COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 23, 31 May-6 June 2015

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Toxigenic diphtheria, Spain - May 2015

Opening date: 4 June 2015

On 31 May, Spain issued an EWRS message about a toxigenic diphtheria case in an unvaccinated 6 year-old child. Spain reported that they were in urgent need of Diphtheria Antitoxin (DAT) to treat the patient and made a call to EU Member States for support with securing DAT. Ireland, Sweden, France, Germany offered Spain DAT but at the same time reported that their stocks of DAT had passed the expiry date.

➔Update of the week

On 1 June, Spain posted an EWRS message update on the toxigenic diphtheria case. The patient, a 6 year-old unvaccinated child, had onset of symptoms on 25 May (general malaise, headache, odynophagia and fever). He was hospitalised in a regional hospital on 27 May and a diagnosis of diphtheria was made by PCR on 30 May. Samples have been sent to WHO collaborating laboratory in UK to perform Elek's toxigenicity test. The case has been transferred to a reference hospital and remains in a serious condition. The source of infection is still under investigation.
The case is being treated with antibiotics and with DAT sourced from outside the EU.

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

Opening date: 2 June 2015 Latest update: 4 June 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

No human cases of West Nile fever were detected in EU Member States or neighbouring countries this week.

Non EU Threats

Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014 Latest update: 4 June 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). On 9 May, Liberia was declared free of Ebola virus disease.

➔Update of the week

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

On 4 June 2015, WHO reported 27 209 cases of Ebola virus disease related to the outbreak in West Africa, including 11 164 deaths.

During the week from 28 May up to June 3, 25 confirmed cases have been reported from four prefectures in Guinea and three in Sierra Leone. According to WHO, several cases arose from unknown sources of infection in areas that have not reported confirmed cases for several weeks, indicating that chains of transmission continue to go undetected. Rigorous contact tracing, active case finding, and infection prevention and control must be maintained at current intensive levels in order to uncover and break every chain of transmission. There are concerns that the onset of the rainy season will make field operations more difficult from now onwards.

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

Opening date: 24 September 2012 Latest update: 4 June 2015

Since April 2012 and as of 5 June 2015, 1 211 cases of MERS-CoV have been reported by local health authorities worldwide, including 492 deaths. To date, all cases have either occurred in the Middle East, have had 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 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 the last update on 29 May, South Korea has reported 31 additional cases including four deaths. All cases are linked to the same transmission chain originating from a case imported from the Middle East. One of the cases reported by South Korea travelled to China where it was diagnosed and hospitalised. ECDC has prepared a Rapid Risk Assessment with additional information.

Since the last update on 29 May, Saudi Arabia has reported twelve additional cases of MERS-CoV infection and eight additional deaths.

On 31 May Oman reports a MERS-CoV case in a 75-year-old male.

On 28 May, the health authorities in Qatar reported the death of the 73-year-old male reported last week.

Chikungunya- Multistate (world) - Monitoring global outbreaks

Opening date: 9 December 2013 Latest update: 4 June 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. In Europe, France reported autochthonous cases of chikungunya virus infection in 2014. This was the first time that locally-acquired transmission of chikungunya had been detected in France since 2010.

➔Update of the week

As of 29 May 2015, the WHO Pan American Health Organization (WHO PAHO) has reported 326 310 suspected and confirmed cases of chikungunya virus infection and 44 deaths in the WHO region of the Americas.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 4 June 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 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.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 4 June 2015

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until all transmission of the virus 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 the international spread of wild poliovirus during 2014. On 6 May 2015, the Temporary Recommendations in relation to PHEIC were extended for another three months.

➔Update of the week

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

In the past week, one new case of poliovirus type 1 (WPV1) was reported in Pakistan.

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

Opening date: 15 June 2005 Latest update: 29 May 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

Since last week, there has been no new update from WHO.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

