

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2015

Opening date: 2 June 2015

Latest update: 24 September 2015

West Nile fever (WNF) is a mosquito-borne disease which causes severe neurological symptoms in a small proportion of infected people. During the June-to-November transmission season, ECDC monitors the situation in EU Member States and neighbouring countries in order to inform blood safety authorities of WNF-affected areas and identify significant changes in the epidemiology of the disease.

→Update of the week

During the past week, Italy reported 11 new cases, nine from already affected provinces: Bologna (2), Milano (3), Modena (2), Parma (2) and two from the newly affected provinces of Rimini and Rovigo. Hungary reported four new cases from three already affected areas: Budapest (2), Fejer (1) and Hajdu Bihar (1). Romania reported four new cases, one from the already affected Ialomita county and three cases from two newly affected counties: Buzau (2) and Ilfov (1). In neighbouring countries, Israel reported ten new cases from already affected districts: Central District (4), Southern District (2), Northern District (1) and Tel Aviv (3). Russia reported four new cases from the already affected Saratovskaya Oblast. Serbia reported six new cases from the affected areas of Grad Beograd (5) and South Banat District (1).

Non EU Threats

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 17 September 2015

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission of the virus has completely stopped and the world becomes polio-free. Polio was declared a Public Health Emergency of International Concern (PHEIC) on 5 May 2014 due to concerns regarding the increased circulation and international spread of wild poliovirus during 2014. On 17 August 2015, the Temporary Recommendations in relation to PHEIC were extended for another three months.

→Update of the week

There were no new wild poliovirus type 1 (WPV1) cases and circulating vaccine-derived poliovirus (cVDPV) cases reported in the past week.

The Global Commission for the Certification of Poliomyelitis Eradication (GCC) has concluded that wild poliovirus type 2 (WPV2) has been eradicated worldwide. The last detected WPV2 dates to 1999, from Aligarh, northern India.

Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014

Latest update: 24 September 2015

An epidemic of Ebola virus disease (EVD) has been ongoing in West Africa since December 2013, mainly affecting Guinea, Liberia and Sierra Leone. On 8 August 2014, WHO declared the Ebola epidemic in West Africa a Public Health Emergency of International Concern (PHEIC).

→Update of the week

As of 20 September 2015, [WHO](#) has reported 28 331 cases of Ebola virus disease related to the outbreak in West Africa, including 11 310 deaths.

According to the latest [WHO situation report](#) published on 23 September 2015, two confirmed cases of EVD were reported in the week up to 20 September, both from Guinea.

Transmission of the virus is now geographically confined to several small areas in western Guinea and Sierra Leone. A phase-3 response coordinated by the Interagency Collaboration on Ebola will drive case incidence to zero, and ensure a sustained end to Ebola transmission.

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

Opening date: 24 September 2012

Latest update: 17 September 2015

Since April 2012 and as of 24 September 2015, 1 607 cases of MERS have been reported by local health authorities worldwide, including 615 deaths. The source of the virus remains unknown but the pattern of transmission and virological studies point towards dromedary camels in the Middle East being a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

Since 17 September 2015, [Saudi Arabia](#) has reported seven additional cases and four deaths in previously reported cases, Jordan reported two additional cases and Kuwait one fatal case.

Influenza A(H5N1) and other strains of avian flu - Multistate (world) - Monitoring globally

Opening date: 15 June 2005

Latest update: 3 September 2015

The influenza A(H5N1) virus, commonly known as bird flu, is fatal in about 60% of human infections. 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

No new human cases of A(H5N1) reported since the previous WHO update on 17 July 2015.

The latest WHO update on 19 September includes a case of A(H9N2) in a child in Bangladesh diagnosed in February 2015.

Chikungunya- Multistate (world) - Monitoring global outbreaks

Opening date: 9 December 2013

Latest update: 24 September 2015

An outbreak of chikungunya virus infection has been ongoing in the Caribbean since December 2013 and has spread to North, Central and South America. There is a concurrent epidemic of chikungunya in the Pacific region. In Europe, France reported autochthonous cases of chikungunya virus infection in 2014. This was the first time that locally-acquired transmission of chikungunya was detected in France since 2010.

→Update of the week

On 11 September, the Spanish health authorities in Valencia acknowledged that the case of chikungunya reported on 3 August 2015 was a false positive.

According to the latest update from the WHO Pan American Health Organization (WHO PAHO) on 18 September 2015, 10 112 new cases (suspected and confirmed) have been reported in the Caribbean and Americas since 4 September.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 24 September 2015

Dengue fever is one of the most prevalent vector-borne diseases in the world. It affects an estimated 50 to 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 province of Madeira, Portugal, in October 2012, and the autochthonous dengue cases in the south of France in 2014 and 2015, further underline the importance of surveillance and vector control in other European countries.

→Update of the week

There are several ongoing outbreaks of dengue fever across the globe.

II. Detailed reports

West Nile virus - Multistate (Europe) - Monitoring season 2015

Opening date: 2 June 2015

Latest update: 24 September 2015

Epidemiological summary

As of 24 September 2015, 78 cases of West Nile fever in humans have been reported in the EU Member States this season: Italy (51), Romania (11), Austria (6), Hungary (8), Bulgaria (1) and Portugal (1). Ninety-two cases have been detected in neighbouring countries: Israel (64), Russia (16), Serbia (11) and Palestine (1) since the beginning of the 2015 transmission season.

