COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 6, 2-8 February 2014

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Influenza - Multistate (Europe) - Monitoring 2013-2014 season

Opening date: 4 October 2013 Latest update: 30 January 2014

Following the 2009 pandemic, influenza transmission in Europe has returned to its seasonal epidemic pattern, with peak activity during winter months. ECDC monitors influenza activity in Europe during the winter seasons and publishes the results on its website in the Weekly Influenza Surveillance Overview.

➔Update of the week

On week 5 2014, the number of countries with geographic spread of influenza activity increased compared to the previous week.

Pertussis -Multistate (EU) - Monitoring European outbreaks

Opening date: 11 July 2013 Latest update: 3 October 2013

During the last three years there has been an increase in the number of reported pertussis cases, with large outbreaks being repeatedly reported in different regions of the world, even in those with sustained high vaccination coverage, including the EU. Due to the re-emergence of pertussis in several EU countries in recent years, ECDC has started to monitor the pertussis situation in EU Member States.

➔Update of the week

No indications of major ongoing outbreaks during January 2014 were detected through the media or available surveillance sources.

Non EU Threats

Chikungunya outbreak - The Caribbean, 2013

Opening date: 9 December 2013 Latest update: 31 January 2014

On 6 December 2013, France reported two laboratory-confirmed autochthonous cases of chikungunya in the French part of the Caribbean island of Saint Martin. Since then, local transmission has been confirmed in the Dutch part of Saint Martin, on Martinique, Saint Barthélemy, Guadeloupe, British Virgin Islands and Dominica. French Guyana, Dominica, Aruba and Anguilla reported imported cases. This is the first documented outbreak of chikungunya with autochthonous transmission in the Americas. As of 2 February 2014, the number of confirmed and probable cases has reached more than 1 500 in the region. There has been one fatality reported.

➔Update of the week

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During the past week, 416 new cases of chikungunya have been reported in the Caribbean. New confirmed cases were reported from Saint Martin (FR) (125), Sint Maarten (NL) (51), Martinique (154), Saint Barthélemy (27), Guadeloupe (56), British Virgin islands (1). In addition, one imported case was notified in Anguilla and one imported case in Aruba.

Zika virus infection outbreak - The Pacific - 2013-2014

Opening date: 9 January 2014 Latest update: 6 February 2014

Two French overseas territories are affected by outbreaks of Zika virus (ZIKV) infection: French Polynesia and New Caledonia. This is the second documented outbreak of ZIKV infection reported in the Pacific. It is estimated that more than 28 000 cases have sought medical care with Zika-like symptoms in French Polynesia since the beginning of the outbreak in October 2013. There is a simultaneous dengue outbreak in the region. French Polynesia health authorities report a concurrent significant increase in neurological syndromes and autoimmune illnesses. The cause and possible links with Zika or dengue virus infections are being investigated.

➔Update of the week

During the past week, 13 additional confirmed cases of ZIKV infection were reported in French Polynesia and 10 new autochthonous cases in New Caledonia. The outbreak seems to be declining in most of the affected islands of French Polynesia.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 6 February 2014

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50-100 million people each year, mainly in the tropical regions of the world. The identification of sporadic autochthonous cases in non-endemic areas in recent years has already highlighted the risk of locally acquired cases occurring in EU countries where the competent vectors are present. The dengue outbreak in the Autonomous Region of Madeira, Portugal, in October 2012 further underlines the importance of surveillance and vector control in other European countries.

➔Update of the week

During 2014, no autochthonous dengue cases have been reported in Europe.

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

Opening date: 24 September 2012 Latest update: 6 February 2014

Since April 2012, 183 laboratory-confirmed cases, including 79 deaths, of acute respiratory disease caused by Middle East respiratory syndrome coronavirus (MERS-CoV), have been reported by national health authorities. To date, all cases have either occurred in the Middle East, have had direct links to a primary case infected in the Middle East, or have returned from the Middle East. The source of the virus remains unknown but the pattern of transmission points towards an animal reservoir in the Middle East, from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission to close contacts and in hospital settings has occurred, but there is no evidence of sustained transmission among humans. MERS-CoV is genetically distinct from the coronavirus that caused the SARS outbreak.

➔Update of the week

Since the previous CDTR, two additional cases have been reported from Riyadh in Saudi Arabia. Both cases are male in the age group 60-69, one of them has died. One case has been reported from the United Arab Emirates, he owns camels and has recent travel history to Oman where he was also exposed to camels.

Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013 Latest update: 6 February 2014

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, the outbreak has affected 14 Chinese provinces and two municipalities, causing 308 cases of human infection, including 63 deaths. Most cases have been unlinked and sporadic zoonotic transmission from poultry to humans is the most likely explanation for the outbreak. Sustained person-to-person transmission has not been documented. Since October 2013, 173 cases have been reported. The majority of these cases have been reported in previously affected provinces or in patients who visited such provinces prior to illness. However, two cases have been reported in newly affected provinces (Guizhou and Guangxi) during the second wave of the outbreak.

➔Update of the week

Between 30 January and 7 February 2014, 35 new cases of A(H7N9) infection have been reported by local authorities in China: Zhejiang (11), Guangdong (16), Fujian (three), Hunan (three), Jiangsu (one) and Guangxi (one).

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 6 February 2014

Polio, a crippling and potentially fatal vaccine-preventable disease that mainly affects children, is close to being eradicated as a result of global public health efforts. Polio remains endemic in three countries: Afghanistan, Pakistan and Nigeria, and there are currently cases reported from five other countries: Cameroon, Ethiopia, Kenya, Somalia and Syria.

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➔Update of the week

Since the previous ECDC update, three new wild poliovirus 1 (WPV1) cases have been reported to WHO from Pakistan. Two of the cases had onset in January 2014, one in December 2013.

