COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 30, 24-30 July 2016

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Botulism in people who inject drugs - Germany - 2016

Opening date: 28 July 2016 Latest update: 29 July 2016

In July 2016 Germany reported two cases of botulism affecting people who inject drugs.

➔Update of the week

The first case was reported on 1 July 2016 to the Robert Koch Institute in Germany. The case is a 52-year-old man who presented with blurred vision and ptosis on 28 June 2016. The case had also several inflamed abscesses from which a positive wound swab sample was collected. The second case was detected on 25 July 2016 in a 40-year-old man with onset of neurological symptoms on 17 July 2016.

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

Opening date: 30 May 2016 Latest update: 29 July 2016

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

➔Update of the week

During the past week, Italy reported one confirmed case in Bologna. Romania reported two cases in two newly affected districts: Dojl (1) and Braila (1). Israel reported ten new cases, eight in already affected districts: Central (2), Haifa (4), Tel Aviv (2) and two cases in the newly affected Northern district. Russia reported two new cases in two new districts: Saratov (1) and Samara (1).

In Italy, West Nile virus was detected in a pool of mosquitoes in the province of Rovigo in the Veneto region, according to the media. In Serbia, the media report that mosquitoes positive for West Nile virus have been detected in Belgrade.

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Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 29 July 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, Italy, the United Kingdom, the United States of America, Australia, South Sudan, Nigeria, Malaysia and Tonga.

On 26 July, the World Health Organization declared Brazil free of measles after no cases of the disease were registered in the last year. The last measles cases in the country were recorded in July last year, in an outbreak in Ceara.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 29 July 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.

Non EU Threats

Zika - Multistate (world) - Monitoring global outbreaks

Opening date: 16 November 2015 Latest update: 29 July 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 28 July 2016, WHO has reported 64 countries and territories with mosquito-borne transmission. There is now a scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barré syndrome. As of 27 July 2016, 14 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

One country and one territory have reported mosquito-borne Zika virus transmission for the first time, in the week to 27 July 2016: Antigua and Barbuda and Turks and Caicos (United Kingdom).

In the United States of America, one case of Zika virus infection, whose mode of transmission is being investigated in Utah, and non-travel-related Zika infections are being investigated in Florida.

On 25 July, the Department of Health in Spain reported the birth of a child presenting with microcephaly in Catalonia. The woman was known to be infected by Zika and dengue viruses and the case was initially reported on 5 May when malformations were detected in the foetus.

Colombia declared the end of the Zika epidemic on 26 July 2016.

US CDC published interim guidance for health care providers caring for pregnant women with possible Zika virus exposure and updated their interim guidance for prevention of sexual transmission of Zika virus.

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

Opening date: 17 March 2016 Latest update: 29 July 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. On 23 April 2016, the neighbouring Democratic Republic of Congo (DRC) officially declared a yellow fever outbreak linked to the one in Angola. Other countries (Brazil, Chad, Colombia, Ghana, Peru, Republic of Congo, and Uganda) are all currently reporting yellow fever outbreaks or sporadic cases not linked to the Angolan outbreak.

➔Update of the week
As of week 29, the number of suspected and confirmed cases continues to decline in Angola. According to WHO, in DRC there are 1 907 suspected cases (as of 20 July) and 68 confirmed cases (as of 24 June) including 95 reported deaths.

According to WHO PAHO in 2016, as of epidemiological week 28, three countries have reported sylvatic yellow fever: Brazil, Colombia and Peru.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 29 July 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 20 May 2016, at the ninth 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
Neither new wild poliovirus cases nor any of circulating vaccine-derived poliovirus or positive environmental samples have been reported in the past week.

Nigeria celebrated two years without a case of wild poliovirus on 24 July. This is an important milestone for polio eradication efforts in the African region, but much still remains to be done to keep the country and region polio-free.

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II. Detailed reports

New! Botulism in people who inject drugs - Germany - 2016

Opening date: 28 July 2016 Latest update: 29 July 2016

Epidemiological summary

On 12 March 2015, a case of wound botulism, type B neurotoxin, was reported by Germany in a drug user from the Berlin area who injected heroin. From December 2014 to October 2015, several cases were reported from Norway and Scotland. The source of heroin contamination with *C. botulinum* spores is being investigated.

Web links: Robert Koch Institute letter |

ECDC assessment

Botulism in people who inject drugs has been reported in recent years in several European countries and the USA. Two cases occurring during a short time period may indicate that a batch of heroin may have been contaminated with spores of the anaerobic bacterium *Clostridium botulinum*.

