

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

#### West Nile virus - Multistate (Europe) - Monitoring season 2013

Opening date: 3 June 2013

Latest update: 24 October 2013

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 regarding WNF-affected areas and identify significant changes in the epidemiology of the disease. As of 24 October 2013, 224 human cases of West Nile fever have been reported in the EU and 557 cases in neighbouring countries since the beginning of the 2013 transmission season.

→Update of the week

During the past week, three new cases were detected in the EU: two from Romania and one from Hungary. In neighbouring countries, 46 new cases were reported: Serbia (42) and Israel (4).

#### Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 24 October 2013

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. ECDC monitors measles transmission and outbreaks in the EU and neighbouring countries in Europe on a monthly basis through enhanced surveillance and epidemic intelligence activities. Elimination of measles requires consistent vaccination coverage above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

→Update of the week

During the past month, new cases were reported from Wales where there was a large outbreak earlier during 2013. Italy is experiencing several outbreaks. The outbreak in the Netherlands is still on-going with almost 2 000 cases reported as of 16 October 2013.

#### Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 3 July 2013

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

→Update of the week

Since the last update no new outbreak was detected.

## Influenza - Multistate (Europe) - Monitoring 2013-2014 season

Opening date: 4 October 2013

Latest update: 24 October 2013

Following the 2009 pandemic, influenza transmission in Europe has returned to its seasonal epidemic pattern, with peak activity seen during winter months. ECDC monitors influenza activity in Europe during the winter seasons and publishes the results on its website in the Weekly Influenza Surveillance Overview.

→Update of the week

During week 42/2013, all 27 reporting countries experienced low intensity of clinical influenza activity.

## Non EU Threats

### New! Suspected outbreak of poliomyelitis - Syria - 2013

Opening date: 22 October 2013

Latest update: 24 October 2013

A cluster of children affected by acute flaccid paralysis (AFP) was detected in early October 2013 in Deir Al Zour province in the Syrian Arab Republic and is currently being investigated. Wild poliovirus was last reported in Syria in 1999. This cluster, if confirmed, increases the risk for the importation of wild polio virus to the EU/EEA and further re-establishment and transmission in the Member States.

### Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013

Latest update: 24 October 2013

In March of this year, a novel avian influenza A(H7N9) virus was detected in patients in China. The outbreak affected 12 Chinese provinces and Taiwan causing 137 cases of human infection, including 45 deaths. Since the end of May 2013, only sporadic cases have been reported. The virus reservoir and the mode of transmission to humans have not been determined. Zoonotic transmission from poultry to humans is thought to be the most likely scenario. There has been no epidemiological link between most of the cases, and sustained person-to-person transmission has not been observed.

→Update of the week

On 23 October 2013, the [Zhejiang Provincial health authorities](#) reported one new laboratory-confirmed case of human infection with avian influenza A(H7N9) virus. This is the second new confirmed case of human infection with avian influenza A(H7N9) virus in October 2013.

### Middle East respiratory syndrome- coronavirus (MERS CoV) - Multistate

Opening date: 24 September 2012

Latest update: 24 October 2013

Since April 2012, 144 laboratory-confirmed cases, including 62 deaths, of acute respiratory disease caused by Middle East respiratory syndrome coronavirus (MERS-CoV), have been reported by national health authorities. MERS-CoV is genetically distinct from the coronavirus that caused the SARS outbreak. To date, all cases have either occurred in the Middle East or have had direct links to a primary case infected in the Middle East.

→Update of the week

Between 18 and 24 October 2013, two male cases, 73 and 54 years old, were reported in Riyadh, Kingdom of Saudi Arabia. Both cases had commorbidities but no recent travel history. They are hospitalised in an intensive care unit.

### Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 24 October 2013

Polio, a crippling and potentially fatal vaccine-preventable disease affecting mainly children under the age of five, is close to being eradicated from the world after a significant global public health investment and effort. However, outbreaks, such as the one currently affecting the Horn of Africa and a recently reported cluster of acute flaccid paralysis in Syria pose serious challenges to this goal.

→Update of the week

Five new wild polio virus type 1 (WPV1) cases were reported to the World Health Organization during the past week.

### Cholera - Mexico - Monitoring outbreak 2013

Opening date: 14 October 2013

Latest update: 20 October 2013

Since August of this year, there has been an ongoing outbreak of cholera in Mexico, affecting five provinces, with 171 reported cases, including one death.

→Update of the week

During the past week, 12 new cases were reported from the state of Hidalgo.

## II. Detailed reports

### West Nile virus - Multistate (Europe) - Monitoring season 2013

Opening date: 3 June 2013

Latest update: 24 October 2013

#### Epidemiological summary

As of 24 October 2013, 224 human cases of West Nile fever have been reported in the EU and 557 cases in neighbouring countries since the beginning of the 2013 transmission season.

#### EU Member States

##### **Croatia**

Croatia has recorded 16 cases of West Nile virus (WNV) so far this year. The affected areas are Zagrebacka county (8), Medimurska county (1) and Zagreb (7).

##### **Greece**

Eighty-six cases of WNV have been reported in Greece. The regions affected are Attiki (36), Imathia (3), Kavala (11), Thessaloniki (6), Xanthi (16), Kerkyra (1), Serres (8) Ileia (1) and Pella (4).

