COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 33, 12-18 August 2012

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Salmonella Stanley - Multistate (EU) - Slowly evolving outbreak

Opening date: 19 July 2012 Latest update: 16 August 2012

On 9 July, Belgium reported an outbreak of *Salmonella* Stanley through the EPIS-FWD platform. Subsequently, Austria, Germany and Hungary reported cases of *S.* Stanley sharing the same PFGE pattern as the Belgian outbreak strain. The occurrence of an indistinguishable PFGE profile of strains isolated from cases from different countries suggests a common source. Investigations in Austria have shown that this multistate outbreak is likely related to contamination of the turkey meat chain.

➔Update of the week

Results of the laboratory investigation in the affected Member States identified 101 cases with indistinguishable PFGE profile: 6 in Germany, 20 in Belgium, 26 Austria, and 49 in Hungary. Investigations in Austria have shown that this multistate outbreak is likely related to contamination of the turkey meat chain.

Olympics and paralympics 2012 - MG surveillance (weekly update)

Opening date: 13 July 2012

From 20 July 2012, the CDTR includes a section on health events assessed for relevance to the EU in consideration of the London 2012 Olympic and Paralympic Games. It contains information gathered through ECDC epidemic intelligence activities. The Centre is working with the Health Protection Agency in the UK to monitor and assess international public health threats for potential impact on the Games.

The information in this section is grouped geographically by UK (as host country), Europe and rest of the world.

➔Update of the week

No major health events were detected or reported this week through the enhanced international surveillance.

Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 13 August 2012

Since June 2012, six autochthonous cases of malaria, caused by *Plasmodium vivax* infection, have been reported from Greece. Local control measures have been put in place in accordance with national guidelines.

➔Update of the week

No additional cases were reported this week.

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Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu

West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012 Latest update: 16 August 2012

West Nile virus is a mosquito-borne disease causing severe neurological symptoms in a small proportion of infected people. During the West Nile virus transmission season (between June and November), ECDC monitors the situation in the EU Member States and in neighbouring countries in order to identify any significant changes in the epidemiology of the disease. In 2011, 130 probable and confirmed cases of West Nile fever were reported from the EU Member States and 207 cases in neighbouring countries. The 2012 transmission season is ongoing, with 58 probable and confirmed cases reported in the EU and 97 in neighbouring countries so far.

➔Update of the week

This week, Greece reported 13 new cases in nine prefectures, of which two are newly affected. In countries neighbouring the EU, Astrakhanskaya oblast in Russia reported 17 new cases and Tunisia reported a first case in Moknine commune.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 16 August 2012

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. More than 30 000 cases were reported in EU Member States in each of the last two years. However, so far in 2012, the number of outbreaks and reported cases in the Member States are significantly lower than during 2010 and 2011. As of 30 June, 4 513 cases of measles were reported to TESSy in 2012. France, Italy, Romania, Spain and the United Kingdom accounted for 90% of the reported cases.

In Ukraine, the ongoing large outbreak - with more than 11 000 cases reported so far in 2012 - has slowed down during the past weeks.

➔Update of the week

During the period 11 to 17 August 2012, no new outbreaks were detected in EU Member States.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 1 August 2012

Rubella, caused by the rubella virus and commonly known as German measles, is a usually mild and self-limiting disease and infection often pass unnoticed. The main reason for immunising against rubella is the high risk of congenital malformations associated with rubella infection during pregnancy. All EU Member States recommend vaccination against rubella with at least two doses of vaccine for both boys and girls. The vaccine is given at the same intervals as measles vaccine as part of the MMR vaccine.

➔Update of the week

No new outbreaks were detected in EU Member States during the past week.

Non EU Threats

Influenza A (H3N2)v - USA - 2011-2012 cases

Opening date: 24 November 2011 Latest update: 16 August 2012

Since July 2012, 189 cases of the variant influenza A(H3N2) virus (A(H3N2)v) have been detected in the US: Hawaii (1), Illinois (1), Indiana (120), Ohio (66) and Michigan (1). No human-to-human transmission has been determined among these recent cases. These reports come following detection of 13 isolates with influenza A(H3N2)v in the USA between August 2011 and April 2012.

➔Update of the week

Between August 10 and August 16, there were 37 new cases of influenza A(H3N2)v infection detected in the USA.

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

Opening date: 15 June 2005 Latest update: 13 August 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

Between 10 and 16 August 2012, WHO reported one new case of human infection with avian influenza A(H5N1) virus in Indonesia.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 16 August 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, especially Central America.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 16 August 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiological patterns.

➔Update of the week

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

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 16 August 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. In total 121 cases have been reported worldwide so far in 2012.

➔Update of the week

During the last week, 10 new cases were reported by WHO.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

II. Detailed reports

Salmonella Stanley - Multistate (EU) - Slowly evolving outbreak

Opening date: 19 July 2012 Latest update: 16 August 2012

Epidemiological summary

Austria, Belgium, Germany and Hungary report cases of *S. enterica* serovar Stanley (*S.* Stanley) sharing the same antibiotic resistance profile (Nalidixic resistance) and the same PFGE profile. The increase in number of cases has been observed since March 2012, except in Belgium were it started in January 2012. The majority of the cases are under nine years of age and there is no spatial clustering of the cases. All the cases were sporadic autochthonous cases, with no recent travel history outside of the European Union.

