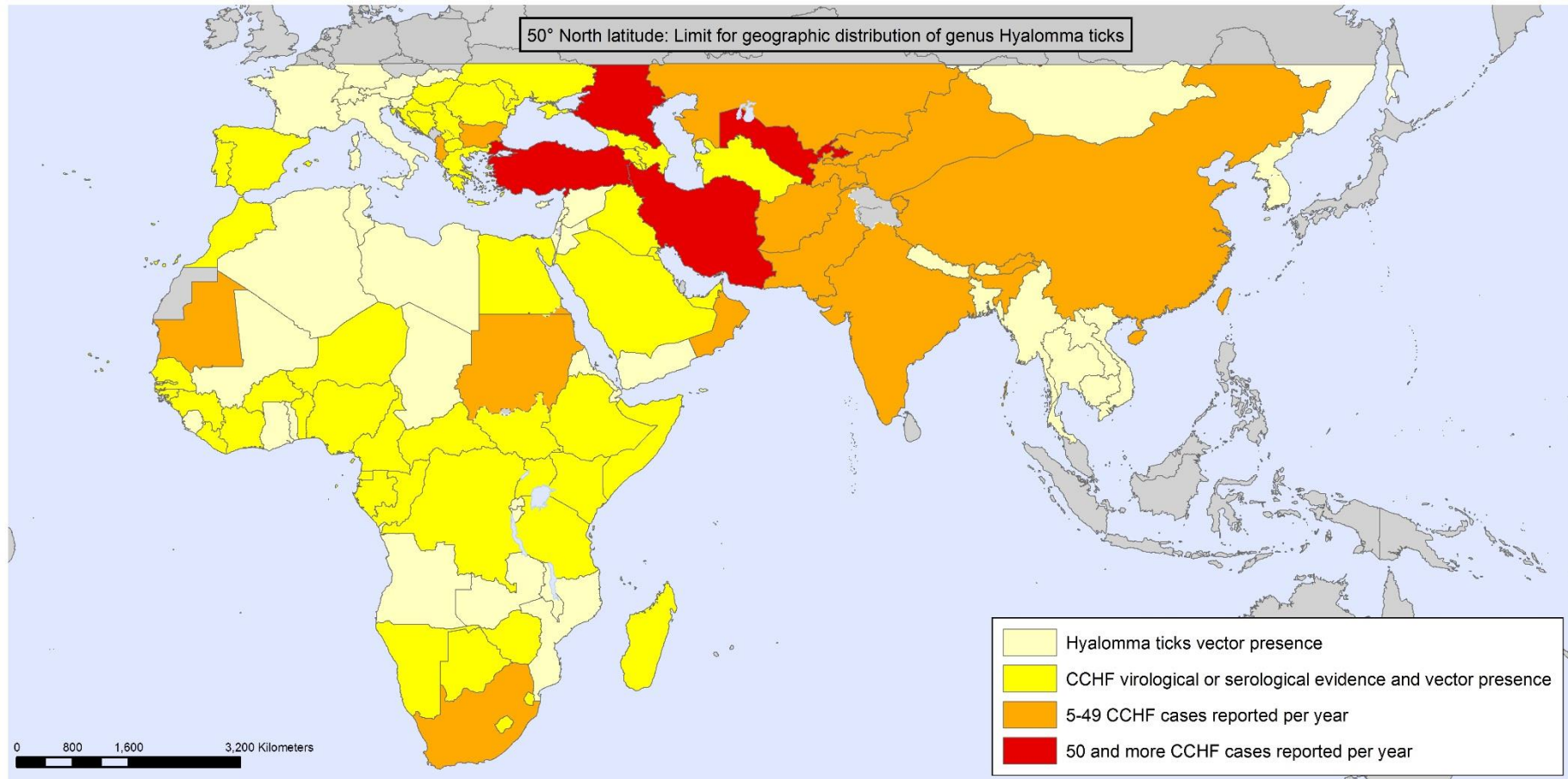


Crimean Congo hemorrhagic Fever

Epidemiology and clinical manifestations of CCHF

Global Situation of CCHF, published by WHO 2013

Geographic distribution of Crimean-Congo Haemorrhagic Fever

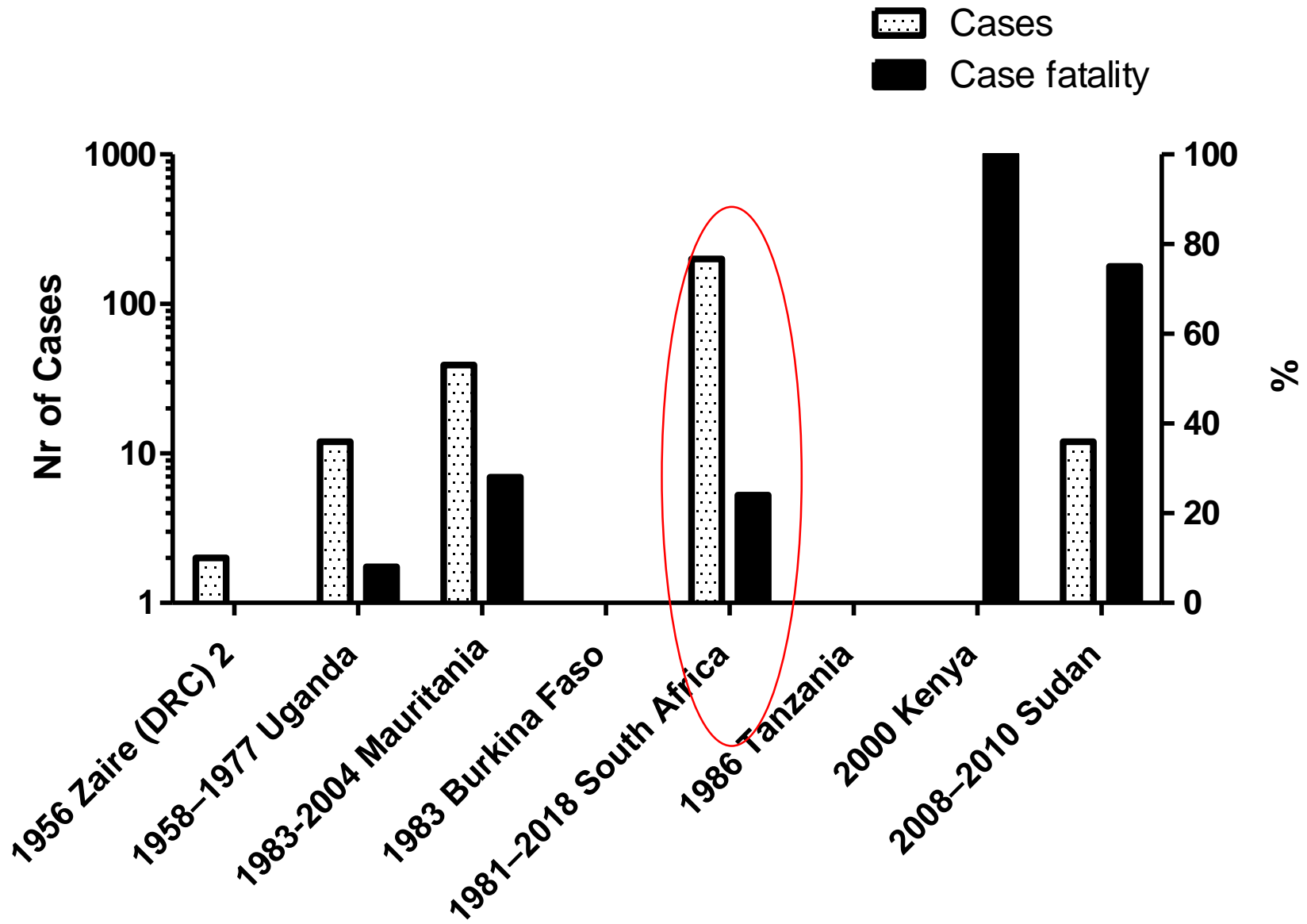


