

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 8 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 30 April 2020 and as of 8 May 2020, 677 052 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 41 297 new deaths.

Globally, the number of cases has increased from 3 130 800 cases to 3 807 852, and the number of deaths has risen from 227 771 to 269 068.

In the EU/EEA and the UK during the same time period, 104 234 cases have been reported, bringing the total from 1 112 667 cases to 1 216 901, including 14 580 deaths, with the total number of fatalities increasing from 129 150 to 143 730. More details are available [here](#).

Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 8 May 2020

French authorities reported an increased number of dengue cases in Guadeloupe, Saint Martin, Saint Barthelemy and Martinique islands in recent weeks.

→Update of the week

Since the previous update with data as of 18 April 2020 and as of 3 May 2020, 977 additional dengue suspected cases with no associated deaths have been reported in the French Antilles. In the last update reported, when the 29 March to 18 April 2020 period was analysed, 1 177 suspected cases were reported.

The following cases have been reported since the previous update:

In **Guadeloupe**, since the previous update and as of 3 May 2020, 220 additional suspected cases have been reported.

In **Saint Martin**, since the previous update and as of 3 May 2020, 115 additional suspected cases have been reported.

In **Saint Barthelemy**, since the previous update and as of 3 May 2020, 52 additional suspected cases have been reported.

In **Martinique**, since the previous update and as of 3 May 2020, 590 additional suspected cases have been reported.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 May 2020

Measles cases in the EU/EEA and UK continue to occur among both adults and children. Outbreaks are reported across the EU/EEA and the UK, including in countries that had previously eliminated or interrupted endemic transmission.

→Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 17 April 2020, updates have been provided for 13 EU/EEA countries and the UK: Belgium, Bulgaria, France, Germany, Greece, Ireland, Italy, the Netherlands, Poland, Romania, Slovenia, Spain, and the UK. Other countries did not report new measles cases.

Most of the cases in 2020 have been reported by: Romania (1 092), Bulgaria (253), France (211), Italy (95), and Spain (87).

In 2020, two deaths have been reported in the EU/EEA and UK, both in Bulgaria.

Relevant updates outside EU/EEA countries and UK are available for WHO Regions (AFRO, PAHO, WPRO), Switzerland and Ukraine.

Other news: According to the [WHO](#) statement on 14 April 2020, due to global COVID-19 spread, over 117 million children in 37 countries are at risk missing measles vaccination. Measles immunisation campaigns in 24 countries have already been delayed; more will be postponed. [WHO guidelines](#) recommend that governments temporarily pause preventive immunisation campaigns where there is no active outbreak of a vaccine-preventable disease. Routine immunisation sessions should be maintained as long as COVID-19 response measures allow, according to the [WHO EURO guidelines](#).

In May 2019, WHO classified measles outbreaks across the European Region as a [Grade 2 emergency](#). On 29 August 2019, the [European Regional Verification Commission for Measles and Rubella Elimination \(RVC\)](#) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, the Czech Republic, Greece and the United Kingdom) had lost their measles elimination status.

The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or media. This report is supplementary to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries and the UK to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 8 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: baseline levels of influenza intensity have been reported by all but four Member States and areas. All but three Member States and areas reporting on geographic spread registered no influenza activity.

Non EU Threats

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

Opening date: 1 August 2018

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 29 April and as of 5 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 and four deaths have been reported in Beni. One case is at the Beni Ebola Treatment Center (ETC), one case has recovered, while the last case remains in the community. Specimens from all seven cases have been linked to the same chain confirmed in July 2019. Further investigations are still ongoing. In total, 1 102 contacts have been registered, with 449 contacts (including 123 high-risk contacts) identified to be followed-up. Since 10 April 2020, 1 137 people have been vaccinated in Beni and Karisimbi.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 8 May 2020

Epidemiological summary

Since 31 December 2019 and as of 08 May 2020, 3 807 852 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 269 068 deaths.

Cases have been reported from:

Africa: 54 130 cases; the five countries reporting most cases are South Africa (8 232), Egypt (7 981), Morocco (5 548), Algeria (5 182) and Nigeria (3 526).