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II. Detailed reports

Influenza - Multistate (Europe) - Monitoring 2013-2014 season

Opening date: 4 October 2013 Latest update: 30 January 2014

Epidemiological summary

For week 5/2014:

- Greece reported high–intensity influenza activity, while Bulgaria, Finland, France, Luxembourg, Malta and Spain reported medium-intensity activity. Low intensity influenza activity was reported by 22 out of 29 countries which provided clinical data for week 5/2014.
- Bulgaria, Finland, France, Greece, Italy, Malta, Spain and UK (England) experienced influenza activity that was geographically widespread.
- Of 1513 sentinel specimens tested in 26 countries, 394 (26%) were positive for influenza virus.
- Since week 40/2013, six countries have reported 1 605 hospitalised laboratory-confirmed influenza cases with 124 fatal cases in five countries.

Although the influenza virus positivity rate of sentinel specimens decreased in the last two weeks, the number of countries with regional or widespread geographic spread of influenza activity increased compared to the previous week. Influenza A(H1)pdm09 and A(H3) viruses co-circulate at the moment.

Web sources: WISO | ECDC Seasonal influenza | US-CDC health advisory | CDC Seasonal influenza | FluWatch, Canada | FluView, USA

ECDC assessment

The influenza season started in EU/EEA countries in week 2/2014.

Actions

ECDC will continue to produce the weekly influenza surveillance overviews during the northern hemisphere influenza season.

Pertussis -Multistate (EU) - Monitoring European outbreaks

Opening date: 11 July 2013 Latest update: 3 October 2013

Epidemiological summary

Web sources:
ECDC Annual Epidemiological Report2012 | ECDCPertussis| MedISys| WHO| Ireland |HPS Scot | PHE |THL | BMG| SMI |Hungary

ECDC assessment

Over the last 20 years, the epidemiology of pertussis has changed remarkably with a shift from mainly paediatric cases (normally children <10 years of age) towards adolescents, adults and infants too young to have been fully vaccinated. Infants are at highest risk of complications and death from pertussis, and immediate interventions should focus on protecting this group. Pertussis is generally under-reported in adults but this population group is the source of infection to young children.

Pertussis P3 serotypes emerged globally after 1988, and now predominate in many EU/EEA countries. They produce more pertussis toxin which appear to suppress immunity and reduce the duration of immunity among vaccinated or naturally infected individuals. There is evidence that duration of immunity induced by the current DTaP vaccine may be shorter than that induced by the previous DTwP vaccine. Case-based pertussis data are reported to the European Surveillance System annually.

Actions

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ECDC monitors pertussis transmission in Europe on a monthly basis through its epidemic intelligence activities.

Chikungunya outbreak - The Caribbean, 2013

Opening date: 9 December 2013 Latest update: 31 January 2014

Epidemiological summary

Cases reported as of 2 February 2014:

- Virgin Islands (UK), 6 confirmed cases;
- Saint Martin (FR), 601 confirmed cases;
- Sint Maarten (NL), 60 confirmed cases;
- Martinique, 390 confirmed and 128 probable cases;
- Saint Barthélemy, 83 confirmed and probable cases;
- Guadeloupe, 175 confirmed and probable cases;
- Dominica, 1 confirmed case (imported), 3 autochthonous cases (reported by media);
- French Guyana, 4 confirmed cases, all of which are imported;
- One imported confirmed case on the Island of Anguilla probably originating from Saint Martin;
- One imported case in Aruba originating from Sint Maarten.

Web sources: Bureau de Veille Sanitaire ; Media on Dominica

ECDC assessment

Epidemiological data indicate that the outbreak, that started in Saint Martin (FR), is expanding. An increasing number of cases has been observed from most of the affected areas. The vector is endemic in the regions, where it also transmits dengue virus. Vigilance is recommended for the occurrence of imported cases of chikungunya in tourists returning to the EU from the Caribbean, including awareness among clinicians, travel clinics and blood safety authorities.

Actions

ECDC published a rapid risk assessment on 12 December 2013 and an epidemiological update on 10 January 2014.

