

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

#### Malaria - Greece - 2012

Opening date: 31 May 2012

Latest update: 28 September 2012

Since June 2012, Greece has been reporting malaria cases due to *Plasmodium vivax* infection. Local control measures have been implemented in accordance with national guidelines.

→Update of the week

As of 29 November, 75 cases of malaria were reported by the national public health authorities: 59 imported and 16 autochthonous cases.

#### Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 22 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, the numbers of outbreaks and reported cases in Member States so far in 2012 are significantly lower than during 2010 and 2011. As of 31 September, 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

Up to 28 November 2012, no new outbreaks were detected.

#### 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 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.

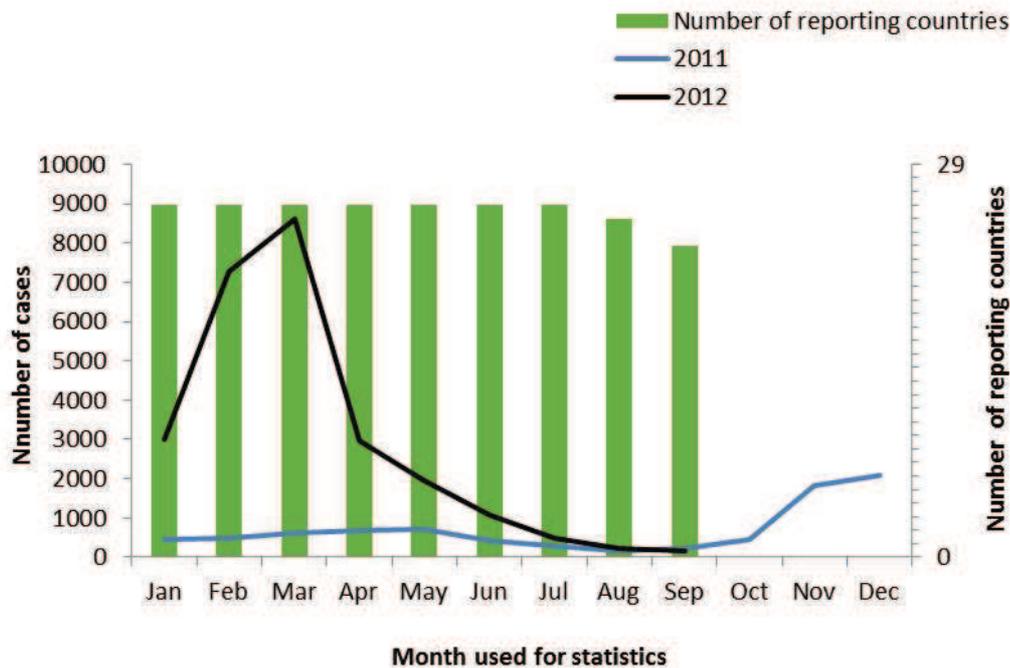
→Update of the week

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

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.

## Number of rubella cases in 2011 and 2012 and number of EU\_EEA countries reporting by month in 2012

ECDC



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

Opening date: 21 June 2012

Latest update: 28 November 2012

### Epidemiological summary

#### EU and neighbouring countries

As of 29 November, 237 probable and confirmed cases of WNF have been reported in the EU in 2012. In neighbouring countries 670 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, and 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, Montenegro, Serbia, Kosovo, the former Yugoslav Republic of Macedonia, Russia, Ukraine, 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, Kosovo and Montenegro. However, WNV circulation in horses was demonstrated through serological studies in Serbia in 2009 and 2010, and in Croatia in 2010 and 2011. A detailed breakdown of affected countries and areas, and maps illustrating the recent historical distribution, are available on the [ECDC website](#).

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, an 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 in Italy.

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](#) | [EpiSouth](#) | [Tunisian West Nile Surveillance Bulletin](#)

## ECDC assessment

The 2012 transmission season is considered over and ECDC will shortly publish an end of season report.

The epidemiology of WNF in Europe is still evolving and is not yet fully understood. It is unclear whether the increase in cases reported this year, the earlier season, and the geographic expansion seen in 2012, are due to a true epidemiological change, or a reflection of increased awareness amongst clinicians and the enhanced surveillance implemented in some areas.

## Actions

ECDC produces weekly [West Nile fever risk maps](#) during the transmission season to inform blood safety authorities regarding WNF affected areas. This supports national authorities in implementing control measures to prevent the transmission of WNF through blood products. Appropriate control measures as per the [EU WNV and blood safety preparedness plan](#) and the [EU blood directive](#) include either geographical donor deferral or the implementation of systematic NAT screening of blood donors or visitors from affected areas. Weekly maps will no longer be published for 2012.

On 13 July, ECDC updated its [rapid risk assessment](#) concerning the epidemiological situation of West Nile virus infection in the European Union.

## Dengue - Portugal - Madeira outbreak

Opening date: 10 October 2012

Latest update: 30 November 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 located around 400 km from the Canary Islands, 650 km from the African coast, and 1 000 km from the European continent. The autonomous region has 268 000 inhabitants.

As of 25 November, 1 819 cases of dengue infection have been reported from the public health sector in Madeira. Since the beginning of the outbreak, there have been 118 patients hospitalised and eight remained in hospital as of 25 November. No deaths have been recorded. The sequence analysis of viral genomes (600 nucleotides) from several positive human samples indicates high sequence similarity with DENV-1 circulating in Venezuela and Colombia, strongly suggesting a Latin American origin.

The vast majority of confirmed cases are from the city of Funchal, which is the main port on Madeira island. Cases have also been reported on Porto Santo, the other inhabited island within the Autonomous Region of Madeira, although it is likely that infections occurred in Funchal. The island of Madeira has an established mosquito population of *Aedes aegypti*, the main vector of dengue in tropical and subtropical countries.

Forty three patients have been so far diagnosed with dengue after returning from Madeira in Portugal (ten), the UK (14), Germany (10), Sweden (one), France (three), Finland (two), Denmark (one), Spain (one), and Slovenia (one).

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

### 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 vector for dengue. The updated figures indicate that the outbreak is ongoing and more cases among the island's population as well as returning tourists should be expected. The cases of dengue among returning travellers from the island highlights the need for travellers to the island of Madeira to take measures to reduce mosquito bites during the day. Travellers

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