COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 5, 26 January-1 February 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 31 January 2020

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

➔Update of the week

Between 20 and 26 January 2020, influenza activity continued to increase, with one Member State reporting very high, three Member States reporting high and 12 Member States reporting medium intensity. Widespread influenza activity was reported by the majority of Member States and areas across the Region.

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Non EU Threats

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

Opening date: 1 August 2018 Latest update: 31 January 2020

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the tenth outbreak of Ebola virus disease in the country. The outbreak 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 this country as of today. On 17 July 2019, the International Health Regulations (IHR) Emergency Committee convened, and WHO's Director-General later declared that the outbreak met all the criteria for a public health emergency of international concern (PHEIC) under the International Health Regulations. On 18 October 2019, 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 28 January 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) has reported five additional confirmed cases. During the same period, four deaths were reported among confirmed cases.

Since the previous CDTR, all new cases have been reported in Beni, with links to the known transmission chain that started in Aloya in Mabalako Health Zone. Most of the cases are suspected to be infected through nosocomial transmission and spent several days in the community while symptomatic before detection.

The Health Zones of Mambasa and Butembo have passed 21 days without new cases being reported.

On 24 January 2020, an endorsement workshop was held for the finalisation of the Strategic Response Plan for January to April 2020 (SRP 4.1).

Two new laboratories, were visited by the Technical Secretary of the CMRE (Comité National Multisectoriel à la Riposte à la Maladie à Virus Ebola), Prof. Jean-Jacques Myembe Ntamfum, on 28 January 2020, and will soon be inaugurated in Goma, to strengthen the health system in areas affected by the outbreak.

Since the start of vaccination on 8 August 2018, 279 050 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co., Inc). Since the start of vaccination with the second vaccine, 8 622 people have been vaccinated with the Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health areas of Karisimbi in Goma.

Acute respiratory syndrome associated with a novel coronavirus– Multicountry (World) – 2020

Opening date: 7 January 2020 Latest update: 31 January 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common exposure in 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 2019-nCoV constitutes a PHEIC, accepting the Committee's advice and issuing Temporary Recommendations under the IHR.

➔Update of the week

Since 31 December 2019 and as of 31 January 2020, 9 836 laboratory-confirmed cases of novel coronavirus (2019-nCoV) infection have been reported, including 17 healthcare workers and 213 deaths.
Among the cases reported since last week, 16 have been reported in EU/EEA: six cases in France (five imported, one locally-acquired), five cases in Germany (all locally acquired), two cases in Italy (imported), two cases in the UK (imported) and one in Finland (imported). More details are available here.

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II. Detailed reports

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 31 January 2020

Epidemiological summary

Week 04/2020 (20-26 January 2020)

Influenza activity continued to increase, with one Member State reporting very high, three Member States reporting high and 12 Member States reporting medium intensity. Widespread influenza activity was reported by the majority of Member States and areas across the Region.

Of the individuals sampled, presenting with ILI or ARI to sentinel primary healthcare sites, 47% tested positive for influenza viruses.

Both influenza virus types A and B are co-circulating with a higher proportion (69%) of type A viruses detected.

The distribution of viruses detected varied between Member States and areas and within sub-regions. Although the majority of reported influenza virus detections across the Region were type A, two Member States reported influenza type B dominance and four Member States and areas reported co-dominance of types A and B viruses.

In the majority of specimens from severe cases admitted to ICU and non-ICU hospital wards, influenza type A viruses were detected.

Data from the 21 countries or regions reporting to the EuroMOMO project have showed a tendency towards elevated mortality in recent weeks.

Data from the Influenzanet indicated that influenza activity in the community was high in one reporting country, medium in three reporting countries and low in four reporting countries based on this system.

2019–2020 season overview

For the Region as a whole, influenza activity commenced earlier than in recent years.

Influenza activity in the Region, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019 and has remained over 10% for 10 weeks. There has been an overall increasing trend in the weekly positivity rate for influenza virus detections among sentinel ILI surveillance patients, following a dip in week 52.

In sentinel sources, both influenza A virus subtypes, A(H1N1)pdm09 and A(H3N2), are co-circulating (58% and 42% respectively.) Increased influenza virus subtype A(H1N1)pdm09 detections have been reported since week 50/2019. Of the influenza B viruses, the vast majority (98%) have been B/Victoria lineage.

Among hospitalised influenza virus-infected patients admitted to ICU wards since the beginning of the season, influenza type A viruses have been detected in the majority of cases (94%); 58% of these being A(H3N2) viruses. The same was reported for patients admitted to other wards, with 94% of cases being infected with type A viruses; of these 65% were A(H3N2) viruses.

