

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

#### Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 9 August 2012

Since June 2012, six autochthonous cases of *Plasmodium vivax* infection have been reported from Greece. Control measures have been put in place in accordance with local guidelines.

→Update of the week

Four additional cases were reported this week.

#### Olympics 2012 - MG surveillance (weekly update)

Opening date: 13 July 2012

From 20 July 2012, the CDTR includes a section on health events assessed for relevance to the EU in consideration of the London 2012 Olympic and Paralympic Games. It contains information gathered through ECDC epidemic intelligence activities. The Centre is working with the Health Protection Agency in the UK to monitor and assess international public health threats for potential impact on the Games.

The information in this section is grouped geographically by UK (as host country), Europe and rest of the world.

→Update of the week

No major health events were detected or reported this week through the enhanced international surveillance.

#### West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012

Latest update: 9 August 2012

During the West Nile virus transmission season (between June and November), ECDC monitors the situation in the EU Member States and in neighbouring countries in order to identify any significant changes in the epidemiology of the disease. In 2011, 130 probable and confirmed cases of West Nile fever were reported from the EU Member States and 207 cases in neighbouring countries. The 2012 transmission season is ongoing, with 45 probable and confirmed cases reported in the EU and 79 in neighbouring countries so far.

→Update of the week

This week, Greece reported 13 new cases in seven prefectures, of which two are newly affected. Italy reported an asymptomatic case in Venezia province. In neighbouring countries, Volgogradskaya oblast in Russia reported 26 new cases.

## Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 7 August 2012

Measles is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. More than 30 000 cases were reported in EU Member States in each of the last two years. However, so far in 2012, the number of outbreaks and reported cases in the Member States are significantly lower than during 2010 and 2011. As of 30 June, 4 513 cases of measles were reported to TESSy in 2012. France, Italy, Romania, Spain and the United Kingdom accounted for 90% of the reported cases.

In Ukraine, the ongoing large outbreak - with more than 11 000 cases reported so far in 2012 - has slowed down during the past weeks.

→Update of the week

During the period 4 to 10 August 2012, no new outbreaks were detected in EU Member States.

## Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 1 August 2012

Rubella, caused by the rubella virus and commonly known as German measles, is a usually mild and self-limiting disease and attacks often pass 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 measles vaccine using the MMR vaccine.

→Update of the week

No new outbreaks were detected in EU Member States during the past week.

## Non EU Threats

### Influenza A (H3N2)v - USA - 2011-2012 cases

Opening date: 24 November 2011

Latest update: 9 August 2012

Since July 2012, 152 cases of the variant influenza A(H3N2) virus (A(H3N2)v) have been detected in the US: Hawaii (1), Illinois (1), Indiana (120), and Ohio (30). No human-to-human transmission has been determined among these recent cases. These reports come following detection of 13 isolates with influenza A(H3N2)v in the USA between August 2011 and April 2012.

### Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 9 August 2012

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50 to 100 million people each year, mainly in the tropical regions of the world. There are no significant recent developments in global dengue epidemiology. However, the identification of sporadic autochthonous cases in non-endemic areas in 2010 and 2011 highlights the risk of occurrence of locally acquired cases in EU countries where the competent vectors are present.

→Update of the week

There have been no reports of autochthonous dengue infections in Europe so far in 2012. High activity is reported in several endemic areas worldwide, especially Central and South America.

### Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 9 August 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiological patterns.

→Update of the week

Since the beginning of the year, no autochthonous cases have been reported in Europe.

## **Poliomyelitis - Multistate (world) - Monitoring global outbreaks**

Opening date: 8 September 2005

Latest update: 9 August 2012

Polio, a crippling and potentially fatal vaccine-preventable disease mainly affecting children under five years of age, is close to being eradicated from the world after a significant global public health investment and effort. The WHO European Region is polio-free. One hundred cases have been reported worldwide so far in 2012.

→Update of the week

During the last week eight new cases were reported by WHO.

## **Influenza A(H5N1) - Multistate (world) - Monitoring human cases**

Opening date: 15 June 2005

Latest update: 12 July 2012

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

Between 3 and 9 August 2012, WHO reported no new cases of human infection with avian influenza A(H5N1) virus.

## II. Detailed reports

### Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 9 August 2012

#### Epidemiological summary

In 2012, six autochthonous cases of *Plasmodium vivax* infection have so far been reported from Greece.

On 22 June, Greece reported the first case this season in a Greek resident who did not report a history of travel to endemic areas in the past five years. He is believed to have been infected during a stay at his summer house in the Marathon area. Onset of symptoms was around 7 June. Laboratory investigation revealed *P. vivax*, confirmed by molecular biology (PCR).

A second case was reported by Greece on 17 July, in a resident of the municipality of Evrotas, Lakonia, the same area where most cases were reported in 2011. Laboratory investigation revealed *Plasmodium vivax*, confirmed by PCR. The patient reported onset of symptoms on 29 June and had not travelled to a malaria-endemic area during the last five years.

