COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 34, 19-25 August 2012

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Salmonella Stanley - Multistate (EU) - Slowly evolving outbreak

Opening date: 19 July 2012 Latest update: 20 August 2012

On 9 July, Belgium reported an outbreak of *Salmonella* Stanley through the EPIS-FWD platform. Subsequently, Austria, Germany and Hungary reported cases of *S.* Stanley sharing the same PFGE pattern as the Belgian outbreak strain. The descriptive epidemiology suggests a transmission originating from a persistent common source. The outbreak strain was identified in Austria in a turkey hatching farm. This potential link needs to be confirmed.

➔Update of the week

In 2012, as of 22 August, 267 cases of *S.* Stanley infections with the outbreak strain have been reported in 4 EU Member States.

Anthrax - Multistate - Injecting drug use

Opening date: 18 December 2009 Latest update: 21 August 2012

Eight confirmed cases of anthrax among injecting drug users have been reported in the EU since June 2012: three in Germany, two in Denmark, one in France, and two in the UK (Scotland and England). Three of these cases have died. These cases follow an outbreak of anthrax in 2009 and 2010 involving 127 injecting drug users in the UK (England and Scotland with five and 119 cases respectively) and Germany (three cases).

➔Update of the week

One fatal case of anthrax was reported on 17 August by the UK in an IDU in Blackpool, England.

Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 13 August 2012

Since June 2012, six autochthonous cases of malaria, caused by *Plasmodium vivax* infection, have been reported from Greece. Local control measures have been implemented in accordance with national guidelines.

➔Update of the week

No additional cases were reported this week.

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Olympics and paralympics 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

WHO reported an outbreak of cases infected with ebolavirus in the Democratic Republic of Congo with 15 (13 probable and 2 confirmed) cases detected.
No other 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: 23 August 2012

West Nile virus is a mosquito-borne disease causing severe neurological symptoms in a small proportion of infected people. 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 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 91 probable and confirmed cases reported in the EU and 143 cases in neighbouring countries so far.

➔Update of the week

This week, Greece reported 29 new cases and one newly affected prefecture (Chalkidiki), and Romania reported the first four cases of this year in three different districts. In countries neighbouring the EU, Serbia communicated the first ever reported human cases of WNF, and various federal subjects in Russia reported new cases. Outside of the monitored region, the US are experiencing the largest WNF outbreak ever.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 16 August 2012

Measles, a highly transmissible vaccine-preventable disease, 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

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

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 infection 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 as part of the MMR vaccine.

➔Update of the week

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

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Non EU Threats

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

Opening date: 24 November 2011 Latest update: 20 August 2012

Since July 2012, 189 cases of the variant influenza A(H3N2) virus (A(H3N2)v) have been detected in the US: Hawaii (one), Illinois (one), Indiana (120), Ohio (66) and Michigan (one). 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. The ECDC Rapid Risk Assessment was updated on 20 August

➔Update of the week

As of 17 August 2012, 225 cases of the variant influenza A(H3N2) virus (A(H3N2)v) have been detected in nine US States. US CDC will update case counts on Fridays.

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

Opening date: 15 June 2005 Latest update: 13 August 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

WHO reported no new case of human infection with avian influenza A(H5N1) virus since the last update.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 22 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 America.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 16 August 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiological patterns. Chikungunya, a viral disease transmitted mainly by *Aedes albopictus* and *Aedes aegypti* has a potential to be established in Europe, due to the presence of these vectors in southern parts of Europe.

➔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: 23 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. In total 123 cases have been reported worldwide so far in 2012.

➔Update of the week

During the last week, two new polio cases were reported by WHO.

