

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

End of West Nile fever seasonal monitoring 2018

In the 2018 transmission season a higher number of [West Nile fever](#) cases were reported compared with transmission seasons in previous years. As of 6 December 2018, 1 503 human cases were reported in the EU/EEA and 580 human cases were reported by the EU neighbouring countries.

The total number of reported autochthonous infections in 2018 (n=2 083) exceeds, by far, the total number from the previous seven years (n=1 832). Compared to the previous transmission season in 2017, there was a 7.2-fold increase. The highest increase compared to the previous transmission season was observed in Bulgaria (15-fold) followed by France (13.5-fold) and Italy (10.9-fold). All mosquito-borne autochthonous human cases during the current transmission season were reported in previously affected countries. As in previous years, the virus has spread to NUTS 3 areas where no human autochthonous cases had been reported before.

During the 2018 transmission season, 285 West Nile fever outbreaks among equids were reported by EU Member States through the Animal Disease Notification System: 149 in Italy, 91 in Hungary, 15 in Greece, 13 in France, 9 in Spain, 2 in Austria, 2 in Romania, 2 in Germany, 1 in Slovenia and 1 in Portugal. This is a 30% increase compared to number of outbreaks in 2017.

Recommendations for the World Youth Day 2019, Panama

In 2019, the [World Youth Day](#) (WYD) will take place between 22 and 27 January 2019 in Panama City, Panama with an expected [half a million](#) participants. Every three years, the Catholic Church organises this event for youth 15–35 years of age. Previously, 3.5 million people attended WYD in Poland in 2016 and 3.7 million people in Brazil in 2013. It is likely that travellers from Europe will attend this event, though it is hard to estimate how many will be present.

During mass gathering events, the most common [health risks](#) are related to vaccine-preventable diseases, gastrointestinal illnesses and vector-borne diseases in favourable climate conditions. Pilgrims, nuns, priests and journalists going to Panama should ensure that all their vaccinations are up to date in accordance with the recommended [immunisation schedule](#) in their country of residence, particularly at least two doses of measles-containing-vaccine (usually MMR).

In order to prevent mosquito-borne diseases such as yellow fever, Zika, dengue, chikungunya and malaria, all travellers to Panama are advised to apply individual personal protective measures against mosquito bites. Travellers should use mosquito repellent, wear long-sleeved shirts and long trousers and sleep and rest in screened or air-conditioned rooms or using mosquito bed nets at night and during the day.

ECDC will closely monitor the event through routine epidemic intelligence activities between 14 January–3 February 2019 and will [report](#) on a weekly basis.

More information on risks of infections in Panama and recommendations for travellers can be found [here](#).

I. Executive summary

EU Threats

West Nile virus - Multistate (Europe) - Monitoring season 2018

Opening date: 30 May 2018

Latest update: 14 December 2018

During the West Nile virus transmission season expected to be between June and November 2018, 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 2 (Global Administrative Unit Layers 2) level where there is ongoing virus transmission.

→Update of the week

Between 7 and 13 December 2018, no new human West Nile virus infections have been reported by EU Member States. One case was reported by an EU neighbouring country, Turkey, with date of onset reported from week 39, 24 to 30 September 2018. This case was reported from a previously affected area. One death was reported this week in Turkey.

In the same week, no new outbreaks among equids were reported.

As no new cases with disease onset in the previous four weeks have been reported, this is the final weekly update for the 2018 transmission season.

Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 14 December 2018

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

No outbreaks have been detected in Europe in 2018. [Japan](#) is experiencing an ongoing outbreak of rubella this year with over 2 300 cases, the majority of whom are male.

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

Opening date: 8 October 2018

Latest update: 14 December 2018

Influenza transmission in Europe shows a seasonal pattern, with peak activity during the winter months. So far this season, influenza viruses have been detected sporadically in specimens from persons with respiratory illness presenting to medical care. Both influenza A and B type viruses were detected.

→Update of the week

For week 49 between 3 and 9 December 2018, influenza activity remained baseline or low throughout the WHO European Region.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 14 December 2018

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 10 November 2018, updates are provided for 22 EU/EFTA countries: Austria, Bulgaria, Czech Republic, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, Switzerland and the United Kingdom (England and Wales).

