I. Executive summary

EU Threats

Measles - Multistate (EU) - Monitoring European outbreaks
Opening date: 9 February 2011  Latest update: 14 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. Romania, France, Italy, the United Kingdom and Spain accounted for the majority of the reported measles cases so far this year. In Ukraine, an ongoing large outbreak with more than 10,000 cases is reported in 2012.

Update of the week
During 9 to 15 June 2012 no new outbreaks were detected in EU Member States.

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).

Update of the week
This week we are including information about the following public health events/measures:

Poland: update on measles outbreak (Wrocław); security at venues

Ukraine: update on measles nationwide; rabies information; food safety (raw milk products); suspected food poisoning (fatal cases reported); influenza surveillance; water safety information; enhanced communicable diseases surveillance; sexually transmitted diseases information; tuberculosis update (Odessa); information about weather conditions that could pose a health risk

Legionnaires’ Disease - UK - Edinburgh
Opening date: 7 June 2012  Latest update: 14 June 2012

A community outbreak of Legionnaires’ disease has been identified in Edinburgh, Scotland. As of 15 June, 41 confirmed cases and 47 suspected cases were reported. Two confirmed cases have died. No cases have been identified in non-UK citizens. The source of the outbreak has not been identified.
On the 13 June 2012, Germany reported that one injecting drug user had died of anthrax in Regensburg.

Previously, in December 2009, similar cases formed part of an outbreak when 55 cases of anthrax were reported among injecting drug users in UK (England and Scotland with 5 and 47 cases respectively) and Germany (3 cases).

### Non EU Threats

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

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.

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

Poli, 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. Seventy-three cases have been reported in 2012 worldwide so far.

➤ Update of the week

During 9 to 15 June 2012, six new polio cases were reported by WHO.

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

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 6 and 14 June 2012, WHO reported a new human case from Kfr -Elsheikh governorate in Egypt.

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

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

Measles - Multistate (EU) - Monitoring European outbreaks
Opening date: 9 February 2011  Latest update: 14 June 2012

Epidemiological summary

I. European Union Member States
There were no new outbreaks detected during last week.

II. Neighbouring countries
Ukraine – update
Source: MOH
Since the beginning of this year as of 8 June, 10 386 cases of measles were notified.

III. Publications
ECDC has posted a new issue of the EMMO on its website. From now on EMMO will also cover rubella and will report enhanced surveillance data and epidemic intelligence information for both diseases.

Web sources: ECDC measles and rubella monitoring | ECDC/Euronews documentary | MedISys Measles Webpage | EUVAC-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 was at a much lower level during the peak transmission season compared to the previous two years.

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.

UEFA EURO 2012 - MG enhanced surveillance (weekly update)
Opening date: 7 June 2012

Epidemiological summary

Hosting countries
Measles, Wroclaw (PL): Further to media reports, last week of a localised outbreak of measles in Wroclaw (EURO 2012 hosting city), Chief Sanitary Inspectorate reported one additional case diagnosed in the local Roma community affected by the outbreak. Moreover, on 9th June a suspected case of measles was reported. The suspected case is a member of medical staff at a children's hospital who has contact with hospitalized Roma children. On 12th she developed a rash and fever over 38C and now is classified as probable case. Poland is awaiting laboratory confirmation. There is now a total of 13 cases.

Security at venues, Poland: there have been isolated incidents of violence among football fans and the public in Poland. A group
of fans clashed with several stadium stewards in Wroclaw stadium. While in Warsaw city Russian and Polish fans clashed, requiring police intervention. Media reports at least 100 people arrested and 10 requiring medical treatment in hospital from clashes of Tuesday 12 June.

Rabies, Ukraine: local media are reporting that the Department of Veterinary medicine of Donetsk (EURO 2012 venue) is currently raising awareness about the rabies risk in the region due to the presence of rabid animals. The latest attack to humans in Ukraine has been recorded on June 7 in Mariupol (eight years old girl currently under treatment and prophylaxis). Prevention measures against rabid dogs have been taken in several areas of the country. The media are reporting that the authorities of Kharkiv (EURO 2012 venue) have decided to open a detention centre for stray animals, which will operate as a shelter of unlimited time for animal care activities. In order to assess the risk in the area, ECDC has contacted the Ukrainian authorities that have confirmed a 1.6 fold increase in the number of rabid animals identified in the region during the first five months of 2012 compared to last year. There have been no cases of confirmed rabies in humans to date in 2012 in Ukraine and prevention measures are in place.

Measles, Ukraine (UA): The Ministry of Health published on 14 June 2012 updated information about the ongoing nationwide outbreak. So far 10 386 cases have been reported this year. The spread of measles does not seem to be reducing with 62 suspected cases reported during the latest 24 hours: these cases include fifteen residents of Ivano-Frankivsk province, eleven in Transcarpathian region, nine in Ternopil region, eight in Lviv, six in Chernivtsi region, five in Volyn region and 1 in Kharkiv region. Epidemiological measures are being implemented in areas with increasing incidence.

Suspected food poisoning, Ukraine: according to the Ukrainian Ministry of Emergency Situations, three persons were hospitalised on June 11 in Ladzhiin hospital and died on June 12 due to possible food poisoning; the event is under investigation. Media reported this week the same information considering consumption of homemade alcoholic beverages with toxic levels of methyl alcohol as a possible cause of death. This information was shared with WHO and Ukrainian authorities in order to collect more details.

Contaminated raw milk products, Odessa: an independent consumer research centre identified several samples of cottage cheese and domestic milk positive for *Escherichia coli* (but no details on the degree of contamination) in the local open market (media report). This information was shared with WHO Country Office and the Ukrainian authorities that had shared an overview of the situation of hygiene and sanitary conditions regarding milk products industry prior EURO 2012. This had reported that food safety conditions were found satisfactory, however the Sanitary Epidemiological Service (SES) recommends avoiding purchasing and consumption of raw milk and milk products from open markets.

Hygienic situation in fan camps, Kiev (UA): sanitary conditions were improved by authorities following some complaints by fans reported by media. The Sanitary Epidemiological Service is describing the current situation in the Swedish fans camp in Dnepropetrovsk region as in good conditions.

Influenza, Ukraine: update from authorities. During the first 23 weeks of 2012, the influenza sentinel surveillance network (Vinnitsa, Dnepropetrovsk, Donetsk, Zaporizhzhya, Kyiv, Lviv, Odessa, Simferopol, Kharkov, Chernigov), reported the rate of influenza and severe acute respiratory illness below the epidemic threshold.

Water safety (swimming places), Ukraine: media quoting the Sanitary Epidemiological Service (SES) provided an overview of the sanitary conditions regarding swimming places in the country: from the 1015 beaches only 481 (47%) are currently operational. In addition eight swimming places had been closed due to unappropriate sanitary conditions in Crimea, Mykolaiv and Odessa regions.

Enhanced communicable diseases surveillance, Ukraine: health authorities report that they are carrying out enhanced surveillance of communicable diseases in foreigners. The media quoting authorities are reporting sporadic minor syndromic cases. Authorities confirmed to ECDC that these cases were not severe and had no connection to EURO 2012.

Sexually transmitted diseases, Ukraine: media consider a high risk of contracting sexually transmitted diseases in the country, as 1.1% of the adult population and nearly one out of 10 prostitutes are infected with HIV. The International HIV/AIDS Alliance in Ukraine is distributing nearly 1 million condoms to fans and prostitutes during EURO 2012.

Tuberculosis, Ukraine: health authorities, this week provided an overview on cases in Odessa region. During the first quarter in 2012 the incidence of all forms of TB declined slightly.

High temperatures, Donetsk: temperatures of 34-35 °C have been registered in some areas of Ukraine hosting EURO 2012, particularly in Donetsk during the week.

Floods, Ukraine: on June 12 the health authorities reported that three towns were flooded in Ivano-Frankivsk region (south west of the country) due to heavy rains. Wells and yard toilets were disinfected and the quality of drinking water is regularly checked. Educational campaigns are ongoing through the media and health care settings in order to prevent possible gastro-intestinal
infections. Ukraine authorities continue monitoring the epidemiological situation in flooded parts of country. The media quoting the Ministry of Emergency Situations reported storms with heavy rainfalls also in northern, central and western parts of Ukraine. Rise of water level for rivers in Transcarpathia region has been predicted.

**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**

No major public health events potentially relevant for EURO 2012 were reported this week in the bordering countries.

