

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

#### Increase in cases of *Salmonella* Enteritidis MLVA profile 2-9-7-3-2 - multistate - Europe - 2016

Opening date: 4 March 2016

Latest update: 9 September 2016

On 25 August 2016, the Netherlands launched an Urgent Inquiry reporting an increase of *Salmonella* Enteritidis PT8 with the MLVA-pattern 2-9-7-3-2. Belgium, Denmark, Norway, Sweden and the United Kingdom reported human cases with the same MLVA profile. On 18 January 2016, the UK (Scotland) had launched an Urgent Inquiry (UI) in EPIS-FWD reporting an increase in cases of *Salmonella* Enteritidis PT8 with the same MLVA profile 2-9-7-3-2, which resulted in three additional countries reporting cases with MLVA profile, but did not identify a common source or vehicle at the time.

##### →Update of the week

As of 8 September 2016, 16 confirmed cases (UK) and 132 probable cases (UK, SE, NO, NL, DK, BE) of *Salmonella* Enteritidis PT8 with the MLVA-pattern 2-9-7-3-2 have been recorded.

ECDC published a [rapid risk assessment](#) on 5 September 2016.

#### Crimean-Congo haemorrhagic fever – Spain - 2016

Opening date: 1 September 2016

Latest update: 9 September 2016

On 31 August 2016, Spanish health authorities reported two cases (one fatal) of Crimean-Congo haemorrhagic fever (CCHF). The fatal case had no travel history to exotic countries but had noticed a tick bite after a walk in the countryside. The second case is an intensive care unit (ICU) nurse who had been involved in caring for the patient and who is currently hospitalised.

## West Nile virus - Multistate (Europe) - Monitoring season 2016

Opening date: 30 May 2016

Latest update: 9 September 2016

During the June to November transmission season, ECDC monitors the situation in EU Member States and neighbouring countries in order to inform the blood safety authorities of areas affected by West Nile fever (WNF) and changes in the epidemiology of the disease.

### → Update of the week

During the past week, Italy reported 14 new cases, 12 cases in already-affected areas of Bologna (1), Ferrara (4), Modena (2), Reggio (2), Rovigo (2) and Verona (1), and two cases in new areas of Parma (1) and Piacenza (1). Hungary reported seven new cases, four cases in four newly-affected counties, Borsod-Abaúj-Zemplén, Győr-Moson-Sopron, Hajdu-Bihar and Szabolcs-Szatmár-Bereg, and three in two already-affected areas: Budapest (1) and Pest (2). Spain has reported a second confirmed case in the province of Sevilla. Romania reported 24 new cases, seven in five newly-affected counties: Bacău (3), Mehedinți (1), Teleorman (1), Tulcea (1) and Valcea (1), and 17 cases in five already-affected areas: Brașov (7), București (5), Galați (2), Iași (1) and Ilfov (2).

In other news, Portugal reported that a horse tested positive for West Nile virus in Faro, Algarve province, according to [OIE](#).

In neighbouring countries, Russia reported 28 new cases in already-affected oblasts of Saratovskaya (21), Astrakhanskaja (4) and Volgograd (3). In Serbia, three new confirmed cases were reported in the already-affected Grad Beograd district. In addition, three probable cases were reported in Belgrade, Podunavski and the newly affected Kolubarski. Israel reported seven new cases in already-affected districts of Haifa (3), Northern (2), Tel Aviv (2) and one case in the Merom Golan settlement in the Golan region. In Tunisia, the first confirmed cases of West Nile fever has been reported in the governorate of Jendouba. According to [media](#), a case of West Nile fever has been reported in Poltava Oblast, Cherkasy region, in Ukraine.

## Non EU Threats

---

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

Opening date: 16 November 2015

Latest update: 9 September 2016

Since 1 February 2016, Zika virus infection and the related clusters of microcephaly cases and other neurological disorders constitute a public health emergency of international concern (PHEIC). Since 2015, and as of 8 September 2016, there have been 64 countries and territories reporting mosquito-borne transmission. According to WHO and as of 8 September 2016, 20 countries or territories have reported microcephaly and other central nervous system (CNS) malformations potentially associated with Zika virus infection or suggestive of congenital infection.

