

Continent	Country	Disease	New vs Update	lag
AFRICA	Congo (DRC)	Outbreak of Ebola virus	Update	RED
		Cholera Outbreak	Update	Yellow
		Measles outbreak	Update	Yellow
		Polio cases	Update	Yellow
	Central African Republic	Monkeypox outbreak	Update	RED
		Hepatitis E outbreak	Update	Yellow
	Ethiopia	Yellow fever cases	Update	Yellow
	Madagascar	Plague cases	Update	Yellow
		Measles outbreak	New	Yellow
	Niger	Cholera outbreak	Update	Yellow
		Polio cases	Update	Yellow
	Nigeria	Lassa Fever cases	Update	Yellow
		Yellow fever cases	Update	Yellow
		Polio cases	Update	Yellow
		Cholera outbreak	Update	Yellow
	Liberia	Yellow fever cases	Update	Yellow
		Measles outbreak	Update	Yellow
	Somalia	Polio cases	Update	Yellow
	Cameroon	Cholera outbreak	Update	Yellow
	Namibia	Hepatitis E outbreak	Update	Yellow
Senegal	Dengue outbreak	Update	Yellow	
Tanzania	Cholera outbreak	Update	Yellow	
Zimbabwe	Cholera Outbreak	Update	Yellow	

Continent	Country	Disease	New vs Update	Flag
ASIA & PACIFIC	Afghanistan	CCHF cases	Update	Yellow
	India	Zika outbreak	New	Yellow
	Papua New Guinea	Polio cases	Update	Yellow
	Japan	Rubella cases	New	Yellow
	Philippines	Leptospirosis outbreak	Update	Yellow
	India:	Seasonal flu	New	Yellow
	China	Dengue cases	Update	Yellow

Continent	Country	Disease	New vs Update	Flag
AMERICAS	United States	West Nile Virus	New	Yellow
		Legionnaires' disease	update	Yellow
	Brazil	Measles outbreak	Update	Yellow
	Canada	Salmonella outbreak	New	Yellow
	Chile	Hepatitis A cases	New	Yellow
	Venezuela	Measles outbreak	Update	Yellow

Continent	Country	Disease	New vs Update	Flag
EUROPE	Italy	Pneumonia	Update	Yellow
	Czech Republic	West Nile virus	Update	Yellow
	Italy; Greece; Hungary; Romania	West Nile virus	Update	Yellow
	Belgium; Bulgaria; Czech Republic; Denmark; Finland; France; Georgia; Germany; Greece; Hungary; Ireland; Italy; Latvia; Lithuania; Luxembourg; Moldova; Netherlands; Norway; Poland; Romania; Russia; Serbia; Slovakia; Spain; Sweden; Ukraine; United Kingdom; Switzerland	Measles	Update	Yellow
	France	Dengue outbreak	Update	Yellow
	Spain	Locally-acquired dengue	New	Yellow
	Ireland	E. coli cases	Update	Yellow

Continent	Country	Disease	New vs Update	Flag
MIDDLE EAST	Saudi Arabia	MERS-CoV	Update	Yellow
	Yemen	Cholera outbreak	Update	Yellow
	Israel	West Nile virus	Update	Yellow
		Leptospirosis	Update	Yellow
		Measles outbreak	new	Yellow
		Chikungunya outbreak	Update	Yellow
	Imported case of monkeypox	New	Yellow	

Congo (DRC): Outbreak of Ebola virus

The outbreak was declared on 1st August. Since then over 270 cases confirmed. More than 170 people have died. Case numbers and classifications will vary day to day as some cases are confirmed as Ebola and others are ruled out. The WHO Emergency Committee meeting on 17 October that the situation was not a Public Health Emergency of International Concern (PHEIC) although ongoing efforts to end transmission are critical.

