COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 6, 2-8 February 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 7 February 2020

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

➔Update of the week

Between 27 January and 2 February 2020, influenza activity continued to increase, with a number of Member States reporting very high (n=4) and high (n=5) intensity. Widespread influenza activity was reported by the majority of Member States and areas across the Region.

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Non EU Threats

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

Opening date: 1 August 2018 Latest update: 7 February 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 affects 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 this country as of today. 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 and as of 4 February 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) has reported four additional confirmed cases and four additional probable cases. During the same period, five deaths were reported among confirmed cases.

Since the previous CDTR, all four confirmed cases have been reported in Beni, three of which had links to the known transmission chain that started in Aloya Health Area, Mabalako Health Zone. These cases were most likely infected through nosocomial transmission in traditional healthcare facilities. The fourth confirmed case spent several days in the community while symptomatic before detection and was not a known contact.

Since the previous CDTR, three probable cases have been reported in Butembo and one in Mandima.

In Musienene and Biena some response activities have been suspended due to the presence of armed militia, while in Butembo and Katwa security has been reinforced.

Since the start of vaccination on 8 August 2018, 287 652 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co., Inc). Since the start of vaccination with the second vaccine, 9 924 people have been vaccinated with the Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health areas of Karisimbi in Goma.

Acute respiratory syndrome associated with a novel coronavirus– Multicountry (World) – 2020

Opening date: 7 January 2020 Latest update: 7 February 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common exposure in 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 2019-nCoV constitutes a PHEIC, accepting the Committee's advice and issuing Temporary Recommendations under the IHR.

➔Update of the week

Since 31 January 2020 and as of 7 February 2020, 21 666 laboratory-confirmed cases of novel coronavirus (2019-nCoV) infection have been reported, and 425 deaths.
Among the cases reported since last week, 13 have been reported in EU/EEA and the UK: eight cases in Germany (six are locally acquired and two imported from China), one case in Italy (imported from China), one case in the UK (imported), one in Spain (imported from the known cluster in Germany), Sweden (imported from China) and one in Belgium (imported from China). More details are available here.

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

Opening date: 24 September 2012 Latest update: 7 February 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.

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➔Update of the week
Since the previous CDTR published on 10 January 2020 and as of 3 February 2020, Saudi Arabia is the only country reporting new cases with date of onset in 2020. In addition, United Arab Emirates have new cases with date of onset in 2019.

Since the beginning of 2020 and as of 3 February 2020, Saudi Arabia has reported 16 cases including three deaths. From these 16 cases, 10 were primary cases, two of whom reported contact with camels, and six were secondary cases.

So far, six of 13 regions of Saudi Arabia reported cases in 2020, and of these, Asir, Eastern Province, Jawf and Riyadh have reported cases in the last seven days.

In addition, in January 2020, authorities from the United Arab Emirates reported two primary cases with date of onset in December 2019 in Abu Dhabi, United Arab Emirates.

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

Opening date: 9 December 2019 Latest update: 7 February 2020

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. On 7 January, the twenty-third meeting of the Emergency committee under the International Health Regulations (2005) stated 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.
In June 2002, the WHO European Region was officially declared polio-free.

➔Update of the week
Since the last polio update published on 7 January 2020 and as of 4 February 2020:

Wild poliovirus:
Thirty-seven cases of wild poliovirus type 1 have been reported in Pakistan (34) and Afghanistan (3).
Of the 34 cases in Pakistan, seven had onset of symptoms in 2020.
All the remaining cases, both from Pakistan (27) and Afghanistan (3), had onset of symptoms in 2019.
Circulating vaccine-derived poliovirus (cVDPV):
Three new case of cVDPV1 have been reported in Malaysia (2) and the Philippines (1) all with onset of symptoms in the year 2019.

Sixty-six new cases of cVDPV2 have been reported in Angola (25), Democratic Republic of Congo (19), Pakistan (10), Philippines (4), Togo (3), Central African Republic (2), Ghana (1), Burkina Faso (1) and Benin (1) all with onset of symptoms in the year 2019.
No case of cVDPV has been reported having an onset of symptoms in 2020.

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II. Detailed reports

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 7 February 2020

Epidemiological summary

Week 05/2020 (27 January – 2 February 2020)

Influenza activity continued to increase, with a number of Member States reporting very high (n=4) and high (n=5) intensity. Widespread influenza activity was reported by the majority of Member States and areas across the Region.

