

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Increase in cases of *Salmonella* Enteritidis MLVA profile 2-9-7-3-2 and 2-9-6-3-2 - multistate - Europe - 2016

Opening date: 4 March 2016

Latest update: 2 December 2016

A multi-country outbreak of *Salmonella* Enteritidis phage type (PT) 8 with multiple locus variable-number tandem repeat analysis (MLVA) profiles 2-9-7-3-2 and 2-9-6-3-2, linked to egg consumption, is ongoing in the EU/EEA. The number of confirmed and probable cases has increased steadily from May to early October 2016. Based on whole genome sequencing (WGS), isolates are part of two distinct but related genetic clusters. Control measures applied by national and EU food authorities in regard to the egg packaging centre involved in this incident led to a rapid decrease of new reported cases associated with this outbreak.

→ Update of the week

The number of new confirmed or probable cases reported by the ten affected EU/EEA countries peaked at the beginning of October 2016. Control measures were implemented in early October. Since then, the number of new reported cases has steadily decreased.

West Nile virus - Multistate (Europe) - Monitoring season 2016

Opening date: 30 May 2016

Latest update: 2 December 2016

During the June-to-November transmission season, ECDC monitors the situation in EU Member States and neighbouring countries in order to inform the blood safety authorities of areas affected by West Nile fever and changes in the epidemiology of the disease.

→ Update of the week

This week no new cases have been reported in the EU Member States and three cases have been reported in the neighbouring countries.

Israel reported a new case in the already affected Haifa district.

Turkey reported two cases in the Izmir and Manisa provinces (Aegean region) with dates of onset of symptoms in August and September.

Influenza - Multistate (Europe) - Monitoring 2016-2017 season

Opening date: 13 October 2016

Latest update: 2 December 2016

Influenza transmission in Europe shows a seasonal pattern, with peak activity during winter months. ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe website](#).

→Update of the week

In week 47/2016, influenza activity remained low but has started to increase in some countries.

Non EU Threats

Zika - Multistate (world) - Monitoring global outbreaks

Opening date: 16 November 2015

Latest update: 2 December 2016

From 1 February to 18 November 2016, Zika virus infection and the related clusters of microcephaly cases and other neurological disorders constituted a public health emergency of international concern. Since 2015 and as of 1 December 2016, 71 countries and territories have reported evidence of mosquito-borne transmission of the virus. According to a World Health Organization report, as of 30 November, 28 countries or territories have reported microcephaly and other central nervous system malformations in newborns potentially associated with Zika virus infection.

→Update of the week

USA

On 28 November, Texas reported the first locally-acquired Zika case. The patient is a Cameron County resident with no recent travel to areas with ongoing Zika virus transmission and no other risk factors. In Florida, eight new locally-acquired cases have been reported since the last CDTR and as of 30 November.

UK

On 30 November, the UK reported the first Zika virus infection likely due to sexual transmission. Public Health England ([PHE](#)) believes that the woman was infected by a partner who had recently visited an area with active Zika transmission.

Myanmar

Despite a community-wide search for Zika cases, no additional cases have been detected in the last month. For this reason the case reported on 4 November, has been classified as possibly person-to-person transmission.

ECDC comment: sexual transmission in an EU country from a partner exposed in a Zika affected country is not unexpected. The UK is the seventh EU Member State to report locally acquired Zika infection through sexual exposure. This does not change the conclusion of the most recent ECDC rapid risk assessment.

In the ECDC maps of countries and territories with autochthonous vector-borne transmission of Zika virus infection:

- Cameron (Texas) has been added as a county with sporadic transmission
- Maldives, Palm Beach and Pinellas County (Florida) changed to past transmission as no new cases have been reported in the past three months
- New Caledonia has been removed from the 'Zika transmission in the past nine months' map

Chikungunya- Multistate (world) - Monitoring global outbreaks

Opening date: 9 December 2013

Latest update: 2 December 2016

Chikungunya virus infections are being reported across an increasingly wider area of the world. An outbreak of chikungunya virus infection started in the Caribbean in December 2013, later spreading to the Americas and the Pacific region. In 2015, there were still outbreaks ongoing in these regions (especially in the Pacific region), but at a lower level than during the same period last year. So far in 2016, no autochthonous cases of chikungunya virus infection have been detected in Europe. Introduction of the disease into Europe is possible in areas where there is a competent vector.

