COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 36, 1-7 September 2013

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2013

Opening date: 3 June 2013 Latest update: 5 September 2013

West Nile fever (WNF) is a mosquito-borne disease which causes severe neurological symptoms in a small proportion of infected people. During the transmission season between June and November, ECDC monitors the situation in EU Member States and neighbouring countries in order to inform blood safety authorities regarding WNF-affected areas and identify significant changes in the epidemiology of the disease. During the 2012 season, 244 probable and confirmed cases were reported in the EU, and 693 cases in neighbouring countries.

➔Update of the week

During the past week, 39 new cases were reported in the EU. Greece reported eight new cases from areas with previous case reports: Attiki (5), Kavala (1), Xanthi (2). Italy recorded 15 new neuroinvasive cases during the past week and 11 non-neuroinvasive cases have been detected since the beginning of the transmission season. Romania reported five new cases, two from newly affected counties (Constanta and Tulcea) and three from counties with previous case reports (Braila, Ialomita, Iasi).

In neighbouring countries, 33 new cases were reported. Russia reported 18 new cases, one case in the newly affected oblast of Omskaya and 17 cases from oblasts with previous case reports: Rostov (1), Saratov (7), Volgograd (8) and Voronezh (1). Serbia reported 15 new cases from areas with previous case reports: Grad Beograd (10) and Juzno-banatski district (5).

Non EU Threats

Paratyphoid A fever among travellers returning from Cambodia - Multistate (EU)

Opening date: 30 August 2013 Latest update: 5 September 2013

France has reported an unusual increase in the number of cases of paratyphoid A fever among travellers returning from Cambodia. Since March 2013 and as of 5 September 2013, 34 cases of paratyphoid A fever have been reported among travellers returning from Cambodia, including 30 among EU travellers: France (20), Germany (5), Netherlands (3), Norway (1) and the United Kingdom (1).

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

Pertussis -Multistate (EU) - Monitoring European outbreaks

Opening date: 11 July 2013 Latest update: 5 September 2013

Spain is experiencing a surge in pertussis cases reported in the context of the re-emergence of pertussis in several EU countries in recent years.

➔Update of the week

No indications of major ongoing outbreaks during August 2013 were detected through media or available surveillance sources.

Poliovirus - Israel- Detection of WPV1 in environmental samples and healthy individuals

Opening date: 19 August 2013 Latest update: 3 September 2013

After the initial alert in June 2013, Israel has detected 85 wild poliovirus type 1 (WPV1) positive sewage samples from 27 sampling sites, collected from 3 February 2013 to 18 August 2013. As part of subsequent ongoing stool sample survey activities WPV1 has also been isolated in stool samples from 42 carriers, representing 4.4% of all collected samples. No cases of paralytic polio have been reported. In addition to routine acute flaccid paralysis surveillance, public health authorities have expanded the surveillance to all age groups, have increased enterovirus surveillance and are screening aseptic meningitis cases for polio. A nationwide polio immunisation campaign with bivalent oral polio vaccine started on 18 August 2013 for children up to the age of nine years. WHO estimates the risk of further international spread of WPV1 from Israel to remain moderate to high and recommends that all travellers to be fully vaccinated.

➔Update of the week

Since 22 August, Israel has reported the detection of positive sewage samples from 3 additional sites. In addition a positive sewage sample collected on 30 June from Tulkarem in the West Bank has been reported. No human cases of poliomyelitis have been reported from Israel or Palestine.

Middle East respiratory syndrome- coronavirus (MERS CoV) - Multistate

Opening date: 24 September 2012 Latest update: 5 September 2013

Between April 2012 and 5 September 2013, 111 laboratory-confirmed cases, including 51 deaths, of acute respiratory disease caused by Middle East respiratory syndrome coronavirus (MERS-CoV), have been reported by national health authorities. MERS-CoV is genetically distinct from the coronavirus that caused the SARS outbreak. To date, all cases have either occurred in the Middle East or have had direct links to a primary case infected in the Middle East. Saudi Arabia has reported 88 cases including 42 deaths, Jordan two cases, who both died, United Arab Emirates five cases, one death and Qatar three cases and one death. Thirteen cases have been reported from outside of the Middle East in the UK (4), Italy (3), France (2), Germany (2) and Tunisia (2). These 13 cases resulted from seven separate chains of transmission. The primary case for each chain had been infected in the Middle East and local secondary transmission was reported from four countries: UK, France, Italy and Tunisia. The primary case in the cluster in Tunisia was never confirmed and remains a probable case.

