

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Start of seasonal influenza reporting in Europe

Weekly influenza updates on seasonal influenza in Europe will resume in week 41 in 2019 (week ending on 13 October 2019). The first update will present data collected in week 40/2019 (week ending on 6 October 2019). Summaries of the weekly influenza report will be available through two weekly publications, the [Communicable Disease Threats Report](#) (CDTR) and [Flu News Europe](#).

The recommended composition of [influenza virus vaccines](#) for the 2019-2020 northern hemisphere influenza season is:

A/Brisbane/02/2018 (H1N1)pdm09-like virus;
A/Kansas/14/2017 (H3N2)-like virus;
B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

It is recommended that the influenza B virus component of trivalent vaccines for the 2019–2020 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

I. Executive summary

EU Threats

New! Plasmodium cynomolgi infection - Denmark ex Southeast Asia - 2018

Opening date: 1 October 2019

Denmark reports a travel-related case of malaria caused by *Plasmodium cynomolgi* who had travelled to forested areas in southeast Asia during August-September 2018.

New! Extensively drug-resistant (XDR) Klebsiella pneumoniae – Germany – 2019

Opening date: 3 October 2019

Latest update: 4 October 2019

In October 2019, German health authorities reported an outbreak of extensively drug-resistant (XDR) *K. pneumoniae*, carrying the genes encoding for the OXA-48 and NDM-1 carbapenemases and resistant to colistin. This outbreak strain is of concern due to the very few remaining options for the treatment of infected patients. The outbreak affects four hospitals in the northeast of the state of Mecklenburg-West Pomerania.

West Nile virus - Multistate (Europe) - Monitoring season 2019

Opening date: 3 June 2019

Latest update: 4 October 2019

During the transmission season, expected to be from June–November 2019, ECDC monitors the occurrence of infections in EU/EEA Member States and EU neighbouring countries and publishes weekly epidemiological updates to inform blood safety authorities of areas at NUTS 3 (Nomenclature of Territorial Units for Statistics 3) or GAUL 1 (Global Administrative Unit Layers 1) level where at least one locally-acquired human infection meeting the EU case definition (Commission Implementing Decision (EU) 2018/945) has been reported.

→Update of the week

Between 27 September and 3 October 2019, EU Member States reported 29 human cases in Italy (12), Hungary (8), Greece (7), Germany (1) and France (1). No cases were reported from EU neighbouring countries. This is the first time that an autochthonous human West Nile virus infection was reported from Germany. The case was reported from Leipzig, Germany. In Italy, a human case was reported from Macerata, an area that has not been affected previously. All other human cases were reported from areas that have been affected previously. This week, four deaths were reported by Greece (2) and Italy (2).

In the same week, 15 outbreaks among equids were reported to the Animal Disease Notification System (ADNS) by Germany (5), Greece (3), France (2), Hungary (2), Italy (2) and Spain (1).

Non EU Threats

New! Yellow fever - Nigeria - 2019

Opening date: 2 October 2019

Latest update: 4 October 2019

On 1 October 2019, media and local authorities notified an outbreak of yellow fever (YF) in previously non-affected Bauchi state in Nigeria, with epicentre in the Yankari Game Reserve of Alkaleri local government area (LGA). Between 29 August and 22 September 2019, 231 suspected YF cases were reported in Nigeria, including 15 deaths (CFR 6%). Of the 231 suspected cases, 13 cases (7%) were presumptive positive by IgM testing.

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019

Latest update: 4 October 2019

ECDC is monitoring the Rugby World Cup 2019 taking place from 20 September–2 November 2019 in Japan to detect threats to public health that could affect EU/EEA visitors. This event will gather 20 international teams, six of which are from four EU countries: the UK (3), France (1), Ireland (1) and Italy (1). The competitions will be held in 12 stadiums across the country, hosting a total of approximately 400 000 international visitors.

→Update of the week

No major events have been detected since the previous CDTR. Heavy rains and floods were reported in the western part of the country this week. Updates are provided for outbreaks of rubella and measles. An outbreak of rubella continues in Japan, with 2 196 cases reported in 2019 (as of 22 September 2019). The number of measles cases is decreasing, with 693 cases reported in 2019 (as of 25 September 2019).

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

Opening date: 1 August 2018

Latest update: 4 October 2019

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the 10th outbreak of Ebola virus disease in the country. The outbreak affects North Kivu, South Kivu and Ituri Provinces in the northeast 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 2 October 2019. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened, and the WHO Director-General later declared that the outbreak meets all criteria for a public health emergency of international concern (PHEIC) under the International Health Regulations.

→Update of the week

Since the previous CDTR and as of 2 October 2019, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported 18 additional confirmed cases and two probable cases. During the same period, nine deaths among confirmed cases were reported. One additional healthcare worker was reported to be among these new cases.

The two new probable cases included an infant from Komanda with onset of symptoms on 7 September (died 10 September) and an adult man from Mambasa with onset of symptoms on 21 August (died on 29 August).

The administration of the second investigational Ebola vaccine (manufactured by Johnson & Johnson) will [start](#) in October in areas outside of the currently active health zones. In areas with active Ebola transmission, the currently used vaccine (rVSV-ZEBOV-GP, manufactured by MERCK) will remain the only one used.

