Event Description

On 23 February WHO was notified of a confirmed case of Crimean Congo Haemorrhagic Fever (CCHF) in Omaheke region, Namibia. The case was a 20 year old male farm worker admitted to Gobabis hospital on 22 February with bleeding and fever with a date of onset of 15 February. The case died on 22 February and was appropriately buried the same day.

Public Health Actions

The district rapid response team was rapidly activated on 23 February following screening of contacts at the farm where the index case worked an additional suspected case was admitted on 23 February.

An investigation team consisting of ministry of health, veterinary services and WHO was dispatched on 24 February to conduct an initial investigation of the outbreak and a press conference was held to inform the media and public of the situation. Two additional suspected cases (previous contacts) were admitted on 24 February. Blood specimen results are awaited for all suspect cases. A WHO epidemiologist from the inter-country support team arrived in country on 26 February to provide technical support and guidance. A rapid risk assessment has been undertaken and the overall risk has been determined to be low for the country and low for regional and global levels. This is based on the fact that the cases work on the same commercial farm and live in the same small village with limited interaction between workers of neighbouring farms. Contacts have been listed and are being monitored.

Situation interpretation

CCHF is endemic in Africa although there have been no cases reported in recent years in Namibia. It is primarily transmitted from ticks and livestock animals and therefore farmers have a higher occupational risk. The CCHF virus causes severe outbreaks with CFR of 10-40% therefore prompt response and control of this outbreak will be key. A number of best practices have been seen in this outbreak to-date, the country reported the case within 24 hours of notification of the outbreak and responded within 48 hours, following the IDSR guidelines, this is an example of best practice in early detection and response.

The Ministry of Health declared the outbreak at an early stage, key in getting appropriate support and buy-in from the public and media. Contact tracing was initiated rapidly allowing additional suspect cases to be identified early on in their symptomatic period minimising onward transmission. A ‘One-Health’ approach is being followed with the inclusion of veterinary services in investigation activities. However the importance of infection prevention and control in the hospital will need to be emphasized to minimize any occupational exposure and there is a need for prompt turnaround of blood specimens for diagnostic capacity.