➔Update of the week

Between 29 August and 5 September, five new cases have been reported by national health authorities. Four cases were reported in Saudi Arabia, and one fatal case was reported by Qatar health authorities.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 5 September 2013

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50-100 million people each year, mainly in the tropical regions of the world. The identification of sporadic autochthonous cases in non-endemic areas in recent years has already highlighted the risk of locally acquired cases occurring in EU countries where the competent vectors are present. The recent dengue outbreak in the Autonomous Region of Madeira, Portugal in October 2012 further underlines the importance of surveillance and vector control in other European countries.

➔Update of the week

So far in 2013, no autochthonous dengue cases have been reported in European countries apart from sporadic cases in Madeira in January.

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

West Nile virus - Multistate (Europe) - Monitoring season 2013

Opening date: 3 June 2013 Latest update: 5 September 2013

Epidemiological summary

As of 5 September 2013, 106 human cases of West Nile fever have been reported in the EU and 289 cases in neighbouring countries since the beginning of the 2013 transmission season.

EU Member States

Greece

Fifty-seven cases of West Nile virus (WNV) have been reported in Greece. The regions affected are Attiki (29), Imathia (1), Kavala (7), Thessaloniki (5) and Xanthi (12), Kerkyra (1), Serres (1) and Ileia (1).

Italy

Italy has reported 35 cases of WNV so far this year. This week, Italy notified 15 new neuroinvasive cases and acknowledged 11 new non-neuroinvasive cases since the beginning of the transmission season. In addition, the place of infection of the three non-neuroinvasive previously reported is now available. The provinces of infection for the 29 cases are the following: four newly affected provinces: Bologna (2), Mantova (4), Reggio nell'Emilia (3), Verona (2) and three provinces with previous case reports: Ferrara (3), Modena (11), Rovigo (4). The two cases previously included for Treviso were actually infected in Rovigo.

Hungary

Hungary has reported three cases of WNV to date. One case each from Fejer, Komaron and Pest counties.

Romania

Romania has reported ten cases of WNV so far this year. The counties already affected are Braila (3), Ialomita (2), Iasi (2), Galati (1) and the two newly affected counties this week are Constanta (1) and Tulcea (1).

Croatia

Croatia has reported its first probable case in Zagrebacka county, the laboratory results for this case are still pending.

Neighbouring countries

Israel

Forty-seven cases of WNV have been reported in the Central, Haifa and Tel Aviv districts.

Montenegro

Montenegro has reported one case this year in Podgorica region, an area suspected to be affected last year.

Russia

Russia has reported 120 cases of WNF from ten oblasts and one republic in Russia: Adygeya oblast (1), Astrakhanskaya oblast (38), Lipetskaya oblast (2), Rostovskaya oblast (5), Samarskaya oblast (8), Saratovskaya oblast (19), Volgogradskaya oblast (41), Voronezhskaya oblast (2), Belgorodskaya oblast (2) Kaluzhskaya oblast (1) and the newly affected Omskaya oblast (1).

Serbia

Serbia has reported 119 cases of WNF from eight districts: Grad Beograd (85), Podunavski (7), Sremski (4), Juzno-backi (1), Juzno-banatski (14), Kolubarski (3), Macvanski (1) Branicevski district (1) and the newly affected districts of Jablancki (1) and Srednje-banatski (2).

the former Yugoslav Republic of Macedonia

One case has been reported in Kocani (Eastern Macedonia).

Ukraine

The first case for this year was reported in Zhytomyrs'ka oblast.

Websources: ECDC West Nile fever risk maps | ECDC West Nile fever risk assessment tool | Volgograd oblast | Serbia MoH | Macedonian PH Institute |

