

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Influenza - Multistate (Europe) - Monitoring 2011-2012 season

Opening date: 2 December 2011

Latest update: 8 March 2012

Following the 2009 pandemic, vaccine-preventable influenza transmission in Europe has returned to its seasonal epidemic pattern with peaks seen during winter months. ECDC monitors influenza activity in Europe during the winter seasons and publishes the results on its website in the Weekly Influenza Surveillance Overview (WISO). The national influenza season epidemics in Europe have peaked in the first three countries but trends are still going upwards in a number of others. The epidemics remain dominated by A(H3) viruses, but B viruses seem now to be becoming more important.

→ Update of the week

During week 9/2012, medium or higher intensity was reported by 18 countries. Increasing trends were reported by 11 countries.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 March 2012

Thanks to an effective vaccine that has been available for the past 40 years, measles deaths fell dramatically worldwide between 2000 and 2008. However, measles is still endemic in many countries of Europe and due to low uptake of immunisation in the past decade the susceptible population has increased, leading to a resurgence of the disease. More than 30 000 cases were reported in EU Member States in the last two years.

To date, outbreaks or clusters were reported by 14 of the 29 reporting EU and EEA countries in 2012. The highest numbers were noted in Romania, France, Spain, Italy and the United Kingdom. In neighbouring Ukraine an ongoing major outbreak is of concern, with nearly 4 500 cases reported so far in 2012.

→ Update of the week

The earlier reported outbreaks in the United Kingdom and Spain are still extending. A new outbreak was detected in Romania.

Non EU Threats

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 8 March 2012

Dengue 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. There are no important recent developments in global dengue epidemiology. However, the identification of sporadic autochthonous cases in non-endemic areas in 2010 and 2011 highlights the risk of occurrence of locally acquired cases in EU countries where the competent vectors are present.

→Update of the week

There have been no reports of autochthonous dengue infections in Europe so far in 2012.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 8 March 2012

Polio, a crippling and potentially fatal vaccine-preventable disease, is close to being eradicated from the world after a significant global public health investment and effort.

The WHO European Region is polio-free. Worldwide, WHO reported 650 cases in 2011. Twenty-two cases have been reported in 2012 so far.

→Update of the week

This week, two new polio cases with symptom onset in 2012 were reported to WHO.

Influenza A(H5N1) - Multistate (world) - Monitoring human cases

Opening date: 15 June 2005

Latest update: 8 March 2012

The influenza A(H5N1) virus, commonly known as bird flu, is fatal to humans in about 60% of human infections, and sporadic cases continue to be reported, usually after contact with sick or dead poultry from some Asian and African countries. There are currently no indications from a human health perspective of significant changes in the epidemiology associated with any clade or strain of the A(H5N1) virus, and no human cases have been reported from Europe. This assessment is based on the absence of sustained human-to-human transmission, and on the observation that there is no apparent change in the size of clusters or reports of chains of infection. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

→Update of the week

During the period 3 to 9 March 2012, WHO acknowledged four new human cases of avian influenza: three in Bangladesh (all recovered) and one in Vietnam (still hospitalised).

II. Detailed reports

Influenza - Multistate (Europe) - Monitoring 2011-2012 season

Opening date: 2 December 2011

Latest update: 8 March 2012

Epidemiological summary

The 2011-2012 influenza season started later than in recent seasons and has been without any clear geographic progression.

In week 9/2012, medium or higher intensity was reported by 18 countries and increasing trends by 11 countries. Bulgaria, Italy and Spain have reported decreasing trends for at least two weeks in a row and thus are the first three countries that have peaked in Europe this season.

Of 1 606 sentinel specimens tested, 771 (48.0%) were positive for influenza virus. Of these sentinel viruses, 91.4% were type A and 8.6% were type B.

No resistance to the neuraminidase inhibitors (oseltamivir and zanamivir) has been reported so far this season.

