

## b Crimean-Congo haemorrhagic fever

Since the first report of Crimean-Congo haemorrhagic fever (CCHF) in 1981, 200 laboratory-confirmed cases have been documented in South Africa - an average of 5-6 cases per year. Cases of CCHF have been reported from all nine provinces, but the majority are from the Northern Cape and Free State provinces. More than two-thirds of the cases reported exposures to *Hyalomma* ticks ('bontpoot' ticks). Transmission of the virus may also occur through contact with infected animal tissues and blood. The typical clinical manifestation includes sudden onset of fever, headache, myalgia, dizziness, neck pain and stiffness, backache, sore eyes and photophobia. Persons may report nausea, vomiting, diarrhoea, abdominal pain and sore throat in the early phase of illness. The infected person

may experience mood alterations, confusion and delirium. Hepatitis with raised transaminase enzymes is a marked feature with CCHF. A petechial rash is common and bleeding from organs and orifices may occur secondary to low platelet count. The mortality rate in South African cases is around 30%. Specialized testing, available at National Institute for Communicable Diseases in South Africa is required to confirm a diagnosis of CCHF (see [www.nicd.ac.za](http://www.nicd.ac.za)).

**Source:** Centre for Emerging and Zoonotic Diseases, NICD-NHLS ([cezd@nicd.ac.za](mailto:cezd@nicd.ac.za))