I. Executive summary

EU Threats

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011
Latest update: 21 June 2012

Measles is still endemic in many countries of Europe due to a low uptake of immunisation. In the past decade the susceptible population has increased, leading to a resurgence of the disease. More than 30 000 cases were reported in EU Member States in each of the last two years. So far in 2012, the number of outbreaks and reported cases in the Member States are significantly lower than during 2010 and 2011. Romania, France, Italy, the United Kingdom and Spain accounted for the majority of the reported measles cases so far this year. In Ukraine, an ongoing large outbreak with more than 10 000 cases is reported in 2012.

Update of the week
During 18 to 21 June 2012, outbreaks in England, Poland and France were reported.

UEFA EURO 2012 - MG enhanced surveillance (weekly update)

Opening date: 7 June 2012

From 8 June, the CDTR includes a section on threats related to the UEFA Euro 2012. It contains information gathered through epidemic intelligence activities concerning health events or public health measures relevant for the football tournament. The information is classified regarding host countries (Poland and Ukraine), other participating countries (Croatia, Czech Republic, Denmark, England, France, Germany, Greece, Italy, the Netherlands, Portugal, Republic of Ireland, Russian Federation, Spain and Sweden) and other bordering countries (Belarus, Hungary, Lithuania, Moldova, Romania and Slovakia).

Update of the week
As of week 15 - 21 June:
This week we include information about the following public health events/measures:

Poland: measles overview, results from enhanced surveillance; missing soccer fan.

Ukraine: measles update; restrictions to swim in Donetsk lakes; inappropriate sanitary conditions in some swimming places; Dirofilariasis in Donetsk region; overview of rabies; deterioration of weather condition foreseen.

Bordering countries: viral meningitis in Romania; increase of pertussis in Lithuania.
Legionnaires' Disease - UK - Edinburgh
Opening date: 7 June 2012  Latest update: 21 June 2012

A community outbreak of Legionnaires' disease has been identified in Edinburgh, Scotland. As of 20 June, 44 confirmed cases and 47 suspected cases were reported. Two confirmed cases have died. No cases have been identified in non-UK citizens. The source of the outbreak has not been identified.

⇒ Update of the week
Three more confirmed cases, all related in time to the original outbreak, were identified this week.

Anthrax - Germany - Injecting drug use
Opening date: 18 December 2009  Latest update: 21 June 2012

On the 13 June 2012, Germany reported that one injecting drug user had died of anthrax in Regensburg.

Previously, in December 2009, similar cases formed part of an outbreak when 124 cases of anthrax were reported among injecting drug users in the UK (England and Scotland with five and 119 cases respectively) and Germany (three cases).

Viral meningitis – Romania - outbreak in kindergarten
Opening date: 12 June 2012  Latest update: 21 June 2012

On 16 June, 2012, the Romanian Ministry of Health reported an outbreak of aseptic meningitis linked to a kindergarten in Suceava city, Suceava county in the northern part of the country. Twenty-eight cases were linked with the kindergarten: 18 primary cases and 10 secondary cases (household members or neighbourhood contacts). Fourteen additional cases have been identified in the city with no epidemiological link to the kindergarten. Preliminary microbiological investigations suggest that non-polio enteroviruses are the causative agent. Investigations are ongoing.

⇒ Update of the week

New! West Nile virus - Multistate (Europe) - Monitoring season 2012
Opening date: 21 June 2012

Between June and November, ECDC monitors the West Nile Fever (WNF) situation during the 2012 transmission season in the EU Member States and bordering countries in order to identify significant changes in the epidemiology of the disease. In 2011, 96 confirmed cases were reported from the EU Member States and 207 cases in neighbouring countries.

⇒ Update of the week
This week, ECDC started the seasonal monitoring of West Nile Fever (WNF). No cases of WNF were detected in the EU or neighbouring countries.

