

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Legionnaires' Disease - UK - Edinburgh

Opening date: 7 June 2012

Latest update: 8 June 2012

A community outbreak of Legionnaires' disease has been identified in Edinburgh, Scotland. As of 8 June, 24 confirmed cases and 37 suspected cases were reported. One confirmed case had died. No case of infection have been identified in non-UK citizens. The source of the outbreak has not been identified.

New! UEFA EURO 2012 - MG enhanced surveillance (weekly update)

Opening date: 7 June 2012

From 8 June, the CDTR includes a section on threats related to the UEFA Euro 2012. It contains information gathered through epidemic intelligence activities concerning health events or public health measures relevant for the football tournament. The information is classified regarding host countries (Poland and Ukraine), other participating countries (Croatia, Czech Republic, Denmark, England, France, Germany, Greece, Italy, the Netherlands, Portugal, Republic of Ireland, Russian Federation, Spain and Sweden) and other bordering countries (Belarus, Hungary, Lithuania, Moldova, Romania and Slovakia).

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 4 June 2012

Measles is still endemic in many countries of Europe due to a 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 each of the last two years. So far in 2012, the number of outbreaks and reported cases in the Member States are significantly lower than during 2010 and 2011. In Ukraine, an ongoing large outbreak with more than 10 000 cases is reported in 2012.

→Update of the week

From 2 to 8 June there was a new outbreak detected in Poland. The number of cases involved in the outbreak in Cork, Ireland, is increasing.

Non EU Threats

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 7 June 2012

Polio, a crippling and potentially fatal vaccine-preventable disease mainly affecting children under five years of age, is close to being eradicated from the world after a significant global public health investment and effort. The WHO European Region is polio-free. Sixty-seven cases have been reported in 2012 worldwide so far.

→Update of the week

Between 1 and 7 June 2012, three new polio cases were reported by WHO.

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

Opening date: 15 June 2005

Latest update: 8 June 2012

The influenza A(H5N1) virus, commonly known as bird flu, is fatal in about 60% of human infections, and sporadic cases continue to be reported, usually after contact with sick or dead poultry from certain Asian and African countries. No human cases have been reported from Europe.

→Update of the week

On 5 June 2012, WHO reported a human case of H5N1 in Hong Kong SAR, China.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 7 June 2012

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. There are no significant 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. High activity is reported in several endemic areas worldwide.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 7 June 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiologic patterns. In metropolitan France, the seasonal surveillance for *Aedes albopictus* started on 1 May 2012. In addition, from the beginning of the year to 16 May 2012, six autochthonous cases have been confirmed in Mayotte (French overseas department).

→Update of the week

Since the beginning of the year, no autochthonous cases were reported in Europe.

II. Detailed reports

New! Legionnaires' Disease - UK - Edinburgh

Opening date: 7 June 2012

Latest update: 8 June 2012

Epidemiological summary

A community outbreak of Legionnaires' disease has been identified in Edinburgh, Scotland. As of 8 June, 24 confirmed cases and 37 suspected cases have been reported, of which 40 are hospitalised. One confirmed case has died. The majority of the confirmed cases are linked to Dalry, Gorgie and Saughton areas of Edinburgh. Industrial cooling towers have been identified as a potential source of infection and the cooling systems at some facilities in the area have been subject to a chemical treatment. Further inspections of these facilities will be carried out by the Environmental Health Service and the Health and Safety Executive over the coming days to ensure control measures are effective.

Other possible sources are not being ruled out.

Websources: [NHS Lothian press releases on outbreak](#) | [HPS Legionella page](#) |

ECDC assessment

Due to the long incubation period for Legionnaires' disease, an increase in the number of cases detected is expected over the next couple of days.

As Legionnaires' disease cannot be transmitted from human to human, the risk for the EU remains limited to people having been in the affected areas of Edinburgh. Local health authorities have implemented control measures.

New! UEFA EURO 2012 - MG enhanced surveillance (weekly update)

Opening date: 7 June 2012

Epidemiological summary

Hosting countries

Legionella, Wroclaw (PL): last Sunday, [media](#) reported that the Czech team arrived at the hotel previously considered as contaminated with *legionella* and recently declared safe by local health authorities.

Measles, Wroclaw (PL): [media are reporting](#) about a local outbreak of measles in Roma population in Wroclaw, among EURO 2012 venues and where no cases have been reported so far in 2012.

