

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Chinese New Year 2020

This year, the Chinese New Year celebration (also known as the Spring Festival) starts on 25 January and lasts until 8 February 2020. It is the year of the Rat according to Chinese zodiac. The Chinese new year is the biggest travel period in China, as it is the time for family reunions, and it is celebrated by almost a quarter of the global population.

In 2018, there were over 4.6 million departures from EU countries to China and as many arrivals from China in the EU, according to [Eurostat](#). During the year, over 300 000 passengers per month travelled during winter months and over 400 000 passengers per month during spring – autumn months. The passenger volume within [China](#) during the Spring festival is almost 3 billion people. In 2019 during the Spring Festival, over 407 million people travelled by train, 72 million by flight, over 40 million by water, and 2.5 billion by road.

Both, the winter season and the increased indoor crowding during the celebration period, pose an increased risk of infections such as influenza, tuberculosis, meningococcal infection, measles, diphtheria, mumps, and other vaccine preventable diseases. In addition an increased risk of gastrointestinal infections, such as salmonellosis, was observed during the celebration periods.

Currently, as in other parts of Northern hemisphere, there is an increase of seasonal influenza circulation in China ([WHO](#)). In recent years several outbreaks of highly pathogenic avian influenza have been detected in birds and poultry in China. In addition, human cases of [avian influenza](#) infection (A(H9N2), A(H5N6), A(H7N9)) have also been reported in China. In December 2019, a [novel coronavirus](#) was detected in Wuhan city, China, which is currently under investigation. Prior to travel to China, EU citizens are advised to consult their healthcare provider to ensure they are fully vaccinated according to their national vaccination program. Seasonal influenza vaccination should also be considered.

Travellers should refrain from visiting live poultry and/or seafood markets and/or backyard farms, avoid direct contact with any person presenting fever and/or respiratory symptoms (e.g. cough, sneezing, coryza) and avoid exposure to live birds or poultry. Travellers should also follow good hygiene practices to avoid food- and waterborne diseases, and minimise the risk of respiratory diseases by washing hands often with water and soap or using hand sanitisers and practising cough etiquette.

If respiratory symptoms and fever occur, the person should consult a physician to enable early diagnosis and treatment. If the consultation happens after returning from travel, the physician should be informed about the travel to China.

I. Executive summary

EU Threats

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 17 January 2020

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

→Update of the week

Week 02/2020 (3–12 January 2020)

Activity increased compared with week 01/2020 with two Member States reporting high intensity and six reporting medium intensity. The remainder reported baseline or low intensity levels.

The percentage of samples from sentinel influenza-like illness (ILI) surveillance patients testing positive for influenza virus has increased from 27% to 40% compared to the previous week.

The majority of reported influenza virus detections from sentinel ILI surveillance across the Region for week 02/2020 were type A (67%): this percentage decreased from 78% in week 49. The distribution of viruses detected varied between Member States and areas and within sub-regions.

Data from the 22 countries or regions reporting to the [EuroMOMO](#) project indicated that all-cause mortality was at expected levels for this time of the year.

Data from the [Influenzanet](#) indicated that influenza activity was low in all reporting countries based on this system.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 17 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 Uganda as of 15 January 2020. 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 14 January 2020, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported 14 additional confirmed cases. During the same period, one death was reported among confirmed cases. Among the new cases one was a healthcare worker.

During the past week, most cases have been reported in Mabalako, with other cases reported in Beni and Musienene. All cases had links to the Aloya Health Zone transmission chain. The case in Musienene was reported on 11 January 2020 after 131 days without new cases. The case is a young boy whose older brother died from Ebola. The Family travelled from Aloya Health Area in Mabalako to relatives in Katolo Health Area in Musienene. The Katolo health area has not reported any EVD cases previously, even though other health areas in Musienene have. Apart from Musienene, there is a growing list of health zones that were quiet and have recently reported cases again: Beni, Buembo, Biena, Kalunguta, Katwa and Mambasa.

On 13 January 2020, there was an [attack](#) to the community during a safe and dignified burial in the Bandibwame Health Area in Lolwa. Four people were injured, including two volunteers from the [IFRC](#) who were part of the Ebola response team for safe and dignified burials. Some health areas are still difficult to reach with some small pockets of resistance and insecurity, including Mandima Health Zone, where in Lwemba Health Area there have been rumours of several community deaths.

A patient with Ebola-like symptoms had been quarantined at the Mapel hospital in Wau State, South Sudan, but laboratory tests were [negative](#) for Ebola and other Viral Hemorrhagic Fevers by both GeneXpert and PCR, and the case was discarded.

Since the start of vaccination on 8 August 2018, 266 632 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co., Inc). Since the start of vaccination with the second vaccine, 5 861 people were vaccinated with the Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health zones of Karisimbi in Goma.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 17 January 2020

Chikungunya virus disease and dengue are vector-borne diseases that affect 50–100 million people year. In the past decade, an increasing number of countries have detected cases of dengue and chikungunya virus disease. Chikungunya virus disease has been circulating in Africa, Asia, the Americas, the Caribbean and the Pacific since 2013–2014. Dengue is also present in Africa, the Americas, Asia, the Caribbean and the Pacific. In 2018 and 2019, France and Spain reported autochthonous dengue cases, but no autochthonous chikungunya cases have been reported so far.

