COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 13, 22-28 March 2015

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Influenza – Multistate (Europe) – Monitoring 2014–2015 season

Opening date: 9 October 2014 Latest update: 26 March 2015

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 its report weekly on the Flu News Europe website.

➔Update of the week

Influenza A(H1N1)pdm09, A(H3N2) and type B viruses continued to circulate in the European Region, with an increasing proportion of type B viruses. For the region as a whole, influenza A(H3N2) viruses were most prominent but several countries from southern and far eastern part of the region (Georgia, Greece, Kazakhstan, Kyrgyzstan, Portugal, Moldova, Turkey and Ukraine) reported predominantly sentinel influenza B virus detections over the season.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 26 March 2015

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many EU countries where vaccination uptake remains below the level required to interrupt the transmission cycle. Elimination of measles requires consistent vaccination uptake above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

➔Update of the week

In the EU, since the last monthly update, the outbreak in Berlin, Germany is still on-going. New measles outbreaks were detected in Sweden and Croatia.

In the rest of the world, there are measles outbreaks in Serbia, Kyrgyzstan, the United States, Canada, Brazil, Ethiopia and Democratic Republic of Congo.

In addition, outbreaks of measles were reported in Ebola-affected countries. According to media sources, in Guinea, UNICEF has reports of 491 suspected measles cases including three fatalities in 20 districts, 39 of them confirmed. Médecins sans Frontières (MSF) has reports of 189 suspected measles cases in Liberia, plus some suspected cases in Sierra Leone. UNICEF and MSF are working with Liberian officials for a measles and polio vaccination campaign in May that will target more than 600 000 children under five years of age. Similar campaigns are also planned for Sierra Leone but will depend on the Ebola situation.

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Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 26 March 2015

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

➔Update of the week

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

Media sources reported that an air stewardess on China Airlines unknowingly contracted rubella and developed symptoms on 14 March. She was placed in quarantine four days later when she was confirmed with rubella. The Chinese Centre for Disease Control is following 1 558 people who travelled on China Airline's flights between 21 to 28 February. It is thought that 686 Taiwan nationals and 872 international passengers came into contact with the stewardess.

Non EU Threats

Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014 Latest update: 26 March 2015

An epidemic of Ebola virus disease (EVD) has been ongoing in West Africa since December 2013, mainly affecting Guinea, Liberia and Sierra Leone. On 8 August 2014, WHO declared the Ebola epidemic in West Africa a Public Health Emergency of International Concern (PHEIC).

➔Update of the week

As of 24 March 2015, WHO reported 24 962 cases of Ebola virus disease (EVD) related to the outbreak in West Africa, including 10 353 deaths.

In the week leading to 22 March, WHO reported 79 new confirmed cases of EVD compared with 150 of the previous week. Forty-six per cent of all cases came from Forecariah prefecture in Guinea and the neighbouring district of Kambia in Sierra Leone. A memorandum of understanding has been established between Sierra Leone and Guinea to encourage the free sharing of information. District surveillance officers from both areas will be free to investigate cases on either side of the border.

National authorities in Liberia and Sierra Leone have begun a phased, safe decommissioning of surplus facilities as treatment capacity now far exceeds demand. Each country will retain a core capacity of high-quality Ebola treatment centres with additional rapid-response capacity held in reserve.

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

Opening date: 24 September 2012 Latest update: 26 March 2015

Since April 2012 and as of 26 March 2015, 1 110 cases of MERS-CoV have been reported by local health authorities worldwide, including 456 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 and virological studies point towards dromedary camels in the Middle East being a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

➔Update of the week

Since the last update of 19 March 2015, Saudi Arabia has reported seven additional cases of MERS-CoV in Riyadh (2 cases), Jeddah (2), Mecca (1), Najran (1) and Northern Borders Province (1). Three cases reported to have contact to a case in the community. Six out of the seven cases were male. The ages range from 20 to 60 years, the median age was 50 years.

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Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 26 March 2015

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. On 27 February 2015, the Temporary Recommendations in relation to PHEIC have been extended for another three months.

➔Update of the week

In the past week, one new wild poliovirus type 1 (WPV1) case was reported by WHO from Pakistan.

In Afghanistan, one new WPV1-positive environmental sample was reported in the past week indicating that the virus is circulating in the country.

Environmental surveillance in Pakistan indicates widespread transmission of the virus, not only in known infected areas but also in areas without cases. In the past week, six new WPV1-positive environmental samples were reported.

The Ebola crisis in western Africa continues to have an impact on the implementation of polio eradication activities in Liberia, Guinea and Sierra Leone. Twenty-two surveillance medical officers from the National Polio Surveillance Programme (NPSP) in India have been deployed for three months to strengthen surveillance systems and data collection for the Ebola response, demonstrating the polio legacy in action.

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II. Detailed reports

Influenza – Multistate (Europe) – Monitoring 2014–2015 season

Opening date: 9 October 2014 Latest update: 26 March 2015

Epidemiological summary

Hospitalised influenza cases were reported mainly among elderly people (53%). Influenza type A was more frequently observed (85%) than influenza B (15%) in fatal laboratory-confirmed, hospitalised influenza cases.

