

I. Executive summary

EU Threats

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

Opening date: 8 October 2018

Latest update: 22 February 2019

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

→Update of the week

From 11–17 February 2019, influenza activity was widespread in the European Region.

Salmonella Poona in infant products - Multicountry - 2018 - 2019

Opening date: 28 January 2019

Latest update: 22 February 2019

French authorities have reported cases of *Salmonella* Poona infection in infants with genome sequences (cgMLST) belonging to the same cluster. All patients consumed infant formula from the same brand before developing symptoms.

→Update of the week

Luxembourg and Belgium reported one case each of *S. Poona* infection in January 2019 in infants who had consumed the same brand of infant formula. The human isolates are 0–1 allelic difference from the French representative sequences.

Neisseria gonorrhoeae - United Kingdom - 2018

Opening date: 10 January 2019

Latest update: 22 February 2019

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

→Update of the week

The first case, a heterosexual female, reported casual sexual contact with male UK nationals in Ibiza Spain, in September 2018. The second case, a heterosexual female, reported casual sexual contact in the UK in November 2018 with a male who had been in Ibiza from June until September 2018. The UK incident management team could trace sexual partners of the second case.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 22 February 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 24 additional cases.

As of 20 February 2019, according to the [Ministry of Health of the Democratic Republic of the Congo](#), there have been 853 Ebola virus disease cases (788 confirmed, 65 probable), including 531 deaths (466 in confirmed and 65 in probable cases), since the beginning of the outbreak. On 19 February 2019, Beni health zone reached 21 days without new confirmed Ebola virus disease cases. The outbreak in Beni health zone, where 234 cases including 127 deaths were reported, peaked between September–November 2018.

As of 14 February 2019, according to [WHO Disease outbreak news](#), 68 healthcare workers have been infected to date.

Note: Due to an ongoing case reclassification process, the Democratic Republic of the Congo has reported one additional confirmed case in Katwa health zone not previously reported. This case was notified in the Ministry of Health bulletin released on 20 February 2019. In addition, the Democratic Republic of the Congo has reported nine fewer deaths among confirmed cases than previously reported, as stated in the Ministry of Health bulletin released on 18 February 2019.

Influenza A(H9N2) - Multistate (World) - Monitoring human cases

Opening date: 30 January 2019

Latest update: 22 February 2019

Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and have the potential to become pandemic threats.

→Update of the week

On 15 February 2019, an additional case of human infection with H9N2 avian influenza was confirmed in Yunnan Province, China. The patient is a 8-year-old female who developed symptoms on 27 January 2019. She had mild illness and no history of live poultry exposure. This is the first case of A(H9N2) reported in China with onset of symptoms in 2019.

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

Opening date: 24 September 2012

Latest update: 22 February 2019

Since the disease was first identified in Saudi Arabia in September 2012, more than 2 300 Middle East respiratory syndrome coronavirus (MERS-CoV) cases have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point toward dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

In 2019 and as of 19 February 2019, 77 MERS-CoV cases have been reported in [Saudi Arabia](#) (67) and [Oman](#) (10), of which 57 were male, 15 female and 5 had no information on gender. There were also 16 deaths in Saudi Arabia (12) and Oman (4). In Saudi Arabia, 29 cases were primary, 25 healthcare-acquired, 10 household contacts and 3 under investigation. Of the primary cases, 14 reported camel contact. The majority of the cases (85%) were reported in Wadi Aldwasir (44) and Riyadh (13).

According to [WHO Disease Outbreak News](#), between 1–31 January 2019, three clusters involving cases in Riyadh (cluster 1, 3 cases), Jeddah (cluster 2, 2 cases) and Wadi Aldwasir (cluster 3, 3 cases) have been reported.

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

Opening date: 27 January 2017

Latest update: 22 February 2019

Chikungunya virus disease and dengue are vector-borne diseases that affect 50 to 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 has been circulating in Asia and Africa and reached the Caribbean, the Americas 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: Several countries in the Americas report ongoing transmission in 2019. Since the previous CDTR update on 25 January 2019, Brazil, the Republic of the Congo, Sudan and Thailand have reported the majority of new cases. No outbreaks have been identified in the Australia and Pacific region and Europe since the last report.

Dengue: Brazil, Cambodia, Malaysia, Singapore and Thailand have observed an increasing trend in the number of cases compared with 2018. New outbreaks have been reported in Jamaica, Kenya, Oman and Tanzania. Cases have also started to significantly increase in Réunion.

II. Detailed reports

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

Opening date: 8 October 2018

Latest update: 22 February 2019

Epidemiological summary

Weekly overview

From 11–17 February 2019, influenza activity was widespread in the European Region.

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 53%.

Influenza type A virus detections dominated, with slightly more A(H1N1)pdm09 viruses than A(H3N2) viruses co-circulating. Few influenza B viruses were detected.

Among the specimens from patients hospitalised with severe acute respiratory infection (SARI) collected in week 7 of 2019, 36% were positive for influenza virus and all were type A.

Pooled data from 22 Member States and areas reporting to the [EuroMOMO](#) project indicated excess mortality mostly among the elderly aged 65 years and above, but also in adults in the age group of 15–64 years. However, this result was driven by data from certain countries.

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 and has increased continuously into week 5 of 2019, after which it started to decline. The positivity rate has exceeded 50% since week 3 of 2019.

Both influenza A virus subtypes are circulating widely, with co-circulation in some countries, while others report dominance of either A(H1N1)pdm09 or A(H3N2) viruses.