II. Detailed reports

New! Toxigenic diphtheria, Spain - May 2015

Opening date: 4 June 2015

Epidemiological summary

On 31 May, Spain issued an EWRS message about a toxigenic diphtheria case in a 6 year-old unvaccinated who first developed symptoms on 25 May 2105. He was hospitalised on 27 May and was found on admission to have fever, general malaise, headache, odynophagia, and pseudo-membranes covering the tonsils. His condition deteriorated and on 30 May a sample from the boy received at the National Centre for Microbiology tested positive for toxigenic diphtheria with PCR. Samples were sent to the WHO collaborating laboratory in UK to perform the confirmatory Elek's test. The child was transferred to a reference hospital in Barcelona on 30 May where he remains in a serious condition. He is being treated with antibiotics and has received DAT that was sourced from outside of the EU. Before developing symptoms the child attended a school camp. Local and regional public health agencies are following between 100 and 150 people who have been in contact with the child, mainly family, classmates and healthcare workers who attended the sick child. All contacts are being vaccinated and throat swabs are being taken from close contacts.
Vaccinations against diphtheria are given at two, four and six months in Spain, with booster doses at 15 – 18 months and 13 – 14 years of age.
The last indigenous case of diphtheria in Spain was notified in 1986.
The case has been posted in the Epidemic Intelligence Information System - Vaccine-prevenable Diseases (EPIS-VPD).

ECDC assessment

This health threat has highlighted a number of risks associated with diphtheria in Europe: there are children who are unvaccinated against diphtheria, the rarity of cases can delay clinical recognition of the disease, limitations in diagnostic capacities can delay laboratory confirmation, and limited access to DAT can delay treatment. All these factors play important roles for timely detection and management of cases of diphtheria.

Actions

ECDC is preparing a Rapid Risk Assessment.

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

Opening date: 2 June 2015 Latest update: 4 June 2015

Epidemiological summary

As of 4 June 2015, no human cases of West Nile fever have been reported in the EU or neighbouring countries since the beginning of the 2015 transmission season.

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

ECDC assessment

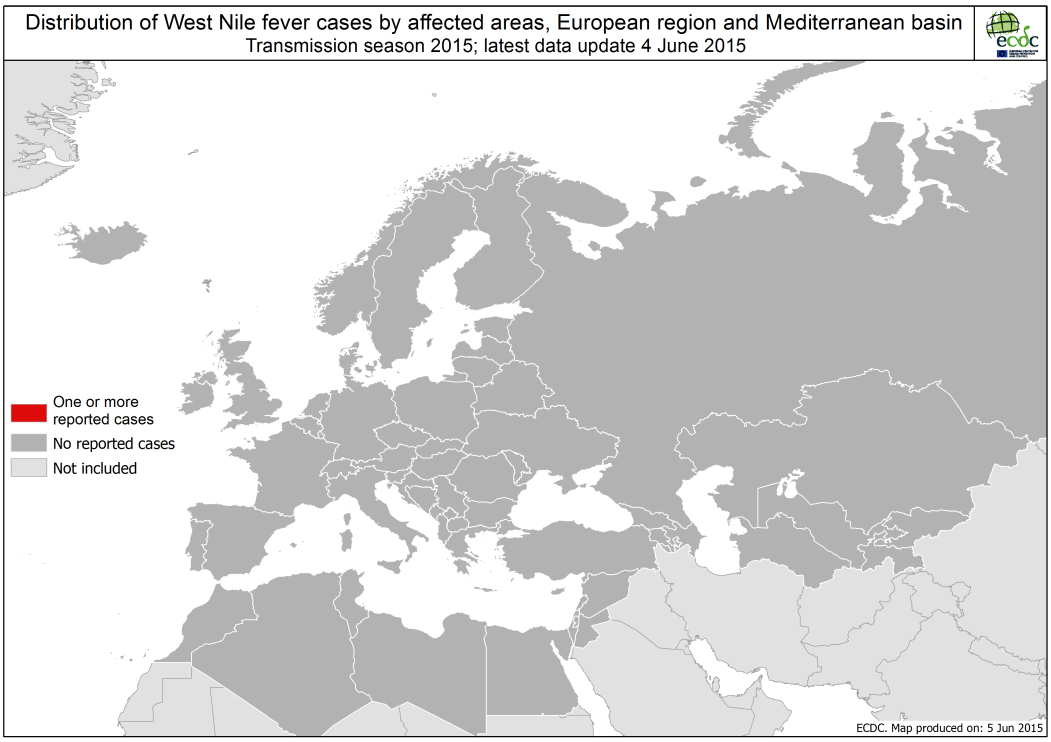
West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures are considered important for ensuring blood safety by the national health authorities when human cases of West Nile fever occur. According to the EU blood directive, efforts should be made to defer blood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

Actions

From week 23 onwards, ECDC will produce weekly West Nile fever (WNF) risk maps during the transmission season (June-November) to inform blood safety authorities regarding WNF affected areas.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Source: ECDC



Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014 Latest update: 4 June 2015

Epidemiological summary

Distribution of cases as of 2 June 2015:

Countries with intense transmission
• **Guinea:** 3 657 cases, of which 3 227 are confirmed, and 2 431 deaths.
• **Sierra Leone:** 12 850 cases, of which 8 623 are confirmed, and 3 912 deaths

Countries with previously widespread and intense transmission:
• Liberia: declared Ebola-free on 9 May 2015

Countries that have reported an initial case or localised transmission:
• Nigeria, Senegal, the USA, Spain, Mali, the UK and Italy (one confirmed case tested positive on 12 May 2015).