Excess all-cause mortality among people aged 65 years of age or above, concomitant with increased influenza activity and the predominance of A(H3N2) viruses, has been observed since the beginning of the year in 11 out of 13 reporting countries, and in recent weeks in eight out of 13 (see EuroMOMO).

About two-thirds of the A(H3N2) viruses characterised to date show antigenic differences compared to the virus included in the 2014–2015 northern hemisphere influenza vaccine. The observed reduction in effectiveness of the A(H3N2) component of the vaccine may have contributed to the excess mortality reported among elderly people. The A(H1N1)pdm09 and B components of the vaccine are likely to be effective.

This season, there are no indications of substantial reduced sensitivity of influenza A or B viruses to the neuraminidase inhibitors oseltamivir or zanamavir.

Web sources: Flu News Europe | ECDC Influenza |

ECDC assessment

Influenza activity is decreasing in most of the reporting countries, with a remaining high level of influenza virus positive samples (42%).

Actions

ECDC and WHO produce the Flu News Europe bulletin weekly.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 26 March 2015

Epidemiological summary

EU Member States

Germany – update

Berlin: Since October 2014 and as of 25 March, according to media sources, 884 cases have contracted measles in the capital, including many adults. A toddler died in February due measles complications. The outbreak is still ongoing with about 15 new cases per day. Twenty-five percent of the patients needed hospitalisation. The outbreak is centred in Berlin and Brandenburg, the federal state that surrounds Berlin. Cases are increasing in other areas, including Bayern, Nordrhein-Westfalen and Niedersachsen. In Saxony, Dresden reported 37 cases; Leipzig reported 59 cases in 2015.

Erfurt Bischleben: according to media reports, there is an ongoing outbreak in a Waldorf school with 29 measles cases of which eight were laboratory confirmed.

Serbia- update

Since November 2014 and as of 6 March 2015, health authorities reported 283 cases of measles in several outbreaks affecting numerous areas of the country. This is an increase of 55 cases since 13 February 2015, the last monthly update.

Sweden

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Gothenburg: Sweden has recorded its first case of measles linked to the outbreaks in Germany at the end of February 2015 in an unvaccinated child who returned from a trip to Germany.

Dalarna: Two cases were reported in Dalarna, northern Sweden in February 2015. One of the cases was a two-year old boy from Bosnia-Herzegovina. Sixty contacts were tested for immunity, eight received gamma globulin and vaccination was offered to susceptible contacts. One secondary case was diagnosed among contacts.

Denmark

Statens Seruminstitut reports that a DNA analysis of samples from the two Danish measles cases reported earlier this year show that they are identical to viruses from a Swedish measles patient based on comparison of genetic material uploaded to an international measles virus database. The measles virus was traced to an outbreak in India in 2014.

Croatia

There is a measles outbreak in Croatia that started in early December 2014 with imported cases from countries already experiencing measles outbreaks (Bosnia and Herzegovina, Germany and Serbia). As of 17 March 2015, there have been 111 reported cases, among them five healthcare workers exposed at work. Twenty of the samples were sequenced and genotype D8 was identified. Most of the cases are young adults belonging to the Roma community with low vaccination coverage. The majority of cases are from the larger Zagreb area. However, there are also individual cases and small clusters in other parts of the country. Response activities are put in place.

Slovenia

According to media sources, 15 measles cases have been reported in Slovenia in 2015, most of them linked to importations from neighbouring countries with ongoing measles outbreaks.

Italy

Italy reported in a recent article in the EUROSURVEILLANCE, the outbreak in Slovenia in November 2014 linked to an international dog show held near the Italian border resulted in 18 measles cases in Italy: 11 primary cases, three secondary cases and four tertiary cases.

The rest of the world

Ebola-affected countries

According a recent study published in Science, there were about 778 000 unvaccinated children aged between 9 months to 5 years in the three countries at the start of the Ebola epidemic. An extra 20 000 children became susceptible to measles every month that Ebola disrupted regular health care. In a year before the outbreak, up to 127 000 cases of measles could have been expected in the region. An additional 100 000 cases, including 2 000 to 16 000 deaths, could be expected because of the eighteen months disruption of routine immunisation services. The study stresses the need to restart the vaccinations quickly to prevent thousands of deaths if a large enough measles outbreak were to strike before the tattered health care system has a chance to recover.

Kyrgyzstan - update

WHO Regional Office for Europe reports that the measles outbreak, which began in early 2014, has caused over 11 300 suspected cases as of 16 March and continues to increase by 120–250 suspected cases each day. In response, Kyrgyzstan will initiate a mass measles vaccination campaign targeting over two million people between ages one to 20 years in the country. The first phase of the campaign focused on ages between seven to 20 years in the capital city of Bishkek and Chui Oblast, the age group and areas most affected. The second phase, planned for April–May 2015, will target children under age seven years in these areas and children and adolescents under age 20 years in the rest of the country.

US –update

The United States is currently experiencing a large, multi-state measles outbreak linked to an amusement park in California. The outbreak likely started from a traveller who became infected overseas with measles, then visited the amusement park while infectious. However, no source has been identified. Between 28 December to 20 March 2015, the US Centers for Disease Control reports that 146 people have been identified with measles infection linked to the Disneyland outbreak in seven states. Analysis of samples shows that the measles virus type in this outbreak (B3) is identical to the virus type that caused the large measles

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outbreak in the Philippines in 2014 with almost 60 000 cases and 110 deaths. This virus type has also been identified within the past six months in 14 other countries. Additionally, at least six other states in the United States have had measles cases with B3 virus type, not associated with the current outbreak.