The previously mentioned major security incident in Lwemba, Mandima, has been hampering all Ebola response activities in this area for more than two weeks.

On 26 September, the Technical Secretariat [announced](#) the adoption of a new strategy based on [positive educational messages](#).

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

Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 4 October 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 by WHO on 5 May 2014 due to concerns over the increased circulation and international spread of wild poliovirus in 2014. In June 2002, the WHO European Region was officially declared polio-free.

→Update of the week

Wild poliovirus:

Since the last polio update published on 6 September 2019 and as of 25 September, 11 new cases of wild poliovirus type 1 have been reported in Pakistan (8) and Afghanistan (3).

Circulating vaccine-derived poliovirus (cVDPV):

Three new cases of cVDPV1 have been reported during this period in Myanmar.

Twenty-four new cases of cVDPV2 have been reported during this period in Angola (13), Democratic Republic of Congo (7), Central African Republic (2), Nigeria (1) and Ethiopia (1).

No new cases of cVDPV3 have been reported during this period.

Additionally, and according to WHO Disease Outbreak News (DON), two vaccine-derived poliovirus type 2 (VDPV2) cases have been reported in the Philippines in September 2019.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multistate

Opening date: 24 September 2012

Latest update: 4 October 2019

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 400 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

Since the previous CDTR published on 6 September 2019, Saudi Arabia is the only country that has notified new cases. As of 30 September 2019, [Saudi Arabia](#) has reported an increase of four cases and two deaths.

So far, 11 of 13 regions in Saudi Arabia have reported 173 cases in 2019, three of which (Quassim, Riyadh and Eastern Province) have reported cases in the last seven days.

II. Detailed reports

New! *Plasmodium cynomolgi* infection - Denmark ex Southeast Asia - 2018

Opening date: 1 October 2019

Epidemiological summary

At the end of September 2019, Denmark reported a travel-related case of malaria caused by *Plasmodium cynomolgi* in a 37-year-old woman from Denmark who had travelled to forested areas in peninsular Malaysia and Thailand during August-September 2018. The patient did not take malaria chemoprophylaxis but used mosquito repellents and mosquito nets.

The day before returning to Denmark, the woman experienced malaria-like symptoms; one day after her return to Denmark she was admitted to hospital with suspected malaria. Results of initial malaria tests (rapid diagnostic test and microscopy) were negative. Since symptoms persisted, a malaria-specific loop-mediated isothermal amplification test (LAMP) was performed which was positive for *Plasmodium spp.* Additional tests were performed, and Sanger sequencing results revealed *P. cynomolgi*.

The patient received atovaquone/proguanil, followed by primaquine. Symptoms resolved on the second day of treatment. She was discharged for outpatient follow-up and fully recovered. Results of malaria microscopies repeated on days 9 and 37 of treatment were negative.

ECDC assessment

P. cynomolgi is usually found in macaques across southeast Asia and rarely infects humans (first human case was described in 2014). Due to the presence of *P. cynomolgi* in macaques across southeast Asia and the number of tourists visiting these areas and their national parks (which also have macaque populations), it is not unexpected to find additional cases. Since the diagnosis is challenging, advanced detection and identification techniques should be performed to ensure to take *P. cynomolgi* into account in the differential diagnosis when all other tests come back negative.

Chemoprophylaxis against malaria [should be considered](#) and [personal protective measures against mosquito bites](#) should be encouraged while visiting these areas. These personal protective measures should also be considered by residents in malaria-affected areas.

Actions

ECDC has published a [news item](#).

New! Extensively drug-resistant (XDR) *Klebsiella pneumoniae* – Germany – 2019

Opening date: 3 October 2019

Latest update: 4 October 2019

Epidemiological summary

The Robert Koch Institute reports an outbreak of extensively drug-resistant (XDR) *K. pneumoniae*, carrying the genes encoding for the OXA-48 and NDM-1 carbapenemases and resistant to colistin. As of 2 October 2019, 17 cases in four hospitals in the northeast of the state of Mecklenburg-West Pomerania have been reported: six cases of infections and eleven cases of carriage of the bacterium. The involved *K. pneumoniae* strain is resistant to all penicillins, cephalosporins, carbapenems, quinolones, aminoglycosides as well as fosfomycin and colistin, but susceptible to chloramphenicol, tigecycline (limited susceptibility) and cefiderocol (antibiotic in development, not yet approved for use in the EU/EEA).

Source: [RKI](#) | [Regional health authority](#)

ECDC assessment

This outbreak affecting four hospitals in Germany is another event highlighting the worsening situation and the high risk for further spread of highly-resistant, hospital-adapted strains of carbapenem-resistant Enterobacteriaceae in the EU/EEA. The extensively drug-resistant (XDR) profile of this outbreak strain is of concern due to the very few remaining treatment options. EU/EEA-wide enhanced control efforts are needed as was recently outlined in an ECDC [rapid risk assessment on carbapenem-resistant Enterobacteriaceae](#) (27 September 2019).

Actions

ECDC is monitoring this event; ECDC also contacted the German authorities for additional information.

