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**JOINT STATEMENT BY THE MINISTERS OF HEALTH AND SOCIAL SERVICES
AND AGRICULTURE, WATER AND FORESTRY**

DELIVERED DR. KALUMBI SHANGULA, MP

**AT A PRESS CONFERENCE ON THE UPDATE ON THE CRIMEAN-CONGO
HEMORRHAGIC FEVER (CCHF) OUTBREAK IN NAMIBIA**

WINDHOEK

15 MAY 2019

1. INTRODUCTION

The Ministry of Health and Social Services and the Ministry of Agriculture, Water and Forestry herewith wish to update the nation on status of the outbreak of Crimean-Congo Haemorrhagic Fever (CCHF) in the country.

Crimean-Congo Haemorrhagic fever is one of the Viral Haemorrhagic Fever diseases. Other types are Marburg, Lassa fever, Yellow fever etc. CCHF is endemic in Africa and outbreaks have been reported in Uganda, Mauritania, and South Africa. Namibia has experienced CCHF outbreaks before which have become more frequent in the past three years.

2. STANDARD CASE DEFINITIONS:

Suspected:

CCHF will be suspected if any person experiences sudden onset of high fever, headache, general body pain, weakness, severe muscle pain; with or without nausea, vomiting, abdominal pain, anorexia, diarrhoea and confusion.

Confirmed:

CCHF will be confirmed when a suspected case is confirmed by laboratory.

3. CURRENT OUTBREAK

- 3.1. A 54-year old female from Onethika Village, Ontananga area in Olukonda Constituency, visited Onandjokwe hospital on the 21st April 2019 with complaints of tick-bite on the 19th April 2019, headache fever, coldness and vomiting. The tick was safely removed at the hospital and she was sent back home in a stable condition. On the 26 April 2019, she went to Ontananga clinic presenting with headache, body weakness and blood stained vomitus. She was referred to Onandjokwe hospital, immediately admitted and isolated. The blood was drawn and sent to National Institute Communicable Diseases (NICD) Regional Reference Laboratory in South Africa to test for CCHF where it tested **positive** and the results were received on 03 May 2019. The patient recovered well and was discharged home on the 11th May 2019.

All persons who were in direct contact with the patient are under strict daily monitoring.

- 3.2. On 07 May 2019 another patient, a 77-year old male also from Onethika Village, Olukonda Constituency was admitted to Onandjokwe District Hospital with a history of tick-bite and clinical manifestation of high fever, vomiting blood and confusion. He passed away shortly after admission to the hospital. Blood specimen was taken and sent for testing to confirm whether the patient was infected with CCHF. Given the symptoms manifested by the deceased patient, a

safe burial was conducted. A safe burial is a burial conducted under strict conditions to minimize the risk of exposure. On the 11th May 2019, the Widow informed the health care workers at Onandjokwe hospital that, the tick bite which the patient reported before passing on was not this year, however she could not tell when exactly it happened. The test results came out **negative** on the 13 May 2019.

- 3.3. A 27-years old male admitted at Onandjokwe hospital on 08/05/19 had contact with the deceased, and results are still **pending**. The patient is doing well and was discharged home on the 11th May 2019.
- 3.4. A 50 yrs old male admitted at Outapi hospital on 08/05/19 with a tick bite. The results tested **negative** on 13th May 2019. His condition is stable.
- 3.5. A 57-years old female admitted at Engela hospital on 09/05/19. Results are still **pending**.
- 3.6. A 40-years old male, had tick bite in Okaku village in Oshana Region, 2 days before he came to Windhoek. He was admitted on 10th May 2019 at Windhoek Central Hospital condition is stable, no more fever. Preliminary results received on 13 May 2019 tested **negative**.

4. MEASURES BEING IMPLEMENTED BY THE TWO MINISTRIES

4.1. Ministry of Health and Social Services

- Sensitisation of all clinicians
- Case Management
- Contact tracing
- Public awareness

4.2. Ministry of Agriculture, Water and Forestry

- Farmers education on tick control
- Tick control by applying acaricides (tick remedies) to livestock (cattle, sheep, goats and donkey) in the area where the confirmed case came from.

5. SIGNS AND SYMPTOMS

- Fever
- Muscle pain
- Nausea and vomiting
- Headache
- Abdominal pain
- Diarrhoea (sometimes bloody diarrhoea)

- Bleeding,
- Confusion

6. MODE OF TRANSMISSION

- The virus is primarily transmitted to people from infected ticks – through tick-bites or handling ticks with bare hands
- People can also get infected through direct contact with infected animal blood and organs during slaughtering or handling infected meat.
- Human-to-human transmission can occur through:
 - Direct physical contact with body fluids of a person who is infected with CCHF virus.
 - Direct contact with a body of a person who has died of CCHF or handling of contaminated linen, beddings and clothes of an infected case without adequate personal protection.

7. PEOPLE AT RISK

- Animal herders.
- Livestock handlers.
- Slaughterhouse workers are at particular risk of tick bites and
- Animal Health Workers (Veterinary Services).
- Public Health workers when caring for patients.

8. PREVENTION MEASURES

- Regular tick control by using pesticides (acaricides) on livestock:
 - During summer at least once every two weeks.
 - During dry season at least once in a month.
- Wear protective clothing (long sleeves, gloves and long trousers) when handling animals or their tissues notably during slaughtering, butchering and culling procedure in slaughter houses or at home.
- Tuck trousers into socks.
- Wear light coloured clothing to easily see ticks on clothes.
- Use insect repellents that work against ticks.
- Wash your hands with soap regularly after visiting or caring for sick people.
- Avoid close physical contact with a person with sign and symptoms of CCHF.
- Avoid places where ticks are commonly found.
- Examine your clothing and skin daily for ticks. If found please report to the nearest health facility or remove safely using the following steps:
 - Use fine-tipped tweezers or tick removal tools to grasp the tick as close to the skin surface as possible.
 - Pull upward with steady, even pressure without shaking or twisting while avoiding squeezing the tick's body.

- Do not squeeze the tick's body and do not apply heat or any substance to the tick, as this may cause it to empty its stomach content into the wound/skin which can cause infection.

Safe Burial

For all viral haemorrhagic fever deaths, safe and dignified burial should be done by health professionals under infection, prevention and control protocols, in accordance with section 20, of the Public and Environment Health Act, No.1 of 2015.

It is important to note that, even if the results of a specific suspected disease come out negative, it is likely that death might have been caused by another haemorrhagic fever disease which was not tested for. Therefore, for public health safety, these measures must be strictly adhered to.

9. Advise to the public

- Apply preventative measures as indicated.
- Seek medical attention immediately when you are bitten by tick and develop the signs and symptoms.
- Inform the health care worker when you were bitten by the tick.
- Farmers are encouraged to regularly control ticks by using acaricides to reduce the tick population among their livestock.

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