COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 36, 30 August-5 September 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Locally-acquired dengue fever case - Italy - 2020

Opening date: 2 September 2020 Latest update: 4 September 2020

In 2020, Italian local health authorities reported a locally-acquired confirmed case of dengue fever in Veneto, Italy.

➔Update of the week

New! Probably introduced Plasmodium vivax malaria case - Greece - 2020

Opening date: 3 September 2020 Latest update: 4 September 2020

In 2020, a probably introduced *Plasmodium vivax* malaria case has been reported by the Hellenic National Public Health Organisation in Greece.

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2020

Opening date: 7 January 2020 Latest update: 4 September 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at 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 coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR).

➔Update of the week

Since 29 August 2020 and as of 4 September 2020, 1 861 842 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 37 207 new deaths.

Globally, the number of cases has increased from 24 473 843 to 26 335 685, and the number of deaths has risen from 832 002 to 869 209.

In the EU/EEA and the United Kingdom (UK), the number of cases has increased from 2 141 538 to 2 304 846 (+ 163 308 cases)

More details are available here.

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West Nile virus - Multi-country (World) - Monitoring season 2020

Opening date: 20 May 2020 Latest update: 4 September 2020

During the transmission season for West Nile virus, which usually runs from June to November, ECDC monitors the occurrence of infections in the EU/EEA and EU neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for EU/EEA Member States and at the GAUL 1 (global administrative unit layers 1) level for the EU neighbouring countries.

➔Update of the week

Between 28 August and 3 September 2020, EU Member States reported 37 human cases of WNV infection: Greece (23), Italy (7), Spain (5) and Romania (2). All cases were reported from areas that have been affected during previous transmission seasons. This week, two deaths were reported by Greece (1) and Spain (1). No human cases of WNV infection or deaths were reported from EU-neighbouring countries.

On 3 September 2020, German public health authorities reported the first human autochthonous WNV infections in Germany during this transmission season. These were diagnosed in mid-August 2020 and were all detected in the context of blood or plasma donation. The National Reference Centre for Tropical Diseases at the Bernhard Nocht Institute for Tropical Medicine, Hamburg was so far able to confirm four of the presumptive infections as WNV infections by sequencing, while others were USUV infections or neither. Additional presumptive cases are being investigated. Virus circulation in birds has been documented since July 2020 in Germany, in a similar area as 2019. As the human WNV infections and the outbreaks among birds have not yet been reported through TESSy and the Animal Disease Notification System (ADNS) of the European Commission, respectively, they are currently not represented on the maps and in the Surveillance Atlas.

ECDC links: West Nile virus infection atlas
Sources: TESSy

Crimean-Congo Haemorrhagic fever – Europe – 2020

Opening date: 18 June 2020 Latest update: 4 September 2020

Crimean-Congo haemorrhagic fever is endemic in the Balkans, and autochthonous sporadic cases have been reported in Bulgaria and Spain.

➔Update of the week

Health authorities in Spain published a rapid risk assessment on Crimean-Congo haemorrhagic fever (CCHF) in Salamanca following the detection of three CCHF cases in Salamanca province between June and August 2020. According to the Spanish health authorities, the risk of further sporadic cases of CCHF in areas where *Hyalomma* ticks are present, especially in the population that resides or frequents these areas and that has a greater exposure to tick bites, is considered moderate. Although it may be a serious disease, the impact of the disease is considered low given that the number of people affected would not be many and there are adequate means of isolation and control of cases.

Dengue - French Antilles - 2020

Opening date: 12 February 2020 Latest update: 4 September 2020

French authorities have reported an increased number of dengue cases in Guadeloupe, Saint Martin, Saint Barthélemy and Martinique islands in recent weeks.

➔Update of the week

Since the previous update with data as of 2 August 2020 and as of 30 August 2020, 5 682 additional dengue suspected cases, including one severe case and one death, have been reported in Guadeloupe, Saint Martin, Saint Barthélemy and Martinique. In the last reported update, when the period between 20 July and 2 August 2020 was analysed, 1 409 additional dengue suspected cases were reported in the French Antilles.

The following cases have been reported since the previous update:

Guadeloupe: 895 additional suspected cases.

Saint Martin: 165 additional suspected cases.

Saint Barthelemy: 272 additional suspected cases.

Martinique: 4 350 additional suspected cases, including one severe case and one death.

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Non EU Threats

Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020

Opening date: 4 June 2020 Latest update: 4 September 2020

On 1 June 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) declared the eleventh outbreak of Ebola virus disease (EVD) in the country. The outbreak is located in Equateur Province in the north-west of the country, close to the border with Congo.

➔Update of the week

Since the last update and as of 1 September 2020, four additional cases, including one additional death, have been reported from Equateur Province in the DRC.

Ebola response activities have slowly increased and resumed since the strike by healthcare workers ended.

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

Opening date: 24 September 2012 Latest update: 4 September 2020

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 500 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 towards 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 update and as of 1 September 2020, no additional cases of MERS-CoV have been reported by Saudi Arabia health authorities or by WHO. On 21 August 2020, the Saudi Arabian Ministry of Health declared that no new cases of MERS-CoV had been reported for the previous 60 days.

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II. Detailed reports

New! Locally-acquired dengue fever case - Italy - 2020

Opening date: 2 September 2020 Latest update: 4 September 2020

Epidemiological summary

On 27 August 2020, Italian local health authorities reported one locally-acquired confirmed case of dengue fever in a 54-year-old male resident in a very small village in Veneto, Italy. The man has not travelled abroad and had flu-like symptoms for four days. The primary case is a relative who travelled to Indonesia in July 2020 and was retrospectively diagnosed with dengue fever by serology. Other members of the family have had similar symptomatology.

