

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2019

Opening date: 3 June 2019

Latest update: 27 September 2019

During the transmission season, expected to be from June–November 2019, ECDC monitors the occurrence of 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 1 (Global Administrative Unit Layers 1) level where at least one locally-acquired human infection meeting the EU case definition (Commission Implementing Decision (EU) 2018/945) has been reported.

→Update of the week

Between 20 and 26 September 2019, EU Member States reported 26 human cases in Greece (14), Hungary (6) and Romania (6). EU neighbouring countries reported seven cases in Serbia (5) and North Macedonia (2). All human cases were reported from areas that have been affected previously. This week, one death was reported by Romania (1). In the same week, five outbreaks among equids were reported to the Animal Disease Notification System (ADNS) by Germany (3), Austria (1) and France (1).

Local transmission of dengue fever - France - 2019

Opening date: 13 September 2019

Latest update: 27 September 2019

In September 2019, local health authorities in France reported two autochthonous cases of dengue in residents of the departments of Rhône and Alpes Maritimes, France, with no relevant travel history.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 27 September 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, South Kivu and Ituri Provinces in the northeast 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 25 September 2019. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened, and afterwards the WHO Director-General declared that the outbreak meets all the criteria for a public health emergency of international concern (PHEIC) under the International Health Regulations.

→ Update of the week

Since the previous CDTR and as of 25 September 2019, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported 27 additional confirmed cases and one probable case. During the same period, 17 deaths among confirmed cases were reported. One additional healthcare worker was reported among these new cases.

There are still pockets of localised insecurity that continue to hinder some response activities, with a third occurring in Mambasa. The major incident from last week in Lwemba, Mandima continues to prevent all response activities in that area.

Health authorities from DRC have [announced](#) that they plan to start the use of a second investigational Ebola vaccine (manufactured by Johnson & Johnson). This vaccine [needs](#) two doses almost two months apart and will be used from October 2019, but only outside of the currently active health zones. In the areas with active Ebola transmission, the currently used vaccine (rVSV-ZEBOV-GP, manufactured by MERCK) will remain the only one used. To date, over 228 000 people have received this vaccine during the current outbreak.

[The Regional Ebola Preparedness Overview of Needs and Requirements](#) (July-December 2019) has been developed by the United Nations. This document outlines, for all DRC's nine neighbouring countries, the urgent activities required to advance preparedness. There is a focus on Priority 1 countries (Burundi, Rwanda, South Sudan and Uganda).

In Rwanda, on Tuesday 24 September 2019 there were [rapid reaction exercises](#) for Ebola organized for hospitals across the country. There are currently no cases in Rwanda, but these exercises are performed as preparedness activities.

The Tanzanian WHO representative and the Tanzanian government spokesman have met up to [discuss](#) the flow of information shared between them regarding the death due to an unknown illness in Dar es Salaam, but there was no further technical information shared regarding the situation in Tanzania.

Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 27 September 2019

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

→ Update of the week

Since the last update on 30 August 2019, new cholera cases have been reported worldwide and countries such as Sudan and Zambia are reporting new cholera outbreaks.

Countries reporting the majority of new cases since the previous update are Yemen with 75 270 cases and 61 deaths and DR Congo with 2 870 cases and 38 deaths.

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019

Latest update: 27 September 2019

ECDC is monitoring the Rugby World Cup 2019 taking place from 20 September–2 November 2019 in Japan to detect threats to public health that could affect the EU/EEA visitors. This event will gather 20 international teams, six of which are from four EU countries: UK (3), France (1), Ireland (1) and Italy (1). The competitions will be organised in 12 different stadiums across the country, hosting approximately 400 000 international visitors.

→ Update of the week

No major events have been detected. An outbreak of rubella continues in Japan with 2 190 cases reported in 2019 as of 18 September 2019.

II. Detailed reports

West Nile virus - Multistate (Europe) - Monitoring season 2019

Opening date: 3 June 2019

Latest update: 27 September 2019

Epidemiological summary

Between 20 and 26 September 2019, EU Member States reported 26 human cases in Greece (14), Hungary (6) and Romania (6). EU neighbouring countries reported seven cases in Serbia (5) and North Macedonia (2). All human cases were reported from areas that have been affected previously. This week, one death was reported by Romania (1). In the same week, five outbreaks among equids were reported to the Animal Disease Notification System (ADNS) by Germany (3), Austria (1) and France (1).

