

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Influenza – Multistate (Europe) – Monitoring 2014–2015 season

Opening date: 9 October 2014

Latest update: 4 December 2014

Following the 2009 pandemic, influenza transmission in Europe has returned to its seasonal epidemic pattern, with a peak activity during winter months. ECDC monitors influenza activity in Europe during the winter season and publishes the results on its website in the weekly Flu News Europe.

→Update of the week

In week 48/2014, influenza activity remained low across the WHO European Region.

Outbreak of measles linked to an international dog exhibition - Slovenia - 2014

Opening date: 27 November 2014

An outbreak of measles was reported in Slovenia on 27 November 2014. The outbreak was likely to have been caused by common exposure at an international event in the country. Fifteen cases of measles, 11 confirmed and 4 probable, reported in November have a history of visiting a dog exhibition that took place in Vrtojba close to Nova Gorica on 8-9 November 2014.

→Update of the week

Chikungunya- Multistate (world) - Monitoring global outbreaks

Opening date: 9 December 2013

Latest update: 3 December 2014

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

→Update of the week

Since the last update on 14 November and as of 21 November, [WHO PAHO](#) reported more than 30 000 new cases of chikungunya virus infection in the Pan-American region. Since the beginning of the outbreak in December 2013, there have been 150 deaths.

According to health authorities in [New Zealand](#) as of 1 December 2014, in the Pacific, chikungunya cases have been reported from French Polynesia (11 229 cases), American Samoa (1 148), Samoa (more than 2 500 suspected), Tokelau (159 suspected), Tonga (more than 10 000), Yap (1 711), and cases have also been reported in Bali and Papua New Guinea.

On 28 November 2014 [Public Health England](#) announced that 197 cases have been detected in returning travellers in the UK so far in 2014, 162 cases of which have been associated with travel to the Caribbean and South and Central America. The countries from which cases have been most frequently reported include Jamaica, Barbados and Grenada.

Non EU Threats

Ebola Virus Disease Epidemic - West Africa - 2014

Opening date: 22 March 2014

Latest update: 27 November 2014

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

→Update of the week

[WHO](#) has reported 17 256 confirmed, probable, and suspected cases of Ebola virus disease, including 6 113 deaths, in five affected countries (Guinea, Liberia, Mali, Sierra Leone and the United States of America) and three previously affected countries (Nigeria, Senegal and Spain) up to 2 December.

Since 25 November no additional cases of EVD have been reported in Mali.

On 2 December WHO declared Spain Ebola-free as 42 days have passed since the confirmed case tested negative.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 4 December 2014

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission stops and the world is 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 the international spread of wild poliovirus during 2014. On 14 November, the Temporary Recommendations in relation to PHEIC, were extended for a further three months.

→Update of the week

During the past week, ten new cases of wild poliovirus type 1 (WPV1) were reported: eight in Pakistan and two in Afghanistan.

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

Opening date: 24 September 2012

Latest update: 4 December 2014

Since April 2012, 953 cases of MERS-CoV have been reported by local health authorities worldwide, including 385 deaths. To date, all cases have either occurred in the Middle East, have direct links to a primary case infected in the Middle East, or have returned from this area. The source of the virus remains unknown, but the pattern of transmission and virological studies points 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 the last CDTR on 27 November, six new cases have been reported from Saudi Arabia one case each in Sakakah, Taif, Rafha, Najran, Riyadh and Bruidah.

Outbreak of Enterovirus D68 - Global - 2014

Opening date: 10 September 2014

Latest update: 20 November 2014

Since mid-August 2014, the Centers for Disease Control and Prevention (CDC) in Atlanta (USA) has reported increased numbers of laboratory-confirmed enterovirus 68 (EV-D68) infections. Since mid-September, Canada has also experienced an increase in severe respiratory illness associated with EV-D68 infections. All patients presented with respiratory symptoms. Almost all the confirmed cases have been detected among children. There have been reports of paralysis or muscle weakness and other polio-like symptoms, named acute flaccid myelitis, in a small number of children some of whom tested positive for EV-D68 in both the USA and Canada. It is not yet established whether EV-D68 is associated with paralysis in these children.

To date, European acute flaccid paralysis (AFP)/enhanced enterovirus surveillance has not detected unusual clusters or unexpected trends. In 2014, EV-D68 has been detected in at least fifteen EU/EEA countries but no epidemic clusters of severe disease have been reported.

→Update of the week

Since 20 November 2014, no new cases of respiratory illness caused by EV-D68 were reported from the USA and Canada.

From August 2 to November 26, US CDC has verified reports of 90 children in 32 states who developed acute flaccid myelitis.

Plague outbreak - Madagascar - 2014

Opening date: 24 November 2014

Latest update: 27 November 2014

An outbreak of plague has been evolving in Madagascar since 31 August 2014 when the first case was notified in a male child from Soamahatamana village in the district of Tsiroanomandidy. The child died on 3 September. As of 5 December 2014, 138 cases and 47 deaths (CFR 34%) have been reported.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 4 December 2014

Dengue fever is one of the most prevalent vector-borne diseases, affecting 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 Region of Madeira, Portugal, in October 2012 and the recent autochthonous dengue cases in the south of France further underline the importance of surveillance and vector control in other European countries.

