COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 43, 20-26 October 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Estimating the PrEP gap in the EU

Around half a million men who have sex with men in the European Union (EU) need HIV pre-exposure prophylaxis (PrEP) but cannot access it.

This estimate on the "PrEP gap" in Europe was published in a paper in *Eurosurveillance* and is based on findings from ECDC's annual HIV monitoring and the European Men-Who-Have-Sex-With-Men Internet Study (EMIS-2017).

To identify the level of unmet need for PrEP, the authors from the National AIDS Trust, the London School of Hygiene and Tropical Medicine, Public Health England and ECDC used data from EMIS-2017 to compare the proportion of men who have sex with men (MSM) who stated they were 'very likely' to use PrEP if it were accessible to them with the proportion of those who currently use PrEP from any available source.

The estimated 'PrEP gap' ranged from 44.8% in Russia to 4.3% in Portugal. An overall estimate of the PrEP gap for the EU was calculated as 17.4%, equating to 500 000 (95% CI: 420 000–610 000) MSM who would be very likely to use PrEP but are not currently able to access it.

As there is no equivalent data source to EMIS-2017 for other key populations in need of PrEP, the estimate could only be done for MSM. The authors recommend that national health authorities should focus on improving accessibility of PrEP to women and heterosexual men at high risk of HIV, as well as an expansion of PrEP availability more generally.

PrEP is the use of antiretroviral medicines to prevent HIV infection among people who are HIV-negative, and its efficacy is well-documented. ECDC has been advocating since 2015 that EU Members States should consider integrating PrEP into their existing HIV prevention package for those most at-risk of HIV infection, starting with men who have sex with men.

I. Executive summary

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EU Threats

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

Opening date: 3 June 2019 Latest update: 25 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 18 and 24 October 2019, EU Member States reported six human cases: Greece (2), Hungary (2) and Romania (2). No cases were reported from EU neighbouring countries. All human cases were reported from previously affected areas. This week, one death was reported by Romania.

In the same week, 11 cases in equids were reported to the Animal Disease Notification System (ADNS): Germany (5), France (4), Portugal (1) and Spain (1).

Autochthonous Zika cases – France – 2019

Opening date: 10 October 2019 Latest update: 25 October 2019

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

➔Update of the week

On 21 October, French authorities reported a second autochthonous case of Zika virus disease in Hyères city, Var department, France with no travel history to any Zika-endemic country.

The case was identified through door-to-door active case-finding and resides in the close vicinity of the first case. The patient reported symptoms compatible with Zika virus disease (i.e. fever, asthenia, retro-orbital pain and body rash) starting on 6 August 2019, a few days before the onset of symptoms (i.e. rash) of the first case. Both patients have now recovered.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 25 October 2019

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

➔Update of the week

Week 42, 2019 (14-20 October 2019)

Influenza activity remained low throughout the European Region. Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to medical care. Regarding the influenza types, both influenza A and B type viruses were detected in sentinel and non-sentinel source specimens. Data from the 20 countries or regions reporting to the EuroMOMO project indicated all-cause mortality to be at expected levels for this time of the year.

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Local transmission of dengue fever - France - 2019

Opening date: 13 September 2019 Latest update: 25 October 2019

In 2019, local health authorities in France have reported nine autochthonous cases of dengue in residents of the departments of Rhône and Alpes Maritimes, France.

➔Update of the week

According to regional health authorities, a second autochthonous dengue case was detected in Caluire-et-Cuire, a suburban area of Lyon, in the Rhône department. This case was identified after a door-to-door survey was conducted to identify additional cases following the confirmation of the first indigenous case.

According to regional health authorities, no further transmission is expected to occur in relation to the most recent autonomous cases. No additional vector control actions will be undertaken, and the alert has been lifted.

Non EU Threats

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 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 will be held in 12 stadiums across the country, hosting a total of approximately 400 000 international visitors.

➔Update of the week

Since typhoon Hagibis made landfall in Japan on 12 October 2019, the news media reports that, as of 24 October 2019, 85 people died and nine are missing in 12 prefectures.

Cases of influenza, rubella and measles have been also reported. During weeks 37-41 and as of 16 October 2019, the following influenza viruses were detected: AH1pdm09 (85%), AH3 (8%) and B type (7%). According to Japan's National Institute of Infectious Diseases and as of 16 October 2019, six new rubella cases (no new measles cases) have been reported since the previous report.

No other major events of interest have been detected.

