**COMMUNICABLE DISEASE THREATS** REPORT

# CDTR
# Week 47, 17-23 November 2013

**All users**

This weekly bulletin provides updates on threats monitored by ECDC.

# I. Executive summary

## EU Threats

### New! Malaria - Greece - 2013

Opening date: 20 November 2013

Three autochthonous cases of malaria were reported by Greece during September-November 2013. Local control measures have been implemented in accordance with national guidelines.

### Influenza - Multistate (Europe) - Monitoring 2013-2014 season

Opening date: 4 October 2013 Latest update: 21 November 2013

Following the 2009 pandemic, influenza transmission in Europe has returned to its seasonal epidemic pattern, with peak activity seen during winter months. ECDC monitors influenza activity in Europe during the winter seasons and publishes the results on its website in the Weekly Influenza Surveillance Overview.

➔Update of the week

During week 46/2013, all 28 reporting countries experienced low intensity influenza activity.

## Non EU Threats

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

Opening date: 24 September 2012 Latest update: 20 November 2013

Since April 2012, 160 laboratory-confirmed cases, including 69 deaths, of acute respiratory disease caused by Middle East respiratory syndrome coronavirus (MERS-CoV), have been reported by national health authorities. MERS-CoV is genetically distinct from the coronavirus that caused the SARS outbreak. To date, all cases have either occurred in the Middle East, have had direct links to a primary case infected in the Middle East or have returned from the Middle East.

➔Update of the week

Between 14 and 21 November 2013, five additional cases were reported by the local health authorities from Saudi Arabia (3), Qatar (1)and United Arab Emirates (1). Three of the patients (two of the Saudi cases and the Qatari case) died.



**European Centre for Disease Prevention and Control (ECDC)**
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu

## Cholera - Mexico - Monitoring outbreak 2013

Opening date: 14 October 2013 Latest update: 21 November 2013

Since August of this year, an ongoing outbreak of cholera has affected five provinces in Mexico, with 180 reported cases, including one death.

➔Update of the week

During the past week, no new cases were reported.

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

Opening date: 8 September 2005 Latest update: 20 November 2013

Polio, a crippling and potentially fatal vaccine-preventable disease affecting mainly children under the age of five, is close to being eradicated from the world after a significant global public health investment and effort. However, outbreaks, such as the one currently affecting the Horn of Africa and a recently reported cluster of poliomyelitis cases in Syria pose serious challenges to attaining this goal.

➔Update of the week

During the past week seven new wild polio virus type 1 (WPV1) cases were reported to the World Health Organization from Pakistan (4) and Somalia (3).



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# II. Detailed reports

## New! Malaria - Greece - 2013

Opening date: 20 November 2013

### Epidemiological summary

On 16 November 2013, the Greek Centres for Disease Prevention and Control (KEELPNO) reported three autochthonous cases of *Plasmodium vivax* malaria in the country. Two cases were reported from the municipality of Alexandroupolis (Regional Unit Evros) and one case from Sofades (Regional Unit Karditsa). The cases had onset of symptoms in weeks 39 (23-29 September 2013), 43 (21-27 October 2013) and 44 (28 October – 3 November 2013) respectively. An additional 17 imported cases have been reported in 2013, 10 among immigrants from malaria endemic countries and seven among Greek travellers. Of the imported cases, eight were *Plasmodium vivax* infections and nine were due to *Plasmodium falciparum*.

**Web sources:** ECDC malaria page | KEELPNO malaria page |Eurosurveillance autochthonous Plasmodium vivax malaria Greece 2011|

### ECDC assessment

In Greece, locally acquired cases of malaria have been occurring since 2009, with the highest number reported in 2011 when 42 autochthonous *Plasmodium vivax* cases were notified affecting five different Regional Units. A substantial decrease of locally acquired cases was observed in 2012, with 20 autochthonous *Plasmodium vivax* cases reported, following implementation of public health measures, such as systematic proactive and reactive case detection, strengthening of the surveillance system and improving the diagnosis capacity of malaria.

Malaria in Greece occurs in well-defined agricultural areas which were known receptive areas for the disease, particularly in Evrotas municipality (Regional Unit Lakonia). Likewise, the three cases from 2013 are reported from similar agricultural areas where immigrants from malaria endemic countries reside and work. The occurrence of autochthonous *Plasmodium vivax* cases in these areas in 2013 is therefore not unexpected.

The current risk for malaria infection in Greece is to persons residing and/or working in the affected areas of Greece. The risk for travellers is considered to be low since all areas from where malaria is currently reported are agricultural rather than areas which attract tourists. The use of standard mosquito biting prevention measures continues to be recommended. Moreover, as the malaria transmission season is coming to an end, the risk will decrease even further.

## Influenza - Multistate (Europe) - Monitoring 2013-2014 season

Opening date: 4 October 2013 Latest update: 21 November 2013

### Epidemiological summary

During week 46/2013, all 28 reporting countries experienced low intensity influenza activity. Of 459 sentinel specimens tested across 20 countries, one was positive for influenza A virus. One hospitalised laboratory-confirmed influenza A case was reported by the UK.

Web sources: WISO | ECDC Seasonal influenza | CDC Seasonal influenza

### ECDC assessment

During the first seven weeks of the 2013–2014 influenza season, there was no evidence of sustained influenza activity in Europe.

### Actions

ECDC will be producing the weekly influenza surveillance overview on a weekly basis.

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



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Opening date: 24 September 2012 Latest update: 20 November 2013

## Epidemiological summary

As of 21 November 2013, 160 laboratory-confirmed cases of MERS-CoV have been reported by local health authorities worldwide, including 69 deaths.

Saudi Arabia has reported 130 symptomatic and asymptomatic cases including 55 deaths; Jordan two fatal cases; United Arab Emirates six cases, including two deaths; Qatar seven cases, including three deaths; Oman one fatal case and Kuwait two cases.

Twelve cases have been reported from outside the Middle East: in the UK (4), France (2), Tunisia (3), Germany (2) and Italy (1). In France, Tunisia and the United Kingdom, there has been local transmission among patients who have not been to the Middle East but have been in close contact with laboratory-confirmed or probable cases. Person-to-person transmission has occurred both among close contacts and in healthcare facilities. However, with the exception of a possible nosocomial outbreak in Al-Ahsa, Saudi Arabia, secondary transmission has been limited. Sixteen asymptomatic cases have been reported by Saudi Arabia and two by the UAE. Seven of these cases were healthcare workers.

The previously reported patient in Spain has not yet been confirmed by laboratory testing and is now considered a probable case. Spain reported another probable case last week, participating in the same tour and returning from Saudi Arabia on the same flight as the first probable case. Both patients have recovered.

**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 | Eurosurveillance article 26 September |Oman MoH | Spain MoH

## ECDC assessment

The continued detection of MERS-CoV cases in the Middle East indicates that there is an ongoing source of infection present in the region. The source of infection and the mode of transmission have not been identified. There is therefore a continued risk of cases occurring in Europe associated with travel to the area. Surveillance for cases is essential.

The risk of secondary transmission in the EU remains low and could 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

The latest update of a rapid risk assessment was published on 7 November 2013.

The first 133 cases are described in EuroSurveillance published on 26 September 2013.

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



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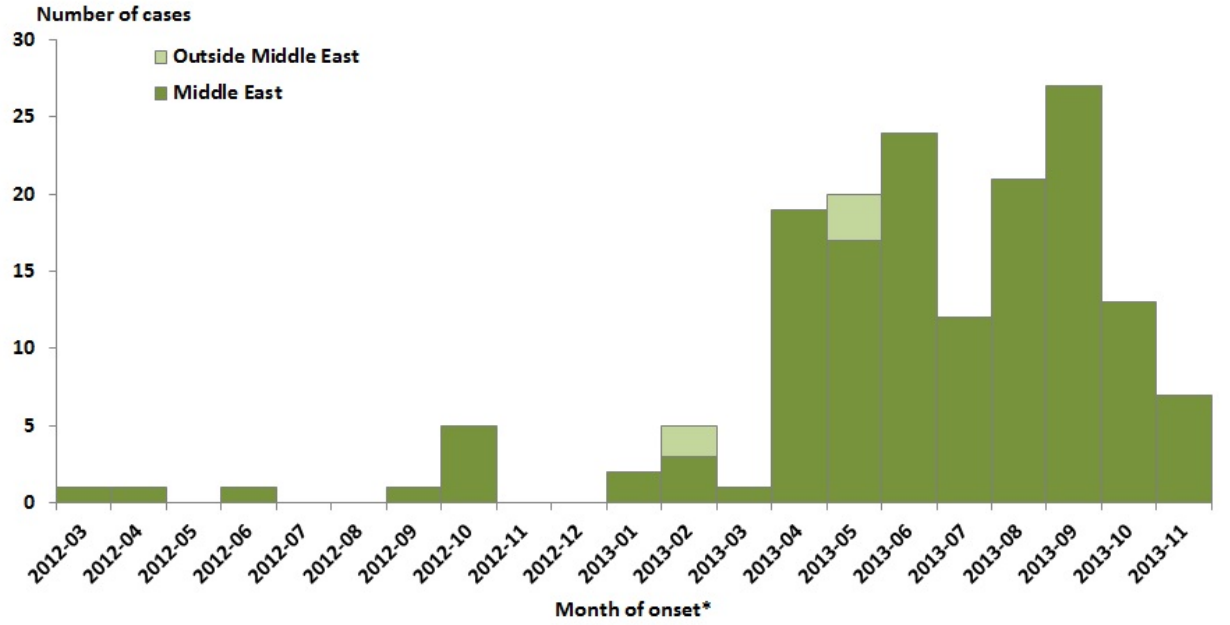
## Distribution of confirmed cases of MERS-CoV by month* and place of probable infection, March 2012 - 21 November 2013 (N=160**)

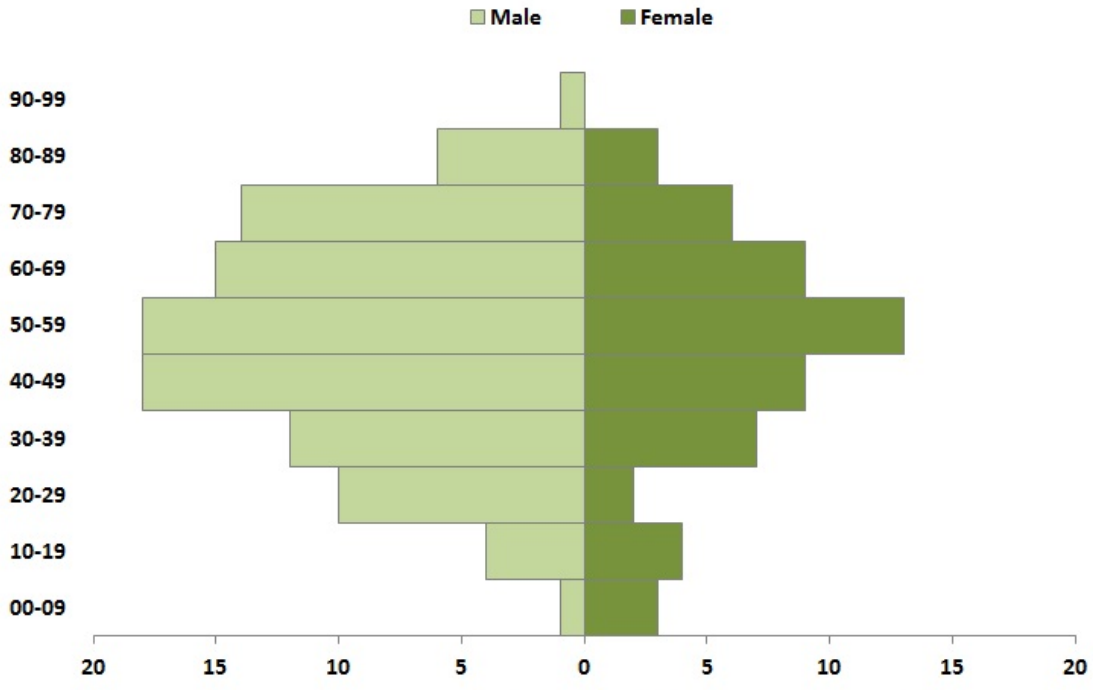
Source: ECDC SRS




* Where the month of onset is unknown the month of reporting has been used.
** Data for November 2013 incomplete

## Distribution of confirmed cases of MERS-CoV by age and gender, March 2012 - 21 November 2013 (n=155*)

Source: ECDC SRS




*5 cases for which age or sex data is missing have been excluded



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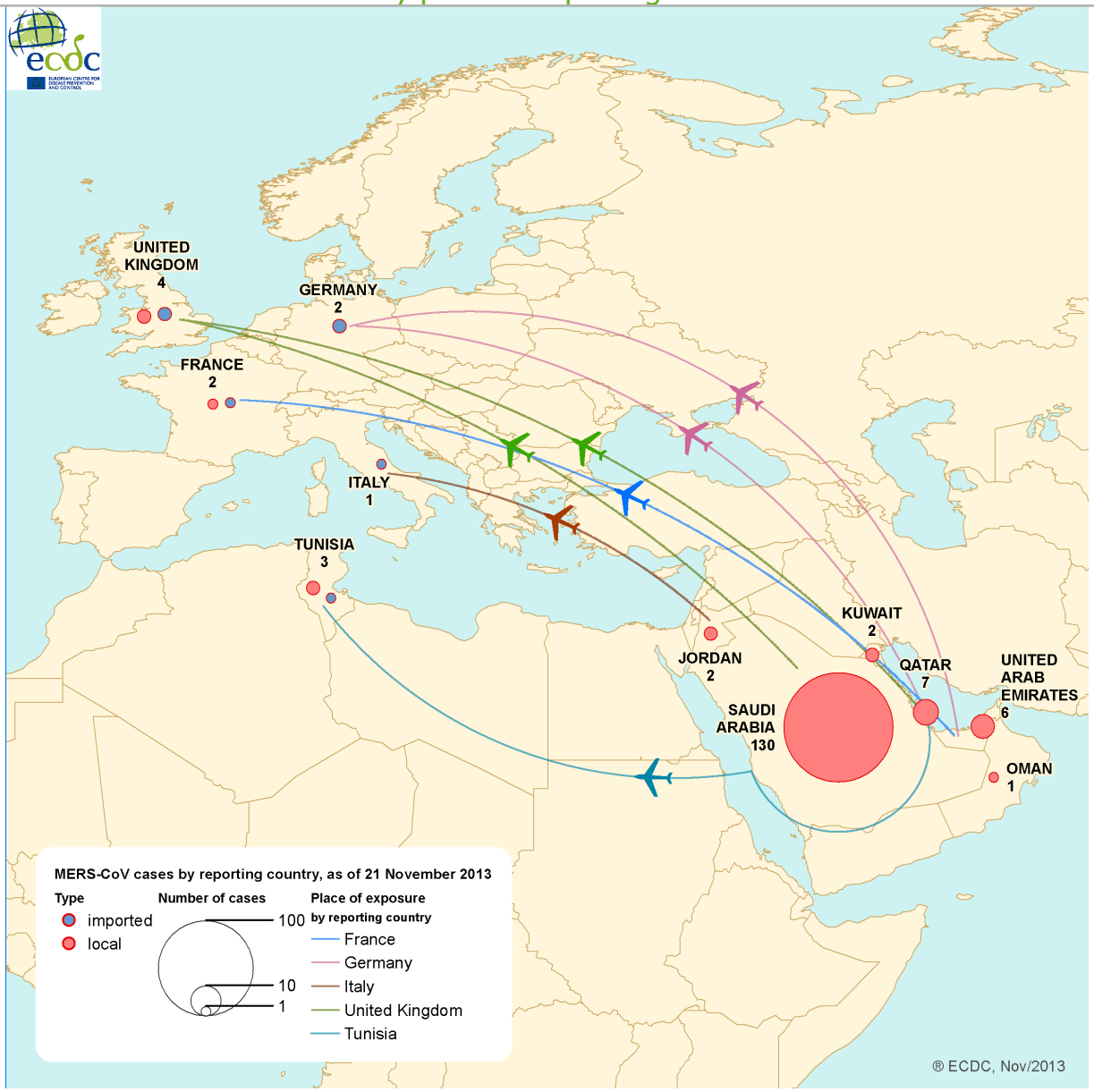
## Distribution of MERS-CoV cases by place of reporting as of 21 November 2013




# Cholera - Mexico - Monitoring outbreak 2013

Opening date: 14 October 2013 Latest update: 21 November 2013

## Epidemiological summary

As of 21 November 2013, Mexico has reported 180 confirmed cases, including one death, of infection with *Vibrio cholerae* O:1 Ogawa toxigenic. The affected areas include the Federal District (2 cases), the state of Hidalgo (159 cases), the state of Mexico (9 cases), the state of San Luis Potosi (2 cases) and the state of Veracruz (8 cases). Ninety-two of the total confirmed cases are women and 88 are men, with the age ranging from three months to 88 years.

An antimicrobial susceptibility test for *Vibrio cholerae* O:1 Ogawa toxigenic was conducted by the Institute of Epidemiological Diagnostics and Reference (InDRE) which demonstrated that the bacterium was susceptible to doxycycline and chloramphenicol, with reduced susceptibility to ciprofloxacin and resistance to trimethoprim/sulfamethoxazole.

The current strain is different from the one that circulated in Mexico during 1991-2001. However, the genetic profile of the vibrio obtained from patients in Mexico presents high similarity (95%) with the strain that is currently circulating in three Caribbean countries (Haiti, Dominican Republic and Cuba).



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**Web sources:** PAHO epidemiological alert on 1 October| PAHO epidemiological alert 12 October |PAHO epidemiological alert 26 September 2013 | WHO DON on 28 October | WHO DON on 13 November|

## ECDC assessment

This is the first sustained autochthonous transmission of cholera recorded in Mexico since the 1991-2001 endemic period. Travellers to Mexico and to the other affected countries in the region (Cuba, the Dominican Republic and Haiti) should be aware of preventive hygiene measures and seek advice from travel medicine clinics prior to their departure, to assess their personal risk. In addition, physicians in the European Union should consider the diagnosis of cholera in returning travellers from these countries presenting with compatible symptoms. Upon diagnosis, notification to the relevant public health authorities is essential.

## Actions

ECDC's most recent epidemiological update was published on on 14 November.

# Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 20 November 2013

## Epidemiological summary

Worldwide, as of 20 November 2013, 341 cases of poliomyelitis have been notified to WHO compared with 193 for the same period in 2012. Eight countries have recorded cases in 2013: Somalia (183), Nigeria (51), Pakistan (63), Kenya (14), Afghanistan (9), Ethiopia (6), Syria (13) and Cameroon (2).

Although no case of paralytic polio has been reported, environmental surveillance suggests that WPV1 transmission, first detected in February 2013, continues in parts of southern and central Israel. WPV1-positive samples were also detected in the occupied Palestinian territory (3 sites).

Following reports of a cluster of 22 acute flaccid paralysis (AFP) cases on 17 October 2013 in Syria, wild poliovirus type 1 (WPV1) has been isolated from 13 of the cases. Genetic sequencing indicates that the isolated viruses are most closely linked to the virus detected in environmental samples in Egypt in December 2012 (which in turn has been linked to wild poliovirus circulating in Pakistan). The strain is also closely related to the wild poliovirus strains that have been detected in environmental samples in Israel and the occupied Palestinian territory since February 2013. Wild poliovirus was last reported in Syria in 1999. A comprehensive outbreak response is being implemented across the region.

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet | WHO mission to Israel | Somalia Humanitarian Bulletin

## ECDC assessment

Europe is declared polio free. The last polio cases in the EU occurred in 2001 in Bulgaria with a WPV that originated from India. The latest outbreak in the WHO European Region was in Tajikistan in 2010, when WPV1 imported from Pakistan caused an outbreak of 460 reported cases. The last indigenous WPV case in Europe was in Turkey in 1998. An outbreak in the Netherlands in a religious community opposed to vaccinations caused two deaths and 71 cases of paralysis in 1992.

The recent detection of WPV in environmental samples in Israel and the confirmed cases in Syria highlight the risk of re-importation in Europe. Recommendations are provided in the recent ECDC risk assessments:
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?

## Actions

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

Due to the current situation of polio, the threat will be followed weekly.



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



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