

This weekly bulletin provides updates on threats monitored by ECDC.

## NEWS

### 2019 Rugby World Cup in Japan

The 2019 Rugby World Cup will take place from 20 September–2 November 2019 in Japan. This event will gather 20 international teams, six of which are from four EU countries: UK (3), France (1), Ireland (1) and Italy (1). The competitions will be organised in 12 different stadiums across the country. According to the [website](#) of the official organiser and [media reports](#), approximately 400 000–600 000 fans are expected to arrive to Japan and follow the international competition.

Gastrointestinal and respiratory infections, including meningococcal infection, are the most common communicable diseases reported at mass gatherings. According to the [National Institute of Infectious Diseases](#) in Japan, Japan experiences outbreaks of [measles](#) and rubella since 2018 and in 2019 as of week 32 (ending on 11 August 2019), 672 measles cases have been reported. For the same period, 2 079 cases of rubella have been reported (in all but two prefectures), 13 095 cases of tuberculosis (reported from all prefectures), 4 009 cases of syphilis and 727 AIDS cases. Dengue fever has been reported in 200 cases, all [imported](#), and 16 cases of chikungunya were reported in 2019. There were no reported cases of yellow fever, Zika virus infection, Middle East respiratory syndrome coronavirus or Japanese encephalitis in 2019. Antimicrobial resistance has been updated for carbapenem-resistant enterobacteriaceae (1 235), vancomycin-resistant *enterococcus* (47), multiple drug-resistant *Acinetobacter* (18) and vancomycin-resistant *S. aureus* infections (0).

Overall, the risk for EU/EEA citizens of becoming infected with communicable diseases is considered low if preventive measures are applied. Despite the low season, it is advisable to practise [insect bite](#) avoidance measures. To avoid sexually transmitted infections, safe sex practices, including the use of condoms, should be followed.

Travellers should practise respiratory hygiene and follow good hand hygiene practices: wash hands often with soap and water or use alcohol gel after the toilet and before eating. They should also practice cough etiquette to reduce the risk of respiratory infections and, if available, they should get seasonal influenza vaccine before travelling to Japan.

Travellers should consult their healthcare provider regarding routine and travel vaccinations, as well the importance of personal protective measures to reduce the risk for insect bites. Travellers should ensure they are fully [vaccinated](#) according to their national vaccination schedule. Vaccination with two doses of [measles](#) and rubella- containing vaccines is advised for unvaccinated or not fully vaccinated adults and children. Regarding Japanese encephalitis, systematic [vaccination](#) is not necessary if travellers are taking a short trip (approximately one month) and will stay in urban areas.

ECDC will closely monitor the 2019 Rugby World Cup through epidemic intelligence activities from 13 September–8 November 2019 and report if major events are detected.

Erratum (26 August 2019): On pages 2 and 5 (West Nile virus infection), the figure of eight deaths in Greece (4), Cyprus (1) and Serbia (1) has been amended to four deaths in Greece (2), Cyprus (1) and Serbia (1).

## I. Executive summary

### EU Threats

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#### **New! Listeriosis – Spain – 2019**

Opening date: 23 August 2019

Latest update: 23 August 2019

The Spanish Ministry of Health is reporting an outbreak of listeriosis associated with the consumption of roasted pork meat produced by a company in Seville, Spain. Cases linked to this outbreak have been reported in different regions in Spain, with the majority of cases reported in Andalusia.

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

Opening date: 3 June 2019

Latest update: 23 August 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 22 August 2019, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as medium to high in Szczecin Lagoon (Germany and Poland), Vistula Lagoon (Poland) and on the coast bordering Kaliningrad (Russia) and Klaipėda (Lithuania).

For the next five days, the environmental suitability for *Vibrio* growth is considered to be medium in Szczecin Lagoon (Germany and Poland) and Gdansk (Poland).

According to [media reports](#) citing public health authorities, since June 2019 and as of 21 August 2019, nine cases of *Vibrio* infection, including one death, have been reported in risk groups in Mecklenburg-Vorpommern, northeastern Germany.

#### **West Nile virus - Multistate (Europe) – Monitoring season 2019**

Opening date: 3 June 2019

Latest update: 23 August 2019

During the West Nile virus infection transmission season, expected to be from June–November 2019, ECDC monitors the occurrence of 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 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. In the same period, EU Member States reported 285 outbreaks among equids.

