



### COMMUNICABLE DISEASE THREATS REPORT

CDTR Week 26, 21-27 June 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

#### **NEWS**

#### Start of the season for monitoring environmental suitability of Vibrio growth in the Baltic Sea, summer 2020

ECDC epidemic intelligence team has started to monitor the environmental suitability of *Vibrio* growth in the Baltic Sea for the summer season 2020. Weekly reports will be published in the CDTR. National focal points are kindly asked to report *Vibrio* cases resulting from water exposure in the Baltic sea to ECDC.

To undertake the monitoring ECDC will use the <u>Vibrio viewer</u> on the E3 Geoportal. This is a near real-time model that uses daily, updated remote sensing data to examine the global environmental suitability of conditions such as sea surface temperature and salinity for Vibrio spp. Please note that this model has been calibrated to the Baltic region in northern Europe and might not apply to other worldwide settings prior to validation.

On rare occasions infections caused by *Vibrio* species other than *V. cholerae* can be serious, particularly for immunocompromised persons who may experience complications as a result of wound infections. However, the overall occurrence of infection is low.

# I. Executive summary

## **EU Threats**

## West Nile virus - Multi-country (World) - Monitoring season 2020

Opening date: 20 May 2020 Latest update: 26 June 2020

During the West Nile virus transmission season, which usually runs from June–November 2020, ECDC monitors the occurrence of infections in the EU/EEA and EU neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Information is available at the NUTS 3 level (nomenclature of territorial units for statistics 3) or in GAUL 1 (global administrative unit layers 1) for areas where at least one locally acquired human infection has been reported.

→Update of the week

Between 18 and 25 June 2020, no cases were reported from EU Member States or EU neighbouring countries. This week, no deaths have been reported.

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

Opening date: 7 January 2020 Latest update: 26 June 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 19 June 2020 and as of 26 June 2020, 1 263 433 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 40 447 new deaths.

Globally, the number of cases has increased from 8 318 370 cases to 9 581 803, and the number of deaths has risen from 448 735 to 489 182.

In the EU/EEA and the UK, 42 974 cases have been reported during the same period, bringing the total from 1 492 177 cases to 1 535 151, including 3 399 deaths, with the total number of fatalities increasing from 172 621 to 176 020.

More details are available here.

### Non EU Threats

# **New!** Monitoring environmental suitability of Vibrio growth in the Baltic Sea - Summer 2020

Opening date: 23 June 2020 Latest update: 26 June 2020

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species. These conditions occur during the summer months in estuaries and enclosed water bodies with moderate salinity.

ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea (<u>ECDC Vibrio Map Viewer</u>). Please note that this model has been calibrated to the Baltic Region in Northern Europe and might not apply to other worldwide settings prior to validation.

# **Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020**

Opening date: 4 June 2020 Latest update: 26 June 2020

On 1 June 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) <u>declared</u> the eleventh outbreak of Ebola virus disease in the country. The oubreak is located in Equateur Province in the northwest of the country, close to the border with Congo.

→Update of the week

Since the last update and as of 21 June 2020, seven additional confirmed cases and two additional deaths have been reported from Equateur Province in the DRC.

On 19 June 2020, the first Ebola survivor of this outbreak was discharged after 19 days of treatment at Wangata hospital.

On 25 June 2020, the 10th Ebola outbreak in the DRC, which had occurred in the eastern part of the country, was <u>declared</u> over.

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

Opening date: 20 April 2006 Latest update: 26 June 2020

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

#### →Undate of the week

Since the last update on 28 February 2020, new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are: Yemen, DR Congo, Ethiopia, Mozambique and Somalia.

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

Opening date: 1 August 2018 Latest update: 26 June 2020

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo (DRC) 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, where several imported cases from the DRC outbreak were detected in 2019.

On 17 July 2019, following the fourth <u>International Health Regulations (IHR) Emergency Committee</u>, WHO's Director-General 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.

On 25 June 2020, the end of the 10th outbreak of Ebola virus disease in the DRC was declared.

