**COMMUNICABLE DISEASE THREATS** REPORT

# CDTR
# Week 27, 29 June-5 July 2014

**All users**

This weekly bulletin provides updates on threats monitored by ECDC.

# I. Executive summary

## EU Threats

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

Opening date: 3 June 2014 Latest update: 3 July 2014

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

➔Update of the week

During the past week, no human cases of West Nile fever have been reported in the EU or neighbouring countries.

## Non EU Threats

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

Opening date: 24 September 2012 Latest update: 26 June 2014

Since April 2012, 843 cases of MERS-CoV infection have been reported by local health authorities worldwide, including 323 deaths. To date, all cases have either occurred in the Middle East, have direct links to a primary case infected in the Middle East, or have returned from this area. The source of the virus remains unknown but the pattern of transmission points towards an animal reservoir in the Middle East from which humans sporadically become infected through zoonotic transmission.

➔Update of the week

Since the last CDTR, four additional cases have been reported by Saudi Arabia. One case has been reported by Iran.

### Mass gathering monitoring- Brazil- FIFA World Football Cup 2014

Opening date: 9 June 2014 Latest update: 30 June 2014

ECDC is enhancing its epidemiological intelligence surveillance during the FIFA World Cup 12 June – 13 July 2014 in Brazil to detect threats to public health that could represent a threat to the EU or to EU visitors. Routine epidemic intelligence activities will be enhanced by expanding the information sources monitored, using a targeted and systematic screening approach and tailored tools (i.e. MediSys).

➔Update of the week

During the past week, no new major public health threats posing a risk for EU travellers have been identified.



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## Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 26 June 2014

An outbreak of chikungunya virus infection has been ongoing in the Caribbean since December 2013. The outbreak expanded also in Central and South America. There have been more than 280 000 probable and confirmed cases in the region. At least 22 fatalities have been reported so far.

➔Update of the week

Most of the areas previously involved continue to report increasing number of cases, and the situation is particularly severe in the island of Hispaniola island (Haiti and the Dominican Republic). El Salvador in Central America is still under a declared national emergency with thousands of suspected cases. Several other countries have recently reported imported chikungunya infection in patients with travel history to the affected areas: Barbados, Bonaire, Brazil, Canada, Cayman islands, Chile, Cuba, France (including Tahiti), Grenada, Italy, Mexico, the Netherlands, Nicaragua, Paraguay, Panama, Peru, Spain, Trinidad and Tobago, Turks and Caicos Islands and many states in the USA. Costa Rica reported a confirmed case, but it is not clear if it is imported or autochthonous. Venezuela is reporting 12 cases, but it is not known if all are imported.

On 3 July Greece reported an imported case of Chikungunya virus infection in a returning traveller from the Dominican Republic who was hospitalised in Athens. *Aedes albopictus* mosquitoes have been detected in several areas in Greece, including Athens, since 2005.

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

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

An ongoing and evolving outbreak of Ebola virus disease (EVD) in West Africa has been affecting Guinea, Liberia and Sierra Leone since December 2013. Since week 22 of 2014, a new wave of transmission is unfolding in all three affected countries.

➔Update of the week

In the past week, the affected countries have continued to report cases and fatalities. As of 2 July 2014, the cumulative number of cases of EVD in the three countries stands at 779, including 481 deaths.

WHO convened a special Ministerial meeting held on 2-3 July 2014 in Accra, Ghana, with the participation of ministers of health and senior health officials from 11 African countries, partners, Ebola survivors as well as representatives of airlines and mining companies, and the donor communities. The meeting focused on getting a clear understanding of the current situation and response, including gaps and challenges; developing a comprehensive operational response plan for controlling the outbreak; priority preparedness activities to be implemented by countries at risk; and engagement of national authorities to optimally respond to EVD outbreak.

In a statement issued at the end of the meeting, the group called for immediate action. The ministers said coordinated cross-border actions are needed by stakeholders, national leaders, and community members. The adopted strategy include convening meetings of key government ministries and other stakeholders to map out an implementation plan and recruit community, religious, and political leaders to help improve the public's awareness and understanding of the disease. The plan also includes strengthening surveillance, case finding, reporting, and contact tracing; deploying more human resources to hot spots; and identifying and committing domestic financial resources to battle the outbreak. WHO said it will establish a sub-regional control centre in Guinea to coordinate technical support coming to West African nations.

## Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013 Latest update: 8 May 2014

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, 450 cases have been reported, including 146 deaths. No autochthonous cases have been reported from outside of China. Most cases have been unlinked, and sporadic zoonotic transmission from poultry to humans is the most likely explanation for the outbreak. Sustained person-to-person transmission has not been documented and transmission peaked during the winter of 2013-2014. The reason for this pattern is not obvious. Since October 2013, 315 cases have been reported, the majority from previously affected provinces or in patients who visited these provinces prior to onset of illness.

➔Update of the week

Since the last monthly update on 3 June 2014, eight new cases of A(H7N9) were reported in Guangdong (1), Jiangsu (2), Shandong (2) Zhejiang (1) and Taiwan (2). All cases have been hospitalised.



