COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 30, 22-28 July 2012

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Anthrax - Multistate - Injecting drug use

Opening date: 18 December 2009 Latest update: 19 July 2012

Six cases of anthrax in intravenous drug users (IDUs) have been reported in the EU since June 2012: three in Germany, one in Denmark, one in France and a further case has been reported this week by the UK. Two of these cases have died. In 2009 - 2010 there was an outbreak of anthrax involving 124 injecting drug users in the UK (England and Scotland with five and 119 cases respectively) and Germany (three cases).

➔Update of the week

During the week 21 to 27 July 2012 a further case of anthrax was reported in an injecting drug user from Scotland, UK.

Salmonella Stanley - Multistate (EU) - Slowly evolving outbreak

Opening date: 19 July 2012

A multi-country (Hungary, Belgium, Germany) outbreak of *Salmonella* Stanley with a potential common source is under investigation after Belgium first alerted the FWD network through the EPIS-FWD platform of an increased number of cases on 9 July 2012. The occurrence of an indistinguishable PFGE profile of several strains isolated from cases from different countries suggests a possible common source, which has not yet been identified.

➔Update of the week

No further cases have been reported this week. The previously reported cases for which PFGE profiling has been done, show indistinguishable PFGE profiles. A rapid risk assessment on the siutation has been completed by ECDC.

Olympics 2012 - MG surveillance (weekly update)

Opening date: 13 July 2012

From 20 July 2012, the CDTR includes a section on threats related to the 2012 London Summer Olympics. It contains information gathered through epidemic intelligence activities concerning health events or public health measures relevant for the Games. The information is grouped geographically by UK (as host country), Europe and rest of the world.

➔Update of the week

No major health events were detected or reported this week through the enhanced international surveillance.

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Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 20 July 2012

Two cases of probable autochthonous transmission of *Plasmodium vivax* malaria were reported by Greece on 22 June and 17 July 2012. Control measures have been put in place in accordance with local guidelines.

➔Update of the week
No further cases reported this week.

West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012 Latest update: 27 July 2012

During the West Nile virus (WNV) transmission season (between June and November), ECDC monitors the situation in the EU Member States and in neighbouring countries in order to identify any significant changes in the epidemiology of the disease. In 2011, 130 probable and confirmed cases of West Nile fever (WNF) were reported from the EU Member States and 207 cases in neighbouring countries. Transmission of the virus in Europe has now started for the 2012 season, with so far 13 probable and confirmed cases reported in the EU and 20 in neighbouring countries.

➔Update of the week
This week, Greece reported seven new cases, in Attiki and in Evvoia. Italy is currently investigating a first case in Oristano, Sardegna. In neighbouring countries, Volgograd oblast in Russia reported eight new cases.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 26 July 2012

Measles is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. In the past decade the size of the susceptible population has increased, leading to a resurgence of the disease. More than 30 000 cases were reported in EU Member States in each of the last two years. However, so far in 2012, the number of outbreaks and reported cases in the Member States are significantly lower than during 2010 and 2011. Romania, France, Italy, the United Kingdom and Spain accounted for the majority of cases reported so far this year. In Ukraine, there is a large ongoing outbreak with more than 11 000 cases reported so far in 2012.

➔Update of the week
During the period 21 to 27 July 2012, no new outbreaks were detected in EU Member States.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 11 July 2012

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

➔Update of the week
No new outbreaks were detected in EU Member States.

Non EU Threats

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 19 July 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiological patterns.

➔Update of the week
Since the beginning of the year, no autochthonous cases have been reported in Europe.

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Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 26 July 2012

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50 to 100 million people each year, mainly in the tropical regions of the world. There are no significant recent developments in global dengue epidemiology. However, the identification of sporadic autochthonous cases in non-endemic areas in 2010 and 2011 highlights the risk of occurrence of locally acquired cases in EU countries where the competent vectors are present.

