

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2015

Opening date: 2 June 2015

Latest update: 17 September 2015

West Nile fever (WNF) is a mosquito-borne disease which causes severe neurological symptoms in a small proportion of infected people. During the June-to-November transmission season, ECDC monitors the situation in EU Member States and neighbouring countries in order to inform blood safety authorities of WNF-affected areas and identify significant changes in the epidemiology of the disease.

→Update of the week

During the past week, Italy reported five new cases, four from already affected provinces (Cremona, Lodi, Modena, Reggio nell'Emilia) and one from the newly affected province of Milano.

Romania reported a new case from the newly affected area county of Mehedinti.

In neighbouring countries, Israel reported 14 new cases from already affected districts (Central 10; Northern 1, Tel Aviv 3). Russia reported three new cases, one from the already affected Astrakhanskaya oblast and two from the newly affected Voronezhskaya oblast.

Serbia reported three new cases in the newly affected area of Grad Beograd.

Non EU Threats

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 17 September 2015

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) on 5 May 2014 due to concerns regarding the increased circulation and international spread of wild poliovirus during 2014. On 17 August 2015, the Temporary Recommendations in relation to PHEIC were extended for another three months.

→Update of the week

Two new wild poliovirus type 1 (WPV1) cases have been reported in the past week to WHO, both from Pakistan.

During the past week, no new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported.

Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014

Latest update: 17 September 2015

An epidemic of Ebola virus disease (EVD) has been ongoing in West Africa since December 2013, mainly affecting Guinea, Liberia and Sierra Leone. On 8 August 2014, WHO declared the Ebola epidemic in West Africa a Public Health Emergency of International Concern (PHEIC).

→Update of the week

As of 13 September 2015, [WHO](#) has reported 28 256 cases of Ebola virus disease related to the outbreak in West Africa, including 11 306 deaths.

According to the latest [WHO situation report](#) published on 16 September 2015, five confirmed cases of EVD were reported in the week up to 13 September, all from Sierra Leone. For the first week in over 12 months, no new confirmed cases have been reported from Guinea. However, a new case was reported on 16 September by the [Ministry of Health](#) in Guinea (and not yet acknowledged by WHO). It is a 10 year-old girl who travelled to Conakry and then died in Forecariah. She tested positive for Ebola after post-mortem testing. The source of infection is under investigation.

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

Opening date: 24 September 2012

Latest update: 17 September 2015

Since April 2012 and as of 17 September 2015, 1 597 cases of MERS have been reported by local health authorities worldwide, including 610 deaths. The source of the virus remains unknown but the pattern of transmission and virological studies point towards dromedary camels in the Middle East being a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

Since 10 September 2015, [Saudi Arabia](#) has reported 14 additional cases and 7 deaths in previously reported cases.

According to the WHO Regional Office for the Eastern Mediterranean ([WHO EMRO](#)), 11 cases of laboratory confirmed MERS-CoV have been reported in Jordan between 26 August and 9 September 2015. Five of the 11 patients have died.

II. Detailed reports

West Nile virus - Multistate (Europe) - Monitoring season 2015

Opening date: 2 June 2015

Latest update: 17 September 2015

Epidemiological summary

As of 17 September 2015, 59 cases of West Nile fever in humans have been reported in the EU Member States: Italy (40), Romania (7), Austria (6), Hungary (4), Bulgaria (1) and Portugal (1). Seventy-two cases have been detected in neighbouring countries: Israel (54), Russia (12), Serbia (5) and Palestine (1) since the beginning of the 2015 transmission season.