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II. Detailed reports

Salmonella Stanley - Multistate (EU) - Slowly evolving outbreak

Opening date: 19 July 2012 Latest update: 20 August 2012

Epidemiological summary

Austria, Belgium, Germany and Hungary report cases of *S. enterica* serovar Stanley (*S.* Stanley) sharing the same antibiotic resistance profile (Nalidixic resistance) and the same pulsed field gel electrophoresis (PFGE) profile. Retrospective investigations showed that cases with the outbreak strain (PFGE confirmed) were observed already in August 2011 in Hungary while the increase in number of cases started in most countries in January 2012 with a second increase in May 2012. The majority of the cases are under nine years of age and there is no spatial clustering of the cases. All the cases are sporadic autochthonous cases, with no recent travel history outside of the European Union.

In 2012, as of 22 August, 267 cases of *S.* Stanley infections have been reported in four EU Member States. The PFGE profile has been compared with a dataset in Denmark of PFGE profiles for *S.* Stanley strains commonly isolated in Asia, but without a match.

ECDC assessment

On 27 July, ECDC shared a rapid risk assessment through the Early Warning and Response System (EWRS) and through the EPIS-FWD platform. This assessment is being updated.

As the source of infection and potential vehicles are not yet identified and confirmed, it is likely that additional cases of *S.* Stanley infections will be reported in the affected EU Member States, with possibility of new Member States reporting cases linked to the outbreak strain as PFGE analysis of human isolates of *S.* Stanley is ongoing.

Further analysis of the epidemiological and microbiological information will help to understand the pattern of this outbreak.

Actions

At the EU level, ECDC facilitates the coordination of the response by gathering the available epidemiological and microbiological information, supporting the investigation in the Member States and liaising with competent Food safety partners in the EU.

ECDC has organised an EPIS-FWD consultation with affected countries to review the epidemiological and microbiological information currently available and identify the next steps for the assessment at the European level. Further investigations are currently taking place to explore the potential link with turkey.

An rapid risk assessement was published on the ECDC website on 27 July 2012.

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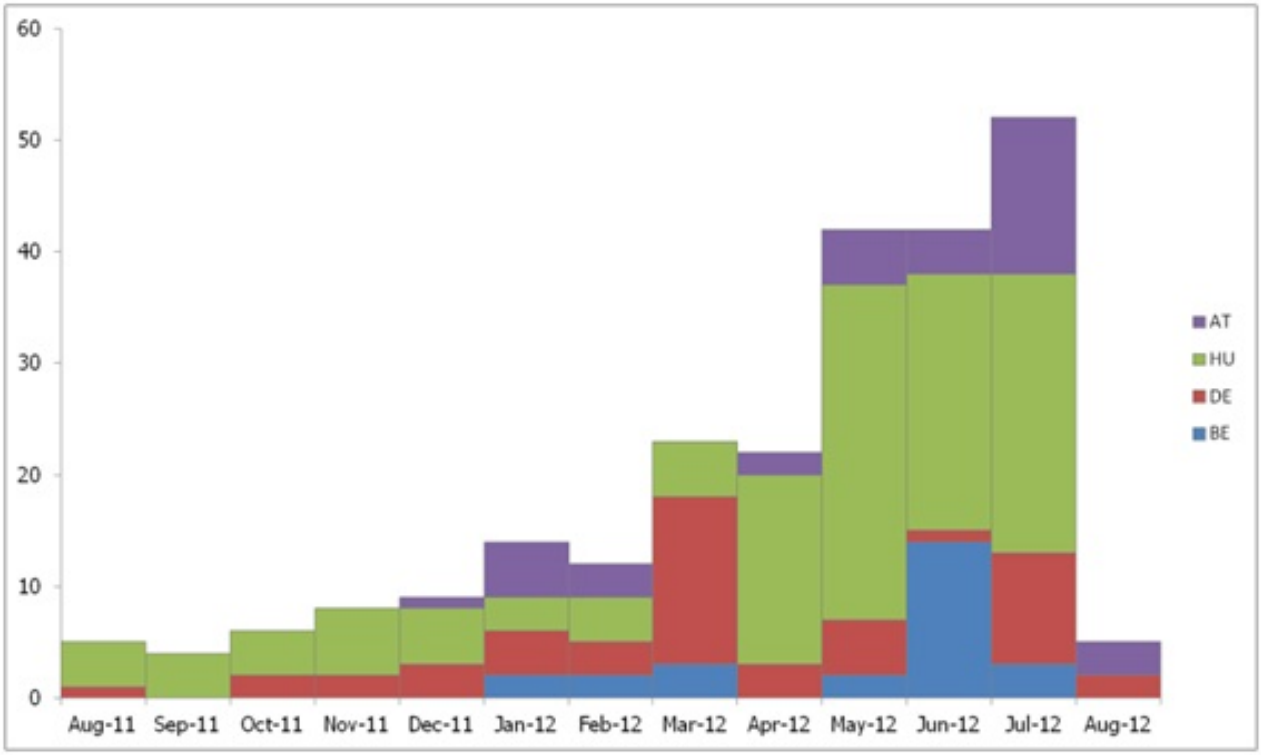
Distribution of cases of Salmonella Stanley by Member State and reporting month, confirmed and probable cases, August 2011- August 2012