ECDC assessment

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

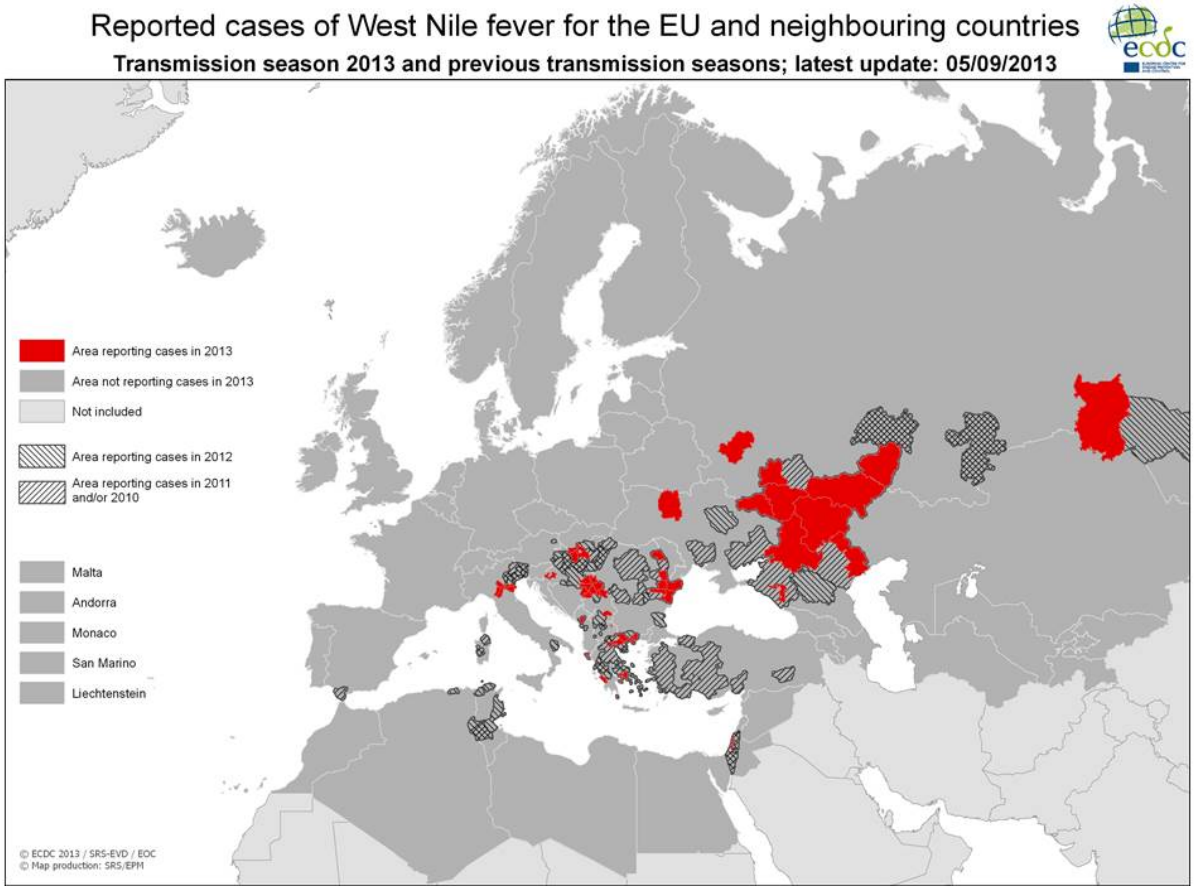
The 2013 season has started and is progressing in comparable fashion to previous years in EU and neighbouring countries. West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures are considered important for ensuring blood safety by the national health authorities when human cases of West Nile fever occur. According to the EU blood directive, efforts should be made to defer blood donations from affected areas with ongoing virus transmission to humans.

Actions

ECDC produces weekly West Nile fever risk maps during the transmission season to inform blood safety authorities regarding affected areas.

ECDC published a West Nile fever risk assessment tool on 3 July 2013.

ECDC



Paratyphoid A fever among travellers returning from Cambodia - Multistate (EU)

Opening date: 30 August 2013 Latest update: 5 September 2013

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

Epidemiological summary

Since March 2013, France has reported an unusual increase in the number of cases of paratyphoid A fever among travellers returning from Cambodia. From 2006 to 2012, France recorded an annual number of one to two cases among travellers returning from Cambodia. Between 1 January and 30 August, 20 cases were identified, among which eight cases were confirmed in August. Following the alert from France, other EU/EEA member states have reported paratyphoid A fever cases in travellers returning from Cambodia in 2013: Germany (5), Netherlands (3), Norway (1) and the United Kingdom (1). In addition, New Zealand identified four cases of paratyphoid A fever who had recently travelled to Cambodia in May 2013.

Paratyphoid A fever is a systemic disease caused by the bacteria *Salmonella* Paratyphi. Humans can carry the bacteria in the gut for a significant period of time (chronic carriers) and transmit the bacteria to other persons (either directly or via food or water contamination). After 1-2 weeks incubation period, a disease characterised by high fever, malaise, cough, rash and enlarged spleen develops. Diarrhoea may be present at some stage. Patients may continue shedding the bacteria (carriers) following acute or mild illness. The case-fatality ratio can be reduced to less than one percent with rapid and adequate antibiotic treatment.

According to the European Surveillance System (TESSy), 319 cases of paratyphoid A fever were reported in the EU in 2012, among which about 90% were imported cases and the majority of them were from India and Pakistan. Only two cases among travellers returning from Cambodia were reported in 2012 in the EU member states.

Investigation is on-going in France to identify a potential common source or mode of contamination in Cambodia. Fourteen cases have been interviewed and no common exposure has yet been identified.

There is no information available indicating that there is a recent increase in the number of S. Paratyphi A cases or outbreaks in Cambodia in 2013.

