

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Start of West Nile virus infection seasonal surveillance 2020

As of next week (week 23, 2020), ECDC will begin reporting on the seasonal surveillance of human West Nile virus infections and outbreaks among equids and birds in the EU/EEA and EU neighbouring countries.

Every Friday, ECDC will provide a [summary of the epidemiological situation](#), a table detailing the number of human infections, as well as outbreaks among equids and birds, by country and nomenclature of territorial units for statistical (NUTS 3) administrative levels (click on the "table" at the bottom of the [ECDC Surveillance Atlas](#)). Maps will also be provided showing human West Nile virus infections, West Nile virus outbreaks among equids and/or birds, and human infections and outbreaks among animals combined.

Deferral or testing of prospective donors applies to blood donors leaving areas with at least one autochthonous human case of West Nile virus infection. The aim of the information provided is to support EU/EEA Member States in implementing preventive measures. Weekly updates will be provided in the Communicable Disease Threat Report (CDTR) and maps are available via [ECDC's Surveillance Atlas of Infectious Diseases](#).

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 29 May 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 21 May 2020 and as of 29 May 2020, 915 478 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 37 606 new deaths.

Globally, the number of cases has increased from 4 861 456 cases to 5 776 934, and the number of deaths has risen from 322 483 to 360 089.

In the EU/EEA and the UK, 60 520 cases have been reported during the same period, bringing the total from 1 324 183 cases to 1 384 703, including 6 381 deaths, with the total number of fatalities increasing from 158 134 to 163 515.

More details are available [here](#).

Non EU Threats

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

Opening date: 30 January 2019

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

→Update of the week

Since the previous CDTR update on 15 May 2020, two additional human cases of influenza A(H9N2) were reported in China. One case is a 10-months-old boy from Fujian province, Xiamen city, with onset of symptoms on 4 May 2020. The second case is a 6-year-old boy from Shandong province, Weihai city, with onset of symptoms on 28 April 2020. Both cases had mild illness and a history of exposure to a live poultry market. No further cases were confirmed among the contacts of these cases.

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

Opening date: 1 August 2018

Latest update: 29 May 2020

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the tenth outbreak of Ebola virus disease in the country. The outbreak affected North Kivu, South Kivu and Ituri Provinces in the north-east of the country, close to the border with Uganda. In 2019, several imported cases from the Democratic Republic of the Congo were detected in Uganda; however, no autochthonous cases have been reported in the country as of today. On 17 July 2019, following the fourth [International Health Regulations \(IHR\) Emergency Committee](#), 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.

→Update of the week

From 13 April and as of 26 May 2020, [WHO](#) has reported no additional confirmed cases.

On 22 May 2020, one historical probable case was reported in Mabalako with onset of symptoms in 2019.

Since the resurgence of cases on 10 April 2020, a total of seven confirmed cases (last case confirmed on 27 April), including four deaths, have been reported in Beni Health Zone. One of these cases remains in the community (status unknown, possibly deceased). Further investigations into the source of this cluster are still ongoing. On 14 May 2020, the last confirmed case was discharged and the 42-day countdown to the end of the outbreak started, which has a tentative end date of 25 June 2020. However, there is a risk of re-emergence of the virus both before and after this date.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 29 May 2020

Epidemiological summary

Since 31 December 2019 and as of 29 May 2020, 5 776 934 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 360 089 deaths.

Cases have been reported from:

Africa: 129 361 cases; the five countries reporting most cases are South Africa (27 403), Egypt (20 793), Algeria (8 997), Nigeria (8 915) and Morocco (7 643).

Asia: 1 040 539 cases; the five countries reporting most cases are India (165 799), Turkey (160 979), Iran (143 849), China (84 106) and Saudi Arabia (80 185).

America: 2 698 519 cases; the five countries reporting most cases are United States (1 721 750), Brazil (438 238), Peru (141 779), Canada (88 501) and Chile (86 943).

