COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 16, 12-18 April 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 7 January 2020 Latest update: 17 April 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 3 April 2020 and as of 17 April 2020, 1 114 020 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 93 629 new deaths.

In the first week (4 April-10 April) this was 563 608 cases and 43 529 deaths.
In the second week (11 April-17 April) this was 550 412 cases and 50 100 deaths.

Globally, the number of cases has doubled in the last two weeks (from 1 000 249 reported cases on 4 April to 2 114 269 reported cases on 17 April).

In the EU/EEA and the UK, 396 206 cases, including 53 963 deaths, have been reported during the same two week period (all EU/EEA countries combined). More details are available here.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 17 April 2020

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

➔Update of the week

In the European Region, influenza activity appears to be declining overall. High or medium influenza intensity was reported by two Member States. Widespread influenza activity was reported by none of the Member States and areas across the Region.

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Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 17 April 2020

Measles cases in the EU/EEA and UK continue to occur among both adults and children. Outbreaks are reported across the EU/EEA and the UK, including in countries that had previously eliminated or interrupted endemic transmission.

➔Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 13 March 2020, updates have been provided for 18 EU/EEA countries and UK: Austria, Belgium, Bulgaria, Czechia, France, Germany, Greece, Ireland, Italy, Lithuania, Malta, the Netherlands, Poland, Portugal, Romania, Spain, Sweden, and UK. Other countries did not report new cases of measles.

In 2020, two deaths have been reported in the EU/EEA and UK: Bulgaria (2).
Relevant updates outside EU/EEA countries and UK are available for WHO Regions (AFRO, PAHO, WPRO), Switzerland and Ukraine.

Other updates: The ongoing COVID-19 situation in the world has affected the vaccination of children through the national immunisation schedules resulting in delays/interruption of vaccinations, including vaccination against measles.

WHO published Guiding principles for immunization activities during the COVID-19 pandemic, which describes considerations to support countries in their decision-making regarding provision of immunisation services during the COVID-19 pandemic. It is advised to temporarily suspend mass vaccination campaigns and under circumstances of a vaccine-preventable-disease outbreak, to conduct outbreak response mass vaccination campaigns after a risk-benefit assessment. In routine vaccination programmes, if provision of immunisation services is negatively impacted by COVID-19, countries will need to design strategies for catch-up vaccination for the period post COVID-19 outbreak and make plans which anticipate a gradual recovery. Implementation of catch-up will require strategies to track and follow-up with individuals who missed vaccination.

In May 2019, WHO classified measles outbreaks across the European Region as a Grade 2 emergency. On 29 August 2019, the European Regional Verification Commission for Measles and Rubella Elimination (RVC) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, the Czech Republic, Greece and the United Kingdom) had lost their measles elimination status.

The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or media. This report is supplementary to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries and the UK to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

Dengue - French Antilles - 2020

Opening date: 12 February 2020 Latest update: 17 April 2020

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

➔Update of the week

Since the previous update, with data as of 8 March and as of 29 March 2020, 1 234 additional suspected dengue cases with no associated deaths, have been reported in the French Antilles. In the last update reported, when the 21 February to 8 March 2020 period was analysed, 1 519 suspected cases were reported.

According to health authorities, a decreased level of surveillance indicators have been observed in these territories, potentially as a consequence of the containment measures established for the COVID-19 pandemic. The following cases have been reported since the previous update:

In **Guadeloupe**, since the previous update and as of 29 March 2020, 450 additional suspected cases have been reported.

In **Saint Martin**, since the previous update and as of 29 March 2020, 170 additional suspected cases have been reported.

In **Saint Barthelemy**, since the previous update and as of 29 March 2020, 29 additional suspected cases have been reported.

In **Martinique**, since the previous update and as of 29 March 2020, 585 additional suspected cases have been reported.

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Non EU Threats

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

Opening date: 1 August 2018 Latest update: 17 April 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 affected 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 the 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, and again on 12 February 2020 and 14 April 2020, the Committee decided that the outbreak still constitutes a PHEIC.

➔Update of the week

Since the previous CDTR and as of 14 April 2020, the WHO has reported three additional confirmed cases and two retrospectively validated probable cases. During the same period, two deaths were reported among confirmed cases.

Case 1: On 10 April 2020, a new confirmed case was reported in Beni, in a 26-year-old man from Kasanga, Beni who died in the community on 9 April 2020 after visiting several healthcare facilities. This case reportedly got ill between the end of March and early-April. This is the first confirmed case reported in 40 days since the last case (reported on 17 February) tested negative twice and was consequently discharged on 3 March 2020. WHO recommends a period of 42 days of enhanced surveillance (two full incubation periods) after the last person tests negative before declaring an end of the Ebola outbreak. This is done due to the risk of flare-ups of new cases as seen during the past week.

Case 2: On 12 April 2020, a second confirmed case was reported in Kasanga, Beni, in an 11-year-old girl who died at home on 12 April 2020. This case reportedly had onset of symptoms at the end of March 2020 and was a co-patient of the first case at the beginning of April.

Case 3: On 13 April 2020, a third confirmed case was reported in a 7-year-old child that visited the same healthcare facility as the first two cases and had an epidemiological link to one of them.

Specimen from all three confirmed cases have been sent for genetic sequencing in order to investigate the source of infection and the chain of transmission these cases belong to. Another community death from 30 March 2020 is under investigation. Two previous alerts for this case were not validated.

On 9 April 2020, two probable cases were added retrospectively. These cases had onset of symptoms in November and December 2019.

On 10 and 14 April 2020, the fifth meeting of the Emergency Committee was convened and the committee agreed that while there is a low risk of international spread, they still consider this outbreak constitutes a PHEIC.

