COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 13, 24-30 March 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Increase of psittacosis infections in Sweden
Sixty cases of psittacosis have been reported in Sweden from November 2018–March 2019, which exceeds the reported number of cases in the country during the winter in the past 20 years. The majority of cases were infected through contact with wild birds and bird tables. Other cases were infected through contact with domestic birds (parrots). According to the latest data on cases of psittacosis in Sweden, there was a median of 20 cases of psittacosis in 2013–2017 (interquartile range 20–25).

Cases of psittacosis have been previously reported from Europe, including Belgium, France, Sweden and the UK. In 2017, Denmark also reported 18 samples from clinical suspected birds and three of them were positive.

Psittacosis is an infection caused by *Chlamydia psittaci*. Birds are the primary reservoir of infection and can be asymptomatic. Both wild and domestic birds, such as parrots, parakeets, canaries, turkeys, pigeons and ducks, can be infected. People get infected through contact with infected birds and their faeces. Human-to-human transmission is rare. Psittacosis causes a wide range of symptoms in humans, including fever, headache, cough and pneumonia that may require hospitalisation. Psittacosis can be effectively treated with antibiotics.

Healthcare providers should be aware of the increased risk of infection in people keeping or handling birds and their environments. To reduce the risk of infection, close contact with birds (sick or healthy) or handling bird tables and bird traps should be avoided. Individuals, especially those who have contact with wild and/or domestic birds, should be aware that the risk of human infection can be mitigated through hygiene measures such as handwashing and appropriate bird table cleaning.

I. Executive summary

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

EU Threats

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

Opening date: 8 October 2018 Latest update: 29 March 2019

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

➔Update of the week

Week 12, 2019 (18–24 March 2019):

Of 45 countries reporting on geographic spread, only 11 in the northern, southern and western areas of the European Region reported widespread activity. Specimens collected from individuals presenting with influenza-like illness or acute respiratory infection to sentinel primary healthcare sites yielded an influenza virus positivity rate of 38%, similar to the rate of 39% in the previous week.

Influenza type A virus detections dominated, with more A(H3N2) than A(H1N1)pdm09 viruses among sentinel and non-sentinel source specimens. Few influenza B viruses were detected.

Of the specimens from patients with severe acute respiratory infection (SARI) collected in week 12 of 2019 that were tested for influenza viruses, 21% were positive and almost all were type A.

Pooled data from 22 Member States and areas reporting to the EuroMOMO project indicated that the excess mortality observed in previous weeks has returned to normal levels.

News:

The Centers for Disease Control and Prevention issued a health advisory regarding an increase in influenza A(H3N2) activity, reminding clinicians that A(H3N2) infections in older adults may be associated with severe disease and early antiviral treatment is recommended for hospitalised and high-risk patients, especially those 65 years and older.

Non EU Threats

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

Opening date: 1 August 2018 Latest update: 29 March 2019

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 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 53 additional cases, including 38 additional deaths, among confirmed cases. Among the new reported cases in the past week, two are healthcare workers.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

II. Detailed reports

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

Opening date: 8 October 2018 Latest update: 29 March 2019

Epidemiological summary

2018–2019 season overview:
Influenza activity in the European region based on sentinel sampling exceeded a positivity rate of 10% in week 49 of 2018, exceeded 50% between weeks 3–7 of 2019 and peaked in week 5 of 2019.

Both influenza A virus subtypes were circulating, with co-circulation in some countries, while others reported dominance of either A(H1N1)pdm09 or A(H3N2) viruses.

Among hospitalized influenza virus-infected patients admitted to ICU wards, 41% of influenza A viruses were subtyped. Of these, 71% were A(H1N1)pdm09 viruses. Among influenza virus-infected patients admitted to other wards, 37% of influenza A viruses were subtyped and 60% were A(H1N1)pdm09 viruses.

90% of influenza type A viruses detected from severe acute respiratory illness surveillance since week 40 of 2018 were subtyped and 80% were A(H1N1)pdm09 viruses.

