

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Carbapenemase-producing (OXA-48) *Klebsiella pneumoniae* – Gran Canaria, Spain – 2018

Opening date: 28 June 2018

Latest update: 13 July 2018

Between January and April 2018, Sweden and Norway reported a cluster of returning travellers who carried or were infected with carbapenemase (OXA-48)-producing *Klebsiella pneumoniae* ST392. All cases were associated with hospital admissions in Gran Canaria. Isolates from cases showed tight clustering when analysed by whole genome sequencing.

→ Update of the week

Sweden, Norway and Finland reported cases of travellers returning from Gran Canaria who were infected or colonised with carbapenemase-producing (OXA-48) *Klebsiella pneumoniae*, mainly in the period from January to April 2018. The whole genome sequencing results showed a tight clustering of 13 OXA-48 producing *K. pneumoniae* isolates from Sweden (6 isolates) and Norway (7 isolates) in 2018, indicating a common place of acquisition.

Dengue – France, Réunion – 2018

Opening date: 13 March 2018

Latest update: 13 July 2018

Since the beginning of 2018, the island of Réunion, a French department in the Indian Ocean, has seen a significant increase in dengue cases.

→ Update of the week

Between 25 June and 1 July 2018, Réunion has reported 158 cases of dengue fever.

On 10 July 2018, the public [authorities](#) decided to raise the level of the ORSEC emergency plan from level 3 ('low-intensity epidemic') to level 4 ('medium intensity epidemic').

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 13 July 2018

Measles cases in the EU/EFTA primarily occur in unvaccinated populations in both adults and children. Large outbreaks with fatalities are ongoing in countries that had previously eliminated or interrupted endemic transmission.

→Update of the week

Updates are provided for 19 EU/EFTA countries. Outbreaks of measles are ongoing in the Czech Republic, Croatia, France, Greece, Italy, Romania, Slovakia and the United Kingdom. Updated information on measles cases are available for Austria, Bulgaria, Estonia, Germany, Hungary, Ireland, Poland, Portugal, Spain, Sweden and Switzerland. In 2018, 31 deaths were reported in EU countries.

Relevant updates outside EU/EFTA countries are provided for Belarus, Georgia, Israel, Russia, Serbia, Ukraine, the Americas and Mauritius. Over 1 100 cases were reported in Russia, the host country of the 2018 FIFA World Cup taking place 14 June-15 July 2018.

Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012

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.

→Update of the week

No outbreaks have been detected in 2018.

Monitoring environmental suitability of Vibrio growth in the Baltic Sea – Summer 2018

Opening date: 24 May 2018

Elevated sea surface temperatures in marine environments with low salt content offer optimal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity.

ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC E3 Geoportal](#)). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other settings without further validation.

→Update of the week

As of 13 July 2018, the environmental suitability for *Vibrio* growth in the Baltic Sea for the next five days is considered to be medium to high in some coastal areas of Estonia, Finland, Denmark, Germany, Latvia, Lithuania, Poland, Sweden and Russia.

Non EU Threats

New! Circulating vaccine-derived poliovirus type 2 (cVDPV2) - Democratic Republic of the Congo - 2018

Opening date: 10 July 2018

Latest update: 13 July 2018

In the Democratic Republic of the Congo, three different circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks were detected in acute flaccid paralysis (AFP) cases. In February 2018, the government declared cVDPV2 to be a national public health emergency.

Ebola virus disease - Democratic Republic of the Congo - 2018

Opening date: 8 May 2018

Latest update: 13 July 2018

On 8 May 2018, the Ministry of Health of the Democratic Republic of the Congo declared an outbreak of Ebola virus disease (EVD) in Bikoro Health Zone, Equateur Province. This is the ninth outbreak of Ebola virus disease over the last four decades in the country, with the most recent one occurring in May 2017.

→Update of the week

Since the last CDTR was published on 6 July 2018, authorities have not reported any new confirmed or probable cases. As of 12 July 2018, the [Ministry of Health of DRC](#) has reported 53 cases, including 29 deaths. Of these, 38 cases were confirmed and 15 are probable. The last confirmed case had onset of symptoms on 2 June 2018.

West Nile virus - Multistate (Europe) - Monitoring season 2018

Opening date: 30 May 2018

Latest update: 13 July 2018

During the West Nile virus transmission season (June to November), ECDC monitors the occurrence of West Nile fever cases in EU/EEA Member States and neighbouring countries on a weekly basis in order to inform blood safety authorities of areas where there is ongoing virus transmission.

During the 2017 transmission season, 288 human cases were reported in the EU and from neighbouring countries. No cases were reported from EEA countries. EU Member States reported 127 equine cases.

→Update of the week

Between 6 and 12 July 2018, five cases of human West Nile fever were reported in the EU. Greece reported one confirmed case in Thessaloniki and one probable case in Voiotia. Italy reported three confirmed cases, two in Modena and one in Rovigo. The human case reported in Austria in the previous week is currently not confirmed and under investigation for further confirmation.

Serbia reported nine confirmed human cases. All human cases were reported from regions that were also affected in previous transmission seasons.

This week, no outbreaks among equids were reported.

Mass gathering monitoring- Russia- FIFA World Football Cup 2018

Opening date: 7 June 2018

Latest update: 13 July 2018

ECDC is monitoring the 2018 FIFA World Cup taking place between 14 June and 15 July 2018 in Russia to detect threats to public health that could affect the EU/EEA or EU/EEA visitors. Routine epidemic intelligence activities are enhanced by increasing the number of monitored information sources using a targeted and systematic screening approach and tailored tools (e.g. MediSys).

→Update of the week

No significant events have been detected.

[The WHO Regional Office for Europe](#) has published travel advice for the FIFA 2018 World Cup.

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

Opening date: 24 September 2012

Latest update: 13 July 2018

Since the disease was first identified in Saudi Arabia in September 2012, more than 2 000 Middle East respiratory syndrome coronavirus (MERS-CoV) cases have been detected in over 20 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point towards dromedary camels in the Middle East as being a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

According to [WHO](#), during the month of June, four laboratory-confirmed cases of MERS-CoV were reported in Saudi Arabia, including one associated death. No healthcare-associated transmission or hospital outbreak was reported during this month.