ECDC



Anthrax - Multistate - Injecting drug use

Opening date: 18 December 2009 Latest update: 21 August 2012

Epidemiological summary

In June 2012, Germany reported two cases of anthrax among injecting drug users (IDU) in Regensburg. One of these cases died. The strain from these cases is reported to be almost identical to the strain from the 2009-2010 outbreak that mostly affected Scotland. A third confirmed case, a cutaneous anthrax affecting an IDU, was reported in July in Berlin. Initial molecular typing of *B. anthracis* DNA from this patient suggests that it could be genetically similar to the first two cases in the Regensburg region.

Denmark reported two confirmed (one fatal) and one possible case of cutaneous anthrax in IDUs in July in Copenhagen. The strain from both of the confirmed cases is identical to the 2009 and 2010 outbreak strain.

France informed ECDC of a case of anthrax in a known IDU in June 2012. The strain will be genotyped and compared with those isolated from German patients. Investigations revealed that the heroin used by this case was purchased in France in the Rhône-Alpes region and the patient had no recent history of travel.

The UK reported one case in July 2012 in Lanarkshire, Scotland and a second, fatal, case on 17 August in Blackpool, England.

Between 2009 to 2010 there were three similar cases reported in Germany, five cases from England and Wales and 119 cases from Scotland.

Public Sources: RKI statement on German cases 2012 | Eurosurveillance article on 1st case in 2012 | SSI statement on Danish case | SSI statement on second Danish case | Statement on French case | HPS report on Scottish case 2012 | Last HPA report | RKI report | Last NHS report | NHS publication | RKI serological investigation

ECDC assessment

The conclusions of the rapid risk assessment published by ECDC and EMCDDA in February 2010 and updated on 13 July 2012 remain valid. The risk of exposure to contaminated heroin for IDU remains present and accidental contamination is the most plausible explanation. The reports of cases of anthrax in IDUs across several countries suggests that contaminated heroin might

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be circulating across several European countries. The geographical distribution of the contaminated heroin is unknown at this time, but it is possible it has the same source as the contaminated heroin incriminated in the outbreak in 2009 and 2010. The possibility of additional cases among IDUs will be identified in the near future cannot be excluded.

Actions

ECDC and EMCDDA updated their joint rapid risk assessment (RRA) on 13 July, and ECDC published a further epidemiological update on 31 July. The two organisations will work together to produce joint guidance on the prevention of anthrax among IDUs.

Malaria - Greece - 2012

Opening date: 31 May 2012 Latest update: 13 August 2012

Epidemiological summary

There are six autochthonous *Plasmodium vivax* cases and 34 imported cases reported so far in 2012 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.

In 2011, autochthonous transmission of malaria was reported from Greece. 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 Pelloponese, 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 surveillance, August 2012 (in Greek) | 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. Frequent migration and travel patterns from endemic areas of the world provide opportunities for introduction of the parasite into the area. Also in 2011 autochthonous cases occurred in these locations. Considering the time of infections last year, it is possible that more cases will be detected in the coming months.