Asia: 613 471 cases; the five countries reporting most cases are Turkey (133 721), Iran (103 135), China (83 976), India (56 342) and Saudi Arabia (33 731).

America: 1 644 817 cases; the five countries reporting most cases are United States (1 256 972), Brazil (135 106), Canada (64 922), Peru (58 526) and Ecuador (30 298).

Europe: 1 486 431 cases; the five countries reporting most cases are Spain (221 447), Italy (215 858), United Kingdom (206 715), Russia (177 160) and Germany (167 300).

Oceania: 8 307 cases; the five countries reporting most cases are Australia (6 896), New Zealand (1 141), Guam (151), French Polynesia (60) and Fiji (18).

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

Deaths have been reported from:

Africa: 2 078 deaths; the five countries reporting most deaths are Algeria (483), Egypt (482), Morocco (183), South Africa (161) and Cameroon (108).

Asia: 21 100 deaths; the five countries reporting most deaths are Iran (6 486), China (4 637), Turkey (3 641), India (1 886) and Indonesia (930).

America: 97 602 deaths; the five countries reporting most deaths are United States (75 670), Brazil (9 146), Canada (4 408), Mexico (2 961) and Ecuador (1 654).

Europe: 148 156 deaths; the five countries reporting most deaths are United Kingdom (30 615), Italy (29 958), Spain (26 070), France (25 987) and Belgium (8 415).

Oceania: 125 deaths; the four countries reporting deaths are Australia (97), New Zealand (21), Guam (5) and Northern Mariana Islands (2).

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

EU/EEA and the UK:

As of 08 May 2020, 1 216 901 cases have been reported in the EU/EEA and the UK: Spain (221 447), Italy (215 858), United Kingdom (206 715), Germany (167 300), France (137 779), Belgium (51 420), Netherlands (41 774), Portugal (26 715), Sweden (24 623), Ireland (22 385), Austria (15 673), Poland (15 047), Romania (14 499), Denmark (10 083), Czechia (8 031), Norway (7 995), Finland (5 673), Luxembourg (3 859), Hungary (3 178), Greece (2 678), Croatia (2 125), Bulgaria (1 829), Iceland (1 801), Estonia (1 720), Slovenia (1 449), Slovakia (1 445), Lithuania (1 433), Latvia (909), Cyprus (889), Malta (486) and Liechtenstein (83).

As of 08 May 2020, 143 730 deaths have been reported in the EU/EEA and the UK: United Kingdom (30 615), Italy (29 958), Spain (26 070), France (25 987), Belgium (8 415), Germany (7 266), Netherlands (5 288), Sweden (3 040), Ireland (1 403), Portugal (1 105), Romania (876), Poland (755), Austria (609), Denmark (514), Hungary (392), Czechia (270), Finland (255), Norway (209), Greece (148), Luxembourg (100), Slovenia (99), Croatia (86), Bulgaria (84), Estonia (56), Lithuania (49), Slovakia (26), Cyprus (21), Latvia (18), Iceland (10), Malta (5) and Liechtenstein (1).

EU:

As of 08 May 2020, 1 000 307 cases and 112 895 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](#)

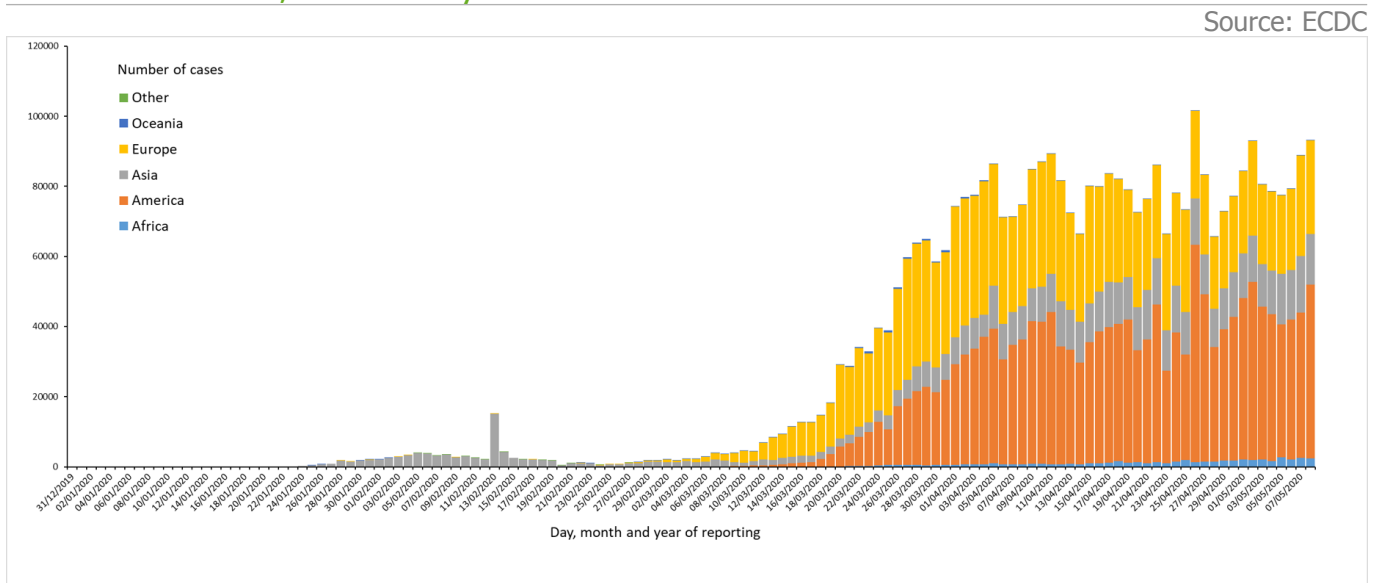
ECDC assessment

Information on the COVID-19 situation and a risk assessment can be found on the [ECDC website](#).

Actions

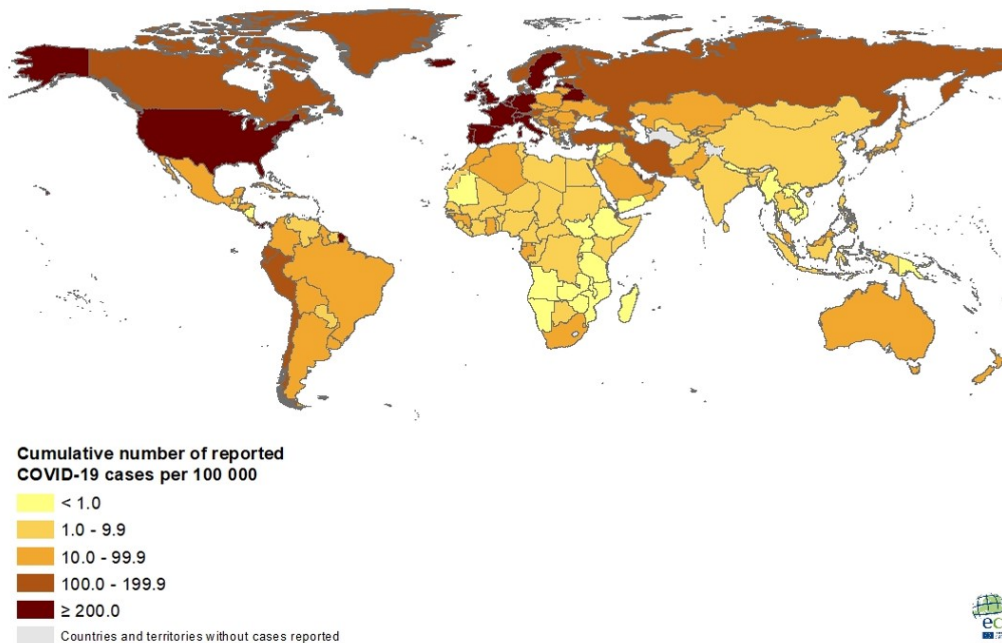
ECDC activities related to COVID-19 can be found on the ECDC [website](#).