Europe: 1 899 216 cases; the five countries reporting most cases are Russia (379 051), United Kingdom (269 127), Spain (237 906), Italy (231 732) and Germany (180 458).

Oceania: 8 603 cases; the five countries reporting most cases are Australia (7 150), New Zealand (1 154), Guam (172), French Polynesia (60) and Northern Mariana Islands (22).

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

Deaths have been reported from:

Africa: 3 789 deaths; the five countries reporting most deaths are Egypt (845), Algeria (630), South Africa (577), Nigeria (259) and Morocco (202).

Asia: 28 983 deaths; the five countries reporting most deaths are Iran (7 627), India (4 706), China (4 638), Turkey (4 461) and Indonesia (1 496).

America: 155 764 deaths; the five countries reporting most deaths are United States (101 617), Brazil (26 754), Mexico (9 044), Canada (6 877) and Peru (4 099).

Europe: 171 414 deaths; the five countries reporting most deaths are United Kingdom (37 837), Italy (33 142), France (28 662), Spain (27 119) and Belgium (9 388).

Oceania: 132 deaths; the 4 countries reporting deaths are Australia (103), New Zealand (22), Guam (5) and Northern Mariana Islands (2).

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

EU/EEA and the UK:

As of 29 May 2020, 1 384 703 cases have been reported in the EU/EEA and the UK: United Kingdom (269 127), Spain (237 906), Italy (231 732), Germany (180 458), France (149 071), Belgium (57 849), Netherlands (45 950), Sweden (35 727), Portugal (31 596), Ireland (24 841), Poland (22 825), Romania (18 791), Austria (16 543), Denmark (11 512), Czechia (9 140), Norway (8 401), Finland (6 743), Luxembourg (4 008), Hungary (3 841), Greece (2 906), Bulgaria (2 485), Croatia (2 245), Estonia (1 851), Iceland (1 805), Lithuania (1 656), Slovakia (1 520), Slovenia (1 473), Latvia (1 061), Cyprus (941), Malta (616) and Liechtenstein (83).

As of 29 May 2020, 163 515 deaths have been reported in the EU/EEA and the UK: United Kingdom (37 837), Italy (33 142), France (28 662), Spain (27 119), Belgium (9 388), Germany (8 450), Netherlands (5 903), Sweden (4 266), Ireland (1 639), Portugal (1 369), Romania (1 229), Poland (1 038), Austria (668), Denmark (568), Hungary (517), Czechia (319), Finland (313), Norway (236), Greece (175), Bulgaria (136), Luxembourg (110), Slovenia (108), Croatia (102), Lithuania (68), Estonia (66),

Slovakia (28), Latvia (24), Cyprus (17), Iceland (10), Malta (7) and Liechtenstein (1).

EU: As of 29 May 2020, 1 105 287 cases and 125 431 deaths have been reported in the EU.

Other updates:

On 19 May 2020, [the Netherlands](#) reported preliminary results describing a potential animal-to-human transmission of COVID-19 in a mink farm. The implicated farm first reported cases of COVID-19 in both humans and minks in April 2020. According to Dutch authorities, genome sequence analysis performed during the investigation suggests that one employee of the farm was infected by minks. Further investigations are being carried out and preventive measures are being implemented. The risk of transmission of SARS-CoV-2 from pets to humans remains low.

Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of the [WHO](#) declared the COVID-19 outbreak a pandemic. The [Third International Health Regulations \(IHR\) Emergency Committee meeting for COVID-19](#) was held in Geneva on 30 April 2020. This committee concluded that the COVID-19 pandemic continues to constitute a PHEIC.

More details on the COVID-19 situation are available [here](#).

Sources: [Wuhan Municipal Health Commission](#) | [China CDC](#) | [WHO statement](#) | [WHO coronavirus website](#) | [ECDC 2019-nCoV website](#) | [RAGIDA](#) | [WHO](#)

ECDC assessment

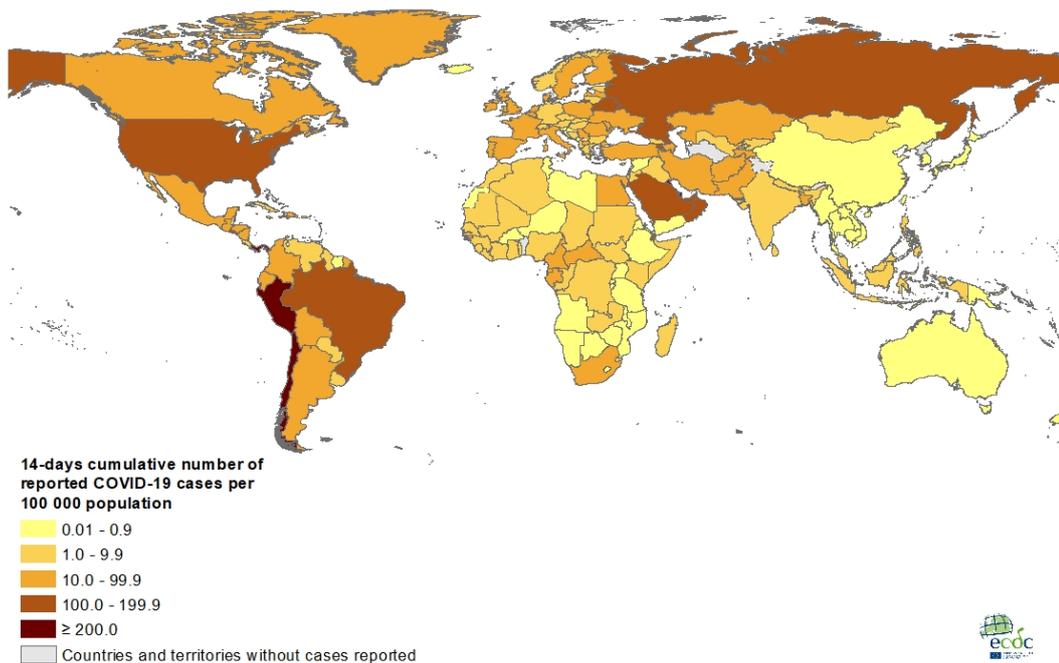
Information on the COVID-19 situation and a risk assessment can be found on the [ECDC website](#).

Actions

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

Geographic distribution of 14-days cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 29 May 2020

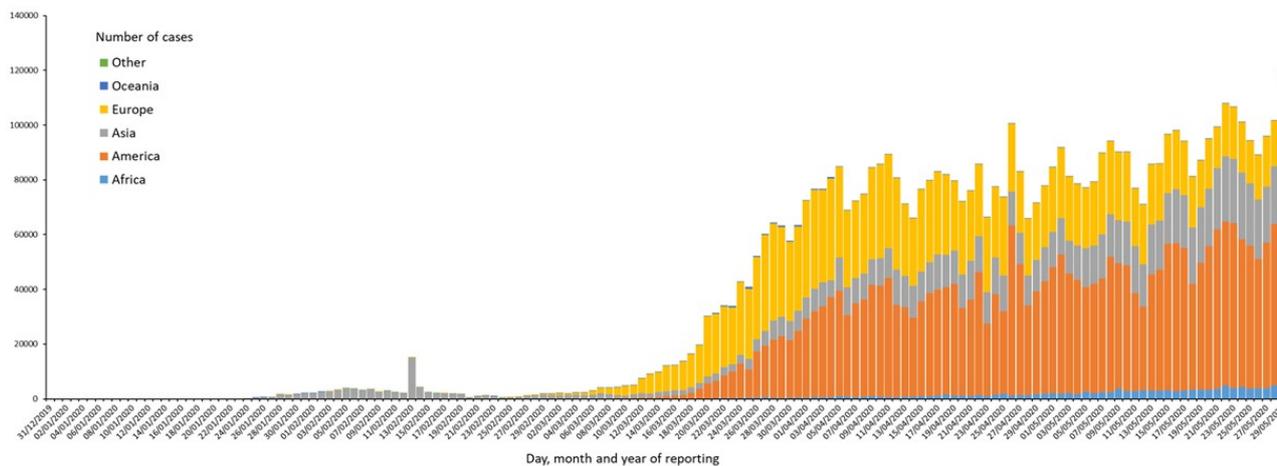
Source: ECDC



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

Distribution of COVID-19 cases in accordance with the applied case definitions in the affected countries, as of 29 May 2020

