77 suspected cases including 15 deaths (CFR:19.4%) were reported from the country between 01 January to 29 September 2013. Of these reported cases, 48 were laboratory confirmed.

### Editorial note

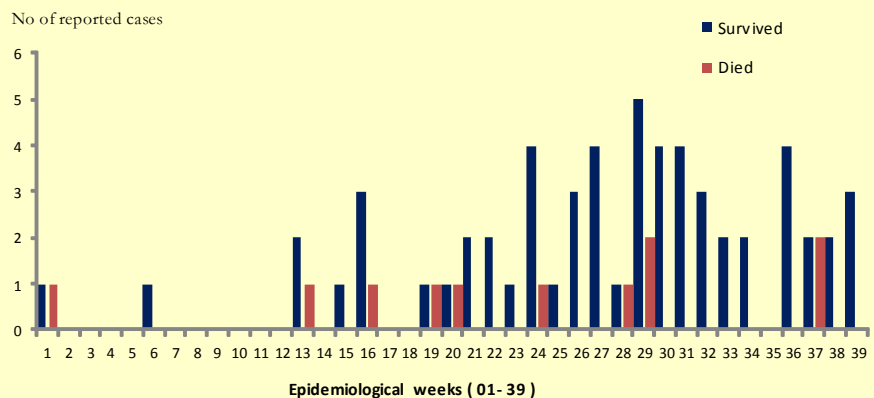
The current outbreak of CCHF in Pakistan could well be the worst in its history given the size and scale of the outbreak as well as the geographic distribution of cases.

Since it was first recognized in the country in 1976, there is usually a bi-annual surge of CCHF cases in the country. Cases usually occur between March and May and again between August and October. Furthermore, the cases were predominately in the province of Balochistan.

The trend of transmission of CCHF during the current year is particularly worrying as cases are occurring throughout the year (*Please see the graph*) and in a wide geographic areas of the country. (*please see the table*). Areas like Azad Jammu and Kashmir (AJK) and the capital city of Islamabad never reported cases of CCHF in the past. This indicates that the disease is spreading fast from its established transmission foci to other areas either due to movement of infected animals across the provinces or due to lack of effective public health control measures at the transmission foci.

CCHF is a tick-borne acute viral haemorrhagic fever, caused by the arbovirus-Crimean-Congo hemorrhagic fever virus (CCHFV) and is endemic in Pakistan, Afghanistan and Iran in the Eastern Mediterranean Region. Nosocomial out-

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



CCHF cases \* in Pakistan: by province, 2012 and 2013 (Upto September)

Province	2012		2013	
	Cases	Death	Cases	Death
AJK	0	0	1	0
Sindh	7	3	2	1
Punjab	8	3	6	2
Islamabad	0	0	2	0
Khyber Pakhtunkhwa/ Fata	9	5	6	4
Balochistan	38	7	60	8
<b>Total</b>	<b>62</b>	<b>18</b>	<b>77</b>	<b>15</b>

\* includes both suspected and laboratory-confirmed cases

breaks from CCHF have also been reported from Sudan and UAE in the recent past.

The current outbreak needs to be contained rapidly else there is a risk of spread of the disease across the bordering countries of Afghanistan and Iran where the disease is also endemic. The long duration of this outbreak is a particular concern as cases were reported outside the normal season. In view of the coming Muslim festival of Eid-ul-Adha, where lot of animals would be slaughtered, there is a risk of further spread of the disease if proper personal protective measures are not ensured. As there will be trade of animals and animal skin between these bordering countries during this festival period, stringent measures need to be implemented rapidly.

## Update on outbreaks

in the Eastern Mediterranean Region

Novel Coronavirus in KSA; Hepatitis E: in South Sudan; Wild poliovirus in Somalia and Sudan.

### Current public health events of international concern

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

#### Avian influenza

Egypt	[173 (63), 36.4%]
Indonesia	[192 (160), 83.3 %]
Viet Nam	[125 (62), 49.6%]
Cambodia	[31 (27), 87.1%]
Global total	[629 (375), 59.6%]

#### Hepatitis E

South Sudan	[11,897 (235), 1.9%]#
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#### Novel Coronavirus (MERS-CoV)

Saudi Arabia	[114 (49), 43% ]
UAE	[7 (3), 42.8% ]
Qatar	[5 (2), 40%]
Tunisia	[3 (1), 33% ]

#### Influenza A (H7N9) virus

China	[135 (44), 32.6%]
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#### Crimen-Congo haemorrhagic fever

Pakistan	[77 (15), 19.4%]
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#### Wild poliovirus

South Sudan	[3 (0)]
Somalia	[171 (0)]

CFR=Case-Fatality Rate; # Suspected cases