WHO response actions are currently still facing limitations, including a shortage of funding, ongoing insecurity, population displacement, lack of access to some areas, low alert rates for suspected cases, and limited staffing and resources amidst other local and global emergencies.

Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019 Latest update: 17 April 2020

Animal influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats.

➔Update of the week

WHO has reported a second case of influenza A(H9N2) in China in 2020. The case is a three-year-old girl from Zhuhai, Guangdong Province, China, who developed mild symptoms on 22 March 2020. She had a history of environmental exposure to domestic poultry before onset of symptoms. No symptoms have been detected in her contacts.

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II. Detailed reports

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

Opening date: 7 January 2020 Latest update: 17 April 2020

Epidemiological summary

Since 31 December 2019 and as of 17 April 2020, 2 114 269 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 145 144 deaths.

Cases have been reported from:

Africa: 18 329 cases; the five countries reporting most cases are Egypt (2 673), South Africa (2 605), Morocco (2 283), Algeria (2 268) and Cameroon (855).

Asia: 342 847 cases; the five countries reporting most cases are China (83 754), Iran (77 995), Turkey (74 193), India (13 387) and Israel (12 758).

America: 787 018 cases; the five countries reporting most cases are United States (671 331), Brazil (30 425), Canada (30 081), Peru (12 491) and Chile (8 807).

Europe: 957 551 cases; the five countries reporting most cases are Spain (182 816), Italy (168 941), Germany (133 830), France (108 847) and United Kingdom (103 093).

Oceania: 7 828 cases; the five countries reporting most cases are Australia (6 497), New Zealand (1 086), Guam (135), French Polynesia (55) and New Caledonia (18).

Other: 696 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 965 deaths; the five countries reporting most deaths are Algeria (348), Egypt (196), Morocco (130), South Africa (48) and Tunisia (37).

Asia: 13 621 deaths; the five countries reporting most deaths are Iran (4 869), China (4 636), Turkey (1 643), Indonesia (496) and India (437).

America: 38 492 deaths; the five countries reporting most deaths are United States (33 284), Brazil (1 924), Canada (1 193), Mexico (486) and Ecuador (403).

Europe: 91 978 deaths; the five countries reporting most deaths are Italy (22 172), Spain (19 130), France (17 920), United Kingdom (13 729) and Belgium (4 857).

Oceania: 81 deaths; the five countries reporting most deaths are Australia (63), New Zealand (11), Guam (5), Northern Mariana Islands (2) and Fiji (0).

Other: seven deaths have been reported from an international conveyance in Japan.

EU/EEA and the UK:
As of 17 April 2020, 878 222 cases have been reported in the EU/EEA and the UK: Spain (182 816), Italy (168 941), Germany (133 830), France (108 847), United Kingdom (103 093), Belgium (34 809), Netherlands (29 214), Portugal (18 841), Austria (14 448), Ireland (13 271), Sweden (12 540), Poland (7 918), Romania (7 707), Denmark (6 879), Norway (6 791), Czechia (6 433), Luxembourg (3 444), Finland (3 369), Greece (2 207), Croatia (1 791), Hungary (1 763), Iceland (1 739), Estonia (1 434), Slovenia (1 268), Lithuania (1 149), Slovakia (977), Bulgaria (800), Cyprus (735), Latvia (675), Malta (412) and Liechtenstein (81).

As of 17 April 2020, 89 825 deaths have been reported in the EU/EEA and the UK: Italy (22 172), Spain (19 130), France (17 920), United Kingdom (13 729), Belgium (4 857), Germany (3 868), Netherlands (3 315), Sweden (1 333), Portugal (629), Ireland (486), Austria (410), Romania (387), Denmark (321), Poland (314), Czechia (169), Hungary (156), Norway (136), Greece (105),

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Finland (75), Luxembourg (69), Slovenia (61), Bulgaria (38), Estonia (36), Croatia (35), Lithuania (32), Cyprus (17), Iceland (8), Slovakia (8), Latvia (5), Malta (3) and Liechtenstein (1).

EU:
As of 17 April 2020, 766 518 cases have been reported in the EU: Spain (182 816), Italy (168 941), Germany (133 830), France (108 847), Belgium (34 809), Netherlands (29 214), Portugal (18 841), Austria (14 448), Ireland (13 271), Sweden (12 540), Poland (7 918), Romania (7 707), Denmark (6 879), Czechia (6 433), Luxembourg (3 444), Finland (3 369), Greece (2 207), Croatia (1 791), Hungary (1 763), Estonia (1 434), Slovenia (1 268), Lithuania (1 149), Slovakia (977), Bulgaria (800), Cyprus (735), Latvia (675) and Malta (412).

As of 17 April 2020, 75 951 deaths have been reported in the EU: Italy (22 172), Spain (19 130), France (17 920), Belgium (4 857), Germany (3 868), Netherlands (3 315), Sweden (1 333), Portugal (629), Ireland (486), Austria (410), Romania (387), Denmark (321), Poland (314), Czechia (169), Hungary (156), Greece (105), Finland (75), Luxembourg (69), Slovenia (61), Bulgaria (38), Estonia (36), Croatia (35), Lithuania (32), Cyprus (17), Slovakia (8), Latvia (5) and Malta (3).

Major developments between 4 April and 17 April:
10 April 2020:
Spain: The Spanish Prime Minister has reported that a plan for the de-escalation of lockdown measures is being developed, and starting next week certain business that were suspended on the 30 March will be allowed to re-start their activities.
Belarus, Russia and Turkey: Belarus and Russia have reported their largest increase in cases in a 24 hours period so far. Since yesterday, 420 new cases have been reported (1 486 in total) in Belarus and 1 459 (10 131 in total) in Russia. Turkey has reported more than 4 000 new cases per day on two consecutive days (42 282 in total).