Source: ECDC



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

Opening date: 30 January 2019

Epidemiological summary

Since the previous CDTR update on 15 May 2020, two additional human cases of influenza A(H9N2) were reported in China. One case is a 10-months-old boy from Fujian province, Xiamen city, with onset of symptoms on 4 May 2020. The second case is a 6-year-old boy from Shandong province, Weihai city, with onset of symptoms on 28 April 2020. Both cases had mild illness and a history of exposure to a live poultry market. No further cases were confirmed among the contacts of these cases.

Overall, in 2020, five cases of human influenza A(H9N2) were reported, all in China. To date and since 1998, a total of 66 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (55), Egypt (4), Bangladesh (3), Oman (1), Pakistan (1), India (1), and Senegal (1). The previous human infection was reported from China, with disease onset in April 2020.

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

ECDC assessment

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

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

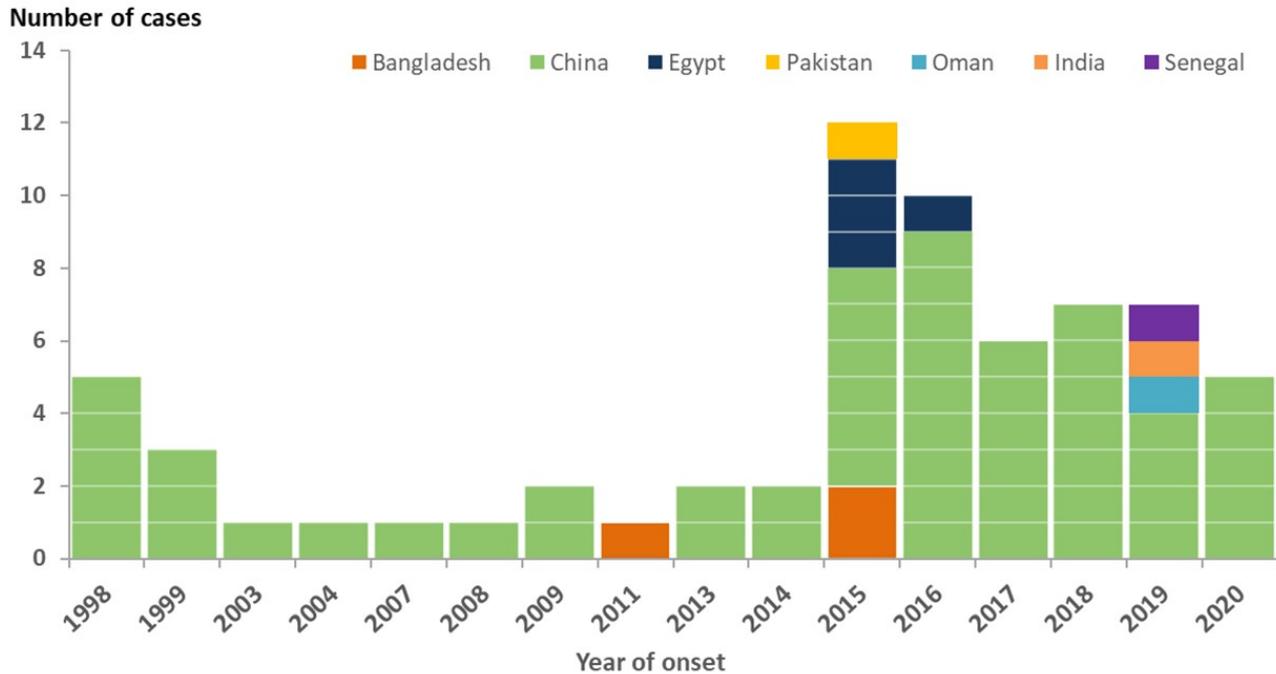
The risk of zoonotic influenza transmission to the general public in EU/EEA countries is still considered to be very low. As the likelihood of zoonotic transmission of newly introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed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

Actions

ECDC monitors avian influenza strains through epidemic intelligence in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report of the [avian influenza situation](#). The most recent [report](#) was published on 31 March 2020.

