Crimean-Congo Hemorrhagic Fever steps into India

A 25 year old doctor died of the Crimean Congo Hemorrhagic Fever (CCHF) in Ahmedabad. This is the first time this disease has been documented in humans in India. Four deaths have been recorded so far and include a woman who was admitted with the disease and the doctor and nurse who tended to her. Amina Momin was the first woman who contracted the disease and comes from Kolat village in Sanand. Cattle samples were collected from 6 villages around ground zero and 20% of them have reported positive.

Crimean-Congo Hemorrhagic fever is a zoonotic viral hemorrhagic fever caused by a nairovirus. The Ixodid tick of the genus *Hyalomma* is the most important vector. Cattle and birds are amplifiers of the disease. Transmission to humans occurs through contact with infected animal blood/urine or ticks. CCHF can be transmitted from one infected human to another by contact with infectious blood or body fluids. After a brief incubation period of 3-6 days, symptoms start abruptly with high fever, headache and body pains. Red eyes, flushed face and palatine petechiae follow. Jaundice and altered mood and behavior may also occur. Subsequently large areas of bruising, severe epistaxis, and uncontrolled bleeding from several sites may ensue and continue from day 4 upto 2 weeks. Antigen capture ELISA and real time PCR are commonly used in diagnosis. Mortality rates range from 9 to 50%. Treatment is primarily supportive with ribavarin having shown some efficacy.

Twenty teams have fanned around Kolat village in Gujarat. A cleanliness drive has begun with intensive use of pesticides to destroy ticks besides cleaning of cattle and their sheds. (*The Times of India 3 February 2011*).

FDA Approves First Medical iPhone Application

The US FDA has for the first time given its nod to a medical smart phone application. This will allow doctors to view CT, MRI and PET scans directly on their portable screens without having to reach the hospital or workstation. The concern for the FDA was whether the quality is high enough to allow clinical decision making. To overcome this problem the application developers have added a subtly shaded shape on the screen. If the physician is able to identify and tap this area, it will establish that lighting conditions are not interfering with the physician’s ability to discern subtle differences in contrast. The technology known as MIM software is expected to be available in all Apple’s US application stores by mid February. (*Scientific American 7 February 2011*).

Mass Deworming in Bihar

Twenty one million children in 67,000 schools of all 38 districts in Bihar will be part of the first State wide deworming program. The expected benefits are claimed to a reduction of school absenteeism by 25% at a cost of less than Rs 25 per child. Teachers and ANM’s are being trained to implement and monitor the project. It will span 3 phases between February to April 2011. A similar project is underway in Delhi. Slums and school children are being screened and at risk areas will subsequently be dewormed. Andhra Pradesh was one of the pioneers in mass deworming programs in 2009. Globally 400 million children are chronically infected with worms and the WHO endorses mass deworming for school children. (*The Hindu 6 February 2011*)

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