

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

World AIDS Day 2017

While new HIV infections are decreasing globally, Europe is still experiencing a persistent HIV epidemic, with increasing numbers in the WHO European Region and very little change in notifications during the last decade in the European Union and European Economic Area. This means that Europe is lagging behind in its HIV response and is not on track to meet the Sustainable Development Goals for 2020, which include a reduction in new HIV infections to fewer than 63 000 for Europe and Central Asia.

One trend, observed across the region over the last decade, is that 1 in 2 people living with HIV are diagnosed late in the course of their infection. So late, that two out of three people with AIDS in the EU/EEA receive their diagnosis within only three months of discovering they had HIV. According to ECDC estimates, on average it takes a person about three years from the time of HIV infection until they are diagnosed – which is far too long. Late diagnoses suggest persistent problems with access to, and uptake of, HIV testing and counselling in many countries. Early diagnosis of HIV is important as it allows quicker linkage to care and antiretroviral treatment. This, in turn, increases people's chances of living a longer and healthier life. At the same time, effective treatment leads to an undetectable viral load and this practically eliminates the risk of transmitting HIV further.

The HIV epidemics in European countries vary, as do their health systems. Therefore, prevention and control strategies cannot be the same across the region. However, to reduce the future number of new HIV infections, Europe needs to focus on three main areas:

1. prioritising effective prevention such as pre-exposure prophylaxis for HIV and promoting condom use;
2. diversifying and complementing HIV testing approaches by using a variety of methods and,
3. rapid access to treatment for those diagnosed.

HIV testing in the community setting and self-testing could be valuable strategies for helping to increase access and uptake of HIV testing. This should be accompanied by measures to ensure all ages are appropriately targeted by sexual health services.

For more information:

- [World AIDS Day 2017](#)
- [ECDC-WHO HIV/AIDS surveillance in Europe 2017](#) (2016 data)

I. Executive summary

EU Threats

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

Opening date: 11 October 2017

Latest update: 1 December 2017

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

→Update of the week

Update of the week Update Week 2017-47 (20 - 27 November 2017)

Intensity of influenza activity across Europe for 43 countries reporting remained at a low level. For week 2017- 47, 6.3% of the sentinel specimens tested positive for influenza viruses, which is higher than the previous week (3.7%).

Additional information on global influenza activity is available from [WHO's biweekly global updates](#).

Non EU Threats

Plague - Madagascar - 2017

Opening date: 15 September 2017

Latest update: 1 December 2017

An outbreak of plague in Madagascar began in August 2017 and has expanded rapidly. More than half of the cases reported were due to pneumonic plague. The number of cases and deaths exceeds those in previous outbreaks and the majority of the cases have been recorded in the capital of Antananarivo and the port of Toamasina, the largest cities in Madagascar. Since the peak in the first two weeks of October 2017, a decreasing trend has been observed.

→Update of the week

According to [WHO](#), since 1 August and as of 24 November 2017, 2 384 confirmed, probable and suspected cases of plague, including 207 deaths (case fatality rate 8.7%) have been reported from 57 of 114 districts in the country. Of these, 1 828 (77%) were clinically classified as pulmonary plague, 347 (15%) were bubonic plague, one was septicaemic and 208 were not classified. Among these cases there are 81 healthcare workers. This is an increase of 117 cases and twelve deaths since ECDC's last CDTR report released on 24 November 2017. To date, no cases have been detected outside of Madagascar related to this outbreak. The number of reported cases has been declining for more than a month, which suggests that the control measures have been effective. On 27 November, WHO published a [news release](#) stating that the pneumonic plague outbreak in Madagascar was slowing down but that the response must be sustained. Therefore, it is critical to sustain ongoing operations to minimise bubonic plague infections and human-to-human transmission of pneumonic plague. On 25 November 2017, the Ministry of Health of Madagascar officially announced the containment of the acute urban pneumonic plague outbreak.

Monkeypox – Nigeria – 2017

Opening date: 6 November 2017

Latest update: 1 December 2017

Since mid September 2017, the Nigerian authorities have been monitoring a monkeypox outbreak that is unusual in its magnitude and geographical extension.

