

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Salmonella Stanley - Multistate(EU) - 2012 outbreak

Opening date: 19 July 2012

Latest update: 27 February 2013

In July 2012, ECDC initiated a Europe-wide investigation of a *Salmonella* serovar Stanley outbreak, together with the affected Member States, the European Food Safety Authority (EFSA) and the European Reference Laboratory for Salmonella (EURL Salmonella). Cases were associated with strains showing an indistinguishable pulsed field gel electrophoresis (PFGE) pattern not previously reported in Europe. Investigations implicated the turkey food production chain as the primary source of the outbreak.

→Update of the week

On 10 July 2013, through the Food and Waterborne Disease (FWD) network, ECDC updated Member States in order to assess the situation at the European level in 2013. Between 1 January and 17 July, 143 *S. Stanley* cases were identified, 43% of them in Hungary. Belgium and Hungary also reported confirmed cases with the outbreak PFGE profile.

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 three EU Member States. As of 16 July nine cases have been notified since February 2013. Initial typing results suggest that the cases are due to a strain which is similar to that in an outbreak in New York that began in 2010.

→Update of the week

Two additional cases have been reported in Germany since the last update two weeks ago.

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

Opening date: 3 June 2013

Latest update: 17 July 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 identify significant changes in the epidemiology of the disease. In the 2012 transmission season, 237 probable and confirmed cases have been reported in the EU, and 670 cases in neighbouring countries.

→Update of the week

During the past week, the first human West Nile fever (WNF) case of the year was detected in the EU: Greece reported one probable case in the East Attiki region. In neighbouring countries, Volgograd oblast in the Russian Federation recorded its first case of the year.

Non EU Threats

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

Opening date: 24 September 2012

Latest update: 19 July 2013

Between April 2012 and 18 July 2013, 88 laboratory-confirmed cases, including 45 deaths, of an acute respiratory disease have been notified to WHO. The new virus, 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 (UAE). In addition, 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 MERS-CoV reservoir has not been established, nor is it clear how transmission occurs.

→Update of the week

During the past week, seven new cases of MERS-CoV were reported by WHO, five cases in the United Arab Emirates (UAE) and two cases in Saudi Arabia. All the cases except one were either asymptomatic or mild and did not require hospitalisation. There were no new fatalities.

On 17 July 2013 the [second meeting of the Emergency Committee](#) under the International Health Regulations (2005) was held by teleconference. It concluded unanimously that, with the information now available, and using a risk assessment approach, the conditions for a Public Health Emergency of International Concern have not at present been met.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 18 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 5 July 2013 and as of 18 July 2013, 24 new cases of wild polio virus type 1 (WPV1) were reported to WHO.

In addition, [WHO reported](#) on 15 July that WPV1 has been isolated in 30 sewage samples across Israel.

II. Detailed reports

Salmonella Stanley - Multistate(EU) - 2012 outbreak

Opening date: 19 July 2012

Latest update: 27 February 2013

Epidemiological summary

Between 1 August 2011 and 23 January 2013, 684 cases of non-travel-related *S. Stanley* infections were identified in the EU: Hungary (235), Austria (186), Germany (77), Belgium (41), the United Kingdom (64), Czech Republic (35), Sweden (18), Italy (14), Slovak Republic (12), and Greece (1). Investigations, including PFGE strains in isolates from humans, animals, food, and animal feed imply that the turkey food production chain is the primary source of the outbreak.

On 10 July 2013, through the Food and Waterborne Disease (FWD) network, ECDC updated Member States in order to assess the situation at the European level in 2013. Between 1 January and 17 July, 143 *S. Stanley* cases were identified, 43% of them in Hungary. Belgium and Hungary also reported confirmed cases with the outbreak PFGE profile.

ECDC assessment

The monthly number of non-travel related cases in 2013 has decreased compared to the peak of the outbreak in August 2012 but it is still higher than prior to the start of the outbreak. This may indicate that *S. Stanley* is still circulating in the turkey-related food chain in some EU Member States. Further analysis of the animal surveillance data would be necessary to assess the effectiveness of control measures and the prevalence of *S. Stanley* in animal populations.

