

ECDC: Epidemic intelligence and risk assessment at your service – how can Travel Medicine benefit?

Kaja Kaasik-Aaslav

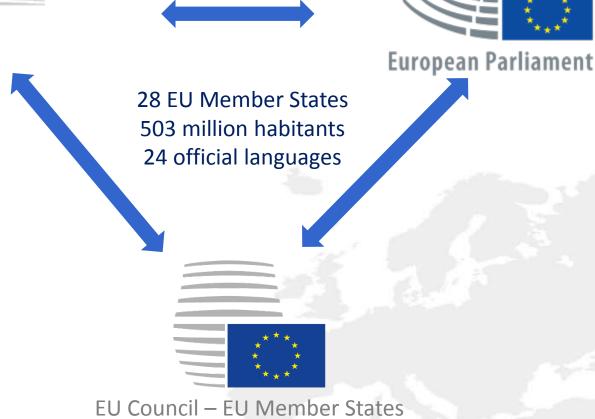
The European Union







- A decentralised Agency of the European Union
- Established in 2005
- Based in Sweden, Stockholm
- Budget 2016: EUR 58.2M
- Staff: 286

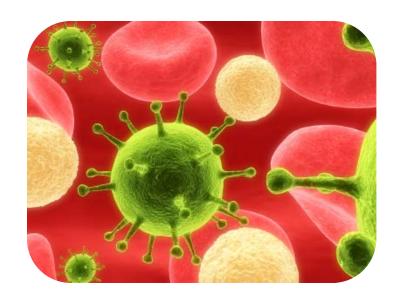


ECDC mandate



To **identify, assess and communicate** current and emerging threats to human health from communicable diseases or of unknown origin

No risk management!





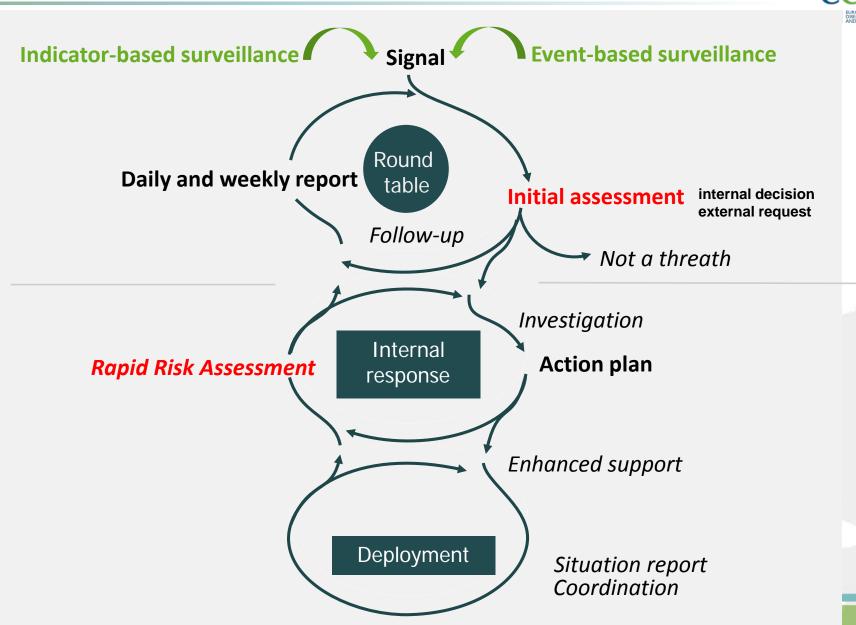
EUROPEAN CINTEE FOR DISEASE PREVENTION

Detection

Response

- Disease surveillance
- Epidemic intelligence
- Risk assessment
- Scientific advice and guidance
- Response support
- Preparedness and capacity strengthening
- Training
- Communication





