COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 34, 21-27 August 2016

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 26 August 2016

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease which often passes unnoticed. The main reason for immunising against rubella is the high risk of congenital malformations associated with rubella infection during pregnancy. All EU Member States recommend vaccination against rubella with at least two doses of vaccine for both boys and girls. The vaccine is given at the same intervals as the measles vaccine as part of the MMR vaccine. No new outbreaks have been detected in the EU since June 2015.

➔Update of the week

No new outbreaks have been detected since the last monthly update.

West Nile virus - Multistate (Europe) - Monitoring season 2016

Opening date: 30 May 2016 Latest update: 26 August 2016

During the June to November transmission season, ECDC monitors the situation in EU Member States and neighbouring countries in order to inform the blood safety authorities of those areas affected by West Nile fever (WNF) and identify significant changes in the epidemiology of the disease.

➔Update of the week

During the past week, 32 new cases of West Nile fever have been reported in EU Member States:
- Austria reported two new cases, one probable case in Wien and one confirmed case in Wiener Umland;
- Hungary reported three cases in newly affected areas, one confirmed and one probable case in Budapest, and one confirmed case in Veszprem. In addition, one confirmed case has been reported in the already affected area of Pest;
- Italy reported ten new confirmed cases, nine cases in newly affected Cremona (1), Mantova (3), Reggio Emilia (1), Rovigo (2), Verona (2) and one case in the already affected Modena;
- Romania reported five cases in newly affected areas, one confirmed case in Giurgiu, two confirmed and one probable case in Iasi, one confirmed case in Mures. In addition, ten cases have been reported in already affected Bucuresti (2), Braila (4), Dolj (1), Galati (1), Ialomita (1) and Ilfov (1); and
- Cyprus reported its first case this season.

In countries neighbouring the EU:
- Russia reported 14 new cases, one case in the already affected Samarskaya Oblast, 12 cases in the already affected Saratovskaja Oblast and one case in the newly affected Voronezj Oblast; and
- Serbia reported three new cases: two cases in the already affected Grad Beograd and one case in the newly affected Podunavlje Oblast.

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Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 26 August 2016

Measles, a highly transmissible vaccine-preventable disease, is still endemic in some EU countries where vaccination uptake remains below the level required to interrupt the transmission cycle. Elimination of measles requires consistent vaccination uptake above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures. In 2014, 16 EU/EEA countries were above the measles vaccination coverage target of 95% for the first dose, and six countries for the second dose. Fourteen countries in the EU have coverage rates of less than 95% for the first dose and 20 countries for the second dose.

➔Update of the week

During the past month, ongoing measles outbreaks were detected in Ireland, the United Kingdom, New Zealand, Cameroon, Sudan, Nigeria, Uganda and Cambodia.

Non EU Threats

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 26 August 2016

Global public health efforts are ongoing to eradicate polio, a crippling and potentially fatal disease, by immunising every child until transmission of the virus has completely stopped and the world becomes polio-free. Polio was declared a Public Health Emergency of International Concern (PHEIC) by WHO on 5 May 2014 due to concerns regarding the increased circulation and international spread of wild poliovirus during 2014. On 11 August 2016, at the tenth meeting of the Emergency Committee, the temporary recommendations in relation to the PHEIC were extended for another three months. The World Health Organization recently declared wild poliovirus type 2 eradicated worldwide.

➔Update of the week

There were no wild poliovirus cases and no cases of circulating vaccine-derived poliovirus (cVDPV) reported last week.

Yellow fever outbreak- Multistate (world) - Monitoring global outbreaks

Opening date: 17 March 2016 Latest update: 26 August 2016

An outbreak of yellow fever in Angola started in December 2015 in the municipality of Viana, Luanda province, and has spread to all 18 provinces of Angola. The outbreak later spread to the neighbouring Democratic Republic of Congo (DRC). Other countries (Brazil, Chad, Colombia, Ghana, Peru and Uganda) are currently reporting yellow fever outbreaks or sporadic cases which are not reported as linked to the Angolan outbreak.

