COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 38, 15-21 September 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Monitoring environmental suitability of Vibrio growth in the Baltic Sea – Summer 2019

Opening date: 3 June 2019 Latest update: 18 September 2019

Elevated sea surface temperatures (SST) in marine environments with low salt content offer optimal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea (ECDC Vibrio Map Viewer).

➔Update of the week

As of 16 September 2019, the environmental suitability for Vibrio growth in the Baltic Sea was identified as very low, except in Kaliningrad (Russia) where it was identified as low.

West Nile virus - Multistate (Europe) - Monitoring season 2019

Opening date: 3 June 2019 Latest update: 20 September 2019

During the transmission season, expected to be from June–November 2019, ECDC monitors the occurrence of infections in EU/EEA Member States and EU neighbouring countries and publishes weekly epidemiological updates to inform blood safety authorities of areas at NUTS 3 (Nomenclature of Territorial Units for Statistics 3) or GAUL 1 (Global Administrative Unit Layers 1) level where at least one locally-acquired human infection meeting the EU case definition (Commission Implementing Decision (EU) 2018/945) has been reported.

➔Update of the week

Between 13 and 19 September 2019, EU Member States reported 49 human cases in Greece (23), Romania (18), Italy (4), Hungary (3) and Austria (1). EU neighbouring countries reported two cases in Serbia. All human cases were reported from areas that have been affected previously. This week, seven deaths were reported by Greece (6) and Romania (1). In the same week, 9 outbreaks among equids were reported to the Animal Disease Notification System (ADNS) by Germany (4), France (2), Italy (2) and Hungary (1).

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Non EU Threats

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2019

Opening date: 1 August 2018 Latest update: 20 September 2019

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the 10th outbreak of Ebola virus disease in the country. The outbreak affects North Kivu, South Kivu and Ituri Provinces in the northeast of the country, close to the border with Uganda. In 2019, several imported cases from the Democratic Republic of the Congo were detected in Uganda. However, no autochthonous cases have been reported in Uganda as of 18 September 2019. On 17 July 2019, the International Health Regulations (IHR) Emergency Committee convened, and afterwards the WHO Director-General declared that the outbreak meets all the criteria for a public health emergency of international concern (PHEIC) under the IHR.

➔Update of the week

Since the previous CDTR and as of 18 September 2019, the WHO and the Ministry of Health of the Democratic Republic of the Congo (DRC) have reported 51 additional confirmed cases. During the same period, 31 deaths among confirmed cases were reported. Among these new cases were at least two healthcare workers.

Throughout the past week, localised, minor security incidents impacted the response activities in Mambasa and Komanda. In addition, from 14-17 September 2019, a major security incident happened in Lwemba, within Mandima Health Zone. All EVD related activities have been suspended in this area until further notice. Since Mandima is one of the current hotspots for the outbreak, a possible rise in cases can be expected in the coming weeks due to the disruption of response activities.

On 14 September 2019, the Tanzanian Ministry of Health reported that there is no Ebola in Tanzania. This was in response to a death from an unknown illness that the WHO was investigating. According to media quoting health authorities, the presumptive Ebola case, as well as another suspected case, laboratory-tested negative for Ebola Virus Disease.

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

Opening date: 27 January 2017 Latest update: 20 September 2019

Chikungunya virus disease and dengue are vector-borne diseases that affect 50–100 million people each year. In the past decade, an increasing number of countries have detected cases of dengue and chikungunya virus disease. Chikungunya virus disease has been circulating in Africa and Asia and reached the Americas, the Caribbean and the Pacific since 2013–2014. Dengue is present in Africa, the Americas, Asia, the Caribbean and the Pacific. In 2018, France and Spain reported autochthonous dengue cases. In continental Europe in 2019, one autochthonous dengue case has been reported (in Spain) and no autochthonous chikungunya has been reported.

➔Update of the week

Chikungunya virus disease: The virus is largely spread in the Americas region, with several countries reporting cases in 2019. Chikungunya virus disease cases have also been reported in Asia and Africa during this period. Since the previous update, Ethiopia, Brazil, Thailand, and Honduras have reported the majority of new cases. At the end of July both Suriname and Argentina reported their first case of chikungunya for 2019.

Dengue: Compared with the same time period in 2018, data for dengue infections so far in 2019 shows substantial increases. Brazil, Thailand, the Philippines, Cambodia and Vietnam are particularly affected this year. On 17 September 2019, Spain reported its first autochthonous case of dengue this year.

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019 Latest update: 20 September 2019

ECDC is monitoring the Rugby World Cup 2019 taking place from 20 September–2 November 2019 in Japan to detect threats to public health that could affect the EU/EEA visitors. This event will gather 20 international teams, six of which are from four EU countries: UK (3), France (1), Ireland (1) and Italy (1). The competitions will be organised in 12 different stadiums across the country, hosting approximately 400 000 international visitors.

➔Update of the week

No major events have been detected. An outbreak of rubella continues in Japan with 2 176 cases reported in 2019 as of 8 September 2019 and cases reported mainly among adult males.