Epidemic Intelligence daily and weekly outputs



Round Table Report



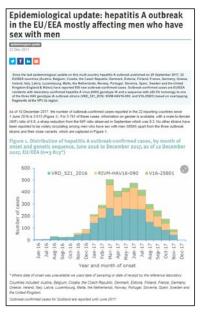
Communicable Disease Threat Report



Other outputs



Epi update



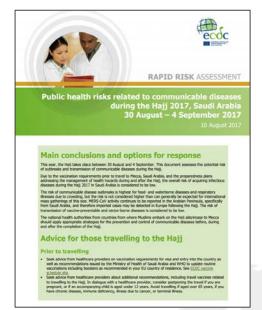
Rapid Risk Assessments



Annual threat report



Mass gathering



Critical events for preparedness

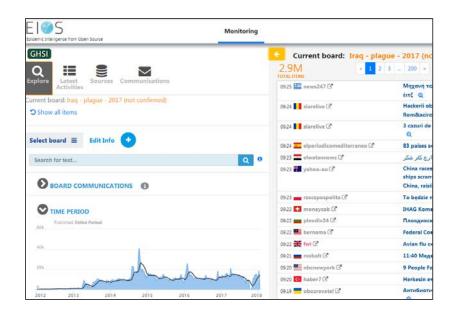
Support to travel medicine

Continent	Country	Geocode	RT 15/N	OV/2017	RT 13/D	EC/2017		ı	Difference	new cases Dec vs total cases Nov		Trend
	·		Cases	Deaths	Cases	Deaths	Cases	Deaths		Increase of cases %	Increase of deaths	Past 6 monts
	Nigeria	NG	8852	157	9013	145	161	-12	1.82		-7.64	
	Kenya	KE	3518	66	4079	76	561	10	15.95		15.15	
Africa	Zambia	ZM	135	3	547	15	412	12	305.19		400.00	
	United_Republic_of _Tanzania	TZ	3348	52	4308	77	960	25	28.67		48.08	
America	Haiti	HT	12167	138	13059	150	892	12	7.33		8.70	
Asia	Yemen	YE	913741	2196	983486	2225	69745	29	7.63		1.32	

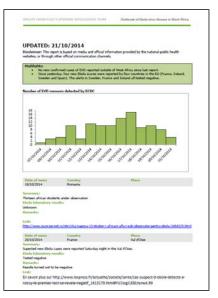
Other outputs



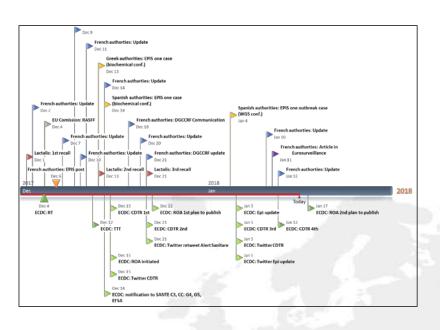
Tool customisation



Specific outputs (e.g. rumours)



Timeline



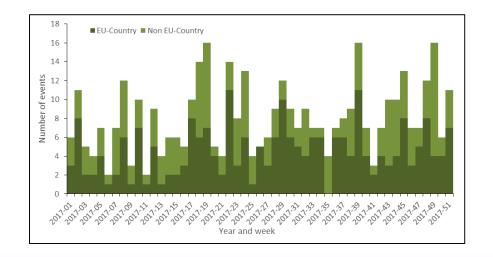
Epidemic Intelligence activities at ECDC

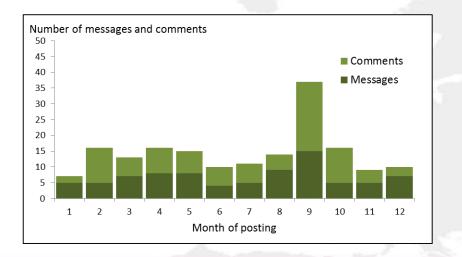


- Number of emails/day (Active & Passive mailbox): ~ 100
- Number of webpages opened/day: ~ 1 000
- Number of articles screened/day: ~ 3 000
- Requests or comments from MS/day: 1-2
- Global Health Security Alliance Group (GHSAG) specific screening and weekly teleconference

Number of events detected meeting early warning and response criteria in 2017

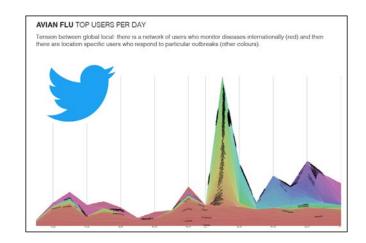
In 2017, ECDC opened and monitored 69 new threats, in addition to the 18 threats that were carried over from previous years





