COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 33, 13-19 August 2017

All users

This weekly bulletin provides updates on threats monitored by ECDC.

News
ECDC publishes tool for the prioritisation of infectious disease threats

This qualitative tool, implemented as an Excel workbook, is based on multi-criteria decision analysis (MCDA). It enables users to rank infectious disease threats in a transparent, comparable and methodologically reproducible manner. The tool enables the relative ranking of different infectious disease threats.

Strategic decision making necessarily involves the prioritisation of actions. Expert opinion is crucial in making prioritisations, particularly when empirical data are lacking or uncertain. It is, however, undesirable to base planning on the input from just a few experts, even if they are highly qualified, as cognitive bias can never be completely ruled out.

The purpose of a ranking exercise with this ECDC tool is to systematically pool expert opinion to distinguish pathogens according to their epidemic and societal impact properties, allowing for a relative comparison of the threats posed by these pathogens. In addition to the results of the ranking exercises, the process itself is valuable for infectious disease preparedness planning, because it requires structured discussions and information exchange among relevant experts and stakeholders.

I. Executive summary

EU Threats

Chikungunya - France - 2017

Opening date: 11 August 2017 Latest update: 18 August 2017

As of 17 August 2017, France reported two confirmed autochthonous chikungunya cases in the Var district, in southern France. The first case who lives in Cannet-des-Maures in Var district and works in Alpes-Maritimes district had onset of symptoms on 1 August. The diagnostic was confirmed by two PCR tests on 9 an 11 August. The second case, a 67-year-old neighbour of the first case, had onset of symptoms on 8 August and was confirmed on 14 August.

Source: France | Chikungunya factsheet | VectorNet map

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West Nile virus – Multistate (Europe) – Monitoring season 2017

Opening date: 30 May 2017 Latest update: 18 August 2017

During the West Nile virus transmission season, from June to November, ECDC monitors the occurrence of cases of West Nile fever in EU Member States and neighbouring countries in order to inform the blood safety authorities about areas with ongoing virus transmission. In 2016, 214 human cases of West Nile fever were reported in the EU Member States and 267 cases in the neighbouring countries.

➔Update of the week

Between 10 and 17 August, Greece reported four new cases in a previously affected area, Italy, two cases in the Emilia Romagna region, Romania, three cases in new areas in 2017 and Serbia, one new case in a newly affected area. In addition, Italy reported one West Nile fever *Equidae* case in Viterbo, Lazio region through the Animal Disease Notification System (ADNS) of the European Commission one West Nile fever.

Source: ADNS | TESSy

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 18 August 2017

Romania and Italy have been experiencing large outbreaks of measles in 2017. Cases continue to be reported despite ongoing reinforced vaccination activities at the national level. All EU/EEA countries have reported measles cases this year, except for Latvia, Liechtenstein, Malta and Norway.

➔Update of the week

This week, Austria, Denmark, France, Germany, Romania and the United Kingdom have provided updated case counts and several other countries have reported outbreaks. According to national public health authorities, measles have caused 40 deaths in EU countries in 2016 and 2017. In 2016, deaths occurred in Romania (12) and the UK (1). In 2017, deaths were reported from Romania (20), Italy (3), Bulgaria (1), Germany (1), Portugal (1) and France (1).

Non EU Threats

New! Enterovirus/coxsackie virus infections - Turkey -2017

Opening date: 16 August 2017 Latest update: 18 August 2017

Since July 2017, Russian authorities are reporting enterovirus/coxsackie virus infections among Russian tourists returning from Turkey. Control measures have been undertaken in Turkey with regards to enterovirus infections, especially in tourist establishments in Antalya province. Turkey does not have a surveillance system for coxsackie virus infection but clinical infections are detected and reported every year, especially during summer and early autumn. ECDC is not aware of laboratory confirmation of cases.

Seasonal influenza – Asia - 2017

Opening date: 11 July 2017 Latest update: 18 August 2017

The influenza season in Asia and Oceania has been monitored over the past months due to signals of unusually severe impact.

