

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2013

Opening date: 3 June 2013

Latest update: 30 August 2013

West Nile fever (WNF) is a mosquito-borne disease which causes severe neurological symptoms in a small proportion of infected people. During the transmission season between June and November, 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. During the 2012 season, 244 probable and confirmed cases were reported in the EU, and 693 cases in neighbouring countries.

→Update of the week

During the past week, 26 new cases were detected in the EU: 14 from Greece, four from Romania, two from Hungary, five from Italy and one from Croatia.

In neighbouring countries, 80 new cases were reported from the following countries: Israel (14), Russia (32), Serbia (33) and Ukraine (1).

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 30 August 2013

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. The 30 EU/EEA countries reported 8 067 cases of measles during July 2012 to June 2013. France, Germany, Italy, Romania, Spain and the United Kingdom accounted for 93% of the reported cases in the last 12-month period.

→Update of the week

Since the last update no new outbreaks were detected. The outbreak in the Netherlands is still on-going.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 3 July 2013

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease and is an infection which often passes unnoticed. The main reason for immunising against rubella is the high risk of congenital malformations associated with rubella infection during pregnancy. All EU Member States recommend vaccination against rubella with at least two doses of vaccine for both boys and girls. The vaccine is given at the same intervals as the measles vaccine as part of the MMR vaccine.

→Update of the week

Since the last update no new outbreaks were detected.

Non EU Threats

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

Opening date: 24 September 2012

Latest update: 30 August 2013

Between April 2012 and 29 August 2013, 106 laboratory-confirmed cases, including 50 deaths, of acute respiratory disease caused by Middle East respiratory syndrome coronavirus (MERS-CoV), have been reported by national health authorities. MERS-CoV is genetically distinct from the coronavirus that caused the SARS outbreak. Cases have originated in Saudi Arabia, Qatar, Jordan and the United Arab Emirates (UAE). In addition, cases have occurred in Germany, the United Kingdom, Tunisia, France and Italy in patients who were either transferred for care or returned from the Middle East. The MERS-CoV reservoir has not been established, nor is it clear how transmission occurs.

→Update of the week

Between 22 August and 29 August, three new cases have been reported by national health authorities. Two cases were reported in Saudi Arabia, among which one died, and one new case was reported by Qatar health authorities.

Poliovirus - Israel- Detection of WPV1 in environmental samples and healthy individuals

Opening date: 19 August 2013

Latest update: 30 August 2013

After the initial alert in June 2013, Israel has detected 85 wild poliovirus type 1 (WPV1) positive sewage samples from 27 sampling sites, collected from 3 February 2013 to 18 August 2013. As part of subsequent ongoing stool sample survey activities WPV1 has also been isolated in stool samples from 42 carriers, representing 4.4% of all collected samples. No cases of paralytic polio have been reported. In addition to routine acute flaccid paralysis surveillance, public health authorities have expanded the surveillance to all age groups, have increased enterovirus surveillance and are screening aseptic meningitis cases for polio. A nationwide polio immunisation campaign with bivalent oral polio vaccine started on 18 August 2013 for children up to the age of nine years. WHO estimates the risk of further international spread of WPV1 from Israel to remain moderate to high and recommends that all travellers to be fully vaccinated.

→Update of the week

Since 22 August, Israel has reported the detection of positive sewage samples from 3 additional sites. In addition a positive sewage sample collected on 30 June from Tulkarem in the West Bank has been reported. No human cases of poliomyelitis have been reported from Israel or Palestine.

II. Detailed reports

West Nile virus - Multistate (Europe) - Monitoring season 2013

Opening date: 3 June 2013

Latest update: 30 August 2013

Epidemiological summary

As of 29 August 2013, 68 human cases of West Nile fever have been reported in the EU and 256 cases in neighbouring countries since the beginning of the 2013 transmission season.

EU Member States

Austria

One confirmed case has been reported in the area of Sankt Pölten.