Distribution of COVID-19 cases in accordance with the applied case definitions in the affected countries, as of 8 May 2020



Geographic distribution of cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 8 May 2020

Source: ECDC



The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 8 May 2020

Epidemiological summary

In **Guadeloupe**, since October 2019 and as of 3 May 2020, 7 900 suspected dengue cases have been reported. Dengue virus serotype 2 has been identified among most of the cases. In 2018, only 18 confirmed cases were reported in Guadeloupe.

In **Saint Martin**, between week 2020-03 and as of 3 May 2020, 1 160 suspected dengue cases have been reported including one death. Dengue virus serotype 1 was identified in most of the cases.

In **Saint Barthelemy**, since the end of November 2019 and as of 3 May 2020, 261 suspected dengue cases were reported, including 85 confirmed cases. Dengue virus serotype 2 has been identified among most of the cases.

In **Martinique**, since July 2019 and as of 3 May 2020, 4 530 suspected dengue cases have been reported including one death and 1 280 confirmed cases. Dengue virus serotype 3 has been identified among most of the cases. In 2018, Martinique did not report any confirmed cases.

In January 2020, health authorities in the region raised the alert level and declared the dengue epidemic in Guadeloupe and Saint Martin. According to the same authorities, Saint Barthelemy remains in an inter-epidemic phase and Martinique is at risk of an epidemic. A re-assessment of the situation is ongoing.

Sources: [Santé publique France](#)

ECDC assessment

EU/EEA travellers to and residents in the affected areas should apply personal protective measures against mosquito bites. The risk for onward vector-borne transmission of dengue in continental Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus* in mainland Europe and *Aedes aegypti* on the island of Madeira). The number of travellers returning from dengue endemic areas has drastically dropped due to the COVID-19 outbreak and environmental conditions in Europe are not yet favourable for sustained mosquito-borne transmission; therefore the likelihood of sustained autochthonous dengue virus transmission in continental EU/EEA is currently

6/13

very low. The occurrence of further autochthonous cases in the French Antilles is expected, as environmental conditions are favourable for continuous transmission. The concurrent circulation of several dengue serotypes may increase the risk of more severe clinical presentations.

More information about dengue is available at [ECDC factsheet](#).

Actions

ECDC is monitoring the ongoing situation through epidemic intelligence activities and reports on a weekly basis.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 May 2020

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 17 April 2020, updates have been provided for 13 EU/EEA countries and UK: Belgium, Bulgaria, France, Germany, Greece, Ireland, Italy, the Netherlands, Poland, Romania, Slovenia, Spain, and UK. Other countries did not report new cases of measles. Most of the cases in 2020 have been reported by: Romania (1 092), Bulgaria (253), France (211), Italy (95), and Spain (87).

In 2020, two deaths have been reported in the EU/EEA and UK, both deaths were reported from Bulgaria.

Relevant updates outside EU/EEA countries and UK are available for WHO Regions (AFRO, PAHO, WPRO), Switzerland and Ukraine.

Other news: According to [WHO](#) statement on 14 April 2020, due to global COVID-19 spread, over 117 million children in 37 countries are at risk missing measles vaccination. Measles immunisation campaigns in 24 countries have already been delayed; more will be postponed. [WHO guidelines](#) recommend that governments temporarily pause preventive immunisation campaigns where there is no active outbreak of a vaccine-preventable disease. Routine immunisation sessions should be maintained as long as COVID-19 response measures allow, according to the [WHO EURO guidelines](#). In May 2019, WHO classified measles outbreaks across the European Region as a [Grade 2 emergency](#). On 29 August 2019, the [European Regional Verification Commission for Measles and Rubella Elimination \(RVC\)](#) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, the Czech Republic, Greece and the United Kingdom) had lost their measles elimination status.

The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or media. It is supplementary to ECDC's [monthly measles and rubella monitoring report](#) based on data routinely submitted by 30 EU/EEA countries and the UK to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

A number of graphs and epicurves relating to measles in the EU/EEA and UK are available in the attached CDTR PowerPoint slides.

Epidemiological summary for EU/EEA countries and the UK with updates since last month

Belgium has reported 50 cases in January–March 2020, according to TESSy, an increase of two cases since February 2020.

Bulgaria has reported 253 cases, including two deaths as of week 17 (ending 26 April 2020). An increase of 20 cases since the national report for the week 13(ending 29 March 2020).

