



Public Health  
England

Protecting and improving the nation's health

# **Global high consequence infectious disease events Monthly update**

January 2018

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Published February 2018  
PHE Publications  
gateway number: 2017794

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Sustainable Development Goals



## Introduction

This monthly report provides detailed updates on known high consequence infectious disease (HCID) events around the world.

This report details all the HCID pathogens that are covered during epidemic intelligence activities. The report is divided into two sections. The first contains contact and airborne HCIDs that have been specified for the HCID Programme by NHS England. The second section contains additional HCIDs that are important for situational awareness.

Each section consists of two tables of known pathogens and includes descriptions of recent events. A third table will be included in the second section when undiagnosed disease events occur that could be interpreted as potential HCIDs.

### **Likelihood assessment**

Included for each disease is a 'likelihood assessment'; the likelihood of a case occurring in the UK, based on past UK experience and the global occurrence of travel-associated cases. There are three categories currently – LOW, VERY LOW and EXCEPTIONALLY LOW. This assessment is as of January 2018.

When considering clinical history, it is important to remember that cases can and do occur outside of the usual distribution area. It is not possible to assess accurately the risk of cases presenting to healthcare providers in England, but taken together it is inevitable that occasional imported cases will be seen.

Events found during routine scanning activities that occur in endemic areas will briefly be noted in the report. Active surveillance, other than daily epidemic intelligence activities, of events in endemic areas will not be conducted (eg, actively searching government websites or other sources for data on case numbers).

The target audience for this report is any healthcare professional who may be involved in HCID identification.

## Section 1. Incidents of significance of primary HCIDs

- None to report

Contact HCIDs				
Infectious disease	Geographical risk areas	Source(s) and route of infection	UK experience to date	Likelihood assessment
Crimean-Congo haemorrhagic fever (CCHF)	<p><b>Endemic</b> in Central and Eastern Europe, Central Asia, the Middle East, East and West Africa. First locally acquired case in Spain 2016. (Risk Assessment)</p>	<ul style="list-style-type: none"> <li>- Bite from or crushing of an infected tick</li> <li>- Contact with blood or tissues from infected livestock</li> <li>- Contact with infected patients, their blood or body fluids</li> </ul>	2 confirmed cases (ex-Afghanistan 2012; ex-Bulgaria 2014)	LOW - Rarely reported in travellers (22 cases in world literature)
	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>• <b>Afghanistan</b> reported 4 cases and 1 death during January.</li> <li>• <b>Uganda</b> reported 1 new confirmed case in January in Nakaseke District, following the case reported in December 2017. Although there were 4 other suspected cases, these were ruled out after laboratory testing. This is the third outbreak of CCHF in Nakaseke District since 2015.</li> </ul>			
Ebola virus disease	<p><b>Sporadic outbreaks in Western, Central and Eastern Africa</b></p>	<ul style="list-style-type: none"> <li>- Contact/consumption of infected animal tissue (eg bushmeat)</li> <li>- Contact with infected human blood or body fluids</li> </ul>	4 confirmed cases (one lab-acquired in UK in 1976; 3 HCWs associated with West African epidemic 2014-15)	VERY LOW - Other than during the West Africa outbreak, exported cases are extremely rare
	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>• No suspected or confirmed human cases reported since July 2017.</li> </ul>			

<b>Lassa fever</b>	Endemic in sub-Saharan West Africa	<ul style="list-style-type: none"> <li>- Contact with excreta, or materials contaminated with excreta of infected rodent</li> <li>- Inhalation of aerosols of excreta of infected rodent</li> <li>- Contact with infected human blood or body fluids</li> </ul>	14 cases since 1971, all ex-West Africa	LOW - Overall it's the most common imported VHF but still rare (global total 33 reported since 1969)
	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>• <b>Nigeria</b> continues to report Lassa fever cases on a weekly basis. <b>There was a spike in cases during January:</b> 297 suspected cases, including 22 deaths, were reported in 13 states (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba and Delta) in southern and eastern areas of the country. Of these 77 have been confirmed, and 10 were healthcare workers.</li> <li>• <b>Liberia</b> reported 13 cases, including 3 confirmed, in January in Bong and Nimba counties. 9 deaths have been reported.</li> <li>• <b>Benin</b> reported an outbreak of Lassa fever in January. The index case was imported from Nigeria in early January. As of 02 February, a total of 21 cases, including 8 deaths, have been reported from 4 departments. 5 cases, all deaths, have been confirmed. However, it is not currently clear how many of the recent cases are directly linked to the imported case. Lassa fever is endemic in Benin although only small numbers of cases have been recognised in previous years (2014, 2016 and 2017).</li> </ul>			
<b>Marburg virus disease</b>	Sporadic outbreaks in Central and Eastern Africa	<ul style="list-style-type: none"> <li>- Contact with infected blood or body fluids</li> </ul>	No known cases in UK	VERY LOW - 5 travel related cases in the world literature
	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>• No cases reported in January 2018</li> </ul>			

