

# Weltseuchenlage

- Influenza  
(H1N1/04/2009)
- Polio (05/2014)
- Ebola (08/2014)
- Zika-Virus  
(02/2016)
- Malaria
- Gelbfieber
- Tollwut (Rabies)
- Hepatitis B/C
- HIV/AIDS/Tuberkulose
- Lassa-Fieber
- Typhus/Cholera
- SARS-CoV/Mers-CoV



Malariasituation 2017 – quo vadis?

# Malaria 2017 – die Fakten




- weltweit 216 Millionen Fälle (90% in Afrika)
- weltweit 450.000 Tote (90% in Afrika)
- In Afrika 99% *Pl. falciparum* („Tropica“)
- Ausgaben von 2,7 Milliarden US-Dollar
- Südafrika „E-2020-country“

## Malariaphylaxe 2017

Einteilung in Zonen mit unterschiedlicher medikamentöser Chemoprophylaxe gemäß den Empfehlungen der DTG – Deutschen Gesellschaft für Tropenmedizin und Internationale Gesundheit

Stand: Mai 2017

Für alle Malariagebiete gilt:  
Mückenschutz empfohlen  
(minimales Risiko siehe Länderliste)

-  Gebiete, in denen die Malaria nicht oder nicht mehr vorkommt
-  Gebiete, mit sehr beschränktem Malariarisiko (Malariaübertragung selten)
-  Gebiete mit Malariaübertragung

**P** Zur Chemoprophylaxe Atovaquon/Proguanil (Malarone®) oder Doxycyclin\* oder Mefloquin (Lariam®)\*\*

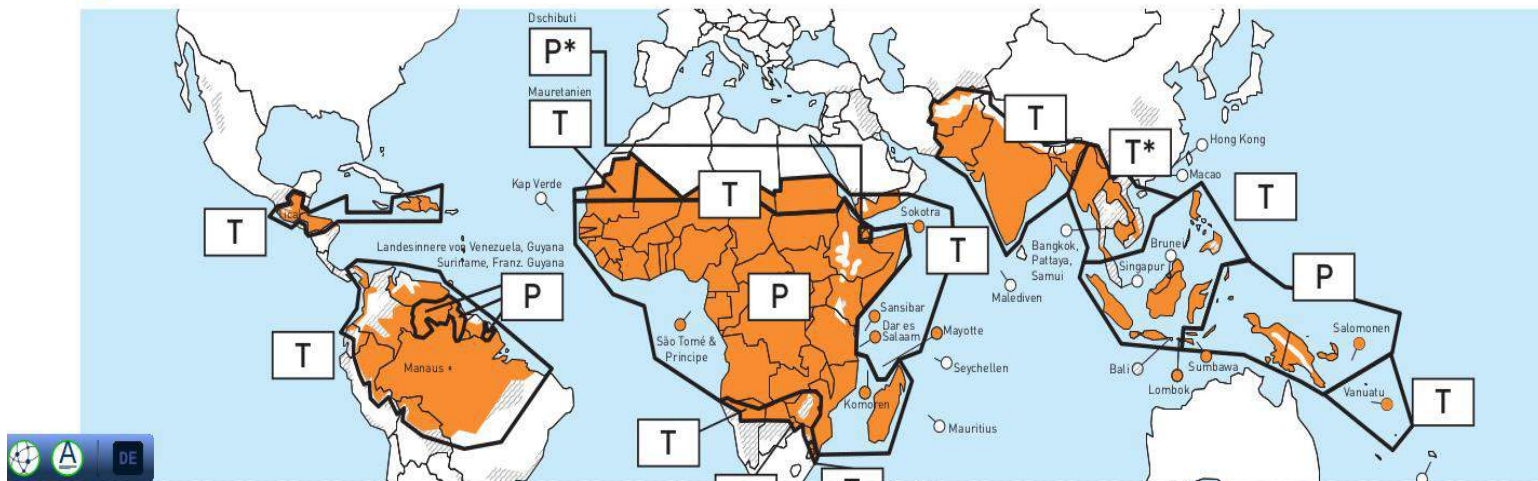
\* Für diese Indikation in Deutschland nicht zugelassen  
\*\* Besondere Warnhinweise beachten

**P\*** Chemoprophylaxe saisonal empfohlen mit Atovaquon/Proguanil (Malarone®) oder Doxycyclin\* oder Mefloquin (Lariam®)\*\* Ansonsten Notfalltherapie Atovaquon/Proguanil (Malarone®) oder Artemether/Lumefantrin (Riamet®)

\* Für diese Indikation in Deutschland nicht zugelassen  
\*\* Besondere Warnhinweise beachten

**T** Zur Notfalltherapie Atovaquon/Proguanil (Malarone®) oder Artemether/Lumefantrin (Riamet®) Keine Chemoprophylaxe empfohlen

