EDITORIAL

CRIMEAN-CONGO HAEMMORHAGIC FEVER
HISTORY REPEATS ITSELF

Dr Mateen Siddiqui lost his life to Crimean-Congo Haemmorhagic fever (CCHF) in 1976, at the Benazir Bhutto Shaheed Hospital, (then called the Central Government Hospital) Rawalpindi, after having operated upon a patient suffering from this disease. History repeated itself after forty years when, another surgeon was lost to CCHF. This time it was Dr. Sagheer Ahmed Sameejah of the Bahawal Victoria Hospital, Bahawalpur who died in July 2016 after having contracted this infection from a patient he had operated upon.

The virus causing CCHF is a RNA virus which belongs to the genus Nairovirus (this name comes from the Nairobi sheep), in the family Bunyaviridae. CCHF is a severe disease and is one of the many viral haemmorhagic fevers. The case fatality rate varies depending on the geographic region and transmission route and can be as high as 50%[1].

The reservoir as well as the vector for this virus are the hard, ixodid ticks of the genus Hyalomma, which infect the cattle, goats and sheep through a bite. The tick breeding season is from June to September, and that is usually when most human cases take place. Classically the virus is maintained in nature as the Tick-sheep-tick cycle. But this virus in addition to being enzootic also has a zoonotic potential[2].

Man gets infected in a number of ways including, a bite from a viraemic tick, to coming in contact with blood and tissues of infected animals. People in the health care settings are at risk when they come in contact with blood and other infected fluids of a patient harboring the virus.

In Pakistan we do keep on getting cases of CCHF sporadically, especially from Baluchistan and the Hazara region. This year it has also been reported from southern Punjab and Chakwal, but fortunately the number of cases and mortality remains low.

Certain facts to be kept in mind are that Eid-ul-Azha is approaching and with it we are going to witness huge animal movement throughout the country. This season is also the one where we do encounter other endemic, febrile illnesses like Typhoid and Dengue.

The confirmed diagnosis requires either the reverse transcriptase polymerase chain reaction (RT-PCR) based detection of the viral nucleic acid or the detection of IgM antibodies against the virus, by ELISA. Both these tests are available at a few places only.

Prevention remains the only cure. The tick control seems impossible. There is no effective vaccine to date. The role of ribavirin in treatment is not fully established, leaving behind the supportive treatment as the only viable option. The community education programs are non - existent. What to talk of the general public, people in the health care are not fully conversant with the basics of CCHF.

Education remains the only solution. Often repeated is the fact that the hospital staff must be educated to adhere to the basics of infection control. Few fundamentals to consider are that every spill of blood or other fluid from a patient is to be assumed infectious. Barrier nursing is a concept still naïve to the staff especially where the index case of this infection occurs. Also an important fact to be remembered is the epidemic potential of the

virus. The health department in the country has to put in serious efforts to provide enough resources to hospitals and to educate the medical staff in diseases endemic in Pakistan.

The task of dealing with Crimean-Congo haemmorhagic virus is difficult but achievable.

REFERENCES

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