

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Salmonella Stanley - Multistate outbreak (EU)

Opening date: 19 July 2012

Latest update: 20 August 2012

On 9 July, Belgium reported an outbreak of *Salmonella* Stanley through the EPIS-FWD platform. Subsequently, Austria, Czech Republic, Germany and Hungary reported cases of *S. Stanley* sharing the same PFGE pattern as the Belgian outbreak strain. The descriptive epidemiology indicates a transmission originating from a persistent common source or multiple sources in the EU that are contaminated with indistinguishable isolates.

Food and veterinary investigations are ongoing at the EU level to identify the source of the outbreak.

→Update of the week

From 1 August 2011 to 27 August 2012, 117 confirmed cases of *S. Stanley* infections have been reported in five EU Member States in relation with a nalidixic acid resistant strain with an indistinguishable XbaI-PFGE pattern. For another 140 *S. Stanley* infections reported in these MS, the PFGE pattern is not available.

Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 13 August 2012

Since June 2012, six autochthonous cases of malaria, caused by *Plasmodium vivax* infection, have been reported from Greece. Local control measures have been implemented in accordance with national guidelines.

→Update of the week

No additional cases were reported this week.

West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012

Latest update: 31 August 2012

West Nile virus is a mosquito-borne disease causing severe neurological symptoms in a small proportion of infected people. During the West Nile virus transmission season (between June and November), ECDC monitors the situation in the EU Member States and in neighbouring countries in order to identify significant changes in the epidemiology of the disease. In 2011, 130 probable and confirmed cases of West Nile fever were reported from the EU Member States and 207 cases in neighbouring countries. The 2012 transmission season is ongoing, with 115 probable and confirmed cases reported in the EU and 224 cases in neighbouring countries so far.

→Update of the week

This week, Greece reported 20 new cases and one newly affected prefecture (Pella), and Romania reported four new cases and two newly affected districts (Giurgiu and Ialomita). In countries neighbouring the EU, 69 new cases were notified by various federal regions of Russia, and 12 new cases were reported from Israel and the occupied Palestinian territory. Outside of the monitored region, the US are experiencing the largest WNF outbreak ever.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 29 August 2012

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. More than 30 000 cases were reported in EU Member States in each of the last two years. However, so far in 2012, the number of outbreaks and reported cases in the Member States are significantly lower than during 2010 and 2011. As of 30 June, 4 513 cases of measles were reported to TESSy in 2012. France, Italy, Romania, Spain and the United Kingdom accounted for 90% of the reported cases.

→Update of the week

No new outbreaks were detected in EU Member States since the last update.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 1 August 2012

Rubella, caused by the rubella virus and commonly known as German measles, is a usually mild and self-limiting disease and 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 measles vaccine as part of the MMR vaccine.

→Update of the week

No new outbreaks were detected in EU Member States during the past week.

Olympics and Paralympics 2012 - MG surveillance (weekly update)

Opening date: 13 July 2012

From 20 July 2012, the CDTR includes a section on health events assessed for relevance to the EU in consideration of the London 2012 Olympic and Paralympic Games. It contains information gathered through ECDC epidemic intelligence activities. The Centre is working with the Health Protection Agency in the UK to monitor and assess international public health threats for potential impact on the Games.

The information in this section is grouped geographically by UK (as host country), Europe and rest of the world.

→Update of the week

CDC reported that the case definitions for the outbreak of ebola virus in the Democratic Republic of Congo, have been revised. As of 28 August, 24 cases of Ebola and 11 deaths had been reported.

New South Wales Health (Australia) has reported an epidemic of gastroenteritis.

The Ministry of Public Health, Cuba has reported the end of the Cholera outbreak in Granma province.

Non EU Threats

Influenza A (H3N2)v - USA - 2011-2012 cases

Opening date: 24 November 2011

Latest update: 26 August 2012

Since July 2012, 277 cases of the variant influenza A(H3N2) virus (A(H3N2)v) have been detected in 11 US states. The main risk factor for infection is exposure to pigs, especially in pig fair settings.

Previously, between August 2011 and April 2012, 13 isolates with influenza A(H3N2)v were detected in the USA.

→Update of the week

Fifty-two additional cases were reported in the US since the last update.