→Update of the week

There are ongoing outbreaks of dengue fever globally.

II. Detailed reports

Influenza – Multistate (Europe) – Monitoring 2014–2015 season

Opening date: 9 October 2014

Latest update: 4 December 2014

Epidemiological summary

In week 48/2014:

- Fourteen countries reported sporadic influenza activity and six reported increasing trends in consultations for influenza-like illness (ILI) and/or acute respiratory infection (ARI).
- Of the 889 sentinel ILI and ARI specimens tested across 31 countries, 29 (3%) from 12 countries tested positive for influenza virus. Currently circulating viruses include A(H1N1)pdm09, A(H3N2) and influenza B viruses.
- The number of hospitalised laboratory-confirmed cases increased in the current week, with two countries reporting 13 hospitalised laboratory-confirmed influenza cases for week 48/2014. All were admitted to intensive care units.

Web sources: [Flu News Europe](#) | [ECDC Influenza](#) |

ECDC assessment

Although sporadic influenza virus detections are being reported in an increasing number of countries, there is no indication that the influenza season has started in the region, which is normal for this time of year.

Actions

ECDC and WHO produce the [Flu News Europe](#) bulletin weekly.

Outbreak of measles linked to an international dog exhibition - Slovenia - 2014

Opening date: 27 November 2014

Epidemiological summary

On 27 November 2014, the National Institute of Public Health in Slovenia (NIJH) reported in the Early Warning and Response System (EWRS) a confirmed outbreak of measles with a probable epidemiological link to an international dog show held in Vrtojba, Nova Gorica on 8 and 9 November 2014. Vrtojba is located on the country's eastern border with Italy. The show attracted 670 exhibitors from 27 countries (the majority of which were EU/EEA countries). By 2 December, 11 confirmed and four probable measles cases with a history of visiting the dog show had been notified and two suspected cases had been discarded. Onset of disease for the 15 cases was from 20 to 26 November, 12-18 days after the show. One additional confirmed case of measles without a link to the dog show was reported in November. The case is a citizen of Bosnia-Herzegovina where an outbreak of more than 500 measles cases was reported earlier this year. The genotypes are not yet known.

ECDC assessment

Slovenia has interrupted endemic measles transmission and measles vaccination uptake is high. The risk of extensive spread from this outbreak is considered low, and the risk that it would result in the re-establishment of endemic measles transmission in the country is considered very low.

The incubation period has passed and focus should now be on identifying contacts of primary cases in Slovenia and in the home countries of the international exhibitors and audiences.

Chikungunya- Multistate (world) - Monitoring global outbreaks

Opening date: 9 December 2013

Latest update: 3 December 2014

Epidemiological summary

Over 930 000 cases of chikungunya virus infection have been reported in the Caribbean and the Americas since the beginning of the outbreak in December 2013. In the simultaneous outbreak in the Pacific there have been more than 20 000 cases affecting most of the island states in the region.

In Europe, as of 14 November, [French authorities](#) have reported eleven autochthonous cases. The cases live in Montpellier in the vicinity of a chikungunya case imported from Cameroon.

Several EU/EFTA countries (France, Greece, Italy, the Netherlands, Spain, the UK and Switzerland) have reported imported cases of chikungunya infection in patients with a travel history to the affected areas.

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

ECDC assessment

Epidemiological data indicate that the outbreaks are still expanding both in the Caribbean, the Americas and in the Pacific. The vector is endemic in both regions, where it also transmits dengue virus. Further spread of the outbreaks is to be expected. Continued vigilance is needed to detect imported cases of chikungunya in tourists returning to the EU from these regions. This requires awareness among clinicians, travel clinics and blood safety authorities.

Actions

ECDC published an updated [Rapid Risk Assessment](#) on 27 June 2014.

ECDC monitors the global chikungunya situation on a monthly basis.

Ebola Virus Disease Epidemic - West Africa - 2014

Opening date: 22 March 2014

Latest update: 27 November 2014

Epidemiological summary

Distribution of cases

Countries with intense transmission:

- Guinea: 2 186 cases and 1 327 deaths (as of 2 December 2014),
- Liberia: 7 650 cases and 3 145 deaths (as of 29 November 2014),
- Sierra Leone: 7 420 cases and 1 609 deaths (as of 1 December 2014),

Countries with an initial case or cases, or with localised transmission:

- United States: four cases including one death. The last case tested negative on 11 November 2014 in New York.
- Mali: eight cases, six deaths.
- Nigeria, Senegal and Spain, after having had cases related to the current epidemic, are declared free of EVD.