Web sources: [ECDC West Nile fever](#) | [ECDC West Nile fever risk assessment tool](#) | [ECDC West Nile fever maps](#) | [WHO fact sheet](#)

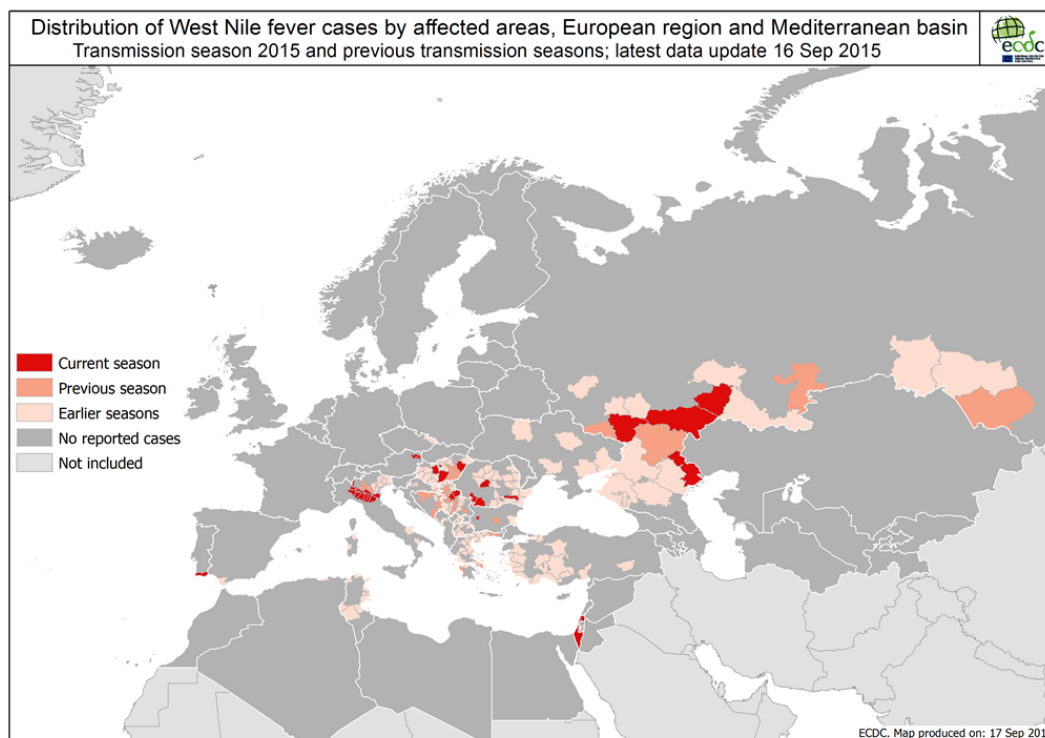
ECDC assessment

WNF in humans is a notifiable disease in the EU. The implementation of control measures is considered important for ensuring blood safety by the national health authorities when human cases of WNF fever occur. According to the [EU Blood Directive](#), efforts should be made to defer blood donations from affected areas with ongoing virus transmission unless donations are tested using individual nucleic acid amplification testing (NAAT).

Actions

ECDC produces weekly WNF maps during the transmission season (June to November) to inform blood safety authorities of WNF affected areas.

Source: ECDC



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 17 September 2015

Epidemiological summary

Worldwide in 2015, 41 wild poliovirus type 1 (WPV1) cases have been reported to WHO so far, compared with 178 for the same

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period in 2014. Since the beginning of the year, two countries have reported cases: Pakistan (32 cases) and Afghanistan (9 cases).

In 2015, 13 cases of circulating vaccine-derived poliovirus (cVDPV) have been reported to WHO so far, compared with 35 for the same period in 2014 from: Madagascar (9), Nigeria (1), Ukraine (2) and Mali (1).

On 17 August, WHO announced that the international spread of polio remains a Public Health Emergency of International Concern (PHEIC) and the Temporary Recommendations (as revised) were extended for three more months.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#) | [Temporary Recommendations to Reduce International Spread of Poliovirus](#) | [WHO Statement on the Sixth Meeting of the International Health Regulations Emergency Committee on Polio](#)

ECDC assessment

Europe is polio-free. 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.

The confirmed circulation of wild poliovirus in several countries and the documented exportation of wild poliovirus to other countries support the fact that there is a potential risk of wild poliovirus being re-introduced to the EU/EEA. The highest risk of large poliomyelitis outbreaks occurs in areas with clusters of unvaccinated populations and in people living in poor sanitary conditions, or a combination of both.

