

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2014

Opening date: 3 June 2014

Latest update: 19 June 2014

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 regarding WNF-affected areas and identify significant changes in the epidemiology of the disease.

→Update of the week

During the past week, no new human cases have been reported in EU Member States. In neighbouring countries, Bosnia and Herzegovina reported its first two cases of the year from Republika Srpska in the municipalities of Banja Luka and Trebinje.

Non EU Threats

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

Opening date: 24 September 2012

Latest update: 19 June 2014

Since April 2012, 832 cases of MERS-CoV infection have been reported by local health authorities worldwide, including 321 deaths. To date, all cases have either occurred in the Middle East, have direct links to a primary case infected in the Middle East, or have returned from this area. 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.

→Update of the week

Since the last CDTR, four additional cases have been reported by Saudi Arabia.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 19 June 2014

Polio, a crippling and potentially fatal vaccine-preventable disease is close to being eradicated as a result of global public health efforts. Polio transmission currently occurs in 10 countries of the world. Polio was declared a public health emergency of international concern (PHEIC) on 5 May 2014 by the World Health Organization (WHO) Director-General.

→Update of the week

During the past week, nine new infections with wild poliovirus 1 (WPV1) were reported, seven in Pakistan and two in Afghanistan.

Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014

Latest update: 19 June 2014

An ongoing and evolving outbreak of Ebola virus disease (EVD) in West Africa has been affecting Guinea, Liberia and Sierra Leone since December 2013. Since week 22 of 2014, a new wave of transmission is unfolding in all the three affected countries in the last weeks.

→Update of the week

In the last two weeks 54 new cases have been reported from Guinea, 20 from Liberia and 16 from Sierra Leone. In the same period, additional deaths in previously reported cases have been reported: 49 from Guinea, 14 from Liberia and 43 from Sierra Leone. In the past few weeks a new wave of transmission has unfolded in all the affected countries after a period with relatively few reported cases. This is particularly evident in Guinea and Sierra Leone raising concerns about the effectiveness of the containment and control measures.

Mass gathering monitoring- Brazil- FIFA World Football Cup 2014

Opening date: 9 June 2014

Latest update: 19 June 2014

ECDC is enhancing its epidemiological intelligence surveillance during the FIFA World Cup 12 June – 13 July 2014 in Brazil to detect threat to public health that could represent a threat to the EU or to EU visitors. Routine epidemic intelligence activities will be enhanced by expanding the information sources monitored, using a targeted and systematic screening approach and tailored tools (i.e. MediSys).

→Update of the week

During the past week, no new major public health threats posing a risk for EU travellers have been identified.

Flooding - Bosnia and Herzegovina, Croatia and Serbia - 2014

Opening date: 13 June 2014

Latest update: 19 June 2014

Continuous and heavy rainfall from 14 to 16 May 2014 resulted in extensive flooding in Bosnia and Herzegovina, Croatia and Serbia mainly around the Sava river catchment area. This flooding event is considered as the worst on record in the region.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 19 June 2014

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50 to 100 million people each year, mainly in the tropical regions of the world. 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.

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013

Latest update: 19 June 2014

An outbreak of chikungunya has been ongoing in the Caribbean since December 2013. There have been almost 180 000 probable and confirmed cases in the region. At least 19 fatalities have been reported so far.

→Update of the week

Most of the areas previously involved continue to report increasing number of cases, with Haiti and the Dominican Republic particularly affected. Costa Rica reported the first confirmed case and El Salvador in Central America is reporting the first autochthonous cases locally diagnosed, but awaiting laboratory confirmation from US CDC. Several countries have recently reported imported chikungunya infection in patients with travel history to the affected areas: the US (several states), Barbados, Brazil, Chile, Cuba, France (including Tahiti), Italy, Panama, Spain, Trinidad and Tobago and Venezuela.

II. Detailed reports

West Nile virus - Multistate (Europe) - Monitoring season 2014

Opening date: 3 June 2014

Latest update: 19 June 2014

Epidemiological summary

So far in 2014, no human cases of WNF have been reported in EU Member States. In neighbouring countries, Bosnia and Herzegovina has reported two cases from Republika Srpska in the municipalities of Banja Luka and Trebinje. Both cases were WNV IgM positive.

