COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 48, 25 November-1 December 2018

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

World AIDS Day: drop in new HIV diagnoses in the EU/EEA

In 2017, over 25 000 people were diagnosed with HIV in 30 of the 31 countries of the European Union and European Economic Area (EU/EEA). Rates of new diagnoses declined in Austria, Belgium, Denmark, Estonia, the Netherlands, Norway, Spain and the United Kingdom but more than doubled in Bulgaria, Cyprus and Lithuania. Overall, the rate dropped to 6.2 in 2017, mainly driven by a 20% decrease among men who have sex with men since 2015.

This week, the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe released the latest data on the HIV epidemic in the European Region, marking the 30th anniversary of World AIDS Day.

Despite the progress in reducing the number of new HIV diagnoses, overall rates continue to increase in about one third of EU/EEA countries. Men who have sex with men remain the predominant mode of HIV transmission (38% in 2017). There was also a reduction in diagnoses attributed to heterosexual transmissions involving people from countries with generalised HIV epidemics.

For the WHO Region however, 2017 was a year of alarming numbers of new HIV diagnoses, with nearly 160 000 people diagnosed with HIV.

Late diagnosis of HIV remains a challenge across the EU/EEA countries: 9 out of 10 (89%) AIDS diagnoses in 2017 happened within only 90 days of the HIV diagnosis, indicating that the majority of AIDS cases could have been avoided with early diagnosis. ECDC's new guidance on integrated HIV, hepatitis B and C testing provides countries with the latest scientific evidence to develop, implement, improve, monitor and evaluate national or local testing guidelines and programmes for both HIV and viral hepatitis. The guidance was launched during European Testing Week, a European initiative ending today which promotes the benefits of testing and early HIV/Hepatitis diagnosis.

To know more: New HIV diagnoses at alarmingly high levels in the European Region despite progress in EU/EEA.

I. Executive summary

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EU Threats

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

Opening date: 30 May 2018 Latest update: 30 November 2018

During the West Nile virus transmission season (expected to be between June and November 2018), ECDC monitors the occurrence of West Nile virus infections in EU/EEA Member States and EU neighbouring countries and publishes weekly epidemiological updates to inform blood safety authorities of areas at NUTS 3 (Nomenclature of Territorial Units for Statistics 3) or GAUL 2 (Global Administrative Unit Layers 2) level where there is ongoing virus transmission.

➔Update of the week

Between 23 and 29 November 2018, EU Member States reported 4 human West Nile virus infections by France (2) and Greece (2). The most recent onset date reported by Greece was from week 44, 29 October to 4 November, and France from week 46, 12 to 18 November. Four cases were reported by EU neighbouring countries, all by Turkey, with the most recent date of onset reported from week 37, 10 to 16 September. All human cases were reported from previously affected areas. One death was reported by Romania this week.

In the same week, no new outbreaks among equids were reported.

Influenza – Multistate (Europe) – Monitoring season 2018 – 2019

Opening date: 8 October 2018 Latest update: 30 November 2018

Influenza transmission in Europe shows a seasonal pattern, with peak activity during the winter months. So far this season, influenza viruses have been detected sporadically in specimens from persons with respiratory illness presenting to medical care. Both influenza A and B type viruses were detected.

➔Update of the week

For week 4 between 19 and 25 November 2018, influenza activity was low throughout the WHO European Region.

Non EU Threats

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018

Opening date: 1 August 2018 Latest update: 30 November 2018

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the 10th outbreak of Ebola virus disease in the country. The outbreak affects North Kivu and Ituri Provinces in the northeast of the country close to the border with Uganda. On 17 October 2018, the International Health Regulations (IHR) Emergency Committee concluded that the epidemic does not at this stage constitute a public health emergency of international concern.

➔Update of the week

Since the previous CDTR, the Ministry of Health of the Democratic Republic of the Congo has reported 33 additional cases.

As of 28 November 2018, there have been 426 Ebola virus disease cases (379 confirmed, 47 probable), including 245 deaths (198 in confirmed and 47 in probable cases) since the beginning of the outbreak. The Ministry of Health of the Democratic Republic of the Congo is currently conducting data cleaning of Ebola virus disease databases. Accordingly, the figures reported will likely change over the coming days as cases are reclassified.

Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006 Latest update: 30 November 2018

Several countries in Africa, Asia and the Americas are reporting cholera outbreaks. Major ongoing outbreaks are reported in Yemen, Nigeria, the Democratic Republic of the Congo, Haiti and Somalia.

➔Update of the week

Since the last CDTR update on 26 October 2018, new cholera cases have been reported worldwide. During this period, Angola has reported a new cholera outbreak. Additionally, WHO declared that the cholera outbreaks in Kenya and Uganda are under control.

Countries reporting the highest number of new cases since the previous update are Yemen (45 163 cases, 39 deaths), Nigeria (14 539 cases, 313 deaths) and the Democratic Republic of the Congo (4 905 cases, 187 deaths).

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Influenza A(H5N6) – China – Monitoring human cases

Opening date: 17 January 2018 Latest update: 30 November 2018

Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and therefore have the potential to become pandemic threats. In 2014, a novel avian influenza A(H5N6) reassortant causing a human infection was detected in China.

