COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 38, 16-22 September 2012

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Legionellosis - Spain - 2012 Blanes outbreak

Opening date: 20 September 2012 Latest update: 20 September 2012

An outbreak of Legionnaire's disease is affecting the Spanish town Blanes in Catalonia, on Costa Brava involving Spanish residents and tourists. The media report 14 possible cases.

➔Update of the week

14 associated cases have been reported in the Spanish media.

Salmonella Stanley - Multistate(EU) - 2012 outbreak

Opening date: 19 July 2012 Latest update: 20 August 2012

On 9 July, Belgium reported an outbreak of *Salmonella enterica* serovar Stanley (*S.* Stanley) through the Epidemic Intelligence Information System-FWD platform. Subsequently, Austria, Czech Republic, Germany, Hungary, Slovak Republic and Italy have reported cases of *S.* Stanley sharing the same PFGE pattern as the Belgian outbreak strain. The descriptive epidemiology indicates transmission from a persistent common source or multiple sources in the EU. Contamination early in the production chain of a widely distributed food item is a likely scenario. Food and veterinary investigations are ongoing in Member States and at EU level to identify the source of the outbreak. ECDC and EFSA have completed a joint rapid risk assessment, to be published on 21 September.

➔Update of the week

From 1 August 2011 to 20 September 2012, EU Member States have reported 429 cases of *S.* Stanley on the Epidemic Intelligence Information System (EPIS). Of reported cases, 169 are confirmed to have indistinguishable XbaI-PFGE patterns. The number of new cases per month has been rising progressively since April 2012. The first cases were reported in August 2011.

Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 7 September 2012

Since June 2012, eight autochthonous cases of malaria, caused by *Plasmodium vivax* infection, have been reported from Greece. Local control measures have been implemented in accordance with national guidelines.

➔Update of the week

No additional autochthonous cases were reported since the last update.

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Anthrax - Multistate - Injecting drug users

Opening date: 18 December 2009 Latest update: 20 September 2012

Eleven confirmed cases of anthrax among injecting drug users have been reported in the EU since June 2012: four in Germany, two in Denmark, one in France, and four in the UK (Scotland, England and Wales). Four of these cases have died. These cases follow an outbreak of anthrax in 2009 and 2010 involving 127 injecting drug users in the UK (England and Scotland with five and 119 cases respectively) and Germany (three cases).

➔Update of the week

One new confirmed case was reported between 14 and 20 September from Germany, bringing the total for Germany this year to four.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 12 September 2012

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. More than 30 000 cases were reported in EU Member States in each of the last two years. However, so far in 2012, the number of outbreaks and reported cases in the Member States are significantly lower than during 2010 and 2011. As of 31 July, 5 037 cases of measles were reported to The European Surveillance System in 2012. France, Italy, Romania, Spain and the United Kingdom accounted for 91% of the reported cases.

➔Update of the week

No new outbreaks were detected in EU Member States since the last update.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 19 September 2012

Rubella, caused by the rubella virus and commonly known as German measles, is a usually mild and self-limiting disease and infection which often passes unnoticed. The main reason for immunising against rubella is the high risk of congenital malformations associated with rubella infection during pregnancy. All EU Member States recommend vaccination against rubella with at least two doses of vaccine for both boys and girls. The vaccine is given at the same intervals as measles vaccine as part of the MMR vaccine.

➔Update of the week

No new outbreaks were detected in EU Member States during the past week.

West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012 Latest update: 7 September 2012

West Nile virus is a mosquito-borne disease causing severe neurological symptoms in a small proportion of infected people. During the West Nile virus transmission season (between June and November), ECDC monitors the situation in the EU Member States and in neighbouring countries in order to identify significant changes in the epidemiology of the disease. In 2011, 130 probable and confirmed cases of West Nile fever were reported from the EU Member States and 207 cases in neighbouring countries. The 2012 transmission season is ongoing, with 184 probable and confirmed cases reported in the EU, and 430 cases in neighbouring countries so far.

➔Update of the week

Between 13 and 20 September, Greece has reported 13 new cases; Romania reported one new case; Italy reported 11 new cases; and Hungary reported two new cases. In countries neighbouring the EU: Kosovo reported its first case of WNF; Croatia reported one new case; 36 new cases were notified by various federal regions of Russia; Tunisia reported three new cases; and Israel reported 22 new cases.

Non EU Threats

Influenza A (H3N2)v - USA - 2011-2012 cases

Opening date: 24 November 2011 Latest update: 6 September 2012

Since July 2012, 305 cases of A(H3N2)v infection have been detected in 10 US states. The main risk factor for infection is exposure to pigs, especially in pig fair settings. Previously, between August 2011 and April 2012, 13 isolates with influenza A(H3N2)v were detected in the USA.

