



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 2, 6-12 January 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! **Neisseria gonorrhoeae - United Kingdom - 2018**

Opening date: 10 January 2019

Latest update: 11 January 2019

Public Health England (PHE) is investigating two cases of extensively resistant *Neisseria gonorrhoeae* isolates detected in 2018 among heterosexual females with similar antibiotic resistance patterns.

Influenza – Multistate (Europe) – Monitoring season 2018 – 2019

Opening date: 8 October 2018

Latest update: 11 January 2019

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

→ Update of the week

During week 1 in 2019, influenza activity continued to increase in the European Region. Of the individuals sampled after presenting with influenza-like illness or acute respiratory infection at sentinel primary healthcare sites in Europe, 44.6% tested positive for influenza viruses.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 11 January 2019

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

→ Update of the week

Since the previous Communicable Disease Threats Report (CDTR) published on 14 December 2018, updates have been provided for 20 EU/EFTA countries: Bulgaria, the Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, the Netherlands, Poland, Portugal, Romania, Slovakia, Spain, Sweden and Switzerland.

In 2018, 35 deaths were reported in EU countries.

Relevant updates outside EU/EFTA countries are provided for Algeria, Belarus, Israel, Mauritius, Serbia, Ukraine and the US.

The monthly measles report published in the CDTR provides the most recent data on measles cases and outbreaks based on data reported on national authority websites or through media reports. 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). The data presented in both monthly reports may differ.

Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 11 January 2019

Rubella, caused by the rubella virus and commonly known as German measles, is usually a mild and self-limiting disease that often passes unnoticed. The main reason for immunising against rubella is the high risk of congenital malformations associated with rubella infection during pregnancy.

→Update of the week

An outbreak of rubella was reported in Spain in 2018.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 11 January 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 and Ituri Provinces in the northeast of the country close to the border with Uganda. On 17 October 2018, the International Health Regulations (IHR) Emergency Committee concluded that the epidemic does not at this stage constitute a public health emergency of international concern.

→Update of the week

Since the previous CDTR, the Ministry of Health of the Democratic Republic of the Congo has reported 22 additional cases.

As of 9 January 2019, according to the [Ministry of Health of the Democratic Republic of the Congo](#), there have been 630 Ebola virus disease cases (582 confirmed, 48 probable), including 385 deaths (337 in confirmed and 48 in probable cases), since the beginning of the outbreak.

[Riot police](#) were deployed in the Democratic Republic of Congo on 9 January 2019 ahead of election results and [preliminary election results](#) have been released.

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

Opening date: 24 September 2012

Latest update: 11 January 2019

Since the disease was first identified in Saudi Arabia in September 2012, more than 2 000 Middle East respiratory syndrome coronavirus (MERS-CoV) cases have been detected in over 20 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies points towards dromedary camels in the Middle East as being a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

During the month of December, five MERS-CoV cases were reported by [Saudi Arabia](#). All but one cases were male. Four were primary cases and one was a household contact. Of the primary cases, three reported camel contact.

II. Detailed reports

New! **Neisseria gonorrhoeae - United Kingdom - 2018**

Opening date: 10 January 2019

Latest update: 11 January 2019

Epidemiological summary

Public Health England is reporting two isolates of extensively drug resistant *Neisseria gonorrhoeae*. They were detected in 2018 among heterosexual females and had similar resistance patterns to antibiotics (ceftriaxone and azithromycin) that are used as the first line treatment for gonorrhoea.

One of these cases appears to have been acquired in Europe and the other has links to Europe, but was acquired in the UK. Investigations are actively looking for any links between the two cases to determine if they may be connected.

Both cases were successfully treated and PHE is following up with sexual contacts to minimise the risk of any onward transmission.

ECDC assessment

Isolates of extensively drug-resistant *Neisseria gonorrhoeae* have been previously reported, most recently by Australia and the UK in 2018. The spread of isolates displaying resistance to ceftriaxone and/or reduced susceptibility to azithromycin is of concern, as these two antibiotics are still recommended as first-line treatment for gonorrhoea according to European guidelines. Widespread resistance could have a significant public health impact.

The detailed recommendations and options for response from ECDC's [rapid risk assessment](#) on extensively drug-resistant *Neisseria gonorrhoeae* in Australia and the UK remain valid.

