**COMMUNICABLE DISEASE THREATS** REPORT

# CDTR
# Week 34, 17-23 August 2014

**All users**

This weekly bulletin provides updates on threats monitored by ECDC.

# I. Executive summary

## EU Threats

### West Nile virus - Multistate (Europe) - Monitoring season 2014

Opening date: 3 June 2014 Latest update: 21 August 2014

West Nile fever (WNF) is a mosquito-borne disease which causes severe neurological symptoms in a small proportion of infected people. During the June to November transmission season, ECDC monitors the situation in EU Member States and neighbouring countries in order to inform blood safety authorities of WNF-affected areas and identify significant changes in the epidemiology of the disease.

➔Update of the week

During the past week, three new human cases of West Nile fever were reported in EU Member States. Two new cases were reported from Greece, one confirmed case in East Attica (Attiki) and one probable case in Ileia, a newly affected area for 2014. Austria reported a case of West Nile fever in Vienna. In neighbouring countries, no new cases were reported.

## Non EU Threats

### Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014 Latest update: 15 August 2014

An outbreak of Ebola virus disease (EVD) has been ongoing in West Africa since December 2013 affecting Guinea, Liberia, Sierra Leone and Nigeria. Since April 2014, there has been a new wave of transmission in Guinea, Liberia and Sierra Leone where the outbreak continues to evolve at an alarming pace. In Lagos, Nigeria, following the visit of a symptomatic Liberian man, a chain of transmission resulted in 12 confirmed cases of EVD. This is the largest ever documented outbreak of EVD with a number of reported cases and deaths that exceeds the case and death number of all historical outbreaks. It is also the largest outbreak in terms of geographical spread. On 8 August 2014, the Director-General of WHO declared the Ebola outbreak in West Africa a Public Health Emergency of International Concern (PHEIC).

➔Update of the week



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As of 18 August 2014, the cumulative number of cases in the four countries stands at 2 473, including 1 350 deaths.

Since the last CDTR on 14 August 2014, the four affected countries have reported 498 additional cases (69 in Guinea, 302 in Liberia, 124 in Sierra Leone and three in Nigeria) including 281 fatalities.

In Liberia, the country with highest number of cases, civil unrest was reported last week by the media in the capital Monrovia, hampering disease control efforts. On 16 August 2014, community members in the West Point district dismantled and looted a temporary holding centre that had been established to isolate suspected cases in the community. During the incident, 17 patients reportedly escaped, and medical supplies and equipment were dispersed. Three days later, the Government reported that all 17 patients had been tracked down. On 19 August, in response to the growing number of cases, the Liberian President Ellen Johnson Sirleaf declared a nationwide curfew, effective 20 August, from 21:00 hours to 06:00 hours, until further notice. In addition, the President declared a quarantine of two of the worst Ebola-affected communities, including West Point. Media report that, following the quarantine imposed on the West Point neighbourhood, at least four people were injured in clashes with security forces who tried to disperse a stone-throwing crowd by firing live rounds and tear gas.

On 18 August, WHO published a statement on travel and transport in relation to EVD. The affected countries are requested to conduct exit screening of all persons at international airports, seaports and major land crossings for unexplained febrile illness consistent with potential Ebola infection. WHO reiterates that it does not recommend any ban on international travel or trade, in accordance with advice from the WHO Ebola Emergency Committee, except in cases where individuals have been confirmed or are suspected of being infected with EVD or where individuals have had contact with cases of EVD (contacts do not include properly-protected healthcare workers and laboratory staff).

There are an increasing number of media reports about suspected EVD cases and their systematic verification in several countries around the world, indicating that surveillance is working. To date, no cases have been found to be positive outside Guinea, Liberia, Nigeria or Sierra Leone.

WHO reports that delivery suspensions by shipping companies are starting to cause shortages of food, fuel, and basic supplies in affected countries.

## S. Enteritidis outbreaks associated with eggs - multistate Europe - 2014

Opening date: 15 August 2014

In June and July 2014, a multi-country outbreak of *Salmonella* Enteritidis was detected involving Austria and France. The outbreak was associated with eggs from Germany. Potential links with this outbreak are being investigated in Germany, Luxembourg and the United Kingdom where additional cases have been reported with indistinguishable or highly related isolates, identified using molecular typing methods.

## Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 14 August 2014

An outbreak of chikungunya virus infection has been ongoing in the Caribbean since December 2013. The outbreak has spread to North, Central and South America. There have been around 590 000 probable and confirmed cases in the region, including 37 fatalities so far. Several EU countries are reporting imported cases from the affected areas.

➔Update of the week

Compared to last week, the number of reported cases of chikungunya infections has risen in all the affected areas. In Florida (USA) and Jamaica, the most recently affected areas, additional autochthonous cases have been reported.

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

Opening date: 24 September 2012 Latest update: 21 August 2014

Since April 2012, 855 cases of MERS-CoV infection have been reported by local health authorities worldwide, including 333 deaths. To date, all cases have either occurred in the Middle East, have direct links to a primary case infected in the Middle East, or have returned from this area. The source of the virus remains unknown but the pattern of transmission points towards an animal reservoir in the Middle East from which humans sporadically become infected through zoonotic transmission.

➔Update of the week

Since the last CDTR, no new human cases have been reported. Saudi Arabia reported one death in a previously reported case.



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

Opening date: 8 September 2005 Latest update: 21 August 2014

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission stops and the world is polio-free.

Polio was declared a public health emergency of international concern (PHEIC) on 5 May 2014 due to concerns regarding the increased circulation and the international spread of wild poliovirus during 2014.

➔Update of the week

During the past week, seven new infections with wild poliovirus 1 (WPV1) have been reported, all in Pakistan.



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# II. Detailed reports

## West Nile virus - Multistate (Europe) - Monitoring season 2014

Opening date: 3 June 2014 Latest update: 21 August 2014

### Epidemiological summary

As of 22 August 2014, four human cases of West Nile fever (WNF) had been reported in the EU: Greece (3) and Austria (1). Twenty-seven cases have been reported from neighbouring countries since the beginning of the 2014 transmission season.

**EU Member States**
On 20 August, Austria reported an autochthonous case of West Nile fever in Vienna. A positive result for WNV was detected during routine blood screening in the context of blood donation. In Greece, three human cases have been reported since the start of the 2014 transmission season: Attiki (2) and Ileia (1).

**Neighbouring countries**
Thirteen cases have been reported by Bosnia and Herzegovina, in Republika Srpska, in the following municipalities: Banja Luka (4), Trebinje (1), Novi Grad (1), Kljuc (1), Krupa na Uni (1), Mrkonjic Grad (1), Gornji Ribnik (1), Teslic (1), Laktasi (1) and Prijedor (1). Serbia has reported five cases of West Nile fever in the following regions: City of Belgrade (2), Juzno-backi district (2) and Nisavski district (1). Russia has reported seven cases in the following oblasts: Samarskaya (6) and Belgorodskaya (1). Israel has recorded two cases of West Nile Fever, one confirmed case from Netanya and one probable case from Tel Aviv, both were diagnosed in July.

**Web sources:** ECDC West Nile fever | ECDC West Nile fever risk assessment tool | West Nile fever maps |

### ECDC assessment

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

### Actions

Since week 23, ECDC has been producing weekly West Nile fever (WNF) risk maps during the transmission season to inform blood safety authorities regarding WNF affected areas.



