COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 35, 23-29 August 2015

All users

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: 27 August 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, no new human cases were detected in EU Member States. In neighbouring countries, Israel reported seven new cases from already affected districts: Tel Aviv (3) and Central District (4).

Monitoring environmental suitability of Vibrio growth in the Baltic Sea – Summer 2015

Opening date: 6 July 2015 Latest update: 27 August 2015

ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea (ECDC E3 Geoportal).

➔Update of the week

As of 27 August, the environmental conditions for Vibrio growth for the next five days are considered suitable at a very low to low level in the southern part of the Baltic Sea, particularly around Zinnowitz and Swinoujscie (the border area of Poland and Germany).

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Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 27 August 2015

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many EU countries where vaccination uptake remains below the level required to interrupt the transmission cycle. Elimination of measles requires consistent vaccination uptake above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

➔Update of the week

In the EU, since the last monthly update, Germany reported additional cases in Berlin.

In the rest of the world, measles outbreaks are reported from Mongolia, China, Sudan, DRC, Iraq and Australia.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 27 August 2015

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease 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 the measles vaccine as part of the MMR vaccine.

➔Update of the week

No outbreaks have been detected in EU Member States since the last monthly update.

Non EU Threats

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 27 August 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

During the past week, one new case of wild poliovirus type 1 (WPV1) has been reported in Afghanistan.

Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014 Latest update: 27 August 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 23 August 2015, WHO has reported 28 041 cases of Ebola virus disease related to the outbreak in West Africa, including 11 302 deaths.

According to the latest WHO situation report published on 26 August 2015, three confirmed cases of EVD were reported in the week up to 23 August, all reported from Guinea. For the second consecutive week, no new confirmed cases have been reported from Sierra Leone. Liberia has reported no new cases.

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

Opening date: 24 September 2012 Latest update: 27 August 2015

Since April 2012 and as of 27 August 2015, 1 517 cases of MERS have been reported by local health authorities worldwide, including 578 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 20 August, Saudi Arabia has reported 43 additional cases and 21 deaths in previously reported cases. Jordan has reported two cases with recent travel history to Saudi Arabia.

Chikungunya- Multistate (world) - Monitoring global outbreaks

Opening date: 9 December 2013 Latest update: 27 August 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 area. In Europe, France reported autochthonous cases of chikungunya virus infection in 2014. This was the first time since 2015 that locally-acquired transmission of chikungunya was detected in France since 2010. In August 2015, the first chikungunya case without travel history to endemic areas was reported in Spain.

➔Update of the week

No new autochthonous cases were detected in EU Member States.

According to the latest update from the WHO Pan American Health Organization (WHO PAHO) on 21 August 2015, 40 535 new chikungunya cases (suspected and confirmed) have been reported in the Americas during the past two weeks.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 27 August 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.

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II. Detailed reports

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

Opening date: 2 June 2015 Latest update: 27 August 2015

Epidemiological summary

Since the beginning of the 2015 transmission season and as of 27 August, 13 human cases of WNF have been reported in EU Member States: Italy (8), Romania (2), Bulgaria (1), Hungary (1) and Austria (1). Seventeen cases have been detected in neighbouring countries: Israel (16) and Serbia (1).

Web sources: ECDC West Nile fever | ECDC West Nile fever risk assessment tool | ECDC West Nile fever maps | WHO fact sheet

