COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 33, 11-17 August 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Tularaemia – Sweden - 2019

Opening date: 14 August 2019 Latest update: 16 August 2019

In 2019 and as of 12 August 2019, Swedish authorities have reported a significant increase of tularaemia cases compared to 2018 and 2017.

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

Opening date: 3 June 2019 Latest update: 16 August 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 15 August 2019, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low except in Helsingborg and Kalmar Strait (Sweden), Helsingør and Storstrøms (Denmark), Szczecin Lagoon (Germany and Poland), Kolobrzeg, Koszalin, Lake Gardno and Vistula Lagoon (Poland) and Curonian Lagoon (Lithuania), where it was identified as medium to high.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea will decrease. It is considered to be very low to low except in Gdansk (Poland), where it is considered as medium to high.

According to media reports citing public health authorities, since June 2019 and as of 9 August 2019, five cases of *Vibrio* infection, including one death, have been reported in risk groups in Mecklenburg-Vorpommern, Germany.

Outside EU/EEA countries, environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low except in Kaliningrad (Russia), where it was identified as medium to high. For the next five days, it is considered to be very low to low.

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

Opening date: 3 June 2019 Latest update: 16 August 2019

During the West Nile virus infection transmission season, expected to be from June–November 2019, ECDC monitors the occurrence of West Nile virus 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 West Nile virus infection meeting the EU case definition (Commission Implementing Decision (EU) 2018/945) has been reported.

During the 2018 transmission season, 2 083 human cases were reported by EU Member States and EU neighbouring countries. In the same period, EU Member States reported 285 outbreaks among equids.

➔Update of the week

From 9–15 August 2019, EU Member States reported 22 human cases in Greece (14), Romania (4), Cyprus (3) and Bulgaria (1). One human case was reported for the first time in Montana, Bulgaria. All other human cases were reported from areas that have been affected during previous transmission seasons. This week, two deaths were reported in Greece (1) and Romania (1).

No equine outbreaks were reported to the Animal Disease Notification System this week.

Non EU Threats

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

Opening date: 1 August 2018 Latest update: 16 August 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 and Ituri Provinces in the northeast of the country close to the border with Uganda. In June 2019, several cases from the Democratic Republic of the Congo were detected in Uganda. However, Uganda has not reported autochthonous transmission as of 14 August 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 14 August 2019, WHO and the Ministry of Health of the Democratic Republic of the Congo have reported 65 additional confirmed cases. During the same period, 46 deaths were reported. Among the new reported cases in the past week, at least two were healthcare workers. As of 14 August 2019, there are no new confirmed Ebola virus disease cases reported in Goma.

On 12 August 2019, WHO issued a press release to acknowledge that a multidrug randomised control trial that was implemented in November 2018 shows that two of the four drugs tested are more effective than the other two. This trial is monitored by an independent data and safety monitoring board that recommended the study be stopped and that all future patients be randomised to receive either REGN-EB3 or mAb114 in what is being considered an extension phase of the study.

Mass gathering - Hajj - Saudi Arabia – 2019

Opening date: 2 August 2019 Latest update: 16 August 2019

This year, the Hajj will take place from 9–14 August 2019. In August 2018, 1 758 722 foreign and 612 953 domestic pilgrims took part in the Hajj. Most of the foreign pilgrims (94%) arrived by air in 2018. The risk of EU/EEA citizens becoming infected with communicable diseases during the 2019 Hajj is considered low due to vaccination and other requirements and preparedness measures taken by Saudi Arabia before, during and after the Hajj.

➔Update of the week

No serious events have been reported in relation to the Hajj. Several events of potential interest were detected by epidemic intelligence and are described in the report.

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

Opening date: 27 January 2017 Latest update: 16 August 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. No cases of either disease have been reported in continental Europe so far in 2019.

➔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, Brazil, Ethiopia, Republic of Congo and Thailand have reported the majority of new cases.

Dengue: Compared with the same period in 2018, data for dengue infections so far in 2019 shows substantial increases. Brazil, Cambodia, the Philippines, Thailand and Vietnam are particularly affected this year.

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II. Detailed reports

New! Tularaemia – Sweden - 2019

Opening date: 14 August 2019 Latest update: 16 August 2019

Epidemiological summary

In 2019 and as of 12 August 2019, Swedish authorities have reported 212 tularaemia cases. This figure represents a significant increase compared to 2018 (107 cases) and 2017 (87 cases). Most of the cases have been reported in Dalarna, Gävleborg and Örebro Counties, but cases have also recently been reported in Norrbotten and Västerbotten Counties. In August 2019, the Swedish National Veterinary Institute reported animal cases (dead hares) in Dalarna, Norrbotten and Västra Götaland Counties.