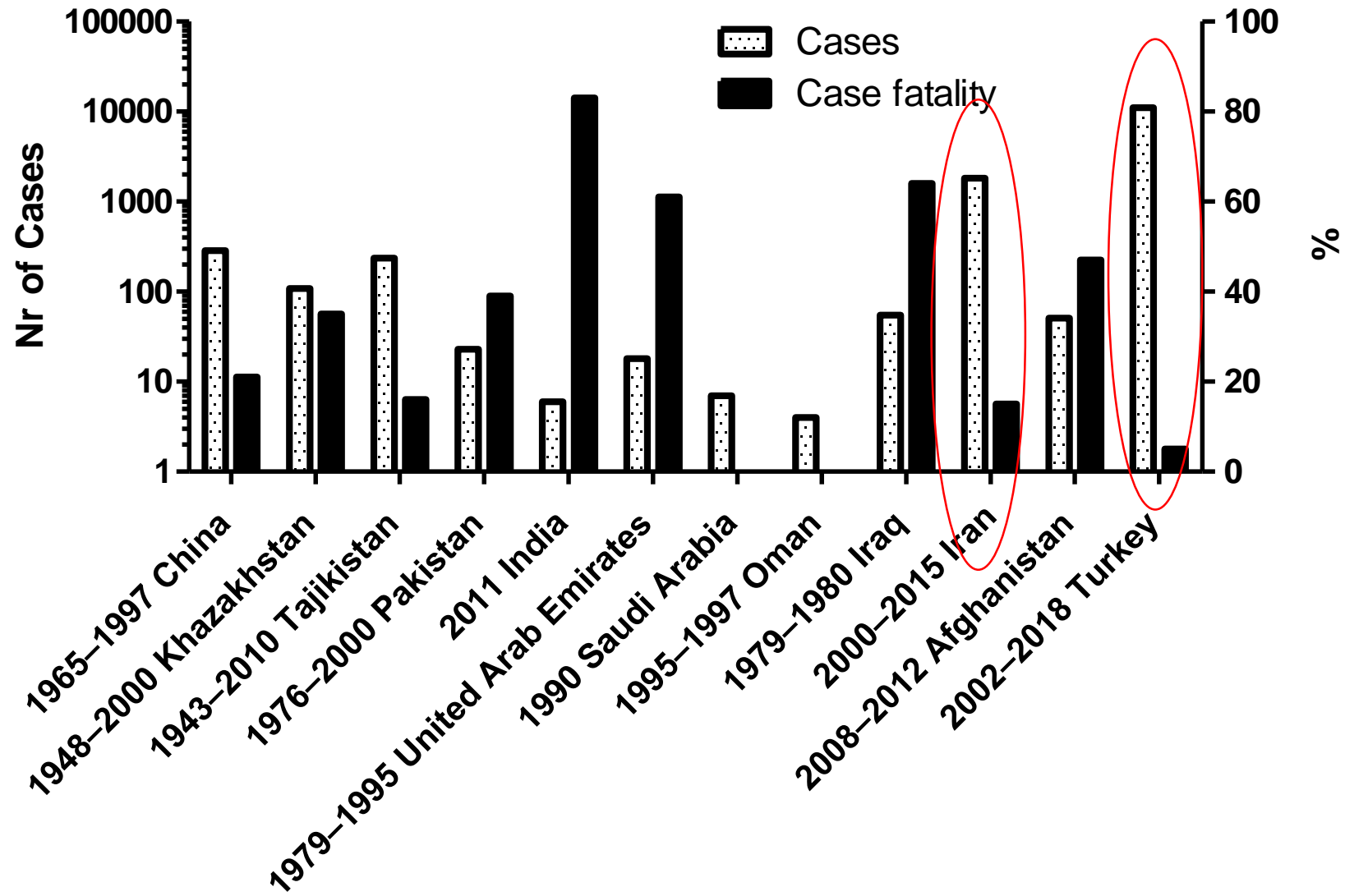
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

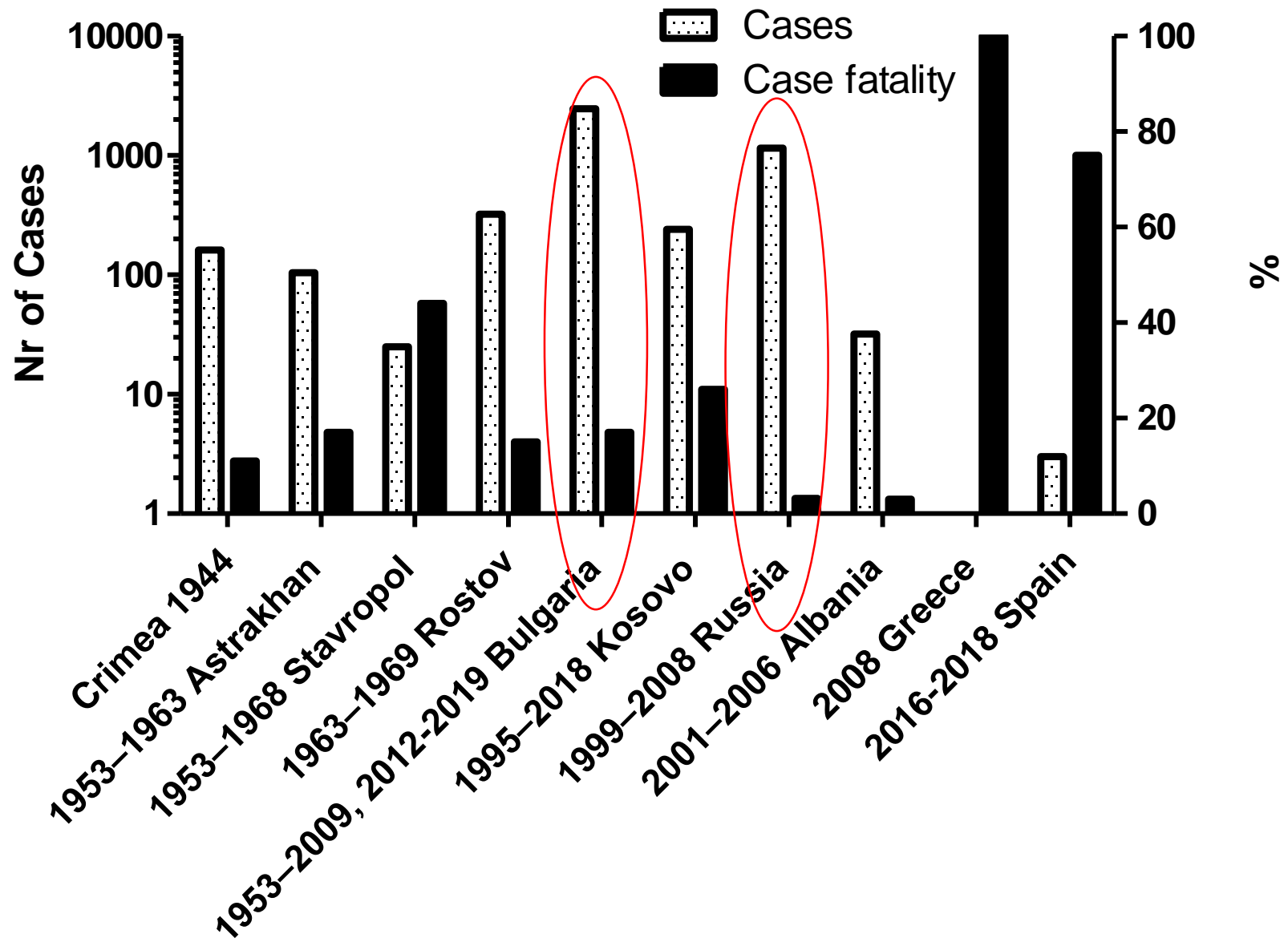
Data Source: World Health Organization
Map Production: Information, Evidence
and Research (IER)
World Health Organization