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

Opening date: 1 August 2018 Latest update: 25 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 23 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

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Since the previous CDTR and as of 23 October 2019, the Ministry of Health of the Democratic Republic of the Congo (DRC) has reported 25 additional confirmed cases; three additional probable cases were reported. During the same period, 16 deaths among confirmed cases were reported. Among the new cases one was a healthcare worker.

Over the last few weeks, a low number of cases was reported which are concentrated in a smaller geographical area. The current hotspots are still Mandima and Mambasa, with the majority of the cases in the past week reported from, or having links to, Biakato Health Area in Mandima Health Zone. Five cases were exposed to the disease in this area, but detected outside of the area, bringing some operational challenges to response activities. There are continuing issues with access and security in parts of Mandima Health Zone, but the response activities improved in the last week. This is reflected in an increase in the proportion of confirmed cases listed as contacts and in the proportion of confirmed cases with a known epidemiological link to a case, compared to last week. In the Katwa Health Zone, which was a previous hotspot, there have been no new cases reported for more than 21 days.

Three new probable cases were reported in the past week. One was reported in Mambasa (died on 6 October), another was reported in Kalunguta but lived in Biakato Mines Area in Mandima (died on 3 October), and the last one was reported in Biakato Mines Area in Mandima (died on 11 October).

On 18 October 2019, the fifth International Health Regulations (2005) Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo was convened by the WHO Director-General in order to review the current outbreak. It was the view of the Committee that this event still constitutes a public health emergency of international concern (PHEIC) under the IHR (2005). The revised Temporary Recommendations under the IHR can be found in an official statement.

On 18 October 2019, the European Medicines Agency (EMA) published a press release in which they state that the EMA's human medicines committee (CHMP) has recommended granting a conditional marketing authorisation in the European Union for the live attenuated vaccine Ervebo, produced by Merck Sharp & Dohme B.V.

On 18 October 2019, WHO reported on the installation of a real-time polymerase chain reaction (PCR) machine in South Sudan to strengthen diagnostic capacities for Ebola, influenza and other infectious diseases.

On 21 October 2019, a ten country ministerial meeting between the DRC and its nine neighbouring countries was held in Goma, DRC, to agree on a framework for cross-border collaboration on response to Ebola virus disease. Several activities will be organised in connection with this ministerial meeting, including the development of an action plan for coordination and collaboration and a web-based technical platform to share alerts and data on target diseases.

So far, there has been no new confirmed information regarding the death due to an unknown illness in Tanzania.

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

Opening date: 20 April 2006 Latest update: 25 October 2019

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

➔Update of the week

Since the last update on 27 September 2019, several new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are: Yemen with 73 437 cases and 91 deaths and DR Congo with 2 572 cases and 49 deaths.

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II. Detailed reports

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

Opening date: 3 June 2019 Latest update: 25 October 2019

Epidemiological summary

Between 18 and 24 October 2019, among EU Member States, six human cases were reported: Greece (2), Hungary (2) and Romania (2). One death was reported by Romania. No cases were reported from EU neighbouring countries. All human cases were reported from previously affected areas.

In the same week, 11 cases in equids were reported to the Animal Disease Notification System (ADNS): Germany (5), France (4), Portugal (1) and Spain (1).

Since the beginning of the 2019 transmission season and as of 24 October 2019, EU Member States and EU neighbouring countries have reported 441 human infections. EU Member States reported a total of 391 cases: Greece (222), Romania (64), Italy (42), Hungary (35), Cyprus (16), Austria (4), Bulgaria (4), France (2), Germany (1) and Slovakia (1). EU neighbouring countries reported 50 human cases: Serbia (27), Israel (10) Turkey (7) and North Macedonia (6).

To date, 44 deaths due to West Nile virus infection have been reported: Greece (30), Romania (7), Italy (4), Cyprus (1), North Macedonia (1) and Serbia (1).