➔Update of the week

One new human case of avian influenza A(H5N6) was reported in November 2018 from China. The case is a 10-year-old girl from Jiangsu who developed symptoms on 29 October 2018 and was hospitalised on 3 November 2018.

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II. Detailed reports

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

Opening date: 30 May 2018 Latest update: 30 November 2018

Epidemiological summary

Between 23 and 29 November 2018, EU Member States reported 4 human West Nile virus infections by France (2) and Greece (2). The most recent onset date reported by Greece is from week 44, 29 October to 4 November, and France from week 46, 12 to 18 November. Four cases were reported by EU neighbouring countries, all by Turkey, with the most recent date of onset reported from week 37, 10 to 16 September. All human cases were reported from previously affected areas. One death was reported by Romania this week.

In the same week, no new outbreaks among equids were reported.

In 2018, as of 29 November 2018, EU Member States have reported 1 503 human cases in Italy (577), Greece (311), Romania (277), Hungary (214), Croatia (53), France (27), Austria (20), Bulgaria (15), the Czech Republic (5), Slovenia (3) and Cyprus (1). EU neighbouring countries reported 561 human cases in Serbia (415), Israel (128), Kosovo* (14) and Turkey (4). To date, 177 deaths due to West Nile virus infection have been reported by Greece (47), Italy (45), Romania (43), Serbia (35), Kosovo* (3), Bulgaria (2), the Czech Republic (1) and Hungary (1).

During the current transmission season, 285 outbreaks among equids have been reported by Italy (149), Hungary (91), Greece (15), France (13), Spain (9), Austria (2), Romania (2), Germany (2), Slovenia (1) and Portugal (1).

In accordance with European Commission Directive 2014/110/EU, prospective blood donors should be deferred for 28 days after leaving an area with evidence of West Nile virus circulation among humans unless the results of an individual nucleic acid test are negative.

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

Publications: An early start of West Nile virus seasonal transmission: the added value of One Heath surveillance in detecting early circulation and triggering timely response in Italy, June to July 2018

Early start of the West Nile fever transmission season 2018 in Europe

ECDC links: West Nile fever | Atlas
Sources: TESSy | Animal Disease Notification System

ECDC assessment

The 2018 transmission season started earlier than usual and higher case numbers have been reported compared with the same period in previous years. Mosquito-borne autochthonous human cases were reported in previously affected countries. As expected at this time of the year, only very few cases are currently being reported. However, the latest date of onset was reported from week 46, 12 to 18 November, which represents an unusually late date of onset since in past transmission seasons in the EU/EEA and EU neighbouring countries, the latest date of onset typically occurred between weeks 39 and 42.

Actions

During the transmission season, ECDC publishes West Nile fever maps together with an epidemiological summary every Friday. ECDC published a rapid risk assessment on the Early large increase in West Nile virus infections in the EU/EEA and EU neighbouring countries on 13 August 2018 and the latest epidemiological update on 24 September 2018. ECDC will continue publishing weekly West Nile virus updates until no new cases with disease onset in the previous four weeks have been reported. ECDC will publish an epidemiological update after the end of the West Nile virus transmission season.