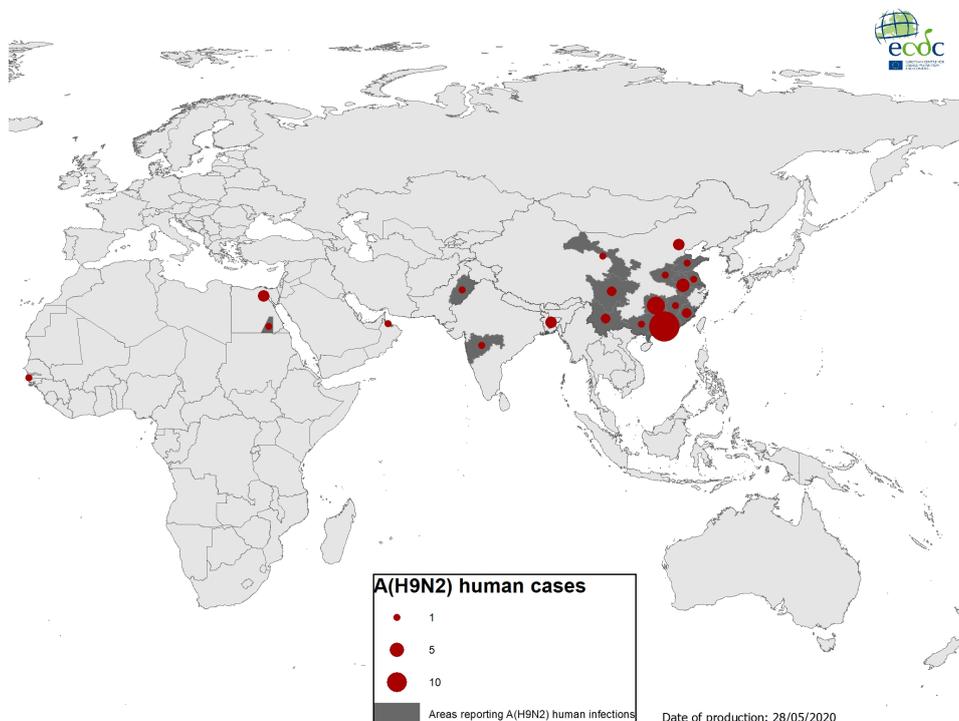
Distribution of confirmed human cases of A(H9N2) by reporting country, 1998 – 29 May 2020

Source: ECDC



Geographical distribution of confirmed human cases of A(H9N2), 1998 – 29 May 2020

Source: ECDC



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

Opening date: 1 August 2018

Latest update: 29 May 2020

Epidemiological summary

Since the beginning of the outbreak and as of 26 May 2020, WHO reported 3 463 cases (3 317 confirmed, 146 probable) in the Democratic Republic of the Congo (DRC), including 2 280 deaths. The last confirmed cases were all reported in Beni. In total, 171 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported probable and/or confirmed cases of Ebola virus disease: Mwenga in South Kivu Province, Alimbongo, Beni, Biena, Butembo, Goma, Kalunguta, Katwa, Kayna, Kyondo, Lubero, Mabalako, Manguredjipa, Masereka, Mutwanga, Musienene, Nyiragongo, Oicha, Pinga and Vuhovi Health Zones in North Kivu Province and Ariwara, Bunia, Mambasa, Nyankunde, Komanda, Lolwa, Mandima, Rwampara and Tchomia in Ituri Province.