Given the complex international distribution chain of heroin, the exposure of people who inject drugs in other EU Member States cannot be excluded. Member States should consider increasing awareness in healthcare settings to support prompt diagnosis and treatment as well as reporting to appropriate public health authorities. In addition, heroin users, their social networks, drug treatment and harm reduction services should be alerted to the signs and symptoms of wound botulism infection and the importance of seeking immediate medical treatment.

Actions

On 14 February 2015, ECDC published a rapid risk assessment in collaboration with EMCDDA related to a similar outbreak affecting Norway and Scotland. The options for mitigating the risk of more cases of wound botulism in the EU/EEA Member States highlighted in this rapid risk assessment remain valid.

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

Opening date: 30 May 2016 Latest update: 29 July 2016

Epidemiological summary

As of 28 July 2016, three cases of West Nile fever in humans have been reported in the EU Member States and 19 cases in the neighbouring countries, since the beginning of the 2016 transmission season.

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 about WNF-affected areas.

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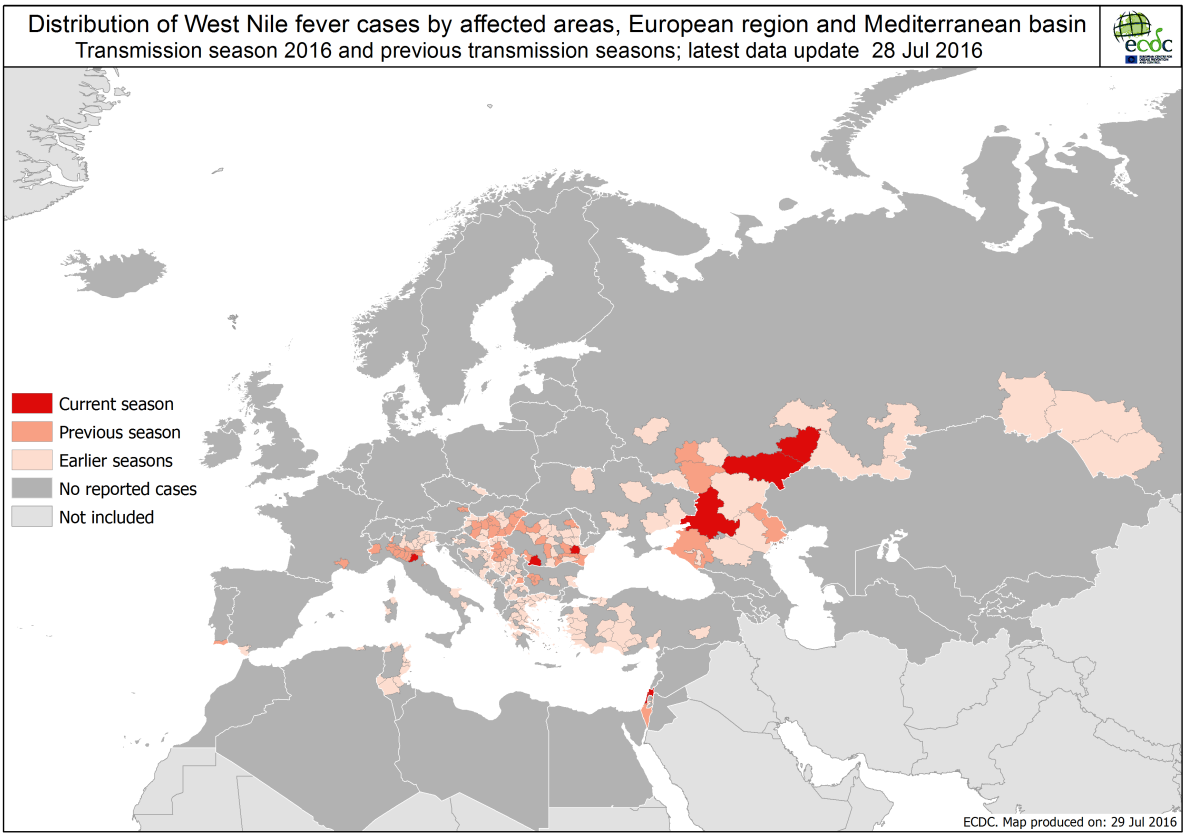

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 29 July 2016

Epidemiological summary

EU/EEA Member States

Italy
On 23 July, the media reported outbreaks of measles in the Naples area with an unspecified number of cases. Ten children have required hospitalisation during the past two weeks.