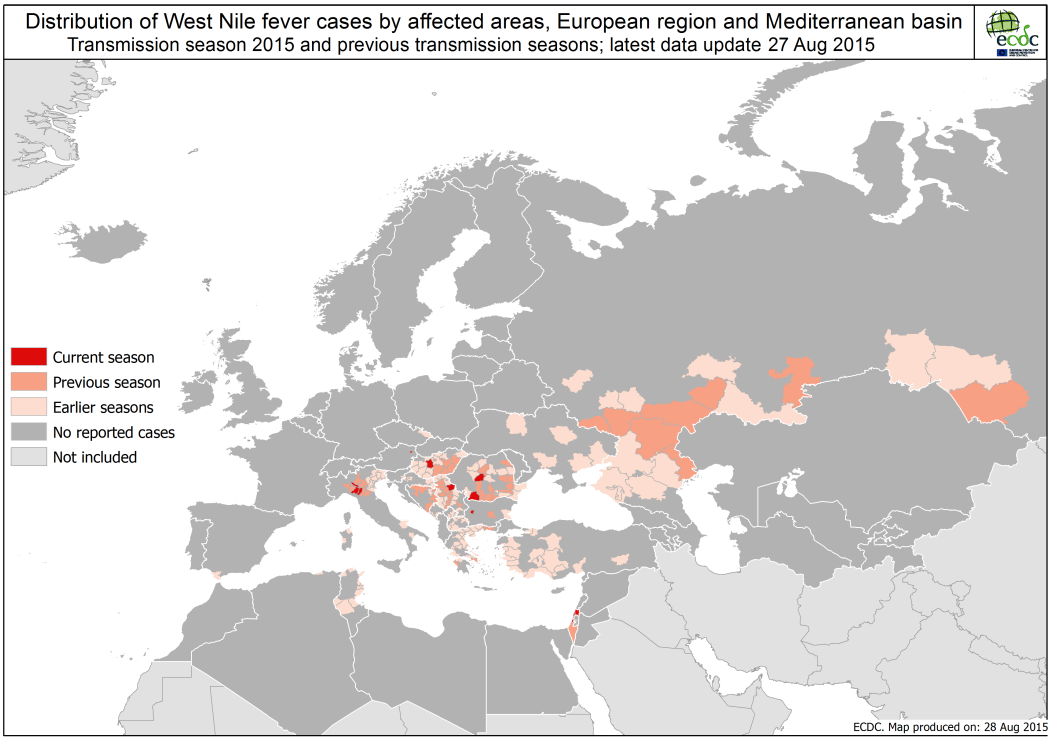
ECDC assessment

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



Monitoring environmental suitability of Vibrio growth in the Baltic Sea – Summer 2015

Opening date: 6 July 2015 Latest update: 27 August 2015

Epidemiological summary

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In late June 2015, the *Vibrio* suitability tool on the ECDC E3 Geoportal helped ECDC to ascertain favourable environmental factors for *Vibrio* growth.
On 3 July 2015, ECDC launched an Urgent Inquiry (UI) in EPIS-FWD after detecting elevated sea surface temperatures (according to the National Oceanic and Atmospheric Administration, NOAA) in the Baltic Sea (as of 2 July 2015).

ECDC assessment

Elevated sea surface temperatures in marine environments with low salt content provide ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. In contrast, open ocean environments do not offer appropriate growth conditions for these bacteria due to the high salt content, low temperatures, and limited nutrient content. These *Vibrio* species, particularly *V. parahaemolyticus, V. vulnificus* and non-toxigenic *V. cholera,* can cause vibriosis infections.
Vibriosis in humans caused by these species in the Baltic region have occurred in the past during hot summer months, particularly when the sea surface temperature has been elevated. The most common clinical manifestations are gastroenteritis (with nausea, vomiting, and diarrhoea), wound infections (exposure of a cut, wound, or abrasion to contaminated seawater), primary septicaemia, and otitis externa (swimmer's ear). Risk factors for illness include consumption of shellfish, particularly raw oysters and contact with natural bodies of water, especially marine or estuarine waters.

Actions

ECDC launched an UI in EPIS-FWD to inform the FWD network about the elevated surface water temperatures measured in the Baltic Sea, which create a favourable environment for the growth of *Vibrio* bacteria. ECDC will monitor this threat on a weekly basis during the summer of 2015 and report on increased environmental suitability for growth of *Vibrio* bacteria.

The *Vibrio* suitability tool is available on the ECDC E3 Geoportal. Please note that this model has been calibrated to the Baltic region in northern Europe and might not be compatible with other regional settings prior to validation.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 27 August 2015

Epidemiological summary

EU Member States

France *-update*
The Institute for Public Health Surveillance (InVS) reported 365 measles cases between 1 January and 31 July 2015. Among these cases, 230 (63%) are linked to an outbreak in Alsace between March and July 2015

Germany - update
Health authorities reported six additional cases between 10 and 17 August 2015 in Berlin, bringing the number of cases to 1 357 cases since the declaration of the outbreak in week 41 in 2014. Among these cases, 352 (26%) have been hospitalised and one has died.

Rest of the world
Mongolia
According to the media, Mongolia reported 17 580 measles suspected cases during the first six months of 2015. This is a significant increase compared with the same time period last year when Mongolia reported 86 cases. Among these cases, WHO reports that 746 confirmed cases were notified between March and June 2015. WHO declared Mongolia measles-free in June 2014.
On 22 August 2015, media reported an imported case of measles in Japan who recently travelled in Mongolia.