Altogether, 178 people from 17 states and the District of Columbia were reported to have measles in 2015 in the United States.

Canada

There is an outbreak in Quebec with the primary case acquiring measles infection while visiting California. As of 24 March 2015, the Public Health Department confirmed 150 cases of measles. The number of cases is still rising. The cases are all linked and are all unvaccinated.

Democratic Republic of Congo

Media report an outbreak with dozens of suspected measles cases in the mining site Kisengo in northern Katanga province. Most patients are children under five years of age.

Ethiopia

In 2015, 2 190 suspected measles cases have been reported in 61 separate outbreaks, of which 929 cases were confirmed positive according to media sources. Twenty eight per cent of cases were children under five years of age, and 33 per cent of those affected were above 15 years of age.

Brazil

Media report that Ceara recorded 117 cases of measles of which 64 were confirmed, in eight municipalities. Among the confirmed cases, 27 percent are under one year of age.

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

ECDC assessment

During the 12-month period from February 2014 to January 2015, 30 EU/EEA countries conducting measles surveillance reported 3 528 cases. Germany and Italy accounted for 58.6% of the cases reported in the period. In nine of the 30 countries, the measles notification rate was less than one case per million population including six countries reporting 0 cases during the 12-month period.

The target year for measles elimination in Europe was set for 2015. The current situation suggests that endemic measles transmission continues in many EU Member States and the prospect of achieving the 2015 objective is not feasible.

Actions

ECDC monitors measles transmission and outbreaks in EU and neighbouring countries in Europe on a monthly basis through enhanced surveillance and epidemic intelligence activities.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 26 March 2015

Epidemiological summary

During February 2014 – January 2015, EU/EEA countries reported 5 554 rubella cases. Twenty-five countries reported consistently throughout the 12-month period.
Rubella surveillance is conducted in 28 EU/EEA countries; however, data have not been reported by Italy since January 2013. Only 1.8% of the cases had a positive rubella laboratory test result. Poland accounted for 96% of all rubella cases in the 12-month period (n=5 345). In 22 consistently reporting countries, the rubella notification rate was less than one case per million population for the 12-month period. Thirteen consistently reporting countries reported zero cases.

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Web sources: ECDC measles and rubella monitoring | ECDC rubella factsheet | WHO epidemiological brief summary tables | WHO epidemiological briefs |Progress report on measles and rubella elimination |Towards rubella elimination in Poland

ECDC assessment

As rubella is typically a mild and self-limiting disease with few complications, the rationale for eliminating rubella would be weak if it were not for the virus' teratogenic effect. When a woman is infected with the rubella virus within the first 20 weeks of pregnancy, the foetus has a 90% risk of being born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. The increase in the number of rubella cases reported in Romania and Poland during the last two years and the number of babies born with CRS are cause for concern. Rubella occurs predominantly in age and sex cohorts historically not included in vaccination recommendations. To achieve rubella elimination, supplemental immunisation activities in these cohorts are needed.

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to the European Surveillance System and through its epidemic intelligence activities on a monthly basis. Twenty-four EU and two EEA countries contribute to the enhanced rubella surveillance. The purpose of the enhanced rubella monitoring is to provide regular and timely updates on the rubella situation in Europe in support of effective disease control, increased public awareness and the achievement of the 2015 rubella and congenital rubella elimination target.

An ECDC report is available online: Survey on rubella, rubella in pregnancy and congenital rubella surveillance systems in EU/EEA countries

Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014 Latest update: 26 March 2015

Epidemiological summary

Distribution of cases as of 24 March 2015:

Countries with intense transmission

Distribution of EVD cases for countries with intense transmission:

- Guinea: 3 459 cases and 2 273 deaths (as of 24 March)
- Liberia: 9 602 cases and 4 301 deaths (as of 22 March)
- Sierra Leone: 11 866 cases and 3 764 deaths (as of 24 March)

Countries with an initial case or cases, or with localised transmission

- Mali, Nigeria, Senegal, Spain, the United States and United Kingdom have been declared free of EVD after having cases related to the current epidemic in West Africa.

Situation in specific West African countries

In Guinea, WHO reported 45 new confirmed cases in the week leading up to 22 March compared to 95 cases from the previous week. At present, transmission occurs in an area around and including the capital Conakry (11 confirmed cases), with the nearby prefectures Coyah (6 cases) and Forecariah (28 cases) being the only other prefectures to report cases in the week leading to 22 March. Seven of 37 deaths in the week leading to 22 March were identified post-mortem in the community, compared with 28 of 49 from the previous week. In the week leading to 15 March, 38 per cent of confirmed cases came from registered contacts, compared with 28 per cent in the previous week. Twenty-six unsafe burials were reported in the week leading to 22 March, compared with 22 from the previous week.

In Liberia, the efforts are concentrated on investigations into the origin of the a confirmed case reported on 20 March. All contacts associated with previously last known chain of transmission have now completed 21-day follow-up. In addition, according to media sources, two new cases of EVD were reported in Liberia. The first case is an 18-year-old daughter of the EVD case reported on 20 March 2015. The second case is a young man whose girlfriend is said to be involved in cross-border trade from New Kru Town community.

