COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 45, 3-9 November 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Autochthonous Dengue case – Spain - 2019

Opening date: 7 November 2019 Latest update: 8 November 2019

Spain reported the first case of authochthonous dengue sexual transmission in MSM.

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

Opening date: 3 June 2019 Latest update: 8 November 2019

During the West Nile virus infection 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 31 October and 7 November 2019, EU Member States reported a total of four human cases of WNf: two in Italy and one in Germany and Greece. No cases were reported from EU neighbouring countries. A human case was reported for the first time from a new area in Germany. This week, two deaths were reported by Greece.

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

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Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 8 November 2019

Measles cases in the EU/EEA primarily occur in unvaccinated populations in both adults and children. Outbreaks are ongoing in countries that had previously eliminated or interrupted endemic transmission.

➔Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 11 October 2019, updates have been provided from 18 EU/EEA countries: Austria, Belgium, Bulgaria, Croatia, the Czech Republic, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Poland, Romania, Malta, Slovakia, Spain and The United Kingdom. Other countries did not report new cases of measles. The majority of the countries have reported less than 10 cases in the past month.

Most of the cases in 2019 are reported from Romania (2 917), France (2 491), Italy (1 596), Poland (1 377), and Bulgaria (1 174).

In 2019, 10 deaths have been reported in the EU/EEA: Romania (5), France (2), Italy (1), Hungary (1) and UK (1).

Relevant updates outside EU/EEA countries are available for WHO Regions (AFRO, PAHO) and for Belarus, Japan, Fiji, Samoa, Switzerland, North Macedonia, Ukraine and New Zealand.

In May 2019, WHO classified measles outbreaks across the European Region as a Grade 2 emergency.
On 29 August 2019, the European Regional Verification Commission for Measles and Rubella Elimination (RVC) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, the Czech Republic, Greece and the United Kingdom) had lost their measles elimination status.

The monthly measles report published in the CDTR provides the most recent data available on cases and outbreaks. It is based on media reports and data reported on websites from the national public health authorities. This report is supplementary to ECDC's monthly measles and rubella monitoring report based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 8 November 2019

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

➔Update of the week

This CDTR report provides the update for the last two weeks available of influenza monitoring:

Week 43, 2019 (21 to 27 October):
Influenza activity remained low throughout the European Region. Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to medical care. Regarding the influenza types, both influenza A and B type viruses were detected. Data from the 23 countries or regions reporting to the EuroMOMO project indicated all-cause mortality to be at the expected levels for this time of the year.

Week 44, 2019 (28 October to 3 November):
Influenza activity remained low throughout the European Region. Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to medical care. Regarding the influenza types, both influenza A and B type viruses were detected in sentinel and non-sentinel source specimens. Data from the 22 countries or regions reporting to the EuroMOMO project indicated all-cause mortality to be at the expected levels for this time of the year.

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Non EU Threats

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

Opening date: 1 August 2018 Latest update: 8 November 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 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 6 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 6 November 2019, the Ministry of Health of the Democratic Republic of the Congo (DRC) has reported 16 additional confirmed cases and one probable case. During the same period, nine deaths among confirmed cases were reported.

Overall, there has been a steady number of around 20 cases per week reported in the last few weeks, with only seven health zones active in the past 21 days. The majority of the cases are still reported in, or linked to, the Biakato Mine Health Area. Approximately half (51%) of all cases reported in the past 21 days were located outside of the health zone where they had got infected, with the majority of these movements going to or coming from Mandima Health Zone.

On 1 November 2019, 11 000 of the 50 000 doses planned for the first batch of the Johnson & Johnson vaccine arrived in the DRC. This vaccine needs two doses about two months apart and will be used outside of the active health zones. It's use should start in mid-November.

On 2 November 2019, a community health worker who was raising awareness on Ebola through a local radio station, was killed in Lwemba in Mandima Health Zone. Since 1 January 2019, WHO has documented more than 300 attacks on people within health care in the country, causing six deaths and 70 injured healthcare workers and patients.

A short news item was published regarding last week's meeting on the mid-term review of the Strategic Response Plan for the Ebola Virus Disease outbreak 4 (SRP4). The principal recommendation is to move forward with a "zero-transmission" strategy.

According to WHO, Dr. Misaki Wayengera's invention also known as the Pan-Filovirus Rapid Diagnostic Test kit, could be used to rapidly detect Ebola, Marburg and other haemorrhagic fevers. This innovation recently won the WHO high innovation challenge in Product Development Category that took place in the Republic of Congo (Brazzaville).

A vaccination campaign targeting 300 motorbike drivers has been launched in Beni using the Merck vaccine.

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019 Latest update: 8 November 2019

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

➔Update of the week

No major events of interest have been detected since the previous report.

Several cases of influenza, rubella and measles were reported. During weeks 37–43 and as of 30 October 2019, the following influenza viruses were detected: AH1pdm09 (91%), AH3 (7%) and B type (2%). According to Japan's National Institute of Infectious Diseases and as of 27 October 2019, seven new rubella cases and two new measles cases have been reported since the previous report.

On 6 November 2019, ECDC stopped monitoring this event through enhanced epidemic intelligence activities.