In 2018, 34 deaths were reported in EU countries.

Relevant updates for regions and countries outside the EU/EFTA are provided for the Americas, Israel, Mauritius, the Philippines, Serbia, Russia and Ukraine.

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.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 14 December 2018

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 39 additional cases in 10 health zones.

Of the 39 additional cases these include Beni (7), Biena (1), Butembo (5), Katwa (10), Komanda (2), Kyondo (3), Mabalako (6), Mandima (1), Musienene (1) and Vuhovi (3). Eight cases were retrospectively confirmed in Beni and three were discarded by the Ministry of Health.

Biena is a new affected health zone in the North Kivu province.

According to the latest [WHO disease outbreak news](#), the very high risk of further geographical spread of the outbreak was highlighted this week by the movement of several contacts of confirmed cases from Beni to Kisangani and Goma. All of these contacts were rapidly traced and have since returned to Beni, where they will complete their 21 day follow-up. Several alerts of potential cases were also received from Goma and towns between Goma and Butembo. All alerts tested negative for Ebola virus disease.

As of 12 December 2018, according to the [Ministry of Health of the Democratic Republic of the Congo](#), there have been 515 Ebola virus disease cases (467 confirmed, 48 probable), including 303 deaths (255 in confirmed and 48 in probable cases) since the beginning of the outbreak. The Ministry of Health of the Democratic Republic of the Congo is currently conducting data cleaning of Ebola virus disease databases. Accordingly, the figures reported will likely change over the coming days as cases are reclassified.

II. Detailed reports

West Nile virus - Multistate (Europe) - Monitoring season 2018

Opening date: 30 May 2018

Latest update: 14 December 2018

Epidemiological summary

Between 7 and 13 December 2018, no new human West Nile virus infections have been reported by EU Member States. One case was reported by EU neighbouring country, Turkey, with date of onset reported from week 39, 24 to 30 September 2018. This case was reported from a previously affected area. One death was reported this week in Turkey.

In the same week, no new outbreaks among equids were reported.

As no new cases with disease onset in the previous four weeks have been reported, this is the final weekly update for the 2018 transmission season.

In 2018, as of 13 December 2018, EU Member States have reported 1 503 human cases in Italy (576), Greece (311), Romania (277), Hungary (215), Croatia (53), France (27), Austria (20), Bulgaria (15), the Czech Republic (5), Slovenia (3) and Cyprus (1). EU neighbouring countries reported 580 human cases in Serbia (415), Israel (128), Turkey (23) and Kosovo* (14). To date, 181 deaths due to West Nile virus infection have been reported by Greece (47), Italy (46), Romania (43), Serbia (35), Kosovo* (3), Turkey (3), Bulgaria (2), the Czech Republic (1) and Hungary (1).

During the 2018 transmission season, 285 outbreaks among equids have been reported by Italy (149), Hungary (91), Greece (15), France (13), Spain (9), Austria (2), Romania (2), Germany (2), Slovenia (1) and Portugal (1).

In accordance with [European Commission Directive 2014/110/EU](#), prospective blood donors should be deferred for 28 days after leaving an area with evidence of West Nile virus circulation among humans unless the results of an individual nucleic acid test are negative.

*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.

Publications: [An early start of West Nile virus seasonal transmission: the added value of One Health surveillance in detecting early circulation and triggering timely response in Italy, June to July 2018](#)

[Early start of the West Nile fever transmission season 2018 in Europe](#)

ECDC links: [West Nile fever](#) | [Atlas](#)