Actions

Early in 2019, ECDC will launch an updated European response plan to control and manage the threat of multidrug-resistant *Neisseria gonorrhoeae* in Europe.

Influenza – Multistate (Europe) – Monitoring season 2018 – 2019

Opening date: 8 October 2018

Latest update: 11 January 2019

Epidemiological summary

Influenza activity continued to increase in the European Region. Of the individuals sampled after presenting with influenza-like illness or acute respiratory infection at sentinel primary healthcare sites, 44.6% tested positive for influenza viruses. The majority of influenza virus detections were type A in both inpatients and outpatients, with both influenza A(H3N2) and A(H1N1)pdm09 viruses circulating.

Data from the 21 Member States and areas reporting to the EuroMOMO project indicated all-cause mortality was at expected levels for this time of year.

Most of the hospitalised laboratory-confirmed influenza infections were associated with A(H1N1)pdm09 viruses and were in persons aged 15–64 years. The predominant A(H1N1)pdm09 and A(H3N2) viruses circulating match the vaccine components, although relatively low numbers of influenza A(H3N2) viruses have been characterised. Countries should continue to encourage vaccination. The Northern Hemisphere Vaccine Composition Meeting for 2019–2020 will take place from 18–20 February 2019 in Beijing, China. More information is available [here](#).

Source: [Flu News Europe](#) | [EuroMOMO](#)

ECDC assessment

Influenza activity and geographic spread remain at seasonally expected levels. Influenza A(H3N2) and A(H1N1)pdm09 co-circulate in Europe. Influenza vaccine coverage among the elderly, chronic disease risk groups and healthcare workers was suboptimal in most of the EU Member states, according to the [VENICE report](#). Influenza vaccination efforts should still continue in the EU.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe website](#).

Recommendations on the composition of the 2018–2019 influenza virus vaccine are available from the [WHO](#) website.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 11 January 2019

Epidemiological summary

Since the previous Communicable Disease Threats Report (CDTR) published on 14 December 2018, updates have been provided for 20 EU/EFTA countries: Bulgaria, the Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, the Netherlands, Poland, Portugal, Romania, Slovakia, Spain, Sweden and Switzerland.

In 2018 and as of 10 January 2019, most cases in the EU were reported from Romania (5 376), France (2 902), Italy (2 427) and Greece (2 290). Thirty-five deaths were reported in 2018 from Romania (22), Italy (8), France (3) and Greece (2).

Outside EU/EFTA countries, Ukraine is experiencing the continuation of the largest outbreak, with over 54 000 cases reported in 2018, including 16 deaths, and over 2 000 cases, including one death, reported at the start of 2019. Measles cases are also reported by Algeria, Belarus, Israel, Mauritius, Serbia and the US.

The monthly measles report published in the CDTR provides the most recent data on measles cases and outbreaks based on the data reported on national authority websites or through media reports. 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). The data presented in both monthly reports may differ.

Epidemiological summary for EU/EFTA countries with updates since last month:

[Bulgaria](#) reported 13 cases of measles in 2018 and no cases in 2019 as of 10 January 2019. This is an increase of five cases since the previous CDTR published on 14 December 2018.

The [Czech Republic](#) reported 182 measles cases from January–November 2018. There has been no change in the national number of cases since the previous CDTR published on 14 December 2018. An increased incidence occurred in 2018, mainly in [Prague](#), with 103 cases. In addition, six cases were reported in Prague in the first week of 2019 as of 4 January 2019.

[Denmark](#) reported eight cases of measles in 2018 as of 10 January 2019. This is an increase of one case since the national report on 31 October 2018. The most recent [case](#) had travel history to Ukraine.

[Finland](#) reported 15 cases of measles in 2018 as of 10 January 2019. This is an increase of six cases since the previous CDTR published on 14 December 2018.

[France](#) reported 2 902 cases between 18 December 2017 and 16 December 2018, including three deaths. Since the beginning of the outbreak in 2017, measles cases were reported from 88 regions of France, including two recently confirmed cases in Mayotte. The cases in Mayotte pose a risk of spread of infection in the island due to insufficient immunization coverage.

