COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 20, 10-16 May 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 15 May 2020

Influenza transmission in Europe shows a seasonal pattern, with peak activity during the winter months.

➔Update of the week

In the European Region, influenza activity has sharply declined.

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2020

Opening date: 7 January 2020 Latest update: 15 May 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at Wuhan's 'South China Seafood City' market. Further investigations identified a novel coronavirus as the causative agent of the respiratory symptoms for these cases. The outbreak has rapidly evolved, affecting other parts of China and other countries. On 30 January 2020, WHO's director declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR).

➔Update of the week

Since 9 May 2020 and as of 15 May 2020, 597 828 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 33 047 new deaths.

Globally, the number of cases has increased from 3 807 852 cases to 4 405 680, and the number of deaths has risen from 269 068 to 302 115. One new country, Lesotho, has reported cases for the first time.

In the EU/EEA and the UK during the same period, 70 051 cases have been reported, bringing the total from 1 216 901 cases to 1 286 952, including 9 631 deaths, with the total number of fatalities increasing from 143 730 to 153 361.

More details are available here.

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Non EU Threats

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2020

Opening date: 1 August 2018 Latest update: 15 May 2020

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the tenth outbreak of Ebola virus disease in the country. The outbreak affected North Kivu, South Kivu and Ituri Provinces in the north-east of the country, close to the border with Uganda. In 2019, several imported cases from the Democratic Republic of the Congo were detected in Uganda; however, no autochthonous cases have been reported in the country as of today. On 17 July 2019, following the fourth International Health Regulations (IHR) Emergency Committee, WHO's Director-General declared that the outbreak met all the criteria for a public health emergency of international concern (PHEIC) under the International Health Regulations. On 18 October 2019, and again on 12 February 2020 and 14 April 2020, the Committee decided that the outbreak still constitutes a PHEIC.

➔Update of the week

From 6 April and as of 12 May 2020, WHO has reported no additional confirmed cases or deaths.

Since the resurgence of cases on 10 April 2020, a total of seven confirmed cases, including four deaths, have been reported in Beni Health Zone. One of these cases remains in the community 35 days after onset of symptoms. Further investigations into the source of this cluster as well as follow-up of contacts of the last case (confirmed on 27 April) are still ongoing.

Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019 Latest update: 15 May 2020

Animal influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats.

➔Update of the week

WHO has reported a case of influenza A(H9N2) in China, in a five year old girl from Hunan province, with onset of illness on 20 April 2020. The patient had mild illness but was admitted to hospital (isolation) on 25 April 2020 and discharged on 30 April. She fully recovered. The patient had a history of exposure to slaughtered poultry brought home from a live bird market. No further cases have been detected among contacts.

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II. Detailed reports

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 15 May 2020

Epidemiological summary

Week 19/2020 (4 – 10 May 2020)
The novel coronavirus disease 2019 (COVID-19) pandemic in the Region is affecting healthcare services and testing capacities in Member States, which has a negative impact on the reporting of epidemiological and virological data for influenza. Therefore, the data presented, particularly in terms of seasonal patterns, must be interpreted with caution.

For the Region overall, influenza activity has sharply declined: all but five Member States and areas reporting on the intensity indicator have registered baseline levels of intensity. All but four Member States reporting on geographic spread have registered no influenza activity.

Of 27 specimens, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites that were tested for influenza in week 19/2020, none tested positive for influenza viruses.

2019–2020 season overview:
For the Region as a whole, influenza activity commenced earlier than in recent years and, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019.

The influenza season for the Region as a whole peaked in week 5/2020, reaching a maximum positivity rate of 55%. The peak phase, with positivity levels above 50%, lasted for just two weeks (5/2020 and 6/2020), but reporting in subsequent weeks has been adversely affected by Member State responses to the COVID-19 pandemic. In the previous influenza season, the influenza positivity rate exceeded 50% for six weeks.

Both influenza types A and B co-circulated in the Region. Of the influenza A viruses, both influenza A(H1N1)pdm09 and A(H3N2) co-circulated. Of the circulating B viruses, the vast majority belonged to the B/Victoria lineage.