Since the beginning of the 2019 transmission season and as of 26 September 2019, EU Member States and EU neighbouring countries reported 375 human infections. EU Member States reported 343 cases in Greece (208), Romania (57), Italy (28), Hungary (24), Cyprus (16), Austria (4), Bulgaria (4), France (1) and Slovakia (1). EU neighbouring countries reported 32 human cases in Serbia (20), Turkey (7) and North Macedonia (5).

To date, 35 deaths due to West Nile virus infection have been reported by Greece (25), Romania (5), Italy (2), Cyprus (1), North Macedonia (1) and Serbia (1).

During the current transmission season, 40 outbreaks among equids have been reported by Greece (12), Germany (11), Italy (6), France (4), Hungary (4) and Austria (3). In addition, Germany reported 44 outbreaks among birds to ADNS.

ECDC link: [West Nile virus infection atlas](#)

Sources: [TESSy](#) | [Animal Disease Notification System](#)

ECDC assessment

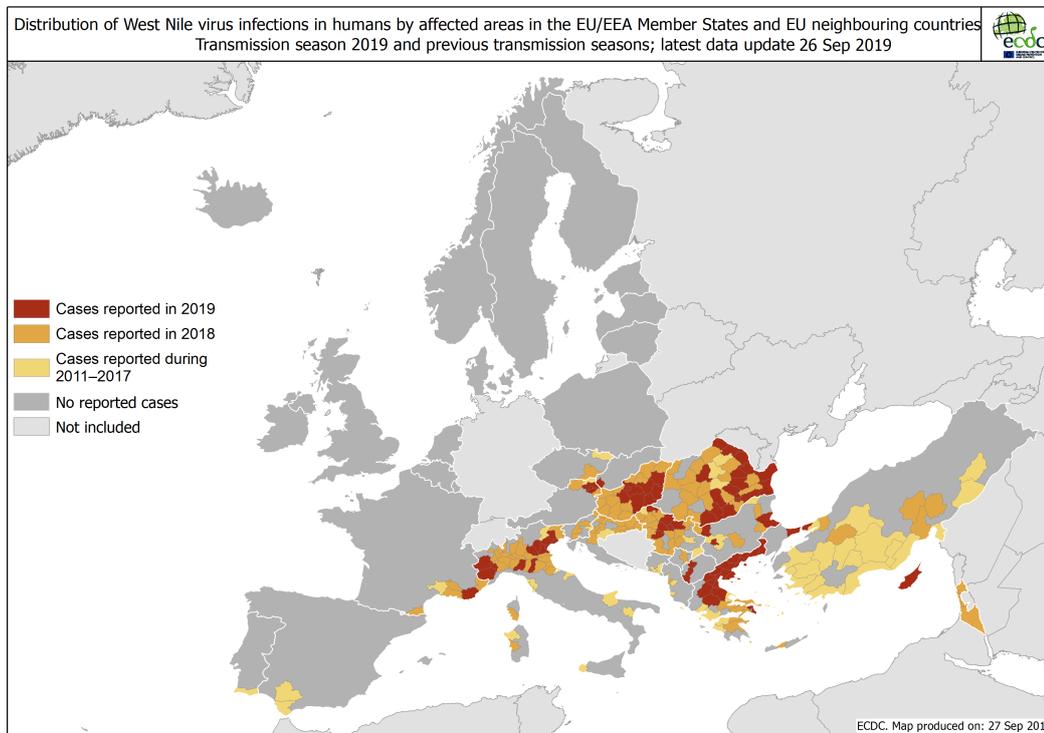
During this transmission season, Slovakia reported its first ever case of autochthonous human West Nile virus infection. All other human infections are reported in EU Member States with known persistent transmission of West Nile virus in previous years. In accordance with [European Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired infections unless the results of an individual nucleic acid test are negative.

Actions

During the transmission season, ECDC publishes [West Nile virus infection maps](#) together with an epidemiological summary every Friday. More information about the seasonal surveillance of West Nile virus infections can be found on [ECDC webpage](#).

