

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

#### Influenza - Multistate (Europe) - Monitoring 2016-2017 season

Opening date: 13 October 2016

Latest update: 28 October 2016

Influenza transmission in Europe shows a seasonal pattern, with peak activity during winter months. ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe website](#).

→Update of the week

Week 42/2016 (17-23 October 2016) is the third weekly influenza report for the 2016-2017 season. Low influenza activity with sporadic detections of influenza viruses was reported by 42 countries.

#### XDR Tuberculosis cluster – Romania

Opening date: 10 October 2016

Latest update: 28 October 2016

A cluster of extensively drug-resistant tuberculosis (XDR-TB) has been reported in relation to a university in Romania. Five cases have been detected, 97 contacts have been identified and are being followed up. Contacts tested positive for active TB will be treated, while contacts tested positive for latent TB infection (LTBI) will receive preventive treatment if appropriate and will be monitored.

→Update of the week

On 25 October, Finland reported an XDR-TB case linked to this cluster.

#### West Nile virus - Multistate (Europe) - Monitoring season 2016

Opening date: 30 May 2016

Latest update: 28 October 2016

During the June-to-November transmission season, ECDC monitors the situation in EU Member States and neighbouring countries in order to inform the blood safety authorities of areas affected by West Nile fever and changes in the epidemiology of the disease.

→Update of the week

This week, 19 cases have been reported, seven in EU Member States and 12 cases in the neighbouring countries.

Since the beginning of the 2016 transmission season and as of 27 October 2016, 205 cases of West Nile fever in humans have been reported in the EU Member States and 261 cases in the neighbouring countries.

## Increase in cases of *Salmonella* Enteritidis MLVA profile 2-9-7-3-2 - multistate - Europe - 2016

Opening date: 4 March 2016

Latest update: 28 October 2016

A multi-country outbreak of *Salmonella* Enteritidis phage type (PT) 8 with multiple locus variable-number tandem repeat analysis (MLVA) profiles 2-9-7-3-2 and 2-9-6-3-2, linked to eggs, is ongoing in the EU/EEA. The number of confirmed and probable cases has increased steadily since May 2016. Based on whole genome sequencing (WGS), isolates are part of two distinct but related genetic clusters.

→Update of the week

The outbreak is still ongoing with cases reported from seven EU/EEA Member States.

## Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 28 October 2016

Measles, a highly transmissible vaccine-preventable disease, is still endemic in some EU countries where vaccination uptake remains below the level required to interrupt the transmission cycle. Elimination of measles requires consistent vaccination uptake above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures. In 2015, 16 EU/EEA countries were above the measles vaccination coverage target of 95% for the first dose, and six countries for the second dose. Fourteen countries in the EU have coverage rates of less than 95% for the first dose and 20 countries for the second dose.

→Update of the week

Since the beginning of October 2016, measles outbreaks were reported in the United Kingdom and Romania. Outside of the EU, outbreaks were detected in Sudan and Somalia.

## Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 28 October 2016

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease which often passes unnoticed. The main reason for immunising against rubella is the high risk of congenital malformations associated with rubella infection during pregnancy. All EU Member States recommend vaccination against rubella with at least two doses of vaccine for both boys and girls. The vaccine is given at the same intervals as the measles vaccine as part of the MMR vaccine. No new outbreaks have been detected in the EU since June 2015.

→Update of the week

No new outbreaks have been detected since June 2015.

**Publication:** *[Epidemiological and molecular investigation of a rubella outbreak, Romania, 2011 to 2012](#)*

The authors describe a rubella outbreak that occurred in Romania between September 2011 and December 2012. During this period 24 627 rubella cases were notified based on clinical criteria, of which 41.1% (n=10,134) were female, and 6 182 individuals were found serologically positive for IgM-specific rubella antibody. In addition to the IgM-positive rubella cases, 28 cases of congenital rubella syndrome (CRS) were identified, including 11 neonatal deaths and one stillbirth.

## Non EU Threats

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### Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 28 October 2016

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission of the virus has completely stopped and the world becomes polio-free. Polio was declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO) on 5 May 2014 due to concerns regarding the increased circulation and international spread of wild poliovirus during 2014. On 11 August 2016, at the tenth [meeting of the Emergency Committee](#), the temporary recommendations in relation to the PHEIC were extended for another three months. The World Health Organization recently declared wild poliovirus type 2 (WPV2) eradicated worldwide.