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In Sierra Leone, WHO reported 33 new confirmed cases in the week leading to 22 March, compared with 55 from the previous week. Cases were reported from six northern and western districts around and including the capital Freetown, which reported 13 new confirmed cases. The neighbouring districts of Bombali, Kambia, Moyamba, Port Loko and Western Rural Area also reported cases. In the week leading to 15 March, 84 per cent of confirmed cases came from registered contacts, compared with 67 per cent from the previous week. In the week to leading to 22 March, seven of 56 confirmed deaths from EVD were identified through post-mortem testing in the community. There were no reports of unsafe burials.

Situation among healthcare workers
The number of healthcare worker infections reported by WHO in the three most-affected countries since the start of the outbreak is 853, with 494 deaths.

Medical evacuations and repatriations from EVD-affected countries
Since the beginning of the epidemic and as of 20 March 2015, 65 individuals have been evacuated or repatriated worldwide from the EVD-affected countries. As of 20 March 2015, there have been 13 medical evacuations of confirmed EVD-infected patients to Europe (three to Germany, two to Spain, two to France, two to the UK, one to Norway, one to Italy, one to the Netherlands and one to Switzerland). Twenty-five asymptomatic persons have been repatriated to Europe as a result of exposure to Ebola (13 to United Kingdom, three to Sweden, four to Denmark, two to the Netherlands, one to Germany, one to Spain and one to Switzerland). Twenty-seven persons have been evacuated to the United States.

No new medical evacuations have taken place since the last update.

Images
First epi-curve: Distribution of reported cases of EVD by week of reporting in Guinea, Sierra Leone, Liberia, Nigeria, Mali and Senegal, weeks 48/2013 to 13/2015 **
* In week 45/2014, WHO carried out retrospective correction in the data, resulting in 299 fewer cases being reported, which resulted in a negative value for new cases in week 45 which is not plotted.
** According to WHO, the marked increase in the cumulative total number of cases in week 43 is due to a more comprehensive assessment of patient databases, leading to 3 792 additional reported cases. However, these cases have occurred throughout the epidemic period.

Second and third epi-curves: Distribution of confirmed cases of EVD by week of reporting in Guinea, Sierra Leone and Liberia (weeks 46/2014 to 13/2015).
The prevalence of the EVD outbreak has been low in the first months of 2015 and it appears that we are reaching the tail of the epidemic. For a clearer overview of the epidemic in these late stages we are showing only the confirmed cases (Figures 2 and 3) since the adoption of the WHO situation reports in all the three countries in week 46 2014.

Fourth epi-curve: Distribution of cases of EVD by week of reporting in the three countries with widespread and intense transmission, as of week 13* 2015.
* The marked increase in the number of cases reported in Sierra Leone (week 44) and Liberia (week 43) resulted from a more comprehensive assessment of patient databases. The additional 3 792 cases have occurred throughout the epidemic period.
** In week 45/2014, WHO reported -476 cases in Sierra Leone due to retrospective corrections.

Map: To better show the current epidemiological situation, ECDC has produced a map based on the country situation reports showing only confirmed cases of EVD in the past six weeks. Please note that due to the lower number of cases, the scale of the bar graphs is reduced to 50 cases.

Web sources: ECDC Ebola page | ECDC Ebola and Marburg fact sheet | WHO Ebola Factsheet | CDC | WHO Roadmap | Latest available situation summary | New cases reported in Liberia

ECDC assessment

This is the largest ever documented epidemic of EVD, both in terms of numbers and geographical spread. The epidemic of EVD increases the likelihood that EU residents and travellers to the EVD-affected countries will be exposed to infected or ill persons. The risk of infection for residents and visitors in the affected countries through exposure in the community is considered low if they adhere to the recommended precautions. Residents and visitors to the affected areas run a risk of exposure to EVD in healthcare facilities.

The risk of importing EVD into the EU and the risk of transmission within the EU following an importation remain low or very low as a result of the range of risk reduction measures that have been put in place by the Member States and by the affected countries in West Africa. However, continued vigilance is essential.

If a symptomatic case of EVD presents in an EU Member State, secondary transmission to caregivers in the family and in

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healthcare facilities cannot be excluded.

According to the latest weekly situation report from WHO on 25 March, in the week leading to 22 March, the number of reported cases declined in both Sierra Leone and Guinea compared to the previous week. With the exception of the case in Liberia, transmission has been restricted to districts in and around Conakry to the north, and Freetown to the south. In Guinea, the outbreak continues to be driven by unknown chains of transmission as less than half of cases came from known contacts, and the number of reported unsafe burials has increased.

Actions

As of 27 March 2015, ECDC has deployed 48 experts within and outside the EU in response to the Ebola outbreak. This includes an ECDC mobilised contingent of experts to Guinea. Furthermore, 14 additional experts are confirmed for deployment to Guinea over the next three months while additional deployments are envisaged but still pending confirmation.

