

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

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

Opening date: 4 October 2013

Latest update: 2 May 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

Overall, the influenza activity and circulation of influenza viruses in reporting countries are declining.

#### Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 28 March 2014

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many EU countries in which vaccination uptake remains below the level required to interrupt the transmission cycle. ECDC monitors measles transmission and outbreaks in the EU and neighbouring countries in Europe on a monthly basis through enhanced surveillance and epidemic intelligence activities. 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

Since the last update on 28 March, new outbreaks have been detected by epidemic intelligence in Latvia and Ireland. The earlier reported outbreaks in the Netherlands and Denmark are still ongoing.

#### Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 28 March 2014

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 new outbreaks detected during the past month.

## Non EU Threats

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

Opening date: 24 September 2012

Latest update: 2 May 2014

Since April 2012, 450 laboratory-confirmed cases, including 133 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 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. 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, 80 new cases have been reported. Seventy-two cases were reported by Saudi Arabia. Seven cases were reported by the United Arab Emirates. The first case of MERS-CoV with travel history to Saudi Arabia, has been reported by Egypt.

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

Opening date: 8 September 2005

Latest update: 2 May 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, six new cases were reported to WHO. On 28 April WHO called for the [IHR Emergency Committee](#) concerning ongoing events and context involving transmission and international spread of poliovirus.

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

Opening date: 22 March 2014

Latest update: 2 May 2014

An outbreak of Ebola Virus Disease (EVD) is currently evolving in West Africa, affecting Guinea (225 cases) and Liberia (35 cases). The first cases were reported from Guéckédou prefecture in Guinea, near the border with Liberia and Sierra Leone. Results from sequencing showed 97% identity to *ebolavirus* strains from the Democratic Republic of Congo and Gabon. This is the first such outbreak in this region.

#### →Update of the week

During the past week, 18 new clinical cases have been reported from Guinea (17) and Liberia (1).

### Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 30 April 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.

### Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013

Latest update: 2 May 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, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Dominican Republic, Haiti and French Guiana. Aruba only reported imported cases. This is the first documented outbreak of chikungunya with autochthonous transmission in the Americas. As of 25 April 2014, there have been more than 30 000 probable and confirmed cases in the region. Six fatalities have been reported.

#### →Update of the week

During the past week, new cases have been reported in most of the affected areas. In the French Antilles, the number of new cases is generally decreasing or constant. In French Guiana, the number of autochthonous cases is increasing, but the virus circulation is moderate. Increased transmission and number of cases are reported by the Dominican Republic and Dominica ([WHO](#)). Media quoting the Department of Health report the first 20 cases in Haiti ([Link](#)).

To date, islands with confirmed cases are Saint Martin/Sint Maarten, Martinique, Saint Barthélemy, Guadeloupe, British Virgin Islands, Anguilla, Dominica, Aruba, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Dominican Republic, Haiti and French Guiana in mainland South America. In most of the territories of the French Antilles, given the caseload, the health authorities decided not to seek laboratory confirmation for all suspected cases.

## II. Detailed reports

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

Opening date: 4 October 2013

Latest update: 2 May 2014

#### Epidemiological summary

For week 17/2014:

- Low intensity was reported by 24 reporting countries and local or sporadic activity was reported by 19 countries.
- Of the 93 sentinel specimens that were tested across 15 countries, 15 (16%) were positive for influenza virus. Fourteen (93%) of those were influenza A viruses.
- Fifteen hospitalised laboratory-confirmed influenza cases were reported by Ireland and the UK, 14 of which were admitted to intensive care units.

Overall, the influenza activity and associated circulation of influenza viruses in reporting countries is declining.

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.

### Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 28 March 2014

#### Epidemiological summary

##### EU Member States

###### *Latvia*

There is an ongoing outbreak in [Latvia](#) and as of 25 April 2014, 17 cases have been reported. Two of the cases travelled to international meetings while they were contagious. Investigations and follow-up are ongoing. Latvia reported no cases during 2013.

