

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 8 October 2018

Latest update: 18 January 2019

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

→Update of the week

During week 2 in 2019, influenza activity continued to increase in the European Region. Samples collected from individuals presenting with influenza-like illness or acute respiratory infection to sentinel primary healthcare sites yielded an influenza-positivity rate of 42.2%.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 18 January 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 (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 38 additional cases.

As of 16 January 2019, according to the [Ministry of Health of the Democratic Republic of the Congo](#), there have been 668 Ebola virus disease cases (619 confirmed, 49 probable), including 410 deaths (361 in confirmed and 49 in probable cases), since the beginning of the outbreak.

Two new health zones, Kayna and Mangurujipa, have reported cases since the previous CDTR.

Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 18 January 2019

Several countries in Africa, Asia and the Americas have reported [cholera](#) outbreaks. Major ongoing outbreaks are reported in the Democratic Republic of the Congo, Haiti, Nigeria and Yemen.

→Update of the week

Since the last CDTR update on 30 November 2018, new cholera cases have been reported worldwide and countries such as Burundi and Uganda are reporting new cholera outbreaks.

Countries reporting the majority of new cases since the previous update are Yemen (98 881 cases, 141 deaths), the Democratic Republic of the Congo (4 259 cases, 103 deaths) and Nigeria (1 735 cases, six deaths).

WHO has closed the event for cholera cases in South Africa during this period.

II. Detailed reports

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

Opening date: 8 October 2018

Latest update: 18 January 2019

Epidemiological summary

Influenza activity continued to increase in the European Region. Samples collected from individuals presenting with influenza-like illness or acute respiratory infection to sentinel primary healthcare sites yielded an influenza positivity rate of 42.2%. Influenza type A virus detections predominated, with A(H1N1)pdm09 viruses being slightly more prevalent than A(H3N2). Very few influenza B viruses were detected.

Data from the 23 Member States and areas reporting to the [EuroMOMO](#) project indicated that all-cause mortality was at expected levels for this time of year, but with a few countries starting to observe some excess mortality in their elderly populations.

Influenza activity in Europe is increasing, with both subtypes of influenza A viruses circulating widely. Countries should continue to encourage vaccination. In addition, countries are encouraged to use antivirals in accordance with national guidelines. The influenza A(H1N1)pdm09 viruses that have been characterized are antigenically similar to the 2018–2019 northern hemisphere influenza vaccine virus. Fewer influenza A(H3N2) viruses have been antigenically characterised. The effectiveness of vaccines in the population will be evaluated by vaccine effectiveness studies when data become available later in the season.

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 of the EU Member states according to the [VENICE report](#). Influenza vaccination efforts should still 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.

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

Opening date: 1 August 2018

Latest update: 18 January 2019

Epidemiological summary

Since the beginning of the outbreak and as of 16 January 2019, according to the Ministry of Health of the Democratic Republic of the Congo, there have been 668 Ebola virus disease cases (619 confirmed, 49 probable), including 410 deaths (361 in confirmed and 49 in probable cases).

Eighteen 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 Komanda, Mandima, Nyankunde and Tchomia health zones in Ituri Province.

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

ECDC assessment

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

A substantial proportion of cases remain among individuals not previously identified as contacts, stressing the need to maintain enhanced surveillance and identify chains of transmission.

The overall risk of introduction and further spread of Ebola virus within the EU/EEA is very low. However, the risk can only be eliminated by stopping transmission at the local level.

