



CDTR

Week 2, 5-11 January 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

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

→Update of the week

Week 52/2019 (23–29 December 2019)

Although fewer countries reported data for week 52, sentinel surveillance data indicated influenza activity was still increasing across the Region.

The majority of reported influenza virus detections across the Region were type A, although this percentage has been decreasing over the last several weeks, and its distribution is varied between Member States and areas. Influenza activity continued to increase across the Region: more countries or territories reported increases for intensity and geographic spread compared with the previous week.

The majority of reported influenza virus detections across the region were type A, although five countries reported type B virus dominance and three other countries reported co-dominance of types A and B viruses.

Data from the 21 countries or regions reporting to the [EuroMOMO](#) project indicated that all-cause mortality was at expected levels for this time of the year.

Week 01/2020 (30 December 2019 – 5 January 2020)

Influenza activity continued to increase across the Region: more countries or territories reported increases for intensity and geographic spread compared to the previous weeks.

The majority of reported influenza virus detections across the Region were type A, although six countries reported type B virus dominance and two other countries reported co-dominance of types A and B viruses.

Data from the 22 countries or areas reporting to the [EuroMOMO](#) project indicated that all-cause mortality was at expected levels for this time of the year.

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

Opening date: 9 February 2011

Latest update: 10 January 2020

Measles cases in the EU/EEA primarily occur among unvaccinated populations of both adults and children. Outbreaks are ongoing 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 13 December 2019, updates have been provided for 17 EU/EEA countries: Austria, Belgium, Bulgaria, the Czech Republic, Finland, France, Germany, Greece, Iceland, Ireland, Lithuania, Malta, Poland, Romania, Slovenia, Spain and The United Kingdom. Other countries did not report new cases of measles.

Most of the cases in 2019 were reported from Romania (3 308), France (2 613), Italy (1 605), Poland (1 492), and Bulgaria (1 230).

In 2019, 10 deaths were reported in the EU/EEA: Romania (5), France (2), Italy (1), Hungary (1) and UK (1).

Relevant updates outside EU/EEA countries are available for WHO Regions (AFRO, PAHO) and for American Samoa, Japan, Fiji, Philippines, Samoa, Switzerland, Tonga and New Zealand.

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 available on cases and outbreaks. It is based on media reports and data reported on websites from the national public health authorities. This report is supplementary to ECDC's monthly measles and rubella monitoring report based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

Non EU Threats

New! Cluster of pneumonia cases possibly associated with novel coronavirus – Wuhan, China – 2019

Opening date: 7 January 2020

Latest update: 10 January 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission informed about a cluster of pneumonia cases of unknown aetiology with a common exposure in Wuhan's South China Seafood City market. Further investigations could identify a novel coronavirus as the causative agent of the respiratory symptoms for some of these cases.

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2019

Opening date: 1 August 2018

Latest update: 10 January 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 is affecting 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 Uganda as of 8 January 2020. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened, and WHO's Director-General later 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, the Emergency Committee for Ebola virus disease in the DRC confirmed that the outbreak still constitutes a PHEIC.

→ Update of the week

Since the previous CDTR on 20 December 2019 and as of 8 January 2020, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported 38 additional confirmed cases. During the same period, 15 deaths were reported among confirmed cases.

During the past three weeks, the health zones of Butembo, Katwa, Kalunguta Mambasa and Beni reported new cases after several weeks without cases. For five new cases reported in Kalunguta and four cases in Mambasa, the source of exposure is under investigation. The new cases reported in Katwa and Beni are part of the Aloya, Mabalako transmission chain that originated from a relapse case.

There were several small security incidents in health care and Ebola stations over the past three weeks, including theft at a handwashing station, an attack at a triage station in Oicha (24 December 2019), and a fire at an Ebola screening station in the Biakato Mines (2 January 2020).

At the end of December 2019, MSF stopped working in the Biakato Mines area after armed government forces were stationed inside several health facilities after the earlier security incidents.

As of 2 January 2020, 4 802 people were vaccinated with the Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health zones of Karisimbi in Goma. Since the start of vaccination on 8 August 2018, 262 682 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co., Inc).

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Latest update: 10 January 2020

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 400 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 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 toward dromedary camels in the Middle East as 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

Since the previous CDTR published on 6 December 2019 and as of 8 January 2020, [Saudi Arabia](#) has reported an increase of six cases and four deaths and the [United Arab Emirates](#) have reported one additional case.

So far, 11 of 13 regions in Saudi Arabia have reported cases from 1 January 2019 to 8 January 2020, and two of these, Madinah and Riyadh have reported cases in the last seven days.

