COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 31, 29 July-4 August 2012

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Salmonella Stanley - Multistate (EU) - Slowly evolving outbreak

Opening date: 19 July 2012

A multi-country (Hungary, Belgium, Germany) outbreak of *Salmonella* Stanley with a potential common source is under investigation after Belgium, on 9 July 2012, first alerted the EU's food- and water-borne disease network through the EPIS-FWD platform of an increased number of cases. The occurrence of an indistinguishable PFGE profile of strains isolated from cases from different countries suggests a common source, which has not yet been identified.

➔Update of the week

No additional cases have been reported this week. The previously reported cases for which PFGE profiling has been done, show indistinguishable PFGE profiles.

Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 20 July 2012

Two cases of probable autochthonous transmission of *Plasmodium vivax* malaria were reported by Greece on 22 June and 17 July 2012. Control measures have been put in place in accordance with local guidelines.

➔Update of the week

No additional cases reported this week.

Olympics 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 and 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 in monitoring and assessing 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

No major health events were detected or reported this week through the enhanced international surveillance.

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

Opening date: 21 June 2012 Latest update: 1 August 2012

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 any 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. Transmission of the virus in Europe has now started for the 2012 season, with 31 probable and confirmed cases reported in the EU and 43 in neighbouring countries.

➔Update of the week

This week, Greece reported 18 new cases in five areas, of which three are newly affected. Italy discarded a previously reported case in Oristano, Sardegna. In neighbouring countries, Volgogradskaya and Astrakhanskaya oblasts in Russia reported 17 and six new cases, respectively.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 1 August 2012

Measles is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. In the past decade the size of 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. However, 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 cases reported so far this year. In Ukraine, there is a large ongoing outbreak with more than 11 000 cases reported so far in 2012.

➔Update of the week

During the period 28 July to 3 August 2012, no new outbreaks were detected in EU Member States.

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 attacks often pass 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 using the MMR vaccine.

➔Update of the week

No new outbreaks were detected in EU Member States.

Non EU Threats

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

Opening date: 15 June 2005 Latest update: 12 July 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

Between 28 July and 2 August 2012, WHO reported no new cases of human infection with avian influenza A(H5N1) virus.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 19 July 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiological patterns.

➔Update of the week

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

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Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 2 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.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 30 July 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. One hundred cases have been reported worldwide so far in 2012.

➔Update of the week

As of 25 July, four new cases in endemic countries have been reported from WHO.

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II. Detailed reports

Salmonella Stanley - Multistate (EU) - Slowly evolving outbreak

Opening date: 19 July 2012

Epidemiological summary

On 9 July 2012, Belgium reported 22 cases of *S.* Stanley (median age 21 years, range 2-59 years) in 2012, including 10 cases reported between 11-25 June. The strains are resistant to nalidixic acid. For all cases, the infection was locally acquired and there is no geographical clustering.

Two additional countries have observed an increase in the number of cases in 2012 which may be linked to the Belgian outbreak:

- Hungary has reported 87 cases from January to June 2012 compared with 2-10 cases annually for previous years. The increase started in September 2011 with 2-3 cases monthly, followed by a large increase in cases from May onwards. All cases are sporadic autochthonous cases, except for two cases that occurred in the same household. Half of the cases occurred among children under 6 years of age. More than half of the Hungarian counties are affected, with no geographical clustering. So far there is no information on the sources of the infections and investigations are ongoing.
- Germany has reported 43 cases in 2012 for the first half of the year, which is more than twice the expected number. Most of the German cases had onset of disease in March. Nine of these cases were infected abroad (e.g. Thailand) but none in Belgium. Thirty-four cases are likely domestically acquired. Both sexes are affected equally; about half are juveniles (the majority young children, few teenagers) and half adults. Many of the 16 German states are affected with more than half of cases in states in western Germany, but cases do not cluster near the Belgian-German border. The four strains isolated in March and June were resistant to nalidixic acid (like the Belgian strain).

The cases from these countries for which PFGE profiling has been done, show indistinguishable PFGE profiles. There was a recent RASFF notification about chicken contaminated with *S.* Stanley but the PFGE profile is different from the cases in the outbreak investigation.
Outbreak investigations are ongoing in all three countries. No probable source has been identified so far.

