

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

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

Opening date: 30 May 2018

Latest update: 26 October 2018

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

##### →Update of the week

Between 19 and 25 October 2018, EU Member States reported 24 human West Nile virus (WNV) infections in Croatia (8), Romania (8), Greece (5) and Bulgaria (3). EU neighbouring countries reported 24 cases by Serbia (13) and Kosovo\* (11).

All human cases were reported from areas that have been affected during previous transmission seasons.

This week, 8 deaths were reported by Romania (4), Kosovo\* (2), Bulgaria (1) and Greece (1).

In the same week, 18 outbreaks among equids were reported by Italy (8), France (3), Hungary (3), Spain (3) and Greece (1).

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

Opening date: 8 October 2018

Latest update: 26 October 2018

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

##### →Update of the week

For week 42 between 15 and 21 October 2018, influenza activity was low throughout Europe.

## Non EU Threats

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

Opening date: 1 August 2018

Latest update: 26 October 2018

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the 10th outbreak of Ebola virus disease in the country. The outbreak affects North Kivu and Ituri Provinces in the northeast of the country close to the border with Uganda.

→Update of the week

Over the past week, the Ministry of Health of the Democratic Republic of the Congo has reported 28 additional cases in Beni (24) and Butembo (4).

As of 24 October 2018, there have been 251 Ebola virus disease cases (216 confirmed, 35 probable), including 144 deaths (109 of which were confirmed cases), since the beginning of the outbreak.

After the first meeting of the 2018 [International Health Regulations \(IHR\) Emergency Committee](#) for Ebola virus disease in the Democratic Republic of the Congo on 17 October 2018 held by WHO in Geneva, Switzerland, the Emergency Committee concluded that the epidemic is not at this stage a public health emergency of international concern.

According to the latest [disease outbreak news](#) from WHO, as of 25 October 2018, security incidents over the past week, ranging from clashes between rebel and government forces resulting in civilian deaths to response vehicles being pelted with stones, continue to cause community distress and severely impede response activities for the Ebola virus disease outbreak in the Democratic Republic of the Congo. Despite these challenges, the Ministry of Health of the Democratic Republic of the Congo, WHO and partners are reinforcing efforts to contain the outbreak. Additionally, as of 25 October 2018, the WHO assessment of the risk of spread is low at global level, but very high at national and regional levels.

### Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 26 October 2018

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

→Update of the week

Since the last CDTR update on 21 September 2018, the countries reporting the most cases are Yemen (71 807 cases, 133 deaths), Zimbabwe (6 055 cases, 22 deaths) and DRC (2 332 cases, 68 deaths).

Since the previous CDTR update, WHO has declared the cholera outbreak in Algeria under control. Two countries are reporting new cholera outbreaks within their territories: Kenya and Uganda.

## II. Detailed reports

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

Opening date: 30 May 2018

Latest update: 26 October 2018

#### Epidemiological summary

Between 19 and 25 October 2018, EU Member States reported 24 human West Nile virus (WNV) infections in Croatia (8), Romania (8), Greece (5) and Bulgaria (3). EU neighbouring countries reported 24 cases by Serbia (13) and Kosovo\* (11).

All human cases were reported from areas that have been affected during previous transmission seasons. This week, 8 deaths were reported by Romania (4), Kosovo\* (2), Bulgaria (1) and Greece (1).

In the same week, 18 outbreaks among equids were reported by Italy (8), France (3), Hungary (3), Spain (3) and Greece (1).

In 2018, as of 25 October 2018, EU Member States have reported 1 460 human cases in Italy (550), Greece (307), Romania (276), Hungary (212), Croatia (53), France (24), Austria (19), Bulgaria (14), Slovenia (3) and the Czech Republic (2). EU neighbouring countries reported 522 human cases in Serbia (398), Israel (110) and Kosovo\* (14). To date, 170 deaths due to West Nile virus infection have been reported by Italy (44), Greece (42), Romania (42), Serbia (35), Kosovo\* (3), Bulgaria (2), the Czech Republic (1) and Hungary (1).

In September 2018, a veterinarian was diagnosed with suspected WNV infection after performing an autopsy on a deceased owl found in a wildlife park near Poing, Ebersberg, Bavaria, Germany. WNV was detected in the owl by PCR in tissue samples recovered during the autopsy.