#### →Update of the week

As of 25 June 2020, WHO has reported no additional confirmed cases. However, between 15 and 21 June 2020, seven historical probable cases were reported in North-Kivu and Ituri provinces with dates of onset of symptoms between March 2019 and November 2019. These probable cases were reported from: Kalunguta (3), Manguredijipa (2) and Mabalako (1) in North-Kivu province, and Mambasa (1) in Ituri province.

On 25 June 2020, Eteni Longondo, the Minister of Health of the DRC, declared the end of the 10th outbreak of Ebola virus disease in the DRC. WHO also acknowledged the end of this second largest Ebola outbreak in the world. The declaration comes 42 days after the last case from this outbreak tested negative twice and was discharged. WHO Director-General, Dr. Tedros, stated that there is still a risk of cases flaring up and that response teams will remain in place to monitor this as well as to continue the follow up for Ebola survivors for a period of 18 months after recovery. Meanwhile, the fight against Ebola in the DRC continues in the north-western part of the country where the eleventh outbreak of the disease was declared on 1 June 2020.

## II. Detailed reports

## West Nile virus - Multi-country (World) - Monitoring season 2020

Opening date: 20 May 2020 Latest update: 26 June 2020

## **Epidemiological summary**

Between 18 and 25 June 2020, no cases were reported from EU Member States or EU neighbouring countries. This week, no deaths have been reported.

Since the beginning of the 2020 transmission season and as of 25 June 2020, EU Member States have reported one human case in Romania. No cases have been reported from EU neighbouring countries. So far, no deaths have been reported.

During the current transmission season, no outbreaks among equids or birds have been reported so far.

**ECDC links:** West Nile virus infection atlas

**Sources:** TESSy | Animal Disease Notification System

#### ECDC assessment

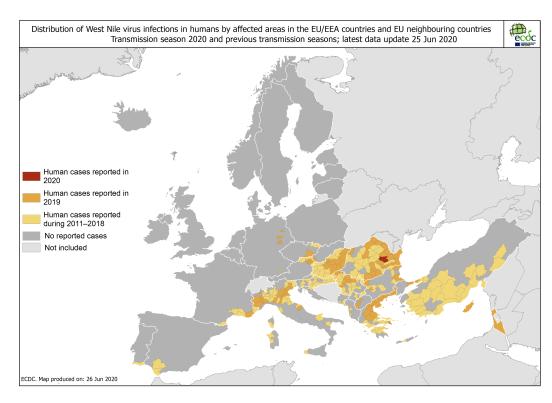
So far, one human case has been reported from an EU Member State during the 2020 transmission season, which is consistent with observations of seasonal transmission in previous years. In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired West Nile virus unless the result of an individual nucleic acid test (NAT) is negative.

### **Actions**

During the transmission season, ECDC publishes West Nile virus maps and an epidemiological summary every Friday.

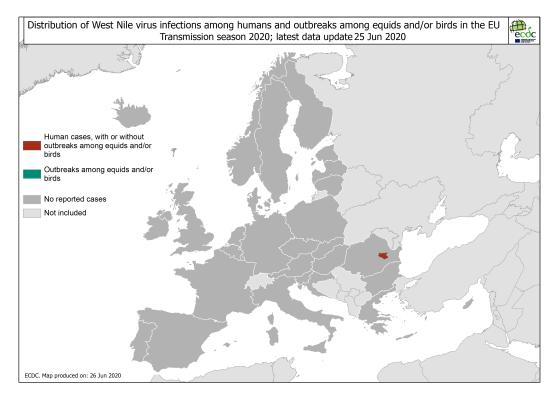
## Distribution of human West Nile virus infections by affected areas as of 25 June





# Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 25 June

ECDC and ADNS



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

Opening date: 7 January 2020 Latest update: 26 June 2020

## Epidemiological summary

Since 31 December 2019 and as of 26 June 2020, 9 581 803 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 489 182 deaths.

Cases have been reported from:

Africa: 347 779 cases; the five countries reporting most cases are South Africa (118 375), Egypt (61 130), Nigeria (22 614), Ghana (15 473) and Cameroon (12 592).

**Asia:** 2 036 409 cases; the five countries reporting most cases are India (490 401), Iran (215 096), Pakistan (195 745), Turkey (193 115) and Saudi Arabia (170 639).