To date, 20 countries have reported no increase in *S.* Stanley infections during 2012 in EPIS FWD. The PFGE profile has been compared with a dataset in Denmark of PFGE profiles for *S.* Stanley strains commonly isolated in Asia, but without a match.

Sweden has reported 11 domestic cases since January 2012, with nine of these cases occurring since April. A smaller cluster from a birthday party in April was investigated but no source of infection was found. The PFGE profile of these Swedish cases is different from the profile in the current outbreak investigation affecting the countries above.

ECDC assessment

Previous outbreaks of *S.* Stanley in Europe have been associated with the consumption of a variety of goods, including alfalfa sprouts, chicken, peanuts and locally produced soft cheese. Of all *S.* Stanley cases reported to TESSy in 2007-2012, 59% were considered travel-associated and Thailand (1 449 cases) was the most commonly recorded country of infection. The increase in *Salmonella* Stanley infections reported from Belgium, Hungary and Germany in 2012 does not seem to be related to international travel. The occurrence of one single PFGE pattern of strains isolated across these countries suggests a common persistent source, which has not yet been identified.

Actions

ECDC organised an audio-conference with the affected countries at which it was agreed to develop a common case definition and to collate available case information in a line listing to enable further descriptive epidemiological analysis of information on the cases. A rapid risk assessment on the situation has also been completed by ECDC.

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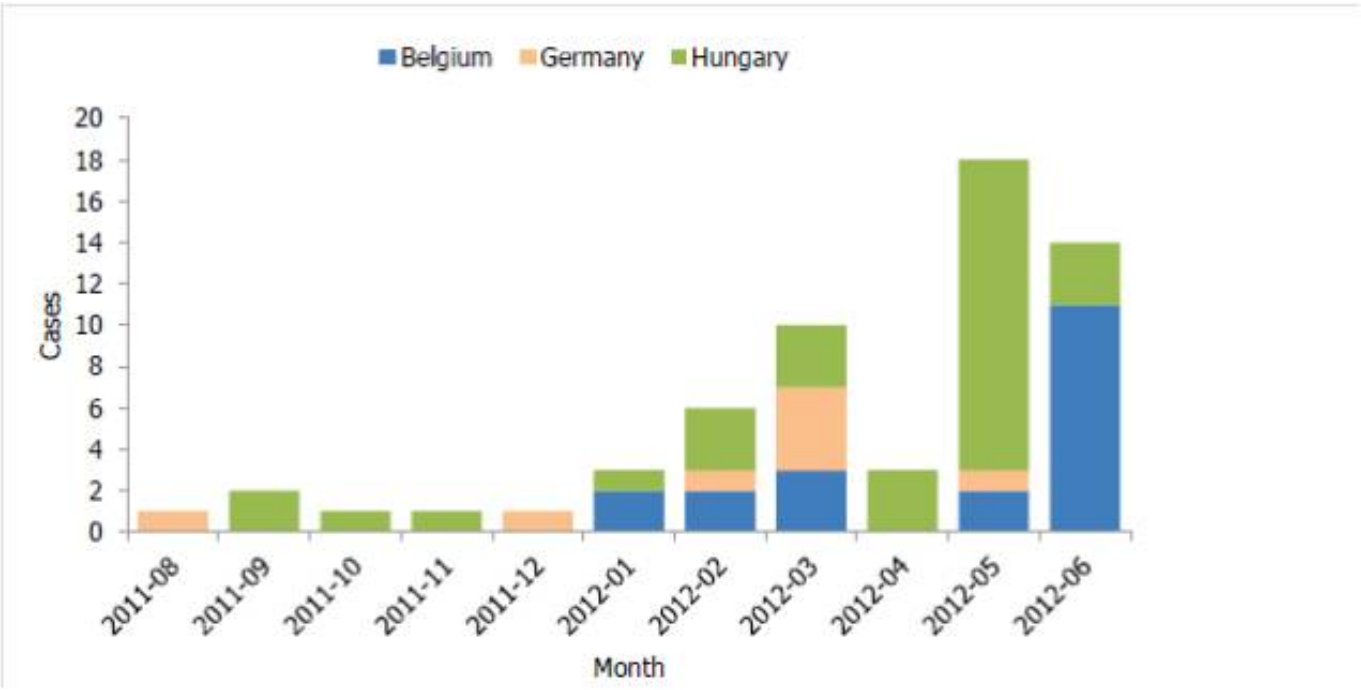
Number of symptomatic cases of Salmonella Stanley with indistinguishable PFGE pattern by month of onset/diagnosis

