COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 36, 31 August-6 September 2014

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2014

Opening date: 3 June 2014 Latest update: 4 September 2014

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, ten new cases of West Nile fever have been reported in EU Member States. Greece reported five new cases, four cases (two probable and two confirmed) from the previously affected prefecture of Ileia and one probable case from the newly affected prefecture of Xanthi. Hungary reported its first two cases for the current transmission season in Csongrad county. Romania reported three new cases in two newly affected districts: one probable and one confirmed case in Mures district and one confirmed case in Ialomita.

In neighbouring countries, Serbia reported 12 new cases: seven cases from previously affected areas including the City of Belgrade (5), Juzno-backi (1) and Sremski (1) and five cases from two newly affected districts: Juzno-banatski (3) and Podunavski (2).

Monophasic Salmonella typhimurium MLVA clusters - Multistate

Opening date: 26 August 2014

Two related clusters of monophasic *S.* Typhimurium were detected through the TESSy molecular typing surveillance system in August. Thirty-eight cases with this previously unseen and closely related MLVA pattern were detected in six countries for the first time in 2014.

➔Update of the week

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Non EU Threats

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 4 September 2014

An outbreak of chikungunya virus infection has been ongoing in the Caribbean since December 2013. The outbreak has spread to North, Central and South America. There have been around 658 500 probable and confirmed cases in the region, including 37 fatalities so far. Several EU countries are reporting imported cases from the affected areas.

➔Update of the week

Compared to last week, the number of reported cases of chikungunya infections has risen more then 69 000 cases, the majority being reported from the Dominican Republic and El Salvador. The Pan American Health Organization (PAHO)/WHO published an epidemiological alert on 29 August 2014 advising countries in the region to increase vector density reduction efforts and to implement effective public communication strategies for the elimination of mosquito breeding sites.

Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014 Latest update: 4 September 2014

An outbreak of Ebola virus disease (EVD) has been ongoing in West Africa since December 2013, affecting Guinea, Liberia, Sierra Leone and Nigeria. The overall situation of the Ebola outbreak in the affected countries remains critical. The increasing number of healthcare workers that have been infected by the Ebola virus is a major cause for concern.

On 8 August 2014, the Director-General of WHO declared the Ebola outbreak in West Africa a Public Health Emergency of International Concern (PHEIC).

➔Update of the week

On 29 August, the Ministry of Health in Senegal reported a confirmed case of EVD in a 21-year-old male, native of Guinea. He arrived in Dakar, by road, on 20 August and was hospitalised on 26 August after having initially been treated for malaria. On 27 August 2014, the Ministry of Health was informed that the patient was a contact of a known Ebola patient in Guinea and the patient was immediately isolated. However, no local transmission of EVD is currently reported in Senegal.

The previously reported cluster in Nigeria, initiated by air travel of an infectious person, has now resulted in tertiary cases in Lagos and recently a new cluster in Port Harcourt, Rivers State with three confirmed cases.

The World Health Organization is holding a scientific meeting on 4-5 September to examine potential Ebola therapies and vaccines. Participating experts include policy-makers from Ebola affected countries, ethicists, clinicians, researchers, regulators and patient representatives.

As of 31 August 2014, 3 707 cases including 1 848 deaths have been reported from the affected countries. Two-hundred and fifty-seven of the cases occurred in healthcare workers including 140 of the deaths.

Ebola Virus Disease Outbreak - the Democratic Republic of Congo - 2014

Opening date: 26 August 2014

On 24 August 2014, an outbreak of Ebola virus disease (EVD) was declared in the Boende health zone of Equateur province in the Democratic Republic of Congo. This outbreak is the seventh outbreak of EVD occurring in the country.

➔Update of the week

During the past week, 30 new cases and 35 deaths were reported from the affected area. Seven of the cases, including six deaths, are healthcare workers.

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Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 4 September 2014

Dengue fever is one of the most prevalent vector-borne diseases, affecting 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. The dengue outbreak in the Autonomous Region of Madeira, Portugal, in October 2012 and the recent autochthonous dengue case in the south of France further underline the importance of surveillance and vector control in other European countries.

➔Update of the week

As of 5 September, 66 autochthonous cases of dengue fever have been reported in Japan. None of the cases have recent overseas travel history and all cases visited Yoyogi park, in Tokyo, in August.

Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013 Latest update: 4 September 2014

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, 453 cases have been reported, including 175 deaths. No autochthonous cases have been reported from outside of China. Most cases have been unlinked, and sporadic zoonotic transmission from poultry to humans is the most likely explanation for the outbreak. Sustained person-to-person transmission has not been documented and transmission peaked during the winter of 2013-2014. The reason for this pattern is not obvious. Since October 2013, 318 cases have been reported, the majority from previously affected provinces or in patients who visited these provinces prior to onset of illness.

➔Update of the week

Since the last monthly update on 6 August 2014, two new cases of A(H7N9) have been reported. A 66-year-old female, who has since passed away, and a 53-year-old male, both from a previously unaffected area of Xinjiang Uygur Autonomous Region.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 4 September 2014

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission stops and the world is 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.