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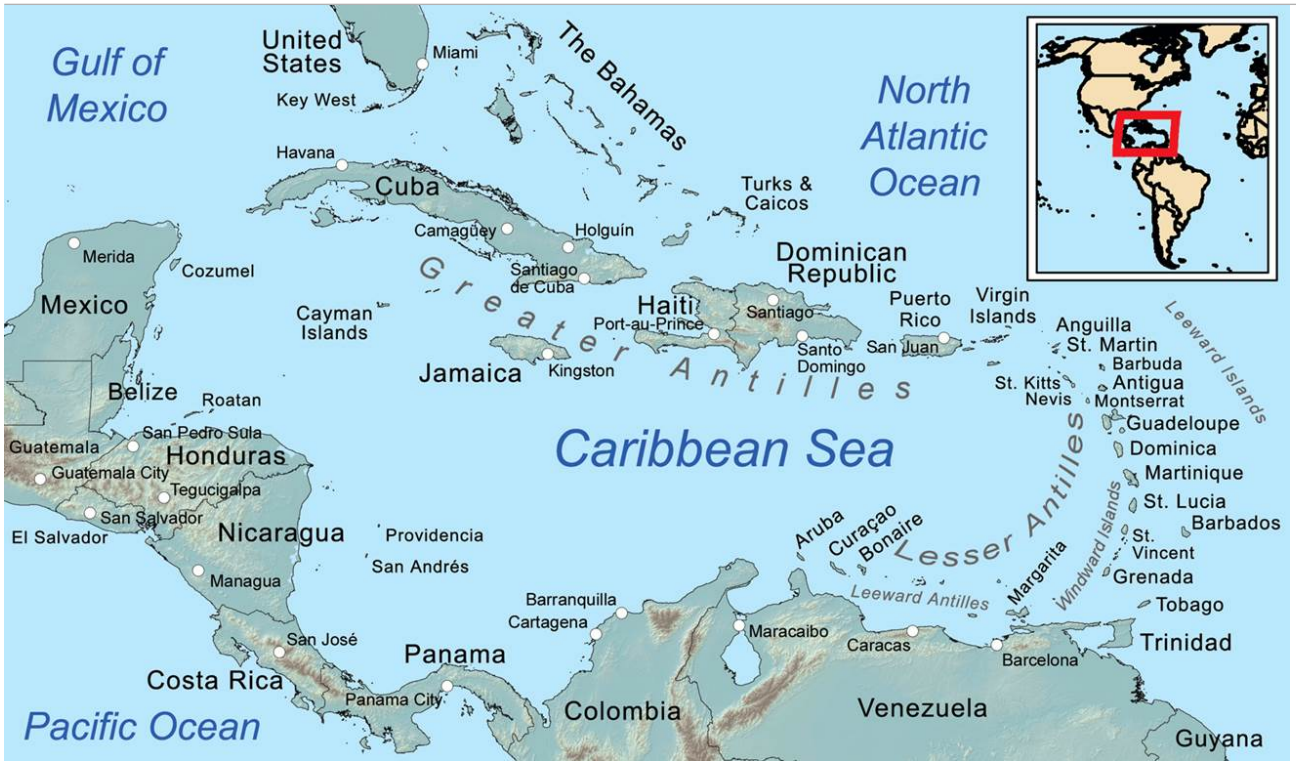
The Caribbean islands



Zika virus infection outbreak - The Pacific - 2013-2014

Opening date: 9 January 2014 Latest update: 6 February 2014

Epidemiological summary

Since early October 2013, and as of 30 January 2013, 7 939 suspected cases of ZIKV infection were reported by the syndromic surveillance sentinel network of French Polynesia, of which 396 were confirmed by RT-PCR. It is estimated that more than 28 000 cases have sought medical care with Zika-like symptoms in French Polynesia since the beginning of the outbreak.

In New Caledonia, health authorities officially declared a ZIKV outbreak on 1 February 2014. Since 1 January and as of 2 February 2014, there are 44 confirmed ZIKV cases in the territory, 30 of which are imported and 14 are autochthonous cases. Control activities are ongoing with vector control around each case as well as continued surveillance regarding arriving passengers on flights from French Polynesia. No neurological complications have been reported to date.

Since early November 2013, 70 cases presented with neurological or autoimmune complications of which 38 cases were with Guillain-Barré syndrome (GBS). Sixteen of these patients required hospitalisation in the intensive care unit. Currently, five patients are still hospitalised and 14 are in a rehabilitation centre. All the GBS cases were born in French Polynesia. Public health control measures, including increased surveillance and the promotion of measures to avoid mosquito bites, have been implemented.

There is suspicion of recurrent infection in patients previously infected with ZIKV, which may indicate the presence of several genotypes of the Zika virus, similar to dengue virus.

Web sources: ECDC fact sheet | Bureau de Veille Sanitaire| NaTHNac | DASS New Caledonia

ECDC assessment

This is the second ZIKV infection outbreak reported in the Pacific, now affecting two French Overseas Territories.
The first documented transmission outside of the virus' traditional endemic areas in Africa and Asia occurred on the island of Yap in Micronesia in 2007.

ZIKV is a member of the *Flaviviridae* family and is transmitted to humans by mosquitoes. It is related to other pathogenic vector-borne flaviviruses including dengue, West Nile and Japanese encephalitis viruses. ZIKV infection is considered an emerging infectious disease with the potential to spread to new areas where the *Aedes* mosquito vector is present. There is a risk for the disease spreading further in the Pacific, and for sporadic imported cases in Europe from endemic areas. There is no available vaccine against ZIKV infection. Travellers can protect themselves by preventing mosquito bites.

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The apparent clustering of GBS cases is considered very unusual, as they occurred within only two months, compared with three or four cases per year on average in French Polynesia. Zika infection is a mild illness and has not been known to have neurological complications. The reported complications in French Polynesia are not confirmed to be caused by ZIKV infections. However, there is a temporal association with the simultaneous outbreaks of Zika and dengue. Investigations are currently underway to identify the cause of the increase and to determine a possible association with the ongoing transmission of DENV-1, DENV-3 and ZIKV, and whether ZIKV has several genotypes.

Actions

ECDC is preparing a risk assessment on this event.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 6 February 2014

Epidemiological summary

Europe: No autochthonous cases have been reported so far in 2014.

Asia: Pune district in India continues to report cases despite a recent fall in temperature. Eastern Visayas in the Philippines and Pehang State in Malaysia experienced increased dengue activity during the past two weeks. In Sri Lanka, 2 385 cases were reported last month and Colombo municipality was the most affected area with 953 cases recorded, according to a media source citing the Ministry of Health.

Oceania: The trend has been decreasing recently in French Polynesia. Since February 2013, the number of confirmed cases of DENV-1 and DENV-3 is 1 636; 146 of these were reported in January 2014 (InVS). In New Caledonia 42 cases of dengue have been reported since 1 September 2013; 16 of these in January 2014.
The epidemic of DENV-3 in Fiji is still increasing with 1 859 laboratory confirmed cases and two deaths reported by the Ministry of Health from 30 October 2013 to 6 February 2014. Vanuatu has recorded 220 suspected DENV-3 cases so far this year.
In Queensland, Australia, dengue outbreaks are still ongoing in three municipalities (Cairns, Port Douglas and Townsville).