Web sources: [ECDC West Nile fever](#) | [ECDC West Nile fever risk assessment tool](#) | [ECDC West Nile fever maps](#) | [WHO fact sheet](#)

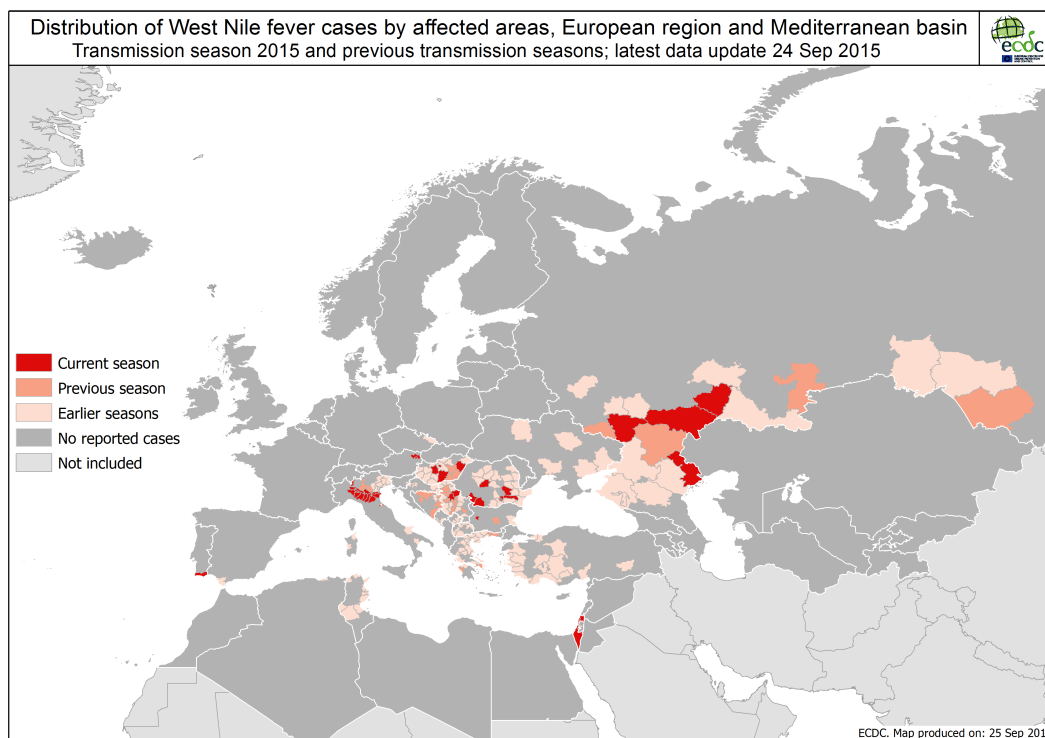
ECDC assessment

WNF in humans is a notifiable disease in the EU. The implementation of control measures is considered important for ensuring blood safety by the national health authorities when human cases of WNF fever occur. According to the [EU Blood Directive](#), efforts should be made to defer blood donations from affected areas with ongoing virus transmission unless donations are tested using individual nucleic acid amplification testing (NAAT).

Actions

ECDC produces weekly WNF maps during the transmission season (June to November) to inform blood safety authorities of WNF affected areas.

Source: ECDC



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 17 September 2015

Epidemiological summary

Worldwide in 2015, 41 wild poliovirus type 1 (WPV1) cases have been reported to WHO so far, compared with 200 for the same

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period in 2014. Since the beginning of the year, two countries have reported cases: Pakistan (32 cases) and Afghanistan (9 cases).

In 2015, 13 cases of circulating vaccine-derived poliovirus (cVDPV) have been reported to WHO so far, compared with 36 for the same period in 2014 from: Madagascar (9), Nigeria (1), Ukraine (2) and Mali (1).

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#) | [Temporary Recommendations to Reduce International Spread of Poliovirus](#) | [WHO Statement on the Sixth Meeting of the International Health Regulations Emergency Committee on Polio](#)

ECDC assessment

Europe is polio-free. The last locally acquired wild-polio cases within the current EU borders were reported from Bulgaria in 2001. The most recent wild-polio outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

The confirmed circulation of wild poliovirus in several countries and the documented exportation of wild poliovirus to other countries support the fact that there is a potential risk of wild poliovirus being re-introduced to the EU/EEA. The highest risk of large poliomyelitis outbreaks occurs in areas with clusters of unvaccinated populations and in people living in poor sanitary conditions, or a combination of both.

References: [ECDC latest RRA](#) | [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?](#) |

Actions

ECDC monitors reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being re-introduced into the EU. Following the declaration of polio as a PHEIC, ECDC updated its [risk assessment](#). ECDC has also prepared a background document with travel recommendations for the EU.

Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014

Latest update: 24 September 2015

Epidemiological summary

Distribution of cases as of 20 September 2015:

Countries with intense transmission:

- **Guinea:** 3 800 cases, of which 3 340 were confirmed; 2 532 deaths.
- **Sierra Leone:** 13 823 cases, of which 8 704 were confirmed; 3 955 deaths.

Countries with previously widespread and intense transmission:

- Liberia: declared Ebola-free on 3 September 2015.

Countries that have reported an initial case or localised transmission:

- Nigeria, Senegal, the USA, Spain, Mali, the UK and Italy.

