COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 48, 24-30 November 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Half of all women with HIV are diagnosed late in Europe

Many women in Europe, particularly those over 40, are diagnosed at a late stage of HIV infection when their immune system is already starting to fail. They are three to four times more likely to be diagnosed late than younger women. According to data for 2018 released this week by ECDC and the WHO Regional Office for Europe, women accounted for one-third of the 141 000 new HIV diagnoses in the WHO European Region, indicating that this population needs more attention in Europe's prevention and testing efforts.

The HIV epidemic in the WHO European Region is driven by a persistent problem with late diagnosis, and this affects 54% of known cases among women. Such proportions of late diagnoses are partly a result of relatively low HIV testing coverage and uptake in the Region, and are an indication that sexual risks, including HIV and other sexually transmitted infections, are not being adequately addressed with older adults.

Two-thirds (60%) of the HIV diagnoses among women in 2018 were reported in the age group 30 to 49 year-olds. This is in contrast to other sexually transmitted infections such as chlamydia and gonorrhoea which mainly affect younger women aged 15 to 24 as described in an article published in *Eurosurveillance*. Heterosexual sex was the most commonly reported HIV transmission mode (92%) among women in the Region.

Nearly half (49%) of those newly diagnosed with HIV in the EU/EEA were diagnosed late in 2018, and 72% of AIDS diagnoses were made within only 90 days of the HIV diagnosis. This indicates the need to improve testing programmes across Europe to diagnose people living with HIV at an earlier stage.
One strategy to reach older adults is to diversify and complement HIV testing opportunities. Influencing testing patterns is quite simple: actively offer an HIV test as a health service provider.

World AIDS Day was introduced by WHO in 1988 and is observed annually on 1 December to raise awareness of the AIDS pandemic caused by HIV infection.
All publications around World AIDS Day will go live here: http://bit.ly/WAD_19

I. Executive summary

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EU Threats

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

Opening date: 3 June 2019

During the West Nile virus 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 22 and 28 November 2019, one human case of West Nile virus infection has been reported by Turkey. The case had a disease onset from week 35 and was reported from an area that has been affected previously. No deaths were reported this week.

In the same time period, Spain reported one outbreak among equids to the Animal Disease Notification System (ADNS).

The most recent onset date is from week 43 (21 to 27 October). As no new human cases with disease onset in the previous four weeks have been reported, this is the final weekly update for the 2019 transmission season.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 29 November 2019

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

➔Update of the week

Week 47, 2019 (18 to 24 November):

Influenza activity remained at baseline or low throughout the European Region. Of the individuals sampled, on presenting with influenza-like illness (ILI) or acute respiratory infection (ARI) to sentinel primary healthcare sites, 11.3% tested positive for influenza viruses, which is a higher proportion than in the previous week (6.6%). There are early signs of increased influenza B activity in some countries across the European Region. Overall, both influenza types A and B viruses were detected in sentinel and non-sentinel source specimens, with a higher number of detections for influenza A viruses. Data from the 22 countries or regions reporting to the EuroMOMO project indicated all-cause mortality to be at expected levels for this time of the year.

Non EU Threats

New! Lassa fever – The Netherlands, ex-Sierra Leone – 2019

Opening date: 25 November 2019 Latest update: 29 November 2019

In November 2019, the Dutch public health authorities confirmed two imported cases of Lassa fever from Sierra Leone.

➔Update of the week

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

Opening date: 1 August 2018

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 27 November 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 27 November 2019, the Ministry of Health of the Democratic Republic of the Congo (DRC) has reported 11 additional confirmed cases. During the same period, four deaths were reported among confirmed cases.

In the past week, several security incidents occurred in eastern DRC, including violence, widespread civil unrest, and targeted attacks. During targeted attacks on the night of 27 November, several Ebola responders have been injured or killed. Since 20 November 2019, the security incidents have limited response activities in Mandima, Beni and Oicha and staff have been evacuated. Daily alerts and contact follow-up have dropped significantly, particularly in Oicha where only 15% of contacts were under surveillance as of 26 November 2019.

On 27 November 2019, four new cases were reported in Lwemba, Mandima with no known chain of transmission.

As of 26 November 2019, 724 people were vaccinated with the second Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health zones of Karisimbi in Goma. Due to the security incidents, vaccination activities were paused for this vaccine. Since the start of vaccination on 8 August 2018, 255 373 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck).

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

Opening date: 20 April 2006 Latest update: 29 November 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 25 October 2019, new cholera cases have been reported worldwide. Since then, the cholera events in Benin and Uganda are considered closed and a new outbreak has been reported in Zambia.

Countries reporting the majority of new cases since the previous update are: Yemen with 54 503 cases and 33 deaths, DR Congo with 4 228 cases and 71 deaths and Cameroon with 1 335 cases and 76 deaths.

Poliomyelitis - Philippines - 2019

Opening date: 9 October 2019 Latest update: 29 November 2019

Polio was declared a public health emergency of international concern (PHEIC) by WHO on 5 May 2014 due to concerns over the increased circulation and international spread of wild poliovirus in 2014. The PHEIC is still in place.
On 19 September 2019, a laboratory-confirmed case of circulating vaccine-derived poliovirus type-2 (cVDPV2) was reported in the Philippines. This led to the declaration of an outbreak from the Department of Health in Philippines. Other cases were subsequently detected.