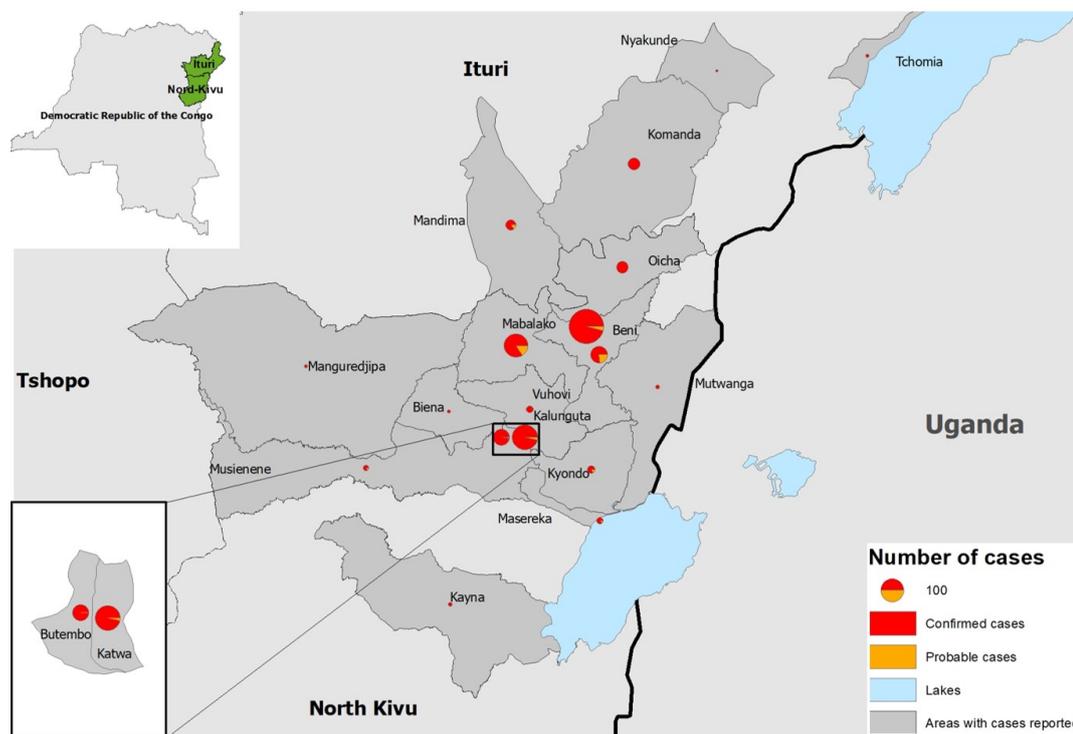
WHO assessment: As of 10 January 2019, the [WHO assessment](#) is that the risk of spread is low at the global level, but remains very high at national and regional levels.

Actions

ECDC published the second update of its [rapid risk assessment](#) on 21 December 2018.

Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 16 January 2019

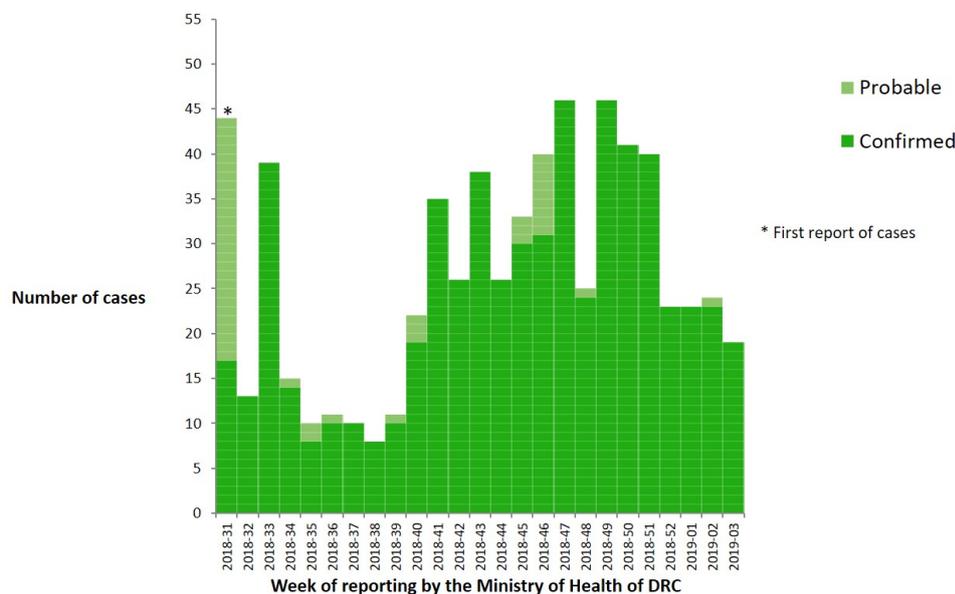
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Date of production: 18/01/2019

Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 09 January 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.

Cholera – Multistate (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 18 January 2019

Epidemiological summary

Americas

Dominican Republic: In 2018 and as of 28 December 2018, the Dominican Republic reported 118 cholera cases, including one death (CFR: 0.8%). This represents an increase of one case since the previous update on 30 November 2018. During the same period in 2017, the Dominican Republic reported 123 cholera cases.

Haiti: In 2018 and as of 29 December 2018, Haiti reported 3 794 cases, including 43 deaths (CFR: 1.1%). This represents an increase of 197 cases and three deaths since the previous update on 30 November 2018. In 2017, Haiti reported 13 681 cholera cases, including 159 deaths (CFR: 1.2%). Since the beginning of the outbreak in 2010 and as of 17 November 2018, Haiti has reported 819 794 suspected cholera cases, including 9 791 deaths (CFR: 1.2%).

Africa

Burundi: As of 11 January 2019, a new outbreak has been reported in Rumonge health province. The index case was reported on 25 December 2018. Since 25 December 2018 and as of 11 January 2019, 141 cases, including one death, have been reported (CFR: 0.7%).

Cameroon: As of 7 January 2019, Cameroon has reported 995 cholera cases, including 58 deaths (CFR: 5.8%), since the beginning of the outbreak in May 2018. The outbreak is showing an overall decreasing trend. This represents an increase of 53 cases and one death since the previous update on 30 November 2018.

Democratic Republic of the Congo: Since January 2017 and as of 30 December 2018, the Democratic Republic of the Congo has reported 91 956 suspected cholera cases, including 2 308 deaths (CFR: 2.5%). This represents an increase of 4 259 cases and 103 deaths since the previous update on 30 November 2018.

Ethiopia: Since January 2017 and as of 20 December 2018, Ethiopia has reported 52 039 acute watery diarrhoea (AWD) cases and 915 deaths. This represents an increase of 134 cases since the previous update on 30 November 2018. According to WHO and as of 20 December 2018, no new AWD cases have been reported in Ethiopia in the previous four weeks.

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Nigeria: In 2018 and as of 30 December 2018, Nigeria reported 44 201 suspected cholera cases, including 836 deaths (CFR: 1.9%). This represents an increase of 1 735 cases and six deaths since the previous update on 30 November 2018.

Somalia: As of 20 December 2018, WHO reported 6 669 suspected cholera cases, including 45 deaths (CFR: 0.7%), since December 2017. This represents an increase of 109 cases and one death since the previous update on 30 November 2018.

South Africa: A third confirmed cholera case was reported on 16 November 2018. The case had recent travel history to Zimbabwe. The previous two cases were reported in Gauteng Province and epidemiologically linked. Among them, the index case had recent travel history to Zimbabwe. This event is now considered closed by WHO.

Tanzania: In 2018 and as of 16 December 2018, Tanzania reported 4 681 cholera cases, including 84 deaths (CFR: 1.8%). In the first week of 2019, [six additional cases](#) were reported. This is an increase of 298 cases and one death since the previous update on 30 November 2018. The last case reported in Zanzibar was on 11 July 2017.

Uganda: A new cholera outbreak was reported in the capital city of Kampala, Uganda. As of 7 January 2019, 17 cases, including two deaths (CFR: 1.2%), have been notified.

Zimbabwe: As of 5 January 2019, 10 664 cases, including 65 deaths (CFR: 0.6%), have been reported in the country. This represents an increase of 462 cases and 10 deaths since the previous update on 30 November 2018. According to WHO, the outbreak is showing a downward trend.