Greece

Forty-nine cases of WNF have been reported in Greece. The regions affected are Attiki (24), Imathia (1), Kavala (6), Thessaloniki (6) and Xanthi (9), and three from newly affected areas; Kerkyra (1), Serres (1) and Ileia (1). For two cases reported this week the place of infection is still not available.

Italy

Italy has reported nine cases of WNF so far this year. Of the five new cases reported this week, two cases were reported from the province of Treviso and three cases in the region of Emilia-Romagna. For the latter cases, the province of infection is not available.

Hungary

Hungary has reported three cases of WNF. Two cases were reported this week from two newly affected counties (Fejer and Komaron). The previously reported case was in Pest county, an affected area in 2012.

Romania

Romania has reported five cases of WNF so far this year. In addition to the one case previously reported in Galati county, four cases were reported this week from three newly affected counties; Braila (2), Ialomita (1) and Iasi (1).

Croatia

Croatia has reported its first probable case in Zagrebacka county, the laboratory results for this case are still pending.

Neighbouring countries

Israel

Forty-seven cases of WNF have been reported in the Central, Haifa and Tel Aviv districts.

Montenegro

Montenegro reported its first case this year in Podgorica region, an area suspected to be affected last year.

Russia

Russia has reported 102 cases of WNF from ten oblasts in Russia: Adygeya oblast (1), Astrakhanskaya oblast (38), Lipetskaya oblast (2), Rostovskaya oblast (4), Samarskaya oblast (8), Saratovskaya oblast (12), Volgogradskaya oblast (33), Voronezhskaya oblast (1), Belgorodskaya oblast (2) and the newly affected Kaluzhskaya oblast (1).

Serbia

Serbia has reported 104 cases of WNF from eight districts: Grad Beograd (75), Podunavski (7), Sremski (4), Juzno-backi (1), Juzno-banatski (9), Kolubarski (3), Macvanski (1) Branicevski district (1) and the newly affected districts of Jablancki (1) and Srednje-banatski (2).

the former Yugoslav Republic of Macedonia

One case has been reported in Kocani (Eastern Macedonia).

Ukraine

The first new case for this year was reported in Zhytomyrs'ka oblast.

Websites: [ECDC West Nile fever risk maps](#) | [ECDC West Nile fever risk assessment tool](#) | [Keelpno Greece](#) | [Astrakhanskaya oblast](#) | [Volgograd oblast](#) | [Saratovskaya oblast](#) | [Israel MoH](#) | [Serbia MoH](#) | [Macedonian PH Institute](#) | [OIE 1](#) | [OIE 2](#) |

ECDC assessment

The 2013 season has started and is progressing in comparable fashion to previous years in EU and neighbouring countries. 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 to humans.

