



SURVEILLANCE REPORT

Annual Epidemiological Report for 2017

Rift Valley fever

Key facts

- For 2017, EU/EEA countries did not report any cases of Rift Valley fever.

Methods

This report is based on data for 2017 retrieved from The European Surveillance System (TESSy) on 10 December 2018. TESSy is a system for the collection, analysis and dissemination of data on communicable diseases.

For a detailed description of methods used to produce this report, refer to the *Methods* chapter [1].

An overview of the national surveillance systems is available online [2].

A subset of the data used for this report is available through ECDC's online *Surveillance atlas of infectious diseases* [3].

For 2017, 22 EU/EEA countries reported case-based data (Austria, Bulgaria, Cyprus, Denmark, Finland, Iceland, Liechtenstein, the Netherlands and Portugal did not report). Fourteen countries used the EU case definition, four (the Czech Republic, Germany, Italy and the United Kingdom) used an alternative case definition, and four (Belgium, France, Ireland and Poland) did not specify the case definition used.

Reporting was compulsory in 19 countries, 'not specified' in Ireland and Poland and voluntary in the United Kingdom. Surveillance was mostly comprehensive ('not specified' in Ireland and Poland) and passive.

Epidemiology

For 2017, EU/EEA countries did not report any cases of Rift Valley fever.

For 2016, EU/EEA countries reported three cases of Rift Valley fever, of which two were confirmed. All cases were reported by France involving males aged between 28–37 years. Two were probably infected in Mali and one in Ghana. For 2015, France reported one confirmed case in a 29-year-old male, probably infected in Mali [4]. For 2014, no cases were reported. For 2013, the United Kingdom reported one confirmed case in a 71-year-old male, probably infected in Uganda.

Discussion

Rift Valley fever is an acute viral febrile haemorrhagic disease that primarily affects ruminants in Africa and the Arabian Peninsula (such as cattle, buffalo, sheep, goats and camels). Historically, Rift Valley fever occurs in humans in many sub-Saharan countries, Madagascar, Saudi Arabia and Yemen. Humans may become infected by mosquito bites and through direct or indirect contact with the blood or organs of infected animals. While most human cases are relatively mild (influenza-like illness), a small percentage of patients develop a severe form of the disease with haemorrhagic manifestations, hepatitis and neurological disorders. Animal movement may contribute to viral spread, threatening countries in the Mediterranean basin where competent vectors are present [5].

Public health implications

As the initial epidemiological cycle involves domestic ruminants and humans mostly become infected after contact with viraemic animals, vaccination of ruminants is the favoured method of preventing human disease in endemic areas [5]. Other recommended measures include a ban on slaughtering and butchering ruminants during epizootics, vector control measures and the use of insect repellents and bed nets during outbreaks, the implementation of information campaigns for people at risk (farmers, veterinarians, slaughterhouse employees, butchers) and the appropriate disposal of dead animals [6].

References

1. European Centre for Disease Prevention and Control. Introduction to the Annual Epidemiological Report. In: ECDC. Annual epidemiological report for 2017. Stockholm: ECDC; 2017. Available from: <http://ecdc.europa.eu/annual-epidemiological-reports/methods>.
2. European Centre for Disease Prevention and Control. Surveillance systems overview [Internet, downloadable spreadsheet]. Stockholm: ECDC; 2018 [cited 10 December 2018]. Available from: <http://ecdc.europa.eu/publications-data/surveillance-systems-overview-2017>.
3. European Centre for Disease Prevention and Control. Surveillance atlas of infectious diseases [Internet]. Stockholm: ECDC; 2018 [cited 6 February 2019]. Available from: <http://atlas.ecdc.europa.eu/public/index.aspx?Dataset=27&HealthTopic=44>.
4. Haneche F, Leparç-Goffart I, Simon F, Hentzien M, Martinez-Pourcher V, Caumes E, et al. Rift Valley fever in kidney transplant recipient returning from Mali with viral RNA detected in semen up to four months from symptom onset, France, autumn 2015. Euro Surveill. 2016 May 5;21(18). Available from: <http://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2016.21.18.30222>.
5. Chevalier V. Relevance of Rift Valley fever to public health in the European Union. Clin Microbiol Infect. 2013 Aug;19(8):705-8.
6. European Centre for Disease Prevention and Control. Tularaemia factsheet [Internet]. Stockholm: ECDC; 2017 [cited 10 December 2018]. Available from: <http://ecdc.europa.eu/tularaemia/facts>.