

## Current major event

### CCHF in Pakistan: cases rise

Crimean-Congo haemorrhagic fever (CCHF) cases recorded a dramatic rise in Pakistan this year. From 01 January to 19 October 2016, a total of 431 suspected cases including 60 deaths (CFR: 14%) were reported from four provinces across the country.

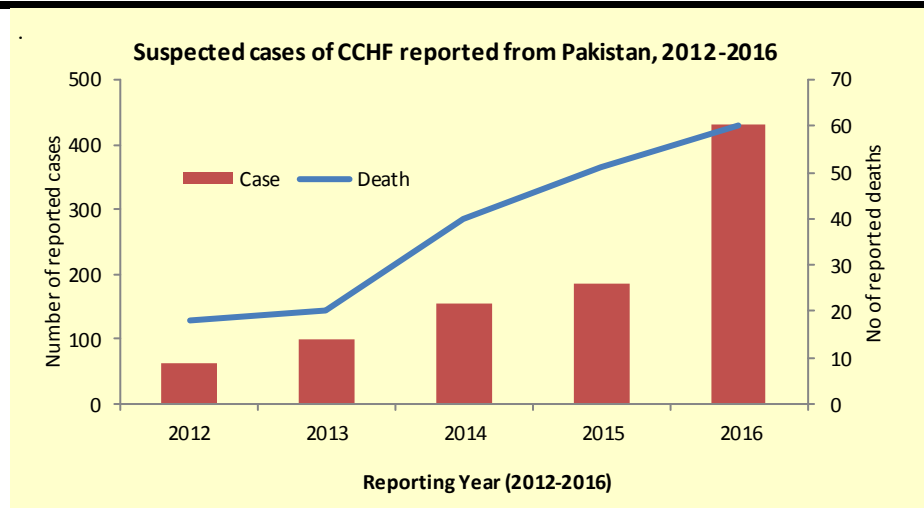
### Editorial note

The Crimean-Congo haemorrhagic fever (CCHF) is endemic in Pakistan. During the last few years, the country has seen an increasing trend of CCHF cases and spreading from its established foci (Baluchistan) to all other provinces including to the capital city of Islamabad.

This year, cases have increased in Punjab, Baluchistan and in KPK (Khyber Pakhtunkhwa) province. Movement of animals and nomads between Iran, Pakistan and Afghanistan and trade in animals and animals skins within Pakistan between these provinces are thought to play a big role in the transmission and spread of CCHF cases in the country.

Whatever the reasons for dramatic spread of CCHF cases in the country, the geographic expansion of the disease in the country requires an urgent attention. Punjab and Sindh were not in the traditional endemic belt of CCHF in Pakistan. However, cases have increased in these two provinces this year which was also reported in the past (*weekly epidemiological monitor, issue no 50; volume-7, dated 14 December 2014*).

The situation also calls for an urgent investigation as regards to understanding the transmission pattern, spread as well as reasons behind ineffectiveness of control measures to interrupt the cycle of transmission of CCHF virus in the country between animals, ticks and humans.



Province	Suspected cases	Cases laboratory-confirmed	Death
Punjab	158	16	9
Sindh	18	15	12
Baluchistan	145	50	26
Khyber PK	110	22	13
Total	431	103	60

CCHF is the most widespread tick-borne virus disease of humans. The disease is endemic in a number of countries of Eastern Mediterranean Region.

The current evidence suggests that the CCHF may spread further in the Region in the future to other non-endemic countries as has been seen the disease making a geographic extension in Pakistan. Climate factors may contribute further spread of the vector and to a consequent expansion of the geographic range of CCHF. International travel, wide dispersal of competent vectors and increased trans-boundary movement of animals, goods and agricultural products may also further escalate the spread of CCHF in the Region. It is therefore important to scale up efforts to contain the transmission in the endemic countries through better understanding the reasons why control measures are failing.

## Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; Cholera in Somalia; Cholera in Yemen

### Current public health events of international concern

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

<b>Avian Influenza : 2006-2016</b>	
Egypt (A/H5N1)	[356 (121), 33.9%]
Egypt (A/H9N2)	[3 (0)]
<b>MERS-CoV: 2012-2016</b>	
Saudi Arabia	[1414 (601), 42.5%]
Bahrain	[1 (1), 100%]
<b>Cholera : 2016</b>	
Somalia	[13598 (497), 3.6%]
Yemen	[270 (0), ]
<b>Yellow fever: 2015-2016</b>	
Angola	[4347 (377), 8.7%]
DRC	[2987 (16), 0.5%]
<b>Lassa fever : 2015-2016</b>	
Nigeria	[273(149), 54.5%]
Benin	[54(28),51.8%
<b>Avian Influenza A (H7N9) : 2013-2016</b>	
China	[775 (307),36%]
<b>Avian Influenza A (H5N6) : 2016</b>	
China	[4 (0)]
<b>Wild poliovirus: 2014-2016</b>	
Pakistan	[371(0)]
Afghanistan	[54(0)]
<b>Zika Virus Infection: 2007-2016</b>	
73 countries and territories have reported transmission so far	