###### *Ireland*

As of April 23rd the [Health Protection Surveillance Centre](#) has been notified of 15 measles cases from Mayo, Kerry and Galway. The outbreak started at the end of March among students or contacts of students attending higher education institutions in Galway. The average age of cases is 20 years (median 19 years) with an age range of 14-33 years. Ten of the cases are laboratory confirmed. Vaccination status was available for 12 of the 15 cases: eight were unvaccinated, and four cases reported either one (1 case) or two doses of MMR vaccine (3 cases); but records were available for only one of the individuals who reported two doses of MMR to confirm vaccination.

###### *Denmark -update*

There have been 12 cases of measles in [Denmark](#) in 2014 since mid-February, in the Copenhagen area with seven laboratory-confirmed cases. Five of the cases are children under three years, all unvaccinated. Two of the cases were reported in Nordsjælland in returning adult visitors from the Philippines. Genotyping on samples from five of the Danish patients were all genotype B3. It is [estimated](#) that around 100 000 Danes over 18 years have not been vaccinated against measles, and are therefore particularly vulnerable in the event of an epidemic.

*The Netherlands - update*

An outbreak is affecting [The Hague region](#) since the end of February 2014. As of 22 April, 34 cases have been reported. Fifteen of the patients are children, 19 are adults.

*Italy- update*

As of 21 March 2014, 33 patients have been associated with the outbreak on the cruise ship Costa Pacifica. There have been 494 suspected measles cases reported in [Italy](#) in 2014 as of 28 February, 35% of which were laboratory confirmed.

**The rest of the world***the former Yugoslav Republic of Macedonia*

An outbreak is ongoing since January 2014 in the [Skopje region](#) with 25 confirmed cases, 22 of whom were hospitalised. Half of the patients are aged 20 to 40 years, and the rest are children under the age of four.

*Russia*

There is a [nosocomial outbreak](#) in the Russian Far East, in Primorye, with 11 patients, six of them children. The index case was a woman who had travelled to the Philippines and Hong Kong. The number of reported cases in [Moscow](#) since the beginning of the 2014 is 10 times higher than during the same period last year. There are 263 notified cases, including 117 children below 18 years. Apart from Moscow, measles outbreaks have occurred in several other regions of Russia this year.

*Canada – update*

Measles outbreaks are ongoing in Alberta, Saskatchewan and Manitoba provinces. The large outbreak in [British Columbia](#) reported in the last monthly measles update has been declared over. It has been the largest outbreak in province in almost 30 years with over 400 cases.

*U.S. - update*

There is an [update](#) on the outbreak in Orange County, California, reported in the CDTR last month. From 1 January – 18 April 2014, health authorities received reports of 58 confirmed measles cases, including 12 hospitalisations. This was the highest number of reported for that period since 1995. Patients ranged in age from five months to 60 years. Among the 58 cases, 54 (93%) were classified as importation-associated. Transmission for 11 cases occurred in healthcare settings; six of these 11 cases were in healthcare personnel. Genotypes identified were B3 (32 patients), the measles genotype currently circulating in the Philippines, and D8 (seven patients). Most of the 58 patients were either unvaccinated (25 [43%]) or had no vaccination documentation available (18 [31%]). Three healthcare personnel had documentation of serologic evidence of immunity before exposure, and one additional patient was found to have serologic evidence of immunity when tested as part of a contact investigation before symptom onset.

A new outbreak is reported in Ohio that originated in four unvaccinated residents of an Amish community who had travelled to the Philippines for a humanitarian mission. There are now 14 other cases in the community.

*Vietnam -update*

There are now 3 716 cases of measles reported affecting the whole country. However, the number of reported cases per week is starting to decline.

*Brazil*

There is an ongoing outbreak in Ceará with 388 suspected cases since the end of 2013. This state is one of the venues for the FIFA 2014 World Cup.

*China*

In the past two months, a growing number of measles cases have been reported to the [Beijing](#) Centre for Disease Control and Prevention (CDC). As of the beginning of March [149 measles cases](#) have been reported. More than half of the infected people in Beijing and adjacent regions are adults. In China, children are required to be vaccinated against measles at the ages of 8 months and 7 years.

