

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea – Summer 2019

Opening date: 3 June 2019

Latest update: 19 July 2019

Elevated sea surface temperatures (SST) in marine environments with low salt content offer optimal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC Vibrio Map Viewer](#)).

→ Update of the week

As of 17 July 2019, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be very low to low.

For the next five days it is considered to be very low to low except in: Helsingborg, Höllviken and Kalmar (Sweden), Helsingør, Smålandsfarvandet and Faxe (Denmark), Szczecin Lagoon (Germany and Poland), Koszalin and Pomeranian Voivodeships (Poland), the Gulf of Riga (Estonia and Latvia), Suur Strait (Estonia) and the Gulf of Finland and Turku Archipelago (Finland), where the risk is considered to be medium to high.

Outside EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be medium to high in Kaliningrad (Russia). For the next five days, it is considered to be medium to high in Kaliningrad and Saint Petersburg (Russia).

West Nile virus - Multistate (Europe) - Monitoring season 2019

Opening date: 3 June 2019

Latest update: 19 July 2019

During the West Nile virus infection transmission season, expected to be from June–November 2019, ECDC monitors the occurrence of West Nile virus infections in EU/EEA Member States and EU neighbouring countries and publishes weekly epidemiological updates to inform blood safety authorities of areas at NUTS 3 (Nomenclature of Territorial Units for Statistics 3) or GAUL 1 (Global Administrative Unit Layers 1) level where at least one locally acquired human West Nile virus infection meeting the EU case definition (Commission Implementing Decision (EU) 2018/945) has been reported.

During the 2018 transmission season, 2 083 human cases were reported by EU Member States and EU neighbouring countries. EU Member States reported 285 outbreaks among equids.

→Update of the week

From 12–18 July 2019, six confirmed human cases have been reported in Greece (five confirmed) and Romania (one). All areas have had human cases reported in the previous transmission seasons.

Since the last update, one equine outbreak in Larissa, Greece was reported to the Animal Disease Notification System.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 19 July 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 measles monthly update in Communicable Disease Threats Report (CDTR) published on 13 June 2019, updates have been provided for 20 EU/EEA countries: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, the Netherlands, Norway, Poland, Romania, Spain, Sweden and the United Kingdom.

Several EU/EEA countries reported ongoing or new outbreaks: Belgium, Bulgaria, the Czech Republic, France, Poland, Italy, Lithuania, the Netherlands, Poland, Romania and Spain.

Most of the cases in 2019 have been reported from Romania (2 152), France (2 125), Poland (1 290), Italy (1 096), Bulgaria (1 053), and Lithuania (787).

In 2019, 7 deaths were reported in the EU in Romania (5), Italy (1), and France (1).

Relevant updates outside EU/EEA countries are available from WHO Regional Office for Africa, the Pan American Health Organization and the WHO Regional Office for the Western Pacific, as well as North Macedonia, Serbia, Switzerland, Ukraine and the US.

The monthly measles report published in the CDTR provides the most recent data on 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). Data presented in both monthly reports may differ.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 19 July 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. In June 2019, several cases from the Democratic Republic of the Congo were detected in Uganda. However, Uganda has not reported autochthonous transmission as of 17 July 2019. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened and afterwards the WHO Director-General declared that the outbreak meets all the criteria for a public health emergency of international concern under the IHR.

→ Update of the week

Since the previous CDTR and as of 17 July 2019, the [Ministry of Health of the Democratic Republic of the Congo](#) has reported 81 additional confirmed cases. During the same period, 58 deaths were reported. These deaths include 12 deaths from 9–11 July 2019, when no data was available from Ebola treatment centres.

Among the new reported cases in the past week, six are healthcare workers.

Since 18 July 2019, a 24/7 monitoring team has been established at Goma International Airport.

Public Health Emergency of International Concern (PHEIC): On 17 July 2019, the WHO Director-General declared the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth IHR Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 17 July 2019. The declaration was made in response to the geographic spread observed in recent weeks, as well as the need for a more intensified and coordinated response in order to end this outbreak.

The committee and WHO do not recommend any restrictions on travel or trade, as these measures are usually implemented out of fear and have no basis in science. Furthermore, these actions can hamper the fight against Ebola by affecting the movement of people and supplies, as well as the economy. A number of different [temporary recommendations](#) under the IHR (2005) were endorsed for affected countries, neighbouring countries and all other states.

The committee does not consider entry screening at airports or other ports of entry outside the region to be necessary. National authorities should work with airlines and other transport and tourism industries to ensure that they do not exceed WHO's advice on international traffic.

Over the last week, the following events happened that emphasise the risk of increased regional spread:

A [joint press release](#) from WHO and the Ministry of Health of Democratic Republic of the Congo stated that on 11 July 2019, a Congolese fishmonger with symptoms consistent with Ebola visited Uganda. The case was symptomatic while in Uganda and travelled back to Beni, Democratic Republic of the Congo, on 12 July 2019, where the case was admitted to an Ebola treatment centre on 13 July 2019. The case tested positive for Ebola and died in the Ebola treatment centre on 15 July 2019. No formal points of entry were passed to cross the border with Uganda.

On 14 July 2019, Goma Health Zone reported its first confirmed Ebola virus disease case. The case was in close contact with Ebola virus disease cases and was infected in Butembo and travelled by bus to Goma. The case was admitted to the Ebola treatment centre in Goma, but died on the transfer to an Ebola treatment centre in Butembo.

