

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Dengue - Portugal - Madeira outbreak

Opening date: 10 October 2012

Latest update: 17 October 2012

On 3 October 2012, the Public Health Authority of Portugal reported two cases of dengue infection in patients residing in the Autonomous Region of Madeira. By 17 October, case finding has identified 37 confirmed cases and 262 probable cases under investigation, out of whom 30 have been hospitalised. This is the first known occurrence of locally transmitted dengue infection in the Autonomous Region of Madeira.

→Update of the week

Since last week's update there are an additional 19 confirmed cases and 71 probable cases.

Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 28 September 2012

Since June 2012, 11 autochthonous cases of malaria, caused by *Plasmodium vivax* infection, have been reported from Greece. Local control measures have been implemented in accordance with national guidelines.

→Update of the week

No new cases have been reported since last week.

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 October 2012

Measles, a highly transmissible vaccine-preventable disease, is still endemic in many countries of Europe due to a decrease in the uptake of immunisation. More than 30 000 cases were reported in EU Member States in each of the last two years. However, so far in 2012, the number of outbreaks and reported cases in Member States are significantly lower than during 2010 and 2011. As of 31 August, 5 360 cases of measles were reported to The European Surveillance System in 2012. France, Italy, Romania, Spain and the United Kingdom accounted for 92% of the reported cases.

→Update of the week

There are media reports of a measles-related death in Romania this week.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 19 September 2012

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease and 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

No new outbreaks were detected in EU Member States during the past week.

West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012

Latest update: 4 October 2012

West Nile fever (WNF) is a mosquito-borne disease causing 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 in neighbouring countries in order to identify significant changes in the epidemiology of the disease. In 2011, 130 probable and confirmed cases of WNF were reported from EU Member States and 207 cases in neighbouring countries. The 2012 transmission season is ongoing, with 224 probable and confirmed cases reported in the EU, and 538 cases in neighbouring countries so far.

→Update of the week

In the last week Greece has detected one new case from Thessaloniki, a prefecture with previous case reports. In countries neighbouring the EU, two new cases were notified by Voronezhskaya oblast in the Russian Federation; six additional cases have been confirmed in Serbia; and a case imported from Algeria has been diagnosed in France. This is the first reported case in Algeria since 1994.

Influenza - Multistate (Europe) - Monitoring 2012-2013 season

Opening date: 2 December 2011

Latest update: 24 May 2012

Following the 2009 pandemic, 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 on its website in the Weekly Influenza Surveillance Overview. From this week, seasonal influenza will be included in the CDTR until the end of the influenza season in the northern hemisphere.

→Update of the week

During week 41/2012, all 24 countries reporting experienced low intensity of clinical influenza activity, 21 countries notified no geographic spread. Three countries reported increasing trends.

Non EU Threats

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

Opening date: 15 June 2005

Latest update: 27 August 2012

The influenza A(H5N1) virus, commonly known as bird flu, is fatal in about 60% of human infections, and sporadic cases continue to be reported, usually after contact with sick or dead poultry from certain Asian and African countries. No human cases have been reported from Europe.

→Update of the week

WHO has not reported a new case of human infection with avian influenza A(H5N1) virus since 10 August 2012.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 11 October 2012

Polio, a crippling and potentially fatal vaccine-preventable disease mainly affecting children under five years of age, is close to being eradicated from the world after a significant global public health investment and effort. The WHO European Region is polio-free. So far in 2012, 171 cases have been reported worldwide compared to 467 cases during the same period last year.

→Update of the week

Since the previous CDTR, there have been nine additional polio cases reported by WHO.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 18 October 2012

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50 to 100 million people each year, mainly in the tropical regions of the world. There are no significant recent developments in global dengue epidemiology. However, the identification of sporadic autochthonous cases in non-endemic areas in recent years highlights the risk of occurrence of locally acquired cases in EU countries where the competent vectors are present.

→Update of the week

There is an ongoing outbreak of dengue in the Autonomous Region of Madeira, Portugal described in a separate section of this report. No other autochthonous cases were reported in Europe so far this year.