Poliomyelitis – Multi-country (World) – Monitoring global outbreaks

Opening date: 9 December 2019

Global public health efforts are continuing to eradicate polio by immunising every child until transmission of the virus has stopped and the world becomes polio-free. Polio was declared a public health emergency of international concern (PHEIC) by WHO on 5 May 2014 due to concerns over the increased circulation and international spread of wild poliovirus in 2014 and the PHEIC is still in place. In June 2002, the WHO European Region was officially declared polio-free.

→ Update of the week

On 7 January, the [twenty-third meeting of the Emergency committee under the International Health Regulations \(2005\)](#) published that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC) and recommended the extension of Temporary Recommendations for three months more.

Since the last polio update published on 12 December 2019 and as of 7 January 2020:

Wild poliovirus:

Forty new cases of wild poliovirus type 1 have been reported in Pakistan (34) and Afghanistan (6).

Circulating vaccine-derived poliovirus (cVDPV):

No new case of cVDPV1 has been reported.

Thirty-four new cases of cVDPV2 have been reported in Angola (15), Democratic Republic of Congo (10), Ghana (2), Chad (2), Pakistan(1), Philippines (1), Central African Republic (1), Togo (1), Zambia (1).

No new cases of cVDPV3 have been reported.

II. Detailed reports

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Epidemiological summary

2019–2020 season overview

Influenza activity is increasing in the Region, but most countries still reported influenza activity rates that did not exceed baseline levels or were at low levels.

Influenza activity in the Region, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019 and has remained over 10% for seven weeks.

Type A viruses have dominated across the Region, although a number of countries reported influenza type B virus dominance or co-dominance of types A and B viruses.

In sentinel sources, both influenza A subtypes, A(H3N2) and A(H1N1)pdm09, are co-circulating and of the influenza B viruses, the vast majority (88%) is B/Victoria lineage.

A joint ECDC and WHO Europe [Regional situation assessment](#) of the 2019/20 influenza season to week 49/2019, focussing on disease severity and impact on healthcare systems to assist forward planning in Member States has been published.

Sources: [EuroMOMO](#) | [Flu News Europe](#) |

ECDC assessment

Influenza activity is increasing in the European Region, although most countries are still reporting influenza activity rates at baseline or low levels.

In March 2019, WHO published [recommendations](#) for the composition of influenza vaccines to be used in the 2019–2020 northern hemisphere season. Influenza vaccination for the 2019–2020 season should be promoted because vaccine coverage among the elderly, chronic disease risk groups and healthcare workers is sub-optimal in most EU Member States, according to the [VENICE report](#). 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 from week 40/2019 to week 20/2020.

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

Opening date: 9 February 2011

Latest update: 10 January 2020

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 13 December 2019, updates have been provided for 17 EU/EEA countries: Austria, Belgium, Bulgaria, the Czech Republic, Finland, France, Germany, Greece, Iceland, Ireland, Lithuania, Malta, Poland, Romania, Slovenia, Spain and The United Kingdom. Other countries did not report new cases of measles.

Most of the cases in 2019 were reported from Romania (3 308), France (2 613), Italy (1 605), Poland (1 492), and Bulgaria (1 230).

In 2019, 10 deaths were reported in the EU/EEA: Romania (5), France (2), Italy (1), Hungary (1) and UK (1).

Relevant updates outside EU/EEA countries are available for WHO Regions (AFRO, PAHO) and for American Samoa, Japan, Fiji,

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Philippines, Samoa, Switzerland, Tonga and New Zealand.

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. It is based on media reports and data reported on websites from national authorities. It is supplementary to ECDC's [monthly measles and rubella monitoring report](#) based on data routinely submitted by 30 EU/EEA countries 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 are available in the attached CDTR PowerPoint slides.

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

[Austria](#) has reported 149 cases in 2019 as of 19 December, an increase of one case since the national report on 4 December 2019. All federal states reported cases of measles in 2019.

Belgium reported 474 cases in January–November 2019, according to TESSy, an increase of 33 cases since October 2019.

[Bulgaria](#) has reported 13 cases in week 1 of 2020 (ending on 5 January 2020). Overall in 2019, Bulgaria reported 1 230 cases of measles, an increase of 32 cases since the national update on week 48 of 2019 (ending on 1 December 2019).

[The Czech Republic](#) reported 590 measles cases in January–November 2019, an increase of three cases since October 2019. In 2018, Czech Republic reported 207 cases of measles.

[Finland](#) reported 12 cases of measles in 2019 and no new cases in 2020 as of data available on 7 January 2020. This is an increase of three cases since 9 December 2019.