Australia
As of 22 August, six cases of measles have been reported in South East Queensland after they were exposed to a measles case at the University of Queensland's St Lucia campus, according to Queensland Health authorities.

Iraq
According to media, the number of measles cases has increased this year compared to previous years. During the first six months of the year, 976 cases have been reported so far in 2015 compared with 834 cases in 2014 and 603 cases in 2013 for the same time period.

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DRC – Katanga
During the first six months of the year, more than 20 000 measles cases have been reported by OCHA. The main affected territories are in north Katanga where local conflicts are jeopardising prevention and control measures.

Sudan
WHO reported 5 212 measles cases in Sudan during the first six months of 2015. Among them, 2 896 are confirmed cases and 43 have died.

China
During the first six months of the year, WHO reported 32 292 cases in China compared with 9 708 cases notified in 2014 for the same time period.

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

ECDC assessment

During the 12-month period from July 2014 to June 2015, a total of 4 224 cases were reported by 30 EU/EEA countries.
The target for measles elimination in Europe has not been reached in 2015 due to continuing endemic measles transmission in many EU Member States.

Actions

ECDC monitors measles transmission and outbreaks in EU and neighbouring countries in Europe on a monthly basis through enhanced surveillance and epidemic intelligence activities.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 27 August 2015

Epidemiological summary

Twenty-eight EU/EEA countries reported a total of 2 808 rubella cases during the period July 2014 to June 2015. Twenty-one countries reported consistently for the 12-month period.

In 18 of the countries reporting consistently, the rubella notification rate was less than one case per million population, including 11 countries reporting zero cases during the 12-month period.

Poland accounted for 93.9% of all reported rubella cases in the 12-month period. Data were reported in an aggregated format. The highest number of cases was observed in 5–9- and 1–4-year-olds. 28.5% of the cases were unvaccinated. However, this figure needs to be interpreted with caution as only 37 cases were confirmed through laboratory testing.

Web sources: ECDC measles and rubella monitoring | ECDC rubella factsheet | WHO epidemiological brief summary tables | WHO epidemiological briefs |Progress report on measles and rubella elimination |Towards rubella elimination in Poland

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 being born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. The increase in the number of rubella cases reported in Romania and Poland during the last two years and the number of babies born with CRS are cause for concern. Rubella occurs predominantly in age and sex cohorts historically not included in vaccination recommendations. To achieve rubella elimination, supplemental immunisation activities in these cohorts are needed.

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to The European Surveillance System and through its epidemic intelligence activities on a monthly basis. Twenty-four EU and two EEA countries contribute to the enhanced

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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 the achievement of the 2015 rubella and congenital rubella elimination target.

An ECDC report is available online: Survey on rubella, rubella in pregnancy and congenital rubella surveillance systems in EU/EEA countries

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 27 August 2015

Epidemiological summary

Worldwide in 2015, 37 wild poliovirus type 1 (WPV1) cases have been reported to WHO so far, compared with 148 for the same period in 2014. Since the beginning of the year, two countries have reported cases: Pakistan (29 cases) and Afghanistan (8 cases).

In 2015, ten cases (nine in Madagascar and one in Nigeria) of circulating vaccine-derived poliovirus (cVDPV) have been reported to WHO so far, compared with 31 for the same period in 2014. The cases in Madagascar are genetically linked to a case reported in September 2014, indicating prolonged and widespread circulation of the virus.

On 17 August, WHO announced that the international spread of polio remains a Public Health Emergency of International Concern (PHEIC) and the Temporary Recommendations (as revised) were extended for three more months.

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 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: 27 August 2015

Epidemiological summary

Distribution of cases as of 23 August 2015:

Countries with intense transmission:

- **Guinea:** 3 792 cases, of which 3 335 were confirmed; 2 527 deaths.

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- **Sierra Leone:** 13 541 cases, of which 8 697 were confirmed; 3 952 deaths.
- **Liberia:** 10 672 cases, of which 3 157 are confirmed as of 20 August. Six confirmed cases including two deaths have been reported since the end of June 2015 when the country was declared Ebola free.

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**, WHO reported three new confirmed cases (all identified in Ratoma area, Conakry) in the week up to 23 August, for the second consecutive week. The first case was a taxi driver and he was not a registered contact. WHO reported that he could have worked in Conakry while symptomatic. A health worker who was treating the taxi driver at a private clinic, also tested positive for EVD. Over 40 contacts from the private clinic and household have been identified so far. The last case was a registered contact of a previous case in Conakry, but was lost to follow-up. Investigations suggest she travelled outside Conakry to consult a traditional healer in the prefecture of Dubreka before her death. She was subsequently identified as an EVD-positive community death after post-mortem testing. According to WHO, 600 contacts were under follow-up on 23 August in four prefectures (Conakry, Coyah, Dubreka, and Forecariah).

