

CRIMEAN HEMORRHAGIC FEVER IN SOUTH KAZAKHSTAN

G.Abuova¹, R.Kirgizbayev¹, A.Kabirayeva¹

*¹South-Kazakhstan State Pharmaceutical Academy (Shymkent, Kazakhstan)
dr.abuova@gmail.com*

Key words: Congo-Crimean hemorrhagic fever, natural hearth, tick-borne infection, thrombocytopenia

Introduction: Congo-Crimean haemorrhagic fever (CCHF) continues to be an urgent health problem in the southern regions of Kazakhstan, the most acute situation is in the South Kazakhstan region (SKO). Thus, the incidence rates in the SKO in 2009-2016 varied from 0.9 to 0.21 per 100 000 population and in 2016, the growth rate was observed to 0.54, that is 2.3 times more compared with 2015. The mortality rate of patients in different years was 16-36%, in 2015 - 33.3%. Such high mortality rates are associated with insufficient registration of confirmed cases of CCHF

Methods: analysis of medical documentation of patients with CCHF, their laboratory survey by ELISA, PCR.

Results: According to the standard definition of CCHF in Kazakhstan, the diagnosis is established in patients who have obtained positive blood test results in PCR, ELISA with detection of Ag, IgM and IgG. The aforementioned fact of understating the diagnosis is confirmed by the results of the CCHF monitoring carried out in SKO. For example, in 2015, the number of residents bitten by mites was 4070 people, 135 of whom (3.3%) were hospitalized in the period of observation with various symptoms to infectious hospitals, where they were laboratory tested according to the algorithm. 127 of them (94%) had a fever, respectively, they were all regarded as "probable case of CCHF", and ribavirin was treated with a therapeutic purpose. Some patients developed hemorrhagic syndrome which corresponded to moderate and severe forms of the disease and in 33 cases immunized plasma, blood components, haemostatic drugs were used. However, laboratory confirmation was obtained only in 6 patients. Accordingly, the number of registration cases decreased from 127 to 6. The phrase "Viral haemorrhagic fever, unspecified" (A-99), existing in ICD-10, unfortunately does not find its application in Kazakhstan.

Conclusion: At present, the complex epizootic and epidemiological situation of the CCHF in South Kazakhstan Oblast is preserved. The high incidence of mortality from CCHF is affected by low incidence rates associated with infrequent laboratory confirmation of infection. If there is a typical clinical picture, thrombocytopenia, leukopenia and negative results of PCR, IFA, the formulation "Viral haemorrhagic fever, unspecified" should be used in patients in natural foci of CCHF.