Among SARI cases, influenza type B viruses were detected most frequently (57%).
Circulating viruses remain susceptible to the neuraminidase inhibitors supporting early initiation of treatment or prophylactic use according to national guidelines.

The effectiveness of vaccines in the population will be evaluated by vaccine effectiveness studies when there are sufficient cases and controls. Member States should continue encouraging influenza vaccination.

ECDC published an Influenza virus characterization report, summarising surveillance data in Europe through December 2019.

A joint ECDC and WHO Europe Regional situation assessment of the 2019/20 influenza season to week 49/2019 has been published, focussing on disease severity and impact on healthcare systems to assist forward planning in Member States.

Sources: EuroMOMO | Flu News Europe |Influenzanet

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ECDC assessment

Influenza activity is increasing in the majority of Member States. 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 sub-optimal 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 -2020

Opening date: 1 August 2018 Latest update: 31 January 2020

Epidemiological summary

Since the beginning of the outbreak and as of 28 January 2020, there have been 3 421 cases (3 302 confirmed, 119 probable) in the Democratic Republic of the Congo (DRC), including 2 242 deaths (2 123 confirmed, 119 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past week, all cases reported have been in Beni. As of 22 January 2020, 172 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported probable or confirmed 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 2019) died on 30 August 2019 in Kasese district, which borders North Kivu. However, as of today, there have been no reports of autochthonous transmission in Uganda.

Public health emergency of international concern (PHEIC): On 17 July 2019, WHO's Director-General declared the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth meeting of the 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 a PHEIC.

Sources: CMRE | Ebola dashboard Democratic Republic of the Congo | Ministry of Health of the Democratic Republic of the Congo | WHO | WHO Regional Office for Africa

ECDC assessment

Implementing response measures remains challenging in the affected areas because of the prolonged humanitarian crisis, the unstable security situation, and resistance in several sectors of the population. A substantial number 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. At the current stage of the epidemic, when few cases are being reported, it is essential to maintain a high level of contact tracing to stop the transmission chain.
WHO assessment: As of 30 January 2020, 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.

Actions

ECDC published an epidemiological update on 13 June 2019 and updated its rapid risk assessment on 7 August 2019.