Two provinces in the DRC have reported confirmed and / or probable infections during this outbreak: North Kivu - in the health zones of Beni, Butembo, Kalunguta, Mabalako, Masereka, Musienene and Oicha Ituri - in the health zones of Komanda, Mandima and Tchomia

A second wave in this outbreak is underway, as containment measures have been interrupted due to security incidents. In late October, many of the new cases are not linked to known cases, indicating spread within the community. Healthcare workers are also being infected while working in clinic settings outside of Ebola treatment centres, indicating that there are cases among the community.

The humanitarian crisis in the affected areas is complex. Ebola is only one of several disease outbreaks simultaneously affecting this area. North Kivu and Ituri are among the most populated provinces in the DRC, and are active conflict zones.

Over a million internally displaced people live in the affected area, which borders Rwanda, South Sudan and Uganda. Many people cross these international borders frequently. Neighbouring countries have been alerted.

Several experimental treatments have been approved, and the patients who have been treated with them are improving. Twenty-six people were treated with mAb114, ten with Remdesivir and eight with ZMapp. For the first time a new investigational therapy, regeneron, has been used in some patients in Beni.

Contact tracing is underway and is critical to controlling the outbreak. This involves identifying people who may have interacted with an Ebola patient in a way that put them at risk for infection, then following their health and offering them vaccination. Community resistance and security concerns both hamper these efforts.

As of 30 October, there are nearly 6,000 registered contacts under surveillance - mostly in Beni. Community refusal, insecurity and population movement all interfered with tracing known contacts. There is also community resistance against other Ebola containment measures, such as safer burial practices and relocating sick people to designated Ebola treatment centres. This resistance is contributing to the ongoing spread of disease. People are dying in the community in Beni in October, indicating ongoing, undetected transmission chains.

Vaccination campaigns are underway. Healthcare workers, contacts of confirmed cases and their contacts are being offered Ebola vaccine in some of the affected health zones. More than 24,000 people have been vaccinated so far.

A WHO preparedness team identified 14 provinces in the DRC to prioritise for preparedness efforts in case the outbreaks spread. (Priority 1: Sud Kivu, Ituri, Maniema, Tshopo; priority 2: Haut-Uele, Mongala, Nord-Ubangi, Sud-Ubangi; priority 3: Sankuru, Kasai, Kasai Central, Kasai Oriental, Bandundu, Lomani). They have also prioritised the preparedness of neighbouring countries based on their capacity to manage Ebola and viral haemorrhagic fever outbreaks, and their proximity to the affected area. (Priority 1: Rwanda, Uganda, South Sudan and Burundi; Priority 2: Angola, Congo, Central African Republic, Tanzania, Zambia).

Central African Republic: Monkeypox outbreak

At least three cases of monkeypox, all from the same family, have been identified in Zoumea-Kaka village, Mbaiki Health District. This is the fourth outbreak of monkeypox in Central African Republic this year and the cases have no epidemiological link with the previous outbreaks.

Earlier this year, clusters were reported in March in Bangassou (6 cases), April in Bambari (3 cases) and late June in Mbaiki (2 cases). The Central African Republic has been reporting clusters of confirmed monkeypox cases every year since 2015. In the past two years, seven countries from the African region have reported monkeypox cases including Cameroon, Central African Republic, Congo, Democratic Republic of the Congo, Liberia, Nigeria and Sierra Leone

Ethiopia: Yellow fever cases

At least 38 people have been infected with yellow fever between 21 August and 26 October, of which five have been confirmed. Over ten fatalities have occurred. Infections have been among unvaccinated people from South Nation.

There is a risk of yellow fever throughout Ethiopia

Yellow fever is a potentially severe viral illness, spread via mosquito bites. Prevention is through vaccination and avoidance of mosquito bites

Madagascar: Plague cases

More than 80 suspected cases of bubonic and pneumonic plague have been reported from nineteen districts across ten endemic regions. 22 cases have been confirmed and at least 7 people have died. Health authorities have stepped up measures to contain the spread of disease.

The disease is consistently present in the country. Cases are reported annually, particularly during September to April and disease rates typically peak during January-February and November-December

The disease is caused by a bacterium which mainly affects rodents. It is occasionally transmitted to humans when they are bitten by fleas carrying the bacteria, or more rarely via contact with an infected animal or person.

