

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2015

Opening date: 2 June 2015

Latest update: 1 October 2015

West Nile fever (WNF) is a mosquito-borne disease which causes severe neurological symptoms in a small proportion of infected people. During the June-to-November transmission season, ECDC monitors the situation in EU Member States and neighbouring countries in order to inform blood safety authorities of WNF-affected areas and identify significant changes in the epidemiology of the disease. The 2015 transmission season started later than in previous years and it is still active, but at a lower level than last year.

→Update of the week

During the past week, Hungary reported four new cases, two cases from Budapest and Fejer, areas which were already affected, and two cases from the newly affected counties of Csongrad and Szabolcs-Szatmar-Bereg. Romania reported six new cases, four from already affected areas: Bucuresti (2), Ialomita (1), Ilof (1) and two cases from the newly affected counties of Arges and Giurgiu. In neighbouring countries, Serbia reported five new cases from two already affected areas: Grad Beograd (2) and South Banat District (3).

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 1 October 2015

Measles, a highly transmissible vaccine-preventable disease, is still endemic in some EU countries where vaccination uptake remains below the level required to interrupt the transmission cycle. Elimination of measles requires consistent vaccination uptake above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures. This year in Europe there has been a particularly large ongoing measles outbreak in Berlin which started in week 41 in 2014. In 2015, other major outbreaks occurred in China, Mongolia, USA, Democratic Republic of Congo (DRC) and Sudan while smaller outbreaks have been reported in many other countries in Africa, Asia, Americas and Europe.

→Update of the week

In the EU, since the last monthly update, Germany reported two additional cases in Berlin.

In the rest of the world, measles outbreaks are reported from USA, Kazakhstan, Uganda, DRC, Colombia and Brazil.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 1 October 2015

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease which often passes unnoticed. The main reason for immunising against rubella is the high risk of congenital malformations associated with rubella infection during pregnancy. All EU Member States recommend vaccination against rubella with at least two doses of vaccine for both boys and girls. The vaccine is given at the same intervals as the measles vaccine as part of the MMR vaccine. Very few outbreaks of rubella have been reported in the EU so far this year.

According to the latest US CDC Morbidity and Mortality Weekly Report (MMWR), reported rubella cases have declined by 95%, from 670 894 cases reported in 2000 in 102 countries to 33 068 cases reported in 2014 in 162 countries.

→Update of the week

No outbreaks have been detected in EU Member States since the last monthly update.

Non EU Threats

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 1 October 2015

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission of the virus has completely stopped and the world becomes polio-free. Polio was declared a Public Health Emergency of International Concern (PHEIC) on 5 May 2014 due to concerns regarding the increased circulation and international spread of wild poliovirus during 2014. On 17 August 2015, the Temporary Recommendations in relation to PHEIC were extended for another three months. WHO recently declared the Wild Poliovirus Type 2 eradicated worldwide. As of 29 September 2015, WHO has reported 44 cases of wild poliovirus compared with 208 during the same time period last year. The cases are reported only from Afghanistan and Pakistan.

→Update of the week

During the past week, WHO reported three new wild poliovirus type 1 (WPV1) cases in Afghanistan. No new circulating vaccine-derived poliovirus (cVDPV) cases were reported.

WHO has removed Nigeria from the list of polio-endemic countries after all samples in the polio laboratory tested negative for wild poliovirus for a whole year following the most recent case on 24 July 2014. This is the first time that Nigeria has interrupted transmission of wild poliovirus, bringing the country and the African region closer than ever to being certified polio-free.

Middle East respiratory syndrome – coronavirus (MERS CoV) – Multistate

Opening date: 24 September 2012

Latest update: 1 October 2015

Since April 2012 and as of 30 September 2015, 1 610 cases of MERS have been reported by local health authorities worldwide, including 620 deaths. The source of the virus remains unknown but the pattern of transmission and virological studies point towards dromedary camels in the Middle East being a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings as was clearly shown in the recent outbreak in South Korea. The very recent hospital clusters in Riyadh in Saudi Arabia, and Amman in Jordan, are of concern because of the risk of spread linked to the recent Hajj pilgrimage in Saudi Arabia and to the re-emergence of the disease in Jordan after a couple of years without cases.

→Update of the week

Since 24 September 2015, WHO has acknowledged four new cases, including one death in Jordan. Two of these cases were previously reported by the Jordanian Ministry of Health. Saudi Arabia reported one additional case and four deaths among previously reported cases.

Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014

Latest update: 1 October 2015

An epidemic of Ebola virus disease (EVD) has been ongoing in West Africa since December 2013, mainly affecting Guinea, Liberia and Sierra Leone. On 8 August 2014, WHO declared the Ebola epidemic in West Africa a Public Health Emergency of International Concern (PHEIC). As of 30 September 2015, WHO has reported 28 388 cases of Ebola virus disease related to the outbreak in West Africa, including 11 296 deaths. The number of cases in the most affected countries peaked in autumn 2014 and has been slowly decreasing since. Liberia was declared Ebola-free by WHO on 3 September 2015. Since the end of July 2015, in Guinea and Sierra Leone, the last two affected countries, case incidence has remained below 10 cases per week and EVD transmission has been geographically confined to small areas in both countries. The risk of spread, regionally and globally, remains until all the countries in West Africa are declared Ebola-free.

→Update of the week

According to the latest [WHO situation report](#) published on 30 September 2015, four confirmed cases of EVD were reported in the week up to 27 September, all from Guinea.

Transmission of the virus remains geographically confined to several small areas in western Guinea and Sierra Leone, marking a transition to a distinct, third phase of the epidemic. A refined phase-3 response coordinated by the Interagency Collaboration on Ebola will build on these measures to drive case incidence to zero, and ensure a sustained end to EVD transmission.

II. Detailed reports

West Nile virus - Multistate (Europe) - Monitoring season 2015

Opening date: 2 June 2015

Latest update: 1 October 2015

Epidemiological summary

As of 1 October 2015, 88 cases of West Nile fever in humans have been reported in the EU Member States this season: Italy (51), Romania (17), Austria (6), Hungary (12), Bulgaria (1) and Portugal (1). Ninety-seven cases have been detected in neighbouring countries: Israel (64), Russia (16), Serbia (16) and Palestine (1) since the beginning of the 2015 transmission season.

Web sources: [ECDC West Nile fever](#) | [ECDC West Nile fever risk assessment tool](#) | [ECDC West Nile fever maps](#) | [WHO fact sheet](#)

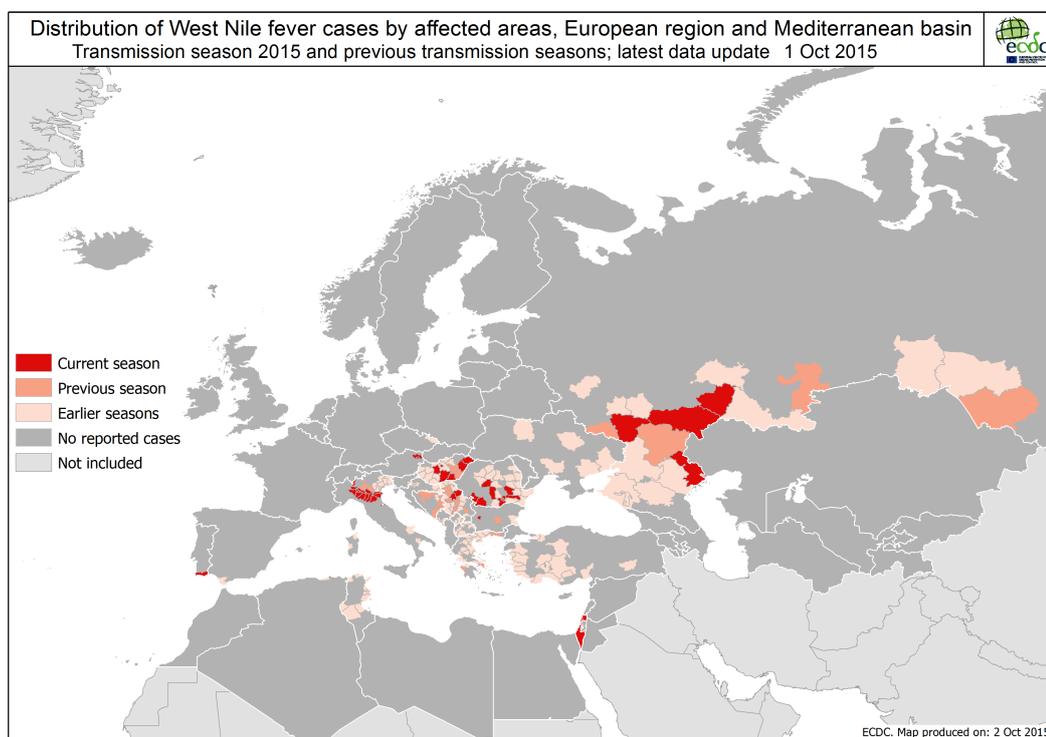
ECDC assessment

WNF in humans is a notifiable disease in the EU. The implementation of control measures is considered important for ensuring blood safety by the national health authorities when human cases of WNF fever occur. According to the [EU Blood Directive](#), efforts should be made to defer blood donations from affected areas with ongoing virus transmission unless donations are tested using individual nucleic acid amplification testing (NAAT).

Actions

ECDC produces weekly WNF maps during the transmission season (June to November) to inform blood safety authorities of WNF affected areas.

