

This weekly bulletin provides updates on threats monitored by ECDC.

News

Emerging spread of new fungal species poses risk for healthcare settings in the EU/EEA

The rise of *Candida auris* infections in Europe worries public health specialists. *C. auris*, a difficult-to-control fungus, easily spreads in healthcare settings. It can cause invasive infections and is associated with resistance to multiple classes of anti-fungal medication. Difficulties with laboratory identification and lack of awareness of this new *Candida* species could lead to undetected transmission events and unnoticed outbreaks.

On 29 March 2018, [Eurosurveillance](#) published an overview of the current epidemiological situation, with a special focus on laboratory capacities in Europe and the status of preparedness for *C. auris* outbreaks. In addition, ECDC issued a [Rapid Risk Assessment on 23 April 2018](#) that contains response options to reduce the risk of transmission and outbreaks in Europe. Options include improved laboratory detection of *C. auris*, infection control measures, and stepped-up surveillance and preparedness.

I. Executive summary

EU Threats

Influenza – Multistate (Europe) – Monitoring season 2017 – 2018

Opening date: 11 October 2017

Latest update: 27 April 2018

Influenza transmission in Europe shows a seasonal pattern, with peak activity during the winter months.

→ Update of the week

During week 16/2018 (16–22 April 2018), influenza activity has been at inter-season levels in all but one reporting country.

Dengue – France, Réunion – 2018

Opening date: 13 March 2018

Latest update: 27 April 2018

Since the beginning of 2018, the island of Réunion, a French department in the Indian Ocean, has seen a significant increase in dengue cases.

→Update of the week

Since the beginning of 2018 and as of 25 April, there have been 1 816 autochthonous cases of dengue in Réunion. Of these cases, 428 were reported between 16 and 22 April 2018.

Multidrug-resistant *Neisseria gonorrhoeae* - Worldwide - 2018

Opening date: 23 March 2018

Latest update: 27 April 2018

Between end of March and mid-April, the UK and Australia reported three cases of *Neisseria gonorrhoeae*, acquired abroad, with high-level resistance to azithromycin and resistance to ceftriaxone. Of these cases, one is reported by the UK and two by Australia.

This is the first time cases show such high-level resistance to both drugs recommended for first-line dual therapy and to most other commonly used antibiotics.

→Update of the week

On 17 April 2018, Australia reported the recent detection of two cases of multidrug-resistant gonorrhoea with the same phenotype as the case reported by the UK. One case was diagnosed in Western Australia and a second case diagnosed in Queensland. According to the [report](#), one of the cases acquired the infection in Southeast Asia.

Non EU Threats

Yellow fever – Brazil – 2017 - 2018

Opening date: 16 January 2017

Latest update: 27 April 2018

[Yellow fever](#) is a mosquito-borne viral infection which occurs in some tropical areas of Africa and South America. Brazil has been experiencing a major outbreak of yellow fever since 2016. An upsurge of confirmed cases has been reported since December 2017.

→Update of the week

Between 17 and 24 April 2018, [Brazil](#) reported 61 additional confirmed cases and 22 deaths. The cases occurred in Rio de Janeiro (36), Minas Gerais (14) and São Paulo (11) states.

During the same time period, [Brazil](#) reported 18 confirmed epizootics in non-human primates in São Paulo (16), Rio de Janeiro (1) and Minas Gerais (1) states.

Ebola virus exposure during a laboratory incident - Hungary – 2018

Opening date: 16 April 2018

On 13 April 2018, a Hungarian scientist at the National Public Health Institute (OKI) National Security Laboratory was accidentally exposed to Ebola virus in the biosafety level-4 laboratory.

→Update of the week

Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 27 April 2018

Several countries in Africa, Asia and the Americas are reporting [cholera](#) outbreaks. Currently, major outbreaks are reported in Yemen, Haiti, the Democratic Republic of Congo (DRC), Uganda, Kenya, Tanzania, Zambia and Mozambique.