Sources: ECDC Typhoid/Paratyphoid fever | ECDC Rapid Risk Assessment

ECDC assessment

S. Paratyphi A cases associated with travel to Cambodia are not unexpected in the EU as several cases have been reported to TESSy in the past. However, the increase in the number of cases in 2013 is significant and may reflect a change in the epidemiology of the disease in Cambodia or, most likely, an exposure to a persistent common source of infection possibly related to a place (restaurant) visited by tourists in Cambodia. Additional cases might occur if this source of contamination persists. However, spread within the EU through secondary transmission is expected to be limited.

Actions

ECDC informed EFSA and SANCO G4 about the outbreak on 05 September and published a Rapid Risk Assessment on 5 September 2013.

Pertussis -Multistate (EU) - Monitoring European outbreaks

Opening date: 11 July 2013 Latest update: 5 September 2013

Epidemiological summary

Over the last 20 years, the epidemiology of the disease has changed remarkably. There has been a shift observed from mainly paediatric cases (normally children <10 years of age) towards adolescents, adults and children too young to have been vaccinated or to have completed the primary series. Since 2011, increases in the number of pertussis cases have been repeatedly reported in different regions of the world, even in those with sustained high vaccination coverage. In the countries of the European Union/European Economic Area (EU/EEA), the situation is evolving similarly with many countries observing an increment in cases, mostly in very young infants, adolescents and adults. Pertussis P3 serotypes emerged globally after 1988, and now predominate in many EU/EEA countries. They produce more pertussis toxin (Ptx) which appears to suppress immunity and reduce the duration of immunity among vaccinated or naturally infected individuals. There is evidence that duration of immunity induced by the current DTaP vaccine may be shorter than that induced by the previous DTwP vaccine. Case-based pertussis data is reported to TESSy annually.

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

In ***the UK***: Outbreaks were reported in schools and hospitals in the first few months of 2011, with an initial marked increase in cases among teenagers and adults >35 years of age from the third quarter of the year. These increases continued in 2012 and spread to all age groups including vulnerable infants <3 months of age. In October 2012, >1,500 laboratory-confirmed pertussis cases occurred in England and Wales. Temporary vaccination of pregnant women against pertussis was introduced in October 2012 in order to protect infants < 3months through maternal antibodies.
In the UK there were 1 633 laboratory-confirmed cases of pertussis reported to Public Health England in the first quarter of 2013, from January to March. This was a 53% decrease in the number of cases reported in the previous quarter (3 481 in October to December 2012). The number of cases reported in the first quarter of 2013 was more than double than the same quarter in the previous year (702 cases between January and March 2012). There were 84 laboratory-confirmed cases reported in Wales which was more than four times higher than the 19 cases reported in the first quarter of 2012 and almost half of the 158 cases reported in the fourth quarter of 2012.
According to Health Protection Scotland, a high incidence of pertussis has continued during the first 24 weeks of 2013: 772 notifications in the first 24 weeks of 2013 compared with 655 during the same period in 2012. In the first 24 weeks of 2013 there have been 842 laboratory-confirmed cases compared with 536 during the same period in 2012. The large increase in both notifications and laboratory reports of B. pertussis in 2012 started in the spring, with lower numbers in the first 12 weeks of 2012, explaining why the total number for the first 24 weeks of 2013 is higher than the same period last year.

Ireland: 137 cases in 2013; in the same time period last year there were 317 cases.

Spain: 1 356 confirmed cases were recorded until June 2013. In the same time period in 2012 there were 1 160 cases.

Finland: 26 cases have been notified in 2013. In the same time period for 2012 there were 392 cases.

Austria: 367 including 99 cases from last month been notified in 2013, the overall number of cases reported in 2012 was 571.

Sweden: Sweden used DTwP vaccine in the routine vaccination schedule from the 1950s until 1979, when it was suspended. Vaccination recommenced with DTaP vaccine in 1996 with high uptake. Booster doses have been given at 6-8 years and 14-16 years of age since 2007. Sweden reported 95 cases so far in 2013, the overall number of cases for 2012 was 289.

The Netherlands: A peak in pertussis cases was observed in 1999 and additional peaks occurred approximately every three years since then – in 2002, 2005, 2008 and 2012.

Croatia: 39 cases reported through TESSy.

Hungary: Five cases reported.

Web sources:
ECDC Annual Epidemiological Report2012 | ECDCPertussis| MedISys| WHO| Ireland |HPS Scot | PHE |THL | BMG| SMI |Hungary

ECDC assessment

The surge in pertussis cases reported from Spain is not unexpected considering the re-emergence of pertussis in several EU countries in recent years. Infants are at highest risk of complications and death from pertussis, and immediate interventions should focus on protecting this group. Pertussis is generally under-reported in adults but this population group is the source of infection to young children.

