

25 Oct 2023

## Locally acquired cases of dengue in France

### Cases of dengue have been reported in southern and northern France

On 11 October 2023, a case of dengue was confirmed in Limeil-Brévannes in the region of Île-de-France, northern France. This is the first locally acquired case in this region [1] and brings the total number of autochthonous (locally acquired) dengue cases in France to 36 so far this year [2].

Since 2010, sporadic dengue outbreaks have been reported in southern France in the region of Provence-Alpes-Côte d'Azur (PACA) (departments of Alpes Maritimes, Bouches-du-Rhône and Var, the region of Occitanie (departments of Gard, Haute-Garonne, Hautes-Pyrénées-Orientale), the region of Auvergne-Rhône-Alpes and the island of Corsica [2].

Dengue is an emerging disease outside of tropical areas, affecting parts of Europe, including France, Italy, Portugal, Spain and Croatia [3-5].

Dengue is transmitted to humans by the bite from infected *Aedes* mosquitoes. *Aedes aegypti* is the principal mosquito vector associated with dengue transmission and is closely associated with humans and urban areas. *A. aegypti* mosquitoes breed in stagnant water in containers (including buckets used to collect rainwater, cisterns and tyres). In forests, they can breed in water-filled tree holes. They are most active during daylight hours, when they feed from dawn to dusk, but can bite at night in well-lit areas [6].

## Advice for travellers

### Before you travel

See our [Country Information](#) 'Other risks' section for individual country recommendations to check if there is a risk of dengue.

A dengue vaccine is licensed in the UK for the prevention of dengue disease in individuals from 4 years of age. The Joint Committee on Vaccination and Immunisation (JCVI) are in the process of reviewing the product information. Recommendations on the use of this vaccine will be published in due course.

### While you are away

Mosquito [bite avoidance](#) is recommended. As dengue is spread by day-biting mosquitoes, particular care with bite avoidance is advised during the day, especially around dawn and dusk.

### When you return

In about 75 percent of cases there are no symptoms [6]. When symptoms occur, illness begins abruptly after an incubation period of five to eight days. There may be high fever (up to 40°C) often accompanied by a severe headache and retro orbital (behind the eye) pain, muscle and joint pains, nausea, vomiting, abdominal pain and anorexia. High temperature can persist for five to six days. Around the third to fourth day, a maculopapular (flat, raised discoloured patches) rash may be seen on the chest, trunk and extremities [7].

If you think you, or anyone in your family has symptoms after you return to the UK you should seek medical advice. It is important to tell your healthcare provider about any recent travel to a dengue affected area.

## Advice for health professionals

Health professionals should be alert to the possibility of dengue in those who have recently returned from a dengue risk area presenting with a fever or flu-like illness and/or signs of severe disease which include mucosal bleeding, abdominal pain, liver enlargement and fluid accumulations. [8, 9].

Health professionals who suspect a case of dengue in a returned traveller, should discuss this urgently with their local microbiology, virology or infectious diseases consultant, giving a full travel history. They may advise that appropriate samples are sent for testing to [specialist laboratory facilities](#) in the UK.

The [Imported Fever Service](#) offers health professionals a 24-hour, seven day a week telephone service with access to expert clinical and microbiological advice. This offers support in management of febrile patients, and with infection control and public health interventions.

## Resources

- [Country Information](#)
- [Outbreak Surveillance](#)

## References

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