West Nile virus - Multistate (Europe) - Monitoring season 2019

Opening date: 3 June 2019

Latest update: 4 October 2019

Epidemiological summary

Between 27 September and 3 October 2019, EU Member States reported 29 human cases in Italy (12), Hungary (8), Greece (7), Germany (1) and France (1). No cases were reported from EU neighbouring countries. This is the first time that an autochthonous human West Nile virus infection was reported from Germany. The case was reported from Leipzig, Germany. In Italy, a human case was reported from Macerata, an area that has not been affected previously. All other human cases were reported from areas that have been affected previously. This week, four deaths were reported by Greece (2) and Italy (2).

In the same week, 15 outbreaks among equids were reported to the Animal Disease Notification System (ADNS) by Germany (5), Greece (3), France (2), Hungary (2), Italy (2) and Spain (1).

Since the beginning of the 2019 transmission season and as of 3 October 2019, EU Member States and EU neighbouring countries reported 404 human infections. EU Member States reported 372 cases in Greece (215), Romania (57), Italy (40), Hungary (32), Cyprus (16), Austria (4), Bulgaria (4), France (2), Germany (1), Slovakia (1). EU neighbouring countries reported 32 human cases in Serbia (20), Turkey (7) and North Macedonia (5).

To date, 39 deaths due to West Nile virus infection have been reported by Greece (27), Romania (5), Italy (4), Cyprus (1), North Macedonia (1) and Serbia (1).

During the current transmission season, 55 outbreaks among equids have been reported by Germany (16), Greece (15), Italy (8), France (6), Hungary (6), Austria (3), Spain (1). In addition, Germany reported 48 outbreaks among birds to ADNS.

ECDC link: [West Nile virus infection atlas](#)

Sources: [TESSy](#) | [Animal Disease Notification System](#)

ECDC assessment

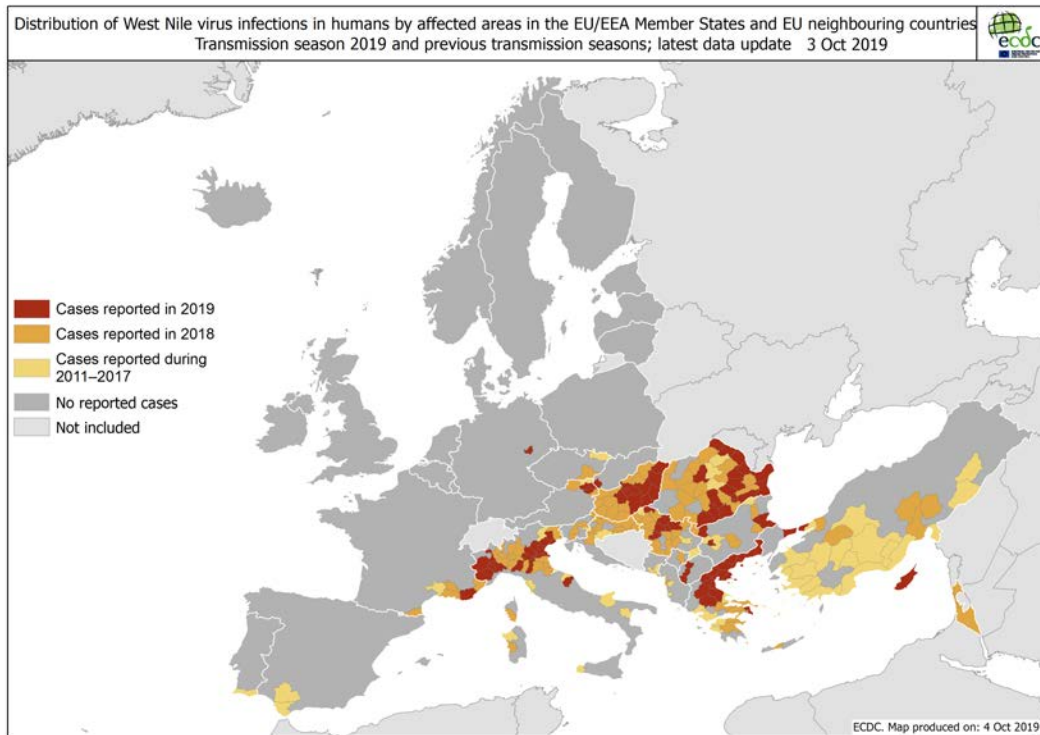
During this transmission season, Germany and Slovakia reported their first autochthonous human West Nile virus infection. The occurrence of human autochthonous West Nile virus infections in Germany and Slovakia is not unexpected. WNV circulation among either birds, equids (in Germany) and [mosquitoes](#) (Slovakia) have been previously documented. All other human infections were reported in EU Member States with known persistent transmission of West Nile virus in previous years. Further human cases may be detected as environmental conditions are currently favourable for mosquito activity. In the coming months, environmental conditions will become less suitable for transmission. In accordance with [European Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally acquired infections unless the results of an individual nucleic acid test are negative.

Actions

During the transmission season, ECDC publishes [West Nile virus infection maps](#) together with an epidemiological summary every Friday. More information about the seasonal surveillance of West Nile virus infections can be found on [ECDC webpage](#).

