

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: 17 July 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 regarding WNF-affected areas and identify significant changes in the epidemiology of the disease.

→Update of the week

During the past week, no human cases of West Nile fever have been reported in the EU. Among the neighbouring countries, Bosnia and Herzegovina reported six new autochthonous cases of West Nile fever from Republika Srpska, two in the newly affected municipalities of Laktasi (1) and Prijedor (1) and four in municipalities with previous case reports: Banja Luka (3) and Bosanski Novi (1). Serbia reported three cases (one confirmed and two probable) in the following regions: City of Belgrade (1), Nis (1) and South Bac (1). Russia reported its first case of West Nile for the 2014 transmission season in Belgorodskaya oblast.

#### Mass gathering monitoring - Commonwealth Games- Scotland 2014

Opening date: 11 June 2014

Latest update: 17 July 2014

ECDC is enhancing its monitoring activities during the [Commonwealth Games](#), an international, multi-sport event involving athletes from the Commonwealth nations. The games will take place from 23 July to 3 August 2014 in the surrounding areas of Glasgow, Edinburgh and near Carnoustie on Scotland's east coast. Around 1 million spectators and 6 500 athletes and officials are expected to attend the event.

→Update of the week

During the past week, ECDC has not detected any events of public health significance to the games.

## Non EU Threats

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### Middle East respiratory syndrome- coronavirus (MERS CoV) - Multistate

Opening date: 24 September 2012

Latest update: 17 July 2014

Since April 2012, 852 cases of MERS-CoV infection have been reported by local health authorities worldwide, including 327 deaths. To date, all cases have either occurred in the Middle East, have direct links to a primary case infected in the Middle East, or have returned from this area. The source of the virus remains unknown but the pattern of transmission points towards an animal reservoir in the Middle East from which humans sporadically become infected through zoonotic transmission.

→Update of the week

Since the last CDTR, one additional case has been reported by Saudi Arabia. Two previously reported cases have died. The case reported in April from Greece has died.

### Mass gathering monitoring- Brazil- FIFA World Football Cup 2014

Opening date: 9 June 2014

Latest update: 17 July 2014

ECDC has been enhancing its epidemiological intelligence surveillance during the FIFA World Cup 12 June–13 July 2014 in Brazil to detect threats to public health that could represent a threat to the EU or to EU visitors. Routine epidemic intelligence activities will be enhanced by expanding the information sources monitored, using a targeted and systematic screening approach and tailored tools (i.e. MediSys).

→Update of the week

During the past week, no new major public health threats posing a risk for EU travellers have been identified.

### Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013

Latest update: 17 July 2014

An outbreak of chikungunya virus infection has been ongoing in the Caribbean since December 2013. The outbreak has spread to Central and South America. There have been more than 350 000 probable and confirmed cases in the region. At least 21 fatalities have been reported so far. Many countries are reporting imported cases from the affected areas.

→Update of the week

Most of the areas previously involved continue to report increasing case numbers, and the situation is particularly severe on the island of Hispaniola (Haiti and the Dominican Republic) and in Guadeloupe.

Both Costa Rica and Venezuela have reported confirmed cases, but it is not clear if they are imported or autochthonous.

The US reported the first locally acquired cases of chikungunya in [Florida](#), one in Miami–Dade County, the other in Palm Beach County.

According to [media](#) reports, Puerto Rico health officials declared a chikungunya epidemic, due to a rapidly rising number of cases there. More than 200 cases have been reported as of 25 June 2014. The territory's first case was reported at the end of May.

### Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014

Latest update: 17 July 2014

An ongoing outbreak of Ebola virus disease (EVD) in West Africa has been affecting Guinea, Liberia and Sierra Leone since December 2013. Since April 2014, a new wave of transmission is unfolding in all three affected countries, and the outbreak continues to evolve at an alarming pace. This is the largest ever documented outbreak of EVD, unprecedented in both number of cases and deaths. It is also the largest outbreak with regard to geographical spread so far.

→Update of the week

In the past week, the affected countries have continued to report cases and fatalities. The largest increase in cases since the previous update was in Sierra Leone, followed by Liberia and Guinea.

As of 14 July 2014, the cumulative number of cases attributed to EVD in the three countries stands at 982, including 613 deaths.

On 16 July 2014, WHO established a sub-regional outbreak coordination centre in Conakry, Guinea, to better meet the needs to control the outbreak, as a follow-up action to the Emergency Ministerial meeting that was held by WHO in Accra, Ghana, 2–3 July. The centre will consolidate and harmonise the technical support to West African countries and will assist in resource mobilisation.

An article in this month's *Emerging Infectious Diseases* states that Ebola virus has been circulating in the region since at least 2006. Using assays developed at the US Army Medical Research Institute of Infectious Diseases (USAMRIID), the research team found evidence of dengue fever, West Nile fever, yellow fever, Rift Valley fever, chikungunya, Ebola, and Marburg viruses in the samples collected between 2006 and 2008. An analysis of 500–700 clinical samples from suspected Lassa fever cases in Sierra Leone showed that about two-thirds of the patients had been exposed to other emerging diseases, and nearly nine per cent tested positive for Ebola virus. In addition, of the samples that tested positive for Ebola, the vast majority reacted to the Zaire strain, which was unexpected.

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

Opening date: 8 September 2005

Latest update: 17 July 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. According to the World Health Organization (WHO), polio transmission currently occurs in ten countries of the world. Polio was declared a public health emergency of international concern (PHEIC) on 5 May 2014.

→Update of the week

During the past week, eight new infections with wild poliovirus 1 (WPV1) were reported.

Equatorial Guinea has been added to the list of 'virus-exporting countries' which should implement a set of Temporary Recommendations recently issued by the Director-General of the World Health Organization under the International Health Regulations (2005). Among other things, these recommendations call for the vaccination of all residents and long-term visitors prior to international travel. The addition of Equatorial Guinea to the list follows the detection of wild poliovirus genetically linked to the current outbreak in Cameroon in a sewage sample collected near Sao Paulo, Brazil.

## Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 17 July 2014

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. 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 further underlines the importance of surveillance and vector control in other European countries.

→Update of the week

During 2014, no autochthonous dengue cases have been reported in Europe.

## II. Detailed reports

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

Opening date: 3 June 2014

Latest update: 17 July 2014

#### Epidemiological summary

As of 17 July 2014, no human cases of West Nile fever have been reported in the EU. Seventeen cases have been reported from neighbouring countries since the beginning of the 2014 transmission season. Thirteen cases have been reported by Bosnia and Herzegovina in Republika Srpska in the municipalities: Banja Luka (4), Trebinje (1), Novi Grad (1), Bosanski, Kljuc (1), Krupa na Uni (1), Mrkonjic Grad (1), Gornji Ribnik (1), Teslic (1) and the newly affected municipalities Laktasi (1) and Prijedor (1). In addition, one case, reported in Prijedor in a patient from Austria, is currently under investigation as the place of infection is still unknown. Serbia reported three cases (one confirmed and two probable) of West Nile fever in the following regions: City of Belgrade (1), Nis (1) and South Bac (1).

Russia reported its first case of West Nile for the 2014 transmission season in Belgorodskaya oblast, which has been reporting cases since 2012 (five cases in 2012 and two cases in 2013).

**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

From week 23 onwards, ECDC produces weekly West Nile fever (WNF) risk maps during the transmission season to inform blood safety authorities regarding WNF affected areas.

### Mass gathering monitoring - Commonwealth Games- Scotland 2014

Opening date: 11 June 2014

Latest update: 17 July 2014

#### Epidemiological summary

Gastrointestinal illness in Athletes Village, Glasgow

Source: [media](#)

According to local health authorities, twelve workers at the athletes' village are reported to have mild gastrointestinal symptoms. Norovirus infection is suspected. The Games' organisers report that village residents and workforce have been informed and issued with health information. There have been no reports from athletes or team officials, and the village is operating as normal.

#### ECDC assessment

This reported gastroenteritis is not posing a threat to the games.

#### Actions

ECDC is sharing information with relevant public health partners regarding this event. ECDC is carrying out enhanced epidemic intelligence activities during the games, which includes adaptation of the information sources monitored, using a targeted and systematic screening approach and tailored tools (i.e. MediSys).

### Middle East respiratory syndrome- coronavirus (MERS CoV) - Multistate

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Opening date: 24 September 2012

Latest update: 17 July 2014

## Epidemiological summary

Since April 2012, and as of 17 July 2014, 852 cases of MERS-CoV have been reported by local health authorities worldwide, including 327 deaths.

### Confirmed cases and deaths by region

#### Middle East

Saudi Arabia: 721 cases/296 deaths  
United Arab Emirates: 73 cases/9 deaths  
Qatar: 7 cases/4 deaths  
Jordan: 18 cases/5 deaths  
Oman: 2 cases/2 deaths  
Kuwait: 3 cases/1 death  
Egypt: 1 case/0 deaths  
Yemen: 1 case/1 death  
Lebanon: 1 case/0 deaths  
Iran: 4 cases/1 death

#### Europe

UK: 4 cases/3 deaths  
Germany: 2 cases/1 death  
France: 2 cases/1 death  
Italy: 1 case/0 deaths  
Greece: 1 case/1 death  
Netherlands: 2 cases/0 deaths

#### Africa

Tunisia: 3 cases/1 death  
Algeria: 2 cases/1 death

#### Asia

Malaysia: 1 case/1 death  
Philippines: 1 case/0 deaths

#### Americas

United States of America: 2 cases/0 deaths

**Web sources:** [ECDC's latest rapid risk assessment](#) | [ECDC novel coronavirus webpage](#) | [WHO](#) | [WHO MERS updates](#) | [WHO travel health update](#) | [WHO Euro MERS updates](#) | [CDC MERS](#) | [Saudi Arabia MoH](#)

## ECDC assessment

The source of MERS-CoV infection and the mode of transmission have not been identified, but the continued detection of cases in the Middle East indicates that there is a persistent source of infection in the region. Dromedary camels are a host species for the virus, and many of the primary cases in clusters have reported direct or indirect camel exposure. Almost all of the recently reported secondary cases, many of whom are asymptomatic or have only mild symptoms, have been acquired in healthcare settings. There is therefore a continued risk of cases presenting in Europe following exposure in the Middle East, and international surveillance for MERS-CoV cases is essential.

The risk of secondary transmission in the EU remains low and can be reduced further through screening for exposure among patients presenting with respiratory symptoms (and their contacts) and strict implementation of infection prevention and control measures for patients under investigation.

## Actions

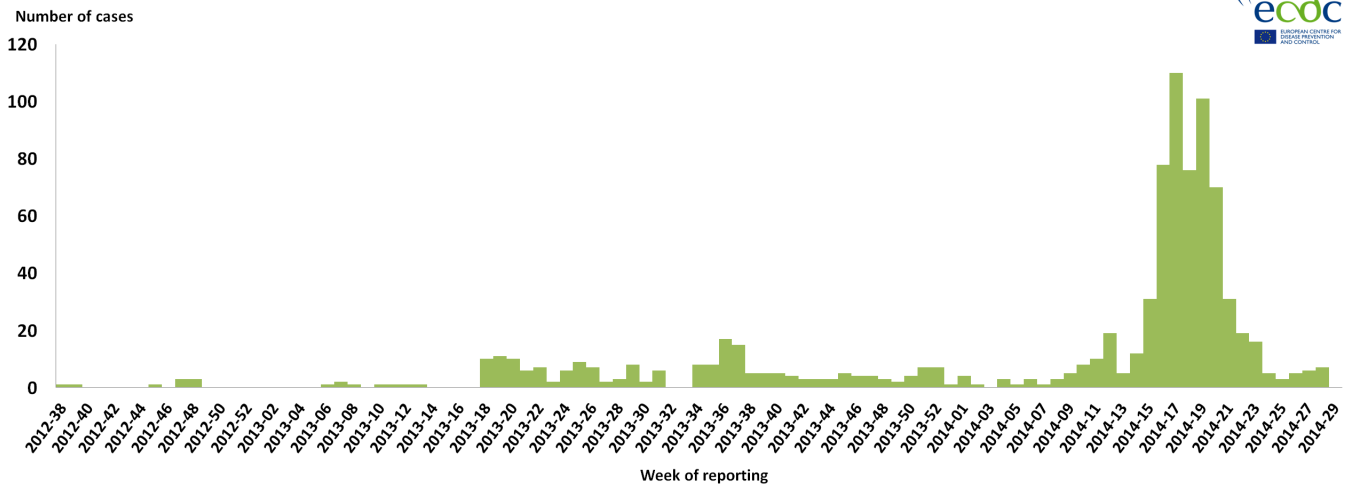
ECDC published an [epidemiological update](#) on 2 July 2014.

The last [rapid risk assessment](#) was published on 2 June 2014.

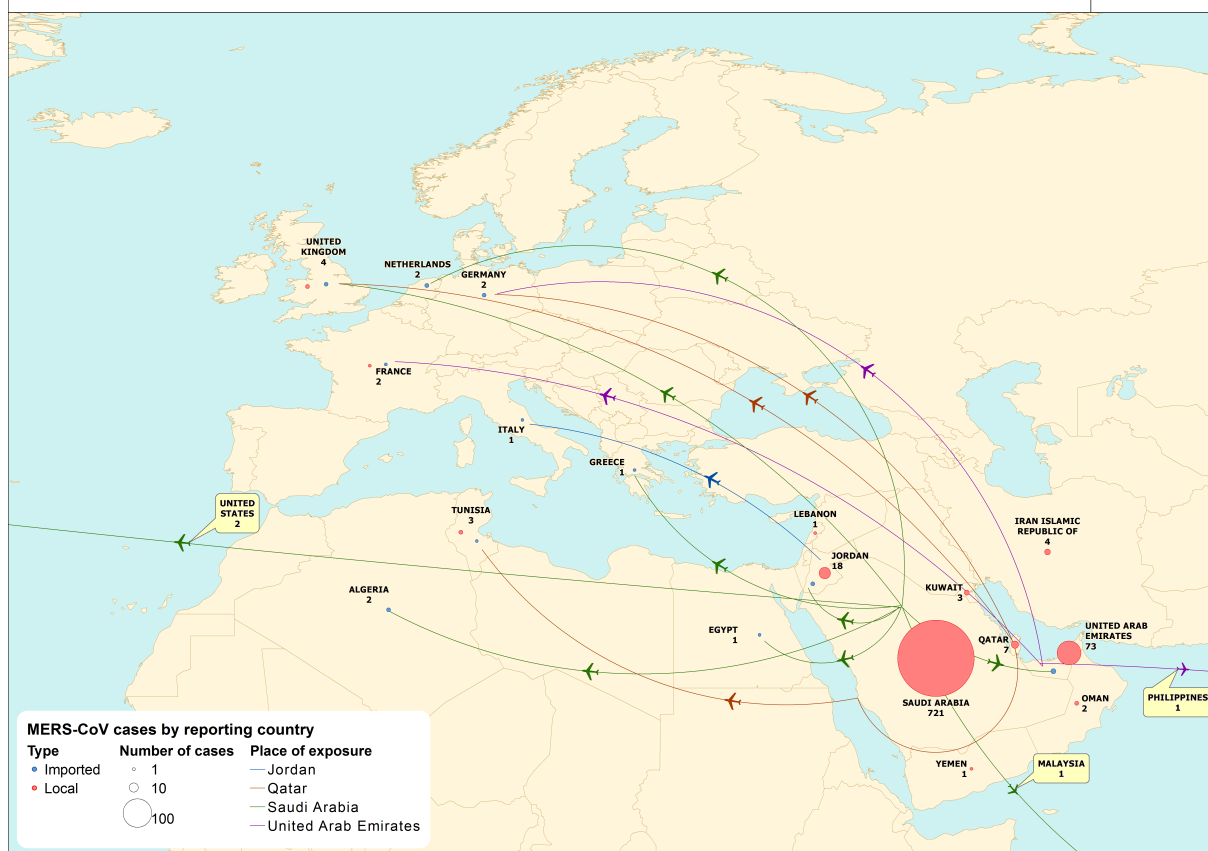
ECDC is closely monitoring the situation in collaboration with WHO and EU Member States.



Figure 1. Distribution of MERS CoV infections by week of reporting, September 2012- 17 July 2014 (n=852)



Distribution of confirmed cases of MERS-CoV by reporting country and place of probable infection, March 2012 - 17 July 2014 (n=852)



## Mass gathering monitoring- Brazil- FIFA World Football Cup 2014

Opening date: 9 June 2014

Latest update: 17 July 2014

### Epidemiological summary

#### Imported cases of chikungunya in Brazil

Source: [media](#)

The Brazilian health minister reported that as of 7 July, the number of confirmed imported cases of chikungunya in 2014 was 20. The Minister reassured the public that there was no evidence of local transmission and that all the cases had a history of travel to endemic countries. Eleven of the cases were diagnosed in Sao Paulo (nine military staff), three in Rio de Janeiro (all missionaries), two in Paraná, one in Amazonas (a military staff) and one in Rio Grande do Sul (a military staff).

#### Hantavirus – Argentina

Source: [media](#)

A 27-year-old woman from La Mendieta (Jujuy Province), Argentina, was reported to be infected with hantavirus in June 2014. She was admitted to hospital in the third week of June and passed away on 30 June. As of 6 July, 98 cases of hantavirus have been confirmed in Jujuy.

#### Update on health services in Manaus

Source: [media](#)

During the past 28 days (10 June–7 July) the Integrated Centre for Health Operations in Manaus reported 1 394 people attending. Of these, 916 required medical attention, 461 of them because of injuries. The most common reasons were falls, assaults and traffic accidents.

#### **Update on health services in Salvador**

**Source:** [media](#)

The Health Secretariat of Salvador reported 318 people attending health services (48 among foreigners) in the area of the Fonte Nova stadium and in the region of Barra, where the FIFA events have been taking place from 1 to 6 July. Most of the cases were due to alcohol intoxication.

#### **Imported cases of chikungunya – Maringá and Rio de Janeiro**

**Source:** [media](#)

The Health Department in Paraná has confirmed two cases of chikungunya virus infection in Maringá, in the north of the state. Both cases were reported to have been infected in Haiti in May and developed symptoms in June. Both are currently well. Additionally, two cases of imported chikungunya virus infection have been reported in Rio de Janeiro.

#### **Dengue in visitors in Belo Horizonte**

**Source:** [media](#)

Three cases of dengue in visitors were reported by health authorities in Belo Horizonte. One was a Japanese visitor who was hospitalised with fever and headache. The man has been in Brazil since June 21 and had previously visited São Paulo, Natal and Recife. A couple living in the United States was also diagnosed with dengue. The wife, a 29-year-old American, was admitted to ICU with fever, muscle pain, weakness, diarrhoea and skin rash. Her husband, a 20-year-old Brazilian, was treated at the Emergency Unit Centre. He had muscle pain, headache and pain around the eyes.

#### **Report on medical care provided in Belo Horizonte**

**Source:** [media](#)

The State Department of Health in Belo Horizonte reported that, as of 30 June, 863 cases needed medical care related to the events of the World Cup. Almost half, 333 cases, occurred within the Mineirão Stadium. Of the patients, 106 were foreigners. According to the SES, most cases were related to alcohol intoxication and minor injuries.

#### **Hepatitis A cases – suburb of Rio de Janeiro, Brazil**

**Source:** [media](#)

Twelve cases of hepatitis A have been reported since January 2014 in residents in the localised area of Camarista Méier in Rio de Janeiro.

#### **Imported case of chikungunya – Goiânia, Brazil**

**Source:** [media](#)

According to media, an imported case of chikungunya from the Dominican Republic was identified in a 34-year-old resident from Goiânia. The case self-reported with suspected illness on the flight arriving to Guarulhos International Airport. Assessment: Identification of imported cases may be expected due to the large outbreak ongoing in the Dominican Republic and other areas of the Caribbean. No autochthonous cases of chikungunya have been identified in Brazil to date.

#### **Chickenpox case in World Cup photographer – Belo Horizonte, Brazil**

**Source:** [media](#)

A case of chickenpox was diagnosed in a photographer from India who was media-accredited to follow the FIFA World Cup. The case was apparently banned to visit the stadium during a match on 28 June in Belo Horizonte.

### **ECDC assessment**

EU citizens visiting the 2014 World Cup in Brazil were most at risk of gastrointestinal illness and vector-borne infections. Therefore, it was recommended that they should pay attention to standard hygienic measures in order to reduce the risk of gastrointestinal illness and protect themselves against mosquito and other insect bites using insect repellent and/or wearing long-sleeved shirts and trousers in regions where vector-borne diseases are endemic. It was also recommended that visitors to Brazil should consult the advice for vaccinations issued by the [Brazilian health authorities](#) and [WHO Pan American Health Organization \(PAHO\)](#).

### **Actions**

ECDC published [a risk assessment](#) on 5 June 2014. ECDC shares information regarding this event with relevant public health partners. This is the last week that ECDC will be monitoring this event.



## Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013

Latest update: 17 July 2014

### Epidemiological summary

As of 11 July 2014, 350 580 suspected cases of chikungunya virus infection have been reported from 23 affected countries and territories in the Caribbean and Central and South America, including 21 fatalities. For the breakdown of figures please see the latest WHO PAHO update: [http://www.paho.org/hq/index.php?option=com\\_topics&view=article&id=343&Itemid=40931](http://www.paho.org/hq/index.php?option=com_topics&view=article&id=343&Itemid=40931).

Several EU/EEA countries have reported imported cases of chikungunya infection in patients with travel history to the affected areas: Greece, Italy, the Netherlands, Spain and Switzerland. Between 1–11 July, France has detected 148 imported cases of chikungunya using enhanced surveillance for dengue and chikungunya.

**Web sources:** [PAHO update](#) | [ECDC Chikungunya](#) | [CDC Factsheet](#) | [Medisys page](#) |

### ECDC assessment

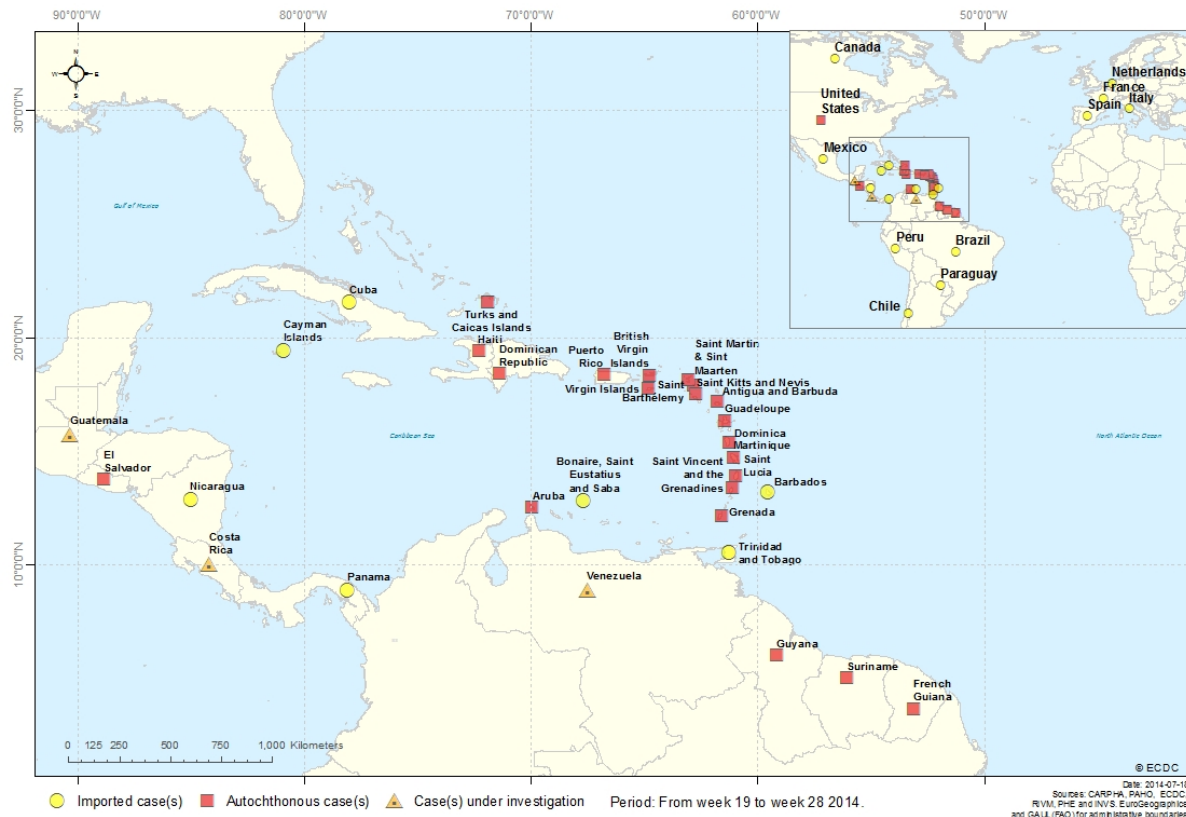
Epidemiological data indicate that the outbreak, which started in Saint Martin (FR), is still expanding and has reached Central and South America. Increasing case numbers have been observed from most of the affected areas. The vector is endemic in the region, where it also transmits dengue virus. Vigilance 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](#) and published it on the website on 27 June.

## Chikungunya in Caribbean as of 18 July 2014

Source: ECDC



## Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014

Latest update: 17 July 2014

## Epidemiological summary

The distribution and classification of the cases as of 14 July 2014 are as follows (based on best available information reported by ministries of health through the World Health Organization, Regional Office for Africa):

**Guinea:** 411 cases (301 confirmed, 95 probable, and 15 suspected) and 310 deaths (203 confirmed, 95 probable, and 12 suspected);

**Liberia:** 174 cases (70 confirmed, 42 probable, and 62 suspected) and 106 deaths (51 confirmed, 34 probable, and 21 suspected); and

**Sierra Leone:** 397 cases (346 confirmed, 39 probable, and 12 suspected) and 197 deaths (153 confirmed, 39 probable, and 5 suspected).

**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](#) | [NEJM 16 April article](#)

## ECDC assessment

This is the largest outbreak of EVD reported so far and also the first documented outbreak of EVD in West Africa. The origin of the outbreak is unknown. The outbreak, after an apparent slowdown, has intensified again in the last few weeks, with an upsurge of EVD cases in all three countries. Community resistance, inadequate treatment facilities and insufficient human resources in certain affected areas are among the challenges currently faced by the three countries in responding to the EVD outbreak.

The risk of infection for international travellers is considered very low since most human infections result from direct contact with the bodily fluids or secretions of infected patients, particularly in hospitals (nosocomial transmission) and as a result of unsafe procedures, use of contaminated medical devices (including needles and syringes) and unprotected exposure to contaminated bodily fluids.

## Actions

An epidemiological update was posted on 17 July 2014 on the [ECDC website](#).

ECDC published an update of its [rapid risk assessment](#) on 9 June. ECDC provided guidance to Member States for [EU travellers](#) to and from the affected countries.

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

Opening date: 8 September 2005

Latest update: 17 July 2014

### Epidemiological summary

During the past week, eight new infections with wild poliovirus 1 (WPV1) were reported: four in Pakistan, three in Somalia and one in Afghanistan.

Worldwide, 123 cases have been reported to WHO in 2014, compared with 132 for the same time period in 2013. In 2014, nine countries have reported cases: Pakistan (94 cases), Afghanistan (8 cases), Equatorial Guinea (5 cases), Nigeria (5 cases), Somalia (4 cases), Cameroon (3 cases), Iraq (2 cases), Syria (1 case), and Ethiopia (1 case).