ECDC



Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 20 July 2012

Epidemiological summary

In 2012, two autochthonous cases of *Plasmodium vivax* infection have so far been reported from Greece.

On 22 June, Greece reported the first case this season in a 78-year-old Greek resident who did not report a history of travel to endemic areas in the past five years. He is a resident of a suburb of Athens, but has a summer house in Marathon, Attiki region, where he is believed to have been infected. Onset of symptoms was around 7 June. Laboratory investigation revealed *Plasmodium vivax*, confirmed by molecular biology (PCR). The Marathon area is a known place of malaria transmission, combining humid zones and intensive agricultural activities. Climatic conditions are now considered favourable for local vector development. In 2011, an autochthonous case occurred in a nearby location.

A second case was reported by Greece on 17 July. The case concerns a 48-year-old female 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.

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.

Autochthonous transmission of malaria was reported in 2011: between 21 May and 9 December 2011, 63 cases of *Plasmodium 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 case, June 2012 | ECDC Epidemiological update: Local case of malaria in Greece | KEELPNO report on second case, July 2012 (in Greek)

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ECDC assessment

The recent report of two autochthonous cases of malaria and the current temperature and entomological indicators suggest that local transmission of malaria has started.

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".

Olympics 2012 - MG surveillance (weekly update)

Opening date: 13 July 2012

Epidemiological summary

Hosting country - UK
No major health threats to the hosting country were detected or reported this week- see HPA website update.

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 haemorrhagic fever, Kibaale District, West Uganda
Source: Uganda MoH, WHO, media, CDC

The previously reported unknown disease in the Kibaale District has been identified as Ebola haemorrhagic fever. As of 31 July 2012, the latest update from the WHO Regional Office for Africa reports 38 cases and 16 deaths, from the Kibaale District. One healthcare worker who cared for cases in Kibaale became unwell, travelled to Kampala and subsequently died in Mulago National Referral Hospital, Kampala.

There are media reports of potential cases in other Ugandan districts: one suspected case in Mbarara District and five deaths and seven hospitalised cases in Ntungamo District. In addition, afro-news reports three cases from the same family being treated in Mulago Hospital, Kampala. Media reports should be taken with caution, as these reports are not yet verified.

The Ugandan Ministry of Health is working with stakeholders and partners to control the outbreak. Public health measures being carried out include: treatment of suspected and confirmed cases in temporary isolation wards in Kibaale and Kampala hospitals; active contact monitoring of up to 40 people in Kibaale district for 21 days; isolation of healthcare worker contacts in Kampala for 21 days; public advice issued in a statement by the Ugandan president; laboratory testing for the cases in Ntungamo District.

In Kenya, the media are reporting one case being admitted to hospital after having come from Sudan, through Uganda, to seek medical attention while presenting with signs of haemorrhagic fever. In Siaya, western Kenya there was initial concern about one possible case but Ebola has now been excluded. In addition, the media are reporting that Kenya is implementing a screening at its border with Uganda in Busia and Malaba counties.

On 1 August the US CDC issued information for people travelling to Uganda, stressing the need to avoid contact with bodily fluids of sick or dead humans or animals.

Cuba - Cholera - Update
Source: PAHO

On 31 July 2012, the national authorities of Cuba reported that, as of 29 July, 236 confirmed cases of *V. cholerae*, including three deaths, had been registered. All of these cases were registered in the municipality of Manzanillo in the Granma province and were characterised as toxigenic *V. cholerae*, serogroup O1, serotype Ogawa, biotype El Tor. There have been no additional deaths since the initial report on 3 July. Recommendations on surveillance, diagnosis, treatment and prevention methods have been made by WHO Pan-American Helath Organization.