Situation in specific West African countries

According to WHO, in the three countries with widespread and intense transmission, reported case incidence seems stable in Guinea, stable or declining in Liberia, but still increasing in Sierra Leone. Every EVD-affected district in these countries has access to a laboratory for confirmation within 24 hours from sample collection. All three countries report that more than 85% of registered contacts associated with known cases of EVD are being traced. The case fatality rate across the three most affected countries is 72%; in hospitalised patients the case fatality rate is 60%.

According to the latest [WHO Ebola Response Roadmap](#) 8 cases (7 confirmed and 1 probable), including 6 deaths (5 confirmed, 1 probable), have now been reported in Mali. The most recent cases were diagnosed in the Mali capital Bamako, and are not related to the country's first EVD case, who died in Kayes on 24 October. All identified contacts connected with the initial case

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have now completed 21 day follow-up. On 24 November 2014, 285 of 288 current contacts linked with the outbreak in Bamako were followed-up.

Situation among healthcare workers

As of 30 November, 622 healthcare workers have been reported to be infected with EVD, 346 of whom have died.

Situation outside of West Africa

USA

No new autochthonous EVD cases have been reported since 23 October. The latest autochthonous reported case concerns a medical aid worker who volunteered in Guinea and recently returned to the United States. He was hospitalised in New York City and was discharged healthy on 11 November 2014.

Medical evacuations and repatriations from EVD-affected countries

Twenty-three individuals have been evacuated or repatriated from the EVD-affected countries. As of 4 December, there have been 11 medical evacuations of confirmed EVD-infected patients to Europe (three to Germany, three to Spain, two to France, one to the UK, one to Norway and one to Italy). Two persons exposed to Ebola have been repatriated to the Netherlands and tested negative. One individual was evacuated to Switzerland and was confirmed not to have EVD in September.

The most recent case is an American healthcare worker from West Africa who may have been exposed to EVD. According to [Emory University Hospital's News Center](#) on 4 December 2014, he is being transferred to the Serious Communicable Diseases Unit for monitoring and observation.

Figures

First epi-curve: Distribution of reported cases of EVD by week of reporting in Guinea, Sierra Leone, Liberia, Nigeria, Mali and Senegal, weeks 48/2013 to 49*/2014

* In week 45/2014, WHO carried out retrospective correction in the data resulting in reporting 299 fewer cases which resulted in a negative value for new cases in week 45 which is not plotted.

** According to WHO, the marked increase in the cumulative total number of cases in week 43 is due to a more comprehensive assessment of patient databases leading to 3 792 additional reported cases. However, these cases have occurred throughout the epidemic period.

Second epi-curve: Distribution of cases of EVD by week of reporting in the three countries with widespread and intense transmission, as of week 49* 2014

* The marked increase in the number of cases reported in Sierra Leone (week 44) and Liberia (week 43) results from a more comprehensive assessment of patient databases. The additional 3 792 cases have occurred throughout the epidemic period.

** In week 45/2014, WHO reported -476 cases in Sierra Leone due to retrospective corrections.

§ In week 44/2014, WHO reported zero cases for Liberia.

Web sources: [ECDC Ebola page](#) | [ECDC Ebola and Marburg fact sheet](#) | [WHO Ebola Factsheet](#) | [CDC](#) | [WHO Roadmap](#) | [Emory University Hospital](#) | [WHO - Spain EVD free](#) |

ECDC assessment

This is the largest ever documented epidemic of EVD in terms of numbers and geographical spread. The evolving epidemic of EVD over recent weeks 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 level of this risk is related to how well the infection control measures are being implemented in these settings and the nature of the care required. As the epidemic is still evolving and more international staff are deployed to the affected countries to support the epidemic control, the risk of importation of EVD cases to the EU is increasing. The risk of Ebola virus spreading from an EVD patient who arrives in the EU as result of a planned medical evacuation is considered to be low when appropriate measures are strictly adhered to, but cannot be excluded in exceptional circumstances. The transmission of Ebola from a patient to a healthcare worker in Spain illustrates the connection between the epidemic in West Africa and the risk for the EU, and further stresses the need to control the epidemic in West Africa. 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 highest risk is at an early stage of the disease, before the risk of EVD has been recognised, and at the late stage of the disease when patients have very high viral loads and undergo invasive therapeutic procedures.

Actions

An epidemiological update is published weekly on the [EVD ECDC page](#).

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

On 18 November, ECDC published an updated [rapid risk assessment](#).

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

On 22 September 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 6 October ECDC published [risk of transmission of Ebola virus via donated blood and other substances of human origin in the EU](#).