The national influenza season epidemics in Europe have peaked in the first three countries but trends are still going upwards in a number of others. The epidemics remain dominated by A(H3) viruses, but B viruses seem now to be becoming more important.

Web source: [ECDC Weekly Influenza Surveillance Overview](#)

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 March 2012

Epidemiological summary

The following clusters and outbreaks of measles were detected by ECDC epidemic intelligence during week 9:

European Union Member States

UK

Local media reported a new cluster in Birmingham in a travelling community: one clinically diagnosed and three confirmed cases, aged between 1 year and 36 years. Onset dates from early Jan to 16 Feb 2012.

[Merseyside outbreak update](#): According to local media, as of 6 March, there are 48 laboratory-confirmed cases, mainly among children. A further 37 probable cases and 108 possible cases are being investigated.

[North Wales update](#): According to local public health authorities, thirty-six cases, linked to a secondary school, were diagnosed as of 6 March.

Spain

[Alicante outbreak update](#):

According to local media, the number of measles cases has risen to 315 in the first two months of 2012 in the province, mostly in the city of Alicante. During the last week there were 78 new cases, including cases in one previously unaffected district.

Romania

According to local media, during the first two months of 2012, there were 110 measles cases (57 laboratory confirmed) in [Constanta county](#).

Denmark

According to the national [public health authority](#), SSI, the government of Denmark has decided to offer all persons born between 1974 and 1994 (people aged between 18 and 38 years) free vaccination against measles, mumps and rubella from 1 April to the end of the year. A special budget has been allocated for a catch-up programme to trace unvaccinated young adults and remind parents of unvaccinated children.

Neighbouring countries

Ukraine

The [MOH](#) reported nearly 4 500 cases in 2012 as of 3 March.

Russian Federation

According to the national public health authority, [Rospotrebnadzor](#), and [the media](#), cases of measles have been registered in 47

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regions of Russia in 2012. The largest number of measles cases was reported in Moscow, St. Petersburg, Volgograd and Stavropol. Control measures include free measles revaccination, offered to people aged 18 to 35 years. Particular attention will be now given to immunise risk groups (health workers, teachers, students, trade workers, etc.), as well as nomadic people and migrant workers. As of mid-February 2012, nearly 1 000 cases were reported in the country.

WHO has published a measles virus nomenclature update in the latest [Weekly Epidemiological Record](#).

Web sources: [ECDC Monthly Measles Monitoring 21 February 2011](#) | [MedISys Measles Webpage](#) | [EUVAC-net ECDC](#) | [ECDC measles factsheet](#)

