COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 23, 1-7 June 2014

All users

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: 5 June 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 detected in EU Member States or neighbouring countries.

Non EU Threats

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

Opening date: 24 September 2012 Latest update: 28 May 2014

Since April 2012, 817 cases of MERS-CoV infection have been reported by local health authorities worldwide, including 314 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. Human-to-human transmission to close contacts and in hospital settings has occurred, but there is no evidence of sustained transmission among humans. MERS-CoV is genetically distinct from the coronavirus that caused the SARS outbreak.

➔Update of the week

On 3 June 2014, the Ministry of Health of Saudi Arabia updated the MERS case count with 113 previously unreported cases representing a 20% increase in the cumulative number of cases, these cases have not been confirmed by WHO. Furthermore additional cases have been reported by Saudi Arabia.
Jordan has reported one case in a healthcare worker.

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Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 22 May 2014

Polio, a crippling and potentially fatal vaccine-preventable disease that mainly affects children, is close to being eradicated as a result of global public health efforts. Polio transmission currently occurs in 10 countries of the world.

Polio was declared a public health emergency of international concern (PHEIC) on 5 May 2014 by the World Health Organization (WHO) Director-General. As a result of the PHEIC, WHO issued temporary recommendations for controlling the spread of polioviruses from polio transmitting countries.

➔Update of the week

During the past week, five new infections with Wild poliovirus 1 (WPV1) were reported, four in Pakistan and one in Somalia.

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 23 May 2014

On 6 December 2013, France reported two laboratory-confirmed autochthonous cases of chikungunya in the French part of the Caribbean island of Saint Martin. Since then, local transmission has been confirmed on the majority of the islands in the Caribbean and in South America (French Guiana and Guyana). This is the first documented outbreak of chikungunya with autochthonous transmission in the Americas. There have been more than 100 000 probable and confirmed cases in the region. At least 14 fatalities have been reported so far.

➔Update of the week

Most of the affected areas continue to report increasing number of cases.

Several countries have reported imported chikungunya infection in patients with travel history to the affected areas during the past week: the US (Florida), Barbados, Trinidad, Chile, France and Italy.

Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014 Latest update: 22 May 2014

An ongoing and evolving outbreak of Ebola virus disease (EVD) in West Africa has been affecting Guinea, Liberia and Sierra Leone since December 2013. Since week 22 of 2014, a new wave of transmission seems to be unfolding in Guinea and Sierra Leone.

➔Update of the week

Since the last CDTR, there have been 53 new cases in Guinea and 31 additional cases in Sierra Leone. One suspected case from Sierra Leone died in Liberia (Foya).

Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013 Latest update: 8 May 2014

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, 442 cases have been reported, including 146 deaths. No autochthonous cases have been reported from outside of China. Most cases have been unlinked, and sporadic zoonotic transmission from poultry to humans is the most likely explanation for the outbreak. Sustained person-to-person transmission has not been documented. Transmission has peaked in two distinct waves; during the winter months in 2013 and during the winter of 2013-2014. The reason for this pattern is not obvious. Since October 2013, 307 cases have been reported, the majority from previously affected provinces or in patients who visited these provinces prior to onset of illness.

➔Update of the week

Since the last monthly update on 8 May 2014, 12 new cases of A(H7N9) have been reported in Guangdong (5), Jiangsu (2), Anhui (3), Jilin (1) and Hunan (1), perhaps signalling a slowing down of the second outbreak wave. All cases have been hospitalised. Seven cases have reported contact with poultry prior to falling ill.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 5 June 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.

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➔Update of the week

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

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II. Detailed reports

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

Opening date: 3 June 2014 Latest update: 5 June 2014

Epidemiological summary

So far in 2014, no cases of WNF have been reported in EU Member States or neighbouring countries.

Web sources: ECDC West Nile fever | ECDC West Nile fever risk assessment tool |

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

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

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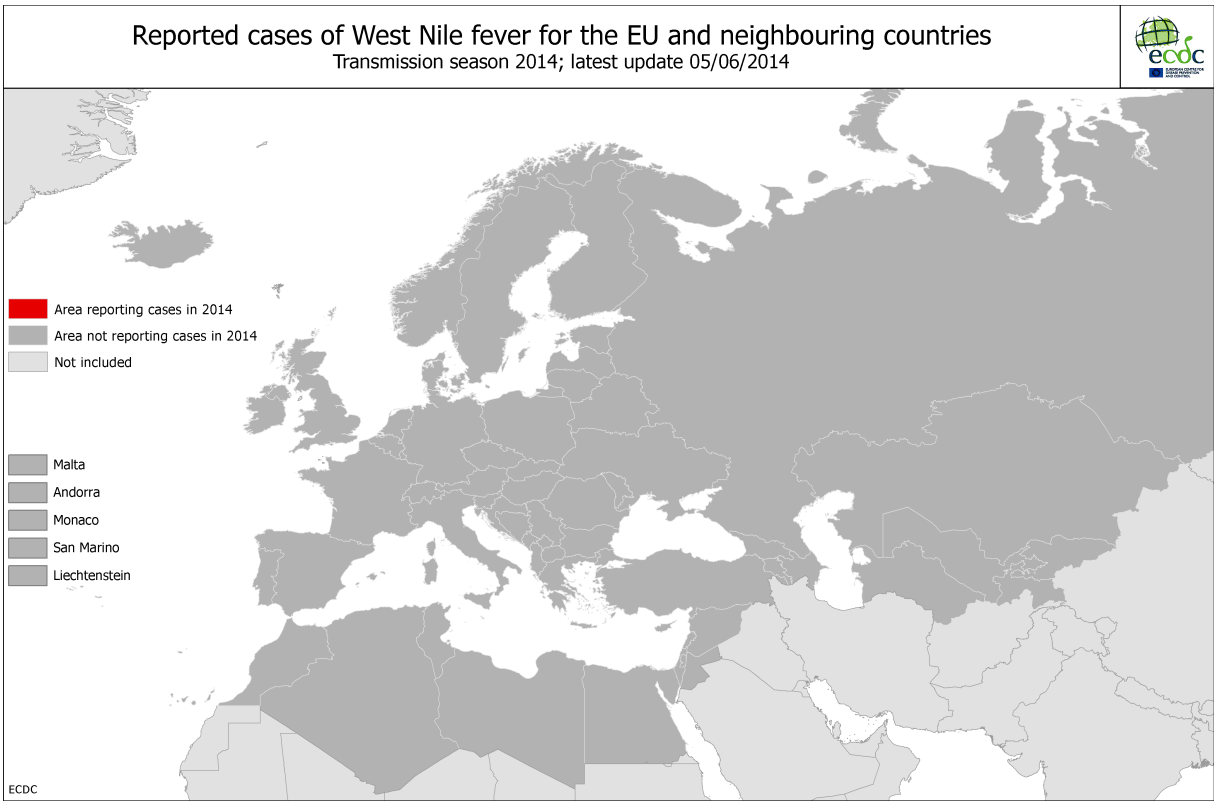