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 9 October 2012

ECDC monitors reports of chikungunya outbreaks worldwide through epidemic intelligence activities in order to identify significant changes in epidemiological patterns. Chikungunya, a viral disease transmitted mainly by *Aedes albopictus* and *Aedes aegypti* has the potential to be established in Europe, due to the presence of these vectors in southern parts of Europe.

→Update of the week

Since the beginning of the year, no autochthonous cases have been reported in Europe.

II. Detailed reports

Dengue - Portugal - Madeira outbreak

Opening date: 10 October 2012

Latest update: 17 October 2012

Epidemiological summary

On 3 October 2012, the Portuguese public health authorities reported two cases of dengue infection confirmed in patients residing on the island of Madeira in the Autonomous Region of Madeira, Portugal. Both patients had no recent travel history abroad and presented with a clinical picture of influenza-like symptoms, leucopenia, thrombocytopenia and hepatic dysfunction. Neither of them were admitted to hospital.

By 17 October, 37 cases had been confirmed and 262 probable cases were under investigation. Since the first two cases were identified, 30 cases have been hospitalised and six are still admitted. The majority of confirmed cases are from the city of Funchal, which is the main port on Madeira island. No cases have been reported to date on Porto Santo, the other inhabited island within the Autonomous Region of Madeira, Portugal. The island of Madeira has an established mosquito vector population of *Aedes aegypti*, the main vector of dengue in tropical and subtropical countries. To date, the vector has not been identified on Porto Santo.

The sequence analysis of viral genomes (600 nucleotides) from several positive human samples indicates high sequence similarity with DEN-1 viruses circulating in Venezuela and Colombia, strongly suggesting a Latin American origin. Analysis was performed at the National Institute of Health, Dr. Ricardo Jorge (INSA).

The Autonomous Region of Madeira is a Portuguese archipelago of 801 km² with a population of 268 000. The archipelago is located around 650 km from the African coast, 1 000 km from the European continent and 400 km from the Canary Islands.

Web sources: [ECDC fact sheet for health professionals](#) | [Directorate-General of Health](#) | [National Institute of Health Dr. Ricardo Jorge](#) | [ECDC Rapid Risk Assessment](#) | [WHO](#) |

ECDC assessment

This is the first known occurrence of locally transmitted dengue infection in the Autonomous Region of Madeira, and consequently a new geographical area reporting autochthonous cases in the EU.

This is a significant public health event but not entirely unexpected because of the known presence of *Aedes aegypti*, a competent mosquito vector for dengue. Additional cases may be expected in the coming weeks. For residents, the risk can be decreased by reducing larval breeding sites inside and around households. Those intending to visit the island of Madeira are advised to take measures to reduce mosquito bites during the day. Travellers experiencing febrile symptoms with severe headache, retro-orbital pain, myalgia, arthralgia and maculo-papular rash in the 14 days after visiting the island of Madeira are advised to seek medical advice.

Neighbouring geographical areas (e.g. Canary Islands) and other EU Member States need to assess the risk for the establishment of *Aedes* mosquito populations and introduction of dengue. The epidemiological situation does not imply any trade or travel restriction beyond the disinfestation currently implemented.

Actions

ECDC has published a [rapid risk assessment](#) concerning the autochthonous dengue cases in Madeira.

Public health authorities are implementing control measures to limit the outbreak, reduce the risk of sustained transmission locally and the export of infected vectors from the island, and to minimise the impact of dengue on the affected population

Portuguese authorities have published recommendations regarding [personal protective measures](#), and [measures for the safety](#) of blood, cells, tissues and organ donations.

Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 28 September 2012

Epidemiological summary

Since 22 June 2012, Greece has reported 11 cases of malaria so far this year due to *Plasmodium Vivax* infection in patients who did not have a history of travel to endemic areas (ten Greek and one Moroccan citizens). Five of the autochthonous cases are residents in Laconia, four in Attica and one in Xanti and Viotia each. Forty-eight cases are reported as imported in 2012. All these cases are *Plasmodium vivax* infections as well.

