

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 26 June 2012

A case of probable autochthonous transmission of *Plasmodium vivax* malaria was reported by Greece on 22 June. The case and contacts are being investigated and control measures have been put in place according to local guidelines. An additional two cases of malaria have been reported by Greece in 2012, however investigations have indicated that these cases are most likely related to late clinical manifestations of an infection acquired in the past, and not related to a recent infection after exposure in Greece.

→Update of the week

On 22 June, Greece reported a case of *Plasmodium vivax* infection, possibly infected in Marathon in May 2012. Climatic conditions are now considered favourable for local vector development.

Anthrax - Germany - Injecting drug use

Opening date: 18 December 2009

Latest update: 26 June 2012

On 13 June 2012, Germany reported that one injecting drug user had died of anthrax in Regensburg. A second case was subsequently reported on 18 June.

In December 2009, an outbreak involved 124 cases of anthrax reported among injecting drug users in the UK (England and Scotland with five and 119 cases respectively) and Germany (three cases).

→Update of the week

No additional cases have been reported since 22 June. Microbiological investigations suggest that the strain in the 2012 cases is identical or almost identical to the strain from the 2009-2010 cases.

Legionnaires' Disease - UK - Edinburgh

Opening date: 7 June 2012

Latest update: 28 June 2012

A community outbreak of Legionnaires' disease has been identified in Edinburgh, Scotland. As of 28 June, 48 confirmed cases and 47 suspected cases were reported. Two confirmed cases have died. No cases have been identified in non-UK citizens. The source of the outbreak is considered to be a cooling tower in south Edinburgh. The definite source has not been identified yet.

→Update of the week

Four more confirmed cases, all related in time to the original outbreak, were identified during 22-28 June.

Viral meningitis outbreak – Romania

Opening date: 12 June 2012

Latest update: 28 June 2012

On 16 June 2012, the Romanian Ministry of Health reported an outbreak of aseptic meningitis linked to a kindergarten in Suceava city, Suceava county in the northern part of the country. Twenty-eight cases were linked with the kindergarten: 18 primary cases and 10 secondary cases (household members or neighbourhood contacts). Fourteen additional cases have been identified in the city with no epidemiological link to the kindergarten. Since then, media have reported additional cases with a total of 110 reported cases by 28 June. Cases are now not necessarily linked to the kindergarten. Media have also quoted local officials saying that microbiological investigations identified Coxsackie B2 virus as the causative agent. Investigations are ongoing.

→Update of the week

During the past week media have reported 68 additional cases of viral meningitis. They have also quoted local officials saying that the outbreak is caused by Coxsackievirus B2.

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

Opening date: 21 June 2012

Latest update: 27 June 2012

Between June and November, ECDC monitors the West Nile fever (WNF) situation during the 2012 transmission season in the EU Member States and bordering countries in order to identify significant changes in the epidemiology of the disease. So far, no cases have been detected in 2012. In 2011, 96 confirmed cases were reported from the EU Member States and 207 cases in neighbouring countries.

→Update of the week

This week, no cases of WNF were detected in the EU.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 27 June 2012

Measles is still endemic in many countries of Europe due to a low uptake of immunisation. In the past decade the susceptible population has increased, leading to a resurgence of the disease. More than 30 000 cases were reported in EU Member States in each of the last two years. So far in 2012, the number of outbreaks and reported cases in the Member States are significantly lower than during 2010 and 2011. Romania, France, Italy, the United Kingdom and Spain accounted for the majority of the reported measles cases so far this year. In Ukraine, an ongoing large outbreak with more than 11 000 cases is reported in 2012.

→Update of the week

During 22 to 28 June 2012, no new outbreaks were detected.

UEFA EURO 2012 - MG enhanced surveillance (weekly update)

Opening date: 7 June 2012

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

→Update of the week

This week we include information about the following public health events/measures:

Poland: results from enhanced surveillance; update of Lyme disease; missing soccer fan; water quality control in swimming places, Lechia; raised security alert level.

Ukraine: results from enhanced surveillance; measles update; pesticide poisoning; inappropriate sanitary conditions in some swimming places; poor swimming water quality in Nikolaev; mercury in Khmelnytskyi; fire warnings.

Participating countries

Russian Federation: measles update; new control measures against spread of measles in Perm region; rabies.

