

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2014

Opening date: 3 June 2014

Latest update: 25 September 2014

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

→Update of the week

During the past week, 13 new human cases were reported by EU Member States. Hungary reported six new cases from five newly affected areas: Budapest (2), Pest county (1), Jasz-Nagykun-Szolnok county (1), Bekes county (1), Hajdu-Bihar county (1). Italy reported five new confirmed cases, four cases from two previously affected provinces: Bologna (3) and Pavia (1) and one case from the newly affected province of Mantova. Romania reported two new confirmed cases, one case from the previously affected district of Olt and one case from the newly affected district of Sibiu.

In neighbouring countries, Russia reported one new case from Volgogradskaya oblast, an oblast with previous case reports. Serbia reported seven new cases from previously affected areas: City of Belgrade (4), Juzno-backi (2) and Juzno-banatski (1).

Chikungunya outbreak - The Americas, 2013-2014

Opening date: 9 December 2013

Latest update: 19 September 2014

An outbreak of chikungunya virus infection has been ongoing in the Caribbean since December 2013. The outbreak has spread to North, Central and South America. There have been almost 750 000 probable and confirmed cases in the region, including 116 fatalities. Several EU countries are reporting imported cases from the affected areas.

→Update of the week

Compared with last week, the number of reported cases of chikungunya infections has risen in most of the affected areas. The Brazilian Ministry of Health reports autochthonous cases in different northern states. In addition, the Department of Health of Bermuda confirmed the first case in the country without a travel history.

Accidental release of 45 litres of concentrated live polio virus solution into the environment - Belgium

Opening date: 10 September 2014

Latest update: 11 September 2014

On 6 September, the Belgium authorities informed the European Commission, the Netherlands, ECDC and WHO about an incident that occurred on 2 September 2014. Following a human error, 45 litres of concentrated live polio virus solution were released into the environment by pharmaceutical company GlaxoSmithKline (GSK) in Rixensart, Belgium.

→Update of the week

On 22 September 2014 the [Dutch Food Safety and Health Authorities](#) issued a warning against the consumption of raw or improperly cooked shellfish (mainly oysters) harvested by individuals in the eastern part of the Westerschelde river. (In the western part of the Westerschelde river the risk of infection through shellfish consumption is negligible.)

This recommendation is based on an assessment based on dilution parameters recommended by hydrology experts. According to the assessment, at the entrance of the Schelde river in the Netherlands, the maximum expected concentration of poliovirus is 6 virus particles per 10⁵ litres and therefore infection through the consumption of shellfish cannot be ruled out.

Non EU Threats

Ebola Virus Disease Epidemic - West Africa - 2014

Opening date: 22 March 2014

Latest update: 25 September 2014

An epidemic of Ebola virus disease (EVD) has been ongoing in West Africa since December 2013, affecting Guinea, Liberia, Sierra Leone and Nigeria. The situation in the affected countries remains critical. The increasing number of healthcare workers that have been infected by the Ebola virus is a major cause for concern. On 8 August 2014, WHO declared the Ebola epidemic in West Africa a Public Health Emergency of International Concern (PHEIC).

→Update of the week

Since the last CDTR, the affected countries have reported 907 additional cases (80 in Guinea, 560 in Liberia, 267 in Sierra Leone) and 287 additional fatalities.

Ebola Virus Disease Outbreak - the Democratic Republic of Congo - 2014

Opening date: 26 August 2014

Latest update: 25 September 2014

On 24 August 2014, an outbreak of Ebola virus disease (EVD) was declared in the Boende health zone of Equateur province in the Democratic Republic of Congo. This outbreak is the seventh outbreak of EVD in the country.

→Update of the week

No new affected areas have been reported during the past week. According to the National Coordination Committee, the overall analysis of the epidemiological situation suggests that the outbreak is under control.