According to the Greek authorities, active screening of neighbours and seasonal immigrants is being carried out to detect malarial infection, and vector control measures are being implemented.

Autochthonous transmission of malaria was reported from Greece in 2011 as well. Between 21 May and 9 December 2011, 63 cases of *P. vivax* infection were reported, of whom 33 were affecting Greek citizens without travel history to an endemic country. The main affected area was Evrotas, located in the district of Lakonia in Pelloponese, southern Greece. Cases were also reported from the municipalities of Attica, Evoia, Viotia and Larissa. In addition, 30 cases of *P. vivax* infection in migrant workers were reported from the area of Evrotas.

Web sources: [KEELPNO malaria page](#) | [KEELPNO update 12 September 2012](#) (in English) | [ECDC Epidemiological update: Local case of malaria in Greece](#) | [Eurosurveillance autochthonous Plasmodium vivax malaria Greece 2011](#)

ECDC assessment

The Marathon and Evrotas areas are environments well suited for malaria transmission, combining humid zones and intensive agricultural activities. Climatic conditions are now considered favourable for local vector development. Frequent migration and travel patterns from endemic areas of the world provide opportunities for introduction of the parasite into the area. Also in 2011 autochthonous cases occurred in these locations.

Actions

ECDC has been requested to provide technical support to the Hellenic Centre for Disease Control and Prevention and is in close communication with them to see where this can best be provided. Greece is currently implementing a "Strategic work programme for malaria control in Greece 2012-2015".

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 October 2012

Epidemiological summary

EU Member States

UK
Source: [HPA](#)
The UK reported a large outbreak in the North West of the country earlier in 2012. Fifty nine new cases have been reported from England and Wales in the last week. The number of reported suspected measles cases so far in 2012 in England and Wales is 3 246 compared to 1 988 during the same period last year.

Romania
Source: [Media](#)
There are media reports of a measles-related death in Romania. If verified, this will be the first measles-related death in the EU in 2012.

Non EU countries

Ukraine
Source: [Promed](#), [Media](#)
There are reports that the measles outbreak in the Ukraine has now spread to new areas in the west of the country. Up to 1 October 12 077 cases of measles have been reported in the Ukraine.

Web sources: [ECDC measles and rubella monitoring](#) | [ECDC/Euronews documentary](#) | [WHO Epidemiological Brief](#) | [MedISys Measles](#)

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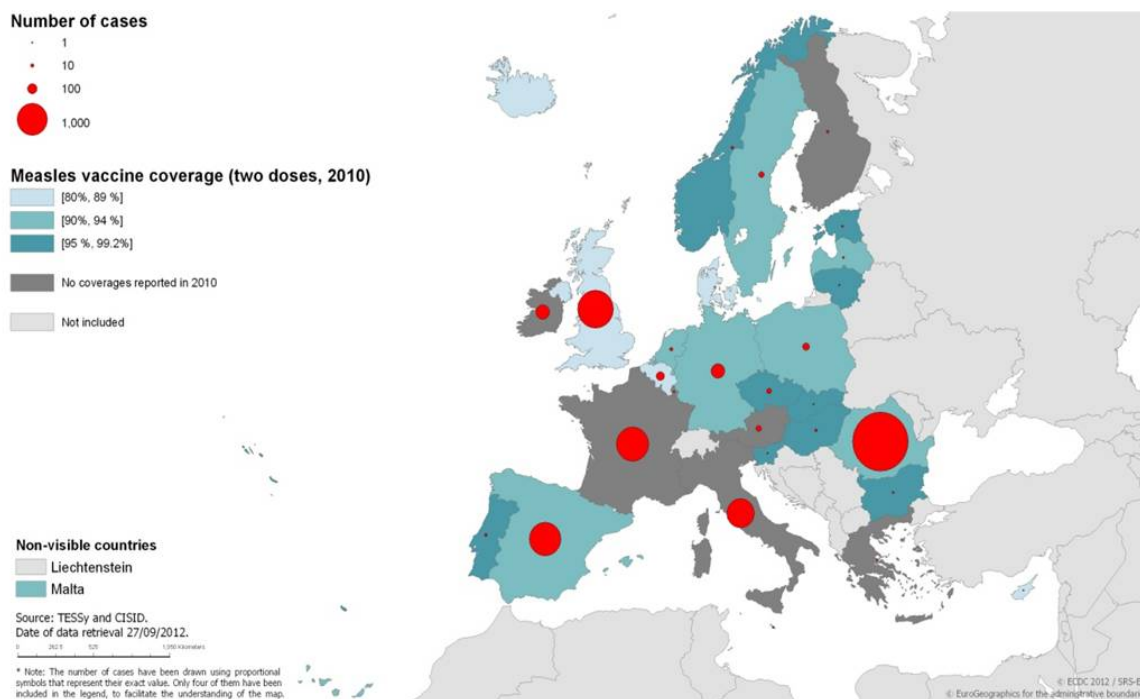
[page](#) | [EUVAC-net ECDC](#) | [ECDC measles factsheet](#)