Americas: In Central America, Panama has recorded more than 1 000 cases and eight deaths since the beginning of the epidemic in December 2013. In South America, Bolivia has reported a national increase in the number of new dengue infections during the past two weeks, particularly in Santa Cruz Department, which recently issued an orange health alert.

Africa: Despite reporting the first locally acquired case of dengue fever in Mayotte this year, there is still no active virus circulation on the island, according to InVS. Imported cases continue to be reported from Comoros. Weather conditions remain highly favourable for both vector growth and viral transmission. Therefore, enhanced surveillance is being maintained as active viral circulation remains likely in the coming weeks.

A doctor working in a private clinic in Tanzania has reported through PROMED an increasing number of dengue fever infections in Dar es Salaam city, where at least ten cases have been diagnosed since the middle of December. Most of the patients are expatriate residents. The Tanzanian Ministry of Health has been informed and is assisting in serological testing.

Publication
CDC reports in the Morbidity and Mortality Weekly Report (MMWR) a 63-year-old woman from Texas who died from a rare complication of dengue fever in October 2013. This is the third locally acquired dengue related death reported in the United States.

Websources: ECDC Dengue | Healthmap Dengue | MedISys | ProMed Asia-Pacific update| ProMed Americas update|WPRO 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. Before the 2012 outbreak in the Autonomous Region of Madeira, local

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transmission of dengue was reported for the first time in France and Croatia in 2010. Imported cases are being detected in 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.

From week 28 2013 onwards, ECDC has been monitoring dengue on a bi-weekly basis.

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

Opening date: 24 September 2012 Latest update: 6 February 2014

Epidemiological summary

As of 6 February 2014, 183 laboratory-confirmed cases of MERS-CoV have been reported by local health authorities worldwide, including 79 deaths. The following countries have reported MERS-CoV cases:

Saudi Arabia: 144 cases / 59 deaths
United Arab Emirates: 13 cases / 5 deaths
Qatar: 7 cases / 4 deaths
Jordan: 3 cases / 3 deaths
Oman: 2 case / 2 deaths
Kuwait: 2 cases / 0 deaths
UK: 4 cases / 3 deaths
Germany: 2 cases / 1 death
France: 2 cases / 1 death
Italy: 1 case / 0 deaths
Tunisia: 3 cases / 1 death

Twelve cases have been reported from outside the Middle East: in the UK (4), France (2), Tunisia (3), Germany (2) and Italy (1). In France, Tunisia and the UK, there has been local transmission among patients who had not been to the Middle East, but had been in close contact with laboratory-confirmed or probable cases. Person-to-person transmission has occurred both among close contacts and in healthcare facilities. However, with the exception of a possible nosocomial outbreak in Al-Ahsa, Saudi Arabia, secondary transmission has been limited. Twenty-two asymptomatic cases have been reported by Saudi Arabia and three by the United Arab Emirates.

The fourth meeting of the IHR Emergency Committee concerning MERS-CoV was held on 4 December 2013. The Committee concluded that there was no reason to change its previous advice to the Director-General. Their unanimous decision was that the conditions for a Public Health Emergency of International Concern (PHEIC) had not been met.

Based on events since its last meeting, the Committee emphasised the need for:

- investigative studies, including international case-control, serological, environmental, and animal-human interface studies, to better understand risk factors and the epidemiology;
- further review and strengthening of tools, such as standardised case definitions and surveillance, and further emphasis on infection control and prevention.

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 | Eurosurveillance article 26 September |Oman MoH |

ECDC assessment

The source of MERS-CoV infection and the mode of transmission have not been identified, but the continued detection of cases in the Middle East indicates that there is an ongoing source of infection in the region. There is therefore a continued risk of cases presenting in Europe following exposure in the Middle East, and surveillance for MERS-CoV cases is essential.

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The risk of secondary transmission in the EU remains low and could be reduced further through screening for exposure among patients presenting with respiratory symptoms and their contacts, and strict implementation of infection prevention and control measures for patients under investigation.

Actions

ECDC's latest epidemiological update was published on 25 November 2013.

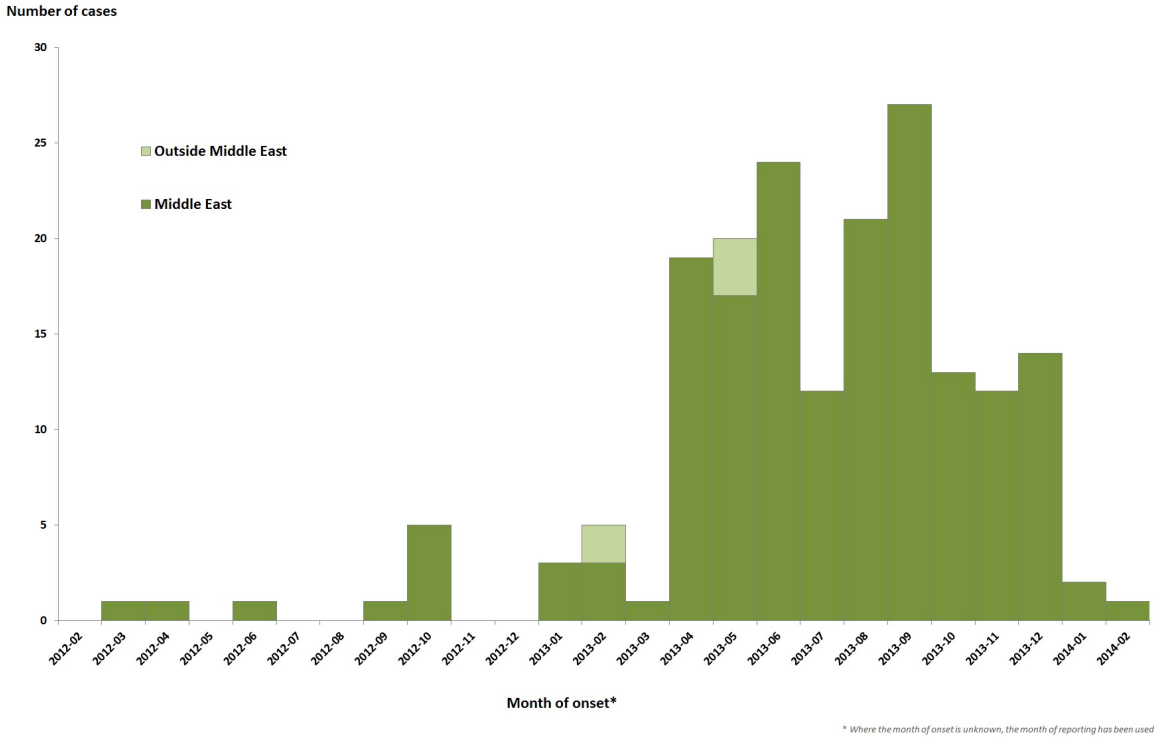
The latest update of a rapid risk assessment was published on 7 November 2013.