During the same period, Finland reported seven cases and Norway reported 15 cases. Compared with previous years, the situation is stable in Finland and there is a slight increase in Norway.

Source: Folkhälsomyndigheten | Folkhälsomyndigheten | Statens veterinärmedicinska anstalt

ECDC assessment

As the seasonal peak usually occurs in September in Sweden, further cases are expected in the coming weeks. The disease shows a clear seasonality in humans consistent with greater exposure to contaminated water and mosquito activity during the summer and early autumn months. Preventive measures include avoiding drinking untreated surface water, preventing mosquito and tick bites, avoiding contact with sick or dead animals, using gloves when handling wild animals and cooking game meat thoroughly before eating. Farmers and people involved in hunting, wildlife management, hiking and camping are at higher risk of infection.

Transplant clinicians should be aware of the possibility of tularaemia transmission through organ transplantation when evaluating an infection in patients receiving organ transplants. When assessing potential organ donors with febrile illnesses, clinicians should consider the risk factors for tularaemia mentioned above.

Actions

No action for ECDC.

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

Opening date: 3 June 2019 Latest update: 16 August 2019

Epidemiological summary

As of 15 August 2019, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low except in Helsingborg and Kalmar Strait (Sweden), Helsingør and Storstrøms (Denmark), Szczecin Lagoon (Germany and Poland), Kolobrzeg, Koszalin, Lake Gardno and Vistula Lagoon (Poland) and Curonian Lagoon (Lithuania), where it was identified as medium to high.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea will decrease. It is considered to be very low to low except in Gdansk (Poland), where it is considered as medium to high.

According to media reports citing public health authorities, since June 2019 and as of 9 August 2019, five cases of *Vibrio* infection, including one death, have been reported in risk groups in Mecklenburg-Vorpommern, Germany.

Outside EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low except in Kaliningrad (Russia), where it was identified to be medium to high. For the next five days, it is considered to be very low to low.

Sources: ECDC | National Environmental Satellite, Data and Information Service | Ostsee-Zeitung

The model has been calibrated to the Baltic region in northern Europe and may not apply to other worldwide 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)

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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 monitors this threat on a weekly basis during the summer of 2019 and reports on increased environmental suitability for the growth of *Vibrio* species.

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

Opening date: 3 June 2019 Latest update: 16 August 2019

Epidemiological summary

From 9–15 August 2019, EU Member States reported 22 human cases in Greece (14), Romania (4), Cyprus (3) and Bulgaria (1). One human case was reported for the first time in Montana, Bulgaria. All other human cases were reported from areas that have been affected during previous transmission seasons. This week, two deaths were reported in Greece (1) and Romania (1).

No equine outbreaks were reported to the Animal Disease Notification System this week.

Since the beginning of the 2019 transmission season and as of 15 August 2019, EU Member States and EU neighbouring countries reported 69 human West Nile virus infections. EU Member States reported 68 cases in Greece (48), Romania (8), Cyprus (5), Italy (3), Hungary (2), Bulgaria (1) and France (1). One case was reported by Serbia in EU neighbouring countries.

To date, six deaths due to West Nile virus infection have been reported by Greece (4) and Romania (2).

During the current transmission season, seven outbreaks among equids have been reported by Greece (6) and Italy (1).

ECDC link: West Nile virus infection atlas
Sources: TESSy | Animal Disease Notification System

ECDC assessment

Human West Nile virus infections have been reported in EU Member States with known persistent transmission of West Nile virus in previous years. All human cases reported during the current transmission season have been reported in previously affected countries. 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 West Nile virus 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.

