COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 10, 3-9 March 2013

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Anthrax - Multistate - Outbreak among people who inject drugs

Opening date: 18 December 2009 Latest update: 8 March 2013

Between June 2011 and 8 March 2013, 14 confirmed cases including six fatalities of anthrax were reported in the EU among injecting drug users (IDUs): Germany (four cases, one fatal), Denmark (two cases, one fatal), France (one case), UK (seven cases, four fatal). The 2012 outbreak has been linked to the 2009-2010 outbreak of anthrax among IDUs with 127 cases in the UK (England - five, Scotland - 119) and three cases in Germany. Of seven *B. anthracis* isolates tested so far, two isolates from the United Kingdom were indistinguishable from the 2009-2010 strain and three isolates from Germany and two from Denmark were identical and almost identical to the 2009-2010 strain.

➔Update of the week

On 8 March 2013, the Health Protection Agency in the United Kingdom reported an additional fatal case of anthrax in Suffolk, England.

Influenza - Multistate (Europe) - Monitoring 2012-2013 season

Opening date: 2 December 2011 Latest update: 8 March 2013

Following the 2009 pandemic, influenza transmission in Europe has returned to its seasonal epidemic pattern, with peak activity seen 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.

Weekly reporting on influenza surveillance in Europe for the 2012–2013 season started in week 40/2012 but active influenza transmission began around week 49/2012, approximately six weeks earlier than in the 2011/2012 season.

➔Update of the week

In week 9/2013 Influenza activity remained substantial across Europe but an increasing number of countries reported indications of declining transmission.

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Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 5 March 2013

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, the number of outbreaks and reported cases in Member States in 2012 were significantly lower than during 2010 and 2011. The 29 participating EU and EEA countries reported 8 230 cases to the European Surveillance System for 2012. France, Italy, Romania, Spain and the United Kingdom accounted for 94% of all reported cases.

➔Update of the week

During the week leading up to 8 March 2013, the Swedish Institute for Infectious Disease Control (SMI) reported about two on-going outbreaks in two counties in Sweden, Uppsala and Stockholm. There are nine confirmed cases in Stockholm and five confirmed cases in Uppsala to date.

In the United Kingdom, the Health Protection Agency reported about a measles outbreak in the North-East of England. Since the beginning of September 2012, there have been 115 confirmed cases and 108 suspected cases. In Wales, according to the media, 209 cases of measles infection have been reported in Swansea and the Neath-Port Talbot area since November 2012.

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 is an 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

During the week leading up to 8 March 2013, no new outbreaks were detected in EU Member States.

Non EU Threats

Novel Coronavirus - Multistate - Severe respiratory syndrome

Opening date: 24 September 2012 Latest update: 8 March 2013

During the period April 2012 to March 2013, 14 laboratory-confirmed cases of respiratory illness caused by a novel coronavirus (novel CoV) have been reported to the World Health Organization (WHO). There have been eight associated deaths and two patients remain very ill. Cases have occurred in Saudi Arabia, Qatar, Jordan and the United Kingdom. The novel coronavirus has been temporarily named hCoV-EMC.

➔Update of the week

On 6 March 2013, the Ministry of Health in Saudi Arabia informed the World Health Organization (WHO) about a new confirmed case of novel coronavirus (NCoV) infection. This brings the number of confirmed cases of NCoV infections to 14 globally, including eight deaths.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 7 March 2013

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 the occurrence of locally acquired cases in EU countries where the competent vectors are present. The detection of a dengue outbreak in the Autonomous Region of Madeira, Portugal, further underlines the importance of surveillance and vector control in other European countries.

➔Update of the week

The Autonomous Region of Madeira, Portugal, experienced an outbreak of dengue starting in October 2012 with sporadic cases still being reported. So far in 2013, no autochthonous dengue cases have been reported in other European countries.

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Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 8 March 2013

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. Worldwide, 223 cases were reported in 2012 compared with 650 cases in 2011. Nine polio cases have been reported so far in 2013 compared to 22 cases for the same time period in 2012.