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

Opening date: 20 April 2006 Latest update: 3 July 2014

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting 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. The dengue outbreak in the Autonomous Region of Madeira, Portugal, in October 2012 further underlines the importance of surveillance and vector control in other European countries.

➔Update of the week

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

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

Opening date: 8 September 2005 Latest update: 26 June 2014

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission stops and the world is polio-free. According to the World Health Organization (WHO), polio transmission currently occurs in ten countries of the world. Polio was declared a public health emergency of international concern (PHEIC) on 5 May 2014.

➔Update of the week

During the past week, six new infections with wild poliovirus 1 (WPV1) were reported, five in Pakistan and one in Afghanistan.



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# II. Detailed reports

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

Opening date: 3 June 2014 Latest update: 3 July 2014

### Epidemiological summary

As of 3 July 2014, no human cases of West Nile fever have been reported in the EU while six cases have been reported in neighbouring countries since the beginning of the 2014 transmission season. All six cases have been reported by Bosnia and Herzegovina in Republika Srpska. The affected municipalities are Banja Luka, Trebinje, Bosanski Novi, kljuc, Mrkonjic Grad and Teslic.

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

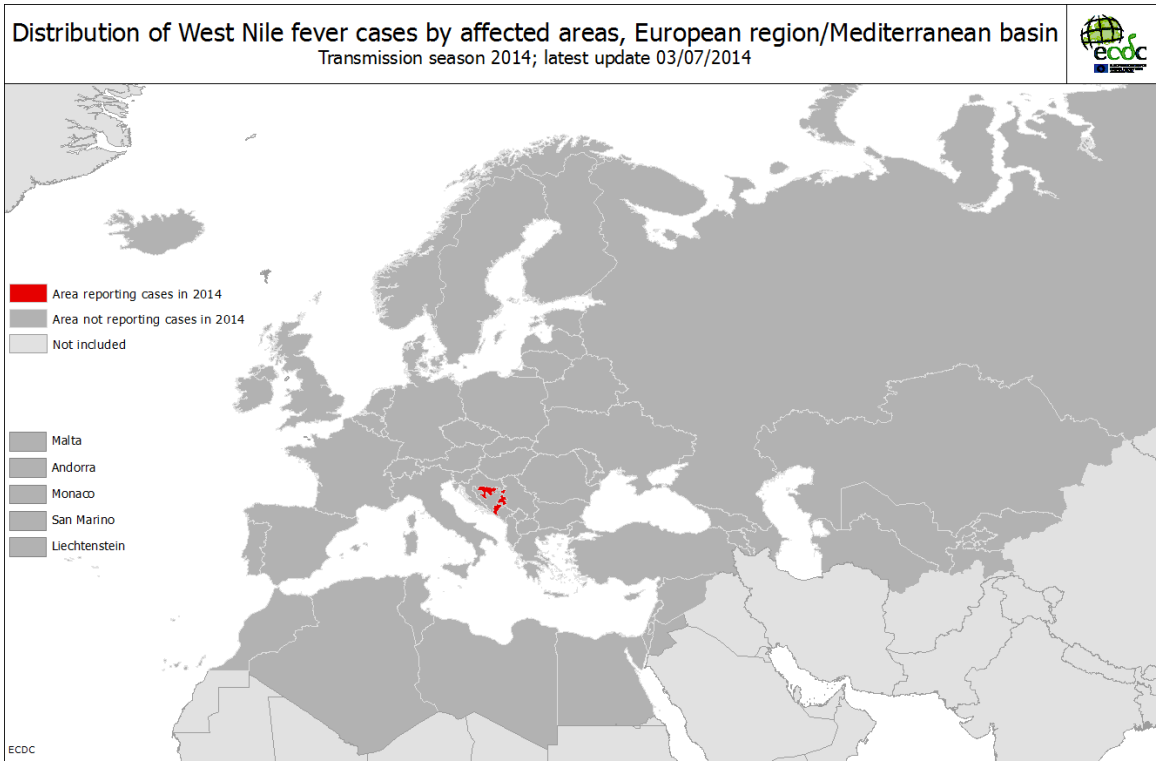
### ECDC assessment

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

### Actions

From week 23 onwards, ECDC produces weekly West Nile fever (WNF) risk maps during the transmission season to inform blood safety authorities regarding WNF affected areas.

ECDC




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

Opening date: 24 September 2012 Latest update: 26 June 2014

### Epidemiological summary



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Since April 2012 and as of 03 July 2014, 843 cases of MERS-CoV have been reported by local health authorities worldwide, including 323 deaths.

**Confirmed cases and deaths by region**
**Middle East**
Saudi Arabia: 714 cases/293 deaths
United Arab Emirates: 71 cases/9 deaths
Qatar: 7 cases/4 deaths
Jordan: 18 cases/5 deaths
Oman: 2 cases/2 deaths
Kuwait: 3 cases/1 death
Egypt: 1 case/0 deaths
Yemen: 1 case/1 death
Lebanon: 1 case/0 deaths
Iran: 4 cases/1 death

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

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

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

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

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

## ECDC assessment

The source of MERS-CoV infection and the mode of transmission have not been identified, but the continued detection of cases in the Middle East indicates that there is a persistent source of infection in the region. Dromedary camels are a host species for the virus, and many of the primary cases in clusters have reported direct or indirect camel exposure. Almost all of the recently reported secondary cases, many of whom are asymptomatic or have only mild symptoms, have been acquired in healthcare settings. There is therefore a continued risk of cases presenting in Europe following exposure in the Middle East, and international surveillance for MERS-CoV cases is essential. An international case-control study has been designed and proposed by WHO. Results of this or similar epidemiological studies in order to determine the initial exposures and risk behaviour 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.