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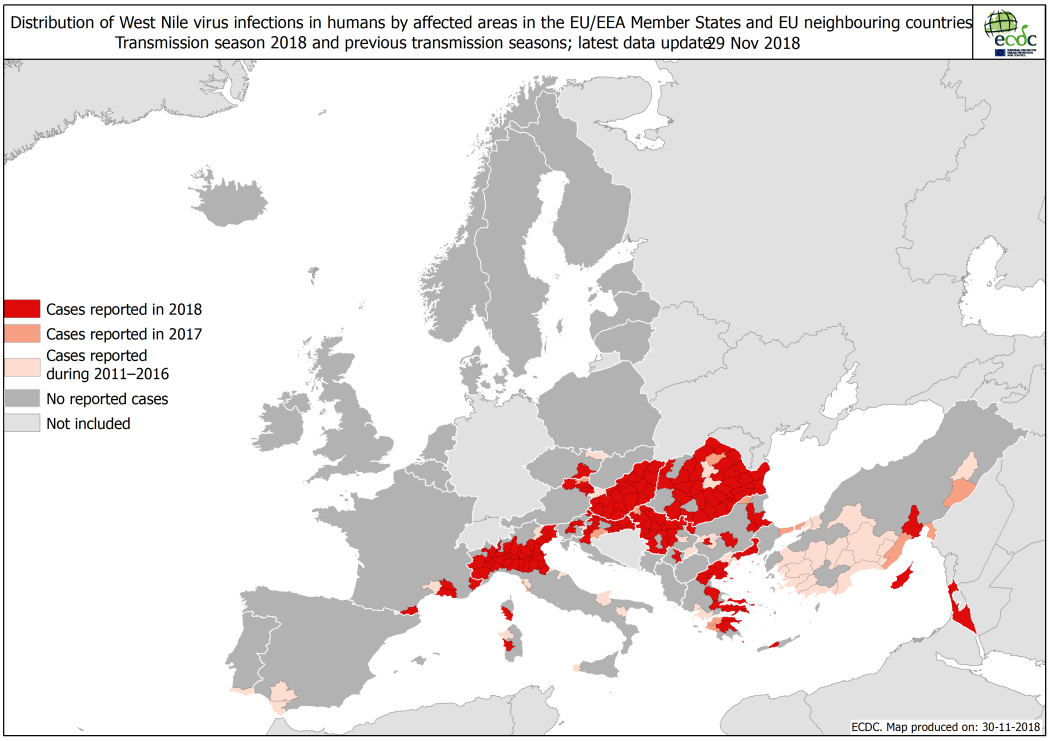
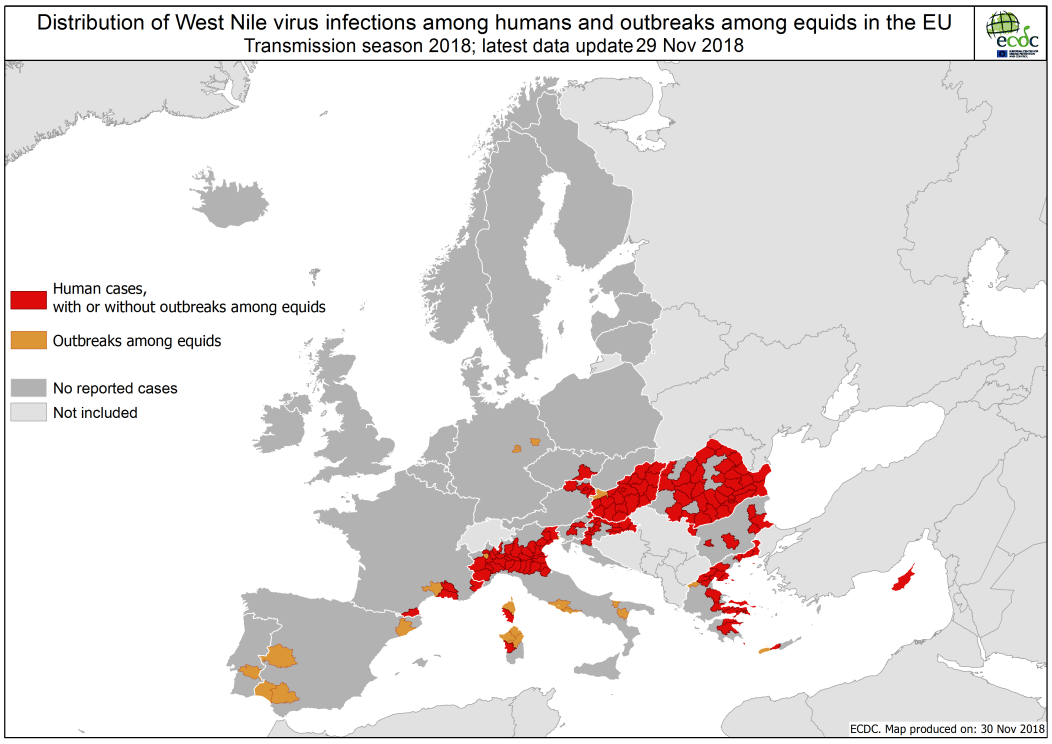
Distribution of human West Nile virus infections by affected areas as of 29 November 2018.

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 29 November 2018.

ECDC and ADNS



Influenza – Multistate (Europe) – Monitoring season 2018 – 2019

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Opening date: 8 October 2018 Latest update: 30 November 2018

Epidemiological summary

Week 47, 19-25 November 2018

This week, the influenza activity was low throughout the WHO European Region.

Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to medical care.

The large majority of influenza virus detections were of type A.

This week, data from the 21 Member States and areas reporting to the EuroMOMO project indicated all-cause excess mortality to be at expected levels for this time of the year.

Source: Flu News Europe | EuroMOMO

ECDC assessment

As expected for this time of the year, influenza activity has been low since week 40, 2018.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the Flu News Europe website.
Recommendations on the composition of the 2018–2019 influenza virus vaccine are available from WHO website.

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018

Opening date: 1 August 2018 Latest update: 30 November 2018

Epidemiological summary

As of 28 November 2018, there have been 426 Ebola virus disease cases (379 confirmed, 47 probable), including 245 deaths (198 in confirmed and 47 in probable cases) since the beginning of the outbreak.

Fourteen health zones in two provinces have reported confirmed or probable Ebola virus disease cases: Beni, Butembo, Mabalako, Masereka, Mutwanga, Musienene, Oicha, Kalungata, Katwa, Kyondo and Vuhovi health zones in North Kivu Province and Komanda, Mandima and Tchomia Health Zones in Ituri Province. Of these 14 health zones, five have not registered new confirmed cases in the last 21 days, including notably the three health zones in Ituri Province.

Following the significant increase in the number of malaria cases in Beni, a campaign against malaria was launched on 28 November 2018. This four-day campaign aims to distribute free impregnated mosquito nets and malaria drugs to all households in the city. According to the Ministry of Health of the Democratic Republic of the Congo reducing the incidence of malaria in Beni will have a positive effect on the Ebola virus disease response by reducing the workload of Ebola virus disease treatment centres.