11 April 2020:
Italy: The Italian Prime Minister stated that a new decree will allow the re-opening of libraries, stationary shops, and clothes shops for children and infants on 14 April.
Brazil: The number of deaths in Brazil has almost tripled within a week. On 4 April, Brazilian authorities reported 359 deaths. As of today, 1 059 deaths have been reported.

14 April 2020:
Spain: According to media reports, as of 13 March 2020, Spain has allowed some employees to return to work in factories, offices and on construction sites where employees are largely unable to carry out their work from home.
South Korea: According to media reports, South Korean health authorities reported that 116 individuals, previously infected with the virus, tested positive again.
CEPI: On 9 April, the Coalition for Epidemic Preparedness Innovation (CEPI) published the analysis of COVID-19 vaccine development landscape.

15 April 2020:
UK: According to media reports, the industry body Care England suggests that deaths in care homes are being under reported leading to an underestimation in the total number of deaths reported in the country.
India: According to the government, industries located in the countryside are allowed to reopen next week and farm activities can resume. The prime minister stated: 'To mitigate hardship to the public, selected additional activities have been allowed, which will come into effect from April 2020.'

16 April 2020:
Finland: The Finnish Institute for Health and Welfare (THL) has performed a SARS-CoV-2 antibody study in Helsinki and Uusimaa district which covers a population of 1 400 000. THL studied the prevalence of antibodies in blood samples of persons who had undergone laboratory tests for various reasons in the Hospital District of Helsinki and Uusimaa. The samples were collected from clinical chemistry laboratories over a period of three consecutive weeks (23 March – 12 April 2020). The sampling included a total of 442 samples from men and women between the ages of 15 and 90, who had given a blood sample for reasons other than any infection. In total, six specimens were detected positive, one in week 13 (estimated prevalence (95% CI): 0.7% (0.1–3.8)), none in week 14 (0% (0–3)) and five in week 15 (3.4% (1.5–7.7)). A commercial rapid test was used for sample screening and all positive results were verified with THL's own neutralisation test.
Germany: The Federal Ministry of Health of Germany has issued new orders with the aim of preventing the introduction or spread of infections by SARS-CoV-2: (i) crews of all aircrafts arriving in Germany must provide official information about SARS-CoV-2 to all passengers during flights, (ii) data (e.g. contact information, seating plans) of passengers should be kept for up to 30 days, (iii) contact details should be provided to the local health authorities upon request, (iv) crew must inform authorities upon arrival at the destination airport if there is a passenger suspected of being infected with SARS-CoV-2 onboard.
Belgium: the curtailment measures currently in force are extended until 3 May 2020, following the decision of the National Security Council on 15 April 2020.
Italy: From 14 April until 3 May 2020, only essential services are permitted in the transport sector (air, train, road). A limited number of airports are authorised to operate. Only travel for work, health or urgent needs are allowed. More stringent measures

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apply to travel to and from Sardinia and Sicily.
United States: CDC states that as of 14 April 2020, case counts and death counts for the United States include both confirmed and probable cases and deaths.

17 April 2020:
China: On 17 April, China reported additional 1 300 deaths. This figure corresponds to a backlog accumulated during the first three months of 2020.

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.

More details are available here.

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

ECDC assessment

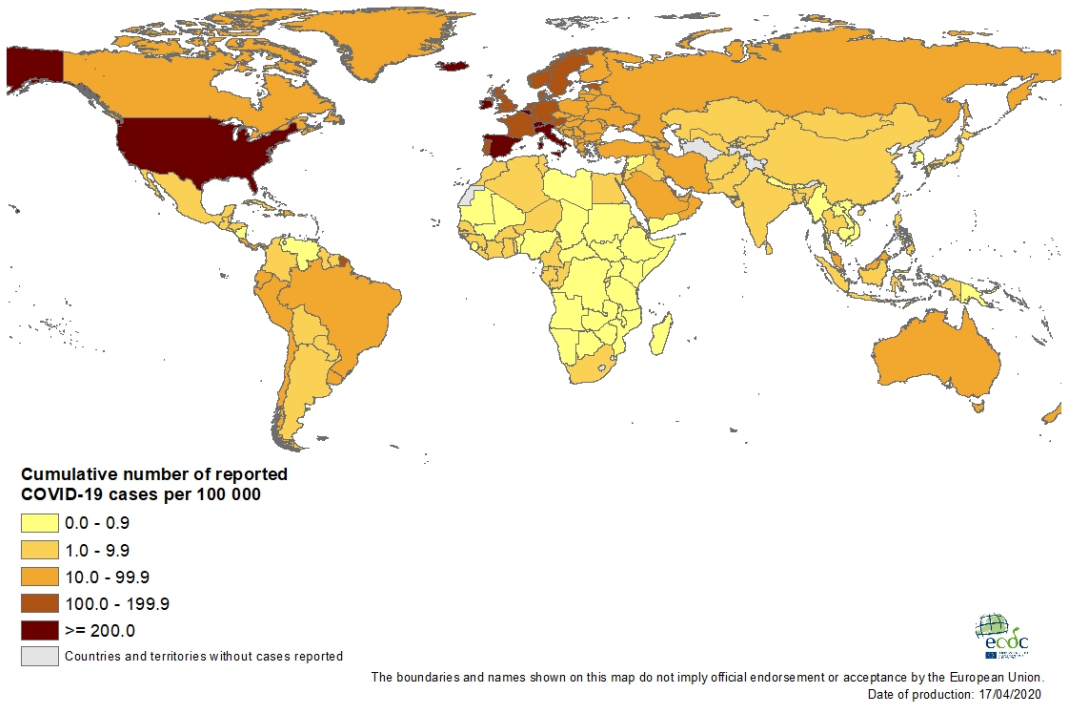
Information on the COVID-19 situation and a risk assessment can be found on the ECDC website.

