



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 49, 1-7 December 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

West Nile virus transmission season in Europe, 2019

The last weekly update on West Nile virus infections in EU Member States and EU neighbouring countries for the 2019 transmission season was published on Friday 29 November. During the 2019 season and as of 3 December 2019, ten EU and four EU neighbouring countries reported 463 human cases of West Nile virus infections, including 50 deaths. During the 2019 transmission season, both Germany and Slovakia reported their first autochthonous mosquito-borne West Nile virus infection. Most of the cases were reported by Greece (223), followed by Romania (66), Italy (36) and Hungary (36).

Since September 2019, in addition to human and equine cases ECDC has begun including West Nile virus infections among birds in its epidemiological updates, reported voluntarily by countries through the European Commission's Animal Disease Notification System (ADNS). During the 2019 transmission season, 93 outbreaks among equids and 54 outbreaks among birds were reported by EU Member States through ADNS.

More information is available in the [Epidemiological update: West Nile virus transmission season in Europe, 2019](#), published on 5 December 2019.

I. Executive summary

EU Threats

New! Monkeypox – The United Kingdom, ex Nigeria – 2019

Opening date: 5 December 2019

Latest update: 6 December 2019

On 4 December 2019, the British authorities reported one imported case of monkeypox with travel history to Nigeria.

New! Diphtheria - Greece - 2019

Opening date: 6 December 2019

Latest update: 6 December 2019

On 5 December 2019, Greek authorities confirmed one fatal case of toxigenic respiratory diphtheria.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 6 December 2019

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

→Update of the week

Influenza activity is increasing in the European Region, although most countries are still reporting influenza activity rates at baseline or low levels.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 6 December 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, 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 Uganda as of 4 December 2019. 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 4 December 2019, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported nine additional confirmed cases. During the same period, six deaths were reported among confirmed cases. Among the new cases was one healthcare worker.

Between 27 November and 1 December, surveillance teams reported ten community deaths which might be EVD cases, although this cannot be confirmed. Eight deaths occurred in Mandima and two in Manguredjipa health zones, all reported in or with links to Lwemba and Biakato Mines.

The violence, widespread civil unrest, and targeted attacks in eastern DRC have continued this week, restricting the access of Ebola response teams to the affected communities and this may result in increased transmission. Activities such as contact tracing are still operating to a lesser extent than normal in some areas, but improvement has been seen in Oicha.

On the night of 2 December 2019, there was an attack on the MSF base in Biakato and staff have been evacuated. However, on 4 December 2019, a [delegation](#) of the General Coordination of the Ebola Response, UNICEF and WHO, met in Biakato, Ituri. It was stated that the response teams are ready to return gradually, initially only during the day-time, until security improves and confidence is restored. The following day, this delegation also met in Beni.

On 2 December 2019, the EU allocated an additional EUR [50 million](#) to combat Ebola and malnutrition in the DRC.

On 5 December, GAVI [stated](#) that a global emergency stockpile of Ebola vaccines will be available to countries for outbreak response and prevention, following the approval of a new Ebola vaccine programme by the Board of Gavi, the Vaccine Alliance, which met this week.

As of 4 December 2019, 1 161 people had been vaccinated with the second Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health zones of Karisimbi in Goma. Since the start of vaccination on 8 August 2018, 255 852 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck).

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

Opening date: 24 September 2012

Latest update: 6 December 2019

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 400 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 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 31 October 2019 and as of 2 December 2019, [Saudi Arabia](#) has reported an increase of 14 cases and three deaths.

So far, 11 of 13 regions in Saudi Arabia have reported cases in 2019, and one of these, Madinah, has reported cases in the last seven days.

II. Detailed reports

New! Monkeypox – The United Kingdom, ex Nigeria – 2019

Opening date: 5 December 2019

Latest update: 6 December 2019

Epidemiological summary

Public Health England is reporting a confirmed case of monkeypox in a traveller returning from Nigeria. The case has been transferred to a high-consequence infectious disease centre in London for monitoring and treatment and appropriate public health actions are being taken.

Additionally, according to regional health authorities in the Canary islands, a contact of the case reported in the United Kingdom has travelled to Spain (the Canary islands). This contact is a UK health professional who has now been tested and is being monitored by Spanish authorities. Laboratory results for this contact are awaited. Spanish and UK health authorities in the area are coordinating the contact tracing activities.