In **Sierra Leone**, WHO reported no new confirmed cases in the week up to 23 August. This is the second consecutive week without new confirmed cases in Sierra Leone. The last case of EVD completed treatment and was discharged on 24 August, after testing negative twice for Ebola. WHO reported that in two districts (Western Area Urban and Western Area Rural) there are 29 contacts still under follow-up.

WHO officially acknowledged that last confirmed case in Sierra Leone tested negative for the second time and was released on 24 August. In the same note, WHO reported that the outbreak of EVD will be considered over in any one of the three affected countries after 42 days have passed since the last confirmed case has tested negative twice for the virus in blood samples. After the 42-day period has elapsed, each country should maintain a system of heightened surveillance for an additional 90 days and ensure ongoing EVD surveillance and notification thereafter.

In **Liberia**, no new cases were reported in the week up to 23 August. All contacts have now completed their 21-day follow-up period. According to WHO, the last two patients with EVD in Liberia were discharged after completing treatment and testing negative for EVD for a second time on 23 July.

Situation among healthcare workers
For the first time in four weeks a new health worker infection was reported by WHO, in the week up to 23 August. Since the start of the outbreak there have been 881 confirmed health worker infections reported from Guinea, Liberia, and Sierra Leone with 512 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 28 August 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 announced that a committee to review how the International Health Regulations (IHRs) performed during the Ebola outbreak met on 24-25 August. Official statements about the meeting are not yet published.

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, Sierra Leone and Liberia. 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.

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Web sources: ECDC Ebola page | ECDC Ebola and Marburg fact sheet | WHO situation summary | WHO Roadmap | WHO Ebola Factsheet | CDC | News release from WHO about the situation in Sierra Leone | First meeting of the Review Committee on the role of International Health Regulations in the Ebola response and WHO's work in emergencies

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.

According to WHO, case incidence has held at three confirmed cases per week for four consecutive weeks, but there remains a significant risk of further transmission and an increase in case incidence in the near and medium term. In addition to the large number of contacts under observation (600), some high-risk contacts have been lost to follow-up both in Conakry and Freetown. 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 28 August 2015, ECDC has deployed 91 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.

ECDC is looking for additional French-speaking experts with field epidemiology experience from EU Member States to join the ECDC-coordinated contingent in response to the Ebola outbreak in Guinea. For further information, please contact Valeria Pelosi at valeria.pelosi@ecdc.europa.eu with copy to support@ecdc.europa.eu.

An epidemiological update is published weekly on the EVD ECDC page.

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.

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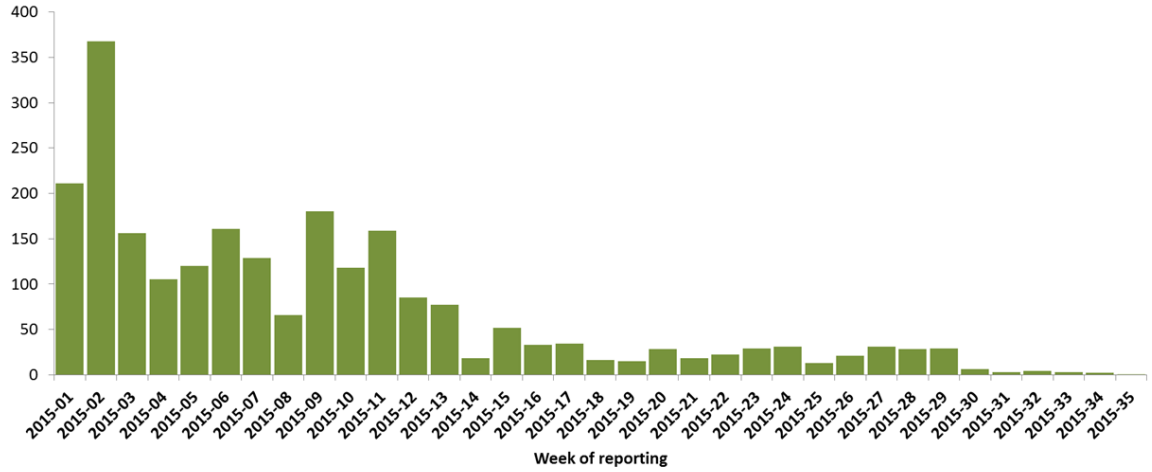
Distribution of confirmed cases of EVD by week of reporting in Guinea, Sierra Leone and Liberia (weeks 01/2015 to 35/2015)