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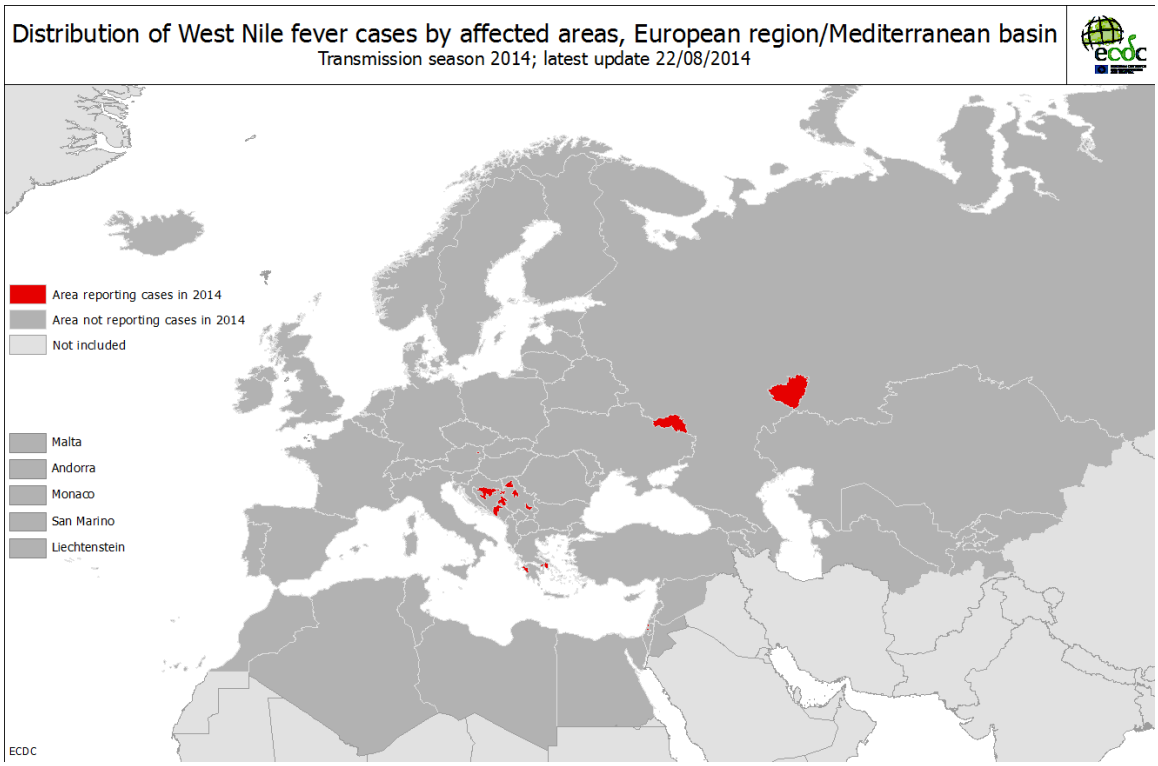


# Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014 Latest update: 15 August 2014

## Epidemiological summary

Distribution of EVD cases in the affected countries as of 18 August 2014:

- **Guinea:** 579 cases (423 confirmed, 140 probable, and 16 suspected), including 396 deaths;
- **Liberia:** 972 cases (242 confirmed, 502 probable, and 228 suspected), including 576 deaths;
- **Nigeria:** 15 cases (12 confirmed and 3 suspected) including 4 deaths; and
- **Sierra Leone:** 907 cases (783 confirmed, 52 probable, and 72 suspected), including 374 deaths.

**Web sources**: WHO/AFRO outbreak news | WHO Ebola Factsheet | ECDC Ebola health topic page | ECDC Ebola and Marburg fact sheet |Risk assessment guidelines for diseases transmitted on aircraft | EID "Undiagnosed Acute Viral Febrile Illnesses, Sierra Leone"|

## ECDC assessment

This is the largest outbreak of EVD ever reported and also the first documented outbreak of EVD in West Africa. The origin of the outbreak is unknown. The outbreak, after an apparent slowdown, has intensified with an upsurge of EVD cases. Community resistance, inadequate treatment facilities and insufficient human resources in certain affected areas are among the challenges currently faced by the countries in responding to the EVD outbreak.

EVD is not an airborne disease and only symptomatic patients are contagious. Transmission requires direct contact with blood, secretions, organs or other bodily fluids of dead or living infected persons or animals. Therefore the risk of infection is considered very low if precautions are strictly followed. However, the increase in the number of new EVD cases in recent weeks, the urban transmission, and the fact that not all chains of transmission are known, is increasing the likelihood of visitors and travellers coming into contact with ill persons. The risk of exposure in healthcare facilities for EU residents and visitors to the affected areas is related to the implementation of effective infection transmission control measures in these settings and the nature of the care required. Recent reports of transmission to healthcare workers in different healthcare settings indicate that effective infection control measures are not being thoroughly implemented across healthcare facilities in the region.



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WHO has published a position paper on the use of convalescent plasma or serum as an element in filovirus outbreak response.