→Update of the week

This month's report provides an overview for the whole of 2019.

Chikungunya virus disease: Several countries across the Americas region reported cases in 2019. Cases were also reported during this period in Asia and Africa. Since the previous CDTR update on 20 December 2019, Brazil, Thailand, India and Malaysia have reported the majority of new cases.

Dengue: There has been a substantial increase in reports of dengue infections in 2019 compared with 2018. The majority of the cases was reported by Brazil, Mexico, Nicaragua, the Philippines and Malaysia.

Cluster of pneumonia cases associated with novel coronavirus – Wuhan, China – 2019

Opening date: 7 January 2020

Latest update: 17 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 marked. Further investigations identified a novel coronavirus as the causative agent of the respiratory symptoms for these cases.

→Update of the week

Since 31 December 2019 and as of 15 January 2020, 41 laboratory-confirmed cases of novel coronavirus 2019-nCoV infection, including two deaths, 12 discharged patients and five severe cases have been reported in Wuhan City, China. In addition, three imported cases of 2019-nCoV have been reported in Thailand (2) and Japan (1), bringing the total number of confirmed cases of 2019-nCoV to 44. The onset of symptoms ranged from 8 December 2019 to 5 January 2020. Cases showed symptoms such as fever, dry cough, dyspnoea, and radiological findings of bilateral lung infiltrates. Overall, 763 close contacts have been identified and monitored. Of these, 644 have completed the observation period, while 119 remain under medical observation. So far, none has tested positive for 2019-nCoV.

Preliminary results of epidemiological investigations showed that most of the cases were males 40–69 years old (according to [media](#)) and had history of recent exposure to the Wuhan's Huanan Seafood Wholesale Market. A few cases did not report having visited this market. According to [media](#) quoting health authorities, 70% of the cases have worked in the affected market for a long time, most of whom in areas where aquatic products were sold. Among the reported cases, two family clusters have been identified. One concerned a man who was employed at the Huanan Seafood Wholesale Market and developed symptoms first, and his wife who did not report having visited the market recently and developed symptoms afterwards. The other concerns three family members who also had attended the market prior to symptoms' onset.

As of 15 January 2020, three imported cases of 2019-nCoV have been reported. Two were detected in Thailand. The first one was a Chinese citizen from Wuhan visiting Bangkok. The case was detected through entry screening at the Bangkok airport on 8 January 2020, was hospitalised on the same day and tested positive for the novel coronavirus 2019-nCoV on 12 January. Close contacts are being followed-up and are under medical observation. The second one, was a Chinese citizen with no relation to the first case. The case was detected through entry screening on 13 January 2020, and was transferred to the Bamrasnaradu Institute for medical observations (ref). In addition, the Japanese Ministry of Health reported an imported case of 2019-nCoV in Kanagawa Prefecture, Japan. The case is a male in his 30s, Chinese citizen residing in Japan who travelled to Wuhan, China and developed fever on 3 January while visiting Wuhan, China. He sought medical care on 6 January upon return to Japan and was hospitalised on 10 January. On 15 January, a sample from the patient tested positive for 2019-nCoV and the same day he was discharged. The case reported not having visited Wuhan's Huanan Seafood Wholesale Market, but having direct contact with a relative with unspecified respiratory symptoms.

WHO released a set of [technical documents](#) such as case definition, laboratory guidance, clinical management of cases and others, related to the novel coronavirus outbreak reported in Wuhan, China. Assays for laboratory diagnostics for the novel coronavirus detected in Wuhan, China are now available on the webpage of WHO. In addition, ECDC has published [guidelines](#) on laboratory testing of suspect cases of 2019-nCoV using RT-PCR.

II. Detailed reports

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 17 January 2020

Epidemiological summary

2019–2020 season overview

For the European Region as a whole, influenza activity commenced earlier than previous years.

Influenza activity in the Region, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019 and then remained over 10% for eight 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.

Type A viruses have dominated across the Region, although a number of countries reported influenza type B virus dominance or co-dominance of types A and B viruses.

In sentinel sources, both influenza A subtypes, A(H3N2) and A(H1N1)pdm09, are co-circulating and of the influenza B viruses analysed so far, the vast majority (97%) is B/Victoria lineage.

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

Sources: [EuroMOMO](#) | [Flu News Europe](#) | [Influenzanet](#)

ECDC assessment

Influenza activity is increasing in the European Region, although most countries are still reporting influenza activity rates at baseline or low levels.

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: 17 January 2020

Epidemiological summary

Since the beginning of the outbreak and as of 14 January 2020, there have been 3 406 cases (3 288 confirmed, 118 probable) in the Democratic Republic of the Congo (DRC), including 2 236 deaths (2 118 confirmed, 118 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past week, cases have been reported in Mabalako, Beni and Musinne. As of 14 January 2020, 170 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.