During the current transmission season, 77 outbreaks among equids have been reported: Germany (23), Greece (21), France (11), Italy (8), Hungary (7), Austria (3), Spain (3) 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 either 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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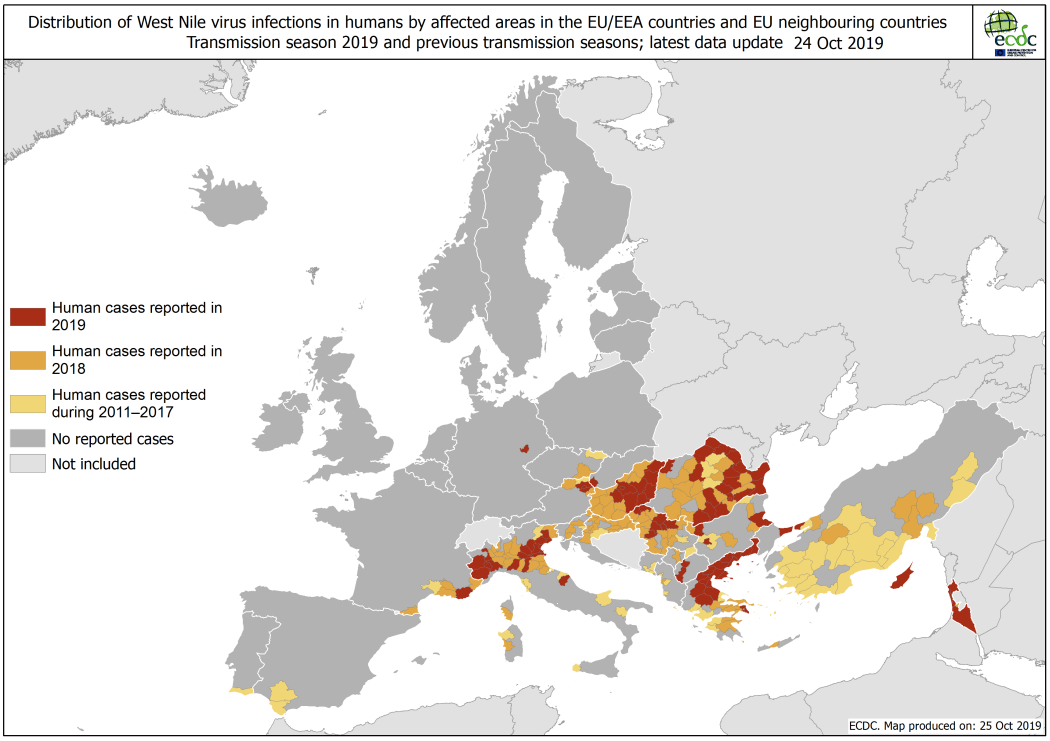
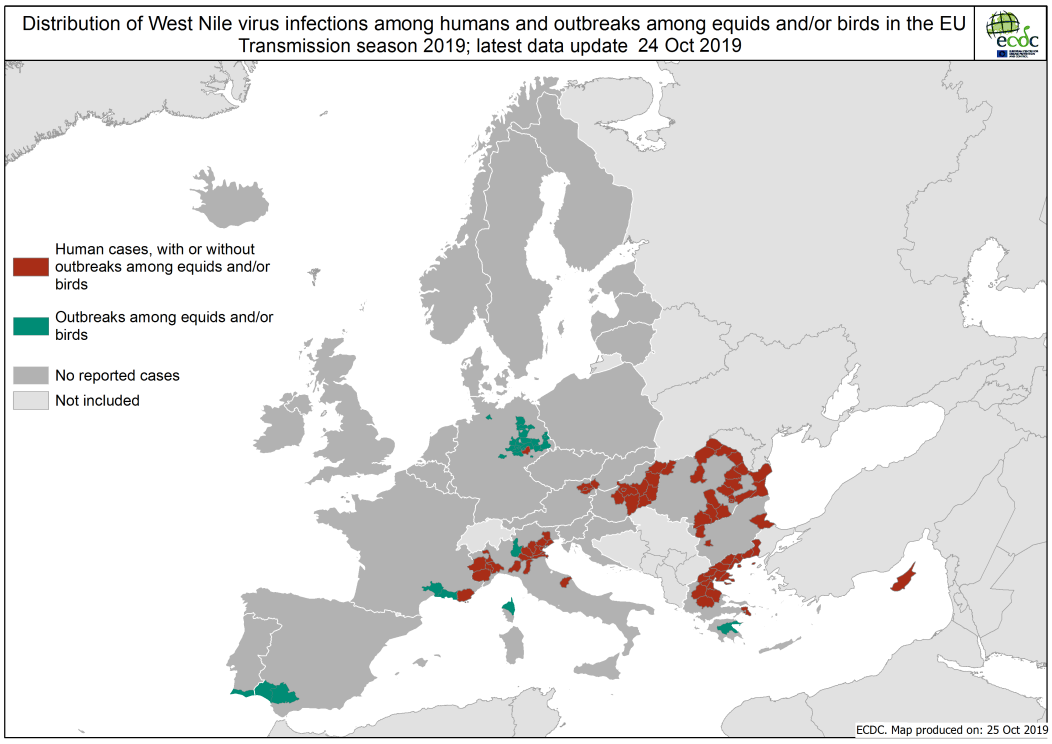
Distribution of human West Nile virus infections by affected areas as of 24 October 2019.