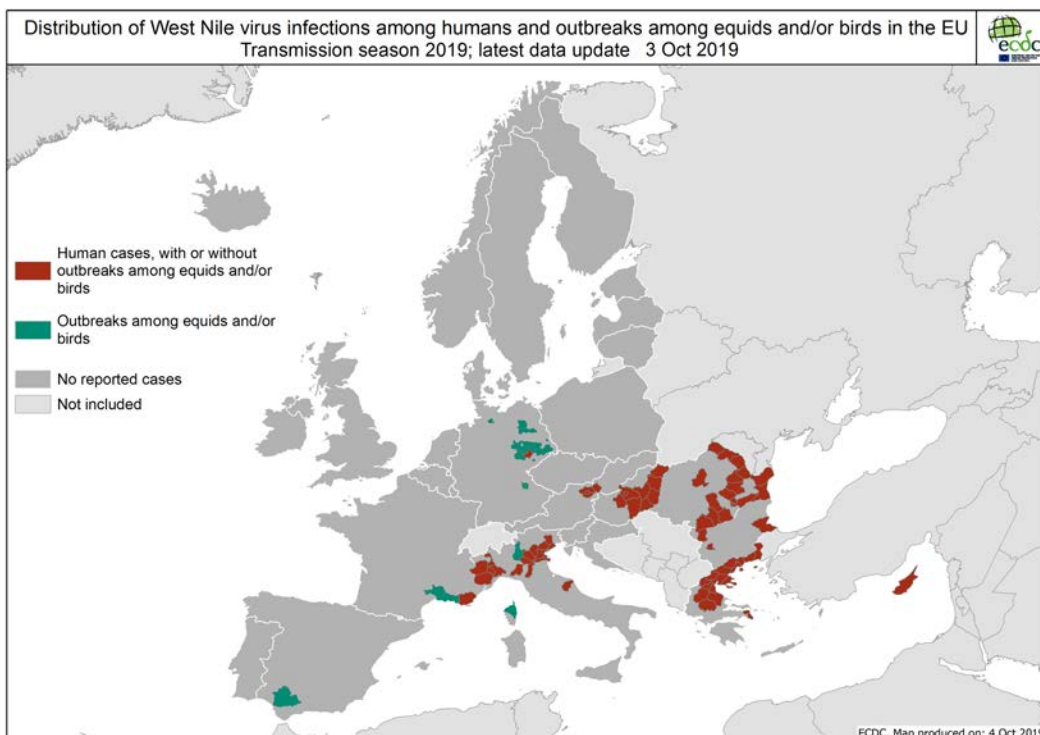
Distribution of human West Nile virus infections by affected areas as of 3 October 2019.

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 3 October 2019.

ECDC and ADNS



New! Yellow fever - Nigeria - 2019

Opening date: 2 October 2019

Latest update: 4 October 2019

Epidemiological summary

Yellow fever is endemic in Nigeria, with 2 254 suspected cases reported from 1 January to 31 August 2019 across the country. On 1 October 2019, the media reported an outbreak of yellow fever (YF) in previously non-affected Bauchi state in Nigeria, with epicentre in the Yankari Game Reserve of the Alkaleri local government area (LGA). Since the beginning of the resurgence in September 2017, no YF case has been confirmed in Bauchi State before this new cluster was reported.

Since the introduction of routine YF vaccination in 2004, the overall population immunity in areas affected by the current outbreak has remained below herd immunity thresholds. According to a WHO-UNICEF estimate, national vaccination coverage for YF was assessed to be 65% in 2018. Nigeria is considered a high-risk country according to the Eliminate Yellow Fever Epidemic (EYE) strategy; a four-year (2018-2021) national YF preventive mass vaccination campaign plan (supported by GAVI) is currently being implemented to cover all states. None of the four affected states has been covered in earlier preventive campaigns.

Source: [NCDC](#) | [WHO DON](#) | [media](#)