➔Update of the week

During the past week, no new wild poliovirus 1 (WPV1) have been reported.

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

Opening date: 24 September 2012 Latest update: 4 September 2014

Since April 2012, 858 cases of MERS-CoV have been reported by local health authorities worldwide, including 335 deaths. To date, all cases have either occurred in the Middle East, have direct links to a primary case infected in the Middle East, or have returned from this area. The source of the virus remains unknown but the pattern of transmission points towards an animal reservoir in the Middle East from which humans sporadically become infected through zoonotic transmission.

➔Update of the week

Since the last CDTR, one new case of MERS-CoV infection has been reported in Saudi Arabia. In addition, the Saudi Arabia Ministry of Health reported one new death in a previously reported case.

ECDC published a factsheet for health professionals regarding MERS-CoV.

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II. Detailed reports

West Nile virus - Multistate (Europe) - Monitoring season 2014

Opening date: 3 June 2014 Latest update: 4 September 2014

Epidemiological summary

As of 5 September, 20 human cases of West Nile fever have been reported in the EU: Greece (11), Austria (1) Romania (5), Hungary (2) and Italy (1). Forty-eight cases have been reported in neighbouring countries since the beginning of the 2014 transmission season.

EU Member States
Romania has reported five cases in the districts of Mures (2), Olt (1), Constanta (1) and Ialomita (1). Hungary has recorded two cases in Csongrad county and Italy has reported one case in Pavia. Austria reported an autochthonous case of West Nile fever in Vienna. In Greece, 11 human cases have been notified since the start of the 2014 transmission season in the following prefectures: Attiki (2), Ileia (6), Rodopi (2) and Xanthi (1).

Neighbouring countries
Thirteen cases have been reported by Bosnia and Herzegovina, in Republika Srpska, in the following municipalities: Banja Luka (4), Trebinje (1), Novi Grad (1), Kljuc (1), Krupa na Uni (1), Mrkonjic Grad (1), Gornji Ribnik (1), Teslic (1), Laktasi (1) and Prijedor (1). Serbia has reported 26 cases of West Nile fever in the following regions: City of Belgrade (13), Juzno-backi district (3), Nisavski district (1), Kolubarski (1), Sremski (3), Juzno-banatski (3) and Podunavski (2). Russia has reported seven cases in the following oblasts: Samarskaya (6) and Belgorodskaya (1). Israel has recorded two cases of West Nile fever, one confirmed case from Netanya and one probable case from Tel Aviv, both were diagnosed in July.

Web sources: ECDC West Nile fever | ECDC West Nile fever risk assessment tool | West Nile fever maps |

ECDC assessment

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.

Actions

Since week 23, ECDC has been producing weekly West Nile fever (WNF) risk maps during the transmission season to inform blood safety authorities regarding WNF affected areas.

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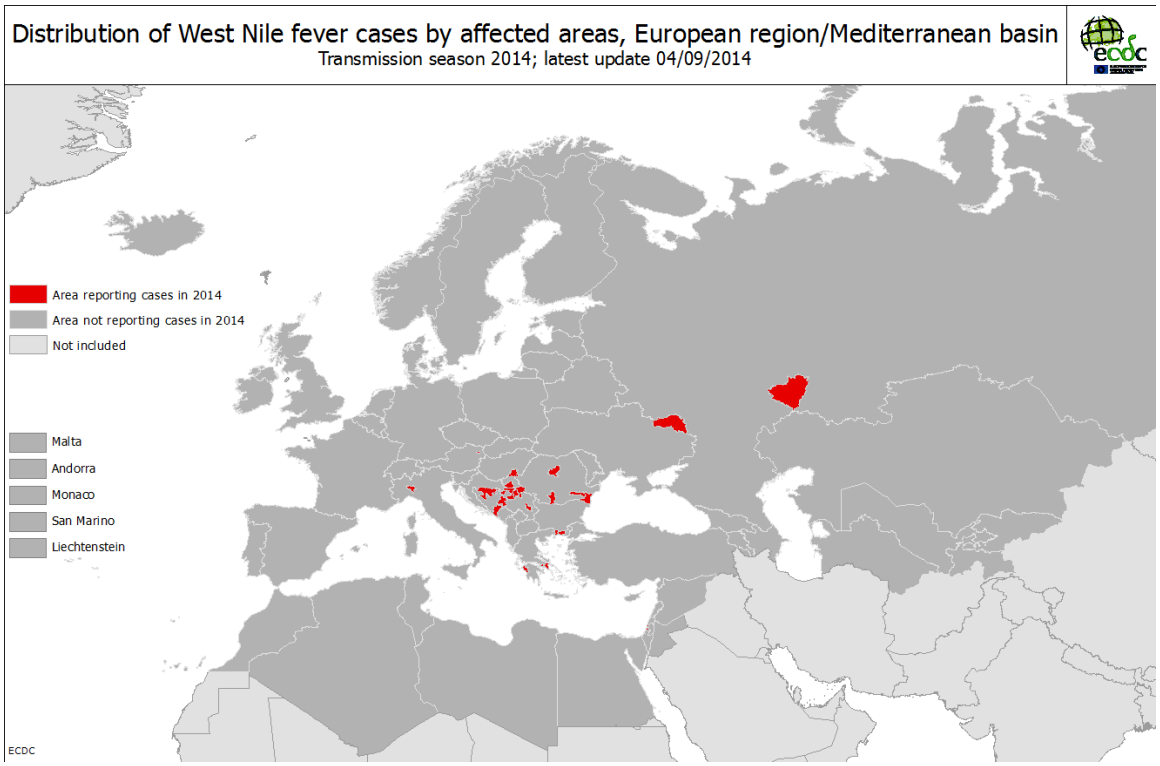

