COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 43, 21-27 October 2012

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 28 September 2012

Since June 2012, 11 autochthonous cases of malaria, caused by *Plasmodium vivax* infection, have been reported from Greece. Local control measures have been implemented in accordance with national guidelines.

➔Update of the week

No new cases have been reported since last week.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 22 October 2012

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. 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 Member States are significantly lower than during 2010 and 2011. As of 31 August, 5 360 cases of measles were reported to The European Surveillance System in 2012. France, Italy, Romania, Spain and the United Kingdom accounted for 92% of the reported cases.

➔Update of the week

There were no outbreaks detected since the last update.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 19 September 2012

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

No new outbreaks were detected in EU Member States during the past week.

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www.ecdc.europa.eu

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

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

Opening date: 21 June 2012 Latest update: 4 October 2012

West Nile fever (WNF) is a mosquito-borne disease causing severe neurological symptoms in a small proportion of infected people. During the transmission season (between June and November), ECDC monitors the situation in EU Member States and in neighbouring countries in order to identify significant changes in the epidemiology of the disease. In 2011, 130 probable and confirmed cases of WNF were reported from EU Member States and 207 cases in neighbouring countries. The 2012 transmission season is ongoing, with 228 probable and confirmed cases reported in the EU, and 540 cases in neighbouring countries so far.

➔Update of the week

Between 19 and 25 October Greece detected one new case from Pella, a prefecture with previous case reports; and Italy have reported three new cases - one case of West Nile neuroinvasive disease (WNND) from Treviso province, and two non-neuroinvasive cases in Venezia province detected through the enhanced surveillance in operation in the Veneto region. Sweden reported one case of WNND, likely imported from Serbia. Further details regarding location of infection are pending, therefore this case is not included in the total case count in this section. In countries neighbouring the EU, one new case was notified from the newly affected area of Stavropolskiy Kray in the Russian Federation; and the former Yugoslav Republic of Macedonia has reported one case from Skopje region, an area previously affected this season.

Dengue - Portugal - Madeira outbreak

Opening date: 10 October 2012 Latest update: 22 October 2012

On 3 October 2012, the public health authorities of Portugal reported two cases of dengue infection in patients residing in the Autonomous Region of Madeira. This is the first known occurrence of locally transmitted dengue infection in the Autonomous Region of Madeira.

➔Update of the week

As of 24 October 2012, there are 52 confirmed and 404 probable cases notified to the public health authorities, compared to 37 confirmed and 262 probable cases in the update of 17 October. During 19 to 25 October four cases of dengue were reported among returning European travellers from the island.

Influenza - Multistate (Europe) - Monitoring 2012-2013 season

Opening date: 2 December 2011 Latest update: 24 May 2012

Following the 2009 pandemic, influenza transmission in Europe has returned to its seasonal epidemic pattern with peaks 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 42/2012, all 25 countries reporting experienced low intensity of clinical influenza activity, 16 countries notified no geographic spread.

Non EU Threats

New! Marburg virus - Uganda - 2012 Outbreak in Kabale

Opening date: 25 October 2012

An outbreak of Marburg virus disease has been reported in Kabale district, South West Uganda. This is an outbreak in a new district of a disease previously reported in Uganda.

➔Update of the week

As of 25 October 2012, nine probable and confirmed cases, including five deaths have been reported by WHO. Of these, three have been laboratory confirmed by the Uganda Virus Research Institute (UVRI). One of the cases is isolated at Mulago Hospital in Kampala. An investigation into the outbreak is ongoing.

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Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 19 October 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. The identification of sporadic autochthonous cases in non-endemic areas in recent years already highlighted the risk of the occurrence of locally acquired cases in EU countries where the competent vectors are present. The detection of a dengue outbreak in the Autonomous Region of Madeira, Portugal, underlines even more the importance of surveillance and vector control in other European countries (see separate section).

➔Update of the week

There is an ongoing outbreak of dengue in the Autonomous Region of Madeira, Portugal described in a separate section of this report with some imported cases reported from other EU member states.

No autochthonous cases were reported in any other European country so far this year.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 25 October 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. So far in 2012, 175 cases have been reported worldwide compared to 489 cases during the same period last year.