Social media











Matthieu Vaessen Who does ever visit that site, though

Like · September 16 at 8:45am



Ras Noah Every doctor of Hospital

Like · Ol 1 · September 16 at 11:21am





Support to stakeholders



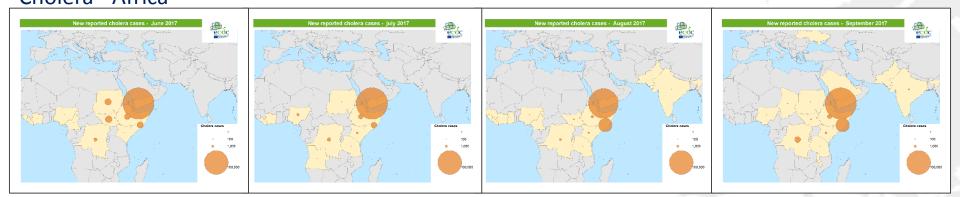
Examples of requests in December 2017

- Dengue in Egypt (Member State)
- Malaria in Tripoli, Libya (European Commission)
- Cholera (ECHO)
- Plague in Madagascar (ECHO)
- Viral haemorrhagic fever in Africa (ECHO)
- Zika (Member State)

Plague - Madagascar

		20-O:t-17	24-Oct-17	27-Oct-17	50-Oct-17	03-Nov-17	08-Nov-17		24-Nov-17	Difference 17 to 24 Nov 2017
Number of cases	849	1365	1309	1554	1801	1947	2034	2267	2384	+ 117
Deaths	67	106	93	113	127	143	165	195	207	+12
Pneumonic plague cases	568	915	882	985	1111	1437	1565	1732	1828	+ 96
Bubonic plague cases	155	275	221	230	261	295	297	327	347	+ 20
Septicaemic plague cases	1	1	1	1	1	1	1	1	1	0
Unspecified plague cases	125	174	186	338	428	211	171	207	208	+1
Health Care Workers affected	39	54	71	71	71	71	82	81	81	0
Districts affected (pneu conf+prob)	unk	33	29	28	unk	51	unk	55	57	+2
Preumonic cases confirmed	unk	160	235	245	257	364	371	389	347	- 42
Pneumonic cases probable	unk	375	300	336	374	555	581	612	614	+2
Pneumonic cases suspected	unk	380	347	404	480	518	613	731	824	+93

Cholera - Africa



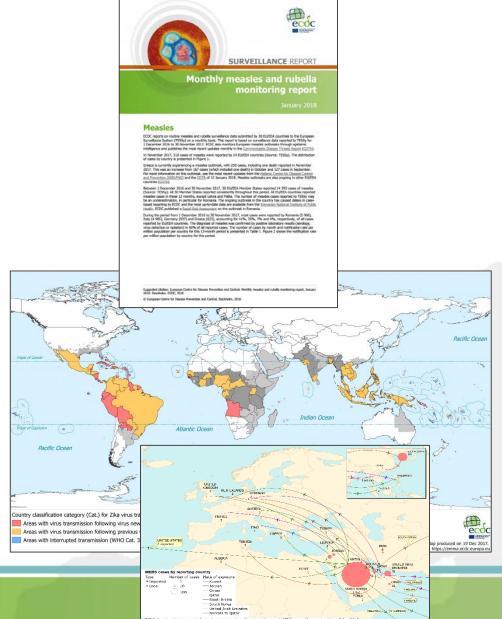
Support to stakeholders

EUROPAN CAPTER PRO-

Daily support to Disease Programs at ECDC

- Vaccine Preventable Diseases: monthly updates on measles and rubella
- Emerging and Vector borne Diseases: zika, yellow fever, chikungunya, West Nile fever, dengue, plague, Vibrio
- Anti Microbial Resistance: media monitoring
- Influenza and Other Respiratory viruses: MERS, avian influenza
- Food and Waterborne Diseases: Hepatitis A, S. Agona
- Communications: questions from journalists, news items

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	Sort and Calculate										
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	Anguilla	29/05/2017	12		http://www.paho.org/hg/Index.php?option=com_topics@view=article@id=10	12	2017-05	AMROVPAHO		AL	Boost
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	Australia Australia	09/05/2017	501			55 90	2017-05	WPRO	Doesnia Doesnia	AU	Seest .



Training



- EPIET/EUPHEM two day hands-on exercise once a year, one week of RRA
- **ESCMIID** training on EI and RA methodology at ECDC summer schools
- **EU MS** recent visit from Germany
- Non-EU MS (with international relations) group trainings Israel, Morocco
- WHO joint EI and RA trainings
- **ECDC visitors**, over ten presentations per year to visiting groups of students and professionals



Our collaboration



European institutions



- Commission
- Council







International

Member States PH agencies

ROBERT KOCH INSTITUT



Public Health **England**



Other PH agencies







Travel medicine

EuroTravNet





categorise the epidemiological profile of











Enlargement and neighbouring countries Serbia, Albania, Ukraine...