Monophasic Salmonella typhimurium MLVA clusters - Multistate

Opening date: 26 August 2014

Epidemiological summary

Two monophasic *S.* Typhimurium clusters with previously unseen related MLVA profiles, 3-12-17-NA-211 and 3-12-18-NA-211, were detected through TESSy molecular typing surveillance in August. The three countries initially involved, Denmark, Norway and Sweden, had not identified human cases with these MLVA profiles in the past. Three additional countries, Finland, Germany and the Netherlands, confirmed having identified cases with the two MLVA profiles for the first time in 2014. The isolates tested for antimicrobial susceptibility have a compatible antimicrobial resistance profile. Currently, 18 isolates with the MLVA type 3-12-17-NA-211 and four isolates with the type 3-12-18-NA-211 have been reported to TESSy. The samples were received at the reference laboratories between 23 June and 25 July. Thirteen of the cases are male and eight female (one unknown) with age ranging from 3 to 77 (median 43).
In total, 38 cases have been reported by 28 August by six countries: Denmark (16), Finland (9), Germany (6), Sweden (5), Norway (1) and The Netherlands (1). Two countries, Denmark and the Netherlands, have also identified one non-human isolate each. Based on available information, meat and particularly pork and beef are suspected vehicles of infection.

ECDC assessment

The recently detected 38 cases of monophasic *S.* Typhimurium with MLVA profile 3-12-17-NA-211 and 3-12-18-NA-211 occurring in six Member States are likely to be part of the same cluster. Given the typing delay and the fact that not all countries are performing MLVA typing, the number of cases currently detected is most likely to be underestimated. There is a need to gather information on the vehicles of infection of these MLVA profiles in feed, animals, and foods (of animal origin and non-animal origin) in order to narrow the hypothesis for further epidemiological studies.

Actions

ECDC will continue to monitor this event in EPIS-FWD. A Rapid Outbreak Assessment has been published on 05 September 2014.

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013 Latest update: 4 September 2014

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Epidemiological summary

As of 29 August 2014, around 658 500 suspected and confirmed cases of chikungunya virus infection have been reported from the affected countries and territories in the Caribbean and the rest of the Americas, including 37 fatalities. For the breakdown of figures please see the latest WHO PAHO update.

In reaction to the continued spread of chikungunya virus in the Americas and the start of the period with higher dengue circulation in Central America and the Caribbean, PAHO/WHO published an epidemiological alert on 29 August, advising countries who have the vector mosquito of both viruses (*Aedes aegypti*), to increase vector density reduction efforts in addition to establishing and maintaining dengue and chikungunya case management capacity, and to implement effective public communication strategies to eliminate mosquito breeding sites.

Several EU/EFTA countries have reported imported cases of chikungunya infection in patients with travel history to the affected areas: France, Greece, Italy, the Netherlands, Spain and Switzerland.

Web sources: PAHO update| ECDC Chikungunya | CDC Factsheet | Medisys page | CARPHA interactive chikungunya map

ECDC assessment

Epidemiological data indicate that the outbreak, which started in Saint Martin (FR), is still expanding and has reached North, Central and South America. Increasing case numbers have been observed from most of the affected areas. The vector is endemic in the region, where it also transmits dengue virus. Further spread of the outbreak is to be expected.

