



## EPIDEMIOLOGICAL SURVEILLANCE

### Malaria in Greece, 2017, up to

## REPORT

17/08/2017

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### Introduction

Greece was declared free from malaria in 1974, following an intense control program (1946- 1960). Since then and up until 2016, several (20-110 cases) imported cases are reported annually to the Hellenic Center for Disease Control & Prevention (HCDCP) referring to patients infected abroad (returning travelers or migrants from malaria endemic countries). Increasing number of imported malaria cases is expected due to the increase of travels and population movements worldwide, and is observed in all developed countries.

Additionally, since 2009 a number of locally acquired *P. vivax* malaria cases have been recorded in various areas of the country (i.e., among patients without travel history to a malaria endemic country), mainly as sporadic cases but also in clusters (especially in 2011- 2012).

You can find more information regarding epidemiological malaria data at the HCDCP website ([www.keelpno.gr](http://www.keelpno.gr))

### Malaria surveillance data, Greece, 2017, until 17/08/2017

In 2017, up to 17/08/2017, a total of seventy five (75) laboratory diagnosed malaria cases have been reported to the HCDCP (Table 1): 69 cases were classified as imported (58 immigrants from malaria endemic countries and 11 travellers) and five (5) *P.vivax* malaria cases were classified as introduced locally acquired.

Case investigation of the locally acquired cases suggests the following:

- one case with probable exposure at the Municipality of West Ahaia, Regional Unit (RU) of Ahaia, Region of West Greece (with onset of symptoms in the week 18/2017 (01-07/05/2017)),
- two cases with probable exposure at the Municipality of Andravida-Kyllini, RU of Ileia, Region of West Greece (with onset of symptoms in the weeks 18/2017 (01-07/05/2017) and 29/2017 (17-23/07/2017)),
- one case with probable exposure at the Municipality of Thiva, RU of Viotia (with onset of symptoms in week 28/2017 (10-16/07/2017)), and
- one case with probable exposure at the Municipality of Messolonghi, RU of Aitolioakarnania (with onset of symptoms in week 29/2017 (17-23/07/2017)).

In addition to the above malaria cases, a locally acquired *P.falciparum* case has been recorded with onset of symptoms in week 29/2017 (17-23/07/2017). For this particular case the most likely place of exposure was a health care facility, while from the case investigation it is not possible to define the exact mode of transmission (mosquito vector or nosocomial transmission). The particular case is considered a rare sporadic event; a limited number of cases with similar history of exposure transmitted has been reported in the literature from European and other countries.

No locally acquired malaria case has been directly linked to the presence of refugee/migrant camps in the area.

**Table 1. Malaria cases by epidemiological classification, status and *Plasmodium* species, Greece, 2017, up to 17/08/2017 (n=75)**

Epidemiological classification and status		Plasmodium species			Total
		<i>P. vivax</i>	<i>P. falciparum</i>	<i>P. ovale</i>	
Imported cases	Immigrants	47	9	2	58
	Travelers	0	11	0	11
Locally acquired cases		5	1	0	6

**Activities for the management of malaria**

Since 2012 HCDCP has developed and continuously implements an Action Plan for the Management of Malaria, which was updated for the 2017 period. In addition, during summer 2015 the “National Action Plan for the Management of Malaria” of the Ministry of Health was published. According to these, a series of activities are implemented nationwide for the prevention and management of malaria, with the collaboration of national, regional and local authorities. These activities for the management of malaria include:

- I. **Risk assessment for the re-emergence of malaria:** All areas (Regions, Municipalities) are assigned a Risk Level from 0-3, taking into consideration the malaria cases reported since 2009, and other local risk factors (entomological, environmental and demographic data). The Risk Level defines the activities implemented in each area.
- II. **Enhanced malaria surveillance and intervention activities:**
  - **Case finding:** In order to promptly detect all malaria cases, and raise awareness among local health professionals active case detection activities are implemented in high risk areas and support is provided for the laboratory diagnosis of malaria.
  - **Case investigation:** HCDCP investigates all notified malaria. For locally-acquired cases, an in-depth interview with the patient is conducted, in order to identify the estimated place of exposure and the risk for further local transmission.
  - **Immediate communication to stakeholders and health professionals** at national and local level, after the reporting of each locally-acquired malaria case to the HCDCP:
    - i. Hierarchy of the Ministry of Health (MoH),
    - ii. Regional public health authorities,
    - iii. Municipalities,
    - iv. MoH Committee for the Prevention and Management of Tropical Diseases,
    - v. Working Group for the designation of vector-borne disease (VBD) affected areas,
    - vi. National Centre for Blood Donation, responsible for the relevant blood safety measures,
    - vii. Physicians practicing in the affected area, to raise their awareness for investigating suspect cases.