Outbreak of Enterovirus D68 - USA

Opening date: 10 September 2014

Latest update: 25 September 2014

Between 19 and 23 August, Kansas City (Missouri) and Chicago (Illinois) authorities notified the Centers for Disease Control and Prevention (CDC) of 30 laboratory-confirmed Enterovirus D68 (EV-D68) infections. The age of cases ranged from six weeks to 16 years. From mid-August to 24 September 2014, 220 people from 32 US states were confirmed to have respiratory illness caused by EV-D68. Canada has also experienced an increase in severe respiratory illness associated with EV-D68 cases since mid-August 2014. All patients presented with respiratory symptoms and hypoxemia and most were admitted to paediatric intensive care units. No fatalities have been reported.

→Update of the week

According to the [US CDC](#), 220 people from 32 states in the United States were confirmed to have respiratory illness caused by EV-D68 between mid-August and 24 September 2014.

[Canada](#) has also experienced an increase in severe respiratory illness associated with EV-D68 cases since mid-August 2014. From 1 to 10 September, eighteen cases of EV-D68 were reported from Alberta Health Services. EV-D68 has also been identified in Ontario. British Columbia has reported seven confirmed cases as of 19 September 2014.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 25 September 2014

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

→Update of the week

On 19 September, France confirmed an autochthonous case of dengue fever in the district of Bouches-du-Rhône in Aubagne. This is the third autochthonous dengue case reported in the Provence-Alpes-Côte-d'Azur region so far this year.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 25 September 2014

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission stops and the world is polio-free.

Polio was declared a public health emergency of international concern (PHEIC) on 5 May 2014 due to concerns regarding the increased circulation and the international spread of wild poliovirus during 2014.

→Update of the week

During the past week, 23 new wild poliovirus 1 (WPV1) have been reported: 21 from Pakistan and two from Afghanistan.

II. Detailed reports

West Nile virus - Multistate (Europe) - Monitoring season 2014

Opening date: 3 June 2014

Latest update: 25 September 2014

Epidemiological summary

As of 25 September 2014, 55 human cases of West Nile fever have been reported in the EU, and 102 cases have been reported in neighbouring countries since the beginning of the 2014 transmission season.

EU Member States

Italy has reported 14 cases from the following provinces: Bologna (4), Parma (1), Cremona (2), Modena (2), Reggio nell'Emilia (1), Verona (1), Pavia (2) and Mantova (1). Romania has reported 17 cases in the districts of Mures (2), Olt (4), Constanta (1), Ialomita (1), Bucuresti (1), Dambovita (1), Dolj (2), Galati (1), Giurgiu (1), Teleorman (2) and Sibiu (1). Hungary has recorded eight cases in the following areas: Budapest (2), Csongrad county (2), Pest County (1), Jasz-Nagykun-Szolnok county (1), Bekes county (1) and Hajdu-Bihar county (1). Austria reported an autochthonous case of West Nile fever in Vienna. In Greece, 15 human cases have been notified since the start of the 2014 transmission season in the following prefectures: Attiki (2), Ileia (6), Rodopi (4) and Xanthi (3).

In addition, on 11 September the [Andalusia Ministry of Agriculture](#) in Spain detected a horse with West Nile encephalitis in the province of Huelva.

Neighbouring countries

Thirteen cases have been reported by Bosnia and Herzegovina, in Republika Srpska, in the following municipalities: Banja Luka (4), Trebinje (1), Novi Grad (1), Kljuc (1), Krupa na Uni (1), Mrkonjic Grad (1), Gornji Ribnik (1), Teslic (1), Laktasi (1) and Prijedor (1). Serbia has reported 58 cases of West Nile fever in the following regions: City of Belgrade (27), Juzno-backi district (5), Nisavski district (1), Kolubarski (4), Sremski (6), Juzno-banatski (11), Podunavski (3), Raski (1). Russia has reported 29 cases in the following oblasts: Saratovskaya (9), Samarskaya (6), Volgogradskaya (5), Astrakhanskaya (3), Belgorodskaya (1), Altayskiy Kray (1), Chelyabinskaya (1) and Voronezhskaya (3). Israel has recorded two cases of West Nile fever, one confirmed case from Netanya and one probable case from Tel Aviv; both were diagnosed in July.