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

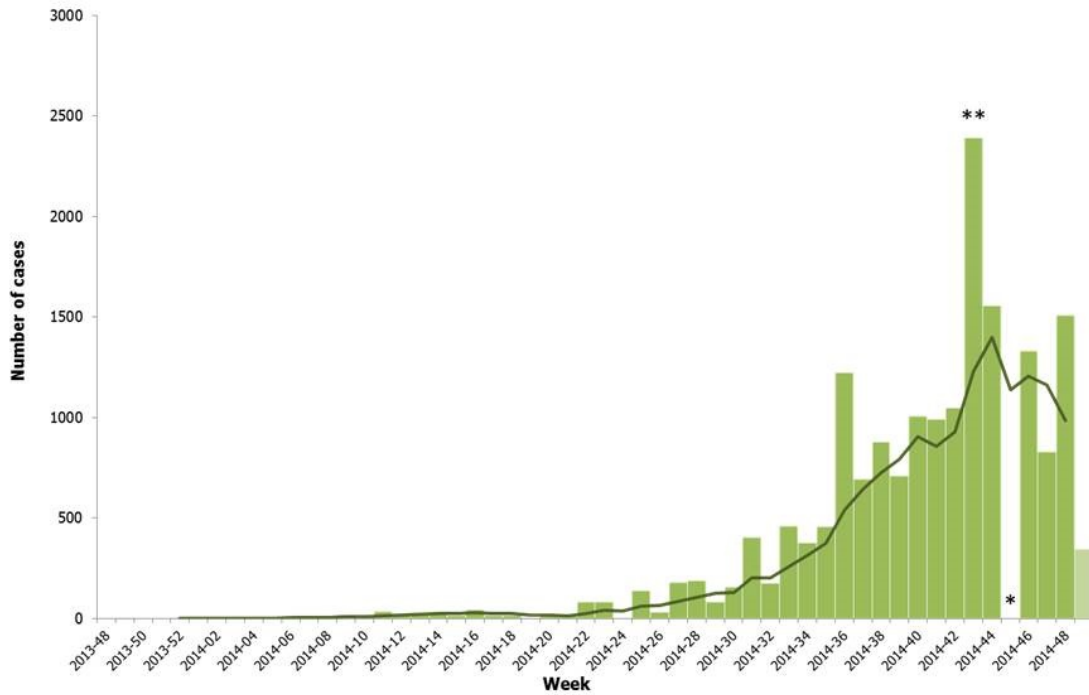
On 22 October ECDC published [Assessing and planning medical evacuation flights to Europe for patients with Ebola virus disease and people exposed to Ebola virus](#).

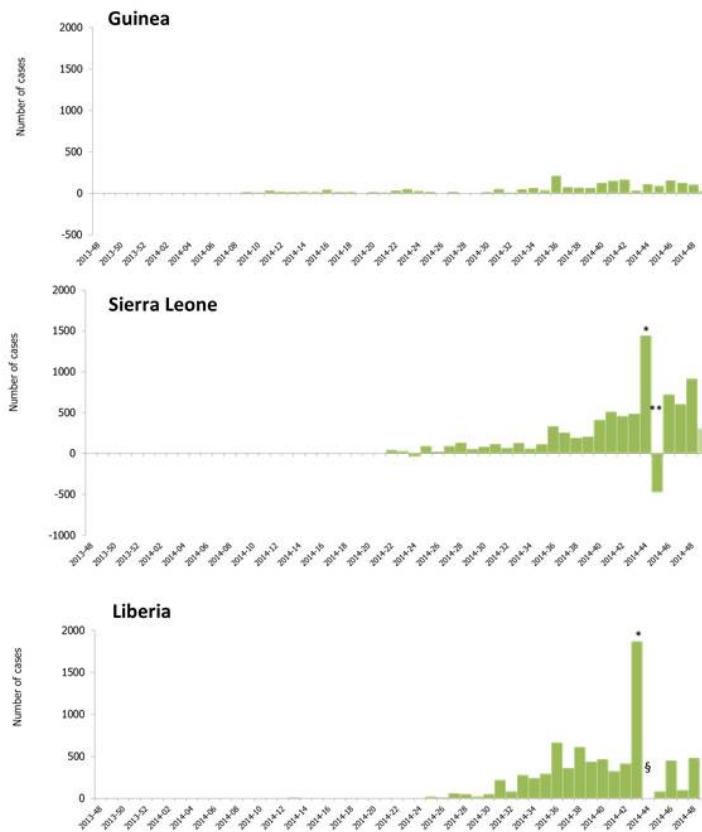
On 23 October ECDC published [Public health management of persons having had contact with Ebola virus disease cases in the EU](#).

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

Distribution of reported cases of EVD by week of reporting in Guinea, Sierra Leone, Liberia, Mali, Nigeria and Senegal, weeks 48/2013 to 49*/2014