[Germany](#) reported 537 cases of measles in 2018 as of 16 December 2018. This is an increase of 10 cases since the previous CDTR published on 14 December 2018.

[Greece](#) reported 2 290 cases in 2018 as of 20 December 2018, including two deaths. No new cases have been reported since the previous CDTR published on 14 December 2018. Since the beginning of the outbreak in May 2017 and as of 20 December 2018, Greece has reported 3 258 measles cases, of which 1 885 were laboratory-confirmed. Among the laboratory-confirmed cases, four deaths were reported.

[Hungary](#) reported 21 cases of measles in 2018 as of 6 January 2019. This is an increase of two cases since the previous CDTR published on 14 December 2018. Additionally, one case has been reported in 2019 as of 8 January 2019.

[Ireland](#) reported 85 cases of measles in 2018. This is an increase of nine cases since the previous CDTR published on 14 December 2018.

[Italy](#) reported 2 427 measles cases, including eight deaths, between 1 January and 30 November 2018. This is an increase of 59 cases and one death since the previous CDTR published on 14 December 2018. Among these cases, 107 were healthcare workers.

[Latvia](#) reported 23 cases of measles between January and November 2018. This is an increase of one case since the previous CDTR published on 14 December 2018.

[Lithuania](#) reported eight cases in 2018 as of 30 November 2018. This is an increase of six cases since the previous CDTR published on 14 December 2018.

[The Netherlands](#) reported 0.1 cases of measles per 100 000 population in 2018 as of 9 January 2019.

[Poland](#) reported 339 cases of measles in 2018 as of 31 December 2018. This is an increase of 119 cases since the previous CDTR published on 14 December 2018. According to [media reports](#) quoting health authorities, one-third of the cases were reported from Mazovia Voivodship, including Warsaw.

[Portugal](#) reported 32 confirmed cases of measles in two outbreaks in Cascais (24 confirmed and 2 probable cases) and Oeiras (5 confirmed cases). This is an increase of six cases since the previous CDTR published on 14 December 2018. Both outbreaks were related to imported cases from the Czech Republic and Ukraine respectively. However, according to [media reports](#) quoting healthcare authorities, there were 37 cases reported as of 6 January 2019. The 37 cases were reported from three distinct outbreaks, including an outbreak in Madeira (3 confirmed cases). Previously in 2018, [Portugal](#) experienced an outbreak of measles with 112 confirmed cases, mainly among healthcare workers (79%).

[Romania](#) reported 5 376 measles cases, including 22 deaths, in 2018 as of 4 January 2019. This is an increase of 60 cases since the previous CDTR published on 14 December 2018. Since the beginning of the outbreak in October 2016 and as of 7 December 2018, Romania has reported 15 600 confirmed measles cases, including 59 deaths.

[Slovakia](#) reported an outbreak of measles with 105 cases between September 2018 and 31 December 2018. Previously, 466 cases were reported by [Slovakia](#) as of 14 December 2018.

[Spain](#) reported 226 confirmed measles cases in 2018 as of 31 December 2018. Since the previous CDTR published on 14 December 2018, this represents an increase of eight cases.

[Sweden](#) reported 43 cases of measles in 2018 as of 10 January 2019. This is an increase of three cases since the previous CDTR published on 14 December 2018.

[Switzerland](#) reported one case of measles in 2019 as of 8 January. No update was provided for 2018 in the national report.

Relevant epidemiological summary for countries outside EU/EFTA:

[Belarus](#) reported 254 cases in 2018, according to media reports quoting the Ministry of Health on 9 January 2019.

[Israel](#) reported over 2 300 cases of measles between March and November 2018. This is an increase of over 260 cases since the previous CDTR published on 4 December 2018. [Media](#) reported two deaths due to measles.

[Serbia](#) reported 5 783 cases, including 15 deaths, between October 2017 and 4 January 2019, including cases reported from Kosovo*. This is an increase of seven cases since the CDTR published on 14 December 2018. Of the reported cases, 2 925 were confirmed.

*This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the International Court of Justice Opinion on the Kosovo Declaration of Independence.