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC/Euronews documentary](#) | [WHO Epidemiological Briefs](#) | [MedISys Measles page](#) | [EU-VAC-net ECDC](#) | [ECDC measles factsheet](#)

**ECDC assessment**

During the past month five EU Member States have already reported outbreaks. The target year for measles elimination in Europe

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is 2015. The current situation suggests that endemic measles transmission continues in many EU Member States and the prospect of achieving the 2015 objective is diminishing.

## Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 28 March 2014

### Epidemiological summary

The 27 EU/EEA countries reported 38 847 rubella cases during the most recent 12-month period between January 2013 and December 2013. Twenty countries reported consistently for the 12-month period. Poland accounted for 99% of all reported rubella cases in the 12-month period; 88% of these cases were either unvaccinated or had an unknown vaccination status. Less than 1% of the cases had a positive result in a rubella laboratory test. In 14 countries the rubella notification rate was rate less than one case per million population during the last 12 months.

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](#)

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

Opening date: 24 September 2012

Latest update: 2 May 2014

### Epidemiological summary

Summary: Since April 2012 and as of 02 May 2014, 450 laboratory-confirmed cases of MERS-CoV have been reported by local health authorities worldwide, including 133 deaths and 95 healthcare workers.

The following countries have reported MERS-CoV cases:

Saudi Arabia: 368 cases / 107 deaths

United Arab Emirates: 49 cases / 9 deaths

Qatar: 7 cases / 4 deaths

Jordan: 5 cases / 3 deaths

Oman: 2 cases / 2 deaths

Kuwait: 3 cases / 1 death

Egypt: 1 case/ 0 deaths

UK: 4 cases / 3 deaths

Germany: 2 cases / 1 death

France: 2 cases / 1 death

Italy: 1 case / 0 deaths

Tunisia: 3 cases / 1 death  
Malaysia: 1 case / 1 death  
Philippines: 1 case / 0 deaths  
Greece: 1 case/ 0 deaths

Fifteen cases have been reported from outside the Middle East: the UK (4), France (2), Tunisia (3), Germany (2), Italy (1), Malaysia (1), Philippines (1) and Greece (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.

During April 2014, 243 cases (54%) have been reported, 62 of whom are healthcare workers (26%) and 57 are asymptomatic cases. Of the 243 cases, 205 were reported by Saudi Arabia, 32 by United Arab Emirates, two cases by Jordan and one case each from Greece, Malaysia, Philippines and Egypt.

**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. Dromedary camels are likely an important host species for the virus, and many of the primary cases in clusters have reported direct or indirect camel exposures. 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. An international case-control study has been designed and proposed by WHO. Results of this or similar epidemiological studies to determine the initial exposures and risk behaviours among the primary cases are urgently needed.

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. The case detected in Malaysia had participated in the muslim pilgrimage Umrah. However, more details are needed on possible and suspected exposure events and it is possible that these cases were also infected when visiting healthcare facilities in the region.

### Actions

ECDC published an [epidemiological update](#) on 30 April 2014.

