

Rift Valley fever

Annual Epidemiological Report for 2018

Key facts

For 2018, EU/EEA countries did not report any cases of Rift Valley fever.

Methods

This report is based on data for 2018 retrieved from The European Surveillance System (TESSy) on 10 September 2019. 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, 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 2018, 22 EU/EEA countries reported case-based data (Austria, Bulgaria, Cyprus, Denmark, Finland, Iceland, Liechtenstein, the Netherlands and Portugal did not report). Thirteen countries used the EU case definition, four (the Czech Republic, Germany, Italy and the United Kingdom) used an alternative case definition, and five (Belgium, France, Ireland, Poland and Romania) did not specify the case definition used.

Reporting was compulsory in 19 countries, 'not specified' in Ireland and Poland and voluntary in the United Kingdom. Surveillance was mostly comprehensive ('not specified' in Ireland and Poland) and passive.

Epidemiology

In 2018, as in 2017, EU/EEA countries did not report any cases of Rift Valley fever.

In 2016, EU/EEA countries reported three cases of Rift Valley fever, two of which were confirmed. All cases were reported by France and involved males aged 28–37 years. Two were probably infected in Mali and one in Ghana. In 2015, France reported one confirmed case in a 29-year-old male, probably infected in Mali [4]. In 2014, no cases were reported. In 2013, the United Kingdom reported one confirmed case in a 71-year-old man, probably infected in Uganda.

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Discussion

Rift Valley fever is an acute viral febrile haemorrhagic disease that primarily affects ruminants in Africa and the Arabian Peninsula (such as cattle, buffalo, sheep, goats and camels). Historically, Rift Valley fever occurs in humans in many sub-Saharan countries, 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 develop a severe form of the disease with haemorrhagic manifestations, hepatitis and neurological disorders. Animal movement may contribute to viral spread, threatening countries in the Mediterranean basin where competent vectors are present [5].

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 [5]. Other recommended measures include a ban on slaughtering and butchering ruminants during epizootics, vector control measures and the use of insect repellents and bed nets during outbreaks, information campaigns for people at risk (farmers, veterinarians, slaughterhouse employees, butchers) and the appropriate disposal of dead animals [6].

References

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