**T\*** Zur Notfalltherapie nur Atovaquon/Proguanil (Malarone®) Keine Chemoprophylaxe empfohlen



Quelle: DTG

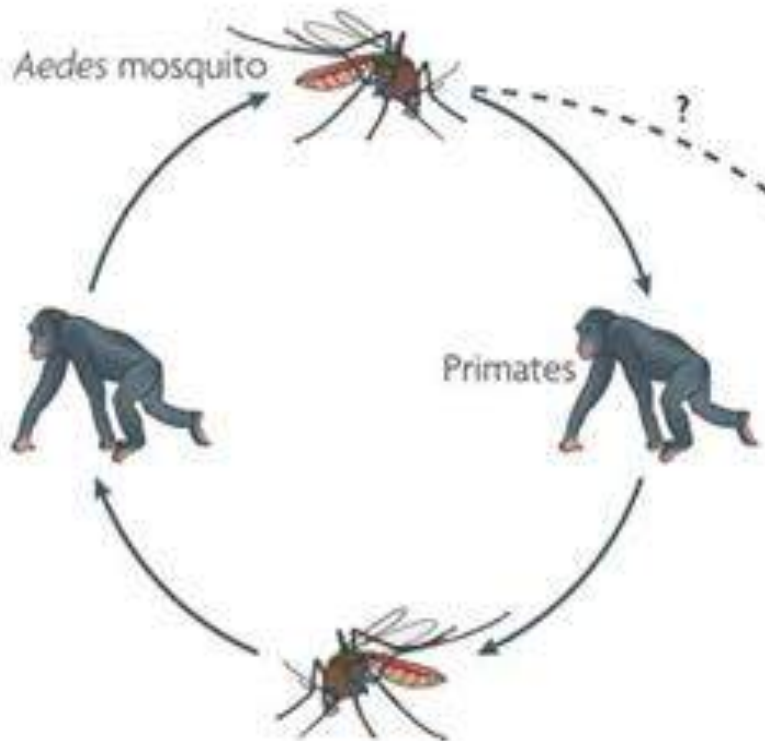


# Übertragungszyklen Gelbfieber (Afrika/Südamerika)

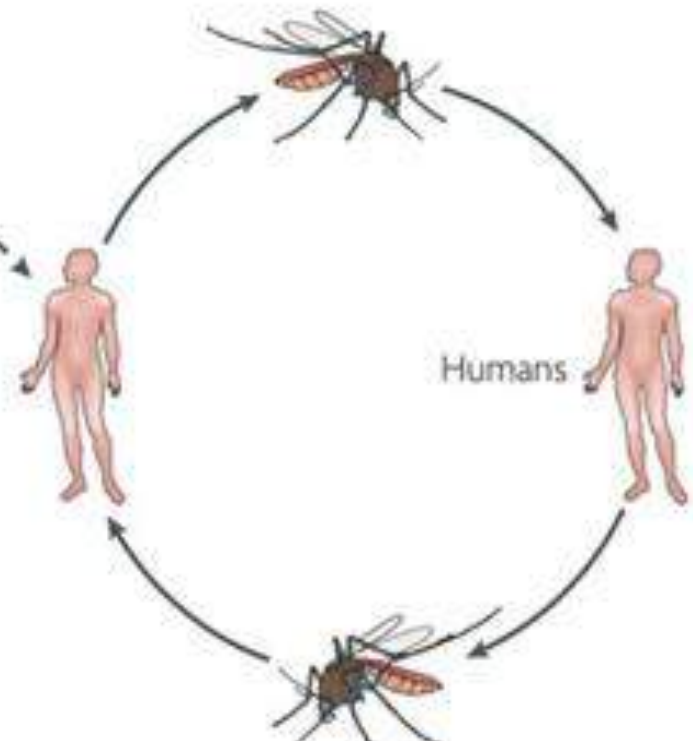
Sylvatic/enzootic

Epidemic

*Aedes mosquito*

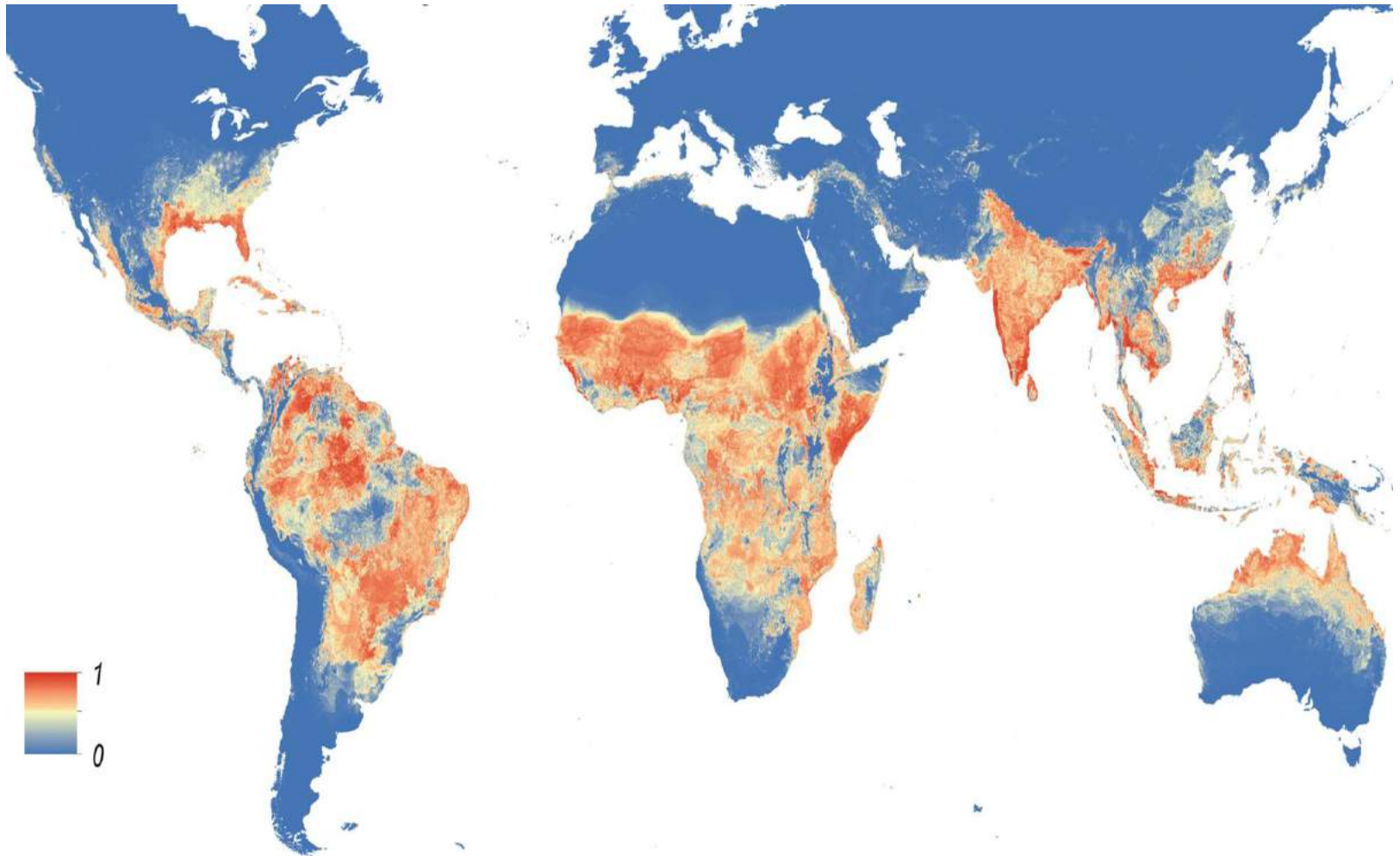


Primates

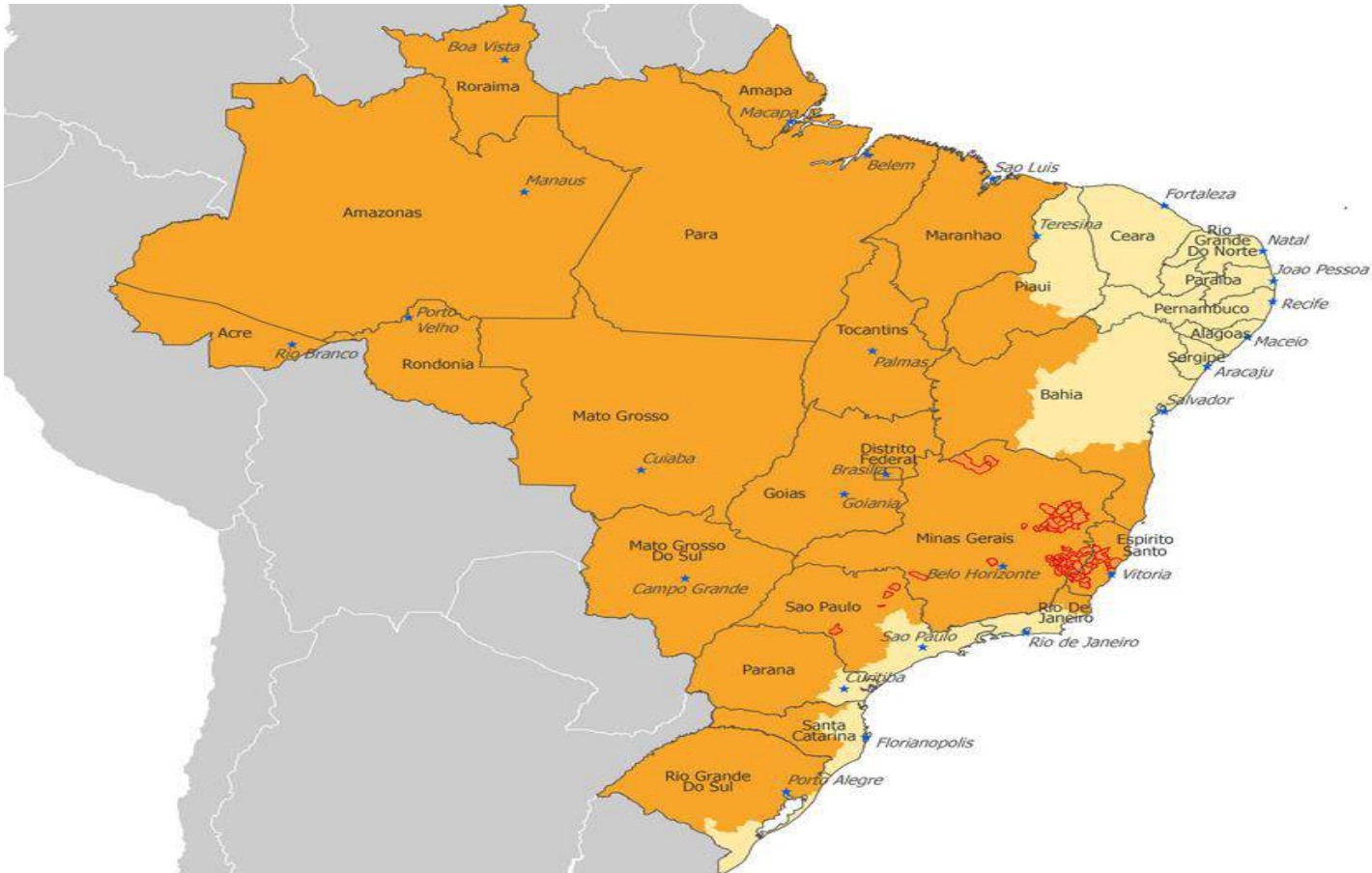


Humans

## Aedes aegypti – Verbreitungsgebiet weltweit



# Gelbfieberendemiegebiet Brasilien März 2017



Confirmed cases of locally-acquired yellow fever, as of 03 March 2017

 Municipalities with confirmed locally-acquired cases since 6 January 2017

 Area at risk for yellow fever transmission

 Area considered at no risk for yellow fever transmission

 Federal state      \* *State capital city*





ECDC. Map produced on: 07 Mar 2017  
ECDC map maker: <https://emma.ecdc.europa.eu>