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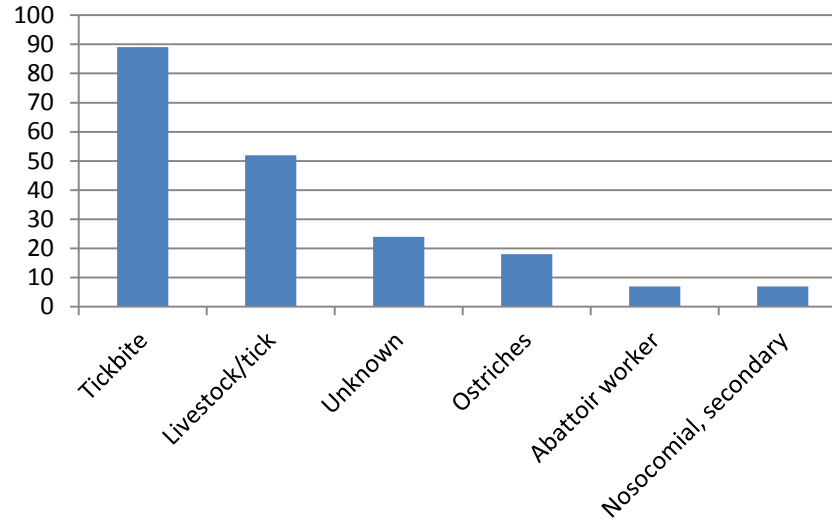
South Africa

SOURCE OF INFECTION

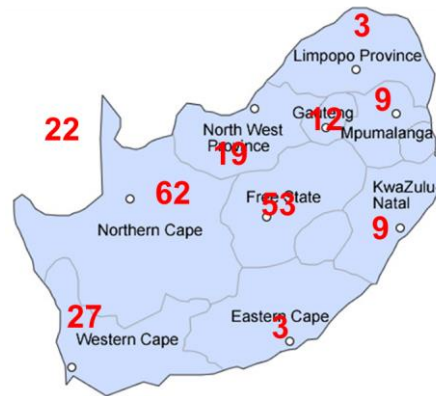
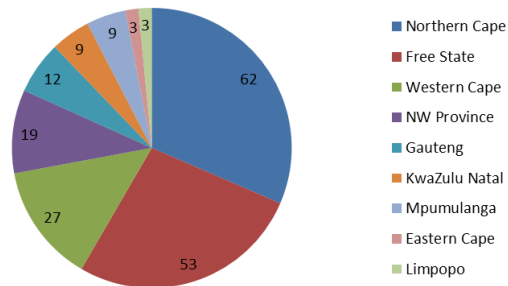
Laboratory confirmed cases in southern Africa

total of >200 cases 1981- to date

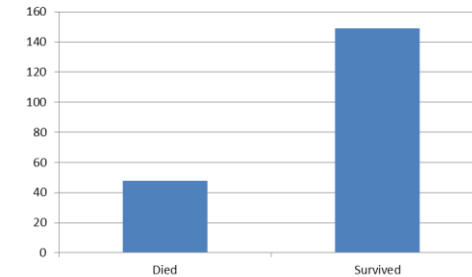
- 46.8% tick bite or squashing ticks
- 36.8% contact with fresh blood or other tissues of livestock and/or ticks
- 3.5% nosocomial infections arose from contact with blood or fomites of known CCHF patients,
- 12.9% no direct evidence of contact but patients lived in or visited a rural area



CCHF CASES PER PROVINCE

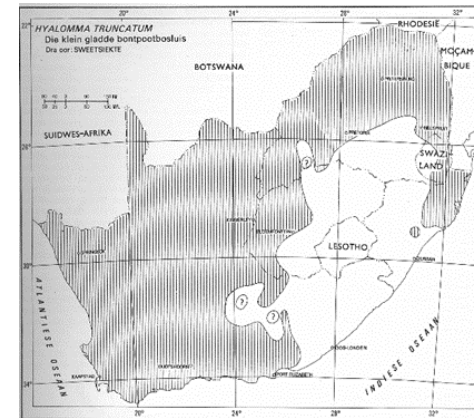
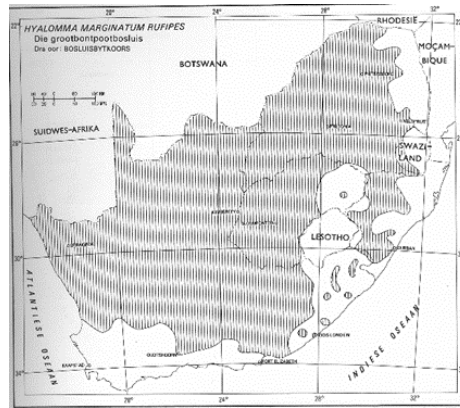
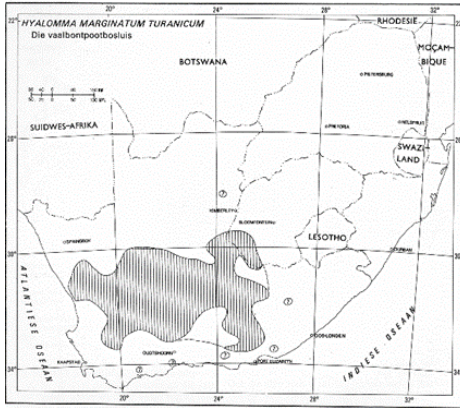