A recent summary of regional activity from October 2018–February 2019 was published in Eurosurveillance.

Current influenza vaccines tend to work better against influenza A(H1N1)pdm09 and influenza B viruses than influenza A(H3N2) viruses. Preliminary vaccine effectiveness estimates continue to support the use of vaccines. Early data suggest that vaccines are fairly effective, with estimates varying depending on the population studied and the proportions of circulating influenza A virus subtypes. See data from six European studies, Canada, Finland, Hong Kong Special Administrative Region, Sweden and the United States.

WHO has published the recommendations for the composition of influenza vaccines to be used in the 2019–2020 northern hemisphere season. The recommendation was that type B lineage viruses remain unchanged, while the A(H1N1)pdm09 and A (H3N2) strains were updated.

Circulating viruses remained susceptible to neuraminidase inhibitors supporting use of antiviral treatment according to national guidelines.

Source: Flu News Europe | EuroMOMO

ECDC assessment

Influenza activity is decreasing across the countries. Influenza A(H3N2) and A(H1N1)pdm09 continue to co-circulate in Europe, but on a lower level. Influenza vaccine coverage among the elderly, chronic disease risk groups and healthcare workers was suboptimal in most EU Member States, according to the VENICE report. Vaccine effectiveness was moderate and all-cause excess mortality has been observed in those aged 65 years and above and to a lesser extent in the age group 15–64 years. Peak in excess mortality seen over recent weeks is declining.

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 and 2019–2020 influenza virus vaccines are available from the WHO website.

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

Opening date: 1 August 2018 Latest update: 29 March 2019

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

Epidemiological summary

Since the beginning of the outbreak and as of 27 March 2019, there have been 1 044 Ebola virus disease cases (978 confirmed, 66 probable), including 652 deaths (586 confirmed, 66 probable), according to the Ministry of Health of the Democratic Republic of the Congo.

As of 27 March 2019, 80 healthcare workers have been infected, of whom 27 have died.

Twenty-one health zones in two provinces have been reported confirmed or probable EVD cases, including Beni, Biena, Butembo, Lubero, Mabalako, Manguredjipa, Masereka, Mutwanga, Musienene, Oicha, Kalunguta, Katwa, Kayna, Kyondo and Vuhovi health zones in North Kivu Province and Bunia, Nyankunde, Komanda, Mandima, Rwampara and Tchomia health zones in Ituri Province.

Source: Democratic Republic of the Congo Ministry of Health | WHO Disease outbreak news | WHO Africa weekly bulletin

ECDC assessment

ECDC assessment: Response measures remain challenging in affected areas because of the prolonged humanitarian crisis, unstable security situation and resistance among the population. The fact that the outbreak is ongoing in areas with cross-border population flow with Rwanda, South Sudan and Uganda remains of particular concern.

A substantial proportion of cases continue to be among individuals not previously identified as contacts, highlighting the need to maintain enhanced surveillance in order to identify chains of transmission.
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 the local level.

WHO assessment: As of 7 February 2019, the WHO assessment is that the risk of spread is low at the global level, but remains very high at national and regional levels.