Background: According to the latest data from Nigeria's CDC as of September 2019, a total of 81 suspected cases have been reported so far in 2019, of which 39 confirmed cases have been recorded in nine states (Bayelsa, Lagos, Delta, Rivers, Akwa Ibom, Enugu, Anambra, Cross River, and Oyo) and one death. Since September 2017, Nigeria has reported 176 confirmed monkeypox cases and nine deaths in 18 states.

Sources: [Public Health England](#), [Nigeria CDC](#), [Regional health authorities in Canary islands](#)

ECDC assessment

This imported case of monkeypox to the United Kingdom is not unexpected, as Nigeria has been reporting cases of monkeypox since 2017. The options for response mentioned in the [ECDC RRA of 21 September 2018](#) remain valid including: increasing awareness of health professionals concerning the disease and implementing droplet precautions and strict ICP in healthcare settings; prompt contact tracing and follow-up according to risk level and provision of travel advice for travellers to affected areas.

Actions

ECDC will continue to monitor the ongoing situation and report again if relevant epidemiological updates become available.

New! Diphtheria - Greece - 2019

Opening date: 6 December 2019

Latest update: 6 December 2019

Epidemiological summary

On 5 December 2019, Greek authorities confirmed a case of toxigenic respiratory diphtheria in an eight-year-old child. The child died on 26 November 2019 at the General Children's Hospital of Athens, where it was treated for a severe respiratory infection with positive culture of *C. diphtheriae* in bronchial secretions.

Further laboratory investigations were carried out which confirmed that the *C. diphtheriae* strain isolated from the samples is toxigenic.

Sources: [Greek national health authorities](#)

ECDC assessment

Diphtheria is a rare disease in Greece and other EU/EEA countries. According to WHO/UNICEF, the Greek immunisation coverage estimate for DTP1 in 2018 was more than 95%. The last recorded death from diphtheria in Greece was in an imported paediatric case in 1994, while the last lethal autochthonous case was in the 1970s. Disease in fully vaccinated individuals is very rare. However, *C. diphtheriae* has been implicated in the death of unvaccinated children in Europe in recent years.

ECDC published an [RRA on a fatal case of diphtheria in Belgium in 2016](#), where the protection of universal immunisation with diphtheria toxoid-containing vaccine is stressed as the only effective measure against the disease. Options for response include: increasing awareness concerning the disease, ensuring laboratory capacity for diagnosis, making provisions to acquire diphtheria antitoxin (DAT) for treatment and providing travel advice for travellers to endemic areas.

Actions

ECDC will continue to monitor this event through epidemic intelligence activities.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 6 December 2019

Epidemiological summary

Week 48/2019 (25 November–1 December 2019)

Of the individuals sampled, presenting with ILI or ARI to sentinel primary healthcare sites, 13.8% tested positive for influenza viruses.

The reporting of regional or widespread influenza activity by some countries, during only the second week of reporting, with the rate of influenza virus detections in sentinel specimens exceeding 10%, indicates increasing influenza activity in parts of the Region.

Both influenza type A and B viruses were detected in sentinel and non-sentinel source specimens, with a higher proportion of influenza type A viruses. Four countries have reported type B virus dominance. Data from the 21 countries or areas reporting to the [EuroMOMO](#) project indicated all-cause mortality was at expected levels for this time of the year.

2019–2020 season overview

Influenza activity is increasing in the European Region, although most countries are still reporting influenza activity rates at baseline or low levels.

Influenza activity in the European Region, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019.

Some countries across the European Region have reported influenza type B virus dominance.

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

ECDC assessment

Influenza activity is increasing in the European Region, although most countries are still reporting influenza activity rates at baseline or low levels.

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.

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

Opening date: 1 August 2018

Latest update: 6 December 2019

Epidemiological summary

Since the beginning of the outbreak a year ago and as of 4 November 2019, there have been 3 318 cases (3 200 confirmed, 118

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probable) in the Democratic Republic of the Congo (DRC), including 2 207 deaths (2 089 confirmed, 118 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past 21 days, most cases were reported in Beni, Mabalako and Mandima. As of 4 December 2019, 164 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported confirmed/probable 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 as well as the need for a more intensified and coordinated response in order to end the outbreak. On 18 October 2019, 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

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 sectors of the population. A substantial number of cases has been detected in individuals not previously identified as contacts, stressing the need to maintain enhanced surveillance and identify the chains of transmission.

The fact that the outbreak is ongoing in areas with a cross-border population flow with Rwanda, South Sudan, Burundi and Uganda remains of particular concern. So far, the identification of imported cases to previously non-affected areas does not change the overall risk for the EU/EEA, which remains very low.