ECDC is looking for additional French-speaking experts with field epidemiology experience from EU Member States to join the ECDC-coordinated contingent in response to the Ebola outbreak in Guinea. For further information, please contact Niklas Danielsson, Response group leader at: niklas.danielsson@ecdc.europa.eu with cc to support@ecdc.europa.eu

An epidemiological update is published weekly on the EVD ECDC page
On 4 February 2015, ECDC published an updated rapid risk assessment
On 22 January 2014, ECDC published Infection prevention and control measures for Ebola virus disease. Management of healthcare workers returning from Ebola-affected areas
On 4 December 2014, EFSA-ECDC published a Scientific report assessing Risk related to household pets in contact with Ebola cases in humans
On 29 October 2014, ECDC published a training tool on the safe use of PPE and options for preparing for gatherings in the EU
On 23 October 2014, ECDC published Public health management of persons having had contact with Ebola virus disease cases in the EU
On 22 October 2014, ECDC published Assessing and planning medical evacuation flights to Europe for patients with Ebola virus disease and people exposed to Ebola virus
On 13 October 2014, ECDC published Infection prevention and control measures for Ebola virus disease: Entry and exit screening measures
On 6 October 2014, ECDC published risk of transmission of Ebola virus via donated blood and other substances of human origin in the EU
On 22 September 2014, ECDC published assessment and planning for medical evacuation by air to the EU of patients with Ebola virus disease and people exposed to Ebola virus
On 10 September 2014, ECDC published an EU case definition

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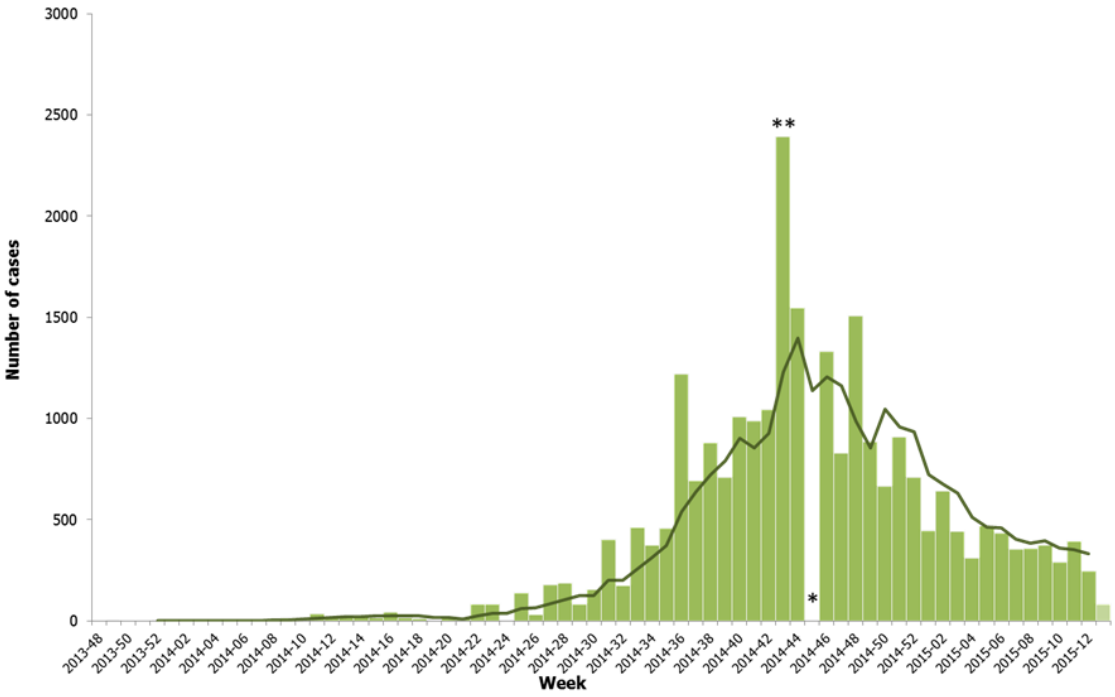
Distribution of reported cases of EVD by week of reporting in Guinea, Sierra Leone, Liberia, Mali, Nigeria and Senegal, weeks 48/2013 to 13*/2015

Source: Adapted from WHO figures; *data for week 13/2015 are incomplete



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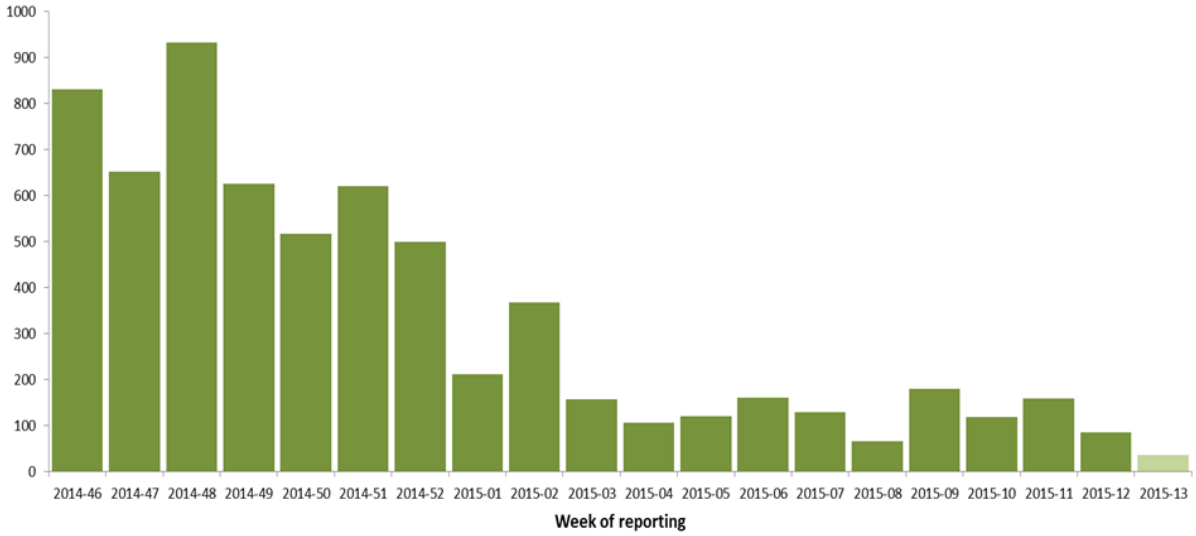
Distribution of confirmed cases of EVD by week of reporting in Guinea, Sierra Leone and Liberia (weeks 46/2014 to 13/2015)