##### **Italy**

Italy has reported 68 cases (39 neuroinvasive and 29 non-neuroinvasive) of WNV. The provinces affected are Modena (16), Rovigo (10), Verona (7), Reggio Emilia (5), Mantova (7), Bologna (2), Padova (1), Ferrara (6), Parma (3), Cremona (1), Treviso (5), Venezia (2), Foggia (1), Lodi (1) and Brescia (1).

##### **Hungary**

Hungary has reported 30 cases so far this year. The counties affected are: Fejer (2), Pest (5), Komaron (1), Békés (2), Budapest (6), Csongrád (3), Hajdú-Bihar (2), Jász-Nagykun-Szolnok (3), Heves (3), Bács-Kiskun (2) and Szabolcs-Szatmár-Bereg (1).

##### **Romania**

Romania has reported 24 cases of WNV. The counties affected are Braila (4), Ialomita (3), Iasi (2), Galati (2), Constanta (2), Tulcea (3), Bucuresti (2), Ilof (1) Mures (1), Bacau (2) and the newly affected Sibiu (2).

##### **Spain**

The [Andalusia Ministry of Agriculture](#) in Spain this week detected eight horses with West Nile encephalitis in four newly affected municipalities of the province of Seville (Guillena, Benacazon, La Campana and Carmona), two in municipalities with previous case reports (Constantina and Huevar) and one in a newly affected municipality of the province of Huelva (El Campillo).

#### Neighbouring countries

##### **Bosnia and Herzegovina**

Three cases of WNF have been reported so far this year, two cases in Tuzlansko-podrinjski canton and one case in Modrica canton.

##### **Israel**

Sixty-three cases of WNV have been reported in Israel. The affected districts are Central (30), Haifa (19), Tel Aviv (11) and the Southern district (3)

##### **Montenegro**

Montenegro has reported four cases to date. Three cases in the Podgorica region and one case in the Cetinje region.

##### **Serbia**

Serbia has reported 302 cases of WNF from seventeen districts: Grad Beograd (171), Podunavski (15), Sremski (11), Juzno-backi (20), Juzno-banatski (48), Kolubarski (10), Macvanski (6) Branicevski (3), Jablancki (1), Srednje-banatski (6), Severno-backi (3), Moravicki (2), Severno-banatski (1), Zapadno-backi (1), Zlatiborski (1) and the newly affected districts Pomoravski (1), Rasinski (1) and Sumadijski (1).

##### **the former Yugoslav Republic of Macedonia**

One case has been reported in Kocani (Eastern Macedonia).

##### **Russia**

Russia has reported 177 cases of WNF from ten oblasts and one republic in Russia: Adygeya oblast (1), Astrakhanskaya oblast

(69), Lipetskaya oblast (2), Rostovskaya oblast (8), Samarskaya oblast (9), Saratovskaya oblast (30), Volgogradskaya oblast (49), Voronezhskaya oblast (4), Belgorodskaya oblast (2) Kaluzhskaya oblast (1), Omskaya oblast (1) and Orenburgskaya oblast (1).

### **Ukraine**

The first case for this year was reported in Zhytomyrs'ka oblast.

### **Tunisia**

Tunisia has reported six cases since the beginning of the transmission season in July. The five affected governorates are Gabes (2), Mahdia (1), Monastir (1), Nabeul (1) and Sousse (1).

**Web sources:** [ECDC West Nile fever risk maps](#) | [ECDC West Nile fever risk assessment tool](#) | [Volgograd oblast](#) | [Serbia MoH](#) | [Macedonian PH Institute](#) | [Croatia PHI](#) | [Israel MoH](#) |

## ECDC assessment

The 2013 season is progressing in comparable fashion to previous years in the EU and neighbouring countries. West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures are 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 to humans.

## Actions

ECDC produces weekly [West Nile fever risk maps](#) during the transmission season to inform blood safety authorities regarding affected areas.

ECDC published a West Nile fever [risk assessment tool](#) on 3 July 2013.

Reported cases of West Nile fever for the EU and neighbouring countries

Transmission season 2013; latest update: 24/10/2013



### Reported cases of West Nile fever for the EU and neighbouring countries Transmission season 2013 and previous transmission seasons; latest update: 24/10/2013



## Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 24 October 2013

### Epidemiological summary

#### EU Member States

##### *The Netherlands - update*

The measles outbreak is still ongoing with 1 920 cases reported by [RIVM](#) as of 16 October. During the last week, 122 new cases were reported, including eight hospitalisations. Most cases are unvaccinated (95%) and in the age group 4-12 years (58%). There have been 14 health workers among the cases reported since the beginning of the outbreak in May 2013. Of these, 10 are unvaccinated, two are vaccinated with two doses and two have received one dose.

##### *The UK, Wales – update*

Nine new cases were reported by [Public Health Wales](#) in two schools. Wales experienced a large measles outbreak, centred on the Swansea area, earlier this year which was declared over on 3 July 2013. More than 75 000 people were immunised during the outbreak, but it's estimated that 30 000 children in the 10 to 18 age group remain unvaccinated that could lead to another outbreak.

##### *Italy – update*

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There are ongoing outbreaks in Italy with around 1 500 cases reported since January 2013. The affected regions include Lombardia with approximately 500 cases and Piemonte, Emilia Romagna, Liguria, Abruzzo and South Tyrol with over 100 cases each.

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC/Euronews documentary](#) | [WHO Epidemiological Briefs](#) | [MedISys Measles page](#) | [EUVAC-net ECDC](#) | [ECDC measles factsheet](#) | [RIVM](#)

## ECDC assessment

The transmission season for measles still persists in Europe. The largest outbreaks have been in Wales and the Netherlands. In the EU neighbourhood, outbreaks with several thousand cases affecting Georgia and Turkey give cause for concern.