#### →Update of the week

On 2 September, the International Health Regulations (IHR) Emergency Committee agreed that due to continuing geographic expansion and considerable gaps in understanding of the virus and its consequences, Zika virus infection and its associated congenital and other neurological disorders continues to be a Public Health Emergency of International Concern (PHEIC).

#### The USA

Nine new autochthonous cases have been reported in Florida since the last CDTR, bringing the number of locally transmitted cases to 56. As of 7 September, the number of autochthonous cases reported in Florida state is as follows: 49 cases in Miami-Dade, one in Broward, three in Palm Beach and one in Pinellas. The department is conducting an investigation into the other two cases to determine where exposure occurred. The [Florida Department of Agriculture and Consumer Services](#) has detected Zika in three mosquito samples from a small area in Miami Beach.

#### Malaysia

On 2 September, the Ministry of Health in Malaysia reported the first local transmission of Zika virus infection in a 61-year-old male.

#### Singapore

Following the detection of a case of Zika virus infection on 27 August 2016, the Ministry of Health reports 267 locally-acquired cases including two cases diagnosed in pregnant women.

#### Philippines

On 6 September, the Department of Health reported a case of locally-acquired Zika virus infection in a woman from Iloilo City. This is the first locally-acquired case reported in 2016 and the sixth case reported in the country since 2012.

#### WHO

On 6 September, WHO published updated interim guidance on the prevention of sexual transmission of Zika virus. WHO recommends that both women and men who are returning from Zika-affected areas abstain or practice safe sex for six months, even if they are not trying to conceive and regardless of symptoms.

Note: ECDC has not identified sufficient evidence to support a change of its recommendation published in the [seventh update of the ECDC risk assessment](#) at this stage.

#### Publications

*Cell* published 'Zika Virus Infection in Mice Causes Panuveitis with Shedding of Virus in Tears'. In addition, *Clinical Infectious Diseases* published 'Fetal infection by Zika virus in the third trimester'.

### Yellow fever outbreak- Multistate (world) - Monitoring global outbreaks

Opening date: 17 March 2016

Latest update: 9 September 2016

An outbreak of yellow fever in Angola started in December 2015 in the municipality of Viana, Luanda province, and has spread to all 18 provinces of Angola. The outbreak later spread to the neighbouring Democratic Republic of Congo (DRC). Other countries (Brazil, Chad, Colombia, Ghana, Peru and Uganda) have recently reported yellow fever outbreaks or sporadic cases which are not reported as linked to the Angolan outbreak.

#### →Update of the week

[Media](#) quoting the local health authorities in **Uganda** report that the yellow fever outbreak has been declared over. According to the latest WHO situation report from 2 September 2016, there have been no new confirmed cases since the end of June in **Angola** and no confirmed cases linked to the current outbreak in **Democratic Republic of Congo (DRC)** since July.

## Cholera - Republic of Korea

Opening date: 25 August 2016

Latest update: 9 September 2016

Between 23 August and 3 September 2016, four cases of cholera have been detected in the Republic of Korea.

→Update of the week

After having reported three cholera cases with the same PFGE profile between 18 and 31 August 2016, the Republic of Korea reported a fourth case on 3 September 2016. [The Republic of Korea CDC](#) has issued a statement to report that the fourth case is believed to have no relationship with the three previous cases as the case travelled in the Philippines during the incubation period.

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

Opening date: 9 December 2013

Latest update: 9 September 2016

Chikungunya virus infections are being reported across an increasingly wider area of the world. An outbreak of chikungunya virus infection started in the Caribbean in December 2013, later spreading to the Americas and the Pacific region. In 2015, there were still outbreaks ongoing in these regions (especially in the Pacific region), but at a lower level than during the same period last year. So far in 2016, no autochthonous cases of chikungunya virus infection have been detected in Europe. Introduction of the disease into Europe is possible in areas where there is a competent vector.

→Update of the week

Ongoing outbreaks are being reported in Asia, the Americas and the Pacific.

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

Opening date: 20 April 2006

Latest update: 9 September 2016

Dengue fever is one of the most prevalent vector-borne diseases in the world. It affects 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.

→Update of the week

There are several ongoing outbreaks of dengue fever across the globe.

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

Opening date: 8 September 2005

Latest update: 9 September 2016

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 WHO on 5 May 2014 due to concerns regarding the increased circulation and international spread of wild poliovirus during 2014. On 11 August 2016, at the tenth [meeting of the Emergency Committee](#), the temporary recommendations in relation to the PHEIC were extended for another three months. The World Health Organization recently declared wild poliovirus type 2 eradicated worldwide.