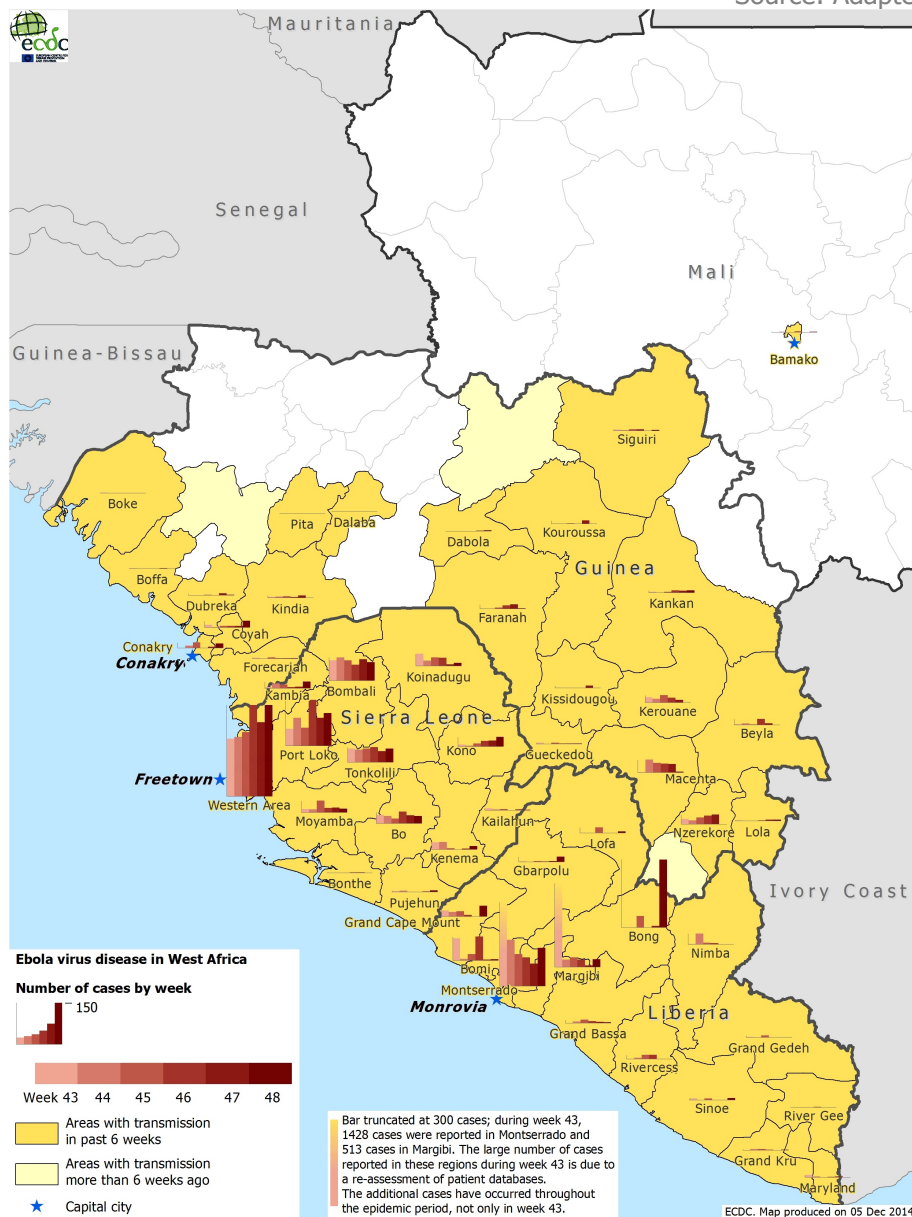
Source: Adapted from WHO; *Data for week 49 are incomplete





Distribution of cases of EVD by week of reporting in Guinea, Sierra Leone, Liberia and Mali (as of week 48/2014)

Source: Adapted from national situation reports



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 4 December 2014

Epidemiological summary

Worldwide in 2014, 316 cases have been reported to WHO so far, compared with 355 for the same time period in 2013. In 2014, nine countries have reported cases: Pakistan (268 cases), Afghanistan (23 cases), Nigeria (6 cases), Equatorial Guinea (5 cases), Somalia (5 cases), Cameroon (5 cases), Iraq (2 cases), Syria (1 case), and Ethiopia (1 case).

After the declaration of a PHEIC, WHO issued a set of Temporary Recommendations that call for the vaccination of all residents in, and long-term visitors to, countries with polio transmission prior to international travel.

On 14 November, after a third meeting on PHEIC, WHO recommended the extension of the Temporary Recommendations for an additional three months.

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

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Recommendations to Reduce International Spread of Poliovirus

ECDC assessment

Europe is polio-free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. The latest 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 WPV in several countries and the documented exportation of WPV to other countries support the fact that there is a potential risk for WPV 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 the two.

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?](#) | [WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus, 5 May 2014](#) | [WHO statement on the third meeting of the International Health Regulations Emergency Committee regarding the international spread of wild poliovirus, 14 November 2014](#)

Actions

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

On 4 September 2014, [ECDC](#) published a news item regarding the WHO IHR Emergency Committee decision to add Equatorial Guinea as a wild-poliovirus-exporting country and the renewal of the WHO PHEIC recommendations.