## Actions

ECDC published an epidemiological update on 2 July 2014.
ECDC published an epidemiological update on 5 June 2014.
The last rapid risk assessment was published on 2 June 2014.
ECDC is closely monitoring the situation in collaboration with WHO and EU Member States.



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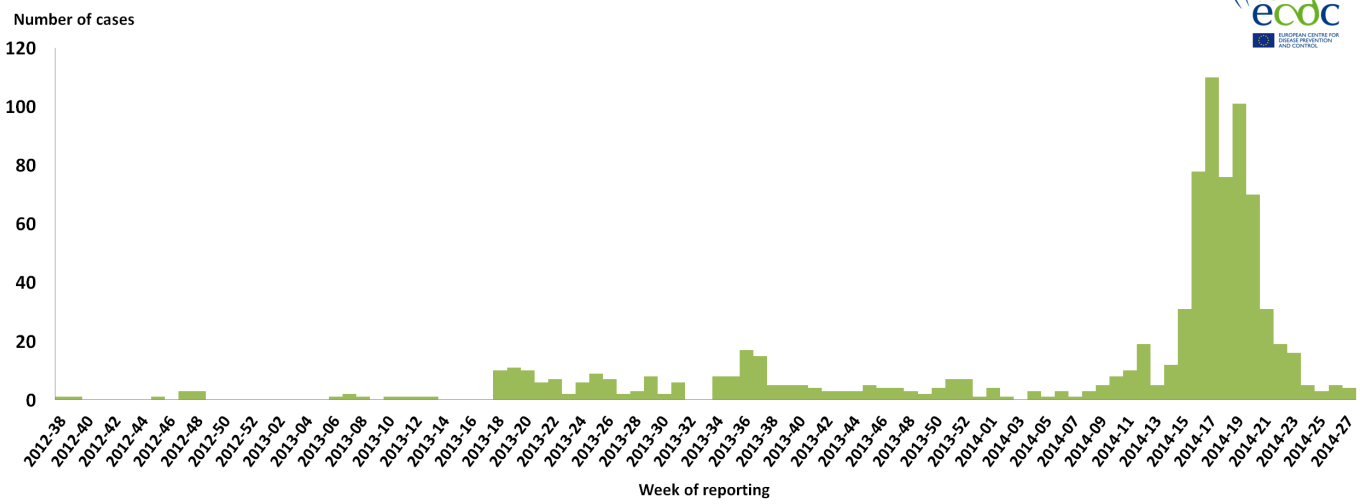
**Figure 1. Distribution of MERS CoV infections by week of reporting, September 2012- 03 July 2014 (n=843)**



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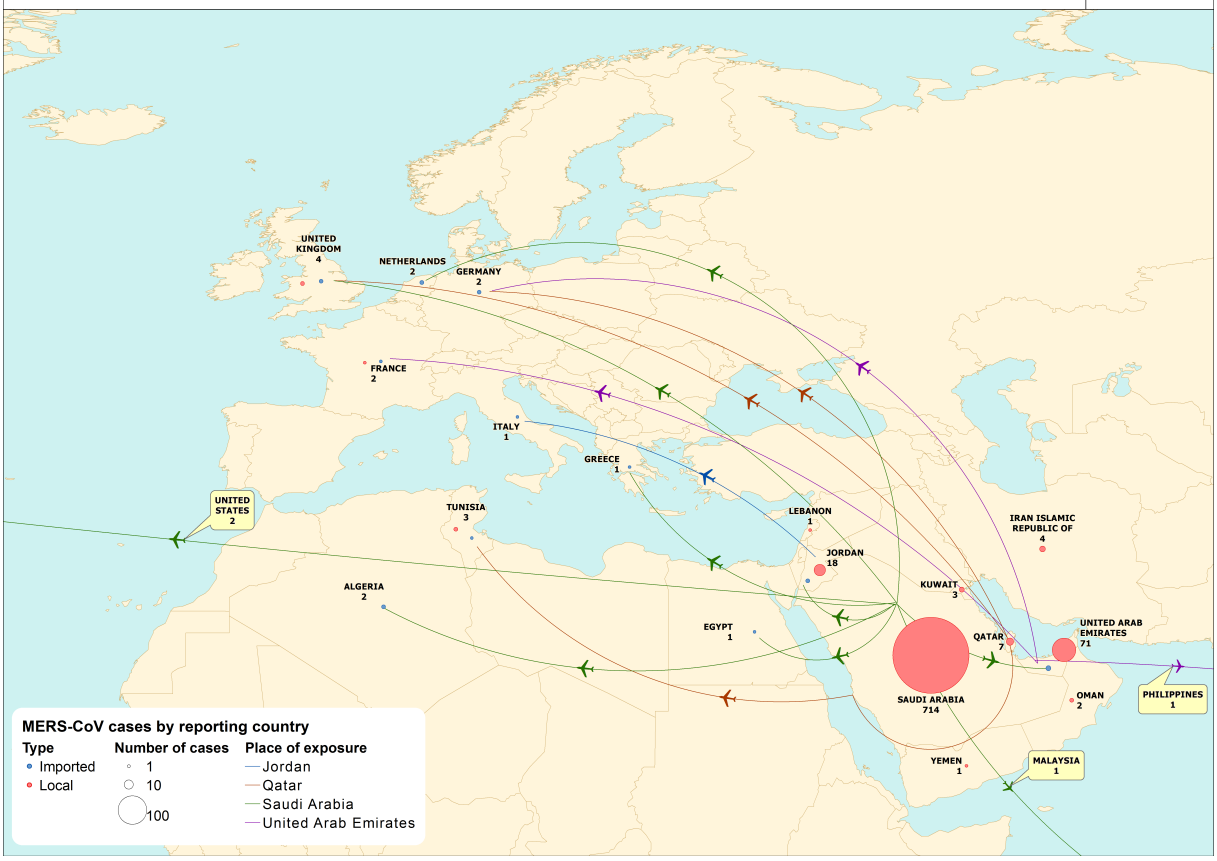
Distribution of confirmed cases of MERS-CoV by reporting country and place of probable infection, March 2012 - 3 July 2014 (n=843)