The detection rate increased compared with the previous week. Of the individuals sampled who presented with influenza-like illness (ILI) or acute respiratory infections (ARI) to sentinel primary healthcare sites, 54% tested positive for influenza viruses.

Both influenza virus types A and B were co-circulating in sentinel source specimens with a higher proportion (65%) of type A viruses detected. Of the type A detections, A(H1N1)pdm09 viruses were detected more often (64%) and of the influenza B viruses, the vast majority (99%) were B/Victoria lineage.

The distribution of viruses detected varied between Member States and areas and within sub-regions. Although the majority of reported influenza virus detections across the Region were type A, four Member States reported influenza type B dominance and eight Member States and areas reported co-dominance of types A and B viruses.

In the majority of specimens from severe cases admitted to ICU and non-ICU hospital wards, influenza type A viruses were detected.

Pooled estimates of all-cause number of deaths from 23 countries or regions reporting to the EuroMOMO project indicated a continued increasing trend in mortality over recent weeks.

Data from Influenzanet indicated that influenza activity in the community was high in one reporting country, medium in four reporting countries and low in three reporting countries.

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 positivity rate exceeded 50% in week 05/2020, two weeks later compared with the previous 2018-19 influenza season.

In sentinel sources, both influenza A virus subtypes, A(H1N1)pdm09 and A(H3N2), are co-circulating, 60% and 40% respectively. Increased influenza virus subtype A(H1N1)pdm09 detections have been reported since week 52/2019. Of the influenza B viruses, the vast majority (99%) have been B/Victoria lineage.

Among hospitalised influenza virus-infected patients admitted to ICU wards since the beginning of the season, influenza type A viruses have been detected in the majority of cases (94%); of these 52% were A(H3N2) viruses. The same was reported for patients admitted to other wards, with 86% of cases being infected with type A viruses; of these 54% were A(H3N2) viruses.

Among SARI cases, influenza type A viruses were detected most frequently (52%) in week 05/2020, prior to this type B viruses had been predominant.

The majority of circulating viruses remain susceptible to neuraminidase inhibitors supporting early initiation of treatment or prophylactic use according to national guidelines.

The effectiveness of vaccines in the population will be evaluated by vaccine effectiveness studies when there is a sufficient number of enrolled patients. Member States should continue encouraging influenza vaccination.

ECDC published an Influenza virus characterization report, summarising surveillance data in Europe through December 2019.

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

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Sources: EuroMOMO | Flu News Europe |Influenzanet

ECDC assessment

Influenza activity is increasing in the majority of Member States. 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.

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

Opening date: 1 August 2018 Latest update: 7 February 2020

Epidemiological summary

Since the beginning of the outbreak and as of 4 February 2020, there have been 3 429 cases (3 306 confirmed, 123 probable) in the Democratic Republic of the Congo (DRC), including 2 251 deaths, according to the Ministry of Health of the Democratic Republic of the Congo. During the past week, all confirmed cases have been reported in Beni. As of 4 February 2020, 172 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported probable or confirmed 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. At the current stage of the epidemic, when few cases are being reported, it is essential to maintain a high level of contact tracing to stop the transmission chain.

WHO assessment: As of 6 February 2020, the WHO assessment for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels.