Actions

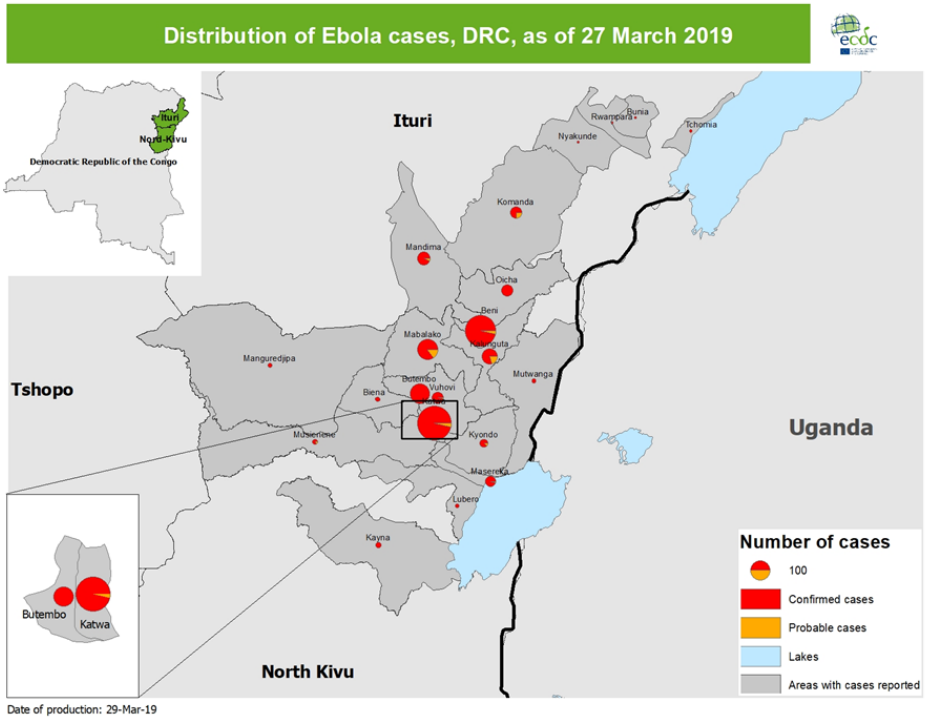
ECDC published an epidemiological update on 25 January 2019 and the third update of a rapid risk assessment on 13 February 2019.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

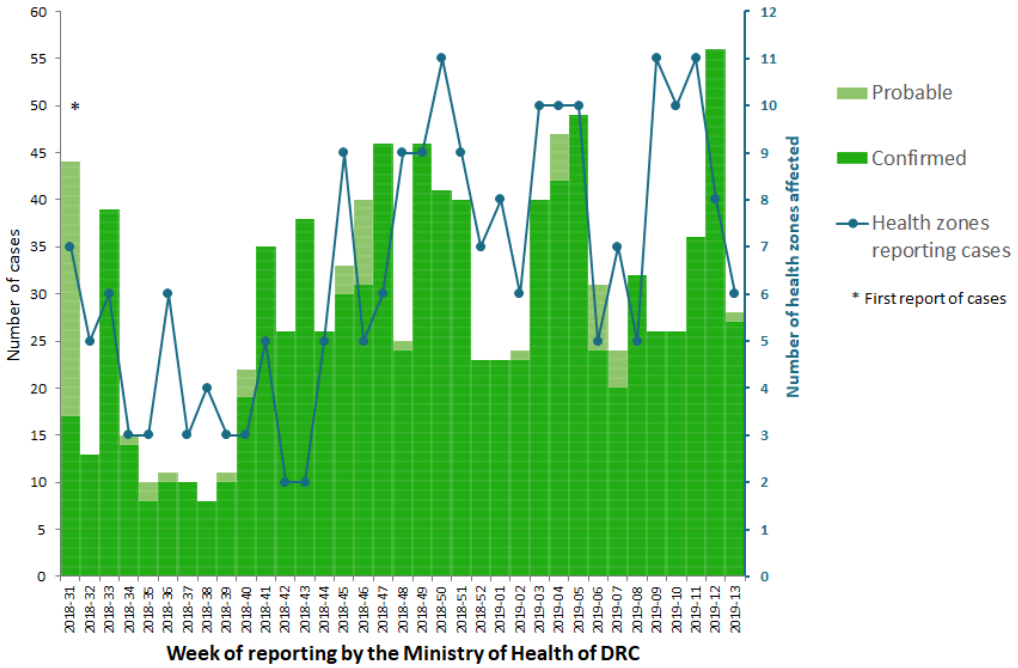
Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 27 March 2019

ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease and health zones reporting cases, North Kivu and Ituri, Democratic Republic of the Congo, as of 27 March 2019

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.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides