COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 12, 16-22 March 2014

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Measles outbreak on a cruise ship- Mediterranean Sea - 2014

Opening date: 1 March 2014 Latest update: 20 March 2014

A measles outbreak was declared on 27 February 2014 on a cruise ship sailing in the north-western Mediterranean with port calls in Marseille (France), Barcelona, Palma de Mallorca (Spain), Civitavecchia, La Spezia and Savona (Italy).

➔Update of the week

As of 20 March 2014, 30 cases of measles associated with this outbreak have been reported by Italy (29) and Austria (1).

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

Opening date: 4 October 2013 Latest update: 21 March 2014

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

➔Update of the week

The influenza activity remains at a moderate to low intensity level with stable or decreasing trend in the majority of the EU/EEA Member States and a co-circulation of influenza A(H1)pdm09 and A(H3) subtypes.

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Non EU Threats

Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013 Latest update: 20 March 2014

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, 394 cases have been reported from China, including 121 deaths. No autochthonous cases have been reported from outside of China. Most cases have been unlinked and sporadic zoonotic transmission from poultry to humans is the most likely explanation for the outbreak. Sustained person-to-person transmission has not been documented. Transmission has peaked in two distinct waves; during the winter months in 2013 and during the winter of 2013-2014. The reason for this pattern is not obvious. Since October 2013, 259 cases have been reported and the majority of these cases were reported from previously affected provinces or in patients who visited these provinces prior to onset of illness.

➔Update of the week

Between 14 and 20 March 2014, six new cases of influenza A(H7N9) infection have been reported in China: Guangdong province (3), Anhui province (1), Hunan province (1) and Hong Kong (1).

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

Opening date: 24 September 2012 Latest update: 20 March 2014

Since April 2012, 201 laboratory-confirmed cases, including 85 deaths, of acute respiratory disease caused by Middle East respiratory syndrome coronavirus (MERS-CoV), have been reported by national health authorities. To date, all cases have either occurred in the Middle East, have had direct links to a primary case infected in the Middle East, or have returned from the Middle East. 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. Human-to-human transmission to close contacts and in hospital settings has occurred, but there is no evidence of sustained transmission among humans. MERS-CoV is genetically distinct from the coronavirus that caused the SARS outbreak.

➔Update of the week

Since the previous CDTR, ten new cases have been reported in the Middle East. Eight cases were reported from Riyadh in Saudi Arabia, one case from Abu Dhabi in the United Arab Emirates and one case from Kuwait.

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 20 March 2014

On 6 December 2013, France reported two laboratory-confirmed autochthonous cases of chikungunya in the French part of the Caribbean island of Saint Martin. Since then, local transmission has been confirmed in the Dutch part of Saint Martin, on Martinique, Saint Barthélemy, Guadeloupe, British Virgin Islands, Dominica, Anguilla and French Guyana. Aruba only reported imported cases. This is the first documented outbreak of chikungunya with autochthonous transmission in the Americas. As of 21 March 2014, there have been more than 15 000 probable and confirmed cases in the region. There have been five fatalities reported.

➔Update of the week

During the past week the number of new cases reported increased in some of the affected areas but at a lower rate then the previous weeks the only exception being Dominica. No new affected islands were reported, but in Martinique and Guadeloupe new municipalities were affected. The islands affected are Saint Martin/Sint Maarten, Martinique, Saint Barthélemy, Guadeloupe, Virgin Islands (UK), Anguilla, Dominica, Aruba, Saint Kitts and Nevis and French Guiana in mainland South America. In most of the territories of the French Antilles, given the load of cases, the health authorities decided not to seek laboratory confirmation for all suspected cases.

Zika virus infection outbreak - The Pacific - 2013-2014

Opening date: 9 January 2014 Latest update: 20 March 2014

There is an ongoing outbreak of Zika virus (ZIKAV) infection in the Pacific affecting several countries, including Easter Island, a territory administered by Chile. There is a simultaneous dengue outbreak in the region (DENV 1 and 3). The French Polynesian health authorities report a concurrent significant increase in neurological syndromes and autoimmune illnesses. The cause and possible links with Zika or dengue virus infections are being investigated.

➔Update of the week

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In **French Polynesia**, since October 2013 and as of 14 March 2014, there are 8 647 suspected ZIKAV cases, 14 of which were reported during the past week. Overall, the epidemic is declining in all islands. No additional cases of Guillain-Barré syndrome or other neurological complications were notified since the last update.

In **New Caledonia**, as of 18 March 2014, 276 cases of ZIKAV infection have been recorded since November 2013, of which 244 are autochthonous cases. The cases are mainly reported in Noumea and Dumbea corresponding to 45 % and 30% of the total number of cases reported.

There is no new update available on the number of cases of ZIKAV infection on **the Cook Islands**. As of 13 March 2014, there were 188 cases with Zika-like symptoms, including 19 confirmed cases. The first case was a returning traveller from Tahiti.

On **Easter Island**, a territory administered by Chile, the Ministry of Health of Chile confirmed their first locally acquired case of Zika fever in a resident of Easter Island on 28 January 2014. An additional 40 suspected cases have not yet been confirmed.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 20 March 2014

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50-100 million people each year, mainly in the tropical regions of the world. The identification of sporadic autochthonous cases in non-endemic areas in recent years has already highlighted the risk of locally acquired cases occurring in EU countries where the competent vectors are present. The dengue outbreak in the Autonomous Region of Madeira, Portugal, in October 2012 further underlines the importance of surveillance and vector control in other European countries.