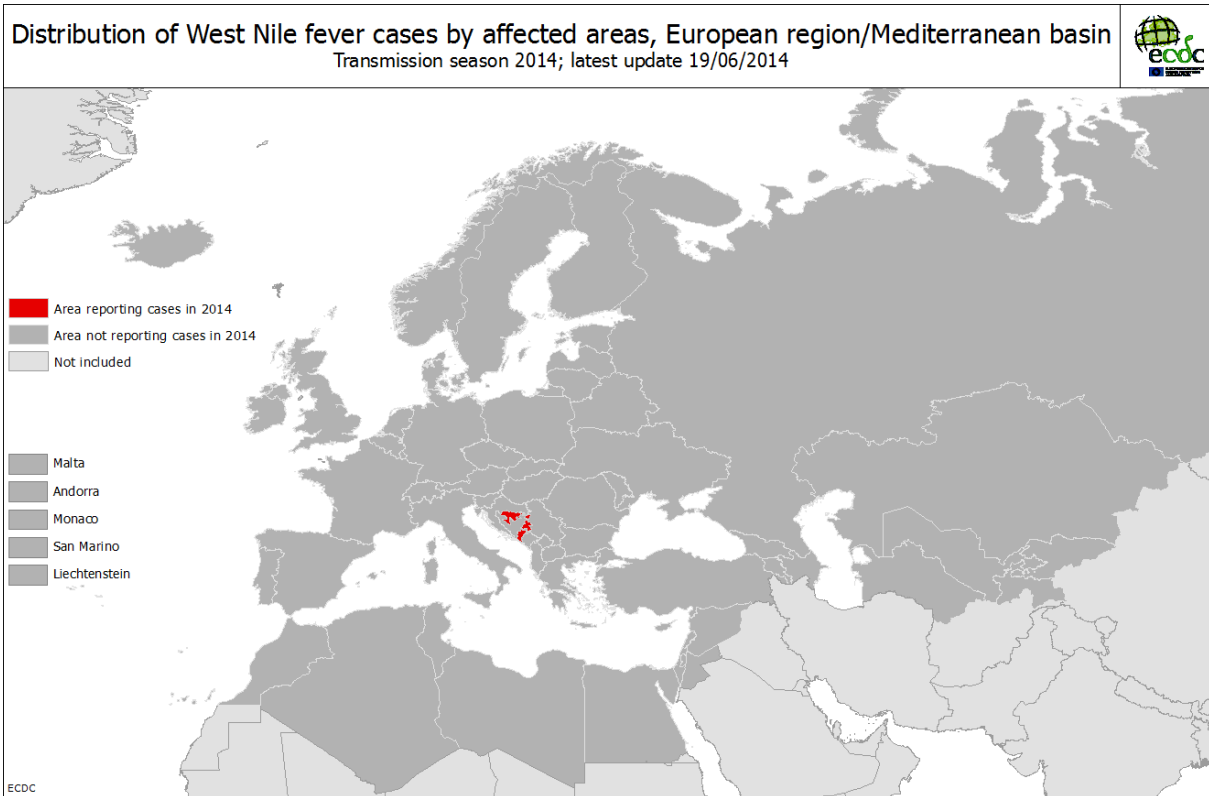
Web sources: [ECDC West Nile fever](#) | [ECDC West Nile fever risk assessment tool](#) | [West Nile fever maps](#) |

ECDC assessment

West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures are considered important for ensuring blood safety by the national health authorities when human cases of West Nile fever occur. According to the [EU blood directive](#), efforts should be made to defer blood donations from affected areas with ongoing virus transmission.

Actions

From week 23 onwards, ECDC produces weekly West Nile fever (WNF) risk maps during the transmission season to inform blood safety authorities regarding WNF affected areas.



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

Opening date: 24 September 2012

Latest update: 19 June 2014

Epidemiological summary

Since April 2012 and as of 19 June 2014, 832 cases of MERS-CoV have been reported by local health authorities worldwide, including 321 deaths.

One probable case in Bangladesh was reported by the [media](#), but is not included in the list below as it has not been officially confirmed by WHO.

Confirmed cases and deaths by region:

Middle East

Saudi Arabia: 704 cases/290 deaths

United Arab Emirates: 71 cases/9 deaths

Qatar: 7 cases/4 deaths

Jordan: 18 cases/5 deaths

Oman: 2 cases/2 deaths

Kuwait: 3 cases/1 death
Egypt: 1 case/0 deaths
Yemen: 1 case/1 death
Lebanon: 1 case/0 deaths
Iran: 3 cases/1 death

Europe

UK: 4 cases/3 deaths
Germany: 2 cases/1 death
France: 2 cases/1 death
Italy: 1 case/0 deaths
Greece: 1 case/0 deaths
Netherlands: 2 cases/0 deaths

Africa

Tunisia: 3 cases/1 death
Algeria: 2 cases/1 death

Asia

Malaysia: 1 case/1 death
Philippines: 1 case/0 deaths

Americas

United States of America: 2 cases/0 deaths

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](#)

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 a persistent source of infection in the region. Dromedary camels are a host species for the virus, and many of the primary cases in clusters have reported direct or indirect camel exposure. Almost all of the recently reported secondary cases, many of whom are asymptomatic or have only mild symptoms, have been acquired in healthcare settings. There is therefore a continued risk of cases presenting in Europe following exposure in the Middle East, and international surveillance for MERS-CoV cases is essential. An international case-control study has been designed and proposed by WHO. Results of this or similar epidemiological studies in order to determine the initial exposures and risk behaviour among the primary cases are urgently needed.

