COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 8, 18-24 February 2018

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 11 October 2017 Latest update: 23 February 2018

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

➔Update of the week

Influenza activity in week 7-2018 (12–18 February 2018) was widespread in the majority of reporting countries.

Hepatitis A - Denmark - 2017 - 2018

Opening date: 7 February 2018 Latest update: 23 February 2018

Denmark is investigating an outbreak of hepatitis A. The disease onset of the cases starts from December 2017 onwards. Interviews, case-case investigation and case-control study supports the hypothesis that the source of infection could be dates. The dates were recalled from the Danish market on 6 February 2018.

➔Update of the week

As of 20 February 2018, there are 17 cases in Denmark, nine women and eight men with age above 17 years. The onset of symptoms is from December 2017 onwards. Cases are residents throughout the country and 16 have been hospitalised. Virus from seven of the patients has been typed as IIIA, and for the time being, genetic studies have shown that four of these are identical, which supports the suspicion of a common source of infection. It is still expected that more patients will be detected, as the incubation period is long (15-50 days). Denmark launched a RASFF notification (2018.0324) on 8 February.

A possible case has been reported by the media in Norway. A public warning has also been issued in Norway.

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Non EU Threats

Mass gathering monitoring – Multistate (World) – South Korea Winter Olympics 2018

Opening date: 27 November 2017 Latest update: 23 February 2018

This year, the Winter Olympics Pyeongchang 2018 are being held in South Korea between 9 and 25 February 2018, followed by the Paralympics from 9 to 18 March 2018. Over one million tickets were planned to be sold and of these, 320 000 were reserved for foreign citizens. The Pyeongchang Olympic village houses up to 3 894 athletes and team officials during the Games, while a second village in Gangneung accommodates more than 2 900 people. The 2018 Winter Olympics features 102 events in 15 sport disciplines.

➔Update of the week

Korea Centers for Disease Control and Prevention report 312 confirmed cases of norovirus infection in the Olympic villages as of 22 February.

Yellow fever – Brazil – 2017 - 2018

Opening date: 16 January 2017 Latest update: 23 February 2018

Yellow fever is a mosquito-borne viral infection occurring in some tropical areas of Africa and South America. Brazil experienced a major outbreak of yellow fever in 2016-2017. An upsurge of confirmed cases has been reported since December 2017.

➔Update of the week

Since the previous CDTR on 9 February 2018 and as of 20 February, Brazil reported 192 cases and 66 deaths. The cases occurred in São Paolo (47), Minas Gerais (107) and Rio de Janeiro (38) states.

Since the previous CDTR on 9 February 2018 and as of 20 February, Brazil reported confirmed epizootics in non-human primates in São Paulo State (18) and Minas Gerais State (5).

According to the GeoSentinel network as of 21 February 2018, unvaccinated travellers returning to Chile and Argentina have contracted yellow fever in Brazil.

In addition, on 15 February 2018, the Ministry of Health in Brazil reported the detection of yellow fever virus in *Aedes albopictus* mosquitoes captured in rural areas of two municipalities (Ituêta and Alvarenga) in Minas Gerais State. This was found as part of an investigation launched by the Evandro Chagas Institute in 2017. The significance of this finding requires further investigation, particularly to confirm the vector capacity.

Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006 Latest update: 23 February 2018

Several countries in Africa, Asia and the Americas are reporting cholera outbreaks. Currently, major outbreaks are reported in Yemen, the Democratic Republic of Congo (DRC), Tanzania, Zambia, Mozambique, Zimbabwe, Malawi and Angola.

➔Update of the week

Since the previous CDTR update on 26 January 2018, major increases in cholera cases are reported by Yemen with 19 664 cases and 11 deaths, DR Congo with 2 804 cases and 13 deaths, Kenya with 735 cases and 16 deaths and Tanzania with 658 cases and 11 deaths.
Haiti has reported an increase by 335 cases and one death since the last CDTR report on 26 January 2018. However, the 14 173 cases reported from January 2017 to 3 February 2018 remain lower than in 2016 when Haiti reported 41 421 cases during the whole year.

