COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 27, 30 June-6 July 2013

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Meningococcal disease - multistate (Europe) - 2013 clusters

Opening date: 28 June 2013 Latest update: 3 July 2013

Clusters of invasive meningococcal disease (IMD) caused by *Neisseria meningitidis* serogroup C have been reported among men who have sex with men (MSM) in Paris (3 cases) and Berlin (3 cases) since February 2013. An additional case was identified retrospectively in Belgium. Initial typing results suggest that the cases are due to a strain which is similar to that which has been causing an outbreak in New York since 2010.

Hepatitis A - Multistate (Europe) - 2013 outbreak

Opening date: 9 April 2013 Latest update: 31 May 2013

Between 1 October 2012 and 5 July 2013, Denmark, Finland, Norway and Sweden reported hepatitis A (HAV) cases due to sub-genotype IB with two related sequences. None of the cases had travel history outside the EU within the period of their potential exposure. Overall, 103 cases have been reported associated with this outbreak, of which 59 are confirmed. The source of the outbreak has not been confirmed but epidemiological investigations in Denmark and Sweden point towards frozen strawberries as the vehicle of infection.

➔Update of the week

Two additional cases have been reported since last week by Denmark and Norway with onset of symptoms in June.

Hepatitis A -Multistate (Europe)- ex Italy

Opening date: 10 May 2013 Latest update: 17 June 2013

An outbreak of hepatitis A (HAV) involving German, Polish and Dutch travellers returning from northern Italy was reported through the Early Warning and Response System. Local Italian authorities also reported an increase in HAV cases in 2013 both at the national level and in the implicated area. The source of the outbreak has not yet been identified but investigations point to frozen berries as the vehicle of infection.

Travellers to areas reporting HAV outbreaks should be reminded of the availability of vaccination to prevent the risk of HAV transmission while travelling.

➔Update of the week

During the past week, no new cases were reported among EU travellers to Italy.

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Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 3 July 2013

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. According to the latest enhanced measles surveillance data retrieved from the European Surveillance System, the 30 contributing EU and EEA countries reported 8 127 cases of measles during the last 12-month period from April 2012 to March 2013.

➔Update of the week

Since the last update on 16 June 2013, one new measles outbreak was detected in Italy. The outbreaks in Germany are still on-going and the number of reported cases in the outbreak in the Netherlands has increased dramatically. The outbreak in Wales is now declared to be over.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 3 July 2013

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

➔Update of the week

During the week leading up to 5 July 2013, no new outbreaks were detected in EU Member States.

Non EU Threats

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

Opening date: 3 June 2013 Latest update: 28 June 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 in neighbouring countries in order to inform blood safety authorities regarding WNF affected areas and eventually identify significant changes in the epidemiology of the disease.

➔Update of the week

During the past week, no human cases of West Nile fever have been detected in EU Member States.

Hepatitis A - Multistate - Travel to Egypt

Opening date: 22 April 2013 Latest update: 5 June 2013

From November 2012 to July 2013, several EU Members States reported hepatitis A virus (HAV) infections affecting travellers returning from Egypt. The identification of the same HAV sequence in 20 cases from six of the affected countries confirms a multinational outbreak. The source of the outbreak is still unknown but the descriptive epidemiology and the analysis of the trawling questionnaires received suggests a possible persistent common source of infection in Egypt. This outbreak is a reminder that travellers should be made aware of the importance of HAV vaccination before travelling to HAV endemic areas.

➔Update of the week

During the past week, one probable case was reported by Denmark with onset of symptoms in March.

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

Opening date: 24 September 2012 Latest update: 4 July 2013

Between April 2012 and 4 July 2013, 77 laboratory-confirmed cases, including 43 deaths, of an acute respiratory disease caused by a novel coronavirus have been notified to WHO. The new virus, now named Middle East respiratory syndrome coronavirus (MERS-CoV), is genetically distinct from the coronavirus that caused the SARS outbreak. Cases have originated in Saudi Arabia, Qatar, Jordan and the United Arab Emirates. Cases have occurred in Germany, the United Kingdom, Tunisia, France and Italy in patients who were either transferred for care of the disease or returned from the Middle East. The reservoir of the novel coronavirus has not been established, nor is it clear how transmission has occurred from one sporadic case to another.