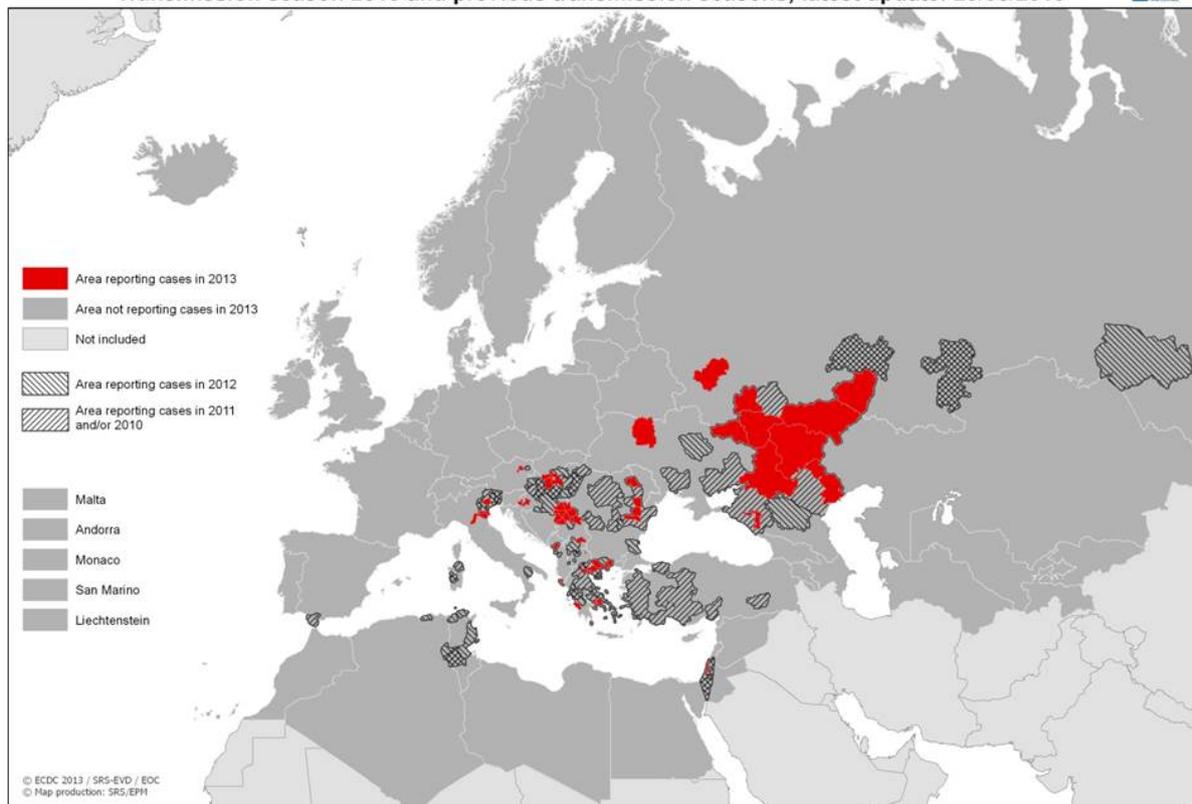
Actions

ECDC produces weekly [West Nile fever risk maps](#) during the transmission season to inform blood safety authorities regarding affected areas.

ECDC published a West Nile fever [risk assessment tool](#) on 3 July 2013.

ECDC

Reported cases of West Nile fever for the EU and neighbouring countries
Transmission season 2013 and previous transmission seasons; latest update: 29/08/2013



Reported cases of West Nile fever for the EU and neighbouring countries

Transmission season 2013; latest update: 29/08/2013



Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 30 August 2013

Epidemiological summary

EU Member States

The Netherlands - update

Since May 2013 and as of 21 August 2013, [RIVM](#) reports 1162 cases of measles. During the last week, 127 new measles cases, including six hospitalisations, were reported. Most measles cases are unvaccinated (96%) and are in the age group 4-12 years (59%). There are 10 health care workers among the cases. Of these, nine are unvaccinated and one person is vaccinated with two doses.

Rest of the world

US
[The media](#) report an outbreak in Texas involving 21 people, most of whom are members or visitors of an evangelical megachurch. The outbreak was started by a visitor to the church who had recently travelled to a country where measles is endemic. Those affected by the outbreak range in age from 4 months to 44 years. All of the school-age children with measles were

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home-schooled, and the majority of those who were infected had not been vaccinated.

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC/Euronews documentary](#) | [WHO Epidemiological Briefs](#) | [MedISys Measles page](#) | [EUVAC-net ECDC](#) | [ECDC measles factsheet](#) | [Public Health Wales](#) | [RIVM](#)

ECDC assessment

The transmission season for measles persists in Europe. Although there have been several outbreaks during this season, the number of aggregated cases is lower than in previous years. So far in 2013, Sweden, Denmark, Germany, Italy, the UK, Lithuania and the Netherlands have reported outbreaks. The largest outbreaks have been in Wales and the Netherlands. In the EU neighbourhood, a large outbreak affecting Georgia gives cause for concern.

The target year for measles elimination in Europe is 2015. The current outbreaks suggest that endemic measles transmission continues in many EU Member States and the prospect of achieving the 2015 objective is diminishing. During the period July 2012 - June 2013, 13 EU/EEA countries met the elimination target of less than one case of measles per million population.