France has reported 211 cases of measles in January–March 2020, according to TESSy, an increase of 49 cases since the TESSy report for January–February 2020.

Germany has reported 59 cases in 2020 as of week 13 (ending 29 March 2020), an increase of 18 cases since the national report for week 9 (ending 1 March 2020).

Greece has reported two cases of measles in January–March 2020, according to TESSy.

Ireland has reported 15 cases in 2020 and as of 25 April 2020. According to TESSy, 17 cases have been reported in

January–March 2020.

[Italy](#) has reported 95 cases in January–March 2020, according to TESSy, an increase of nine cases since the previous monthly report. [Lithuania](#) has reported two cases in 2020 as of 20 March, an increase of one case since the national report on 20 January.

[The Netherlands](#) has reported two cases of measles has been reported to TESSy in January–March 2020

[Poland](#) has reported 21 cases in 2020 as of 15 April, an increase of three cases since the national report on 31 March 2020.

[Romania](#) has reported 1,092 cases in 2020 and as of 1 May, an increase of 299 cases since the national report on 3 April. Since the beginning of the outbreak in October 2016 and as of 1 May 2020, Romania has reported 20 000 confirmed measles cases, including 64 deaths.

[Slovenia](#) reported five cases in January 2020, an additional case was reported to TESSY in February. Overall, Slovenia has reported six cases of measles as of 4 May 2020.

[Spain](#) has reported 87 cases in 2020 as of 26 April, an increase of 20 cases since the previous national report on 31 March 2020.

[UK](#) has reported 81 cases in January–March 2020, according to TESSy, an increase of 34 cases since the previous report.

Relevant epidemiological summary for countries outside the EU/EEA and the UK

A global overview is available from [WHO's website](#). Additional information with the latest available data is provided for several countries.

[Switzerland](#) has reported 34 cases of measles in 2020 and as of 28 April, an increase of four cases since the national report on 31 March 2020.

[Ukraine](#) has reported 197 cases in 2020 as of 24 April. In the same period in 2019, Ukraine reported 25 319 cases of measles. Overall, in 2019, Ukraine reported over 57 000 cases of measles.

According to [WHO AFRO](#) as of 31 March 2020, outbreaks of measles have been reported in several countries. Democratic Republic of the Congo (DRC) experiences a large measles outbreak. From 1 January to 12 April 2020, there were 50 527 cases of measles reported, including 845 confirmed cases and 635 deaths (CFR: 1.3%). This is an increase of 13 782 cases and 372 deaths since the report for 15 March 2020. Over the past five weeks (weeks 11 to 15) there is a decreasing trend in the number of cases in the provinces of: Haut-Uele, Ituri, Kinshasa, Kwango, Lomami, Lualaba, Maindombe and South Ubangi. Since 2019 a total of 361 935 measles cases and 6 666 deaths (CFR 1.8%) have been reported in DRC. WHO has activated emergency response grade 2 in DRC. Outbreaks of measles have also been reported in Burundi, Cameroon, the Central African Republic, Chad, the Comoro Islands, Ethiopia, Guinea, Kenya, Liberia, Mali, Niger, Nigeria, Seychelles, and South Sudan.

According to [WHO PAHO](#) as of week 17 in 2020 (ending on 26 April 2020) and since the beginning of the year, 3 139 confirmed cases of measles have been reported by eight countries: Brazil (2 910), Mexico (154), Argentina (56), [the US](#) (12), Bolivia (2), Chile (2), Uruguay (2), and [Canada](#) (1).

According to [WHO Western Pacific Region](#) (WPRO) report for February 2020, there were 3 170 cases reported by WPRO countries. Most of the cases were reported by the Philippines (2 496), followed by China (203), Malaysia (132), Vietnam (105), other countries reporting cases in January 2020 were [Australia](#) (25), Cambodia, Japan, Laos, [New Zealand](#) (7), Republic of Korea (South Korea), [Singapore](#) (10), and Pacific island countries and areas, namely: Fiji (4), and Tonga (51).