The target year for measles elimination in Europe is 2015. The current outbreaks suggest that endemic measles transmission continues in many EU Member States and the prospect of achieving the 2015 objective is diminishing.

## Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 3 July 2013

### Epidemiological summary

There have been large outbreaks of rubella in Romania and Poland during 2012 and 2013. The outbreak in Romania resulted in 22 cases of congenital rubella syndrome (CRS), nine of which were fatal. The epidemiology of rubella in these countries reflects the history of their national rubella immunization policies and predominantly affects gender and age groups not previously targeted by rubella immunisation programmes.

**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](#)

### 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 and the number of babies born with CRS are cause for concern.

### 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 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](#)

## Influenza - Multistate (Europe) - Monitoring 2013-2014 season

Opening date: 4 October 2013

Latest update: 24 October 2013

### Epidemiological summary

During week 42/2013, all 27 reporting countries experienced low intensity of clinical influenza activity. Sporadic activity was reported by three countries. Of 327 sentinel specimens tested by 19 countries, 2 (0.6%) were positive for influenza virus. Ireland and the UK reported five hospitalised laboratory-confirmed influenza cases since week 40.

Websources: [WISO](#) | [ECDC Seasonal influenza](#) | [CDC Seasonal influenza](#)

## ECDC assessment

During the first two weeks of the 2013–2014 influenza season, the influenza activity in Europe has remained at inter-season levels.

## Actions

ECDC will be producing the weekly influenza surveillance overview on a weekly basis.

## **New! Suspected outbreak of poliomyelitis - Syria -2013**

Opening date: 22 October 2013

Latest update: 24 October 2013

## Epidemiological summary

On 19 October 2013, WHO announced a 'hot' cluster of AFP cases in Deir Al Zour province in Syria, located 250 km from Damascus in the east of the country along the Iraqi border. The cluster consists of 22 cases and the age distribution was five cases under one year old, 13 cases one-to-two years old and four cases over two years old. The first cases were detected in early October. Initial tests by the national reference laboratory in Damascus indicated wild poliovirus in two cases. Samples have been sent to the regional reference laboratory of the Eastern Mediterranean Region of WHO for confirmation. According to WHO, the Syrian Ministry of Health has confirmed that they are addressing this event as a cluster of 'hot' AFP cases, while they wait for final laboratory confirmation. A rapid response is being planned across the country. A surveillance alert has been issued for the region to actively search for additional potential cases. Supplementary immunisation activities in neighbouring countries are currently being planned.

Web sources: [WHO DON](#) | [ECDC RRA](#) |

## ECDC assessment

As a result of the ongoing conflict in Syria, public health services are failing, vaccination coverage has dropped dramatically, sanitary conditions have deteriorated, displaced people are living under crowded conditions and there are large movements of people. These are all conditions that favour the spread of infectious and vaccine preventable diseases.

The probability is very high that the cluster of cases of acute flaccid paralysis in Deir Al Zour province in Syria is caused by wild-type poliovirus. Confirmation of a polio outbreak in Deir Al Zour province would signal widespread transmission of poliovirus in Syria and possibly in the areas bordering Syria. This cluster of cases, if confirmed, increases the risk for the importation of wild polio virus to the EU/EEA and further re-establishment and transmission in the Member States. It is expected that the number of asylum seekers, refugees and illegal migrants entering the EU will continue to be high and possibly increase as the conflict evolves.

In the ECDC rapid risk assessment it is recommended that:

- Countries hosting Syrian citizens in designated areas (camps) should assess the level of transmission of wild poliovirus among them. Such assessments can be carried out through enhanced clinical surveillance, environmental surveillance, and systematic collection of stool samples from symptomatic and asymptomatic persons;
- EU Member States receiving refugees and asylum seekers from Syria should assess their vaccination status on arrival and provide polio vaccination and other vaccinations as needed;
- Regional and international efforts to assess the risk and provide vaccination and other public health services in Syria and to Syrian refugees hosted by neighbouring countries should be supported;
- Member States should consider implementing the recommendations made in the ECDC risk assessment of wild-type poliovirus transmission in Israel;



- Countries should review their national preparedness plans, and ensure that items such as a framework and responsibilities for outbreak response, enhanced activities and reporting timelines, and vaccine of choice for outbreak response are in place.

## Actions

ECDC published a [rapid risk assessment](#) on 24 October.

## Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013

Latest update: 24 October 2013

### Epidemiological summary

On 31 March 2013, Chinese authorities announced the identification of a novel reassortant A(H7N9) influenza virus in patients in eastern China. Since then, 137 cases of human infection with influenza A(H7N9) have been reported from: Zhejiang (48 cases), Shanghai (34), Jiangsu (27), Henan (4), Anhui (4), Beijing (2), Shandong (2), Fujian (5), Hunan (3), Jiangxi (5), Hebei (1), Guangdong (1) and Taiwan (1). In addition, the virus has been detected in one asymptomatic case in Beijing. Most cases have developed severe respiratory disease. Forty-five patients have died (case-fatality ratio=33%). The median age is 58 years, ranging between four and 91 years; 39 of 137 patients are female, with gender being unknown in five cases.

A new case was reported on 23 October in a 67 year old male farm worker from Zhejiang Province, with a date of onset on 16 October 2013. He is currently hospitalised. This is the second case reported from Zhejiang province in October 2013.