➔Update of the week

There have been no reports of autochthonous dengue infections in Europe so far in 2012. High activity is reported in several endemic areas worldwide.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 12 July 2012

Polio, a crippling and potentially fatal vaccine-preventable disease mainly affecting children under five years of age, is close to being eradicated from the world after a significant global public health investment and effort. The WHO European Region is polio-free. Ninety-six cases have been reported worldwide so far in 2012.

➔Update of the week

No recent update has been received subsequent to the information presented on 20 July.

Influenza A(H5N1) - Multistate (world) - Monitoring human cases

Opening date: 15 June 2005 Latest update: 12 July 2012

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

Between 21 and 27 July 2012, WHO reported no new cases of human infection with avian influenza A(H5N1) virus.

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II. Detailed reports

Anthrax - Multistate - Injecting drug use

Opening date: 18 December 2009 Latest update: 19 July 2012

Epidemiological summary

In June 2012, Germany reported two cases of anthrax in injecting drug users (IDU) in Regensburg. One of these cases died. The strain from these cases is reported to be almost identical to the strain from the 2009-2010 outbreak that mostly affected Scotland. A third confirmed case in an IDU was reported on 4 July in Berlin, Germany. This case presented as cutaneous anthrax. Initial molecular typing of *B. anthracis* DNA from this patient suggests that it could be genetically similar to the first two cases in the Regensburg region, as one of the two indicative single nucleotide polymorphism (SNP) markers showed the expected pattern. As the patient started antibiotic treatment prior to sample collection, living bacteria could not be isolated in order to provide sufficient DNA for further typing.

Denmark then reported a confirmed case of cutaneous anthrax in an IDU in Copenhagen. The person bought heroin in Copenhagen around 1 July 2012 and injected it intravenously in the following days. He died on 8 July. Remains of the purchased heroin have been secured and will be analysed.

France informed ECDC of a case of anthrax in a known IDU who started with symptoms on 11 June 2012. The strain will be genotyped and compared with those isolated from German patients. Investigations revealed that the heroin used by this case was purchased in France in the Rhône-Alpes region and the patient had no recent history of travel.

The most recent case was reported by the UK on 25 July 2012. The case is a known injecting drug user from Lanarkshire, Scotland. Investigations into the case are currently being undertaken.

Between 2009 to 2010 there were three similar cases reported in Germany, five cases from England and Wales and 119 cases from Scotland.

Public Sources: RKI statement on German cases 2012 | Eurosurveillance article on 1st case in 2012 | SSI statement on Danish case | Statement on French case | Last HPA report | RKI report | Last NHS report | NHS publication | RKI serological investigation

ECDC assessment

The conclusions of the rapid risk assessment published by ECDC and EMCDDA in February 2010 remain valid; the risk of exposure to contaminated heroin for IDU remains present and accidental contamination is the most plausible explanation. The reports of cases of anthrax in IDUs across several countries suggests that contaminated heroin might be circulating across many European countries. The geographical distribution of the contaminated heroin is unknown at this time, but it is possible it has the same source as the contaminated heroin incriminated in the outbreak in 2009 and 2010. The possibility of further cases among IDUs will be identified in the near future cannot be excluded.

Actions

ECDC and EMCDDA updated their joint rapid risk assessment (RRA) on 13 July. The two organisations will work together to produce joint guidance on the prevention of anthrax among IDUs.

Salmonella Stanley - Multistate (EU) - Slowly evolving outbreak

Opening date: 19 July 2012

Epidemiological summary

On 9 July 2012 Belgium reported a total of 22 cases of *S.* Stanley (median age 21 yrs, range 2-59 yrs) in 2012, including 10 cases reported between 11-25 June. The strains are resistant to nalidixic acid. For all cases, the infection was locally acquired and there is no geographical clustering.