The percentage of specimens testing positive for an influenza virus from patients who presented with ILI or ARI to sentinel primary healthcare sites dropped below 10% in week 13/2020, where it has since remained. In the 2018-2019 season, the positivity rate did not drop below 10% until week 17/2019.

The majority of circulating viruses were susceptible to neuraminidase inhibitors, supporting early treatment or prophylactic use in accordance with national guidelines.

Interim estimates of 2019–2020 seasonal influenza vaccine effectiveness in the northern hemisphere are available. Vaccination remains the best possible method for prevention of influenza and/or reducing the risk of serious complications.

WHO has published recommendations for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season. Based on these recommendations, the influenza A(H1N1)pdm09, A(H3N2) and B/Victoria-lineage virus components should be updated for the 2020–2021 influenza vaccine.

Sources: EuroMOMO | Flu News Europe | Influenzanet

ECDC assessment

Influenza activity is declining in the Region overall. The vast majority of recently circulating influenza viruses in the Region and worldwide have been susceptible to neuraminidase inhibitors, which supports the use of antiviral treatment in accordance with national guidelines.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the Flu News Europe website. ECDC monitors influenza activity in the WHO European Region between week 40–2019 and week 20–2020.

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COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2020

Opening date: 7 January 2020 Latest update: 15 May 2020

Epidemiological summary

Since 31 December 2019 and as of 15 May 2020, 4 405 680 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 302 115 deaths.

Cases have been reported from:

Africa: 75 685 cases; the five countries reporting most cases are South Africa (12 739), Egypt (10 829), Morocco (6 607), Algeria (6 442) and Ghana (5 530).

Asia: 732 064 cases; the five countries reporting most cases are Turkey (144 749), Iran (114 533), China (84 029), India (81 970) and Saudi Arabia (46 869).

America: 1 943 455 cases; the five countries reporting most cases are United States (1 417 889), Brazil (202 918), Peru (80 604), Canada (73 401) and Mexico (42 595).

Europe: 1 645 366 cases; the five countries reporting most cases are Russia (252 245), United Kingdom (233 151), Spain (229 540), Italy (223 096) and Germany (173 152).

Oceania: 8 414 cases; the five countries reporting most cases are Australia (6 989), New Zealand (1 148), Guam (154), French Polynesia (60) and Northern Mariana Islands (19).

Other: 696 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 2 563 deaths; the five countries reporting most deaths are Egypt (571), Algeria (529), South Africa (238), Morocco (190) and Nigeria (167).

Asia: 23 531 deaths; the five countries reporting most deaths are Iran (6 854), China (4 637), Turkey (4 007), India (2 649) and Indonesia (1 043).

America: 117 069 deaths; the five countries reporting most deaths are United States (85 906), Brazil (13 993), Canada (5 472), Mexico (4 477) and Ecuador (2 338).

Europe: 158 819 deaths; the five countries reporting most deaths are United Kingdom (33 614), Italy (31 368), France (27 425), Spain (27 321) and Belgium (8 903).

Oceania: 126 deaths; the four countries reporting deaths are Australia (98), New Zealand (21), Guam (5) and Northern Mariana Islands (2).

Other: 7 deaths have been reported from an international conveyance in Japan.

EU/EEA and the UK:

As of 15 May 2020, 1 286 952 cases have been reported in the EU/EEA and the UK: United Kingdom (233 151), Spain (229 540), Italy (223 096), Germany (173 152), France (141 356), Belgium (54 288), Netherlands (43 481), Sweden (28 582), Portugal (28 319), Ireland (23 827), Poland (17 615), Romania (16 247), Austria (16 005), Denmark (10 713), Czechia (8 351), Norway (8 175), Finland (6 145), Luxembourg (3 915), Hungary (3 417), Greece (2 770), Croatia (2 221), Bulgaria (2 100), Iceland (1 802), Estonia (1 758), Lithuania (1 511), Slovakia (1 477), Slovenia (1 464), Latvia (962), Cyprus (907), Malta (522) and Liechtenstein (83).