As of 17 July there have been no new confirmed cases from Mambasa or Ariwara Health Zones in the Democratic Republic of the Congo. Response actions have been taken there, as well as in the bordering countries of Uganda and South Sudan. As of 17 July 2019, there has also been no local transmission reported in [Uganda](#).

Chikungunya and dengue – Multistate (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 19 July 2019

Chikungunya virus disease and dengue are vector-borne diseases that affect 50–100 million people each 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 and Asia and reached the Americas, the Caribbean and the Pacific since 2013–2014. Dengue is present in Africa, the Americas, Asia, the Caribbean and the Pacific. In 2018, France and Spain reported autochthonous dengue cases. No cases of either disease have been reported in continental Europe so far in 2019.

→Update of the week

Chikungunya virus disease: The virus is circulating in the Americas, with several countries reporting cases in 2019. Chikungunya virus disease cases have also been detected in Africa and Asia. Since the previous CDTR update, Congo, Maldives and Thailand have reported the majority of new cases.

Dengue: This year, Brazil has recorded numbers equivalent to 2015 and 2016. In South East Asia, it is currently the peak season. Thailand and the Philippines have declared a national alert due to spiking numbers.

II. Detailed reports

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea – Summer 2019

Opening date: 3 June 2019

Latest update: 19 July 2019

Epidemiological summary

As of 17 July 2019, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be very low to low.

For the next five days it is considered to be very low to low, except in: Helsingborg, Höllviken and Kalmar (Sweden), Helsingør, Smålandsfarvandet and Faxe (Denmark), Szczecin Lagoon (Germany and Poland), Koszalin and Pomeranian Voivodeships (Poland), the Gulf of Riga (Estonia and Latvia), Suur Strait (Estonia) and the Gulf of Finland and Turku Archipelago (Finland), where the risk is considered to be medium to high.

Outside EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be medium to high in Kaliningrad (Russia). For the next five days, it is considered to be medium to high in Kaliningrad and Saint Petersburg (Russia).

Sources: [ECDC](#) | [National Environmental Satellite, Data and Information Service](#)

The model has been calibrated to the Baltic region in northern Europe and may not apply to other worldwide settings prior to validation. For the Baltic Sea, the model parameters to be used in the map are the following values: number colour bands (20) scale method linear, legend range minimum value: 0 and maximum value: 28.

ECDC assessment

Elevated SSTs in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content. These *Vibrio* species can cause vibriosis infections, particularly *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*.

Vibriosis in humans caused by these species in the Baltic region has occurred in the past during hot summer months, particularly when SSTs are elevated (above 20 degrees Celsius). The most common clinical manifestations are gastroenteritis with nausea, vomiting and diarrhoea, wound infections when a cut has been exposed, infected wounds or abrasions due to contaminated seawater, primary septicaemia and otitis externa. Risk factors for illness apart from contact with natural bodies of waters, especially marine or estuarine waters, also include the consumption of shellfish, particularly raw oysters.

Actions

ECDC monitors this threat on a weekly basis during the summer of 2019 and reports on increased environmental suitability for the growth of *Vibrio* species.

West Nile virus - Multistate (Europe) - Monitoring season 2019

Opening date: 3 June 2019

Latest update: 19 July 2019

Epidemiological summary

From 12–18 July 2019, six confirmed human cases have been reported in Greece (five confirmed) and Romania (one). All areas have had human cases reported in the previous transmission seasons.

Since the last update, one equine outbreak in Larissa, Greece was reported to the Animal Disease Notification System.

Since the beginning of the 2019 transmission season and as of 18 July 2019, six human West Nile virus infections have been reported in EU Member States and EU neighbouring countries by Greece (5) and Romania (1).

Two equine outbreaks have been reported in Greece in Xanthi and Larissa.

ECDC link: [West Nile virus infection atlas](#)

Sources: [TESSy](#) | [Animal Disease Notification System](#)

ECDC assessment

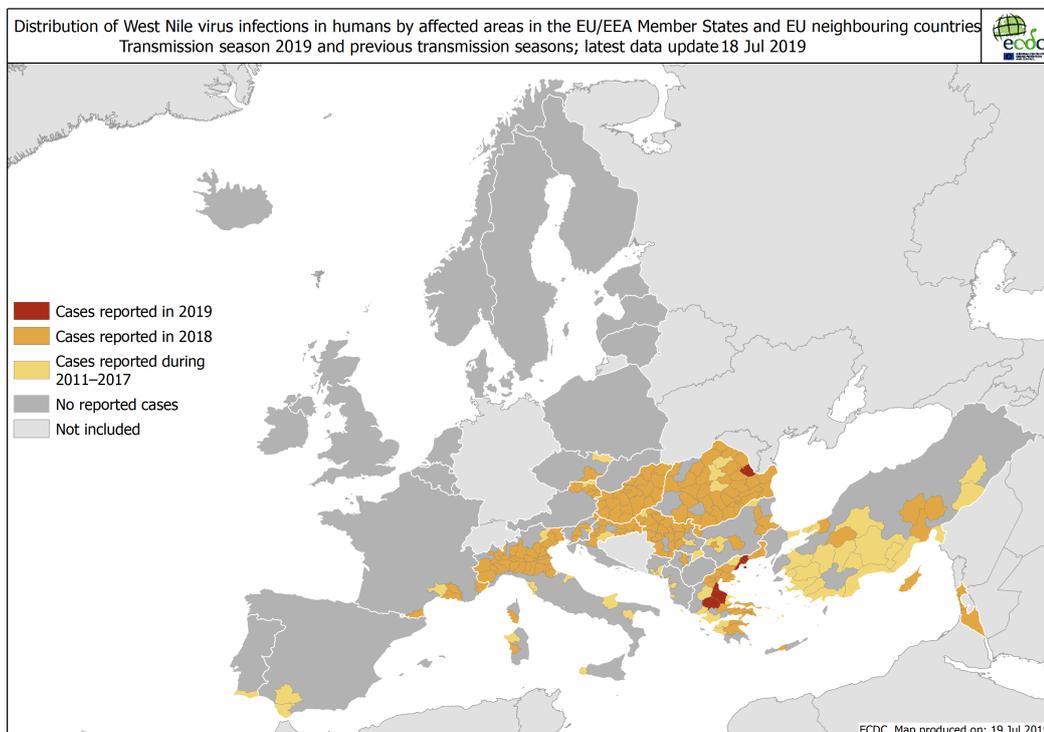
The first human West Nile virus infections have been reported in EU Member States this week, which is consistent with observations of seasonal transmission from previous years. All human cases reported during the current transmission season have been reported in previously affected countries. In accordance with [European Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally acquired West Nile virus unless the results of an individual nucleic acid test are negative.