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

Opening date: 15 June 2005

Latest update: 27 August 2012

The influenza A(H5N1) virus, commonly known as bird flu, is fatal in about 60% of human infections, and sporadic cases continue to be reported, usually after contact with sick or dead poultry from certain Asian and African countries. No human cases have been reported from Europe.

→Update of the week

WHO reported no new case of human infection with avian influenza A(H5N1) virus since the last update.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 30 August 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, especially Central America.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 16 August 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiological patterns. Chikungunya, a viral disease transmitted mainly by *Aedes albopictus* and *Aedes aegypti* has a potential to be established in Europe, due to the presence of these vectors in southern parts of Europe.

→Update of the week

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

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 30 August 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. In total 128 cases have been reported worldwide so far in 2012.

→Update of the week

During the last week, five new polio cases were reported by WHO.

II. Detailed reports

Salmonella Stanley - Multistate outbreak (EU)

Opening date: 19 July 2012

Latest update: 20 August 2012

Epidemiological summary

As cases do not have travel history outside the EU within their period of potential exposure, it strongly suggests a multistate outbreak with exposure currently taking place in the EU. The descriptive epidemiology indicates a transmission originating from a persistent common source or multiple sources in the EU that are contaminated with indistinguishable isolates.

Retrospective investigations showed that cases with the outbreak strain (PFGE confirmed) were observed already in August 2011 in Hungary while the increase in number of cases started in most countries in January 2012 with a second increase in May 2012.

The median age among probable and confirmed cases is nine years (range 1 to 89 years) and no case has reported travelling outside the EU/EEA countries prior to infection.

In Belgium, all the cases are reported from the Northern part of the country while the majority of the regions in Austria, Germany and Hungary have reported cases. There is no specific clustering in space of the cases.

ECDC assessment

The outbreak of *S. Stanley* infections reported in Austria, Belgium, Czech Republic, Germany and Hungary in 2012 is not related to international travel. The distribution of the cases over time (epicurve) suggests a persistent common source. The most recent cases have onset of disease in August; therefore, the outbreak may still be ongoing.

Considering the high diversity of *S. Stanley*, the occurrence of one single PFGE pattern of strains isolated from different countries suggests a multinational outbreak related to a common persisting source of infection.

ECDC is encouraging all Member States to perform PFGE analysis and to compare their results with the outbreak strain of all recent food, animal and human isolates of *S. Stanley*. This should allow refining the assessment of the situation and to draw conclusions on the risk of infection in the EU.

As the source of infection and potential vehicles are not yet identified and confirmed, it is likely that additional cases of *S. Stanley* infections will be reported in the affected EU Member States, with possibility of new Member States reporting cases linked to the outbreak strain as PFGE analysis of human isolates of *S. Stanley* is ongoing.

Actions

ECDC updated its rapid risk assessment on 29 August, which was circulated to public health authorities through the EWRS system.

At the EU level, ECDC is facilitating a coordinated response for the investigation related to humans cases by gathering the available epidemiological and microbiological information, supporting investigations in the Member States and liaising with EC, EFSA and competent Food safety partners in the EU.

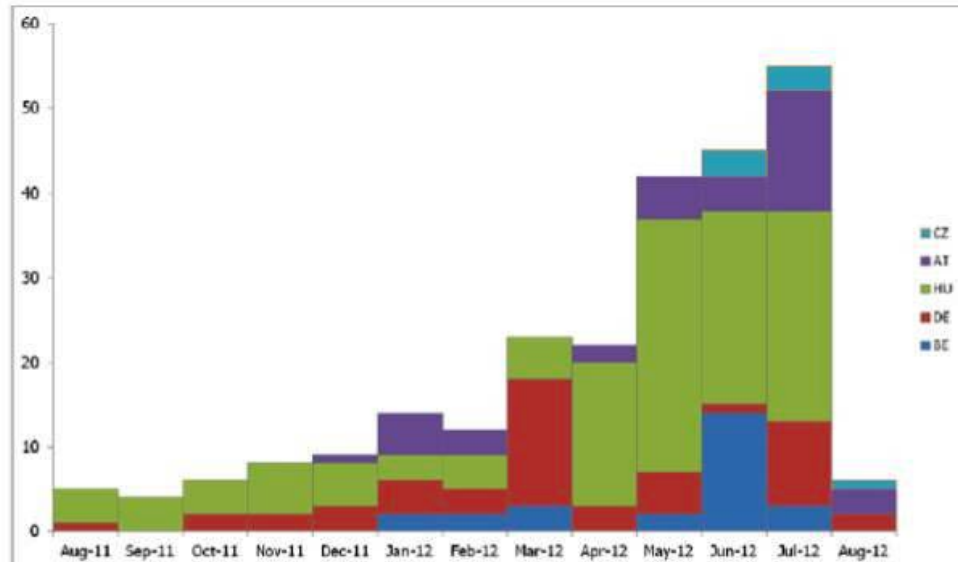
ECDC will continue to closely monitor this event.

