COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 16, 13-19 April 2014

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Hepatitis A outbreak -Multistate (Europe)- January 2013- March 2014

Opening date: 10 May 2013 Latest update: 10 April 2014

Since 1 January 2013, 1 315 cases of infection with hepatitis A virus (HAV) have been reported by 11 Member States as potentially linked to the ongoing outbreak. Of these, 240 were confirmed outbreak cases, sharing the same sequence KF182323 at the junction VP1-2a of the viral genome. When first declared, the outbreak was associated with travel to Italy. Currently, besides Italy, seven Member States reported cases with no travel history, namely France, Germany, Ireland, Norway, the Netherlands, Sweden and the UK.

➔Update of the week

On 11 April, Norway posted an EWRS to report that during the hepatitis A outbreak investigation in Norway, interviews and tracing of foods served at establishments visited by the people found several of them had eaten a berry mix buttermilk cake that was imported frozen from Germany. On 10 April, the Food Safety Authorities in Norway contacted the Norwegian importer, Marexim, who immediately withdrew the cake from the market in Norway. This cake has been distributed to different restaurants, canteens and cafés and sold in a few shops. It has also been distributed to Hurtigruten cruise ships travelling along the Norwegian coast. The Norwegian Food Safety Agency posted a RASFF notification message about this product on 11 April. Information and advice to consumers and a picture of the product have been posted on the website of the Norwegian Food Safety Authority.

Germany reported that a patient who was recently infected with hepatitis A in Norway and travelled on a Hurtigruten ship has the Italian outbreak strain.

Influenza - Multistate (Europe) - Monitoring 2013-2014 season

Opening date: 4 October 2013 Latest update: 17 April 2014

Following the 2009 pandemic, influenza transmission in Europe has returned to its seasonal epidemic pattern, with peak activity during winter months. ECDC monitors influenza activity in Europe during the winter season and publishes the results on its website in the Weekly Influenza Surveillance Overview.

➔Update of the week

Influenza activity is declining towards an inter-seasonal pattern with most of the countries reporting low intensity, local or sporadic geographical spread and decreasing trend.

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Non EU Threats

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

Opening date: 24 September 2012 Latest update: 17 April 2014

Since April 2012, 275 laboratory-confirmed cases, including 98 deaths, of acute respiratory disease caused by Middle East respiratory syndrome coronavirus (MERS-CoV), have been reported by national health authorities. To date, all cases have either occurred in the Middle East, have had direct links to a primary case infected in the Middle East, or have returned from this area. The source of the virus remains unknown but the pattern of transmission points towards an animal reservoir in the Middle East, from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission to close contacts and in hospital settings has occurred, but there is no evidence of sustained transmission among humans. MERS-CoV is genetically distinct from the coronavirus that caused the SARS outbreak.

➔Update of the week

Since the previous CDTR, 44 new cases have been reported in the Middle East. Thirty cases have been reported from Saudi Arabia including five deaths and 14 cases, including one death, from the United Arab Emirates. In addition, the Philippines reported one case in a person recently returned from the United Arab Emirates. Malaysia also reported a case that later died, in a traveller recently returned from Saudi Arabia.

Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014 Latest update: 17 April 2014

An outbreak of Ebola virus disease is currently evolving in West Africa, affecting Guinea (122 cases) and Liberia (27 cases). The first cases were reported from Guéckédou prefecture in Guinea, near the border with Liberia and Sierra Leone. Results from sequencing showed strongest homology of 98% with *Zaïre ebolavirus* (ZEBOV), last reported in 2009 in the Democratic Republic of Congo. This is the first such outbreak in this region.

➔Update of the week

Forty new cases have been reported in Guinea this past week, and five new cases in Liberia. Mali and Sierra Leone have no confirmed cases.

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 17 April 2014

On 6 December 2013, France reported two laboratory-confirmed autochthonous cases of chikungunya in the French part of the Caribbean island of Saint Martin. Since then, local transmission has been confirmed in the Dutch part of Saint Martin, on Martinique, Saint Barthélemy, Guadeloupe, British Virgin Islands, Dominica, Anguilla, Saint Kitts and Nevis, Saint Lucia, Dominican Republic and French Guiana. Aruba only reported imported cases. This is the first documented outbreak of chikungunya with autochthonous transmission in the Americas. As of 11 April 2014, there have been more than 25 000 probable and confirmed cases in the region. Six fatalities have been reported.

