



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 33, 12-18 August 2018

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Crimean-Congo haemorrhagic fever – Spain – 2018

Opening date: 15 August 2018

Latest update: 17 August 2018

On 8 August 2018, the regional health authorities of Castile and León in northwestern Spain reported a fatal case of Crimean-Congo haemorrhagic fever (CCHF). This is the second detection of CCHF in Spain. Previous cases were reported in 2016.

→Update of the week

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea – Summer 2018

Opening date: 24 May 2018

Latest update: 17 August 2018

Elevated sea surface temperatures (SST) in marine environments with low salt content offer optimal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC E3 Geoportal](#)).

→Update of the week

As of 17 August 2018, environmental suitability for *Vibrio* growth in the Baltic Sea for the next five days is considered to be medium to high in several coastal areas of Denmark, Estonia, Finland, Germany, Latvia, Lithuania, Poland, Sweden and Russia.

Over the past week, Sweden and Norway have reported severe and mild human cases of *Vibrio* infection.

West Nile virus - Multistate (Europe) - Monitoring season 2018

Opening date: 30 May 2018

Latest update: 17 August 2018

During the West Nile virus transmission season (expected to be between June and November), ECDC monitors the occurrence of West Nile fever cases in EU/EEA Member States and EU neighbouring countries and publishes weekly epidemiological updates at informing blood safety authorities of areas where there is ongoing virus transmission.

→Update of the week

Between 10 and 16 August 2018, EU Member States reported 41 human cases of West Nile fever: Hungary (16), Greece (15), Romania (8) and Croatia (2). EU neighbouring countries reported 24 cases, all reported by Serbia.

This week Greece reported one death and Serbia two.

One affected area in Croatia reported human cases for the first time. All other human cases were reported from areas that have been affected during previous transmission seasons.

In the same week, 38 outbreaks among equids were reported by Italy (28), Hungary (9) and Greece (1).

Non EU Threats

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018

Opening date: 1 August 2018

Latest update: 17 August 2018

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo (DRC) reported four confirmed cases of Ebola virus disease (EVD) in Mangina, North Kivu province in the northeast of the country close to the border with Uganda. This is the 10th outbreak of Ebola virus disease in the country over the past four decades, with the most recent one occurring between May and June 2018 in Bikoro health zone, Équateur province.

→Update of the week

Over the past week, the Ministry of Health of the Democratic Republic of the Congo has reported 34 additional cases and seven deaths.

Six additional cases among health care workers have been confirmed during the past week.

As of 16 August 2018, there are 78 EVD cases (51 confirmed, 27 probable), including 44 deaths (17 confirmed, 27 probable).

II. Detailed reports

New! Crimean-Congo haemorrhagic fever – Spain – 2018

Opening date: 15 August 2018

Latest update: 17 August 2018

Epidemiological summary

On 8 August 2018, public health authorities of the autonomous community of Castile and León reported a CCHF case, confirmed by PCR at the National Centre for Microbiology.

The case had onset of symptoms on 31 July 2018 and was admitted to the hospital on 4 August 2018 in Ávila in Castile and León. After a rapid deterioration, he died on 7 August 2018.

The case participated in a hunt in a rural area of Badajoz in Extremadura on 24 July 2018, where he was bitten by a tick. The case had no history of travel outside of Spain before the onset of symptoms.

The Ministry of Health in Spain is implementing control measures and communication activities for health professionals and the general population in order to prevent further cases.

Source: [Spanish regional health authorities](#)

ECDC assessment

The occurrence of CCHF cases in Spain is a rare event. This is the second detection of a human case of CCHF in Spain. Previous cases were reported in 2016.

Ticks from the *Hyalomma* genus are considered the main vectors of CCHF virus. *Hyalomma marginatum* is widely present in Spain, as showed in the [distribution map](#) published in May 2018.

Hunters, forest workers, hikers and people working with animals are more likely to be exposed to ticks and therefore infected. People potentially exposed to ticks should apply preventive measures to avoid tick bites.

Healthcare providers caring for patients infected with CCHF virus are at risk of human-to-human transmission as shown by the previous cases in 2016 in Spain. The risk of further human-to-human transmission in hospital settings can be significantly reduced by applying timely appropriate infection prevention and control measures.

On 8 September 2016, ECDC published a [rapid risk assessment](#) related to CCHF cases in Spain. The assessment remains valid for the current event.

