

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

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#### Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 22 February 2012

Measles has re-emerged in the EU with more than 30 000 cases reported in 2011. Twenty-four of the 29 reporting countries reported more measles cases in 2011 than in 2010. More than 90% of all measles cases in 2011 were reported by five countries: France, Italy, Romania, Spain and Germany. Only Cyprus and Iceland remained measles-free in 2011.

→Update of the week

The media reported a new outbreak in Wales this week. There has been an increase in the number of measles cases since the last CDTR in the ongoing outbreaks in Spain and Sweden.

#### Influenza - Multistate (Europe) - Monitoring 2011-2012 season

Opening date: 2 December 2011

Latest update: 19 February 2012

ECDC monitors influenza activity in Europe during the winter seasons and publishes the results in the Weekly Influenza Surveillance Overview (WISO). The national influenza season epidemics in Europe may be approaching their peak in the first affected countries and remain dominated by A(H3) viruses.

→Update of the week

During week 7/2012, medium or high intensity was reported by 18 countries and increasing trends were reported by 19 countries.

### Non EU Threats

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#### New! Human African trypanosomiasis - Germany & Belgium ex Kenya - tourists returning from Masai Mara

Opening date: 23 February 2012

Latest update: 23 February 2012

A cluster of two cases of rhodesiense human African trypanosomiasis (HAT) has been observed since 29 January 2012 involving two travellers from the EU (Germany, Belgium) returning from the Masai Mara National Reserve in Kenya. During the period 2000-2010, no HAT cases were reported among international travellers after visiting Kenya.

## Influenza A(H5N1) - Multistate (world) - Monitoring human cases

Opening date: 15 June 2005

Latest update: 23 February 2012

There are currently no indications from a human health perspective of significant changes in the epidemiology associated with any clade or strain of the A(H5N1) virus. This is based on the absence of sustained human-to-human transmission, and on the observation that there is no apparent change in the size of clusters or reports of chains of infection. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

→Update of the week

During 18-24 February 2012, WHO acknowledged two new human cases of avian influenza: one in Indonesia (fatal) and one in Egypt (recovering).

## Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 23 February 2012

The WHO European Region is polio-free. Worldwide, WHO reported 650 cases in 2011. Eighteen cases have been reported in 2012 so far.

→Update of the week

This week, five new polio cases (one with symptom onset in 2011, four in 2012) were reported to WHO.

## Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 23 February 2012

There are no recent important developments in global dengue epidemiology. However, the identification of sporadic autochthonous cases in non-endemic areas in 2010 and 2011 highlights the risk of occurrence of locally acquired cases in countries where the competent vectors are present.

→Update of the week

There have been no reports of autochthonous dengue infections in Europe so far in 2012.

## II. Detailed reports

### Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 22 February 2012

#### Epidemiological summary

##### EU Member States

###### *UK*

An new outbreak was reported with 12 cases in a secondary school in Gwynedd, Wales. All cases had either had no MMR vaccination, or only one dose. A vaccination session was planned for this week at the school for children who have not had both doses.

Update on the measles outbreak on Merseyside reported last week: As of 20 February, there are 16 confirmed cases, 11 probable cases and a large number of possible cases.

###### *Spain*

The outbreak in Alicante is spreading. Nearly 180 measles infections have been recorded since the beginning of the year (50 new cases have been reported in the province during the past week). Control measures include mass vaccination and vaccinating children between 6 and 15 months old. Other measures, such as advancing the second MMR dose from 5 to 2 years of age, are also being considered.

###### *Sweden*

Seven cases are now reported by the media in Järna in the anthroposophic community south of Stockholm. The index case is an adult who was infected abroad and transmitted the disease to his two children. A contact of the family also fell ill with measles. Järna is a centre for anthroposophy in Sweden. The vaccination coverage is lower in this area as the anthroposophic community opposes vaccination, therefore additional cases are expected.

##### Neighbouring countries

###### *Ukraine*

More than 3 700 cases have been reported by the Ministry of Health as of 17 February.

###### *Russia*

Due to the increasing number of outbreaks across the country, a mass vaccination of several million children and adults is now being prepared.

The February issue of EMMO was posted on the ECDC website.