During the current transmission season, 261 outbreaks among equids have been reported by Italy (136), Hungary (87), Greece (15), France (11), Spain (5), Romania (2), Germany (2), Austria (1), Slovenia (1) and Portugal (1).

In accordance with [European Commission Directive 2014/110/EU](#), prospective blood donors should defer for 28 days after leaving an area with evidence of WNV circulation among humans unless the results of an individual nucleic acid test are negative.

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

**Publications:** [An early start of West Nile virus seasonal transmission: the added value of One Health surveillance in detecting early circulation and triggering timely response in Italy, June to July 2018](#)

[Early start of the West Nile fever transmission season 2018 in Europe](#)

**ECDC links:** [West Nile fever](#) | [Atlas](#)

**Sources:** [TESSy](#) | [ADNS](#)

#### ECDC assessment

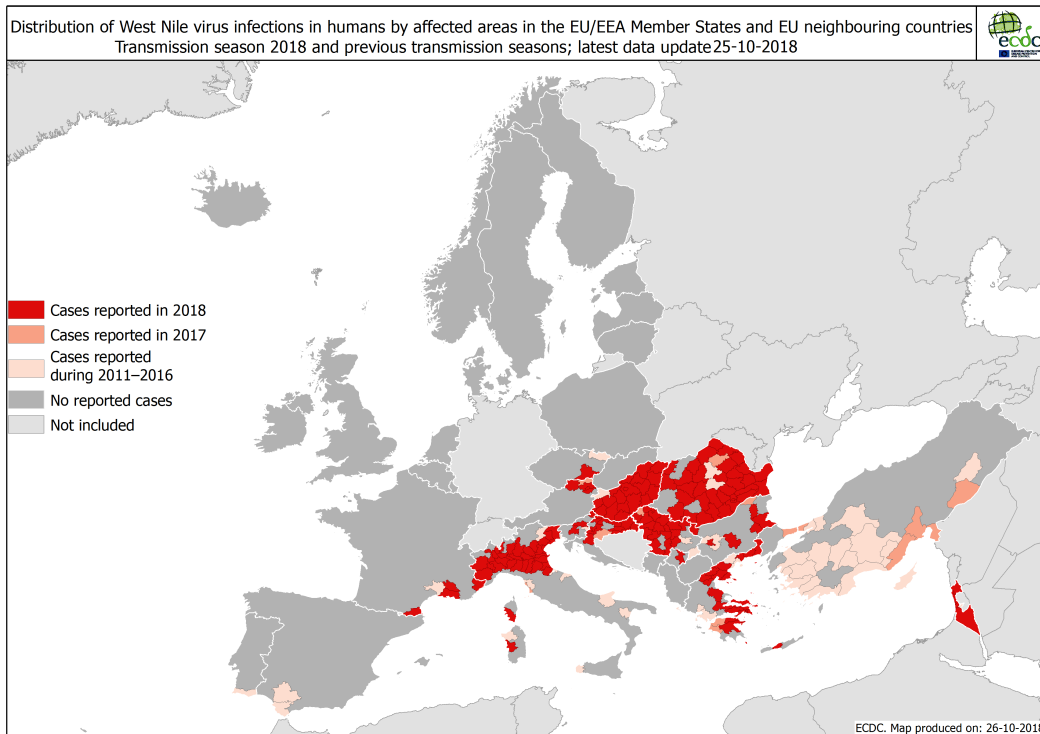
The 2018 transmission season started earlier than usual and higher case numbers have been reported compared with the same period in previous years. This year, Germany detected the country's first autochthonous human West Nile virus infection, most likely infected through contact transmission during the autopsy of a deceased bird and not through a mosquito bite. All other autochthonous human cases were reported in previously affected countries. Since it has been a particularly intense transmission season for West Nile virus, precautionary measures for travellers and residents, mainly elderly and immunocompromised individuals, to affected areas must be highlighted. As expected at this time of the year, the weekly number of cases has started to decrease.

#### Actions

During the transmission season, ECDC publishes [West Nile fever maps](#) together with an epidemiological summary every Friday. ECDC published a rapid risk assessment on the [Early large increase in West Nile virus infections in the EU/EEA and EU neighbouring countries](#) on 13 August 2018 and [the latest epidemiological update](#) on 24 September 2018.