Situation in West African countries

In **Guinea**, after 14 consecutive days with zero confirmed cases, two new confirmed cases were reported by WHO during the week up to 20 September, both in Conakry. Neither case was a registered contact, and they tested positive for Ebola after post-mortem testing. Both cases have a strong epidemiological link to a probable case thought to have died from EVD at the end of August. According to WHO, investigations incorporating genetic sequencing of Ebola virus from both confirmed cases suggest they are part of the Ratoma chain of transmission, which is the only chain of transmission known to be currently active in Guinea.

In **Sierra Leone**, no new confirmed cases were reported by WHO in the week up to 20 September. Over 700 contacts have been identified in association with the previous week's reported case from Bombali. Preliminary findings suggest that a survivor may

have been the source.

Situation among healthcare workers

No new health worker infections were reported by WHO in the week up to 20 September. There have been 881 confirmed health worker infections reported from Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 513 reported deaths.

Outside of the three most affected countries, 2 Ebola-infected healthcare workers were reported in Mali, 11 in Nigeria, 1 in Spain (infected while caring for an evacuated EVD patient), 2 in the UK (both infected in Sierra Leone), 6 in the USA (2 infected in Sierra Leone, 2 in Liberia, and 2 infected while caring for a confirmed case in Texas) and 1 in Italy (infected in Sierra Leone).

Medical evacuations and repatriations from EVD-affected countries

Since the beginning of the epidemic and as of 25 September 2015, 65 individuals were evacuated or repatriated worldwide from the EVD-affected countries. Of these, 38 individuals were evacuated or repatriated to Europe. Thirteen were medical evacuations of confirmed EVD-infected patients to: Germany (3), Spain (2), France (2), UK (2), Norway (1), Italy (1), the Netherlands (1) and Switzerland (1). Twenty-five asymptomatic persons were repatriated to Europe as a result of exposure to Ebola in West Africa: UK (13), Denmark (4), Sweden (3), the Netherlands (2), Germany (1), Spain (1) and Switzerland (1).

Twenty-seven persons were evacuated to the United States.

No new medical evacuations have taken place since 18 March 2015.

Other news:

WHO: The [Ebola response phase 3: Framework for achieving and sustaining a resilient zero](#) has been published by WHO. This framework incorporates new developments and breakthroughs in Ebola control, from vaccines, diagnostics and response operations to survivor counselling and care.

WHO has assessed and listed the ReEBOV Antigen Rapid Test Kit (Corgenix, USA) as eligible for procurement to Ebola affected countries. According to WHO, "the antigen test is rapid, easy to perform and does not require electricity – it can therefore be used at lower health care facilities or in mobile units for patients in remote settings. The test can provide results within 15 minutes, and is based on detection of the Ebola protein rather than nucleic acid. It is able to correctly identify about 92% of Ebola infected patients and 85% of those not infected with the virus. Where possible, results from ReEBOV antigen Rapid Test Kit should be confirmed by testing a new blood sample using an approved Ebola NAT."

WHO will convene the seventh Meeting of the International Health Regulations (IHR) Emergency Committee concerning Ebola on 1 October 2015 to provide views on whether the Ebola outbreak in West Africa continues to constitute a Public Health Emergency of International Concern (PHEIC) and whether the current temporary recommendations should be extended, or revised and/or additional recommendations should be considered.

Institut Pasteur will open its 33rd lab institute in Conakry to strengthen the surveillance and research on infectious diseases.

Media reported that in order to coordinate regional response to future public health emergencies, the USA has helped establish Emergency Operations Centres (EOC) in the three Ebola-hit West African nations of Guinea, Liberia and Sierra Leone. The centres will serve as central coordination offices in the respective countries for response to an Ebola emergency or any other public health threat.

US: **Media** reported that starting from Monday 21 September, travellers from Liberia will be no longer screened for Ebola. Screening of passengers from Guinea and Sierra Leone will continue, and Liberia will continue to screen passengers leaving the country.

Images

- Epicurve 1: the epicurve shows the confirmed cases in the three most affected countries. In order to better represent the tail of the epidemic, only the data for 2015 are shown.
- Epicurve 2: the epicurve shows the confirmed cases in Guinea and Sierra Leone. In order to better represent the tail of the epidemic, only the data for 2015 are shown.
- Map: this map is based on country situation reports and shows only confirmed cases of EVD in the past six weeks.

Web sources: [ECDC Ebola page](#) | [ECDC Ebola and Marburg fact sheet](#) | [WHO situation summary](#) | [WHO Roadmap](#) | [WHO Ebola Factsheet](#) | [CDC](#) | [Ebola response phase 3: Framework for achieving and sustaining a resilient zero](#) | [ReEBOV Antigen Rapid Test Kit](#) | [Institut Pasteur will open a lab in Conakry](#) | [Emergency Operation Centres in the three affected countries](#) | [Entry screening in US](#)

ECDC assessment

This is the largest-ever documented epidemic of EVD, both in terms of numbers and geographical spread. The epidemic of EVD increases the likelihood that EU residents and travellers to the EVD-affected countries will be exposed to infected or ill persons.

The risk of infection for residents and visitors in the affected countries through exposure in the community is considered low if they adhere to the recommended precautions. Residents and visitors to the affected areas run a risk of exposure to EVD in healthcare facilities.

The risk of importing EVD into the EU and the risk of transmission within the EU following an importation, remains low or very low as a result of the range of risk reduction measures that have been put in place by the Member States and by the affected countries in West Africa. However, continued vigilance is essential. If a symptomatic case of EVD presents in an EU Member State, secondary transmission to caregivers in the family and in healthcare facilities cannot be excluded.