ECDC assessment

Considerably fewer measles cases have been reported in 2012 than during the same period in 2011 primarily due to the dramatic decrease in the number of cases reported from France. There was no increase in the number of cases during the peak transmission season from February to June and there have been very few outbreaks detected by epidemic intelligence methods so far in 2012.

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 include 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 by country, Sept 2011–Aug 2012 (n=8 547) and two-dose measles vaccine coverage* (2010 CISID), EU/EEA countries



* Coverage figures (%) are official national figures reported via the annual WHO/UNICEF Joint Reporting Form and WHO Regional Office for Europe reports.

Rubella - Multistate (EU) - Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 19 September 2012

Epidemiological summary

No new outbreaks were identified since the last update.

From 1 January to 31 August 2012, 25 570 cases of rubella were reported by the 26 EU/EEA countries contributing to the enhanced surveillance for rubella compared to 30 128 cases during the same period in 2011. Poland and Romania accounted for 99% of all reported rubella cases. Romania in particular has experienced a significant increase in the number of reported cases compared to the same period in 2011. Other countries that reported an increased number of rubella cases in 2012 include the UK, Spain and Sweden.

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

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 be born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. CRS surveillance plays an important role but because rubella virus can cause a wide range of conditions from mild hearing impairment to complex malformations which are incompatible with life, such surveillance is biased towards the severe end of the spectrum. Routine control of immunity during antenatal care is important for identifying susceptible women who can be immunised after giving birth and for surveillance of the size of the susceptible female population. The increase in the number of rubella cases reported so far in 2012 compared to 2011 and the potential for an increase in the number of babies born with CRS are of 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. 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 for the achievement of the 2015 rubella and congenital rubella elimination target.

West Nile virus - Multistate (Europe) - Monitoring season 2012

Opening date: 21 June 2012

Latest update: 4 October 2012

Epidemiological summary

EU and neighbouring countries

As of 18 October, 224 probable and confirmed cases of WNF have been reported in the EU in 2012. In neighbouring countries 538 cases have been reported. Within the EU, Greece, Italy, Romania and Hungary are affected. This is the third consecutive year for these countries to be affected, however the geographic distribution in each country has expanded to affect new areas. Seventeen WNF associated deaths have been reported in the EU (16 in Greece, one in Romania). Outside of the EU, affected countries include Croatia, Serbia, Kosovo*, the former Yugoslav Republic of Macedonia, the Russian Federation, Israel and the occupied Palestinian territory, Algeria and Tunisia. This is the first year that human cases of WNF have been reported from Croatia, Serbia, and Kosovo. However WNV circulation in horses was demonstrated through serological studies in Serbia in 2009-2010, and in Croatia in 2010-2011. A detailed breakdown of affected countries and areas, and maps which also illustrate the recent historical distribution, is available on the [ECDC website](#).