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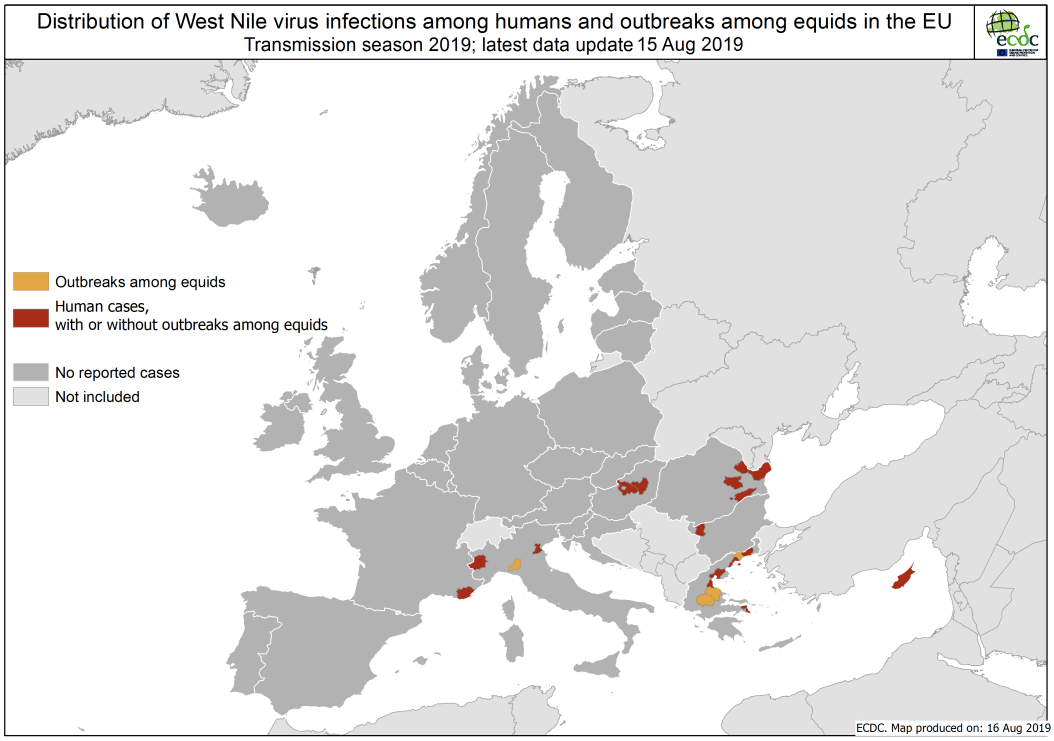
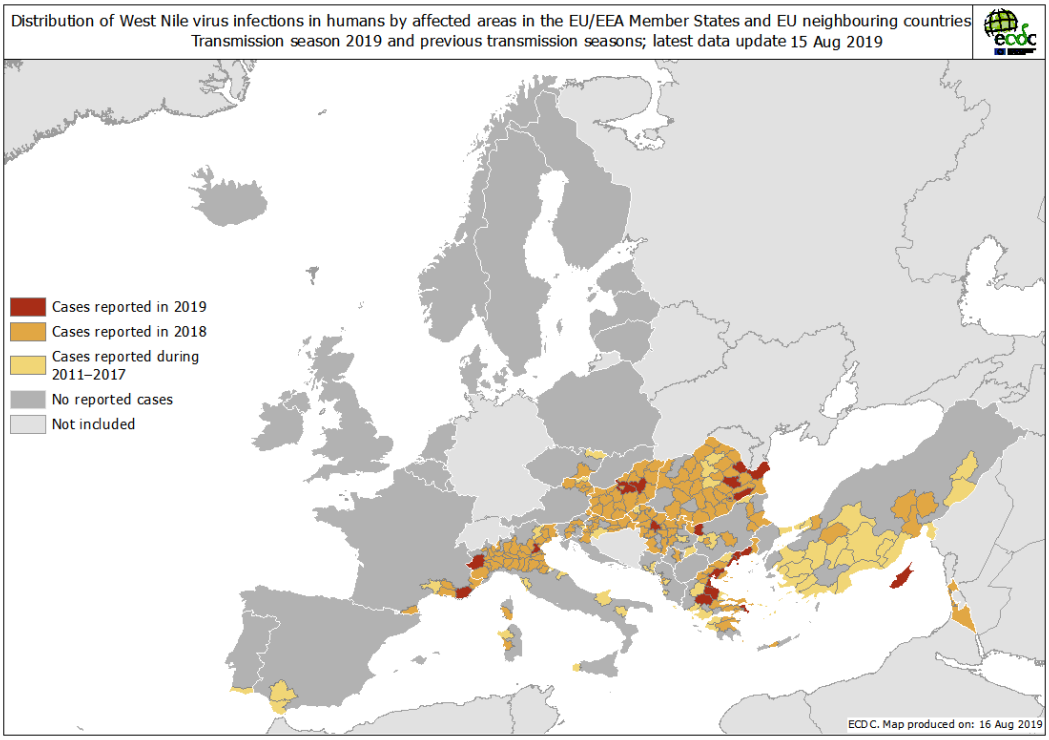
Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 15 August 2019.