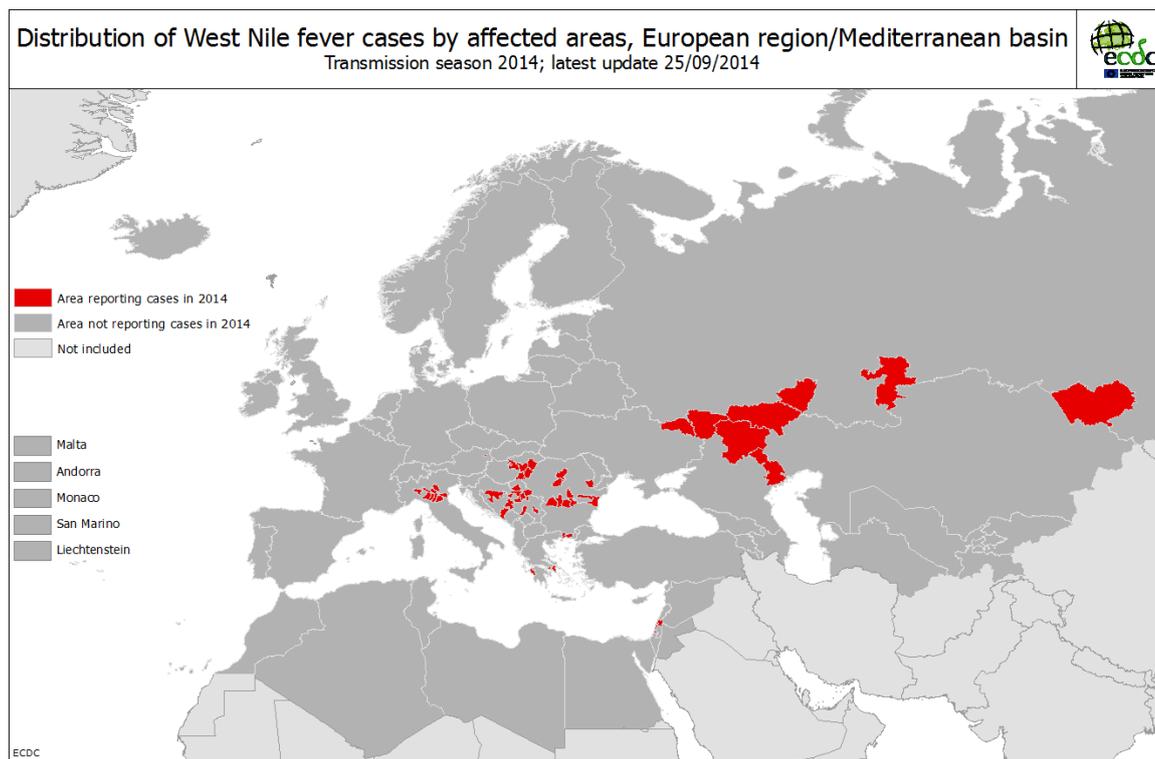
Web sources: [ECDC West Nile fever](#) | [ECDC West Nile fever risk assessment tool](#) | [West Nile fever maps](#) |

ECDC assessment

West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures is 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

Since week 23, ECDC has been producing weekly West Nile fever (WNF) risk maps during the transmission season to inform blood safety authorities regarding WNF affected areas.



Chikungunya outbreak - The Americas, 2013-2014

Opening date: 9 December 2013

Latest update: 19 September 2014

Epidemiological summary

As of 26 September 2014, almost 750 000 suspected and confirmed cases of chikungunya virus infection have been reported from the affected countries and territories in the Caribbean and the rest of the Americas, including 116 fatalities. For a breakdown of figures, please see the latest [WHO PAHO update](#).

In reaction to the continued spread of chikungunya virus in the Americas and the start of the period with higher dengue circulation in Central America and the Caribbean, PAHO/WHO published an [epidemiological alert](#) on 29 August, advising countries who have the vector mosquito of both viruses (*Aedes aegypti*) to increase vector density reduction efforts in addition to establishing and maintaining dengue and chikungunya case management capacity, and to implement effective public communication strategies to eliminate mosquito breeding sites.

Several countries (France, Greece, Italy, the Netherlands, Spain and Switzerland) have reported imported cases of chikungunya infection in patients with a travel history to the affected areas.

