



This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Legionnaires' disease - Belgium - 2019

Opening date: 14 May 2019

Latest update: 17 May 2019

In May 2019, Belgium reported an outbreak of legionellosis in Flanders, north of Ghent, Belgium.

Dengue – France, Réunion – 2019

Opening date: 13 March 2018

Latest update: 17 May 2019

Since the beginning of 2018, an outbreak of unusual magnitude has affected the French overseas department of Réunion. In 2018, Réunion reported a total of 6 770 cases. Circulation has not been interrupted during the austral winter and the number of cases has started increasing again since the beginning of 2019.

→Update of the week

During the past week, Réunion reported about 800 confirmed cases of dengue.

Influenza – Multistate (Europe) – Monitoring season 2018 – 2019

Opening date: 8 October 2018

Latest update: 17 May 2019

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

→Update of the week

Week 19, 2019 (6–12 May 2019):

For week 2019-19, all countries reporting influenza-like illness or acute respiratory infection thresholds reported activity at or below baseline levels, indicating a return to inter-season levels.

Few countries reported influenza virus detections. From 79 sentinel specimens tested, there were only 8 influenza virus positive.

For week 19 of 2019, only one of 54 specimens from patients with severe acute respiratory infection (SARI) tested positive for an influenza virus, which was of the A(H3N2) subtype.

Pooled data from 24 Member States and areas reporting to the [EuroMOMO](#) project indicated that all-cause mortality was at expected levels.

Rift Valley fever (RVF) – France (Mayotte) – 2019

Opening date: 31 January 2019

Latest update: 17 May 2019

Since November 2018, cases in human and animals have been reported across Mayotte. These are the first human cases reported in several years.

→Update of the week

According to [Agence de Santé Océan Indien](#), as of 10 April 2019 and since the last CDTR published on 26 April 2019, 8 new human cases of Rift Valley fever confirmed by PCR and 15 new Rift Valley fever epizootic foci have been reported in Mayotte.

No severe form of the disease (according to WHO definitions) was found among the 65 cases for which information on severity is available. However, as of 3 May 2019, 11 cases were hospitalised, including one pregnant woman and three cases with meningitis.

Among 112 investigated cases, 86 reported contact with animals, 8 reported consumption of raw or curdled milk and 18 had no reported risk factors.

Data on the commune of residence is available for 112 of the 130 confirmed cases. The vast majority of the cases are concentrated in the Centre-West (46%) and North (28%) areas of Mayotte.

Non EU Threats

New! Crimean-Congo haemorrhagic fever – South-western African countries – 2019

Opening date: 13 May 2019

Latest update: 17 May 2019

Multiple Crimean-Congo haemorrhagic fever cases have recently been reported in south-western African countries.

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

Opening date: 1 August 2018

Latest update: 17 May 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. On 12 April 2019, the [International Health Regulations Emergency Committee](#) concluded that the epidemic does not at this stage constitute a Public Health Emergency of International Concern.

→Update of the week

Since the previous CDTR and as of 15 May 2019, the [Ministry of Health of the Democratic Republic of the Congo](#) has reported 156 additional cases, including 87 deaths. Among the 156 additional cases, 134 are confirmed and 22 are probable.

Among the new reported cases in the past week, eight are healthcare workers and one was reported in a new health zone, Alimbongo.

On 13 May 2019, new security incidents occurred in Katwa.

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

Opening date: 27 January 2017

Latest update: 17 May 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, with several countries reporting cases in 2019. Chikungunya virus disease cases have also been reported in Africa and Asia during this period. Since the previous CDTR update on 26 April 2019, Brazil, the Republic of the Congo and the Democratic Republic of the Congo have reported the majority of new cases. No outbreaks have been identified in the Australia and Pacific region and Europe since the previous report.

Dengue: Brazil and Réunion are still reporting a large number of cases. Almost all reporting countries in Asia have observed an increase of cases compared with last year.

Monkeypox – Nigeria – 2017-2019

Opening date: 6 November 2017

Latest update: 17 May 2019

Since mid-September 2017, Nigerian authorities have been monitoring an unusual outbreak of monkeypox. The magnitude and geographical extension of this event is of concern for public health authorities in the country.

→Update of the week

In 2019 and as of 28 April 2019, Nigeria has reported 18 suspected and 20 confirmed cases. Cases are reported in 4 out of 36 states and the Federal Capital Territory (FCT).

Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 17 May 2019

Global public health efforts are ongoing to eradicate polio by immunising every child until transmission of the virus has stopped and the world becomes polio-free. Polio was declared a Public Health Emergency of International Concern (PHEIC) by WHO on 5 May 2014 due to concerns over increased circulation and international spread of wild poliovirus in 2014. In June 2002, the WHO European Region was officially declared polio-free.

→Update of the week

Since the CDTR published on 12 April 2019, 13 new cases of wild poliovirus type 1 have been reported in Pakistan (9) and Afghanistan (4). In addition, six new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria (4), the Democratic Republic of the Congo (1) and Somalia (1).

On 19 February 2019, the [International Health Regulations Emergency Committee](#) agreed that the spread of poliovirus remains a PHEIC and extended temporary recommendations for an additional three months.

II. Detailed reports

New! Legionnaires' disease - Belgium - 2019

Opening date: 14 May 2019

Latest update: 17 May 2019

Epidemiological summary

In May 2019, Belgium reported an outbreak of Legionnaires' disease in the Evergem area, Flanders, Belgium. As of 16 May 2019, there are 18 confirmed cases, including two deaths.

Most cases are clustered geographically to the Evergem area, either by place of residence or their working area. Belgian health authorities are investigating cooling towers in the Ghent canal zone as the possible source of infection.

Water samples have been taken from cooling towers of 17 companies and results are expected to arrive on 20 May 2019.

Sources: [Gemeente Evergem](#) | [Vlaamse overheid](#)

ECDC assessment

Given the incubation period of Legionnaires' disease, more cases may be reported in the coming days in the surrounding areas.

Actions

ECDC will continue monitoring the ongoing situation through epidemic intelligence activities and report again if relevant epidemiological updates are available.