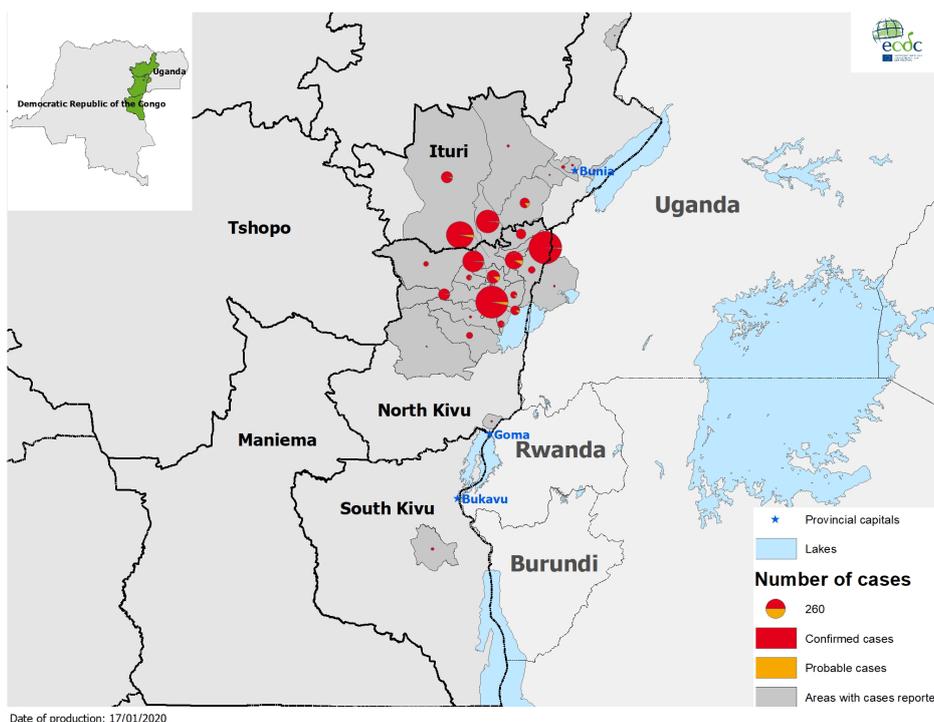
WHO assessment: As of 16 January 2020, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels.

Actions

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

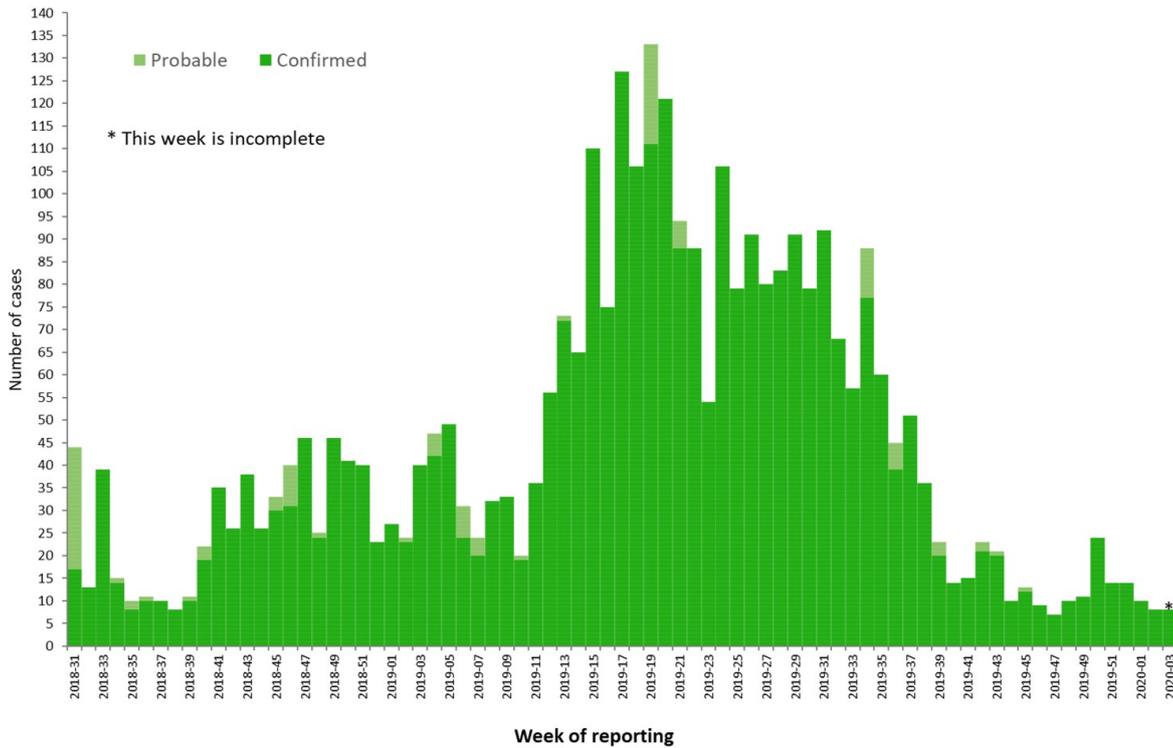
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 14 January 2020