On 2 August two new cases of *P. vivax* malaria were notified to ECDC. These involve patients resident in East Attiki, in the Marathon and Markopoulo areas. Subsequently, on 7 August, Greece informally notified ECDC of its fifth and sixth cases, in residents of Evrotas, Lakonia. These four cases were all Greek citizens without travel to malaria endemic countries in the last five years.

According to the Greek authorities, active screening of neighbours and seasonal immigrants is being carried out to detect malarial infection, and vector control measures are being implemented.

Autochthonous transmission of malaria was reported in 2011: between 21 May and 9 December 2011, 63 cases of *P. vivax* infection were reported in Greece, of whom 33 were Greek citizens without travel history to an endemic country. The main affected area was Evrotas, located in the district of Lakonia in Peloponnese, southern Greece. Cases were also reported from the municipalities of Attiki, Evoia, Viotia and Larissa. In addition, 30 cases of *P. vivax* infection in migrant workers were reported from the area of Evrotas.

Web sources: [KEELPNO malaria page](#) | [KEELPNO report on malaria case, June 2012](#) | [ECDC Epidemiological update: Local case of malaria in Greece](#) | [KEELPNO report on second case, July 2012 \(in Greek\)](#)

#### ECDC assessment

The Marathon and Evrotas areas are environments well suited for malaria transmission, combining humid zones and intensive agricultural activities. Climatic conditions are now considered favourable for local vector development. Also in 2011 autochthonous cases occurred in these locations.

#### Actions

ECDC has been requested to provide technical support to the Hellenic Centre for Disease Control and Prevention and is in close communication with them to see where this can best be provided.

ECDC published an [epidemiological update](#).

Greece is currently implementing a "Strategic work programme for malaria control in Greece 2012-2015".

### Olympics 2012 - MG surveillance (weekly update)

Opening date: 13 July 2012

#### Epidemiological summary

##### Host country - UK

Pertussis (whooping cough), United Kingdom- *new*

Source: [media](#), [HPA](#), [HPS](#), [PHA \(NI\)](#)

This week in the UK there has been renewed media attention on pertussis cases for 2012 as a result of a recent article documenting the death of a baby from pertussis. This report documents the fifth death from pertussis in the UK this year. This year, the UK is experiencing the largest outbreak of pertussis in 20 years. In England and Wales, up to 30 June there have been 2 466 laboratory-confirmed cases reported to the HPA, compared with 311 cases during the same period of 2011. Scotland and Northern Ireland (NI) have also seen a similar rise in cases: in Scotland, for the first 24 weeks of 2012 there have been 508 laboratory-confirmed cases in the first 24 weeks of 2012, compared with 36 during the same period in 2011; and in NI, 139 laboratory-confirmed cases up to 23 July compared with 15 cases for all of 2011.

Legionella community outbreak, Stoke-on-Trent, England- *update*

Source: HPA

Previously the [HPA](#) reported on the investigation of an outbreak of Legionnaires' disease in Stoke-on-Trent. As of 6 August, the number of confirmed cases remained at 20, including two deaths. The second death was reported on the [HPA](#) website on 6 August.

On [30 July 2012](#), the HPA reported the identification of the probable source as a hot tub based at a store in Stoke. Public health control measures also in place include: identifying, sampling and advising on the disinfection of other potential sources of the disease, such as cooling towers; alerting healthcare staff; and ensuring the public is aware of the symptoms of Legionnaires' disease.

Europe and rest of the world

In addition to those reported elsewhere in this CDTR, the following events have been monitored this week due to the global public health dimension of the Olympics:

Ebola haemorrhagic fever, Uganda- *update*

Source: [MoH](#), [WHO](#)

The WHO reported that as of 7 August 2012 there have been 60 suspected cases identified in the Kibaale District, including 16 deaths. Ten cases have been confirmed for *Sudan ebolavirus* by the Uganda Virus Research Institute (UVRI) in Entebbe. Thirty-six cases had been admitted to the isolation facility in Kagadi Hospital, Kibaale. The latest Ministry of Health press release, from 7 August, states that there have been no new confirmed cases since 3 August, although one additional suspected case was admitted to the isolation facility on 6 August.

WHO-Afro has stated that 398 contacts have been identified, of which 84 have completed 21 days and 292 are still under active follow-up. None of the seven health workers from Kampala referral hospital who attended to a fatal case has developed symptoms of the disease by day 16 of follow-up.

All samples from other districts have tested negative for *Ebolavirus* ([Tanzania](#), [Kenya](#) and other [districts](#) in Uganda), indicating there has been no expansion of the outbreak beyond Kibaale District.

The Ugandan Ministry of Health has activated their National Task Force and is working closely with international stakeholders (national, WHO, CDC, MSF-Holland and Red Cross) to contain the outbreak. Neighbouring countries of Kenya, Tanzania, Sudan and Rwanda have taken proactive steps to enhance their surveillance to detect and respond to cases of Ebola haemorrhagic fever.