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 24 October 2019.

ECDC and ADNS



Autochthonous Zika cases – France – 2019

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Opening date: 10 October 2019 Latest update: 25 October 2019

Epidemiological summary

According to the French authorities, two autochthonous Zika virus disease cases were confirmed in Hyères city, Var department, France. These are the first autochthonous Zika virus disease cases reported in metropolitan France this year.

Aedes aegypti, the main vector for Zika virus, is not established in France (see ECDC/EFSA VectorNet maps). However, *Aedes albopictus*, a competent vector of Zika virus, is widely established in southern Europe, including in the Var department, France.

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

ECDC assessment

This new case reinforces the hypothesis of vector-borne transmission of Zika virus in this neighbourhood of Hyères city in August 2019. As the two cases had onset of symptom a few days apart, it appears likely that they belong to the same transmission cycle. This is the first documented vector-borne transmission of Zika virus by *Aedes albopictus* in Europe. French health authorities are conducting investigations to identify other possible cases and avoid further transmission.

The predominant mode of transmission for Zika virus is through the bites of infected mosquitoes but the virus can also be transmitted by sexual contact, blood or blood components and possibly other substances of human origin. Zika virus infection during pregnancy is associated with intrauterine central nervous system infection, congenital malformations and foetal death. Hence, pregnant women are the main risk group and the primary target for preventive measures.

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 'Zika virus disease in Var department, France' remain unchanged. The risk posed to 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 has produced a rapid risk assessment on 16 October 2019 and an epidemiological update on 23 October 2019.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 25 October 2019

Epidemiological summary

2019-2020 season overview

As is usual for this time of year, influenza activity is low in the European Region. The full report of the Vaccine Composition Meeting for the southern hemisphere 2020 season can be found here.

Sources: EuroMOMO | Flu News Europe |

ECDC assessment

Influenza activity is low throughout the WHO European Region, which is expected for this time of year. All-cause mortality data show mortality levels within expected ranges for participating countries.

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 suboptimal 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

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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.

Local transmission of dengue fever - France - 2019

Opening date: 13 September 2019 Latest update: 25 October 2019

Epidemiological summary

The regional public health agency of Auvergne-Rhône-Alpes reported a locally acquired dengue case in a resident of Caluire-et-Cuire, Rhône department. The case had onset of symptoms on 14 July 2019 and did not report any recent travel outside of mainland France. Subsequent door-to-door active case finding activities identified one additional case in the direct vicinity.

On 20 September 2019, the regional public health agency of Provence-Alpes-Côte d'Azur region reported a locally acquired confirmed case of dengue in a resident of the city of Vallauris in the department of Alpes-Maritimes. The case had onset of symptoms on 30 August and did not report any recent travel history outside of mainland France. Subsequent door-to-door active case finding activities identified six additional cases in the direct vicinity.

According to the latest ECDC/EFSA map of *Aedes albopictus* distribution, as of August 2019, the competent vector for dengue (*Ae. albopictus*) is established in the departments of Alpes-Maritimes and Rhône.

Sources: French regional health authorities in Auvergne-Rhône-Alpes | Sante Publique France | ECDC/EFSA map of *Aedes albopictus* distribution

ECDC assessment

As observed in previous years, the occurrence of autochthonous transmission of dengue in the southern part of France in late summer months is expected as *Ae. albopictus* is established and the environmental conditions at that time of year are suitable for vector activity.

The probability of further local sustained transmission remains very low given that the environmental conditions will progressively become less suitable for transmission over the autumn season.

To date, and based on ECDC's epidemiological assessment, the risk that visitors to the affected areas become infected and subsequently introduce the virus and initiate further local transmission in their country of residence cannot be excluded but remains very low.

As a precautionary measure, personal protective measures against mosquito bites should be applied.

Actions

ECDC will monitor this event through epidemic intelligence activities. ECDC monitors the dengue situation and reports monthly. ECDC published a RRA regarding autochthonous cases of dengue in Spain and France on 1 October 2019, which conclusions remain valid.