The number of confirmed cases has remained low since the end of July. The introduction of an EVD case into unaffected countries remains a risk as long as cases exist in any country. With adequate preparation, however, such an introduction can be contained through a timely and effective response.

Actions

As of 25 September 2015, ECDC has deployed 93 experts (on a rotating basis) from within and outside the EU in response to the Ebola outbreak. This includes an ECDC-mobilised contingent of experts to Guinea. Furthermore, additional experts are already confirmed for deployment to Guinea over the next few months. On 22 September, ECHO shared the call for French-speaking epidemiologist through the Civil Protection mechanism.

Starting this week, ECDC will publish the update of the epidemiological situation for the Ebola epidemic in West Africa only through the weekly Communicable Disease Threat Report.

The latest (12th) update of the [rapid risk assessment](#) was published on 1 July 2015.

On 31 July 2015, ECDC published [Positive preliminary results of an Ebola vaccine efficacy trial in Guinea](#).

On 22 January 2015, ECDC published [Infection prevention and control measures for Ebola virus disease. Management of healthcare workers returning from Ebola-affected areas](#).

On 4 December 2014, EFSA and ECDC published a [Scientific report assessing Risk related to household pets in contact with Ebola cases in humans](#).

On 29 October 2014, ECDC published a training tool on the [safe use of PPE and options for preparing for gatherings in the EU](#).

On 23 October 2014, ECDC published [Public health management of persons having had contact with Ebola virus disease cases in the EU](#).

On 22 October 2014, ECDC published [Assessing and planning medical evacuation flights to Europe for patients with Ebola virus disease and people exposed to Ebola virus](#).

On 13 October 2014, ECDC published [Infection prevention and control measures for Ebola virus disease: Entry and exit screening measures](#).

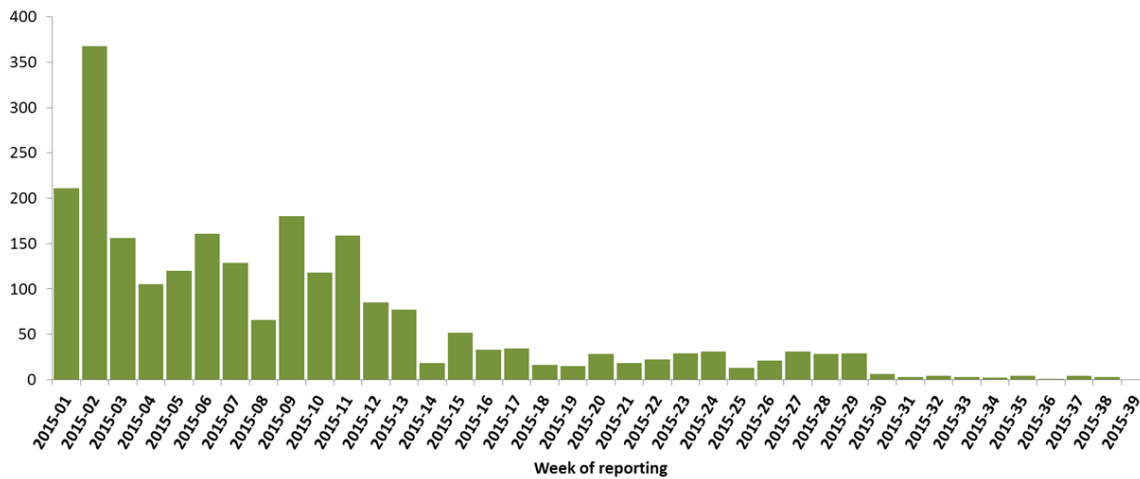
On 6 October 2014, ECDC published [risk of transmission of Ebola virus via donated blood and other substances of human origin in the EU](#).

On 22 September 2014, ECDC published [assessment and planning for medical evacuation by air to the EU of patients with Ebola virus disease and people exposed to Ebola virus](#).

On 10 September 2014, ECDC published an [EU case definition](#).