Scientific community





European agencies

















Support to mass gathering



Setting-up criteria

Environmental

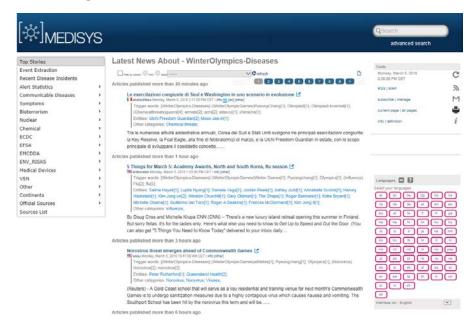
✓ Population at risk

climate)

determinants (vector,



Setting-up tools



Monitoring and reporting

Mass gathering monitoring – Multistate (World) – South Korea Winter Olympics 2018

Opening date: 27 November 2017

Latest update: 9 February 2018

This year, the <u>Winter Olympics PyeongChang 2018</u> are being held in South Korea between 9 and 25 February 2018, followed by the Paralympics from 9 to 18 March 2018. Over one million tickets are planned to be sold and of these, 320 000 are reserved for foreign citizens. The PyeongChang Olympic village will house up to 3 894 athletes and team officials during the Games, while a second village in Gangneung will accommodate more than 2 900 people. The 2018 Winter Olympics will feature 102 events in 15 sport disciplines.

→Update of the week

<u>Korea Centers for Disease Control and Prevention</u> are monitoring a norovirus outbreak in the Olympic village. Between 1 and 8 February 2018, 128 confirmed cases have been detected.

WHO published travel advice in relation to the Olympic Games in the Republic of Korea.

Collaboration with WHO, country of the event and EU public health institutions

2018

- Olympics and Paralympics in South Korea
- FIFA in Russia

✓ Previous knowledge about

the pathogen

- Hajj in Saudi Arabia
- Summer festivals in EU

Detecting Legionella



Disease and laboratory networks

Emerging Viral Diseases-Expert Laboratory Network (EVD-LabNet)

European Antimicrobial Resistance Surveillance Network (EARS-Net)

European Creutzfeldt-Jakob Disease Surveillance Network (EuroCJD)

European Diphtheria Surveillance Network (EDSN)

European Food- and Waterborne Diseases and Zoonoses Network (FWD-Net)

European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP)

European Influenza Surveillance Network (EISN)

European Invasive Bacterial Disease Surveillance Network (EU-IBD)

European Legionnaires' Disease Surveillance Network (ELDSNet)

European Network for Hepatitis B and C Surveillance

European Network for HIV/AIDS Surveillance

European Network for STI Surveillance

European Reference Laboratory Network for Human Influenza (ERLI-Net)

Tuberculosis Disease Network

European Legionnaires' Disease Surveillance Network (ELDSNet)

about us networks and partnerships



The European Legionnaires' disease Surveillance Network (ELDSNet) ca Legionnaires' disease in Europe and is coordinated by ECDC. All EU Mer participate in the network. The members of ELDSNet are epidemiologists national public health authorities.

Coordination and collaboration

ELDSNet is coordinated by ECDC with the support of a coordination com the EU Member States. The committee advises ECDC on ways to strengt surveillance and prevention in Europe. The committee also reviews techn and assists ECDC in organising the annual network meeting. ELDSNet al World Health Organisation (WHO), public health authorities of non-EU co Read more about how ELDSNet are following-up of travel-associated clusters

Accommodation site list for Legionnaires' disease







The list below shows the current accommodation sites in EU/EEA countries with which clusters of Legi disease have been identified but where the European Legionnaires' disease Surveillance Network (EL unable to assess the risk of Legionella infection, or where ELDSNet believe there may be increased ris travellers. Please note this is not a complete list of clusters detected by the European Legionnaires' dis Surveillance Network (ELDSNet).

This list will never include accommodation sites in non EU/EEA countries, since ELDSNet cannot form risk status of the accommodation sites and the actions taken in response to the clusters.