➔Update of the week

Angola

According to WHO, the yellow fever epidemic in Angola appears stable, with no new confirmed cases since 23 June and a low number of suspected cases reported over the past month. The number of cases since 5 December is 3 922. Mass reactive vaccination campaigns in Angola have been implemented in areas with confirmed local transmission. In addition, a preventive vaccination campaign targeting approximately three million people in phase I and additional two million people in phase II, was launched on 15 August.

Democratic Republic of Congo

No new confirmed cases were reported in the Democratic Republic of Congo (DRC) since 8 August. The number of reported cases by WHO is 2 357. A preventive vaccination campaign was launched in DRC on 17 August. The campaign aims to immunise over 8 million people in 32 Health Zones in Kinshasa province, and an additional 3 million people in 16 Health Zones on or near the border with Angola. The vaccination campaign in Kinshasa is using the fractionate dose strategy, which is administered at one-fifth of the standard vaccine dose, and is only recommended for use in an emergency situation in the context of limited vaccine availability. So far a high population turnout has been observed at the vaccination centres in all 32 districts in Kinshasa. According to data received on 18 August from 14 health zones in Kinshasa, 570 085 people were vaccinated on 17 August 2016. News from the other provinces are pending.

Peru

In Peru, the national health authorities are reporting 59 confirmed cases and 20 probable cases from the beginning of the year up to week 32. Among these cases, 19 have died. These cases are reported in eight provinces. Junin province is the most affected with 57 cases reported. According to media quoting health officials in Peru, on 19 August 2016, a French tourist died from yellow fever infection. The case, a 60-year-old man with underlying conditions, was not vaccinated.

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Summer Olympic and Paralympic Games - Brazil - 2016

Opening date: 1 August 2016 Latest update: 26 August 2016

The 2016 Summer Olympic Games took place in Brazil from 5 August 2016 to 21 August, with more than 10 500 athletes from 205 countries participating. The 2016 Paralympics will take place from 7 to 18 September, involving 4 350 athletes from 176 countries. The Brazilian public health authorities have strengthened surveillance for this mass gathering event. As with previous events of this type, ECDC has enhanced its epidemic intelligence activities.

➔Update of the week

In the period from 19 August to 25 August, no relevant events related to the Olympic Games have been detected.

Zika - Multistate (world) - Monitoring global outbreaks

Opening date: 16 November 2015 Latest update: 26 August 2016

Since 1 February 2016, Zika virus infection and the related clusters of microcephaly cases and other neurological disorders constitute a public health emergency of international concern (PHEIC). Since 2015, and as of 25 August 2016, there have been 61 countries and territories reporting mosquito-borne transmission. According to WHO and as of 24 August 2016, 20 countries or territories have reported microcephaly and other central nervous system (CNS) malformations potentially associated with Zika virus infection or suggestive of congenital infection.

➔Update of the week

The USA

Eight new autochthonous cases have been reported in Florida since the last CDTR, bringing the number of locally transmitted cases to 43. This week, Florida authorities reported a new affected county: Pinellas county. As of 25 August, the number of autochthonous cases reported in Florida state is as follow: 39 cases in Miami-Dade, one in Broward, two in Palm Beach and one in Pinellas.

Health officials have been collecting and testing human samples, and mosquito abatement activities are underway in some of the involved areas.

Publications

This week NEJM published an article: "Prolonged Shedding of Zika Virus Associated with Congenital Infection".

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II. Detailed reports

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 26 August 2016

Epidemiological summary

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

Web sources: ECDC measles and rubella monitoring | ECDC rubella factsheet | WHO epidemiological brief summary tables | WHO epidemiological briefs | Progress report on measles and rubella elimination | European Regional Verification Commission for Measles and Rubella Elimination (RVC) (2016)

ECDC assessment

The World Health Organization has targeted the elimination of measles and rubella in the 53 Member States of the WHO European Region. Elimination is defined as the absence of endemic cases in a defined geographical area for a period of at least 12 months, in the presence of a well-performing surveillance system. Regional elimination can be declared after 36 or more months of the absence of endemic measles or rubella in all Member States. Although progress has been made towards elimination, this goal has not yet been achieved.