Measles, Ukraine (UA): The [Ministry of Health](#) published updated information about the ongoing nationwide outbreak on 6 June 2012. So far 10 268 cases of measles have been reported this year, with 79 new suspected cases reported during the last 24 hours. Most of the recent suspected cases are from the western part of the country: Ivano-Frankivsk region (36), Transcarpathian region (21), Chernigov region (5), Lviv (4), Ternopil region (2), Chervenetska region (2), Volynska region (1), Donetsk region (0), Harvivska region (4) and Kiev (2). Epidemiological measures have been implemented in areas with increasing incidence trends.

Lyme disease, Kiev (UA): [media](#) are reporting a general increase in cases this year in the country. Seven of these cases were reported from the Kiev area and involved exposure to ticks in urban parks. Authorities are recommending prevention measures in the city.

Water safety, Donesk (UA): [media](#) reported this week that local health authorities are recommending foreigners not to drink tap water in the region for precautionary reasons even though water test results are normal (old water pipe systems). ECDC/EpiNorth requested more information from Ukrainian colleagues.

Water safety in swimming areas (UA): [national authorities](#) have published information online on quality of water at swimming places nationwide.

General public health control measures (UA): [National authorities](#) published multilingual information on the web on hotlines for health emergencies for participants. In addition, [200 physicians](#) completed specialised languages courses. The [media](#) are reporting on measures implemented at borders to identify symptomatic sick passengers.

Chemical exposure, EURO 2012 t-shirts: the [media](#) are reporting dangerous levels of chemical components in official EURO 2012 t-shirts of several teams available to the public in host countries and the rest of Europe. The information refers to a [BEUC press release](#) (European Consumer's organisation), however no official RAPEX alert has been published.

Participating countries

No major public health events potentially relevant for EURO 2012 were reported this week in the participating countries. Travel recommendations for EURO 2012 hosting countries were published online recently by several national health authorities, mostly referring to the need for measles vaccination. Information about recent outbreaks of measles in these countries is available on the specific section of the CDTR.

Bordering countries

Chicken pox, Lithuania: the [media](#) quoting authorities, recently reported a high incidence of chicken pox compared to the same period in previous years nationwide, mainly in Kaunas and Vilnius areas.

ECDC assessment

ECDC contacted the Polish authorities for more details about the measles outbreak in Wroclaw. Chief Sanitary Inspectorate confirmed the cluster of 11 cases in the Roma community and informed that public health measures have been implemented locally, including vaccination. Vaccination coverage in the Polish population is high. ECDC considers the risk for EURO2012 to be very low.

The measles situation in Ukraine is being monitored since the beginning of the year. Several countries in Europe have recommended measles vaccination for EURO 2012 visitors.