Niger: Cholera outbreak

Since the beginning of the outbreak on 5 July, more than 3700 suspected cholera cases have been reported including at least 74 fatalities. About 90 percent of the cases are from Madanroufa district in Maradi region. Several other districts have been affected in Maradi, Dosso, Tahoua and Zinder regions.

The affected area borders Nigeria, and is close to the Jibiya area of Katsina state (Nigeria).

There is a lack of sanitation in the area. Hygiene issues and its proximity to Nigeria both make it a high-risk area for the spread of cholera. Authorities have increased disease surveillance efforts, especially in areas where population movement and international trade with Nigeria are high. Public awareness campaigns are underway. The government has established free treatment at local health centres in the affected district

Cholera spreads via contaminated food and water.

Niger: Polio cases

At least 6 polio cases have been detected in 2018 from Zinder, a province bordering Nigeria. The cases had onset of paralysis in the month of July, August and September. As a response, surveillance has been further enhanced and additional large-scale immunisation campaigns are being planned

Polio is a contagious viral illness that causes paralysis and death. The infection is spread through ingestion of contaminated food or water, or directly from an infected person.

All travellers are recommended to be fully immunised against polio (including a booster) before they arrive in the country.

World Health Organization (WHO) recommends that all residents and visitors who have been in the country for more than 4 weeks receive a dose of polio vaccine within 4 weeks to 12 months of travel.

Travellers should carry the document on which their polio vaccination status is recorded. They may be asked to show proof of polio vaccination at departure or while entering other countries.

The risk of potential international spread is considered high in the Chad Basin region due to ongoing polio transmission in Nigeria

Nigeria: Lassa Fever

More than 2,600 cases have been reported since the beginning of 2018. Cases accelerated alarmingly in the beginning of 2018, at least 22 states were affected at the peak of the outbreak. Active transmission is ongoing in Bauchi, Delta, Edo, Ebonyi, Imo, Kogi and Ondo. Delta state also reported a death from Lassa in mid-September, in a woman who died in August. She may have spread the disease to two healthcare workers, their test results are pending

The Nigerian Centre of Disease Control (NCDC) is assisting several states in their response and surveillance activities. The Ministry of Health has implemented a rapid response and raising awareness in healthcare workers to use appropriate infection control procedures. Many healthcare workers have been infected

Humans can be infected via contact with excretions from infected rodents. During outbreaks, the disease can spread to people who have direct contact with the body fluids of an infected person. People usually become infected by inhaling dried rodent excretions, eating food contaminated by rodent excrement, or eating infected rodents. Outbreaks occur when people unprotected contact with bodily fluids from an infected person, which can occur in households and in healthcare facilities

Nigeria: Yellow fever

The first yellow fever case was identified mid-September in 2017 in Ifelodun Local Government Area of Kwara state. Since then, over 3,000 suspected cases including at least 50 fatalities have been reported across the country. Confirmed cases have been recorded in ten states including Edo, Ekiti, Kano, Katsina, Kebbi, Kogi, Kwara, Nasarawa, Niger and Zamfara. Vaccination campaigns have been completed or are being planned to prevent spread of the disease in the affected area and surrounding communities. Nigeria is considered a country with a risk of yellow fever transmission

Yellow fever is a potentially severe viral illness, spread via mosquito bites. Vaccination and mosquito bite prevention can greatly reduce the chances of getting infected

Somalia: Polio activity

At least 11 cases have been reported in 2018, most recently in September. Surveillance has been increased and a nationwide polio vaccination campaign targeting around 2.6 million children under five is underway.

Travellers are recommended to be fully immunised against polio prior to travel. Polio is a contagious viral illness that causes paralysis and death. The infection is spread through ingestion of contaminated food or water.