ECDC and ADNS



Distribution of human West Nile virus infections by affected areas as of 15 August 2019.

ECDC



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

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Opening date: 1 August 2018 Latest update: 16 August 2019

Epidemiological summary

In the Democratic Republic of the Congo, since the beginning of the outbreak a year ago and as of 14 August 2019, there have been 2 852 cases (2 758 confirmed, 94 probable), including 1 913 deaths (1 819 confirmed, 94 probable), according to WHO and the Ministry of Health of the Democratic Republic of the Congo. This includes the three cases and three deaths that were previously reported having travelled to Uganda. Beni is currently the most active health zone.

As of 14 August 2019, at least 151 healthcare workers have been infected.

Twenty-seven health zones in two provinces have reported confirmed or probable Ebola virus disease cases: Alimbongo, Beni, Biena, Butembo, Goma, Kalunguta, Katwa, Kayna, Kyondo, Lubero, Mabalako, Manguredjipa, Masereka, Mutwanga, Musienene, Nyiragongo, Oicha and Vuhovi Health Zones in North Kivu Province and Ariwara, Bunia, Mambasa, Nyankunde, Komanda, Lolwa, Mandima, Rwampara and Tchomia Health Zones in Ituri Province.

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 geographic 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 | Ministry of Health of the Democratic Republic of the Congo | WHO | WHO Regional Office for Africa

ECDC assessment

ECDC assessment: Implementing response measures remains challenging in affected areas because of the prolonged humanitarian crisis, unstable security situation and resistance among several sectors of the population. A substantial proportion of cases is 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 cross-border population flow with Rwanda, South Sudan and Uganda remains of particular concern. Recent case movements from Beni to non-affected areas are not unexpected. So far, the identification of these imported cases or the PHEIC does not change the overall risk for the EU/EEA, which remains very low.

However, the risk can only be eliminated by stopping transmission at the local level.

WHO assessment: As of 15 August 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 recent cases in Goma as the city is a provincial capital with an airport serving international flights connecting to several countries in Africa, including the Republic of the Congo, Ethiopia, Uganda and Zambia.