Response measures have been implemented, including vector control measures and deferral of blood donation. Active case finding is ongoing.

Sources: ANSA | ISS National Blood Center

ECDC assessment

This is the first case of locally-acquired dengue infection reported by Italy. The virus has likely been introduced by the primary case who returned from Indonesia. *Aedes albopictus* is established throughout Italy and vector capacity is currently expected to be suitable for the transmission of dengue virus. The local transmission occurred in a very small village situated in a rural area, meaning the number of individuals that may have been exposed is likely to be limited. Since 2010, 17 vector-borne local transmission events of dengue virus have been reported in continental EU, among which one event occurred this year in mainland France. So far, all clusters of local transmission of dengue within continental EU remained of limited size (eight cases maximum). This may suggest that the capacity of the populations of *Aedes albopictus* in continental EU to transmit the virus might not be optimal to maintain a sustained transmission. However, considering that the establishment of a sustained transmission depends on a multitude of factors (e.g. virus strain, environment, climate, timeliness of vector control measures being implemented), the occurrence of a larger outbreak cannot be excluded, even if the likelihood remains low.

Actions

ECDC is monitoring the situation through epidemic intelligence activities, and is in contact with Italian health authorities.

New! Probably introduced Plasmodium vivax malaria case - Greece - 2020

Opening date: 3 September 2020 Latest update: 4 September 2020

Epidemiological summary

On 26 August 2020, a *Plasmodium vivax* malaria case was reported to the Hellenic National Public Health Organization. This was initially diagnosed by a rapid test and then confirmed by a blood smear and PCR in the reference laboratory. The patient is a permanent resident of a small rural non-touristic town, near a wetland (Evros river) in the Municipality of Orestiada, Regional Unit of Evros, East Macedonia and Thrace region, near the land border between Greece and Turkey. The patient had onset of symptoms on 13 August 2020, had not recently travelled to a malaria-endemic country, and had no history of blood transfusion. No imported case has been recently recorded in the area.

According to the Ministry of Health's action plan for the prevention of malaria, the Vector-borne Diseases Department of the Hellenic National Public Health Organisation investigated the case in a timely manner and organised response measures in the area, in collaboration with the regional public health authorities, including reactive case finding around the case's residence, communication, and awareness activities for local health professionals and the local population. Regional authorities also intensified response vector control activities in the area.

Background: Probably introduced malaria cases have previously been recorded in other municipalities of the Regional Unit of Evros; there were two cases in 2013 and two cases in 2018. Evros Regional Unit is considered a receptive and vulnerable area due to the combination of vector circulation and populations of (non-documented) migrants from malaria-endemic countries entering Greece through the Evros river. Infections with *Plasmodium vivax* can lead to a relapse even many years after the primary infection.

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Source: Greek health authorities

ECDC assessment

Sporadic events of probably introduced *P. vivax* malaria have been recorded in the last years in specific - mainly rural - areas of Greece, and are not unexpected given the large immigrant population from malaria-endemic countries living in Greece. As the mosquito season has not yet come to an end, the reporting of additional probably introduced cases of *P. vivax* malaria cannot be excluded. However, the risk of *P. vivax* infection for residents and travellers in this area is very low.

Actions

No further action for ECDC.

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2020

Opening date: 7 January 2020 Latest update: 4 September 2020

Epidemiological summary

Since 31 December 2019 and as of 4 September 2020, 26 335 685 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 869 209 deaths.

Cases have been reported from:
Africa: 1 275 548 cases; the five countries reporting most cases are South Africa (633 015), Egypt (99 425), Morocco (65 855), Ethiopia (55 213) and Nigeria (54 587).
Asia: 7 365 080 cases; the five countries reporting most cases are India (3 936 747), Iran (380 746), Bangladesh (319 686), Saudi Arabia (318 319) and Pakistan (297 512).
America: 13 885 026 cases; the five countries reporting most cases are United States (6 150 655), Brazil (4 041 638), Peru (670 145), Colombia (641 574) and Mexico (616 894).
Europe: 3 779 132 cases; the five countries reporting most cases are Russia (1 009 995), Spain (488 513), United Kingdom (340 411), France (300 181) and Italy (272 912).
Oceania: 30 203 cases; the five countries reporting most cases are Australia (26 049), Guam (1 560), New Zealand (1 413), French Polynesia (596) and Papua New Guinea (471).
Other: 696 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 30 615 deaths; the five countries reporting most deaths are South Africa (14 563), Egypt (5 479), Algeria (1 531), Morocco (1 253) and Nigeria (1 048).
Asia: 146 133 deaths; the five countries reporting most deaths are India (68 472), Iran (21 926), Indonesia (7 750), Iraq (7 275) and Turkey (6 511).
America: 481 168 deaths; the five countries reporting most deaths are United States (186 797), Brazil (124 614), Mexico (66 329), Peru (29 405) and Colombia (20 618).
Europe: 210 564 deaths; the five countries reporting most deaths are the UK (41 527), Italy (35 507), France (30 706), Spain (29 234) and Russia (17 528).
Oceania: 722 deaths; the five countries reporting most deaths are Australia (678), New Zealand (22), Guam (13), Papua New Guinea (5) and Fiji (2).
Other: 7 deaths have been reported from an international conveyance in Japan.