Hong Kong | Taiwan | Macau | China | WHO

➔Update of the week

Hong Kong health authorities are reporting that local influenza activity has further decreased but some indicators have not yet returned to inter-season levels. The peak of influenza-like-illness (ILI) rates in primary care consultations, the number and proportion of influenza positive samples and the number of severe influenza cases have been higher than during the corresponding seasonal peaks in the past 4 years. Southern China, Macau, Taiwan and New Zealand are also seeing a decreasing trend, with some areas still heavily affected.

In Australia, the influenza activity at the national level continued to increase and ILI rates, emergency room admissions and influenza positivity rates in clinical samples have already indicated an unusually severe clinical and population impact in Queensland and New South Wales, the first affected states. This increase in activity occurred approximately one month earlier than in 2016, indicating that the season is underway in a majority of regions across Australia.

According to WHO, in Oceania, seasonal influenza activity continues to increase, with influenza A(H3N2) and B viruses present in the region.

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II. Detailed reports

Chikungunya - France - 2017

Opening date: 11 August 2017 Latest update: 18 August 2017

Epidemiological summary

On 11 August 2017, France posted a EWRS message regarding an autochthonous case of chikungunya detected in the Var district, in southern France. As of 17 August 2017, France reported two confirmed autochthonous chikungunya cases in Var district. The first case who lives in Cannet-des-Maures in the Var district and works in the Alpes-Maritimes district had onset of symptoms on 1 August. The diagnostic was confirmed by two PCR tests on 9 an 11 August. The second case, a 67-year-old neighbour of the first case, had onset of symptoms on 8 August and was confirmed on 14 August. There is no recent report of imported chikungunya cases in the Var or Alpes-Maritimes districts that could account for the introduction of the virus in the area. French authorities have implemented measures related to vector control, case finding, blood safety and sensitised the public and physicians.

Background: In October 2014, an outbreak involving 12 autochthonous chikungunya cases was detected in Montpellier, a town in the south of France where the competent vector *Aedes albopictus* is established. The index case was a person returning from Cameroon.

Sources: EWRS | France

ECDC assessment

Aedes albopictus is established in the southern part of France and in regions of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Italy, the former Yugoslav Republic of Macedonia, Malta, Montenegro, Romania, Slovenia, Spain and Switzerland (see VectorNet map). In previous years, France has detected several autochthonous clusters of chikungunya and dengue and has acquired experience in managing such clusters. Control measures have been implemented to mitigate the risk of further transmission. Clusters of locally acquired infections are not unexpected around the introduction of the virus by a returning traveller.

Actions

ECDC is in contact with the French authorities to assess this event and is preparing a rapid risk assessment.

West Nile virus – Multistate (Europe) – Monitoring season 2017

Opening date: 30 May 2017 Latest update: 18 August 2017

Epidemiological summary

Since the beginning of the 2017 transmission season and as of 10 August 2017, Greece reported 24 human cases of West Nile fever (five confirmed and 19 probable), Italy reported three confirmed cases were reported by Italy, Romania reported four cases, Israel reported four and Serbia three.

In *Equidae*, Member States reported 18 West Nile fever cases through ADNS, ten in Italy and eight in Argolida, Greece.

Source: ECDC WNF page | ADNS | TESSy

ECDC assessment

The current West Nile fever epidemiological situation is consistent with observations of seasonal virus transmission from previous years. According to the Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area of locally acquired West Nile virus unless an individual nucleid acid test (NAT) is negative.

Actions

Since 2011, ECDC has been producing weekly maps displaying the areas (NUTS 3 level) where human West Nile fever cases are detected during the transmission season. The aim of these maps is to inform blood safety authorities of West Nile fever-affected

