COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 30, 23-29 July 2017

All users

This weekly bulletin provides updates on threats monitored by ECDC.

World Hepatitis Day 2017

ECDC estimates that around 9 million Europeans are affected by chronic hepatitis B or C, with 4.7 million living with chronic hepatitis B and almost 4 million (3.9) with chronic hepatitis C infection. However, large numbers are not aware of their infection as they have not yet been tested and diagnosed. On the occasion of World Hepatitis Day on 28 July, ECDC Director Andrea Ammon highlights the need for Europe to scale-up coverage of testing, prevention interventions and linkage to suitable treatment services in order to achieve the target of eliminating viral hepatitis as a public health issue by 2030.

World Hepatitis Day is marked on 28 July each year to increase the awareness and understanding of viral hepatitis. The five known hepatitis viruses are types A, B, C, D and E.
ECDC coordinates the enhanced surveillance for hepatitis A (HAV), B (HBV) and C (HCV) to help countries assess the hepatitis disease burden, evaluate existing prevention and control strategies, and to define epidemiological trends or transmission patterns. ECDC has identified a need to closer explore and assess the emerging threat of HEV to humans in the EU/EEA.

More information at:
https://ecdc.europa.eu/en/news-events/world-hepatitis-day-2017

I. Executive summary

EU Threats

West Nile virus – Multistate (Europe) – Monitoring season 2017

Opening date: 30 May 2017

During the West Nile virus transmission season, from June to November, ECDC monitors the occurrence of cases of West Nile fever in the EU Member States and the neighbouring countries in order to inform the blood safety authorities about areas with ongoing virus transmission. In 2016, 214 human cases of West Nile fever were reported in the EU Member States and 267 cases in the neighbouring countries.

➔Update of the week
This week (week 30) four probable human cases of West Nile fever have been reported in an already affected area in Greece. No new cases have been reported in the neighbouring countries.

One West Nile fever equidae case has been notified through the Animal Disease Notification System (ADNS) of the European Commission, in the Province of Rovigo, North-East of Italy.

Source: ADNS|

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Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 28 July 2017

Romania has been experiencing a large outbreak of measles since February 2016. Cases continue to be reported despite ongoing response measures implemented at national level through reinforced vaccination activities. Between 1 January 2016 and 21 July 2017, Romania reported 8 246 measles cases, including 32 deaths. In 2016, several other EU/EEA countries reported measles outbreaks and an increase in the number of cases continues to be observed in 2017. Some previous and ongoing measles outbreaks in other EU/EEA countries have been epidemiologically linked to the current outbreak in Romania.

➔Update of the week

In addition to Romania, there is an update from the following EU/EEA countries: Bulgaria, France, Germany, Italy, Spain and the United Kingdom. Several other countries have also reported outbreaks. According to national public health authorities, these have caused 32 deaths in Romania, three deaths in Italy, one death respectively in Germany, Portugal and France.

Non EU Threats

Travel-associated Legionnaires' disease – Dubai, UAE – 2016/2017

Opening date: 10 November 2016

ELDSNet, the ECDC surveillance scheme on travel-associated Legionnaires' disease (TALD) has observed an increase in the number of cases of Legionnaires' disease associated with travel to Dubai, United Arab Emirates (UAE) since October 2016.

➔Update of the week

On 25 July 2017, the UK has reported an additional case of TALD with travel history to Dubai. The case, a 56 year-old male, stayed in Dubai from 4 to 7 July 2017 and fell ill on 12 July.

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

Opening date: 27 January 2017 Latest update: 28 July 2017

Chikungunya, dengue and Zika virus infections are vector-borne diseases that affect 50 to 100 million people each year. In the past decade, all three diseases have been reported across an increasing number of countries. Chikungunya virus infection is being reported in Asia, Africa and, since 2013/2014, in the Caribbean, the Americas and the Pacific. Dengue fever is present in Asia, the Pacific, the Caribbean, the Americas and Africa. Zika virus circulation is reported in Asia, the Pacific, the Caribbean, the Americas and Africa. No autochthonous chikungunya, dengue or Zika cases related to vector-borne transmission were detected in EU/EEA Member States in 2016. Since 2015 and as of 27 July 2017, 72 countries and territories have reported evidence of mosquito-borne transmission of the virus.