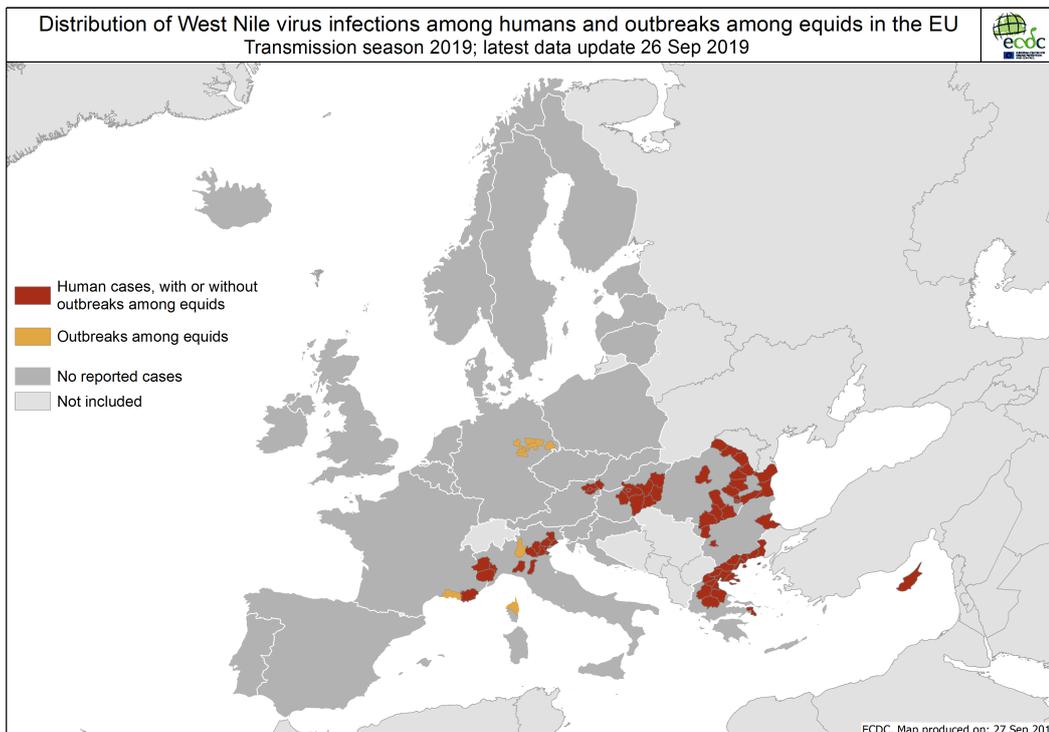
Distribution of human West Nile virus infections by affected areas as of 26 September 2019.

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 26 September 2019.

ECDC and ADNS



Local transmission of dengue fever - France - 2019

Opening date: 13 September 2019

Latest update: 27 September 2019

Epidemiological summary

In September 2019, local health authorities in France reported two autochthonous cases of dengue. One case in the department of Alpes-Maritimes and another case in the department of Rhône. While autochthonous cases have been previously reported in Provence-Alpes-Côte d'Azur region, this is the first time that an autochthonous case is reported in the department of Rhône. Investigations are ongoing and response measures are being implemented.

According to French local health authorities, four additional autochthonous cases have been reported in the department of Alpes-Maritimes thanks to measures implemented after detecting the first autochthonous dengue case this year in the area.

According to the latest ECDC/EFSA map of *Aedes albopictus* distribution, as of August 2019, the competent vector for dengue (*Ae. albopictus*) is established in the departments of Alpes-Maritimes and Rhône.

Sources: [French regional health authorities in Auvergne-Rhône-Alpes](#) | [French regional health authorities in Provence-Alpes-Côte d'Azur 1](#) | [ECDC/EFSA map of *Aedes albopictus* distribution](#) | [French regional health authorities in Provence-Alpes-Côte d'Azur 2](#)

ECDC assessment

As observed in previous years, the occurrence of autochthonous transmission of dengue in the southern part of France in the late summer months is expected as *Ae. albopictus* is established and the environmental conditions at that time are suitable for vector activity.

The probability of further local sustained transmission remains very low given that the environmental conditions will progressively become less suitable for transmission over the autumn season.

To date, and based on ECDC's epidemiological assessment, the risk that visitors to the affected areas become infected and subsequently introduce the virus and initiate further local transmission in their country of residence cannot be excluded but remains very low.