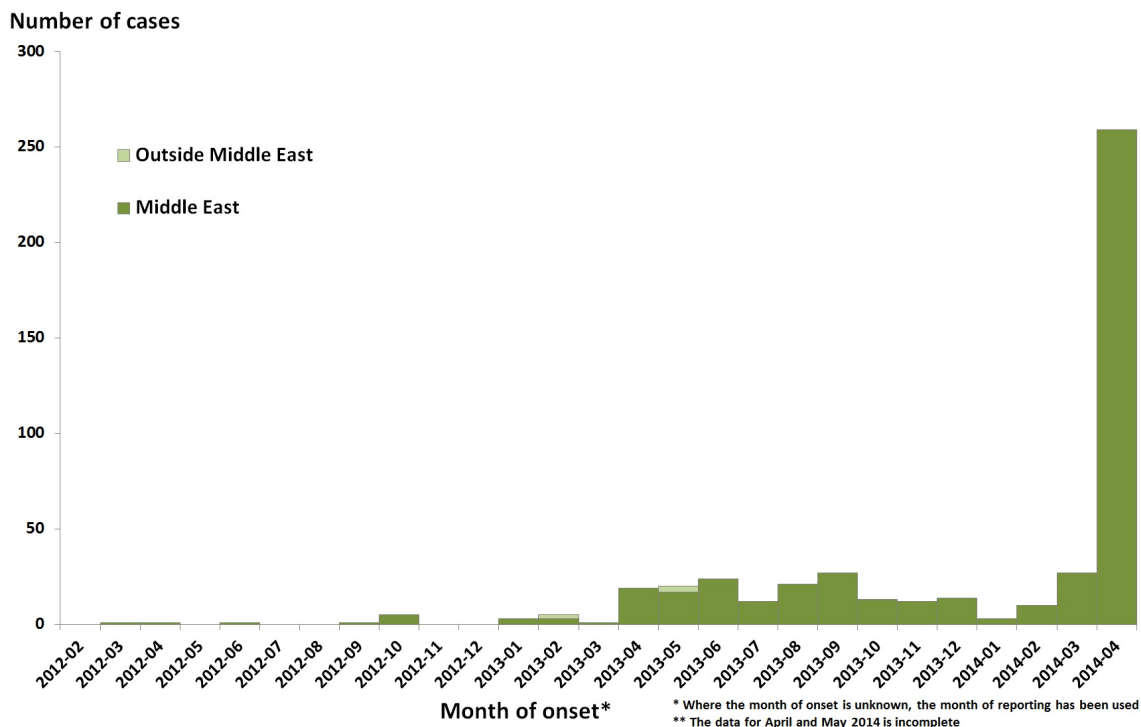
The last update of a [rapid risk assessment](#) was published on 25 April 2014.

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.

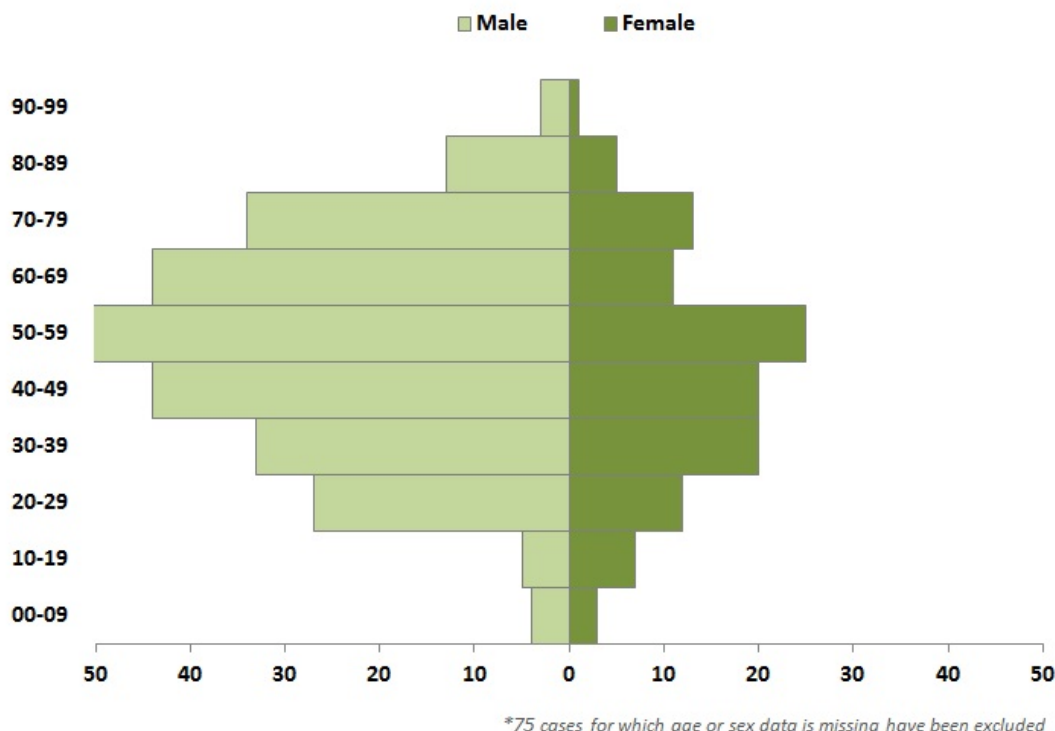
### Distribution of confirmed cases of MERS-CoV by month of onset and place of probable infection, March 2012 - 01 May 2014 (n=430\*)

