



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 27, 28 June-4 July 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Lyssavirus – Italy – 2020

Opening date: 2 July 2020

Latest update: 2 July 2020

On 28 June a West Caucasian Bat Lyssavirus was detected in a cat in Arezzo, Italy. This specific virus has only been detected once before in bats in the western Caucasus mountains in 2002.

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

Opening date: 23 June 2020

Latest update: 3 July 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 ([ECDC Vibrio Map Viewer](#)). 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.

→ Update of the week

As of 2 July 2020, in EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be very low to low. For the next five days it is considered generally to be very low, to low, except in the regions of Vaasa, Satakunta, Åland, Southwest Finland, Uusimaa and Kymenlaakso (Finland); Hiiumaa, Haapsalu and Matsalu (Estonia), Gulf of Riga (Estonia and Latvia), Klaipeda county (Lithuania), Gdansk Bay (Poland), Kalmar Strait and Öregrunds (Sweden) where the risk is considered to be medium-to-high. In addition, in Pärnu (Estonia) the risk is considered to be very high.

Outside EU/EEA countries, overall the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be medium to high. For the next five days is considered to be medium-to-high in Kaliningrad, Viborg and the coast in the Gulf of Finland (Russia) and very high in Saint Petersburg.

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

Opening date: 20 May 2020

Latest update: 3 July 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 26 June and 2 July 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: 3 July 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 27 June 2020 and as of 3 July 2020, 1 263 472 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 31 931 new deaths.

Globally, the number of cases has increased from 9 581 803 cases to 10 845 275, and the number of deaths has risen from 489 182 to 521 113.

In the EU/EEA and the UK, several countries are revising historical data this week which will be incorporated into our daily updates in the coming days.

More details are available [here](#).

Crimean-Congo Haemorrhagic fever – Europe – 2020

Opening date: 18 June 2020

Latest update: 3 July 2020

Crimean-Congo haemorrhagic fever is endemic in the Balkans and autochthonous cases have been sporadically reported in Bulgaria and Spain.

→Update of the week

In week 24 of 2020, the Bulgarian National Centre for Infectious and Parasitic Diseases reported one confirmed case of Crimean-Congo haemorrhagic fever (CCHF) in Bulgaria.

In 2020, as of 2 July 2020, two autochthonous cases have been reported in the EU/EEA; in Spain (1) and in Bulgaria (1).

Non EU Threats

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

Opening date: 4 June 2020

Latest update: 3 July 2020

On 1 June 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) [declared](#) the eleventh outbreak of Ebola virus disease in the country. The outbreak 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 30 June 2020, ten additional confirmed cases and one additional death have been reported from Equateur Province in the DRC.

On 1 July 2020, the European Commission (EC) granted [marketing authorisations](#) to the company Janssen, which is a Johnson & Johnson company, for a vaccine against Ebola. This is the second Ebola vaccine to be granted marketing authorization by the EC and requires two separate doses to be administered.

On 26 June 2020, the 8th IHR Emergency Committee for Ebola in the DRC took place to discuss the 10th Ebola outbreak in the DRC that occurred in the eastern side of the country (and is considered as a separate event from the 11th outbreak ongoing on the western side). It was stated that with the end of this 10th outbreak the public health emergency of international concern (PHEIC) that had been in place for this outbreak since 17 July 2019 was [considered over](#) on 26 June 2020. It was the largest ever outbreak in the DRC with 3 470 cases including 2 287 deaths reported.

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

Opening date: 9 December 2019

Global public health efforts are continuing to eradicate polio by immunising every child until transmission of the virus has stopped and the world becomes polio-free. 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 Emergency committee under the International Health Regulations (2005) stated that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC).

In June 2002, the WHO European Region was officially declared polio-free.

→Update of the week

Since the previous poliomyelitis CDTR update and as of 1 July 2020, 80 cases of polioviruses (WPV1 and cVDPV2) were reported, of which 20 were caused by the WPV1 strain and 60 by the cVDPV2 strain.

Wild poliovirus (WPV1):

- Six cases of Acute flaccid paralysis (AFP) caused by WPV1 were reported in Pakistan
- Fourteen cases of Acute flaccid paralysis (AFP) caused by WPV1 were reported in Afghanistan
- Additionally, 57 WPV1 environmental samples were detected: 53 in Pakistan and four in Afghanistan

Circulating vaccine-derived poliovirus (cVDPV):

- No new cases of cVDPV1 were reported
- Sixty cases of AFP caused by cVDPV2 were reported from seven countries: Chad (23), Democratic Republic of the Congo (13), Cote d'Ivoire (11), Burkina Faso (5), Afghanistan (4), Togo (2) and Pakistan (2)
- No new cases of cVDPV3 were reported
- Additionally, twenty-five cVDPV2 environmental samples were detected: fifteen in Cote d'Ivoire, six in Somalia, three in Afghanistan, and one in Cameroon.

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

Opening date: 24 September 2012

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 500 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point toward dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

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Since the previous update on 7 March 2020 and as of 2 July 2020, [Saudi Arabia](#) have reported 23 additional cases, including six deaths, with date of onset in 2020.

Since the beginning of 2020 and as of 2 July 2020, 61 cases have been reported by [Saudi Arabia](#) (57), [United Arab Emirates](#) (2) and [Qatar](#) (1), including 20 deaths in Saudi Arabia. From these 61 cases, 50 were primary cases, 16 of whom reported contact with camels, and 11 were healthcare-acquired cases.

So far, 10 of 13 regions of Saudi Arabia reported cases in 2020 (Asir, Eastern Province, Hail, Jawf, Madinah, Makkah, Najran, Northern Frontier, Quassim and Riyadh). The last case was reported on 2 July 2020 with date of onset on 28 May 2020.

II. Detailed reports

New! Lyssavirus – Italy – 2020

Opening date: 2 July 2020

Latest update: 2 July 2020

Epidemiological summary

On 28 June, the Regional Council of Tuscany reported the detection of a bat-related *Lyssavirus* in a cat in Arezzo, Italy. The virus was isolated by the National Reference Centre for Rabies in the Experimental Zooprophyllactic Institute of Venice. The samples were taken from a cat who showed neurological symptoms and eventually died.

The virus sequencing showed 98,52% homology with the West Caucasian Bat Lyssavirus. The infected cat lived closed to a bat colony.

People in contact with the infected cat have received post-exposure prophylaxis. Animals in contact with the infected cat are under observation. The Italian Ministry of Health, in collaboration with the Tuscany Region, has established a technical-scientific group on this issue.

Sources: [Italian regional authorities](#) | Animal Disease Notification System (ADNS)

ECDC assessment

This specific *Lyssavirus* has only been detected once before in bats in the western Caucasus Mountains of southeastern Europe in 2002. The transmissibility and pathogenicity of the virus to humans are unknown. It should be noted that the vaccine against classical rabies virus may not confer protective immunity.

This remains an isolated event and to date the public health risk for Europe is considered to be low.

Actions

ECDC is monitoring this event through epidemic intelligence activities and will report again if epidemiological updates become available.

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

Opening date: 23 June 2020

Latest update: 3 July 2020

Epidemiological summary

As of 2 July 2020, in the EU/EEA countries, overall the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be very low to low. For the next five days it is considered generally to be very low, to low, except in the regions of Vaasa, Satakunta, Åland, Southwest Finland, Uusimaa and Kymenlaakso (Finland); Hiiumaa, Haapsalu and Matsalu (Estonia), Gulf of Riga (Estonia and Latvia), Klaipeda county (Lithuania), Gdansk Bay (Poland), Kalmar Strait and Öregrunds (Sweden) where the risk is considered to be medium-to-high. In addition, in Pärnu (Estonia) the risk is considered to be very high.

Outside EU/EEA countries, overall the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be medium to high. For the next five days is considered to be medium-to-high in Kaliningrad, Viborg and the coast in the Gulf of Finland (Russia) and very high in Saint Petersburg.

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.

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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-toxicogenic *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.

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

Opening date: 20 May 2020

Latest update: 3 July 2020

Epidemiological summary

Between 26 June and 2 July 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 2 July 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

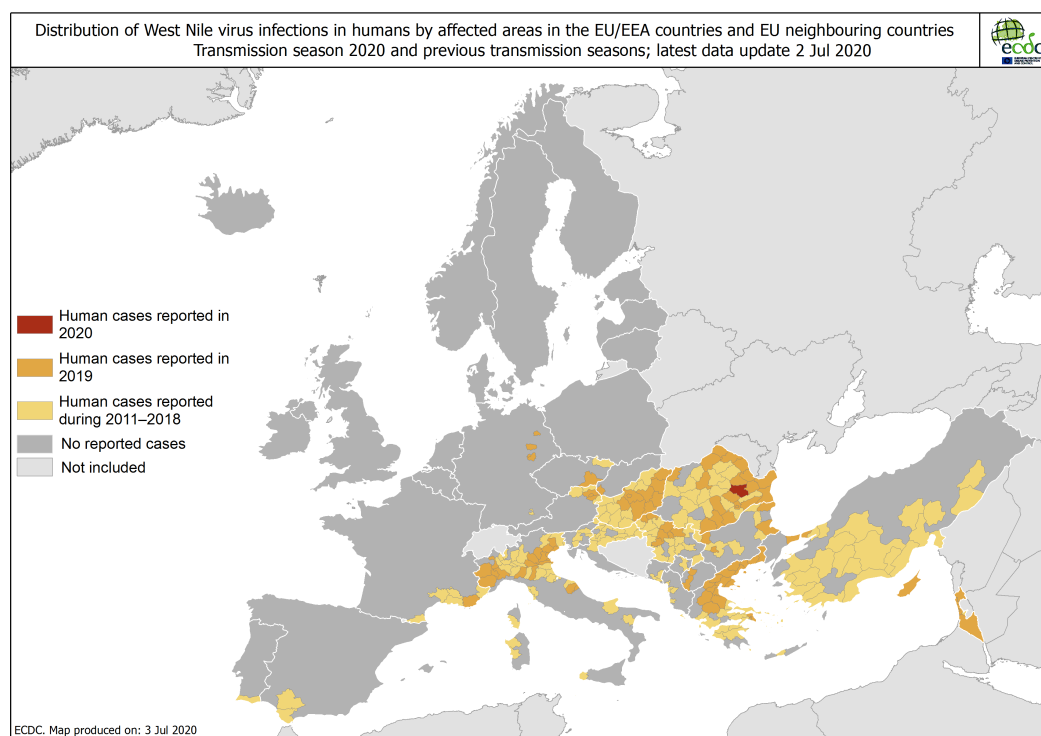
So far, one human case has been reported from an EU Member State during the 2020 transmission season, which is consistent with observations of seasonal transmission in previous years. In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving 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.

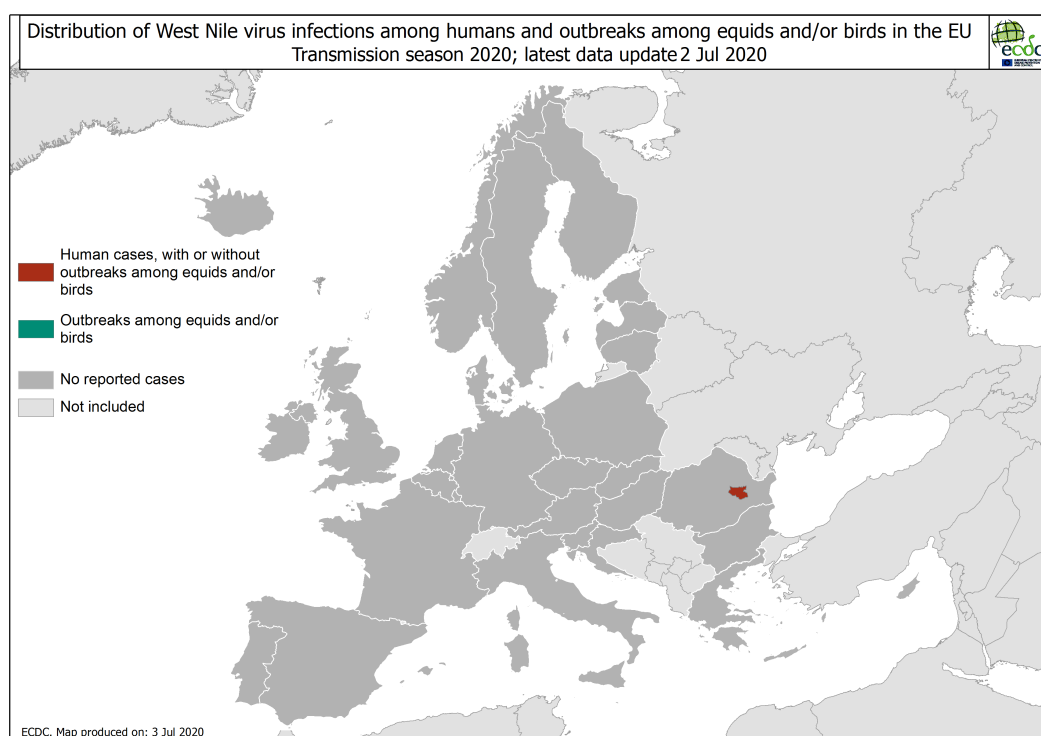
Distribution of human West Nile virus infections by affected areas as of 2 July

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 2 July

ECDC and ADNS



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

Opening date: 7 January 2020

Latest update: 3 July 2020

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Epidemiological summary

Since 31 December 2019 and as of 3 July 2020, 10 845 275 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 521 113 deaths.

Cases have been reported from:

Africa: 433 819 cases; the five countries reporting most cases are South Africa (168 061), Egypt (71 299), Nigeria (27 110), Ghana (18 134) and Algeria (14 657).

Asia: 2 378 254 cases; the five countries reporting most cases are India (625 544), Iran (232 863), Pakistan (221 896), Turkey (202 284) and Saudi Arabia (197 608).

America: 5 580 136 cases; the five countries reporting most cases are United States (2 739 879), Brazil (1 496 858), Peru (292 004), Chile (284 541) and Mexico (238 511).

Europe: 2 442 760 cases; the five countries reporting most cases are Russia (661 165), United Kingdom (283 757), Spain (250 103), Italy (240 961) and Germany (195 674).

Oceania: 9 610 cases; the five countries reporting most cases are Australia (8 001), New Zealand (1 180), Guam (286), French Polynesia (62) and Northern Mariana Islands (31).

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

Deaths have been reported from:

Africa: 10 659 deaths; the five countries reporting most deaths are Egypt (3 120), South Africa (2 844), Algeria (928), Nigeria (616) and Sudan (602).

Asia: 58 248 deaths; the five countries reporting most deaths are India (18 213), Iran (11 106), Turkey (5 167), China (4 641) and Pakistan (4 551).

America: 259 073 deaths; the five countries reporting most deaths are United States (128 740), Brazil (61 884), Mexico (29 189), Peru (10 045) and Canada (8 642).

Europe: 192 993 deaths; the five countries reporting most deaths are United Kingdom (43 995), Italy (34 818), France (29 875), Spain (28 368) and Belgium (9 765).

Oceania: 133 deaths; the 4 countries reporting deaths are Australia (104), 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:

UK: On 3 July the UK are performing a revision of historical data that may lead to a decreased number of cases. Data will be retro-corrected accordingly.

As of 3 July 2020, 1 541 965 cases have been reported in the EU/EEA and the UK: United Kingdom (283 757), Spain (250 103), Italy (240 961), Germany (195 674), France (166 378), Sweden (70 639), Belgium (61 727), Netherlands (50 357), Portugal (42 782), Poland (35 146), Romania (27 746), Ireland (25 489), Austria (17 952), Denmark (12 815), Czechia (12 178), Norway (8 902), Finland (7 241), Bulgaria (5 315), Luxembourg (4 395), Hungary (4 166), Greece (3 458), Croatia (2 912), Estonia (1 990), Iceland (1 850), Lithuania (1 825), Slovakia (1 700), Slovenia (1 633), Latvia (1 122), Cyprus (999), Malta (670) and Liechtenstein (83).

As of 3 July 2020, 177 675 deaths have been reported in the EU/EEA and the UK: United Kingdom (43 995), Italy (34 818), France (29 875), Spain (28 368), Belgium (9 765), Germany (9 003), Netherlands (6 109), Sweden (5 411), Ireland (1 738), Romania (1 687), Portugal (1 587), Poland (1 492), Austria (705), Denmark (606), Hungary (587), Czechia (351), Finland (328), Norway (251), Bulgaria (232), Greece (192), Slovenia (111), Croatia (110), Luxembourg (110), Lithuania (78), Estonia (69), Latvia (30), Slovakia (28), Cyprus (19), Iceland (10), Malta (9) and Liechtenstein (1).

EU:

As of 3 July 2020, 1 247 373 cases and 133 418 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 [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.

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

ECDC assessment

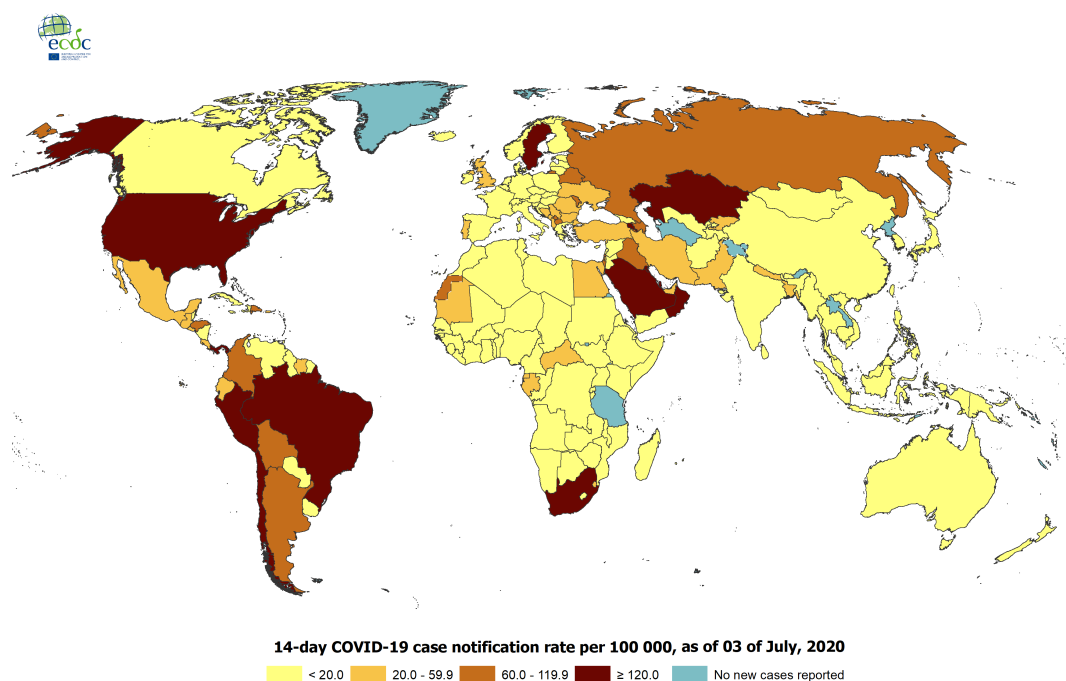
Information on the COVID-19 situation and a risk assessment can be found on the [ECDC website](#).

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 3 July 2020

ECDC



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

Date of production: 03/07/2020

Crimean-Congo Haemorrhagic fever – Europe – 2020

Opening date: 18 June 2020

Latest update: 3 July 2020

Epidemiological summary

Bulgaria: In week 24 of 2020, the Bulgarian National Centre for Infectious and Parasitic Diseases reported one CCHF confirmed case in Bulgaria.

Spain: On 11 June 2020, public health authorities in the autonomous community of Castile and León reported a confirmed case of CCHF. The case was bitten by a tick at the end of May in Salamanca province and developed compatible symptoms in the following days. The case is currently under isolation in a healthcare facility; contact tracing activities were initiated.

Turkey: Between January and June 2020, Turkey reported 480 cases. According to authorities, this figure represents an increase of CCHF cases compared to the same period in 2019.

Background information for the EU/EEA: Between 2016 and 2019, 17 autochthonous cases were reported in the EU/EEA: Bulgaria (14 cases), and Spain (3 cases).

In addition, Greece reported one travel-related case of CCHF in 2018, with travel exposure in Bulgaria.

Sources: [Bulgarian NCIPD](#) | [Spanish regional health authorities](#) | [Turkish Ministry of Health](#)

ECDC assessment

Hyalomma spp. ticks are considered the principal vectors of CCHF virus. *Hyalomma marginatum* is widely present in southern and eastern Europe, as shown in the [distribution map](#) published in May 2020. In Spain, the main vector is *Hyalomma lusitanicum*.

Hunters, forest workers, hikers and people working with animals are more likely to be exposed to ticks and therefore to be infected. People potentially exposed to ticks should apply [personal protective measures against tick bites](#).

Healthcare providers caring for patients infected with CCHF virus are at risk of human-to-human transmission as demonstrated in [2016 in Spain](#), in which a healthcare worker was infected while attending to a primary case. The risk of further human-to-human transmission in hospital settings can be significantly reduced by applying timely and appropriate infection prevention and control measures.

On 8 September 2016, ECDC published a [rapid risk assessment](#) related to CCHF cases in Spain. The assessment remains valid for the current events. In addition, in July 2019, the Spanish authorities published a [situational report](#) and risk assessment related to CCHF in Spain.

Additional information on CCHF can be found in the [ECDC Surveillance Atlas of Infectious Diseases](#), the [ECDC factsheet](#) and in the latest [ECDC annual epidemiological report](#).

Actions

ECDC is monitoring this event through epidemic intelligence activities and will report again when epidemiological updates become available.

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

Opening date: 4 June 2020

Latest update: 3 July 2020

Epidemiological summary

Since 18 May 2020 and as of 30 June 2020, a total of 34 cases (31 confirmed, three probable), including 14 deaths, have been reported from Bikoro (12), Bolomba (6), Iboko (3), Mbandaka (7) and Wangata (6) health zones in Equateur province in the DRC. In total, two healthcare workers have been affected.

Since the beginning of the vaccination campaign with rVSV-ZEBOV-GP on 5 June 2020, 7 216 people have been vaccinated.

Background: From May to July 2018, the [9th Ebola outbreak](#) in the DRC occurred in Mbandaka, Bikoro and in the Equateur province, leading to a total of 54 cases, including 33 deaths. According to WHO, this current event seems to be separate from the [10th Ebola outbreak](#) in the eastern part of the country, which has reported 3 470 cases, including 2 287 deaths and was declared over on 25 June 2020. [Sequencing](#) results confirm the new outbreak as a separate spill-over event. This is the DRC's [11th outbreak](#) of Ebola virus disease since 1976 when the virus was first discovered.

Besides Ebola outbreaks, the country is currently battling other major outbreaks such as the COVID-19 pandemic (7 189 cases including 176 deaths) and a measles outbreak (372 021 cases including 6 870 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

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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 [WHO assessment](#) 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](#).

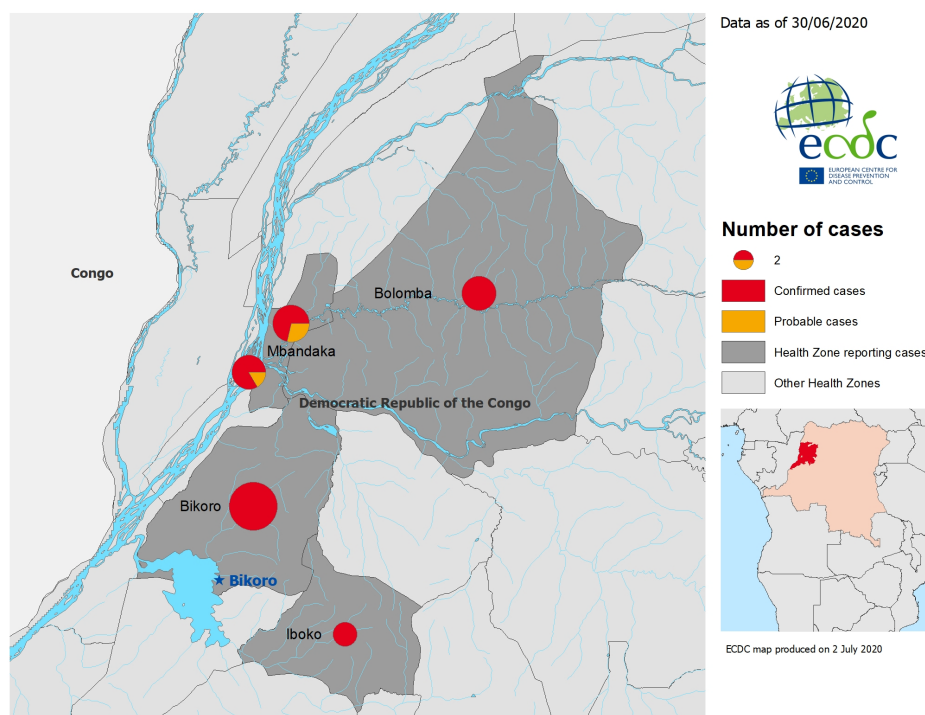
Ebola Virus Disease cases distribution in Equateur Province, Democratic Republic of the Congo, as of 30 June 2020

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths
Democratic Republic of the Congo	31	3	34	14
Equateur	31	3	34	14
Bikoro	12	0	12	4
Bolomba	6	0	6	1
Iboko	3	0	3	0
Mbandaka	5	2	7	5
Wangata	5	1	6	4
Cumulative Total	31	3	34	14

Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 30 June 2020

Source: ECDC



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

Opening date: 9 December 2019

Epidemiological summary

Summary:

Wild poliovirus: Overall in 2020, and as of 1 July, 81 cases have been reported from two endemic countries: Pakistan (55) and Afghanistan (26).

Circulating vaccine-derived poliovirus (cVDPV): Overall in 2020 and as of 1 July,

No cases of cVDPV1 were reported.

193 cases of cVDPV2 have been reported from 17 countries. These cases have been reported in Pakistan (47), Chad (36), Cote D'Ivoire (18), Democratic Republic of the Congo (18), Afghanistan (17), Ethiopia (14), Ghana (11), Togo (9), Burkina Faso (9), Niger (4), Cameroon (3), Angola (2), Benin (1), Central African Republic (1), Mali (1), Nigeria (1), and the Philippines (1).

No cases of cVDPV3 were reported.

Global guidance from WHO recommends temporarily postponing preventive immunisation campaigns where there is no active outbreak of a vaccine-preventable disease. Operationally, polio vaccination campaigns are incompatible with physical distancing recommendations. The guidance calls for countries to prioritise routine immunisation of children in essential service delivery. Therefore, the Global Polio Eradication Initiative (GPEI) has taken the decision to temporarily delay immunisation campaigns. In the GPEI programme, surveillance activities will continue to the extent possible to monitor the evolution of the situation. In addition, comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC Polio interactive map](#) | [WHO DON](#) | [WPV3 eradication certificate](#)

ECDC assessment

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 so long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated. According to the report dated May 2019 of the European Regional Commission for Certification of Poliomyelitis Eradication, one EU/EEA country (Romania) and two neighbouring countries (Bosnia and

Herzegovina, and Ukraine) remain at high [risk of a sustained polio outbreak](#). According to the same report, an additional 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or emergence of cVDPV due to suboptimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries shows that there is a continued risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in the pockets of under-immunised populations.

[ECDC](#) endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or long-term visitors (> 4 weeks) to countries with potential risk of international spread.

ECDC links: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#)

Actions

ECDC provides updates on the polio situation on a monthly basis. ECDC monitors polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU/EEA.

ECDC maintains an [interactive map](#) showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

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

Opening date: 24 September 2012

Epidemiological summary

From 1 January 2020 to 2 July 2020, 61 MERS-CoV cases have been reported in Saudi Arabia (57), United Arab Emirates (2) and Qatar (1), including 20 deaths in Saudi Arabia. From these 61 cases, 50 were primary cases, 16 of whom reported contact with camels, and 11 were healthcare-acquired cases. In 2020, 77.2% of the 57 cases in Saudi Arabia were reported in Riyadh (25), Asir (7), Eastern Province (6) and Makkah (6).

Since April 2012 and as of 2 July 2020, 2 577 cases of MERS-CoV, including 935 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Saudi Arabia Ministry of Health](#)

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, and in particular in Saudi Arabia. The risk of sustained human-to-human transmission in Europe remains very low. The MERS-CoV current situation poses a low risk to the EU, as stated in an ECDC [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

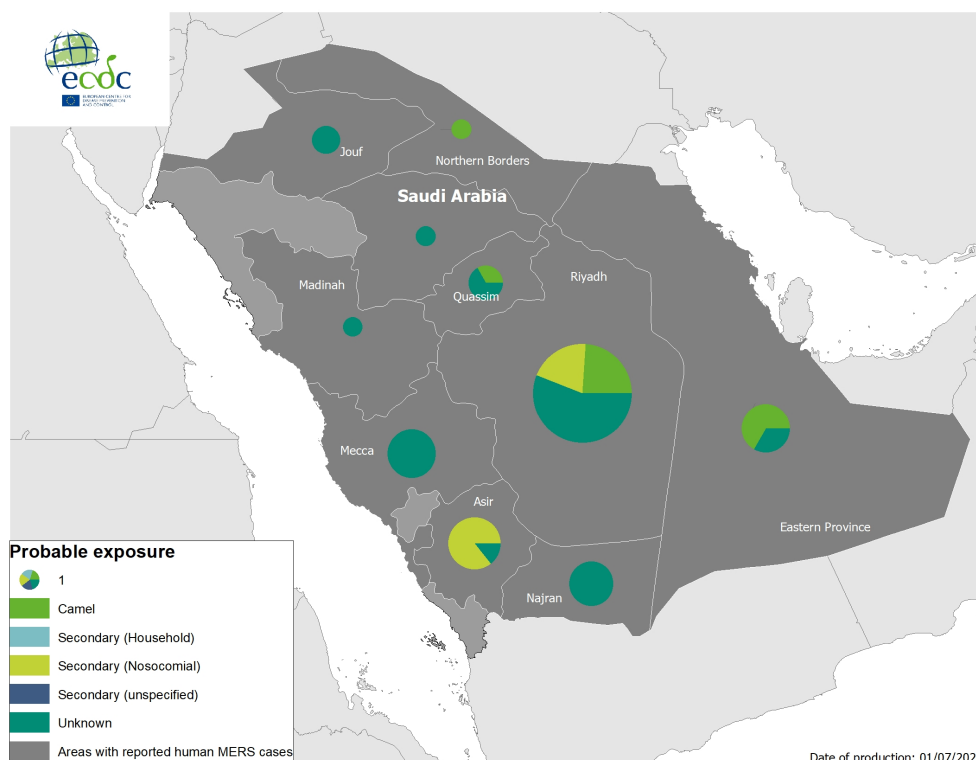
ECDC has published a technical report on '[Health emergency preparedness for imported cases of high-consequence infectious diseases](#)' in October 2019, which will be useful for EU Member States that want to assess their level of preparedness for a disease such as MERS. ECDC has published '[Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#)' on 22 January 2020.

Actions

ECDC monitors this threat through epidemic intelligence and reports on a monthly basis.

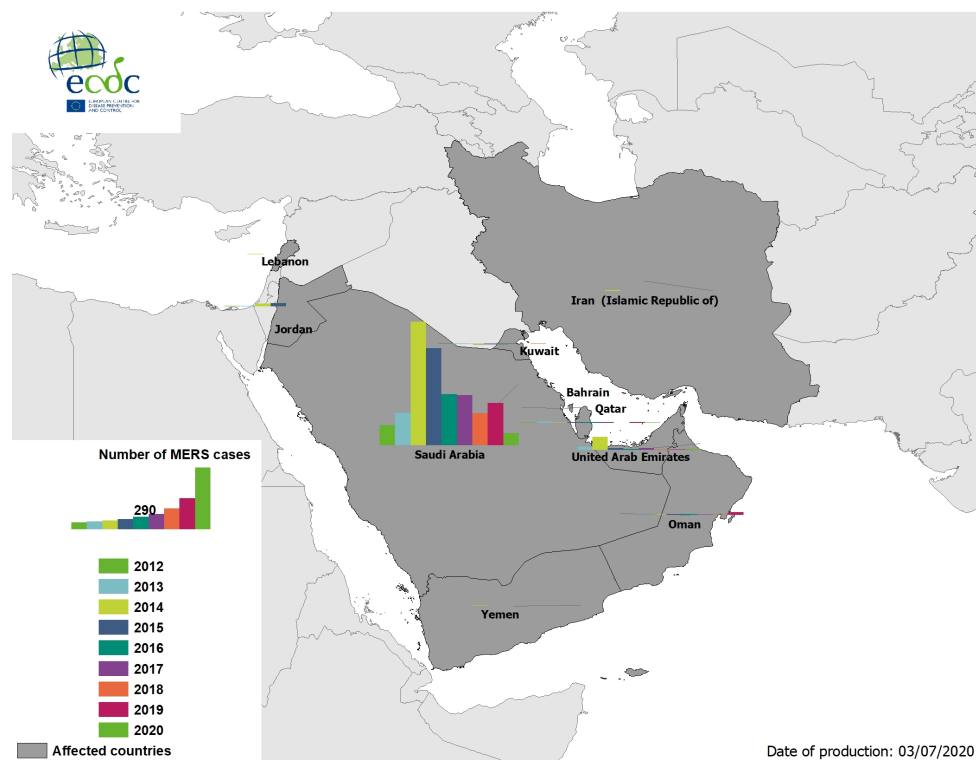
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2019 to 9 April 2020

Source: ECDC



Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012 – 9 April 2020

Source: ECDC



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