



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 26, 21-27 June 2015

All users

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: 25 June 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, one probable human case of West Nile fever was detected in Bulgaria. This is the first case reported in the European region for the current transmission season (June-November). No cases were reported in neighbouring countries this week.

Cluster of Schistosoma haematobium - Corsica, France - 2014

Opening date: 8 May 2014

Latest update: 25 June 2015

In 2014, seventeen cases of *Schistosoma haematobium* infection were reported, all linked to a recreational area in southern Corsica (France). Among them, twelve cases were from France and five cases from Germany. All had been exposed in 2011 and 2013 to freshwater in a natural swimming area called Cavu.

→ Update of the week

Epidemiological investigations led to the detection of 110 cases of *Schistosoma haematobium* infections, including 33 residents from Corsica, as of 25 March 2015.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 29 May 2015

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many EU countries where vaccination uptake remains below the level required to interrupt the transmission cycle. Elimination of measles requires consistent vaccination uptake above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

→ Update of the week

In the EU, since the last monthly update, the outbreak in Berlin, Germany is subsiding. During the last month, new measles outbreaks were detected in Sweden, Belgium and Lithuania.

In the rest of the world, measles outbreaks are reported from Belarus, Chile, Brazil, Peru, Algeria, the Democratic Republic of the Congo, Sudan and Cameroon.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 29 May 2015

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease which often passes unnoticed. The main reason for immunising against rubella is the high risk of congenital malformations associated with rubella infection during pregnancy. All EU Member States recommend vaccination against rubella with at least two doses of vaccine for both boys and girls. The vaccine is given at the same intervals as the measles vaccine as part of the MMR vaccine.

→Update of the week

No outbreaks were detected in EU Member States since the last monthly update.

Non EU Threats

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

Opening date: 24 September 2012

Latest update: 25 June 2015

Since April 2012 and as of 24 June 2015, 1 373 cases of MERS-CoV have been reported by local health authorities worldwide, including 528 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.

An outbreak of MERS-CoV has been ongoing in South Korea since May 2015. All cases are linked to the same transmission chain originating from a case imported from the Middle East.

→Update of the week

Last week, Saudi Arabia reported three additional cases including one death.

On 18 June, the United Arab Emirates reported one new case.

Over the past week, South Korea has reported 14 additional cases and 5 deaths, bringing the number of cases to 180 cases, including 29 deaths. One of the cases reported by South Korea travelled to China where he was diagnosed and hospitalised.

Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014

Latest update: 25 June 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). On 9 May, Liberia was declared free of Ebola virus disease. Transmission is still ongoing in Sierra Leone and Guinea.

→Update of the week

On 24 June 2015, [WHO](#) reported 27 503 cases of Ebola virus disease related to the outbreak in West Africa, including 11 232 deaths.

According to WHO's latest situation report, during the week up to 21 June 2015, 20 new EVD cases occurred in Guinea and Sierra Leone compared with 24 of the previous week.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 26 June 2015

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until all transmission of the virus 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 the international spread of wild poliovirus during 2014. On 6 May 2015, the Temporary Recommendations in relation to PHEIC were extended for another three months.

→Update of the week

In the past week, one new case of poliovirus type 1 (WPV1) was reported in Afghanistan. Five cases of circulating vaccine derived poliovirus type 1 (cVDPV1) have been reported in Madagascar, with dates of onset of paralysis in April and May 2015.

Influenza A(H5N1) and other strains of avian flu - Multistate (world) - Monitoring globally

Opening date: 15 June 2005

Latest update: 25 June 2015

The influenza A(H5N1) virus, commonly known as bird flu, is fatal in about 60% of human infections. 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

During the past week, there has been no new update from WHO regarding A(H5N1) and other strains of avian influenza in humans.

Egypt has reported two additional human cases of influenza A(H5N1), including one death, according to the Ministry of Health.

II. Detailed reports

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

Opening date: 2 June 2015

Latest update: 25 June 2015

Epidemiological summary

As of 25 June 2015, one human case of West Nile fever has been reported by Bulgaria in the EU and no cases have been recorded in neighbouring countries 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