Investigations are ongoing regarding the possible source by relevant national food safety/veterinary authorities in close collaboration with the public health authorities. Food safety investigations are coordinated by the Directorate General for Health and Consumers in collaboration with EFSA and the EU reference laboratory for Salmonellosis. The investigations focus on:

- comparison by molecular testing of isolates found in humans, feed, food and animals;
- epidemiological links in the food production chain.

Distribution of cases of Salmonella Stanley by Member State and reporting month, confirmed and probable cases, August 2011 to August 2012**

ECDC



** As of 27 August 2012

The median age among probable and confirmed cases is nine years (range 1 to 89 years) and no case has reported travelling outside the EU/EEA countries prior to infection.

Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 13 August 2012

Epidemiological summary

There are six autochthonous *Plasmodium vivax* cases and 34 imported cases reported so far in 2012 from Greece.

On 22 June, Greece reported the first case this season in a Greek resident who did not report a history of travel to endemic areas in the past five years. He is believed to have been infected during a stay at his summer house in the Marathon area. Onset of symptoms was around 7 June. Laboratory investigation revealed *P. vivax*, confirmed by molecular biology (PCR).

A second case was reported by Greece on 17 July, in a resident of the municipality of Evrotas, Lakonia, the same area where most cases were reported in 2011. Laboratory investigation revealed *Plasmodium vivax*, confirmed by PCR. The patient reported onset of symptoms on 29 June and had not travelled to a malaria-endemic area during the last five years.

On 2 August two new cases of *P. vivax* malaria were notified to ECDC. These involve patients resident in East Attiki, in the Marathon and Markopoulo areas. Subsequently, on 7 August, Greece informally notified ECDC of its fifth and sixth cases, in residents of Evrotas, Lakonia. These four cases were all Greek citizens without travel to malaria endemic countries in the last five years.

According to the Greek authorities, active screening of neighbours and seasonal immigrants is being carried out to detect malarial infection, and vector control measures are being implemented.

In 2011, autochthonous transmission of malaria was reported from Greece. Between 21 May and 9 December 2011, 63 cases of *P. vivax* infection were reported in Greece, of whom 33 were Greek citizens without travel history to an endemic country. The main affected area was Evrotas, located in the district of Lakonia in Pelloponese, southern Greece. Cases were also reported from the municipalities of Attiki, Evoia, Viotia and Larissa. In addition, 30 cases of *P. vivax* infection in migrant workers were reported from the area of Evrotas.

Web sources: [KEELPNO malaria page](#) | [KEELPNO report on malaria surveillance, August 2012](#) (in Greek) | [ECDC Epidemiological update: Local case of malaria in Greece](#) | [KEELPNO report on second case, July 2012](#) (in Greek)

5/14

ECDC assessment

The Marathon and Evrotas areas are environments well suited for malaria transmission, combining humid zones and intensive agricultural activities. Climatic conditions are now considered favourable for local vector development. Frequent migration and travel patterns from endemic areas of the world provide opportunities for introduction of the parasite into the area. Also in 2011 autochthonous cases occurred in these locations. Considering the time of infections last year, it is possible that more cases will be detected in the coming months.

Actions

ECDC has been requested to provide technical support to the Hellenic Centre for Disease Control and Prevention and is in close communication with them to see where this can best be provided.

ECDC published an [epidemiological update](#).

Greece is currently implementing a "Strategic work programme for malaria control in Greece 2012-2015".

West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012

Latest update: 31 August 2012

Epidemiological summary

This season, as of 30 August 2012, 115 probable and confirmed human cases of West Nile fever (WNF) have been reported in the EU and 224 cases in neighbouring countries.

