

## Crimean-Congo haemorrhagic fever

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### Key facts

- Nine Crimean-Congo haemorrhagic fever (CCHF) cases were reported in TESSy in 2014. Five of these cases were confirmed (56%).
- CCHF is endemic in the Balkan region; Bulgaria regularly reports a small number of cases.

### Methods

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• In 2014, 25 EU/EEA countries provided information on Crimean-Congo haemorrhagic fever (CCHF). Cases were reported from Bulgaria (n=8) and the United Kingdom (n=1), the rest of the countries reported zero cases.

• Twenty countries used the [EU case definition](#), which is generic for all viral haemorrhagic fever cases, three countries used a different case definition (Germany, Italy and the United Kingdom). The case definition for two countries (Belgium and France) was unknown or not specified.

### Epidemiology

Four confirmed case and four probable cases of CCHF were reported in 2014 from Bulgaria. One imported confirmed case – probably acquired in Bulgaria – was reported from the United Kingdom [1]. These nine cases (one in a woman, the rest in men) were notified between June and August 2014. Five cases were in the 45–64-year-old age group.

CCHF is endemic in the Balkan region, where Bulgaria regularly reports a small number of cases (six cases in 2010, four in 2011, five in 2012, and eight in 2013).

### Discussion

Crimean-Congo haemorrhagic fever is a zoonotic tick-borne disease infecting a large variety of domestic and wild animals, but only humans present clinical symptoms. Humans can be infected by contact with blood from viraemic animals and through human-to-human transmission, in particularly during nosocomial outbreaks.

CCHF is endemic in the Balkan region and a few sporadic cases are reported on a regular basis from Bulgaria. In the WHO European Region, Turkey remains the country that is most affected. The main vector for Crimean-Congo haemorrhagic fever, the tick *Hyalomma marginatum*, has a wide distribution in Europe [2]. Using an ecological niche modelling approach, most suitable areas for CCHF transmission in the Balkans have been identified [3].

In 2012, an imported case was diagnosed in Scotland. This fatal case had travelled by air from Kabul, Afghanistan, via Dubai to London [4]. CCHF is endemic in Africa, the Balkans, the Middle East, and western and south-central Asia. The septentrional limit of the main tick vector lies south of the 50th northern parallel. In Europe, cases of human infection have been reported from Albania, Bulgaria, Greece, Kosovo, Serbia, Turkey, Armenia, Georgia, Ukraine, Federation of Russia, as well as from Kazakhstan, Tajikistan, Turkmenistan, and Uzbekistan.

### Public health conclusions

Crimean-Congo haemorrhagic fever has the potential for human-to-human transmission. Early detection of cases (clinically and in the laboratory) is essential for the implementation of protective measures and initiation of treatment [5].

### References

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### Annex

#### Table. Crimean-Congo haemorrhagic fever, surveillance systems overview, 2014

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\* The European Surveillance System (TESSy) is a system for the collection, analysis and dissemination of data on communicable diseases. EU Member States and EEA countries contribute to the system by uploading their infectious disease surveillance data at regular intervals.