→Update of the week

Ongoing outbreaks are being reported in Asia, the Americas and the Pacific.

Dengue - Multistate (world) - Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 2 December 2016

Dengue fever is one of the most prevalent vector-borne diseases in the world. It affects an estimated 50 to 100 million people each year, mainly in the tropical regions of the world. The identification of sporadic autochthonous cases in non-endemic areas in recent years has already highlighted the risk of locally-acquired cases occurring in EU countries where the competent vectors are present.

→Update of the week

There are several ongoing outbreaks of dengue fever across the globe.

Cholera - Multistate (World) - Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 2 December 2016

Cholera outbreaks are repeatedly reported from several countries in Africa, Asia and Americas. After Hurricane Mathew hit Haiti on 4 October 2016, the number of cholera cases was expected to increase.

→Update of the week

This week, cholera outbreaks are reported in the Central African Republic, The Democratic Republic of Congo, Ghana, Niger, Somalia, South Sudan, Uganda and Zimbabwe.

In Yemen, a number of cases continue to be reported. Haiti is recovering from the aftermath of Hurricane Matthew, which might lead to an increase in the already high number of cholera cases.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 1 December 2016

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission of the virus has completely stopped and the world becomes polio-free. Polio was declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO) on 5 May 2014 due to concerns regarding the increased circulation and international spread of wild poliovirus during 2014. On 11 November 2016, at the eleventh [meeting of the Emergency Committee](#), the temporary recommendations in relation to the PHEIC were extended for another three months. The World Health Organization recently declared wild poliovirus type 2 (WPV2) eradicated worldwide.

→Update of the week

One case of WPV1 was recorded in Pakistan during the past week. No new circulating vaccine-derived poliovirus (cVDPV) were reported in the past week.

Two WPV1 positive environmental samples were reported in the past week in Pakistan.

II. Detailed reports

Increase in cases of *Salmonella* Enteritidis MLVA profile 2-9-7-3-2 and 2-9-6-3-2 - multistate - Europe - 2016

Opening date: 4 March 2016

Latest update: 2 December 2016

Epidemiological summary

From 1 May to 1 December 2016, ten EU/EEA countries have reported 152 confirmed cases belonging to two distinct WGS clusters and 216 probable cases sharing the *S. Enteritidis* MLVA profiles 2-9-7-3-2 or 2-9-6-3-2. Outbreak cases, both confirmed and probable, have been reported by Belgium, Denmark, Finland, France, Greece, Luxembourg, the Netherlands, Norway, Sweden and the United Kingdom. Nine of the confirmed cases are associated with a travel history to Hungary or Poland, both of which countries are also considered to be affected by this outbreak. In addition, Croatia reported a cluster of *S. Enteritidis* cases, including a fatal case, with an epidemiological link to the outbreak. The characterisation of the Croatian isolates is currently ongoing. Germany and Italy are also reporting an increase in *S. Enteritidis*. WGS is ongoing in Italy.

ECDC assessment

The number of confirmed and probable cases has increased steadily from May to September 2016. The outbreak peaked in early October when the source(s) of infection was identified in a large egg packaging centre and control measures were implemented. New reported cases have rapidly decreased since then. ECDC and affected EU/EEA countries will continue monitoring the occurrence of new cases associated with this outbreak to assess the effectiveness of control measures and declare the end of the outbreak. A detailed rapid outbreak assessment, jointly produced with EFSA, has been published on 27 October.

Actions

ECDC and EFSA are liaising with relevant authorities in the Member States and at the EU level to facilitate the coordination of investigation and response measures.

West Nile virus - Multistate (Europe) - Monitoring season 2016

Opening date: 30 May 2016

Latest update: 2 December 2016

Epidemiological summary

Since the beginning of the 2016 transmission season and as of 1 December 2016, 210 cases of West Nile fever in humans have been reported in EU Member States. A total of 267 cases were reported from neighbouring countries.