➔Update of the week

During the past week, new cases have been reported in most of the affected areas. In the French Antilles the number of new cases is generally decreasing or constant. In French Guiana the number of autochthonous cases is increasing.
The Department of Health of the Dominican Republic has reported cases of chikungunya on the island affecting the province of San Cristobal with 17 laboratory confirmed cases and 767 suspected cases.
The number of cases is also increasing in Dominica and Anguilla (WHO). To date, islands with confirmed cases are Saint Martin/Sint Maarten, Martinique, Saint Barthélemy, Guadeloupe, British Virgin Islands, Anguilla, Dominica, Aruba, Saint Kitts and Nevis, Saint Lucia, Dominican Republic and French Guiana in mainland South America. In most of the territories of the French Antilles, given the caseload, the health authorities decided not to seek laboratory confirmation for all suspected cases.

Zika virus infection outbreak - The Pacific - 2013-2014

Opening date: 9 January 2014 Latest update: 16 April 2014

There is an ongoing outbreak of Zika virus (ZIKAV) infection in the Pacific affecting several countries, including Easter Island. There is a simultaneous dengue outbreak in the region (DENV 1 and 3). The French Polynesian health authorities reported at the start of the epidemic a concurrent significant increase in neurological syndromes and autoimmune illnesses. The cause and possible links with Zika or dengue virus infections are being investigated.

➔Update of the week

The epidemic of Zika virus (ZIKAV) infection has been declared over in French Polynesia. Cases are still being recorded in New Caledonia and on the Cook Islands.

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Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 16 April 2014

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50-100 million people each year, mainly in the tropical regions of the world. The identification of sporadic autochthonous cases in non-endemic areas in recent years has already highlighted the risk of locally acquired cases occurring in EU countries where the competent vectors are present. The dengue outbreak in the Autonomous Region of Madeira, Portugal, in October 2012 further underlines the importance of surveillance and vector control in other European countries.

➔Update of the week

During 2014, no autochthonous dengue cases have been reported in Europe.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 10 April 2014

Polio, a crippling and potentially fatal vaccine-preventable disease that mainly affects children, is close to being eradicated as a result of global public health efforts. Polio remains endemic in Afghanistan, Pakistan and Nigeria.

➔Update of the week

During the past week, six new cases of wild poliovirus type 1 (WPV1) were reported to WHO.

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II. Detailed reports

Hepatitis A outbreak -Multistate (Europe)- January 2013- March 2014

Opening date: 10 May 2013 Latest update: 10 April 2014

Epidemiological summary

Since 1 January 2013, 1 315 cases of HAV infection have been reported by 11 Member States as potentially linked to the ongoing outbreak. Of these, 240 were confirmed outbreak cases, sharing the same sequence KF182323 at the junction VP1-2a of the viral genome. When first declared, the outbreak was associated with travel to Italy. Currently, besides Italy, seven Member States have reported cases with no travel history, namely France, Germany, Ireland, Norway, the Netherlands, Sweden and the United Kingdom.
ECDC, together with the affected countries, developed a European outbreak case definition, distributed a standard questionnaire developed by the Irish public health institute for interviewing cases, collected epidemiological information from all reported cases and, with the support of HAVNET in the Dutch public health institute, disseminated a standard protocol to guide the sequencing of human samples. The majority of the cases reported consumption of mixed frozen berries. The HAV sequence (region VP1/2A) obtained from one of the berries samples was identical to the 'outbreak sequence' obtained from human cases (KF182323). In addition, 30 lots of frozen berries have been implicated by epidemiological investigations.
The new outbreak reported in Norway involves 23 patients. Of these, 19 cases had onset in February or March 2014. Confirmed cases were infected with an outbreak strain of genotype IA identical to the European outbreak strain (KF182323) isolated from outbreak patients in Italy, Ireland and the Netherlands. Patients did not have a travel history to Italy or countries with a high HAV endemicity during the relevant exposure period.
During the hepatitis A outbreak investigation in Norway, interviews and tracing of foods served at establishments visited by the people found several of them had eaten a berry mix buttermilk cake that was imported frozen from Germany. On 10 April, the Food Safety Authorities in Norway contacted the Norwegian importer, Marexim, who immediately withdrew the cake from the market in Norway. The Norwegian Food Safety Agency posted a RASFF notification message about this product on 11 April.

ECDC assessment

Epidemiological, microbiological and environmental investigations indicate mixed frozen berries as the vehicle of infection for this outbreak and suggest that this is a single outbreak linked to a common, continuous source in the EU/EEA. However, other hypotheses such as cross-contamination in a food production environment or that the outbreak strain is already widespread but previously undetected cannot be excluded.