Situation in West African countries
In **Guinea**, WHO reported 13 new confirmed cases in the week up to 3 June, compared with 9 cases during the previous week. Most cases (seven) were reported from the prefecture of Forecariah. All cases were registered contacts or had an established epidemiological link to previous cases. The rest of the cases were reported from Dubreka (four), Boke (one) and Fria (one).

WHO reported that community engagement has proved challenging in Guinea, with several reported incidents of violence directed at field staff during the past week. In addition, four of the 13 nationally reported cases were identified only after post-mortem testing of community deaths. Of these four community deaths, two were registered contacts, suggesting that even when contacts can be traced, regular monitoring to ensure they receive prompt testing and treatment as soon as symptoms arise remains a challenge.

In **Sierra Leone**, WHO reported 12 new confirmed cases in the week up to 3 June, compared with 3 cases during the previous week. Most cases (eight) were reported from Port Loko. All but one of the cases were registered contacts of previous cases within quarantined houses in the chiefdom. The additional case is from the same neighbourhood but was not on a contact list and was living in a non-quarantined home at the time of symptom onset. The district of Kambia reported its first case for over 2 weeks on 31 May. According to WHO the case was identified after a post-mortem test of a community death and was not a known contact

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

of a previous case. The remaining three cases were reported from the capital Freetown. WHO reported that none of those three cases can be linked to previous chains of transmission, although investigations are at an early stage.

Situation among healthcare workers
According to WHO, the last healthcare worker infected in Guinea was reported on 6 April and 14 May in Sierra Leone. Overall, 869 cases and 507 deaths have been recorded among healthcare workers in Guinea (187 cases and 94 deaths), Sierra Leone (304 cases and 221 deaths) and Liberia (378 cases and 192 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 5 June 2015, 65 individuals have been evacuated or repatriated worldwide from the EVD-affected countries. Of these, 38 individuals have been 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), Netherlands (1) and Switzerland (1). Twenty-five asymptomatic persons have been repatriated to Europe as a result of exposure to Ebola in West Africa: UK (13), Denmark (4), Sweden (3), Netherlands (2), Germany (1), Spain (1) and Switzerland (1).

Twenty-seven persons have been evacuated to the United States.

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

Other news
Guinea-Bissau: WHO reported that two response teams from Guinea-Bissau have been deployed to the border with Guinea to assess several points of entry and sensitise communities.

Italy: On 12 May 2015, the health authorities in Italy reported an EVD case in a volunteer healthcare worker who returned to Italy from Sierra Leone on 7 May. The patient developed symptoms on 10 May and was hospitalised the day after. After he was confirmed with EVD on 12 May, he was securely transferred to the National Institute for Infectious Diseases in Rome. According to the medical bulletins released by Spallanzani hospital in Rome, the condition of the patient is stable.

On Thursday 4 June, Italy posted a message on IHR informing that all 19 contacts (three close relatives and 16 healthcare workers) of the Italian case have completed the 21 days monitoring period. None of the contacts have developed symptoms or being diagnosed with Ebola during that period.

Images
- Epicurve 1: the epicurve shows the confirmed cases in the three most affected countries.
- Epicurve 2: the epicurve shows the confirmed cases in Guinea and Sierra Leone.
- 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 | Medical bulletins from Lazzaro Spallanzani hospital | Italian health ministry | Latest situation summary

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 remain 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, the number of cases has been stable in Guinea during the last week. In Sierra Leone, the number of reported cases has increased during the last week. In both Guinea and Sierra Leone new confirmed cases are still identified among unregistered contacts and people continue to be diagnosed with Ebola post mortem. In Guinea, during the past week, several security incidents have been reported. These patterns indicate that the disease is circulating in unrecognised chains of transmission. In order to achieve zero cases, there is a need for stronger community engagement, improved contact tracing and earlier case identification.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Actions

As of 5 June 2015, ECDC has deployed 72 experts 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.