→Update of the week

No new cases of wild poliovirus and no new circulating vaccine-derived poliovirus (cVDPV) were reported in the past week.

The World Polio Day (24 October), provided an opportunity to acknowledge the progress towards a polio-free world. On 11 November, the WHO Director-General will convene the eleventh meeting of the International Health Regulations (IHR) Emergency Committee for poliomyelitis.

### Zika - Multistate (world) - Monitoring global outbreaks

Opening date: 16 November 2015

Latest update: 28 October 2016

Since 1 February 2016, Zika virus infection and the related clusters of microcephaly cases and other neurological disorders constitute a public health emergency of international concern (PHEIC). Since 2015, and as of 28 October 2016, there have been 69 countries and territories reporting mosquito-borne transmission of the virus. According to WHO and as of 26 October 2016, 23 countries or territories have reported microcephaly and other central nervous system (CNS) malformations in newborns potentially associated with Zika virus infection.

→Update of the week

In the USA, 15 new locally-acquired cases have been reported in Florida since the last CDTR, bringing the cumulative number of locally-acquired cases to 181.

On 24 October, the [Ministry of Health](#) in Spain notified the third case of congenital Zika virus infection in the country.

ECDC is preparing the ninth update of the rapid risk assessment including the new country classification.

### Yellow fever outbreak- Multistate (world) - Monitoring global outbreaks

Opening date: 17 March 2016

Latest update: 28 October 2016

An outbreak of yellow fever in Angola started in December 2015 in the municipality of Viana, Luanda province, and has spread to all 18 provinces of Angola. The outbreak later spread to the neighbouring Democratic Republic of the Congo (DRC). Other countries (Brazil, Chad, Colombia, Ghana, Peru and Uganda) have recently reported yellow fever outbreaks or sporadic cases which are not reported as linked to the Angolan outbreak.

→Update of the week

In Africa, suspected cases continue to be reported from Angola and DRC. The vaccination campaigns are ongoing in both countries.

In the Americas, Brazil, Colombia and Peru have been reporting sylvatic yellow fever cases since the beginning of the year.

## II. Detailed reports

### Influenza - Multistate (Europe) - Monitoring 2016-2017 season

Opening date: 13 October 2016

Latest update: 28 October 2016

#### Epidemiological summary

In week 42/2016 (17 – 23 October 2016), epidemiological data were reported by 42 countries, all of which reported low influenza activity. Across the region, three countries reported local and seven others reported sporadic geographic spread. Since the beginning of the monitoring (week 40, 2016), out of 225 influenza virus detections 149 (66%) have been reported by four countries: France, Norway, Sweden and the UK.

#### ECDC assessment

As is usual for this time of year, influenza activity is low in the European Region.

#### 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 from the European Centre for Disease Prevention and Control ([ECDC](#)) and the [WHO Regional Office for Europe](#) websites.

### XDR Tuberculosis cluster – Romania

Opening date: 10 October 2016

Latest update: 28 October 2016

#### Epidemiological summary

A cluster of five XDR-TB cases has been reported linked to the Faculty of Medicine and Pharmacy in Oradea Municipality, Bihor County, Romania. The first case reported to Romanian authorities (case 1) is an Israeli citizen who attended this university and was diagnosed in Israel in June 2015; she was free of TB before travelling to Romania. Two further cases are among UK students who attended the same university: one (case 2) was diagnosed in October 2015 in Romania as a result of contact tracing around case 1, and the other (case 3) was diagnosed in the UK in September 2016 after having had tested negative in October 2015. An additional case (case 4) was diagnosed in a sibling living in the UK of case 2 as a result of contact tracing. Case 1, case 2 and case 3 were in contact with each other at the university, with case 2 and case 3 living on the same floor in the same building. A fifth case was diagnosed in a friend from Finland of case 2 who never travelled to Romania but visited case 2 during the summer of 2016 in London.

The MIRU-VNTR 24 loci typing data of the XDR TB strains isolated in UK and Israel show only one repeat difference in the locus 580 between the two strains. This difference might indicate close relation between the strains; however, the close relation between the strains should be confirmed by whole genome sequencing.