According to a meeting report by the European Regional Verification Commission for Measles and Rubella Elimination (RVC), endemic rubella transmission was interrupted in 32 Member States of the WHO European Region in the period 2012–2014. The RVC declared that 20 Member States eliminated rubella during this period.

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to The European Surveillance System and through its epidemic intelligence activities on a monthly basis. Twenty-four EU and two EEA countries contribute to the enhanced rubella surveillance. The purpose of the enhanced rubella monitoring is to provide regular and timely updates on the rubella situation in Europe in support of effective disease control, increased public awareness, and the achievement of rubella and congenital rubella elimination target.

West Nile virus - Multistate (Europe) - Monitoring season 2016

Opening date: 30 May 2016 Latest update: 26 August 2016

Epidemiological summary

Since the beginning of the 2016 transmission season as of 25 August 2016, 54 cases of West Nile fever in humans have been reported in EU Member States and 60 cases in the neighbouring countries.

ECDC assessment

West Nile virus infection in humans is a notifiable disease in the EU. National health authorities consider the implementation of control measures important for ensuring blood safety when human cases of West Nile fever occur. In accordance with the EU blood directive, blood donors should be deferred from donation for 28 days after leaving a risk area of locally-acquired West Nile Virus unless an individual Nucleic Acid Test (NAT) is negative.

Actions

From week 22 onwards, ECDC produces weekly West Nile fever (WNF) maps during the transmission season (i.e. June to November) to inform blood safety authorities of WNF-affected areas.

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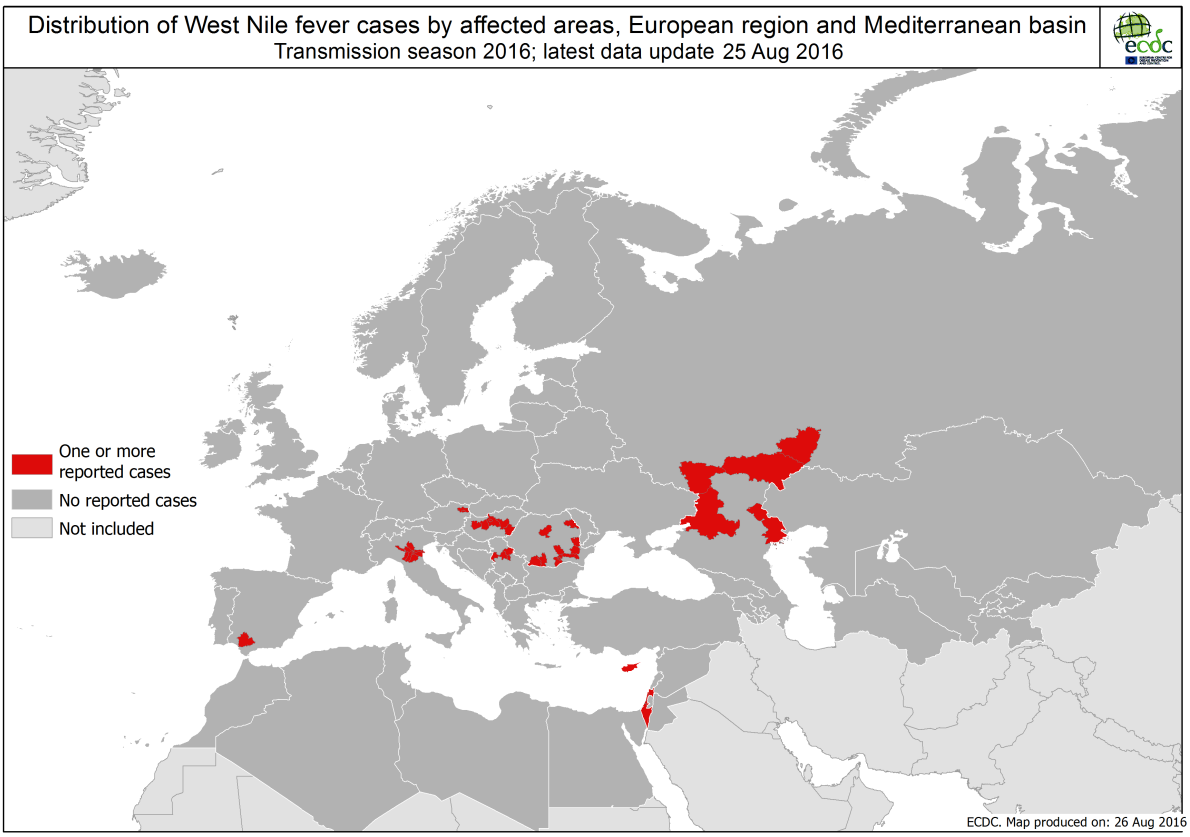
Distribution of West Nile fever cases by affected areas, European region and Mediterraneam bassin, 2016