Ireland - update
Health authorities report that an outbreak of measles has been ongoing in Ireland since April 2016. As of 15 July, 33 cases have been identified. Outbreak control teams have been convened in the affected areas. Most of those affected are under ten years old. Over 70% of all cases to date never received the MMR vaccine. However, in a minority of these cases, it was because they were aged less than one year and were not due to receive the vaccine until 12 months of age.
On 7 July 2016 Ireland published a 'rapid communication' on the outbreak in *Eurosurveillance*.

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The United Kingdom
Two cases of measles have been identified in people who went to a popular Welsh music festival, Llanfyllin Workhouse Festival in North Powys, between 8 and 10 July 2016. Public Health Wales said it was already aware of cases of measles in Wales linked to another festival.

The media report a measles outbreak at a school in South Devon with 15 confirmed and 11 suspected cases.

The rest of the world

USA - update
As of 26 July, there have been 22 confirmed measles cases associated with a private detention centre in Pinal County according to the Arizona Department of Health Services.

Australia
On 21 July, the media reported a measles outbreak among Perth backpackers. The first traveller contracted the illness after a trip to Bali and three more people have since been diagnosed. There are two additional suspected cases.

South Sudan
At least five people have died from measles and 280 cases have been reported in Warrap State, according to the media, quoting a local health official.

Nigeria
The media are reporting an outbreak of measles at one of the Internally Displaced Camps in Maiduguri, Borno State, with six deaths. Millions of people have been displaced from their homes as a result of Boko Haram's insurgency in Borno, Adamawa and Yobe states in Nigeria.

Tonga
According to the media, quoting the Ministry of Health, there is a measles epidemic on Tongatapu, Tonga's main island. The disease had been prevalent for about a month, with children 14 years old and over the worst affected. Ten students had sought treatment as outpatients at Vaiola Hospital recently, some required hospitalisation.

Malaysia
The media in Malaysia report that as of the first week of June, the number of measles cases reported throughout Malaysia increased by 340 per cent to 873, compared with 197 during the corresponding period last year. There were 66 ongoing outbreaks reported during the first week of June 2016.

Indonesia
The media report that the Indonesian government will re-inoculate children aged 10 and under after it uncovered that manufacturing and distribution of fake vaccines has been going on for the past 13 years. Indonesian police have arrested 23 suspects including three doctors in four provinces on Java and seized hundreds of fake vaccines, including polio and hepatitis B. Two of the suspects reportedly said they distributed fake vaccines to hospitals and community health centres.

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)

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.

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Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012 Latest update: 29 July 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

WHO 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.

Zika - Multistate (world) - Monitoring global outbreaks

Opening date: 16 November 2015 Latest update: 29 July 2016

Epidemiological summary

EU/EEA imported cases:

Since week 45/2015, 18 countries (Austria, Belgium, the Czech Republic, Denmark, Finland, France, Ireland, Italy, Luxembourg, Malta, the Netherlands, Norway, Portugal, Romania, Slovenia, Spain, Sweden and the UK) have reported 1 062 travel-associated Zika virus infections through The European Surveillance System (TESSy).

EU's Outermost Regions and Territories

As of 28 July 2016:

Guadeloupe: 25 450 suspected cases have been detected, an increase of 1 505 suspected cases since last week. The weekly number of cases has been slightly declining during the past two weeks.

French Guiana: 9 225 suspected cases have been detected, an increase of 140 since last week. The weekly number of cases has been decreasing over the past three weeks.

Martinique: 33 900 suspected cases have been reported, an increase of 455 since last week. The weekly number of cases is declining.

St Barthélemy: 330 suspected cases have been detected, an increase of 60 suspected cases since last week. The virus is still actively circulating.

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St Martin: 1 730 suspected cases have been detected, an increase of 135 suspected cases since last week. The weekly number of cases remains stable compared to the previous week.

Update on microcephaly and/or central nervous system (CNS) malformations potentially associated with Zika virus infection

As of 28 July 2016, microcephaly and other central nervous system (CNS) malformations associated with Zika virus infection or suggestive of congenital infection have been reported by 14 countries or territories. Brazil has reported the highest number of cases. Between October 2015 and 20 July 2016, Brazil reported 8 703 suspected cases of microcephaly and other nervous system disorders suggestive of congenital infection. Of these, 1 749 are confirmed cases of microcephaly, 277 of which are laboratory-confirmed for Zika virus infection, according to the Ministry of Health.

