COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 20, 13-19 May 2018

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Escherichia coli 026 causing Haemolytic Uremic Syndrome - France - 2018

Opening date: 16 May 2018 Latest update: 18 May 2018

On 14 May 2018, French authorities reported seven cases of *Escherichia coli* infection, including six haemolytic uremic syndrome (HUS) cases among children under three years of age. The cases are epidemiologically linked to the consumption of Reblochon cheese made with raw milk. The implicated cheese batches are being recalled.

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

Opening date: 11 October 2017 Latest update: 18 May 2018

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

➔Update of the week

During week 19/2018 (14–20 May 2018), influenza activity has returned to inter-season levels in most of the countries in the region with a very low virus circulation.

Dengue – France, Réunion – 2018

Opening date: 13 March 2018 Latest update: 18 May 2018

Since the beginning of 2018, the island of Réunion, a French department in the Indian Ocean, has seen a significant increase in dengue cases.

➔Update of the week

Since the beginning of 2018 and as of 14 May, there have been 2 980 autochthonous cases of dengue in Réunion. Of these cases, 388 were reported between 30 April and 6 May 2018.

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Hepatitis A virus genotype IA infection - Multistate - 2018

Opening date: 3 May 2018

In 2018, six European Union (EU) countries have reported 42 hepatitis A cases each infected with one of two distinct hepatitis A virus (HAV) genotype IA strains. Both strains have historically been found to be epidemiologically associated with Morocco. The cases are classified as either autochthonous, i.e. infected in the EU, or with a travel history to Morocco. Although the definite source of infection is unknown, EU autochthonous cases are likely to have been infected through foodborne or person-to-person transmission. The relative homogeneity of viral strains associated with outbreak cases indicates that foodborne transmission could be associated with the same food item(s) distributed in different EU countries. Epidemiological investigations are currently ongoing in some of the involved EU countries to test these hypotheses.

➔Update of the week

Since the last CDTR, additional hepatitis A cases of the same strain have been reported from Denmark (3), France (1), Spain (1) and the UK (22).

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 18 May 2018

Measles outbreaks continue to occur in a number of EU/EEA countries, with a risk of spread and sustained transmission in areas with susceptible populations.

➔Update of the week

Updates are provided for 17 EU/EFTA countries. Outbreaks of measles are ongoing in the Czech Republic, France, Greece, Italy, Romania, Spain and the UK. Updated information on cases of measles are available for Austria, Bulgaria, Finland, Germany, Hungary, Ireland, Portugal, Poland, Sweden and Switzerland.

Relevant updates outside EU/EFTA countries are provided for Albania, Belarus, Georgia, Russia, Serbia, Turkey, Ukraine and countries in the Region of the Americas.

Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 18 May 2018

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 March 2017.
ECDC reports global outbreaks of rubella in the CDTR on a monthly basis or if there is a critical event.

➔Update of the week

No new outbreaks have been detected in 2018.

Non EU Threats

New! Acute neurological syndrome – Peru – 2018

Opening date: 15 May 2018 Latest update: 18 May 2018

According to the Peruvian Ministry of Health, an outbreak of 19 suspected cases of Guillain-Barre syndrome has been reported in Peru between 16 April to 3 May 2018. Among these cases, 15 cases have been reported in La Libertad region and four additional cases in the capital city of Lima. All these cases could be potentially linked to an enterovirus outbreak.

Yellow fever – Brazil – 2017 - 2018

Opening date: 16 January 2017 Latest update: 18 May 2018

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

➔Update of the week

Between 2 and 8 May 2018, Brazil reported four additional confirmed cases and 15 deaths. The cases occurred in Rio de Janeiro and Minas Gerais states.

During the same time period, Brazil reported six confirmed epizootics in non-human primates in São Paolo state.