Among hospitalised influenza virus-infected patients admitted to ICU wards, 37% of influenza A virus detections were subtyped. Of these, 76.2% were A(H1N1)pdm09 virus. Among influenza virus-infected patients admitted to other wards, 31% of influenza A virus detections were subtyped and 70% were A(H1N1)pdm09 virus.

Over 90% of influenza A virus-positive cases detected from SARI surveillance since week 40 of 2018 were subtyped and 81.4% were A(H1N1)pdm09 virus.

In general, current influenza vaccines tend to work better against influenza A(H1N1)pdm09 and influenza B viruses than against influenza A(H3N2) viruses and preliminary vaccine effectiveness estimates continue to support the use of vaccines. Early data suggests the vaccines are effective and estimates vary depending on the population studied and the proportions of circulating influenza A virus subtypes (e.g., higher VE in children). See data from [six European studies](#), [Canada](#), [Finland](#), [Hong Kong](#), [Sweden](#) and the [United States](#).

Circulating viruses remain susceptible to neuraminidase inhibitors supporting early initiation of treatment and prophylactic use according to national guidelines.

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

ECDC assessment

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

Actions

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

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

Salmonella Poona in infant products - Multicountry - 2018 - 2019

Opening date: 28 January 2019

Latest update: 22 February 2019

Epidemiological summary

The French public health institute has reported 12 cases of *Salmonella* Poona infection in infants with genome sequences belonging to the same cluster. Fourteen additional cases are suspected to be part of the same cluster (cgMLST sequencing is ongoing). The patients are 2–19 months old and had onset of symptoms from August 2018–January 2019. France provided information on the sequences from the human isolates in EPIS-FWD. All patients consumed infant formula from the same brand before developing symptoms.

According to Direction Générale de la Santé and Direction générale de la concurrence, de la consommation et de la répression des fraudes, a major recall of infant formula and baby food has been implemented in France.

Luxembourg and Belgium reported one case each of *S. Poona* infection in January 2019 in infants who had consumed the same brand of infant formula. The human isolates are 0–1 allelic difference from the French representative sequences.

A number of EU countries have reported *S. Poona* in infants in 2018 and 2019. The Czech Republic detected four cases of *S. Poona* in 2018. Since January 2019, it identified one case in a 17-month-old child who did not consume the suspected infant formula. Germany has reported two cases in infants, detected since the beginning of 2018. The Netherlands reported one case in a one-year-old child in 2018. Switzerland reported one case in an infant with sampling date March 2018. No exposure information was available for the *S. Poona* cases in Germany, the Netherlands and Switzerland.

Sequencing is ongoing in Czech Republic, Germany and the Netherlands.

Norway and Spain reported no matching isolates. Finland reported no cases in infants in 2018.

Background: *Salmonella* Poona is the 36th most common serotype in the European Surveillance System (TESSy). It was reported by 23 EU/EEA countries from 2013–2017, with 147–206 cases per year. In the five-year period, France accounted for 34% of the cases, followed by the United Kingdom with 26%. Cases were most common in children 0–4 years (37% of cases) and male cases were more common (58%) than female. Travel information was available for 55% cases and of these, 45% were imported. Thailand was the most common destination, accounting for 21% of the travel-associated cases.

Spain had a large outbreak of *S. Poona* in infants in 2010–2011 linked to contaminated infant milk formula.

Sources: [Direction générale de la Santé](#) | [Santé publique France](#) | [Food Safety News](#)

ECDC assessment

The French public health institute has reported a WGS cluster of *S. Poona* in infants. Luxembourg and Belgium reported one case each with isolates within 0–1 alleles difference by cgMLST from the French representative sequences. Patients in these three countries were found to have consumed the same brand of infant formula. A recall is ongoing. Such a measure is expected to decrease the risk of new infections. Fourteen additional cases are under investigation in children who consumed the implicated infant formula. WGS results are pending, but it is likely that at least some will be found to be part of the current outbreak.

Actions

ECDC and affected EU countries prepared a European case definition and collected information from the national investigations. ECDC and EFSA are preparing a joint ECDC-EFSA rapid outbreak assessment on this event. ECDC will continue monitoring this event through EPIS-FWD.

Neisseria gonorrhoeae - United Kingdom - 2018

Opening date: 10 January 2019

Latest update: 22 February 2019

Epidemiological summary

[Public Health England](#) has reported two isolates of extensively drug resistant *Neisseria gonorrhoeae*. They were detected in 2018

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among heterosexual females and had similar resistance patterns to antibiotics (resistance to ceftriaxone and intermediate resistance to azithromycin) that are used as the first-line treatment for gonorrhoea.

On 8 January 2019, the United Kingdom shared a selective exchange message with Spain and ECDC on EWRS regarding the two cases.

The two isolates are resistant to ceftriaxone and have intermediate resistance to azithromycin. The isolates are also resistant to cefixime, penicillin, ciprofloxacin and tetracycline, but are susceptible to spectinomycin. The second case failed treatment first to ceftriaxone, then to azithromycin and gentamicin and was eventually treated successfully with intravenous ertapenem.

A UK incident management team has been set up to coordinate the investigations and communications, ensure contacts are traced and spread contained.

Sources: [Public Health England](#) | [WHO Disease outbreak news](#) | [Media](#)

ECDC assessment

Isolates of extensively drug-resistant *Neisseria gonorrhoeae* have been previously reported (most recently prior to these cases by the UK and Australia in 2018). The spread of isolates displaying resistance to ceftriaxone and/or resistance/reduced susceptibility to azithromycin is of concern as these two antibiotics are now recommended as first-line treatment of *N. gonorrhoeae* by European guidelines and alternative treatment options are limited. Widespread resistance would have a significant public health impact. The detailed recommendations and options for response from [ECDC rapid risk assessment on extensively drug-resistant \(XDR\) *Neisseria gonorrhoeae* in the United Kingdom and Australia](#) from 7 May 2018 remain valid.