➔Update of the week

During 2014, no autochthonous dengue cases have been reported in Europe.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 20 March 2014

Polio, a crippling and potentially fatal vaccine-preventable disease that mainly affects children, is close to being eradicated as a result of global public health efforts. Polio remains endemic in Afghanistan, Pakistan and Nigeria.

➔Update of the week

During the past week, four new cases of wild poliovirus type 1 (WPV1) were reported to WHO, one affecting Equatorial Guinea, a country that has not recorded any cases since 1999.

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II. Detailed reports

Measles outbreak on a cruise ship- Mediterranean Sea - 2014

Opening date: 1 March 2014 Latest update: 20 March 2014

Epidemiological summary

As of 20 March 2014, 30 cases of measles have been reported: 29 from Italy and one from Austria. Twenty one cases are among crew members, seven among passengers and two are passengers contacts.

The index case was a crew member who was disembarked and hospitalised because of respiratory symptoms, fever and rash and on 22 February and was laboratory confirmed with measles on 27 February. The first 27 cases had onset of disease from 20 February to 1 March. Measles viruses of genotype B3 have been isolated from this outbreak. The fragment sequences are identical to a strain associated with an outbreak in the Philippines and appear to be different from the strain currently associated with an outbreak in Barcelona. On 27 February, Italy informed EU Member States about potentially exposed passengers from the EU. The outbreak has not been declared over and new cases among crew and passengers cannot be ruled out. More than 800 crew members have been vaccinated in response to the outbreak. The epidemiological investigations are on-going.

ECDC assessment

Measles is a highly infectious disease and frequently results in outbreaks. Introduction of measles virus into confined groups, such as passengers and crew on a ship, can result in large and rapidly evolving outbreaks if vaccine uptake in the group is below the epidemic threshold. Measles has a long incubation period of up to 21 days, and cases are contagious on average four days prior to and after the rash. Additional cases among disembarked passengers and contacts of these passengers cannot be ruled out.

Actions

ECDC published a Rapid Risk Assessment on 05 March 2014. Two ECDC experts were deployed to Rome where they have supported the Italian outbreak response team from 10 to 14 March 2014. The outbreak was described in detail in a Rapid Communication published in Eurosurveillance on 13 March.

ECDC together with Italian authorities are closely following this event and preparing a report.

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

Opening date: 4 October 2013 Latest update: 21 March 2014

Epidemiological summary

For week 11/2014:
- Of the 29 countries providing clinical data, no country reported high intensity of influenza activity.
- Of the 787 sentinel specimens tested across 22 countries, 281 (36%) were positive for influenza virus. Of these, 275 (98%) were type A and six (2%) were type B.
- Six countries reported 152 hospitalised, laboratory-confirmed influenza cases, including 71 cases admitted to intensive care units.

Web sources: WISO | ECDC Seasonal influenza | US-CDC health advisory | CDC Seasonal influenza | FluWatch, Canada | FluView, USA

ECDC assessment

The influenza season started in EU/EEA countries in week 2/2014.

Actions

ECDC will continue to produce the weekly influenza surveillance overviews during the northern hemisphere influenza season.

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Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013 Latest update: 20 March 2014

Epidemiological summary

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, human cases have continued to be reported, and as of 20 March 2014, there have been 394 laboratory-confirmed cases: Zhejiang (138), Guangdong (92), Shanghai (42), Jiangsu (42), Fujian (21), Hunan (18), Anhui (10), Jiangxi (5), Henan (4), Beijing (4), Guangxi (4), Shandong (2), Hebei (1), Guizhou (1), Jilin (1), Hong Kong (6), Taiwan (2) and one case reported in Malaysia imported from China.

Most cases have developed severe respiratory disease. One hundred and twenty-one patients have died (case-fatality ratio=30.7%).

Since October 2013, 259 cases were reported from Zhejiang (92), Guangdong (91), Fujian (16), Jiangsu (15), Hunan (15), Shanghai (8), Anhui (6) Beijing (2), Guangxi (4), Guizhou (1), Jilin (1), Taiwan (1) and Hong Kong (6). One exported case from China was diagnosed in Malaysia.

Web sources: Chinese CDC | WHO | WHO FAQ page | ECDC | WHO DON 17 March | WHO DON 20 March | WHO DON 20 March |

ECDC assessment

The continued transmission in one of the most densely populated areas in the world of a novel reassortant avian influenza virus capable of causing severe disease in humans, is a cause for concern due to the pandemic potential of the virus. Currently, the most likely scenario is that this remains a local although geographically widespread zoonotic outbreak, in which the virus is transmitted sporadically to humans in close contact with the animal reservoir, similar to the influenza A(H5N1) situation.

The fatal case of influenza A(H5N1) imported from China to Canada and the recent imported case of influenza A(H7N9) in Malaysia support the scenario that imported cases of influenza A(H7N9) may be detected in Europe. However, the risk of the disease spreading among humans following an importation to Europe is considered to be very low. People in the EU presenting with severe respiratory infection and a history of potential exposure in the outbreak area will require careful investigation in Europe.

The risk of increased transmission of H7N9 viruses between humans is not negligible. European countries should continue to prepare for the eventuality of future pandemics, including one caused by A(H7N9). Preparedness activities should include the precautionary development of early human vaccine candidates and increased monitoring of animal influenzas at the animal–human interface.

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 26 February 2014.

ECDC published an epidemiological update on 7 February 2014.

ECDC published a guidance document for Supporting diagnostic preparedness for detection of avian influenza A(H7N9) viruses in Europe for laboratories on 24 April 2013.

