**Current major event**

**Crimean-Congo Hemorrhagic Fever in Pakistan, 2014**

In 2014, Pakistan reported 128 suspected cases of Crimean-Congo hemorrhagic fever (CCHF). Among these cases, 52 were laboratory confirmed cases. There were 36 related deaths (CFR 28%). The first CCHF reported cases were during week 8 in this year, and up to week 42 there were weekly cases reported from different Provinces in Pakistan.

**Editorial note**

This year, Pakistan continued to report of cases CCHF from several Provinces. Balochistan remains the most affected Province in the Country. As of week 42, the province reported 66 cases including 15 deaths (CFR 22%). This is the second year in a row that Balochistan reported the highest number of cases of CCHF. The Province is in the west part of the country and borders Afghanistan and Iran. There is active cross border movements of nomadic tribes between the three countries (please see the table).

Pakistan as well as Iran and Afghanistan report annually cases of CCHF. The active areas are those in the border between the three countries. The movements of the nomads with their animals including those infested with Hyalomma ticks are responsible for transmitting the virus to both the animal and human. Up to 40% of the cases may die from the disease.

This transmission of the CCHF disease within Pakistan has been documented since the first discovery of the disease in 1976. In the current two years, new places like Islamabad reported for the first time CCHF cases. At least 30 reported CCHF cases original infected in Afghanistan and seeking treatment in Pakistan. There were 14 Afghani CCHF cases reported from Baluchistan, 14 from Khyber Pakhtunkhwa, and 2 from Islamabad.

Trade in animals and their skins between Iran and Afghanistan do play a big role in spreading CCHF among people in this region. This transmission of the CCHF disease to both the animal and human. Up to 40% of the cases may die from the disease.

WHO in the country office is supporting the country at national and provincial levels. WHO team conducts joint outbreak investigation missions. The team conducted active case finding, sample collection and transportation to the National lab for confirmation, contact tracing and assist in raising community awareness.

Comprehensive plans need to be implemented to reduce the burden of the disease in these countries. Joint vector control activities with the animal authorities to reduce the transmission of the disease, improvement of surveillance to detect the disease earlier, sharing information between the countries specially Afghanistan and Iran, and social mobilization activities should be strengthened.