Due to the characteristics of the pathogen, i.e. low infectivity dose and long incubation period, and of the food vehicle, i.e. long shelf-life and complex processing and distribution chain, it is expected that more cases will be reported and that more Member States may be involved. Member States, in accordance with their national guidelines, may consider active or passive immunisation of close contacts of cases in order to prevent secondary transmission.

Despite coordinated efforts from EFSA, ECDC, affected Member States and the European Commission (HAV-Trace working group), the ongoing trace-back investigation has not yet identified a likely source of contamination. The working group will continue the trace-back exercise and will extend the participation, on a voluntary basis, to newly involved countries, namely France, Norway and Sweden. All relevant information on national trace-back investigations shall be gathered and integrated in the HAV-Trace exercise via the utilisation of the RASFF platform.

Actions

An updated joint ECDC-EFSA outbreak assessment was published on 11 April 2014.

ECDC, EFSA and the European Commission, in cooperation with the affected Member States, will continue to strengthen efforts to identify the vehicle and source of infection.

Influenza - Multistate (Europe) - Monitoring 2013-2014 season

Opening date: 4 October 2013 Latest update: 17 April 2014

Epidemiological summary

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For week 15/2014:
- Low intensity was reported by all reporting countries, while widespread or regional activities were reported by three countries.
- Of the 303 sentinel specimens tested across 15 countries, 13% were positive for influenza virus. The proportion of positive specimens decreased substantially compared to the previous week.
- Four countries reported 40 hospitalised laboratory-confirmed influenza cases, 11 of which were admitted to intensive care units.
Overall, influenza activity continued to decline but influenza viruses still circulated in some reporting countries.

Web sources: WISO | ECDC Seasonal influenza | US-CDC health advisory | CDC Seasonal influenza | FluWatch, Canada | FluView, USA

ECDC assessment

The influenza season started in EU/EEA countries in week 2/2014.

Actions

ECDC will continue to produce the weekly influenza surveillance overviews during the northern hemisphere influenza season.

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

Opening date: 24 September 2012 Latest update: 17 April 2014

Epidemiological summary

Since April 2012 and as of 18 April 2014, 275 laboratory-confirmed cases of MERS-CoV have been reported by local health authorities worldwide, including 98 deaths and 64 healthcare workers. The following countries have reported MERS-CoV cases:

Saudi Arabia: 212 cases / 72 deaths
United Arab Emirates: 33 cases / 9 deaths
Qatar: 7 cases / 4 deaths
Jordan: 4 cases / 3 deaths
Oman: 2 cases / 2 deaths
Kuwait: 3 cases / 1 death
UK: 4 cases / 3 deaths
Germany: 2 cases / 1 death
France: 2 cases / 1 death
Italy: 1 case / 0 death
Tunisia: 3 cases / 1 death
Malaysia: 1 case / 1 death
Philippines: 1 case / 0 death

Fourteen cases have been reported from outside the Middle East: the UK (4), France (2), Tunisia (3), Germany (2), Italy (1), Malaysia (1) and Philippines (1). In France, Tunisia and the UK, there has been local transmission among patients who had not been to the Middle East, but had been in close contact with laboratory-confirmed or probable cases. Person-to-person transmission has occurred both among close contacts and in healthcare facilities.

In the first 18 days of April 2014, 57 cases (21% of total cases) have been reported, 29 of whom are healthcare workers (51%) and 21 are asymptomatic cases.

In the United Arab Emirates, a cluster of 14 healthcare workers (including one case exposed in UAE and reported by the Philippines) has been reported during the past week. They all had had contact with a previously reported case, who died on 10 April 2014. Eight of the cases had mild symptoms and six were asymptomatic.

In Saudi Arabia, during the past week, 30 cases have all occurred in Jeddah, including 11 healthcare workers; five cases were fatal and eight were asymptomatic.

The first cases reported in Asia have occurred in people returning from the Middle East:

- The case from the Philippines is an asymptomatic healthcare worker returning from the United Arab Emirates.

- The case in Malaysia was in a 54-year-old man who returned from Saudi Arabia after Umrah on 29 March 2014. He developed

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symptoms (fever, coughing) around 8 April 2014. On 10 April 2014, he was admitted to hospital and died on 13 April 2014. The Malaysian health authorities are conducting prevention and control activities including monitoring close contacts of the case.