Actions

ECDC closely monitors pertussis transmission in Europe on a monthly basis by analysing the cases reported to the European Surveillance System and through its epidemic intelligence activities.

Poliovirus - Israel- Detection of WPV1 in environmental samples and healthy individuals

Opening date: 19 August 2013 Latest update: 3 September 2013

Epidemiological summary

In Israel, wild poliovirus type 1 (WPV1) was isolated from sewage samples collected on 9 April 2013 in Rahat, southern Israel. Preliminary analyses indicated that the strain is related to the strains circulating in Pakistan and the strain detected in sewage

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

from Cairo in December 2012. The strain is not related to virus currently affecting the Horn of Africa. WPV1 has now been detected in 85 sewage samples from 27 sampling sites in southern and central Israel, collected from 3 February 2013 to 4 August 2013. As part of subsequent ongoing stool sample survey activities, WPV1 has also been isolated in stool samples from 42 carriers, representing 4.4% of all collected samples. No cases of paralytic polio have been reported in the country. Israel has been free of indigenous WPV transmission since 1988. In the past, wild poliovirus has been detected in environmental samples collected in this region between 1991 and 2002 without occurrence of cases of paralytic polio in the area.

A positive sewage sample collected on 30 June from Tulkarem in the West Bank was reported retrospectively. Previous and subsequent specimens collected through environmental surveillance since 2002 in both Gaza and the West Bank have consistently tested negative for the presence of WPV.

A supplementary immunisation activity (SIA) with bivalent oral polio vaccine (OPV1 and 3) started in parts of southern Israel during the week of 5 August, and was expanded nationwide on 18 August for all children up to the age of nine years. The objective of these SIAs with OPV is to boost mucosal immunity levels in cohorts of children naïve to OPV to rapidly interrupt virus circulation.

Sources: MoH Israel | WHO DON

ECDC assessment

The World Health Organization (WHO) estimates the risk of further international spread of wild poliovirus type 1 (WPV1) from Israel to remain moderate to high. ECDC is preparing a risk assessment on the situation in Israel, Somalia and the region. The risk assessment will consider the risk of importation of wild poliovirus to the EU, and the risk of transmission within the EU.

Actions

WHO recommended that all countries, in particular those with frequent travel and contacts with polio-infected countries, strengthen surveillance for cases of acute flaccid paralysis (AFP), in order to rapidly detect new poliovirus importations and facilitate a rapid response. Countries should also analyse routine immunisation coverage data to identify subnational gaps in population immunity to guide catch-up immunisation activities and thereby minimise the consequences of new virus introduction. Priority should be given to areas at high risk of importations and where OPV3/DPT3 coverage is <80%. WHO's International Travel and Health recommends that all travellers to and from polio-infected areas be fully vaccinated against polio. Three countries remain endemic for indigenous transmission of WPV: Nigeria, Pakistan and Afghanistan. Additionally, in 2013, the Horn of Africa is affected by an outbreak of WPV (See global polio monitoring threat).

Middle East respiratory syndrome- coronavirus (MERS CoV) - Multistate

Opening date: 24 September 2012 Latest update: 5 September 2013

Epidemiological summary

As of 5 September 2013, 111 laboratory-confirmed cases of MERS-CoV, including 51 deaths worldwide have been reported by national health authorities. All cases have either occurred in the Middle East or have had direct links to a primary case infected in the Middle East.

As of 5 September 2013 Saudi Arabia has reported 88 cases including 42 deaths, Jordan two cases, who both died, United Arab Emirates five cases, one death and Qatar three cases and one death. Thirteen cases have been reported from outside of the Middle East in the UK (4), Italy (3), France (2), Germany (2) and Tunisia (2). In France, Italy, Tunisia and the United Kingdom, there has been local transmission among patients who have not been to the Middle East but had been in close contact with laboratory-confirmed or probable cases. Person-to-person transmission has occurred both among close contacts and in healthcare facilities, but, with the exception of a nosocomial outbreak in Al-Ahsa, Saudi Arabia, secondary transmission has been limited. Twelve asymptomatic cases were reported by Saudi Arabia and two by the UAE. Seven of these cases were healthcare workers.

The Ministry of Health of Saudi Arabia updated its Health Regulations for travellers to Saudi Arabia for the Umrah and Hajj pilgrimage regarding MERS-CoV and now recommends that the elderly, those with chronic diseases, pilgrims with immune deficiency, malignancy and terminal illnesses, pregnant women and children coming for Hajj and Umrah this year should postpone their journey.

WHO published a travel advice on MERS-CoV for pilgrimages on 25 July 2013.