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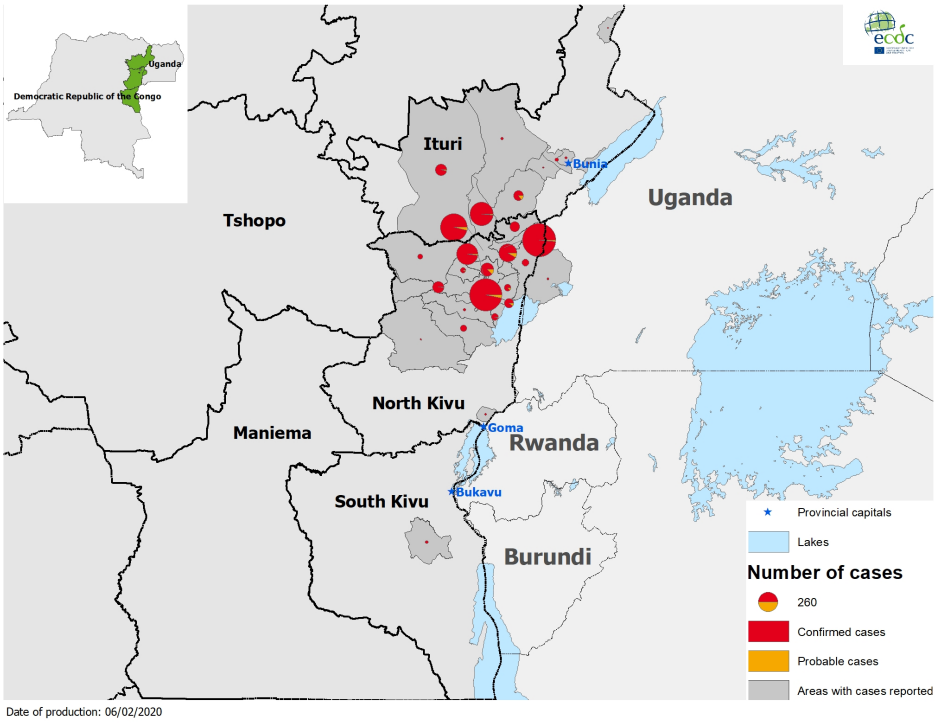
Actions

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 4 February 2020

Source: ECDC



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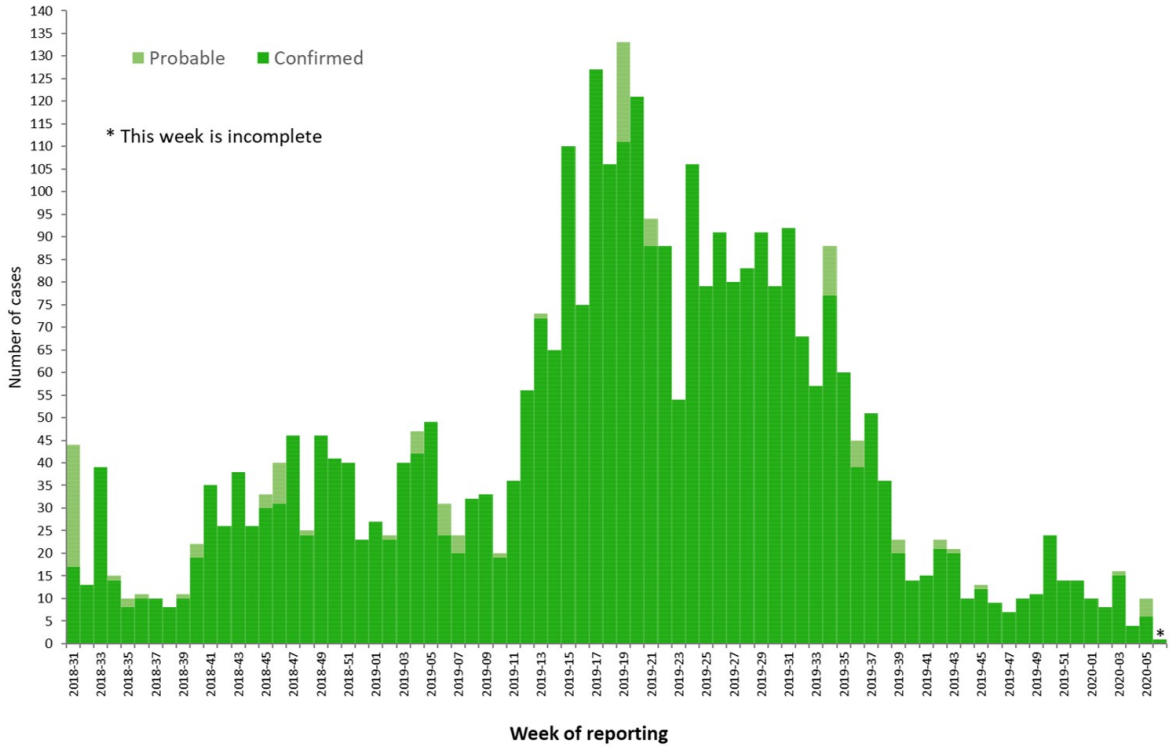
Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, Democratic Republic of the Congo and Uganda, as of 4 February 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 4 February 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	**3306**	**123**	**3429**	**2251**	
North-Kivu Province	2792	104	2896	1980	
Alimbongo	5	0	5	2	
Beni	717	9	726	472	ACTIVE
Biena	19	2	21	14	
Butembo	295	6	301	359	ACTIVE
Goma	1	0	1	1	
Kalunguta	198	18	216	89	
Katwa	653	24	677	495	
Kayna	28	0	28	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	463	18	481	352	
Manguredjipa	18	0	18	12	
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	19	527	268	
Ariwara	1	0	1	1	
Bunia	4	0	4	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	82	3	85	30	
Mandima	347	6	353	172	ACTIVE
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	**3307**	**123**	**3430**	**2252**	