EU/EEA and the UK:
As of 4 September 2020, 2 304 846 cases have been reported in the EU/EEA and the UK: Spain (488 513), United Kingdom (340 411), France (300 181), Italy (272 912), Germany (246 948), Romania (91 256), Belgium (86 450), Sweden (84 729), Netherlands (72 392), Poland (69 129), Portugal (59 051), Ireland (29 206), Austria (28 495), Czechia (26 452), Denmark (17 374), Bulgaria (16 617), Croatia (11 094), Norway (11 035), Greece (10 998), Finland (8 200), Hungary (6 923), Luxembourg (6 745), Slovakia (4 163), Slovenia (3 041), Lithuania (2 978), Estonia (2 444), Iceland (2 128), Malta (1 965), Cyprus (1 498), Latvia (1 410) and Liechtenstein (108).

As of 4 September 2020, 182 358 deaths have been reported in the EU/EEA and the UK: United Kingdom (41 527), Italy (35 507), France (30 706), Spain (29 234), Belgium (9 899), Germany (9 319), Netherlands (6 226), Sweden (5 832), Romania (3 765), Poland (2 092), Portugal (1 829), Ireland (1 777), Austria (735), Bulgaria (648), Denmark (626), Hungary (620), Czechia (426), Finland (335), Greece (278), Norway (264), Croatia (194), Slovenia (129), Luxembourg (124), Lithuania (86), Estonia (64), Slovakia (37), Latvia (34), Cyprus (21), Malta (13), Iceland (10) and Liechtenstein (1).

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EU: As of 04 September 2020, 1 951 164 cases and 140 556 deaths have been reported in the EU.

Public Health Emergency of International Concern (PHEIC):
On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of the WHO declared the COVID-19 outbreak a pandemic. The third and fourth International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April and 31 July 2020, respectively. The committee concluded during both meetings that the COVID-19 pandemic continues to constitute a PHEIC.

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

ECDC assessment

Information on the COVID-19 situation and a risk assessment can be found on ECDC's website.

Actions

ECDC activities related to COVID-19 can be found on ECDC's website.

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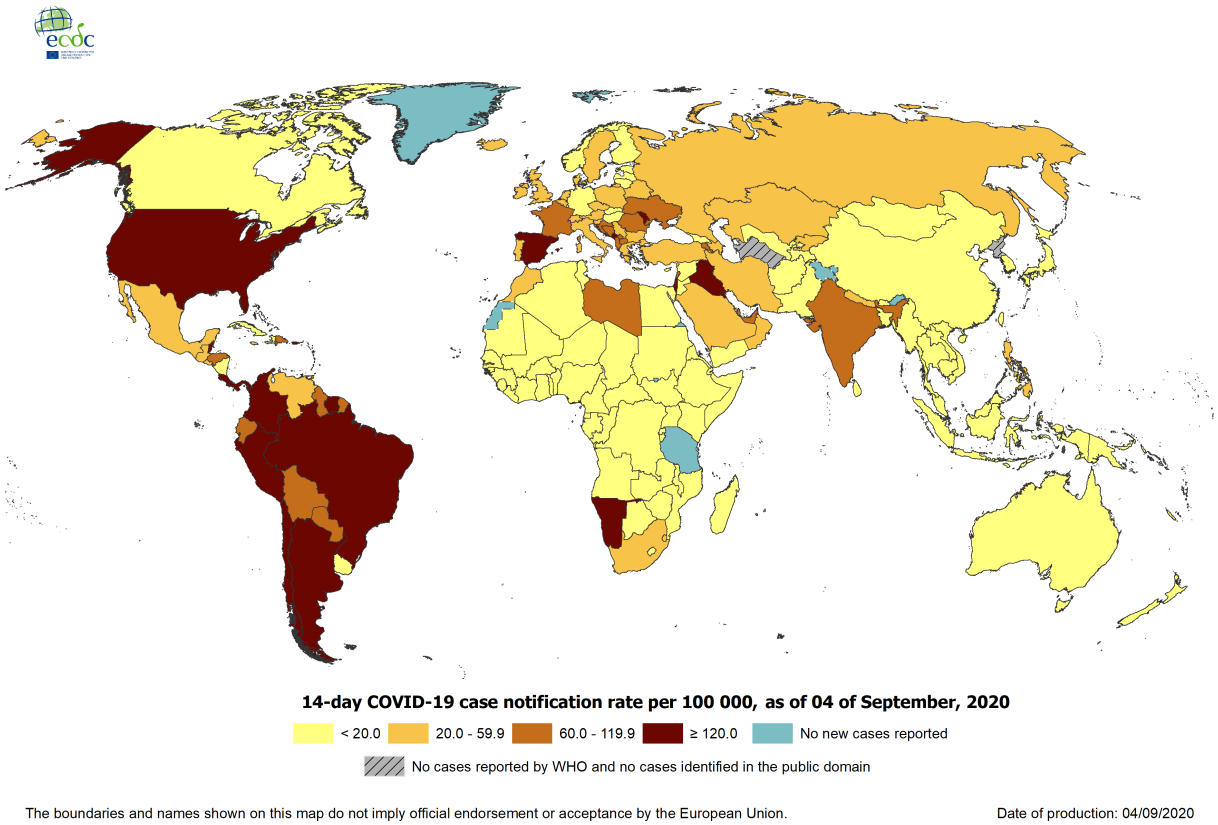
Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 4 September 2020

ECDC



West Nile virus - Multi-country (World) - Monitoring season 2020

Opening date: 20 May 2020 Latest update: 4 September 2020

Epidemiological summary

Between 28 August and 3 September 2020, EU Member States reported 37 human cases of WNV infection: Greece (23), Italy (7), Spain (5) and Romania (2). All cases were reported from areas that have been affected during previous transmission seasons. This week, two deaths were reported by Greece (1) and Spain (1). No human cases of WNV infection or deaths were reported from EU neighbouring countries.