As of 15 May 2020, 153 361 deaths have been reported in the EU/EEA and the UK: United Kingdom (33 614), Italy (31 368), France (27 425), Spain (27 321), Belgium (8 903), Germany (7 824), Netherlands (5 590), Sweden (3 529), Ireland (1 506), Portugal (1 184), Romania (1 046), Poland (883), Austria (626), Denmark (537), Hungary (442), Czechia (293), Finland (287), Norway (232), Greece (156), Luxembourg (103), Slovenia (103), Bulgaria (99), Croatia (94), Estonia (62), Lithuania (54), Slovakia (27), Latvia (19), Cyprus (17), Iceland (10), Malta (6) and Liechtenstein (1).

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EU:
As of 15 May 2020, 1 043 741 cases and 119 504 deaths have been reported in the EU.

Public Health Emergency of International Concern (PHEIC):
On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of the WHO declared the COVID-19 outbreak a pandemic. The Third International Health Regulations (IHR) Emergency Committee meeting for COVID-19 was held in Geneva on 30 April 2020. This committee concluded that the COVID-19 pandemic continues to constitute a PHEIC.

More details on the COVID-19 situation are available here.

Sources: Wuhan Municipal Health Commission | China CDC | WHO statement | WHO coronavirus website | ECDC 2019-nCoV website | RAGIDA | WHO

ECDC assessment

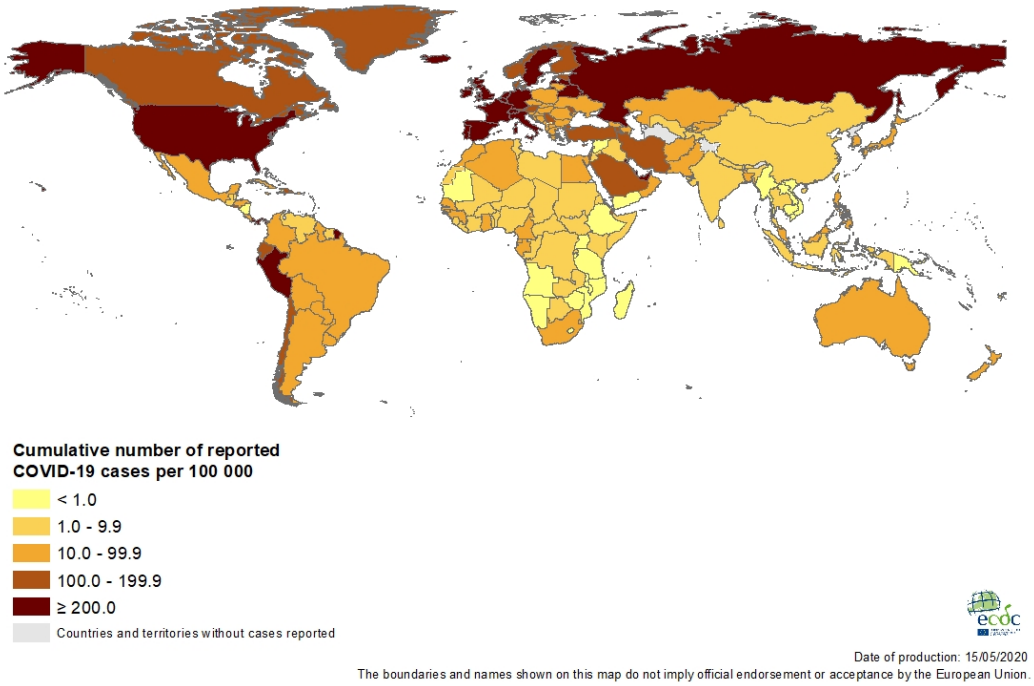
Information on the COVID-19 situation and a risk assessment can be found on the ECDC website.

Actions

ECDC activities related to COVID-19 can be found on the ECDC website.

