



## COMMUNICABLE DISEASE THREATS REPORT

# CDTR

## Week 9, 23-29 February 2020

### All users

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

#### Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 28 February 2020

Influenza transmission in Europe shows a seasonal pattern, with peak activity during the winter months.

##### →Update of the week

Seven Member States reported high influenza intensity, with the remainder reporting medium, low or baseline intensity levels. Geographically, widespread influenza activity was reported by the majority of Member States and areas across the Region.

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

Opening date: 7 January 2020

Latest update: 28 February 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common exposure in 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 2019 (COVID-19) constitutes a PHEIC, accepting the Committee's advice and issuing Temporary Recommendations under the IHR.

##### →Update of the week

Since 21 February 2020 and as of 28 February 2020, 6 656 cases of coronavirus disease 2019 (COVID-19) (according to the applied case definition in the countries) have been reported, including 611 deaths. Since the last CDTR published on 21 February, 25 new countries reported cases. During the same period, in the EU/EEA, the UK, Switzerland and San Marino, 770 cases including 18 deaths have been reported in 19 countries. More details are available [here](#).

## Non EU Threats

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### Cholera – Multi-country (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 28 February 2020

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

→Update of the week

Since the last update on 24 January 2020, new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are: Yemen with 49 364 cases and 19 deaths and DR Congo with 3 868 cases and 56 deaths.

### Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2020

Opening date: 1 August 2018

Latest update: 28 February 2020

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the tenth outbreak of Ebola virus disease in the country. The outbreak affects North Kivu, South Kivu and Ituri Provinces in the north-east 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 this country as of today. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened, and WHO's Director-General later declared that the outbreak met all the criteria for a public health emergency of international concern (PHEIC) under the International Health Regulations. On 18 October 2019, the Emergency Committee for Ebola virus disease in the DRC confirmed that the outbreak still constitutes a PHEIC.

→Update of the week

Since the previous CDTR and as of 25 February 2020, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported no additional confirmed cases and 11 additional probable cases. During the same period, no deaths were reported among confirmed cases.

For the first time since the start of the outbreak no cases have been reported in more than a week, the last case was reported on 17 February 2020 in Beni. Mabalako Health zone and Musienene Health Zone passed 21 and 42 days respectively since the last confirmed cases were reported.

The probable cases were [reported](#) from: Alimbongo (1), Butembo (1), Kalunguta (1), Katwa (1), Kayna (1), Mangurejipa (1) in Nord-Kivu and Mandima (4), Mambasa (1) in Ituri. These probable cases were added retrospectively and correspond to dates of onset between November 2018 and August 2019.

Under the Strategic Response Plan (SRP 4.1) from January to June 2020, WHO's financial need is US \$83 million, of which US \$40 million is still needed after calculations of carry-over funding.

Since the start of the vaccination campaign on 8 August 2018, 297 993 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co). In addition, 17 096 people have been vaccinated with the first dose of the Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health areas of Karisimbi in Goma.

## II. Detailed reports

### Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 28 February 2020

#### Epidemiological summary

##### Week 08/2020 (17-23 February 2020)

While no Member State reported very high intensity influenza activity this week, seven reported high intensity. Geographically, widespread influenza activity was reported by the majority of Member States and areas across the Region.

Of the individuals sampled who presented with influenza-like illness (ILI) or acute respiratory infection (ARI) to sentinel primary healthcare sites, 48% tested positive for influenza viruses; this is consistent with the previous week.

Both influenza virus types A and B were co-circulating in sentinel source specimens with a higher proportion (61%) of type A viruses detected. Of the type A detections, A(H1N1)pdm09 viruses were detected more often (60%). Of the influenza B viruses, the vast majority were B/Victoria lineage. The distribution of viruses detected varied at the national and sub-national level. Of 36 reports from across the Region: 19 reported dominance of type A viruses; 9 co-dominance of types A and B viruses; and 8 dominance of type B viruses.

Pooled estimates of all-cause mortality from 24 countries or regions reporting to the [EuroMOMO](#) project show normal expected levels of mortality.

#### 2019–2020 season overview

For the Region as a whole, influenza activity commenced earlier than in recent years and, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019. The positivity rate crossed the 50% threshold in week 04, and the season peaked in week 05 at 58%.

The majority of circulating viruses were susceptible to neuraminidase inhibitors supporting early initiation of treatment or prophylactic use according to national guidelines.

Member States should continue encouraging influenza vaccination.

ECDC and WHO Regional Office published a joint Regional Situation Assessment for the 2019–2020 influenza season up to week 49/2019, which focused on disease severity and impact on healthcare systems to assist forward planning in Member States.