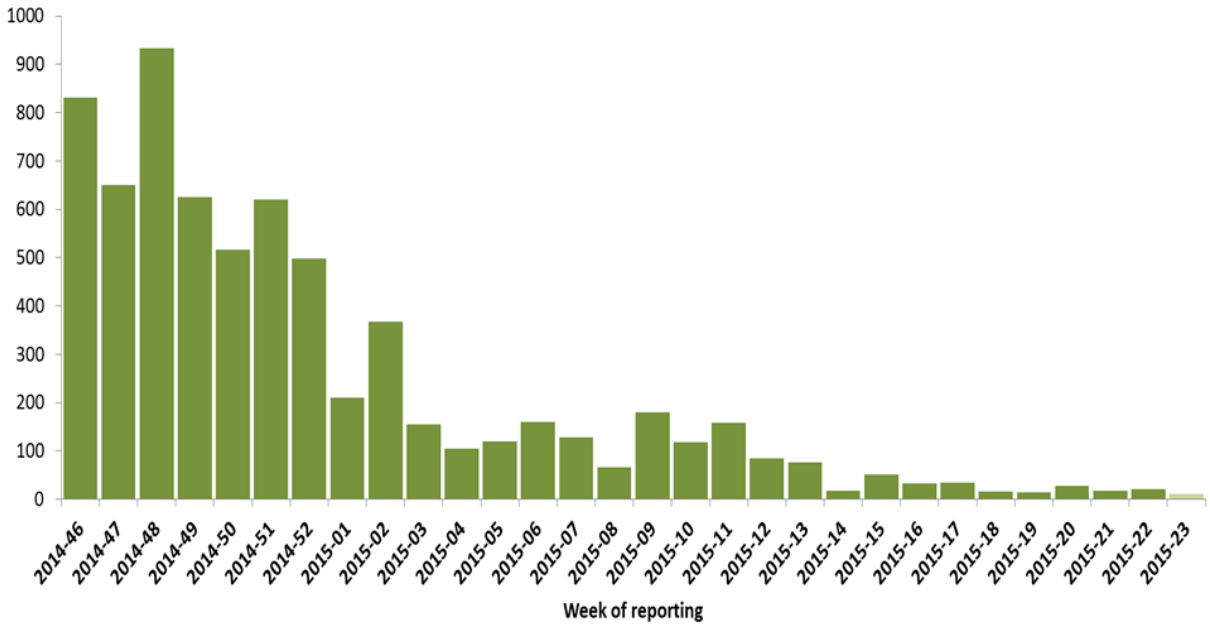
ECDC is looking for additional French-speaking experts with field epidemiology experience from EU Member States to join the ECDC-coordinated contingent in response to the Ebola outbreak in Guinea. For further information, please contact Alice Friaux at alice.friaux@ecdc.europa.eu with copy to support@ecdc.europa.eu.

An epidemiological update is published weekly on the EVD ECDC page.
The latest (11th) update of the rapid risk assessment was published on 11 May 2015.
On 22 January 2014, 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.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Distribution of confirmed cases of EVD by week of reporting in Guinea, Sierra Leone and Liberia (weeks 46/2014 to 23/2015)

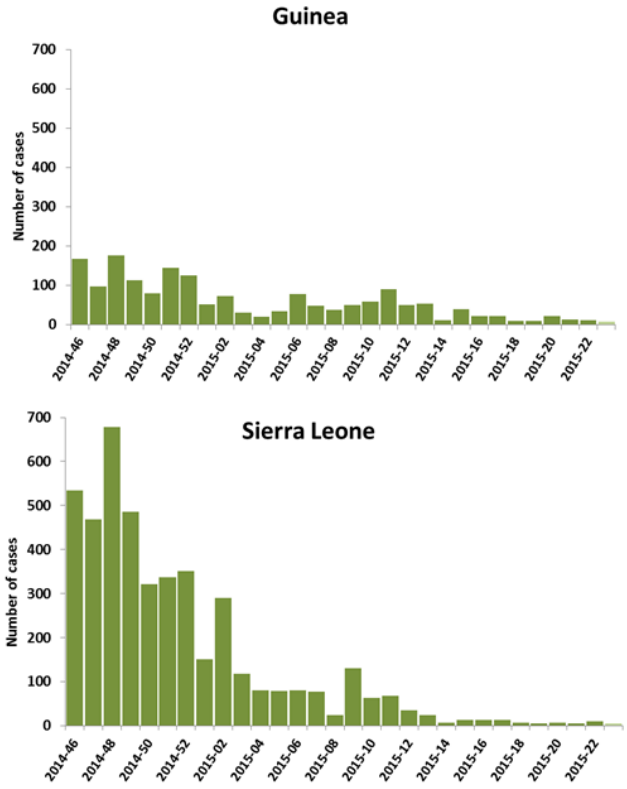
Adapted from WHO figures; *data for week 23/2015 are incomplete