The risk of secondary transmission in the EU remains low and can 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

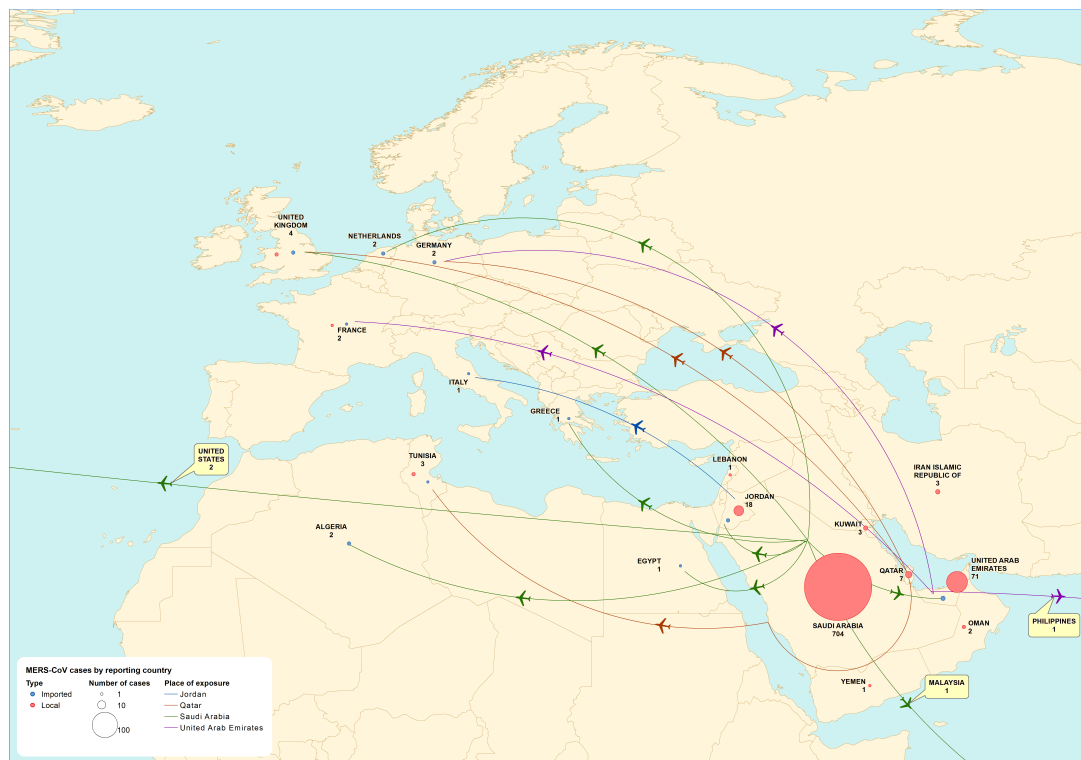
ECDC published an [epidemiological update](#) on 5 June 2014.

The last [rapid risk assessment](#) was published on 2 June 2014.

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

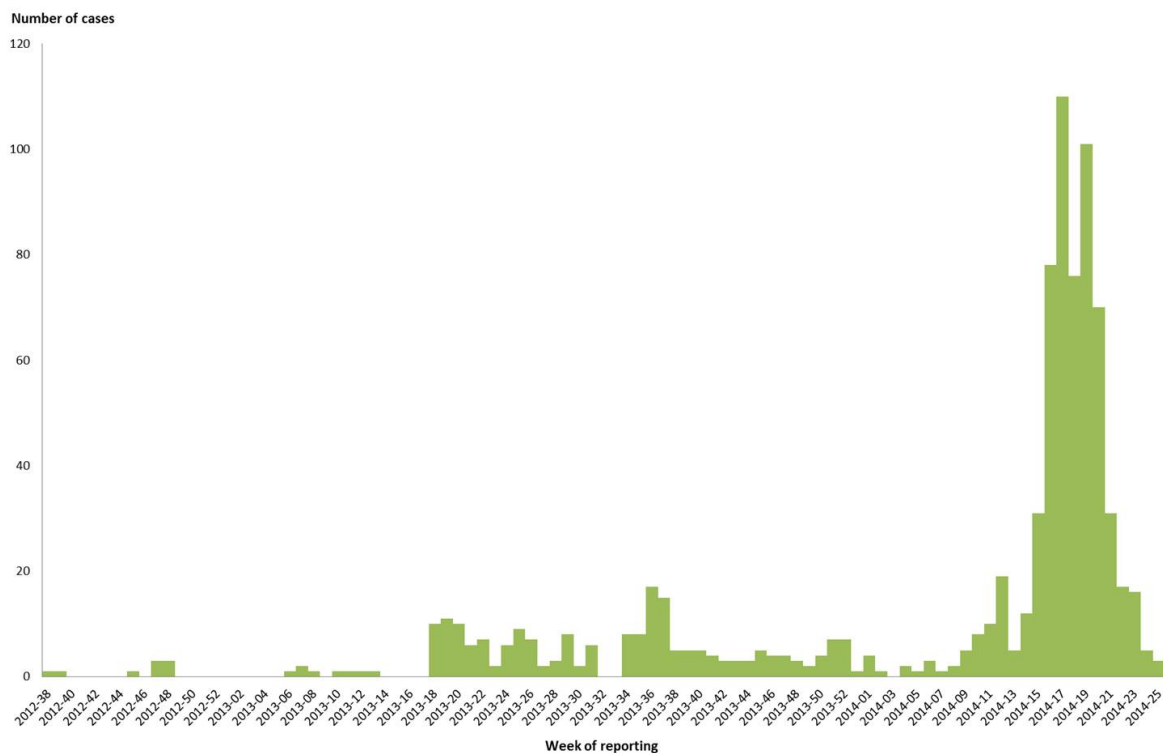
Distribution of cases of MERS-CoV by place of reporting and place of probable infection, March 2012 - 19 June 2014 (n=832)