FATALITY RATE



Currently 24 % fatality rate

THE HISTORY OF CCHF IN SOUTH AFRICA



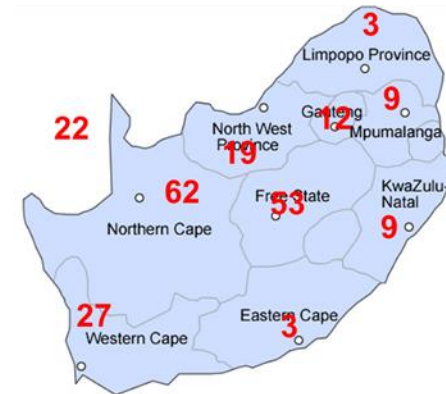
Hyalomma glabrum

Hyalomma marginatum rufipes

Hyalomma truncatum

Prevalent in semiarid central and western inland regions

Sparse or absent in moister eastern and southern coastal regions



Turkey

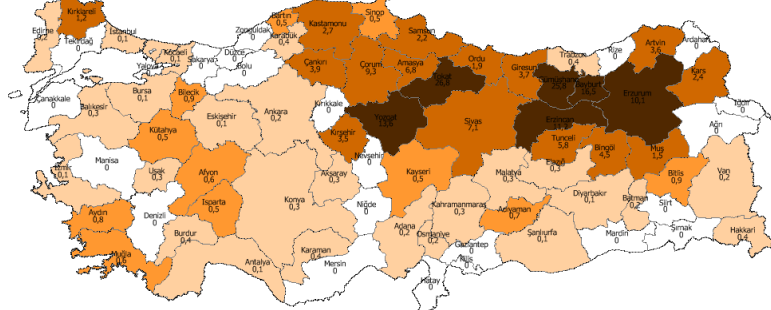
2004



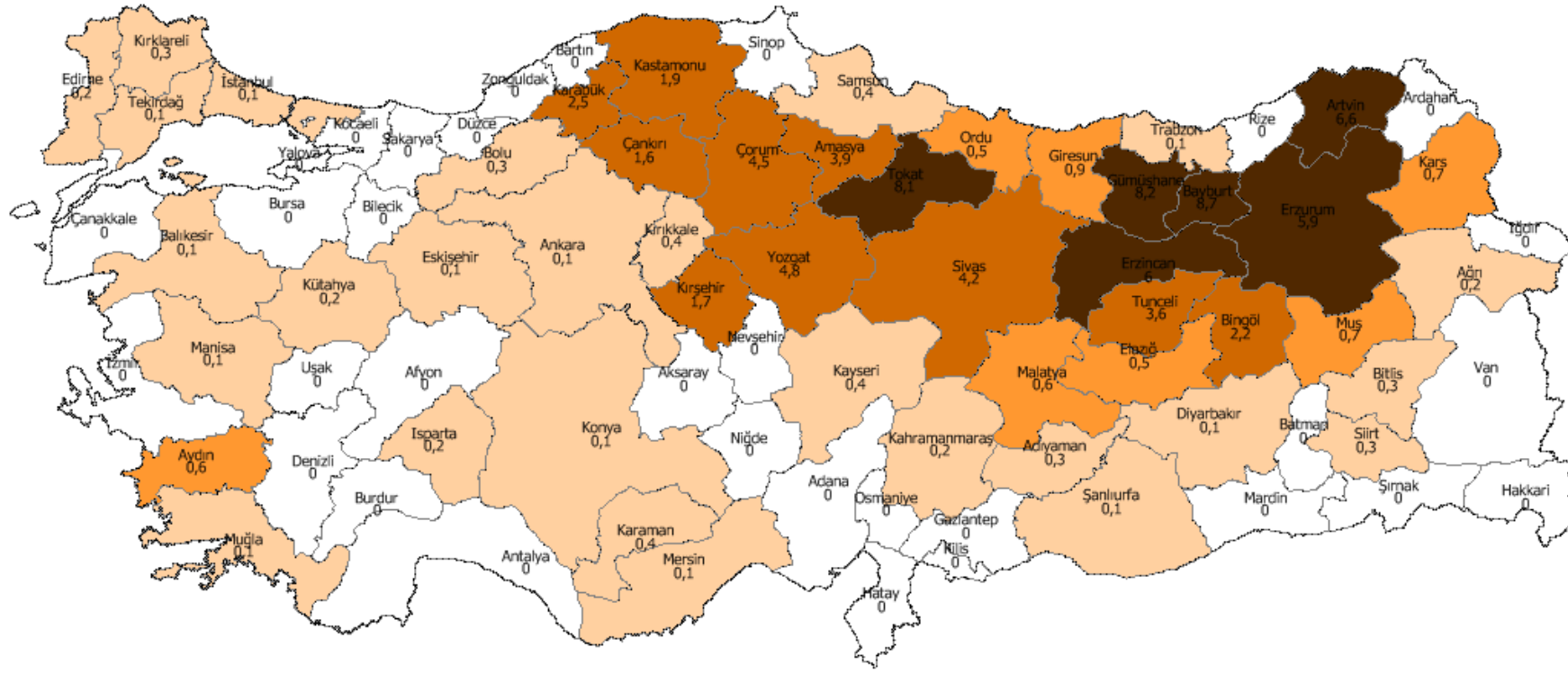
2014



2015



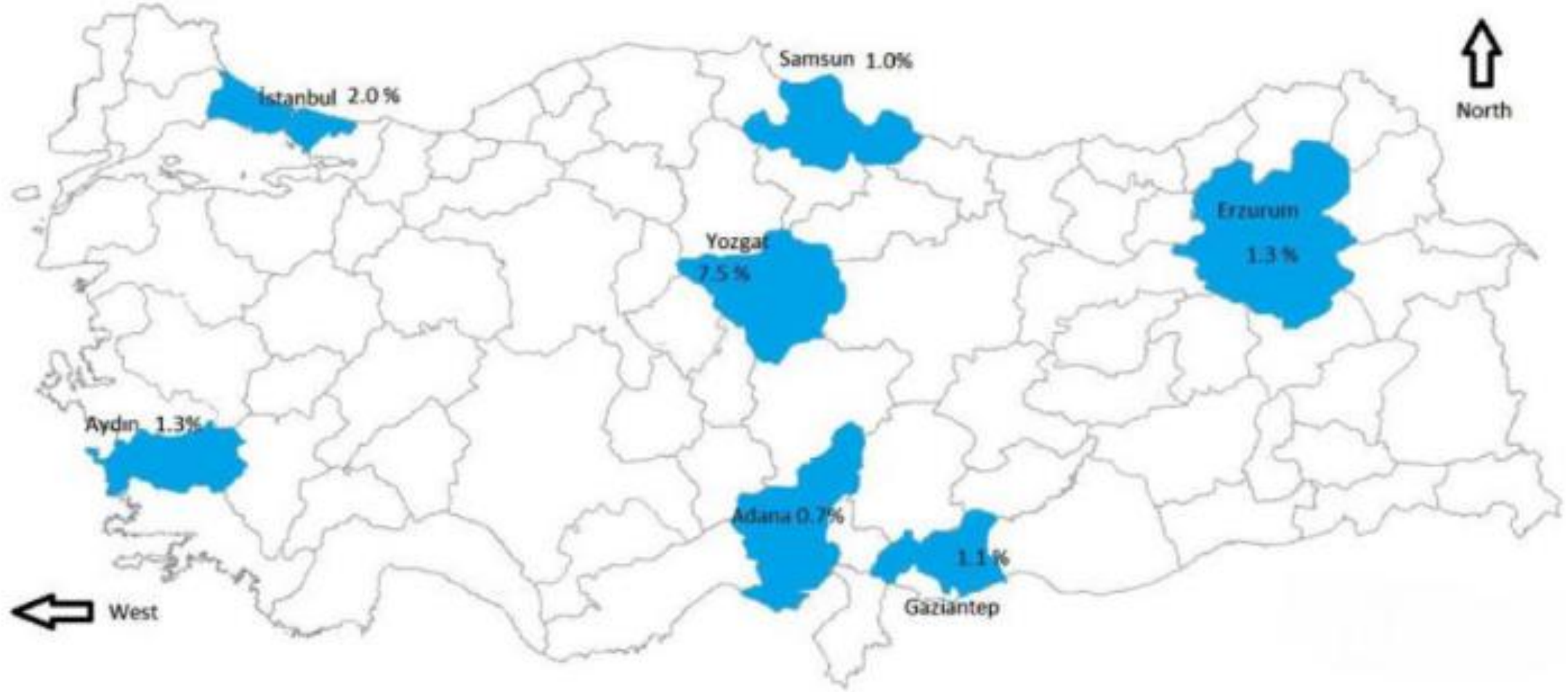
2017



İller - insidans

0	-	0,001	(32)
0,001-0,5	(26)		
0,5-1	(7)		
1-5	(10)		
5-12	(6)		

Seroprevalance

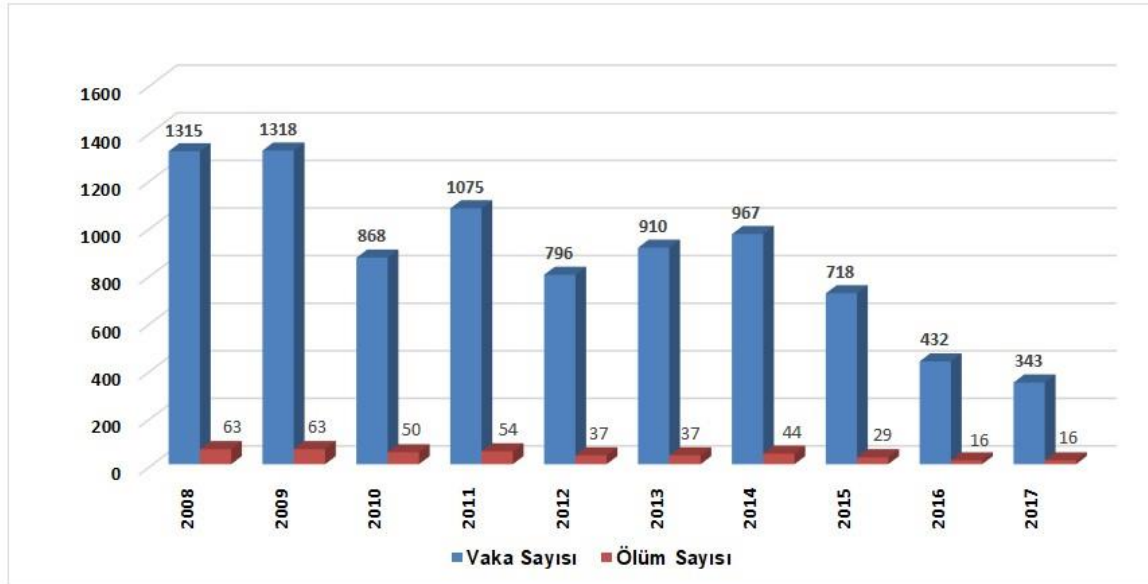


KIRIM KONGO KANAMALI ATEŞİ (KKKA)