➔Update of the week

This month, the significant events for dengue, chikungunya and Zika are:

Dengue and chikungunya:

Since the beginning of 2017 and as of 25 July, Sri Lanka reported 105 153 dengue cases, an increase by 35 773 dengue cases since 30 June, including 296 deaths (CFR=0.28). The current dengue fever outbreak occurs in the context of massive heavy rains and flooding. Preliminary laboratory results have identified DENV 2 as the circulating strain in this outbreak.

Zika:

Since the last Zika monthly update on 30 June 2017, changes to the Zika map are as follows:

- In India, the state of **Tamil Nadu** has been added as "areas with virus transmission following previous virus circulation (WHO Cat. 2)" following the detection of one case of Zika virus disease in Krishnagiri district.
- **Thailand** changed from "areas with virus transmission following previous virus circulation (WHO Cat. 2)" to "WHO Cat. 2 areas with new documented intense transmission".
- In Brazil, **Rio de Janeiro** changed from "WHO Cat. 2 areas with new documented intense transmission" to "areas with virus transmission following previous virus circulation (WHO Cat. 2)".
- **Papua New Guinea** changed from "areas with virus transmission following virus new/re introduction (WHO Cat. 1) to "areas with virus transmission following previous virus circulation (WHO Cat. 2)".
- **Cayman Islands** (British Overseas Territory in the western Caribbean Sea) and **Miami - Dade**, **Broward**, **Palm Beach** counties in Florida, United States changed to "areas with interrupted transmission (WHO Cat. 3)".

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Seasonal influenza – Asia - 2017

Opening date: 11 July 2017 Latest update: 28 July 2017

In Asia an unexpected increase in seasonal influenza cases starting in April 2017 have been monitored.

Hong Kong | Taiwan | Macau | China | WHO

➔Update of the week

Hong Kong and Macau are experiencing an increasing number of severe influenza cases, while Taiwan is reporting that the influenza activity has peaked and is decreasing gradually. The main circulating influenza virus type is A(H3N2).

Since the last weekly report, there have been 82 additional severe influenza cases and 50 deaths reported in Hong Kong. The number of children has increased by three cases and there are no additional deaths. According to the weekly influenza report, the local influenza activity in Hong Kong, remained at a very high level in the past week. It is foreseen that the influenza activity will remain at a very high level in the coming weeks.

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II. Detailed reports

West Nile virus – Multistate (Europe) – Monitoring season 2017

Opening date: 30 May 2017

Epidemiological summary

Since the beginning of the 2017 transmission season and as of 27 July 2017, five human cases of West Nile fever (one confirmed and four probable) have been reported by Greece. In the neighbouring countries, one confirmed case and three probable cases have been reported; all of them were reported by Israel.

Source: ECDC WNF page

ECDC assessment

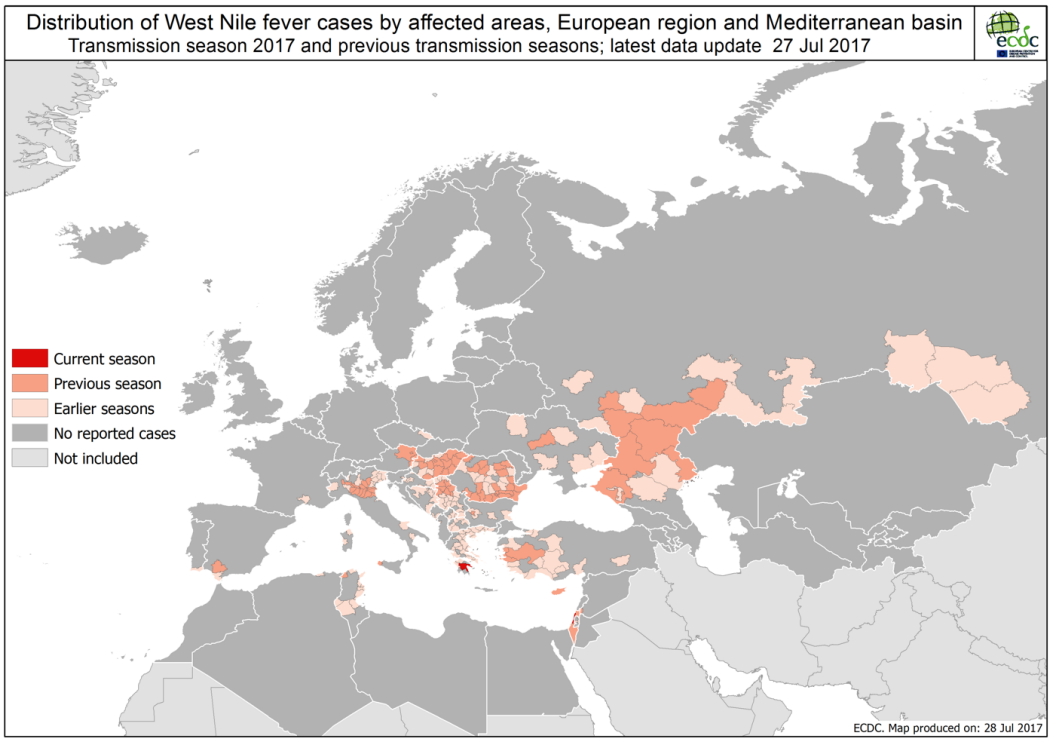
The current West Nile fever situation is consistent with observations of seasonal virus transmission from previous years. According to the EU Commission Directive 2004/33/EC, blood donors should be deferred from donation for 28 days after leaving an area with on-going transmission of West Nile virus to human.