Dengue – France, Réunion – 2019

Opening date: 13 March 2018

Latest update: 17 May 2019

Epidemiological summary

According to [regional authorities](#) as of 14 May 2019, Réunion has detected approximately 10 000 confirmed and 30 000 suspected cases since the beginning of 2019, of which 341 have been hospitalised and four have died. Réunion reported 2 795 confirmed cases for the same period in 2018. Cases are widespread on the island.

According to Santé publique France, the main circulating serotype is DENV-2. However, 19 autochthonous cases were serotyped DENV-1 in the south of the island.

ECDC assessment

A sharp increase of cases has been observed in Réunion since the beginning of 2019 and will likely continue in the coming weeks. The co-circulation of DENV-1 together with DENV-2 may increase the intensity of the outbreak since the population is not immune to the DENV-1 serotype. This may also increase the number of haemorrhagic fever cases.

The risk for onward transmission of dengue in Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus* in mainland Europe, mainly around the Mediterranean Sea, and *Aedes aegypti* on the island of Madeira).

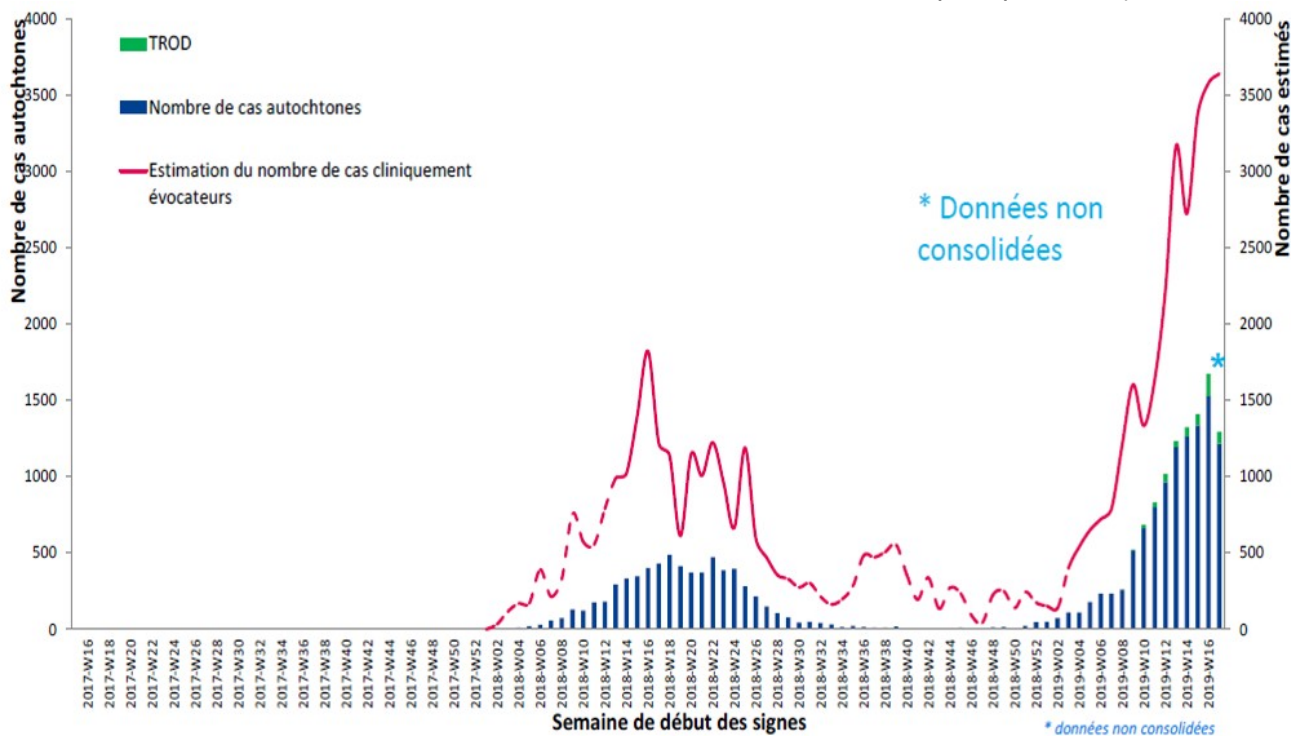
Environmental conditions for the growth of mosquito populations are currently improving in Europe, but they are still unfavourable for the multiplication of the virus in the vector. For that reason, the likelihood of sustained autochthonous dengue virus transmission in continental Europe associated with introduction by a returning traveller remains low.

Actions

ECDC monitors this outbreak through epidemic intelligence on a weekly basis and published a rapid risk assessment, '[Dengue outbreak in Réunion, France – First update](#)', on 5 July 2018.

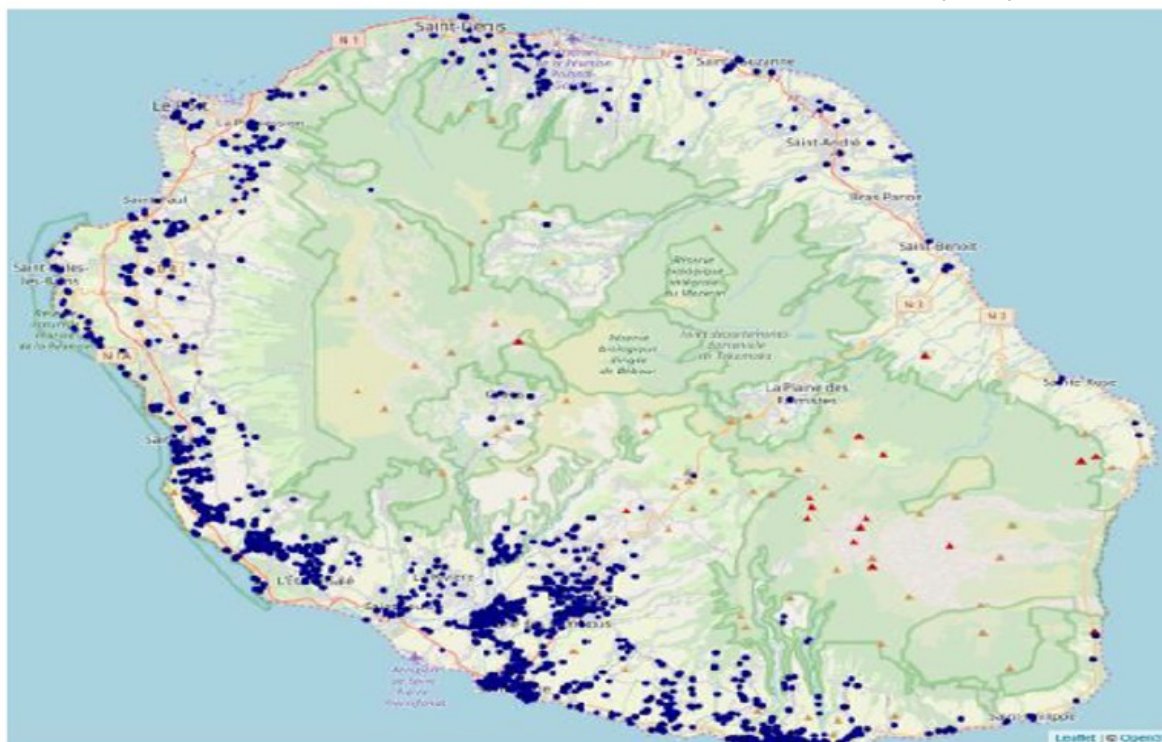
Distribution of dengue cases by week of onset, Réunion, week 16-2017 to week 17-2019