**Web sources:** [Chinese CDC](#) | [WHO](#) | [WHO FAQ page](#) | [OIE](#) | [Chinese MOA](#) |

### ECDC assessment

Influenza A(H7N9) is a zoonotic disease that has spread in poultry in parts of eastern China, causing severe disease in humans. There is no evidence of sustained person-to-person transmission. Close to 3 000 contacts have been followed-up, and only a few are reported to have developed symptoms, as part of three small family clusters. Many unanswered questions remain regarding this outbreak, e.g. the reservoir, the route of transmission, the spectrum of disease and the reason for an unusual age-gender imbalance.

Authorities have employed strict control measures including closing live poultry markets and culling poultry in affected areas. Following these measures, the number of reported cases have dropped. It is not possible to determine at this point whether these two new cases, reported one week apart, mark the resurgence of the outbreak. ECDC's earlier risk assessment remains valid.

EU citizens in China are strongly advised to avoid live bird markets. The risk of the disease spreading to Europe via humans is considered low. However, it is not unlikely that people presenting with severe respiratory infection in the EU and a history of potential exposure in the outbreak area will require investigation in Europe.

## Actions

The Chinese health authorities continue to respond to this public health event with enhanced surveillance, epidemiological and laboratory investigation including scientific research.

ECDC is closely monitoring developments.

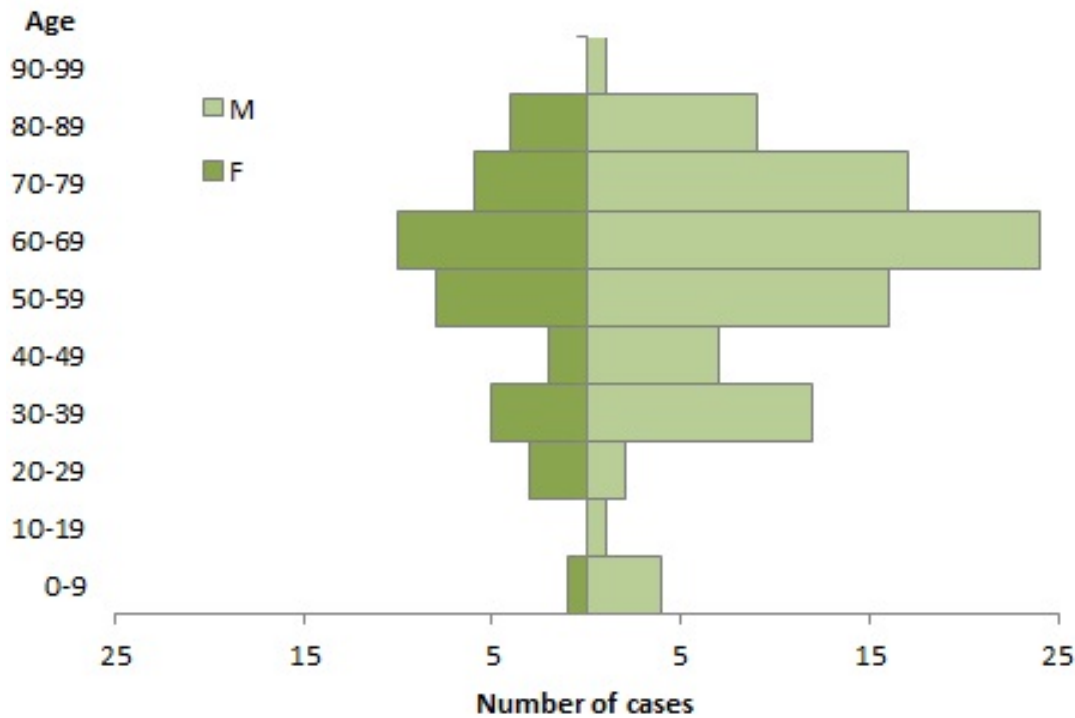
ECDC published an updated [Rapid Risk Assessment](#) on 8 May 2013.

A case detection algorithm and an EU case definition has been developed and shared with EU Member States.

ECDC guidance for [Supporting diagnostic preparedness for detection of avian influenza A\(H7N9\) viruses in Europe](#) for laboratories was published on 24 April 2013.