Actions

Since 2011, ECDC has been producing weekly maps displaying the areas (NUTS 3 level) where human West Nile fever cases are detected during the transmission season. The aim of these maps is to inform blood safety authorities of West Nile fever-affected areas to support the implementation of the blood safety directive.

Reported cases of West Nile fever, transmission season 2017 and previous transmission season, as of 27 July 2017

ECDC



Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 28 July 2017

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Epidemiological summary

EU/EEA countries with updates since last week:

Bulgaria: There is an increase by three cases since 21 July 2017. Since the beginning of 2017 and as of 16 July, Bulgaria reported 166 cases. During the same time period in 2016 Bulgaria reported one case.

France: On 27 July 2017 media quoting the French Minister of Health reported the death of a 16-year-old unvaccinated girl. She had fallen sick in Nice and died on 27 June 2017 in Marseille.

Germany: There is an increase by four cases since the last report on 21 July 2017. Since the beginning of 2017 and as of 26 July, Germany reported 801 cases. During the same time period in 2016 Germany reported 187 cases.

Italy: There is an increase by 170 cases since 21 July 2017. Since the beginning of 2017 and as of 25 July, Italy reported 3 842 cases, including three deaths. Among the cases, 271 are healthcare workers. The median age is 27 years, 89% of the cases were not vaccinated and 6% received only one dose of vaccine.

Romania: There is an increase by 229 cases, including one additional death, since 21 July 2017. Since 1 January 2016 and as of 21 July 2017, Romania reported 8 246 cases, including 32 deaths. Cases are either laboratory-confirmed or have an epidemiological link to a laboratory-confirmed case. Infants and young children are the most affected groups. Timis, in the western part of the country closest to the border with Serbia, is the most affected district with 1 215 cases. Vaccination activities are ongoing in order to cover communities with suboptimal vaccination coverage.

Spain: There is an increase by seven cases since 14 July 2017. Since the beginning of 2017 and as of 25 July, Spain reported 145 measles cases.

United Kingdom: Public Health Wales reported two additional cases related to the outbreak in Newport and Torfaen, bringing the total to ten cases related to this outbreak. In England and Wales there is an increase by 76 cases since 21 July 2017. Since the beginning of 2017 and as of 23 July 2017, England and Wales reported 922 cases. In the same time period in 2016, they reported 946 cases.

In addition to the updates listed above ECDC produces a monthly measles and rubella monitoring report with surveillance data provided by the member states through TESSy. The last report was published on 11 July 2017 with data up to 31 May 2017.

ECDC assessment

Measles outbreaks continue to occur in EU/EEA countries. There is a risk of spread and sustained transmission in areas with susceptible populations. The national vaccination coverage remains less than 95% for the second dose of MMR in the majority of EU/EEA countries. The progress towards elimination of measles in the WHO European Region is assessed by the European Regional Verification Commission for Measles and Rubella Elimination (RVC). Member States of the WHO European Region are making steady progress towards the elimination of measles. At the fifth meeting of the RVC for Measles and Rubella in October 2016, of 53 countries in the WHO European Region, 24 (15 of which are in the EU/EEA) were declared to have reached the elimination goal for measles, and 13 countries (nine in the EU/EEA) were deemed to have interrupted endemic transmission for between 12 and 36 months, meaning they are on their way to achieving the elimination goal. However, six EU/EEA countries were judged to still have endemic transmission: Belgium, France, Germany, Italy, Poland and Romania. More information on strain sequences would allow further insight into the epidemiological investigation.