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?](#) |

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 re-introduced 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.

Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014

Latest update: 17 September 2015

Epidemiological summary

Distribution of cases as of 13 September 2015:

Countries with intense transmission:

- **Guinea:** 3 792 cases, of which 3 338 were confirmed; 2 530 deaths.
- **Sierra Leone:** 13 756 cases, of which 8 704 were confirmed; 3 953 deaths.

Countries with previously widespread and intense transmission:

- Liberia: declared Ebola-free on 3 September 2015.

Countries that have reported an initial case or localised transmission:

- Nigeria, Senegal, the USA, Spain, Mali, the UK and Italy.

Situation in West African countries

In **Guinea**, for the first week in over 12 months, no new confirmed cases have been reported by WHO. The last confirmed case was reported by WHO on 1 September, from Conakry. However, a consistent number of contacts remain under follow-up in Conakry. All the contacts associated with previous chains of transmission in Dubreka completed the follow-up on 16 September. According to WHO, 23 contacts have been lost to follow-up during the past 42 days, and at least one was considered a high-risk contact. Rapid-response teams remain on alert and ready to deploy should any further cases be reported.

However, a new case has been reported on 16 September by the [Ministry of Health](#) (and not yet acknowledged by WHO). It is a

10 year-old girl who travelled to Conakry and then died in Forecariah. She tested positive for Ebola after post-mortem testing. The source of infection is under investigation.

In **Sierra Leone**, WHO reported five new confirmed cases in the week up to 13 September, compared with one case during the previous week. One case has been reported by WHO in the district of Bombali, which has not reported a case for over five months. The case was symptomatic in the community for several days before being admitted to an Ebola treatment centre. The origin of infection is currently under investigation. According to WHO, there is a high-risk of further transmission associated with this case, and over 600 contacts have been identified so far. A rapid-response team has been deployed in order to minimise the risk of further transmission and establish the origin of infection.

The remaining four cases were reported from Kambia, and associated with a known chain of transmission.

Situation among healthcare workers

No new health worker infections were reported by WHO in the week up to 13 September. There have been 881 confirmed health worker infections reported from Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 513 reported deaths.

Outside of the three most affected countries, 2 Ebola-infected healthcare workers were reported in Mali, 11 in Nigeria, 1 in Spain (infected while caring for an evacuated EVD patient), 2 in the UK (both infected in Sierra Leone), 6 in the USA (2 infected in Sierra Leone, 2 in Liberia, and 2 infected while caring for a confirmed case in Texas) and 1 in Italy (infected in Sierra Leone).

Medical evacuations and repatriations from EVD-affected countries

Since the beginning of the epidemic and as of 18 September 2015, 65 individuals were evacuated or repatriated worldwide from the EVD-affected countries. Of these, 38 individuals were evacuated or repatriated to Europe. Thirteen were medical evacuations of confirmed EVD-infected patients to: Germany (3), Spain (2), France (2), UK (2), Norway (1), Italy (1), the Netherlands (1) and Switzerland (1). Twenty-five asymptomatic persons were repatriated to Europe as a result of exposure to Ebola in West Africa: UK (13), Denmark (4), Sweden (3), the Netherlands (2), Germany (1), Spain (1) and Switzerland (1).

Twenty-seven persons were evacuated to the United States.

No new medical evacuations have taken place since 18 March 2015.

Images

- Epicurve 1: the epicurve shows the confirmed cases in the three most affected countries. In order to better represent the tail of the epidemic, only the data for 2015 are shown.
- Epicurve 2: the epicurve shows the confirmed cases in Guinea and Sierra Leone. In order to better represent the tail of the epidemic, only the data for 2015 are shown.
- Map: this map is based on country situation reports and shows only confirmed cases of EVD in the past six weeks.