Web sources: ECDC's latest rapid risk assessment| ECDC novel coronavirus webpage | WHO | WHO MERS updates | WHO travel health update | WHO Euro MERS updates | CDC MERS | Saudi Arabia MoH | Eurosurveillance article 26 September |

ECDC assessment

The source of MERS-CoV infection and the mode of transmission have not been identified, but the continued detection of cases in the Middle East indicates that there is an ongoing source of infection in the region. Dromedary camels are likely an important host species for the virus, and many of the primary cases in clusters have reported direct or indirect camel exposures. Almost all of the recently reported secondary cases, many of whom are asymptomatic or have only mild symptoms, have been acquired in healthcare settings. There is therefore a continued risk of cases presenting in Europe following exposure in the Middle East and international surveillance for MERS-CoV cases is essential. An international case-control study has been designed and proposed by WHO. Results of this or similar epidemiological studies to determine the initial exposures and risk behaviours among the primary cases are urgently needed.

The risk of secondary transmission in the EU remains low and can be reduced further through screening for exposure among patients presenting with respiratory symptoms and their contacts, and strict implementation of infection prevention and control measures for patients under investigation. The case detected in Malaysia last week had participated in the muslim pilgrimage Umrah. However, more details are needed on possible and suspected exposure events and it is possible that these cases were also infected when visiting healthcare facilities in the region.

The Malaysian authorities have asked all passengers travelling on the flights with the case detected in Malaysia on 29 March to be screened for health complaints.
The Philippines authorities have asked all passengers travelling with the Filipino case detected on 15 April to be screened for signs and symptoms of MERS-CoV infection, while the department of health is also actively contact tracing passengers.

Actions

ECDC's latest epidemiological update was published on 25 November 2013.

The latest update of a rapid risk assessment was published on 7 November 2013.

The first 133 cases are described in Eurosurveillance published on 26 September 2013.

ECDC is closely monitoring the situation, in collaboration with WHO and EU Member States.

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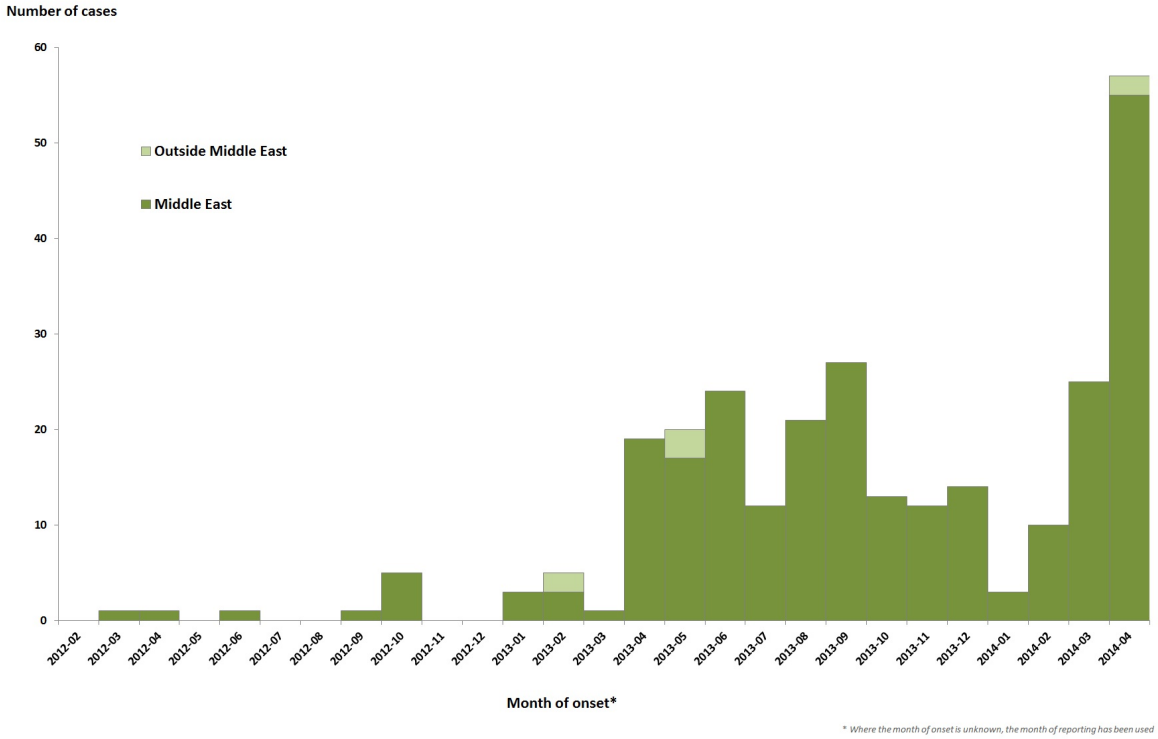
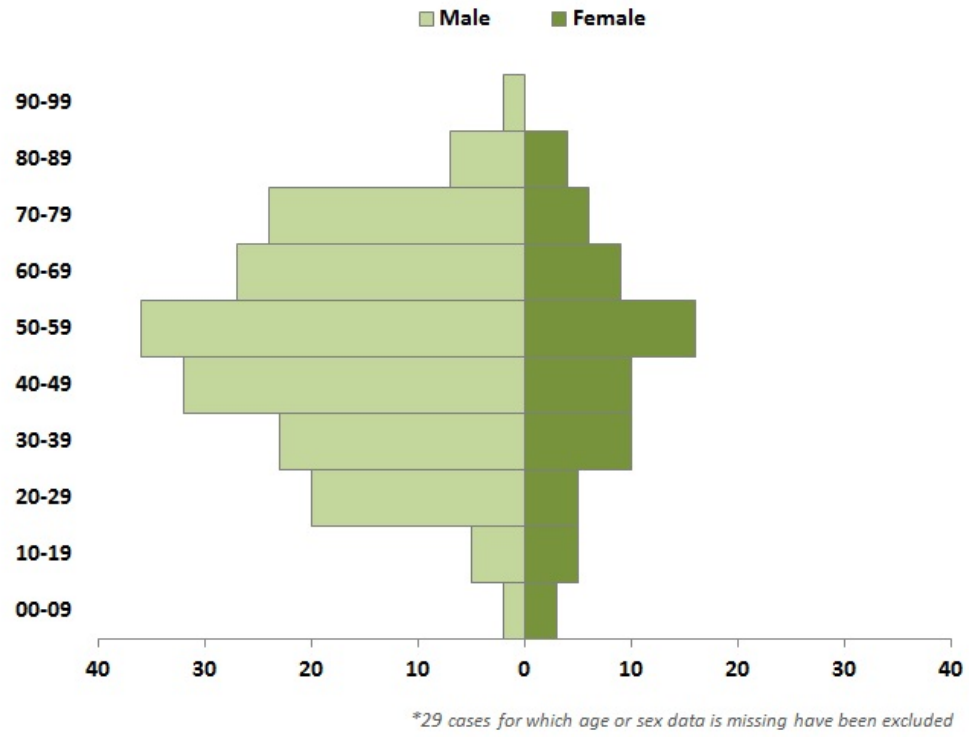
Distribution of confirmed cases of MERS-CoV by month of onset and place of probable infection, March 2012 - 18 April 2014 (n=275*)

