

Epidemiology, Surveillance and Control of CCHF in Kosovo

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Kosova



Kosovo profile I

- ◆ Kosova is in South East of Europe,
- ◆ Approximately has 2.1 million inhabitants,
- ◆ Capital is Prishtina,
- ◆ 5 regions,
- ◆ 30 municipalities,
- ◆ Since June 1999, Kosovo has been under interim administration of the UNMIK,
- ◆ Since February 2000, the interim civil administration has been the responsibility of a Joint Interim Administrative Structure (JIAS).

Kosovo profile II

- ◆ Election in October 2000 modified the governance structure at the municipal level,
- ◆ Election in November 2001 modified the governance structure at the central level.

Kosovo profile III

- ◆ 50% of population are younger than 25 years old,
- ◆ 33% of population are younger than 15 years old,
- ◆ 12% of population are younger than 5 years old,
- ◆ 8% of population are 60 years and older,
- ◆ 55% of population lives in rural areas,
- ◆ Crude rate birth is 1.7%.

Epidemiological situation

- ◆ Kosova is characterized with very high number of communicable diseases;
- ◆ For some of them is endemic also;
 - Hemorrhagic fever with renal syndrome;
 - Crime Congo Hemorrhagic Fever;
 - Brucellosis;
 - Tularemia etc.

CCHF in Kosova

- ◆ First cases of CCHF were registered in 1954 in Nishor village with 8 deaths,
- ◆ From 1954 till 1989 no official report of CCHF,
- ◆ Cases were register also in 1989, 1991 and 1992,
- ◆ From 1995-2002 disease was present in sporadic or epidemic form,
- ◆ Is characterized with very high morbidity and mortality rate,

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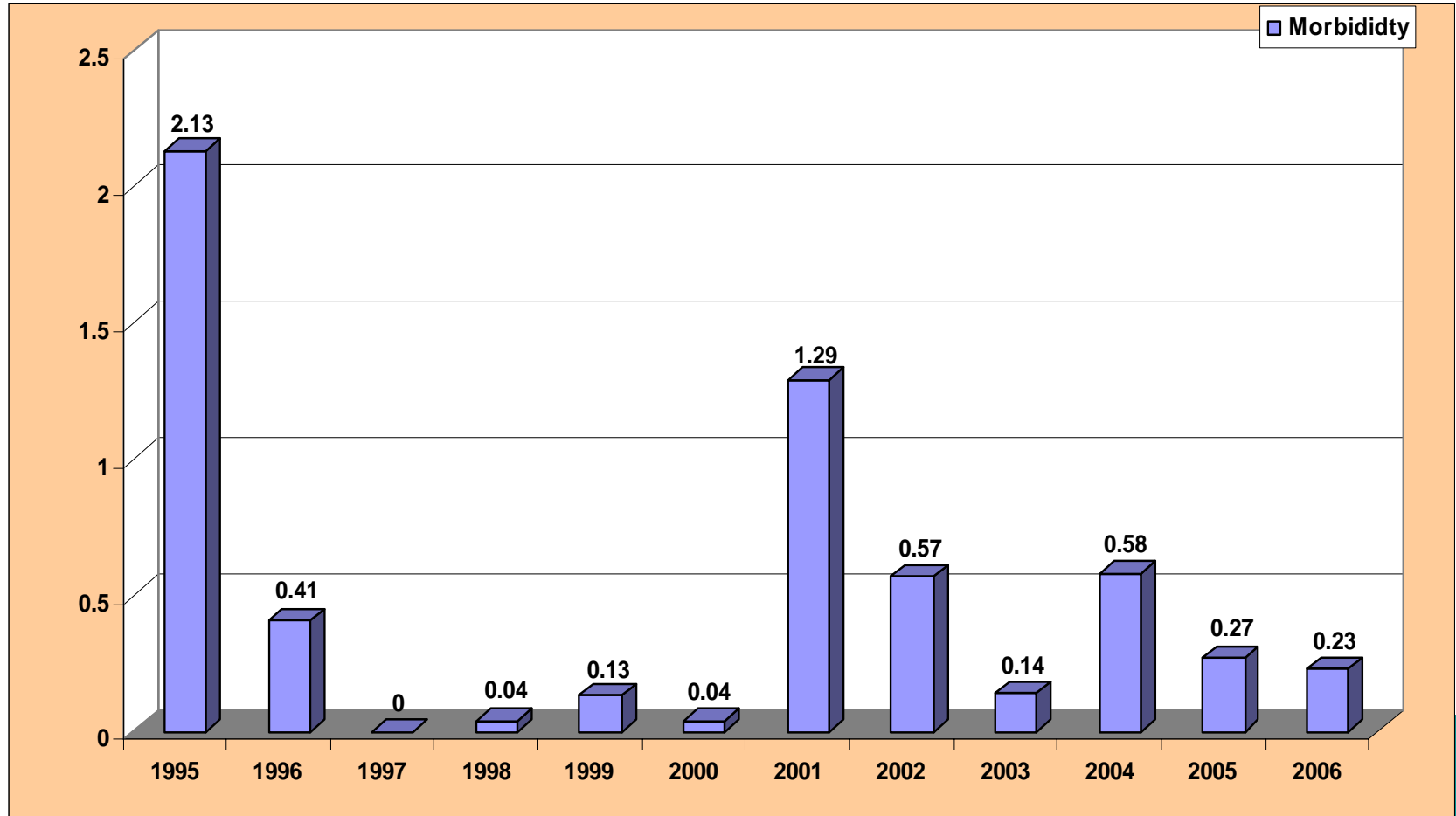


