

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Rabies - UK - traveller exposed in India

Opening date: 29 May 2012

Latest update: 30 May 2012

On 23 May 2012, the Health Protection Agency in the United Kingdom reported a confirmed case of rabies in a patient from London who had been bitten by a dog in South Asia. On 28 May, a statement from the University College London Hospitals NHS Foundation Trust reported the death of this case.

Legionellosis – Spain and UK - Travel-associated cluster

Opening date: 13 January 2012

Latest update: 30 May 2012

Between November 2011 and May 2012, 25 cases of Legionnaires' disease, including six deaths, have been reported in relation with a hotel in Calpe, Spain. Twenty-two of the cases are travel-associated and three cases are among hotel staff. Control measures have been implemented.

→Update of the week

All recent environmental samples taken from the hotel, including the spa have been tested negative, therefore the hotel may currently not represent a significant risk for visitors.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 31 May 2012

Measles is still endemic in many countries of Europe due to a low uptake of immunisation. In the past decade 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 much lower than during 2011 and 2010. In neighbouring Ukraine, an ongoing large outbreak is of concern, with more than 9 800 cases reported in 2012.

→Update of the week

From 26 May to 1 June there was a new outbreak detected in Germany with seven cases. The outbreaks in the UK are still ongoing.

Non EU Threats

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

Opening date: 15 June 2005

Latest update: 30 May 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

On 29 May 2012, WHO was notified of a fatal human case of H5N1 in Cambodia.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 30 May 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.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 24 May 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiologic patterns. In metropolitan France, the seasonal surveillance for *Aedes Albopictus* started on 1 May 2012. In addition, from the beginning of the year to 16 May 2012, six autochthonous cases have been confirmed in Mayotte (French overseas department).

→Update of the week

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

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 31 May 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. Sixty cases have been reported in 2012 worldwide so far.

→Update of the week

Between 25 and 31 May 2012, four new polio cases were reported by WHO.

II. Detailed reports

New! Rabies - UK - traveller exposed in India

Opening date: 29 May 2012

Latest update: 30 May 2012

Epidemiological summary

On 23 May 2012, the UK Health Protection Agency reported a confirmed case of rabies in a patient from London who had been bitten by a dog in India. On 28 May, a statement from the University College London Hospitals NHS Foundation Trust reported the death of this case.

Websource: [HPA Press Release](#)

ECDC assessment

Travellers visiting endemic areas for rabies should be aware of possible exposures to rabid animals and of the need to seek immediate medical attention in this case.

Actions

No actions undertaken.

Legionellosis – Spain and UK - Travel-associated cluster

Opening date: 13 January 2012

Latest update: 30 May 2012

Epidemiological summary

Since 16 December, 22 cases of travel-associated Legionnaires' disease (TALD) have been notified to the ELDSNet Surveillance Network. All travellers (16 residents from the United Kingdom, three from Spain, two from France and one from Belgium) stayed at the hotel between 25 November 2011 (first arrival) and 2 May 2012 (last departure). Dates of disease onset range from 22 November 2011 to 11 May 2012. An additional three cases have been detected in hotel staff; dates of onset of disease are 20 December 2011, 1 and 21 January 2012, respectively.

All but three travel-associated cases have been confirmed by urinary antigen tests. Two clinical isolates have been typed in the United Kingdom and were both found to be *L. pneumophila* serogroup 1, mAb subgroup 'Allentown/France', DNA-sequence type ST23. The average age of the TALD cases is 73 years (ranging from 44 to 89) and the gender distribution is eleven males to eleven females.

This hotel was associated with a cluster in 2006 involving seven cases. No risk installations in the surrounding area, such as cooling towers, have been identified.

The regional health office and epidemiological department are leading investigations in the hotel. A preliminary outbreak report regarding the outbreak was published in February 2012. Since February, control measures taken include daily determination of chlorine (in the tap water system) and bromine (in the spa installation) levels, pH and temperature in the hot and cold water system, control inspections regarding the working conditions, measurements taken by the public health authorities, as well as water sampling.

