

Current major event

Dengue fever in Pakistan

The Disease Early Warning System (DEWS) in Pakistan has recently reported high number of dengue fever cases across the provinces of Punjab, Sindh, Balochistan and Khyber Pakhtunkhwa (KPK). A total of 4,388 suspected cases were reported so far from 01 January to 11 September 2013. The province of KPK reported the highest number of cases so far (3,177 cases) followed by the province of Sindh (1098 cases).

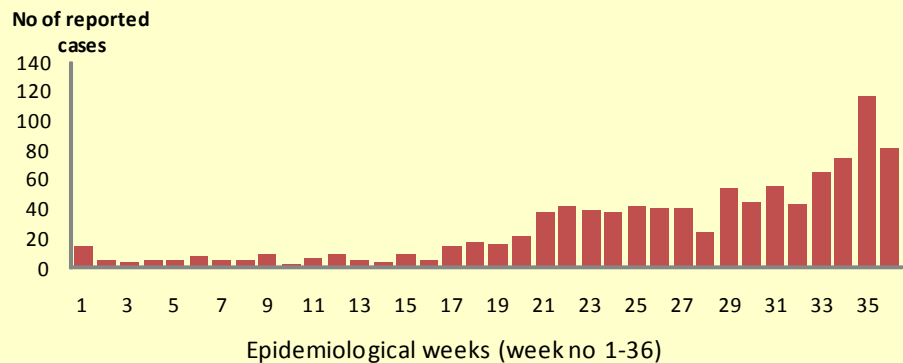
Editorial note

Dengue fever (DF) is endemic in Pakistan with annual seasonal outbreaks observed every year. The country witnessed a major outbreak of dengue fever in 2011. Punjab was the worst affected province with over 250,000 suspected cases including 203 deaths reported from this outbreak in 2011.

Although dengue fever outbreaks have been reported cyclically in Pakistan, since 1994, one of the major striking feature of this year's trend is that DF cases have been reported from areas that do not fall in the traditional endemic belt of the country. Laboratory-confirmed cases of DF were reported from KPK (District-Swat) and Balochistan province (District-Gwadar) that were not known endemic foci for DF in Pakistan. Laboratory tests have detected DEN-1, DEN-2 and DEN-3 serotypes from the recently reported cases. The expansion of the disease geographically to newer areas is probably due to the spread of competent mosquito vectors to newer geographic range. As a result, the recent trend of dengue fever disease in Pakistan is a sign of vector expansion to newer areas.

The current priority for the country should be to respond to the situation adequately and appropriately. Standardization of case management using a nationally adopted protocol would be the key to minimize deaths in the health facilities. Social mobilization and risk communication campaigns need to be

Laboratory-confirmed cases of dengue fever reported from Sindh province in Pakistan, 01 January-11 September 2013



Dengue fever cases reported from Pakistan, 2006 to 2011

Year	Suspected cases	Lab-confirmed cases	Deaths
2006	4961	1931	41
2007	2304	1226	18
2008	2792	2469	17
2009	1940	1085	13
2010	15901	11024	40
2011	252935	17057	219

Source: WHO Country office in Pakistan

intensified at the community level through effective inter-sectoral collaboration for preventing transmission and geographic spread of the disease. One of the difficulties that may be confronted by the local health authorities in managing this event is the concomitant outbreak of Crimean-Congo haemorrhagic fever (CCHF) which is also occurring in almost the same places where the DF cases have been reported. This may lead to confusion amongst the healthcare workers (HCWs) for the diagnosis and subsequent clinical management of severe cases of DF where the clinical presentations may overlap with the haemorrhagic manifestations of the CCHF cases. This will require establishment of proper infection control measures, specially standard precautions, by the HCWs in the health facilities irrespective of clinical diagnosis and presentation of cases.

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia, UAE, Qatar & Tunisia; **Hepatitis E** in South Sudan; **Wild poliovirus** in Somalia.

Current public health events of international concern

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

Avian influenza

Egypt	[173 (63), 36.4%]
Indonesia	[192 (160), 83.3 %]
Viet Nam	[125 (62), 49.6%]
Cambodia	[31 (27), 87.1%]
Global total	[629 (375), 59.6%]

Hepatitis E

South Sudan	[12,413 (250), 2.0%]#
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Novel Coronavirus (MERS-CoV)

Saudi Arabia	[88 (44), 50%]
Italy	[2 (0)]
Jordan	[3 (2), 66%]
France	[1 (0)]
UAE	[7 (3), 42.8%]
Qatar	[5 (2), 40%]
Tunisia	[3 (1), 33%]

Influenza A (H7N9) virus

China	[135 (44), 32.6%]
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Wild poliovirus

Somalia	[163 (0)]
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CFR=Case-Fatality Rate; # Suspected cases