→Update of the week

Two new cases of wild poliovirus type 1 (WPV1) were reported last week to WHO, one case in Nigeria and one in Pakistan.

## II. Detailed reports

### Increase in cases of *Salmonella* Enteritidis MLVA profile 2-9-7-3-2 - multistate - Europe - 2016

Opening date: 4 March 2016

Latest update: 9 September 2016

#### Epidemiological summary

The Netherlands report an increase in cases of *Salmonella* Enteritidis with MLVA-pattern 2-9-7-3-2 since the middle of May 2016, with 64 cases (33 men, 31 women, median age 31, range 0-87 years), compared with 15 cases in 2015. Three cases, living in the same area, have been linked to one restaurant, and the suspected vehicle of infection was egg and/or chicken. The Dutch Food Safety Authority is investigating this link. Further investigation of the increase are ongoing.

Isolates with the same MLVA pattern are reported by Belgium, Norway, Sweden and the United Kingdom. From May 2016 to date, 16 confirmed cases have been reported, belonging to a specific genetic cluster defined by whole genome sequencing (WGS) and 132 probable cases characterised by the outbreak MLVA profile. Of these, 24 have a travel history to Austria (1), Czech Republic (1), Germany (1), Greece (13), Poland (7) and France and the Netherlands (1). All cases reported by Norway are travel-associated.

In January 2016, the UK launched an UI-339 related to this MLVA type. As a result, three European countries reported additional cases. Investigations were performed but no source/vehicle was identified. WGS was performed for a set of strains identifying two different WGS subtypes present during the outbreak period both in the UK and the Netherlands. Cases belonging to the genetic clusters involved in the outbreak were identified since February 2012, however a large increase in their number has been recorded since July 2015.

#### ECDC assessment

A multi-country outbreak of *Salmonella* Enteritidis PT8 with MLVA profile 2-9-7-3-2 has been ongoing in the EU since at least July 2015. Six EU/EEA countries have reported 148 *S. Enteritidis* cases either with an identical MLVA profile (n=132) or belonging to a t5 level SNP address cluster (n=16). An international outbreak has been confirmed by high resolution WGS analysis in March 2016 on isolates of the same MLVA type.

#### Actions

ECDC published a [rapid risk assessment](#) and is liaising with affected countries to harmonise the different national investigations.

### Crimean-Congo haemorrhagic fever – Spain - 2016

Opening date: 1 September 2016

Latest update: 9 September 2016

#### Epidemiological summary

On 31 August 2016, the Autonomous Community of Madrid reported two cases of infection with CCHF virus. The primary case is a 62-year-old man with onset of symptoms on 16 August 2016 and a potential exposure to CCHF virus in the countryside of the province of Ávila, Spain. The patient was admitted in an intensive care unit (ICU) on 19 August 2016 and died on 25 August 2016. The secondary case is a 50-year-old nurse who attended to the primary case during the ICU admission. These are the first autochthonous clinical cases of CCHF in Spain and in South-Western Europe.

#### ECDC assessment

Recent detection of CCHF virus in ticks from western Spain (Autonomous community of Extremadura) support the circulation of CCHF virus in wildlife, therefore the occurrence of CCHF virus infection is not an unexpected event in Spain. Nosocomial transmission of CCHF can occur when appropriate infection prevention and control (IPC) measures have not been observed. The probability of CCHF virus infection in Spain remains low. However, other sporadic cases are possible. The risk of nosocomial transmission can be significantly reduced by applying timely appropriate IPC measures.

CCHF is endemic in the Balkan region. In the EU, Bulgaria regularly reports few cases (six in 2010, four in 2011, five in 2012 and eight in 2013) and Greece reported one case in 2008. In the WHO European region, Turkey has been reporting more than 9 000 CCHF cases between 2002 and 2014 and media quoting authorities report 765 cases in 2015.