Cases and deaths of CCHF, Kosova

1995-2006

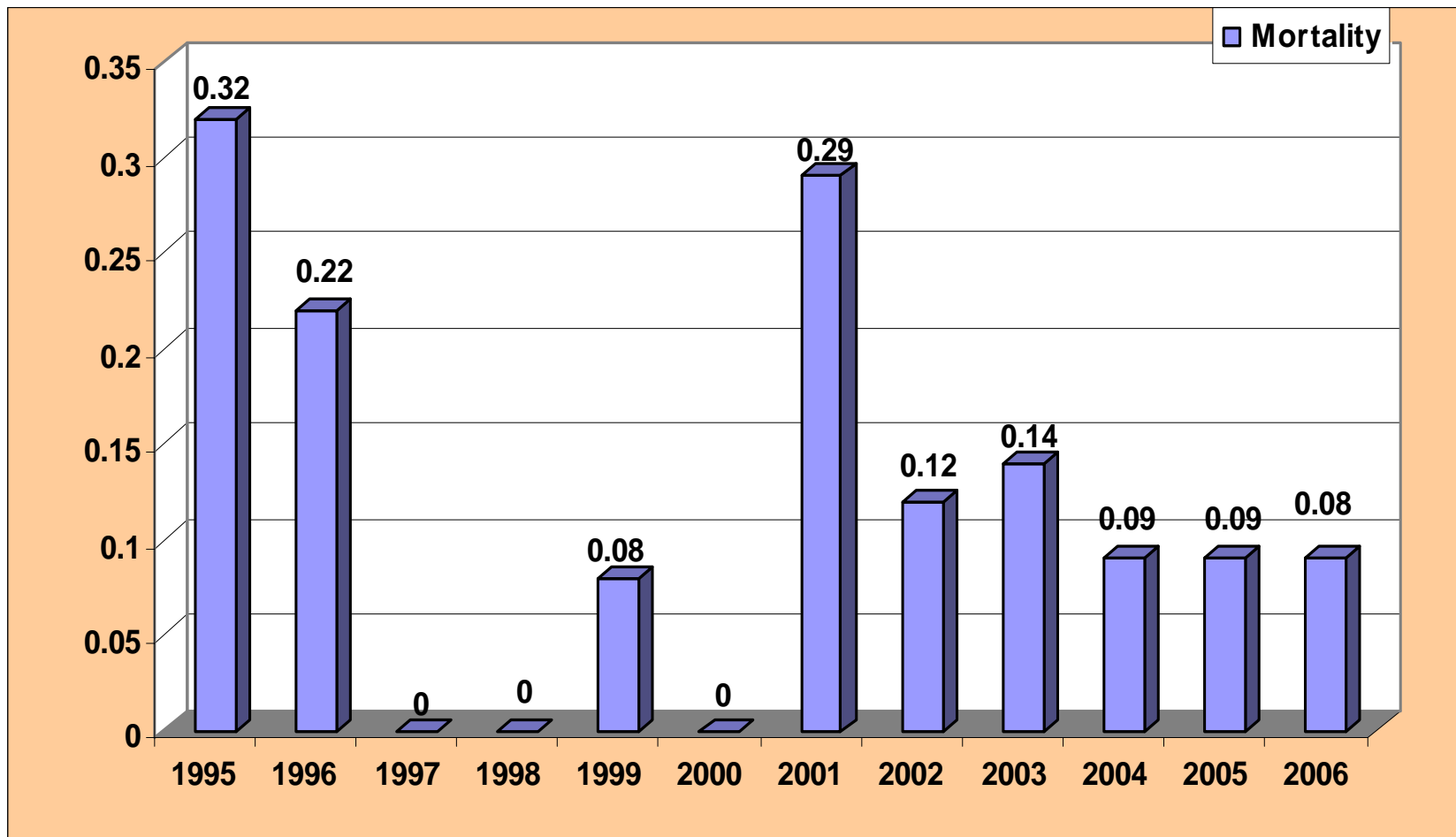
Years	Suspected cases	CCHF lab conf.	Deaths
1995	122	46	7
1996	23	9	5
1997	0	0	0
1998	1	1	0
1999	7	3	2
2000	2	1	0
2001	115	31	7
2002	114	14	3
2003	6	6	3
2004	17	12	2
2005	12	6	2
2006	11	5	2
Total	430	134	33