Geographic distribution of cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 15 May 2020

Source: ECDC



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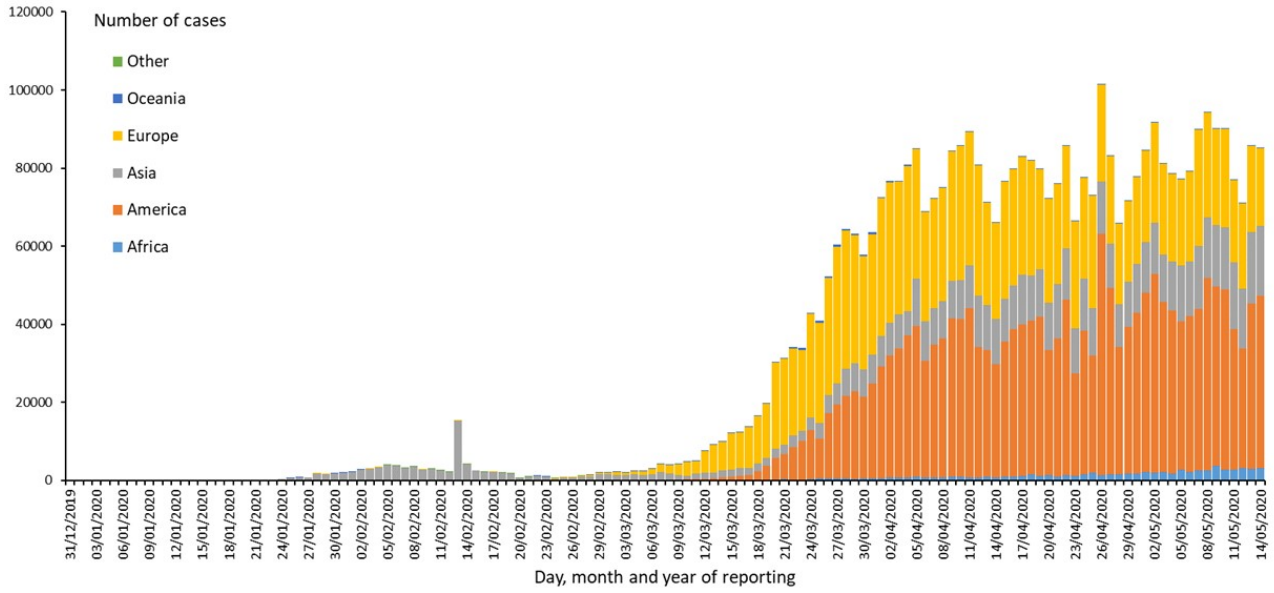
Distribution of COVID-19 cases in accordance with the applied case definitions in the affected countries, as of 15 May 2020

Source: ECDC



Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018 -2020

Opening date: 1 August 2018 Latest update: 15 May 2020

Epidemiological summary

Since the beginning of the outbreak and as of 12 May 2020, there have been 3 462 cases (3 317 confirmed, 145 probable) in the Democratic Republic of the Congo (DRC), including 2 279 deaths, according to WHO. The last confirmed cases were all reported in Beni. In total, 171 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported probable and/or confirmed cases of Ebola virus disease: Mwenga in South Kivu Province, Alimbongo, Beni, Biena, Butembo, Goma, Kalunguta, Katwa, Kayna, Kyondo, Lubero, Mabalako, Manguredjipa, Masereka, Mutwanga, Musienene, Nyiragongo, Oicha, Pinga and Vuhovi Health Zones in North Kivu Province and Ariwara, Bunia, Mambasa, Nyankunde, Komanda, Lolwa, Mandima, Rwampara and Tchomia in Ituri Province.

In Uganda, one imported case was reported on 29 August 2019 and died the following day in Kasese district, which borders North Kivu. However, so far there have been no reports of autochthonous transmission in Uganda.

Since the start of the vaccination campaign on 8 August 2018, 303 110 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co). In addition, 20 339 people have been vaccinated with the first dose and 9 560 people with the second dose of the Ad26.ZEBOV/MVA-BN-Filo vaccine (Johnson & Johnson) in the two health areas of Karisimbi in Goma.