Source: ECDC



Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 1 October 2015

Epidemiological summary

EU Member States

4/15

Germany

Since the last update on 26 August 2015, [Germany](#) reports two additional cases in Berlin, one of which hospitalised. The number of cases since week 41 in 2014 is 1 359. Among them, 353 cases have been hospitalised and one case has died.

Rest of the World**USA**

From 1 January to 18 September 2015, 189 cases of measles have been reported from 24 states and the District of Columbia, according to the [US CDC](#), of which 62% were part of a large multi-state outbreak linked to an amusement park in California.

Serbia

[Media](#), quoting the Public Health Institute of Serbia, report that some municipalities do not have enough MMR vaccine due to delays in delivery because of production problems. However, this delivery is expected by 1 October.

Kazakhstan

Since the beginning of the year, around 2 000 measles cases have been registered nationally, according to [media](#) quoting the Ministry of Health.

Democratic Republic of Congo (DRC)

More than 23 000 people, mostly children, have been infected by measles and over 400 have died in the Katanga region in DRC in 2015, according to [media](#).

Uganda

The [Ministry of Health](#) reported 136 cases of measles in week 36. National supervisors are training health workers at the regional level in preparation for the measles immunisation campaign to be conducted from 3 to 6 October 2015.

Colombia

[Media](#) report that the National Institute of Health (NIH) is investigating five suspected cases of measles in Magdalena after the disease was confirmed in a traveller from Switzerland earlier this month. In 2013, Colombia was certified by WHO and the Pan American Health Organization (PAHO) as a territory free of measles, rubella and congenital rubella, as the last outbreak occurred in 2002 involving 139 cases, mostly imported from Venezuela.

Brazil

The measles outbreak in Ceará state has been declared over after 10 weeks without new cases. Since the outbreak started in December 2013, 916 cases have been recorded up to 12 September 2015, according to [media](#) quoting the Ministry of Health.

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

ECDC assessment

During the 12-month period from July 2014 to June 2015, a total of 4 224 cases were reported by 30 EU/EEA countries. The target for measles elimination in Europe has not been reached in 2015 due to continuing endemic measles transmission in many EU Member States.

Actions

ECDC monitors measles transmission and outbreaks in EU and neighbouring countries in Europe on a monthly basis through enhanced surveillance and epidemic intelligence activities.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 1 October 2015

Epidemiological summary**EU Member States**

No outbreaks have been detected in the EU since June 2015.

Rest of the world

According to the latest [US CDC MMWR](#), the number of reported rubella cases declined by 95%, from 670 894 cases in 2000 in 102 countries to 33 068 cases in 2014 in 162 countries. As of December 2014, countries of four WHO regions had met rubella control and elimination goals (Western Pacific Region, Region of the Americas, European Region, and South-East Asia Region).

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC rubella factsheet](#) | [WHO epidemiological brief summary tables](#) | [WHO epidemiological briefs](#) | [Progress report on measles and rubella elimination](#) | [Towards rubella elimination in Poland](#)

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 being born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. The increase in the number of rubella cases reported in Romania and Poland during the last two years and the number of babies born with CRS are cause for concern. Rubella occurs predominantly in age and sex cohorts historically not included in vaccination recommendations. To achieve rubella elimination, supplemental immunisation activities in these cohorts are needed.

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to The European Surveillance System and through its epidemic intelligence activities on a monthly basis. 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 the achievement of the 2015 rubella and congenital rubella elimination target.

An ECDC report is available online: [Survey on rubella, rubella in pregnancy and congenital rubella surveillance systems in EU/EEA countries](#)

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 1 October 2015

Epidemiological summary

Worldwide in 2015, 44 wild poliovirus type 1 (WPV1) cases have been reported to WHO so far, compared with 208 for the same period in 2014. Since the beginning of the year, two countries have reported cases: Pakistan (32 cases) and Afghanistan (12 cases).

In 2015, 13 cases of circulating vaccine-derived poliovirus (cVDPV) have been reported to WHO so far, compared with 36 for the same period in 2014 from: Madagascar (9), Nigeria (1), Ukraine (2) and Mali (1).

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#) | [Temporary Recommendations to Reduce International Spread of Poliovirus](#) | [WHO Statement on the Sixth Meeting of the International Health Regulations Emergency Committee on Polio](#)

ECDC assessment

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

The confirmed circulation of wild poliovirus in several countries and the documented exportation of wild poliovirus to other countries support the fact that there is a potential risk of wild poliovirus being re-introduced to the EU/EEA. The highest risk of large poliomyelitis outbreaks occurs in areas with clusters of unvaccinated populations and in people living in poor sanitary conditions, or a combination of both.

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

Actions

ECDC monitors reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being re-introduced into the EU. Following the declaration of polio as a PHEIC, ECDC updated its [risk assessment](#). ECDC has also prepared a background document with travel recommendations for the EU.