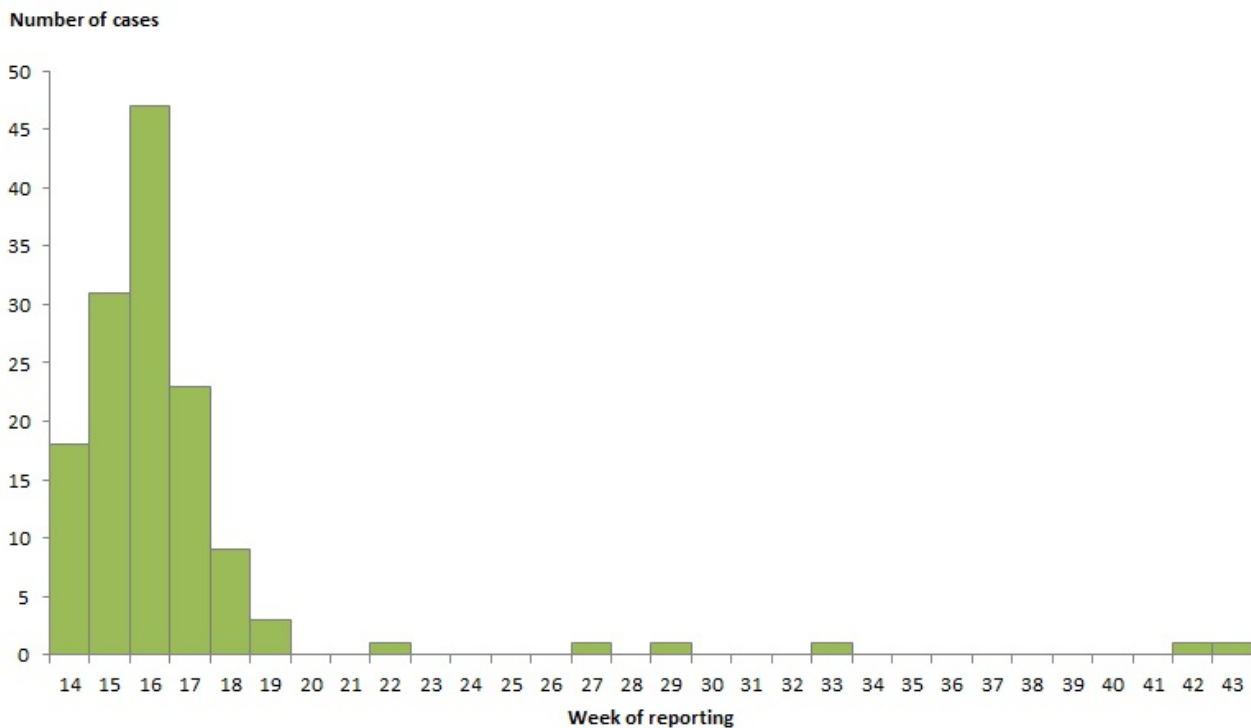
Number of A(H7N9) cases by gender and age distribution as of 23 October 2013 (n=132)

ECDC SRS



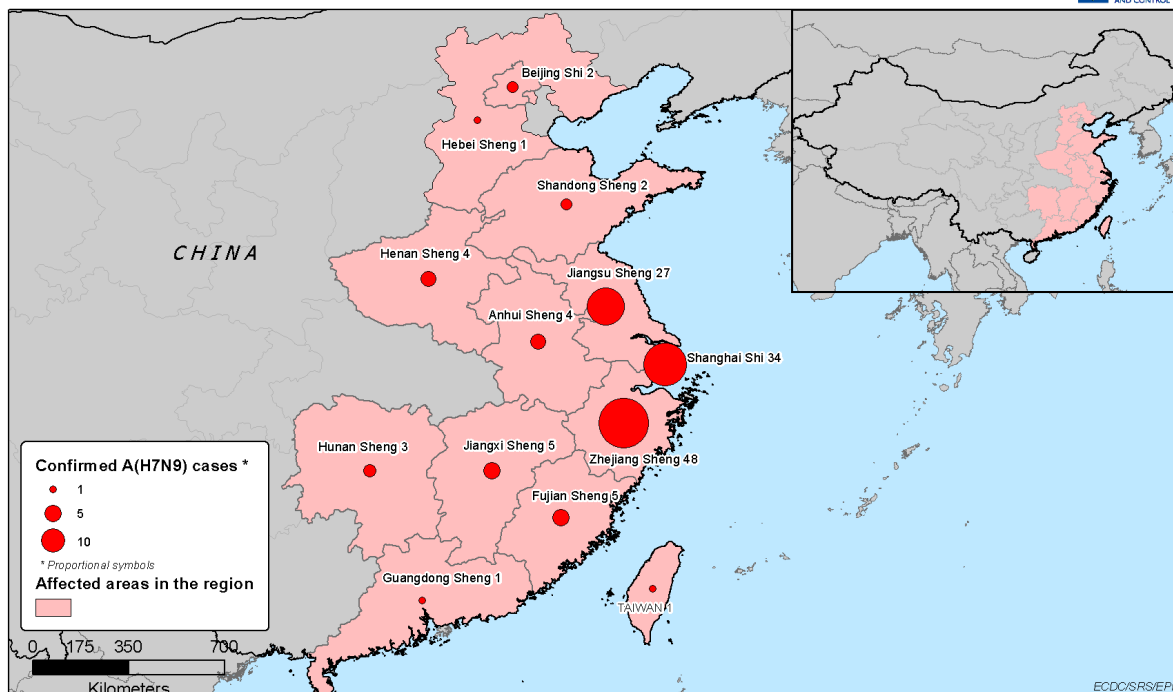
Number of A(H7N9) cases by the date of reporting as of 24 October 2013 (n=137)

ECDC SRS





### Reported cumulative number of confirmed cases of novel influenza A(H7N9) by province in China, as of 24 October 2013, 15.00 CEST



## Middle East respiratory syndrome- coronavirus (MERS CoV) - Multistate

Opening date: 24 September 2012

Latest update: 24 October 2013

### Epidemiological summary

As of 24 October 2013, there have been 144 laboratory-confirmed cases of MERS-CoV worldwide, including 62 deaths. All cases have either occurred in the Middle East or have had direct links to a primary case infected in the Middle East.

Saudi Arabia has reported 121 symptomatic and asymptomatic cases including 51 deaths, Jordan two cases, who both died, United Arab Emirates five cases, including one fatality and Qatar four cases, including two deaths.

Twelve cases have been reported from outside the Middle East: in the UK (4), France (2), Tunisia (3), Germany (2) and Italy (1).