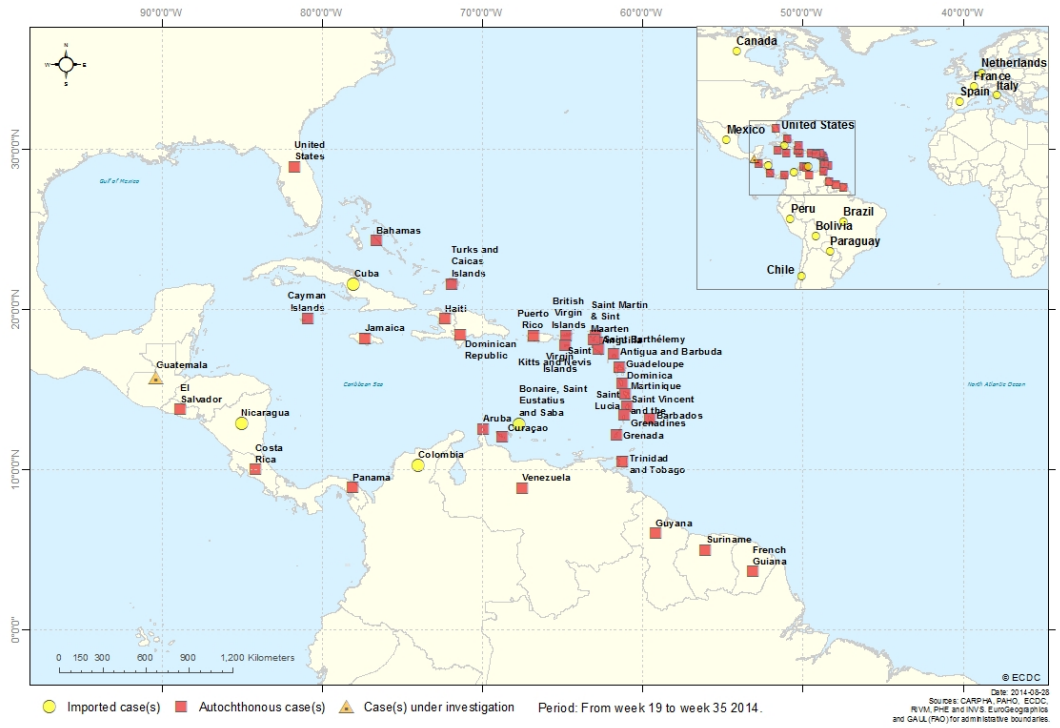
Vigilance is recommended for the occurrence of imported cases of chikungunya in tourists returning to the EU from the Caribbean, including awareness among clinicians, travel clinics and blood safety authorities.

Actions

ECDC updated its Rapid Risk Assessment and published it on 27 June 2014.

Chikungunya in the Caribbean as of 05 September 2014

ECDC



Outbreak of Ebola Virus Disease - West Africa - 2014

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Opening date: 22 March 2014 Latest update: 4 September 2014

Epidemiological summary

Distribution of EVD cases in the affected countries as of 31 August 2014:

- **Guinea:** 771 cases, including 494 deaths
- **Liberia:** 1 698 cases, including 871 deaths
- **Nigeria:** 21 cases, including 7 deaths
- **Sierra Leone:** 1 216 cases, including 476 deaths

There is an increasing number of media reports about suspected EVD cases and their systematic verification in several countries around the world, indicating that surveillance is working. To date, no cases have been found to be positive outside Guinea, Liberia, Nigeria or Sierra Leone with the exception of one case in Senegal in a Guinean national.

Web sources: WHO/AFRO outbreak news | WHO Ebola Factsheet | ECDC Ebola health topic page | ECDC Ebola and Marburg fact sheet |Risk assessment guidelines for diseases transmitted on aircraft | EID "Undiagnosed Acute Viral Febrile Illnesses, Sierra Leone"|

ECDC assessment

This is the largest ever documented outbreak of EVD with a number of reported cases and deaths that exceeds the case and death number of all historical outbreaks. It is also the largest outbreak in terms of geographical spread. The outbreak has not yet reached its peak and it is currently in a phase of rapid spread. Community resistance, inadequate treatment facilities and insufficient human resources in affected areas are among the challenges currently faced by the countries in responding to the EVD outbreak.

EVD is not an airborne disease and only symptomatic patients are contagious. Transmission requires direct contact with blood, secretions, organs or other bodily fluids of dead or living infected persons or animals. Therefore the risk of infection is considered very low if precautions are strictly followed. However, the increase in the number of new EVD cases in recent weeks, the urban transmission, and the fact that not all chains of transmission are known, is increasing the likelihood of visitors and travellers coming into contact with ill persons. The risk of exposure in healthcare facilities for EU residents and visitors to the affected areas is related to the implementation of effective infection transmission control measures in these settings and the nature of the care required. Recent reports of transmission to healthcare workers in different healthcare settings indicate that effective infection control measures are not being thoroughly implemented across healthcare facilities in the region.

Temporary recommendations from the Emergency Committee with regard to actions to be taken by countries can be found at: http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/

Actions

ECDC has published an updated rapid risk assessment.