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II. Detailed reports

Monitoring environmental suitability of Vibrio growth in the Baltic Sea – Summer 2019

Opening date: 3 June 2019 Latest update: 18 September 2019

Epidemiological summary

As of 16 September 2019, the environmental suitability for Vibrio growth in the Baltic Sea was identified as very low, except in Kaliningrad (Russia) where it was identified as low.

Sources: ECDC Vibrio Map Viewer | National Environmental Satellite, Data and Information Service

The model has been calibrated to the Baltic region in northern Europe and may not apply to other settings prior to validation. For the Baltic Sea, the model parameters to be used in the map are the following values: number colour bands (20) scale method linear, legend range minimum value: 0 and maximum value: 28.

ECDC assessment

Elevated SSTs in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content. These *Vibrio* species can cause vibriosis infections, particularly *V. parahaemolyticus*, *V. vulnificus* and non-toxigenic *V. cholera*.

Vibriosis in humans caused by these species in the Baltic region has occurred in the past during hot summer months, particularly when SSTs are elevated (above 20 degrees Celsius). The most common clinical manifestations are gastroenteritis with nausea, vomiting and diarrhoea, wound infections when a cut has been exposed, infected wounds or abrasions due to contaminated seawater, primary septicaemia and otitis externa. Risk factors for illness - apart from contact with natural bodies of waters, especially marine or estuarine waters - also include the consumption of shellfish, particularly raw oysters.

Actions

ECDC will stop monitoring environmental suitability for growth of *Vibrio* species in the Baltic Sea for the 2019 season.

West Nile virus - Multistate (Europe) - Monitoring season 2019

Opening date: 3 June 2019 Latest update: 20 September 2019

Epidemiological summary

Between 13 and 19 September 2019, EU Member States reported 49 human cases in Greece (23), Romania (18), Italy (4), Hungary (3) and Austria (1). EU neighbouring countries reported two cases in Serbia. All human cases were reported from areas that have been affected previously. This week, seven deaths were reported by Greece (6) and Romania (1). In the same week, 9 outbreaks among equids were reported to the Animal Disease Notification System (ADNS) by Germany (4), France (2), Italy (2) and Hungary (1).

Since the beginning of the 2019 transmission season and as of 18 September 2019, EU Member States and EU neighbouring countries reported 342 human infections. EU Member States reported 317 cases in Greece (194), Romania (51), Italy (28), Hungary (18), Cyprus (16), Austria (4), Bulgaria (4), France (1) and Slovakia (1). EU neighbouring countries reported 25 human cases in Serbia (15), Turkey (7) and North Macedonia (3).

To date, 34 deaths due to West Nile virus infection have been reported by Greece (25), Romania (4), Italy (2), Cyprus (1), North Macedonia (1) and Serbia (1).

During the current transmission season, 35 outbreaks among equids have been reported by Greece (12), Germany (8), Italy (6), France (4), Hungary (3) and Austria (2). In addition, Germany reported 37 outbreaks among birds to ADNS.

ECDC link: West Nile virus infection atlas

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Sources: TESSy | Animal Disease Notification System

ECDC assessment

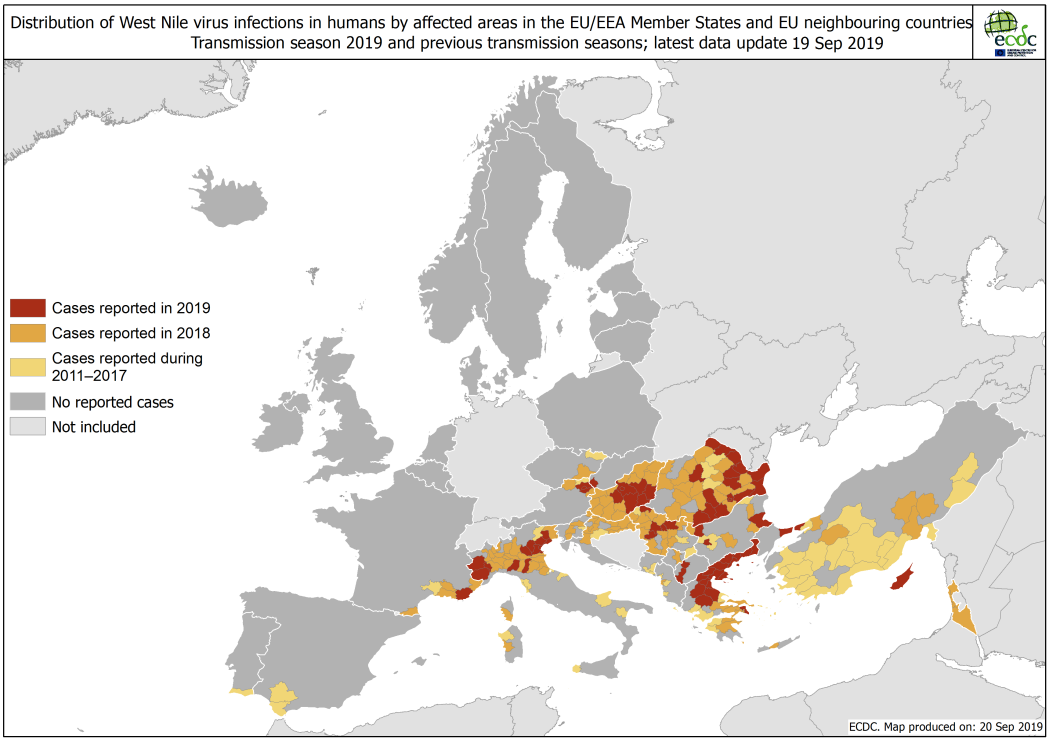
During this transmission season, Slovakia reported its first ever case of autochthonous human West Nile virus infection. All other human infections are reported in EU Member States with known persistent transmission of West Nile virus in previous years. In accordance with European Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally acquired infections unless the results of an individual nucleic acid test are negative.