➔Update of the week

Nine new cases were reported by US public health authorities (CDC) since the last update.

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

Opening date: 15 June 2005 Latest update: 27 August 2012

The influenza A(H5N1) virus, commonly known as bird flu, is fatal in about 60% of human infections, and sporadic cases continue to be reported, usually after contact with sick or dead poultry from certain Asian and African countries. No human cases have been reported from Europe.

➔Update of the week

WHO reported no new case of human infection with avian influenza A(H5N1) virus since the last update.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 20 September 2012

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50 to 100 million people each year, mainly in the tropical regions of the world. There are no significant recent 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 EU countries where the competent vectors are present.

➔Update of the week

There have been no reports of confirmed autochthonous dengue infections in Europe so far in 2012. The previously reported potential autochthonous case of dengue in the Agrinio region of Greece has not been confirmed by KEELPNO. Intense activity is reported from Central America.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 16 August 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiological patterns. Chikungunya, a viral disease transmitted mainly by *Aedes albopictus* and *Aedes aegypti* has a potential to be established in Europe, due to the presence of these vectors in southern parts of Europe.

➔Update of the week

Since the beginning of the year, no autochthonous cases have been reported in Europe.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 20 September 2012

Polio, a crippling and potentially fatal vaccine-preventable disease mainly affecting children under five years of age, is close to being eradicated from the world after a significant global public health investment and effort. The WHO European Region is polio-free. So far in 2012, 145 cases have been reported worldwide compared to 400 cases during the same period last year.

➔Update of the week

During 15-21 September, nine new polio cases were reported by WHO.

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II. Detailed reports

New! Legionellosis - Spain - 2012 Blanes outbreak

Opening date: 20 September 2012 Latest update: 20 September 2012

Epidemiological summary

The Spanish local Health Authorities are currently investigating an outbreak of Legionnaire's disease affecting Blanes on Costa Brava in Catalonia. As of 19 September, there have been 11 associated cases reported by Spanish authorities, including three Dutch, one Latvian, and one from the United Kingdom. Preliminary investigations point to a community acquired outbreak. The source of the outbreak is still under investigation. The potential sources identified (a campsite water system, two cooling towers close to the campsite and a group of beach showers) have been disinfected and environmental samples have been taken.

ECDC assessment

This is likely a community acquired outbreak affecting also tourists visiting Blanes, Spain. Local control measures are taken and further investigations are ongoing.

Salmonella Stanley - Multistate(EU) - 2012 outbreak

Opening date: 19 July 2012 Latest update: 20 August 2012

Epidemiological summary

From 1 August 2011 to 20 September 2012, EU Member States have reported 429 cases of *S.* Stanley on the Epidemic Intelligence Information System (EPIS), 169 of which confirmed as having an indistinguishable XbaI-PFGE pattern. The number of cases rose progressively and continuously each month from April to August 2012.

Retrospective investigations have revealed that the first cases with the outbreak strain (PFGE profile) were notified in Hungary in August 2011. This was followed by an increase of new cases in January 2012 and a second peak in May 2012.

The median age among probable and confirmed cases is 17 years (range 0 to 87 years) 53% of whom are male. No cases have been reported travelling outside the EU/EEA countries prior to infection.

In Belgium, all the cases are reported from the northern part of the country while the majority of the regions in Austria, Germany, Czech Republic and Hungary have reported cases. Cases have also been reported from Slovak Republic and Italy.

ECDC assessment

The outbreak of *S.* Stanley infections reported is not related to international travel. As cases do not have travel history outside the EU within their period of potential exposure, it strongly suggests a multistate outbreak with exposure currently taking place in the EU. The descriptive epidemiology and the microbiological evidence indicate a transmission originating from a persistent common source or multiple sources in the EU that are contaminated with a single clone of *S.* Stanley. The most recent cases have onset of disease in August; therefore, the outbreak may still be ongoing.

Food and veterinary investigations conducted in Austria, Belgium, Germany, Czech Republic, Poland and Hungary identified an indistinguishable XbaI-PFGE fingerprint and a common resistance to nalidixic acid with concomitant decreased susceptibility to ciprofloxacin, among isolates originating from the turkey production chain (turkeys and turkey meat). Isolates with indistinguishable PFGE patterns were also detected in some cases from broiler flocks (breeding and fattening chicken flocks) and meat from other animal species (broiler meat, beef and pork.)

The epidemiological and microbiological information gathered through the public health and food and veterinary investigations strongly suggest that the turkey production chain is the source of the outbreak. However, the contribution of other food and animal sources, such as beef, pork and broiler meat, to the outbreak cannot be ruled out.

As control measures have not yet been implemented to remove the source of infection and potential food vehicles from the market, it is likely that additional human cases of S. Stanley infections will be reported in the EU Member States.