##### →Update of the week

From 16–22 August 2019, EU Member States reported 49 human cases in Greece (40), Cyprus (4), Romania (3), Hungary (1) and Austria (1). An additional nine cases were reported in the EU neighbouring countries Turkey (7) and Serbia (2). All human cases were reported from areas that have been affected during previous transmission seasons. This week, four deaths were reported in Greece (2), Cyprus (1) and Serbia (1).

Due to technical reasons, monitoring of the Animal Disease Notification System was not feasible for week 34.

#### **Haemorrhagic fever with renal syndrome – Croatia and Slovenia – 2019**

Opening date: 2 August 2019

Latest update: 23 August 2019

An increased number of viral haemorrhagic fever cases with renal syndrome has been reported in Croatia and Slovenia in 2019. In addition, Austria has experienced an increased number of Puumala virus infections during the same period.

## Non-EU threats

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### Ebola virus disease - 10th outbreak - Democratic Republic of the Congo - 2018-2019

Opening date: 1 August 2018

Latest update: 23 August 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, South 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 21 August 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 (PHEIC) under the IHR.

#### →Update of the week

Since the previous CDTR and as of 21 August 2019, [WHO and the Ministry of Health of the Democratic Republic of the Congo](#) have reported 71 additional confirmed cases and 11 additional probable cases. During the same period, 41 confirmed deaths were reported. Among the new reported cases in the past week, at least three were healthcare workers. As of 21 August 2019, there were no new confirmed Ebola virus disease cases reported in Goma.

Two new health zones have been affected in the past week: Mwenga in the previously non-affected province of South Kivu and Pinga in North Kivu.

**South Kivu:** During the last week, Mwenga reported four confirmed cases, including two deaths. The first two cases consisted of a mother and child who travelled by various modes of public transport from Beni in North Kivu to Mwenga in South Kivu. The mother had been listed as a contact of a confirmed case in Beni before travelling south. The other two subsequent cases included the father of the child and a probable nosocomial infection in a co-patient of the first case who visited the same health facility. Response measures including contact tracing and ring vaccination are ongoing.

**North Kivu:** Pinga Health Zone reported its first confirmed case on 17 August 2019. This case has no clear epidemiological links to other cases of the current outbreak in the Democratic Republic of the Congo and no known travel history to Ebola-affected areas. Pinga Health Zone is insecure with limited network connections. Additionally, resistance among the affected family and community further complicate the response.

The US government will [allocate](#) 23 million USD for the experimental recombinant vesicular stomatitis virus–Zaire Ebola virus (rVSV-ZEBOV) Ebola vaccine to continue to be produced by Merck in 2020. So far, around 200 000 people have been vaccinated with rVSV-ZEBOV through compassionate use in the Democratic Republic of the Congo.

According to [media reports](#), Rwanda is planning to acquire 100 000 doses of Ebola vaccine in order to start a mass vaccination campaign for merchants around the border with the Democratic Republic of the Congo.

### Mass gathering – Hajj – Saudi Arabia – 2019

Opening date: 2 August 2019

Latest update: 23 August 2019

This year, the Hajj took place from 9–14 August 2019. In August 2018, 1 758 722 foreign and 612 953 domestic pilgrims took part in the Hajj. Most of the foreign pilgrims (94%) arrived by air in 2018. The risk of EU/EEA citizens becoming infected with communicable diseases during the 2019 Hajj is considered low due to vaccination and other requirements and preparedness measures taken by Saudi Arabia before, during and after the Hajj.

#### →Update of the week

No serious events have been reported in relation to the Hajj as of 22 August 2019. Several events of potential interest were detected by epidemic intelligence and are described in the report.

## II. Detailed reports

### New! Listeriosis – Spain – 2019

Opening date: 23 August 2019

Latest update: 23 August 2019

#### Epidemiological summary

On 16 August 2019, regional health authorities in Andalusia reported an outbreak of listeriosis associated with the consumption of roasted pork meat produced by a company in Sevilla, Spain. The product was commercialised under the brand 'La Mechá'.

As of 22 August, 175 confirmed cases linked to this outbreak have been reported in Spain. So far, cases have been reported in Andalusia (161), Madrid (5), Aragon (3), Asturias (3), Catalonia (2) and Extremadura (1).