Actions

The updated European response plan to control and manage the threat of multidrug-resistant *N. gonorrhoeae* in Europe is planned to be published in April 2019. ECDC can provide support in similar events, if necessary, via the Euro-GASP project.

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

Opening date: 1 August 2018

Latest update: 22 February 2019

Epidemiological summary

Since the beginning of the outbreak and as of 20 February 2019, there have been 853 Ebola virus disease cases (788 confirmed, 65 probable), including 531 deaths (466 in confirmed and 65 in probable cases), according to the Ministry of Health of the Democratic Republic of the Congo.

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

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

As of 14 February 2019, according to the [WHO Disease outbreak news](#), 68 healthcare workers have to date been infected.

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 detected among individuals not previously identified as contacts, stressing 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 7 February 2019, the [WHO assessment](#) is that the risk of spread is low at the global level, but remains very high at national and regional levels.

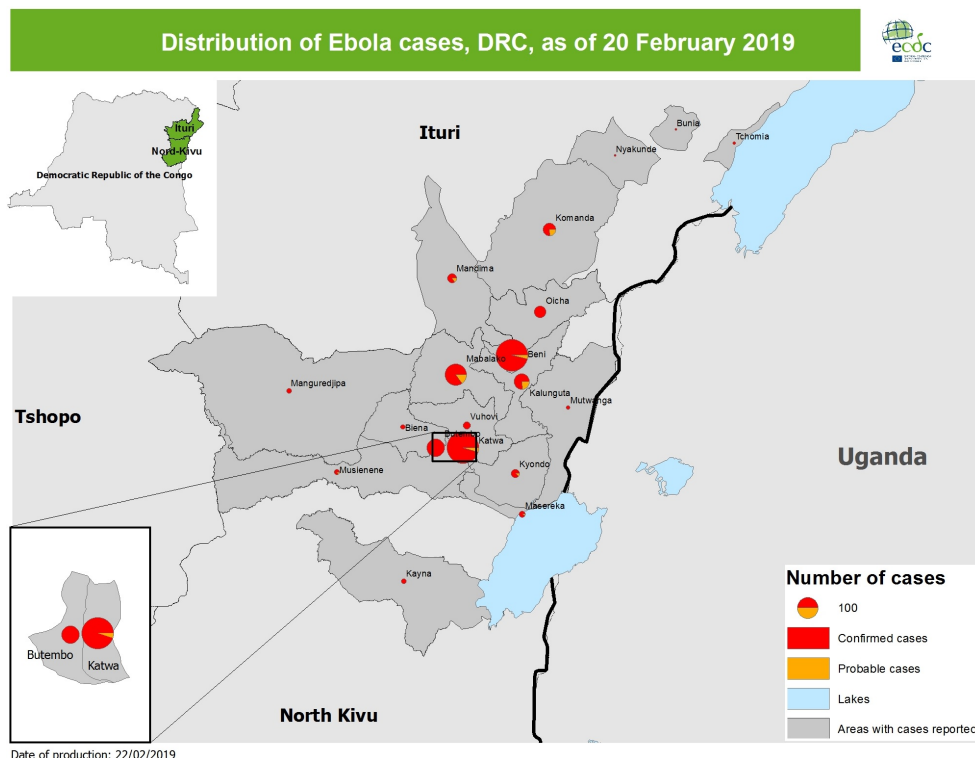
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Actions

ECDC published the third update of the [rapid risk assessment](#) on 13 February 2019. ECDC also published an [epidemiological update](#) on 25 January 2019.

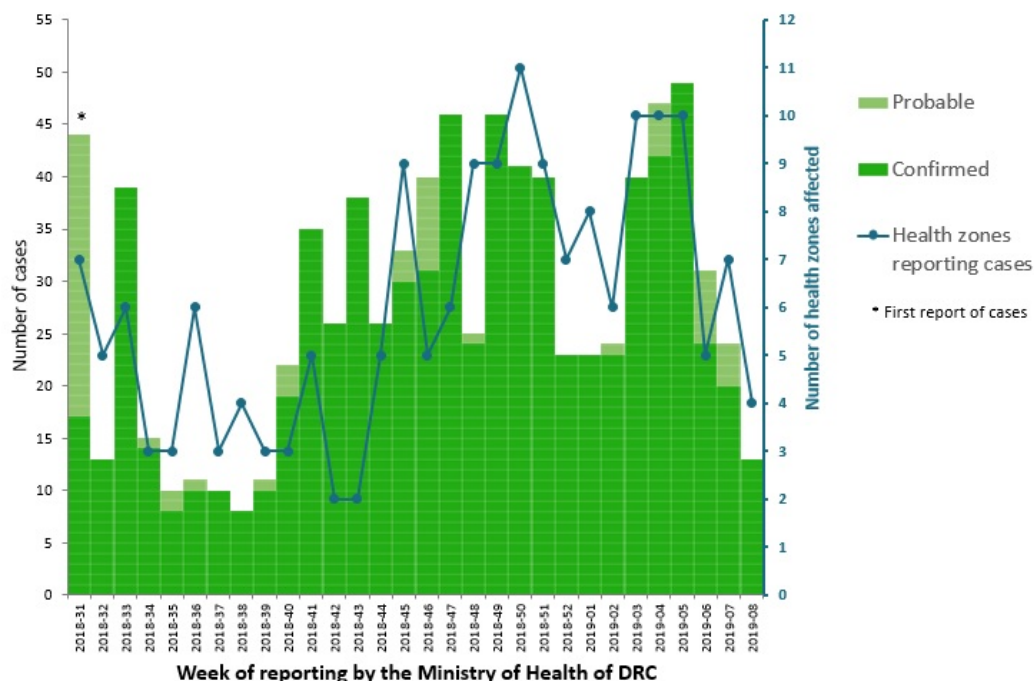
Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 20 February 2019