Source: Santé publique France, Cire Océan Indien



Geographical distribution of dengue cases in Réunion, week 16 & 17 2019

Source: Santé publique France, Cire Océan Indien



Influenza – Multistate (Europe) – Monitoring season 2018 – 2019

Opening date: 8 October 2018

Latest update: 17 May 2019

Epidemiological summary

2018–2019 season overview:

Influenza activity in the European Region based on sentinel sampling reached a positivity rate of 10% in week 49 of 2018, exceeded 50% between weeks 3–7 of 2019 and peaked in week 5 of 2019.

Both influenza A virus subtypes have circulated, with co-circulation in certain countries and others reporting dominance of either the A(H1N1)pdm09 or A(H3N2) viruses.

Among hospitalised influenza virus-infected patients admitted to ICU wards, 99% were infected with type A viruses, with 66% of those subtyped being A(H1N1)pdm09. Among influenza virus-infected patients admitted to other wards, 99% were infected with type A viruses, with 55% of those subtyped being A(H1N1)pdm09.

Of the patient specimens from SARI surveillance that tested positive for an influenza virus, 99% were type A viruses, with 79% of those subtyped being A(H1N1)pdm09.

A summary of regional activity from October 2018 to February 2019 was published in [Eurosurveillance](#) on 28 February 2019.

Current influenza vaccines tend to work better against influenza A(H1N1)pdm09 and influenza B viruses than influenza A(H3N2) viruses.

WHO has published [recommendations](#) for the composition of influenza vaccines to be used in the 2019–2020 northern hemisphere season stating both type B lineage viruses remain unchanged, while the A(H1N1)pdm09 and A(H3N2) viruses were updated.

The vast majority of circulating viruses in the European Region were susceptible to neuraminidase inhibitors supporting use of antiviral treatment according to national guidelines.

Source: [Flu News Europe](#) | [EuroMOMO](#)

ECDC assessment

Influenza activity has decreased across countries. Influenza vaccine coverage among the elderly, chronic disease risk groups and healthcare workers was suboptimal in most EU Member States, according to the [VENICE report](#). Vaccine effectiveness was moderate and all-cause excess mortality has returned to normal levels for the time of the season.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe website](#).

Recommendations on the composition of the 2018–2019 and 2019–2020 influenza virus vaccines are available from [WHO](#).

Rift Valley fever (RVF) – France (Mayotte) – 2019

Opening date: 31 January 2019

Latest update: 17 May 2019

Epidemiological summary

According to the French authorities, from 22 November 2018–10 May 2019, 130 human cases and no deaths were reported in Mayotte. The majority of the cases were male, with a male-to-female ratio of 3:1 and age range of 4–75 years. All cases were locally acquired.

Further investigations identified 119 epizootic foci of Rift Valley fever comprising one to six animals, including bovines (95) and small ruminants (24).

Most of the cases were concentrated in the Centre-West and North areas of Mayotte.

According to the French Agricultural Research Centre for International Development, seroprevalence among ruminants decreased from 2008–2017, but increased significantly in 2017 and 2018 (3.6%, IC95%: 2.3%–5.6%) and 2018–2019 (10.1%, IC95%:

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6.5%–15.3%).

Sources: [Agence de Santé Océan Indien](#) | [Santé publique France](#) | [Emerging Infectious Diseases](#) | [Emerging Infectious Diseases](#) | [Université de la Réunion](#) | [OIE](#) | [WAHIS](#)

ECDC assessment

Travellers to and residents of Mayotte are at low risk of infection if they apply appropriate preventive measures. However, those who are in contact with potentially infected animals (e.g. veterinarians and those involved in livestock farming, butchering and slaughtering of animals in affected areas) have an increased risk of infection and should therefore handle potentially infected animals in a secure manner by practising safe animal husbandry and slaughtering. In affected areas, consumption of raw milk and eating animal products that have not been thoroughly cooked should be avoided. In addition, as a precautionary measure, [personal protective measures against mosquito bites](#) should be applied. Transmission of the virus through blood contact or infected materials in healthcare settings can be prevented by applying the measures defined in WHO's '[Standard precautions in health care](#)' aide-memoire.

The occurrence of travel-related cases returning to the continental EU/EEA is not new as Rift Valley fever is endemic in many African countries. Importation of human cases from Mayotte cannot be excluded, particularly to connected EU Outermost Regions in the Indian Ocean (Réunion) and the continental EU/EEA.