Cameroon: Cholera

Since mid-May 2018, there have been over 500 suspected and confirmed cases of cholera, including at least 36 deaths. Littoral region also reported suspected cases of cholera in July, and one case was confirmed via lab testing. A few suspected cases were also reported in the Far-North, South and South-west regions. Authorities are concerned about further spread as the people travel between Cameroon and Nigeria. The World Health Organization and partners launched a coordinated response in an attempt to limit further spread

The North Region continues to account for around 80% of the cases. The first cases noted in this outbreak occurred among several people from the health areas of Guirviza in Mayo-Oulo. They had eaten food which had originated on the Nigerian side of the border. (Nigeria is experiencing an ongoing cholera outbreak.) Cases have since been confirmed across the North and Central regions

Cholera spreads via contaminated food and water.

Central African Republic: Hepatitis E outbreak

Health officials have declared an outbreak of Hepatitis E in Bocaranga-Koui Health District, Ouham-Pende prefecture. Since September there have been 52 suspected cases, at least 29 were confirmed positive. 2 fatalities have been reported. Limited access to safe water and poor sanitation infrastructure are considered as the major causes of the outbreak. Health authorities are investigating the extent of the outbreak

The disease is spread by contaminated food and water

Congo (DRC): Cholera

Since the beginning of 2018, over 23,000 cases have been reported including with about 800 deaths. Provinces reporting high number of cases include: Eastern Kasai, Kongo Central, Lomami, Tanganyika and South Kivu. Unsafe drinking water is considered to be the cause of the outbreak. Cholera outbreaks are common in the country. Cholera spreads via contaminated food and water

Congo (DRC): Measles outbreak

Over 34,000 suspected cases of measles have been reported since the beginning of the year. The majority of recently reported cases have been reported from six provinces; Ituri, Kasai Oriental, Tanganyika, Tshopo, Upper Katanga, Upper Lomami.

Measles is caused by a highly contagious virus that spreads from person-to-person via infected droplets. Outbreaks occur frequently in under-vaccinated populations

Congo (DRC): Polio cases

On 13 February 2018, the Ministry of Health declared a national public health emergency for the ongoing cVDPV2 outbreak. At least 15 cases of "circulating vaccine-derived poliovirus" (cVDPV) type 2 have been confirmed, in the provinces of Tanganyika, Haut Katanga, Ituri, and Mongola.

Surveillance has been increased and polio vaccination campaigns are being conducted in at risk health districts to limit the spread of disease

Polio is a contagious viral illness that causes paralysis and death. The infection is spread through ingestion of contaminated food or water, or directly from an infected person

Therefore, the recommendations under the International Health Regulations require residents and travellers who have been in the country for more than 4 weeks to have received an additional dose of polio vaccine within the 4 weeks to 12 months before exiting the country.

Liberia: Case of yellow fever

A two-year-old child who became ill in late August has tested positive for yellow fever. She lives in Farina town, in the Barclayville district of Grand Kru county. Authorities are working to determine whether she had been vaccinated for the disease prior to her infection, and whether the local population has been adequately vaccinated

potentially severe viral illness spread by mosquito bites

Liberia: Measles outbreak

Since the beginning of the year more than 3,400 confirmed cases including 16 fatalities have been reported. At least five counties have ongoing outbreaks; Grand Gedeh, Bong, Margibi, Nimba and River Cess.

Authorities have stepped up measures to control the outbreak and vaccination is ongoing in affected communities

Measles is caused by a highly contagious virus that spreads from person-to-person via infected droplets

Madagascar: Measles outbreak

The Ministry of Public Health, Madagascar has advised that most cases are in children under the age of 14. Four districts of the capital have been affected: Antananarivo Renivohitra, Antananarivo Atsimondrano, Antananarivo Avaradrano and Ambohidratrimo. Vaccination and awareness campaigns are underway. Outbreaks occur frequently in under-vaccinated populations

Measles is caused by a highly contagious virus that spreads from person-to-person via infected droplets.