Source: ECDC SRS



### Distribution of confirmed cases of MERS-CoV by gender and age group, March 2012 - 01 May 2014 (n=375\*)

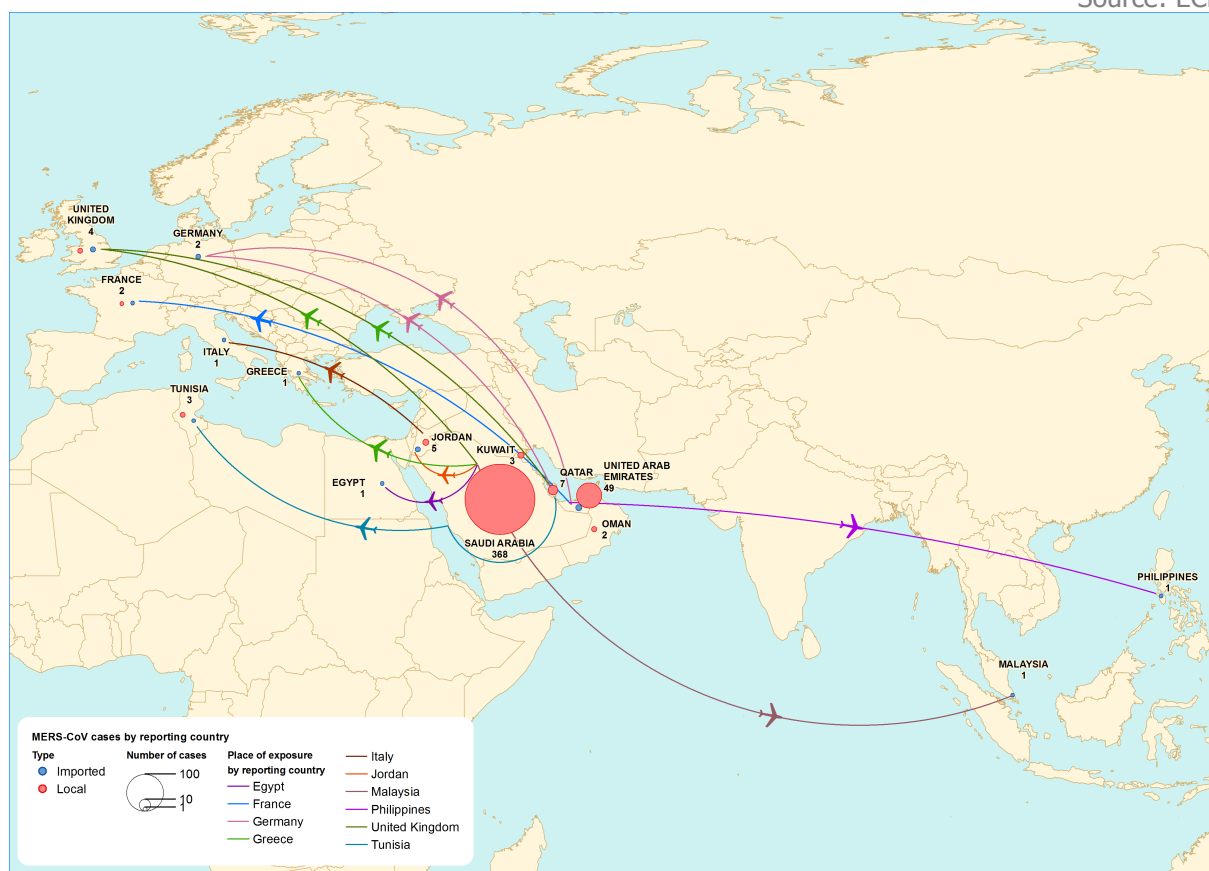
Source: ECDC SRS





## Distribution of confirmed MERS-CoV cases by place of reporting, March 2012 - 01 May 2014 (n=450)

Source: ECDC SRS



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

Opening date: 8 September 2005

Latest update: 2 May 2014

### Epidemiological summary

During week 18, six new WPV1 were reported: five from Pakistan and one from Nigeria.

Worldwide, 68 cases have been reported to WHO in 2014, compared with 24 for the same time period in 2013. The most affected country is Pakistan (54 cases this year).

WPV1-positive samples have been detected by environmental surveillance in Israel since 3 February 2013 and continue to be detected in 2014 (13 positive samples collected this year, the most recent of which was collected on 16 March; in 2013, 134 positive samples were collected).

WHO is convening an Emergency Committee under the International Health Regulations to advise on whether the current developments on the spread of poliovirus constitute a public health emergency of international concern and, if so, whether

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temporary recommendations are needed to reduce the risk and consequences of international spread. The Committee began consultations on 28 April 2014, and is expected to deliberate for several days.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#)

## ECDC assessment

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 vaccination, 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.

The recent detection of WPV in environmental samples in Israel, and the confirmed and ongoing outbreaks in Syria and Somalia, highlight the risk of re-importation into Europe. Recommendations are provided in the recent ECDC risk assessments:

- [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?](#)

Due to continued poliovirus circulation in Cameroon, gaps in surveillance quality and influx of vulnerable populations from Central African Republic, WHO had elevated the risk assessment of international spread of polio from Cameroon to 'very high' in March of 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 re-introduction of wild poliovirus into the EU.

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

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

Opening date: 22 March 2014

Latest update: 2 May 2014