In Uganda, one imported case was reported on 29 August 2019 and died the following day in Kasese district, which borders on North Kivu. However, so far there have been no reports of autochthonous transmission in Uganda.

Since the start of the vaccination campaign on 8 August 2018, 303 867 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co). In addition, 20 339 people have been vaccinated with the first dose and 9 560 people with the second dose of the Ad26.ZEBOV/MVA-BN-Filo vaccine (Johnson & Johnson) in the two health areas of Karisimbi in Goma.

Public health emergency of international concern (PHEIC): On 17 July 2019, WHO's Director-General [declared](#) 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 expresses the need for a more intensified and coordinated response in order to end the outbreak. On 18 October 2019, and again on 12 February 2020 and 14 April 2020, the Committee decided that the outbreak still constitutes a PHEIC.

Sources: CMRE | [Ebola dashboard Democratic Republic of the Congo](#) | [Ministry of Health of the Democratic Republic of the Congo](#) | [WHO](#) | [WHO Regional Office for Africa](#)

ECDC assessment

Implementing response measures remains challenging in the affected areas because of the prolonged humanitarian crisis, the unstable security situation, and resistance in several population groups. At the current stage of the epidemic, a high level of surveillance remains essential to detect and interrupt further transmission early on. The overall risk to the EU/EEA remains very low.

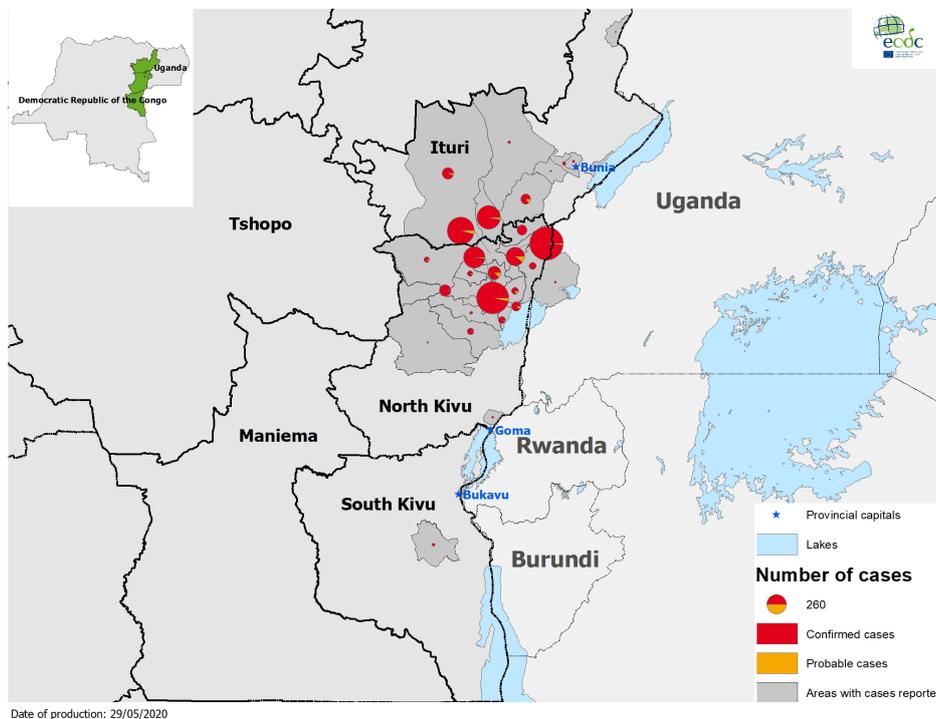
WHO assessment: As of 28 May 2020, the last WHO risk [assessment](#) concludes that the national and regional risk levels remain high to moderate, while global risk levels remain low.