ECDC assessment

Measles cases are being reported in the majority of European countries and many countries across the world. Measles remains endemic in a number of EU/EEA countries and the UK, and affects all age groups, highlighting large population immunity gaps. To protect themselves both at home and when travelling, people of all ages should check their vaccination status and ensure they are vaccinated with two doses of measles-containing vaccine. Particular care is recommended to avoid infants under one year or those for whom vaccination is contraindicated being potentially exposed to measles, as these groups are at increased risk of infection and possible complications. For a more complete overview, consult ECDC's [risk assessment](#) 'Who is at risk of measles in the EU/EEA?' published on 28 May 2019.

Actions

ECDC monitors the measles situation through epidemic intelligence and produces a monthly report with measles surveillance data from The European Surveillance System for 30 EU/EEA countries.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 8 May 2020

Epidemiological summary

Week 18 /2020 (27 April to 3 May 2020):

The novel coronavirus disease 2019 (COVID-19) pandemic in the Region is affecting healthcare presentations and testing capacities in Member States, which has a negative impact on data on influenza epidemiology, virology, and seasonal patterns; therefore, the data we present, notably in terms of seasonal patterns, must be interpreted with caution.

For the Region overall, influenza activity has sharply declined: baseline levels of influenza intensity was reported by all but four Member States and areas, while the majority of those reporting registered baseline levels of intensity. All but three Member States and areas reporting on geographic spread registered no influenza activity.

Of 43 specimens from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites tested for influenza in week 18/2020, only one tested positive for influenza B.

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.

The majority of circulating viruses were susceptible to neuraminidase inhibitors supporting early treatment according to national guidelines.

Interim estimates of 2019–2020 seasonal influenza vaccine effectiveness in the northern hemisphere are available.

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 appears to be declining in the Region overall. The vast majority of recently circulating influenza viruses in the Region and worldwide were 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.

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

Opening date: 1 August 2018

Epidemiological summary

Since the beginning of the outbreak and as of 5 May 2020, there have been 3 462 cases (3 317 confirmed, 145 probable) in the

9/13

Democratic Republic of the Congo (DRC), including 2 279 deaths, according to the Ministry of Health. 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, 302 716 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co). In addition, 20 339 people have been vaccinated with the first dose of the Ad26.ZEBOV/MVA-BN-Filo vaccine (Johnson & Johnson) in the two health areas of Karisimbi in Goma. As of 10 April 2020, 9 560 people have been vaccinated with the second dose of this vaccine.

Public health emergency of international concern (PHEIC): On 17 July 2019, WHO's Director-General [declared](#) the Ebola virus disease outbreak in DRC 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](#)

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.

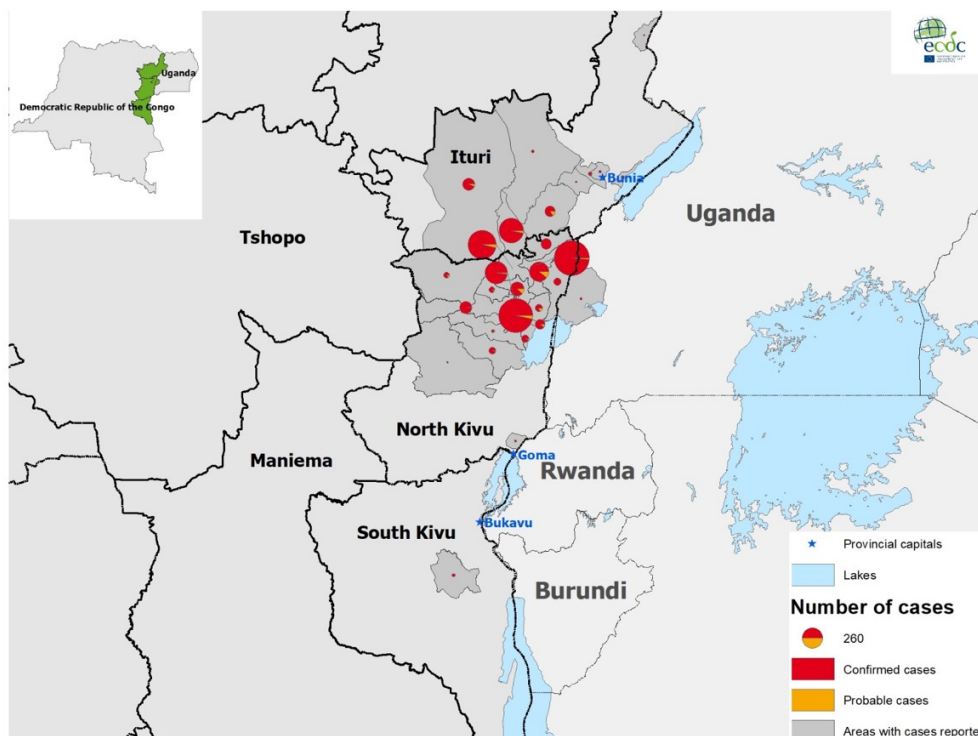
WHO assessment: As of 7 May 2020, the WHO risk [assessment](#) concludes that the national and regional risk levels remain high to moderate, while global risk levels remain low.