Accommodation name	Location	Cases	Onset*	Notes
Le Querce	Ischia, Italy	3	12 September 2017	An ELDSNet form B was received reporting that control measures were unsatisfactory
Villa Budapest	Budaörs, Víg u. 8, 2040, Hungary	2	3 August 2017	An ELDSNet form B was received reporting that control measures were unsatisfactory
Capri Wine Hotel	Capri, Italy	2	29 June 2017	An ELDSNet form B was received reporting that control measures were unsatisfactory
Hotel Carlo Magno	Ischia, Campania, Italy	4	18 June 2017	An ELDSNet form B was received reporting that control measures were unsatisfactory
Hotel Onda Marina	San Teodoro, Sardinia, Italy	3	20 September 2016	An ELDSNet form B was received reporting that control measures were unsatisfactory.
Hotel Terme President	Ischia NA, Italy	3	11 June 2016	An ELDSNet form B was received reporting that control measures were unsatisfactory.

^{*} Most recent date of disease onset among Legionnaires' disease cases reported to have stayed at this accommodal





RAPID RISK ASSESSMENT

Increase of Legionnaires' disease in EU travellers returning from Duba since October 2016

First update, 21 September 2017

Conclusions and options for response

ECDC observed a significant increase in the number of cases of travel-associated Legionnaires' disease (TALD) in EU travellers returning from Dubai during the period October 2016 to May 2017 that could not be accounted for by the increase in travel patterns from the EU. The return to the baseline level of TALD in the most recent two months suggests that the measures implemented by UAE have been effective in containing this outbreak.

However, in previous years October and November have been the months associated with the highest numbers of TALD notifications - particularly in 2016 - and cases are therefore still expected to occur in the

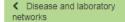
ECDC's ongoing monitoring of the situation will be based on the continued timely reporting of TALD cases by the EU Member States through the ELDSNet surveillance scheme. There are also several options that EU Members States may consider to assess and mitigate the risks in relation to TALD cases having travelled to areas that have experienced increased numbers of cases in the past:

- · In addition to the standard reporting procedures, inform ELDSNet of TALD cases having stayed in private
- . Inform travellers particularly those over 50 years, smokers and immunocompromised persons to seek medical advice if they experience severe respiratory infection symptoms up to two weeks after travelling in order to ensure early and appropriate diagnosis and treatment.
- · Remind clinicians to consider Legionnaires' disease in patients presenting with community-acquired atypical pneumonia and a history of travel in the two weeks prior to disease onset.

ECDC will be monitoring the epidemiological situation closely.

Detecting Legionella





Emerging Viral Diseases-Expert Laboratory Network (EVD-LabNet)

European Antimicrobial Resistance Surveillance Network (EARS-Net)

European Creutzfeldt-Jakob Disease Surveillance Network (EuroCJD)

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European Invasive Bacterial Disease Surveillance Network (EU-IBD)

European Legionnaires'
Disease Surveillance Network
(ELD SNet)

European Network for Hepatitis B and C Surveillance

European Network for HIV/AIDS Surveillance

European Network for STI Surveillance

European Reference Laboratory Network for Human Influenza (ERLI-Net)

Tuberculosis Disease Network



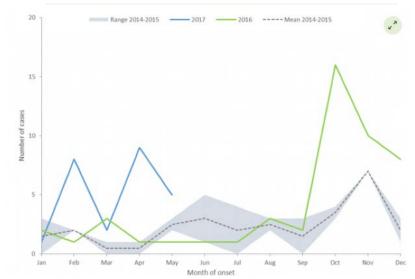
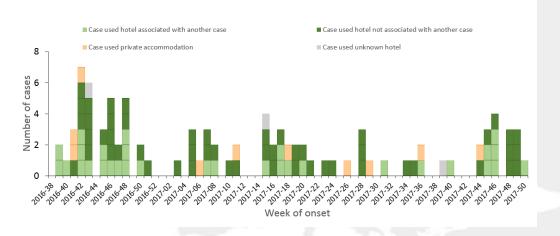


Figure 1. Distribution of TALD cases with a history of stay at commercial accommodations in Dubai (UAE) by month of onset until May 2017, EU/EFTA countries, 2014-2017, as reported by of 20 June 2017

Case 1: onset 14/4, stay 5-6/4 Case 2: onset 25/4, stay 15-23/4



Epicurve, TALD Dubai (n = 96)



Monitoring Cholera



Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006 Latest update: 23 February 2018

Epidemiological summary

Americas

Haiti: In 2018, as of 3 February, Haiti reported 14 173 cholera cases, including 160 deaths (CFR: 1.1%) in all ten departments, since the beginning of 2017. This represents an increase by 335 cases and one death since the previous update on 26 January 2016. In 2016, Haiti reported 41 421 cholera cases including 447 deaths (CFR:1%). From 2010 to 3 February 2018, Haiti has reported 816 492 suspected cholera cases including 9 776 deaths (CFR: 1.2%).