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ECDC assessment

Ebola haemorrhagic Fever, Kibaale District, West Uganda:
ECDC is closely monitoring this outbreak. At present there is no increased risk level for spread to or within the EU or for EU-citizens moving in Uganda as tourists.

Cuba - Cholera
The potential for spread to the EU is extremely low.

Actions

Ebola haemorrhagic Fever, Kibaale District, West Uganda:
Given the public health importance of this disease, ECDC has prepared a rapid risk assessment and continues to monitor the situation closely.

Cuba - Cholera
ECDC will continue to monitor the situation for any developments that may affect the assessment of risk for the EU.

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

Opening date: 21 June 2012 Latest update: 1 August 2012

Epidemiological summary

This season, as of 2 August 2012, 31 human cases of West Nile fever (WNF) have been reported in the EU and 43 in neighbouring countries.

EU Member States
Greece
Between 7 July and 1 August, Greece reported 31 autochthonous (16 confirmed, 15 probable) WNF cases, and the following affected areas: Attiki (25 cases), Evvoia (one case), Samos (one case), Imathia (one case), and Thessaloniki (one case) prefectures. For one case, the probable area of infection could not be determined. One 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.

Italy
Italy notified ECDC that the case previously under investigation in Oristano province, Sardegna, could not be confirmed by the national reference laboratory. The case was considered as a false positive and discarded.

Neighbouring countries
Russia
Between 21 June and 1 August, 38 cases of WNF were reported in Russia: 11 in Astrakhan oblast and 27 in Volgograd oblast.

Israel and the occupied Palestinian territory
On 12 July, Israel reported five cases of WNF, including one case in the occupied Palestinian territory, previously also reported by the Palestinian Authority through EpiSouth. Affected areas are the Centre (three cases) and Haifa (one case) districts, and Ariha (Jericho) governorate in the West Bank (one case). No new cases have been reported since.

Websources: ECDC West Nile fever risk maps | 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

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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: 1 August 2012

Epidemiological summary

I. European Union Member States
No new outbreaks detected since the last update

UK – update
Source: the media
The UK has had outbreaks of measles in several regions during 2012, including Sussex. Media are reporting increasing number of cases once more this week from Sussex where the number of confirmed cases has reached 304 so far in 2012 compared with 173 for all of 2011. This is more than anywhere else in the country apart from Merseyside. Brighton and Hove is the most affected area. Poor uptake rates for the vaccine have led to the increase in cases.

II. Neighbouring countries
Ukraine - update
Source: MOH
Since the beginning of this year, as of 31 July, 11 734 cases of measles were notified.
Web sources: ECDC measles and rubella monitoring |ECDC/Euronews documentary|MedISys Measles Webpage |EUVAC-net ECDC | ECDC measles factsheet |WHO Epidemiological Brief 25

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. This year measles transmission was at a much lower level during the peak transmission season than during 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.