As of 20 August 2019 and according to Spanish authorities, the implicated product has been distributed mainly in Andalusia, but also in Madrid, Castilla–La Mancha, Castilla y León, Extremadura and the Canary Islands regions. According to the same sources, the company has recalled all products manufactured since May 2019 and discontinued production.

According to media reports citing health authorities, 523 additional suspected cases and one death related to this outbreak have been reported in Andalusia.

**Source:** [Spanish Ministry of Health](#) | [Spanish Food Safety and Nutrition Agency](#) | [El País](#)

#### ECDC assessment

Given the incubation period of listeriosis, the long expiration date of the implicated product and its consumption and distribution, the appearance of new cases in the following weeks seems probable despite the product recall.

Additionally, due to the high numbers of tourists to Andalusia and the other regions where the product was distributed, the identification of additional cases linked to this outbreak in other countries cannot be ruled out.

As of 20 August 2019 and according to the Spanish Agency for Consumer Affairs, Food Security and Nutrition, the implicated product has only been distributed in Spain. So far, no multi-country dimension has been identified. More information regarding listeriosis is available on [ECDC's website](#).

#### Actions

ECDC will monitor this event through epidemic intelligence activities and report again if relevant epidemiological updates become available.

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

Opening date: 3 June 2019

Latest update: 23 August 2019

#### Epidemiological summary

As of 22 August 2019, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as medium to high in Szczecin Lagoon (Germany and Poland), Vistula Lagoon (Poland) and on the coast bordering Kaliningrad (Russia) and Klaipeda (Lithuania).

For the next five days, the environmental suitability for *Vibrio* growth is considered to be medium in Szczecin Lagoon (Germany and Poland) and Gdansk (Poland).

According to [media reports](#) citing public health authorities, since June 2019 and as of 21 August 2019, nine cases of *Vibrio* infection, including one death, have been reported in risk groups in Mecklenburg-Vorpommern, northeastern Germany.

**Sources:** [ECDC Vibrio Map Viewer](#) | [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

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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: 23 August 2019

### Epidemiological summary

From 16–22 August 2019, EU Member States reported 49 human cases in Greece (40), Cyprus (4), Romania (3), Hungary (1) and Austria (1). An additional nine cases were reported in the EU neighbouring countries Turkey (7) and Serbia (2). All human cases were reported from areas that have been affected during previous transmission seasons. This week, four deaths were reported in Greece (2), Cyprus (1) and Serbia (1).

Due to technical reasons, monitoring of the Animal Disease Notification System was not feasible for week 34.

Since the beginning of the 2019 transmission season and as of 22 August 2019, EU Member States and EU neighbouring countries reported 127 human West Nile virus infections. EU Member States reported 117 cases in Greece (88), Romania (11), Cyprus (9), Italy (3), Hungary (3), Austria (1), Bulgaria (1) and France (1). Ten cases have been reported by Serbia (3) and Turkey (7) in EU neighbouring countries.

To date, 10 deaths due to West Nile virus infection have been reported by Greece (6), Romania (2), Cyprus (1) and Serbia (1).

During the current transmission season until week 33, seven outbreaks among equids were reported by Greece (6) and Italy (1).

