COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 44, 27 October-2 November 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multi-country (World) - Monitoring season 2019

Opening date: 3 June 2019 Latest update: 31 October 2019

During the transmission season, expected to be from June–November 2019, ECDC monitors the occurrence of infections in EU/EEA and EU neighbouring countries and publishes weekly epidemiological updates to inform blood safety authorities of areas at NUTS 3 level (Nomenclature of Territorial Units for Statistics 3) or GAUL 1 (Global Administrative Unit Layers 1) where at least one locally-acquired human infection was reported that meets the EU case definition (Commission Implementing Decision (EU) 2018/945).

➔Update of the week

Between 25 and 30 October 2019, EU Member States reported a total of nine human cases: four in Italy, two in Romania, and one each in Germany, Hungary and Bulgaria. Two cases were reported from an EU neighbouring countries, Turkey. A human case was reported for the first time from an area in Germany. This week, one death was reported by Bulgaria.

In the same time period, seven outbreaks among equids were reported to the Animal Disease Notification System (ADNS): six were in Germany and one in Spain.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
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Autochthonous Zika cases – France – 2019

Opening date: 10 October 2019 Latest update: 31 October 2019

In October 2019, French authorities reported three cases of autochthonous Zika virus disease in Hyères city in Var department, southern France.

➔Update of the week

On 30 October, French authorities reported a third autochthonous case of Zika virus disease in Hyères city, Var department, France; the case had no travel history to Zika-endemic countries.

The case was identified through active case-finding activities and lives in close vicinity to the first two cases. These three cases had onset of symptoms in early/mid-August 2019, and all have recovered.

French health authorities have reinforced their epidemiological surveillance to identify other possible cases.

Entomological investigations were carried out in and around the affected neighbourhood, and vector control activities were implemented.

Healthcare providers such as general practitioners, mid-wives and gynaecologists/obstetricians working in Hyères city and neighbouring cities were alerted about the event, and instructions were provided for the management of pregnant patients that live in, or visited, the affected area between July and September 2019.

A communication campaign was launched to remind citizens about personal protective measures and the destruction of larval sites.

Non EU Threats

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019 Latest update: 31 October 2019

ECDC is monitoring the Rugby World Cup 2019 in Japan (20 September–2 November 2019) to detect threats to public health that could affect EU/EEA visitors. Twenty international teams, six of which are from four EU countries, are participating: the UK (3), France (1), Ireland (1) and Italy (1). The competitions are held in 12 stadiums across the country, hosting a total of approximately 400 000 international visitors.

➔Update of the week

According to news media (as of 30 October 2019), 11 people died and two are missing in Japan due to torrential rains on 25–26 October 2019, causing floods and landslides. The most affected areas are Chiba (10 deaths) and Fukushima (1 death).

Several cases of influenza, rubella and measles were reported. During weeks 37–42 and as of 23 October 2019, the following influenza viruses were detected: AH1pdm09 (90%), AH3 (5%) and B type (5%). According to Japan's National Institute of Infectious Diseases and as of 23 October 2019, ten new rubella cases and four new measles cases have been reported since the previous report.

No other major events of interest have been detected.

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

Opening date: 1 August 2018 Latest update: 31 October 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 29 October 2019. On 17 July 2019, the International Health Regulations (IHR) Emergency Committee convened, and the WHO Director-General later declared that the outbreak meets all 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 29 October 2019, the Ministry of Health of the Democratic Republic of the Congo (DRC) has reported 13 additional confirmed cases. During the same period, five deaths among confirmed cases were reported.

Over the last few weeks, a low number of cases has been reported, concentrated in a smaller geographical area. The current hotspots are Mandima and Mabalako. The majority of newly confirmed cases this past week continue to be reported from, or linked to, Biakato Mine Health Area in Mandima Health Zone; this includes four cases reported outside of Mandima in people who recently travelled to Biakato.