➔Update of the week

Between 28 June and 4 July 2013, no new cases have been reported. Three fatalities in previously notified cases (two from Saudi Arabia and one from the UK) were reported during the same time period.

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Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 3 July 2013

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.

➔Update of the week

Since the last update on 13 June 2013, 40 new cases of wild polio virus type 1 (WPV1) were reported to WHO.

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II. Detailed reports

Meningococcal disease - multistate (Europe) - 2013 clusters

Opening date: 28 June 2013 Latest update: 3 July 2013

Epidemiological summary

On 25 June 2013, Germany reported three cases of invasive meningococcal disease (IMD) among men who have sex with men (MSM) caused by *N. meningitidis* serogroup C. All three isolates were serogroup C, PorAVR1: 5-1; PorA-VR2: 10-8 and FetA: 3-6 and confirmed as ST-11/ET-15. On 26 June, Belgium retrospectively reported a single case of IMD in a MSM diagnosed in March 2013; infection was due to a strain of the same sequence type as the German strain. The patient had reported travel to London in the three weeks prior to onset of illness. On 26 June, France reported three cases of IMD among MSM living in the Paris area. The three isolates were also of the same sequence type as the German and Belgian strains.

Three similar outbreaks have been previously reported among MSM in Canada and the USA. The last one involved 22 cases in New York between 2010 and 2013. All cases were caused by *Neisseria meningitidis* serogroup C.

Websources: NYC Department of Health

ECDC assessment

The occurrence of clusters of invasive meningococcal disease among MSM in European metropolitan centres caused by a strain that has been associated with a similar outbreak with a high case-fatality rate in New York City indicates an increased risk of IMD among MSM in such settings in Europe. Increased travel and international contact in these settings, including sexual contact with partners from abroad, also in the context of Gay Pride and other festivals, may be factors facilitating the spread of the disease among MSM. Further microbiological studies are needed to provide laboratory evidence of direct or indirect transmission between the European cases, as well as between the European and US cases. Member States should consider retrospective investigations of cases of serogroup C IMD in young men in order to identify similar cases in the past. Increasing awareness among MSM, through the use of social media and community networks, as well as among healthcare providers is essential for the prevention and early identification of further cases.

More epidemiological studies and better understanding of common risk factors in the European clusters is needed in order to identify groups of MSM at higher risk. Enhanced surveillance over the summer period should be considered at the European level in order to quickly detect possible spread and to coordinate any required response.

Vaccination with conjugate meningococcal vaccine against serogroup C constitutes an effective prevention intervention, and Member States should consider vaccination as a means of outbreak control where clusters in specific target populations are identified.

Actions

ECDC published a rapid risk assessment on 4 July 2013.

The available information has been shared through both EPIS-VPD and EPIS-STI to inform colleagues working with MSM and meningococcal disease and to identify further cases. ECDC will follow-up the genotyping results from France to confirm the link between the cases from the Member States and the New York outbreak.

Hepatitis A - Multistate (Europe) - 2013 outbreak

Opening date: 9 April 2013 Latest update: 31 May 2013

Epidemiological summary

From 1 October 2012 until 5 July 2013, Denmark, Finland, Norway and Sweden reported 59 HAV cases due to genotype IB with two related sequences. None of the cases had travel history outside the EU within the period of their potential exposure. Overall, 103 HAV cases have been reported to be associated with this outbreak.

Epidemiological investigations in Denmark and Sweden point towards frozen strawberries as the vehicle of infection.

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On 22 May 2013, the Swedish Institute for Infectious Disease Control (SMI) published a press release indicating that frozen strawberries of non-domestic origin are likely to be the source of the Swedish outbreak. Other types of berries are no longer suspected in this outbreak. Identification of the producer and country of origin is still ongoing.

On 30 May 2013, the Danish Food Safety Authority confirmed that specific products with frozen strawberries packaged in Belgium and sold in Denmark, have been voluntarily recalled. Both epidemiological and product investigations point towards these specific products of frozen strawberries as the vehicle of infection for the ongoing hepatitis outbreak in the nordic countries.

