1. Dengue: Spain, France and Senegal
Dengue is a mosquito-borne infectious disease. It is prevalent in many parts of Asia and countries along the tropical and subtropical belt. The first partially effective dengue vaccine was commercially available in 2016; this vaccine, however, has caused controversy due to its extreme case side-effects on receivers who haven’t had dengue previously, limiting the receivers to those who live in the area of exposure and who have been previously infected by the virus.

In October, several countries, such as France, Spain and Senegal, amongst others, have experienced dengue outbreaks. On 10 October 2018 the Spanish Ministry of Health confirmed that three Spanish citizens have been infected by the dengue virus, without any of them having travelled to areas where this disease is present. Those infected by the dengue virus had been in Cadiz, Murcia and Madrid and are from the Granada Province. Investigation for the source are ongoing. Subsequently on 18 October 2018 a dengue outbreak was detected after four new cases in France, Saint-Laurent-du-Var in the Alpes-Maritimes. There are now five people who have contracted dengue in France. Senegal also reported their 4th dengue epidemic on 19 October 2018, with at least 23 confirmed dengue cases being confirmed in the Fatick region following tests on 487 suspected cases.

2. Hepatitis E: Namibia
The outbreak of hepatitis E that was declared on 14 December 2017 by the Ministry of Health and Social Services of Namibia, is still on-going. The outbreak was initially detected in Windhoek district, Khomas Region, following confirmation of hepatitis E in seven patients presenting with acute jaundice syndrome by the Lancet laboratory in South Africa. Since April 2018, the outbreak has spread to six other regions across the country, namely Erongo, Omusati, Ohangwena, Oshikoto and Kavango. As of 14 October 2018, a cumulative total of 3,674 cases of acute jaundice syndrome (AJS), including 31 deaths (case fatality ratio 0.8%) has been reported from seven regions across the country. Of these, 540 are laboratory-confirmed, 2,657 epidemiologically-linked and 477 suspected. Pregnant women account for 34% (n=184) of confirmed cases. Of the 31 deaths that have been reported, 14 (45%) are maternal deaths. The Ministry of Health is receiving technical and operational support from the WHO, US Centers for Disease Control, and other partners in an attempt to control the outbreak.

3. Poliomyelitis: Pakistan
Pakistan has confirmed wild poliovirus type 1 (WPV1)-associated disease in the Gadap area of Karachi, in Sindh province. The case involved a 42-month-old female with date of onset of disease on 22 September 2018. The child had a verbal history of three doses of oral polio vaccine (OPV) and no doses of inactivated polio vaccine (IPV) as part of routine immunization activities, although this was not verified by review of a vaccination card. The child presented atypically with pain in her right hip and weakness of bilateral lower extremities. An X-ray revealed a dislocation of the right hip joint.

4. Lassa fever Nigeria
During 2018, an unusual increase in Lassa fever cases occurred in Nigeria. In week 41 (week ending 14 October 2018), 13 new confirmed cases were reported, with four deaths. The trend of cases is increasing since Epi week 37 when only two confirmed cases were reported. Fifteen states have exited the active phase of the outbreak while seven, Edo, Delta, Ondo, Bauchi, Ebonyi, Kogi and Imo states remain active. Except for the infected healthcare workers, most affected individuals probably acquired their infections from rodent hosts of the virus.

Source: Promed (www.promed.org) and the World Health Organization (www.who.int)

Figure 7. Current outbreaks that may have implications for travellers. Numbers correspond to text above. The red dot is the approximate location of the outbreak or event.