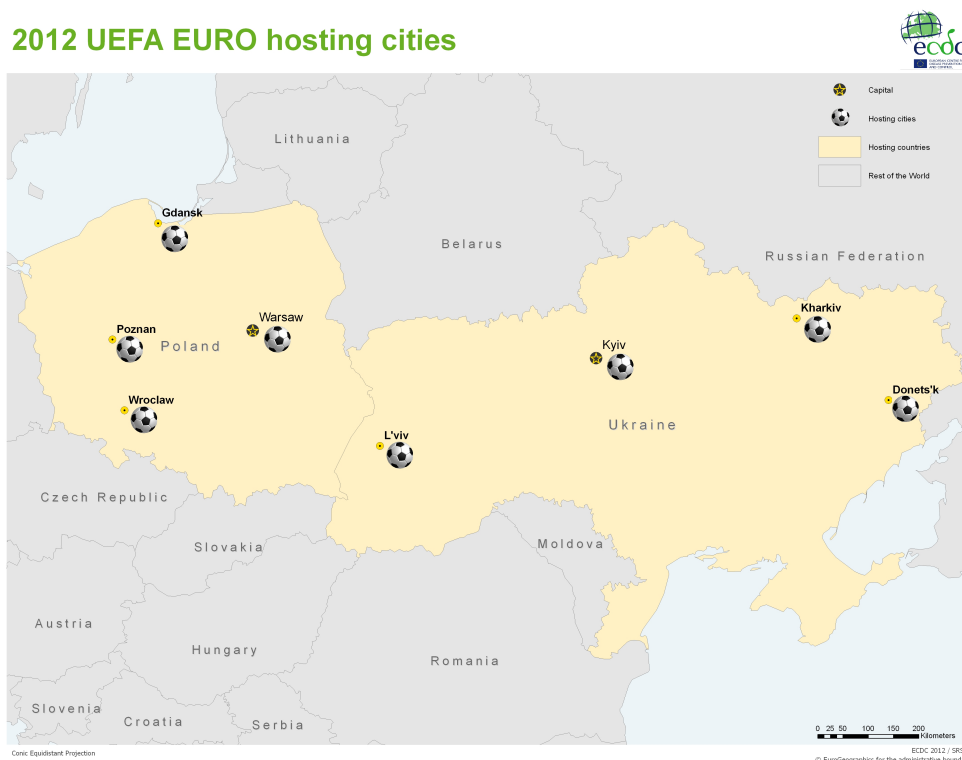
Actions

ECDC and [EpiNorth](#) are closely collaborating with enhanced epidemic intelligence activities during this event. A close contact with the Polish health authorities has been established and an ECDC expert liaison officer is currently hosted at the Chief Sanitary Inspectorate. ECDC is in contact with the Ukrainian health authorities through the EpiNorth network and a liaison officer placed at the WHO Country Office for Ukraine.

UEFA EURO 2012 venues

ECDC

2012 UEFA EURO hosting cities



Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 4 June 2012

Epidemiological summary

I. European Union Member States

Ireland – Update

Source: [Health Protection Surveillance Centre](#) and [Epi Insight](#)

The outbreak in Cork has now affected 51 children (an increase of 20 since the last update) including two hospitalisations. Most of the cases are teenagers of whom 88% have never received any dose of the MMR vaccine. According to health authorities, many of the affected teenagers would have been due for the two-dose vaccination at around the time when fears, caused by false and since then discredited research that linked MMR to autism, were prevalent in the West Cork area. GPs and hospital services in the area have been informed and asked to notify public health and to isolate patients to prevent further transmission. Further control measures include excluding children with measles and unvaccinated siblings from school and recommendation of vaccinating children between 6-12 months of age in the outbreak area with the MMR vaccine during the outbreak period only. A further dose will be required after 12 months of age in addition to the normal dose at 4-5 years of age.

Poland

Source: [the media](#)

An outbreak of measles among ethnic Roma in Wroclaw, first reported in the media, has been confirmed by Polish authorities. For further details please refer to the UEFA EURO 2012 section of this CDTR.

II. Neighbouring countries

Ukraine – update

Source: [MOH](#)

As of 31 May, Ukraine reports 10 268 cases of measles since the beginning of this year. For further details about recent cases please refer to the UEFA EURO 2012 section of this CDTR.

Israel

Source: [the media](#)

There has been a significant increase in measles cases in northern Israel. As of the end of May 2012, 96 cases of measles were notified compared to four cases in the same period in 2011, 14 in 2010, and two in 2009. Control measures have been implemented in the form of vaccinating populations that refused to be vaccinated in the past in the north, and lowering the minimum vaccination age to six months among refugee populations. Vaccinations will also be provided to family members of measles cases.

III. Publications

Rapid communications in Eurosurveillance: [Travellers returning with measles from Thailand to Finland, April 2012: infection control measures](#)

Web sources: [Latest ECDC Monthly Measles Monitoring](#) | [ECDC/Euronews documentary](#) | [MedISys Measles Webpage](#) | [EUJAC-net ECDC](#) | [ECDC measles factsheet](#) | [ECDC RRA on the measles outbreak in Ukraine](#) |

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 and declined over the rest of the year. This year measles transmission is at a much lower level during the ongoing peak transmission season compared to the previous two years. Only three countries have noted large outbreaks in 2012: the UK, Romania and Spain.

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 include 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.

Actions

In June 2012, Ukraine and Poland are hosting the UEFA European Championship with hundreds of thousands of visitors expected from several European countries. ECDC has prepared a [rapid risk assessment](#) to assess the risk of visitors to Ukraine becoming infected and subsequently importing and spreading measles within the EU on their return.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 7 June 2012

Epidemiological summary

Between 1 and 7 June 2012, three polio cases were notified: one WPV3 case in Nigeria, one WPV1 case in Afghanistan and one WPV1 case in Pakistan. So far, 67 cases with onset of disease in 2012 have been reported globally compared with 195 for the same period in 2011. This year, 58% of the cases are from Nigeria.