Fifteen countries and territories worldwide 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) 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.

Nature publication: 'Brazil ask whether Zika acts alone to cause birth defects'.

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

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.

Actions

ECDC publishes an epidemiological update every Friday together with maps with information on countries or territories which have reported confirmed autochthonous cases of Zika virus infection. A Zika virus infection atlas is now available on the ECDC website. ECDC published an updated Rapid Risk Assessment on 12 July 2016. ECDC published a public health development following the suspected female-to-male sexual transmission of Zika virus in New York City.

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Countries or territories with reported confirmed autochthonous cases of Zika virus infection in the past three months, as of 21 July 2016

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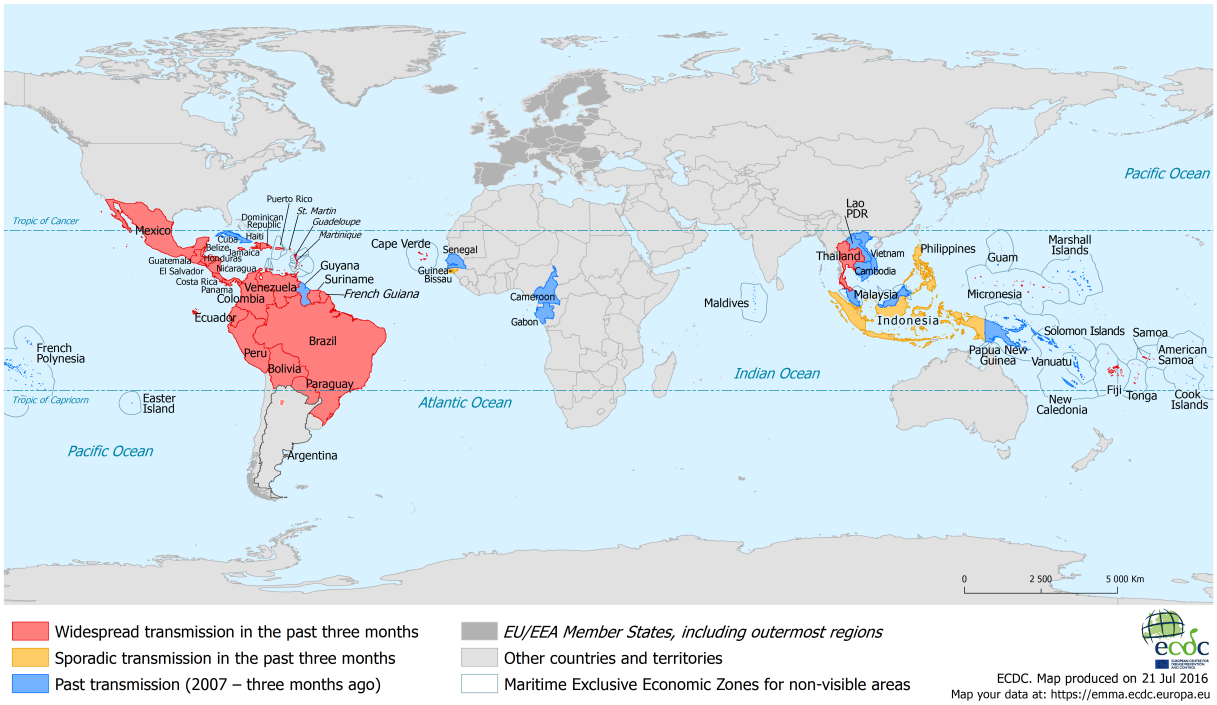

Yellow fever outbreak- Multistate (world) - Monitoring global outbreaks

Opening date: 17 March 2016 Latest update: 29 July 2016

Epidemiological summary

In Angola, since 5 December 2015 and as of 21 July 2016, no laboratory-confirmed cases of yellow fever have been reported in Luanda or Huambo since May 2016. As of 21 July there have been 3 748 suspected cases, of which 879 were laboratory-confirmed. There were 364 (CFR 9.7%) deaths among the suspected cases and 119 (CFR 13.5%) among the confirmed cases. Local transmission has been documented in 45 districts in 12 provinces.