ECDC link: Measles page

Actions

All EU/EEA countries report measles cases on a monthly basis to ECDC and these data are published every month. Since 10 March 2017, ECDC has been reporting measles outbreaks in Europe on a weekly basis and monitoring worldwide outbreaks on a monthly basis through epidemic intelligence activities. ECDC published a rapid risk assessment on 6 March.

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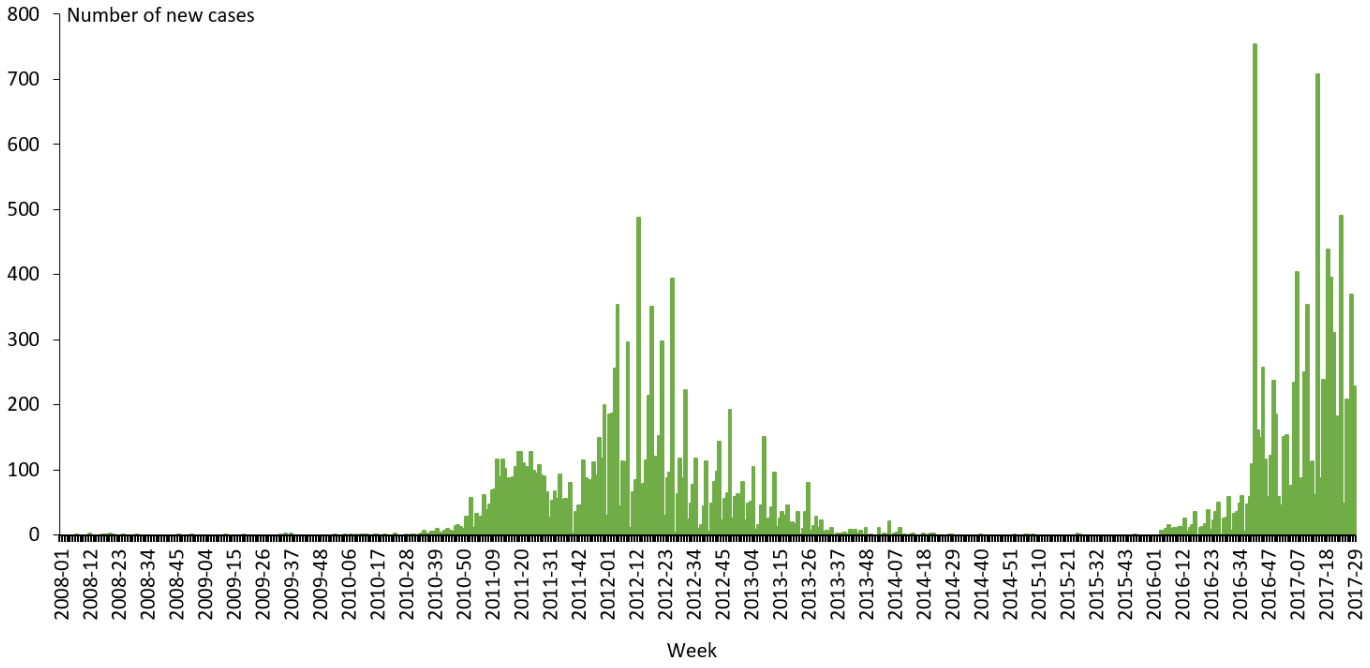
New measles cases per week of reporting, week 2008-1 to 2017-29, Romania

Data source: National Institute of Public Health Romania and TESSy (ECDC)



*From 2008 to 2016-39 data from TESSy, from 2016-40 onwards data from Romanian MoH

Travel-associated Legionnaires' disease – Dubai, UAE – 2016/2017

Opening date: 10 November 2016

Epidemiological summary

As of 25 July 2017, 13 EU/EFTA Member States have reported 69 TALD cases with onset of symptoms since 1 October 2016 and with travel history to Dubai within two to ten days prior to illness. Cases were reported by the UK (33), Sweden (8), the Netherlands (6), Germany (7), Denmark (4), France (4), Austria (1), Belgium (1), the Czech Republic (1), Hungary (1), Ireland (1), Spain (1) and Switzerland (1). Sixty-three cases are associated with commercial accommodation sites and six with private accommodation sites. Fifteen cases spent time in another location in the UAE or in a country other than their home country during their incubation period. Two cases were reported as fatal.