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 14 January 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 14 January 2020

Source: ECDC

#	Country	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	3288	118	3406	2236	
	North-Kivu Province	2774	100	2874	1966	
	Alimbongo	5	0	5	2	
	Beni	700	9	709	463	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	17	479	350	ACTIVE
	Manguredjipa	18	0	18	12	
	Masereka	50	6	56	23	
	Musienene	85	1	86	34	ACTIVE
	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	3289	118	3407	2237	

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 17 January 2020

Epidemiological summary

Europe

Chikungunya virus disease:

No autochthonous cases of Chikungunya virus were detected in continental EU/EEA countries during 2019.

Dengue:

In 2019, two EU Member States reported autochthonous cases of dengue: two cases in Spain and nine in France. At the beginning of November 2019, the Spanish authorities reported the probable sexual transmission of dengue between two MSM (men who have sex with men).

Americas and the Caribbean

Chikungunya virus disease:

Brazil: In 2019, as of 28 December, Brazil had reported 174 140 suspected cases, according to WHO PAHO. Among these cases, 97 232 cases were confirmed. This represents an increase of 7 476 cases since the last CDTR report.

Bolivia: In 2019, as of 21 December, Bolivia had reported 92 confirmed cases. This represents an increase of 17 cases since the last CDTR update. For the same period in 2018, Bolivia reported 94 confirmed cases.

Colombia: In 2019 and as of 28 December, Colombia had reported 535 cases, 48 of which are laboratory confirmed. This represents an increase of 26 cases since the last CDTR report.

Costa Rica: In 2019 and as of 15 December, Costa Rica had reported 146 suspected cases. This represents an increase of two cases since the last update in the CDTR report.

El Salvador: In 2019, as of 28 December, El Salvador had reported 683 suspected cases. This represents an increase of 16 cases since the previous CDTR update. For the same period in 2018, El Salvador reported 388 suspected cases.

Guatemala: In 2019, as of 21 December, Guatemala had reported 342 suspected cases. This represents an increase of nine cases since the previous update in the CDTR. For the same period in 2018, Guatemala reported 247 suspected cases.

Nicaragua: In 2019, as of 15 December, Nicaragua had reported 180 suspected cases. Among these cases none was confirmed. During the same period in 2018, 292 suspected cases were reported. This represents an increase of one case since the last CDTR report.

Dengue:

In 2019, the Pan American Health Organization (PAHO) reported 3 104 000 suspected and confirmed dengue cases in the Americas Region. Brazil accounted for 71% of the cases (2 201 000, cases), recording a ten-fold increase compared with the same period in 2018 when 247 393 cases were reported. Highest incidence rates in the Region of the Americas were reported by Nicaragua, Belize, Antigua and Barbuda, Honduras and Brazil. The four dengue virus serotypes (DENV 1, DENV 2, DENV 3, and DENV 4) are currently circulating simultaneously in the Region of the Americas which increases the risk of severe cases.

According to [Santé publique France](#), Guadeloupe has reported an increased number of cases: 775 confirmed and 3480 suspected cases since July 2019 and as of 26 December. For the same period in 2018, Guadeloupe had reported 352 cases.

The figures for each country of the Americas Region can be found in the [PAHO Health Information Platform](#).

Asia

Chikungunya virus disease:

India: According to the National Centre for Disease Control, from 14 October to 17 November 2019, several chikungunya cases were reported in Karnataka (221), Tamil Nadu (114), Jharkhand (11), Maharashtra (3) and Telangana (2).

Malaysia: In 2019 and as of 28 December, 990 cases had been reported across the country, with most of the cases reported in Selangor and Perak regions according to Malaysia's Ministry of Health. This represents an increase of 226 cases since the previous CDTR update.

Maldives: According to the Maldives Health Protection Agency, in 2019 and as of 31 December, there had been 1 736 cases reported in the country. This represents an increase of 121 cases since the previous CDTR update.

Thailand: In 2019, as of 31 December, the country had reported 11 484 cases, with no associated deaths, affecting 60 provinces.

This is an increase of 742 cases since the previous CDTR update. Provinces reporting the highest incidences are located in the southern and western part of the country.

Dengue:

In 2019, most of the countries in Asia and South-East Asia observed a spike in their number of cases.

[Bangladesh](#) reported 101 354 cases in 2019, as of 31 December 2019, recording a ten-fold increase compared to 2018. The peak occurred in August and the number of cases is now showing a decreasing seasonal trend.

[Cambodia](#) reported approximately 65 000 cases of dengue in 2019 and as of 21 December 2019. This represents a six-fold increase compared with the same period in 2018 when 9 885 cases were reported.

[The Maldives](#) officially reported 4 984 cases in 2019, as of 31 December 2019.