As of 16 August, 24 countries from the FWD network have reported through EPIS-FWD no increase in *S.* Stanley infections in 2012. The PFGE profile has been compared with a dataset in Denmark of PFGE profiles for *S.* Stanley strains commonly isolated in Asia, but without a match.

ECDC assessment

On 27 July, ECDC shared a rapid risk assessment through the Early Warning and Response System and through the EPIS-FWD platform.

At the EU level, ECDC facilitates the coordination of the response by gathering the available epidemiological and microbiological information, supporting the investigation in the Member States and linking with European and international food safety networks.

On 16 August, Austria updated the information in EPIS-FWD and posted an EWRS message to share the latest results of their investigations.

Turkey meat seems the likely source of this multinational outbreak. Further analysis of the epidemiological and microbiological information will help to understand the pattern of this outbreak.

Actions

ECDC will organise an EPIS-FWD consultation with affected countries to review the epidemiological and microbiological information currently available and identify the next steps for the assessment at the European level.

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Number of symptomatic cases of Salmonella Stanley with indistinguishable PFGE pattern by month of onset/diagnosis

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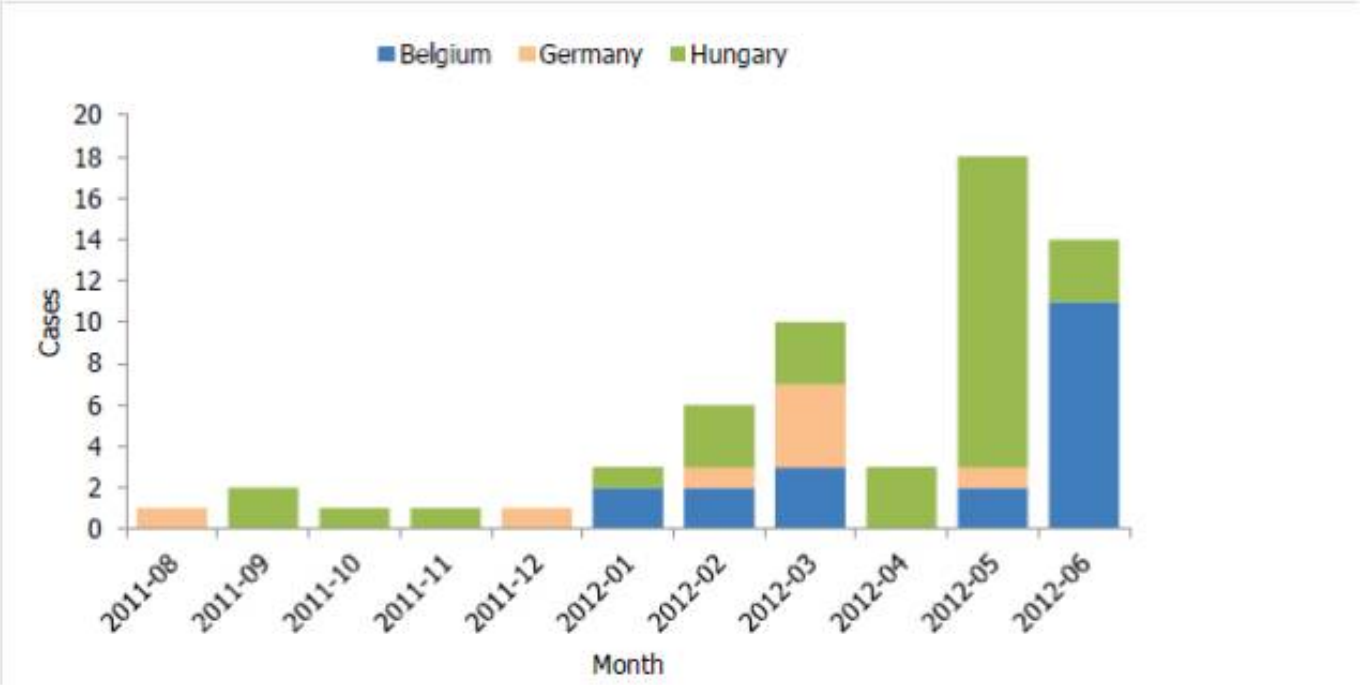

Olympics and paralympics 2012 - MG surveillance (weekly update)

Opening date: 13 July 2012

Epidemiological summary

Host country - UK

Legionella community outbreak, Stoke-on-Trent, England- *update*

Source: HPA

Previously the HPA reported on the investigation of an outbreak of Legionnaires' disease in Stoke-on-Trent. As of 13 August, the number of confirmed cases had reached 21, including two deaths. The second death was reported on the HPA website on 6 August.

On 30 July 2012, the HPA reported the identification of the probable source as a hot tub based at a store in Stoke. Public health control measures also in place include: identifying, sampling and advising on the disinfection of other potential sources of the disease, such as cooling towers; alerting healthcare staff; and ensuring the public is aware of the symptoms of Legionnaires' disease.

Europe and rest of the world

In addition to those reported elsewhere in this CDTR, the following events have been monitored this week due to the global public health dimension of the Olympics:

Ebola haemorrhagic fever, Uganda- *update*

Source: MoH, WHO

The WHO indicated that, as of 14 August 2012, 24 probable and confirmed cases including 16 deaths have been reported. The most recent confirmed case was admitted in Kagadi isolation facility on 4 August 2012.

Ten cases have been confirmed for *Sudan ebolavirus* by the Uganda Virus Research Institute (UVRI) in Entebbe. Thirty-six cases had been admitted to the isolation facility in Kagadi Hospital, Kibaale. The latest Ministry of Health press release, from 7 August, states that there have been no new confirmed cases since 3 August, although one additional suspected cases was admitted to the isolation facility on 6 August.