ECDC



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 20 February 2019

ECDC



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

Influenza A(H9N2) - Multistate (World) - Monitoring human cases

Opening date: 30 January 2019

Latest update: 22 February 2019

Epidemiological summary

Since 1998 and as of 21 February 2019, 52 laboratory-confirmed cases of human infection with influenza A(H9N2) virus, including one death, have been reported globally. Cases occurred in China (45), Egypt (4) and Bangladesh (3). Additionally, one case has been detected in Pakistan in 2015, according to literature.

Sources: [ECDC avian influenza page](#) | [WHO avian and other zoonotic influenza page](#) | [ECDC/EFSA joint report: Avian influenza overview August – November 2018](#)

ECDC assessment

Although avian influenza A(H9N2) has caused infection in humans, human infections remain rare and no sustained human-to-human transmission has been reported. No human cases due to A(H9N2) have been reported in Europe.

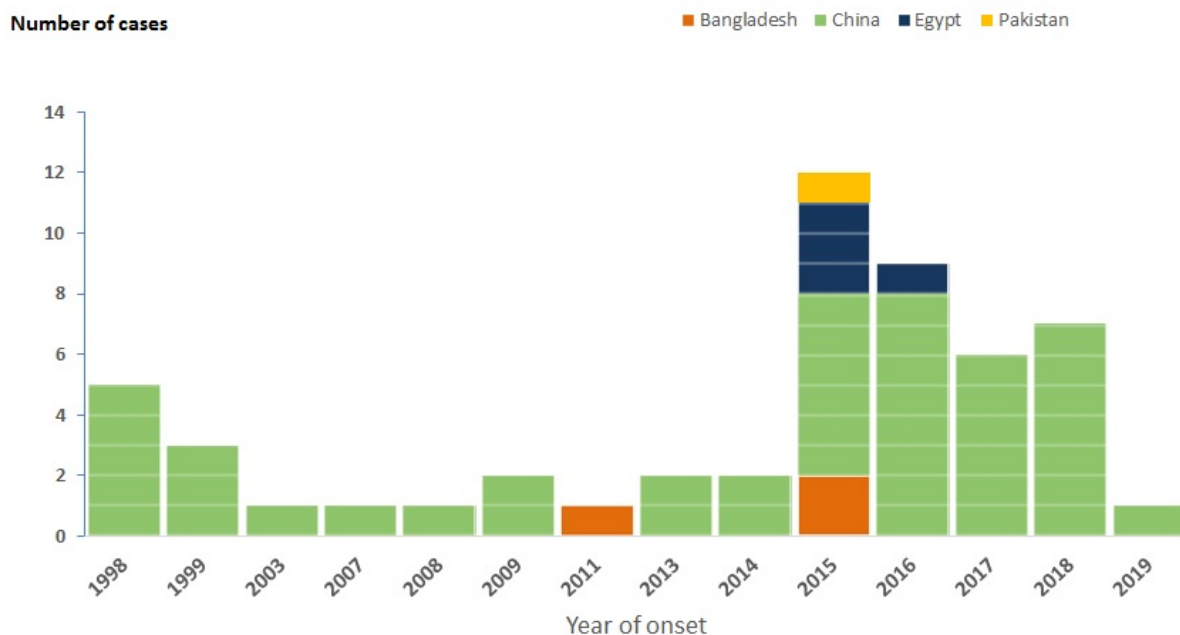
The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to remain very low. As the likelihood of zoonotic transmission of newly introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to avian influenza viruses will minimise the remaining risk.