WHO assessment: As of 5 December 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.

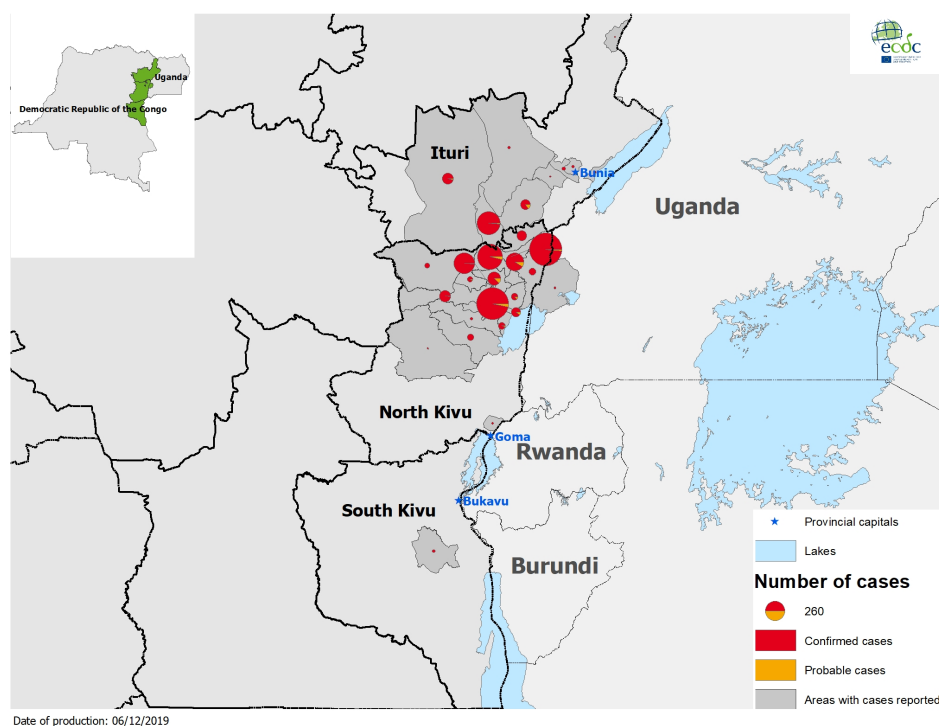
Although the number of new confirmed cases has remained relatively low, the interruption of response activities due to attacks, violence and unrest threatens to reverse recent progress. WHO and response partners are working to adapt the response strategy to protect communities from a resurgence of the outbreak while keeping all responders safe.

Actions

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

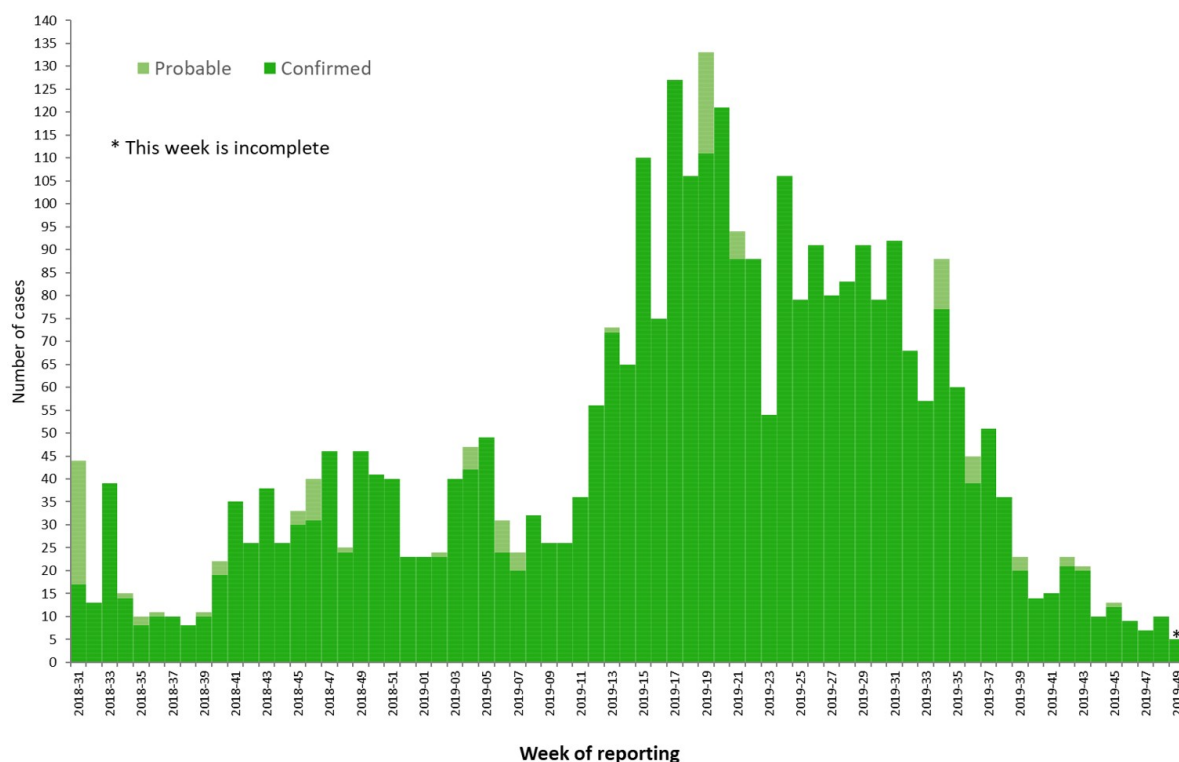
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 4 December 2019