Africa

Angola: As of 3 February 2018, 557 cases and 11 deaths (CFR: 2.2%) were reported. This represents an increase of 146 cases and two deaths, since the previous CDTR report on 26 January 2018. The majority of cases are from the suburban area around Uige city, which has limited access to safe water and improved sanitation. The daily number of cases is declining.

Distribution of cholera cases, worldwide - January 2018 to February 2018 - *

Continent	Country	Geocode	RT 23/J/	AN/2017	RT 19/F	EB/2018	Difference new cases in February vs total cases as of January 2018				Trend	
	J	~	Cases	Deaths	Cases	Deaths	Cases	Deaths		Increase of cases %	Increase of deaths	Past 6 monts
	Democratic_Republic _of_the_Congo	CD	55000	1190	57804	1203	2804	13	5.10		1.09	
	Zambia	ZM	3334	70	3635	78	301	8	9.03		11.43	
Africa	United_Republic_of_T anzania	TZ	4803	100	5461	111	658	11	13.70		11.00	
	Mozambique	MZ	1252	1	1597	1	345	0	27.56		0.00	
	Somalia	so	79172	1159	79506	1160	334	1	0.42		0.09	
America	Haiti	HT	13838	159	14173	160	335	1	2.42		0.63	
Asia	Yemen	YE	1043426	2247	1063090	2258	19664	11	1.88		0.49	

* Countries shown in this table are only those with officially reported cases in February 2018 so far.

Asia

<u>India:</u> As of 15 February 2018, media reports 54 cholera cases including four deaths in Bhadravathi. An additional case was reported in Kazakhstan, among a tourist returning from Goa, according to other <u>media sources</u>.

Yemen: Since the beginning of the outbreak in April 2017 and as of 18 February 2018, Yemen has reported 1 063 090 suspected cholera cases and 2 258 deaths (CFR: 0.2%). This represents an increase by 19 664 cases and 11 deaths since the previous update on 26 January 2018. Some of the most affected governorates are Amanat Al Asima, Al Hudaydah, Hajjah, Amran and Dhamar.

ECDC assessment

In the past year, there has been an unusual increase in the number of cholera cases in the Horn of Africa, and in the Gulf of Aden in recent years. More recently, cholera outbreaks have been notified in DRC and in the southern part of Africa (Zimbabwe, Zambia, Mozambique and Angola). Despite the large number of travellers from the EU/EEA visiting countries from this part of

ECDC monitoring Vibrio growth in the Baltic Sea for the summer season

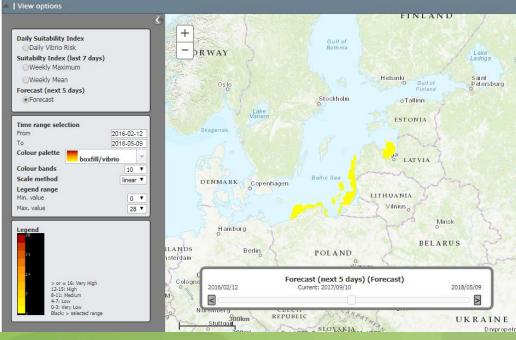


You are here: E3 Geoportal > Vibrio Map Viewer

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The Vibrio viewer is a real-time model that uses daily updated remote sensing data to examine worldwide environmental suitable conditions such as sea surface temperature and salinity for Vibrio species societing to Baker-Austin et al., (Nature Climate Change 3, 73–77, 2013). Infections caused by Vibrio species other than V. Anicerae can also be serious notably for immunocompromised presons, but the overall occurrence is low despites an increase having been recently observed in Northern Europe. Note that only imported case of acute Vibrio chalorae infections are notified in EU. Further work is ongoing to improve this environmental suitability model in collaboration with NOAA CoastWatch, ECDC, CEFAS, University of Sath and the University of Santago de Composited (for more information in the model summary). Early information about the environmental suitability will be of public health interest to assess the geographic extent of potential human exposure. Please note that this model has been calibrated to the Baltic Region in Northern Europe and minking hard not about to the vortedwise settings sorprior voltage.