Two additional countries have also observed an increase in number of cases in 2012 which may be linked to the Belgium outbreak:

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- Hungary has reported 63 cases from January to June 2012 compared to 2-10 cases annually for previous years. The increase started in September 2011 with 2-3 cases monthly but with a large increase in cases from May onwards. All cases are sporadic autochthonous cases, except for two cases that occurred in the same household. Half of the cases occurred among children under 6 years old. More than half of the Hungarian counties are affected, with no geographical clustering. So far, there is no information about the sources of the infections and investigations are ongoing.
- Germany has reported 43 cases in 2012 for the first half of the year, which is more than twice the expected number. Most of the German cases have onset of disease in March. Nine of these cases were infected abroad (e.g. Thailand) and none in Belgium. Thirty-four cases are likely domestically acquired. Both sexes are affected equally; about half are juveniles (the majority young children, few teenagers) and half adults. Many of the 16 German states are affected with more than half of cases in the population-rich states in western Germany, but cases do not cluster near the Belgian-German border. The four strains isolated in March and June were resistant to Nalidixic Acid (like the Belgium strain).

The cases from these countries for which PFGE profiling has been done, show indistinguishable PFGE profiles. There was a recent RASFF notification about S. Stanley contaminated chicken but the PFGE profile is different from the cases in the outbreak investigation.

Outbreak investigations are ongoing in all three countries. No probable source has been identified so far.

To date a total of 20 countries have reported no increase in S. Stanley infections during 2012 in EPIS FWD.

Sweden reported 11 domestic cases since January 2012, with 9 of these cases occuring since April. A smaller cluster from a birthday party in April was investigated but no source of infection was found. The PFGE profile of these Swedish cases is different from the profile in the current outbreak investigation affecting the countries above.

ECDC assessment

Previous outbreaks of *S.* Stanley in Europe have been associated with the consumption of a variety of goods, including alfalfa sprouts, chicken, peanuts and locally produced soft cheese. Of all *S.* Stanley cases reported to TESSy in 2007-2012, 59% were considered travel-associated and Thailand (1449 cases) was the most commonly recorded country of infection. The increase in Salmonella Stanley infections reported from Belgium, Hungary and Germany in 2012 does not seem to be related to international travel. The occurrence of one single PFGE pattern of strains isolated across these countries suggests a common source, which has not yet been identified.

Actions

ECDC organised an audio-conference with the affected countries at which it was agreed to develop a common case definition and to collate available case information in a line listing to enable further descriptive epidemiological analysis of information on the cases. A rapid risk assessment on the siutation has also been completed by ECDC.

Olympics 2012 - MG surveillance (weekly update)

Opening date: 13 July 2012

Epidemiological summary

Hosting country - UK
No major health threats to the hosting country were detected or reported this week.

Europe and rest of world
In addition to those reported elsewhere in this CDTR report, the following events have been monitored this week due to the global public health dimension of the Olympics:

Unidentified disease, Kibaale District, West Uganda
Source: media
There were reports about 12 fatalities in the Kibaale District, West Uganda, from an unknown disease. Cases presented with high fever, diarrhoea, vomiting and multi-system failure, with death occurring four to seven days from onset of disease. Eleven cases were from the same family, the 12th case was a health care worker. Symptoms are thought to be consistent with an outbreak of Bundibugyo haemorrhagic fever, a filovirus haemorrhagic fever, first identified in the Bundibugyo district of Western Uganda.

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Pertussis, Alberta State, Canada
Source: media
Consistent with reports in the UK and USA, the media has also reported an increase in pertussis cases in South Alberta State, Canada. As of 24th July 2012, the Edmonton region had seen 32 cases compared to only 18 cases in all of 2011.

ECDC assessment

Unidentified disease, Kibaale District, West Uganda**:** This situation is not a threat to the Olympics, but will continue to be monitored.

Pertussis, Alberta State, Canada**:** There is known to be an increase in pertussis in UK and USA and the situation is not seen to be a threat to the Olympics.

Actions

ECDC continues to monitor these events.
The Centre is working with the Health Protection Agency in the UK in monitoring and assessing international public health threats that could have potential impact on the games.

Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 20 July 2012

Epidemiological summary

In 2012, two autochthonous cases of *Plasmodium vivax* infection have so far been reported from Greece.