Actions

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

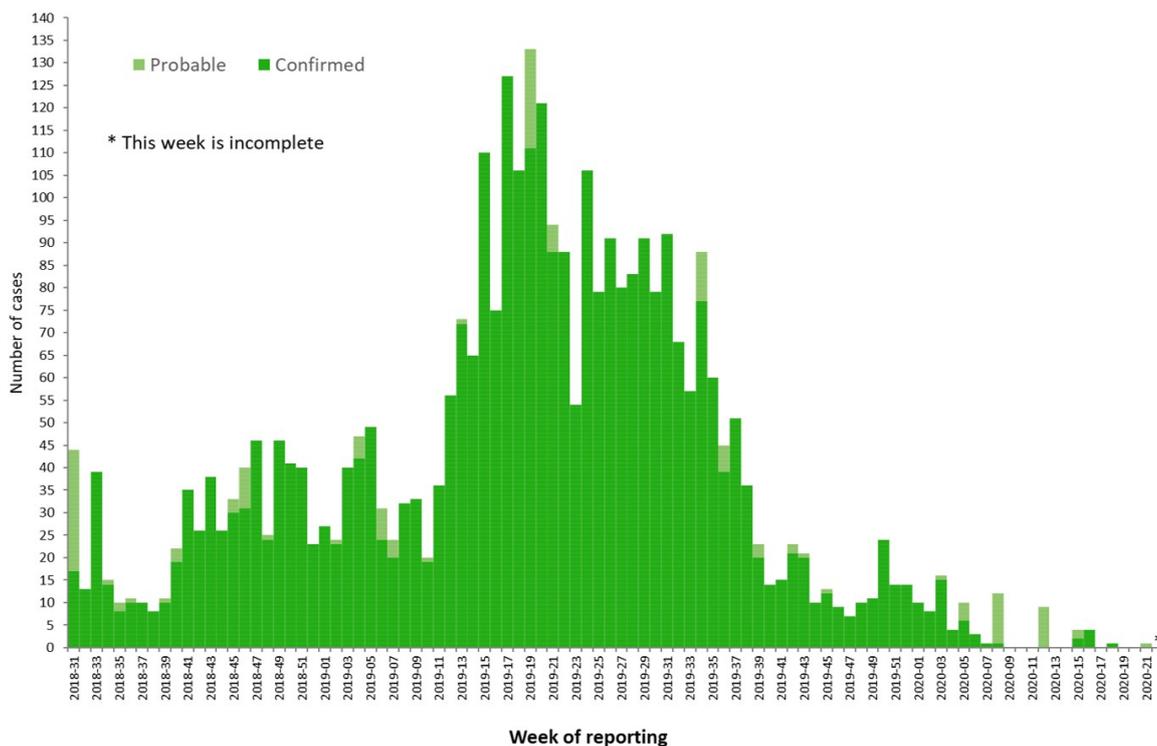
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 26 May 2020

Source: ECDC



Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, Democratic Republic of the Congo and Uganda, as of 26 May 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 26 May 2020

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths
Democratic Republic of the Congo	3317	146	3463	2280
North-Kivu Province	2803	118	2921	2000
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	23	221	94
Katwa	652	24	676	495
Kayna	28	1	29	9
Kyondo	25	6	31	21
Lubero	32	2	34	6
Mabalako	463	19	482	353
Manguredjipa	18	3	21	15
Masereka	50	6	56	23
Musienene	85	1	86	34
Mutwanga	32	0	32	12
Nyiragongo	3	0	3	1
Oicha	65	0	65	30
Pinga	1	0	1	0
Vuhovi	103	14	117	51
Ituri province	508	28	536	277
Ariwara	1	0	1	1
Bunia	4	0	4	4
Komanda	56	10	66	54
Lolwa	6	0	6	1
Mambasa	82	5	87	32
Mandima	347	12	359	178
Nyakunde	2	0	2	1
Rwampara	8	1	9	4
Tchomia	2	0	2	2
South-Kivu	6	0	6	3
Mwenga	6	0	6	3
Uganda	1	0	1	1
Kasese province	1	0	1	1
Kasese	1	0	1	1
Cumulative Total	3318	146	3464	2281

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