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

#### ECDC assessment

Influenza activity remains high in the majority of Member States. In March 2019, WHO published [recommendations](#) for the composition of influenza vaccines to be used in the 2019–2020 northern hemisphere season. Influenza vaccination for the 2019–2020 season should be promoted because vaccine coverage among the elderly, chronic disease risk groups and healthcare workers is sub-optimal in most EU Member States, according to the [VENICE report](#). The vast majority of recently circulating influenza viruses in the Region and worldwide were susceptible to neuraminidase inhibitors, which supports the use of antiviral treatment in accordance with national guidelines.

#### Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe](#) website. ECDC monitors influenza activity in the WHO European Region from week 40/2019 to week 20/2020.

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

Opening date: 7 January 2020

Latest update: 28 February 2020

## Epidemiological summary

Since 31 December 2019 and as of 28 February 2020, 82 963 laboratory-confirmed cases of COVID-19 have been reported, including 2 857 deaths.

### Cases have been reported on the following continents:

**Africa:** Algeria (1), Egypt (1) and Nigeria (1).

**Asia:** China (78 855), Republic Of Korea (1 595), Iran (245), Japan (210), Singapore (96), Hong Kong (93), Kuwait (43), Thailand (40), Taiwan (34), Bahrain (33), Malaysia (23), United Arab Emirates (19), Vietnam (16), Macau (10), **Iraq** (6), Oman (6), India (3), Israel (3), Lebanon (3), Philippines (3), Pakistan (2), Afghanistan (1), Cambodia (1), Nepal (1) and Sri Lanka (1).

**America:** United States Of America (60), Canada (14) and Brazil (1).

**Europe:** Italy (650), Germany (47), France (38), Spain (25), United Kingdom (13), Switzerland (8), Sweden (7), Norway (4), Croatia (3), Greece (3), Austria (2), Finland (2), Russia (2), Belarus (1), Belgium (1), Denmark (1), Estonia (1), Georgia (1), Lithuania (1), Netherlands (1), North Macedonia (1), Romania (1) and San Marino (1).

**Oceania:** Australia (23) and New Zealand (1).

**Other:** Cases On An International Conveyance Japan (705).

### In the EU/EEA, the UK, San Marino and Switzerland:

#### 24/02/2020:

**Italy:** According to the [Istituto Superiore di Sanita \(ISS\)](#), suspected cases of COVID-19 in Italy are first tested in the reference laboratories of the regions and provinces. Those that tested positive are retested at ISS, and only those validated at ISS are reported as confirmed cases by the Ministry of Health.

As of 23 February 2020, 12:00, [Italian authorities](#) announced in a press conference that 132 cases of COVID-19 have been confirmed in Italy. Two people have died (one in Lombardy and one in Veneto). Currently, there are 88 cases in Lombardy, 24 cases in Veneto, nine cases in Emilia-Romagna and six cases in Piedmont.

This is an increase of 53 cases compared to 22 February. Furthermore, there are three previously reported cases: two Chinese tourists (confirmed on 30 January) that are still hospitalised at Spallanzani Hospital in Rome, and one repatriated person (confirmed on 6 February) from Wuhan, China, that has been discharged.

**The UK:** On 23 February 2020, [authorities in the UK](#) reported four additional cases among people that had been repatriated from the cruise ship in Yokohama Port, Japan.

#### 25/02/2020

**Italy:** As of 25 February 2020, [Italian authorities](#) reported 229 cases of COVID-19 and six deaths in total. This represents an increase of 97 new cases since yesterday. According to [media](#) reports the number of deaths is seven. The regions that are reporting cases are: Lombardy (172), Veneto (33), Emilia Romagna (18), Piedmont (3) and Lazio (3).

[Sicilian authorities](#) reported one case in Palermo in a tourist coming from Lombardy. Results of the confirmatory testing at the Istituto Superiore di Sanità are pending.

According to [media](#) reports, one new case has been detected in Florence (Tuscany). As of 10:30 on 25 February, Italian authorities have not yet confirmed this case.

According to various sources, several public events have been cancelled or stopped such as football games and the Carnival in Venice.

**Spain:** As of 25 February, [Spanish Health authorities](#) reported one additional case. The case is an Italian healthcare worker (from Lombardy) that tested positive for SARS-CoV-2 in Tenerife in the Canary Islands. Following this event and according to [media](#) sources, competent authorities have placed 1 000 people that were hosted in the same hotel under quarantine until medical tests are carried out. As of 25 February, Spain has reported three cases.

#### 26/02/2020

**Austria:** [Austrian health authorities](#) reported the first two cases of COVID-19 on 25 February in Innsbruck, Tyrol. According to [media](#) reports, the two cases are Italian nationals from Lombardy. One of the cases works at a local hotel that was placed in lockdown.