➔Update of the week

During the week leading up to 8 March 2013, four new wild poliovirus cases have been reported; three cases from Pakistan (two cases of WPV1 from Khyber Pakhtunkhwa and one case of WPV1 from Punjab) and one case from Yobe, Nigeria (WPV1).

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

Opening date: 15 June 2005 Latest update: 27 February 2013

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

The last case reported was a 35-year-old man from Kampong Cham province, Cambodia, who was confirmed positive for influenza H5N1 on 23 February 2013 by the Institut Pasteur. He is the 30th person to become infected with the H5N1 virus in Cambodia and the 27th person to die from complications of the disease.

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II. Detailed reports

Anthrax - Multistate - Outbreak among people who inject drugs

Opening date: 18 December 2009 Latest update: 8 March 2013

Epidemiological summary

In June 2012, Germany reported two cases of anthrax among IDUs in Regensburg. One of these cases died. The strain from these cases is reported to be almost identical to the strain from the 2009-2010 outbreak that mostly affected Scotland. A third confirmed case, a cutaneous anthrax affecting a IDUs, was reported in July in Berlin. Initial molecular typing of *B. anthracis* DNA from this patient suggests that it could be genetically similar to the first two cases in the Regensburg region. A fourth case was reported from Berlin by the RKI on 14 September 2012 in a person who injected heroin.

In July 2012, Denmark reported two confirmed cases (one fatal) and one possible case of cutaneous anthrax in IDUs in Copenhagen. The strains isolated from both of the confirmed cases were identical to the 2009 and 2010 outbreak strain.

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

In July 2012, UK reported a first case in Lanarkshire, Scotland. A second fatal case was reported in Blackpool, England on 17 August and a third case in Wales on 6 September 2012. On 10 September 2012, UK reported an additional fatal case in Blackpool, England. On 1 November 2012, UK authorities notified the fifth human anthrax case (PCR confirmed) in a IDU in Oxford, England. This case had injected heroin on 24 October and developed symptoms on 25 October. On 19 December 2012, UK authorities reported that a sixth person who injected heroin and had been diagnosed with anthrax infection had died in Medway, England. On 8 March 2013, the Health Protection Agency was notified of a confirmed fatal case of human anthrax in Suffolk, England. This case was an adult female who injected heroin. She was admitted to hospital on 27 February 2013 and died on 2 March 2013. The genetic typing for this case is on-going.

Since June 2012, 14 confirmed anthrax cases have been reported among IDUs in the EU.

Public Sources: RKI statement on German cases 2012 | Eurosurveillance article on 1st case in 2012 | SSI statement on Danish case | SSI statement on second Danish case | Statement on French case | HPS report on Scottish case 2012 | Last HPA report | RKI report | Last NHS report | NHS publication | RKI serological investigation | HPA statement on English case 2013|

ECDC assessment

This additional case is not unexpected and does not change the conclusions of the rapid risk assessment published by ECDC and EMCDDA on 16 July 2012. The reporting on cases of anthrax in IDUs in several countries over a long period of time suggests that contaminated heroin is still circulating in Europe. People who inject heroin in Europe are still at risk of exposure to anthrax.

Actions

ECDC and EMCDDA updated their joint rapid risk assessment (RRA) on 13 July 2012. The two organisations are working together to produce a joint guidance document on the prevention of anthrax among IDUs.

Influenza - Multistate (Europe) - Monitoring 2012-2013 season

Opening date: 2 December 2011 Latest update: 8 March 2013

Epidemiological summary

Weekly reporting on influenza surveillance in Europe for the 2012–2013 season started in week 40/2012 but active influenza transmission began around week 49/2012, approximately six weeks earlier than in the 2011/2012 season.

- For week 9/2013, 19 of 27 countries reporting indicated concomitantly high/medium-intensity transmission and wide

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geographic spread. Only two countries reported increasing trends in influenza like illness compared to six in week 8 and 11 in week 7. Of the 18 countries reported decreasing trends, five did so for the first time since the beginning of influenza transmission this season

- The proportion of influenza-positive cases among sentinel specimens remained high (54%) but continued to decrease since the peak observed in week 5/2013 (61%)
- Since week 40/2012, a broadly even distribution of influenza virus types has been observed among sentinel samples this season, with approximately 50% each for type A and type B viruses. After an increasing proportion from week 2/2013, the proportion of A(H1)pdm09 has remained unchanged among sentinel specimens since week 7/2013 at about 60% of sub-typed type A viruses.
- 121 hospitalised laboratory-confirmed influenza cases were reported by six countries (Belgium, France, Ireland, Romania, Slovakia, and Spain) with an even distribution of cases related to influenza type A and type B viruses.