Actions

ECDC is monitoring this event through epidemic intelligence.

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea – Summer 2018

Opening date: 24 May 2018

Latest update: 17 August 2018

Epidemiological summary

As of 17 August 2018, environmental suitability for *Vibrio* growth in the Baltic Sea for the next five days is considered to be medium to high in several coastal areas of Denmark, Estonia, Finland, Germany, Latvia, Lithuania, Poland, Sweden and Russia.

Sea surface temperatures in the Baltic Sea can be consulted [here](#). A *Vibrio* suitability tool is available on the [E3 Geoportal](#). This model has been calibrated to the Baltic region in northern Europe and may not apply to other settings prior to validation. For the Baltic Sea, the following model parameters should be used in the map: number of colour bands=20; scale method=linear; legend range=minimum value 0, maximum value 28.

Countries reporting *Vibrio* cases:

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As of 14 August 2018, [Norway](#) has reported six cases of *Vibrio* infection and one of *Shewanella* infection, all associated with bathing in the Oslo Fjord. In addition to these seven severe cases, 27 people have had mild *Vibrio* sores and ear infections.

According to media reports, [Sweden](#) has reported 58 cases of *Vibrio* infection, including one death.

[Germany](#) has reported one fatal case associated with bathing in the Baltic Sea in late July 2018.

[Denmark](#) has detected several cases during the summer of 2018.

[Finland](#) has also detected several infections this summer, according to local media reports.

ECDC assessment

Elevated SSTs in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content. These *Vibrio* species can cause vibriosis infections, particularly *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*.

Vibriosis in humans caused by these species in the Baltic region has occurred in the past during hot summer months, particularly when SSTs were elevated (above 20 degrees Celsius). The most common clinical manifestations are gastroenteritis with nausea, vomiting and diarrhoea, wound infections when a cut has been exposed, infected wounds or abrasions due to contaminated seawater, primary septicaemia and otitis externa. Risk factors for illness apart from contact with natural bodies of waters, especially marine or estuarine waters, also include the consumption of shellfish, particularly raw oysters.

Actions

ECDC is monitoring this threat on a weekly basis during the summer of 2018.

West Nile virus - Multistate (Europe) - Monitoring season 2018

Opening date: 30 May 2018

Latest update: 17 August 2018

Epidemiological summary

Between 10 and 16 August 2018, EU Member States reported 41 human cases of West Nile fever: Hungary (16), Greece (15), Romania (8) and Croatia (2). EU neighbouring countries reported 24 cases, all reported by Serbia.

This week, Greece reported one death and Serbia two.

One affected area in Croatia reported human cases for the first time. All other human cases were reported from areas that have been affected during previous transmission seasons.

In the same week, 38 outbreaks among equids were reported by Italy (28), Hungary (9) and Greece (1).

In 2018, as of 16 August 2018, EU Member States reported 273 human cases: Italy (123), Greece (75), Hungary (39), Romania (31), France (3) and Croatia (2). EU neighbouring countries reported 128 human cases: Serbia (126) and Kosovo* (2). To date, a total of 20 deaths due to West Nile fever have been reported by Serbia (11), Greece (4), Italy (3), Kosovo* and Romania (1 each).

During the current transmission season, 54 outbreaks among equids have been reported by Italy (39), Hungary (12) and Greece (3).

*This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the International Court of Justice Opinion on the Kosovo Declaration of Independence.

Publications: [An early start of West Nile virus seasonal transmission: the added value of One Health surveillance in detecting early circulation and triggering timely response in Italy, June to July 2018](#)

[Early start of the West Nile fever transmission season 2018 in Europe](#)

ECDC links: [West Nile fever](#) | [Atlas](#)

Sources: [TESSy](#) | [ADNS](#)