Food authorities in the affected Nordic countries have recommended that citizens should boil frozen berries or berries of non-domestic origin before consumption.

Web sources: ECDC HAV factsheet | Eurosurveillance 25 April 2013

ECDC assessment

The identification of closely-related HAV sequences in four different countries confirms that this is a multinational food-borne outbreak. The source of the multi-country outbreak has not been confirmed, but epidemiological investigations in Denmark and Sweden point towards frozen strawberries as vehicle of infection.

Actions

Food safety authorities and Public Health Authorities in the affected countries are actively collaborating to uncover the vehicle of infection and to prevent occurrences of additional cases.

ECDC and EFSA published a joint rapid outbreak assessment on 16 April.

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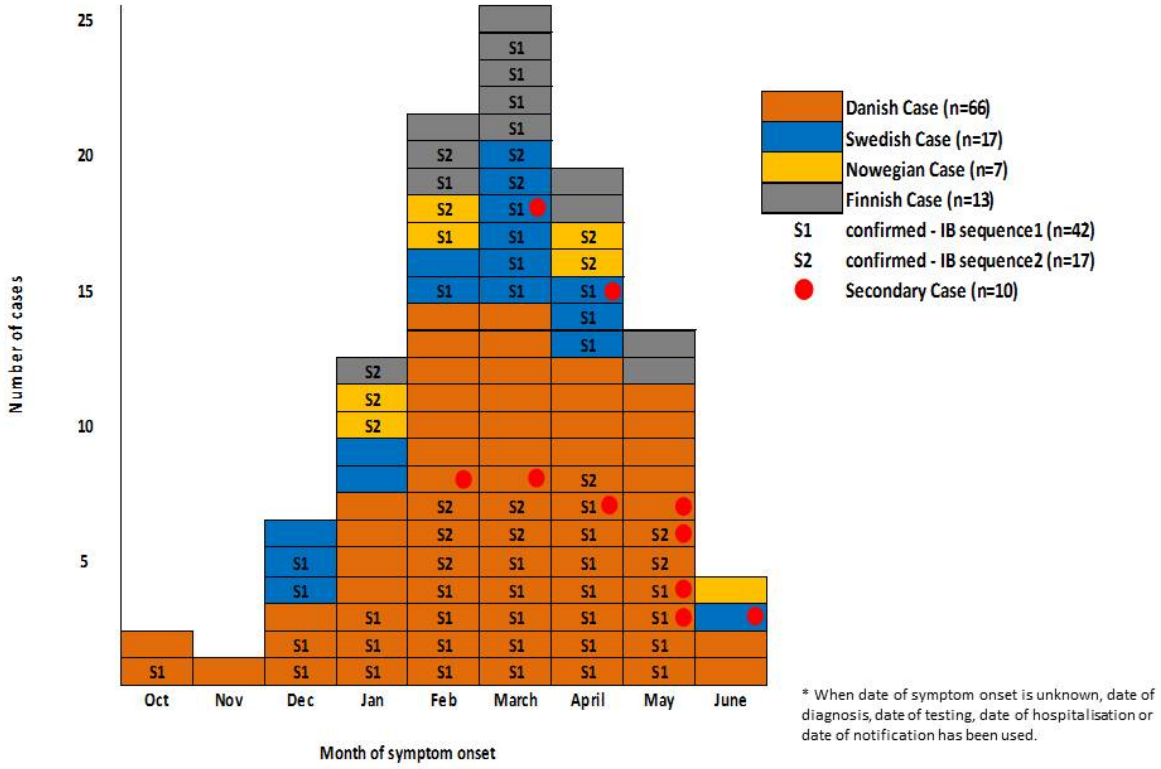
Distribution of HAV cases, by month of onset, country and sequence, October 2012 to June 2013

ECDC



Hepatitis A -Multistate (Europe)- ex Italy

Opening date: 10 May 2013 Latest update: 17 June 2013

Epidemiological summary

Since 1 January 2013, 15 laboratory-confirmed cases of HAV infection have been reported in Germany, the Netherlands and Poland among travellers who visited the autonomous provinces of Trento and Bolzano in northern Italy during the exposure period. The latest case had onset of symptoms on 2 May 2013. Two of the travellers (one German and one Dutch traveller) had identical sequences of HAV sub-genotype IA.