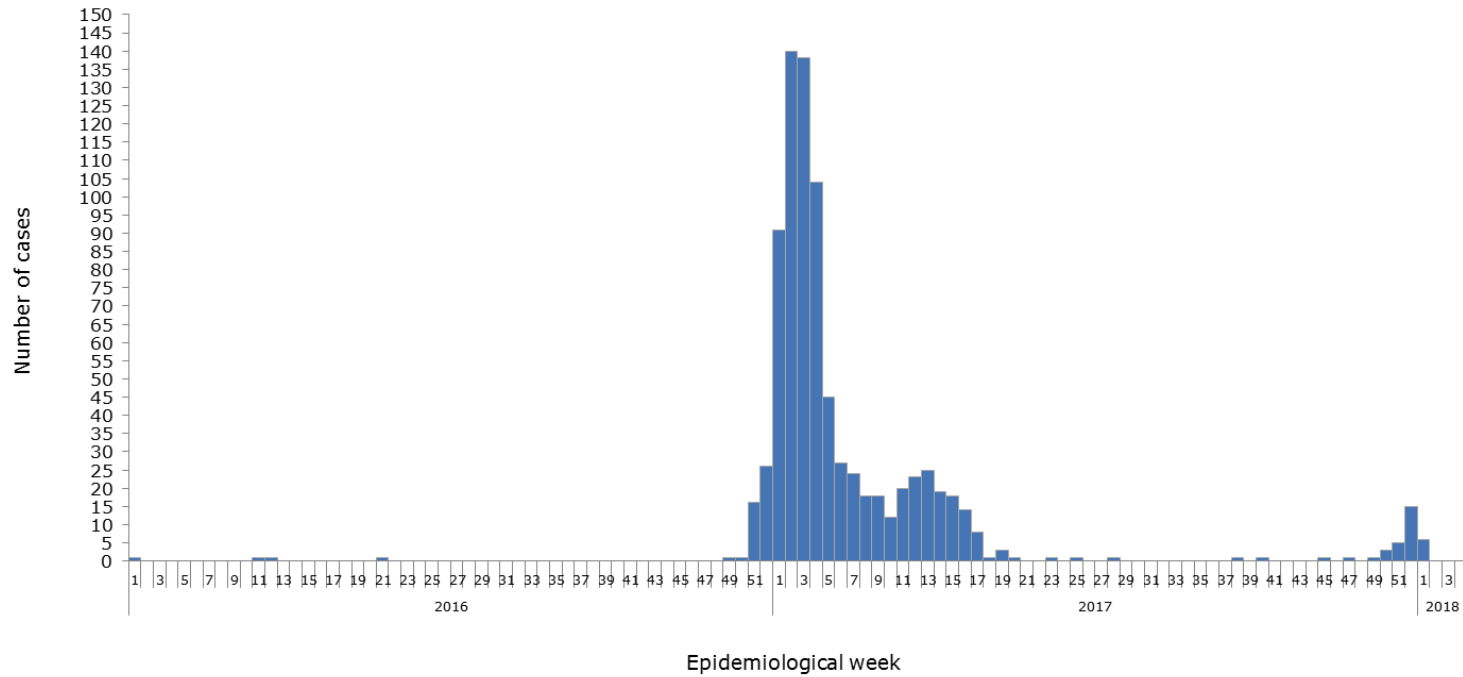


Confirmed cases of locally-acquired yellow fever, as of 16 January 2018

-  States with confirmed locally-acquired cases since 6 January 2017
-  Area at risk for yellow fever transmission
-  Area considered at no risk for yellow fever transmission
-  Federal state
-  State capital city