In France, Tunisia and the United Kingdom, there has been local transmission among patients who have not been to the Middle East but have been in close contact with laboratory-confirmed or probable cases. Person-to-person transmission has occurred both among close contacts and in healthcare facilities. However, with the exception of a possible nosocomial outbreak in Al-Ahsa, Saudi Arabia, secondary transmission has been limited. Sixteen asymptomatic cases were reported by Saudi Arabia and two by the UAE. Seven of these cases were healthcare workers.

The Ministry of Health of Saudi Arabia updated its Health regulations for travellers to Saudi Arabia before the Umrah and Hajj pilgrimage regarding MERS-CoV. This year, the pilgrimage took place from 13 to 18 October. No new cases were reported in Saudi Arabia during that period.

WHO has convened an Emergency Committee under the International Health Regulations (IHR), comprising international experts from all WHO Regions, in September 2013 to advise the Director-General on the status of the current situation. The Emergency Committee unanimously advised that, with the information now available, and using a risk-assessment approach, the conditions for a Public Health Emergency of International Concern (PHEIC) have not at present been met.

**Web sources:** [ECDC RRA Update 26 September](#) | [ECDC novel coronavirus webpage](#) | [WHO](#) | [WHO MERS updates](#) | [WHO travel health update](#) | [WHO Euro MERS updates](#) | [CDC MERS](#) | [Saudi Arabia MoH](#) | [Qatar SCH](#) | [Eurosurveillance article](#) | [Eurosurveillance article 26 September](#)

### ECDC assessment

The continued detection of MERS-CoV cases in the Middle East indicates that there is an ongoing source of infection present in the region. The source of infection and the mode of transmission have not been identified. There is therefore a continued risk of cases occurring in Europe associated with travel to the area. Surveillance for cases is essential.

The risk of secondary transmission in the EU remains low and could 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

The latest ECDC [rapid risk assessment](#) was published on 26 September 2013.

The results of an ECDC coordinated survey on laboratory capacity for testing the MERS-CoV in Europe were published in [EuroSurveillance](#).

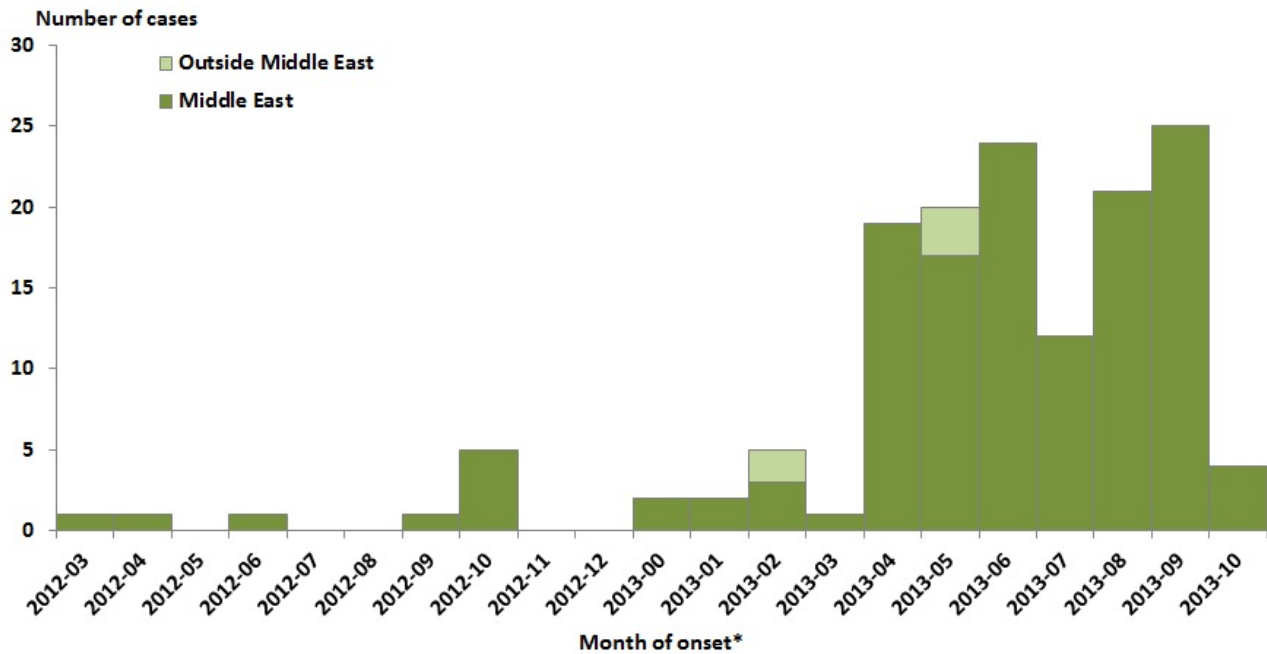
ECDC published a [Public Health Development](#) on 27 August 2013 regarding the isolation of MERS-CoV from a bat sample.

The first 133 cases are described in [EuroSurveillance](#) published on 26 September 2013.