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

ECDC assessment

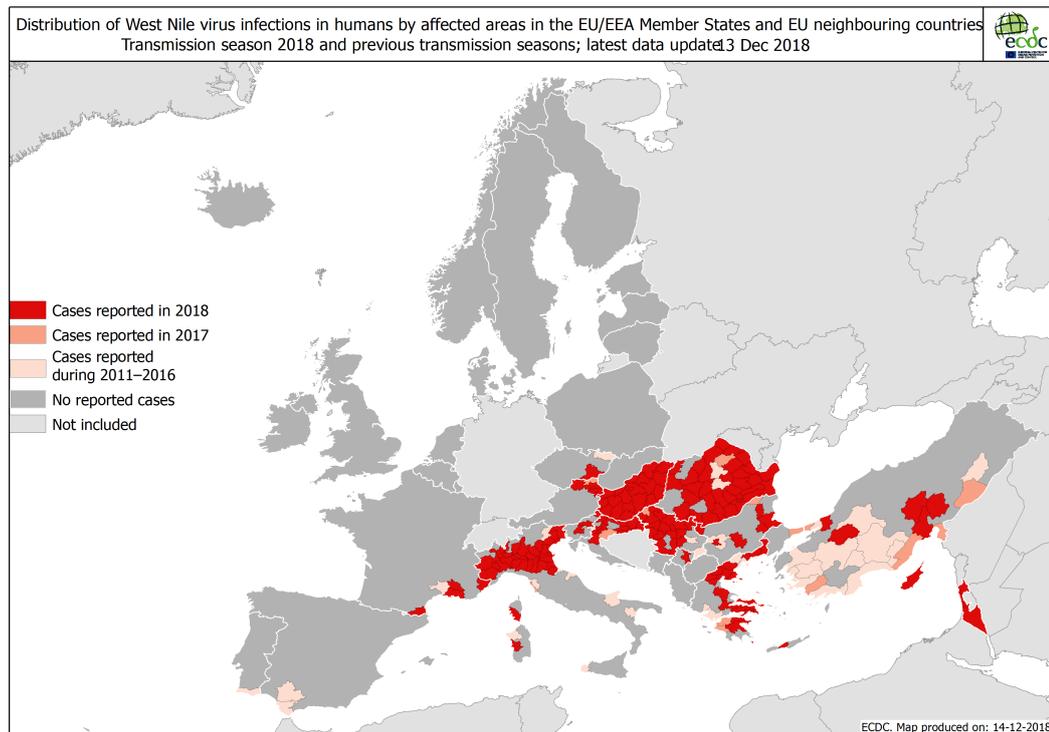
The 2018 transmission season started earlier than usual and higher case numbers have been reported compared with previous years. All mosquito-borne autochthonous human cases were reported in previously affected countries. The latest date of onset was reported from week 46, 12 to 18 November 2018, which represents an unusually late date of onset since in past transmission seasons in the EU/EEA and EU neighbouring countries, the latest date of onset typically occurred between weeks 39 and 42.

Actions

During the transmission season, ECDC publishes [West Nile fever maps](#) together with an epidemiological summary every Friday. ECDC published a rapid risk assessment on the [Early large increase in West Nile virus infections in the EU/EEA and EU neighbouring countries](#) on 13 August 2018 and the [latest epidemiological update](#) on 24 September 2018. As no new cases with disease onset in the previous four weeks have been reported, this is the final weekly update for this transmission season. ECDC will publish an [end-of-season epidemiological update](#).

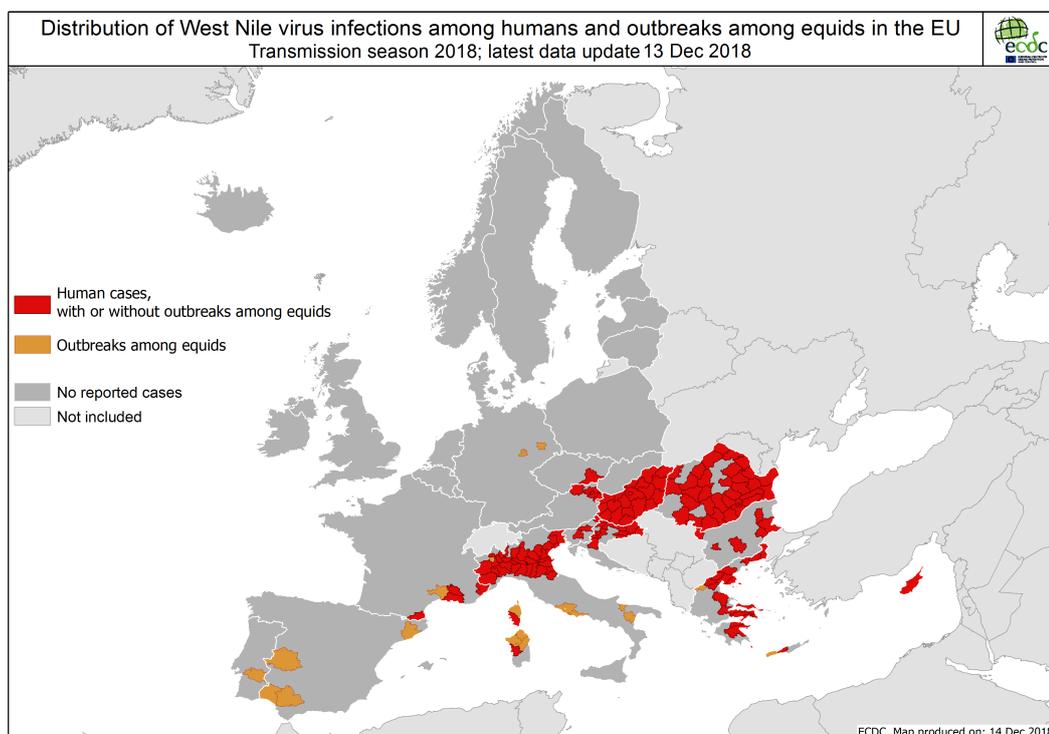
Distribution of human West Nile virus infections by affected areas as of 13 December