On 3 September 2020, German public health authorities reported the first human WNV infections in Germany during this transmission season. These were diagnosed in mid-August 2020 and were all detected in the context of blood or plasma donation. The National Reference Center for Tropical Diseases at the Bernhard Nocht Institute for Tropical Medicine in Hamburg has so far confirmed four of the presumptive infections as WNV infections by sequencing, while others were USUV infections or neither. Additional presumptive cases are being investigated. Virus circulation in birds has been documented since July 2020 in Germany, in a similar area as 2019. As the human WNV infections and the outbreaks among birds have not yet been reported through

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TESSy and ADNS, respectively, they are currently not represented on the maps and in the Surveillance Atlas.

Since the start of the 2020 transmission season and as of 3 September 2020, EU Member States have reported 159 human cases of WNV infection and 12 deaths through TESSy: Greece (77, including nine deaths), Spain (49, including three deaths), Italy (29) and Romania (4). All cases were reported from areas that have been affected during previous transmission seasons. No cases have been reported from EU-neighbouring countries.

Since the beginning of the 2020 transmission season, 56 outbreaks among equids have been reported. These outbreaks have been reported by Spain (49, including 29 in the province of Seville), Italy (5), France (1) and Portugal (1) through ADNS. No outbreaks among birds have been reported through ADNS.

ECDC links: West Nile virus infection atlas
Sources: TESSy | Animal Disease Notification System

ECDC assessment

Human WNV infections have been reported in five EU Member States (Greece, Italy, Romania, Spain and Germany) where WNV enzootic transmission between mosquitoes and birds has previously been described.

Between 2010 and 2019, only Spain reported five locally-acquired WNV infections: two cases in 2010 in the province of Cádiz and three cases in 2016 in the province of Seville. During the same period, 89 outbreaks among equids were reported through ADNS in the province of Seville, highlighting the presence of an enzootic cycle between mosquitoes and birds in the region. Analysis of four human samples from the province of Seville revealed that these WNVs belong to lineage 1. However, it is still unknown whether the strain is a descendant of the WNVs that have been isolated previously in the region, or a new introduction.

In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

During the transmission seasons, ECDC publishes a set of WNV transmission maps and an epidemiological summary every Friday.

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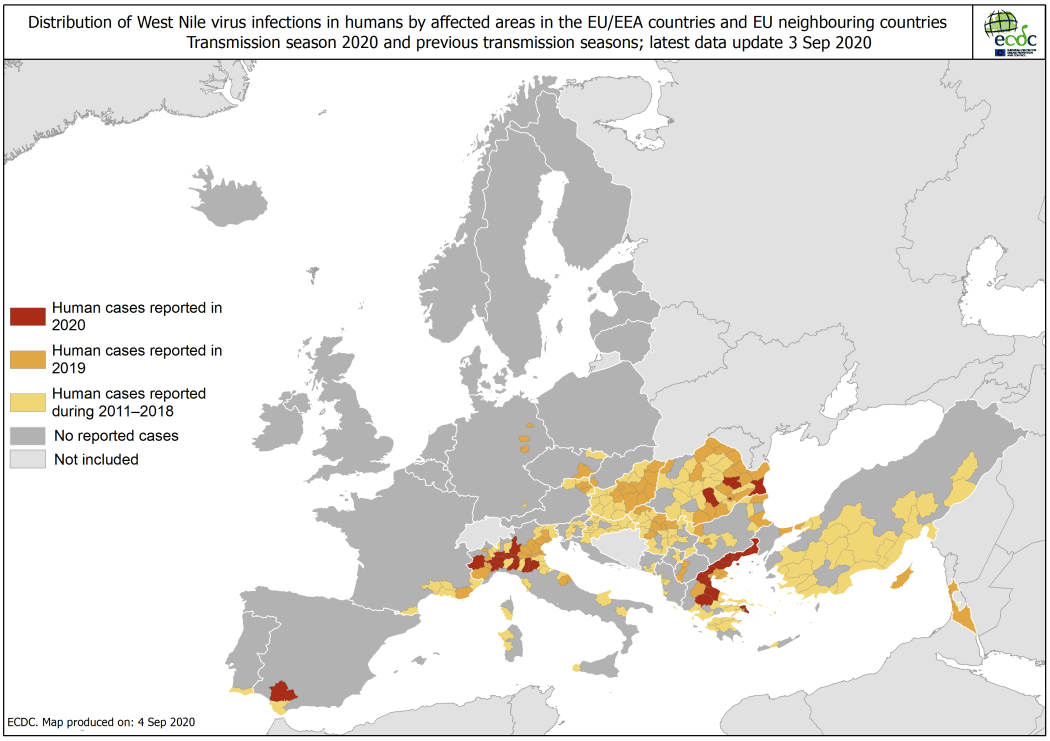
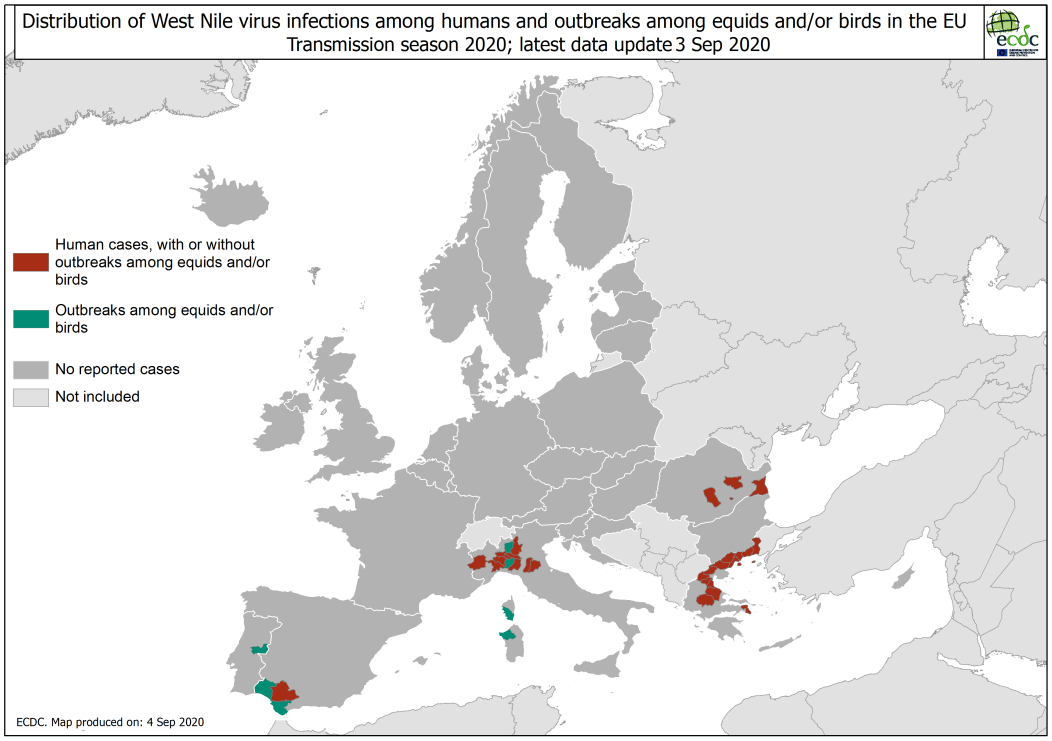
Distribution of human West Nile virus infections by affected areas as of 3 Sep