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

Opening date: 8 September 2005 Latest update: 8 November 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 PHEIC is still in place. In June 2002, the WHO European Region was officially declared polio-free.

➔Update of the week
Since the last polio update published on 25 September 2019 and as of 07 November 2019:

Wild poliovirus:
18 new cases of wild poliovirus type 1 have been reported in Pakistan (14) and Afghanistan (4). On 24 October an independent commission of experts concluded that wild poliovirus type 3 (WPV3) has been eradicated worldwide. The last case of WPV3 was detected in 2012.

Circulating vaccine-derived poliovirus (cVDPV):
No new cases of cVDPV1 have been reported. However, six environmental samples tested positive for cVDPV1 in Philippines.

43 new cases of cVDPV2 have been reported in Angola (18), Benin (1), Central African Republic (8), Chad (1), Democratic Republic of Congo (5), Ethiopia (1), Ghana (4), Philippines (3), Togo (1), Zambia (1)

No new cases of cVDPV3 have been reported.

Vaccine-associated poliovirus (VAP):
On 24 October 2019, Ukrainian Ministry of Health reported a case of vaccine-associated poliomyelitis (VAPP).

Poliomyelitis - Philippines - 2019

Opening date: 9 October 2019 Latest update: 8 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 lead to the declaration of an outbreak from the Department of Health(DOH) in Philippines. Other cases were subsequently detected.

➔Update of the week
On 5 November 2019, according to the Philippines department of health, a fourth case of presumed vaccine-derived polio was confirmed on the island of Mindanao. This island has reported two cases of cVDPV2, on 19 September and 28 October 2019. The fourth case according to media quoting health authorities is a three-year old girl resident in the Sultan Kudarat area with travel history to the Maguindanao, area where the third case was identified.

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II. Detailed reports

New! Autochthonous Dengue case – Spain - 2019

Opening date: 7 November 2019 Latest update: 8 November 2019

Epidemiological summary

On 7 November, according to media quoting health authorities, Spain reported two confirmed cases of dengue in men who have sex with men (MSM) residing in the municipality of Madrid in September.
The most recent detected case is a man who did not travel outside of Spain recently. He developed symptoms mid September and he was laboratory confirmed for dengue. This case is classified as autochthonous.
After confirmation of this case, his partner, a male who presented similar symptoms starting beginning of September, was tested and confirmed positive for dengue. This case had a recent travel history to Cuba and to the Dominican Republic at the end of August and beginning of September, this case is classified as imported.

Entomological investigations at the place of residence of the men and surroundings were negative; no adult forms of *Aedes albopictus* were detected.
The genetic sequencing confirmed that the virus strain of both cases is identical. Further investigations showed that the virus is also similar to dengue viruses circulating in Cuba.

Source: Journal of travel medicine, Eurosurveillance

ECDC assessment

Spain assessment: In the absence of data supporting vectorial transmission or other known routes of exposure to dengue infection, we consider that the autochthonous case was most likely infected through sexual transmission.
The experts in Spain could not identify any case of sexual dengue transmission among MSM in literature and only found a reported case of sexual transmission from a woman to a man in South Korea.

ECDC assessment: ECDC is not aware of any previous report of confirmed sexual dengue transmission among MSM. However, one scientific article describes a probable female-to-male sexual transmission of DENV. In an article published in Eurosurveillance, semen was found to be positive for dengue for 37 days post symptom onset.
This mode of transmission for dengue is unusual and unexpected.

Source: Journal of travel medicine, Eurosurveillance

Actions

ECDC will prepare a rapid risk assessment

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

Opening date: 3 June 2019 Latest update: 8 November 2019

Epidemiological summary

Between 31 October and 7 November 2019, EU Member States reported a total of four human cases: two in Italy and one in Germany and Greece. No cases were reported from EU neighbouring countries, Turkey. A human case was reported for the first time from an area in Germany. This week, two deaths were reported by Greece.

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

Since the beginning of the 2019 transmission season and as of October 2019, EU Member States and EU neighbouring countries reported 456 human infections. EU Member States reported 404 cases: Greece (223), Romania (66), Italy (48), Hungary (36), Cyprus (16), Bulgaria (5), Austria (4), Germany (3), France (2), and Slovakia (1). EU neighbouring countries reported 52 human cases in Serbia (27), Israel (10), Turkey (9) and North Macedonia (6).

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To date, 47 deaths due to West Nile virus infection have been reported by Greece (32), Romania (7), Italy (4), Cyprus (1), Bulgaria (1), North Macedonia (1) and Serbia (1).

During the current transmission season, 85 outbreaks among equids have been reported by Germany (29), Greece (21), France (11), Italy (8), Hungary (7), Austria (4), Spain (4) and Portugal (1). In addition, Germany reported 53 outbreaks among birds to ADNS.