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

The WHO guidelines for investigation of cases of human infection with MERS-CoV were published in July 2013. On 30 July 2013, the MERS-CoV Initial Interview Questionnaire of Cases – Guide for the interviewer was published to support the investigators.

On 21 August 2013, WHO published a joint report of a mission to Riyadh, 4-9 June 2013 together with Saudi Arabia on Middle East respiratory syndrome coronavirus.

Web sources: ECDC RRA Update 22 July | ECDC novel coronavirus webpage | WHO | WHO MERS updates | WHO travel health update | WHO Euro MERS updates | CDC MERS | Saudi Arabia MoH | Qatar SCH | Eurosurveillance article

ECDC assessment

The continued detection of MERS-CoV cases in the Middle East indicates that there is an ongoing source of infection present in the region. Recent published studies are making relevant progresses to identify this source of infection.There is therefore a continued risk of cases occurring in Europe associated with travel to the area. Surveillance for cases is essential, particularly with expected increased travel to Saudi Arabia for the Hajj in October.

The risk of secondary transmission in the EU remains low and could be reduced further through screening for exposure among patients presenting with respiratory symptoms and their contacts, and strict implementation of infection prevention and control measures for patients under investigation.

Actions

The latest ECDC rapid risk assessment was published on 22 July 2013.

The results of an ECDC coordinated survey on laboratory capacity for testing the MERS-CoV in Europe were published in EuroSurveillance.

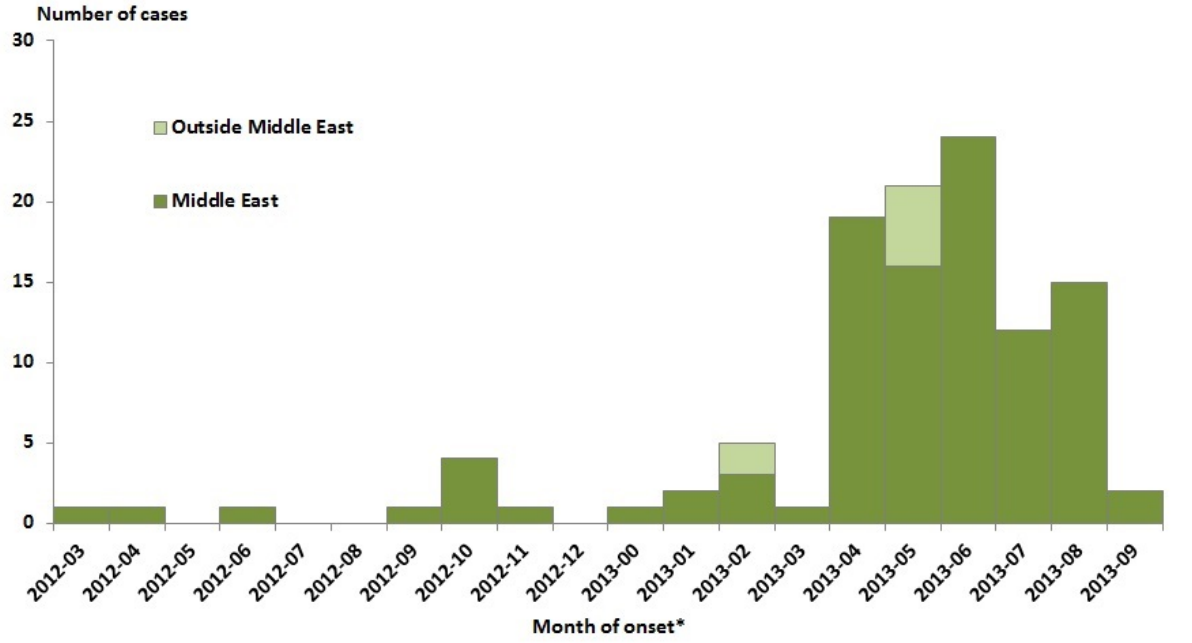
ECDC published a Public Health Development on 27 August 2013 regarding the isolation of MERS-CoV from a bat sample.

ECDC is closely monitoring the situation in collaboration with WHO and the EU Member States.

