Crimean Congo Viral Heamorrhagic Fever (Ccvhf)

WHAT CAUSES THE DISEASE?

Hyalomma ticks (locally known as “bontpootluise”) are known to transmit the disease to animals and man. The infection is usually transmitted to man by the bite of a tick, but an increasing number of cases have occurred among the medical and nursing staff caring for patients in hospital and in laboratory personnel carrying out investigations of these patients. In these cases the infection has been acquired by contact with the patient’s blood or blood-contaminated specimens. Exposure to the blood of infected animals, especially cattle and sheep, has led to severe and often fatal infections.

WHEN ARE HUMANS AT RISK?

Most often the disease affects stockmen and other farm dwellers, and townspeople become infected when they visit the countryside and get tick bite, or hunt and slaughter animals etc. The only town dwellers who are regularly exposed to infection are slaughter men at abattoirs since they encounter fresh blood and other tissues of livestock.

WHAT TO LOOK OUT FOR - CLINICAL PICTURE

The incubation period is 2-7 days. The onset of the illness is sudden with fever, chills, severe muscular pains, headache, vomiting and pain in the epigastric and lumbar regions.

The diagnosis is suggested in clinical grounds when the patient has a history of a tick bite or of exposure to ticks in the environment, and after an incubation period of 2 –7 days develops an illness of sudden onset of muscle pains, headache, fever and a rapidly evolving severe illness with the development of a haemorrhagic state with bleeding from the mucous membranes and petechiae in the skin, with thrombocytopenia and leucopenia.

The term “viral heamorrhagic fever” is used to describe a severe multisystem syndrome (multisystem in that multiple organ systems in the body are affected. Characteristically, the overall vascular system is damaged, and the body’s ability to regulate itself is impaired. These symptoms are often accompanied by heamorrhage (bleeding), however the bleeding is itself rarely life-threatening.

The mortality rate from Viral Haemorrhagic Fever is approximately 30%, with death occurring in the second week of illness.

HOW DOES IT SPREAD?

Viral Haemorrhagic Fever e.g. Congo and Ebola Fever is transmitted through contact with infected body fluids, especially blood. Incubation period is five to ten days with a maximum of 21 days. The risk of passing the infection on to other people only become serious once bleeding, vomiting and diarrhoea begin. Even then, the risk is only to those people who come into direct contact with the ill person’s body fluids, mostly those nursing and physically caring for the patient.

Humans gain infection from tick bite or from contact of infected blood (or other tissues) with broken skin – with the infected blood/tissues coming either from human patients (nosocomial infections – needle sticks etc.) or other animals, commonly sheep and cattle.

TREATMENT

General supportive therapy is the mainstay of patient management. The antiviral drug ribavirin has been used in treatment of established Viral Haemorrhagic Fever infection with apparent benefit. Both oral and intravenous formulations seems to be effective.

WHAT ABOUT CONTACTS?

Contacts are people who have had close physical contact with the infected person and / or contact with body fluids of the infected person. They are most likely to be professional health workers, especially those expose the body fluids, non-professional e.g. those dealing with soiled linen, laboratory workers, and close family members especially those involved with the caring of the sick person. Any person who has had close contact with someone who has VHF is regarded as a contact. These contacts will be identified and listed by the health authorities. A programme of systematic monitoring of all "contacts" of the infected person will be followed daily for a maximum period of 21 days from the date of the last contact.