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

Opening date: 27 January 2017 Latest update: 23 February 2018

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 has been reported in Asia and 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. In 2018 and as of 23 February, no autochthonous vector-borne transmitted cases of dengue, chikungunya or Zika were detected in EU/EEA Member States. During 2017, France and Italy reported autochthonous chikungunya cases.

➔Update of the week

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Monthly summary:
Chikungunya: No new outbreaks have been detected this month.

Dengue: No unexpected events have been detected this month.

Zika: No significant events have been detected this month. In January 2018, ECDC stopped the monthly update of the Zika maps. For information on Zika distribution, please refer to WHO webpage.

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II. Detailed reports

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

Opening date: 11 October 2017 Latest update: 23 February 2018

Epidemiological summary

Week 7-2018 (12-18 February 2018)

Influenza activity was widespread in the majority of reporting countries.

Both influenza virus types A and B were co-circulating with a higher proportion of type B viruses. Different proportions of circulating influenza virus types and A subtypes were observed between countries.
Of the individuals sampled who presented with influenza-like illness (ILI) or acute respiratory infection (ARI) to sentinel primary healthcare sites, 51% tested positive for influenza viruses. The detection rate decreased compared with the previous week (53%).

The majority of severe cases admitted to non-ICU hospital wards were adults infected with influenza B. Adults admitted to the ICU were infected mostly by influenza type A viruses.

WHO has convened the Vaccine Composition Meeting on 19–21 February and decided on the composition of the 2018–2019 Northern hemisphere vaccine. It is recommended that quadrivalent vaccines for use in the 2018-2019 northern hemisphere influenza season contain the following:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus,
- an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus,
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage),
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2018-2019 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

Source: Flunewseurope

ECDC assessment

Influenza activity has peaked in western parts of Europe and is increasing in eastern parts, putting pressure on healthcare systems and creating significant media attention. Excess winter mortality is being reported from several countries, especially following A(H3N2) circulation. Vaccination programmes targeting the elderly, people with chronic diseases and healthcare workers should be continued and intensified in countries that have not reached the seasonal peak. Antiviral treatment with neuraminidase inhibitors should be advised for people at high risk of the complications of influenza, such as people with underlying chronic respiratory or cardiovascular diseases, and for people with severe or rapidly progressive symptoms. Antiviral prophylaxis should be considered during the early phases of outbreaks in closed settings such as nursing homes. Interpersonal distancing measures are also likely to provide protection for infants, the elderly and the frail.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the Flu News Europe website. Risk assessments for the season are available on the ECDC website and on the World Health Organization's Regional Office for Europe website.

Hepatitis A - Denmark - 2017 - 2018

Opening date: 7 February 2018 Latest update: 23 February 2018

Epidemiological summary

On 1 February 2018, Denmark notified through EWRS and EPIS FWD that there is an ongoing investigation of an outbreak of domestically-acquired hepatitis A infections. As of 20 February 2018, 17 cases with disease onset from 22 December 2017 onwards have been associated with this outbreak. Interviews, case-case investigation and case-control study supports the

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hypothesis that the source could be dates. The dates were recalled from the Danish market on 6 February 2018. Seven virus sequences are typed as IIIA.

A possible case has been reported by the media in Norway. A public warning has also been issued in Norway.

TESSy background data:
In the period 2012-2016, between 12 500 and 14 100 confirmed cases of hepatitis A were reported annually by 30 EU/EEA countries. Romania accounted for 35% of the cases and Bulgaria for 15%. Cases were reported in all age groups with a higher impact among children 5-14 years-old (36%), followed by 25-44 years-old (21%). Male cases were more frequent than female, particularly in the age groups 15-24 and 25-44 (58%). The majority (89%) of infections were reported as domestically acquired. Among travel-associated cases, Egypt, Morocco and Turkey were the most common travel destinations.