On 22 June, Greece reported the first case this season in a 78 year old Greek resident who did not report a history of travel to endemic areas in the past five years. He is a resident of a suburb of Athens, but has a summer house in Marathon, Attiki region, where he is believed to have been infected. Onset of symptoms was around 7 June. Laboratory investigation revealed *Plasmodium vivax*, confirmed by molecular biology (PCR). The Marathon area is a known place of malaria transmission, combining humid zones and intensive agricultural activities. Climatic conditions are now considered favourable for local vector development. In 2011, an autochthonous case occurred in a nearby location.

A second case was reported by Greece on 17 July. The case concerns a 48 year old female resident of the municipality of Evrotas, Lakonia, the same area where most cases were reported in 2011. Laboratory investigation revealed *Plasmodium vivax*, confirmed by PCR. The patient reported onset of symptoms on 29 June and had not travelled to a malaria-endemic area during the last five years.

According to the Greek authorities, active screening of neighbours and seasonal immigrants is being carried out to detect malarial infection, and vector control measures are being implemented.

Autochthonous transmission of malaria was reported in 2011: between 21 May and 9 December 2011, 63 cases of *Plasmodium vivax* infection were reported in Greece, of whom 33 were Greek citizens without travel history to an endemic country. The main affected area was Evrotas, located in the district of Lakonia in Pelloponese, southern Greece. Cases were also reported from the municipalities of Attiki, Evoia, Viotia and Larissa. In addition, 30 cases of *P. vivax* infection in migrant workers were reported from the area of Evrotas.

Web sources: KEELPNO malaria page | KEELPNO report on malaria case, June 2012 | ECDC Epidemiological update: Local case of malaria in Greece | KEELPNO report on second case, July 2012 (in Greek)

ECDC assessment

The recent report of two autochthonous cases of malaria and the current temperature and entomological indicators suggest that local transmission of malaria has started.

Actions

ECDC has been requested to provide technical support to the Hellenic Centre for Disease Control and Prevention (KEELPNO) and

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is in close communication with them to see where this can best be provided.

ECDC published an epidemiological update.

Greece is currently implementing a "Strategic work programme for malaria control in Greece 2012-2015".

West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012 Latest update: 27 July 2012

Epidemiological summary

This season, as of 26 July 2012, 13 human cases of West Nile fever (WNF) were reported in the EU and 20 in neighbouring countries.

EU Member States

Greece

Between 7 and 25 July, Greece reported 13 autochthonous WNF cases, in the Attiki (seven confirmed and five probable cases) and Evvoia (one confirmed case) regions. Additionally, KEELPNO has reported five cases, including a second fatality, which is still under investigation - the location of residence of these cases was not communicated.

Italy

The Italian Ministry of Health reported to ECDC that it is currently investigating a first case in Sardegna, from a province which was affected last year (WNV was reported in both horse and humans).

Neighbouring countries

Russia

Between 2 and 25 July, 15 cases of WNF were reported in Russia: five in Astrakhan oblast and 10 in Volgograd oblast.

Israel and the occupied Palestinian territory

On 12 July, Israel reported five cases of WNF, including one case in the occupied Palestinian territory, previously also reported by the Palestinian Authority through EpiSouth. Affected areas are the Centre (three cases) and Haifa (one case) districts, and Jericho in the West Bank (one case).

Websources: ECDC West Nile fever risk maps | MedISys West Nile Disease | ECDC summary of the transmission season 2011 | Official Journal of the EU - Notifiable Diseases | European Commission Case Definitions | EU Blood Directive

ECDC assessment

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

Actions

On 13 July, ECDC updated its Rapid Risk Assessment concerning the epidemiological situation of West Nile virus infection in the European Union. ECDC produces weekly West Nile fever risk maps to inform blood safety authorities regarding affected areas.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 26 July 2012

Epidemiological summary

I. European Union Member States

France

Source: the media

Increasing number of cases have been reported from Midi-Pyrénées. One third of all cases in France (175 out of 580 cases) have been reported in this region since the beginning of 2012.

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II. Neighbouring countries
Ukraine – update
Source: MOH
Since the beginning of this year, as of 20 July 2012, 11 783 cases of measles were reported.