Actions

During the transmission season, ECDC publishes West Nile virus infection maps together with an epidemiological summary every Friday.

Distribution of human West Nile virus infections by affected areas as of 19 September 2019.

ECDC



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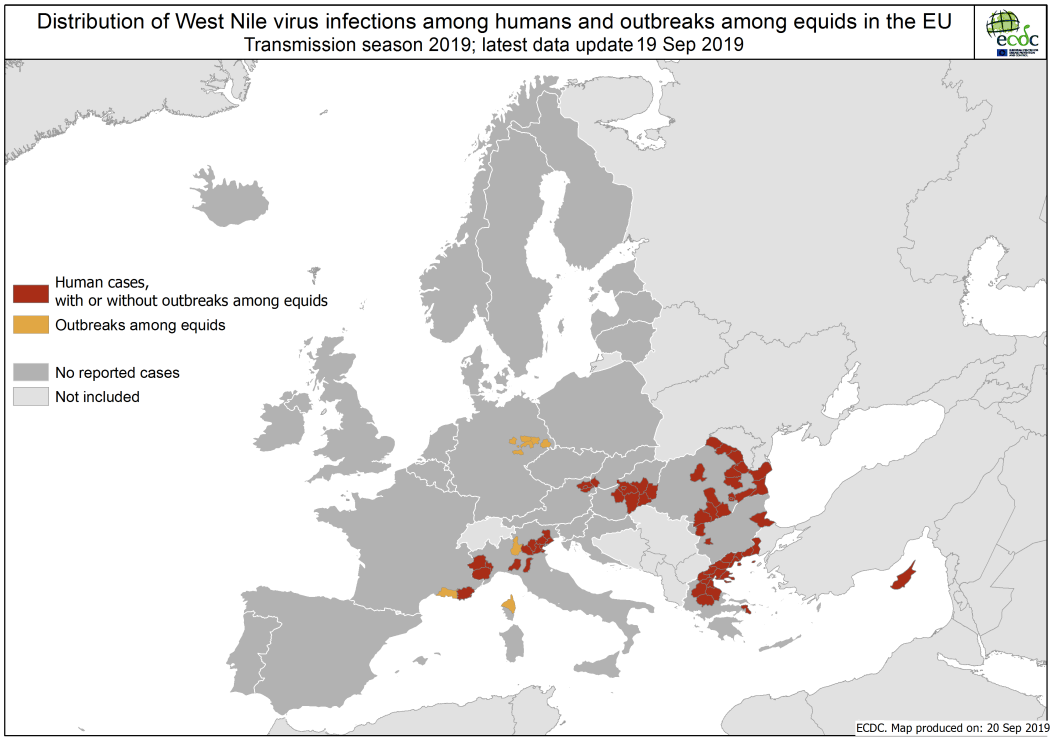
Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 19 September 2019.

ECDC and ADNS



Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018 -2019

Opening date: 1 August 2018 Latest update: 20 September 2019

Epidemiological summary

Since the beginning of the outbreak a year ago and as of 18 September 2019, there have been 3 150 cases (3 039 confirmed, 111 probable) in the Democratic Republic of the Congo (DRC), including 2 108 deaths (1 997 confirmed, 111 probable), according to the World Health Organization and the Ministry of Health of the Democratic Republic of the Congo. The most active health zones in the past 21 days were Kalunguta, Mambasa, and Mandima, with a decrease of cases from Beni. Masereka and Lolwa passed 21 days without a new confirmed case of EVD.

As of 17 September 2019, 159 healthcare workers have been infected (41 died).

In the DRC, 29 health zones in three provinces have reported confirmed/probable Ebola virus disease cases: Mwenga in South Kivu Province, Alimbongo, Beni, Biena, Butembo, Goma, Kalunguta, Katwa, Kayna, Kyondo, Lubero, Mabalako, Manguredjipa, Masereka, Mutwanga, Musienene, Nyiragongo, Oicha, Pinga and Vuhovi Health Zones in North Kivu Province and Ariwara, Bunia, Mambasa, Nyankunde, Komanda, Lolwa, Mandima, Rwampara and Tchomia Health Zones in Ituri Province.

In Uganda, one imported case (reported on 29 August) died on 30 August in Kasese district, which borders North-Kivu. However, as of today, there have been no reports of autochthonous transmission in Uganda.