→Update of the week

Since the previous CDTR on 23 March 2018, new cholera outbreaks have been reported in the Republic of the Congo and Sudan. Zimbabwe declared the end of the cholera outbreak in week 13, however a new outbreak was reported in week 15. The countries that have reported most cases during the past month are: Yemen with 10 410 cases and nine deaths, DR Congo with 7 965 cases and 185 deaths, Zambia with 1 219 cases and 22 deaths and Kenya with 1 058 cases.

The situation in Yemen is of concern, as the number of cases have passed one million since the beginning of the outbreak in April 2017.

The outbreak in Haiti is still ongoing with 390 cases and three deaths reported since the last CDTR report on 23 March 2018.

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

Opening date: 27 January 2017

Latest update: 27 April 2018

Chikungunya and dengue are vector-borne diseases that affect 50 to 100 million people each year. In the past decade, an increasing number of countries have detected cases of dengue and chikungunya. 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

Monthly summary:

Chikungunya: Chikungunya is largely spread in the Americas region, with several countries reporting cases in 2018.

Additionally, new cases have also been detected in India, Kenya and Thailand since the previous CDTR update on 23 March 2018. No outbreaks have been identified in Europe or in the Australia and Pacific region.

Dengue: Following the seasonal pattern, the majority of the cases are presently recorded in the southern hemisphere, with large numbers detected in Brazil, Nicaragua, Malaysia, Philippines and Sri Lanka. Outbreaks are also reported in Reunion and some Pacific islands.

II. Detailed reports

Influenza – Multistate (Europe) – Monitoring season 2017 – 2018

Opening date: 11 October 2017

Latest update: 27 April 2018

Epidemiological summary

During week 16/2018 (16–22 April 2018), influenza activity has been at inter-season levels in all but one reporting country.

While low in number, 12% of the individuals sampled from primary healthcare settings tested positive for influenza viruses (compared to 23% in the previous week).

Both influenza virus types A and B were co-circulating with the majority being type A.

2017–2018 season overview

For the Region overall, the majority of influenza viruses detected were type B, representing a high level of circulation of influenza B viruses compared to recent seasons. B/Yamagata lineage viruses have greatly outnumbered those of the B/Victoria lineage.

Different patterns of dominant type and A subtypes were observed between the countries of the Region.

Of the type A virus detections from sentinel sources, the majority of which were subtyped, A(H1N1)pdm09 viruses have outnumbered A(H3N2) viruses. In non-sentinel sources, similar numbers of A(H3N2) viruses and A(H1N1)pdm09 viruses were reported.

While low in numbers, characterised A(H3N2) viruses fell mainly in clade 3C.2a (57%) and subclade 3C.2a1 (42%), while 42% of B/Victoria lineage viruses fell in a subclade of clade 1A viruses that are antigenically distinct from the current trivalent vaccine component.

The majority of severe cases reported this season were due to influenza virus type B infection and have mostly occurred in persons older than 15 years.

Mortality from all causes now appears to have returned to normal expected levels in all 21 participating countries and regions that report to the European monitoring of excess mortality for public health action (EuroMOMO).

Interim results from [five European studies](#) indicate a vaccine effectiveness of 25% to 52% against any influenza type.

Source: [Flu News Europe](#), [EuroMOMO](#)

ECDC assessment

Influenza viruses have been circulating widely in the Region between weeks 52/2017 and 16/2018 (based on increased proportions (10% and above) of sentinel specimens testing positive for influenza viruses). This is longer than in recent seasons and may contribute to the severity of this season.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe website](#). ECDC's risk assessment for the 2017-2018 season is available on [ECDC's website](#). Recommendations on the composition of the 2017-2018 influenza virus vaccine are available on [WHO's website](#).

Dengue – France, Réunion – 2018

Opening date: 13 March 2018

Latest update: 27 April 2018

Epidemiological summary

Authorities reported 1 816 cases on the island from the beginning of 2018 until 25 April 2018. Of all reported cases, 428 were reported between 16 and 22 April 2018. 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*.

On 27 March 2018, authorities decided to raise the level of the emergency plan [ORSEC](#) to 3. This plan includes:

- active case finding
- intensification of vector control
- reinforcement of communication to the public and healthcare workers
- mobilisation of additional resources such as the firefighters.