The Government of the Democratic Republic of the Congo, with its partners, is organising an operational review of the Strategic Response Plan for the Ebola Virus Disease outbreak (SRP4) in the Provinces of North and South Kivu from 29 to 31 October 2019 in Goma and Ituri. The purpose of the meeting is to review the level of implementation of activities to identify issues in the implementation of operational plans and to formulate new strategic directions and measures.

The International Organization for Migration (IOM) has suspended EVD screening at five points of entry sites. This was decided after three IOM aid workers were killed on Sunday in fighting between armed groups in South Sudan. Additionally, a female volunteer and the child of one of the murdered aid workers were abducted during the attack. Their whereabouts remain unknown.

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

Opening date: 24 September 2012 Latest update: 31 October 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 4 October 2019 and as of 30 September 2019, Saudi Arabia has reported an increase of 11 cases and four deaths.

So far, 11 of 13 regions in Saudi Arabia have reported 184 cases in 2019, two of which (Quassim and Riyad) have reported cases in the last seven days.

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II. Detailed reports

West Nile virus - Multi-country (World) - Monitoring season 2019

Opening date: 3 June 2019 Latest update: 31 October 2019

Epidemiological summary

EU Member States reported a total of nine human cases: four in Italy, two in Romania, and one each in Germany, Hungary and Bulgaria. Two cases were reported from EU neighbouring countries, both in Turkey. A human case was reported for the first time from one area in Germany. This week, one death was reported by Bulgaria.

In the same time period, seven outbreaks among equids were reported to the Animal Disease Notification System (ADNS): six were in Germany and one in Spain.

Since the beginning of the 2019 transmission season and as of 30 October 2019, EU Member States and EU neighbouring countries reported 452 human infections. EU Member States reported 399 cases: Greece (222), Romania (66), Italy (46), Hungary (36), Cyprus (16), Bulgaria (5), Austria (4), Germany (2), France (2), and Slovakia (1). EU neighbouring countries reported 52 human cases in Serbia (27), Israel (10), Turkey (9) and North Macedonia (6).

To date, 45 deaths due to West Nile virus infection have been reported by Greece (30), Romania (7), Italy (4), Cyprus (1), Bulgaria (1), North Macedonia (1) and Serbia (1).

During the current transmission season, 84 outbreaks among equids have been reported by Germany (29), Greece (21), France (11), Italy (8), Hungary (7), Austria (3), Spain (4) and Portugal (1). In addition, Germany reported 53 outbreaks among birds to ADNS.

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

ECDC assessment

During this transmission season, Germany and Slovakia reported their first autochthonous human West Nile virus infection. The occurrence of human autochthonous West Nile virus infections in Germany and Slovakia was not unexpected as WNV circulation among birds, equids and/or mosquitoes has been previously documented. All other human infections were reported in EU Member States with known persistent transmission of West Nile virus in previous years. Further human cases may be detected, but in the coming weeks, environmental conditions will become less suitable for transmission.
In accordance with European Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally acquired infections unless the results of an individual nucleic acid test are negative.

Actions

During the transmission season, ECDC publishes West Nile virus infection maps together with an epidemiological summary every Friday. More information about the seasonal surveillance of West Nile virus infections can be found on ECDC webpage.