Public health emergency of international concern (PHEIC): On 17 July 2019, the WHO Director-General declared the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth IHR Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 17 July 2019. The declaration was made in response to the geographical spread observed in recent weeks, as well as the need for a more intensified and coordinated response in order to end the outbreak.

Sources: Ebola dashboard Democratic Republic of the Congo | CMRE | Ministry of Health of the Democratic Republic of the Congo | WHO | WHO Regional Office for Africa

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ECDC assessment

ECDC assessment: Implementing response measures remains challenging in affected areas because of the prolonged humanitarian crisis, the unstable security situation and resistance among several sectors of the population. A substantial proportion of cases have been detected among individuals not previously identified as contacts, stressing the need to maintain enhanced surveillance and identify the chains of transmission.

The fact that the outbreak is ongoing in areas with a cross-border population flow with Rwanda, South Sudan, Burundi and Uganda remains of particular concern. So far, the identification of these imported cases to previously non-affected areas or the PHEIC does not change the overall risk for the EU/EEA, which remains very low.

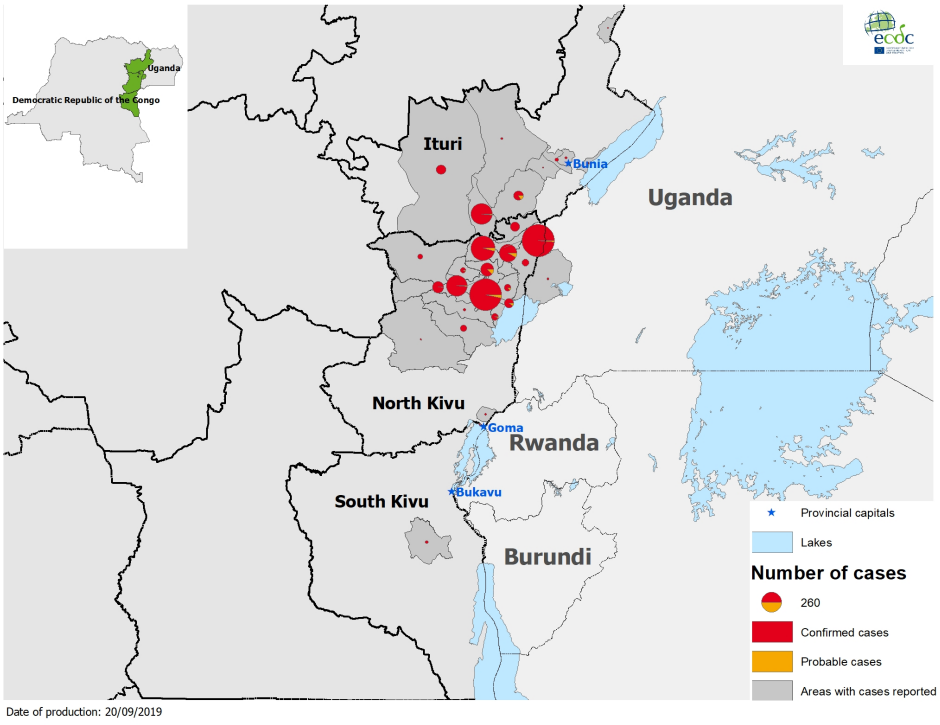
WHO assessment: As of 19 September 2019, the WHO assessment for the Democratic Republic of the Congo states that the risk of spread remains low at the global level, and very high at national and regional levels. There is cause for concern linked to the increased risk of geographical spread, both within the Democratic Republic of the Congo and to neighbouring countries.

Actions

ECDC published an epidemiological update on 13 June 2019 and updated its rapid risk assessment on 7 August 2019.

Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 18 September 2019

Source: ECDC



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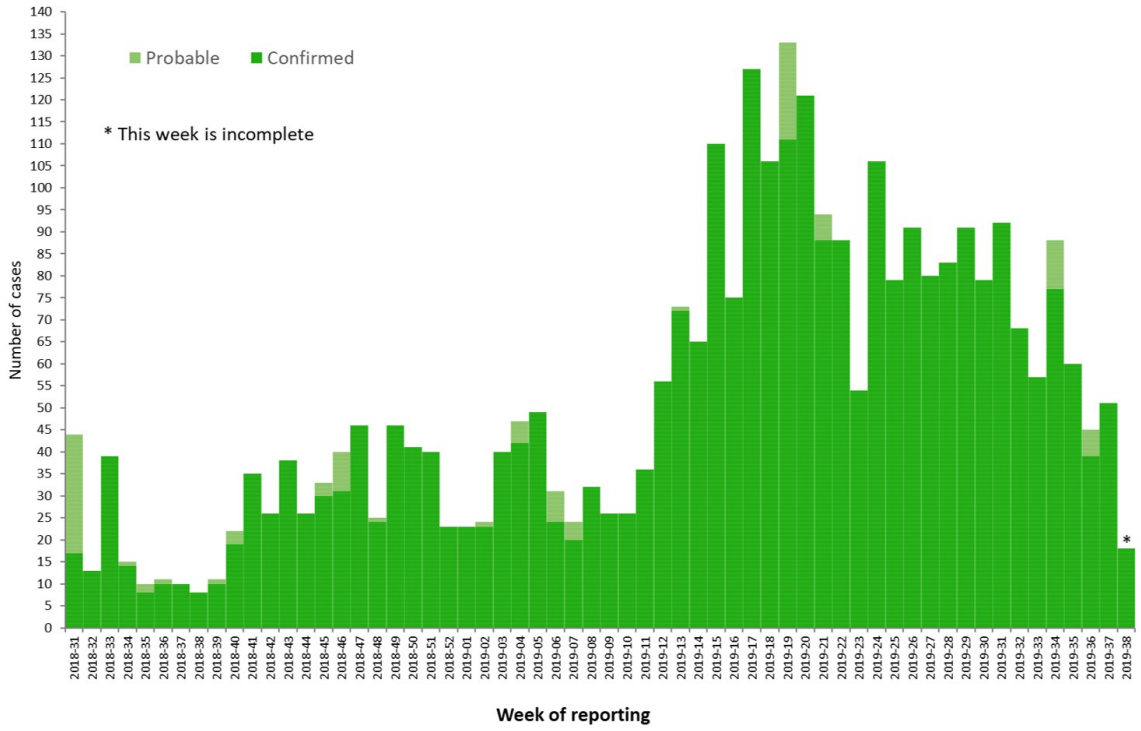
Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 18 September 2019

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 18 September 2019

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths	Conf/Prob cases in past 7 days
Democratic_Republic_of_the_Congo	**3039**	**111**	**3149**	**2108**	
North-Kivu Province	2619	98	2716	1880	
Alimbongo	5	0	5	2	
Beni	674	9	683	444	ACTIVE
Biena	18	2	20	14	ACTIVE
Butembo	281	3	284	349	
Goma	1	0	1	1	
Kalunguta	187	17	204	86	ACTIVE
Katwa	649	23	672	490	ACTIVE
Kayna	28	0	28	8	ACTIVE
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	373	17	390	303	
Manguredjipa	18	0	18	12	
Masereka	50	6	56	23	
Musienene	84	1	84	34	
Mutwanga	32	0	32	12	
Nyiragongo	3	0	3	1	ACTIVE
Oicha	56	0	56	25	ACTIVE
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	414	13	427	225	
Ariwara	1	0	1	1	
Bunia	4	0	4	4	ACTIVE
Komanda	50	9	59	45	ACTIVE
Lolwa	3	0	3	1	
Mambasa	58	0	58	19	ACTIVE
Mandima	287	4	291	149	ACTIVE
Nyakunde	1	0	1	1	
Rwampara	8	0	8	3	
Tchomia	2	0	2	2	
South-Kivu	6	0	6	3	
Mwenga	6	0	6	3	
Uganda	**1**	**0**	**1**	**1**	
Kasese province	1	0	1	1	
Kasese	1	0	1	1	
Cumulative Total	**3040**	**111**	**3150**	**2109**	

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

Opening date: 27 January 2017 Latest update: 20 September 2019

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Epidemiological summary

Europe

Chikungunya virus disease:
No autochthonous cases of Chikungunya virus were detected in continental EU/EEA countries in 2019.

Dengue:
On 17 September 2019, local health authorities in Spain reported a laboratory-confirmed autochthonous case of dengue in Barcelona, Spain, in a resident with no reported travel to any endemic country. The Protocol for Surveillance and Control of arboviruses transmitted by mosquitos was activated in Catalonia which includes control measures against tiger mosquitos and mosquito surveillance to prevent further cases. According to Spanish local health authorities, the risk of transmission is very low due to the decreasing temperatures.

Americas and the Caribbean

Chikungunya virus disease:

Argentina: in 2019, as of 20 July, one confirmed case was reported in Argentina. During the same period in 2018 no cases were reported.

Bolivia: in 2019, as of 3 September, Bolivia reported 54 cases compared with 78 cases reported for the same period in 2018. This represents an increase of 9 additional cases since the previous CDTR report.

Brazil: in 2019, as of 26 August, Brazil reported 110 627 probable cases, including 57 confirmed deaths. According to the same source, the outbreak is showing a downward trend over the past weeks. During the same period in 2018, 76 742 probable cases were reported.

Colombia: in 2019, Colombia has reported 421 cases as of 7 September, 41 of which are laboratory-confirmed. This represents an increase of 39 cases since the last CDTR report. During the same period in 2018, 357 cases were reported.

Costa Rica: in 2019, Costa Rica has reported 64 cases as of 27 July. In the same period in 2018, 90 cases were reported.

El Salvador: in 2019, as of 7 September, El Salvador reported 511 suspected cases. This represents an increase of 133 cases since the previous CDTR update. For the same period in 2018, El Salvador reported 261 suspected cases.

Honduras: in 2019, as of 7 September, 190 cases have been reported. This represents an increase of 143 cases since 8 April. For the same period in 2018, Honduras reported 148 cases.