ECDC link: West Nile virus infection atlas
Sources: TESSy | Animal Disease Notification System

ECDC assessment

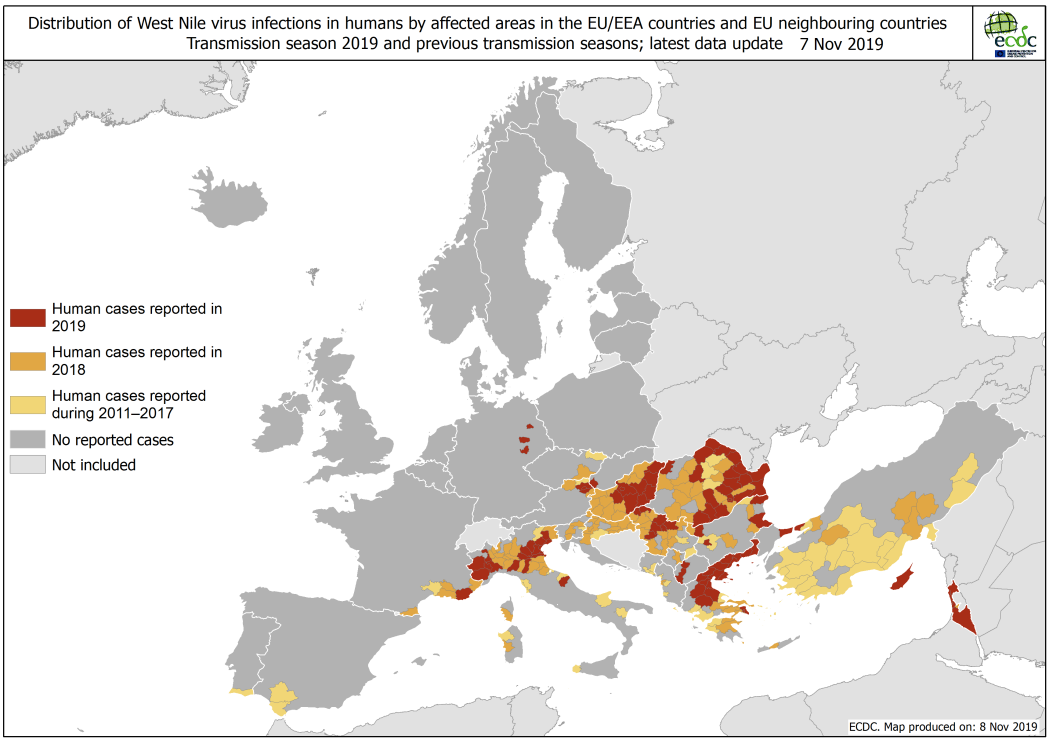
During this transmission season, Germany and Slovakia reported their first autochthonous human West Nile virus infection. The occurrence of human autochthonous West Nile virus infections in Germany and Slovakia was not unexpected as WNV circulation among birds, equids and/or mosquitoes has been previously 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 detected, but in the coming weeks, 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 7 November 2019.

ECDC



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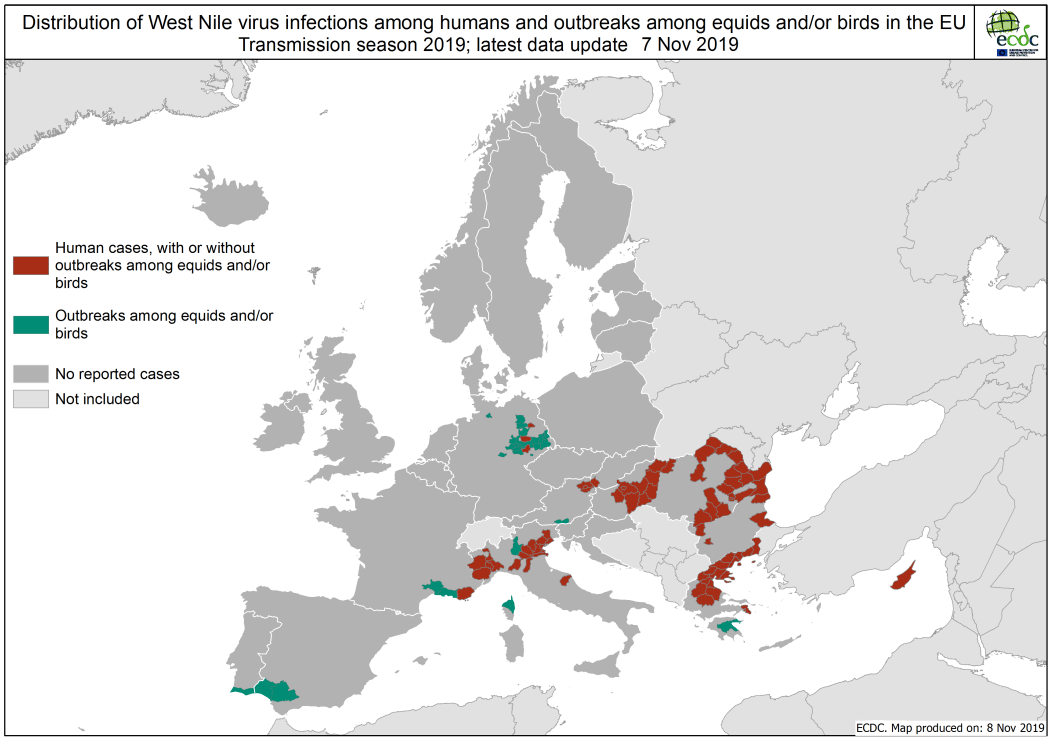
Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 7 November 2019.