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 13 December

ECDC and ADNS



Rubella – Multistate (EU) – Monitoring European outbreaks

Opening date: 7 March 2012

Latest update: 14 December 2018

Epidemiological summary

Sporadic cases are reported across EU/EEA countries. No outbreaks have been detected in the EU in 2018. Japan reported 2 313 rubella cases in 2018, the majority of whom are male. So far, there have been reports of congenital rubella since the beginning of the year. Previously, Japan experienced two outbreaks in 2012 (2 000 cases) and 2013 (14 000 cases). Japanese healthcare authorities recommend testing for rubella and/or vaccination for men aged 30-50 years, women willing to get pregnant and people in close contact with pregnant women.

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

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 (RVC) 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 \(RVC\) \(2017\)](#)

Actions

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

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

Opening date: 8 October 2018

Latest update: 14 December 2018

Epidemiological summary

Week 49, 3-9 December 2018

Although some countries are starting to see local and regional spread, influenza activity remained baseline or low throughout the WHO European Region.

Influenza viruses were detected sporadically in specimens from persons with respiratory illness seeking healthcare.

The majority of influenza virus detections were type A in sentinel, non-sentinel and hospitalised cases.

For week 49/2018, data from the 20 Member States and areas reporting to the EuroMOMO project indicated all-cause mortality to be at expected levels for this time of year.

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

ECDC assessment

As expected for this time of the year, influenza activity has been low since week 40 in 2018.

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: 14 December 2018

Epidemiological summary

Since the previous Communicable Disease Threats Report (CDTR) published on 10 November 2018, updates are provided for 22 EU/EFTA countries: Austria, Bulgaria, Czech Republic, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, Switzerland and the United Kingdom (England and Wales).

In 2018 and as of 10 December 2018, most of the cases in the EU were reported from Romania (5 316), France (2 727), Italy (2 368), and Greece (2 290). Thirty-four deaths have been reported in 2018 from Romania (22), Italy (7), France (3) and Greece (2).

Outside EU/EFTA countries, Ukraine has experienced the continuation of the largest outbreak with over 44 000 cases reported in 2018, including 15 deaths. An ongoing outbreak has also been reported in Serbia with over 5 000 cases and 15 deaths, as well as outbreaks in the Americas, Israel, Mauritius, the Philippines and Russia.

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:

[Austria](#) reported 73 measles cases in 2018 as of 31 October 2018, an increase of one case since the CDTR published on 10 November 2018. All federal states are affected and 14% of the cases are healthcare workers. According to [media reports](#) as of 29 November 2018, 83 cases have been identified in 2018.

[Bulgaria](#) reported eight cases of measles in 2018 as of 2 December 2018. No new cases have been reported since the CDTR published on 10 November 2018.

The [Czech Republic](#) reported 182 measles cases in January–November 2018, an increase of 24 cases since the CDTR published on 13 October 2018.