→Update of the week

As of 23 November, Nigeria reported 155 cases including 56 confirmed cases. This is an increase of nine cases since the previous CDTR on 25 November 2017. No fatalities have been reported. Three additional states have recorded confirmed cases: Imo, Katsina and Nasarawa.

Yellow fever – Brazil – 2017

Opening date: 16 January 2017

Latest update: 1 December 2017

[Yellow fever](#) is a mosquito-borne viral infection occurring in some of the tropical areas of Africa and South America.

Brazil experienced a major outbreak of yellow fever in 2016 and a few confirmed cases have been reported in 2017. Bolivia, Colombia, Ecuador, Peru and Suriname have also reported cases of yellow fever in 2017.

→Update of the week

According to a [MoH report published](#) on 27 November 2017, one yellow fever case was confirmed in Rio de Janeiro region with date of report 28 July 2017. As of today, authorities had reported three cases between July and October 2017, one in Rio de Janeiro and two in São Paulo. The two cases in São Paulo were previously reported in the CDTR .

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

Opening date: 27 January 2017

Latest update: 1 December 2017

Chikungunya, dengue and Zika virus infections are vector-borne diseases that affect 50 to 100 million people each year. In the past decade, all three diseases have been reported across an increasing number of countries. Chikungunya virus infection has been reported in Asia and Africa, and since 2013/2014, in the Caribbean, the Americas and the Pacific. Dengue fever is present in Asia, the Pacific, the Caribbean, the Americas and Africa. Zika virus circulation is reported in Asia, the Pacific, the Caribbean, the Americas and Africa. In 2017, as of 22 November, no autochthonous dengue or Zika cases related to vector-borne transmission were detected in EU/EEA Member States. During 2017, France and Italy have reported autochthonous chikungunya cases.

→ Update of the week

Monthly summary:

This month, the significant events for dengue, chikungunya and Zika are:

Dengue, Africa

Between 28 September and 17 November 2017, **Senegal** reported 724 dengue cases, 115 of which are confirmed. DENV 1 is the circulating serotype. Out of the 115 confirmed cases, 104 cases have been reported from Louga District. In 2017, as of 11 November, **Burkina Faso** has reported 12 087 suspected cases, including 7 418 probable cases (positive for dengue rapid diagnostic test). Twenty-four deaths have occurred (CFR: 0.2%). This is an increase of 7 989 suspected cases and 13 deaths since the previous report on 27 October.

Zika: Since the last Zika update on 27 October 2017, the changes in the Zika map are:

Americas: Paraguay, Suriname, El Salvador and Guatemala changed to "areas with virus transmission following previous virus circulation (WHO Cat. 2)",

Australia and the Pacific: Micronesia and Palau changed to "areas with interrupted transmission (WHO cat. 3)"

II. Detailed reports

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

Opening date: 11 October 2017

Latest update: 1 December 2017

Epidemiological summary

2017/2018 season overview

Since week 2017-40, small numbers of influenza viruses have been detected in sentinel and non-sentinel specimens. Most of the viruses subtyped or assigned to a lineage in both sentinel or non-sentinel surveillance systems were identified as A(H3N2) or B/Yamagata viruses.

ECDC assessment

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

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe website](#). Risk assessments for the season are available on the [ECDC website](#) and on the [World Health Organization's Regional Office for Europe website](#).

Plague - Madagascar - 2017

Opening date: 15 September 2017

Latest update: 1 December 2017

Epidemiological summary

The outbreak began in August 2017 with the death due to pneumonic plague of a 31-year-old man who had been travelling in a crowded minibus taxi towards the capital city of Antananarivo. The outbreak was initially recognised on 11 September by local authorities.

Since 1 August and as of 24 November 2017, 2 384 confirmed, probable and suspected cases of plague, including 207 deaths (case fatality rate 8.7%) have been reported from 57 of 114 districts in the country. Of these, 1 828 (77%) were clinically classified as pulmonary plague, 347 (15%) were bubonic plague, one was septicaemic and 208 were not classified. At least 81 healthcare workers have contracted plague since the beginning of the outbreak. Of the 1 828 clinical cases of pneumonic plague, 347 (21%) have been confirmed, 614 (34%) are probable and 824 (45%) remain suspected.