According to the National Institute for Health, [Pakistan](#) reported 24 547 cases of dengue between the beginning of the year and 29 December 2019. For the same period in 2018, Pakistan reported 3 204 cases of dengue.

[Malaysia](#) reported 127 407 cases, including 176 deaths, between January and 21 December 2019. This is higher than the 78 066 cases (with 140 deaths) reported during the same period last year.

[The Philippines](#) reported 420 453 dengue cases and 1 565 deaths as of 14 December 2019. Last year, for the same period, the country had recorded 199 271 cases.

[Singapore](#) reported 16 003 cases in 2019, as of 28 December 2019, compared with 3 259 cases reported for the same period in 2018.

[Sri Lanka](#) reported 103 924 cases in 2019, as of 31 December 2019, compared with 51 554 cases for the same period last year. Colombo, Gampaha and Kandy districts are the most affected areas.

[Thailand](#) reported 86 418 cases in 2019. The highest concentration of cases was in Chiang Rai and Ubon Ratchathani. Thailand reported 54 482 cases during the same period last year.

[Vietnam](#) reported 320 702 cases in 2019, 54 of which were fatal. This represents a 2.5-fold increase on the same period in 2018 when 126 682 cases were reported.

There are no official updates for Afghanistan, India, Laos or Nepal.

Africa

Chikungunya virus disease:

[Sudan](#): According to WHO Regional Office for the Eastern Mediterranean, in 2019 and as of 21 December, 271 chikungunya cases, including five associated deaths (CFR: 1.9%), were reported in the states of Al Jazirah, East Darfur, Kassala, Sennar, South Darfur, North Darfur, West Darfur, South Kordofan, West Kordofan and White Nile. This represents an increase of 46 cases since the previous CDTR update.

Dengue:

Between January and 14 December 2019, [Burkina Faso](#) reported 7 980 cases, including 4 966 probable cases and 12 deaths (case fatality ratio 0.15%).

According to [Sante Publique France](#), Réunion reported 18 206 confirmed dengue cases and 14 deaths between 1 January and 31 December 2019. Both serotypes are still circulating on the island. In recent weeks, the number of cases has significantly decreased. However, the conditions are now favourable for new cases to emerge.

According to Sante Publique France, [Mayotte](#) reported 212 confirmed cases (autochthonous), between 30 March 2019 and 5 January 2020. Since the end of October, weekly numbers have been constantly increasing.

There were no new cases reported in Benin, Ethiopia or Mali.

Australia and the Pacific

Chikungunya virus disease:

No outbreaks have been reported since the previous update.

Dengue:

[Australia](#) reported 1 419 cases of dengue as of 18 December 2019, compared with 917 cases for the same period in 2018. There has been a decreasing monthly trend since May and numbers remain within previous seasonal trends.

[French Polynesia](#) reported 3 137 autochthonous cases since the beginning of the year and as of 29 December 2019.

[New Caledonia](#) reported 3 914 dengue cases, including two deaths, since the beginning of the year and as of 17 December 2019. The number of cases reported weekly remains low. The epidemic was officially declared over at the end of August.

N.B: The data presented in this report originate from several sources, both official public health authorities and non-official sources such as news media.

Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries.

All data should be interpreted with caution as there may be areas of under-reporting; reported figures may not reflect the actual epidemiological situation.

ECDC assessment

Chikungunya virus disease and dengue are endemic in large regions of the intertropical convergence zone. As a precautionary measure, [personal protective measures against mosquito bites](#) should be taken by everyone visiting these regions.

The detection of autochthonous cases of dengue in France and Spain in 2019 is not unexpected due to the presence of *Aedes albopictus* in the areas where cases have been reported. The risk of further transmission is very low due to low vector activity at this time of year.