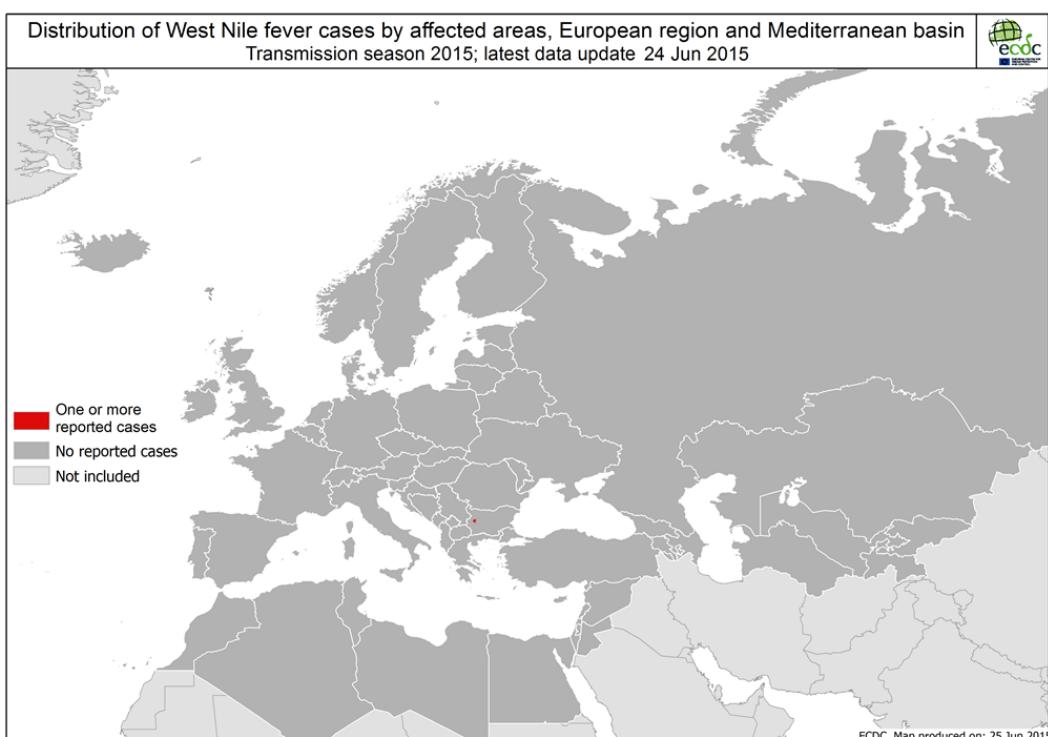
The detection of a WNF case in Bulgaria is not unexpected. The country previously reported a case in 2012 in Burgas province and is surrounded by countries that have reported WNF cases in previous years. However, this probable case (as per the EU case definition) is the first case reported in the European region for the current transmission season.

West Nile fever 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 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 unless donations are tested by individual NAT.

Actions

From week 23 onwards, ECDC will produce weekly West Nile fever (WNF) risk maps during the transmission season (June–November) to inform blood safety authorities regarding WNF affected areas.

Source: ECDC



Cluster of Schistosoma haematobium - Corsica, France - 2014

Opening date: 8 May 2014

Latest update: 25 June 2015

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Epidemiological summary

On April 2014, a cluster of *Schistosoma haematobium* infections was detected linked to Cavu river exposure in 2013, a natural swimming area in Southern Corsica, France. As of 25 March 2015, 110 cases of urogenital schistosomiasis have been reported by regional authorities, mainly from family clusters. The majority of the cases have been recorded among children or teenagers. Epidemiological investigations are ongoing and a prevention communication plan is in place.

Web sources: [ECDC 2014 RRA](#) | [French regional authorities statement](#) | [WHO factsheet](#)

ECDC assessment

These are the first locally-acquired infections of *Schistosoma haematobium* in the EU. The disease is known to be very focal in its establishment and as such, the risk of acquiring the infection exists only for residents and travellers having occupational or recreational activities in the affected rivers.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 29 May 2015

Epidemiological summary

EU MS

Germany – Update

According to the latest [epidemiological bulletin](#) of RKI, 2 203 cases of measles have been reported in Germany during the first 22 weeks of 2015. Most cases occurred in Berlin (1141) and Sachsen (268) followed by Thüringen (168), Baden-Württemberg (108) and Bayern (106). The outbreak in Berlin is subsiding with 12 cases reported during the last week (down from 156 in week 12). Seven of the 16 German states reported no cases this week, an improvement from week 20 when only two states reported no cases.

A “National Action plan for the Elimination of Measles and Rubella in Germany 2015-2020” has been developed and was endorsed in June.

[Media](#) report that the government has tightened the rules in case of a measles outbreak during which unvaccinated children may be temporarily excluded from going to kindergarten or school and the states (Bundesländer) may decide to impose fines. The Berlin outbreak had earlier sparked a debate on whether to make measles immunisation compulsory.

Italy

There is media attention in Italy around the death of an unvaccinated girl of four who died due to subacute sclerosing panencephalitis as the child's parents are both doctors.

Belgium

Since March 2015, there is an increase in the reported number of measles cases in the province of Luxembourg, in Wallonia, Belgium. As of 29 May, 20 cases were reported in 2015, compared with only one case during the same period in 2014. Contract tracing and control measures are ongoing. Genotype D4 has been identified in three cases so far, identical to the strain circulating in USA. However, no contacts with USA have been reported. The most affected age group is 14 to 34 years. Data of the strains have been entered into MeaNS.

Lithuania

Media report that five adults have been hospitalised due to measles during the past two weeks. One of the measles patients was a pregnant woman with pneumonia. Lithuania reported 16 cases of measles to TESSy during the last 12 month period.

Sweden

[Public health authorities](#) in Malmö report three new cases of measles, involving one adult and two children. There have been five cases reported earlier this year. All cases are linked to one case, diagnosed on 30 April, who became infected in Berlin, where a large outbreak is ongoing. Seven of the eight cases were unvaccinated adults who probably received one dose in childhood.

The rest of the world

Belarus

[Media](#) report a laboratory-confirmed case in an unvaccinated 29-year-old physician in Grodno where no measles cases have been reported during the past 13 years. The patient, who was admitted to hospital, reports no history of travel. Investigations and control measures are ongoing.

The last outbreak in Belarus was in 2014 when a driver who had worked at the Sochi Olympic Games was diagnosed with measles after returning from Russia. He infected 11 people while visiting a hospital. In February this year, there was one case of measles in a returning traveller who had visited Italy and Spain.

