

Crimean–Congo haemorrhagic fever

Annual Epidemiological Report for 2018

Key facts

For 2018, EU/EEA countries reported eight cases of Crimean–Congo haemorrhagic fever (CCHF). Bulgaria reported six locally-acquired confirmed cases, Greece one travel-related confirmed case and Spain one locally-acquired probable case.

Methods

This report is based on data for 2018 retrieved from The European Surveillance System (TESSy) on 10 September 2019. 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 2018, 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 2018, EU/EEA countries reported eight cases of CCHF. Bulgaria, which regularly reports small numbers of cases, reported six locally-acquired confirmed cases. Greece reported a confirmed tick-borne case imported from Bulgaria in a construction worker [4]. Spain reported one locally-acquired probable case with fatal outcome in a man who had been hunting in a rural area of Badajoz, Extremadura during July 2018 and was bitten by a tick [5]. The case had no recent travel history outside of 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 across southern and eastern 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, Kosovo¹, Russia, Serbia, Turkey and Ukraine, as well as Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan, with Turkey being the most affected country [7].

Sporadic cases are reported on a regular basis from Bulgaria [8]. The most suitable areas for CCHF transmission in the Balkans have been identified using an ecological niche modelling approach [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 [11].

Public health implications

CCHF has the potential for human-to-human transmission. Early clinical diagnosis and laboratory confirmation of cases is essential in order to initiate treatment and implement protective measures [12]. Prevention of CCHF infection is achieved by avoiding or minimising exposure to infected ticks: using tick repellent, wearing protective clothing and removing ticks quickly and correctly. Contact with the blood or tissues of infected animals and humans should be avoided.

¹This 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.

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