It is important to highlight that persons working in the food chain at all levels (from production to catering) as well as consumers should be very strict with personal (hand washing) and food hygiene (avoid cross contamination between ready-to-eat and raw

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meat) when handling raw turkey meat.

ECDC, EFSA and the EU Salmonella Reference Laboratory are encouraging all Member States to perform PFGE analysis on food, animal and human S. Stanley isolates from 2011 and 2012 and to submit their data to ECDC (fwd@ecdc.europa.eu). This will provide information on the diversity of S. Stanley in the EU, allowing a more accurate assessment of the situation.

Actions

ECDC updated its rapid risk assessment on 29 August, which was circulated to public health authorities through the Early Warning Response System.

At the EU level, ECDC is facilitating a coordinated response for the investigation related to humans cases by gathering the available epidemiological and microbiological information, supporting investigations in the Member States and liaising with the EC, EFSA and competent food safety partners in the EU.

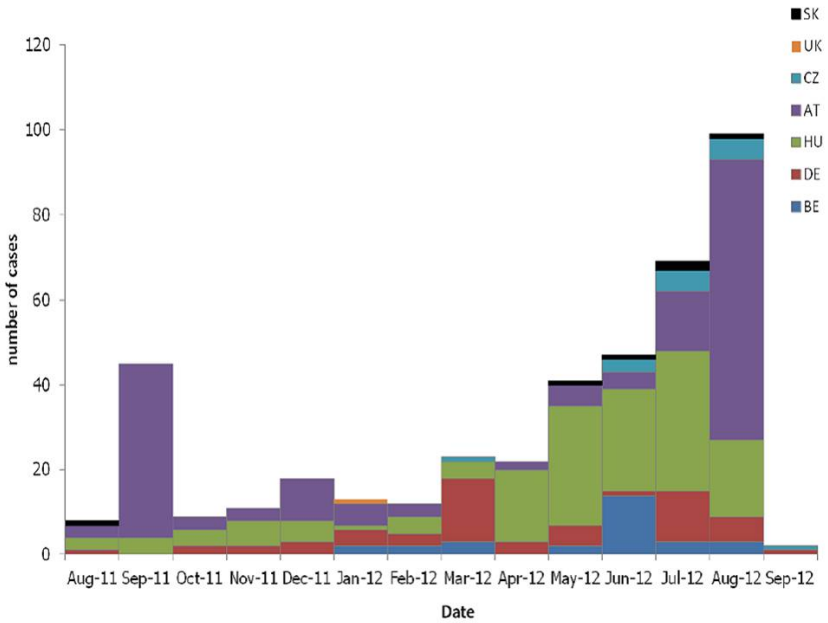
ECDC will continue to closely monitor this event.

Investigations are ongoing regarding the possible source by relevant national food safety/veterinary authorities in close collaboration with the public health authorities. Food safety investigations are coordinated by the EC Directorate General for Health and Consumers in collaboration with EFSA and the EU reference laboratory for Salmonellosis. The investigations focus on:
- comparison by molecular testing of isolates found in humans, feed, food and animals;
- epidemiological links in the food production chain.

A joint risk assessment has been prepared between EFSA and ECDC and will be published on 21 September.

Distribution of cases of Salmonella Stanley by affected Member State and month*, confirmed and probable cases, 1 August 2011 - 18 September 2012 (N=419**)

ECDC



** Month represents month of onset when available, otherwise month of reception of sample at lab if available, otherwise month of diagnosis.*

*** Date is missing for one confirmed and one probable cases*

Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 7 September 2012

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Epidemiological summary

On 22 June, Greece reported the first case this season in a Greek resident who did not report a history of travel to endemic areas in the past five years. He is believed to have been infected during a stay at his summer house in the Marathon area. Onset of symptoms was around 7 June. Laboratory investigation revealed *P. vivax*, confirmed by molecular biology (PCR).

A second case was reported by Greece on 17 July, in a resident of the municipality of Evrotas, Lakonia, the same area where most cases were reported in 2011. Laboratory investigation revealed *Plasmodium vivax*, confirmed by PCR. The patient reported onset of symptoms on 29 June and had not travelled to a malaria-endemic area during the last five years.

On 2 August two new cases of *P. vivax* malaria were notified to ECDC. These involved patients resident in East Attiki, in the Marathon and Markopoulo areas. Subsequently, on 7 August, Greece informally notified ECDC of its fifth and sixth cases, in residents of Evrotas, Lakonia. These four cases were all Greek citizens without travel to malaria endemic countries in the last five years.

Two new locally acquired cases of malaria were reported on 3 September, involving a Moroccan resident of Lakonia and a Greek resident of Markopoulo, East Attiki.

There are now eight autochthonous cases and 42 imported cases reported so far in 2012, all *Plasmodium vivax* infections.