Actions

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

Geographic distribution of cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 17 April 2020

Source: ECDC



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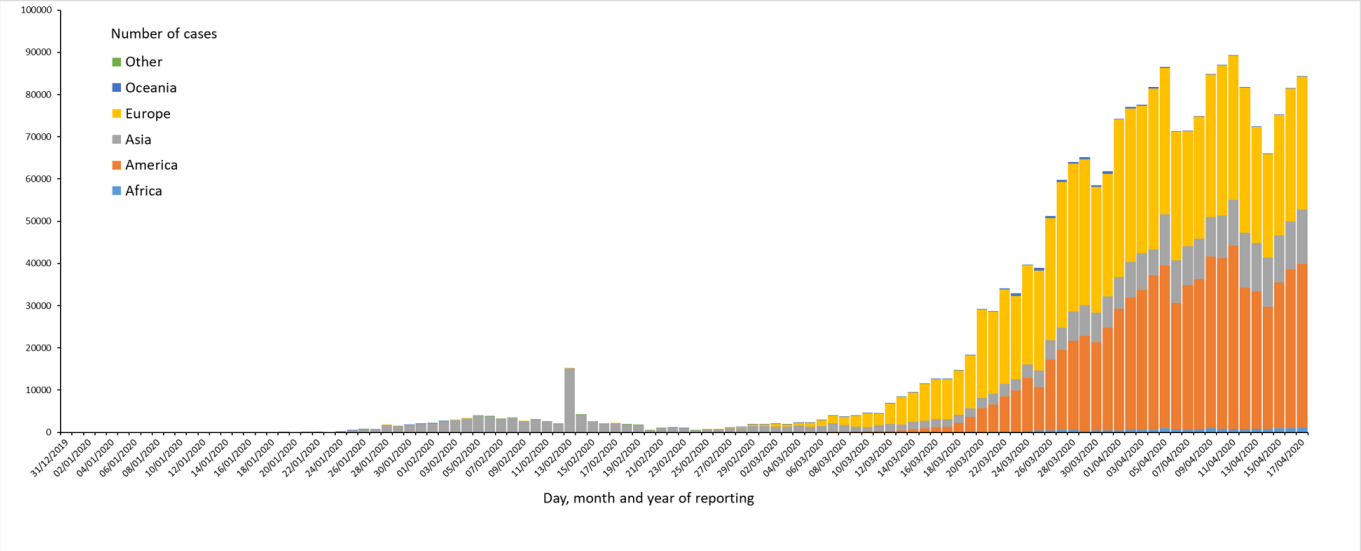
Distribution of COVID-19 cases worldwide, as of 17 April 2020

Source: ECDC



Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 17 April 2020

Epidemiological summary

Week 15/2020 (6 to 12 April 2020):
The novel coronavirus disease 2019 (COVID-19) pandemic in the Region is affecting healthcare presentations and testing capacities in Member States, which has a negative impact on influenza epidemiologic and virologic data, and seasonal patterns; therefore the data presented must be interpreted with caution.

For the Region overall, influenza activity is declining: high or medium influenza intensity were reported by only two Member States, and none reported widespread influenza activity.

The percentage of specimens from patients who presented with influenza-like illness (ILI) or acute respiratory infections (ARI) to sentinel primary healthcare sites that tested positive for an influenza virus was 4% in week 15/2020, the third consecutive week with a positivity rate below 5%.

Both influenza virus types A and B were co-circulating in sentinel source specimens: of 14 viruses detected, 3 were influenza type A and 11 were influenza type B.

Pooled estimates of all-cause mortality show a marked increase in excess mortality within participating countries, related to the COVID-19 pandemic. This excess mortality is driven by a very substantial excess mortality in some countries, primarily seen in the age group 65 years and older, but also in the age group 15-64 years.

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 influenza season for the Region as a whole peaked in week 5 of 2020, reaching a maximum positivity rate of 55%. The peak phase with positivity levels above 50% lasted for just two weeks, week 5 and 6, 2020. In the previous influenza season, rates of influenza positivity exceeded 50% for six weeks.

The majority of circulating viruses were susceptible to neuraminidase inhibitors, supporting early treatment or prophylactic use in

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accordance with national guidelines.

Interim estimates of 2019–2020 seasonal influenza vaccine effectiveness in the northern hemisphere are available. Vaccination remains the best possible method for prevention of influenza and/or reduction of the risk of serious complications.

WHO has published recommendations for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season. Based on these recommendations the influenza A(H1N1)pdm09, A(H3N2) and B/Victoria-lineage virus components should be updated for the 2020–2021 influenza vaccine.

ECDC and WHO Regional Office for Europe published a joint Regional Situation Assessment for the 2019–2020 influenza season up to week 49 of 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 appears to be declining in the Region overall. 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 between week 40-2019 and week 20-2020.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 17 April 2020

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 13 March 2020, updates have been provided for 18 EU/EEA countries and UK: Austria, Belgium, Bulgaria, Czechia, France, Germany, Greece, Ireland, Italy, Lithuania, Malta, the Netherlands, Poland, Portugal, Romania, Spain, Sweden, and UK. Other countries did not report new cases of measles.

In 2020, two deaths have been reported in the EU/EEA and UK: Bulgaria (2).

