

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 14 May 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 much lower than during 2011 and 2010. In neighbouring Ukraine, an ongoing major outbreak is of concern, with more than 9 300 cases reported in 2012.

→Update of the week

From 12 to 18 May there was a new outbreak reported in Ireland. The media reports increasing number of cases in Valencia, Spain. The outbreaks in the UK are still ongoing.

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

Opening date: 2 December 2011

Latest update: 3 May 2012

Following the 2009 pandemic, 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.

→Update of the week

All reporting countries but Slovakia reported low intensity.

Non EU Threats

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 10 May 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 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: 13 May 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. Fifty five cases have been reported in 2012 worldwide so far.

→Update of the week

Between 12 and 18 May 2012, two polio cases were reported by WHO.

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

Opening date: 15 June 2005

Latest update: 3 May 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

In the period 12 to 18 May 2012, no new human cases of avian influenza A(H5N1) were notified by WHO.

II. Detailed reports

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 14 May 2012

Epidemiological summary

I. European Union Member States

UK – update

In Cheshire and Merseyside there are now 235 confirmed cases and 104 probable cases.

A new outbreak is reported with eight probable cases of measles in a London travelling community with links to a funeral. Some family members who attended from Brighton have since been diagnosed with confirmed measles infection. It is believed that 30-35 people attended, but it is not clear if they were all from the traveller community and how widely geographically dispersed they were.

Spain - update

Source: [MOH](#) and [the media](#)

As of 6 May, Spain has reported more than 1 000 suspected cases of measles during 2012. The most affected region is Valencia with more than 800 cases.

Ireland

Source: [the media](#)

Outbreak with 31 cases, mainly teenagers aged 12-18, has been reported during the last four weeks in Cork. The last two cases are in children in elementary school suggesting that the outbreak could expand to younger children.

II. Neighbouring countries

Ukraine

Source: [MOH](#)

As of 14 May 9 333 cases were registered so far in 2012.

Russian Federation

Source: [ProMED](#)

Udmurt Republic - update

The number of laboratory confirmed cases of measles in Izhevsk has grown to 47. In early April 2012 there were 15 cases. The index case was a traveller returning from Thailand who was hospitalised on return. The outbreak spread to another area in Udmurtia where there are now 37 laboratory confirmed cases.

III. Publication

Results of a [vaccination coverage survey](#) of health care personnel working in health care facilities in France in 2009 shows that 49.7% has had at least one dose of the measles containing vaccine.

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 will host 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.

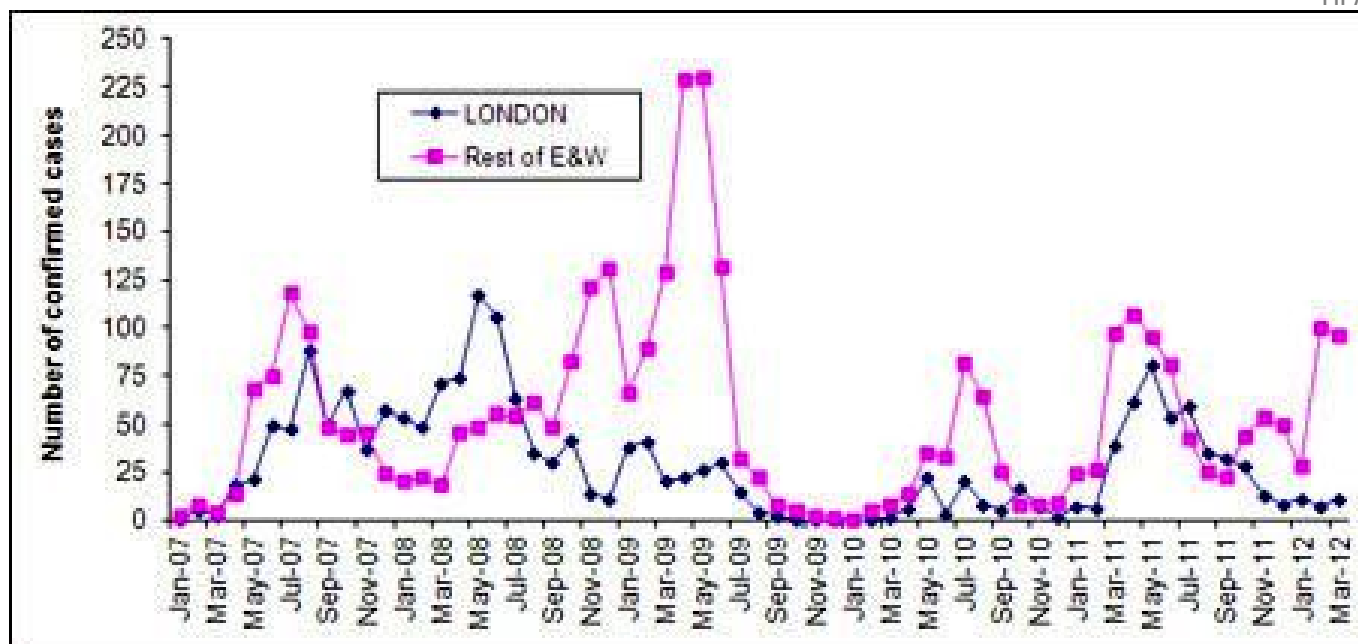
Measles cases by month, Italy April 2007-March 2012