Namibia: Hepatitis E outbreak

Since September 2017, more than 3,570 cases, including at least 31 fatalities, have been reported from various settlements in the capital city Windhoek, including Havana and Goreangab and democratic resettlement in Swakopmund. The most affected regions are Khomas followed by Erongo. Active transmission has also been reported in the regions of Omusati, Oshikoto, Oshana, Ohangwena and Kavango while sporadic cases have been reported from other regions.

Some sources report that outbreaks of hepatitis E are infrequent in Namibia. Health authorities have been responding by improving water and sanitation facilities in the capital

The disease is spread by contaminated food and water

Nigeria: Cholera outbreak

Since the beginning of the year about 40,000 cases, including over 800 deaths have been reported from 26 states (more affected states: Adamwa, Bauchi, Borno, Enugu, Gombe, Kaduna, Kano, Katsina, Yobe and Zamfara)

Authorities are responding by improving water supplies and sanitation, setting up treatment facilities, and educating the public on preventive measures. Cholera is consistently present in Nigeria, and outbreaks are common. A large oral cholera vaccination campaign is underway

Cholera spreads via contaminated food and water

Nigeria: Polio

At least 17 polio cases have been detected in 2018. The latest cases from Borno and Katsina states had onset of paralysis between August and mid-September. There are two ongoing outbreaks, one in Jigawa and the other in Sokoto. Additionally, environmental samples collected from several locations in Bauchi, Gombe, Jigawa, Sokoto and Yobe have also tested positive for cVDPV2. As a response, surveillance has been enhanced and large scale Polio is a contagious viral illness that causes paralysis and death. The infection is spread through ingestion of contaminated food or water, or directly from an infected person.

immunisation campaigns are being planned. The detection of polio virus is not unexpected.

Senegal: Dengue outbreak

Since September, more than 1700 suspected cases, including 145 confirmed dengue cases have been reported. The Fatick region remains the epicentre of the outbreak, however, it has now spread to Diourbel, Louga and Saint Louis regions.

Authorities have stepped up measures to stop the spread of the infection. Last dengue outbreak in Senegal occurred in 2017

The disease is spread by mosquitoes, and is present in both rural and urban areas. Dengue can cause a range of symptoms and has no particular treatment.

Tanzania: Cholera outbreak

More than 4,200 cases with at least 78 deaths have been recorded, almost twice the number of cases recorded in the same period last year. Active transmission has been reported in the regions of Arusha, Kilimanjaro, Manayara and Songwe. Zanzibar island has not had any cases in 2018. Health authorities continue to implement cholera control efforts across the country.

The cholera outbreak is ongoing. Cholera spreads via contaminated food and water.

Zimbabwe: Cholera Outbreak

Since the beginning of September, over 9,000 people are suspected to have been infected with cholera, hundreds have been hospitalised and 50 have died. In October, a traveller returning from Zimbabwe was diagnosed with cholera.

More than 98% of the cases have been reported in the capital, Harare City from the suburbs of Glen View, Budiro, Highfield, Kuwadzana, Mbare, Glen Norah and Waterfalls. Another city in Harare province, Chitungwiza has also recorded cases. Other affected provinces include Manicaland, Mashonaland Central, Mashonaland East, Masvingo, Matebeleland South and Midlands.

The cause of the outbreak has been attributed to limited access to safe water caused by poor water and sanitation infrastructure. Health officials have declared a state of emergency as the fight against cholera intensifies which allows the government to ban public gatherings, close schools and shutdown illegal food vendors. An oral cholera vaccination campaign has been launched on 3 October to control the outbreak. The first round will focus on the most heavily affected suburbs in Harare and Chitungwiza. A second round will be implemented at a later stage

The outbreak is caused by drinking water sources contaminated by damaged sewer pipes.

Brazil: Measles outbreak

More than 7,800 suspected cases have been reported in the ongoing outbreak, with over 2,100 confirmed. At least 10 fatalities have been recorded.

