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**Gesendet:** Samstag, 18. Januar 2020 17:36  
**An:** [REDACTED]@rki.de; Gesundheitsdienst AA ([REDACTED]@diplo.de)  
**Cc:** Seuchenhygiene BMG; Gesundheitssicherstellung BMG  
**Betreff:** IGV EIS - [Extern]WHO Event Information Site - New Public Health Event  
**Anlagen:** Event Update 2020-01-18.pdf  
  
**Priorität:** Hoch

Gemeinsames Melde- und Lagezentrum von Bund und Ländern (GMLZ) German Joint Information and Situation Centre

BITTE SOFORT VORLEGEN

An  
- RKI (E-Mail)  
- AA (E-Mail)

Nachrichtlich  
- BMG (E-Mail)

IGV – IHR Biologisches Ereignis: Event Update 2020-01-18 – Belgium – Argentine hemorrhagic fever (Junin virus)

Sehr geehrte Damen und Herren,

vereinbarungsgemäß teilen wir Ihnen mit, dass im Sinne des Alarmierungssystem IGV der WHO eine Information zu einem biologischen Ereignis eingestellt wurde.  
Wir bitten den Erhalt dieser E-Mail dem GMLZ zu bestätigen.

Mit freundlichen Grüßen  
GMLZ Dauerdienst

-----Ursprüngliche Nachricht-----

Von: outbreak@who.int [mailto:outbreak@who.int]  
Gesendet: Samstag, 18. Januar 2020 17:33  
An: GMLZ (BBK I.5)  
Betreff: [Extern]WHO Event Information Site - New Public Health Event

Dear Colleagues,

Please note for your information that the Event Information Site <<https://extranet.who.int/ihr/eventinformation>> has been updated.

URL: <https://extranet.who.int/ihr/eventinformation>

New public health event:

Belgium | Argentine hemorrhagic fever (Junin virus) <<https://extranet.who.int/ihr/eventinformation/event/2020-e000009>>

Event Update 2020-01-18 <<https://extranet.who.int/ihr/eventinformation/bulletin/38094-event-update-2020-01-18>>

Kind regards,

Detection, Verification and Risk Assessment Health Emergency Information and Risk Assessment WHO Health Emergencies Programme

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## Event Update 2020-01-18

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### **Argentine Haemorrhagic Fever, Belgium (ex-Argentina)**

On 12 January 2020, the IHR National Focal Point (NFP) for Belgium reported one laboratory-confirmed case of Argentine Haemorrhagic Fever (AHF) in a 41-year-old woman originating from Santa Fe province in Argentina. The occupation of the case is not directly linked with agricultural activities. The likely route of infection is currently not known, but the patient has been regularly jogging in endemic areas in Argentina.

The onset of influenza-like symptoms was on 28 December 2019 while in Argentina. The case travelled with a friend by air from Buenos Aires, Argentina transiting through Madrid, Spain on 1 January 2020, and then taking a flight to Amsterdam, The Netherlands while symptomatic (sore throat, medium grade fever). In Amsterdam she stayed in a hotel from 2 January until 6 January and continuing travel by bus to Brussels, Belgium. Repeated vomiting started on 4 January (2-3 times a day), followed by aggravation of the health status that resulting in hospitalization on 6 January 2020. Other reported symptoms were chills, malaise, epileptic seizure and bleeding (epistaxis, intraoral and from puncture sites). Patient required respiratory support and was intubated on 11 January.

No vomiting, bleeding and body fluid spillage were reported during travel to Brussels. A close contact accompanying the patient on the way to Belgium continued the journey to France. Both the case and the contact reside in an endemic area for AHF in Argentina and are not vaccinated against Junin virus.

Once hospitalized in Brussels on 06 January, diagnosis of AHF was confirmed through RT-PCR by the Bernhard Nocht Institute, Hamburg, on 11 January, indicating a high viral load.

The patient is currently in stable condition, having been treated with supportive care, transfusion and antibiotics, along with off-label use of ribavirin and favipiravir. The use of hyperimmune serum was deemed of no benefit at the time of evaluation due to the time lapsed from the onset of prodromal symptoms (more than 8 days). As of 17 January, all 134 contacts, including the co-traveller, the patient's partner and mother (the latter two arriving to Brussels directly from Argentina on 08 January), were reported to be asymptomatic. Between 06 and 10 January, the healthcare personnel and lab technicians in four health care facilities have been exposed to the patient or her clinical samples without adequate protective measures for Junin virus, and one contact developed fever but tested positive for influenza A.