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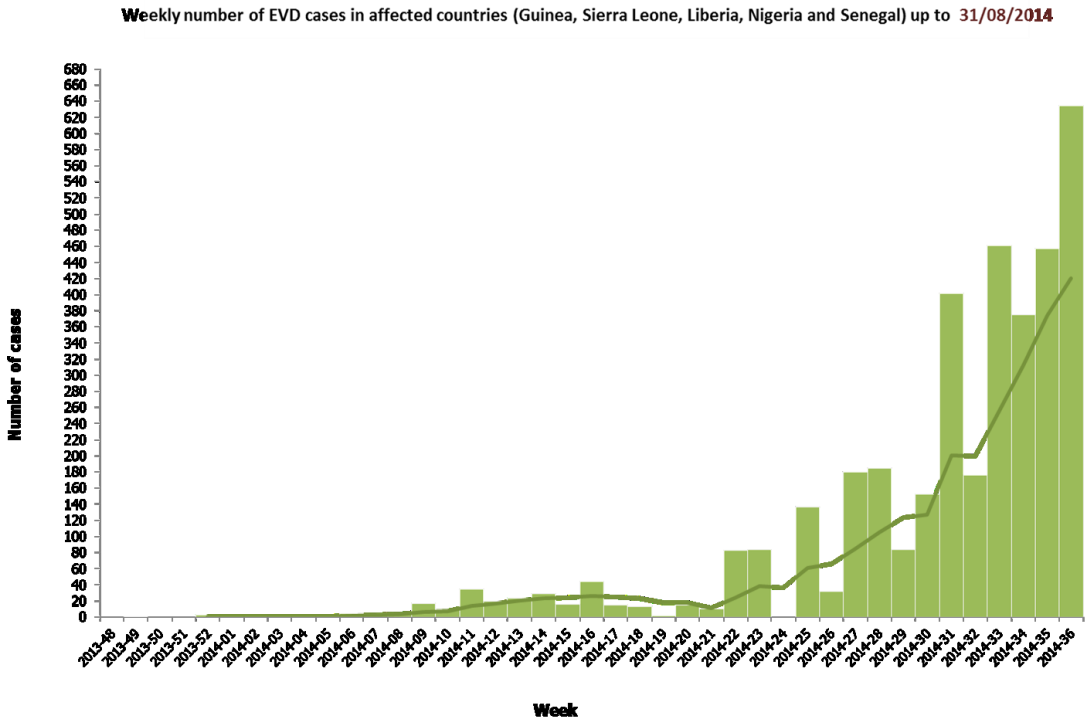
Distribution of EVD cases by week in Guinea, Liberia, Nigeria and Sierra Leone as of 31 August 2014(Incomplete data for week 36)

ECDC



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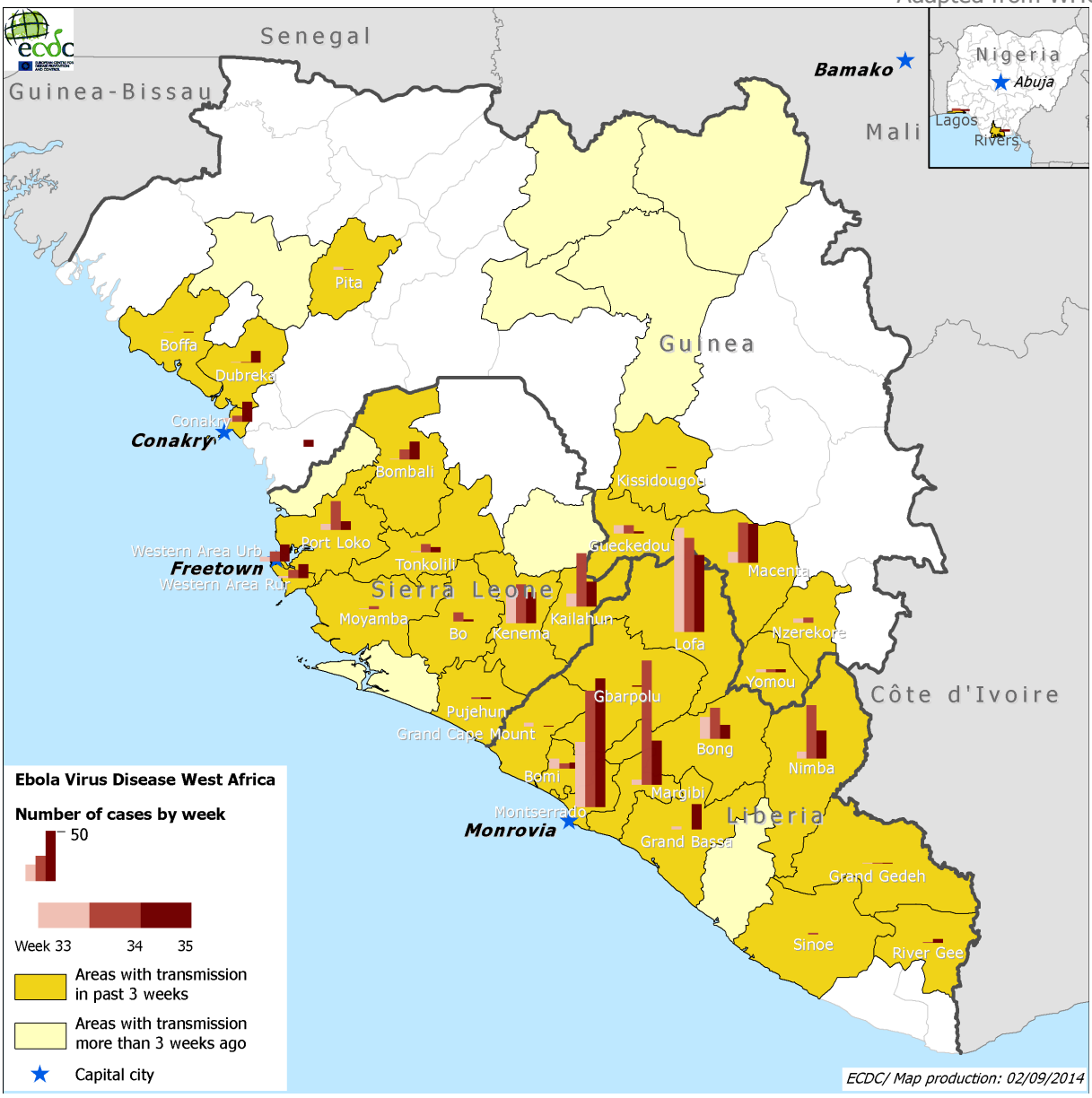
Distribution of EVD cases by week of reporting in Guinea, Liberia, Sierra Leone and Nigeria as of 31 August 2014