In week 9/2013, influenza activity remained substantial across Europe but an increasing number of countries reported indications of declining transmission.

In February 2013, ECDC published its annual risk assessment for seasonal influenza 2012-2013 based on data up to week 3/2013.

Web source: ECDC Weekly Influenza Surveillance Overview |

ECDC assessment

In week 9/2013 influenza activity remained substantial across Europe but an increasing number of countries reported indications of declining transmission.

Actions

ECDC updated its influenza website for the start of the season and published its annual risk assessment for seasonal influenza 2012-2013 in early February based on data up to week 3/2013.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 5 March 2013

Epidemiological summary

During the week leading up to 8 March 2013, the Swedish Institute for Infectious Disease Control (SMI) reported on two on-going measles outbreaks in two different counties in Sweden, Uppsala and Stockholm. There are nine confirmed cases in Stockholm and five confirmed cases in Uppsala to date. The most recent measles case in Uppsala fell ill on 1 March 2013. No new cases have been reported in Stockholm since the beginning of February, but the outbreak is not considered to be over.

In the United Kingdom, the Health Protection Agency reported on-going outbreaks in the North East of England. Since the beginning of September 2012 and as of 25 February 2013, there have been 115 confirmed cases and 108 suspected cases of measles in the North East of England. Thirty-nine percent of the cases in this outbreak are aged between 10 and 19 years, the majority of which are unvaccinated school children and young adults. There is an increase in cases in children under the age of one, who are too young to be offered routine MMR vaccination.

In Wales, according to a media report, 209 cases of measles infection have been reported in Swansea and in the Neath-Port Talbot area since November 2012. This is more cases than has been reported in the whole of Wales during the past three years. According to another media report, the outbreak has affected 32 secondary schools, primary schools and nurseries. Public Health Wales estimates that more than 8 500 schoolchildren are at risk of measles infection in the area.

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

ECDC assessment

So far in 2013, only the UK and Sweden has reported outbreaks. In 2012, considerably fewer measles cases were reported in the EU than in 2011, primarily due to the dramatic decrease in the number of cases reported from France. There was no increase in

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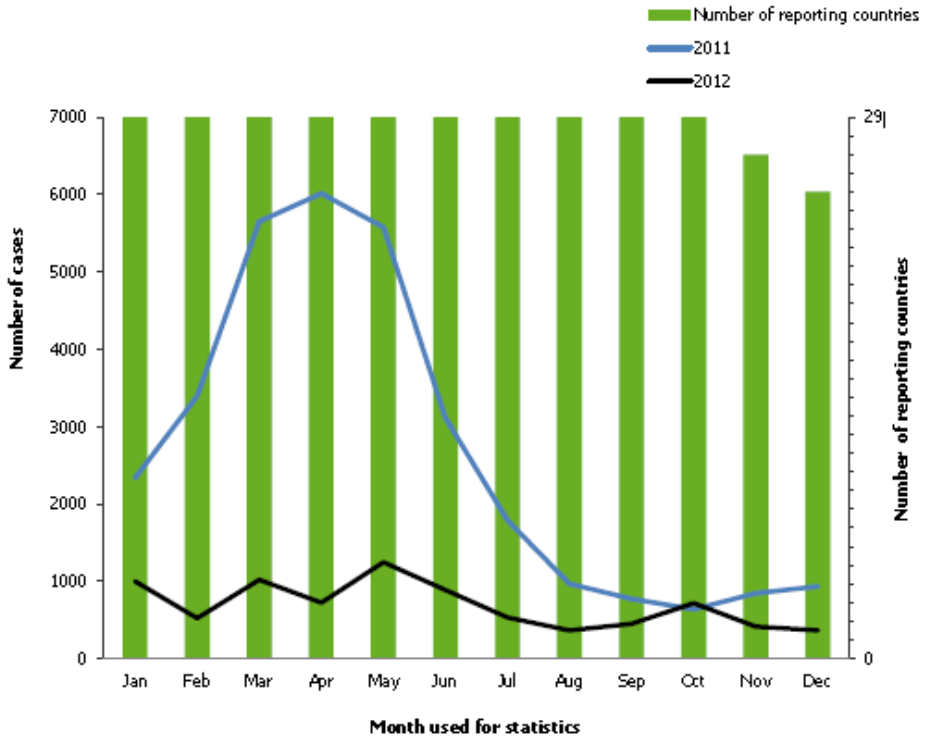
the number of cases during the peak transmission season from February to June and there have been very few outbreaks detected by epidemic intelligence methods in 2012. There have been no measles-related deaths during the last 12 months, but seven cases were complicated by acute measles encephalitis. The reduction in notified cases in 2012 indicates that the incidence at EU/EEA level is back at the level before the 2010–2011 outbreaks, but does not signify a long-term downward trend in measles notifications.