Airborne HCIDs				
Infectious disease	Geographical risk areas	Source(s) and route of infection	UK experience to date	Likelihood assessment
Influenza A(H7N9) virus (Asian lineage)	All human infections acquired in <b>China</b>	<ul style="list-style-type: none"> <li>- Close contact with infected birds or their environments</li> <li>- Close contact with infected humans (no sustained human-human transmission)</li> </ul>	No known cases in UK	VERY LOW (PHE Risk Assessment)
	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>• One confirmed human case of H7N9 was reported in China in January. This is significantly less than the same time period in previous years (2017: 192; 2016: 28)</li> </ul>			
Influenza A(H5N1) virus	Human cases predominantly in SE Asia, but also Egypt, Iraq, Pakistan, Turkey, Nigeria. Highly pathogenic H5N1 in birds much more widespread, including UK	<ul style="list-style-type: none"> <li>- Close contact with infected birds or their environments</li> <li>- Close contact with infected humans (no sustained human-human transmission)</li> </ul>	No known cases in UK	VERY LOW (PHE Risk Assessment)
	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>• No confirmed or suspected human cases of H5N1 were reported in January.</li> <li>• Bangladesh, Cote d'Ivoire and Cambodia reported avian outbreaks of HPAI H5N1 in January, without any associated human cases</li> </ul>			

<b>Middle East respiratory syndrome (MERS)</b>	The Arabian Peninsula - Yemen, Qatar, Oman, Bahrain, Kuwait, Saudi Arabia and United Arab Emirates	- Airborne particles - Direct contact with contaminated environment - Direct contact with camels	4 cases in total; 2 imported cases (2012 and 2013), two secondary cases in close family members of second case; 3 deaths	<b>VERY LOW (PHE Risk Assessment)</b>
	<b>Recent cases/outbreaks:</b> <ul style="list-style-type: none"> <li>• <b>Saudi Arabia</b> reported 21 cases during January. No nosocomial outbreaks were reported.</li> </ul>			
<b>Monkey pox</b>	West and Central Africa	- Close contact with infected animal or human; indirect contact with contaminated material eg bed linen	No known cases in UK	<b>VERY LOW - Not reported outside Africa since 2003</b>
	<b>Recent cases/outbreaks:</b> <ul style="list-style-type: none"> <li>• Nigeria did not provide an update on the widespread monkeypox outbreak reported since September 2017.</li> </ul>			

<b>Nipah virus</b>	Outbreaks in Bangladesh and India; SE Asia at risk but no outbreaks reported since 2014.	- Direct or indirect exposure to infected bats; consumption of contaminated raw date palm sap. - Close contact with infected pigs or humans.	No known cases in UK	EXCEPTIONALLY LOW - No travel related infections in the literature
	<b>Recent cases/outbreaks:</b> <ul style="list-style-type: none"> <li>No suspected or confirmed human cases reported since 2015 in Bangladesh.</li> </ul>			
<b>Pneumonic plague (<i>Yersinia pestis</i>)</b>	Predominantly <b>sub-Saharan Africa but also Asia, North Africa, South America, Western USA</b>	- Flea bites - Close contact with infected animals - Contact with human cases of pneumonic plague	Last outbreak in UK 1918	VERY LOW - Rarely reported in travellers ( <b>PHE risk assessment for this outbreak</b> )
	<b>Recent cases/outbreaks:</b> <ul style="list-style-type: none"> <li>Nothing of significance. Madagascar continues to report sporadic cases as part of seasonal transmission.</li> </ul>			
<b>Severe acute respiratory syndrome (SARS)</b>	Currently none; two outbreaks originating from China 2002 and 2004	- Airborne particles - Direct contact with contaminated environment	4 cases related to 2002 outbreak	VERY LOW - Global spread but not reported since 2004
	<b>Recent cases/outbreaks:</b> <ul style="list-style-type: none"> <li>No suspected or confirmed human cases reported since 2004.</li> </ul>			