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Ebola virus disease - Democratic Republic of the Congo - 2018

Opening date: 8 May 2018 Latest update: 18 May 2018

On 8 May 2018, the Ministry of Health of the Democratic Republic of the Congo declared an outbreak of Ebola virus disease (EVD) in Bikoro Health Zone, Equateur Province. This is the ninth outbreak of Ebola virus disease over the last four decades in the country, with the most recent one occurring in May 2017. The outbreak is currently affecting three health districts of the Equateur Province which is bordering the Congo River and the Republic of Congo.

➔Update of the week

As of 17 May, there are 45 cases, including 25 deaths. A new case has been confirmed in the city of Mbandaka, Wangata health zone. This city has a population of 1.2 million and is a major transportation hub with routes to the capital city of Kinshasa.

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II. Detailed reports

New! Escherichia coli 026 causing Haemolytic Uremic Syndrome - France - 2018

Opening date: 16 May 2018 Latest update: 18 May 2018

Epidemiological summary

On 14 May 2018, French authorities reported seven cases of *Escherichia coli* infection, including six haemolytic uremic syndrome (HUS) cases among children under three years of age. Samples from the patients were positive for *Escherichia coli* 026. The cases are linked to the consumption of Reblochon cheese made with raw milk. Batches are being recalled.

On 18 May, France updated the Rapid Alert System for Food and Feed (RASFF) notification indicating that the Reblochon cheese has been distributed to 14 EU/EEA countries: Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, France, Germany, Hungary, Luxembourg, the Netherlands, Portugal, Romania, Spain and the United Kingdom. As a precautionary measure, France has therefore extended the recall to many more batches than those implicated in the cases.

So far, no other country reports human cases associated with the consumption of this cheese.

Source: Sante Publique France, RASFF

ECDC assessment

All the six cases that have been interviewed (or rather their parents) confirm consumption of Reblochon cheese. Via loyalty card trace back from four families, a specific producer and production site was identified. This strongly supports the hypothesis that the implicated cheese is the source of infection although no food isolates have yet tested positive for STEC/VTEC O26. Considering the wide distribution of this product, additional cases might occur in other countries.

Actions

ECDC is in contact with French authorities and is monitoring the situation through epidemic intelligence in order to assess the risk for EU/EEA countries.

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

Opening date: 11 October 2017 Latest update: 18 May 2018

Epidemiological summary

During week 19/2018 (14-20 May 2018), influenza activity has returned to inter-season levels in most of the countries in the Region.

While low in number, 10% of the individuals sampled from primary healthcare settings tested positive for influenza viruses (compared to 6% in the previous week).

2017–2018 season overview:

Influenza viruses circulated at high levels in the Region between weeks 52/2017 and 12/2018 (based on increased proportions - 40% and above - of sentinel specimens testing positive for influenza viruses). This is longer than in recent seasons and may have contributed to the severity of this season.

The majority of influenza viruses detected were type B, representing a high level of circulation of influenza B viruses compared with recent seasons. B/Yamagata lineage viruses have greatly outnumbered those of the B/Victoria lineage.

Different patterns of dominant influenza virus types and A subtypes were observed between the countries of the Region.

While low in numbers, characterised A(H3N2) viruses fell mainly in clade 3C.2a (57%) and subclade 3C.2a1 (42%), while 43% of B/Victoria lineage viruses fell in a subclade of clade 1A viruses that are antigenically distinct from the current trivalent vaccine component.

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The majority of severe cases were due to influenza type B virus infection and have mostly occurred in persons older than 15 years.

Mortality from all causes now appears to have returned to normal expected levels in all 20 participating countries and regions that report to EuroMOMO.

Interim results from 5 European studies indicate 25% to 52% vaccine effectiveness against any influenza.

Source: Flu News Europe, EuroMOMO

ECDC assessment

Influenza viruses have been circulating widely in the Region between weeks 52/2017 and 17/2018 with a proportion of sentinel specimens testing positive for influenza viruses of 10% or above. This is longer than in recent seasons and may have contributed to the severity of this season. As of week 19/2018, influenza activity has returned to inter-season levels in most of the countries in the region with a very low virus circulation.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the Flu News Europe website. ECDC's risk assessment for the 2017-2018 season is available on ECDC's website. Recommendations on the composition of the 2017-2018 influenza virus vaccine are available on WHO's website.