The contact tracing initiated in September 2016 includes 97 contacts, from the following nationalities: Romania (43), Finland (15), UK (8), Germany (5), Israel (9), Nigeria (3), Sweden (3), Ireland (2), Mauritius Islands (2), Austria (1), Italy (1), Palestine\* (1), Poland (1), Hungary (1), the United Arab Emirates (1) and USA (1). Ten contacts involved in the first contact investigation had already left Romania, and therefore the results of their first screening were communicated to the respective authorities in their country of origin, Finland, Germany, Sweden and the UK.

*\*This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.*

#### ECDC assessment

Contacts are being followed up to identify and adequately treat active TB cases among them as well as testing for latent TB infection (LTBI) using tuberculin skin test (TST).

Infected persons who do not present with symptoms of TB are not infectious. However, they are at risk of developing active TB disease and becoming infectious. The lifetime risk of reactivation TB for a person with documented LTBI is estimated to be 5 to 10%, with the majority developing TB disease within the first five years after initial infection.

Contacts identified with LTBI may receive preventive treatment depending on the drug susceptibility profile of the XDR-TB strain and they should be closely monitored with clinical observation to ensure early detection of XDR-TB and to prevent further transmission.

Current contact tracing activities should mitigate the risks of further transmission. However, more cases may be expected in association with this cluster. It will therefore be important to trace all contacts of any such additional cases in order to identify and treat active cases and provide preventive treatment or monitoring for those diagnosed with LTBI.

## Actions

ECDC has updated its [risk assessment](#). ECDC will continue monitoring this event.

## West Nile virus - Multistate (Europe) - Monitoring season 2016

Opening date: 30 May 2016

Latest update: 28 October 2016

### Epidemiological summary

During the past week Italy reported three new cases, all in the new affected area Cremona (Lombardia). Hungary reported four new cases, all in already affected counties: Csongrad (2), Hajdu Bihar (1) and Szabolcs-Szatmar-Bereg (1). In the neighbouring countries, a case has been reported in Egypt, the place of infection is currently considered to be the Cairo governorate but another possible place of infection is the Menoufia governorate. Thus further investigations to confirm this location are ongoing. Serbia has reported five new cases in already affected Grad Beograd (1), South Backa (1) and the Danube (3). Israel reported six new cases in Central district (1), Haifa (2), Northern district (2) and Tel Aviv (1). Russia reported no new cases.

**Source:** [ECDC WNF page](#) | [PHI Serbia](#) | [MoH Russia](#) | [MoH Israel](#)

### ECDC assessment

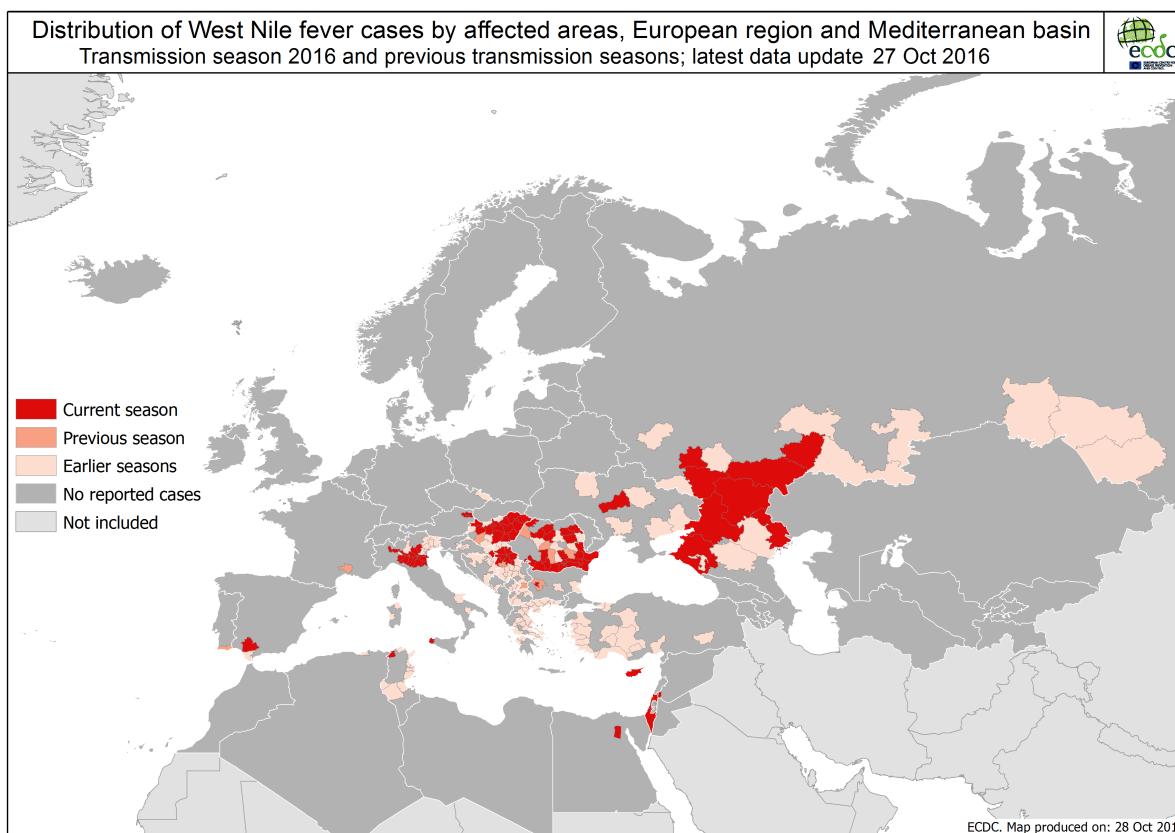
Although there has been a notable peak in WNV transmission in the EU in the past few weeks, the overall number of cases are still within the historical range of values.

