

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Dengue - Portugal - Madeira outbreak

Opening date: 10 October 2012

Latest update: 11 October 2012

On 3 October 2012, the Public Health Authority of Portugal reported two cases of dengue infection in patients residing in the Autonomous Region of Madeira. By 10 October, case finding have identified 18 confirmed cases and 191 probable cases under investigation, of whom 26 have been hospitalised. This is the first known occurrence of locally transmitted dengue infection in the Autonomous Region of Madeira.

Gastroenteritis - Germany - 2012 School outbreak

Opening date: 2 October 2012

A large gastroenteritis outbreak has affected kindergarten and school children in Germany in five federal states in eastern Germany: Brandenburg, Berlin, Thuringia and Sachsen and Sachsen-Anhalt. More than 100 schools and child-care facilities are involved. The peak of the outbreak was 26 and 27 September. The symptoms, diarrhoea and vomiting, are mainly mild and have a short duration. Human health and food safety authorities have been collaborating to identify the vehicle and to prevent further cases. Several schools and child-care facilities have been closed.

→Update of the week

More than 11 000 cases of gastro-enteritis were reported during this outbreak, which appears to be over. No cases from neighbouring countries have been reported. German authorities (Robert Koch Institute) suggest that there is strong evidence that strawberry compote made from frozen strawberries from a specific lot were the vehicle in this large outbreak. The majority of cases had disease onset between 25 and 27 September. Norovirus has been detected in a substantial proportion of the patients. The strawberries have been recalled.

Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 28 September 2012

Since June 2012, eleven 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

Two new cases were reported since the last week.

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

Opening date: 21 June 2012

Latest update: 4 October 2012

West Nile fever (WNF) is a mosquito-borne disease causing severe neurological symptoms in a small proportion of infected people. During the 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 (WNF) were reported from the EU Member States and 207 cases in neighbouring countries. The 2012 transmission season is ongoing, with 223 probable and confirmed cases reported in the EU, and 516 cases in neighbouring countries so far.

→Update of the week

Between 5 and 11 October, Italy reported four new WNF cases detected through enhanced surveillance in an operation in the Veneto region. Greece reported five new cases, including a newly affected area - Kerkyra. In countries neighbouring the EU, 15 new cases were notified by various federal regions of Russia. The former Yugoslav Republic of Macedonia reported one new case and Tunisia reported eleven new cases.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 October 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 Member States are significantly lower than during 2010 and 2011. As of 31 July, 5 037 cases of measles were reported to The European Surveillance System in 2012. France, Italy, Romania, Spain and the United Kingdom accounted for 91% of the reported cases.

→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: 19 September 2012

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease and infection 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.

→Update of the week

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

Non EU Threats

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

Opening date: 15 June 2005

Latest update: 27 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 has not reported a new cases of human infection with avian influenza A(H5N1) virus since 10 August 2012.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 11 October 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 recent years highlights the risk of occurrence of locally acquired cases in EU countries where the competent vectors are present.

→Update of the week

There is an ongoing outbreak of dengue in the Autonomous Region of Madeira, Portugal described in a separate section of this report. No other autochthonous cases were reported in Europe so far this year.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 9 October 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 the 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: 11 October 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. So far in 2012, 162 cases have been reported worldwide compared to 444 cases during the same period last year.

→Update of the week

Since the previous CDTR, eight polio cases were reported by WHO.

II. Detailed reports

New! Dengue - Portugal - Madeira outbreak

Opening date: 10 October 2012

Latest update: 11 October 2012

Epidemiological summary

On 3 October 2012, the Portuguese public health authorities reported two cases of dengue infection confirmed in patients residing on the island of Madeira in the Autonomous Region of Madeira, Portugal. Both patients had no recent travel history abroad and presented with a clinical picture of influenza-like symptoms, leucopenia, thrombocytopenia and hepatic dysfunction. Neither of them were admitted to hospital.