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WHO-Afro has stated that suspected cases which tested negative during the laboratory investigations have been discarded as Ebola patients, treated symptomatically for their ailments and discharged following recovery. Forty-three (43) people have been discharged from the isolation facility including one confirmed case. All contacts of probable and confirmed cases are followed-up daily for 21 days and monitored for signs or symptoms of illness.

All samples from other districts and countries have tested negative for *Ebolavirus* (Tanzania, Kenya and other districts in Uganda), indicating there has been no expansion of the outbreak beyond Kibaale District.

The Ugandan Ministry of Health has activated their National Task Force and is working closely with international stakeholders (national, WHO, CDC, MSF-Holland and Red Cross) to contain the outbreak. Neighbouring countries of Kenya, Tanzania, Sudan and Rwanda have taken proactive steps to enhance their surveillance to detect and respond to cases of Ebola haemorrhagic fever.

Cholera outbreak - Nepal - *update*
Source: media
On 5 August 2012, local media in Nepal reported 10 patients from Sukraraj Tropical and Disease Control Hospital, Kathmandu, admited for gastrointestinal illness and having tested positive for cholera (O1 Ogawa serotype). Additional local media reports quoting national officials indicate 15 cases have been now reported. Doctors at the hospital, local public health authorities and officials of the water utility company were quoted as attributing the spread of cholera infection in Kathmandu to possible contaminated water from the city supply. There was no official confirmation of the contamination of water supply in Kathmandu. There is an ongoing cholera outbreak in Doti district, West Nepal although there are no apparent epidemiological links between this outbreak and the new cases in Kathmandu.

ECDC assessment

Host country - UK
Legionella community outbreak, Stoke-on-Trent, England
This is a localised outbreak acquired from an environmental source. There are no Olympic venues in the area and consequently there is no risk to the London 2012 Olympic and Paralympic Games.

Europe and rest of the world
Ebola haemorrhagic fever, Uganda
ECDC is closely monitoring this outbreak and providing regular epidemiological updates on the ECDC website. At present, there is no increased risk for spread to or within the EU or for EU citizens visiting Uganda. This outbreak does not pose a risk for the London 2012 Olympic and Paralympic Games.

Cholera outbreak, Nepal
Cholera is endemic in Nepal and outbreaks are occasionally reported from Katmandu. The possible contamination of the city water supply in Katmandu has raised concerns about the spread of the disease and the possibility of infection among vistors coming in the EU. However, these information are currently only reported by media and need to be verified. This outbreak poses an extremely low risk to the London 2012 Olympic and Paralympic Games.

Actions

Legionella community outbreak, Stoke-on-Trent, England
None for ECDC.

Ebola haemorrhagic fever, Uganda
Given the public health importance of this disease, ECDC has prepared a rapid risk assessment and continues to monitor the situation closely.

Cholera outbreak, Nepal
ECDC will continue to monitor the situation for any developments that may affect the assessment of risk for the EU.

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Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 13 August 2012

Epidemiological summary

In 2012, six autochthonous cases of *Plasmodium vivax* infection have so far been reported from Greece.

On 22 June, Greece reported the first case this season in a Greek resident who did not report a history of travel to endemic areas in the past five years. He is believed to have been infected during a stay at his summer house in the Marathon area. Onset of symptoms was around 7 June. Laboratory investigation revealed *P. vivax*, confirmed by molecular biology (PCR).

A second case was reported by Greece on 17 July, in a resident of the municipality of Evrotas, Lakonia, the same area where most cases were reported in 2011. Laboratory investigation revealed *Plasmodium vivax*, confirmed by PCR. The patient reported onset of symptoms on 29 June and had not travelled to a malaria-endemic area during the last five years.

On 2 August two new cases of *P. vivax* malaria were notified to ECDC. These involve patients resident in East Attiki, in the Marathon and Markopoulo areas. Subsequently, on 7 August, Greece informally notified ECDC of its fifth and sixth cases, in residents of Evrotas, Lakonia. These four cases were all Greek citizens without travel to malaria endemic countries in the last five years.

According to the Greek authorities, active screening of neighbours and seasonal immigrants is being carried out to detect malarial infection, and vector control measures are being implemented.

In 2011, autochthonous transmission of malaria was reported from Greece. Between 21 May and 9 December 2011, 63 cases of *P. vivax* infection were reported in Greece, of whom 33 were Greek citizens without travel history to an endemic country. The main affected area was Evrotas, located in the district of Lakonia in Pelloponese, southern Greece. Cases were also reported from the municipalities of Attiki, Evoia, Viotia and Larissa. In addition, 30 cases of *P. vivax* infection in migrant workers were reported from the area of Evrotas.

Web sources: KEELPNO malaria page | KEELPNO report on malaria surveillance, August 2012 (in Greek) | ECDC Epidemiological update: Local case of malaria in Greece | KEELPNO report on second case, July 2012 (in Greek)

ECDC assessment

The Marathon and Evrotas areas are environments well suited for malaria transmission, combining humid zones and intensive agricultural activities. Climatic conditions are now considered favourable for local vector development. Frequent migration and travel patterns from endemic areas of the world provide opportunities for introduction of the parasite into the area. Also in 2011 autochthonous cases occurred in these locations. Considering the time of infections last year, it is possible that more cases will be detected in the coming months.