II. Detailed reports

Carbapenemase-producing (OXA-48) *Klebsiella pneumoniae* – Gran Canaria, Spain – 2018

Opening date: 28 June 2018

Latest update: 13 July 2018

Epidemiological summary

Sweden reported eight cases of OXA-48-producing *K. pneumoniae* ST392, six of which meet the case definition, including hospitalisation in Gran Canaria in 2018; two are possible cases detected in 2015 and 2016. The six cases notified between January and April 2018 were all hospitalised in the same hospital (hospital A) in Gran Canaria. Two of these six patients had infections (sputum samples), and the remaining four patients were identified as carriers from screening samples (faeces).

Norway reported nine cases of OXA-48-producing *K. pneumoniae* and travel history to Gran Canaria in 2018, of which seven have the same multilocus sequence type (ST392) and therefore fulfil the case definition. For the other two cases, typing has not yet been performed. The seven cases with OXA-48-producing *K. pneumoniae* ST392 were hospitalised while abroad. For three of these seven patients, information was available that they had also been admitted to the same hospital (hospital A) as the Swedish cases. Six patients were repatriated via direct hospital transfer to Norway, where they tested positive for OXA-48-producing *K. pneumoniae* ST392 upon hospital admission. Two patients had infections while the other patients were identified as carriers through screening.

Finland reported two possible cases of OXA-48-producing *K. pneumoniae* ST392 detected in 2015 and 2016, both with a travel history to the Canary Islands. Further information on these cases is currently not available. No cases have been detected in 2018.

ECDC assessment

This cluster of 13 patients colonised or infected with OXA-48-producing *K. pneumoniae* ST392 is an example of cross-border spread of carbapenemase-producing Enterobacteriaceae (CPE) in the European Union/European Economic Area (EU/EEA). Cross-border transfers of patients or hospital admissions of patients with previous hospitalisation in another country are a daily occurrence in EU/EEA hospitals.

The risk for individual travellers to acquire OXA-48-producing *K. pneumoniae* ST392 of the Gran Canaria cluster without healthcare contact is very low. However, if carriers of OXA-48-producing *K. pneumoniae* ST392 of the Gran Canaria cluster are admitted to a hospital in their country of origin, there is a high risk of transmission and subsequent outbreaks if OXA-48-producing *K. pneumoniae* ST392 carriage remains undetected and there are no adequate infection control and prevention measures.

This example highlights the benefits of active surveillance (screening) for CPE carriage, including OXA-48-producing *K. pneumoniae* ST392, immediately at hospital admission in patients who are directly transferred from a hospital abroad. It also shows the value of cross-country sharing of epidemiological and whole genome sequencing data as well as the added value of collaborative analyses to determine the origin of this OXA-48-producing *K. pneumoniae* ST392 cluster.

Actions

ECDC published a rapid risk assessment on [Carbapenemase-producing \(OXA-48\) *Klebsiella pneumoniae* ST392 in travellers previously hospitalised in Gran Canaria, Spain](#) on 11 July 2018.

For this RRA, experts from the Spanish public health authorities and institutions were also consulted, but did not endorse its conclusions at this stage of the investigation.

Dengue – France, Réunion – 2018

Opening date: 13 March 2018

Latest update: 13 July 2018

Epidemiological summary

In 2018 and as of 1 July 2018, the public health authorities reported 5 967 autochthonous cases of dengue on the island. The

4/16

main affected areas are on the western part of the island. The circulating serotype is DENV-2. The main vector of infection implicated in the outbreak is *Aedes albopictus*.

On 10 July 2018, authorities decided to raise the level of the [ORSEC](#) emergency plan to 4. Control activities are currently in place and include active reinforced vector control, enhanced surveillance, blood safety measures and social mobilisation.

Sources: [ARS](#), [Sante publique France](#)

ECDC assessment

The current outbreak is a significant event because the number of cases has already exceeded the yearly number of cases reported since 2010. With the arrival of the southern-hemisphere winter in July, and based on the observed pattern of previous outbreaks in the island, this outbreak is expected to weaken in intensity as the climatic conditions will become less favourable for mosquito activity. However, no marked decline has been observed yet.

The probability of onward transmission of dengue fever in Europe is associated with the importation of virus by viraemic travellers into receptive areas, defined as a location with established and active competent vectors. Environmental conditions in summer in southern EU are currently favourable to allow a vector abundance sufficient which permits autochthonous transmission of dengue virus and could potentially cause local outbreaks.

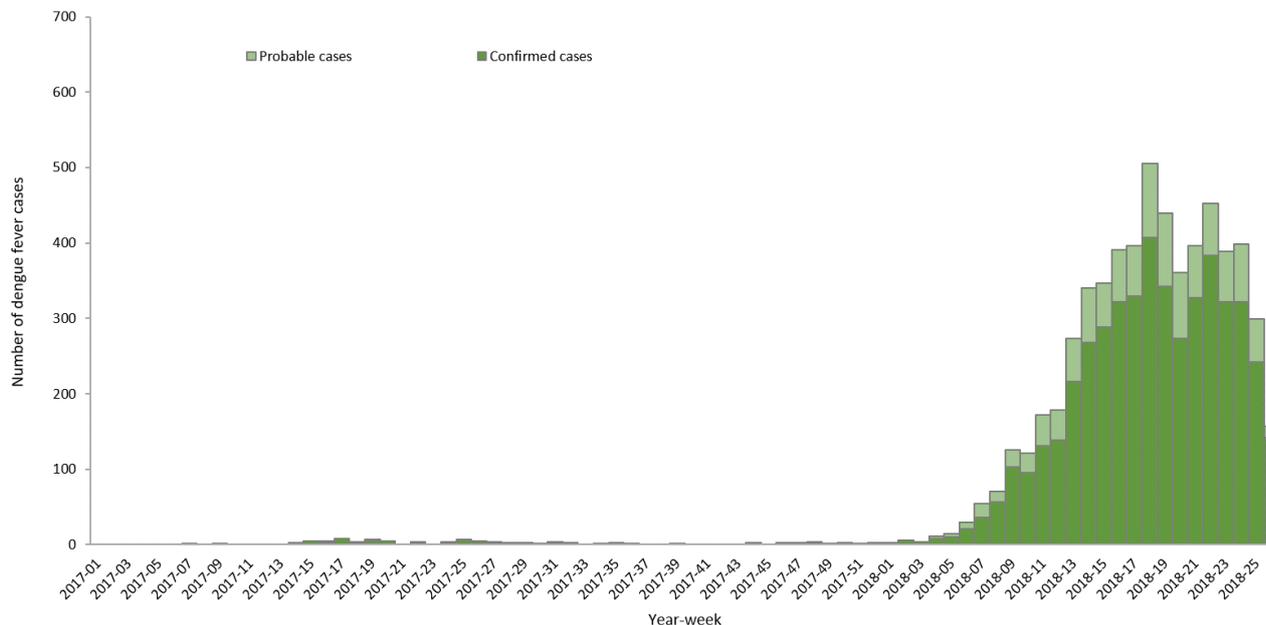
For a more thorough assessment, refer to the [update](#) of the rapid risk assessment 'Dengue outbreak in Réunion, France', published on 6 July 2018.

