

This weekly bulletin provides updates on threats monitored by ECDC.

## NEWS

### Staying healthy during Pride season

This year's [Pride](#) events take place from May to November in various cities across Europe, involving millions of participants. In light of reported increased hepatitis A infections in the [Netherlands](#), particularly in men who have sex with men, who are a group at increased risk of hepatitis A virus infection and have been involved in large hepatitis A [outbreaks](#) in recent years, ECDC stresses the importance of ensuring hepatitis A vaccination, advice for safer sex and personal hygiene practices (e.g. washing hands and genital areas before and after sex).

An ECDC systematic review on hepatitis A virus endemicity and overall population susceptibility in the EU/EEA showed that most EU countries have low or very low hepatitis A virus endemicity and that a growing proportion of EU and EEA residents are susceptible to hepatitis A virus infection. WHO and most EU/EEA countries recommend hepatitis A vaccination to protect this group.

The use of dental dams for oral-anal sex and latex gloves during fingering or fisting may offer certain protection against hepatitis A. The use of condoms for anal sex may also offer protection against other STIs.

The main recommendations stated in the 2017 ECDC [risk assessment](#) and in [ECDC guidance on HIV and STI prevention among men who have sex with men](#) remain valid for this year's Pride season:

- Travellers to Pride events should ensure their routine vaccination courses (including those against hepatitis A) and boosters are up to date as recommended in their country of residence and discuss the need for additional vaccinations or booster doses with their healthcare provider.
- Participants should receive advice on preventing STIs prior to attendance including recommendations on HIV pre-exposure prophylaxis.
- Upon return: testing for STIs (including HIV and hepatitis) and healthcare provider evaluation among those experiencing symptoms or those who engaged in unprotected sexual activity with casual partners is advised.

All men who have sex with men diagnosed with hepatitis A should be referred to sexual health services for further STI/HIV testing. Known partners of those diagnosed should be notified and offered testing and treatment.

## I. Executive summary

## EU Threats

---

### Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea – Summer 2019

Opening date: 3 June 2019

Latest update: 2 August 2019

Elevated sea surface temperatures (SST) in marine environments with low salt content offer optimal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC Vibrio Map Viewer](#)).

#### →Update of the week

As of 1 August 2019, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as medium to high.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea remains the same. It is considered to be medium to high in the majority of the coast in the Baltic Sea, except in the Gulf of Bothnia (Finland and Sweden) where it is considered to be very low to low.

Outside EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be medium to high in Kaliningrad, Russia. For the next five days, it is considered to be medium to high in Kaliningrad, Russia.

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

Opening date: 3 June 2019

Latest update: 2 August 2019

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

During the 2018 transmission season, 2 083 human cases were reported by EU Member States and EU neighbouring countries. In the same period, EU Member States reported 285 outbreaks among equids.

#### →Update of the week

From 26 July–1 August 2019, EU Member States reported 20 human cases in Greece (15), Hungary (2), Romania (2) and France (1). A human case was reported for the first time from one area in France. All other human cases were reported from areas that have been affected during previous transmission seasons. This week, two deaths were reported by Greece.

In the same week, one equine outbreak was reported to the Animal Disease Notification System by Italy.

## Non EU Threats

---

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

Opening date: 1 August 2018

Latest update: 2 August 2019

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the 10th outbreak of Ebola virus disease in the country. The outbreak affects North Kivu and Ituri Provinces in the northeast of the country close to the border with Uganda. In June 2019, several cases from the Democratic Republic of the Congo were detected in Uganda. However, Uganda has not reported autochthonous transmission as of 24 July 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 IHR.

→Update of the week

Since the previous CDTR and as of 31 July 2019, [WHO and the Ministry of Health of the Democratic Republic of the Congo](#) have reported 93 additional confirmed cases. During the same period, 61 deaths were reported. Among the new reported cases in the past week, at least seven are healthcare workers.