[France](#) reported 2 613 measles cases, including two deaths, in January–November 2019, according to TESSy, an increase of 51 cases since the report for October 2019.

[Germany](#) had reported 511 cases by week 50 (ending on 15 December 2019), an increase of eight cases since the national report for week 46 (ending on 17 November 2019). Most of the cases were reported from North Rhine-Westphalia (135), Lower Saxony (90), Bavaria (74) and Baden-Württemberg (73). In the same period in 2018, Germany reported 539 cases.

[Greece](#) reported 44 measles cases in January–November 2019, an increase of one case since October 2019.

[Iceland](#) reported one new case at the end of December 2019. Overall in 2019, Iceland reported nine cases of measles.

[Ireland](#) reported 81 cases in 2019 and as of week 52 (week ending on 29 December 2019), an increase of seven cases since the national report on 30 November 2019. According to TESSy, 84 cases have been reported by Ireland in January–November 2019. In the same period in 2018, Ireland reported 76 cases.

[Lithuania](#) reported one case in 2020 as of 7 January. According to [media](#) quoting health authorities, in January–December 2019 Lithuania reported 834 cases, an increase of one case since report for November 2019.

Malta reported 32 cases in January–November 2019, according to TESSy, an increase of one case since the report for October 2019.

[Poland](#) reported 1 492 cases from 1 January to 31 December 2019, an increase of four cases since the report in November 2019. In 2018, Poland reported 359 measles cases.

[Romania](#) reported 3 308 cases, including five deaths in 2019 and as of 20 December 2019, an increase of 147 cases since the national report on 6 December 2019. Since the beginning of the outbreak in October 2016 and as of 20 December 2019, Romania reported 18 908 confirmed measles cases, including 64 deaths.

[Slovenia](#) reported 48 cases of measles in 2019, an increase of 20 cases since the national report on 9 December 2019, in two unrelated outbreaks in Ljubljana and Carniolan regions. In addition, two more cases have been reported in the first week of 2020.

[Spain](#) reported 279 cases from 1 January to 15 December 2019, a decrease of two cases since the national report on 1 December

2019.

The [United Kingdom](#) reported 839 cases, including one death, in January–November 2019, according to TESSY, an increase of 31 cases since the previous monthly report. In addition, [media](#) quoting health authorities, reported an outbreak of measles in Wandsworth, south of London in December 2019 with 87 cases, of which 38 were confirmed. The outbreak mainly affected children in several schools in the area.

Relevant epidemiological summary for countries outside the EU/EEA

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

[Japan](#) reported 743 cases of measles from 1 January to 25 December 2019, an increase of seven cases since the national report on 4 December 2019.

[New Zealand](#) reported 2 190 confirmed cases of measles across the country, from 1 January 2019 to 8 January 2020. An increase of 41 cases since the national report on 6 December 2019.

[Switzerland](#) reported 218 cases in 2019 and as of week 52 (week ending on 29 December 2019), an increase of four cases since the national report on 3 December 2019. In 2018, Switzerland reported 48 cases of measles.

The [Philippines](#) have reported almost 43 400 measles cases, including more than 570 deaths, as of 29 November 2019.

Measles outbreaks have been reported since October 2019 in the Pacific Island countries and areas: Samoa, Tonga, Fiji and American Samoa. For detailed description of response activities in the countries see [here](#).

[Samoa](#) has reported 5 697 measles cases, including 83 deaths (CFR: 1.5%) since the beginning of the outbreak in October 2019 and as of 7 January 2020. This is an increase of 878 cases and 13 deaths since the national report on 10 December 2019. As of 28 December 2019, 95% of the population have been [vaccinated](#).

[Tonga](#) reported 612 confirmed or suspected cases of measles as of 31 December 2019. This is an increase of 172 cases since 2 December 2019. The majority 534 (87.2%) of the cases have occurred on Tongatapu and 66 (10.7%) have occurred on Vava'u Island. An outbreak of measles has been announced in October 2019.

[Fiji](#) reported 23 confirmed cases as of 20 December 2019, an increase of four cases since 6 December 2019.

[American Samoa](#), according to media quoting health authorities, reported 11 confirmed cases as since the beginning of the outbreak in December 2019 and as of 9 January 2020. A public health emergency in American Samoa has been extended until 6 February.