Morbidity rate of CCHF in Kosova 1995-2006



Average of morbidity rate is 0.49/100,000

Mortality rate of CCHF in Kosova 1995-2006



Average of mortality rate is 0.12/100,000

Fatality rate of CCHF in Kosova, 1995-2006

Years	Cases	Deaths	Lt/100
1995	46	7	15.2
1996	9	5	55.5
1997	0	0	0.0
1998	1	0	0.0
1999	3	2	66.6
2000	1	0	0.0
2001	31	7	22.6
2002	14	3	21.4
2003	6	3	50.0
2004	12	2	16.6
2005	6	2	33.3
2006	5	2	40.0
Total	134	33	26.76

CCHF cases by occupation, Kosova 1995-2006


Year	OCCUPATION						Total
	Farmer	Housewife	Pupil	Children	Worker	Health worker	
1995	16	13	6	3	8	0	46
1996	3	2	1	0	3	0	9
1997	0	0	0	0	0	0	0
1998	1	0	0	0	0	0	1
1999	2	0	0	0	1	0	3
2000	1	0	0	0	0	0	1
2001	7	6	5	1	9	3	31
2002	6	4	1	0	3	0	14
2003	2	1	2	0	1	0	6
2004	5	3	2	1	0	1	12
2005	3	1	0	1	1	0	6
2006	2	1	0	0	2	0	5
Total	48	31	17	6	28	4	134