Thirty-three strains of *Yersinia pestis* have been isolated and all are sensitive to the antibiotics recommended by the National Program for the Control of Plague.

The Analamanga region, where the capital city of Antananarivo is located, has been the most affected with 68% of recorded cases.

All 7 289 contacts identified thus far have completed their seven-day follow-up and a course of prophylactic antibiotics.

On 24 November 2017, eleven people were still hospitalised for plague.

To date, no cases outside of Madagascar related to this outbreak have been confirmed for plague.

ECDC links: [Plague factsheet](#)

Sources: [WHO Africa](#), [MoH Seychelles](#), [media](#),

ECDC assessment

While plague outbreaks in Madagascar are not unexpected, the high proportion of pneumonic plague cases in this outbreak has been of concern. This outbreak is the largest in Madagascar for a decade. The risk of further transmission in the country is now considered to be moderate. The risk of international spread is mitigated by the short incubation period of pneumonic plague, implementation of exit screening measures, advice to travellers to Madagascar and the scaling up of preparedness and operational readiness activities in neighbouring Indian Ocean islands and other southern and east African countries. The overall global risk is considered to be low. The risk to travellers from the EU or for importation to the EU is considered low. WHO considers the risk for international spread of plague to be very low and advises against any restrictions to travel and trade with Madagascar based on the information to date. There is no restriction of movement in and out of Antananarivo, where cases have occurred, in accordance with the recommendations of the Malagasy authorities. According to WHO, prophylactic treatment is only recommended for persons who have been in close contact with plague cases, or who have experienced other high-risk exposure such as flea bites or direct contact with bodily fluids or tissue from infected animals.

Actions

ECDC published a [rapid risk assessment](#) on 9 October 2017 and an [update](#) on 13 October 2017.

ECDC has published the following documents:

- [Case definition and algorithm for initial assessment and management of cases related to the outbreak of plague in Madagascar](#)
- [Information leaflet for travellers to Madagascar](#)
- [Guidance for healthcare workers on the use of personal protective equipment in the management of bubonic and pneumonic plague patients](#)
- [Guidance for the management of suspected pneumonic plague cases identified on aircraft and ships](#)
- [Guidance for the management of suspected bubonic plague cases identified on aircraft and ships](#)

Monkeypox – Nigeria – 2017

Opening date: 6 November 2017

Latest update: 1 December 2017

Epidemiological summary

Since the onset of outbreak in mid September and as of 23 November, Nigeria has reported 155 cases of monkeypox including 56 confirmed cases. To date, no deaths have been reported. The cases are reported in the Federal Capital Territory (FCT) and 21 out of 36 states. The affected states are: Abia, Akwa-Ibom, Bayelsa, Benue, Cross River, Delta, Ekiti, Edo, Enugu, Imo, Kaduna, Kano, Katsina, Kwara, Kogi, Lagos, Ondo, Nasarawa, Niger, Oyo and Rivers. Laboratory-confirmed cases are reported from thirteen states: Akwa-Ibom, Bayelsa, Cross River, Delta, Edo, Ekiti, Enugu, Imo, Lagos, Rivers, Katsina, Nasarawa and the FCT.

Source: [Nigeria CDC](#) | [MoH](#) | [WHO AFRO](#) | [WHO](#)

ECDC assessment

According to Nigeria's Centre for Disease Control, there has been a significant reduction in the number of cases reported over the past four weeks. Prior to this outbreak Nigeria reported two cases in 1971 and one case in 1978. Therefore, the current outbreak is unusual in its magnitude and geographical extension.

The risk of European 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;
- practice hand hygiene after contact with infected animals or humans.

Actions

ECDC is monitoring this event through epidemic intelligence and will report when there is additional information.