As a precautionary measure, [personal protective measures against mosquito bites](#) should be applied.

Actions

ECDC will monitor this event through epidemic intelligence activities. ECDC monitors the dengue situation and reports monthly. ECDC is preparing a rapid risk assessment about the autochthonous cases of dengue in Spain and France.

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

Opening date: 1 August 2018

Latest update: 27 September 2019

Epidemiological summary

Since the beginning of the outbreak a year ago and as of 25 September 2019, there have been 3 178 cases (3 066 confirmed, 112 probable) in the Democratic Republic of the Congo (DRC), including 2 126 deaths (2 014 confirmed, 112 probable), according to the Ministry of Health of the Democratic Republic of the Congo. The most active health zones in the past 21 days were Mambasa, Mandima, Kalunguta and Beni.

As of 25 September 2019, 160 healthcare workers have been infected (41 died).

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 Health Zones in Ituri Province.

In Uganda, one imported case (reported on 29 August) died on 30 August 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, the WHO Director-General [declared](#) the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth 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 recent weeks, as well as the need for a more intensified and coordinated response in order to end the outbreak.

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

ECDC assessment: Implementing response measures remains challenging in the affected areas because of the prolonged humanitarian crisis, the unstable security situation and resistance among several sectors of the population. A substantial proportion of cases have been detected among 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 these imported cases to previously non-affected areas does not change the overall risk for the EU/EEA, which remains very low.

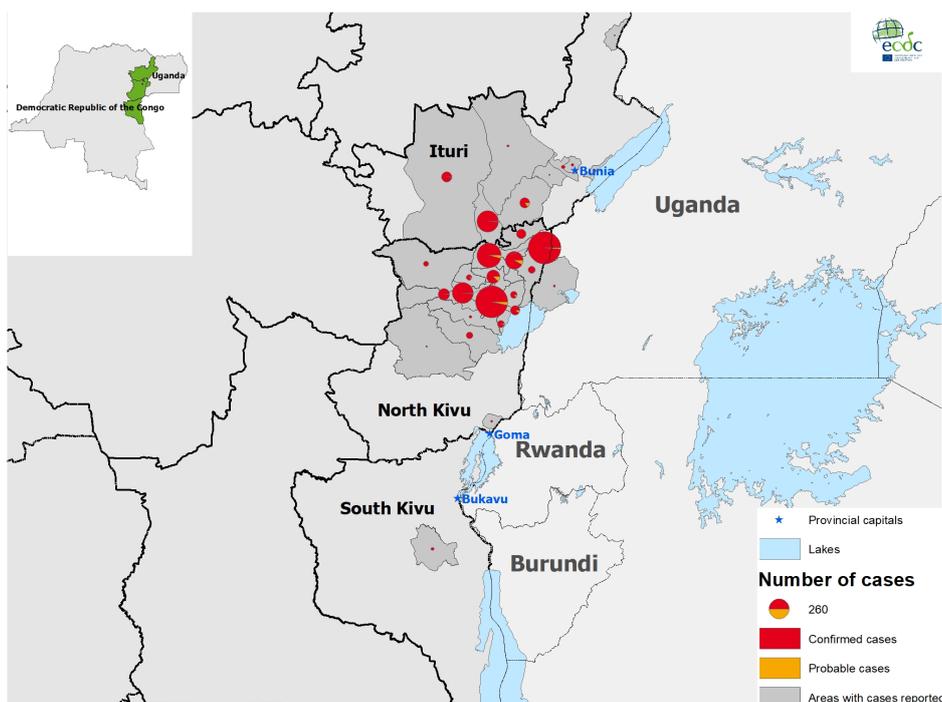
WHO assessment: As of 26 September 2019, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of spread remains low at the global level, and very high at national and regional levels. The recent fluctuations in case numbers per week must be interpreted with caution, as case reporting is dependent upon the level of security in the response areas. After more than a week with no response operations in Lwemba Health Area, within Mandima Health Zone, an increase in the number of reported cases is expected in the coming weeks as response activities resume.