➔Update of the week

Between 19 and 25 October, there have been six additional polio cases reported by WHO.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 9 October 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiological patterns. Chikungunya, a viral disease transmitted mainly by *Aedes albopictus* and *Aedes aegypti* has the potential to be established in Europe, due to the presence of these vectors in southern parts of Europe.

➔Update of the week

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

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

Opening date: 15 June 2005 Latest update: 27 August 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

WHO has not reported a new case of human infection with avian influenza A(H5N1) virus since 10 August 2012.

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Visiting address: Tomtebodavägen 11a, Solna, Sweden
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Epidemic Intelligence duty email: support@ecdc.europa.eu

II. Detailed reports

Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 28 September 2012

Epidemiological summary

Since 22 June 2012, Greece has reported 11 cases of malaria so far this year due to *Plasmodium Vivax* infection in patients who did not have a history of travel to endemic areas (ten Greek and one Moroccan citizens). Five of the autochthonous cases are residents in Laconia, four in Attica and one in Xanti and Viotia each. Forty-eight cases are reported as imported in 2012. All these cases are *Plasmodium vivax* infections as well.

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 from Greece in 2011 as well. Between 21 May and 9 December 2011, 63 cases of *P. vivax* infection were reported, of whom 33 were affecting 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 Attica, 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 update 12 September 2012 (in English) | ECDC Epidemiological update: Local case of malaria in Greece | Eurosurveillance autochthonous Plasmodium vivax malaria Greece 2011|

ECDC assessment

The Marathon and Evrotas areas are environments well suited for malaria transmission, combining humid zones and intensive agricultural activities. Climatic conditions are now considered favourable for local vector development. Frequent migration and travel patterns from endemic areas of the world provide opportunities for introduction of the parasite into the area. Also in 2011 autochthonous cases occurred in these locations.

Actions

ECDC has been requested to provide technical support to the Hellenic Centre for Disease Control and Prevention and is in close communication with them to see where this can best be provided. Greece is currently implementing a "Strategic work programme for malaria control in Greece 2012-2015".

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 22 October 2012

Epidemiological summary

EU Member States
No new outbreaks detected in EU Member States since the last update.

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

ECDC assessment

Considerably fewer measles cases have been reported in 2012 than during the same period in 2011 primarily due to the dramatic decrease in the number of cases reported from France. There was no increase in the number of cases during the peak transmission season from February to June and there have been very few outbreaks detected by epidemic intelligence methods so far in 2012.

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,

European Centre for Disease Prevention and Control (ECDC)
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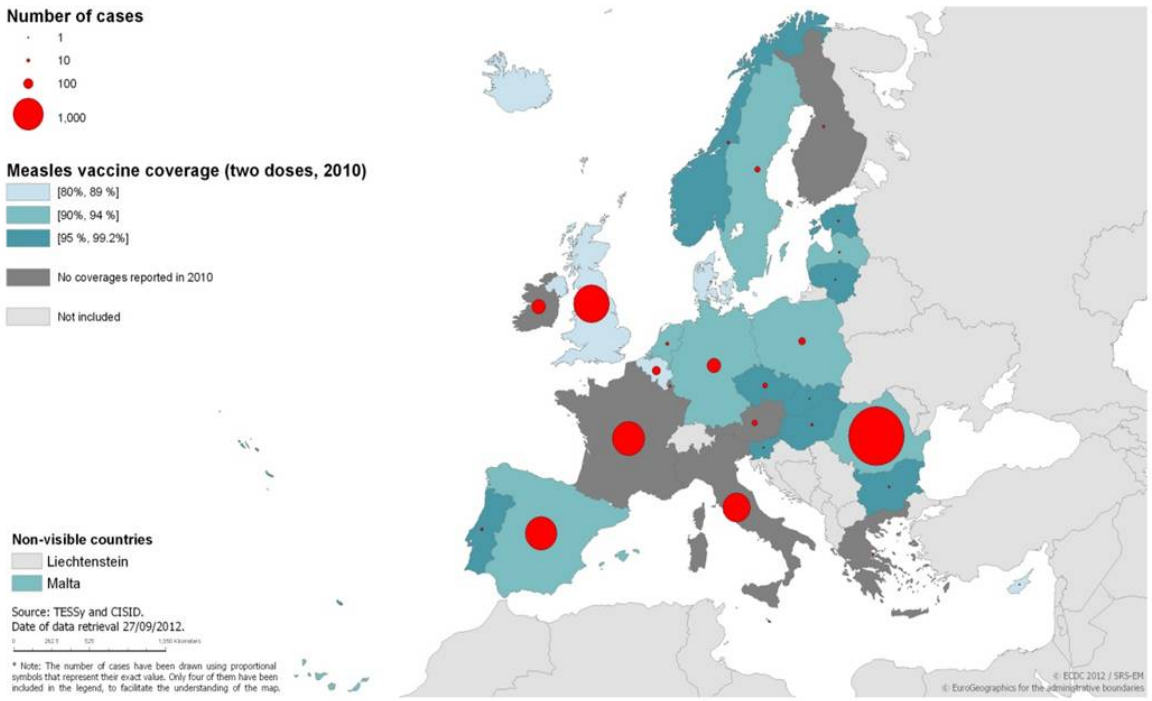
have committed to eliminate measles and rubella transmission by 2015. Elimination of measles requires consistent vaccination coverage above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