All cases are laboratory confirmed. Five cases had their infection further characterised as *Legionella pneumophila* serogroup 1, sequence type 616 and one as *Legionella pneumophila* serogroup 1 sequence type 2382. Sequence type 616 is uncommon in Europe and has been associated with other cases of Legionnaires' disease returning from Dubai in previous years, while sequence type 2382 is the first such identification worldwide and appears to be closely-related to type 616 (personal communication, ELDSNet network). Two cases have been characterised as *Legionella pneumophila* serogroup 2-14, sequence type 1327.

ECDC assessment

Cases continue to be reported with onset of symptoms in recent weeks, indicating that there is a persistent source of *Legionella* exposure common to travellers with travel history to Dubai. However, it cannot be ruled out that some travellers may have acquired their infection elsewhere if their stay in Dubai was shorter than the range of the incubation period. The increase in cases observed between October 2016 and June 2017 is above the number of cases observed in the same period in previous years.

Actions

ECDC is monitoring this event through ELDSNet. ECDC is in contact with EU Member States, the ELDSNet network, the World Health Organization and UAE to share information. ECDC published a rapid risk assessment on its website on 23 December 2016. The conclusions of the rapid risk assessment remain valid. ECDC also posted an epidemiological update on 22 June 2017.

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Distribution of travel-associated Legionnaires' disease cases with history of stay in Dubai, United Arab Emirates, by week of onset and accommodation site clustering, weeks 37/2016–24/2017, as reported to ELDSNet by 25 July 2017 (n=69 cases)

ELDSNet

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

Opening date: 27 January 2017 Latest update: 28 July 2017

Epidemiological summary

Europe - European Union (EU)/European Economic Area (EEA) and European Neighborhood Policy (ENP) partner countries

Dengue and chikungunya:
No autochthonous cases of chikungunya and dengue virus infection have been reported in EU/EEA Member States in 2016 and 2017. However, since the beginning of the year, several European countries have reported imported dengue and chikungunya cases.

On 19 July 2017, Georgia reported a suspected case of dengue fever in the Bolnisi district. This information has not been officially

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confirmed.

Zika:
No mosquito-borne Zika virus transmission has been reported in EU/EEA Member States in 2016 and 2017.

Since January 2017 and as of 18 July 2017, 11 countries (Austria, Belgium, the Czech Republic, Denmark, France, Ireland, the Netherlands, Norway, Spain, Sweden and the United Kingdom) have reported 73 travel-associated Zika virus infections through The European Surveillance System (TESSy). Over the same time period, five EU/EEA Member States reported nine Zika cases among pregnant women.

Americas and the Caribbean:

Chikungunya:
Since the beginning of 2017 and as of 21 July, PAHO reported 89 691 suspected and confirmed chikungunya cases in the Americas and Caribbean region. This is an increase by 1 282 cases since the last monthly update on 28 June. Most cases are reported by Brazil (80 949), Bolivia (3 141) and Peru (1 378).

Dengue:
Since the beginning of 2017 and as of 7 July, PAHO reported 300 655 suspected and confirmed dengue cases, including 149 deaths, in the Americas and Caribbean region. This is an increase by 26 121 cases since the last monthly update on 28 June. Most cases are reported by Brazil (144 326), Peru (66 687), Nicaragua (31 892) and Colombia (14 522).

In the French Overseas Countries and Territories, namely Martinique, Guadeloupe, Saint Martin and Saint Barthelemy, the local health authorities reported only sporadic cases of dengue fever.

Zika:
Since 19 June 2017 and as of 16 July 2017, Argentina has reported seven additional locally-acquired cases of Zika virus infection in Salta Province. This brings the total to 102 locally-acquired cases reported in 2017 in Salta Province (56), Chaco Province (40) and Formosa Province (6).

Since the beginning of 2017 and as of 16 July 2017, Peru reported 6 172 Zika cases compared with 1 651 cases during the entire 2016. Of the 6 172 cases, 633 are laboratory confirmed. Most cases are reported by Ica department southern of Lima and in the northern part of the country in Loreto departments.