Actions

ECDC has been requested to provide technical support to the Hellenic Centre for Disease Control and Prevention and is in close communication with them to see where this can best be provided.

ECDC published an epidemiological update.

Greece is currently implementing a "Strategic work programme for malaria control in Greece 2012-2015".

West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012 Latest update: 16 August 2012

Epidemiological summary

This season, as of 16 August 2012, 58 human cases of West Nile fever (WNF) have been reported in the EU and 97 in neighbouring countries.

EU Member States

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Visiting address: Tomtebodavägen 11a, Solna, Sweden
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Greece
Between 7 July and 14 August, Greece reported 57 autochthonous (29 confirmed, 28 probable) WNF cases, and the following affected prefectures: Achaia (two cases), Aitoloakarnania (one case), Attiki (38 cases), Evvoia (one case), Imathia (one case), Kavala (one case), Samos (one case), Thessaloniki (one case) and Xanthi (eight cases). Aitoloakarnania and Kavala are newly affected this week. For two cases, the probable area of infection could not be determined. One case involves an immuno-compromised patient infected through blood transfusion, where both blood collection and transfusion took place before the first WNF case of the year was detected.

Italy
On 3 August, Italy notified an asymptomatic case of West Nile virus (WNV) infection in a resident of Venezia province. The case was identified by systematic screening of blood donors in previously affected provinces in the Veneto region. According to a report in Eurosurveillance, RNA of WNV lineage 1A was detected in this case.

Neighbouring countries
Serbia
On 15 August, the Serbian weekly epidemiological bulletin reported eight suspected cases under investigation.

Russia
Between 21 June and 14 August, 91 cases of WNF were reported in Russia: 28 in Astrakhanskaya oblast and 63 in Volgogradskaya oblast.

Israel and the occupied Palestinian territory
On 12 July, Israel reported five cases of WNF, including one case in the occupied Palestinian territory, previously also reported by the Palestinian Authority through EpiSouth. Affected areas are the Centre (three cases) and Haifa (one case) districts, and Ariha (Jericho) governorate in the West Bank (one case). No new cases have been reported since.

Tunisia
On 16 August, EpiSouth reported the first case of WNF in Tunisia this year, in Moknine municipality, in Monastir governorate. This governorate is a coastal area with records of previous WN outbreaks in 1997 and 2003.

Websources: ECDC West Nile fever risk maps | ECDC Rapid Risk Assessment (13 July) | MedISys West Nile Disease | ECDC summary of the transmission season 2011 | Official Journal of the EU - Notifiable Diseases | European Commission Case Definitions | EU Blood Directive

ECDC assessment

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

Actions

On 13 July, ECDC updated its Rapid Risk Assessment concerning the epidemiological situation of West Nile virus infection in the European Union. ECDC produces weekly West Nile fever risk maps to inform blood safety authorities regarding affected areas.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 16 August 2012

Epidemiological summary

I. European Union Member States
No new outbreaks detected.
UK – update
Source: the media
Media report an update on measles outbreaks in Sussex, with now 314 confirmed cases in the county so far this year. The county has more cases than anywhere else in the UK apart from Merseyside. Brighton and Hove is the most affected area, with 186 reports, while East Sussex has 88 and West Sussex, 40. There were 173 cases across the county in 2011.
France – update
Source: InVS
InVS has published an update on the measles situation in France. Between January and July 2012, 728 cases have been notified,

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Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
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of which 3 with encephalitis and 28 with severe lung disease. The monthly incidence has been more or less stable since November 2011. However, the measles virus still circulates, with the highest incidence seen in the south-west of France.

II. Neighbouring countries
Ukraine
Source: Ministry of Health
As of 15 August 2012, 11 839 cases of measles were reported in 2012.

Web sources: ECDC measles and rubella monitoring| ECDC/Euronews documentary| WHO Epidemiological Brief| MedISys Measles page| EUVAC-net ECDC| ECDC measles factsheet