Response activities: According to the WHO Regional Office for Africa Situation Report number 101, as of 27 November 2018, 4 863 contacts have been identified in Beni (2 231), Katwa (779), Kalunguta (419), Oicha (381), Butembo (353), Mutwanga (276), Vuhovi (205), Kyondo (147) and Musienene (72). A total of 90% of these contacts have been followed up.

According to the latest Ministry of Health update, as of 28 November 2018, 37 075 people have been vaccinated in Beni (17 651), Katwa (5 134), Mabalako (4 544), Butembo (2 790), Kalunguta (1 788), Mandima (1 663), Masereka (732), Oicha (521), Bunia (434), Vuhovi (359), Mutwanga (355), Tchomia (355), Kyondo (241), Komanda (240), Musienene (234) and Alimbongo (34).

Sources: Ministry of Health of the Democratic Republic of the Congo | WHO

ECDC assessment

ECDC assessment: The compassionate use of the Ebola virus disease vaccine and experimental treatments support response efforts. However, the implementation of response measures in outbreak areas remains challenging because of the prolonged humanitarian crisis, unstable security situation arising from a complex armed conflict and mistrust in the population to response teams. The number of outbreak cases and affected areas are increasing and it is unlikely that the outbreak will be controlled in

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the near future.

While no confirmed cases in neighbouring countries have been documented so far, the fact that the outbreak is ongoing in areas with an important cross-border population flow between Rwanda and Uganda remains of particular concern.

The probability that EU/EEA citizens who live or travel in Ebola virus disease-affected areas of the Democratic Republic of the Congo are exposed to the disease is low provided that they adhere to precautionary measures. The overall risk of introduction and further spread of Ebola virus disease within the EU/EEA is very low. However, the risk can only be eliminated by stopping transmission at a local level.

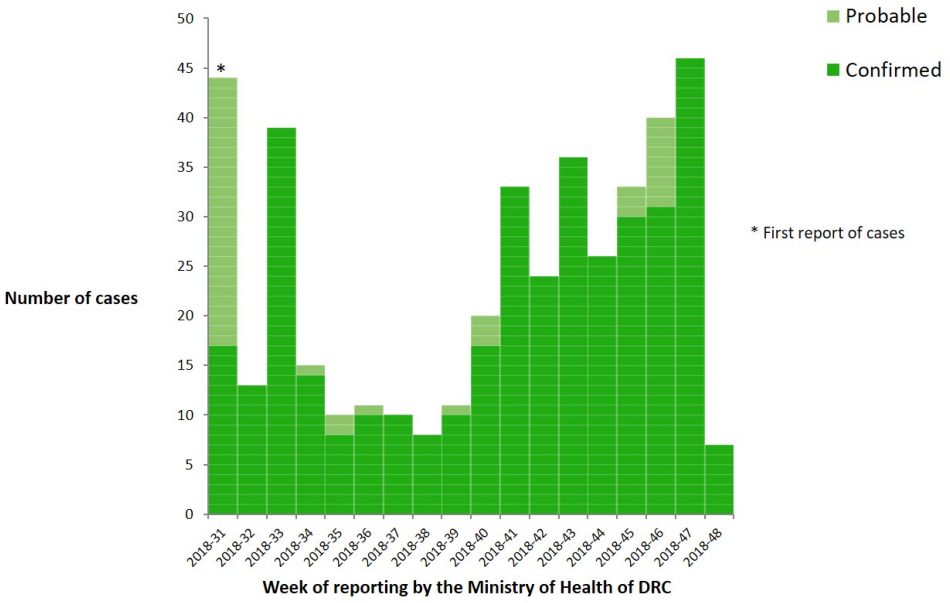
WHO assessment: As of 29 November 2018, the WHO assessment stated that the risk of spread is low at the global level, but remains very high at national and regional levels.

Actions

ECDC published an updated rapid risk assessment on 5 October 2018 and an epidemiological update on 12 November 2018.

Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 28 November 2018

ECDC



**The MoH of DRC are currently conducting data cleaning. Thus, these figures are likely to change over coming days as cases are being reclassified.*