Vaccination coverage against measles is high in Belarus (97% and above).

Chile

The [Ministry of Health](#) reports six confirmed cases since May 2015. The primary case was a Chilean traveller probably infected in China or on his return trip. One of the cases is a physician and another an infant of 10 months too young to have been vaccinated. Genotype H1 was identified in all cases but one, the same strain that is circulating in Asia, including China. Contact tracing is ongoing. To date, 193 suspected cases have been reported. Of these, 146 were discarded and for 42 the result is pending. Endemic transmission of measles was interrupted in Chile in 1993.

The America's Cup football tournament is currently taking place in Chile (11 June to 4 July) and several neighbouring countries have recommended measles vaccination prior to travelling there.

Peru

The [Ministry of Health](#) will carry out a vaccination campaign in June and July against measles for children two to four years in 20 districts of Lima and Callao, 5 districts of the city of Cusco and the district Andahuayllas due to the detection of three suspected cases of measles in German nationals, two of them belonging to a group of volunteers. Contact tracing is ongoing to identify secondary cases.

According to media, all citizens entering Peru from Chile, Brazil, USA, Germany and other places where there have been cases of measles, necessarily must be vaccinated against the disease.

Brazil -Update

According to the epidemiological bulletin released on 19 June by the Department of Health, the number of confirmed measles cases in 2015 in Ceará reached 161. Fortaleza and Caucaia continue to lead the list of municipalities with more records. Vaccination campaigns are ongoing.

Algeria

[Media](#) report forty cases of measles in children in Daïra Bordj Badji Mokhtar near the Malian border. These cases are considered 'imported cases' through the Algerian-Malian border.

Democratic Republic of Congo

Media report that during the last five months, more than 12 200 cases have been reported in Katanga, an increase of over 50% compared with the same period last year. Citing provincial health authorities, OCHA reported that twelve health zones are affected and 185 of the cases died.

Cameroon

As of week 23/2015, 1 762 cases have been reported from 66 districts. Measles had almost been eradicated in the last two decades in Cameroon. The epidemic is attributed to the fact that some children have never been vaccinated and others have been inadequately vaccinated.

Sudan - Update

According to [media](#), as of 24 May there have been 2 511 cases and 38 deaths due to measles in the country.

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

ECDC assessment

During the recent 12-month period (May 2014 - April 2015), the reporting EU/EEA Member States conducting measles surveillance reported 4 116 cases. Six MS reported 0 cases.

Twelve Member States reported less than one case per million population during the last 12 months.

The target year for measles elimination in Europe is not reachable for 2015 due to continuing endemic measles transmission in many EU Member States.

Actions

ECDC monitors measles transmission and outbreaks in EU and neighbouring countries in Europe on a monthly basis through enhanced surveillance and epidemic intelligence activities.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 29 May 2015

Epidemiological summary

During the recent 12-month period (May 2014 - April 2015), 28 EU/EEA Member States reported 3 811 rubella cases. Twenty-six of these Member States reported consistently throughout the 12-month period. Poland accounted for 95% of all rubella cases in the period (n=3 608). In 23 of the Member States that reported consistently, the rubella notification rate was less than one case per million population for the 12-month period. Fourteen of these Member States reported zero cases.

Only 2.7% of the cases were supported by a positive rubella laboratory test result.

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC rubella factsheet](#) | [WHO epidemiological brief summary tables](#) | [WHO epidemiological briefs](#) | [Progress report on measles and rubella elimination](#) | [Towards rubella elimination in Poland](#)

ECDC assessment

As rubella is typically a mild and self-limiting disease with few complications, the rationale for eliminating rubella would be weak if it were not for the virus' teratogenic effect. When a woman is infected with the rubella virus within the first 20 weeks of pregnancy, the foetus has a 90% risk of being born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. The increase in the number of rubella cases reported in Romania and Poland during the last two years and the number of babies born with CRS are cause for concern. Rubella occurs predominantly in age and sex cohorts historically not included in vaccination recommendations. To achieve rubella elimination, supplemental immunisation activities in these cohorts are needed.

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to the European Surveillance System and through its epidemic intelligence activities on a monthly basis. Twenty-four EU and two EEA countries contribute to the enhanced rubella surveillance. The purpose of the enhanced rubella monitoring is to provide regular and timely updates on the rubella situation in Europe in support of effective disease control, increased public awareness and the achievement of the 2015 rubella and congenital rubella elimination target.

An ECDC report is available online: [Survey on rubella, rubella in pregnancy and congenital rubella surveillance systems in EU/EEA countries](#)

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

Opening date: 24 September 2012

Latest update: 25 June 2015

Epidemiological summary

In South Korea, during the last two weeks, the number of new cases reported decreased. Over the past week, South Korea reported 14 additional cases and 5 deaths.

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On 24 June 2015, the South Korean Ministry of Health reported that of the 180 cases, 15 were in a severe condition, 62 in moderate condition, 74 discharged and 29 have died. Overall, 48% of the reported fatal cases had comorbidities (n=14). The median age for the 74 cases discharged is 49.5-years-old, while the median age for the 29 deaths is 69 years-old. As part of the transmission of MERS-CoV in hospital settings, 34 healthcare workers have been infected during the outbreak: 18 doctors or nurses, eight caregivers and eight medical support staff. These 34 healthcare workers represent 19% of all the cases.