**America:** 4 821 970 cases; the five countries reporting most cases are United States (2 422 310), Brazil (1 228 114), Peru (268 602), Chile (259 064) and Mexico (202 951).

**Europe:** 2 365 834 cases; the five countries reporting most cases are Russia (613 994), United Kingdom (307 980), Spain (247 486), Italy (239 706) and Germany (192 556).

**Oceania:** 9 115 cases; the five countries reporting most cases are Australia (7 558), New Zealand (1 170), Guam (247), French Polynesia (60) and the Northern Mariana Islands (30).

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

#### Deaths have been reported from:

**Africa:** 9 069 deaths; the five countries reporting most deaths are Egypt (2 533), South Africa (2 292), Algeria (878), Sudan (556) and Nigeria (549).

Asia: 51 471 deaths; the five countries reporting most deaths are India (15 301), Iran (10 130), Turkey (5 046), China (4 641) and Pakistan (3 962).

America: 238 690 deaths; the five countries reporting most deaths are United States (124 416), Brazil (54 971), Mexico (25 060), Peru (8 761) and Canada (8 504).

**Europe:** 189 812 deaths; the five countries reporting most deaths are United Kingdom (43 230), Italy (34 678), France (29 752), Spain (28 330) and Belgium (9 726).

Oceania: 133 deaths; the 4 countries reporting deaths are Australia (104), New Zealand (22), Guam (5) and Northern Mariana

Islands (2).

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

#### EU/EEA and the UK:

As of 26 June 2020, 1 535 151 cases have been reported in the EU/EEA and the UK: United Kingdom (307 980), Spain (247 486), Italy (239 706), Germany (192 556), France (161 348), Sweden (63 890), Belgium (61 007), Netherlands (49 914), Portugal (40 415), Poland (33 119), Ireland (25 405), Romania (25 286), Austria (17 431), Denmark (12 636), Czechia (10 870), Norway (8 793), Finland (7 172), Bulgaria (4 408), Luxembourg (4 151), Hungary (4 123), Greece (3 321), Croatia (2 483), Estonia (1 984), Iceland (1 830), Lithuania (1 806), Slovakia (1 630), Slovenia (1 547), Latvia (1 111), Cyprus (992), Malta (668) and Liechtenstein (83).

As of 26 June 2020, 176 020 deaths have been reported in the EU/EEA and the UK: United Kingdom (43 230), Italy (34 678), France (29 752), Spain (28 330), Belgium (9 726), Germany (8 948), Netherlands (6 100), Sweden (5 230), Ireland (1 727), Romania (1 565), Portugal (1 549), Poland (1 412), Austria (698), Denmark (603), Hungary (577), Czechia (345), Finland (327), Norway (249), Bulgaria (211), Greece (191), Slovenia (111), Luxembourg (110), Croatia (107), Lithuania (78), Estonia (69), Latvia (30), Slovakia (28), Cyprus (19), Iceland (10), Malta (9) and Liechtenstein (1).

#### EU:

As of 26 June 2020, 1 216 465 cases and 132 530 deaths have been reported in the EU.

#### **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 <a href="WHO">WHO</a> declared the COVID-19 outbreak a pandemic. The <a href="Third International Health Regulations">Third International Health Regulations</a> (IHR) <a href="Emergency Committee meeting">Emergency Committee meeting</a> for COVID-19 was held in Geneva on 30 April 2020. This committee concluded that the COVID-19 pandemic continues to constitute a PHEIC.

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

### **ECDC** assessment

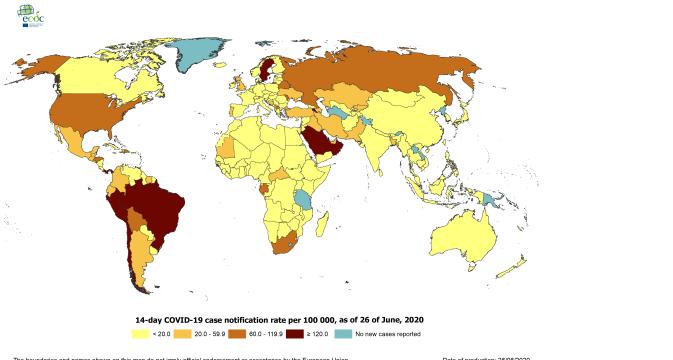
Information on the COVID-19 situation and a risk assessment can be found on the ECDC website.