Measles cases by country, Sept 2011–Aug 2012 (n=8 547) and two-dose measles vaccine coverage* (2010 CISID), EU/EEA countries

ECDC



** Coverage figures (%) 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: 19 September 2012

Epidemiological summary

No new outbreaks were identified since the last update.
From 1 January to 31 August 2012, 25 570 cases of rubella were reported by the 26 EU/EEA countries contributing to the enhanced surveillance for rubella compared to 30 128 cases during the same period in 2011. Poland and Romania accounted for 99% of all reported rubella cases. Romania in particular has experienced a significant increase in the number of reported cases compared to the same period in 2011. Other countries that reported an increased number of rubella cases in 2012 include the UK, Spain and Sweden.
Web sources: ECDC measles and rubella monitoring | WHO epidemiological brief summary tables | 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 within the first 20 weeks of pregnancy, the foetus has a 90% risk of be born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. 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. The increase in the number of rubella cases reported so far in 2012 compared to 2011 and the potential for an increase in the number of babies born with CRS are of concern.

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Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to The European Surveillance System and through its epidemic intelligence activities. 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 for the achievement of the 2015 rubella and congenital rubella elimination target.

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

Opening date: 21 June 2012 Latest update: 4 October 2012

Epidemiological summary

EU and neighbouring countries

The number of WNF cases reported each week is declining as the season comes to an end. As of 25 October, 228 probable and confirmed cases of WNF have been reported in the EU in 2012. In neighbouring countries 540 cases have been reported. Within the EU, Greece, Italy, Romania and Hungary are affected. This is the third consecutive year for these countries to be affected, however the geographic distribution in each country has expanded to affect new areas. Seventeen WNF associated deaths have been reported in the EU (16 in Greece, one in Romania). Outside of the EU, affected countries include Croatia, Serbia, Kosovo*, the former Yugoslav Republic of Macedonia, the Russian Federation, Israel and the occupied Palestinian territory, Algeria and Tunisia. This is the first year that human cases of WNF have been reported from Croatia, Serbia, and Kosovo. However WNV circulation in horses was demonstrated through serological studies in Serbia in 2009-2010, and in Croatia in 2010-2011. A detailed breakdown of affected countries and areas, and maps which also illustrate the recent historical distribution, is available on the ECDC website.

As of 25 October, only one case within the EU is reported to have been acquired through blood products in 2012. This case occurred in Greece and involved an immuno-compromised patient, where both the blood donation and the transfusion occurred before the first case of WNF for 2012 was reported. In Italy, as per a 2012 national directive, nucleic acid amplification test (NAT) screening of blood donations is implemented from 15 July to 30 November in areas which were affected in 2011. Notably, a infected donation was detected in Italy on 15 July, the first day of screening. Four other cases of asymptomatic WNF were detected by NAT screening of blood donations in Italy.