Adapted from WHO data



Ebola Virus Disease Outbreak - the Democratic Republic of Congo - 2014

Opening date: 26 August 2014

Epidemiological summary

On 26 August 2014, the Ministry of Health, Democratic Republic of the Congo (DRC) notified the World Health Organization (WHO) of an outbreak of EVD in Equateur Province. Between 28 July and 4 September 2014, 72 cases of EVD, including 48 deaths, have been identified. Among these, seven are healthcare workers six of whom have died. The index case was a pregnant woman from Ikanamongo Village who butchered a bush animal that had been killed and given to her by her hunter husband. She fell ill with symptoms of EVD and died on 11 August at a private clinic in Isaka Village. The index case and the contacts identified have no history of travel to the EVD-affected countries in West Africa and no history of contact with individuals from the affected areas.

A team of experts from the Ministry of Health, WHO, UNICEF, Centers for Disease Control and Prevention (CDC) and Medecins Sans Frontieres are in Boende health zone to support the response operations. As of 1 September, 285 out of 291 contacts exposed to suspected, probable and confirmed cases are identified for active follow-up.

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The species causing this outbreak has been identified as *Zaïre ebolavirus*. The strain was found to be 99% homologous to Kikwit 1995 strain and therefore different form the *Zaïre ebolavirus* strain circulating in West Africa.

Web Sources: WHO AFRO|ECDC factsheet

ECDC assessment

The outbreak in DRC is unrelated to the ongoing outbreak in West Africa.

The epidemiological features of this outbreak are consistent with previous outbreaks of EVD involving *Zaïre ebolavirus*. It is likely that more cases will be identified in the coming weeks, as active case-finding and contact monitoring is in place, and given the duration up to three weeks of the incubation period. However, control measures currently implemented with the support of international partners are expected to prevent further spread of the disease.

Actions

ECDC is monitoring this event through epidemic intelligence and is preparing a rapid risk assessment.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 4 September 2014

Epidemiological summary

On 27 August 2014, the Japanese Ministry of Health reported the first locally-acquired case of dengue fever in the country in nearly 70 years. The case was reported in Saitama city, a prefecture adjacent to Tokyo. The patient is a teenage girl with no travel history to dengue endemic areas.

As of 5 September 2014, 66 autochthonous dengue cases have been reported in Japan. None of the cases have recent overseas travel history and all cases visited the Yoyogi park, in Tokyo, in August. Cases do not share another exposure. Most cases reported a high fever. According to the Japanese Ministry of Health, Tokyo Metropolitan city has closed the park and implemented control measures, including fumigation, to control mosquito breeding sites. No information about genotyping is available yet.

ECDC will provide a more comprehensive update of the worldwide dengue situation in next week's Communicable Disease Threats Report (CDTR).

Web sources: ECDC Dengue | Healthmap Dengue | MedISys | Japan MoH |

ECDC assessment

This is the first documented autochthonous transmission of dengue fever in Japan in the last 70 years. In September 2013, dengue virus infection was reported from Germany in a female patient that was diagnosed nine days after she returned from a two week trip to Japan. She was reported by Germany as an imported case as transmission most likely occurred in Japan. *Aedes Albopictus*, one of the competent vectors for dengue transmission is well established and widely distributed in Japan (Kobayashi M et al, 2002). A report published in the *Japanese Journal of Infectious Diseases* found that *Aedes aegypti* was detected at Narita International Airport, Japan, in August 2012. A retrospective study following the German case found that the population density of *Aedes albopictus* is high in the urban areas of Japan.

Recently reported autochthonous transmission of dengue fever in France and Japan highlights the risk of locally-acquired cases occurring in countries where the competent vectors are present.

Actions

ECDC has published a technical report on the climatic suitability for dengue transmission in continental Europe and guidance for invasive mosquitoes' surveillance.

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Since week 28/2013, ECDC has been monitoring dengue on a bi-weekly basis.

Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013 Latest update: 4 September 2014

Epidemiological summary

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, human cases have continued to be reported, and as of 4 September 2014, there were 453 laboratory-confirmed cases: Zhejiang (139), Guangdong (109), Jiangsu (56), Shanghai (42), Fujian (22), Hunan (24), Anhui (18), Jiangxi (6),Henan (4), Beijing (4), Guangxi (4), Shandong (4), Hebei (1), Guizhou (1), Jilin (2), Xinjiang Uygur (2), Hong Kong (10), Taiwan (4) and one imported case in Malaysia. In addition, there was one case in Malaysia and one fatal case in Canada, both exported from China. The second wave of the outbreak started in October 2013. Since then 318 cases have occurred. The number of reported cases has been declining since April 2014 and only sporadic cases have been reported during the past months.