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

Opening date: 24 September 2012

Latest update: 4 December 2014

Epidemiological summary

Since April 2012 and as of 04 December 2014, 953 cases of MERS-CoV have been reported by local health authorities worldwide, including 385 deaths. The distribution is as follows:

Confirmed cases and deaths by region:

Middle East

Saudi Arabia: 817 cases/351 deaths
United Arab Emirates: 73 cases/9 deaths
Qatar: 9 cases/4 deaths
Jordan: 18 cases/5 deaths
Oman: 2 cases/2 deaths
Kuwait: 3 cases/1 death
Egypt: 1 case/0 deaths
Yemen: 1 case/1 death
Lebanon: 1 case/0 deaths
Iran: 5 cases/2 deaths

Europe

Turkey: 1 case/1 death
UK: 4 cases/3 deaths
Germany: 2 cases/1 death
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

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

Asia

Malaysia: 1 case/1 death
Philippines: 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](#) | [ECDC factsheet for professionals](#)

ECDC assessment

The source of MERS-CoV infection and the mode of transmission have not been identified. Dromedary camels are a host species for the virus, and many of the primary cases in MERS-CoV clusters have reported direct or indirect camel exposure. Almost all of the recently reported secondary cases, many of whom are asymptomatic or have only mild symptoms, have been acquired in healthcare settings. There is therefore a continued risk of cases presenting in Europe following exposure in the Middle East. International surveillance for MERS-CoV cases is essential.

The risk of secondary transmission in the EU remains low and can be reduced further through screening for exposure among patients presenting with respiratory symptoms (and their contacts), and strict implementation of infection prevention and control measures for patients under investigation.

Actions

ECDC published an [epidemiological update](#) on 6 November 2014.

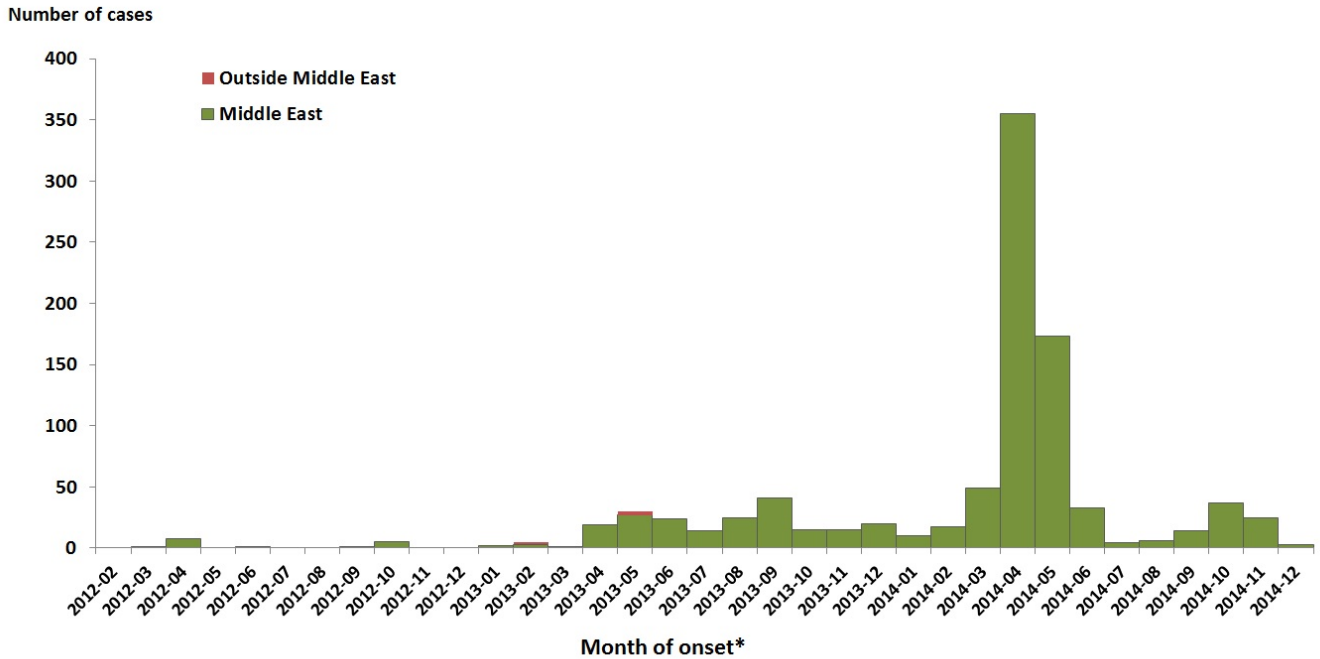
The last [rapid risk assessment](#) was updated on 16 October 2014.

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

ECDC published a [factsheet for health professionals regarding MERS-CoV](#) on 20 August 2014.

Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 4 December 2014 (n=953)

