

Crimean-Congo haemorrhagic fever

Crimean-Congo haemorrhagic fever (CCHF) was confirmed in a 47-year-old farmer from Piet Retief, Mpumalanga Province. He became ill on 24 July 2013, complaining of fatigue and severe headache, and was transferred to a Pretoria hospital for treatment on 26 July 2013. On admission, a generalised petechial rash was present; laboratory tests showed thrombocytopenia and elevated hepatic transaminase levels. The patient's clinical condition did not respond to broad-spectrum antibiotic treatment. The constellation of the presenting features, laboratory findings, and history of frequent exposures to ticks on his farm prompted consideration of CCHF as a differential diagnosis. Blood samples were collected on 29 July and 2 August in which specific IgG and IgM antibodies against CCHF virus were detected. CCHF virus infection was also confirmed by real-time PCR on both specimens. The patient is recovering with supportive treatment at the hospital.

A total of five CCHF cases has been confirmed by the NICD-NHLS for 2013 to date. Fortunately, all of the patients recovered. The cases originated from Free State (n=2), North West (n=1) and Mpumalanga (n=2) provinces. Three cases occurred in January and February, and the two latest cases occurred in July and August.

CCHF should be considered in the differential diagnosis of patients who have contact with ticks and/or livestock or reside in CCHF-endemic areas and present with fever, fatigue, rash, elevated hepatic transaminases, and thrombocytopenia. CCHF is most prevalent in Free State and Northern Cape provinces, but all provinces in South Africa have reported cases over the past thirty years.

Source: Centre for Emerging and Zoonotic Diseases and Division of Public Health Surveillance and Response, NICD-NHLS