ECDC assessment

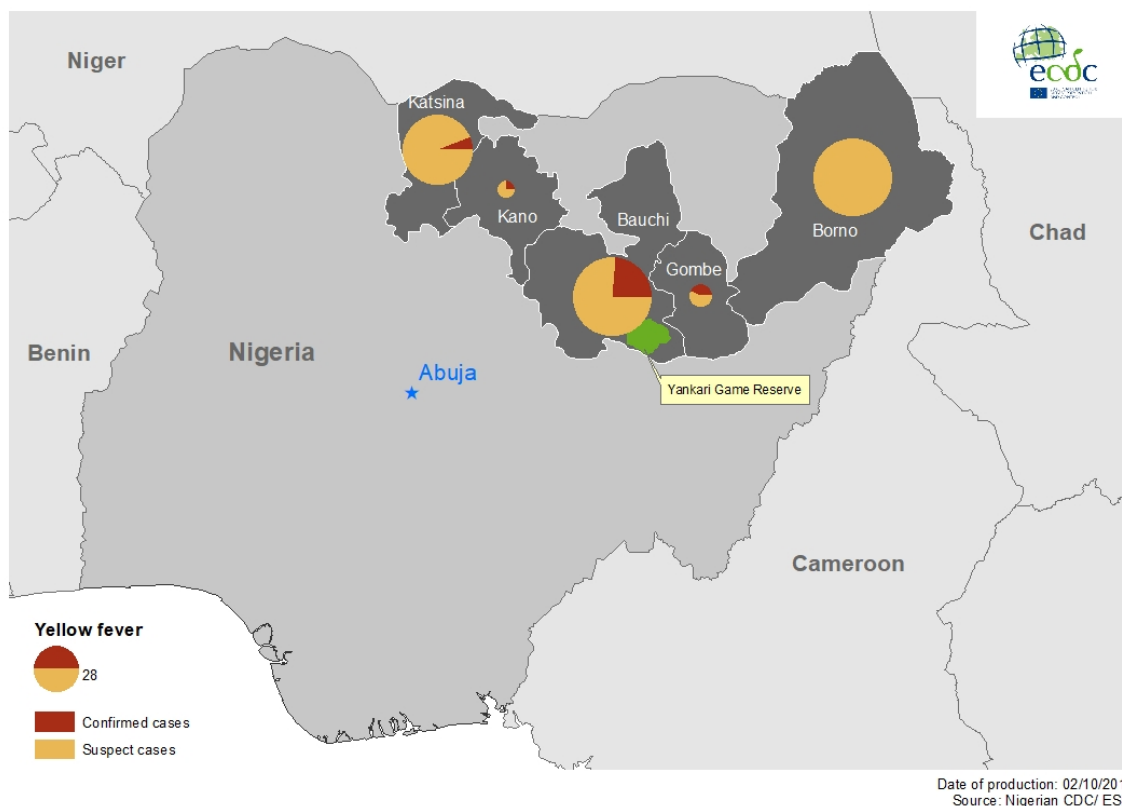
According to WHO, the national risk is assessed as 'high' due to low vaccination coverage and the possibility of the presence of competent vectors. The risk at regional level is assessed as 'moderate' due to the possible movement of people from affected states to adjacent areas and neighbouring countries. The current overall risk is low at the global level. For [Nigeria](#), a yellow fever vaccination certificate is required for all travellers aged one year or older. Therefore, the risk for EU citizens is very low if they are properly vaccinated.

Actions

ECDC monitors yellow fever situation through epidemic intelligence.

Distribution of yellow fever cases, Nigeria, 2019, week 27-38

ECDC



Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019

Latest update: 4 October 2019

Epidemiological summary

No major events have been detected. Updates for rubella, measles and weather warnings are provided below.

According to [Japan's National Institute of Infectious Disease](#), 2 196 cases of rubella and three cases of congenital rubella syndrome have been reported in Japan this year (as of 22 September 2019), an increase of six rubella cases since the previous CDTR. The cases have been reported from all prefectures, except Aomori and Kochi, and most of the cases have been reported from Tokyo (827), Kanagawa (275), Chiba (195), Saitama (190), and Osaka (126). In the national rubella report, [NIID](#) states that 95% of the cases reported in 2018-2019 (as of May 2019), are adults, mainly males. Japan implemented a vaccination campaign in December 2018, targeting males born between 1962 and 1979.

In 2019 and as of 25 September, [Japan](#) has reported 693 cases of measles (an increase of eight cases since the previous CDTR). The number of cases has been decreasing in the recent weeks. The [cases](#) were reported in 34 out of 47 prefectures, with the majority of cases reported in Osaka (147), Tokyo (107), and Kanagawa (80).

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According to several media sources, typhoon Faxai made landfall near Tokyo on 9 September. According to the [Japan meteorological agency](#), on 2 October 2019 warnings of heavy rain were issued in parts of Kochi, Ehime, Oita (hosting rugby stadiums) and Nagasaki (also hosting rugby stadiums) prefectures. On 3 October 2019, Tokushima prefecture experienced floods and heavy rains.

On 13 September 2019, ECDC started enhanced epidemic intelligence activities related to this mass gathering event.

Source: [NIID](#) | [NIID measles report](#) | [Japan meteorological Agency](#)

ECDC assessment

EU/EEA citizens participating in mass gathering events are in general most at risk of gastrointestinal illness and vaccine-preventable infections.

Rubella poses a particular risk to non-immune pregnant women due to the possibility of an infection resulting in congenital rubella syndrome. They should exercise particular caution and seek healthcare if they have compatible symptoms. All travellers to Japan should check that they are up to date with routine vaccinations.

The prevention of gastrointestinal illnesses is dependent on adequate sanitation, availability of safe drinking water (chlorinated or boiled), and appropriate good food and hand hygiene, i.e. regularly washing hands with soap, eating thoroughly cooked food, washing fruits and vegetables with safe drinking water. Travellers to Japan should apply standard hygiene measures in order to reduce the risk of gastrointestinal illness. More information is available on the [ECDC website](#).

Actions

ECDC is monitoring this event through enhanced routine epidemic intelligence activities and reports on a weekly basis or when significant events are detected.