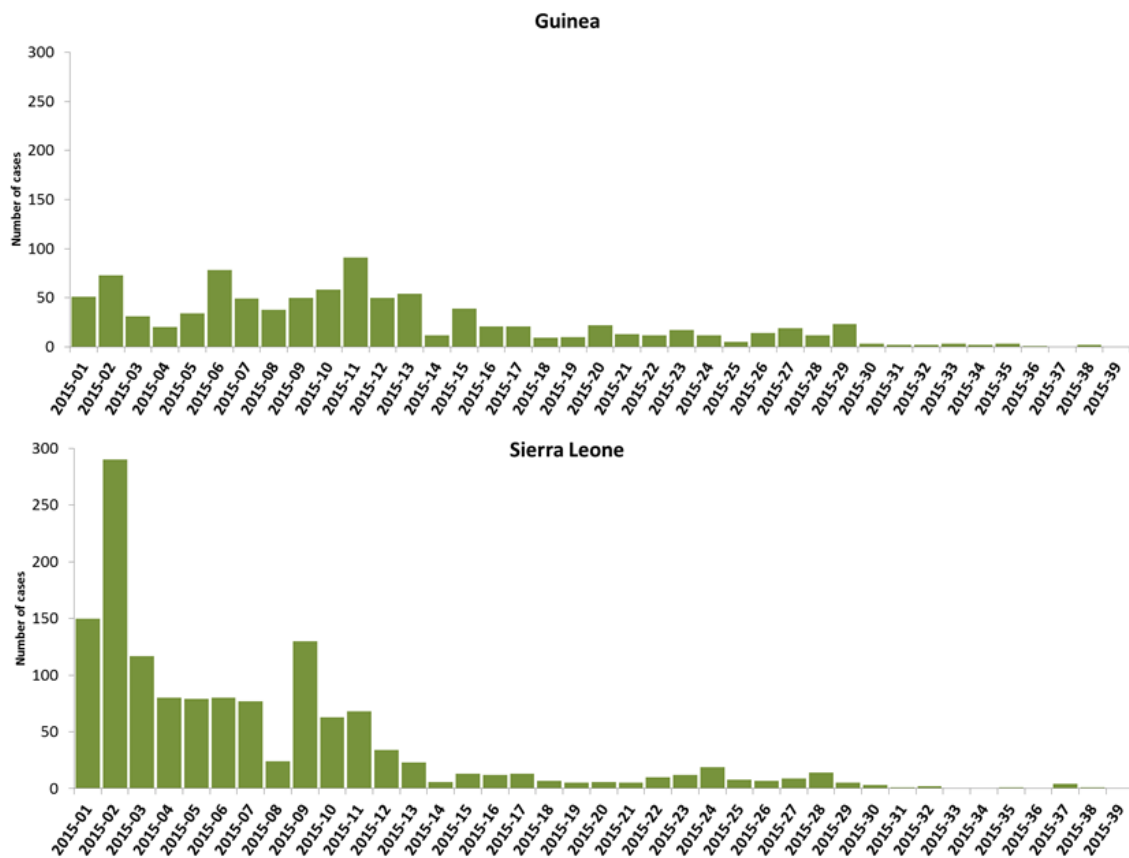
Distribution of confirmed cases of EVD by week of reporting in Guinea, Sierra Leone and Liberia (weeks 01/2015 to 39/2015)

Adapted from WHO figures; *data for week 39/2015 are incomplete



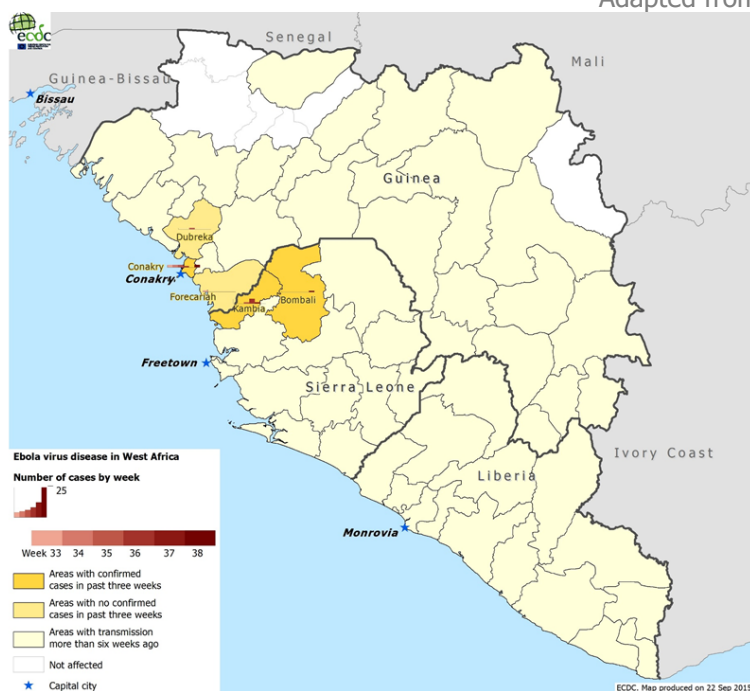
Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (weeks 01/2015 to 39/2015)

Adapted from WHO figures; *data for week 39/2015 are incomplete



Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (as of week 38/2015)

Adapted from national situation reports



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

Opening date: 24 September 2012

Latest update: 17 September 2015

Epidemiological summary

As of 24 September, 1 607 cases of MERS-CoV have been reported by local health authorities worldwide, including 615 deaths.

Saudi Arabia: Among the seven cases reported since the previous CDTR, three occurred in Riyadh, one in Najran, one in Aloyoon and two in Jeddah. Three of the cases were male with ages ranging from 48 to 93 years. One of the cases had camel contact. Four of the cases were female with ages ranging from 27 to 72 years. One of the cases was an asymptomatic expatriate healthcare worker.

Jordan: On 20 September, two additional cases were notified, bringing the number of cases in 2015 to 13. One of the cases is a healthcare worker.

Kuwait: The fatal case reported this week is a 78-year-old camel owner from Kuwait City with onset of symptoms on 8

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September. He was hospitalised five days later and died on 19 September. He had no known exposure to MERS-CoV cases 14 days before his illness. This is the fourth case reported from Kuwait and the first since March 2014.

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](#) | [Saudi Arabia statement](#) | [ECDC factsheet for professionals](#)

ECDC assessment

The MERS outbreak in the Middle East poses a low risk to the EU. Efforts to contain the nosocomial clusters in the affected countries are vital to prevent wider transmission. Although sustained human-to-human community transmission is unlikely, secondary transmission to unprotected close contacts, especially in healthcare settings, remains possible, as documented in a recent outbreak in South Korea.