**Croatia:** [Health authorities](#) reported a first case of COVID-19 in Zagreb, Croatia. According to [media](#) reports, the case had a travel history to Milan, Italy.

**Germany:** [Authorities](#) reported the 17th case in Germany on 25 February in Baden-Wuerttemberg. The case has a travel history to Milan, Italy. [One additional case](#) was reported from North Rhine-Westphalia.

**France:** In a [press conference](#), French authorities reported two additional cases. One case had a travel history to China and one

to Lombardy, Italy.

**Italy:** As of 26 February 2020, [Italian authorities](#) reported 322 cases of COVID-19 and eleven deaths in total. This represents an increase of 93 new cases since yesterday. The regions that report cases are: Lombardy (240), Veneto (43), Emilia Romagna (26), Piedmont (3), Lazio (3), Sicily (3), Tuscany (2), Liguria (1) and Trentino Alto Adige (1). Eleven deaths were reported from Italy.

**Spain:** Since the last report on 25 February, four additional cases were reported in Spain. [One case](#) on the Canary Islands is related to the third case that was reported yesterday. Additional cases were reported from [Catalonia](#), [Castellon](#) and [Madrid](#). All new cases have a travel history to Italy.

**Switzerland:** [Health authorities](#) reported the first case in Switzerland on 25 February in the Canton of Tessin. The case had a travel history to Italy.

## 27/02/2020

**Croatia:** [Croatian health authorities](#) reported a second case of COVID-19. The second case is a relative of the first case.

**Denmark:** [Danish health authorities](#) reported the first case of COVID-19 in the country. According to [media](#) reports, the case has a travel history to Italy.

**Finland:** Finland reported one additional case of COVID-19. The case is a nursing student who was training in a hospital in Italy.

**France:** [French health authorities](#) reported three additional cases and one additional death. In total, cases were reported from Nouvelle-Aquitaine (1), Île-de-France (6), Hauts-de-France (2), Grand Est (1) and Auvergne-Rhône-Alpes (7). According to French authorities, the death occurred in a case from Hauts-de-France. The origin of the infection is currently unknown. One additional case is hospitalised in an intensive care unit with severe acute respiratory distress syndrome.

**Germany:** German health authorities reported three additional cases. In total, 21 cases of COVID-19 were reported from Bavaria (14), Baden-Wuerttemberg (4), North Rhine-Westphalia (2) and Rhineland-Palatinate (1). According to [media](#) reports, the case in Rhineland – Palatinate had contact with one of the cases from North Rhine – Westphalia during the carnival.

**Greece:** On February 26, [health authorities](#) reported a first case of COVID-19 in Greece. According to [media](#) reports, the case has a travel history to northern Italy.

**Italy:** As of 27 February 2020, [Italian authorities](#) reported 400 cases of COVID-19 and 12 deaths in total. This represents an increase of 78 new cases since yesterday. The regions that report cases are: Lombardy (258), Veneto (71), Emilia Romagna (47), Piedmont (3), Lazio (3), Sicily (3), Tuscany (2), Liguria (11), Marche (1) and Trentino Alto Adige (1).

**Norway:** [Norwegian health authorities](#) reported the first case of COVID-19 in the country. The case had a travel history to China.

**Romania:** Romania reported the first case of COVID-19 in the country. In Romania, the case had contact with a case who is now hospitalised in Italy.

**Spain:** Spain reported five additional cases from Madrid (2), the Canary Islands (1), Catalonia (1) and Andalusia (1). According to authorities, the case from Andalusia had no travel history and no known contact with previous case.

**Sweden:** [Swedish health](#) authorities reported one additional case of COVID-19 in Västra Götaland. The case had a travel history to northern Italy.

## 28/02/2020

**Austria:** [Austrian health authorities](#) reported three additional cases of COVID-19. All cases were detected in Vienna. Two cases had a travel history to Italy.

**Croatia:** [Croatian health authorities](#) reported a third case of COVID-19. The third case has a travel history to Parma, Italy.

**Estonia:** [Estonian authorities](#) reported a first case of COVID-19 in the country.

**France:** [French health authorities](#) reported 21 additional cases, bringing the total number of cases to 38.

**Germany:** German authorities reported additional cases from Bavaria, Hessen, Baden-Wuerttemberg, and North Rhine-Westphalia, bringing the total number of cases to 47.

**Greece:** Greece reported two additional cases of COVID-19. Both cases are close contacts of the first COVID-2019 case in

Greece, who had a travel history to Italy.