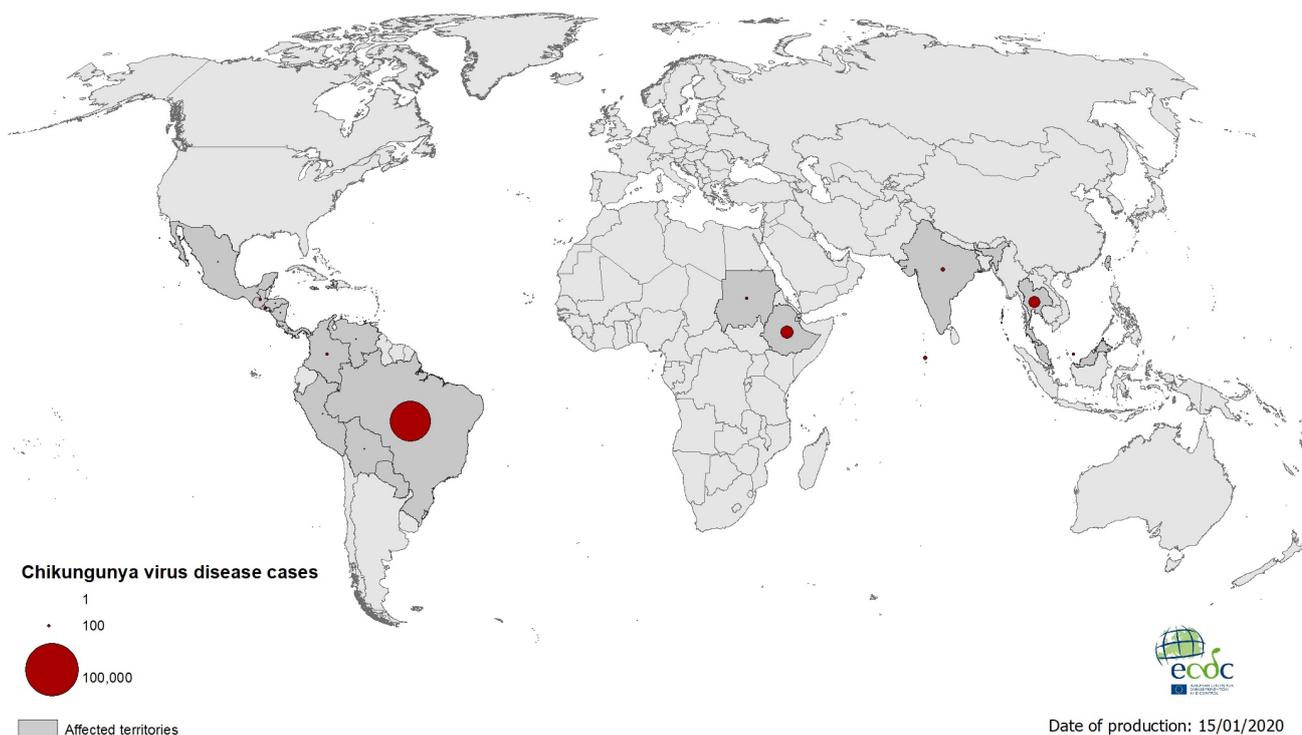
ECDC published a [rapid risk assessment](#) on autochthonous cases of dengue in Spain and France on 1 October 2019.

Actions

ECDC monitors these threats through epidemic intelligence and reports on a monthly basis. A summary of the worldwide overview of [dengue](#) and [chikungunya](#) is available on the ECDC website.

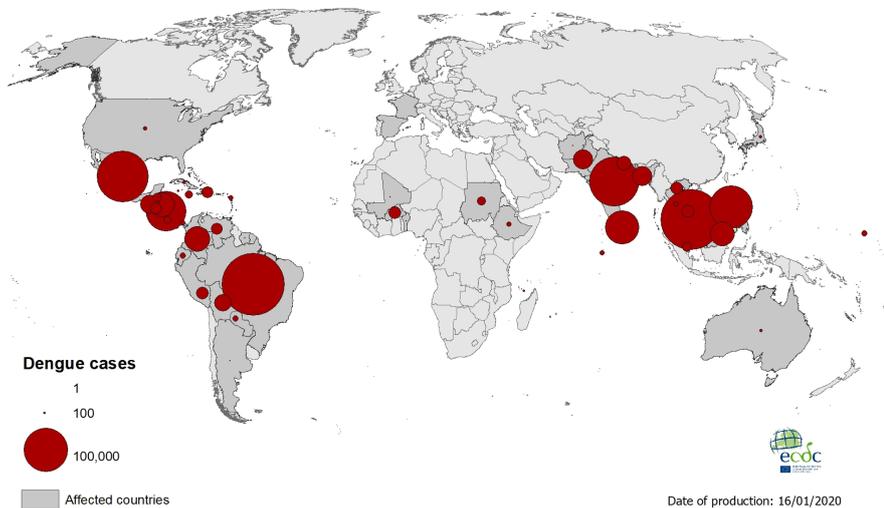
Geographical distribution of chikungunya virus disease cases reported worldwide, October to December 2019

Source: ECDC



Geographical distribution of dengue cases reported worldwide, October to December 2019

Source: ECDC



Cluster of pneumonia cases associated with novel coronavirus – Wuhan, China – 2019

Opening date: 7 January 2020

Latest update: 17 January 2020

Epidemiological summary

Since 31 December 2019 and as of 15 January 2020, 41 laboratory confirmed cases of novel coronavirus 2019-nCoV infection, including two deaths, 12 discharged patients and five severe cases have been reported in Wuhan City, China. In addition, three imported cases of 2019-nCoV have been reported in Thailand (2) and Japan (1), bringing the total number of confirmed cases of 2019-nCoV to 44. The onset of symptoms ranged from 8 December 2019 to 5 January 2020. Cases showed symptoms such as fever, dry cough, dyspnoea, and radiological findings of bilateral lung infiltrates. Overall, 763 close contacts have been identified and monitored. Of these, 644 have completed the observation period, while 119 remain under medical observation. So far, none has tested positive for 2019-nCoV.