## Actions

Since the beginning of June 2016, ECDC produces weekly WNF maps during the transmission season to inform blood safety authorities of WNF-affected areas.

## Distribution of West Nile fever cases by affected areas, European region and Mediterranean basin.

ECDC



## Increase in cases of Salmonella Enteritidis MLVA profile 2-9-7-3-2 - multistate - Europe - 2016

Opening date: 4 March 2016

Latest update: 28 October 2016

### Epidemiological summary

From 1 May 2016 to 12 October 2016, seven EU/EEA countries have reported 112 confirmed cases belonging to two distinct WGS clusters and 148 probable cases sharing the *S. Enteritidis* MLVA profiles 2-9-7-3-2 or 2-9-6-3-2. Outbreak cases, both confirmed and probable, have been reported by Belgium, Denmark, Luxembourg, the Netherlands, Norway, Sweden and the United Kingdom. Nine of the confirmed cases are associated with a travel history to Hungary or Poland, both of which countries are also considered to be affected by this outbreak. In addition, Croatia reported a cluster of *S. Enteritidis* cases, including a fatal case, with an epidemiological link to the outbreak. The characterisation of the Croatian isolates is currently ongoing.

### ECDC assessment

The number of confirmed and probable cases has increased steadily since May 2016. Taking into account the reporting delay, the

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outbreak may not have peaked yet. New cases are expected to be reported, particularly in Belgium and the Netherlands where the majority of the cases were identified in the recent weeks. All EU/EEA countries to which confirmed cases reported travel should be considered as affected by this outbreak (i.e. Poland and Hungary). A detailed Rapid Outbreak Assessment, jointly produced with EFSA, has been published on 27 October.

## Actions

ECDC and EFSA are liaising with relevant authorities in the Member States and at the EU level to facilitate the coordination of investigation and response measures.

## Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 28 October 2016

### Epidemiological summary

#### EU/EEA Member States

##### UK, Scotland

Scottish health authorities report an ongoing measles outbreak in the Edinburgh area since the beginning of October with 16 confirmed cases as of 24 October 2016. The majority of cases are linked to Edinburgh University.

##### Romania – update

Romania has an ongoing measles epidemic with 786 confirmed cases as of 14 October since the beginning of 2016. On 20 October, a 15-year-old boy died in Arad from pulmonary complications. This was the fourth death due to measles in Romania this year. Arad is the second most affected area in the country with 132 measles cases as of 14 October 2016.

##### Italy

Media report that the medical association in Italy has decided to apply disciplinary measures against doctors who encourage parents not to vaccinate their children. They are likely to be suspended or struck off from the register in severe cases. In Florence, Treviso and Venice, proceedings for three cases have already been initiated. In addition, the regions of Emilia Romagna and Tuscany have decided to exclude unvaccinated children from nurseries.