Dengue – France, Réunion – 2018

Opening date: 13 March 2018 Latest update: 18 May 2018

Epidemiological summary

In 2018 and as of 14 May, authorities reported 2 980 cases on the island. Of these, 388 were reported between 30 April and 6 May 2018. The main affected areas are on the western part of the island. The most prevalent serotype is DENV-2.

The main vector of infection implicated in the outbreak is *Aedes albopictus.*

On 27 March 2018, authorities decided to raise the level of the emergency plan ORSEC to 3. Control activities are currently in place and include active reinforced vector control, enhanced surveillance, blood safety measures and social mobilisation.

Sources: ARS, Sante publique France

ECDC assessment

The current outbreak is a significant event as the number of cases already exceeds the yearly number of cases reported since 2010. Based on previous *Aedes* mosquito-borne outbreaks on the island, further transmission is expected up to the beginning of the austral winter (lasting from July to September) when the temperature will be lower.

The risk for onward transmission of dengue fever in Europe is linked to importation of virus by viraemic travellers into receptive areas with established and active competent vectors (i.e *Aedes albopictus* in mainland Europe, primarily around the Mediterranean, and *Aedes aegypti* on Madeira island). Environmental conditions in Europe are now favourable for the growth of mosquito populations, and could lead to a high vector abundance in early summer. Prior to this high vector abundance season, there is a low likelihood of sustained autochthonous dengue virus transmission in continental Europe associated with virus introduction by returning travellers from Réunion or other areas in the world with active DENV transmission.

Actions

ECDC is closely monitoring the situation and produced a rapid risk assessment entitled 'Dengue outbreak in Réunion, France', which was published on 16 April 2018. ECDC reports monthly dengue outbreaks detected through epidemic intelligence in the CDTR.

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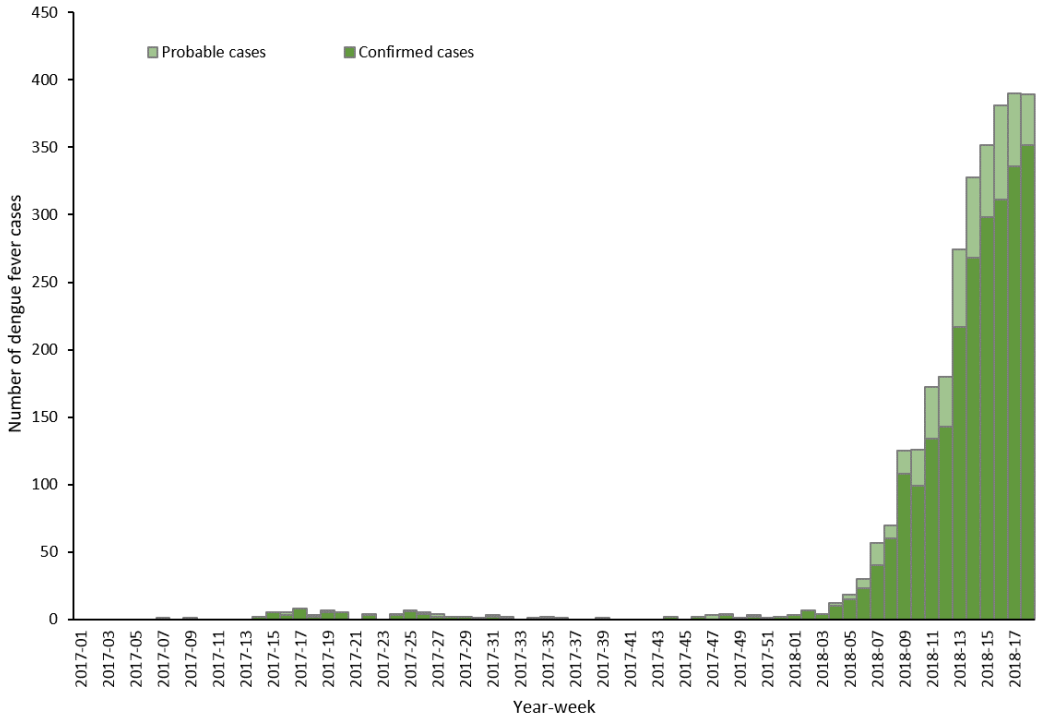
Distribution of dengue cases by week of onset, week 1-2017 to week 18-2018, Réunion