By 10 October, 18 cases had been confirmed and 191 probable cases were under investigation. Since the first two cases were identified, 26 cases have been hospitalised and 11 are still admitted. No cases have been reported to date on Porto Santo, the other inhabited island within the Autonomous Region of Madeira, Portugal.

The sequence analysis of viral genomes (600 nucleotides) from several positive human samples indicates high sequence similarity with DEN-1 viruses circulating in Venezuela and Colombia, confirming a Latin American origin. Analysis was performed at the National Institute of Health, Dr. Ricardo Jorge (INSA).

The Autonomous Region of Madeira is a Portuguese archipelago of 801 km² with a population of 268 000. The archipelago is located around 650 km from the African coast, 1 000 km from the European continent and 400 km from the Canary Islands.

Web sources: [ECDC fact sheet for health professionals](#) | [Dengue health map](#) | [Directorate-General of Health](#) | [National Institute of Health Dr. Ricardo Jorge](#) | [ECDC Rapid Risk Assessment](#)

ECDC assessment

This is the first known occurrence of locally transmitted dengue infection in the Autonomous Region of Madeira, and consequently a new geographical area reporting autochthonous cases in the EU. The island of Madeira has an established mosquito vector population of *Aedes aegypti*, the main vector of dengue in tropical and subtropical countries. No cases have been reported presently on Porto Santo, the other inhabited island of the Autonomous Region of Madeira, Portugal.

This is a significant public health event but not entirely unexpected because of the known presence of *Aedes aegypti*, a competent mosquito vector for dengue. Additional cases may be expected in the coming weeks. For residents, the risk can be decreased by reducing larval breeding sites inside and around households. Those intending to visit the island of Madeira are advised to take measures to reduce mosquito bites during the day. Travellers experiencing febrile symptoms with severe headache, retro-orbital pain, myalgia, arthralgia and maculo-papular rash in the 14 days after visiting the island of Madeira are advised to seek medical advice.

Neighbouring geographical areas (e.g. Canary Islands) and other EU Member States need to assess the risk for the establishment of *Aedes* mosquito populations and introduction of dengue. The epidemiological situation does not imply any trade or travel restriction beyond the disinfection currently implemented.

Actions

ECDC has published a [rapid risk assessment](#) concerning the autochthonous dengue cases in Madeira.

Public health authorities are implementing control measures to limit the outbreak, reduce the risk of sustained transmission locally and the export of infected vectors from the island, and to minimise the impact of dengue on the affected population

Portuguese authorities have published recommendations regarding [personal protective measures](#), and [measures for the safety](#) of blood, cells, tissues and organ donations.

Gastroenteritis - Germany - 2012 School outbreak

Opening date: 2 October 2012

Epidemiological summary

By 9 October 2012, more than 11 000 cases were reported in five German federal states. They are mostly children and teenagers, as well as support staff from facilities affected (child-care centres, schools). The cases are spread over at least 473 facilities. The first cases appeared on the evening of 25 September 2012. The vast majority of illnesses occurred between 26 and 27 September. Only a few cases were reported after 29 September. Subsequently there has been a sharp decrease in reports.

The main symptoms have been diarrhea and vomiting. The onset of illness was rapid, short lasting and uncomplicated. Only 28 patients have been hospitalised. There are only few indications of the occurrence of secondary infections among contacts. The cases occurred mainly in canteens of care facilities for children and adolescents. According to the federal states, almost all affected facilities were supplied by a common supplier.

The Robert Koch Institute suggest that there is strong evidence that strawberry compote made from frozen strawberries from a specific lot and distributed to the affected facilities were the vehicle in this large outbreak. Norovirus has been identified in large numbers of human samples and at in at least one available sample of the strawberries.

Due to the seasonal increase in background activity of norovirus in some regions it cannot be ruled out that there are two or more different epidemic events occurring. Human and food samples are still being investigated. Control measures include food hygiene education and in some cases the facilities have been closed.

Web sources: [RKI](#)

ECDC assessment

According to the Robert Koch Institute, this is the largest known foodborne outbreak in Germany.

Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 28 September 2012

Epidemiological summary

Since 22 June 2012, Greece has reported 11 cases of malaria so far this year due to *Plasmodium Vivax* infection in patients who did not have a history of travel to endemic areas (ten Greek and one Moroccan citizens). Five of the autochthonous cases are residents in Laconia, four in Attica and one in Xanti and Viotia each. Forty-eight cases are reported as imported in 2012. All these cases are *Plasmodium vivax* infections as well.

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 from Greece in 2011 as well. Between 21 May and 9 December 2011, 63 cases of *P. vivax* infection were reported, of whom 33 were affecting 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 Attica, 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 update 12 September 2012](#) (in English) | [ECDC Epidemiological update: Local case of malaria in Greece](#) | [Eurosurveillance autochthonous Plasmodium vivax malaria Greece 2011](#)

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.

Actions

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

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

Opening date: 21 June 2012

Latest update: 4 October 2012

Epidemiological summary

EU and neighbouring countries

To date in 2012, 223 probable and confirmed cases of WNF have been reported in the EU. In neighbouring countries 516 cases have been reported. Within the EU, Greece, Italy, Romania and Hungary are affected. This is the third consecutive year for these countries to be affected, however the geographic distribution in each country has expanded to affect new areas. Fourteen WNF associated deaths have been reported in the EU (13 in Greece, one in Romania). Outside of the EU, affected countries include Croatia, Serbia, Kosovo*, the former Yugoslav Republic of Macedonia, the Russian Federation, Israel and the occupied Palestinian territory, and Tunisia. This is the first year that human cases of WNF have been reported from Croatia, Serbia, and Kosovo. However WNV circulation in horses was demonstrated through serological studies in Serbia in 2009-2010, and in Croatia in 2010-2011. A detailed breakdown of affected countries and areas, and maps which also illustrate the recent historical distribution, is available on the [ECDC website](#).

In addition to an increased number of cases compared to the 2011 season, the season commenced earlier than in 2011 in a number of countries. The first reported case of WNF in EU in 2012 was reported by Greece on 7 July. In 2011 the first case in Greece was reported on 27 July, and the first EU case from Romania on 21 July. Similarly, Italy reports that cases occurred one month earlier than previous years. Onset of symptoms peaked in August of this year, compared to September in 2011.

The Russian Federation has also reported an increased number of cases to date in 2012. According to the federal health authorities' report, the transmission season started earlier than in previous years. This has been attributed to prolonged hot summer weather in several regions in Russia. Earlier in the season, a lower percentage of severe infections (8.7% versus 30.2% in 2011) was reported in Russia, although it remains to be seen if this will reflect the entire season.

To date in 2012, only one case within the EU is reported to have been acquired through blood products. This case occurred in Greece and involved an immuno-compromised patient, where both the blood donation and the transfusion occurred before the first case of WNF for 2012 was reported. In Italy, as per a 2012 national directive, nucleic acid amplification test (NAT) screening of blood donations is implemented from 15 July to 30 November in areas which were affected in 2011. Notably, a infected donation was detected in Italy on 15 July, the first day of screening. Four other cases of asymptomatic WNV infection were detected by NAT screening of blood donations.

Rest of the World

United States

Up to 9 October, 4 249 cases of WNF, including 168 deaths, were reported to the [CDC](#). This is the highest number of cases reported to the CDC, as of the second week in October, since 2003. Forty eight states have reported cases of WNF. Almost 70% of cases occurred in eight states: Texas, California, Louisiana, Mississippi, South Dakota, Michigan, Oklahoma, and Illinois. Texas accounts for over a third of cases.

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

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](#) | [Italian Weekly update](#) | [KEELPNO weekly epidemiological report](#)

ECDC assessment

The epidemiology of WNV in Europe is still evolving and is not yet fully understood. It is unclear if the increase in cases reported this year, the earlier season, and the geographic expansion, is due to a true epidemiological change, or a reflection of increased awareness amongst clinicians and the enhanced surveillance implemented in some areas.