Middle East respiratory syndrome – coronavirus (MERS CoV) – Multistate

Opening date: 24 September 2012

Latest update: 1 October 2015

Epidemiological summary

As of 30 September, 1 610 cases of MERS-CoV have been reported by local health authorities worldwide, including 620 deaths.

Saudi Arabia

The newly reported case this week is a 44-year-old male healthcare worker from Riyadh.

Jordan

On 30 September, WHO acknowledged four additional cases of MERS-CoV, including one death, in Jordan. Two of the cases were previously reported by the Jordanian Ministry of Health. Among these four cases, two are healthcare workers who were in contact with a previously reported confirmed case, a 53-year-old male with onset on 27 August, likely to have infected two other previously reported confirmed cases.

1. The first case is a 29-year-old male healthcare worker, who lives in Amman. He developed symptoms on 15 September and was confirmed positive on 20 September. Prior to onset, he took care of a previously reported confirmed case.
2. The second case is a 60-year-old male who lives in Amman. He developed symptoms on 10 September, was admitted on 15 September and was tested positive for MERS-CoV on 20 September. He has underlying conditions. Prior to onset, he visited friends admitted in a hospital where MERS cases were admitted. Investigation of transmission is ongoing.
- 3/ The third case is a 69-year-old female who lives in Amman. She was admitted to hospital for ischemic heart failure from 7 to 16 September. On 17 September, she developed symptoms and was admitted to another hospital. She was confirmed positive for MERS-CoV on 22 September and on the same day she passed away. The patient had a comorbidity. Investigation of transmission is ongoing.
- 4/ The fourth case is a 39-year-old female healthcare worker, who lives in Amman. She is asymptomatic and was identified through contact tracing. She was confirmed positive for MERS-CoV on 22 September. She took care of a previously reported confirmed case.

Web sources: [ECDC's latest rapid risk assessment](#) | [ECDC novel coronavirus webpage](#) | [WHO](#) | [WHO MERS updates](#) | [WHO travel health update](#) | [WHO Euro MERS updates](#) | [CDC MERS](#) | [Saudi Arabia MoH](#) | [Saudi Arabia statement](#) | [ECDC factsheet for professionals](#)

ECDC assessment

The MERS outbreak in the Middle East poses a low risk to the EU. Efforts to contain the nosocomial clusters in the affected countries are vital to prevent wider transmission. Although sustained human-to-human community transmission is unlikely, secondary transmission to unprotected close contacts, especially in healthcare settings, remains possible, as documented in a recent outbreak in South Korea or Saudi Arabia.

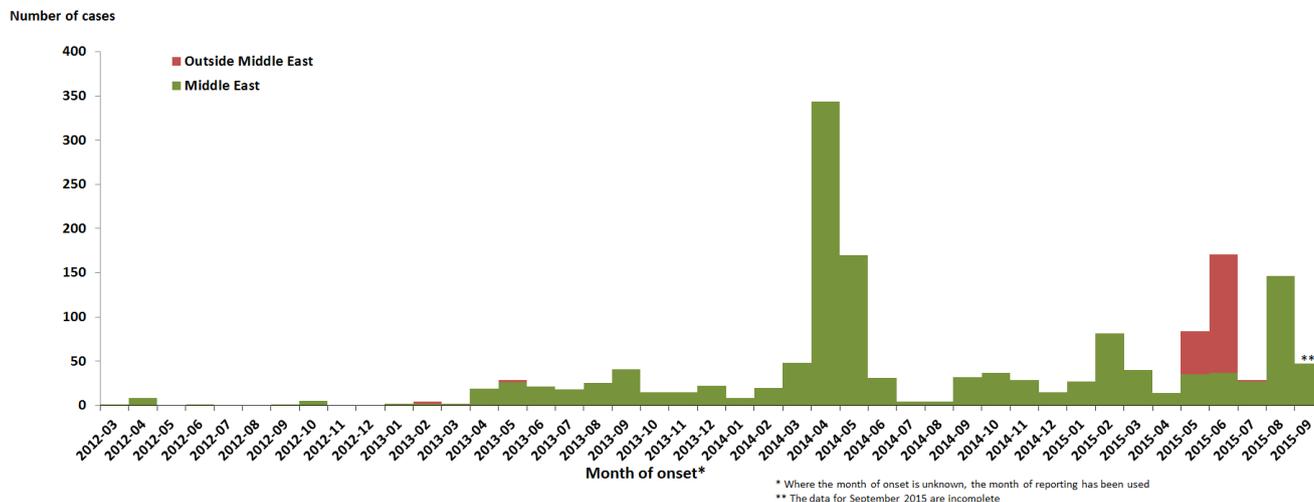
Countries should [advise travellers](#) returning from countries affected by MERS to seek medical attention if they develop a respiratory illness with fever and cough during the two weeks after their return and to disclose their recent travel history to the healthcare provider. Travellers, especially those with pre-existing medical conditions, should be reminded of the importance of good hand and food hygiene, and to avoid contact with sick people. Travellers to the Arabian Peninsula should avoid close contact with camels, visiting farms and consuming unpasteurised camel milk, urine or improperly cooked meat.