➔Update of the week

Since the previous CDTR on 22 November 2019, the Philippines Department of Health has reported one new human case of presumed vaccine-derived polio and additional 10 environmental samples positive for VDPV1 and VDPV2. The human case was reported on 25 November 2019, on the island of Basilan in a nine-year-old unvaccinated girl. Sequencing and genetic analysis results form the National Institute of Infectious Diseases in Japan are pending.

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II. Detailed reports

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

Opening date: 3 June 2019

Epidemiological summary

Between 22 and 28 November 2019, one human case of West Nile virus infection has been reported by Turkey. The case had a disease onset from week 35 and was reported from an area that has been affected previously. No deaths were reported this week.

In the same time period, Spain reported one outbreak among equids to the Animal Disease Notification System (ADNS).

The most recent onset date is from week 43 (21 to 27 October). As no new human cases with disease onset in the previous four weeks have been reported, this is the final weekly update for the 2019 transmission season.

Since the beginning of the 2019 transmission season and as of 28 November 2019, EU Member States and EU neighbouring countries have reported 463 human infections. EU Member States reported 410 cases: Greece (223), Romania (66), Italy (53), Hungary (36), Cyprus (16), Bulgaria (5), Austria (4), Germany (4), France (2), and Slovakia (1). EU neighbouring countries reported 53 human cases in Serbia (27), Israel (10), Turkey (10) and North Macedonia (6).

To date, 50 deaths due to West Nile virus infection have been reported by Greece (34), Romania (8), Italy (4), Cyprus (1), Bulgaria (1), North Macedonia (1) and Serbia (1).

During the current transmission season, 89 outbreaks among equids have been reported by Germany (30), Greece (21), France (13), Italy (8), Hungary (7), Spain (5), Austria (4) and Portugal (1). In addition, 54 outbreaks among birds have been reported to ADNS by Germany (53) and Greece (1).

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 cases of West Nile virus infection 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 reported, but environmental conditions have 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 individual nucleic acid tests 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. As no new cases with disease onset in the previous four weeks have been reported, this is the final weekly update for this transmission season. ECDC will publish an end-of-season epidemiological update.

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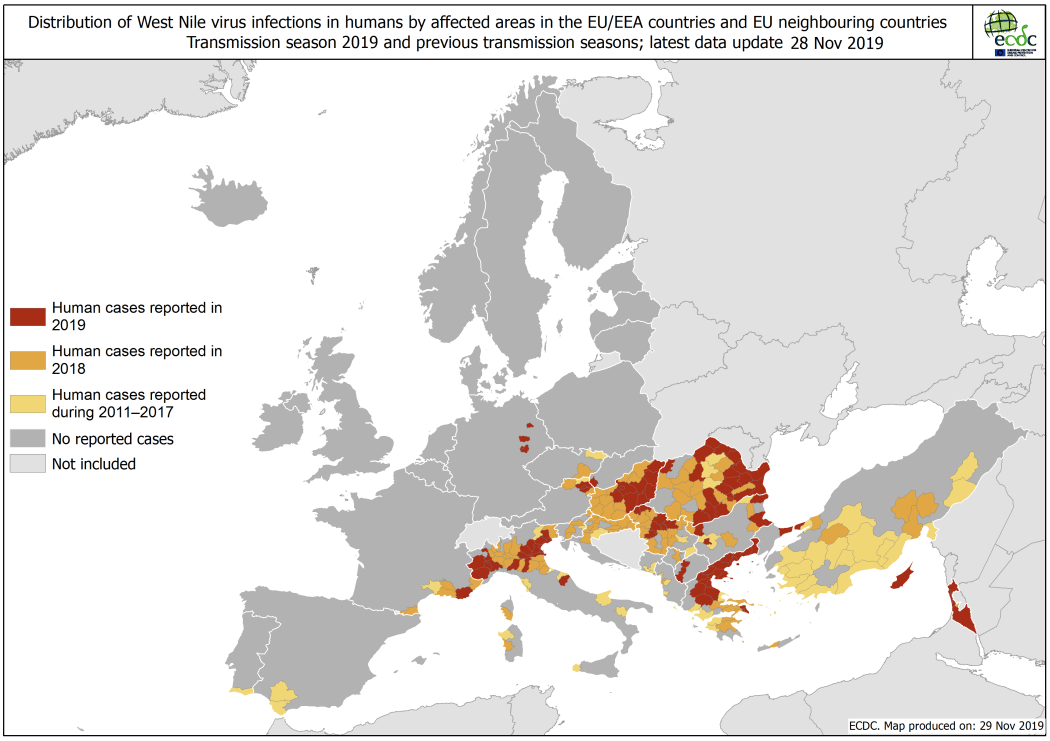
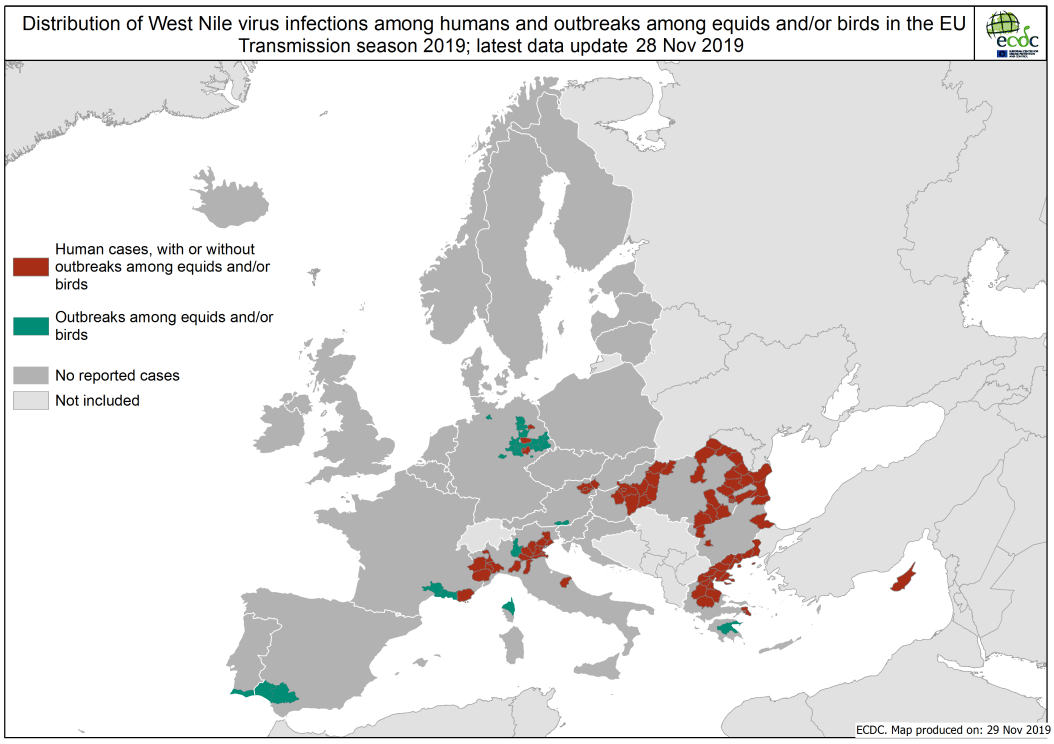
Distribution of human West Nile virus infections by affected areas as of 28 November 2019.