Actions

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

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 3 July 2013

Epidemiological summary

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC rubella factsheet](#) | [WHO epidemiological brief summary tables](#) | [WHO epidemiological briefs](#)

ECDC assessment

As rubella is typically a mild and self-limiting disease with few complications, the rationale for eliminating rubella would be weak if it were not for the virus' teratogenic effect. When a woman is infected with the rubella virus within the first 20 weeks of pregnancy, the foetus has a 90% risk of being born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. The increase in the number of rubella cases reported in 2012 and 2013 compared with 2011 and the potential for an increase in the number of babies born with CRS in EU countries are both cause for concern.

Actions

ECDC closely monitors rubella transmission in Europe by analysing the cases reported to the European Surveillance System and through its epidemic intelligence activities 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 the 2015 rubella and congenital rubella elimination target.

An ECDC report is available online: [Survey on rubella, rubella in pregnancy and congenital rubella surveillance systems in EU/EEA countries](#)

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

Opening date: 24 September 2012

Latest update: 30 August 2013

Epidemiological summary

As of 29 August 2013, 106 laboratory-confirmed cases of MERS-CoV, including 50 deaths worldwide have been reported by national health authorities. All cases have either occurred in the Middle East or have had direct links to a primary case infected in the Middle East.

As of 29 August, Saudi Arabia has reported 84 cases, including 42 deaths, the UAE has reported five cases, Jordan two cases, both of which died and Qatar two cases. Thirteen cases have been reported from outside the Middle East: UK (4), Italy (3), France (2), Germany (2) and Tunisia (2). In France, Italy, Tunisia and the United Kingdom, there has been local transmission among patients who have not been to the Middle East but had been in close contact with laboratory-confirmed or probable cases. Person-to-person transmission has occurred both among close contacts and in healthcare facilities, but, with the exception of a nosocomial outbreak in Al-Ahsa, Saudi Arabia, secondary transmission has been limited. Eight asymptomatic cases were reported by Saudi Arabia and two by the UAE. Six of these cases were healthcare workers.

On 9 July, WHO established an [Emergency Committee](#) to advise WHO's Director-General on the status of the current situation concerning MERS-CoV. On 17 July, the second meeting of the Emergency Committee under the International Health Regulations (2005) was held by teleconference. It concluded unanimously that with the information now available, and by using a risk assessment approach, the conditions for a Public Health Emergency of International Concern have not been met.

The Ministry of Health of Saudi Arabia updated its [Health Regulations](#) for travellers to Saudi Arabia for the Umrah and Hajj pilgrimage regarding MERS-CoV and now recommends that the elderly, those with chronic diseases, pilgrims with immune deficiency, malignancy and terminal illnesses, pregnant women and children coming for Hajj and Umrah this year should postpone their journey.

WHO published a [travel advice](#) on MERS-CoV for pilgrimages on 25 July 2013.

The [WHO guidelines for investigation](#) of cases of human infection with MERS-CoV were published in July 2013. On 30 July 2013, the MERS-CoV [Initial Interview Questionnaire of Cases](#) – Guide for the interviewer was published to support the investigators.

On 21 August 2013, WHO published a [joint report](#) of a mission to Riyadh, 4-9 June 2013 together with Saudi Arabia on Middle East respiratory syndrome coronavirus.

Web sources: [ECDC RRA Update 22 July](#) | [ECDC novel coronavirus webpage](#) | [WHO](#) | [WHO MERS updates](#) | [WHO travel health update](#) | [WHO Euro MERS updates](#) | [CDC MERS](#) | [Saudi Arabia MoH](#) |

ECDC assessment

The continued detection of MERS-CoV cases in the Middle East indicates that there is an ongoing source of infection present in the region. There is therefore a continued risk of cases occurring in Europe associated with travel to the area. Surveillance for cases is essential, particularly with expected increased travel to Saudi Arabia for the Hajj in October.

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

The latest ECDC [rapid risk assessment](#) was published on 22 July 2013.

