

Regional Office for the Eastern Mediterranean

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Current major event

CCHF In the EMR: Call for strategic actions for control

A recent sub-regional meeting held from 7-9 December in Muscat, Oman on Crimean Congo haemorrhagic fever (CCHF) concluded with a clarion call for developing effective strategies for its control in the Eastern Mediterranean Region of WHO.

Editorial note

Crimean-Congo hemorrhagic fever (CCHF) is a widespread zoonotic disease caused by a tick-borne virus (Nairovirus) of the family Bunyaviridae. The disease is endemic in Africa, Asia and Eastern Europe. Numerous domestic and wild animals, such as cattle, goats, sheep, and hares, in which the infection is mainly asymptomatic, serve as amplifying hosts for the virus. Humans are infected by tick bites or through close contact with infected animals. The majority of cases are reported among animal herders, livestock workers, and slaughterhouse workers. Hospital-acquired infections can also occur due to inadequate infection prevention and control. The onset of CCHF is sudden, with unspecific signs and symptoms such as high fever, headache, and vomiting. As the illness progresses into the second week, severe and uncontrolled bleeding, multi-organ failure and eventually death may occur.

CCHF outbreaks have a case fatality rate of up to 40%. Treatment is primarily supportive. There is no licensed vaccine available for either humans or animals.

In the Eastern Mediterranean Region, sporadic human cases and outbreaks of CCHF have been reported in the past from Afghanistan, Iran, Iraq, Kuwait, Oman, Pakistan, Saudi Arabia, Sudan and the United Arab Emirates. Recently the disease has shown to have spread geographically to new areas, previously not known to be infested with the CCHF virus. Moreover, seroligcal studies among livestock have identified presence of the disease in Egypt. The disease is reportedly endemic in Afghanistan, Iran and Pakistan, particularly in the border area of the three countries where the movement of nomads with their



Reported cases of CCHF from selected countries (1999-2015)

countries (1777-2015)					
Year	Country	Case	Death	CFR (%)	
2000/2012	Pakistan	609	121	20	
2013	Pakistan	100	20	20	
2014	Pakistan	154	40	26	
1999-2015	Iran (I.R)	1117	164	18	
2014	Oman	14	1	7	
2015	Oman	15	0	0	

animals is concentrated. Trade in animals and animal skins within Pakistan, and between Pakistan, Iran and Afghanistan is thought to play a major role in the spread of CCHF among people who handle animals or their skins, slaughter infected animal, and come into close contact with ticks or CCHF patients.

Despite that CCHF is the most widespread tick-borne viral infection and one of the most rapidly emerging viral hemorrhagic fevers in humans, occurring across many countries in the Eastern Mediterranean Region, the burden of the disease and the factors contributing to its geographic spread including the animal reservoir of the virus remain poorly understood.

The recently concluded meeting had an in-depth discussion on the current situation in the region, the existing knowledge gaps for effective control (such as therapeutic options, tick control, etc) as well as effective strategies that can be mounted in consistent manner to prevent the public health burden of CCHF in the region.

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; Cholera in Iraq

Current public health events of international concern [cumulative N° of cases (deaths), CFR %]					
Avian Influenza : 2006-2015					
Egypt (A/H5N1)	[346 (117), 33.8%]				
Egypt (A/H9N2)	[3 (0)]				
MERS-CoV: 2012-2015					
Saudi Arabia	[1277 (549), 42.9%]				
Jordan	[18 (8), 44%]				
Oman	[6 (3), 50%]				
UAE	[75 (10), 13.3%]				
Kuwait	[3 (1), 33.3%]				
Republic of Korea	[186 (36), 19.3%]				
Qatar	[12 (4), 33.3%]				
Iran	[6 (2), 33.3%]				
Cholera					
Iraq	[4915 (2)				
Tanzania	[9871 (150), 1.5%				
Ebola Virus Disease: 2014-2015					
Guinea	[3804 (2536),66.6%]				
Liberia	[10666 (4806),45%]				
Sierra Leone	[14122 (3955),28%]				
Viral Haemorrhagic Fever (of unknown aetiology)					
Sudan	[469 (120),26%]				
Wild poliovirus: 2015					
Pakistan	[49 (0)]				
Afghanistan	[17(0)]				
Dengue					
Egypt	[253(0)]				

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