Actions

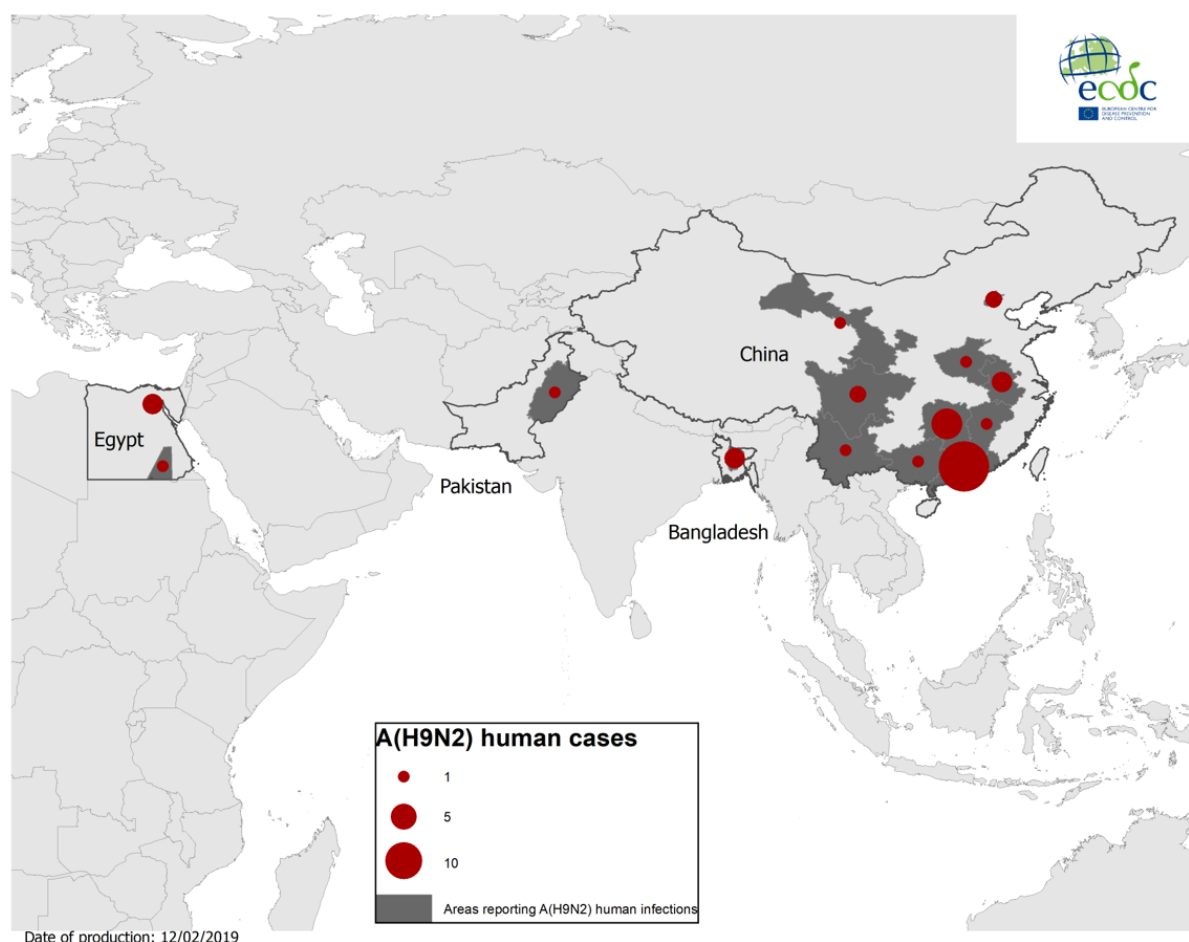
ECDC monitors avian influenza strains through epidemic intelligence in order to identify significant changes in the epidemiology of the virus. ECDC together with EFSA and the EU reference laboratory for avian influenza produce a quarterly updated report of the [avian influenza situation](#) and the last [report](#) was published on 18 December 2018.

Distribution of confirmed human cases of A(H9N2) by reporting country, since 1998 and as of 21 February 2019

ECDC



Geographical distribution of confirmed human cases of A(H9N2), 1998 – 21 February 2019



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

Opening date: 24 September 2012

Latest update: 22 February 2019

Epidemiological summary

In 2019 and as of 19 February 2019, 77 MERS-CoV cases have been reported in Saudi Arabia (67) and Oman (10), of which 57 were male, 15 female and 5 had no information on gender. There were also 16 deaths in Saudi Arabia (12) and Oman (4). In Saudi Arabia, 29 cases were primary, 25 healthcare-acquired, 10 household contacts and 3 under investigation. Of the primary cases, 14 reported camel contact. The majority of the cases (85%) were reported in Wadi Aldwasir (44) and Riyadh (13).

Since April 2012 and as of 19 February 2019, 2 374 cases of MERS-CoV, including 863 deaths, have been reported by health authorities worldwide.

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

ECDC assessment

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

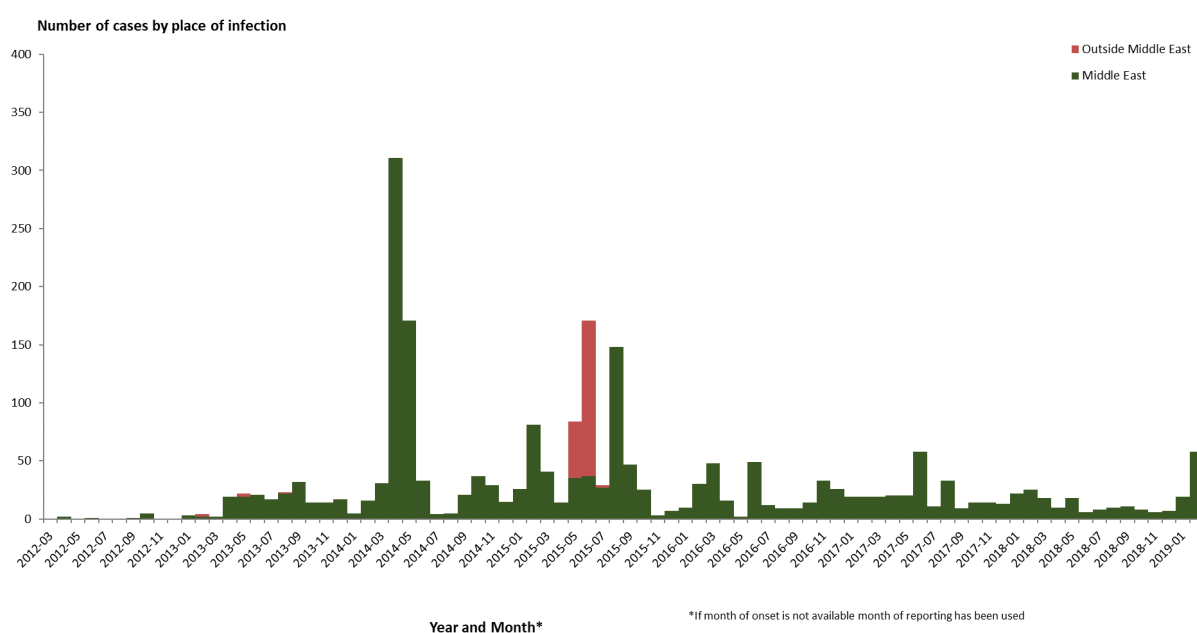
On 2 August 2018, ECDC published a [rapid risk assessment regarding public health risks related to communicable diseases during the 2018 Hajj, Saudi Arabia, 19–24 August 2018](#) that also addresses MERS-CoV.

