

Crimean-Congo Haemorrhagic Fever (CCHF) Outbreak Toolbox

Updated: October 2022



Key reference documents

- [Introduction to Crimean-Congo Hemorrhagic Fever](#) (Geneva: World Health Organization; 2019)
- [CCHF fact sheet](#) (Geneva: World Health Organization; 2013)
- [CCHF health topic page](#) (Geneva: World Health Organization, 2022)



Case definitions

WHO suggested outbreak case definition*

Suspected case:

- Any person with clinical features suggestive of CCHF¹, and one or more of the following exposures in the 15 days before symptoms onset:
 - Bitten by a tick or crushed a tick with bare hands, **OR**
 - Direct contact with animal blood or other tissues during/immediately after slaughter, **OR**
 - Direct contact with blood, secretion or excretions of a CCHF case, **OR**
 - Resided in or visited an endemic or outbreak-affected area, where exposure to livestock or ticks was possible.

Probable case:

- Any deceased suspected case (where it has not been possible to collect specimens for laboratory confirmation) with an epidemiological link with a confirmed CCHF case.

Confirmed case:

- Any suspected or probable case with a laboratory positive result (detection of virus by RT-PCR, positive IgM or IgG seroconversion², positive antigen detection test, or virus isolation).

¹Signs and symptoms suggestive of CCHF commonly include:

- Sudden/abrupt onset of fever (>38°C), chills, shudders, myalgia, headaches, dizziness, neck pain and stiffness, backache, headache, sore eyes and photophobia. There also may be nausea, vomiting, diarrhoea, abdominal pain, and sore throat early on, followed by sharp mood swings and confusion.
- After 2–4 days, agitation may be replaced by sleepiness, depression and lassitude, abdominal pain may localize to the upper-right quadrant with detectable hepatomegaly, hepatitis, tachycardia, lymphadenopathy, and a petechial rash on the skin and internal mucosal surfaces (e.g., mouth, throat), ecchymoses, melena, haematuria, nose bleeding, and/or unusual vaginal bleeding. Severe cases may also experience rapid kidney deterioration, sudden liver failure or pulmonary failure.

² Rise in IgG antibody titers between acute and convalescent samples

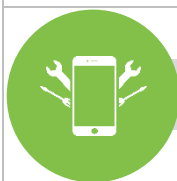
Discarded case:



World Health Organization

- Any suspected or probable case with a negative laboratory result (showing no specific antibodies, RNA or specific detectable antigens).

*Adapted from Afghanistan CCHF Outbreak: WHO Office for Eastern Mediterranean Region, 2008



Data collection tools

- Case investigation forms: Not Available
- Line list: Not available.
- Electronic tools: Not available



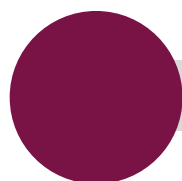
Laboratory confirmation

- [How to safely collect blood samples by phlebotomy from patients suspected to be infected with Crimean-Congo Haemorrhagic fever \(CCHF\) virus?](#) (Geneva: World Health Organization; 2018)
- [How to safely ship human blood samples from Crimean-Congo Haemorrhagic Fever \(CCHF\) cases within a country by road, rail, and sea?](#) (Geneva: World Health Organization; 2018)



Response tools and resources

- [Clinical management of patients with viral haemorrhagic fever. A pocket guide for front-line health workers.](#) (Geneva: World Health Organization; 2016).
- [Standard precautions for the prevention and control of infections: aide-memoire](#) (Geneva: World Health Organisation; 2022)



Training

- [Open WHO: CCHF Introduction](#) (Geneva: World health Organisation; 2018)