Results of 161 water samples are available. All samples from the tap water system have been found to be negative. However, results from water samples taken at the spa have been found positive on March 1 (very low positivity), on April 18 and on May 8. The results of spa sampling on 29 February and 5 March were negative. Following the first two positive results, control measures, such as increasing the bromine levels and cleaning and disinfection of the installations, were requested by the public health authorities. The third (highly) positive result on 8 May was followed by closure of the spa on the same day. Upon implementation of an action plan proposed by the public health authorities, the spa has been reopened on 13 May.

According to Spanish authorities, tour operators have been informed and were asked to inform all tourists that stayed at the hotel from mid April until May about the need to consult a physician should symptoms appear. The number of guests at the hotel in the period of 24 April until 8 May is reportedly 2 387 persons from 15 nationalities. The hotel was closed from 2 until 10 February 2012 and the spa installations have been closed between 8 and 13 May. The epidemiological investigations of the last four cases

are currently ongoing.

ECDC assessment

The close clustering of the cases suggests an outbreak from a source within the hotel. The investigation thus far has indicated the spa to be the most probable source of infection.

Actions

Updated cluster notifications have been sent to all ELDSNet members and tour operators. ECDC published a rapid risk assessment regarding this situation on 24 May 2012 [on its website](#).

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 31 May 2012

Epidemiological summary

I. European Union Member States

UK – update

Source: [HPA](#)

So far this year, 1 677 suspected cases of measles have been notified in England and Wales (of which 447 were laboratory confirmed by the end of April). Cases were reported from all but two of the regions in England and in Wales. The majority (78%) were in children and adolescents. The remaining 22% of cases were aged 19 to 55 years. Eight percent of the confirmed measles cases reported receiving one or more doses of a measles-containing vaccine.

Half of all cases were part of the North West region outbreak which has now 272 confirmed cases since January 2012. The genotype associated with this outbreak is B3. An outbreak of the D8 strain in North Wales is continuing although spread into the local community is more limited with only 12 new cases confirmed in April. The South East region, where the predominant strain is D4, was the only one that reported more cases in April than March; 44 cases were linked to the on-going outbreak that began last September. Although each of the three outbreaks was associated with different measles genotypes, no index case with a history of travel or contact with an overseas traveller has been identified to date.

Germany

Source: [the media](#)

There is a local outbreak of measles in the Schöneberg area of Berlin with seven cases (six children and one adult of which one child is in intensive care). Three schools in Schöneberg decided to exclude all children without proof of completed vaccination from attending school. Vaccination coverage in the area was 96 percent with one dose and 92 percent for two doses in first graders during the previous school year. In Berlin in general, the coverage of first grade pupils with two doses was 89 percent during the previous school year.

Hungary

Source: [National Centre for Epidemiology](#)

One case of laboratory confirmed measles was reported in a visitor from Ukraine whose vaccination status was unknown.

France- update

Source: [InVS](#)

Since 1 January 2012, 473 cases were notified including 19 cases with severe pneumonia. The monthly number of cases remains relatively stable since December 2011, with no significant epidemic peak during March - April, unlike previous years.

II. Neighbouring Countries

Ukraine

Source: [MOH](#)

The latest figure from the Ministry of Health on 28 May 2012 indicates 9 810 cases of measles registered in six western oblasts since the beginning of the year.

III. Publications

Nosocomial transmission of measles: an updated review

Source: [Vaccine](#)

This review emphasises the key role of nosocomial transmission in the current epidemiology of measles, primarily but not exclusively in developed countries. Nosocomial measles transmission remains a real public health threat and may contribute to the

spread of the disease and facilitate its reintroduction in regions where it had been previously eliminated.

IV. World health assembly - WHO

On 25 May, 194 countries re-affirmed their commitment to achieving the elimination of measles, rubella and congenital rubella syndrome in the context of a new Global Vaccines Action Plan (GVAP) endorsed by the World Health Assembly.

Web sources: [Latest ECDC Monthly Measles Monitoring](#) | [ECDC/Euronews documentary](#) | [MedISys Measles Webpage](#) | [EU-VAC-net ECDC](#) | [ECDC measles factsheet](#) | [ECDC RRA on the measles outbreak in Ukraine](#) |

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 is at a much lower level during the ongoing peak transmission season compared to the previous two years. Only three countries have noted large outbreaks in 2012: the UK, Romania and Spain.

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.