Source: [ECDC WNF page](#), [MoH Israel](#)

ECDC assessment

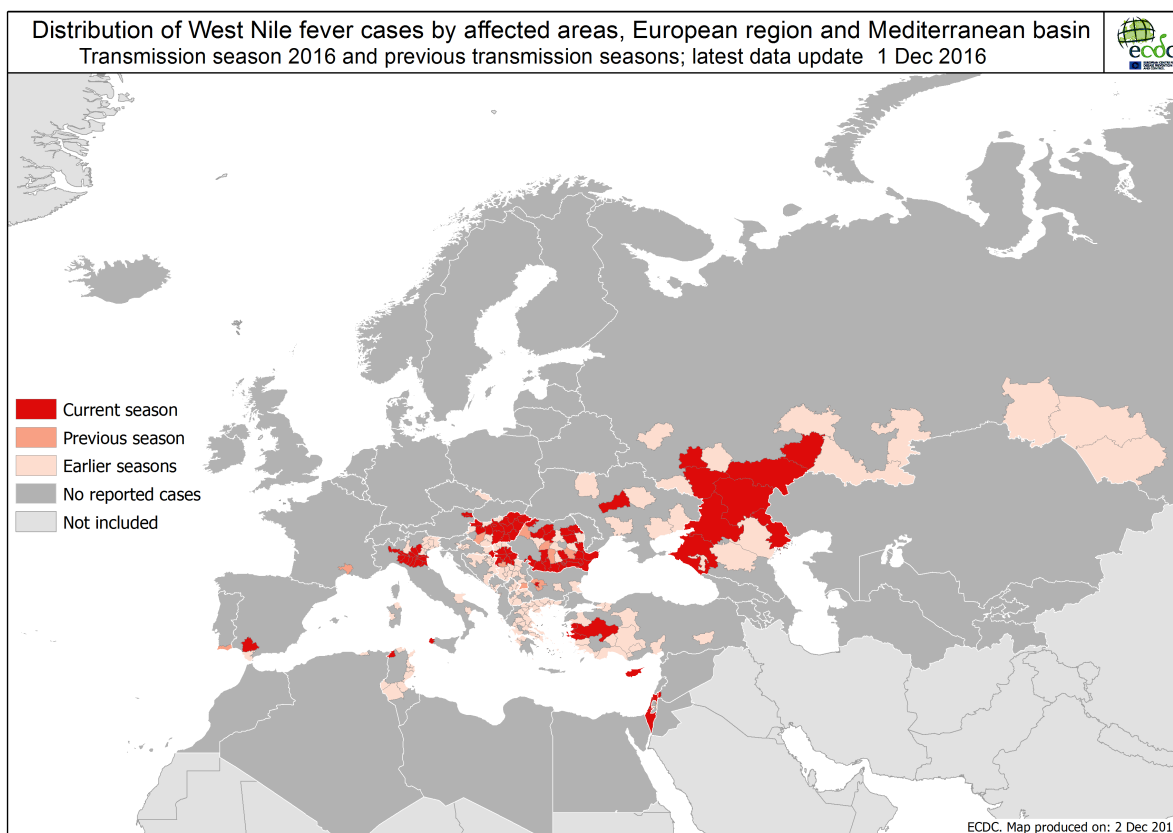
As expected at this time of the year, the weekly number of cases has started to decrease.

Actions

Since the beginning of June 2016, ECDC produces weekly WNF maps during the transmission season to inform blood safety authorities of WNF-affected areas.

Distribution of West Nile fever cases by affected areas, European region and Mediterranean basin

ECDC



Influenza - Multistate (Europe) - Monitoring 2016-2017 season

Opening date: 13 October 2016

Latest update: 2 December 2016

Epidemiological summary

Week 47/2016 (21–27 November 2016)

- The total number of virus detections among sentinel surveillance specimens increased to 17% and indicates increasing regional activity.
- The majority of viruses detected this week were influenza A(H3N2).

Season overview

- In week 46/2016, influenza virus detections increased to 10% among sentinel surveillance specimens; this is the earliest the positivity rate has reached 10% since the emergence of A(H1N1)pdm09 viruses in the 2009-2010 influenza season, while in the last five seasons it was passed between weeks 49 and 51.
- Since week 40/2016, influenza A viruses have predominated, with most of those subtyped being A(H3N2).
- Few influenza-confirmed cases have been reported from hospital settings so far.