Brazil had been declared free of measles in 2016, but the disease has since spread internationally from Venezuela. The relatively low vaccination coverage among Brazilian populations enabled the disease to spread once it reached the nation. The most affected states - Amazonas and Roraima - border Venezuela. Most of the cases in Amazonas have been reported in the city of Manaus and a few isolated cases have also been reported in Federal District, Pará, Pernambuco, Rio Grande do Sul, Rio de Janeiro, Rondônia, São Paulo and Sergipe.

The Ministry of Health has implemented a vaccination campaign and have strengthened the surveillance and outbreak control measures

Measles is caused by a highly contagious virus that spreads from person-to-person via infected droplets. Outbreaks occur frequently in under-vaccinated populations.

Canada: Salmonella outbreak

Over 40 cases have occurred in British Columbia, Alberta, Saskatchewan, Manitoba, and Quebec. At least one individual had travelled to British Columbia before falling ill. Many of those affected reported eating cucumbers, however authorities are widening their investigation and are yet to identify the source of the outbreak.

The source of the outbreak is yet to be identified, although many of those infected consumed cucumbers before falling ill

Chile: Hepatitis A cases

Cases reported in 2018 are higher as compared to last year. Authorities are conducting surveillance, educational and vaccination campaigns and promoting hygiene measures to control the increase in cases.

Hepatitis A is a viral infection of the liver, spread through the "faecal-oral" route, via direct person-to-person contact or contaminated food and water

United States: Legionnaires' disease cluster

At least 16 residents from a neighbourhood in Washington Heights have been infected with Legionnaires' disease. This includes 1 fatality. This is the second cluster to be reported in the area within the past few months. Although the source of exposure is still being investigated, authorities have ordered Sugar Hill development, which operates the cooling towers, to clean and disinfect towers located in proximity to new cases

Investigations into their source of exposure are underway. Legionella bacteria is naturally present in the environment at low levels and majority of people exposed do not become ill

United States: West Nile Virus season

More than 1,900 cases have been recorded this year, including an undetermined number of fatalities. 49 states and the District of Columbia have reported cases. The most affected states with over 100 cases each are California, Illinois, Nebraska, North Dakota, and South Dakota.

Cases occur every year, with disease activity linked to mosquito season. WNV is spread by mosquito bites. The risk typically exists from summer through to fall

Venezuela: Measles outbreak

A measles outbreak which began in June 2017 continues across the country, with over 5,500 confirmed cases. Capital District, Delta Amacuro, Miranda and Vargas most affected, although cases have also been reported in all states. Around 60% of cases have been reported in children under 5 years, and around 30% in children aged 6-15 years.

The Ministry of Health is working with the World Health Organization to vaccinate children 6 months - 10 years as well as people aged 11 years and older who had contact with a confirmed case.

Measles is caused by a highly contagious virus that spreads from person-to-person via infected droplets. Outbreaks occur frequently in under-vaccinated populations.

Afghanistan: Increase in CCHF cases

Since the beginning of the year, over 480 cases of CCHF have been reported, including several fatalities. These numbers are significantly higher than those recorded during the same period last year. Cases have been recorded in at least 31 provinces with Herat and Kabul being worst affected.

CCHF is a potentially fatal viral illness transmitted by tick bites or through direct contact with infected animals or their tissues, or people and their body fluids.

India: Zika outbreak

At least 135 cases of Zika virus have been confirmed in Jaipur, Rajasthan. Of this, about 125 cases have been treated. The affected areas include Shastri Nagar, Vidhyadhar Nagar, Benad, New Sanganer Road and Sindhi Camp. All suspected cases and pregnant women in the affected area are being tested. Surveillance activities and vector control measures have been stepped up.

A single case of Zika has also been reported in Gujarat. The case was detected on 22 October in Amraiwadi area in Ahmedabad city and is reported to be cured.

The World Health Organization (WHO) classifies 'India' as a risk "Category 2" area - an area with either evidence of virus circulation before 2015 or area with ongoing transmission that is no longer in the new or re-introduction phase, but where there is no evidence of interruption.

