

### c Crimean-Congo haemorrhagic fever (CCHF)

No cases of Crimean-Congo viral haemorrhagic fever (CCHF) have yet been laboratory confirmed in the 2015. In 2014, a total of six laboratory confirmed cases was reported from Free State (n=2) and the Northern Cape (n=4). Five of the patients who were diagnosed with CCHF were male. The case fatality rate was 50%.

Crimean-Congo viral haemorrhagic fever is a tick-transmitted viral disease of humans. It is widespread and highly prevalent throughout the Balkans, southern Federal Districts of Russia, Middle East, and south-west Asia. The disease is infrequently reported in humans in sub-Saharan Africa, where only twelve countries have confirmed CCHF in human cases. Within South Africa, CCHF has been reported throughout the year, although cases are expected during the summer with increased tick activity. Cases originate from across South Africa, but mainly from the central inland plateau including the entire Free State and adjoining parts of the Northern Cape and the North-West provinces. The semi-arid climate conditions in these regions are favourable, and the practice of cattle and sheep farming in that area provides feeding hosts for the ticks involved in CCHF virus transmission. Majority of the infected people are

livestock farmers. In half to three-quarters of the cases documented, the infection was acquired through contact with livestock and probable tick exposure. Some 15% of South African cases have been abattoir workers, or butchers or had reported having slaughtered animals recently and acquired the infection directly from the animals. The mortality ratio is high for those that become infected and has been 25% amongst recorded cases in South Africa since 1981. The onset of symptoms is shortly after infection, ranging from 3 to 13 days depending on the route of exposure. There are tests to detect CCHF virus during the acute phase of illness. Antibody tests become positive as early as a week after symptom onset in affected persons. Early recognition and supportive treatment are key contribution factors in the prognosis, survival and recovery from the disease. More CCHF facts are available from the NICD website:

<http://www.nicd.ac.za/?page=guidelines&id=73>

**Source:** Centre for Emerging and Zoonotic Diseases, NICD-NHLS