Vaka ve Ölüm Sayıları, Morbidite ve Mortalite Hızları, Türkiye, 2008-2017

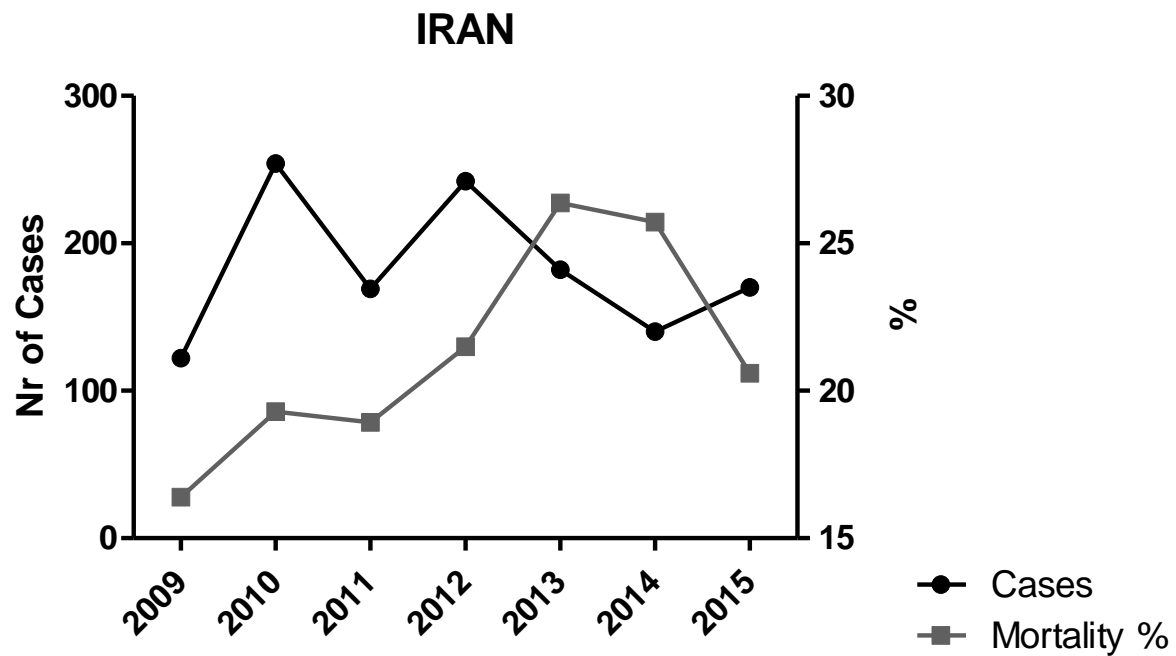
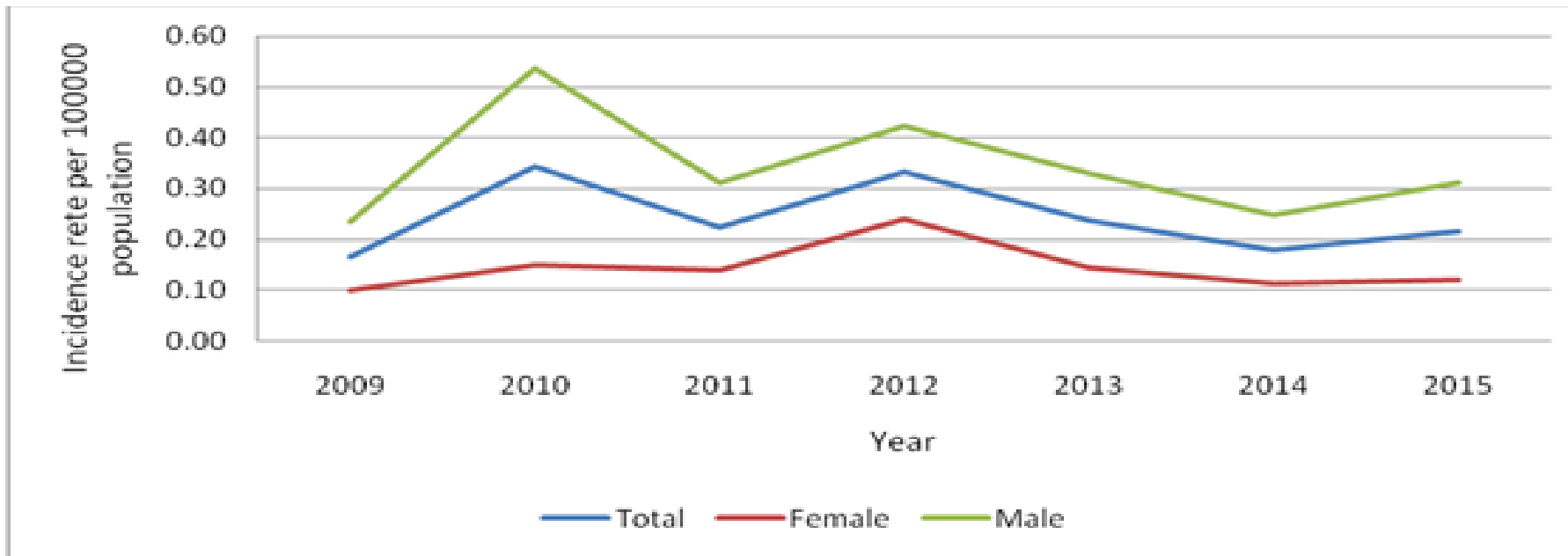
Yıllar	Nüfus	Vaka Sayısı	Morbidite Hızı (100.000)	Ölüm Sayısı	Mortalite Hızı (1.000.000)
2008	71.517.100	1315	1,84	63	0,88
2009	72.561.312	1318	1,82	63	0,87
2010	73.722.988	868	1,18	50	0,68
2011	74.724.269	1075	1,44	54	0,72
2012	75.627.384	796	1,05	37	0,49
2013	76.667.864	910	1,19	37	0,48
2014	77.695.904	967	1,24	44	0,57
2015	78.741.053	718	0,91	29	0,37
2016	79.814.871	432	0,54	16	0,20
2017	80.810.525	343	0,42	16	0,20

