COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 25, 18-24 June 2017

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus – Multistate (Europe) – Monitoring season 2017

Opening date: 30 May 2017 Latest update: 22 June 2017

During the June-to-November period of West Nile virus transmission season, ECDC monitors the occurrence of cases of West Nile fever in the EU Member States and the neighbouring countries in order to inform the blood safety authorities about areas with ongoing transmission. In 2016, 214 human cases of West Nile fever were reported in the EU Member States and 267 cases in the neighbouring countries.

➔Update of the week

No cases have been reported so far in 2017.

Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 22 June 2017

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease which often passes unnoticed. The main reason for immunising against rubella is the high risk of congenital malformations associated with rubella infection during pregnancy. All EU Member States recommend vaccination against rubella with at least two doses of vaccine for both boys and girls. The vaccine is given at the same intervals as the measles vaccine as part of the MMR vaccine. No new outbreaks have been detected in the EU since June 2015.

➔Update of the week

No new outbreaks have been detected since June 2015.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 22 June 2017

Romania has been experiencing a large outbreak of measles since February 2016. Cases continue to be reported despite ongoing response measures implemented at national level through reinforced vaccination activities. Between 1 January 2016 and 16 June 2017, Romania reported 7 233 measles cases, including 30 deaths. In 2016, several other EU/EEA countries reported measles outbreaks, and an increase in the number of cases continues to be observed in 2017. Some previous and ongoing measles outbreaks in other EU/EEA countries have been epidemiologically linked to the current outbreak in Romania.

➔Update of the week

In addition to Romania, the following EU/EEA countries have reported measles cases in 2017: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, France, Germany, Hungary, Iceland, Italy, Portugal, Slovakia, Spain, Sweden and the United Kingdom.

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
Link to ECDC CDTR web page – including related PowerPoint© slides

Non EU Threats

Ebola virus disease – Democratic Republic of the Congo – 2017

Opening date: 15 May 2017 Latest update: 22 June 2017

On 9 May 2017, the Democratic Republic of the Congo (DRC) notified the World Health Organization (WHO) of an outbreak of Ebola virus disease (EVD) in Likati Health Zone, Bas Uele Province, close to the border with the Central African Republic. Investigations and laboratory results confirmed an Ebola outbreak of subtype Zaire on 11 May.

➔Update of the week

Between 13 and 21 June 2017, WHO did not report any new cases.

Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 22 June 2017

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission of the virus has completely stopped and the world becomes polio-free. Polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) on 5 May 2014 due to concerns regarding the increased circulation and international spread of wild poliovirus during 2014. On 2 May 2017, the IHR Emergency Committee agreed that the international spread of poliovirus remains a PHEIC and recommended that the temporary recommendations should be extended for a further three months.

➔Update of the week

On 20 June 2017, 15 new cases of vaccine-derived poliovirus type 2 (cVDPV2) were reported in the Mayadeen district of Dier-Ez-Zor governorate (14) and Raqqa (1), Syria. The case in Raqqa is a child who had been confirmed as having vaccine-derived polio and had had an onset of acute flaccid paralysis between 3 March and 23 May. As of 20 June 2017, 17 confirmed cases of cVDPV2 had been reported from Syria.

Travel-associated Legionnaires' disease – Dubai, UAE – 2016/2017

Opening date: 10 November 2016 Latest update: 22 June 2017

The ECDC ELDSNet surveillance scheme on travel-associated Legionnaires' disease (TALD) has observed an increase in the number of cases of Legionnaires' disease associated with travel to Dubai, United Arab Emirates (UAE) since October 2016.

➔Update of the week

On 16 June 2017, France reported an additional case in a 37-year-old male who visited UAE from 13 to 20 May 2017. He stayed in two hotels in Dubai and in a hotel in Abu Dhabi.

On 19 June 2017, Germany reported an additional case in a 70-year-old female who visited UAE from 21 to 27 April. She stayed in a hotel previously associated with other cases in Dubai from 21 to 25 April 2017, and in a hotel in Ras al-Khaimah from 25 to 27 April.

Influenza A(H7N9) – China – Monitoring human cases

Opening date: 31 March 2013 Latest update: 22 June 2017

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, cases continue to be reported from China and no autochthonous cases have been reported outside China. Most cases are isolated and sporadic zoonotic transmission from poultry to humans is the most likely explanation for the outbreak.

➔Update of the week

During the past week, China reported five additional human cases of avian influenza A (H7N9) in Beijing (1 case), Guangxi (1 case), Zhejiang (1 case), Hunan (1 case) and Guizhou (1 case).

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
Link to ECDC CDTR web page – including related PowerPoint© slides

II. Detailed reports

West Nile virus – Multistate (Europe) – Monitoring season 2017

Opening date: 30 May 2017 Latest update: 22 June 2017

Epidemiological summary

Since the beginning of the 2017 transmission season and as of 21 June 2017, no cases of West Nile fever in humans have been reported in the EU Member States and the neighbouring countries.

Source: ECDC WNF page

ECDC assessment

No human cases in EU Member States have been notified at this early stage of the transmission season.

Actions

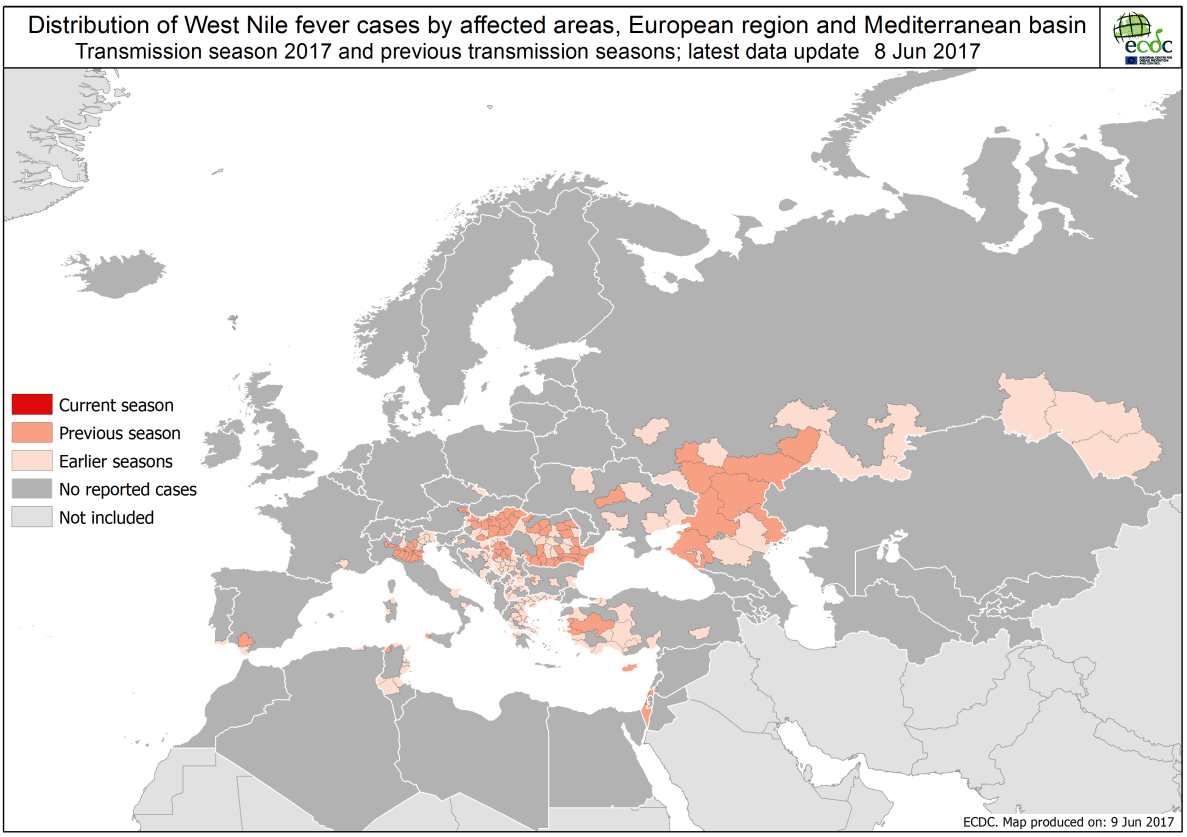
Since 2011, ECDC has been producing weekly West Nile fever maps during the transmission season to inform blood safety authorities of West Nile fever-affected areas.

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
Link to ECDC CDTR web page – including related PowerPoint© slides

Reported cases of West Nile fever, transmission season 2017 and previous transmission season: updated 9 June 2017

ECDC



Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 22 June 2017

Epidemiological summary

No new outbreaks have been detected in the EU since June 2015.

Web sources: ECDC measles and rubella monitoring | ECDC rubella factsheet | WHO epidemiological brief summary tables | WHO epidemiological briefs | Progress report on measles and rubella elimination | European Regional Verification Commission for Measles and Rubella Elimination (RVC) (2016)

ECDC assessment

The World Health Organization (WHO) has targeted the elimination of measles and rubella in the 53 Member States of the WHO European Region. Elimination is defined as the absence of endemic cases in a defined geographical area for a period of at least 12 months, in the presence of a well-performing surveillance system. Regional elimination can be declared after 36 or more months of the absence of endemic measles or rubella in all Member States of the WHO European Region. Although progress has been

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
Link to ECDC CDTR web page – including related PowerPoint© slides

made towards elimination, this goal has not yet been achieved. The fifth Regional Verification Commission meeting was held 24-26 October 2016. According to the results, 24 countries in the WHO EURO Region are deemed to have eliminated rubella.

Web source: WHO-EU

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to The European Surveillance System and through its epidemic intelligence activities. Twenty-four EU and two EEA countries contribute to the enhanced rubella surveillance. The purpose of the enhanced rubella surveillance is to provide regular and timely updates on the rubella situation in Europe in support of effective disease control, increased public awareness, and achieving the target of rubella and congenital rubella elimination.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 22 June 2017

Epidemiological summary

EU/EEA countries with updates since last week:

Bulgaria: since mid-March 2017 and as of 18 June, Bulgaria has reported 140 cases in Plovdiv, an increase of 10 cases since the previous CDTR. Bulgaria also reported also cases in Pazardzhik (15) and in Montana (4).

Czech Republic: As of 16 June 2017, the Moravian-Silesian region reported 130 measles cases, of which 123 were laboratory-confirmed. Nineteen cases are among healthcare workers.

France Since 1 January 2017 and as of 31 May, France has reported 295 cases, an increase of 106 cases since the previous CDTR and almost six times the number of reported cases in 2016 over the same period (47 cases). The cases are mainly linked to an outbreak in Lorraine (60 cases between February and April 2017) and several outbreaks in New Aquitaine and Occitania. The incidence is highest in children under one year (5.2/100 000 with 43 cases), which represents 14.6% of cases declared. Two cases of encephalitis and 22 cases of severe pneumonia have been recorded since the beginning of the year. Of the cases with known vaccination status (258 cases out of 295), 190 (74%) were not vaccinated, 40 (16%) had received a single dose, 25 (10%) had received two doses and for three cases (1%) the number was unknown.

Germany: Since the beginning of 2017 and as of 14 June, Germany has reported 723 cases. This is an increase of 25 cases since the previous CDTR. In the same period in 2016, Germany reported 100 cases.

Romania: Between 1 January 2016 and 16 June 2017, Romania has reported 7 233 cases, including 30 deaths. A possible 31st death is under investigation. Cases are either laboratory-confirmed or have an epidemiological link to a laboratory-confirmed case. Infants and young children are the most affected group. Forty-one of the 42 districts have reported cases, Timis (western part of the country closest to the border with Serbia) is the most affected district with 1 167 cases. Vaccination activities are ongoing in order to cover communities with suboptimal vaccination coverage.

EU/EEA countries with no updates since last week:

Austria: Since the beginning of 2017 and as of 8 June, Austria has reported 78 cases. This exceeds the cumulative number of cases reported in 2016.

Belgium: Since 20 December 2016 and as of 8 May 2017, Wallonia has reported 293 cases, of which 115 were hospitalised. The outbreak affects all provinces of Wallonia, with the exception of the province of Luxembourg. No deaths are reported. The index case in the Wallonian outbreak travelled to Romania during the incubation period. After a peak of 40 cases per week in the beginning of March, the epidemic is gradually decreasing.
In Flanders, one isolated imported case was reported in January and another in March, with possible links to a cluster in Wallonia. In the Brussels Capital Region, one isolated imported case was reported in February and two cases were notified in March without known links to the outbreak in Wallonia. Both imported cases had a travel history to Romania during the incubation period, and the national reference centre for measles, mumps and rubella (WIV-ISP) identified genotype B3, as identified in Romania, Italy and Austria at the end of 2016.

Denmark: On 15 March 2017, Denmark reported an imported case in an unvaccinated adult who was infected during a holiday in

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
Link to ECDC CDTR web page – including related PowerPoint© slides

Asia.

Hungary: Between 21 February and 22 March 2017, Hungary reported 54 cases. Health authorities have lifted the quarantine from the hospital in Mako, south-east Hungary, as no new cases have been detected in two weeks.

Iceland: On 31 March 2017, Iceland reported two cases in two 10-month-old unvaccinated twin siblings. The first case was diagnosed 10 days before the second case. This is the first time in a quarter of a century that measles infection has occurred in Iceland.

Italy: Since the beginning of 2017 and as of 11 June, Italy has reported 2 988 cases in 18 of the 21 regions. Among these, 237 are healthcare workers. The median age is 27 years, 89% of the cases were not vaccinated and 6% received only one dose of vaccine.

Portugal: Since the beginning of 2017 and as of 5 June, Portugal has reported 31 confirmed cases. Of these 20 (65%) were over 18 years of age, 19 (61%) were unvaccinated, 13 (42%) are health professionals, and 14 (45%) were hospitalised. Twenty-two cases have been confirmed in the regions of Lisbon and Vale do Tejo, seven cases in the Algarve, one in the North and one in Alentejo. One death has been reported.

Slovakia: On 24 April 2017, Slovakia reported an imported case in a 25-year-old, unvaccinated Italian who studies in Kosice, Slovakia. In Slovakia, the last endemic cases were reported in 1998 and the last imported cases in 2011 and 2012.

Spain: An outbreak started in the first week of January in the metropolitan area of Barcelona, related to an imported case from China. As of 7 April, 46 cases had been confirmed. Most of the cases are unvaccinated or incompletely-vaccinated adults. Four of the cases are children, and ten cases were hospitalised.

Sweden: Since mid-April and as of 31 May, Sweden has reported four cases in the south-western part of the country. Earlier in 2017, Sweden reported 15 cases in the Stockholm area, including three imported cases.

United Kingdom: On 6 June, Public Health Wales reported four cases in a high school in Newport, Wales. During the first three months of 2017, England reported 17 confirmed cases, compared with 37 between October and December 2016. Northern Ireland has reported one case and Scotland has reported no cases so far this year.

Outside EU since last month

Canada
As of 4 June 2017, Canada had reported 44 cases of measles. There is active transmission in Nova Scotia.

DR Congo
As of 23 May 2017, DR Congo had recorded 19 512 suspected measles cases, including 229 deaths. The incidence of new cases has declined since the current outbreak peaked in early 2017.

Ethiopia
As of 4 June 2017, Ethiopia had reported 1 981 cases, 961 of which were confirmed cases. Oromia is the most affected region with 32% of the reported cases and this is followed by Amhara (29%), Addis Ababa (15%) and SNNPR (11%). The majority of the cases (38%) are children under five years.

Israel (source: email)
Since beginning of 2017 and as of 11 June, Israel has reported seven measles cases (six confirmed), all in the Jerusalem district. All cases were women in the age range 21-41 years. Two of the cases were among healthcare workers, one of whom was fully immunised. The immunisation status of the other cases is not known. An epidemiological link has been found between two of the cases. Five of the cases required hospitalisation. Israel reported eight cases for the whole year of 2016.

Kenya
Since the start of the outbreak at the end February and as of 16 June 2017, Kenya has reported 14 confirmed measles cases.

Liberia
Since the beginning of 2017 and as of 4 June, Liberia has reported 864 suspected cases, 84 of which were positive. One hundred and twenty of the suspected cases were compatible with measles and epi-linked, while sixty are pending laboratory confirmation. Of the 600 equivocal and negative cases, 291 (48.5%) samples have been tested for rubella, 135 of which (46.4%) were positive.

Nigeria

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
Link to ECDC CDTR web page – including related PowerPoint© slides

Since the beginning of 2017 and as of 31 May, Nigeria has reported 1 538 cases of measles.

Pakistan
On 12 June media reported a measles outbreak in Pakistan in Dera Ghazi Khan District, as a result of which hundreds of children have been affected.

Somalia
Since the beginning of 2017 and as of 16 June, Somalia has reported 9 813 cases of measles.

South Sudan
Since the beginning of 2017 and as of 31 May, South Sudan has reported 644 suspected cases of measles from 20 counties, including three deaths. The majority of cases have been reported in Wau, Western Bahr el Ghazal. However, cases have also been reported from Jonglei and Eastern Equatoria.

Syria
As of 6 June 2017, Syria reported nearly 150 cases of measles in the southern regions, mostly among new-borns and young children.

Thailand As of 10 June 2017, Thailand reported 1 681 measles cases from 67 provinces, no deaths. Most affected age groups are the 15-24-year-old (21%). The highest morbidity rate was in the south of Thailand (6.7/100 000 population).

Ukraine
As of 13 June 2017, Ukraine recorded 735 measles cases in 15 regions, of which 536 cases in children and adolescents. Most cases were reported in Ivano-Frankivsk (392) and Odessa (267).

USA As of 16 June 2017, Minnesota Department of Health reported 78 confirmed cases of measles, most of them are unvaccinated preschool children. Of these, 69 cases were notified in Hennepin County. Minnesota's measles outbreak has exceeded the cumulative number of 70 cases reported in the entire United States in 2016.

ECDC assessment

Measles outbreaks continue to occur in EU/EEA countries. There is a risk of spread and sustained transmission in areas with susceptible populations. The national vaccination coverage remains less than 95% for the second dose of MMR in the majority of EU/EEA countries. The progress towards elimination of measles in the WHO European Region is assessed by the European Regional Verification Commission for Measles and Rubella Elimination (RVC). Member States of the WHO European Region are making steady progress towards the elimination of measles. At the fifth meeting of the RVC for Measles and Rubella in October 2016, of 53 countries in the WHO European Region, 24 (15 of which are in the EU/EEA) were declared to have reached the elimination goal for measles, and 13 countries (nine in the EU/EEA) were deemed to have interrupted endemic transmission for between 12 and 36 months, meaning they are on their way to achieving the elimination goal. However, six EU/EEA countries were judged to still have endemic transmission: Belgium, France, Germany, Italy, Poland and Romania. On 15-17 June 2017, the sixth meeting of the RVC for Measles and Rubella elimination was held in Bucharest, Romania. The results of this meeting will be available shortly.
More information on strain sequences would allow further insight into the epidemiological investigation. All EU/EEA countries report measles cases on a monthly basis to ECDC and these data are published every month.
Since 10 March 2017, ECDC has been reporting on measles outbreaks in Europe on a weekly basis through epidemic intelligence activities.

Actions

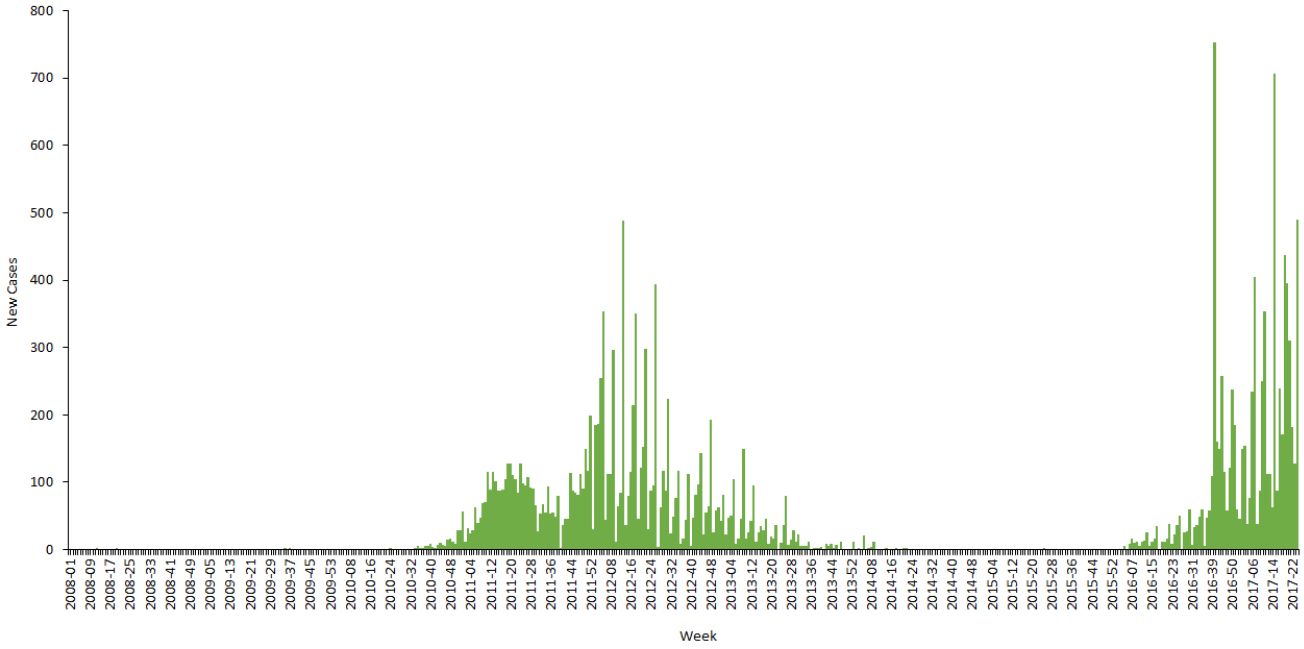
ECDC published a rapid risk assessment on 6 March. ECDC monitors measles transmission and outbreaks in the EU/EEA on weekly basis through enhanced surveillance and epidemic intelligence activities.

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
Link to ECDC CDTR web page – including related PowerPoint© slides

New measles cases per week of reporting, week 2008-1 to 2017-24, Romania

Data source: National Institute of Public Health Romania and TESSy (ECDC)



*From 2008 to 2016-39 data from TESSy, from 2016-40 onwards data from Romanian MoH

Ebola virus disease – Democratic Republic of the Congo – 2017

Opening date: 15 May 2017 Latest update: 22 June 2017

Epidemiological summary

Between 13 and 21 June 2017, WHO did not report any new cases. As of 21 June, WHO has reported five confirmed and three probable cases, including four deaths (CFR: 50%), from Nambwa (four confirmed and two probable), Ngayi (one probable) and Mabongo (one confirmed). As of 21 June, all contacts have completed the 21-day monitoring period, there are currently no contacts under follow-up. So far, the outbreak remains confined to Likati Health Zone.

Source: WHO | WHO

ECDC assessment

This is the eighth outbreak of EVD in DRC since the discovery of the virus in 1976. DRC national authorities have experience in responding to such outbreaks. However, this is the first time the Likati Health Zone has been affected and the local authorities have limited experience in managing such an outbreak. Investigations in DRC are ongoing to assess the extent of the outbreak. WHO and the Global Outbreak Alert and Response Network (GOARN) partners are supporting the national health authorities in the response.

The outbreak is occurring in an extremely remote area. For EU/EEA citizens living in or travelling through DRC, the risk of exposure is negligible. For people entering the affected area, such as healthcare workers responding to the outbreak, the risk of infection remains very low, assuming they follow the recommended precautions.

The risk of introduction into the EU/EEA would most probably be related to an infected traveller coming from the affected area. Although unlikely given the remote location of the outbreak, this cannot be excluded. The overall risk of introduction and further spread of Ebola virus within the EU/EEA is therefore currently considered to be extremely low.

Actions

ECDC published a rapid risk assessment related to this event on 19 May 2017.

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
Link to ECDC CDTR web page – including related PowerPoint© slides

Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 22 June 2017

Epidemiological summary

As of 20 June 2017, six wild poliovirus cases were reported in 2017. In 2016, 17 cases were reported during the same period. In 2017, Afghanistan has reported four cases and Pakistan two cases. Twenty-one circulating vaccine-derived poliovirus type 2 (cVDPV2) cases have been reported in 2017, four from the Democratic Republic of Congo (DRC) and 17 from the Syrian Arab Republic.

Web sources: UNOG | Polio eradication: weekly update | ECDC poliomyelitis factsheet | Temporary Recommendations to Reduce International Spread of Poliovirus | WHO Statement on the Seventh Meeting of the International Health Regulations Emergency Committee on Polio

ECDC assessment

The last locally-acquired wild polio cases within the current EU borders were reported from Bulgaria in 2001. The most recent wild polio outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

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? |RRA Outbreak of circulating vaccine-derived poliovirus type 1 (cVDPV1) in Ukraine

Actions

ECDC monitors reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU. Following the declaration of polio as a PHEIC, ECDC updated its risk assessment. ECDC has also prepared a background document with travel recommendations for the EU.

Travel-associated Legionnaires' disease – Dubai, UAE – 2016/2017

Opening date: 10 November 2016 Latest update: 22 June 2017

Epidemiological summary

As of 21 June 2017, 13 European countries have reported 65 TALD cases with onset of symptoms since 1 October 2016 and with travel history to Dubai within two to ten days prior to illness. Cases were reported by the United Kingdom (30), Sweden (8), Germany (6), the Netherlands (6), Denmark (4), France (4), Austria (1), Belgium (1), the Czech Republic (1), Hungary (1), Ireland (1), Spain (1) and Switzerland (1). Fifty-nine cases are associated with commercial accommodation sites and six with private accommodation sites. Thirteen cases spent time in another location in UAE or in a country other than their home country during their incubation period. Two cases were reported as fatal.

All cases are laboratory confirmed. Four cases had their infection further characterised as *Legionella pneumophila* serogroup 1, sequence base type 616, two as *Legionella pneumophila* serogroup 2-14, sequence base type 1327, one as *Legionella pneumophila* serogroup 1, sequence base type 2382, and one as *Legionella pneumophila* serogroup 13, sequence base type 1327. Sequence base type 616 is uncommon in Europe and has been associated with other cases of Legionnaires' disease returning from Dubai in previous years. Sequence base type 2382 is the first such identification worldwide and appears to be closely-related to type 616. UAE authorities have informed ECDC that no increase in cases of statutory notifiable pneumonia was observed in Dubai between October and December 2016.

ECDC assessment

Cases continue to be reported with onset of symptoms in recent weeks, indicating that there is a persistent source of *Legionella* exposure common to travellers with travel history to Dubai. However, it cannot be ruled out that some travellers may have acquired their infection elsewhere if their travel stay in Dubai was shorter than the range of the incubation period. The increase in cases observed between October 2016 and June 2017 is above that observed in previous years.

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

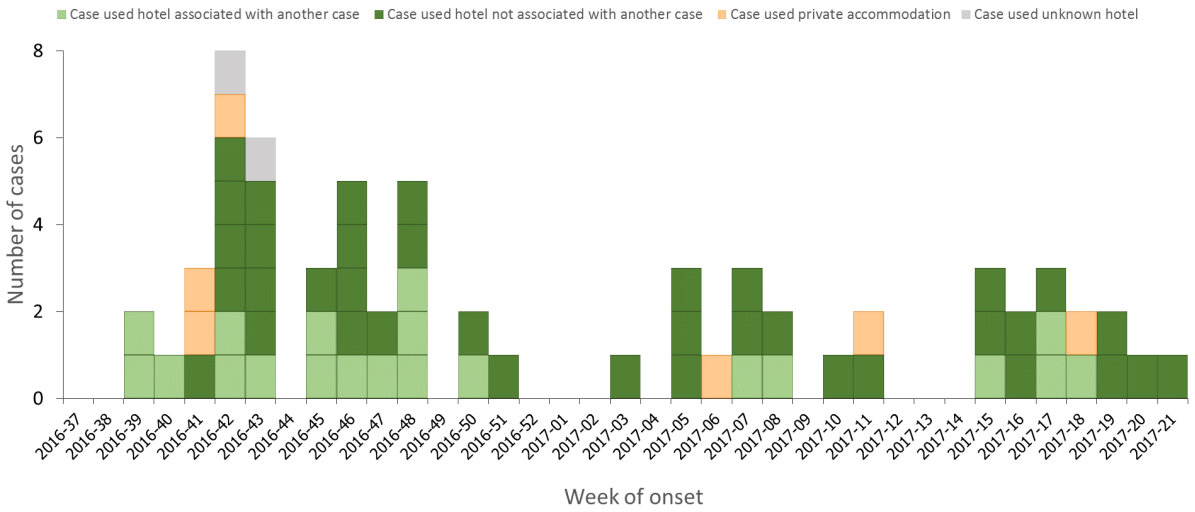
Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

Actions

ECDC is monitoring this event through ELDSNet. ECDC is in contact with EU Member States, the ELDSNet network, the World Health Organization and UAE for information sharing. ECDC published a rapid risk assessment on its website on 23 December 2016 and shared an updated rapid risk assessment with the European Commission and EU Member States on 13 January 2017. The conclusions of the rapid risk assessment remain valid. ECDC also posted an epidemiological update on 22 June 2017.

Distribution of travel-associated Legionnaires' disease cases with history of stay in Dubai, United Arab Emirates, by week of onset and accommodation site clustering, weeks 37/2016–21/2017, as reported to ELDSNet by 21 June 2017 (n=65 cases)

ELDSNet



Influenza A(H7N9) – China – Monitoring human cases

Opening date: 31 March 2013 Latest update: 22 June 2017

Epidemiological summary

During the past week, China reported five additional human cases of avian influenza A (H7N9) in Beijing (1 case), Guangxi (1

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
Link to ECDC CDTR web page – including related PowerPoint© slides

case), Zhejiang (1 case), Hunan (1 case) and Guizhou (1 case).

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then and up to 20 June 2017, 1 538 cases have been reported, including 563 deaths. The outbreak shows a seasonal pattern. The first wave in spring 2013 (weeks 2013-7 to 2013-40) included 135 cases, the second wave (weeks 2013-41 to 2014-40) 320 cases, the third wave (weeks 2014-41 to 2015-40) 223 cases, and the fourth wave (weeks 2015-41 to 2016-40) 120 cases. A fifth wave started in October 2016 (week 2016-41), with 740 cases as of 21 June 2017.

The 1 538 cases were reported from Zhejiang (310), Guangdong (258), Jiangsu (249), Fujian (107), Anhui (98), Hunan (93), Shanghai (57), Jiangxi (52), Sichuan (36), Guangxi (31), Hubei (31), Beijing (33), Hebei (28), Henan (28), Shandong (28), Hong Kong (21), Guizhou (18), Xinjiang (10), Chongqing (9), Gansu (5), Shaanxi (7), Taiwan (5), Liaoning (4), Tianjin (4), Jilin (3), Tibet (3), Macau (2), Yunnan (2), Shanxi (2), Inner Mongolia (1) and three imported cases were reported in Canada (2) and Malaysia (1).

Sources: Chinese CDC | WHO | WHO FAQ page | ECDC | Hong Kong CHP

ECDC assessment

This is the fifth winter season in the northern hemisphere with human cases caused by A(H7N9) infections. During this wave, the number of human cases has been higher than in previous waves. This is most likely due to greater environmental contamination in live bird markets and increased circulation of the virus among poultry.

In February 2017, a new A(H7N9) virus with mutations in the haemagglutinin gene – indicating high pathogenicity in poultry – was detected in three cases related to Guangdong, as well as in environmental and poultry samples. It is unclear at the moment if the newly emerged, highly-pathogenic avian influenza virus A(H7N9) will replace the low-pathogenic virus or if both will co-circulate in the bird population. Although the genetic changes in A(H7N9) may have implications for poultry in terms of pathogenicity, surveillance and control strategies, there is no evidence to date of increased transmissibility to humans or sustainable human-to-human transmission.

The continued transmission of A(H7N9) to humans in China poses the risk that sporadic imported cases may be detected in Europe. The following options for prevention and control of the infection should be considered:
- people travelling to China should avoid direct exposure to poultry and refrain from visiting live poultry markets or backyard farms;
- travellers who have visited affected areas and develop respiratory symptoms and fever upon their return should consult a physician and mention their recent travel history to enable early diagnosis and treatment;
- travellers who have visited affected areas should avoid entering farms for the entire duration of the 10-day incubation period (and during the symptomatic period in the event that they develop symptoms) in order to prevent a possible virus introduction to poultry in the EU.

The possibility of humans infected with A(H7N9) returning to the EU/EEA cannot be excluded. However, the risk of the disease spreading within Europe via humans is still considered low, as there is no evidence of sustained human-to-human transmission.

Actions

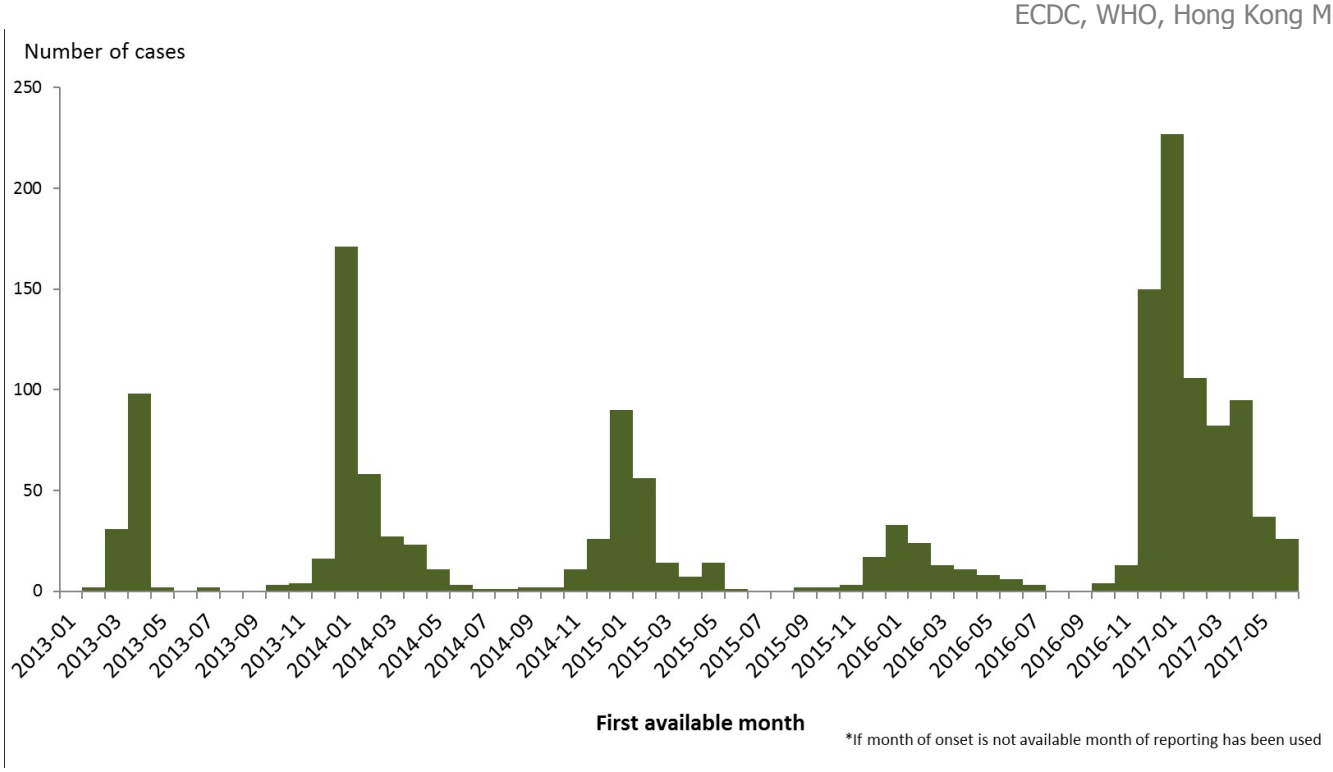
ECDC is preparing the seventh update of its rapid risk assessment, addressing the genetic evolution of influenza A(H7N9) virus in China and the implications for public health.

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
Link to ECDC CDTR web page – including related PowerPoint© slides

Distribution of confirmed cases of A(H7N9) by first available month, February 2013 to 21 June 2017

ECDC, WHO, Hong Kong MoH

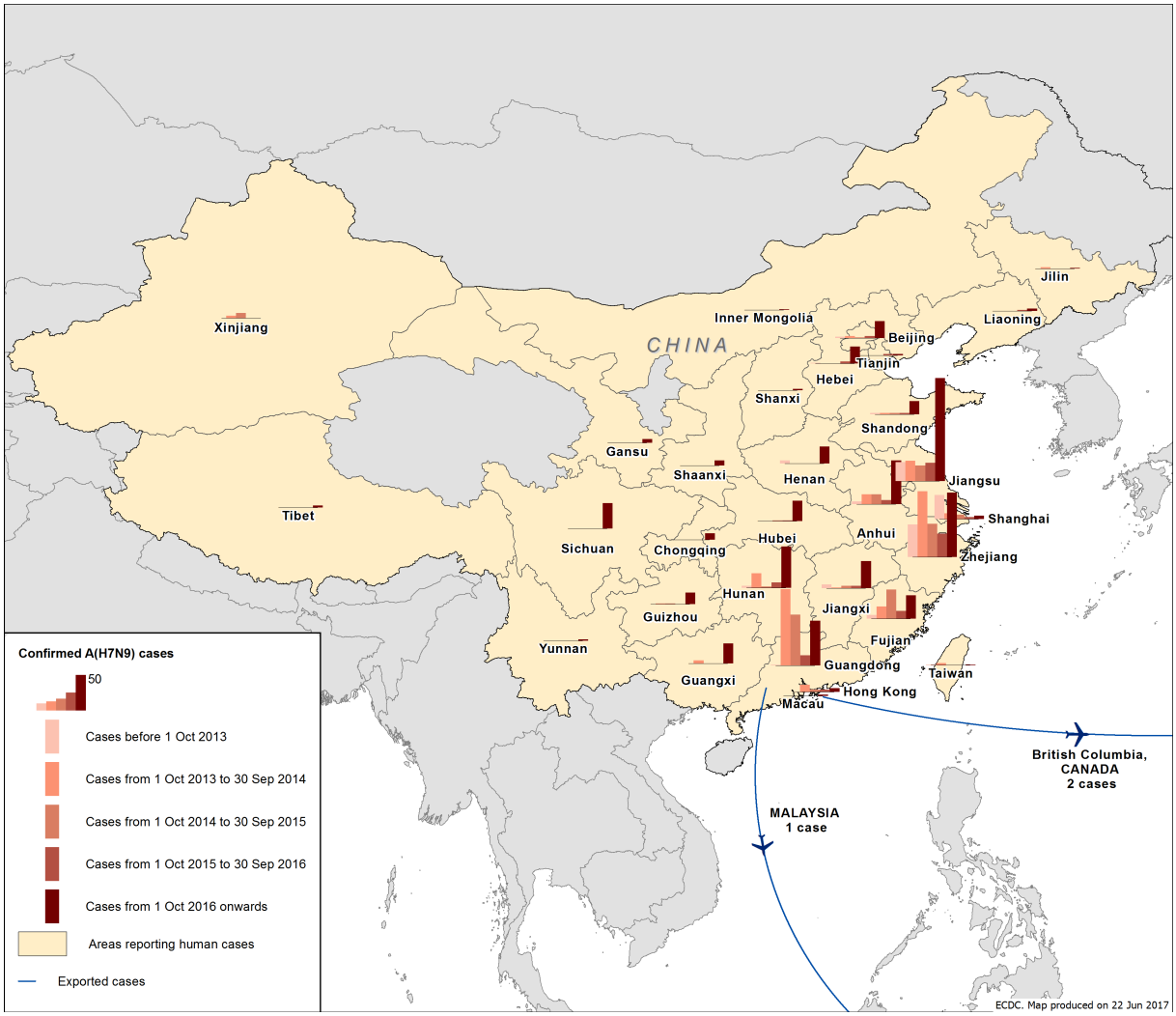


European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

Distribution of confirmed cases of A(H7N9) by five seasons, February 2013 to 21 June 2017

ECDC



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
Link to ECDC CDTR web page – including related PowerPoint© slides

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

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
Link to ECDC CDTR web page – including related PowerPoint© slides