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.

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

Olympics and paralympics 2012 - MG surveillance (weekly update)

Opening date: 13 July 2012

Epidemiological summary

Host country - UK
No major health events detected.

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 - Democratic Republic of Congo

Source: WHO
As of 19 August 2012, 15 (13 probable and two confirmed) cases and nine deaths due to infection with *Ebolavirus* have been reported from Province Orientale in three health zones: 12 cases and eight deaths in Isiro; two cases and no deaths in Pawa; and one case that died in Dungu. Three of the dead in Isiro were health care workers. Previous outbreaks have been caused by the Ebola subtype Zaire virus (last outbreak in 2008 in the Province of Kasai Occidental with 32 cases and 15 deaths). Laboratory investigations conducted at the Uganda Virus Research Institute (UVRI), Entebbe, Uganda, confirmed Ebola virus (Ebola subtype Bundibugyo) in three samples taken from two patients.

WHO is supporting the Ministry of Health in outbreak investigation and case management and an additional team of experts from Congo, DRC and Inter-country Support team/Gabon are being mobilised. WHO does not recommend any travel or trade restrictions. There is currently no indication that this Ebola outbreak is related to the recent Ebola outbreak in Uganda occurring in Kibaale district in the Western part of Uganda as there is no epidemiological link and a different subtype (Sudan) is causing it in Uganda.

ECDC assessment

Ebola - Democratic Republic of Congo

The risk for international disease spread is low, there is negligible risk to the European population, and for the Paralympics. ECDC published on 22 August a rapid risk assessment.

Actions

Ebola - Democratic Republic of Congo

ECDC action: The Ebola fact sheet was updated and a rapid risk assessment was posted on the ECDC website.

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

Opening date: 21 June 2012 Latest update: 23 August 2012

Epidemiological summary

This season, as of 23 August 2012, 91 probable and confirmed human cases of West Nile fever (WNF) have been reported in the EU and 143 cases in neighbouring countries.

EU Member States
Greece
Between 7 July and 21 August, Greece reported 86 autochthonous (33 confirmed, 53 probable) WNF cases, and the following affected prefectures: Achaia (two cases), Aitoloakarnania (one case), Attiki (41 cases), Chalkidiki (two cases), Evvoia (one case),

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Imathia (one case), Kavala (nine cases), Samos (two cases), Thessaloniki (three cases) and Xanthi (twenty cases). Chalkidiki prefecture is newly affected this week. For three cases, the probable area of infection could not be determined. One additional 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
On 3 August, Italy notified an asymptomatic case of West Nile virus (WNV) infection in a resident of Venezia province. The case was identified by systematic screening of blood donors in previously affected provinces in the Veneto region. According to a report in Eurosurveillance, RNA of WNV lineage 1A was detected in this case. No cases have been reported since.

Romania
This week, Romania informed ECDC about the first four WNF cases (three confirmed, one probable) in the country this year. Affected areas are: Braila district (one confirmed case), Bucharest (one confirmed case) and Ilfov district (one confirmed and one probable case).

Neighbouring countries
Serbia
On 17 August, the Serbian health authorities communicated through WHO European Region the results of laboratory and epidemiological investigations of eight suspected WNF cases. On the basis of these results, ECDC acknowledges four recent autochthonous cases of WNF in Serbia, in Grad Beograd (Belgrade city, one probable case) and Juzno-Banatski district (one confirmed and two probable cases). These are the first human cases of West Nile fever reported in Serbia, but in 2009-2010, serological evidence was found of WNV activity in horses.

Russia
As of 17 August, federal and regional health authorities report 133 cases of WNF in Russia: 28 in Astrakhanskaya Oblast, 85 in Volgogradskaya Oblast, thirteen in Rostovskaya Oblast, one in Novosibirskaya Oblast, two in Lipetskaya Oblast, two in Tatarstan Republic and two in Adygeya Republic. According to the federal health authorities' report, this transmission season had an earlier start than usual, probably due to the continuously hot summer weather in several regions in Russia, but a low percentage of severe infections (8.7% versus 30.2% in 2011).