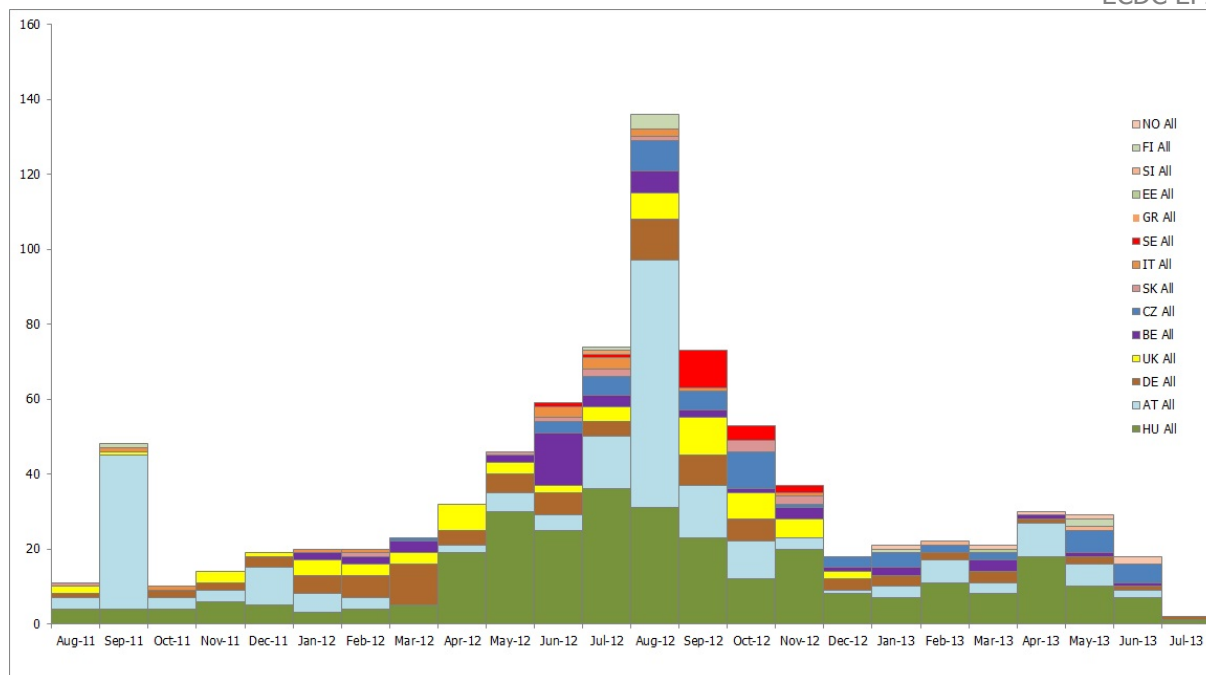
Actions

The last epidemiological update was sent to the European Commission on 31 January 2013 and posted on ECDC website.

ECDC will continue monitoring the situation through EPIS-FWD. ECDC encourage the Member States to report through EPIS-FWD any increase in number of non-travel-related *S. Stanley* cases during the upcoming months.

Distribution of Salmonella Stanley infection cases by EU Member State and month of reporting, as of 15 July 2013 (n= 836)

ECDC EPIS-FWD



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. 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.

Germany identified two additional cases in Berlin with the same strain of *Neisseria meningitidis* as the earlier reported cases through retrospective investigation. They were reported in a *Eurosurveillance* article published on 11 July. One case was notified in February 2013, the other case in October 2012. Both were in their late 20s. The latter case had developed signs of sepsis and died.

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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.

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

Opening date: 3 June 2013

Latest update: 17 July 2013

Epidemiological summary

As of 18 July 2013, one human case of West Nile fever (WNF) has been reported in the EU and nine cases in neighbouring countries. The WNV transmission season has now started in Europe.

EU Member States

Greece

On 16 July, Greece reported the first case in the EU of the year, involving WNF encephalitis in an elderly male resident in East Attiki. He is classified as a probable case according to the EU case definition. He had no recent travel history before onset of illness.

Neighbouring countries

Russian Federation

Between 31 May and 15 July, five cases of WNF were reported in Russia: four cases in Astrakhanskaya oblast and one case in Volgograd oblast.

Israel

On 20 June 2013, Israel reported four cases of WNF. 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](#) | [Keelpno Greece](#) | [Astrakhanskaya](#)

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[oblast](#) | [Volgograd oblast](#) | [Israel MoH](#) |

ECDC assessment

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.