Two new confirmed cases have been reported in Nyiragongo health zone in Goma. This includes the index case who arrived in Goma on 13 July 2019, first developed symptoms on 22 July 2019, was detected and isolated in an Ebola treatment centre in Nyiragongo health zone in Goma on 30 July 2019 and died on 31 July 2019. The index case reported having several children, one of whom was confirmed positive for Ebola virus disease on 31 July 2019. [Media](#) reported on 1 August 2019 that WHO confirmed a fourth additional case in Goma who is a family member of the index case. As of 31 July 2019, over 5 000 healthcare workers have been vaccinated against Ebola in Goma, training and equipment have been provided to healthcare centres, screenings at border crossing have been reinforced and 24-hour monitoring has been implemented at the airport.

On 31 July 2019, a [joint statement by heads of agencies on the Ebola outbreak in the Democratic Republic of the Congo](#) presented an overview of the outbreak a year after that it was initially declared on 1 August 2018.

On 27 July 2019, two more confirmed cases were reported from Mambasa health zone, with another one a few days later, accounting for a total of six cases and three deaths for this health zone. The first case was reported three weeks ago on 9 July 2019.

On 24 July 2019, the Saudi Ministry of Foreign Affairs noted that Saudi Arabia has [banned entry](#) to travellers coming from the Democratic Republic of the Congo, fearing the spread of Ebola during the Hajj. This came after WHO declared a PHEIC regarding the Ebola epidemic. However, WHO does not recommend any restrictions on travel or trade globally due to the Ebola outbreak in the Democratic Republic of the Congo.

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

Opening date: 24 September 2012

Latest update: 2 August 2019

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 400 Middle East respiratory syndrome coronavirus (MERS-CoV) cases 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.

→Update of the week

Since the previous CDTR published on 12 July 2019, Saudi Arabia is the only country that has notified new cases. As of 30 July 2019, [Saudi Arabia](#) has reported an increase of six cases and three deaths.

So far, 11 of 13 regions in Saudi Arabia have reported 163 cases in 2019, of which two, Najran and Riyadh, have reported cases in the last seven days.

A scientific article ([Modjarrad et al., 2019](#)) describes the safety and immunogenicity of the first clinical trial of a MERS-CoV DNA vaccine (GLS-5300) in humans. Additionally, there are other four human vaccine candidates in development that have started or will soon start phase 1 testing. According to the comment in the same journal from [Yoon & Kim](#), completion of the phase 1 trial of this vaccine represents an important step in the development of vaccines against emerging viral global threats.

## II. Detailed reports

### Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea – Summer 2019

Opening date: 3 June 2019

Latest update: 2 August 2019

#### Epidemiological summary

As of 1 August 2019, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be medium to high.

For the next five days the environmental suitability for *Vibrio* growth in the Baltic Sea remains the same. It is considered to be medium to high in the majority of the coast in the Baltic Sea, except in the Gulf of Bothnia (Finland and Sweden) where it is considered to be very low to low.

Outside EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be medium to high in Kaliningrad, Russia). For the next five days, it is considered to be medium to high in Kaliningrad, Russia).

**Sources:** [ECDC](#) | [National Environmental Satellite, Data and Information Service](#)

The model has been calibrated to the Baltic region in northern Europe and may not apply to other worldwide settings prior to validation. For the Baltic Sea, the model parameters to be used in the map are the following values: number colour bands (20) scale method linear, legend range minimum value: 0 and maximum value: 28.

#### ECDC assessment

Elevated SSTs in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content. These *Vibrio* species can cause vibriosis infections, particularly *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*.

Vibriosis in humans caused by these species in the Baltic region has occurred in the past during hot summer months, particularly when SSTs are elevated (above 20 degrees Celsius). The most common clinical manifestations are gastroenteritis with nausea, vomiting and diarrhoea, wound infections when a cut has been exposed, infected wounds or abrasions due to contaminated seawater, primary septicaemia and otitis externa. Risk factors for illness apart from contact with natural bodies of waters, especially marine or estuarine waters, also include the consumption of shellfish, particularly raw oysters.

#### Actions

ECDC monitors this threat on a weekly basis during the summer of 2019 and reports on increased environmental suitability for the growth of *Vibrio* species.

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

Opening date: 3 June 2019

Latest update: 2 August 2019

#### Epidemiological summary

From 26 July–1 August 2019, EU Member States reported 20 human cases in Greece (15), Hungary (2), Romania (2) and France (1). A human case was reported for the first time from one area in France. All other human cases were reported from areas that have been affected during previous transmission seasons. This week, two deaths were reported by Greece.