#### Rest of the world

##### Sudan

As of 4 October, 51 suspected measles cases had been reported in Abyei, of which 17 have been confirmed, according to a report by UNICEF in South Sudan. The International Organization for Migration (IOM) has, in response to the outbreak, led a mass measles vaccination campaign reaching over 21 500 children under the age of five years during 10-17 October 2016.

##### Somalia

On 14 October 2016, media report an outbreak of measles in Jubbaland. The measles unit in the Kismayo General Hospital, which is supported by Physicians Across Continents (PAC), has received more than 280 patients since the measles outbreak began at the end of September 2016. The patients are from areas under the control of Al-Shabab, where vaccination programmes have not been conducted for more than six years.

**Web sources:** [ECDC measles and rubella monitoring](#) | [ECDC/Euronews documentary](#) | [MedISys Measles page](#) | [EUVAC-net ECDC](#) | [ECDC measles factsheet](#)

## ECDC assessment

Measles is targeted for elimination in Europe. Elimination is defined as the absence of endemic cases in a defined geographical area for a period of at least 12 months, in the presence of a well performing surveillance system. Regional elimination can be declared after 36 or more months of the absence of endemic measles or rubella in all Member States.

Although progress has been made towards elimination, it has not yet been achieved. According to preliminary results of the 5th



Regional Verification Commission meeting for the elimination of measles and rubella in Europe, held in October 2016, 24 countries in the region (15 in the EU) have been judged to have eliminated measles. In the 53 Member States of the WHO Regional Office for Europe (WHO/EURO), 14 countries (six in the EU) were judged to still have endemic transmission for measles.

## Actions

ECDC monitors measles transmission and outbreaks in the EU and neighbouring countries through enhanced surveillance and epidemic intelligence activities.

## Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 28 October 2016

### Epidemiological summary

No new outbreaks have been detected in the EU since June 2015.

**Web sources:** [ECDC measles and rubella monitoring](#) | [ECDC rubella factsheet](#) | [WHO epidemiological brief summary tables](#) | [WHO epidemiological briefs](#) | [Progress report on measles and rubella elimination](#) | [European Regional Verification Commission for Measles and Rubella Elimination \(RVC\) \(2016\)](#)

### ECDC assessment

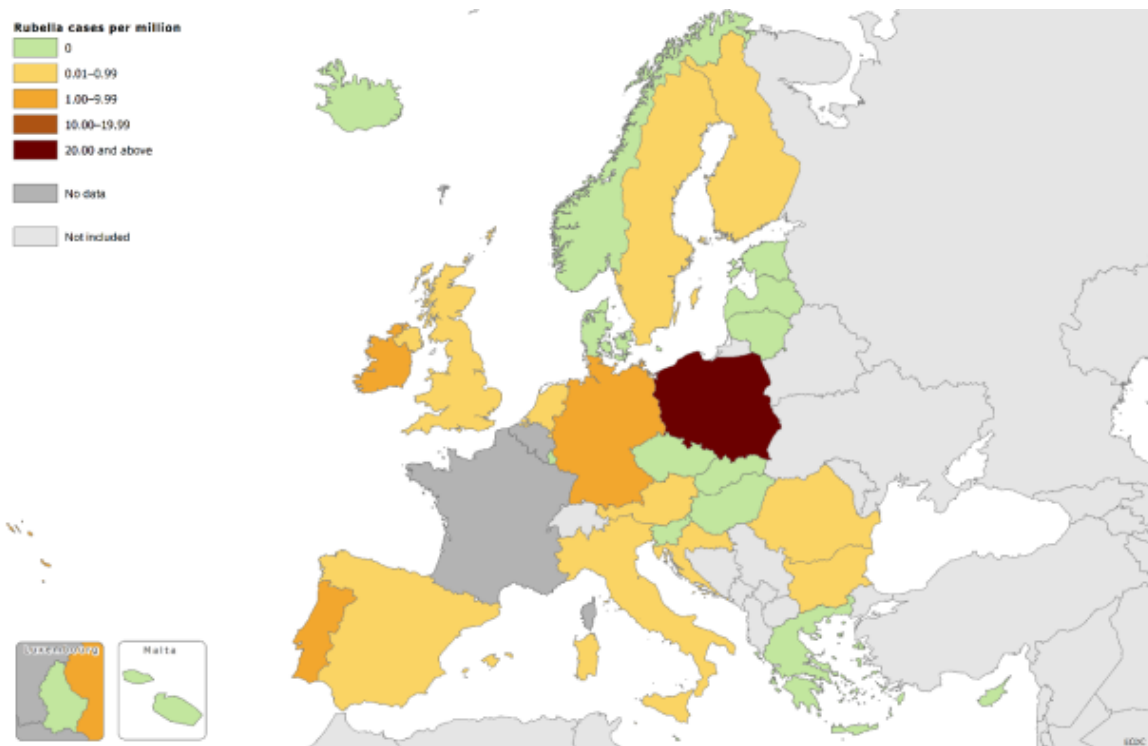
The World Health Organization (WHO) has targeted the elimination of measles and rubella in the 53 Member States of the WHO European Region. Elimination is defined as the absence of endemic cases in a defined geographical area for a period of at least 12 months, in the presence of a well-performing surveillance system. Regional elimination can be declared after 36 or more months of the absence of endemic measles or rubella in all Member States of the WHO European Region. Although progress has been made towards elimination, this goal has not yet been achieved. The 5th Regional Verification Commission meeting was held in October 2016. According to preliminary results, 24 countries in the WHO EURO region (16 in the EU) have been judged to have eliminated rubella. In all 53 WHO Regional Office for Europe Member States, 16 countries (8 in the EU) were judged to still have endemic transmission for rubella.

## Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to The European Surveillance System and through its epidemic intelligence activities. Twenty-four EU and two EEA countries contribute to the enhanced rubella surveillance. The purpose of the enhanced rubella surveillance is to provide regular and timely updates on the rubella situation in Europe in support of effective disease control, increased public awareness, and the achievement of rubella and congenital rubella elimination target.



## Rubella notification rate (cases per million) by country, 1 July 2015 – 30 June 2016, EU/EEA



ECDC

## Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 28 October 2016

### Epidemiological summary

As of 25 October 2016, 27 cases of WPV1 have been reported to WHO in 2016, compared with 51 for the same period in 2015. The cases were detected in Pakistan (15), Afghanistan (8) and Nigeria (4). Three cases of cVDPV have been reported in 2016, compared with 18 for the same period in 2015. The three cases were all reported from Laos.

**Web sources:** [Polio eradication: weekly update](#) | [ECDC Poliomyelitis factsheet](#) | [Temporary Recommendations to Reduce International Spread of Poliovirus](#) | [WHO Statement on the Seventh Meeting of the International Health Regulations Emergency Committee on Polio](#)

### ECDC assessment

The detection of new cases in Nigeria is not unusual nor unexpected. It is not an indication that the current outbreak response is not effective, as it is too early to see an impact on the epidemiology of the virus circulation. It is an indicator that surveillance continues to be strengthened.

Continued detection of positive environmental samples throughout 2016 in Pakistan confirms that virus transmission remains geographically widespread across the country, despite strong improvements being achieved.

The last locally-acquired wild polio cases within the current EU borders were reported from Bulgaria in 2001. The most recent wild polio outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

**References:** [ECDC latest RRA](#) | [Rapid Risk Assessment on suspected polio cases in Syria and the risk to the EU/EEA](#) | [Wild-type poliovirus 1 transmission in Israel - what is the risk to the EU/EEA?](#) | [RRA Outbreak of circulating vaccine-derived poliovirus type 1 \(cVDPV1\) in Ukraine](#)

## Actions

ECDC monitors reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced to the EU. Following the declaration of polio as a PHEIC, ECDC updated its [risk assessment](#). ECDC has also prepared a background document with travel recommendations for the EU.

## Zika - Multistate (world) - Monitoring global outbreaks

Opening date: 16 November 2015

Latest update: 28 October 2016

### Epidemiological summary

#### 1. Update on number of cases

##### The USA

Fifteen locally-acquired cases have been recorded in Florida over the past week. To date, 181 locally-acquired and 765 imported cases of Zika have been reported in Florida. The distribution of the locally-acquired cases is as follows: 169 in Miami-Dade, five in Palm beach, one in Pinellas and one in Broward. The location of exposure for the other five cases is still under investigation.