According to the Greek authorities, active screening of neighbours and seasonal immigrants is being carried out to detect malarial infection, and vector control measures are being implemented.

In 2011, autochthonous transmission of malaria was reported from Greece. Between 21 May and 9 December 2011, 63 cases of *P. vivax* infection were reported in Greece, of whom 33 were Greek citizens without travel history to an endemic country. The main affected area was Evrotas, located in the district of Lakonia in Pelloponese, southern Greece. Cases were also reported from the municipalities of Attiki, Evoia, Viotia and Larissa. In addition, 30 cases of *P. vivax* infection in migrant workers were reported from the area of Evrotas.

Web sources: KEELPNO malaria page | KEELPNO report on malaria surveillance, August 2012 (in Greek) | ECDC Epidemiological update: Local case of malaria in Greece | KEELPNO report on second case, July 2012 (in Greek)

ECDC assessment

The Marathon and Evrotas areas are environments well suited for malaria transmission, combining humid zones and intensive agricultural activities. Climatic conditions are now considered favourable for local vector development. Frequent migration and travel patterns from endemic areas of the world provide opportunities for introduction of the parasite into the area. Also in 2011 autochthonous cases occurred in these locations. Considering the time of infections last year, it is possible that more cases will be detected in the coming months.

Actions

ECDC has been requested to provide technical support to the Hellenic Centre for Disease Control and Prevention and is in close communication with them to see where this can best be provided.

ECDC published an epidemiological update.

Greece is currently implementing a "Strategic work programme for malaria control in Greece 2012-2015".

Anthrax - Multistate - Injecting drug users

Opening date: 18 December 2009 Latest update: 20 September 2012

Epidemiological summary

In June 2012, Germany reported two cases of anthrax among injecting drug users (IDU) in Regensburg. One of these cases died. The strain from these cases is reported to be almost identical to the strain from the 2009-2010 outbreak that mostly

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affected Scotland. A third confirmed case, a cutaneous anthrax affecting an IDU, was reported in July in Berlin. Initial molecular typing of *B. anthracis* DNA from this patient suggests that it could be genetically similar to the first two cases in the Regensburg region.

Denmark reported two confirmed (one fatal) and one possible case of cutaneous anthrax in IDUs in July in Copenhagen. The strain from both of the confirmed cases is identical to the 2009 and 2010 outbreak strain.

France informed ECDC of a case of anthrax in a known IDU in June 2012. The strain will be genotyped and compared with those isolated from German patients. Investigations revealed that the heroin used by this case was purchased in France in the Rhône-Alpes region and the patient had no recent history of travel.

The UK reported one case in July 2012 in Lanarkshire, Scotland and a second, fatal case on 17 August in Blackpool, England, a further case on 6 September in Wales. The latest case was reported from Berlin by the RKI on 14 September 2012 in a person who injected heroin.

As of 20 September 2012 the total of anthrax cases among IDUs in the EU for this year is eleven, including four fatalities.

Public Sources: RKI statement on German cases 2012 | Eurosurveillance article on 1st case in 2012 | SSI statement on Danish case | SSI statement on second Danish case | Statement on French case | HPS report on Scottish case 2012 | Last HPA report | RKI report | Last NHS report | NHS publication | RKI serological investigation

ECDC assessment

The conclusions of the rapid risk assessment published by ECDC and EMCDDA in February 2010 and updated on 13 July 2012 remain valid. The risk of exposure to contaminated heroin for IDU remains present, and accidental contamination is the most plausible explanation. The reports of cases of anthrax in IDUs across several countries suggests that contaminated heroin might be circulating across several European countries. The geographical distribution of the contaminated heroin is unknown at this time, but it is possible it has the same source as the contaminated heroin incriminated in the outbreak in 2009 and 2010. The possibility of additional cases among IDUs will be identified in the near future cannot be excluded.

Actions

ECDC and EMCDDA updated their joint rapid risk assessment (RRA) on 13 July, and ECDC published a further epidemiological update on 31 July. The two organisations will work together to produce joint guidance on the prevention of anthrax among IDUs.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 12 September 2012

Epidemiological summary

EU Member States
No new outbreaks or updates were identified this week.

Web sources: ECDC measles and rubella monitoring| ECDC/Euronews documentary| WHO Epidemiological Brief| MedISys Measles page| EUVAC-net ECDC| ECDC measles factsheet

ECDC assessment

Considerably fewer measles cases have been reported in 2012 than during the same period in 2011 primarily due to the dramatic decrease in the number of cases reported from France. There was no increase in the number of cases during the peak transmission season from February to June and there have been very few outbreaks detected by epidemic intelligence methods so far in 2012.

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 include 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.

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Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 19 September 2012

Epidemiological summary

No new outbreaks were identified since the last update.