Rest of the World

United States

As of 23 October, 4 725 cases of WNF, including 219 deaths, were reported to the CDC. This is the highest number of cases reported to the CDC, as of the second week in October, since 2003. Forty eight states have reported cases of WNF. Almost 70% of cases occurred in eight states: Texas, California, Louisiana, Mississippi, South Dakota, Michigan, Oklahoma, and Illinois. Texas accounts for over a third of cases.

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Websources: ECDC West Nile fever risk maps | ECDC Rapid Risk Assessment (13 July) | 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 | Italian Weekly update | KEELPNO weekly epidemiological report | Institut de Veille Sanitaire

ECDC assessment

The epidemiology of WNV in Europe is still evolving and is not yet fully understood. It is unclear if the increase in cases reported this year, the earlier season, and the geographic expansion, is due to a true epidemiological change, or a reflection of increased awareness amongst clinicians and the enhanced surveillance implemented in some areas.

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 WNF. Taking into account the EU WNV and blood safety preparedness plan and the EU blood directive, the main measures of prevention of transmission through blood products should be geographical donor deferral or the implementation of systematic NAT screening of blood donors or visitors from affected areas. ECDC provides a weekly updated overview of affected areas in order to support this activity.

Actions

On 13 July, ECDC updated its rapid risk assessment concerning the epidemiological situation of West Nile virus infection in the

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European Union. ECDC produces weekly West Nile fever risk maps to inform blood safety authorities regarding affected areas.

Dengue - Portugal - Madeira outbreak

Opening date: 10 October 2012 Latest update: 22 October 2012

Epidemiological summary

On 3 October 2012, the Portuguese public health authorities reported two cases of dengue infection confirmed in patients residing on the island of Madeira in the Autonomous Region of Madeira, Portugal. According to an update published on 24 October 2012 by the Portuguese Ministry of Public Health (Direcção-Geral da Saúde) the number of confirmed cases of dengue fever was 52 and there were 404 probable cases. Forty people required hospitalisation and five are still admitted. No deaths have been reported.

The majority of confirmed cases are from the city of Funchal, which is the main port on Madeira island. No cases have been reported to date on Porto Santo, the other inhabited island within the Autonomous Region of Madeira, Portugal. The island of Madeira has an established mosquito vector population of *Aedes aegypti*, the main vector of dengue in tropical and subtropical countries. To date, the vector has not been identified on Porto Santo.

Four cases of dengue infected on the island of Madeira have been reported by: the United Kingdom (one), France (two) and Sweden (one).

The sequence analysis of viral genomes (600 nucleotides) from several positive human samples indicates high sequence similarity with DEN-1 viruses circulating in Venezuela and Colombia, strongly suggesting a Latin American origin. Analysis was performed at the National Institute of Health, Dr. Ricardo Jorge (INSA).

The Autonomous Region of Madeira is a Portuguese archipelago of 801 km² with a population of 268 000. The archipelago is located around 650 km from the African coast, 1 000 km from the European continent and 400 km from the Canary Islands.

Web sources: ECDC fact sheet for health professionals | PT Directorate-General of Health | National Institute of Health Dr. Ricardo Jorge | ECDC Rapid Risk Assessment | WHO | SMI information regarding Swedish patient | HPA update on UK patient

ECDC assessment

This is the first known occurrence of locally transmitted dengue infection in the Autonomous Region of Madeira, and consequently a new geographical area reporting autochthonous cases in the EU.

The conclusions of the rapid risk assessment published by ECDC on 10 October 2012 remain valid.

This is a significant public health event but not entirely unexpected because of the known presence of *Aedes aegypti*, a competent mosquito vector for dengue. Additional cases may be expected in the coming weeks. For residents, the risk can be decreased by reducing larval breeding sites inside and around households. Those intending to visit the island of Madeira are advised to take measures to reduce mosquito bites during the day. Travellers experiencing febrile symptoms with severe headache, retro-orbital pain, myalgia, arthralgia and maculo-papular rash in the 14 days after visiting the island of Madeira are advised to seek medical advice.