Bordering countries

Belarus: sanitary conditions in recreational zones

Non EU Threats

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 28 June 2012

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50 to 100 million people each year, mainly in the tropical regions of the world. There are no significant recent developments in global dengue epidemiology. However, the identification of sporadic autochthonous cases in non-endemic areas in 2010 and 2011 highlights the risk of occurrence of locally acquired cases in EU countries where the competent vectors are present.

→Update of the week

There have been no reports of autochthonous dengue infections in Europe so far in 2012. High activity is reported in several endemic areas worldwide.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 21 June 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiologic patterns. In metropolitan France, the seasonal surveillance for *Aedes albopictus* started on 1 May 2012. In addition, from the beginning of the year to 19 June 2012, six autochthonous cases have been confirmed in Mayotte (French overseas department).

→Update of the week

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

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 28 June 2012

Polio, a crippling and potentially fatal vaccine-preventable disease mainly affecting children under five years of age, is close to being eradicated from the world after a significant global public health investment and effort. The WHO European Region is polio-free. Eighty-four cases have been reported in 2012 worldwide so far.

→Update of the week

During 22 to 28 June 2012, six new polio cases were reported by WHO.

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

Opening date: 15 June 2005

Latest update: 8 June 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 22 and 28 June 2012, WHO did not report any new cases of human influenza A (H5N1) infection.

II. Detailed reports

Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 26 June 2012

Epidemiological summary

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

The first case had onset of disease in early April 2012; this case is hypothesised to be a late clinical manifestation of an infection acquired in the 2011 transmission season. The second case is an adult citizen of Afghanistan with onset of diseases in March 2012; this case had a reported history of malaria infection four years ago and is therefore hypothesised to be a relapse of an existing infection, not acquired in Greece.

On 22 June, Greece reported a third case, a 78 year old Greek resident who does not have 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 considered 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 historical 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.

According to Greek authorities, active screenings of neighbours and seasonal immigrants is 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](#) | [ECDC Epidemiological update: Local case of malaria in Greece](#) | [KEELPNO Malaria update 7 May 2012](#)

ECDC assessment

The report of a first autochthonous case of malaria and the current temperature and entomological indicators suggest that local transmission of malaria has started.

Actions

ECDC is carefully monitoring the situation in Greece and is coordinating with the Hellenic Centre for Disease Control and Prevention (KEELPNO) in order to remain up to date on current epidemiological and entomological findings.

Greece is currently implementing a "Strategic work programme for malaria control in Greece 2012-2015". The programme includes activities in the following areas:

- epidemiological surveillance
- laboratory diagnostic capacity
- vector surveillance and vector control
- clinical management
- communication, information and training activities

Anthrax - Germany - Injecting drug use

Opening date: 18 December 2009

Latest update: 26 June 2012

Epidemiological summary

On 13 June 2012, Germany reported a fatal case of anthrax in a 51 year old injecting drug user (IDU) in Regensburg. The infection with *Bacillus anthracis* was confirmed by blood culture and PCR. The case was admitted to hospital on 5 June and died the same day from anthrax septicaemia.

A second case of anthrax in an IDU in Regensburg has been laboratory confirmed by PCR. The patient was hospitalised on 18 June 2012 with fever and swelling at a heroin injection site, following injection three days previously. The patient is currently in a stable condition. The strain from the two 2012 cases is reported to be identical or almost identical to the strain from the 2009-2010 cases.

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

Public Sources: [RKI statement on cases in 2012](#) | [Eurosurveillance article on 1st case in 2012](#) | [Last HPA report](#) | [RKI report](#) | [Last NHS report](#) | [NHS publication](#)

ECDC assessment

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

Actions

ECDC and EMCDDA have updated their joint [rapid risk assessment](#).

Legionnaires' Disease - UK - Edinburgh

Opening date: 7 June 2012

Latest update: 28 June 2012

Epidemiological summary

A community outbreak of Legionnaires' disease was identified in Edinburgh, Scotland. As of 28 June, 48 confirmed cases and 47 suspected cases have been reported, of which 13 are hospitalised on 28 June. Two confirmed cases have died.

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

Websources: [NHS Lothian press releases on outbreak](#) | [Scottish government health news page](#) | [HPS Legionella page](#) |

ECDC assessment

As Legionnaires' disease cannot be transmitted from human to human, the risk for the EU remains limited to people having been in the affected areas of Edinburgh. Local health authorities have implemented control measures.