Source:ECDC SRS



Distribution of confirmed cases of MERS-CoV by gender and age group, March 2012 - 18 April 2014 (n=246*)

Source: ECDC SRS



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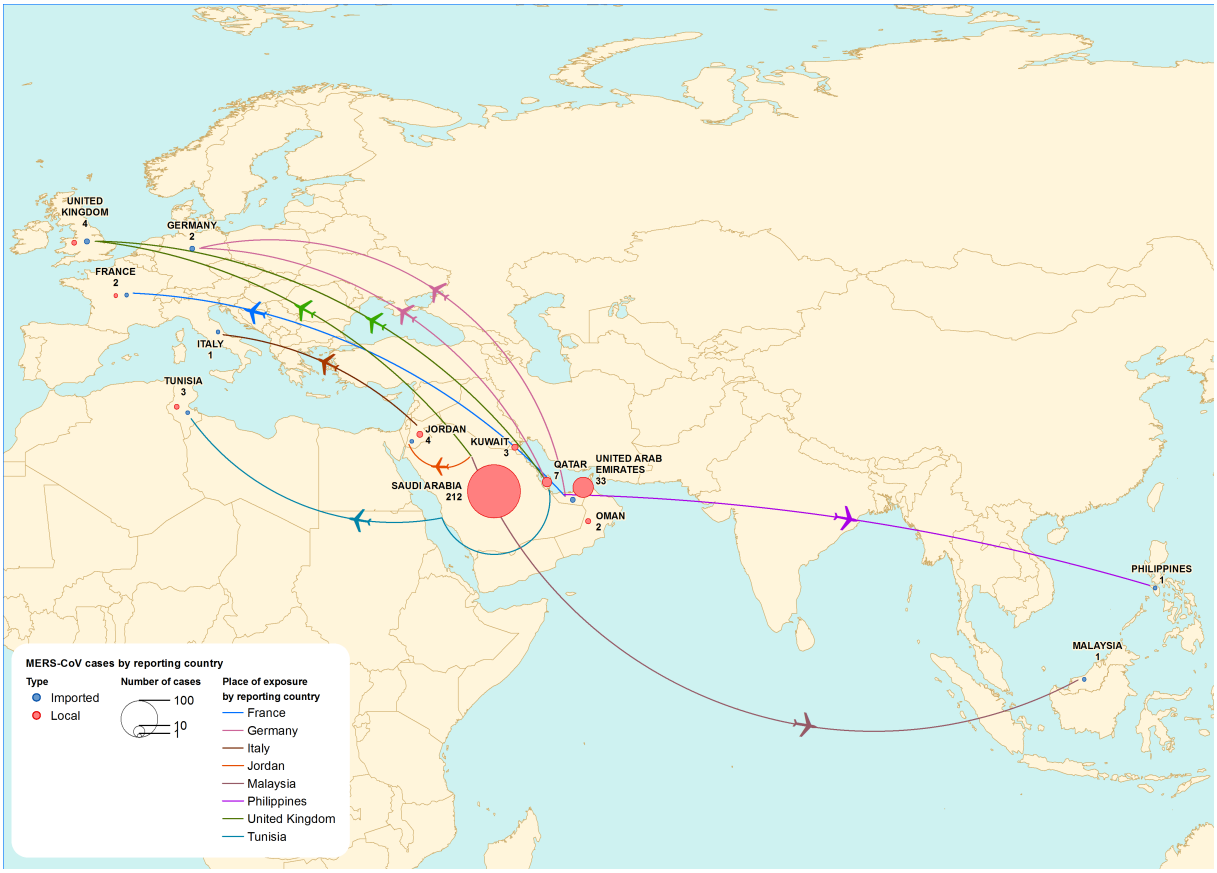
Distribution of confirmed MERS-CoV cases by place of reporting, March 2012 - 18 April 2014 (n=275)

Source: ECDC SRS



Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014 Latest update: 17 April 2014

Epidemiological summary

Guinea: As of 17 April 2014, the Ministry of Health of Guinea has reported 197 clinical cases, including 122 deaths (case fatality ratio=62%). This is an increase of 40 cases and 21 deaths since the last ECDC report on 11 April 2014. To date, 101 cases have been laboratory confirmed, 56 of whom died.

Liberia: the Ministry of Health of Liberia has reported 27 clinical cases, including 13 deaths.

Mali: the Ministry of Health has reported that the clinical samples of the six suspected cases have tested negative for *ebolavirus*.

Sierra Leone: the Ministry of Health reports that the 32 suspected cases tested negative for *ebolavirus*.

Mali and Sierra Leone have no confirmed cases of Ebola virus disease at present.

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Control activities supported by WHO, UNICEF, Médecins Sans Frontières and other stakeholders are being implemented, including contact tracing, enhanced surveillance and strengthening of infection control practices. Information and education materials have been developed and distributed, communication campaigns are underway. A team of EU scientists have set up a field laboratory to test suspected cases near the borders with Sierra Leone and Liberia.

Web sources: WHO/AFRO outbreak news | WHO Ebola Factsheet | ECDC Ebola health topic page | ECDC Ebola and Marburg fact sheet |Risk assessment guidelines for diseases transmitted on aircraft | NEJM 16 April article

ECDC assessment

This is the first time an Ebola virus disease outbreak has been reported in Guinea. The origin of this outbreak is currently unknown. The outbreak is still evolving and the number of cases is expected to increase in the coming weeks in Guinea and possibly in bordering countries in the region. However, control measures, such as isolation of cases and active monitoring of contacts, currently implemented with the support of international partners should be able to control this outbreak and prevent further spread of the disease. The risk of infection for travellers is considered very low since most human infections result from direct contact with the bodily fluids or secretions of infected patients, particularly in hospitals (nosocomial transmission) and as a result of unsafe procedures, use of contaminated medical devices (including needles and syringes) and unprotected exposure to contaminated bodily fluids.

Actions

ECDC has published an updated rapid risk assessment, an epidemiological update and provided guidance to Member States for the safe handling of bush meat, as well as for travellers in and out of the affected countries. ECDC is closely monitoring this event.