Web sources: [ECDC Ebola page](#) | [ECDC Ebola and Marburg fact sheet](#) | [WHO situation summary](#) | [WHO Roadmap](#) | [WHO Ebola Factsheet](#) | [CDC](#) | [New case in Guinea](#)

ECDC assessment

This is the largest-ever documented epidemic of EVD, both in terms of numbers and geographical spread. The epidemic of EVD increases the likelihood that EU residents and travellers to the EVD-affected countries will be exposed to infected or ill persons. The risk of infection for residents and visitors in the affected countries through exposure in the community is considered low if they adhere to the recommended precautions. Residents and visitors to the affected areas run a risk of exposure to EVD in healthcare facilities.

The risk of importing EVD into the EU and the risk of transmission within the EU following an importation, remains low or very low as a result of the range of risk reduction measures that have been put in place by the Member States and by the affected countries in West Africa. However, continued vigilance is essential. If a symptomatic case of EVD presents in an EU Member State, secondary transmission to caregivers in the family and in healthcare facilities cannot be excluded.

The number of confirmed cases has remained low for six consecutive weeks, but there remains a significant risk of further transmission in the near and medium term. In addition to the large number of contacts under observation (approximately 1300) and the report of unknown chains of transmission, some high-risk contacts have been lost to follow-up. The introduction of an EVD case into unaffected countries remains a risk as long as cases exist in any country. With adequate preparation, however, such an introduction can be contained through a timely and effective response.

Actions

As of 18 September 2015, ECDC has deployed 93 experts (on a rotating basis) from within and outside the EU in response to the Ebola outbreak. This includes an ECDC-mobilised contingent of experts to Guinea. Furthermore, additional experts are already confirmed for deployment to Guinea over the next few months.

ECDC is looking for additional French-speaking experts with field epidemiology experience from EU Member States to join the ECDC-coordinated contingent in response to the Ebola outbreak in Guinea. For further information, please contact Valeria Pelosi at valeria.pelosi@ecdc.europa.eu with copy to support@ecdc.europa.eu.

An epidemiological update is published weekly on the [EVD ECDC page](#).

The latest (12th) update of the [rapid risk assessment](#) was published on 1 July 2015.

On 31 July 2015, ECDC published [Positive preliminary results of an Ebola vaccine efficacy trial in Guinea](#).

On 22 January 2015, ECDC published [Infection prevention and control measures for Ebola virus disease. Management of healthcare workers returning from Ebola-affected areas](#).

On 4 December 2014, EFSA and ECDC published a [Scientific report assessing Risk related to household pets in contact with Ebola cases in humans](#).

On 29 October 2014, ECDC published a training tool on the [safe use of PPE and options for preparing for gatherings in the EU](#).

On 23 October 2014, ECDC published [Public health management of persons having had contact with Ebola virus disease cases in the EU](#).

On 22 October 2014, ECDC published [Assessing and planning medical evacuation flights to Europe for patients with Ebola virus disease and people exposed to Ebola virus](#).

On 13 October 2014, ECDC published [Infection prevention and control measures for Ebola virus disease: Entry and exit screening measures](#).