According to the [WHO Regional Office for Africa](#) (as of 5 January 2020) outbreaks of measles have been reported in several countries. Democratic Republic of the Congo (DRC) experiences a large measles outbreak, which continue to expand. From 1 January to 15 December 2019, DRC has reported 299 586 suspected cases (6 304 confirmed), including 5 877 deaths (CFR: 2.0%). This is an increase of 30 507 cases and 447 deaths since the WHO AFRO report published on 6 December 2019. [WHO](#) has activated emergency response grade 2 in DRC, and is asking for more help to tackle this outbreak. Outbreaks of measles have also been reported in Cameroon (1 170 cases, 382 confirmed, 14 deaths), the Central African Republic (2 540 cases, 98 confirmed, 40 deaths (CFR 1.6%)), Chad (26 623 cases, 296 confirmed, 259 deaths (CFR 1%)), the Comoro Islands (218 cases, 59 confirmed), Ethiopia (9 672 cases and 795 confirmed), Guinea (4 690 cases, 1 091 confirmed, 18 deaths (CFR 0.3%)), Kenya (510 cases, 17 confirmed, 1 death), Lesotho (59 suspected, 4 confirmed), Liberia (1 692 cases, 267 confirmed, 5 deaths (CFR 0.3%)), Mali (1 215 cases, 360 confirmed), Niger (10 035 cases, 54 deaths (CFR 0.5%)), Nigeria (58 916 cases and 2 767 confirmed, 289 deaths (CFR 0.5%)), and South Sudan (3 963 cases, 169 confirmed, 23 deaths (CFR 0.6%)).

[Pan American Health Organization](#): as of 28 December 2019, 19 530 confirmed cases of measles have been reported by 13 countries. Most of the cases were reported in Brasil (17 211), followed by the US (1 276), Venezuela (552) and Colombia (234).

[WHO Regional Office of the Western Pacific](#): no update available since the report for September 2019.

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 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 for 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.

New! Cluster of pneumonia cases possibly associated with novel coronavirus – Wuhan, China – 2019

Opening date: 7 January 2020

Latest update: 10 January 2020

Epidemiological summary

On 31 December 2019, the Wuhan Municipal Health and Health Commission informed about a cluster of 27 pneumonia cases of unknown aetiology, including seven severe cases, with a common exposure in Wuhan's South China Seafood City market. The cases showed symptoms such as fever, dyspnoea, and radiological test compatible with bilateral lung infiltrative lesions. Authorities placed all cases under isolation, initiated contact tracing activities and applied hygiene and environmental sanitation activities in the affected market, which was closed to the public on 1 January 2020.

Preliminary investigations suggested viral pneumonia while analysis to identify the pathogen were carried out. According to Chinese authorities, no human to human transmission could be documented. No cases among health care workers have been reported.

On 3 January 2020, 17 additional cases were reported and the overall number of severe cases increased to 11. Further investigations could identify 121 close contacts and laboratory investigations could exclude influenza virus, avian influenza virus and adenovirus as the causative agent of these cases.

On 5 January 2020, Chinese authorities reported 15 additional pneumonia cases of unknown aetiology in Wuhan. At that time, seven cases were considered as severe. According to the same statement, onset of symptoms ranged from 12 to 29 December 2019. Contact tracing activities identified 163 close contacts. Additional laboratory investigations ruled out SARS and MERS coronaviruses as the causative agent of these cases.

On 9 January 2020, China CDC referred to a report released by [XINHUA](#), the official press agency of China, where a novel coronavirus was confirmed as the causative agent for 15 of the cases reported in Wuhan, China. These cases were detected by nucleic acid detection methods. The virus was isolated from samples obtained from one suspected case, which showed a typical coronavirus appearance under an electron microscope. Additionally and according to [media report](#) interviewing the leader of the preliminary assessment of pathogenic test results and a member of the Chinese Academy of Engineering, a new coronavirus was detected in the laboratory on 7 January 2020 and the entire genome sequence of the virus was obtained.

The last update on the number of cases reported in Wuhan, China, was on 5 January. Since then and as of 10 January, ECDC is not aware of new cases reported in Wuhan, China. So far, no pneumonia cases related to this outbreak have been reported outside Wuhan, China.

Following this event, neighbouring territories such as [Hong Kong](#), [Malaysia](#), [Myanmar](#), [the Philippines](#), [Singapore](#), [Taiwan](#), [Thailand](#) and [Vietnam](#) implemented entry screening activities to all incoming travellers from the affected area in their transport hubs such as airports and train stations.

As of 10 January, suspected pneumonia cases with recent travel history to Wuhan, China, have been reported in [Hong Kong](#), [Macau](#), [Singapore](#), [South Korea](#) and [Taiwan](#). Up to date, these cases are being discarded to be related to this outbreak after the competent authorities are carrying out epidemiological and laboratory investigations.