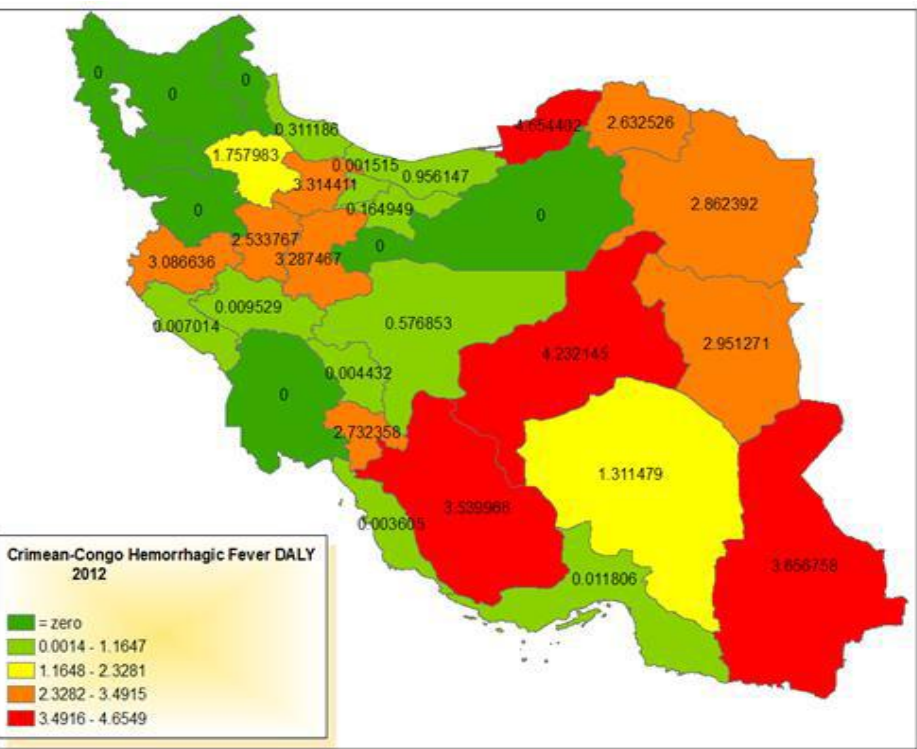
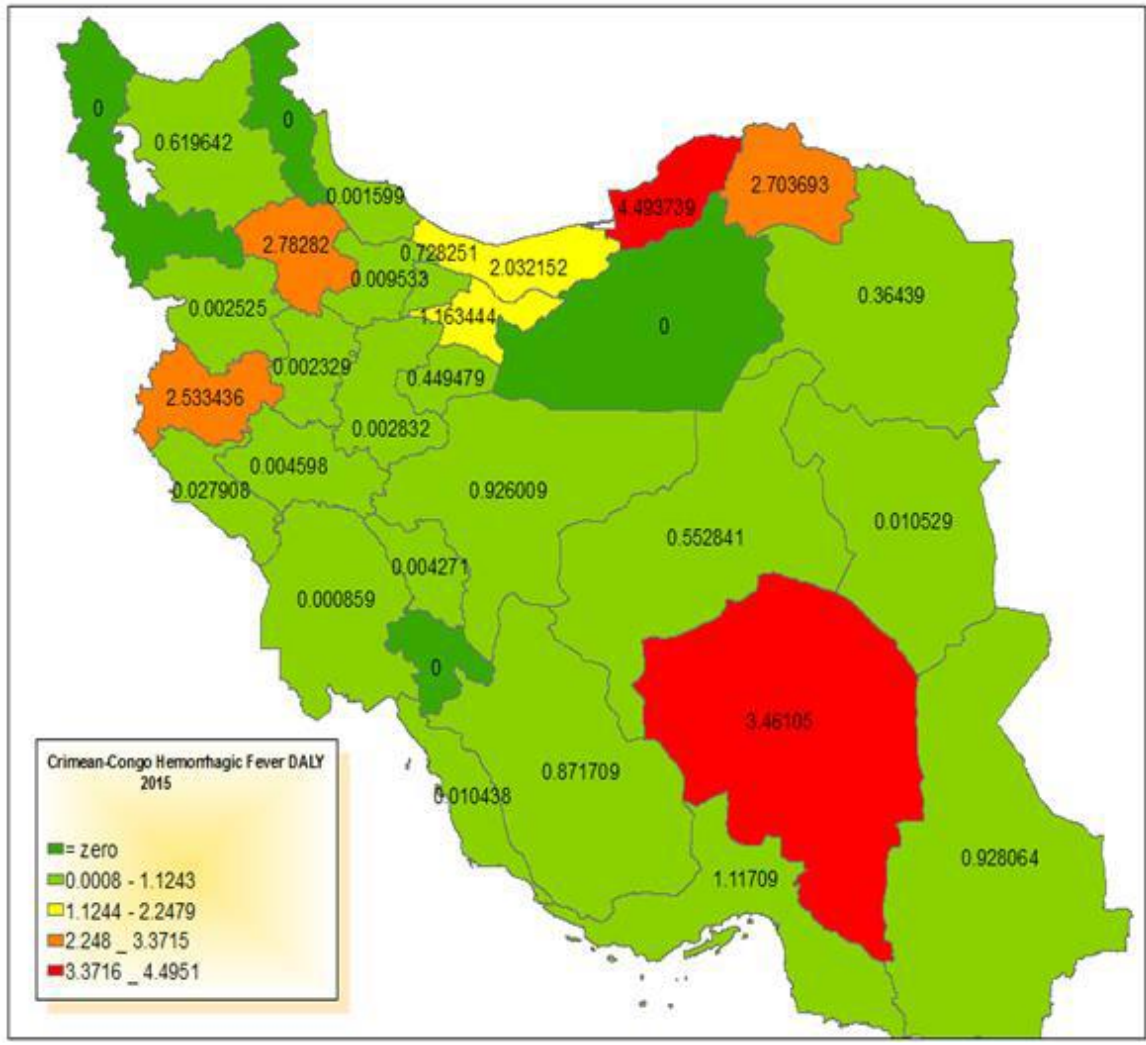
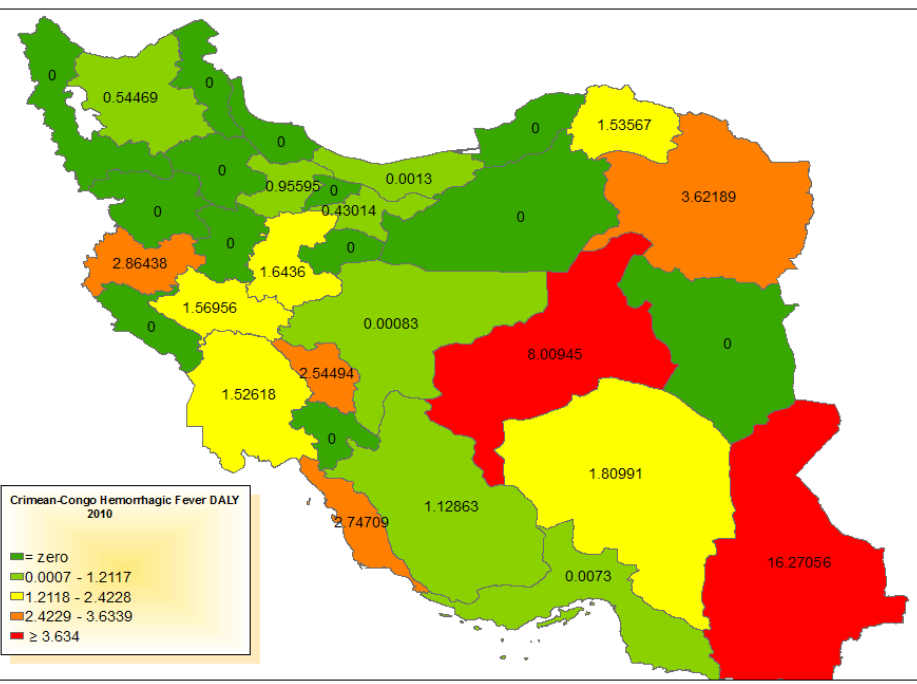
Grafik 1 - Kırım Kongo Kanamalı Ateşi Vakalarının ve Ölümünün Yıllara Göre Dağılımı, Türkiye, 2008-2017