Since the beginning of 2017 and as of 16 July 2017, Ecuador reported 2 075 Zika cases compared with 2 946 cases during the entire year 2016. The majority of the cases are reported by Manabi and Guayas provinces located along the Pacific coast.

On 26 July 2017, Texas health authorities reported one possible case of Zika virus infection in Hidalgo County. The acute infection most likely occurred several months ago. As of today, US CDC did not issue any specific travel recommendation for this county.

Asia

Chikungunya:
Chikungunya fever cases are reported from Bangladesh and India.

Since May 2017 and as of 14 July, Bangladesh reported 2 700 chikungunya cases in the capital Dhaka. This is an increase of 770 cases since the previous update on 28 June.

Since the beginning of 2017 and as of 16 July, India reported 15 432 chikungunya cases, compared with 64 057 cases during the entire year 2016.

Dengue:
In 2017, the most affected countries in Asia are Sri Lanka, Malaysia and Vietnam. Sri Lanka, Laos and Vietnam have reported more dengue cases than the previous year during the same period, while Malaysia, Cambodia and Singapore have reported less cases.

Since the beginning of 2017 and as of 25 July, Sri Lanka reported 105 153 dengue cases, an increase by 35 773 dengue cases since the latest monthly update in the CDTR on 30 June , including 296 deaths (CFR=0.28). The highest numbers of dengue cases were reported during the first week of July 2017. This current situation represents a significant increase compared to the entire year 2016, for which Sri Lanka reported 54 727 cases, including 78 deaths (CFR=0.14). Approximately 44% dengue cases were reported from the Western province.
The current dengue fever outbreak occurs in a context of massive heavy rains and flooding and is currently affecting 15 out of 25

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districts in Sri Lanka.
Preliminary laboratory results have identified DENV 2 as the circulating strain in this outbreak. Although all four DENV have been co-circulating in Sri Lanka for more than 30 years and DENV 2 has been detected infrequently since 2009.

Since the beginning of 2017 and as of 7 July, Laos reported 3 958 dengue cases, compared with 1 734 cases during the same period in 2016.

Since the beginning of 2017 and as of 20 July, Vietnam reported more than 50 000 dengue cases, including 15 deaths. The number of patients with dengue increased four-fold compared to the same period last year.

Since the beginning of 2017 and as of 17 July, Thailand reported 12 611 dengue cases from 77 provinces. This is an increase by 4 283 cases since the latest monthly update in the CDTR on 30 June.

Since the beginning of 2017 and as of 16 July, India reported 23 094 dengue cases, including 32 deaths, compared with 129 166 cases, including 245 deaths, during the entire year 2016.

Since the beginning of 2017 and as of 30 June, China reported 228 dengue cases, which is comparable to the same period in 2016.

Since the beginning of 2017 and as of 1 July, Myanmar reported 10 101 dengue cases, including 54 deaths.

Since the beginning of 2017 and as of 14 July, Cambodia reported 1 056 suspected dengue cases in 2017, which is lower than during the same period in 2014–2016.

Since the beginning of 2017 and as of 16 July, Malaysia reported 53 750 dengue cases, compared with 61 534 cases during the same period in 2016.

Since the beginning of 2017 and as of 21 July, Singapore reported 1 595 dengue cases in 2017, which is lower than during the same period in 2013–2016.

Since June 2017 and as of 13 July, Bhutan reported 33 dengue cases in Phuentsholing, 46 in Samtse and 42 cases in Samdrupjongkhar. The health ministry issued a public notification of an outbreak of dengue fever in these areas on 13 July 2017.

Since the beginning of 2017 and as of 21 July, Pakistan reported 303 cases in Sindh (Karachi city).

Since the beginning of 2017 and as of 3 June, Philippines reported 38 233 cases, including 222 deaths.

Zika:
On 11 July 2017, India reported the first case of Zika virus infection in Krishnagiri district, Tamil Nadu. According to media quoting the health authorities, the diagnosis was confirmed by PCR on 1 July 2017.

On 4 July 2017, Thailand reported 11 new cases of Zika virus infection in Phichit province. According to media, 27 additional cases are being monitored and laboratory results are pending.