In the same week, one equine outbreak was reported to the Animal Disease Notification System by Italy.

Since the beginning of the 2019 transmission season and as of 1 August 2019, EU Member States have reported 33 human West Nile virus infections in Greece (25), Romania (4), Hungary (2), France (1) and Italy (1). EU neighbouring countries have not reported any cases so far.

To date, three deaths due to West Nile virus infection have been reported by Greece (2) and Romania (1).

4/10

During the current transmission season, three outbreaks among equids have been reported by Greece (2) and Italy (1).

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

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

## ECDC assessment

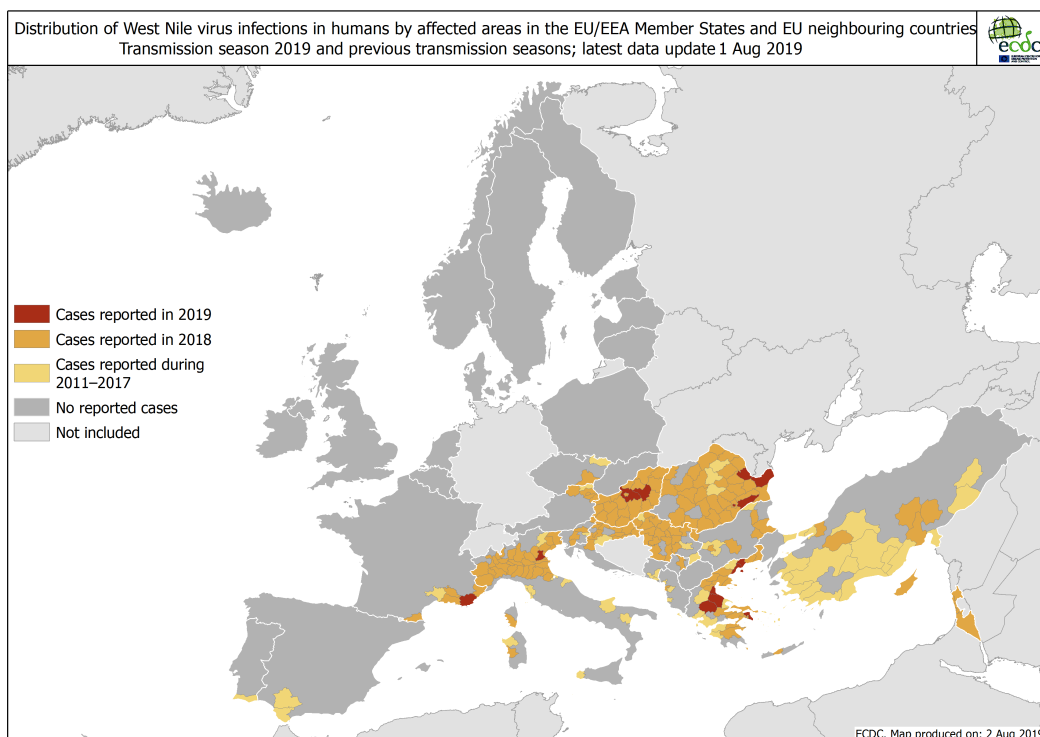
Human West Nile virus infections have been reported in EU Member States with known persistent transmission of West Nile virus in previous years. All human cases reported during the current transmission season have been reported in previously affected countries. In accordance with [European Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally acquired West Nile virus 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.