## Section 2. Incidents of significance of additional HCIDs

- Nothing of significance

Contact HCIDs				
Infectious disease	Geographical risk areas	Source(s) and route of infection	UK experience to date	Likelihood assessment
<b>Argentine haemorrhagic fever (Junin virus)</b>	Argentina (central). Limited to the provinces of Buenos Aires, Cordoba, Santa Fe, Entre Rios and La Pampa.	- Direct contact with infected rodents - Inhalation of infectious rodent fluids and excreta. - Person-to-person transmission has been documented.	No known cases in UK	EXCEPTIONALLY LOW - Travel related cases have never been reported
	<b>Recent cases/outbreaks:</b> <ul style="list-style-type: none"> <li>• Nothing of significance. Argentina continues to report sporadic cases as part of seasonal transmission.</li> </ul>			
<b>Bolivian haemorrhagic fever (Machupo virus)</b>	Bolivia - limited to the Department of Beni, municipalities of the provinces Iténez (Magdalena, Baures and Huacaraje) and Mamoré (Puerto Siles, San Joaquín and San Ramón)	- Direct contact with infected rodents - Inhalation of infectious rodent fluids and excreta. - Person-to-person transmission has been documented.	No known cases in UK	EXCEPTIONALLY LOW - Travel related cases have never been reported

	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>No suspected or confirmed human cases reported in January.</li> </ul>			
<p><b>Lujo virus disease</b></p>	<p>Single case acquired in Zambia lead to a cluster in South Africa in 2008.</p>	<p>- Presumed rodent contact (excreta, or materials contaminated with excreta of infected rodent) - Person to person via body fluids</p>	<p>No known cases in UK</p>	<p>VERY LOW - Single travel related case; not reported anywhere since 2008</p>
	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>No suspected or confirmed human cases reported since 2008.</li> </ul>			
<p><b>Severe fever with thrombocytopenia syndrome (SFTS)</b></p>	<p>Only reported from China (southeastern), Japan and Korea</p>	<p>- Presumed to be tick exposure. - Person to person transmission described in household and hospital contacts, via contact with blood/bloodstained body fluids</p>	<p>No known cases in UK</p>	<p>EXCEPTIONALLY LOW - Not known to have occurred in travellers</p>
	<p><b>Recent cases/outbreak:</b></p> <ul style="list-style-type: none"> <li>Japan and South Korea reported zero cases in January.</li> </ul> <p>(China does not provide publically available data on cases of SFTS)</p>			

Airborne HCIDs				
Infectious disease	Geographical risk areas	Source(s) and route of infection	UK experience to date	Likelihood assessment
<b>Andes virus (Hantavirus)</b>	Chile and southern Argentina	- Rodent contact (excreta, or materials contaminated with excreta of infected rodent. - Person to person transmission described in household and hospital contacts	No known cases in UK	VERY LOW - Rare cases in travellers have been reported
	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>Chile did not provide an update in January</li> </ul> <p>(Argentina reports hantavirus detections generically so it is not possible to determine specifically any Andes virus infections)</p>			
<b>Influenza A(H5N6) virus</b>	Mostly China (March 2017 new strain in Greece, and subsequently found in Western Europe)	- Close contact with infected birds or their environments - Close contact with infected humans (no sustained human-human transmission)	No known cases	VERY LOW - Not known to have occurred in travellers ( <b>PHE risk assessment</b> )

	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>• <b>China</b> reported one human case with date of onset in January in Fujian Province. The last case was reported in November 2017. China also reported a human case that occurred in 2015 and was retrospectively reported by WHO.</li> <li>• South Korea, Japan and Hong Kong reported avian outbreaks of HPAI H5N6 in January, without any associated human cases</li> </ul>			
<b>Influenza A(H7N7) virus</b>	Sporadic occurrence including Europe and UK	<ul style="list-style-type: none"> <li>- Close contact with infected birds or their environments</li> <li>- Close contact with infected humans (no sustained human-human transmission)</li> </ul>	No known cases	VERY LOW - Human cases are rare, and severe disease even rarer
	<p><b>Recent cases/outbreaks:</b></p> <ul style="list-style-type: none"> <li>• No suspected or confirmed human cases of H7N7 were reported in January.</li> </ul>			

<b>Undiagnosed Disease Events</b>	
<b>Undiagnosed morbidity – susp haemorrhagic fever – South Sudan UPDATE</b>	<ul style="list-style-type: none"> <li>• The cluster of <b>3 fatal suspected viral haemorrhagic fever cases</b> reported from Eastern Lakes State in December is now thought to be a <b>Rift Valley fever outbreak</b></li> </ul>