Source: ECDC SRS



Distribution of confirmed cases of MERS-CoV by week of reporting, March 2012 - 19 June 2014 (n=832)

Source: ECDC SRS



Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 19 June 2014

Epidemiological summary

Worldwide, 103 cases have been reported to WHO in 2014, compared with 77 for the same time period in 2013. The global number of WPV1 cases increased by 34% compared with the same period in 2013. In 2014, the affected countries are: Pakistan (82 cases), Afghanistan (6 cases), Equatorial Guinea (4 cases), Cameroon (3 cases), Nigeria (3 cases), Iraq (2 cases), Somalia (1 case), Syria (1 case), Ethiopia (1 case).

There are indications that the transmission of WPV is increasing in Pakistan.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#) | [ECDC Poliomyelitis factsheet](#)

ECDC assessment

Europe is polio-free. The last polio cases within the current EU borders were reported from Bulgaria in 2001. The latest 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 WPV in 10 countries and the documented exportation of WPV to neighbouring countries for three of them, support the fact that there is a potential risk for WPV being re-introduced into the EU/EEA. The highest risk of large outbreaks of poliomyelitis are in areas where unvaccinated populations are geographically clustered or live 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?](#) | [WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus, 5 May 2014](#)

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.

Following the declaration of polio as a PHEIC, ECDC has updated its [risk assessment](#). ECDC has also prepared a background document of travel recommendations for the EU.

Outbreak of Ebola Virus Disease - West Africa - 2014

Opening date: 22 March 2014

Latest update: 19 June 2014

Epidemiological summary

Guinea

The cumulative number of cases and deaths reported from Guinea is 398 (254 confirmed, 88 probable and 56 suspected) and 264 deaths, with an increase of 54 new cases in the last week. No new areas have been affected compared with the previous weeks.

Liberia

The cumulative number of cases is 33 (of which 18 confirmed), including 24 deaths. Twenty of the cases occurred in the last two weeks affecting Lofa and Montserrado. Additionally, the European Community Humanitarian Office (ECHO) on site and media both report cases in the capital Monrovia.

Sierra Leone

The cumulative confirmed number of cases is 97 (92 of which confirmed), including 49 deaths, from Kailahun, Kono and Western district. In the last two weeks an increase of 16 cases has been reported.

No cases have been detected among returning travellers in Europe.

Web sources: [WHO/AFRO outbreak news](#) | [WHO Ebola Factsheet](#) | [ECDC Ebola health topic page](#) | [ECDC Ebola and Marburg fact sheet](#) | [Risk assessment guidelines for diseases transmitted on aircraft](#) | [NEJM 16 April article](#)

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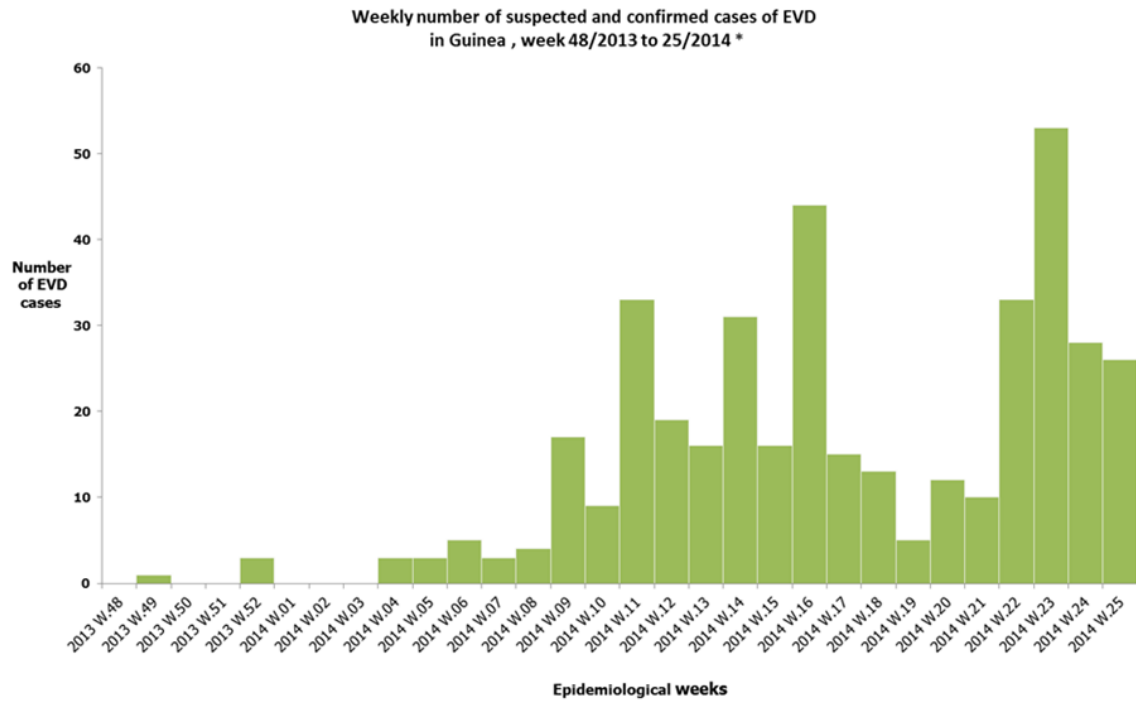
ECDC assessment