ECDC assessment

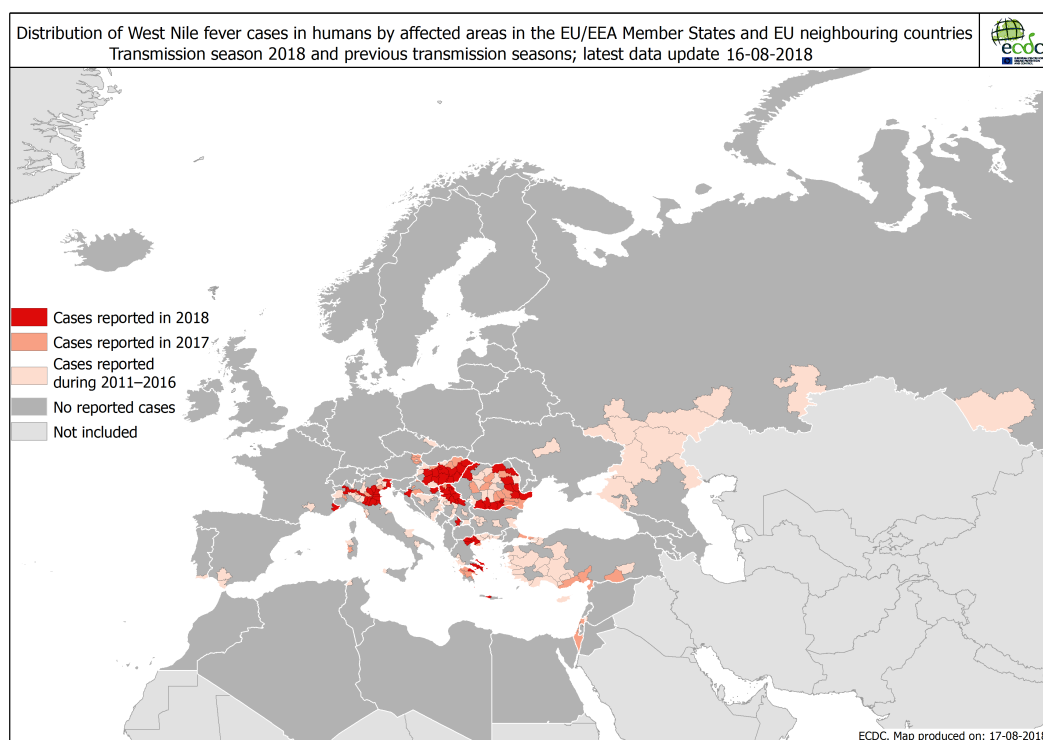
The 2018 transmission season started earlier than usual and higher case numbers have been reported compared with the same period in the previous years. All human cases reported during the current transmission season were reported in previously affected countries. In accordance with [European Commission Directive 2014/110/EU](#), prospective blood donors should defer for 28 days after leaving an area with evidence among humans of West Nile virus circulation unless the results of an individual nucleic acid test are negative.

Actions

During the transmission season, ECDC publishes [West Nile fever maps](#) together with an epidemiological summary every Friday. ECDC published a rapid risk assessment on the "[Early large increase in West Nile virus infections in the EU/EEA and EU neighbouring countries](#)" on 13 August 2018.

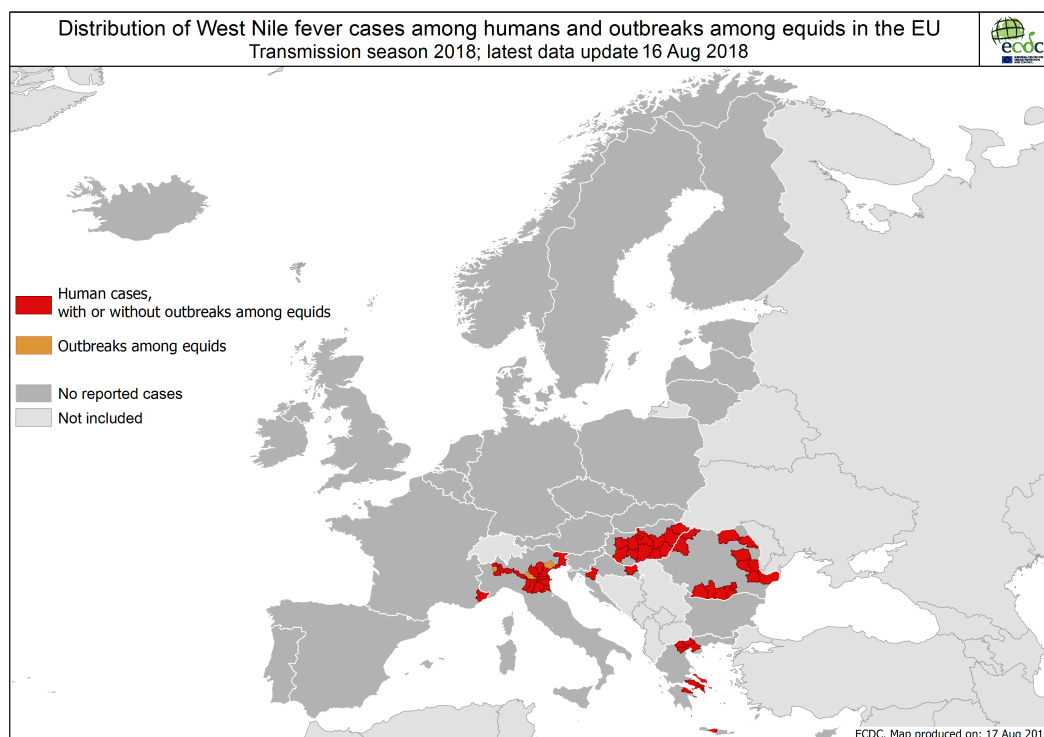
Distribution of human West Nile fever cases by affected areas as of 16 August 2018.