Sources: Statens Serum Institut | ECDC factsheet | Norwegian public health institute |media

ECDC assessment

Denmark is observing an outbreak of hepatitis A. Interviews, case-case investigation and case-control study support the hypothesis that the vehicle of infection are dates imported from Iran. Actions taken by the competent authorities are likely to significantly reduce the risk for human infections in the exposed countries. However, new cases may be detected due to the long incubation period (15-50 days), long shelf-lives of dates and potential consumption of dates bought by the customers before the recall.

Actions

ECDC is monitoring this event through EPIS FWD.

Mass gathering monitoring – Multistate (World) – South Korea Winter Olympics 2018

Opening date: 27 November 2017 Latest update: 23 February 2018

Epidemiological summary

The Korea Centers for Disease Control and Prevention (KCDC) report 312 confirmed norovirus cases, which occurred between 1 and 22 February 2018 in the Winter Olympics athletes villages in Pyeongchang, South Korea. This is an increase by 68 cases since the last CDTR published on 16 February. Most of the cases are in security staff and Games personnel. These people were quarantined and are being monitored in order to prevent a further spread of the infection. The cases are from Horeb Youth Centre (112), Pyeongchang (106) and Gangneung (94). The overall number of cases related to this outbreak is decreasing. Cases are now reported from Pyeongchang and Gengneug.

Norovirus outbreaks are not unexpected during mass gathering events.

Currently, KCDC is reporting an increase in seasonal influenza with predominance of influenza type B and A(H3N2), mostly affecting children 7-18 years of age. Since 2017, several outbreaks of highly pathogenic avian influenza A(H5N6) have been detected in birds and poultry. Even though no human cases of A(H5N6) were detected during these outbreaks and the risk of human infection is considered very low, it is recommended that contact with birds should be avoided and poultry farms should not be visited. According to WHO, an increase in seasonal influenza has also been observed in the Western Pacific Region.

South Korea reports eight cases of measles in 2018 as of 22 February. In 2017, South Korea reported eight cases, in 2016 there were 18 cases, in 2015 cases, and in 2014, 442 cases.

Sources: Korean Centres for Disease Control and Prevention | KCDC mobile app | ECDC CDTR | WHO travel advice| media | WHO |

ECDC assessment

One week before and one week after the event, the ECDC epidemic intelligence team enhances monitoring activities related to the Winter Olympics, with a focus on infectious diseases that might pose a risk to public health.

The winter season in South Korea poses an increased risk of respiratory and gastrointestinal infections. Additionally, mass gatherings indoors during the Winter Olympics could increase the risk of spread of infections via aerosols and direct human contact. This could have an impact on tuberculosis, meningococcal infection, measles, diphtheria, mumps and other vaccine-

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preventable diseases. As mosquito and tick activity is very low or non-existent at the time, the risk of vector-borne diseases is considered low during the Winter Olympics and Paralympics.

People who plan to travel to South Korea are advised to consult their healthcare providers regarding vaccinations as there are currently multiple ongoing outbreaks of measles, diphtheria, and mumps, both in Europe and worldwide. The importation of these infections to South Korea should be avoided, as should the importation of infections to the travellers' countries of residence on return. If travellers need medical help upon their return, they should inform their consulting healthcare provider about their trip to South Korea.

The risk of food- and waterborne outbreaks is, in general, increased during mass gatherings when large numbers of people eat from commercial outlets, many of which may have been setup temporarily and may not always meet food safety standards. Additionally, travellers should follow good hygiene practices and recommendations regarding food- and waterborne diseases.

Actions

To monitor the public health threat, ECDC is in contact with the Korean CDC and will report through the CDTR if any events are detected.
On 20 January 2018, ECDC published a news item related to the event in the weekly communicable disease threat report. There are also dedicated filters for the Winter Olympics on MedISys, one for the Olympic Games in general and one with a list of diseases.

Distribution of norovirus cases in Winter Olympics, PyeongChang, the Republic of Korea, February 2018 (n=312)

Data source: KCDC

Yellow fever – Brazil – 2017 - 2018

Opening date: 16 January 2017 Latest update: 23 February 2018

Epidemiological summary

Between July 2017 and week 7-2018, the Ministry of Health in Brazil reported 545 confirmed human cases of yellow fever,

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including 164 deaths. The cases occurred in São Paolo (208), Minas Gerais (264), Rio de Janeiro (72) and Distrito Federal (1).