Adapted from "Surveillance de la dengue à la Réunion. Point épidémiologique au 14 mai 2018"



Hepatitis A virus genotype IA infection - Multistate - 2018

Opening date: 3 May 2018

Epidemiological summary

Based on the European outbreak case definition and as of 11 May 2018, there are 42 confirmed cases and 50 possible. The countries affected are: Denmark, France, Germany, the Netherlands, Spain and the United Kingdom. Among the 42 confirmed cases, 39 are classified as 'autochthonous cases' and three have travel history to Morocco. The reporting of outbreak confirmed cases has been oscillating between one and three cases between week 2 and week 11 of 2018. Since then, the number of possible and confirmed cases has rapidly increased with a peak of 11 cases in week 14 of 2018.

No deaths were reported so far.

ECDC assessment

Although the definite source of infection is unknown, EU autochthonous cases are likely to have been infected through foodborne or person-to-person transmission. The relative homogeneity of viral strains associated with outbreak cases indicates that foodborne transmission could be associated with the same food item(s) distributed in different EU countries. Epidemiological investigations are currently ongoing in some of the involved EU countries to test these hypotheses.

Considering that the source has not been definitively identified there is a risk of further cases occurring as part of this outbreak. Raising awareness among clinicians of the need for early detection and reporting is likely to help ongoing epidemiological investigations as well as reduce the risks of secondary transmission.

Actions

ECDC is preparing a rapid risk assessment.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 18 May 2018

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Epidemiological summary

Since the previous monthly report published on 13 April, updates are provided for 17 EU/EFTA countries. In 2018 and as of 17 May, most of the cases in the EU are reported from Romania (2 712), France (2 173), Greece (1 948) and Italy (805). Twenty two deaths have been reported in 2018 from Romania (15), Italy (4), Greece (2) and France (1).

Outside EU/EFTA countries, Ukraine experiences continuation of the largest outbreak with over 15 000 cases reported in 2018, including nine deaths. Ongoing outbreaks are also reported in Albania, Georgia, Serbia, Turkey. Over 800 cases are reported in Russia, the host country of 2018 FIFA World Cup on 14 June-15 July 2018.

Epidemiological summary for EU/EEA countries with updates since last month

Czech Republic has reported 103 cases of measles across the country in 2018, as of 30 March. This is an increase of 74 cases since previous CDTR on 13 April. Among the reported cases, the majority were reported from Prague (70), over half of the cases were not vaccinated and 19% were children 1-4 years of age.

France has reported 2 173 cases between 1 January 2018 and 13 May. This is an increase of 568 cases since 8 April 2018. Since the beginning of the outbreak in November 2017 there have been 2 231 cases, including one death, reported across the country. Of all cases, 48% are from New Aquitaine region. The highest incidence is in children under one year of age. Among the reported cases, 22% were hospitalised and 87% were not or incompletely vaccinated

Greece has reported 1 948 cases in 2018 as of 17 May, including two deaths. This is an increase of 416 cases and one death since the CDTR published on 13 April. As of 17 May 2018, and since the beginning of the outbreak in May 2017, Greece has reported 2 916 measles cases, of which 1 712 were laboratory confirmed. Among the laboratory-confirmed cases, four deaths were reported. Most of the cases occurred in southern Greece among young Roma children and young Greek adults. However, an increase in measles cases in northern Greece has been notified.