Web sources: [PAHO update](#) | [ECDC Chikungunya](#) | [CDC Factsheet](#) | [Medisys page](#) | [CARPHA interactive chikungunya map](#)

ECDC assessment

Epidemiological data indicate that the outbreak, which started in Saint Martin (FR), is still expanding and has reached North, Central and South America. Increasing case numbers have been observed from most of the affected areas. The vector is endemic in the region, where it also transmits dengue virus. Further spread of the outbreak is to be expected.

Vigilance is recommended for the occurrence of imported cases of chikungunya in tourists returning to the EU from the Caribbean, including awareness among clinicians, travel clinics and blood safety authorities.

Actions

ECDC updated its [Rapid Risk Assessment](#); publication date was 27 June 2014.

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Accidental release of 45 litres of concentrated live polio virus solution into the environment - Belgium

Opening date: 10 September 2014

Latest update: 11 September 2014

Epidemiological summary

On 2 September 2014, following a human error, 45 litres of concentrated live polio virus solution were released into the environment by pharmaceutical company GlaxoSmithKline (GSK) in Rixensart, Belgium. The estimated viral rejection of live virus Saukett (Salk) serotype 3 reached 10^{13} cell culture infectious dose 50% (CCID50). The contaminated water was conducted directly to a water treatment plant (Rosieres) and released after treatment into the Lasne river which is a tributary of the Dyle river which flows into the Escaut/Scheldt river.

After being informed by GSK, the High Council of Public Health (HCPH) conducted a [risk assessment](#) that concluded that the risk of infection for the population exposed to the contaminated water is extremely low due to the high level of dilution of the live polio virus solution and the high vaccination coverage (95%) in Belgium. The risk was estimated higher for the personnel of the water treatment plant so they received medical assistance/examination and polio vaccination. In addition, the risk assessment concluded that at the junction of the Lasne and the Dyle rivers the concentration of the virus in the river water would be so low that the risk was negligible. As a precaution, a booster dose of polio vaccine was recommended to persons who had been in contact with the water of the Lasne river between 2 September until the date when the precautionary measures will be lifted.

Measures taken by the local health authorities included the molecular (PCR) testing of environmental samples from river water and sludge, informing the population through a [press release](#) on 5 September, and the activation of a call centre for the general public at the ministry of health, and the notification of general practitioners and relevant local health authorities through a letter sent by HCPH with recommendations. Relevant corrective measures are to be taken by GSK under the control of public authorities.

On 8 September 2014, the [Federal Public Service \(FPS\) Health, Food Chain Safety and Environment](#) in Belgium confirmed that samples of mud and water taken from the Rosieres treatment plant, the Lasne river and the Dyle river all tested negative for the presence of polio virus.

On 22 September 2014 the [Dutch Food Safety and Health Authorities](#) issued a warning against the consumption of raw, improperly cooked shellfish (mainly oysters) harvested by individuals in the eastern part of the Westerschelde river. (In the western part of the Westerschelde river the risk of infection through shellfish consumption is negligible.)

Web sources: [Belgium PHI on 5 September](#) | [Belgium PHI on 7 September](#) | [FPS on 8 September](#) | [RIVM](#) | [Eurosurveillance](#)

ECDC assessment

The accidental release of large amounts of live polio virus into the environment represents a risk to public health if susceptible populations are exposed to contaminated water or mud. The contamination of the rivers depends upon the effectiveness of the treatment in the Rosiere treatment plan to prevent viruses from being released. The Lasne and Dyle rivers join the Escaut/Scheldt river which flows in the southwestern part of the Netherlands where various orthodox protestant communities have a lower polio vaccination coverage, before reaching the North Sea.

Ebola Virus Disease Epidemic - West Africa - 2014

Opening date: 22 March 2014

Latest update: 25 September 2014

Epidemiological summary

As of 21 September, 6 263 cases and 2 917 deaths have been reported to WHO by different Ministries of Health. The distribution is as follows:

- **Guinea:** 1 022 cases and 635 deaths
- **Liberia:** 3 280 cases and 1 677 deaths
- **Nigeria:** 20 cases and 8 deaths

- **Sierra Leone:** 1 940 cases and 597 deaths
- **Senegal:** 1 case, no death

Since the beginning of the epidemic, 373 healthcare workers have been affected, of whom 208 died.

