



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 15, 7-13 April 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 8 October 2018

Latest update: 12 April 2019

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

→ Update of the week

Week 14, 2019 (1–7 April 2019):

Among 47 countries reporting on geographic spread, only 8 located in the northern, southern and western areas of the European Region reported widespread activity. Specimens collected from individuals presenting with influenza-like illness or acute respiratory infection to sentinel primary healthcare sites yielded an influenza virus positivity rate of 23%. This represents a decrease for the fourth week in a row.

Among 47 countries reporting on influenza activity, 45 reported baseline or low intensity levels and 2 reported medium intensity.

Influenza type A virus detections dominated, with more A(H3N2) than A(H1N1)pdm09 viruses among sentinel and non-sentinel source specimens. Very few influenza B viruses were detected.

Among all the specimens from patients with severe acute respiratory infection (SARI) collected in week 14 of 2019 that were tested for influenza viruses, 13% were positive and all were type A.

Pooled data from 22 Member States and areas reporting to the [EuroMOMO](#) project indicated that the all-cause excess mortality observed in previous weeks has returned to normal levels.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 12 April 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 Communicable Disease Threats Report (CDTR) published on 8 March 2019, updates have been provided for 26 EU/EFTA countries: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovakia, Spain, Sweden, Switzerland and the UK.

In EU/EFTA countries, outbreaks continue in Bulgaria, the Czech Republic, France, Ireland, Lithuania, Poland, Slovakia and the UK. New countries reporting cases were Liechtenstein, Luxembourg, Malta and the Netherlands. Most of the cases are reported from Romania (736), France (561), Poland (554), Lithuania (397) and Italy (331).

In 2019, 4 deaths were reported in the EU in Romania (3) and France (1).

Relevant updates outside EU/EFTA countries are provided for Belarus, Hong Kong, Japan, Madagascar, North Macedonia, the Philippines, Serbia, Tunisia, 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.

Dengue – France, Réunion – 2019

Opening date: 13 March 2018

Latest update: 12 April 2019

Since the beginning of 2018, an outbreak of unusual magnitude has affected the French Outermost Region of Réunion. In 2018, Réunion reported a total of 6 770 cases. Circulation has not been interrupted during the austral winter and the number of cases has started increasing again since the beginning of 2019.

→Update of the week

According to regional authorities and as of 31 March 2019, Réunion has detected approximately 5 000 cases of dengue since the beginning of 2019.

Non EU Threats

Risk of communicable diseases related to cyclone Idai - Southern Africa - 2019

Opening date: 1 April 2019

Latest update: 12 April 2019

From the beginning to mid-March 2019, Cyclone Idai hit Malawi, Mozambique and Zimbabwe. Cyclone Idai resulted in several hundred casualties, hundreds of thousands of displaced people and an upsurge of infectious diseases outbreak such as cholera.

→Update of the week

Since the previous CDTR, Mozambique has reported more than 2 000 new cholera cases. A vaccination campaign for cholera has started in the affected areas of Mozambique.

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

Opening date: 1 August 2018

Latest update: 12 April 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 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 99 additional cases, including 69 deaths. All cases reported during this period are confirmed cases. Among the new reported cases in the past week, five are healthcare workers.

Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 12 April 2019

Global public health efforts are ongoing 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. In June 2002, the WHO European Region was officially declared polio-free.

→ Update of the week

Since the CDTR published on 15 March 2019, three new cases of wild poliovirus type 1 have been reported in Pakistan (2) and Afghanistan (1). In addition, Nigeria has reported three new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2).

On 19 February 2019, the [International Health Regulations Emergency Committee](#) agreed that the spread of poliovirus remains a PHEIC and extended temporary recommendations for an additional three months.

II. Detailed reports

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

Opening date: 8 October 2018

Latest update: 12 April 2019

Epidemiological summary

2018–2019 season overview:

Influenza activity in the European Region based on sentinel sampling exceeded a positivity rate of 10% in week 49 of 2018, 50% between weeks 3–7 of 2019 and peaked in week 5 of 2019.

Both influenza A virus subtypes have circulated, with co-circulation in certain countries, while others reported dominance of either the A(H1N1)pdm09 or A(H3N2) viruses.

Among hospitalised influenza virus-infected patients admitted to ICU wards, 99% were infected with type A viruses. Among those that were subtyped, 68% were A(H1N1)pdm09 viruses. Among influenza virus-infected patients admitted to other wards, 99% were infected with type A virus. Among those that were subtyped, 57% were A(H1N1)pdm09 virus.

