

## **SURVEILLANCE REPORT**

Annual Epidemiological Report for 2017

# Crimean—Congo haemorrhagic fever

### **Key facts**

For 2017, Bulgaria reported two confirmed cases of Crimean-Congo haemorrhagic fever (CCHF).

#### **Methods**

This report is based on data for 2017 retrieved from The European Surveillance System (TESSy) on 10 December 2018. TESSy is a system for the collection, analysis and dissemination of data on communicable diseases.

For a detailed description of methods used to produce this report, refer to the Methods chapter [1].

An overview of the national surveillance systems is available online [2].

A subset of the data used for this report is available through ECDC's online *Surveillance atlas of infectious diseases* [3].

For 2017, 27 EU/EEA countries reported data, of which one (Bulgaria) reported aggregated data. Denmark, Finland and the Netherlands did not report data on CCHF. Twenty-two countries used the EU case definition, three used an alternative case definition (Germany, Italy and the United Kingdom), and two did not specify the definition they used (Belgium and France). Surveillance is comprehensive in all reporting countries and mostly passive.

## **Epidemiology**

For 2017, Bulgaria reported two confirmed cases. CCHF is endemic in the Balkans and Bulgaria regularly reports a small number of cases (eight cases each in 2013 and 2014 and four cases each in 2015 and 2016).

The United Kingdom reported one case in 2014. In 2016, for the first time, autochthonous human cases were reported in south-western Europe. In August 2016, the autonomous Community of Madrid reported two cases of CCHF, one of which was fatal [4–5]. The primary case most likely became infected through contact with a tick (either through a bite by or crushing a tick) while hiking in Ávila Province. The secondary case was a healthcare worker who looked after the patient while in intensive care. Neither case had any recent travel history outside Spain before the onset of symptoms.

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#### **Discussion**

CCHF is endemic in Africa, the Balkans, the Middle East and western and south-central Asia. The main vector transmitting the virus, the *Hyalomma marginatum* tick, is widely distributed in Europe [6]. Its habitat lies south of the 50th northern parallel. Humans may also become infected through direct or indirect contact with the blood or organs of infected animals. In the WHO European Region, cases of human CCHF infection have been reported from Albania, Armenia, Bulgaria, Georgia, Greece, Kosovo<sup>1</sup>, Russia, Serbia, Turkey and Ukraine, as well as Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan, with Turkey the most affected country [7].

Several sporadic cases are reported on a regular basis from Bulgaria [8]. Using an ecological niche modelling approach, the most suitable areas for CCHF transmission in the Balkans have been identified [9].

In 2010, the CCHF virus was detected for the first time in ticks in Spain [10], followed by the first autochthonous human case and one nosocomial infection in 2016 [4]. However, for 2017, no additional cases were reported from south-western Europe.

## **Public health implications**

CCHF has the potential for human-to-human transmission. Early clinical diagnosis and laboratory confirmation of cases is essential for initiating treatment and implementing protective measures [11]. Prevention of CCHF infection is achieved by avoiding or minimising exposure to infected ticks by using tick repellent, wearing protective clothing and early and correct removal of ticks. Contact with the blood or tissues of infected animals and humans should be avoided.

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<sup>&</sup>lt;sup>1</sup>This declaration is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

#### References

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