



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 25, 17-23 June 2018

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Recommendations for participants of outdoor festivals and other events during the summer

During the summer months, multiple mass gathering events, including music outdoor festivals and Gay Pride parades, will take place in Europe and Worldwide, attracting many participants from EU/EEA countries. The size, duration and organization of these events vary largely, and this is also reflected in the demand for healthcare and risks of injuries, dehydration, heat exposure, and infectious diseases. To help minimising the risk of infectious diseases at these events and to prevent further transmission, recommendations and public messages should be reinforced to target populations, participants and relevant healthcare providers.

Before the events

Participants at mass gathering events should make sure their vaccination is up-to-date, particularly the two doses of the measles-containing- vaccine (usually MMR). There are ongoing outbreaks in several European countries, including measles and hepatitis A among MSM.

For more information on ongoing outbreaks of measles see [here](#) and recommendations [here](#).

At the events

General recommendations to avoid vector-borne diseases include preventing bites from mosquitoes, ticks and other vectors. The best prevention measure is the use of repellents and appropriate clothing e.g. bright, long-sleeved clothing. Since 2011 there have been a number of outbreaks of imported mosquito-borne diseases in Europe, including dengue in Madeira, chikungunya and malaria. The main mosquito-borne disease is West Nile fever which is considered established in several southern and central European countries.

Mosquitoes and ticks in [Europe](#) are associated with the spread of various infections such as [tick-borne-encephalitis](#), [borreliosis](#), chikungunya (cases previously reported in [France](#) and in [Italy](#)), [West Nile Fever](#), [dengue](#) and [malaria](#).

Other recommendations include good [hygiene practices](#) and washing hands often, especially after using the toilet, before handling and/or eating food. If water is not available disinfectants should be used. For more information see [here](#).

Safe sex practices and the use of condoms should be promoted in order to avoid [sexually transmitted infections](#) such as [gonorrhoea](#), [syphilis](#), [HIV](#), [hepatitis B and C](#) and [others](#). More information on safe sex is also available [here](#).

To reduce the risk of getting ill from potentially contaminated food items, animals or another person, participants at these events should drink safe water, which is boiled or bottled water, handle food properly (e.g. ensure that cold or warm dishes are stored at the appropriate temperature), and practise hand hygiene.

In case of fever or symptoms of respiratory infection or gastrointestinal infection or any other symptoms – contact medical staff at the festival and try to have as little contact as possible with other people in order to avoid further spread of infection. More information on respiratory infections is available [here](#).

After the event

In the event of fever, and/or symptoms of respiratory or gastrointestinal infection or any other symptoms, returning travellers and participants who have been at these events should contact their healthcare providers and inform them that they have participated in the festival.

The latest news on communicable disease threats in Europe is available on the [ECDC website](#) or through [ECDC's Threats report app](#).

I. Executive summary

EU Threats

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

Opening date: 24 May 2018

Latest update: 21 June 2018

Elevated sea surface temperatures 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](#)). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other settings without further validation.

→Update of the week

As of 21 June 2018, the environmental suitability for *Vibrio* growth in the Baltic Sea for the next five days is considered to be medium to high in some coastal areas of Denmark, Germany, Poland and Kaliningrad (Russia).

Non EU Threats

Ebola virus disease - Democratic Republic of the Congo - 2018

Opening date: 8 May 2018

Latest update: 21 June 2018

On 8 May 2018, the Ministry of Health of the Democratic Republic of the Congo declared an outbreak of Ebola virus disease (EVD) in Bikoro Health Zone, Equateur Province. This is the ninth outbreak of Ebola virus disease over the last four decades in the country, with the most recent one occurring in May 2017. The outbreak is currently affecting three health districts of the Equateur Province which borders on the Congo River and the Republic of Congo.

→Update of the week

Since the last CDTR published on 15 June 2018, authorities have not reported any confirmed or probable cases. As of 21 June 2018, the [Ministry of Health](#) of DRC has reported 61 cases, including 28 deaths. Of these, 38 cases are confirmed, 14 are probable and nine are suspected. So far, all cases have been reported from four health zones: Bikoro (25), Iboko (32) and Wangata (4) in Equateur Province.