Route of infection of CCHF cases, Kosova 1995-2006

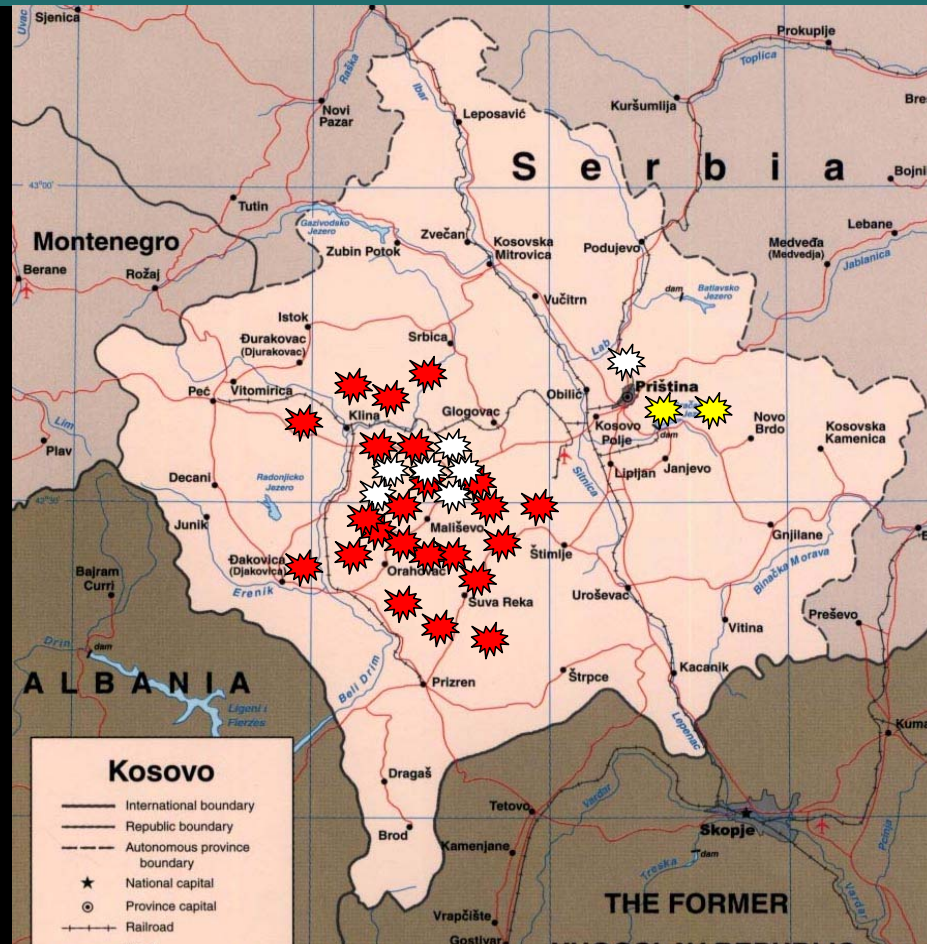
	Cases	Frequency
Tick	88	65.7
Contact	12	8.6
Unknown	34	25.7
Total	134	100

- ◆ Seroprevalence entire population is found to be 24.3%,
- ◆ Level of antibodies in control group was from 1:100 to 1:6400,
- ◆ High level of immunity after 8 year of disease.

Endemic zones for CCHF in Kosova

- ◆ CCHF is present in 50% of territory of Kosova,
 - ◆ Common characteristics: altitude, hot climate, low bush and farming,
 - ◆ Hyper endemic zones are in Center and South West of Kosova,
 - ◆ CCHF cases are present in territory with altitude 334 m – 634 m
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Hyper endemic zones are in Center and South East of Kosova at altitude 334-634m



Shtrirja gjeografike e rasteve

Surveillance of the disease

◆ Active surveillance,

- Person bitten by tick, should go MFMC;
- Under medical supervision for 14 days (temperature measure);
- Family visit and investigation for possible cases (epidemiological questioner);
- Investigation of neighborhoods (first and second circle);
- Permanent investigation of endemic zones,

- Active investigation for suspected cases,
- Hospitalization of suspected cases and blood samples,
- Collection of environment samples.

Control of the disease

- ◆ Taking environment control measures in high risk settlements,
- ◆ Establishing regional outbreak management teams for high risk areas,
- ◆ Establishing mobile teams to do active research in the field, to survey the cases, contacts, persons with tick bites and take blood samples from suspected cases,
- ◆ Training of health professional at all levels,
- ◆ Training health professionals in the hospital,
- ◆ Increase public awareness regarding the disease.

Risk factors

- ◆ Hot climate,
- ◆ High density of ticks (*Hyalomma marginatum marginatum*),
- ◆ Domestic animals were identify as rezervoar of infection (14% positive of livestock / 32.6% positive sheep),
- ◆ Low bush,
- ◆ Not very well known as a disease (population)

Prevention strategy

- ◆ **Advocacy of the stakeholders to increase their commitment,**
 - Main priority (capacity building)
 - Special programs and projects
 - Financial and political support
- ◆ **Training of health staff,**
 - Using protocol of the disease,
 - Detecting suspected cases, contacts,
- ◆ **Public awareness,**
 - Giving information about the disease and promoting the protection measures through media including TV,
 - To inform the district and municipality administrators and receive their support to implement the necessary precautions,
 - To inform press regularly.



Përceva





No Comment
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