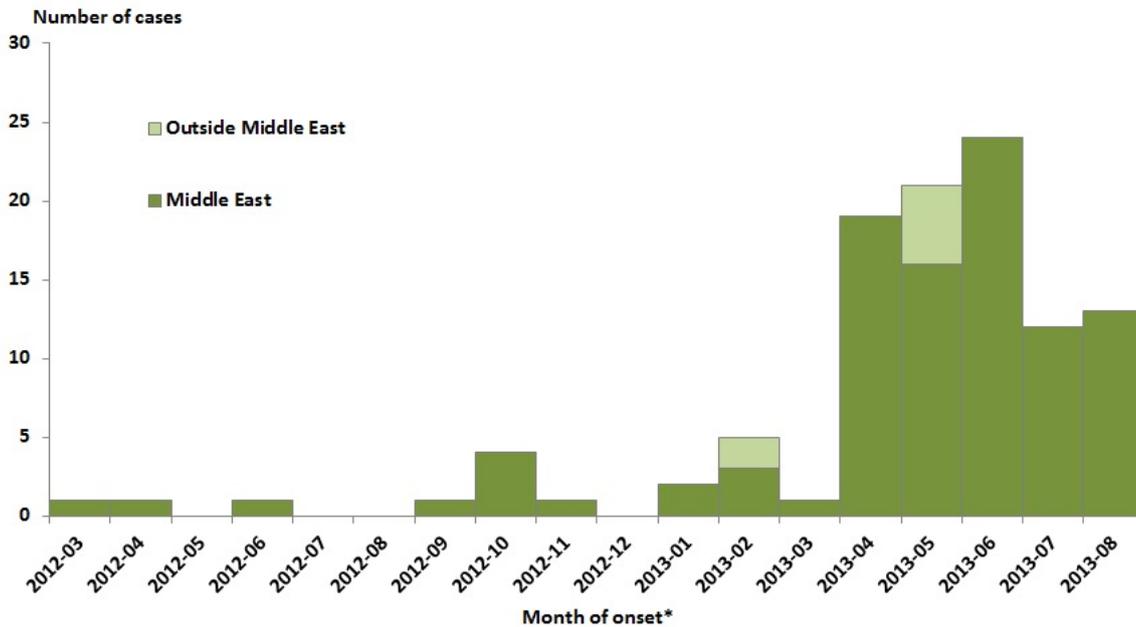
The results of an ECDC coordinated survey on laboratory capacity for testing the MERS-CoV in Europe were published in [EuroSurveillance](#).

ECDC published a [Public Health Development](#) on 27 August 2013 regarding the isolation of MERS-CoV from a bat sample.

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

Distribution of confirmed cases of MERS-CoV by month* and place of probable infection, March 2012 - August 2013 (n=106**)