ECDC and ADNS



Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 8 November 2019

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 11 October 2019, updates have been provided from 18 EU/EEA countries: Austria, Belgium, Bulgaria, Croatia, the Czech Republic, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Poland, Romania, Malta, Slovakia, Spain and The United Kingdom. Other countries did not report new cases of measles. The majority of the countries have reported less than 10 cases in the past month.

Most of the cases in 2019 are reported from Romania (2 917), France (2 491), Italy (1 596), Poland (1 377), and Bulgaria (1 174).

In 2019, 10 deaths have been reported in the EU/EEA: Romania (5), France (2), Italy (1), Hungary (1) and UK (1).

Relevant updates outside EU/EEA countries are available for WHO Regions (AFRO, PAHO) and for Belarus, Japan, Fiji, Samoa, Switzerland, North Macedonia, Ukraine and New Zealand.

In May 2019, WHO classified measles outbreaks across the European Region as a Grade 2 emergency.
On 29 August 2019, the European Regional Verification Commission for Measles and Rubella Elimination (RVC) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, the Czech Republic, Greece and the United Kingdom) had lost their measles elimination status.

The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks. It is based on media reports and data reported on websites from national authorities. It is supplementary to ECDC's monthly measles and rubella monitoring report based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

A number of graphs and epicurves relating to measles in the EU/EEA are available in the attached CDTR PowerPoint slides.

Epidemiological summary for EU/EEA countries with updates since last month

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Austria has reported 165 cases in 2019 as of 30 October 2019, an increase of one case since the national report on 3 October 2019. All federal states reported cases of measles in 2019. In 2018, Austria reported a total of 77 cases.

Belgium has reported 416 cases in January–September 2019, according to The European Surveillance System. This is an increase of five cases since August 2019.

Bulgaria has reported 1 174 cases of measles in 2019 and as of week 43 of 2019 (ending on 27 October 2019). This is an increase of one case since the national report on week 40.

Croatia has reported 55 cases of measles in 2019 and as of 15 October 2019, there is an increase of 22 cases since 24 September 2019. The cases were reported from Split-Dalmatia county (14), city of Zagreb (29), Brod-Posavina county (5), Zadar county (2), Dubrovnik-Neretva county (1). Currently the cases are reported only in the city of Zagreb.

The Czech Republic has reported 586 cases of measles in January–September 2019, an increase of two cases since the national report for January–July 2019.

France has reported 2 491 cases of measles, including two deaths, in January–September 2019, an increase of 62 cases since the national report on 4 September 2019. The number of cases has decreased in France. In 2019, the outbreak has affected all 92 departments of the country, with the majority of cases reported in New Aquitaine, Occitania, Pays de Loire, PACA and Grand Est. Active circulation of measles was also reported in Reunion and Mayotte. In 2018, France reported 2 919 cases, including three deaths.

Germany has reported 498 cases in week 41 (week ending on 13 October 2019), an increase of eight cases since week 37. Most of the cases were reported from North Rhine-Westphalia (129), Lower Saxony (89), Bavaria (73) and Baden-Württemberg (72). In the same period in 2018, Germany reported 519 cases..

Greece has reported 40 measles cases in January–September 2019, an increase of 12 cases since May 2019. Most of the reported cases were either imported from other countries or belong to Roma communities.

Hungary has reported 39 measles cases in 2019 and as of 27 October 2019, an increase of one case since the national report published on 22 September 2019. In the same period in 2018, Hungary reported 19 cases of measles. One death has been reported in Hungary, according to The European Surveillance System.

Ireland has reported 65 cases of measles in 2019 and as of 2 November 2019, an increase of 8 cases since the previous national report on 5 October 2019. According to The European Surveillance System, Ireland reported 68 cases in January–September 2019. In the same period in 2018, Ireland reported 75 cases.

Italy reported 1 596 cases, including one death, in January–September 2019, an increase of 25 cases since the monthly report for August.

Lithuania has reported 826 cases in 2019 and as of 4 November 2019, an increase of one case since the national report on 25 September 2019. The majority of cases were reported in Vilnius and Kaunas.

Malta has reported 31 cases in January–September 2019, according to The European Surveillance System.

Poland has reported 1 377 cases in January–October 2019, an increase of nine cases since the national report for September 2019.

Romania has reported 2 917 cases of measles, including five deaths in 2019 and as of 1 November 2019, an increase of 147 cases since the national report on 4 October 2019. Since the beginning of the outbreak in October 2016 and as of 1 November 2019, Romania has reported 18 517 confirmed measles cases, including 64 deaths.

Slovakia: No update has been available since 194 measles cases were reported on 3 May 2019. According to The European Surveillance System, 319 cases have been reported as of September in 2019.

Spain has reported 269 cases in 2019 as of 3 November, an increase of 13 cases since the national report for 6 October 2019.

The United Kingdom has reported 766 cases, including one death, between January–September 2019, according to The European Surveillance System, an increase of 68 cases since the previous monthly report.

Relevant epidemiological summary for countries outside the EU/EEA

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A global overview is available from the WHO website. Additional information with the latest data available is provided for several countries.