Actions

ECDC published an [epidemiological update](#) on 13 June 2019 and updated its [rapid risk assessment](#) on 7 August 2019.

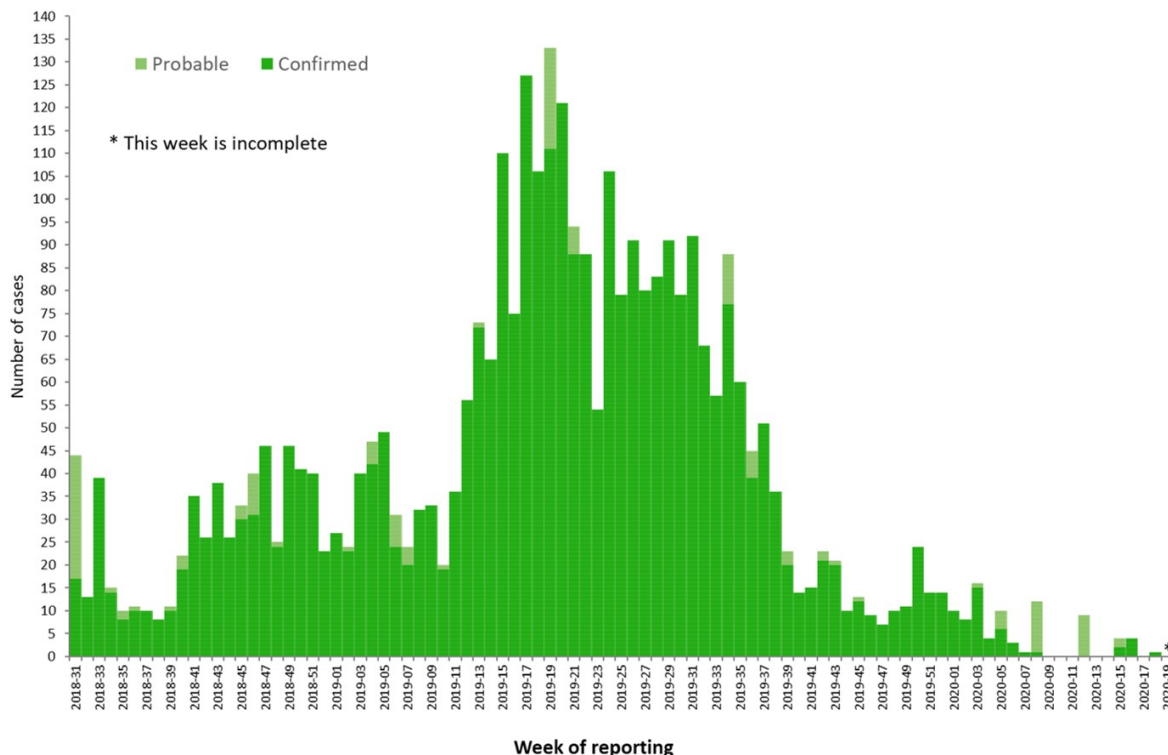
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 5 May 2020

Source: ECDC



Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, Democratic Republic of the Congo and Uganda, as of 5 May 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 5 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	
Biema	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	

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