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 eliminating measles and rubella transmission by 2015. Elimination of measles requires consistent vaccination coverage above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

Number of measles cases in 2011-2012 and number of EU and EEA countries reporting

ECDC



Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 19 September 2012

Epidemiological summary

No new outbreaks have been identified since the last update.

There were 27 267 cases of rubella reported during 2012 by the 26 EU and EEA countries which contribute to the enhanced surveillance for rubella. Poland and Romania accounted for 99% of all reported rubella cases in the 12-month period.

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 being born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. CRS surveillance plays an important role but tends to be biased towards the severe end of the spectrum as the rubella infection is known to cause a wide range of conditions from mild hearing impairment to complex malformations which are incompatible with life. Routine control of immunity during antenatal care is important for identifying susceptible women who can

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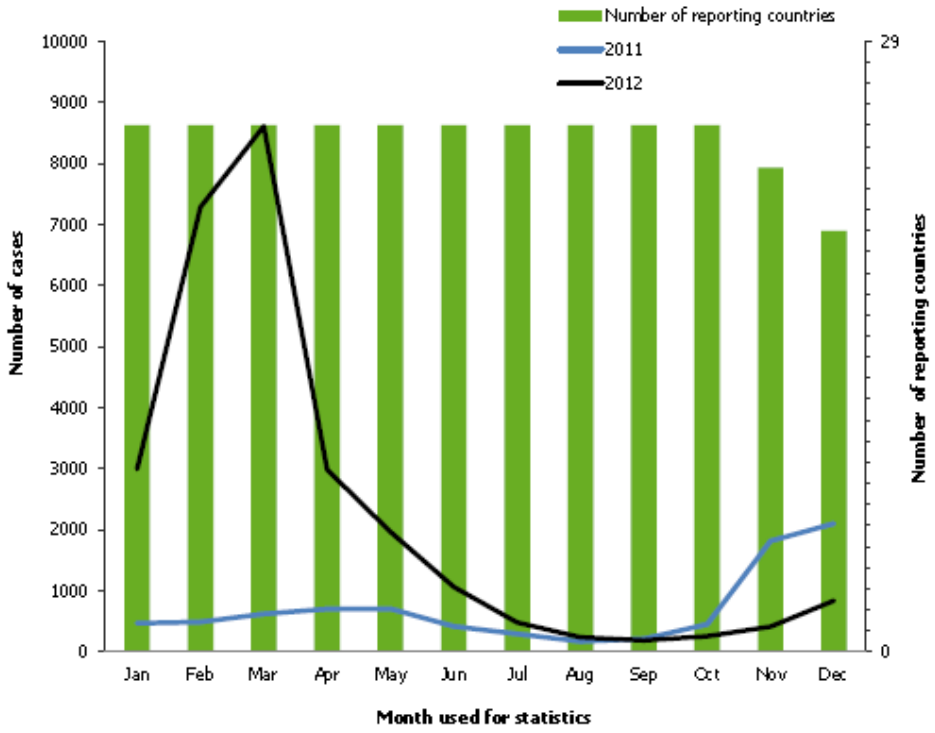
be immunised after giving birth and for surveillance of the size of the susceptible female population. The increase in the number of rubella cases reported in 2012 compared with 2011 and the potential for an increase in the number of babies born with CRS are of concern.