Between July 2017 and week 7-2018, the Ministry of Health reported 522 confirmed epizootics in non-human primates. Of those, 451 were reported in São Paulo State, 55 in Minas Gerais, 12 in Rio de Janeiro State, two in Tocantins and one each in Mato Grosso and Espirito Santo. The majority (87%) of the confirmed epizootics were registered in the state of São Paulo.

On 14 February 2018, the GeoSentinel network notified one case of yellow fever in a French traveller returning from Brazil. The case is an unvaccinated 42-year-old woman who returned to Paris during her convalescence. According to GeoSentinel, the patient was hospitalised in a local clinic in Brazil and laboratory results were positive for yellow fever. The case has been likely infected when visiting the Inhotim Botanical Garden in Brumadinho, Minas Gerais.

On 15 January 2018, the Netherlands reported through EWRS, one confirmed yellow fever case in an unvaccinated 46-year-old male returning from Brazil. The person had visited Brazil between 19 December 2017 and 8 January 2018 and stayed in an area about 50 kilometres north of São Paulo, in the villages of Mairiporã and Atibaia.

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

Sources: MoH | ProMED | WHO

ECDC assessment

The detection of confirmed cases of yellow fever in São Paulo State and the identification of epizootics in the urban area of São Paulo City (12 million inhabitants) is of concern. Public Health authorities are conducting a vaccination campaign in the urban area of São Paulo City, an area previously considered not at risk for yellow fever transmission. In this context, European citizens travelling to the city of São Paulo should be vaccinated.

Travellers planning to visit areas at risk for yellow fever in Brazil should receive yellow fever vaccine at least 10 days prior to travelling, follow measures to avoid mosquito bites, and be aware of yellow fever symptoms and signs.

In Europe, *Aedes aegypti*, the primary vector of yellow fever in urban settings, has been established in Madeira, Portugal, since 2005. Presence of *Aedes aegypti* was first reported in 2017 in Fuerteventura, Canary Islands and Spain. The risk of the virus being introduced into local competent (or potentially competent) vector populations in the continental EU and the EU outermost region of Madeira and the Canary Islands through viraemic travellers from Brazil is considered to be 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.

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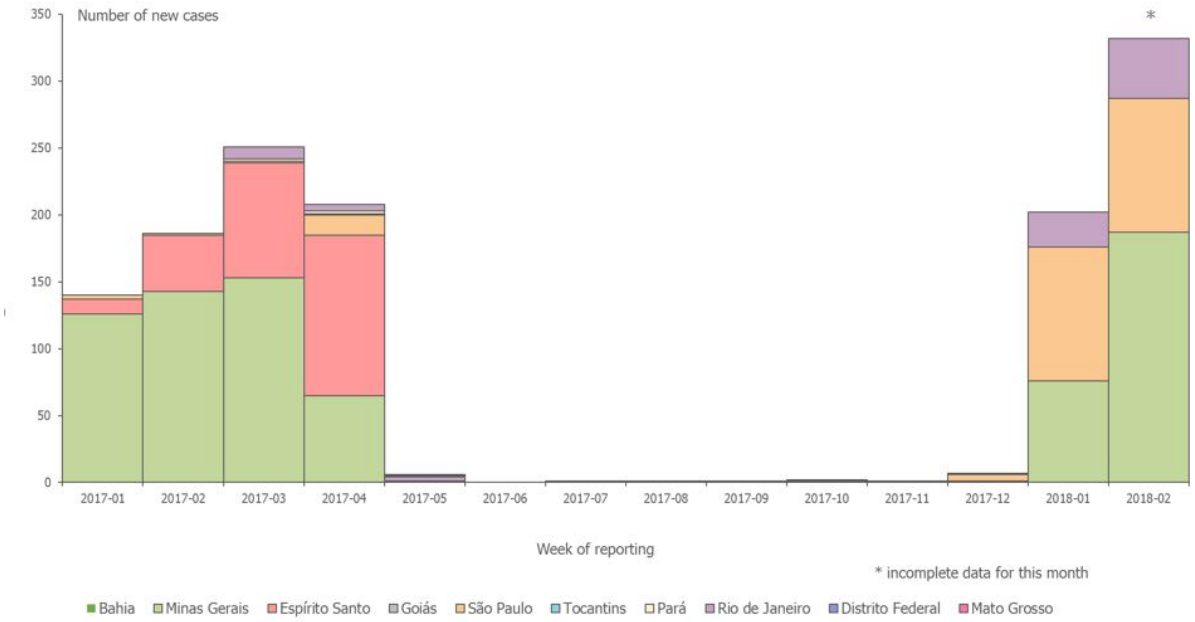
Distribution of confirmed human cases of yellow fever by month, Brazil, January 2017 - February 2018