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.

Tunisia
On 16 August, EpiSouth reported the first case of WNF in Tunisia this year, in Moknine municipality, in Monastir governorate. No new cases have been reported this week.

Rest of the World
United States of America (US)
CDC reports that the US is experiencing the largest outbreak of WNF since the arrival of the virus in 1999. As of 21 August, 1 118 human cases have been reported this year. This includes 629 (56%) neuroinvasive cases and 41 fatalities. Although viral circulation this year has been shown for 47 states, only five states (Texas, Mississippi, Louisiana, South Dakota, and Oklahoma) account for circa three-quarters of human cases. Almost half of all cases were reported from Texas alone.

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.

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Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 16 August 2012

Epidemiological summary

I. European Union Member States
No new outbreaks detected.

II. Neighbouring countries
Ukraine
Source: MOH
Since the beginning of 2012, as of 21 August, 11 864 cases of measles were reported by the Ministry of Health. As the number of cases has been declining during the past weeks, ECDC will stop monitoring this outbreak. However, as no catch-up vaccinations have been carried out in the country it might be expected that the number of cases is going to increase again during the next peak measles season.

Web sources: ECDC measles and rubella monitoring| ECDC/Euronews documentary| WHO Epidemiological Brief| MedISys Measles page| EUVAC-net ECDC| ECDC measles factsheet

ECDC assessment

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 methods so far in 2012.

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

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 summary tables | 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. 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.

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

Opening date: 24 November 2011 Latest update: 20 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).

As of 17 August 2012, 225 cases of the variant influenza A(H3N2) virus (A(H3N2)v) have been detected in the US: Hawaii (one), Illinois (one), Indiana (138), Ohio (72) and Michigan (one), Pennsylvania (four), Utah (one), West Virginia (three) and Wisconsin (two). 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|Michigan DoCH |CDC update

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 or paralympic games.

Actions

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.

The ECDC Rapid Risk Assessment was updated on 20 August.

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

Opening date: 15 June 2005 Latest update: 13 August 2012

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Epidemiological summary

No new cases of human A(H5N1) infection were reported last week.

Worldwide, 30 cases (including 19 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.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 22 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 imported cases have been reported so far.

Asia: Dengue activity in the WHO-WPRO region is currently variable. The Philippines and Cambodia are the countries with particularly high activity and more cases than in 2011 for the same time period. Cambodia appears to be experiencing a particularly severe situation, with no sign of reduction in activity since July and an overall situation comparable with the outbreak of 2007. Media reports mention several recent local outbreaks in Vietnam while the Taiwan CDC considers the peak season to have been reached.

Pacific Ocean: No relevant updates this week.

Latin America: The activity in Central America is still described as intense, in particular in some departments of El Salvador, including the capital. High activity is reported also in Honduras, Nicaragua and several states of Mexico, where media report an extremely high proportion of dengue hemorrhagic fever (DHF). Cuba is facing an increase in suspected cases in different departments, including Havana area and the eastern region; the authorities are warning the population about the increase in vector presence in these areas and a generic increased risk. The last significant outbreaks affecting Cuba were in 2006 and 2007.

Web sources:
DengueMap CDC/HealthMap| MedISys dengue| ProMED dengue latest update| ECDC dengue fever factsheet| WPRO dengue latest update| Latest PAHO update|

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.

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Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005 Latest update: 16 August 2012

Epidemiological summary

No autochthonous cases reported in 2012 in Europe. No new outbreaks outside of Europe were detected since the last update.

Web sources: MedISys Chikungunya | ECDC chikungunya fact sheet | ProMED on CIKV in Bhutan

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: 23 August 2012

Epidemiological summary

From 18 to 24 August 2012, two new cases have been notified from Nigeria, both WPV1. So far, 123 cases with onset of disease in 2012 have been reported globally compared with 333 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.

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

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