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.

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

Opening date: 24 September 2012

Latest update: 19 July 2013

Epidemiological summary

As of 18 July 2013, 88 laboratory-confirmed cases of MERS-CoV, including 45 deaths, have been reported worldwide. To date, all the cases have either occurred in the Middle East or have had direct links to an index case infected in the Middle East. Saudi Arabia has reported 68 cases, including 38 deaths, UAE five cases and Jordan two cases, both of which died. Thirteen cases have been reported from outside the Middle East in: 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. Eight asymptomatic cases were reported by Saudi Arabia and two by UAE. Six of these cases were healthcare workers.

Recently published modelling of MERS-CoV transmission in [The Lancet](#) indicates that the virus currently has a low potential for pandemic spread.

On 9 July, WHO established the [Emergency Committee](#) to advise WHO's Director-General on the status of the current situation concerning MERS-CoV. During its second meeting through teleconference, held on 17 July 2013, the Committee decided that, with the information now available, the conditions for a Public Health Emergency of International Concern have not been met.

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

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 in the Middle East indicates an ongoing source of infection present in the region. 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 Ramadan in July and 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

ECDC published a [public health development](#) on 28 June 2013.

The latest ECDC [rapid risk assessment](#) was published on 17 June 2013. It is currently being updated.

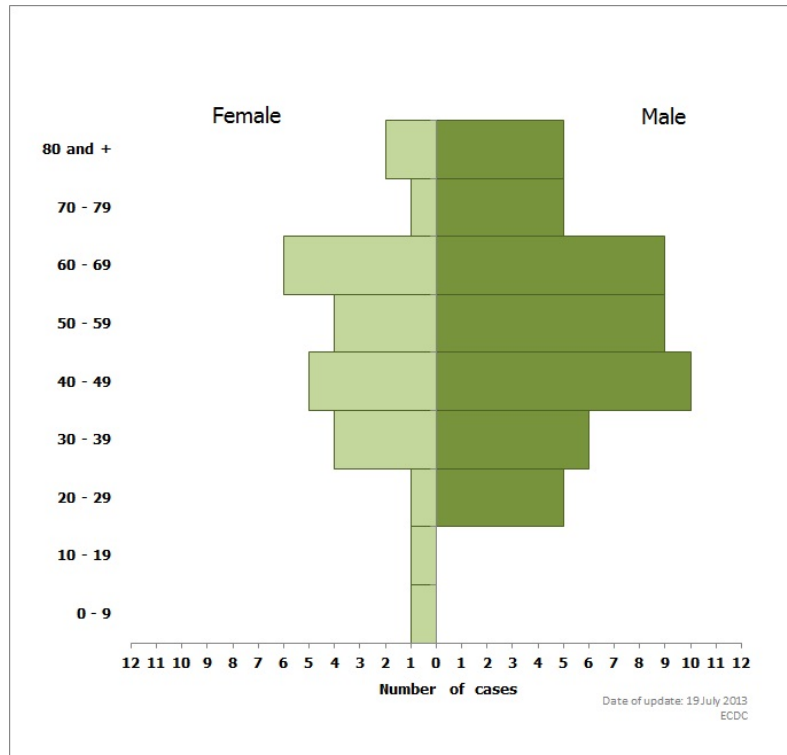
The results of an ECDC coordinated survey on laboratory capacity for testing the MERS-CoV in Europe were published in

EuroSurveillance.