Since April 2012 and as of 24 June 2015, 1 373 cases of MERS-CoV have been reported by local health authorities worldwide, including 528 deaths.

The distribution is as follows:

Confirmed cases and deaths by region:

Middle East

Saudi Arabia: 1 038 cases/459 deaths
United Arab Emirates: 79 cases/11 deaths
Qatar: 13 cases/5 deaths
Jordan: 19 cases/6 deaths
Oman: 6 cases/3 deaths
Kuwait: 3 cases/1 death
Egypt: 1 case/0 deaths
Yemen: 1 case/1 death
Lebanon: 1 case/0 deaths
Iran: 6 cases/2 deaths

Europe

Turkey: 1 case/1 death
UK: 4 cases/3 deaths
Germany: 3 cases/2 death
France: 2 cases/1 death
Italy: 1 case/0 deaths
Greece: 1 case/1 death
Netherlands: 2 cases/0 deaths
Austria: 1 case/0 deaths

Africa

Tunisia: 3 cases/1 death
Algeria: 2 cases/1 death

Asia

Malaysia: 1 case/1 death
Philippines: 2 cases/0 deaths
South Korea: 179 cases/29 deaths
China: 1 case/0 deaths
Thailand: 1 case/ 0 deaths

Americas

United States of America: 2 cases/0 deaths

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](#) | [ECDC factsheet for professionals](#)

ECDC assessment

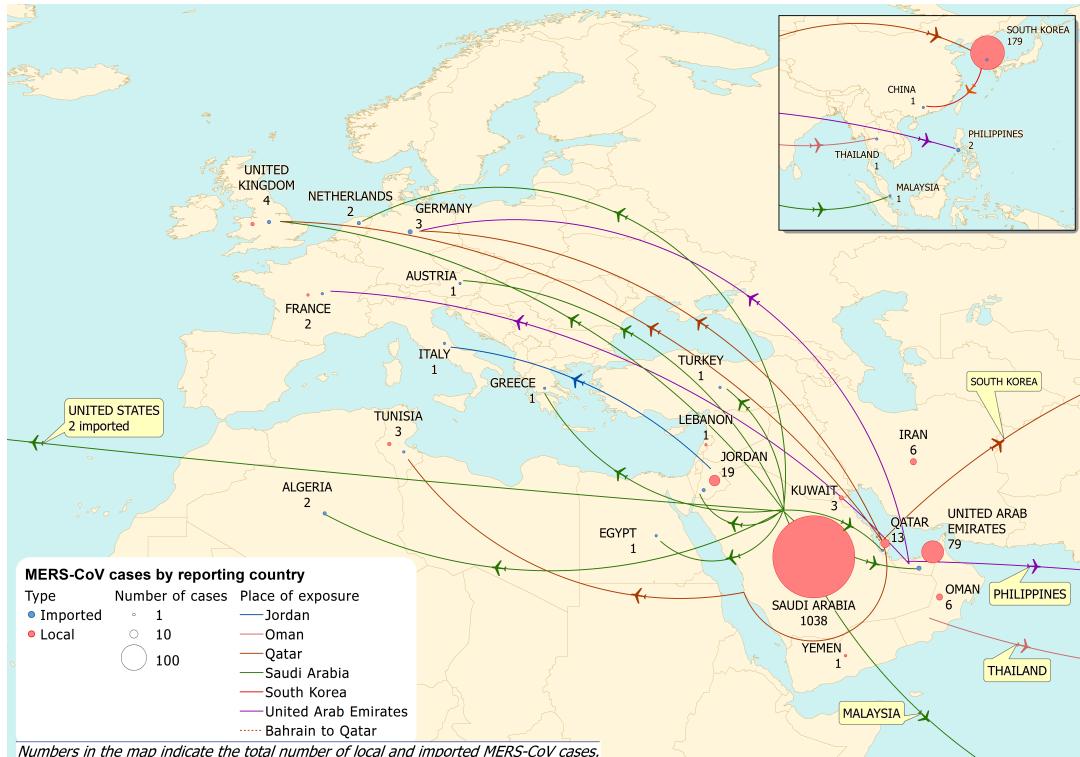
ECDC's assessment continues to be that the MERS-CoV outbreak poses a low risk to the EU. Because of the continued risk of case importation to Europe after exposure in the Middle East and South Korea, international surveillance for MERS-CoV cases among travellers remains essential. Moreover, rapid efforts 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 now documented in South Korea. Many of the cases detected in the Middle East continue to be caused by nosocomial exposure.

Actions

ECDC published a [rapid risk assessment](#) on 11 June 2015.