Non EU Threats

Dengue - Multistate (world) - Monitoring seasonal epidemics
Opening date: 20 April 2006  Latest update: 21 June 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 significant 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. High activity is reported in several endemic areas worldwide.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks
Opening date: 8 September 2005  Latest update: 21 June 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. Seventy-eight cases have been reported in 2012 worldwide so far.

⇒ Update of the week
During 16 to 21 June 2012, five new polio cases were reported by WHO.
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.

Between 15 and 21 June 2012, WHO did not report any new cases of human influenza A (H5N1) infection.

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiologic patterns. In metropolitan France, the seasonal surveillance for *Aedes albopictus* started on 1 May 2012. In addition, from the beginning of the year to 16 May 2012, six autochthonous cases have been confirmed in Mayotte (French overseas department).

Since the beginning of the year, no autochthonous cases were reported in Europe.

Hong Kong authorities reported a late peak of the influenza season dominated by influenza A(H3N2) with severe outcomes in the elderly.
II. Detailed reports

Measles - Multistate (EU) - Monitoring European outbreaks
Opening date: 9 February 2011  Latest update: 21 June 2012

Epidemiological summary

I. European Union Member States

1. UK
Media reports that there have been 301 laboratory-confirmed cases in Merseyside County since the start of the year, including 42 in neighbouring Knowsley. It represents the most widespread outbreak of the disease in the area since the 1980s. An additional 148 probable cases are still under investigation.

2. Poland
Polish authorities report 36 cases of measles from 1 January to 15 June, 2012. Last year during the same period, 19 cases were reported to National authorities.

3. France
Invs published an update about measles epidemiological situation in France. Since 1 January, 580 cases were reported (including 21 severe pneumonia). The monthly number of cases remains relatively stable since December, with no significant epidemic peak.

II. Neighbouring countries

Ukraine – update
Source: MOH
There has been 10 939 cases of measles reported in 2012.

Web sources: ECDC measles and rubella monitoring | ECDC/Euronews documentary | MedISys Measles Webpage | EUVAC-net ECDC | ECDC measles factsheet | ECDC RRA on the measles outbreak in Ukraine

ECDC assessment

A decline in the uptake of immunisation in the past decade in Europe has increased the susceptible population, and measles has re-emerged in the region. When the number of susceptible individuals increases, the incidence of measles increases as well, and the interval between epidemic peaks decreases.

Transmission follows the traditional seasonal pattern of measles. Last year’s outbreaks in Europe peaked in May and declined over the rest of the year. This year measles transmission was at a much lower level during the peak transmission season compared to the previous two years.

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 are hosting 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.

UEFA EURO 2012 - MG enhanced surveillance (weekly update)
Opening date: 7 June 2012

Epidemiological summary

Hosting countries
**Polish authorities** reported an overview of measles in 2012. Thirty-six cases of measles have been reported from January 1 to June 15. Last year during the same period, 19 cases were reported. On June 20, two new suspected cases of measles have been reported (1 in Poznan, 1 in Katowice); both cases are Polish citizens, not related to any previous confirmed case and with no link or risk of spread to EURO 2012. Health authorities are conducting epidemiological investigation and control measures will be taken.

EURO 2012 enhanced surveillance nationwide: no public health events requesting central level response were reported this week. EURO 2012 additional surveillance in the four hosting cities and Krakow: no foodborne outbreaks detected; respiratory disease cases did not exceed expected levels; no single cases of highly infectious diseases reported (e.g. anthrax, botulism, hemorrhagic fever); no other public health events reported.

Several media reported this week about an Irish soccer fan having disappeared on Sunday in the city of Bydgoszcz. Local police found his body early on June 20 in the local river.

**Measles, Ukraine**

Refer to the measles section in this report.

Local authorities were quoted by the media warning on dangers/restictions to swimming in Donetsk lakes. Kalmus lake is reported to be polluted with industrial waste water. Microbiological testing also indicates faecal pollution. Sewage systems have subsequently been renovated is this area.

The Ukrainian Ministry of health provided an overview of the sanitary conditions regarding swimming places in the country: from the 1 128 swimming places 639 are operational. In addition nine swimming places had been closed due to unappropriate sanitary conditions in Crimea, Mykolaiv and Odessa regions.