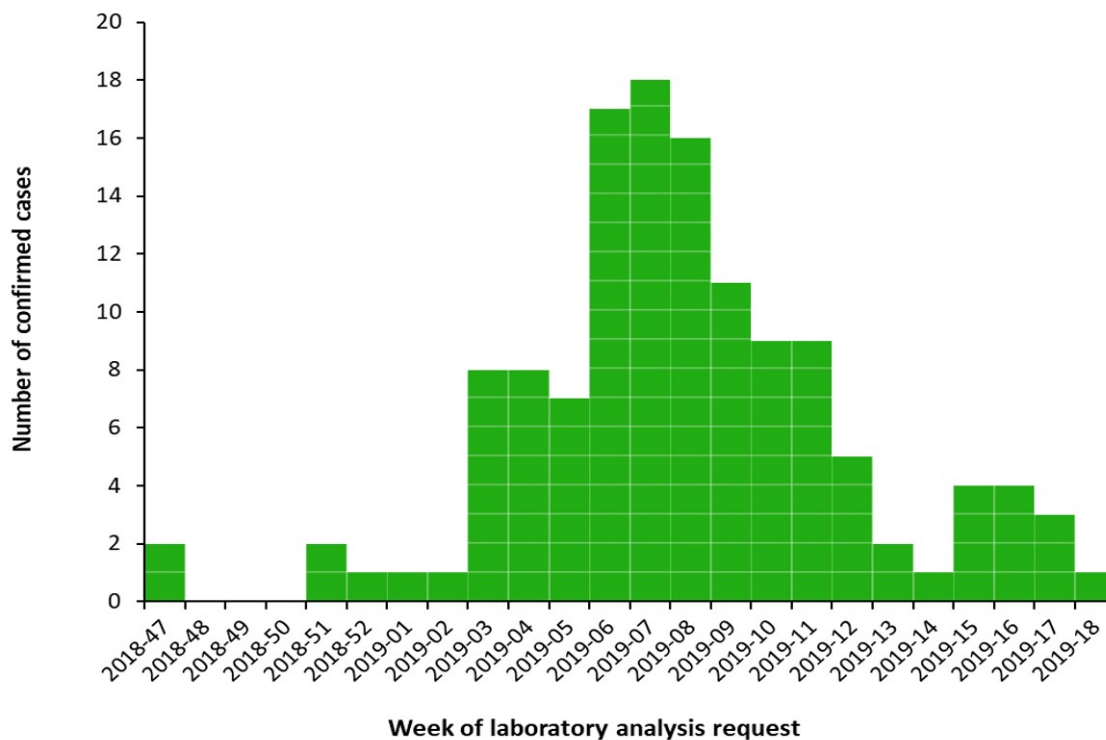
Overall, the current outbreak in Mayotte poses a very low risk for EU/EEA countries in terms of introduction through the animal trade as export of live animals and their meat and milk from Mayotte have been prohibited.

Actions

ECDC published a [rapid risk assessment on Rift Valley fever in Mayotte \(France\)](#) on 7 March 2019. ECDC will continue monitoring this event through epidemic intelligence activities and report again if there is a relevant epidemiological update.

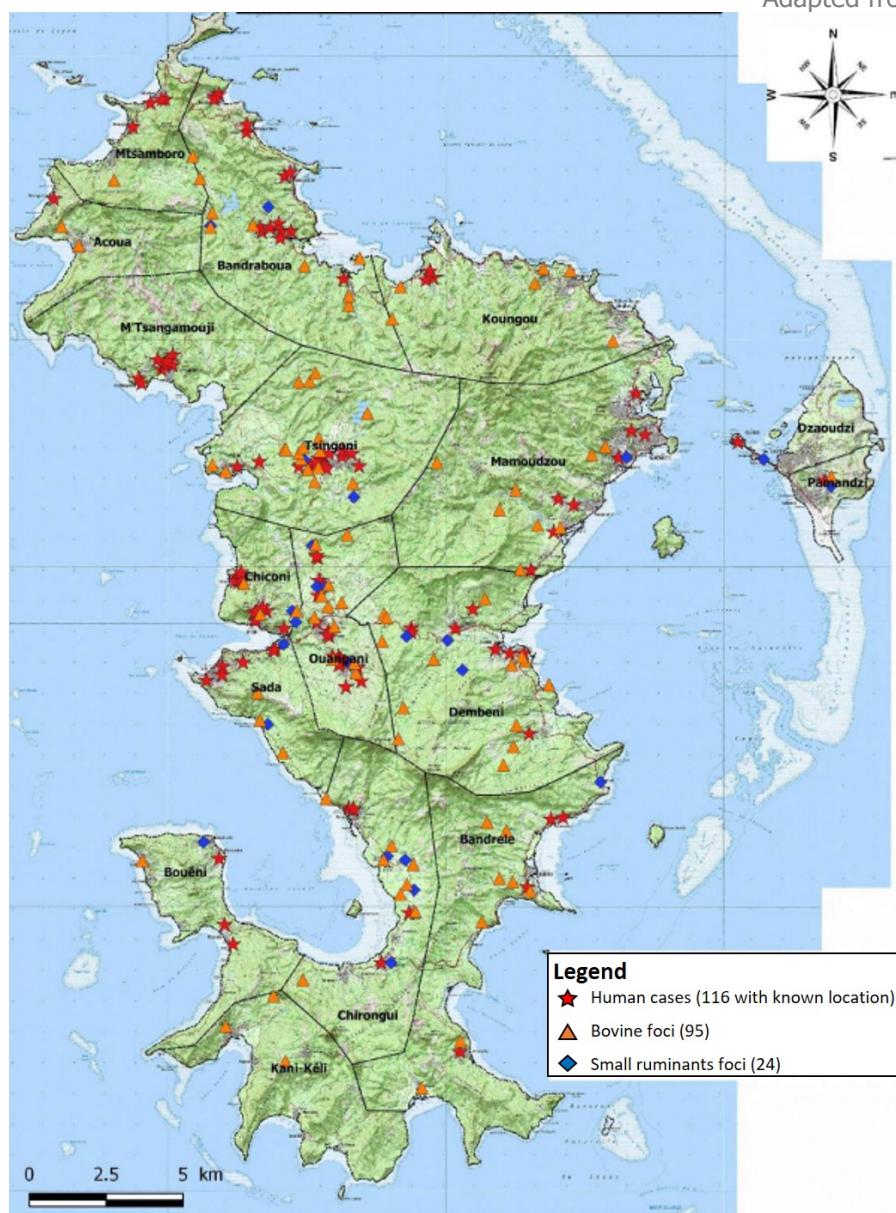
Distribution of RVF confirmed human cases, Mayotte, 22 November 2018 to 3 May 2019

Adapted from Santé publique France epidemiological report num. 23



Geographic distribution of human cases (red stars), bovine foci (orange triangle) and small ruminant foci (blue diamond), from 22 November 2018 to 10 May 2019.