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019

Epidemiological summary

Typhoon Hagibis made landfall on 12 October 2019 on Izu Peninsula, south-west of Tokyo. As of 24 October 2019, news media reported 85 deaths. Fukushima is the worst affected prefecture, reporting 30 deaths, followed by Miyagi prefecture with 19 deaths and Kanagawa prefecture with 14 deaths. Hagibis was one of the strongest typhoons in recent years and preceded by heavy rains in 36 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.

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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.

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. During weeks 37-41 in 2019 and as of 16 October 2019, an analysis showed AH1pdm09 (85%), AH3 (8%) and B type viruses (7%).

According to Japan's National Institute of Infectious Diseases and as of 16 October 2019, 2 228 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, and most of the cases were reported from Tokyo (834), Kanagawa (284), Chiba (195), Saitama (193), 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 16 October, Japan has reported 719 cases of **measles**. The cases were reported in 34 out of 47 prefectures, with the majority reported in Osaka (147), Tokyo (118), and Kanagawa (91).

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 |

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 they are up to date with routine vaccinations.

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: 25 October 2019

Epidemiological summary

Since the beginning of the outbreak a year ago and as of 23 October 2019, there have been 3 256 cases (3 139 confirmed, 117 probable) in the Democratic Republic of the Congo (DRC), including 2 177 deaths (2 060 confirmed, 117 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past 21 days, more than half of the cases were reported from, or had links to, the Biakato Mine Area in Mandima Health Zone.

As of 23 October 2019, 163 healthcare workers have been infected (41 died).

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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.

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 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.

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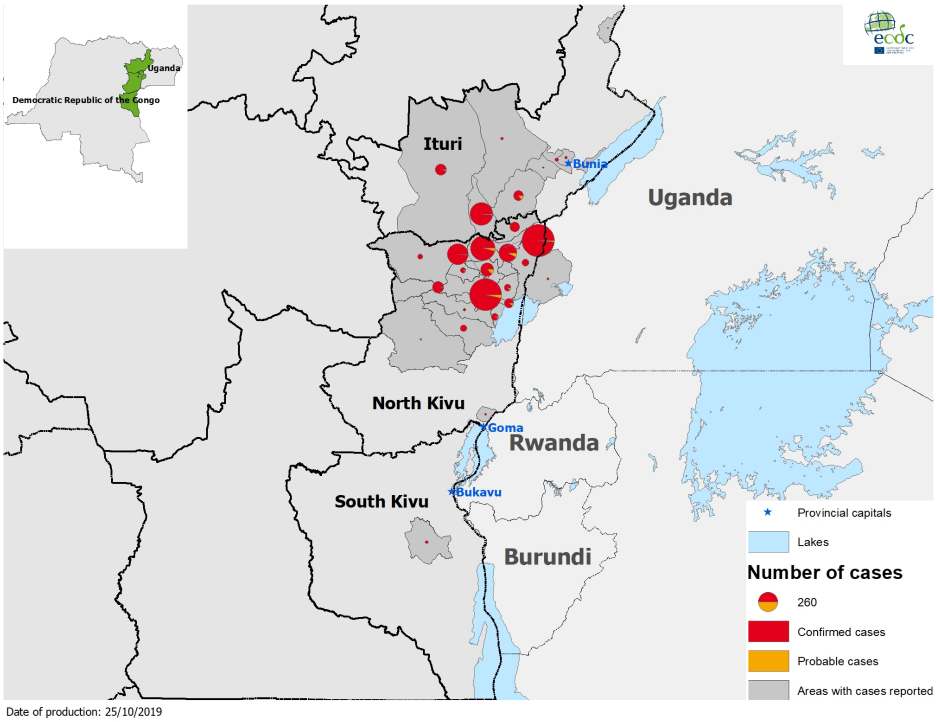
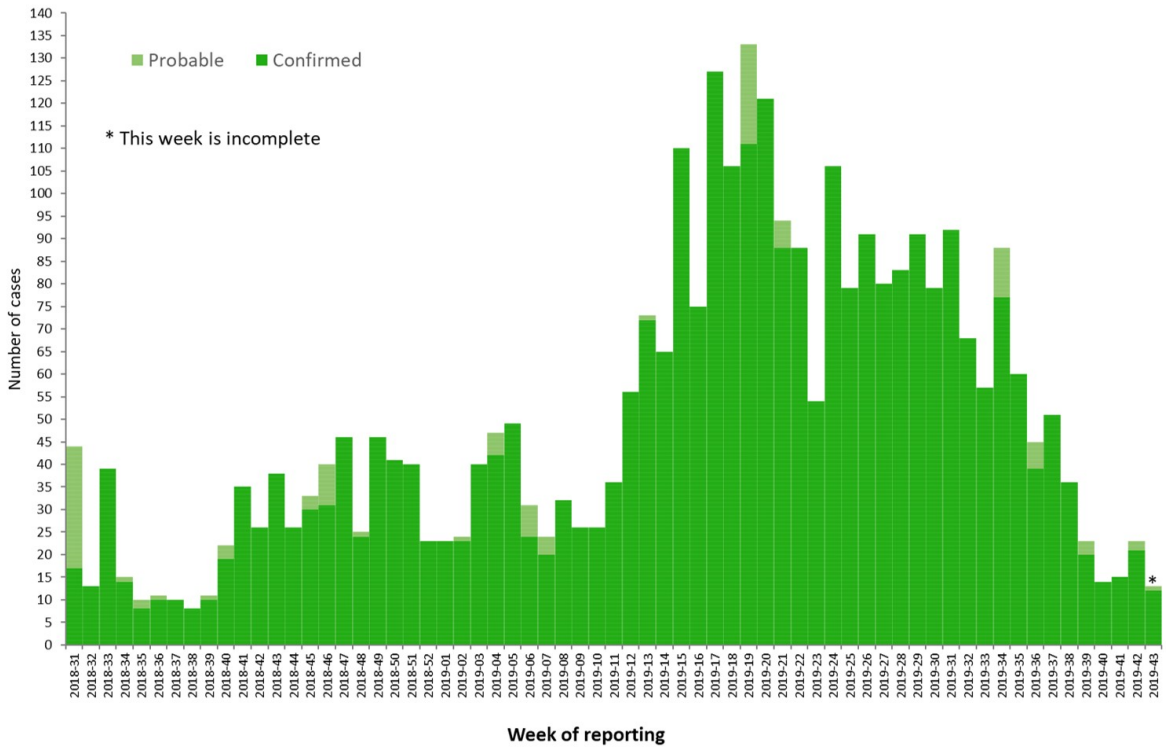
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 23 October 2019