The first 133 cases are described in Eurosurveillance published on 26 September 2013.

ECDC is closely monitoring the situation, in collaboration with WHO and EU Member States.

Distribution of confirmed cases of MERS-CoV by month of onset and place of probable infection, March 2012 - 07 February 2014 (n=183*)

ECDC SRS



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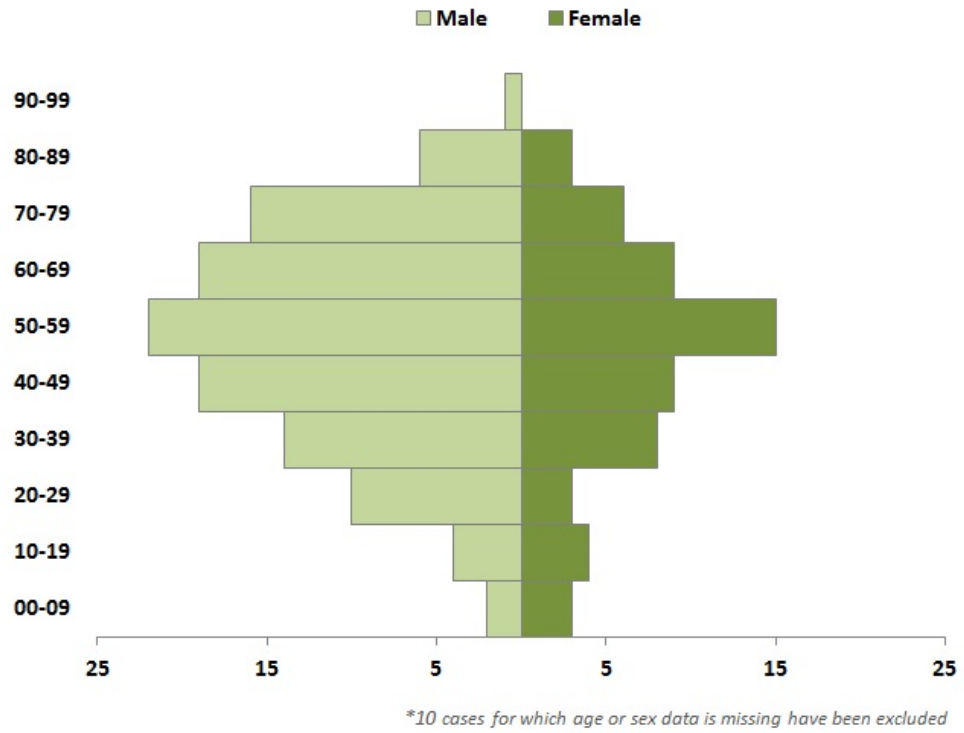
Distribution of confirmed cases of MERS-CoV by gender and age group, March 2012 - 07 February 2014