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

Distribution of confirmed cases of MERS-CoV by month\* and place of probable infection, March 2012 - 24 October 2013 (N=144)

ECDC SRS



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

Distribution of confirmed cases of MERS-CoV by age and gender, March 2012 - 24 October 2013 (n=139\*)

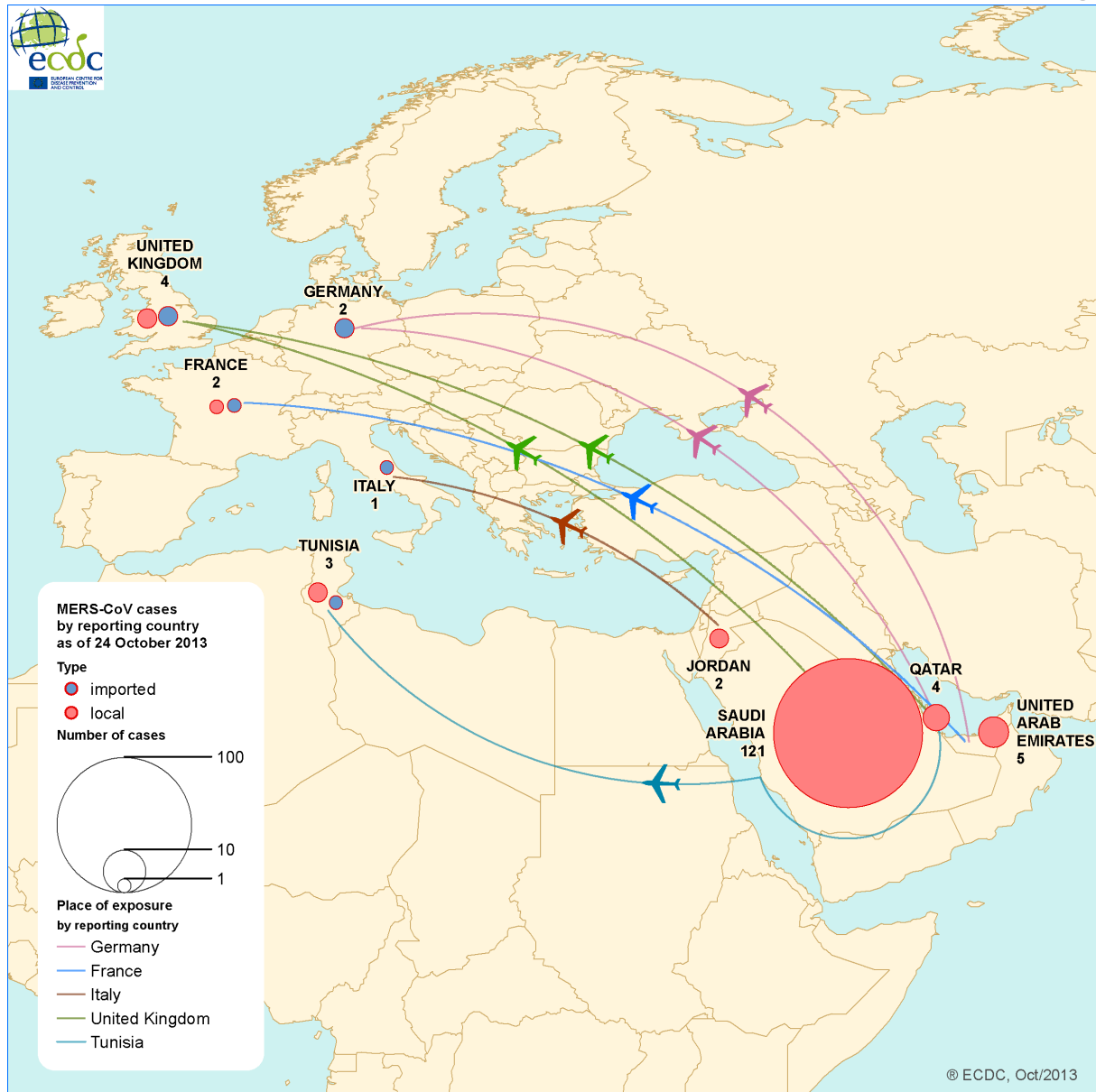
ECDC SRS



\*5 cases for which age or sex data is missing have been excluded

## Distribution of MERS-CoV cases by place of reporting as of 24 October 2013

ECDC SRS

**Poliomyelitis - Multistate (world) - Monitoring global outbreaks**

Opening date: 8 September 2005

Latest update: 24 October 2013

**Epidemiological summary**

In the past week, five new WPV1 cases were reported to WHO: one case in Afghanistan, three cases in Pakistan and one case in Cameroon. This is the first WPV case in Cameroon since 2009. No new WPV cases were reported from the Horn of Africa. Ethiopia and Somalia have deployed permanent vaccination points at all major entry points.

Worldwide, as of 23 October 2013, 301 cases of poliomyelitis have been notified to WHO compared with 175 for the same period in 2012. Eight countries have recorded cases in 2013: Somalia (174), Nigeria (49), Pakistan (46), Kenya (14), Afghanistan (8), Ethiopia (6), South Sudan (3) and Cameroon (1).

In August 2013, although no case of paralytic polio was reported, WPV1 was detected in 96 sewage samples from 27 sampling sites in Israel indicating widely spread transmission.

In early October 2013, a cluster of acute flaccid paralysis (AFP) cases was detected in Deir Al Zour province in the Syrian Arab

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Republic. For more information about this cluster, please refer to the dedicated section.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#) | [WHO mission to Israel](#) | [Somalia Humanitarian Bulletin](#)

### ECDC assessment

Europe is declared polio free. The last polio cases in the EU occurred in 2001 in Bulgaria with a WPV that originated from India. The latest outbreak in the WHO European Region was in Tajikistan in 2010, when WPV1 imported from Pakistan caused an outbreak of 460 reported cases. The last indigenous WPV case in Europe was in Turkey in 1998. An outbreak in the Netherlands in a religious community opposed to vaccinations caused two deaths and 71 cases of paralysis in 1992.