ECDC



Distribution of West Nile fever cases among humans and outbreaks among equids in the EU as of 16 August 2018.

TESSy and ADNS



Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018

Opening date: 1 August 2018

Latest update: 17 August 2018

Epidemiological summary

As of 16 August 2018, the Ministry of Health of the Democratic Republic of the Congo has reported 78 EVD cases (51 confirmed, 27 probable), including 44 deaths (17 confirmed, 27 probable). There are nine cases among healthcare workers (8 confirmed, 1 probable). An additional 24 suspected cases are currently being investigated.

Six health zones in two provinces have reported confirmed and probable EVD cases, including Mabalako, Beni, Butembo, Oicha and Musienene health zones in North Kivu Province and Mangina health zone in Ituri province.

As of 16 August 2018 and according to a European Civil Protection and Humanitarian Aid Operations (ECHO) report, 1578 contacts have been identified: 1152 in Mabalako, 169 in Beni and 257 in Mandima. Of these, 83% (1 308/1 578) are being followed up.

Response activities:

As of 16 August 2018, 316 people have been vaccinated.

The Ebola Treatment Centre in Mangina, Mabalako health zone is now fully operational. So far, 10 patients were administered experimental mAB114 treatment (all in Mangina).

Travel: According to the WHO disease outbreak news (DON) released on 14 August 2018, Burundi, Central African Republic, Rwanda, South Sudan, Uganda and Zambia are implementing [entry screening](#).

In the EU/EEA countries, [Belgium](#) and [Germany](#) have issued advice against traveling to the North Kivu region due to the Ebola outbreak. Additionally, on 8 August 2018, the [CDC](#) in the US issued travel advice: Watch - Level 1, Practice Usual Precautions.

Sources: [Ministry of Health of the DRC](#) | [WHO](#)

ECDC assessment

Due to the security situation and humanitarian crisis in North Kivu province, implementation of outbreak control measures may be

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challenging. The risk of introduction of the virus via an infected traveller to the EU/EEA is considered very low at this stage.

Transport routes linking the affected areas to other regions in the DRC and several neighbouring countries (mainly Rwanda and Uganda) may facilitate the spread of the virus. The situation is aggravated by the displacement of people due to conflict and crisis. According to [WHO](#), the public health risk is considered high at the national and regional levels.