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 23 October 2019

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 23 October 2019

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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	**3139**	**117**	**3256**	**2177**	
North-Kivu Province	2646	99	2745	1915	
Alimbongo	5	0	5	2	
Beni	679	9	688	453	ACTIVE
Biena	18	2	20	14	
Butembo	284	3	287	353	ACTIVE
Goma	1	0	1	1	
Kalunguta	194	17	211	88	ACTIVE
Katwa	651	24	675	494	
Kayna	27	0	27	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	378	17	395	316	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	487	18	505	259	
Ariwara	1	0	1	1	
Bunia	5	0	5	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	77	3	80	29	ACTIVE
Mandima	330	5	335	164	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	**3140**	**117**	**3257**	**2178**	

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

Opening date: 20 April 2006 Latest update: 25 October 2019

Epidemiological summary

Americas

Dominican Republic: There are no new cholera cases reported in the Dominican Republic since the last CDTR update on 27 September. So far in 2019 and as of 28 September, the Dominican Republic reported 12 cholera cases with no associated deaths. During the same period in 2018, the Dominican Republic reported 114 cholera cases and one associated death.

Haiti: In 2019 and as of 5 October, Haiti reported 636 cases including three deaths (case fatality ratio (CFR): 0.5%). Since the previous CDTR update, there have been 94 new cases and zero deaths. In 2018, Haiti reported 3 777 cholera cases, including 41 deaths (CFR: 1.1%). Since the beginning of the outbreak in 2010 and as of 5 October 2019, Haiti has reported 820 413 suspected cholera cases including 9 792 deaths (CFR: 1.2%).

Africa

Benin: In July 2019, a cholera outbreak was reported in Benin. From 3 July to 26 September, 45 suspected cases with no associated deaths have been reported in the Atlantique and Littoral Departments. Of these cases, 19 have been confirmed for *Vibrio Cholerae* O1. This represents an increase of one case since the previous CDTR update.

DR Congo: In 2019 and as of 22 September, DR Congo reported 20 773 suspected cholera cases, including 374 deaths (CFR: 1.8%). Since the previous CDTR update, 2 572 new cases and 49 deaths have been reported. In all 2018, 31 387 cases including 1 042 deaths were notified across the country.

Ethiopia: As of 13 October 2019 and since the beginning of the outbreak in May 2019, 1 708 cases including 11 associated deaths (CFR: 0.9%) have been reported from eight regions in Ethiopia. A total of 54 cases have been laboratory confirmed. These numbers represent an increase of 422 cases (but zero deaths) since the previous CDTR update. The rate of reported suspected cases has declined over the last two weeks.