Public health emergency of international concern (PHEIC): On 17 July 2019, WHO's Director-General declared the Ebola virus disease outbreak in DRC a PHEIC. This declaration followed the fourth meeting of the IHR Emergency Committee for Ebola virus disease in DRC on 17 July 2019. The declaration was made in response to the geographical spread observed in the previous weeks. It also expresses the need for a more intensified and coordinated response in order to end the outbreak. On 18 October 2019, and again on 12 February 2020 and 14 April 2020, the Committee decided that the outbreak still constitutes a PHEIC.

Sources: CMRE | Ebola dashboard Democratic Republic of the Congo | Ministry of Health of the Democratic Republic of the Congo | WHO | WHO Regional Office for Africa

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ECDC assessment

Implementing response measures remains challenging in the affected areas because of the prolonged humanitarian crisis, the unstable security situation, and resistance in several population groups. At the current stage of the epidemic, a high level of surveillance remains essential to detect and interrupt further transmission early on. The overall risk to the EU/EEA remains very low.

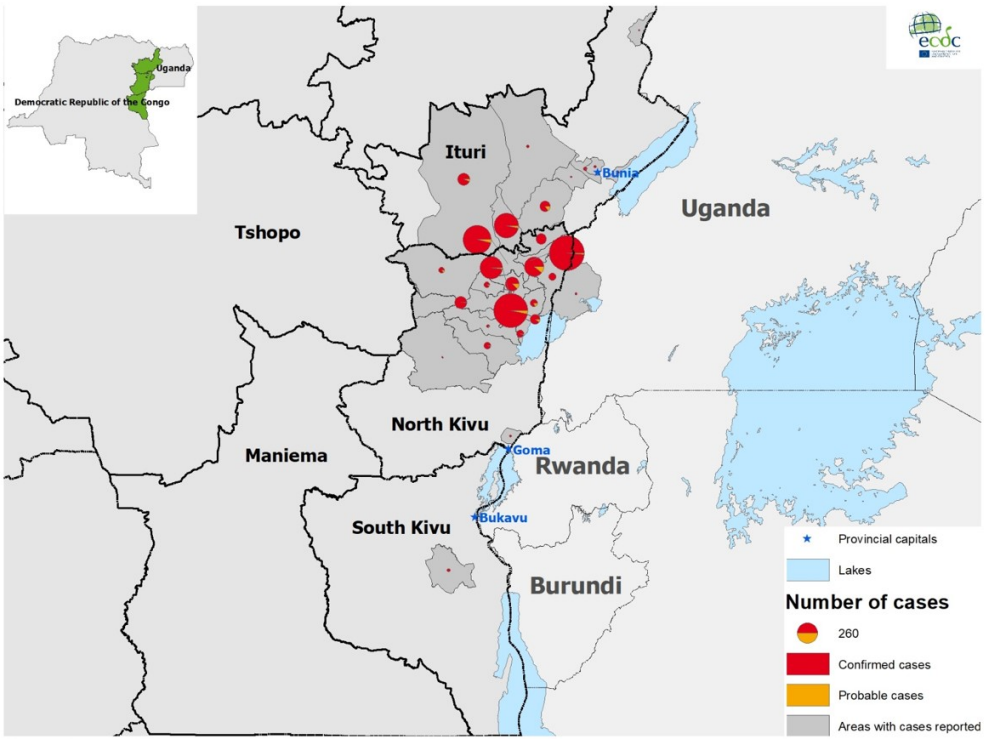
WHO assessment: As of 14 May 2020, the last WHO risk assessment concludes that the national and regional risk levels remain high to moderate, while global risk levels remain low.

Actions

ECDC published an epidemiological update on 13 June 2019 and updated its rapid risk assessment on 7 August 2019.

Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 12 May 2020

Source: ECDC



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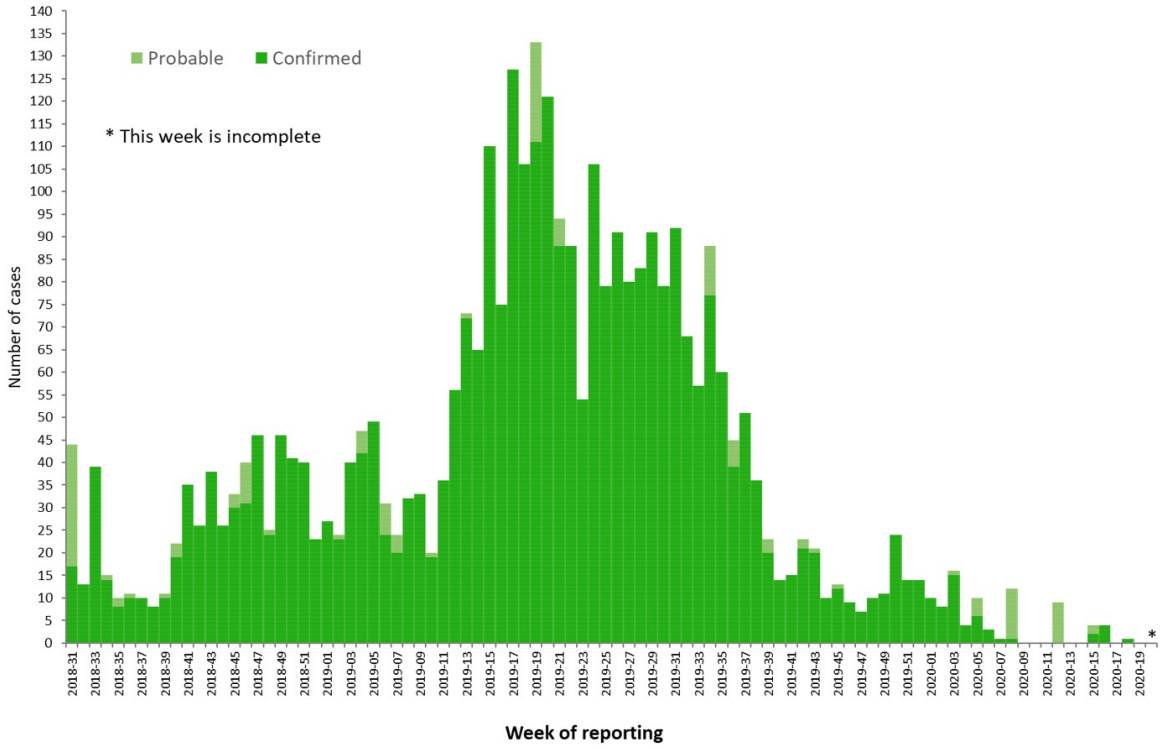
Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, Democratic Republic of the Congo and Uganda, as of 12 May 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 12 May 2020

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths	Conf/Prob cases in past 7 days
Democratic_Republic_of_the_Congo	**3317**	**145**	**3462**	**2279**	
North-Kivu Province	2803	117	2920	1999	
Alimbongo	5	1	6	3	
Beni	728	9	737	478	
Biena	19	2	21	14	
Butembo	295	7	302	360	
Goma	1	0	1	1	
Kalunguta	198	23	221	94	
Katwa	653	24	677	495	
Kayna	28	1	29	9	
Kyondo	25	6	31	21	
Lubero	31	2	33	6	
Mabalako	463	18	481	352	
Manguredjipa	18	3	21	15	
Masereka	50	6	56	23	
Musienene	85	1	86	34	
Mutwanga	32	0	32	12	
Nyiragongo	3	0	3	1	
Oicha	65	0	65	30	
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	508	28	536	277	
Ariwara	1	0	1	1	
Bunia	4	0	4	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	82	5	87	32	
Mandima	347	12	359	178	
Nyakunde	2	0	2	1	
Rwampara	8	1	9	4	
Tchomia	2	0	2	2	
South-Kivu	6	0	6	3	
Mwenga	6	0	6	3	
Uganda	**1**	**0**	**1**	**1**	
Kasese province	1	0	1	1	
Kasese	1	0	1	1	
Cumulative Total	**3318**	**145**	**3463**	**2280**	

Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019 Latest update: 15 May 2020

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Epidemiological summary

WHO has reported a case of influenza A(H9N2) in China, in a five year old girl from Hunan province, with onset of illness on 20 April 2020. The patient had mild illness but was admitted to hospital (isolation) on 25 April 2020 and discharged on 30 April. She fully recovered. The patient had a history of exposure to slaughtered poultry brought home from a live bird market. No further cases have been detected among contacts.

This is the third reported case in China in 2020. To date and since 1998, a total of 64 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (53), Egypt (4), Bangladesh (3), Oman (1), Pakistan (1), India (1), and Senegal (1). The most recent human infection with influenza A(H9N2) was reported from China, with disease onset in March 2020.

Sources: ECDC avian influenza page | WHO avian and other zoonotic influenza page | ECDC/EFSA joint report: Avian influenza overview November 2018 – August 2019 | Emerging Infectious Diseases | Taiwan CDC | Hong Kong health department | WHO

ECDC assessment

Although avian influenza A(H9N2) has caused infection in humans, human infections remain rare and no sustained human-to-human transmission has been reported. No human cases due to A(H9N2) have been reported in Europe.

Human cases related to a low pathogenic avian influenza A(H9N2) virus are detected sporadically and are not unexpected in regions where A(H9N2) is endemic in the poultry population (Asia, Africa and the Middle East). Direct contact with infected birds or a contaminated environment is the most likely source of infection.

The risk of zoonotic influenza transmission to the general public in EU/EEA countries is still considered to be 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.

Actions

ECDC monitors avian influenza strains through epidemic intelligence in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report of the avian influenza situation. The most recent report was published on 31 March 2020.

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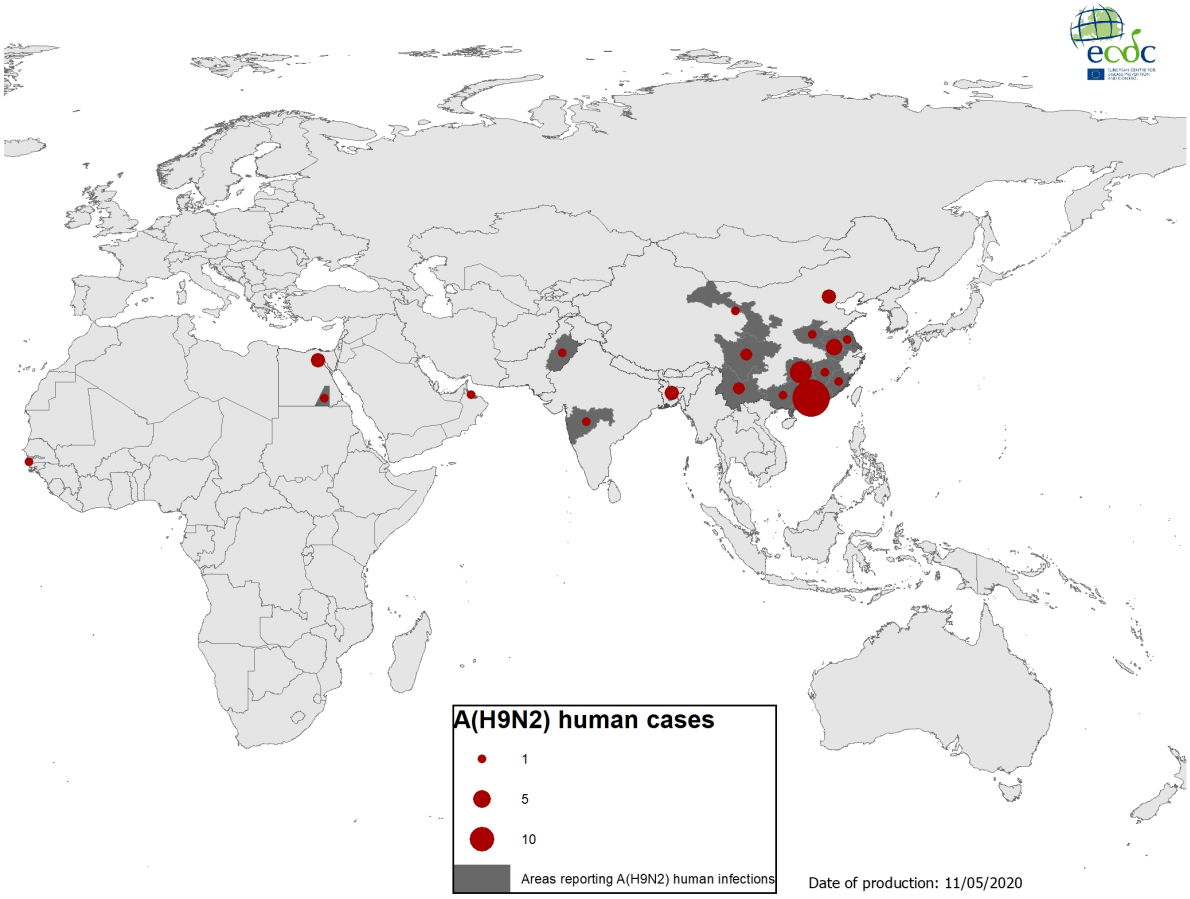
Geographical distribution of confirmed human cases of A(H9N2), 1998 – 12 May 2020