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to the European Surveillance System 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 the achievement of the 2015 rubella and congenital rubella elimination target.

Number of rubella cases in 2011 and 2012 and number of EU and EEA countries

ECDC



Novel Coronavirus - Multistate - Severe respiratory syndrome

Opening date: 24 September 2012 Latest update: 8 March 2013

Epidemiological summary

The first case confirmed with the novel coronavirus was reported in a 60-year-old male resident of Saudi Arabia who died from severe pneumonia complicated by renal failure in Jeddah on 24 June 2012. The genome of the new coronavirus was isolated from this case, sequenced and the genetic code put in the public domain. In September 2012, a second case, a 49-year-old male living in Qatar, presented with similar symptoms and was transferred for care in Europe. A virus was isolated from this case, which was almost identical to the virus from the case in Saudi Arabia. In November 2012, additional cases with similar symptomatology were diagnosed in Qatar and Saudi Arabia, including a family cluster of three confirmed cases and one probable case. Subsequently, two fatal cases were confirmed retrospectively in Jordan from within a cluster of 11 people with severe lower respiratory infections that were associated with a hospital in April 2012.

On 11 February 2013, the UK Health Protection Agency (HPA) published details of a male UK resident with confirmed novel coronavirus infection who had travelled to Pakistan and the Middle East, developed respiratory symptoms on 24 January 2013 and had arrived unwell in the UK on 28 January 2013. His condition deteriorated and he was admitted to hospital where he is in intensive care. On 6 February 2013, a male household member who had contact with the patient from his arrival in the UK until hospital admission fell unwell. This patient had an existing medical condition that may have made him more susceptible to a

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severe respiratory infection. His respiratory condition deteriorated and he was admitted to hospital, where he subsequently died. The third confirmed case is a younger female family member, who only had exposure to the original index case while he was in hospital. She became ill on 5 February 2013 with a typical flu-like illness, which did not require hospital admission and from which she has now fully recovered. Unlike the source case, neither of these two contacts have travelled abroad recently. HPA is actively investigating the possible route of infection. Infection control measures around the three cases are following national UK guidance and case-finding is ongoing for those who may have been exposed. Active follow-up of contacts of the three confirmed cases had not detected any additional confirmed secondary cases by 18 February 2013.

On 21 February 2013, the Ministry of Health in Saudi Arabia confirmed another case of infection with the novel coronavirus. The patient who was hospitalised on 29 January 2013 died on 10 February 2013. The case was laboratory-confirmed on 18 February 2013.

On 6 March 2013, the Ministry of Health in Saudi Arabia informed the World Health Organization (WHO) of a new confirmed case of novel coronavirus (NCoV) infection. It concerns a 69-year-old male. The patient was admitted to hospital on 10 February 2013 and died on 19 February 2013. This case has been notified through the International Health Regulation (IHR). Preliminary investigations indicated that the patient had no contact with previously reported cases of NCoV infection and did not have a recent history of travel.

This brings the number of confirmed cases of NCoV infections to 14 globally, including eight deaths.

Web sources: WHO| HPA press release 11 February |HPA press release 15 February |HPA update 19 February |ECDC updated RRA 19 February |WHO revised interim case definition 19 February | ECDC novel coronavirus website |WHO update 21 February 2013 |WHO update 6 March 2013 |

ECDC assessment

Research on the complete genome sequence of HCoV-EMC/2012 has characterised the virus as a new genotype that is closely related to bat coronaviruses that are distinct from SARS-CoV. The routes of transmission to humans have not yet been determined. This is a common problem with emerging zoonoses where there is often simultaneous possibilities including environmental, animal and human exposures.

The recent three cases detected in the UK have changed the assessment of the situation regarding this novel coronavirus. The fact that an infection has come to Europe on a commercial flight and then resulted in two probable human-to-human transmission episodes has increased the threat, although the cluster has been restricted to one family.