##### EU/EEA imported cases:

Since July 2015 (week 26), 20 countries (Austria, Belgium, the Czech Republic, Denmark, Finland, France, Hungary, Ireland, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom) have reported 1 942 travel-associated Zika virus infections through The European Surveillance System (TESSy). Over the same time period, seven EU countries reported 91 Zika cases among pregnant women.

##### EU's Outermost Regions and Territories

As of 20 October 2016:

*Martinique*: 36 590 suspected cases have been reported, an increase of 65 cases during the last week. Martinique declared the Zika outbreak phase over.

*French Guiana*: 9 851 suspected cases have been detected, an increase of 40 cases since the previous week. According to the regional situation report, the epidemic is over.

*Guadeloupe*: 30 775 suspected cases have been detected, an increase of 55 suspected cases since the previous week. The weekly number of cases has been decreasing.

*St Barthélemy*: 820 suspected cases have been detected, an increase of 15 suspected cases since the previous week. The weekly number of cases is stable.

*St Martin*: 2 670 suspected cases have been detected, an increase of 70 suspected cases since the previous week. The weekly number of cases is stable.

Since February 2016, 12 countries have reported evidence of person-to-person transmission of Zika virus, probably via a sexual route.

#### 2. Update on microcephaly and/or central nervous system (CNS) malformations potentially associated with Zika virus infection

As of 26 October 2016, microcephaly and other central nervous system (CNS) malformations associated with Zika virus infection or suggestive of congenital infection have been reported by 23 countries or territories. Brazil reports the highest number of cases. Nineteen countries and territories worldwide have reported an increased incidence of Guillain-Barré syndrome (GBS) and/or laboratory confirmation of a Zika virus infection among GBS cases.

**Web sources:** [ECDC Zika Factsheet](#) | [PAHO](#) | [Colombian MoH](#) | [Brazilian MoH](#) | [Brazilian microcephaly case definition](#) | [SAGE MOH Brazil](#) | [Florida Health department](#)

### ECDC assessment

The spread of the Zika virus in the Americas and Asia is likely to continue as the vectors (*Aedes aegypti* and *Aedes albopictus* mosquitoes) are widely distributed there. The likelihood of travel-related cases in the EU is increasing. A detailed [risk assessment](#) was published on 30 August 2016. 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.

## Actions

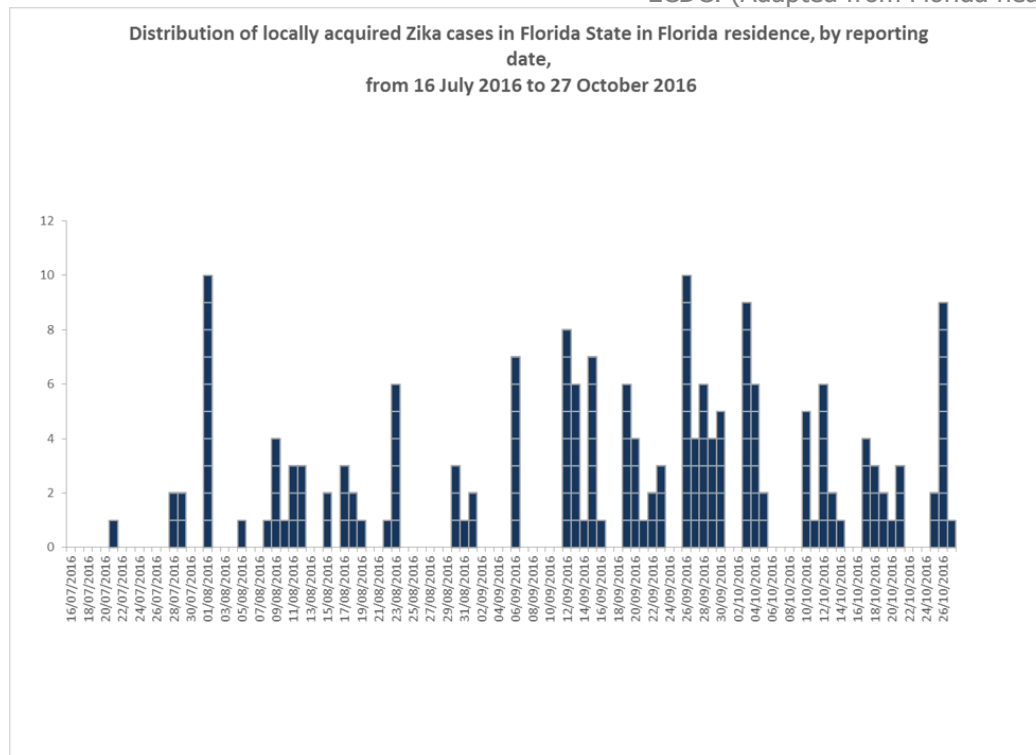
ECDC publishes an [epidemiological update](#) every Friday together with [maps](#) containing information on countries or territories