5/13

ECDC assessment

This week, despite increases in some countries, influenza activity remained at baseline intensity levels in the European Region.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe website](#). Risk assessments for the season are available from the European Centre for Disease Prevention and Control ([ECDC](#)) and the [WHO Regional Office for Europe](#) websites.

Zika - Multistate (world) - Monitoring global outbreaks

Opening date: 16 November 2015

Latest update: 2 December 2016

Epidemiological summary

1. Update on the public health emergency of international concern

The fifth meeting of the Emergency Committee (EC) convened by the Director-General under the International Health Regulations (IHR) regarding Zika virus infection, microcephaly and other neurological disorders was held on 18 November 2016. The EC originally recommended a public health emergency of international concern (PHEIC) on 1 February 2016 on the basis of an extraordinary cluster of microcephaly and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia and geographic and temporal association with Zika virus infection which required urgent and coordinated action and research. Because research has now demonstrated the link between Zika virus infection and microcephaly, the EC felt that a robust longer-term technical mechanism was now required to manage the global response and research agenda. Although Zika virus infection and its associated consequences remain a significant enduring public health challenge requiring intense action, it does no longer represent a PHEIC as defined under the IHR. The EC recommended that a sustained programme of work with dedicated resources should be implemented to address the long-term nature of the disease and its associated consequences. Based on this advice, the Director-General declared the end of the PHEIC.

2. Update on number of cases

Worldwide

Since 2015 and as of 1 December 2016, 71 countries and territories have reported evidence of mosquito-borne transmission of the virus. Since February 2016 and as of 1 December 2016, 13 countries or territories have reported evidence of person-to-person transmission of the virus, probably via sexual transmission. This includes the UK case, however, it does not include the case in Myanmar.

USA

On 28 November, Texas reported the first case of locally-acquired Zika virus infection in Cameron County. In Florida, eight new locally-acquired cases of Zika virus infection have been reported since the last CDTR and as of 30 November 2016. As of this date, 244 locally-acquired and 960 travel-related cases have been reported in Florida.

EU/EEA imported cases

Since June 2015 (week 26), 20 countries (Austria, Belgium, the Czech Republic, Denmark, Finland, France, Hungary, Ireland, Italy, Luxembourg, Malta, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom) have reported 2 007 travel-associated Zika virus infections through The European Surveillance System (TESSy). Over the same time period, eight EU/EEA Member States reported 99 Zika cases among pregnant women.

EU's outermost regions and overseas territories

As of epidemiological week 46, the overall number of cases has been decreasing in the affected French overseas regions and collectivities, with about 20 suspected cases reported in Martinique, 45 in French Guiana, less than 25 in Guadeloupe, 10 in St Barthelemy and 50 in St Martin.

3. Update on microcephaly and/or central nervous system malformations potentially associated with Zika virus infection

As of 30 November 2016, 28 countries or territories have reported microcephaly and other CNS malformations in newborns potentially associated with Zika virus infection. Brazil reports the highest number of cases. As of 30 November 2016, 20 countries or territories have reported GBS potentially associated with Zika virus infection. The last country reporting a GBS case potentially associated with Zika virus infection is Bolivia.

Web sources: [ECDC Zika Factsheet](#) | [PAHO](#) | [Colombian MoH](#) | [Brazilian MoH](#) | [Brazilian microcephaly case definition](#) | [SAGE MOH Brazil](#) | [Florida Health department](#)

ECDC assessment

The spread of the Zika virus in the Americas and Asia is likely to continue as the vectors (*Aedes aegypti* and *Aedes albopictus* mosquitoes) are widely distributed there. The likelihood of travel-related cases in the EU is increasing. A detailed [risk assessment](#) was published on 28 October 2016. As neither treatment nor vaccines are available, prevention is based on personal protection measures. Pregnant women should consider postponing non-essential travel to Zika-affected areas.