Adapted from Agence de Santé Océan Indien



New! Crimean-Congo haemorrhagic fever – South-western African countries – 2019

Opening date: 13 May 2019

Latest update: 17 May 2019

Epidemiological summary

On 13 May 2019, media outlets in Namibia citing health authorities reported one confirmed and four possible Crimean-Congo haemorrhagic fever cases in Ontananga. On 16 May 2019, according to a [media report](#), two of the suspected cases were discarded. According to available information, one case was reported in 2018 and four cases in 2017.

In South Africa, the National Institute for Communicable Diseases (NICD) reported two confirmed cases in Northern Cape and Free State Provinces in 2019 as of March 2019. In addition, media outlets reported a third case in North West Province on 30 April 2019. According to available information, two Crimean-Congo haemorrhagic fever cases were reported in 2018 in South Africa.

On 20 April 2019, media reports quoting local health authorities reported a case in an adult male in Huíla, Angola. If this

information is validated by official sources, this would be the first case of Crimean-Congo haemorrhagic fever ever reported in Angola.

Source: [Media report](#) | [Media report](#) | [NICD](#) | [WHO](#)

ECDC assessment

According to [WHO](#), South Africa reports from 5–49 cases a year, while in Namibia, Crimean-Congo haemorrhagic fever virological or serological evidence has demonstrated. In addition, the vector is present in Angola, Namibia and South Africa, according to WHO.

The occurrence of Crimean-Congo haemorrhagic fever cases is therefore not unexpected. The risk for spread in the EU/EEA is very low. EU/EEA travellers and citizens living in possibly affected areas should use personal protective measures that include the avoidance of areas where tick vectors are abundant, particularly when they are active, regular examination of clothing and skin for ticks and their removal and the use of repellents.

Due to the high pathogenicity of the Crimean-Congo haemorrhagic fever virus, the absence of a specific drug treatment or vaccine and the risk of person-to-person transmission, rapid diagnosis is crucial to ensure that appropriate infection control measures (e.g. isolation of patient and barrier precautions) can be implemented in a timely manner.

Actions

A rapid risk assessment '[Crimean-Congo haemorrhagic fever in Spain](#)', was published on 8 September 2016.

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

Opening date: 1 August 2018

Latest update: 17 May 2019

Epidemiological summary

Since the beginning of the outbreak a year ago and as of 15 May 2019, there have been 1 760 Ebola virus disease cases (1 672 confirmed, 88 probable), including 1 161 deaths (1 073 confirmed, 88 probable), according to the Ministry of Health of the Democratic Republic of the Congo.

As of 15 May 2019, 102 healthcare workers have been infected, 34 of whom have died.

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

Source: [Ministry of Health of the Democratic Republic of the Congo](#) | [WHO](#) | [WHO Regional Office for Africa](#)

ECDC assessment

ECDC assessment: Response measures remain challenging in affected areas because of the prolonged humanitarian crisis, unstable security situation and resistance among the population. The fact that the outbreak is ongoing in areas with cross-border population flow with Rwanda, South Sudan and Uganda remains of particular concern.

A substantial proportion of cases continue to be among individuals not previously identified as contacts, highlighting the need to maintain enhanced surveillance in order to identify chains of transmission.

The overall risk of introduction and further spread of Ebola virus disease within the EU/EEA is very low. However, the risk can only be eliminated by stopping transmission at the local level.

WHO assessment: As of 9 May 2019, the [WHO assessment](#) is that the risk of spread is low at the global level, but remains very high at national and regional levels.

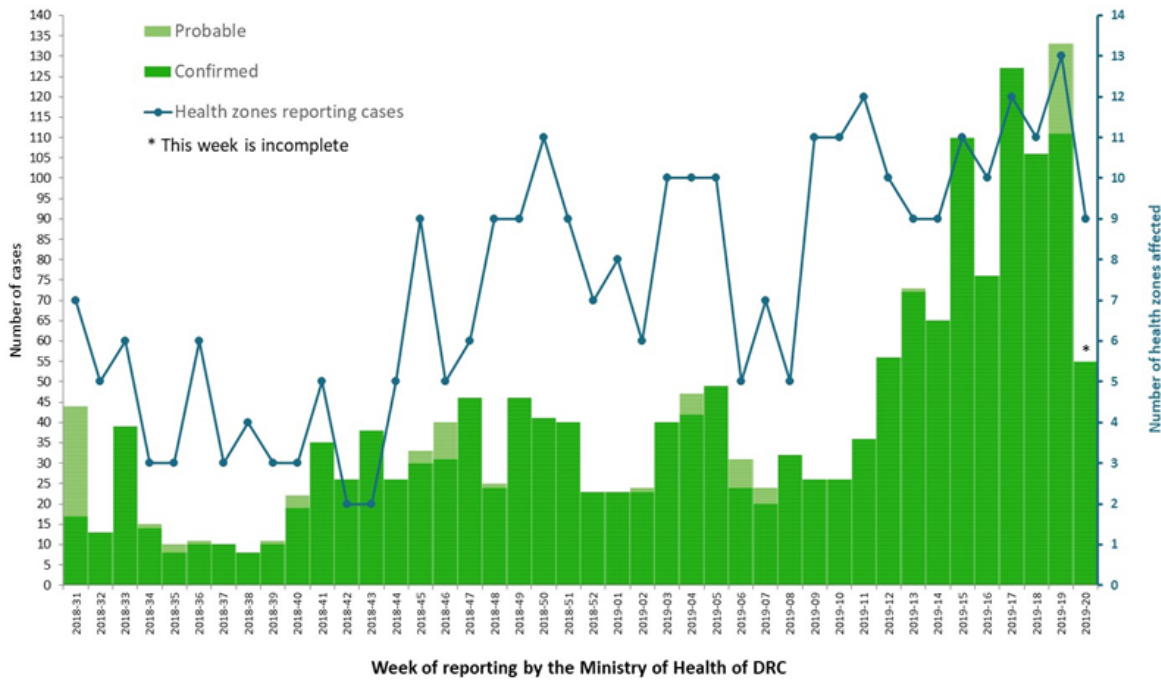
Actions

ECDC published an [epidemiological update](#) on 3 April 2019 and the fourth update of a [rapid risk assessment](#) on 16 April 2019.