This is the first outbreak of EVD in West Africa. The origin of the outbreak is unknown. The outbreak, after a period of appearing to slow down, seems to be spreading again and is affecting new districts in Guinea. There has been an upsurge of EVD cases in Sierra Leone during the past week and the outbreak affects seven regions of the country. Community resistance, inadequate treatment facilities and insufficient human resources in certain affected areas are among challenges currently faced by the three countries in responding to the EVD outbreak, according to WHO.

The risk of infection for travellers is considered very low since most human infections result from direct contact with the bodily fluids or secretions of infected patients, particularly in hospitals (nosocomial transmission) and as a result of unsafe procedures, use of contaminated medical devices (including needles and syringes) and unprotected exposure to contaminated bodily fluids.

Actions

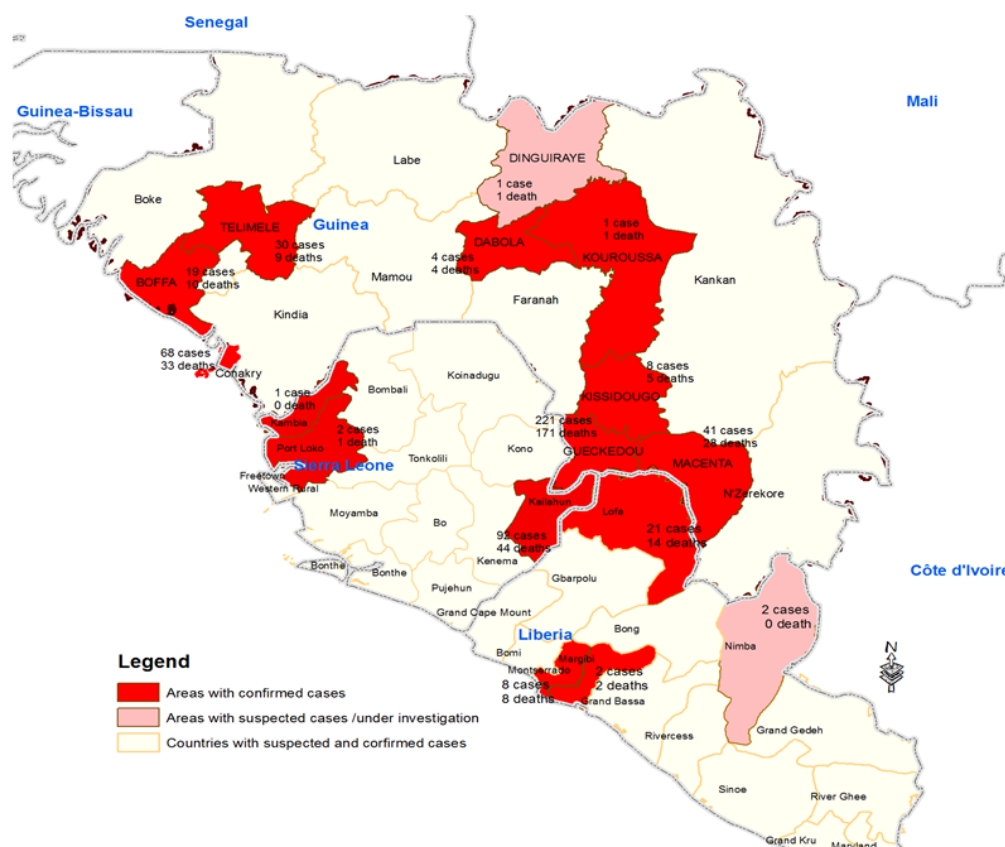
ECDC published an update of its rapid risk assessment [rapid risk assessment](#) on 9 June. ECDC provided guidance to Member States for [EU travellers](#) to and from the affected countries.



