



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 44, 28 October-3 November 2018

All users

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: 31 October 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

In the past five days between 26 and 30 October 2018, EU Member States reported 3 human West Nile virus (WNV) infections in Hungary (2) and Bulgaria (1). EU neighbouring countries reported 12 cases, all in Serbia.

All human cases were reported from areas that have been affected during previous transmission seasons. In the past five days, no deaths were reported.

In the past five days, 6 outbreaks among equids were reported by Italy (3), Hungary (2) and Spain (1).

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 31 October 2018

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

Over the past week, the Ministry of Health of the Democratic Republic of the Congo has reported 25 additional cases in Beni (19) and Butembo (6).

As of 29 October 2018, there have been 276 Ebola virus disease cases (241 confirmed, 35 probable), including 175 deaths (140 of which were confirmed cases), since the beginning of the outbreak.

Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 31 October 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 August 2018, WHO 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 5 October 2018, four new cases of wild poliovirus type 1 have been reported in Afghanistan (2) and Pakistan (2). Additionally, 16 new cases of circulating vaccine-derived poliovirus (cVDPV) have been reported globally: cVDPV type 1 (cVDPV1) in Papua New Guinea (4), cVDPV type 2 (cVDPV2) in Nigeria (6) and Niger (4) and cVDPV type 3 (cVDPV3) in Somalia (2).

II. Detailed reports

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

Opening date: 30 May 2018

Latest update: 31 October 2018

Epidemiological summary

In the past five days between 26 and 30 October 2018, EU Member States reported 3 human West Nile virus (WNV) infections in Hungary (2) and Bulgaria (1). EU neighbouring countries reported 12 cases, all by Serbia.

All human cases were reported from areas that have been affected during previous transmission seasons. In the past five days, no deaths were reported.

In the past five days, 6 outbreaks among equids were reported by Italy (3), Hungary (2) and Spain (1).

In 2018, as of 30 October 2018, EU Member States have reported 1 463 human cases in Italy (550), Greece (307), Romania (276), Hungary (214), Croatia (53), France (24), Austria (19), Bulgaria (15), Slovenia (3) and the Czech Republic (2). EU neighbouring countries reported 534 human cases in Serbia (410), Israel (110) and Kosovo* (14). To date, 170 deaths due to West Nile virus infection have been reported by Italy (44), Greece (42), Romania (42), Serbia (35), Kosovo* (3), Bulgaria (2), the Czech Republic (1) and Hungary (1).

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

During the current transmission season, 267 outbreaks among equids have been reported by Italy (139), Hungary (89), Greece (15), France (11), Spain (6), Romania (2), Germany (2), Austria (1), 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 WNV circulation among humans unless the results of an individual nucleic acid test are negative.

