

This weekly bulletin provides updates on threats monitored by ECDC.

News

Revised version of the vaccine scheduler

ECDC has launched a new version of the [vaccination schedule platform](#).

The most visible change for users is the indication of which vaccines are mandatory in the respective national vaccination schedules.

The vaccine scheduler is a popular ECDC tool that has been online since 2013. It displays the vaccination policies in the 31 EU/EEA countries. Vaccine schedules can be presented by country, as a two-country comparison, or as a policy overview for specific vaccine-preventable diseases.

If you would like any information to be updated or corrected, please contact the Vaccine-preventable diseases programme vpd@ecdc.europa.eu.

I. Executive summary

EU Threats

Chikungunya - France - 2017

Opening date: 11 August 2017

Latest update: 25 August 2017

As of 22 August 2017, France has reported four confirmed and one probable autochthonous cases of chikungunya in the Var department in southern France. All cases live in the same neighbourhood in Cannet-des-Maures (Var) and had onset of symptoms between 2 August and 17 August 2017.

Source: [France](#) | [Chikungunya factsheet](#) | [VectorNet map](#)

→Update of the week

Since the last CDTR and as of 22 August 2017, two additional confirmed cases and one probable case have been identified. Among these cases, one lives in the same household as a previously reported case and two live in the same neighbourhood as the other confirmed cases.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 25 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. This week, updates are also provided for countries outside EU/EEA.

→Update of the week

This week, updates are provided for Austria, Denmark, Italy and Romania. According to national public health authorities, measles have caused a total of 40 deaths in EU countries in 2016 and 2017. In 2016, deaths occurred in Romania (12) and the UK (1). In 2017, deaths have been reported from Romania (20), Italy (3), Bulgaria (1), Germany (1), Portugal (1) and France (1).

Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 25 August 2017

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. No new outbreaks have been detected in the EU since March 2017.

→Update of the week

No new outbreaks have been detected since March 2017.

[ECDC measles and rubella monitoring, data from 1 June 2016 - 31 May 2017](#) |

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

Opening date: 30 May 2017

Latest update: 25 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 17 and 24 August 2017, Greece reported 13 new cases in a previously affected area. Two cases in newly affected areas were reported by Romania. Austria and Hungary reported their first cases: Austria reported four and Hungary two. Serbia reported a new case in an already affected area.

In addition, Italy reported nine West Nile fever *Equidae* cases in Padova and Rovigo through the Animal Disease Notification System (ADNS) of the European Commission.

Source: [ADNS](#) | [TESSy](#)

Non EU Threats

Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 25 August 2017

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission of the virus has completely stopped and the world becomes polio-free. Polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) on 5 May 2014 due to concerns regarding the increased circulation and international spread of wild poliovirus during 2014. On 3 August 2017, the [IHR Emergency Committee](#) agreed that the international spread of poliovirus remains a PHEIC and recommended that the temporary recommendations should be extended for a further three months.

→Update of the week

Since the last CDTR update on 11 August 2017, one new wild poliovirus type 1 (WPV1) has been reported in Afghanistan, and three type 2 circulating vaccine-derived poliovirus (cVDPV2) were officially reported in Syria.

II. Detailed reports

Chikungunya - France - 2017

Opening date: 11 August 2017

Latest update: 25 August 2017

Epidemiological summary

On 11 August 2017, France notified through the Early Warning and Alert System (EWRS) an autochthonous case of chikungunya virus infection detected in the Var department, southern France. As of 22 August 2017, France reported four confirmed and one probable autochthonous chikungunya cases in Var department, all living in the same neighbourhood in Cannet-des-Maures (Var). The dates of onset of the four confirmed and one probable cases range from 2 August to 17 August 2017.

There is no recent report of imported chikungunya cases in the Var or Alpes-Maritimes departments 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 to this issue.

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](#)). The report of a cluster of autochthonous chikungunya cases in areas of Europe where *Aedes albopictus* is established is not unexpected during the summer months, when environmental conditions are favourable for mosquitoes. In previous years, France detected several autochthonous clusters of chikungunya and dengue and acquired experience in managing such clusters. The identification of additional cases associated with this cluster through active surveillance is possible, in particular since the primary case who may have introduced the virus into the area has not been identified. Further transmission in the area is unlikely following the implementation of vector control measures. The risk for a large expansion of the transmission area is very low.

Actions

ECDC published the rapid risk assessment on the "[Cluster of autochthonous chikungunya cases in France](#)" on 24 August 2017.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 25 August 2017

Epidemiological summary

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

Austria has reported two cases since 18 August 2017. In 2017, as of 18 August, Austria has reported 83 measles cases. This exceeds the number of measles cases in 2016.

On 23 August 2017, **Denmark** reported one additional cases in South Zealand and one in Central Zealand. In 2017, as of 23 August, Denmark has reported four cases. In 2016, Denmark reported three cases.

Italy has reported 133 cases since 11 August 2017. In 2017, as of 22 August, Italy has reported 4 220 cases, including three deaths. Of these cases, 283 are healthcare workers. The median age is 27 years; 88% of the cases were not vaccinated, and 7% received only one dose of vaccine. In 2016, Italy reported 861 cases.

Romania has reported 310 cases since 18 August 2017. Since 1 January 2016 and as of 18 August 2017, Romania reported 8 803 cases, including 32 deaths. Of these, 1 969 cases were reported in 2016, and 6 834 cases were reported in 2017.

Non-EU countries, cases since last month

Australia Since the beginning of August 2017 and as of 18 August, Australia has reported three measles cases in a school in Perth (Western Australia).

Bangladesh: On 24 July 2017, Bangladesh reported one additional death since the latest report on 21 July. According to news [media](#), in July 2017 more than 100 children were hospitalised due to measles. Ten cases died. The cases occurred in Sitakunda's Tripura Para in the south of the country where measles vaccination activities ceased seven years ago.

DR Congo: In 2017, as of 4 July, DR Congo has reported 24 845 suspected measles cases, including 315 deaths. This is an increase of 3 347 since the latest report on 21 July. The incidence of new cases has declined since the current outbreak peaked in early 2017.

Ethiopia: In 2017, as of 6 August, Ethiopia has reported 2 601 cases. This is an increase by 355 cases since the latest report on 21 July. Of the reported cases, 17.2% were unvaccinated, and 43.8% had an unknown immunisation status.

Israel: On 14 August 2017, Israel reported nine cases of measles among soldiers, diagnosed between 7 and 14 August. The index case had visited his family in Ukraine where he likely contracted the disease. During the past four months, Israel has reported 26 measles cases.

Kenya: Measles outbreaks have been ongoing in Dagahaley, Dadaab, and IFO refugee camps in Garissa County since March 2017 and in Mandera county since June 2017. As of 31 July, 49 cases (12 confirmed) were reported, including one death.

Liberia: In 2017, as of 13 August, Liberia has reported 1 027 suspected measles cases, an increase of 85 cases since the last report on 21 July. Of the suspected cases, 859 were tested with 143 positive, 671 negative, 45 equivocal and 12 pending. One hundred forty-eight of the suspected cases were compatible with measles and epi-linked. Of the 705 equivocal and negative cases, 608 samples have been tested for rubella, 305 of which were positive.

Nigeria: In 2017, as of 30 July, Nigeria has reported 15 607 suspected measles cases, including 89 deaths. During the same time period in 2016, 20 964 suspected cases and 84 deaths were reported.

Oman: In 2017, as of 19 August, Oman reported 89 measles cases, compared with 114 cases in 2016.

Russia: In the first half of 2017, Russia reported 127 cases of measles, including 76 children under the age of 18. During the same time period in 2016, 64 suspected cases were reported.

Somalia: In 2017, as of 31 July, Somalia has reported 14 823 suspected cases, compared with 5 000 to 10 000 cases per year since 2014. More than 80% of cases of the current outbreak are children under 10 years of age.

South Africa: In 2017, as of 14 July, South Africa has reported 102 cases of measles. Most cases were reported from an ongoing outbreak in Gauteng province (54 cases) and from an outbreak in Western Cape province (30). Measles cases in Gauteng Province are continuing to increase. Many of the cases are above five years of age, which is outside the age groups targeted by the national measles vaccination campaign.

Syria: Between 16 and 22 July 2017, Syria has reported 34 suspected measles cases, with most cases from rural Damascus (9), Ar-Raqqa (5), Damascus (6), and Hama (5). During the first six months of 2017, Syria has reported 352 confirmed measles cases. Most of the cases were reported in April (92 cases).

Thailand: In 2017, as of 15 July, Thailand has reported 1 926 cases from 71 provinces. No deaths were reported. The highest morbidity rate was in the south of Thailand.

Uganda: Between 24 April and 9 August 2017, 282 cases (including one death, CFR: 0.4%) were reported from Kampala (216 cases and one death) and Wakiso (66 cases). The outbreak is being attributed to low immunisation coverage, especially among large peri-urban populations. A preliminary analysis shows that only 3% of the reported cases had previous measles vaccination.

Ukraine: In 2017, as of 18 August, news media reported 22 cases of measles in Kiev, compared to four cases in the same period in 2016. As of 8 August, Ukraine has reported nearly 700 suspected measles cases in the **Ivano-Frankivsk region**. During the first half of 2017, 1 043 cases were registered in **Ukraine**, including 783 children. Two vaccinated children died.