Sources: [ARS](#)

ECDC assessment

The current outbreak is a significant event as the number of cases already exceeds the yearly number of cases reported since 2010. This epidemic could continue and intensify in the coming weeks. Based on previous *Aedes* mosquito-borne outbreaks in the island, further transmission is expected up to the beginning of the austral winter (lasting from July to September) when the temperature will be lower. Control activities are currently in place and include active reinforced vector control, enhanced surveillance, blood safety measures and social mobilisation.

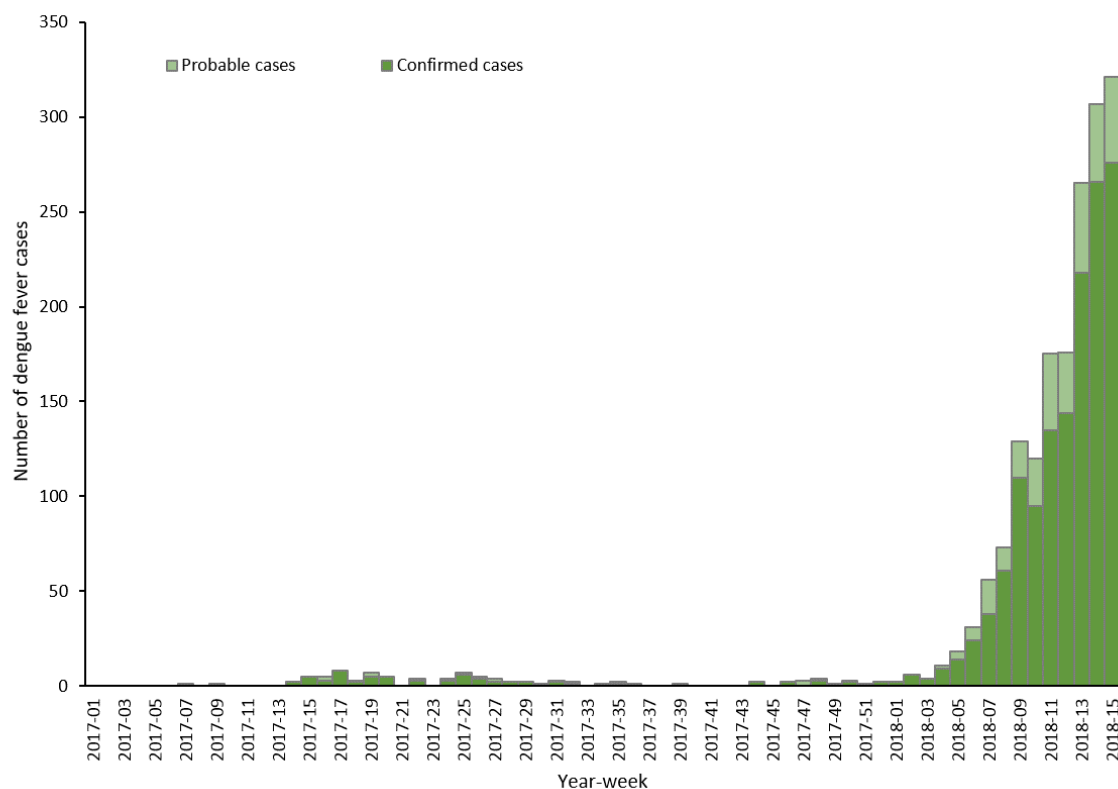
The risk for onward transmission of dengue fever in Europe is linked to importation of virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus* in mainland Europe, primarily around the Mediterranean, and *Aedes aegypti* on Madeira island). Environmental conditions in Europe are expected to become more favourable for the growth of mosquito populations in the coming weeks, reaching a high vector abundance in summer and early autumn. Prior to this high activity season, there is a low likelihood of sustained dengue virus autochthonous transmission in continental Europe associated with virus introduction by returning travellers from Réunion or other areas in the world with active DENV transmission.

Actions

ECDC is closely monitoring the situation and produced a rapid risk assessment entitled '[Denque outbreak in Réunion, France](#)', which was published on 16 April 2018. ECDC reports monthly dengue outbreaks detected through epidemic intelligence in the CDTR.

