

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 1 March 2012

Thanks to an effective vaccine that has been available for the past 40 years, measles deaths fell dramatically worldwide between 2000 and 2008. However, measles is still endemic in many countries of Europe and due to low uptake of immunisation in the past decade, the susceptible population has increased, leading to a resurgence of the disease. More than 30 000 cases were reported in EU Member States in the last two years.

During the first two months of 2012, six EU countries (Spain, the United Kingdom, Romania, Sweden, Hungary and Latvia) reported outbreaks or clusters. In neighbouring Ukraine an ongoing outbreak is of concern with nearly 4 000 cases reported so far in 2012.

→Update of the week

Latvia reported three cases last week. The earlier reported outbreaks in the United Kingdom and Spain are still ongoing. The number of cases related to the outbreak in the anthroposophic community in Sweden has risen to thirteen.

Influenza - Multistate (Europe) - Monitoring 2011-2012 season

Opening date: 2 December 2011

Latest update: 19 February 2012

Following the 2009 pandemic, vaccine-preventable influenza transmission in Europe has returned to its seasonal epidemic pattern with peaks seen during winter months. ECDC monitors influenza activity in Europe during the winter seasons and publishes the results in the Weekly Influenza Surveillance Overview (WISO). The national influenza season epidemics in Europe have peaked in the first two affected countries. They remain dominated by A(H3) viruses but B viruses seem now to be becoming more important.

→Update of the week

During week 8/2012, medium or high intensity was reported by 17 countries and increasing trends were reported by 13 countries.

Non EU Threats

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 1 March 2012

Dengue 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. There are no recent important developments in global dengue epidemiology. However, the identification of sporadic autochthonous cases in non-endemic areas in 2010 and 2011 highlights the risk of occurrence of locally acquired cases in EU countries where the competent vectors are present.

→Update of the week

There have been no reports of autochthonous dengue infections in Europe so far in 2012.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 1 March 2012

Polio, a crippling and potentially fatal vaccine-preventable disease, 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, WHO reported 650 cases in 2011. Twenty cases have been reported in 2012 so far.

→Update of the week

This week, two new polio cases with symptom onset in 2012 were reported to WHO.

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

Opening date: 15 June 2005

Latest update: 2 March 2012

The influenza A(H5N1) virus, commonly known as bird flu, is fatal to humans in about 60% of cases and sporadic cases continue to be reported, usually after contact with sick or dead poultry from some Asian and African countries. There are currently no indications from a human health perspective of significant changes in the epidemiology associated with any clade or strain of the A(H5N1) virus and no human cases have been reported from Europe. 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.

→Update of the week

During 25 the period February to 2 March 2012, WHO acknowledged four new human cases of avian influenza: three in Egypt (two fatal and one recovering) and one in Indonesia (fatal).

II. Detailed reports

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 1 March 2012

Epidemiological summary

EU Member States

UK. Source: HPA and the media

The earlier reported outbreaks are continuing in [Sussex](#) (16 confirmed cases mostly in school-aged children), [North Wales](#) (24 cases, of which five are confirmed, mostly in 12-15 year-old children) and [Merseyside](#) (36 laboratory-confirmed and a further 35 probable cases under investigation in and around Liverpool).

Spain. Source: the media

The earlier reported outbreaks are still ongoing in the two regions. There are now 238 reported cases in Alicante and 255 cases in Valencia so far this year. Spain is one of the EU countries that reported high number of cases in 2011 (nearly 2 000).

Sweden. Source: SMI

Sixteen cases of measles have been notified so far this year compared to 26 in the whole of 2011. Three people were infected abroad and the other thirteen are linked to the outbreak in Järna. Thirteen of the cases were unvaccinated and three were missing data on vaccination status. The outbreak in Järna has been contained and did not spread geographically as Sweden has generally high vaccination coverage.

Latvia. Source: Latvian Infectology Center

Three laboratory-confirmed cases have been reported. Latvia had one case of measles in 2011.

Neighbouring countries

Ukraine. Source: MOH

Since the last update, 200 additional cases were reported by the Ministry of Health, bringing the number of measles cases in Ukraine to 3 956 since the beginning of the year.

The WHO European Regional Office has published a new Epidemiological Brief on [their website](#).