Source: Adapted from WHO figures; *data for week 13/2015 are incomplete



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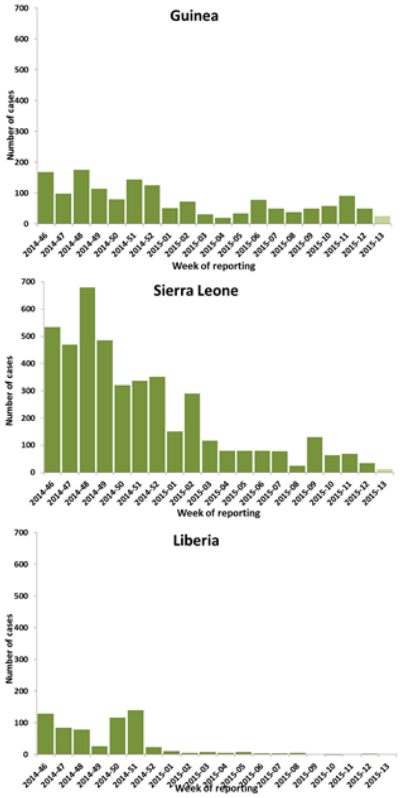
Source: Adapted from WHO figures; *data for week 13/2015 are incomplete



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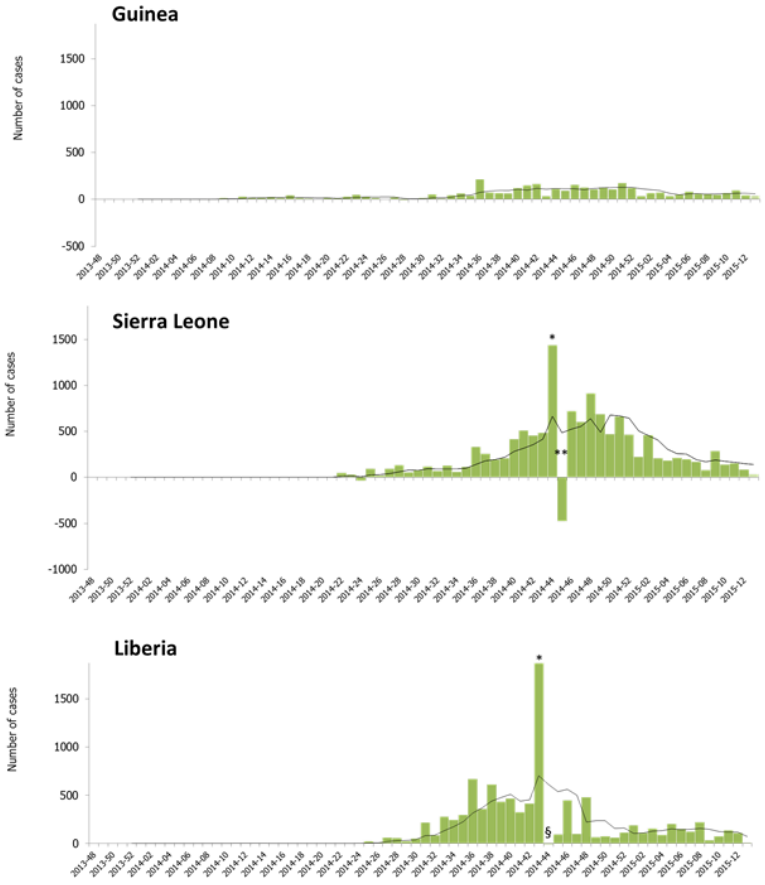
Distribution of cases of EVD by week of reporting in the three countries with widespread and intense transmission, as of week 13* 2015