Italy has reported 805 cases of measles, including four deaths between 1 January and 31 March 2018. This is an increase of 394 case and two deaths since previous CDTR published on 13 April. Among the cases there were 38 healthcare professionals. Of all cases reported by the 18 regions, over 87% were from five regions: Sicily, Lazio, Campania, Calabria and Lombardy. Among the cases, 92% were unvaccinated and 2% received one dose.

Romania, reported 2 712 measles cases, including 15 deaths, in 2018, as of 11 May. This is an increase of 1 003 cases and six deaths since previous CDTR on 13 April. Since the beginning of the outbreak in October 2016 and as of 6 April 2018, Romania has reported 12 991 confirmed measles cases, including 52 deaths.

UK: between 1 January and 9 May, 2018, 440 confirmed measles cases were reported in England, with London (164), the South East (86), West Midlands (78), South West (42) and West Yorkshire (37) reporting the most cases. The majority of cases (54%) are over 15 years of age. The most common strain is B3 genotype currently circulating in Romania.

Austria has reported 43 measles cases in 2018, as of 4 May. This is an increase of 14 cases since previous CDTR on 13 April.

Bulgaria has reported four cases of measles in 2018, as of 13 May. This is an increase by one case since previous CDTR on 13 April.

Finland has reported three cases of measles in 2018, as of 17 May. This is an increase of two cases since 26 February 2018, the recent two cases were imported cases.

Germany has reported 176 cases of measles in 2018, as of 21 April. This is an increase of 99 cases since the previous report.

Hungary reported 16 cases of measles in 2018, as of 6 May. This is an increase of two cases since previous CDTR on 13 April.

Ireland has reported 72 cases of measles in 2018, as of 12 May 2018. This is an increase of 12 cases since previous CDTR on 13 April.

Poland has reported 44 cases of measles in 2018, as of 30 April. This is an increase of 13 cases since previous CDTR published on 13 April.

Portugal has reported 111 confirmed cases of measles in 2018, as of 8 April 2018. This is an increase of six cases since previous CDTR published on 13 April. Additionally 24 cases are pending test results. Of the confirmed cases, 110 are adults and 88 (79%) are healthcare professionals. Most of the cases (106) are reported in the north of the country.

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Spain has reported 105 cases in 2018, as of 6 May. Among these, 64 cases were reported from Valencia region and 20 cases from Catalonia.

Sweden has reported contact tracing in two hospitals of Stockholm county, after each had been visited by a measles case (in the last week of April and on 1 May). No additional measles cases were reported.

Switzerland has reported 20 cases in 2018, as of 8 May. This is an increase of six cases since previous CDTR on 13 April.

Relevant epidemiological summary for countries outside EU/EEA

Albania has reported over 600 cases in 2018, as of a media report on 25 April. This is an increase of 248 cases since previous CDTR on 13 April. Most of the cases are children and persons who were not immunised against measles.

Belarus has reported 67 cases of measles in 2018 as of 25 March. Of these 38 were confirmed.

Georgia has reported 517 measles cases in 2018, as of 19 April. This is an increase of 70 cases since previous report on 3 April.

Russia has reported 843 cases of measles in 2018, as of 31 March. This is an increase of 272 cases since previous CDTR on 13 April. In 2017, Russia reported 725 cases. In recent years, most of the cases - over 4 700 were reported in Russia in 2014.

Serbia has reported 5 167 cases, including 15 deaths, between October 2017 and 10 May 2018. This is an increase of 629 cases and three deaths since previous CDTR on 13 April. Of the reported cases, 2 655 were confirmed.

Turkey has reported 44 cases of measles in 2018, according to media on 30 March 2018.

Ukraine has reported 15 261 cases of measles, including eight deaths in 2018, as of 15 May. This is an increase of 6 170 cases and one death since previous CDTR on 13 April. Among the cases, 6 243 were adults and 9 018 were children. Most of the cases are reported from Ivano-Frakivsk, Zakarpatie, Lviv, Odessa and Chenivetsk regions. Vaccination campaign is ongoing in all regions of Ukraine. According to the media, vaccination campaigns are ongoing in all regions.

According to WHO, during 2018 and as of 8 May, there were 11 countries that reported 1 115 confirmed cases in the Region of the Americas: Antigua and Barbuda (1 case), Argentina (3 cases), Brazil (104 cases), Canada (9 cases), Colombia (21 cases), Ecuador (3 cases), Guatemala (1 case), Mexico (4 cases), Peru (2 cases), the United States (63 cases), and the Bolivarian Republic of Venezuela (904 cases). This number exceeds what was reported in 2017, when 4 countries in the Region reported 895 confirmed cases: Argentina (3 cases), Canada (45 cases), the United States of America (120 cases), and Venezuela (727 cases).

ECDC links: Measles web page | ECDC Communicable Disease Threats Reports (CDTR) | ECDC rapid risk assessment ongoing outbreak of measles in Romania, risk of spread and epidemiological situation in EU/EEA countries, 3 March 2017 | ECDC rapid risk assessment 'Risk of measles transmission in the EU/EEA', 23 March 2018

Sources: National Public Health Institutes | Ministries of Health | media

ECDC assessment

Measles outbreaks continue to occur in a number of EU/EEA countries. There is a risk of spread and sustained transmission in areas with susceptible populations. Current outbreaks affect various population groups, including healthcare workers caring for people at risk of severe disease and complications (e.g. infants under one year of age, immunocompromised).

Prompt and targeted outbreak response to break chains of transmission is essential. This includes the isolation of suspected and confirmed cases and the close monitoring of previously unvaccinated contacts. Vaccination with measles-containing vaccines (MCV) is indicated for those not able to show proof of complete vaccination or history of previous infection.

Vaccination with at least two doses of a MCV remains the most effective preventive measure. Every encounter with the healthcare system should be considered an opportunity to ensure that all residents have a documented MCV vaccination status as per national recommendation. If not, additional doses should be administered. Vaccination status needs to be readily available to healthcare workers in case of exposure or an outbreak. Over 95% of the general population, at national as well as subnational levels, need to be vaccinated with two doses of MCV to ensure that measles circulation is interrupted, and that the introduction of measles cases does not result in secondary cases.

In the EU/EEA, only five countries have reached the target of 95% measles vaccination coverage for both MCV doses necessary to prevent outbreaks and eliminate the disease. The current epidemiological events are putting the elimination status of some

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countries at stake and will require sustained efforts to increase population immunity to measles and halt transmission.

Actions

All EU/EEA countries report on measles through The European Surveillance System, TESSy on a monthly basis to ECDC; data are published every month. ECDC also monitors EU/EEA outbreaks on a monthly basis through epidemic intelligence activities which are reported through Communicable Disease Threats Report, CDTR.

ECDC published a rapid risk assessment 'Risk of measles transmission in the EU/EEA' on 23 March 2018.

Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 18 May 2018

Epidemiological summary

No new outbreaks have been detected in the EU in 2018. Sporadic cases are reported across EU/EEA countries.

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

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. The progress towards elimination of rubella in the WHO European Region is assessed by the European Regional Verification Commission for Measles and Rubella Elimination (RVC). Member States of the WHO European Region are making steady progress towards the elimination of rubella. At the sixth meeting of the RVC for Measles and Rubella in June 2017, of 53 countries in the WHO European Region, 33 (21 of which are in the EU/EEA) were declared to have reached the elimination goal for rubella, and four countries (two in the EU/EEA) were deemed to have interrupted endemic transmission for between 12 and 36 months, meaning they are on their way to achieving the elimination goal. However, seven EU/EEA countries were judged to still have endemic transmission: Belgium, Denmark, France, Germany, Italy, Poland and Romania.

Web source: European Regional Verification Commission for Measles and Rubella Elimination (RVC) (2017)

Actions

ECDC 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 achieving the target of rubella and congenital rubella elimination.