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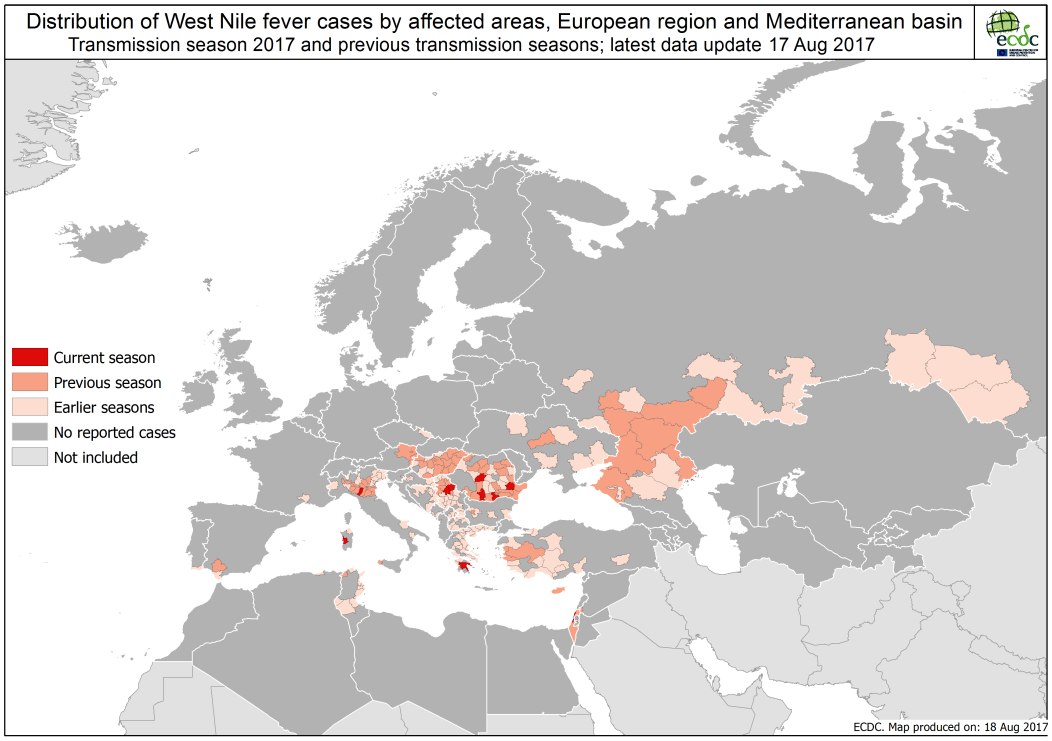
areas to support the implementation of the blood safety directive.

Distribution of West Nile fever cases by affected areas as of 17 August

ECDC



Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 18 August 2017

Epidemiological summary

Epidemiological summary EU/EEA countries, with updates since last week:

Austria has reported one case since 11 August 2017. In 2017, as of 11 August, Austria reported 81 measles cases. This exceeds the number of measles cases in 2016.

On 16 August 2017, **Denmark** reported one measles case residing in West Zealand, Denmark. The case, an immigrant with uncertain vaccination status, returned to Denmark after staying in Poland in July 2017. This is the second case of measles in 2017 in Denmark. In 2016, Denmark reported three cases.

France: Media reported six measles cases, two adults and four children, in the north of Ardèche district between early July and 9 August 2017. In 2017, as of 31 July, France reported 387 cases, including one death. In 2016, France reported 79 cases.

Germany has reported ten cases since the last report on 11 August 2017. In 2017, as of 16 August, Germany reported 828 measles cases. During the same time period in 2016, Germany reported 210 cases.

Romania has reported 38 cases since 11 August 2017. Since 1 January 2016 and as of 11 August 2017, Romania reported 8 493 cases, including 32 deaths. Of these, 1 969 cases were reported during 2016, and 6 524 cases were reported in 2017.

United Kingdom: On 16 August 2017, media reported four additional cases related to the outbreak in Newport and Torfaen, Wales, bringing the number of cases related to this outbreak to 16.

ECDC assessment

Measles outbreaks continue to occur in EU/EEA countries. There is a risk of spread and sustained transmission in areas with

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susceptible populations. Vaccination with two doses remains the most effective measure.