Actions

ECDC monitors this threat through epidemic intelligence and reports on a weekly basis.

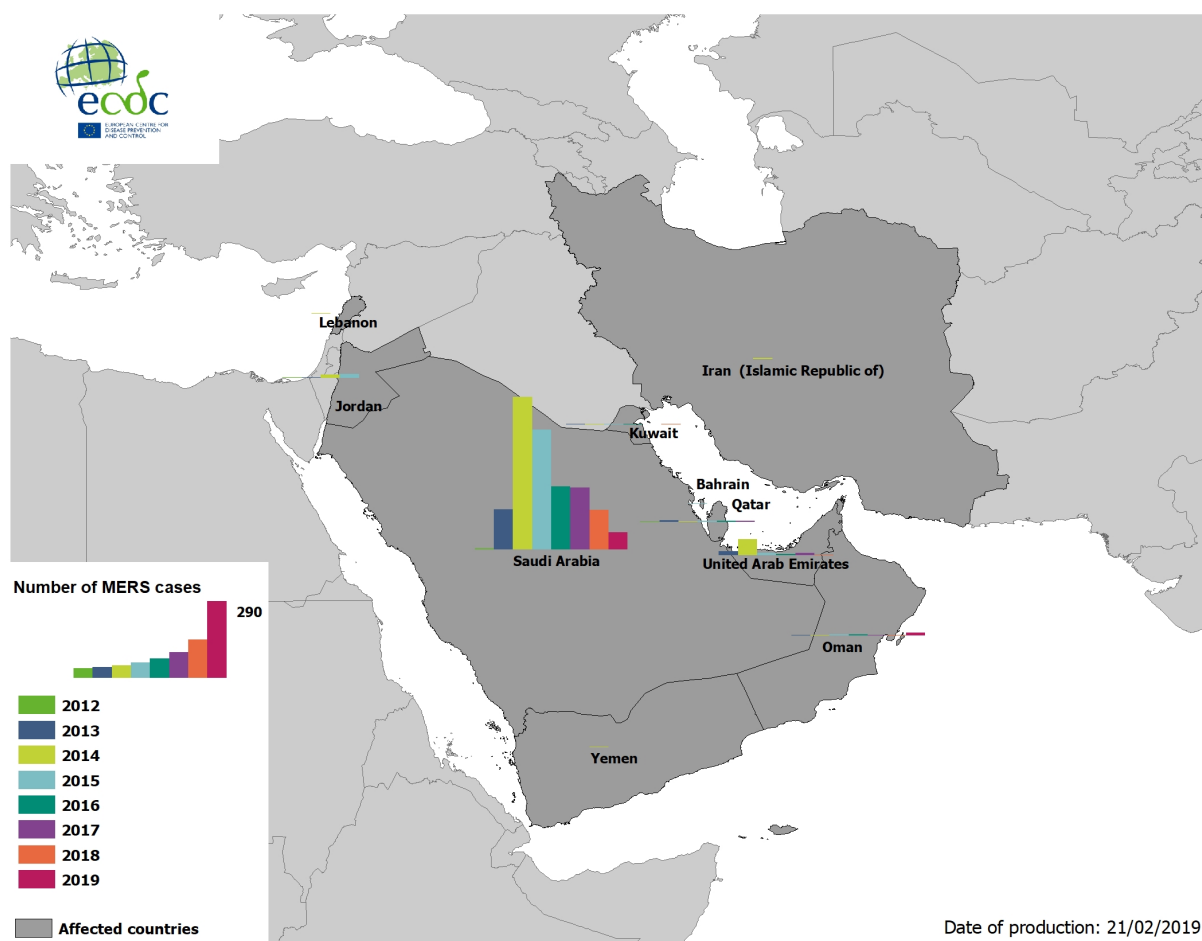
Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, from March 2012 and as of 19 February 2019

ECDC



Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 19 February 2019

ECDC



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

Opening date: 27 January 2017

Latest update: 22 February 2019

Epidemiological summary

Europe

Chikungunya virus disease/dengue

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

The Americas and the Caribbean

Chikungunya virus disease

Bolivia: In 2019 and as of 22 January 2019, Bolivia reported one confirmed case. In 2018, Bolivia reported 97 cases.

Brazil: In 2018 and as of 31 December 2019, Brazil reported 68 962 confirmed cases. This represents an increase of 3 482 confirmed cases since the previous CDTR update. Among the confirmed cases, the Brazilian Ministry of Health reported 39 deaths due to chikungunya virus disease.

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[Colombia](#): In 2019 and as of 10 February 2019, Colombia reported 72 cases. Among these cases, one is laboratory-confirmed.

[El Salvador](#): In 2019 and as of 10 February 2019, El Salvador reported 32 suspected cases. For the same period in 2018, El Salvador reported 34 suspected cases.

[Mexico](#): In 2019 and as of 3 February 2019, Mexico reported no confirmed cases. For the same period in 2018, Mexico reported one confirmed case.

[Nicaragua](#): In 2019 and as of 10 February 2019, Nicaragua reported 24 suspected cases. Among these cases, none were confirmed. For the same period in 2018, Nicaragua reported 41 suspected cases, including six confirmed cases.

[Paraguay](#): In 2019 and as of 27 January 2019, Paraguay reported four probable cases. For the same period in 2018, Paraguay also reported four cases.