Implicated market:

The Wuhan's Huanan Seafood Wholesale Market was closed to the public on 1 January 2020. According to Wuhan Municipal Health Commission, samples from the market tested positive for the novel coronavirus. In addition, according to media quoting health authorities, these positive environmental samples were from floors, tabletops and gloves from the areas where aquatic products were sold.

Preliminary results of epidemiological investigations showed that most of the cases were males 40–69 years old (according to [media](#)) and had history of recent exposure to the Wuhan's Huanan Seafood Wholesale Market. A few cases did not report having visited this market. According to [media](#) quoting health authorities, 70% of the cases have worked in the affected market for a long time, most of whom in areas where aquatic products were sold. Among the reported cases, two family clusters have been identified. One concerned a man who was employed at the Huanan Seafood Wholesale Market and developed symptoms first, and his wife who did not report having visited the market recently and developed symptoms afterwards.

Cases reported outside Wuhan and China:

As of 15 January 2020, three imported cases of 2019-nCoV have been reported. Two were detected in Thailand. The first one was a Chinese citizen from Wuhan visiting Bangkok. The case was detected through entry screening at the Bangkok airport on 8 January 2020, was hospitalised on the same day and tested positive for the novel coronavirus 2019-nCoV on 12 January. Close

11/15

contacts are being followed-up and are under medical observation. The second one was a Chinese citizen with no relation to the first case. The case was detected through entry screening on 13 January 2020, and was transferred to the Bamrasnaradu Institute for medical observations. In addition, the Japanese Ministry of Health reported an imported case of 2019-nCoV in Kanagawa Prefecture, Japan. The case is a male in his 30s, Chinese citizen residing in Japan who travelled to Wuhan, China and developed fever on 3 January while visiting Wuhan, China. He sought medical care on 6 January upon return to Japan and was hospitalised on 10 January. On 15 January, a sample from the patient tested positive for 2019-nCoV and the same day he was discharged. The case reported not having visited Wuhan's Huanan Seafood Wholesale Market, but having direct contact with a relative with unspecified respiratory symptoms.

According to the Wuhan Municipal Health Center, close contacts are defined as those living with patients, working or studying in the same room, and those who have not taken protective measures during the diagnosis and treatment of cases. The medical observation period for close contacts is 14 days.

Laboratory diagnosis:

On 10 January 2020, the novel coronavirus [genome sequence](#) was made publicly available by The Shanghai Public Health Clinical Center & School of Public Health, in collaboration with the Central Hospital of Wuhan, Huazhong University of Science and Technology, the Wuhan Center for Disease Control and Prevention, the National Institute for Communicable Disease Control and Prevention, the Chinese Center for Disease Control, and the University of Sydney, Australia. The sequence was deposited in the GenBank database (accession number [MN908947](#)) and was uploaded to the Global Initiative on Sharing all Influenza Data (GISAID). Preliminary analysis showed that the novel coronavirus (2019-nCoV) clusters with the SARS-related CoV clade and differs from the core genome of known bat CoV.

WHO released a set of technical documents such as case definition, laboratory guidance, clinical management of cases and others, related to the novel coronavirus outbreak reported in Wuhan, China. Assays for laboratory diagnostics for the novel coronavirus detected in Wuhan, China are now available on the webpage of WHO. In addition, ECDC has published guidelines on laboratory testing of suspect cases of 2019-nCoV using RT-PCR.

Preparedness and response activities outside China:

According to the International Air Transport Association (IATA) data from 2018, the [top five passenger destination countries](#) from Wuhan in decreasing order are Thailand, Hong Kong SAR, Japan, Taiwan and South Korea. To our knowledge, entry-screening activities for all incoming travellers from Wuhan are implemented in [Hong Kong](#), [Malaysia](#), [Myanmar](#), [the Philippines](#), [Singapore](#), [Taiwan](#), [Thailand](#), [Russia](#) and [Vietnam](#).

As of 16 January 2020, suspected pneumonia cases with recent travel history to Wuhan, China, have been reported in [Hong Kong](#), [Macau](#), [Singapore](#), [South Korea](#), [Taiwan](#), and [Vietnam](#). Up to date, all suspect cases have been discarded after epidemiological and laboratory investigations.

Three EU airports have direct flight connections to Wuhan and there are indirect flight connections to other EU hubs. Countries have informed their healthcare providers and/or general public about this event.

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

ECDC assessment

A novel coronavirus (2019-nCoV) has been isolated and considered the causative agent of the cluster of 41 pneumonia cases in the area of Wuhan, Hubei province in China, as well as of the three travel-related cases in Thailand and Japan, arriving from Wuhan.

The majority of detected cases reported having visited the Wuhan Huanan Seafood Wholesale Market recently before disease onset. Some cases did not report any exposure to this specific market, but to other food markets in Wuhan. For a few cases, there was no direct connection with a food market. The Wuhan Huanan Seafood Wholesale Market has been closed and disinfected. However, there is no information available on restrictions at other food markets in Wuhan. If the sources of the infections are indeed certain animals sold in the market, other markets in the city may continue to pose a risk of infection. At the moment, there is no information on the source of infection or the transmission mode.