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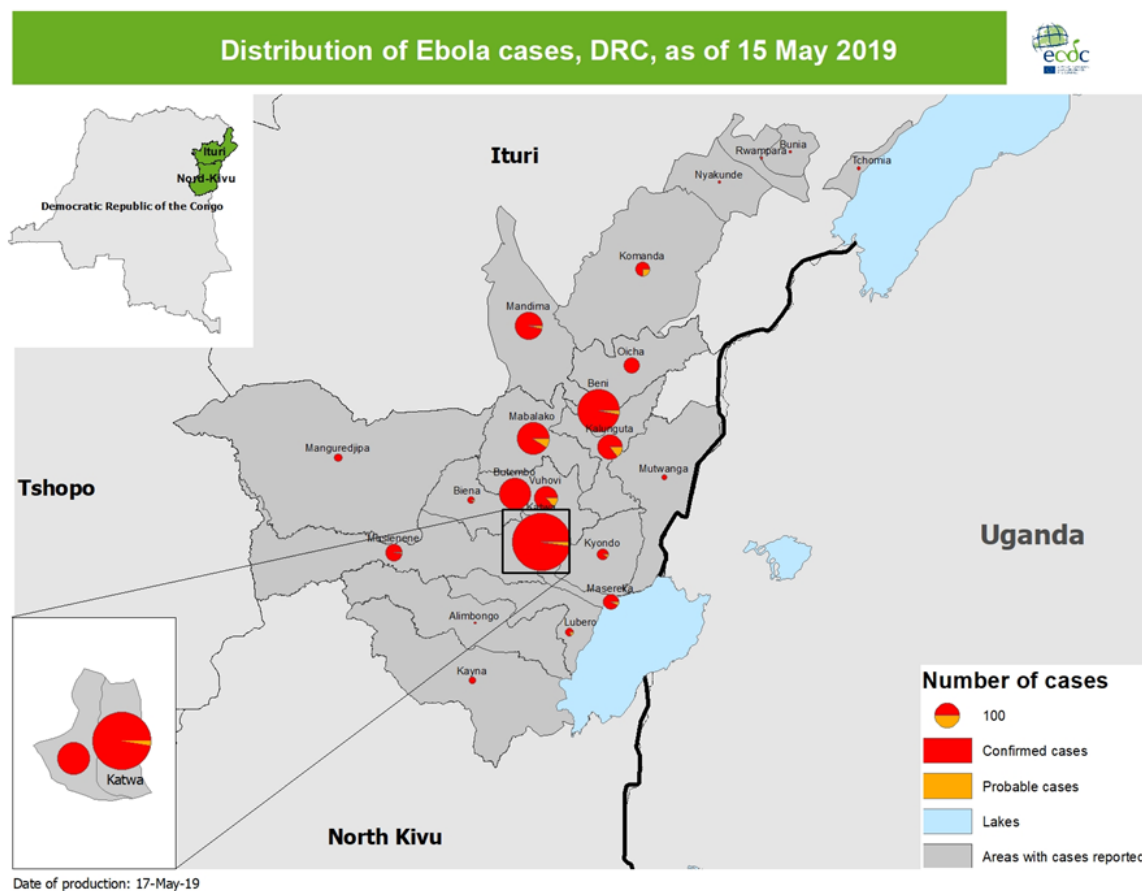
Distribution of confirmed and probable cases of Ebola Virus Disease and health zones reporting cases, North Kivu and Ituri, Democratic Republic of the Congo, as of 15 May 2019

ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 15 May 2019

ECDC



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

Opening date: 27 January 2017

Latest update: 17 May 2019

Epidemiological summary

Europe

Chikungunya virus disease/dengue:

No autochthonous cases were detected in continental EU/EEA countries.

Americas and the Caribbean

Chikungunya virus disease:

Brazil: In 2019, Brazil has reported 15 352 probable cases, including two confirmed deaths, as of 23 March 2019, an increase of 2 410 cases and two deaths since the previous CDTR update. Rio de Janeiro, Tocantins, Pará and Acre are the regions with the highest incidence reported in 2019. During the same period in 2018, 26 840 probable cases, including 10 deaths, were reported in Brazil.

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Colombia: In 2019, Colombia has reported 238 cases as of 4 May 2019, six of which are laboratory-confirmed. This represents an increase of 36 cases since the previous CDTR update.

El Salvador: In 2019, El Salvador has reported 129 suspected cases as of 4 May 2019, an increase of 24 cases since the previous CDTR update. For the same period in 2018, El Salvador reported 105 suspected cases.

Honduras: According to media sources quoting health authorities, 47 cases have been reported in Honduras in 2019 as of 8 April 2019.

Mexico: In 2019, no additional cases have been reported since the previous CDTR update as of 27 April 2019. The Mexican Ministry of Health has reported two confirmed cases in 2019. For the same period in 2018, Mexico reported six confirmed cases.

Nicaragua: In 2019, Nicaragua has reported 57 suspected cases as of 5 May 2019, none confirmed. For the same period in 2018, Nicaragua reported 121 suspected cases, including 22 confirmed.

Paraguay: In 2019, Paraguay has reported 20 probable cases as of 27 April 2019, an increase of 9 additional cases since the previous CDTR update.

Peru: In 2019, Peru has reported 91 cases in 30 districts across the country as of 21 April 2019, an increase of 12 cases since the previous CDTR update. For the same period in 2018, Peru reported 160 cases.