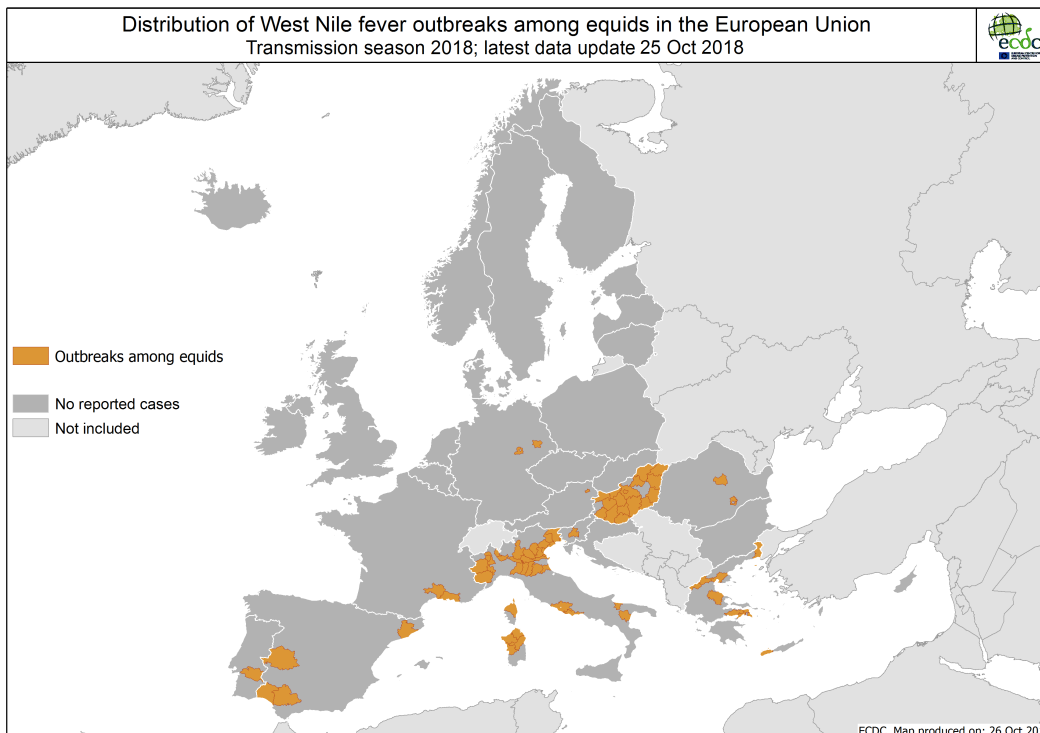
### Distribution of human West Nile virus infections by affected areas as of 25 October 2018.

ECDC



### Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 25 October 2018.

ECDC and ADNS



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

Opening date: 8 October 2018

Latest update: 26 October 2018

## Epidemiological summary

### Week 42, 2018 (15 to 21 October 2018)

Influenza activity was low throughout Europe.

Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to medical care. Both influenza A and B type viruses were detected at low numbers.

For week 42, 2018, data from the 20 countries or regions reporting to the [EuroMOMO](#) project indicated all-cause mortality to be at normally expected levels for this time of the year.

### ECDC assessment

As expected for this time of the year, influenza activity is low in Europe.

**Source:** [Flu News Europe](#) | [EuroMOMO](#)

## Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe website](#).

Recommendations on the composition of the 2018–2019 influenza virus vaccine are available from [WHO](#).

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

Opening date: 1 August 2018

Latest update: 26 October 2018

## Epidemiological summary

As of 24 October 2018, there have been 251 Ebola virus disease cases (216 confirmed, 35 probable), including 162 deaths (127 of which were confirmed cases), since the beginning of the outbreak.

Ten health zones in two provinces have reported confirmed and probable Ebola virus disease cases: Beni, Butembo, Kalungata, Mabalako, Masereka, Musienene and Oicha health zones in North Kivu Province and Komanda, Mangina and Tchomia health zones in Ituri Province.

**Response activities:** According to the WHO Regional Office for Africa Situation Report, as of 23 October 2018, 5 486 contacts have been identified in Beni (4 288), Masereka (459), Butembo (286), Mabalako (161), Kalunguta (159), Musienene (81) and Mandima (52). A total of 88.9% of these contacts were followed up.