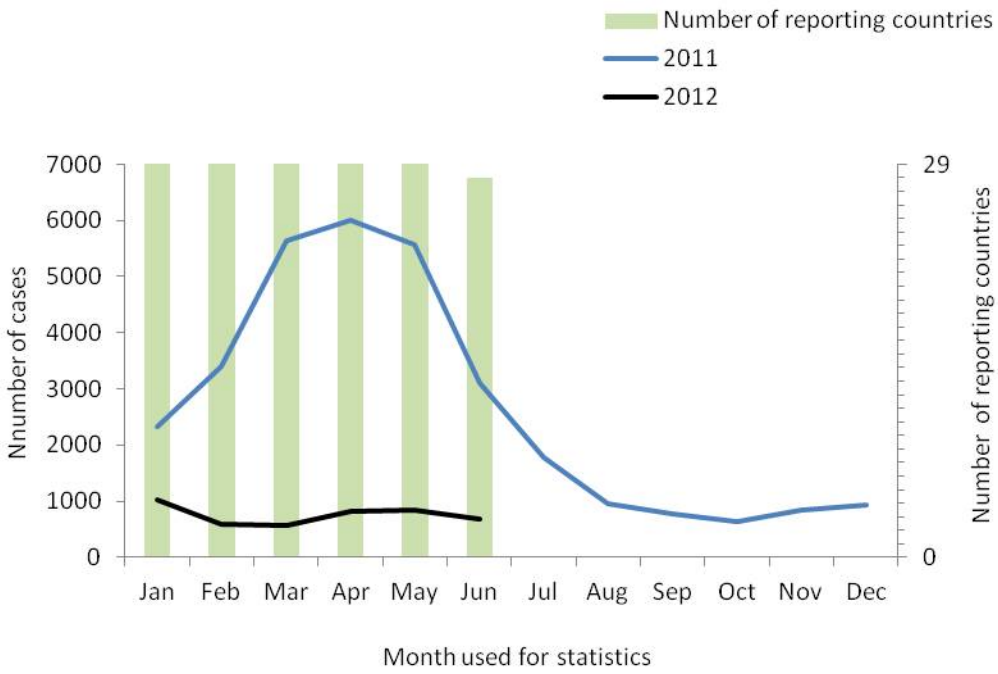
ECDC assessment

Fewer cases have been reported in 2012 than during the same period in 2011 and there was no increase in the number of cases during the peak transmission season from February to June. There have been very few outbreaks detected by epidemic intelligence so far in 2012.

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.

Number of measles cases in 2011 and 2012 and number of countries reporting in 2012, by month

ECDC



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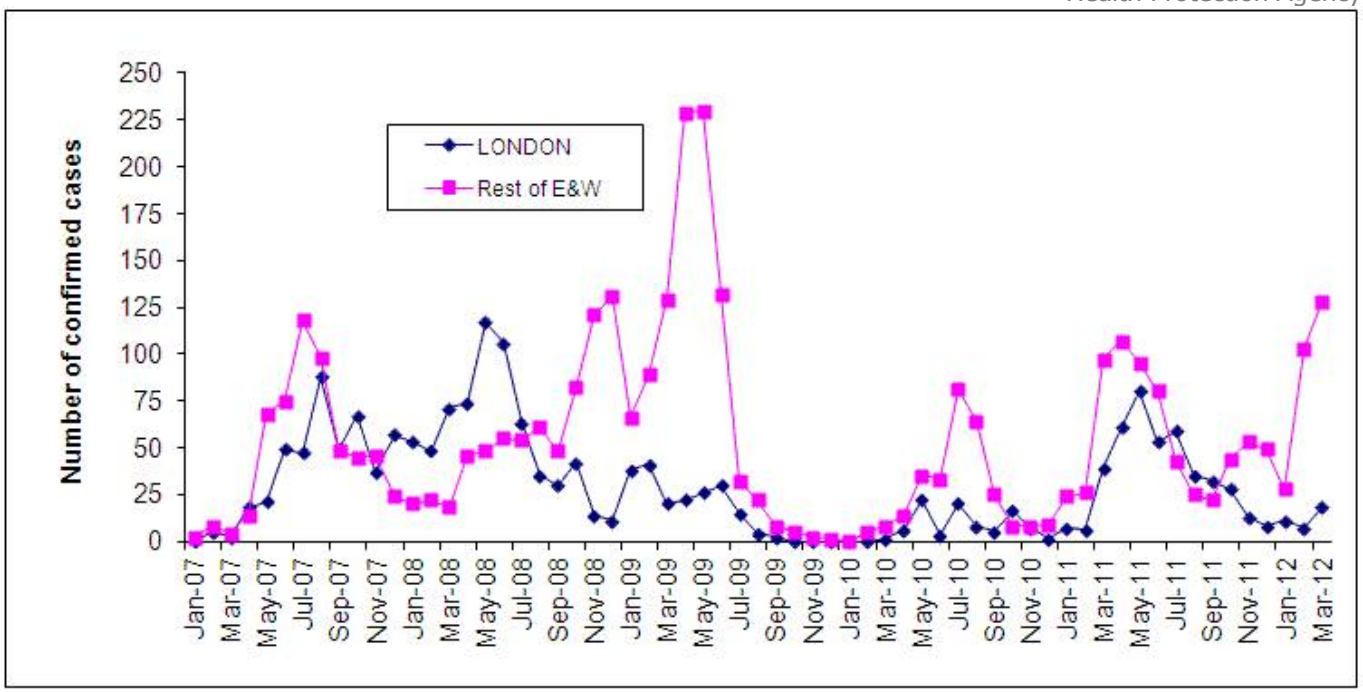
Number of laboratory confirmed cases in England and Wales by month of onset, January 2007 to April 2012

Health Protection Agency



Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 1 August 2012

Epidemiological summary

From 1 January to 30 June 2012, 17 821 cases of rubella were reported by the 26 EU/EEA countries contributing to the enhanced surveillance for rubella. Poland and Romania accounted for 99% of all reported rubella cases.

Web sources: ECDC measles and rubella monitoring | WHO epidemiological brief summary tables | ECDC rubella factsheet

ECDC assessment

As rubella is typically a mild and self-limiting disease with few complications, the rationale for eliminating rubella would be weak if it were not for the virus' teratogenic effect. When a woman is infected with the rubella virus early in pregnancy, within the first 20 weeks, the foetus has a 90% risk of becoming infected and the child may be born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. Spontaneous abortion occurs in up to 20% of cases.
Elimination of CRS and rubella transmission is intimately linked to the measles elimination target because of the use of the MMR vaccine. CRS surveillance plays an important role but because rubella virus can cause a wide range of conditions from mild hearing impairment to complex malformations which are incompatible with life, such surveillance is biased towards the severe end of the spectrum. Routine control of immunity during antenatal care is important for identifying susceptible women who can be immunised after giving birth and for surveillance of the size of the susceptible female population.