Actions

ECDC is monitoring this outbreak through epidemic intelligence and reports weekly.

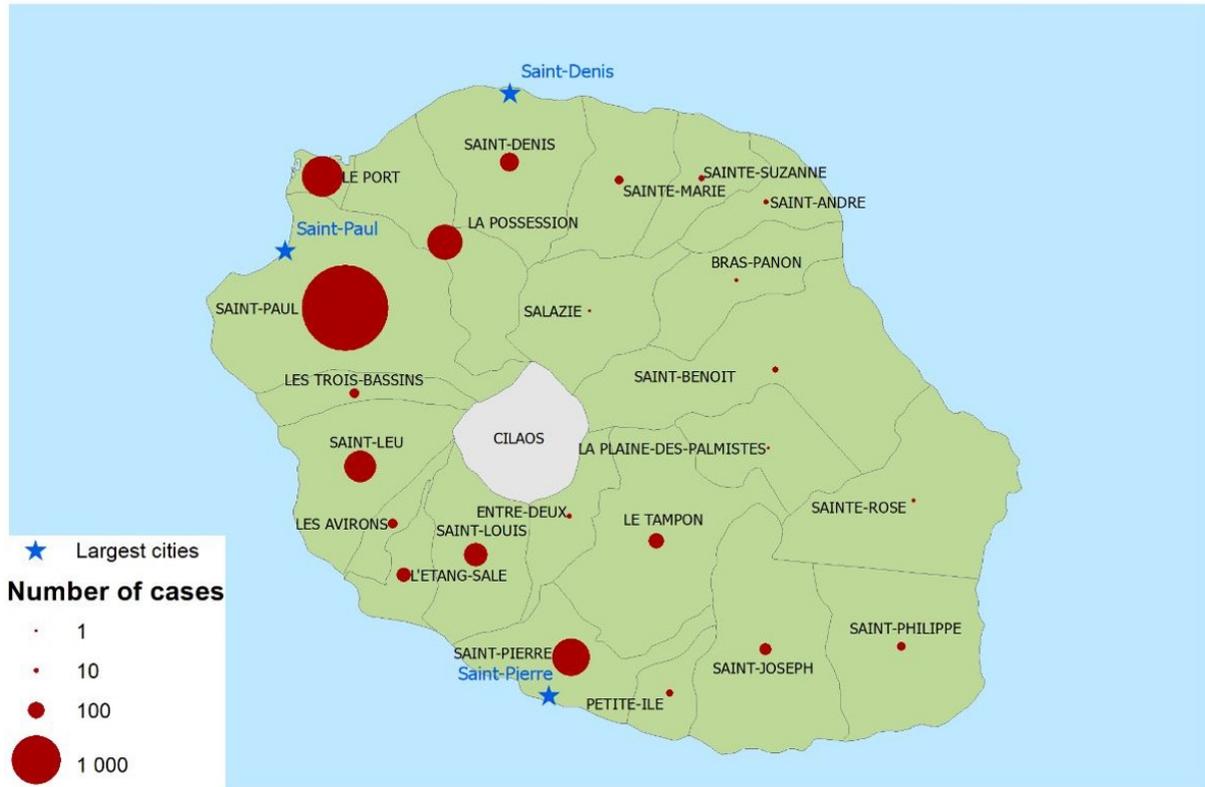
Distribution of dengue cases by week of onset, week 1-2017 to week 26-2018, Réunion

Adapted from the MoH bulletin "Surveillance de la dengue à la Réunion. Point épidémiologique au 10 juillet 2018"



Geographical distribution of dengue cases, Réunion, data as of 1 July 2018

Adapted from the MoH bulletin "Surveillance de la dengue à la Réunion. Point épidémiologique au 10 juillet 2018"



Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 13 July 2018

Epidemiological summary

Since the previous monthly report published on 8 June, updates are provided for 19 EU/EEA countries. Outbreaks of measles are ongoing in the Czech Republic, Croatia, France, Greece, Italy, Romania, Slovakia and the United Kingdom.

In 2018 and as of 11 July, most of the cases in the EU were reported from Romania (4 317), France (2 588), Greece (2 238) and Italy (1 716). Thirty-one deaths have been reported in 2018 from Romania (22), Italy (4), France (3) and Greece (2).

Outside EU/EFTA countries, Ukraine is experiencing the continuation of the largest outbreak with over 25 000 cases reported in 2018, including 12 deaths. A large ongoing outbreak has also been reported in Serbia with 5 666 cases and 15 deaths. Ongoing outbreaks are also reported in Georgia, Russia, the Americas and Mauritius.

Epidemiological summary for EU/EFTA countries with updates since last month:

[Austria](#) reported 61 measles cases in 2018 as of 22 June 2018. This is an increase of 18 cases since the CDTR on 4 May 2018.

[Bulgaria](#) reported five cases of measles in 2018 as of 1 July 2018. This is an increase of one case since the previous CDTR on 8 June 2018.

[Croatia](#) reported 21 cases of measles in 2018, 17 of them in the Dubrovnik area. In addition, one 35-year-old person was admitted to a hospital with measles in Split, according to media.

[Czech Republic](#) health authorities reported 149 cases since the beginning of 2018. Of these, 86 cases were in the capital [Prague](#).