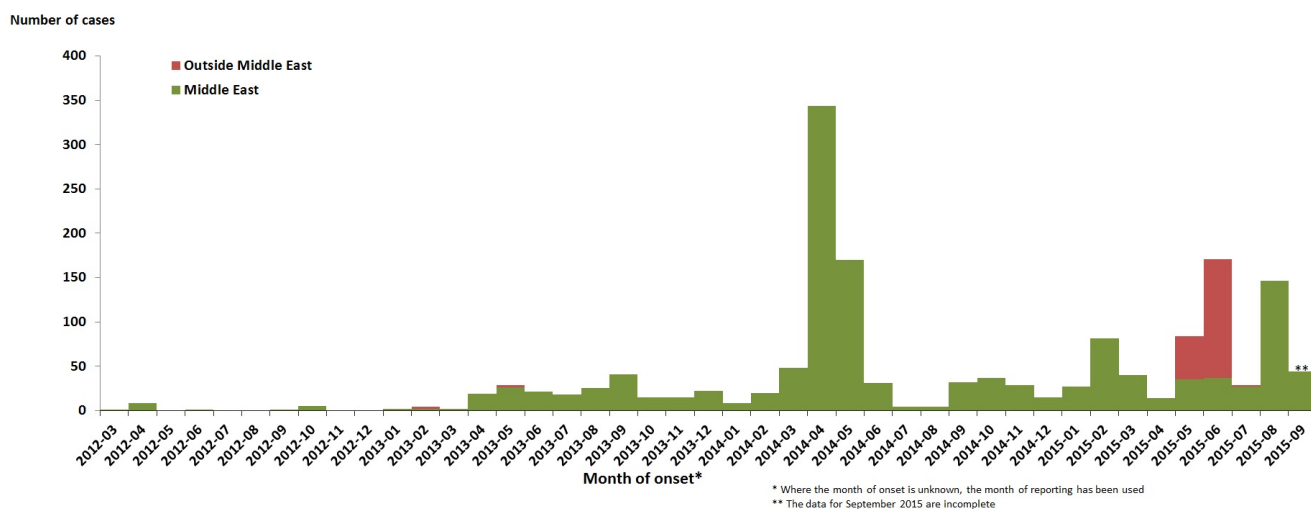
Countries should [advise travellers](#) returning from countries affected by MERS to seek medical attention if they develop a respiratory illness with fever and cough during the two weeks after their return and to disclose their recent travel history to the healthcare provider. Travellers, especially those with pre-existing medical conditions, should be reminded of the importance of good hand and food hygiene, and to avoid contact with sick people. Travellers to the Arabian Peninsula should avoid close contact with camels, visiting farms and consuming unpasteurised camel milk, urine or improperly cooked meat.

Actions

ECDC published a [rapid risk assessment](#) on 27 August 2015 and an [epi-update](#) on 2 September 2015.

Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 24 September 2015 (n=1 607)

Source: ECDC



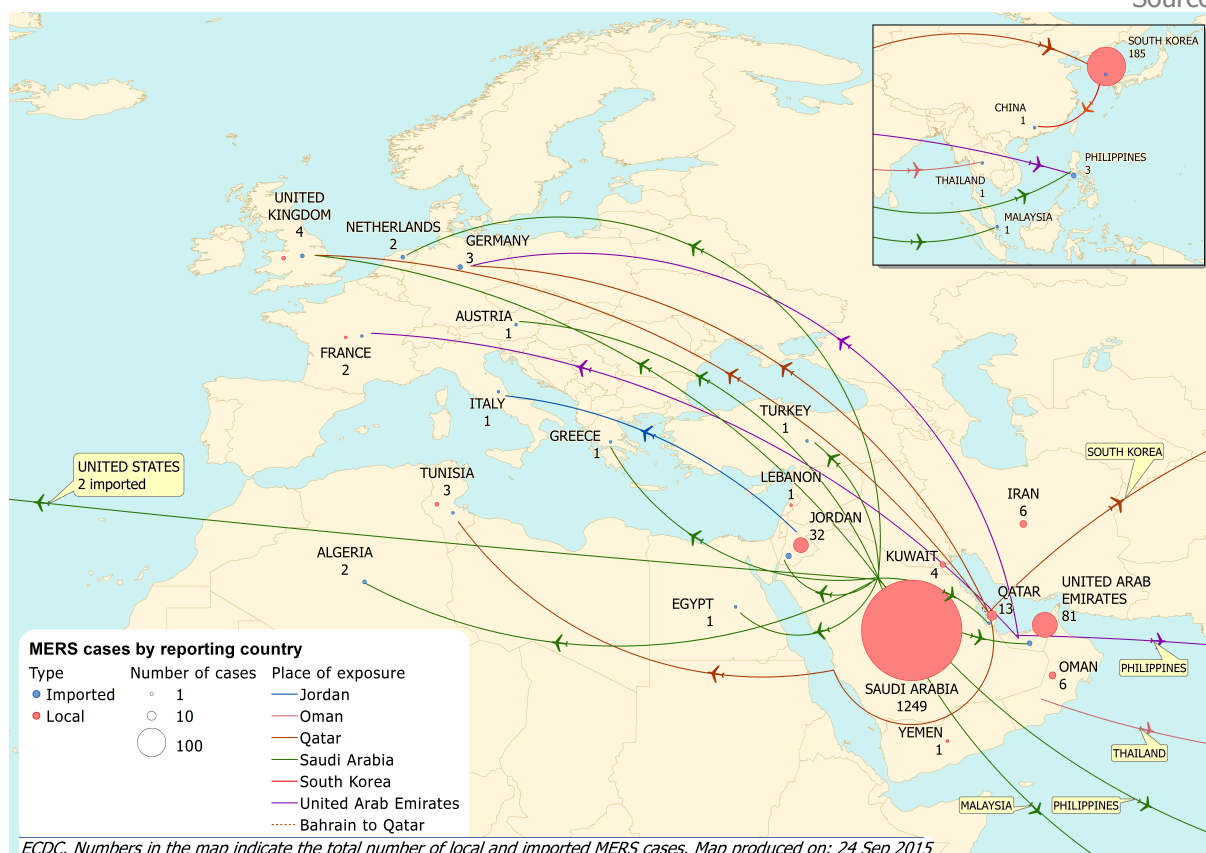
Distribution of confirmed cases of MERS-CoV by country of reporting, March 2012 – 24 September 2015 (n=1 607)