Middle East respiratory syndrome- coronavirus (MERS CoV) - Multistate

Opening date: 24 September 2012 Latest update: 28 May 2014

Epidemiological summary

Summary: Since April 2012 and as of 5 June 2014, 817 laboratory-confirmed cases of MERS-CoV have been reported by local health authorities worldwide, including 314 deaths.

Confirmed cases and deaths by region:

Middle East:
Saudi Arabia: 691 cases/284 deaths
United Arab Emirates: 70 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

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Lebanon: 1 case/0 deaths
Iran: 2 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/0 deaths
Netherlands: 2 cases/0 deaths

Africa:
Tunisia: 3 cases/1 death
Algeria: 2 cases/0 deaths

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

Americas:
United States of America: 2 cases/0 deaths

Twenty one cases have been reported from outside the Middle East: the UK (4), France (2), Tunisia (3), Germany (2), USA (2), Italy (1), Malaysia (1), Philippines (1), Greece (1), Netherlands (2) and Algeria (2). In France, Tunisia and the UK, there has been local transmission among patients who had not been to the Middle East, but had been in close contact with laboratory-confirmed or probable cases. Person-to-person transmission has occurred both among close contacts and in healthcare facilities.

On 3 June 2014, the Ministry of Health of Saudi Arabia updated the MERS case count with 113 previously unreported cases representing a 20% increase in the cumulative number of cases. The number of cases is 688 of which 353 have recovered, 282 have died and 53 are receiving care. These new cases have been retrospectively identified during a review of the data. Ninety-two of the 113 cases reported on 3 June were fatal, increasing the number of deaths from MERS-CoV in Saudi Arabia by 48% from 190 to 282, and raising the case-fatality ratio (CFR) from 33% to 41%. The retrospectively identified newly reported cases date back to May 2013. Information about age, gender, residence, probable place of infection, whether the case is sporadic/primary or part of a cluster of secondary transmission, healthcare-associated transmission or not, and whether the case is a healthcare worker, is missing for these retrospectively reported cases. In addition, it is unclear whether these cases are meeting the WHO case definition for confirmed cases.

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 |

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 likely to be an important 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. An international case-control study has been designed and proposed by WHO. Results of this or similar epidemiological studies in order to determine the initial exposures and risk behaviour among the primary cases are urgently needed.

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 05 June 2014.

The last rapid risk assessment was published on 02 June 2014.

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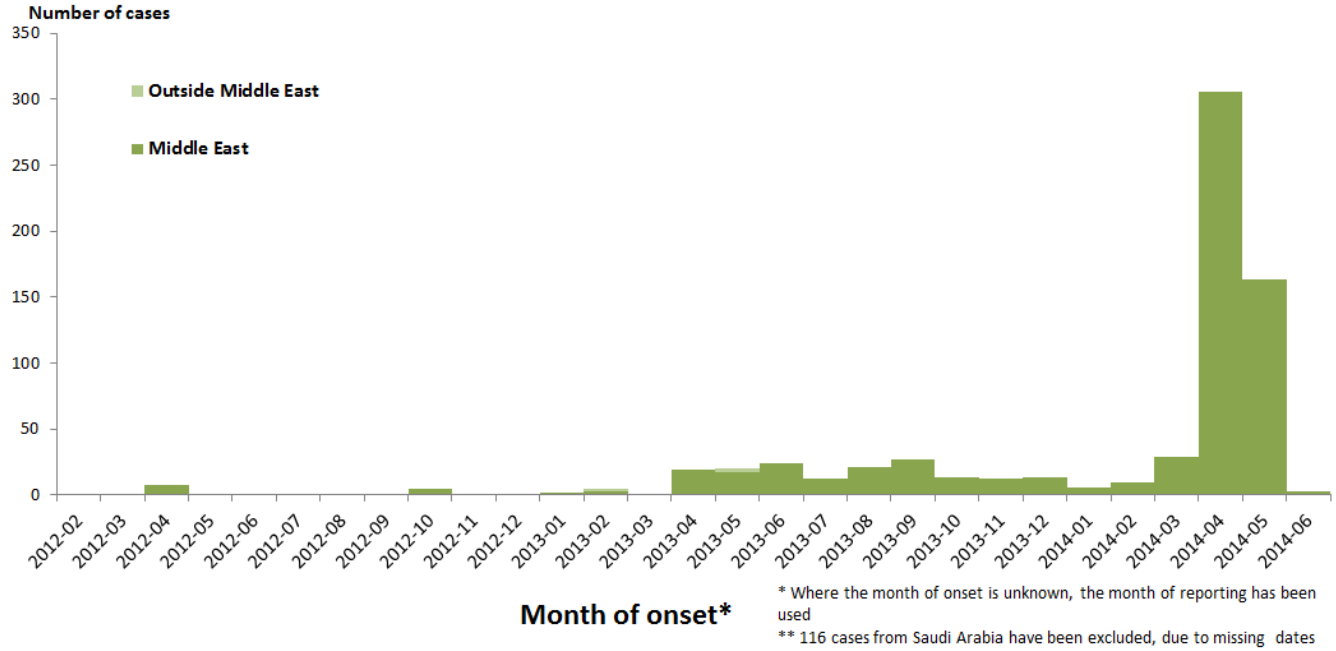
ECDC is closely monitoring the situation in collaboration with WHO and EU Member States.