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

Distribution of confirmed cases of MERS-CoV by month* and place of probable infection, March 2012 - 05 September 2013 (N=111**)

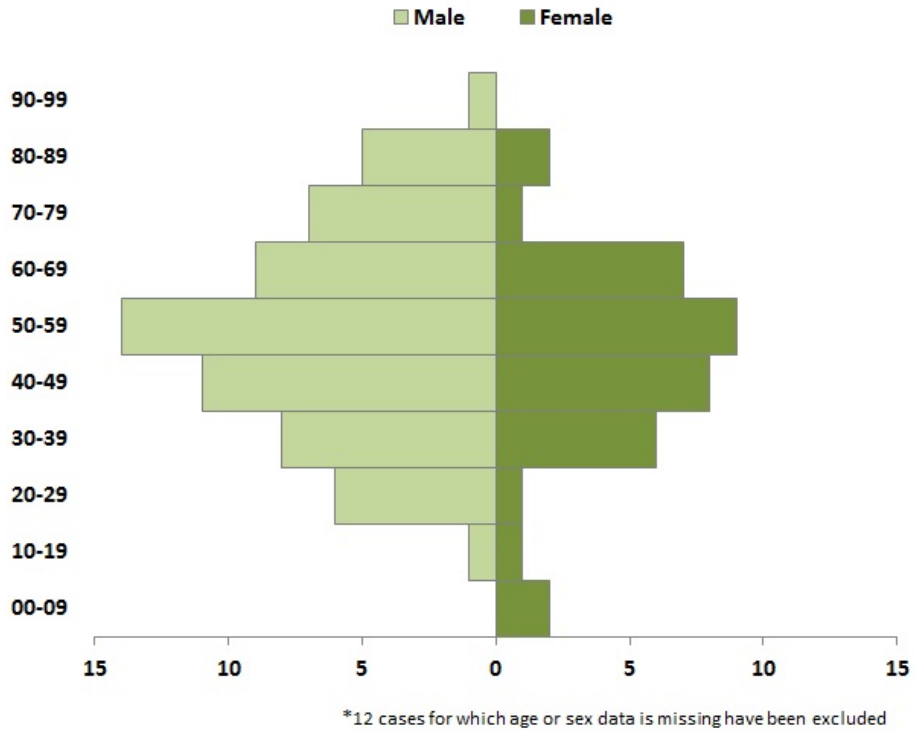
ECDC SRS



*Where the month of onset is unknown the month of reporting has been used.
**This epicurve includes 14 asymptomatic cases.

Distribution of confirmed cases of MERS-CoV, March 2012 - 05 September 2013 (n=111*)