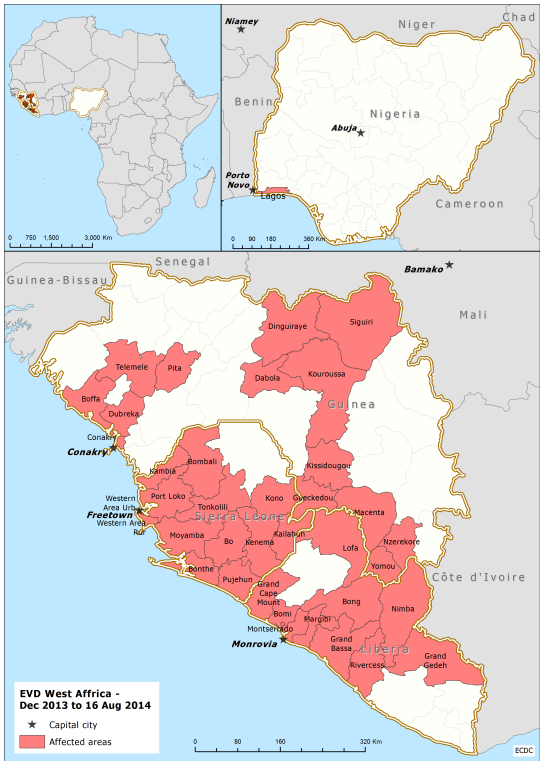
Temporary recommendations from the Emergency Committee with regard to actions to be taken by countries can be found at: http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/

## Actions

ECDC published an update of its rapid risk assessment on 1 August 2014.

## Distribution of EVD cases (confirmed, probable and suspected) by district in the affected countries from December 2013 to 16 August 2014

Source: adapted from WHO data



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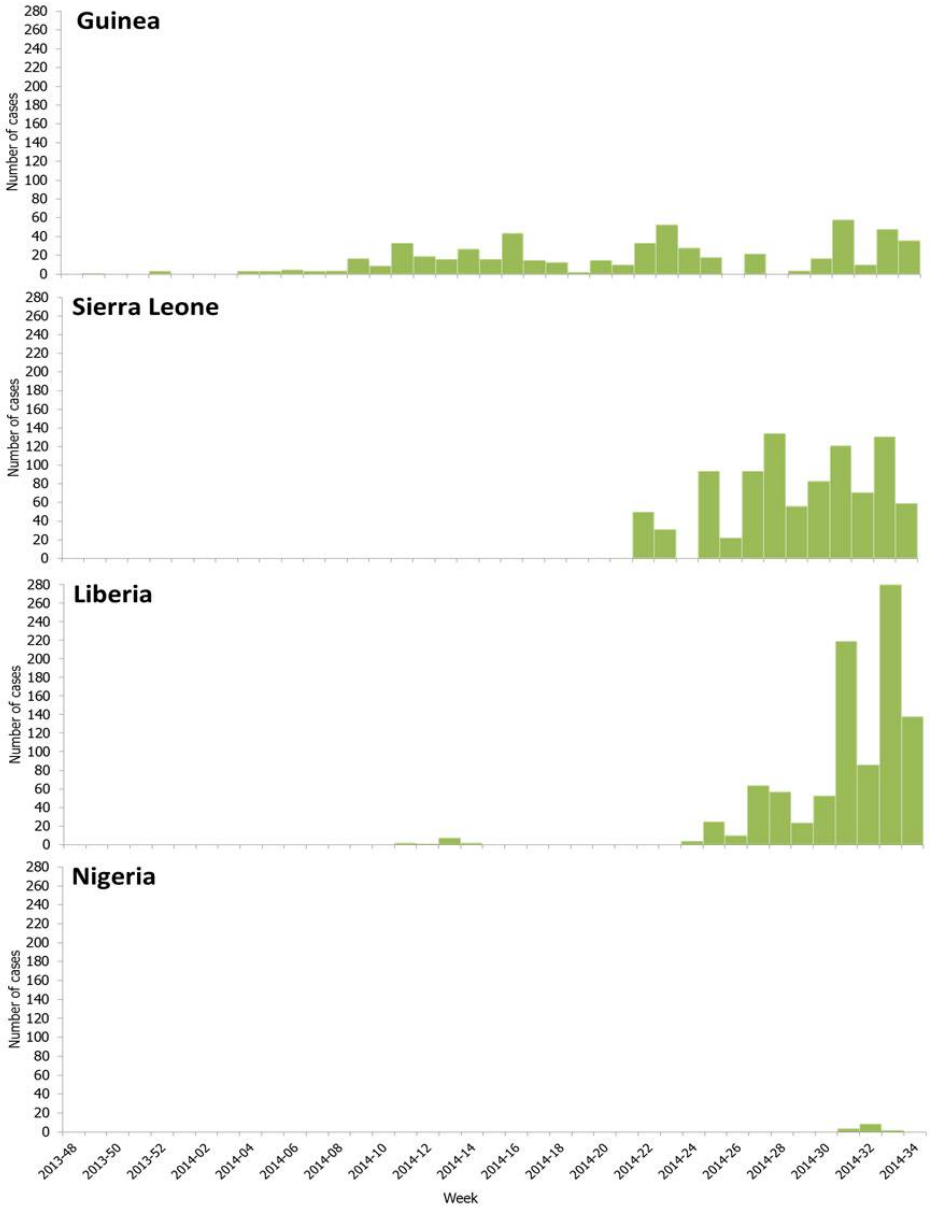
## Distribution of the EVD cases by week of reporting in Guinea, Sierra Leone, Liberia and Nigeria from week 48/2013 to week 34/2014 (as of 18 August 2014)

Source: adapted from WHO updates




# S. Enteritidis outbreaks associated with eggs - multistate Europe - 2014

Opening date: 15 August 2014

## Epidemiological summary

A multi-country outbreak of *S.* Enteritidis ocurred in France and Austria in June and July 2014, with 45 and 31 reported cases respectively. These *S.* Enteritidis cases share similar epidemiological and molecular characteristics and have been associated with the consumption of eggs produced in southern Germany.
Additional cases reported in Germany (14 cases), Luxembourg (one case) and the UK (156 cases) are potentially linked to the same outbreak.

## ECDC assessment

*S.* Enteritidis is the most frequently reported Salmonella serotype in TESSy. From 2009 to the first quarter of 2014, 184 891 cases were reported by 27 countries, with Germany and the Czech Republic reporting 47% of all cases. In RASFF, there are 25



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notifications of *S.* Enteritidis in 2014, mostly associated with poultry meat, but also with eggs, other meat products, pet food and spices.

The cases involved in the outbreak in Austria and France are probably associated with the same vehicle of infection, i.e. eggs from southern Germany. Investigations are ongoing regarding the potentially linked cases in Germany, Luxembourg and the UK. In addition, there are further investigations involving the food sector.

## Actions

The Food and Waterborne Diseases (FWD) team will continue to monitor this event. A Rapid Outbreak Assessment is currently being prepared.

# Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 14 August 2014

## Epidemiological summary

As of 21 August 2014, around 590 000 suspected and confirmed cases of chikungunya virus infection have been reported from the affected countries and territories in the Caribbean and the rest of the Americas, including 37 fatalities. For the breakdown of figures please see the latest WHO PAHO update.

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

**Web sources**: PAHO update| ECDC Chikungunya | CDC Factsheet | Medisys page | CARPHA interactive chikungunya map

## ECDC assessment

Epidemiological data indicate that the outbreak, which started in Saint Martin (FR), is still expanding and has reached North, Central and South America. Increasing case numbers have been observed from most of the affected areas. The vector is endemic in the region, where it also transmits dengue virus. Further spread of the outbreak is to be expected.

Vigilance is recommended for the occurrence of imported cases of chikungunya in tourists returning to the EU from the Caribbean, including awareness among clinicians, travel clinics and blood safety authorities.

## Actions

ECDC updated its Rapid Risk Assessment and published it on the website on 27 June 2014.

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

Opening date: 24 September 2012 Latest update: 21 August 2014

## Epidemiological summary

Since April 2012, and as of 21 August 2014, 855 cases of MERS-CoV have been reported by local health authorities worldwide, including 333 deaths.

**Confirmed cases and deaths by region**
**Middle East**
Saudi Arabia: 723 cases/300 deaths
United Arab Emirates: 73 cases/9 deaths
Qatar: 7 cases/4 deaths
Jordan: 18 cases/5 deaths
Oman: 2 cases/2 deaths
Kuwait: 3 cases/1 death
Egypt: 1 case/0 deaths
Yemen: 1 case/1 death



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Lebanon: 1 case/0 deaths
Iran: 5 cases/2 deaths

**Europe**
UK: 4 cases/3 deaths
Germany: 2 cases/1 death
France: 2 cases/1 death
Italy: 1 case/0 deaths
Greece: 1 case/1 death
Netherlands: 2 cases/0 deaths

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

**Asia**
Malaysia: 1 case/1 death
Philippines: 1 case/0 deaths

**Americas**
United States of America: 2 cases/0 deaths

**Web sources**: ECDC's latest rapid risk assessment| ECDC novel coronavirus webpage | WHO | WHO MERS updates | WHO travel health update | WHO Euro MERS updates | CDC MERS | Saudi Arabia MoH

## ECDC assessment

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

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

## Actions

ECDC published an epidemiological update on 2 July 2014.
The last rapid risk assessment was published on 2 June 2014.
ECDC is closely monitoring the situation in collaboration with WHO and EU Member States.