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

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 (WPV) 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 June 2012

Epidemiological summary

On 1 June, The Centre for Health Protection of the Department of Health, Hong Kong, China, reported a human case of avian influenza A(H5N1) virus infection. The case is a 2 year-old male from Guangzhou City, Guangdong province. He developed symptoms on 23 May 2012 in Guangdong province and went to a private clinic in Hong Kong, China, on 26 May 2012. He developed febrile convulsion and was transferred to a hospital on 28 May 2012 and was laboratory confirmed as A(H5N1) on 2 June 2012. His condition remains serious and he remains hospitalised. The boy had been exposed to a live poultry (wet) market during the incubation period.

Close contacts of the case have tested negative for the virus. Evidence so far indicates that this is a sporadic case of human infection with A(H5N1) virus, with no secondary spread or clustering.

So far, a total of 22 human cases of influenza A(H5N1) infection have been reported in Hong Kong, China, including 18 cases in 1997, two cases in 2003, one case in 2010, and the current case in 2012. Worldwide, 27 cases (including 17 deaths) were notified to WHO since the beginning of 2012.

Web sources: [ECDC Rapid Risk Assessment](#) | [WHO Avian Influenza](#) | [Avian influenza on ECDC website](#) | [WHO H5N1 Table](#)

ECDC assessment

Most human infections are the result of direct contact with infected birds, and the World Health Organisation 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.

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However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 7 June 2012

Epidemiological summary

Europe: Surveillance is ongoing in some areas of Southern France, with several suspected cases reported in Languedoc-Roussillon, Provence-Alpes-Côte-d'Azur and Corsica. So far, six imported cases have been confirmed; no autochthonous cases have been reported in 2011 or in 2012 to date.

Africa: In the last two weeks, two new probable dengue cases were detected in La Réunion, bringing the total to 24 cases this year (of which 8 confirmed). This seems to confirm the persistence of low-activity viral circulation on the island.

Asia: No new developments. In WHO Western Pacific region, dengue activity is still reported as variable, with Cambodia still reporting high activity. Cambodia and Lao PDR have increasing trends, whereas trends are declining or are low overall in Australia, Malaysia, the Philippines and Singapore. The media reported on outbreaks in South Asia, especially in Punjab in Pakistan, where cases are still seen despite control measures taken, and in Tamil Nadu State, India. In Thailand, Phuket has seen an increase in dengue fever since the beginning of the year. The intense local outbreak in Hodeidah, Yemen, is still ongoing.

Latin America: High activity currently reported overall, but mainly in Ecuador (Manabi), Paraguay (Asuncion), and several areas of Brazil. After more than a month in dengue epidemic status, the epidemic has been declared over in Rio de Janeiro city.

Pacific: No recent updates available.

Web sources:

[DengueMap CDC/HealthMap](#) | [MedISys dengue](#) | [ProMED dengue latest update](#) | [ECDC dengue fever factsheet](#) | [WPRO dengue latest update](#) | [InVS PACA point épidémiologique au 1 juin 2012](#) | [InVS Languedoc-Roussillon point épidémiologique au 31 Mai 2012](#) | [InVS for La Reunion](#) | [InVS for Mayotte](#) |

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.

A review of status and public health importance of invasive mosquitoes in Europe was published on 30 April 2012 with a [summary](#) available on ECDC website.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 7 June 2012

Epidemiological summary

In the EU, seasonal surveillance activities are ongoing in the South of France since 1 May 2012 according to their [surveillance plan](#). The aim is to identify imported cases early in order to take appropriate control measures to prevent further spread. According to the Institut de Veille Sanitaire (InVS), six autochthonous cases have been reported in Mayotte since the beginning of the year. Among these cases, four are from the centre of the Island, one from the south and one in Mamoudzou.

Web sources: [NaTHNaC Chikungunya Global Update](#) | [New Caledonia](#) | [MedISys Chikungunya](#) | [InVS](#)

ECDC assessment

Although the geographic range of the virus is primarily in Africa and Asia there has been a rapid expansion of epidemics over the past few years to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes aegypti*, through increased human travel. There is a risk of further importation of the chikungunya virus into new areas by infected travellers.

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