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

Opening date: 1 August 2018

Latest update: 4 October 2019

Epidemiological summary

Since the beginning of the outbreak a year ago and as of 2 October 2019, there have been 3 198 cases (3 084 confirmed, 114 probable) in the Democratic Republic of the Congo (DRC), including 2 137 deaths (2 023 confirmed, 114 probable), according to the Ministry of Health of the Democratic Republic of the Congo. The most active health zones in the past 21 days were Mambasa, Mandima, Kalunguta and Komanda.

As of 2 October 2019, 161 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 Health Zones in Ituri Province.

In Uganda, one imported case (reported on 29 August) died on 30 August in Kasese district, which borders North-Kivu. However, as of today, there have been no reports of autochthonous transmission in Uganda.

Public health emergency of international concern (PHEIC): On 17 July 2019, the WHO Director-General [declared](#) the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth IHR Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 17 July 2019. The declaration was made in response to the geographical spread observed in recent weeks as well as the need for a more intensified and coordinated response in order to end the outbreak.

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

ECDC assessment

ECDC assessment: Implementing response measures remains challenging in the affected areas because of the prolonged humanitarian crisis, the unstable security situation and resistance in several sectors of the population. A substantial proportion of cases has been detected in individuals not previously identified as contacts, stressing the need to maintain enhanced surveillance and identify the chains of transmission.

The fact that the outbreak is ongoing in areas with a cross-border population flow with Rwanda, South Sudan, Burundi and Uganda remains of particular concern. So far, the identification of imported cases to previously non-affected areas does not change the overall risk for the EU/EEA, which remains very low.

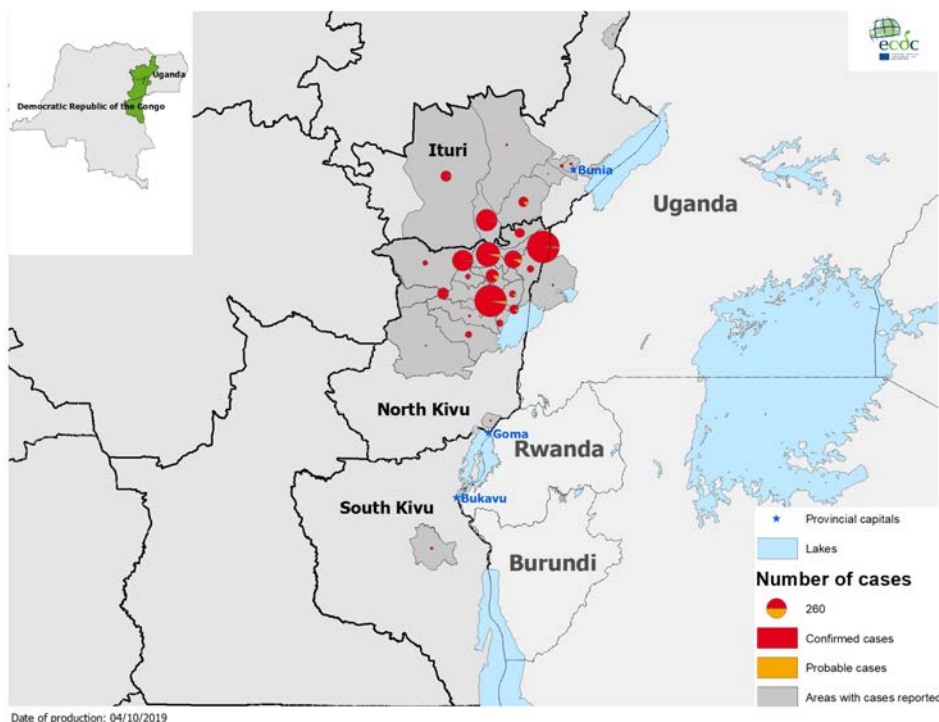
WHO assessment: As of 3 October 2019, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of spread remains low at the global level, and very high at national and regional levels. Despite overall decreases in the number of cases, there is sustained transmission in Mambasa and Mandima Health Zones, with operational challenges due to ongoing tensions between the community and the response team. The lack of response activities for a full two weeks in Mandima Health Zone has resulted in contacts of EVD cases being lost to follow-up and possible under-reporting of EVD cases.