From 1 January to 31 July 2012, 18 297 cases of rubella were reported by the 26 EU/EEA countries contributing to the enhanced surveillance for rubella compared to 3 672 cases during the same period in 2011. Poland and Romania accounted for 99% of all reported rubella cases. Romania in particular has experienced a significant increase in the number of reported cases compared to the same period in 2011 from 87 to 13 708 cases. Other countries who reported an increased number of rubella cases in 2012 include the UK, Spain and Sweden.

Web sources: ECDC measles and rubella monitoring | WHO epidemiological brief summary tables | ECDC rubella factsheet

ECDC assessment

As rubella is typically a mild and self-limiting disease with few complications, the rationale for eliminating rubella would be weak if it were not for the virus' teratogenic effect. When a woman is infected with the rubella virus within the first 20 weeks of pregnancy, the foetus has a 90% risk of be born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. CRS surveillance plays an important role but because rubella virus can cause a wide range of conditions from mild hearing impairment to complex malformations which are incompatible with life, such surveillance is biased towards the severe end of the spectrum. Routine control of immunity during antenatal care is important for identifying susceptible women who can be immunised after giving birth and for surveillance of the size of the susceptible female population.

The increase in the number of rubella cases reported so far in 2012 compared to 2011 and the potential for an increase in the number of babies born with CRS are of concern.

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to The European Surveillance System (TESSy) and through its epidemic intelligence activities. Twenty-four EU and two EEA countries contribute to the enhanced rubella surveillance. The purpose of the enhanced rubella monitoring is to provide regular and timely updates on the rubella situation in Europe in support of effective disease control, increased public awareness and for the achievement of the 2015 rubella and congenital rubella elimination target.

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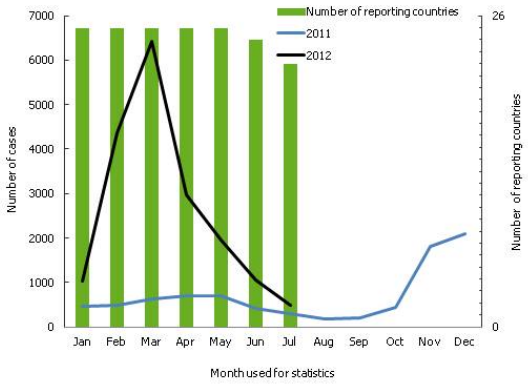
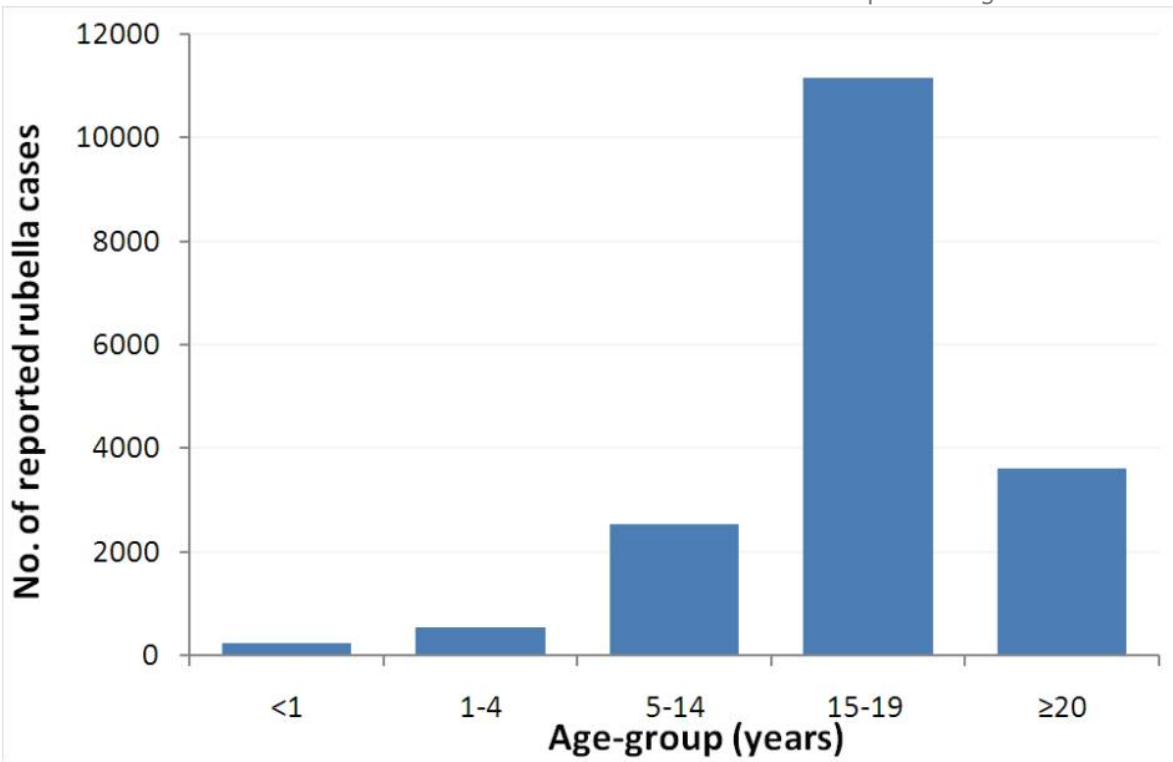
Number of rubella cases in 2011 and 2012 and number of countries reporting in 2012,

