



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: 2 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, outbreaks or clusters were reported by 17 of the 29 reporting EU and EEA countries. The highest numbers were noted in the United Kingdom followed by Romania and Spain. In neighbouring Ukraine, an ongoing major outbreak is of concern, with more than 8 300 cases reported in 2012.

→Update of the week

From the 28 April to 4 May there were no new outbreaks or clusters detected in EU Member States. Update from the UK outbreaks shows that the number of cases is still increasing.

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

During week 17 all reporting countries experienced low-intensity influenza activity, except Slovakia which reported medium activity.

Non EU Threats

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 28 April to 4 May 2012, WHO notified one new human case of avian influenza A(H5N1).

Severe respiratory disease of unknown origin – Jordan - Outbreak in ICU

Opening date: 26 April 2012

Latest update: 3 May 2012

An outbreak of a respiratory illness was reported on 19 April 2012 by the Ministry of Health in Jordan in an intensive care unit in a hospital in Zarqa. Seven nurses and one doctor were among the 11 affected. One of the nurses died. The cause of this outbreak remains unknown to date.

→Update of the week

No additional cases detected this week.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 2 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. On 1 May the French health authorities started the seasonal surveillance for dengue and chikungunya in areas of the country where the vector is present.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 3 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 two cases have been reported in 2012 worldwide so far.

→Update of the week

As of 2 of May, four new polio cases with symptom onset in 2012 were reported by WHO.

II. Detailed reports

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 2 May 2012

Epidemiological summary

I. European Union Member States

No new outbreaks were detected during last week.

UK - update

Source: [HPA](#) and [Public Health Wales](#)

The number of cases in the UK is still increasing. As of 29 April 2011, the UK reported 1 274 suspected cases of measles so far this year in several ongoing outbreaks. There are now 200 confirmed cases in Cheshire & Merseyside since January in an outbreak described to be the largest in the north west of England since the MMR vaccine was introduced in 1988. The outbreak in north Wales has reached 53 cases (of which 37 confirmed). This outbreak is linked with one secondary school with spread to younger unvaccinated children within families in the locality. There is a new probable measles outbreak at a nursery in the north east region this week. The index case is a 6 months old infant who had travelled to Majorca during the potential acquisition period. There are two possible secondary cases.

Italy

Source: [MOH](#)

The Ministry of Health has published an update on the epidemiological situation of measles in Italy. During April 2007 – March 2012 there have been 12 751 measles cases with the highest epidemic waves in 2008 and 2011. The hospitalisation rate was 25%. Complications include pneumonia (252 cases), encephalitis (12 cases) meningitis (1 case), seizures (14 cases), and thrombocytopenia (19 cases). Two cases died (one in 2008 and one in 2012)

II. Neighbouring countries

Ukraine-update

Source: [MOH](#)

As of 27 April, 8 341 cases of measles were registered with most cases in the western regions of the country (Transcarpathian, Lviv Oblast, Ivano-Frankivsk, Ternopili, Volyn and Rivne regions). There is no available information on hospitalisations and complications.

Hungary

Source: [National Centre for Epidemiology](#)

One laboratory confirmed case was reported last week in a 28 year-old, unvaccinated man who visited Ukraine during the incubation period.

III. Rest of the world

Measles ex Thailand

Source: [the media in Finland](#), EWRS and [the Russian media](#)

There have been four imported cases of measles (two cases in Finland, and one case in Germany and Estonia each) reported in travellers returning from Phuket, Thailand in recent weeks. The Udmurt Republic of the Russian Federation has also reported 27 cases of measles associated with travel to Thailand during April 2012.

European Immunisation Week (EIW)

ECDC organised a "Free Thinkers" meeting last week gathering public health experts, behavioural specialists and social marketing professionals to find innovative ways on how to fight the spread of measles in Europe. ECDC also launched the guide '[Communication on immunisation - building trust](#)' and produced a [documentary](#) in collaboration with Euronews, dedicated to measles elimination in the EU.