New! Acute neurological syndrome – Peru – 2018

Opening date: 15 May 2018 Latest update: 18 May 2018

Epidemiological summary

According to the Peruvian Ministry of Health, an outbreak of 19 suspected cases of Guillain-Barre syndrome (GBS) has been reported in Peru between 16 April and 3 May 2018. Among these cases, 15 were detected in La Libertad region and four additional cases in the capital city of Lima. The National Institute of Health (INS) has detected the presence of an enterovirus in samples of cerebrospinal fluid secretion and faeces of patients with neurological problems. Further results are expected from genotyping. The nationwide number of GBS cases has increased in 2018, with 42 cases reported since the beginning of the year. For the same time period, 24 cases were reported in 2017 and 22 in 2016.

Additionally, according to media sources quoting Ministry of Health authorities, the number of Guillain-Barre syndrome cases in La Libertad region has reached 21 cases as of 16 May 2018. If confirmed, that would represent an increase of six cases in La Libertad region since the press release published by Peruvian Ministry of Health on 11 May 2018. Furthermore, several media sources have also been reporting 13 additional GBS cases in Piura (2), Cajamarca (8) and Nuevo Chimbote (3). All these regions are bordering La Libertad.

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Source: Peruvian MoH

ECDC assessment

Further investigations are needed to assess the situation and the risk for EU. Guillain-Barre syndrome is known to be caused by bacterial infections, respiratory viruses, enteroviruses and arboviruses such as dengue, zika and some vaccines. The Peruvian Ministry of Health confirmed that the first urine and blood tests for six of the patients from La Libertad region tested negative for dengue, Zika and chikungunya. Additional tests and outbreak investigation are ongoing.

Actions

ECDC is closely monitoring this event through epidemic intelligence in order to assess the risk for the EU/EEA.

Yellow fever – Brazil – 2017 - 2018

Opening date: 16 January 2017 Latest update: 18 May 2018

Epidemiological summary

Between July 2017 and week 18-2018, the Ministry of Health in Brazil reported 1 261 confirmed human cases of yellow fever, including 409 deaths. The cases occurred in São Paolo (517), Minas Gerais (516), Rio de Janeiro (221), Espirito Santo (6) and Distrito Federal (1).

During the same time period, the Ministry of Health reported 738 confirmed epizootics in non-human primates. Of those, 593 were reported in São Paulo state, 100 in Minas Gerais, 39 in Rio de Janeiro state, three in Tocantins, two in Espirito Santo and one in Mato Grosso.

Cases among returning travellers

Since the beginning of 2018, unvaccinated travellers from the Czech Republic (1), France (1), the Netherlands (1), Romania (1), Switzerland (1) and Germany (three confirmed cases, one of whom was reported by the United Kingdom) have contracted yellow fever in Brazil.

Vaccination recommendations

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

The Ministry of Health, Brazil announced a progressive extension of the standard vaccination recommendations for the whole of Brazil. It will be expanded gradually until 2019.

Sources: MoH | WHO

ECDC assessment

The outbreak is currently showing a decreasing trend and as the vector activity season in Brazil is coming to an end, the risk for European travellers is expected to decrease. Brazilian authorities are conducting vaccination campaigns. European citizens travelling to any yellow fever risk area should seek medical advice prior travel and should receive the yellow fever vaccine at least 10 days prior to travelling (unless vaccination is contraindicated). They should also follow measures to avoid mosquito bites and be aware of yellow fever symptoms and signs.

The probability of local yellow fever transmission in continental Europe following introduction of the virus by a viraemic traveller is currently considered low as *Aedes aegypti* is not present, and vector competency of *Aedes albopictus*, which is present in the southern part of Europe, is limited.

Actions

ECDC published updates of its rapid risk assessment 'Outbreak of yellow fever in Brazil' on 13 April 2017 and 18 January 2018. On 16 March 2018, ECDC published the third update of the RRA on its website.