[Ukraine](#) reported 2 305 cases of measles, including one death in 2019, from 28 December 2018–3 January 2019, of which 966 were adults and 1 339 children. In 2018, Ukraine reported 54 481 cases of measles among 20 204 adults and 34 277 children, including 16 deaths. This represents an increase of 10 095 cases and one death for 2018.

[Algeria](#) reported that sporadic cases of measles are still occurring in different provinces. In addition, [media reports](#) quoting health authorities reported 27 700 cases of measles in 2018 as of 4 January 2019. From those, there were 18 deaths in El-Bayadh (1), Biskra (2), Msila (2), Ouargla (4), Relizane (5) and Tamanrasset (4).

The [state of New York](#) (US) reported an outbreak of measles, according to [media reports](#) quoting health authorities. This is the largest outbreak in the state of New York, with 167 cases reported between September 2018 and 8 January 2019. Overall, there were 292 cases of measles reported in the [US](#) as of 1 December 2018.

[Mauritius](#) reported 1 344 confirmed measles cases, including four deaths, as of 9 December 2018. This is an increase of 20 cases since the CDTR published on 14 December 2018. The most affected districts are Port Louis and Black River.

ECDC assessment

Given the current extent of measles circulation in the EU/EEA, the trend in recent years and suboptimal vaccination coverage for the first and second doses, there is a high risk of continued measles transmission with mutual exportation and importation between EU/EEA Member States and third countries. For a more complete assessment, consult ECDC's rapid risk assessment, [Risk of measles transmission in the EU/EEA](#), published on 21 March 2018.

Actions

ECDC is monitoring measles outbreaks through epidemic intelligence and reports monthly. ECDC also gathers measles surveillance data through The European Surveillance System (TESSy) for 30 EU/EEA countries.

Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 11 January 2019

Epidemiological summary

In addition to sporadic cases reported across EU/EEA countries, on 23 December 2018, Spain reported an outbreak of rubella with 12 cases, of which 8 were confirmed. As of 31 December 2018, Spanish authorities reported 16 cases, of which eight were confirmed. The outbreak occurred in Aragon. Previously, rubella cases in Alcañiz and Zaragoza were reported in 2012. Local authorities provide vaccination to non-immune contacts and in case of suspected rubella recommend contact with a healthcare provider and staying at home.

An ongoing rubella outbreak is reported by Japan, with over 2 300 cases registered in 2018.

Sources: [ECDC monthly measles and rubella monitoring](#) | [ECDC rubella factsheet](#) | [WHO rubella page](#) | [WHO global measles and rubella strategic plan](#) | [Japanese Public Health Institute](#) | [Local Spanish health authority](#) | [Local Spanish health authority](#)

ECDC assessment

WHO has targeted the elimination of measles and rubella in the 53 Member States of the WHO European Region. Member States of the WHO European Region are making steady progress towards the elimination of rubella. At the sixth meeting of the European Regional Verification Commission for Measles and Rubella Elimination in June 2017, seven EU/EEA countries were judged to still have endemic transmission: Belgium, Denmark, France, Germany, Italy, Poland and Romania.

Source: [European Regional Verification Commission for Measles and Rubella Elimination \(2017\)](#)

Actions

ECDC monitors the rubella situation and reports on a monthly basis.

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

Opening date: 1 August 2018

Latest update: 11 January 2019

Epidemiological summary

Since the beginning of the outbreak and as of 9 January 2019, according to the Ministry of Health of the Democratic Republic of the Congo, there have been 630 Ebola virus disease cases (582 confirmed, 48 probable), including 385 deaths (337 in confirmed and 48 in probable cases).

Sixteen health zones in two provinces have reported confirmed or probable Ebola virus disease cases: Beni, Béna, Butembo, Kalunguta, Katwa, Kyondo, Mabalako, Masereka, Musienene, Mutwanga, Oicha and Vuhovi health zones in North Kivu Province and Komanda, Mandima, Nyankunde and Tchomia health zones in Ituri Province.

Sources: [Ministry of Health of the Democratic Republic of the Congo](#)

ECDC assessment

ECDC assessment: Response measures remain challenging in affected areas because of the prolonged humanitarian crisis, unstable security situation, resistance among the population and the recent election. The fact that the outbreak is ongoing in areas with cross-border population flow with Rwanda and Uganda remains of particular concern.