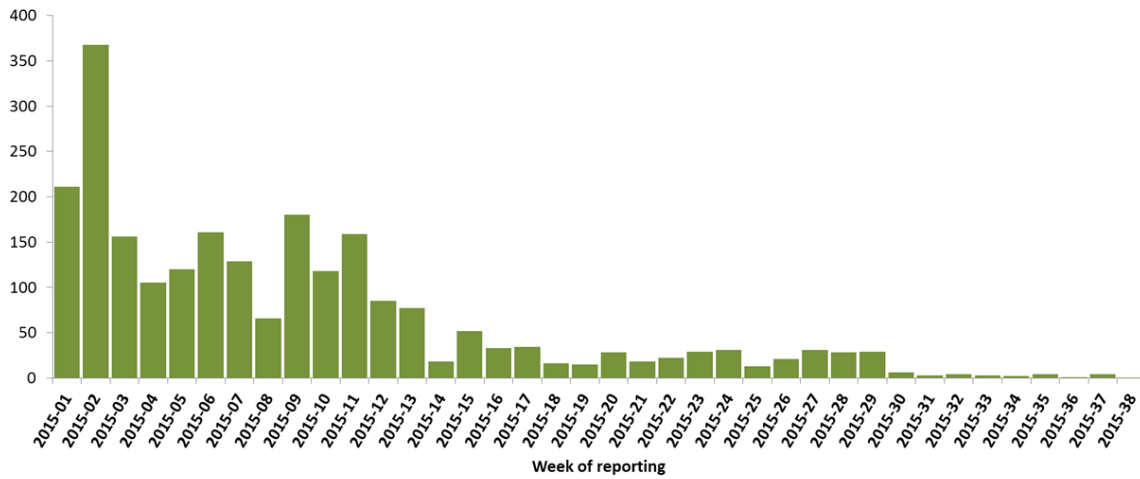
On 6 October 2014, ECDC published [risk of transmission of Ebola virus via donated blood and other substances of human origin in the EU](#).

On 22 September 2014, ECDC published [assessment and planning for medical evacuation by air to the EU of patients with Ebola virus disease and people exposed to Ebola virus](#).

On 10 September 2014, ECDC published an [EU case definition](#).

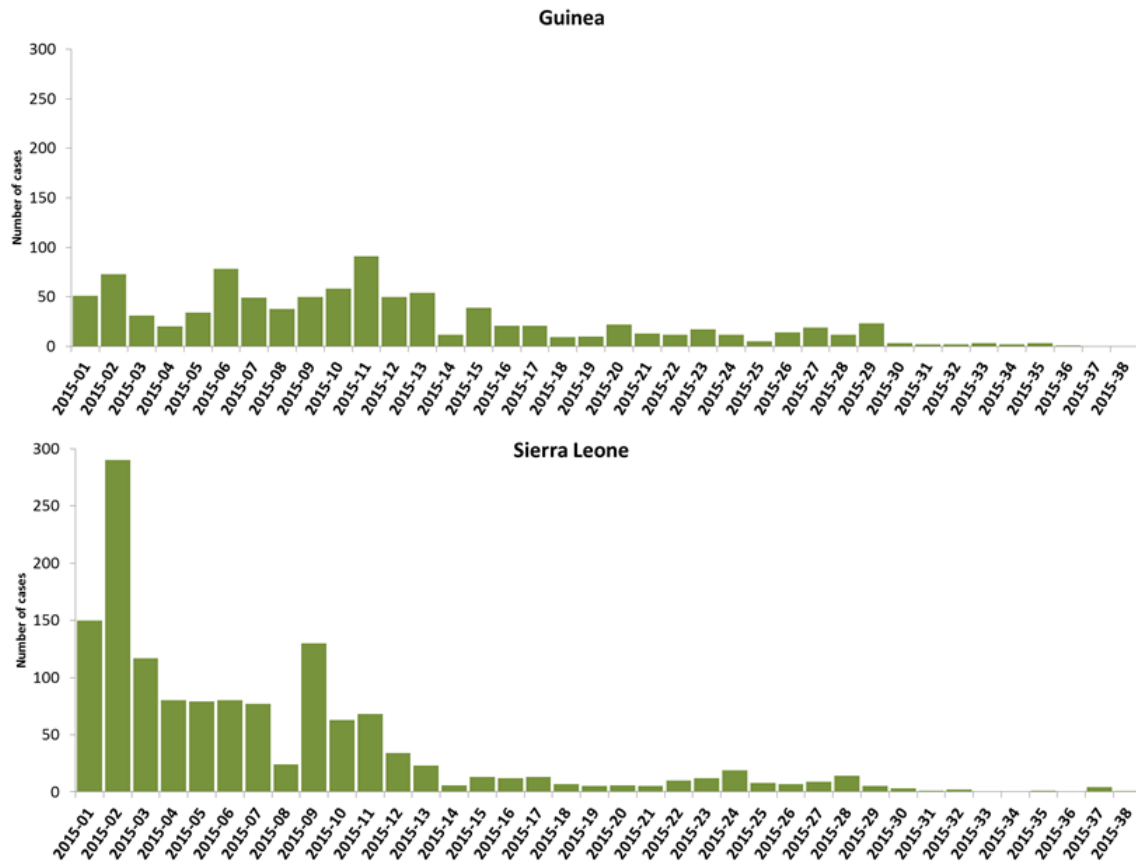
Distribution of confirmed cases of EVD by week of reporting in Guinea, Sierra Leone and Liberia (weeks 01/2015 to 38/2015)