Distribution of dengue cases by week of onset, week 1-2017 to week 15-2018, Réunion

Adapted from "Surveillance de la dengue à la Réunion. Point épidémiologique au 23 avril 2018"



Multidrug-resistant *Neisseria gonorrhoeae* - Worldwide - 2018

Opening date: 23 March 2018

Latest update: 27 April 2018

Epidemiological summary

On 29 March 2018, the UK reported, a case of *Neisseria gonorrhoeae* acquired in South East Asia which had high-level resistance to the two antibiotics, azithromycin and ceftriaxone, which are currently recommended for first-line treatment. The case has, as of 20 April 2018, been successfully treated with another antibiotic, ertapenem administered intravenously.

On 17 April 2018, Australia notified that a strain of multidrug-resistant *Neisseria gonorrhoeae* had been isolated from two Australian patients with no epidemiological link. Evidence suggests that one of the Australian cases acquired their infection from a sex worker in Southeast Asia.

The isolates are resistant to penicillin, ciprofloxacin, ceftriaxone (MIC = 0.5 mg/L), and azithromycin MIC >256 mg/L (high-level resistance), and susceptible to gentamycin and spectinomycin.

Sources: [Public Health England](#) | [Australia](#)

ECDC assessment

This is significant event considering the lack of alternative treatments for gonorrhoea. Further spread of such strains threaten the effectiveness of the currently recommended treatment. Clinicians need to ensure that gonorrhoea cases are managed according to national and/or international guidelines, be aware of the possibility of further cases which are resistant to ceftriaxone and azithromycin, ensure that tests of cure are performed for diagnosed cases as recommended by [European guidance](#) and to submit samples for cultures and antimicrobial susceptibility testing. Sexual health services also need to ensure that partner notification is undertaken for all cases. The European Gonococcal Antimicrobial Surveillance Programme can provide expert technical and microbiological support in case of detection of significant multidrug resistant isolates where needed.

This is the first time isolates with this phenotype have been detected in Australia. The isolates detected in Australia appear to be the same phenotypically as the one reported by Public Health England on 29 March 2018. The UK case was the first report of a *N. gonorrhoeae* strain that exhibits ceftriaxone and high-level azithromycin resistance; this case has since been successfully treated with ertapenem. Spread of resistant *N. gonorrhoeae* strains may further undermine the already limited treatment options and increase the national and global burden of gonorrhoea.

Actions

ECDC has posted the information in EPIS-STI and informed the STI network. ECDC will prepare a rapid risk assessment.

Yellow fever – Brazil – 2017 - 2018

Opening date: 16 January 2017

Latest update: 27 April 2018

Epidemiological summary

Between July 2017 and week 16-2018, the Ministry of Health in Brazil reported 1 218 confirmed human cases of yellow fever, including 364 deaths. The cases occurred in Minas Gerais (508), São Paulo (495), Rio de Janeiro (208), Espírito Santo (6) and Distrito Federal (1).

During the same time period, the Ministry of Health reported 729 confirmed epizootics in non-human primates. Of those, 587 were reported in São Paulo state, 100 in Minas Gerais, 37 in Rio de Janeiro State, three in Tocantins, and one each in Mato Grosso and Espírito Santo.

Cases among returning travellers

Since the beginning of 2018, unvaccinated travellers from France (1), the Netherlands (1), Romania (1), Switzerland (1) and Germany (three confirmed cases, one of whom was reported by the United Kingdom) have contracted yellow fever in Brazil.

Vaccination recommendations

WHO determined that, in addition to the areas listed in previous updates, the entire state of São Paulo should be considered at risk for yellow fever transmission. Consequently, vaccination against yellow fever is recommended for international travellers visiting the state of São Paulo.

The [Ministry of Health, Brazil](#) announced a progressive extension of the standard vaccination recommendations for the whole of Brazil. It will be expanded gradually until 2019.

Sources: [MoH](#) | [WHO](#)

ECDC assessment

The detection of confirmed yellow fever cases in the vicinity of major cities such as São Paulo and Rio de Janeiro is of concern. Authorities are conducting vaccination campaigns. In this context, European citizens travelling to areas at risk should seek medical advice prior to travel and receive the yellow fever vaccine at least 10 days before travelling. They should also follow measures to avoid mosquito bites and be aware of yellow fever signs and symptoms.