Actions

ECDC published a [rapid risk assessment](#) on 27 August 2015 and an [epi-update](#) on 2 September 2015.

Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 30 September 2015 (n=1 610)

Source: ECDC



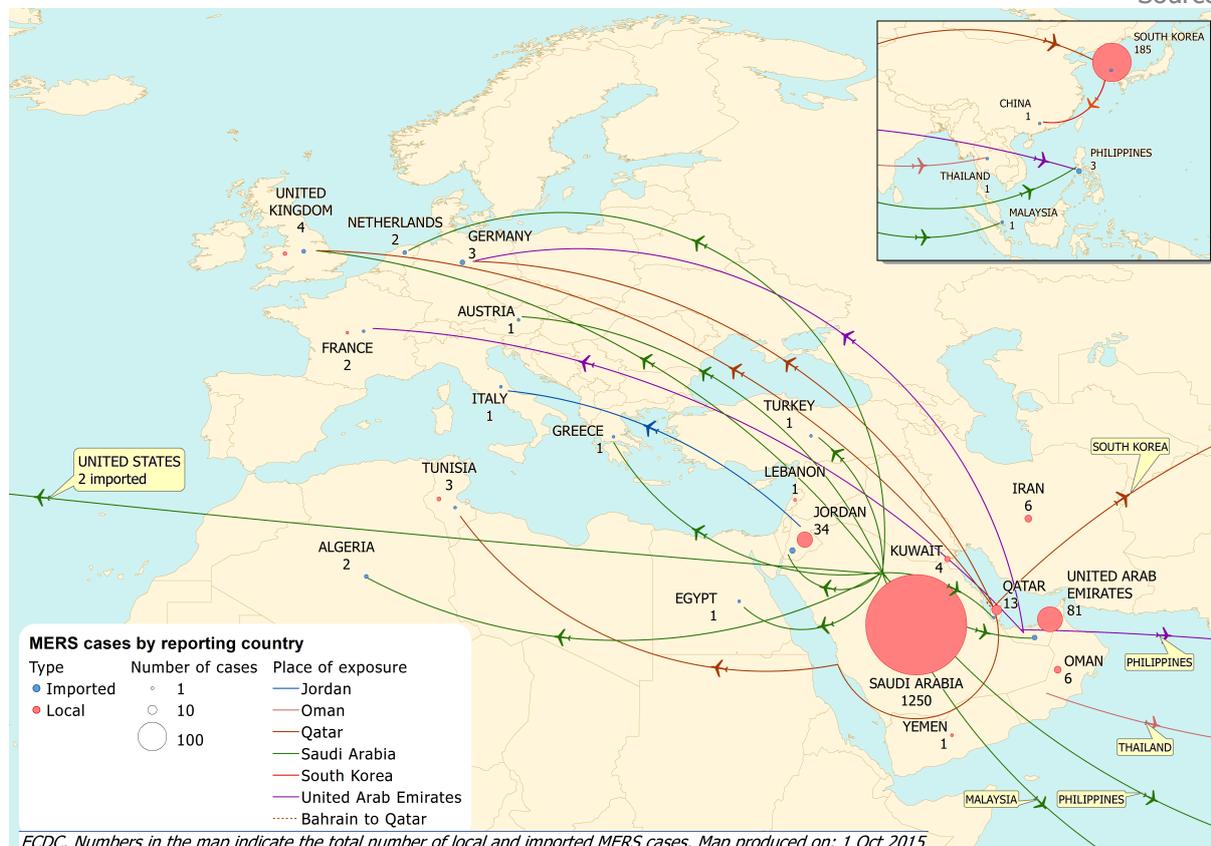
CoV by country of reporting, March 2012 – 30 September 2015 (n=1 610)

Source: ECDC

Region	Country	Number of cases	Number of deaths
Middle East	Saudi Arabia	1250	536
	United Arab Emirates	81	11
	Qatar	13	5
	Jordan	34	13
	Oman	6	3
	Kuwait	4	2
	Egypt	1	0
	Yemen	1	1
	Lebanon	1	0
	Iran	6	2
Europe	Turkey	1	1
	UK	4	3
	Germany	3	2
	France	2	1
	Italy	1	0
	Greece	1	1
	Netherlands	2	0
	Austria	1	0
Africa	Tunisia	3	1
	Algeria	2	1
Asia	Malaysia	1	1
	Philippines	3	0
	South Korea	185	36
	China	1	0
Americas	Thailand	1	0
	United States of America	2	0