USA: In 2017, as of 15 July, 117 cases have been reported from 13 states (California, Florida, Kansas, Maine, Maryland, Michigan, Minnesota, Nebraska, New Jersey, New York, Pennsylvania, Utah, and Washington). In 2016, 70 cases from 16 states were reported.

ECDC assessment

Measles outbreaks continue to occur in EU/EEA countries. There is a risk of spread and sustained transmission in areas with susceptible populations. Vaccination with at least two doses remains the most effective measure.

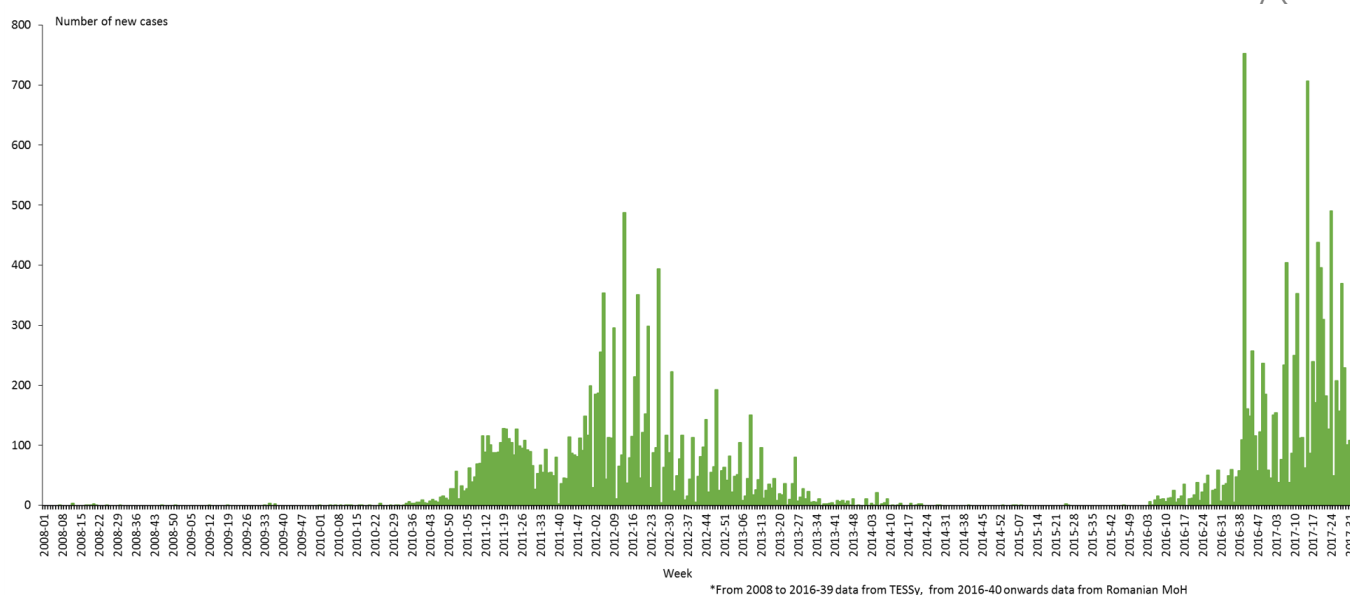
ECDC link: [Measles page](#)

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 2017-33, Romania

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



Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 25 August 2017

Epidemiological summary

No new outbreaks have been detected in the EU since March 2017.

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](#) | [European Regional Verification Commission for Measles and Rubella Elimination \(RVC\) \(2016\)](#)

ECDC assessment

The World Health Organization (WHO) has targeted the elimination of measles and rubella in the 53 Member States of the WHO European Region. Elimination is defined as the absence of endemic cases in a defined geographical area for a period of at least 12 months, in the presence of a well-performing surveillance system. Regional elimination can be declared after 36 or more months of the absence of endemic measles or rubella in all Member States of the WHO European Region. Although progress has been made towards elimination, this goal has not yet been achieved. The fifth Regional Verification Commission meeting was held 24-26 October 2016. According to the results, 24 countries in the WHO EURO Region are deemed to have eliminated rubella.

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Web source: [WHO-EU](#)

Actions

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

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

Opening date: 30 May 2017

Latest update: 25 August 2017

Epidemiological summary

Since the beginning of the 2017 transmission season and as of 24 August 2017, Greece has reported 37 (seven confirmed and 30 probable) human cases of West Nile fever, Italy reported three confirmed cases, Romania reported six cases, four cases were reported by Austria. Hungary reported two cases. Israel reported four cases and Serbia four cases.

In *Equidae*, Member States reported 27 West Nile fever cases through ADNS, 19 in Italy and eight in Argolida, Greece.

Source: [ECDC WNF page](#) | [ADNS](#) | [TESSy](#)

ECDC assessment

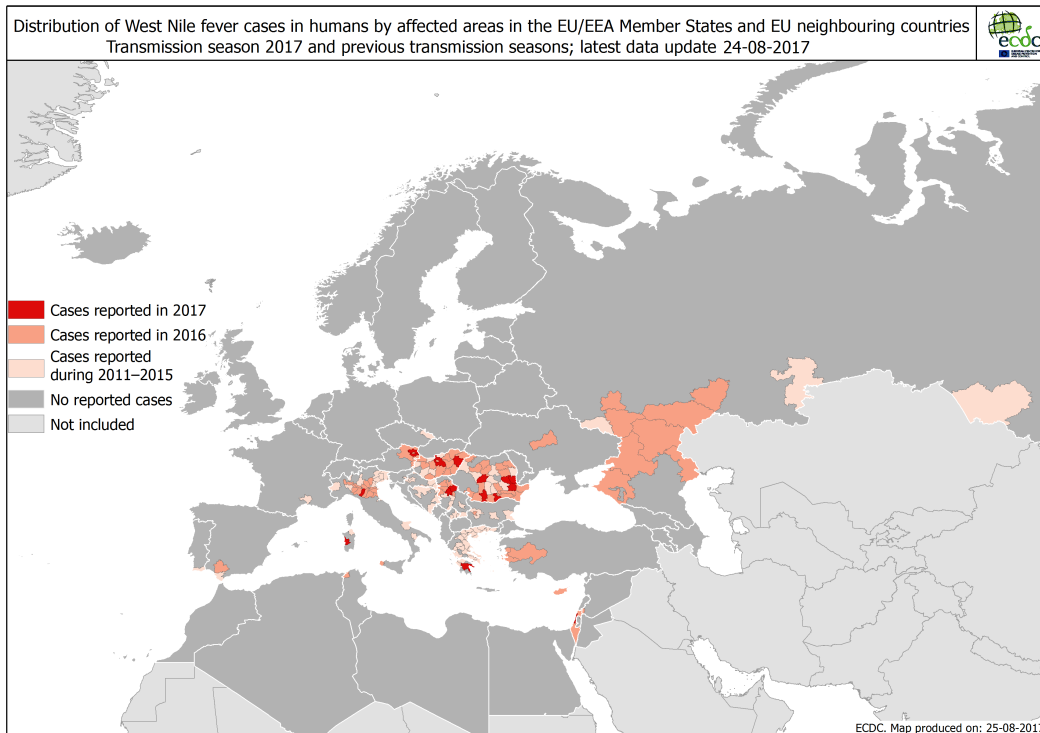
The current West Nile fever epidemiological situation is consistent with observations of seasonal virus transmission from previous years. According to the [Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area of locally acquired West Nile virus unless an individual nucleic 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 areas to support the implementation of the blood safety directive.

Distribution of West Nile fever cases by affected areas as of 24 August

ECDC



Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 25 August 2017

Epidemiological summary

As of 22 August 2017, nine wild poliovirus cases have been reported for 2017, six cases from Afghanistan and three cases from Pakistan. In 2016, 37 cases were reported during the same period.

In 2017, 40 circulating cVDPV2 cases have been reported so far, seven from the Democratic Republic of Congo and 33 from Syria. Onset of paralysis in the Syrian cases was between 3 March and 10 July. Thirty-one of the cases are from Deir-Ez-Zour governorate (29 from Mayadeen district, one from Deir-Ez-Zour district, and one from Boukamal district), one case is from Raqqa governorate (Talabyad district) and one is from Homs governorate (Tadmour district). In 2016, only 5 cVDPV2 cases were reported during the same period.

The first mOPV2 round in Deir-Ez-Zour was successfully carried out between 22 and 26 July. Independent post-campaign monitoring reflected a coverage rate of 88.4%. The second round is planned for late August and will include mOPV2 and IPV. Raqqa governorate conducted mOPV2 campaigns on 12 August.

Plans are being finalised to mitigate the risk of a further spread from the outbreak zone to neighbouring areas and countries, including immunisation of at-risk populations in northwest Syria, Turkey and Lebanon. Following confirmation of the case in Homs last week, discussions are ongoing to further extend the geographic reach of the outbreak response.

ECDC assessment

The last locally-acquired wild polio cases within the current EU borders were reported from Bulgaria in 2001. The most recent wild polio outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

References: [ECDC latest RRA | Rapid Risk Assessment on suspected polio cases in Syria and the risk to the EU/EEA](#) | [Wild-type poliovirus 1 transmission in Israel - what is the risk to the EU/EEA?](#) | [RRA Outbreak of circulating vaccine-derived poliovirus type 1 \(cVDPV1\) in Ukraine](#)

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Actions

ECDC monitors reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU. ECDC published a [risk assessment](#) in June 2014.

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