Acute respiratory syndrome associated with a novel coronavirus– Multicountry (World) – 2020

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Opening date: 7 January 2020 Latest update: 7 February 2020

Epidemiological summary

Since 31 December 2019 and as of 7 February 2020, 31 502 laboratory-confirmed cases of novel coronavirus (2019-nCoV) infection have been reported, including 17 healthcare workers and 638 deaths.

Cases have been reported in the following continents:

Asia: China (31 217), Japan (86), Singapore (30), Thailand (25), Republic of Korea (24), Malaysia (14), Taiwan (16), Vietnam (12), United Arab Emirates (5), India (3), the Philippines (3), Cambodia (1), Nepal (1) and Sri Lanka (1).
America: the United States (12) and Canada (7).
Oceania: Australia (15).
Europe: Germany (13), France (6), United Kingdom (3), Italy (3), Russia (2), Belgium (1), Finland (1), Spain (1) and Sweden (1).

Among the cases reported since the beginning of the outbreak, 29 have been reported in EU/EEA and UK: six cases in France (five imported, one locally-acquired), thirteen cases in Germany (eleven locally acquired and two imported), three cases in Italy (imported), three cases in the UK (imported), one in Belgium (imported), one in Sweden (imported), one in Spain (imported from the known cluster in Germany) and one in Finland (imported). More details are available here.

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

ECDC assessment

Information on the current risk assessment on the novel coronavirus situation can be found on the ECDC website.

Actions

Latest actions taken from ECDC can be found in the website.