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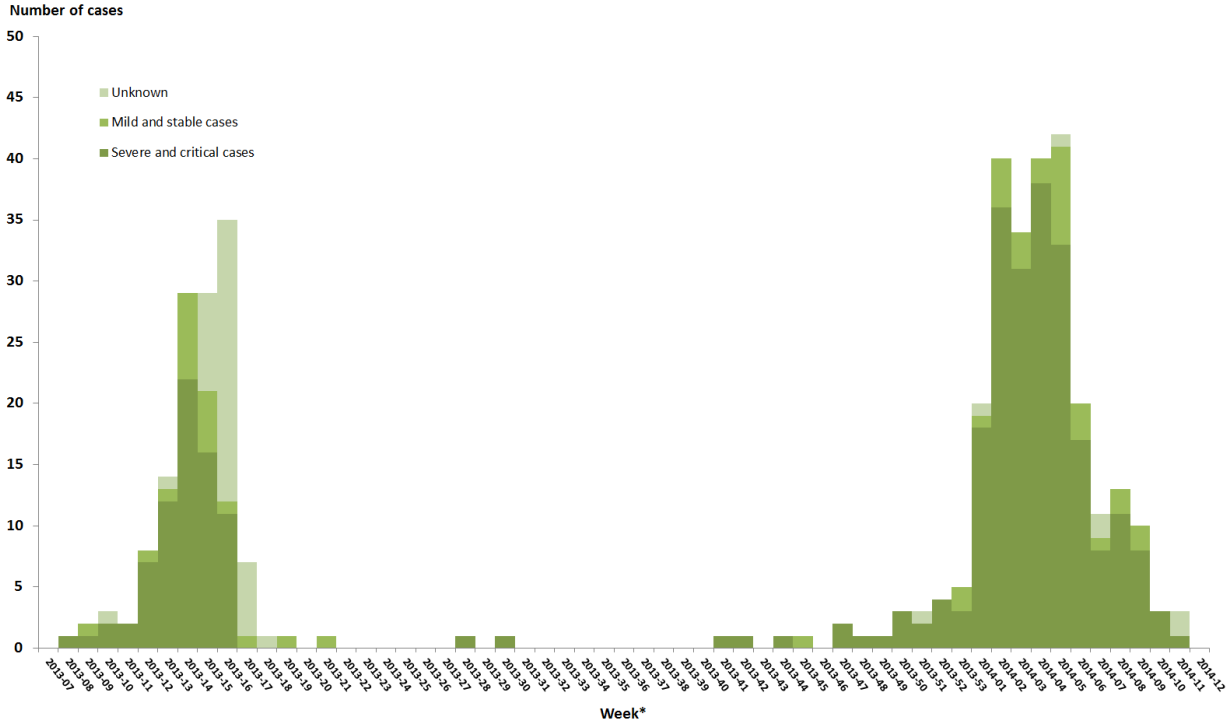
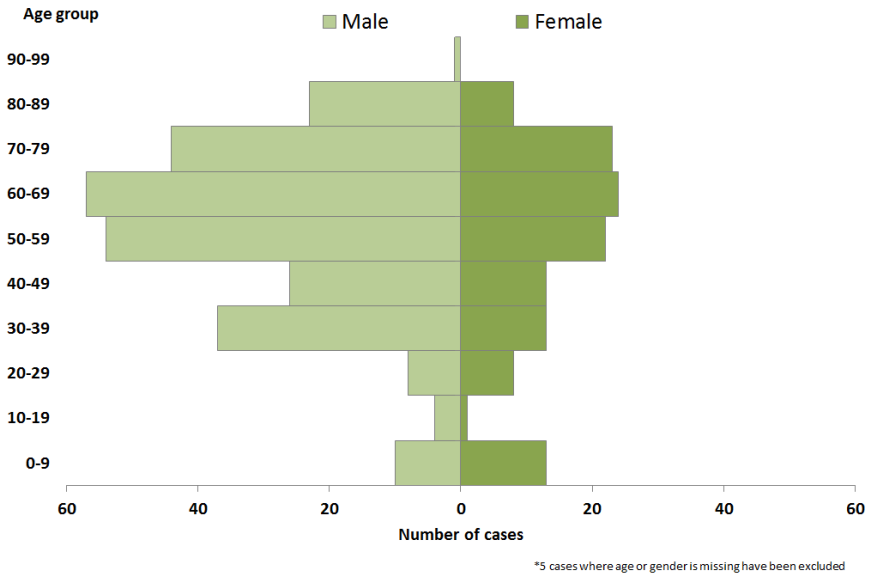
Distribution of confirmed A(H7N9) cases by week of onset and severity, week 14/2013 to week 12/2014, China (n=394)

* Where the week of onset is unknown, the week of reporting has been used



Distribution of confirmed A(H7N9) cases by age and gender, 31 March 2013 - 20 March 2014, China (n=389*)