Mexico: no update is available since 4 August 2019. So far, Mexico has reported two cases in 2019. For the same period in 2018, Mexico reported 17 confirmed cases.

Panama: in 2019, as of 3 August, 19 cases were reported, which is an increase of 17 cases since the previous report.

Paraguay: no cases of chikungunya have been confirmed in Paraguay in 2019 as of 1 September 2019. Previously, Paraguay reported 50 probable cases in 2019 as of 3 August 2019. During the same period in 2018, 67 cases were reported.

Peru: in 2019, as of 8 September, Peru has reported 119 cases, a decrease of two cases since the previous CDTR update. In 2018, Peru reported 294 cases overall.

Puerto Rico: in 2019, as of 10 August, Puerto Rico has reported two confirmed cases.

Suriname: in 2019, as of 27 July, the country has reported one probable case of chikungunya.

Venezuela: in 2019, as of 29 June, the country has reported 52 cases, according to WHO PAHO.

Dengue:
The Pan American Health Organization (PAHO) has reported 2 409 392 suspected and confirmed dengue cases in the Americas region in 2019 as of 8 September 2019. Brazil is accounting for 81% of the cases (1 960 000 cases), recording a ten-fold increase compared with the same period in 2018 when 203 200 cases were reported. Nicaragua, Brazil, Honduras, Belize and El Salvador had the highest incidence rates in the Region of the Americas.

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The four dengue virus serotypes (DENV 1, DENV 2, DENV 3, and DENV 4) are currently circulating simultaneously in the Region of the Americas which increases the risk of severe cases. In 2019, Brazil, Colombia, Guatemala, Honduras, and Nicaragua have declared epidemiological alerts at national level. The figures for each country of the Americas region can be found on the PAHO Health Information Platform.

Asia

Chikungunya virus disease:
India: from 15–28 July 2019, 66 cases have been reported in different outbreaks across India, according to the National Centre for Disease Control.

Myanmar: in 2019, the country has reported 97 suspected cases of chikungunya, of which 26 were confirmed. Most of patients were from Nay Pyi Taw, Kachin State, and Tanintharyi Region, according to the Public Health Department.

Taiwan: in 2019, as of 10 September, the country has reported 78 chikungunya cases Of these cases, 11 cases were reported as indigenous, according to the Taiwanese Centre for Disease Control.

Thailand: in 2019, as of 8 September, the country has reported 7 287 cases affecting 49 provinces with no deaths recorded. This is an increase of 1 291 cases since the national report published on 4 August 2019. Provinces reporting the highest incidences are Ranong, Pattani, Tak, Phuket and Songkhla.

Dengue:
This year, most of the countries in Asia and South-East Asia are observing a spike in the number of cases.

In South Asia, the Maldives have officially reported 3 706 cases as of 4 September 2019.

As of 10 September, Thailand has reported 85 520 cases, compared with 37 000 for the same period in 2018. The most affected provinces are Chiang Rai, Rayong, Ubon Ratchathani, and Chanthaburi.

As of 29 August 2019, Cambodia has reported approximately 38 000 cases of dengue, compared with 6 000 for the same period in 2018.

As of 29 August 2019, Laos has reported 24 758 cases. The trend of weekly reported cases is increasing, and dengue activity is significantly higher compared with the same period in 2018 (4 400 cases).

As of 16 September 2019, Malaysia has reported 96 300 cases of dengue in 2019, compared with 53 800 cases for the same period in 2018.

According to the Ministry of Health and as of 10 September 2019, Nepal has reported 5 095 cases in 2019. This is an increase of 3 500 cases in the past two months.

The Philippines Department of Health (DoH) has reported 208 917 dengue cases and 882 deaths since January and up to 23 August 2019. Last year, for the same period, the country had recorded 103 000 cases. In August 2019 and in response to the National Dengue Epidemic, local health authorities conducted regular community and school clean-up drives and implemented vector control measures such as the installation of ovitraps and insecticide treated screens in public elementary schools, space spraying, and Targeted Outdoor Residual Spraying in dengue hotspot areas.
The Department of Health has declared a national dengue epidemic.

As of 16 September 2019, Singapore has reported 11 810 cases of dengue, compared with 2 000 cases for the same period in 2018.

As of 15 September 2019, Taiwan has reported 469 cases, compared with 129 cases for the same period last year. The outbreak is mainly affecting the city of Kaohsiung. The majority of the cases (82%) are imported cases.

As of 28 July, Vietnam has reported 124 751 cases of dengue, compared with 37 200 cases for the same period in 2018. The number of cases has been sharply increasing since week 15 and is above seasonal levels.

For the countries below, different trends have been observed.

Sri Lanka is following the same trend as in 2018. According to the Ministry of Health, as of 16 September 2019, Sri Lanka has reported 46 126 cases of dengue in 2019, compared with 51 600 cases for the same period last year. Colombo, Gampaha, Kalutara and Matale districts are the most affected areas.

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For Bangladesh, Pakistan and Nepal, no specific yearly trend can be observed, due to the absence of data for 2018.

Bangladesh report 81 839 cases in 2019, as of 16 September 2019. This is an increase of approximately 30 000 cases in the last month.