The recent four cases of dengue among returning travellers from the island highlight the need for travellers to the island of Madeira to protect themselves from mosquito bites by taking the necessary precautions. The Autonomous Region of Madeira has also published recommendations on their website. In light of cases among returning travellers, ECDC renews its advice to travellers experiencing febrile symptoms with severe headache, retro-orbital pain, myalgia, arthralgia and maculo-papular rash within 14 days of visiting Madeira to seek medical advice.

Neighbouring geographical areas (e.g. Canary Islands) and other EU Member States need to assess the risk for the establishment of *Aedes* mosquito populations and introduction of dengue. The epidemiological situation does not imply any trade or travel restriction beyond the disinfestation currently implemented.

Actions

ECDC has published a rapid risk assessment concerning the autochthonous dengue cases in Madeira. An epidemiological update was posted on the ECDC website on 25 October.

Public health authorities are implementing control measures to limit the outbreak, reduce the risk of sustained transmission locally

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and the export of infected vectors from the island, and to minimise the impact of dengue on the affected population

Portuguese authorities have published recommendations regarding personal protective measures, and measures for the safety of blood, cells, tissues and organ donations.

ECDC is supporting the public health authorities of the Autonomous Region of Madeira. A team of ECDC experts has been deployed since 22 October to assess the epidemiological and entomological situation and provide advice for prevention and control activities.

Influenza - Multistate (Europe) - Monitoring 2012-2013 season

Opening date: 2 December 2011 Latest update: 24 May 2012

Epidemiological summary

• During week 42/2012, all 25 reporting countries experienced low intensity of clinical influenza activity and 17 countries reported no geographic spread.
• Of 281 sentinel specimens tested in 20 countries, three were positive for type B influenza, one each from three different countries. Of 31 influenza positive specimens from non-sentinel sources, 25 were type A and six were type B.
• In Spain, the first severe hospitalised laboratory-confirmed influenza case since week 40/2012 has been reported.

Web source: ECDC Weekly Influenza Surveillance Overview

ECDC assessment

At present there is no evidence of significant influenza activity in Europe.

New! Marburg virus - Uganda - 2012 Outbreak in Kabale

Opening date: 25 October 2012

Epidemiological summary

An outbreak of Marburg virus disease has been reported in Kabale district, South West Uganda.
As of 25 October, nine probable and confirmed cases of Marburg virus disease, including five deaths have been reported by WHO. The media reported two additional fatalities. Preliminary investigations indicate that all these cases belong to the same cluster – family and relatives of the index case. One hundred and twenty-three people who were in contact with the deceased persons are being monitored. Uganda Wildlife Authority (UWA) has advised tourists to take precautions as they visit national parks. Kabale district is a popular tourist area, due to its closeness to two parks famous for mountain gorilla tracking: Mgahinga National Park and Bwindi Impenetrable National Park.

Earlier outbreaks in Uganda include three cases in mineworkers in 2007, and two cases in 2008 in a Dutch tourist and a tourist from the US after returning from holiday in Uganda. To date, the source of the exposure for those cases has not been confirmed, although it is known that they independently visited the Python Cave, a bat cave in Queen Elizabeth National Park in western Uganda where bats were present. All Marburg cases up till now occurred in western Uganda.

Web sources: WHO and the media.

ECDC assessment

This is an outbreak of a severe disease that has been previously reported in Uganda, now affecting a new district. WHO does not recommend that any travel or trade restrictions be applied to Uganda with regards to this outbreak.

Actions

The Epidemic Intelligence team at ECDC is monitoring this event.