Web sources: [ECDC Monthly Measles Monitoring 19 March 2011](#) | [ECDC/Euronews documentary](#) | [MedISys Measles Webpage](#) | [EU-VAC-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. The number of reported cases started to increase in some of the EU Member States (Romania and France) towards the end of 2011. To date, three countries have noted large outbreaks in 2012: the UK, Romania and Spain. Italy has reported one fatality in 2012. Overall EU Member States report lower number of cases so far this year than for the corresponding period last year.

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.

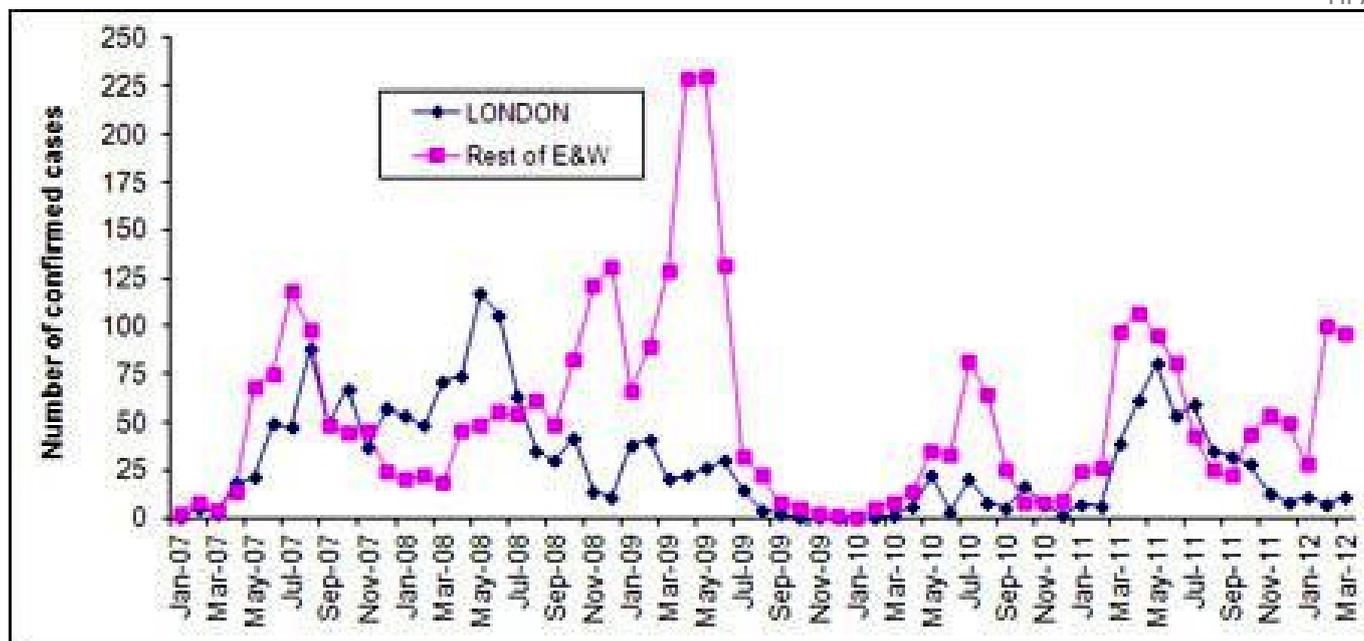
Measles cases by month, Italy April 2007-March 2012

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. However, although decreasing since week 09/2012, virological and epidemiological indicators of influenza activity show that influenza viruses are still circulating in the EU.

Almost all reporting countries experienced low-intensity influenza activity. Decreasing or stable trends were reported by almost all reporting countries.

During week 17/2012, of 162 sentinel specimens tested, 19.1% were positive for influenza virus, thus continuing the downward trend observed since week 8/2012. The absolute number of detected influenza viruses is decreasing, but the proportion of B viruses in comparison with A viruses is increasing. One SARI case, unrelated to influenza, was reported by Slovakia.