Russia
Source: the media

Outbreak of measles with an unknown number of cases is reported in the Astrakhan region which has been measles free for the past three years.

III. Publications
A Eurosurveillance article was published about the Merseyside outbreak in the UK.

Web sources: ECDC measles and rubella monitoring |ECDC/Euronews documentary| MedISys Measles Webpage |EUVAC-net ECDC | ECDC measles factsheet |WHO Epidemiological Brief 25

ECDC assessment

A decline in the uptake of immunisation in the past decade in Europe has increased the susceptible population, and measles has re-emerged in the region. When the number of susceptible individuals increases, the incidence of measles increases as well, and the interval between epidemic peaks decreases.

Transmission follows the traditional seasonal pattern of measles. This year measles transmission was at a much lower level during the peak transmission season compared with the previous two years.

ECDC closely monitors measles transmission and outbreaks in the EU and neighbouring countries in Europe through enhanced surveillance and epidemic intelligence activities. The countries in the WHO European Region, which include all EU Member States, have committed to eliminate measles and rubella transmission by 2015. 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.

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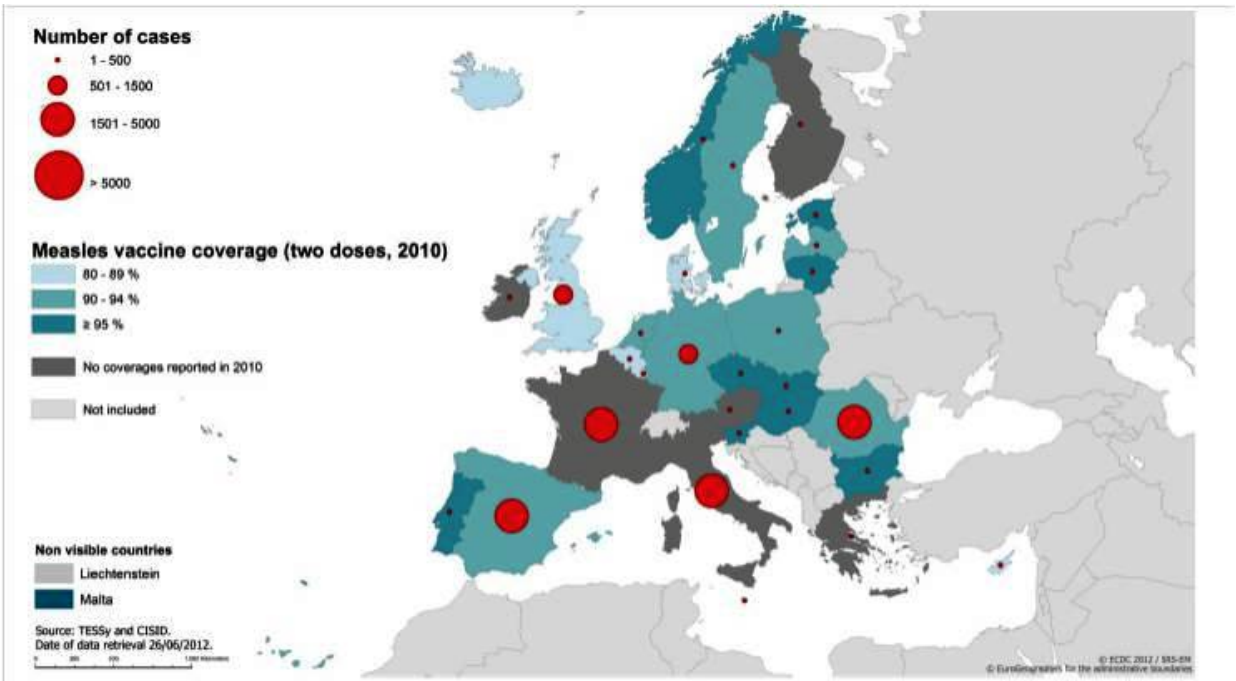
Number of measles cases by country June 2011-May 2012 and two-dose measles vaccine coverage 2010

ECDC



** Coverage numbers (%) are official national figures reported via the annual WHO/UNICEF Joint Reporting Form and WHO Regional Office for Europe reports.*

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 11 July 2012

Epidemiological summary

From 1 January to 31 May 2012, 16 729 cases of rubella were reported to ECDC by the 25 contributing EU and EEA countries. Poland and Romania accounted for 99% of the total number of cases during the past 12 month period.