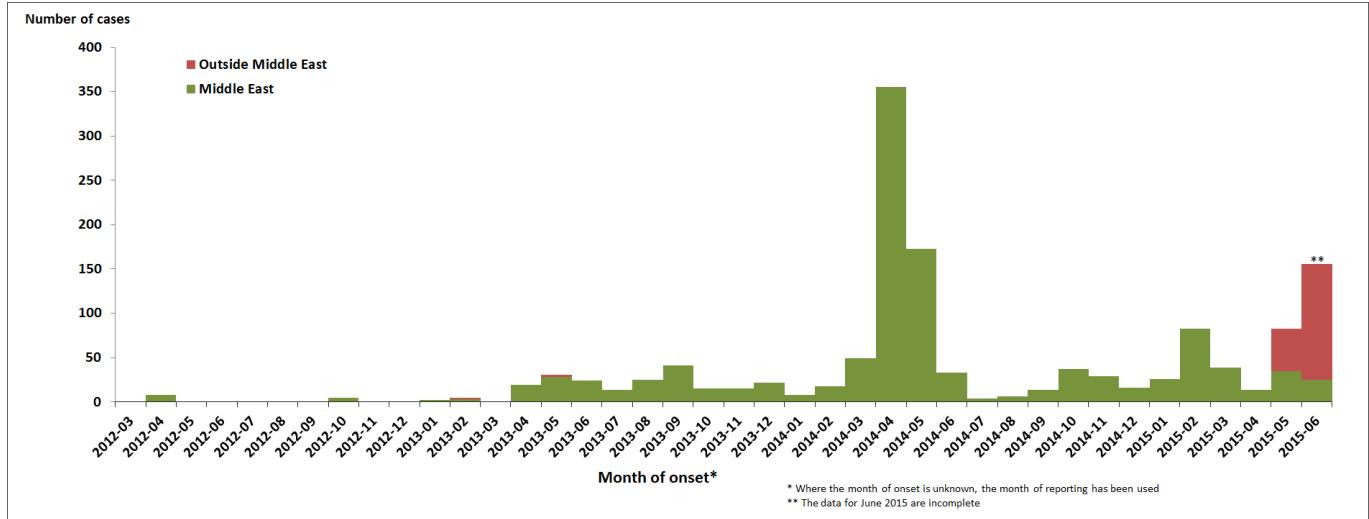
Distribution of confirmed cases of MERS-CoV by place of probable infection, March 2012 – 24 June 2015 (n=1 373)

Source: ECDC



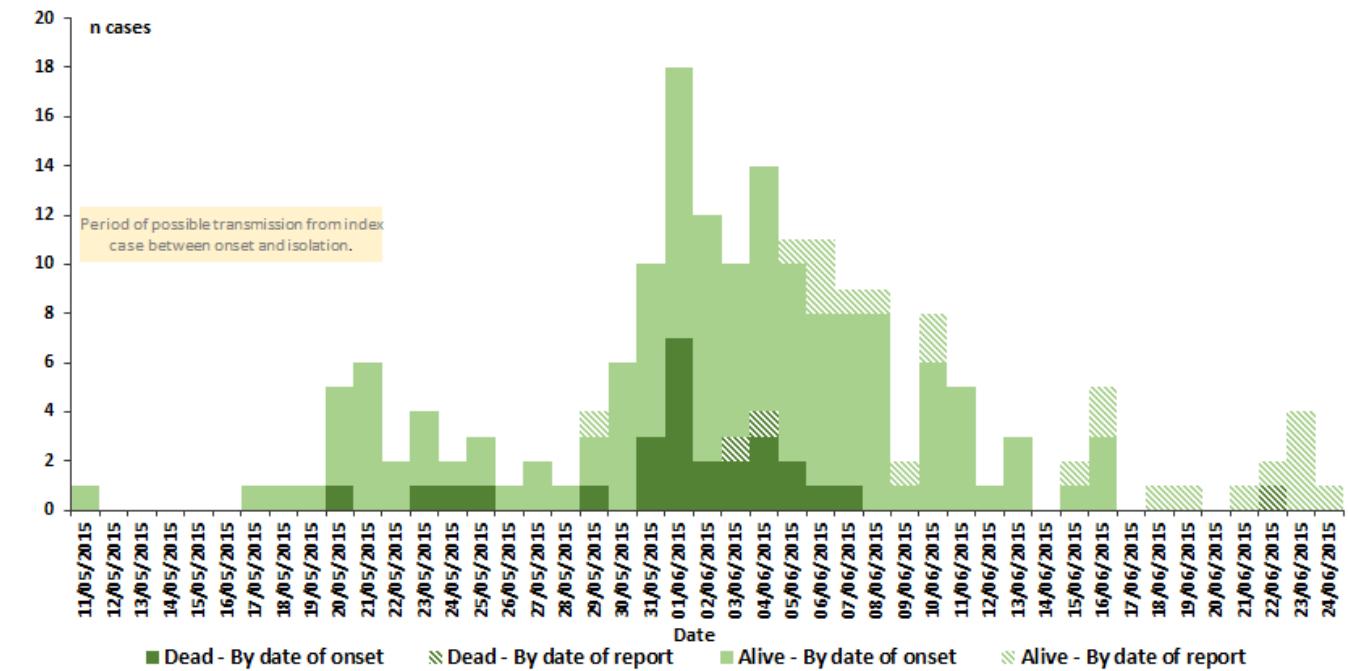
Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 24 June 2015 (n=1 373)

Source: ECDC



Distribution of confirmed cases of MERS-CoV by first available date and by status, 11 May - 24 June 2015 (n=180)

Source: ECDC



Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

10/18

Opening date: 22 March 2014

Latest update: 25 June 2015

Epidemiological summary

Distribution of cases as of 23 June 2015:

Countries with intense transmission:

- **Guinea:** 3 718 cases of which 3 264 are confirmed and 2 480 deaths
- **Sierra Leone:** 13 083 cases of which 8 660 are confirmed and 3 931 deaths.