**Dirofilariasis, Ukraine**

Sanitary Epidemiological Service was quoted by media reporting, since the beginning of the year, 13 cases of dirofilariasis in Donetsk region. There has been a recent rise in insect disease vector numbers, in the Donetsk area due to the high temperatures.

**Rabies, Ukraine**

Health authorities provided an overview of rabies in Ukraine, 2011. An "Order on enhanced measures against rabies in Ukraine" is mentioned as active from April 2012. The document addresses particularly issues related with timely detection and prophylactic measures against rabies. (official source)

**Weather, Ukraine**

According to the Ministry of Emergency Situations, storms are foreseen for 15-17 June in Krym and Lugansk regions. Water levels might increase in the rivers of the basin of Pripyat in Volyn. (official source).

According to the Ministry of Emergency Situations, hot weather (30-36°C) and storms with hail and heavy rains are foreseen for the coming week (June 18 - June 24) all over Ukraine.

Participating countries

No major public health events potentially relevant for EURO 2012 were reported this week in the participating countries.

**Bordering countries**

**Meningitis, Romania**

ECDC has produced a rapid risk assessment with regards to this outbreak (see link below).

**Pertussis, Lithuania**

Centre for Communicable diseases and AIDS, on 20 June, reported that number of pertussis is steadily increasing. Between 1 May and 8 June there were 22 cases reported: 12 in Vilnius, 10 in Kaunas. One case resulted in a fatal outcome (1 year old, not vaccinated). There are 59 cases of pertussis reported this year compared to 30 in 2011 and 19 in 2010.

**ECDC assessment**

**Measles, Ukraine**

The measles situation in Ukraine is being monitored since the beginning of the year. Several countries in Europe have recommended measles vaccination for EURO 2012 visitors.

**Viral meningitis in Romania**

ECDC has produced a rapid risk assessment on potential risk factors for further spread of this outbreak, the potential implications for bordering countries (including non EU countries), and options for outbreak control.
Actions
ECDC and EpiNorth are closely collaborating with enhanced epidemic intelligence activities during this event. A close contact with the Polish health authorities has been established and an ECDC expert liaison officer is currently hosted at the Chief Sanitary Inspectorate. ECDC is in contact with the Ukrainian health authorities through the EpiNorth network and a liaison officer placed at the WHO Country Office for Ukraine.

UEFA EURO 2012 venues

2012 UEFA EURO hosting cities

Legionnaires’ Disease - UK - Edinburgh
Opening date: 7 June 2012
Latest update: 21 June 2012

Epidemiological summary
A community outbreak of Legionnaires’ disease was identified in Edinburgh, Scotland. As of 20 June, 44 confirmed cases and 47 suspected cases have been reported, of which 18 are hospitalised on 20 June. Two confirmed cases have died.

The majority of the confirmed cases are linked to the Dalry, Gorgie and Saughton areas of Edinburgh. Industrial cooling towers have been identified as a potential source of infection and the cooling systems at some facilities in the area have been subject to microbiological monitoring and chemical treatment. Further inspections of these facilities will be carried out by Edinburgh City Council and the Health and Safety Executive over the coming days to ensure control measures are effective.

Other possible sources are not being ruled out.

Websources: NHS Lothian press releases on outbreak | HPS Legionella page |

ECDC assessment
As Legionnaires’ disease cannot be transmitted from human to human, the risk for the EU remains limited to people having been in the affected areas of Edinburgh. Local health authorities have implemented control measures.
Actions
ECDC has published a rapid risk assessment on the ECDC website.

Anthrax - Germany - Injecting drug use
Opening date: 18 December 2009  Latest update: 21 June 2012

Epidemiological summary
On the 13 June, Germany reported a fatal case of anthrax in an 51 year old injecting drug user (IDU) in Regensburg. The infection with Bacillus anthracis was confirmed by blood culture and PCR. The case was admitted to hospital on 5 June and died the same day from anthrax septicaemia.