Of the patient specimens from SARI surveillance that tested positive for influenza, 99% were infected with influenza type A virus, with 80% of those subtyped being A(H1N1)pdm09.

A recent summary of regional activity from October 2018–February 2019 was published in [Eurosurveillance](#).

Current influenza vaccines tend to work better against influenza A(H1N1)pdm09 and influenza B viruses than against influenza A (H3N2) viruses.

WHO has published [recommendations](#) for the composition of influenza vaccines to be used in the 2019–2020 northern hemisphere season. The recommendation was that type B lineage viruses remain unchanged, while the A(H1N1)pdm09 and A (H3N2) viruses were updated.

Circulating viruses in the European Region remain susceptible to neuraminidase inhibitors supporting the use of antiviral treatment according to national guidelines.

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

ECDC assessment

Influenza activity has decreased across countries. Influenza A(H3N2) and A(H1N1)pdm09 continue to co-circulate in Europe, but on a lower level. Influenza vaccine coverage among the elderly, chronic disease risk groups and healthcare workers was suboptimal in most EU Member States, according to the [VENICE report](#). Vaccine effectiveness was moderate and all-cause excess mortality has been observed in those aged 65 years and above and to a lesser extent in the age group 15–64 years. The peak in excess mortality seen over recent weeks is declining.

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 and 2019–2020 influenza virus vaccines are available from the [WHO](#) website.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 12 April 2019

Epidemiological summary

Since the previous Communicable Disease Threats Report (CDTR) published on 8 March 2019, updates have been provided for 26 EU/EFTA countries: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary,

Iceland, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovakia, Spain, Sweden, Switzerland and the UK.

In EU/EFTA countries, outbreaks continue in Bulgaria, the Czech Republic, France, Ireland, Lithuania, Poland, Slovakia and the UK. New cases have been reported in Liechtenstein, Luxembourg, Malta and the Netherlands. Most of the cases are reported from Romania (736), France (561), Poland (554), Lithuania (397), the Czech Republic (298) and Bulgaria (297).

In 2019, 4 deaths were reported in the EU in Romania (3) and France (1).

Relevant updates outside EU/EFTA countries are provided for Belarus, Hong Kong, Japan, Madagascar, North Macedonia, the Philippines, Serbia, Tunisia, Ukraine 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.

Certain graphs and epicurves about measles in EU/EFTA are available in the attached CDTR PowerPoint slides.

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

[Austria](#) reported 59 cases in 2019 as of 27 March 2019, an increase of seven cases since 20 February 2019. Cases have been reported from Salzburg, Styria, Tyrol, Upper Austria, Vorarlberg and Vienna. In 2018, Austria reported 77 measles cases from all federal states and 12% (9) of the cases were healthcare workers.

[Belgium](#): In 2019 and as of 22 February 2019, reported 83 cases of measles reported from Brussels (24), Flanders (25), Flemish Brabant (9), Antwerp Province (7) and Wallonia (18). This is an increase of 46 cases since the CDTR published on 8 March 2019. Some of the cases are young adults who travelled to France, Romania and Ukraine. In [2017](#), Belgium reported 298 cases, of which 36 (12%) were healthcare workers.

[Bulgaria](#) reported 297 cases of measles in 2019 as of 7 April 2019. This is an increase of 246 cases since the CDTR published on 8 March 2019. According to the [Ministry of Health](#), 21 samples were genotyped and all were genotype B3, variant Dublin-4299. The genotype is predominant in Italy, Germany and Greece.

[The Czech Republic](#) reported 298 cases of measles, including 279 confirmed cases, in 2019 as of 17 March 2019. This is an increase of 128 cases since the CDTR published on 8 March 2019. Most of the cases are reported by Prague (97) as a continuation of the outbreak which started in 2018.

[Denmark](#) reported 11 cases as of 3 April 2019, an increase of six cases since the CDTR published on 8 March 2019.

[Estonia](#) reported nine cases in January and February 2019, an increase of six cases since the CDTR published on 8 March 2019.

[Finland](#) reported six cases of measles in 2019 as of 3 April 2019, an increase of one case since 2 March 2019.

[France](#) reported 561 measles cases, including one death, in 2019 as of 3 April 2019, an increase of 317 cases and one death since the national report on 27 February 2019.