ECDEC SRS

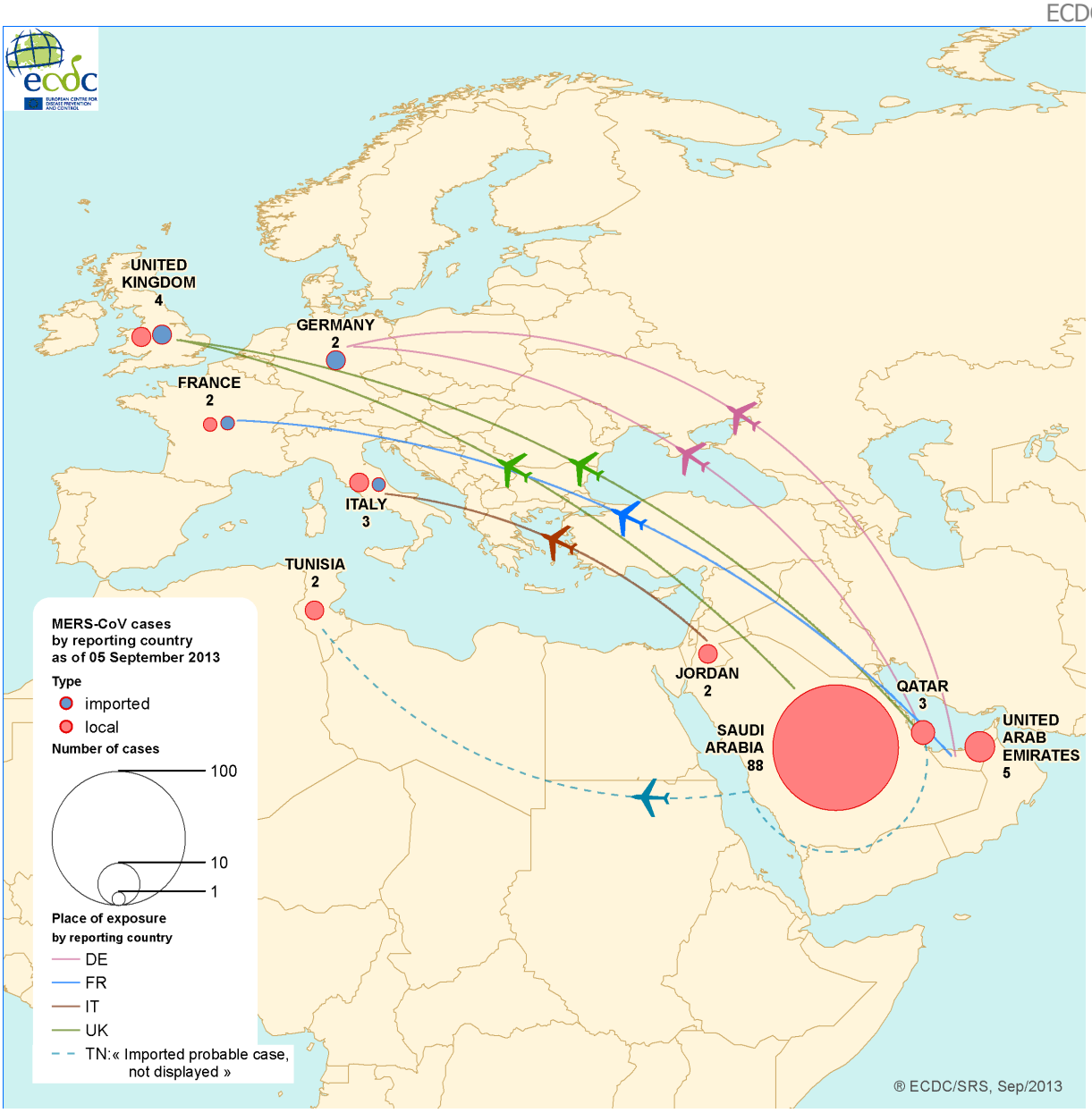


*12 cases for which age or sex data is missing have been excluded

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

Distribution of MERS-CoV cases by place of reporting as of 05 September 2013 (n=111)

ECDC SRS



Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 5 September 2013

Epidemiological summary

Asia: As of 4 September, Lao PDR, Malaysia and Singapore have reported more cases in 2013 than 2012 for the same time period. The recent trend has increased in Malaysia, Philippines and Singapore. Dengue activity continues to decline in Lao PDR. The recent trend also decreased in Australia and Cambodia

In Thailand, more than 10 000 people in the northern province of Chiang Mai have been infected with dengue fever so far in 2013, according to local health authorities. As of 31 July, India has reported 15 983 dengue cases, a sharp increase from 8 899 cases reported during the same time period last year. The southern state of Kerala has reported the highest number of dengue positive cases, recording a total of 5 801 cases and 19 deaths. In New Delhi, there has been a sharp rise in dengue cases during the past two weeks with 76 cases of dengue fever reported in the first three weeks of August, compared to four cases during the same period last year.

In Pakistan, the dengue outbreak has spread to three new provinces (Bajaur, Dir and Shangla) whilst in Karachi a surge in dengue

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

cases has been linked with the recent heavy rainfall.

Between 27 August and 1 September 2013, Taiwan CDC reported seven new autochthonous cases of dengue fever. Among the newly confirmed cases, three cases are from Taipei City, three from Pingtung County and one case from Kaohsiung City.

The Caribbean: A dengue epidemic has been declared in the French overseas department, Martinique, after the reporting 800 cases during the past three weeks.

The Pacific: As of 2 August 2013, the Solomon Islands has reported 6 733 cases (142 additional cases reported in the past 2 weeks) and eight deaths. While dengue is still circulating in some provinces, cases have declined in the past two months. The French Polynesia continues to report dengue activity and 319 cases have been reported since February 2013. The recent trend has declined to low levels in New Caledonia with 10 527 cases reported to date.

The Americas: In North America, the United States reported four cases of locally acquired dengue last week in residents from Martin and St. Lucie counties. In 2013, a total of twelve cases of locally acquired dengue have been reported to date, all in residents from Miami-Dade, Martin and St. Lucie counties.

In Central America, Honduras has reported 19 038 cases so far this year. El Salvador has reported a 10% increase in cases compared to last year, while Costa Rica is suffering the worst outbreak since 1993 with more than 31 000 cases reported to date. All three countries have declared a state of emergency during the past month.

In South America, high dengue activity is reported across most states in Brazil whilst Colombia and Venuzuela report an increasing number of cases.

Africa: The dengue epidemic in Angola, which started on 12 March 2013, has reached 1 204 cases. However, there has been a decline in the number of reported cases during the past two weeks, according to the media.

Websources: ECDC Dengue | Healthmap Dengue |MedISys | ProMED Asia update| ProMED Americas update| WPRO update |

ECDC assessment

South-East Asia appears to be experiencing an unusually severe season this year.

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. Before the 2012 outbreak in the Autonomous Region of Madeira, local transmission of dengue was reported for the first time in France and Croatia in 2010. Imported cases are being detected in European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

Actions

ECDC has published a technical report on the climatic suitability for dengue transmission in continental Europe and guidance for invasive mosquitoes' surveillance.

From week 28 onwards, ECDC has been monitoring dengue on a biweekly basis.

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

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

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