A second case of anthrax in an IDU in Regensburg has been laboratory confirmed by PCR. The patient was hospitalised on 18 June 2012 with fever and swelling at a heroin injection site, following injection three days previously. The patient is currently in a stable condition.

There were three similar cases reported in Germany from December 2009 to March 2010. The UK reported five cases during that same period, including four deaths. The latest case was in November 2010. In Scotland 119 cases had been notified, including 13 deaths during the outbreak in 2009 and 2010. The outbreak in Scotland was declared to be over in October 2010.

Public Sources: Last HPA report | RKI report | Last NHS report | NHS publication

ECDC assessment
The conclusions of the rapid risk assessment published by ECDC and EMCDDA in February 2010 still are valid stating that the risk of exposure for contaminated heroin for IDU users remains present and that accidental contamination seems the most plausible explanation to these incidents. The rapid risk assessment is currently being updated.

Actions
ECDC and EMCDDA have updated their joint rapid risk assessment.

Viral meningitis – Romania - outbreak in kindergarten
Opening date: 12 June 2012  Latest update: 21 June 2012

Epidemiological summary
This week, 42 cases of aseptic meningitis have been reported in Romania, 36 of which are in Suceava county in the north of the country. Of the 36 cases, 18 (17 children and one adult) primary cases were part of an outbreak in a kindergarten in Suceava city. Ten cases were linked to secondary transmission from the primary cases in household and neighbourhood contacts. Eight additional cases have been identified in Suceava city with no direct epidemiological link to the kindergarten. The remaining six cases were identified in an outbreak area (n=3) and three sporadic cases. Preliminary laboratory investigations indicate that non-polio enterovirus is the etiological agent in the kindergarten outbreak.

The control measures implemented can be found at the MoH Romania

Enhanced epidemiological surveillance has been established by the public health authorities in Suceava County, particularly in kindergartens and schools;

Recommendations for the general public have also been issued by the Ministry of Health, these include:

- Ensuring personal hygiene measures are respected (washing hands before eating, after various activities, after using the toilet);
- Ensuring fruits and vegetables are thoroughly washed before consumption;
- Avoiding swimming in unsuitable places;
- Ensuring drinking water from a safe water source;
- Daily disposal of garbage.

Enteroviruses circulate predominantly during spring and summer seasons and are transmitted through the faecal-oral route (dirty hands, contaminated food and objects, especially where children congregate) and transmission is facilitated by poor personal hygiene.

ECDC assessment
Enterovirus (non-polio) outbreaks occur usually during the summer period in many countries. The outbreak reported in the kindergarten by Romania therefore is not unexpected. Further information can be found in ECDC rapid risk assessment.

Actions
ECDC is in close contact with the public health authorities in Romania and is closely monitoring the evolution of the situation.

**New! West Nile virus - Multistate (Europe) - Monitoring season 2012**
Opening date: 21 June 2012

Epidemiological summary
As of 21 June 2012, no cases of West Nile Fever (WNF) were detected in the EU or neighbouring countries this year.


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 to inform blood safety authorities regarding affected areas.

**Dengue - Multistate (world) - Monitoring seasonal epidemics**
Opening date: 20 April 2006 Latest update: 21 June 2012

Epidemiological summary
Europe: No autochthonous cases have been reported in 2011 or in 2012 to date.

EU overseas territories: Since the beginning of the year, 26 autochthonous cases have been reported, of which 10 are confirmed and 26 are probable.

South America: In Mato Grosso state, Brazil, 95 per cent of the 556 samples collected since the beginning of the year confirm infection by DEN-IV. According to the Ministry of Health, Brazil has not registered cases of dengue DEN-IV for the past 30 years.

Web sources: DengueMap CDC/HealthMap | MedISys dengue | ProMED dengue latest update | ECDC dengue fever factsheet | WPRO dengue latest update | InVS PACA Epidemiological Update | InVS Languedoc-Roussillon Epidemiological Update

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 was published on 30 April 2012 with a summary available on ECDC website.