EU Member States

Greece

Between 7 July and 28 August, Greece reported 106 autochthonous (38 confirmed, 68 probable) WNF cases, and the following affected prefectures: Achaia (three cases), Aitolokarmania (two cases), Attiki (43 cases), Chalkidiki (two cases), Evvoia (one case), Imathia (one case), Kavala (12 cases), Pella (one case), Samos (two cases), Thessaloniki (four cases) and Xanthi (31 cases). Pella prefecture is newly affected this week. For three cases, the probable area of infection could not be determined. [One additional case](#) involves an immuno-compromised patient infected through blood transfusion, where both blood collection and transfusion took place before the first WNF case of the year was detected. A WNV strain of lineage 2, similar to the strain of 2010, has been found in mosquitoes.

Italy

On 3 August, Italy notified an asymptomatic case of West Nile virus (WNV) infection in a resident of Venezia province. The case was identified by systematic screening of blood donors in previously affected provinces in the Veneto region. According to a [report in Eurosurveillance](#), RNA of WNV lineage 1A was detected in this case. No cases have been reported since.

Romania

As of 29 August, Romania has reported eight WNF cases (seven confirmed, one probable) this year. Affected areas are: Braila district (one case), Bucharest city (three cases), Giurgiu district (one case), Ialomita district (one case) and Ilfov district (two cases). Giurgiu and Ialomita districts are newly affected this week.

Neighbouring countries

Serbia

On 17 August, the Serbian health authorities communicated four recent autochthonous cases of WNF in Serbia, in Grad Beograd (Belgrade city, one probable case) and Juzno-Banatski district (one confirmed and two probable cases). These are the first human cases of West Nile fever reported in Serbia, but in 2009-2010, [serological evidence](#) was found of WNV activity in horses. Further cases are under investigation.

Russia

As of 30 August, [federal](#) and regional health authorities have reported 202 cases of WNF in Russia: two in Adygeya Republic, 43 in [Astrakhanskaya Oblast](#), one in [Lipetskaya Oblast](#) (excluding two imported cases), one in Novosibirskaya Oblast, 13 in [Rostovskaya Oblast](#), two in Tatarstan Republic, 129 in [Volgogradskaya Oblast](#), 11 in [Voronezhskaya Oblast](#). Voronezhskaya Oblast is newly affected this week.

Israel and the occupied Palestinian territory

As of 14 August, [Israel](#) has reported 17 cases (seven confirmed, 10 probable) of WNF. This includes two cases in the occupied Palestinian territory, of which one was previously also reported by the [Palestinian Authority through EpiSouth](#). Affected areas are the Centre (five cases), Haifa (two cases), Northern (two cases), Southern (one case) and Tel Aviv (five cases) districts in Israel, and Ariha (Jericho, one case) and Ramallah and al-Bireh (one case) governorates in the West Bank. Northern, Southern and Tel Aviv districts, as well as the Ramallah and al-Bireh governorate are newly affected areas this week.

Tunisia

On 16 August, [EpiSouth](#) reported the first case of WNF in Tunisia this year, in Moknine municipality, in Monastir governorate. No new cases have been reported this week.

Rest of the World

United States of America (US)

[CDC](#) reports that the US is experiencing the largest number of WNF cases at this point of the season, since the arrival of the virus in 1999. As of 28 August, 1 590 human cases have been reported this year. This includes 889 (56%) neuroinvasive cases and 66 fatalities. Although viral circulation this year has been shown for 48 states, only six states (Texas, South Dakota, Mississippi, Oklahoma, Louisiana, and Michigan) account for over 70 percent of human cases. Almost half of all cases have been reported from Texas alone.

Websources: [ECDC West Nile fever risk maps](#) | [ECDC Rapid Risk Assessment \(13 July\)](#) | [MedISys West Nile Disease](#) | [ECDC summary of the transmission season 2011](#) | [Official Journal of the EU - Notifiable Diseases](#) | [European Commission Case Definitions](#) | [EU Blood Directive](#)

ECDC assessment

West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures by the national health authorities are considered important for ensuring blood safety when human cases of West Nile fever occur. In accordance with the EU Blood Directive, efforts should be made to defer blood donations from affected areas that have ongoing virus transmission.