Belarus has reported 200 cases of measles in 2019, according to media quoting health authorities on 6 November 2019. An increase of over 90 cases since 30 May 2019.The cases have been reported from Grodno region (over 50), Minsk (49), Vitebsk region (30), Gomel (26), Brest (19), Minsk region (15) and Mogilev (6).

Japan has reported 725 cases of measles In 2019 and as of 27 October. The cases were reported in 34 out of 47 prefectures, with the majority reported in Osaka (147), Tokyo (120), and Kanagawa (92).

The Ministry of Health in Fiji has issued a measles alert. In response to the ongoing outbreaks in Samoa and Tonga, the Ministry of Health will offer free vaccines to Fijians travelling overseas and raised awareness about measles among healthcare providers.

New Zealand has reported 2 003 cases of measles across the country, from 1 January–6 November 2019. An increase of 261 cases since the national report on 10 October 2019.

North Macedonia has reported 1 901 cases since the onset of the epidemic in December 2018 and as of 4 November 2019, an increase by one case since the national report on 4 October 2019.

Switzerland has reported 213 cases in 2019 as of 29 October 2019, an increase of one case since the national report for 1 October 2019.

Samoa experiences measles epidemic and plans to close all primary schools on 7 November 2019.

Ukraine has reported 58 224 cases of measles, including 20 deaths as of 31 October in 2019, an increase of 185 cases since the national report for 3 October 2019. Of the reported cases, 27 558 were adults and 30 666 were children. Measles cases are reported from all the regions of the country. Since the beginning of the outbreak in June 2017 over 150 000 cases, including 41 deaths, have been reported by Ukraine.

According to the WHO Regional Office for Africa (as of 3 November 2019) outbreaks of measles have been reported in Angola (3 127 cases, 85 confirmed, 64 deaths (CFR 2%)), Cameroon (1 170 cases, 269 confirmed, 6 deaths), the Central African Republic (1 841 cases, 88 confirmed, 24 deaths (CFR 1.3%), Chad (25 077 cases, 178 confirmed, 242 deaths (CFR 1%)), the Comoro Islands (132 cases, 56 confirmed), the Democratic Republic of the Congo (222 939 cases, 6 304 confirmed, 4 455 deaths (CFR 2%), Ethiopia (8 514 cases and 59 confirmed), Guinea (4 573 cases, 969 confirmed, 13 deaths (CFR 0.3%)), Lesotho (50 suspected, 4 confirmed), Liberia (1 473 cases, 219 confirmed, 5 deaths (CFR 0.3%)), Mali (1 153 cases, 321 confirmed), Niger (9 741 cases, 53 deaths (CFR 0.5%)), Nigeria (55 476 cases and 2 150 confirmed, 275 deaths (CFR 0.5%)), South Sudan (3 632 cases, 163 confirmed, 23 deaths (CFR 0.6%)), and Uganda (1 584 cases and 795 confirmed, 5 deaths (CFR 0.3%)).

Pan American Health Organization: as of 19 October 2019, 6 582 confirmed cases of measles have been reported by 12 countries. Most of the cases were reported in Brasil (4 476), followed by the US (1 250), Venezuela (449) and Colombia (208).

WHO Regional Office of the Western Pacific: as of August 2019. Overall confirmed measles cases have been reported by Australia, Cambodia, China, Hong Kong SAR, China, Macao SAR, China, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, New Zealand, Philippines, Republic of Korea, Singapore and Vietnam.

ECDC assessment

Measles cases are reported in the majority of European countries and in many countries across the world. Measles remains endemic in a number of EU/EEA countries and affects all age groups, highlighting large population immunity gaps. To protect themselves both at home and when travelling people of all age groups should check their vaccination status and ensure they are vaccinated with two doses of measles-containing vaccine. Particular care is recommended to avoid potential exposure to measles by infants under one year of age or by those for whom vaccination is contraindicated, as these groups are at increased risk of infection and possible complications. For a more complete overview, consult ECDC's risk assessment 'Who is at risk for measles in the EU/EEA?' published on 28 May 2019.

Actions

ECDC monitors the measles situation through epidemic intelligence and produces a monthly report with measles surveillance data from The European Surveillance System for 30 EU/EEA countries.

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Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 8 November 2019

Epidemiological summary

2019-2020 season overview

As is usual for this time of year, influenza activity is low in 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.

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

Opening date: 1 August 2018 Latest update: 8 November 2019

Epidemiological summary

Since the beginning of the outbreak a year ago and as of 6 November 2019, there have been 3 286 cases (3 168 confirmed, 118 probable) in the Democratic Republic of the Congo (DRC), including 2 192 deaths (2 074 confirmed, 118 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past 21 days, the majority of the cases were reported in Mandima and Mabalako.

As of 6 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, 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 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

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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.