Actions

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

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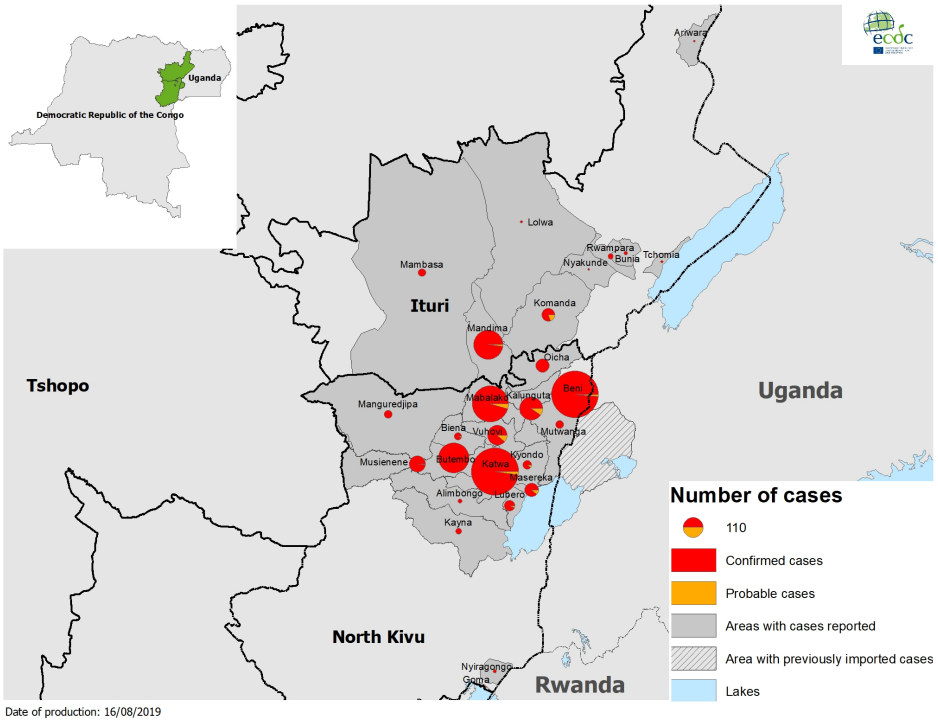
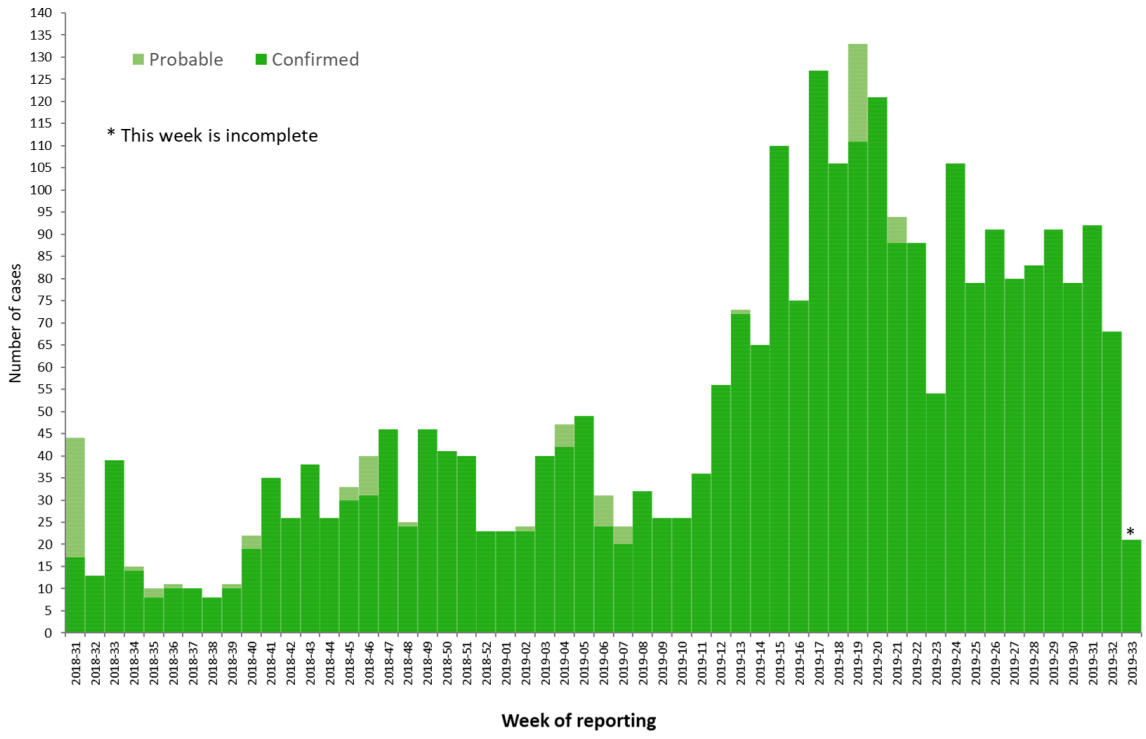
Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 14 August 2019

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 14 August 2019

Source: ECDC



Mass gathering - Hajj - Saudi Arabia – 2019

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Opening date: 2 August 2019 Latest update: 16 August 2019

Epidemiological summary

Middle East respiratory syndrome coronavirus (MERS-CoV): No cases have been reported in relation to Umrah or the Hajj, but cases continue to be reported from Saudi Arabia linked either to camel contact and transmission to healthcare settings. In 2019 and as of 15 August 2019, 177 MERS-CoV cases have been reported in Saudi Arabia (164) and Oman (13), including 47 deaths in Saudi Arabia (43) and Oman (4).

Following the WHO announcement on 17 July 2019 of the public health emergency of international concern for Ebola virus disease in the Democratic Republic of the Congo, Saudi Arabia suspended visa issuance to travellers from the Democratic Republic of the Congo on 24 July 2019, fearing the spread of Ebola virus disease during the Hajj. However, WHO does not recommend any restrictions on travel or trade globally due to the Ebola outbreak in the Democratic Republic of the Congo.

Sources: Ministry of Health of Saudi Arabia | WHO | Al Jazeera

ECDC assessment

The Hajj is one of the world's largest annual mass gathering events and may result in the transmission and importation of infectious diseases related to the crowded conditions during the pilgrimage. This may contribute to the international spread of diseases and amplification of infectious disease outbreaks. Despite a few outbreaks that have previously affected the EU after the Hajj, the Hajj poses a low risk for the importation and spread of communicable diseases in the EU because of strict precautionary measures taken by Saudi Arabia.

Actions

ECDC published a rapid risk assessment on 2 July 2019 and will monitor the event through epidemic intelligence from 2–21 August 2019.