According to the latest Ministry of Health update, as of 24 October 2018, 22 326 people have been vaccinated in Beni (10 945), Mabalako (4 391), Katwa (1 847), Mandima (1 663), Butembo (1 195), Masereka (690), Bunia (434), Tchomia (355), Komanda (240), Kalunguta (185), Musienene (160), Oicha (121) and Mutwanga (100).

**Travel:** [Uganda](#), with high cross-border mobility with the Democratic Republic of the Congo, has put in place an Ebola virus disease [preparedness plan](#) with support from WHO that covers the following areas: coordination, investigations and surveillance, risk communication, cross-border entry screening at all major border points in all very high-risk districts, laboratory diagnostics and case management.

[South Sudan](#) is one of four high-risk countries prioritised by WHO to enhance preparedness and operational readiness and has activated a multisectoral Ebola virus disease taskforce to coordinate preparedness and response activities.

Furthermore, Burundi, [Rwanda](#) and [Zimbabwe](#) have established entry screening. According to [WHO](#), as of 23 October 2018, health screening had been established at 64 points of entry.

[Belgium](#), [Germany](#), [Italy](#) and [Spain](#) have issued advice against traveling to the North Kivu region due to the Ebola outbreak. Additionally, the [CDC](#) and [WHO](#) have issued travel recommendations.

**Sources:** [Ministry of Health of the Democratic Republic of the Congo](#) | [WHO](#)

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## ECDC assessment

While no confirmed cases in neighbouring countries have been documented as of 23 October 2018, the fact that the outbreak is ongoing in areas with an important cross-border population flow with Rwanda and Uganda remains of particular concern. In addition, the implementation of response measures in the field remains challenging because the outbreak occurs in areas affected by prolonged humanitarian crises and an unstable security situation arising from a complex armed conflict.

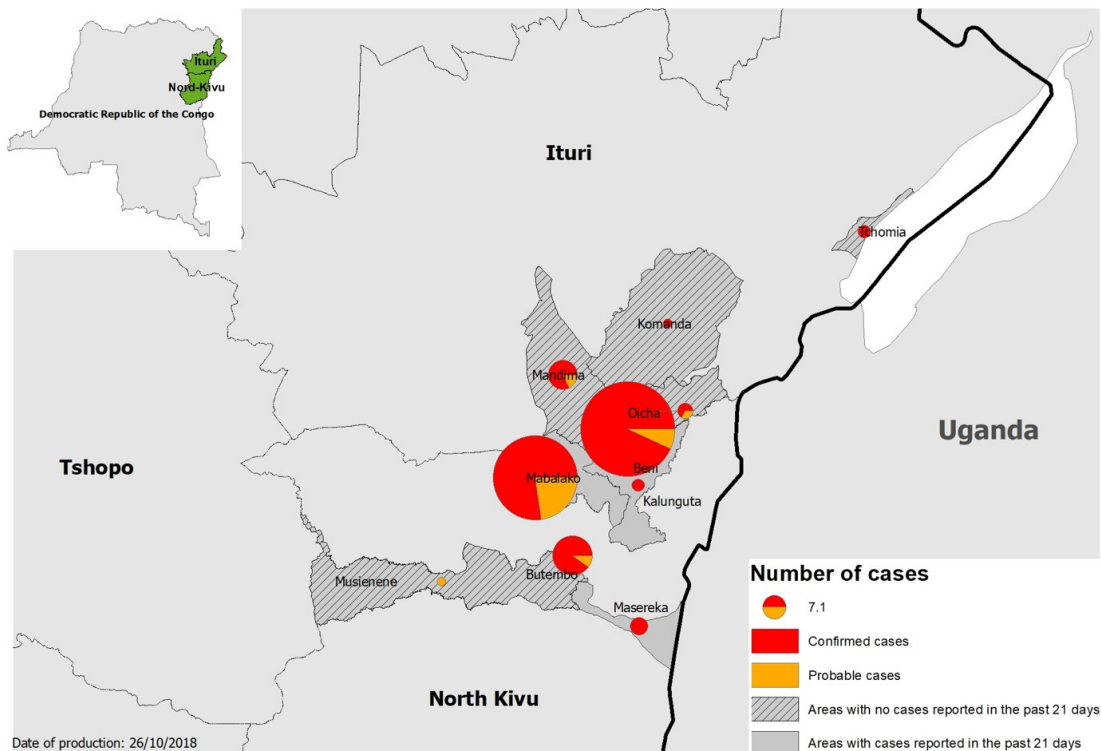
The probability of exposure to the disease for EU/EEA citizens who live or travel in Ebola virus disease-affected areas of the Democratic Republic of the Congo is low provided they adhere to recommended precautionary measures. The overall risk of introduction and further spread of Ebola virus within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