[Finland](#) reported nine cases of measles in 2018 as of 10 December 2018, an increase of two cases since May 2018.

[France](#) reported 2 727 cases in 2018 as of 11 November 2018, including three deaths. The number of cases since the CDTR published on 10 November 2018 is unchanged. Since the beginning of the outbreak in November 2017, there have been 2 878 cases reported across the country, including three deaths.

[Germany](#) reported 527 cases of measles in 2018 as of 18 November 2018, an increase of 11 cases since the national report on 29 September 2018.

[Greece](#) reported 2 290 cases in 2018 as of 6 December 2018, including two deaths. No new cases have been reported since the previous national report on 1 November 2018. As of 6 December 2018 and since the beginning of the outbreak in May 2017, 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 19 cases of measles in 2018 as of 25 November 2018, an increase of one case since the CDTR published on 10 November 2018.

[Ireland](#) reported 76 cases of measles in 2018 as of 1 December 2018.

[Italy](#) reported 2 368 measles cases, including six seven deaths, between 1 January and 31 October 2018, an increase of 73 cases and one death since the national report on 30 September 2018. Among these cases, 103 were healthcare workers.

[Latvia](#) reported 22 cases of measles between January and September 2018. No new cases have been identified since August 2018.

[Lithuania](#) reported two cases in 2018 as of 31 October. On 29 November 2018, national healthcare authorities reported an outbreak of measles with nine suspected measles cases in the town of Visaginas. In addition, media reported that of the nine cases, six were confirmed.

[The Netherlands](#) reported 0.1 cases of measles per 100 000 population in 2018 as of 4 December 2018. According to TESSy, data

there were 22 cases reported in 2018.

[Norway](#) reported 12 cases of measles in 2018 as of 10 December 2018, an increase of two cases since the national report on 31 October 2018.

[Poland](#) reported 220 cases of measles in 2018 as of 30 November 2018, an increase of 92 cases since the previous national report on 15 October 2018.

[Portugal](#) reported 26 confirmed cases of measles (22 adults and four children) in Lisbon and Vale do Tejo, as of 5 December 2018. These cases are related to two distinct outbreaks that started with imported cases from the Czech Republic and Ukraine.

[Romania](#) reported 5 316 measles cases, including 22 deaths, in 2018 as of 7 December 2018, an increase of 94 cases since the previous CDTR on 10 November 2018. Since the beginning of the outbreak in October 2016 and as of 7 December 2018, Romania has reported 15 540 confirmed measles cases, including 59 deaths.

[Slovakia](#) reported 466 cases of measles in 2018, an increase of 20 cases since the CDTR published on 10 November 2018.

[Spain](#) reported 218 confirmed measles cases in 2018 as of 2 December 2018, an increase of two cases since the previous CDTR published on 10 November 2018.

[Sweden](#) reported 40 cases of measles since the beginning of 2018 as of 10 December 2018, an increase of one case since the previous CDTR published on 10 November 2018.

[Switzerland](#) reported 47 cases as of 2 December 2018, an increase of six cases since the CDTR published on 10 November 2018.

For the United Kingdom ([England and Wales](#)), there have been 913 laboratory-confirmed measles cases in England between 1 January and 31 October 2018, an increase of 37 cases since the national report on 10 September 2018. In addition, [media](#) have reported an outbreak with 60 confirmed cases in a religious community in London.

Relevant epidemiological summary for countries outside EU/EFTA:

[Israel](#) reported an ongoing outbreak this year with 2 040 cases of measles, according to a media report on 26 November 2018. This is an increase of 1 158 cases since the CDTR published on 10 November 2018. Of the 2 040 cases, the highest number was recorded in Jerusalem (874), followed by Beit Shemesh (266) and Safed (149). Bnei Brak (97) and Beitar Ilit (95).

[Serbia](#) reported 5 776 cases, including 15 deaths, between October 2017 and 7 December 2018, including cases reported from Kosovo*, an increase of 12 cases since the CDTR published on 10 November 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.

[Russia](#) reported 3 017 suspected and confirmed measles cases to WHO in 2018.