Adapted from WHO figures; *data for week 38/2015 are incomplete



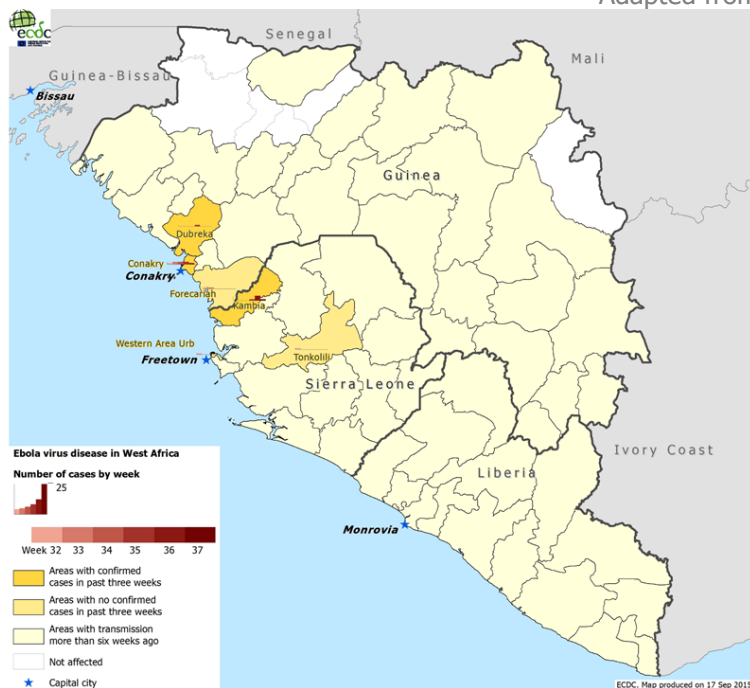
Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (weeks 01/2015 to 38/2015)

Adapted from WHO figures; *data for week 38/2015 are incomplete



Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (as of week 37/2015)

Adapted from national situation reports



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

Opening date: 24 September 2012

Latest update: 17 September 2015

Epidemiological summary

Since April 2012 and as of 17 September, 1 597 cases of MERS-CoV have been reported by local health authorities worldwide, including 610 deaths.

Saudi Arabia: Among the 14 cases reported since the previous CDTR, seven occurred in Riyadh, five in Medinah, one in Jeddah and one in Qweiyah. Half of the cases were male with a median age of 38 years, ranging from 14 to 82 years. The other half of the cases were female with a median age of 29 years, ranging from 21 to 71 years. Of the latest 14 cases, seven were healthcare workers. Eight of the 14 had either contact with a previously confirmed or a suspected case and for three the exposure is under investigation. Three had no contact to previously reported or suspected case. One of the cases, a 14 years-old boy is classified as asymptomatic.

Jordan: According to [WHO EMRO](#) 11 cases of laboratory confirmed MERS-CoV have been reported in Jordan between 26 August

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and 9 September 2015. Five of the 11 patients have died. [WHO Disease Outbreak News](#) reports that several of these cases are associated with an hospital outbreak in Amman.