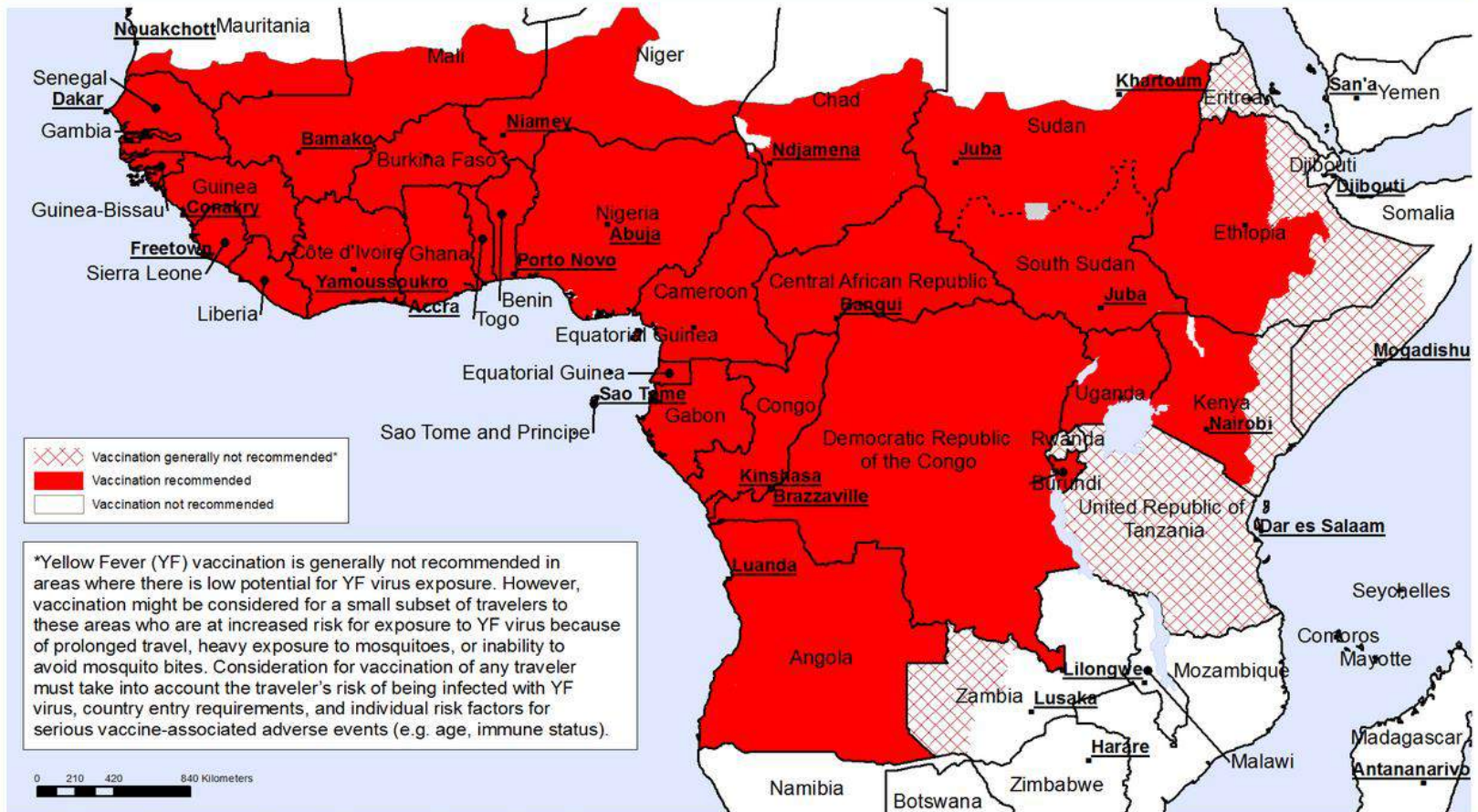


# Brasilien - Gelbfiebergefahr



# Gelbfieberendemiegebiet AFRIKA

## Yellow Fever Vaccination Recommendations in Africa, 2015



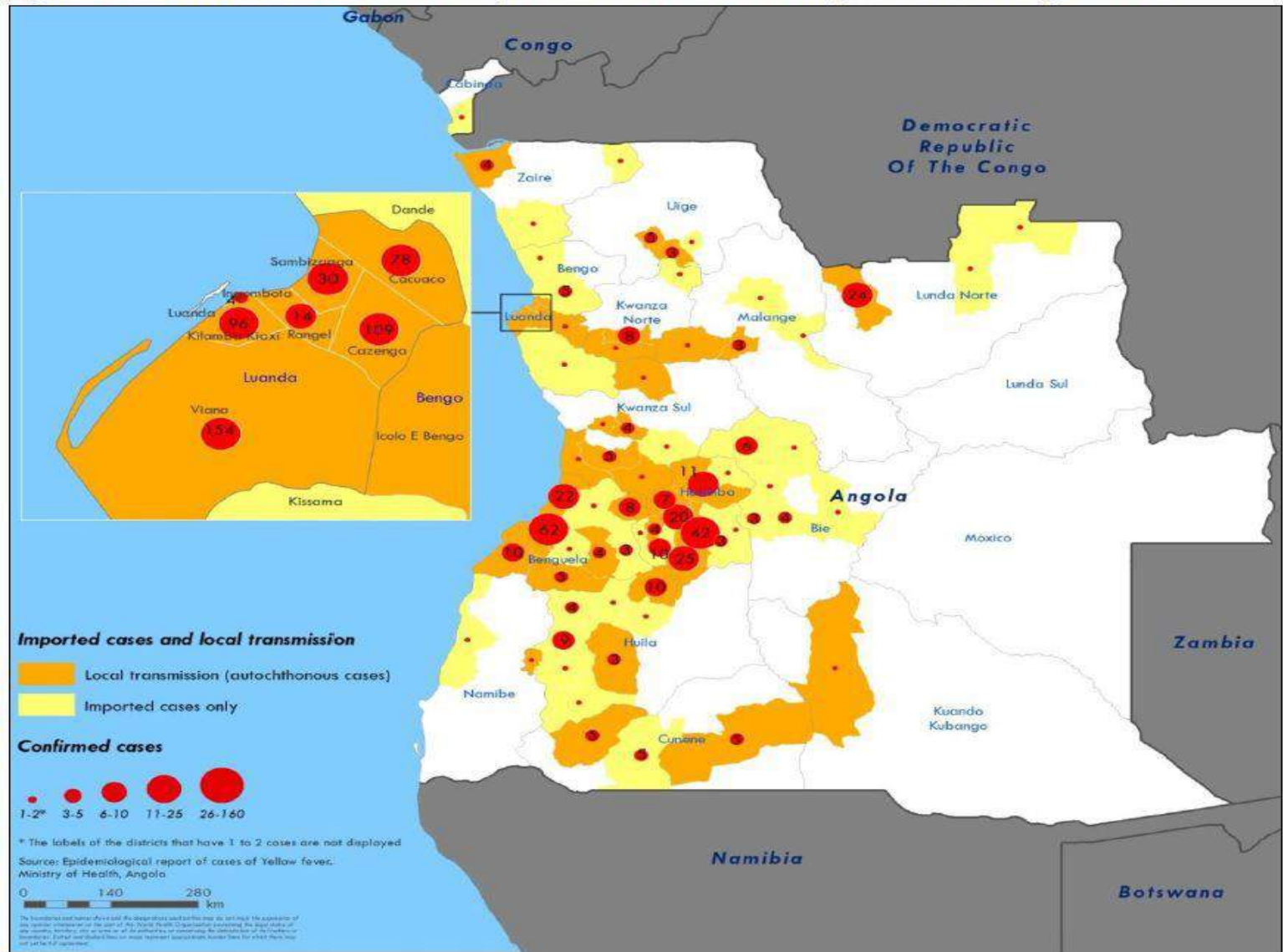
\*Yellow Fever (YF) vaccination is generally not recommended in areas where there is low potential for YF virus exposure. However, vaccination might be considered for a small subset of travelers to these areas who are at increased risk for exposure to YF virus because of prolonged travel, heavy exposure to mosquitoes, or inability to avoid mosquito bites. Consideration for vaccination of any traveler must take into account the traveler's risk of being infected with YF virus, country entry requirements, and individual risk factors for serious vaccine-associated adverse events (e.g. age, immune status).



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
 Map Production: International Travel and Health  
 World Health Organization

Figure 4. Distribution of confirmed yellow fever cases in Angola as of 4 August 2016



# Impfkampagne Angola 2016



Boecken, Gerhard; Schmidt, Volker; Winkler, Enno

## Gelbfieberausbruch in Angola: Risiko: Virusverbreitung nach Asien

MEDIZINREPORT



Das Gelbfieber zählt zu den hämorrhagischen Fiebern mit einer Gesamttletalität von bis zu 20%. Chinesische Gastarbeiter in Afrika haben das Virus – trotz Impfpflicht und arbeitsmedizinischer Regeln – in ihr Heimatland eingeschleppt.



Die Gelbfieber-Impfung ist für Kinder in Angola zwar empfohlen, die für eine Herdenimmunität notwendige Impfquote von 80 Prozent ist allerdings noch nicht erreicht. Foto: picture alliance

Für Reisende nach Angola ist die Gelbfieberimpfung vor Einreise und Arbeitsaufnahme Pflicht. Trotzdem haben sich dort Bürger afrikanischer Staaten sowie nordkoreanische und chinesische Gastarbeiter infiziert. Einige von ihnen sind inzwischen in ihre Heimatländer zurückgereist und dort akut erkrankt. Droht durch die Globalisierung die Verschleppung des Gelbfiebers in das bisher nicht betroffene Asien?

# Gelbfieber auf dem Sprung nach Fernost?

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## Can Yellow Fever spread into Asia ? An Essay on the Ecology of Mosquito-borne Disease.

Author(s) : [DUDLEY, S. F.](#)

Journal article : [Journal of Tropical Medicine and Hygiene](#) 1934 Vol.37 No.18 pp.273-278 pp. ref.18

[Int J Infect Dis.](#) 2016 Jul;48:98-103. doi: 10.1016/j.ijid.2016.04.025. Epub 2016 May 6.

## **Yellow fever cases in Asia: primed for an epidemic.**

[Wasserman S](#)<sup>1</sup>, [Tambyah PA](#)<sup>2</sup>, [Lim PL](#)<sup>3</sup>.

[+](#) [Author information](#)