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

Opening date: 27 January 2017 Latest update: 16 August 2019

Epidemiological summary

Europe

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

Americas and the Caribbean

Chikungunya virus disease:
Bolivia: In 2019, as of 30 July, Bolivia reported 45 cases compared with 78 cases reported for the same period in 2018. This represents an increase of 14 additional cases since the previous CDTR report.

Brazil: In 2019, as of 27 July, Brazil reported 97 900 probable cases, including 40 confirmed deaths. According to the same source, the outbreak is showing a downward trend over the past weeks. During the same period in 2018, 72 710 probable cases were reported.

Colombia: In 2019, Colombia has reported 382 cases as of 3 August, 32 of which are laboratory-confirmed. This represents an increase of 52 cases since the last CDTR report. During the same period in 2018, 341 cases were reported.

El Salvador: In 2019, as of 27 July, El Salvador is reporting 378 suspected cases. This represents an increase of 136 cases since the previous CDTR update. For the same period in 2018, El Salvador reported 206 suspected cases.

Mexico: In 2019, as of 4 August, no additional cases have been reported since the previous CDTR update. So far, Mexico MoH is reporting two confirmed cases for this year. For the same period in 2018, Mexico reported 17 confirmed cases.

Nicaragua: In 2019, as of 28 July, Nicaragua is reporting 96 suspected cases. Among these cases, none was confirmed. This represents an increase of 21 cases since the last CDTR report. For the same period in 2018, Nicaragua reported 183 suspected cases, including 22 confirmed cases.

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Paraguay: In 2019, as of 27 July, Paraguay is reporting 50 probable cases. This represents an increase of four additional cases since the previous CDTR update. During the same period in 2018, 67 cases were reported.

Peru: In 2019, as of 11 August, Peru is reporting 123 cases. This represents an increase of 32 cases since the previous CDTR update. In all 2018, Peru reported 294 cases.

Dengue:
The Pan American Health Organization (PAHO) has reported 2 031 000 suspected and confirmed dengue cases in the Americas region in 2019 as of 3 August 2019. Brazil is accounting for 85% of the cases (1 748 000 cases), recording a ninefold increase compared with the same period in 2018 when 182 800 cases were reported. Brazil, Colombia, Honduras, and Nicaragua have the highest incidence rates in the Region of the Americas.

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, 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 17 June to 14 July 2019, 186 cases have been reported in different outbreaks across India, according to the National Centre for Disease Control.

Malaysia: According to media sources quoting health authorities, in July 2019, three chikungunya cases have been reported in Kinta district, Malaysia.

Maldives: According to the Maldives Health Protection Agency, in 2019 and as of 6 August, there have been 1 327 cases reported in the country. This represents an increase of 31 cases since the previous CDTR update.

Taiwan: On 26 July 2019, the Taiwanese Centre for Disease Control reported one confirmed indigenous chikungunya case in Taipei area. These represents the first indigenous case reported in Taiwan in 2019. According to the same statement, 16 additional imported cases have been reported in Taiwan during the same period. These cases had travel history to Myanmar (6), Maldives (4), Indonesia (3), Thailand (1), the Philippines (1) and Malaysia (1).

Thailand: In 2019, as of 4 August, Thailand is reporting 5 996 cases with no deaths associated in 44 provinces across the country. This represents an increase of 1 496 cases since the previous CDTR update.

Dengue:
This year, most of the countries in Asia and South East Asia have observed a spike in the number of cases.
In South Asia, the Maldives have officially reported 3 310 cases as of 6 August 2019.

As of 4 August, Thailand has reported 43 200 cases, compared with 28 100 for the same period in 2018. The most affected provinces are Ubon Ratchathani, Trat, and Chanthaburi. Due to the intense circulation of the virus throughout the country, Thailand has declared a state of emergency.

As of 20 July 2019, Cambodia has reported approximately 39 000 cases of dengue, compared with 3000 for the same period in 2018.

As of 20 July 2019, Laos has reported a cumulative number of 15 657 cases. The trend of weekly reported cases is increasing, and dengue activity is significantly higher compared with the same period in 2018 (2 500 cases).

As of 12 August 2019, Malaysia has reported 82 800 cases of dengue in 2019, compared with 46 500 cases for the same period in 2018.

The Philippines Department of Health (DoH) has reported 146 062 dengue cases and 622 deaths since January and up to 20 July 2019. Last year, for the same period, the country had recorded 69 000 cases. The DoH has declared a national dengue epidemic.

As of 8 August 2019, Singapore has reported 9 600 cases of dengue, compared with 1600 cases for the same period in 2018.