## Actions

ECDC published an updated [rapid risk assessment](#) on 5 October 2018.

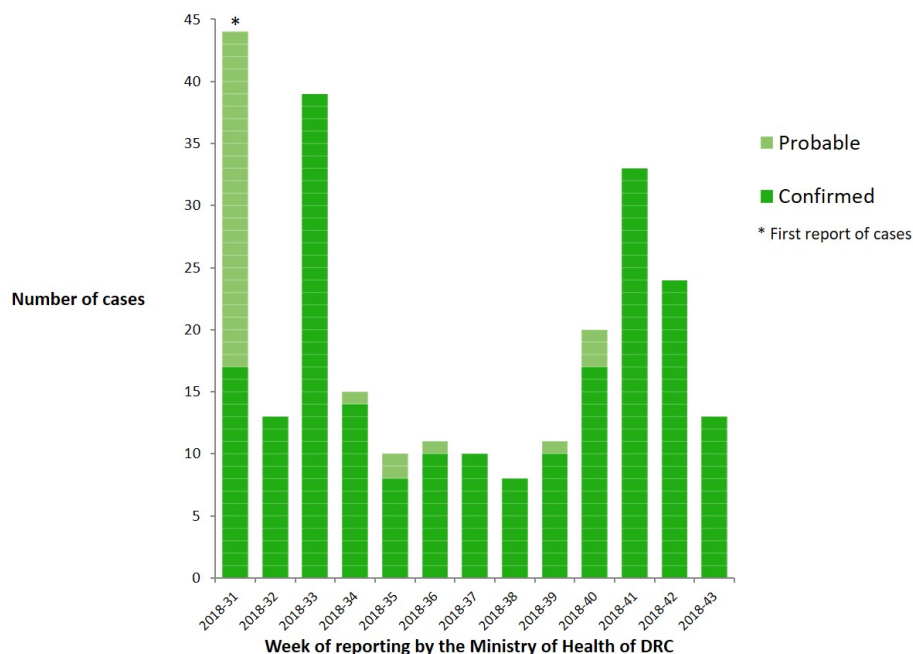
## Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 24 October 2018

ECDC



## Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri Provinces, DRC, as of 24 October 2018

ECDC



## Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 26 October 2018

### Epidemiological summary

#### Americas

**Dominican Republic:** In 2018 and as of 7 October 2018, the Dominican Republic has reported 117 cases and one death. This represents an increase of 70 cases and one death since the previous CDTR update on 21 September 2018. During the same period in 2017, the Dominican Republic reported 105 cases.

**Haiti:** In 2018 and as of 13 October 2018, Haiti reported 3 350 cases, including 38 deaths (CFR: 1.1%). This represents an increase of 239 cases and one death since the previous CDTR update on 21 September 2018. In 2017, Haiti reported 13 681 cholera cases including 159 deaths (CFR: 1.2%). Since the beginning of the outbreak in 2010 and as of 13 October 2018, Haiti has reported 819 350 suspected cholera cases, including 9 786 deaths (CFR: 1.2%).

#### Africa

**Algeria:** In week 42, the cholera outbreak in Algeria was declared over. Since the beginning of the outbreak on 7 August 2018 and as of 6 September 2018, 217 cases, including 2 deaths (CFR: 0.9%), have been reported in the northern part of the country, including the capital city of Algiers. ECDC published a [rapid risk assessment](#) on the cholera outbreak in Algeria on 7 September 2018.

**Cameroon:** As of 16 October 2018, Cameroon has reported 507 cholera cases, including 36 deaths (CFR: 7.1%), since the beginning of the outbreak in May 2018. The outbreak is showing a decreasing trend. This update represents an increase of 270 cases and 19 deaths since the previous CDTR update on 21 September 2018.