Actions

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

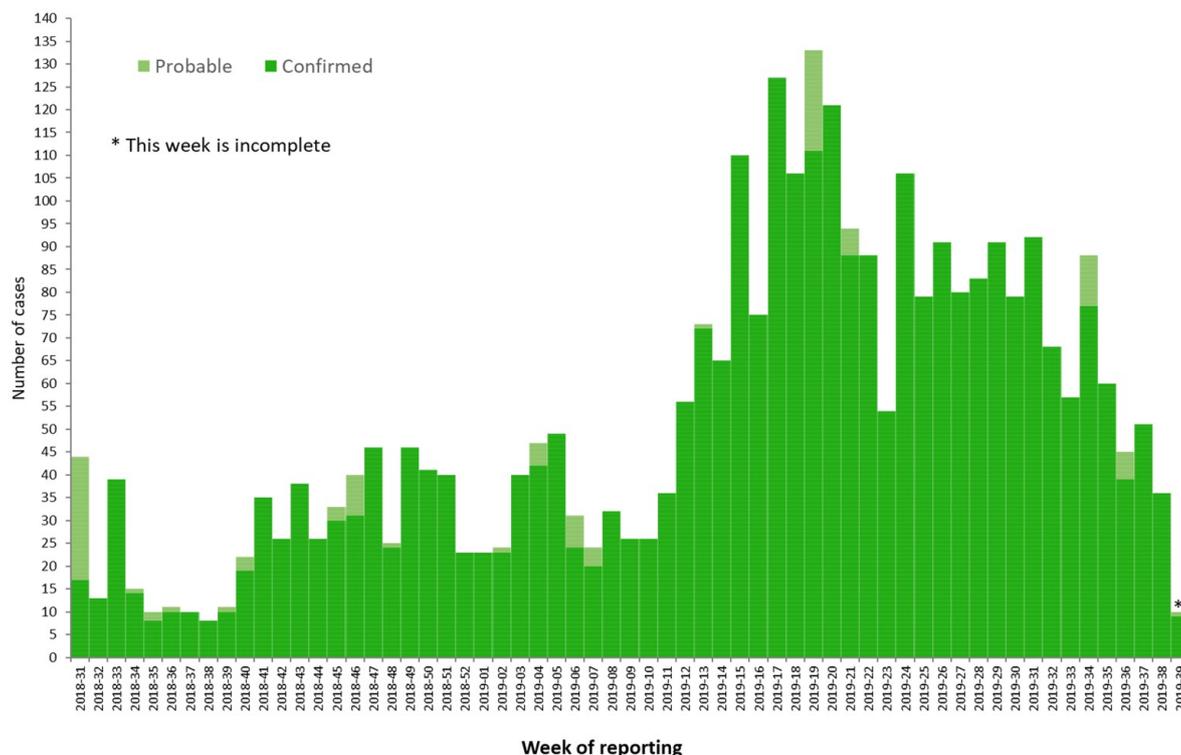
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 25 September 2019

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 25 September 2019

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 25 September 2019

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	3066	112	3178	2126	
North-Kivu Province	2624	98	2722	1888	
Alimbongo	5	0	5	2	
Beni	675	9	684	446	ACTIVE
Biena	18	2	20	14	
Butembo	282	3	285	352	ACTIVE
Goma	1	0	1	1	
Kalunguta	188	17	205	86	ACTIVE
Katwa	650	23	673	493	
Kayna	27	0	27	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	373	17	390	303	
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	58	0	58	25	ACTIVE
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	436	14	450	235	
Ariwara	1	0	1	1	
Bunia	5	0	5	4	
Komanda	55	9	64	50	ACTIVE
Lolwa	3	0	3	1	
Mambasa	68	1	69	22	ACTIVE
Mandima	293	4	297	151	ACTIVE
Nyakunde	1	0	1	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	3067	112	3179	2127	

Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 27 September 2019

Epidemiological summary

Americas

Dominican Republic: There are no new cholera cases reported in the Dominican Republic since the last CDTR update on 30 August. So far in 2019 and as of 24 August, the Dominican Republic reported 12 cholera cases with no deaths associated. During the same period in 2018, the Dominican Republic reported 111 cholera cases and one death associated.

Haiti: In 2019 and as of 31 August, Haiti reported 542 cases including three deaths (CFR: 0.6%). This represents an increase of 31 cases and no deaths since the previous CDTR update. In 2018, Haiti reported 3 777 cholera cases including 41 deaths (CFR: 1.1%). Since the beginning of the outbreak in 2010 and as of 31 August 2019, Haiti has reported 820 319 suspected cholera cases including 9 792 deaths (CFR: 1.2%).