IRAN

Iran J Public Health, Vol. 48,



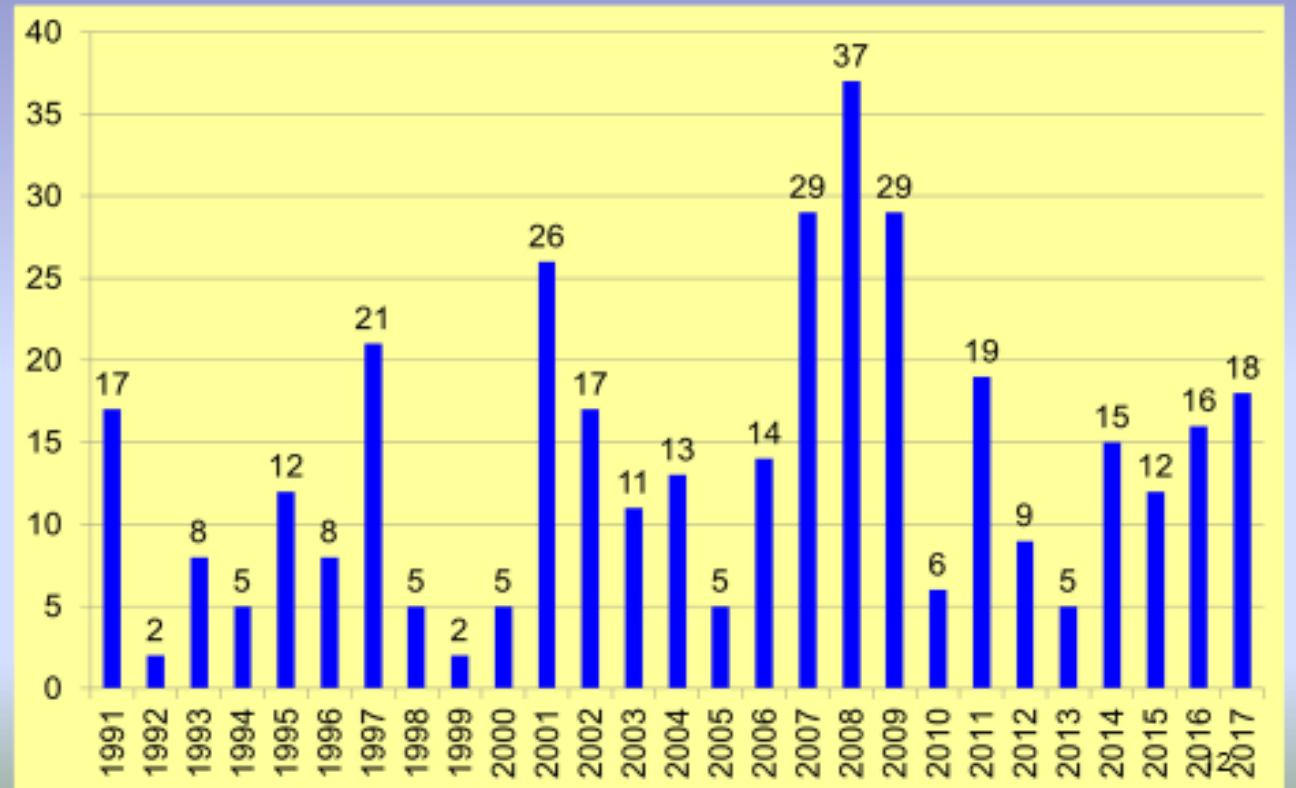


Tadjikistan

**366 patients diagnosed with CCHF:
78 died, mortality rate 21.3%.**

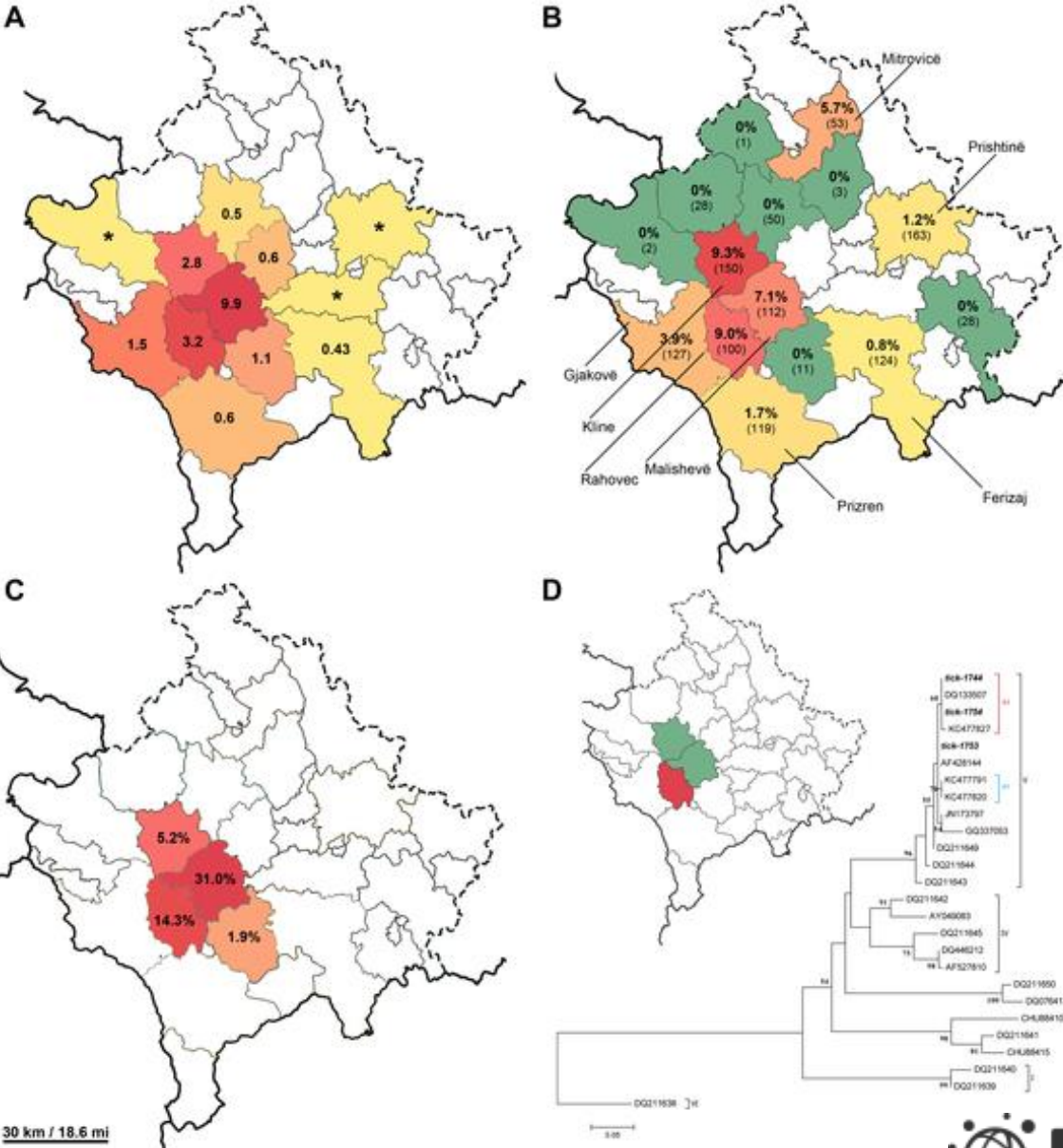
**When analysing transmission routes:
14 (3.8%) - cases through contact with infected cows;
256 (70%) - cases in the result of tick bite;
96 (26.2%) - cases in the result of contact with CCHF
infected humans**