ECDC



Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 26 August 2016

Epidemiological summary

EU/EEA Member States

The UK

Since June 2016, a significant number of measles cases have been confirmed in teenagers and young adults who attended or worked at music and arts festivals around England. This follows an increase in measles this year with 234 cases confirmed between January and June 2016, compared with 54 cases reported for the same period last year. Public Heath England (PHE) is currently aware of 36 reported measles cases linked to at least eight music and arts festivals across England this summer (mid-June to end July). Thirty (83%) of these cases are laboratory confirmed, and six are considered likely to be measles on the basis of their clinical and epidemiological features. PHE is aware of at least three cases who attended festivals despite being symptomatic.

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Public Health Wales is reporting six cases in four Welsh counties since the beginning of July.

Ireland - update

On 15 August 2016, Irish health authorities posted a press release regarding additional measles cases in adults and exposure to measles in several areas of Ireland where the cases have travelled. An outbreak of measles has been ongoing in Ireland since April 2016 with 33 cases identified as of 15 July 2016.

Rest of the world

New Zealand

On 9 August media reported three cases of measles in the Wellington region. The regional public health authority has sent a letter to 700 schools and early childhood centres in the region warning them to be on the look-out for symptoms of the illness. This year five cases of measles have been notified in the Wellington region. In 2015 there were no cases.

On 23 August media report that in Auckland around 150 people have been exposed to measles by an infectious person returning from Southeast Asia who visited several Auckland locations, including Auckland City Hospital where he was admitted.

Cameroon

Media (Reliefweb) reports that as of epidemiological week 28, Cameroon has reported 943 cases of measles, an increase by more than 300 cases in the last 3 weeks.

Sudan (North Darfur)

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reports around 74 suspected measles cases, including two deaths, since early June 2016 in Ailliet locality in North Darfur, mainly among South Sudanese refugees. Almost 93 000 refugees from South Sudan are estimated to have arrived in parts of Sudan since January 2016, fleeing ongoing conflict and heightened food insecurity. The most recent cases were reported on 26 July. A vaccination campaign is ongoing in the area.

Uganda

On 10 August the Ministry of Health confirmed an outbreak of measles in some parts of the country with a warning that it may spread further if not contained. Children above five and up to 14 years of age are the most affected. In northern Uganda, where there has been an influx of refugees from South Sudan, UNICEF, working with the Uganda National Expanded Programme on Immunisation, has immunised more than 15 000 children under the age of 15 against measles in recent weeks.

Nigeria - update

Media report that six children died in an outbreak of measles, reported in last month's measles update, at the ATC Internally Displaced Camp in Maiduguri, Borno State. Officials at the camp attribute the outbreak to congestion as the camp had over 8 000 IDPs when the disease broke out.

Cambodia

Two measles cases investigated by the government in recent weeks have been confirmed positive, bringing the number to five in 2016, and causing concern among health officials about a possible outbreak after the WHO declared the country measles-free in 2015.

Myanmar/Burma

According to media reports, quoting officials, there is a large ongoing outbreak of measles in an remote area of Burma, the Naga Self-Administered Zone, bordering India, since June 2016 with at least 44 fatalities. There is poor health infrastructure with no medical care in the villages.