According to the national institute of health, Pakistan has reported 3 831 cases of dengue since the beginning of the year and as of 11 September 2019.

There is no update for India.

Africa

Chikungunya virus disease:
Ethiopia: an increasing trend in cases of chikungunya has been reported from Ethiopia since week 31 in 2019. A total of 31 147 cases and no associated deaths have been reported in Dire Dawa city Administration.

Republic of Congo: in 2019, as of 4 August, 11 282 cases with no deaths associated have been reported across the Republic of Congo. This represents an increase of 52 cases since the previous CDTR update.

No update was available for Sudan.

Dengue:
From 10 May – 25 August 2019, Benin has reported nine confirmed and 13 suspected cases of dengue fever.

According to WHO, Côte d'Ivoire and Tanzania continue to report cases.

Côte d'Ivoire has reported 302 confirmed and 2 919 suspected cases as of 30 July 2019. Serotypes 1 and 3 are co-circulating.

From 1 August 2018 – 8 September 2019, Tanzania has detected 6 912 confirmed cases. The most affected regions are Dar es Salaam and Tanga.

Regional authorities in Réunion continue to record a declining trend. Since the beginning of 2019, and as of as of 10 September 2019, the island has reported 17 902 confirmed, 49 800 suspected cases and 19 deaths. The most affected areas are Saint-Pierre and Saint-Leu.

Regional authorities in Mayotte are reporting 101 locally acquired dengue cases, as of 17 September 2019. This represents an increase of 21 cases in the past month.

There is no update for Mauritius.

Australia and the Pacific

Chikungunya virus disease:
No outbreaks have been reported since the previous update.

Dengue:
As of 27 August, Australia has reported 943 cases of dengue in 2019, which is higher compared with the same period in 2018 (490 cases) but still within seasonal trend.

As of 11 August 2019, French Polynesia has reported 721 cases of dengue since the beginning of the year, affecting the islands of Tahiti, Bora-Bora, Moorea, and Nuku-Hiva.
Both DENV-1 and DENV-2 are circulating.

There is no update for New Caledonia.

N.B: The data presented in this report originate from several sources, both official public health authorities and non-official such as media.
Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries.
All data should be interpreted with caution as there may be areas of under-reporting, and figures may not reflect the actual epidemiological situation.

ECDC assessment

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Chikungunya virus disease and dengue are endemic in large regions of the intertropical convergence zone. Currently and throughout the summer season, environmental conditions are favourable for the activity of the vector and its abundance should be sufficient to support local outbreaks.

The detection of an autochthonous case of dengue in Catalonia is not unexpected due to the presence of *Aedes albopictus* and to the detection of one previous dengue case in the area. The risk to EU/EEA citizens is very low due to low vector activity at this time of year. As a precautionary measure, personal protective measures against mosquito bites should be applied.

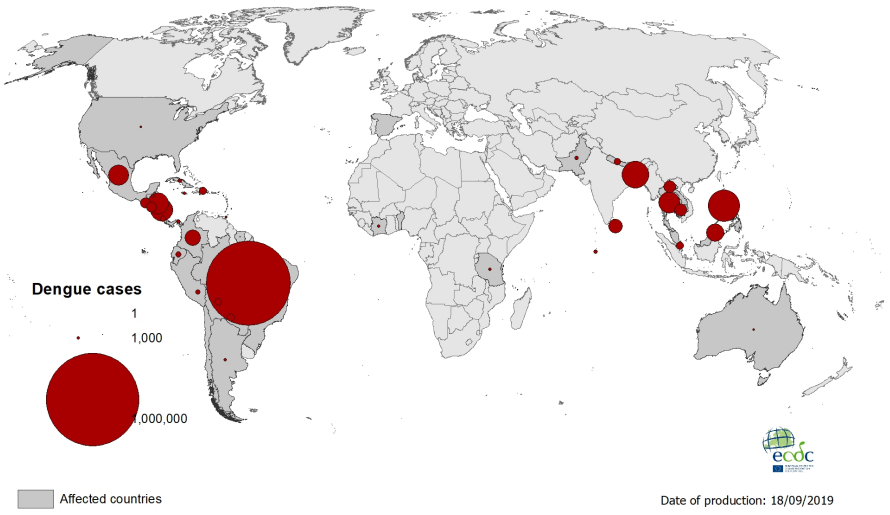
ECDC published a rapid risk assessment on the dengue outbreak in Reunion on 18 June 2019.

Actions

ECDC monitors these threats through epidemic intelligence and reports on a monthly basis. ECDC is currently preparing a rapid risk assessment related to the autochthonous case of dengue in Catalonia.