### **Public Health Response**

Given that secondary cases are possible among close contacts following the travel and hotel accommodation of the case while symptomatic, the National IHR Focal Points and health authorities in Argentina, Belgium, France, Spain, and The Netherlands have been alerted by Belgium to assess the situation and eventually perform contact-tracing and follow-up activities, while also sharing information on this event with the WHO Headquarters, and the WHO Regional Offices for Europe and the Americas (PAHO).

Public health authorities in Belgium contacted neighbouring countries for urgent access to antivirals, in addition to obtaining AHF hyperimmune plasma from Argentina in case of any further cases.

Initially, the patient and clinical samples were not managed with sufficient IPC, exposing many health care workers and lab technicians. All contacts were listed and classified in low and high risk for future follow-up.

Contact tracing on conveniences were not deemed necessary due to low risk of person-to-person transmission and no reported bodily fluid spillage, and public health authorities in Belgium have been following the ECDC RAGIDA guidelines.

Contact tracing and monitoring activities for two maximum incubation periods (42 days) following last possible exposure are warranted in affected countries.

#### **WHO Risk Assessment**

AHF is an acute viral haemorrhagic fever illness that is transmitted to humans via inhalation of aerosolized viral particles from rodent excreta, or by direct contact of abraded skin with blood or tissues of infected rodents or fomites on agricultural equipment. Like with other arenaviruses, sexual or vertical transmission of Junin virus may occur. The risk of human infection through contact with virus-laden rodent excreta closely corresponds to rodent population dynamics, animal behaviour, and changes in agricultural practice. Human-to-human transmission is very rare in both community and health-care settings. The overall case fatality rate varies between 15% and 30% if left untreated.

AHF is endemic in the central region of Argentina, including the Santa Fe province, where the index case is originally from. AHF live attenuated vaccine is not licensed in EU/EEA member-states or by European Medicines Agency (EMA) but may be imported and used on a case by case basis as per national medicines regulations. Supportive care is cornerstone in the management of AHF cases. There is limited evidence of ribavirin efficacy if administered within 8 days of symptom onset. In Argentina, the transfusion of Junin virus convalescent plasma is the treatment of choice. It should always be performed within the first 8 days of symptom onset. This treatment reduces the case-fatality rate, from 15%–30% to less than 1%.

Current evidence shows that secondary transmission of AHF in healthcare settings is rare in absence of adequate infection-prevention-control measures. Public health authorities of affected countries continue monitoring the situation.

#### **WHO Advice**

AHF is of mandatory reporting in Argentina. Since first described in Argentina in 1955, the number of AHF cases reported from endemic areas has ranged from 100 to 4,000 per year, with an estimated cumulative total of 30,000 symptomatic cases. AHF is endemic in four provinces of Argentina: Buenos Aires, Santa Fe, Córdoba and La Pampa. This area is a densely populated area and geographically coincides with the largest agricultural-export industry in the country.

Since the use of the live attenuated vaccine (Candid #1) in Argentina, a significant reduction in incidence of the disease has been achieved, but every year between 25 and 50 cases of AHF are confirmed. AHF is four times more prevalent in males than in females and is more prevalent among rural workers (90%) than in urban populations. The risk patterns have also been modified after the introduction of the vaccine. Classically, the disease affected mostly men who worked in rural areas. Currently, there has been an increase in the percentage of women among confirmed cases and the proportion of patients among rural workers has decreased. The number of confirmed cases has increased in people who engage in other economic activities and residents in urban areas. Three transmission scenarios have also been identified: classic, emergent-reemergent, and traveller scenario.

Based on the official information available from EURO and PAHO, there have been 12, 10 and 7 cases of AHF reported in Argentina in 2015, 2016 and 2017 respectively. During 2019, 271 suspected cases were notified in the AHF endemic area. To date, 16 have been laboratory-confirmed cases. Data from previous years can be found in the Argentine Haemorrhagic Fever National Control Program Annual Report.

Prevention of AHF relies on community engagement and promoting hygienic conditions to discourage rodents from entering homes. Live vaccine is available to individuals with likely occupational exposure in endemic areas. Enhanced surveillance for AHF is advisable for endemic countries during the seasonal flare-ups of cases in humid zones between February and October.