Adapted from WHO figures; *data for week 35/2015 are incomplete



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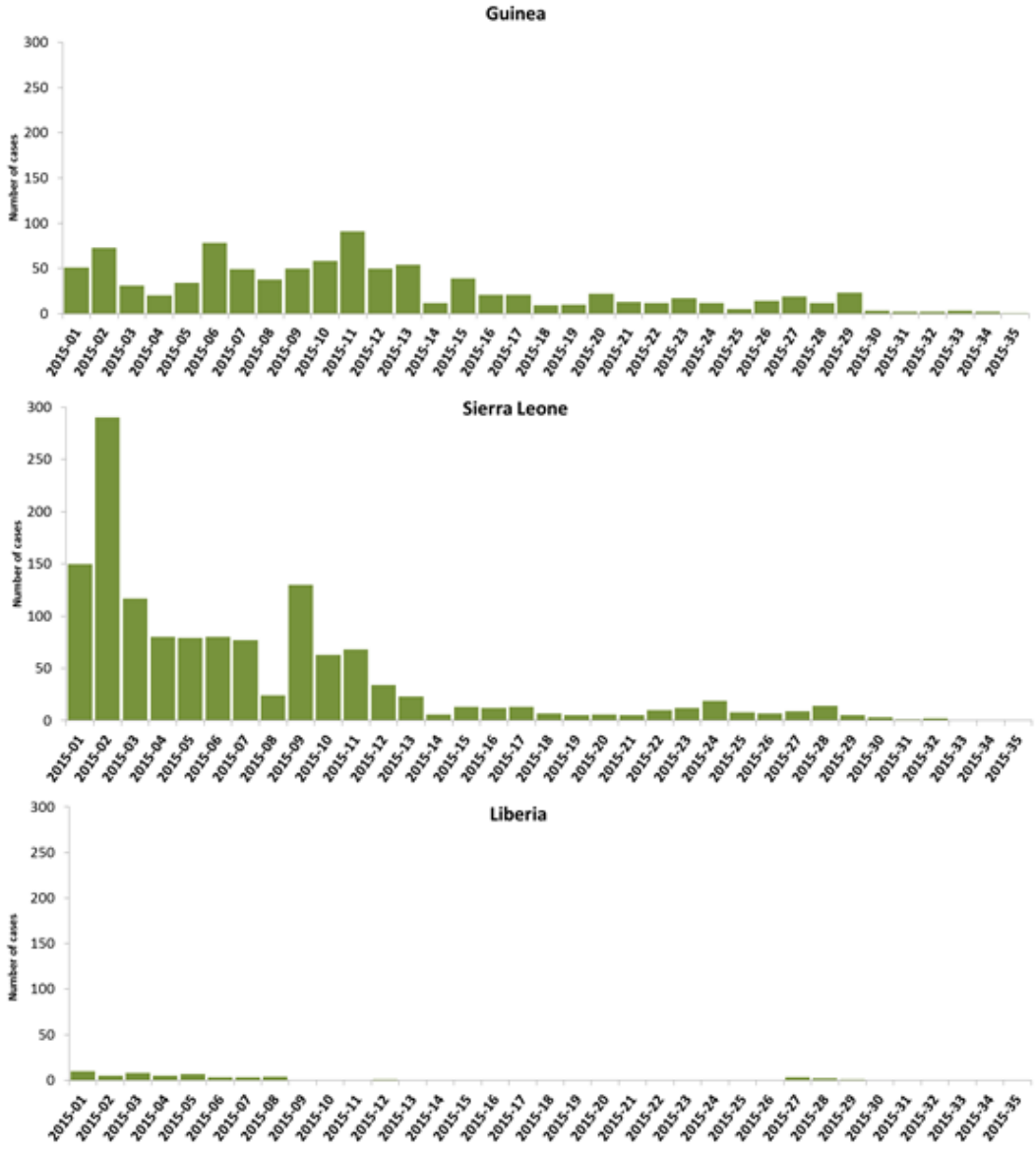
Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (weeks 01/2015 to 35/2015)