Distribution of confirmed cases of MERS-CoV by month of onset and place of probable infection, March 2012 - 05 June 2014 (n=701*)

Source: ECDC



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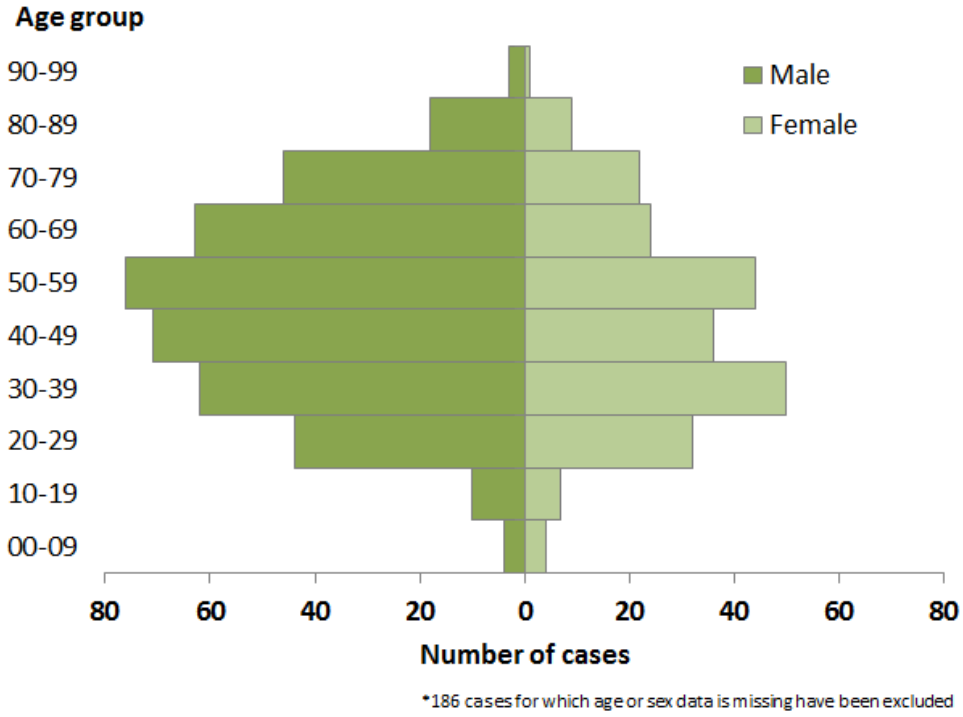
Distribution of confirmed cases of MERS-CoV by gender and age group, March 2012 - 05 June 2014 (n=631*)

Source: ECDC



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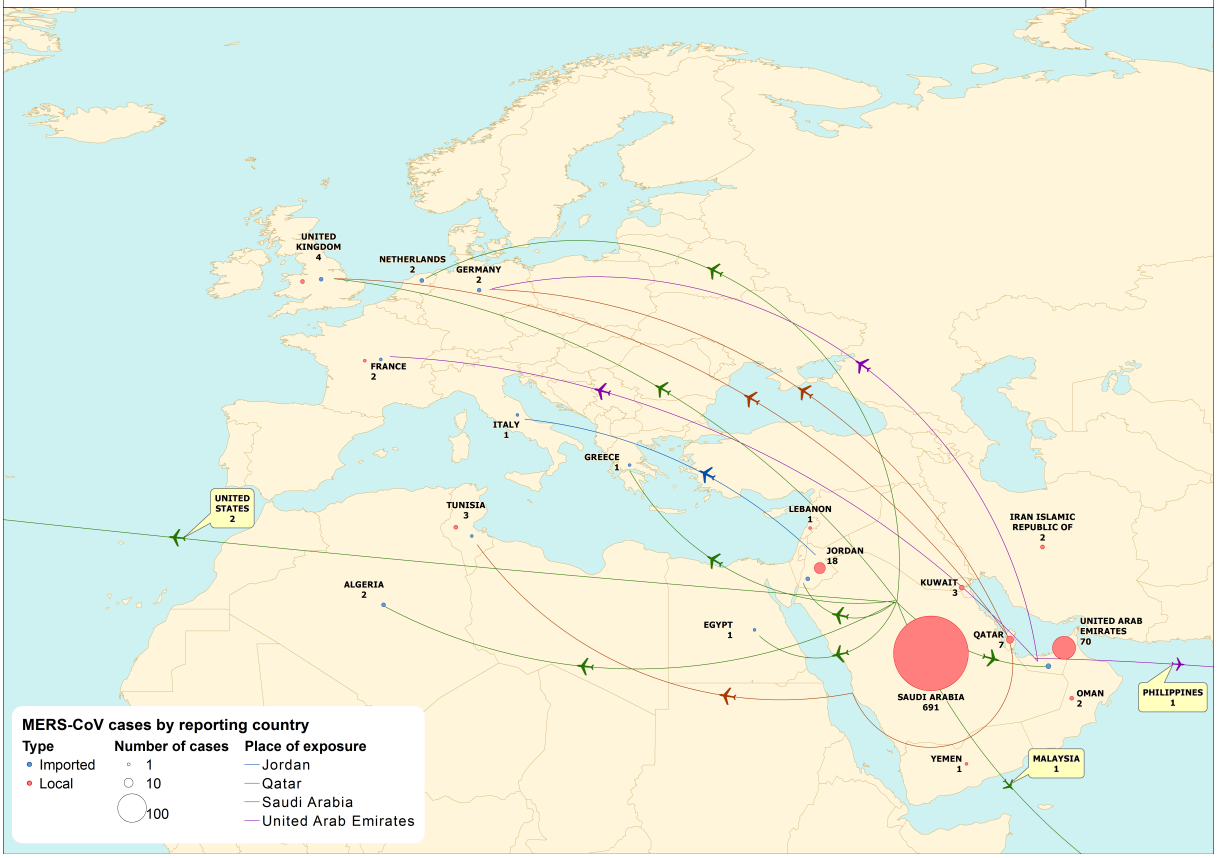
Distribution of confirmed cases of MERS-CoV by place of reporting and place of probable infection, March 2012 - 05 June 2014 (n=817)

Distribution of confirmed cases of MERS-CoV by reporting country and place of probable infection, March 2012 - 05 June 2014 (n=817)



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 22 May 2014

Epidemiological summary

Worldwide, 89 cases have been reported to WHO in 2014, compared with 45 for the same time period in 2013. The most affected country is Pakistan (71 cases this year).

The Government of Pakistan announced that it had initiated implementation of the recently issued WHO Temporary Recommendations to reduce the international spread of wild poliovirus. Health facilities across Pakistan are now vaccinating prospective travellers and issuing the required vaccination certificates.

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet

ECDC assessment

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Europe is polio-free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. This was an imported outbreak, and it was demonstrated that the WPV originated from India. An outbreak in the Netherlands, in a religious community opposed to vaccination, caused two deaths and 71 cases of paralysis in 1992.

The last indigenous WPV case in the WHO European Region was in Turkey in 1998. The latest outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

There is an ongoing polio outbreak in Syria with onset in 2013, and until 15 May 2014, 36 confirmed cases of Acute Flaccid Paralysis (AFP) caused by WPV-1 had been reported from across the country (35 in 2013 and 1 in 2014).

WPV-1 originating from Pakistan has been circulating in Israel since early 2013 without causing any cases of AFP. The circulation was detected through routine environmental surveillance of sewage for polio viruses. Israel has responded with vaccination campaigns, first with inactivated polio vaccine (IVP) later followed by oral polio vaccine (OPV), and has reintroduced a single dose of OPV in addition to IPV into the routine vaccination schedule for children.

There are indications that the transmission of WPV is increasing in Pakistan, and the number of new AFP cases during the first four months of 2014 increased ten-fold compared to the same period in 2013.

On 5 May 2014, the Director-General of WHO, Dr Margaret Chan, acted on the recommendation of the International Health Regulations Emergency Committee and declared that the spread of wild-type poliovirus in 2014 constitutes a Public Health Emergency of International Concern (PHEIC) in accordance with the International Health Regulations (IHR). WHO has issued Temporary Recommendations for controlling the international spread of polioviruses out of the remaining ten polio-infected countries in the world. Three of the countries, Cameroon, Pakistan and Syria, are required to ensure that all people leaving these countries after staying for more than four weeks must have received a dose of polio vaccine within 12 months to four weeks prior to departure.

References: 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 | WHO position paper on polio vaccines, January 2014

Actions

ECDC follows reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of 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.

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 23 May 2014

Epidemiological summary

As of 9 June 2014, there have been more than 100 000 suspected cases in the region with at least 14 fatalities.

Cases officially reported as of 9 June 2014:
Anguilla, 33 confirmed cases;
Antigua and Barbuda, 4 cases;
Aruba, 1 imported case originating from Sint Maarten;
Dominica, 1 817 suspected cases and 122 confirmed cases;
Dominican Republic, 38 639 suspected, 17 confirmed cases and one death;
French Guiana, 222 confirmed or probable cases 74% of which autochthonous;
Guyana, 246 confirmed or probable cases, 65% autochthonous;
Guadeloupe, 28 320 suspected and 1 328 confirmed or probable cases, one death;
Haiti, 6 confirmed cases and 6312 suspected;
Martinique, 31 720 suspected and 1 515 confirmed or probable cases, 9 deaths;
Puerto Rico, one confirmed case;
Saint Barthélemy, 540 suspected and 135 confirmed or probable cases;

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Saint Kitts and Nevis, 22 confirmed cases;
Saint Lucia, 5 confirmed cases;
Saint Martin (FR), 3 340 suspected and 793 confirmed or probable cases, 3 deaths;
Saint Vincent and the Grenadines, 110 suspected cases and 57 confirmed cases;
Sint Maarten (NL), 325 suspected and 301 confirmed cases;
Virgin Islands (UK), 20 confirmed cases

In most of the territories of the French Antilles, given the caseload, the health authorities decided not to seek laboratory confirmation for all suspected cases.

Web sources: ECDC Chikungunya | CDC Factsheet | Medisys page |

ECDC assessment

Epidemiological data indicate that the outbreak, which started in Saint Martin (FR), is still expanding. An increasing number of cases 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 published a rapid risk assessment on 12 December 2013 and an epidemiological update on 05 June 2014.

Local chikungunya transmission and imported cases in the islands of the Carribean region, French Guiana and Guyana

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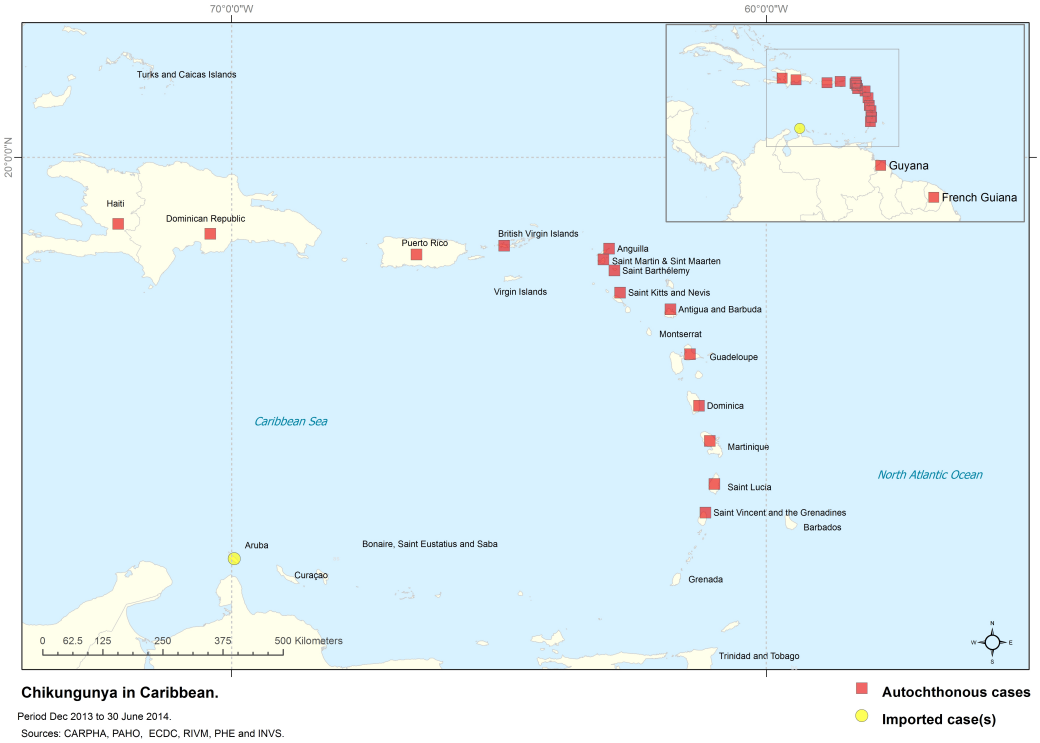

Chikungunya in Caribbean.

Period Dec 2013 to 30 June 2014.

Sources: CARPHA, PAHO, ECDC, RIVM, PHE and INVS.

Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014 Latest update: 22 May 2014

Epidemiological summary

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Guinea
As of 3 June 2014, the cumulative number of cases and deaths in Guinea is 344 (laboratory confirmed 207, probable 81 and suspected 56) including 215 deaths.

The geographical distribution of these cases and deaths is as follows: Conakry (65 cases and 27 deaths); Gueckedou, (193 cases and 143 deaths); Macenta, (44 cases and 26 deaths); Dabola, (four cases and four deaths); Kissidougou, (seven cases and five deaths); Dinguiraye, (one case and one death); Telimele, (23 cases and five deaths); and Boffa, (seven cases and four deaths).

In terms of isolation, 31 patients are currently hospitalised (six in Conakry, nine in Guéckédou, 15 in Telimele and one in Boffa). The number of contacts currently being followed-up countrywide is 987, distributed as follows: Conakry (329 contacts), Guéckédou (323 contacts), Macenta (176 contacts), Telimele (104 contacts) and Boffa (55 contacts).

Sierra Leone
As of 5 June 2014, the total number of EVD clinical cases is 81 (31 confirmed, three probable, and 47 suspected) including six deaths. Kailahun district is the epicentre of the outbreak in Sierra Leone. Eleven cases are currently in isolation at Kenema Hospital. The number of contacts currently being followed-up is 30. Community resistance is hindering the identification and follow-up of contacts.

Liberia
As of 4 June 2014, the number of suspected, probable and confirmed Ebola cases in Liberia since the onset of the outbreak has reached 13; this includes five suspected, two probable and six confirmed cases. Suspected cases have been reported in Lofa (2), Nimba (2) and Bong (1) counties. Probable cases have been reported in Lofa (2) county. Confirmed cases have been reported in Lofa (4) and Margibi (2) counties. The number of EVD-related deaths is ten overall.

No cases have been detected among returning travellers in Europe.

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 first outbreak of EVD in West Africa. The origin of the outbreak is unknown. The outbreak, after a period of appearing to slow down, seems to be spreading again and is affecting new districts in Guinea. There has been an upsurge of EVD cases in Sierra Leone during the past week and the outbreak affects seven regions of the country. Community resistance, inadequate treatment facilities and insufficient human resources in certain affected areas are among challenges currently faced by the three countries in responding to the EVD outbreak, according to WHO.

The risk of infection for 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

ECDC is preparing an update of its rapid risk assessment, published on 8 April. ECDC provided guidance to Member States for EU travellers to and from the affected countries.

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Distribution of EVD cases by affected areas, as of 3 June 2014

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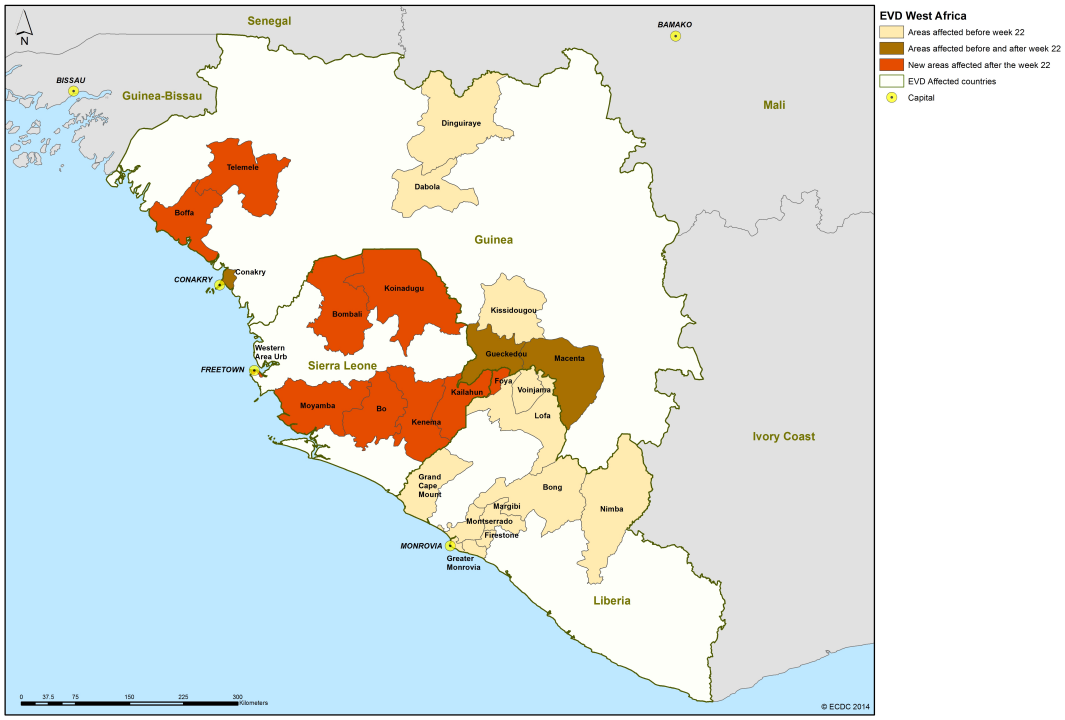
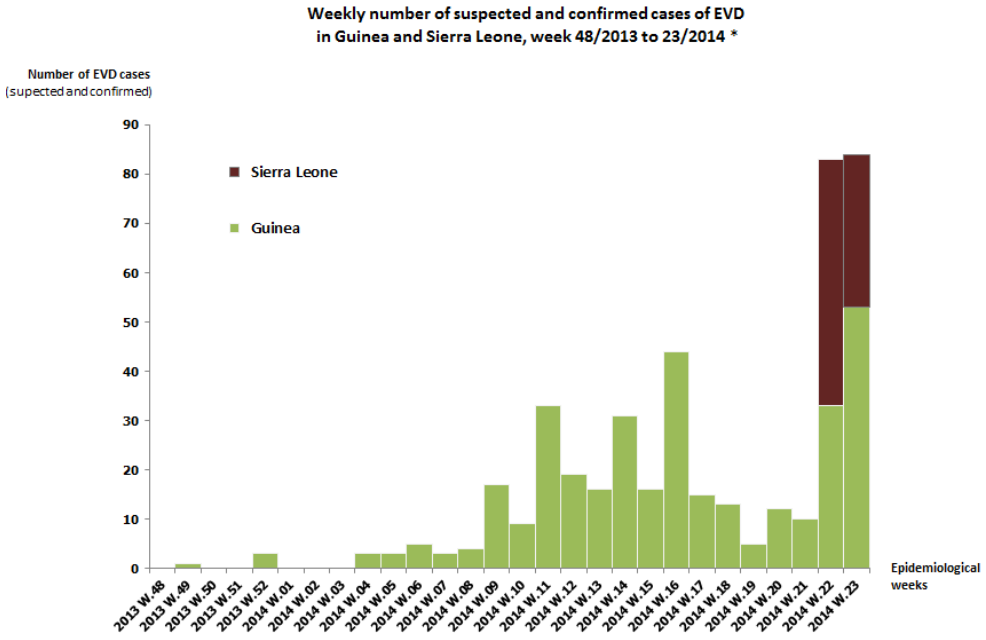


Distribution of suspected and confirmed cases of EVD by week, Guinea and Sierra Leone, week 48/2013 to 23/2014 (last update 5 June 2014)



*: Data for week 23 up to 5 June 2014

Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013 Latest update: 8 May 2014

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Epidemiological summary

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, human cases have continued to be reported, and as of 30 May 2014, there were 442 laboratory-confirmed cases in: Zhejiang (138), Guangdong (108), Jiangsu (54), Shanghai (42), Fujian (22), Hunan (23), Anhui (18), Jiangxi (6), Henan (4), Beijing (4), Guangxi (4), Shandong (2), Hebei (1), Guizhou (1), Jilin (2), Hong Kong (10) and Taiwan (2). In addition, there was one case in Malaysia and one fatal case in Canada, both exported from China. Three-hundred and seven of the cases occurred since October 2013.

Most cases have developed severe respiratory disease. One hundred and forty-six patients have died (case-fatality ratio=33.9%).

Web sources: Chinese CDC | WHO | WHO FAQ page | ECDC |

ECDC assessment

The continued transmission of a novel reassortant avian influenza virus, in one of the most densely populated areas in the world, capable of causing severe disease in humans, is a cause for concern due to the pandemic potential of the virus. Currently, the most likely scenario is that this remains a local, although geographically widespread, zoonotic outbreak, in which the virus is transmitted sporadically to humans in close contact with the animal reservoir, similar to the influenza A(H5N1) situation.

A fatal case of influenza A(H5N1) imported from China to Canada and a recent imported case of influenza A(H7N9) in Malaysia support the scenario that imported cases of influenza A(H7N9) may be detected in Europe. However, the risk of the disease spreading among humans following an importation to Europe is considered to be very low. People in the EU presenting with severe respiratory infection and a history of potential exposure in the outbreak area will require careful investigation in Europe.

The risk of increased transmission of H7N9 viruses between humans is not negligible. European countries should continue to prepare for the eventuality of future pandemics, including one caused by A(H7N9). Preparedness activities should include the precautionary development of early human vaccine candidates and increased monitoring of animal influenzas at the animal–human interface.

Actions

The Chinese health authorities continue to respond to this public health event with enhanced surveillance, epidemiological and laboratory investigation, including scientific research. ECDC is closely monitoring developments.

ECDC published an updated Rapid Risk Assessment on 26 February 2014.

ECDC published an epidemiological update on 7 February 2014.

ECDC published a guidance document for Supporting diagnostic preparedness for detection of avian influenza A(H7N9) viruses in Europe for laboratories on 24 April 2013.

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Distribution of confirmed A(H7N9) cases by week of onset*, week 14/2013 to week 22/2014, China (n=442)

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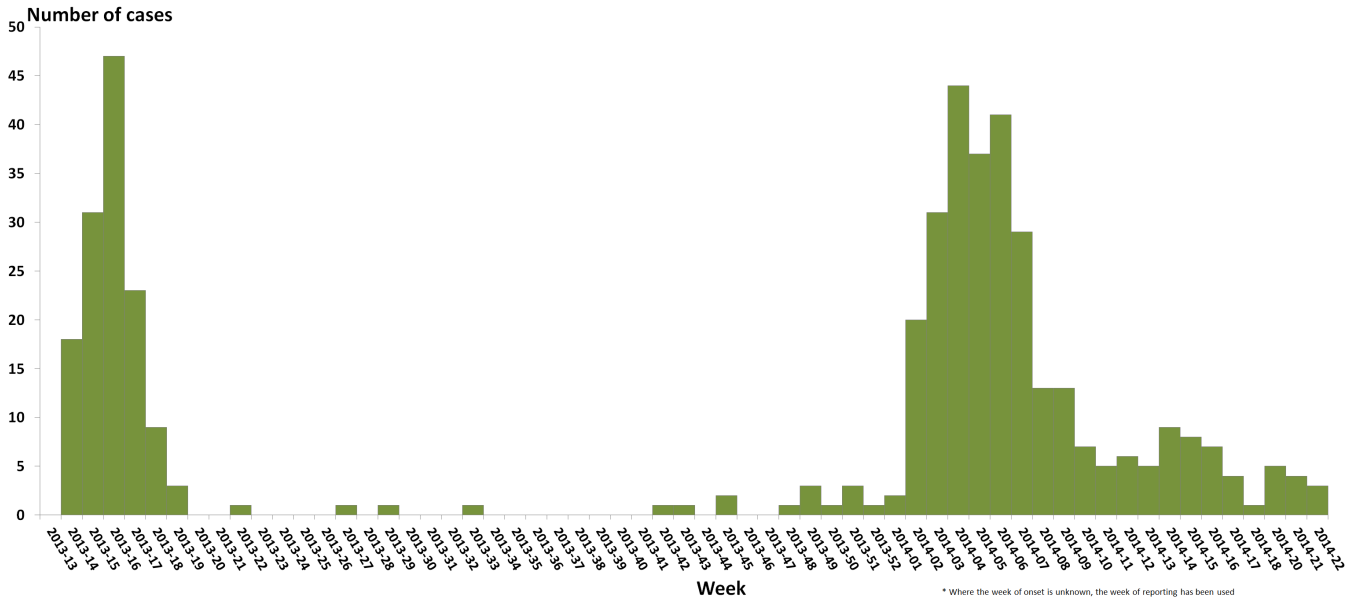

Distribution of confirmed A(H7N9) cases by age and gender, week 14/2013 to week 22/2014, China (n=437*)

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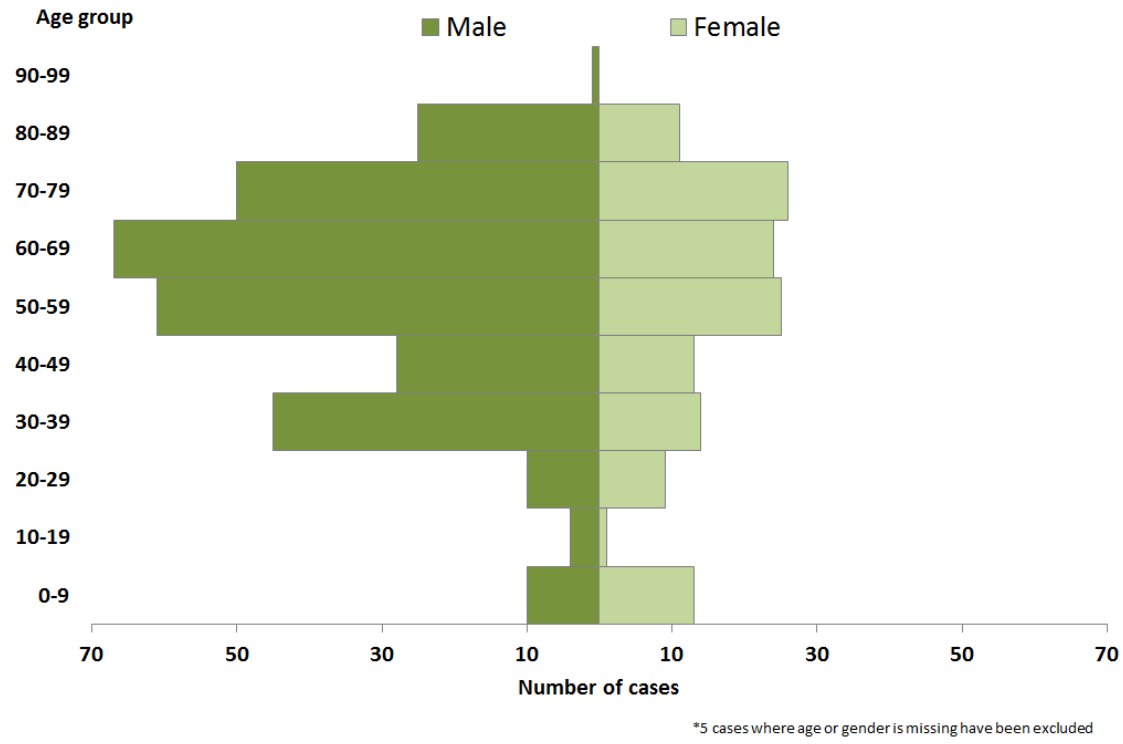