Early supportive care with rehydration and symptomatic treatment improves survival. Convalescent serum can be used as treatment and as post-exposure prophylaxis (PEP). Antiviral treatment with ribavirin may be considered if administered early (within 8 days of symptom onset), although evidence of its efficacy is limited.

The administration of specific hyperimmune serum could be recommended after accidental exposure to the Junín virus in the laboratory or while handling patients. Use of a live, attenuated Junín virus vaccine has been found to be safe and highly efficacious when tested in AHF-endemic areas as a prevention tool, but it hasn't been used as an after-exposure prophylaxis strategy.

According to WHO guidance for viral haemorrhagic fever, health care and laboratory staff should consistently implement standard precautions when caring for all patients to prevent infections acquired in a health care setting and strictly apply contact precautions including isolation when caring for suspected or confirmed AHF patients or handling their clinical specimens or body fluids.

In order to avoid any direct contact with blood and body fluids and/or splashes onto facial mucosa (eyes, nose, mouth) when providing direct care for a patient with suspected or confirmed AHF infection, personal protective equipment (PPE) should include: 1) clean non-sterile gloves; 2) clean, non-sterile fluid-resistant gown; and 3) protection of facial mucosa against splashes (mask and eye protection, or a face shield). In case of aerosol generating procedures (e.g., bronchoscopy, intubation, centrifugation of virus infected samples) healthcare workers are recommended to wear particulate respirators FFP2-FFP3 or N95 in addition to PPE listed above. Sterile PPE may be necessary for some types of intervention. Samples should be managed at minimum in biological safety cabinet (class III).

Junín virus is inactivated by common fixatives such as glutaraldehyde, formalin, paraformaldehyde; chlorine-based disinfectants, such as 1% sodium hypochlorite; as well as 70% alcohol, hydrogen peroxide, peracetic acid, quaternary ammonium compounds, and iodophor compounds. When disinfection or sterilization are required, ensure that cleaning is done before disinfection or sterilization. Items and surfaces cannot be disinfected if they are not first cleaned of organic matter (e.g. body fluids, dirt and soil).

Given the nonspecific presentation of viral haemorrhagic fevers, isolation of ill travellers and consistent implementation of standard precautions are key to preventing secondary transmission. When consistently applied, these measures can prevent secondary transmission even if travel history information is not obtained, not immediately available, or the diagnosis of a viral haemorrhagic fever is delayed.

**For more information on AHF please see:**

- Fiebre Hemorrágica Argentina, available at: [https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=8306:2013-fiebre-hemorragica-argentina&Itemid=39845&lang=en](https://www.paho.org/hq/index.php?option=com_content&view=article&id=8306:2013-fiebre-hemorragica-argentina&Itemid=39845&lang=en)
- WHO Aide-memoire on Standard Precautions in Health Care, available at: <http://www.who.int/csr/resources/publications/standardprecautions/en/index.html>
- WHO Clinical management of patients with viral haemorrhagic fever: a pocket guide for front-line health workers: interim emergency guidance for country

adaptation, available at [https://apps.who.int/iris/bitstream/handle/10665/205570/9789241549608\\_eng.pdf;jsessionid=F5C5551D99D65DD240E15700666AAB3A?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/205570/9789241549608_eng.pdf;jsessionid=F5C5551D99D65DD240E15700666AAB3A?sequence=1)

- Infection prevention and control guidance for care of patients with suspected or confirmed patients with viral haemorrhagic fever in health-care settings , available at [https://www.who.int/csr/resources/publications/ebola/filovirus\\_infection\\_control/en/](https://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/)
- Global high consequence infectious disease events monthly update, August 2019, available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/833625/Global\\_High\\_Consequence\\_Infectious\\_Disease\\_Events\\_August\\_2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833625/Global_High_Consequence_Infectious_Disease_Events_August_2019.pdf)
- Argentine Haemorrhagic Fever National Control Program Annual Report, available at [http://www.anlis.gov.ar/inevh/?page\\_id=99](http://www.anlis.gov.ar/inevh/?page_id=99)
- WHO Collaborating Centre for Reference and Research of Arbovirus and Haemorrhagic Fevers Virology, [http://apps.who.int/whocc/Detail.aspx?cc\\_ref=ARG-19&cc\\_code=arg](http://apps.who.int/whocc/Detail.aspx?cc_ref=ARG-19&cc_code=arg)

**Event(s):** [Belgium](#) | [Argentine hemorrhagic fever \(Junin virus\)](#)

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