[Germany](#) reported 203 cases in 2019 as of 10 March 2019, an increase of 83 cases since the national report on 10 February 2019. Of the cases, 81 (41%) were reported from North Rhine-Westphalia.

[Hungary](#) reported 12 measles cases in 2019 as of 24 March 2019, an increase of eight cases since the national report on 10 February 2019. No cases were reported in the same period in 2018 and 21 cases overall were reported in 2018. [Screening](#) of over 2 000 healthcare workers in 2017 revealed 9.4% of healthcare workers were susceptible to measles.

[Iceland](#) reported seven cases of measles as of 20 March 2019. The most recent case was detected on 19 March 2019 in Reykjavík.

[Ireland](#) reported 44 cases in 2019 as of 30 March 2019, an increase of 34 cases since the CDTR published on 8 March 2019. Outbreaks of measles have been confirmed in February and March 2019 in [Donegal](#) and [Dublin](#).

[Italy](#) reported 331 cases of measles in 2019 as of 28 February 2019, an increase of 168 cases since the CDTR published on 8 March 2019. Cases were reported in 15 regions, with over half from Lombardy (105) and Lazio (70). Of the 331 cases, 13 (3.9%) were among healthcare workers (median age 29 years) and five among school staff.

[Liechtenstein](#): According to media sources, one case was detected in March 2019.

[Lithuania](#): An outbreak in the country since November 2018 continues. As of 4 April 2019, Lithuania has reported 397 cases of measles in 2019, an increase of 330 since the CDTR published on 8 March 2019, according to media reports citing healthcare authorities. Of these cases, 86 were children and 311 adults. The majority of the cases were reported in Kaunas County (260). The vaccination status of most adult cases is unknown and the majority of children were not vaccinated. Previously, [media](#) reported suspected measles cases among healthcare workers, but the number of such cases is not reported.

[Luxembourg](#) has reported an outbreak of measles, with five cases detected in 2019 as of 19 March 2019.

[Malta](#) reported three cases in 2019 as of 19 March, according to media quoting healthcare authorities.

[The Netherlands](#) reported an outbreak in the spring of 2019. Four children at a day care were infected and it is suspected one of the children was infected abroad. In the first three months of 2019, 10 measles cases were reported.

[Norway](#) reported nine cases in 2019 as of 4 April 2019, an increase of eight cases since 1 March 2019. According to [media reports](#), one healthcare worker was infected.

[Poland](#) reported 554 cases of measles from 1 January–31 March 2019, an increase of 240 cases since the national report on 28 February 2019. In 2018, 339 cases were reported.

[Romania](#) reported 736 cases of measles, including three deaths, in 2019 as of 5 April 2019, an increase of 355 cases since the CDTR published on 8 March 2019. Since the beginning of the outbreak in October 2016 and as of 5 April 2019, Romania has reported 16 336 confirmed measles cases, including 62 deaths.

[Slovakia](#) reported 133 cases of measles in 2019 as of 19 March 2019, an increase of 66 cases since the national report on 14 February 2019. Outbreaks were reported in the Prešov and Košice regions. Since the beginning of the outbreak in September 2018 and as of 19 March 2019, Slovakia has reported 159 cases.

[Spain](#) reported 25 cases in 2019 as of 24 March 2019, an increase of eight cases since the national report on 24 February 2019.

[Sweden](#) reported two cases in February 2019, according to data available on 5 April 2019.

[Switzerland](#) reported 104 cases in 2019 as of 2 April 2019, an increase of 72 cases since the national report on 26 February 2019. According to [media reports](#), three outbreaks were reported in the country.

[The United Kingdom](#): According to a media report on 8 April 2019, a measles outbreak in north-east London has affected 322 people since October 2018. The outbreak occurred in Hackney and Haringey, mainly among the area's strictly Orthodox Jewish Charedi community, where vaccination rates have historically been low.

Relevant epidemiological summary for countries outside the EU/EFTA:

According to [the WHO Regional Office for Africa](#), outbreaks of measles were reported in the Central African Republic, Chad, the Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Liberia, Madagascar, Mali, Mauritius, Nigeria, South Sudan, Uganda and Zambia as of 31 March 2019.

According to the [Pan American Health Organization/WHO Regional Office for the Americas](#), 321 confirmed cases were reported from 10 countries in 2019 as of week 11. Of the cases, the majority (206 cases) were reported by US and Venezuela (40).

