

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: 30 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 24 April 2020 and as of 30 April 2020, 463 361 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 37 542 new deaths.

Globally, the number of cases has increased from 2 667 439 to 3 130 800 cases, and the number of deaths has risen from 190 229 to 227 771.

In the EU/EEA and the UK during the same time period, 81 511 cases have been reported, bringing the total from 1 031 156 to 1 112 667 cases, including 17 998 deaths, with the total number of fatalities increasing from 111 152 to 129 150. More details are available [here](#).

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 30 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 22 April and as of 28 April 2020, [WHO](#) has reported one additional confirmed case and no deaths. The new confirmed case was reported in Beni on 27 April 2020. This case was a known contact, however follow-up was irregular due to insecurity.

This makes a total of seven confirmed cases since 10 April 2020. Cases have been reported from three health areas in Beni (Kasanga, Malepe and Kanzulinzuli). Four of these cases died, including two community deaths and two deaths at the Beni Ebola Treatment Center (ETC). One case has recovered and tested negative twice, while another case is still in the community after leaving isolation.

The flare-up of cases after a long period without new cases is not unexpected, and this is why WHO recommends a period of [42 days](#) of enhanced surveillance (two full incubation periods) after the last person tests negative twice before declaring the end of the Ebola outbreak.

[WHO](#) response actions are currently facing limitations, including a shortage of funding, ongoing insecurity, lack of access to some areas, movement of contacts, low alert rates for suspected cases, possible under-reporting to the central coordination, illegal cross-border flow, and limited staffing and resources amidst other local and global emergencies.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 30 April 2020

Epidemiological summary

Since 31 December 2019 and as of 30 April 2020, 3 130 800 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 227 771 deaths.

Cases have been reported from:

Africa: 36 743 cases; the five countries reporting most cases are South Africa (5 350), Egypt (5 268), Morocco (4 321), Algeria (3 848) and Cameroon (1 832).

Asia: 502 955 cases; the five countries reporting most cases are Turkey (117 589), Iran (93 657), China (83 944), India (33 050) and Saudi Arabia (21 402).

America: 1 293 607 cases; the five countries reporting most cases are United States (1 039 909), Brazil (78 162), Canada (51 587), Peru (33 931) and Ecuador (24 675).

Europe: 1 288 663 cases; the five countries reporting most cases are Spain (212 917), Italy (203 591), United Kingdom (165 221), Germany (159 119) and France (128 442).

Oceania: 8 136 cases; the five countries reporting most cases are Australia (6 746), New Zealand (1 129), Guam (145), French Polynesia (58) and Fiji (18).

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

Deaths have been reported from:

Africa: 1 591 deaths; the five countries reporting most deaths are Algeria (444), Egypt (380), Morocco (168), South Africa (103) and Cameroon (61).

Asia: 18 923 deaths; the five countries reporting most deaths are Iran (5 957), China (4 637), Turkey (3 801), India (1 074) and Indonesia (784).

America: 74 591 deaths; the five countries reporting most deaths are United States (60 966), Brazil (5 466), Canada (2 996), Mexico (1 732) and Peru (943).

Europe: 132 543 deaths; the five countries reporting most deaths are Italy (27 682), United Kingdom (26 097), Spain (24 275), France (24 087) and Belgium (7 501).

Oceania: 116 deaths; the four countries reporting deaths are Australia (90), New Zealand (19), Guam (5) and Northern Mariana Islands (2).

Other: 7 deaths have been reported from an international conveyance in Japan.

EU/EEA and the UK:

As of 30 April 2020, 1 112 667 cases have been reported in the EU/EEA and the UK: Spain (212 917), Italy (203 591), United Kingdom (165 221), Germany (159 119), France (128 442), Belgium (47 859), Netherlands (38 802), Portugal (24 505), Sweden (20 302), Ireland (20 253), Austria (15 364), Poland (12 640), Romania (11 978), Denmark (9 008), Norway (7 667), Czechia (7 579), Finland (4 906), Luxembourg (3 769), Hungary (2 775), Greece (2 576), Croatia (2 062), Iceland (1 797), Estonia (1 666), Bulgaria (1 447), Slovenia (1 418), Slovakia (1 391), Lithuania (1 375)*, Latvia (849), Cyprus (843), Malta (463) and Liechtenstein (83).

