

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: 7 December 2018

During the West Nile virus transmission season expected to be between June and November 2018, 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 30 November and 6 December 2018, EU Member States reported one human West Nile virus infection by Hungary. The most recent onset date reported by Hungary was from week 45, 5 to 11 November 2018. Eighteen cases were reported by EU neighbouring countries, all by Turkey, with the most recent date of onset reported from week 38, 17 to 23 September 2018. In three areas in Turkey, human cases were reported for the first time. All other human cases were reported from previously affected areas. Three deaths were reported this week in Turkey (2) and Italy (1).

In the same week, no new outbreaks among equids were reported.

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

Opening date: 8 October 2018

Latest update: 7 December 2018

Influenza transmission in Europe shows a seasonal pattern, with peak activity during the winter months. So far this season, influenza viruses have been 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 48 between 26 November and 2 December 2018, influenza activity was low throughout the WHO European Region.

## 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: 7 December 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. On 17 October 2018, the [International Health Regulations \(IHR\) 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 44 additional cases in 10 health zones. These include Beni (9), Butembo (8), Kalunguta (2), Katwa (8), Komanda (8), Mabalako (2), Masereka (1), Mutwanga (1), Oicha (3) and Vuhovi (2).

Recent cases in Komanda and Mabalako health zones follow an extended period exceeding two incubation periods without detection of new cases. This highlights the risk of reintroduction of the virus and the need to maintain enhanced surveillance. Cases in Komanda originated from an infection of a mother and her children in Beni. While insecurity in Komanda will challenge the response activities, control measures, including contact tracing and vaccination, were initiated soon after the detection of cases.

As of 5 December 2018, there have been 471 Ebola virus disease cases (423 confirmed, 48 probable), including 273 deaths (225 in confirmed and 48 in probable cases) since the beginning of the outbreak. The Ministry of Health of the Democratic Republic of the Congo is currently conducting data cleaning of Ebola virus disease databases. Accordingly, the figures reported will likely change over the coming days as cases are reclassified.

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

Opening date: 8 September 2005

Latest update: 7 December 2018

Global public health efforts are ongoing 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 regarding the increased circulation and international spread of wild poliovirus in 2014. On 15 November 2018, the International Health Regulations (IHR) Emergency Committee agreed that the spread of poliovirus remains a PHEIC and extended the temporary recommendations an additional three months. In June 2002, the WHO European Region was officially declared polio-free.

→Update of the week

Since the CDTR published on 3 November 2018, six new cases of wild poliovirus type 1 have been reported in Afghanistan (4) and Pakistan (2). Additionally, 29 new cases of circulating vaccine-derived poliovirus (cVDPV) have been reported globally: cVDPV type 1 (cVDPV1) in Papua New Guinea (7) and cVDPV type 2 (cVDPV2) in Nigeria (14), Niger (2) and Somalia (6). Seven cases of cVDPV type 3 (cVDPV3) were detected in Somalia.

The polio outbreak of cVDPV2 detected in 2017 in Syria has been officially closed with no international spread, according to WHO. However, Syria remains vulnerable to re-infection.

### Middle East respiratory syndrome coronavirus (MERS-CoV) – Multistate

Opening date: 24 September 2012

Latest update: 7 December 2018

Since the disease was first identified in Saudi Arabia in September 2012, more than 2 000 Middle East respiratory syndrome coronavirus (MERS-CoV) cases have been detected in over 20 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 points towards dromedary camels in the Middle East as being 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

During the month of November, seven MERS-CoV cases, including one death, were reported by [Saudi Arabia](#). All cases but one were male. Two cases were household contacts and five were primary cases with no indication for the route of transmission. None of the cases reported camel contact.

## II. Detailed reports

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

Opening date: 30 May 2018

Latest update: 7 December 2018

#### Epidemiological summary

Between 30 November and 6 December 2018, EU Member States reported one human West Nile virus infection by Hungary. The most recent onset date reported by Hungary was from week 45, 5 to 11 November 2018. Eighteen cases were reported by EU neighbouring countries, all by Turkey, with the most recent date of onset reported from week 38, 17 to 23 September 2018. In three areas in Turkey human cases were reported for the first time. All other human cases were reported from previously affected areas. Three deaths were reported this week in Turkey (2) and Italy (1).