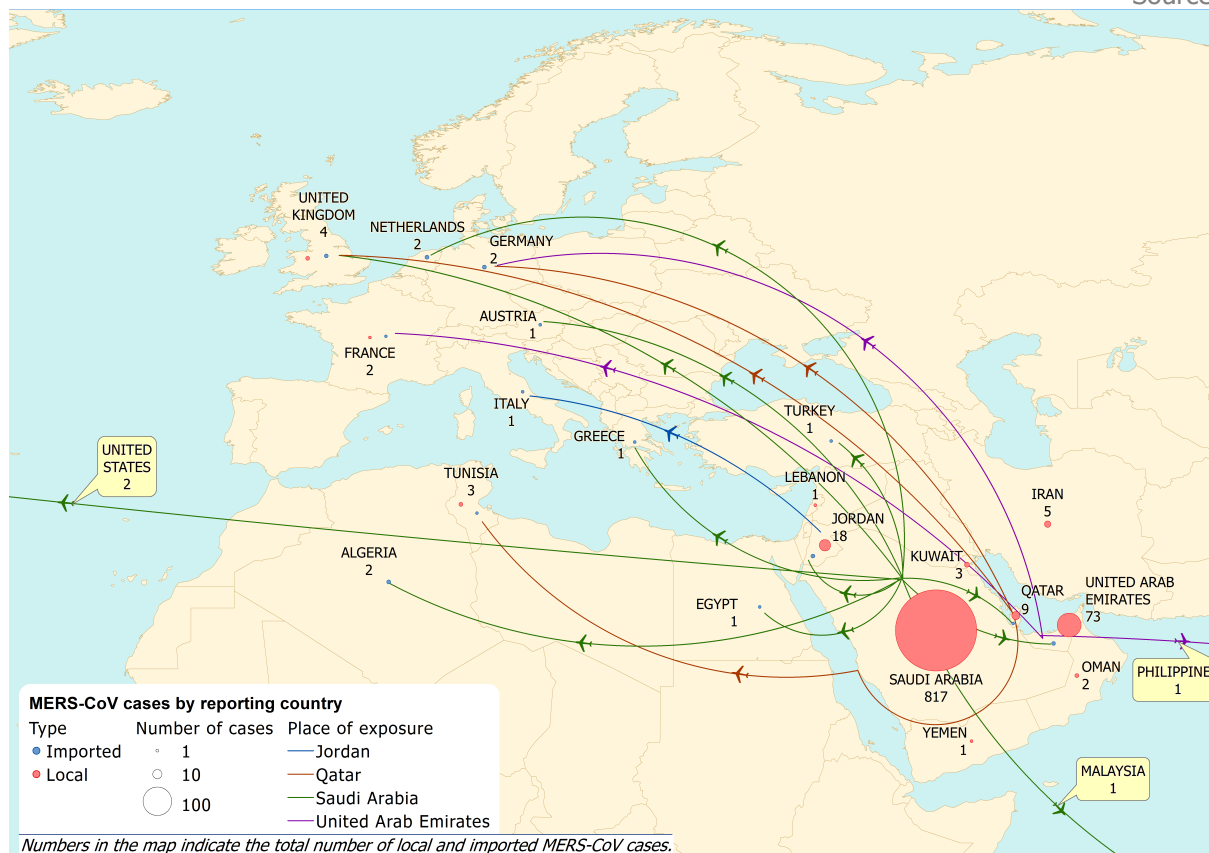
The data for December 2014 is incomplete



* Where the month of onset is unknown, the month of reporting has been used

Geographical distribution of confirmed MERS-CoV cases and place of probable infection, worldwide, as of 4 November 2014 (n=953)

Source: ECDC



Outbreak of Enterovirus D68 - Global - 2014

Opening date: 10 September 2014

Latest update: 20 November 2014

Epidemiological summary

As of 4 December, the US CDC has reported 1 121 confirmed cases caused by EV-D68 infection. Almost all confirmed cases have been diagnosed among children, most of them with a medical history of asthma and wheezing. EV-D68 has been detected in specimens from 12 patients who died.

The current outbreak in Canada began in September 2014 and as of 4 November 2014, 214 specimens have tested positive for EV-D68.

Since September 2014, CDC and the Canadian Public Health Association have been investigating reports of children who developed a sudden onset of paralysis in one or more limbs. MRI scans showed inflammation of the gray matter in the spinal cord. This illness is now being referred to as acute flaccid myelitis by the US CDC. Health authorities in both the USA and Canada are investigating possible links to EV-D68 in these cases of acute flaccid myelitis.

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Sporadic cases of EV-D68 have been documented in several EU/EEA countries in 2014 including paralysis among children in Norway, France and England. According to a recent media report in [Finland](#) EV-D68 has been confirmed in five hospitalised children in Turku. [Swedish](#) health authorities reported six cases with EV-D68 this year. [Denmark](#) conducted a sample survey of 60 respiratory specimens from symptomatic patients in samples taken between 24 September and 4 November 2014, and found eight (13%) cases EV-D68 among these.

Web sources: [MMWR](#) | [CDC](#) | [Kansas Health institute](#) | [Illinois Department of Health](#) | [CDC Q&A](#) | [Public Health Canada](#) | [Norway](#) | [Sweden](#)

ECDC assessment

EV-D68 is a potential cause of respiratory tract infections, mainly among children. This year, the magnitude of the outbreak of EV-D68 in the United States exceeds previous years, and the transmission of the virus outside North America, including the EU/EEA, remains a possibility. However, the likelihood of cases of disease due to EV-D68 being laboratory-confirmed in EU/EEA countries is low because most countries do not routinely screen for EV-D68, and the disease is not notifiable. EU/EEA countries need to remain vigilant and consider strengthening respiratory sample screening for enteroviruses and enterovirus typing. More systematic testing of severe respiratory illness cases for EV-D68 could be considered in EU/EEA countries to better document the circulation of this virus.

