

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.

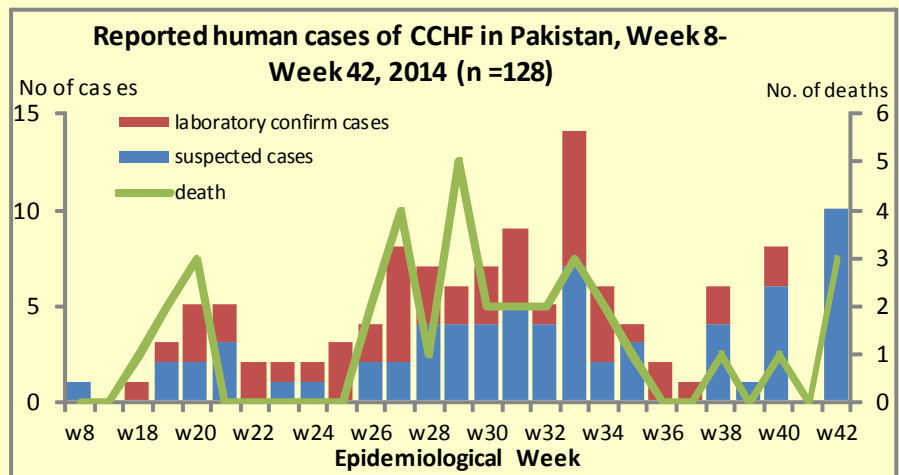
Editorial note

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



Human infections of CCHF in Pakistan by province, 2012-2014

province	2012		2013		2014*	
	C	D	C	D	C	D
AJK	0	0	1	0	0	0
Sindh	7	3	2	1	2	1
Punjab	8	3	18	5	17	6
Islamabad	0	0	4	1	4	2
Khyber Pakhtunkhwa	9	5	9	4	39	12
Balochistan	38	7	66	9	66	15
Total	62	18	100	20	128	36

C: cases, D: deaths, *:Till week 42/2014

involved in handling the animals or their skin, tick bite, and in close contact with patients and butchers.

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.

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia, Wild Poliovirus in Pakistan and Afghanistan

Current public health events of international concern

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

Avian Influenza A (H5N1): 2006-2014

Egypt [177 (64), 36.2%]

MERS-CoV: 2012-2014

Saudi Arabia [785 (300), 38.2%]

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 [9 (4), 44.4%]

Yemen [1 (1), 100%]

Egypt [1 (0), 0%]

Lebanon [1 (0), 0%]

Iran [5 (2), 40%]

Ebola Hemorrhagic Fever: 2014

Guinea [1731 (1041), 59.6%]

Liberia [6525 (2697), 58%]

Sierra Leone [4759 (1070), 32.8%]

Nigeria [20 (8), 40%]

Senegal [1 (0), 0%]

Spain [1 (0), 0%]

USA [4 (1), 25%]

Mali [1 (1), 100%]

Wild poliovirus: 2014

Pakistan [235 (0), 0%]

Afghanistan [18 (0), 0%]