*: Data for week 25 up to 19 June 2014

Ebola Virus Disease (EVD) in West Africa (as of 16 June 2014)

WHO AFRO



Mass gathering monitoring- Brazil- FIFA World Football Cup 2014

Opening date: 9 June 2014

Latest update: 19 June 2014

Epidemiological summary

Possible outbreak of pneumonia at hospital- Maceio

Source: [Media](#)

The General State Hospital (HGE) in Maceio is investigating a possible outbreak of pneumonia. Twelve employees were diagnosed with pneumonia in one week. Among them, two were diagnosed with tuberculosis.

Chikungunya- Minas Gerais

Source: [Media](#)

The State Department of Health of Minas Gerais is investigating a suspected case of Chikungunya. The disease is suspected in a 32-year-old patient with a history of recent travel to the United Arab Emirates, China and the Philippines.

Chikungunya- Sao Paulo Municipality, Haiti

Source: [Media](#)

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According to media reports, a missionary from Monte Azul Paulista (Municipality of Sao Paulo), deployed on a peace mission in Haiti, was diagnosed with chikungunya virus infection. The case was confirmed by State Health Department on 13 June. In total, 11 cases were reported, all imported cases. According to the Center for Epidemiological Surveillance, the patient returned from Haiti with the disease, but no longer has any symptoms.

Food Poisoning- Brasilia

Source: [Media](#)

According to media reports, the Health Surveillance Department of the Distrito Federal indicated that on June 17 at least 40 FIFA volunteers in Brasilia had food poisoning after eating lunch on 14 June. The volunteers had abdominal pain, diarrhea and vomiting. The lunch was served to about 300 people.

Leptospirosis- Rondônia

Source: [Media](#)

According to media reports, the National Health Surveillance Agency reported that there was an increase of leptospirosis cases recorded in Porto Velho after the floods of Madeira River in Rondônia. From January to June 2014, 188 cases of leptospirosis were reported in the state, with 47 confirmed cases and four deaths, two from Porto Velho and only one flood-related case. In 2013, there were 48 cases of leptospirosis recorded in the State of Rondônia.

Flood- Natal, Brazil

Source: [Media](#)

According to media reports, the mayor of Natal has declared a flood alert due to the heavy rains that affected the city from 12 to 15 June.

ECDC assessment

EU citizens visiting the 2014 World Cup in Brazil are most at risk of gastrointestinal illness and vector-borne infections. Therefore, they should pay attention to standard hygienic measures to reduce the risk of gastrointestinal illness and protect themselves against mosquito and other insect bites using insect repellent and/or wearing long-sleeved shirts and trousers in regions where vector-borne diseases are endemic. Visitors to Brazil should consult the advice for vaccinations issued by the [Brazilian health authorities](#) and [WHO Pan American Health Organization \(PAHO\)](#).

Actions

ECDC published [a risk assessment](#) on 5 June 2014. ECDC is sharing information regarding this event with the relevant public health partners including the European Commission, WHO and the Brazilian Ministry of Health.

Flooding - Bosnia and Herzegovina, Croatia and Serbia - 2014

Opening date: 13 June 2014

Latest update: 19 June 2014

Epidemiological summary

Continuous heavy rainfall from 14 to 16 May 2014 resulted in extensive flooding in Bosnia and Herzegovina, Croatia and Serbia mainly around the Sava river catchment area. On 25 May, the World Health Organization's Regional Office for Europe (WHO Europe) reported two million people affected by the flooding, more than 60 000 displaced people and 60 deaths in the three countries. In the affected areas, 61 health facilities were damaged. Prevention and control measures against infectious diseases were focused on water- and vector-borne diseases together with psychological support.

Flood water progressively receded after the event, currently returning to normal water levels in most places. As of 13 June 2014, the number of displaced persons decreased from nearly 60 000 to 22 500 persons in the three countries. Currently, efforts are focused on the re-establishment of general services (water, transportation and electricity), sanitation (disinfection and rodent control) and general cleaning (debris removal, disposing of waste).

According to WHO Europe, as of 13 June 2014, no outbreaks of communicable disease have been reported in the affected areas. WHO Europe also declared the early response phase focusing on enhanced epidemiological surveillance, strengthening early warning systems for communicable diseases and prevention of water- and vector-borne infections as accomplished. Post-disaster needs assessment is underway for Bosnia and Herzegovina and Serbia. Vector control measures are on-going in three countries (aerial spraying of some flood-affected municipalities).

Web sources: [WHO Euro update 25 May 2014](#) | [WHO Euro update 13 June 2014](#) |

ECDC assessment

Floods have been associated with increased risk of communicable diseases occurrence and spread through displacement of population, changes in environment and vulnerability to existing pathogens. The main risks for communicable diseases following floods are related to:

- exposure to contaminated drinking water supplies and direct contact to pathogens in flooded waters;
- increased breeding sites for mosquitoes and other infectious diseases vectors due to standing waters;
- displacement of affected populations, overcrowding and disruption in health services.

Outbreaks previously associated with floods include enteric infections (mainly waterborne infections), vector-borne infections, zoonosis and vaccine-preventable diseases.