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 4 December 2019

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 4 December 2019

Source: ECDC

	IT	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		3200	118	3318	2207	
North-Kivu Province		2690	100	2790	1938	
Alimbongo		5	0	5	2	
Beni		692	9	701	459	ACTIVE
Biena		18	2	20	14	
Butembo		284	3	287	353	
Goma		1	0	1	1	
Kalunguta		194	18	212	89	
Katwa		651	24	675	494	
Kayna		27	0	27	8	
Kyondo		25	4	29	19	
Lubero		31	2	33	6	
Mabalako		406	17	423	330	ACTIVE
Manguredjipa		18	0	18	12	
Masereka		50	6	56	23	
Musienene		84	1	85	34	
Mutwanga		32	0	32	12	
Nyiragongo		3	0	3	1	
Oicha		65	0	65	30	ACTIVE
Pinga		1	0	1	0	
Vuhovi		103	14	117	51	
Ituri province		504	18	522	266	
Ariwara		1	0	1	1	
Bunia		5	0	5	4	
Komanda		56	10	66	54	
Lolwa		6	0	6	1	
Mambasa		78	3	81	30	
Mandima		346	5	351	170	ACTIVE
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	
Uganda		1	0	1	1	
Kasese province		1	0	1	1	
Kasese		1	0	1	1	
Cumulative Total		3201	118	3319	2208	

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

Opening date: 24 September 2012

Latest update: 6 December 2019

Epidemiological summary

In 2019 and as of 2 December 2019, 212 MERS-CoV cases have been reported in Saudi Arabia (198), Oman (13) and the United Arab Emirates (1), including 57 deaths in Saudi Arabia (53) and Oman (4). In Saudi Arabia, 118 cases were primary (51 of whom reported contact with camels), 41 were healthcare-acquired, 32 were household contacts, and seven were unspecified secondary cases. In 2019, 78% of the 198 cases in Saudi Arabia were reported in Riyadh (117), Eastern Provinces (19) and Quassim (18).

Since April 2012 and as of 30 September 2019, 2 494 cases of MERS-CoV, including 912 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