Adapted from WHO figures; *data for week 35/2015 are incomplete



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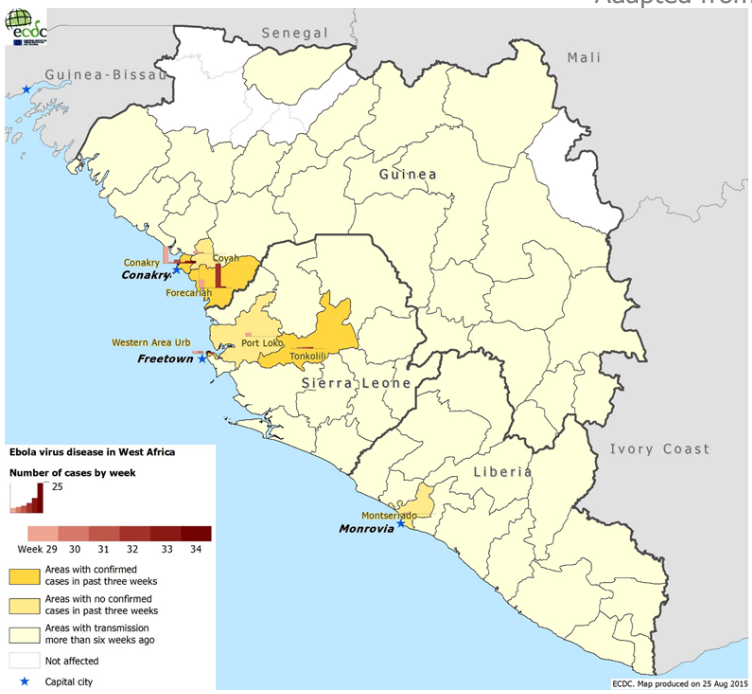
Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (as of week 34/2015)

Adapted from national situation reports



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

Opening date: 24 September 2012 Latest update: 27 August 2015

Epidemiological summary

Since April 2012 and as of 27 August, 1 517 cases of MERS-CoV have been reported by local health authorities worldwide, including 578 deaths.

Saudi Arabia: Since the last publication of the Rapid Risk Assessment on 31 July 2015 (data until 27 August 2015), Saudi Arabia reported 114 MERS cases. Among them, 107 (94%) were reported in Riyadh city. According to the Ministry of Health and WHO, many of these cases are linked to an outbreak occurring in King Abdul-Aziz Medical City. However, the Ministry mentioned other cases occurring in other health facilities, including private ones.

The distribution is as follows:
Confirmed cases and deaths by region:

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Middle East
Saudi Arabia: 1 171 cases/502 deaths
United Arab Emirates: 81 cases/11 deaths
Qatar: 13 cases/5 deaths
Jordan: 21 cases/6 deaths
Oman: 6 cases/3 deaths
Kuwait: 3 cases/1 death
Egypt: 1 case/0 deaths
Yemen: 1 case/1 death
Lebanon: 1 case/0 deaths
Iran: 6 cases/2 deaths

Europe
Turkey: 1 case/1 death
UK: 4 cases/3 deaths
Germany: 3 cases/2 deaths
France: 2 cases/1 death
Italy: 1 case/0 deaths
Greece: 1 case/1 death
Netherlands: 2 cases/0 deaths
Austria: 1 case/0 deaths

Africa
Tunisia: 3 cases/1 death
Algeria: 2 cases/1 death

Asia
Malaysia: 1 case/1 death
Philippines: 3 cases/0 deaths
South Korea: 185 cases/36 deaths
China: 1 case/0 deaths
Thailand: 1 case/0 deaths

Americas
United States of America: 2 cases/0 deaths

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

According to ECDC experts, the MERS outbreak 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 South Korea.

Countries should advise travellers returning from all 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. The 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. In addition, 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 31 July 2015 and an epi-update on 19 August 2015.