Institute of Health (ISS), Italy



Measles cases January 2007- March 2012 United Kingdom

HPA



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

Opening date: 2 December 2011

Latest update: 3 May 2012

Epidemiological summary

The 2011-2012 season is now drawing to a close.

- All reporting countries but Slovakia reported low intensity.
- Of 61 sentinel specimens tested by 13 countries, 14.9% were positive for influenza virus
- Of 7 280 influenza A viruses subtyped in sentinel practices since week 40/2011, 98.7% were A(H3) viruses and 1.3% were A(H1)pdm09 viruses. The lineage of 185 sentinel B viruses has been determined: 61.1% were B-Victoria lineage and 38.9% were B-Yamagata lineage
- During week 19/2012, no cases of severe acute respiratory infection or severe influenza were reported

The 2011-2012 is coming to its end. The weekly surveillance will be replaced by a fortnightly report during the off-season.

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

ECDC assessment

The decrease in the proportion of influenza-positive sentinel specimens together with the growing number of countries reporting continuously decreasing trends in the incidence of influenza-like illness or acute respiratory infection indicate that the epidemic peak has passed in most European countries.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 10 May 2012

Epidemiological summary

From 12 to 16 May 2012, the current global dengue situation remains unchanged.

Europe: No autochthonous cases have been reported to date in 2012.

5/8

Asia: The Ministry of Health in Thailand reports 7 815 cases and 9 deaths between 1 Jan and 1 May 2012 which is comparable to the previous year for the same period.

Latin America: In Mexico, health authorities report 2 338 cases of dengue fever which is more than last year for the same period (938 cases reported). The situation in the other countries in the region remain the same as reported in last week's CDTR.

Web sources:

[DengueMap CDC/HealthMap](#) | [MedISys dengue](#) | [ProMED dengue latest update](#) | [ECDC dengue fever factsheet](#) | [MoH France, starting of 2012 seasonal surveillance activities](#) |

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 has been funded and coauthored by ECDC and was published on 30 April 2012. A [summary](#) is available on ECDC website.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 13 May 2012

Epidemiological summary

Between 12 and 18 May 2012, two polio cases were reported by WHO, both in Nigeria and both WPV1. So far, 55 cases with onset of disease in 2012 have been reported globally compared with 145 for the same period in 2011. The 55 cases were reported from Nigeria (30), Pakistan (16), Afghanistan (6) and Chad (3).

With a total of 30 cases in 2012, Nigeria is the global epicentre of polio transmission, accounting for 55% of global cases this year. Additionally, Nigeria is the only country in the world affected by transmission of all three serotypes: WPV1, WPV3 and an ongoing circulating vaccine-derived poliovirus type 2 (cVDPV type 2).

Polio is going to be on the agenda of the World Health Assembly (WHA), Geneva, Switzerland, 21-26 May, and polio eradication will be declared as a programmatic emergency for global public health.

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: 3 May 2012

Epidemiological summary

In the period 12 to 18 May 2012, no new human cases of avian influenza A(H5N1) were notified by WHO.

Since 2003, 603 cases (including 356 deaths) have been notified in 15 countries. Of these, 25 (including 16 deaths) were notified in 2012.

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

ECDC assessment

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.

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