Dengue:

For the current year, the Pan American Health Organization (PAHO) has reported 691 000 suspected and confirmed dengue cases in the Americas of 4 May 2019. Brazil accounted for 85% of the cases in the whole region (586 000 cases), followed by Colombia (32 000 cases), Nicaragua (21 000 cases) and Mexico (13 000 cases). Brazil has already recorded a sixfold increase compared with the same period in 2018, when 91 000 were reported. The figures for each country in the Americas can be found on the [PAHO Health Information Platform](#).

Asia

Chikungunya virus disease:

India: In 2019 and according to media sources citing health authorities, 250 cases have been reported in the State of Tamil Nadu up to April 2019.

Indonesia: According to media sources quoting health authorities, 17 cases have been reported in Depok, West Java in April 2019.

Maldives: In 2019 and according to media sources quoting health authorities, 790 cases have been reported in Maldives up to April 2019. According to the same sources, the last outbreak reported in the Maldives was in 2006.

Thailand: In 2019, Thailand has reported 3 379 cases with no deaths associated in 23 provinces as of 13 May 2019. The most affected provinces are located in the southern part of the country. This represents an increase of 238 cases since the previous CDTR update, although the number of cases reported by week is declining.

Dengue:

Most reporting countries in Asia and Southeast Asia have observed an increasing trend this year.

As of 27 April 2019, [Cambodia](#) has reported 5 045 cases, compared with 500 for the same period in 2018.

As of 27 April 2019, [Laos](#) has reported 2 405 cases, compared with 100 for the same period in 2018.

As of 13 May 2019, [Malaysia](#) has reported 47 147 cases in 2019, compared with 22 000 for the same period in 2018.

In South Asia, the [Maldives](#) have reported 2 102 cases as of 14 May 2019, a [fourfold increase](#) compared with the same period in 2018.

According to the National Institute of Health, [Pakistan](#) has reported 1 206 cases since the beginning of the year as of 28 April 2019.

As of 20 April 2019, [the Philippines](#) have reported 67 106 cases, almost double the 35 247 reported in the same period in 2018.

As of 11 May 2019, [Singapore](#) has reported 3 236 cases, compared with 990 cases for the same period in 2018.

[Sri Lanka](#) has reported a slight decrease compared with 2018. According to the Ministry of Health as of 13 May 2019, the country reported 16 681 cases of dengue in 2019, compared with 19 000 cases for the same period last year. Colombo, Jaffna and Gampaha Districts are the most affected areas.

As of 13 May 2019, [Thailand](#) has reported 13 329 cases, compared with 6 140 for the same period in 2018. The most affected provinces are Trat bordering Cambodia and Samut Sakhon southeast of Bangkok.

As of 4 May 2019, [Vietnam](#) has reported 57 880 cases, a threefold increase compared with the same period in 2018.

[Sri Lanka](#) has reported a slight decrease compared with 2018. According to the Ministry of Health as of 13 May 2019, the country reported 16 681 cases of dengue in 2019, compared with 19 000 cases for the same period last year. Colombo, Jaffna and Gampaha Districts are the most affected areas.

There are no official updates available for Bangladesh or India.

Africa

Chikungunya virus disease:

[Republic of the Congo](#): According to WHO, in 2019, 6 149 suspected cases were reported as of 14 April 2019, of which 61 were laboratory-confirmed. No deaths related to this outbreak have been reported. This is an increase of 877 cases since the previous CDTR update. Cases are reported in eight out of 12 departments of the Republic of Congo: Kouilou, Bouenza, Pointe-Noire, Plateaux, Pool, Niari, Lékoumou and Brazzaville.

[Democratic Republic of the Congo](#): According to WHO, since the beginning of the outbreak and as of 17 April 2019, 823 cases, including 254 confirmed, have been reported. No deaths related to this outbreak have been reported. This represents an increase of 493 cases since the previous CDTR update. Most of the cases were reported in Kinshasa and Kongo Central Provinces bordering the Republic of the Congo.

Dengue:

According to WHO, [Côte d'Ivoire](#) continues to record cases. Since the beginning of the year and as of 8 May 2019, the country has reported 526 suspected and 80 confirmed cases.

According to WHO, [Mauritius](#) has reported 122 autochthonous cases from 26 February–3 May 2019, an increase of 60 cases since the last CDTR update. The most affected area is Port Louis (Vallée des Prêtres). Additionally, three cases were reported to be imported from Réunion.

[Réunion](#) continues to see a sharp increase in dengue cases. According to regional authorities as of 14 May 2019, Réunion has detected more than 10 000 confirmed and 30 000 suspected cases since the beginning of 2019. A specific threat is dedicated to Réunion in this CDTR.

From August 2018–28 April 2019, [Tanzania](#) has detected 1 288 suspected cases, of which 948 were confirmed. This is an increase of 800 cases since the last update. The affected regions are Dar es Salaam and Tanga.

Australia and the Pacific

Chikungunya virus disease:

No outbreaks have been reported since the previous update.

Dengue:

According to WHO, [Australia](#) has reported 429 cases of dengue in 2019 as of 30 April 2019, compared with 248 for the same period last year.

As of 5 May 2019, [French Polynesia](#) has reported approximately 260 cases of dengue since the beginning of the year. Of these, 20 are autochthonous DENV-2 cases reported in Tahiti and Moorea.

As of 6 May 2019, [New Caledonia](#) has reported 3081 dengue cases, showing an important increase since the beginning of the year. The circulating serotype is DENV-2.

Several media outlets have reported outbreaks in [Vanuatu](#) (216 cases) and the [Cook Islands](#) (40 cases).

ECDC assessment

Chikungunya virus disease and dengue are endemic in large regions of the intertropical convergence zone. Environmental conditions for the growth of mosquito populations are currently improving in Europe, but they are still unfavourable for the virus

multiplication in the vector. The likelihood of sustained autochthonous dengue virus transmission in continental Europe associated with introduction by a returning traveller therefore remains low.

ECDC produced a [rapid risk assessment](#) on 'Local transmission of dengue fever in France and Spain - 2018' published on 22 October 2018 and a [rapid risk assessment](#) on the dengue outbreak in Réunion on 5 July 2018.