**Poliomyelitis - Multistate (world) - Monitoring global outbreaks**

**Epidemiological summary**

In the last week, five polio cases were notified, all of which were WPV1 cases in Nigeria. So far, 78 cases with onset of disease in 2012 have been reported globally compared with 228 for the same period in 2011.

Today, 21 June 2012, marks 10 years since the European Region was certified polio-free. To help recognise this important milestone, WHO/Europe has produced a number of communications materials, available here:

- Press release
- Q&A with Dr George Oblapenko
- Podcast

**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 increase the risk of re-introduction of wild poliovirus (WPV) into the EU.

The WHO European Region is polio-free. The last polio cases in the European Union occurred in 2001 when three young Bulgarian children of Roma ethnicity developed flaccid paralysis from WPV. Investigations showed that the virus originated from India. The latest outbreak in the WHO European Region was in Tajikistan in 2010 when WPV1 imported from Pakistan caused an outbreak of 460 reported cases. The last indigenous WPV case in Europe was in Turkey in 1998. An outbreak in the Netherlands in a religious community opposed to vaccinations caused two deaths and 71 cases of paralysis in 1992.

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

**Epidemiological summary**

Between 15 and 21 June 2012, WHO reported no new cases of human influenza A (H5N1) infection. Worldwide, 27 cases (including 17 deaths) were notified to WHO since the beginning of 2012.

**Web sources:** ECDC Rapid Risk Assessment | WHO Avian Influenza | Avian influenza on ECDC website | WHO H5N1 Table

**ECDC assessment**

Most human infections are the result of direct contact with infected birds, and the World Health Organization notes it has never identified a ‘sustained human-to-human spread’ of the virus since it re-emerged in 2003. Countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. Hong Kong reported the world’s first recorded major outbreak of bird flu among humans in 1997, when six people died.

ECDC follows the worldwide A(H5N1) situation through epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC re-assesses the potential of a changing risk for A(H5N1) to humans on a regular basis. There are currently no indications that from a human health perspective there is any significant change in the epidemiology associated with any clade or strain of the A(H5N1) virus. This assessment is based on the absence of sustained human-to-human transmission, and on the observation that there is no apparent change in the size of clusters or reports of chains of infection. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.
Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005
Latest update: 21 June 2012

Epidemiological summary
In the EU, seasonal surveillance activities are ongoing in the South of France since 1 May 2012 according to their surveillance plan. The aim is to identify imported cases early in order to take appropriate control measures to prevent further spread. According to the Institut de Veille Sanitaire (InVS), six autochthonous cases have been reported in Mayotte since the beginning of the year. Among these cases, four are from the centre of the Island, one from the south and one in Mamoudzou.

Web sources: NaTHNaC Chikungunya Global Update | New Caledonia | MedISys Chikungunya | InVS

ECDC assessment
Although the geographic range of the virus is primarily in Africa and Asia there has been a rapid expansion of epidemics over the past few years to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes aegypti*, through increased human travel. There is a risk of further importation of the chikungunya virus into new areas by infected travellers.

New! Influenza - Hong Kong - Monitoring 2011-2012 season

Opening date: 21 June 2012

Epidemiological summary
The Hong Kong Centre for Health Protection reports that the influenza season in Hong Kong has had a late peak this year and is continuing now in mid to late June when influenza would normally have subsided. The season started in January with influenza B, but by March, over 95% of flu virus detections were A(H3N2). As a consequence, there have been a number of deaths, nearly 90% of which were in people aged 65 years and over. Proportionately, 72% of deaths have been due to influenza A (almost all H3N2) while 28% were from influenza B. As in Europe, the expected effectiveness of the seasonal vaccine is reduced this season.

Web sources: Hong Kong HPC

ECDC assessment
The influenza season in Hong Kong, which normally ends in May is continuing at present and is presenting with similar characteristics to the influenza season 2011/2012 in Europe.
The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.