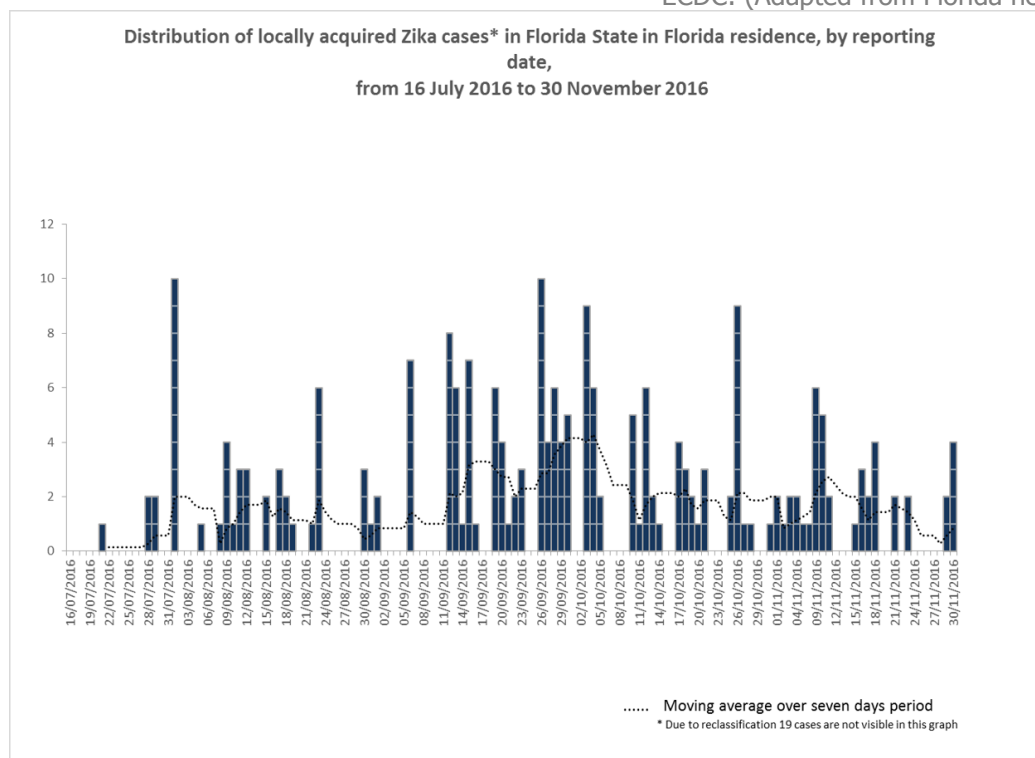
Actions

ECDC publishes an [epidemiological update](#) every Friday together with [maps](#) containing information on countries or territories which have reported confirmed autochthonous cases of Zika virus infection. A Zika virus infection atlas is also available on the ECDC [website](#).

ECDC publishes information concerning vector distribution on the [ECDC website](#), showing the distribution of the vector species at 'regional' administrative levels (NUTS3).