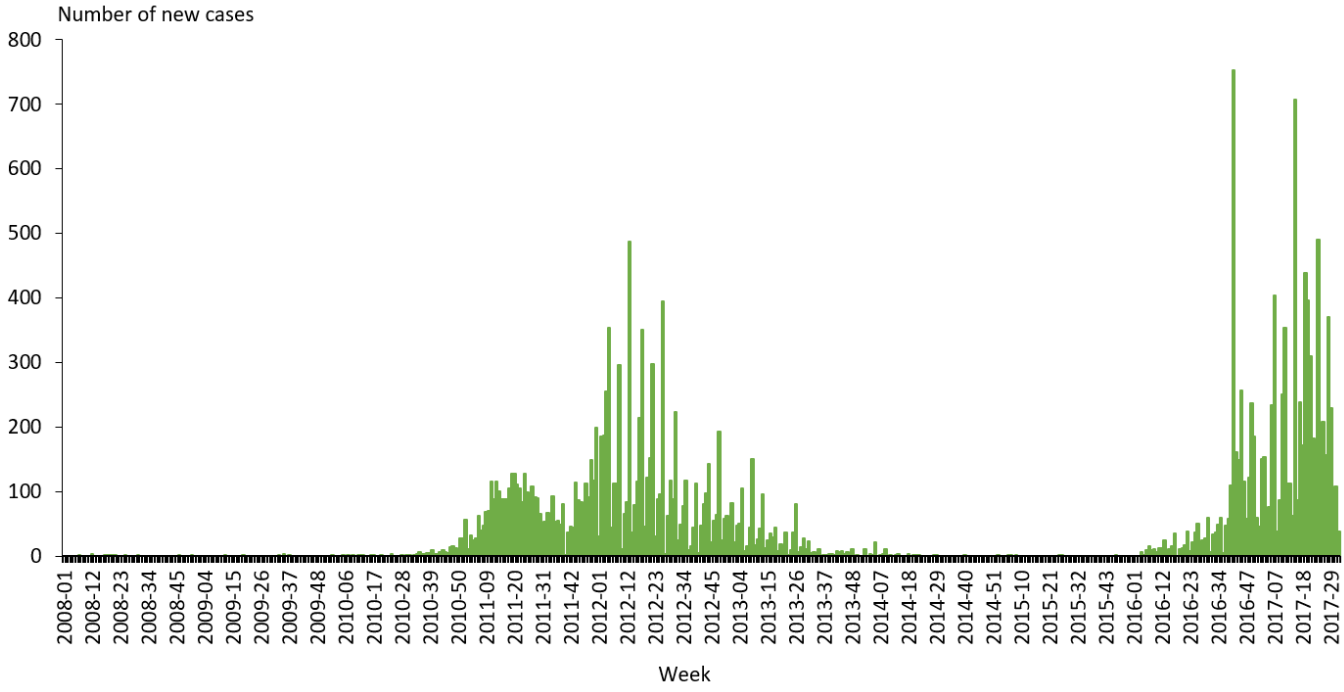
ECDC link: Measles page

Actions

EU/EEA countries report measles cases on a monthly basis to ECDC who publishes them monthly. Since 10 March 2017, ECDC has been reporting on measles outbreaks in Europe on a weekly basis. ECDC also monitors worldwide outbreaks on a monthly basis through epidemic intelligence activities. ECDC published a rapid risk assessment on 6 March 2017.

New measles cases per week of reporting, week 2008-1 to 2017-32, Romania

Data source: National Institute of Public Health Romania and TESSy (ECDC)



*From 2008 to 2016-39 data from TESSy, from 2016-40 onwards data from Romanian MoH

New! Enterovirus/coxsackie virus infections - Turkey -2017

Opening date: 16 August 2017 Latest update: 18 August 2017

Epidemiological summary

Since July 2017, Russian authorities have reported enterovirus/coxsackie virus infections among Russian tourists returning from Turkey. However, there is no information about the number of cases, the clinical presentation or laboratory confirmation.

Between 1 July and 14 August 2017, Turkey reports 337 cases of "viral gastroenteritis" among children less than 10 years of age and 24 cases among children above 10 years of age. In addition, Turkey reports 17 cases clinically diagnosed cases of hand, foot and mouth disease (HFMD) among children below 10 years of age. The disease was self-limiting and no clinical complications were observed. The authorities confirm that detection of HFMD cases at this time of the year is neither unusual nor unexpected. Control measures have been implemented in Turkey with regards to enterovirus infections, especially in tourist establishments in Antalya province. Turkey does not have a surveillance system for coxsackie virus infection but clinical infections are detected and reported every year, especially during summer and early autumn.