Actions

During the transmission season, ECDC publishes [West Nile virus infection maps](#) together with an epidemiological summary every Friday.

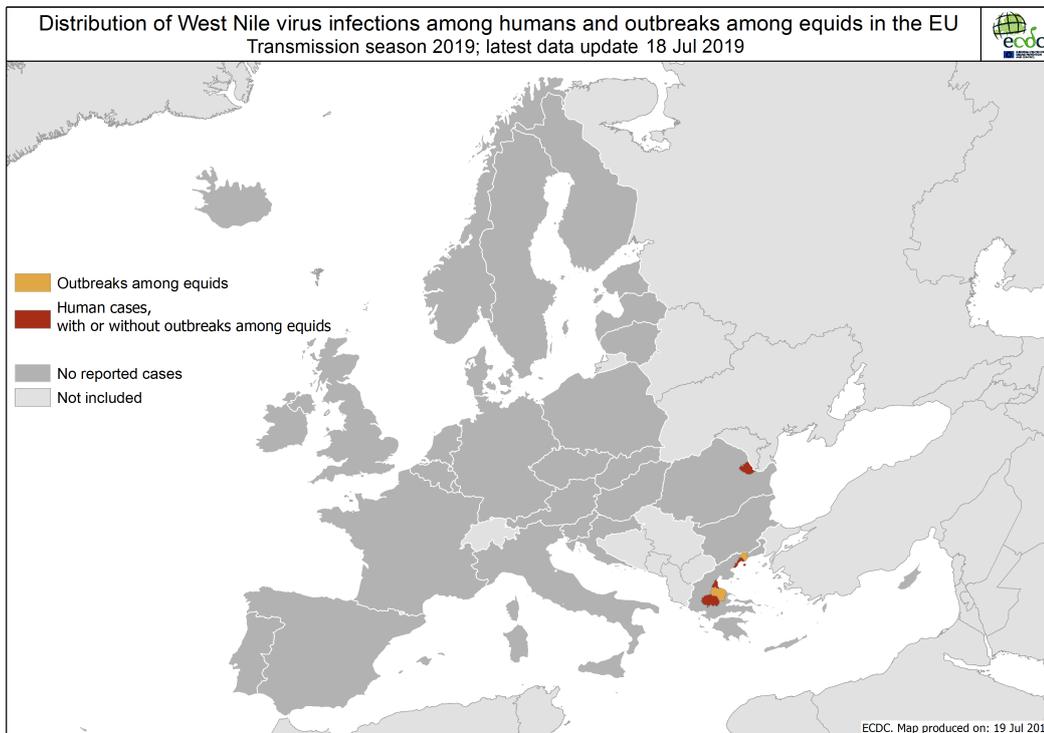
Distribution of human West Nile virus infections by affected areas as of 18 July 2019.

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 18 July 2019.

ECDC and ADNS



Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 19 July 2019

Epidemiological summary

Since the previous measles monthly update in Communicable Disease Threats Report (CDTR) published on 13 June 2019, updates have been provided for 20 EU/EEA countries: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, the Netherlands, Norway, Poland, Romania, Spain, Sweden and the United Kingdom.

Several EU/EEA countries reported ongoing or new outbreaks: Belgium, Bulgaria, the Czech Republic, France, Poland, Italy, Lithuania, the Netherlands, Poland, Romania and Spain.

Most of the cases in 2019 have been reported from Romania (2 152), France (2 125), Poland (1 290), Italy (1 096), Bulgaria (1 053), and Lithuania (787).

In 2019, 7 deaths were reported in the EU in Romania (5), Italy (1), and France (1).

Relevant updates outside EU/EEA countries are available from the WHO Regional Office for Africa, the Pan American Health Organization and the WHO Regional Office for the Western Pacific, as well as North Macedonia, Serbia, Switzerland, Ukraine and the US.

The monthly measles report published in the CDTR provides the most recent data on 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). Data presented in both monthly reports may differ.

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

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

[Austria](#) has reported 134 cases in 2019 as of 10 July 2019, an increase of nine cases since 5 June 2019. Cases have been

7/16

reported from all federal states.

[Belgium](#) has reported 376 cases from January–June 2019, almost twice as many since the national report in March 2019. Most of the cases were reported from the Brussels-Capital Region (106) and Wallonia (194), including Hainaut (111) and Liège Provinces (58).