Source: Adapted from WHO figures; *data for week 13/2015 are incomplete



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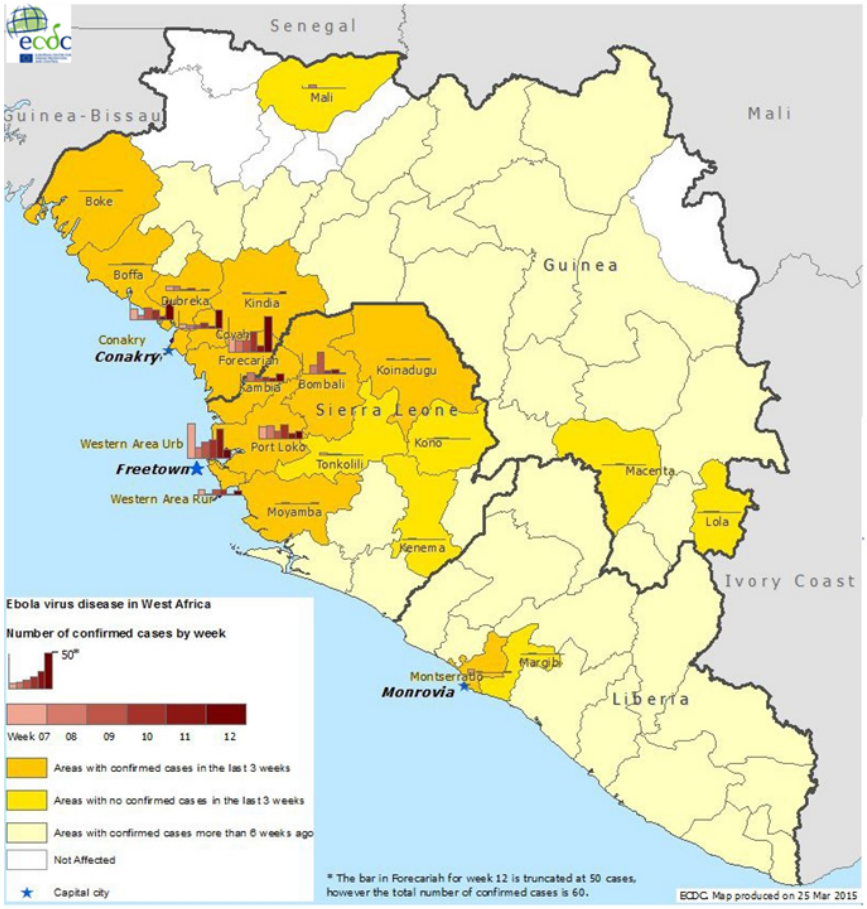
Distribution of cases of EVD by week of reporting in Guinea, Sierra Leone and Liberia (as of week 12/2015)

Source: Adapted from national situation reports



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

Opening date: 24 September 2012 Latest update: 26 March 2015

Epidemiological summary

Since April 2012 and as of 26 March 2015, 1 110 cases of MERS-CoV have been reported by local health authorities worldwide, including 452 deaths.

The distribution is as follows:

Confirmed cases and deaths by region:
Middle East
Saudi Arabia: 965 cases/419 deaths
United Arab Emirates: 74 cases/10 deaths
Qatar: 11 cases/4 deaths
Jordan: 19 cases/6 deaths

European Centre for Disease Prevention and Control (ECDC)
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Oman: 5 cases/3 deaths
Kuwait: 3 cases/1 death
Egypt: 1 case/0 deaths
Yemen: 1 case/1 death
Lebanon: 1 case/0 deaths
Iran: 5 cases/2 deaths

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

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

Asia
Malaysia: 1 case/1 death
Philippines: 2 cases/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 factsheet for professionals

ECDC assessment

The source of MERS-CoV infection and the mode of transmission to primary cases have not been identified. The majority of MERS-CoV cases are secondary cases and many result from nosocomial transmission. Dromedary camels are a host species for the virus. There is continued risk of cases presenting in Europe following exposure in the Middle East and international surveillance for MERS-CoV cases remains essential.

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

Actions

The last rapid risk assessment was updated on 9 March 2015.
ECDC is closely monitoring the situation in collaboration with WHO and EU Member States.
ECDC published a factsheet for health professionals regarding MERS-CoV on 20 August 2014.