Most cases have developed severe respiratory disease. One hundred and seventy-five patients have died.

Web sources: Chinese CDC | WHO | WHO FAQ page | ECDC |

ECDC assessment

This outbreak is caused by a novel reassortant avian influenza virus capable of causing severe disease in humans. Currently, the most likely scenario is that this remains a local, although geographically widespread, zoonotic outbreak, in which the virus is transmitted sporadically to humans in close contact with the animal reservoir, similar to the influenza A(H5N1) situation.

Imported cases of influenza A(H7N9) may be detected in Europe. However, the risk of the disease spreading among humans following an importation to Europe is considered to be very low. People in the EU presenting with severe respiratory infection and a history of potential exposure in the outbreak area will require careful investigation in Europe.

Actions

The Chinese health authorities continue to respond to this public health event with enhanced surveillance, epidemiological and laboratory investigation, including scientific research. ECDC is closely monitoring developments.

ECDC published an updated Rapid Risk Assessment on 26 February 2014.

ECDC published a guidance document Supporting diagnostic preparedness for detection of avian influenza A(H7N9) viruses in Europe for laboratories on 24 April 2013.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 4 September 2014

Epidemiological summary

During the past week no new cases of WPV1 have been reported. Worldwide, 149 cases have been reported to WHO so far in 2014, compared with 416 for the same time period in 2013. In 2014, nine countries have reported cases: Pakistan (117 cases), Afghanistan (8 cases), Equatorial Guinea (5 cases), Nigeria (6 cases), Somalia (4 cases), Cameroon (5 cases), Iraq (2 cases), Syria (1 case), and Ethiopia (1 case).

After the declaration of PHEIC, WHO issued a set of Temporary Recommendations that call for the vaccination of all residents in and long-term visitors to countries with polio transmission prior to international travel.

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet |Temporary Recommendations to Reduce International Spread of Poliovirus

ECDC assessment

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Europe is polio-free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. The latest 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 WPV in several countries and the documented exportation of WPV to other countries support the fact that there is a potential risk for WPV being re-introduced into the EU/EEA. The highest risk of large poliomyelitis outbreaks occurs in areas with clusters of unvaccinated populations, people living in poor sanitary conditions, or a combination of the two.

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? | WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus, 5 May 2014

Actions

ECDC follows 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 of travel recommendations for the EU.

On 4 September 2014 ECDC published a news item regarding the WHO IHR Emergency Committee decision to add Equatorial Guinea as a wild poliovirus exporting country and the renewal of the WHO PHEIC recommendations.

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

Opening date: 24 September 2012 Latest update: 4 September 2014

Epidemiological summary

Since April 2012 and as of 4 September 2014, 858 cases of MERS-CoV have been reported by local health authorities worldwide, including 335 deaths.

Confirmed cases and deaths by region:
Middle East
Saudi Arabia: 726 cases/302 deaths
United Arab Emirates: 73 cases/9 deaths
Qatar: 7 cases/4 deaths
Jordan: 18 cases/5 deaths
Oman: 2 cases/2 deaths
Kuwait: 3 cases/1 death
Egypt: 1 case/0 deaths
Yemen: 1 case/1 death
Lebanon: 1 case/0 deaths
Iran: 5 cases/2 death

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

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

Asia

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Malaysia: 1 case/1 death
Philippines: 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

The source of MERS-CoV infection and the mode of transmission have not been identified. Dromedary camels are a host species for the virus, and many of the primary cases in clusters have reported direct or indirect camel exposure. Almost all of the recently reported secondary cases, many of whom are asymptomatic or have only mild symptoms, have been acquired in healthcare settings. There is therefore a continued risk of cases presenting in Europe following exposure in the Middle East, and international surveillance for MERS-CoV cases is essential.

The risk of secondary transmission in the EU remains low and can be reduced further through screening for exposure among patients presenting with respiratory symptoms (and their contacts) and strict implementation of infection prevention and control measures for patients under investigation.