The probability of local yellow fever transmission in continental Europe following introduction of the virus by a viraemic traveller is currently considered very low as i) *Aedes aegypti* is not present, ii) vector competency of *Aedes albopictus*, which is present in the southern part of Europe, is limited, and, iii) the current weather conditions are not favourable to vector activity. With the

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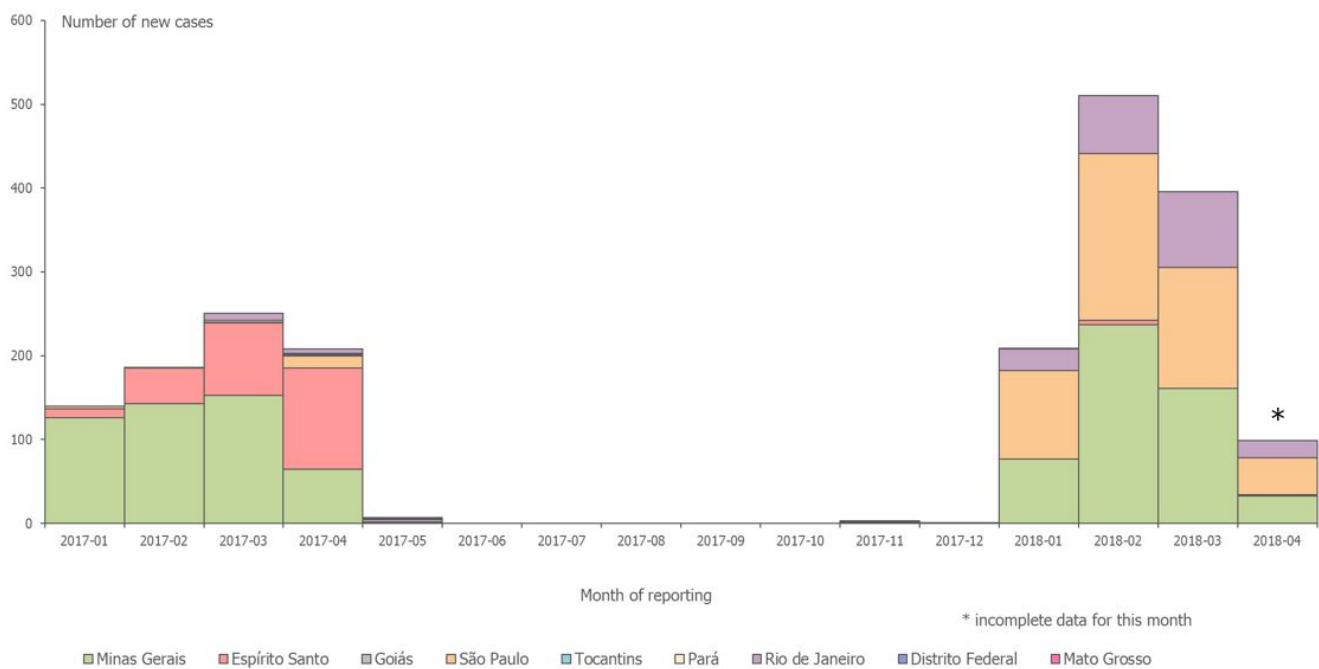
arrival of spring in Europe, the risk of local transmission may increase but remain very low.

Actions

ECDC published updates of its rapid risk assessment 'Outbreak of yellow fever in Brazil' on [13 April 2017](#) and [18 January 2018](#). On 16 March 2018, ECDC published the third update of the RRA on its [website](#).

Distribution of confirmed human cases of yellow fever by month, Brazil, January 2017 - 24 April 2018

ECDC



Ebola virus exposure during a laboratory incident - Hungary – 2018

Opening date: 16 April 2018

Epidemiological summary

On 13 April 2018, a Hungarian scientist at the National Public Health Institute (OKI) National Security Laboratory was accidentally exposed to Ebola virus in the biosafety level-4 laboratory while wearing appropriate personal protective equipment. Hungarian authorities requested support from WHO which facilitated shipments within 24 hours of rVSV ZEBOV experimental Ebola vaccine, and within 48 hours of experimental treatments and their protocols (Remdesevir and ZMapp).