ECDC



Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006 Latest update: 23 February 2018

Epidemiological summary

Americas

Haiti: In 2018, as of 3 February, Haiti reported 14 173 cholera cases, including 160 deaths (CFR: 1.1%) in all ten departments, since the beginning of 2017. This represents an increase by 335 cases and one death since the previous update on 26 January 2016. In 2016, Haiti reported 41 421 cholera cases including 447 deaths (CFR:1%). From 2010 to 3 February 2018, Haiti has reported 816 492 suspected cholera cases including 9 776 deaths (CFR: 1.2%).

Africa

Angola: As of 3 February 2018, 557 cases and 11 deaths (CFR: 2.2%) were reported. This represents an increase of 146 cases and two deaths, since the previous CDTR report on 26 January 2018. The majority of cases are from the suburban area around Uige city, which has limited access to safe water and improved sanitation. The daily number of cases is declining.

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DR Congo: In 2018, as of 9 February, DR Congo reported 57 804 suspected cholera cases, including 1 203 deaths (CFR: 2.1%). This represents an increase of 2 804 cases and 13 deaths since the previous CDTR report on 26 January 2018. The outbreak continues on a downward trend compared with the previous weeks. Cases are being reported by the provinces of South Kivu, North Kivu and Kinshasa. WHO is supporting the Ministry of Health in DR Congo in surveillance and response activities, and has deployed 20 international experts.

Ethiopia: In 2018, as of 28 January, Ethiopia reported 48 894 cases of acute watery diarrhoea (AWD), including 880 deaths (CFR: 1.8%). This represents an increase of 277 cases since the previous CDTR update on 26 January 2018. The outbreak is showing a downward trend.

Kenya: In 2018, as of 7 February, Kenya reported 5 013 cases, including 95 deaths (CFR 1.9%) since the beginning of the outbreak in January 2017. This represents an increase of 735 cases and 16 deaths since the previous report on 26 January 2018.

Malawi: In 2018, as of 11 February, media quoting Ministry of Health reported 527 cases and eight deaths (CFR: 1.5%). This represents an increase by 219 cases and four deaths since the previous CDTR update on 26 January 2018.

Mozambique: In 2018, as of 11 February, WHO reported 1 799 cases and one death in the ongoing outbreak. This represents an increase of 547 cases since the previous CDTR update on 26 January 2018. According to WHO, the outbreak is confined to Nampula and Cabo Delgado province. According to the Disease Outbreak News (DON) released by WHO on 19 February 2018, the number of cases and deaths is likely to be unreported.

Namibia: On 29 January 2018, one case of cholera was confirmed in a schoolboy in Windhoek, the capital city. As of now, no additional cases have been confirmed.

Somalia: In 2018, as of 11 February, WHO reported 79 506 suspected cases of cholera and 1 160 (CFR:1.5%) deaths since the beginning of 2017. This represents an increase by 334 cases and one death since the last update on 26 January 2018.

South Sudan: On 7 February 2018, South Sudan declared the end of its longest and largest cholera outbreak with no new cases reported in the previous seven weeks. Since the beginning of the outbreak in June 2016 and up to 7 February 2018, South Sudan reported 20 438 suspected cases, including 436 deaths (CFR: 2.1%). The last confirmed case was discharged from the hospital on 18 December 2017.

