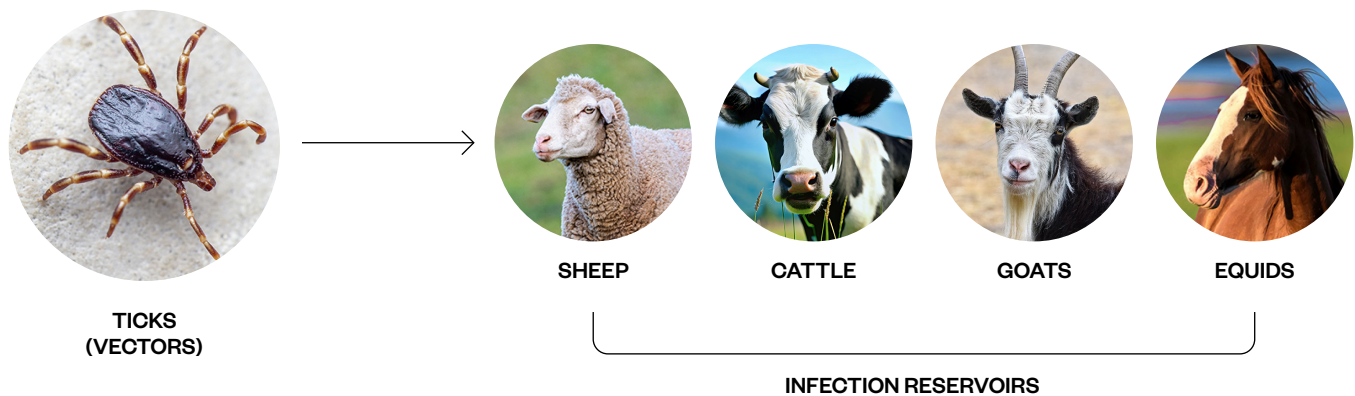




What It Is:

Crimean-Congo Haemorrhagic Fever (CCHF) is a vector-borne viral zoonosis caused by the CCHF virus, which belongs to the *Nairovirus* genus. This disease is significant for both humans, due to the severity of clinical signs and potential lethality, and animals, which act as silent reservoirs of the infection.

Categories

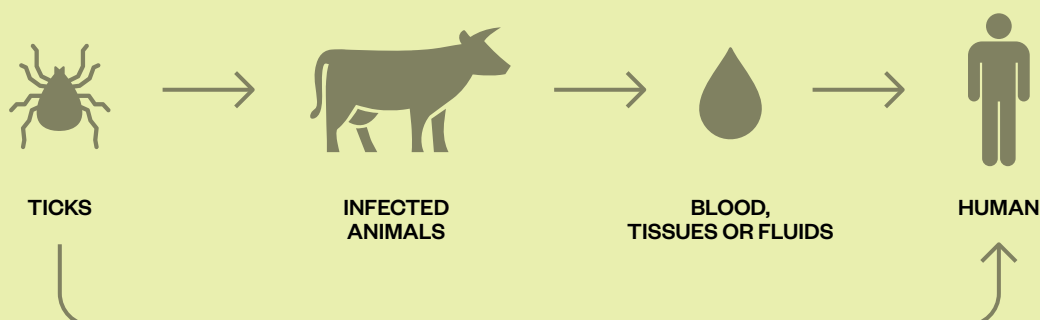


Among domestic animals, bovine, ovine, caprine, and equine species can acquire the infection through tick bites and remain asymptomatic, therefore becoming reservoirs and amplifiers of the pathogen. In Europe, several species of arthropod vectors (particularly *Hyalomma* ticks) play a crucial role in maintaining and transmitting the virus within the enzootic cycle.

Origin and Transmission

The CCHF virus is primarily transmitted between susceptible species, including humans, through the bites of infected ticks, particularly those of the genus *Hyalomma*. The disease may show seasonal patterns, with more cases occurring during the warmer months when tick activity is higher.

Additionally, humans can become infected through direct contact with the blood or tissues of infected animals, as well as with bodily fluids from infected individuals.



Symptoms and Impacts

ANIMALS	HUMANS
<p>Infected animals do not exhibit overt clinical signs. However, the virus may be present in their bloodstream for a short period, making them a source of infection for ticks and contributing to the transmission cycle.</p>	<p>In humans, CCHF infection can cause severe illness, with a case fatality rate that may reach up to 40%. Following an incubation period ranging from 2 to 12 days, the disease initially presents with high fever, headache, muscle pain, skin rash, fatigue, and nausea. In more severe cases, internal and external haemorrhages and multi-organ failure may occur.</p> <p>Timely supportive treatment is crucial to improve the chances of survival, although prognosis is also influenced by individual factors such as age and overall health status of the patient.</p> <p>The highest-risk groups include individuals who work in close contact with animals, such as livestock farmers and veterinarians, as well as healthcare workers who may be exposed to the blood of infected patients.</p> <p>Nosocomial infection is a concern due to the potential for human-to-human transmission.</p>

Geographic Distribution

CCHF is endemic in **Africa**, the **Balkans**, the **Middle East**, and **Asia**. However, cases have recently been reported in parts of Southern Europe, including **Spain, Portugal, and Greece**.

To date, no autochthonous cases have been reported in Italy; however, since the vector is present in the country, the **risk of disease introduction remains possible**.

Preventive Measures

Currently, there is **no vaccine available for CCHF**; therefore, prevention relies on individual protective measures and vector control.

Wearing protective clothing helps prevent tick exposure and reduces the risk of human infection.

Applying repellents on skin and clothing also reduce the likelihood of tick bites.

Inspecting the body after potential exposure allows for the timely detection and removal of attached ticks.

In healthcare settings, protection against contact with bodily fluids must always be ensured using **personal protective equipment and the implementation of safety protocols**.

In animals, the use of acaricides helps reduce tick infestation, as does proper pasture management, which limits habitats favourable to vector proliferation.

Finally, **effective epidemiological surveillance, monitoring of tick populations, and close collaboration between public health and veterinary authorities** are essential tools for containing the spread of the virus and protecting public health.

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