Eight medical evacuations of confirmed and suspected EVD cases to Europe took place. The countries which received patients were [Spain](#), [the UK](#), [the Netherlands](#), [France](#) and [Switzerland](#).

There is a large number of media reports about suspected EVD cases and their systematic verification in several countries around the world, indicating that surveillance is working. To date, no cases have been found to be positive outside Guinea, Liberia, Nigeria or Sierra Leone, with the exception of one case in Senegal in a Guinean national.

Web sources: [WHO/AFRO outbreak news](#) | [WHO Ebola Factsheet](#) | [ECDC Ebola health topic page](#) | [ECDC Ebola and Marburg fact sheet](#) | [Risk assessment guidelines for diseases transmitted on aircraft](#) |

ECDC assessment

This is the largest ever documented epidemic of EVD in terms of numbers and geographical spread. The epidemic has not yet reached its peak and is currently in a phase of rapid spread.

EVD is not an airborne disease and only symptomatic patients are contagious. Transmission requires direct contact with blood, secretions, organs or other bodily fluids of dead or living infected persons or animals. Therefore the risk of infection is considered very low if precautions are strictly followed. However, the increase in the number of new EVD cases in recent weeks, the urban transmission, and the fact that not all chains of transmission are known, is increasing the likelihood of visitors and travellers coming into contact with ill persons. The risk of exposure in healthcare facilities for EU residents and visitors to the affected areas is related to the implementation of effective infection transmission control measures in these settings and the nature of the care required. Recent reports of transmission to healthcare workers in different healthcare settings indicate that effective infection control measures are not being thoroughly implemented across healthcare facilities in the region.

Temporary recommendations from the Emergency Committee with regard to actions to be taken by countries can be found [here](#).

Actions

On 4 September, ECDC published an updated [rapid risk assessment](#).

On 10 September, ECDC published an EU [case definition](#).

An epidemiological update is published weekly on the [EVD ECDC page](#).

Ebola Virus Disease Outbreak - the Democratic Republic of Congo - 2014

Opening date: 26 August 2014

Latest update: 25 September 2014

Epidemiological summary

On 26 August 2014, the Ministry of Health in the Democratic Republic of the Congo (DRC) notified the World Health Organization Regional Office for Africa (WHO/AFRO) of an outbreak of EVD in Equateur Province. Between 28 July and 16 September 2014, 69 cases (including 41 deaths) were identified. Eight healthcare workers have died. The index case was a pregnant woman from Ikanamongo Village who butchered a bush animal given to her by her hunter husband. She fell ill with symptoms of EVD and died on 11 August at a private clinic in Isaka Village.

A team of national and international specialists have been deployed to work with the local response teams. There are two treatment centres in the affected area run by Médecins sans Frontières (MSF): one 10-bed unit in Boende, and one 40-bed unit in Lokolia.

The species causing this outbreak is *Zaire ebolavirus*. The strain was found to be 99% homologous to Kikwit 1995 strain and therefore different from the *Zaire ebolavirus* strain circulating in West Africa.

Web Sources: [WHO AFRO](#) | [ECDC Ebola factsheet](#) | [OCHA](#)

ECDC assessment

The outbreak in DRC is unrelated to the ongoing outbreak in West Africa.

The epidemiological features of this outbreak are consistent with previous outbreaks of EVD involving *Zaire ebolavirus*. It is likely that more cases will be identified in the coming weeks, as active case-finding and contact monitoring is in place, and given the duration of up to three weeks of the incubation period. However, control measures currently implemented with the support of international partners are expected to prevent the further spread of the disease.

Actions

ECDC is monitoring this event through epidemic intelligence and has published a [rapid risk assessment](#).