ECDC TESSy



Age distribution of reported rubella cases in the WHO European Region

WHO Epidemiological Brief 26 - September 2012



West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012 Latest update: 7 September 2012

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Epidemiological summary

As of 20 September 2012, 184 probable and confirmed human cases of West Nile fever (WNF) have been reported in the EU this season and 430 cases in neighbouring countries.

EU Member States

Greece

Between 7 July and 18 September, Greece reported 142 autochthonous WNF cases in 13 former prefectures. There have been eight WNV associated deaths. One case involves an immuno-compromised patient infected through blood transfusion. A WNV strain of lineage 2, similar to the strain of 2010, has been found in mosquitoes.

Hungary

Two new cases have been reported by Hungary this week – a probable case from Somogy county and a confirmed case in Tolna county. These are newly affected areas. A total of four cases have been reported by Hungary in 2012. The two previously reported cases are from Csongrád and Hajdú-Bihar counties.

Italy

So far this year, the Italian Ministry of Health has notified 16 neuroinvasive cases of WNF - 14 in the Veneto region and two in Oristano, Sardinia. Additionally, enhanced seasonal surveillance within the Veneto Region, including testing of patients reporting fevers and systematic screening of blood donors, has identified eight more cases of confirmed WNV infection. RNA of WNV lineage 1A was detected in several cases. So far this year, affected provinces are: Treviso (two cases), Venezia (18 cases), and Vicenza (two cases); and Oristano (two cases) is newly affected for 2012.

Romania

As of 18 September, Romania has reported 14 WNF cases this year. Bucharest municipality and five districts have been affected so far. Affected areas include: Braila county (two cases), Bucuresti municipality (six cases), Giurgiu county (two cases), Ialomita county (one case), Iasi county (one case), and Ilfov county (two cases).

Neighbouring countries

Kosovo

On 19 September 2012, the first case of WNF was confirmed by Kosovo. The patient was from the Kosovski region (Pristina).

Croatia

Croatia has reported four cases in 2012 - this is the first year that human cases have been reported in Croatia. Affected areas include: Osjecko-Baranjska county, Vukovarsko-Srijemska county, and Brodsko-Posavska county.

Serbia

To date in 2012 a total of 35 probable and confirmed WNF cases in Serbia. ECDC has excluded five of these cases, either due to a recent travel history or laboratory results not being consistent with recent infection. Therefore, ECDC considers the presence of 30 cases in Serbia. Affected areas include: Grad Beograd, Juzno-Banatski district, and Sremski district.

Russia

As of 18 September, regional health authorities have reported 352 cases of WNF in Russia in 10 federal subjects including: Adygeya republic (two), Astrakhanskaya oblast (53), Belgorodskaya oblast (four), Lipetskaya oblast (27), Novosibirskaya oblast (one), Rostovskaya oblast (38), Saratovskaya oblast (four), Tatarstan republic (two), Volgogradskaya oblast (192), Voronezhskaya oblast (29).

Israel and the occupied Palestinian territory

As of 6 September, 37 cases of WNF have been reported from Israel and two cases from the occupied Palestinian territory.

Tunisia

To date in 2012 Tunisia have reported four cases of WNF through the EpiSouth network. Three cases are new this week and are from Kebili Nord, Kebili governorate and Zeramine, Monastir governorate. Further information provided by Tunisia has revealed that a case previously reported to be from the Moknine municipality, Monastir governorate is in fact from Ksar Helal, Monastir governorate.

Websources: ECDC West Nile fever risk maps | ECDC Rapid Risk Assessment (13 July) | MedISys West Nile Disease | ECDC summary of the transmission season 2011 | Official Journal of the EU - Notifiable Diseases | European Commission Case Definitions | EU Blood Directive

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ECDC assessment

West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures by the national health authorities are considered important for ensuring blood safety when human cases of West Nile fever occur. In accordance with the EU Blood Directive, efforts should be made to defer blood donations from affected areas that have ongoing virus transmission.

Actions

On 13 July, ECDC updated its Rapid Risk Assessment concerning the epidemiological situation of West Nile virus infection in the European Union. ECDC produces weekly West Nile fever risk maps to inform blood safety authorities regarding affected areas.