**Italy:** As of 28 February 2020, [Italian authorities](#) reported 650 cases of COVID-19 and 17 deaths in total. This represents an increase of 250 new cases since yesterday. Cases were reported from Lombardy, Veneto, Emilia Romagna, Liguria, Lazio, Tuscany, Marche, Sicily, Piedmont, Campania, Abruzzo, Puglia and Trentino Alto Adige.

**Lithuania:** [Lithuanian authorities](#) reported a first case of COVID-19. The case had a travel history to Italy.

**Netherlands:** On February 27, [Dutch health authorities](#) reported the first case of COVID-19 in the country. The case had a travel history to Italy.

**Norway:** [Norwegian health authorities](#) reported three additional cases of COVID-19, two are imported from Italy and one from Iran.

**San Marino:** [Health authorities in San Marino](#) have reported the first case of COVID-19 in the country. The case had no travel history to affected areas in Italy or further abroad.

**Spain:** Spain reported 13 additional cases, bringing the total number of cases to 25. Additional cases were reported from Valencia region (9), Catalonia (1), Madrid (2) and the Canary Islands (1).

**Sweden:** [Swedish health authorities](#) reported five additional cases of COVID-19 in the country from Västra Götaland (3), Stockholm (1) and Uppsala (1). All cases had a travel history to Italy or Iran, or contact with a previously reported case.

**Switzerland:** In Switzerland, 7 new cases were reported from the cantons Geneva (1), Graubünden (2), Aargau (1), Basel (1), Zurich (1) and Vaud (1).

United Kingdom: The health authorities have reported three additional cases, [two in England](#) (imported from Italy and Tenerife) and [one in Northern Ireland](#).

More details are available [here](#).

**Sources:** [Wuhan Municipal Health Commission](#) | [China CDC](#) | [WHO statement](#) | [Japanese Ministry of Health](#) | [Thai Ministry of Health](#) | [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 the [ECDC website](#).

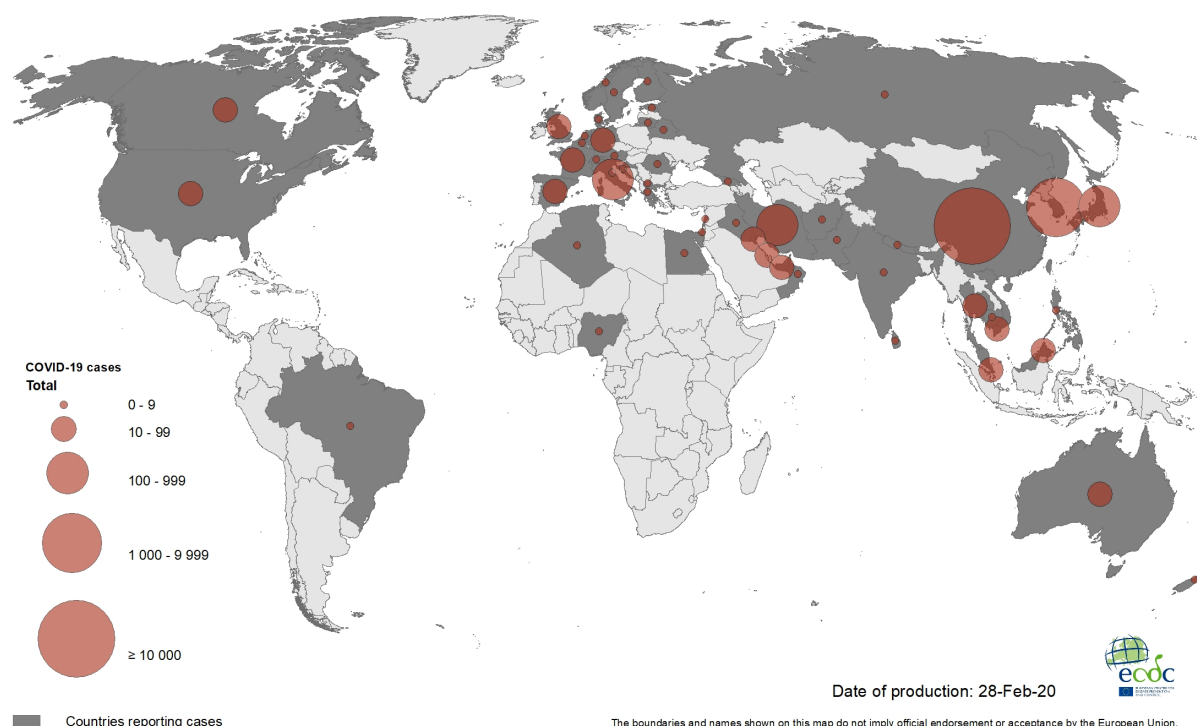
## Actions

Latest ECDC activities can be found on the ECDC [website](#).



