

Current major event

Outbreak of CCHF in Iraq

The Iraq Ministry of Health has recently reported to WHO a high number of cases of Crimean-Congo Hemorrhagic Fever (CCHF). A total of 45 suspected cases with 15 laboratory confirmed have been reported from April to November 2021.

Editorial note

CCHF is a zoonotic disease that is caused by a tick-borne virus (Nairovirus) transmitted through bites from infected Ixodid ticks or through contact with blood of asymptomatic infected animals. Transmission through human-to-human contact (through infectious blood or body fluids), or by improper sterilization of medical equipment or supplies also takes place. Secondary infection of health care workers has been reported. CCHF therefore mostly affects working age groups, especially farmers. The major complications of CCHF include hepatitis, rapid kidney deterioration and sudden liver failure or pulmonary failure that may lead to death. The case fatality rate for CFR can go up to 30%.

CCHF is endemic in Iraq with recurrent outbreaks since it was first reported in 1978. Since week 19 2021, 45 suspected cases and 9 associated deaths were reported among which 7 cases and 5 deaths were laboratory confirmed. The 2021 cases peaked in week 27 (4 cases) and 38 (4 cases). Most of the current cases have been reported from Thi Qar (10 cases), Ninewa (2 cases), Erbil (3 cases), Baghdad (3 cases), Bable (2 cases), Diyala (1 case) and Al Anbar (1 case). More males than females have been affected at a ratio of 1.2 : 1. No cases have been detected amongst health care workers. CCHF cases are usually reported in summer season (July to September) and mostly are reported from the Southern governorates. The practice of slaughtering animals outside of designated slaughterhouses is also common.

Iraq MOH has responded to the outbreak with the support of WHO. Rapid response teams from MOH have conducted field visits to the affected governorates to investigate the outbreak and have coordinated their efforts with the Ministry of Agriculture. Health education and risk communication posters in Arabic and Kurdish language have been printed and distributed; training workshop for laboratory technicians on PCR diagnostic techniques has been conducted; as well as training workshops for provincial and districts public health surveillance officers has been conducted. A refresher training workshop for RRTs for the Northern Governorates has been conducted

Geographical distribution of CCHF cases , Iraq, 2021



Age wise distribution of CCHF cases 2021

Age groups	CCHF cases
9 -15 Y	4
16 -25 Y	13
26—45 Y	13
46—65 Y	8
>65	6

in Erbil. Clinical case management training for CCHF patients was conducted among clinicians working in the referral hospitals.

Main challenges noted include the inadequate coordination between animal and human sectors, lack of animal tick-control activities and human ticks-bite prevention interventions, shortage of laboratory supplies for diagnosis of CCHF and other viral hemorrhagic fevers and inadequate RRT operational capacity at district level to investigate suspected VHF cases. Weak case management practice is also challenging leading to misdiagnosis, late intervention and delayed treatment.

WHO worked with the MoH to implement key response interventions including leadership, coordination and joint national planning using the 'One-health' approach where multiple sectors such as animal health, agriculture, environment, veterinary services, and researchers actively collaborate to enhance long-term efforts to control CCHF as well as other zoonotic diseases. Additionally, preventive and control strategies in the animal sector should be implemented including the building of national capacities in animal health, improving skills to address health problems at the animal-human-environment interface, integrating surveillance of zoonotic diseases, and supporting joint risk assessments, outbreak investigations and control, as well as cross-border collaboration and information sharing.

Update on outbreaks

in the Eastern Mediterranean Region

COVID-19 in 22 EMR countries

Current public health events of concern

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

Coronavirus disease 2019 (COVID-19): 2019-2021

Afghanistan	[157 454 (7312), 4.6%]
Bahrain	[277 803 (1394), 0.5%]
Djibouti	[13 508 (187), 1.4%]
Egypt	[362 260 (20 682), 5.7%]
Iran (Islamic Republic of)	[6 131 356 (130 124), 2.1%]
Iraq	[2 083 889 (23873), 1.1%]
Jordan	[971 401 (11 715), 1.2%]
Kuwait	[413 464 (2465), 0.6%]
Lebanon	[677 174 (8765), 1.3%]
Libya	[374 989 (5493), 1.5%]
Morocco	[950 501 (14787), 1.6%]
occupied Palestinian territory (oPt)	[461 944 (4814), 1%]
Oman	[304 599 (4113), 1.4%]
Pakistan	[1 286 825 (28 767), 2.2%]
Qatar	[244 071 (611), 0.3%]
Saudi Arabia	[549 877 (8842), 1.6%]
Somalia	[23 051 (1331), 5.8%]
Sudan	[44 075 (3200), 7.3%]
Syrian Arab Republic	[48 538 (2772), 5.7%]
Tunisia	[718 443 (25 401), 3.5%]
United Arab Emirates	[742 278 (2148), 0.3%]
Yemen	[10 021 (1953), 19.5%]