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 3 Sep

ECDC and ADNS



Crimean-Congo Haemorrhagic fever – Europe – 2020

Opening date: 18 June 2020 Latest update: 4 September 2020

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Epidemiological summary

Bulgaria: In week 24 of 2020, the Bulgarian National Centre for Infectious and Parasitic Diseases reported one confirmed case of CCHF in Bulgaria.

Spain: On 11 June 2020, public health authorities in the autonomous community of Castile-León reported a confirmed case of CCHF. The person was bitten by a tick at the end of May in Salamanca province and developed compatible symptoms in the days that followed. On 11 August 2020, one fatal case was reported in a resident of the same province.

Turkey: Between January and June 2020, Turkey reported 480 cases. According to the authorities, this figure represents an increase in CCHF cases compared to the same period in 2019.

Background information for the EU/EEA: Between 2016 and 2019, 17 autochthonous cases were reported in the EU/EEA (14 cases in Bulgaria and three cases in Spain).

In addition, Greece reported one travel-related case of CCHF in 2018, with travel exposure in Bulgaria.

Sources: Bulgarian NCIPD | Spanish regional health authorities | Turkish Ministry of Health | Spanish regional health authorities 2

ECDC assessment

Hyalomma spp. ticks are considered to be the principal vectors of CCHF virus. *Hyalomma marginatum* is widely present in southern and eastern Europe, as shown in the distribution map published in May 2020. In Spain, the main vector is *Hyalomma lusitanicum*.

Hunters, forest workers, hikers and people working with animals are more likely to be exposed to ticks and therefore to be infected. People potentially exposed to ticks should apply personal protective measures against tick bites.

Healthcare providers caring for patients infected with CCHF virus are at risk of human-to-human transmission, as demonstrated in 2016 in Spain, when a healthcare worker was infected while attending to a primary case. The risk of further human-to-human transmission in hospital settings can be significantly reduced by applying timely and appropriate infection prevention and control measures.

On 8 September 2016, ECDC published a rapid risk assessment related to CCHF cases in Spain. The assessment remains valid for current events. In addition, in July 2019 the Spanish authorities published a situational report and risk assessment related to CCHF in Spain.

Additional information on CCHF can be found in the ECDC Surveillance Atlas of Infectious Diseases, the ECDC factsheet and in the latest ECDC annual epidemiological report.

Actions

ECDC is monitoring this event through epidemic intelligence activities and will report again when epidemiological updates become available.

Dengue - French Antilles - 2020

Opening date: 12 February 2020 Latest update: 4 September 2020

Epidemiological summary

In **Guadeloupe**, since week 2019-42 and as of 30 August 2020, 10 520 suspected dengue cases have been reported. Most of the cases have been identified as dengue virus serotype 2. In 2018, only 18 confirmed cases were reported in Guadeloupe.

In **Saint Martin**, since week 2020-03 and as of 30 August 2020, 2 030 suspected dengue cases have been reported, including 422 confirmed cases and among these there was one severe case and one death. Most of the cases have been identified as dengue virus serotype 1.