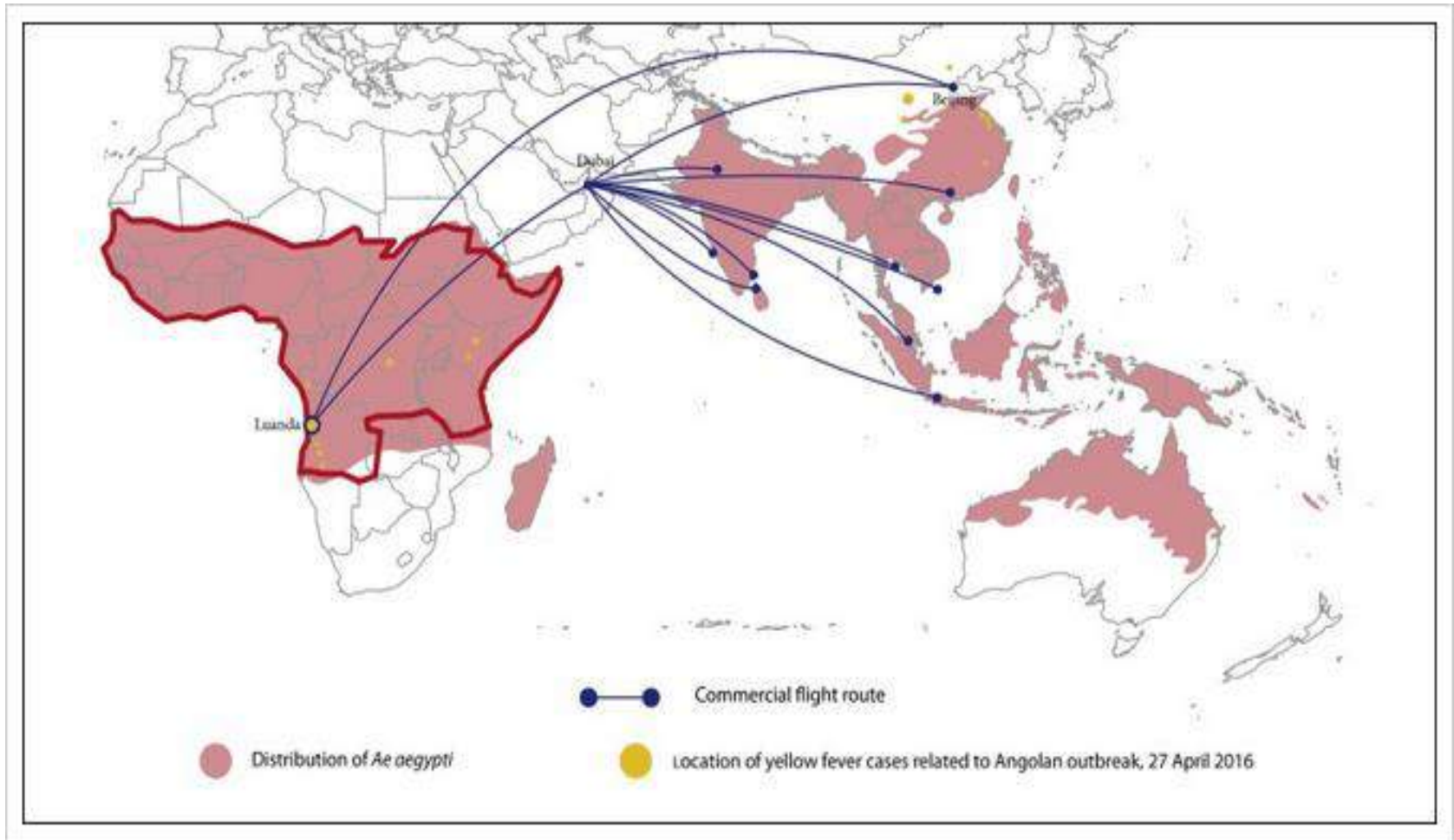
[Biosci Trends.](#) 2016 May 23;10(2):158-62. doi: 10.5582/bst.2016.01051. Epub 2016 Apr 5.

## **Yellow fever in China is still an imported disease.**

[Chen J](#)<sup>1</sup>, [Lu H](#).

[+](#) [Author information](#)

# Internationaler Flug-Reiseverkehr: Was droht Asien?





# Gelbfieberdendemiegebiet Südamerika



Auswärtiges Amt

Deutsch



Kontakt

Presse

Warenkorb

Sitemap



Gebärdensprache



Leichte Sprache

Suchbegriff eingeben



Einreise & Aufenthalt

Auswärtiges Amt

Reise & Sicherheit

Außen- und Europapolitik

Ausbildung & Karriere

Infoservice

Sie befinden sich hier: [Startseite](#) > [Reise & Sicherheit](#) > [Reisen und Gesundheit](#) > [Neues zur Gelbfieberimpfung](#)

Reise- und Sicherheitshinweise

Reisewarnungen

Reisen und Gesundheit

Aktuelle reisemedizinische  
Hinweise

Reisemedizinische Vorsorge

Informationen zu Infektions- und  
Tropenkrankheiten

Symposien für Reise- und  
Impfmedizin

Neues zur Gelbfieberimpfung

Was sind Reise- und  
Sicherheitshinweise?

Konsularischer Service

Auslandsvertretungen

## Neues zur Gelbfieberimpfung

- > [Aufklärungsblatt Gelbfieber-Impfung PDF | 374 KB](#)
- > [International Health Regulations der WHO, Annex 7 \(englisch\) PDF | 294 KB](#)
- > [Änderung zur Dauer des Impfschutzes PDF | 57 KB](#)
- > [Hinweis zur Gelbfieberimpfung bei Einreise nach Tansania \(englisch\) PDF | 427 KB](#)

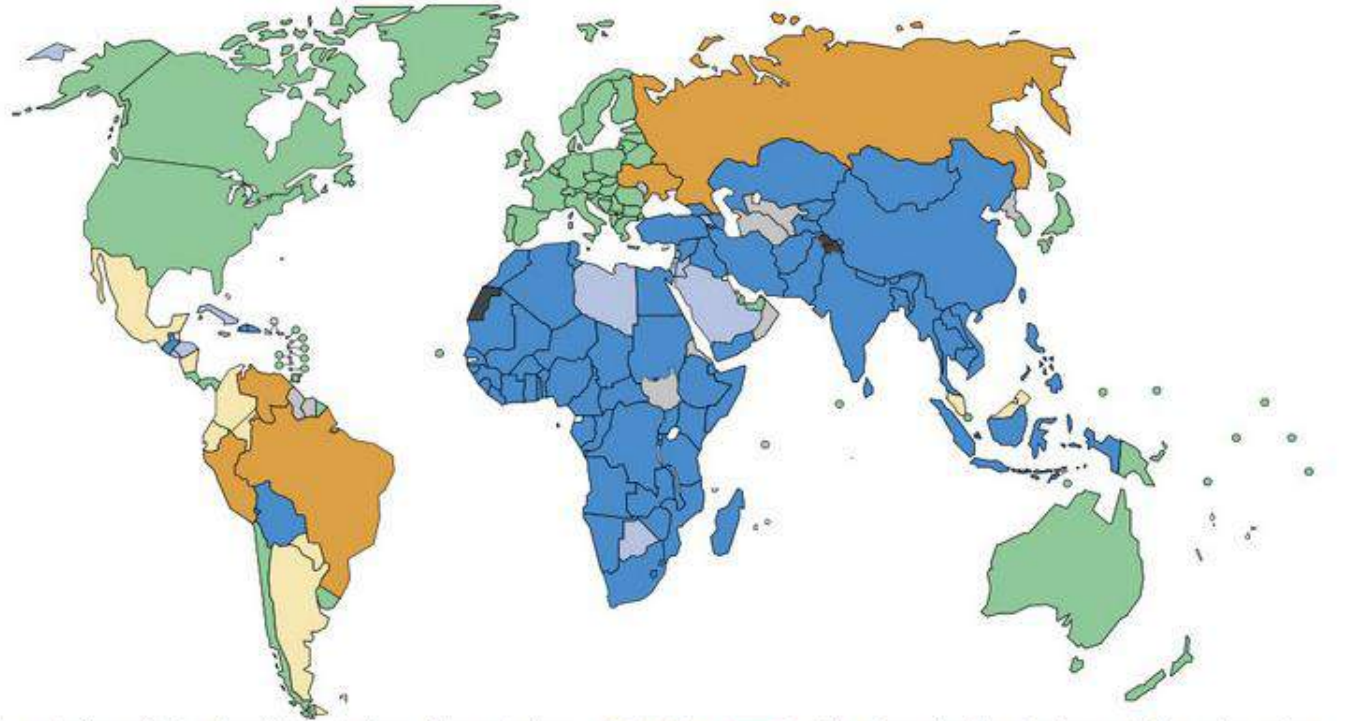
Stand 21.12.2016



# Tollwut (Rabies)



**Endemicity of dog rabies and dog-transmitted human rabies, 2016**  
**Endémicité de la rage canine et de la rage humaine à transmission canine, 2016**



- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #0056b3; margin-right: 5px;"></span> <b>Endemic dog-transmitted human rabies:</b> dog rabies and dog-transmitted human rabies present in the country – Endémie de la rage humaine transmise par les chiens: la rage canine et la rage humaine à transmission canine sont présentes dans le pays</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #a6c9ec; margin-right: 5px;"></span> <b>Endemic dog rabies:</b> dog rabies in the majority of the country, but no dog-transmitted human rabies cases – Endémie de la rage canine: rage canine présente dans la majeure partie du pays, mais aucun cas de rage humaine transmise par les chiens</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #e69d00; margin-right: 5px;"></span> <b>Sporadic dog-transmitted rabies:</b> dog rabies in few areas of the country with sporadic human cases – Cas sporadiques de rage transmise par les chiens: rage canine présente dans quelques zones du pays, accompagnée de cas humains sporadiques</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #fff2cc; margin-right: 5px;"></span> <b>Controlled dog rabies:</b> few cases of dog rabies in limited areas of the country but no dog-transmitted human rabies cases – Maîtrise de la rage canine: quelques cas de rage canine dans des zones limitées du pays, mais aucun cas de rage humaine transmise par les chiens</li> </ul> | <ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #90ee90; margin-right: 5px;"></span> <b>No dog rabies:</b> zero dog rabies and zero dog-transmitted human rabies cases (except from imported) – Absence de rage canine: aucun cas de rage canine et aucun cas de rage humaine transmise par les chiens (sauf cas importés)</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #d3d3d3; margin-right: 5px;"></span> <b>No information</b> – Aucune information</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #333; margin-right: 5px;"></span> <b>Not applicable</b> – Sans objet</li> </ul> |
|--|--|

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# Rabies

Fact Sheet

Updated September 2017

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## Key facts

- Rabies is a vaccine-preventable viral disease which occurs in more than 150 countries and territories.
- Dogs are the main source of human rabies deaths, contributing up to 99% of all rabies transmissions to humans.
- Rabies elimination is feasible through vaccination of dogs and prevention of dog bites.
- Infection causes tens of thousands of deaths every year, mainly in Asia and Africa.
- 40% of people bitten by suspect rabid animals are children under 15 years of age.
- Immediate, thorough wound washing with soap and water after contact with a suspect rabid animal is crucial and can save lives.
- WHO, the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and the Global Alliance for Rabies Control (GARC) have established a global "United Against Rabies" collaboration to provide a common strategy to achieve "Zero human rabies deaths by 2030".

PEP depends on the type of contact with the suspected rabid animal (see table).

**Table: Categories of contact and recommended post-exposure prophylaxis (PEP)**

**Categories of contact with suspect rabid animal**

Category I – touching or feeding animals, licks on intact skin

Category II – nibbling of uncovered skin, minor scratches or abrasions without bleeding

Category III – single or multiple transdermal bites or scratches, licks on broken skin; contamination of mucous membrane with saliva from licks, contacts with bats.

**Post-exposure prophylaxis measures**

None

Immediate vaccination and local treatment of the wound

Immediate vaccination and administration of rabies immunoglobulin; local treatment of the wound

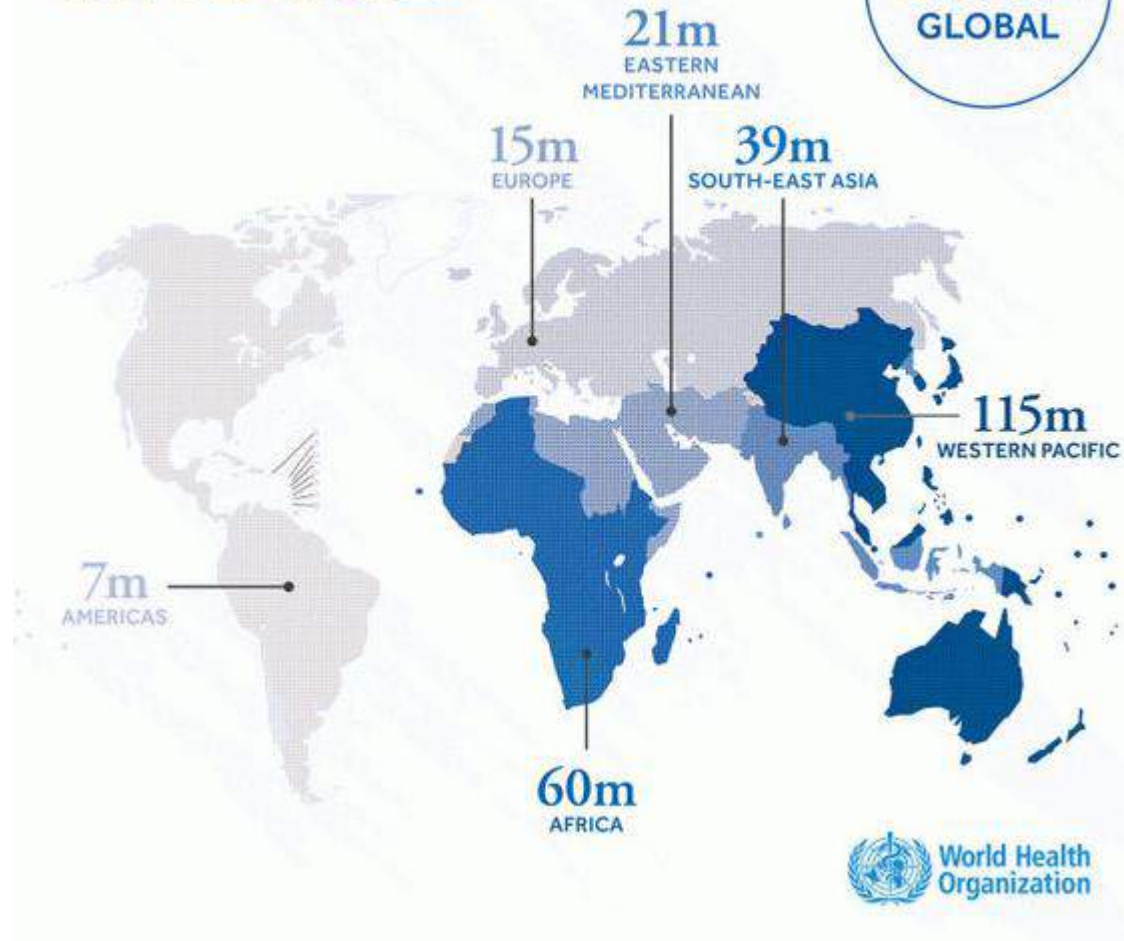
diagnose  
stool  
blood  
drugs  
prescription  
symptoms  
virus  
liver  
type c  
nurses  
inflammation  
infection  
swelling  
water  
type a  
tests

# HEPATITIS

health  
rx  
care  
hospital  
medical  
infectious  
acute  
viral  
patient  
treatment  
type b  
antibodies  
type e  
contagious  
healthcare  
deadly  
doctors

# VIRAL HEPATITIS B IN THE WORLD

257m  
GLOBAL



# Hepatitis C: A Global Health Problem

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170 Million-200 Million Carriers Worldwide