Yellow fever – Brazil – 2017

Opening date: 16 January 2017

Latest update: 1 December 2017

Epidemiological summary

Between July and November 2017, 103 suspected yellow fever cases were reported in São Paulo State, Brazil. Of these, two were confirmed and fifteen are still under investigation. The two confirmed cases, one of which was fatal, were reported from Itatiba between 17 September and 7 October 2017. Recently the [Ministry of Health](#) reported one more confirmed case in Rio de Janeiro with a notification date in July 2017.

From July to early November, 720 epizootics in non-human primates (NHPs) were reported in São Paulo State, with an increase in the number of cases reported from 10 September 2017. Of these, 120 were confirmed for yellow fever, 336 are under investigation and 190 were classified as undetermined. The highest number of epizootics was registered in the health surveillance area of Campinas, where epizootic episodes were reported for the first time in the municipalities of Campo Limpo Paulista (in the week ending 23 September 2017), Atibaia (in the week ending 30 September 2017), and Jarinu (in the week ending 14 October 2017). Epizootics in NHPs were also recently reported in large parks located within the urban area of São Paulo City (in the week ending 14 October 2017).

Sources: [WHO DON](#), [MoH](#)

ECDC assessment

In Brazil, the decrease of vector activity and the ongoing vaccination campaign have resulted in a reduction in the monthly number of reported yellow fever cases. However the outbreak should be carefully monitored, as the establishment of an urban cycle of yellow fever would have the potential to quickly affect a large number of people.

The detection of yellow fever confirmed cases in São Paulo State and the identification of epizootics in the urban area of São Paulo City is of concern. Authorities are launching a vaccination campaign in this area, previously not considered to be at risk of yellow fever transmission.

According to WHO, travellers planning to visit areas at risk of yellow fever in Brazil should receive yellow fever vaccine at least 10 days prior to traveling, follow measures to avoid mosquito bites, and be aware of yellow fever symptoms, as per international recommendations.

The risk of spread at the regional level is considered to be low given the high vaccination coverage in neighbouring countries. However, the detection of a human case of yellow fever in Oiapoque, the border river between French Guiana and Brazil, in August 2017 by French health authorities indicates that the risk of regional spread exists.

In Europe, *Aedes aegypti*, the primary vector of yellow fever in urban settings, is present in Madeira. Recent studies have shown that *Aedes albopictus* can potentially transmit the yellow fever virus. The risk of the virus being introduced into local competent vector populations in the EU through viraemic travellers from Brazil is considered to be low.

Actions

ECDC updated its [rapid risk assessment](#) on 13 April 2017.

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

Opening date: 27 January 2017

Latest update: 1 December 2017

Epidemiological summary

Europe

Chikungunya: In 2017, **France** and **Italy** have reported autochthonous chikungunya cases. These are two distinct events. There is epidemiological and microbiological evidence highlighting the fact that the clusters in France and in Italy are not related. As of 20 November 2017, **France** has reported two clusters including 15 confirmed and two probable cases. For additional information on the outbreak in France, please refer to the [rapid risk assessment](#) and the [epidemiological update](#). As of 10 November 2017, **Italy** has reported 238 confirmed and 190 probable cases of chikungunya. For additional information on the outbreak in Italy, please refer to the first update of the [rapid risk assessment](#) on the clusters of autochthonous chikungunya cases in Italy on 9 October 2017.

Dengue: In 2017, as of 25 October, no autochthonous dengue cases had been detected in EU/EEA Member States.

Zika: No mosquito-borne Zika virus transmission has been reported in EU/EEA Member States in 2016 and 2017. In 2017, as of 14 November, 13 countries (Austria, Belgium, the Czech Republic, Denmark, Finland, France, Greece, Ireland, the Netherlands, Norway, Spain, Sweden and the United Kingdom) have reported 151 travel-associated Zika virus infections through [The European Surveillance System \(TESSy\)](#). In 2017, as of 14 November, seven EU/EEA Member States had reported 18 Zika cases among pregnant women.

Americas and the Caribbean

Chikungunya: In 2017, as of 17 November, PAHO has reported more than 183 000 suspected and confirmed chikungunya cases in the Americas and the Caribbean region. Brazil represents 94% of the 183 000 cases reported in the Americas since the beginning of the year. In 2016, [PAHO](#) reported more than 441 000 cases during the same time period.