[Belarus](#) reported 40 cases in 2019 as of 3 April 2019, according to media reports quoting healthcare authorities.

[Madagascar](#) health authorities reported 79 274 cases of measles, including at least [926 deaths](#), from 3 September 2018–22 February 2019. Other media sources have reported over 83 000 cases of measles in Madagascar as of 25 March 2019.

[North Macedonia](#) reported 835 cases of measles, including three deaths, in 2019 as of 22 February 2019, an increase of 517 since the national report on 22 February 2019. The majority of the cases were reported from Skopje (619).

[Serbia](#) reported 5 786 cases, including 15 deaths, from October 2017– 29 March 2019, including cases reported from Kosovo*. This is an increase of 1 case since the national report on 22 February 2019. Of the reported cases, 2 935 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.*

Tunisia: According to a media report quoting healthcare authorities, there have been 2 000 cases of measles reported as of 6 April 2019, of which 1 400 were confirmed. Most of the cases were from Kasserine and Sfax Governates. Health authorities have inform that due to control efforts, incidence is declining.

Ukraine reported 37 328 measles cases, including 14 deaths in 2019, as of 4 April 2019, an increase of 13 286 cases and 12 deaths since the national report on 22 February 2019. Of the reported cases, 17 016 were adults and 20 312 were children. After several weeks of decline, the rate of measles in Ukraine has increased again. Most of the cases have been reported from following regions: the city and region of Kyiv and the Lviv, Khmelnytsky and Riven regions.

The US reported 465 confirmed measles cases from 19 states in 2019 and as of 4 April 2019. The number of cases has more than doubled since the national report on 21 February 2019. Cases have been reported from the following states: Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New York, Oregon, Texas and Washington.

On 9 April 2019, **New York City** declared a public health emergency in Williamsburg following a measles outbreak affecting mostly the Orthodox Jewish community. Since the beginning of the outbreak in October 2018, 285 cases have been confirmed, with many of the new cases in the last two months. The majority of the cases are children under 18 years of age (246 cases) and 39 are adults. As part of the declaration, unvaccinated individuals living in the affected areas that may have been exposed to measles will be required to take the measles-mumps-rubella (MMR) vaccine. Local health authorities will check the vaccination records of any individual who may have been in contact with infected patients. Those who have not received the MMR vaccine or do not have evidence of immunity may be given a USD 1 000 fine.

According to **WHO Western Pacific Region**, as of 20 February 2019, measles were reported in Australia, Cambodia, China, Hong Kong, Macao, Japan, Lao People's Democratic Republic, Malaysia, New Zealand, Philippines, and Singapore.

Hong Kong experiences an outbreak which started in the Hong Kong airport in March this year. As of 5 April 2019, Hog Kong reported 50 cases of measles of which 23 worked at the airport.

Japan experiences one of the largest measles outbreaks in a decade with 221 cases reported in 2019 as of 20 February. An increase of 51 cases since the CDTR published on 8 March 2019. Of the 221 cases, 197 (89%) were confirmed, of which 39 cases were classified as modified measles. Most of the cases were reported from Osaka (77), Mie (49), Aichi (20) and Tokyo (14) prefectures.

Philippines: according to **UNICEF-WHO** report, between 1 January and 26 March 2019, Philippines reported 25 676 measles cases, including 355 deaths. Majority of the reported cases (54%) and deaths (84%) were children under 5 years of age. Current measles outbreak started in late 2017 in Mindanao. Outbreak and supplementary immunization activities in 2018 were ineffective in addressing the outbreak as the immunization activity was met with increased vaccine hesitancy due to the Dengue vaccine controversy.

ECDC assessment

Given the current extent of measles circulation in the EU/EFTA, the trend in recent years and the fact that vaccination coverage for the first and second dose is suboptimal, there is a high risk of continued measles transmission with mutual exportation and importation between EU/EFTA Member States and third countries. Vaccination coverage of at least 95% of the general population at national and subnational levels with two doses of measles-containing vaccine is recommended and necessary to ensure that measles circulation is interrupted and that introduction of measles cases does not result in secondary cases. Particular care is recommended if travelling with infants under one year or those for whom vaccination is contraindicated and are at increased risk of infection and possible complications. 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 monitors the measles situation through epidemic intelligence and reports monthly. ECDC also gathers measles surveillance data through The European Surveillance System (TESSy) for 30 EU/EEA countries.