Web sources: [ECDC Monthly Measles Monitoring 21 February 2011](#) | [MedISys Measles Webpage](#) | [EUVAC-net ECDC](#) | [ECDC measles factsheet](#)

#### ECDC assessment

ECDC closely monitors measles transmission and outbreaks in the EU and neighbouring countries in Europe through enhanced surveillance and epidemic intelligence activities. The countries in the WHO European Region, which includes all EU Member States, have committed to eliminate measles and rubella transmission by 2015. Elimination of measles requires consistent vaccination coverage above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

The number of measles cases reported in 2011 is comparable to the number in 2010 but three to five times higher than the number of cases in the 2006 to 2009 period. Transmission follows the traditional seasonal pattern of measles in Europe. The number of new cases is expected to increase in the coming months.

In June 2012, Ukraine will host the European Football Championship together with Poland, with millions of spectators expected to attend from several European countries. Unvaccinated participants and spectators will risk measles infection during the games.

### Influenza - Multistate (Europe) - Monitoring 2011-2012 season

Opening date: 2 December 2011

Latest update: 19 February 2012

## Epidemiological summary

The 2011/2012 influenza season started later than in recent seasons and has been without any clear geographic progression. Medium or high intensity was reported by 18 countries and increasing trends were reported by 19 countries. Of 1 873 sentinel specimens tested, 927 (49.5%) were positive for influenza virus, which is a similar percentage to that observed during the two previous weeks. Of the 2 901 influenza viruses detected from sentinel and non-sentinel sources during week 7/2012, 2 788 (96.1%) were type A and 113 (3.9%) were type B. Of the 1 085 influenza A viruses sub-typed, 1 065 (98.2%) were A(H3) and 20 (1.8%) were A(H1)pdm09.

No resistance to the neuraminidase inhibitors (oseltamivir and zanamivir) has been reported so far this season. The viruses circulating this season have moved genetically and antigenically away from 2011/2012 seasonal vaccine viruses. This has prompted WHO to recommend different vaccine viruses for the 2012/2013 seasonal vaccine.

The national influenza season epidemics in Europe may be approaching their peak in the first affected countries and remain dominated by A(H3) viruses.

Web source: [ECDC Weekly Influenza Surveillance Overview](#)

## **New! Human African trypanosomiasis - Germany & Belgium ex Kenya - tourists returning from Masai Mara**

Opening date: 23 February 2012

Latest update: 23 February 2012

## Epidemiological summary

On 22 February, the European Travel Medicine Network informed ECDC of a case of HAT in a Belgian traveller returning from the Masai Mara, Kenya. On 16 February he fell ill and was diagnosed with HAT after a visit to the Masai Mara from 7 to 9 February 2012. The Masai Mara is a popular tourist destination in Kenya and this is the second case reported in the EU in a month. On 29 January, a German male (61) had fallen ill and had been diagnosed with HAT after returning from a 2-day excursion to the Masai Mara for a safari on 18-19 January 2012.

Though cases of HAT in travellers returning from endemic areas is not unusual, a recent literature review showed that during the period 2000-2010, no HAT cases were reported among international travellers that had visited Kenya.

Websources: [report Belgian case \(ProMed\)](#) | [report German case \(ProMed\)](#) | [Review: Human African Trypanosomiasis in Non-Endemic Countries](#)

## ECDC assessment

Acute rhodesiense trypanosomiasis has to be regarded as a medical emergency, requiring immediate treatment with suramin or, when suramin cannot be obtained within a day, with pentamidine. Treatment delay often results in a rapidly progressive multi-organ dysfunction with high mortality.

The current event does not constitute a direct risk to public health in the EU, yet travellers to the Masai Mara National Reserve in Kenya may be at increased risk. Prevention consists of protection from tsetse fly bites and reduction of the vector population. It is expected that travel clinics and other organisations for medical consultation of international travellers will already be informed about this risk and will incorporate this in their advice to travellers to Kenya, as the information has been shared through public channels such as ProMED.

## **Influenza A(H5N1) - Multistate (world) - Monitoring human cases**

Opening date: 15 June 2005

Latest update: 23 February 2012

## Epidemiological summary

During the period 18-24 February 2012, WHO confirmed two new human cases of avian influenza A(H5N1) virus infection: one case in Indonesia who died on 13 February, and one case in Egypt who is recovering. The Egyptian case had exposure to backyard poultry, but epidemiological investigations are still ongoing for the Indonesian case.