Web sources: ECDC measles and rubella monitoring | WHO epidemiological brief 25 | ECDC rubella factsheet

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 early in pregnancy, within the first 20 weeks, the foetus has a 90% risk of becoming infected and the child may be born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. Spontaneous abortion occurs in up to 20% of cases.
Selective vaccination of girls against rubella in a country can paradoxically increase the risk of CRS because partial population immunity will increase the intervals between outbreaks and therefore increase the number of unvaccinated women who reach child-bearing age without having been infected with rubella virus. Elimination of CRS depends on interrupting endemic transmission of the virus and monitoring immunity in pregnant women.
Elimination of CRS and rubella transmission is intimately linked to the measles elimination target because of the use of the MMR vaccine. CRS surveillance plays an important role but because rubella virus can cause a wide range of conditions from mild hearing impairment to complex malformations which are incompatible with life, such surveillance is biased towards the severe end of the spectrum. Routine control of immunity during antenatal care is important for identifying susceptible women who can be immunised after giving birth and for surveillance of the size of the susceptible female population.

Actions

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

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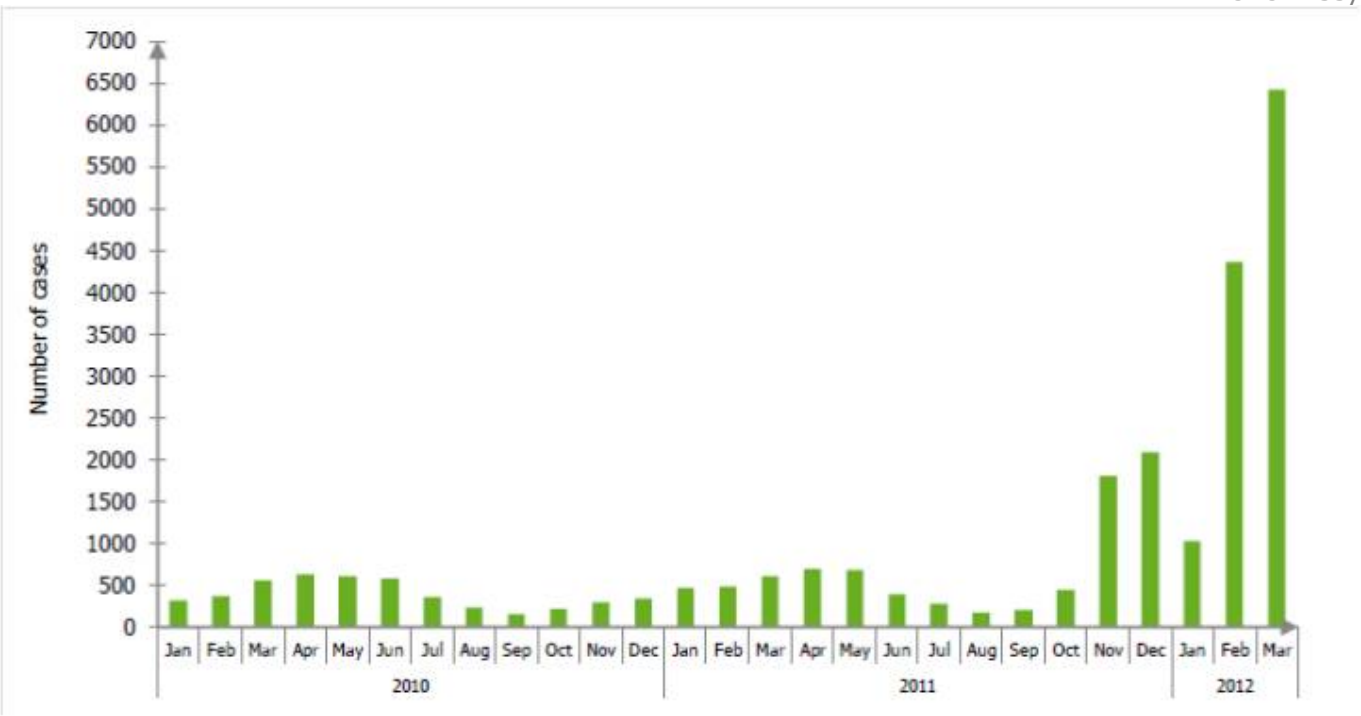
surveillance. The purpose of the enhanced rubella monitoring is to provide regular and timely updates on the rubella situation in Europe in support of effective disease control, increased public awareness and for the achievement of the 2015 rubella and congenital rubella elimination target.