Actions

On 13 July, ECDC updated its [Rapid Risk Assessment](#) concerning the epidemiological situation of West Nile virus infection in the European Union. ECDC produces weekly [West Nile fever risk maps](#) to inform blood safety authorities regarding affected areas.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 29 August 2012

Epidemiological summary

EU Member States

UK – update

Source: [HPA](#)

HPA has published an update on the current measles situation. The number of laboratory confirmed cases of measles with onset dates to the end of June 2012 has reached 964 in England and Wales compared with 497, 84 and 786 cases in the same periods of 2011, 2010, and 2009 respectively. The majority of cases in 2012 have been from the North West (associated with the outbreak in Liverpool and Merseyside) and the South East regions. Several clusters and outbreaks are linked to the travelling communities and are of genotype D4 and genotype B3. A leaflet has been produced and is being uploaded onto websites aimed at the traveller community.

Portugal

Source: [the media](#)

There was a small cluster of measles involving three people reported in Portugal during 2012. The index case came from China. An additional case was reported imported from the UK. As Portugal has a high coverage (95%) there was no further spread of the outbreak.

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC/Euronews documentary](#) | [WHO Epidemiological Brief](#) | [MedISys Measles page](#) | [EUVAC-net ECDC](#) | [ECDC measles factsheet](#)

ECDC assessment

Fewer cases have been reported in 2012 than during the same period in 2011 and there was no increase in the number of cases during the peak transmission season from February to June. There have been very few outbreaks detected by epidemic intelligence methods so far in 2012.

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.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 1 August 2012

Epidemiological summary

UK – update

Source: [HPA](#)

HPA has published an update on the current rubella situation. There are 57 cases of confirmed rubella so far in 2012 which is higher than the annual totals for each of the last nine years. The cases have mainly been associated with importation from continental Europe; they include two large clusters in the South East region where the index cases arrived from Romania and the second was linked to unvaccinated siblings returning from a boarding school in France with limited secondary transmission within the local community.

From 1 January to 31 July 2012, 18 297 cases of rubella were reported by the 26 EU/EEA countries contributing to the enhanced surveillance for rubella compared to 3 672 cases during the same period in 2011. Poland and Romania accounted for 99% of all reported rubella cases.

Web sources: [ECDC measles and rubella monitoring](#) | [WHO epidemiological brief summary tables](#) | [ECDC rubella factsheet](#)

ECDC assessment

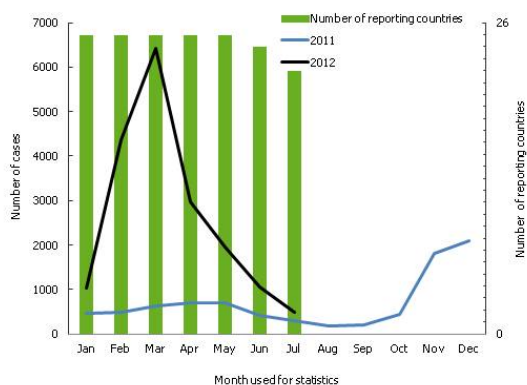
As rubella is typically a mild and self-limiting disease with few complications, the rationale for eliminating rubella would be weak if it were not for the virus' teratogenic effect. When a woman is infected with the rubella virus within the first 20 weeks of pregnancy, the foetus has a 90% risk of becoming infected and the child may be born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. CRS surveillance plays an important role but because rubella virus can cause a wide range of conditions from mild hearing impairment to complex malformations which are incompatible with life, such surveillance is biased towards the severe end of the spectrum. Routine control of immunity during antenatal care is important for identifying susceptible women who can be immunised after giving birth and for surveillance of the size of the susceptible female population.

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to The European Surveillance System (TESSy) 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 for the achievement of the 2015 rubella and congenital rubella elimination target.

Number of rubella cases in 2011 and 2012 and number of countries reporting in 2012, by month

ECDC - preliminary figures



Olympics and Paralympics 2012 - MG surveillance (weekly update)

Opening date: 13 July 2012

Epidemiological summary

Host country - UK

No major health events detected.