Africa

Benin: In July 2019, a cholera outbreak was reported in Benin. As of 12 September, 44 cases with no deaths associated have been reported in the Atlantique and Littoral Department. Among these cases, 19 have been confirmed for *Vibrio Cholerae* O1. This represents an increase of four cases since the previous CDTR update.

Burundi: In June 2019, a cholera outbreak was reported in Burundi. As of 7 September, 433 cases with two deaths associated (CFR: 0.5%) have been reported in Bujumbura Mairie and Cibitoke districts. Among these cases, 32 have been confirmed for *Vibrio Cholerae* Ogawa. This represents an increase of 234 cases and one death since the previous CDTR update.

Cameroon: From March to September 2019, Cameroon reported 515 cholera cases including 25 associated deaths (CFR: 4.9%) in the North and Far North regions.

Chad: In July 2019, a cholera outbreak was reported in Youe health district, in southwest Chad and bordering Cameroon. As of 12 September, 86 cases with five deaths associated (CFR: 5.8%) have been reported. This represents an increase of 71 cases and four deaths since the previous CDTR update.

DR Congo: In 2019 and as of 13 September, DR Congo reported 18 201 suspected cholera cases, including 325 deaths (CFR: 1.8%). This represents an increase of 2 870 cases and 38 deaths since the previous CDTR update. In all 2018, 31 387 cases including 1 042 deaths were notified across the country.

Ethiopia: As of 15 September 2019 and since the beginning of the outbreak in May 2019, 1 286 cases including 11 associated deaths (CFR: 0.9%) have been reported in Ethiopia. This represents an increase of 189 cases since the previous CDTR update. Among these cases, 53 were confirmed.

Kenya: In 2019 and as of 15 September, 4 044 cases including 28 associated deaths (CFR: 0.7%) have been reported. The outbreak continues in Garissa, Mandera, Nairobi and Wajir counties. This represents an increase of 334 cases and two deaths since the previous CDTR update.

Nigeria: Since the beginning of this outbreak in June 2019, and as of 18 September, Nigeria has reported 757 cholera cases including four associated deaths (CFR: 0.5%). Among these cases, 222 were laboratory confirmed. Cases have been reported in four regions: Girei, Song, Yola North and Yola South. This represents an increase of 83 cases since the previous CDTR update.

Sudan: According to media sources quoting health authorities, since August 2019 until 21 September, 158 cholera cases including eight associated deaths (CFR: 5.1%) have been reported in Sudan. The regions affected are the Blue Nile state (115) and Sennar state (43).

Uganda: As of 11 September 2019, 144 cases with one associated death have been reported in Bududa district, neighbouring Kenya. This represent an increase of 98 cases since the previous CDTR update.

Zambia: In September 2019, a new cholera outbreak has been reported in Kabamba, Zambia. So far, 13 cases have been reported. Among these cases, seven were confirmed for *Vibrio Cholerae* O1 Inaba.

Asia

India: According to the Indian National Centre for Disease Control, cholera cases were reported in different locations across India during July 2019. According to this source, cholera cases were reported in West Bengal (31), Gujarat (25), Delhi (5) and Punjab (two cases including one death).

Nepal: According to media sources quoting health authorities, additional cases have been reported in the cholera outbreak reported in Dadeldhura district, West Nepal and bordering India. According to these sources, 19 cases with no deaths associated

have been reported since the first cases reported in July and as of 1 August.

Yemen: Since the beginning of the outbreak and as of 20 September 2019, Yemen reported 2 062 262 suspected cholera cases and 3 628 deaths (CFR: 0.2%). This represent an increase of 75 270 cases and 61 deaths since the last CDTR update.

Disclaimer: Data presented in this report originate from several sources, both official public health authorities and non-official, such as media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.

ECDC assessment

Cholera cases continue to be reported in East Africa, the Gulf of Aden and the Horn of Africa over the past few months. Cholera outbreaks have also been notified in Sub-Saharan Africa. Despite the number of cholera outbreaks reported worldwide, 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 sporadic importation of cases in the EU/EEA is possible. In 2017, 17 cases were reported in the EU/EEA Member States, while 23 cases were reported in 2016 and 24 in 2015. All cases had travel history to cholera-affected areas.