Distribution of confirmed cases of MERS-CoV by first available date and place of probable infection, March 2012 – 30 September 2015 (n=1 610)

Source: ECDC



Ebola Virus Disease Epidemic - West Africa - 2014 - 2015

Opening date: 22 March 2014

Latest update: 1 October 2015

Epidemiological summary

Distribution of cases as of 27 September 2015:

Countries with intense transmission:

- **Guinea:** 3 805 cases, of which 3 344 were confirmed; 2 533 deaths.
- **Sierra Leone:** 13 911 cases, of which 8 704 were confirmed; 3 955 deaths.

Countries with previously widespread and intense transmission:

- Liberia: declared Ebola-free on 3 September 2015.

Countries that have reported an initial case or localised transmission:

- Nigeria, Senegal, the USA, Spain, Mali, the UK and Italy.

Situation in West African countries

Guinea

All 4 confirmed cases in the past week had symptom onset in Forecariah, and are registered contacts of a 10-year-old girl who sought treatment in Forecariah after travelling from the Ratoma area of the capital, Conakry. She subsequently died on 14 September in the Forecariah sub-prefecture of Kaliah. Two of the four new cases are traditional healers who are reported to have treated the girl. Over 450 contacts are under follow-up in Guinea, including one in the prefecture of N'Zerekore due to the movement of a contact associated with the Ratoma chain of transmission.

The majority of contacts (311) are located in Forecariah, with 147 in Conakry. All contacts are associated with the Ratoma chain of transmission. From 28 September to 1 October, an active case-finding operation is taking place in the Conakry districts of Dixinn and Ratoma during which approximately 900 households will be visited.

Sierra Leone

No new confirmed cases were reported from Sierra Leone in the week to 27 September: the second consecutive week with zero cases. Over 700 contacts remain under follow-up in Bombali related to the last reported case on 13 September. All contacts associated with the Kambia chain of transmission were scheduled to complete follow-up on 28 September.

According to [media](#), Sierra Leone began a second 42-day countdown to becoming Ebola-free on Sunday 27 September as it discharged its last two known patients and lifted its quarantine restrictions in the north.

Situation among healthcare workers

No new health worker infections were reported by WHO in the week up to 27 September.

Outside of the three most affected countries, 2 Ebola-infected healthcare workers were reported in Mali, 11 in Nigeria, 1 in Spain (infected while caring for an evacuated EVD patient), 2 in the UK (both infected in Sierra Leone), 6 in the USA (2 infected in Sierra Leone, 2 in Liberia, and 2 infected while caring for a confirmed case in Texas) and 1 in Italy (infected in Sierra Leone).

Images

- Epicurve 1: the epicurve shows the confirmed cases in the three most affected countries. In order to better represent the tail of the epidemic, only the data for 2015 are shown.
- Epicurve 2: the epicurve shows the confirmed cases in Guinea and Sierra Leone. In order to better represent the tail of the epidemic, only the data for 2015 are shown.
- Map: this map is based on country situation reports and shows only confirmed cases of EVD in the past six weeks.

Web sources: [ECDC Ebola page](#) | [ECDC Ebola and Marburg fact sheet](#) | [WHO situation summary](#) | [WHO Roadmap](#) | [WHO Ebola Factsheet](#) | [CDC](#) | [Ebola response phase 3: Framework for achieving and sustaining a resilient zero](#) | [ReEBOV Antigen Rapid Test Kit](#) | [Institut Pasteur will open a lab in Conakry](#) | [Emergency Operation Centres in the three affected countries](#) | [Entry screening in US](#)

ECDC assessment

This is the largest-ever documented epidemic of EVD, both in terms of numbers and geographical spread. The epidemic of EVD increases the likelihood that EU residents and travellers to the EVD-affected countries will be exposed to infected or ill persons. The risk of infection for residents and visitors in the affected countries through exposure in the community is considered low if they adhere to the recommended precautions. Residents and visitors to the affected areas run a risk of exposure to EVD in healthcare facilities.

The risk of importing EVD into the EU and the risk of transmission within the EU following an importation, remains low or very low as a result of the range of risk reduction measures that have been put in place by the Member States and by the affected countries in West Africa. However, continued vigilance is essential. If a symptomatic case of EVD presents in an EU Member State, secondary transmission to caregivers in the family and in healthcare facilities cannot be excluded.

The number of confirmed cases has remained low since the end of July. The introduction of an EVD case into unaffected countries remains a risk as long as cases exist in any country. With adequate preparation, however, such an introduction can be contained through a timely and effective response.