In addition to an increased number of cases compared to the 2011 season, the season commenced earlier than in 2011 in a number of countries. The first reported case of WNF in EU in 2012 was reported by Greece on 7 July. In 2011 the first case in Greece was reported on 27 July, and the first EU case from Romania on 21 July. Similarly, Italy reports that cases occurred one month earlier than previous years. Onset of symptoms peaked in August of this year, compared to September in 2011.

As of 18 October, only one case within the EU is reported to have been acquired through blood products in 2012. This case occurred in Greece and involved an immuno-compromised patient, where both the blood donation and the transfusion occurred before the first case of WNF for 2012 was reported. In Italy, as per a 2012 national directive, nucleic acid amplification test (NAT) screening of blood donations is implemented from 15 July to 30 November in areas which were affected in 2011. Notably, a infected donation was detected in Italy on 15 July, the first day of screening. Four other cases of asymptomatic WNF were detected by NAT screening of blood donations.

Rest of the World

United States

As of 16 October, 4 531 cases of WNF, including 183 deaths, were reported to the [CDC](#). This is the highest number of cases reported to the CDC, as of the second week in October, since 2003. Forty eight states have reported cases of WNF. Almost 70% of cases occurred in eight states: Texas, California, Louisiana, Mississippi, South Dakota, Michigan, Oklahoma, and Illinois. Texas accounts for over a third of cases.

Canada

Up to 6 October 421 cases of WNF have been reported in Canada in 2012.

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Websources: [ECDC West Nile fever risk maps](#) | [ECDC Rapid Risk Assessment \(13 July\)](#) | [MedISys West Nile Disease](#) | [ECDC summary of the transmission season 2011](#) | [Official Journal of the EU - Notifiable Diseases](#) | [European Commission Case](#)

[Definitions](#) | [EU Blood Directive](#) | [Italian Weekly update](#) | [KEELPNO weekly epidemiological report](#) | [Institut de Veille Sanitaire](#)

ECDC assessment

The epidemiology of WNV in Europe is still evolving and is not yet fully understood. It is unclear if the increase in cases reported this year, the earlier season, and the geographic expansion, is due to a true epidemiological change, or a reflection of increased awareness amongst clinicians and the enhanced surveillance implemented in some areas.

West Nile fever in humans is a notifiable disease in the EU. The implementation of control measures by the national health authorities are considered important for ensuring blood safety when human cases of WNF. Taking into account the [EU WNV and blood safety preparedness plan](#) and the [EU blood directive](#), the main measures of prevention of transmission through blood products should be geographical donor deferral or the implementation of systematic NAT screening of blood donors or visitors from affected areas. ECDC provides a weekly updated overview of affected areas in order to support this activity.

Actions

On 13 July, ECDC updated its [rapid risk assessment](#) concerning the epidemiological situation of West Nile virus infection in the European Union. ECDC produces weekly [West Nile fever risk maps](#) to inform blood safety authorities regarding affected areas.

Influenza - Multistate (Europe) - Monitoring 2012-2013 season

Opening date: 2 December 2011

Latest update: 24 May 2012

Epidemiological summary

Week 41/2012 was the second week of the influenza surveillance season and ECDC will be producing the Weekly Influenza Surveillance Overview on a weekly basis.

- During week 41/2012, all 24 countries reporting experienced low intensity of clinical influenza activity, 21 countries notified no geographic spread. Three countries reported increasing trends.
- Of 219 sentinel specimens tested by 27 countries, three (1.4%) were positive for influenza virus. From non-sentinel sources, eight influenza A viruses and five influenza B viruses were detected.
- No severe hospitalised laboratory-confirmed influenza cases have been reported since week 40/2012.

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

ECDC assessment

During the second week of the 2012-2013 influenza season, there was no evidence of significant influenza activity in Europe.

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

Opening date: 15 June 2005

Latest update: 27 August 2012

Epidemiological summary

No new cases of human A(H5N1) infection were reported last week.