[Ukraine](#) reported 44 386 cases of measles in 2018 as of 4 December 2018, including 15 deaths (11 adults and 4 children), an increase of 7 931 cases since the national report on 6 November 2018. Among the cases, 16 593 were adults and 27 793 were children. Most of the cases were reported from Ivano-Frankivsk, Kyiv, Lviv, Odessa, Ternopil and Zakarpatie.

According to [PAHO](#), during 2018 and as of 17 November 2018, 12 countries reported 8 737 confirmed cases of measles. Most of the cases were reported by Venezuela (5 525) and Brazil (2 801).

[Mauritius](#) reported 1 324 confirmed measles cases, including four deaths, as of 2 December 2018, an increase of 157 cases since the CDTR published on 10 November 2018. The most affected districts are Port Louis and Black River.

The [Philippines](#) reported 17 300 cases of measles in 2018 as of November 2018, according to media reports quoting WHO.

ECDC assessment

Given the current extent of measles circulation in the EU/EEA, 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/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.

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

Opening date: 1 August 2018

Latest update: 14 December 2018

Epidemiological summary

As of 12 December 2018, there have been 515 Ebola virus disease cases (467 confirmed, 48 probable), including 303 deaths (255 in confirmed and 48 in probable cases) since the beginning of the outbreak.

Fifteen health zones in two provinces have reported confirmed or probable Ebola virus disease cases: Beni, Biena, Butembo, Kalungata, Katwa, Kyondo, Mabalako, Masereka, Mutwanga, Musienene, Oicha, and Vuhovi Health Zones in North Kivu Province and Komanda, Mandima and Tchomia Health Zones in Ituri Province.

Response activities: According to the WHO Regional Office for Africa Situation Report number 115, as of 11 December 2018, 6 625 contacts have been identified in Beni (1 822), Butembo (776), Kalungata (431), Katwa (1 254), Komanda (447), Lubero (9), Mabalako (616), Mandima (62), Masereka (49), Musienene (95), Mutwanga (326), Oicha (212) and Vuhovi (526). A total of 93% of these contacts have been followed up.

According to the latest Ministry of Health update, as of 12 December 2018, 45 467 people have been vaccinated in Alimbongo (63), Beni (18 726), Bunia (434), Butembo (4 276), Kalungata (2 108), Katwa (8 084), Kisangani (13), Komanda (633), Kyondo (381), Lubero (700), Mabalako (4 950), Mandima (1 663), Masereka (750), Musienene (314), Mutwanga (599), Oicha (627), Tchomia (355) and Vuhovi (791).

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

ECDC assessment

ECDC assessment: The compassionate use of the Ebola virus disease vaccine and experimental treatments support response efforts. However, the implementation of response measures in outbreak areas remains challenging because of the prolonged humanitarian crisis, unstable security situation arising from a complex armed conflict and mistrust in the population to response teams. The number of outbreak cases and affected areas are increasing and it is unlikely that the outbreak will be controlled in the near future.

While no confirmed cases in neighbouring countries have been documented so far, the fact that the outbreak is ongoing in areas with an important cross-border population flow between Rwanda and Uganda remains of particular concern.

The probability that EU/EEA citizens who live or travel in Ebola virus disease-affected areas of the Democratic Republic of the Congo are exposed to the disease is low provided that they adhere to precautionary measures. 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 a local level.