The recent floods in Bosnia and Herzegovina, Croatia and Serbia caused substantial damages to the affected areas. In the acute phase up to one month after the floods, no clusters or outbreaks of communicable diseases have been reported to WHO. Recovery phase activities are on-going (e.g. debris cleaning, disinfection, rodent control) together with post-disaster needs assessment in the affected areas.

The floods occurred more than a month ago and the waters are now returning to normal levels. Clean water and electricity are being restored in the affected areas. Therefore, there is limited risk of water-borne infections and zoonosis outbreaks in the coming weeks in relation with the floods.

Outbreaks of vaccine preventable diseases are unlikely due to high vaccination coverage. Yet, to further minimise the risk, efforts should be made to re-establish still disrupted routine immunization as soon as possible. Following the floods, there is a risk of increased transmission to the affected populations of vector-borne infections, mainly West Nile virus infections, and possibly of dengue and chikungunya fever, if the virus is introduced through a viraemic visitor. To further minimise these risks, enhanced surveillance of communicable disease outbreaks should be maintained together with laboratory capacity in order to promptly detect and confirm infectious diseases outbreaks. More detailed preventive and response measures in line with the [West Nile virus risk assessment tool](#) can be found in the [ECDC rapid risk assessment](#).

Actions

ECDC published a [rapid risk assessment](#) and [news item](#) on 19 June 2014.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 19 June 2014

Epidemiological summary

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

Asia: Malaysia has recorded a significantly higher number of dengue cases in 2014 compared with the same time period in 2013 (From January to 7 June 2014, 38 411 cases were notified compared to 10 910 cases in 2013). In addition, 75 deaths have been reported nationally compared to 22 deaths last year, according to [media](#) quoting the Ministry of Health. In the Philippines, more than 24 000 cases and 99 deaths were recorded nationally during May which is 51 percent lower than for the same time period last year when nearly 49 000 cases were recorded, according to [media](#) quoting the Department of Health. The number of dengue

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hemorrhagic fever cases reported in the Western Visayas region fell by more than half compared with the same time period last year (1 399 cases were recorded between January and 17 May 2014). Singapore continues to experience an increasing trend of dengue cases with more than 7 100 people dengue infections recorded nationally so far this year, according to the National Environment Agency. DENV-1, the strain of virus that caused the 2013 epidemic, remains the dominant serotype.

Caribbean: Cuba has recorded 67 imported cases of dengue fever up to 8 June, according to [media](#) quoting the Cuban government.

Oceania: As of 13 June 2014, 1 762 suspected dengue cases have been reported in Solomon Islands since January 2014. In Nauru, the number of dengue cases continues to decrease. New Caledonia has reported 324 cases of dengue fever since 1 September 2013, according to PACNET. Australia reports two ongoing dengue outbreaks in northern Queensland (Charters Towers and Townsville).

Americas: In North America, the Florida Department of Health announced that 24 cases of dengue fever have been reported. All 24 patients had recently travelled to the Caribbean or South America and acquired the virus abroad and returned home to Florida. In Central America, Honduras has reported more than 4 600 dengue cases nationally up to week 22, according to [media](#) quoting the Ministry of Health. In South America, the number of confirmed dengue cases recorded in the city of São Paulo, Brazil, in 2014 has reached 10 124 which is significantly higher than for the same period last year when 2 617 cases were recorded, according to the Brazilian Ministry of Health there has been a decrease in the number of notified dengue cases during the first three months of this year compared with the same time period last year. In 2014, there were 215 169 notified cases, which represents a decrease of 76.7% compared with the first quarter of last year (921 716 notified cases).

Africa: Active circulation of dengue virus continues in Mayotte and there are still ongoing outbreaks in Mamoudzou, Dzaoudzi and Pamandzi districts, according to [InVS](#). In Angola, [media](#) quoting local health authorities, reports 77 cases and four deaths in the province of Benguela (southern coast of Angola). In Luanda, more than 200 cases of dengue fever have been reported since the beginning of the year. Since the beginning of the year in Réunion, 29 cases of dengue fever have been reported on the island (9 imported cases and 20 locally-acquired cases). A new area of active dengue transmission has also been detected in Saline les Bains, according to [media](#) quoting local health authorities.

Web sources: [ECDC Dengue](#) | [Healthmap Dengue](#) | [MedISys](#) | [ProMED Asia, Middle East, Pacific, Africa](#) | [ProMED Americas](#) |

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 transmission of dengue was reported for the first time in France and Croatia in 2010. Imported cases continue to be 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.

Chikungunya outbreak - The Caribbean, 2013-2014

Opening date: 9 December 2013

Latest update: 19 June 2014

Epidemiological summary

As of 19 June 2014, there have been around 180 000 confirmed and suspected cases in the region with at least 19 fatalities. The numbers may be underestimated due to the difficulty of testing and reporting in some countries.