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

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

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

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

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

ECDC assessment

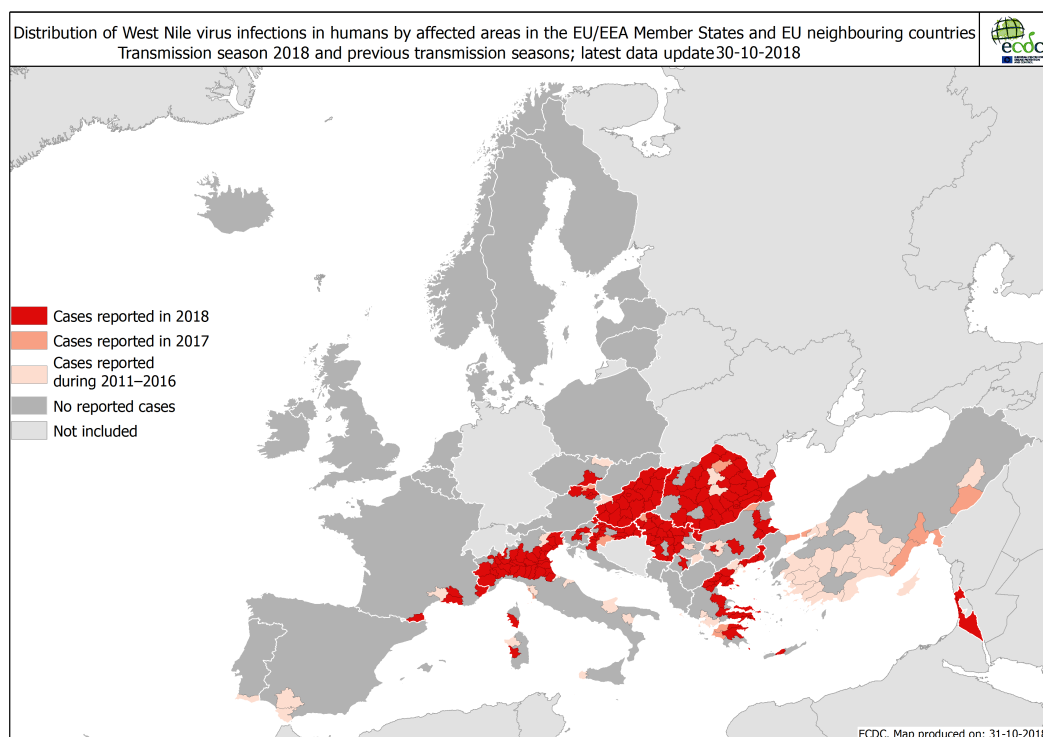
The 2018 transmission season started earlier than usual and higher case numbers have been reported compared with the same period in previous years. Germany detected the country's first autochthonous human West Nile virus infection in 2018, most likely infected through contact transmission during the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

Actions

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

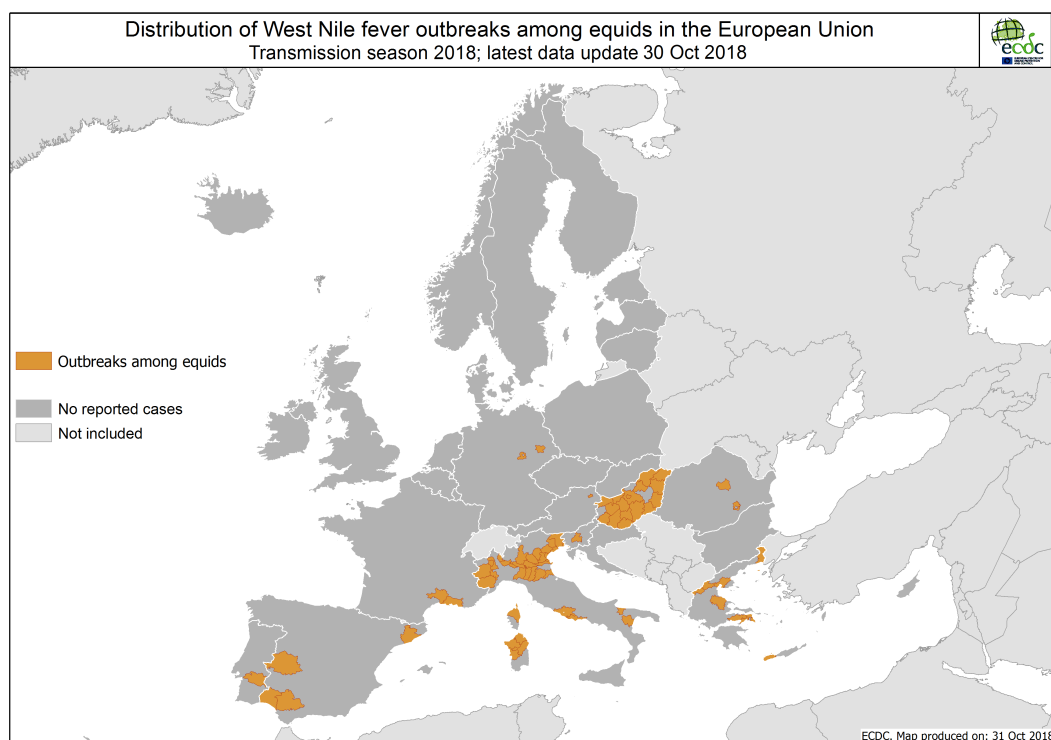
Distribution of human West Nile virus infections by affected areas as of 30 October 2018.