There are now two instances of documented human-to-human transmission within the recent UK cluster. However, it is important to quantify infectivity and there is also evidence suggesting low infectivity at a population level. In Germany and the UK, follow-up of nearly 200 personal contacts and healthcare workers exposed to the first two imported confirmed cases has been completed and did not find evidence of human-to-human transmission.

The appearance of a milder secondary case might indicate that that milder cases could be present and potentially spread the infection but be missed in case-finding. This highlights the need for further work to document the spectrum of illness.

The new confirmed case of novel coronavirus (NCoV) infection reported by Saudi Arabia on 6 March 2013 does not change the updated risk assessment published by ECDC on 7 December 2012.

Actions

In light of the human-to-human transmission of the NCoV within the family cluster in the UK, ECDC has updated its rapid risk assessment, previously published on 7 December 2012. The results of a survey to determine the laboratory capacity for testing for the novel coronavirus in Europe, conducted by ECDC in coordination with WHO Regional Office for Europe, was published recently in EuroSurveillance. On 7 March 2013, the US Centers for Disease Control and Prevention (CDC) updated its guidance on detecting novel coronavirus (NCoV) infections.

HPA has identified 100 people who had close contact with the cases in the family cluster and they were followed up. To date all tests have been negative. HPA has informed all countries whose residents may have been contacts of the index case during the flight from Jeddah to Heathrow (within 2 rows).

ECDC is closely monitoring the situation in collaboration with WHO and the European Member States. If new sporadic cases of confirmed NCoV infection are reported, ECDC will communicate them through the weekly Communicable Disease Threat Report (CDTR).

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Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006 Latest update: 7 March 2013

Epidemiological summary

Europe: There have been no reports of confirmed autochthonous dengue infections in 2013, besides the on-going dengue outbreak in Madeira.

Asia: There is no new update from WHO Western Pacific Region this week.

Latin America: High dengue activity is reported across Central America. Costa Rica and Honduras are experiencing increased activity. In South America, a high but not unexpected dengue activity is reported across Brazil, Paraguay, Venezuela and Bolivia. In Argentina, the Ministry of Health confirmed two new indigenous dengue cases in Cordoba last week. According to media reports this week, local health authorities in Cordoba are on alert after reporting 16 cases in just a few days.

The Caribbean: In Puerto Rico, 449 suspected dengue cases were reported in week 5. In total, 2 454 suspected cases have been reported so far in 2013 which is approximately three times higher than in 2012, according to the latest figures from the US CDC.

The Pacific: The Ministry of Health in the Solomon Islands has reported 162 confirmed cases and nearly 400 suspected dengue cases since the outbreak started at the end of January. According to health authorities in New Caledonia, a 36 year old woman from Noumea has died from dengue fever. This is the second confirmed death in New Caledonia since the outbreak began in September 2012.

Web sources:
HealthMap | MedISys | ProMED Asia update| ProMED Americas update| WPRO | CDC |

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 current outbreak in the Autonomous Region of Madeira, local transmission of dengue was reported for the first time in France and Croatia in 2010. Imported cases are 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.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 8 March 2013

Epidemiological summary

A total of nine wild poliovirus cases, all WPV1, have been reported in 2013. These include five cases from Pakistan, with three of these being reported in the past week from Khyber Pakhtunkhwa (two cases) and Pubjab (one case). In addition, three cases have been reported from Nigeria, including one case from Yobe in the past week, and one in Afghanistan (none in the past week). National or sub-national immunisation days are being organised in all three countries, although there are security concerns in some areas. The number of reported cases in these three countries is below what was reported during the same time period in 2012.

Web sources: Polio Eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet | WHO EMRO |

ECDC assessment

2012 ended with the fewest wild polio cases ever reported. Two hundred and twenty-two wild polio cases were reported in 2012 – a reduction of over 60% compared with 2011. However, there are profound concerns about the polio situation for 2013, especially

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due to difficulties in the implementation of the immunisation programme in Pakistan. The programme has been severely affected by the recent attacks that have killed several polio vaccination campaign workers in Pakistan. This may well have an effect on neighbouring Afghanistan, which, together with Pakistan and Nigeria, is one of the three remaining polio-endemic countries in the world. Other neighbouring countries, such as China, where a polio outbreak in 2011 was imported from Pakistan, will be equally at risk. The discovery of the wild polio virus strain in Egypt linked to Pakistan and the recent violence against healthcare workers in Nigeria, causes additional concern.