Actions

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

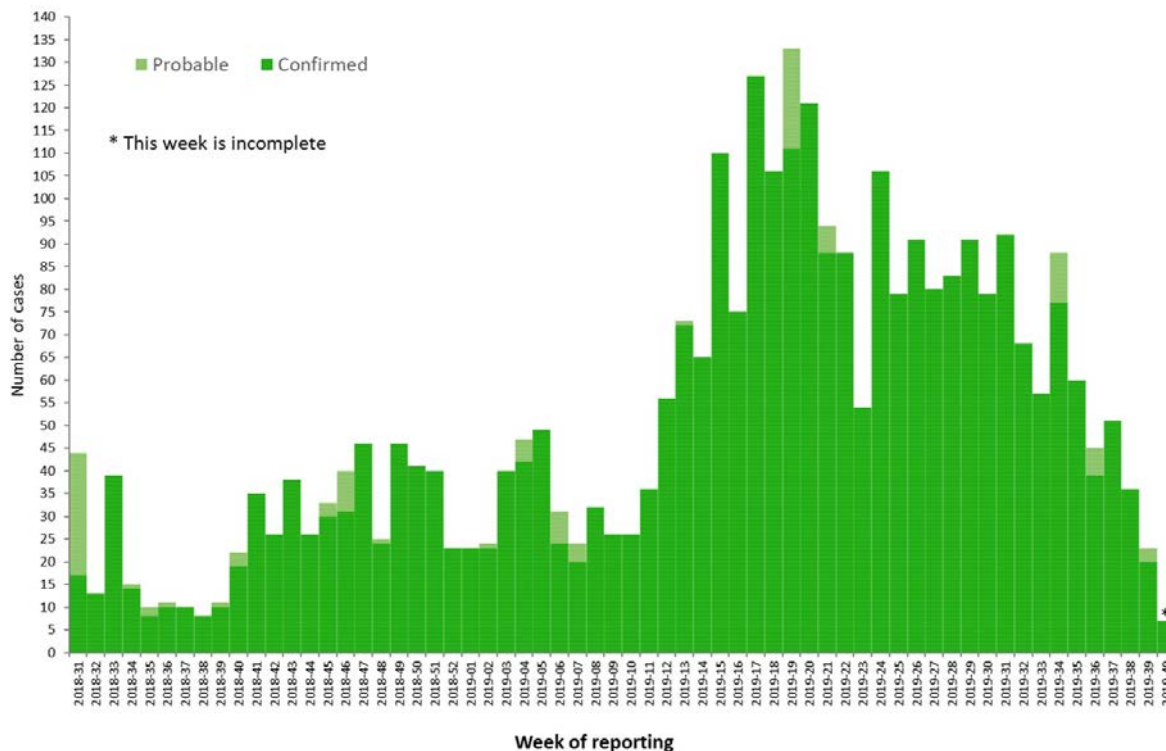
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 2 October 2019

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 2 October 2019

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 2 October 2019

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	3084	114	3198	2137	
North-Kivu Province	2629	98	2727	1893	
Alimbongo	5	0	5	2	
Beni	675	9	684	447	
Biena	18	2	20	14	
Butembo	284	3	287	352	ACTIVE
Goma	1	0	1	1	
Kalunguta	190	17	207	87	ACTIVE
Katwa	650	23	673	493	
Kayna	27	0	27	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	373	17	390	305	
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	59	0	59	26	ACTIVE
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	449	16	465	241	
Ariwara	1	0	1	1	
Bunia	5	0	5	4	
Komanda	56	10	66	52	ACTIVE
Lolwa	4	0	4	1	
Mambasa	71	2	73	25	ACTIVE
Mandima	301	4	305	152	ACTIVE
Nyakunde	1	0	1	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	3085	114	3199	2138	

Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 4 October 2019

Epidemiological summary

Wild poliovirus:

In 2019 and as of 25 September, 82 cases of wild poliovirus type 1 have been reported in two endemic countries: Pakistan (66) and Afghanistan (16). This is 57 cases more than in the same period in 2018 (25).

Circulating vaccine-derived poliovirus (cVDPV):

In 2019 and as of 25 September, 86 cases of cVDPV have been reported in 11 countries. This is three cases less than during the same period in 2018 (83).

New countries reporting cases of cVDPV in 2019 in comparison with 2018: Angola, Benin, Central African Republic, China, Ethiopia, Ghana and Myanmar.

Six cases of cVDPV1 have been reported in Myanmar.

Eighty cases of cVDPV2 have been reported in the Democratic Republic of the Congo (30), Angola (19), Nigeria (16), the Central African Republic (6), Somalia (3), Ethiopia (2), Ghana (1), Benin (1), China (1) and Niger (1).

No cases of cVDPV3 have been reported.

Additionally, two vaccine-derived poliovirus type 2 (VDPV2) cases have been reported in the Philippines in 2019.

On 3 October 2019, WHO published a statement of the '[twenty-second IHR emergency committee regarding the international spread of poliovirus](#)' that provides an update on the current situation/implementation of the WHO temporary recommendations.

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

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 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.

ECDC link: [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 reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identifies events that increase the risk of reintroducing wild poliovirus in the EU.

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) – Multistate

Opening date: 24 September 2012

Latest update: 4 October 2019

Epidemiological summary

In 2019 and as of 30 September 2019, 186 MERS-CoV cases have been reported in Saudi Arabia (173) and Oman (13), including 50 deaths in Saudi Arabia (46) and Oman (4). In Saudi Arabia, 95 cases were primary (43 of whom reported contact with camels), 40 were healthcare-acquired, 31 were household contacts, and 7 were unspecified secondary cases. In 2019, 80% of the 173 cases in Saudi Arabia were reported in Riyadh (106), Eastern Provinces (19) and Quassim (14).

Since April 2012 and as of 30 September 2019, 2 483 cases of MERS-CoV, including 908 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, particularly in Saudi Arabia. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated

13/16

in a [rapid risk assessment](#) published on 29 August 2018. This risk assessment also provides details on the last case reported in Europe.

