

# PHS Health Protection Alert

| Title                                 | Description   |
|---------------------------------------|---|
| Event                                 | Summer travel - changing epidemiology and risks of vector-borne disease in Europe.  |
| Alert reference number                | 2024/21   |
| Recipients of this alert              | <ul style="list-style-type: none"> <li>• Health Protection Teams (to cascade to Acute Medical specialties, Emergency Departments, NHS Travel Services and Primary Care locally)</li> <li>• Infectious Disease Physicians</li> <li>• SMVN</li> <li>• Scottish Lyme Disease and Tick-borne infections Reference Laboratory (SLDTRL)</li> <li>• SAS</li> <li>• NHS24</li> <li>• ARHAI</li> <li>• PHS (OOH 1&amp;2, PHM, GIZ, EPRR, EPH, FET, VAID, Comms)</li> <li>• Scottish Government (Health Protection, CMO, Animal Health and Border Health Teams)</li> <li>• UKHSA TARZET Team</li> <li>• RIPL</li> </ul> |
| Alert status                          | For action - monitoring and wider dissemination to be considered by recipient   |
| Action required of initial recipients | <ul style="list-style-type: none"> <li>• For awareness of all recipients</li> <li>• For cascade by HPTs to local stakeholders</li> </ul>  |
| Date of issue                         | 31 July 2024  |
| Source of event information           | UKHSA<br>ECDC   |
| Contact                               | <a href="mailto:Kate.smith@phs.scot">Kate.smith@phs.scot</a>  |
| Authorised by                         | Nick Phin, Director of Public Health Science  |
| HPZone context                        | Specific context: Paris Olympics Paralympics 2024<br>Principal context: foreign travel - relevant country   |

## Situation

Some popular European travel destinations now carry a small risk of vector-borne disease (VBD) transmission, such as dengue fever. While, the overall risk of VBD in Europe remains low, there is a risk that patients and clinicians will be unaware of the changes in VBD epidemiology in Europe **in recent years**. VBD should be considered as a differential diagnosis in travellers to Europe with appropriate symptoms.

## Background

In 2023 there were over 66 million visits from the UK to other countries in Europe; Spain and France are the most frequent destinations. More UK visitors to France are anticipated this summer, as the 2024 Olympic Games will take place in Paris from 26 July to 11 August, with the Paralympic Games from 28 August to 8 September. An estimated 15 million visitors from at least 197 countries are expected to enter Paris during the Games.

In June 2024 the **ECDC** highlighted the increasing spread of mosquito-borne diseases in EU/EEA countries. Climate change has resulted in larger geographic areas hospitable to breeding populations of mosquitoes and ticks. Diseases spread by ticks and mosquitoes are most frequently diagnosed in the summer months. Locally acquired cases of mosquito-borne flaviviridae including dengue fever, West Nile virus, Chikungunya virus and Zika virus have been reported in Europe over the last decade. Viral tick-borne diseases such as **Crimean-Congo haemorrhagic fever** (CCHF) and **tick-borne encephalitis** (TBE) have also increased across Europe.

Clinicians seeing patients returning from Europe this summer should consider the following:

### **Mosquito-borne infections:**

**Dengue fever** - while most cases diagnosed in the UK are acquired outside of Europe, locally acquired cases have been reported in Italy (82), France (45) and Spain (3) in 2023, including the first cases of local transmission as far north as Paris. Global case numbers of dengue fever have **increased** significantly in the past five years and this is expected to result in more cases imported to Europe with the potential for higher numbers of locally

transmitted cases this summer. In July 2024, [France](#) reported its first locally acquired case of dengue in Herault province.

**West Nile virus (WNV)** - has now spread geographically within [Europe](#), with 713 locally acquired infections across 123 regions of 9 EU countries, including 22 regions where not previously been detected last year. In [2024](#) to date, 4 EU countries (France, Italy, Spain and Greece) have reported human cases of WNV infection.

Cases of locally transmitted **Zika virus and Chikungunya virus** in Europe are rare; the last cases of locally acquired Zika and Chikungunya were in 2019 (France) and 2017 (Italy and France) respectively.

#### **Tick-borne infections:**

**Crimean-Congo haemorrhagic fever (CCHF)** - is a viral haemorrhagic fever spread mostly by infected ticks but can also be associated with animal slaughter. In the last 6 years, Bulgaria and Spain have reported locally acquired CCHF infections; in 2024 [to date](#) Spain has reported 1 fatal case of CCHF. More areas of Europe are expected to become ecologically suitable for CCHF transmission.

**Tick-borne encephalitis (TBE)** - there were 3650 cases of tick-borne encephalitis (TBE), across 20 EU/EEA countries in [2022](#). Incidence has risen over the last 15 years as TBEV extends to new areas and altitudes, including the UK.

## **Recommendations**

### **Pre-travel**

**Travel Health practitioners** should advise patients before travel in line with country-specific guidance available at [TRAVAX](#). Patients travelling to areas in Europe with a risk of tick-borne or mosquito-borne infections should be advised on bite avoidance (available [here](#) for healthcare professionals). Travel advice is available for the general public on [fitfortravel](#) , including information about avoidance advice [here](#).

## Post-travel

**Primary and secondary care clinicians** should include a travel history from patients with syndromes consistent with infection (particularly fever and rash or meningo-encephalitis) and discuss clinical queries with local infection services. A 'significant' travel history for vector-borne disease should include countries in Europe. Patients may not have a perception of the risk linked to European destinations unless prompted.

Further advice should be sought for returning travellers from countries in Europe, without an identified cause. VBDs like Dengue, WNV and CCHF should be considered in the context of a compatible clinical syndrome and recent travel to endemic regions in Europe, or regions with recent locally acquired cases. Specialist advice on imported infections is available to infectious disease colleagues from the UKHSA Imported Fever Service on 0844 778 8990 (available 24/7).

Information on current outbreaks is available on the [TRAVAX outbreaks](#) index and [fitfortravel news](#). For up-to date information on the epidemiology of vector-borne diseases in Europe, please see the ECDC webpages [Worsening spread of mosquito-borne disease outbreaks in EU/EEA, according to latest ECDC figures](#).

**Clinical microbiology and virology laboratories** should be aware of the possibility of European acquisition of VBD and should ensure that local sample referral pathways are in place to support timely testing, including samples submitted to the rare and imported pathogens laboratory (RIPL). If CCHF is suspected this can be tested locally by Scottish National Viral Haemorrhagic Fever Test Service (SNVTS), after prior discussion with the Imported Fever Service on 0844 778 8990 (available 24/7).

**Health Protection Teams** should be aware of the potential for VBD cases acquired in Europe. Unusual or complex situations can be discussed as needed with Public Health Scotland. To support identification and management of any cases (not limited to VBD) associated with the Olympic or Paralympic games should have the specific context of 'Paris Olympics Paralympics 2024' added to the HPZone record. The principal context of foreign travel should also be included and will help differentiate between geographical locations within the games (e.g. the surfing is being held in Tahiti).