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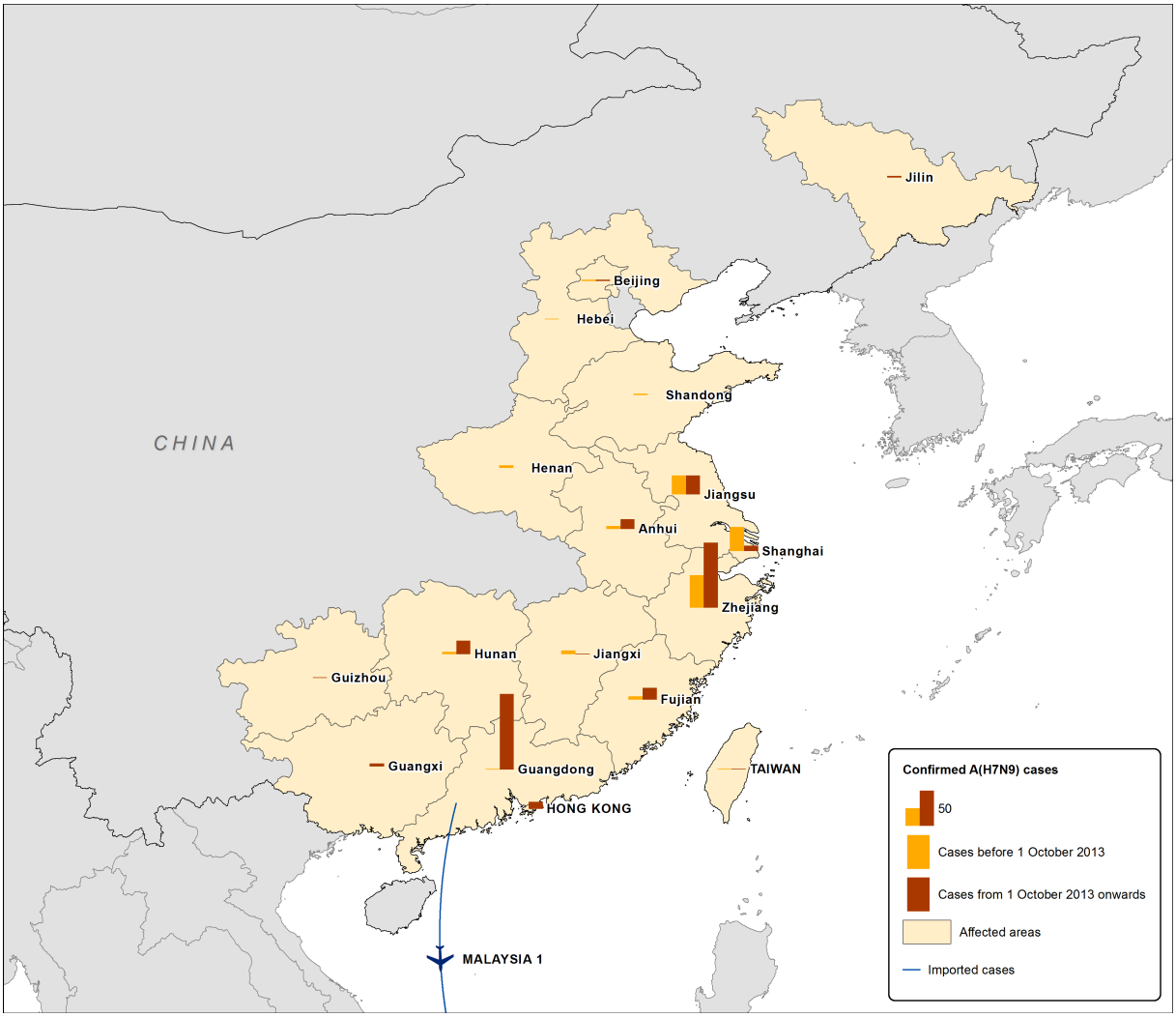
Distribution of confirmed A(H7N9) cases by place of reporting, week 15/2013 to 22/2014 (n=442)

ECDC



Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 5 June 2014

Epidemiological summary

Europe: No autochthonous cases have been reported so far in 2014.

Asia: Singapore reported a sharp rise in dengue cases in week 21 with 437 notified cases compared to 292 in week 20. Despite the rising number of cases over the past few weeks, these figures are still significantly lower than the peak of 842 cases reported in the third week of June last year, according to media quoting the Ministry of Environment and Water Resources. Sri Lanka has recorded nearly 11 000 cases nationally and the government has issued a red dengue alert in the most affected areas (Colombo, Kalutara, and Gampaha districts in the Western Province).

Oceania: Solomon Islands are still experiencing a DENV-3 outbreak and as of 23 May 2014, 1 513 cases have been reported since January 2014. In Tuvalu, 176 suspected cases and 69 confirmed cases have been recorded up to 29 May 2014. The number

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of new dengue infections continues to decrease in Nauru. Media reports an ongoing dengue outbreak in Charters Towers in northern Queensland, Australia. Ten confirmed cases have been reported to date and health officials are currently investigating six additional possible cases. French Polynesia is currently facing a dengue epidemic and as of 28 May 2014, 2 188 cases of dengue fever have been reported since February 2013, according to the Health Surveillance Bureau for French Polynesia.

Americas: The number of dengue cases in the Americas increased five-fold between 2003 and 2013, according to recent data published by the Pan American Health Organization (PAHO.) Between 2009 and 2012, over one million cases were reported annually, on average, with more than 33 900 severe cases and 835 deaths. In Central America, El Salvador has recorded significantly more cases so far this year compared to the same time period last year (3 962 cases in 2014 compared to 1 881 cases in 2013), according to media quoting the Ministry of Health. Honduras has notified 3 800 cases nationally during the first five months of the year, according to the media. In South America, Brazil continues to experience high dengue activity, especially in the city of Sao Paulo, where the number of reported dengue cases has risen to 6 896, according to the media quoting local health authorities. In Sao Paulo state, Campinas has recorded 32 384 cases so far this year which is a record epidemic (previously the highest number of notified cases was in 2007 when 11 500 cases were recorded but this was for the whole year). Efforts are underway to remove vector mosquito breeding sites before the start of the 2014 FIFA World Cup games. Media quoting the Ministry of Health, reports that Venezuela has recorded 22 000 dengue cases nationally so far this year and the government has issued a national health alert for both dengue and malaria.

Africa: As of 30 May, the Regional Office for Africa - WHO (WHO AFRO) reports that the dengue fever outbreak in Tanzania has spread to seven regions on the mainland and two regions in Zanzibar. In total, there are 1 017 confirmed cases and four deaths on the Tanzania mainland. The majority of cases have been reported in the districts of Dar es Salaam, Kinondoni, Temeke, and Ilala. Since the beginning of the year, 245 cases of dengue fever have been detected in Mayotte, according to local health authorities. Active virus circulation continues in Mamoudzou, Dzaoudzi, and Pamandzi and a new epidemic outbreak has been identified in the town of Bandraboua. In addition, cases have been reported in three new communes: Mtsangamouji, Sada and Kani Keli.

Web sources: ECDC Dengue | Healthmap Dengue | MedISys | ProMED Americas, Asia, Pacific, Africa |

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 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.

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

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