ECDC assessment

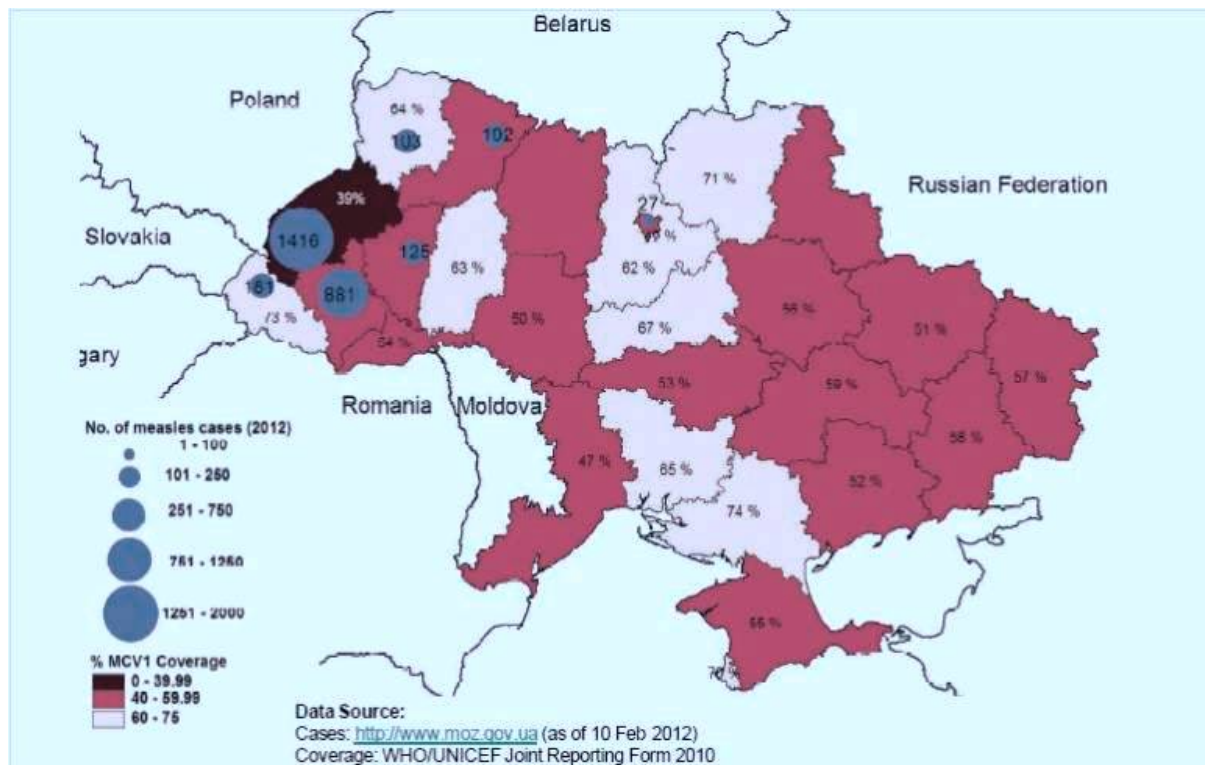
A decline in the uptake of immunisation in the past decade in Europe has increased the susceptible population, and measles has re-emerged in the region. When the number of susceptible individuals increases, the incidence of measles increases as well, and the interval between epidemic peaks decreases.

Transmission follows the traditional seasonal pattern of measles. Last year's outbreaks in Europe peaked in May 2011 and declined over the rest of the year. The number of reported cases started to increase in some of the EU Member States (Romania and France) towards the end of 2011. To date there are 14 countries which reported cases during 2012, indicating the start of the measles transmission season. However, the reported numbers so far this year are significantly lower compared with the corresponding period last year (584 reported measles cases in January 2012 compared with over 2 000 cases during the same month in 2011).

ECDC closely monitors measles transmission and outbreaks in the EU and neighbouring countries in Europe through enhanced surveillance and epidemic intelligence activities. The countries in the WHO European Region, which includes all EU Member States, have committed to eliminate measles and rubella transmission by 2015. Elimination of measles requires consistent vaccination coverage above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

Measles cases in 2012 and MCV1 coverage in 2010 by Region, Ukraine

WHO



Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 8 March 2012

Epidemiological summary

Europe: There have been no autochthonous cases in 2011 or in 2012 to date.

Africa: No significant developments reported recently.

South Asia: No significant developments reported recently; cases continue to be reported in Punjab province (Pakistan) despite the recent awareness campaign.

South-East Asia: The latest update from the WHO Western Pacific Regional Office reports relatively low and stable activity in the region; local outbreaks are currently reported mostly in Malaysia; authorities in Cambodia are alerting the population as the risk of infection is considered now increased.

Pacific: The health authorities of East Timor are reporting a recent significant increase in cases compared with previous years, with more than

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560 suspected cases from almost all districts and 192 dengue haemorrhagic fever (DHF) cases reported so far in 2012, including 10 fatal cases (last fatal case in 2005). The health authorities of Niue, an island country in free association with New Zealand, are closely following their situation after the recent confirmation of the first locally acquired cases since 2009: the cases were discharged from hospital and no more suspects were identified. No case have been reported by Australia this week (last local case confirmed on 17 February).