The last confirmed case had onset of symptoms on 2 June.

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

Opening date: 30 May 2018

Latest update: 21 June 2018

During the West Nile virus transmission season (June to November), ECDC monitors the occurrence of West Nile fever cases in EU/EEA Member States and neighbouring countries on a weekly basis in order to inform blood safety authorities of areas where there is ongoing virus transmission.

During the 2017 transmission season, 288 human cases were reported in the EU and neighbouring countries. EU Member States reported 127 equine cases.

→Update of the week

No human or equine cases have been reported so far in 2018.

Chikungunya and dengue – Multistate (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 21 June 2018

Chikungunya and dengue are vector-borne diseases that affect 50 to 100 million people each year. Over the past decade, dengue and chikungunya have been detected in an increasing number of countries. Chikungunya virus infection has been circulating in Asia, Africa, the Caribbean, the Americas and the Pacific since 2013-2014. Dengue fever is present in Asia, the Pacific, the Caribbean, the Americas and Africa. During 2017, France and Italy reported autochthonous chikungunya cases. In 2018, no autochthonous dengue or chikungunya cases were detected in EU/EEA Member States.

→ Update of the week

Chikungunya: The virus is widespread in the Americas, with several countries reporting cases in 2018. Since the last CDTR update on 25 May 2018, new cases have also been detected in Thailand. No outbreaks have been identified in Europe or in the Australia and Pacific region since then.

Dengue: Following the seasonal pattern, the majority of cases are currently being recorded in the southern hemisphere, with large numbers detected in Brazil, Paraguay and Malaysia. Outbreaks are also being reported from Réunion and several Pacific islands.

Mass gathering monitoring- Russia- FIFA World Football Cup 2018

Opening date: 7 June 2018

Latest update: 21 June 2018

ECDC has enhanced its epidemiological intelligence surveillance during the 2018 FIFA World Cup (14 June–15 July 2018) in Russia to detect threats to public health that could affect the EU/EEA or EU/EEA visitors. Routine epidemic intelligence activities are enhanced by increasing the number of monitored information sources, using a targeted and systematic screening approach and tailored tools (e.g. MediSys).

→ Update of the week

No significant events have been detected.

[WHO EURO](#) has published travel advice for the FIFA 2018 World Cup.

II. Detailed reports

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

Opening date: 24 May 2018

Latest update: 21 June 2018

Epidemiological summary

Sea surface temperatures (SST) in the Baltic Sea: http://www.ospo.noaa.gov/Products/ocean/sst/anomaly/anim_full.html
Vibrio suitability tool available on the E3 Geoportal:
<https://e3geoportal.ecdc.europa.eu/SitePages/Vibrio%20Map%20Viewer.aspx>

Please note that this model has been calibrated to the Baltic Region in northern Europe and might 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: min. value (0) and max. value (28).

ECDC assessment

Elevated sea surface temperatures 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. By contrast, open ocean environments do not offer appropriate growth conditions for these bacteria due to the high salt content, low temperature 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 the sea surface temperatures 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 consumption of shellfish, particularly raw oysters.

Actions

ECDC is monitoring this threat on a weekly basis during the summer of 2018 and reports on increased environmental suitability for the growth of *Vibrio* bacteria.

Ebola virus disease - Democratic Republic of the Congo - 2018

Opening date: 8 May 2018

Latest update: 21 June 2018

Epidemiological summary

Since the last CDTR published on 15 June 2018, authorities have not reported any confirmed or probable cases. As of 21 June 2018, the Ministry of Health of DRC has reported 61 cases, including 28 deaths. Of these, 38 cases are confirmed, 14 are probable and nine are suspected. So far, all cases have been reported from four health zones: Bikoro (25), Iboko (32) and Wangata (4) in Equateur Province.

The last confirmed case had onset of symptoms on 2 June.

Response activities

Under the coordination of the DRC Ministry of Health, an EVD outbreak response was implemented, with support from UN agencies and international partners. The European Union Civil Protection Mechanism was activated, following a request for assistance received from WHO.