The recent detection of WPV in environmental samples in Israel and the suspected cases in Syria highlight the risk of re-importation in Europe. Recommendations are provided in the recent risk assessments produced by ECDC:

[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 follows reports on polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of re-introduction of wild poliovirus into the EU. The threat is followed on a bi-weekly basis.

## Cholera - Mexico - Monitoring outbreak 2013

Opening date: 14 October 2013

Latest update: 20 October 2013

### Epidemiological summary

As of 18 October 2013, Mexico has reported 171 confirmed cases, including one death, of infection with *Vibrio cholerae* O:1 Ogawa toxigenic. The affected areas include the Federal District (2 cases), the state of Hidalgo (157 cases), the state of Mexico (9 cases), the state of San Luis Potosi (1 case) and the state of Veracruz (2 cases). In total, 86 (50.2%) are female and 85 (49.8%) are male with ages ranging from three months to 88 years old. Thirty nine (23%) of the cases were hospitalised.

The current strain is different from the one that circulated during 1991-2001, however, genetic testing suggests it to be similar to the strain circulating in Haiti, Dominican Republic and Cuba.

Investigation results are indicating that the river water is the source of contamination for the affected persons in the state of Hidalgo.

**Web sources:** [PAHO epidemiological alert on 1 October](#) | [PAHO epidemiological alert 12 October](#) | [PAHO epidemiological alert 26 September 2013](#) | [WHO DON](#)

### ECDC assessment

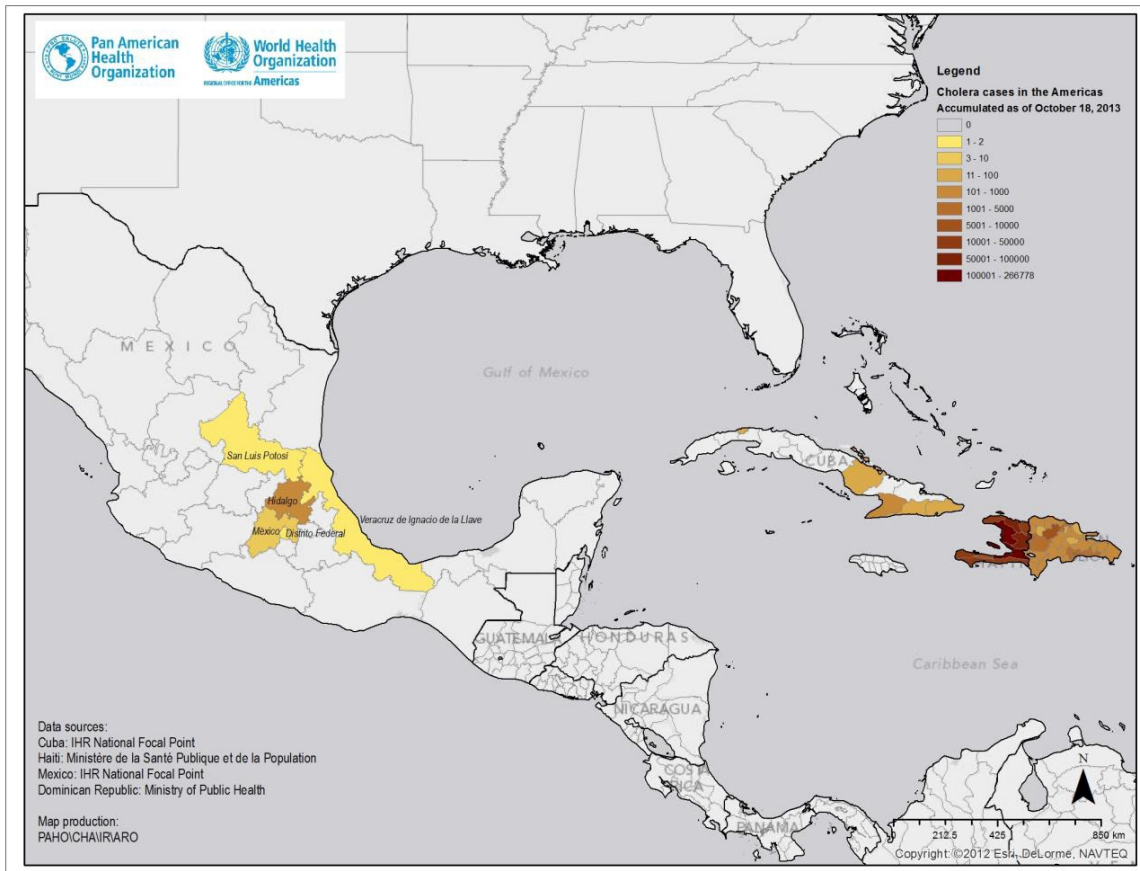
This is the first sustained autochthonous transmission of cholera recorded in Mexico since the 1991-2001 endemic period. Travellers to Mexico and to the other affected countries in the region (Cuba, the Dominican Republic and Haiti) should be aware of preventive hygiene measures and seek advice from travel medicine clinics prior to their departure, to assess their personal risk. In addition, physicians in the European Union should consider the diagnosis of cholera in returning travellers from these countries presenting with compatible symptoms. Upon diagnosis, notification to the relevant public health authorities is essential.

### Actions

ECDC published an [epidemiological update](#) on 10 October.

Cumulative cholera cases recorded in the Region of the Americas up to 18 October 2013

PAHO





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