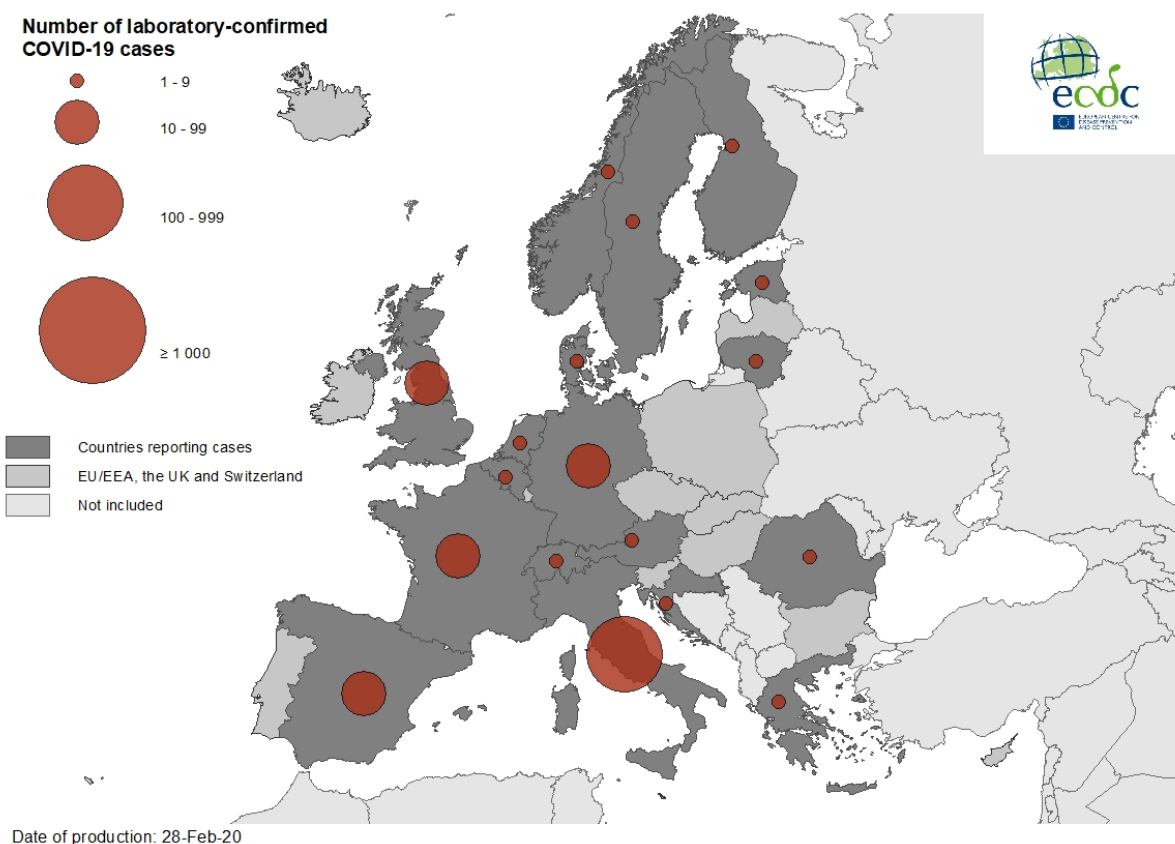
## Geographical distribution of COVID-19 cases (according to the applied case definition in the countries), World, as of 28 February 2020

ECDC



## Geographical distribution of COVID-19 cases (according to the applied case definition in the countries), EU/EEA, the UK, Switzerland and San Marino, as of 21 February

ECDC



## Cholera – Multi-country (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 28 February 2020

### Epidemiological summary

#### Americas

**Haiti:** In 2020 and as of 25 January, no cholera cases have been reported in Haiti. In 2019, Haiti reported 684 suspected cases including three deaths (CFR: 0.4%). According to a [Unicef report](#), the last confirmed cholera cases were reported in February 2019. Since the beginning of the outbreak in 2010 and as of 25 January 2020, Haiti has reported 820 461 suspected and confirmed cholera cases including 9 792 deaths (CFR: 1.2%).

#### Africa

**Cameroon:** Since January 2019 and as of 6 February 2020, Cameroon reported 1 364 cholera cases including 62 associated deaths (CFR: 4.6%). This represents an increase of 57 cases and seven deaths since the previous CDTR update. The outbreak is ongoing in the Northern and South-Western regions.

8/13



**DR Congo:** In 2020 and as of 26 January, 2 651 cases including 43 deaths (CFR: 1.6%) were reported in the country. In 2019, DR Congo reported 30 304 suspected and confirmed cholera cases, including 514 deaths (CFR: 1.7%). This represents an increase of 3 868 cases and 56 deaths since the previous CDTR. The majority of the recent cases reported in the country were notified in North and South Kivu, Haut Katanga, Tshopo and Tanganyika regions.

**Ethiopia:** As of 16 February 2020 and since the beginning of the outbreak in September 2019, 2 549 cases including 21 associated deaths (CFR: 0.8%) have been reported in Ethiopia. These numbers represent an increase of 460 cases and no deaths since the last CDTR.

**Kenya:** In 2020 and as of 16 February, 253 cases including one death (CFR: 0.4%) were reported in the country. The outbreak is ongoing in Garissa, Wajir and Turkana counties. In 2019, 5 150 cases including 39 associated deaths (CFR: 0.8%) were reported.

**Malawi:** A cholera outbreak has been reported in Blantyre, Malawi. Since the beginning of the outbreak on 9 January 2020 and as of 24 January, three confirmed cases with no associated deaths were reported.

**Mozambique:** According to media sources quoting the ministry of health in Mozambique, a cholera outbreak has been reported in Cabo Delgado province, in the northern part of the country and bordering Tanzania. Since the beginning of the outbreak in January 2020 and as of 21 February, more than 200 cases and 12 associated deaths have been reported.

**Somalia:** As of 16 February 2020, WHO reported 10 651 suspected cholera cases including 55 associated deaths (CFR: 0.5%) since December 2017. This represent an increase of 683 cases and five deaths since the previous CDTR.

## Asia

**Bangladesh:** In 2020 and as of 16 February, 17 036 Acute Watery Diarrhea (AWD) cases have been reported in the Cox's Bazar. This represent an increase of 12 048 AWD cases since the previous CDTR . In all 2019, 191 057 AWD cases were reported in the Cox's Bazar.

According to WHO, between 5 September to 29 December 2019, there were 239 AWD cases tested positive by cholera rapid diagnostic test or culture in Cox's Bazar, in Bangladesh.

**India:** According to the Indian National Centre for Disease Control, one cholera case was reported in Tamil Nadu in December 2019.

**Yemen:** Since the beginning of the outbreak in 2017 and as of 19 February 2020, Yemen reported 2 309 859 suspected cholera cases and 3 786 deaths (CFR: 0.2%). This represent an increase of 49 364 cases and 19 deaths since the last CDTR . In 2020 and as of 19 February, 56 220 cases including 20 associated deaths have been reported.

*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 eastern Africa, the Horn of Africa and Gulf of Aden over the past few months. Cholera outbreaks have also been notified in the western and southern part of Africa and in some areas of Asia. Despite the high number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. The risk of cholera infection in travellers visiting countries with ongoing outbreaks remains low, even though sporadic infections among EU/EEA travellers is possible. In 2018, 26 cases were reported in the EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016 respectively. All cases had travel history to cholera-affected areas. The risk of further transmission of *Vibrio cholerae* within the EU/EEA is very low.

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.

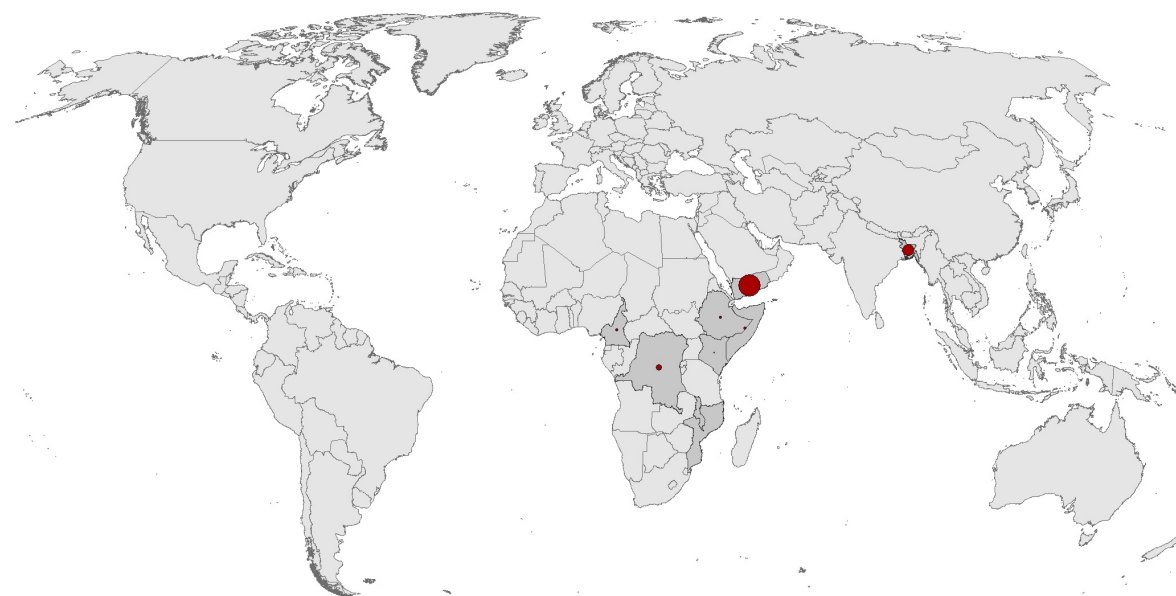
## Actions

ECDC monitors cholera outbreaks globally through epidemic intelligence activities in order to identify significant changes in