During this same period, Italy experienced an increase in cases of HAV infection both in the province of Trento and at the national level. In total, 31 cases of HAV have been reported from Trento since the beginning of 2013. In the analysed samples from cases in Trento, a 100% match was found with the sequences obtained from the Dutch and German cases.

The consumption of berries reported by many of the cases, the positive HAV findings in frozen berries taken from the supplier of the three hotels that hosted the affected tourists and the identification of mixed, frozen berries contaminated with HAV from the

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fridge of HAV cases point to the outbreak being food-borne with mixed frozen berries as the vehicle.

On 17 and 30 May 2013, two rapid alert system for food and feed (RASFF) notifications were issued by Italian food authorities regarding the mixed frozen berries found to be contaminated with HAV. The frozen berry mix originated from Italy, with raw berry material from Bulgaria, Canada, Poland and Serbia. Following the notification, the distributor of the mixed frozen berries voluntarily withdrew these from the national market. Investigations into the traceability of the product is currently underway together with a case-control study.

ECDC assessment

The voluntary withdrawal of the mixed frozen berries by the distributor has decreased the risk of infection for residents and visitors to northern Italy. However, the specific berry type has not yet been identified and due to the long shelf life of frozen berries, it is likely that a part of the initial batch may still be circulating or will be stored in household freezers. Occurrence of further cases cannot be excluded.

Actions

A joint ECDC-EFSA assessment was published on this outbreak on 29 May 2013 on the ECDC website .

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 3 July 2013

Epidemiological summary

EU Member States

The Netherlands - update

An outbreak mainly affecting unvaccinated children in the "Bible belt" region of the country is on-going in the Netherlands. As of 4 July 2013, 230 cases have been reported to national public health authorities. The actual number of patients is thought to be much higher as not all patients are seen at healthcare facilities. According to the media at least five children needed hospitalisation. The first dose of MMR is scheduled to be given at 14 months of age in the Netherlands. Now, in response to the outbreak, children aged 6 to 14 months in all municipalities except one, where MMR vaccination coverage is below 90%, are invited for vaccination through a letter sent to their home. The latest measles epidemic in the country occurred in 1999/2000 and affected the same area. During this epidemic three children died and around 150 children were hospitalised as a result of measles infection.

Germany - update

As of 17 June, five times more cases of measles (905) were reported in 2013 to the Robert Koch Institut than during the whole of 2012 (166 cases). Most were from Bavaria (388 cases) and Berlin (356 cases). Almost half of the cases, 426, (47%) were 20 years or older, 329 (36%) were hospitalised, and two suffered from measles encephalitis. The majority of cases were unvaccinated (70%), vaccination status was unknown for 155 cases, and 113 patients had one or more vaccinations.
114 cases (33 from Bavaria, 61 from Berlin and 20 from Brandenburg) were of genotype D8. Genotype D4 had been detected in six patients from another chain of transmission in Berlin.
Vaccination is recommended for all people born after 1970, who are either unvaccinated, whose vaccination status is unknown or who were vaccinated only once during childhood. In addition, the Standing Committee on Vaccination at the Robert Koch Institute recommends post-exposure prophylaxis irrespective of age starting from 9 months with MMR vaccine for persons who only received one dose or if their vaccination status is unclear.

Wales, UK - update

The outbreak affecting Wales is now declared to be over as there have been no laboratory confirmed measles cases linked to the outbreak area since 22 May. The outbreak, which started in November 2012, resulted in 1 219 notifications of measles. Eighty-eight people needed hospitalisation and there was one death. Efforts to bring the outbreak to an end have seen 75 868 unscheduled MMR vaccinations given at GP surgeries, weekend drop-in sessions and schools and occupational health vaccination sessions in Wales during the outbreak period. More than 95% of under two-year-olds in the Swansea area have had at least one dose of the MMR vaccine following the measles outbreak. But Public Health Wales is warning that there are still around 30 000 unvaccinated children in the 10-18 years age group across Wales, and that there is still a possibility of a further outbreak in the

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future. Emerging data suggest that in the outbreak area one dose of MMR vaccine protects against measles in more than 95 out of every 100 vaccinated, and two doses protect in around 99 out of every 100 vaccinated. This is in line with, or better than, levels of effectiveness expected based on other published data.