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

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

### ECDC assessment

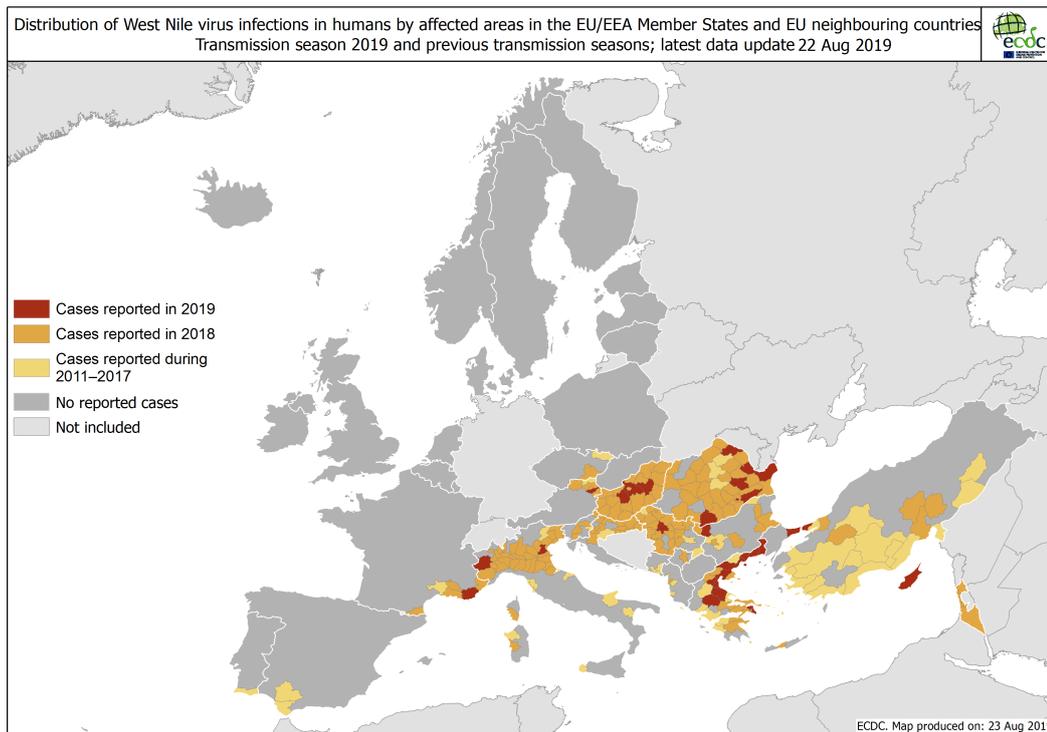
Human West Nile virus infections have been reported in EU Member States with known persistent transmission of West Nile virus in previous years. All human cases reported during the current transmission season have been reported in previously affected countries. In accordance with [European Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally acquired West Nile virus infections 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.

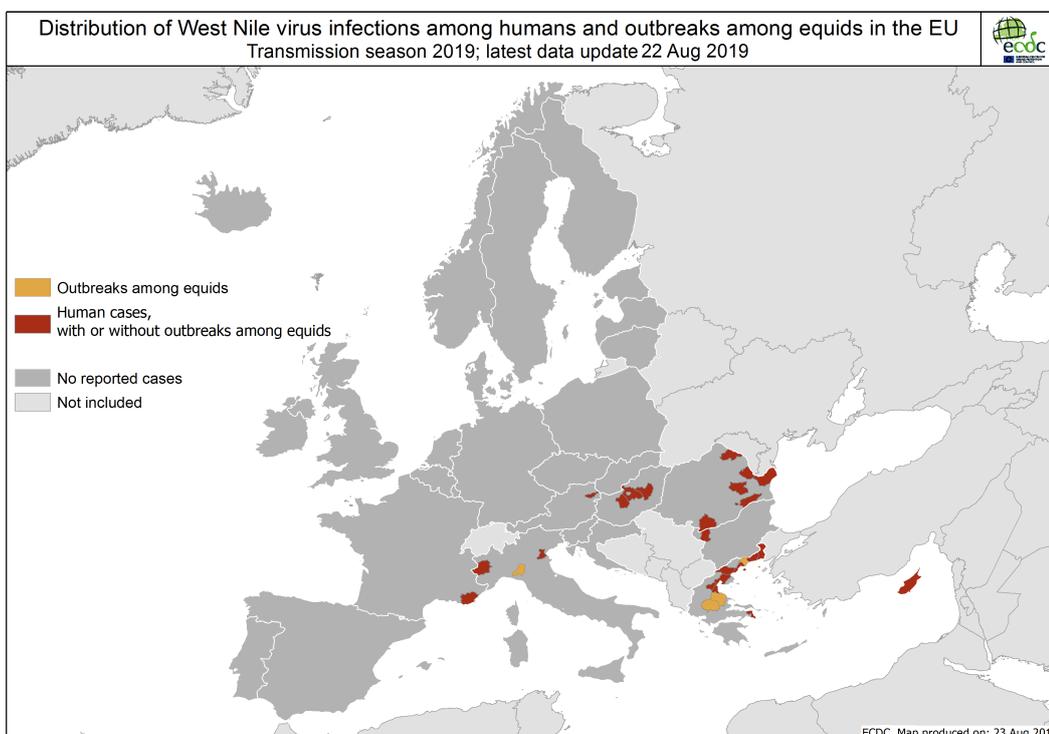
## Distribution of human West Nile virus infections by affected areas as of 22 August 2019

ECDC



## Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 22 August 2019

ECDC and ADNS



## Haemorrhagic fever with renal syndrome – Slovenia and Croatia – 2019

Opening date: 2 August 2019

Latest update: 23 August 2019

## Epidemiological summary

**Austria:** In 2019 and up to August 2019, Austria reported 200 Puumala virus infections. According to Austrian authorities, around 90% of these cases were reported from the West, South and East Styria Regions bordering Slovenia. In relation to the infections, Austrian authorities published an epidemiological notification in June 2019. According to the same sources, an average of fewer than 80 cases per year are reported in Austria. More cases were reported in Austria only in 2012.