**Web sources:** [ECDC factsheet](#) | [Regional health authority press release](#) | [media Turkey](#) | [MoH Turkey](#)

## Actions

ECDC has published a [rapid risk assessment](#): [http://ecdc.europa.eu/en/publications/\\_layouts/forms/Publication\\_DispForm.aspx?List=4f55ad51-4aed-4d32-b960-af70113dbb90&ID=1570](http://ecdc.europa.eu/en/publications/_layouts/forms/Publication_DispForm.aspx?List=4f55ad51-4aed-4d32-b960-af70113dbb90&ID=1570)

## West Nile virus - Multistate (Europe) - Monitoring season 2016

Opening date: 30 May 2016

Latest update: 9 September 2016

### Epidemiological summary

Since the beginning of the 2016 transmission season and as of 8 September 2016, 109 cases of West Nile fever in humans have been reported in EU Member States and 145 cases in the neighbouring countries.

### ECDC assessment

Although there has been a notable peak in West Nile fever transmission in the EU in the past few weeks, the overall number of cases is still within the historical range of values.

## Actions

From week 22 onwards, ECDC produces weekly West Nile fever (WNF) maps during the transmission season to inform blood safety authorities of WNF-affected areas.

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

Opening date: 16 November 2015

Latest update: 9 September 2016

### Epidemiological summary

#### EU/EEA imported cases:

Since week 45/2015, 19 countries (Austria, Belgium, the Czech Republic, Denmark, Finland, France, Ireland, Italy, Luxembourg, Malta, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK) have reported 1 557 travel-associated Zika virus infections through [The European Surveillance System \(TESSy\)](#). Over the same time period, seven EU countries reported 79 Zika cases among pregnant women.

#### EU's Outermost Regions and Territories

As of 8 September 2016:

*Martinique*: 35 795 suspected cases have been reported, an increase of 225 since last week. The weekly number of cases is stable.

*French Guiana*: 9 630 suspected cases have been detected, an increase of 77 cases since last week. The weekly number has been slightly increasing during the past week.

*Guadeloupe*: 29 460 suspected cases have been detected, an increase of 385 suspected cases since last week. The weekly number of cases continues to decrease.

*St Barthélemy*: 630 suspected cases have been detected, an increase of 36 suspected cases since last week. The weekly number of cases has been decreasing during the past two weeks.

*St Martin*: 2 165 suspected cases have been detected, an increase of 80 suspected cases since last week. The weekly number of cases is stable.

#### Update on microcephaly and/or central nervous system (CNS) malformations potentially associated with Zika virus infection

As of 8 September 2016, microcephaly and other central nervous system (CNS) malformations associated with Zika virus infection or suggestive of congenital infection have been reported by 20 countries or territories. Brazil reports the highest number of cases. Eighteen countries and territories worldwide have reported an increased incidence of Guillain-Barré syndrome (GBS) and/or laboratory confirmation of a Zika virus infection among GBS cases.

Since February 2016, 12 countries have reported evidence of person-to-person transmission of Zika virus, probably via a sexual

6/13

route.

In the EU, Spain (2) and Slovenia (1) have reported congenital malformations associated with Zika virus infection after travel in the affected areas. Cases have also been detected in the EU's Outermost Regions and Territories in Martinique, French Guiana and French Polynesia.

**Web sources:** [ECDC Zika Factsheet](#) | [PAHO](#) | [Colombian MoH](#) | [Brazilian MoH](#) | [Brazilian microcephaly case definition](#) | [SAGE MOH Brazil](#) | [Florida Health department](#)

### ECDC assessment

The spread of the Zika virus epidemic in the Americas is likely to continue as the vectors (*Aedes aegypti* and *Aedes albopictus* mosquitoes) are widely distributed there. The likelihood of travel-related cases in the EU is increasing. A detailed risk assessment is available [here](#). As neither treatment nor vaccines are available, prevention is based on personal protection measures. Pregnant women should consider postponing non-essential travel to Zika-affected areas.