Cases officially reported as of 9 June 2014:

Anguilla, 33 confirmed cases;

Antigua and Barbuda, 4 cases;

Aruba, 1 imported case originating from Sint Maarten;

Costa Rica, 1 confirmed

Dominica, 2 492 suspected cases and 129 confirmed cases;
Dominican Republic, 77 320 suspected, 18 confirmed cases and one death;
French Guiana, 390 confirmed or probable cases 60% of which autochthonous;
Guyana, 16 confirmed cases;
Guadeloupe, 40 400 suspected and 1 328 confirmed or probable cases, 3 deaths;
Haiti, 11 802 suspected and 14 confirmed cases;
Martinique, 37 600 suspected and 1 515 confirmed or probable cases, 12 deaths;
Puerto Rico, one confirmed case;
Saint Barthélemy, 620 suspected and 135 confirmed or probable cases;
Saint Kitts and Nevis, 22 confirmed cases;
Saint Lucia, 214 suspected and 30 confirmed cases;
Saint Martin (FR), 3 430 suspected and 793 confirmed or probable cases, 3 deaths;
Saint Vincent and the Grenadines, 212 suspected cases and 67 confirmed cases;
Sint Maarten (NL), 325 suspected and 301 confirmed cases;
Virgin Islands (UK), 20 confirmed cases;
Virgin Islands (US), 1 confirmed autochthonous case.

In most of the territories of the French Antilles, given the caseload, the health authorities decided not to seek laboratory confirmation for all suspected cases.

Web sources: [PAHO update](#) | [ECDC Chikungunya](#) | [CDC Factsheet](#) | [Medisys page](#) |

ECDC assessment

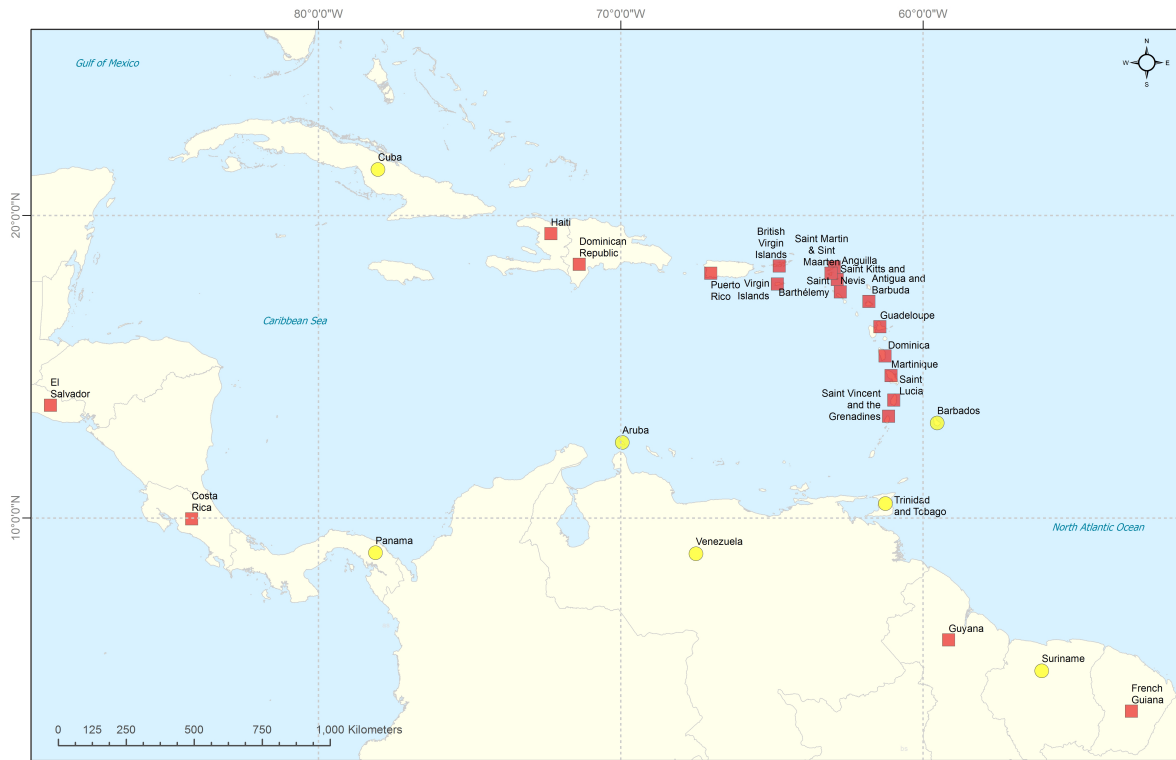
Epidemiological data indicate that the outbreak, which started in Saint Martin (FR), is still expanding. An increasing number of cases have been observed from most of the affected areas. The vector is endemic in the region, where it also transmits dengue virus. Vigilance is recommended for the occurrence 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 05 June 2014.

Chikungunya in Caribbean as of 19 June 2014

ECDC



Chikungunya in Caribbean.

Period Dec 2013 to 19 June 2014.

Sources: CARPHA, PAHO, ECDC, RIVM, PHE and INVS.

● Imported case(s) ■ Autochthonous cases

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