Since 2003, 586 cases (including 346 deaths) have been notified in 15 countries. Of these, eight (including six deaths) were notified in 2012.

Web sources: [ECDC Rapid Risk Assessment](#) | [WHO Avian Influenza](#) | [Avian influenza on ECDC website](#)

## ECDC assessment

The H5N1 virus is fatal to humans in about 60% of cases. Most human infections are the result of direct contact with infected birds, and the World Health Organization notes it has never identified a 'sustained human-to-human spread' of the virus since it re-emerged in 2003. Countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died.

ECDC follows the worldwide A(H5N1) situation through epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC re-assesses the potential of a changing risk for A(H5N1) to humans on a regular basis. There are currently no indications from a human health perspective of any significant change in the epidemiology associated with any clade or strain of the A(H5N1) virus. This is based on the absence of sustained human-to-human transmission, and on the observation that there is no apparent change in the size of clusters or reports of chains of infection. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

## Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 23 February 2012

### Epidemiological summary

The weekly WHO polio update of 22 February 2012 reports five new polio cases. This includes one (WPV1) case with onset of disease in 2011, in Nigeria. Four new polio cases with onset in 2012 were notified: one (WPV1) in Nigeria, one (WPV1) in Afghanistan, and two (one WPV1, one WPV1/WPV3 co-infection) in Pakistan.

In the previous week, WHO's update was not available at the time of publication of the CDTR. A later update indicated the notification of two new polio cases with onset in 2011 (both WPV1 in Nigeria) and two cases with onset in 2012 (both WPV1 in Pakistan).

Eighteen cases have been reported globally so far with onset of disease in 2012.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#)

## ECDC assessment

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

The WHO European Region is polio-free. The last polio cases in the European Union occurred in 2001 when three young Bulgarian children of Roma ethnicity developed flaccid paralysis from WPV. Investigations showed that the virus originated from India. The latest outbreak in the WHO European Region was in Tajikistan in 2010 when WPV1 imported from Pakistan caused an outbreak of 460 reported cases. The last indigenous WPV case in Europe was in Turkey in 1998. An outbreak in The Netherlands in a religious community opposed to vaccinations caused two deaths and 71 cases of paralysis in 1992.

## Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 23 February 2012

### Epidemiological summary

No major new outbreaks or unexpected developments were detected in the world last week. In general, there is currently low dengue activity in the monitored regions, except in some areas of South America.

**Europe:** There have been no autochthonous cases in 2011 or in 2012 to date.

**Africa:** No significant developments reported recently.

**South Asia:** No significant developments reported recently; Pakistan recently started a vigorous awareness campaign in Lahore, because of the current risk in this area.

**South-East Asia:** The latest update from the WHO Western Pacific Regional Office reports relatively low and stable activity in the region; local outbreaks are currently reported mostly in the Philippines and East Timor.

**Pacific:** The health authorities of New Caledonia have reported this week the first confirmed locally acquired case outside the capital area; control measures are ongoing and several additional imported cases from Indonesia and Bali have been identified. This week the local health authorities of Queensland (Australia) have reported the first two locally acquired cases after a year. The cases were identified in the Cairns area, together with nine imported cases.

**South America:** The Brazilian health authorities are reporting a 62% decrease in incidence in early 2012 at national level compared to the same period last year. However, opposite trends are seen in some limited areas. These include Rio de Janeiro, where the carnival celebrations were held earlier this week: this year local health authorities report an increase of 65% in this area and a real risk of epidemics. Paraguay is currently facing an increase in cases, especially in the metropolitan area of Asuncion; several bordering countries, including Argentina, have issued travel alerts. Health authorities in Ecuador have issued a public health alert in 12 out of 24 provinces due to severe floods in recent weeks. Colombia is reporting a significant increase of cases in early 2012. The ongoing increase of cases in Bolivia is now involving additional departments.

**Central America:** The media are reporting local outbreaks, mostly in Guatemala and southern Mexico.

Caribbean: No major developments have been reported.

North America: No recent developments have been reported.

#### Web sources:

[DengueMap CDC/HealthMap](#) | [MedISys dengue](#) | [ProMED dengue latest update](#) | [WHO WPRO latest update](#) | [WHO dengue factsheet update 2012](#) | [ECDC dengue fever factsheet](#)

### 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. Local transmission of dengue was reported for the first time in France and Croatia in 2010 and imported cases were detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

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