### Actions

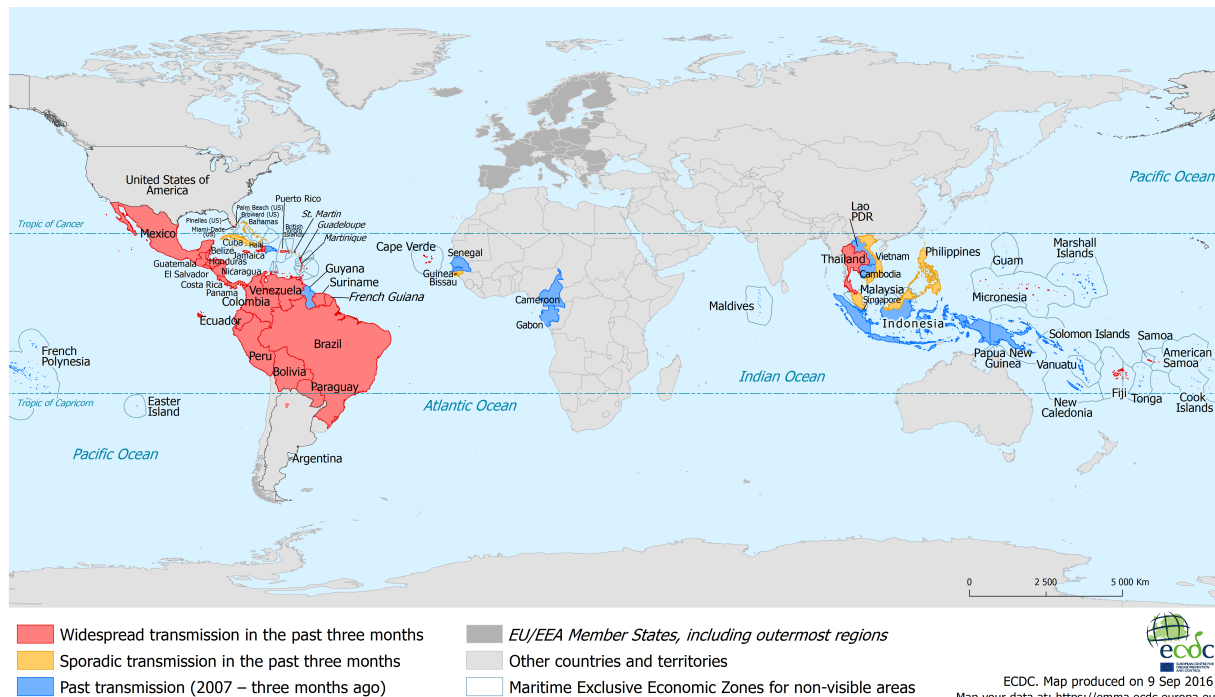
ECDC publishes an [epidemiological update](#) every Friday together with [maps](#) containing information on countries or territories which have reported confirmed autochthonous cases of Zika virus infection. A Zika virus infection atlas is also available on the ECDC [website](#). ECDC published an updated [Rapid Risk Assessment](#) on 30 August 2016.

ECDC publishes information concerning vector distribution on the [ECDC website](#), showing the distribution of the vector species at 'regional' administrative level (NUTS3).



## Countries or territories with reported confirmed autochthonous cases of Zika virus infection in the past three months, as of 9 September 2016

ECDC



## Yellow fever outbreak- Multistate (world) - Monitoring global outbreaks

Opening date: 17 March 2016

Latest update: 9 September 2016

### Epidemiological summary

#### Angola

According to the latest WHO situation report from 2 September, Angola reported 57 additional suspected cases of yellow fever and two deaths, between 19 and 25 August bringing the number of suspected cases to 4 041, including 371 deaths (CFR 9.2%). One confirmed case was reported in Cuanhama in Cunene province with a date of onset on 23 June, this is a delayed result still to be audited.

#### Democratic Republic of Congo (DRC)

Since the start of the year and as of 25 August 2016, DRC has reported 2 410 suspected cases from eight of 26 provinces. Of the 75 confirmed cases, 13 are autochthonous. Vaccination campaigns are ongoing.

#### Peru

8/13



As of epidemiological week 34, [Peru](#) reports 85 sylvatic cases in eight out of 25 departments. Junin is reporting the majority of cases (57) followed by Cusco (8), San Martin (5), Ayacucho (5), Huánuco (3), Amazonas (3), Ucayali (2) and Madre De Dios (2).

**Web sources:** [ECDC factsheet / WHO yellow fever page](#) | [WHO AFRO](#) | [WHO-DRC](#) | [PAHO](#) | [MoH Peru](#) | [ECDC updated risk assessment](#) | [DRC Health Cluster bulletin](#) |

## ECDC assessment

The outbreak in **Angola** appears to be declining, with no new confirmed cases in the last six weeks. The geographical extent of the outbreak in **DRC** continues to increase. Areas at greatest risk are those with *Aedes spp* present, low population immunity and high population mobility. The rainy season is due to begin in September, and will increase the risk of vector-borne transmission. This will also reduce accessibility to remote areas, including provinces that border Angola.