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 17 April 2014

Epidemiological summary

Cases reported as of 17 April 2014:

- Virgin Islands (UK), 7 confirmed cases;
- Saint Martin (FR), 2 980 suspected and 793 confirmed or probable cases, 3 deaths;
- Sint Maarten (NL), 123 confirmed autochthonous cases;
- Martinique, 16 000 suspected and 1 473 confirmed or probable cases, 2 deaths;
- Saint Barthélemy, 460 suspected and 135 confirmed or probable cases;
- Guadeloupe, 4 710 suspected and 1 261 confirmed or probable cases, one death;
- Dominica, 871 suspected cases and 81 confirmed cases;
- French Guiana, 30 confirmed autochthonous cases and 16 imported cases;
- Anguilla, 33 confirmed cases on the island with one case probably originating from Saint Martin;
- Aruba, one imported case originating from Sint Maarten;
- Saint Lucia one confirmed case;
- St. Kitts and Nevis, one confirmed case;
- Dominican Republic 767 suspected and 17 confirmed cases.

ECDC assessment

Epidemiological data indicate that the outbreak, which started in Saint Martin (FR), is expanding. An increasing number of cases have been observed from most of the affected areas. The vector is endemic in the region, where it also transmits dengue virus. Vigilance is recommended for the occurrence of imported cases of chikungunya in tourists returning to the EU from the Caribbean, including awareness among clinicians, travel clinics and blood safety authorities. The autochthonous cases in French Guiana are the first autochthonous chikungunya cases in mainland South America.

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Actions

ECDC published a rapid risk assessment on 12 December 2013 and an epidemiological update on 10 January and on 7 February 2014.

The Caribbean islands

Wikipedia

Zika virus infection outbreak - The Pacific - 2013-2014

Opening date: 9 January 2014 Latest update: 16 April 2014

Epidemiological summary

In **French Polynesia**, the epidemic of Zika virus (ZIKAV) infection has been declared over, according to the latest bulletin from Bureau de Veille Sanitaire. In total, more than 8 700 suspected cases were recorded during the past five months.

In **New Caledonia**, the weekly number of cases and communes affected is increasing. As of 10 April 2014, 766 confirmed cases, including 733 autochthonous cases, have been reported across 25 communes, according to DASS (Directions des Affaires Sanitaires et Sociales).

On the **Cook Islands**, as of 10 April, around 900 cases of dengue-like illness have been reported since 23 February.

On **Easter Island**, a territory administered by Chile, there is no new update this week.

There is a simultaneous dengue outbreak in the region. At the start of the epidemic, the French Polynesian health authorities reported a concurrent significant increase in neurological syndromes and autoimmune illnesses. No such neurological complications have been reported since week 9/2014. The cause and possible links with Zika or dengue virus infections are being investigated. No neurological complications have been reported to date in other affected areas.

Web sources: ECDC Zika Factsheet | Eurosurveillance 10 April | WPRO surveillance reports

ECDC assessment

ZIKAV infection continues to spread to new areas in the Pacific, despite a decreasing trend in French Polynesia. There is a risk for

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the disease spreading further in the Pacific and to the countries of the Americas where *Aedes* mosquito competent vectors are present, and for sporadic imported cases in Europe from endemic areas. Vigilance must be enhanced towards imported cases of ZIKAV infection in the EU Member States and EU overseas countries and territories and outermost regions, in particular where effective vectors are present.

Actions

ECDC published a risk assessment on 14 February 2014. ECDC is monitoring this event through epidemic intelligence and will now report on this threat monthly.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 16 April 2014

Epidemiological summary

Europe: No autochthonous cases have been reported so far in 2014.

Asia: Sri Lanka has reported an increase in the number of dengue cases and deaths during the first quarter of the year, according to media quoting the Ministry of Health. A national campaign for public education to help eliminate vector mosquito breeding sites was carried out between 2 and 8 April 2014. The number of dengue cases continues to rise in Malaysia with more than 26 000 cases and 63 deaths recorded nationally so far in 2014, according to media quoting the Health Ministry. Philippines and Cambodia both reported significantly fewer dengue infections during the first three months of the year compared to the same time period last year.

Caribbean: Puerto Rico has recorded 913 suspected cases so far in 2014 and the number of suspected cases in week 9 remained below the epidemic threshold for reporting, according to the latest update from the US CDC. During the past eight weeks, DENV-1 and DENV-2 were the predominant circulating serotypes. Media quoting the Ministry of Health in Trinidad and Tobago reports an increase in dengue cases so far this year.