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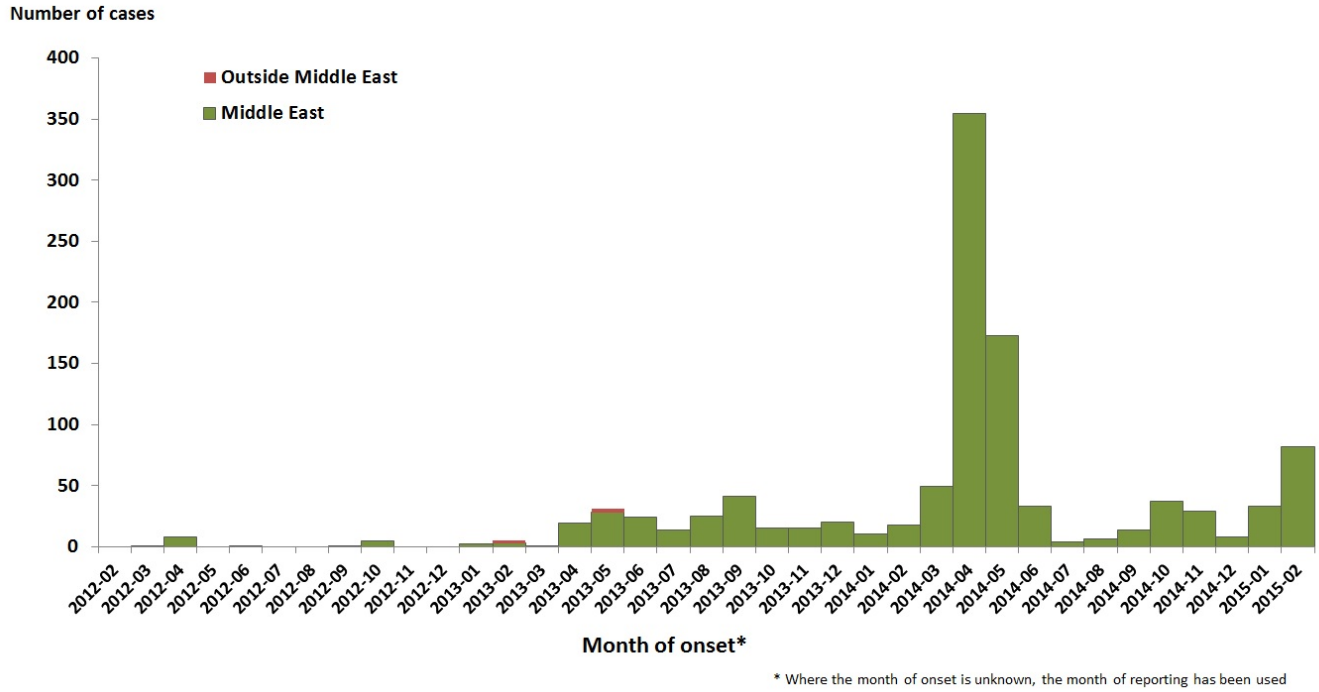
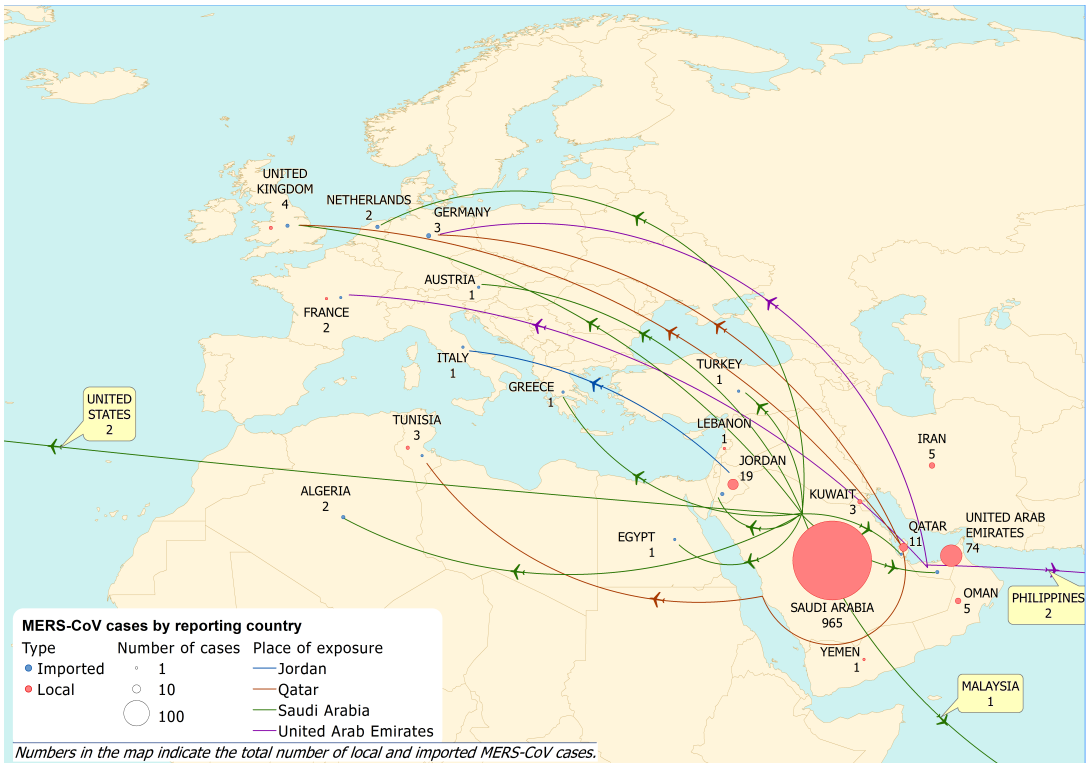
Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 28 February 2015 (n=1 079)

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases and place of probable infection, worldwide, as of 26 March 2015 (n=1 110)

Source: ECDC



Numbers in the map indicate the total number of local and imported MERS-CoV cases.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

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Opening date: 8 September 2005 Latest update: 26 March 2015

Epidemiological summary

Worldwide in 2015, 21 WPV1 cases have been reported to WHO, compared with 47 for the same period in 2014. Since the beginning of the year, two countries have reported cases: Pakistan (20 cases) and Afghanistan (1 case).

No circulating vaccine-derived poliovirus (cVDPV) cases were reported so far in 2015. In 2014, 54 cVDPV cases were reported worldwide.

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet | Temporary Recommendations to Reduce International Spread of Poliovirus | Statement on the 4th IHR Emergency Committee meeting regarding the international spread of wild poliovirus

ECDC assessment

Europe is polio-free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. The most recent 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 to the EU/EEA. The highest risk of large poliomyelitis outbreaks occurs in areas with clusters of unvaccinated populations and in people living in poor sanitary conditions, or a combination of both.

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? |

Actions

ECDC monitors 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 with travel recommendations for the EU.

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

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