#### **Actions**

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

## Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 26 June 2020

**ECDC** 



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

Date of production: 26/06/2020

## New! Monitoring environmental suitability of Vibrio growth in the Baltic Sea -**Summer 2020**

Opening date: 23 June 2020 Latest update: 26 June 2020

## Epidemiological summary

As of 25 June 2020, the environmental suitability for Vibrio growth in the Baltic Sea for the next five days is considered generally to be from very low, to low, except in Vaasa, Oulu, Helsinki, Porvoo, Kotka, Turku, Skärgårdshavets national park and Åland (Finland); Stockholm county, Uppsala county, Kalmar Strait and Kristianstad (Sweden), Øresund (Sweden and Denmark); Kalundborg, Vordingborg and Langeland (Denmark), Greifswald (Germany), Gdansk Bay (Poland) and the Gulf of Riga (Latvia and Estonia) where the risk is considered to be medium-to-high. In addition, in Pärnu (Estonia) and Klaipeda county (Lithuania) the risk is considered to be very high.

Outside EU/EEA countries and the UK, the environmental suitability for Vibrio growth in the Baltic Sea for the next five days is considered to be medium-to-high in Saint Petersburg and Víborg (Russia) and very high in Kaliningrad (Russia).

Sources: ECDC | National Environmental Satellite, Data and Information Service

Please note that this model has been calibrated to the Baltic Region in Northern Europe and might not apply to other worldwide settings prior to validation. For the Baltic Sea, the model parameters to be used in the map are the following values: number colour bands (20) scale method linear, legend range minimum value (0), and maximum value (28).

### **ECDC** assessment

Elevated SSTs in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content. These Vibrio species can cause vibriosis infections, particularly V. parahaemolyticus, V. vulnificus and non-toxigenic V. cholera.

In the past, vibriosis in humans caused by these species in the Baltic region has occurred during hot summer months, particularly when SSTs were elevated (above 20 degrees Celsius). The most common clinical manifestations are gastroenteritis with nausea,

vomiting and diarrhoea, wound infections when a cut has been exposed, infected wounds or abrasions due to contaminated seawater, primary septicaemia and otitis externa. In addition to contracting vibriosis through contact with natural bodies of water, especially marine or estuarine water, other risk factors for illness include the consumption of shellfish, particularly raw oysters.

#### **Actions**

ECDC is monitoring this threat on a weekly basis during the summer of 2020 and report on increased environmental suitability for growth of *Vibrio* species.

# **Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020**

Opening date: 4 June 2020 Latest update: 26 June 2020

## **Epidemiological summary**

Since 18 May 2020 and as of 21 June 2020, a total of 24 cases (21 confirmed, 3 probable), including 13 deaths, have been reported from Bikoro (6), Bolomba (4), Iboko (3), Mbandaka (6) and Wangata (5) health zones in Equateur province in the DRC. The cases had onset of symptoms from 8 May to 20 June 2020. In total, two healthcare workers have been affected.

Since the beginning of the vaccination campaign with rVSV-ZEBOV-GP on 5 June 2020, 5 104 people have been vaccinated.

Besides Ebola outbreaks, the country is currently battling other major outbreaks such as the COVID-19 pandemic (6 411 cases including 142 deaths) and a measles outbreak (372 615 cases including 6 855 deaths). Due to the COVID-19 pandemic, the country has been on lock-down since mid-March 2020, with the closure of all borders for non-essential traffic and a ban on all trips between the capital and the country's 25 provinces.

Sources: WHO Afro Sitrep | WHO Afro bulletin | WHO DON | WHO News item | Dr Tedros

### **ECDC** assessment

Ebola outbreaks in the DRC are recurrent as the virus is present in an animal reservoir in many parts of the country. Implementing response measures is crucial, and a high level of surveillance is essential to detect and interrupt further transmission early. Response measures might be challenging amid the other outbreaks in the country. The overall risk to the EU/EEA is very low, especially with the current limitation of travel.