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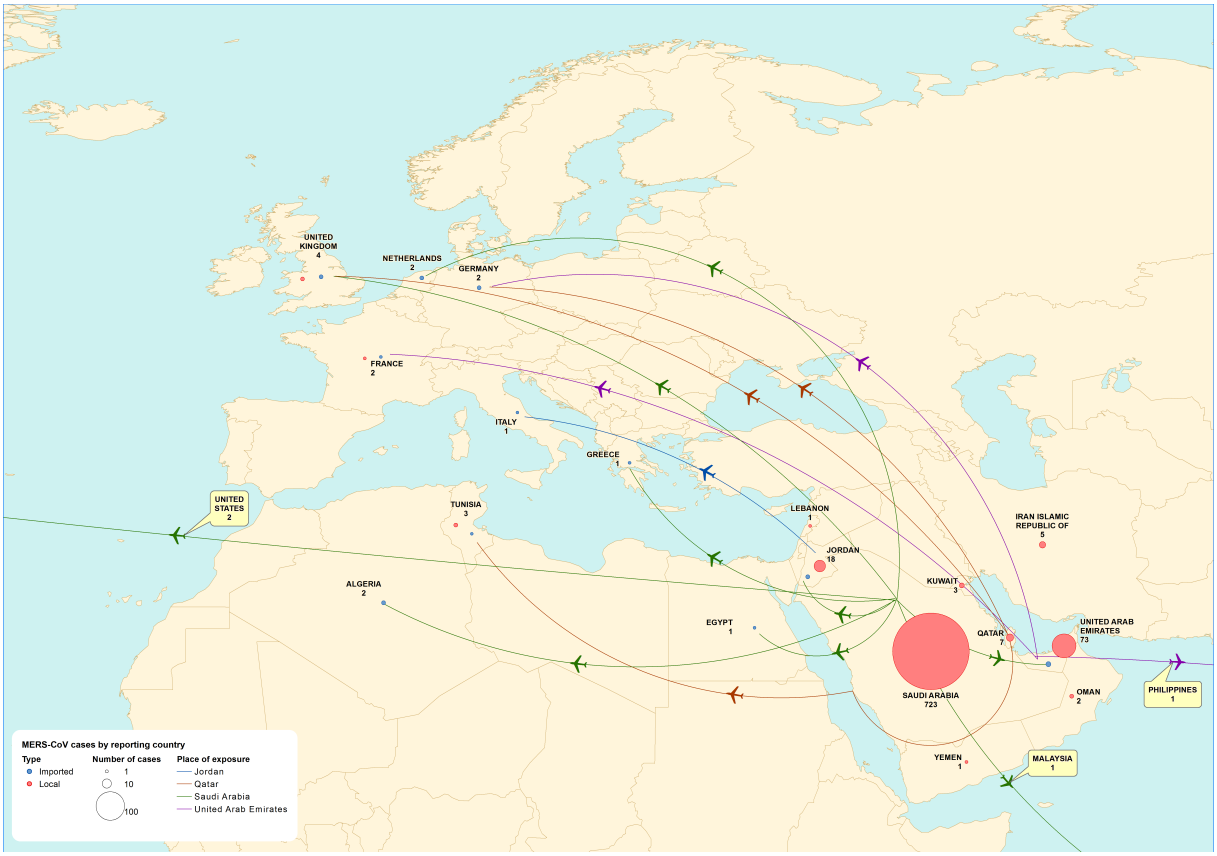
## Distribution of confirmed cases of MERS-CoV by reporting country and place of probable infection, March 2012 - 20 August 2014 (n=855)