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

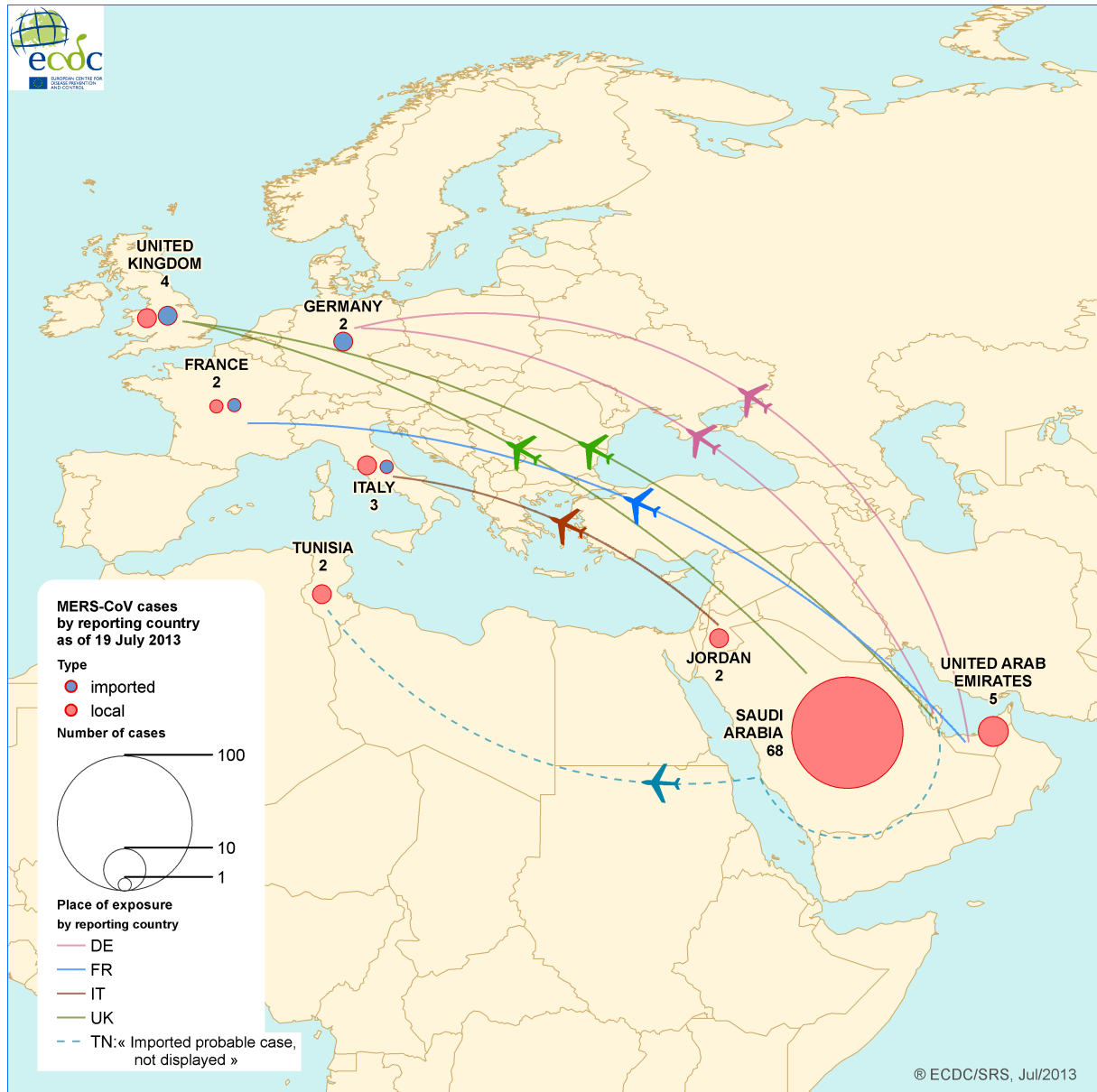
Distribution of confirmed MERS-CoV cases, by age group and sex, March 2012 - July 2013