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 28 November 2019.

ECDC and ADNS



Influenza – Multi-country – Monitoring 2019/2020 season

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Opening date: 11 October 2019 Latest update: 29 November 2019

Epidemiological summary

Week 47, 2019 (18 to 24 November):
Influenza activity remained at baseline or low throughout the European Region. Of the individuals sampled, on presenting with ILI or ARI to sentinel primary healthcare sites, 11.3% tested positive for influenza viruses, which is a higher proportion than in the previous week (6.6%). There are early signs of increased influenza B activity in some countries across the European Region. Overall, both influenza types A and B viruses were detected in sentinel and non-sentinel source specimens, with a higher number of detections for influenza A viruses. Data from the 22 countries or regions reporting to the EuroMOMO project indicated all-cause mortality to be at expected levels for this time of the year.

2019-2020 season overview
Influenza activity has been at baseline or low level in most countries of 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 the 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

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.

New! Lassa fever – The Netherlands, ex-Sierra Leone – 2019

Opening date: 25 November 2019 Latest update: 29 November 2019

Epidemiological summary

On 20 and 24 November 2019, respectively, the Dutch public health authorities confirmed two imported cases of Lassa fever from Sierra Leone. Both were Dutch healthcare workers who worked in a rural hospital in Sierra Leone. They were likely infected during surgery they conducted together on two local patients on 4 November 2019. Both healthcare workers had onset of symptoms on 11 November and were repatriated through medical evacuation to the Netherlands where one of them died.

Whilst in the prodromal phase of his disease and still afebrile, the Dutch healthcare worker who later died in the Netherlands attended an international surgical training event (11-12 November) in Freetown, Sierra Leone.

A third confirmed case has been reported in a Sierra Leonean nurse, who was also part of the same surgery team. In addition, one healthcare worker involved in the management of the two local patients that received surgery is considered a suspected case.

ECDC is informed about contact tracing activities in several EU countries, including the Netherlands, Germany, Denmark and the United Kingdom. Outside of the EU, contacts were identified in Sierra Leone, Uganda and

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India.

Sources: the Netherlands MoH | WHO AFRO weekly bulletin | WHO DON

ECDC assessment

Lassa fever is endemic in most parts of Sierra Leone. Incidence of Lassa fever is higher in rural areas, where living conditions are basic and the likelihood to enter in contact with infected rodents is higher.

The risk level for secondary transmission among healthcare workers in the EU/EEA and in Sierra Leone depends on several factors such as closeness, duration of contact and the type of activity performed (e.g. by medical staff or those handling bodies of deceased Lassa fever patients in preparation for funeral). The type of personal protective equipment used at the time is another factor. Healthcare workers involved in invasive care procedures are at increased risk of exposure. In healthcare settings when appropriate infection prevention and control precautions and laboratory biosafety measures are in place, the secondary attack rate for Lassa virus transmission is extremely low.

Considering the fact that the deceased Dutch healthcare worker was in the prodromal phase during the international surgical training event on 11-12 November and the maximum incubation period is three weeks, further cases among contacts may be detected. However, as he was in the prodromal phase of his illness and the likelihood of transmission of the virus increases with progression of the disease, his contacts in this phase appear at low risk of exposure. Nonetheless, the contacts of the cases during their time at the hospital in Sierra Leone are considered to be at risk. Contact tracing activities are ongoing and relevant public health authorities have been alerted. Further contacts of the cases while symptomatic in Sierra Leone may still be detected.