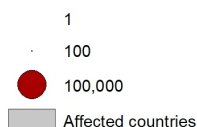
epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on the [ECDC website](#).

## Geographical distribution of cholera cases reported worldwide in 2020

Source: ECDC



### Cholera cases



Date of production: 27/02/2020

## Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2020

Opening date: 1 August 2018

Latest update: 28 February 2020

### Epidemiological summary

Since the beginning of the outbreak and as of 25 February 2020, there have been 3 444 cases (3 310 confirmed, 134 probable) in the Democratic Republic of the Congo (DRC), including 2 264 deaths, according to the Ministry of Health. All confirmed cases reported over the past 21 days have been reported in Beni. As of 25 February 2020, 172 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported probable and/or confirmed 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 in Ituri Province.

In Uganda, one imported case (reported on 29 August 2019) died on 30 August 2019 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, WHO's Director-General [declared](#) the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth meeting of the 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 the previous weeks. It also expresses the need for a more intensified and coordinated response in order to end the outbreak. On 18 October 2019, and again on 12 February 2020, the Committee decided that the outbreak still constitutes a PHEIC.

**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

Implementing response measures remains challenging in the affected areas because of the prolonged humanitarian crisis, the unstable security situation, and resistance in several population groups. Cases detected in individuals not previously identified as contacts stress the need to maintain enhanced surveillance and identify the chains of transmission.

At the current stage of the epidemic, with few cases being reported, a high level of surveillance remains essential to detect and stop transmission, including secondary transmission events that may arise from exposure to survivor's infected bodily fluids. The overall risk for the EU/EEA remains very low.

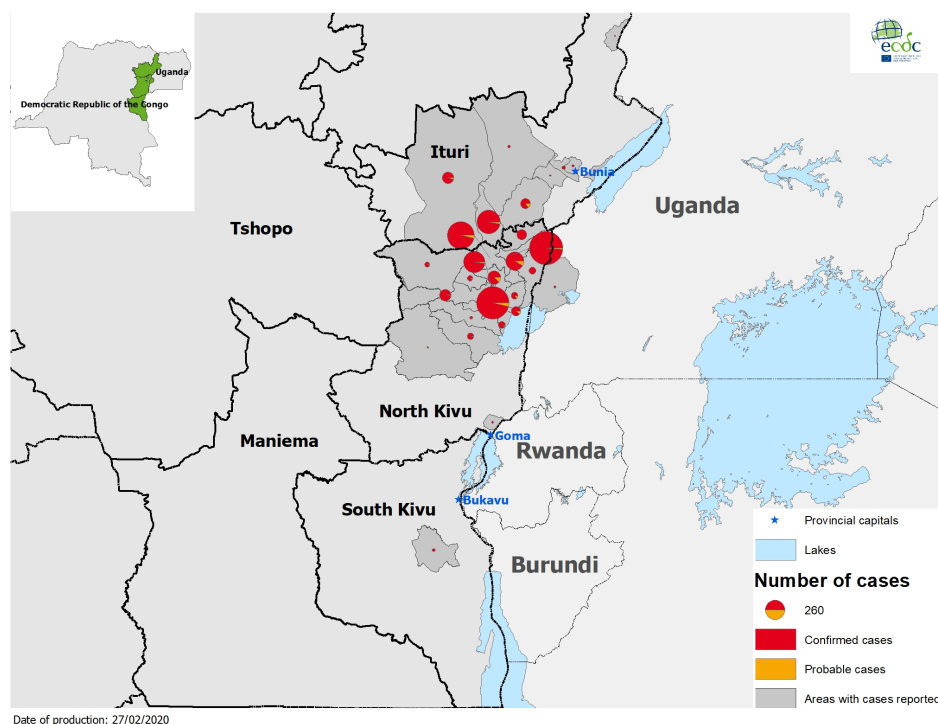
**WHO assessment:** As of 27 February 2020, the last [WHO assessment](#) concluded that the national and regional risk levels remain high, while global risk levels remain low. This assessment acknowledged the strengthened local and regional capacities. The dynamic of the outbreak, however, remain contingent upon access for response teams to affected areas. Continued insecurity remains a barrier to the outbreak response.

## Actions

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

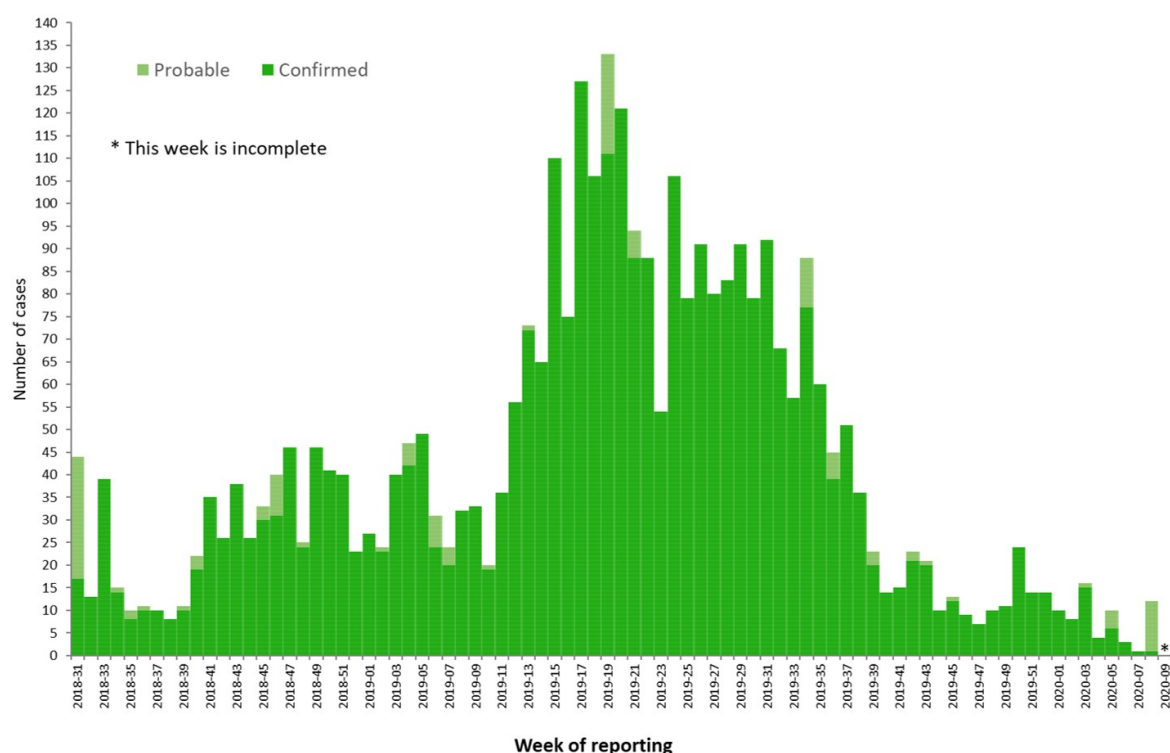
## Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 25 February 2020

Source: ECDC



## Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, Democratic Republic of the Congo and Uganda, as of 25 February 2020

Source: ECDC



## Ebola Virus Disease case distribution in DRC and Uganda, as of 25 February 2020

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths
<b>Democratic Republic of the Congo</b>	<b>3310</b>	<b>134</b>	<b>3444</b>	<b>2264</b>
North-Kivu Province	2796	110	2906	1988
Alimbongo	5	1	6	3
Beni	721	9	730	474
Biena	19	2	21	14
Butembo	295	7	302	360
Goma	1	0	1	1
Kalunguta	198	19	217	90
Katwa	653	25	678	496
Kayna	28	1	29	9
Kyondo	25	4	29	19
Lubero	31	2	33	6
Mabalako	463	18	481	352
Manguredjipa	18	1	19	13
Masereka	50	6	56	23
Musienene	85	1	86	34
Mutwanga	32	0	32	12
Nyiragongo	3	0	3	1
Oicha	65	0	65	30
Pinga	1	0	1	0
Vuhovi	103	14	117	51
Ituri province	508	24	532	273
Ariwara	1	0	1	1
Bunia	4	0	4	4
Komanda	56	10	66	54
Lolwa	6	0	6	1
Mambasa	82	4	86	31
Mandima	347	10	357	176
Nyakunde	2	0	2	1
Rwampara	8	0	8	3
Tchomia	2	0	2	2
South-Kivu	6	0	6	3
Mwenga	6	0	6	3
<b>Uganda</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>
Kasese province	1	0	1	1
Kasese	1	0	1	1
<b>Cumulative Total</b>	<b>3311</b>	<b>134</b>	<b>3445</b>	<b>2265</b>

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