## Actions

ECDC published new [mosquito maps](#) on 3 August showing the geographical distribution of *Aedes* mosquitoes in Europe.

ECDC published an updated [risk assessment](#) on 14 July 2016.

ECDC published a [report on the assessment of yellow fever in Angola](#) on 5 July 2016.

An [EU mobile lab](#) has been deployed in the DRC under the European Medical Corps since 19 July 2016.

## Cholera - Republic of Korea

Opening date: 25 August 2016

Latest update: 9 September 2016

### Epidemiological summary

On 18 August, a 59-year-old man was diagnosed with cholera in South Korea. The patient had no recent travel history outside of South Korea. The case was from Gwangju city in South Jeolla Province. Laboratory results were positive for *V. cholerae* serogroup O1, biotype El Tor. On 25 August, South Korean authorities acknowledged a second cholera case. The case is a 73-year-old female with underlying conditions. The investigation showed that the infection was caused by a *V. cholerae* strain of serogroup O1, biotype El Tor. The case was reported in South Gyeongsang Province. On 31 August, a 67-year-old man from South Gyeongsang Province was diagnosed with cholera. All three cases had eaten seafood prior to onset of symptoms and the authorities informed that the *V. Cholerae* from the three cases have the same PFGE profile. On 3 September 2016, a 46-year-old man from Busan was diagnosed with cholera. There is an indication that this case is not part of the cluster of three cases reported earlier this year as the case had travel history to Philippines during the incubation period, and had onset of symptoms the next day after arrival to the Republic of Korea.

Prior to the cases reported in August and September 2016, the last locally-acquired cholera cases in the Republic of Korea were reported in 2002 and in 2001, when 142 autochthonous cases were reported in South Korea (data GIDEON)

**Source:** [Korean CDC](#), [media](#)

### ECDC assessment

As the preliminary investigation is in favour of contaminated seafood distributed in restaurants, occurrence of further cases cannot be ruled out. Health authorities have implemented control measures.

## Actions

ECDC monitors this event through epidemic intelligence.

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

Opening date: 9 December 2013

Latest update: 9 September 2016

## Epidemiological summary

### Europe

No autochthonous cases of chikungunya virus infection have been reported in EU Member States in 2016.

### Americas

Since the beginning of the year and as of 2 September 2016, the Pan American Health Organization (PAHO) has reported 252 343 suspected and confirmed cases, including 54 deaths, in the Americas and Caribbean region. This is an increase of 37 796 suspected and confirmed cases since the last update on 3 August.

The most affected countries are **Brazil** (169 656), **Bolivia** (20 158), **Colombia** (18 559), **Honduras** (14 325), and **El Salvador** (5 603).

### Pacific

As of 5 September, there is an ongoing outbreak of chikungunya in **Fiji** although number of cases is decreasing, according to the [Pacific Public Health Surveillance Network](#).

### Asia

In **India**, the [Ministry of Health](#) has reported 12 255 cases of chikungunya virus infection in 2016, as of 31 August compared to 27 553 cases in 2015. According to media quoting the Ministry of Health, current climatic conditions are favourable for mosquito breeding and an increase in the number of cases is likely in the coming weeks.

**Web sources:** [PAHO update](#) | [ECDC Chikungunya](#) | [WHO Factsheet](#) | [Medisys page](#) |

## ECDC assessment

Outbreaks are still ongoing in the Americas and Pacific but at a lower level than during the same period last year. Continued vigilance is needed to detect imported cases of chikungunya in tourists returning to the EU from these regions.

Europe is vulnerable to the autochthonous transmission of chikungunya virus. The risk of onward transmission in Europe is linked to importation of the virus by viraemic patients in areas with competent vectors (*Aedes albopictus* in mainland Europe, primarily around the Mediterranean, and *Aedes aegypti* on Madeira). Autochthonous transmission from an imported viraemic chikungunya case is possible during the summer season in the EU.

## Actions

ECDC published new [mosquito maps](#) on 3 August 2016 showing the geographical distribution of *Aedes* mosquitoes in Europe.

ECDC monitors the global chikungunya situation on a monthly basis.