Actions

As of 27 September 2015, ECDC has deployed 94 experts (on a rotating basis) from within and outside the EU in response to the

Ebola outbreak. This includes an ECDC-mobilised contingent of experts to Guinea. Furthermore, additional experts are already confirmed for deployment to Guinea over the next few months.

The latest (12th) update of the [rapid risk assessment](#) was published on 1 July 2015.

On 31 July 2015, ECDC published [Positive preliminary results of an Ebola vaccine efficacy trial in Guinea](#).

On 22 January 2015, ECDC published [Infection prevention and control measures for Ebola virus disease. Management of healthcare workers returning from Ebola-affected areas](#).

On 4 December 2014, EFSA and ECDC published a [Scientific report assessing Risk related to household pets in contact with Ebola cases in humans](#).

On 29 October 2014, ECDC published a training tool on the [safe use of PPE and options for preparing for gatherings in the EU](#).

On 23 October 2014, ECDC published [Public health management of persons having had contact with Ebola virus disease cases in the EU](#).

On 22 October 2014, ECDC published [Assessing and planning medical evacuation flights to Europe for patients with Ebola virus disease and people exposed to Ebola virus](#).

On 13 October 2014, ECDC published [Infection prevention and control measures for Ebola virus disease: Entry and exit screening measures](#).

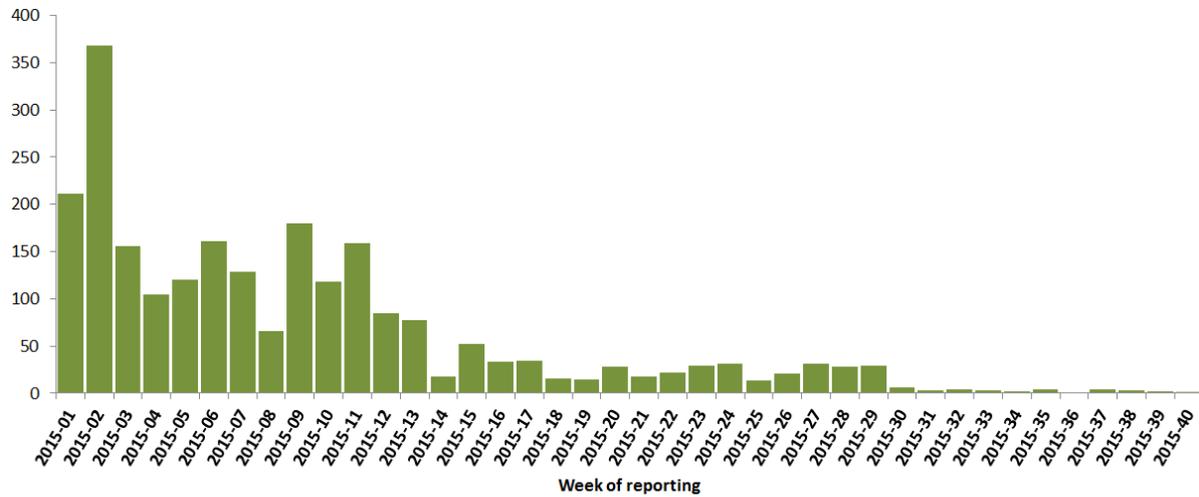
On 6 October 2014, ECDC published [risk of transmission of Ebola virus via donated blood and other substances of human origin in the EU](#).

On 22 September 2014, ECDC published [assessment and planning for medical evacuation by air to the EU of patients with Ebola virus disease and people exposed to Ebola virus](#).

On 10 September 2014, ECDC published an [EU case definition](#).