Worldwide, 30 cases (including 19 deaths) have been notified to WHO since the beginning of 2012.

Web sources: [ECDC Rapid Risk Assessment](#) | [WHO Avian Influenza](#) | [Avian influenza on ECDC website](#) | [WHO H5N1 Table](#)

ECDC assessment

Hong-Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died. Most human infections are the result of direct contact with infected birds, and countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. 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.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 11 October 2012

Epidemiological summary

Since the last weekly update nine more cases were reported by WHO, all due to WPV1 and all from endemic countries: four cases from Afghanistan, four from Nigeria and one from Pakistan.

Following the recent confirmation of three circulating vaccine-derived poliovirus cases in a Somali refugee camp in Dadaab (Kenya) and one in Kismayo (south-central Somalia) an immunization response is currently being planned: more than 800 000 children in eastern Kenya will be targeted.

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

ECDC assessment

ECDC follows reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and to identify events that increase the risk of re-introduction of wild poliovirus (WPV) 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.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 18 October 2012

Epidemiological summary

Europe: There have been no reports of confirmed autochthonous dengue infections in Europe so far in 2012 apart from the outbreak in Madeira (Portugal), which is described in a separate section of this report. Among EU overseas countries and territories (EU OCT) French Guiana is currently reporting a relevant outbreak, with an increasing trend in cases during the last week. The outbreak seems to be so far localised in the Kourou area, with DENV-2 as predominant serotype.

Asia: In WHO Western Pacific Region, the activity is reported as variable, with an overall declining trend activity with the exception of Vietnam and Lao PDR. For the rest of Asia, outbreaks are reported locally, for example in several states of India. Tamil Nadu, in particular, is experiencing an epidemic situation and an important recent surge in cases has been reported in the Delhi area.

Latin America: Intense activity is reported in all Central America, in particular in Mexico, where a high proportion of DHF has been noticed this year. Other areas of the region, including Nicaragua and Honduras, are experiencing recent increased activity. In South America an overall high but not unexpected situation is reported.

Caribbean: A dengue epidemic was declared in recent weeks in Puerto Rico with almost 5 000 suspected cases so far and circulation of two serotypes (DENV 1 and 4). Relatively high activity is reported in other countries in the region, in particular in Dominican Republic. A recent notable increase of cases has been reported in Jamaica, where the Ministry of Health has this week activated an Emergency Operational Centre to respond and monitor the effects of the outbreak

Web sources:

[HealthMap](#) | [MedISys](#) | [ProMED Asia update](#) | [ProMED Americas update](#) | [PAHO/AMRO](#) | [WPRO](#) | [CDC](#) | [ECDC](#) | [WHO](#) | [InVS French Guiana](#) |

ECDC assessment

ECDC monitors individual outbreaks, seasonal transmission patterns and inter-annual epidemic cycles of dengue through epidemic

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

Actions

ECDC has published a technical [report](#) on the climatic suitability for dengue transmission in continental Europe and [guidance for invasive mosquitoes' surveillance](#).

Chikungunya - Multistate (world) - Monitoring seasonal epidemics

Opening date: 7 July 2005

Latest update: 9 October 2012

Epidemiological summary

No autochthonous cases have been reported in 2012 so far in Europe.

Outside of Europe, Papua New Guinea (PNG) reported an outbreak of chikungunya with 633 suspected cases (14 of which laboratory confirmed) which started in June 2012. According to WHO this is the first time Chikungunya virus has been confirmed in PNG.

Ongoing outbreaks were detected in two endemic areas, the Philippines and India.

Web sources: [MedISys Chikungunya](#) | [ECDC chikungunya fact sheet](#) |

ECDC assessment

Although the geographic range of the virus is primarily in Africa and Asia, there has been a rapid expansion of epidemics over the past decade to new regions of the world due to the worldwide distribution of the main vectors, *Aedes albopictus* and *Aedes aegypti*, combined with increased human travel. There is a risk of further importation of the chikungunya virus into previously unaffected areas of the EU by infected travellers.

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