- **Focus investigation – reactive case detection:** HCDCP investigation teams are deployed after the notification of each locally acquired case to perform a “focus investigation”, in an area indicated by the epidemiological, entomological and environmental investigation. In this activity, all individuals in the focus are screened for malaria compatible symptoms and tested for malaria accordingly. Following the report of the *P.vivax* locally acquired malaria cases in 2017, in the Regional Units of Ahaia, Ilia, Viotia and Aitolokarnania, the HCDCP, in collaboration with local public health authorities, organised and performed focus investigation of the cases, as well as communication activities amongst health professionals and the public in the areas.
- **Environmental and vector investigation** is performed in the area after the recording of each locally acquired malaria case (or imported case in a receptive area), in order to identify *Anopheles* breeding sites and other risk factors for local transmission.
- **Proactive malaria case detection (PACD) in Evrotas Municipality, Lakonia:** The HCDCP, in collaboration with the Region of Peloponnese, the Municipality of Evrotas, the University of Thessaly ([www.malwest.gr](http://www.malwest.gr)) and Doctors Without Borders (2012), supported from 2011-2014 a field team in the area for the active detection of malaria cases. Since 2015, the field team -with staff from the University of Thessaly and coordination from the HCDCP- is supported by the Region of Peloponnese to continue the PACD programme, undertaking also the radical treatment and focus investigation of all recorded malaria cases. A significant number of immigrants from malaria endemic countries (mainly Pakistan) live and seasonally work in Evrotas. During the field visits, health promotion information is provided for protection against mosquitoes and fever screening and/or testing for malaria is performed regularly. In 2017, fever screening visits are performed every 7-15 days in immigrant and Roma residences in the particular area.
- **Enhancing laboratory diagnosis of malaria:** Since 2012, HCDCP has distributed Rapid Diagnostic Tests (RDTs) for malaria to Hospitals and Health Centers in areas with recently recorded malaria transmission, and in areas with large populations of immigrants from endemic countries (i.e., large urban centers, in refugee/migrant camps and the nearby Health Units), aiming at prompt diagnosis and treatment of malaria cases. Since 2016, HCDCP provided RDTs to a total of almost 150 Health Units/facilities nationwide. RDTs have contributed significantly to the early detection of malaria cases in our experience and have been proven a valuable field tool.

In addition, HCDCP recommends and supports the transportation of samples from any laboratory in Greece to the reference laboratory (Department of Parasitology, Entomology and Tropical Diseases of National School of Public Health) for verification of diagnosis and further identification (and genotyping) of *Plasmodium* species.

- III. **Case management - Standardization of the malaria treatment in Greece,** according to treatment guidelines developed by the HCDCP with the input of experts in infectious diseases. HCDCP also maintains a small stockpile of anti-malarial medicines for timely distribution to Health Units in cases of emergency.
- IV. **Increase awareness amongst health professionals** for the diagnosis and management of malaria. HCDCP staff delivers presentations and organizes seminars for health professionals in Health Centers/Hospitals in areas with recently recorded locally acquired cases. Informative letters are also sent to all hospitals on an annual basis and on emergency basis in areas with locally acquired cases.
- V. **Communication to the public** on malaria and personal protection measures against mosquitoes:

- **Educational material** on malaria and protective measures against mosquitoes is available on the HCDCP website.
- **Information material** (leaflets, posters) is distributed according to the needs. In areas with locally acquired cases recorded, the HCDCP field team informs the local population, and raises awareness about malaria and the necessary protective measures against mosquitoes, during the focus investigations.

**VI. Designation of affected areas - Blood safety and haemovigilance measures:** An inter-sectoral Working Group (WG) on the designation of VBD affected areas (under the MoH Committee for the Prevention and Management of Tropical Diseases) considers all available epidemiological and laboratory data for each locally-acquired case and decides on the characterization of malaria affected areas in Greece. This designation is then used by the National Centre for Blood Donation to issue guidance on blood safety. The list of affected municipalities is published on our website ([www.keelpno.gr](http://www.keelpno.gr)) and updated regularly according to reported locally acquired cases. Post donation and post transfusion information to donors and other haemovigilance measures are in place following relevant guidance from the Coordinating Haemovigilance Centre/ H.C.D.C.P..