### Epidemiological summary

In **Guinea**, as of 28 April 2014, the Ministry of Health has reported 225 clinical cases, including 141 deaths. This is an increase of 17 cases and 5 deaths since the last ECDC update on 25 April 2014. To date, 122 cases have been laboratory confirmed, 75 of whom have died.

In **Liberia**, the Ministry of Health of Liberia has reported 35 clinical cases including 6 confirmed, 2 probable and 27 suspected cases. There have been 12 deaths of which six are laboratory confirmed.

In **Sierra Leone**, the Ministry of Health reports that 98 suspected cases tested negative for *ebolavirus*.

Control activities supported by WHO, UNICEF, Médecins Sans Frontières and other stakeholders are being implemented in Guinea, including contact tracing, enhanced surveillance and strengthening of infection control practices. Information and education materials have been developed and distributed, and communication campaigns are underway. A team of EU scientists have set up a field laboratory to test suspected cases near the borders with Sierra Leone and Liberia.

**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](#) | [NEJM 16 April article](#)

## ECDC assessment

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This is the first time an EVD outbreak has been reported in Guinea. The origin of this outbreak is currently unknown. Although the outbreak appears to have plateaued, it is likely that new cases may be reported in the coming weeks in Guinea and Liberia and also possibly in bordering countries in the region. However, control measures, such as isolation of cases and active monitoring of contacts, currently implemented with the support of international partners should be able to control this outbreak and prevent further spread of the disease. The risk of infection for travellers is considered very low since most human infections result from direct contact with the bodily fluids or secretions of infected patients, particularly in hospitals (nosocomial transmission) and as a result of unsafe procedures, use of contaminated medical devices (including needles and syringes) and unprotected exposure to contaminated bodily fluids.

## Actions

ECDC has published an updated [rapid risk assessment](#) and provided guidance to Member States for the safe handling of bush meat, as well as for travellers in and out of the affected countries. ECDC has published information for [EU travellers](#) and an [epidemiological update](#) on its website.