Source: ECDC SRS



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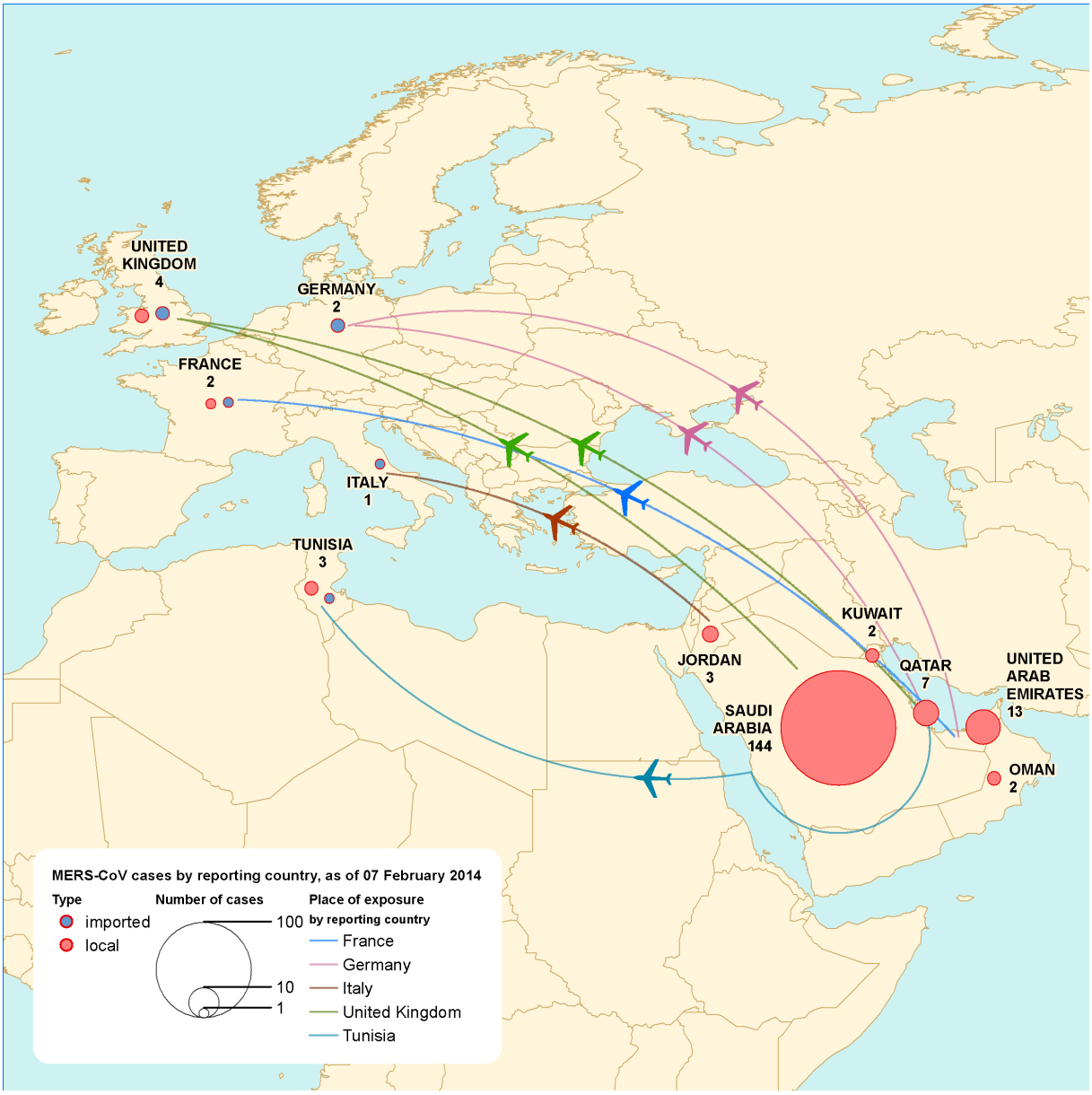
Distribution of confirmed MERS-CoV cases by place of reporting, March 2012 - 07 February 2014

Source: ECDC SRS



Influenza A(H7N9) - China - Monitoring human cases

Opening date: 31 March 2013 Latest update: 6 February 2014

Epidemiological summary

In March 2013, a novel avian influenza A(H7N9) virus was detected in patients in China. Since then, human cases have continued to be reported, and as of 07 February 2014, there have been 308 laboratory-confirmed cases: Zhejiang (122), Guangdong (54), Shanghai (42), Jiangsu (36), Fujian (19), Hunan (7), Jiangxi (5), Henan (4), Anhui (4) ,Beijing (3), Shandong (2), Hebei (1), Guangxi (2), Guizhou (1), Hong Kong (4) and Taiwan (2). In addition, the virus has been detected in one asymptomatic case in Beijing.

Most cases have developed severe respiratory disease. Sixty-three patients have died (case-fatality ratio=20,5%).

Since 15 October 2013, 173 cases were reported from: Zhejiang (76), Guangdong (53), Fujian (14), Jiangsu (9), Shanghai (8), Hunan (4), Beijing (1), Guangxi (2), Guizhou (1), Taiwan (1) and Hong Kong (4).

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Web sources: Chinese CDC | WHO | WHO FAQ page | ECDC |

ECDC assessment

The continued and increasing transmission of a novel reassortant avian influenza virus, capable of causing severe disease in humans in one of the most densely populated areas in the world, is a cause for concern due to the pandemic potential. However, the most likely scenario for China is that this remains a local (but widespread) zoonotic outbreak, in which the virus is transmitted sporadically to humans in close contact with the animal reservoir, similar to the influenza A(H5N1) situation.

It is commendable that the Chinese authorities quickly notified the event to WHO under the International Health Regulations. The continued communication of outbreak investigations has facilitated the assessment of the risk to human health from this outbreak in Europe as well as elsewhere. It is essential that this continues.

The first human infection with influenza A(H7N9) virus was identified in March 2013, and this was the first time that human infection with a low pathogenic avian influenza A virus had been associated with a fatal outcome. After a period of several months with only few cases detected, the Chinese authorities have detected new cases with increasing frequency since October 2013. This indicates a persistent reservoir and transmission pattern which might have seasonal characteristics.

The recent fatal case of influenza A(H5N1) imported to Canada provides support to the notion that imported cases of influenza A (H7N9) might also be seen in Europe. However, the risk of the disease spreading to Europe via humans in the near future is still considered low. People in the EU presenting with severe respiratory infection and a history of potential exposure in the outbreak area will require careful investigation in Europe.

To date, there is no epidemiological evidence that avian influenza can be transmitted to humans through the consumption of cooked food, notably poultry, meat and eggs. There is insufficient evidence to quantify the risk of influenza A(H7N9) developing into a virus that transmits from human to human, thereby increasing the risk of an influenza pandemic. Close monitoring of the outbreak epidemiology, clinical features and the genetic characteristics of the virus will be critical for assessing this risk; instruments like the Influenza Risk Assessment Tool (IRAT) can play a role.

The risk of increased transmission of H7N9 viruses between humans is not negligible. European countries should continue to prepare for the eventuality of future pandemics, including one caused by A(H7N9). Preparedness activities should include the precautionary development of early human vaccine candidates and increased monitoring of animal influenzas at the animal–human interface.