For the Baltic Sea, the model parameters are optimized for the following values: colour palette (boxfill/vibrio), number colour bands (10), scale method (linear), legend range Min. value (0), and Max. value (28).



Following Yellow Fever outbreak in Brazil



Threat name: Yellow fever Brazil Open date: 12/01/2018

EVENTS	POTENTIAL CONSEQUENCES	24/7 duty officer action	ECDC ACTION
Detection of cases in previously unaffected region <u>considered at risk</u>	Geographical spread	Inform EVD Report at RT	RT, CDTR, consider epi-update
Detection of cases in previously unaffected region <u>not considered at risk</u>	Geographical spread, change in travel recommendations	No specific action Inform EVD Report at RT	RT, CDTR, consider epi-update and/or RRA Inform travel networks
Detection of cases in <u>urban area</u>	Geographical spread, high media attention	Inform EVD Report at RT	RT, CDTR, consider epi-update and/or RRA Inform travel networks
Detection of cases in <u>context of mass</u> gathering e.g. carnival	Geographical spread, high media attention	Inform EVD Report at RT	RT, CDTR, consider epi-update and/or RRA Inform travel networks
Cases among returning travellers to EU	Risk of spread in EU (if vector present), high media attention	Inform EVD Report at RT Inform second line/ HoU	RT, CDTR, consider epi-update and/or RRA Inform travel networks

Comments:			
Comments.			

Criteria to close the threat: back to seasonal baseline.

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Preparedness and response actions	Addressed? (Yes/No/NA/ongoing)	Activity/Output	Leadership (DP, groups)	Deadline or date of completion	Link to documents
Laboratory capacities	Yes	EQA planned in 2018 through EVD Labnet – Internal document	EVD/microbio	Mid-2018	
Vector distribution/surveillance	Yes	VectorNet maps	EVD	NA	
Vector control	Yes, use of DDET	Internal document	EVD		Use of DDET and directive biocides
Travel advice	Yes	RRA	EVD		RRA, RRA 1, RRA2
Blood safety	Yes	RRA	Dragoslav		
Algorithm for testing	NA				
PPE	NA				
Airplane	Yes, based on Zika	WHO guidance	EVD		airplane 1, airplane 2, airplane 3
Cruise ship	Yes, based on Zika	Shipsan interim guidance on maritime transport and Zika virus disease	EVD		Shipsan interim guidano and guestion from EP
Vaccine/treatment stockpile	Yes	Vaccine Europe, WHO and GAVI contacted - Internal document	EVD	Mid-February	Folder
Vaccine safety	No				
Exit/entry screening	NA				
EPIET/staff mobilisation	NA				
	Factsheet – to be updated Scientific ac RRA LTT Epidemiological Peer review	lvance Other	<u> </u>	2017	st update of RRA: 17 Jan

GeoSentinel network alerts for imported cases

WG: GeoSentinel Leadership : ALERT - Yellow Fever cases in Bucharest, Romania Dear GeoSentinel Sites:

Simin-Aysel Florescu and Corneliu Popescu from the Bucharest (BUC) GeoSentinel site in Romania report a case of yellow fever in a Romanian tourist who visited Ilha Grande in Brazil; the patient has been admitted to hospital in Bucharest with liver and renal failure, rash, myalgia, and fever.

The traveler did not receive yellow fever vaccination prior to visiting Brazil. This case of yellow fever has been serologically confirmed. YF IgM was positive on Day 8 of illness, and the IgG titer has been rising between Days 4 and 8. PCR is negative possibly due to high levels of ALAT. The sample will be retested with PCR after dilution. The patient is maintaining consciousness and liver function and renal function are improving.

The Zürich (ZUR) GeoSentinel Site, Patricia Schlagenhauf and Rainer Weber, has just received a report of a yellow fever case - 44-years old, male - in intensive care with a confirmed yellow fever diagnosis. He was unvaccinated and the presumed area of YF acquisition is also Ilha Grande. His condition is critical. More details to follow.

Yellow fever distribution and areas of risk in Brazil, as of 28 February 2018





Thank you for sharing information with ECDC

support@ecdc.europa.eu

ECDC works best with partners – ECDC needs travel medicine in order to timely detect events affecting the European travellers