There is no risk of primary infection with Lassa virus in community settings in the EU/EEA, since *Mastomys* sp. rodents are not native to Europe. The likelihood for the general population to encounter a Lassa fever case in the EU/EEA is very low and transmission of Lassa virus from travel-associated or air-lifted cases has been rare. ECDC RAGIDA guidelines can be used to assess the possibility of transmission to co-passengers and crew on board an aircraft.

EU/EEA travellers or EU/EEA citizens residing in Sierra Leone should be informed of the risk of exposure to Lassa virus, particularly in areas with *Mastomys* spp. rodents and during the main transmission season (roughly November through April). Travellers should avoid consumption of food and drinks possibly contaminated by rodent droppings, exposure to rodents or dust contaminated by rodents or to people presenting with haemorrhagic fever.

Actions

ECDC is monitoring this event through epidemic intelligence and is reporting on a daily basis. ECDC has published a rapid risk assessment 'Cases of Lassa fever in the Netherlands ex Sierra Leone' on 29 November 2019.

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

Opening date: 1 August 2018

Epidemiological summary

Since the beginning of the outbreak a year ago and as of 27 November 2019, there have been 3 309 cases (3 191 confirmed, 118 probable) in the Democratic Republic of the Congo (DRC), including 2 201 deaths (2 083 confirmed, 118 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past 21 days, cases were reported in Mabalako, Beni, Oicha and Mandima. As of 20 November 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, WHO's Director-General declared the Ebola

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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

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 28 November 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 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, including an extremely volatile security situation, difficulty accessing some remote areas, delays to engaging with the community which in turn lead to mistrust and misunderstandings, and potential under-reporting of cases. The recent security events and disruption of response activities underscore the fact that the risk of resurgence remains very high, as do the risks of re-dispersion of the outbreak with 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 Democratic Republic of the Congo 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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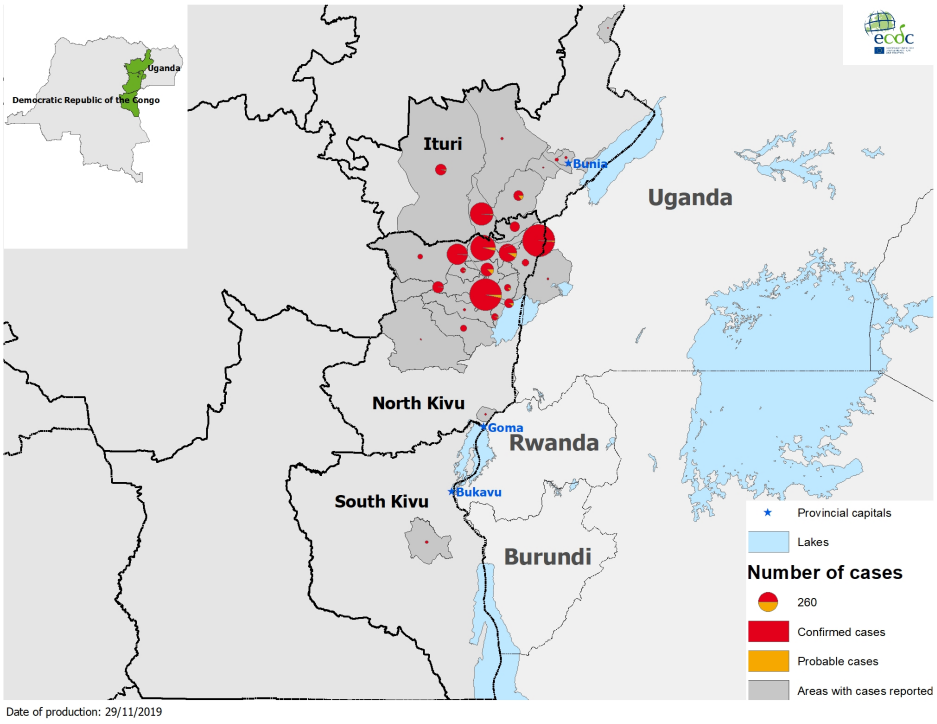
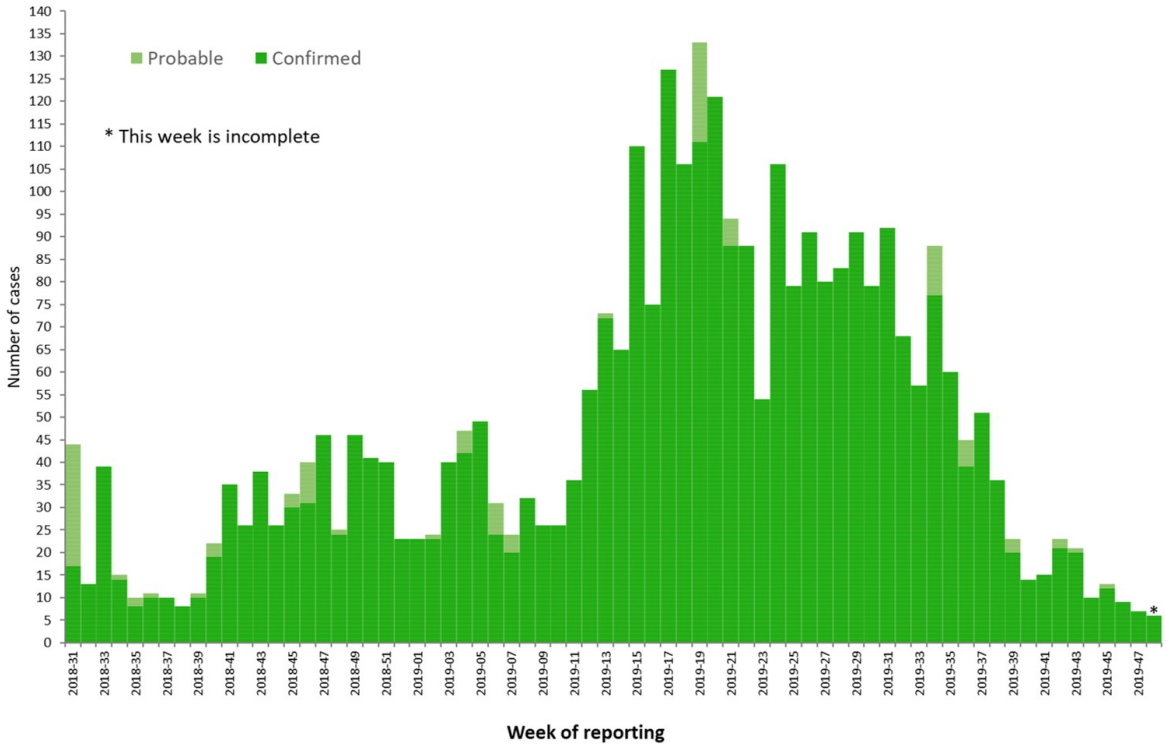
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 27 November 2019