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to The European Surveillance System (TESSy) and through its epidemic intelligence activities. Twenty-four EU and two EEA countries contribute to the enhanced rubella surveillance. The purpose of the enhanced rubella monitoring is to provide regular and timely updates on the rubella situation in Europe in support of effective disease control, increased public awareness and for the achievement of the 2015 rubella and congenital rubella elimination target.

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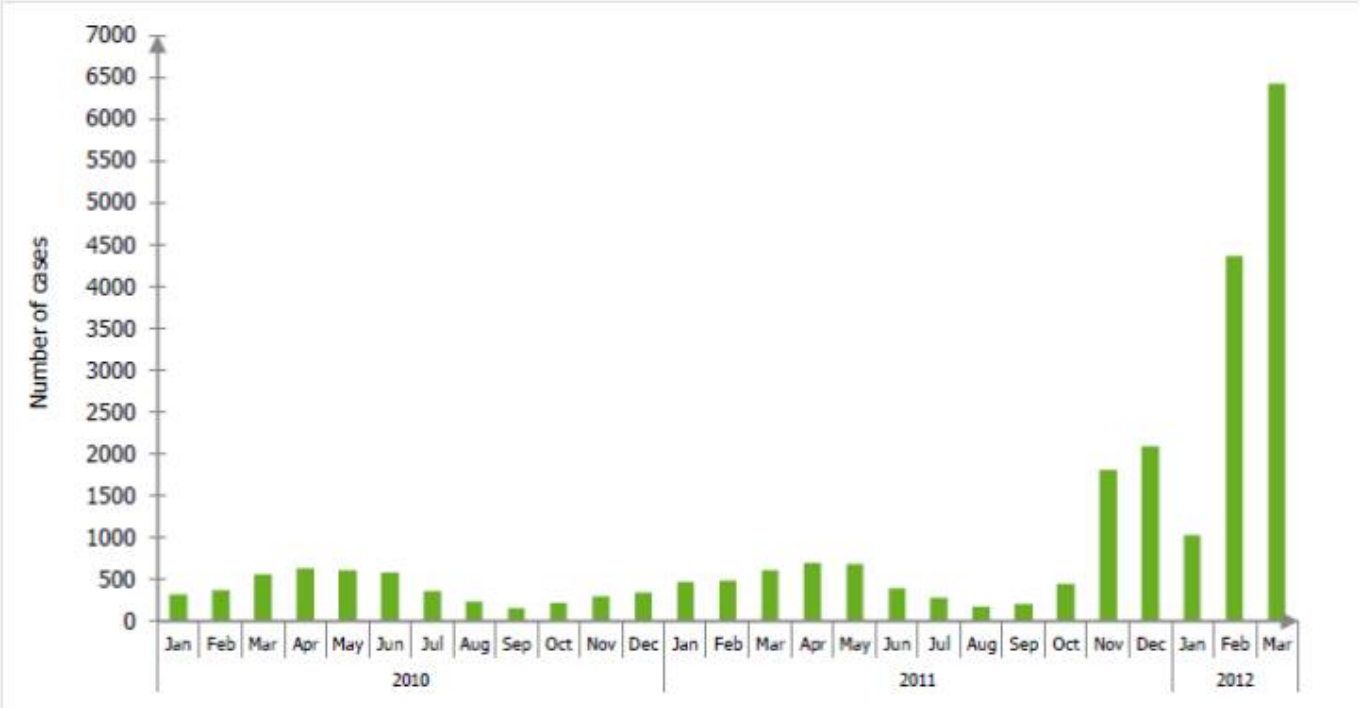
Distribution of rubella cases January 2010 - March 2012 by month

ECDC TESSy



Influenza A (H3N2)v - USA - 2011-2012 cases

Opening date: 24 November 2011 Latest update: 16 August 2012

Epidemiological summary

Until April 2012, 13 human infections with swine-origin influenza A(H3N2)v viruses had been identified since 2009. The new variant is a swine origin influenza A(H3N2) which has acquired the matrix (M) gene from the pandemic influenza A(H1N1).

Since July 2012, 189 cases of the variant influenza A(H3N2) virus (A(H3N2)v) have been detected in the US: Hawaii (1), Illinois (1), Indiana (120), Ohio (66) and Michigan (1). No human-to-human transmission has been determined among these recent cases, and contacts with swine, mainly at agricultural fairs, has been documented in most of the initial cases.

Web sources:ECDC scientific advice|WHO Global Alert and Response (GAR)|CDC|CIDRAP|Indiana DoH|Ohio DoH|Michigan DoCH

ECDC assessment

The recent increase in number of cases is consistent with the conclusions of the ECDC risk assessment published in November and updated in December 2011:
- Sporadic infections and even localised outbreaks of A(H3N2)v infection among people will continue to occur in the US.
- While there is no evidence at this time that sustained human-to-human transmission is occurring, all influenza viruses have the capacity to change and spread widely.
- This variant causes only mild disease. Patients hospitalised had underlying conditions and they all recovered completely.
- This variant is susceptible to the neuraminidase inhibitors (oseltamivir and zanamivir) though the current A(H3N2) component of seasonal influenza vaccines is unlikely to provide protection. Older people are likely to have some protection from exposure to earlier vaccines.
- Overall, the immediate threat to human health is currently assessed as low in Europe.

Currently, this event is not considered significant for the London2012 Olympic or paralympic games.