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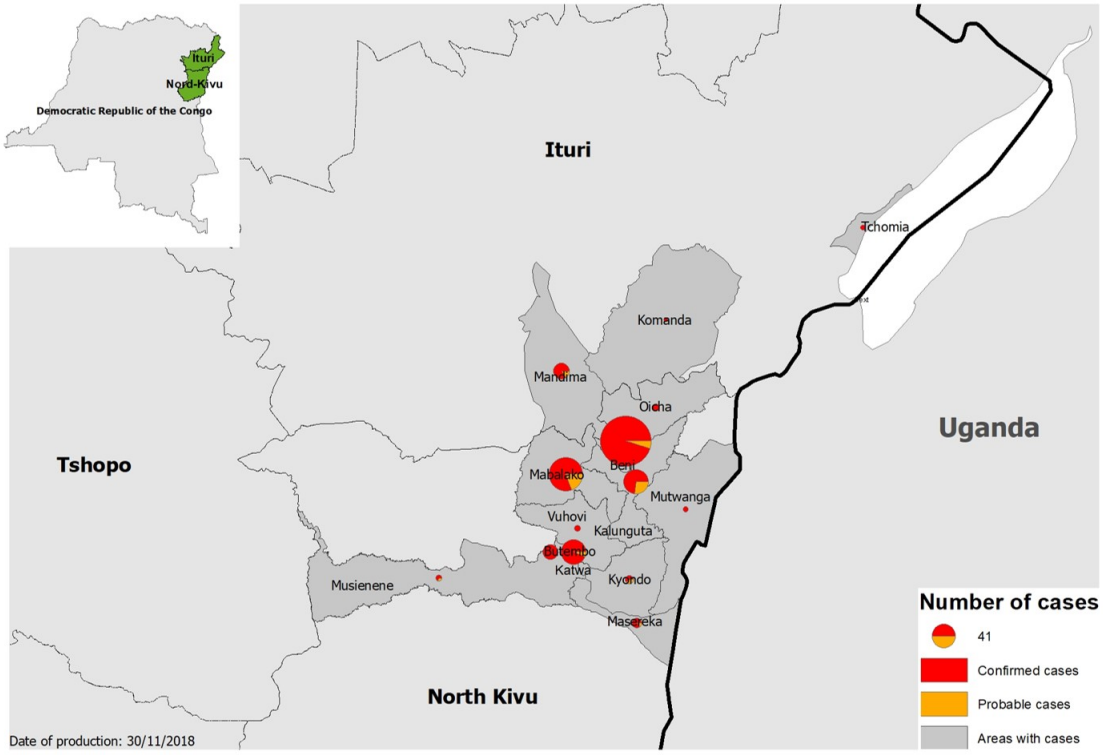
Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 28 November 2018

ECDC



Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006 Latest update: 30 November 2018

Epidemiological summary

Americas

Dominican Republic: In 2018 and as of 10 November 2018, the Dominican Republic reports 117 cholera cases and one death. No new cases have been reported since the previous update on 26 October 2018. During the same period in 2017, the Dominican Republic reported 109 cholera cases.

Haiti: In 2018 and as of 17 November 2018, Haiti reported 3 597 cases, including 40 deaths (CFR: 1.1%). This represents an increase of 247 cases and two deaths since the previous update on 26 October 2018. In 2017, Haiti reported 13 681 cholera cases, including 159 deaths (CFR: 1.2%). Since the beginning of the outbreak in 2010 and as of 17 November 2018, Haiti has reported 819 597 suspected cholera cases, including 9 788 deaths (CFR: 1.2%).

Africa

Angola: As of 12 November 2018, a new cholera outbreak with 139 cases, including two deaths (CFR: 1.4%), has been reported in Angola. This outbreak mainly affects Uíge Province.

Cameroon: As of 23 November 2018, Cameroon has reported 942 cholera cases, including 57 deaths (CFR: 6.1%), since the beginning of the outbreak in May 2018. The outbreak shows an overall decreasing trend. This update represents an increase of 435 cases and 21 deaths since the previous update on 26 October 2018.

Democratic Republic of the Congo: Since January 2017 and as of 11 November 2018, DR Congo reported 87 697 suspected cholera cases, including 2 205 deaths (CFR: 2.5%). This represents an increase of 4 905 cases and 187 deaths since the previous report on 26 October 2018.

Ethiopia: Since January 2017 and as of 5 November 2018, Ethiopia has reported 51 905 acute watery diarrhoea cases. This represents an increase of 55 cases since the previous update on 26 October 2018. According to WHO, a reclassification of cases is ongoing.

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Kenya: The outbreak declared on 8 September 2018 is now considered under control. Since the beginning of the outbreak, 40 cases and no fatalities were reported in Turkana, Embu and Isiolo counties. Among the cases, eight were laboratory-confirmed. No additional cases have been reported since 23 October 2018.

Niger: As of 19 November 2018, Niger has reporting 3 824 suspected cases, including 78 deaths (CFR: 2%), since the beginning of the outbreak in July 2018. This represents an increase of 60 cases and 4 deaths since the previous update on 26 October 2018. The outbreak is localised in four regions, Maradi, Dosso, Tahoua and Zinder, all bordering Nigeria and Benin.

Nigeria: In 2018 and as of 28 October 2018, Nigeria is reporting 42 466 suspected cholera cases, including 830 deaths (CFR: 1.9%). This represents an increase of 14 539 cases and 313 deaths since the previous CDTR update on 21 September 2018.

Somalia: In 2018, as of 22 November, WHO has reported 6 560 suspected cholera cases, including 44 deaths (CFR: 0.7%), since December 2017. This represents an increase of 114 cases and one death since the previous update on 26 October 2018. According to WHO, there has been a downward trend of suspected cases over the past 17 weeks.

Tanzania: In 2018, as of 18 November 2018, Tanzania has reported 4 389 cholera cases, including 83 deaths (CFR: 1.9%). This is an increase of 153 cases and one death since the previous update on 26 October 2018. The last case reported in Zanzibar was on 11 July 2017.

Uganda: According to WHO, the recent cholera outbreak reported in October 2018 is now considered under control. Since the beginning of the outbreak, eight cases, including one death (CFR: 12.5%), were reported in Mubalak, Hoima and Kikuube districts.