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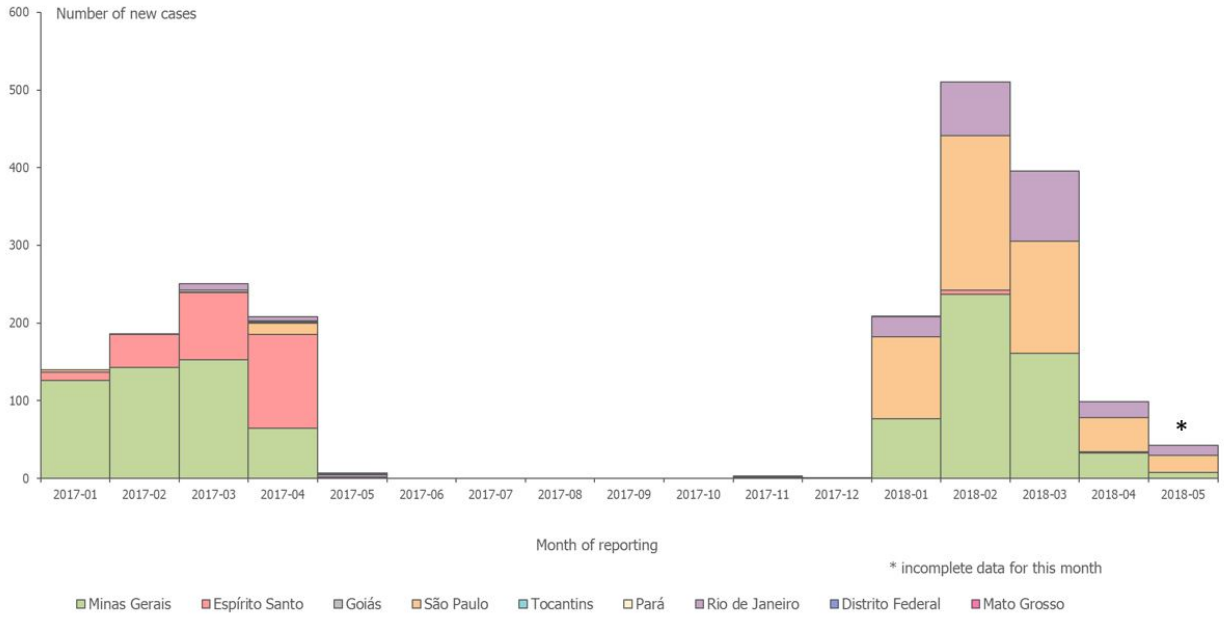
Distribution of confirmed human cases of yellow fever by month, Brazil, January 2017 - 8 May 2018

ECDC



Ebola virus disease - Democratic Republic of the Congo - 2018

Opening date: 8 May 2018 Latest update: 18 May 2018

Epidemiological summary

As of 17 May and according to the Ministry of Health of the DRC, there are 45 cases, including 23 deaths and three healthcare workers affected. Of the 45 cases reported, 14 are confirmed, 10 are suspected and 21 are probable. So far, all cases have been reported from three neighbouring districts: Bikoro (36), Iboko (5) and Wangata (4) health zones.

Response activities:
A rapid public health response is being implemented including active case finding, contact tracing, case management, community engagement, and safe and dignified burials. Additionally, ring vaccination will start with the experimental vaccine V920 (rVSV-ZEBOV); 5400 doses arrived in Kinshasa from Geneva on 16 May 2018.

ECDC assessment

The risk that the virus will spread to neighbouring regions and countries is moderate due to the arrival of the virus to an urban area with an important port on the Congo River.

The risk of exposure of EU/EEA citizens living in or travelling through DRC is very low, as transmission of the Ebola virus occurs in the context of direct contact of sick or dead persons or animals infected with Ebola. For people entering the affected area, for example healthcare workers supporting the outbreak response, the risk of infection remains low, provided they adhere to the recommended precautions.

The risk of introduction into the EU/EEA would most probably be related to an infected traveller coming from the affected area, which is unlikely but cannot be excluded. The overall risk of introduction and further spread of Ebola virus within the EU/EEA is currently considered to be very low.

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

Actions

ECDC is preparing an updated version of its rapid risk assessment published on 15 May.

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