Tanzania: In 2018, as of 11 February, Tanzania reported 5 461 cholera cases including 111 deaths (CFR: 2%). This represents an increase of 658 cases and 11 deaths since the previous CDTR update on 26 January 2018.

Uganda: On 30 January 2018, cholera outbreak in Uganda ended. The outbreak started in September 2017, and as of 30 January 2018, 250 suspected cholera cases including four deaths (CFR:1.6%) were reported. No additional cases have been reported since 15 January 2018.

Zambia: Since 4 October 2017 and as of 11 February 2018, Zambia reports 4 064 cholera cases including 84 deaths (CFR:2.1%). This represents an increase of 730 cases and 14 deaths since the previous CDTR update on 26 January 2018.

Zimbabwe: In 2018, as of 15 February, 107 suspected cholera cases including four deaths (CFR:4%) were reported. The majority of the cases are in Chegutu Municipality, southwest of Harare. This represents an increase of 85 cases since the update on 26 January 2018.

Asia

India: As of 15 February 2018, media reports 54 cholera cases including four deaths in Bhadravathi. An additional case was reported in Kazakhstan, among a tourist returning from Goa, according to other media sources.

Yemen: Since the beginning of the outbreak in April 2017 and as of 18 February 2018, Yemen has reported 1 063 090 suspected cholera cases and 2 258 deaths (CFR: 0.2%). This represents an increase by 19 664 cases and 11 deaths since the previous update on 26 January 2018. Some of the most affected governorates are Amanat Al Asima, Al Hudaydah, Hajjah, Amran and Dhamar.

ECDC assessment

In the past year, 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. More recently, cholera outbreaks have been notified in DRC and in the southern part of Africa (Zimbabwe, Zambia, Mozambique and Angola). Despite the large number of travellers from the EU/EEA visiting countries from this part of

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Africa, 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 continues to monitor cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and to facilitate the proper updates to public health authorities. Reports are published on a monthly basis.

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

Opening date: 27 January 2017 Latest update: 23 February 2018

Epidemiological summary

Europe

Chikungunya: no autochthonous chikungunya cases have been reported in 2018 from EU/EEA countries.
Dengue: no autochthonous dengue cases have been reported in 2017 and 2018 from EU/EEA countries.

Americas and the Caribbean

Chikungunya:

Brazil reported 4 844 probable cases of chikungunya, of which 2 604 are confirmed. Mato Grosso is the most affected region in the country. The epicurves show a decreasing trend for 2018 compared with previous years.

In 2018 and as of 28 January, Peru reported 28 cases, mainly in the region of San Martín. Two cases have been detected in Cusco and one in Lima.

Dengue: In 2018 as of 21 February, the Pan-American Health Organization (PAHO) reported 18 932 suspected and confirmed dengue cases including two deaths in Peru. Brazil (9 399) accounts for a half of these cases, followed by Nicaragua (3 383), Colombia (2 183), Peru (1 550), and Mexico (1 295). In 2017, PAHO reported over 578 000 dengue cases, including 364 deaths in the American and the Caribbean regions.

Asia

Chikungunya: There are no epidemiological updates.

Dengue:
Sri Lanka reported 9 016 cases of dengue in 2018 as of 16 February. This is an increase of over 4 700 cases from the CDTR published on 26 January. Of the reported cases, 7 095 were in January, which is lower than in the same period last year (10 927 in January and 8 724 in February 2017). In 2017, Sri Lanka reported 185 688 dengue cases with a peak in June and July, including over 320 deaths.

Vietnam reported 4 635 cases of dengue with no deaths, as of 21 January 2018. Compared with 6 825 cases in the same period in 2017, the cumulative number of cases decreased by 32.1%. In 2017 Vietnam reported 184 741 cases of dengue, including 32 deaths.

Lao PDR reported 45 dengue cases in 2018 as of 2 February. This is an increase of 28 cases since the CDTR published on 26 January. Dengue activity remains low, following seasonal trends.