Other updates: The ongoing COVID-19 situation in the world has affected vaccination of children through the national immunization schedules resulting in delays/interruption of vaccinations, including vaccination against measles.

WHO published Guiding principles for immunization activities during the COVID-19 pandemic, which describes considerations to support countries in their decision-making regarding provision of immunisation services during the COVID-19 pandemic. It is advised to temporarily suspend mass vaccination campaigns and under circumstances of a vaccine-preventable-disease outbreak, to conduct outbreak response mass vaccination campaigns after a risk-benefit assessment. In routine vaccination programmes, if provision of immunisation services is negatively impacted by COVID-19, countries will need to design strategies for catch-up vaccination for the period post COVID-19 outbreak and make plans which anticipate a gradual recovery. Implementation of catch-up will require strategies to track and follow-up with individuals who missed vaccination.

Relevant updates outside EU/EEA countries and UK are available for WHO Regions (AFRO, PAHO, WPRO), Switzerland and Ukraine.

In May 2019, WHO classified measles outbreaks across the European Region as a Grade 2 emergency.
On 29 August 2019, the European Regional Verification Commission for Measles and Rubella Elimination (RVC) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, the Czech Republic, Greece and the United Kingdom) had lost their measles elimination status.

The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or media. It is supplementary to ECDC's monthly measles and rubella monitoring report based on data routinely submitted by 30 EU/EEA countries and the UK to The European Surveillance System

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(TESSy). Data presented in the two monthly reports may differ.

A number of graphs and epicurves relating to measles in the EU/EEA and UK are available in the attached CDTR PowerPoint slides.

Epidemiological summary for EU/EEA countries and the UK with updates since last month

Austria has reported 24 cases in 2020 from 1 January to 1 April, an increase of 21 cases since 19 February 2020. In 2019, Austria reported a total 151 cases.

Belgium has reported 48 cases in January–February 2020, according to TESSy.

Bulgaria has reported 233 cases, including two deaths, in 2020 and as of week 13 (ending 29 March 2020). An increase of 73 cases and one death since the national report as of week 9 (ending 29 February 2020). According to media, for the second month, children are not vaccinated in accordance with national immunisation schedule (including vaccination against measles), because of reallocation of healthcare resources due to COVID-19.

Czechia has reported three new cases in January–March 2020.

France has reported 161 cases of measles in January–February 2020, according to TESSy.

Germany has reported 41 cases in 2020 as of week 9 (ending 1 March 2020), an increase of 14 cases since the national report for week 6 (ending on 9 February 2020). Most of the cases are reported from Baden-Württemberg (21).

Greece has reported one case of measles in January–February 2020, according to TESSy.

Ireland has reported 15 cases in 2020 and as of 28 March, an increase of two cases since 29 February 2020.

Italy has reported 86 cases in January and February 2020, according to TESSy. According to media, an outbreak with 37 cases has been reported in Salento on 28 January 2020.

Lithuania has reported two cases in 2020 as of 20 March, an increase of one case since the national report on 20 January.

Malta has reported two cases in February 2020, according to TESSy.

The Netherlands has reported one case of measles has been reported to TESSy in January–February 2020

Poland has reported 18 cases in 2020 as of 31 March, an increase of five cases since 29 February.

Portugal reported seven cases according to TESSy in January–February 2020, an increase of two cases since January 2020.

Romania has reported 793 cases in 2020 and as of 3 April, an increase of 125 cases since the national report on 6 March 2020. Since the beginning of the outbreak in October 2016 and as of 3 April 2020, Romania has reported 19 701 confirmed measles cases, including 64 deaths.

Spain has reported 67 confirmed cases of measles in 2020 and as of 31 March, an increase of four cases since 1 March 2020.

Sweden reported five cases in 2020 as of 6 April, an increase of three cases since the national report on 5 March 2020.

UK has reported 47 cases in January–February 2020, according to TESSy.

Relevant epidemiological summary for countries outside the EU/EEA and the UK

A global overview is available from WHO's website. Additional information with the latest available data is provided for several countries.

Switzerland has reported 28 cases of measles in 2020 and as of 31 March, an increase of four cases since 3 March 2020.

Ukraine has reported 103 cases in 2020, according to WHO data available on 6 April 2020. Three additional cases, summing up to 17 cases, have been reported in the Vinnitsa region in 2020 and as of 3 April 2020

According to WHO AFRO as of 31 March 2020, outbreaks of measles have been reported in several countries. The Democratic Republic of the Congo (DRC) experiences a large measles outbreak. From 1 January to 15 March 2020, 36 745 cases have been

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reported, including 589 confirmed cases and 473 deaths (CFR: 1.3%). This is an increase of 16 270 cases since the report on 9 February 2020. WHO has activated emergency response grade 2 in DRC, and is asking for more help to tackle this outbreak. Outbreaks of measles have also been reported in Cameroon, the Central African Republic, Chad, the Comoro Islands, Ethiopia, Guinea, Kenya, Liberia, Mali, Niger, Nigeria, Seychelles, and South Sudan.

According to WHO PAHO as of 28 March 2020, since the beginning of the year, 1 777 confirmed cases of measles have been reported by seven countries: Brazil (1 599), Mexico (107), Argentina (54), USA (12), Chile (2), Uruguay (2), and Canada (1).

According to WHO Western Pacific Region (WPRO) report for January 2020, there were 1 710 cases reported by WPRO countries. Most of the cases were reported by the Philippines (1 249), followed by China (140), other countries reporting cases in January 2020 were Australia, Cambodia, Japan, Laos, Malaysia, New Zealand, Republic of Korea (South Korea), Singapore, Vietnam and Pacific island countries and areas.