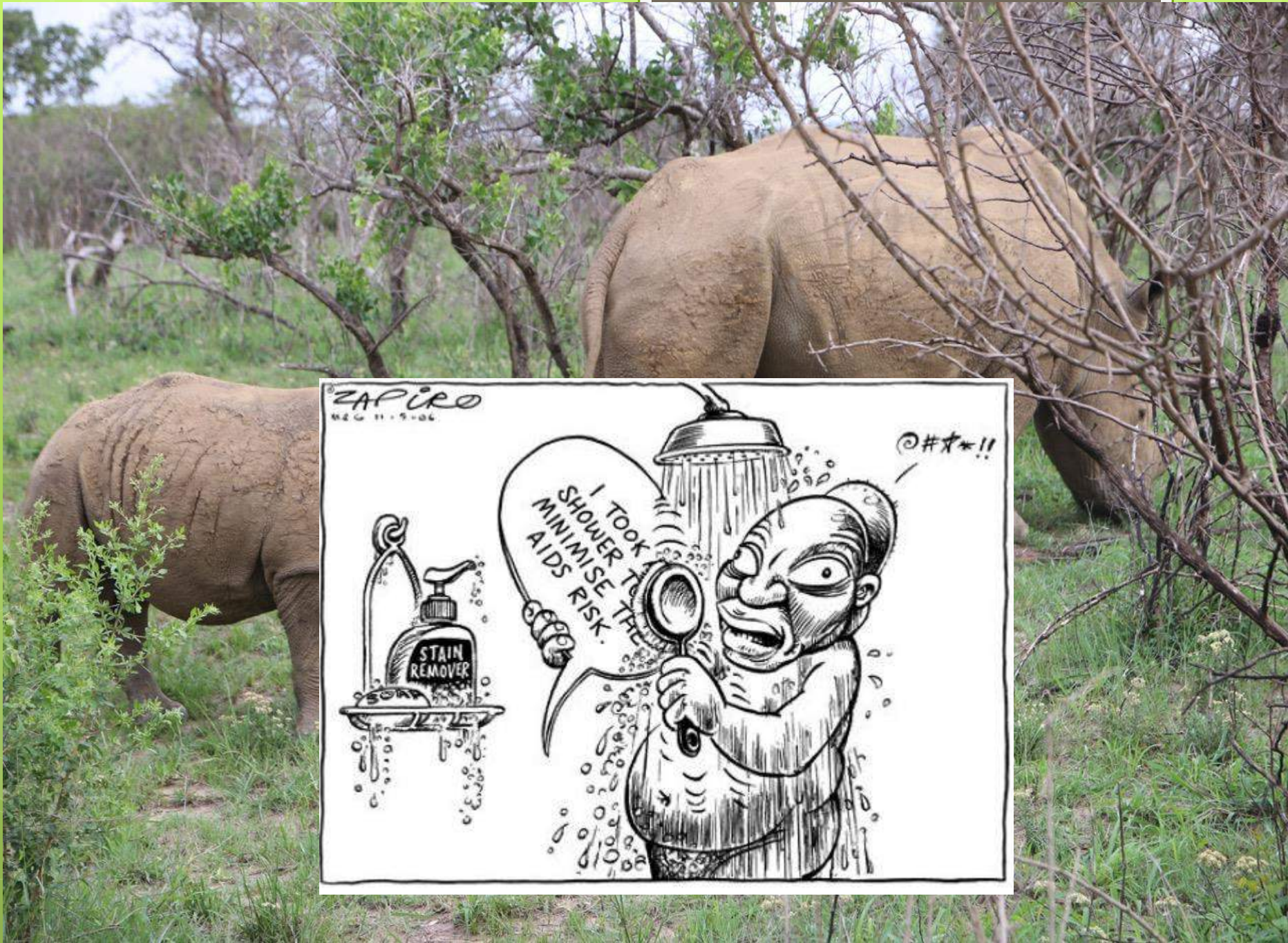
[Home](#) / [MCNTalk](#) / Hepatitis C: Who Can Afford to Be Cured?

M: 

June 26, 2015

## Hepatitis C: Who Can Afford to Be Cured?





ZAPIRO  
MAY 11-9-06



©#\*!!

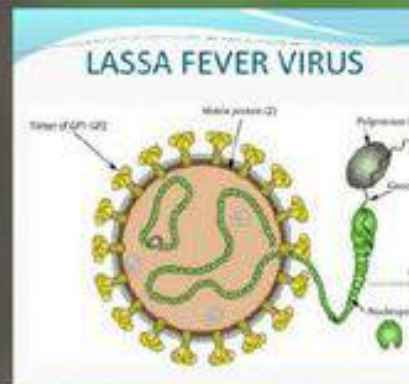


## Regional HIV and AIDS statistics and features | 2016

	Adults and children living with HIV	Adults and children newly infected with HIV	Adult & child deaths due to AIDS
<b>Eastern and southern Africa</b>	19.4 million [17.8 million–21.1 million]	790 000 [710 000–870 000]	420 000 [350 000–510 000]
<b>Western and central Africa</b>	6.1 million [4.9 million–7.6 million]	370 000 [270 000–490 000]	310 000 [220 000–400 000]
<b>Middle East and North Africa</b>	230 000 [160 000–380 000]	18 000 [11 000–39 000]	11 000 [7700–19 000]
<b>Asia and the Pacific</b>	5.1 million [3.9 million–7.2 million]	270 000 [190 000–370 000]	170 000 [130 000–220 000]
<b>Latin America</b>	1.8 million [1.4 million–2.1 million]	97 000 [79 000–120 000]	36 000 [28 000–45 000]
<b>Caribbean</b>	310 000 [280 000–350 000]	18 000 [15 000–22 000]	9400 [7300–12 000]
<b>Eastern Europe and central Asia</b>	1.6 million [1.4 million–1.7 million]	190 000 [160 000–220 000]	40 000 [32 000–49 000]
<b>Western and central Europe and North America</b>	2.1 million [2.0 million–2.3 million]	73 000 [68 000–78 000]	18 000 [15 000–20 000]
<b>TOTAL</b>	<b>36.7 million</b> [30.8 million–42.9 million]	<b>1.8 million</b> [1.6 million–2.1 million]	<b>1.0 million</b> [830 000–1.2 million]

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information.

# Lassa fever resurfaces in Lagos



PRO/AH/EDR> L:  
promed-edr-boun  
Gesendet: Fr 23.02.2018  
An: promed-post@

# Lassa fever in Nigeria kills 73 as outbreak of deadly virus continues to spiral - just days after World Health Organisation warned disease is an 'urgent' threat

LASSA FEVER - WES  
\*\*\*\*\*

A ProMED-mail post  
<<http://www.promed-mail.org>>  
ProMED-mail is a part of the International Society for Infectious Diseases  
<<http://www.isid.org>>

In this posting:  
[1] Cases in past week  
[2] Edo state cases

\*\*\*\*\*  
[1] Cases in past week  
Date: Wed 21 Feb 2018  
Source: Outbreak Net  
<<http://outbreaknet.org>>

Nigerian health officials reported during the past week (1), Ebonyi (7), Anambra State (2), and Bauchi (2).

>From [Mon 1 Jan - and 73 deaths have been reported in Bauchi, Nasarawa, Edo, Taraba, Delta, Osun

Since the onset of the outbreak, 73 confirmed cases, 51 deaths (72 percent) and 5 in probable). The case fatality rate is 21 percent.

- Health officials warn cases of Lassa fever have rocketed by nearly 50% in a week
- At least 913 suspected cases of the disease have been recorded so far in 2018
- Lassa fever can cause bleeding from the vagina and without treatment can kill

By [STEPHEN MATTHEWS FOR MAILONLINE](#) 

**PUBLISHED:** 11:52 GMT, 23 February 2018 | **UPDATED:** 12:55 GMT, 23 February 2018



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 **3**  
View comments

An unprecedented outbreak of a disease that causes bleeding from the vagina has now killed 73 people in **Nigeria**, according to the latest figures.