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 27 November 2019

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 27 November 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	**3191**	**118**	**3309**	**2201**	
North-Kivu Province	2683	100	2783	1935	
Alimbongo	5	0	5	2	
Beni	689	9	698	459	ACTIVE
Biena	18	2	20	14	
Butembo	284	3	287	353	
Goma	1	0	1	1	
Kalunguta	194	18	212	89	
Katwa	651	24	675	494	
Kayna	27	0	27	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	403	17	420	327	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	64	0	64	30	ACTIVE
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	502	18	520	263	
Ariwara	1	0	1	1	
Bunia	5	0	5	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	78	3	81	30	
Mandima	344	5	349	167	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	**3192**	**118**	**3310**	**2202**	

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

Opening date: 20 April 2006 Latest update: 29 November 2019

Epidemiological summary

Americas

Dominican Republic: So far in 2019 and as of 2 November, the Dominican Republic reported 13 cholera cases with no associated deaths. This represents an increase of one case since the previous update. During the same period in 2018, the Dominican Republic reported 117 cholera cases and one associated death.

Haiti: In 2019 and as of 9 November, Haiti reported 674 cases including three deaths (CFR: 0.5%). This represents an increase of 38 cases and no deaths since the previous update. 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 9 November 2019, Haiti has reported 820 451 suspected cholera cases including 9 792 deaths (CFR: 1.2%).

Africa

Benin: WHO considers the cholera event in Benin closed. From 3 July to 30 September, 45 suspected cases with no associated deaths were reported in the Atlantique and Littoral Departments. Of these cases, 19 were confirmed for *Vibrio Cholerae* O1.

Burundi: In June 2019, a cholera outbreak was reported in Burundi. As of 5 November, 1 064 cases with six associated deaths (CFR: 0.6%) have been reported in Bujumbura rural and Cibitoke provinces. Among these cases, 288 have been confirmed for *Vibrio Cholerae* Ogawa. These represents an increase of 631 cases and four deaths since the previous update.

Cameroon: In 2019 and as of 21 November, Cameroon reported 1 850 cholera cases including 101 associated deaths (CFR: 5.5%) in North, Far North and South West regions. This represents an increase of 1 335 cases and 76 deaths since the previous update.

DR Congo: In 2019 and as of 3 November, DR Congo reported 25 001 suspected cholera cases, including 445 deaths (CFR: 1.8%). This represents an increase of 4 228 cases and 71 deaths since the previous update. The majority of the recent cases reported in the country (94%) were notified in North and South Kivu, Haut Lomami, Haut Katanga and Tanganyika regions. In all 2018, 31 387 cases including 1 042 deaths were notified across the country.

Ethiopia: As of 17 November 2019 and since the beginning of the outbreak in April 2019, 1 960 cases including 21 associated deaths (CFR: 1.1%) have been reported in Ethiopia. These numbers represent an increase of 252 cases and ten deaths since the previous update.

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Kenya: In 2019 and as of 10 November, 4 708 cases including 37 associated deaths (CFR: 0.8%) have been reported. The outbreak continues active in Garissa, Nairobi and Wajir counties. This represents an increase of 232 cases since the previous update.

Nigeria: From May 2019, and as of 8 November, Nigeria is reporting 818 cholera cases 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 31 cases since the previous update.

Somalia: As of 3 November 2019, WHO reported 8 871 suspected cholera cases including 46 associated deaths (CFR: 0.5%) since December 2017. This represent an increase of 39 cases and no deaths since the previous update.

Sudan: According to WHO, in 2019 and between August to 29 October, 332 cholera cases including 12 associated deaths (CFR: 3.6%) have been reported in Sudan. The regions affected are the Blue Nile state, Khartoum state and Sennar state. This represent an increase of 54 cases and four deaths since the previous update.

Uganda: WHO considers the cholera event in Uganda closed. As of 24 September and since June 2019, 231 cases with two associated deaths were reported in Insingiro, Bududa and Kyegegwa districts.

Zambia: In September 2019, a new cholera outbreak has been reported in Nsumbu district, Zambia. So far, six cases with no associated deaths have been reported. Among these cases, two were confirmed for *Vibrio Cholerae* O1 Inaba.

Asia

India: According to the Indian National Centre for Disease Control, cholera cases were reported in Punjab (123 cases including one death), Haryana (108 cases including two deaths) and Assam states (five cases) in September 2019. Additionally, media sources quoting health authorities reports 130 cholera cases and two associated deaths in Pune, in October 2019.

Yemen: Since the beginning of the outbreak and as of 20 November 2019, Yemen reported 2 190 202 suspected cholera cases and 3 752 deaths (CFR: 0.2%). This represent an increase of 54 503 cases and 33 deaths since the last update.

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. The worldwide overview of cholera outbreaks is available on the ECDC website.

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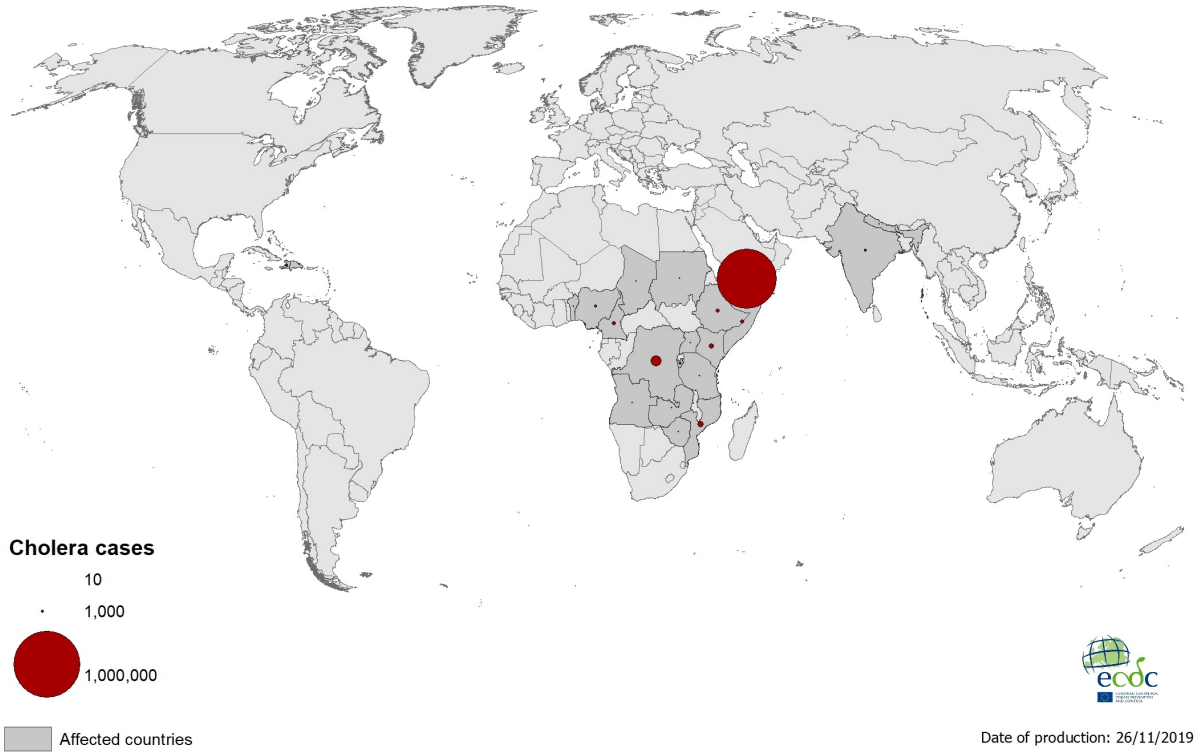
Link to ECDC CDTR web page – including related PowerPoint© slides

Geographical distribution of cholera cases reported worldwide in 2019

Source: ECDC



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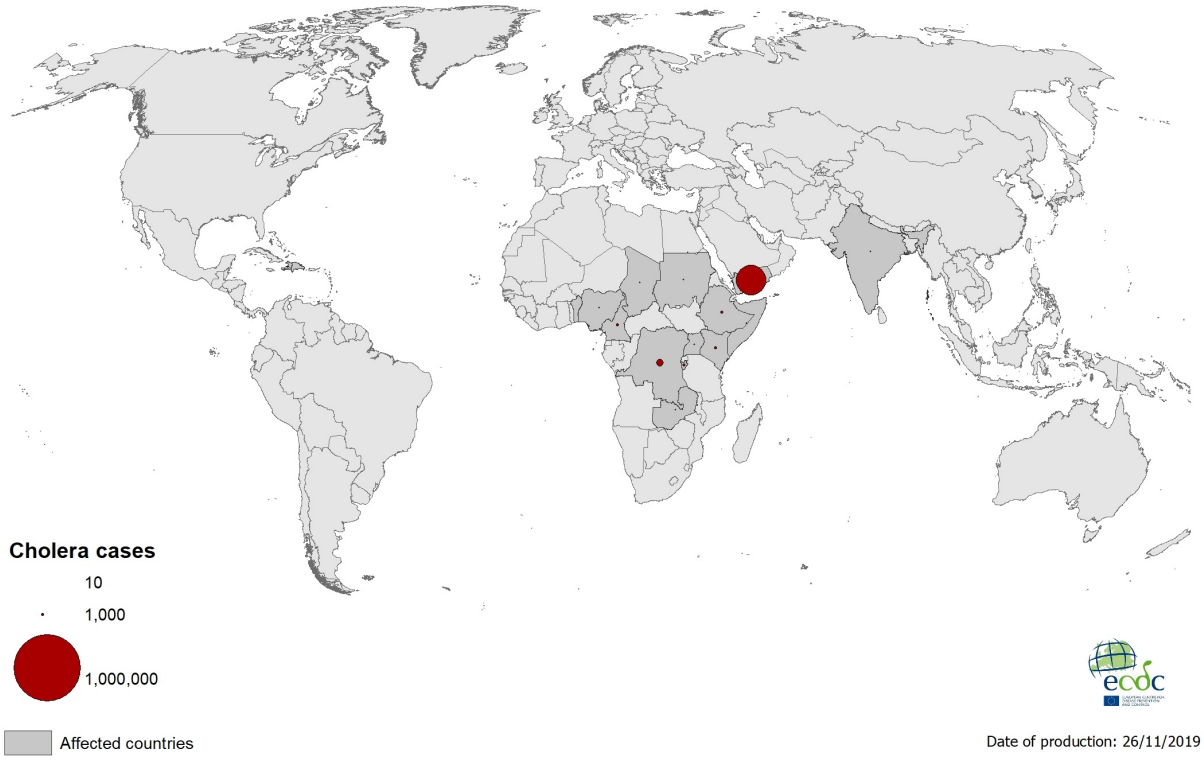
Geographical distribution of new cholera cases reported worldwide between September to November 2019

Source: ECDC



Poliomyelitis - Philippines - 2019

Opening date: 9 October 2019 Latest update: 29 November 2019

Epidemiological summary

Human cases: Since the declaration of a polio outbreak by the Philippines authorities on 19 September 2019 and as of 25 November, eight polio cases have been reported (age range 2–9 years). These cases are from Mindanao island (6), Basilan island (1) and Laguna in NCR (1). All were either unvaccinated or did not complete the full vaccination. Among the eight cases, four have been categorised as iVDPV2 (Laguna) or cVDVP2 (Mindanao island). The cVDVP2 cases in Mindanao are genetically linked. Laboratory results are pending for four other cases.

Environmental samples: Out of the 142 samples collected between 1 July and 6 November 2019, 26 samples tested positive, 25 from the National Capital region (NCR) and one from Davao City in Mindanao. Of the 26 positive environmental samples, 11 are VDPV1 isolated in NCR, all genetically linked. Another five (5) samples are VDPV2 isolated from NCR and Mindanao island (Davao city). The categorisation for the other 10 positive samples from NCR is pending.

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Sources: WHO-UNICEF report | Department of Health press release 1 | Department of health press release 2 | Department of health press release 3 | Department of health press release 4 | Department of health press release 5 | Department of health press release 6 | Department of health press release 7 | US CDC | Global polio eradication initiative vaccines factsheet | GPEI Vaccine derived polio factsheet | GPEI weekly update Philippines / ECDC factsheet | ECDC polio map

ECDC assessment

WHO estimates that the risk is high at the national level due to chronically suboptimal immunisation coverage with polio vaccines, sub-optimal performance of AFP surveillance, and poor sanitation and hygiene conditions. WHO estimates the risk as moderate at regional level and low at global level. The US CDC has recently updated its advice for travel to the Philippines to level 2 - Practice Enhanced Precautions.

On the 28 October 2019, the Department of Health reported 95.58% vaccination coverage for polio among children 0–59 months old for the October 14–27 round of Mass vaccination campaign in the National Capital Region (NCR) and in identified areas of Mindanao (Lanao del Sur, Marawi City, Davao del Sur, and Davao City).

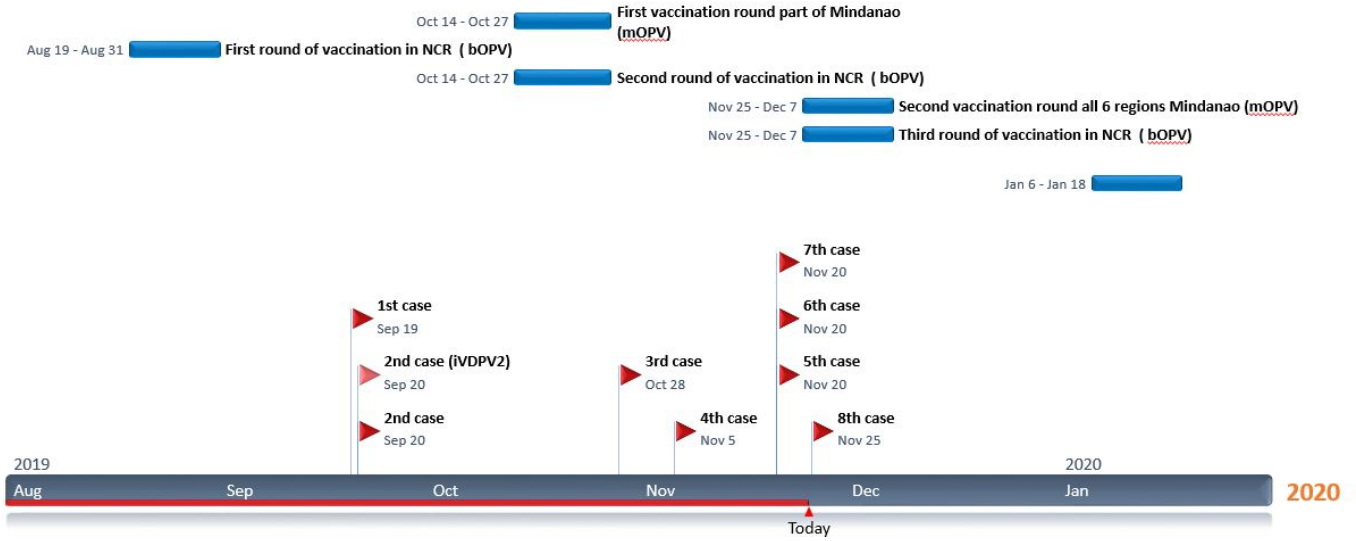
The risk for EU travellers in the Philippines is considered to be very low provided they are fully vaccinated. The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. The risk of reintroduction of the virus in Europe exists as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated. According to WHO, one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at risk of a sustained polio outbreak following wild poliovirus importation or emergence of cVDPV due to suboptimal programme performance and low population immunity.

Actions

ECDC is monitoring this event through epidemic intelligence.

Timeline of poliomyelitis cases and response measures implemented in the Philippines outbreak

Source: ECDC



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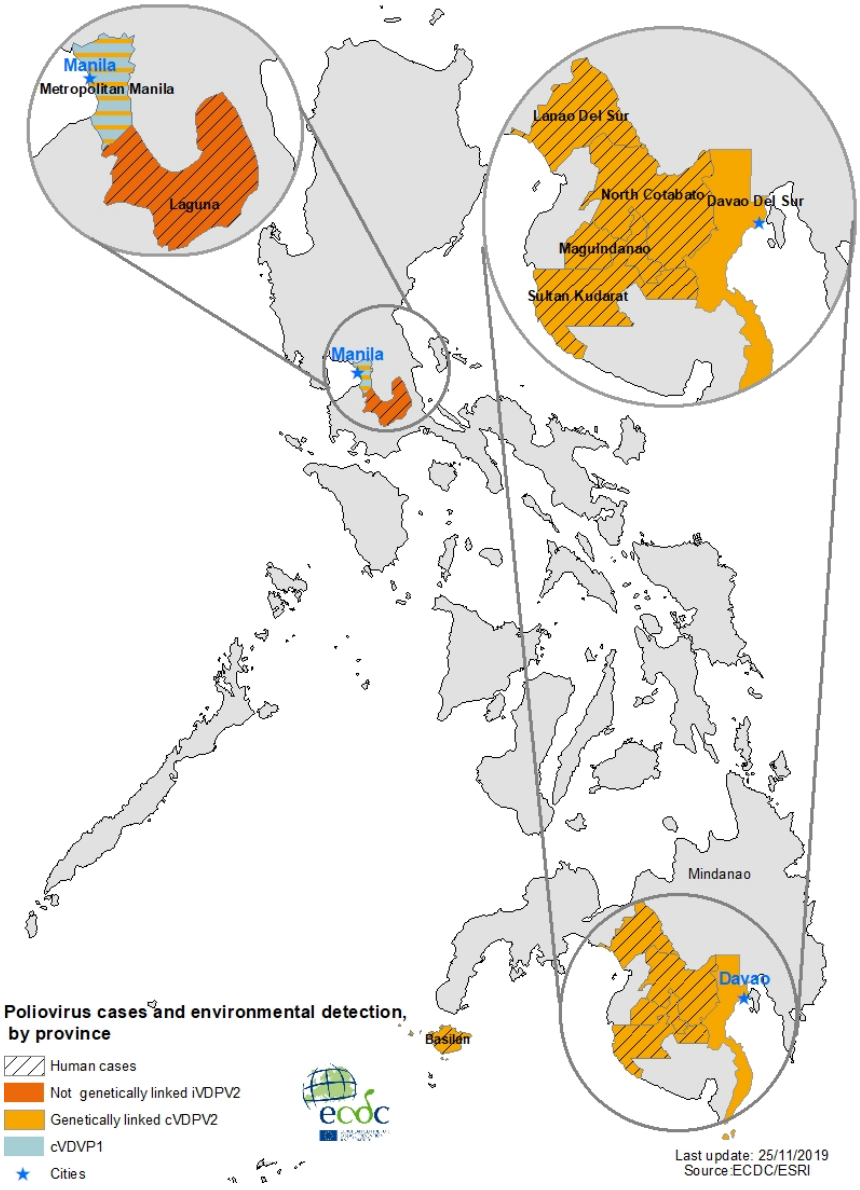
Poliovirus cases and environmental detection, by province, Philippines, July - November 2019

Source: ECDC



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