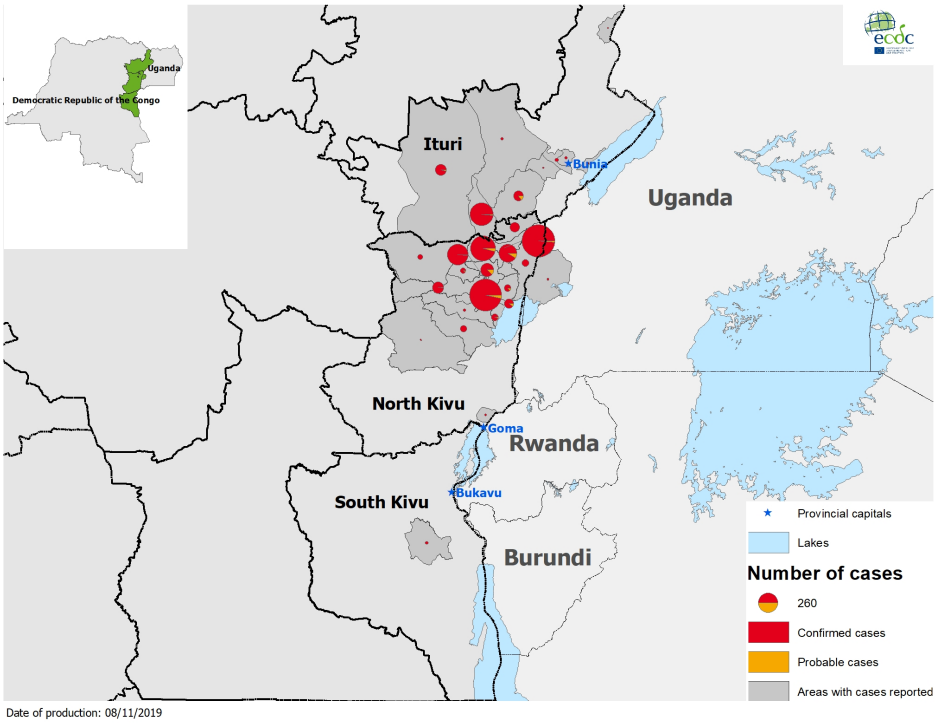
WHO assessment: As of 7 November 2019, the WHO assessment for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels. While the relatively lower case incidence observed is encouraging, it must be interpreted with 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 further 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. In such environments, the risk of resurgence remains very high, as does the risk of re-dispersion of the outbreak, due to 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 DRC 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.

Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 6 November 2019

Source: ECDC



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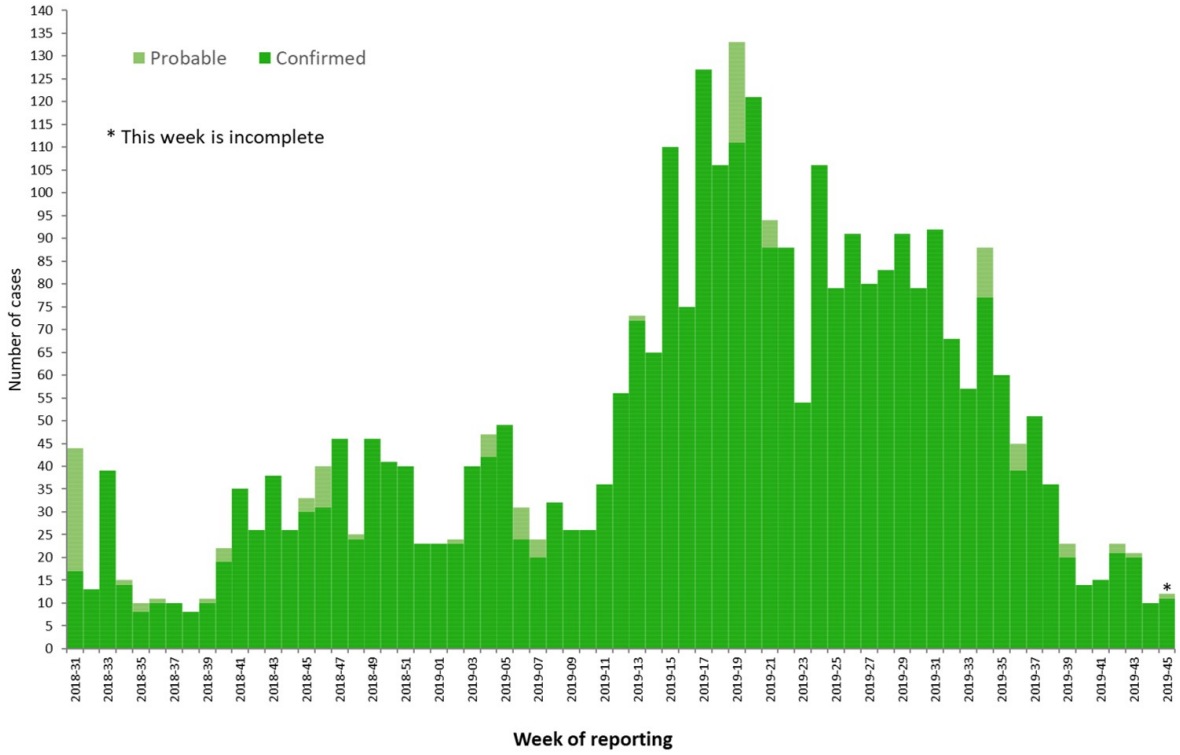
Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 6 November 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	**3168**	**118**	**3286**	**2192**	
North-Kivu Province	2665	100	2765	1928	
Alimbongo	5	0	5	2	
Beni	685	9	694	457	ACTIVE
Biena	18	2	20	14	
Butembo	284	3	287	353	
Goma	1	0	1	1	
Kalunguta	194	18	212	89	ACTIVE
Katwa	651	24	675	494	
Kayna	27	0	27	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	391	17	408	324	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	62	0	62	28	
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	497	18	515	261	
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	339	5	344	165	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	**3169**	**118**	**3287**	**2193**	