In **Saint Barthélemy**, since 2020-17 and as of 30 August 2020, 798 suspected dengue cases have been reported, including 244 confirmed cases. Most of the cases have been identified as dengue virus serotype 2.

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In **Martinique**, since 4 November 2019 and as of 30 August 2020, 12 730 suspected dengue cases have been reported, including seven severe cases and three deaths. Dengue virus serotype 3 has been identified among most of the cases. In 2018, Martinique did not report any confirmed cases.

According to the French health authorities and as of 30 August 2020, Guadeloupe, Saint Martin, Saint Barthélemy and Martinique are in an epidemic phase.

Source: Santé publique France

ECDC assessment

EU/EEA travellers to and residents in the affected areas should apply personal protective measures against mosquito bites. The occurrence of further autochthonous cases in the French Antilles is expected, as environmental conditions are favourable for continuous transmission. The concurrent circulation of several dengue serotypes may increase the risk of more severe clinical presentations.

The number of travellers returning from dengue-endemic areas to continental Europe has drastically dropped due to the COVID-19 outbreak, hence decreasing the likelihood of introduction of the virus. The establishment of sustained transmission in continental Europe depends on a multitude of factors (e.g. virus strain, environment, climate, timeliness of implementation of vector control measures). The occurrence of sustained transmission of dengue virus in continental Europe cannot be excluded, but the likelihood remains low.

More information about dengue is available at ECDC factsheet.

Actions

ECDC is monitoring the ongoing situation through epidemic intelligence activities and reports when epidemiological updates become available.

Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020

Opening date: 4 June 2020 Latest update: 4 September 2020

Epidemiological summary

Since the start of the outbreak and as of 1 September 2020, a total of 110 cases (104 confirmed, six probable), including 47 deaths, have been reported from Bikoro (29), Bolenge (1), Bolomba (13), Iboko (4), Ingende (12), Lilanga Bobangi (5), Lolanga Mampoko (5), Lotumbe (11), Mbandaka (26), Monieka (2) and Wangata (2) health zones in Equateur province of the DRC.

Since the beginning of the vaccination campaign with rVSV-ZEBOV-GP on 5 June 2020, 27 492 people have been vaccinated.

Background: From May to July 2018, the 9th Ebola outbreak in the DRC occurred in Mbandaka, Bikoro and in the Equateur province, leading to a total of 54 cases, including 33 deaths. According to WHO, the current event seems to be separate from the 10th Ebola outbreak in the eastern part of the country, which resulted in 3 470 cases, including 2 287 deaths and was declared over on 25 June 2020. Sequencing results confirm the new outbreak as a separate spill-over event. This is the DRC's 11th outbreak of Ebola virus disease since 1976 when the virus was first discovered.

In addition to Ebola outbreaks, the country is currently affected by other major outbreaks such as COVID-19, measles, cholera, monkeypox, polio and the bubonic plague.

Sources: WHO DRC Twitter | WHO Afro Twitter | WHO Afro Sitrep | WHO Afro bulletin| WHO DON | WHO News item | Dr Tedros

ECDC assessment

Ebola outbreaks in the DRC are recurrent, as the virus is present in animal reservoirs in many parts of the country. Implementing response measures is crucial, and a high level of surveillance is essential to detect and interrupt further transmission early on. Response measures can be challenging amid the other outbreaks ongoing in the country. The overall risk to the EU/EEA is very low, especially with current travel limitations.

WHO assessment: On 3 June 2020, WHO's assessment revealed that the current resurgence is not unexpected given the

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identification of wildlife spill-over potential in Africa, the high population density in the region and the sociological, ecological, and environmental drivers that could influence the emergence of EVD. There is a need for further resources, and several challenges have been identified to the response in this area.

Actions

ECDC is monitoring this event through epidemic intelligence. On 25 May 2018, ECDC published a rapid risk assessment on the ninth outbreak in the DRC: Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, First update.

Distribution of Ebola Virus Disease cases in Equateur Province, Democratic Republic of the Congo, as of 1 September 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	**104**	**6**	**110**	**47**	
Equateur	104	6	110	47	
Bikoro	29	0	29	16	
Bolenge	1	0	1	1	
Bolomba	13	0	13	1	
Iboko	4	0	4	1	
Ingende	10	2	12	6	
Lilanga Bobangi	5	0	5	0	ACTIVE
Lolanga Mampoko	5	0	5	2	
Lotumbe	11	0	11	2	ACTIVE
Mbandaka	22	4	26	17	
Monieka	2	0	2	0	ACTIVE
Wangata	2	0	2	1	
Cumulative Total	**104**	**6**	**110**	**47**	

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Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
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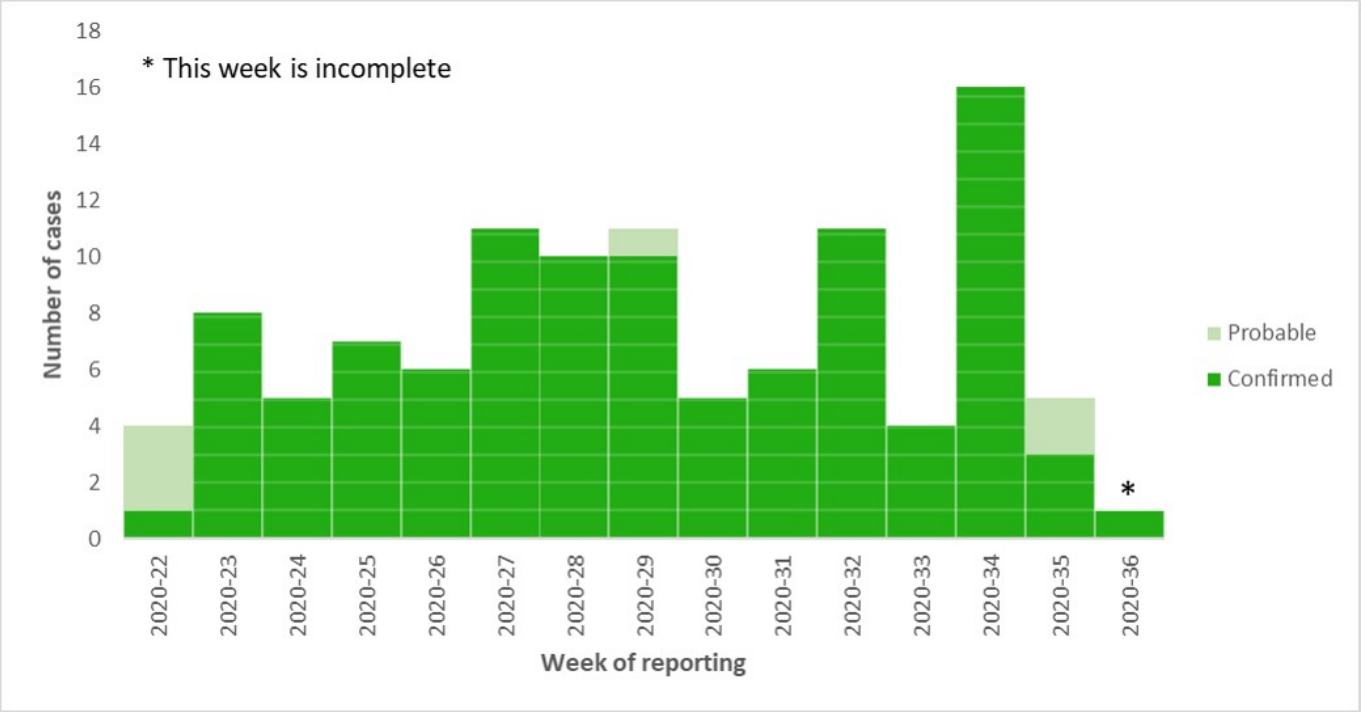
Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

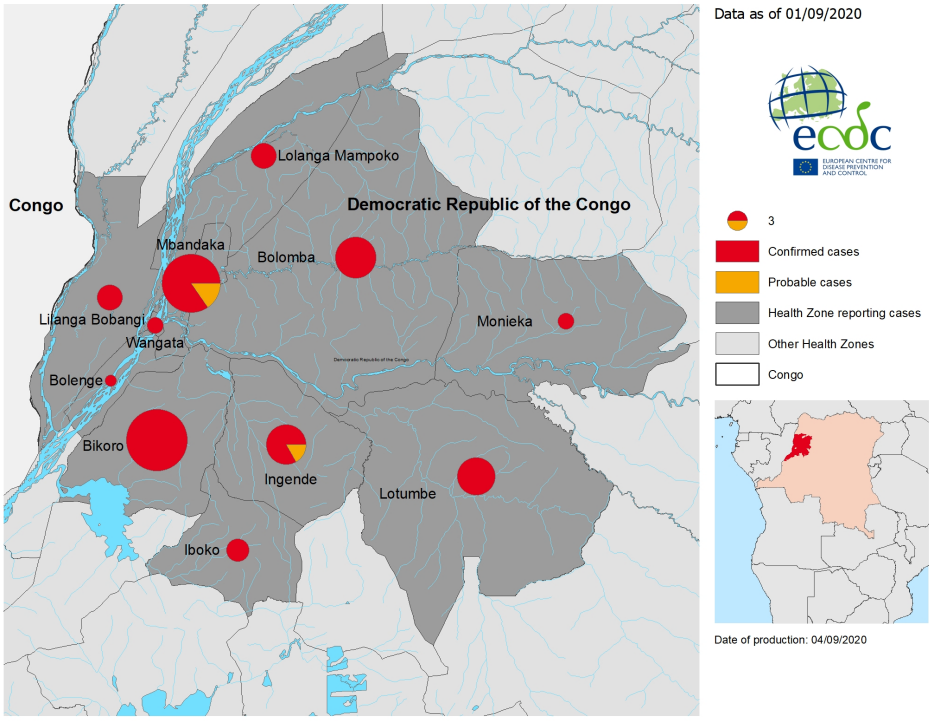
Distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, by week of reporting and as of 1 September 2020

Source: ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 1 September 2020

Source: ECDC



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

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Opening date: 24 September 2012 Latest update: 4 September 2020

Epidemiological summary

From 1 January 2020 to 1 September 2020, 61 MERS-CoV cases have been reported in Saudi Arabia (57), United Arab Emirates (2) and Qatar (1), including 20 deaths in Saudi Arabia. From these 61 cases, 50 were primary cases, 16 of whom reported contact with camels, and 11 were healthcare-acquired cases. In 2020, 77.2% of the 57 cases in Saudi Arabia were reported in Riyad (25), Asir (7), Eastern Province (6) and Makkah (6).

Since April 2012 and as of 1 September 2020, 2 577 cases of MERS-CoV, including 935 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 current MERS-CoV 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.