Cholera outbreak - Nepal - *new*

Source: [media](#)

On 5 August 2012, local media in Nepal reported at least 10 gastrointestinal patients from Sukraraj Tropical and Disease Control Hospital, Kathmandu testing positive for cholera (O1 Ogawa serotype). At that stage, doctors at the hospital, local public health authorities and officials of the water utility company were quoted as attributing the spread of cholera infection in Kathmandu to possible contaminated water from the city supply. No reports to confirm or exclude a contaminated water supply in Kathmandu occurred during the week. There is an ongoing cholera outbreak in Doti district, West Nepal although there are no apparent epidemiological links between this outbreak and the new cases in Kathmandu.

## ECDC assessment

### Host country - UK

Pertussis (whooping cough), United Kingdom

Pertussis is an endemic disease in EU countries. It is a cyclical disease that peaks every 3-4 years and this year several countries in the EU and beyond (USA) are facing an unusually large number of cases. However, the situation does not pose a particular threat to the London 2012 Olympic Games.

Legionella community outbreak, Stoke-on-Trent, England

This is a localised outbreak acquired from an environmental source. There are no Olympic venues in the area and consequently there is no risk to the London 2012 Olympic Games.

### Europe and rest of the world

Ebola Haemorrhagic Fever, Uganda

ECDC is closely monitoring this outbreak and providing regular [epidemiological updates](#) on the ECDC website. At present there is no increased risk level for spread to or within the EU or for EU-citizens moving in Uganda as tourists. As such this outbreak does not pose a risk for the London 2012 Olympic Games.

Cholera outbreak, Nepal

Cholera is endemic in Nepal and outbreaks are also occasionally also reported from Katmandu. The possibility of the city water supply being contaminated in Katmandu raised the possibility on initial assessment of a larger outbreak and individual cases being identified outside of Nepal among returning travellers or Nepalese residents, although there has been no alert to such an outbreak since the initial local media report. This outbreak poses an extremely low risk to the London 2012 Olympics Games.

## Actions

Pertussis (whooping cough), United Kingdom  
None for ECDC.

Legionella community outbreak, Stoke-on-Trent, England  
None for ECDC.

Ebola haemorrhagic fever, Uganda

Given the public health importance of this disease, ECDC has prepared a [rapid risk assessment](#) and continues to monitor the situation closely.

Cholera outbreak, Nepal

ECDC will continue to monitor the situation for any developments that may affect the assessment of risk for the EU.

## West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012

Latest update: 9 August 2012

### Epidemiological summary

This season, as of 9 August 2012, 45 human cases of West Nile fever (WNF) have been reported in the EU and 79 in neighbouring countries.

#### EU Member States

*Greece*

Between 7 July and 8 August, Greece reported 44 autochthonous (24 confirmed, 20 probable) WNF cases, and the following affected prefectures: Attiki (35 cases), Evvoia (one case), Samos (one case), Imathia (one case), Thessaloniki (one case), Xanthi (one case) and Achaia (one case). Xanthi and Achaia prefectures are newly affected this week. For two cases, the probable area of infection could not be determined. [One case](#) involves an immuno-compromised patient infected through blood transfusion, where both blood collection and transfusion took place before the first WNF case of the year was detected.

*Italy*

Italy notified ECDC about an asymptomatic case of West Nile virus infection in a resident of Venezia province. The case was identified by systematic screening (NAT test) of blood donors, which covers Venice and other provinces of the Veneto region affected in 2011 (Belluno and Treviso). A [report in Eurosurveillance](#) last week reported that WNV RNA from the plasma of this case showed 100% sequence identity with a lineage 1a WNV genome detected in September 2011 in a blood donor from a nearby village. This strongly suggests overwintering of WNV in the area.

#### Neighbouring countries

*Russia*

Between 21 June and 9 August, 74 cases of WNF were reported in Russia: 11 in [Astrakhanskaya oblast](#) and 63 in [Volgogradskaya oblast](#).

#### *Israel and the occupied Palestinian territory*

On 12 July, [Israel](#) reported five cases of WNF, including one case in the occupied Palestinian territory, previously also reported by the [Palestinian Authority through EpiSouth](#). Affected areas are the Centre (three cases) and Haifa (one case) districts, and Ariha (Jericho) governorate in the West Bank (one case). No new cases have been reported since.

Websources: [ECDC West Nile fever risk maps](#) | [ECDC Rapid Risk Assessment \(13 July\)](#) | [MedISys West Nile Disease](#) | [ECDC summary of the transmission season 2011](#) | [Official Journal of the EU - Notifiable Diseases](#) | [European Commission Case Definitions](#) | [EU Blood Directive](#)

### ECDC assessment

West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures by the national health authorities are considered important for ensuring blood safety when human cases of West Nile fever occur. In accordance with the EU Blood Directive, efforts should be made to defer blood donations from affected areas that have ongoing virus transmission.

### Actions

On 13 July, ECDC updated its [Rapid Risk Assessment](#) concerning the epidemiological situation of West Nile virus infection in the European Union. ECDC produces weekly [West Nile fever risk maps](#) to inform blood safety authorities regarding affected areas.

## Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 7 August 2012

### Epidemiological summary

#### **I. European Union Member States**

No new outbreaks detected.