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019 Latest update: 8 November 2019

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Epidemiological summary

ECDC performed enhanced epidemic intelligence from 13 September 2019 to 6 November 2019, related to the mass gathering Rugby World Cup 2019 in Japan. During this period, Japan was hit by two typhoons (Faxai and Hagibis) and preceding rainfalls, resulting in 100 deaths. Measles and rubella cases continue to be reported in the country. A public alert about measles was issued in Kawasaki city and Tokyo metropolitan area also by Irish health authorities: a confirmed measles case was travelling while infectious in a public transport, in which, at the time, rugby fans were going to/from stadiums. In mid-October, Japan reported two autochthonous dengue cases – the first such event since the outbreak in 2014 in the country. In addition, Japan reported an early start of influenza season. A more detailed description of events is provided below.

Eleven people died and two are missing in Japan due to torrential rains on 25–26 October 2019, causing **floods and landslides**, according to media reports on 30 October 2019. The most affected areas are Chiba (10 deaths) and Fukushima (1 death).

Typhoon Hagibis made landfall on 12 October 2019 on Izu Peninsula, south-west of Tokyo. As of 30 October 2019, the news media reported 88 deaths. Fukushima is the hardest hit prefecture (30 deaths), followed by Miyagi prefecture (19 deaths) and Kanagawa prefecture (14 deaths). Hagibis was one of the strongest typhoons in recent years and preceded by heavy rains in 38 of the 47 provinces, mainly in the central, eastern and north-eastern parts of the country. More than 133 000 households were left without water and 34 000 without power. In September 2019, typhoon Faxai made landfall in Tokyo.

On 16 October 2019, the news media reported two autochthonous cases of **dengue** in Tokyo, both with travel history to Nara and Kyoto in Japan. In 2014, an outbreak with 160 autochthonous cases of dengue (dengue virus serotype 1) was documented in Tokyo. No update has been available since then.

Updates for seasonal influenza, rubella and measles are provided below.

Japan reported an early start of the 2019–2020 **influenza** season, with an increased number of reported cases compared with the same period last year. In week 43, compared to the previous week, increased number of influenza cases has been reported in 32 prefectures. During weeks 37–43 in 2019 and as of 30 October 2019, an analysis showed the presence of AH1pdm09 (91%), AH3 (7%) and B type viruses (2%).

According to Japan's National Institute of Infectious Diseases and as of 27 October 2019, 2 245 cases of **rubella** and three cases of congenital rubella syndrome have been reported in Japan this year. The cases were reported from all prefectures, except Aomori and Kochi; most of the cases were reported from Tokyo (840), Kanagawa (286), Chiba (195), Saitama (195), and Osaka (126). The national rubella report from May 2019 states that 95% of the cases reported in 2018 and 2019 are adults, mainly males. Japan implemented a vaccination campaign in December 2018, targeting men born between 1962 and 1979.

In 2019 and as of 27 October, Japan has reported 725 cases of **measles**. The cases were reported in 34 out of 47 prefectures, with the majority of cases reported in Osaka (147), Tokyo (120), and Kanagawa (92).

On 3 October 2019, a measles alert was issued by health authorities of Kawasaki city and Tokyo metropolitan area to inform the general public of potential exposure to measles on public transport to/from rugby stadiums between 21 and 25 September 2019.

On 13 September 2019, ECDC initiated enhanced epidemic intelligence activities related to this mass gathering event and on 6 November 2019, stopped it.

Source: NIID | NIID measles report | Japan meteorological Agency | NIID Influenza report | NIID Measles alert | media 1 | media 2 | PLOS neglected tropical diseases | NIID rubella report | media 3

ECDC assessment

EU/EEA citizens participating in mass gathering events are typically 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 their routine vaccinations are all up to date.

The prevention of gastrointestinal illnesses is dependent on adequate sanitation, availability of safe drinking water (chlorinated or boiled), and good hand and food 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.

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Actions

ECDC monitored this mass gathering event from 13 September to 6 November 2019 through enhanced epidemic intelligence activities.

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

Opening date: 8 September 2005 Latest update: 8 November 2019

Epidemiological summary

In 2019 and as of 07 November:

Wild poliovirus:
100 cases of wild poliovirus type 1 have been reported in two endemic countries: Pakistan (80) and Afghanistan (20). This is 73 cases more than in the same period in 2018 (27).

Circulating vaccine-derived poliovirus (cVDPV):

Overall, 128 cases of cVDPV have been reported in 15 countries. Among these there were six cases of cVDPV 1, reported from Myanmar (6), and 122 cases of cVDPV2. The 122 cVDPV2 reported cases are from Democratic Republic of the Congo (35), Angola (36), Nigeria (16), the Central African Republic (14), Somalia (3), Ethiopia (3), Ghana (5), Benin (2), China (1), Philippines (3), Togo (1), Chad (1), Zambia (1) and Niger (1).
No cases of cVDPV3 have been reported.