Oceania: There are ongoing epidemics of DENV-3 in Vanuatu and Fiji whilst a dengue epidemic is underway in Tuvalu. According to Queensland Health in Australia, there are ongoing DENV-1 outbreaks in Cairns (129 confirmed cases) and Townsville (10 confirmed cases). However, the DENV-3 outbreak in Port Douglas (917 confirmed cases) was declared over on 4 April 2014. In French Polynesia, as of 11 April, the number of reported cases since the start of the epidemic in February 2013 is 1 914 with 25 cases reported so far in April, according to the latest update from the Health Surveillance Bureau in French Polynesia. In New Caledonia, the circulation of DENV-1 and DENV-3 continues with 32 cases reported so far in April, according to DASS (Directions des Affaires Sanitaires et Sociales).

Americas: In South America, Brazil reports increased dengue activity in Minas Gerais and Sao Paulo states. The city of Campinas in Sao Paulo state is experiencing a strong dengue outbreak with around 5 000 confirmed cases recorded to date, according to media. As of 9 April 2014, Peru has recorded 6 887 cases nationally and the most affected regions are Loreto (2 963 cases), San Martin (1 796 cases), Madre de Dios (593 cases). In addition, regions on the northern coast are reporting a high number of new dengue infections.

Africa: Mayotte recorded 14 locally acquired cases in March indicating that there is still active virus circulation on the island, according to media quoting local health authorities. In total, since January 2014, 54 cases have been reported in Mayotte (28 locally acquired cases, 23 imported cases from Comoros and three cases where the origin of infection remains unknown). Since mid-January 2014, 126 cases of dengue fever have been recorded in Ethiopia in the Gode zone of the Somali region, according to the UN office for Coordination of Humanitarian Affairs.

Websources: ECDC Dengue | Healthmap Dengue | MedISys | ProMED Asia, Pacific, Africa | ProMED Americas |

ECDC assessment

ECDC monitors individual outbreaks, seasonal transmission patterns and inter-annual epidemic cycles of dengue through epidemic intelligence activities in order to identify significant changes in disease epidemiology. Of particular concern is the potential for the establishment of dengue transmission in Europe. Before the 2012 outbreak in the Autonomous Region of Madeira, local transmission of dengue was reported for the first time in France and Croatia in 2010. Imported cases are being detected in European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

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Actions

ECDC has published a technical report on the climatic suitability for dengue transmission in continental Europe and guidance for invasive mosquitoes' surveillance.

From week 28 2013 onwards, ECDC has been monitoring dengue on a bi-weekly basis.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 10 April 2014

Epidemiological summary

During week 16, five new cases of WPV1 were notified to WHO (with onset of disease from 2014). Two cases were from Equatorial Guinea, bringing the total for the country to three, and four from Pakistan.

Worldwide, 61 cases have been reported to WHO in 2014, compared with 19 for the same time period in 2013. The most affected country is Pakistan (47 cases this year).

WPV1-positive samples have been detected by environmental surveillance in Israel since 3 February 2013 and continue to be detected in 2014 (12 positive samples have been collected this year, the most recent of which was collected on 2 March 2014).

The Strategic Advisory Group of Experts on Immunization (SAGE) met in Geneva on 1-3 April to discuss vaccination requirements for travellers from polio-infected countries, and the progress in eliminating wild and vaccine-derived poliovirus. Additionally, SAGE reviewed progress towards setting a confirmed date for the trivalent to bivalent OPV switch, which requires the absence of persistent circulating vaccine-derived poliovirus type 2 (cVDPV2) for at least six months globally.

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet

ECDC assessment

Europe is polio free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. This was an imported outbreak and it was demonstrated that the WPV originated from India. An outbreak in the Netherlands, in a religious community opposed to vaccination, caused two deaths and 71 cases of paralysis in 1992.

The last indigenous WPV case in the WHO European Region was in Turkey in 1998. The latest outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

The recent detection of WPV in environmental samples in Israel, and the confirmed and ongoing outbreaks in Syria and Somalia, highlight the risk of re-importation into Europe. Recommendations are provided in the recent ECDC risk assessments:
Rapid Risk Assessment on suspected polio cases in Syria and the risk to the EU/EEA
Wild-type poliovirus 1 transmission in Israel - what is the risk to the EU/EEA?

Due to continued poliovirus circulation in Cameroon, gaps in surveillance quality and influx of vulnerable populations from Central African Republic, WHO had elevated the risk assessment of international spread of polio from Cameroon to 'very high' in March of 2014.

Actions

ECDC follows reports of polio cases worldwide through epidemic intelligence, in order to highlight polio eradication efforts and identify events that increase the risk of re-introduction of wild poliovirus into the EU.

Due to the current polio situation, the threat is being followed weekly.

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The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.

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