The scientist was immediately put under isolation according to standard operating procedures in the South Pest Centrum Hospital - National Institute of Hematology and Infectology at Szent László. The scientist's health status is closely followed by relevant authorities and at this stage the person is showing no symptoms apart from a reaction to the vaccine.

Source: [Media](#), [Hungarian health authorities](#)

ECDC assessment

The risk of spread is considered very low as safety protocols were implemented immediately following the incident.

Actions

No action for ECDC.

Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 27 April 2018

Epidemiological summary

Americas

Dominican Republic: In 2018 and as of 14 April, the Dominican Republic reports 14 cholera cases, which is an increase of eight cases since the previous CDTR report on 23 March 2018. Sixty-three cholera cases were reported during the same period in 2017.

Haiti: In 2018 and as of 14 April, Haiti reported 1 163 cholera cases, including 11 deaths (CFR: 1%) in all ten departments. This represents an increase of 390 cases and three deaths since the previous update of 23 March 2018. In 2017, Haiti reported 13 681 cholera cases including 159 deaths (CFR:1.2%). From 2010 to 14 April 2018, Haiti reported 817 163 suspected cholera cases including 9 759 deaths (CFR: 1.2%).

Africa

Angola: As of 8 April 2018, 895 cases and 15 deaths (CFR: 1.7%) were reported. This is an increase of 193 cases since the previous CDTR report of 23 March 2018. Cases are from Uige and Cabinda provinces.

Republic of the Congo: Since 21 March 2018 and as of 19 April, 46 suspected acute watery diarrhoea (AWD) cases including two deaths (CFR: 4.4%) are being reported in provinces bordering DR Congo. Among the suspected cases, three were confirmed for cholera.

DR Congo: Since January 2017 and as of 24 March 2018, DR Congo reported 68 453 suspected cholera cases, including 1 473 deaths (CFR: 2.2%). This represents an increase of 7 961 cases and 185 deaths since the previous CDTR report on 23 March 2018.

Ethiopia: Since January 2017 and as of 8 April 2018, Ethiopia reported 48 971 cases of acute watery diarrhoea (AWD), including 880 deaths (CFR: 1.8%). This represents an increase of 59 cases since the previous CDTR update of 23 March 2018.

Kenya: As of 8 April 2018 and since the beginning of the outbreak in January 2017, Kenya has reported 6 613 cholera cases. In 2018, 53 deaths were related to this outbreak. This represents an increase of 1 058 cholera cases since the previous report of 23 March 2018.

Malawi: In 2018, as of 8 April, Malawi reported 889 cases and 30 deaths (CFR: 3.4%). This represents an increase by 173 cases and 11 deaths since the previous CDTR update of 23 March 2018.

Mozambique: In 2018, as of 8 April, Mozambique reported 2 329 cases and five deaths in the ongoing cholera outbreak in the country. This represents an increase of 230 cases since the previous CDTR update on 23 March 2018. According to WHO, the outbreak is confined to Nampula and Cabo Delgado province.

Nigeria: In 2018 and as of 10 April, Nigeria reported 868 suspected cholera cases including 19 deaths nationwide (CFR: 2.2%). Most of these cases are in Borno State. In 2017, Nigeria reported 4 221 suspected cholera cases including 107 deaths (CFR: 2.5%).

Somalia: In 2018, as of 15 April, WHO reported 1 876 suspected cholera cases and nine deaths (CFR:0.5%) in Somalia. The current cholera outbreak started in December 2017, the [four regions](#) of Hiraaan, Banadir, Lower Juba and Middle Shabelle have reported cases so far.

Sudan: According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), as of March 2018, 300 suspected acute watery diarrhoea (AWD) cases were reported in central Darfur region, in Sudan.