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

Opening date: 20 April 2006

Latest update: 9 September 2016

## Epidemiological summary

### Europe

No autochthonous dengue cases have been reported in 2016.

### Asia

In **Sri Lanka**, the number of dengue cases continued to rise in August. Since 8 August, nearly 8 000 additional cases were reported, bringing the number of cases reported nationally since the start of the year to 37 603. This is a two-fold increase compared with the same period in 2015. The capital city of Colombo has been the most affected district with 11 952 cases. In **Bangladesh**, the dengue situation has followed a typical seasonal trend. The capital city Dhaka experienced 921 cases in August, a two-fold increase compared with last year. Over 1 900 cases have been reported for the first eight months of 2016.

Thailand has reported 31 363 cases from all 77 provinces, including 25 dengue-related deaths in 2016, as of 31 August. Provinces reporting the highest incidence of dengue include Mae Hong Son, Chiang Mai, Bungkan, Rayong and Songkla. In **Malaysia**, the dengue case count has risen to more than 70 000 cases with 153 dengue related fatalities as of 3 September. Selangor state accounts for more than 50 percent of the cases (37 635) followed by Johor (8 478), Kuala Lumpur (5 629) and Perak (2 601).

10/13

**Singapore** is currently in the peak dengue season with 311 cases reported in the week ending 3 September, 39 more cases than the previous week. In 2016, 11 483 cases were reported, representing an increase compared with the same period last year. An upward trend in the number of dengue cases is expected to continue in the coming months, according to the [National Environmental Agency \(NEA\)](#).

**Philippines**, is one of four countries in the Western Pacific region which has reported the highest dengue incidence in recent years, recorded 84 085 suspected dengue cases from 1 January to 6 August 2016. This is 16% higher compared with the same period in 2015 when 72 627 cases were notified.

#### **Caribbean**

**Barbados** has reported an increase in cases of dengue fever during the first seven months of the year compared with the same time period last year. As of 23 July 2016, 1 276 confirmed and suspected cases were recorded compared with 255 confirmed and suspected cases in 2015, according to [media](#) quoting the Ministry of Health.

#### **Americas**

Since the beginning of the year and as of 26 August 2016, the [Pan American Health Organization \(PAHO\)](#) has reported nearly 2.3 million confirmed and probable cases, including 830 deaths, in the Americas and Caribbean region. Brazil accounts for 74% of all reported cases in the region.

#### **Pacific region and Australia**

As of 3 September, there is an ongoing or decreasing outbreak of DENV-1 in **French Polynesia**, according to [Pacific Public Health Surveillance Network](#). Since 1 September 2015 to 22 August 2016, 520 dengue cases have been reported in **New Caledonia**. Media reports the first dengue related death in New Caledonia in 2016. In **Australia**, 1 579 laboratory-confirmed dengue cases have been reported nationally as of 22 August 2016. The number of cases reported in 2016 has been decreasing since March and is following the same seasonal trend from 2011-2015. There has been an ongoing dengue outbreak in Cairns and Hinterland since 28 July, according to [Queensland Health](#).

#### **Africa**

No data available.

**Web sources:** [ECDC Dengue](#) | [Healthmap Dengue](#) | [MedISys](#) | | [WPRO](#) | [ProMED Americas, Asia](#) | [Pacific Public Health Surveillance Network](#)

### ECDC assessment

Introduction and autochthonous transmission of dengue fever in Europe is possible where competent vectors are present. This underlines the importance of surveillance and vector control in European countries that have competent vectors.

### Actions

ECDC monitors the dengue situation worldwide on a monthly basis.

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

Opening date: 8 September 2005

Latest update: 9 September 2016

### Epidemiological summary

In 2016, 25 cases of wild poliovirus type 1 (WPV1) have been reported so far, compared with 39 for the same period in 2015. The cases were detected in Pakistan (14), Afghanistan (8) and Nigeria (3). As of 7 September 2016, three cases of circulating vaccine-derived poliovirus (cVDPV) have been reported to WHO in 2016, all from Laos. There were 14 cVDPV cases during the same period in 2015.

**Web sources:** [Polio eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [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 to 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.

Following the detection of the cases of circulating vaccine-derived poliovirus type 1 in Ukraine, ECDC published a rapid risk assessment on its [website](#).

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