The risk of influenza A(H7N9) virus being transported to Europe in viraemic poultry through legal trade is negligible. EU regulations do not permit importation of live poultry, day-old chicks and hatching eggs and other birds (captive birds such as parrots, finches and ornamental birds) from China. The only poultry commodities authorised for import from China into the EU are sterilised meat products, heat-treated poultry meat from Shandong, and heat-treated egg products. Given the very heat-labile nature of all influenza viruses, these commodities are not considered to pose a risk of influenza virus transmission to consumers.

The risk of the avian influenza A(H7N9) viruses arriving in Europe with migratory birds cannot be quantified. ECDC and the European Food Safety Authority (EFSA) have performed multiple independent risk assessments in the past regarding avian influenza that also cover pathways for avian influenza A(H7N9). The hypothesis that poultry in the affected area has been infected by wild birds, has not been confirmed but neither can it be excluded. Surveillance in wild birds for this novel virus has not been initiated in the EU/EEA.

Actions

The Chinese health authorities continue to respond to this public health event with enhanced surveillance, epidemiological and laboratory investigation, including scientific research. ECDC is closely monitoring developments.

ECDC published an updated Rapid Risk Assessment on 28 January 2014.

ECDC published a guidance document for Supporting diagnostic preparedness for detection of avian influenza A(H7N9) viruses in Europe for laboratories on 24 April 2013.

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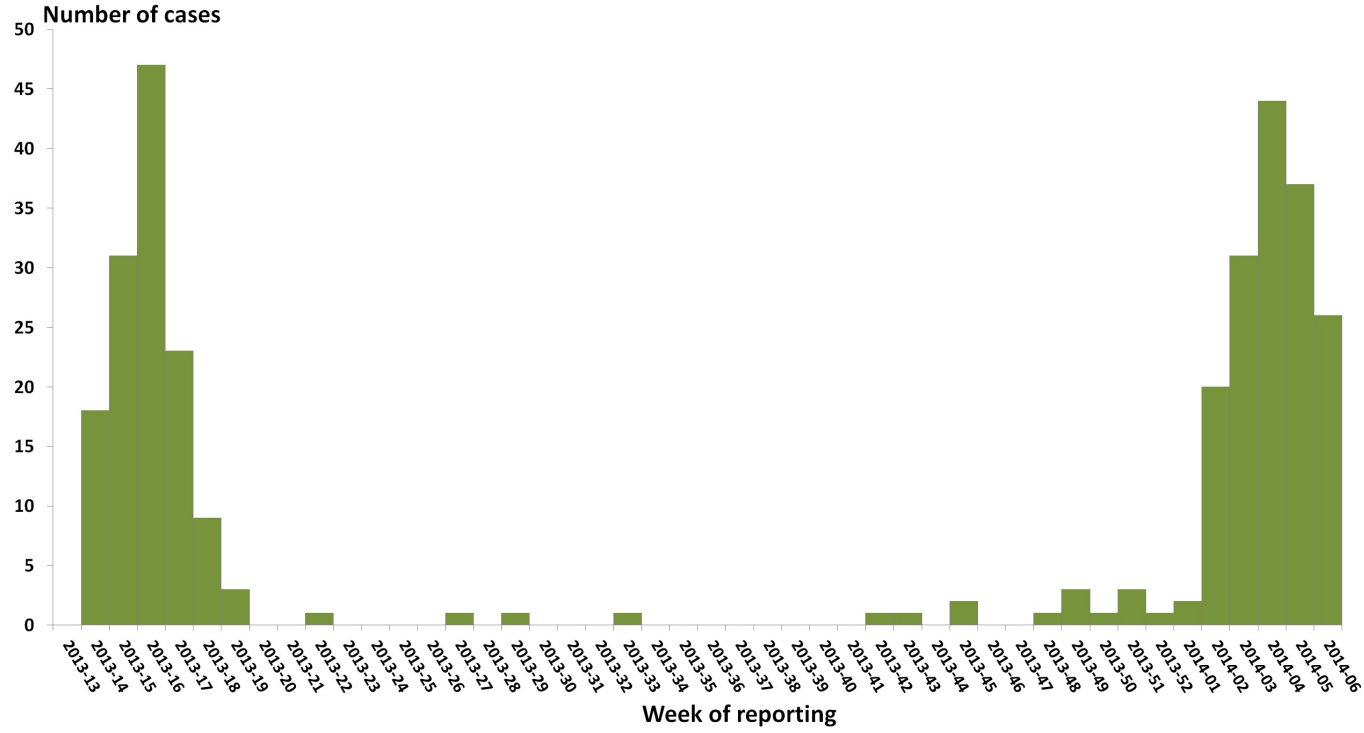
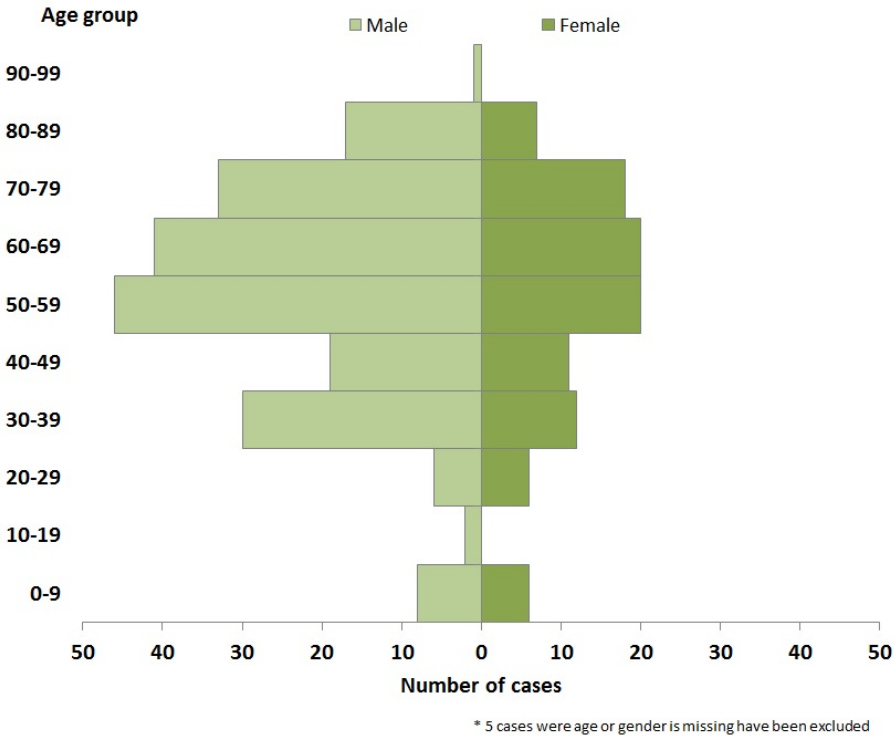
Distribution of confirmed A(H7N9) cases by week of reporting, week 14/2013 to 06/2014, China (n=308)