On 14 July 2017, Taiwan reported a travel-associated case in a traveller returning from Vietnam with onset of symptoms on 10 July.

Since the beginning of 2017 and as of 18 July, Singapore has reported 42 cases of Zika virus infection. This represents an increase by three cases since 17 June 2017.

Australia and the Pacific

Chikungunya:
No outbreaks detected.

Dengue:
Since the beginning of 2017 and as of 30 June, Australia reported 625 laboratory-confirmed dengue cases in 2017, which is fewer cases than during the same time period in 2012–2016. The number of cases refer to both imported and non–imported cases. In Australia, non-imported cases occur only in Queensland.

Between 18 June and 2 July 2017, French Polynesia reported 22 dengue cases. Nineteen of the 22 cases were confirmed as DENV 1 infection.

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Since November 2016 and as of June 2017, Palau reported 329 dengue cases, including three deaths. In 2016, 53 cases were recorded.

Since the beginning of 2017 and as of 11 July, New Caledonia reported 4 368 dengue cases, including 11 deaths. The circulating serotypes are of type DENV 1 (1 636 cases), DENV 2 (322 cases) and DENV 3 (72 cases). The weekly number of cases is decreasing.

Zika:
According to the New Zealand Institute of Environmental Science and Research public health surveillance report, five cases of Zika virus infection have been reported in May 2017. Of these, four cases are confirmed and one is under investigation. All cases reported travel to Fiji during the incubation period.

Africa

Chikungunya:
No outbreaks detected.

Dengue:
Since the beginning of 2017 and as of 4 July, Ivory Coast reported 481 suspected dengue cases, of which 224 are confirmed. Two deaths have been reported. Three of the four dengue virus (DENV) subtypes have been identified: DENV 2 (102 cases), DENV 3 (36 cases) and DENV 1 (9 cases). Most of the cases have occurred in Abidjan.

Since the beginning of 2017 and as of 11 July, Kenya reported 1 199 dengue cases. The outbreak has been reported in Mombasa (n=1 117), and in Wajir county (n=82) counties. One death has been reported.

Since the beginning of 2017 and as of 12 July, La Reunion reported 54 locally-acquired dengue cases.

Since the beginning of 2017 and as of 18 June, Togo reported 12 confirmed dengue cases.

Zika:
No outbreaks detected.

ECDC assessment

Chikungunya:
Outbreaks are still ongoing in the Americas and the Pacific.

Dengue:
Dengue is widespread in tropical and subtropical regions.

Zika:
Despite the decrease in intensity of Zika virus transmission after the 2016 wave, cases are still being reported in the Americas and Asia where the vectors, *Aedes* mosquitoes, are widely distributed. As neither treatment nor vaccines are available, prevention is based on personal protection measures. Pregnant women should consider postponing non-essential travel to Zika-affected areas.

Europe is vulnerable to the autochthonous transmission of arboviruses. The risk of onward transmission in Europe is linked to importation of the virus by viraemic patients in areas with competent vectors (*Aedes albopictus* in mainland Europe, primarily around the Mediterranean, and *Aedes aegypti* on Madeira). Autochthonous transmission from an imported viraemic case is possible during the summer season in the EU/EEA and continued vigilance is needed to detect imported cases in tourists returning to the EU from affected regions.

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 4 April 2017.

Seasonal influenza – Asia - 2017

Opening date: 11 July 2017 Latest update: 28 July 2017

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Epidemiological summary

In Hong Kong the latest surveillance data shows that the local influenza activity continues to be at a high level. Since 5 May and as of 27 July 2017, Hong Kong reported 379 cases of influenza-associated admissions to the Intensive Care Unit, including 255 deaths. Most of the cases, 316, were due to A(H3N2). In children, 26 cases of severe influenza-associated complications and four deaths have been detected so far in 2017.

In Macau as of week ending 22 July 2017, the proportion of influenza-like illness (ILI) cases among both adults and children in emergency departments increased from the previous week. The proportion of influenza detections was 53.6%, higher than 44.9% in the previous week. Influenza A(H3) constituted 82.3% of the influenza detections.

In Southern China as of week ending 16 July 2017, influenza activity continued to increase. The proportion of ILI cases in emergency and outpatient departments reported by sentinel hospitals was 4.3%, higher than that reported in the previous week (4.2%) and the corresponding period in 2014-2016 (3.6%, 3.6%, 3.1%). The proportion of influenza detections was 16.7%, higher than 12.7% recorded in the previous week. Influenza A (H3N2) constituted 82.8% of the influenza detections.