[Peru](#): In 2019 and as of 16 February 2019, 40 cases have been reported in Peru, according to media sources quoting health authorities. Among these cases, 28 have been reported in Piura and 2 in Loreto.

Dengue

In 2019 and as of 9 February 2019, the Pan American Health Organization (PAHO) reported 100 000 suspected and confirmed cases in the whole Americas region. Brazil accounts for the majority of cases (75 000) and has seen a threefold increase compared to the same period in 2018.

WHO also reported an increase of cases in [Jamaica](#). From 1–21 January 2019, 339 suspected and confirmed cases, including six deaths, have been reported. Laboratory tests have identified DENV-3 as the dengue serotype currently circulating.

According to WHO, certain territories and countries in the Caribbean region report an increase of dengue since the start of 2019. [Guadeloupe](#) has reported 25 cases as of 7 February 2019.

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

Asia

Chikungunya virus disease

[India](#): No new data is available since the previous CDTR update on 25 January 2019.

[Malaysia](#): In 2019 and as of 7 February 2019, 39 cases have been reported in Selangor (23), Melaka (9), Kelantan (6) and Perlis (1), according to media sources quoting health authorities.

[Thailand](#): In 2019 and as of 10 February 2019, Thailand has reported 1 652 cases with no deaths associated in 17 provinces of the country. The most affected provinces are located in the southern part of the country.

Dengue

In Asia, the following countries have reported an increasing trend compared with last year:

In 2019 and as of 19 January 2019, there have been 285 cases in [Laos](#). Dengue activity has shown a stable trend for the past three weeks, but reported cases are significantly higher than the same period in 2018.

As of 15 January 2019, [Thailand](#) has reported 715 cases, a fourfold increase compared to the same period in 2018. The most affected regions are Songkhla, Pattani, Phuket, Nakhon Pathom, and Nakhon Si Thammarat.

As of 19 January 2019, there have been 493 cases in [Cambodia](#) in 2019. According to WHO, the number of suspected dengue cases is above the threshold level.

As of 18 February 2019, [Malaysia](#) has reported 21 342 cases in 2019, compared with 7 394 cases in 2018.

As of 16 February 2019, [Singapore](#) has reported 1 448 cases, compared with 375 cases for the same period in 2018.

Health authorities in [Pakistan](#) have reported 162 cases in 2019 as of 3 February 2019, compared with 143 for the same period in 2018.

The following countries have reported a decreasing trend of dengue compared with the same period in 2018:

During the first week of 2019, there have been 497 cases of dengue in [the Philippines](#) in 2019, 79% lower than the same period in 2018.

According to the Ministry of Health and as of 15 February 2019, [Sri Lanka](#) has reported 7 258 cases of dengue in 2019, compared with 9 016 cases for the same period in 2018.

There are no updates available for India, Vietnam, Bangladesh and China.

Middle East

According to WHO, an outbreak of dengue is ongoing in [Oman](#) that started during the second week of December 2018. Since then and as of 12 January 2019, 48 cases have been reported. These cases are probably the first locally acquired cases ever reported in the country.

Africa

Chikungunya virus disease

[Democratic Republic of the Congo](#): According to WHO, as of 8 January 2019, 100 cases, including 48 confirmed cases, have been reported. The first probable case was notified on 30 September 2018. Most of the cases are reported in Mitendi, next to the capital city of Kinshasa.

[Congo](#): According to WHO, in 2019 and as of 13 February 2019, Congo reported 1 691 cases, including eight confirmed cases in Kouilou and Pool Departments. The index case had onset of symptoms on 3 January 2019. According to the same sources, this is the first outbreak reported in Congo since 2011.

[Sudan](#): As of 31 December 2018, UNICEF reported 26 892 cases across the country, with most of the cases reported in Kassala state bordering Eritrea. This represents an increase of 6 782 cases since the previous CDTR update.

Dengue

According to WHO, [Kenya](#) is experiencing an outbreak with 272 cases as of 4 February 2019.

[Tanzania](#) continues to record dengue cases. Since August 2018, 38 suspected cases have been reported from Dar es Salaam and Tanga Regions. The highest number of cases were reported in January 2019, indicating ongoing circulation.

Since the beginning of 2019, [Réunion](#) has seen a significant increase in cases. According to Santé publique France, Réunion has detected 723 cases of dengue as of 9 February 2019, compared with 70 cases for the same time period in 2018. The majority of the cases are currently reported in the south of the island. In 2018, Réunion reported a total of 6 770 cases. The circulating serotype in 2018 and 2019 is DENV-2.

Australia and the Pacific

Chikungunya: No outbreaks have been detected since the last monthly update.

Dengue

According to WHO, [Australia](#) has reported 59 cases of in 2019 as of 29 January 2019.

[New Caledonia](#) has reported 348 cases in 2019 as of 28 January 2019.

[French Polynesia](#) has reported 31 cases in 2019 as of 27 January 2019. Twenty-seven cases were serotype DENV-1 infection.

ECDC assessment

Chikungunya virus disease and dengue are endemic in large regions of the intertropical convergence zone. The risk of further transmission in the EU/EEA is considered to be low as the weather conditions are presently unfavourable for mosquito activity.