Web sources: ECDC measles and rubella monitoring | ECDC/Euronews documentary | MedISys Measles page | EUVAC-net ECDC | ECDC measles factsheet|4th Meeting of the European Regional Verification Commission for Measles and Rubella Elimination (RVC) (2016)

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ECDC assessment

Measles is targeted for elimination in Europe. Elimination is defined as the absence of endemic cases in a defined geographical area for a period of at least 12 months, in the presence of a well performing surveillance system. Regional elimination can be declared after 36 or more months of the absence of endemic measles or rubella in all Member States.

Although progress has been made towards elimination, it has not yet been achieved. At the fourth meeting of the Regional Verification Commission for measles and rubella in October 2015, as of the end of 2014, endemic measles transmission had been interrupted in 32 Member States. Based on its conclusions for the period 2012–2014, the RVC could for the first time verify interruption over a 36-month period, and thereby declare that 21 Member States have eliminated measles.

Actions

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

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 26 August 2016

Epidemiological summary

In 2016, 21 cases of wild poliovirus type 1 (WPV1) have been reported so far, compared with 37 for the same period in 2015. The cases were detected in Pakistan (13), Afghanistan (6) and Nigeria (2). As of 25 August 2016, three cases of circulating vaccine-derived poliovirus (cVDPV) have been reported to WHO in 2016, all from Laos. There were 12 cVDPV cases during the same period in 2015.

Web sources: Polio eradication: weekly update | MedISys Poliomyelitis | ECDC Poliomyelitis factsheet | Temporary Recommendations to Reduce International Spread of Poliovirus | WHO Statement on the Seventh Meeting of the International Health Regulations Emergency Committee on Polio

ECDC assessment

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

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? |RRA Outbreak of circulating vaccine-derived poliovirus type 1 (cVDPV1) in Ukraine

Actions

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

Following the detection of the cases of circulating vaccine-derived poliovirus type 1 in Ukraine, ECDC published a rapid risk assessment on its website.

Yellow fever outbreak- Multistate (world) - Monitoring global outbreaks

Opening date: 17 March 2016 Latest update: 26 August 2016

Epidemiological summary

Angola

In Angola, since 5 December 2015 and as of 11 August 2016, WHO reports 3 922 suspected cases, 879 of which were laboratory-

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confirmed. There were 369 (Case fatality rate 9.4%) deaths among the suspected cases and 119 (CFR 13.5%) among the confirmed cases. Autochthonous transmission has been documented in 45 districts across 12 provinces. Luanda and Huambo provinces have reported the highest number of cases. As of 11 August, 2037 cases (including 487 confirmed) were reported in Luanda and 624 cases (127 confirmed) were reported in Huambo.

Democratic Republic of Congo
Since the start of the year and as of 18 August 2016, the Democratic Republic of Congo (DRC) has reported 2 357 suspected cases. Out the 1956 samples analysed, 73 cases have been confirmed. One of the previously reported 74 confirmed cases was found to be a duplicate and has been discarded. Among the confirmed cases, 16 deaths have been reported. Fifty six (56) of the 73 confirmed cases are due to acquired infection in Angola, three cases are sylvatic transmission, 13 are autochthonous, and one case remains under investigation. The 13 autochthonous cases were reported from 10 health zones in three provinces: Kinshasa (six cases), Kongo Central (two cases) and Kwango (five cases). One sylvatic case was reported in each of Bas Uele, Kasai, and Tshuapa provinces.

Peru
In Peru, the national health authorities are reporting 59 confirmed cases and 20 probable cases from the beginning of the year to week 32. Among these cases, 19 have died. These cases are reported in eight provinces. Junin province is the most affected with 57 cases reported. According to media quoting health officials in Peru, on 19 August 2016, a French tourist died from yellow fever infection. The case, a 60-years-old man with underlying conditions, was not vaccinated.