## Mass gathering monitoring- Brazil- FIFA World Football Cup 2014

Opening date: 9 June 2014 Latest update: 30 June 2014

### Epidemiological summary

Respiratory illness symptoms in German football players- Porto Alegre, Brazil
Source: media
According to media reports the German national football coach reported on 2 July that a total of seven players from the FIFA 2014 German team were slightly ill, principally with sore throats. The cause whether infectious or otherwise is not known.

Suspected food poisoning case- Recife, Brazil
Source: ProMed/Media
According to media reports, two cases of suspected Salmonella food poisoning in a restaurant located in the hosting city of Recife led to investigation and closure of the establishment by local authorities on 27 June. The first case had fallen ill on 24 June.

Influenza H1N1- Mato Grosso, Brazil
Source: Media
According to media reports, the State Department of Health have reported 14 deaths during 2014 in Mato Grosso due to H1N1 influenza.



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Pertussis- Rondonópolis, Brazil
Source: Media
According to media reports, in the city of Rondonópolis (over 200km south of Cuiabá), 38 children were suspected with pertussis infection and received health care. Only one of these cases is confirmed.

Rocky Mountain spotted fever - Mauá, Brazil
Source: Media
According to media reports, the City of Mauá investigated the cause of death of a 12 year old boy, suspected as having Rocky Mountain spotted fever. The child died on June 23. In 2012, there were 68 cases of the disease across the state and 37 deaths.

Malaria - Rodrigues Alves, Brazil
Source: Media
In late April, the city of Rodrigues Alves recorded 319 cases of malaria, almost 100 more compared with the same period in 2013.

## ECDC assessment

EU citizens visiting the 2014 World Cup in Brazil are most at risk of gastrointestinal illness and vector-borne infections. Therefore, they should pay attention to standard hygienic measures to reduce the risk of gastrointestinal illness and protect themselves against mosquito and other insect bites using insect repellent and/or wearing long-sleeved shirts and trousers in regions where vector-borne diseases are endemic. Visitors to Brazil should consult the advice for vaccinations issued by the Brazilian health authorities and WHO Pan American Health Organization (PAHO).

## Actions

ECDC published a risk assessment on 5 June 2014. ECDC is sharing information regarding this event with relevant public health partners.

# Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 26 June 2014

## Epidemiological summary

As of 4 July 2014, there have been more than 280 000 confirmed and suspected cases in the region with at least 22 fatalities. The numbers may be underestimated due to the difficulty of testing and reporting in some countries.

Cases officially reported as of 4 July 2014:
Anguilla, 33 confirmed cases;
Antigua and Barbuda, 4 cases;
Aruba, 24 suspected cases and 1 imported confirmed case originating from Sint Maarten;
Costa Rica, 1 confirmed;
Cuba, 6 imported confirmed cases;
Dominica, 3 102 suspected cases and 141 confirmed cases;
Dominican Republic, 135 835 suspected, 18 confirmed cases and 3 deaths;
El Salvador, 1 300 suspected cases and 8 confirmed cases;
French Guiana, 601 confirmed cases 64% of which autochthonous;
Grenada, 5 confirmed cases;
Guadeloupe, 52 000 suspected and 1 328 confirmed or probable cases, 3 deaths;
Guyana, 16 confirmed cases;
Haiti, 39 343 suspected and 14 confirmed cases;
Martinique, 43 550 suspected and 1 515 confirmed or probable cases, 13 deaths;
Puerto Rico, 119 suspected cases and 23 confirmed cases;
Saint Barthélemy, 680 suspected and 142 confirmed or probable cases;



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Saint Kitts and Nevis, 31 suspected and 28 confirmed cases;
Saint Lucia, 214 suspected and 30 confirmed cases;
Saint Martin (FR), 3 540 suspected and 793 confirmed or probable cases, 3 deaths;
Saint Vincent and the Grenadines, 329 suspected cases and 67 confirmed cases;
Sint Maarten (NL), 360 suspected and 301 confirmed cases;
Suriname, 17 confirmed cases;
Turks and Caicos Islands, 6 confirmed;
Virgin Islands (UK), 20 confirmed cases;
Virgin Islands (US), 3 confirmed autochthonous cases.