Source: ECDC SRS



Distribution of confirmed A(H7N9) cases by age and gender, 31/03/2013-06/02/2014, China (n=303*)

Source: ECDC SRS



* 5 cases were age or gender is missing have been excluded

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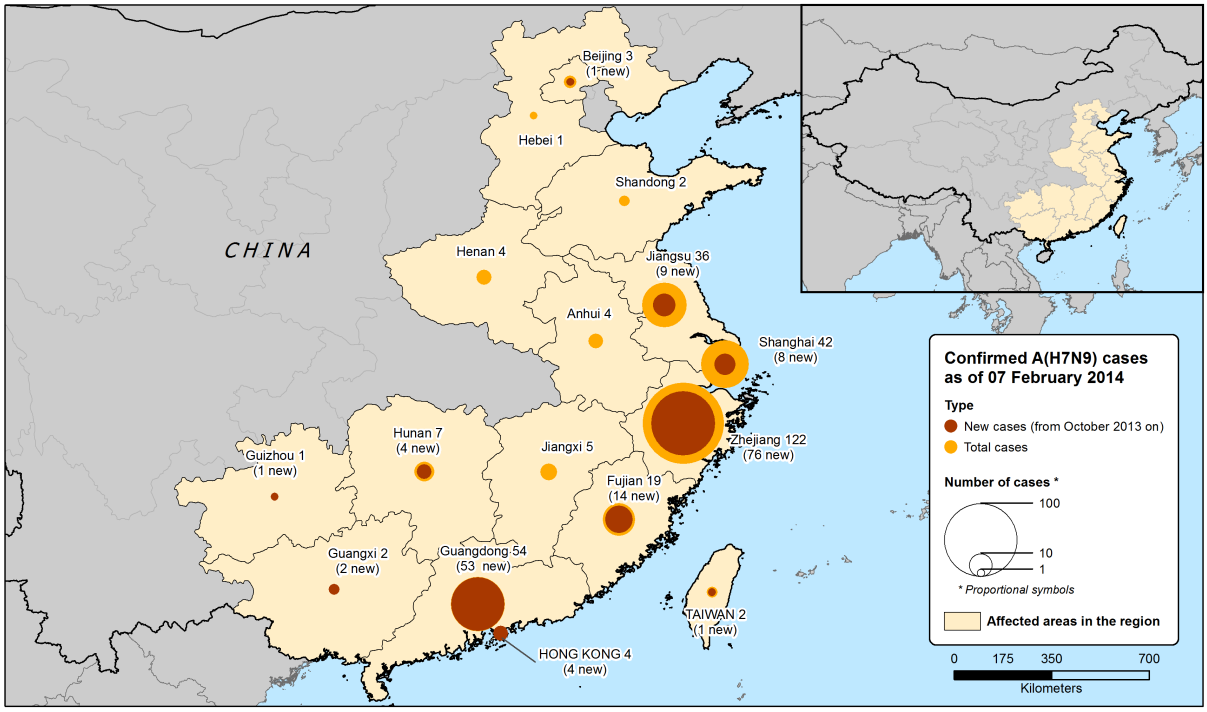
Source: ECDC SRS



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 6 February 2014

Epidemiological summary

In 2014, eight cases have been recorded so far, from Pakistan (7) and Afghanistan (1). Pakistan remains the only country with areas of uncontrolled transmission of polio, particularly in parts of Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa. More than 80% of cases in Pakistan since September 2013 are from these areas.

In 2013, 400 cases of poliomyelitis were notified to WHO worldwide, all due to WPV1. Eight countries have recorded cases in 2013: Afghanistan, Cameroon, Ethiopia, Kenya, Nigeria, Pakistan, Somalia and Syria.

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet | WHO mission to Israel | Somalia Humanitarian Bulletin

ECDC assessment

European Centre for Disease Prevention and Control (ECDC)
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Europe is polio free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. This was an imported outbreak and it was demonstrated that the WPV originated from India. An outbreak in the Netherlands, in a religious community opposed to vaccinations, caused two deaths and 71 cases of paralysis in 1992.

The last indigenous WPV case in the WHO European Region was in Turkey in 1998.
The latest outbreak in the WHO European Region was in Tajikistan in 2010, when importation of WPV1 from Pakistan resulted in 460 cases.

The recent detection of WPV in environmental samples in Israel, and the confirmed and ongoing outbreaks in Syria and Somalia, highlight the risk of re-importation into Europe. Recommendations are provided in the recent ECDC risk assessments:
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 follows reports of polio cases worldwide through epidemic intelligence, in order to highlight polio eradication efforts and identify events that increase the risk of re-introduction of wild poliovirus into the EU.

Due to the current situation of polio, the threat is being followed weekly.

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

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