Italy
A new outbreak was reported by local media in Milan where during the first quarter of 2013 there were 77 notified cases of measles compared with 25 in all of 2012. Most cases are young adults.

Web sources: ECDC measles and rubella monitoring | ECDC/Euronews documentary | WHO Epidemiological Briefs | MedISys Measles page | EUVAC-net ECDC | ECDC measles factsheet | Public Health Wales | RIVM

ECDC assessment

The transmission season for measles persists in Europe. Although there are several on-going outbreaks, the number of aggregated cases is lower than in previous years.
So far in 2013, Sweden, Denmark, Germany, Italy, the UK, Lithuania and the Netherlands have reported outbreaks. The largest outbreak has been in Wales where more than 1 300 cases, including one death, have been notified so far. In the EU neighbourhood, a large outbreak of more than 4 000 cases was reported from Georgia. This may result in some imported cases in EU/EEA countries.

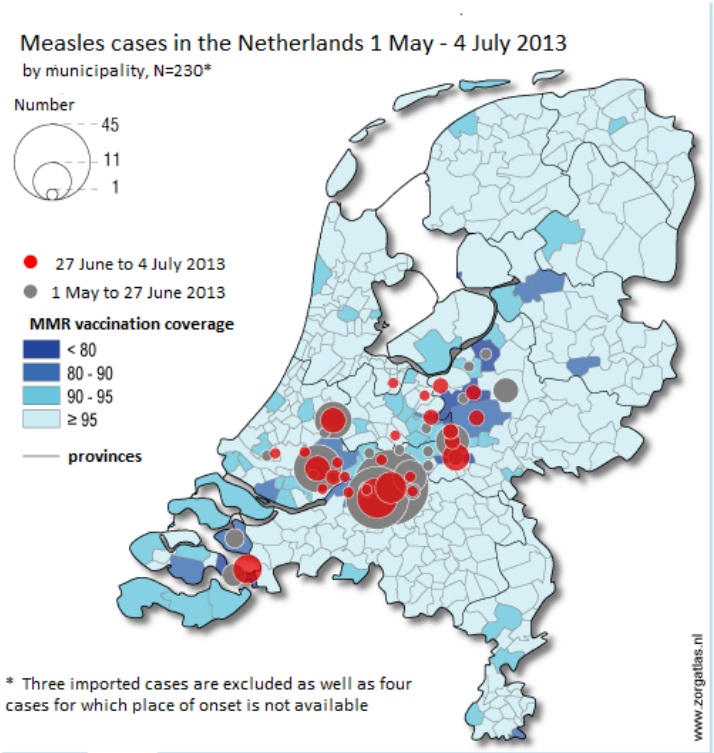
The target year for measles elimination in Europe is 2015. The current outbreaks suggest that endemic measles transmission continues in many EU Member States and the prospect of achieving the 2015 objective is diminishing. During the period April 2012-March 2013, 14 EU/EEA countries met the elimination target of less than one case of measles per million population.

Actions

ECDC closely monitors measles transmission and outbreaks in the EU and neighbouring countries in Europe through enhanced surveillance and epidemic intelligence activities. 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.

Distribution of measles cases in the Netherlands, 1 May - 4 July 2013,

RIVM



Rubella - Multistate (EU) - Monitoring European outbreaks

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Opening date: 7 March 2012 Latest update: 3 July 2013

Epidemiological summary

Poland - update
As of 15 June, the Polish Institute of Public Health has been notified of 32 196 reported cases, including two cases in newborns (congenital rubella syndrome). Eighty-one percent of the cases were men aged 15-29 years.

The Norwegian Institute of Public Health advises pregnant women who have not been vaccinated against rubella not to travel to Poland.

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

ECDC assessment

As rubella is typically a mild and self-limiting disease with few complications, the rationale for eliminating rubella would be weak if it were not for the virus' teratogenic effect. When a woman is infected with the rubella virus within the first 20 weeks of pregnancy, the foetus has a 90% risk of being born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. The increase in the number of rubella cases reported in 2012 and 2013 compared with 2011 and the potential for an increase in the number of babies born with CRS in EU countries are both cause for concern.