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. As often observed late in the season, the proportion of influenza B viruses among the detected influenza viruses has been increasing over the past eight weeks.

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

Opening date: 15 June 2005

Latest update: 3 May 2012

Epidemiological summary

One new confirmed case of A(H5N1) was reported by WHO from the Indonesian IHR National Focal Point of the Ministry of Health during the last week. The case is a 2 year-old male from Riau Province who died on 27 April 2012. Preliminary

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epidemiological findings indicate that the case's parents are quail egg vendors. As of second of May, of the 189 cases reported in Indonesia since 2005, 157 have been fatal.

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 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.

Severe respiratory disease of unknown origin – Jordan - Outbreak in ICU

Opening date: 26 April 2012

Latest update: 3 May 2012

Epidemiological summary

An outbreak of a respiratory illness was reported on 19 April 2012 by the Ministry of Health in an intensive care unit in a hospital in Zarqa, Jordan. Seven nurses and one doctor were among the 11 affected. One of the nurses died. Jordan's Ministry of Health acknowledges the fatal case specifying she had underlying conditions and all cases had high fever and lower respiratory symptoms. According to the Ministry, the origin of the infection is likely to be viral. However, laboratory results are not available to date.

ECDC assessment

ECDC is following this event due to its severity including one fatality and the unusualness of the disease affecting health care staff. These cases drew high media attention this week.

Actions

ECDC contacted both Episuouth, WHO and US CDC for further information. Both WHO and US CDC are following this event

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 2 May 2012

Epidemiological summary

Europe: No autochthonous cases in 2012 have been reported to date. On 1 May the French health authorities started the seasonal prevention and control activities for dengue and chikungunya for 2012. These include reinforcement of entomological surveillance, enhanced human surveillance for suspected cases, vector-control measures, population awareness and community mobilization in areas where the presence of the mosquito has been recorded. Following the ongoing epidemics in several areas of Brazil, increased media attention this week, about the risk of importation of cases to Portugal during the coming weeks has been noted.

Africa and Indian ocean islands: Health authorities of La Reunion have reported a new probable (western region) and a confirmed case (southern region). So far, 18 autochthonous cases (7 confirmed) have been reported in 2012.

Asia: According to the latest WHO WPRO update, the activity in the region is overall stable. Cambodia has experienced an

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increase this year compared to the first quarter of 2011 (1 393 cases/8 deaths in 2012 versus 339 cases/4 deaths in 2011). In Malaysia the Ministry of Health reports 8 052 dengue cases and 18 deaths between 1 January and 24 Apr 2012 (up from 6 594 cases with 12 deaths during the same period last year). In Pakistan the first fatal case was reported in the North-East part of the country (Khyber Pakhtunkhwa Province); Yemen is reporting this week 67 suspected cases in the western region.

Latin America: High activity is still reported in all the region. In Brazil several states are affected by high activity with DENV-4 as the main strain circulating. The cities of Rio de Janeiro, Cuba and Mato Grosso states are experiencing in particular epidemic conditions according to local criteria. In Colombia, Hobo city and Huila department are currently affected by an epidemic (around 2 000 cases). Mexico is reporting recent outbreaks in Quintana Roo and Morelos states. For Argentina there are no recent updates about the situation in the northern provinces.

Pacific: in Fiji 323 dengue cases have been reported so far in 2012, with the majority of cases from the western region. In Niue the health authorities are considering that the outbreak has reached the peak this week.

Web sources:

[DengueMap CDC/HealthMap](#) | [MedISys dengue](#) | [ProMED dengue latest update](#) | [WPRO 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 has been 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: 3 May 2012

Epidemiological summary

On 2 of May 2012, WHO reported four new cases (WPV1) in Nigeria, bringing the total number of cases in 2012 to 28 in the country.

So far, 52 cases with onset of disease in 2012 have been reported globally compared with 123 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 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.

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