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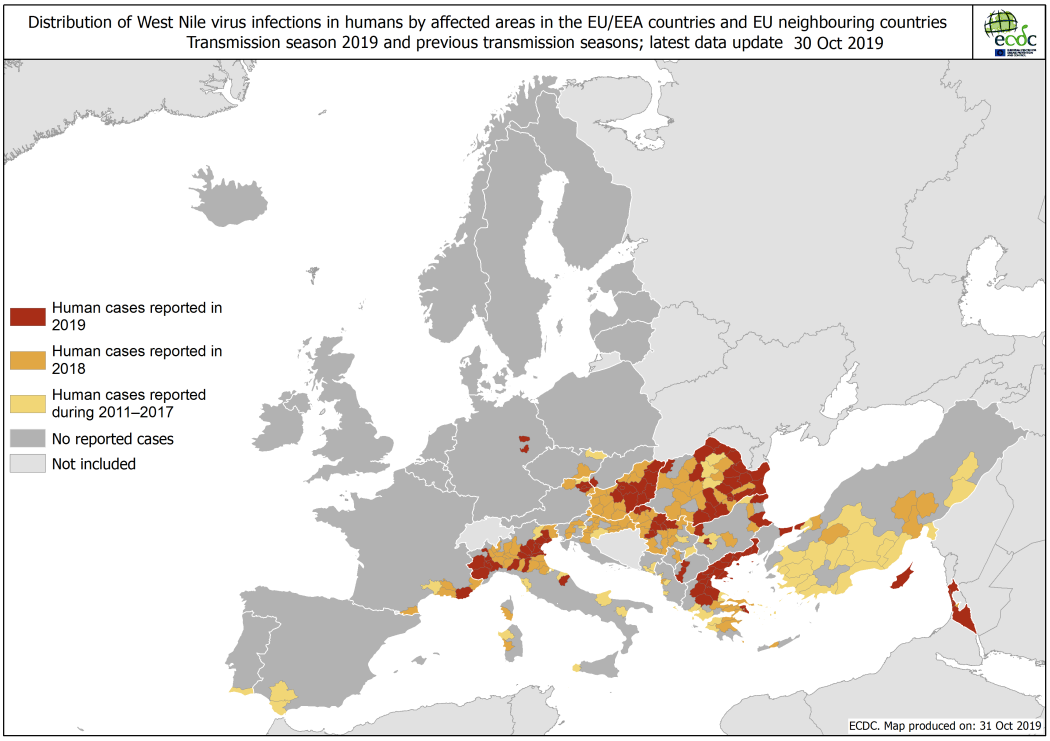
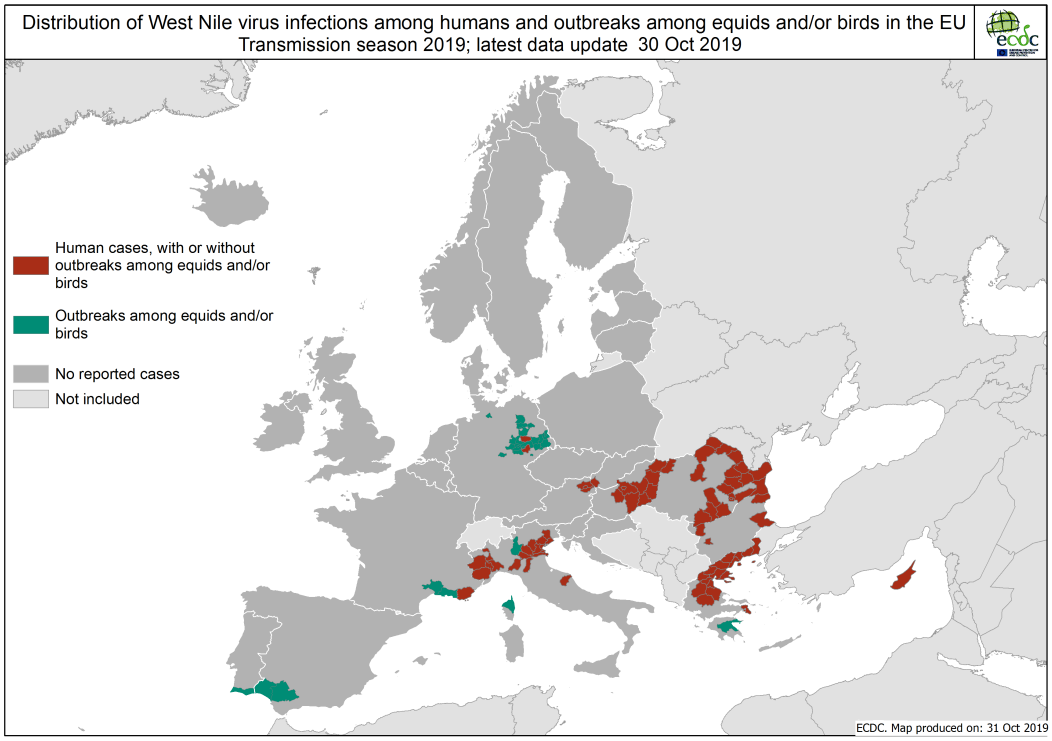
Distribution of human West Nile virus infections by affected areas as of 30 Oct