Source: ECDC

Region	Country	Number of cases	Number of deaths
Middle East	Saudi Arabia	1249	532
	United Arab Emirates	81	11
	Qatar	13	5
	Jordan	32	12
	Oman	6	3
	Kuwait	4	2
	Egypt	1	0
	Yemen	1	1
	Lebanon	1	0
	Iran	6	2
Europe	Turkey	1	1
	UK	4	3
	Germany	3	2
	France	2	1
	Italy	1	0
	Greece	1	1
	Netherlands	2	0
	Austria	1	0
Africa	Tunisia	3	1
	Algeria	2	1
Asia	Malaysia	1	1
	Philippines	3	0
	South Korea	185	36
	China	1	0
	Thailand	1	0
Americas	United States of America	2	0

Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 24 September 2015 (n=1 607)

Source: ECDC



Influenza A(H5N1) and other strains of avian flu - Multistate (world) - Monitoring globally

Opening date: 15 June 2005

Latest update: 3 September 2015

Epidemiological summary

Update: No new update from WHO on human cases of influenza A(H5N1) virus since 17 July 2015.

Summary: From 2003 through 4 September 2015, 844 laboratory-confirmed human cases of avian influenza A(H5N1) virus infection have been officially reported to WHO from 16 countries. Of these cases, 449 have died.

Human infection with an avian influenza A(H9N2) virus in Bangladesh

One laboratory-confirmed case of human infection with an avian influenza A(H9N2) virus was reported to WHO from Bangladesh in February 2015 in a three and a half-year-old girl who developed mild illness and recovered. The case had close contact with

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poultry. No further cases were detected among her close contacts.

This is the second case of human infection with an avian influenza A(H9N2) virus reported to WHO from Bangladesh. The previous case occurred in 2011. Avian influenza A(H9N2) viruses are known to be circulating in poultry populations in Bangladesh.

Outbreaks in birds

Various influenza A(H5) subtypes, such as influenza A(H5N1), A(H5N2), A(H5N3), A(H5N6) and A(H5N8), continue to be detected in birds in West Africa, Asia, Europe, and North America, according to reports received by OIE.

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

ECDC assessment

Most human infections of A(H5N1) are the result of direct contact with infected birds or contaminated environments, and countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. Therefore, additional human cases are not unexpected. There are currently no indications of a significant change in the epidemiology associated with any clade or strain of the A(H5N1) virus from a human health perspective. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

Although an increased number of animal-to-human infections was reported by Egypt during the first half of 2015, this increase is not thought to be related to virus mutations but rather to more people becoming exposed to infected poultry.

Various influenza A(H5) and A(H7) subtypes, such as influenza A(H5N1), A(H5N2), A(H5N3), A(H5N6), A(H5N8), A(H5N9) and A(H7N3), have recently been detected in birds in West Africa, Asia, Europe, and North America, according to the World Organisation of Animal Health (OIE). Although these influenza viruses might have the potential to cause disease in humans, to date, there have been no reported human infections with these viruses with the exception of human infections with influenza A(H5N1) and A(H5N6) viruses. The risk to people from these infections in wild birds, backyard flocks and commercial poultry is considered to be low.

Actions

ECDC monitors the worldwide A(H5N1) situation through epidemic intelligence activities on a monthly basis 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.

ECDC published a [Rapid Risk Assessment](#) covering A(H5N1) in Egypt on 13 March 2015.

ECDC published an [epidemiological update](#) about A(H5N1) in Egypt on 10 April 2015.

Chikungunya- Multistate (world) - Monitoring global outbreaks

Opening date: 9 December 2013

Latest update: 24 September 2015

Epidemiological summary

Europe

Spain

On 11 September, the [Spanish health authorities](#) in Valencia acknowledged that the case of chikungunya reported on 3 August 2015 was a false positive. Laboratory investigation conducted by the National Reference laboratory in Madrid did not confirm the initial results. All of the 21 chikungunya cases reported in Valencia province so far in 2015 were imported from an endemic area. As of 11 September 2015, there is no evidence of autochthonous chikungunya transmission in Valencia.

France

Between 1 May and 21 September 2015, 23 imported cases of chikungunya virus infection were reported in France in the areas where the vector is present. No autochthonous cases of chikungunya were notified, according to [InVS](#).