Dengue – France, Réunion – 2019

Opening date: 13 March 2018

Latest update: 12 April 2019

Epidemiological summary

According to regional authorities and as of 31 March 2019, Réunion has detected approximately 5 000 cases of dengue since the beginning of 2019, of which five were fatal. This is an increase of 2 700 cases in the past three weeks. Réunion reported 1 084 cases for the same period in 2018. Since March 2019, French authorities have recorded about 900 cases and 30 hospitalisations per week. Cases are widespread on the island.

The circulating serotype is DENV-2, but four autochthonous cases were serotyped DENV-1.

Source: [Agence de Santé Océan Indien](#)

ECDC assessment

A sharp increase of dengue cases has been observed in Réunion since the beginning of 2019 and will likely continue in the coming weeks. The co-circulation of DENV-1 together with DENV-2 may increase the intensity of the outbreak since the population is not immune to the DENV-1 serotype. This may also increase the number of haemorrhagic fever cases.

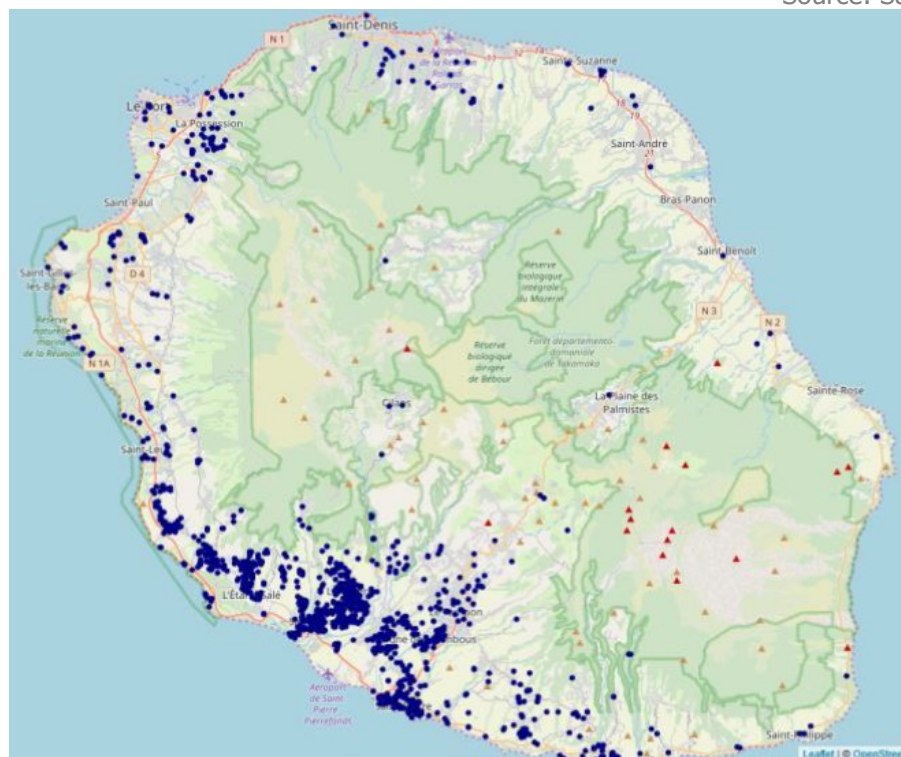
The risk for onward transmission of dengue fever in Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus* in mainland Europe, mainly around the Mediterranean Sea, and *Aedes aegypti* on the island of Madeira). Environmental conditions in Europe are currently unfavourable for the growth of mosquito populations, so the likelihood of sustained autochthonous dengue virus transmission in continental Europe associated with introduction by a returning traveller is very low.

Actions

ECDC monitors this outbreak through epidemic intelligence. ECDC published a rapid risk assessment, '[Dengue outbreak in Réunion, France – First update](#)', on 5 July 2018.

