Malaria cases in Europe - Summer 2017

Information about malaria cases in Europe, Summer 2017, and advice on awareness and prevention

- United Kingdom (UK) ex Cyprus – Three cases of P. vivax malaria have been reported in UK residents returned from Esentepe in northern Cyprus.
- France – Two locally-acquired cases of P. falciparum malaria have been reported in central France.
- Greece - Five cases of P. vivax malaria and one case of P. falciparum malaria have been reported in western and central Greece.
- Italy – one fatal locally-acquired case of P. falciparum malaria has been reported in northern Italy.
- Any further developments will be followed closely.

United Kingdom ex northern Cyprus

On 8 September, the UK reported three cases of P. vivax malaria in travellers returning from Esentepe, northern Cyprus. Two of the cases were siblings aged twelve who travelled independently of the third case. The three cases all stayed in the northern part of Cyprus for two to three weeks in August and developed symptoms on 29 August. They were laboratory confirmed upon return to the UK [1,2]. The Northern Cyprus Turkish Republic Ministry of Health has conducted investigations and so far no Anopheles mosquitoes (the species of mosquito capable of transmitting malaria) have been detected in the area where the UK tourists stayed; however one imported case of malaria has been identified in a tourist who had returned to the area from a country where malaria is known to occur; this case is currently undergoing treatment [3].

France

On 7 September, France reported two locally-acquired cases of P. falciparum malaria in Allier Department, Auvergne-Rhône-Alpes Region, central France. Both cases had attended a wedding in Moulins that took place 11-16 August. The onset of symptoms in both cases was 26 August. Neither of the cases, or any of the other wedding guests, had recently travelled to a malaria-endemic area. However, an imported case of P. falciparum malaria from Burkina Faso was identified to have stayed in Moulins and the surrounding area two weeks before the wedding. No Anopheles mosquitoes have been detected in the area. Investigations to establish a link between the imported cases and locally-acquired cases are ongoing [1,2].

Greece

On 17 August 2017, Greece reported five cases of P. vivax malaria acquired via local mosquito
borne transmission. Likely areas of exposure are the regions of Dytiki Ellada in West Greece (four cases) and Sterea Ellada in Central Greece (one case). The dates of onset of the cases range between 2 May and 22 July 2017 [1]. In addition, one locally-acquired case of *P. falciparum* malaria has been reported in the region of Ipeiros in northwest Greece with symptom onset between 17 and 23 July 2017. This case had no recent travel history to a malaria-endemic area and was recently hospitalised in a ward where another patient was being treated for *P. falciparum* malaria. The investigation concluded that the case could be the result of either a nosocomial (hospital acquired) vector-borne transmission or a nosocomial transmission of iatrogenic (related to medical treatment) origin, but was not related to blood transfusion [1,2].

**Italy**

On 5 September 2017, Italy reported a fatal case of locally-acquired *P. falciparum* malaria in a four year old girl with likely transmission in Trento region, northern Italy. This case had no travel history to a malaria-endemic area and had been recently hospitalised in Trento in the same ward where two other patients were being treated for *P. falciparum* malaria. Investigations at the hospital did not identify breaches in medical procedures that could have resulted in an iatrogenic transmission. Entomological investigations in the area of Trento did not reveal the presence of *Anopheles* mosquitoes. Tests to establish a link between the imported cases and locally-acquired cases are under way [1,2].

Sporadic cases and clusters of locally acquired malaria have been reported in European Union (EU) countries in the past years. ECDC has advised several options for response to malaria transmission events in the EU including blood safety measures. Three of these transmission events were likely mosquito borne either from an imported case (introduced malaria) or an imported mosquito (airport or baggage malaria) and two were nosocomial transmission events either from a mosquito in a healthcare setting or via iatrogenic transmission. ECDC considers the risk of further spread within the EU as a result of these events to be very low [2].

**Advice for travellers**

Chemoprophylaxis (anti-malaria medication) is not currently recommended for travellers to Cyprus, France, Greece or Italy. You should be aware of the very low risk of malaria and follow [insect bite avoidance measures](https://travelhealthpro.org.uk) when travelling to the areas listed above where malaria transmission has been reported.

If you develop a fever (38°C or more) or other worrying symptoms after travel, you should seek prompt medical help. Malaria symptoms can appear up to a year after travel.

**Advice for health professionals**

Health professionals should be aware of the possibility of malaria in febrile travellers who have visited the areas listed above. If a case is suspected, they should be urgently evaluated for malaria. Guidance is available from Public Health England.
Resources

- Malaria factsheet
- ECDC: Malaria
- Insect and tick bite avoidance
- ACMP malaria prevention guidelines for travellers from the UK (Accessed 18 September 2017)
- PHE information on malaria imported to the UK in 2016

References