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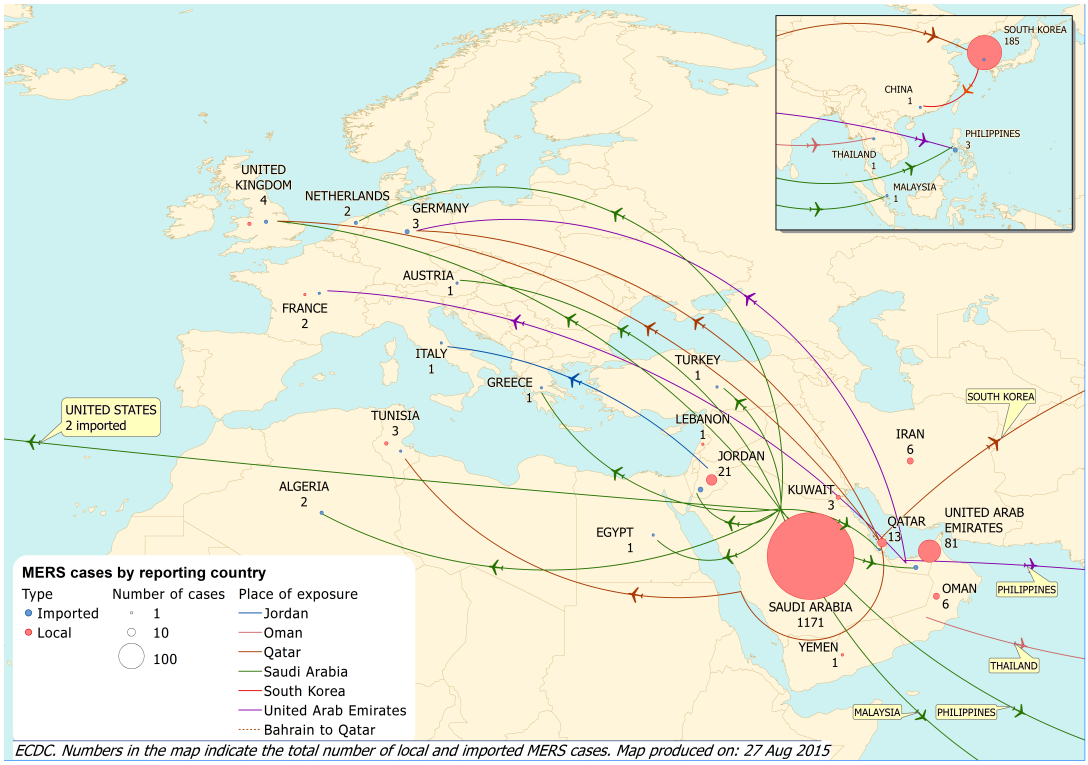
Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 27 August 2015 (n=1 517)

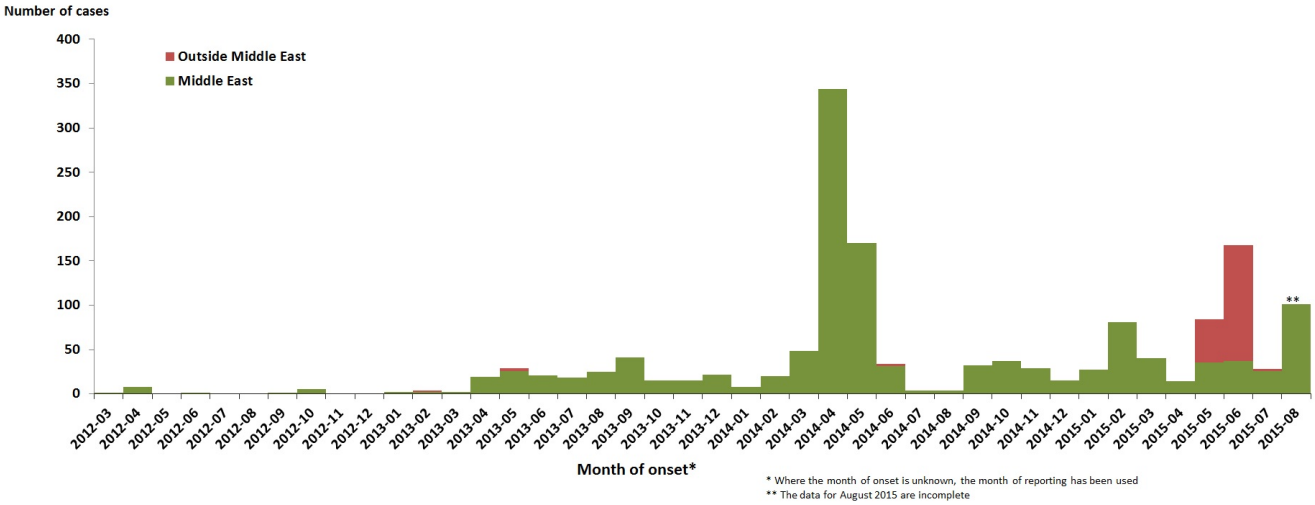
Source: ECDC



ECDC. Numbers in the map indicate the total number of local and imported MERS cases. Map produced on: 27 Aug 2015

Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 27 August 2015 (n=1 517)

Source: ECDC



* Where the month of onset is unknown, the month of reporting has been used
** The data for August 2015 are incomplete

Chikungunya- Multistate (world) - Monitoring global outbreaks

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Opening date: 9 December 2013 Latest update: 27 August 2015

Epidemiological summary

Europe
Between 1 May and 21 August, 17 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
According to the latest update from the WHO Pan American Health Organization (WHO PAHO) on 21 August 2015, 40 535 new chikungunya cases (suspected and confirmed) have been reported in the Americas during the past two weeks. Since the beginning of the year and as of 21 August 2015, PAHO has reported 531 652 suspected and confirmed cases of chikungunya virus infection and 63 deaths in the WHO Region of the Americas. The cumulative number of cases has reached 1 679 223 since the start of the epidemic in December 2013.

In Central America, Nicaragua and El Salvador recorded the largest increase in cases in the past two weeks with 20 953 and 10 349 cases reported respectively. In addition, Nicaragua reported its first chikungunya-related death. In South America, Colombia, which has reported thousands of suspected and confirmed cases per week for the last few months, notified 6 735 new cases during the past two weeks, bringing the cumulative number of cases in 2015 to 319 608.

Pacific region
As of 27 August 2015, the number of reported chikungunya cases is increasing in the Marshall Islands, and decreasing in 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

Epidemiological data indicate that the outbreaks are still expanding 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 during the summer season in the EU is possible.

Actions

ECDC published a Rapid Risk Assessment on the chikungunya case without travel to endemic areas in Spain on 24 August 2015.

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

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 27 August 2015

Epidemiological summary

Europe
On 21 August, France reported two autochthonous cases of dengue fever in Nîmes, Languedoc-Roussillon region. In addition, four suspected cases are still under investigation. These cases were notified by France through the EWRS platform on 20 August. Media report that *Aedes albopictus* mosquitoes have been detected in Paris this summer for the second successive year. Local authorities found the mosquitoes in ponds in the Parc floral de Paris botanical gardens. The park was closed on 19 August to implement the relevant vector control measures.

Asia
In **India**, Delhi experienced a surge in dengue cases in the first two weeks of August with 220 cases reported. As of 14 August, 277 cases and two deaths have been notified in the capital since the beginning of the year. Compared with the same time period in previous years (1 January to 14 August), this is the highest number of cases reported during the last five years, according to media quoting local health authorities.

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In **Thailand**, the number of dengue cases continues to rise and has almost doubled compared with the same period last year. As of 18 August, 51 500 cases and 37 deaths have been recorded nationally, according to media quoting local health authorities. **Singapore**, which recorded a record number of cumulative cases in 2013 and 2014, is seeing a decrease in cases so far in 2015 with 5 726 cases reported to date, according to the National Environmental Agency (NEA). **Malaysia** has recorded nearly 75 000 cumulative cases and 201 deaths so far in 2015, according to media quoting the Ministry of Health. More than half of all cases have been reported from Selangor state.

A surge of locally-acquired dengue fever cases has been reported in **Taiwan** during the past week (18-24 August) with 1 118 autochthonous cases recorded. The majority of these cases (981) were recorded in Tainan City, according to media quoting the Taiwan Centers for Disease Control.

Caribbean
In **Puerto Rico**, the weekly number of suspected cases reported in weeks 29 and 30 remained below the epidemic threshold. As of 19 August, 1 029 suspected cases have been reported so far this year. DENV-4 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) on 12 August 2015, 2 030 751 probable and confirmed cases of dengue virus infection and 744 deaths, have been reported so far this year in the WHO Region of the Americas. **Brazil** currently accounts for 80 percent of all probable cases reported in the Americas. In addition, the number of severe dengue cases in Brazil has almost doubled this year compared to the same time period in 2014 (1 092 severe cases in 2015 compared to 590 in 2014). All four dengue serotypes are currently circulating in the country.

Pacific Islands and Australia
DENV-3 outbreaks are ongoing in **American Samoa** and **Samoa**, according to the latest Pacific Public Health Surveillance Network (PACNET) update as of 23 August.

In **Australia**, there is an ongoing DENV-1 outbreak in Townsville, according to Queensland Health.

Web sources: ECDC Dengue | Healthmap Dengue | MedISys | ProMed Americas, Asia |

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.

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

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