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. Taking into account the [EU WNV and blood safety preparedness plan](#) and the [EU blood directive](#), the main measures of prevention of transmission through blood products should be geographical donor deferral or the implementation of systematic NAT screening of blood donors

or visitors from affected areas. ECDC provides a weekly updated overview of affected areas in order to support this activity.

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: 8 October 2012

Epidemiological summary

EU Member States

No new outbreaks were identified this week.

UK – update on ongoing outbreaks

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

The UK reported a large outbreak in the North West of the country earlier in 2012. This week the media reported that the second largest number of cases were notified from Sussex with 325 confirmed diagnoses of measles since the beginning of 2012, with Brighton and Hove as the most affected areas. The actual number of cases is believed to be higher because not every suspected case is sent for testing. People are being urged to contact their GP to make sure all children are up to date with their vaccinations.

The number of reported suspected measles cases so far in 2012 in England and Wales is 3 187 compared to 1 941 during the same period last year.

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

ECDC assessment

Considerably fewer measles cases have been reported in 2012 than during the same period in 2011 primarily due to the dramatic decrease in the number of cases reported from France. There was no increase in the number of cases during the peak transmission season from February to June and 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: 19 September 2012

Epidemiological summary

No new outbreaks were identified since the last update.

From 1 January to 31 July 2012, 18 297 cases of rubella were reported by the 26 EU/EEA countries contributing to the enhanced surveillance for rubella compared to 3 672 cases during the same period in 2011. Poland and Romania accounted for 99% of all reported rubella cases. Romania in particular has experienced a significant increase in the number of reported cases compared to the same period in 2011 from 87 to 13 708 cases. Other countries who reported an increased number of rubella cases in 2012 include the UK, Spain and Sweden.

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 within the first 20 weeks of pregnancy, the foetus has a 90% risk of be born with congenital rubella syndrome (CRS), which entails a range of serious

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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. The increase in the number of rubella cases reported so far in 2012 compared to 2011 and the potential for an increase in the number of babies born with CRS are of concern.

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.

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

Opening date: 15 June 2005

Latest update: 27 August 2012

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: 11 October 2012

Epidemiological summary

Europe: There have been no reports of confirmed autochthonous dengue infections in Europe so far in 2012 apart from the outbreak in Madeira, which is described in a separate section this week.

Asia: In the WHO Western Pacific Region, the activity has been variable for several weeks, with a general declining trend. Vietnam and Lao PDR continue to see high activity. In the rest of Asia, there are severely affected regions in India and Pakistan.

Latin America: Intense activity is reported in all Central America, in particular in Mexico and in El Salvador. A recent increase has been reported in Honduras. For the rest of the region a high, variable but not unexpected situation is reported.

Caribbean: A dengue epidemic was declared by Puerto Rico and the Dominican Republic.

Web sources:

[HealthMap](#) | [MedISys](#) | [ProMED](#) | [PAHO/AMRO](#) | [WPRO](#) | [CDC](#) | [ECDC](#) | [WHO](#) |

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 has published a technical [report](#) on the climatic suitability for dengue transmission in continental Europe and [guidance for invasive mosquitoes' surveillance](#).

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 9 October 2012

Epidemiological summary

No autochthonous cases have been reported in 2012 so far in Europe.

Outside of Europe, Papua New Guinea (PNG) reported an outbreak of chikungunya with 633 suspected cases (14 of which laboratory confirmed) which started in June 2012. According to WHO this is the first time Chikungunya virus has been confirmed in PNG.

Outbreaks were detected in two endemic areas, the Philippines and India.

Web sources: [MedISys Chikungunya](#) | [ECDC chikungunya fact sheet](#) |

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: 11 October 2012

Epidemiological summary

Since the last update eight new cases of polio were reported, all WPV1, two from Afghanistan, three from Nigeria and three from Pakistan.

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.

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