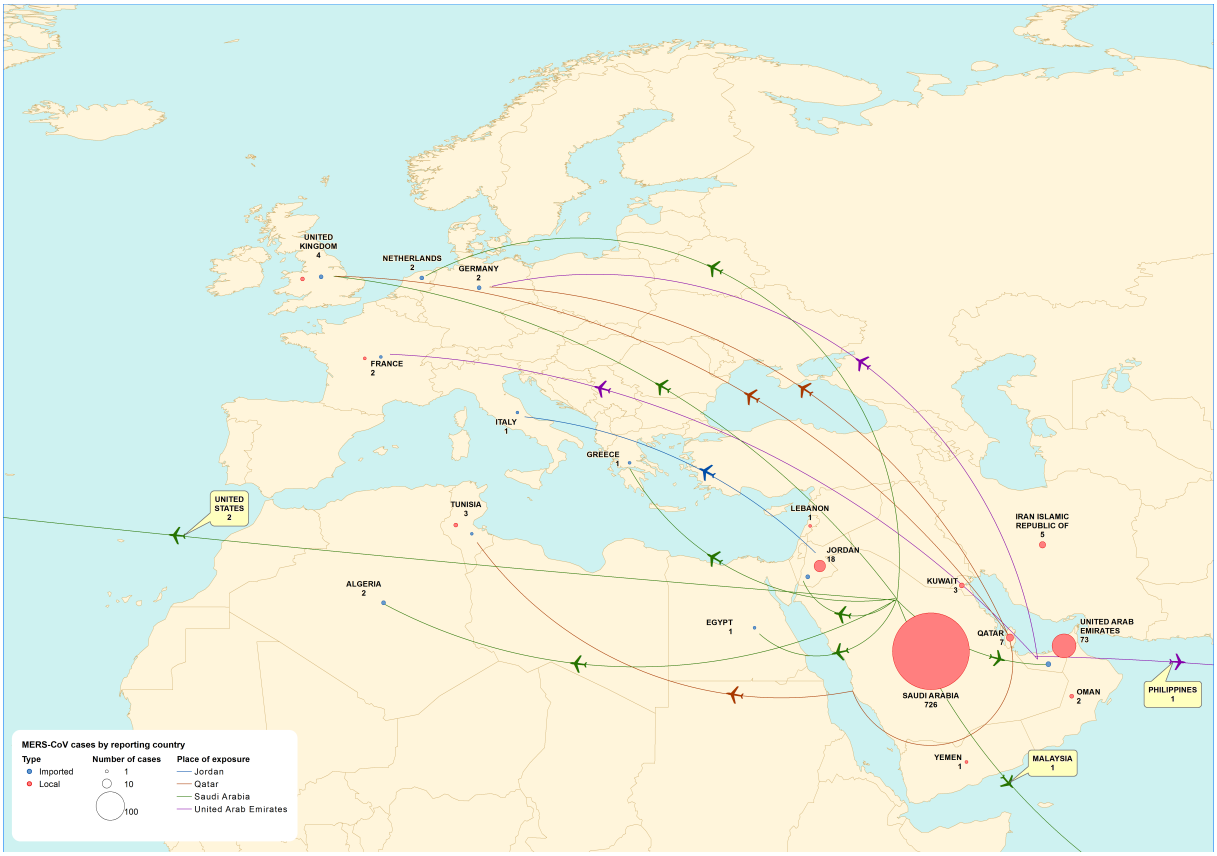
Actions

ECDC published an epidemiological update on 2 July 2014.
The last rapid risk assessment was updated on 21 August 2014.
ECDC is closely monitoring the situation in collaboration with WHO and EU Member States.
ECDC published a factsheet for health professionals regarding MERS-CoV on 20 August 2014.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Distribution of MERS-CoV cases by place of reporting as of 04 September 2014 (n = 858)

Source: ECDC



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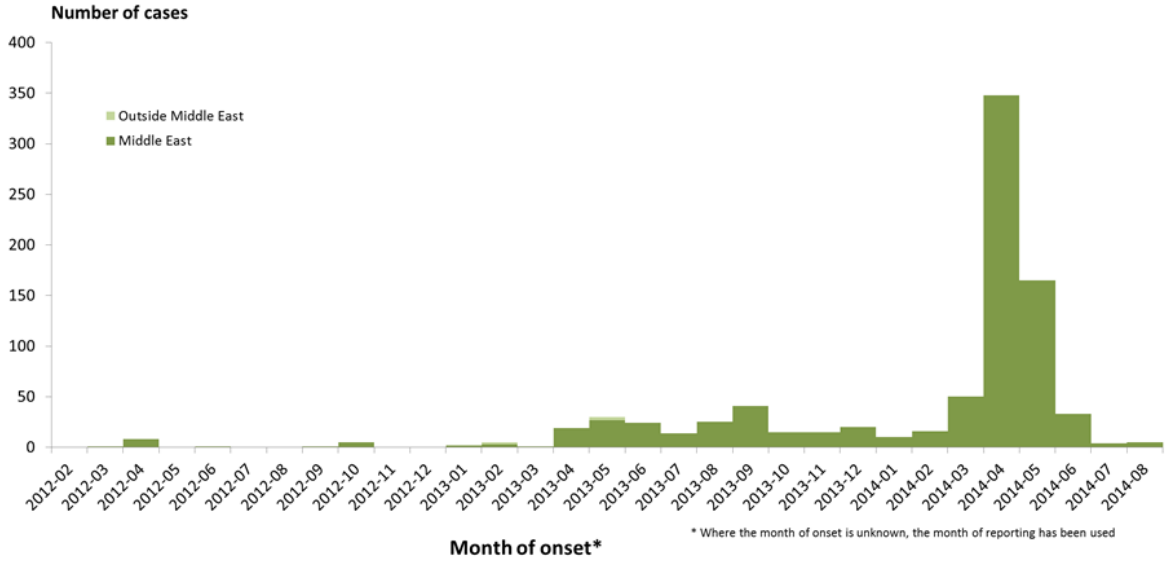
Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – September 2014 (n=858)

Source: ECDC



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

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