The main strategic activities for the prevention and control of this EVD outbreak include: coordination of the response, enhanced epidemiological surveillance for early case detection and contact tracing, increased laboratory capacity, appropriate case management, reinforcement of infection prevention and control (IPC), ensuring safe and dignified burials, social mobilisation and community engagement. WHO also supports Ebola vaccination of high-risk populations in the DRC. Health workers operating in affected areas are being vaccinated, and community outreach programmes have been initiated to prepare for ring vaccinations.

A mobile laboratory was deployed to the Bikoro reference hospital on 12 May 2018 (operational on 16 May 2018) and a second mobile laboratory was deployed in Mbandaka port city. Médecins Sans Frontières set up two Ebola Treatment Centres (ETCs) in

5/12

Mbandaka and Bikoro, with 20 beds each. In addition, more than 7 500 doses of the rVSV-ZEBOV Ebola vaccine have been deployed to support the ring vaccination strategy that is part of the EVD outbreak responses activities.

According to the Emergency Committee meeting held on 18 May 2018 in accordance with the International Health Regulation (2005) (IHR), this event does not meet the criteria of a public health event of international concern.

ECDC assessment

The identification of EVD cases in the urban area of Mbandaka city and around Tumba Lake (both areas are connected to the Congo River) increases the risk of regional spread to other provinces of DRC and neighbouring countries (namely the Republic of the Congo and the Central African Republic). According to WHO's third external situation report dated 18 May 2018 and based on the latest WHO risk assessment, the public health risk associated with this event is estimated to be **very high at the national level, high at regional level, and low at the international level.**

Visitors and residents in EVD-affected areas face a **low risk** of becoming infected in the community if the following precautions are strictly followed:

- avoiding contact with symptomatic patients and their bodily fluids;
- avoiding contact with corpses and/or bodily fluids from deceased patients;
- avoiding contact with wild animals (including primates, forest antelopes, rodents and bats), both alive and dead, and avoiding consumption of 'bush meat';
- washing hands regularly with soap or antiseptics.

In addition, the following generic precautions are advisable:

- wash and peel fruit and vegetables before consumption;
- practice 'safe sex'.

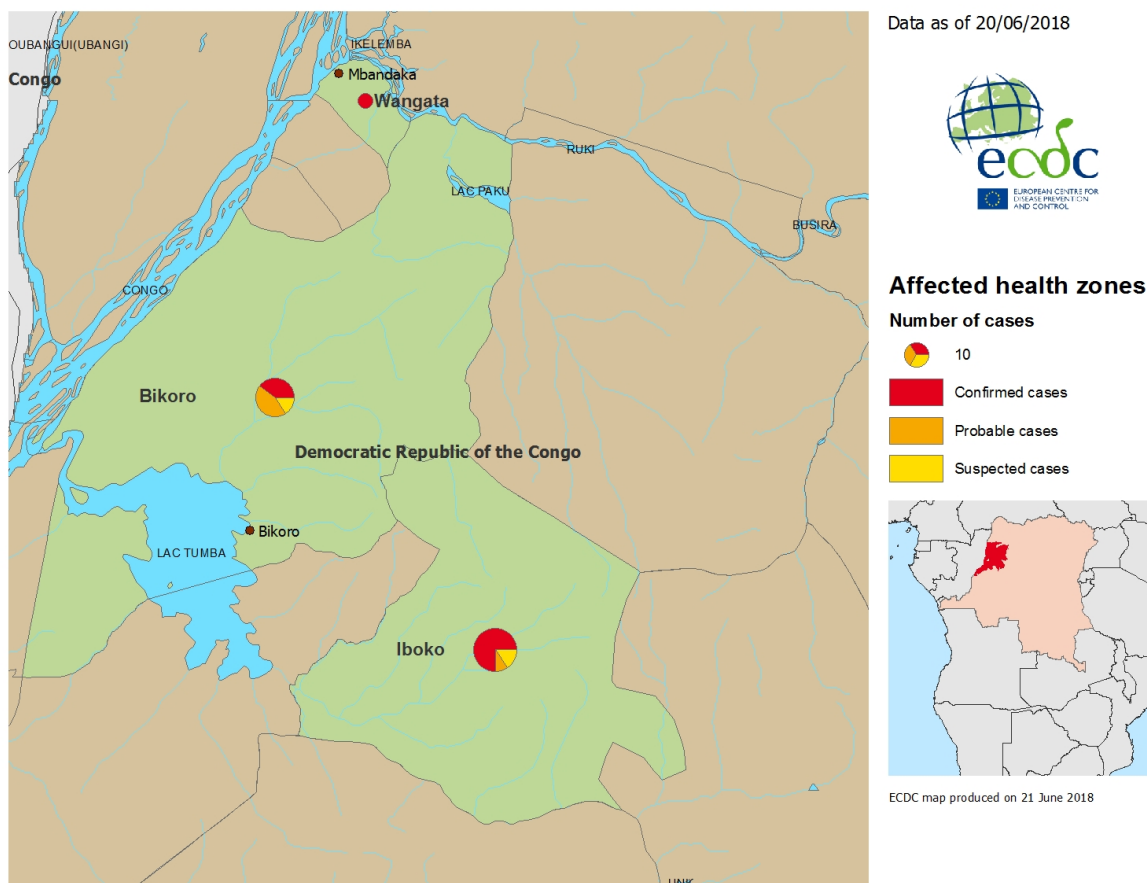
For the European Union/European Economic Area (EU/EEA) citizens living in, or travelling through, areas of DRC not known to have EVD cases, the **risk of exposure is very low**, provided they adhere to the recommended precautions. **The overall risk of introduction and further spread of Ebola virus within the EU/EEA is currently considered to be very low.**