UK – update

Source: [the media](#) and [HPA](#)

The Merseyside outbreak in the North-West of England has reached 414 laboratory-confirmed cases. A further 173 probable cases are under investigation. More than 20 per cent of the measles cases were hospitalised, some requiring intensive care. Around 35 per cent of the cases are in children between the ages of five and 19 years, with many missing out on MMR vaccination as children. MMR uptake rates on Merseyside are now at their highest ever level as a result of publicity given to the outbreak in the media and the efforts by health officials. Figures for Liverpool published in June showed that 96 per cent of children reaching the age of two had been given their first dose of MMR and 90 per cent of children reaching the age of five had been given both doses of vaccine.

Control measures to contain the outbreak include setting up a measles priority clinic in Liverpool and general practitioners checking their records to identify unvaccinated children, teenagers and young adults and inviting them in for MMR vaccination. Local NHS providers, primary care trusts throughout Merseyside, have identified 7 300 unvaccinated children and are contacting their parents to ask them to arrange immunisation.

So far in 2012, 2 680 suspected cases have been notified to HPA in England and Wales.

#### **II. Neighbouring countries**

Ukraine

Source: [Sanitary epidemiological services](#)

As of 1 August 2012, 11 745 cases of measles were reported in 2012.

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

### ECDC assessment

Clearly fewer cases have been reported in 2012 than during the same period in 2011 and there was no increase in the number of cases during the peak transmission season from February to June. There have been very few outbreaks detected by epidemic intelligence so far in 2012.

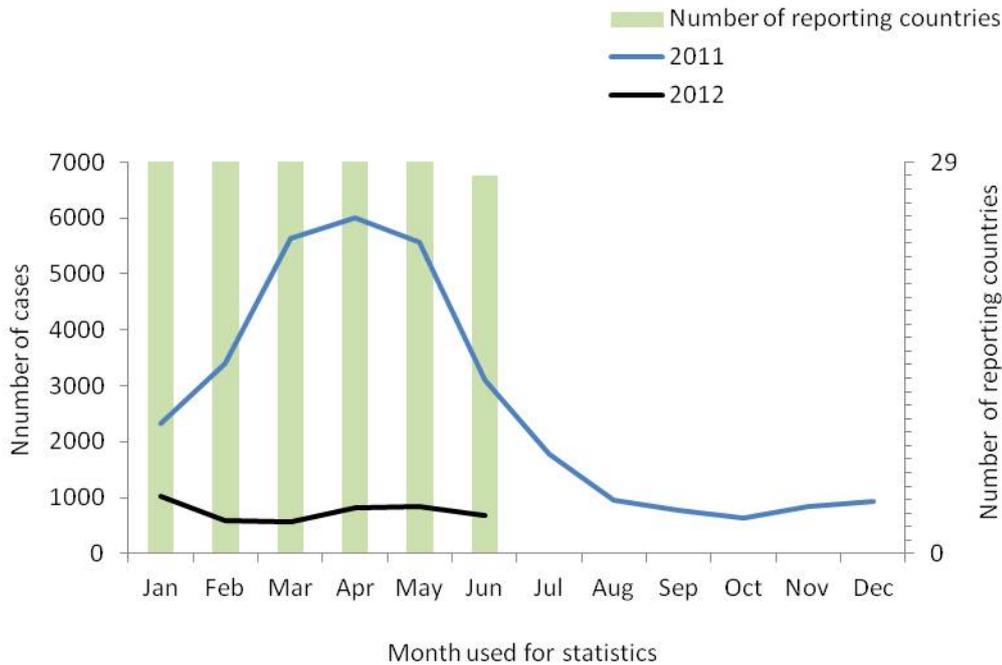
ECDC closely monitors measles transmission and outbreaks in the EU and neighbouring countries in Europe through enhanced

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surveillance and epidemic intelligence activities. The countries in the WHO European Region, which include all EU Member States, have committed to eliminate measles and rubella transmission by 2015. Elimination of measles requires consistent vaccination coverage above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