European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (weeks 46/2014 to 23/2015)

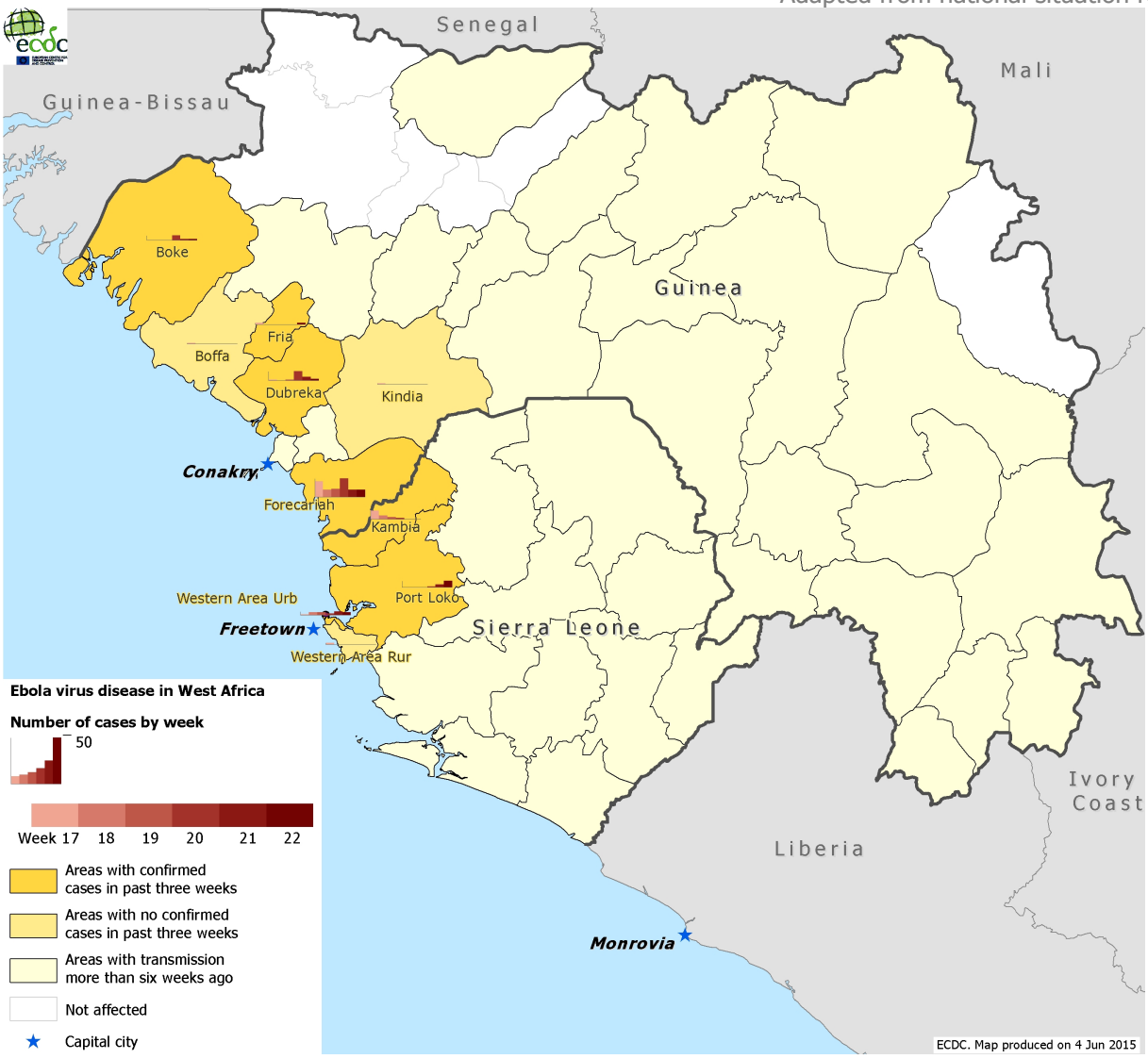
Adapted from WHO figures; *data for week 23/2015 are incomplete



European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (as of week 22/2015)

Adapted from national situation reports



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

Opening date: 24 September 2012 Latest update: 4 June 2015

Epidemiological summary

Since April 2012 and as of 5 June 2015, 1 211 cases of MERS-CoV have been reported by local health authorities worldwide, including 492 deaths.
The distribution is as follows:

Confirmed cases and deaths by region:

Middle East

Saudi Arabia: 1 019 cases/450 deaths

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

United Arab Emirates: 76 cases/10 deaths

Qatar: 13 cases/5 deaths

Jordan: 19 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/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

Tunisia: 3 cases/1 death

Algeria: 2 cases/1 death

Asia

Malaysia: 1 case/1 death

Philippines: 2 cases/0 deaths

South Korea: 40 cases/4 deaths

China: 1 cases/ 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 importation of a case of MERS-CoV to a second country is not an unexpected event and has happened in the past, notably in France and in the UK, where it resulted in secondary transmission among patients and healthcare workers in contact with the imported cases, as well as to close relatives of cases.

However, the cluster in South Korea is a significant development because of its size and evidence of tertiary cases. This is also the first time that a case imported to one country (South Korea) has resulted in exportation to a third country (China). WHO states that there is currently no indication that the virus behaves differently from previously documented clusters and that there is no evidence of sustained transmission from person to person. An increase in the number of cases of MERS-CoV infection is currently observed in the Arabian Peninsula. This increase is consistent with the seasonal pattern observed since 2013 with higher numbers of cases in late spring. There is an ongoing risk of importation of MERS-CoV infection in the EU, especially during times with increased activity in the Arabian Peninsula. The Korean outbreak highlights the importance of healthcare-associated

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

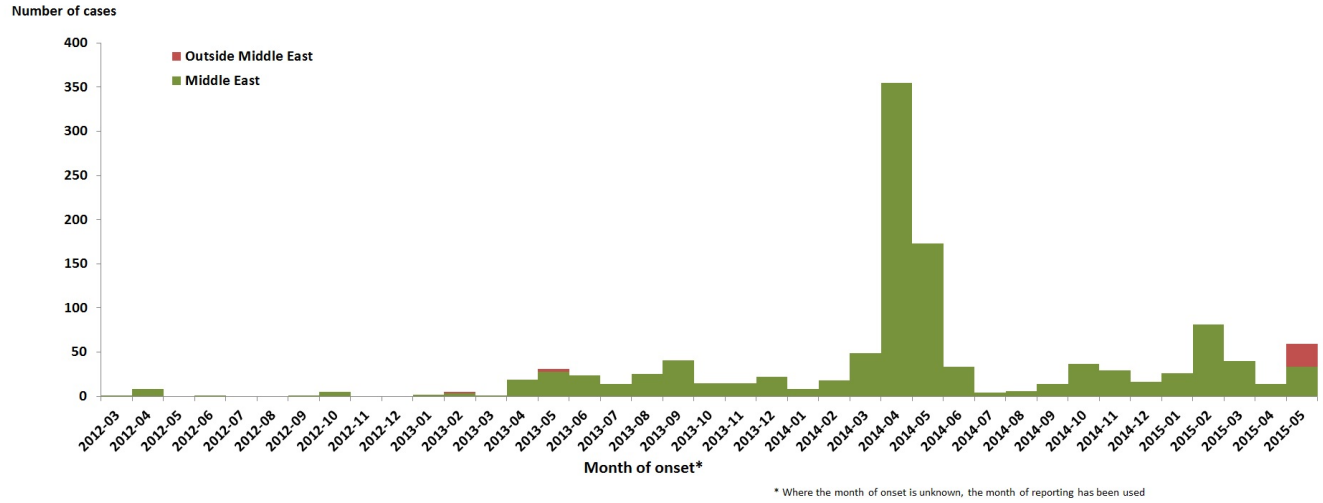
transmission and the need for timely diagnosis and implementation of infection prevention and control measures.
Since the start of the MERS-CoV outbreak, the majority of cases have been secondary cases and most have resulted from nosocomial transmission. Dromedary camels are a host species for the virus. There is continued risk of cases presenting globally following exposure in the Middle East and international surveillance for MERS-CoV cases remains essential. The risk of secondary transmission in the EU remains low and can be reduced further by 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

The last rapid risk assessment was updated on 9 March 2015. ECDC is preparing an updated RRA.
ECDC published an epidemiological update on 30 May 2015.

Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 31 May 2015 (n=1 192)

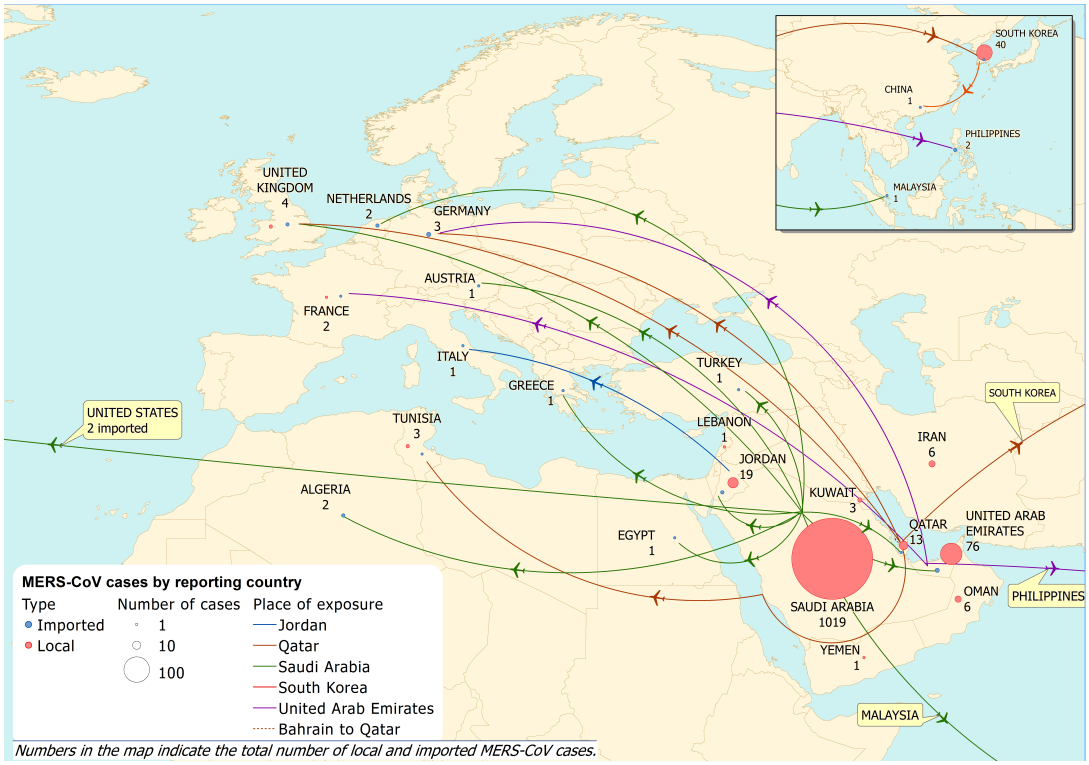
Source: ECDC



European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Distribution of confirmed cases of MERS-CoV by probable place of infection, March 2012 – 5 June 2015

Source: ECDC



Numbers in the map indicate the total number of local and imported MERS-CoV cases.

Chikungunya- Multistate (world) - Monitoring global outbreaks

Opening date: 9 December 2013 Latest update: 4 June 2015

Epidemiological summary

Since the beginning of the year and as of 29 May 2015, WHO Pan American Health Organization (WHO PAHO) has reported 326 310 suspected and confirmed cases of chikungunya virus infection and 44 deaths in the Pan American region.

In the United States, 157 cases of chikungunya virus infection have been reported from 30 states in 2015 (as of 2 June). All reported cases have occurred in travellers returning from affected areas. No locally-transmitted cases have been reported.

In the Pacific, there are ongoing outbreaks in the Cook Islands and Marshall Islands. The weekly number of cases in Kiribati has decreased significantly, according to the latest Pacific Public Health Surveillance Network (PACNET) update for week 22.

On 29 May, media reported a suspected case of chikungunya virus infection in France (Aix-en-Provence.) This case has a recent travel history to Brazil.

Web sources: PAHO update| ECDC Chikungunya | WHO Factsheet | Medisys page |

ECDC assessment

Epidemiological data indicate that the outbreaks are still expanding in the Caribbean, the Americas and the Pacific. The vector is endemic in all three 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.

Actions

ECDC published a Rapid Risk Assessment on 27 June 2014.

ECDC monitors the global chikungunya situation on a monthly basis.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 4 June 2015

Epidemiological summary

Europe: No new autochthonous dengue cases have been detected so far in 2015.

