

Current major event

Crimean-Congo haemorrhagic fever in Pakistan

Since January 2014, Pakistan has reported a cumulative total of 154 cases of Crimean-Congo hemorrhagic fever (CCHF) including 40 related deaths (CFR 26%). Of these reported cases, a total of 69 cases were laboratory confirmed. Suspected cases of CCHF were first reported during epidemiological week number eight. Subsequently, at least one case has been reported every week from different parts of the country.

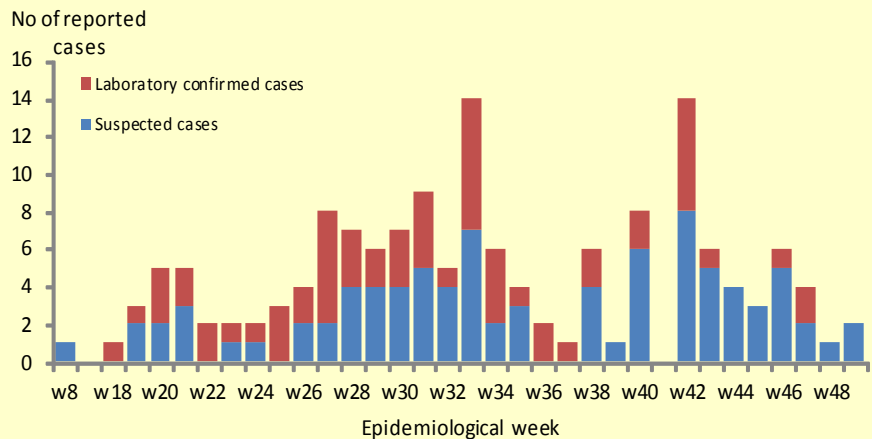
Editorial note

The Crimean-Congo haemorrhagic fever (CCHF) is endemic in Pakistan. However, during the last few years, it has been observed that the trend of CCHF is increasing in the country. During the current year, reported number of cases represent a 50% increase compared to last year and more than 100% increase compared to 2013 (please see the table). The provinces that have been mostly affected by the disease are Baluchistan with the highest number of cases (82 cases), followed by Khyber Pakhtunkhwa (KPK) with 45 cases and Punjab province with 17 cases. In addition, it has been reported that a total of 41 cases of CCHF were imported from Afghanistan of which 8 died.

The two most affected provinces, Baluchistan and Peshawar, in Pakistan border Afghanistan to the north; Baluchistan province also border Iran to the west. There is movement of nomads with their animals between these three countries. Trade in animals and animal skins within Pakistan; and between Pakistan, Iran and Afghanistan is thought to play a big role in the spread of CCHF among people who handle animals or their skins; slaughter infected animals; and come into close contact with ticks or CCHF patients.

The currently increasing trend of CCHF as being observed in the country requires an urgent attention. It seems that the disease is rapidly making a geographic expansion in the country. Areas which

Reported human cases of CCHF in Pakistan, Week 8-Week 49, 2014



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	1	0
Sindh	7	3	2	1	5	3
Punjab	8	3	18	5	17	6
Islamabad	0	0	4	1	4	2
KPK	9	5	9	4	45	12
Balochistan	38	7	66	9	82	17
Total	62	18	100	20	154	40

C: cases, D: deaths, *:Upto week 49/2014

were not in the traditional endemic belt for the disease (Like Punjab and Islamabad) have reported laboratory-confirmed cases. This geographic expansion of the disease is a cause for concern. Moreover it seems plausible that the control programme for the disease has either weakened in recent time or not proving to be effective as the trend of the disease this year clearly shows that the disease has become entrenched in the country. The situation calls for an urgent investigation as regards to why the control measures are not proving to be effective in containing the spread and interrupting the cycle of transmission of the CCHF virus between animals, ticks and humans.

It is imperative that a joint effort between the animal and human health sector is taken urgently to look into the probable reasons for failure of control measures as well as strengthening measures for stopping the transmission

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia and Avian Influenza in Egypt

Current public health events of international concern
[cumulative N° of cases (deaths), CFR %]

Avian Influenza A (H5N1): 2006-2014

Egypt [190 (71), 37.4%]

MERS-CoV: 2012-2014

Saudi Arabia [803 (307), 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 Virus Disease : 2014

Guinea [2416 (1525), 63.1%]

Liberia [7797 (3290), 42.2%]

Sierra Leone [8356 (2085), 25%]

Nigeria [20 (8), 40%]

Senegal [1 (0), 0%]

Spain [1 (0), 0%]

USA [4 (1), 25%]

Mali [8 (6), 75%]

Wild poliovirus: 2014

Pakistan [283 (0), 0%]

Afghanistan [25 (0), 0%]