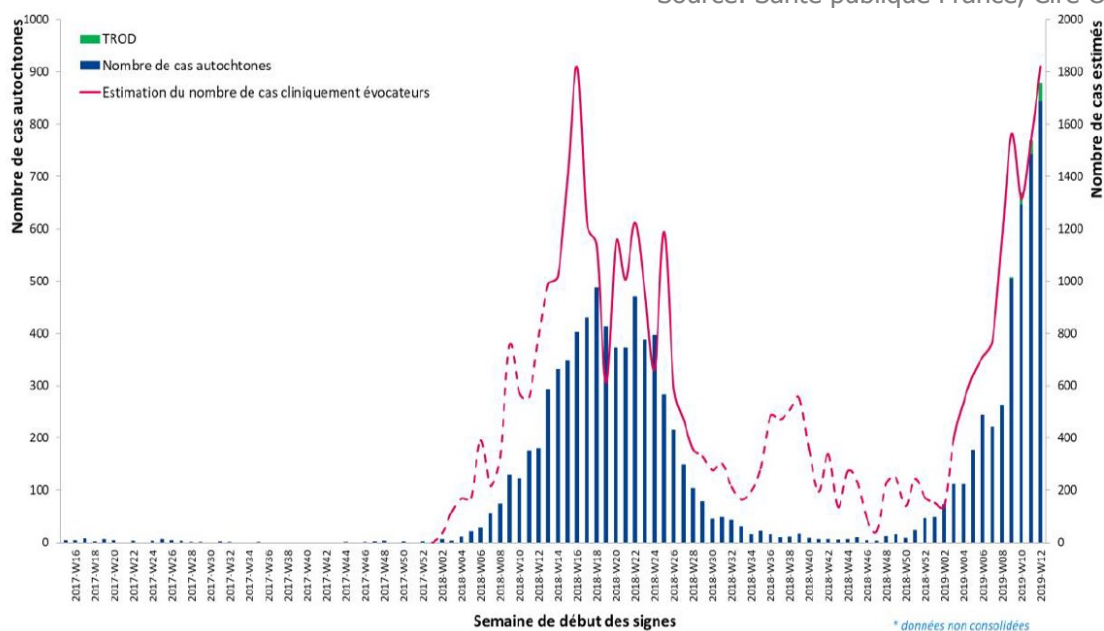
Geographical distribution of dengue cases, Réunion, data as of 31 March 2019

Source: Santé publique France, Cire Océan Indien



Distribution of dengue cases by week of onset, week 16-2017 to week 12-2019, Réunion

Source: Santé publique France, Cire Océan Indien



Risk of communicable diseases related to cyclone Idai - Southern Africa - 2019

Opening date: 1 April 2019

Latest update: 12 April 2019

Epidemiological summary

From the beginning of March to mid-March 2019, Cyclone Idai hit Malawi, Mozambique and Zimbabwe. Cyclone Idai resulted in several hundred fatalities, hundreds of thousands of displaced people and an upsurge of infectious diseases outbreak such as cholera.

Malawi: As of 26 March 2019, according to the [United Nations Office for the Coordination of Humanitarian Affairs \(OCHA\)](#), 59 fatalities and 87 000 displaced people have been reported after Cyclone Idai.

Mozambique: Following Cyclone Idai and as of 9 April 2019, [WHO](#) reported 602 fatalities and 131 000 displaced people. In addition, 4 072 cholera cases have been reported. The main affected areas are Beira (> 500 000 residents), Nhamatande and Dondo. According to OCHA, three oral cholera vaccination campaigns ended on 9 April 2019, with 802 347 people vaccinated (96% of the targeted population). In addition, as of 8 April 2019, 7 124 cases of malaria have also been reported since 27 March 2019.

Zimbabwe: Following Cyclone Idai and as of 26 March 2019, [OCHA](#) reported 172 fatalities. As of 30 March 2019, 4 500 displaced people are reported, according to [ACAPS](#).

Governmental and international partners have implemented an emergency response that involves national ministries of health, WHO, OCHA, the World Food Programme, UNICEF, the International Organization for Migration and several NGOs. However, according to WHO, the humanitarian situation remains of concern especially because of poor access to affected areas, disruption of water supply and poor sanitation and displacement of population.

Sources: [ACAPS](#) | [WHO Regional Office for Africa](#) | [OCHA](#) | [ReliefWeb](#) | [ECHO](#)

ECDC assessment

In the aftermath of Cyclone Idai, the most immediate risks in the affected areas of Malawi, Mozambique and Zimbabwe are increased transmission of diarrhoeal diseases related to lack of access to safe drinking water and poor sanitary conditions, as well as acute respiratory infections in children accommodated in overcrowded shelters. The risk of a major upsurge in cholera cases in affected or bordering areas with previous transmission and flood-specific risks (e.g. tetanus and leptospirosis) as well as vaccine-preventable diseases such as measles should be given priority when adopting mitigating measures. Mosquito-borne diseases represent a risk that should also be taken into account in this context. In affected areas in Malawi and Mozambique, malaria is endemic with moderate seasonality. While the main risk of malaria is due to the disruption of health services, an epidemic is not expected because of presumed high levels of acquired immunity in the population. In Zimbabwe, where malaria prevalence and hence immunity levels are much lower, the risk of a malaria epidemic or extended malaria season (the annual seasonal peak is normally February–May) is higher.