Source: ECDC SRS



*5 cases where age or gender is missing have been excluded

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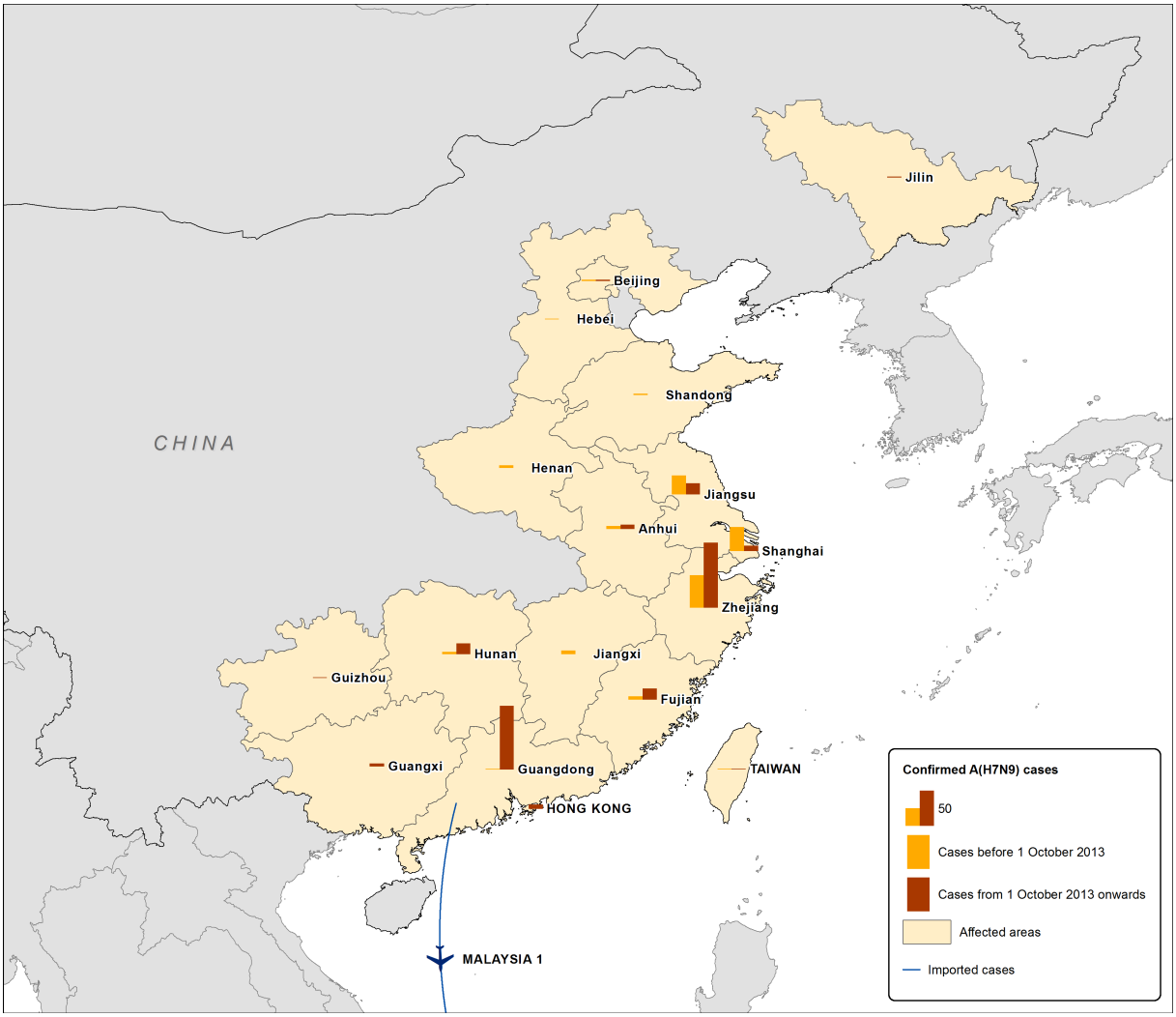
Distribution of confirmed A(H7N9) cases by place of reporting, week 14/2013 to 12/2014 (n=394)

Source: ECDC SRS



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

Opening date: 24 September 2012 Latest update: 20 March 2014

Epidemiological summary

As of 20 March 2014, 201 laboratory-confirmed cases of MERS-CoV have been reported by local health authorities worldwide, including 85 deaths. The following countries have reported MERS-CoV cases:

Saudi Arabia: 159 cases / 64 deaths
United Arab Emirates: 15 cases / 5 deaths
Qatar: 7 cases / 4 deaths
Jordan: 3 cases / 3 deaths
Oman: 2 cases / 2 deaths
Kuwait: 3 cases / 1 death
UK: 4 cases / 3 deaths
Germany: 2 cases / 1 death

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France: 2 cases / 1 death
Italy: 1 case / 0 death
Tunisia: 3 cases / 1 death

Twelve cases have been reported from outside the Middle East: the UK (4), France (2), Tunisia (3), Germany (2) and Italy (1). In France, Tunisia and the UK, there has been local transmission among patients who had not been to the Middle East, but had 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. Twenty-four asymptomatic cases have been reported by Saudi Arabia and three by the United Arab Emirates.

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 | Eurosurveillance article 26 September |

ECDC assessment

The source of MERS-CoV infection and the mode of transmission have not been identified, but the continued detection of cases in the Middle East indicates that there is an ongoing source of infection in the region. There is therefore a continued risk of cases presenting in Europe following exposure in the Middle East, and surveillance for MERS-CoV 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

ECDC's latest epidemiological update was published on 25 November 2013.

The latest update of a rapid risk assessment was published on 7 November 2013.

The first 133 cases are described in Eurosurveillance published on 26 September 2013.