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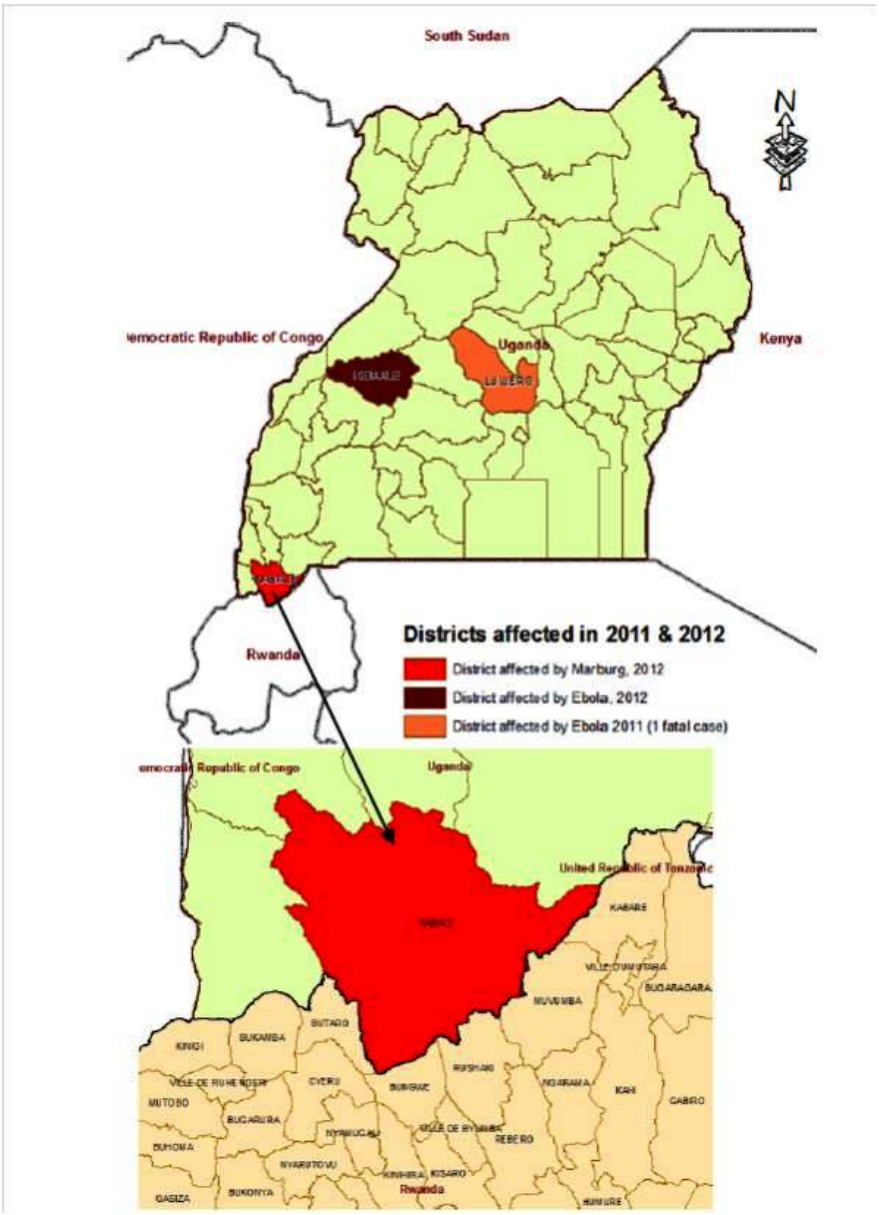
District in Uganda affected by Marburg, 2012

WHO AFRO



Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 19 October 2012

Epidemiological summary

Europe: There have been no reports of other confirmed autochthonous dengue infections in Europe so far in 2012 besides the ongoing dengue outbreak in Madeira.

Asia: There is no new update from WHO Western Pacific Region, where an overall declining trend activity has been reported previously with the exception of Vietnam and Lao PDR. For the rest of Asia, outbreaks are reported locally in India (especially the Delhi area). Thailand is reporting ongoing high activity in the south of the country.

Latin America: Intense activity continues to be reported in all of Central America, in particular Mexico, which continues to see an extremely high proportion of DHF compared to all countries. In South America an overall high but not unexpected situation is reported. Health authorities in French Guyana (French overseas department) are reporting that Kourou district last week entered an epidemic phase following three weeks of exceeding the epidemiological thresholds. The outbreak is so far limited to

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this area and control measures are in place. Co-circulation of DENV-2 (97%),1 and 4 has been reported.