Sources: [Wuhan Municipal Health Commission 1](#), [Wuhan Municipal Health Commission 2](#), [Wuhan Municipal Health Commission 3](#), [WHO DON](#), [China CDC](#), [WHO statement](#)

ECDC assessment

Preliminary results are suggestive of a novel coronavirus as the causative agent of the pneumonia cases reported in Wuhan, China. However, more epidemiological and laboratory information is needed in order to elaborate a comprehensive assessment of this event and the possible risk for the international spread.

According to Chinese authorities, no human to human transmission has been proved and environmental sanitation of the involved food market took place.

The airport of Wuhan has direct [flight connections](#) with some EU cities: Paris (France) with six weekly flights, London (the United Kingdom) with three weekly flights and Rome (Italy) with three weekly flights. Health authorities in the concerned member states, remain vigilant and closely monitor the ongoing situation in China.

As of 10 January, ECDC is not aware about any implementation of exit screening in Wuhan international airport.

Up to date, no cases related to this outbreak have been confirmed outside Wuhan, China.

On 25 January 2020, the Chinese New Year celebrations will take place, involving a high volume of population movement inside the country and posing an increased risk of spread of this and other communicable diseases.

Actions

ECDC is monitoring this event through epidemic intelligence activities. ECDC published a threat assessment brief on '[Pneumonia cases possibly associated with a novel coronavirus in Wuhan, China](#)' on 9 January 2020.

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2019

Opening date: 1 August 2018

Latest update: 10 January 2020

Epidemiological summary

Since the beginning of the outbreak and as of 8 January 2020, there have been 3 392 cases (3 274 confirmed, 118 probable) in the Democratic Republic of the Congo (DRC), including 2 235 deaths (2 117 confirmed, 118 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past three week, most cases have been reported in Mabalako, Butembo and Kalunguta. As of 7 January 2020, 169 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported confirmed/probable Ebola virus disease cases: 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 (reported on 29 August 2019) died on 30 August 2019 in Kasese district, which borders North Kivu. However, as of today, there have been no reports of autochthonous transmission in Uganda.

Public health emergency of international concern (PHEIC): On 17 July 2019, WHO's Director-General [declared](#) the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth meeting of the IHR Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 17 July 2019. The declaration was made in response to the geographical spread observed in the previous weeks, as well as the need for a more intensified and coordinated response in order to end the outbreak. On 18 October 2019, 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 sectors of the population. A substantial number of cases has been detected in individuals not previously identified as contacts, stressing the need to maintain enhanced surveillance and identify the chains of transmission.

The fact that the outbreak is ongoing in areas with a cross-border population flow with Rwanda, South Sudan, Burundi and Uganda remains of particular concern. So far, the identification of imported cases to previously non-affected areas does not change the overall risk for the EU/EEA, which remains very low.

WHO assessment: As of 9 January 2020, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of

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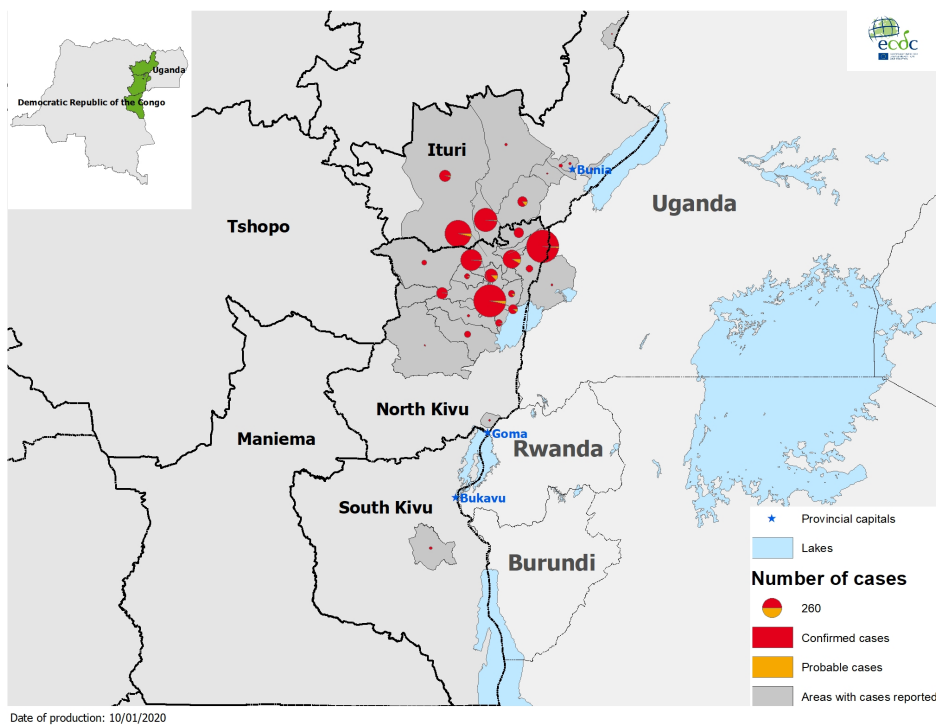
spread remains low at the global level and very high at national and regional levels.