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 30 Oct

ECDC and ADNS



Autochthonous Zika cases – France – 2019

Opening date: 10 October 2019 Latest update: 31 October 2019

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Epidemiological summary

French authorities reported three autochthonous cases of Zika virus disease in Hyères city, Var department, France; that had no travel history to Zika-endemic countries. All cases had onset of symptoms in early/mid-August 2019.

Source: ARS PACA 1 | ARS PACA 2 | Santé publique France | ECDC/EFSA VectorNet maps

ECDC assessment

This new case reinforces the hypothesis of local vector-borne transmission of ZIKV in a neighbourhood of Hyères city in August 2019. As the cases had onset of symptoms only a few days apart, it is likely they belong to the same transmission cycle. To ECDC's knowledge, this event marks the first time that vector-borne transmission of ZIKV by *Aedes albopictus* in Europe.

As temperatures are progressively decreasing during autumn, the environmental conditions are currently not favourable for sustained transmission. To date, the overall conclusions of the rapid risk assessment issued by ECDC on 16 October 2019 (Zika virus disease in Var department, France) remain unchanged. The risk for the population, including pregnant women and their unborn children, is low. There is a very low likelihood that travellers to this area will become infected, introduce the virus, and initiate further local transmission in their EU/EEA country of residence.

Actions

ECDC will monitor this event through epidemic intelligence. ECDC produced a rapid risk assessment on 16 October 2019 and an epidemiological update on 31 October 2019.

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019 Latest update: 31 October 2019

Epidemiological summary

Eleven people died and two are missing in Japan due to torrential rains on 25–26 October 2019, causing **floods and landslides**, according to media reports on 30 October 2019. The most affected areas are Chiba (10 deaths) and Fukushima (1 death).

Typhoon Hagibis made landfall on 12 October 2019 on Izu Peninsula, south-west of Tokyo. As of 30 October 2019, the news media reported 88 deaths. Fukushima is the hardest hit prefecture (30 deaths), followed by Miyagi prefecture (19 deaths) and Kanagawa prefecture (14 deaths). Hagibis was one of the strongest typhoons in recent years and preceded by heavy rains in 38 of the 47 provinces, mainly in the central, eastern and north-eastern parts of the country. More than 133 000 households were left without water and 34 000 without power. In September 2019, typhoon Faxai made landfall in Tokyo.

On 16 October 2019, the news media reported two autochthonous cases of **dengue** in Tokyo, both with travel history to Nara and Kyoto in Japan. In 2014, an outbreak with 160 autochthonous cases of dengue (dengue virus serotype 1) was documented in Tokyo. No update has been available since then.

Updates for seasonal influenza, rubella and measles are provided below.

Japan reported an early start of the 2019–2020 **influenza** season, with an increased number of reported cases compared with the same period last year. In week 42, compared to the previous week, a decreased number of influenza cases has been reported in 29 prefectures; an increase was reported in 17 prefectures. During weeks 37–42 in 2019 and as of 23 October 2019, an analysis showed the presence of AH1pdm09 (90%), AH3 (5%) and B type viruses (5%).

According to Japan's National Institute of Infectious Diseases and as of 23 October 2019, 2 238 cases of **rubella** and three cases of congenital rubella syndrome have been reported in Japan this year. The cases were reported from all prefectures, except Aomori and Kochi; most of the cases were reported from Tokyo (837), Kanagawa (286), Chiba (195), Saitama (194), and Osaka (126). The national rubella report from May 2019 states that 95% of the cases reported in 2018 and 2019 are adults, mainly males. Japan implemented a vaccination campaign in December 2018, targeting men born between 1962 and 1979.