**WHO Assessment:** On 3 June 2020, the <u>WHO assessment</u> revealed that the current resurgence is not unexpected, given the identification of wildlife spillover potential in Africa, the high population density in the region and the sociological, ecological, and environmental drivers that could influence the emergence of EVD. There is a need for further resources, and several challenges have been identified for the response in this area.

### **Actions**

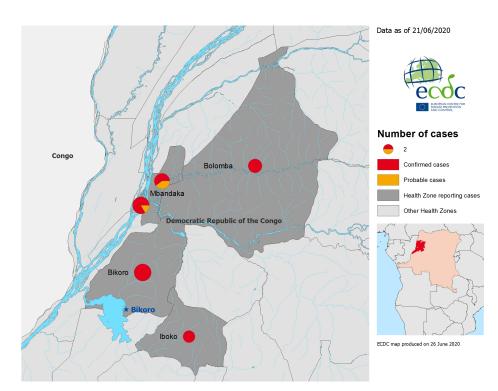
ECDC will follow this event through epidemic intelligence. ECDC published on 25 May 2018 a rapid risk assessment on the ninth outbreak in DRC: Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, First update.

# Ebola Virus Disease cases distribution in Equateur Province, Democratic Republic of the Congo, as of 21 June 2020

				Source: ECDC
IT.	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths
Democratic_Republic_of_the_Congo	21	3	24	13
□ Equateur	21	3	24	13
Bikoro	6	0	6	4
Bolomba	4	0	4	1
Iboko	3	0	3	0
Mbandaka	3	2	5	4
Wangata	5	1	6	4
Cumulative Total	21	3	24	13

# Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 21 June 2020

Source: ECDC



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

Opening date: 20 April 2006 Latest update: 26 June 2020

## **Epidemiological summary**

#### **Americas**

<u>Haiti:</u> In 2020 and as June, no confirmed cholera cases have been reported in Haiti. In 2019, Haiti reported 684 suspected cases including three deaths (CFR: 0.4%). According to a <u>Unicef report</u>, the last confirmed cholera cases in Haiti were reported in February 2019. Since the beginning of the outbreak in 2010 and as of 25 January 2020, Haiti has reported 820 461 suspected cholera cases including 9 792 deaths (CFR: 1.2%).

Dominican Republic: In 2020, and as of 23 May, no cholera cases have been reported in the Dominican Republic.

#### **Africa**

<u>Burundi:</u> A new cholera outbreak was declared in March 2020 in Burundi. As of 7 June, 70 cases with no associated deaths have been reported in six districts.

<u>Cameroon:</u> Since January 2019 and as of 10 June 2020, Cameroon reported 1 773 cholera cases including 91 associated deaths (CFR: 5.1%). This represents an increase of 409 cases and 29 deaths since the previous update. The outbreak is ongoing in the North, far North, South-West and central regions.

<u>DR Congo:</u> In 2020 and as of 31 May, 10 533 cases including 147 deaths (CFR: 1.4%) were reported in the country. For the whole of 2019, DR Congo reported 30 304 suspected cholera cases, including 514 deaths (CFR: 1.7%). This represents an increase of 7 882 cases and 104 deaths since the previous update. The majority of the recent cases reported in the country were notified in North and South Kivu, Haut Katanga, and Lualaba regions.

<u>Ethiopia:</u> In 2020 and as of 10 May, 8 191 cases including 112 associated deaths (CFR: 1.4%) have been reported in Ethiopia. These numbers represent an increase of 5 642 cases and 91 deaths since the previous update.

<u>Kenya:</u> In 2020 and as of 14 June, 642 cases including 13 deaths (CFR: 2.1%) were reported in the country. This represents an increase of 389 cases and 12 deaths since the previous update. The outbreak continues to be active in the Marsabit counties. In 2019, 5 150 cases including 39 associated deaths (CFR: 0.8%) were reported.

<u>Mozambique:</u> Since the beginning of the outbreak in January 2020 and as of 12 June, 2 625 cases and 21 associated deaths (CFR: 0.8%) have been reported in Nampula and Cabo Delgado provinces.