South America: The Brazilian Ministry of Health has recently published online a detailed update about the situation nationwide: the authorities are reporting so far for 2012 an overall decrease of cases, severe cases and fatalities compared to recent years. Despite this, 2012 is still considered an epidemic year and the risk map for the country has been updated: 91 municipalities have been identified as at relevant risk, most of them in Bahia, Sao Paulo and Maranhao; this week Rio has reported the first fatal case since August 2011. Several other countries in the Region are reporting local outbreaks, in particular Paraguay (area of Asuncion), Ecuador (double of cases compared to 2011) and Colombia, where a severe outbreak is affecting Santander. Argentina has reported few more locally acquired cases in the northern provinces.

Central America: Local outbreaks are being reported by media quoting local authorities in several countries, especially in El Salvador where a recent important increase has been described in several areas.

Caribbean: No major developments have been reported.

North America: No recent developments have been reported.

Web sources:

[DengueMap CDC/HealthMap](#) | [MedISys dengue](#) | [ProMED dengue latest update](#) | [WHO WPRO latest update](#) | [WHO dengue factsheet update 2012](#) | [ECDC dengue fever factsheet](#) | [MoH Brazil update March 2012](#)

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. Local transmission of dengue was reported for the first time in France and Croatia in 2010 and imported cases were detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 8 March 2012

Epidemiological summary

The weekly WHO polio update of 7 March 2012 reports two new polio cases with disease onset in 2012: two (WPV1) cases in Nigeria.

Twenty-two cases with onset of disease in 2012 have been reported globally.

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

ECDC assessment

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

The WHO European Region is polio-free. The last polio cases in the European Union occurred in 2001 when three young Bulgarian children of Roma ethnicity developed flaccid paralysis from WPV. Investigations showed that the virus originated from India. The latest outbreak in the WHO European Region was in Tajikistan in 2010 when WPV1 imported from Pakistan caused an outbreak of 460 reported cases. The last indigenous WPV case in Europe was in Turkey in 1998. An outbreak in the Netherlands in a religious community opposed to vaccinations caused two deaths and 71 cases of paralysis in 1992.

Influenza A(H5N1) - Multistate (world) - Monitoring human cases

Opening date: 15 June 2005

Latest update: 8 March 2012

Epidemiological summary

During the period 3 to 9 March 2012, WHO confirmed four new human cases of avian influenza A(H5N1) virus infection: three cases from Bangladesh and one from Vietnam. All three Bangladeshi cases were identified in the same live bird market surveillance site in Dhaka City, and all had mild symptoms. The Vietnamese case was admitted to the intensive care unit of the Hospital for Tropical Diseases on 23 February 2012 and is currently still in hospital. Epidemiological investigation indicates that the man was involved in the slaughter and consumption of ducks.

Since 2003, 594 cases (including 349 deaths) have been notified in 15 countries. Of these, 16 (including nine deaths) were notified in 2012.

Web sources: [ECDC Rapid Risk Assessment](#) | [WHO Avian Influenza](#) | [Avian influenza on ECDC website](#)

ECDC assessment

The H5N1 virus is fatal to humans in about 60% of cases. Most human infections are the result of direct contact with infected birds, and the World Health Organization notes it has never identified a 'sustained human-to-human spread' of the virus since it re-emerged in 2003. Countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died.

ECDC follows the worldwide A(H5N1) situation through epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC re-assesses the potential of a changing risk for A(H5N1) to humans on a regular basis. There are currently no indications that from a human health perspective there is any significant change in the epidemiology associated with any clade or strain of the A(H5N1) virus. This assessment is based on the absence of sustained human-to-human transmission, and on the observation that there is no apparent change in the size of clusters or reports of chains of infection. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

Actions

On 29 February 2012, ECDC published its [risk assessment](#) on research taking place on laboratory-created A(H5N1) viruses transmissible between ferrets.

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