In 2019 and as of 23 October, Japan has reported 723 cases of **measles**. The cases were reported in 34 out of 47 prefectures, with the majority of cases reported in Osaka (147), Tokyo (119), and Kanagawa (92).

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Postal address: ECDC 169 73 Solna, Sweden
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On 3 October 2019, a measles alert was issued by health authorities of Kawasaki city and Tokyo metropolitan area to inform the general public of potential exposure to measles on public transport to/from rugby stadiums between 21 and 25 September 2019.

On 13 September 2019, ECDC initiated enhanced epidemic intelligence activities related to this mass gathering event.

Source: NIID | NIID measles report | Japan meteorological Agency | NIID Influenza report | NIID Measles alert | media 1 | media 2 | PLOS neglected tropical diseases | NIID rubella report | media 3

ECDC assessment

EU/EEA citizens participating in mass gathering events are typically most at risk of gastrointestinal illness and vaccine-preventable infections.

Rubella poses a particular risk to non-immune pregnant women due to the possibility of an infection resulting in congenital rubella syndrome. They should exercise particular caution and seek healthcare if they have compatible symptoms. All travellers to Japan should check that their routine vaccinations are all up to date.

The prevention of gastrointestinal illnesses is dependent on adequate sanitation, availability of safe drinking water (chlorinated or boiled), and good hand and food hygiene, i.e. regularly washing hands with soap, eating thoroughly cooked food, washing fruits and vegetables with safe drinking water. Travellers to Japan should apply standard hygiene measures in order to reduce the risk of gastrointestinal illness. More information is available on the ECDC website.

Actions

ECDC is monitoring this event through enhanced routine epidemic intelligence activities and reports on a weekly basis or when significant events are detected.

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

Opening date: 1 August 2018 Latest update: 31 October 2019

Epidemiological summary

Since the beginning of the outbreak a year ago and as of 29 October 2019, there have been 3 269 cases (3 152 confirmed, 117 probable) in the Democratic Republic of the Congo (DRC), including 2 182 deaths (2 065 confirmed, 117 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past 21 days, the majority of the cases were reported in Mandima and Mabalako.

As of 29 October 2019, 163 healthcare workers have been infected (41 died).

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) died on 30 August 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, the WHO Director-General declared the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth 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 as 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

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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 proportion 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.