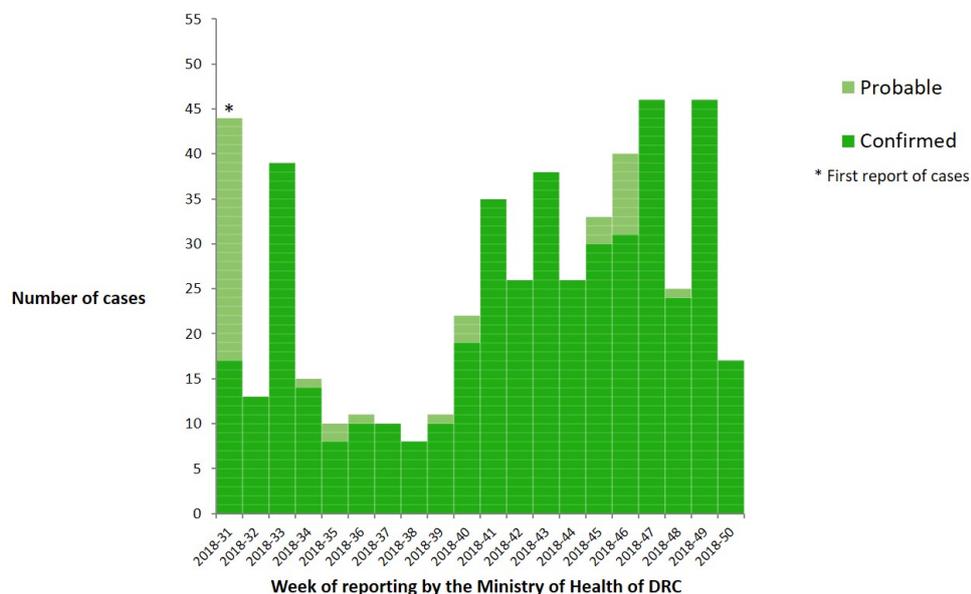
WHO assessment: As of 13 December 2018, the [WHO assessment](#) stated that the risk of spread is low at the global level, but remains very high at national and regional levels.

Actions

ECDC published an updated [rapid risk assessment](#) on 5 October 2018 and an [epidemiological update](#) on 12 November 2018.

Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 12 December 2018

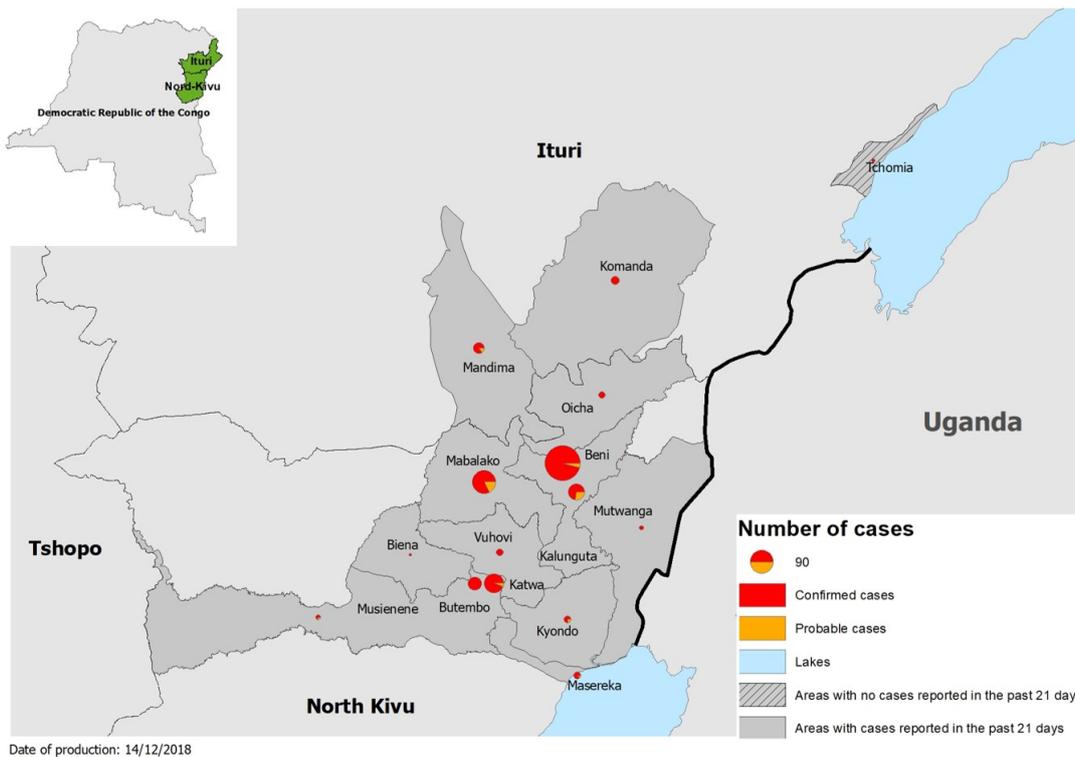
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The MoH of DRC are currently conducting data cleaning. Thus, these figures are likely to change over coming days as cases are being reclassified.

Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 12 December 2018

ECDC



Date of production: 14/12/2018

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