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.

**Web sources**: PAHO update | ECDC Chikungunya | CDC Factsheet | Medisys page |

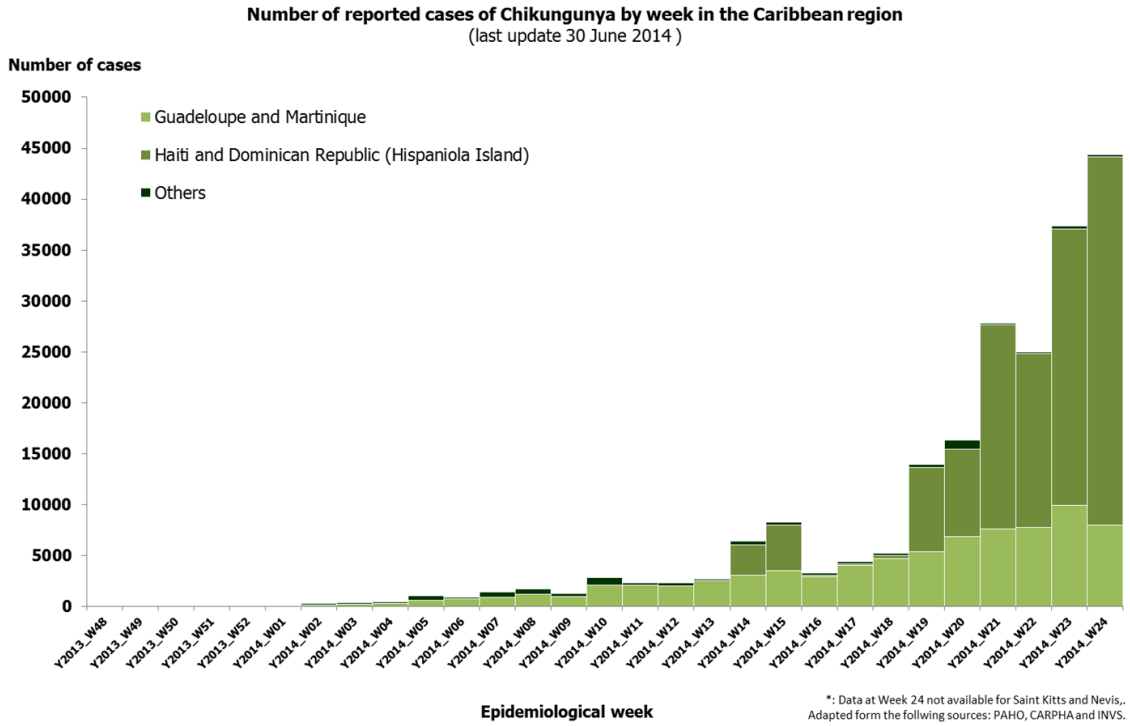
## ECDC assessment

Epidemiological data indicate that the outbreak, which started in Saint Martin (FR), is still expanding and reached Central and South America. 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.

## Actions

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

## Distribution of suspected and confirmed cases of Chikungunya by week and place of reporting, Week 48-2013 to Week 24-2014