Countries with previously widespread and intense transmission:

- **Liberia:** declared Ebola-free on 9 May 2015

Countries that have reported an initial case or localised transmission:

- Nigeria, Senegal, the USA, Spain, Mali, the UK and Italy (one confirmed case declared Ebola free on 10 June 2015).

Situation in West African countries

In **Guinea**, WHO reported 12 new confirmed cases in the week up to 21 June, compared with 16 cases during the previous week. Cases have been reported in Forecariah (five), Boke (five), Dubreka (one) and Conakry (one). All cases registered by WHO in Guinea during the past three weeks have come from the same four prefectures, but during the past week the areas of active transmission have changed and expanded. In the Boke prefecture the main focus of transmission changed from Kamsar to an urbanised sub-prefecture in Boke Center. There is no direct link between the two areas and in addition, the only case reported from Kamsar raised from an unknown chain of transmission. WHO reported that the single case from Conakry arose from an unknown chain of transmission. The only reported cases from Dubreka also arose from an unknown chain of transmission, but preliminary investigations indicate that this case could be linked to previous reported cases. In Forecariah, the area of infection expanded in the week up to 21 June, where the sub-prefecture of Benty reported the first confirmed cases after three months.

Of those 12 cases, six were registered contacts. Of the remaining six cases, three were confirmed after post-mortem testing of a community death. WHO reported 15 unsafe burials in the week up to 21 June, representing 3% of 459 community deaths.

In **Sierra Leone**, WHO reported eight new confirmed cases in the week up to 21 June. Cases have been reported from Port Loko (four), Kambia (two) and Western Area Urban which includes the capital Freetown (two). One of the cases registered in Port Loko is a healthcare worker, quarantined due to being a contact of a previous case. One of the cases reported in Port Loko came from an unknown chain of transmission and in addition, two cases were reported from the Marampa chiefdom, which has been Ebola free since March 2015. The cases in Freetown are the first confirmed cases after two weeks of no registration of active transmission.

Of those eight cases, four were registered contacts. Of the remaining four cases, two were confirmed after post-mortem testing of a community death. WHO has no recent data on the number of unsafe burials occurring in the country.

Situation among healthcare workers

Two new healthcare worker infections were reported from WHO, one in Boke and one in Sierra Leone. This is after two months without new healthcare worker infections. There have been a total of 872 confirmed healthcare worker infections reported from Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 507 (58%) 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 26 June 2015, 65 individuals have been evacuated or repatriated worldwide from the EVD-affected countries. Of these, 38 individuals have been 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), Netherlands (1) and Switzerland (1). Twenty-five asymptomatic persons have been repatriated to Europe as a result of exposure to Ebola in West Africa: UK (13), Denmark (4), Sweden (3), Netherlands (2), Germany (1), Spain (1) and Switzerland (1).

Twenty-seven persons have been 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.
- Epicurve 2: the epicurve shows the confirmed cases in Guinea and Sierra Leone.
- Map: this map is based on country situation reports and shows only confirmed cases of EVD in the past six weeks. Please note that in order to better represent the tail of the epidemic the scale of the map has been changed.

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

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.

According to WHO, decline in case incidence and the contraction of the geographic area affected by Ebola has stalled during the last weeks. During the past week the affected areas have slightly extended. Both in Guinea and Sierra Leone new confirmed cases are still identified among unregistered contacts and people continue to be diagnosed with Ebola post mortem. These patterns indicate that the disease is circulating in unrecognised chains of transmission. In order to achieve zero cases, there is a need for stronger community engagement, improved contact tracing and earlier case identification.

Actions

As of 26 June 2015, ECDC has deployed 81 experts 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 Alice Friaux at alice.friaux@ecdc.europa.eu with copy to support@ecdc.europa.eu.

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

The latest (11th) update of the [rapid risk assessment](#) was published on 11 May 2015.

On 22 January 2014, 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](#).

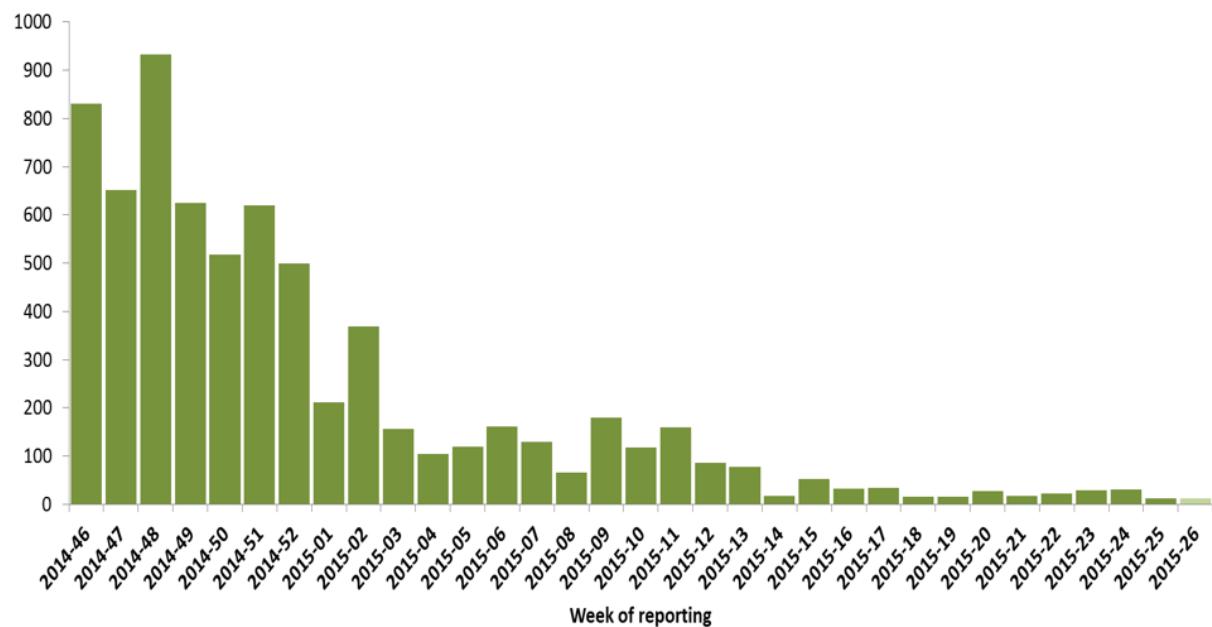
On 6 October 2014, ECDC published [risk of transmission of Ebola virus via donated blood and other substances of human origin in the EU](#).