Actions

In June 2012, Ukraine and Poland are hosting the UEFA European Championship with hundreds of thousands of visitors expected from several European countries. ECDC has prepared a [rapid risk assessment](#) to assess the risk of visitors to Ukraine becoming infected and subsequently importing and spreading measles within the EU on their return.

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

Opening date: 15 June 2005

Latest update: 30 May 2012

Epidemiological summary

The Ministry of Health of Cambodia has announced a confirmed case of human infection with avian influenza A (H5N1) virus. The case was a 10 year old female from Kampong Speu Province. She developed symptoms on 20 May 2012 and was hospitalised on 25 May. H5N1 was confirmed by the Pasteur institute on 26 May, and she died on 27 May despite being in intensive care. Reports indicate she had been in contact with sick poultry.

In Cambodia, 21 cases of H5N1 were reported since 2005 of which 19 were fatal. Worldwide, 26 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

Most human infections are the result of direct contact with infected birds, and the World Health Organisation notes it has never identified a 'sustained human-to-human spread' of the virus since it re-emerged in 2003. Countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died.

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.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 30 May 2012

Epidemiological summary

Europe: surveillance is ongoing in some areas of South France, with several suspected cases reported in Corse and Bouches-du-Rhône: so far only three imported cases have been identified. No autochthonous cases have been reported in 2011 or in 2012 to date.

Africa: latest official update for La Reunion is of 22 cases in 2012, mostly from the western part of the island.

Asia: in WHO Western Pacific region, dengue activity is reported as variable, with only Cambodia still reporting high activity, and several countries reporting more cases than last year during the same period but with declining trends. Local intense outbreaks are reported by media and local authorities in several areas of south-east Asia, including Thailand (Krabi), Philippines (Kotabato and Mindanao) and Malaysia, where an increase in fatal cases has been observed. A recent intense local outbreak is reported in Yemen (Hodeida), where cases are still increasing despite measures taken.

Latin America: high activity currently reported overall, this week mainly in Ecuador (Manabi), Paraguay (Asuncion) and several areas of Brazil. In Rio de Janeiro authorities consider that the activity has reached the highest point this year, while other touristic areas including Fortaleza are currently confirming epidemic status. The archipelago of Fernando de Noronha is experiencing an unusual situation this year in terms of numbers, with around 150 suspected cases.

Pacific: No recent updates available. New Caledonia is still experiencing a local outbreak, with most cases in the Noumea area.

Web sources:

[DengueMap CDC/HealthMap](#) | [MedISys dengue](#) | [ProMED dengue latest update](#) | [ECDC dengue fever factsheet](#) | [WPRO dengue latest update](#) | [INVS point épidémiologique au 25 mai 2012](#) | [InVS for La Reunion](#) | [InVS for mayotte](#) |

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 were 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 has been funded and coauthored by ECDC and was published on 30 April 2012. A [summary](#) is available on ECDC website.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 24 May 2012

Epidemiological summary

In the EU, seasonal surveillance activities are ongoing in the South of France since 1 May 2012 according to their [surveillance plan](#). The aim is to identify imported cases early in order to take appropriate control measures to prevent further spread. According to the Institut de Veille Sanitaire (InVS), six autochthonous cases have been reported in Mayotte since the beginning of the year. Among these cases, four are from the centre of the Island, one from the south and one in Mamoudzou.

Web sources: [NaTHNaC Chikungunya Global Update](#) | [New Caledonia](#) | [MedISys Chikungunya](#) | [InVS](#)

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 few years to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes aegypti*, through increased human travel. There is a risk of further importation of the chikungunya virus into new areas by infected travellers.

With six cases reported between end of March and end mid-May 2012, the circulation of the virus in Mayotte is still limited. The last major chikungunya outbreak in Mayotte was in 2005-2006 when 6 443 cases were reported. As the vector is present in

Mayotte and as Mayotte has a geographical proximity with a country where chikungunya is endemic, the introduction of the virus resulting in an autochthonous circulation in the island is not unexpected.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 31 May 2012

Epidemiological summary

Between 25 and 31 May 2012, four polio cases were notified: three in Nigeria (2 WPV1, 1 WPV3) and one WPV1 in Afghanistan. So far, 64 cases with onset of disease in 2012 have been reported globally compared with 181 for the same period in 2011. This year, 60% of the cases are from Nigeria.

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 could indicate the 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.

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