**Number of registered CCHF patients in Tajikistan
during 1991-2017**



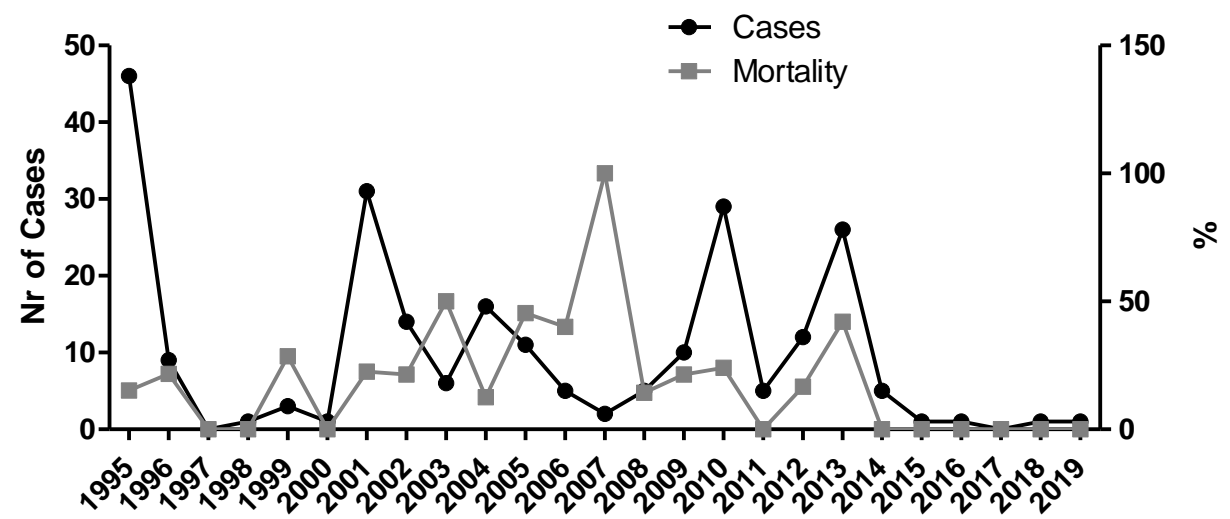
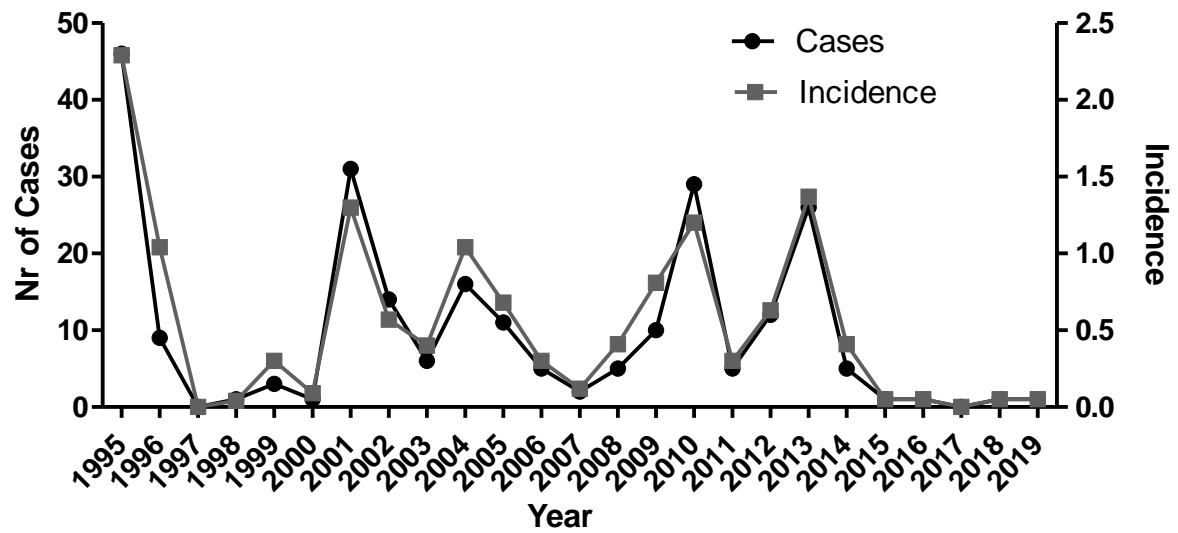
KOSOVO

Seroprevalence



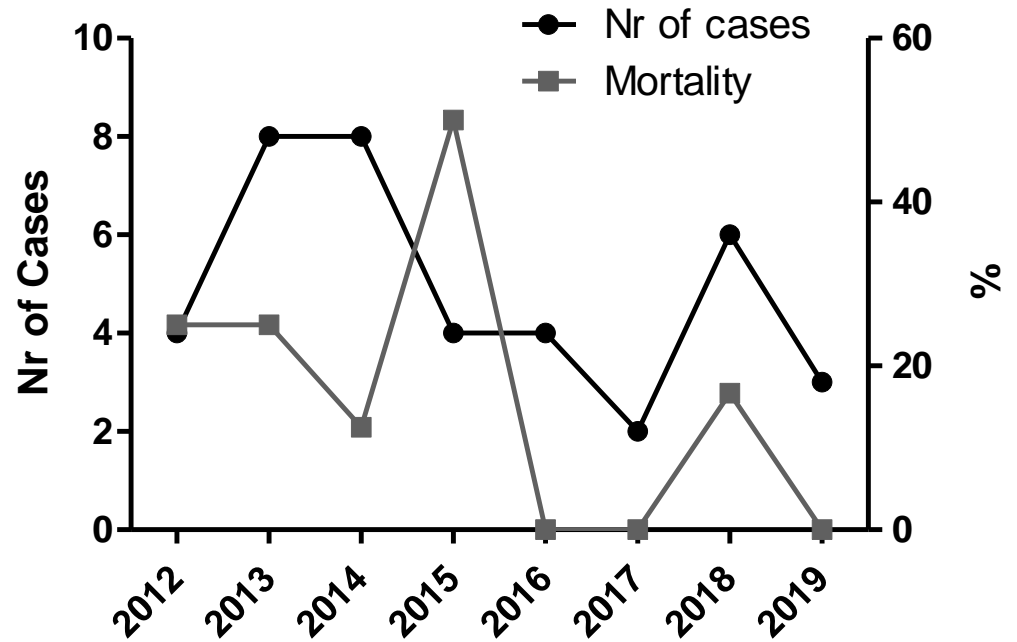
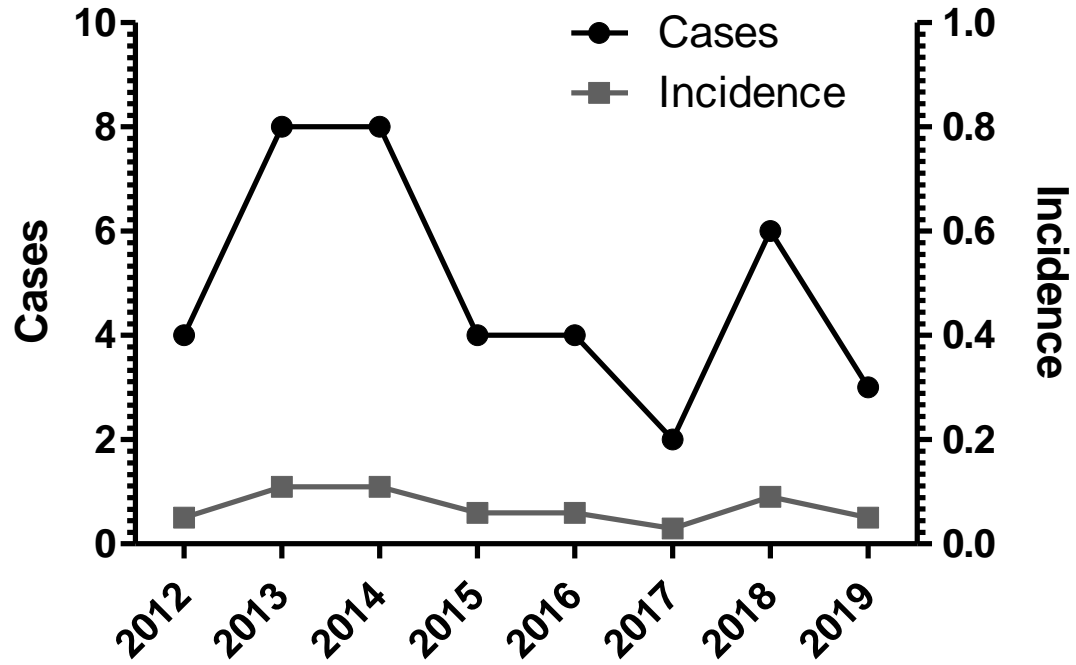
30 km / 18.6 mi

Kosovo



Bulgaria

Bulgaria



CCHFV seroprevalence in Bulgaria



CCHFV seroprevalence in Greece



Gaps

- Lack of systematic epidemiological data from all endemic countries
- Difficult to calculate attack rate in most of endemic countries.
- NO knowledge about the Re-infection!