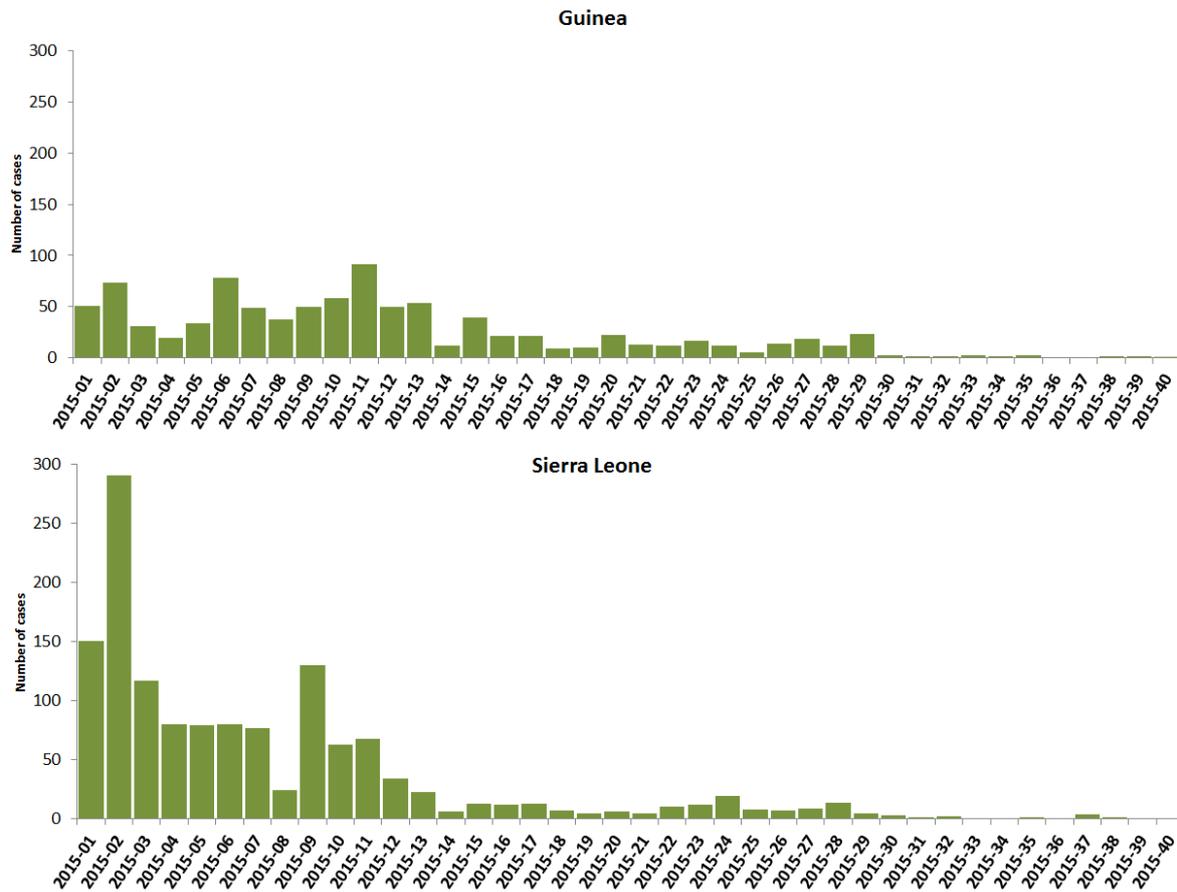
Distribution of confirmed cases of EVD by week of reporting in Guinea, Sierra Leone and Liberia (weeks 01/2015 to 40/2015)

Adapted from WHO figures; *data for week 40/2015 are incomplete



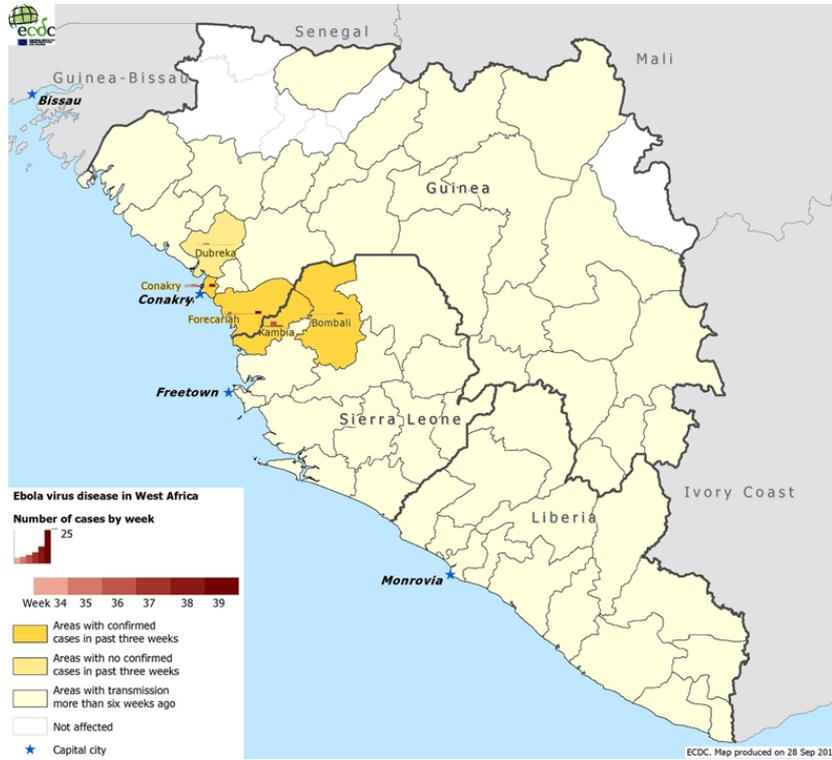
Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (weeks 01/2015 to 40/2015)

Adapted from WHO figures; *data for week 40/2015 are incomplete



Distribution of confirmed cases of EVD by week of reporting in Guinea and Sierra Leone (as of week 39/2015)

Adapted from national situation reports



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