which have reported confirmed autochthonous cases of Zika virus infection. A Zika virus infection atlas is also available on the ECDC [website](#).

ECDC publishes information concerning vector distribution on the [ECDC website](#), showing the distribution of the vector species at 'regional' administrative level (NUTS3).

## Distribution of locally acquired Zika cases in Florida State (US), by reporting date, from 16 July 2016 to 27 October 2016

ECDC: (Adapted from Florida health department and media)



## Yellow fever outbreak- Multistate (world) - Monitoring global outbreaks

Opening date: 17 March 2016

Latest update: 28 October 2016

### Epidemiological summary

#### Angola

According to WHO, as of 13 October 2016, Angola reported 45 suspected yellow fever cases, bringing the number of suspected cases to 4 306, including 376 deaths (CFR 8.8%). The last confirmed case had symptom onset on 23 June. Phase two of the vaccination campaign was launched on 10 October. The target population consists of more than two million people in 12 districts in 10 provinces.

#### Democratic Republic of the Congo (DRC)

Since the start of the year and as of 19 October 2016, DRC reported 2 970 suspected cases from eight of the 26 provinces. Seventy-seven confirmed cases were identified with 16 deaths (CFR: 21%). Of the 77 confirmed cases, 13 are autochthonous. The last confirmed non-sylvatic case had symptom onset on 12 July. Sixteen cases are under investigation, four in Kinshasa, eight in Kwango, and one case each in Bas Uele, Kwilu, Lualaba and Sud Ubangi provinces. The reactive vaccination campaigns in Feshi Health Zone in Kwango province is ongoing and will begin shortly in Mushenge Health Zone in Kasai province.

#### Brazil

Since the beginning of 2016 and up to the end of August, Brazil reported three cases of yellow fever, two autochthonous and one imported from Angola. The autochthonous cases were reported in Bady Bassit in São Paulo state and in the state of Goiás.

#### Colombia

In Colombia, between the beginning of 2016 and 15 October, 11 sylvatic yellow fever cases have been reported, five laboratory-confirmed and six probable. The confirmed yellow fever case in the department of Vaupés is the first documented yellow fever case in that department. Four of the five confirmed cases died.

Furthermore, between April and May 2016, three Municipalities in the Department of Meta (La Macarena, Puerto Concordia, and Puerto Rico) reported epizootics in non-human primates. The municipality of La Macarena is an area where there is significant influx of foreign and domestic tourists.

### Peru

Between the beginning of 2016 and 15 October, Peru reported 74 sylvatic yellow fever cases, of which 62 were confirmed and 12 were probable. The cases are distributed in nine of the 25 regions of Peru. Junin is the most affected region with 50 confirmed or probable cases.

**Web sources:** [ECDC factsheet / WHO yellow fever page](#) | [WHO situation report](#) | [WHO AFRO](#) | [WHO-DRC](#) | [PAHO](#) | [MoH Peru](#) | [ECDC updated risk assessment](#) | [DRC Health Cluster bulletin](#) | [WHO PAHO](#) | [National Public Health Institute Colombia](#) |

### ECDC assessment

The continuing detection of suspected and laboratory-confirmed cases demonstrates that active surveillance is functioning well in some areas. Nevertheless, it is important to note the inherent difficulties in surveillance and laboratory confirmation capacities. It remains possible that detection of cases could be delayed in some remote areas.

### Actions

ECDC published new [mosquito maps](#) on 3 August showing the geographical distribution of *Aedes* mosquitoes in Europe.

ECDC published an updated [risk assessment](#) on 14 July 2016.

ECDC published a [report on the assessment of yellow fever in Angola](#) on 5 July 2016.

An [EU mobile lab](#) has been deployed in the DRC under the European Medical Corps since 19 July 2016.

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