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

## 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.

Genetic sequencing indicated that the five cases reported in 2014 from Equatorial Guinea are linked to the ongoing outbreak in Cameroon. A national emergency action plan to respond to the polio outbreak was developed by the Ministry of Health in Equatorial Guinea and polio partner agencies and is being implemented.

The recent importation event in Brazil from Equatorial Guinea demonstrates that all regions of the world continue to be at risk of exposure to wild poliovirus until polio eradication is completed globally.

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 outbreaks of poliomyelitis are in areas where unvaccinated populations are geographically clustered or live 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

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identify events that increase the risk of re-introduction of wild poliovirus into the EU.

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

## Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 17 July 2014

### Epidemiological summary

**Europe:** No autochthonous cases have been reported so far in 2014. On 8 July, [Public Health England](#) reported an increase in the number of imported dengue cases in 2013 compared with 2012. In 2013, 541 cases of dengue fever were reported in travellers returning from dengue-affected countries, an overall increase of 58% compared with 2012.

**Asia:** Thailand has recorded nearly 12 000 dengue cases nationally since the beginning of the year, which is 80 per cent lower compared with the same time period in 2013, according to media quoting the Ministry of Health. In Singapore, the number of weekly dengue cases dropped last week after hitting the highest weekly number ever recorded in the country during the previous week. Overall, 822 cases were reported as of 12 July, down from 891 cases the previous week, according to the [National Environment Agency](#) (NEA). DENV-1 remains the dominant serotype in Singapore and accounts for more than 90 per cent of all infections. An epidemic of dengue fever in Malaysia has now infected nearly 47 000 people which is more than double the number of cases reported during the same period last year, according to [media](#) quoting the Ministry of Health. Of these cases, more than 4 000 cases have been recorded in the capital, Kuala Lumpur.

An outbreak of dengue fever has been reported in Myanmar (Yangon), particularly affecting suburban areas. The exact number of cases is not yet known but at least 654 patients have been treated so far this year, of whom five have died. Taiwan has reported a higher number of locally-acquired dengue cases in the southern part of the country so far this year compared to the same period last year (74 cases in 2013 compared to 172 cases so far this year), according to [media](#) quoting Taiwan CDC.

Recent dengue activity has been increasing in Maharashtra state in India, with 33 new dengue cases recorded in the first week of July alone.

**Americas:** Across the Americas, more than 72 600 dengue cases, including 250 deaths, were reported up to week 25, according to the latest update from [PAHO](#). In North America, the first locally-acquired case of dengue fever so far this year was confirmed in Miami-Dade County, according to [media](#) quoting the Florida Health Department. Last year, 23 locally-acquired cases were reported in Florida. In Central America, Panama has recorded 4 262 dengue cases so far in 2014. In South America, Brazil reports an increasing trend of dengue cases during the past week, particularly in the states of Mato Grosso, Minas Gerais, Campinas and Sao Paulo.

**Oceania:** There are currently several ongoing dengue outbreaks occurring in the Pacific region, particularly in New Caledonia, French Polynesia, Tuvalu, Solomon Islands and Fiji. As of 15 July 2014, 243 suspected cases and 88 confirmed cases have been reported in Nauru. However, the recent trend in Nauru is decreasing, according to the Pacific Public Health Surveillance Network (PACNET).

**Africa:** Réunion has reported 34 dengue cases (25 locally acquired and 9 imported) since the beginning of the year, according to [media](#) quoting local health authorities. Active virus circulation continues on Mayotte with more than two thirds of the cases recorded in Mamoudzou. Cases have also occurred in several isolated villages including Dembini, Chicester and Bouei. Since the beginning of the year, 492 cases have been reported on the island, according to [media](#) quoting the regional health agency.

**Web sources:** [ECDC Dengue](#) | [Healthmap Dengue](#) | [MedISys](#) | [ProMED Americas, Asia](#) |

### 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. Before the 2012 outbreak in the Autonomous Region of Madeira, local transmission of dengue was reported for the first time in France and Croatia in 2010. Imported cases continue to be detected in European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are

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present.

## Actions

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

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

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