[Estonia](#) reported an outbreak of measles with nine cases detected in March-April 2018 on Saaremaa.

[France](#) reported 2 588 cases in 2018 as of 8 July 2018, including three deaths. This is an increase of 282 cases and two deaths since 27 May 2018. Since the beginning of the outbreak in November 2017, there have been 2 646 cases, including three deaths, reported across the country. The highest incidence is in children under one year of age. Of the reported cases, 22% were hospitalised and 89% were not vaccinated or incompletely vaccinated. The New Aquitaine region alone reported about half of the measles cases and two deaths. According to [public health authorities](#) in New Aquitaine, vaccination coverage against measles remains insufficient in the region. Overall, the outbreak has a decreasing trend across the country.

[Germany](#) reported 357 cases of measles in 2018 as of 17 June 2018. This is an increase of 117 cases since the CDTR on 31 May 2018. About 44% of the cases are reported from North Rhine-Westphalia. An outbreak of measles was reported in Cologne earlier this year.

[Greece](#) reported 2 238 cases in 2018 as of 12 July 2018, including two deaths. This is an increase of 246 cases since the CDTR published on 8 June 2018. As of 12 July 2018 and since the beginning of the outbreak in May 2017, Greece has reported 3 206 measles cases, of which 1 852 were laboratory-confirmed. Among the laboratory-confirmed cases, four deaths were reported. Most of the cases occurred in southern Greece among young Roma children and young Greek adults. However, an increase in measles cases in northern Greece has been observed.

[Hungary](#) reported 17 cases of measles in 2018 as of 6 July 2018. This is an increase by one case since the CDTR on 27 May 2018.

[Ireland](#) reported 59 cases of measles in 2018 as of 30 June 2018. This is a decrease by one case since the CDTR on 26 May 2018.

[Italy](#) reported 1 716 measles cases, including four deaths, between 1 January and 31 May 2018. This is an increase of 458 cases since 30 April 2018. The median age of the cases is 25 years old. Of the cases, 91.7% were unvaccinated at the time of infection. Sixty-eight cases were reported among health workers. Cases are reported from all 20 regions, but 84% of the cases were from Sicily (920), Lazio (184), Calabria (131), Campania (108) and Lombardy (99).

[Poland](#) reported 77 cases of measles in 2018 as of 30 June 2018. This is an increase of 24 cases since the previous CDTR published on 8 June.

[Portugal](#) reported one confirmed case of measles on 12 June 2018. This is an additional case to the previously reported 112 confirmed cases of measles in [Portugal](#) in 2018.

[Romania](#) reported 4 317 measles cases, including 22 deaths, as of 6 July 2018. This is an increase of 1 033 cases and four deaths since the national report on 25 May 2018. Since the beginning of the outbreak in October 2016 and as of 6 July 2018, Romania has reported 14 596 confirmed measles cases, including 59 deaths.

[Slovakia](#) reported 21 cases of measles between 7 May-4 June 2018, of which six were confirmed. According to a [media report](#) quoting health authorities, there were 161 cases reported in Slovakia as of 10 July 2018. Of these cases, 68 were laboratory-confirmed and 29 were hospitalised. The majority of the cases were from Michalovce district. There were six cases reported in 2017 and almost no cases between 2005 and 2016.

[Spain](#) reported 168 confirmed measles cases as of 24 June 2018. Among these cases, 116 were reported from Valencia region and 23 cases from Catalonia. Since the previous CDTR on 8 June 2018, this represents an increase of 32 cases across the country.

[Sweden](#) reported 33 cases of measles since the beginning of 2018 as of 9 July 2018. This is an increase of 10 cases since the previous CDTR published on 8 June 2018. An additional case has been detected in [Stockholm](#). The individual visited the emergency reception for children at the Söder Hospital on 6 and 7 July 2018. Health authorities have implemented contact tracing.

[Switzerland](#) reported 24 cases as of 3 July 2018. This is an increase of one case since the CDTR on 27 May 2018.

The United Kingdom ([England and Wales](#)) reported 1 654 suspected and confirmed cases of measles as of 1 July 2018. This represents an increase of 308 cases since the previous CDTR published on 8 June 2018. England faces an increase of measles cases compared with the number of cases in 2017.

Relevant epidemiological summary for countries outside EU/EFTA

According to a [media report](#), Belarus reported an additional measles case in Mogilev. This brings the total number of cases to 68 since the previous CDTR on 8 June 2018. Another [media](#) report states that there were 178 cases of measles detected in the country since February 2018.

[Georgia](#) has reported 1 105 measles cases in 2018 as of 28 June 2018. This is an increase of 588 cases since the CDTR on 19 April 2018.

According to a [media report](#), Israel reported an outbreak with 126 cases of measles between March and July in 2018.

[Russia](#) reported 1 149 cases of measles in 2018 as of 30 April 2018. [Outbreaks](#) of measles are reported from across the country by [media](#).

[Serbia](#) reported 5 666 cases, including 15 deaths, between October 2017 and 6 July 2018. This is an increase of 264 cases since the CDTR on 29 May 2018. Of the reported cases, 2 854 were confirmed.

[Ukraine](#) reported 25 008 cases of measles, including 12 deaths in 2018, as of 10 July 2018. This is an increase of 6 864 cases and four deaths since the CDTR on 29 May 2018. Among the cases 10 085, were adults and 14 923 were children. Most of the cases were reported from Lviv, Zakarpatie, Ivano-Frankivsk, Odessa, the city of Kyiv and the Chernivtsi region.

According to [WHO](#), during 2018 and as of 8 June 2018, 11 countries reported 1 685 confirmed cases in the Americas: Antigua and Barbuda (1), Argentina (3), Canada (11), Ecuador (7), Guatemala (1), Mexico (4), Peru (2) and the United States (63). Outbreaks re reported in the Bolivarian Republic of Venezuela (904 cases), Brazil (173 cases), Colombia (25 cases) and Ecuador (12). This number exceeds the 895 confirmed cases reported in 2017: Argentina (3), Canada (45), the United States (120) and Venezuela (727).

[Mauritius](#) reported 213 confirmed cases of measles as of 10 June 2018, including one death. The cases have no recent travel history. This is an increase of 173 cases and one death since the CDTR on 20 May 2018.

ECDC assessment

Given the current extent of measles circulation in the EU/EFTA, the trend in recent years and the fact that vaccination coverage for the first and second dose is suboptimal, there is a high risk of continued measles transmission with mutual exportation and importation between EU/EFTA Member States and third countries. For a more complete assessment, see ECDC ['Risk of measles transmission in the EU/EEA'](#) published on 23 March 2018.

Actions

ECDC is monitoring measles outbreaks through epidemic intelligence and reports monthly. ECDC also gathers measles surveillance data through The European Surveillance System (TESSy) for 30 EU/EEA countries.

Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012

Epidemiological summary

Sporadic cases are reported across EU/EEA countries. No outbreaks have been detected in the EU in 2018.

Sources: [ECDC measles and rubella monitoring](#) | [ECDC rubella factsheet](#) | [WHO epidemiological brief summary tables](#) | [WHO epidemiological briefs](#) | [Progress report on measles and rubella elimination](#)

ECDC assessment

The World Health Organization has targeted the elimination of measles and rubella in the 53 Member States of the WHO European Region. Member States of the WHO European Region are making steady progress towards the elimination of rubella. At the sixth meeting of the RVC for Measles and Rubella in June 2017, seven EU/EEA countries were judged to still have endemic

transmission: Belgium, Denmark, France, Germany, Italy, Poland and Romania.

Source: [European Regional Verification Commission for Measles and Rubella Elimination \(RVC\) \(2017\)](#)

Actions

ECDC monitors situation with rubella and reports on a monthly basis.

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea – Summer 2018

Opening date: 24 May 2018

Epidemiological summary

Sea surface temperatures (SST) in the Baltic Sea are available [here](#). A *Vibrio* suitability tool is available on the [E3 Geoportal](#). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other settings prior to validation. For the Baltic Sea, the following model parameters should be used in the map: number of colour bands: 20, scale method: linear, legend range: min. value (0) and max. value (28).

ECDC assessment

Elevated sea surface temperatures in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. By contrast, open ocean environments do not offer appropriate growth conditions for these bacteria due to the high salt content, low temperature and limited nutrient content.

These vibrio species can cause vibriosis infections, particularly *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*. Vibriosis in humans caused by these species in the Baltic region has occurred in the past during hot summer months, particularly when the sea surface temperatures were elevated (above 20 degrees Celsius). The most common clinical manifestations are gastroenteritis with nausea, vomiting, and diarrhoea, wound infections when a cut has been exposed, infected wounds or abrasions due to contaminated seawater, primary septicaemia, and otitis externa. Risk factors for illness, apart from contact with natural bodies of waters, especially marine or estuarine waters, also include consumption of shellfish, particularly raw oysters.

Actions

ECDC is monitoring this threat on a weekly basis during the summer of 2018 and reports on increased environmental suitability for the growth of *Vibrio* bacteria.

New! Circulating vaccine-derived poliovirus type 2 (cVDPV2) - Democratic Republic of the Congo - 2018

Opening date: 10 July 2018

Latest update: 13 July 2018

Epidemiological summary

According to [WHO](#), three different circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks were detected in acute flaccid paralysis (AFP) cases in the Democratic Republic of the Congo (DRC).

First outbreak: The cVDPV2 strain previously detected in Haut Lomami, Tanganyika and Haut Katanga provinces, spread to Ituri province in June 2018, close to the border with Uganda. The virus was confirmed in an acute flaccid paralysis (AFP) case, with onset of paralysis on 5 May 2018.

Second outbreak: Maniema province reported separate cVDPV2 outbreaks, with two confirmed cases in 2017. The date of onset of paralysis of the most recent case was on 18 April 2017. So far, no new cases have been detected in 2018, and there is no evidence that this virus has spread further geographically.

Third outbreak: Mongala province, Yamongili Health Zone, reported a case of cVDPV2, with AFP with onset of paralysis on 26

9/16

April 2018. The same strain was isolated in the stool specimens from two healthy community contacts.

WHO is elevating the risk of further national spread to 'very high', and the risk of international spread to 'high'. This risk is magnified by population movements between the affected area of DRC and Uganda, Central African Republic and South Sudan, and the upcoming rainy season. The rainy season is associated with increased intensity of virus transmission. The detection of cVDPV2 underscores the importance of maintaining high routine vaccination coverage everywhere to minimise the risk and consequences of poliovirus circulation. These events also underscore the risk posed by any low-level transmission of the virus.

Targeted outbreak response activities have been taking place in DRC. As of 9 July 2018, seven cVDPV2 cases have been detected, compared with four cases in the same period in 2017. The cumulative number of cVDPV cases in 2017 was 22.

Sources: [WHO DON](#) |

ECDC assessment

According to the [seventeenth meeting of the WHO Emergency Committee under the International Health Regulations \(2005\) \(IHR\) regarding the international spread of poliovirus](#), which convened on 30 April 2018, the ongoing spread of cVDPV2 in DRC demonstrates significant gaps in population immunity at a critical time in the polio endgame; the lack of IPV vaccination in several countries neighbouring DRC heightens the risk of international spread, as population immunity is rapidly waning. DRC is together with Kenya, Nigeria, Syria, Arab Republic and Somalia, a state infected with cVDPV2, with potential risk of international spread.

Europe has remained polio-free since 2002. Inactivated polio vaccines (IPV) are used in all EU/EEA countries. Vaccination coverage levels in the EU/EEA can be considered satisfactory as a whole (>90% for three doses).

[The European Regional Certification Commission for Polio Eradication at its 32nd annual meeting](#) held on 30-31 May 2018 in Copenhagen, Denmark, assessed the risk of spread in the event of emergence or importation of poliovirus for all 53 WHO Member States in the European Region and concluded that three countries; Bosnia and Herzegovina, Romania, and Ukraine remain of concern due to suboptimal immunisation coverage, weak disease surveillance, and poor procurement systems.

The risk of reintroduction of the virus in Europe exists as long as there are non-vaccinated or undervaccinated groups in the European countries and as long as poliomyelitis is not eradicated.

Actions

ECDC monitors the global polio situation and the vaccination status in EU Member States.