Kenya: In 2019 and as of 13 October, 4 476 suspected and 210 confirmed cases, including 37 associated deaths (CFR: 0.7%), have been reported. The outbreak continues in Garissa, Kajiado, Kisumu, Mandera, Makueni, Nairobi and Wajir counties. All in all, an increase of 42 cases and nine deaths since the previous CDTR update was reported.

Nigeria: Since the beginning of this outbreak in June 2019, and as of 11 October, Nigeria has been reporting 787 cholera cases,

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including four associated deaths (CFR: 0.5%). Among these cases, 189 were laboratory confirmed by culture. Cases have been reported in four regions: Girei, Song, Yola North and Yola South. This represents an increase of 30 cases since the previous CDTR update.

Somalia: As of 13 October 2019, WHO reported 8 832 suspected cholera cases including 46 associated deaths (CFR: 0.5%) since December 2017. This represent an increase of 339 cases (zero deaths) since the previous update for Somalia in the CDTR.

Sudan: According to a WHO Disease Outbreak News (DON) notification, between 28 August to 12 October 2019, 278 cholera cases including eight associated deaths (CFR: 2.9%) have been reported in Sudan. The regions affected are the Blue Nile state (176) and Sennar state (102). Among these cases, 28 tested positive for Vibrio cholerae O1 Ogawa. This represent an increase of 120 cases and zero deaths since the previous CDTR update.

Asia

India: According to the Indian National Centre for Disease Control, 11 cholera cases were reported in Gujarat state in August 2019. Among these cases, three were laboratory confirmed. Additionally, media sources quoting health authorities reports 18 cholera cases in Semarkheda, in October 2019.

Yemen: Since the beginning of the outbreak and as of 19 October 2019, Yemen reported 2 135 699 suspected cholera cases and 3 719 deaths (CFR: 0.2%). Since the last CDTR update, there have been 73 437 new cases and 91 deaths.

Disclaimer: Data presented in this report originate from several sources, both official public health authorities and non-official, such as media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.

ECDC assessment

Cholera cases continue to be reported in East Africa, the Gulf of Aden and the Horn of Africa. Furthermore, cholera outbreaks have been notified in sub-Saharan Africa. Despite the number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. In this context, the risk of cholera infection in travellers visiting these countries remains low even though sporadic importation of cases in the EU/EEA is possible. In 2017, 17 cases were reported in the EU/EEA Member States, while 23 cases were reported in 2016 and 24 in 2015. All cases had a travel history to cholera-affected areas.

According to WHO, vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food and avoiding the consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through epidemic intelligence activities in order to identify significant changes in epidemiology and inform public health authorities. Reports are published on a monthly basis.

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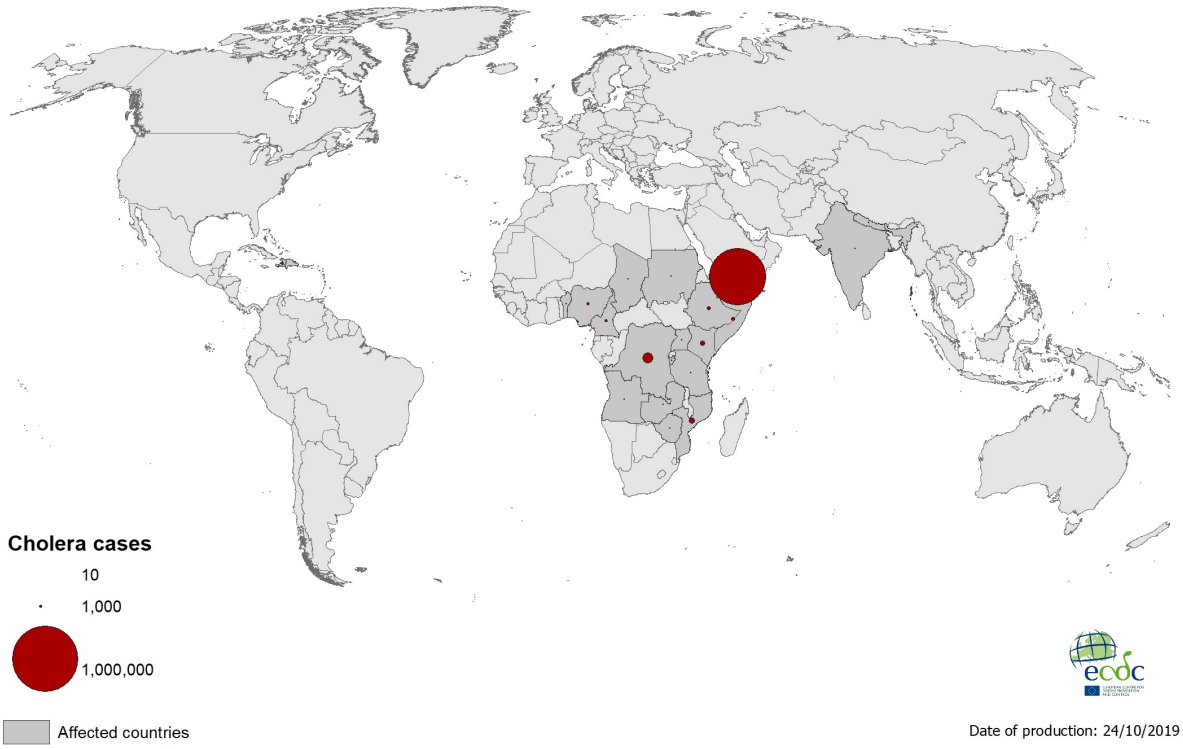
Geographical distribution of cholera cases reported worldwide in 2019