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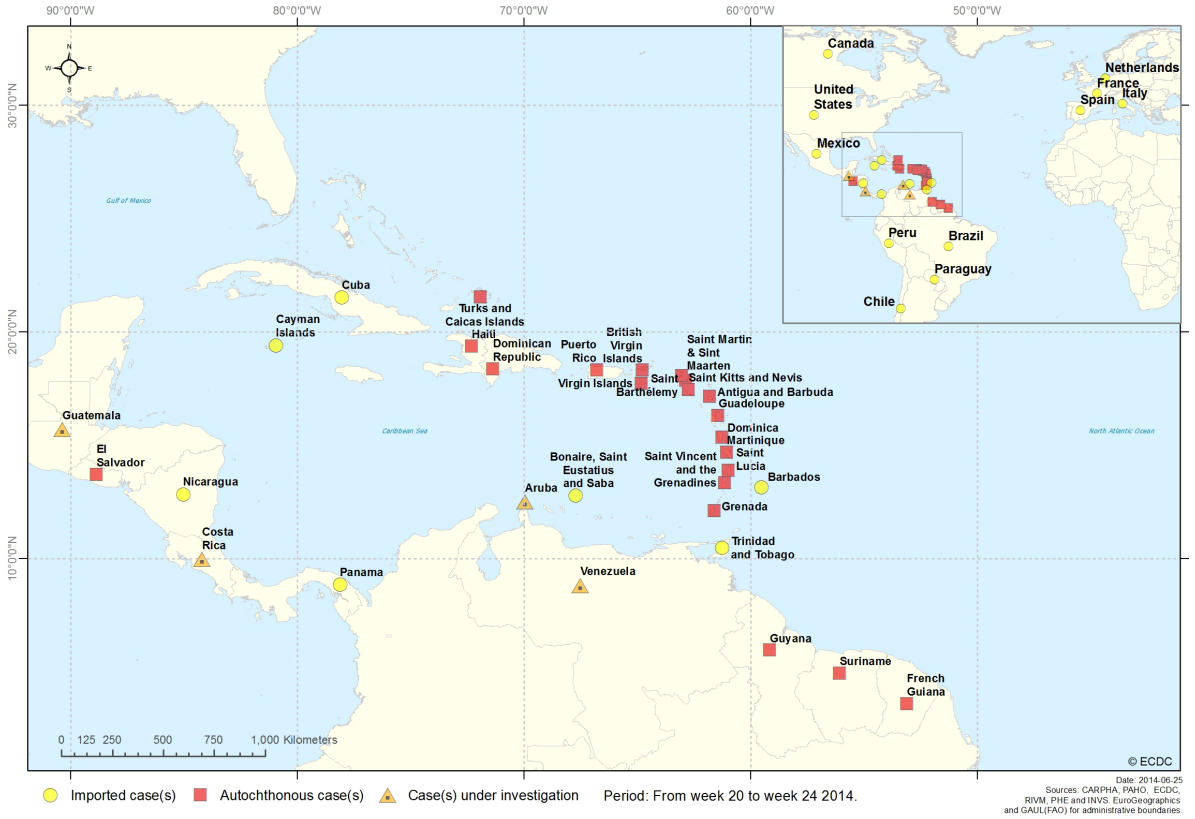
## Chikungunya in Caribbean as of 25 June 2014

ECDC




# Outbreak of Ebola Virus Disease - West Africa - 2014

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

## Epidemiological summary

Number of EVD cases as of 2 July 2014:
**Guinea:** The cumulative number of cases is 412 cases (292 confirmed, 100 probable, and 20 suspected) and 305 deaths (194 confirmed, 94 probable, and 17 suspected)

**Liberia:** The cumulative number of cases is 115 cases (54 confirmed, 24 probable, and 37 suspected) and 75 deaths (38 confirmed, 22 probable, and 15 suspected).

**Sierra Leone**: The cumulative number is 252 cases (211 confirmed, 35 probable, and 6 suspected) and 101 deaths (67 confirmed, 29 probable, and 5 suspected)

**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



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## ECDC assessment

This is the largest outbreak of EVD reported and is also the first outbreak of EVD in West Africa. The origin of the outbreak is unknown. The outbreak, after a period of appearing to slow down, has started to spread again during the past weeks with an upsurge of EVD cases in all three countries. Community resistance, inadequate treatment facilities and insufficient human resources in certain affected areas are among challenges currently faced by the three countries in responding to the EVD outbreak.

WHO has identified three main factors responsible for the continuous propagation of EVD: the burial of victims following traditional cultural practices and beliefs in rural communities, the dense population around the capital cities of Guinea and Liberia and the bustling cross-border trade across the region.

The risk of infection for international 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

An epidemiological update was posted on 2 July 2014 on the ECDC website.

ECDC published an update of its rapid risk assessment on 9 June. ECDC provided guidance to Member States for EU travellers to and from the affected countries.

# Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013 Latest update: 8 May 2014

## Epidemiological summary

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, human cases have continued to be reported, and as of 2 July 2014, there were 450 laboratory-confirmed cases: Zhejiang (139), Guangdong (109), Jiangsu (56), Shanghai (42), Fujian (22), Hunan (23), Anhui (18), Jiangxi (6),Henan (4), Beijing (4), Guangxi (4), Shandong (4), Hebei (1), Guizhou (1), Jilin (2), Hong Kong (10), Taiwan (4) and one imported case in Malaysia. In addition, there was one case in Malaysia and one fatal case in Canada, both exported from China. Three-hundred and fifteen of the cases have occurred since October 2013.

Most cases have developed severe respiratory disease. One hundred and forty-six patients have died (case-fatality ratio=32%).

**Web sources**: Chinese CDC | WHO | WHO FAQ page | ECDC |

## ECDC assessment

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

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

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



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## Actions

The Chinese health authorities continue to respond to this public health event with enhanced surveillance, epidemiological and laboratory investigation, including scientific research. ECDC is closely monitoring developments.