The Caribbean
Unusual activity is reported in the region. US CDC this week updated the figures for the ongoing outbreak in Puerto Rico. So far around 5 500 cases, including 24 DHF, have been reported with a trend still above the epidemic threshold and circulation of two predominant serotypes (DENV 1 and 4). Jamaica is currently experiencing a severe outbreak and authorities have activated a dedicated Emergency Operational Centre; a similar situation was reported in 2010.

Web sources:
HealthMap | MedISys | ProMED Asia update| ProMED Americas update|PAHO/AMRO | WPRO | CDC | ECDC | WHO | InVS French Guiana update |

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.

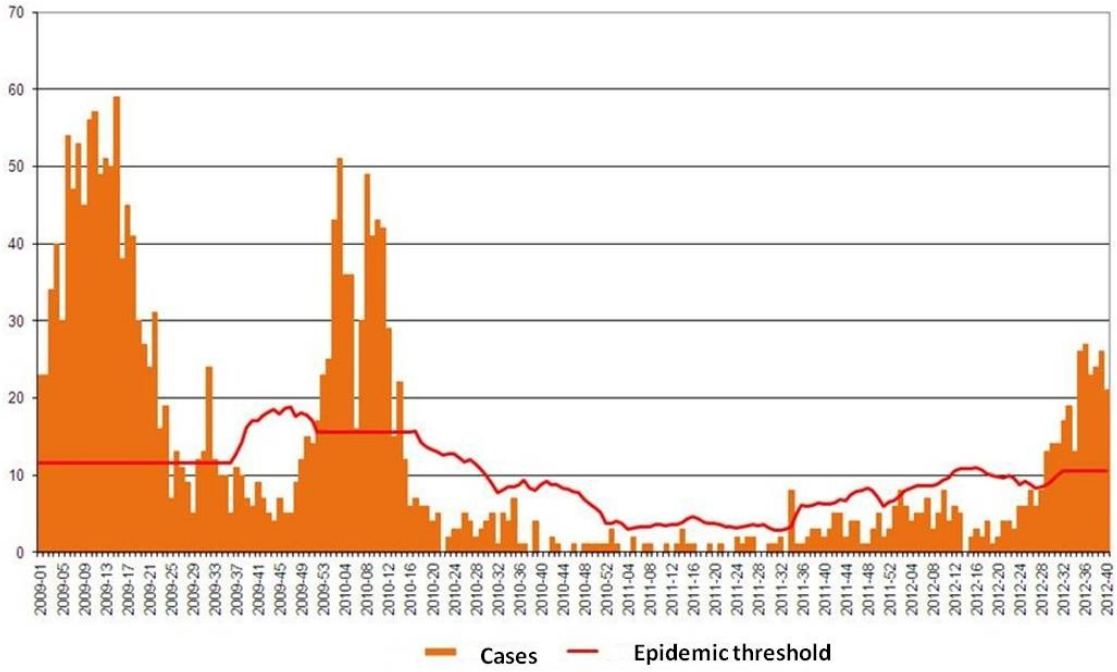
Assessment in relation with the outbreak in Madeira: see separate section.

Actions

ECDC has published a technical report on the climatic suitability for dengue transmission in continental Europe and guidance for invasive mosquitoes' surveillance.

French Guiana - Confirmed Dengue cases in Kourou, Jan 2009-Oct 2012

InVS CIRE ANTILLES GUYANE



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Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 25 October 2012

Epidemiological summary

Between 19 and 25 October six more cases were reported by WHO, all due to WPV1 and all from endemic countries: one case from Afghanistan, two cases from Nigeria and three from Pakistan. Additionally, one new cVDPV2 case was reported, in Balochistan, Pakistan from September.

National Immunization Days were held during 15-17 October 2012 in Pakistan during which a member of the polio immunization team was shot dead in Quetta.

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.
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.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 9 October 2012

Epidemiological summary

No autochthonous cases have been reported in 2012 so far in Europe.
No new outbreaks were detected in the rest of the world.

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.

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

Opening date: 15 June 2005 Latest update: 27 August 2012

Epidemiological summary

No new cases of human A(H5N1) infection were reported last week.
Worldwide, 30 cases (including 19 deaths) have been 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

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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.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
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The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.

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