Ebola virus disease - Democratic Republic of the Congo - 2018

Opening date: 8 May 2018

Latest update: 13 July 2018

Epidemiological summary

Since the last CDTR was published on 6 July 2018, authorities have not reported any new confirmed or probable cases. As of 12 July 2018, the Ministry of Health of DRC has reported 53 cases, including 29 deaths. Of these, 38 cases were confirmed and 15 are probable. The last confirmed case had onset of symptoms on 2 June.

Response activities

Under the coordination of the DRC Ministry of Health, an EVD outbreak response was implemented, with support from UN agencies and international partners. The European Union Civil Protection Mechanism was activated, following a request for assistance received from WHO.

The main strategic activities for the prevention and control of this EVD outbreak include: coordination of the response, enhanced epidemiological surveillance for early case detection and contact tracing, increased laboratory capacity, appropriate case management, reinforcement of infection prevention and control (IPC), ensuring safe and dignified burials, social mobilisation and community engagement.

According to the Emergency Committee meeting held on 18 May 2018 in accordance with the International Health Regulations (2005) (IHR), this event does not meet the criteria of a public health event of international concern.

Source: [WHO](#) | [DRC MOH](#)

ECDC assessment

On 27 June 2018, all people exposed to the last confirmed EVD cases completed their mandatory 21-day follow-up without developing symptoms. According to WHO, the risk is now considered moderate at the national level, and low at the regional and global levels.

For the European Union/European Economic Area (EU/EEA) citizens living in, or travelling through, areas of DRC not known to have EVD cases, the risk of exposure is very low, provided they adhere to the recommended precautions. The overall risk of introduction and further spread of Ebola virus within the EU/EEA is currently considered to be very low.

For a more thorough assessment, refer to ECDC [rapid risk assessment](#), published on 25 May 2018.

Actions

ECDC is monitoring this outbreak and reports weekly.

West Nile virus - Multistate (Europe) - Monitoring season 2018

Opening date: 30 May 2018

Latest update: 13 July 2018

Epidemiological summary

Between 6 and 12 July 2018, five cases of human West Nile fever were reported in the EU. Greece reported one confirmed case in Thessaloniki and one probable case in Voiotia. Italy reported three confirmed cases, two in Modena and one in Rovigo. The human case reported in Austria in the previous week is currently not confirmed and under investigation for further confirmation.

Serbia reported nine confirmed human cases. All human cases were reported from regions that were also affected in previous transmission seasons.

This week, no outbreaks among equids were reported.

Since the beginning of the 2018 transmission season and as of 12 July 2018, 13 human cases have been reported in EU/ EEA Member States by Greece (9) and Italy (4). Eleven human cases were reported in neighbouring countries, all by Serbia. Hungary reported one outbreak among equids in this transmission season.

ECDC link: [ECDC West Nile fever web page](#) | [ECDC: equine West Nile fever web page](#) | [ECDC atlas](#)

Sources: [TESSy](#) and [ADNS](#)

ECDC assessment

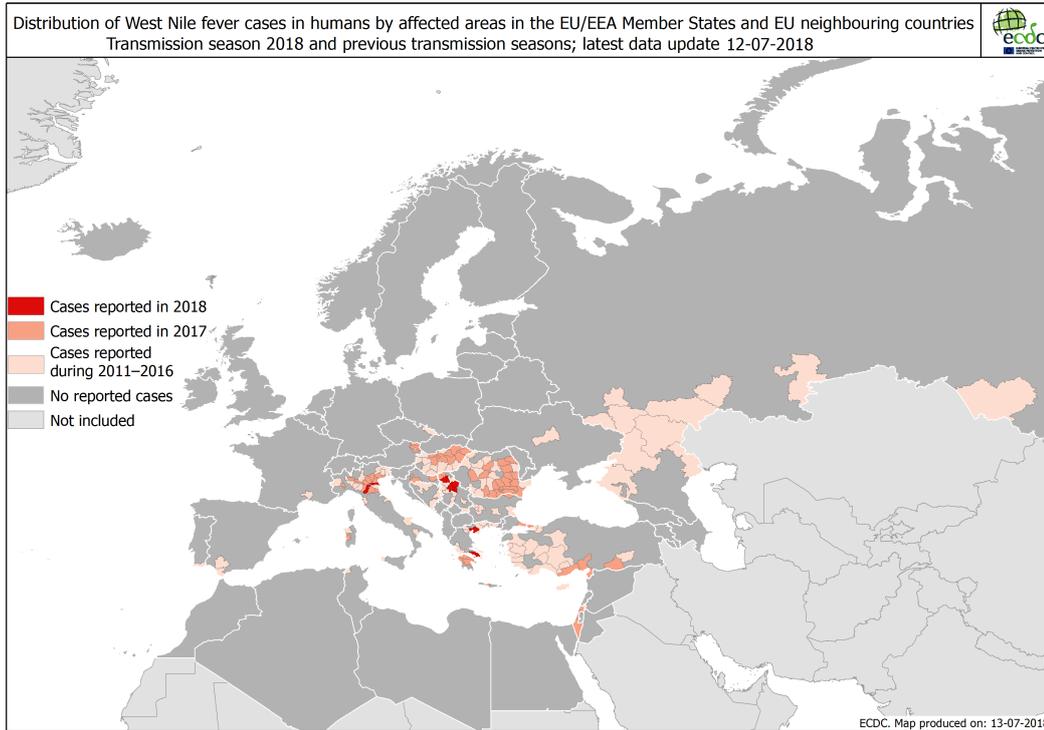
The first human West Nile fever cases of the current transmission season were reported in an EU Member State in week 26 (25 June to 1 July), which is consistent with observations of seasonal transmission from previous years. All human cases reported during the current transmission season were reported in previously affected countries. In accordance with [Commission Directive 2014/110/EU](#), prospective blood donors should be deferred for 28 days after leaving a risk area for locally-acquired West Nile virus unless the results of an individual nucleic acid test (NAT) are negative.

Actions

During the transmission season, ECDC publishes [West Nile fever maps](#) together with a summary on Fridays.