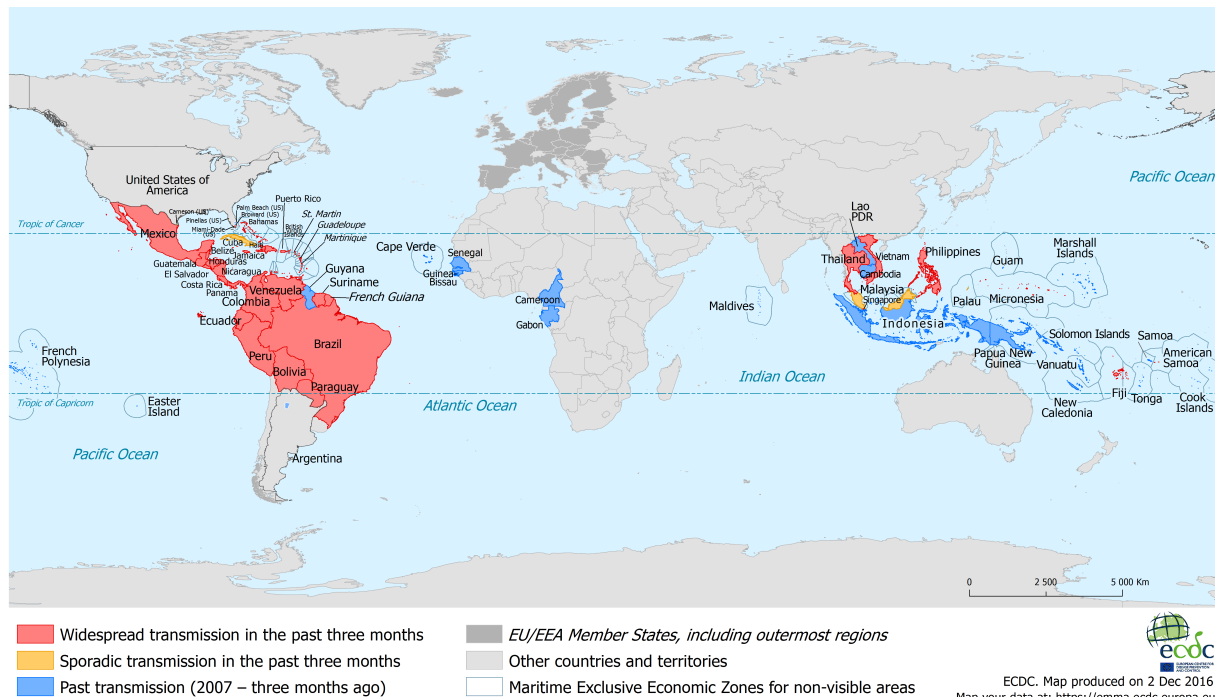
Distribution of locally acquired Zika cases in Florida State (US), by reporting date, from 16 July 2016 to 30 November 2016

ECDC: (Adapted from Florida health department and media)



Countries or territories with reported confirmed autochthonous cases of Zika virus infection in the past three months, as of 02 December 2016

ECDC



Chikungunya- Multistate (world) - Monitoring global outbreaks

Opening date: 9 December 2013

Latest update: 2 December 2016

Epidemiological summary

Europe

No autochthonous cases of chikungunya virus infection have been reported in EU Member States in 2016.

Americas and the Caribbean

Since the beginning of the year and as of 18 November 2016, the Pan American Health Organization (PAHO) has reported 441 078 suspected and confirmed cases, including 226 deaths, in the Americas and Caribbean region. This is an increase of 137 788 (31%) suspected and confirmed cases since the last update on 30 September. The most affected countries are Brazil, Bolivia, Colombia and Honduras. Brazil reported the highest number of cases (352 810) as of 18 November 2016. In 2015 Brazil reported 23 630 cases for the whole year.

Asia

8/13

As of 20 November India reported almost 50 000 cases, almost doubling the cases from 2015, when 27 500 cases were recorded. Of the cases reported, Delhi accounts for almost 12 000 cases. This is a significant increase as between 2010 and 2015, six to 120 cases were reported yearly in Delhi.

Pacific

The Philippines

On 1 October an outbreak of chikungunya was declared in Indang Municipality, Cavite Province, south of the capital Manila. Since January and as of 13 October, 806 suspected cases of chikungunya have been reported.

Web sources: [PAHO](#), [India MoH](#), [Pacific Public Health Surveillance Network](#), [Philippines Media](#)

ECDC assessment

Outbreaks are still ongoing in the Americas and Pacific but at a lower level than during the same period last year. Continued vigilance is needed to detect imported cases of chikungunya in tourists returning to the EU from these regions.

Europe is vulnerable to the autochthonous transmission of chikungunya virus. The risk of onward transmission in Europe is linked to importation of the virus by viraemic patients in areas with competent vectors (*Aedes albopictus* in mainland Europe, primarily around the Mediterranean, and *Aedes aegypti* on Madeira). Autochthonous transmission from an imported viraemic chikungunya case is possible during the summer season in the EU.

Actions

ECDC published new [mosquito maps](#) on 3 August 2016 showing the geographical distribution of *Aedes* mosquitoes in Europe.

ECDC monitors the global chikungunya situation on a monthly basis.

Dengue - Multistate (world) - Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 2 December 2016

Epidemiological summary

Europe

No autochthonous dengue cases have been reported in 2016.