As of 30 April 2020, 129 150 deaths have been reported in the EU/EEA and the UK: Italy (27 682), United Kingdom (26 097), Spain (24 275), France (24 087), Belgium (7 501), Germany (6 288), Netherlands (4 711), Sweden (2 462), Ireland (1 190), Portugal (973), Romania (675), Poland (624), Austria (580), Denmark (443), Hungary (312), Czechia (227), Finland (206), Norway (202), Greece (139), Luxembourg (89), Slovenia (89), Croatia (67), Bulgaria (64), Estonia (50), Lithuania (45), Slovakia (22), Cyprus (20), Latvia (15), Iceland (10), Malta (4) and Liechtenstein (1).

EU:

As of 30 April 2020, 937 899 cases and 102 840 deaths have been reported in the EU.

Major developments since the last report:

De-escalation measures

Italy: On 26 April, Italian authorities announced a de-escalation of measures, including the easing of a number of social distancing restrictions and the re-opening of parks, factories and building sites.

Austria: According to media reports, Austrian Health Minister Rudolf Anschober announced that the country's general lockdown

measures will be lifted on 30 April.

New Zealand: According to media reports, New Zealand has started to ease its strict lock-down measures. This will allow residents to travel to work and spend more time outside. Schools will also re-open.

Kawasaki-like disease

ECDC is closely following the information about the emergence of a post-inflammatory syndrome in children in Europe, with possible connection to COVID-19. This follows the alert raised by the UK authorities on 28 April and similar events are being reported by other Member States. Further cases of children exhibiting symptoms consistent with this Kawasaki-like disease now may come to light following widespread reporting of the emergent syndrome in the UK.

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. The Third International Health Regulations (IHR) Emergency Committee meeting for COVID-19 will be held on 30 April 2020.

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

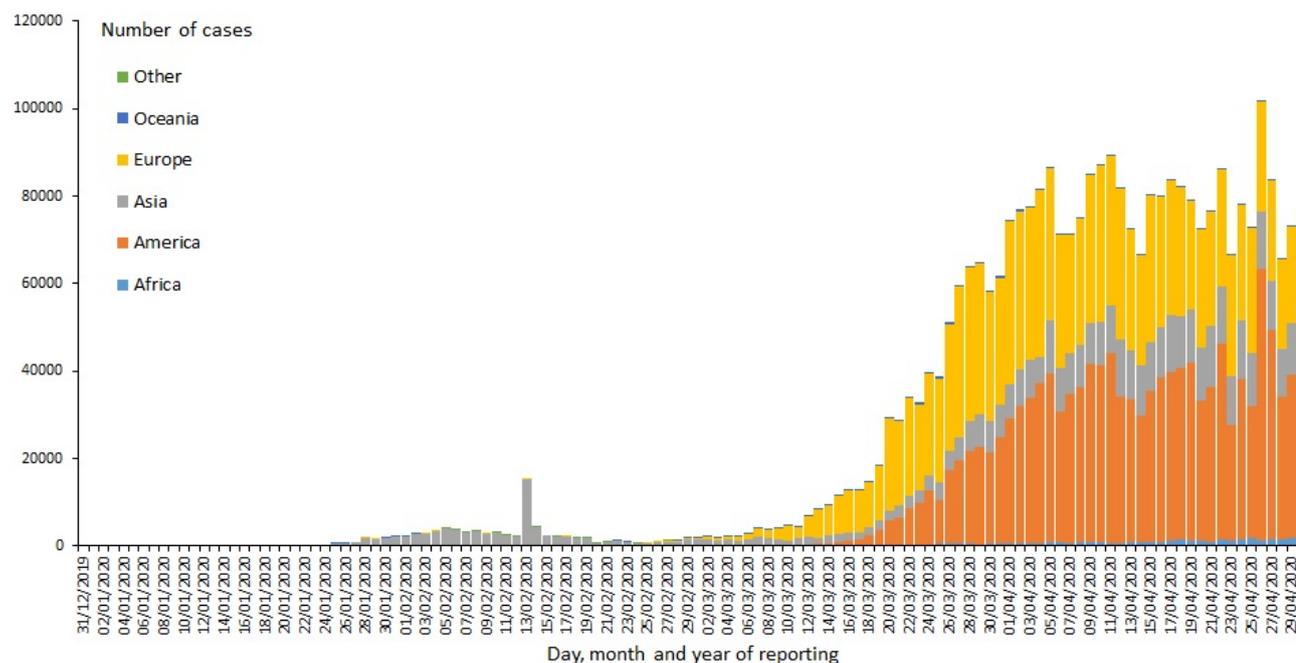
Information on the COVID-19 situation and a risk assessment can be found on the [ECDC website](#).