ECDC



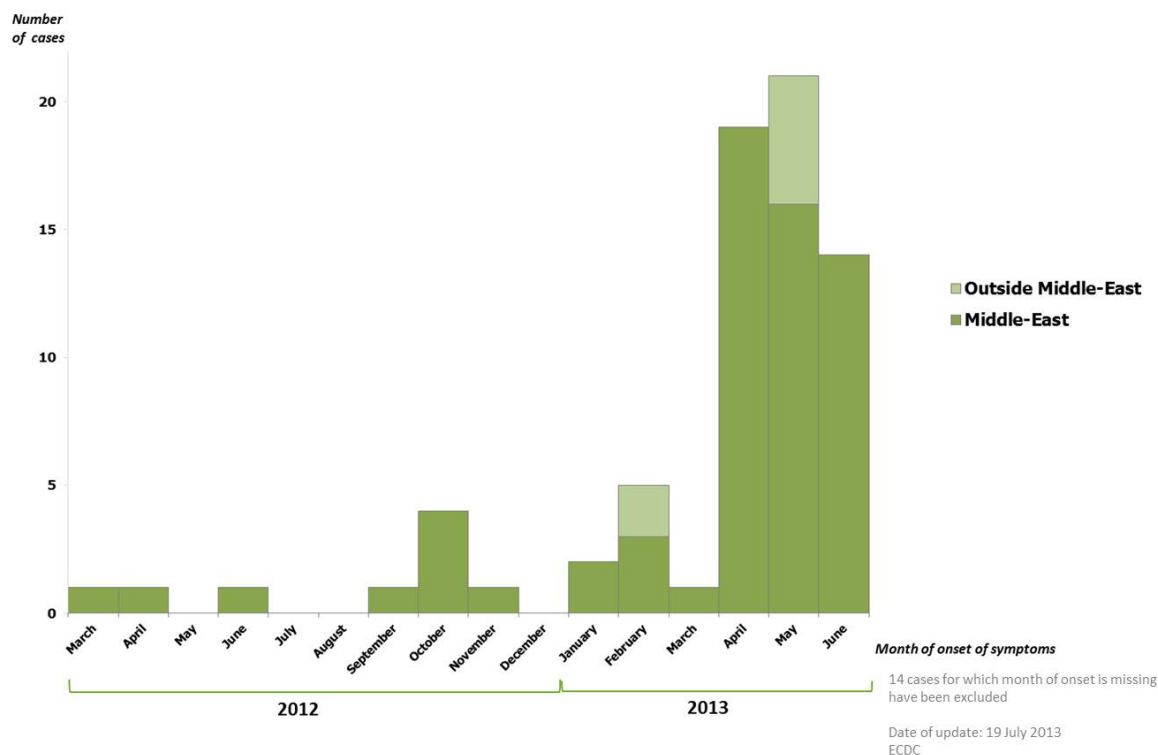
Distribution of confirmed cases of MERS-CoV by place of reporting as of 19 July

ECDC



Distribution of confirmed cases of MERS-CoV by month of onset of symptoms and probable place of infection, March 2012 - July 2013

ECDC SRS



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 18 July 2013

Epidemiological summary

Worldwide, 132 cases of poliomyelitis have been reported so far in 2013 compared with 96 for the same period in 2012. Five countries have reported cases in 2013: Afghanistan, Pakistan, Nigeria, Kenya and Somalia. The majority, 73, of the cases in 2013 occurred in non-endemic countries compared with five for the same period in 2012. All 73 cases are reported from the Horn of Africa (65 WPV1 cases from Somalia and eight WPV1 cases from Kenya). Outbreak response measures across the region continue to be implemented. Some of the new cases are from inaccessible areas of southern and central Somalia where more than 600 000 children are particularly vulnerable to polio. Vaccination posts are being set up in areas bordering inaccessible areas to immunise all populations entering/leaving such areas. Assessments of high-risk areas and populations continue to be conducted, including mapping chronic conflict areas and major population movement routes. Local level access negotiations have intensified, to increase access to populations in inaccessible areas.

During the last week WHO reported that WPV1 has been isolated in 30 sewage samples from 10 sampling sites in Israel collected

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between 3 Feb 2013 and 30 Jun 2013. All viruses have been detected in sewage only; no cases of paralytic polio have been reported. Detection of viruses across the country indicates increased geographic extent of circulation for a prolonged period of time. WHO assesses the risk of further international spread of WPV from Israel as moderate to high.

Investigations are on-going to actively search for potential cases of paralytic polio and any unimmunised persons. Routine immunisation coverage is estimated at 94 per cent or above over last eight years. There has been no indigenous transmission of wild poliovirus reported in Israel since 1988. The Government of Israel is planning supplementary immunisation activities (SIA) with oral polio vaccine (OPV) following a catch-up campaign that began in June 2013 using inactivated polio vaccine (IPV). WPV1 isolates from the environmental samples in southern Israel from June this year, belong to the South Asia (SOAS) clade with the closest match being the December 2012 isolates in the suburbs of Cairo, Egypt from sewage samples. Both Egyptian and Israeli viruses belong to the 'R' genotype which is circulating in Afghanistan and Pakistan.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#) | [WHO mission to Israel](#) |

ECDC assessment

The last polio cases in the EU 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 into the EU. From week 24 onwards ECDC reports on polio on a monthly basis.

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