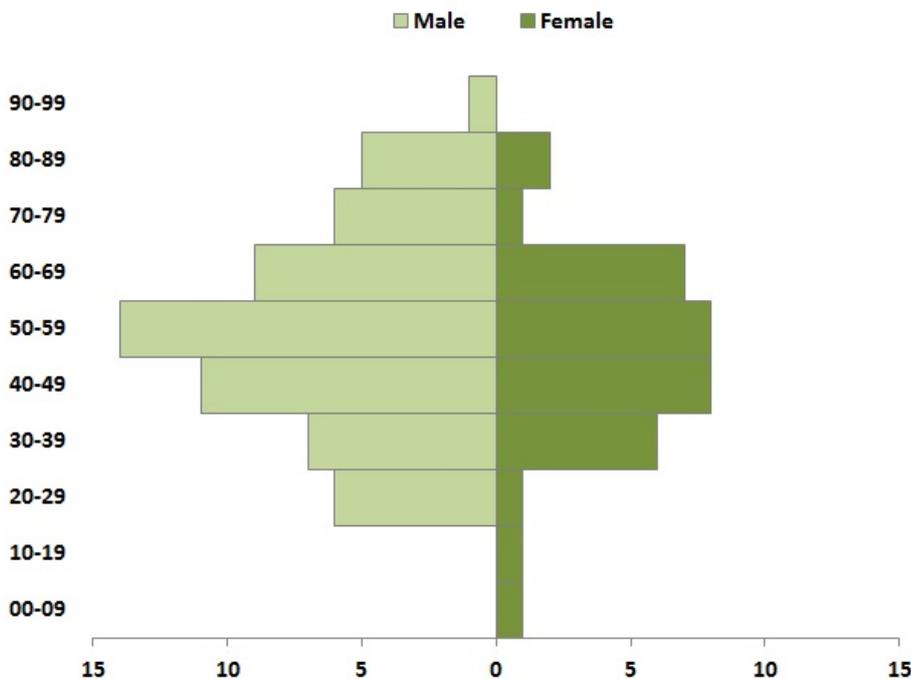
ECDC



*Where the month of onset is unknown the month of reporting has been used
 **This epicurve includes 12 asymptomatic cases.

Distribution of confirmed cases of MERS-CoV, March 2012 - August 2013 (n=94*)