Actions

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

ECDC now reports on this threat on a monthly basis unless significant events are reported.

An ECDC report is available online: Survey on rubella, rubella in pregnancy and congenital rubella surveillance systems in EU/EEA countries

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

Opening date: 3 June 2013 Latest update: 28 June 2013

Epidemiological summary

So far in 2013, no cases of WNF have been reported in EU Member States.

Outside the EU, eight cases have been reported in neighbouring countries to date (four cases in Russia and four cases in Israel).

On 31 May, the Astrakhanskaya oblast in Russia reported four laboratory-confirmed cases of WNV. The cases were reported in the city of Astrakhan (one), Volga region (two) and Kamyzyaksky district (one). Two of the cases are children aged 3-5 years. Two of the cases have recovered and been discharged from hospital.

On 20 June 2013, four cases were reported by Israel. The places of infection were the Central district (2), Haifa district (1) and Tel-Aviv district (1).

Websources: ECDC West Nile fever risk maps | ECDC West Nile fever risk assessment tool | Astrakhanskaya oblast| Israel MoH |

ECDC assessment

Cases of WNV were reported in the Astrakhanskava oblast in 2010, 2011 and 2012, but the transmission season has started earlier this year with the first WNV cases detected in early May 2013 compared to early June in 2012.

Actions

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

ECDC produces weekly West Nile fever risk maps during the transmission season to inform blood safety authorities regarding affected areas. This supports national authorities in implementing control measures to prevent the transmission of WNF through blood products. Appropriate control measures as per the EU WNV and blood safety preparedness plan and the EU blood directive include either geographical donor deferral or the implementation of systematic Nucleic Acid Tests (NAT) screening of blood donors or visitors from affected areas.

Hepatitis A - Multistate - Travel to Egypt

Opening date: 22 April 2013 Latest update: 5 June 2013

Epidemiological summary

Fourteen EU/EEA countries have reported 107 cases with HAV (genotype 1b) infections among travellers returning from Egypt. Of these, 20 cases share an identical RNA sequence. Interviewed cases reported having travelled to at least three different locations in the Red Sea region (Sharm-El-Sheikh, Hurghada and Taba-Sinai) and having stayed at different hotels and resorts. Sixty-eight cases have information about their vaccination status and all were unvaccinated.

Web source: ECDC rapid risk assessment | Eurosurveillance 25 April 2013

ECDC assessment

HAV infections among travellers returning from Egypt have been reported in several EU Member States. The same HAV sequence was identified in cases from Denmark, France, Ireland, the Netherlands, Norway and the UK, confirming a multinational outbreak. The distribution of cases over time suggests a persistent common source outbreak - potentially food-borne - the source of which has not yet been identified.

Actions

ECDC has published a rapid risk assessment. Public health authorities in the affected countries, ECDC and WHO are actively collaborating to detect the source of the infection in order to prevent the occurrence of additional cases. ECDC is coordinating this investigation. Interviews with some of the cases using a trawling questionnaire have been performed and analysed. ECDC has requested that Egypt trace-back berries from four hotels with the most reported cases. A case-control study to identify the source or vehicle of infection is currently under way.

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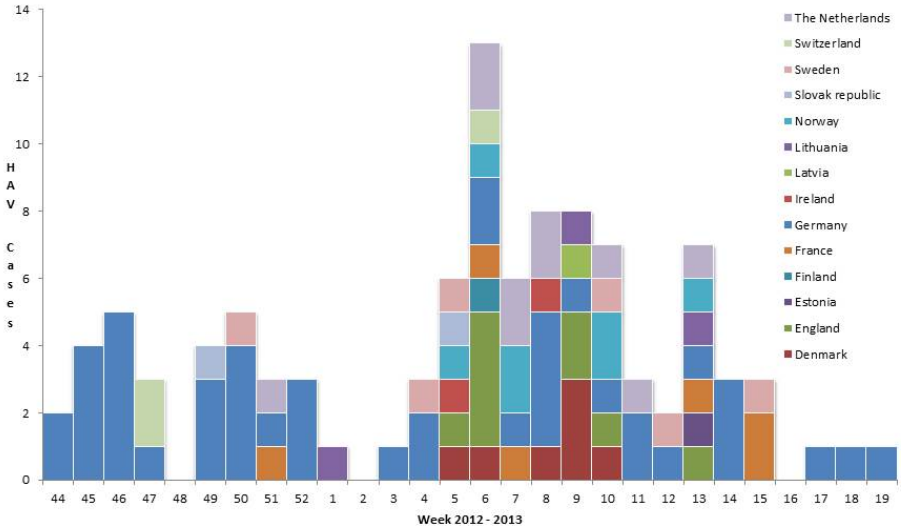
Hepatitis A cases among travellers coming back from Egypt