Actions

ECDC activities related to COVID-19 can be found on the ECDC [website](#).

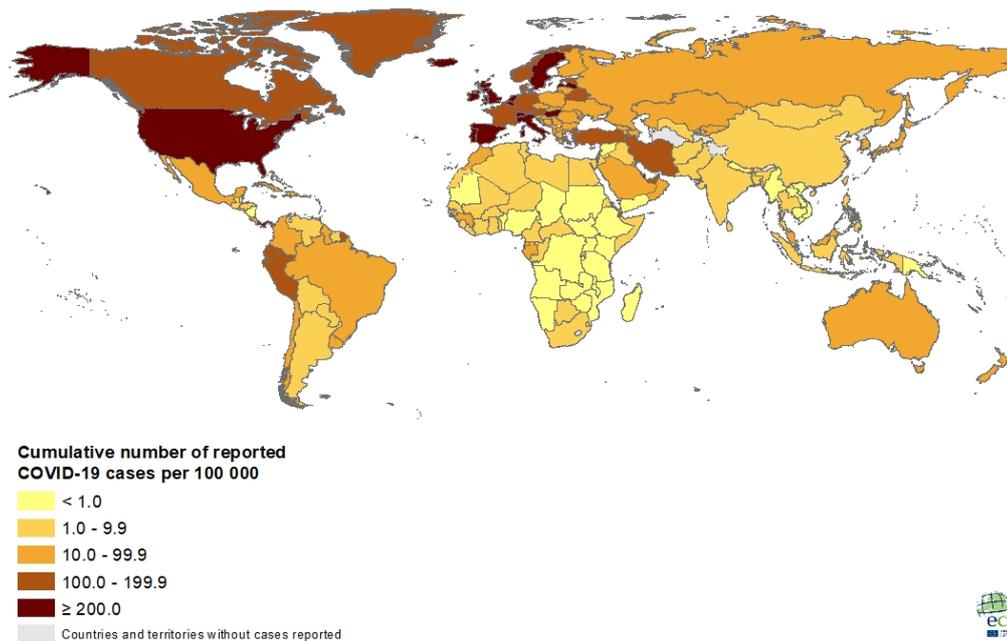
Distribution of COVID-19 cases in accordance with the applied case definitions in the affected countries, as of 30 April 2020

Source: ECDC



Geographic distribution of cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 30 April 2020

Source: ECDC



The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

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

Opening date: 1 August 2018

Latest update: 30 April 2020

Epidemiological summary

Since the beginning of the outbreak and as of 28 April 2020, there have been 3 462 cases (3 317 confirmed, 145 probable) in the Democratic Republic of the Congo (DRC), including 2 279 deaths, according to the Ministry of Health. The last confirmed cases were all reported in Beni. In total, 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 was reported on 29 August 2019 and died the following day in Kasese district, which borders North Kivu. However, so far there have been no reports of autochthonous transmission in Uganda.

Since the start of the vaccination campaign on 8 August 2018, 302 465 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 DRC PHEIC. This declaration followed the fourth meeting of the IHR Emergency Committee for Ebola virus disease in DRC 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](#)

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[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.