Europe and rest of the world

In addition to those reported elsewhere in this CDTR, the following events have been monitored this week due to the global public health dimension of the Olympics:

Ebola - Democratic Republic of Congo

Source: [WHO](#)

As of 28 August, 24 cases of Ebola and 11 deaths had been reported from Province Orientale. Six of these cases are probable, six confirmed, and twelve suspected. The reported cases and deaths occurred in three health zones as follows: 17 cases and nine deaths in Isiro; six cases and two deaths in Viadana; one case and no deaths in Dungu. The fatal cases in Isiro include three health-care workers. All alerts have been investigated and so far there has been no Ebola suspected or confirmed case reported from outside Province Orientale.

This is the first time that Ebola virus of subtype Bundibugyo has been laboratory confirmed as the cause of an outbreak in DR Congo. Previous outbreaks have been caused by Ebola virus subtype Zaire.

WHO is supporting the Ministry of Health in outbreak investigation and case management and an additional team of experts from Congo, DRC and inter-country support team/Gabon are being mobilised. WHO does not recommend any travel or trade restrictions. There is currently no indication that this Ebola outbreak is related to the recent Ebola outbreak in Uganda occurring in Kibaale district in the Western part of Uganda as there is no epidemiological link and a different subtype (Sudan) is causing it in Uganda.

Gastroenteritis - New South Wales, Australia

9/14

Source: [NSW Health](#)

In the last fortnight approximately 3 500 people have presented to emergency departments with gastroenteritis. Eighty-seven outbreaks of gastroenteritis were reported in August 2012 involving nursing homes, hospitals and child care centres. This is greater than August 2011 when there were 48 outbreaks reported.

Cholera - Granma, Cuba

Source: [Ministry of Public Health, Cuba](#)

The Ministry of Public Health, Cuba has reported the end of the Cholera outbreak in Granma province. There were 417 cases identified in this outbreak including three fatalities.

ECDC assessment

Ebola - Democratic Republic of Congo

The risk for international disease spread is low, there is negligible risk to the European population, and for the Paralympics. ECDC published a rapid risk assessment on 22 August.

Gastroenteritis - New South Wales, Australia

This event does not currently represent a threat to the London 2012 Paralympic Games however it seems an active threat in the region.

Cholera - Granma, Cuba

This event does not represent a threat to the London 2012 Paralympic Games.

Actions

Ebola - Democratic Republic of Congo

ECDC action: The Ebola [fact sheet](#) was updated and a [rapid risk assessment](#) was posted on the ECDC website.

Gastroenteritis - New South Wales, Australia

ECDC will closely monitor this event and reassess the risk in case further information is available. ECDC has contacted its counterparts in Australia to gather more information on this issue.

Influenza A (H3N2)v - USA - 2011-2012 cases

Opening date: 24 November 2011

Latest update: 26 August 2012

Epidemiological summary

Until April 2012, 13 human infections with swine-origin influenza A(H3N2)v viruses had been identified since 2009. The new variant is a swine origin influenza A(H3N2) which has acquired the matrix (M) gene from the pandemic influenza A(H1N1). This virus appears to spread more easily from pigs to people than other variant viruses. There are now several outbreaks of H3N2v occurring in a number of US states. As of 24 August 2012, 277 cases have been detected in the US during this year's outbreaks: Hawaii (1), Illinois (4), Indiana (138), Ohio (98) and Michigan (5), Pennsylvania (6), Utah (1), West Virginia (3) and Wisconsin (8), Maryland (12) Minnesota (1). Most cases occurred in children who had documented contacts with swine, mainly at agricultural fairs. Infection with this virus so far has caused mostly mild symptoms similar to seasonal flu, but like seasonal flu, serious illness with H3N2v infection is possible. Thirteen cases needed hospitalisation but all patients recovered. There were no fatalities.

Likely person-to-person spread was identified in three instances recently where the cases were not epidemiologically linked to one

10/14

another. In all three cases, transmission is thought to have occurred from one person to another person without further spread to additional people. Each of these three instances of likely person-to-person spread happened between two people living in the same household, with the initial infection in each household being associated with pig exposure at an agricultural fair. Limited human-to-human spread has been seen in the past, both with this variant virus as well as other variant viruses.