Distribution of rubella cases January 2010 - March 2012 by month

ECDC TESSy



Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 19 July 2012

Epidemiological summary

No autochthonous cases have been reported in Europe so far this year.

Web sources: MedISys Chikungunya | ECDC chikungunya fact sheet

ECDC assessment

Although the geographic range of the virus is primarily in Africa and Asia there has been a rapid expansion of epidemics over the past decade to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes aegypti*, combined with increased human travel. There is a risk of further importation of the chikungunya virus into previously unaffected areas of the EU by infected travellers.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 26 July 2012

Epidemiological summary

Europe: No autochthonous cases have been reported in 2011 or in 2012 to date. Seasonal surveillance activities are ongoing in several regions in France but only sporadic imported cases have been reported so far.

Asia: Cambodia continues to see sustained high and increasing activity. Additionally, the media are reporting ongoing dengue activity in the Philippines, Taiwan and India.

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Latin America: The media are reporting ongoing dengue activity in Mexico, Guatemala, El Salvador, the Dominican Republic, Trinidad, Brazil, and Paraguay. According to the Cuban media, dengue has now become endemic (rather than epidemic/seasonal) on the island.

Web sources:
DengueMap CDC/HealthMap| MedISys dengue| ProMED dengue latest update| ECDC dengue fever factsheet| WPRO dengue latest update| InVS Languedoc-Roussillon Epidemiological Update| InVS PACA Epidemiological Update| Latest PAHO update| Surveillance sanitaire en Midi-Pyrénées

ECDC assessment

ECDC monitors individual outbreaks, seasonal transmission patterns and inter-annual epidemic cycles of dengue through epidemic intelligence activities in order to identify significant changes in disease epidemiology. Of particular concern is the potential for the establishment of dengue transmission in Europe. Local transmission of dengue was reported for the first time in France and Croatia in 2010 and imported cases are detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

Actions

ECDC recently published a technical report on the climatic suitability for dengue transmission in continental Europe.