In the same week, no new outbreaks among equids were reported.

In 2018, as of 6 December 2018, EU Member States have reported 1 503 human cases in Italy (576), Greece (311), Romania (277), Hungary (215), Croatia (53), France (27), Austria (20), Bulgaria (15), the Czech Republic (5), Slovenia (3) and Cyprus (1). EU neighbouring countries reported 579 human cases in Serbia (415), Israel (128), Turkey (22) and Kosovo\* (14). To date, 180 deaths due to West Nile virus infection have been reported by Greece (47), Italy (46), Romania (43), Serbia (35), Kosovo\* (3), Bulgaria (2), Turkey (2), the Czech Republic (1) and Hungary (1).

During the current transmission season, 285 outbreaks among equids have been reported by Italy (149), Hungary (91), Greece (15), France (13), Spain (9), Austria (2), Romania (2), Germany (2), Slovenia (1) and Portugal (1).

In accordance with [European Commission Directive 2014/110/EU](#), prospective blood donors should be deferred for 28 days after leaving an area with evidence of West Nile virus 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](#) | [Animal Disease Notification System](#)

#### ECDC assessment

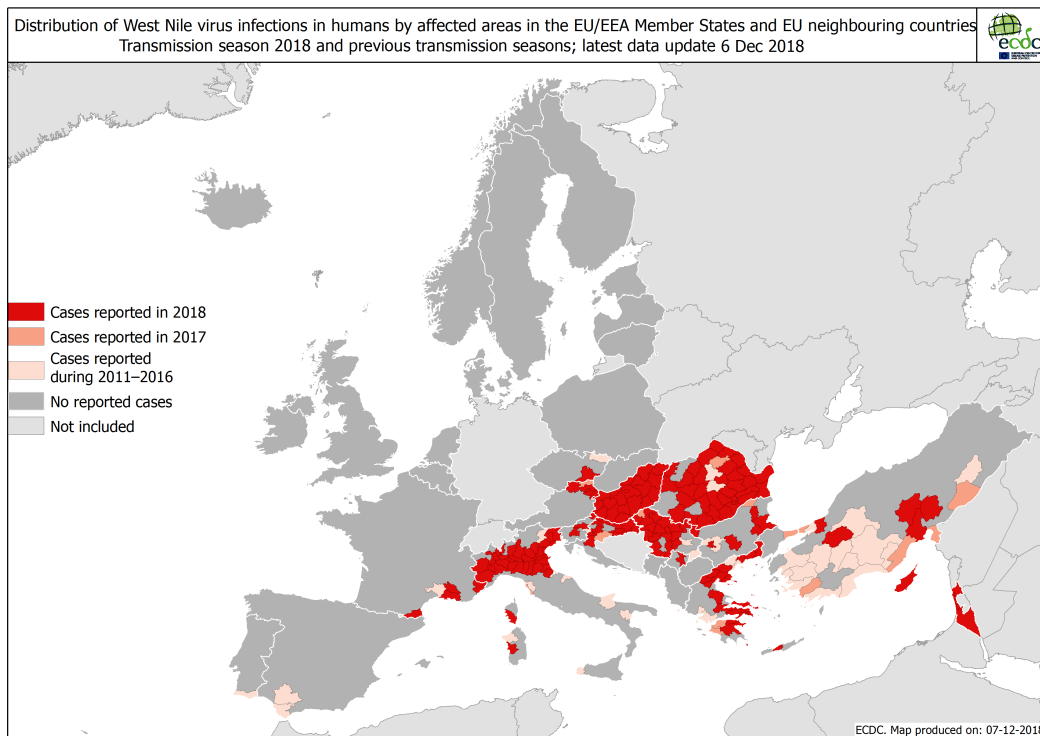
The 2018 transmission season started earlier than usual and higher case numbers have been reported compared with the same period in previous years. Mosquito-borne autochthonous human cases were reported in previously affected countries. As expected at this time of the year, only very few cases are currently being reported. However, the latest date of onset was reported from week 46, 12 to 18 November, which represents an unusually late date of onset since in past transmission seasons in the EU/EEA and EU neighbouring countries, the latest date of onset typically occurred between weeks 39 and 42.