In 2019, 11 new countries reported cases of cVDPV compared to 2018: Angola, Benin, Central African Republic, China, Ethiopia, Ghana, Philippines, Chad, Togo, Zambia and Myanmar.

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 | 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 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.

Poliomyelitis - Philippines - 2019

Opening date: 9 October 2019 Latest update: 8 November 2019

Epidemiological summary

On 19 September 2019, an outbreak of polio was declared by the Philippines' authorities, after the confirmation of the first polio

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case since 2000, when the country was declared polio free.

Four cases of polio have been detected in 2019.

The first case was in a 3-year-old girl in the area of Lanao del Sur (Mindanao island).

On 20 September 2019, a second case was reported in an immunocompromised five-year-old boy in the area of Laguna (50 km from Manila).

On 28 October 2019, a third case was confirmed in a four-year-old girl in the area of Maguindanao (Mindanao island).

On 5 November, a fourth case was confirmed on the island of Mindanao. Investigations are still on-going.

Genetic testing of the virus proved that all four were VDPV2.

The viruses in the first and third cases were genetically linked, whereas the one of the second case was not linked to any previously detected samples, pointing towards a new emergence.
Since September 2019, two environmental samples from Manila and Davao (Mindanao Island) were positive for VDPV2. Both were genetically related to the first and third cases, according to a UNICEF/WHO joint report.

Furthermore, ten VDPV1 environmental samples have been detected in Manila, since July 2019. All samples are genetically linked.
Sources: WHO-UNICEF report, Department of Health press release 1, Department of health press release 2, US CDC, Global polio eradication initiative vaccines factsheet, GPEI Vaccine derived polio factsheet, GPEI weekly update Philippines, ECDC factsheet, ECDC polio map, media report

ECDC assessment

WHO estimates that the risk is high at 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 (DOH) 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 as 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 neighboring 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 vaccination programme performance and low population immunity.

Actions

ECDC is monitoring this event through epidemic intelligence.

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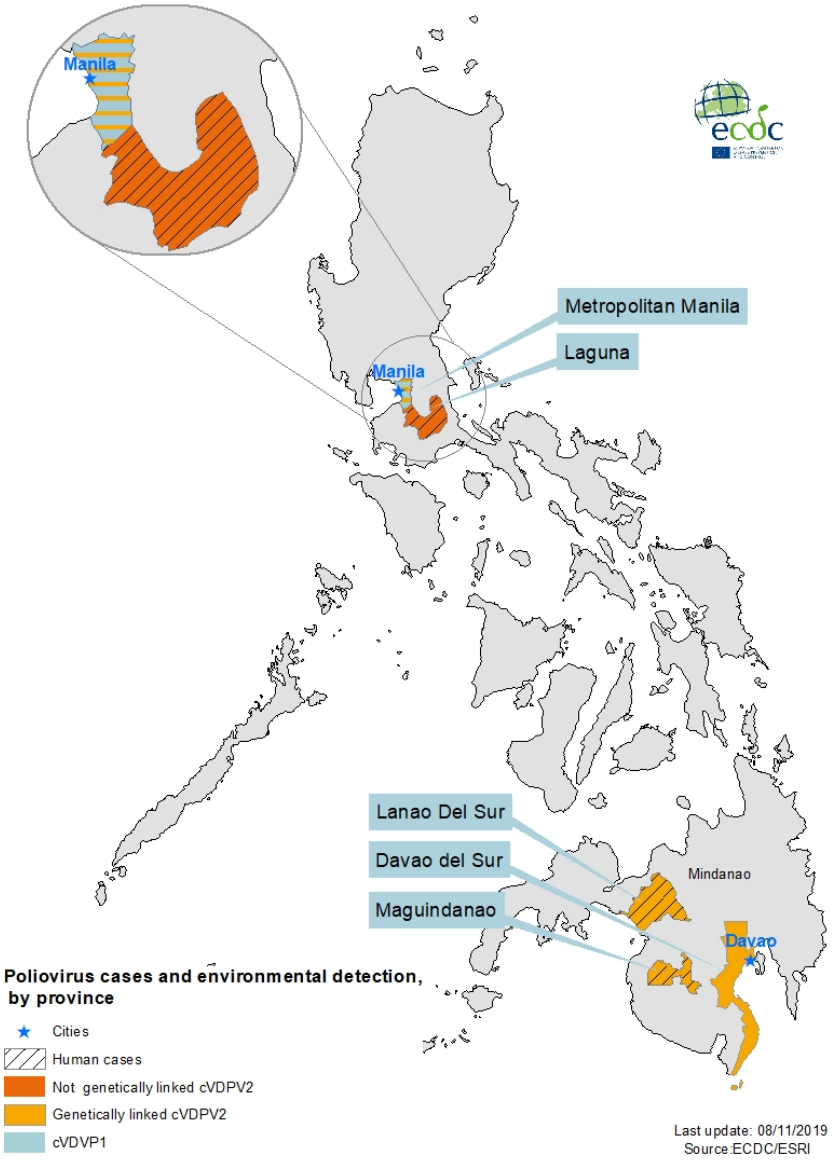
Poliovirus cases and environmental detection, by province, Philippines, July - November 2019

ECDC



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