Current major event

CCHF in Pakistan

In recent time, there has been a seasonal spike in the number of human infections with Crimean-Congo Haemorrhagic Fever (CCHF) virus in Pakistan. Between epidemiological week 8 and week 29 of this year, the health authorities in Pakistan reported a total of 40 cases of CCHF to WHO. There were 11 related deaths (CFR: 27.5%) and 22 of the cases were laboratory-confirmed. WHO is working closely with the health authorities to control this upsurge.

Editorial note

Ever since CCHF virus was first recognized in Pakistan in 1976, there has been a pattern with a bi-annual surge of CCHF cases in the country. Cases usually occur between March and May and again between August and October every year. Most of the cases are reported from the province of Balochistan.

Since last year, there has been a geographical expansion and increase in the length of time in the transmission of CCHF in the country. Human infections with CCHF virus occurred throughout the year and covered a wide geographic areas of the country. (see the table). Areas like Azad Jammu and Kashmir (AJK) and the capital city of Islamabad never reported cases of CCHF in the past. Just like in the past year, human cases of CCHF have been reported from these same areas in 2014. This indicates that the transmission foci of CCHF has spread to new areas of the country either due to movement of infected animals across the provinces or due to lack of effective public health control measures at the established transmission foci of CCHF virus in the country.

CCHF is a tick-borne acute viral haemorrhagic fever, caused by the arbovirus-Crimean–Congo hemorrhagic fever virus (CCHFV). The disease is endemic in Pakistan, Afghanistan and Iran in the Eastern Mediterranean Region. The virus is transmitted by ticks as well as through direct contact with infected human and/or animal blood, and tissues during and immediately after slaughter. The majority of cases have occurred in people involved in the livestock industry, such as agricultural workers, slaughterhouse workers, and veterinarians. Secondary transmission associated with healthcare workers frequently occurs in hospitals and other healthcare settings. Such transmissions have occurred in Pakistan, Sudan as well as in the United Arab Emirates in the past.

Most of the reported cases this year had history of contact with animals. In addition one of the reported cases during this week is a health care worker, who presumably acquired the infection while providing care to a laboratory-confirmed case of CCHF.

The current seasonal spike needs to be contained rapidly through appropriate public and animal health measures. There is a risk that the virus will remain geographically established in the country like what was been observed in 2013. Effective control should be coordinated in collaboration with the animal sector.

Update on outbreaks in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia and Iran, and Dengue Fever in Sudan

Current public health events of international concern (cumulative No of cases (deaths), CFR %)

Avian Influenza A (H5N1): 2006-2014

Egypt [716 (64), 36.4%]

MERS-CoV: 2012-2014

Saudi Arabia [721 (262), 36.3%]

Jordan [11 (6), 54.5%]

Oman [2 (2), 100%]

UAE [68 (8), 11.8%]

Kuwait [3 (1), 33.3%]

Tunisia [3 (1), 33.3%]

Qatar [7 (4), 57.1%]

Yemen [1 (1), 100%]

Egypt [1 (0), 0%]

Lebanon [1 (0), 0%]

Iran [5 (2), 40%]

Ebola Hemorrhagic Fever: 2014

Guinea [410 (310), 75.6%]

Liberia [196 (110), 59.2%]

Sierra Leone [442 (206), 46.6%]

Wild poliovirus: 2012-2014

Pakistan [245 (0), 0%]

Afghanistan [59 (0), 0%]

Somalia [198 (0), 0%]

Dengue Fever: 2014

Sudan [1119 (9), 0.8%]

Cholera 2014

South Sudan [4,692 (106), 2.3%]