**Democratic Republic of the Congo:** Since January 2017 and as of 23 September 2018, DRC has reported 82 792 suspected cholera cases, including 2 018 deaths (CFR: 2.4%). This represents an increase of 2 332 cases and 68 deaths since the previous report on 21 September 2018.

**Ethiopia:** Since January 2017 and as of 14 October 2018, Ethiopia has reported 51 850 acute watery diarrhoea cases, including

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898 deaths (CFR: 1.7%). This represents an increase of 699 cases since the previous CDTR update on 21 September 2018.

**Kenya:** A new cholera outbreak has been confirmed in Kenya. Between the beginning of the outbreak on 8 September 2018 and as of 9 October 2018, five cases have been reported in Turkana and Embu counties.

**Niger:** As of 18 October 2018, Niger has reported 3 764 suspected cases, including 74 deaths (CFR: 2%), since the beginning of the outbreak on July 2018. This represents an increase of 683 cases and 12 deaths since the previous CDTR update on 21 September 2018. The outbreak is showing a downward trend since week 37. The outbreak is localised in four regions: Maradi, Dosso, Tahoua and Zinder, all bordering Nigeria and Benin.

**Somalia:** In 2018 and as of 21 October 2018, WHO has reporting 6 446 suspected cholera cases, including 43 deaths (CFR: 0.7%), since December 2017. This represents an increase of 201 cases and one death since the previous CDTR update on 21 September 2018.

**Tanzania:** In 2018, as of 14 October, Tanzania reported 4 236 cholera cases, including 82 deaths (CFR: 1.9%). This is an increase of 497 cases and 14 deaths since the previous CDTR update on 21 September 2018. The last case reported in Zanzibar was on 11 July 2017. According to WHO, the number of cases reported in 2018 has increased compared with the same time period in 2017, when 3 081 cases were reported.

**Uganda:** On 11 October 2018, a new cholera outbreak has been notified in Uganda. So far, eight cases including one death (CFR: 12.5%) have been reported in Mubalak, Hoima and Kikuube districts.

**South Africa:** As of 9 October 2018, South Africa has reported two confirmed cholera cases in Gauteng province. Both cases are epidemiologically linked and the index case had recent travel history to Zimbabwe.

**Zimbabwe:** On 6 September 2018, a cholera outbreak was declared in the country by the Ministry of Health. Since the beginning of the outbreak and as of 19 October 2018, 9 404 cases, including 54 deaths (CFR: 0.6%), have been reported in the country. This represents an increase of 6 055 cases and 22 deaths since the previous CDTR report on 21 September. The outbreak is showing a downward trend since week 39. The majority of the cases (98%) are reported in the capital city and province of Harare.

## Asia

**India:** According to media sources and since the last CDTR update on 21 September 2018, 17 additional cholera cases have been reported in India. Cases have been notified in [Ahmedabad](#) (7) and [Gurdaspur](#) (10).

**Yemen:** Since the beginning of the outbreak and as of 18 October 2018, Yemen has reported 1 254 100 suspected cholera cases and 2 572 deaths (CFR: 0.2%). This represents an increase of 71 807 cases and 133 deaths since the last CDTR update on 21 September 2018.