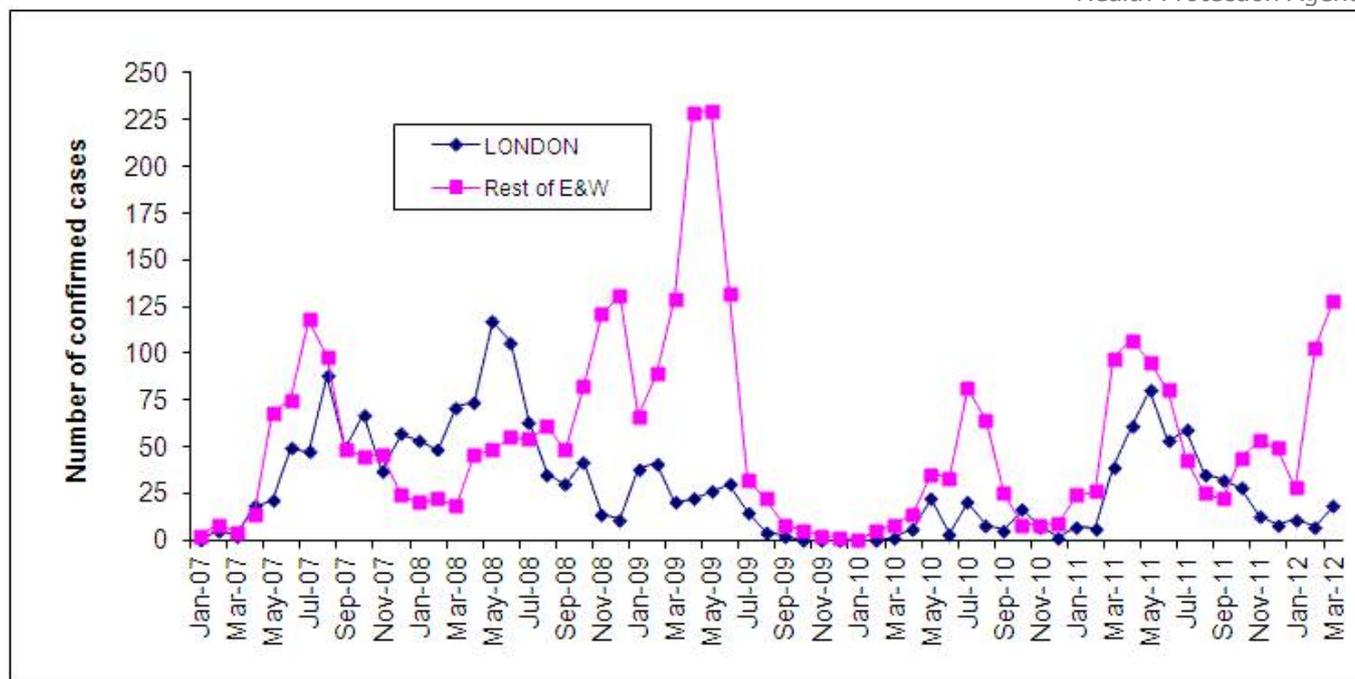
### Number of measles cases in 2011 and 2012 and number of countries reporting in 2012, by month

ECDC



## Number of laboratory confirmed cases in England and Wales by month of onset, January 2007 to April 2012

Health Protection Agency



## Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 1 August 2012

### Epidemiological summary

From 1 January to 30 June 2012, 17 821 cases of rubella were reported by the 26 EU/EEA countries contributing to the enhanced surveillance for rubella. Poland and Romania accounted for 99% of all reported rubella cases.

Web sources: [ECDC measles and rubella monitoring](#) | [WHO epidemiological brief 25](#) | [ECDC rubella factsheet](#)

### 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 early in pregnancy, within the first 20 weeks, the foetus has a 90% risk of becoming infected and the child may be born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. Spontaneous abortion occurs in up to 20% of cases.

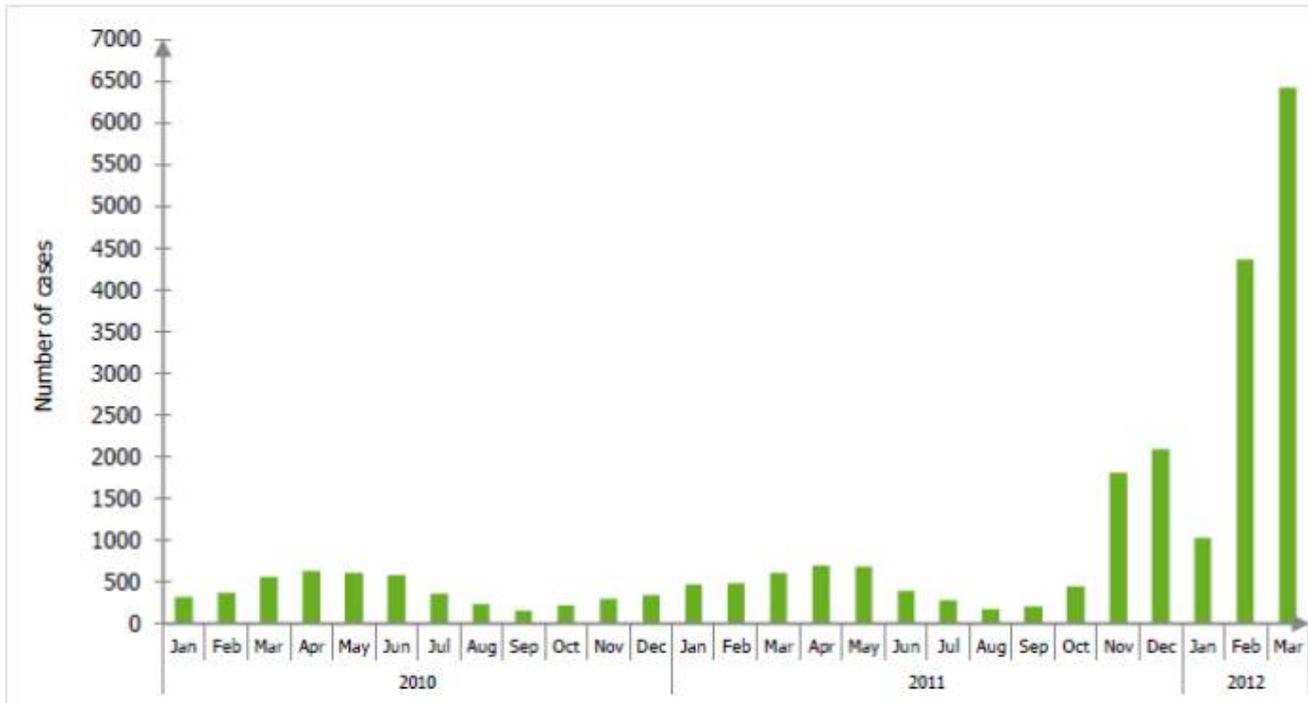
Elimination of CRS and rubella transmission is intimately linked to the measles elimination target because of the use of the MMR vaccine. CRS surveillance plays an important role but because rubella virus can cause a wide range of conditions from mild hearing impairment to complex malformations which are incompatible with life, such surveillance is biased towards the severe end of the spectrum. Routine control of immunity during antenatal care is important for identifying susceptible women who can be immunised after giving birth and for surveillance of the size of the susceptible female population.

### Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to The European Surveillance System (TESSy) 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 monitoring is to provide regular and timely updates on the rubella situation in Europe in support of effective disease control, increased public awareness and for the achievement of the 2015 rubella and congenital rubella elimination target.

## Distribution of rubella cases January 2010 - March 2012 by month

ECDC TESSy



## Influenza A (H3N2)v - USA - 2011-2012 cases

Opening date: 24 November 2011

Latest update: 9 August 2012

## Epidemiological summary

Until April 2012, 13 human infections with swine-origin influenza A(H3N2)v viruses had been identified since 2009. The new variant is a swine origin influenza A(H3N2) which has acquired the matrix (M) gene from the pandemic influenza A(H1N1).

Since July 2012, 152 cases of the variant influenza A(H3N2) virus (A(H3N2)v) have been detected in the US: Hawaii (1), Illinois (1), Indiana (120), and Ohio (30). No human-to-human transmission has been determined among these recent cases, and contacts with swine, mainly at agricultural fairs, has been documented in most of the initial cases.

Web sources: [ECDC scientific advice](#) | [WHO Global Alert and Response \(GAR\)](#) | [CDC](#) | [CIDRAP](#) | [Indiana DoH](#) | [Ohio DoH](#)

## ECDC assessment

The recent increase in number of cases is consistent with the conclusions of the ECDC risk assessment published in November and updated in December 2011:

- Sporadic infections and even localised outbreaks of A(H3N2)v infection among people will continue to occur in the US.
- While there is no evidence at this time that sustained human-to-human transmission is occurring, all influenza viruses have the capacity to change and spread widely.
- This variant causes only mild disease. Patients hospitalised had underlying conditions and they all recovered completely.
- This variant is susceptible to the neuraminidase inhibitors (oseltamivir and zanamivir) though the current A(H3N2) component of seasonal influenza vaccines is unlikely to provide protection. Older people are likely to have some protection from exposure to earlier vaccines.
- Overall, the immediate threat to human health is currently assessed as low in Europe.

Currently, this event is not considered significant for the London2012 Olympic games.

## Actions

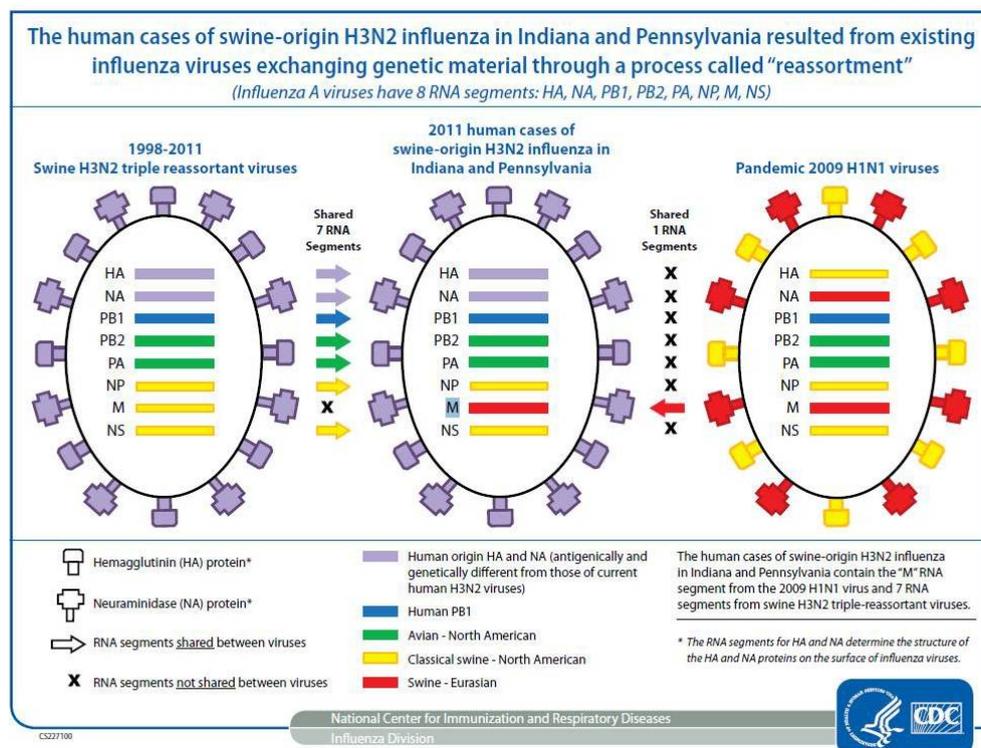
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ECDC is following the situation closely and is in direct contact with the WHO, the US CDC and relevant experts in EU Member States. ECDC and the Community Network of Reference Laboratories (CNRL) have worked to assess and strengthen laboratory capacity in Europe for detecting A(H3N2)v should it appear in persons in Europe. The results indicate that the variant viruses would be detected in most EU countries although some laboratories may not be able to subtype and identify the viruses as variant. In this context, all unsubtypable influenza A viruses need to be rapidly referred to the WHO Collaborating Centre for Reference and Research on Influenza, National Institute for Medical Research, London, UK. ECDC is currently reviewing its risk assessment and the state of preparedness in the EU.