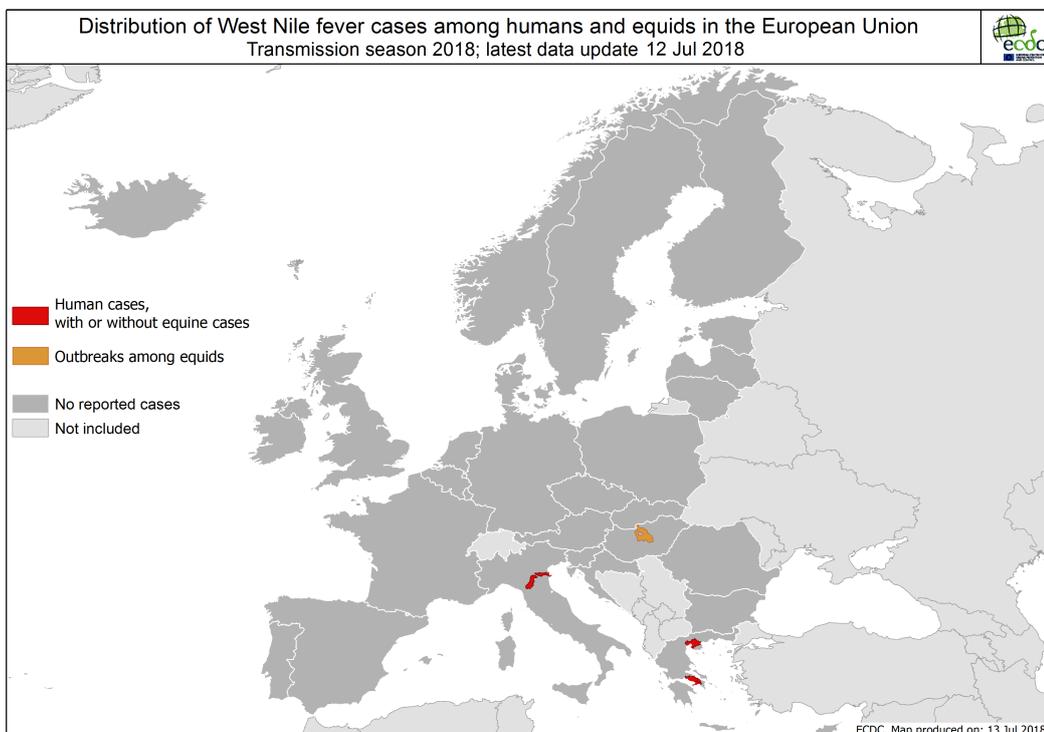
Distribution of human West Nile fever cases by affected areas as of 12 July

ECDC



Distribution of West Nile fever cases among humans and outbreaks among equids in the EU as of 12 July

TESSy and ADNS



Mass gathering monitoring- Russia- FIFA World Football Cup 2018

Opening date: 7 June 2018

Latest update: 13 July 2018

Epidemiological summary

The list below refers to events with potential risks to the FIFA 2018 World Cup host and participating countries.

Vibrio growth in the Baltic Sea

Source: [Vibrio map viewer](#)

As of 13 July 2018, the environmental suitability for *Vibrio* growth in the Baltic Sea over the next five days is considered to be medium to high in certain coastal areas in St. Petersburg and Kaliningrad, Russia.

Imported dengue cases in Russia

[Rospotrebnadzor](#) reported 113 dengue cases between January and May 2018. The number of reported dengue cases has increased annually from 63 in 2012 to 196 in 2017.

Crimean-Congo haemorrhagic fever (CCHF) in Russia

In 2018, Rospotrebnadzor reported 21 cases of CCHF in the [Rostov](#) region and eight cases in the [Volgograd](#) region.

Punctured condoms sold in Nizhny Novgorod, Russia

According to a [media report](#), a saleswoman in Nizhny Novgorod sold punctured condoms to foreign football fans that she punctured herself before selling them. She was asked to resign after the incident. The saleswoman explained that she wanted to contribute to a better gene pool in Russia.

Traveller from India hospitalised with fever of unknown cause in Volgograd, Russia

According to a [media report](#), a 23-year-old traveller from India was hospitalised in Volgograd on 5 July 2018 with an acute respiratory infection and pharyngitis. The cause of the disease is unknown. Separately, a 28-year-old from Nigeria was discharged from a hospital in Volgograd on 27 June 2018 after he was treated for acute pancreatitis.

Diphtheria in Ukraine

A third case of diphtheria in 2018 was reported by the [Ukrainian Ministry of Health](#) on 10 July 2018. The diagnosis was confirmed in a 15-year-old from the Kyiv region, who was treated with a diphtheria antitoxin.

Influenza update, WHO

According to [WHO](#), influenza detections continue to increase in southern Africa and have started to increase in South America in recent weeks. However, influenza activity remained at inter-seasonal levels in Australia and New Zealand.

Measles in Belarus, Russia and Ukraine (update)

According to a [media report](#) quoting health authorities in Belarus, 78 cases of measles have been detected in the country since February 2018.

According to a [media report](#), there are 14 cases of measles in the Republic of Karelia, Russia. These are the first measles cases reported in Karelia since 2000.

The [Ukrainian Ministry of Health](#) reports 25 008 cases of measles, including 12 deaths, in 2018 as of 8 July 2018.

Death from pneumonia of Australian in Russia

According to a [media report](#), an Australian who became ill with pneumonia and fell into a coma after flying to Russia in June 2018 has died. He became ill with septicæmia while in hospital and died on 10 July 2018.

ECDC assessment

EU/EEA citizens visiting the 2018 World Cup in Russia are most at risk of gastrointestinal illness and vaccine-preventable infections. It is recommended that travellers to Russia should apply standard hygiene measures in order to reduce the risk of gastrointestinal illness and ensure that they are vaccinated prior to travel. Protective measures against tick bites are also advised for travellers going to areas with high tick activity.

Actions

ECDC monitors this event in the hosting, neighbouring and participating countries on a daily basis and shares this information with relevant public health partners. ECDC published a [risk assessment on 28 May 2018](#).

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

Opening date: 24 September 2012

Latest update: 13 July 2018

13/16

Epidemiological summary

Since April 2012 and as of 30 June 2018, 2 242 cases of MERS-CoV, including 838 deaths, have been reported by health authorities worldwide.