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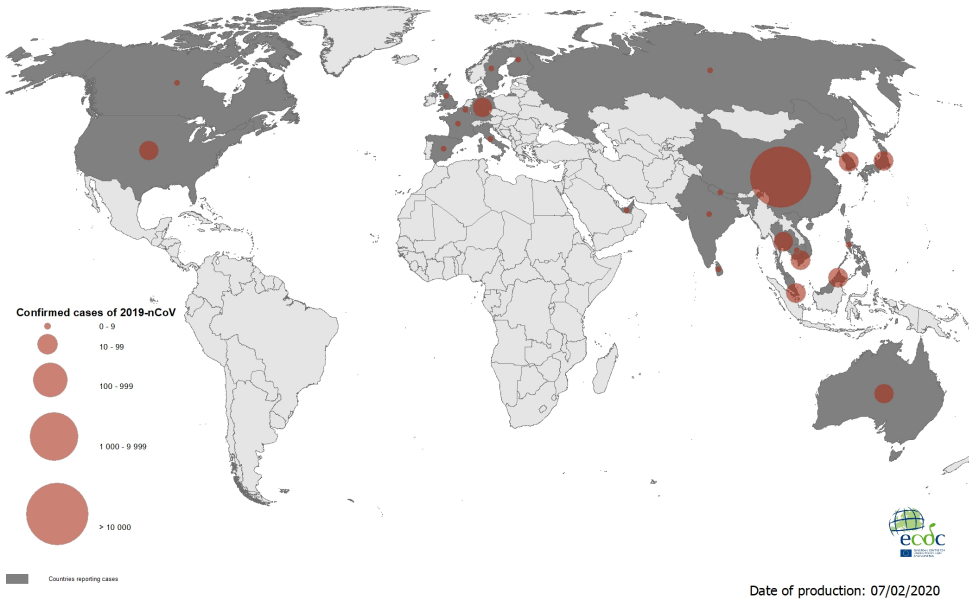
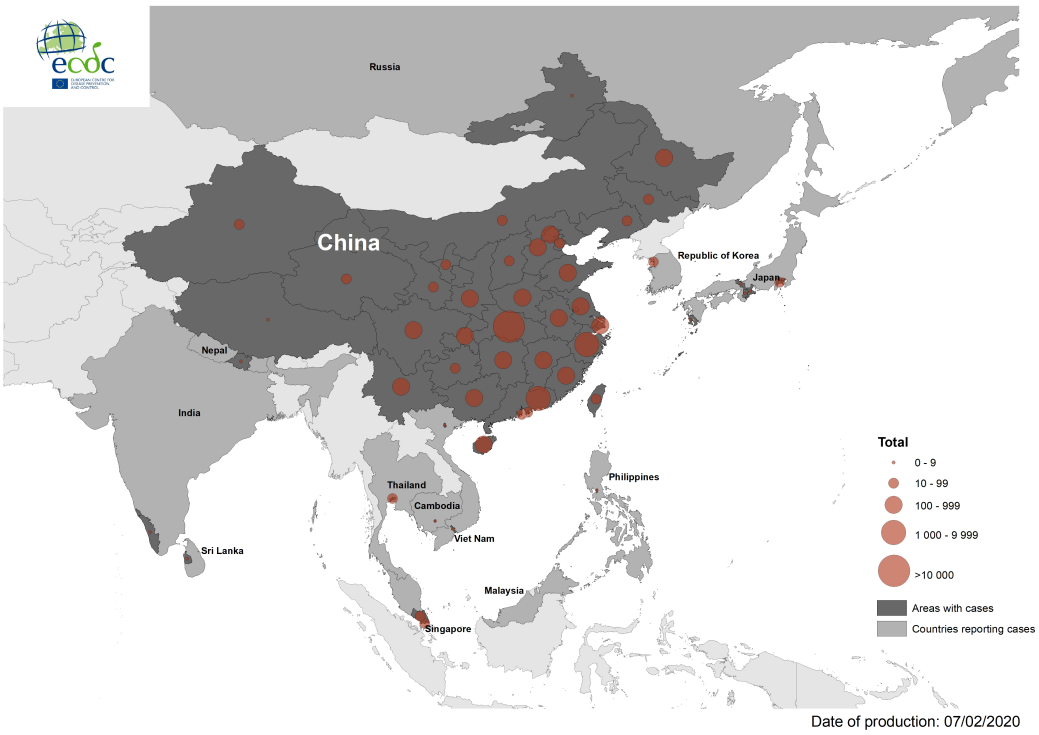
Geographical distribution of 2019-nCoV cases, World, as of 7 February 2020

Source: ECDC



Geographical distribution of 2019-nCoV cases, Asia, as of 7 February 2020

Source: ECDC



Geographical distribution of 2019-nCoV cases, EU/EEA and the UK, as of 7 February 2020

Source: ECDC

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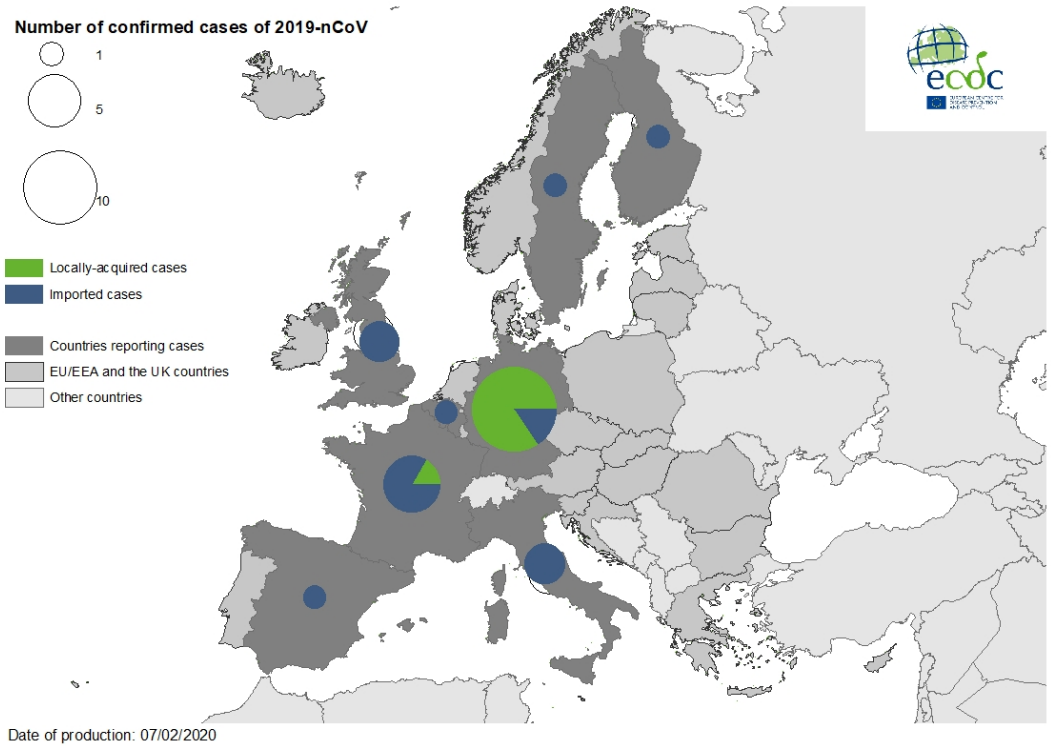