[Bulgaria](#) has reported 1 053 cases in 2019 as of week 27 of 2019 ending on 7 July 2019, an increase of 187 since the national report on week 23 of 2019 ending on 9 June 2019.

Cyprus reported five cases in January-May 2019, according to TESSy.

[The Czech Republic](#) reported 558 cases from 1 January–21 June 2019, reported from all 14 regions of the country, an increase of 13 since the media report on 3 June 2019.

[Denmark](#) has reported 15 cases in 2019 as of 17 July 2019, an increase of one since the national report on 10 June 2019.

[France](#) has reported 2 125 cases, including one death, in 2019 as of 17 July 2019, an increase of 672 since the national report on 2 June 2019. In the same period in 2018, 2 621 cases were reported. Outbreaks were reported in Réunion (89 cases in 2019) and Pays de la Loire (83).

[Germany](#) has reported 436 confirmed cases in 2019 as of 23 June 2019, an increase of 36 since the national report on 19 May 2019. Most of the cases were reported from North Rhine-Westphalia (115), Lower Saxony (79), Bavaria (61) and Baden-Württemberg (60).

[Greece](#) reported 28 cases from January–May 2019, Most of the cases were imported from other countries.

[Hungary](#) has reported 31 cases in 2019 as of 1 July 2019, an increase of 10 since the national report on 12 May 2019. In the same period in 2018, Hungary reported 17 cases.

[Iceland](#) reported an additional imported case on 16 July 2019. Overall, eight cases of measles have been reported by Iceland in 2019.

[Ireland](#) has reported 52 cases in 2019 as of 6 July 2019, a decrease of four since the national report on 5 June 2019. In the same period in 2018, 51 cases were reported.

[Italy](#) reported 1 096 cases, including one death, from January–May 2019, an increase of 232 since the national report as of 30 April 2019. Of the reported cases, 65 were healthcare workers (6%).

[Lithuania](#) has reported 787 cases in 2019 as of 16 July 2019, an increase of 78 since the national report on 5 June 2019. Most of the country is affected by an outbreak, with the majority of cases reported in Vilnius and Kaunas.

[The Netherlands](#) has reported 40 cases in 2019 as of 24 June 2019, an increase of 20 since the national report on 17 April 2019. The most recent outbreak was reported in Urk, where according to [media reports](#), 10 people were diagnosed with measles. In 2018, 24 cases were reported.

[Norway](#) has reported 16 cases in 2019 as of 17 July 2019, an increase of one since the national data on 11 June 2019.

[Poland](#) reported 1 290 cases from 1 January–15 July 2019, an increase of 246 since the national report on 31 May 2019. In the same period in 2018, 90 cases were reported and 339 the entire year.

[Romania](#) has reported 2 152 cases, including five deaths, in 2019 as of 12 July 2019, an increase of 619 since the CDTR published on 13 June 2019. Since the beginning of the outbreak in October 2016 and as of 12 July 2019, Romania has reported 17 752 confirmed measles cases, including 64 deaths.

[Slovakia](#): No update has been available since 194 cases were reported on 3 May 2019. According to TESSy, 299 cases were reported in 2019 as of May 2019.

[Spain](#) reported 224 cases from January-June 2019, an increase of 35 since the national report on 2 June 2019.

[Sweden](#) has reported 17 cases in 2019, according to data available on 17 July 2019. This is an increase of two cases since the national data available on 11 June 2019.

United Kingdom: In [England](#), 522 measles cases, including 202 confirmed, were notified from January–March 2019.

Relevant epidemiological summary for countries outside the EU/EEA:

A global overview is available from the [WHO website](#). Additional information with the latest data available is provided for several countries.

[North Macedonia](#) has reported 1 814 cases since the onset of an epidemic in December 2018 as of 21 June 2019. This is an increase of 80 cases since the national report on 30 May 2019.

[Serbia](#) reported 5 798 cases, including 15 deaths, from October 2017–12 July 2019, including cases reported from Kosovo*. This is an increase of one case since the national report on 7 June 2019. Of the reported cases, 2 946 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.*

[Switzerland](#) has reported 205 cases in 2019 as of 9 July 2019, an increase of nine cases since the national report on 4 June 2019.

[Ukraine](#) has reported 56 105 cases of measles, including 18 deaths, in 2019 as of 15 July 2019, an increase of 2 993 since the national report on 6 June 2019. Of the reported cases, 26 358 were adults and 29 727 were children. Cases were reported from all regions of the country.

[The US](#) has reported 1 123 confirmed measles cases from 28 states in 2019 as of 11 July 2019, an increase of 101 since the national report on 6 June 2019. This is the largest number of cases reported in the US since 1994 and since measles was declared eliminated in 2000.

According to the [WHO Regional Office for Africa](#), as of 7 July 2019, outbreaks of measles were reported in Angola (85 confirmed), Cameroon (168 confirmed), the Central African Republic (19 confirmed), Chad (121 confirmed), Comoros (26 confirmed), the Democratic Republic of the Congo (782 confirmed), Ethiopia (59 confirmed), Guinea (712 confirmed), Kenya (10 confirmed), Liberia (103 confirmed), Mali (261 confirmed), Mauritius (19 March–21 June 2019: 1 473 confirmed), Niger (9 221 unconfirmed), Nigeria (1 476 confirmed), South Sudan (72 confirmed) and Uganda (604 confirmed).