Geographical distribution of dengue cases reported worldwide, July to September 2019

Source: ECDC



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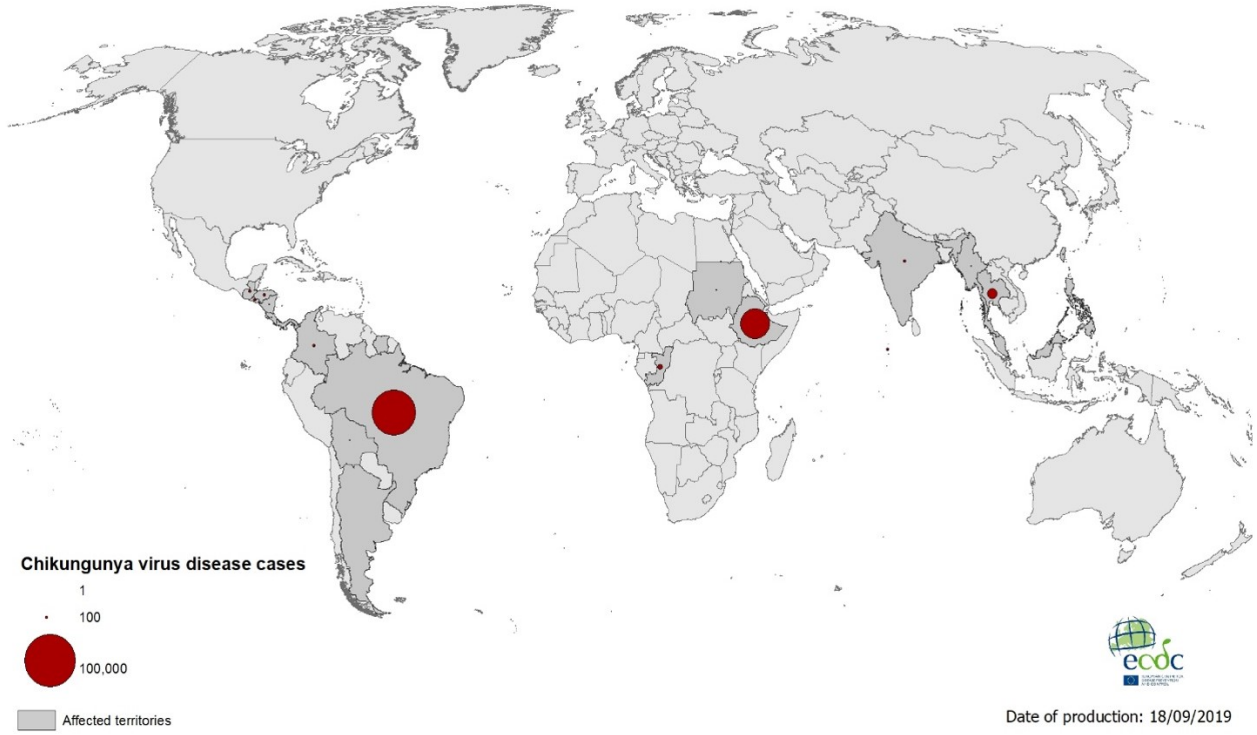
Link to ECDC CDTR web page – including related PowerPoint© slides

Geographical distribution of chikungunya virus disease cases reported worldwide, July to September 2019

Source: ECDC



Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019 Latest update: 20 September 2019

Epidemiological summary

No major events have been detected. According to the Japan's National Institute of Infectious Disease (NIID) 2 176 cases of rubella and three cases of congenital rubella syndrome have been reported in Japan this year as of 8 September 2019. The cases have been reported from all prefectures, except Aomori and Kochi, and most of the cases have been reported from Tokyo (818), Kanagawa (271), Chiba (193), Saitama (189), and Osaka (126). In the national rubella report, published on 19 September 2019, NIID states that 95% of the cases are adults, mainly males. Japan implemented a vaccination campaign in December 2018 targeting males born between 1962 and 1979.

In 2019 and as of 11 September, Japan has reported 682 cases of measles. The number of cases has been decreasing in the recent weeks. The cases were reported in 34 out of 47 prefectures with the majority of cases reported in Osaka (147), Tokyo (105), and Kanagawa (79).

On 13 September 2019, ECDC started enhanced epidemic intelligence activities related to this mass gathering event. According to multiple media sources, Japan experienced typhoon Faxai which made a landfall near Tokyo. Faxai is one of the strongest typhoons to hit Tokyo in a decade, disrupting air and ground communications, and leaving about 900 000 people without electricity for several days. Three deaths have been reported.

Source: NIID | NIID measles report | media 1 | media 2

ECDC assessment

EU/EEA citizens participating in mass gathering events are in general at most at risk of gastrointestinal illness and vaccine-preventable infections.

Rubella poses a particular risk to non-immune pregnant women due to the possibility of an infection resulting in congenital rubella syndrome. They should exercise particular caution and seek healthcare if they have compatible symptoms. All travellers to Japan should check that they are up to date with routine vaccinations.

The prevention of gastrointestinal illnesses is dependent on adequate sanitation, availability of safe drinking water (chlorinated or

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boiled), and appropriate good food and hand hygiene, i.e. regularly washing hands with soap, eating thoroughly cooked food, washing fruits and vegetables with safe drinking water. Travellers to Japan should apply standard hygiene measures in order to reduce the risk of gastrointestinal illness. More information is available on the ECDC website.

Actions

ECDC is monitoring this event through enhanced routine epidemic intelligence activities and reports on a weekly basis or when significant events are detected.

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

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