The ECDC initial Rapid Risk Assessment was published in EWRS on 25 November 2011. This assessment was last [updated](#) in December 2011. Further updates, incorporating information on the case in West Virginia, were circulated via EWRS on 9 December 2011 and published on the website on 13 December 2011.

## Reassortant viruses

Centers for Disease Control and Prevention



## Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 9 August 2012

### Epidemiological summary

**Europe:** No autochthonous cases have been reported in 2011 or in 2012 to date. Seasonal surveillance activities are ongoing in several regions in France but only sporadic imported cases have been reported so far.

**Asia:** This week there are media reports of sustained dengue activity in the Philippines, as well as circulation of the virus in Taiwan and Malaysia, and outbreaks in the south of Vietnam. There is also some dengue activity in Pakistan (Karachi) where increases are expected with the start of the monsoon.

**Latin America:** Intense activity is described this week in Central America, with sustained transmission in Mexico, and recent increases in activity in El Salvador and the Dominican Republic. The media are also reporting on dengue circulation in Honduras, Guatemala, Trinidad & Tobago, and some activity (but below epidemic level) in Puerto Rico. In South America there is a general high activity described this week, especially from several states in Brazil. Recent increases in the number of cases have been noticed in Colombia and Venezuela. There is also dengue circulation in Peru.

**Indian Ocean:** In Reunion, only one new case was recorded during the month of July (30 so far this year) – very low circulation.

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**Web sources:**

[DengueMap CDC/HealthMap](#)| [MedISys dengue](#)| [ProMED dengue latest update](#)| [ECDC dengue fever factsheet](#)| [WPRO dengue latest update](#)| [Latest PAHO update](#)| [Latest update for La Reunion](#)

**ECDC assessment**

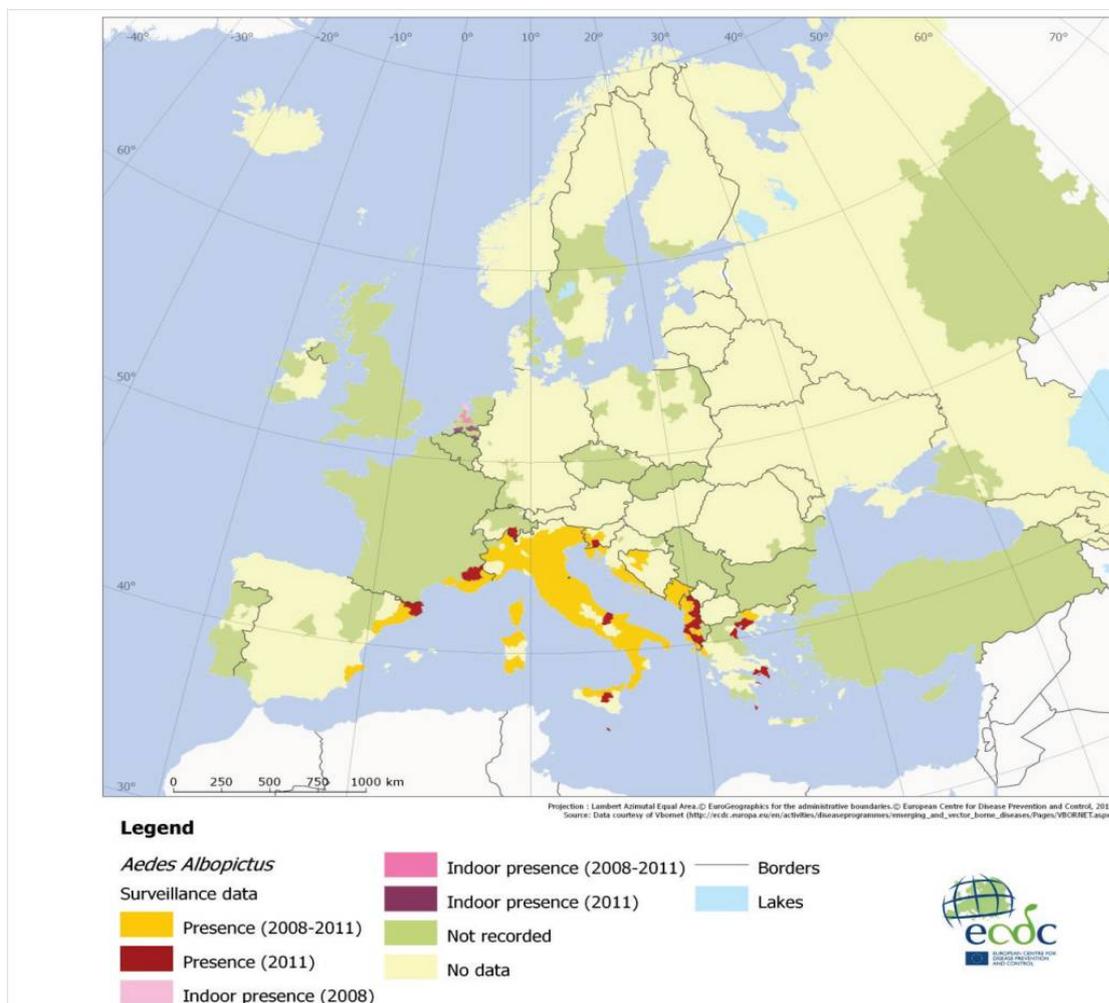
ECDC monitors individual outbreaks, seasonal transmission patterns and inter-annual epidemic cycles of dengue through epidemic intelligence activities in order to identify significant changes in disease epidemiology. Of particular concern is the potential for the establishment of dengue transmission in Europe. Local transmission of dengue was reported for the first time in France and Croatia in 2010 and imported cases are detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