Outbreak of Enterovirus D68 - USA

Opening date: 10 September 2014

Latest update: 25 September 2014

Epidemiological summary

On 19 August, Kansas City (Missouri) authorities notified CDC of an increase in patients with severe respiratory illness. In addition, an increase of detections of rhinovirus/enterovirus by PCR in nasopharyngeal specimens was reported in August. On 23 August, Chicago (Illinois) authorities notified CDC of an increase in patients similar to those seen in Kansas City. Enterovirus D68 (EV-D68) was identified in 19 of 22 specimens from Kansas City and in 11 of 14 specimens from Chicago. Of the 19 laboratory-confirmed cases from Kansas City, the ages range from six weeks to 16 years (median = 4 years). Thirteen patients (68%) had a previous history of asthma or wheezing, and six patients (32%) had no underlying respiratory illness. All patients had respiratory symptoms and hypoxemia, and four (21%) had wheezing, but only five patients (26%) were febrile. All patients were admitted to the paediatric intensive care unit, and four required bilevel positive airway pressure ventilation.

Of the 11 laboratory-confirmed cases from Chicago, the age range was from 20 months to 15 years (median = 5 years). Eight patients (73%) had a previous history of asthma or wheezing. Notably, only two patients (18%) were febrile. Ten patients were admitted to the paediatric intensive care unit for respiratory distress. Two required mechanical ventilation, and two required bilevel positive airway pressure ventilation. Since August, admissions for severe respiratory illness have continued at rates higher than expected for this time of year. As of 3 September, Kansas City has treated 500 children; 15% were admitted to an intensive care unit, but no fatalities were reported. Meanwhile, the number of daily admissions has decreased by 50%, from 30 per day to 15 per day.

- **US** : as of 25 September, CDC is reporting 220 confirmed cases in 32 States.
- **Canada**: from 1 to 11 September 2014, Alberta health services confirmed 18 EV-D68 cases (10 in Calgary, five in Edmonton and three in central and northern Alberta). EV-D68 has also been identified in Ontario. British Columbia has had seven confirmed cases as of 19 September 2014.

Since the original isolation of EV-D68 in California in 1962, EV-D68 has been reported rarely in the United States. The National Enterovirus Surveillance System received 79 EV-D68 reports during 2009-2013. Small clusters of EV-D68 associated with respiratory illness were reported in the United States during 2009-2010 and outside the United States (Philippines, Japan and the Netherlands) between 2008 and 2010. EV-D68 causes respiratory illness and the virus can be found in respiratory secretions such as saliva, nasal mucus or sputum. The virus spreads from person to person when an infected person coughs, sneezes or touches contaminated surfaces. There are no available vaccines or specific treatments for EV-D68 and clinical care is symptomatic treatment.

Web sources: [MMWR](#) | [CDC](#) | [Kansas Health institute](#) | [Illinois Department of Health](#) | [Media](#) | [CDC Q&A](#) | [Public Health Canada](#) | [Alberta health services](#)

ECDC assessment

EV-D68 is a potential cause of respiratory tract infections, mainly among children. However, EV-D68 has rarely been reported outside North America, and the number of cases is likely to be underestimated in the United States and Canada due to the absence of a mandatory surveillance system. This year, the magnitude of the outbreak in the United States exceeds previous years, and the transmission of the virus outside North America (including the EU/EEA) remains a possibility.

Actions

ECDC will release a rapid risk assessment by the end of September 2014.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 25 September 2014

Epidemiological summary

Europe: On 19 September, [France](#) reported an autochthonous case of dengue fever in the district of Bouches-du- Rhône in Aubagne. This is the third autochthonous dengue case reported in the Provence-Alpes-Côte-d'Azur region so far this year. No epidemiological link has been found between the three cases.

Asia: As of 22 September, 142 autochthonous cases of dengue fever have been reported in Japan, according to the [Ministry of Health](#). Of these cases, 122 are reported to have visited Yoyogi park in Tokyo during August and September. The majority of Yoyogi park remains closed as dengue virus has been detected in mosquitoes for three consecutive weeks. The number of dengue-related deaths in Malaysia has more than tripled in 2014 compared to the same time period in 2013, according to [media](#) reports. In China, Guangdong province is experiencing its worst dengue outbreak in the past ten years with nearly 7 500 cases reported so far this year, according to the [Guangdong Provincial Health and Family Planning Commission](#). Taiwan recorded 511 new autochthonous cases of dengue fever last week, the highest number of cases reported in a single week, according to [media](#) quoting Taiwan CDC. As of 22 September, 2 589 dengue cases have been notified in 2014 (160 imported and 2 429 autochthonous cases).