South Africa: As of 13 November 2018, South Africa has reported a third confirmed cholera case. Investigations on this case are ongoing, as it is believed it may be an imported case from Zimbabwe. The previous two cases were reported in Gauteng province and were epidemiologically linked. Among them, the index case had recent travel history to Zimbabwe.

Zimbabwe: As of 21 November 2018, 10 202 cases, including 55 deaths (CFR: 0.5%), have been reported in the country. This represents an increase of 798 cases and one death since the previous update on 26 October 2018. According to WHO, the outbreak has shown a downward trend since week 39. The majority of cases (97%) were reported in the capital city of Harare.

Asia

Yemen: Since the beginning of the outbreak and as of 11 November 2018, Yemen has reported 1 299 263 suspected cholera cases and 2 611 deaths (CFR: 0.2%). This represents an increase of 45 163 cases and 39 deaths since the last update on 26 October 2018.

ECDC assessment

There has been an unusual increase in the number of cholera cases in southern Africa, the Horn of Africa and Gulf of Aden over the past few months. More recently, cholera outbreaks have also been notified in the western part of Africa. Despite the number of cholera outbreaks reported worldwide, very few cases are reported each year among returning EU/EEA travellers. In this context, the risk of cholera infection in travellers visiting these countries remains low, even though the likelihood of sporadic importation of cases may increase in the EU/EEA.

According to WHO, vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food and avoiding consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and inform public health authorities. Reports are published on a monthly basis.

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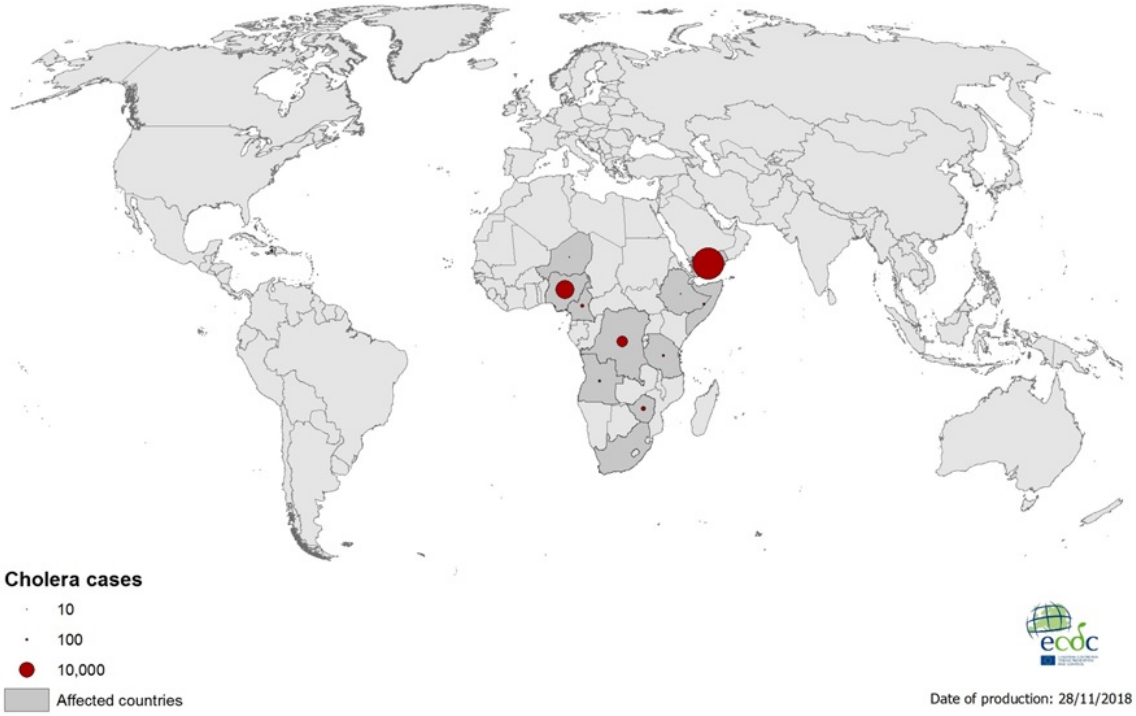
Geographical distribution of new cholera cases reported worldwide between October to November 2018

ECDC



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Geographical distribution of cholera cases reported worldwide between January to November 2018