Influenza A (H3N2)v - USA - 2011-2012 cases

Opening date: 24 November 2011 Latest update: 6 September 2012

Epidemiological summary

Until April 2012, 13 human infections with swine-origin influenza A(H3N2)v viruses had been identified since 2009. The new variant is a swine origin influenza A(H3N2) which has acquired the matrix (M) gene from the pandemic influenza A(H1N1). This virus appears to spread more easily from pigs to people than other variant viruses. There are now several outbreaks of H3N2v occurring in a number of US states. As of 14 September 2012, 305 cases have been detected in the US during this year's outbreaks. Most cases occurred in children who had documented contacts with swine, mainly at agricultural fairs. Infection with this virus so far has caused mostly mild symptoms similar to seasonal flu, but like seasonal flu, serious illness with H3N2v infection is possible. Sixteen cases needed hospitalisation including one death in a patient with underlying conditions. Though limited person-to-person spread with this virus has occurred, H3N2v is not spreading readily from person-to-person at this time.

The increase in testing symptomatic people with exposure to pigs increases the likelihood of finding other influenza strains also. On 14 September the US CDC reported a case of variant influenza A(H1N1) carrying the matrix gene from the (H1N1)pdm09 virus. This is the second time this strain has been isolated from humans.

Web sources:ECDC scientific advice|WHO Global Alert and Response (GAR)|CDC |CDC update

ECDC assessment

The recent increase in number of cases is consistent with the conclusions of the ECDC risk assessment published in November and updated in December 2011:

- Sporadic infections and even localised outbreaks of A(H3N2)v infection among people will continue to occur in the US.
- While there is no evidence at this time that sustained human-to-human transmission is occurring, all influenza viruses have the capacity to change and spread widely.
- This variant causes mostly mild disease.
- This variant is susceptible to the neuraminidase inhibitors (oseltamivir and zanamivir) though the current A(H3N2) component of seasonal influenza vaccines is unlikely to provide protection. Older people are likely to have some protection from exposure to earlier vaccines.
- Overall, the immediate threat to human health is currently assessed as low in Europe.

Actions

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ECDC is following the situation closely and is in direct contact with WHO, the US CDC and relevant experts in EU Member States. ECDC and the Community Network of Reference Laboratories (CNRL) have worked to assess and strengthen laboratory capacity in Europe for detecting A(H3N2)v virus. The results indicate that the variant viruses would be detected in most EU countries although some laboratories may not be able to subtype and identify the viruses as variant. In this context, all unsubtypable influenza A viruses need to be rapidly referred to the WHO Collaborating Centre for Reference and Research on Influenza, National Institute for Medical Research, London, UK.

The ECDC Rapid Risk Assessment was updated on 20 August.

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

Opening date: 15 June 2005 Latest update: 27 August 2012

Epidemiological summary

No new cases of human A(H5N1) infection were reported last week.

Worldwide, 30 cases (including 19 deaths) have been notified to WHO since the beginning of 2012.

Web sources: ECDC Rapid Risk Assessment | WHO Avian Influenza | Avian influenza on ECDC website | WHO H5N1 Table

ECDC assessment

Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died. Most human infections are the result of direct contact with infected birds, and countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. 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 that from a human health perspective there is any significant change in the epidemiology associated with any clade or strain of the A(H5N1) virus. This assessment 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.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 20 September 2012

Epidemiological summary

Europe: There have been no reports of confirmed autochthonous dengue infections in Europe so far in 2012. Seasonal surveillance activities are ongoing in several regions in southern France but only imported cases have been reported so far. The previously reported potential autochthonous case of dengue in Greece has not been confirmed by KEELPNO and there are no updates on the ongoing field epidemiological and entomological investigations in the area.

Asia: In the Western Pacific Region of WHO dengue activity is variable. Australia, Cambodia, Lao PDR, Malaysia, Philippines and Vietnam have reported more cases in 2012 than 2011 for the same time period. In Cambodia the increase is 179 percent compared to the same period last year. The trend is now declining in Australia and Cambodia and remains overall low in Malaysia and Singapore. Vietnam and Lao PDR continue to see high activity. In the rest of Asia the West Bengal region of India, including Kolkata, is reporting high number of cases.

Latin America: Intense activity is reported from Central America, especially in Costa Rica, El Salvador and Mexico. For the rest of the region a high, variable but not unexpected situation is reported in almost all countries.

Pacific Ocean: No relevant updates this week.

Caribbean: There is an increase in the number of cases reported in Puerto Rico. The media report more than 40 hospitalised children in Santa Clara in Cuba and a critical situation in Habana.

