

Current major event

CCHF remains entrenched in Pakistan

In 2013, Pakistan has probably seen one of the worst outbreaks from Crimean-Congo haemorrhagic fever (CCHF). As of December 2013, a total of 100 cases were reported across the country including 20 deaths (CFR: 20%). 64 of these cases have been laboratory-confirmed.

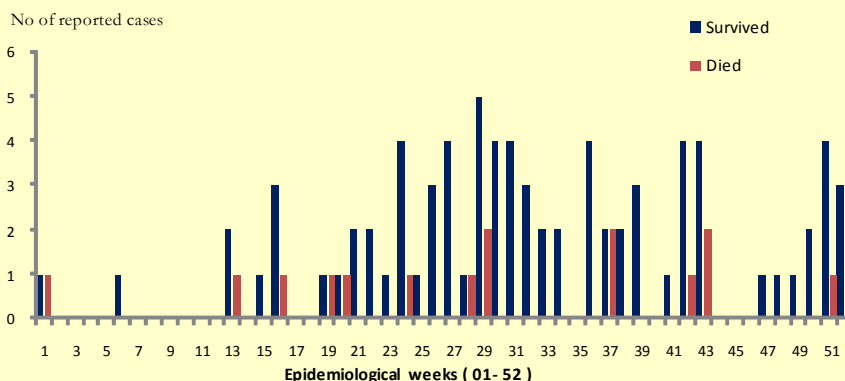
Editorial note

The current outbreak of CCHF in Pakistan may well be documented as 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. However, the trend of transmission of CCHF during the current year is worrying as cases have occurred through out the year (*Please see the graph*) and also 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 year, cases have occurred throughout the year and in particular outside the normal season in these non-endemic places. 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.

The initial investigation of this outbreak revealed that majority of the cases had history of contact with animals. As the disease spreads through contact with infected animals, it is important that the public health measures for control of the outbreak should consider to put in place a strong risk communication component

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



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

Province	2012		2013	
	Cases	Death	Cases	Death
AJK	0	0	1	0
Sindh	7	3	2	1
Punjab	8	3	18	5
Islamabad	0	0	4	1
Khyber Pakhtunkhwa/ Fata	9	5	9	4
Balochistan	38	7	66	9
Total	62	18	100	20

*includes both suspected and laboratory-confirmed cases

amongst the high risk groups (animal handlers, agriculture workers, etc) for preventing infection and its spread.

The other concern is that the disease is endemic in Pakistan, Afghanistan and Iran in the Eastern Mediterranean Region. Nosocomial outbreaks from CCHF have also been reported from Sudan and UAE in the As such, there is also a need for strengthening cross-border surveillance as the prolonged duration of the outbreak and the wide spread endemicity of the disease in Pakistan as seen this year may put all other neighbouring countries at risk. It might also be worth from the public health point of view to conduct a detailed investigation on the pattern of transmission including the reasons for such a wide geographic distribution of cases.

Update on outbreaks

in the Eastern Mediterranean Region

Novel Coronavirus in Oman and United Arab Emirates; Wild poliovirus in Syria; Yellow fever in 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	[12,718 (251), 1.9%]#
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Novel Coronavirus (MERS-CoV)

Saudi Arabia	[141 (57), 40%]
Oman	[0 (2), 100%]
Qatar	[10 (2), 20%]
UAE	[11 (3), 27 %]

Yellow fever

Sudan	[49 (15), 32%]
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Crimen-Congo haemorrhagic fever

Pakistan	[100 (20), 20%]
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Wild poliovirus

Syria	[17 (0)]
Somalia	[180 (0)]
Cameroon	[2 (0)]

CFR=Case-Fatality Rate; # Suspected cases