<u>Nigeria:</u> In 2020 and as of 31 May, 1 003 suspected cases and no deaths associated have been reported. Among these cases, 12 were confirmed. For the same period in 2019, 1 196 cases including two deaths were reported.

Somalia: As of 30 May 2020, WHO reported 13 528 suspected cholera cases including 67 associated deaths (CFR: 0.5%) since December 2017.

According to WHO, in 2020, cholera cases have been reported from the regions of Banadir, Hiran, Lower Shabelle and Middle Shabelle. This represents an increase of 2 877 cases and 12 deaths since the previous update.

<u>Uganda:</u> In May 2020, a new cholera outbreak was reported in Moroto district, in Uganda. As of 12 June, 682 cases including six associated deaths (CFR: 0.9%) were reported.

#### Asia

<u>Bangladesh</u>: In 2020 and as of 14 June, 59 076 AWD cases have been reported in the Cox's Bazar. This represents an increase of 42 040 AWD cases since the previous update. For the whole of 2019, 191 057 AWD cases were reported in the Cox's Bazar. According to WHO, between 5 September and 29 December 2019, 239 cases of acute watery diarrhoea (AWD) tested positive with a cholera rapid diagnostic test or culture in Cox's Bazar, Bangladesh.

<u>India:</u> In 2020 and as of 8 March, according to the Indian National Centre for Disease Control, cholera cases have been reported in Kerala (1), Assam (1) and Karnataka (1). In addition, <u>media sources</u> quoting health authorities are reporting a cholera outbreak in Bengaluru, with 25 cases reported, including seven confirmed cases, in March 2020.

<u>Yemen:</u> Since the beginning of the outbreak in 2017 and as of 19 February 2020, Yemen has reported 2 309 859 suspected cholera cases and 3 786 deaths (CFR: 0.2%). In 2020 and as of 19 February, 56 220 cases have been reported, including 20 associated deaths. As of May 2020, cholera cases have begun to be reported in <u>Yemen</u>.

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 eastern Africa, the Horn of Africa and Gulf of Aden over the past few months. Cholera outbreaks have also been notified in the western and southern part of Africa and in some areas of Asia. Despite the high number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. The risk of cholera infection in travellers visiting countries with ongoing outbreaks remains low, even though sporadic infections among EU/EEA travellers are possible. In 2018, 26 cases were reported in the EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016 respectively. All cases had travel history to cholera-affected areas. The risk of further transmission of *Vibrio cholerae* within the EU/EEA is very low.

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 to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on the ECDC website.

## Geographical distribution of cholera cases reported worldwide in 2020



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

Opening date: 1 August 2018 Latest update: 26 June 2020

## **Epidemiological summary**

Since the beginning of the outbreak and as of 25 June 2020, WHO reported 3 470 cases (3 317 confirmed, 153 probable) in the Democratic Republic of the Congo (DRC), including 2 287 deaths. The last confirmed cases were all reported in Beni. In total, 171 healthcare workers have been infected. A total of 1 171 cases recovered from the disease.

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 2019, imported cases from the Democratic Republic of the Congo were detected in Kasese district in Uganda, which borders on North Kivu. However, so far there have been no reports of autochthonous transmission in Uganda.

A vaccination campaign for this outbreak was conducted from 8 August 2018 till 20 May 2020. During this campaign a total of 303 905 people were vaccinated with the rVSV-ZEBOV vaccine (Merck & Co). In addition, between 14 October 2019 and 10 April 2020, 20 339 people were vaccinated with the first dose and 9 560 people with the second dose of the Ad26.ZEBOV/MVA-BN-Filo vaccine (Johnson & Johnson) in two health areas of Karisimbi in Goma.

**Public health emergency of international concern (PHEIC):** On 17 July 2019, WHO's Director-General <u>declared</u> the Ebola virus disease outbreak in DRC a 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 expressed 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 constituted a PHEIC.