The overall risk for EU travellers or residents in affected countries is very low if proper personal hygiene measures are implemented.

Actions

ECDC published a [rapid risk assessment](#) on 11 April 2019.

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

Opening date: 1 August 2018

Latest update: 12 April 2019

Epidemiological summary

Since the beginning of the outbreak and as of 10 April 2019, there have been 1 206 Ebola virus disease cases (1 140 confirmed, 66 probable), including 764 deaths (698 confirmed, 66 probable), according to the Ministry of Health of the Democratic Republic of the Congo.

As of 10 April 2019, 87 healthcare workers have been infected, of whom 31 have died.

Twenty-one health zones in two provinces have been reported confirmed or probable Ebola virus disease cases: Beni, Biena, Butembo, Lubero, Mabalako, Manguredjipa, Masereka, Mutwanga, Musienene, Oicha, Kalunguta, Katwa, Kayna, Kyondo and Vuhovi health zones in North Kivu Province and Bunia, Nyankunde, Komanda, Mandima, Rwampara and Tchomia health zones in Ituri Province.

Source: [Ministry of Health of the Democratic Republic of the Congo](#) | [WHO Disease outbreak news](#) | [WHO Africa weekly bulletin](#)

ECDC assessment

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

A substantial proportion of cases continue to be among individuals not previously identified as contacts, highlighting the need to maintain enhanced surveillance in order to identify chains of transmission.

The overall risk of introduction and further spread of Ebola virus disease 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 11 April 2019, the [WHO assessment](#) is that the risk of spread is low at the global level, but remains

10/14

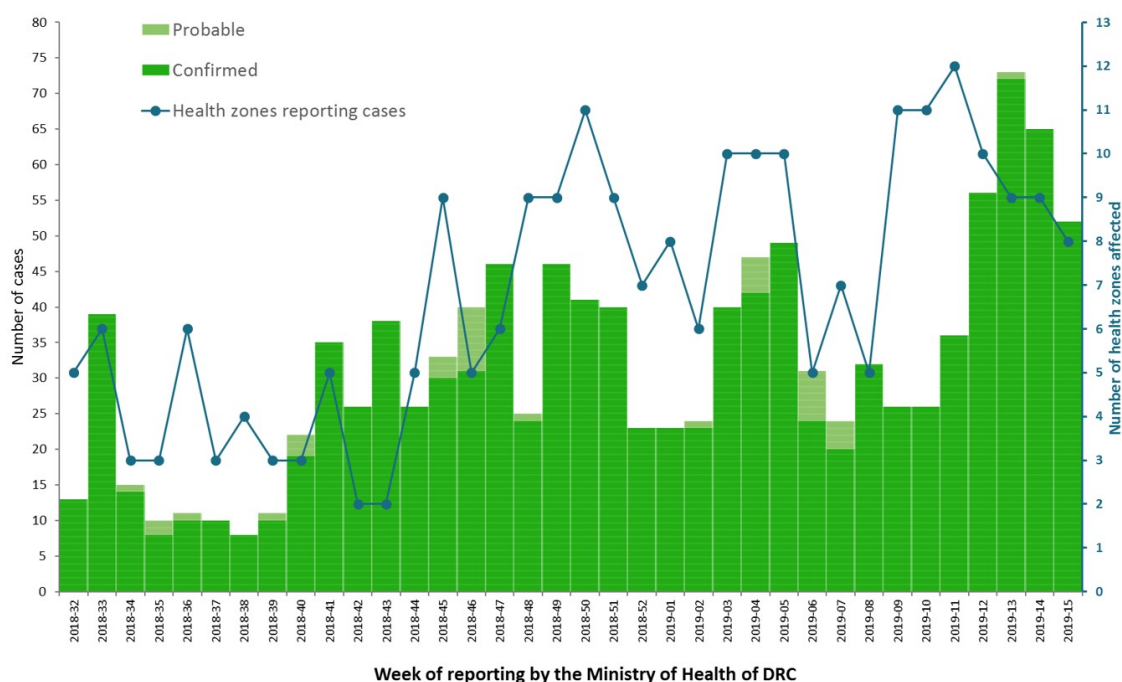
very high at national and regional levels.

Actions

ECDC published an [epidemiological update](#) on 3 April 2019 and the third update of a [rapid risk assessment](#) on 13 February 2019.

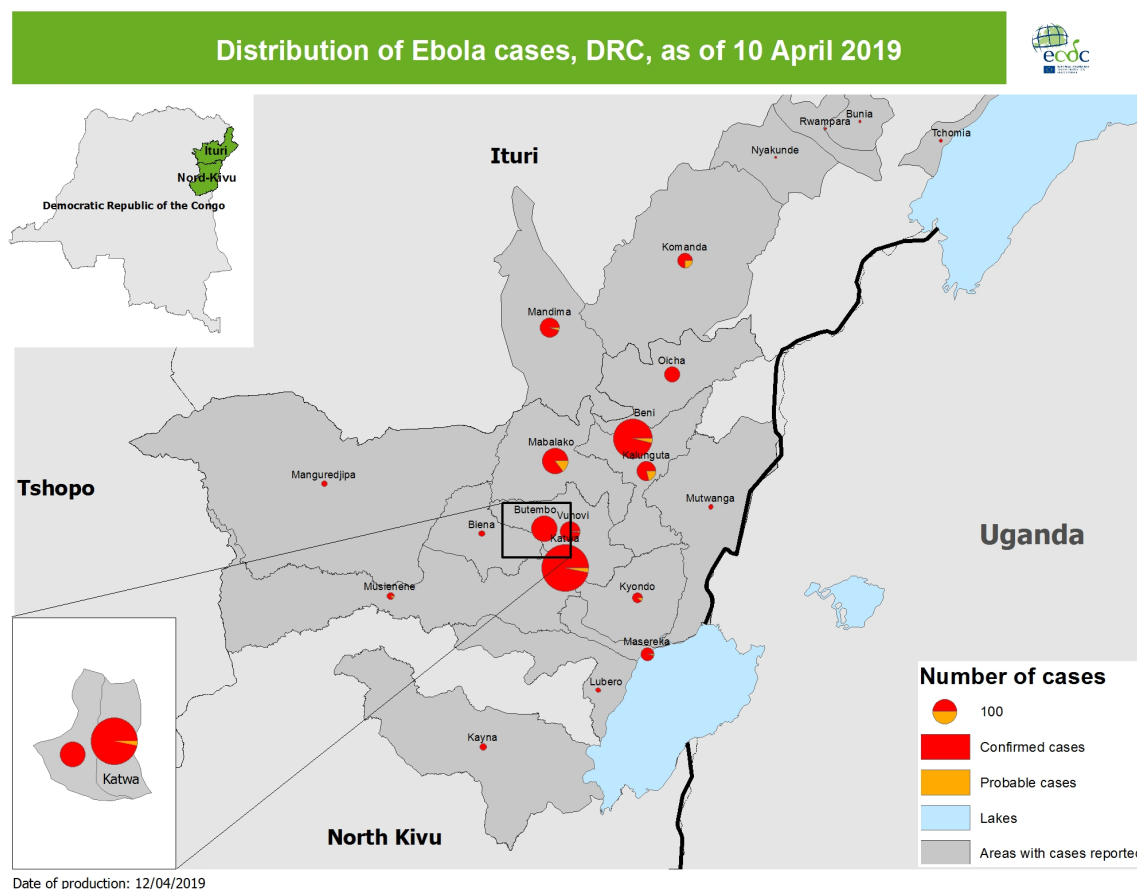
Distribution of confirmed and probable cases of Ebola Virus Disease and health zones reporting cases, North Kivu and Ituri, Democratic Republic of the Congo, as of 10 April 2019

ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 10 April 2019

ECDC



Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 12 April 2019

Epidemiological summary

In 2019 and as of 3 April 2019, nine wild poliovirus type 1 cases have been reported in Pakistan (6) and Afghanistan (3). Additionally, Nigeria has reported four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2).

Sources: [Polio eradication: weekly update](#) | [ECDC poliomyelitis page](#) | [Polio interactive map](#)

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.

ECDC link: [ECDC comment on the risk of polio in Europe](#) | [ECDC risk assessment](#)

12/14

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 circulating vaccine-derived poliovirus.

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