Web sources: [ECDC Monthly Measles Monitoring 21 February 2011](#) | [MedISys Measles Webpage](#) | [EU-VAC-net ECDC](#) | [ECDC measles factsheet](#)

ECDC assessment

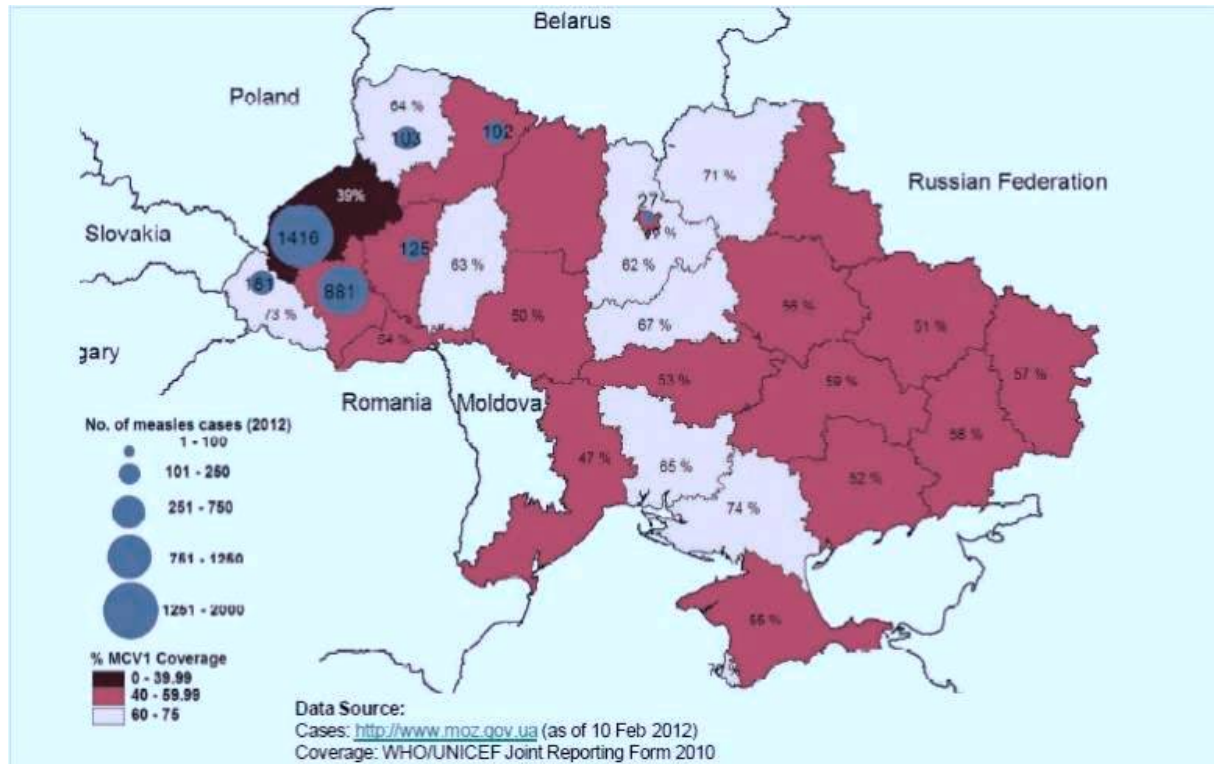
A decline in the uptake of immunisation in the past decade in Europe has increased the susceptible population and measles has re-emerged in the region. When the number of susceptible individuals increases, the incidence of measles increases as well, and the interval between epidemic peaks decreases.

Transmission follows the traditional seasonal pattern of measles. Last year's outbreaks peaked in May 2011 and declined over the rest of the year. The number of reported measles cases started to rise during the last two months of 2011 in France (121 in November, 140 in December) and Romania (388 in November, 544 in December). This, together with the ongoing outbreaks in Spain and the United Kingdom, might signal the start of the new measles transmission season in Europe.

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 includes all EU Member States, have committed to eliminate 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.

Measles cases in 2012 and MCV1 coverage in 2010 by Region, Ukraine

WHO



Influenza - Multistate (Europe) - Monitoring 2011-2012 season

Opening date: 2 December 2011

Latest update: 19 February 2012

Epidemiological summary

The 2011/12 influenza season started later than in recent seasons and has not demonstrated any clear geographic progression.

In week 8/2012, medium or high intensity was reported by 17 countries and increasing trends by 13 countries which is the same as the week before. Two countries, Bulgaria and Italy, have reported decreasing trends for three weeks in a row and so are the first two countries that have peaked in Europe this season.

Of 1 712 sentinel specimens tested, 884 (51.6%) were positive for influenza virus, a similar percentage to that observed during the two previous weeks. Of the 3 534 influenza viruses detected from sentinel and non-sentinel sources during week 8/2012, 94.9% were type A and 5.1% were type B. Of the 1 257 influenza A viruses subtyped, 97.4% were A(H3) and 2.6% were A(H1)pdm09. No resistance to the neuraminidase inhibitors (oseltamivir and zanamivir) has been reported so far this season.