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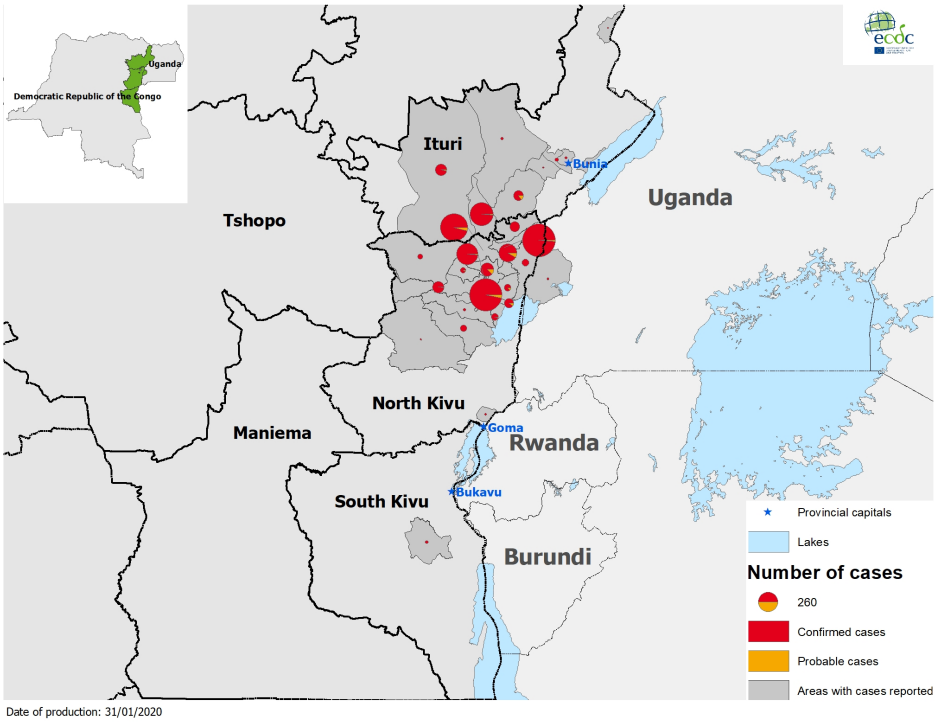
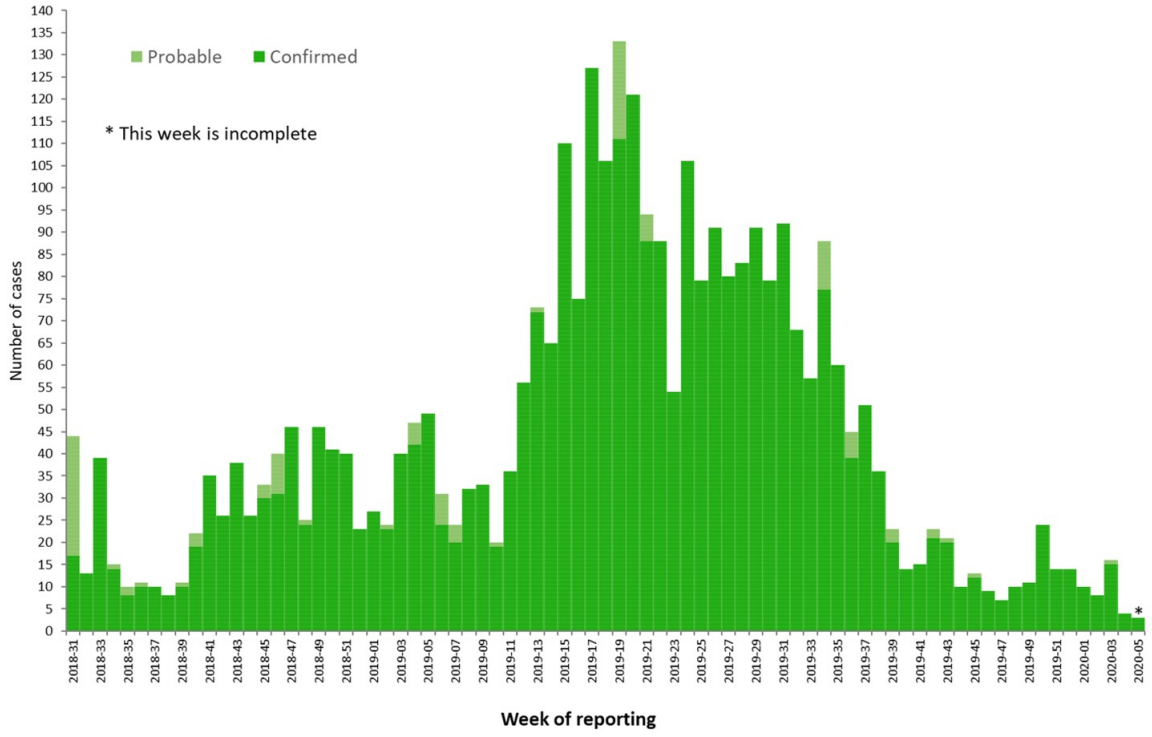
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 28 January 2020

Source: ECDC



Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, Democratic Republic of the Congo and Uganda, as of 28 January 2020

Source: ECDC



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Ebola Virus Disease case distribution in DRC and Uganda, as of 28 January 2020

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	**3302**	**119**	**3421**	**2242**	
North-Kivu Province	2788	101	2889	1972	
Alimbongo	5	0	5	2	
Beni	714	9	723	467	ACTIVE
Biena	19	2	21	14	
Butembo	295	3	298	356	
Goma	1	0	1	1	
Kalunguta	198	18	216	89	
Katwa	653	24	677	495	
Kayna	28	0	28	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	462	18	480	352	
Manguredjipa	18	0	18	12	
Masereka	50	6	56	23	
Musienene	85	1	86	34	
Mutwanga	32	0	32	12	
Nyiragongo	3	0	3	1	
Oicha	65	0	65	30	
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	508	18	526	267	
Ariwara	1	0	1	1	
Bunia	4	0	4	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	82	3	85	30	
Mandima	347	5	352	171	
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	**3303**	**119**	**3422**	**2243**	

Acute respiratory syndrome associated with a novel coronavirus– Multicountry (World) – 2020

Opening date: 7 January 2020 Latest update: 31 January 2020

Epidemiological summary

Since 31 December 2019 and as of 31 January 2020, 9 836 laboratory-confirmed cases of novel coronavirus (2019-nCoV) infection have been reported, including 17 healthcare workers and 213 deaths. According to media, one of the reported deaths was a doctor working in a hospital in Wuhan who had treated 2019-nCoV patients.

Cases have been reported in the following continents:
Asia: China (9 723), Thailand (14), Japan (14), Singapore (13), Taiwan (9), Malaysia (8), Republic of Korea (7), United Arab Emirates (4), Vietnam (5), Cambodia (1), Nepal (1), The Philippines (1), India (1), and Sri Lanka (1).
Europe: France (6), Germany (5), Italy (2), the United Kingdom (2) and Finland (1).
America: the United States (6) and Canada (3).
Oceania: Australia (9).