ECDC

HAV cases in EU/EEA travellers returning from Egypt by date of onset*

* Date of notification used when date of onset missing; n=103 (three cases missing information)



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

Opening date: 24 September 2012 Latest update: 4 July 2013

Epidemiological summary

Between April 2012 and 4 July 2013, 77 laboratory-confirmed cases of MERS-CoV, including 43 deaths, have been reported.

As of 4 July 2013, Saudi Arabia has reported 62 cases of which 36 were fatal. Other countries have also reported cases: Jordan (two cases and two deaths), Germany (two cases and one death), United Kingdom (four cases and three deaths), France (two cases and one death), Tunisia (two cases) and Italy (three cases). In France, Italy, Tunisia and the United Kingdom, there has been local transmission among patients who had not been to the Middle East but had been in close contact with laboratory-confirmed or probable cases.

Between 28 June and 4 July 2013, no new cases have been reported. Three fatalities in previously notified cases (two from Saudi Arabia and one from the UK) were reported during the same time period.

On 3 July 2013, WHO published a revised interim case definition and a second version of a case-control study protocol to assess potential risk factors related to human illness caused by MERS-CoV.

Web sources: ECDC RRA Update 17 June | ECDC novel coronavirus webpage | WHO | WHO MERS updates | InVS 25 june

ECDC assessment

The continued reporting of novel coronavirus cases by the Saudi Arabian authorities indicates an ongoing source of infection present in the Arabian Peninsula. 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 month of Ramadan in July and the Hajj in October.

Actions

ECDC published a public health development article on 28 June 2013.

ECDC published an updated rapid risk assessment on 17 June 2013. The results of an ECDC-coordinated survey on laboratory