Americas and Caribbean

Since the beginning of the year and as of 23 November 2016, the Pan American Health Organization (PAHO) has reported over 2.2 million confirmed and probable cases, including 928 deaths, in the Americas and Caribbean region. The most affected countries are Brazil, Paraguay, Mexico and Colombia.

Asia

Since the beginning of the year and as of November 2016, the most affected countries in Asia are India, Malaysia, Vietnam and Thailand. Despite the high cumulative number of cases, during November 2016, Malaysia, Singapore, Thailand and India are showing a decreasing trend.

India reported 94 519 cases in 2016, which is less cases compared with 2015, when 99 913 cases were reported. **Malaysia** reported 93 274 cases in 2016 compared with 104 901 cases in 2015. In Vietnam, the cumulative number of cases (63 504) increased by 97% compared with the same period in 2015. **Thailand** reported 35 470 cases.

Laos reported 4 658 cases of dengue, which is almost 300% higher than the number of cases reported in 2015. In **Singapore**, the cumulative number of cases in 2016 has reached 12 723, which is 42.5% higher than cases reported during the same period in 2015, when 8 786 cases were reported.

China has reported 1 840 dengue cases in 2016, which fewer cases compared to 2015, when 3 352 cases were detected.

Pacific region and Australia

Since the beginning of the year and as of November 2016, the most affected country in the Pacific region, **Philippines**, is reporting 101 401 cases. This is an increase compared with 2015, when 87 411 cases were detected. **Australia** reported 1 957 cases in 2016, compared with 1 502 in 2015.

Despite the high number of cases compared with previous years, in November 2016, Philippines, Australia and New Caledonia (599 cases) are showing a decreasing trend.

Since 8 October, on **Solomon Islands**, there is an ongoing dengue outbreak with 3 920 Dengue cases as of 20 November.

Africa

Since August and as of 25 November 2016, **Burkina Faso** reported 1 962 cases and 18 deaths, mainly in central Burkina Faso.

Web sources: [ECDC Dengue](#) | [Healthmap Dengue](#) | [India MoH](#) | [ProMED Asia](#) | [Pacific Public Health Surveillance Network](#) | [WHO](#) | [DoH Australia](#) | [National Environment Agency's \(NEA\)](#) | [Malaysia MoH](#) | [New Caledonia MoH](#) | [Media Burkina Faso](#)

ECDC assessment

Introduction and autochthonous transmission of dengue fever in Europe is possible where competent vectors are present. This underlines the importance of surveillance and vector control in European countries that have competent vectors.

Actions

ECDC monitors the dengue situation worldwide on a monthly basis.

Cholera - Multistate (World) - Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 2 December 2016

Epidemiological summary

Africa

In **Uganda** 213 cases of cholera have successfully been managed within the various refugee settlement camps hosting South Sudanese refugees in Northern Uganda. Cholera cases were registered between July and late October 2016.

In **Ghana** since the last monthly update, 350 additional cases have been reported. Since the beginning of the outbreak on 24 October, 500 cases and no deaths have been reported in Cape Coast and a few districts around. The local health authorities have given guidelines to implement measures.

In the **Central African Republic**, no new cases have been recorded in the past month and no patients are currently hospitalised due to cholera. The outbreak, which was declared on 10 August 2016, has resulted in 21 deaths of the 266 registered cases (CFR 7.9%). In health facilities, the prevention and response systems are still in place.

In the **Democratic Republic of Congo**, since the beginning of 2016 and until October 27, there have been 24 196 suspected cholera cases including 739 deaths (CFR 3.1%). The most affected areas are along the Congo River, with 10 329 suspected cholera cases including 564 deaths (CFR 5.5%) reported between 1 January and 16 October 2016. WHO and the local health authorities are assessing the situation.

Since the start of the outbreak in October and as of 31 October, 38 suspected cases including 11 deaths have been reported in **Niger** in two health districts of the Dosso region. Five deaths occurred in health centres and six in the community. The UN and partners are implementing prevention and infection control activities, and supporting the Ministry of Health for case management through the provision of medical supplies.

In **South Sudan**, since June and until 17 November 2016, 3 145 cholera cases and 44 deaths have been reported in nine out of 28 states. Of the 356 laboratory tests, 128 tested positive for *Vibrio Cholerae* inaba. WHO is supporting the cholera investigation and response activities in all the nine affected states and the two states with alert suspect cases.