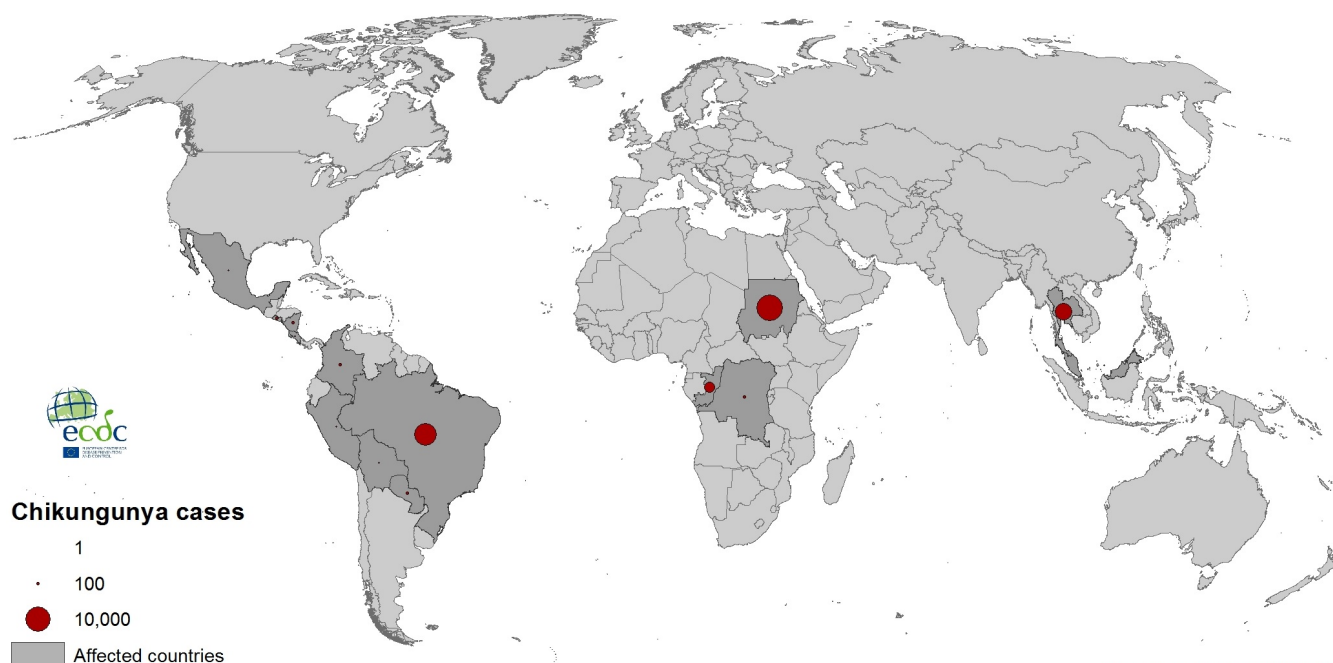
ECDC produced a [rapid risk assessment](#) on 'Local transmission of dengue fever in France and Spain - 2018' published on 22 October 2018 and a [rapid risk assessment](#) on the dengue outbreak on Réunion on 5 July 2018.

Actions

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

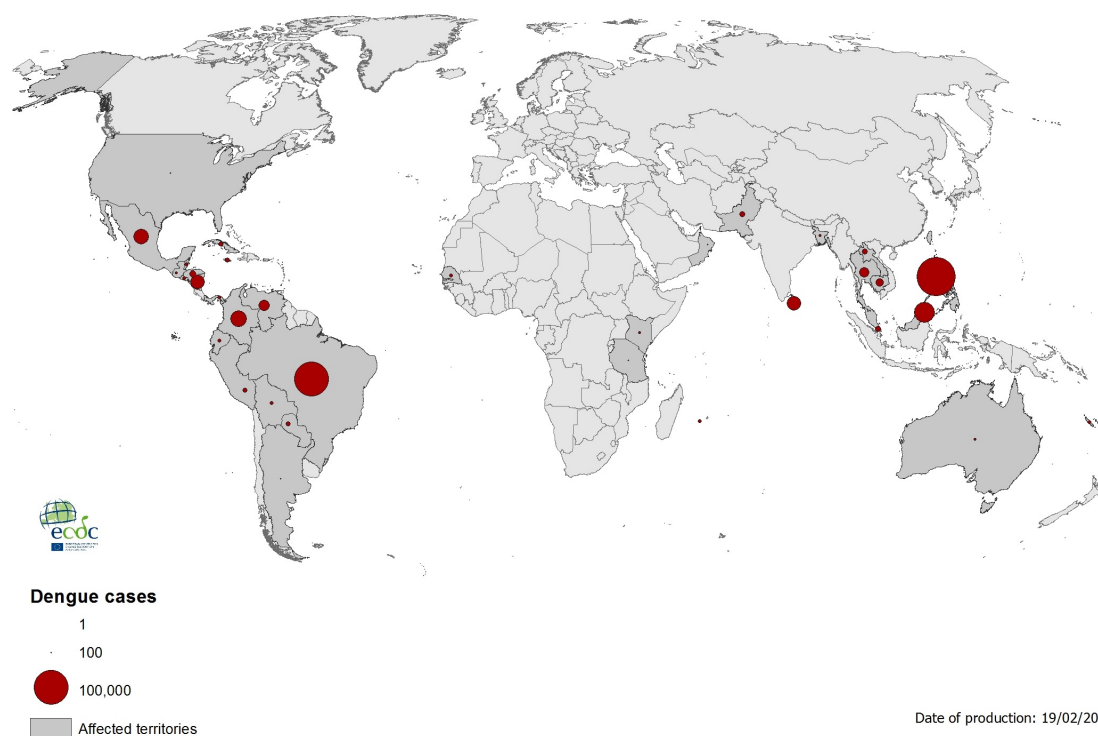
Geographical distribution of chikungunya cases reported worldwide, December 2018 to February 2019

ECDC



Geographical distribution of dengue cases reported worldwide, December 2018 to February 2019

ECDC



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