Web sources:

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DengueMap CDC/HealthMap| MedISys dengue|KEELPNO report potential dengue case | Surveillance PACA France|ProMED dengue Americas latest update | ProMED dengue Asia latest update| Surveillance Languedoc-Roussillon| ECDC dengue fever factsheet| WPRO dengue latest update| Latest PAHO update| Global Strategy for Dengue Prevention and Control WHO

ECDC assessment

Regarding the suspected autochthonous case in Greece, the two positive commercial tests used indicate an acute dengue infection. The introduction of dengue virus to Greece via an infected person is a likely event. *Aedes albopictus* is present in western parts of Greece but presence in the residence area of the case remains to be established. The clinical picture is not typical of severe dengue disease but this does not exclude concomitant dengue infection. Whether the case represents true local transmission and what this represents in terms of risk of further transmission in Greece should be assessed when all relevant laboratory test results, and entomological and epidemiological data have become available. If confirmed in Greece, it would be the first local case in the country since more than 80 years and the first in EU since 2010 (Croatia).

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 are detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

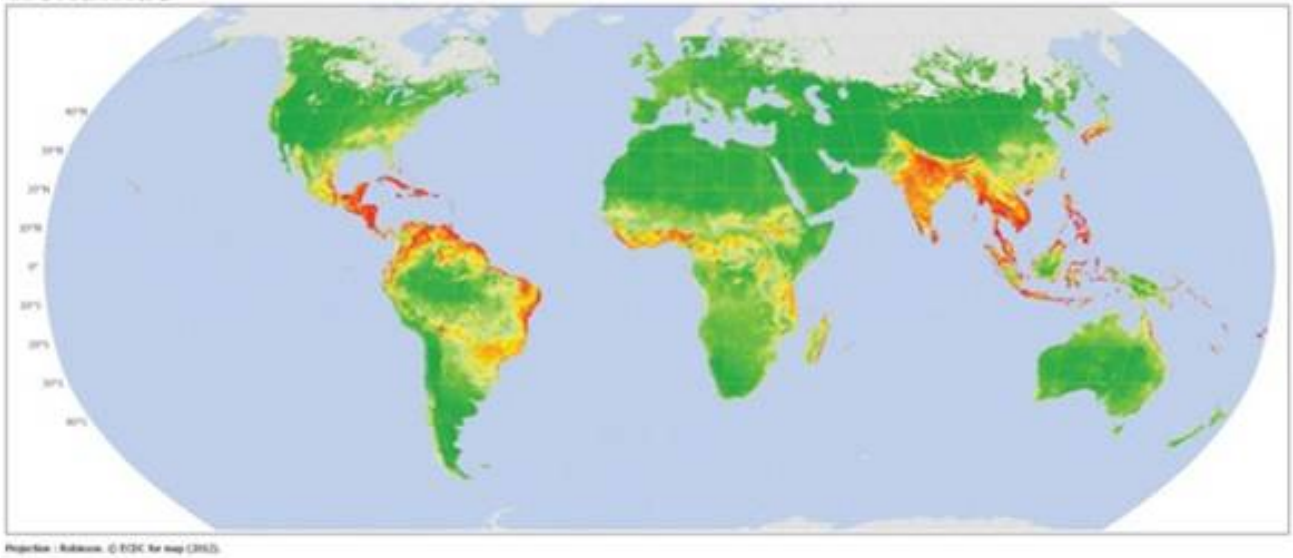
Actions

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

On 7 September an epidemiological update was posted on the ECDC website regarding the suspected autochthonous dengue case in Greece.

test

Worldwide



Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 16 August 2012

Epidemiological summary

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No autochthonous cases have been reported in 2012 so far in Europe. Outside of Europe, no unusual activity has been detected this week.

Web sources: MedISys Chikungunya | ECDC chikungunya fact sheet |

ECDC assessment

Although the geographic range of the virus is primarily in Africa and Asia, there has been a rapid expansion of epidemics over the past decade to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes aegypti*, combined with increased human travel. There is a risk of further importation of the chikungunya virus into previously unaffected areas of the EU by infected travellers.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 20 September 2012

Epidemiological summary

Since the last update nine new cases of polio were reported, all WPV1, five from Pakistan and four from Nigeria. Additionally, two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported from Kano state, Nigeria. Nigeria continues to be the only country in the world affected by transmission of all three serotypes: WPV1, WPV3 and a cVDPV type 2.

Following a report of a cVDPV type 2 case in a Somali refugee camp in Dadaab, Kenya, reported earlier in the CDTR, a further cVDPV2 case was reported from Kismayo, south-central Somalia. An immunisation response is currently being planned in eastern Kenya, to reach more than 800 000 children, including those in the Dadaab refugee camps (target age groups in the camps will be <15 years). A response campaign will be launched targeting 30 000 children in two recently accessible Somali districts adjacent to the Kenya border as well.

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

ECDC assessment

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

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

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