Americas: In North America, the [Florida Department of Health](#) reported one new case of locally-acquired dengue fever in Miami-Dade County. In 2014, five cases of locally-acquired dengue have been reported in Florida, all from Miami-Dade County. In South America, Brazilian scientists based at the Rio de Janeiro-based Fiocruz research institute are taking part in a global project to release thousands of genetically modified *Aedes aegypti* mosquitoes infected with the Wolbachia bacteria in an attempt to reduce dengue transmission, according to [media](#). Similar action has already taken place in Australia, Vietnam and Indonesia.

Pacific: A dengue serotype-1 outbreak continues in French Polynesia with 50 confirmed cases reported up to 14 September 2014, according to the Pacific Public Health Surveillance Network (PACNET).

Web sources: [ECDC Dengue](#) | [Healthmap Dengue](#) | [MedISys](#) |

ECDC assessment

This is the first documented autochthonous transmission of dengue fever in Japan in the last 70 years. In September 2013, dengue virus infection was reported from Germany in a female patient who was diagnosed nine days after she returned from a two-week trip to Japan. She was reported by Germany as an imported case as transmission most likely occurred in Japan. *Aedes Albopictus*, one of the competent vectors for dengue transmission is well established and widely distributed in Japan ([Kobayashi M et al., 2002](#)). An article published in the [Japanese Journal of Infectious Diseases](#) reported that *Aedes aegypti* was detected at Narita International Airport, Japan, in August 2012. A [retrospective study](#) following the German case found that the population density of *Aedes albopictus* is high in urban areas of Japan.

Recently reported autochthonous transmission of dengue fever in France and Japan highlights the risk of locally-acquired cases occurring in countries where the competent vectors are present.

Actions

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

Since week 28/2013, ECDC has been monitoring dengue on a bi-weekly basis.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 25 September 2014

Epidemiological summary

During the past week, 23 new cases of WPV1 have been reported. Worldwide, 201 cases have been reported to WHO so far in 2014, compared with 270 for the same time period in 2013. In 2014, nine countries have reported cases: Pakistan (166 cases), Afghanistan (10 cases), Nigeria (6 cases), Equatorial Guinea (5 cases), Somalia (5 cases), Cameroon (5 cases), Iraq (2 cases), Syria (1 case), and Ethiopia (1 case).

A synchronised regional mass polio vaccination campaign in central and western Africa is currently underway to vaccinate nearly 94 million children in 18 countries with oral polio vaccine (OPV).

On 18 September, Nepal became the first GAVI eligible country to introduce inactivated polio vaccine (IPV) into its routine immunisation programme. Plans are underway to introduce IPV into the immunisation programmes of the 126 countries currently using only oral polio vaccine, ahead of a planned switch from trivalent OPV to bivalent OPV.

After the declaration of PHEIC, WHO issued a set of Temporary Recommendations that call for the vaccination of all residents in, and long-term visitors to, countries with polio transmission prior to international travel.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#) | [Temporary Recommendations to Reduce International Spread of Poliovirus](#)

ECDC assessment

Europe is polio-free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. The latest outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

The confirmed circulation of WPV in several countries and the documented exportation of WPV to other countries support the fact that there is a potential risk for WPV being re-introduced into the EU/EEA. The highest risk of large poliomyelitis outbreaks occurs in areas with clusters of unvaccinated populations and in people living in poor sanitary conditions, or a combination of the two.

References: [ECDC latest RRA](#) | [Rapid Risk Assessment on suspected polio cases in Syria and the risk to the EU/EEA](#) | [Wild-type poliovirus 1 transmission in Israel - what is the risk to the EU/EEA?](#) | [WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus, 5 May 2014](#)

Actions

ECDC follows reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being re-introduced into the EU.

Following the declaration of polio as a PHEIC, ECDC updated its [risk assessment](#). ECDC has also prepared a background document with travel recommendations for the EU.

On [4 September 2014 ECDC](#) published a news item regarding the WHO IHR Emergency Committee decision to add Equatorial Guinea as a wild poliovirus-exporting country and the renewal of the WHO PHEIC recommendations.

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