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 30 October 2018.

ECDC and ADNS



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

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Opening date: 1 August 2018

Latest update: 31 October 2018

Epidemiological summary

As of 29 October 2018, there have been 276 Ebola virus disease cases (241 confirmed, 35 probable), including 175 deaths (140 of which were confirmed cases), since the beginning of the outbreak.

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

Security remains a concern in Beni and Butembo, with consequences for safe and dignified burial activities. International Committee of the Red Cross teams have resumed activities in Butembo for the first time since the security incident on 2 October 2018. Security challenges and community resistance delay the implementation of response measures. These difficulties highlight the importance of strengthening community engagement activities, including working with armed groups.

The cumulative number of Ebola virus disease cases (confirmed and probable) reported in this outbreak has surpassed the number of cases reported during the 2007 outbreak in Mweka (264 cases, including 187 deaths). The number of confirmed Ebola virus disease cases is still increasing, especially in Beni and communities in and near Butembo. Additionally, the recent confirmation of four Ebola virus disease infections among health workers is of concern and shows that infection prevention and control measures need to be reinforced in all healthcare settings. Infections found in healthcare workers constitute an increased risk of amplification of nosocomial transmission of Ebola virus disease.

Response activities: According to the WHO Regional Office for Africa Situation Report, as of 28 October 2018, 5 991 contacts have been identified in Beni (4 676), Masereka (459), Butembo (447), Kalunguta (159), Mabalako (134), Musienene (84) and Vuhovi (32). A total of 91.9% of these contacts were followed up.

According to the latest Ministry of Health update, as of 29 October 2018, 24 510 people have been vaccinated in Beni (12 762), Mabalako (4 391), Katwa (1 962), Mandima (1 663), Butembo (1 295), Masereka (690), Bunia (434), Tchomia (355), Komanda (240), Kalunguta (227), Musienene (160), Oicha (121), Vuhovi (110) and Mutwanga (100).

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

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

Furthermore, Burundi, [Rwanda](#) and [Zimbabwe](#) have established entry screening. According to [WHO](#), as of 28 October 2018, 62 of the 65 Points of Entry were functional.

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

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

ECDC assessment

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

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

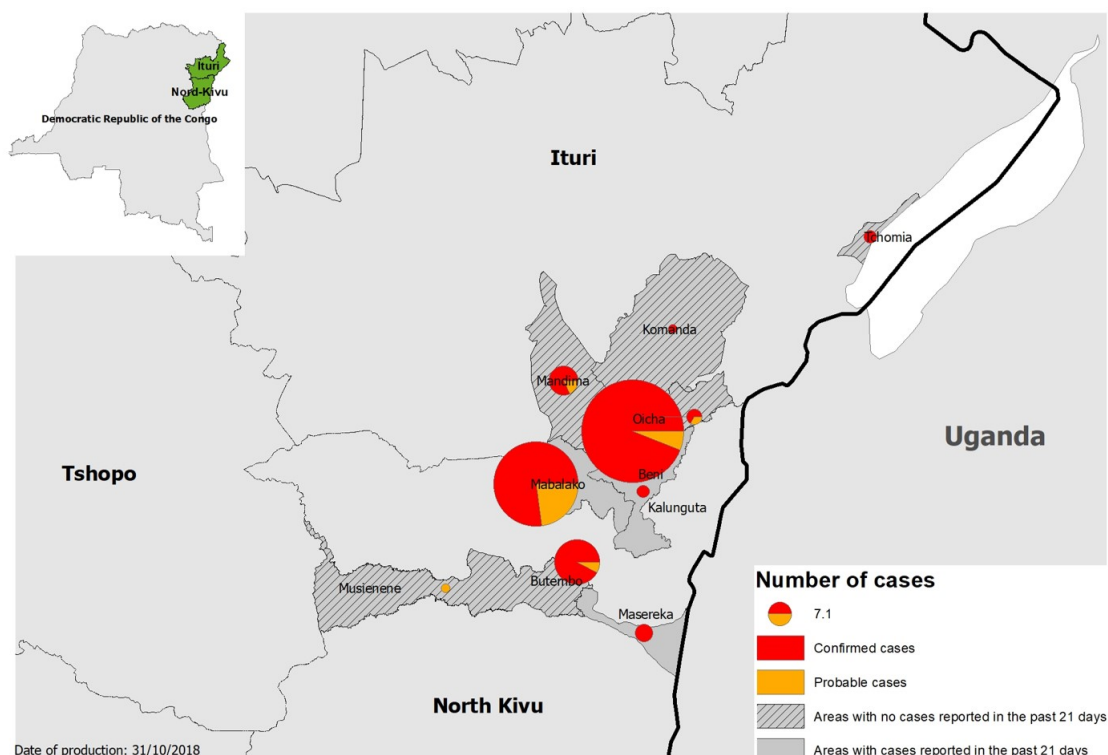
WHO Assessment: As of 25 October 2018, the [WHO assessment](#) states that the risk of spread is low at global level, but remains very high at national and regional levels.