Web sources: ECDC factsheet / WHO yellow fever page | WHO AFRO | WHO-DRC | PAHO | MoH Peru | ECDC updated risk assessment | DRC Health Cluster bulletin | PAHO update 26 July |

ECDC assessment

Yellow fever in an urban setting is a public health emergency that may result in a large number of cases. The outbreak in Angola appears to be declining, with no new confirmed cases in the last six weeks. In the DRC, control efforts are still ongoing. The risk of continuous spread in affected and non-affected countries across West-Central and East Africa is one of the main challenges with regard to control of the epidemic.

Actions

ECDC published new mosquito maps on 3 August showing the geographical distribution of *Aedes* mosquitoes in Europe.

ECDC published an updated risk assessment on 14 July 2016.

ECDC published a report on the assessment of yellow fever in Angola on 5 July 2016.

An EU mobile lab has been deployed in the DRC under the European Medical Corps since 19 July 2016.

Summer Olympic and Paralympic Games - Brazil - 2016

Opening date: 1 August 2016 Latest update: 26 August 2016

Epidemiological summary

Host country - Brazil
No relevant health events have been detected.

Europe and rest of the world
No major events related to Rio 2016 have been detected.

The Olympic Games officially ended on 21 August.

ECDC assessment

Visitors to the 2016 Olympic and Paralympic Summer Games in Rio de Janeiro, Brazil will be most at risk of gastrointestinal illness and vector-borne infections. Therefore, they should ensure standard hygiene measures to reduce the risk of gastrointestinal illness and protect themselves against mosquito/other insect bites using insect repellent and by wearing long-sleeved shirts and trousers in regions where vector-borne diseases are endemic.

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Actions

ECDC published a risk assessment on 9 June 2016. ECDC is monitoring this event from 1 August until 23 September 2016 through epidemic intelligence.

Zika - Multistate (world) - Monitoring global outbreaks

Opening date: 16 November 2015 Latest update: 26 August 2016

Epidemiological summary

EU/EEA imported cases:
Since week 45/2015, 19 countries (Austria, Belgium, the Czech Republic, Denmark, Finland, France, Ireland, Italy, Luxembourg, Malta, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK) have reported 1 334 travel-associated Zika virus infections through The European Surveillance System (TESSy). Over the same time period, six EU countries reported 75 Zika cases among pregnant women.

EU's Outermost Regions and Territories
As of 25 August 2016:
Martinique: 35 230 suspected cases have been reported, an increase of 270 since last week. The weekly number of cases is stable.
French Guiana: 9 535 suspected cases have been detected, an increase of 75 cases since last week. The weekly number of cases is stable.
Guadeloupe: 28 665 suspected cases have been detected, an increase of 600 suspected cases since last week. The weekly number of cases continues to decrease.
St Barthélemy: 535 suspected cases have been detected, an increase of 45 suspected cases since last week. The weekly number of cases has been decreasing during the past two weeks.
St Martin: 1 990 suspected cases have been detected, an increase of 55 suspected cases since last week. The weekly number of cases has been slightly increasing during the past week.

The USA
Eight new autochthonous cases have been reported in Florida since the last CDTR, bringing the number of locally transmitted cases to 43. This week, Florida authorities reported a new affected county: Pinellas county. As of 25 August, the number of authoctonous cases reported in Miami states are as follows: 39 cases in Miami-Dade, one in Broward, two in Palm Beach and one in Pinellas.

Update on microcephaly and/or central nervous system (CNS) malformations potentially associated with Zika virus infection
As of 24 August 2016, microcephaly and other central nervous system (CNS) malformations associated with Zika virus infection or suggestive of congenital infection have been reported by 20 countries or territories. Brazil reports the highest number of cases. Eighteen countries and territories worldwide have reported an increased incidence of Guillain-Barré syndrome (GBS) and/or laboratory confirmation of a Zika virus infection among GBS cases.

Since February 2016, 11 countries have reported evidence of person-to-person transmission of Zika virus, probably via a sexual route.

In the EU, Spain (2) and Slovenia (1) have reported congenital malformations associated with Zika virus infection after travel in the affected areas. Cases have also been detected in the EU's Outermost Regions and Territories in Martinique, French Guiana and French Polynesia.