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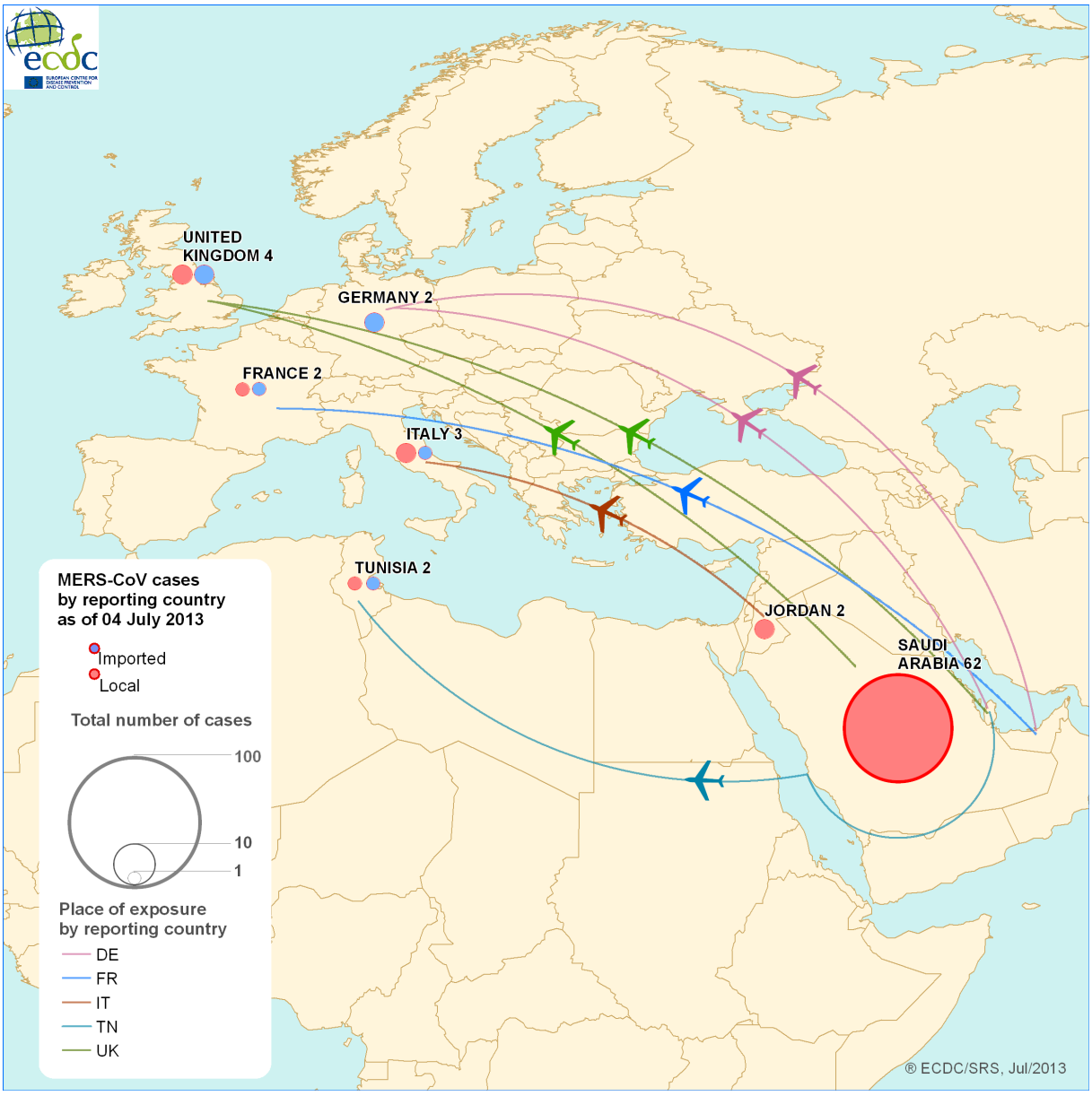
capacity for testing the novel coronavirus in Europe were published in EuroSurveillance.

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

Distribution of confirmed cases of MERS-CoV by place of reporting and place of exposure, April 2012 to July 2013 (n=77)

ECDC



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 3 July 2013

Epidemiological summary

Since 13 June 2013, 40 WPV1 cases were reported to WHO, from Somalia, Pakistan, Kenya, Nigeria and Afghanistan. Most of the cases are reported from the Horn of Africa where 17 new WPV1 cases were reported during the past week (16 WPV1s from Somalia and one WPV1 from Kenya), bringing the number of WPV1 cases in the region to 48 (41 WPV1s from Somalia and seven WPV1s from Kenya). The bulk of the newly-reported cases are from Somalia's Banadir province, which remains the epicentre of the outbreak. However, two of the new cases are from Lower Shabelle region, in south-central Somalia, where access for

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supplementary immunisation activities (SIAs) has been compromised for the past three years. As many as 500 000 children in this area are at particular risk of polio at the moment. Efforts are ongoing to operate in this area, and vaccinations are continuing at entry and exit points to build up immunity levels.

The latest case from Pakistan was reported from North Waziristan that is also affected by an ongoing cVDPV2 outbreak. It is an area where immunisation campaigns have been suspended by local leaders since last June. Attacks on polio teams continue in Pakistan. On 16 June, two polio workers were shot dead in Swabi.

Globally, 95 cases have been reported so far in 2013 compared with 88 during the same period in 2012. Forty-eight of the cases in 2013 occurred in non-endemic countries compared with four for the same period in 2012.

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet | WHO mission to Israel |

ECDC assessment

The last polio cases in the European Union occurred in 2001 when three young Bulgarian children of Roma ethnicity developed flaccid paralysis caused by 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.

Actions

ECDC follows reports on polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of re-introduction of wild poliovirus (WPV) into the EU.
From week 24 onwards ECDC reports on polio on a monthly basis.

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

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