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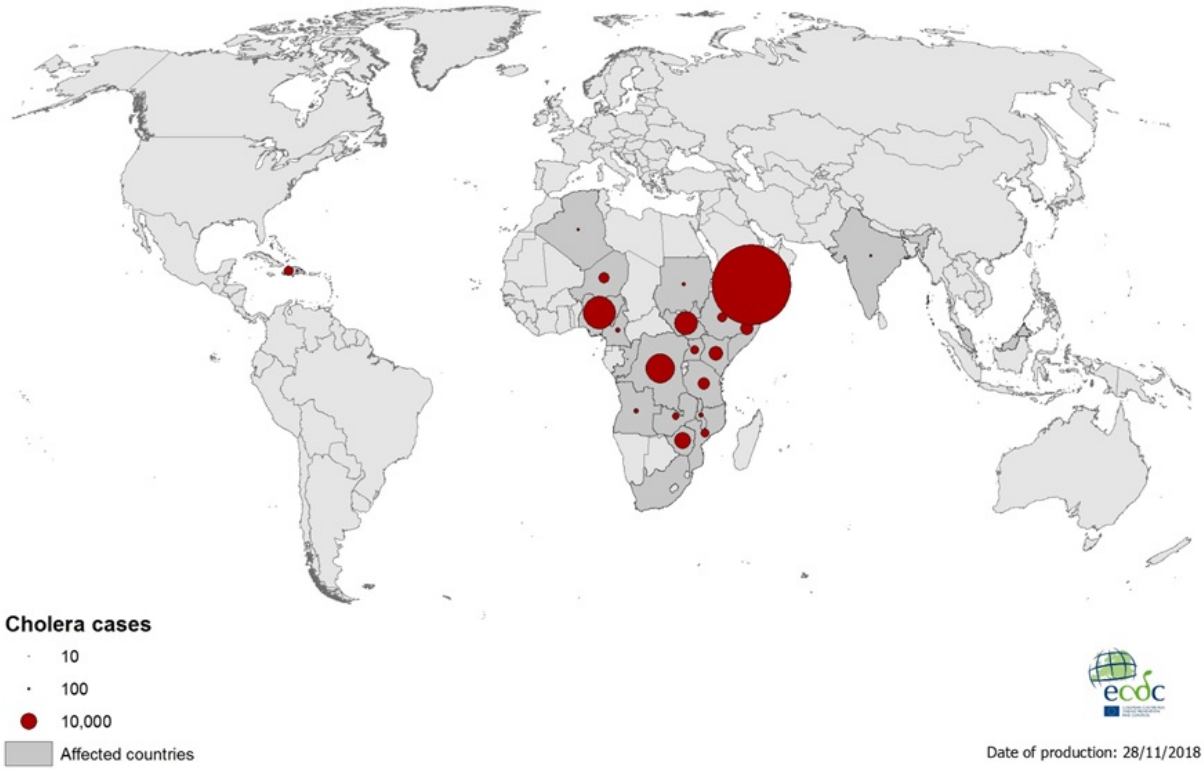

Influenza A(H5N6) – China – Monitoring human cases

Opening date: 17 January 2018 Latest update: 30 November 2018

Epidemiological summary

Since 2014 and as of 29 November 2018, China has reported 23 human cases of influenza A(H5N6). The cases occurred in Anhui (1), Fujian (1), Guangdong (8), Hubei (1), Hunan (4), Sichuan (1), Jiangsu (1), Yunnan Provinces (2) and Guangxi Zhuang Autonomous Region (4). Of the cases, at least 13 have died. All cases had exposure to live poultry or live poultry markets except for five cases where the exposure source was not reported. No clustering of cases was reported.
Additionally, one case with year of onset in 2015 has been reported in literature. The case is not included in the above data.

Sources: ECDC avian influenza page | WHO avian influenza page | ECDC/EFSA joint report: Avian influenza overview May – August 2018

ECDC assessment

Although avian influenza A(H5N6) has caused severe infection in humans, human infections remain rare and no sustained human-

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to-human transmission has been reported. However, characterisation of the virus is ongoing and its implication to the evolution and potential emergence of a pandemic strain is unknown. According to WHO, the risk of international disease spread is considered to be low.
The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to remain very low. As the likelihood of zoonotic transmission of newly introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to avian influenza viruses will minimise the remaining risk.

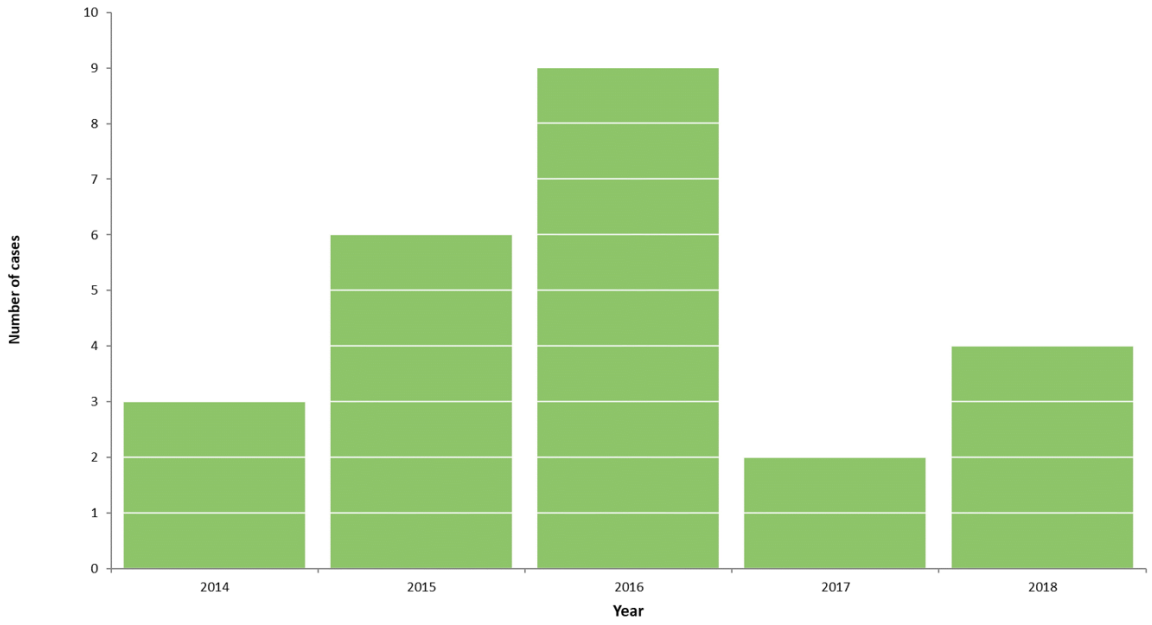
Assessment related to the outbreaks in poultry in Europe
The World Organisation for Animal Health/Food and Agriculture Organization/EU reference laboratory for avian influenza at the Animal and Plant Health Agency Weybridge have conducted a detailed genetic analysis of a small number of H5N6 highly pathogenic avian influenza viruses recently detected in both Europe and Asia. The European strains can be differentiated from those associated with zoonotic infection in Asia. Furthermore, they do not carry any virulence markers strongly associated with human infection risk. In addition, there have been no reported human infections with this particular genetic sublineage of H5N6 highly pathogenic avian influenza to date.