The WHO European Region so far remains polio-free.

ECDC follows reports on 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 (WPV) into the EU.

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

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

Opening date: 15 June 2005 Latest update: 27 February 2013

Epidemiological summary

The latest global WHO update on 15 February acknowledged seven new human cases with influenza A(H5N1) virus infection, including six fatal cases in Cambodia and two new human cases in China who remain in critical condition. The Chinese cases come from the same province but they do not seem to be epidemiologically linked. Neither had documented contact with sick or dead poultry. These cases were included in last week's CDTR.

In addition, Egypt has reported one new fatal human case with influenza A(H5N1) virus infection in Behera Governorate in a female patient. An investigation found that she had been exposed to sick or dead poultry. This case had not been reported previously.

On 21 February 2013, WHO and the Ministry of Health of Cambodia reported in a joint press release another fatal case of influenza A(H5N1) virus in Cambodia. This case was a 20-month-old boy from Kampot province who was found positive for influenza H5N1 on 19 February 2013 by Institut Pasteur du Cambodge.

During the week leading to 28 February WHO in Cambodia confirmed a ninth case. This 35-year-old man from Kampong Cham province was confirmed positive for influenza A(H5N1) on 23 February by Institut Pasteur du Cambodge. He died on 25 February. He came into contact with sick poultry prior to becoming sick. This is the ninth case this year and the 30th person to become infected with the H5N1 virus in Cambodia. It is also the twenty-seventh fatal case in the country. Of the 30 confirmed cases, 20 were children under 14, and 19 of the 30 were female.

Globally since 2003, there have been 622 laboratory confirmed cases of avian influenza with 369 related deaths.

Web sources: ECDC Rapid Risk Assessment | Avian influenza on ECDC website | WHO updates

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.

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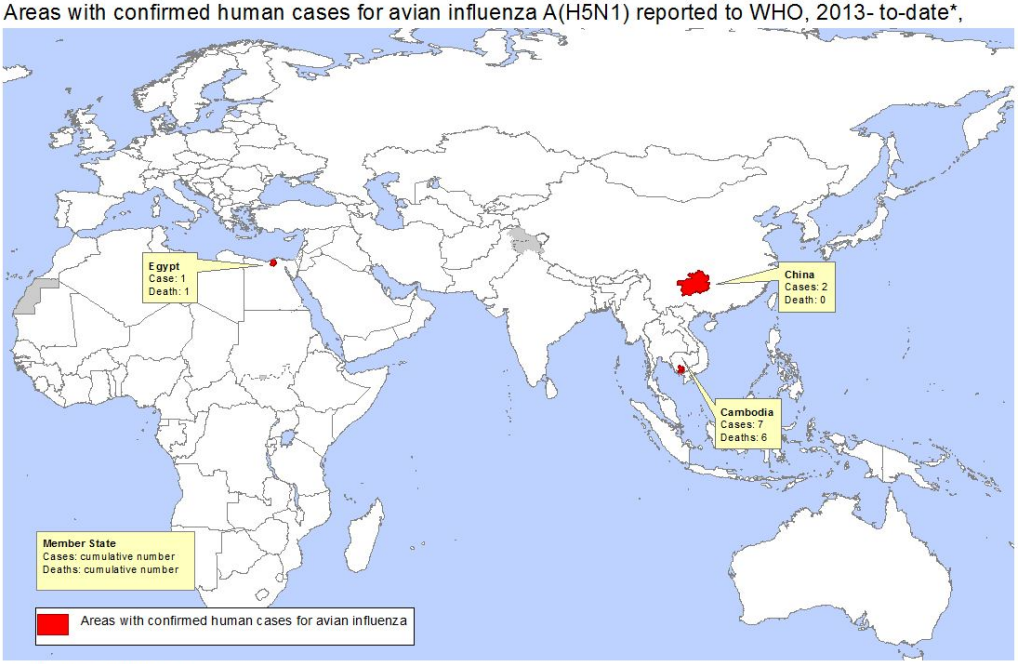
Actions

WHO is now reporting H5N1 cases on a monthly basis. ECDC will continue monthly reporting in the CDTR to coincide with WHO reporting. The CDTR includes the A(H5N1) threat this week due to the new reported cases in Cambodia, China and Egypt.