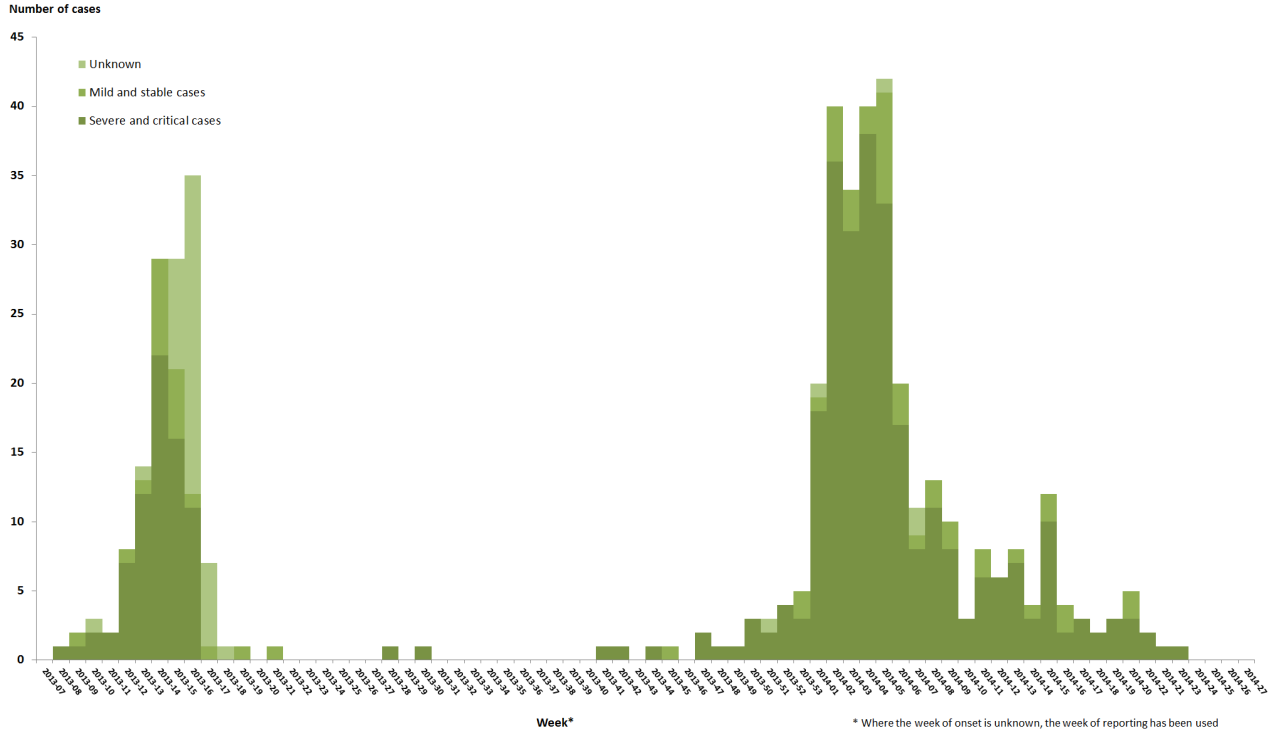
ECDC published an updated Rapid Risk Assessment on 26 February 2014.

ECDC published an epidemiological update on 7 February 2014.

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

## Distribution of confirmed A(H7N9) cases by week of onset*, week 14/2013 to week 26/2014, China (n=450)

Source: ECDC



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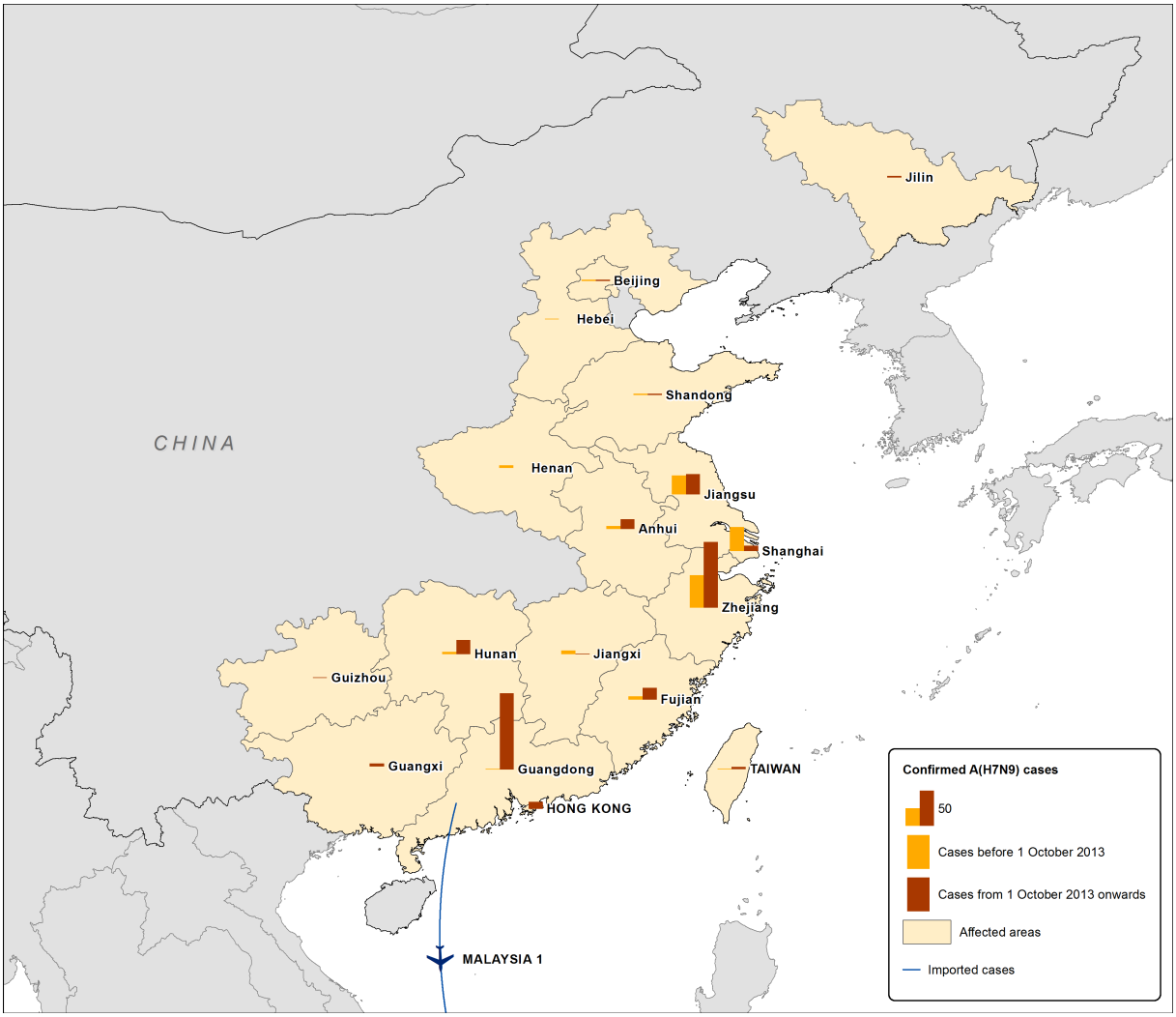
## Distribution of confirmed A(H7N9) cases by place of reporting, week 15/2013 to 26/2014 (n=450)