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.

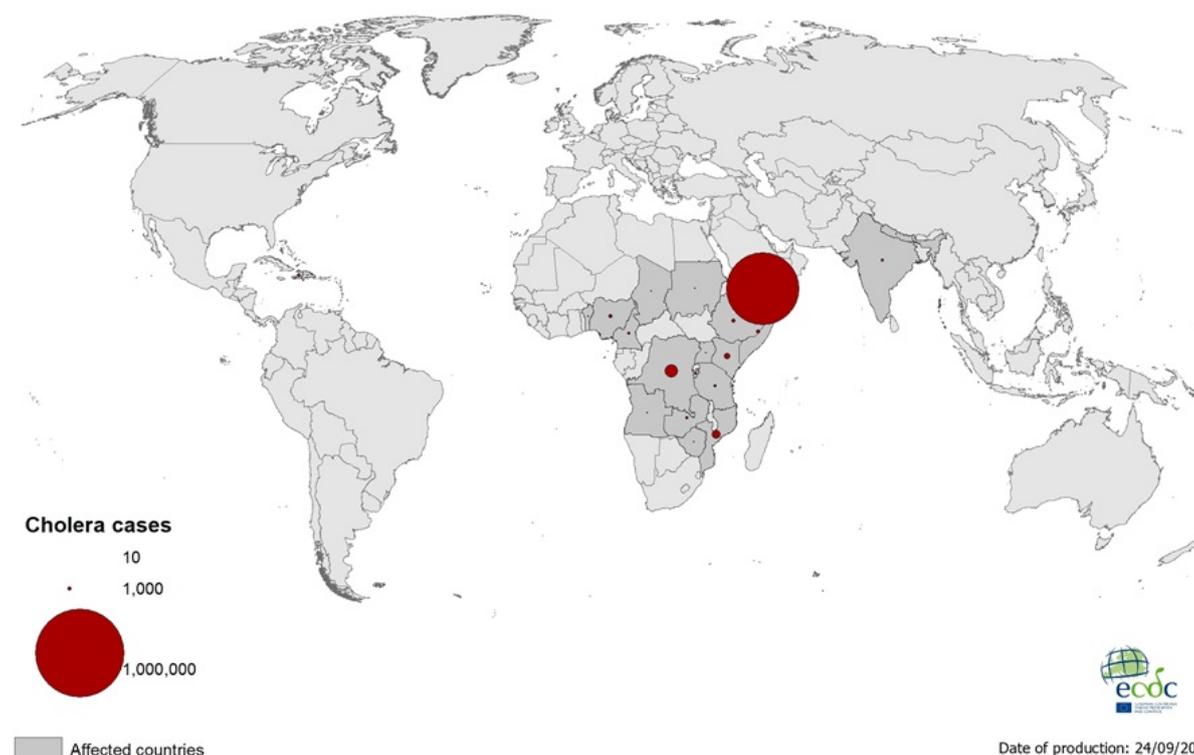
Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with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

Actions

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

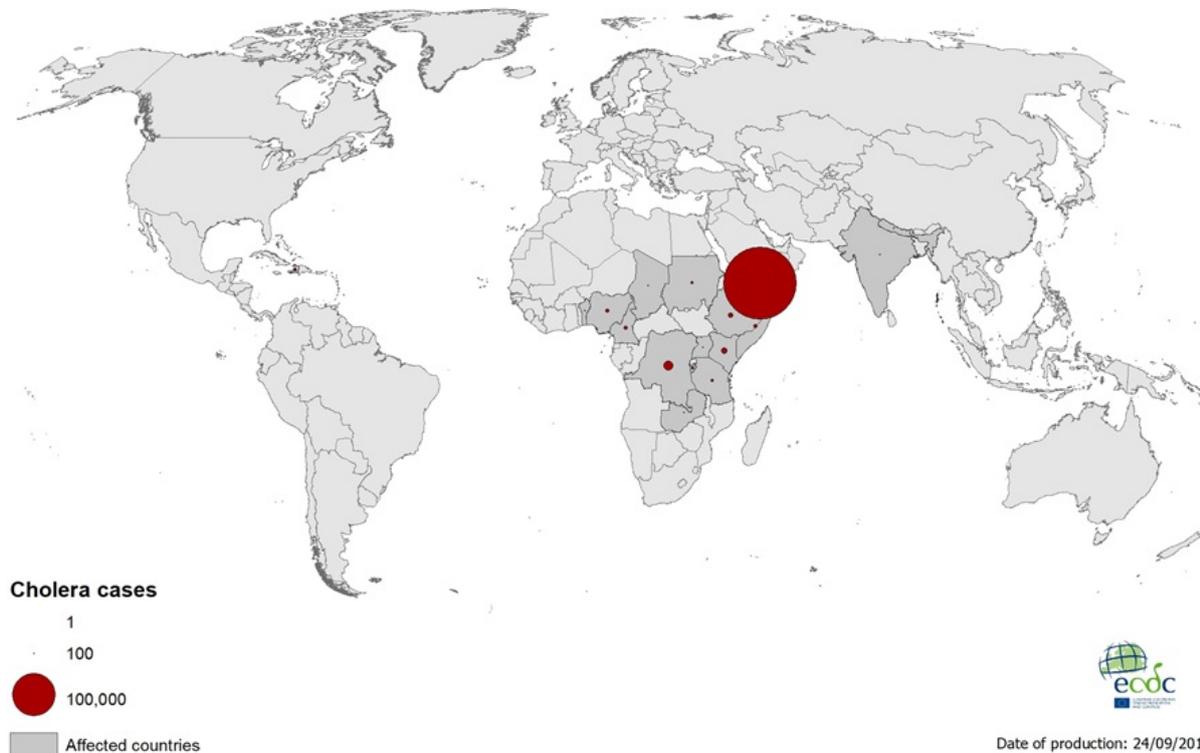
Geographical distribution of cholera cases reported worldwide in 2019

Source: ECDC



Geographical distribution of new cholera cases reported worldwide between July to September 2019

Source: ECDC



Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019

Latest update: 27 September 2019

Epidemiological summary

No major events have been detected. According to [Japan's National Institute of Infectious Disease \(NIID\)](#) 2 190 cases of rubella and three cases of congenital rubella syndrome have been reported in Japan this year as of 18 September 2019. The cases have been reported from all prefectures, except Aomori and Kochi, and most of the cases have been reported from Tokyo (825), Kanagawa (274), Chiba (195), Saitama (189), and Osaka (126). In the national rubella report, [NIID](#) states that 95% of the cases reported in 2018-2019 and as of May 2019, are adults, mainly males. Japan implemented a vaccination campaign in December 2018 targeting males born between 1962 and 1979.

In 2019 and as of 18 September, Japan has reported 685 cases of measles. The number of cases has been decreasing in the recent weeks. The cases were reported in 34 out of 47 prefectures with the majority of cases reported in Osaka (148), Tokyo (105), and Kanagawa (80).

11/13

According to multiple media sources, Japan experienced typhoon Faxai which made a landfall near Tokyo. As of 27 of September and according to the [Japan meteorological agency](#), no warnings for extreme weather conditions have been reported.

On 13 September 2019, ECDC started enhanced epidemic intelligence activities related to this mass gathering event.

Source: [NIID](#) | [NIID measles report](#) | [Japan meteorological Agency](#)

ECDC assessment

EU/EEA citizens participating in mass gathering events are in general most at risk of gastrointestinal illness and vaccine-preventable infections.

Rubella poses a particular risk to non-immune pregnant women due to the possibility of an infection resulting in congenital rubella syndrome. They should exercise particular caution and seek healthcare if they have compatible symptoms. All travellers to Japan should check that they are up to date with routine vaccinations.

The prevention of gastrointestinal illnesses is dependent on adequate sanitation, availability of safe drinking water (chlorinated or boiled), and appropriate good food and hand hygiene, i.e. regularly washing hands with soap, eating thoroughly cooked food, washing fruits and vegetables with safe drinking water. Travellers to Japan should apply standard hygiene measures in order to reduce the risk of gastrointestinal illness. More information is available on the [ECDC website](#).

Actions

ECDC is monitoring this event through enhanced routine epidemic intelligence activities and reports on a weekly basis or when significant events are detected.

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