Actions

ECDC published an updated version of its [rapid risk assessment](#) on 25 May 2018.

Geographical distribution of confirmed, probable and suspected cases of Ebola virus disease, Equateur Province, The Republic Democratic of Congo, as of 21 June 2018

ECDC



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

Opening date: 30 May 2018

Latest update: 21 June 2018

Epidemiological summary

Since the beginning of the 2018 transmission season and as of 20 June 2018, no human or equine cases of West Nile fever have been reported by EU Member States and neighbouring countries.

ECDC link: [ECDC West Nile fever web page](#) | [ECDC: equine West Nile fever web page](#) | [ECDC atlas](#)

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

ECDC assessment

No human cases have been notified at this early stage of the transmission season.

In accordance with [Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired West Nile virus unless the results of an individual nucleic acid test (NAT) are negative.

Actions

During the transmission season, ECDC publishes three types of West Nile fever maps: 1) human West Nile fever cases, 2) equine West Nile fever cases, 3) combined human and equine West Nile fever cases. Human cases are collected through The European Surveillance System ([TESSy](#)), while equine cases are collected through the Animal Disease Notification System ([ADNS](#)) of the European Commission. Reporting of human cases covers EU/EEA countries and neighbouring countries; reporting of equine cases covers only EU/EEA countries. Following a 'One Health' approach, the maps aim to highlight areas (at the NUTS3 level) where West Nile virus circulates in incidental hosts. Currently, deferral or testing of prospective donors applies to blood donors for 28 days after leaving areas with one or more autochthonous human West Nile virus cases. This set of maps aims to provide better information for EU Member States so they can implement preventive measures.

Chikungunya and dengue – Multistate (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 21 June 2018

Epidemiological summary

Europe

No autochthonous dengue or chikungunya cases were detected in continental EU/EEA countries.

Americas and the Caribbean

Chikungunya:

Bolivia: In 2018, as of 29 May, Bolivia has reported 65 confirmed chikungunya cases. This represents an increase of eight cases since the previous CDTR on 25 May 2018. For the same period in 2017, Bolivia reported 22 cases.

Brazil: In 2018, as of 28 April, Brazil has reported 19 371 confirmed cases. This represents an increase of 3 687 confirmed cases since the previous CDTR on 25 May 2018. The recent evolution in the number of reported cases shows a decreasing trend for 2018 compared to previous years.

Costa Rica: In 2018, as of 20 May, Costa Rica has reported 49 suspected chikungunya cases. This represents an increase of 12 cases since the previous CDTR on 25 May 2018.

El Salvador: In 2018, as of 27 May, El Salvador has reported 127 suspected cases. This represents an increase of 25 cases since the previous CDTR on 25 May 2018. For the same period in 2017, El Salvador reported 280 suspected cases.

Mexico: In 2018, as of 3 June, Mexico has reported eight confirmed chikungunya cases, two more cases since the previous CDTR on 25 May 2018. For the same period in 2017, Mexico reported 15 confirmed cases.

Paraguay: In 2018, as of 20 May, Paraguay has reported 945 suspected chikungunya cases. Among these cases, Paraguay considers 56 to be confirmed cases in the regions of Central, Amambay and Guaira. This represents an increase of 721 suspected and 11 confirmed cases since the previous CDTR on 25 May 2018.

Dengue:

In 2018 and as of 15 June 2018, PAHO has reported more than 200 000 suspected and confirmed dengue cases in the whole Americas region. This is an increase of 36 000 cases since the last update on 24 May. Brazil accounts for more than half of the cases (110 291), followed by Paraguay (25 915), Nicaragua (16 711), Colombia (12 346) and Mexico (9 632). The number of cases for each country in the Americas region can be found on the [WHO health information platform](#).

As of 8 June 2018, according to local health authorities, [Grenada](#) has been experiencing an increase in dengue cases reported on the island. Control measures are currently in place and include active vector control and public awareness activities. In 2018 and as of 22 April, according to [PAHO](#), Grenada reported 140 confirmed cases of dengue.

Asia

Chikungunya:

Thailand as of 4 June 2018, has reported 34 cases from two provinces in the south of the country. This represents an increase of 11 cases, since the previous CDTR on 25 May 2018.

Dengue:

As of 31 May 2018, [Cambodia](#) has reported 960 suspected dengue cases. In weeks 20 and 21, the number of reported dengue cases increased compared to the previous week and was above the alert threshold level.

In [Myanmar](#), 2 314 dengue cases were reported between 1 January and 31 May 2018.

[Thailand](#), according to the Ministry of Health, has reported 10 668 cases, as of 11 June 2018. This represents an increase of 4 528 cases, since the previous CDTR on 25 May 2018.

In 2018, as of 27 May 2018, [Lao PDR](#) has reported 656 dengue cases. The number of reported cases is increasing, in line with the seasonal trends from previous years.

According to national authorities, [Singapore](#) has reported 1 237 cases, as of 19 June. This represents an increase of 243 cases, since the previous CDTR on 25 May 2018. The numbers are in line with those reported in 2017 for the same time period.

Malaysia, Sri Lanka and Vietnam have reported a lower number of dengue cases compared to 2017.

[Malaysia](#) has reported 28 894 cases of dengue as of 19 June 2018.

According to the Ministry of Health and as of 19 June 2018, [Sri Lanka](#) has reported 22 651 cases of dengue, compared to 86 956 cases for the same time period in 2017.

According to WHO, [Vietnam](#) has reported 18 422 cases as of 13 May 2018, including four deaths.

Africa

Chikungunya: No outbreaks have been reported since the previous CDTR on 25 May 2018.

Dengue:

In 2018, as of 12 June, [Réunion](#) has reported 4 604 autochthonous cases of dengue, which corresponds to an increase of 1 188 cases since the last monthly update. The main affected areas are on the western part of the island. The most prevalent serotype is DENV-2. The main vector of infection implicated in the outbreak is *Aedes albopictus*.

[Mauritania](#) reported four confirmed cases of dengue fever (serotype II) as of 24 May 2018. These cases were reported in the city of Guerou (Assaba Wilaya) located 600 km from Nouakchott, the capital of the country.

[Seychelles](#) reported 5 064 cases of dengue between 20 July 2017 and 20 May 2018. Of these, 1 429 have been confirmed. All regions of the three main islands (Mahé, Praslin, and La Digue) are affected. DENV-1, DENV-2 and DENV-3 have been detected.

Australia and the Pacific

Chikungunya: No outbreaks have been reported since the previous CDTR on 25 May 2018.

Dengue:

In 2018 and as of 7 June 2018, according to WHO, [Australia](#) has reported 300 cases of dengue virus infection. The number of cases is lower than during the same period in previous years (2013-2017).

On 5 June 2018, local health authorities in [Cairns](#), Queensland, confirmed the first locally-acquired case of dengue in Mareeba since 2003.

According to local authorities, [New Caledonia](#) has reported 1 412 confirmed dengue cases in 2018 as of 4 June. DENV-2 is the predominant circulating serotype, comprising 857 (83%) of 1 031 typed cases.

[Wallis and Futuna](#) has reported 171 cases, as of 19 June 2018.

[Vanuatu](#) has reported 504 suspected cases, as of 3 June 2018. The latest case was reported on 21 May and the country has now declared the dengue [outbreak](#) over in Vanuatu.

As of 19 June 2018, according to the [Pacific Public Health Surveillance Network](#), there are ongoing dengue outbreaks in American Samoa, Fiji, Kiribati and Tonga.

In week 2018-23, health authorities reported a case of autochthonous DENV-2 transmission in Raiatea, [French Polynesia](#). According to the authorities, DENV-2 has not been identified in this territory since 2000. Authorities have increased the sensitivity of the disease surveillance system and reinforced vector control.

ECDC assessment

Chikungunya and dengue are endemic in large regions of the intertropical zone. Introduction in areas with competent vectors via

viraemic travellers is possible. Environmental conditions in Europe are now favourable for the growth of mosquito populations and could lead to a high vector abundance.

Actions

ECDC monitors these threats through epidemic intelligence and reports on a monthly basis. ECDC published a rapid risk assessment on [chikungunya in France](#) on 23 August 2017, a rapid risk assessment on [chikungunya in Italy](#) on 9 October 2017, and a rapid risk assessment on the [Dengue outbreak in Réunion, France](#) on 16 April 2018.

Mass gathering monitoring- Russia- FIFA World Football Cup 2018

Opening date: 7 June 2018

Latest update: 21 June 2018

Epidemiological summary

The list below refers to events with potential risks to the FIFA 2018 World Cup hosting and participating countries.

Vibrio growth in the Baltic Sea

Source: [Vibrio map viewer](#)

This week, as of 22 June 2018, the environmental [suitability for Vibrio growth in the Baltic Sea](#) over the next five days is considered to be medium-to-high in Kaliningrad, Russia.

Crimean-Congo Haemorrhagic Fever (CCHF), Russia

[Rospotrebnadzor](#) in Rostov region (one of the FIFA 2018 World Cup hosting regions) reported 17 cases of Crimean-Congo Haemorrhagic Fever (CCHF) in 2018, as of 13 June 2018. Prior to this, one case had been [reported](#) between January and April 2018 in the whole country. This increase in the number of cases correlates with high tick activity this season in the country. In 2017, 79 CCHF cases were detected in Russia, and in 2016 there were 162 cases. Visitors to Rostov and other areas with high tick activity are advised to use protective measures to avoid tick bites.

Measles - Croatia

A measles outbreak has been reported by [Croatian health authorities](#) with 12 cases detected between mid-May and mid-June 2018. All cases except one are adults. Two of the cases acquired infection abroad (one in Kosovo* and one in France). This is the first outbreak of measles reported in Croatia this year.

*This designation is without prejudice to positions on status, and in line with UNSCR 1244/99 and the ICJ Opinion on the Kosovo Declaration of Independence.

Influenza among Mexican FIFA 2018 players

Players of Mexican team got ill with influenza right before the game with German team on 17 June 2018, according to [media](#).

Rabies in animals in Lipetsk region, Russia

According to [media](#) a two months quarantine is established in three villages in Lipetsk region after rabies infected animals were detected there. The affected villages are: the village of Kalikino in district Dobrovský (approx 360 km from Moscow), the village of Gudovka in Stebaevskogo district of Lipetsk (450 km from Moscow), the village of Sencovo of the Lipetsk region. Rabies was also detected in the region of Moscow last week.

ECDC assessment

EU/EEA citizens visiting the 2018 World Cup in Russia are most at risk of gastrointestinal illness and vaccine-preventable infections. It is recommended that travellers to Russia should apply standard hygienic measures in order to reduce the risk of gastrointestinal illness and ensure that they are vaccinated prior to travel. Protective measures against tick bites are also advised for travellers going to areas with high tick activity.

Actions

ECDC published a [risk assessment on 28 May 2018](#). ECDC is sharing information regarding this event with relevant public health partners.

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