Actions

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

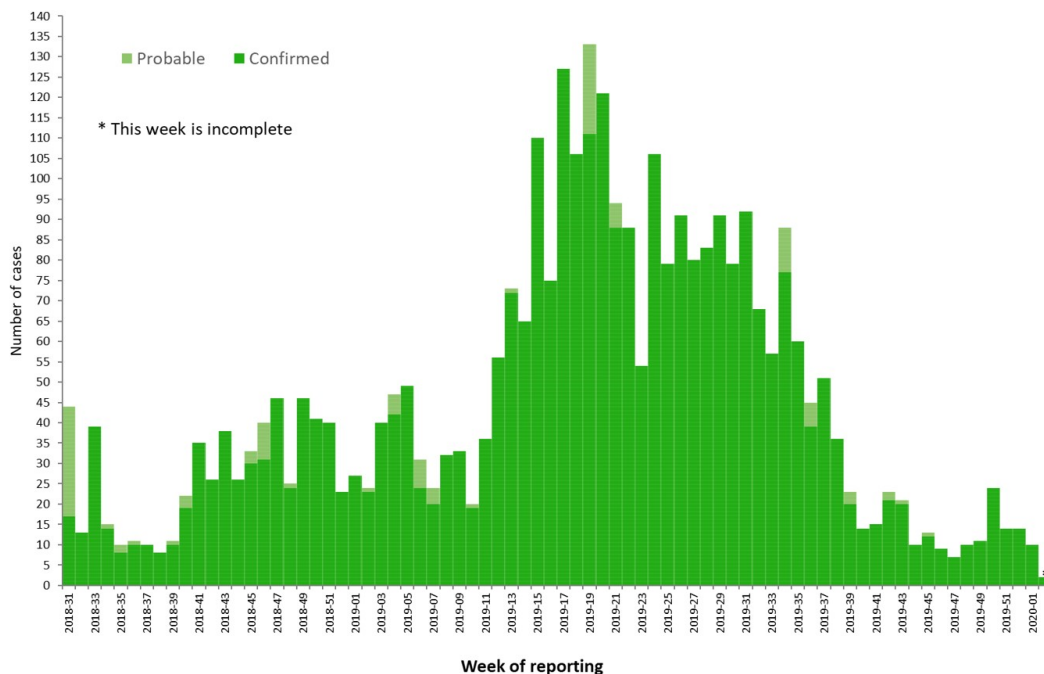
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 8 January 2020

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 8 January 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 8 January 2020

Source: ECDC

| # | Country | 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 | 3274 | 118 | 3392 | 2235 | |
| | North-Kivu Province | 2758 | 100 | 2858 | 1965 | |
| | Alimbongo | 5 | 0 | 5 | 2 | |
| | Beni | 696 | 9 | 705 | 462 | ACTIVE |
| | Biena | 19 | 2 | 21 | 14 | |
| | Butembo | 294 | 3 | 297 | 356 | ACTIVE |
| | Goma | 1 | 0 | 1 | 1 | |
| | Kalunguta | 199 | 18 | 217 | 89 | |
| | Katwa | 653 | 24 | 677 | 495 | |
| | Kayna | 27 | 0 | 27 | 8 | |
| | Kyondo | 25 | 4 | 29 | 19 | |
| | Lubero | 31 | 2 | 33 | 6 | |
| | Mabalako | 452 | 17 | 469 | 350 | ACTIVE |
| | Manguredjipa | 18 | 0 | 18 | 12 | |
| | Masereka | 50 | 6 | 56 | 23 | |
| | Musienene | 84 | 1 | 85 | 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 | 510 | 18 | 528 | 267 | |
| | Ariwara | 1 | 0 | 1 | 1 | |
| | Bunia | 5 | 0 | 5 | 4 | |
| | Komanda | 56 | 10 | 66 | 54 | |
| | Lolwa | 6 | 0 | 6 | 1 | |
| | Mambasa | 82 | 3 | 85 | 30 | ACTIVE |
| | Mandima | 348 | 5 | 353 | 171 | |
| | Nyakunde | 2 | 0 | 2 | 1 | |
| | Rwampara | 8 | 0 | 8 | 3 | |
| | 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 | 3275 | 118 | 3393 | 2236 | |

