

Viral haemorrhagic fever: A case of systematic neglect

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Madam, Crimean Congo Haemorrhagic Fever (CCHF) is a disease that has afflicted the populace of many a developing nation.¹ CCHF is a zoonotic, tick borne and viral infection caused by Nairovirus of the Bunyaviridae family; the most genetically diverse form of Arbovirus which remains troublesomely elusive to a vaccine.¹ It's most common vector the Hyalomma tick tends to reside on livestock animals.¹

The current CCHF outbreak in Pakistan presents a case of Systematic Neglect, with the potential to lead to a "Viral Haemorrhagic Epidemic" in the years to come.

Every year, during the auspicious occasion of Eid-ul-Adha there is a surge of sacrificial animals from rural villages to urban cities such as Karachi. These animals are purchased by the general public and slaughtered as per ritualistic demands. However this sacrificial practice is marred by mass unregulated animal movement, overcrowding in animal holdings, unprofessional slaughtering practices and a lack of appropriate animal wastes disposal,¹ all of which invites a CCHF epidemic.

Moreover, with future Eid-ul-Adha celebrations expected to take place in Summer Months when the CCHF vector is most active,¹ the threat of a future epidemic looms. Summer Monsoons, if super imposed on these Eid-ul-Adha dates, could create an unheralded situation with surges in both CCHF and Dengue vectors.² As such it is not inconceivable that in the years to come, Pakistan may face a "Viral Haemorrhagic Epidemic" caused by CCHF and Dengue. Given the geographical and clinical overlap of both diseases,² such a scenario would produce a Public Health Crisis. Subsequently, challenges in sero-diagnosis and contact tracing would fall on an already ill-equipped healthcare system.³

Regrettably, in spite of prior recommendations to address widespread Eid-ul-Adha malpractices contributing to the

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CCHF disease burden,⁴ no such Public Health Guidelines have been included in the most recent Seasonal Awareness and Alert Letter, as issued by the Ministry of Health.⁵ Moreover, regulations in place to mitigate the spread of CCHF, such as establishment of Veterinary Check posts, have been reported as fraudulent, money making schemes.⁶

Thus we can see that this problem is Omni-present at each stage; from widespread disregard and frank indifference, to administrative neglect and blatant corruption. And although individual effort may work for one, this problem requires a systematic re-haul of all Administrative Faculties designed to control CCHF. Failure to do so may prove all too serious in the future.

Disclaimer: This manuscript has not been published or presented previously, nor is it under consideration for publication by any other journal.

Conflict of Interest: There are no sources of potential conflict of interest pertaining to the submission and/ or publication of this manuscript.

Funding Disclosure: There are no funding sources to declare.

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