In Taiwan as of week ending with 22 July 2017, the numbers and proportions of ILI cases in emergency and outpatient departments showed a decreasing trend. The predominating viruses were influenza A(H3N2), and influenza B constituted approximately 9% of the influenza detection during the week.

Hong Kong| Taiwan | Macau | China

ECDC assessment

During the past months there has been an increase of seasonal influenza activity in Asia, with a significant impact in Hong Kong, Macau and Taiwan. In the all above mentioned countries the main circulating influenza virus type was A(H3N2). In Hong Kong, most indicators suggest the number of cases and hospitalisations are above the numbers seen during this time of the year since 2013.

Vaccination remains the best documented and most effective preventive measure against influenza.
Early treatment and post-exposure prophylaxis with antivirals (neuraminidase inhibitors) can assist in protecting the elderly and people in risk groups for severe influenza illness. The circulating viruses analysed so far show susceptibility to the antiviral drugs oseltamivir and zanamivir. As advised during previous seasons, physicians should always consider early treatment (i.e. within 48 hours of symptom onset for oseltamivir and 36 hours for zanamivir) or post-exposure prophylaxis with neuraminidase inhibitors when treating influenza-infected patients and exposed individuals who belong to risk groups.

Self-isolation, hand-washing and good respiratory hygiene/cough etiquette are effective and simple measures recommended to reduce transmission and to protect individuals against infection. However, strict compliance to these measures is difficult to implement.

Actions

ECDC has been in contact with WHO and local health authorities for further information. ECDC monitors this event through epidemic intelligence in order to prepare communications and advice for the upcoming European season.

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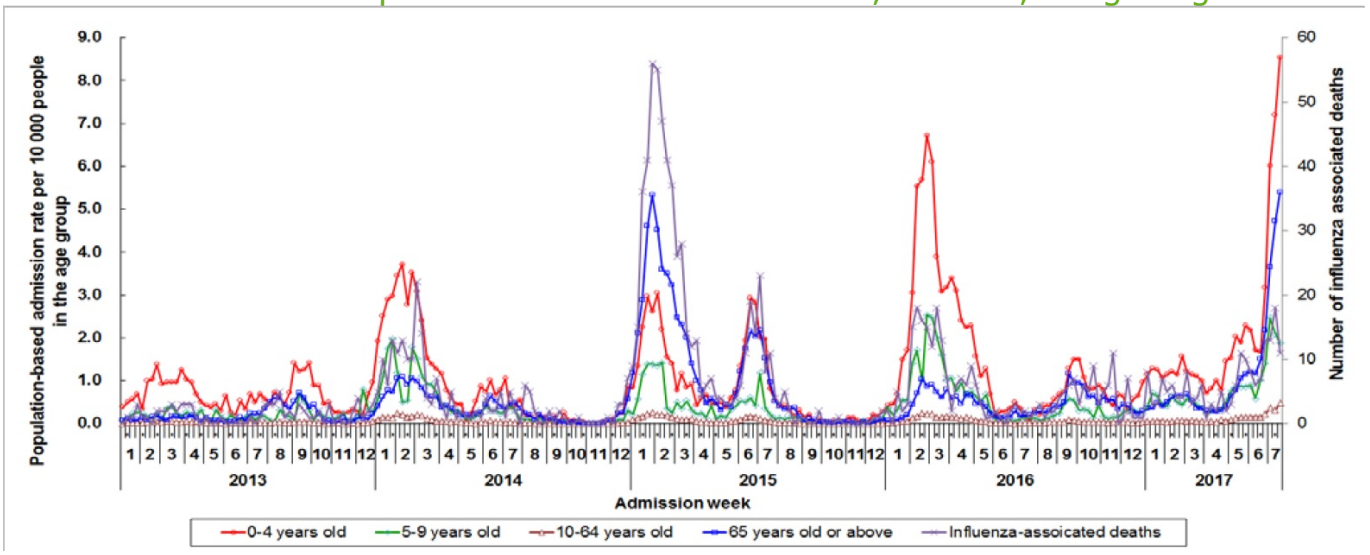
Influenza associated hospital admission rates and deaths, 2013-17, Hong Kong



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

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