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Latest update: 10 January 2020

Epidemiological summary

From 1 January 2019 to 8 January 2020, 222 MERS-CoV cases have been reported in Saudi Arabia (204), Oman (13), Qatar (3) and the United Arab Emirates (2), including 61 deaths in Saudi Arabia (57) and Oman (4). In Saudi Arabia, 124 cases were primary (53 of whom reported contact with camels), 41 were healthcare-acquired, 32 were household contacts, and seven were unspecified secondary cases. In 2019, 77% of the 204 cases in Saudi Arabia were reported in Riyadh (119), Eastern Provinces (21) and Quassim (18).

Since April 2012 and as of 30 September 2019, 2 494 cases of MERS-CoV, including 912 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Saudi Arabia Ministry of Health](#)

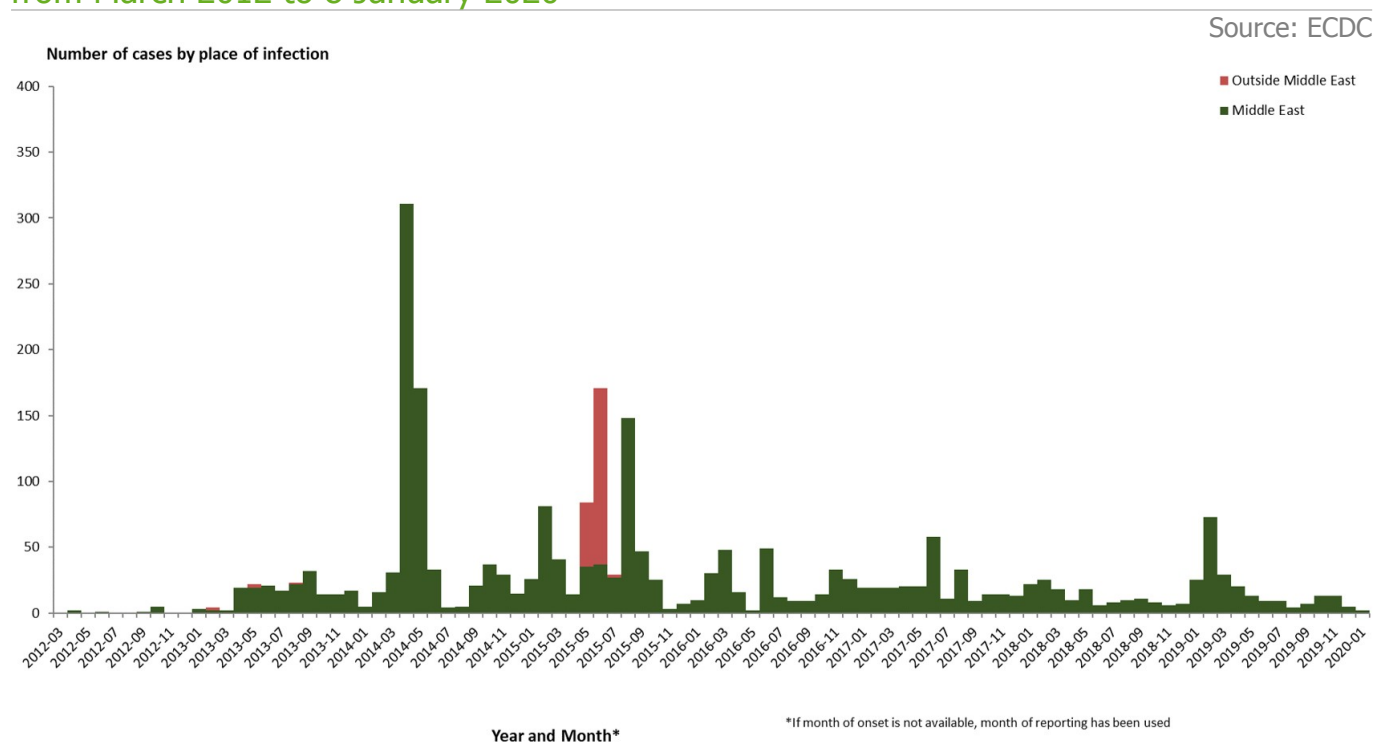
ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, and in particular in Saudi Arabia. The risk of sustained human-to-human transmission in Europe remains very low. The MERS-CoV current situation poses a low risk to the EU, as stated in an ECDC [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

