



SURVEILLANCE REPORT

Annual Epidemiological Report for 2016

Rift Valley fever

Key facts

- For 2016, EU/EEA countries reported three travel-related cases of Rift Valley fever.
- All cases reported by EU/EEA countries between 2012 and 2016 were travel-related, with probable infection in Comoros, Egypt, Ghana, Mali or Uganda.

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].

For 2016, 21 EU/EEA countries reported case-based data (Austria, Bulgaria, Denmark, Finland, Iceland, Malta, the Netherlands and Portugal did not report). Thirteen countries used the EU case definition, four countries (the Czech Republic, Germany, Italy and the United Kingdom) used an alternative case definition, and four countries (Belgium, France, Ireland and Poland) did not specify the case definition used.

Reporting is compulsory in 18 countries, 'not specified' in Poland and voluntary in Ireland and the United Kingdom. Surveillance is mostly comprehensive ('not specified' in Ireland and Poland) and passive ('not specified' in Poland). The Czech Republic, Slovakia, and the United Kingdom conduct active disease surveillance.

Epidemiology

For 2016, EU/EEA countries reported three cases of Rift Valley fever, two of which were confirmed. All cases were reported by France. Cases were male and between 28 and 37 years old. Two cases were probably infected in Mali; the third case originated probably in Ghana.

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For 2015, France reported one confirmed case in a 29-year-old male, probably infected in Mali [4]. For 2014, no cases were reported. For 2013, the United Kingdom reported one confirmed case in a 71-year-old male who was probably infected in Uganda. Two cases were reported for 2012, one confirmed case in a 53-year-old female in France, and one probable case in a 54-year-old male in the United Kingdom. They were probably infected in Comoros and Egypt, respectively.

Outbreaks and other threats

From 8 August to 21 November 2016, 266 suspected human cases of Rift Valley fever, including 32 deaths, were reported from the Tahoua Region in Niger [5].

Discussion

Rift Valley fever is an acute viral febrile haemorrhagic disease that affects primarily ruminants in Africa and in the Arabian Peninsula (such as cattle, buffalo, sheep, goats and camels). Historically, Rift Valley fever occurs in humans in many sub-Saharan countries but also in Madagascar, Saudi Arabia and Yemen. Humans may become infected by mosquito bites and through direct or indirect contact with the blood or organs of infected animals. While most human cases are relatively mild (influenza-like illness), a small percentage of patients develops a severe form of the disease, with haemorrhagic manifestations, hepatitis and neurological disorders. Rift Valley fever is notifiable to the World Organisation for Animal Health [6]. Animal movement may contribute to viral spread, threatening countries in the Mediterranean basin where competent vectors are present [7].

Public health implications

As the initial epidemiological cycle involves domestic ruminants, and humans mostly become infected after contact with viraemic animals, vaccination of ruminants is the favoured method of preventing human disease in endemic areas [7]. Other recommended measures include a ban on slaughtering and butchering ruminants during epizootics, the use of insect repellents and bed nets during outbreaks, the implementation of information campaigns for people at risk (farmers, veterinarians, slaughterhouse employees, butchers, etc.), and the appropriate disposal of dead animals [8].

References

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