Web sources: [ECDC scientific advice](#) | [WHO Global Alert and Response \(GAR\)](#) | [CDC](#) | [CDC update](#)

ECDC assessment

The recent increase in number of cases is consistent with the conclusions of the ECDC risk assessment published in November and updated in December 2011:

- Sporadic infections and even localised outbreaks of A(H3N2)v infection among people will continue to occur in the US.
- While there is no evidence at this time that sustained human-to-human transmission is occurring, all influenza viruses have the capacity to change and spread widely.
- This variant causes only mild disease. Patients hospitalised had underlying conditions and they all recovered completely.
- This variant is susceptible to the neuraminidase inhibitors (oseltamivir and zanamivir) though the current A(H3N2) component of seasonal influenza vaccines is unlikely to provide protection. Older people are likely to have some protection from exposure to earlier vaccines.
- Overall, the immediate threat to human health is currently assessed as low in Europe.

Currently, this event is not considered significant for the London2012 Olympic or paralympic games.

Actions

ECDC is following the situation closely and is in direct contact with the WHO, the US CDC and relevant experts in EU Member States. ECDC and the Community Network of Reference Laboratories (CNRL) have worked to assess and strengthen laboratory capacity in Europe for detecting A(H3N2)v should it appear in persons in Europe. The results indicate that the variant viruses would be detected in most EU countries although some laboratories may not be able to subtype and identify the viruses as variant. In this context, all unsubtypable influenza A viruses need to be rapidly referred to the WHO Collaborating Centre for Reference and Research on Influenza, National Institute for Medical Research, London, UK.

The ECDC [Rapid Risk Assessment](#) was updated on 20 August.

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

Opening date: 15 June 2005

Latest update: 27 August 2012

Epidemiological summary

No new cases of human A(H5N1) infection were reported last week.

Worldwide, 30 cases (including 19 deaths) have been 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

Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died. Most human infections are the result of direct contact with infected birds, and countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. 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.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 30 August 2012

Epidemiological summary

Europe: No autochthonous cases have been reported in 2011 or in 2012 to date. Seasonal surveillance activities are ongoing in several regions in southern France but only imported cases have been reported so far; in Italy local authorities in areas with presence of competent vectors (Emilia Romagna) have been implementing prevention measures this week after the identification on several imported cases.

Asia: Activity in the WHO Western Pacific Region is currently variable, with only a few countries reporting high activity and more cases than in 2011. Cambodia presents a recent decreasing activity although still significantly above the historical seasonal baseline. In the Philippines an increase in cases has been reported this month while in Vietnam authorities are considering that in the next weeks the peak of activity will be reached following recent heavy rain falls. For the rest of the region, this week high or unusual activity is confirmed in several areas of India, including Kolkata, where the media report high numbers and considers this the worst situation since 2005. A few cases have been confirmed in Pakistan, where intensive prevention measures are ongoing after last year's epidemic.

Pacific Ocean: No relevant updates this week.

Latin America: Intense activity is described overall in all countries of Central America. In Mexico most of the cases are reported in the states of Veracruz, Yucatan and Jalisco. For the rest of the region a variable situation is reported in several countries, including Brazil where unusual activity is reported in specific areas only, such as in Ceará state.

Caribbean: Cuba is currently facing an increase in suspected and confirmed cases in different departments, including the Havana area and the eastern region. The media report a relevant increase in Camaguey province.

Web sources:

[DengueMap CDC/HealthMap](#) | [MedISys dengue](#) | [ProMED dengue Latin America latest update](#) | [ProMED dengue Asia latest update](#) | [ECDC dengue fever factsheet](#) | [WPRO dengue latest update](#) | [Latest PAHO 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 are detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

Actions

ECDC recently published a technical [report](#) on the climatic suitability for dengue transmission in continental Europe and [guidance for invasive mosquitoes' surveillance](#).

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 16 August 2012

Epidemiological summary

No autochthonous cases have been reported in 2012 so far in Europe. Outside of Europe, no unusual activity has been detected this week. Local outbreaks are reported in endemic areas in India.

Web sources: [MedISys Chikungunya](#) | [ECDC chikungunya fact sheet](#) | [ProMED CHIKV latest update](#) |

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 decade to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes aegypti*, combined with increased human travel. There is a risk of further importation of the chikungunya virus into previously unaffected areas of the EU by infected travellers.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 30 August 2012

Epidemiological summary

From 24 to 31 August 2012, five new cases have been notified from Nigeria (four WPV1 and one WPV3) . So far, 128 cases with onset of disease in 2012 have been reported globally compared with 356 for the same period in 2011.

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

ECDC assessment

ECDC follows reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and to identify events that 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.

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