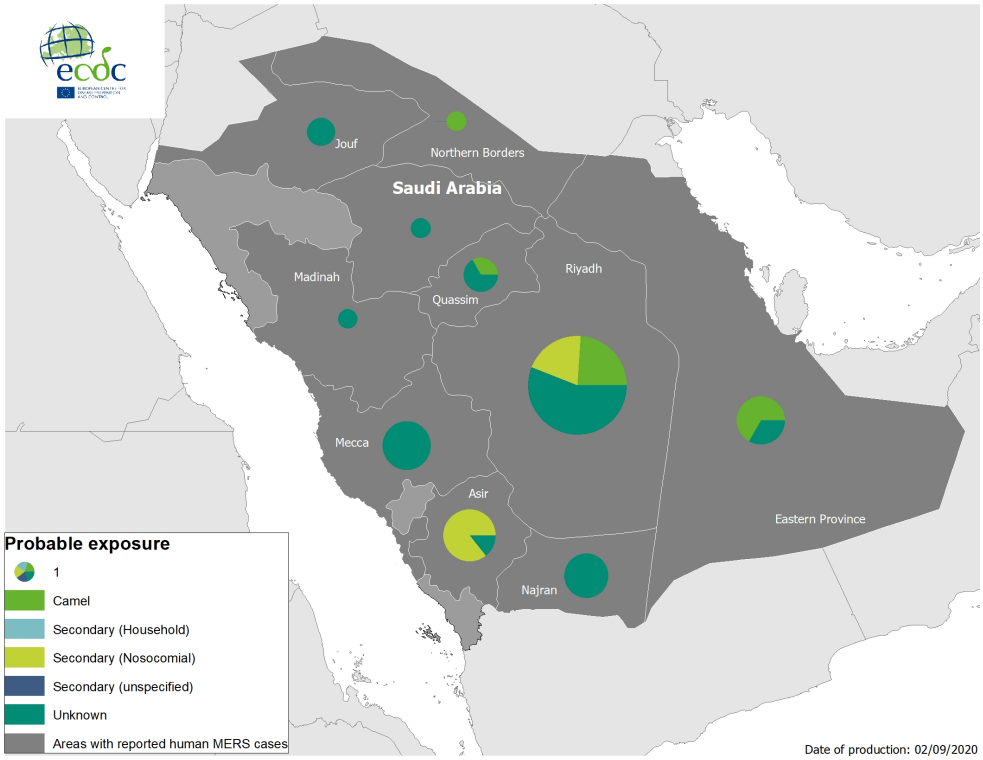
ECDC published a technical report on 'Health emergency preparedness for imported cases of high-consequence infectious diseases' in October 2019, which will be useful for EU Member States that want to assess their level of preparedness for a disease such as MERS. ECDC also published 'Risk assessment guidelines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

Actions

ECDC is monitoring this threat through epidemic intelligence, and reports on a monthly basis.

Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012 – 1 September 2020

Source: ECDC



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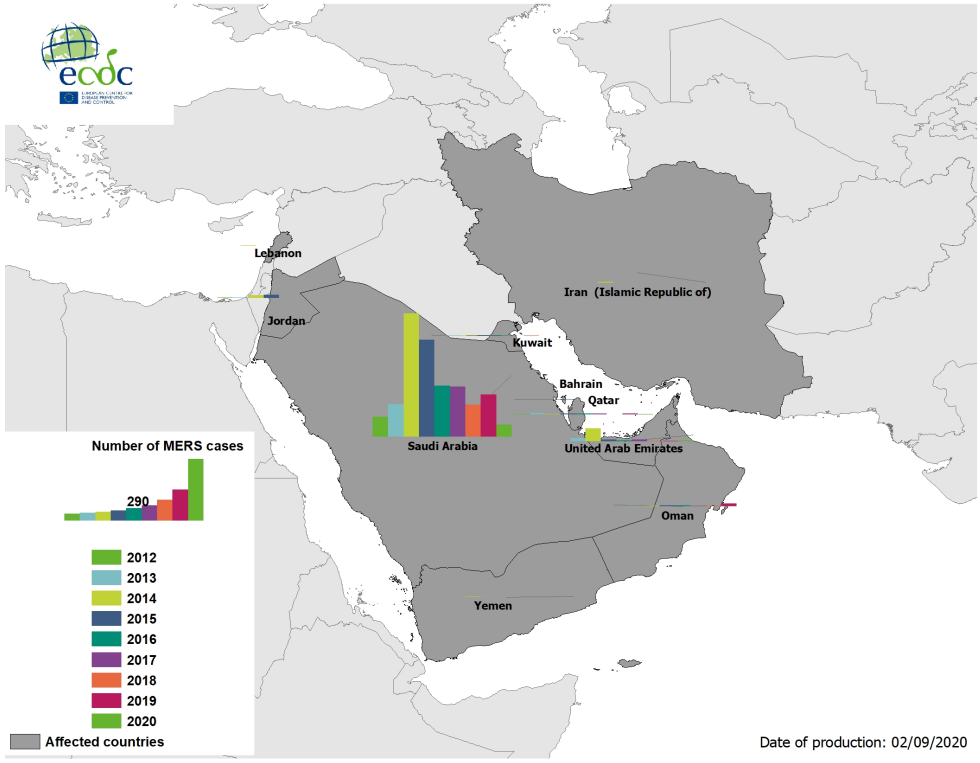
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2019 to 1 September 2020

Source: ECDC



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

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