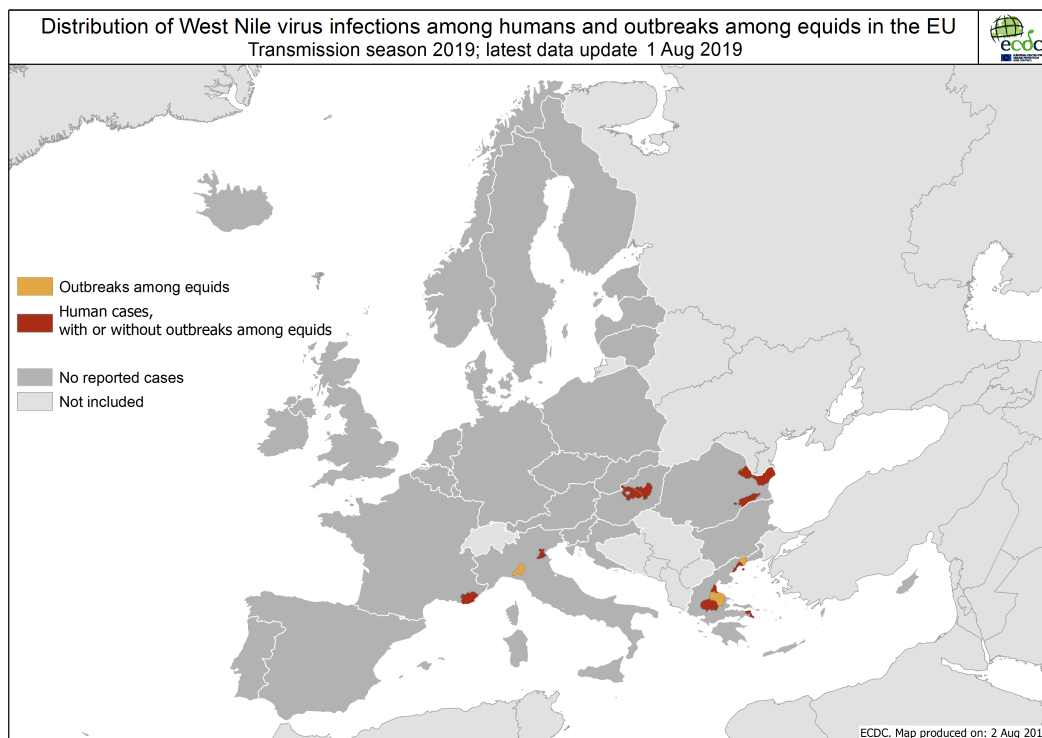
## Distribution of human West Nile virus infections by affected areas as of 1 August 2019.

ECDC



## Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 1 August 2019.

ECDC and ADNS



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

Opening date: 1 August 2018

Latest update: 2 August 2019

### Epidemiological summary

In the Democratic Republic of the Congo, since the beginning of the outbreak a year ago and as of 31 July 2019, there have been 2 713 Ebola virus disease cases (2 619 confirmed, 94 probable), including 1 823 deaths (1 729 confirmed, 94 probable), according to WHO and Ministry of Health of the Democratic Republic of the Congo. This includes the three cases and three deaths that were previously reported having travelled to Uganda. Beni is currently the most active health zone.

As of 30 July 2019, 148 healthcare workers have been infected.

Twenty-six health zones in two provinces have reported confirmed or probable Ebola virus disease cases: Alimbongo, Beni, Biena, Butembo, Goma, Kalunguta, Katwa, Kayna, Kyondo, Lubero, Mabalako, Manguredjipa, Masereka, Mutwanga, Musienene, Nyiragongo, Oicha and Vuhovi Health Zones in North Kivu Province and Ariwara, Bunia, Mambasa, Nyankunde, Komanda, Mandima, Rwampara and Tchomia Health Zones in Ituri Province.

**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 geographic spread observed in recent weeks, as well as the need for a more intensified and coordinated response in order to end the outbreak.

**Sources:** [Ebola dashboard Democratic Republic of the Congo](#) | [Democratic Republic of the Congo Ministry of Health](#) | [WHO](#) | [WHO Regional Office for Africa](#)

### ECDC assessment

**ECDC assessment:** Implementing response measures remains challenging in affected areas because of the prolonged humanitarian crisis, unstable security situation and resistance among several sectors of the population. A substantial proportion of cases is detected among individuals not previously identified as contacts, stressing the need to maintain enhanced surveillance

6/10

and identify the chains of transmission.

The fact that the outbreak is ongoing in areas with cross-border population flow with Rwanda, South Sudan and Uganda remains of particular concern. Recent case movements from Beni to non-affected areas are not unexpected. So far, the identification of these imported cases or the PHEIC does not change the overall risk for the EU/EEA, which remains very low.

However, the risk can only be eliminated by stopping transmission at the local level.