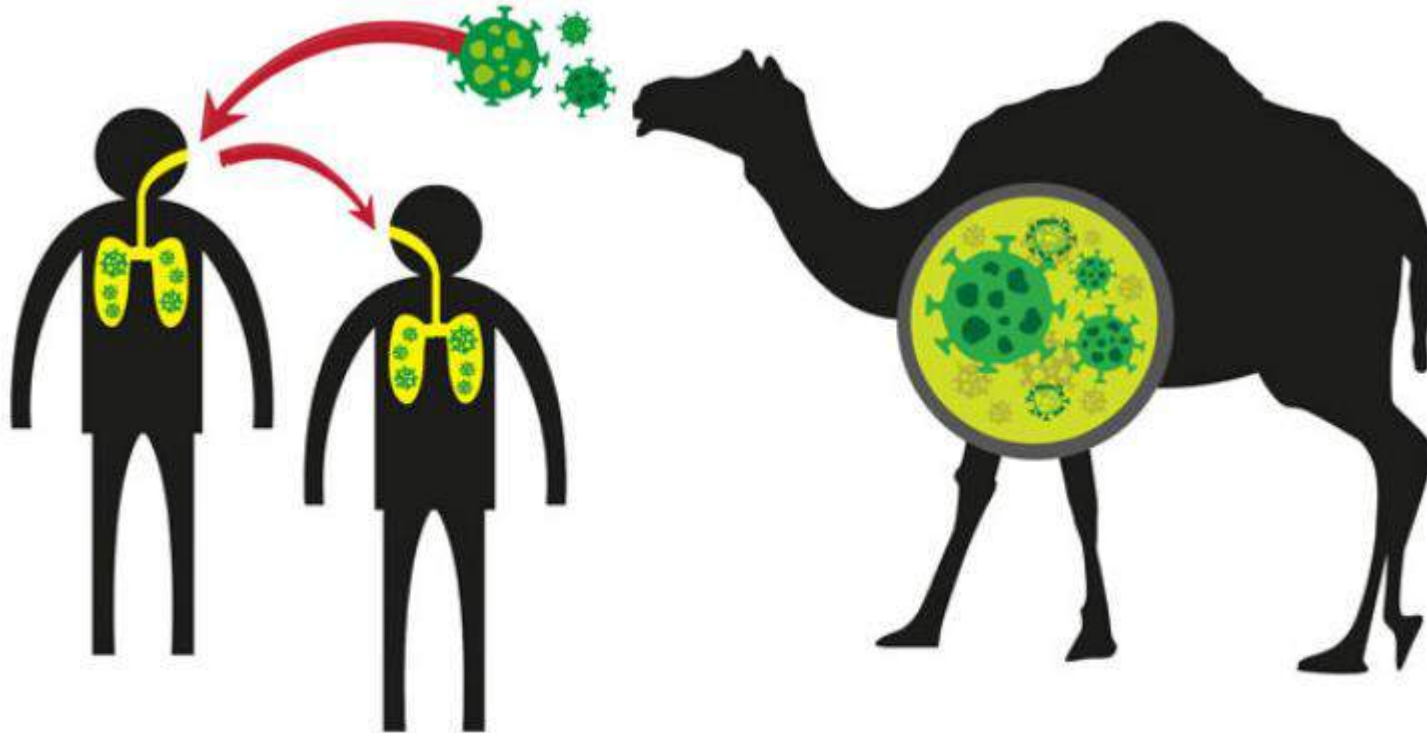
Health officials in the African country warn cases of Lassa fever have rocketed by nearly 50 per cent in a week.

It comes just days after the World Health Organization named the deadly virus in its list of pathogens that pose the most 'urgent' threat.

At least 913 suspected cases of Lassa fever have been recorded since the turn of the year, Nigeria's Center for Disease Control states.



# Typhus und Cholera



modified after @crystalbyemedia/fotolia.com

# MERS-COV

Middle East Respiratory Syndrome

# Middle East respiratory syndrome coronavirus (MERS-CoV)

Fact sheet

Reviewed January 2018

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## Key facts

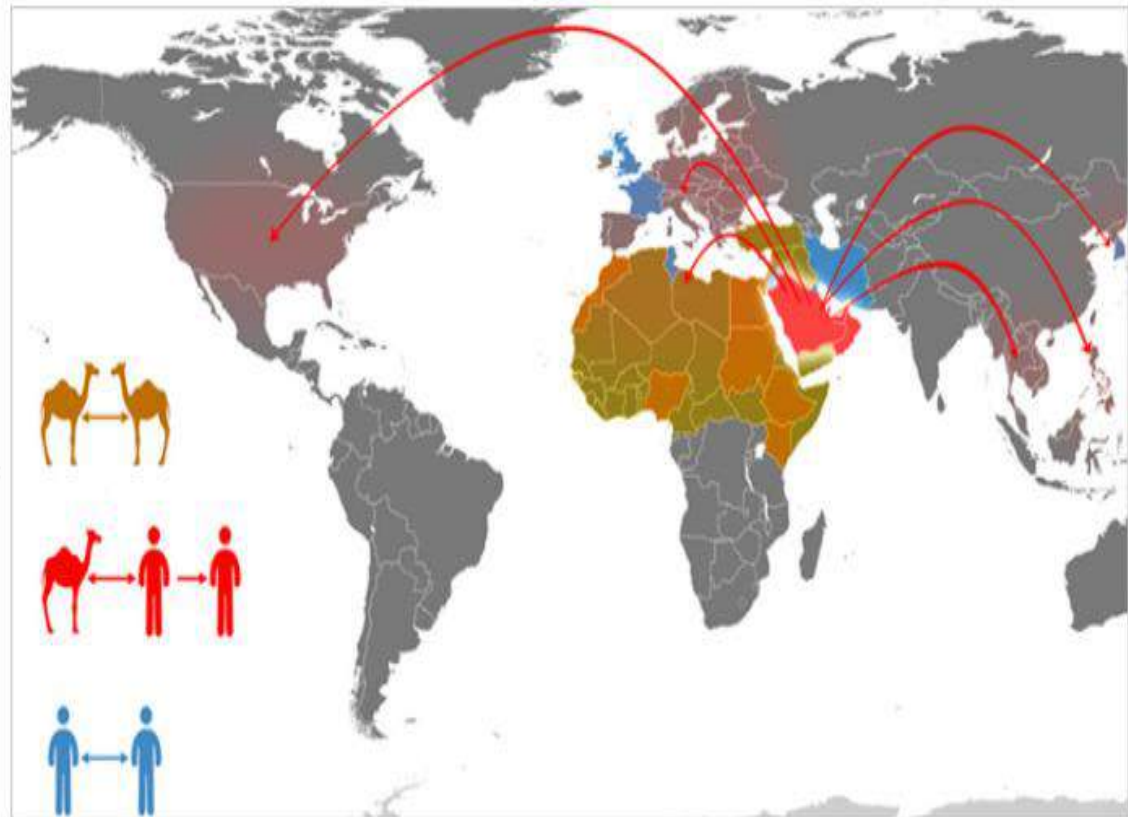
- Middle East respiratory syndrome (MERS) is a viral respiratory disease caused by a novel coronavirus (Middle East respiratory syndrome coronavirus, or MERS-CoV) that was first identified in Saudi Arabia in 2012.
- Coronaviruses are a large family of viruses that can cause diseases ranging from the common cold to Severe Acute Respiratory Syndrome (SARS).
- Typical MERS symptoms include fever, cough and shortness of breath. Pneumonia is common, but not always present. Gastrointestinal symptoms, including diarrhoea, have also been reported. Some laboratory-confirmed cases of MERS-CoV infection are reported as asymptomatic, meaning that they do not have any clinical symptoms, yet they are positive for MERS following a laboratory test. Most of these asymptomatic cases have been detected following aggressive contact tracing of a laboratory-confirmed case.
- Approximately 35% of reported patients with MERS have died.
- Although the majority of human cases of MERS have been attributed to human-to-human infections in health care settings, current scientific evidence suggests that dromedary camels are a major reservoir host for MERS-CoV and an animal source of MERS infection in humans. However, the exact role of dromedaries in transmission of the virus and the exact route(s) of transmission are unknown.
- The virus does not seem to pass easily from person to person unless there is close contact, such as occurs when providing unprotected care to a patient. Health care associated outbreaks have occurred in several countries, with the largest outbreaks seen in Saudi Arabia, United Arab Emirates, and the Republic of Korea.

## Middle East respiratory syndrome coronavirus (MERS-CoV)

### Countries agree next steps to combat global health threat by MERS-CoV

27 September 2017 -- Critical next steps to accelerate the response to the global public health threat posed by MERS-CoV have been agreed by representatives from the Ministries of Health and Ministries of Agriculture of affected and at risk countries, and experts. The virus, which circulates in dromedary camels without causing visible disease, can be fatal for humans.

[Read the story](#)





## Middle East respiratory syndrome coronavirus (MERS-CoV)

### Introductory level online course on MERS

Middle East respiratory syndrome (MERS) is a viral respiratory illness caused by a coronavirus (Middle East respiratory syndrome coronavirus, or MERS-CoV).

A new course on MERS is hosted by the new OpenWHO learning platform and consists of 4 interactive modules featuring video lectures, presentations and self-tests. The course is aimed to provide information about what is known about this virus, the disease it causes and the ways to prevent, respond to, and control outbreaks of MERS.

[Access the training on OpenWHO](#) 



WHO/A. Bhatiasevi