Actions

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Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
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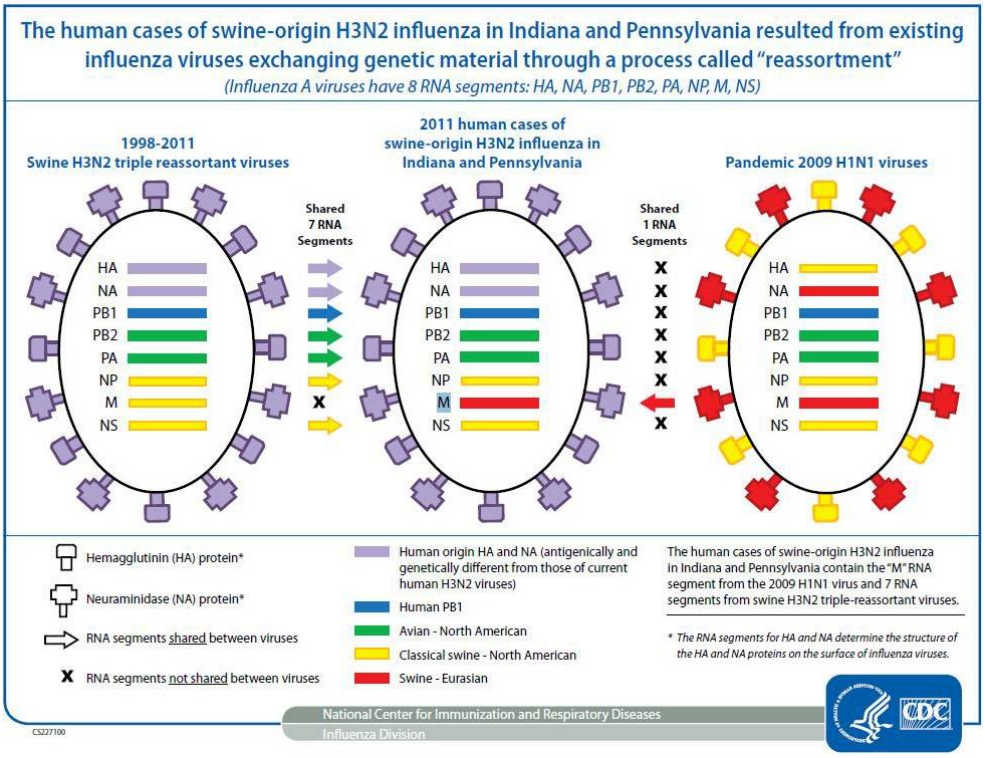
ECDC is following the situation closely and is in direct contact with the WHO, the US CDC and relevant experts in EU Member States. ECDC and the Community Network of Reference Laboratories (CNRL) have worked to assess and strengthen laboratory capacity in Europe for detecting A(H3N2)v should it appear in persons in Europe. The results indicate that the variant viruses would be detected in most EU countries although some laboratories may not be able to subtype and identify the viruses as variant. In this context, all unsubtypable influenza A viruses need to be rapidly referred to the WHO Collaborating Centre for Reference and Research on Influenza, National Institute for Medical Research, London, UK.
ECDC is currently reviewing its risk assessment and the state of preparedness in the EU.

The ECDC initial Rapid Risk Assessment was published in EWRS on 25 November 2011. This assessment was last updated in December 2011. The ECDC is currently updating the risk assessment and a new version will soon be available on the website.

Reassortant viruses

Centers for Disease Control and Prevention



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

Opening date: 15 June 2005 Latest update: 13 August 2012

Epidemiological summary

WHO reported a new human case of influenza A(H5N1) virus infection this week. The case is a 37-year-old male from Indonesia, Yogyakarta province. He developed fever on 24 July 2012, was hospitalised on 27 July and died on 30 July. Epidemiological investigation on the case found that the case had four pet caged birds in his home, which is about 50 metres from a poultry slaughterhouse and near a farm. Infection with avian influenza A(H5N1) virus was confirmed by the National Institute of Health Research and Development (NIHRD), Ministry of Health and reported to WHO by the National IHR Focal Point. To date, the total number of human influenza A(H5N1) cases in Indonesia is 191 with 159 fatalities, 8 (all fatal) of which occurred in 2012. Worldwide, 30 cases (including 19 deaths) have been 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

Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died. Most human infections are the result of direct contact with infected birds, and countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. ECDC follows the worldwide A(H5N1) situation through

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

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.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 16 August 2012

Epidemiological summary

Europe: No autochthonous cases have been reported in 2011 or in 2012 to date. Seasonal surveillance activities are ongoing in several regions in France but only sporadic imported cases have been reported so far.

Asia: Dengue activity in the WHO-WPRO region is currently variable. While Australia, Cambodia, Laos, Malaysia, Philippines and Vietnam have reported more cases in 2012 than 2011 for the same time period, the trend is declining in Australia and Singapore, and remains overall low in Malaysia. Cambodia and Philippines continue to see high activity. Additionally, this week there is media attention regarding increasing dengue activity in Taiwan, where case numbers seem to be higher than in the last four years. In Vietnam, further increases of activity are expected in the coming months, with the rain and high temperatures. The media are reporting on the start of the dengue season in India. There is also some dengue activity in Karachi, Pakistan, where increases are also expected in relation with the start of the monsoon.

Pacific Ocean: The outbreak on Yap and neighbouring islands (Federated States of Micronesia) is still ongoing.