Sources: [ECDC novel coronavirus webpage](#) | [WHO](#) | [WHO MERS updates](#) | [Saudi Arabia MoH](#) | [ECDC fact sheet for professionals](#)

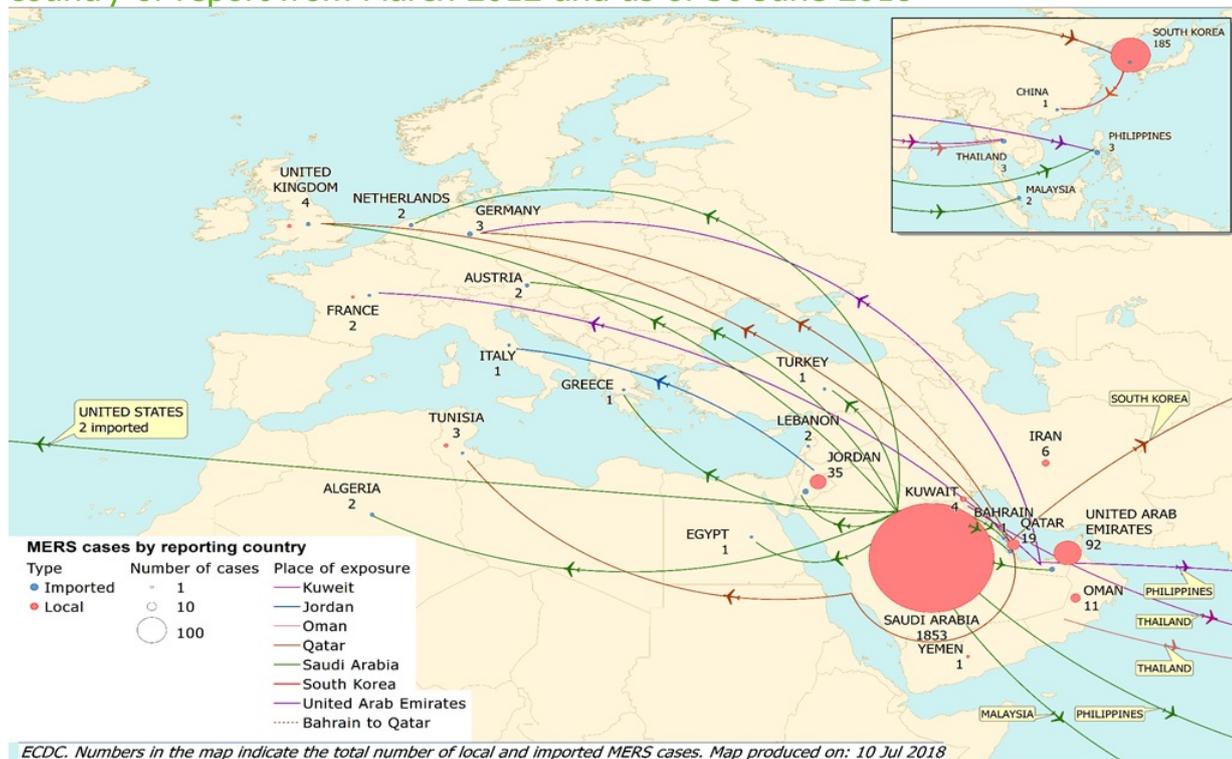
ECDC assessment

The risk of sustained human-to-human transmission in Europe remains very low. ECDC's conclusion continues to be that the MERS-CoV outbreak poses a low risk to the EU, as stated in a [rapid risk assessment](#) published on 21 October 2015, which also provides details on the last case reported in Europe.

Actions

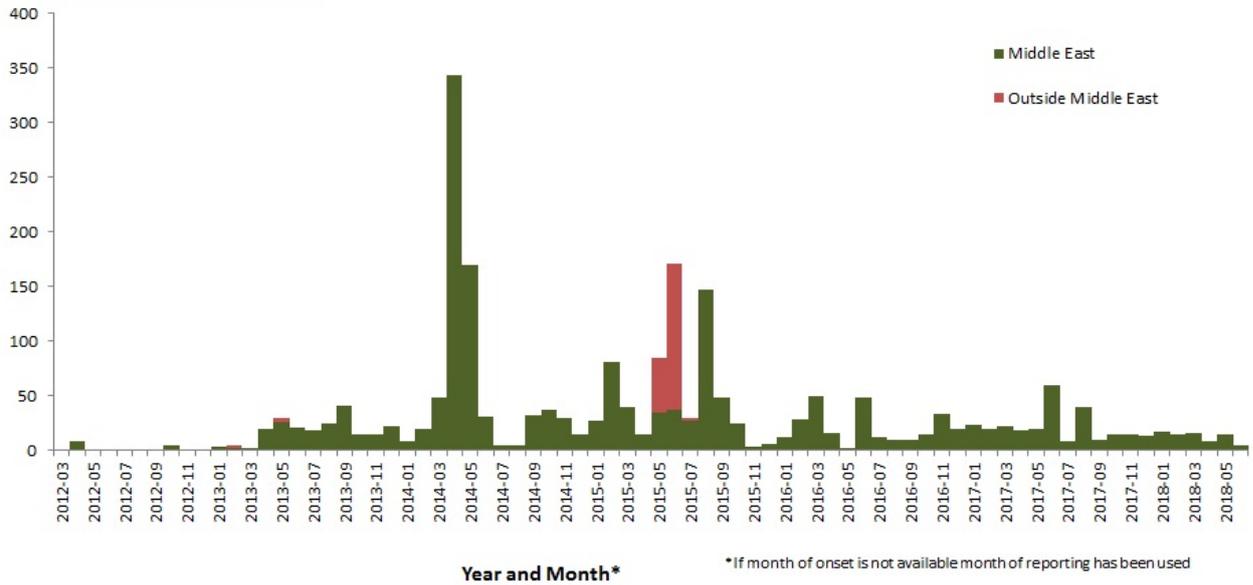
ECDC is monitoring this threat through epidemic intelligence and reports monthly.

Distribution of confirmed cases of MERS-CoV by country of probable infection and country of report from March 2012 and as of 30 June 2018



Distribution of confirmed cases of MERS-CoV by first available month and region, from March 2012 and as of 30 June 2018

Number of cases by place of infection



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