According to the [Pan American Health Organization](#), in 2019 as of week 27 ending 6 July 2019, 2 108 confirmed cases were reported from 13 countries, an increase of 742 since the report in week 20. Most of the cases were reported by Brazil (428), Venezuela (332) and Colombia (125).

According to the [WHO Western Pacific Region](#) as of 20 June 2019, measles cases have been reported by Australia (127), Cambodia (58), China (1 441), Hong Kong (76), Japan (583), Laos (91), Macao (41), Malaysia (371), Mongolia (2), New Zealand (162), the Philippines (21 834), Singapore (55), South Korea (160) and Vietnam (1 406).

ECDC assessment

Based on ECDC's epidemiological assessment, there is a high risk of continued widespread circulation of measles in EU/EEA in the near future. Given the potential of importations, measles is a serious cross-border threat to health in the EU/EEA even though most Member States are deemed to have interrupted endemic transmission. Re-establishment of transmission in these Member States is possible when vaccination coverage is suboptimal and immunity gaps remain. There is a particularly high burden of measles among infants and adults, the groups at the highest risk of complications. Vaccination coverage of at least 95% in all age groups at national and subnational levels with two doses of measles-containing vaccine is necessary to interrupt circulation. People of all ages should check their vaccination status, including before travelling. Particular care is recommended if travelling with infants under one year of age or those for whom vaccination is contraindicated who will be at increased risk of infection and possible complications. For a more complete assessment, consult ECDC's risk assessment '[Who is at risk of measles in the EU/EEA?](#)' published on 28 May 2019.

Actions

ECDC monitors the measles situation through epidemic intelligence and reports monthly and gathers measles surveillance data through The European Surveillance System (TESSy) for 30 EU/EEA countries.

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

Opening date: 1 August 2018

Latest update: 19 July 2019

Epidemiological summary

In the Democratic Republic of the Congo, since the beginning of the outbreak a year ago and as of 17 July 2019, there have been 2 532 Ebola virus disease cases (2 438 confirmed, 94 probable), including 1 705 deaths (1 611 confirmed, 94 probable), according to the Ministry of Health of the Democratic Republic of the Congo. This includes the three cases and three deaths that were previously reported having travelled to Uganda. Beni Health Zone is currently the most active health zone.

As of 17 July 2019, 137 healthcare workers have been infected, including 41 deaths.

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

Sources: [Ministry of Health of the Democratic Republic of the Congo](#) | [WHO](#) | [WHO Regional Office for Africa](#)

ECDC assessment

ECDC assessment: Implementing response measures remains challenging in the affected areas because of the prolonged humanitarian crisis, unstable security situation and resistance among the population. A substantial proportion of cases is detected among 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 cross-border population flow with Rwanda, South Sudan and Uganda remains of particular concern. Recent case movements from Beni to non-affected areas are not unexpected. So far, the identification of these imported cases or the PHEIC does not change the overall risk for the EU/EEA, which remains very low.

However, the risk can only be eliminated by stopping transmission at the local level.

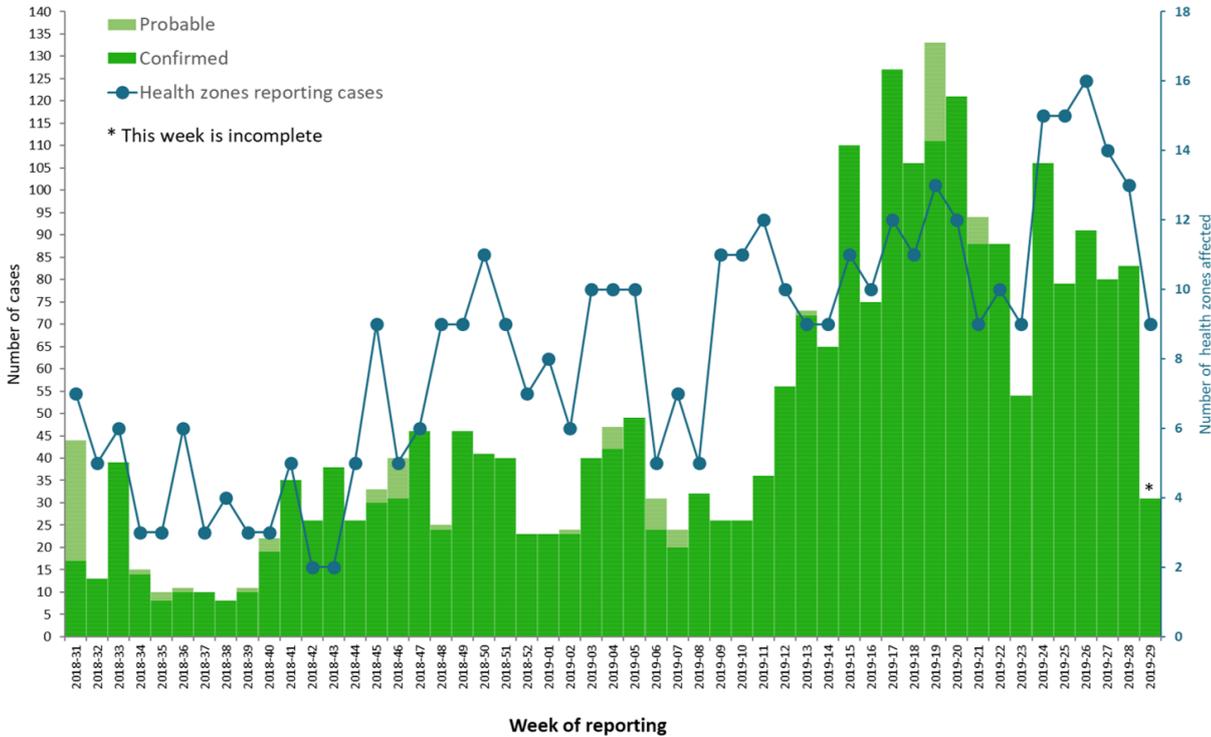
WHO assessment: As of 18 July 2019, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels. There is cause for concern linked to the recent case in Goma, as the city is a provincial capital with an airport with international flights.