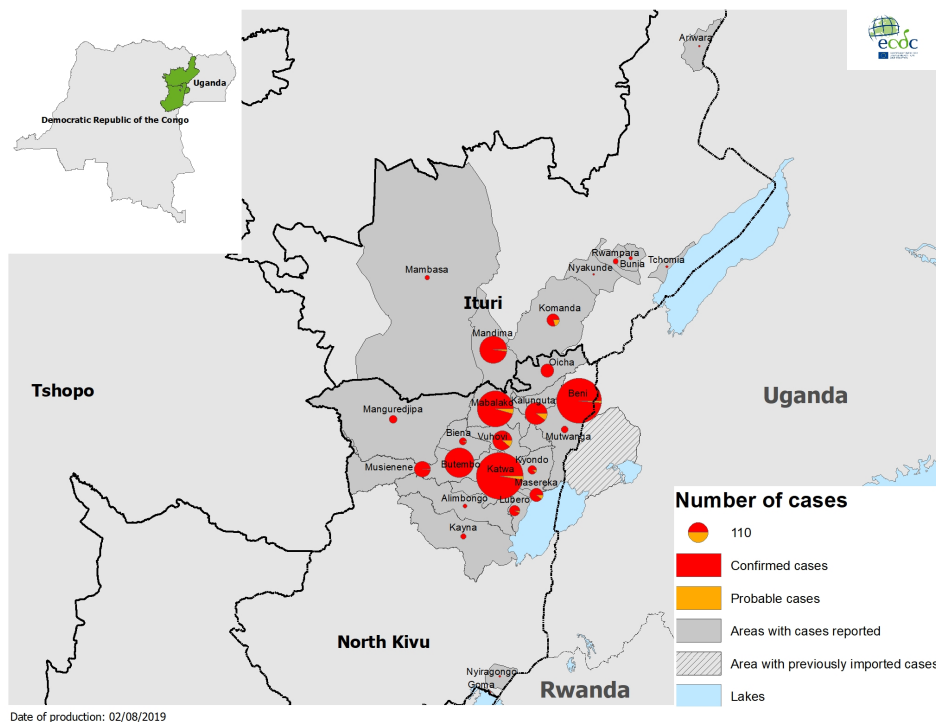
**WHO assessment:** As of 25 July 2019, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels. There is cause for concern linked to the recent case in Goma, as the city is a provincial capital with an airport serving international flights connecting to several countries in Africa, including the Republic of the Congo, Ethiopia, Uganda and Zambia).

## Actions

ECDC published an [epidemiological update](#) on 13 June 2019. ECDC will update the [rapid risk assessment](#) from 19 July 2019 to be published next week.

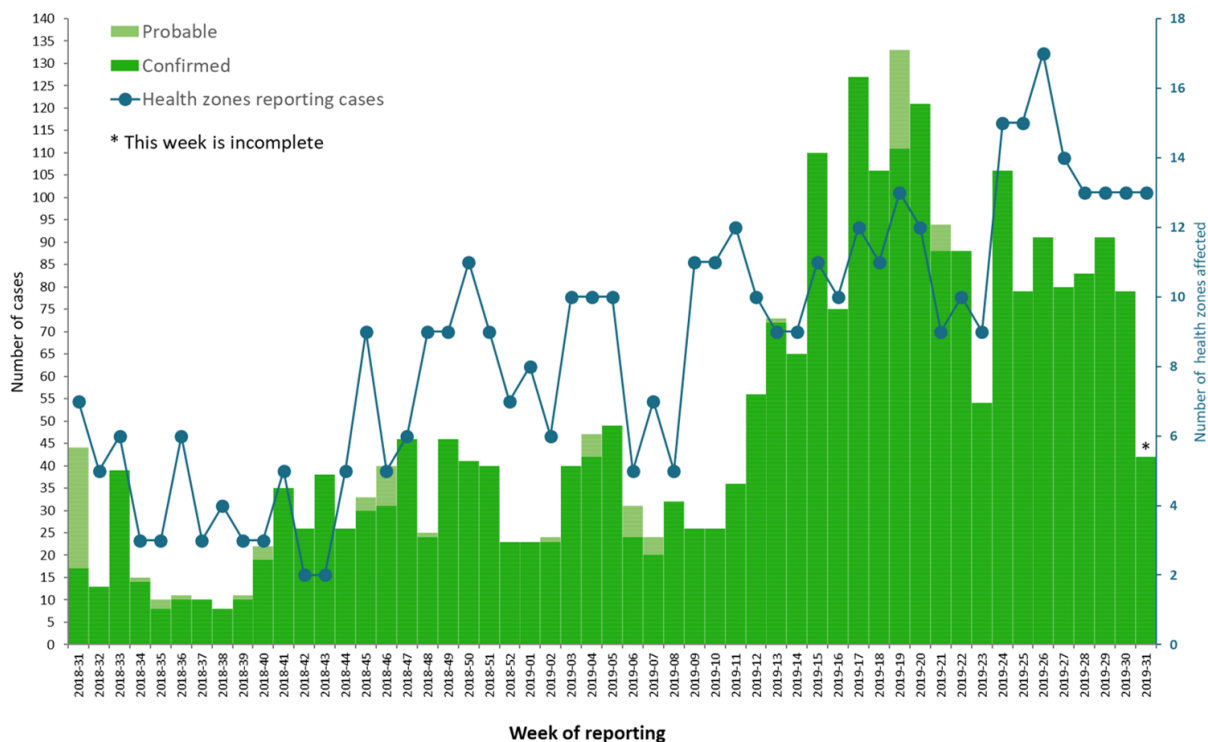
## Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 31 July 2019