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

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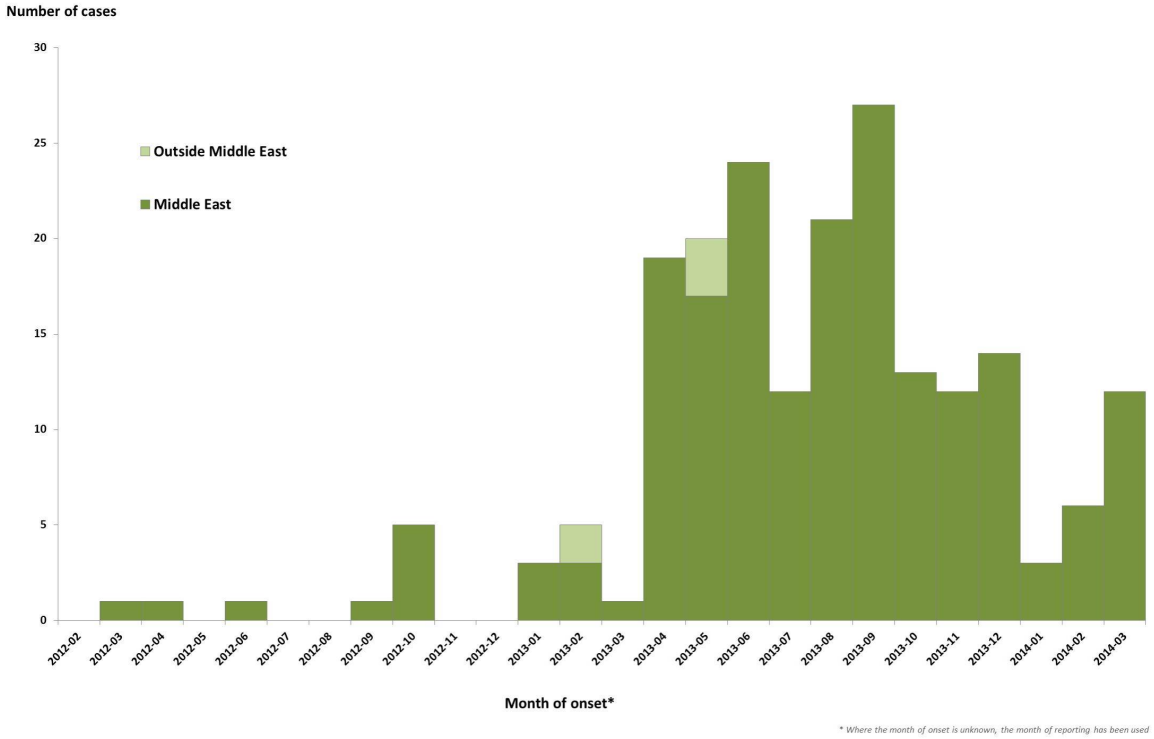
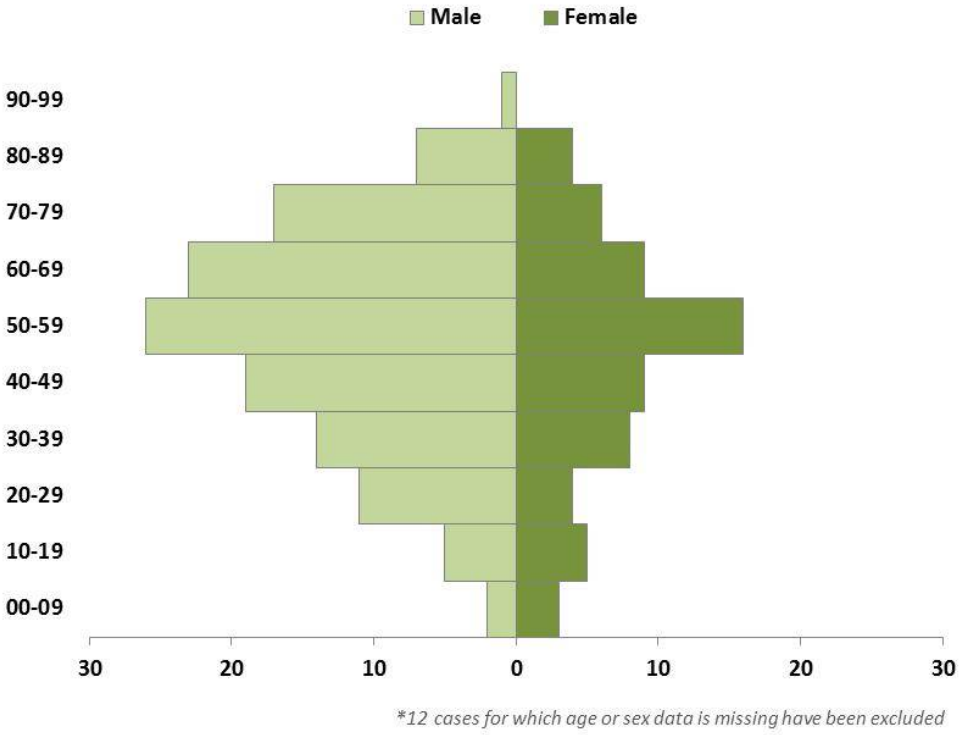
Distribution of confirmed cases of MERS-CoV by month of onset and place of probable infection, March 2012 - 20 March 2014 (n=201*)

ECDC SRS



Distribution of confirmed cases of MERS-CoV by gender and age group, March 2012 - 20 March 2014 (n=189*)