Actions

ECDC published an [epidemiological update](#) on 13 June 2019 and the fifth update of a [rapid risk assessment](#) on 19 July 2019. The previous [rapid risk assessment](#) update was published on 17 April 2019.

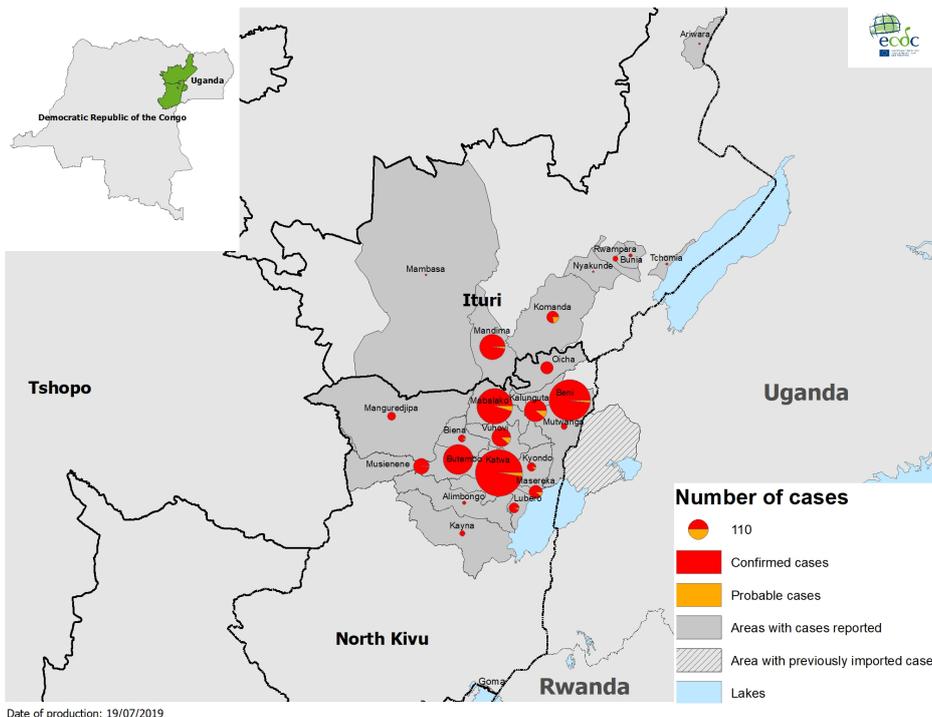
Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 17 July 2019

Source: ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 17 July 2019

Source: ECDC



Chikungunya and dengue – Multistate (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 19 July 2019

Epidemiological summary

Europe

Chikungunya virus disease/dengue:

No autochthonous cases were detected in continental EU/EEA countries in 2019.

Americas and the Caribbean

Chikungunya virus disease:

Bolivia: In 2019, Bolivia has reported fewer cases than in 2018. As of 2 July 2019, the country has reported 31 confirmed cases, compared with 77 for the same period in 2018.

Colombia: In 2019, Colombia has reported 330 cases as of 30 June 2019, 28 of which are laboratory-confirmed. This follows the same trend as in 2018, when 312 cases were reported for the same period.

El Salvador has reported 242 suspected cases as of 23 June 2019, compared with 182 for the same period in 2018.

Honduras has reported 268 cases in 2019 as of 30 June 2019, compared with 168 cases for the same period in 2018.

Nicaragua has reported 75 suspected cases in 2019 as of 30 June 2019, compared with 151 suspected and 22 confirmed during the same period in 2018.

Paraguay has reported fewer cases in 2019 than in 2018. As of 23 June 2019, the country reported 46 probable cases, compared with 1 148 probable and 61 confirmed during the same period last year.

Peru has reported 128 cases in 30 districts across the country in 2019 as of 16 June 2019, compared with 261 cases for the same period in 2018. The cases mostly affect Piura, San Martín and Tumbes.

There is no available update for Brazil.

Dengue:

The Pan American Health Organization (PAHO) has reported 1.317 million suspected and confirmed cases in the Americas region in 2019 as of 7 July 2019. The number of cases detected since the beginning of the year is higher than the annual totals reported during the most recent two years (2017–2018). Brazil accounts for 85% of the cases (1.127 million), followed by Colombia (58 000), Nicaragua (39 000) and Mexico (27 000).

Surpassing the million of cases this year, Brazil has the highest incidence rate in the region (540 cases per 100 000 population). These records represent a sixfold increase compared with the same period in 2018, when 171 500 cases were reported. The four dengue virus serotypes (DENV1, DENV2, DENV3 and DENV4) are currently circulating simultaneously in the Americas region, which increases the risk of severe cases.

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

Asia

Chikungunya virus disease:

The **Maldives** Health Protection Agency has reported a noticeable rise in cases in the past months. As of 9 July 2019, there has been 1 296 cases, mostly affecting Thaa, Gaaf Alif and Kaafu Atolls. The last previous outbreak in the Maldives was recorded in 2006.

Thailand has reported 4 500 cases in 2019 with no deaths associated in 27 provinces as of 22 June 2019. The most affected provinces are located in the southern part of the country. This represents an increase of 506 cases since the previous CDTR update. During the same period last year, only 34 cases were recorded.

There are no updates for India and Indonesia.

Dengue:

This year, most of the countries in Asia and South East Asia have observed a spike in the number of cases.

As of 2 July 2019, **Thailand** has reported 40 402 cases, compared with 18 100 for the same period in 2018. The most affected provinces are Ubon Ratchathani, Trat and Chanthaburi. Due to the intense circulation of the virus throughout the country,

Thailand has declared a state of emergency.

As of 22 June 2019, [Cambodia](#) has reported approximately 20 500 cases of dengue, compared with 1 000 for the same period in 2018.

As of 22 June 2019, [Laos](#) has reported a cumulative number of 8 000 cases. The trend of weekly reported cases is increasing, and dengue activity is significantly higher compared with the same period during the previous five years (1 460 cases in 2018).

As of 15 July 2019, [Malaysia](#) has reported 69 700 cases in 2019, compared with 36 000 for the same period in 2018.

In South Asia, the [Maldives](#) officially reported 2 808 cases as of 9 July 2019.

According to WHO and as of 15 June 2019, the [Philippines](#) has reported 92 000 cases, compared with approximately 60 000 for the same period in 2018. According to [media reports](#), several regions in the Philippines have exceeded the epidemic threshold for dengue fever during the first half of 2019, prompting the Department of Health to declare a national dengue alert on 15 July 2019.

As of 13 July 2019, [Singapore](#) has reported 7 400 cases, compared with 1 400 for the same period in 2018.

As of 14 July 2019, [Taiwan](#) has reported 268 cases, compared with 100 for the same period last year. The outbreak mainly affects the city of Kaohsiung. The majority of the cases (82%) are imported.

As of 2 July 2019, [Thailand](#) has reported 268 cases, compared with 100 for the same period last year. The outbreak mainly affects the city of Kaohsiung. The majority of the cases (82%) are imported.

As of 22 June 2019, [Vietnam](#) has reported 81 100 cases, compared with 20 000 for the same period in 2018.

For the countries below, different trends have been observed.

[Sri Lanka](#) is following the same trend as in 2018. According to the Ministry of Health and as of 15 July 2019, Sri Lanka has reported 28 000 cases in 2019, compared with 29 000 for the same period last year. Colombo, Gampaha and Galle Districts are the most affected areas.

For Bangladesh, Pakistan and Nepal, no specific yearly trend can be observed due to the lack of solid data for 2018.

[Bangladesh](#) has reported 4 500 cases since the beginning of the year as of 15 July 2019.

According to the Ministry of Health, [Nepal](#) is experiencing a dengue outbreak and has recorded 1 500 cases since the beginning of the year and as of 8 July 2019.

According to the National Institute of Health, [Pakistan](#) has reported 2 500 cases since the beginning of the year as of 30 June 2019. The outbreak affects Balochistan Province in the southwest of the country.

There is no update for India.

Africa

Chikungunya virus disease:

The outbreak in the [Republic of the Congo](#) is ongoing. As of 30 June 2019, the country has reported 10 462 cases, which represents an increase of 1 450 cases since the previous CDTR update. Nine of the country's 12 departments are affected: Bouenza, Brazzaville, Cuvette, Kouilou, Lékoumou, Plateaux, Pointe-Noire, Pool and Niari.

There are no updates for the [Democratic Republic of the Congo](#).

Dengue:

From 7 May–30 June 2019, [Benin](#) has reported three confirmed and five suspected cases in Cotonou and Abomey-Calavi.

According to WHO, Côte d'Ivoire and Tanzania continue to report cases:

[Côte d'Ivoire](#) has reported 195 confirmed and 1 853 suspected cases as of 25 June 2019. The outbreak mainly affects the upscale urban districts of Abidjan (96%).

According to WHO, [Mauritius](#) has reported 123 autochthonous cases from 26 February–21 June 2019. The most affected area is Port Louis (Vallée des Prêtres). The main circulating serotype is DENV1.

Regional authorities in [Mayotte](#) are reporting 48 locally acquired cases as of 16 July 2019, an increase of 40 cases in the past month. The main circulating serotype is DENV1.

Regional authorities in [Réunion](#) continue to record a declining trend. The cases have significantly dropped, now reaching 100 cases per week. Since the beginning of 2019 and as of 9 July 2019, the island has reported 17 000 confirmed cases, 47 000 suspected cases and seven deaths. The cases are still widespread on the island.

From August 2018–30 June 2019, [Tanzania](#) has detected 6 089 suspected cases, an increase of 2 000 since the last monthly update. The most affected regions are Dar es Salaam and Tanga.

Australia and the Pacific

Chikungunya virus disease:

No outbreaks have been reported since the previous update.

Dengue:

As of 2 July 2019, [Australia](#) has reported 700 cases of dengue in 2019, which is higher compared with the same period in 2018 (375 cases), but still within seasonal trend.

As of 28 June 2019, [New Caledonia](#) has reported 3 700 dengue cases, compared with 1500 cases for the same period in 2018. The cases are showing a decreasing trend since April. The circulating serotype is DENV2.

As of 30 June 2019, [French Polynesia](#) has reported approximately 500 cases of dengue since the beginning of the year. The island of Tahiti is particularly affected. Both DENV1 and DENV2 are circulating.

ECDC assessment

Chikungunya virus disease and dengue are endemic in large regions of the intertropical convergence zone. Currently and throughout the summer season, environmental conditions are favourable for the activity of the vector and its abundance should be sufficient to support local outbreaks.

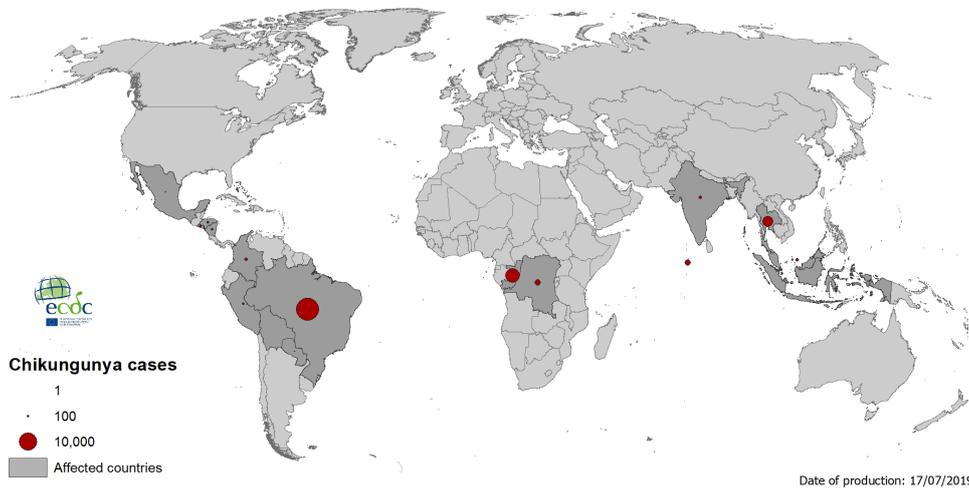
ECDC published a [rapid risk assessment](#) on the dengue outbreak in Reunion on 18 June 2019.

Actions

ECDC monitors these threats through epidemic intelligence and reports on a monthly basis.

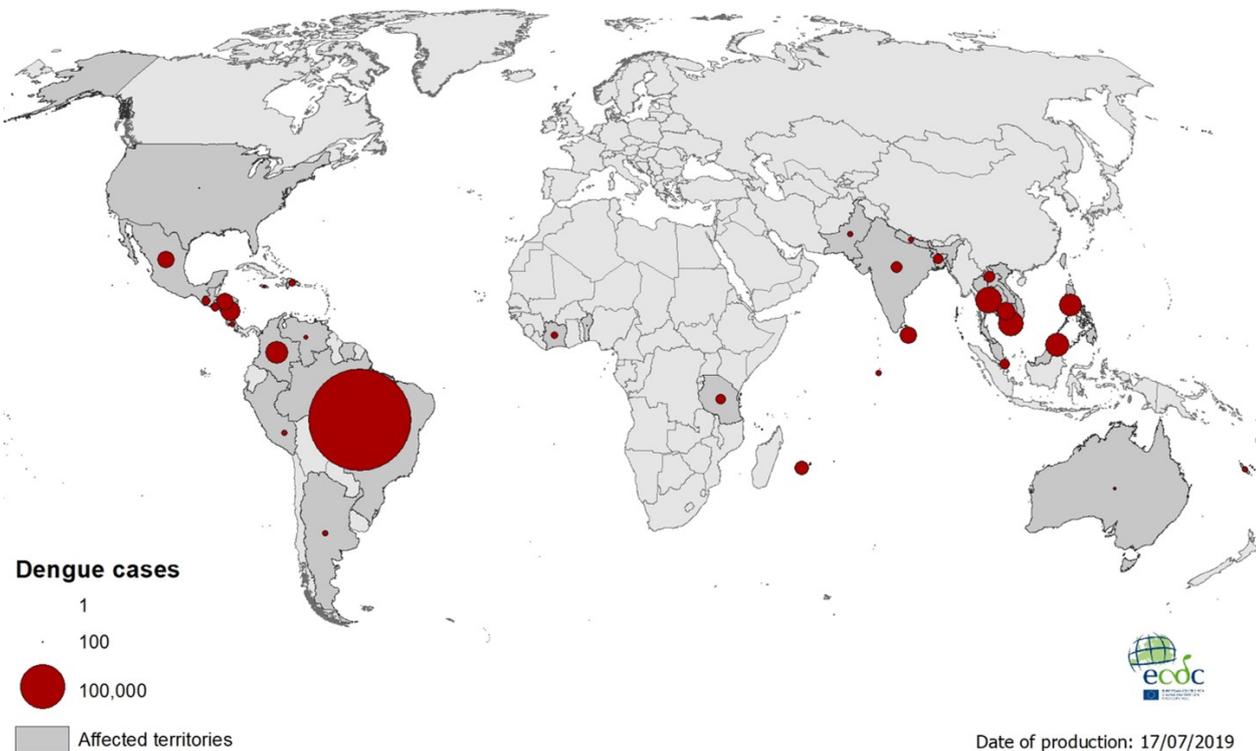
Geographical distribution of chikungunya cases reported worldwide, May to July 2019

Source: ECDC



Geographical distribution of dengue cases reported worldwide, May to July 2019

Source: ECDC



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