#### 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. ECDC will continue publishing weekly West Nile virus updates until no new cases with disease onset in the previous four weeks have been reported. ECDC will publish an epidemiological update after the end of the West Nile virus transmission season.

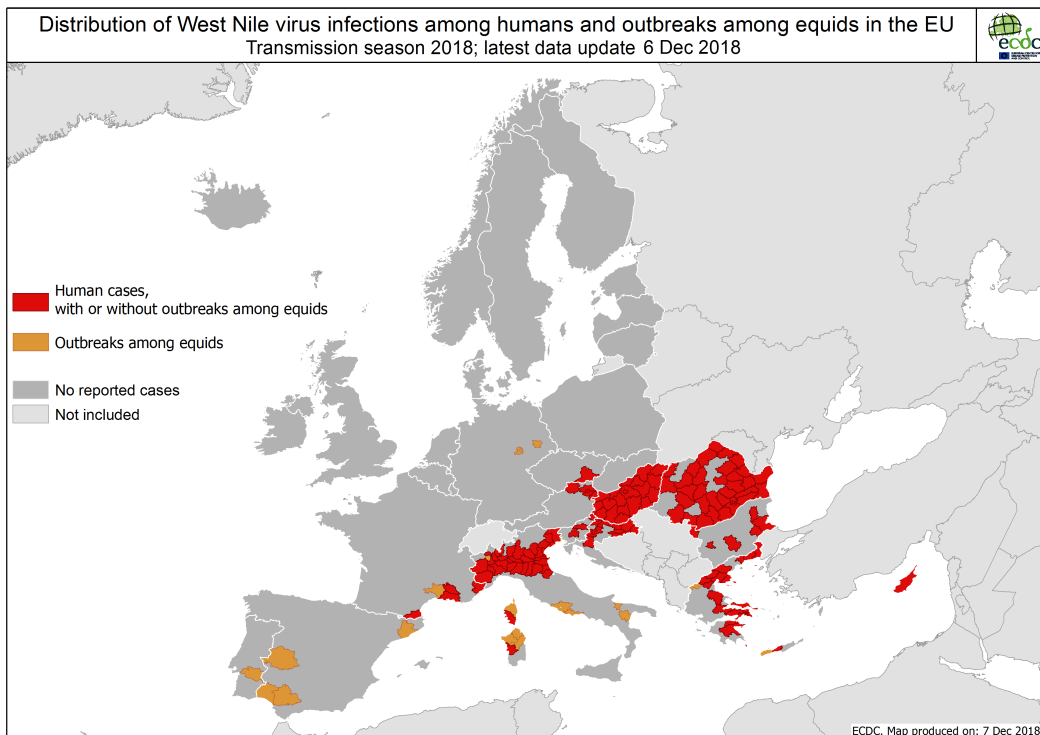
### Distribution of human West Nile virus infections by affected areas as of 6 December 2018.

ECDC



### Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 6 December 2018.

ECDC and ADNS



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

Opening date: 8 October 2018

Latest update: 7 December 2018

## Epidemiological summary

### Week 48, 26 November-2 December 2018

This week, influenza activity was low throughout the WHO European Region.

Influenza viruses were detected sporadically in specimens from persons with respiratory illness seeking healthcare.

The majority of influenza virus detections were influenza A in sentinel, non-sentinel and hospitalised cases.

For week 48/2018, data from the 22 Member States and areas reporting to the EuroMOMO project indicated all-cause mortality to be at expected levels for this time of year.

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

## ECDC assessment

As expected for this time of the year, influenza activity has been low since week 40, 2018.

## 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](#) website.

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

Opening date: 1 August 2018

Latest update: 7 December 2018

## Epidemiological summary

As of 5 December 2018, there have been 471 Ebola virus disease cases (423 confirmed, 48 probable), including 273 deaths (225 in confirmed and 48 in probable cases) since the beginning of the outbreak.