Source: ECDC



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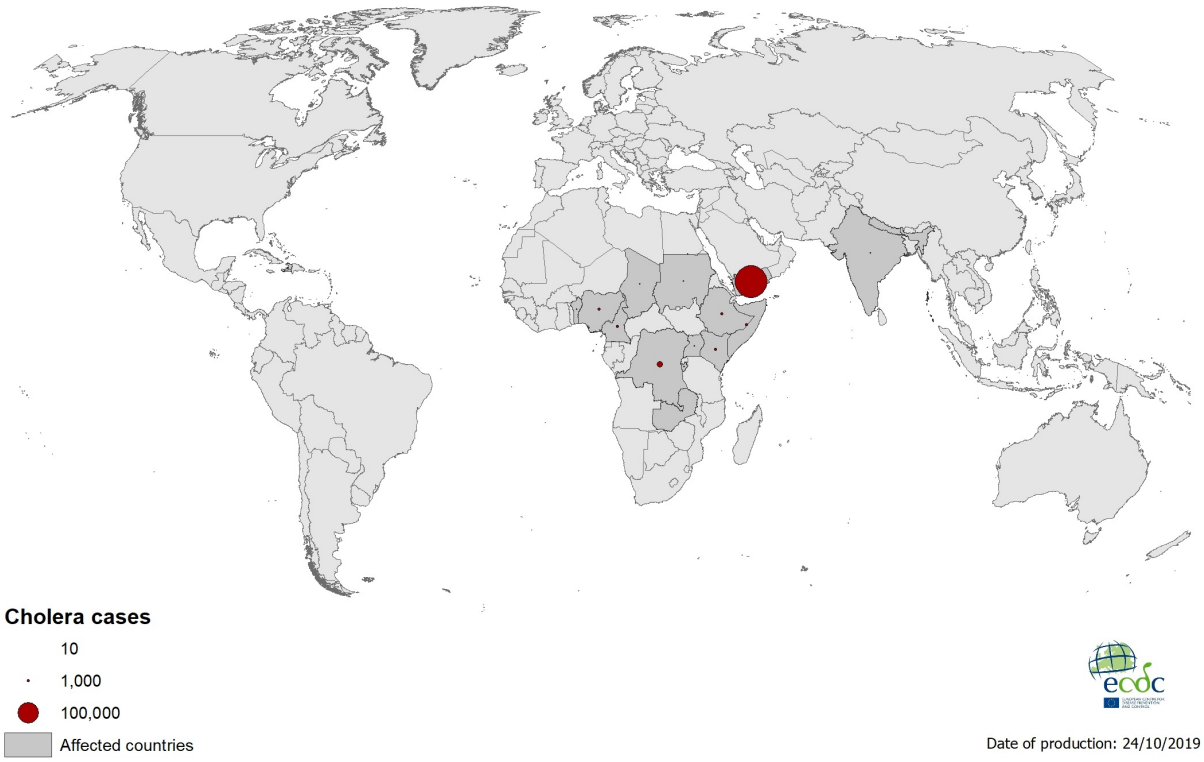
Geographical distribution of new cholera cases reported worldwide between August to October 2019

Source: ECDC



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