Tanzania: In 2018 and as of 25 March, Tanzania reported 1 596 cholera cases including 28 deaths (CFR: 1.8%). This is an increase of 174 cases and one death since the previous CDTR update on 23 March 2018. The last case reported in Zanzibar was on 11 July 2017. Since the beginning of the outbreak in August 2015, Tanzania has reported 34 890 cases including 566 deaths (CFR: 1.6%).

Uganda: On 15 February 2018, a new cholera outbreak was declared in Uganda mainly among displaced population from DR Congo in refugee settlements in Hoima district. As of 11 April 2018, 2 108 suspected cholera cases including 44 deaths were reported (CFR: 2.1%). This is an increase of 624 cases and nine deaths since the previous CDTR update on 23 March 2018. Transmission is mainly localised in newly arrived refugees from DR Congo and the outbreak is contained in Hoima district. WHO and MSF are supporting case management in cholera treatment centres.

Zambia: Since 4 October 2017 and as of 4 April 2018, Zambia reported 5 635 cholera cases including 111 deaths (CFR:2%). This represents an increase of 1 219 cases and 22 deaths since the previous CDTR update on 23 March 2018. The outbreak has spread from Lusaka City to other regions in the country. However, Lusaka city is accounting for the majority of the cases.

Zimbabwe: On 24 March 2018, Zimbabwe declared the [end of the cholera outbreak](#) which resulted in 111 suspected cholera cases including four deaths (CFR: 3.6%). However, on 7 April 2018, a new cholera outbreak was reported in Stoneridge, a suburb of the capital city of Harare. To date, 36 cases including three deaths (CFR: 8.3%) are reported. The index case of the ongoing outbreak had no travel history to the areas affected by the previous cholera outbreak that was declared over on 24 March 2018.

Asia

India: According to different [media](#) sources, seven suspected cholera cases were reported in India on 28 March 2018. In Chennai two cases out of five tested positive for cholera, and two suspected cases were reported in West Bengal.

Yemen: Since the beginning of the outbreak in October 2016 and as of 20 April 2018, Yemen reported 1 091 288 suspected cholera cases and 2 275 deaths (CFR: 0.2%). This represents an increase by 10 410 cases and nine deaths since the previous CDTR update on 23 March 2018. Some of the most affected governorates are Amanat Al Asima, Al Hudaydah, Hajjah, Amran and Dhamar.

ECDC assessment

There has been an unusual increase in the number of cholera cases in the Horn of Africa and in the Gulf of Aden in recent years. Cholera outbreaks have been notified mainly in DR Congo, Kenya, Tanzania, Uganda and in the southern part of Africa (Zimbabwe, Zambia, Mozambique and Angola). Despite the number of cholera outbreaks reported worldwide, very few cases are reported each year among returning EU/EEA travellers.

According to the World Health Organization, vaccination should be considered for travellers at higher risk, such as emergency/relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing their hands with soap, eating thoroughly cooked food, and avoiding consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis.

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

Opening date: 27 January 2017

Latest update: 27 April 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 25 March, Bolivia reported 22 confirmed chikungunya cases, compared with 21 cases for the same period in 2017.

Brazil: In 2018, as of 17 March, Brazil reported 16 434 probable cases, of which 10 030 are confirmed. This represents an increase of 9 034 cases since the previous CDTR update on 23 March 2018. The epicurve shows a decreasing trend for 2018

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compared with previous years.

Colombia: In 2018, as of 25 March, Colombia reported 148 confirmed chikungunya cases. There is a wide geographical distribution of the cases in the country.

Costa Rica: In 2018, as of 8 April, Costa Rica reported 23 suspected chikungunya cases.

El Salvador: In 2018, as of 15 April, El Salvador reported 78 suspected cases, compared with 190 cases for the same period in 2017.

Mexico: In 2018, as of 15 April, Mexico reported five confirmed chikungunya cases, compared with 10 confirmed cases for the same period in 2017.

Nicaragua: In 2018, as of 15 April, Nicaragua reported 96 suspected cases, of which 21 are confirmed. For the same period in 2017, Nicaragua reported eight confirmed cases.

Paraguay: In 2018, as of 25 March, Paraguay reported 149 suspected chikungunya cases. Among these cases, Paraguay considers ten cases as probable cases in the regions of Central, Paraguari and Caazapa.