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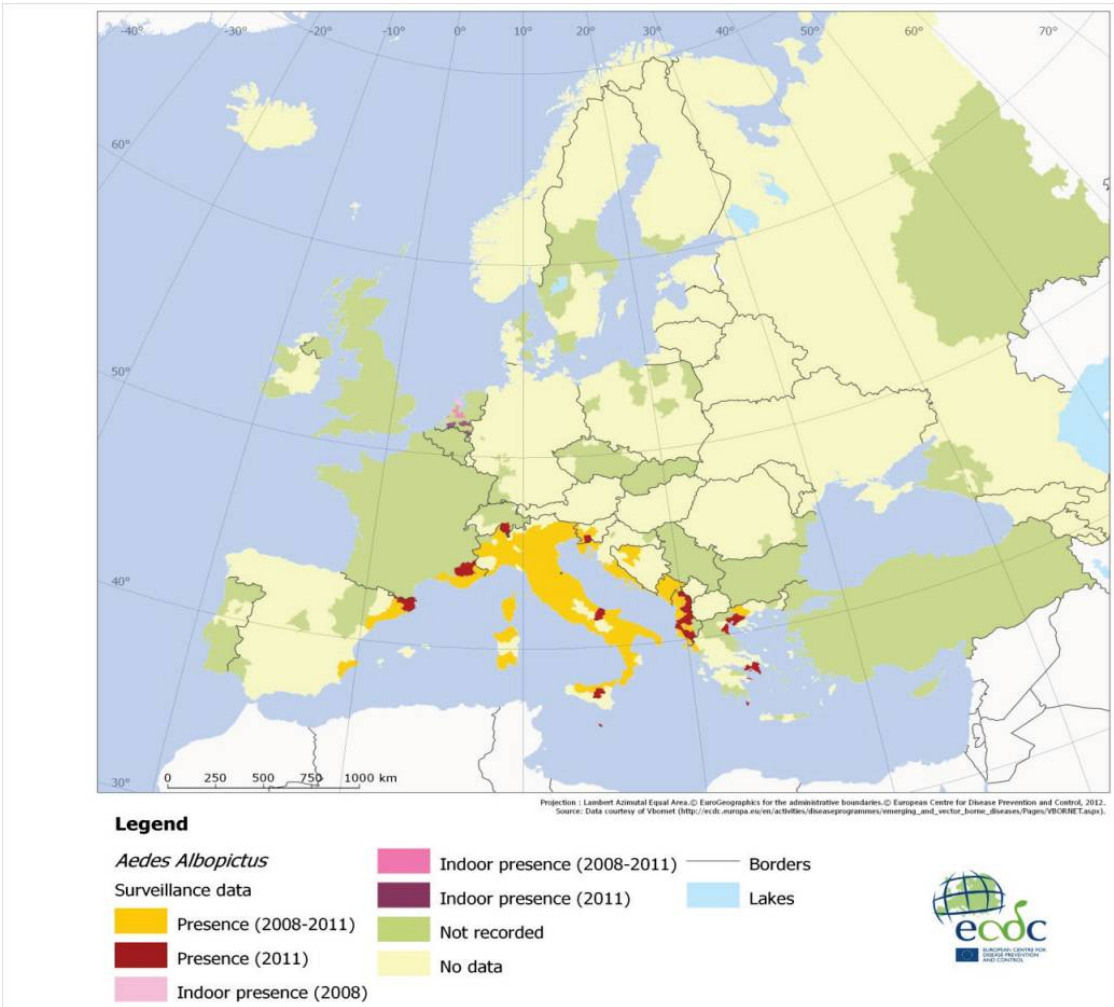
Recorded presence and absence of Aedes albopictus at regional administrative levels in Continental Europe

ECDC



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 12 July 2012

Epidemiological summary

No recent update regarding number of cases has been received subsequent to the information presented on 20 July.

Following the shooting of the two WHO employees reported in last week's CDTR, there was a new incident on 21 July in the same area of Karachi in Pakistan in which a local community health worker for the polio eradication campaign was shot dead.

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet

ECDC assessment

ECDC follows reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and to identify events that increase the risk of re-introduction of wild poliovirus (WPV) into the EU.

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The WHO European Region is polio-free. The last polio cases in the European Union occurred in 2001 when three young Bulgarian children of Roma ethnicity developed flaccid paralysis from WPV. Investigations showed that the virus 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.

Influenza A(H5N1) - Multistate (world) - Monitoring human cases

Opening date: 15 June 2005 Latest update: 12 July 2012

Epidemiological summary

WHO reported no new human cases of influenza A(H5N1) virus infection this week. Worldwide, 29 cases (including 18 deaths) were notified to WHO since the beginning of 2012.

Web sources: ECDC Rapid Risk Assessment | WHO Avian Influenza | Avian influenza on ECDC website | WHO H5N1 Table

ECDC assessment

Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died. Most human infections are the result of direct contact with infected birds, and countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. ECDC follows the worldwide A(H5N1) situation through epidemic intelligence activities 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. There are currently no indications that from a human health perspective there is any significant change in the epidemiology associated with any clade or strain of the A(H5N1) virus. This assessment is based on the absence of sustained human-to-human transmission, and on the observation that there is no apparent change in the size of clusters or reports of chains of infection. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

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

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