## ECDC assessment

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

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

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

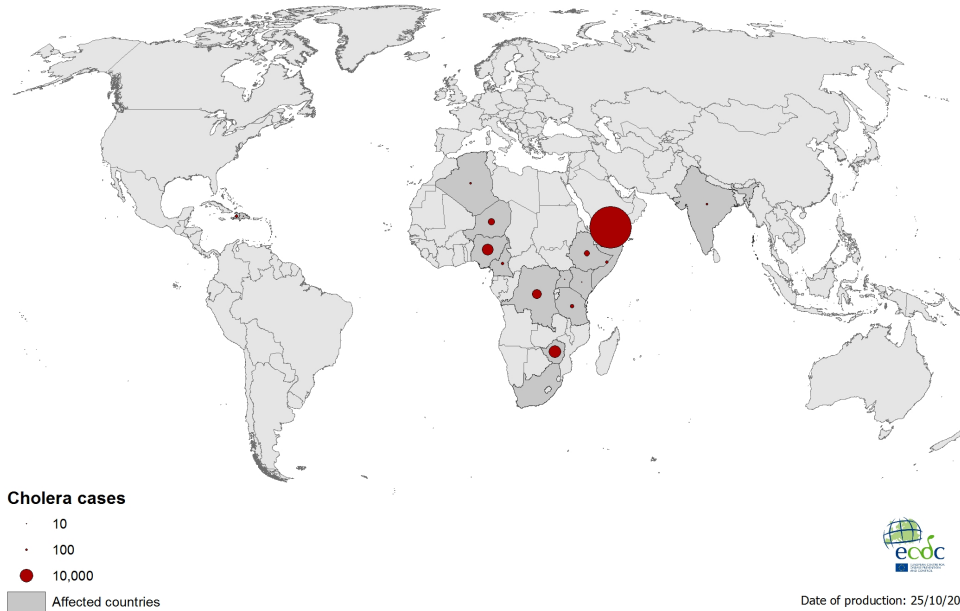
## Actions

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



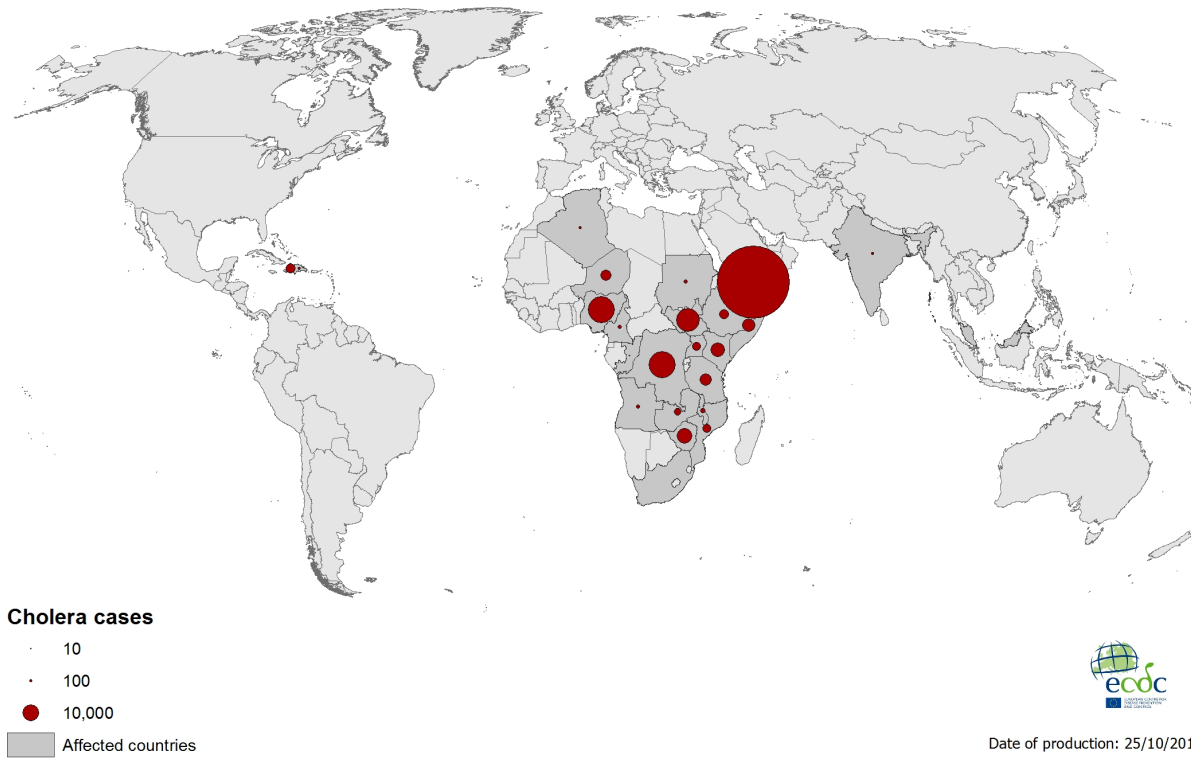
## Geographical distribution of new cholera cases reported worldwide between September to October 2018

ECDC



Geographical distribution of cholera cases worldwide between January to October 2018

ECDC



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