**Croatia:** According to Croatian health authorities, in 2019 and up to August 2019, 149 viral haemorrhagic fever cases with renal syndrome have been reported in the country. According to the same sources, most of the cases were reported from April–June. In all of 2018, 18 cases were reported in Croatia.

**Hungary:** In 2019 and as of 21 August 2019, nine confirmed hantavirus infections have been reported in the country. During the same period in 2018, three cases were reported. According to the same sources, from 5–15 cases are reported annually in Hungary.

**Slovenia:** According to Slovenian health authorities, in 2019 and as of 22 August 2019, 220 viral haemorrhagic fever cases with renal syndrome have been reported in the country. Among these cases, 215 were reported to be caused by a Puumala virus infection. Most of the cases have been reported in the Jugovzhodna Slovenija and Podravska Statistical Regions bordering Croatia and Austria respectively. According to the same sources, an average of fewer than 80 cases have been reported annually from 2009–2018 in Slovenia.

**Sources:** [Austrian health authorities](#) | [Slovenian health authorities](#) | Croatian health authorities | Hungarian health authorities

## ECDC assessment

Three main clinical syndromes can be distinguished after hantaviruses infection: haemorrhagic fever with renal syndrome, mainly caused by the Seoul, Puumala and Dobrava viruses, nephropathia epidemica, caused by Puumala virus, and hantavirus cardiopulmonary syndrome, which may be caused by Andes virus, Sin Nombre virus and several others. The risk of international spread is low as Puumala hantavirus is not spread from person-to-person. In temperate Europe, human epidemics are related to the irregular occurrence of mast years, i.e. years with heavy seed crops of oak and beech leading to abundance of seed-eating rodent species. This phenomenon may occur over a large geographic area. More information about hantavirus is available in ECDC's [factsheet](#).

## Actions

ECDC monitors this event through epidemic intelligence activities and will report again if relevant epidemiological updates become available.

## Ebola virus disease – 10th outbreak – Democratic Republic of the Congo – 2018

Opening date: 1 August 2018

Latest update: 23 August 2019

## Epidemiological summary

In the Democratic Republic of the Congo, since the beginning of the outbreak a year ago and as of 21 August 2019, there have been 2 934 cases (2 829 confirmed, 105 probable), including 1 965 deaths (1 860 confirmed, 105 probable), according to WHO and the Ministry of Health of the Democratic Republic of the Congo. This includes the three cases and three deaths that were previously reported as having travelled to Uganda. Beni and Mandima are currently the most active health zones.

As of 20 August 2019, 154 healthcare workers have been infected.

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

**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

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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 the outbreak.

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

## ECDC assessment

**ECDC assessment:** The detection of cases that have travelled to a bordering province such as South Kivu is not unexpected. However, the use of crowded public transport over a long distance and possible nosocomial transmission are of concern in regards to the risk of onward transmission.

Implementing response measures remains challenging in affected areas because of the prolonged humanitarian crisis, unstable security situation and resistance among several sectors of 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, Burundi and Uganda remains of particular concern. So far, the identification of these imported cases to previously non-affected areas or the PHEIC does not change the overall risk for the EU/EEA, which remains very low.

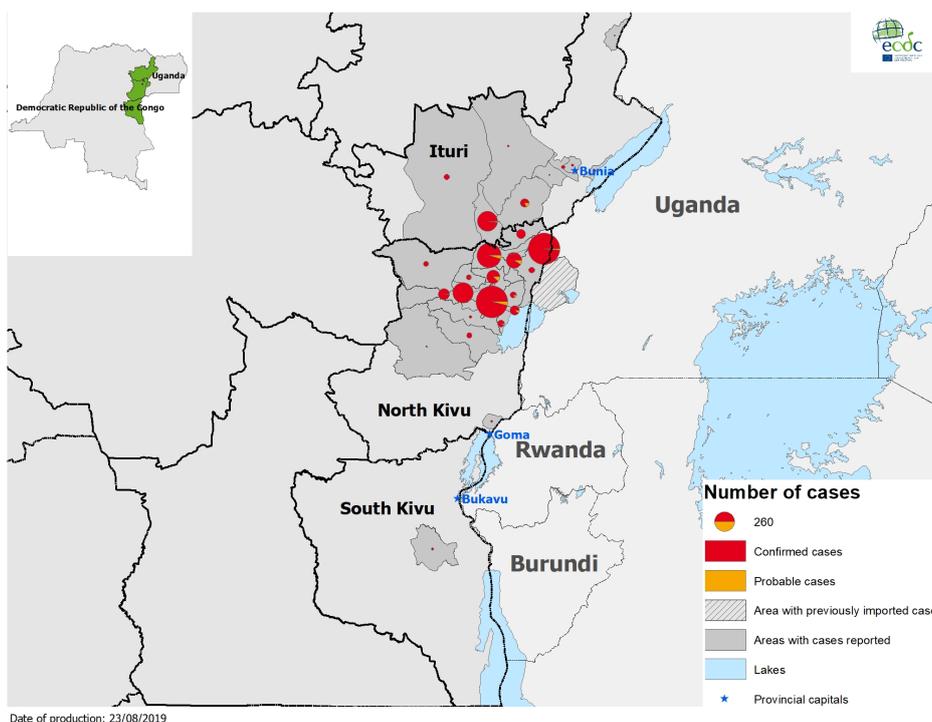
**WHO assessment:** As of 22 August 2019, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels. There is cause for concern linked to the continued spread to previously unaffected health zones, as demonstrated by the recent case who travelled 700 km from the original place of exposure in Beni in North Kivu to Mwenga in South Kivu.

## Actions

ECDC published an [epidemiological update](#) on 13 June 2019 and updated its [rapid risk assessment](#) on 7 August 2019.

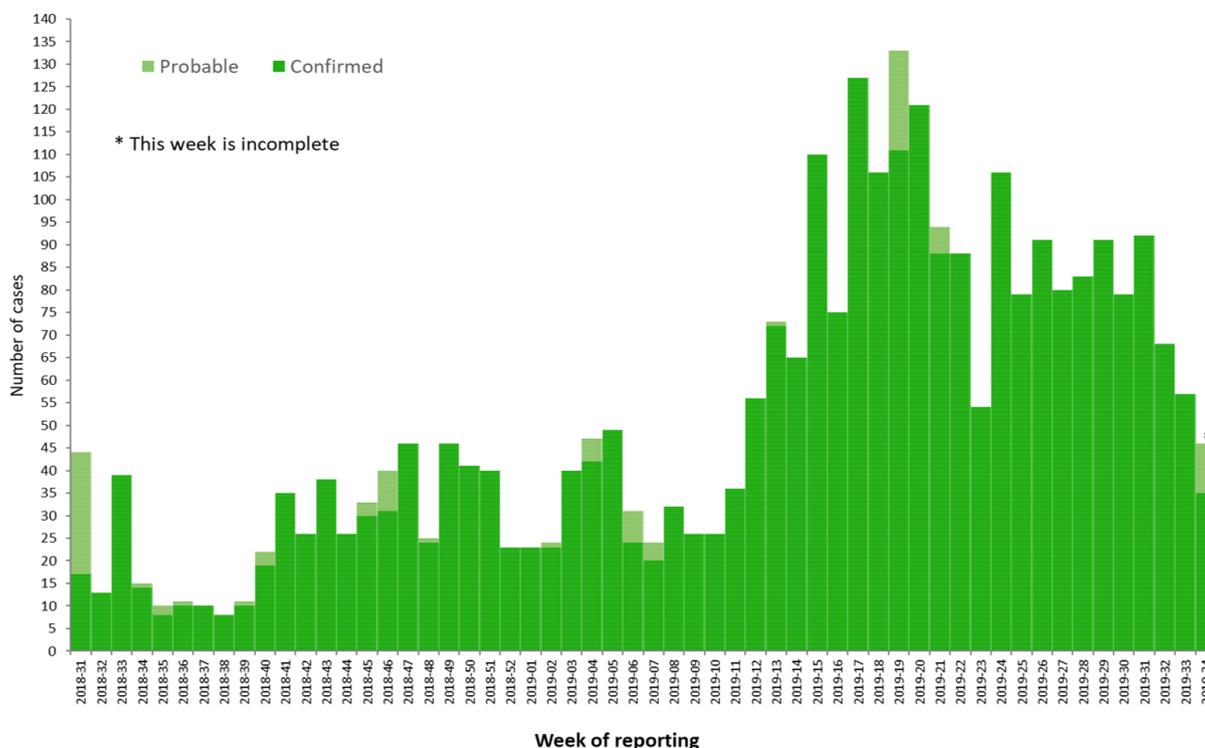
## Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 21 August 2019

Source: ECDC



### Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 21 August 2019

Source: ECDC



### Ebola Virus Disease case distribution in DRC as of 21 August 2019

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths	Conf/Prob cases in past 7 days
<b>Democratic Republic of the Congo</b>	<b>2829</b>	<b>105</b>	<b>2934</b>	<b>1965</b>	
<b>North-Kivu</b>	<b>2493</b>	<b>92</b>	<b>2585</b>	<b>1775</b>	
Alimbongo	5	0	5	2	ACTIVE
Beni	643	9	652	418	ACTIVE
Biena	16	1	17	13	
Butembo	276	1	277	324	ACTIVE
Goma	1	0	1	1	
Kalunguta	144	14	158	76	ACTIVE
Katwa	640	23	663	467	ACTIVE
Kayna	18	0	18	6	ACTIVE
Kyondo	20	4	24	17	ACTIVE
Lubero	31	2	33	6	
Mabalako	368	17	385	290	ACTIVE
Manguredjipa	18	0	18	12	
Masereka	50	6	56	23	ACTIVE
Musienene	80	1	81	34	ACTIVE
Mutwanga	22	0	22	10	ACTIVE
Nyiragongo	3	0	3	1	
Oicha	54	0	54	24	ACTIVE
Pinga	1	0	1	0	ACTIVE
Vuhovi	103	14	117	51	ACTIVE
<b>Ituri</b>	<b>332</b>	<b>13</b>	<b>345</b>	<b>188</b>	
Ariwara	1	0	1	1	
Bunia	4	0	4	4	
Komanda	39	9	48	32	ACTIVE
Lolwa	2	0	2	1	
Mambasa	20	0	20	8	ACTIVE
Mandima	255	4	259	136	ACTIVE
Nyakunde	1	0	1	1	
Rwampara	8	0	8	3	
Tchomia	2	0	2	2	
<b>South-Kivu</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>2</b>	
Mwenga	4	0	4	2	ACTIVE
<b>Cumulative Total</b>	<b>2829</b>	<b>105</b>	<b>2934</b>	<b>1965</b>	

### Mass gathering - Hajj - Saudi Arabia – 2019

Opening date: 2 August 2019

Latest update: 23 August 2019

## Epidemiological summary

Middle East respiratory syndrome coronavirus (MERS-CoV): No cases have been reported in relation to Umrah or the Hajj, but cases continue to be reported from Saudi Arabia linked either to camel contact and transmission to healthcare settings. In 2019 and as of 18 August 2019, 179 MERS-CoV cases have been reported in Saudi Arabia (166) and Oman (13), including 48 deaths in Saudi Arabia (44) and Oman (4).

Following the WHO announcement on 17 July 2019 of the public health emergency of international concern for Ebola virus disease in the Democratic Republic of the Congo, Saudi Arabia suspended visa issuance to travellers from the Democratic Republic of the Congo on 24 July 2019, fearing the spread of Ebola virus disease during the Hajj. However, WHO does not recommend any restrictions on travel or trade globally due to the Ebola outbreak in the Democratic Republic of the Congo.

Sources: [Ministry of Health of Saudi Arabia](#) | [WHO](#) | [Al Jazeera](#)

## ECDC assessment

The Hajj is one of the world's largest annual mass gathering events and may result in the transmission and importation of infectious diseases related to the crowded conditions during the pilgrimage. This may contribute to the international spread of diseases and amplification of infectious disease outbreaks. Despite a few outbreaks that have previously affected the EU after the Hajj, the event poses a low risk for the importation and spread of communicable diseases in the EU because of strict precautionary measures taken by Saudi Arabia.

## Actions

ECDC published a [rapid risk assessment](#) on 2 July 2019 and performed active monitoring through epidemic intelligence from 2–21 August 2019. This is the last update for this event this year.

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