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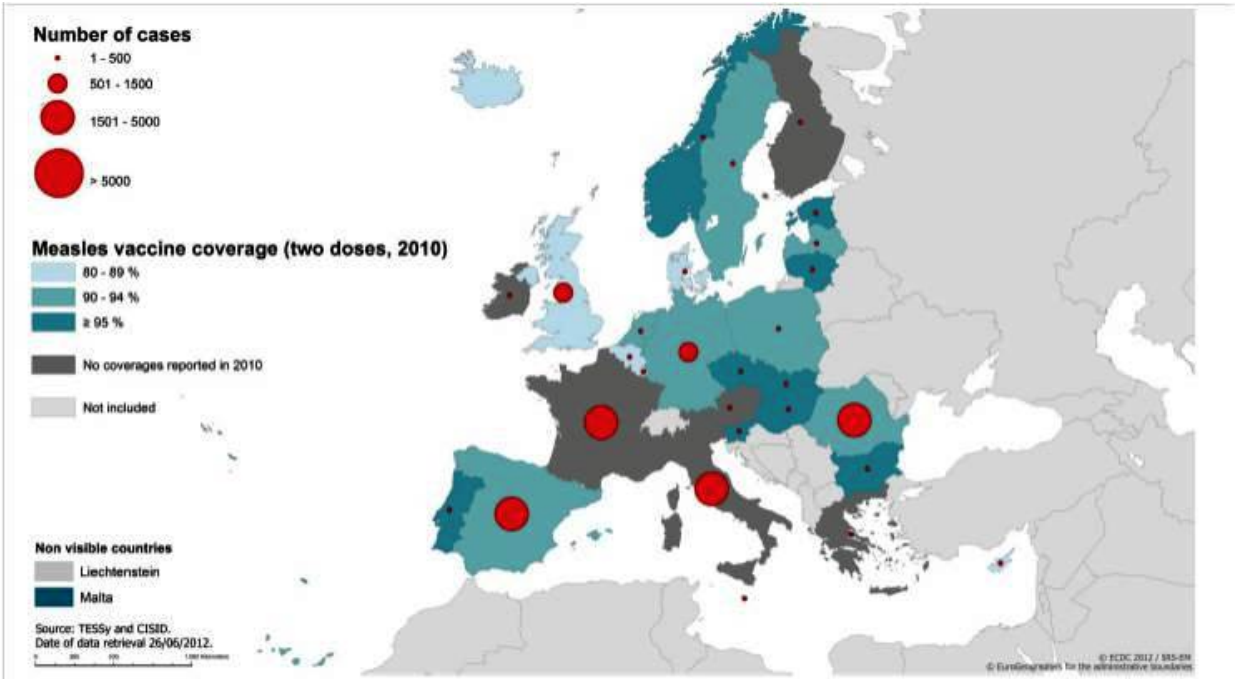
Number of measles cases by country June 2011-May 2012 and two-dose measles vaccine coverage 2010

ECDC



** Coverage numbers (%) are official national figures reported via the annual WHO/UNICEF Joint Reporting Form and WHO Regional Office for Europe reports.*

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 1 August 2012

Epidemiological summary

Sweden - update
Source: SMI and the media

The earlier reported outbreak in Järna has spread and there are now 47 reported cases of rubella in Stockholm County, all linked to the area in Södertälje. It is the highest number since 1996 and an increase of 15 cases since the last update. Women in the early stage of their pregnancy are advised to contact the antenatal clinic to check their immunity to rubella.
Järna is the centre for the anthroposophic community in Sweden with known opposition to vaccination. According to the county medical officer there is a possibility of a large number of unreported cases as there is a wish in the community to contract the disease in order to develop immunity.

From 1 January to 31 May 2012, 16 729 cases of rubella were reported to ECDC by the 25 contributing EU and EEA countries. Poland and Romania accounted for 99% of the number of cases during the past 12-month period.

Web sources: ECDC measles and rubella monitoring | WHO epidemiological brief 25 | 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 early in pregnancy, within the first 20 weeks, 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. Spontaneous abortion occurs in up to 20% of cases.
Selective vaccination of girls against rubella in a country can paradoxically increase the risk of CRS because partial population immunity will increase the intervals between outbreaks and therefore increase the number of unvaccinated women who reach child-bearing age without having been infected with rubella virus. Elimination of CRS depends on interrupting endemic transmission of the virus and monitoring immunity in pregnant women.
Elimination of CRS and rubella transmission is intimately linked to the measles elimination target because of the use of the MMR vaccine. CRS surveillance plays an important role but because rubella virus can cause a wide range of conditions from mild