Among the cases reported since last week, 16 have been reported in EU/EEA: six cases in France (five imported, one locally-acquired), five cases in Germany (all locally acquired), two cases in Italy (imported), two cases in the UK (imported) and one in Finland (imported). More details are available here.

All of the 213 deaths reported have been in China, 204 were from Hubei province, two from Henan province, one from Beijing, one from Hainan province, two from Heilongjiang province, one from Hebei province, one from Shanghai, and one from Sichuan province.

On 24 January 2020, authorities closed the airport in Wuhan and shut down all public transport. In addition, a list of designated medical institutions in Wuhan was published on 20 January 2020.

Sources: Wuhan Municipal Health Commission | China CDC | WHO statement | Japanese Ministry of Health | Thai Ministry of Health | WHO coronavirus website | ECDC 2019-nCoV website | RAGIDA | WHO

ECDC assessment

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China CDC assesses the transmissibility of this virus to be sufficient for sustained community transmission without unprecedented control measures; further cases and deaths are expected in China in the coming days and weeks. Further cases or clusters are also expected among travellers from China, mainly from Hubei province. Therefore, health authorities in EU/EEA Member States should remain vigilant and strengthen their capacity to respond to such an event.
There are considerable uncertainties in assessing the risk of this event, due to lack of detailed epidemiological analyses.

On the basis of the information currently available, ECDC considers that:
-the potential impact of 2019-nCoV outbreaks is high;
-the likelihood of infection for EU/EEA citizens residing in or visiting Hubei province, is estimated to be high;
-the likelihood of infection for EU/EEA citizens in other Chinese provinces is moderate and will increase;
-there is a moderate-to-high likelihood of additional imported cases or associated clusters in the EU/EEA;
-the likelihood of observing further limited human-to-human transmission within the EU/EEA is estimated as very low to low if early detection of cases and adherence to appropriate infection prevention and control practices are implemented, particularly in healthcare settings in EU/EEA countries;
-assuming that cases are detected in the EU/EEA in a timely manner and that rigorous IPC measures are applied, the likelihood of sustained human-to-human transmission within the EU/EEA is currently very low to low;
-the impact of the late detection of an imported case in an EU/EEA country without the application of appropriate infection prevention and control measures would be significant, therefore in such a scenario the risk of secondary transmission in the community setting is estimated to be high.

Actions

ECDC has published an update of its rapid risk assessment.
ECDC has implemented dedicated web-pages: https://www.ecdc.europa.eu/en/novel-coronavirus-china

Geographical distribution of 2019-nCoV cases, Asia, as of 31 January 2020

Source: ECDC

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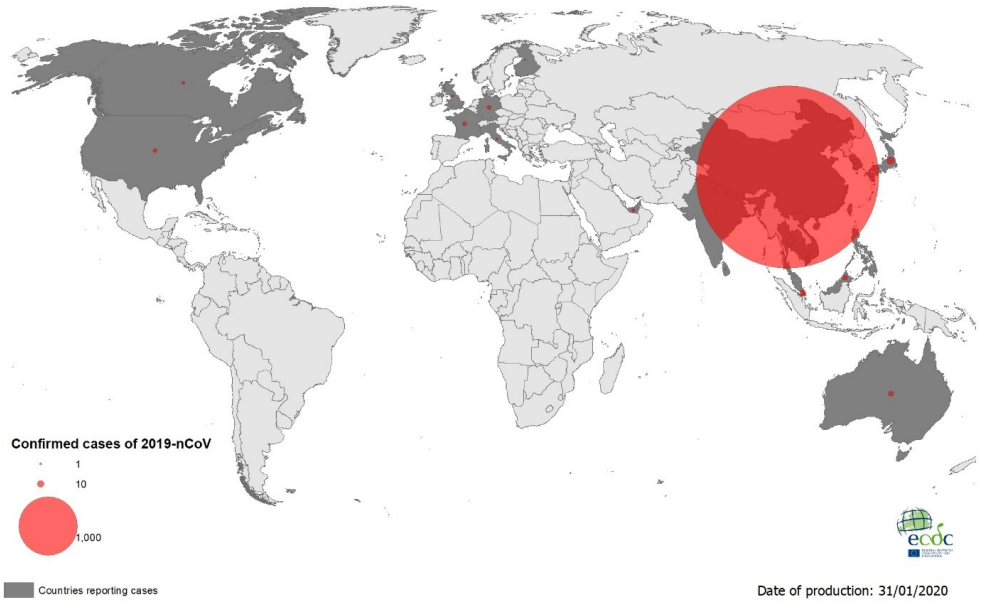
Geographical distribution of 2019-nCoV cases, World, as of 31 January 2020

Source: ECDC



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

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