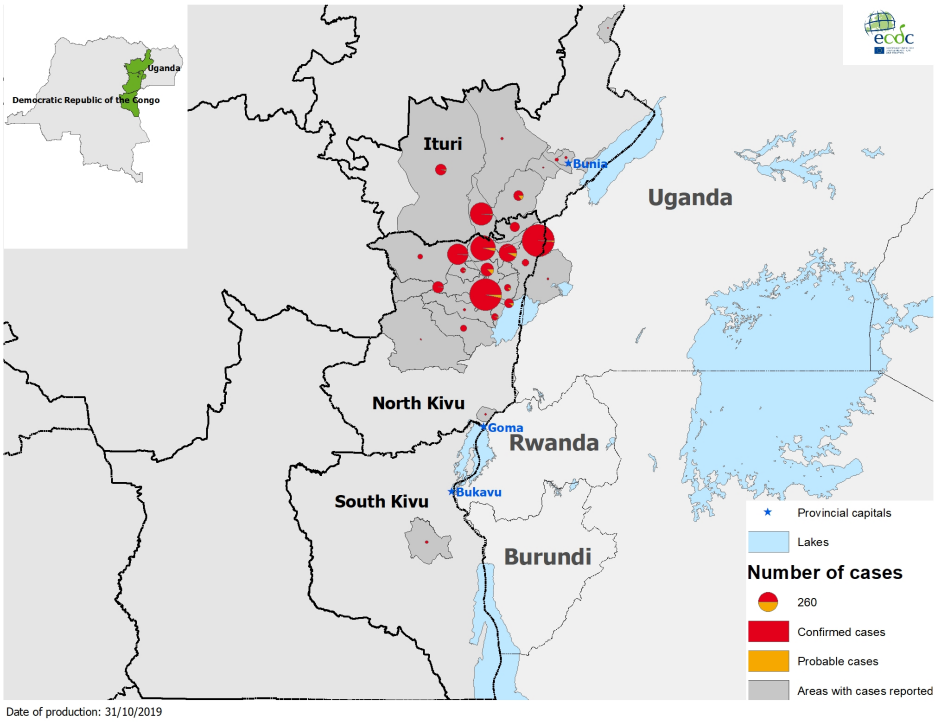
WHO assessment: As of 24 October 2019, the WHO assessment for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels. While the relatively lower case incidence observed is encouraging, it must be interpreted with caution as the situation remains highly contingent upon the level of access and security within affected communities. Concurrent with the decline in case incidence, there was a further shift in hotspots from urban settings to more rural, hard-to-reach communities, within a more concentrated geographical area. These areas bring additional challenges to the response. In such environments, the risk of resurgence remains very high, as does the risk of re-dispersion of the outbreak, due to cases travelling outside of hotspots to seek healthcare or for other reasons. These risks continue to be mitigated by the substantial response and preparedness activities in the DRC and neighbouring countries, with support from a consortium of international partners.

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 29 October 2019

Source: ECDC



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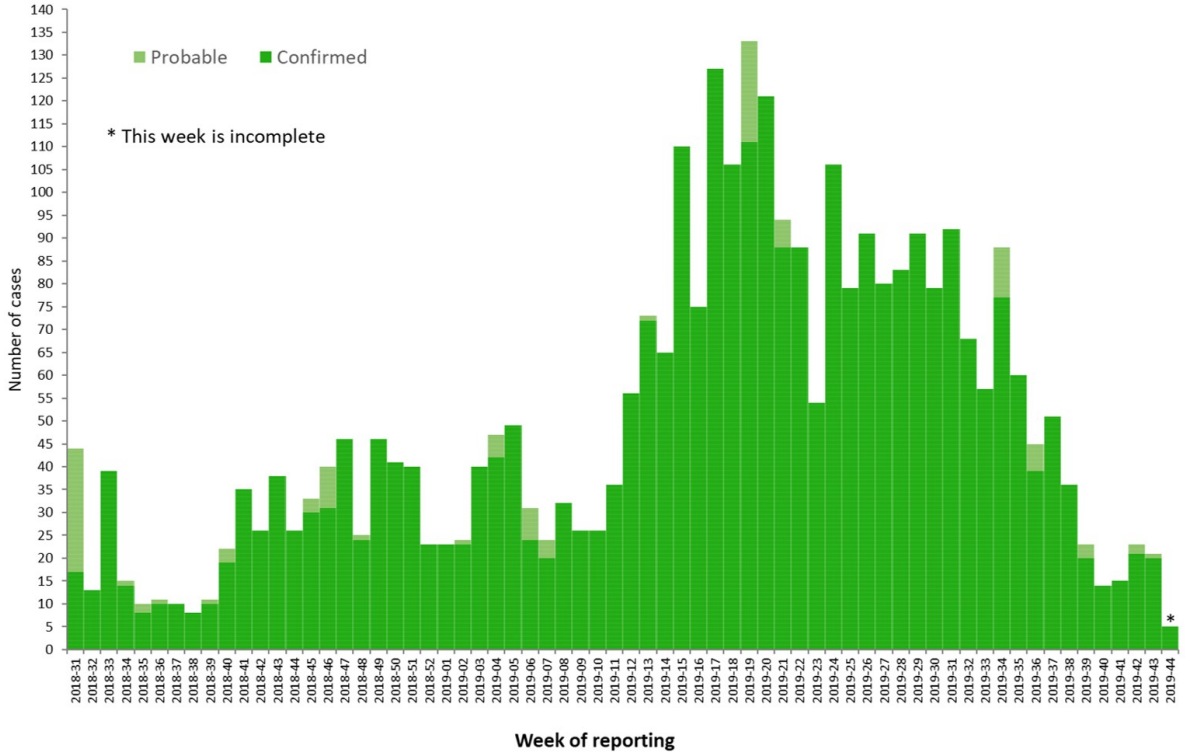
Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 29 October 2019