Source: ECDC



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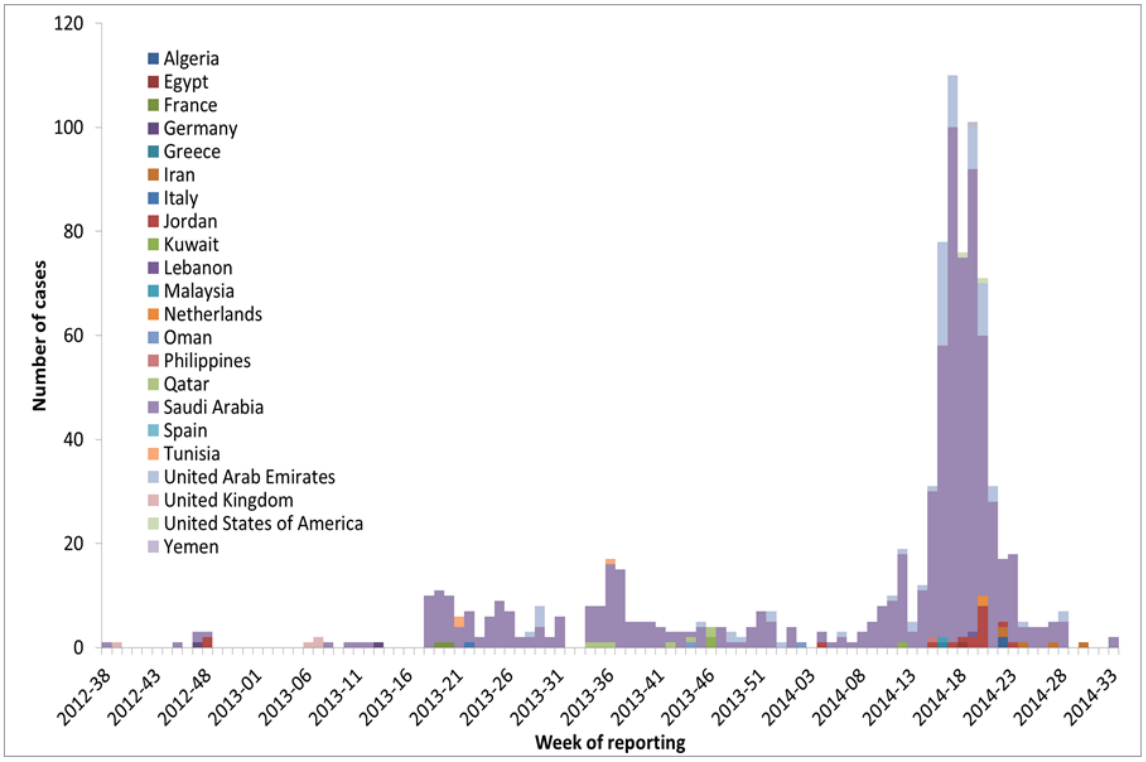
## Distribution of confirmed cases of MERS-CoV reported September 2012 – 20 August 2014, by week and reporting country (n=855)

Source: ECDC




# Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 21 August 2014

## Epidemiological summary

Pakistan reported seven new WPV1 infections during the past week. Worldwide, 146 cases have been reported to WHO so far in 2014, compared with 192 for the same time period in 2013. In 2014, nine countries have reported cases: Pakistan (115 cases), Afghanistan (8 cases), Equatorial Guinea (5 cases), Nigeria (5 cases), Somalia (4 cases), Cameroon (5 cases), Iraq (2 cases), Syria (1 case), and Ethiopia (1 case).

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

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet |Temporary Recommendations to Reduce International Spread of Poliovirus



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## ECDC assessment

Europe is polio-free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. The latest outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

The confirmed circulation of WPV in several countries and the documented exportation of WPV to other countries support the fact that there is a potential risk for WPV being re-introduced into the EU/EEA. The highest risk of large poliomyelitis outbreaks occurs in areas with clusters of unvaccinated populations, people living in poor sanitary conditions, or a combination of the two.

**References**: ECDC latest RRA | Rapid Risk Assessment on suspected polio cases in Syria and the risk to the EU/EEA | Wild-type poliovirus 1 transmission in Israel - what is the risk to the EU/EEA? | WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus, 5 May 2014

## Actions

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

Following the declaration of polio as a PHEIC, ECDC updated its risk assessment. ECDC has also prepared a background document of travel recommendations for the EU.



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