Actions

ECDC has published a [rapid risk assessment](#) on the ECDC website.

Viral meningitis outbreak – Romania

Opening date: 12 June 2012

Latest update: 28 June 2012

Epidemiological summary

Since 28 May 2012, 110 cases of aseptic meningitis have been reported by authorities and media in Romania, mainly in Suceava county in the north of the country. Of the 36 cases reported from Suceava city in the first week, 18 (17 children and one adult) cases were part of an outbreak in a kindergarten in Suceava city. Ten cases were linked to secondary transmission from the primary cases in household and neighbourhood contacts. Eight additional cases were identified in Suceava city with no direct epidemiological link to the kindergarten. The remaining cases have been identified in Suceava city and surrounding towns. According to media, laboratory investigations indicate that Coxsackievirus B2 is the etiological agent.

The control measures implemented can be found at the [MoH Romania](#)

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

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

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

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

ECDC assessment

Enterovirus (non-polio) outbreaks occur usually during the summer and early autumn periods in many countries. The outbreak reported by Romania therefore is not unexpected. Further information can be found in ECDC [rapid risk assessment](#).

Actions

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

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

Opening date: 21 June 2012

Latest update: 27 June 2012

Epidemiological summary

As of 28 June 2012, no cases of West Nile fever (WNF) were detected in the EU this year.

The Russian Federation reports two WNF cases during January-May 2012. As no further information on these cases (region, date of onset) could be identified, and this period could include cases reported late from the 2011 transmission season, ECDC will not include these cases in the West Nile fever risk map.

Websources: [ECDC West Nile Fever risk maps](#) | [MedISys West Nile Disease](#) | [Rospotrebnadzor: infectious diseases in Russia, Jan-May 2012](#) | [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 are considered important for ensuring blood safety by the national health authorities when human cases of West Nile fever occur. According to the EU Blood Directive, efforts should be made to defer blood donations from affected areas with ongoing virus transmission.

Actions

ECDC produces weekly [West Nile Fever risk maps](#) to inform blood safety authorities regarding affected areas.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 27 June 2012

Epidemiological summary

I. European Union Member States

No new outbreaks or relevant updates detected.

II. Neighbouring countries

Ukraine – update

Source: [MoH](#), the [media](#)

There have been 11 231 cases of measles reported in 2012. According to media reports quoting the head of the State Sanitary and Epidemiological Service, the incidence of measles in Ukraine has decreased by two thirds compared to the winter-spring period.

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC/Euronews documentary](#) | [MedISys Measles Webpage](#) | [EUJAC-net ECDC](#) | [ECDC measles factsheet](#) | [ECDC RRA on the measles outbreak in Ukraine](#) |

ECDC assessment

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

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

ECDC closely monitors measles transmission and outbreaks in the EU and neighbouring countries in Europe through enhanced surveillance and epidemic intelligence activities. The countries in the WHO European Region, which include all EU Member States, have committed to eliminate measles and rubella transmission by 2015. Elimination of measles requires consistent vaccination coverage above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

Actions

In June 2012, Ukraine and Poland are hosting the UEFA European Championship with hundreds of thousands of visitors expected from several European countries. ECDC has prepared a [rapid risk assessment](#) to assess the risk of visitors to Ukraine becoming infected and subsequently importing and spreading measles within the EU on their return.

UEFA EURO 2012 - MG enhanced surveillance (weekly update)

Opening date: 7 June 2012

Epidemiological summary

Hosting countries

Poland

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

[Media](#) are reporting an update on Lyme disease cases for Warmia and Mazury regions (181 notified cases) and tick-borne encephalitis (TBE) in 2012 as of 17 June. Lyme disease and TBE incidences are currently twice and six times the national rates, respectively. In 2011, there were 782 cases of Lyme disease in Warmia and Mazury. According to Polish health authorities (Główny Inspektorat Sanitarny), this incidence of Lyme disease is not unusual or unexpected for this time of year. The media attention relates to the fact that this area is a popular destination for tourists during the summer. At the moment there are no

alarming reports about number of cases of Lyme disease. However, in Poland like in other European countries there has been an increasing trend in Lyme disease since 2006.

[Media](#) report results of water quality control for the swimming season carried out in urban beaches of city Szczecinek. In one location, the level of *Escherichia coli* and enterococci was above normal level. The beach has been closed for several days this week.

Several [media](#) report that the autopsy result on the Irish football fan found dead in Poland, died by drowning with no foul play suspected. Security camera footage will be reviewed in order to clarify the circumstances of the drowning.

According to [media](#) reports, Polish border guards discovered a small quantity of explosives, a detonator and a mobile phone on a border location with Ukraine. Authorities report that corresponding security level is in place.

Ukraine

No major health events were reported this week through the enhanced surveillance for EURO 2012 by health authorities.

The [Ministry of Health](#) reported 11 231 cases of measles so far in 2012.

[Sanitary epidemiological service](#) reported on 20 June that 36 people were hospitalised in Central Hospital of Odessa region with symptoms of pesticide poisoning. According to preliminary data, eight workers sprayed pesticides on grapes, while 45 people were exposed while working in the same area. A commission was established by the Ukrainian [Sanitary and Epidemiological Service](#) on 21 June to investigate event.

[Sanitary Epidemiological Service](#) provides an overview of the swimming places in Ukraine: only 758 (67.2%) of the 1 128 swimming places are in operation. In addition, six of swimming places in Mykolaiv, Odessa region and Kiev had been closed due to inappropriate sanitary conditions.

The Sanitary Epidemiological Service (SES) is quoted by [media](#) for warning about poor swimming water quality in Nikolaev. SES does not recommend swimming in one of two official beaches called "Arrow" where microbiological contamination of water is 400 times higher than normal.

During the cleaning of a bus station in Khmelnytskyi, in central Ukraine, cleaning personnel found 1.2kg of mercury in a half-filled bottle. Air tests were performed in the area and the mercury concentration was not above the normal level. (source: GPHIN media scan).

Ukrainian health authorities issued fire warnings for southern and central parts of Ukraine at 'level 5', the highest level, due to the high temperatures forecast for the last week (source: GPHIN media scan).

Participating countries

Russian Federation

[Russian health authorities](#) report that in the first four months of 2012, there were 1 714 cases of measles in 50 regions. This compares to 627 cases in 30 regions during the whole of 2011. Compared to the first quarter of 2011, the incidence rate has increased 22.4 times.

[Public health authorities](#) in the Perm region have introduced temporary new control measures aimed to prevent spread of measles in the region. These include a vaccination campaign of medical personnel and restrictions of work in medical clinics in the absence of clear vaccination history.

Health authorities quoted by [media](#): Since the beginning of 2012, in the Russian Federation, three cases of rabies with fatal outcome (Moscow city, Moscow and Tver regions) have been reported associated with attacks by wild animals. Advice to public was provided about avoiding animal bites and seeking health care if bitten.

Bordering countries

Belarus

[Centre for Hygiene, Epidemiology and Public Health](#) inspected 417 recreational zones between 15 and 21 June. Sanitary problems were detected in 31 of them. 740 recreational water samples were taken and of these, 56 did not meet sanitary requirements.

ECDC assessment

ECDC will continue monitoring the infectious disease epidemiological situation in order to detect early signals of public health events potentially relevant for the EURO 2012.

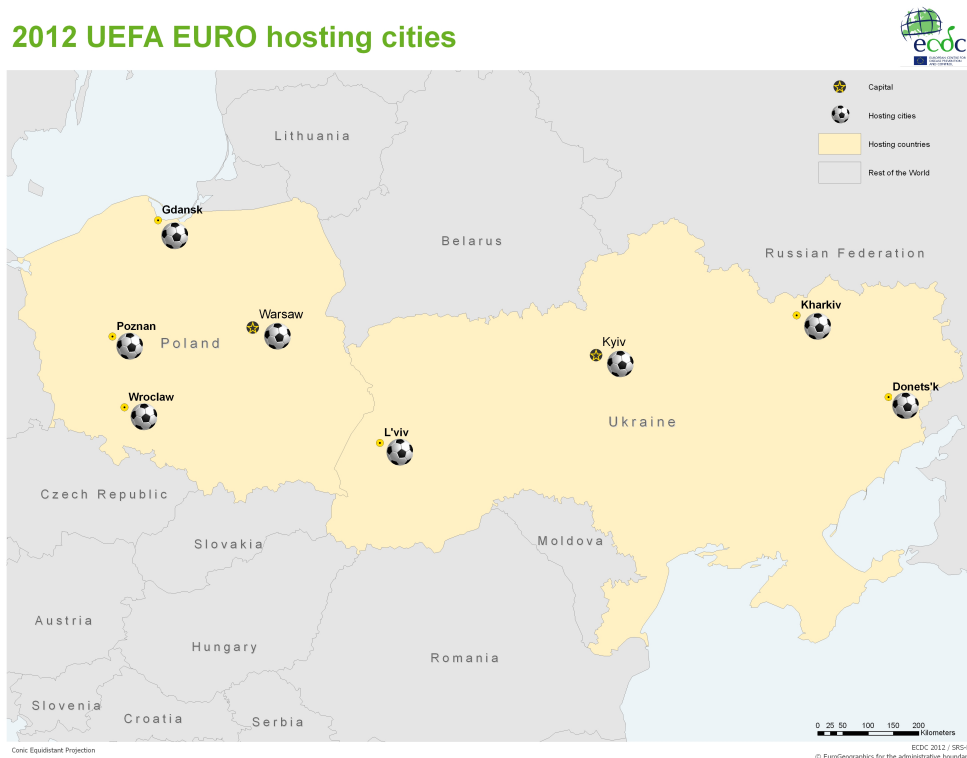
Actions

ECDC and [EpiNorth](#) are closely collaborating with enhanced epidemic intelligence activities during this event. A close contact with the Polish health authorities has been established and an ECDC expert liaison officer is currently hosted at the Chief Sanitary Inspectorate. ECDC is in contact with the Ukrainian health authorities through the EpiNorth network and a liaison officer placed at the WHO Country Office for Ukraine.

UEFA EURO 2012 venues

ECDC

2012 UEFA EURO hosting cities



Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 28 June 2012

Epidemiological summary

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

EU overseas territories: Since the beginning of the year, 28 autochthonous cases (10 confirmed, 18 probable) have been reported in la Reunion, and 43 confirmed autochthonous cases in Mayotte.

Asia: Sri Lanka is affected by a severe outbreak and has declared "National Mosquito Control Month" from 25 June to 25 July. The media also report on dengue circulation in Pakistan, India, Malaysia, Thailand and the Philippines.

Latin America: In the past week, Ecuador presented with the highest increase in cases in months; all four serotypes are circulating in the country. The media also report on dengue circulation in Mexico, Honduras and Brazil.

Web sources:

[DengueMap CDC/HealthMap](#) | [MedISys dengue](#) | [ProMED dengue latest update](#) | [ECDC dengue fever factsheet](#) | [WPRO dengue latest update](#) | [Dengue update for La Reunion](#) | [Dengue update for Mayotte](#) | [InVS PACA Epidemiological Update](#) | [InVS Languedoc-Roussillon Epidemiological Update](#)

ECDC assessment

ECDC monitors individual outbreaks, seasonal transmission patterns and inter-annual epidemic cycles of dengue through epidemic intelligence activities in order to identify significant changes in disease epidemiology. Of particular concern is the potential for the establishment of dengue transmission in Europe. Local transmission of dengue was reported for the first time in France and

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Croatia in 2010 and imported cases were detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present. A review of status and public health importance of invasive mosquitoes in Europe was published on 30 April 2012 with a summary available on ECDC website.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 21 June 2012

Epidemiological summary

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

Web sources: [MedISys Chikungunya](#) | [InVS latest update for Mayotte](#) | [InVS PACA latest update](#) | [InVS Languedoc-Roussillon 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 few years to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes aegypti*, through increased human travel. There is a risk of further importation of the chikungunya virus into new areas by infected travellers.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 28 June 2012

Epidemiological summary

During 22 to 28 June, six polio cases were notified, all of which were WPV1: three cases in Nigeria, one case in Chad, and two cases in Afghanistan. So far, 84 cases with onset of disease in 2012 have been reported globally compared with 241 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.

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

Opening date: 15 June 2005

Latest update: 8 June 2012

Epidemiological summary

Between 22 and 28 June 2012, WHO reported no new cases of human influenza A (H5N1) infection. Worldwide, 28 cases (including 17 deaths) were notified to WHO since the beginning of 2012.

Web sources: [ECDC Rapid Risk Assessment](#) | [WHO Avian Influenza](#) | [Avian influenza on ECDC website](#) | [WHO H5N1 Table](#)

ECDC assessment

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

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

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