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](#).

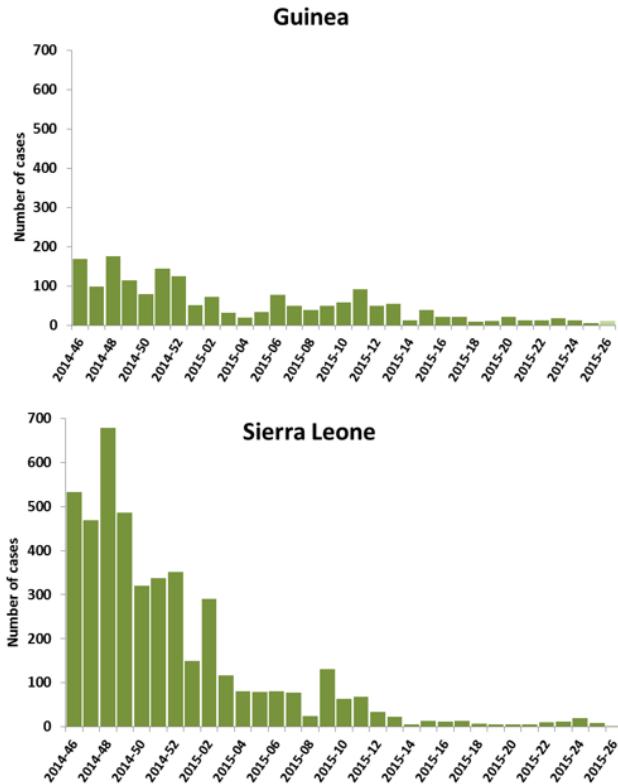
Distribution of confirmed cases of EVD by week of reporting in Guinea, Sierra Leone and Liberia (weeks 46/2014 to 26/2015)

Adapted from WHO figures; *data for week 26/2015 are incomplete



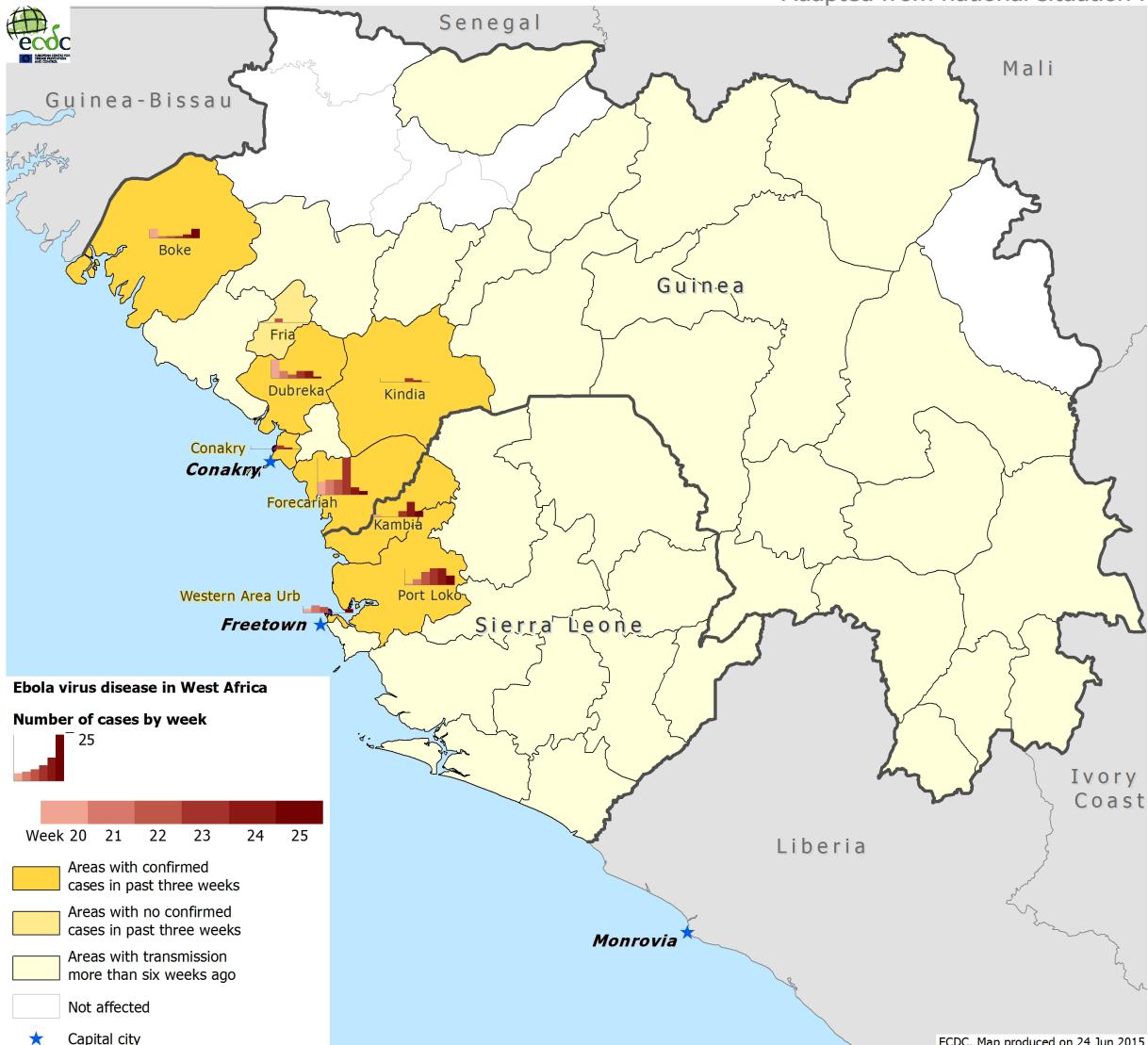
Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (weeks 46/2014 to 26/2015)