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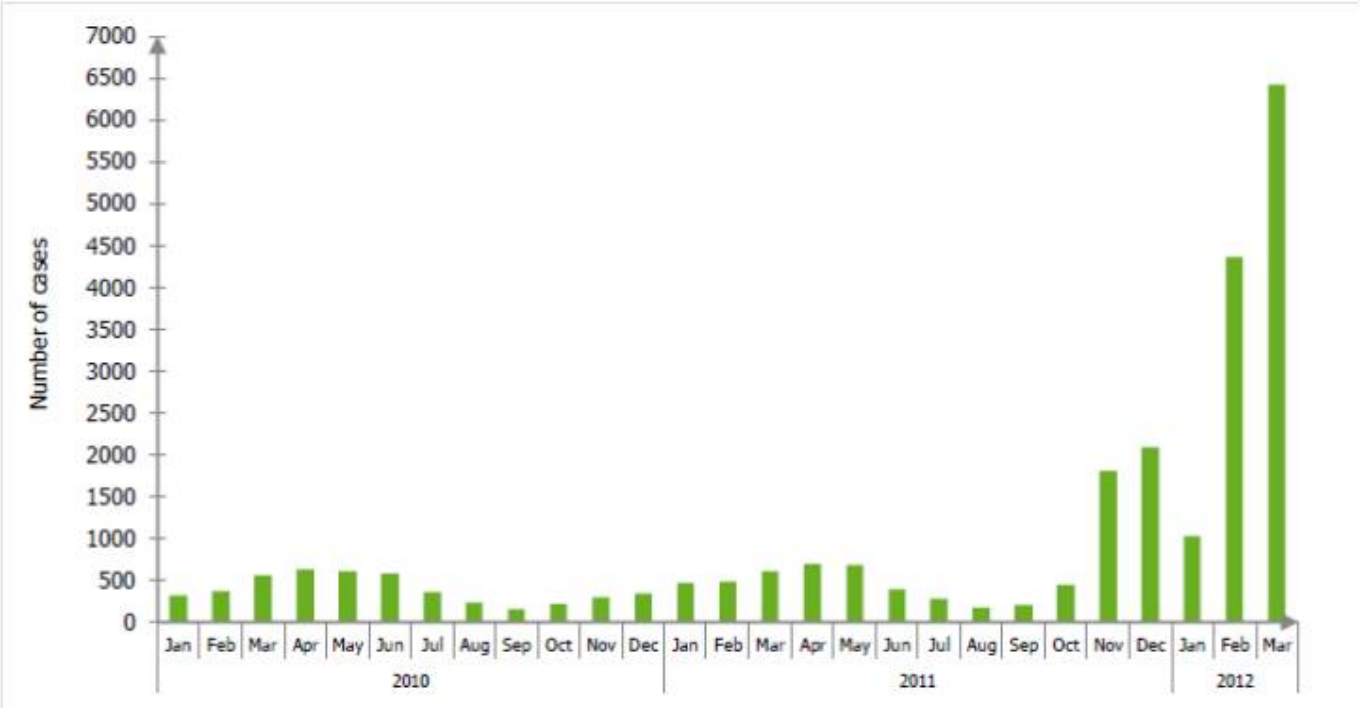
hearing impairment to complex malformations which are incompatible with life, such surveillance is biased towards the severe end of the spectrum. Routine control of immunity during antenatal care is important for identifying susceptible women who can be immunised after giving birth and for surveillance 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.

Distribution of rubella cases January 2010 - March 2012 by month

ECDC TESSy



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

Opening date: 15 June 2005 Latest update: 12 July 2012

Epidemiological summary

WHO reported no new human cases of influenza A(H5N1) virus infection this week. Worldwide, 29 cases (including 18 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

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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: 19 July 2012

Epidemiological summary

No autochthonous cases have been reported in Europe so far this year.

Web sources: MedISys Chikungunya | ECDC chikungunya fact sheet

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.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 2 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 France but only sporadic imported cases have been reported so far.

Asia: a sustained high activity is reported in Cambodia compared to the historical seasonal baseline; the main reason is considered to be a premature rainy season. Philippines also report sustained activity, with a recent dramatic increase in cases in some areas, in particular in Abra province. In the rest of the region the situation is not unusual, but very recent increases in cases are reported in Taiwan and Malaysia.

Latin America: intense activity is described this week in the region, in particular in Central America, with several severe local outbreaks reported in southern Mexico (Yucatan, Veracruz and Chiapas) presenting a very high proportion of DHF. In South America there is a general high activity described this week, especially from several states in Brazil including Mato Grosso and Paraiba. A recent increase of cases has been noticed in Trinidad and Tobago for the Caribbean region.