Web sources: [ECDC's latest rapid risk assessment](#) | [ECDC novel coronavirus webpage](#) | [WHO](#) | [WHO MERS updates](#) | [WHO travel health update](#) | [WHO Euro MERS updates](#) | [CDC MERS](#) | [Saudi Arabia MoH](#) | [Saudi Arabia statement](#) | [ECDC factsheet for professionals](#)

ECDC assessment

According to ECDC experts, the MERS outbreak poses a low risk to the EU. Efforts to contain the nosocomial clusters in the affected countries are vital to prevent wider transmission. Although sustained human-to-human community transmission is unlikely, secondary transmission to unprotected close contacts, especially in healthcare settings, remains possible, as documented in South Korea.

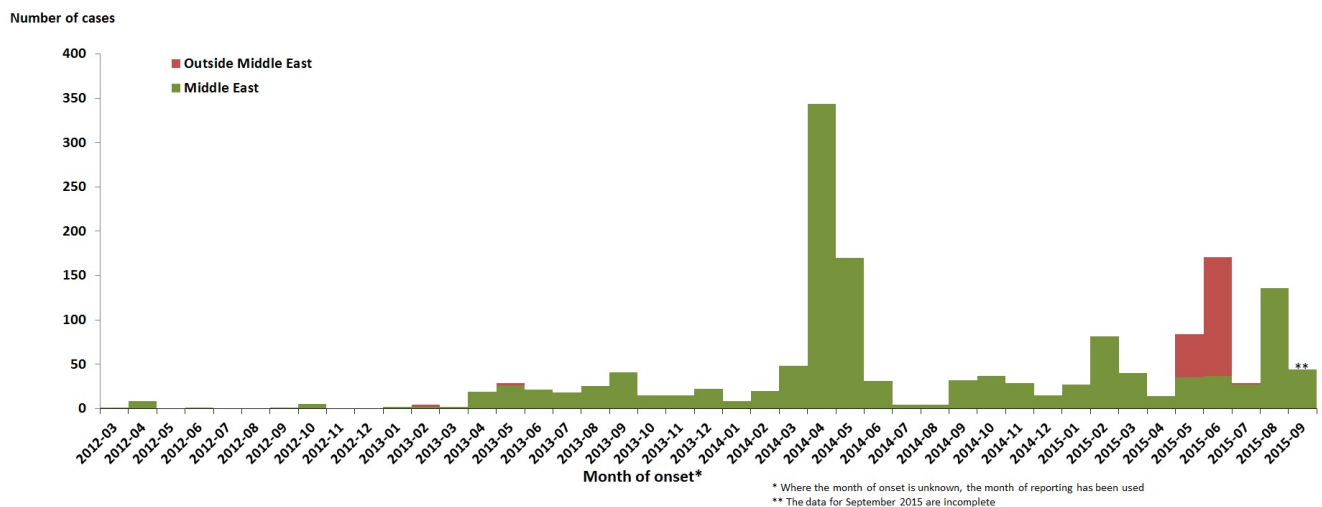
Countries should [advise travellers](#) returning from all countries affected by MERS to seek medical attention if they develop a respiratory illness with fever and cough during the two weeks after their return and to disclose their recent travel history to the healthcare provider. The travellers, especially those with pre-existing medical conditions, should be reminded of the importance of good hand and food hygiene, and to avoid contact with sick people. In addition, travellers to the Arabian Peninsula should avoid close contact with camels, visiting farms and consuming unpasteurised camel milk, urine or improperly cooked meat.

Actions

ECDC published a [rapid risk assessment](#) on 27 August 2015 and an [epi-update](#) on 2 September 2015.

Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 17 September 2015 (n=1 597)

Source: ECDC



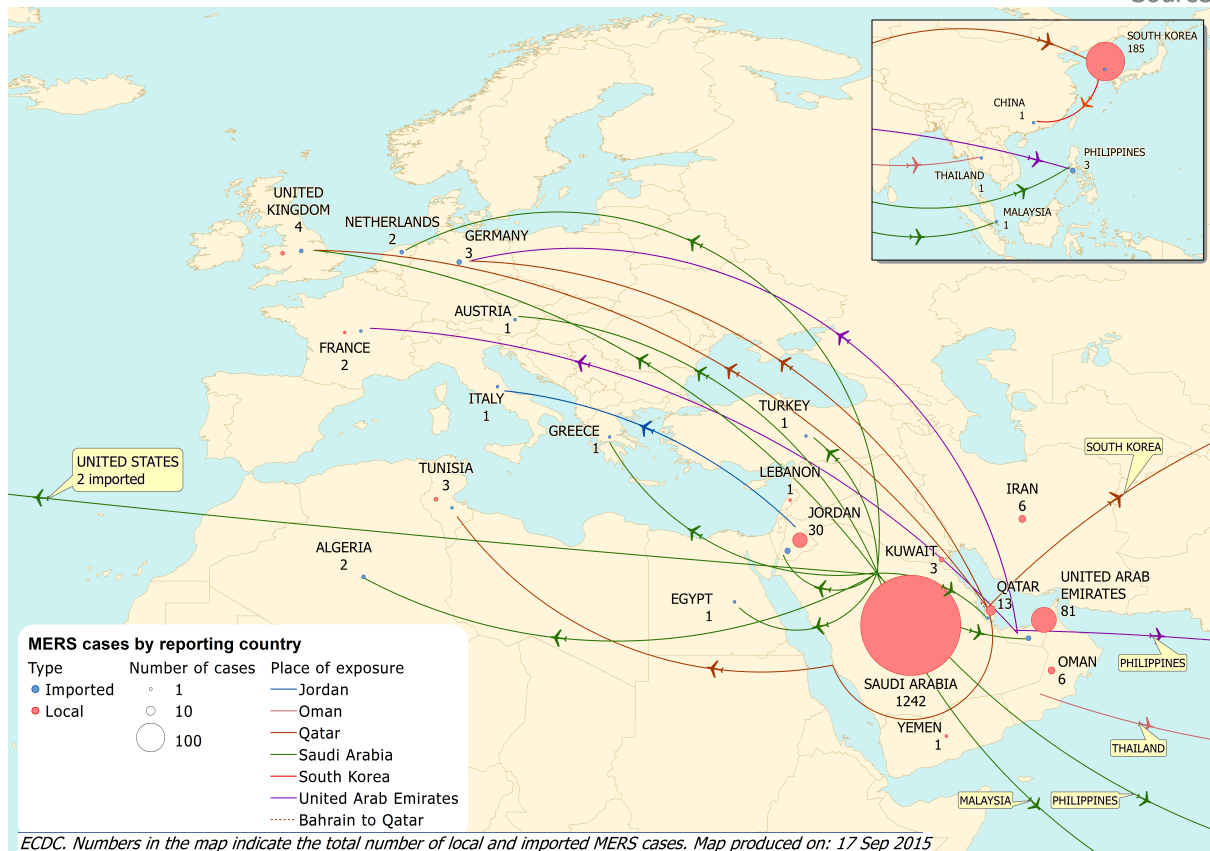
Distribution of confirmed cases of MERS-CoV by country of reporting, March 2012 – 17 September 2015 (n=1 597)

Source: ECDC

Region	Country	Number of cases	Number of deaths
Middle East	Saudi Arabia	1242	528
	United Arab Emirates	81	11
	Qatar	13	5
	Jordan	30	12
	Oman	6	3
	Kuwait	3	1
	Egypt	1	0
	Yemen	1	1
	Lebanon	1	0
	Iran	6	2
Europe	Turkey	1	1
	UK	4	3
	Germany	3	2
	France	2	1
	Italy	1	0
	Greece	1	1
	Netherlands	2	0
	Austria	1	0
Africa	Tunisia	3	1
	Algeria	2	1
Asia	Malaysia	1	1
	Philippines	3	0
	South Korea	185	36
	China	1	0
	Thailand	1	0
Americas	United States of America	2	0
	Global	1597	610

Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 17 September 2015 (n=1 597)

Source: ECDC



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