



## SURVEILLANCE REPORT

### Annual Epidemiological Report for 2016

# Plague

#### Key facts

- For 2016, no cases of plague were reported in EU/EEA countries.

#### Methods

This report is based on data for 2016 retrieved from The European Surveillance System (TESSy) on 4 April 2018. TESSy is a system for the collection, analysis and dissemination of data on communicable diseases.

For a detailed description of methods used to produce this report, please refer to the *Methods* chapter [1].

An overview of the national surveillance systems is available online [2].

A subset of the data used for this report is available through ECDC's online *Surveillance Atlas of Infectious Diseases* [3].

In 2016, 29 EU/EEA countries reported case-based plague data (Liechtenstein and Malta did not report). Twenty-four countries used the EU case definition, three countries (Denmark, Germany and Italy) used an alternative case definition and two countries (Finland and France) did not specify the case definition they used. Surveillance is compulsory in 27 EU/EEA countries (non-specified in Belgium and the United Kingdom), comprehensive and mostly passive.

#### Epidemiology

For 2016, no cases of plague were reported in EU/EEA countries. Autochthonous plague has not occurred in Europe for several decades.

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## Discussion

Plague, caused by the bacterium *Yersinia pestis*, is enzootic in wild rodents across Central and East Asia, Africa, and North America and remains endemic in many natural foci around the world [4]. Recent outbreaks have shown that plague may reoccur in areas that have long remained unaffected. While urban plague has been controlled in most of the world, the disease remains a public health problem in rural areas for many countries.

Worldwide, 320 cases of plagues, including 77 deaths, were reported in 2015 [5]. Cases were reported mainly in Africa (94% of the total), particularly in Madagascar (275 cases, 63 deaths) and the Democratic Republic of the Congo (18 cases, 5 deaths). In the US, four cases were reported in 2016 [6]. The possible re-emergence of the disease, particularly in poor urban settings, remains a concern. This further emphasises the need to take environmental factors into consideration when planning prevention and control measures for diseases that have a non-human reservoir.

## References

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