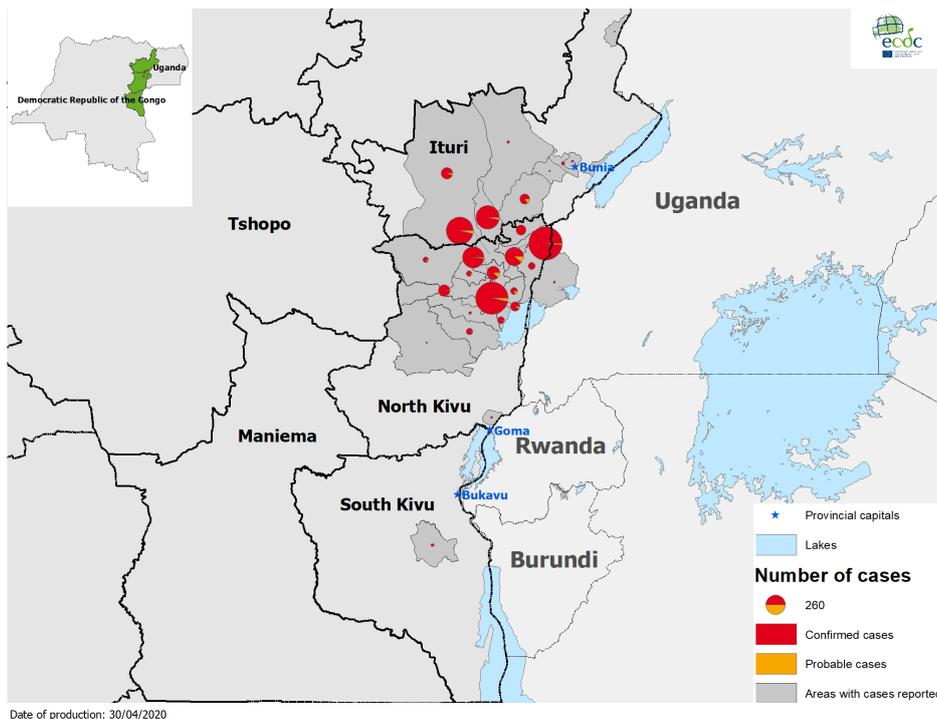
WHO assessment: As of 23 April 2020, the WHO risk [assessment](#) concludes that the national and regional risk levels remain high to moderate, while global risk levels remain low.

Actions

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

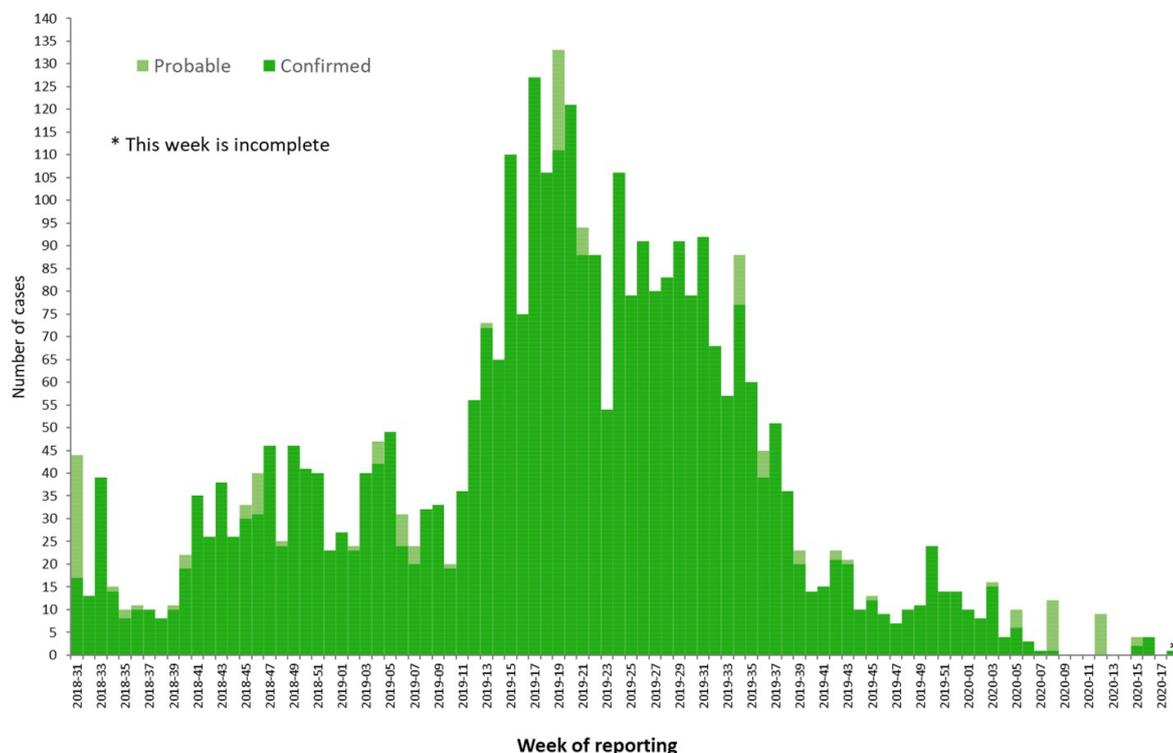
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 28 April 2020

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 28 April 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 28 April 2020

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths	Conf/Prob cases in past 7 days
Democratic Republic of the Congo	3317	145	3462	2279	
North-Kivu Province	2803	117	2920	1999	
Alimbongo	5	1	6	3	
Beni	728	9	737	478	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	3318	145	3463	2280	

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