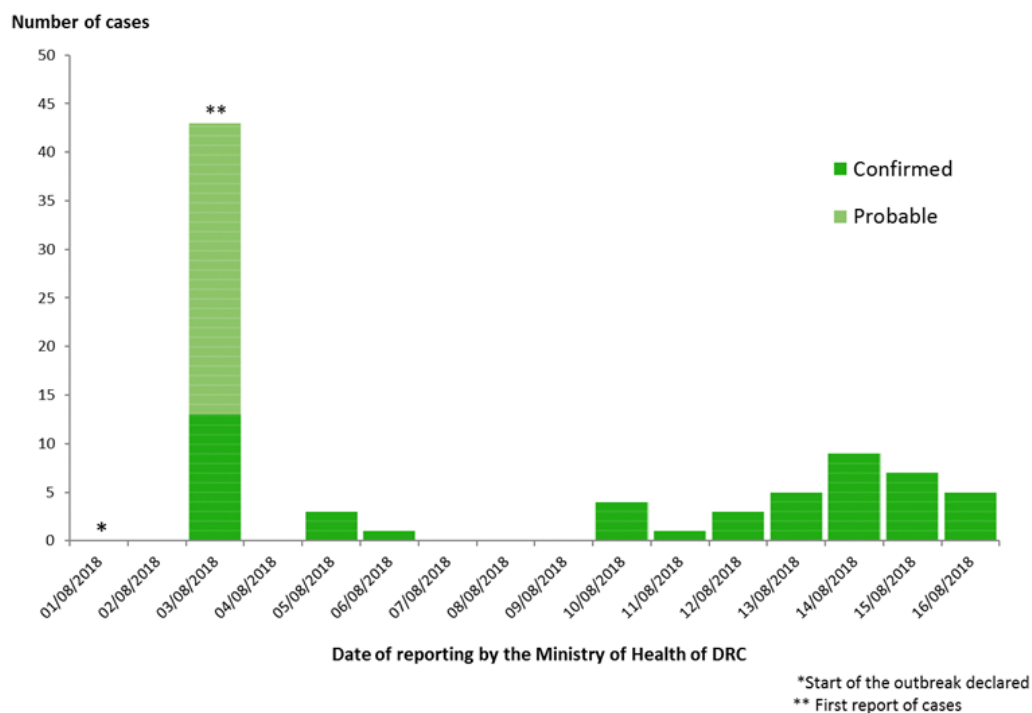
ECDC published a [rapid risk assessment](#) on 9 August 2018.

Actions

ECDC is daily monitoring this threat through epidemic intelligence.

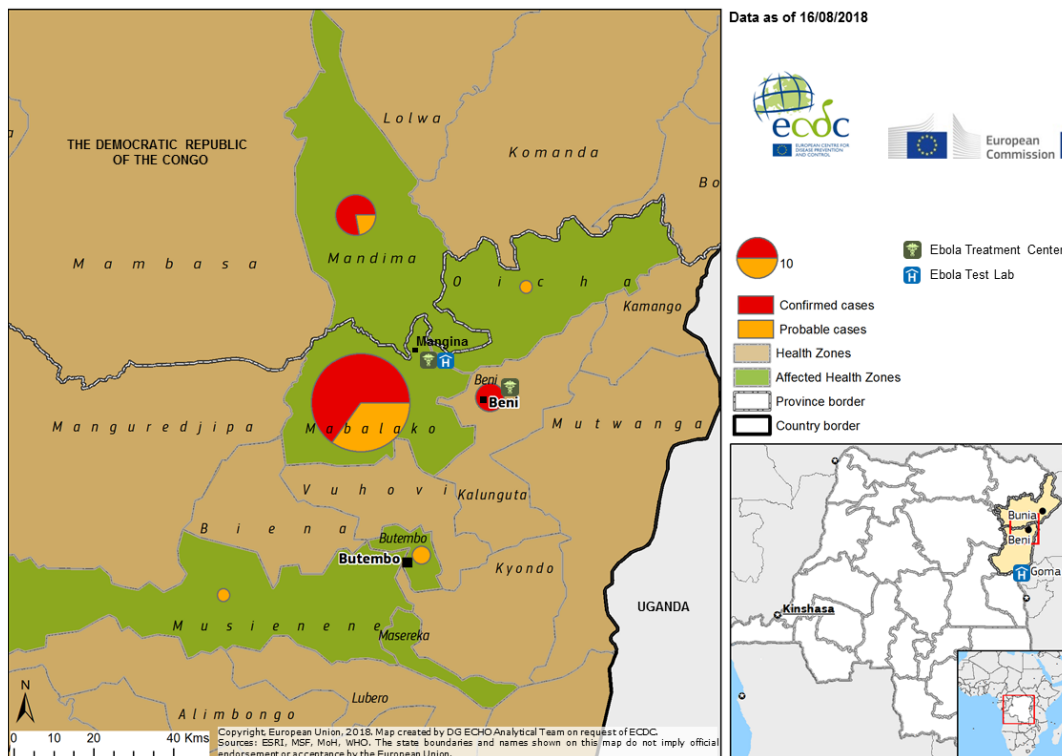
Distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 16 August 2018

Epicurve adapted from DRC MoH data



Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 16 August 2018

ECDC & ECHO



The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.