Between the beginning of the year and 20 July 2016, the **Democratic Republic of Congo** has reported 1 907 suspected cases (as of 20 July) and 68 confirmed cases (as of 24 June) including 95 reported deaths. Cases have been reported in 22 health zones in five of 26 provinces. Of the 68 confirmed cases, 59 were imported from Angola, two are sylvatic (not related to the outbreak) and seven are autochthonous. The seven autochthonous cases were reported in Ndjili, Kimbanseke and Kisenso districts (Kinshasa province), in Matadi district (Kongo Central province) and in Kahemba district (Kwango province).

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WHO has supported the deployment of a mobile laboratory from the European Union to the DRC for a period of three months providing testing capacity in Kahembe in Kwango province. The team consists of five international and two national laboratory scientists who can test 50 to 100 samples on site reducing the need to transport them over long distances. The mobile lab is supported by the European Civil Protection and Humanitarian Aid Operations (ECHO) Emergency Response Coordination Centre in collaboration with the Global Outbreak Alert and Response Network and the Emerging and Dangerous Laboratory Network. In addition to the mobile lab, two laboratory experts from Institut Pasteur, Paris, arrived in Democratic Republic of the Congo on 17 July to provide additional technical capacity.

As of 21 July, the situation in **Chad**, **Ghana and Republic of Congo** remains stable and there are no changes since last week. Based on laboratory results and case investigations, the suspected yellow fever cases in both **Guinea** and **Uganda** have been discarded.

According to WHO PAHO as of epidemiological week 28 in 2016, three countries have reported sylvatic yellow fever in the region: **Brazil, Colombia** and **Peru**.

In 2016 there have been three cases of yellow fever in **Brazil**. In June 2016, one fatal case of sylvatic yellow fever case was detected in the municipality of La Macarena in the department of Meta, in **Colombia**, which is an endemic area for yellow fever. On 20 July 2016, a new fatal yellow fever case was detected in the Carurú municipality bordered on the east by Brazil. This is the first documented yellow fever case in the department of Vaupés. The case is an 18-year-old male whose symptoms started on 22 June and who died on 7 July 2016. In **Peru** more cases have been detected.
Up to epi-week 28 of 2016, there were 126 suspected cases of sylvatic yellow fever reported, including 17 deaths. Of the reported cases, 50 were confirmed, 28 were classified as probable, and 48 were discarded. Cases have been reported in eight departments of the 25 departments in Peru with the department of Junin reporting the most confirmed and probable cases (60 cases).

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

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 is still of concern despite the number of cases decreasing. The outbreak is not under control in DRC. The risk of spread to other countries remains one of the highest challenges for this current epidemic.

In the DRC, the main challenges are currently:

- a serious shortage of reagents, both IGM and PCR, for the laboratory confirmation of cases
- cold chain management
- vaccine supply
- vaccine disposal and implementation of vaccination campaigns.

The risk of continuous spread in affected and non-affected countries in West-Central and East Africa is one of the main concerns with regard to the control of this epidemic.

In Europe, the *Aedes aegypti* mosquito is present on the island of Madeira, Portugal. In week 27, vector activity was still considered low in Madeira according to the latest entomological situation report published by local health authorities.

Outbreaks of yellow fever have never been reported in Asia, but local conditions with a large distribution of *Aedes aegypti*, the main vector of urban yellow fever in Africa and in South America, are suitable for urban yellow fever outbreaks. In DRC, the confirmation of autochthonous circulation in the capital is a major concern as Kinshasa is highly populated, as is Brazzaville, the capital of the Republic of the Congo, which is located across the Congo River.

Actions

ECDC published a rapid risk assessment on 25 March 2016 and an updated risk assessment on 14 July 2016.

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

On 20 July, the European Commission's Directorate-General for Health and Food Safety acknowledged that the EU mobile lab is ready for deployment in DRC under the European Medical Corps. The mobile laboratory is provided by Germany via the Bernhard Nocht Institute for Tropical Medicine. The laboratory technicians are from Germany and Italy. The team will stay in the Kahemba District Hospital in Kwango province for an initial duration of two months.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005 Latest update: 29 July 2016

Epidemiological summary

In 2016, 19 cases of wild poliovirus type 1 (WPV1) have been reported so far, compared with 34 for the same period in 2015. The cases were detected in Pakistan (13) and Afghanistan (6). As of 26 July 2016, three cases of circulating vaccine-derived poliovirus (cVDPV) have been reported to WHO in 2016, all from Laos. There were 11 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.

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