ECDC is closely monitoring this event.

## Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 30 April 2014

### Epidemiological summary

**Europe:** No autochthonous dengue cases have been reported so far in 2014.

**Asia:** All four dengue serotypes are currently circulating in Sri Lanka. New genetic variants of DENV-1 and new clades of DENV-3 are possible explanations for dengue epidemics in the last decade, according to a [review](#) in the January 2014 *International Journal of Infectious Diseases*. Since January and as of 21 April 2014, nearly 29 000 dengue cases and 66 deaths have been recorded nationally in Malaysia, according to [media](#) quoting the Ministry of Health. DENV-2 is the predominant circulating serotype.

**Caribbean:** The dengue epidemic in Martinique has been declared over after the number of suspected, probable and confirmed cases remained below the epidemic threshold for the past several weeks, according to [InVS](#). As of 25 April, Dominican Republic has reported 1 890 dengue cases, including 77 severe cases, and 13 deaths.

**Oceania:** In French Polynesia, as of 25 April 2014, 1 976 confirmed cases have been reported with 88 cases recorded so far in April. Since March, the vast majority of PCR tested samples were DENV-1. The hospitalisation rates and number of severe cases increased sharply in March, particularly among young children, but these rates have been declining in April, according to the latest update from the [Bureau for Health Surveillance in French Polynesia](#). Active circulation of DENV-1 and DENV-3 continues in New Caledonia with 65 cases recorded so far in April, according to DASS. In total, as of 28 April 2014, there have been 246 cases of dengue reported in New Caledonia since 1 September 2013. As of 25 April 2014, 914 cases have been reported in the Solomon Islands since January 2014. Positive samples last week were confirmed to be DENV-3. Surveillance identified that dengue transmission is occurring in the same areas as the 2013 outbreak (also a DENV-3 outbreak). A dengue epidemic is underway in Nauru and Tuvalu. As of 27 April 2014, Vanuatu has recorded 1 561 dengue cases since the start of the outbreak in January, according to the Pacific Public Health Surveillance Network (PACNET).

**Americas:** In Central America, Mexico reports increased dengue activity across three states (Morelos, Puebla and San Luis Potosi). [Media](#) reports that El Salvador has declared a yellow alert for dengue fever in 58 of its 262 municipalities after recording 2 790 cases and one death so far this year. Honduras reports increased dengue activity during the past week with Tegucigalpa (646 cases) and San Pedro Sula (519 cases) the most affected municipalities. In South America, high dengue activity is reported in Brazil, particularly in Campinas city in Sao Paulo state where more than 17 000 cases have been recorded since the start of the year.

**Africa:** In Mozambique, 30 confirmed cases of dengue fever have been reported in the northern province of Cabo Delgado since the current outbreak began in late March, according to [media](#) quoting the Ministry of Health. This is the first confirmed report of a dengue fever outbreak in Mozambique since 1984 when an outbreak of DENV-3 was confirmed. [Media](#), quoting the Ministry of Health, reports that Kenya has recorded around 100 cases of dengue fever in Mombasa since the beginning of the year. Since January 2014, 11 dengue cases (six imported and five locally-acquired) have been identified in Réunion, according to [media](#) quoting local health authorities. Two small clusters of dengue cases were identified in Saint Peter and Saint Gilles les Hauts

indicating limited viral transmission on the island. However, no active circulation of the virus has been identified to date, according to [InVS](#).

**Websources:** [ECDC Dengue](#) | [Healthmap Dengue](#) | [MedISys](#) | [ProMED Asia, Africa](#) | [ProMED Americas](#) |

## 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.

## Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013

Latest update: 2 May 2014

### Epidemiological summary

Cases reported as of 02 May 2014:

- Virgin Islands (UK), 9 confirmed cases;
- Saint Martin (FR), 3 160 suspected and 793 confirmed or probable cases, 3 deaths;
- Sint Maarten (NL), 301 confirmed autochthonous cases;
- Martinique, 19 700 suspected and 1 515 confirmed or probable cases, 2 deaths;
- Saint Barthélemy, 485 suspected and 135 confirmed or probable cases;
- Guadeloupe, 8 000 suspected and 1 328 confirmed or probable cases, one death;
- Dominica, 1 252 suspected cases and 105 confirmed cases;
- French Guiana, 43 autochthonous cases and 22 imported cases;
- Anguilla, 33 confirmed cases on the island with one case probably originating from Saint Martin;
- Aruba, one imported case originating from Sint Maarten;
- Saint Lucia, one confirmed case;
- St. Kitts and Nevis, one confirmed case;
- Dominican Republic, 3015 suspected and 17 confirmed cases;
- Saint Vincent and the Grenadines, 24 suspected cases and 3 confirmed cases;

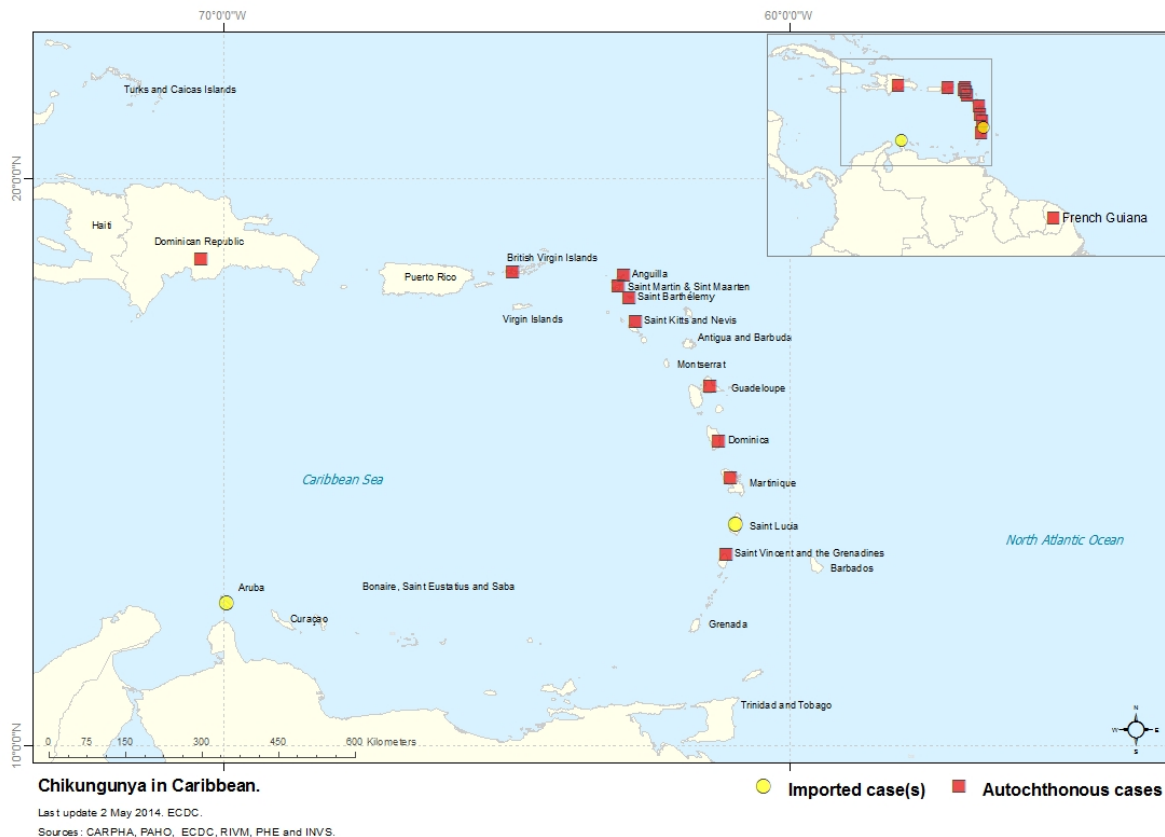
## ECDC assessment

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 Guiana 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.

## Chikungunya outbreak as of 02 May 2014



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