Americas

Chikungunya cases in the Caribbean and the Americas continued to moderately increase during the past couple of weeks. According to the latest update from the [WHO Pan American Health Organization \(WHO PAHO\)](#) on 18 September 2015, 10 112 new cases (suspected and confirmed) have been reported since 4 September. Since the beginning of the year and as of 18 September 2015, PAHO has reported 574 420 suspected and confirmed cases of chikungunya virus infection and 62 deaths in the

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WHO Region of the Americas. The cumulative number of cases has reached 1 722 188 since the start of the epidemic in December 2013.

Colombia and **Mexico** reported the highest number of cases in the past two weeks with 7 418 and 1 746 new cases reported respectively.

Pacific region

As of 22 September 2015, there are ongoing outbreaks on Marshall Islands, Cook Islands and American Samoa, according to the [Pacific Public Health Surveillance Network](#).

Web sources: [PAHO update](#) | [ECDC Chikungunya](#) | [WHO Factsheet](#) | [Medisys page](#) |

ECDC assessment

The outbreaks are still ongoing in the Caribbean and the Americas. The vector is endemic in these regions, where it also transmits dengue virus. Continued vigilance is needed to detect imported cases of chikungunya in tourists returning to the EU from these regions.

Europe is vulnerable to the autochthonous transmission of chikungunya virus. The risk for onward transmission in Europe is linked to importation of virus by viraemic patients in areas with competent vectors (*Aedes albopictus* in mainland Europe, primarily around the Mediterranean, and *Aedes aegypti* on Madeira). Autochthonous transmission from an imported viraemic chikungunya case is possible during the summer season in the EU .

Actions

ECDC published an [epidemiological update](#) on 16 September regarding the false positive case of chikungunya in Valencia province, Spain. Despite the fact that autochthonous transmission has not been confirmed in Spain the conclusions of ECDC's [rapid risk assessment](#) published on 24 August remain valid.

ECDC monitors the global chikungunya situation on a bi-weekly basis.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 24 September 2015

Epidemiological summary

Europe

As of 17 September 2015, **France** has reported six confirmed autochthonous dengue cases in Nîmes, Languedoc-Roussillon. All cases are from the same neighbourhood where the vector is present, with dates of onset between 8 August and 10 September 2015, according to [InVS](#).

Asia

In **India**, dengue cases continue to rise in the capital Delhi with 1 900 cases reported in the past week alone and nearly 3 800 cases reported so far this year, according to [media](#) quoting the Ministry of Health. Overall, cases in Delhi and Punjab have more than doubled in 2015 compared with the same time period last year but there has been a significant decline in other states, particularly in Maharashtra, West Bengal, Madhya Pradesh, Orissa and Gujarat. There has been a rapid rise in the incidence of dengue in **Bangladesh** with 1 400 cases reported since the beginning of 2015 compared with 375 cases last year. Of the total cases reported so far this year, most were reported in Dhaka city, according to the latest [ECHO Daily Flash report](#). In **China**, Guangdong Province has reported 791 dengue cases so far this year, according to [media](#) quoting the Guangdong Provincial Health and Family Planning Commission. Last year, Guangdong Province reported the majority of China's 46 000 dengue cases, including more than 35 000 in the capital, Guangzhou. **Taiwan** has recorded more than 13 000 dengue cases since May with the majority of cases reported in Tainan and Kaohsiung. However, there has been a recent decline in the number of weekly recorded cases in Tainan, according to [media](#) quoting the Taiwan Centre for Disease Control.

Middle East

In **Yemen**, a large spike in dengue fever cases was recorded in Taiz governorate during the last two weeks of August with 421 cases reported up to 25 August 2015, according to the [United Nations World Health Organization](#).

Caribbean

In the **Dominican Republic**, the Ministry of Health has issued a dengue alert following a rise in the number of dengue cases recorded across the country. As of 18 September, more than 5 200 cases have been reported in 2015 which is nearly 800 cases more compared to the same time period last year, according to [media](#) quoting the Ministry of Health. In **Puerto Rico**, the weekly number of suspected cases reported in weeks 33 and 34 remained below the epidemic threshold. As of 16 September, 1 179 suspected cases and 30 confirmed cases have been reported so far in 2015. DENV-2 has been the predominant serotype in the last eight weeks, according to the [US CDC](#).

Americas

According to the latest update from the [WHO Pan American Health Organization \(WHO PAHO\)](#) as of 18 September 2015, 2 230 693 probable and confirmed cases of dengue virus infection and 795 deaths, have been reported so far this year in the WHO Region of the Americas.

Pacific Islands and Australia

In the Pacific, there remains active circulation of DENV-2 in Fiji, DENV-3 in Samoa, American Samoa and Solomon Islands and DENV-1 in New Caledonia, according to the [Pacific Public Health Surveillance Network](#). In Australia, there is an ongoing DENV-1 outbreak in Townsville, according to [Queensland Health](#).

Africa

No data available.

Web sources: [ECDC Dengue](#) | [Healthmap Dengue](#) | [MedISys](#) |

ECDC assessment

The autochthonous transmission of dengue fever in the south of France during 2014 and 2015 highlights the risk of locally-acquired cases occurring in countries where competent vectors are present. This underlines the importance of surveillance and vector control in European countries that have competent vectors.

Actions

ECDC has published a technical [report](#) on the climatic suitability for dengue transmission in continental Europe and [guidance for the surveillance of invasive mosquitoes](#).

ECDC monitors the dengue situation worldwide on a monthly basis.

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