Actions

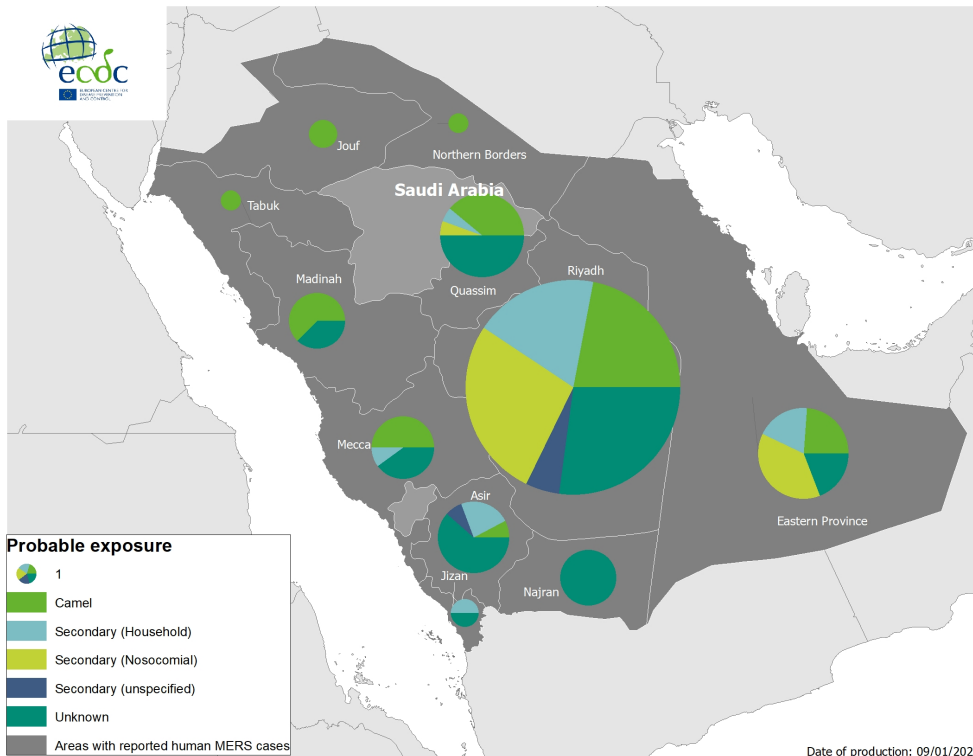
ECDC monitors this threat through epidemic intelligence and reports on a monthly basis.

Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, from March 2012 to 8 January 2020



Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, Saudi Arabia, from 1 January 2019 to 8 January 2020

Source: ECDC



Poliomyelitis – Multi-country (World) – Monitoring global outbreaks

Opening date: 9 December 2019

Epidemiological summary

In 2019:

Wild poliovirus:

Two endemic countries have reported 143 cases of wild poliovirus type 1: Pakistan (117) and Afghanistan (26). This is 110 cases more than in 2018 (33).

Circulating vaccine-derived poliovirus (cVDPV):

Overall, 249 cases of cVDPV have been reported in 17 countries.

Among these 249 cases of cVDPV, 8 cases of cVDPV1 have been reported from Myanmar (6), the Philippines (1) and Malaysia (1).

In addition, 241 cases of cVDPV2 have been reported from Angola (86), the Democratic Republic of the Congo (63), Nigeria (18), the Central African Republic (17), Pakistan (12), Ghana (11), Philippines (10), Benin (6), Ethiopia (5), Somalia (3), Togo (4), China (1), Chad (3), Zambia (1) and Niger (1).

No cases of cVDPV3 have been reported.

On 24 October 2019, an independent commission of experts concluded that wild poliovirus type 3 (WPV3) has been eradicated worldwide.

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC Polio interactive map](#) | [WHO DON](#) | [WPV3 eradication certificate](#)

ECDC assessment

The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. The risk of reintroduction of the virus in Europe exists as long as there are non- or under-vaccinated population groups in European

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countries and poliomyelitis is not eradicated. According to WHO, one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high [risk of a sustained polio outbreak](#). According to the same report, an additional 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or emergence of cVDPV due to suboptimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in three countries shows that there is a continued risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in the pockets of under-immunised populations.

[ECDC](#) endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or long-term visitors (> 4 weeks) to countries with potential risk of international spread.

ECDC links: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#)

Actions

ECDC provides updates on the polio situation on a monthly basis. ECDC monitors reports on polio cases worldwide through epidemic intelligence, in order to highlight polio eradication efforts, and identifies events that increase the risk of wild poliovirus being reintroduced into the EU.

ECDC maintains an [interactive map](#) showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

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