**VII. Vector surveillance and control activities:**

- **Raising awareness and guidance to Regional Authorities:** HCDCP communicates regularly (workshops, meetings, letters and technical guidance for tenders) with all Regional Authorities in Greece recommending the timely planning, organization and implementation of integrated vector control programmes particularly in high risk areas.
- **Monitoring of the vector control programme implementation across the country.**
- **Distribution and placement of Long Lasting Insecticide-treated Nets (LLINs):** According to WHO and ECDC guidance, HCDCP distributes (since 2013, in each transmission period) LLINs to immigrants, in the Municipality of Evrotas, Lakonia, after obtaining a special license from the Ministry of Rural Development and Agriculture. The distribution, placement and monitoring of the proper use of the nets is implemented by the PACD field team, which conducts the active case detection in the area.
- **Participation in the implementation of indoor residual spraying (IRS):** The Region of Peloponnese implements every summer indoor residual spraying (IRS) in migrant residences in the area of Evrotas. The PACD field team participates in the activity by indicating migrant residences in the area. HCDCP continues to recommend this vector control method in this area.
- **Entomological surveillance:** The HCDCP, in collaboration with the Department of Parasitology, Entomology and Tropical Diseases of the National School of Public Health (NSPH), the Benaki Phytopathological Institute, the MALWEST project (2012-2014), Universities, Regions, local authorities and subcontractors of the local mosquito control programmes has implemented, participated or coordinated -from 2010 to 2015- active vector surveillance programme. HCDCP recommends that local authorities should perform vector surveillance annually, especially in areas with risk factors for local malaria transmission (e.g. rural areas with large populations of immigrants from malaria endemic countries).

- VIII. **Communication with international public health stakeholders:** The HCDCP communicates frequently for exchange of knowhow and information on malaria cases and activities with the ECDC and WHO, as well as with a number of European and international agencies and networks.
- IX. Due to the increased **migrant/ refugee population residing in the country** in reception and accommodation camps, a series of targeted activities have been organized in these camps, including: strengthening malaria surveillance and diagnosis, distribution of rapid diagnostic tests to the camp clinics and nearby Health Units, recommendation for systematic entomological surveillance in the area, risk assessment (collection of available entomological, environmental and demographic data) and, if necessary, intensification of mosquito control measures, personal protection measures against mosquitoes for the hosted migrants.

### Conclusions

As indicated by the malaria surveillance data, the risk of re-appearance of the disease in specific -vulnerable and receptive- areas of the country exists, especially where the presence of adequate numbers of *Anopheles* mosquitoes (the competent vector of the disease) is combined with the presence of malaria patients coming from endemic countries.

Following a peak of locally acquired malaria cases between 2011- 2012 their number declined steadily in the following years. This coincided with a number of intense and costly public health interventions implemented since 2011, with the collaboration of various stakeholders at the national, regional and local level, which have contributed to the successful prevention of the re-establishment of malaria in Greece.

However, sporadic introduced locally acquired malaria cases are still recorded annually in vulnerable and receptive areas around the country indicating the need to sustain the activities for the prevention of the disease a priority for the public health authorities.

**Early detection and eradication treatment of malaria cases, together with appropriate investigation and effective vector control measures** represent the main components of the public health strategy to prevent *P.vivax* re-establishment in high risk areas of the country. In this context, all the above need the maintenance of high level of preparedness and awareness of health and public health services. In addition, important determinants for the prevention of local malaria transmission in Greece include the continued offer of free access to health services for migrants for the timely diagnosis and treatment of malaria, the open communication with the migrant population and achieving a minimum standard for their living conditions and well-being.

### Advice for travelers in Greece:

The HCDCP, based on the surveillance data available until now and the implemented prevention measures in the areas where locally-acquired *P.vivax* malaria cases have been reported, maintains that **the risk to travelers for malaria infection in Greece is very low. Chemoprophylaxis for malaria is not recommended for visitors** to areas where locally acquired malaria cases have occurred until today. Personal protective measures against mosquitoes are strongly encouraged.