The formal WHO review of circulating viruses this season found that influenza A(H3) and B viruses circulating this season have

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moved genetically and antigenically away from 2011/12 seasonal vaccine viruses. This prompted WHO to recommend different vaccine virus strains for the composition of the 2012/13 seasonal vaccine.

A published analysis by ECDC and France, Ireland, Spain and the United Kingdom of severe influenza cases has found that while the 2011/12 season has been dominated so far by influenza A(H3), a greater relative proportion of influenza A(H1N1)pdm09 viruses were reported in cases that ended up hospitalised in those four countries.

The national influenza season epidemics in Europe have peaked in the first two countries. They remain dominated by A(H3) viruses but B viruses seem now to be becoming more important.

Web source: [ECDC Weekly Influenza Surveillance Overview](#)

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 1 March 2012

Epidemiological summary

No major new outbreaks or unexpected developments were detected in the world last week. In general, there is currently low dengue activity in the monitored regions, except in some areas of South and Central America.

Europe: There have been no autochthonous cases in 2011 or in 2012 to date.

Africa: No significant developments reported recently.

South Asia: No significant developments reported recently; in Pakistan, despite the recent campaign in Lahore, there is an increase of suspected cases and a high risk of an outbreak occurring like the one in 2011. The WHO Eastern Mediterranean Office, local health authorities and experts from several countries in the Region with experience in dengue control met this week in Lahore to discuss new control measures.

South-East Asia: The latest update from the WHO Western Pacific Regional Office reports relatively low and stable activity in the region; local outbreaks are currently reported mostly in Malaysia, in particular in the area of Petaling-Kuala Lumpur.

Pacific: The health authorities of Niue, an island country in free association with New Zealand, have reported this week the first three confirmed local cases since 2009 - an awareness campaign is ongoing. The US CDC reported an update of the situation in the Federal States of Micronesia, where most recent epidemics are in Yap main islands and Fais islands. For Australia, the WHO Western Pacific Regional Office is reporting a recent increased trend for Queensland but most cases are imported (last local case confirmed on 17 February).

South America: The Bolivian Red Cross has published updated information about the situation in Bolivia, where cases are still increasing in several departments (mostly in Santa Cruz) due to the weather conditions. Authorities in Colombia report a recent increase with alerts in 11 departments. Paraguay reports a worrying situation in Assuncion and surrounding areas despite intensive control campaigns. Argentina has reported more than 500 suspected cases and the first six confirmed cases for 2012 in Salta and Buenos Aires area, but all with travel history to bordering countries. Ongoing local outbreaks were reported in Brazil, as expected.

Central America: Local outbreaks are being reported in the media, mostly Yucatan (southern Mexico), Honduras and El Salvador.

Caribbean: No major developments have been reported.

North America: No recent developments have been reported.

Web sources:

[DengueMap CDC/HealthMap](#) | [MedISys dengue](#) | [ProMED dengue latest update](#) | [WHO WPRO latest update](#) | [WHO dengue factsheet update 2012](#) | [Red Cross Boliva update](#) | [ECDC dengue fever factsheet](#)

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. Local transmission of dengue was reported for the first time in France and

Croatia in 2010 and imported cases were detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 1 March 2012

Epidemiological summary

The weekly WHO polio update of 29 February 2012 reports two new polio cases with disease onset in 2012: one (WPV1) case in Nigeria and one (WPV1) case in Pakistan.

Twenty cases with onset of disease in 2012 have been reported globally.

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

ECDC assessment

ECDC follows reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and to identify events that could indicate the re-introduction of wild poliovirus into the EU.

The WHO European Region is polio-free. 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: 2 March 2012

Epidemiological summary

During the period 25 February to 2 March 2012, WHO confirmed four new human cases of avian influenza A(H5N1) virus infection: three cases from Egypt and one from Indonesia. Two of the three Egyptian cases died, on 26 and 28 February 2012 respectively, whereas one is in good medical condition. The Indonesian case died on 21 February. All four cases had been exposed to poultry, although for the Indonesian case no poultry deaths had been reported within the neighborhood, and the risk factors are still under investigation.

Since 2003, 590 cases (including 349 deaths) have been notified in 15 countries. Of these, 12 (including nine deaths) were notified in 2012.

Web sources: [ECDC Rapid Risk Assessment](#) | [WHO Avian Influenza](#) | [Avian influenza on ECDC website](#)

ECDC assessment

The H5N1 virus is fatal to humans in about 60% of cases. Most human infections are the result of direct contact with infected birds, and the World Health Organization notes it has never identified a 'sustained human-to-human spread' of the virus since it re-emerged in 2003. Countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died.

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.

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