Cambodia reported 90 suspected dengue cases in 2018, as of 6 February. The weekly number of cases is similar to the three-

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year-threshold over the same period. On 5 February 2018, media reported 316 dengue cases, including one death in Cambodia. In 2017, Cambodia reported over 3 200 suspected dengue cases.

China reported 16 dengue cases in 2018 and as of 31 January. The number of reported cases was lower than the previous month and follows historical trends. In 2017, China reported about 7 000 dengue cases.

Malaysia reported 7 394 dengue cases in 2018, as of 15 February. Three dengue related deaths were reported from Malaysia according to WHO.

Singapore reports 375 dengue cases in 2018 as of 15 February. This is lower than the number of reported cases during the same period since 2013 except for 2017 (76 cases).

Thailand reports 1 493 dengue cases from 68 provinces in 2018 as of 19 February. No deaths have been recorded.

Pakistan, according to media, reports 143 cases and no deaths from Sindh province in Pakistan in 2018 as of 19 February. Almost all cases (137) were from Karachi. In 2017, a total of 2 927 dengue cases were reported across Sindh province, including 12 deaths. In 2017, 125 316 cases and 69 deaths were reported across Pakistan.

No update is available for 2018 for India, Philippines and Nepal.

Australia and the Pacific

Chikungunya: no outbreaks detected.

Dengue:
French Polynesia reported 35 confirmed dengue cases in 2018, as of 28 January. Among these, 27 cases (77%) were confirmed as DENV-1 infection.

New Caledonia reported 62 suspected and confirmed dengue cases in 2018 as of 11 February. Between week 35 in 2017 and week 6 in 2018, 106 dengue cases were reported. Among the subtyped cases, most were DENV-2.

Wallis and Futuna, according to media, reported 42 dengue cases as of 24 January 2018 and since the declaration of the outbreak on 27 November 2017.

Samoa reported over 100 cases between mid-December 2017 and 7 January according to media. In 2017, there were over 2 500 cases of dengue reported in the island.

Fiji reported 862 confirmed dengue cases in 2018 as of 16 February. The mostly affected part is the North Division with 509 confirmed dengue cases, the Central Division recorded 41 confirmed dengue cases. An outbreak was declared in the West Division on 24 January with 312 confirmed cases, including one death.

Africa

Chikungunya:

According to the latest WHO Africa bulletin, the outbreak in Kenya continues to spread. Between mid-December 2017 and 25 January 2018, Kenya reported 453 suspected cases of chikungunya. The majority of suspected cases were reported from Mvita (31%) and Likoni (23%) sub-counties.

Dengue:
Seychelles reported 4 445 cases of dengue between 20 July 2017 and 21 January 2018. This is an increase by over 200 cases from the CDTR update published in October 2017. All regions of the three main islands (Mahé, Praslin, and La Digue) are affected. The trend in the number of cases has been decreasing since week 23 in 2017.

La Reunion reportsed 25 autochthonous cases in 2018 as of 7 February. In 2017, 117 dengue cases were reported.

Tonga, according to media quoting the Ministry of Health, 53 confirmed dengue cases and one death were reported in 2018 as of 13 February. The first case of disease was reported at the beginning of January. The Ministry of Health declared an outbreak on 24 January 2018.

ECDC assessment

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Chikungunya: The detection of clusters of autochthonous chikungunya cases in areas of Europe where *Aedes albopictus* is established is not unexpected during the summer months, when environmental conditions are favourable for mosquitoes. As these diseases are endemic in large areas of the intertropical zone, introduction via viraemic traveller is possible but considering that the weather conditions are currently not favourable to mosquito activity, the risk of local transmission in the EU/EEA is considered very low.

Dengue: Dengue is widespread in tropical and subtropical regions.

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* in Madeira). Autochthonous transmission from an imported viraemic case is possible during the summer season in the EU/EEA. Continued vigilance is needed to detect imported cases in tourists returning to the EU/EEA 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 5 April 2017. ECDC published a rapid risk assessment on chikungunya in France on 23 August 2017 and the first update of the rapid risk assessment on chikungunya in Italy on 9 October 2017.

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

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