Dengue: In 2017, as of 27 October, PAHO has reported more than 483 000 suspected and confirmed dengue cases, including 253 deaths. This is an increase of 23 000 cases and seven deaths since the previous CDTR on 27 October 2017. Most cases are reported by Brazil (219 040), Peru (73 766), Nicaragua (54 025) and Mexico (58 697). In 2016, as of 23 November, [PAHO](#) reported over 2.2 million confirmed and probable cases, including 928 deaths in the Americas and the Caribbean region during the same period.

Zika: On 17 November 2017, the [Florida Department of Health](#) reported a locally-acquired case of Zika virus infection in Miami-Dade County. The case had not travelled to Zika endemic areas and probably became infected through a mosquito bite. However, according to the health authorities, there is no evidence of ongoing transmission of Zika virus.

In 2017, as of 5 November 2017, [Mexico](#) reported 2 491 cases of Zika virus infection compared to 6 459 cases reported in the same period in 2016. The most affected states are Tamaulipas, Nayarit and San Luis Potosí, reporting 561, 458 and 407 cases, respectively. During the same period in 2016, these states reported 51, 33 and 19 cases, respectively.

Between 8 October and 22 October 2017, [Argentina](#) reported one additional locally-acquired case of Zika virus infection in Chaco Province. This brings the number of locally-acquired confirmed cases in 2017 to 251. The provinces that report cases are: Salta Province (189), Chaco Province (46) and Formosa Province (16).

On 4 November 2017, according to media, [Peru](#) reported the first microcephaly case potentially associated with Zika virus infection in Chincha province.

Asia

Chikungunya

Chikungunya fever cases have been reported from Pakistan, India and Nepal.

In 2017, as of 17 November, media quoting health authorities in Sindh provinces, [Pakistan](#), have reported 4 724 chikungunya cases in Sindh, which is an increase of 395 cases since the previous update on 27 October. Karachi is the most affected city with 3 994 cases. In 2016, 495 chikungunya cases were notified.

In 2017, as of 12 November, [India](#) has reported over 48 000 chikungunya suspected cases, compared with 64 057 suspected cases during the entire year 2016 and 27 553 in 2015. Among the 48 000 cases, 7 000 have been reported between 15 October and 12 November 2017.

In 2017, as of 18 November, [Nepal](#) had reported five cases of chikungunya. Of these, three cases died (CRF: 60%). These are the first reported deaths ever due to chikungunya in Nepal.

Dengue

In 2017, the most affected countries in Asia are Sri Lanka, Vietnam and India. India, Sri Lanka, Myanmar, Laos, Vietnam and China have reported more dengue cases than in 2016 during the same time period, while the Philippines, Malaysia, Cambodia and Singapore have reported less cases-

Currently, most of the reporting countries are showing a declining trend (Sri Lanka, Laos, Vietnam, Philippines, Cambodia, Malaysia and Pakistan). Thailand, India, China and Singapore show an increasing trend.

In 2017, as of 17 November, [Sri Lanka](#) had reported around 170 000 suspected dengue cases, including 395 [deaths](#). This is an increase of 9 000 cases since the previous report on 27 October. The highest numbers of dengue cases, 10 590 cases, were reported during week 2017-29 (17 to 23 July). In 2016, Sri Lanka reported approximately 55 000 cases during the entire year. All four virus types of dengue have been detected in Sri Lanka. The [current outbreak](#) is predominantly due to DENV 2, which is not the usual type circulating in Sri Lanka.

In 2017, as of 27 October, [Laos](#) had reported 10 302 cases, including 14 deaths. A declining trend has been seen since the beginning of September. In 2016, as of 19 November, 5 147 cases had been reported.

In 2017, as of 3 November, [Vietnam](#) had reported more than 160 000 dengue cases, including 30 deaths. This is an increase of 17 000 cases since the previous report on 27 October. There has been a consistent downward trend for the past eleven weeks. In 2016, as of 30 September, more than 79 000 cases of dengue including 27 deaths, had been reported.