A novel coronavirus has been identified as the causative agent of the pneumonia cases reported in Wuhan, China. Exposure to the seafood market in Wuhan has been identified for most, but not all, cases reported from Wuhan. Environmental sanitation of the involved food market took place and the market has been closed.

As of 16 January, there is no clear indication of sustained human-to-human transmission. The report of two small family clusters in Wuhan and the exposure history of the imported Japanese case (history of contact with a person with an acute, not laboratory confirmed, respiratory infection in Wuhan) suggest that person-to-person transmission may have occasionally occurred. In the

absence of detailed information from the ongoing studies in China, it is impossible to quantify the potential for human-to-human transmission of the 2019-nCoV.

The clinical information on confirmed 2019-nCoV cases reported so far suggests a milder disease course than what has been observed in SARS and MERS CoV cases. However, in the absence of results from ongoing epidemiological investigations, it is impossible to assess whether there are population groups at higher risk or severe illness.

The airport of Wuhan has [direct flight connections](#) with some EU cities: Paris (France) with six weekly flights, London (the United Kingdom) with three weekly flights and Rome (Italy) with three weekly flights. Health authorities in the concerned member states remain vigilant and closely monitor the ongoing situation in China.

The likelihood for EU/EEA travellers to become infected while visiting any wet or live animal markets in Wuhan is considered to be moderate, as the source of infection is unknown and could still be active. The likelihood of infection for travellers visiting Wuhan, but abstaining from visiting these markets, is considered low, because so far there is no indication of virus circulation in the community.

Therefore, the likelihood of importation of cases of 2019-nCoV to the EU is considered to be low.

The upcoming Chinese New Year celebrations at the end of January 2020 will cause an increased travel volume to/from China and within China, hence increasing the likelihood of arrival of possible cases.

Should a case be identified in the EU, considering the application of rigorous infection prevention and control measures (IPC) and the evidence of limited human-to-human transmission, the likelihood of further spread in the community setting within the EU/EEA is considered very low.

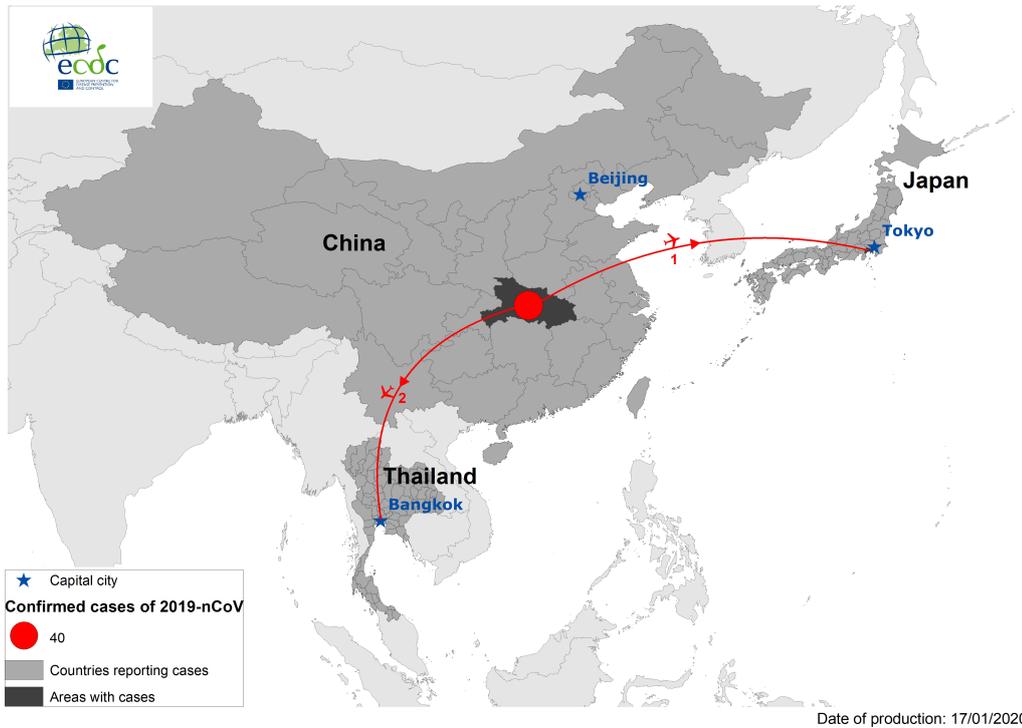
More information can be found in the [ECDC 2019-nCoV website](#).

Actions

ECDC is monitoring this event through epidemic intelligence activities. ECDC published a threat assessment brief on '[Pneumonia cases possibly associated with a novel coronavirus in Wuhan, China](#)' on 9 January 2020, a '[Health emergency preparedness checklist for imported cases of high-consequence infectious diseases](#)' and guidelines on [laboratory testing of suspect cases of 2019 nCoV using RT-PCR](#).

Geographical distribution of laboratory confirmed cases (n=44) of 2019-nCoV, as of 17 January 2020.

Source: ECDC



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