As of 11 August, Taiwan has reported 375 cases, compared with 195 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 20 July, Vietnam has reported 115 186 cases of dengue, compared with 29 000 cases for the same period in 2018. The

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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 and as of 13 August 2019, Sri Lanka has reported 36 858 cases of dengue in 2019, compared with 35 000 cases for the same period last year. Colombo, Gampaha and Galle districts are the most affected areas.

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

Bangladesh has almost doubled its cumulative number of cases during the past month. The country has detected 8 565 cases since the beginning of the year and as of 24 July 2019. Media reports 43 000 cases and mentions this outbreak as the largest in the country history.

According to the national institute of health, Pakistan has reported 2 827 cases of dengue since the beginning of the year and as of 28 July 2019.

There is no update for India or Nepal.

Africa

Chikungunya virus disease:
Ethiopia: In August 2019, media sources quoting regional authorities reports an outbreak of 3 756 cases and no associated deaths in Dire Dawa city.

Republic of Congo: In 2019, as of 21 July, 11 230 cases with no deaths associated have been reported across the Republic of Congo. This represents an increase of 768 cases since the previous CDTR update.

Sudan: In July 2019, media sources quoting health authorities reported an outbreak of 73 cases in Jebei, in the Red Sea state.

Dengue:

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

From 10 May – 28 July 2019, Benin has reported eight confirmed and 11 suspected cases of dengue fever.

Côte d'Ivoire has reported 300 confirmed and 2514 suspected cases as of 30 July 2019. Serotypes 1 and 3 are co-circulating.

From August 2018 – 4 August 2019, Tanzania has detected 6 829 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 28 July 2019, the island has reported 17 990 confirmed, 48 800 suspected cases and seven deaths. The most affected areas are Saint-Pierre and Saint Paul. Despite the austral winter, the virus is still circulating, which is of concern.

According to WHO, Mauritius has reported 130 autochthonous cases from 26 February - 20 July 2019. The most affected area is Port Louis. The main circulating serotype is DENV-1.

Regional authorities in Mayotte are reporting 80 locally acquired dengue cases, as of 6 August 2019. This represents an increase of 40 cases in the past month.

Australia and the Pacific

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

Dengue:
As of 30 July, Australia has reported 810 cases of dengue in 2019, which is higher compared with the same period in 2018 (415 cases) but still within seasonal trend.

As of 26 July 2019, New Caledonia has reported 3 852 dengue cases, compared with 1700 cases for the same period in 2018. The circulating serotype is DENV-2.

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As of 28 July 2019, French Polynesia has reported approximately 630 cases of dengue since the beginning of the year, affecting the islands of Tahiti, Bora-Bora, Moorea, Nuku-Hiva and Fakarava. Both DENV-1 and DENV-2 are circulating.

ECDC assessment

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.

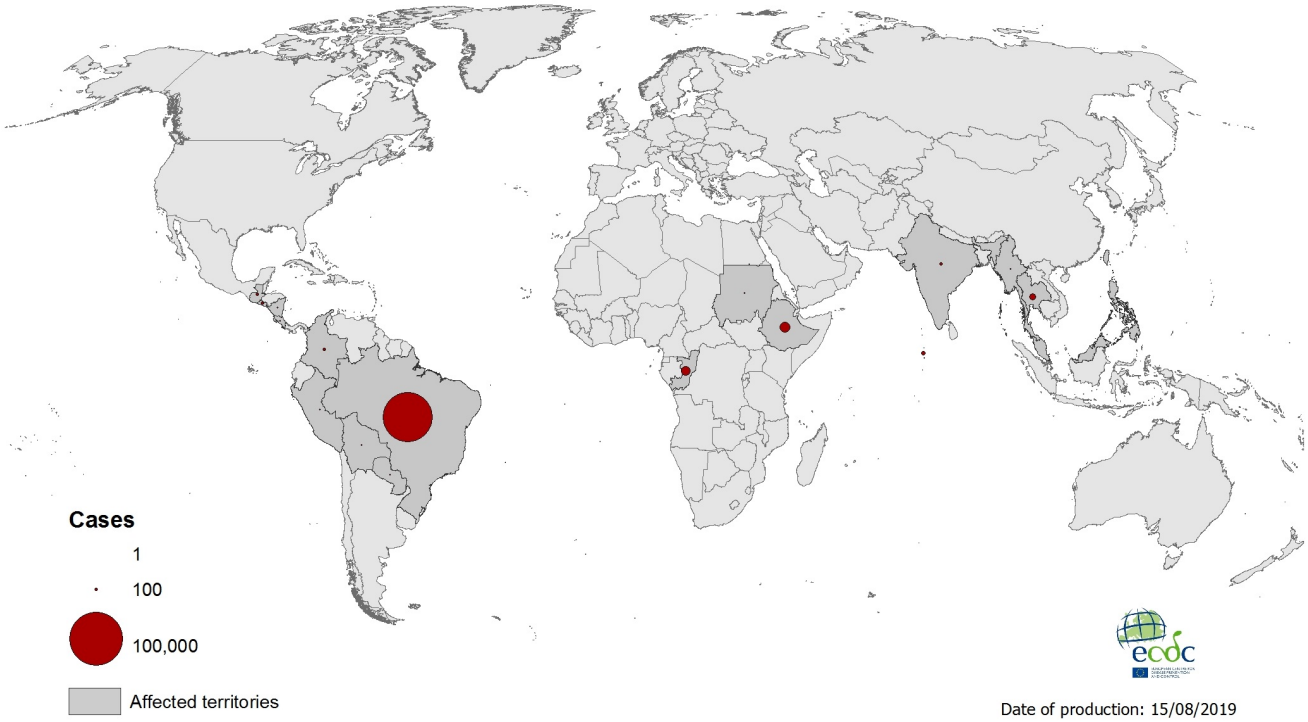
ECDC published a rapid risk assessment on the dengue outbreak in Reunion on 18 June 2019.