In 2017, as of 30 September, the [Philippines](#) had reported more than 97 000 cases, an increase of 21 000 cases since the previous report on 27 October. Among the 97 000 cases there were 526 deaths reported. In 2016, during the same period around 167 000 cases were reported.

In 2017, as of 14 November, [Myanmar](#) had reported over 27 000 cases, including 170 deaths. This is an increase of 1 000 cases since the previous report on 27 October. In 2016 Myanmar reported 9 149 cases, including 55 deaths.

In 2017, as of 13 November, [Thailand](#) had reported almost 27 000 dengue cases, including two deaths. This is an increase of 3 000 cases since the previous report on 27 October.

In 2017, as of 12 November, [India](#) had reported more than 129 000 dengue cases, including 200 deaths, compared with 129 166

cases, including 245 deaths, during the entire year of 2016. Among the 129 000 cases, 42 000 were reported between 15 October and 12 November 2017.

In 2017, as of 30 September, [China](#) had reported 1 904 dengue cases, which is an increase compared to the same period in 2016 (1 482 cases). For 2017, the number of reported cases has been increasing since June.

In 2017, as of 19 October, [Taiwan](#) reported ten locally-acquired dengue cases.

In 2017, as of 31 October, [Cambodia](#) had reported 2 884 suspected dengue cases, which is an increase of 350 cases since the previous report on 27 October. The reported number of cases in 2017 is lower than during the same period in 2014–2016.

In 2017, as of 19 November, [Malaysia](#) had reported almost 78 000 dengue cases, which is an increase of 5 000 cases since the previous report on 27 October. In 2016, Malaysia reported almost 96 000 cases during the same period.

In 2017, as of 28 October, [Singapore](#) had reported 2 364 dengue cases, which is an increase of 248 cases since the previous report on 27 October. The reported number of cases in 2017 is lower than during the same period in 2013–2016.

Between July and 9 November 2017, [Pakistan](#) reported more than 114 000 suspected dengue cases in the province of Khyber Pakhtunkhwa, including 69 deaths. This is an increase of 27 000 suspected cases and 13 deaths compared to the previous report on 27 October. Of the 87 000 suspected cases, over 24 000 cases are laboratory-confirmed. DENV 2 has been identified as the circulating strain.

In 2017, as of 26 October, [Nepal](#) had reported 341 dengue cases. Around 300 people were diagnosed with dengue in Birtamod, south-east Nepal.

Zika

According to TESSy data, as of 14 November 2017, one case of Zika virus infection with travel history to Tamil Nadu, India had been reported in week 38 of 2017. The case had date of onset in week 36 of 2017.

On 15 November 2017, [Singapore](#) reported an additional case of Zika virus infection. In 2017, as of 17 November, Singapore had reported 67 Zika cases.

In September 2017, [New Zealand](#) reported one case of Zika virus infection with travel history to the Philippines during the incubation period.

Australia and the Pacific Chikungunya

No outbreaks detected.

Dengue

In 2017, as of 3 November, [Australia](#) reported 916 laboratory-confirmed dengue cases in 2017, which is an increase of 115 cases since the previous report on 27 October. The reported number of cases in 2017 is lower than during the same time period in 2012–2016. The number of cases refer to both imported and non-imported cases. In Australia, non-imported cases occur only in Queensland.

Between 9 and 22 October 2017, [French Polynesia](#) reported 16 dengue cases, nine of which were confirmed as DENV 1 infection.

In 2017, as of 8 November, [New Caledonia](#) had reported 4 409 dengue cases. The circulating serotypes are of type DENV 1, DENV 2 and DENV 3. The weekly number of cases is decreasing.

In 2017, as of 10 October, [Palau](#) has reported 472 dengue cases, including five deaths. In 2016, 53 cases were recorded. As of 5 November 2017, a DENV 2 outbreak is still ongoing, with an increase in the number of cases.

In 2017, as of 13 November, according to media, [Fiji](#) has reported 2 699 cases of dengue fever, including nine deaths, compared to 889 cases during the same period last year. The peak of the epidemic was reached last May with 200 cases per week. On 8 November 2017, the dengue epidemic (DENV 2) on [Fiji](#) was declared over.

Zika: No outbreaks detected.