Asia: In **Taiwan,** according to media quoting the Taiwan CDC, a small cluster of five autochthonous cases was reported in Kaohsiung City in the week leading to 25 May despite a steady overall decline in the number of dengue cases since November last year. In total, 108 cases of dengue fever have been recorded so far in 2015. In **China**, Guangdong Province has reported 30 cases of dengue fever so far this year, this is a 172 percent increase compared with the same time period last year, according to media quoting the provincial health and family planning commission. Hong Kong has reported its first autochthonous case of dengue fever in 2015, according to the Centre for Health Protection. To date, 35 cases have been reported so far this year (one autochthonous and 34 imported cases). In 2014, three local and 109 imported cases were notified. Media report that more than half a million *wolbachia* infected mosquitoes have been released in Guangzhou, southern China, as part of a phase one trial aimed at reducing the mosquito population. The mosquitoes are infected with *wolbachia* bacteria which makes the male mosquito population less fertile thus limiting their ability to transmit dengue.

In **Malaysia**, as of 25 May, the Ministry of Health quoted by the media has reported more than 45 000 dengue fever cases nationally. The number of cases in Penang has increased three-fold so far in 2015 with 2 012 cases reported (as of 20 May) compared with 704 cases for the same time period last year.

Americas: In Central America, the US CDC issued an updated travel advisory for US travellers to Brazil. In South America, **Brazil** has reported a reduction in cases and according to the Ministry of Health. This indicates that the peak dengue transmission season has passed. As of 9 May, 846 000 cases have been reported nationally. Although cases have dramatically increased in 2015 compared with 2014, particularly in the states of Acre, Sao Paulo, and Goias, the overall number of cases is still thirty per cent percent lower compared with 2013 when nearly 1.4 million dengue cases were notified.

Pacific Islands and Australia: According to the Pacific Public Health Surveillance Network (PACNET), 28 confirmed cases of dengue fever were reported in **French Polynesia** during the week ending 24 May 2015. There has been an increase in the number of confirmed cases over the past three weeks and DENV-1 has been identified by the Institut Louis Malarde (ILM). In **Fiji**, there is a reduction in the number of cases reported from the outbreak in the Macuata Province, Northern Health Division. DENV-2 has been identified by the ILM. In **Tonga**, DENV-3 has been identified by LabPlus, Auckland, New Zealand. The weekly number of cases is decreasing. Media report that two dengue related deaths are currently under investigation in **American Samoa**.

In **Australia**, there are two ongoing DENV-1 outbreaks in Cairns and Tully/El Arish, 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 highlights the risk of locally-acquired cases occurring in countries where the competent vectors are present. This underlines the importance of surveillance and vector control in European countries with competent vectors.

Actions

ECDC 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.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 4 June 2015

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Epidemiological summary

Worldwide in 2015, 26 wild poliovirus type 1 (WPV1) cases have been reported to WHO so far, compared with 89 for the same period in 2014. Since the beginning of the year, two countries have reported cases: Pakistan (24 cases) and Afghanistan (2 cases).
No circulating vaccine-derived poliovirus (cVDPV) cases have been reported so far in 2015.

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet | Temporary Recommendations to Reduce International Spread of Poliovirus | Statement on the 4th IHR Emergency Committee meeting regarding the international spread of wild poliovirus

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.

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

Opening date: 15 June 2005 Latest update: 29 May 2015

Epidemiological summary

Egypt

In Egypt, as of 28 May 2015, the Ministry of Health and Population has reported 140 human cases of influenza A(H5N1), including 39 deaths in 2015. Since 2006, Egypt has reported 342 human cases, according to WHO/FAO.

Worldwide

From 2003 to 1 May 2015, 840 laboratory-confirmed human cases of avian influenza A(H5N1) virus infection have been officially reported to WHO from 16 countries. Of these cases, 447 have died.

Other strains of avian influenza
No update from WHO

Non-human cases
In the past week, Influenza A(H5N2) HPAI virus was reported among turkeys flocks in tree US States (Iowa, Minnesota and South Dakota). During the same week, Influenza A(H5) HPAI virus was reported in domestic chickens in Ghana and Influenza A(H5N6) HPAI virus reported in birds in Nghia Tan in Vietnam.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Web sources: ECDC Rapid Risk Assessment | Avian influenza on ECDC website |EMPRES | OIE

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 would not be 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 have been reported by Egypt over the past few months, it is not thought to be related to virus mutations but rather to more people becoming exposed to infected poultry. Although all influenza viruses evolve over time, preliminary laboratory investigation has not detected major genetic changes in the limited number of viruses isolated from the patients and animals in Egypt compared with previously circulating isolates thus far, but further in depth analysis is ongoing.

Various influenza A(H5) and A(H7) subtypes, such as influenza A(H5N1), A(H5N2), A(H5N3), A(H5N6), A(H5N8) and A(H7N3), have recently been detected in birds in West Africa, Asia, Europe, and North America, according to 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 weekly 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.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

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

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu