

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 5 July 2012

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

→Update of the week

During 7 to 13 July 2012, no new outbreaks were detected.

UEFA EURO 2012 - MG enhanced surveillance (weekly update)

Opening date: 7 June 2012

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

→Update of the week

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

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

Opening date: 21 June 2012

Latest update: 13 July 2012

During the West Nile virus (WNV) transmission season (between June and November), ECDC monitors the situation in the EU Member States and in neighbouring countries in order to identify any significant changes in the epidemiology of the disease. In 2011, 130 probable and confirmed cases of West Nile fever (WNF) were reported from the EU Member States and 207 cases in neighbouring countries. Transmission of the virus in Europe has now started for this 2012 season, with so far two cases reported in Greece and five in the Russian Federation.

→Update of the week

This week, the first human WNF cases of the year were detected in the EU: Greece reported two cases in the Attiki region (that includes Athens). Regarding the situation in neighbouring countries, Astrakhan Oblast in the Russian Federation also recorded five cases.

Legionellosis – Spain - Travel-associated cluster

Opening date: 13 January 2012

Latest update: 11 July 2012

Between November 2011 and July 2012, 41 cases of Legionnaires' disease, including six deaths, have been reported in relation with a hotel in Calpe, Spain. Thirty six of the cases are travel-associated and five cases are among hotel staff. A probable source of the outbreak was identified last week in the spa pool. The hotel is currently closed while corrective measures are being taken.

→Update of the week

ECDC has been informed of 16 cases of Legionnaires' disease in travellers who all stayed in the hotel during 21 and 22 June.

Anthrax - Multistate - Injecting drug use

Opening date: 18 December 2009

Latest update: 12 July 2012

There have been three cases of anthrax reported in Germany and one case in Denmark since June 2012. One German case and the case from Denmark have died. There was an outbreak of anthrax involving 124 injecting drug users in the UK (England and Scotland with five and 119 cases respectively) and Germany (three cases) in 2009-2010.

→Update of the week

During the period 7 to 13 July there was one fatal case of anthrax reported in an intravenous drug user in Copenhagen, Denmark.

Non EU Threats

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 5 July 2012

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

→Update of the week

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

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 12 July 2012

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

→Update of the week

During 7 to 12 July 2012, three new polio cases were reported by WHO.

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

Opening date: 15 June 2005

Latest update: 12 July 2012

The influenza A(H5N1) virus, commonly known as bird flu, is fatal in about 60% of human infections, and sporadic cases continue to be reported, usually after contact with sick or dead poultry from certain Asian and African countries. No human cases have been reported from Europe.

→Update of the week

Between 7 and 13 July 2012, WHO reported one case of human infection with avian influenza A(H5N1) virus from Indonesia.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 3 July 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiologic patterns.

→Update of the week

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

Cholera - Cuba

Opening date: 4 July 2012

Latest update: 13 July 2012

On 3 July 2012, the Ministry of Public Health in Cuba reported an increase during recent weeks in the number of acute diarrhoeal diseases mainly in Manzanillo, the province of Granma. As of 12 July 2012, 85 cases of *Vibrio cholerae* were officially confirmed, including three fatalities. This is the first time in almost 150 years that Cuba has reported an outbreak of cholera.

Unknown Disease - Cambodia

Opening date: 4 July 2012

Latest update: 13 July 2012

The Ministry of Health (MOH) in Cambodia notified WHO of 52 fatalities that occurred during April-July 2012 in children between the ages of three months and 11 years old, with the majority being under three years old. WHO, in collaboration with the MOH and other partners carried out an investigation regarding these cases. A significant proportion of samples collected from patients and tested by the Institut Pasteur du Cambodge were positive for Enterovirus 71 (EV 71). No new cases were reported since 6 July 2012.

II. Detailed reports

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 5 July 2012

Epidemiological summary

I. European Union Member States

There were no new outbreaks reported/detected.

II. Neighbouring countries

Ukraine – update

Source: [MOH](#)

As of 10 July 2012 there were 11 503 cases of measles cases reported in Ukraine. During the 24 hours prior to this report being published, there were 33 cases reported, mostly in the western part.

Belorussia

Source: [the media](#)

A vaccination campaign is planned for people between the ages of 20-29 in Minsk in view of the high numbers of measles cases in Europe.

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC/Euronews documentary](#) | [MedISys Measles Webpage](#) | [EUVAC-net ECDC](#) | [ECDC measles factsheet](#) |

ECDC assessment

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

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

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

UEFA EURO 2012 - MG enhanced surveillance (weekly update)

Opening date: 7 June 2012

Epidemiological summary

Hosting countries

Ukraine

Source: [Ukrainian authorities](#) and [MOH](#)

On 5 July 2012, the Ukrainian authorities have switched from 24/7 enhanced surveillance for EURO2012 to a regular surveillance. The overall situation was deemed satisfactory during EURO2012. Incidence of influenza and acute respiratory infections didn't exceed baseline levels. Sanitary-epidemiological authorities have checked 3 500 sites providing services to EURO2012 participants; 16 500 laboratory tests were performed (over 50% for food samples).

The Ministry of Health of Ukraine reported that 1 097 Ukrainian and foreign citizens were tested for HIV and other STIs in a free HIV campaign during EURO 2012 in Kyiv. Twenty seven persons tested positive for HIV, eight for hepatitis C and four for hepatitis B.

Participating countries

Russian Federation

Sources: [the media](#) and [russiatourism](#)

Media quoting Russian authorities reported an outbreak of enterovirus stomatitis among 18 children (out of 380 children present at the hotel) who had all stayed in a large hotel in Turkey, which started in the beginning of July. Children became ill several days after arrival. Some of them were quarantined in the hotel room. Preventive measures were taken.

Both [Rospotrebnadzor](#) and [the media](#) reported on the flooding that affected three cities (Gelendzik, Novorosyisk, Krym) in the Krasnodarsk region on the night 6 July 2012 causing more than 170 fatalities. Nearly 30 000 people became destitute. Chlorination of drinking water and outdoor toilets is ongoing. Over 4 200 people received vaccine against hepatitis A and 1 500 against shigella sonnei, over 6 300 people received bacteriophage treatment. No increase in gastrointestinal diseases was observed in the affected area.

Bordering countries

Republic of Belarus

Source: [Republican Centre for Hygiene, Epidemiology and Public Health](#)

Belarus reports 13 620 cases of known HIV-infection. As of 1 July 2012 there were 665 newly diagnosed cases reported in the country giving an incidence of 7.0 per 100 000 population (5.9 per 100 000 in 2011).

ECDC assessment

As of 12 July, ECDC will discontinue monitoring the infectious disease epidemiological situation for the EURO 2012 and will start enhanced surveillance for the 2012 Olympic and Paralympic Games.

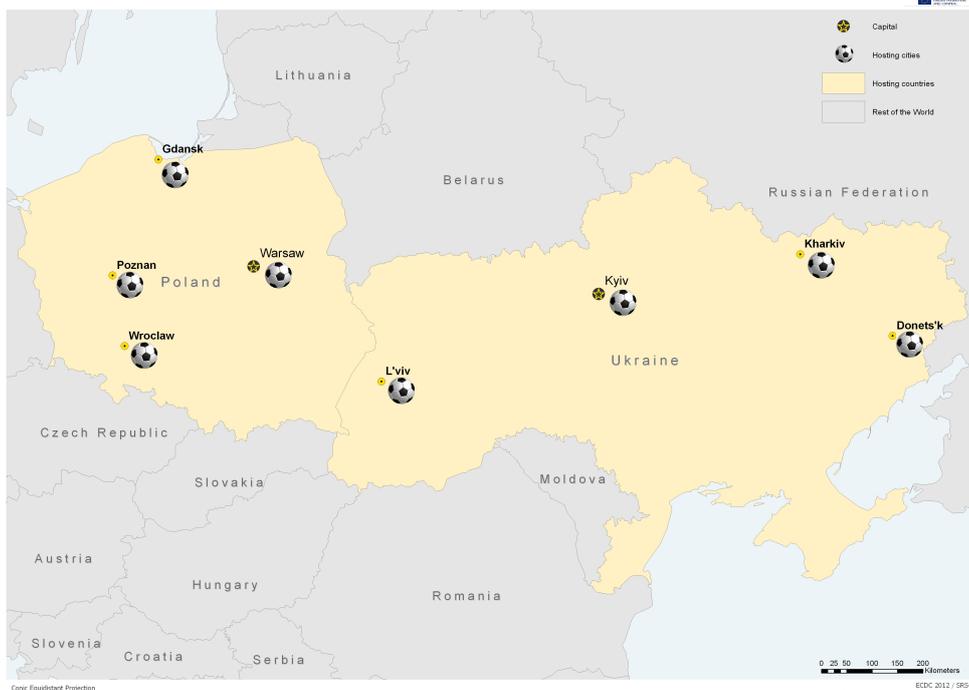
Actions

ECDC and [EpiNorth](#) are closely collaborating with enhanced epidemic intelligence activities during this event. An EpiNorth colleague was deployed during the past two weeks at ECDC. A close collaboration was established with the Polish health authorities as well and an ECDC expert liaison officer was hosted at the Chief Sanitary Inspectorate during EURO 2012. ECDC was in contact with the Ukrainian health authorities through the EpiNorth network and a liaison officer placed at the WHO Country Office for Ukraine.

UEFA EURO 2012 venues

ECDC

2012 UEFA EURO hosting cities



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

5/13

Opening date: 21 June 2012

Latest update: 13 July 2012

Epidemiological summary

This season, as of 12 July 2012, two human cases of West Nile fever (WNF) were reported in the EU and five in neighbouring countries. The West Nile virus (WNV) transmission season has now started in Europe.

EU Member States

Greece

On 7 July, [Greece reported its first case](#) of the year, involving neuro-invasive WNF in an adult woman resident in the Palaio Faliro suburb of Athens. Seropositive for WNV-specific antibodies, she is classified as a probable case according to the EU case definition. She does not have a travel history in the 14 days before onset of illness.

On 10 July, [a second case was reported](#), involving an adult man resident in the Argyroupoli area of Athens. He also did not have a travel history before onset of illness.

In summary, Greece now reports two WNF cases, both in the Attiki region.

Neighbouring countries

Russian Federation

Between 2 and 9 July, [five cases of WNF](#) were reported in Astrakhan Oblast, according to regional health authorities.

Websources: [ECDC West Nile fever risk maps](#) | [MedISys West Nile Disease](#) | [ECDC summary of the transmission season 2011](#) | [Official Journal of the EU - Notifiable Diseases](#) | [European Commission Case Definitions](#) | [EU Blood Directive](#)

ECDC assessment

West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures are considered important for ensuring blood safety by the national health authorities when human cases of West Nile fever occur. According to the EU Blood Directive, efforts should be made to defer blood donations from affected areas with ongoing virus transmission.

Actions

ECDC is currently updating its [Rapid Risk Assessment](#) concerning the epidemiological situation of West Nile virus infection in the European Union. ECDC produces weekly [West Nile fever risk maps](#) to inform blood safety authorities regarding affected areas.

Legionellosis – Spain - Travel-associated cluster

Opening date: 13 January 2012

Latest update: 11 July 2012

Epidemiological summary

Since 16 December, 36 cases of travel-associated Legionnaires' disease (TALD) have been notified to the ELDSNet Surveillance Network. All travellers (16 residents from the United Kingdom, 11 from Spain, two from France and seven from Belgium) stayed at the same hotel between 25 November 2011 (first arrival) and 29 June 2012 (last departure). Dates of disease onset range from 22 November 2011 to 29 June 2012. Five people who have been working in the hotel have also fallen ill. All the patients in the last cluster of 16 cases were staying in the hotel during 21 and 22 June.

ECDC assessment

Thanks to extensive investigations carried out by the Regional Public Health Authorities with support from an external expert, a probable source has been identified in the spa pool. As the spa pool will be rebuilt and old pipes will be replaced, there is reason to suppose that the intermittent source of contamination will be eliminated and herewith also the risk for further propagation of the outbreak.

Further laboratory results are ongoing, related to the source of water contamination. The hotel will remain closed until Spanish health authorities approve of the reopening.

Actions

Updated cluster notifications have been sent to all ELDSNet members and tour operators.

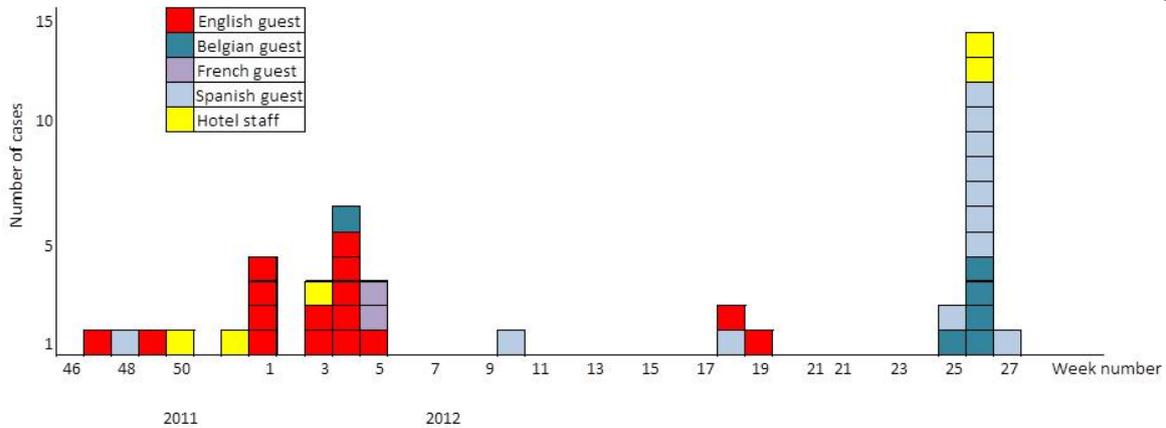
On request from the Spanish Ministry of Health a senior expert and an ECDC expert participated in an assessment mission to Calpe.

ECDC published a rapid risk assessment regarding this situation on 24 May 2012 [on its website](#).

A new update of the risk assessment is expected to be online on the ECDC website soon.

Number of legionella cases in Calpe, Spain 2011-2012 by week of onset

ELDSNet



"Travel-associated Legionnaires' disease in Calpe, Spain; number of cases by week of disease onset"

Anthrax - Multistate - Injecting drug use

Opening date: 18 December 2009

Latest update: 12 July 2012

Epidemiological summary

In June 2012, Germany reported two cases of anthrax in injecting drug users (IDU) in Regensburg. One of them died. The strain from these cases is reported to be identical or almost identical to the strain from the 2009-2010 outbreak that mostly affected Scotland. A third confirmed case in an IDU was reported on 4 July in Berlin, Germany. This case presented as cutaneous anthrax. The strain is currently being identified.

Denmark also reported a confirmed case of cutaneous anthrax in an IDU in Copenhagen. The person bought heroin in Copenhagen around 1 July 2012 and injected it intravenously in the following days. He died on 8 July. Remains of the purchased heroin have been secured and will be analysed.

7/13

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

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

ECDC assessment

The conclusions of the rapid risk assessment published by ECDC and EMCDDA in February 2010 are still valid stating that the risk of exposure for contaminated heroin for IDU remains present and that accidental contamination seems the most plausible explanation to these incidents. The report of a case of anthrax in an IDU in Denmark in addition to Germany strongly suggests that contaminated heroin might be circulating in several countries in Europe. The geographical distribution of the contaminated heroin is unknown at this time, but it is possible it has the same source as the contaminated heroin incriminated in the 2009/2010 outbreak. It is not excluded that additional cases among IDUs will be identified in the near future.

Actions

ECDC and EMCDDA updated their joint [rapid risk assessment](#) (RRA). A new update of the RRA is under preparation.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 5 July 2012

Epidemiological summary

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

Asia: In India outbreaks are ongoing in several states (Kerala, Tamil Nadu and the National Capital Territory of Delhi) associated with the onset of the monsoon season (June through September). In Thailand the Ministry of Health reports increasing number of cases. The rainy season is on-going. Several parts of the Philippines are affected by dengue outbreaks. In Luzon island in Barangay Moras dela Paz close to Metro Manilla city, 1 632 cases have been notified between January and June 2012 (compared to 1 368 cases during the same period in 2011).

Latin America: In Ecuador so far this year, there were 12 291 cases of dengue and 20 deaths compared to 3 700 cases and four deaths in 2011. In Peru the region of Ucayali has been placed under a state of emergency. In Brazil there are still ongoing outbreaks in several states (Sao Paulo, Pernambuco).

Brazil is going to produce genetically modified mosquitoes to combat the insect vector of dengue. The Ministry of Health claims that the mosquito population has been reduced by 90% in two Brazilian towns where the mosquitoes were tested. Previous trial conducted in Caiman island has shown a decrease of 75 % of mosquitoes population (published in a [Nature](#) article).

Web sources:

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

ECDC assessment

ECDC monitors individual outbreaks, seasonal transmission patterns and inter-annual epidemic cycles of dengue through epidemic intelligence activities in order to identify significant changes in disease epidemiology. Of particular concern is the potential for the establishment of dengue transmission in Europe. Local transmission of dengue was reported for the first time in France and Croatia in 2010 and imported cases are detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present. A review of status and public health importance of invasive mosquitoes in Europe was published on 30 April 2012 with a summary available on ECDC website.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 12 July 2012

Epidemiological summary

During 6 to 12 July, three polio cases were notified: two cases (one WPV1 and one WPV3) in Nigeria and one WPV1 case in Afghanistan. So far, 91 cases with onset of disease in 2012 have been reported globally compared with 267 for the same period in 2011.

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

ECDC assessment

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

The WHO European Region is polio-free. The last polio cases in the European Union occurred in 2001 when three young Bulgarian children of Roma ethnicity developed flaccid paralysis from WPV. Investigations showed that the virus originated from India. The latest outbreak in the WHO European Region was in Tajikistan in 2010 when WPV1 imported from Pakistan caused an outbreak of 460 reported cases. The last indigenous WPV case in Europe was in Turkey in 1998. An outbreak in the Netherlands in a religious community opposed to vaccinations caused two deaths and 71 cases of paralysis in 1992.

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

Opening date: 15 June 2005

Latest update: 12 July 2012

Epidemiological summary

On 6 July 2012 WHO reported one confirmed human case of A(H5N1) in an eight year-old female from the province of West Java, Indonesia who had previous contact with live poultry. She fell ill on 18 June 2012 and travelled on vacation to Singapore the day after. There she saw a private physician who diagnosed pharyngitis on 20 June. She was still feeling unwell after returning to Indonesia on 24 June and was admitted to the local hospital. Her condition deteriorated and she was transferred to intensive care, but died on 3 July. The Ministry of Health in Singapore has been informed about the case under the International Health Regulations.

Worldwide, 28 cases (including 17 deaths) were notified to WHO since the beginning of 2012.