**ECDC assessment**

ECDC contacted the Polish authorities for more details about the measles outbreak in Wroclaw. Chief Sanitary Inspectorate informed that public health measures have been implemented locally, including vaccination. Overall vaccination coverage for measles in the population of Poland is high. This outbreak is considered to be of low risk to visitors and participants for the EURO 2012.

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.

Rabies, Ukraine: Ukraine remains a country where rabies is endemic. Caution should be taken in contact with animals. In particular contacts with stray animals should be avoided.

**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

2012 UEFA EURO hosting cities

Legionnaires' Disease - UK - Edinburgh

Opening date: 7 June 2012  Latest update: 14 June 2012

Epidemiological summary

A community outbreak of Legionnaires' disease has been identified in Edinburgh, Scotland. As of 15 June, 41 confirmed cases and 47 suspected cases have been reported, of which 30 are hospitalised on 14 June. Two confirmed cases have died. The majority of the confirmed cases are linked to the 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 microbiological monitoring and 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

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.

Actions

ECDC has published a rapid risk assessment on the ECDC website.

Anthrax - UK and Germany - Injecting drug use

Opening date: 18 December 2009  Latest update: 14 June 2012

Epidemiological summary
On the 12 June, Germany reported a fatal case of anthrax in an 51 year old IDU in Regensburg. The infection with Bacillus anthracis was confirmed by blood culture and PCR. The case was was admitted to hospital on 5 June and died the same day from anthrax septicaemia.

There were three similar cases reported in Germany from December 2009 to March 2010. The UK reported five cases during that same period, including four deaths. The latest case was in November 2010. In Scotland 47 cases had been notified, including 13 deaths during the outbreak in 2009 and 2010. The outbreak in Scotland was declared to be over in October 2010.

Public Sources: Last HPA report | RKI report | Last NHS report | NHS publication

ECDC assessment

The conclusions of the rapid risk assessment published by ECDC and EMCDDA in February 2010 still are valid stating that the risk of exposure for contaminated heroin for IDU users remains present and that accidental contamination seems the most plausible explanation to these incidents.

Actions

ECDC and EMCDDA issued a first joint rapid risk assessment on 15 January 2010 followed by an update on 12 February.

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. No autochthonous cases have been reported in 2011 or in 2012 to date.

EU overseas territories: In La Réunion, last week, two more autochthonous confirmed cases have been identified. Since the beginning of the year, 26 autochthonous cases have been reported. Among these cases, 10 are confirmed and 26 are probable.

Africa: The Djibouti Ministry of Health is reporting 111 “dengue-like” syndrome cases since the beginning of the year. The last major outbreak in this country was in 1992 with more than 12 000 cases.

Asia: Dengue activity is variable. Australia, Cambodia, Lao PDR and Malaysia have reported more cases in 2012 than in 2011 for the same time period, the trend is declining in Australia and remains overall low in Malaysia. Cambodia continues to see high activity.

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 Réunion | 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.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 14 June 2012

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
Epidemiological summary
In the last week last week six polio cases were notified: one WPV3 case in Nigeria and five WPV1 cases in Pakistan. So far, 73 cases with onset of disease in 2012 have been reported globally compared with 205 for the same period in 2011.

The Independent Monitoring Board (IMB) published its report from its May meeting, noting that 'the global drive to stop polio is making stronger progress than has been seen for many years’, as polio is at its lowest levels since records began, with less cases in fewer districts of fewer countries than at any previous time. At the same time, however, the IMB expresses grave concern that too many children have never received a single dose of oral polio vaccine (OPV) in parts of Nigeria, Pakistan, Afghanistan, Chad, Angola and the Democratic Republic of the Congo (DR Congo).

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 case 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
Between 6 and 14 June 2012, WHO reported a new human case from Kf r - Elsheikh governorate in Egypt. The case is a four year-old female. She developed symptoms on 25 April 2012, was admitted to a hospital on 26 April 2012 and was discharged on 7 May 2012. Investigations indicated that the case had exposure to backyard poultry.

To date, a total of 168 cases have been confirmed in Egypt, of which 60 have been fatal. 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. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics
Opening date: 7 July 2005 Latest update: 7 June 2012

Epidemiological summary
However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important on the observation that there is no apparent change in the size of clusters or reports of chains of infection with any clade or strain of the A
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.