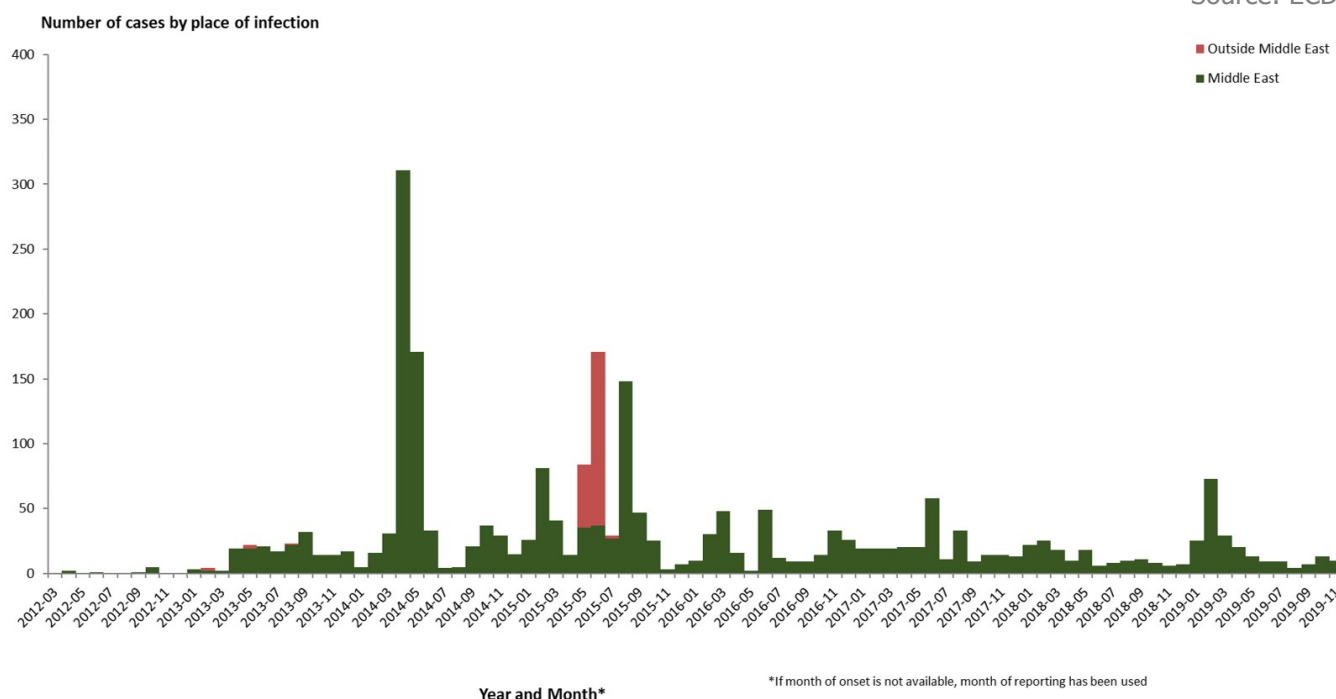
Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in an ECDC [rapid risk assessment](#) published on 29 August 2018. This risk assessment also provides details on the last case reported in Europe.

Actions

ECDC monitors this threat through epidemic intelligence and reports on a monthly basis.

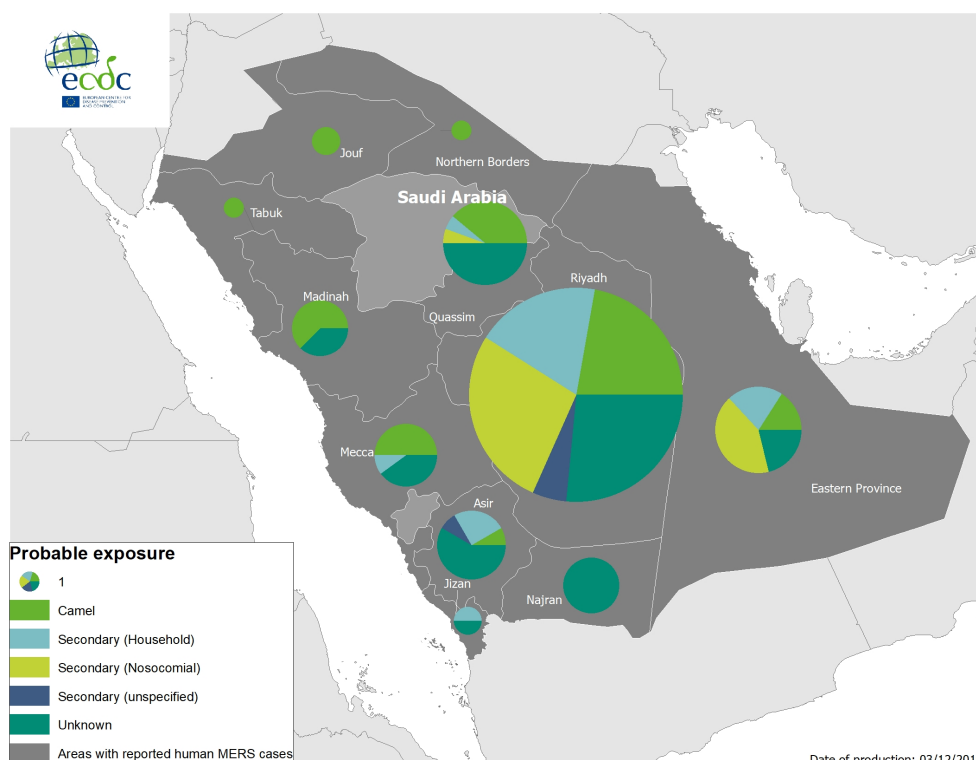
Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, from March 2012 to 2 December 2019

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure in 2019, Saudi Arabia, as of 2 December 2019

Source: ECDC



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