Source: ECDC



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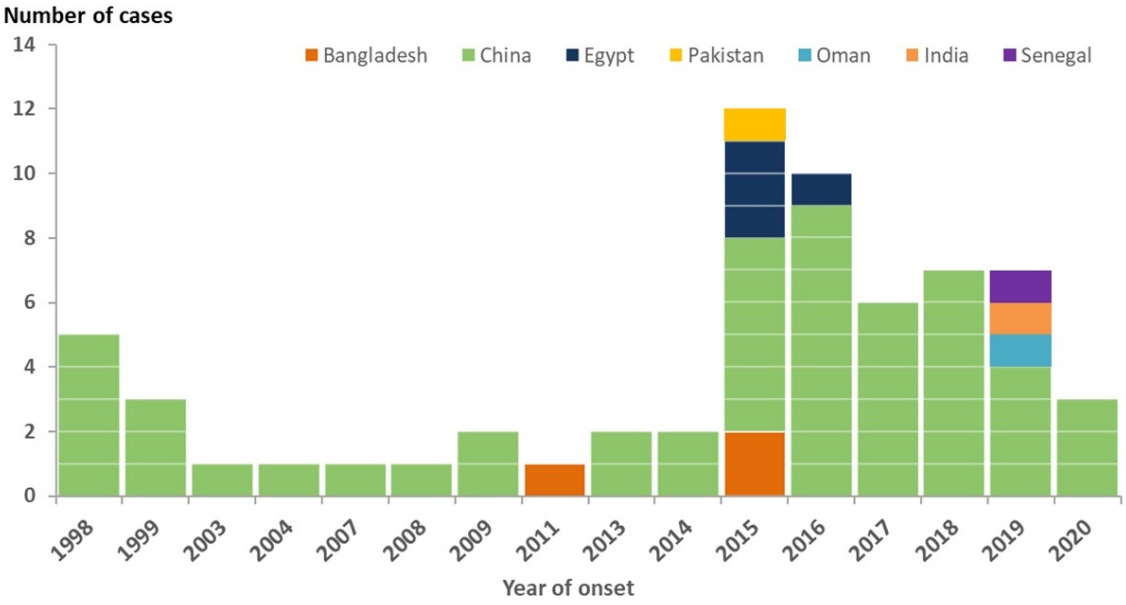
Distribution of confirmed human cases of A(H9N2) by reporting country, 1998 – 12 May 2020

Source: ECDC



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