Fourteen health zones in two provinces have reported confirmed or probable Ebola virus disease cases: Beni, Butembo, Mabalako, Masereka, Mutwanga, Musienene, Oicha, Kalunguta, Katwa, Kyondo and Vuhovi health zones in North Kivu Province and Komanda, Mandima and Tchomia Health Zones in Ituri Province.

**Response activities:** According to the WHO Regional Office for Africa Situation Report number 108, as of 4 December 2018, 5 920 contacts have been identified in Beni (2 219), Butembo (662), Kalunguta (370), Katwa (1 034), Komanda (256), Kyondo (1), Mabalako (104), Masereka (38), Musienene (53), Mutwanga (330), Oicha (381) and Vuhovi (472). A total of 92% of these contacts have been followed up.

According to the latest Ministry of Health update, as of 5 December 2018, 41 226 people have been vaccinated, including Beni (18 270), Katwa (6 272), Mabalako (4 578), Butembo (3 556), Kalunguta (2 092), Mandima (1 663), Vuhovi (769), Masereka (750), Mutwanga (599), Oicha (521), Bunia (434), Komanda (409), Lubero (392), Tchomia (355), Musienene (274), Kyondo (241) and Alimbongo (51).

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

## ECDC assessment

**ECDC assessment:** The compassionate use of the Ebola virus disease vaccine and experimental treatments support response efforts. However, the implementation of response measures in outbreak areas remains challenging because of the prolonged humanitarian crisis, unstable security situation arising from a complex armed conflict and mistrust in the population to response teams. The number of outbreak cases and affected areas are increasing and it is unlikely that the outbreak will be controlled in the near future.

While no confirmed cases in neighbouring countries have been documented so far, the fact that the outbreak is ongoing in areas

5/12

with an important cross-border population flow between Rwanda and Uganda remains of particular concern.

The probability that EU/EEA citizens who live or travel in Ebola virus disease-affected areas of the Democratic Republic of the Congo are exposed to the disease is low provided that they adhere to precautionary measures. 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 a local level.

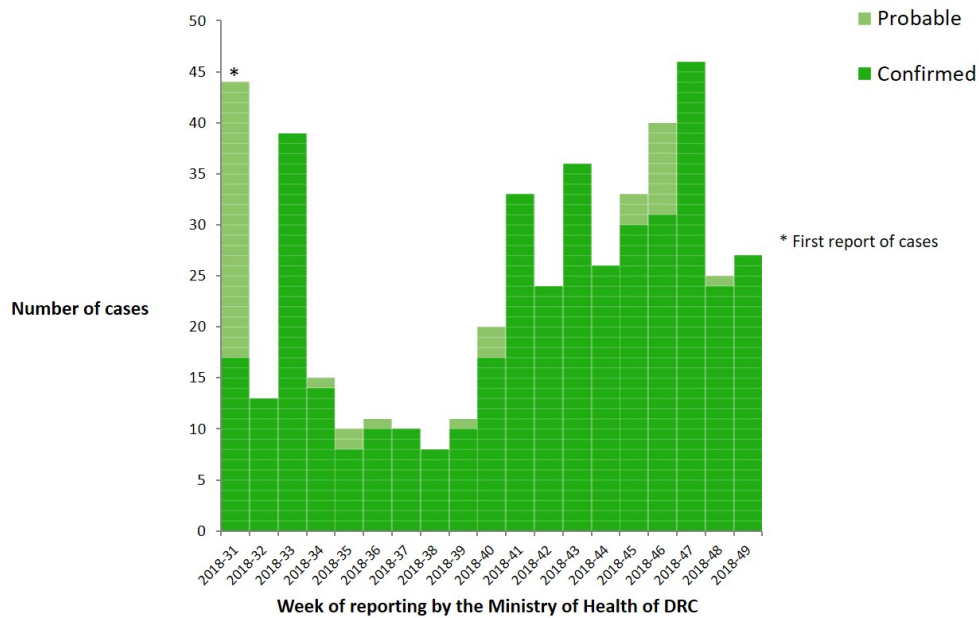
**WHO assessment:** As of 6 December 2018, the [WHO assessment](#) stated that the risk of spread is low at the global level, but remains very high at national and regional levels.