ECDC SRS



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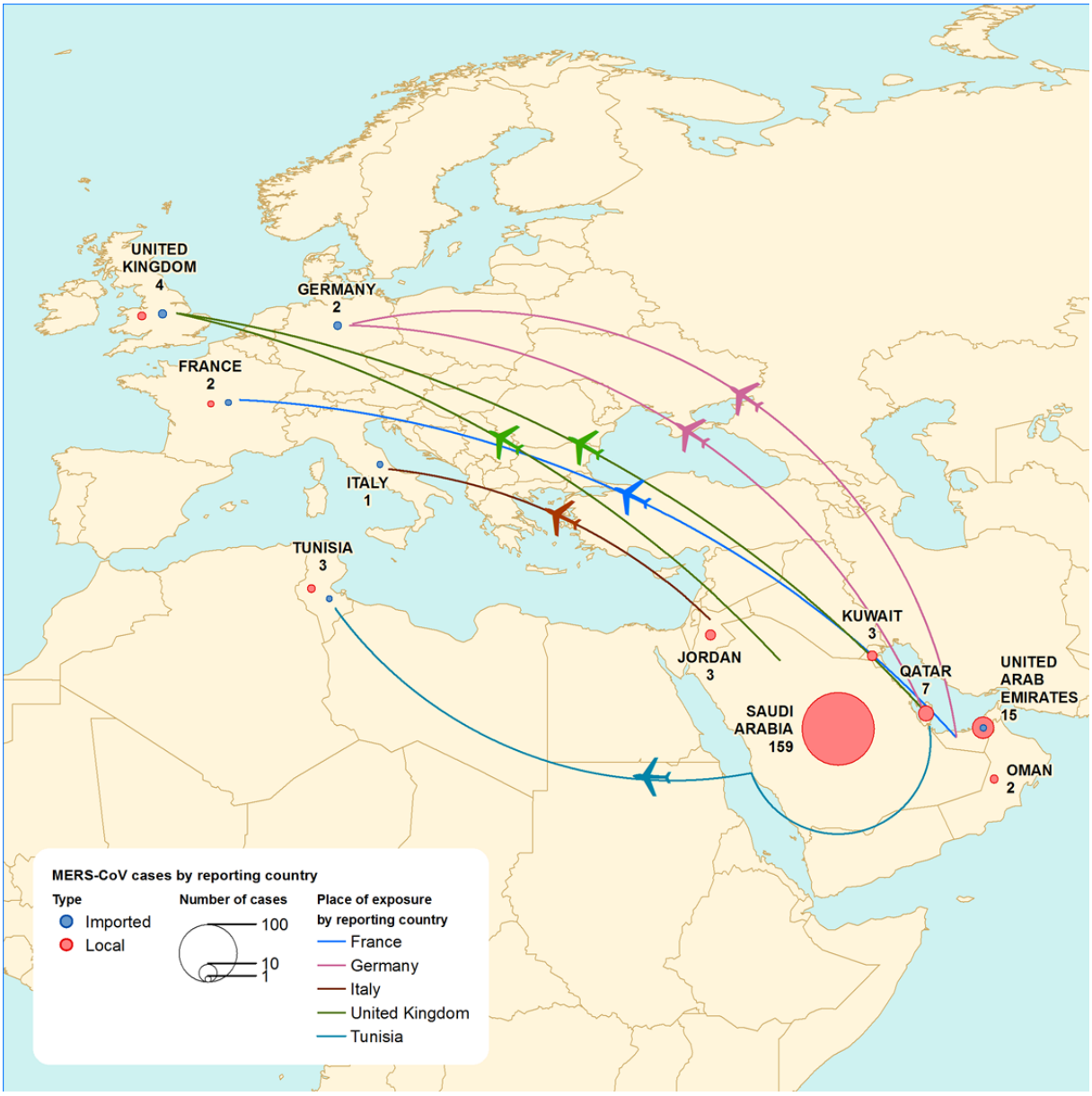
Distribution of confirmed MERS-CoV cases by place of reporting, March 2012 - 20 March 2014 (n=201)

ECDC SRS



Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 20 March 2014

Epidemiological summary

Cases reported as of 20 March 2014:

- Virgin Islands (UK), 7 confirmed cases;
- Saint Martin (FR), 2 640 suspected and 782 confirmed or probable cases, 3 deaths;
- Sint Maarten (NL), 115 confirmed autochthonous cases;
- Martinique, 7 630 suspected and 1 141 confirmed or probable cases, 2 deaths;
- Saint Barthélemy, 420 suspected and 134 confirmed or probable cases;

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- Guadeloupe, 1 960 suspected and 586 confirmed or probable cases;
- Dominica, 56 confirmed cases and 394 suspected cases;
- French Guiana, 22 confirmed autochthonous cases and 10 imported cases;
- Anguilla, 14 confirmed cases on the island with one case probably originating from Saint Martin;
- Aruba, one imported case originating from Sint Maarten;
- St. Kitts and Nevis, one confirmed case.

ECDC assessment

Epidemiological data indicate that the outbreak, which started in Saint Martin (FR), is expanding. An increasing number of cases have been observed from most of the affected areas. The vector is endemic in the region, where it also transmits dengue virus. 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. The autochthonous cases in French Guyana are the first autochthonous chikungunya cases in mainland South America.

Actions

ECDC published a rapid risk assessment on 12 December 2013 and an epidemiological update on 10 January and on 7 February 2014.

The Caribbean islands

Zika virus infection outbreak - The Pacific - 2013-2014

Opening date: 9 January 2014 Latest update: 20 March 2014

Epidemiological summary

The Zika outbreak started in October 2013 in French Polynesia and it is estimated that more than 30 000 cases have sought medical care with Zika-like symptoms there. The outbreak has since spread to other areas including a territory belonging to Chile. Public health control measures, such as increased surveillance and the promotion of measures to avoid mosquito bites, have been implemented in the affected territories.

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Health authorities in French Polynesia have reported a concurrent significant increase in neurological syndromes and autoimmune illnesses. There is a simultaneous dengue outbreak in the region. The cause of the complications and their possible links with ZIKAV or dengue virus infections are being investigated. No neurological complications have been reported to date in the other affected areas.