ECDC assessment

Measles cases are being reported in the majority of European countries and many countries across the world. Measles remains endemic in a number of EU/EEA countries and the UK, and affects all age groups, highlighting large population immunity gaps. To protect themselves both at home and when travelling, people of all ages should check their vaccination status and ensure they are vaccinated with two doses of measles-containing vaccine. Particular care is recommended to avoid infants under one year or those for whom vaccination is contraindicated being potentially exposed to measles, as these groups are at increased risk of infection and possible complications. For a more complete overview, consult ECDC's risk assessment 'Who is at risk of measles in the EU/EEA?' published on 28 May 2019.

Actions

ECDC monitors the measles situation through epidemic intelligence and produces a monthly report with measles surveillance data from The European Surveillance System for 30 EU/EEA countries.

Dengue - French Antilles - 2020

Opening date: 12 February 2020 Latest update: 17 April 2020

Epidemiological summary

In **Guadeloupe**, since October 2019 and as of 29 March 2020, 7 260 suspected dengue cases have been reported. Dengue virus serotype 2 has been identified among most of the cases. In 2018, only 18 confirmed cases were reported in Guadeloupe.

In **Saint Martin**, between week 2020-03 and as of 29 March 2020, 870 suspected dengue cases have been reported including one death. Dengue virus serotype 1 was identified in most of the cases.

In **Saint Barthelemy**, since the end of November 2019 and as of 29 March 2020, 157 suspected dengue cases were reported. Dengue virus serotype 2 has been identified among most of the cases.

In **Martinique**, since July 2019 and as of 29 March 2020, Martinique has reported 3 410 suspected dengue cases including one death. Dengue virus serotype 3 has been identified among most of the cases. In 2018, Martinique did not report any confirmed cases.

In January 2020, health authorities in the region raised the alert level and declared the dengue epidemic in Guadeloupe and Saint Martin. According to the same authorities, Saint Barthelemy remains in an inter-epidemic phase and Martinique is at risk of an epidemic. As of 29 March 2020, these alert levels remains the same.

Sources: Santé publique France

ECDC assessment

EU/EEA travellers to and residents in the affected territories should apply personal protective measures against mosquito bites. The risk for onward vector-borne transmission of dengue in continental Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus* in mainland Europe, mainly around the Mediterranean Sea, and *Aedes aegypti* on the island of Madeira). Environmental conditions in Europe are currently unfavourable for mosquito-borne transmission, so the likelihood of sustained autochthonous dengue virus transmission in continental Europe is very low. The occurrence of further autochthonous cases in the Caribbean is expected, as the competent

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vector for dengue virus transmission is present and environmental conditions are favourable for continuous transmission. More information about dengue is available at ECDC factsheet.

Actions

ECDC is monitoring the ongoing situation through epidemic intelligence activities and reports on a weekly basis.

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

Opening date: 1 August 2018 Latest update: 17 April 2020

Epidemiological summary

Since the beginning of the outbreak and as of 14 April 2020, there have been 3 458 cases (3 313 confirmed, 145 probable) in the Democratic Republic of the Congo (DRC), including 2 277 deaths, according to the Ministry of Health. The last confirmed cases were reported in Beni. As of 14 April 2020, 171 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported probable and/or confirmed cases of Ebola virus disease: 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.

Since the start of the vaccination campaign on 8 August 2018, 301 782 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co). In addition, 20 339 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. As of 1 April 2020, 7 529 people have been vaccinated with the second dose of this vaccine.

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 and 14 April 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. At the current stage of the epidemic, a high level of surveillance remains essential to detect and interrupt further transmission early on. The overall risk to the EU/EEA remains very low.

WHO assessment: On 14 April 2020, the WHO revised their risk assessment and concluded that the national and regional risk levels are high to moderate, while global risk levels remain low.

Actions

ECDC published an epidemiological update on 13 June 2019 and updated its rapid risk assessment on 7 August 2019.