## Actions

ECDC published an updated [rapid risk assessment](#) on 5 October 2018 and an [epidemiological update](#) on 12 November 2018.

Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 5 December 2018

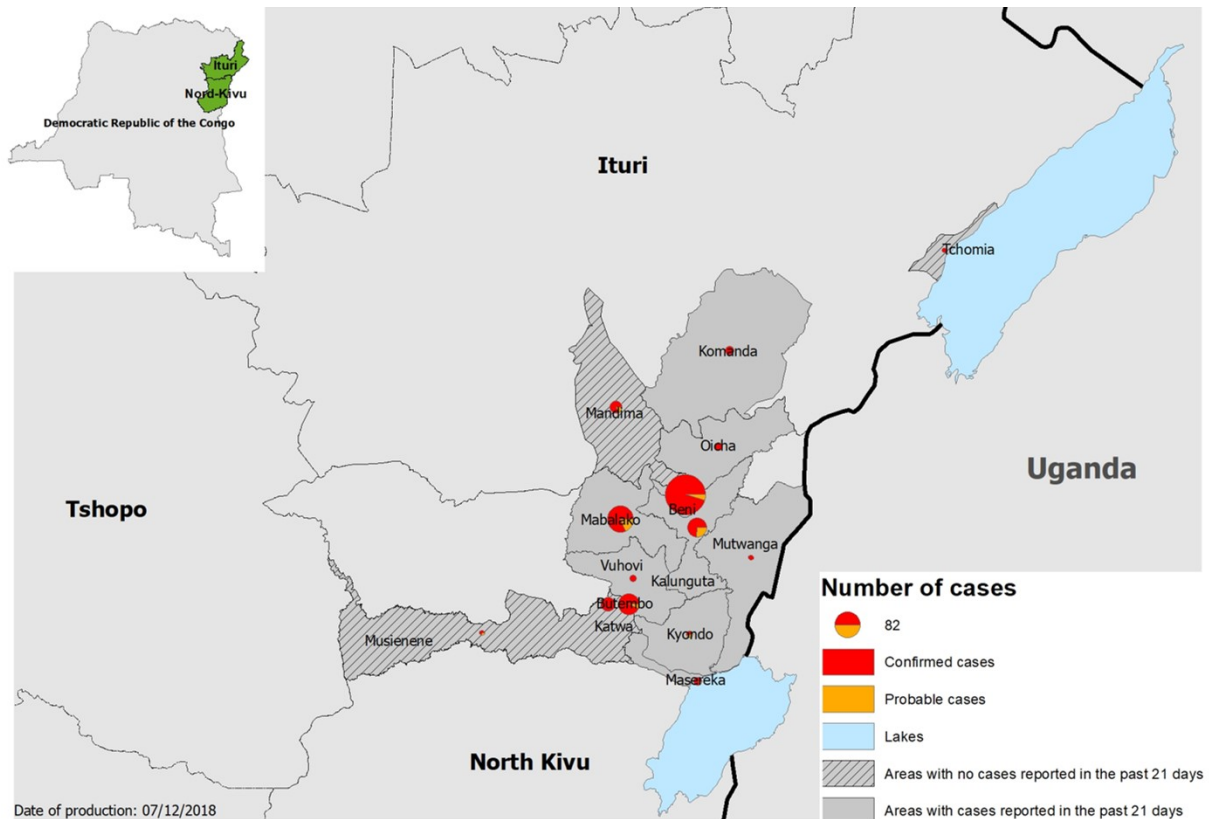
ECDC



\*The MoH of DRC are currently conducting data cleaning. Thus, these figures are likely to change over coming days as cases are being reclassified.

## Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 5 December 2018

ECDC



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

Opening date: 8 September 2005

Latest update: 7 December 2018

### Epidemiological summary

Since the beginning of 2018 and as of 27 November 2018, two countries have recorded cases of wild poliovirus type 1: Afghanistan (20) and Pakistan (8), an increase of 12 cases compared with the same period in 2017.

Since the beginning 2018 and as of 27 November 2018, five countries have detected 98 cases of cVDPV, an increase of 18 cases compared with the same time period in 2017. cVDPV1 cases were reported in Papua New Guinea (25), while cVDPV2 cases were reported in Nigeria (31), the Democratic Republic of the Congo (21), Niger (8), and Somalia (6). In addition, Somalia reported seven cVDPV3 cases, of which in one case, both cVDPV2 and cVDPV3 were isolated.

**ECDC link:** [ECDC poliomyelitis page](#) | [Polio interactive map](#)

**Sources:** [WHO IHR Emergency Committee](#) | [Polio eradication: weekly update](#) | [WHO EMRO: Syria](#)

8/12



## 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 groups in European countries and poliomyelitis is not eradicated.

**ECDC link:** [ECDC risk assessment](#)

## Actions

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

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

## Middle East respiratory syndrome coronavirus (MERS-CoV) – Multistate

Opening date: 24 September 2012

Latest update: 7 December 2018

### Epidemiological summary

Since April 2012 and as of 30 November 2018, 2 290 cases of MERS-CoV, including 850 deaths, have been reported by health authorities worldwide.

**Sources:** [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [WHO MERS updates](#) | [ECDC fact sheet for professionals](#)

### ECDC assessment

The risk of sustained human-to-human transmission in Europe remains very low. ECDC's conclusion continues to be that the MERS-CoV outbreak poses a low risk to the EU, as stated in the [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

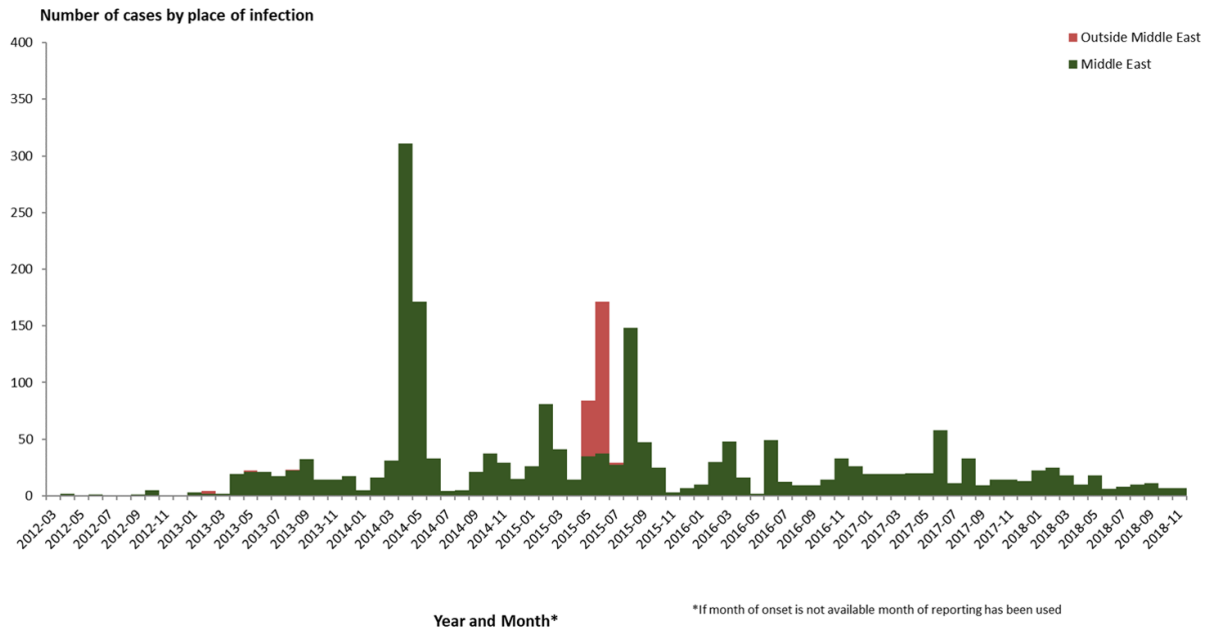
On 2 August 2018, ECDC published a [risk assessment regarding public health risks related to communicable diseases during the 2018 Hajj, Saudi Arabia, 19–24 August 2018](#) addressing MERS-CoV.

## Actions

ECDC monitors this threat through epidemic intelligence and monthly reports.

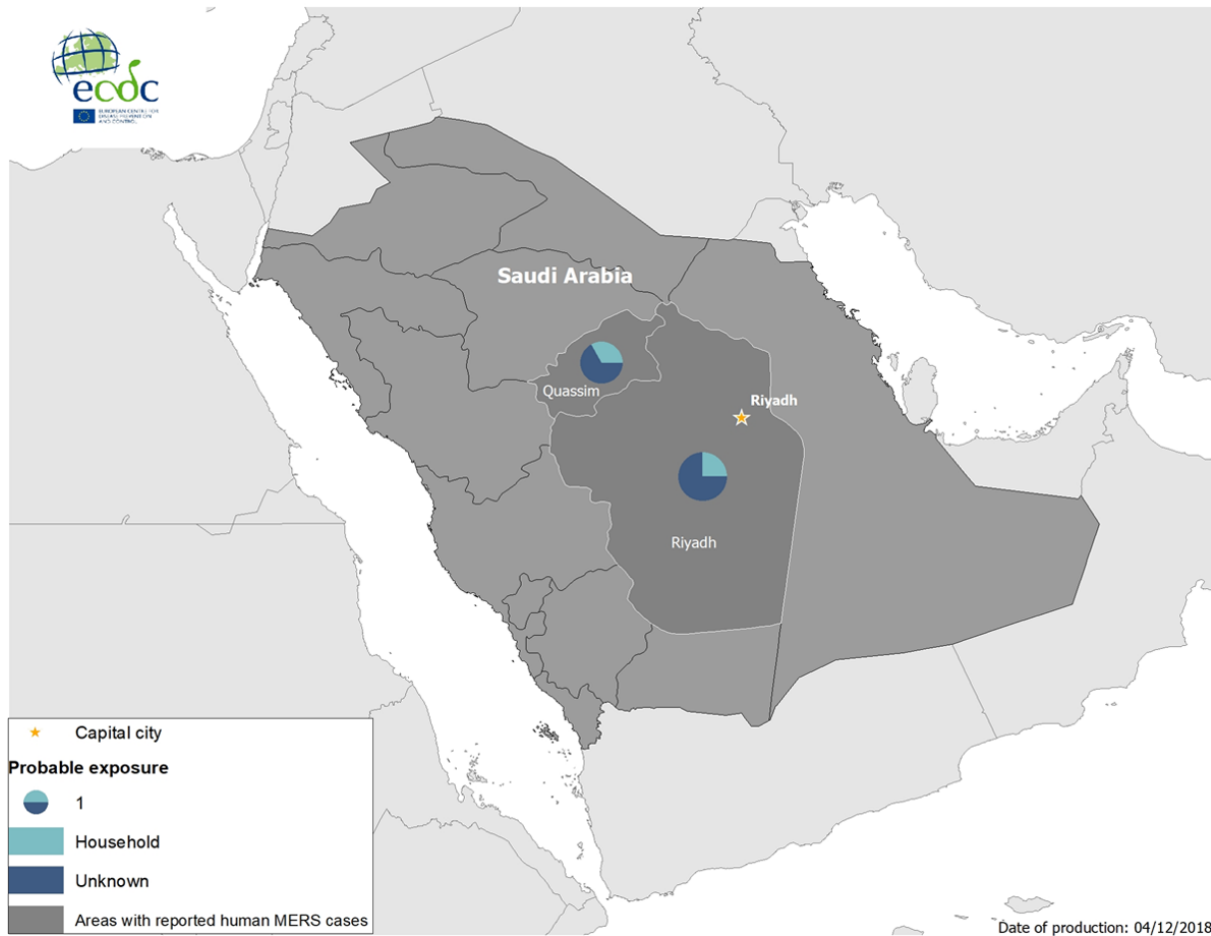
Distribution of confirmed cases of MERS-CoV by first available month and region, from March 2012 and as of 30 November 2018

ECDC



Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure type, month of November 2018

ECDC



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