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 29 October 2019

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	**3152**	**117**	**3269**	**2182**	
North-Kivu Province	2654	99	2753	1919	
Alimbongo	5	0	5	2	
Beni	680	9	689	453	ACTIVE
Biena	18	2	20	14	
Butembo	284	3	287	353	
Goma	1	0	1	1	
Kalunguta	194	17	211	88	
Katwa	651	24	675	494	
Kayna	27	0	27	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	385	17	402	320	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	62	0	62	28	
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	492	18	510	260	
Ariwara	1	0	1	1	
Bunia	5	0	5	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	78	3	81	29	ACTIVE
Mandima	334	5	339	165	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	**3153**	**117**	**3270**	**2183**	

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

Opening date: 24 September 2012 Latest update: 31 October 2019

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
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Epidemiological summary

In 2019 and as of 30 October 2019, 197 MERS-CoV cases have been reported in Saudi Arabia (184) and Oman (13), including 54 deaths in Saudi Arabia (50) and Oman (4). In Saudi Arabia, 105 cases were primary (44 of whom reported contact with camels), 40 were healthcare-acquired, 31 were household contacts, and 8 were unspecified secondary cases. In 2019, 80% of the 184 cases in Saudi Arabia were reported in Riyadh (110), 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

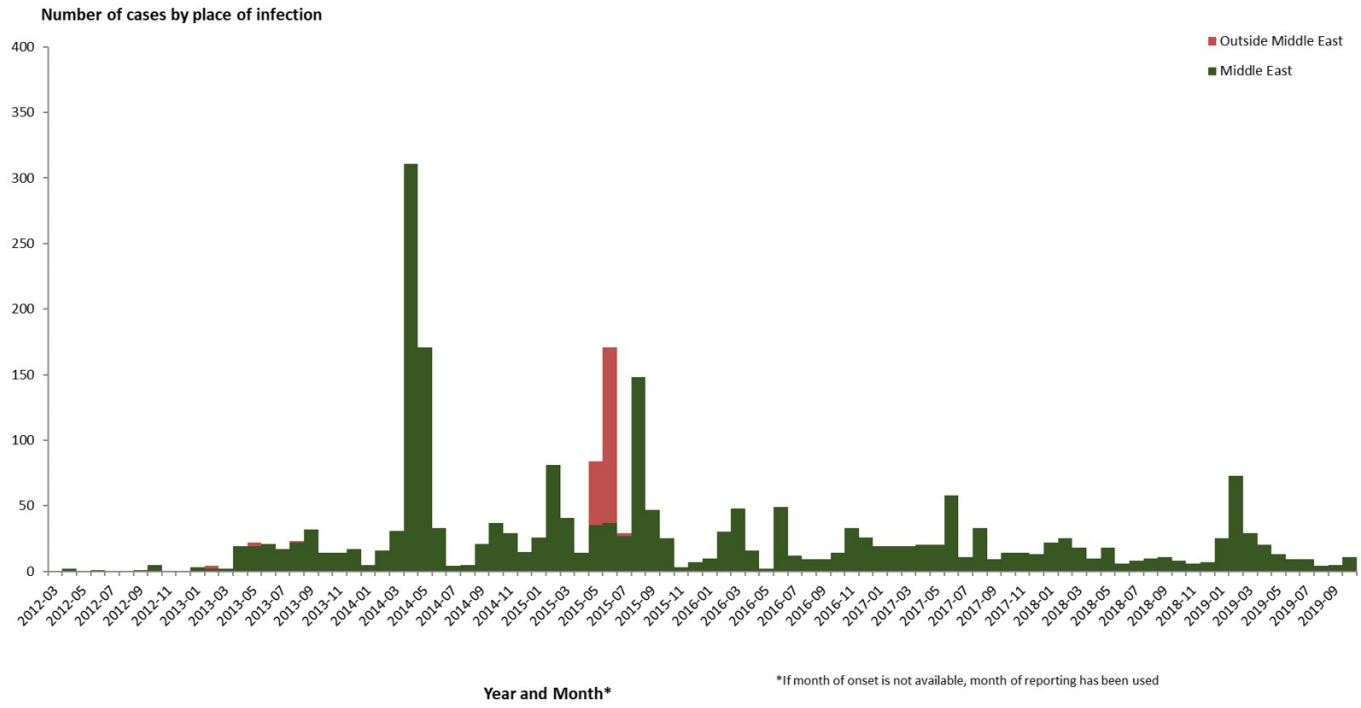
Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in an ECDC rapid risk assessment published on 29 August 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 30 October 2019