Actions

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

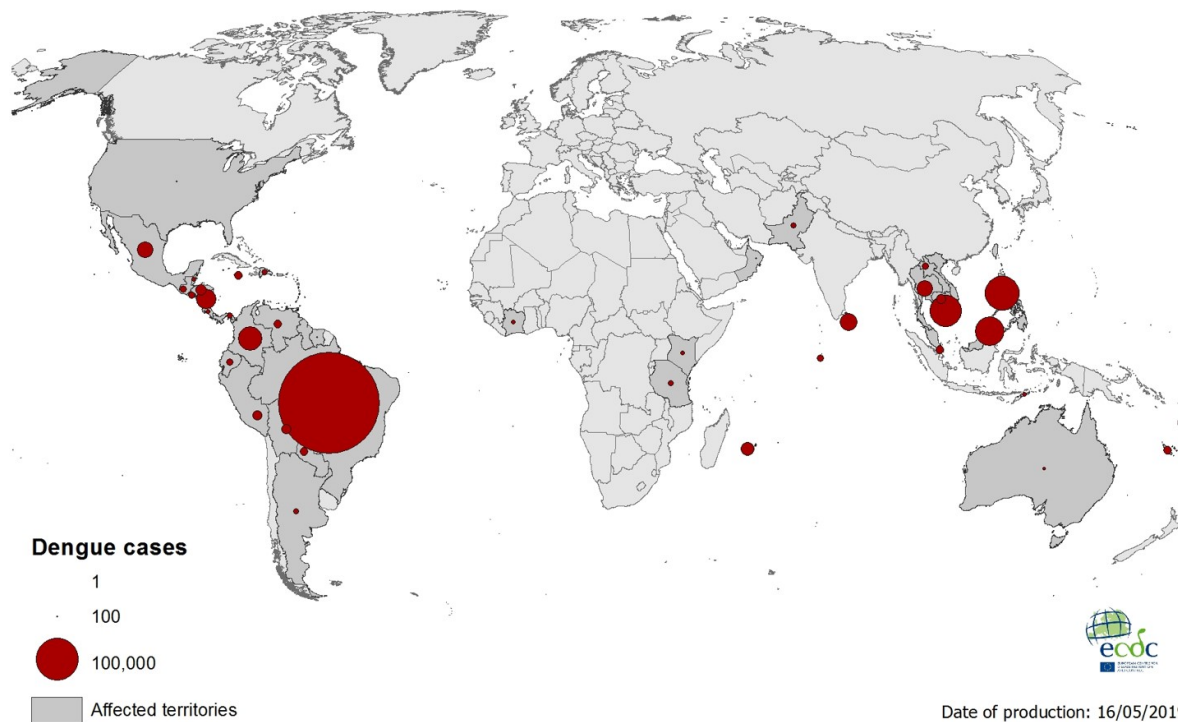
Geographical distribution of chikungunya cases reported worldwide, March to May 2019

Source: ECDC



Geographical distribution of dengue cases reported worldwide, March to May 2019

Source: ECDC



Monkeypox – Nigeria – 2017-2019

Opening date: 6 November 2017

Latest update: 17 May 2019

Epidemiological summary

Since 22 September 2017 and as of 28 April 2019, Nigeria has reported 323 suspected cases and 7 deaths in 26 out of 36 states and the FCT. Among the 323 cases, 149 are laboratory-confirmed from Abia, Akwa Ibom, Anambra, Bayelsa, Benue, Cross River, Delta, Ekiti, Edo, Enugu, Imo, Lagos, Oyo, Nasarawa, Plateau and Rivers States and the FCT.

In September 2018, the United Kingdom reported three imported cases of monkeypox virus. The first case was in a resident in Nigeria, the second was in a returning traveller from Nigeria and the third was in a person involved in the care of one of the previous two patients before monkeypox was diagnosed.

On 9 May 2019, the Singaporean Ministry of Health reported a confirmed case of monkeypox infection in a Nigerian national.

Sources: [Nigeria Centre for Disease Control](#) | [Nigeria Centre for Disease Control](#) | [Public Health England](#) | [Ministry of Health Singapore](#) | [WHO](#) | [WHO Regional Office for Africa](#) | [WHO](#)

ECDC assessment

Previously, monkeypox cases in Nigeria were notified in 1971 (twice) and 1978 (once). The current outbreak is therefore unusual, in addition to its magnitude and geographical extent. The risk of new introductions of monkeypox to the EU/EEA depends on the extent of the circulation of the virus in Nigeria. Overall, the likelihood of monkeypox importation to the EU/EEA remains very low, but new travel-related cases cannot be excluded. Physicians and other healthcare workers should be aware of the possibility of imported cases of monkeypox in the EU/EEA. WHO advises against any restriction on travel to or trade with Nigeria or the affected areas within Nigeria based on the available information.

The risk of EU/EEA citizens visiting or living in Nigeria contracting monkeypox is very low if the preventive measures listed below are taken into account:

- avoid contact with animals that could be infected
- avoid contact with materials that have been in contact with a sick animal
- avoid contact with people affected by monkeypox; and
- practice hand hygiene after contact with infected animals or humans.

Actions

ECDC monitors this event through epidemic intelligence and will report when relevant information is available. ECDC published a [rapid risk assessment on monkeypox imported cases in the UK returning from Nigeria](#) on 21 September 2018.

Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 17 May 2019

Epidemiological summary

In 2019 and as of 15 May 2019, 22 wild poliovirus type 1 cases have been reported in Pakistan (15) and Afghanistan (7). In addition, 10 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria (8), the Democratic Republic of the Congo (1) and Somalia (1).

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC Polio interactive map](#)

ECDC assessment

The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. The risk of reintroduction of the virus in Europe exists as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated.

ECDC link: [ECDC comment on the risk of polio in Europe](#) | [ECDC risk assessment](#)

Actions

ECDC provides updates on the polio situation on a monthly basis. ECDC monitors reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identifies events that increase the risk of reintroducing wild poliovirus in the EU.

ECDC maintains an interactive [map](#) showing countries that are still endemic for polio and have ongoing outbreaks of circulating vaccine-derived poliovirus.

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