Dengue:

In 2018 and as of 7 April 2018, the Pan American Health Organization (PAHO) reported more than 100 000 suspected and confirmed dengue cases in the whole region. This is an increase of 46 000 cases since the last update on 21 March. Brazil accounts for half of the cases (52 000), followed by Paraguay (14 700), Nicaragua (11 000), Colombia (6 700) and Mexico (4 800). Cases in Brazil follow the same trend as in 2017.

Asia

Chikungunya:

India: According to media, Pune state (Central East of India) reported 12 chikungunya cases in 2018 as of 3 April.

Thailand reported 17 cases from two provinces in the south of the country as of 23 March 2018. This represents an increase of six cases, since the previous CDTR.

Dengue:

According to WHO, **Cambodia** reported 247 suspected dengue cases in 2018, as of 20 March 2018. The number of cases follows a similar trend to 2017. Laos PDR notified WHO of 24 dengue cases in 2018 as of 10 March. Dengue is currently below epidemic level and alert level, with low activity, in line with the seasonal trend.

Malaysia, Philippines, Sri Lanka, Singapore and Vietnam report a decreasing trend compared with 2017.

Malaysia reported 18 262 cases as of 23 April, which is much lower than the cases reported for the same period in 2017 (30 000 cases).

According to WHO, **Philippines** reported 15 600 dengue cases as of 24 February, which is 32% lower compared with the same period last year (23 000 cases).

According to the Ministry of Health, **Sri Lanka** reported 15 778 cases of dengue, as of 20 April 2018, compared with 45 000 cases for the same time period in 2017.

According to national authorities, **Singapore** reported 678 cases, as of 14 April. The number of cases is lower than in 2017, for the same time period (880 cases).

According to the Ministry of Health, **Thailand** reported 4 178 cases, as of 17 April. The numbers are in line with the ones reported in 2017 for the same time period (4 465 cases).

According to WHO, **Vietnam** is reported 12 360 cases as of 17 March 2018. Compared with the same period in 2017, the cumulative number of cases decreased by 37%.

Africa

Chikungunya:

As of 15 April 2018, **Kenya** reported 1 096 chikungunya cases, of which 36 are confirmed. Among these cases, 950 are from Mombasa county and 146 from Lamu county. This represents an overall increase of 255 suspected chikungunya cases since the previous CDTR update on 23 March.

Dengue:

In [Réunion](#), the outbreak continues to spread. Since the beginning of 2018 and as of 25 April, Réunion reported 1 816 autochthonous cases of dengue. 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*.

As of 24 March, [Burkina Faso](#) has detected 909 suspected dengue cases and 3 deaths in 2018. Dengue virus serotypes 1, 2, and 3 are circulating.

Australia and the Pacific

Chikungunya: no outbreaks detected.

Dengue:

According to WHO and as of 28 March 2018, [Australia](#) reported 162 cases of dengue virus infection reported in 2018. The number of cases is lower than during the same period in previous years (2013-2017).

According to local authorities, [New Caledonia](#) reported 528 confirmed dengue cases in 2018 as of 6 April. The majority of the cases are of serotype 2 but DENV-1 is co-circulating.

According to the Pacific Public Health Surveillance Network, there are ongoing dengue outbreaks in Fiji, Vanuatu, Tonga, Samoa (serotype-2) and Wallis and Futuna (serotype-1).

According to the Ministry of Health, [Vanuatu](#) reported 329 suspected cases in 2018, as of 20 March 2018.

According to the Ministry of Health report from 18 March, [Samoa](#) reported approximately 800 cases of dengue since the beginning of the year. The weekly number of cases has started to decrease.

Media sources reported 124 dengue cases in [Tonga](#) since the beginning of the year, as of 30 March.

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 expected to become more favourable for the growth of mosquito populations in the coming weeks, reaching a high vector abundance in summer and early autumn.

Actions

ECDC monitors these threats through epidemic intelligence and reports on a monthly basis. ECDC published the tenth update of its rapid risk assessment on Zika virus disease epidemic on 5 April 2017. 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 [Dengue outbreak in Réunion, France](#) on 16 April 2018.

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