Zika is transmitted primarily through mosquito bites. Sexual transmission also occurs

A toll-free number 1800-180-6127 for Rajasthan has been activated for medical consultation.

Italy: Pneumonia cases (Legionnaires' disease)

At least 45 cases out of about 650 people suffering from pneumonia in Brescia and Mantua provinces have been confirmed as Legionnaire's disease. 2 deaths have been recorded. The majority of those affected are people men, older people, smokers, and people with underlying chronic health issues.

Samples collected from cooling towers in Carpenedolo and Calvisano municipalities, Brescia have tested positive for Legionella. All affected locations lie along the path of the river Chiese. Authorities suspect the exposures started after 20th August, and the peak of cases may have already passed. There is no connection of drinking water distribution systems between the affected municipalities. Officials are also checking other potential environmental sources.

Legionnaires' disease is an infection caused by bacteria that are naturally present in the environment in lakes, streams, rivers, freshwater ponds, and mud. However, the bacteria can become dangerous when they multiply and become present in higher concentrations

Czech Republic: Locally acquired cases of West Nile virus

At least two locally acquired cases of WNV have been reported in Breclav. Prior to this, local transmission was last detected in the year 2013 in Ostrava. Imported cases of WNV are reported every year in Czech Republic
WNV is spread by mosquito bites

Italy; Greece; Hungary; Romania: West Nile virus cases

Italy - Since June, more than 550 cases have been confirmed in the country with at least 44 fatalities. Cases have been reported from Emilia-Romagna, Friuli Venezia Giulia, Lombardy, Piedmont, Sardinia and Veneto regions.
Greece - Over 300 cases have been confirmed with at least 41 fatalities since the first case was reported in late May. Western Attica has reported the highest number of cases. For the first time, a new area has also recorded cases.

Hungary - At least 210 cases have been reported with a single fatality.

Romania - More than 265 cases with at least 38 fatalities. The highest number of cases has been reported from Dolj, Iasi and Bucharest counties. Two new areas reported cases for the first time in the country

It is spread by mosquito bites.

Belgium; Bulgaria; Czech Republic; Denmark; Finland; France; Georgia; Germany; Greece; Hungary; Ireland; Italy; Latvia; Lithuania; Luxembourg; Moldova; Netherlands; Norway; Poland; Romania; Russia; Serbia; Slovakia; Spain; Sweden; Ukraine; United Kingdom; Switzerland: Measles Outbreak

The countries with the highest measles activity are Ukraine (>32,450), Serbia (>5,700), Romania (>5,000), France (>2,700), Greece (>2,250) and Italy (>2,200).

At least 30 people have died. Most people infected had never been vaccinated against measles, or did not complete the entire vaccination series. Surveillance activities and vaccination campaigns are ongoing.

The WHO European regional director has said the disease activity is "dramatic." More than 41,000 people had measles in the WHO European region between January and June this year. This figure surpasses the annual case count for any other year this decade. Last year, the region reported nearly 24,000 measles cases as an annual count, and that had been considered very high.

Measles is caused by a highly contagious virus that spreads from person-to-person via infectious droplets.

France: Dengue outbreak

Several cases of locally-acquired dengue have been confirmed in Clapier, Hérault department and Saint-Laurent-du-Var, Alpes-Maritimes department. The cases in these areas are not linked.

Public health authorities have stepped up measures, including mosquito control activities, to limit further spread. France has recorded local dengue transmission sporadically in the past

The disease is spread by mosquitoes, and is present in both rural and urban areas

Ireland: Increase in E. coli cases

Around 950 cases have been reported this year, as compared to around 700 cases in the same period last year. No specific food item or food outlet has been identified as the source. Investigations are ongoing. Health authorities suspect that the increased temperatures may be contributing to increased bacterial activity. They have issued a health advisory urging people to take necessary precautions to prevent infection

E. coli spreads through contaminated food, as well as from one person to another

Spain: Locally-acquired dengue

At least 3 confirmed cases have been reported in the province of Cadiz and Murcia Region. The patients are from the same family and did not have a history of travel outside the country.