Source: ECDC



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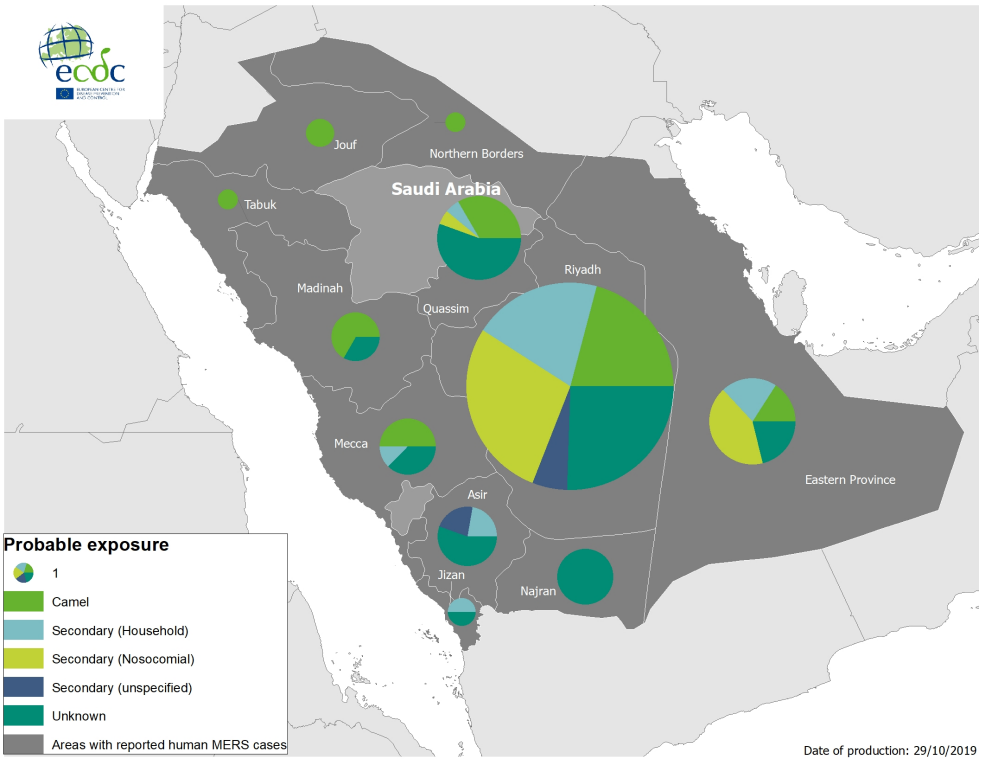
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure in 2019, Saudi Arabia, as of 30 October 2019

Source: ECDC



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