Adapted from WHO figures; *data for week 26/2015 are incomplete



Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (as of week 25/2015)

Adapted from national situation reports



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 26 June 2015

Epidemiological summary

Worldwide in 2015, 29 wild poliovirus type 1 (WPV1) cases have been reported to WHO so far, compared with 105 for the same period in 2014. Since the beginning of the year, two countries have reported cases: Pakistan (25 cases) and Afghanistan (4 cases).

Five cases of circulating vaccine derived poliovirus type 1 (cVDPV1) have been reported in this year, with dates of onset of paralysis in April and May 2015.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#) | [Temporary Recommendations to Reduce International Spread of Poliovirus](#) | [Statement on the 4th IHR Emergency Committee meeting regarding the international spread of wild poliovirus](#)

ECDC assessment

15/18

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 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.

Influenza A(H5N1) and other strains of avian flu - Multistate (world) - Monitoring globally

Opening date: 15 June 2005

Latest update: 25 June 2015

Epidemiological summary

Human cases of avian flu

In 2015, Egypt has reported 143 human cases of influenza A(H5N1), including 40 deaths, according to the Ministry of Health. Worldwide, from 2003 to 1 May 2015, 840 laboratory-confirmed human cases of avian influenza A(H5N1) virus infection have been officially reported to WHO from 16 countries. Of these cases, 447 have died.

Non-human cases of avian flu

In the past week, China (Jiangsu province) and Israel (Northern District) reported additional outbreaks of influenza A(H5N1) in poultry, according to the World Organization for Animal Health (OIE).

A study published in the [Journal of Virology](#) reports that Chinese researchers detected a novel highly pathogenic influenza virus A (H5N9) from poultry in live-bird markets in 2013. According to the study, this novel virus received a highly pathogenic H5 gene from the H5N1 avian flu virus and an N9 gene from a human-infecting H7N9 virus, along with other elements. However, the virus only caused low mortality rates when tested on mice. The researchers took 13 samples in live-bird markets in 2013. Among them, two were positive for A(H5N9).

Web sources: [ECDC Rapid Risk Assessment | Avian influenza on ECDC website | EMPRES | OIE |](#)

ECDC assessment

Most human infections of A(H5N1) are the result of direct contact with infected birds or contaminated environments, and countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. Therefore, additional human cases would not be unexpected. There are currently no indications of a significant change in the epidemiology associated with any clade or strain of the A(H5N1) virus from a human health perspective. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

Although an increased number of animal-to-human infections have been reported by Egypt during 2015, it is not thought to be related to virus mutations but rather to more people becoming exposed to infected poultry.

Various influenza A(H5) and A(H7) subtypes, such as influenza A(H5N1), A(H5N2), A(H5N3), A(H5N6), A(H5N8) and A(H7N3), have recently been detected in birds in West Africa, Asia, Europe, and North America, according to the World Organisation of Animal Health (OIE). Although these influenza viruses might have the potential to cause disease in humans, to date, there have been no reported human infections with these viruses with the exception of human infections with influenza A(H5N1) and A(H5N6) viruses. The risk to people from these infections in wild birds, backyard flocks and commercial poultry is considered to be

low.

A novel highly pathogenic influenza virus A(H5N9) detected in poultry in live-bird markets in China in 2013 is a novel reassortant of avian influenza viruses H5N1, H7N9 and H9N2, all of which have already transmitted to humans and caused moderate to severe disease. So far, no human cases infected with this new avian influenza variant have been detected. The potential of this virus for transmission to humans is considered as very low.

Actions

ECDC monitors the worldwide A(H5N1) situation through epidemic intelligence activities on a weekly basis 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.

ECDC published a [Rapid Risk Assessment](#) covering A(H5N1) in Egypt on 13 March 2015.

ECDC published an [epidemiological update](#) about A(H5N1) in Egypt on 10 April 2015.

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