Web sources: ECDC Zika Factsheet | PAHO | Colombian MoH | Brazilian MoH | Brazilian microcephaly case definition |SAGE MOH Brazil | Florida Health department

ECDC assessment

The spread of the Zika virus epidemic in the Americas is likely to continue as the vectors (*Aedes aegypti* and *Aedes albopictus* mosquitoes) are widely distributed there. The likelihood of travel-related cases in the EU is increasing. A detailed risk assessment is available here. As neither treatment nor vaccines are available, prevention is based on personal protection measures. Pregnant women should consider postponing non-essential travel to Zika-affected areas.

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Actions

ECDC publishes an epidemiological update every Friday together with maps containing information on countries or territories which have reported confirmed autochthonous cases of Zika virus infection. A Zika virus infection atlas is also available on the ECDC website. ECDC published an updated Rapid Risk Assessment on 12 July 2016.

ECDC publishes information concerning vector distribution on the ECDC website, showing the distribution of the vector species at 'regional' administrative level (NUTS3).

Countries or territories with reported confirmed autochthonous cases of Zika virus infection in the past three months, as of 26 August 2016

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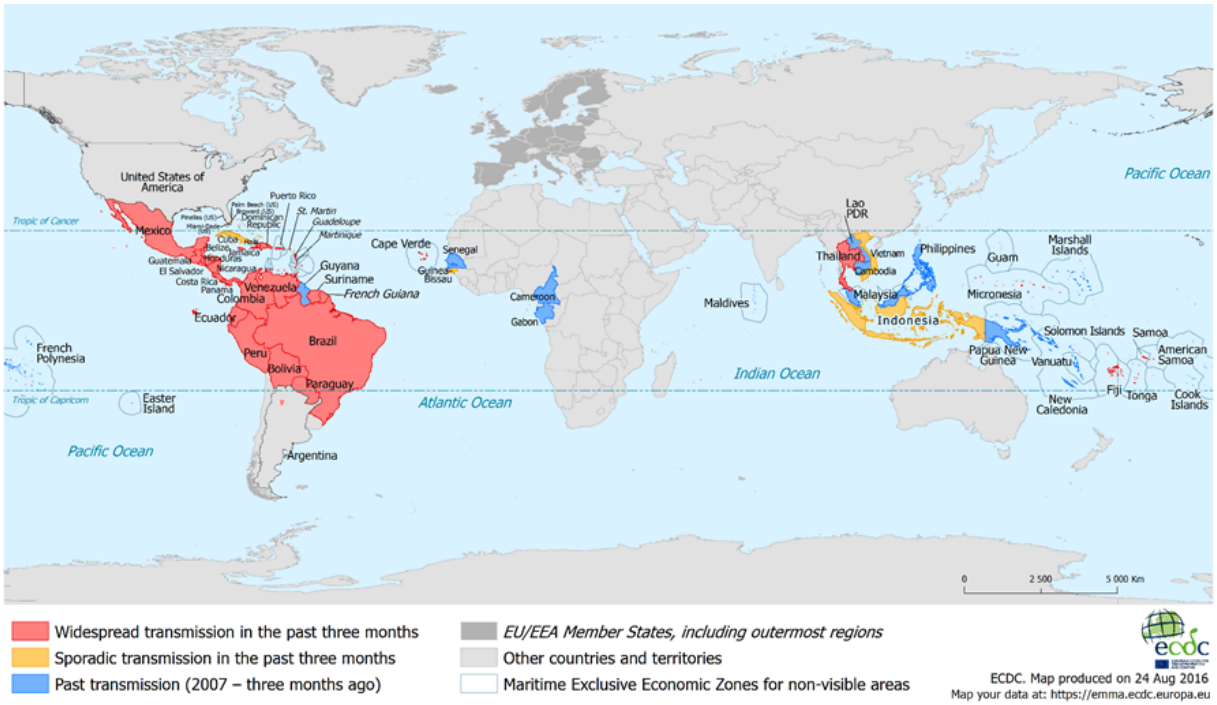

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