Africa

Chikungunya: No outbreaks detected.

Dengue

Between 28 September and 17 November 2017, [Senegal](#) reported 724 dengue cases, 115 of which are confirmed. DENV 1 is the circulating serotype. Out of the 115 confirmed cases, 104 cases have been reported from Louga district, eight from Dahra district (86km from Louga), two from Coki district (30km from Louga), and one from Keur Momar Sarr district. As of 17 November 2017, no severe cases and no deaths had been reported.

In 2017, as of 23 October, [Ivory Coast](#) had reported 1 281 suspected dengue cases, 311 of which are confirmed. Two deaths have been reported. Three of the four dengue virus subtypes have been identified: DENV 2 (181 cases), DENV 3 (78 cases) and DENV 1 (13 cases). Most of the cases (97%) occurred in Abidjan.

Between mid-December 2015 and 23 October 2017, the [Seychelles](#) reported 4 068 suspected dengue cases. DENV 2 is predominant. The outbreak peaked in week 2016-24 (13 to 19 June). A second smaller peak was observed between 15 May and 11 June 2017. Cases have been reported from all regions of the three main islands (Mahé, Praslin and La Digue).

In 2017, as of 11 November, [Burkina Faso](#) had reported 12 087 suspected cases, including 7 418 probable cases (positive for dengue rapid diagnostic test). Twenty-four deaths have occurred (CFR: 0.2%). This is an increase of 7 989 suspected cases and 13 deaths since the previous report on 27 October. DENV 1, 2 and 3 is circulating, with DENV 2 predominant (74%). Cases are currently being reported in all 13 health regions, with 61% of the cases reported in the central region. On 28 September 2017, the [Ministry of Health](#) formally declared the outbreak.

In 2017, as of 15 October, [Mali](#) reported 345 cases of dengue fever (26 confirmed), representing an increase of 83 cases since the previous report on 27 October.

On 30 October 2017, media, quoting non-governmental organisations, reported around 1 200 dengue cases including one death, in the Red Sea city of Al-Qusair, [Egypt](#), as of beginning of October. Additionally, 10 cases of dengue fever were reported in Hurghada.

Zika: As of 14 November 2017, one probable case of Zika virus infection with travel history to Burkina Faso has been reported to TESSy.

ECDC assessment

Chikungunya: Outbreaks are still ongoing in the Americas and in Asia.

In France and Italy, the report of a cluster of autochthonous chikungunya cases in areas of Europe where *Aedes albopictus* is established was not unexpected during the summer months, when environmental conditions were favourable for mosquitoes. The risk of new clusters of local transmission emerging in the EU is currently considered moderate for chikungunya and dengue, as these diseases are endemic in large areas of the intertropical zone; repeated introductions occur through viraemic travellers returning from these areas; and weather conditions are currently suitable for *Aedes albopictus* activity in areas where it is established.

Dengue: Dengue is widespread in tropical and subtropical regions.

Zika: Despite the decrease in intensity of Zika virus transmission after the 2016 wave, cases are still being reported in the Americas and Asia where the vectors, *Aedes* mosquitoes, are widely distributed. As neither treatment nor vaccines are available, prevention is based on personal protection measures. Pregnant women should consider postponing non-essential travel to Zika-affected areas.

Europe is vulnerable to the autochthonous transmission of arboviruses. The risk of onward transmission in Europe is linked to importation of the virus by viraemic patients in areas with competent vectors (*Aedes albopictus* in mainland Europe, primarily around the Mediterranean, and *Aedes aegypti* on Madeira). Autochthonous transmission from an imported viraemic case is possible during the summer season in the EU/EEA. Continued vigilance is needed to detect imported cases in tourists returning to the EU/EEA from affected regions.

Actions

ECDC monitors these threats through epidemic intelligence and reports on a monthly basis. ECDC published the tenth update of its [rapid risk assessment](#) on Zika virus disease epidemic on 4 April 2017. ECDC published a [rapid risk assessment](#) on chikungunya in France on 23 August 2017 and the first [update](#) of the rapid risk assessment on chikungunya in Italy on 9 October 2017.

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