A substantial proportion of cases remain among individuals not previously identified as contacts, stressing the need to maintain enhanced surveillance and identify chains of transmission.

The overall risk of introduction and further spread of Ebola virus within the EU/EEA is very low. However, the risk can only be eliminated by stopping transmission at the local level.

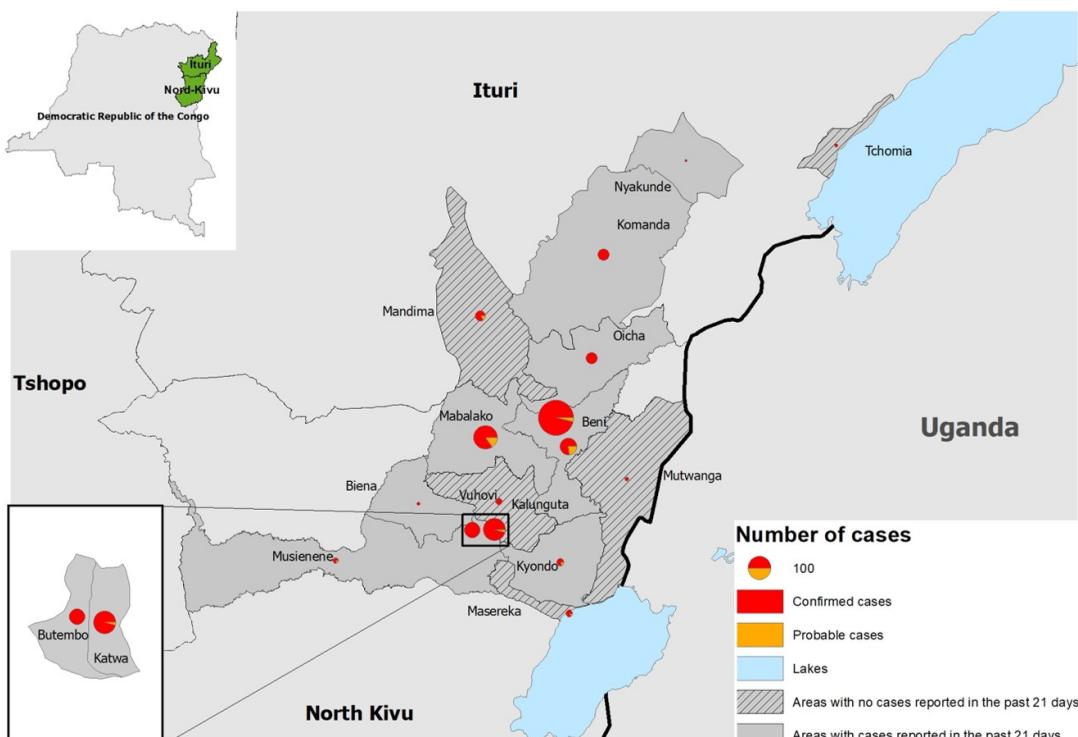
WHO assessment: As of 10 January 2019, the [WHO assessment](#) is that the risk of spread is low at the global level, but remains very high at national and regional levels.

Actions

ECDC published a second update of its [rapid risk assessment](#) on 21 December 2018.

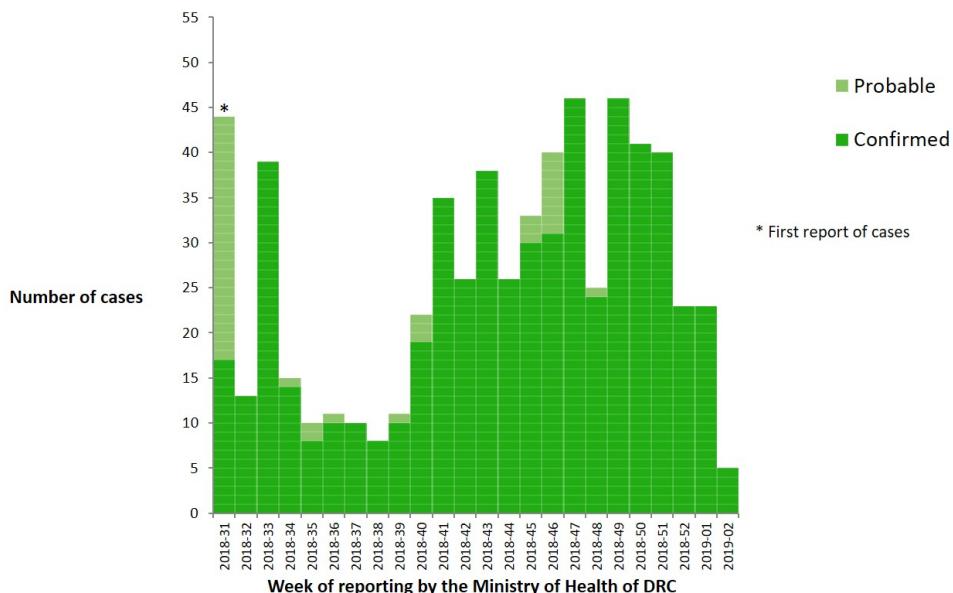
Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 09 January 2019

ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 09 January 2019

ECDC



The MoH of DRC are currently conducting data cleaning. Thus, these figures are likely to change over coming days as cases are being reclassified.

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

Opening date: 24 September 2012

Latest update: 11 January 2019

Epidemiological summary

Since April 2012 and as of 31 December 2018, 2 295 cases of MERS-CoV, including 850 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [WHO MERS updates](#) | [ECDC factsheet for professionals](#)

ECDC assessment

The risk of sustained human-to-human transmission in Europe remains very low. ECDC's conclusion continues to be that the MERS-CoV outbreak poses a low risk to the EU, as stated in the [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

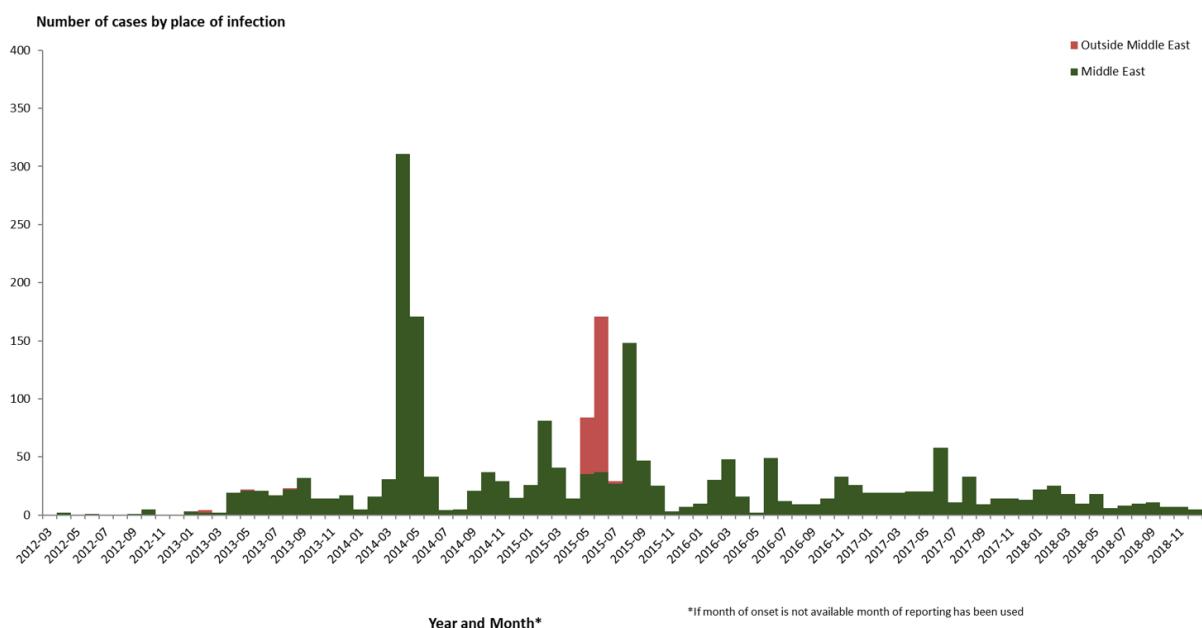
On 2 August 2018, ECDC published a [rapid risk assessment regarding public health risks related to communicable diseases during the 2018 Hajj, Saudi Arabia, 19–24 August 2018](#) addressing MERS-CoV.