Coxsackie and echovirus are spread through the oral-faecal route and contact with pharyngeal secretions, by aerosols or through water. Infection can result in a wide variety of symptoms ranging from mild respiratory illness, HFMD, acute haemorrhagic conjunctivitis, aseptic meningitis, myocarditis, severe neonatal sepsis-like disease, and acute flaccid paralysis. The diagnosis of HFMD is mainly a clinical diagnosis and most people recover fully.

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ECDC assessment

According to Turkish authorities, the occurrence of viral gastroenteritis infections or HFMD infections in Turkey during the summer in touristic places is not unexpected. The absence of increased gastroenteritis and HFMD cases among returning travellers from Turkey in EU countries and the absence of detailed data from Russia on the alleged cases do not support the hypothesis of an abnormally large outbreak in Turkey. Personal hygiene measures, such as hand washing with soap, disinfecting contaminated surfaces and avoidance of close contact with sick people, should be strictly followed.

SOURCE: Russian MoH

Actions

ECDC contacted Member States and travel medicine networks to assess this event.

Seasonal influenza – Asia - 2017

Opening date: 11 July 2017 Latest update: 18 August 2017

Epidemiological summary

In Hong Kong, the latest surveillance data showed that the local influenza activity has further decreased from the peak but some indicators have not yet returned to the levels recorded during inter-season periods. Since 5 May and as of 17 August 2017, Hong Kong has reported 536 severe cases of influenza-associated admissions to intensive care units including 388 deaths. Most of the cases (486) were due to A(H3N2). In 2017, 27 cases of severe influenza-associated complications and four deaths have been reported in children.

In Southern China by 6 August 2017, the influenza activity started to decrease from the summer peak. In Macau the number of ILI cases in emergency departments has significantly decreased from the peak and the overall influenza situation has eased. In Taiwan the numbers and proportions of ILI cases in emergency and outpatient departments show a decreasing trend. In New Zealand, the influenza-like illness consultation rates decreased compared to the previous week, while remaining above the seasonal threshold level.

In Australia, the influenza activity at the national level continued to increase, and ILI rates, emergency room admissions and influenza positivity rates in clinical samples have already indicated an unusually severe clinical and population impact in Queensland and New South Wales, the first affected states. This increase in activity occurred approximately one month earlier than in 2016, indicating also that the season is underway in a majority of regions across Australia.

Hong Kong | Taiwan | Macau | China | Myanmar | Australia

ECDC assessment

During the past months, an increase of seasonal influenza activity in Asia and Oceania was reported, with a significant impact on Hong Kong, Macau, Taiwan and Australia where the main circulating influenza virus type was A(H3N2). In Hong Kong, most indicators suggest that the number of cases and hospitalisations are above the numbers seen since 2013 during this time of year.

Vaccination remains the best documented and most effective preventive measure against influenza. Early treatment and post-exposure prophylaxis with antivirals (neuraminidase inhibitors) can assist in protecting the elderly and people in risk groups from severe influenza illness. The circulating viruses analysed so far show susceptibility to the antiviral drugs oseltamivir and zanamivir. As advised during previous seasons, physicians should always consider early treatment (i.e. within 48 hours of symptom onset for oseltamivir and 36 hours for zanamivir) or post-exposure prophylaxis with neuraminidase inhibitors when treating influenza-infected patients and exposed individuals who belong to risk groups.

Self-isolation, hand-washing and good respiratory hygiene/cough etiquette are effective and simple measures recommended to reduce transmission and to protect individuals against infection. However, strict compliance to these measures is difficult to implement.

Actions

ECDC has been in contact with WHO and local health authorities to obtain additional information. ECDC monitors this event through epidemic intelligence in order to prepare communication activities and advice for the upcoming European influenza

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season.

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