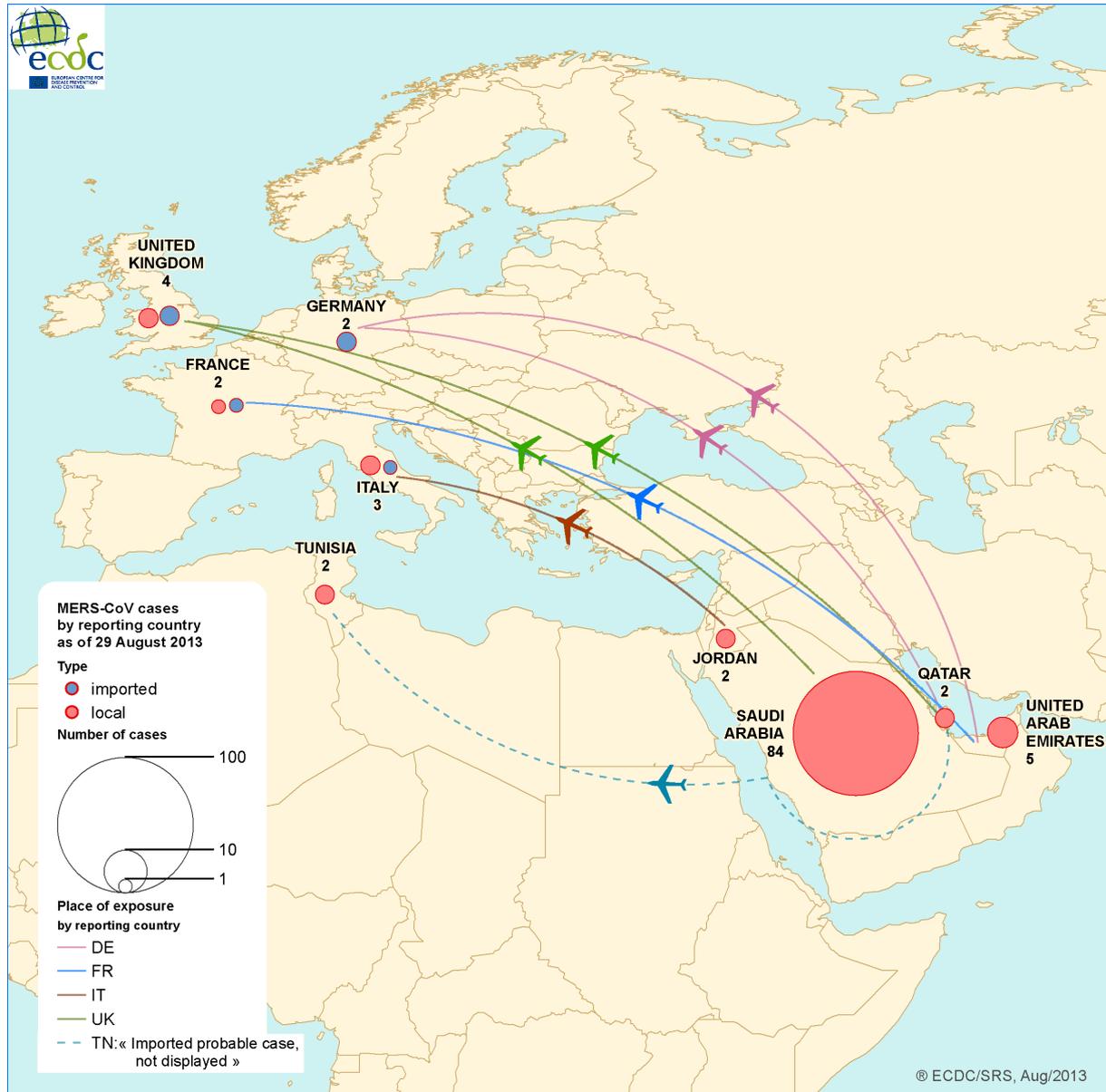
ECDC



*12 cases for which age or sex data is missing have been excluded

Distribution of MERS-CoV cases by place of reporting as of 29 August 2013 (n=106)

ECDC SRS



Poliovirus - Israel- Detection of WPV1 in environmental samples and healthy individuals

Opening date: 19 August 2013

Latest update: 30 August 2013

Epidemiological summary

In Israel, wild poliovirus type 1 (WPV1) was isolated from sewage samples collected on 9 April 2013 in Rahat, southern Israel. Preliminary analyses indicated that the strain is related to the strains circulating in Pakistan and the strain detected in sewage from Cairo in December 2012. The strain is not related to virus currently affecting the Horn of Africa. WPV1 has now been detected in 85 sewage samples from 27 sampling sites in southern and central Israel, collected from 3 February 2013 to 4 August 2013. As part of subsequent ongoing stool sample survey activities, WPV1 has also been isolated in stool samples from 42 carriers, representing 4.4% of all collected samples. No cases of paralytic polio have been reported in the country. Israel has been free of indigenous WPV transmission since 1988. In the past, wild poliovirus has been detected in environmental samples collected in this region between 1991 and 2002 without occurrence of cases of paralytic polio in the area.

A positive sewage sample collected on 30 June from Tulkarem in the West Bank was reported retrospectively. Previous and subsequent specimens collected through environmental surveillance since 2002 in both Gaza and the West Bank have consistently

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tested negative for the presence of WPV.

A supplementary immunisation activity (SIA) with bivalent oral polio vaccine (OPV1 and 3) started in parts of southern Israel during the week of 5 August, and was expanded nationwide on 18 August for all children up to the age of nine years. The objective of these SIAs with OPV is to boost mucosal immunity levels in cohorts of children naïve to OPV to rapidly interrupt virus circulation.

Sources: [MoH Israel](#) | [WHO DON](#)

ECDC assessment

The World Health Organization (WHO) estimates the risk of further international spread of wild poliovirus type 1 (WPV1) from Israel to remain moderate to high. ECDC is preparing a risk assessment on the situation in Israel, Somalia and the region. The risk assessment will consider the risk of importation of wild poliovirus to the EU, and the risk of transmission within the EU.

Actions

WHO recommended that all countries, in particular those with frequent travel and contacts with polio-infected countries, strengthen surveillance for cases of acute flaccid paralysis (AFP), in order to rapidly detect new poliovirus importations and facilitate a rapid response. Countries should also analyse routine immunisation coverage data to identify subnational gaps in population immunity to guide catch-up immunisation activities and thereby minimise the consequences of new virus introduction. Priority should be given to areas at high risk of importations and where OPV3/DPT3 coverage is <80%. WHO's International Travel and Health recommends that all travellers to and from polio-infected areas be fully vaccinated against polio. Three countries remain endemic for indigenous transmission of WPV: Nigeria, Pakistan and Afghanistan. Additionally, in 2013, the Horn of Africa is affected by an outbreak of WPV (See global polio monitoring threat).

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