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012 Latest update: 7 February 2020

Epidemiological summary

From 1 January 2020 to 3 February 2020, 16 MERS-CoV cases have been reported in Saudi Arabia, including three deaths. In Saudi Arabia 10 cases were primary (two of whom reported contact with camels) and six were secondary cases. In 2020 69% of the 16 cases in Saudi Arabia were reported in Asir (6) and Riyadh (5).

Since April 2012 and as of 3 February 2020, 2 535 cases of MERS-CoV, including 921 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.

ECDC has published a technical report on 'Health emergency preparedness for imported cases of high-consequence infectious diseases' in October 2019, which will be useful for MS to assess their level of preparedness for a disease such as MERS. ECDC has published 'Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) – Middle East Respiratory Syndrome Coronavirus (MERS-CoV)' on 22 January 2020.

Actions

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

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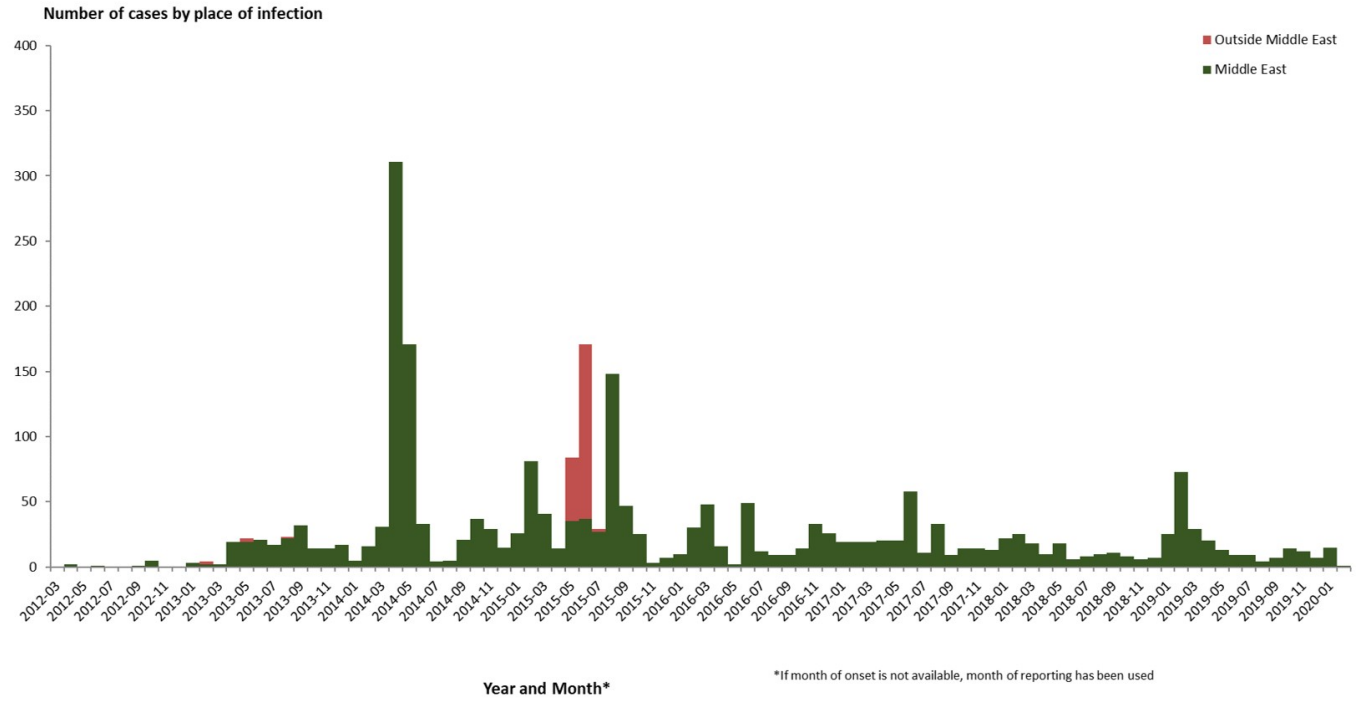
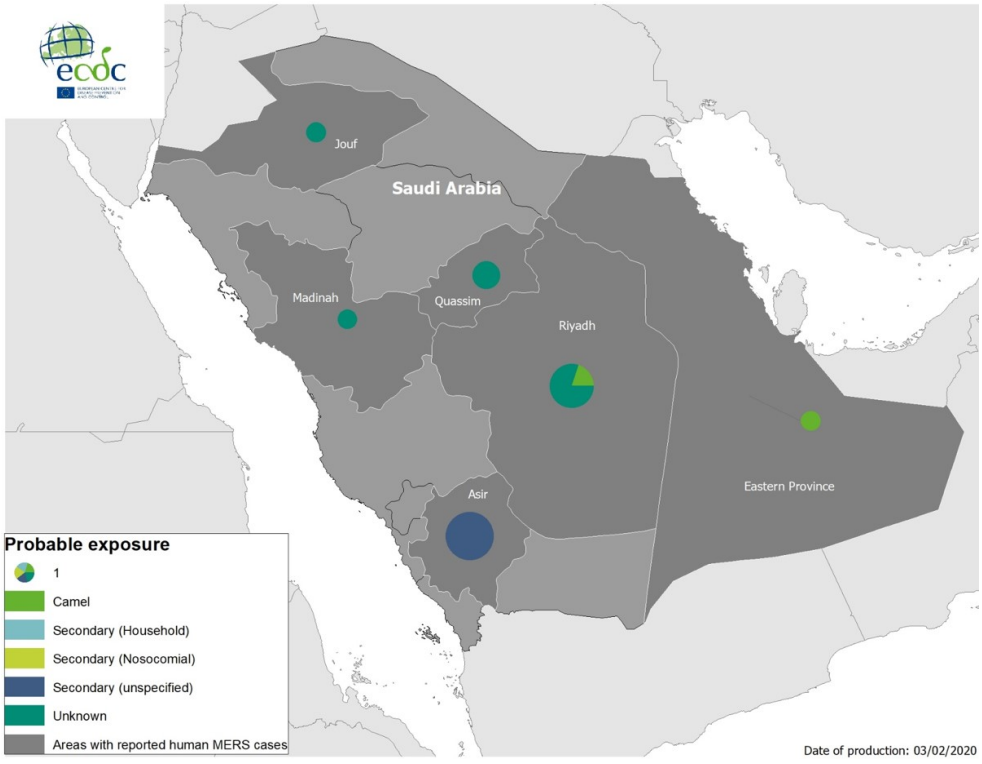
Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012 – 3 February 2020

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2019 to 3 February 2020

Source: ECDC



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

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Opening date: 9 December 2019 Latest update: 7 February 2020

Epidemiological summary

As of 4 February 2020:
Wild poliovirus:
Two endemic country have reported 173 cases of wild poliovirus type 1: Pakistan (144) and Afghanistan (29) with onset of symptoms in 2019. This is 140 cases more than in 2018 (33).
Additionally four cases were reported in Pakistan with later onset of symptoms.

Circulating vaccine-derived poliovirus (cVDPV):
Overall, eleven cases of cVDPV1 have been reported with onset of symptoms in 2019 in Myanmar (6), the Philippines (2) and Malaysia (3).

Overall, 307 cases of cVDPV2 have been reported in 16 countries with onset of symptoms in 2019 from Angola (111), the Democratic Republic of the Congo (82), Pakistan (22), the Central African Republic (19), Nigeria (18), Philippines (13), Ghana (12), Benin (7), Togo (7), Ethiopia (5), Somalia (3), Chad (3), Zambia (2), China (1), Burkina Faso (1), and Niger (1).

No cases of cVDPV3 have been reported.

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 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.

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