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

ECDC assessment

Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died. Most human infections are the result of direct contact with infected birds, and countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. ECDC follows the worldwide A(H5N1) situation through epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC re-assesses the potential of a changing risk for A(H5N1) to humans on a regular basis. There are currently no indications that from a human health perspective there is any significant change in the epidemiology associated with any clade or strain of the A(H5N1) virus. This assessment is based on the absence of sustained human-to-human transmission, and on the observation that there is no apparent change in the size of clusters or reports of chains of infection. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 3 July 2012

Epidemiological summary

No new cases or outbreaks detected in Europe since last update.

ECDC assessment

Although the geographic range of the virus is primarily in Africa and Asia there has been a rapid expansion of epidemics over the past decade to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes*

aegypti, combined through increased human travel. There is a risk of further importation of the chikungunya virus into new areas in EU by infected travellers.

Cholera - Cuba

Opening date: 4 July 2012

Latest update: 13 July 2012

Epidemiological summary

During recent weeks, the communicable diseases surveillance system in Cuba recorded an increasing trend of diarrhoeal diseases, which were likely influenced by the high temperatures and heavy rains. In Granma province, around 1 000 patients were reported to have been treated for gastrointestinal infections and among them 85 were confirmed to be infected with *Vibrio cholerae*: 63 cases in Manzanillo, 13 cases in Yara, five cases in Niquero, two cases in Bayamo and two cases in Campechuela. Three of the confirmed cholera cases have died: 66, 70 and 95 years old patients with chronic illnesses.

Control measures include the closure of the contaminated wells, sampling of water in the private dwellings, increased chlorination of the municipal water supply, the removal of water leaks, pit cleaning and sanitation and an health education program in the local population.

Websources: [Official press realease](#) | [PAHO website](#) | [ECDC Factsheet](#)

ECDC assessment

Despite the measures taken in controlling this outbreak, the occurrence of further cases in Manzanillo, and spreading to the surrounding areas and to other provinces cannot be excluded at this stage. Should the outbreak be contained in this area, the risk of infection for European tourists visiting Cuba is negligible. If the outbreak spreads to other provinces, the risk of infection for European tourists will be reassessed.

Globally, the risk of cholera infection in travellers visiting Cuba should be considered low. Visitors to cholera endemic or epidemic countries should follow appropriate precautionary measures: only drink safe water (bottled water/water treated with chlorine), wash all fruits and vegetables with bottled or chlorinated water before consumption, regularly wash their hands, and avoid consuming raw sea-food products and only eat them when thoroughly cooked.

Actions

ECDC has prepared a [rapid risk assessment](#).

Cholera affected area in Cuba

ECDC



Unknown Disease - Cambodia

Opening date: 4 July 2012

Latest update: 13 July 2012

Epidemiological summary

Between April and June 2012, 59 children below the age of seven years, with the majority younger than three years, were admitted to hospitals in Phnom Penh and in Siem Reap, with high fever and encephalitic and/or respiratory symptoms. Of these, 52 children died. The Cambodian Ministry of Health, together with WHO and US CDC, has been carrying out extensive investigations in order to determine the diagnosis and the cause of the illness. A significant proportion of the available samples tested positive for Enterovirus 71 (EV 71) which causes hand foot and mouth disease (HFMD). Other pathogens found include *streptococcus suis* and dengue virus. The samples were negative for H5N1 and other influenza viruses, severe acute respiratory syndrome (SARS) and Nipah virus. Further investigations into matching the clinical, laboratory and epidemiological information are ongoing.

Web sources: [Joint press release WHO-MoH](#) | [WHO update 9 July 2012](#) | [WPRO HFMD website](#) | [Healthmap map of Cambodia](#)

ECDC assessment

11/13

Cases and outbreaks of HFMD occur around the world. HFMD is most commonly caused by Coxsackie viruses, however, EV 71 has been linked to the most severe cases of HFMD. Since 1997, large outbreaks of HFMD caused by EV 71 have been reported across Asia in China, Taiwan, Malaysia, Hong Kong and Vietnam. In view of this, an outbreak due to EV 71 in Cambodia is not unexpected.

Actions

Due to the high media attention a [news item](#) was published on the ECDC website.

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