The disease is spread by mosquitoes, and is present in both rural and urban areas.

Authorities are investigating the possible places of exposure. They are also educating the public on mosquito control measures.

Saudi Arabia: MERS-CoV

Saudi Arabia has recorded over 1,850 human cases since 2012, of which at least 710 have been fatal. New cases of MERS-CoV are reported almost every week - in people who have contact with camels, some who have had exposure to household contacts with MERS-CoV, occasionally in healthcare workers, and for some no risk factor has been identified. Almost all regions have reported cases. Some people who have tested positive for the virus have no symptoms, some have had a mild illness, while others develop a severe illness, and fatalities continue to be reported.

While the virus can be transmitted from one person to another, this has generally occurred between close contacts in households, and in healthcare facilities. People who were infected in Saudi Arabia have travelled abroad and subsequently fallen ill at their destination, and sometimes transmitted the illness to other people in that location. In August, an elderly man who had direct contact with camels in Saudi Arabia travelled to the United Kingdom where he was hospitalised and diagnosed to have MERS-CoV.

The virus is present in camels and can be transmitted to people who have direct contact or consume raw camel products

Yemen: Cholera outbreak

The country is experiencing the largest cholera outbreak the world has ever seen. The disease activity has been high since April 2017 and two waves of infection have occurred since then. More than a million people have been infected and over 2,500 people have died. To date, at least 22 of the country's 23 governorates have been affected.

Vaccination campaigns ran in April and early May, attempting to protect the most at-risk populations as the rainy season begins. (Yemen's rainy season spans mid-April through August). The second round of oral cholera vaccination (OCV) campaign began in the end of September in the northern governorates. There is a lack of sanitation in the country, and many people do not have access to clean water. Both factors make cholera difficult to contain

Cholera is consistently present in the country and is spread via contaminated food and water.

Israel: West Nile virus

Over 100 cases have been confirmed and a number of fatalities reported. Although the risk of WNV is nationwide, the majority of cases have been reported from the Coastal Plain (Northern, Haifa and Central districts). New cases have been reported in Tel Aviv and Southern districts.

Human cases of WNV are reported every year in Israel however, the activity this year is higher than usual the seasonal range.

The transmission season typically runs from August to October. WNV is spread by mosquito bites

Israel: Leptospirosis

More than 600 people have been suspected with leptospirosis after swimming or wading in affected waters in the southern Golan Heights. At least 30 have been confirmed. Health officials in the area have advised against bathing in certain rivers and streams, and several are closed. The list of affected streams and rivers to avoid is updated and available at Israel Nature and Parks Authority

At least half of those infected have required hospitalisation

The bacterial disease is mainly spread through contaminated water entering the body through the skin or mucous membranes (eyes, nose, or mouth)

Israel: Measles outbreak

Israel is experiencing unusually high measles activity in 2018, mainly affecting Jerusalem. More than 340 infections have been detected between January and the end of September. Most of the cases have been among the unvaccinated population.

Measles is caused by a highly contagious virus that spreads from person-to-person via infected droplets

Sudan: Chikungunya outbreak

More than 13,900 cases of chikungunya have been recorded in the current outbreak. Most of the infections have been in Kassala state. Heavy rains and flooding have probably led to the outbreak which is reported to have spread to neighbouring El Gedaref and Red Sea states. Authorities have intensified mosquito control measures to prevent the spread of the disease

Israel, Nigeria: Imported case of monkeypox

This patient had been living and working in Port Harcourt, Nigeria before becoming ill. He developed symptoms about a week after returning to Israel. A medical centre in Jerusalem confirmed his diagnosis of monkeypox. The patient is said to be improving and is in home isolation.

A monkeypox outbreak has been ongoing in Nigeria since September 2017. Currently disease transmission is at low levels, with about 75 cases being recorded since the start of 2018. At least 15 states and the Federal Capital Territory have been affected

Monkeypox is a rare viral disease present in Nigeria