Source: ECDC



## Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 31 July 2019

Source: ECDC



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

Opening date: 24 September 2012

Latest update: 2 August 2019

### Epidemiological summary

In 2019 and as of 30 July 2019, 176 MERS-CoV cases have been reported in Saudi Arabia (163) and Oman (13), including 46 deaths in Saudi Arabia (42) and Oman (4). In Saudi Arabia, 86 cases were primary (39 of whom reported contact with camels), 40 were healthcare-acquired, 31 were household contacts and 6 were unspecified secondary cases. In 2019, 74% of the 163 cases in Saudi Arabia were reported in Riyadh (102) and Eastern Provinces (18).

Since April 2012 and as of 30 July 2019, 2 473 cases of MERS-CoV, including 904 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, particularly in Saudi Arabia. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in a [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

On 2 July 2019, ECDC published a [rapid risk assessment regarding public health risks related to communicable diseases during the hajj 2019, Saudi Arabia, 9–14 August 2019](#) that also addresses MERS-CoV.

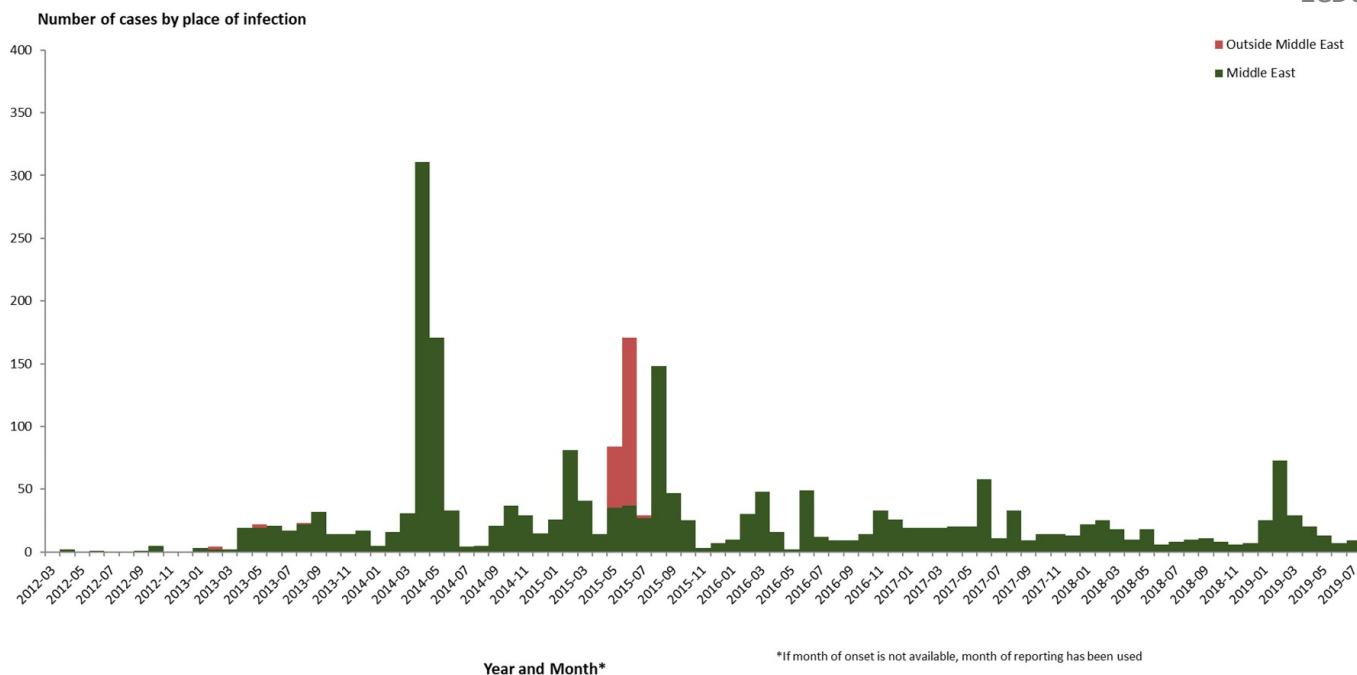
### Actions

ECDC monitors this threat through epidemic intelligence and reports on a monthly basis. Considering the upcoming Hajj mass gathering in Saudi Arabia that will take place from 9–14 August 2019, ECDC will conduct enhanced epidemic intelligence surveillance for communicable diseases, including MERS-CoV, from 2–21 August 2019. Additionally, ECDC published a [rapid risk assessment](#) on public health risks related to communicable diseases during the hajj 2019 on 2 July 2019.



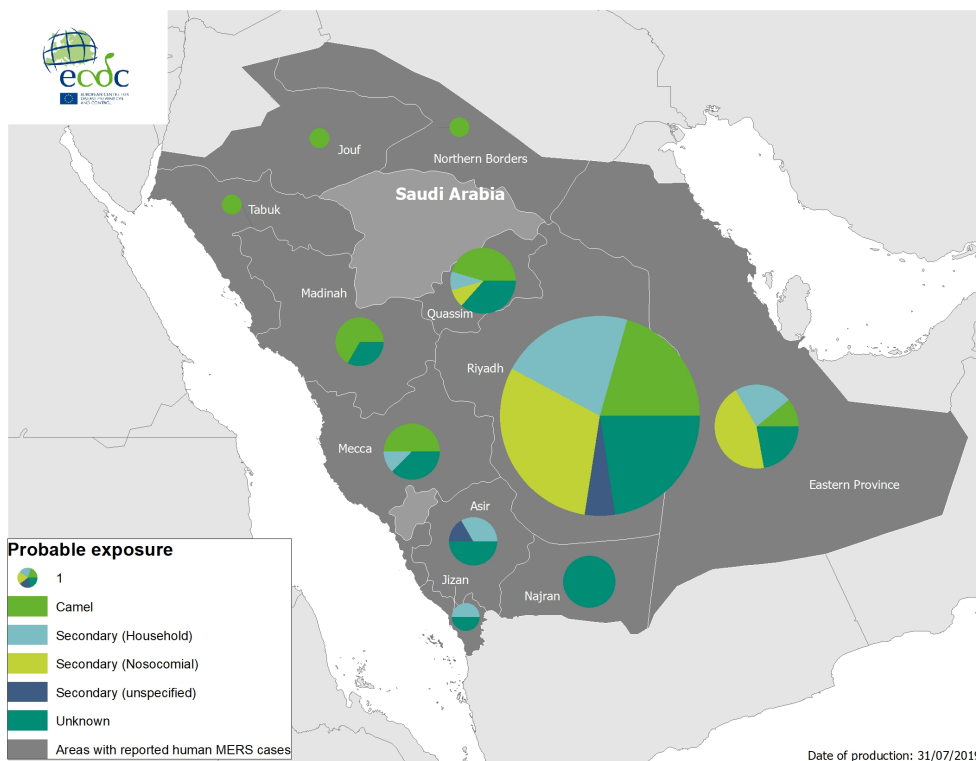
### Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, from March 2012 to 30 July 2019

ECDC



### Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure in 2019, Saudi Arabia, as of 30 July 2019

ECDC



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