Actions

ECDC monitors this threat through epidemic intelligence and monthly reports.

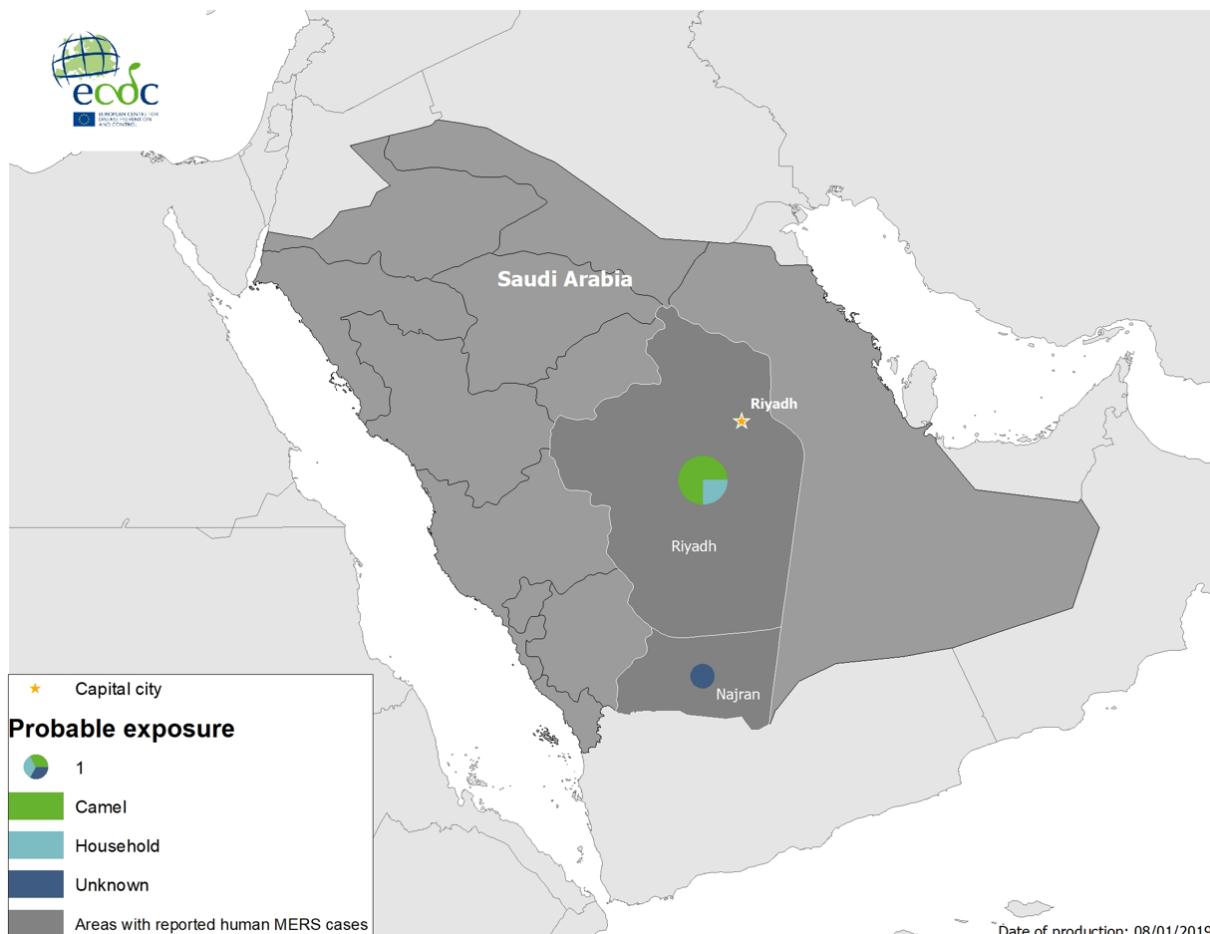
Distribution of confirmed cases of MERS-CoV by first available month and region, from March 2012 and as of 31 December 2018

ECDC



Geographical distribution of confirmed MERS-CoV cases by probable region of exposure and infection, Saudi Arabia, month of December 2018

ECDC



10/11

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