On 25 June 2020, Eteni Longondo, the Minister of Health of the DRC, declared the end of the 10th outbreak of Ebola virus disease in the DRC. WHO also acknowledged the end of this second largest Ebola outbreak in the world. This declaration comes 42 days after the last case from this outbreak tested negative twice and was discharged. WHO Director-General, Dr. Tedros, stated that there is still a risk of cases flaring up and that response teams will remain in place to monitor this as well as to continue the follow up for Ebola survivors for a period of 18 months after recovery. Meanwhile, the fight against Ebola in the DRC continues in the north-western part of the country where the eleventh outbreak of the disease was declared on 1 June 2020.

**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

The risk of flare-up of cases in eastern DRC remains. In addition, as the virus is present in the animal reservoir in many parts of the country, Ebola outbreaks are recurrent, as is seen with the new (11th) outbreak in Equateur Province. Therefore, continuing response measures and follow-up of survivors are essential to detect and interrupt transmission early on. Response measures might be challenging amid other outbreaks in the country. The overall risk to the EU/EEA remains low.

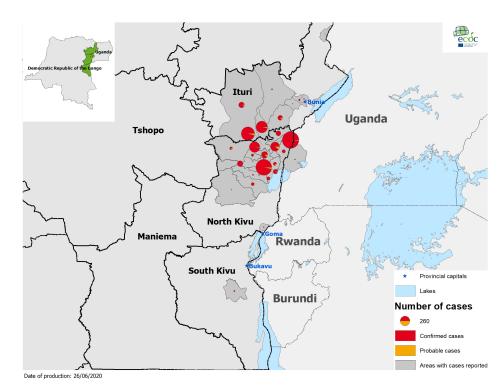
**WHO** assessment: There is still a need for <u>vigilance</u>. Continuing to support survivors and maintaining strong surveillance and response systems in order to contain potential flare-ups will be critical in the months to come.

### **Actions**

ECDC published an <u>epidemiological update</u> on 13 June 2019 and updated its <u>rapid risk assessment</u> on 7 August 2019. ECDC published a <u>news item</u> on the 11th outbreak in the DRC on 2 June 2020.

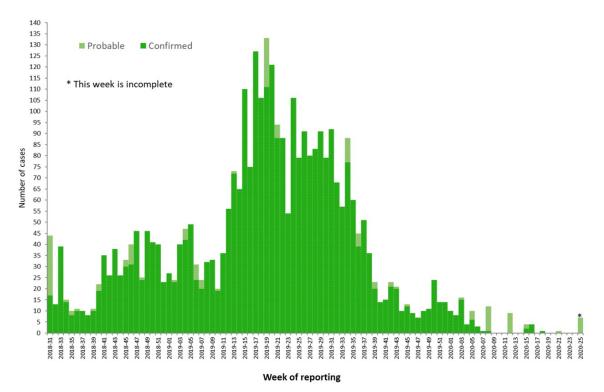
Geographical distribution of confirmed and probable cases of Ebola virus disease, North-Kivu, South-Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 25 June 2020





Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, North-Kivu, South-Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 25 June 2020

Source: ECDC



Ebola Virus Disease case distribution in North-Kivu, South-Kivu and Ituri Province, Democratic Republic of the Congo, as of 25 June 2020

Source: ECDC

IT	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths
Democratic_Republic_of_the_Congo	3317	153	3470	2287
■ North-Kivu Province	2803	124	2927	2006
Alimbongo	5	1	6	3
Beni	728	9	737	478
Biena	19	2	21	14
Butembo	295	7	302	360
Goma	1	0	1	1
Kalunguta	198	26	224	97
Katwa	652	24	676	495
Kayna	28	1	29	9
Kyondo	25	6	31	21
Lubero	32	2	34	6
Mabalako	463	20	483	354
Manguredjipa	18	5	23	17
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	29	537	278
Ariwara	1	0	1	1
Bunia	4	0	4	4
Komanda	56	10	66	54
Lolwa	6	0	6	1
Mambasa	82	6	88	33
Mandima	347	12	359	178
Nyakunde	2	0	2	1
Rwampara	8	1	9	4
Tchomia	2	0	2	2
☐ South-Kivu  ☐ South-Kivu	6	0	6	3
Mwenga	6	0	6	3
Cumulative Total	3317	153	3470	2287

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