Source:ECDC




# Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 3 July 2014

## Epidemiological summary

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

**Asia:** Malaysia has set up a task force to control dengue after the number of cases reached more than 42 000, including 82 deaths, so far this year. The number of recorded deaths in 2014 is more than three times higher compared to the same time period last year. In Singapore, dengue cases continues to rise and remain above the epidemic threshold with 676 cases recorded in week 26, according to the Ministry of Health. Sri Lanka has recorded nearly 18 000 cases nationally in 2014 and over 60 percent of these cases are from the Western province, according to the Ministry of Health. A task force has been set up and the Ministry of Health is planning to launch a massive dengue prevention program in the most affected areas. As of 14 June 2014, Philippines has notified 2 291 cases of dengue fever, including seven deaths. Cambodia has recorded 616 dengue fever cases, including three deaths, during the first five months of this year (a decrease of 83 percent compared to the same time period last



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year).

**Oceania:** There are currently several ongoing dengue outbreaks in the Pacific including New Caledonia, French Polynesia, Tuvalu and Fiji. An outbreak of DENV-3 is continuing in Solomon Islands and as of 27 June 2014, 1 872 suspected dengue cases have been reported since January 2014. In Nauru, as of 30 June 2014, 241 suspected dengue cases have been reported. However, the number of newly reported cases continues to decrease, according to the Pacific Public Health Surveillance Network (PACNET).

**Americas:** In Central America, El Salvador has recorded 15 225 suspected dengue cases nationally since January 2014 (an increase of 53 percent compared to the same period last year). In Costa Rica, the Ministry of Health reports more than 3 000 dengue cases so far this year which is 71 percent less cases compared to last year. Panama has recorded 1 028 cases of dengue fever in 2014, of which 850 are confirmed and 278 cases are suspected cases. In South America, the number of confirmed cases of dengue in the city of São Paulo in Brazil so far this year has now reached 12 531. However, in recent weeks the number of new notifications has been slowing down. In Mato Grosso, the number of reported dengue cases is five times lower than for the same period last year (8 086 cases in 2014 compared with 40 223 notifications in 2013).

**Africa:** In Sudan, Red Sea State has recorded 738 dengue fever cases to date, including six fatalities. Red Sea State has a history of dengue fever outbreaks, with a severe outbreak occurring in 2010. As of 25 June 2014, Mayotte has recorded 416 confirmed cases.

**Web sources:** ECDC Dengue | Healthmap Dengue | MedISys | ProMED Americas, Asia |

## 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 continue to be detected in European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

## Actions

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

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

# Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 26 June 2014

## Epidemiological summary

Worldwide, 112 cases have been reported to WHO in 2014, compared with 95 for the same time period in 2013.

In 2014, nine countries have reported cases: Pakistan (88 cases), Afghanistan (7 cases), Equatorial Guinea (5 cases), Cameroon (3 cases), Nigeria (4 cases), Iraq (2 cases), Somalia (1 case), Syria (1 case), Ethiopia (1 case).

Equatorial Guinea has been added to the list of 'virus-exporting countries' which should implement a set of Temporary Recommendations recently issued by the Director-General of the World Health Organization under the International Health Regulations (2005). Among other things, these recommendations call for the vaccination of all residents and long-term visitors prior to international travel. The addition of Equatorial Guinea to the list follows the detection of wild poliovirus genetically linked to the current outbreak in Central Africa in a sewage sample collected near Sao Paulo, Brazil.

**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. The latest outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.



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The recent importation event in Brazil from Equatorial Guinea demonstrates that all regions of the world continue to be at risk of exposure to wild poliovirus until polio eradication is completed globally.

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

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

## Actions

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

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