H5N1 distribution in 2013

WHO

Areas with confirmed human cases for avian influenza A(H5N1) reported to WHO, 2013- to-date*,

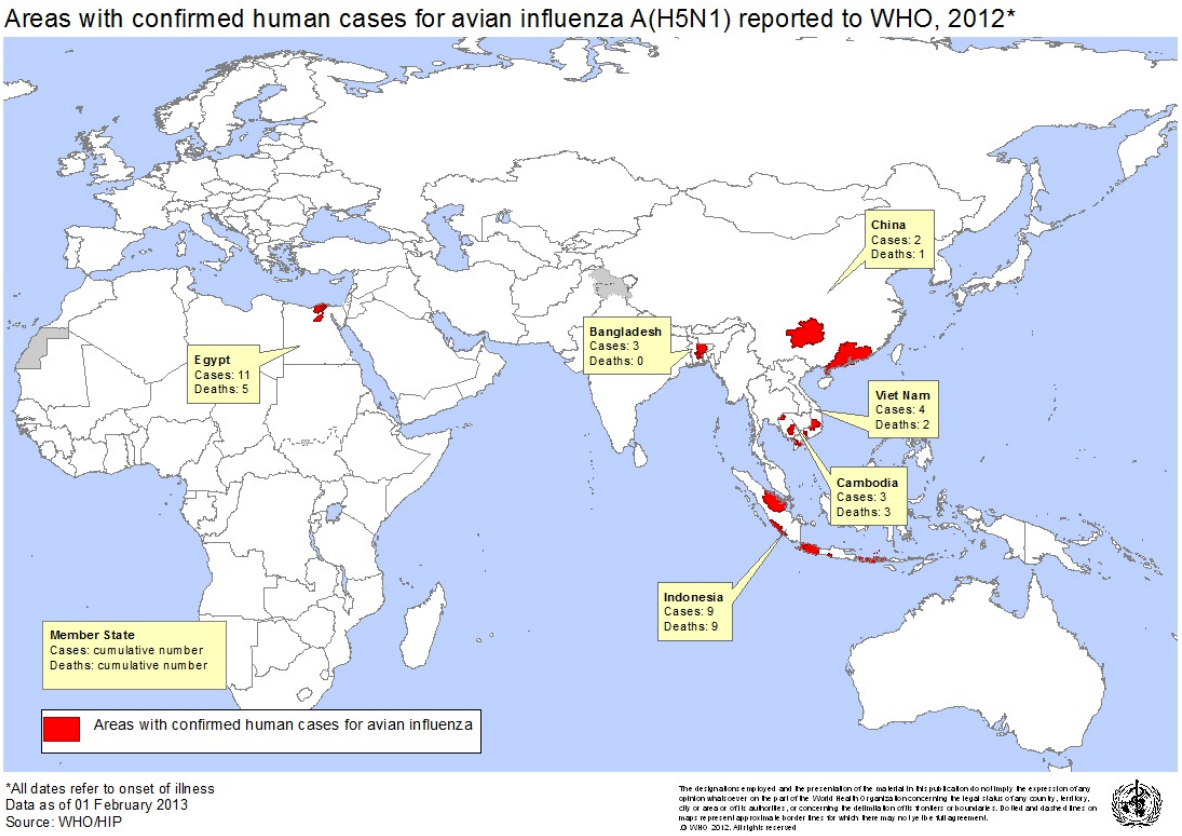


*All dates refer to onset of illness
Data as of 15 February 2013
Source: WHO/GIP

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 171 83 Stockholm, Sweden
Visiting address: Tomtebodavägen 11a, Solna, Sweden
www.ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu

Areas with human cases of influenza A(H5N1) reported in 2012-2013

WHO



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

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