Web sources: ECDC fact sheet | Bureau de Veille Sanitaire| NaTHNac | DASS New Caledonia

ECDC assessment

ZIKAV infection continues to spread to new areas in the Pacific. There is a risk for the disease spreading further both in the Pacific and to the countries of the Americas where the *Aedes* mosquito is present, and for sporadic imported cases in Europe from endemic areas. Vigilance must be enhanced towards imported cases of ZIKAV infection in EU Member States and EU overseas countries and territories and outermost regions, in particular where effective vectors are present. Early detection of cases is essential to reduce the risk of autochthonous transmission. Clinicians and medical travel clinics should be aware of the situation in the Pacific islands and include ZIKAV infection in their differential diagnosis.

There is no available vaccine against ZIKAV infection. Travellers can protect themselves by preventing mosquito bites.

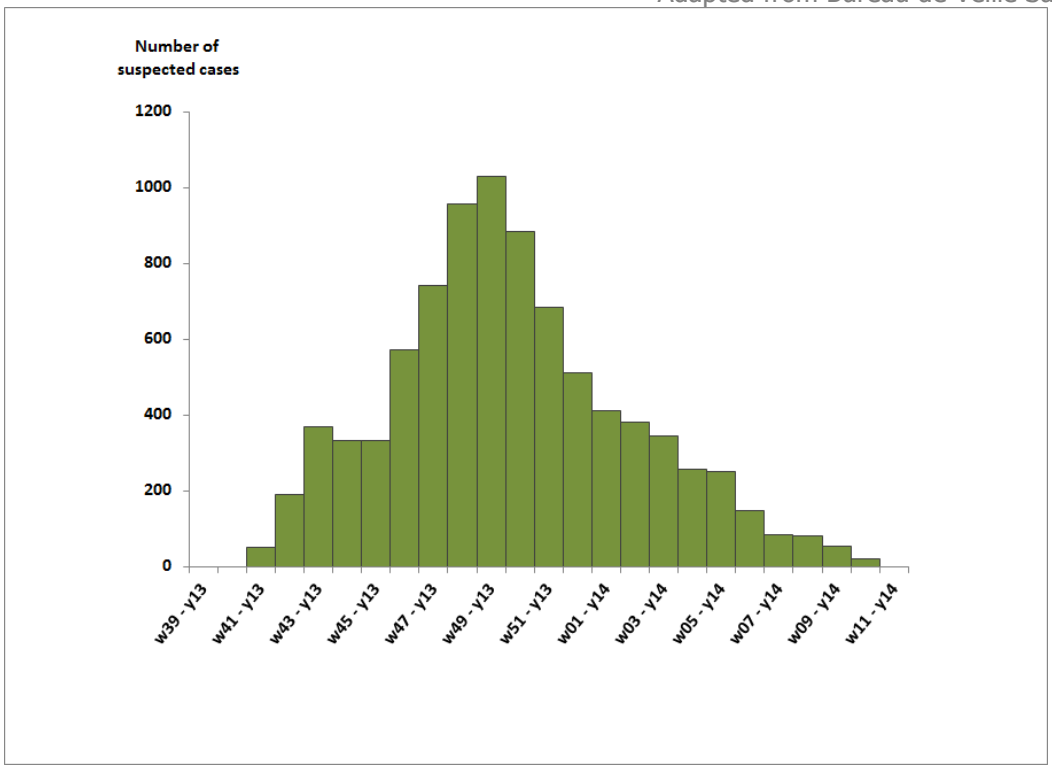
ZIKAV infection is a mild illness and has not been known to have neurological complications. The reported complications in French Polynesia are not confirmed to be caused by ZIKAV infections. However, there is a temporal association with the simultaneous outbreaks of ZIKAV and dengue. It is important to determine the cause of this increase and a possible association with the ongoing transmission of DENV-1, DENV-3 and ZIKAV.

Actions

ECDC prepared a risk assessment on this event.

Distribution of suspected Zika infection cases in French Polynesia notified by sentinel network by week of reporting, as of week 11/2014

Adapted from Bureau de Veille Sanitaire Polynesie Francaise



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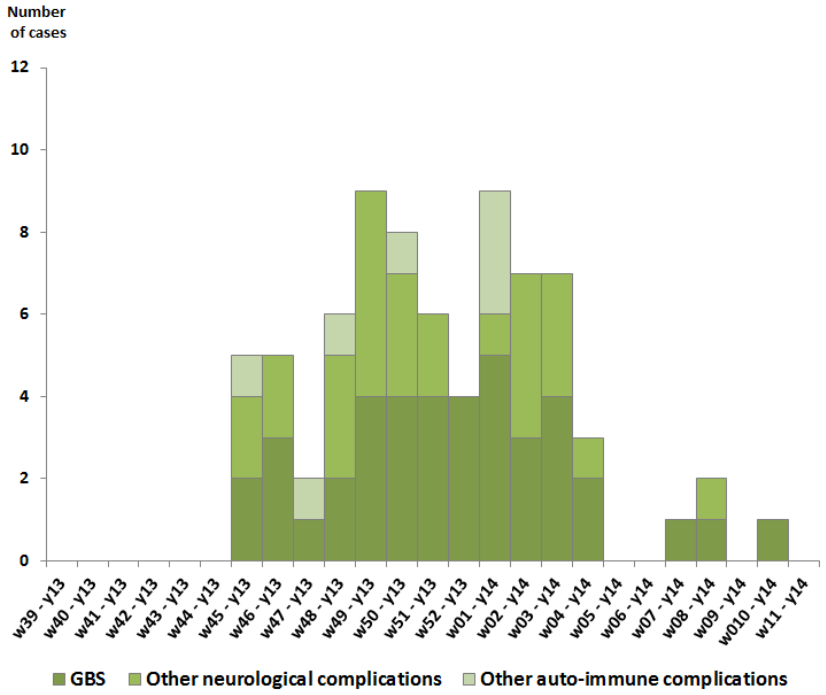
Distribution of suspected Zika infection cases in French Polynesia presenting with neurological and auto-immunes complications notified by sentinel network by week of reporting and, as of week 11/2014

Adapted from Bureau de Veille Sanitaire, Polynesie Francaise



Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 20 March 2014

Epidemiological summary

Europe: No autochthonous cases have been detected so far in 2014.

Asia: Pakistan continues to report dengue activity in Sindh province and Karachi is the most affected municipality with 135 cases recorded so far in 2014. Media reports that the Philippines recorded two deaths related to dengue haemorrhagic fever in Iloilo province between 1 January and 8 March. Sri Lanka has reported 308 new cases during the past week. As of 18 March 2014, 5 833 cases have been reported in Sri Lanka compared to 7 711 cases during the same time period last year.

Caribbean: The Ministry of Health and Social Development in the British Virgin Islands has recorded 47 cases of dengue fever so far in 2014. In Guadeloupe, the dengue epidemic is considered over following a decrease in dengue activity over the past five weeks, according to InVS.

Oceania: Australia has reported 64 cases of dengue fever, suspected to be imported cases, in Victoria and there are media reports that the *Aedes aegypti* mosquito has been detected in Melbourne airport. The dengue epidemic in Fiji is still ongoing with nearly 11 500 cases and 12 deaths reported since October last year, according to the Ministry of Health. Over the past few weeks, the Western Division has been the most affected region with more than 2 700 reported cases. A media report quoting the Fiji Ministry of Health has warned that up to 24 000 people could be affected by the current dengue outbreak which is reported to be the worst outbreak recorded since 1975. In French Polynesia, the recent trend is decreasing with 49 cases reported so far in March. Up to 14 March 2014, 1 811 cases have been recorded since the beginning of the outbreak in February last year. The most affected areas have been Tahiti and Moorea but overall the epidemic has been declining in the whole territory except Tahiti where the number of confirmed cases has remained relatively stable since the beginning of the year, according to the Bureau for Health Surveillance in French Polynesia.

Americas: High dengue activity is reported in Mexico and Central America. As of 11 March 2014, 1 923 cases have been reported in Mexico. Of all the reported cases, 50% were notified in the states of Sinaloa, Yucatan, Jalisco, Guerrero and Nuevo Leon.

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Nicaragua has recorded 43 dengue cases so far in 2014 whilst Guatemala has reported 845 cases of dengue fever, including two deaths. In 2012, a large dengue epidemic in Guatemala affected more than 85 000 people and caused 50 deaths. In South America, the Ministry of Health reports that the number of dengue cases in Brazil has fallen by 80% in the first two months of this year compared to the same period last year (87 000 notified cases in 2013 compared to 427 000 notified cases in 2013). The current dengue epidemic in Brazil is concentrated in ten states which account for approximately 86% of all dengue infections in the country. In French Guiana, no active dengue outbreaks were identified at the beginning of March, according to InVS.

Africa: Mauritius has recorded 16 locally-acquired dengue cases in the past few days, according to media reports quoting the Ministry of Health. All the cases were recorded in Triolet, a village north of the island, with nine of the cases occurring in the same family.

Publication
A recent study published in *Eurosurveillance* detected a concurrent dengue virus serotype 4 and chikungunya virus infection in a woman in her early 50s returning to Portugal from Luanda, Angola, in January 2014.

Websources: ECDC Dengue | Healthmap Dengue | MedISys | ProMed Asia,Pacific update| ProMed Americas 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. Before the 2012 outbreak in the Autonomous Region of Madeira, local transmission of dengue was reported for the first time in France and Croatia in 2010. Imported cases are being detected in European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

Actions

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

From week 28 2013 onwards, ECDC has been monitoring dengue on a bi-weekly basis.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 20 March 2014

Epidemiological summary

Four new cases of WPV1 were notified to WHO this week (week 12): two from Pakistan, one from Cameroon and one from Equatorial Guinea.

On week 11, two WPV1s were reported from Cameroon, and one new case is reported this week, confirming continued transmission and geographic expansion of infected areas. Due to this continued circulation of the virus, the World Health Organization has elevated the risk assessment of international spread of polio from Cameroon to 'very high'.

A new case of WPV1 was also reported this week in Equatorial Guinea with onset of paralysis on 28 January from Centro Sur province, close to the border with Cameroon. This is the first polio case reported from the country since 1999. Genetic sequencing indicates that the isolated virus is linked to transmission in Cameroon.

Worldwide, 37 cases have been reported to WHO in 2014, compared with 11 for the same time period in 2013.

WPV1 positive samples have been detected by environmental surveillance in Israel since 3 February 2013 and continue to be detected in 2014 (17 positive samples have been collected this year, the most recent of which was collected on 16 February 2014).

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

ECDC assessment

Despite the new cases reported in new areas in Cameroon, ECDC latest risk assessment remains valid as well as the vaccination recommandations to travellers and migrants.

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Europe is polio free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. This was an imported outbreak and it was demonstrated that the WPV originated from India. An outbreak in the Netherlands, in a religious community opposed to vaccinations, caused two deaths and 71 cases of paralysis in 1992.

The last indigenous WPV case in the WHO European Region was in Turkey in 1998. The latest outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

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 re-introduction of wild poliovirus into the EU.

Due to the current situation of polio, the threat is being followed weekly.

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

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