

Current major event

CCHF cases continuously reported in Afghanistan

A continuation of Crimean Congo hemorrhagic fever (CCHF) outbreak from Afghanistan has been observed with more cases and deaths reported during 2019. The most affected provinces are Herat and Kabul. As of week 33-2019, a total of 359 cases including 46 deaths (CFR=12.81%) have been reported countrywide.

Editorial note

CCHF is the most widespread tick borne viral disease affecting humans. Onset of CCHF virus infection is characterized by fever and hemorrhage and often with non-specific prodromal symptoms such as muscle pains, headache, vomiting, diarrhea, and bleeding into the skin. CCHF infection can be clinically difficult to distinguish from other causes of undifferentiated febrile illness and other viral hemorrhagic fevers. The disease has a case fatality rate ranging between 5 and 80%.

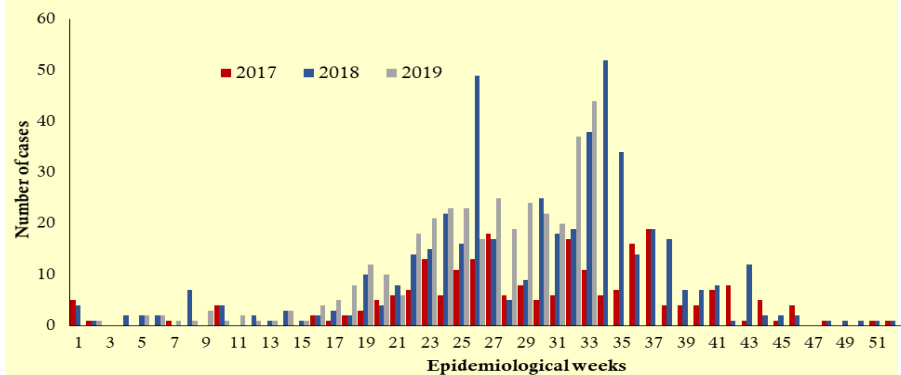
The disease is known to be endemic in Afghanistan, and initially the cases were reported from the bordering areas with Iran and Pakistan and now approximately 80% of the provinces in Afghanistan are reporting CCHF cases on regular basis. The disease is endemic in other countries of the Eastern Mediterranean Region (EMR) of WHO as well.

Afghanistan has experienced an overall increasing trend of CCHF since 2013 (*see table*) where the regular reporting to the national surveillance system started. The national surveillance system has been improved during the past few years and now it can be observed from the regular identification and reporting of the cases.

During 2019, out of total 34 provinces, 27 reported CCHF cases during the first eight months of the year. A total of 359 case and 46 related deaths has been reported and the most affected provinces are Herat (112 cases) and Kabul (105 cases) where the highest number of CCHF cases has been reported. A total of 383 samples were tested, and out of these total samples 120 were positive for CCHF this year (48 by PCR and 72 by ELISA).

The CCHF cases are continuously reported from the country through out the year.

CCHF cases reported during 2017 to week 33-2019, Afghanistan



CCHF cases and deaths reported, from 2013 till week 33-2019, Afghanistan

| Years | Cases | Deaths | CFR% |
|--------------|-------------|------------|--------------|
| 2013 | 45 | 6 | 13.33 |
| 2014 | 42 | 2 | 4.76 |
| 2015 | 131 | 20 | 15.27 |
| 2016 | 163 | 18 | 11.04 |
| 2017 | 242 | 41 | 16.94 |
| 2018 | 483 | 59 | 12.22 |
| 2019 | 359 | 46 | 12.81 |
| Total | 1465 | 192 | 13.11 |

These reported cases start getting peak in the months of June till August. (*See graph*). During this period the animal (livestock) movement (throughout the country) is on its peak and these animals are brought to the big markets, specially in Herat and Kabul. During this period, the interaction between humans and livestock increases and so the chances of virus transmission.

As per the prevailing situation in the country, the Ministry of Public Health has taken the lead and involved other relevant stakeholders to implement required containment measures to address the ongoing upsurge in cases of CCHF in the country.

Nevertheless, a multi sectoral approach is needed to implement key interventions to ensure effective prevention and control of the disease. Other line ministries and partners should be involved in the prevention and containment measures to minimize the impact of the CCHF to the local communities. The country requires a comprehensive prevention and control programme that should address human, animal and as well as tick populations. Also cross-border collaboration and information sharing with neighboring countries is critical.

Update on outbreaks in the Eastern Mediterranean Region

MERS in Saudi Arabia; **cholera** in Somalia; **cholera** in Yemen; **Multidrug-resistant typhoid fever** in Pakistan.

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

Avian influenza: 2006-2017

| | |
|----------------|---------------------|
| Egypt (A/H5N1) | [359 (122), 33.98%] |
| Egypt (A/H9N2) | [4 (0)] |

Ebola virus disease (EVD): 2018-2019

| | |
|------------------------------------|-------------------------|
| Democratic Republic of Congo (DRC) | [2 877 (1 934), 67.22%] |
|------------------------------------|-------------------------|

Cholera: 2017-2019

| | |
|---------|----------------------------|
| Somalia | [8 493 (46), 0.67%] |
| Yemen | [1 976 324 (3 561), 0.18%] |

Diphtheria: 2018-2019

| | |
|------------|----------------------|
| Yemen | [3 906 (218), 5.58%] |
| Bangladesh | [8 713 (45), 0.52%] |

MERS: 2012-2019

| | |
|--------------|----------------------|
| Saudi Arabia | [2 070(771), 37.25%] |
|--------------|----------------------|

Multidrug-resistant typhoid fever: 2016-2019

| | |
|----------|--------------|
| Pakistan | [9 938 (0)] |
|----------|--------------|