Actions

ECDC monitors outbreaks of avian influenza in humans through epidemic intelligence.

Distribution of confirmed cases of A(H5N6) by year of onset 2014 – 2018 (n=24)

Hong Kong



*If the date of onset is not available the date of reporting has been used
** the epicurve includes one case reported in the literature with year of onset in 2015

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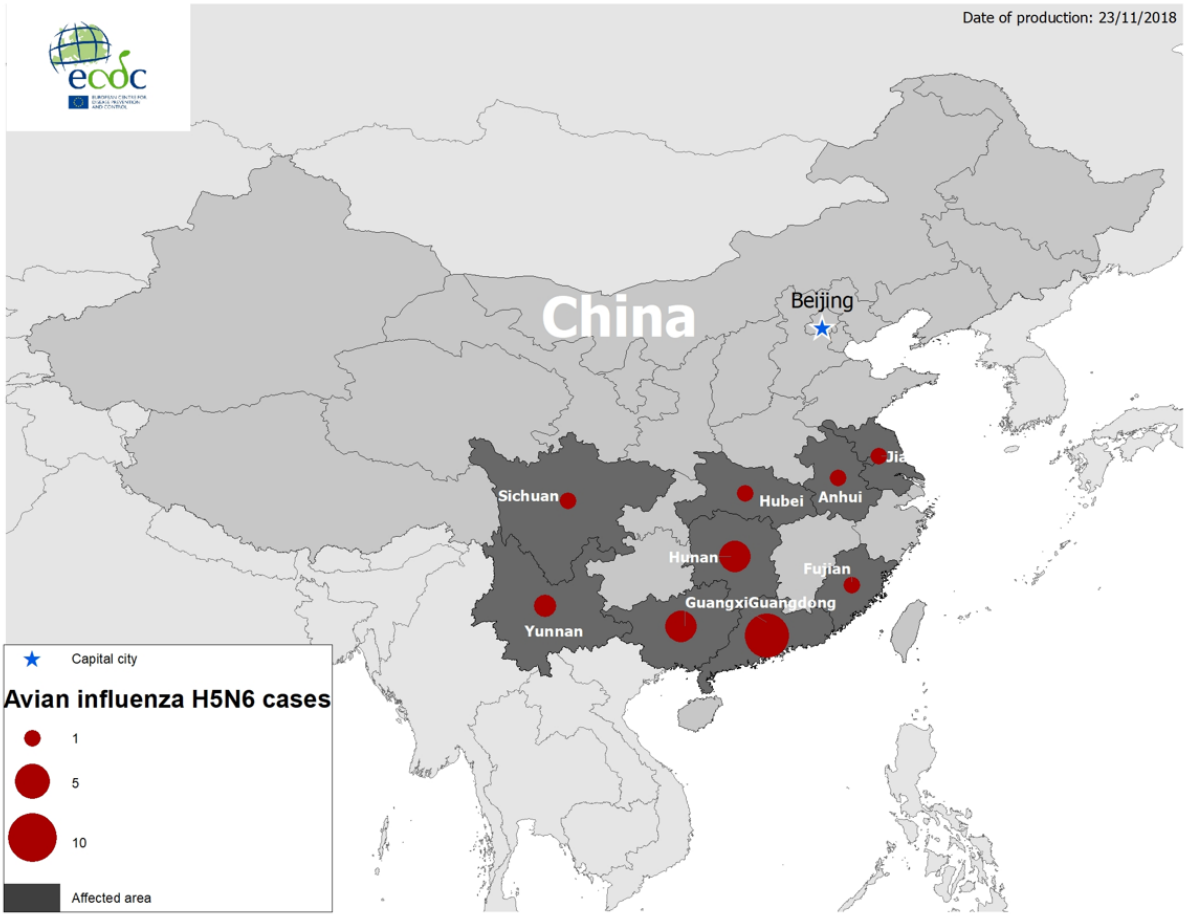
Geographical distribution of confirmed cases of A(H5N6), China, 2014 – 2018

Hong Kong



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