Actions

ECDC published an updated [rapid risk assessment](#) on 5 October 2018 and an [epidemiological update](#) on 26 October 2018. ECDC plans to deploy a senior expert to support the European Civil Protection and Humanitarian Aid Operations - ECHO mission in the Ebola response.

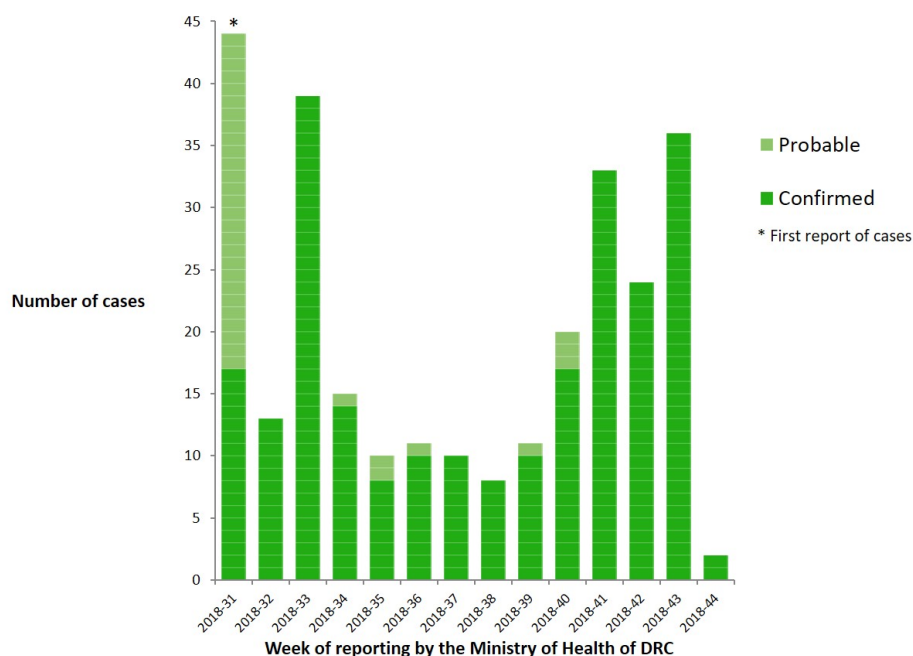
Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 29 October 2018

ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri Provinces, DRC, as of 29 October 2018

ECDC



Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 31 October 2018

Epidemiological summary

Since the beginning of 2018 and as of 23 October 2018, two countries have recorded cases of wild poliovirus type 1: Afghanistan (16) and Pakistan (6), an increase of 10 cases compared with the same period in 2017.

Since the beginning 2018 and as of 23 October 2018, five countries have detected 69 cases of cVDPV, an increase of seven cases compared with the same time period in 2017. cVDPV1 cases were reported in Papua New Guinea (18), while cVDPV2 cases were reported in Nigeria (17), the Democratic Republic of the Congo (15), Somalia (6) and Niger (6). Additionally, cVDPV3 cases were reported in Somalia (7). Of the cases detected in Somalia, both cVDPV2 and cVDPV3 were isolated in one case.

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

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

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 the countries worldwide that are still endemic for polio and have ongoing outbreaks

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of cVDPV.

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