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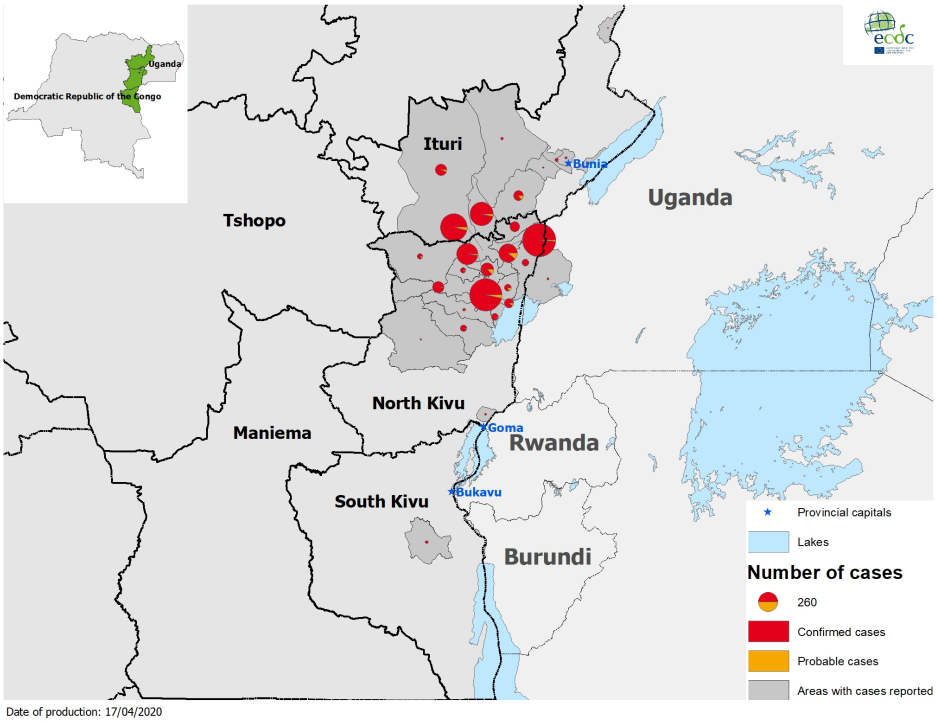
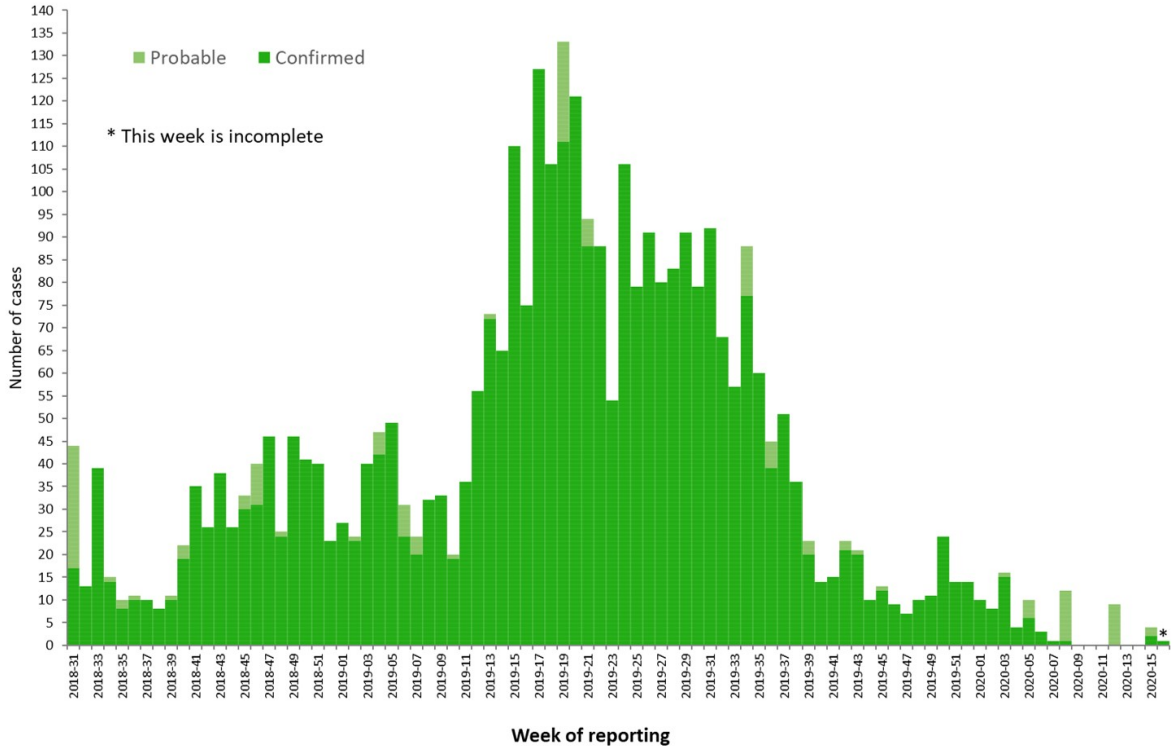
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 14 April 2020

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 14 April 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 14 April 2020

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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	**3313**	**145**	**3458**	**2277**	
North-Kivu Province	2799	117	2916	1997	
Alimbongo	5	1	6	3	
Beni	724	9	733	476	ACTIVE
Biena	19	2	21	14	
Butembo	295	7	302	360	
Goma	1	0	1	1	
Kalunguta	198	23	221	94	
Katwa	653	24	677	495	
Kayna	28	1	29	9	
Kyondo	25	6	31	21	
Lubero	31	2	33	6	
Mabalako	463	18	481	352	
Manguredjipa	18	3	21	15	
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	28	536	277	
Ariwara	1	0	1	1	
Bunia	4	0	4	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	82	5	87	32	
Mandima	347	12	359	178	
Nyakunde	2	0	2	1	
Rwampara	8	1	9	4	
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	**3314**	**145**	**3459**	**2278**	

Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019 Latest update: 17 April 2020

Epidemiological summary

WHO has reported a second case of influenza A(H9N2) in China in 2020. The case is a three-year-old girl from Zhuhai, Guangdong Province, China, who developed mild symptoms on 22 March 2020. She had a history of environmental exposure to domestic poultry before onset of symptoms. No symptoms have been detected in her contacts.

This is the second reported case in China in 2020. To date and since 1998, a total of 63 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (52), Egypt (4), Bangladesh (3), Oman (1), Pakistan (1), India (1), and Senegal (1). The most recent human infection with influenza A(H9N2) was reported from China with disease onset in February 2020 and from Senegal with disease onset in February 2019.

Sources: ECDC avian influenza page | WHO avian and other zoonotic influenza page | ECDC/EFSA joint report: Avian influenza overview November 2018 – August 2019 | Emerging Infectious Diseases | Taiwan CDC | Hong Kong health department | WHO

ECDC assessment

Although avian influenza A(H9N2) has caused infection in humans, human infections remain rare and no sustained human-to-human transmission has been reported. No human cases due to A(H9N2) have been reported in Europe.

Human cases related to a low pathogenic avian influenza A(H9N2) virus are detected sporadically and are not unexpected in regions where A(H9N2) is endemic in the poultry population (Asia, Africa and the Middle East). Direct contact with infected birds or a contaminated environment is the most likely source of infection.

The risk of zoonotic influenza transmission to the general public in EU/EEA countries is still considered to be very low. As the likelihood of zoonotic transmission of newly introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to avian influenza viruses will minimise the remaining risk.

Actions

ECDC monitors avian influenza strains through epidemic intelligence in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report of

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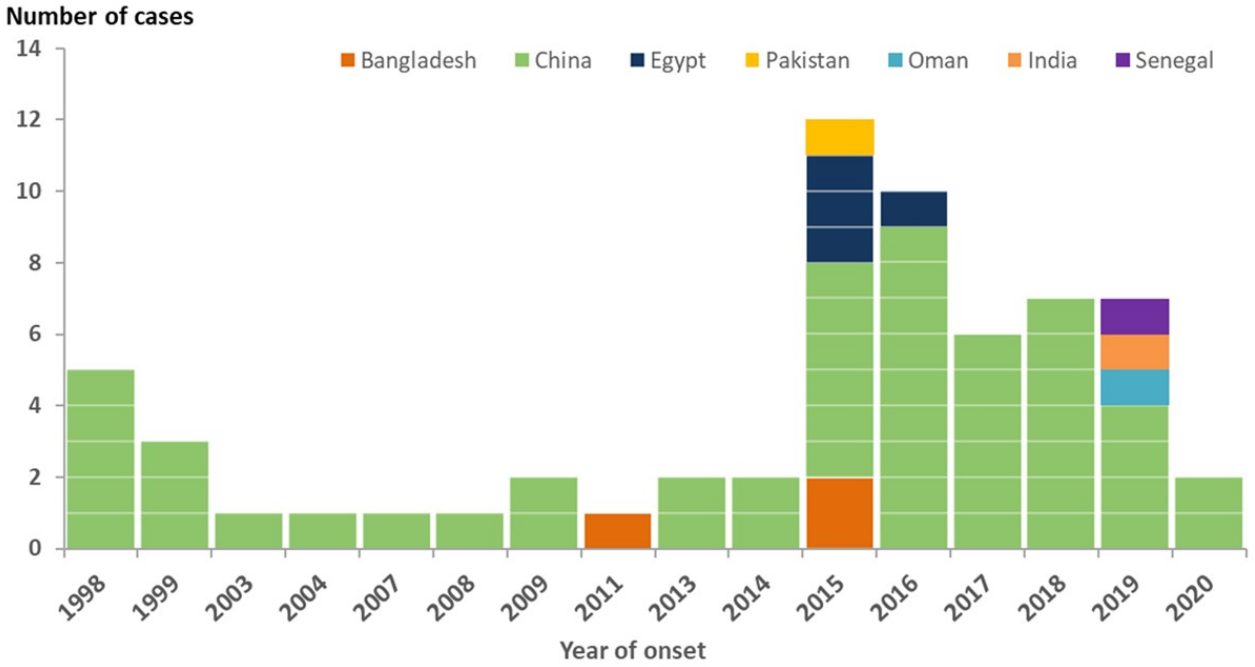
the avian influenza situation. The last report was published on 31 March 2020.

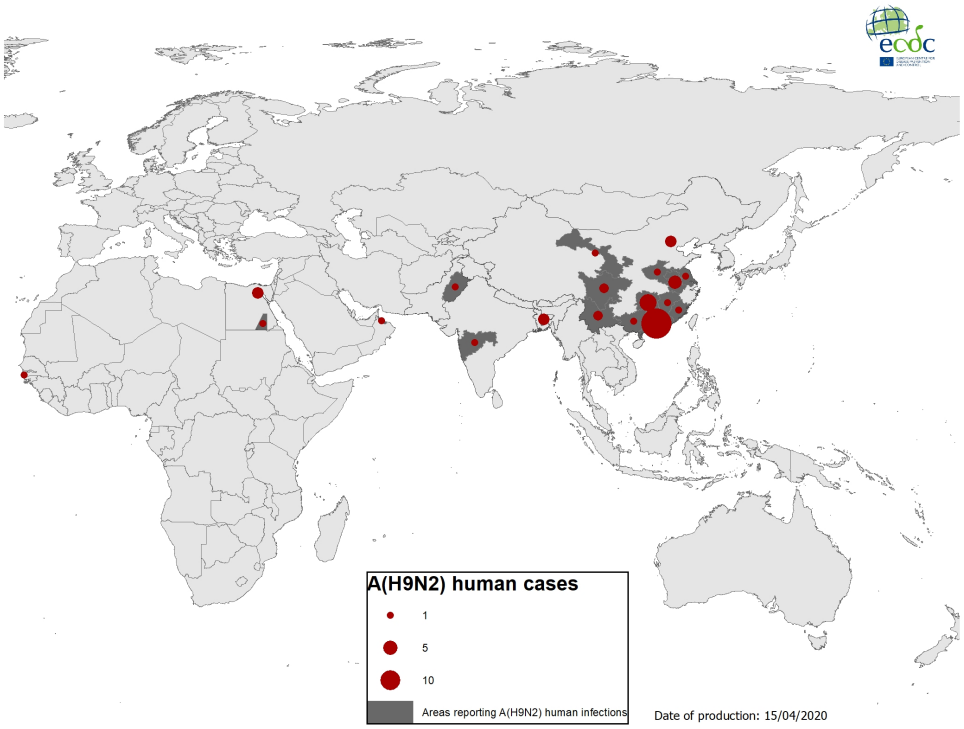
Distribution of confirmed human cases of A(H9N2) by reporting country, 1998 – 15 April 2020

Source: ECDC



Geographical distribution of confirmed human cases of A(H9N2), 1998 – 15 April 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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