

Editorial

Crimean-Congo hemorrhagic fever in Pakistan: Are we going in the right direction?

Crimean-Congo hemorrhagic fever (CCHF) is a viral disease prevalent in Asia, Africa, Middle East, and the South-Eastern Europe.^[1] The CCHF virus has a fatality rate of 10–50%.^[2] In Asia, Pakistan, Iran, and Afghanistan are endemic to CCHF. The active areas are those in the border between the three countries. The movements of the nomads across the borders with their animals including those infested with Hyalomma ticks are responsible for transmitting the virus to both the animals and the humans.^[2] The peak of disease occurrence is long term from March to October (spring to fall) as ticks are active in this period although the cases are reported throughout the year. Insanitary state of breeding places and slaughter houses, and the lack of awareness of tick borne diseases among the butchers and the public are the major factors associated with the transmission of CCHF.^[3]

In Pakistan, 74 deaths have been reported due to CCHF during the last 3 years.^[4] In order to prevent the transmission of CCHF, Ministry of National Health Services, Pakistan, issued an updated awareness letter in June 2015, in which they focused on five areas to control the spread of CCHF.^[5] First, it emphasizes on the isolation of CCHF patient. Second, it underlines the importance of using personal protective equipment when dealing with CCHF patient such as wearing protective clothing (long sleeves, long trousers), wearing light colored clothing (to allow easy detection of ticks), and using approved repellent on the skin and clothing. Third, it focusses on monitoring individuals with high risk exposures. Fourth, it stresses on the treatment of infected animals. Fifth, it encourages the use of insect repellent to protect against ticks. We would like to draw the attention of the ministry officials and the readers toward few important considerations which are ignored in the awareness letter. First, it does not provide guidelines toward the appropriate slaughtering of animals as unhygienic and unprotected slaughtering may significantly contribute toward the disease. Temporary slaughter houses based on standard protocol should be made available to the people to perform this ritual. Health checks on animals should

be regulated to reduce tick infection in cattle. The waste and the blood of sacrificed animals should be disposed by using appropriate methods such as rendering, landfill, composting, and anaerobic digestion.^[6] Second, the letter does not involve any recommendations on the export of animals as unrestricted movement of infected animals may further compound the issue of CCHF in Pakistan. Third, social mobilization and community engagement is a key to control the transmission of CCHF; however, no remarkable campaigns have been initiated by the officials to enhance the awareness of CCHF among public.

The festival of Eid-ul-Adha is a vulnerable time for CCHF outbreak in Pakistan. On this religious occasion, almost 5 million animals are sacrificed across the country.^[3] In view of the coming festival of Eid-ul-Adha, the risk of transmission of CCHF may increase if the policies are not revised regarding the slaughtering of animals, proper personal protective measures are not ensured, and the public educational campaigns about the prevention and control measures of CCHF are not implemented rapidly. Finally, we would like to highlight that the ideas presented in this manuscript are of the authors and not the journal's editorial team.

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