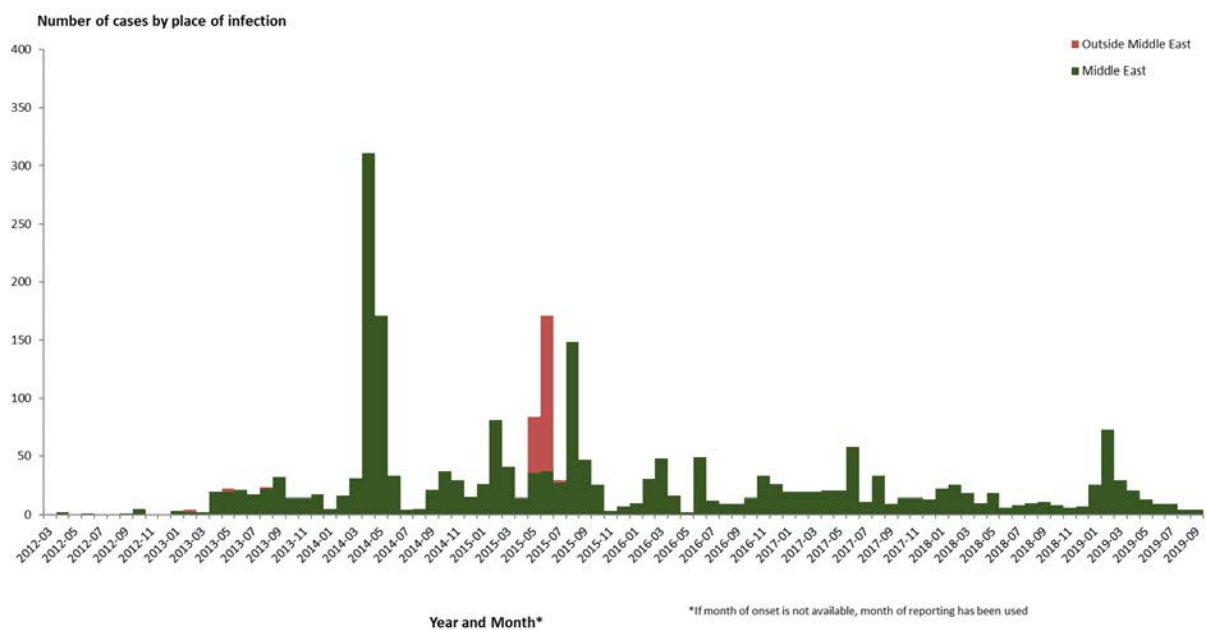
On 2 July 2019, ECDC published a [rapid risk assessment regarding public health risks related to communicable diseases during the hajj 2019, Saudi Arabia, 9–14 August 2019](#) that also addresses MERS-CoV.

Actions

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

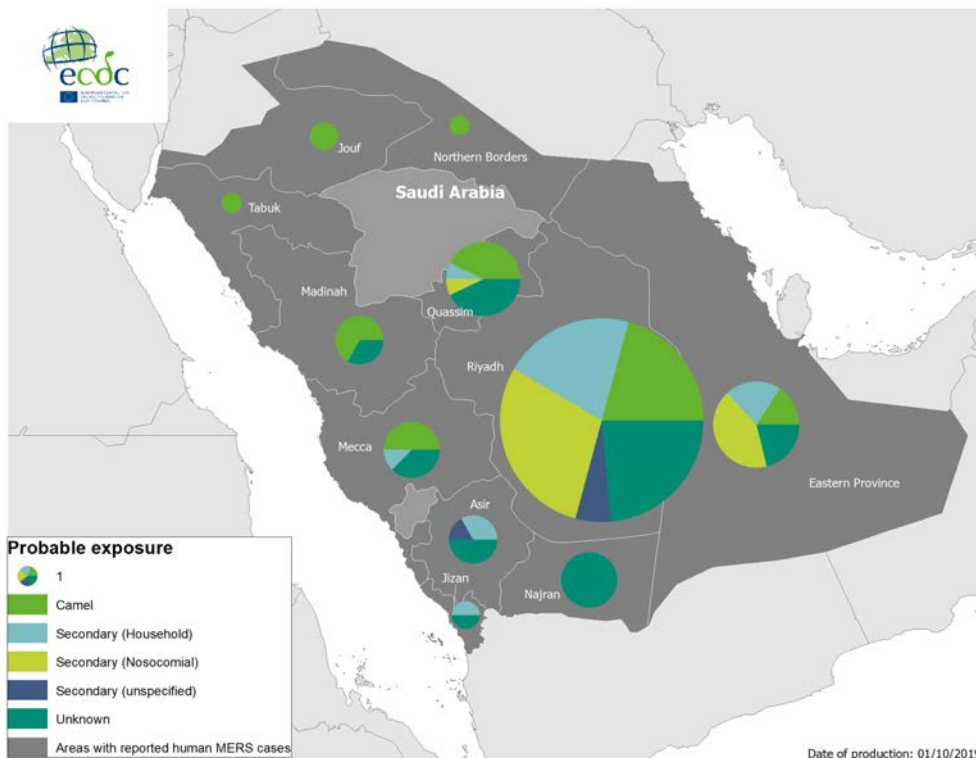
Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, from March 2012 to 30 September 2019

ECDC



Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure in 2019, Saudi Arabia, as of 30 September 2019

ECDC



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