In **Somalia**, as of October 2016, 13 728 AWD/Cholera cases and 496 (CFR 3.6%) deaths were reported in 25 districts. Of these, 6 520 (47.5%) are women, while 7 968 (58.0%) are children below 5 years. There was a significant reduction (34%) in the number of cases reported from 164 cases and zero deaths in September to 108 cases and zero deaths in October. Of the 108 cases of AWD/Cholera reported, 90 cases were from Banadir and 18 from Beledweyne. One stool sample from a 19-year-old male from Banadir tested positive for *Vibrio Cholerae*, serotype Inaba. Since January 2016, the most affected districts are Banadir, Kismayo, Sakow, Bu'ale, Jowhar, Belet-Hawo and Jalalaqsi.

Enhancement of active surveillance, stool sample collection and laboratory diagnosis, case management practices, risk communication, water, sanitation and hygiene (WASH) activities in affected areas by WHO and Health cluster partners have been put in place.

In [Zimbabwe](#), four cases of cholera have been confirmed in Mwenezi District, Masvingo Province. The outbreak is under control and all cases have been treated and discharged from the clinic. This latest development brings the number of cholera cases recorded in the district since the beginning of the year to eight.

Americas

Since the hurricane struck [Haiti](#) in early October, more than 5 800 suspected cholera cases have been reported. This is an increase by more than 2 000 cases since the last monthly update. A vaccination campaign started by the UN on 8 November has reached more than 729 000 people in Haiti's areas devastated by Hurricane Matthew.

In the [Dominican Republic](#), 1 097 suspected cholera cases, including 20 related deaths (case fatality rate: 1.8%), were reported from EW 1 to EW 42 of 2016. This is almost twice the number of cases reported in the previous two years.

Asia

In [Yemen](#), as of 24 November 2016, 6 119 suspected cases of cholera, including 68 associated deaths were reported in Sana'a City and Aden, Amran, Al Hudaydah, Al-Bayda'a, Al-Dhale'a, Ibb, Hajjah, Lahij, Ta'izz and Sana'a governorates. Of these, 99 cases have been laboratory-confirmed as *Vibrio cholerae*. WHO is working with the Ministry of Public Health and Population, UNICEF, OCHA and other partner non-governmental organisations on the ground to coordinate the overall response to this outbreak through a joint Health and WASH taskforce. Twenty-one cholera treatment centres have been established in the affected governorates and surveillance for acute watery diarrhoea has been enhanced in all governorates of the country.

Source: [Cholera platform](#)

ECDC assessment

European travellers should seek information on how to prevent cholera contamination prior to visiting affected areas.

Actions

ECDC continues to monitor cholera outbreaks globally through its epidemic intelligence activities to identify significant changes in epidemiology and will report on a monthly base.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 1 December 2016

Epidemiological summary

As of 30 November 2016, 34 cases of WPV1 have been reported to WHO in 2016, compared with 60 for the same period in 2015. The cases were detected in Pakistan (18), Afghanistan (12) and Nigeria (4). Three cases of cVDPV have been reported in 2016, compared with 21 for the same period in 2015. The three cases were all reported from Laos.

Web sources: [Polio eradication: weekly update](#) | [ECDC Poliomyelitis factsheet](#) | [Temporary Recommendations to Reduce International Spread of Poliovirus](#) | [WHO Statement on the Seventh Meeting of the International Health Regulations Emergency Committee on Polio](#)

ECDC assessment

Continued detection of positive environmental samples throughout 2016 in Pakistan confirms that virus transmission remains geographically widespread across the country, despite strong improvements in response measures. The last locally-acquired wild polio cases within the current EU borders were reported from Bulgaria in 2001. The most recent wild polio outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

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?](#) | [RRA Outbreak of circulating vaccine-derived poliovirus type 1 \(cVDPV1\) in Ukraine](#)

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 reintroduced to the EU. Following the declaration of polio as a PHEIC,

11/13

ECDC updated its [risk assessment](#). ECDC has also prepared a background document with travel recommendations for the EU.

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