Actions

ECDC monitors these threats through epidemic intelligence and reports on a monthly basis.

Geographical distribution of chikungunya virus disease cases reported worldwide, June to August 2019

Source: ECDC

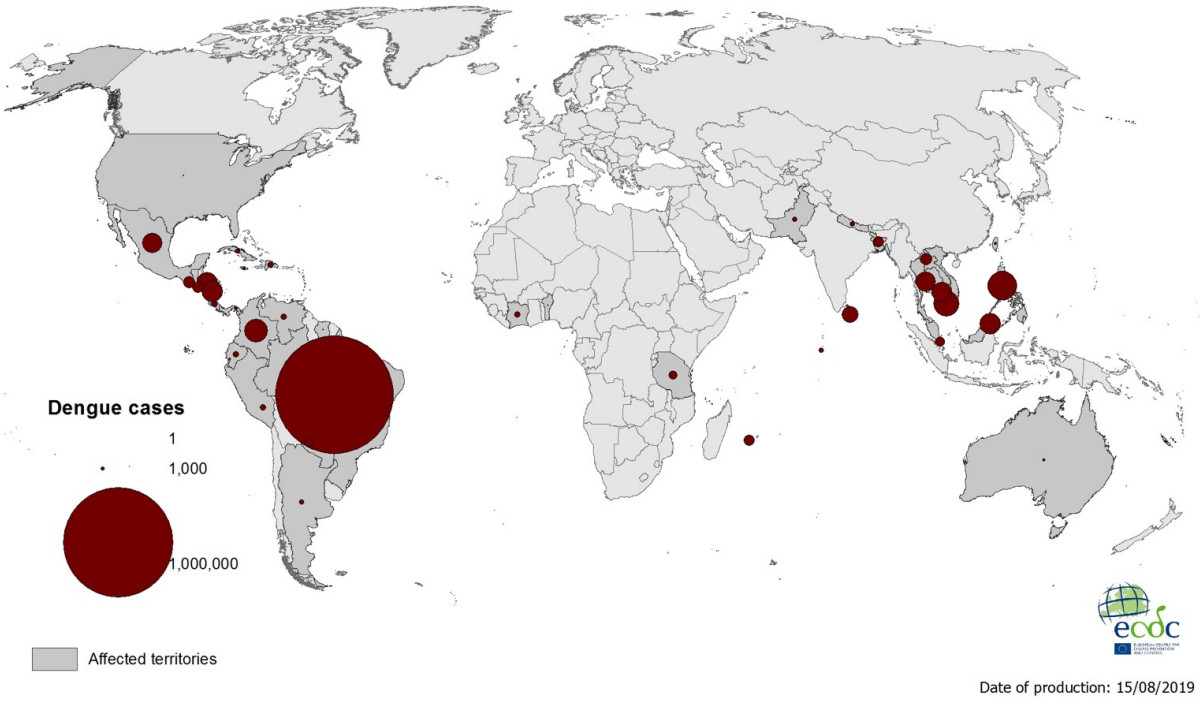


European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

Geographical distribution of dengue cases reported worldwide, June to August 2019

Source: ECDC



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

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