Latin America: Intense activity is described this week in Central America, with sustained transmission in Mexico as well as El Salvador, where case numbers are more than double than last year. The media are also reporting on local outbreaks in Honduras and Cuba. In the Dominican Republic, dengue activity is high in several provinces in the north-east. In South America, dengue activity seems to be on the decrease, but there are media reports of local continued circulation of the virus in certain areas of Ecuador, and in several states in Brazil.

Web sources:
DengueMap CDC/HealthMap| MedISys dengue| ProMED dengue latest update| ECDC dengue fever factsheet| WPRO dengue latest update| Latest PAHO update|

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 are detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

Actions

ECDC recently published a technical report on the climatic suitability for dengue transmission in continental Europe.

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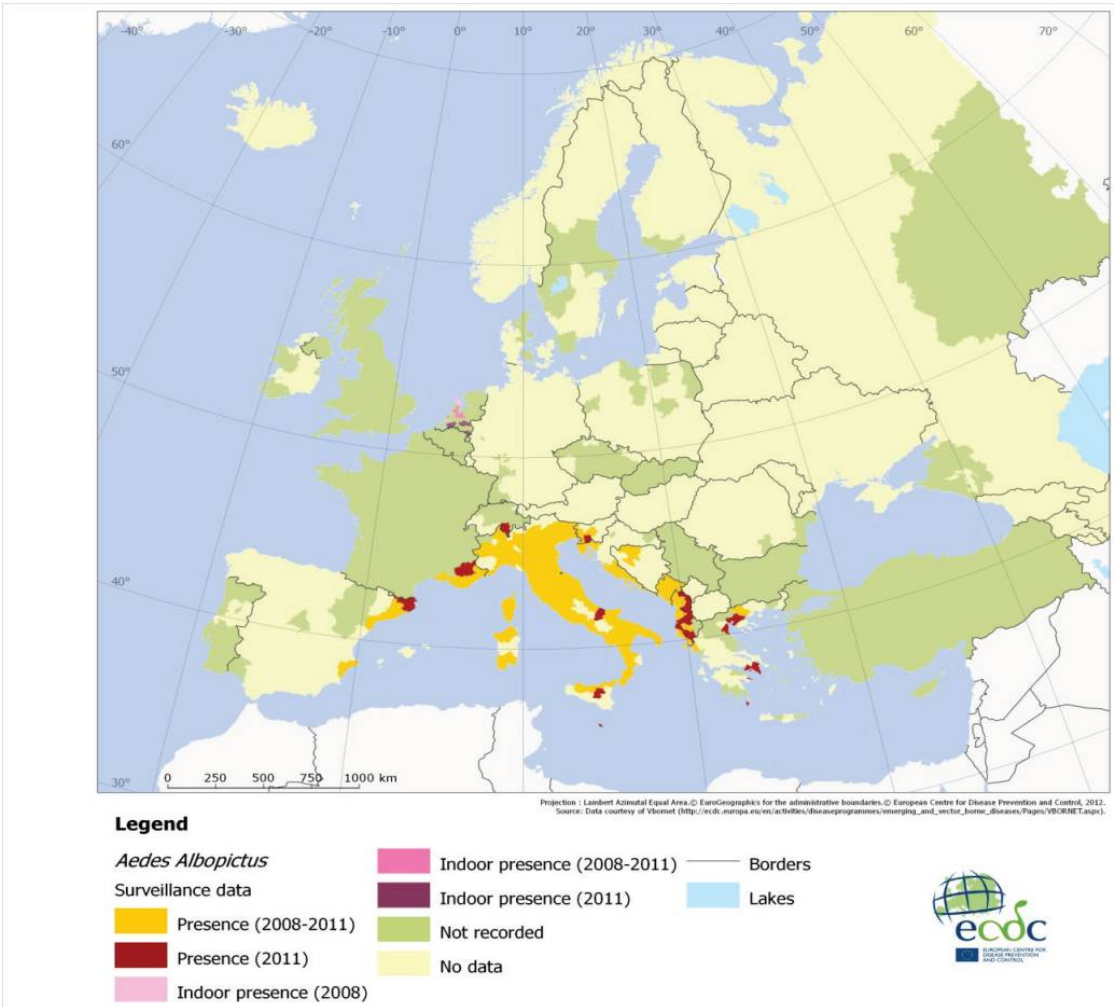
Recorded presence and absence of Aedes albopictus at regional administrative levels in Continental Europe

ECDC



Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 16 August 2012

Epidemiological summary

Europe: No autochthonous cases reported in 2012 in Europe.
Asia: ProMED reports that chikungunyavirus has been confirmed in blood samples from the outbreak in Bhutan. The Armed Forces Research Institute for Medical Science in Thailand confirmed 12 of 18 blood samples as positive for chikungunyavirus. The outbreak includes a further 59 suspected cases. Although this is the first time chikungunya has been detected in Bhutan, it is not a surprising finding given Bhutan's proximity to endemic areas in India.

Web sources: MedISys Chikungunya | ECDC chikungunya fact sheet | ProMED on CIKV in Bhutan

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 decade to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes*

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aegypti, combined with increased human travel. There is a risk of further importation of the chikungunya virus into previously unaffected areas of the EU by infected travellers.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 16 August 2012

Epidemiological summary

From 11 to 17 August 2012, 10 new cases have been notified from Afghanistan (1 WPV1), Nigeria (7 WPV1 and 1 WPV3) and Pakistan (1 WPV1). So far, 121 cases with onset of disease in 2012 have been reported globally compared with 325 for the same period in 2011.

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 increase the risk of 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.

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

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