Pacific: Niue is experiencing a new increase in cases, with more than 100 suspected cases reported on a total of 1 500 individuals. The outbreak seems to have extended now from the main village throughout the island and several cases among tourists have been reported.

Web sources:
DengueMap CDC/HealthMap| MedISys dengue| ProMED dengue 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.

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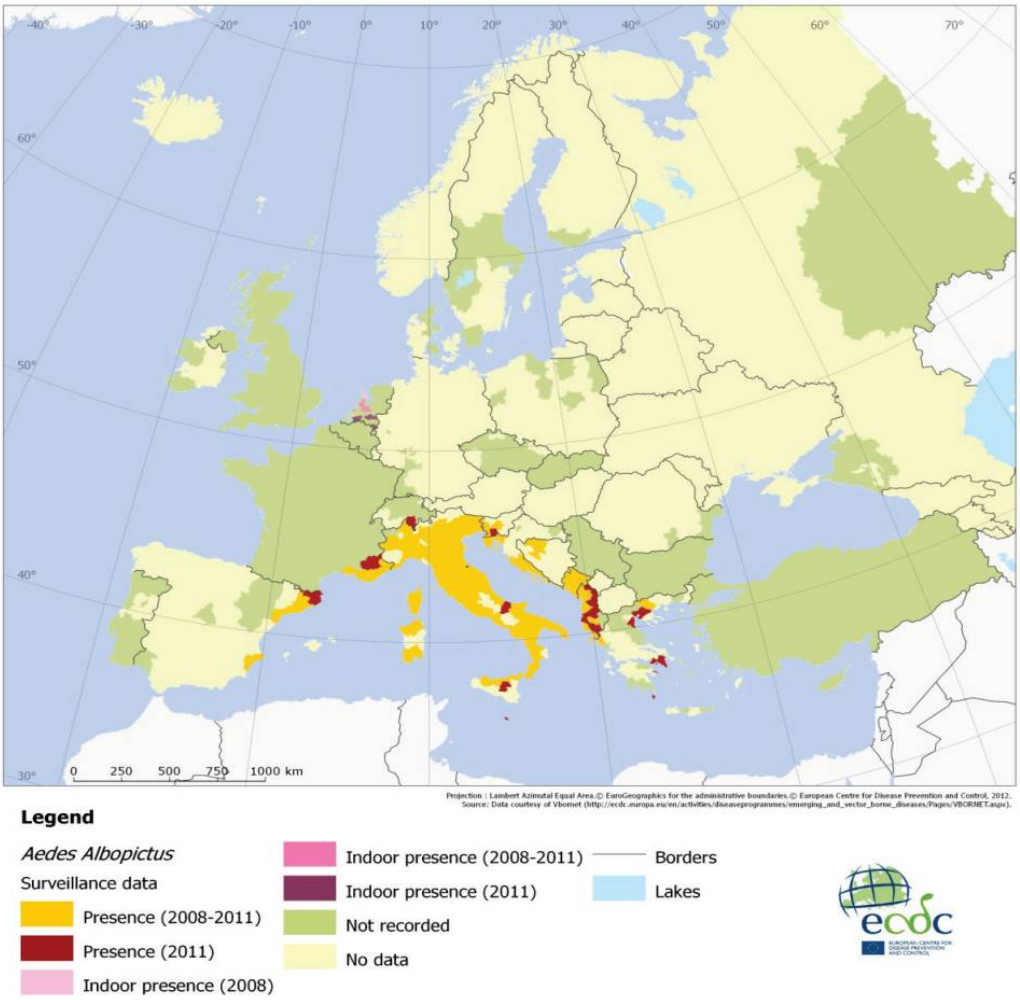
Recorded presence and absence of Aedes albopictus at regional administrative levels in Continental Europe

ECDC



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 30 July 2012

Epidemiological summary

From 20 to 25 July, four new cases have been notified. All are of the WPV1 type. The affected countries are Afghanistan (n=2) and Nigeria (n=2). So far 100 cases with onset of disease in 2012 have been reported globally compared with 252 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.

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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.

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

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