A connection between EV-D68 and the observed neurological illness in the USA and Canada has not yet been proven.

Actions

ECDC published a first update of the [rapid risk assessment](#) on 25 November 2014, and continues to monitor the evolution of the situation.

Plague outbreak - Madagascar - 2014

Opening date: 24 November 2014

Latest update: 27 November 2014

Epidemiological summary

Since January 2014 and as of 5 December, 138 cases of plague including 47 deaths (CFR 34%) have been reported. Two percent of the reported cases have been of the pneumonic form. Sixteen districts of seven regions of Madagascar are affected. Two cases including one death have been reported in the capital, Antananarivo, from two densely populated neighbourhoods.

Web sources: [WHO](#) | [Media](#) |

ECDC assessment

Cases of bubonic and pneumonic plague are not unexpected events in Madagascar. However, the recent occurrence of cases in the capital city highlights the risk of a rapid spread of the disease when occurring in densely populated areas with poor sanitation and a weak healthcare system.

Based on information currently available to ECDC, the risk of contracting plague for EU travellers to the affected area in Madagascar is considered to be unchanged and very low. The risk to visitors is very limited if they limit the risk of contact with rats and fleas.

Actions

ECDC published a [rapid risk assessment](#) on 5 December 2014.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 4 December 2014

Epidemiological summary

Europe: No new autochthonous cases detected since the last monthly update.

Asia: Since 31 October, no new autochthonous cases of dengue fever have been reported in **Japan**. [Japan](#) has recorded 160 autochthonous cases so far this year. None of these cases had recent overseas travel history and the majority (143/160, 89.4%) were associated with visiting Yoyogi Park or its vicinity in Tokyo during August and September. DENV-1 was isolated in this outbreak. In **China**, [Hong Kong](#) has notified three cases of locally-acquired dengue fever in 2014, according to the Centre for Health Protection (CHP) of the Department of Health. The dengue outbreak in Guangdong province is slowing but more than 45 000 laboratory-confirmed and clinical cases, including six deaths, have been recorded up to 1 December, according to the latest [WHO Western Pacific Region \(WPRO\)](#) update. The majority of cases have been reported in the capital city, Guangzhou. [Media](#), quoting Taiwan CDC, report that **Taiwan** is experiencing one of its worst dengue outbreaks in the last decade with nearly 14 000 cases and 17 deaths reported. One of the worst affected areas is Kaohsiung City in southern Taiwan.

In **Malaysia**, the dengue case count has exceeded 95 000 up to 2 December, according to the Malaysian government. During the same time period last year, around 31 000 cases were reported. **Singapore** has reported a steady decline in the number of new dengue infections since week 38 but the [National Environment Agency](#) reported a slight increase in cases during week 48. As of 1 December, nearly 17 500 cases, including five deaths, have been recorded nationally which is a decrease from the record number of cases reported in 2013.

Caribbean: Four confirmed cases of dengue fever have been reported in the **Cayman Islands** so far this year (two locally-acquired and two with a travel history to Honduras), according to an [official government statement](#).

Americas: In the **USA**, [Florida](#) has recorded 81 dengue fever cases up to 29 November, of which 75 are imported and six are locally-acquired (all from Miami-Dade County). This is a fall in cases compared with the same time period last year when 108 imported and 23 locally-acquired cases (22 from Martin County and one from Miami-Dade County) were notified. In South America, Mato Grosso state in **Brazil** has recorded nearly 11 000 dengue cases from 1 January to 27 November 2014, according to [media](#).

Pacific: A DENV-1 outbreak is ongoing in **French Polynesia** with 24 confirmed cases reported up to 16 November. As of 26 November, three confirmed cases have been notified on the **Cook Islands**. Of these three cases, two were positive for DENV-1 and one positive for DENV-3, according to the Pacific Public Health Surveillance Network (PACNET).

Africa: In **Sudan**, [media](#) quoting the Ministry of Health in North Darfur, report that 81 cases of haemorrhagic fever and three fatal cases were registered between 28 August and 5 November in El Fasher, Dar El Salam, Kuma, and Tina localities. Fifteen out of 22 blood samples tested positive for dengue fever. The results of re-confirmation tests by the WHO are expected soon. [Media](#), quoting the Ministry of Health, report confirmed cases of dengue fever in Nouakchott, **Mauritania**.

Web sources: [ECDC Dengue](#) | [Healthmap Dengue](#) | [MedISys](#) | [ProMed Asia, Middle East and Africa](#) | [ProMed Americas](#) | [WPRO](#) |

ECDC assessment

Recently reported autochthonous transmission of dengue fever in France and Japan highlights the risk of locally-acquired cases occurring in countries where the competent vectors are present.

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](#).

From week 41/2014 onwards, ECDC will monitor the dengue situation worldwide on a monthly basis.

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