**Actions**

ECDC recently published a technical [report](#) on the climatic suitability for dengue transmission in continental Europe.

## Recorded presence and absence of *Aedes albopictus* at regional administrative levels in Continental Europe

ECDC



## Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 9 August 2012

### Epidemiological summary

**Europe:** No autochthonous cases reported in 2012 in Europe.

**Africa:** In July, InVS reported two cases of chikungunya imported into France from the Democratic Republic of the Congo (DRC). The occurrence of chikungunya infections in the DRC is not unexpected. In 1999-2000, 50 000 people were infected during a chikungunya outbreak in the DRC. In a context of high incidence of malaria and of limited diagnostic capacities, chikungunya virus circulation in Africa is most likely underestimated. These cases diagnosed in travellers suggest the persistence of the virus circulation in the DRC.

**Asia:** In India local media reported that on Sunday, three cases of chikungunya were notified, and over 50 people had a fever, near Salem, in Tamil Nadu state in the South of India. Chikungunya virus is endemic in India.

In Bhutan chikungunya was detected for the first time in the country, involving a patient from an area close to West Bengal, India. Blood samples from several more suspected cases are being tested. This is not unexpected, as the patients reside close to India.

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Web sources: [MedISys Chikungunya](#) | [ECDC chikungunya fact sheet](#) | [Surveillance in PACA France](#) | [Surveillance in Languedoc-Roussillon](#)

### ECDC assessment

Although the geographic range of the virus is primarily in Africa and Asia, there has been a rapid expansion of epidemics over the past decade to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes aegypti*, combined with increased human travel. There is a risk of further importation of the chikungunya virus into previously unaffected areas of the EU by infected travellers.

## Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 9 August 2012

### Epidemiological summary

From 4 to 10 August 2012, eight new cases have been notified from Afghanistan (1), Nigeria (2) and Pakistan (5). All are of the WPV1 type. So far 111 cases with onset of disease in 2012 have been reported globally compared with 309 for the same period in 2011.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#)

### ECDC assessment

ECDC follows reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and to identify events that increase the risk of re-introduction of wild poliovirus (WPV) into the EU.

The WHO European Region is polio-free. The last polio cases in the European Union occurred in 2001 when three young Bulgarian children of Roma ethnicity developed flaccid paralysis from WPV. Investigations showed that the virus originated from India. The latest outbreak in the WHO European Region was in Tajikistan in 2010 when WPV1 imported from Pakistan caused an outbreak of 460 reported cases. The last indigenous WPV case in Europe was in Turkey in 1998. An outbreak in the Netherlands in a religious community opposed to vaccinations caused two deaths and 71 cases of paralysis in 1992.

## Influenza A(H5N1) - Multistate (world) - Monitoring human cases

Opening date: 15 June 2005

Latest update: 12 July 2012

### Epidemiological summary

WHO reported no new human cases of influenza A(H5N1) virus infection this week. Worldwide, 29 cases (including 18 deaths) have been notified to WHO since the beginning of 2012.

Web sources: [ECDC Rapid Risk Assessment](#) | [WHO Avian Influenza](#) | [Avian influenza on ECDC website](#) | [WHO H5N1 Table](#)

### ECDC assessment

Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died. Most human infections are the result of direct contact with infected birds, and countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. ECDC follows the worldwide A(H5N1) situation through epidemic intelligence activities 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. There are currently no indications that from a human health perspective there is any significant change in the epidemiology associated with any clade or strain of the A(H5N1) virus. This assessment is based on the absence of sustained human-to-human transmission, and on the observation that there is no apparent change in the size of clusters or reports of chains of infection. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

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