Asia

India: On 7 January 2019, media sources reported 15 cholera cases in Baladhiamala village in Kalahandi district.

Yemen: Since the beginning of the outbreak and as of 7 January 2019, Yemen has reported 1 398 144 suspected cholera cases, including 2 752 deaths (CFR: 0.2%). This represents an increase of 98 881 cases and 141 deaths since the last update on 30 November 2018.

ECDC assessment

There has been an unusual increase in the number of cholera cases in southern Africa, the Horn of Africa and Gulf of Aden over the past few months. Cholera outbreaks have also been notified in the western part of Africa. Despite the number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. In this context, the risk of cholera infection in travellers visiting these countries remains low, even though the likelihood of sporadic importation of cases may increase in the EU/EEA.

According to WHO, vaccination should be considered for travellers at higher risk such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

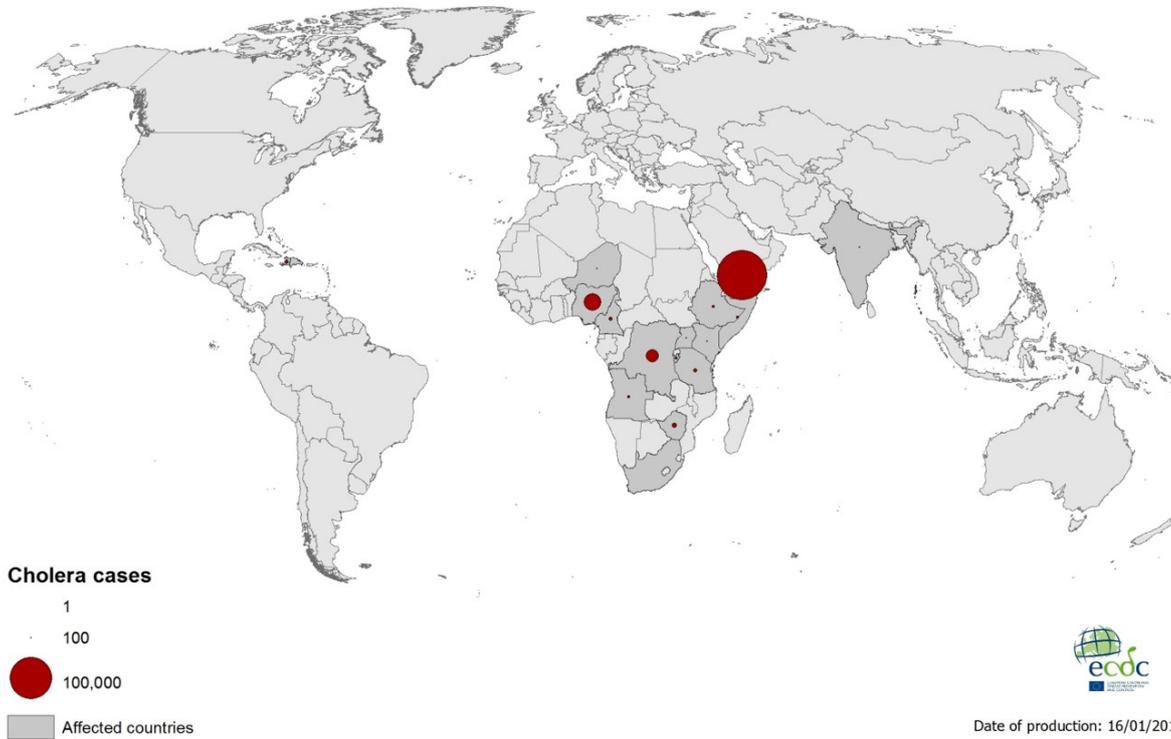
Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food and avoiding consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through epidemic intelligence activities in order to identify significant changes in epidemiology and inform public health authorities. Reports are published on a monthly basis.

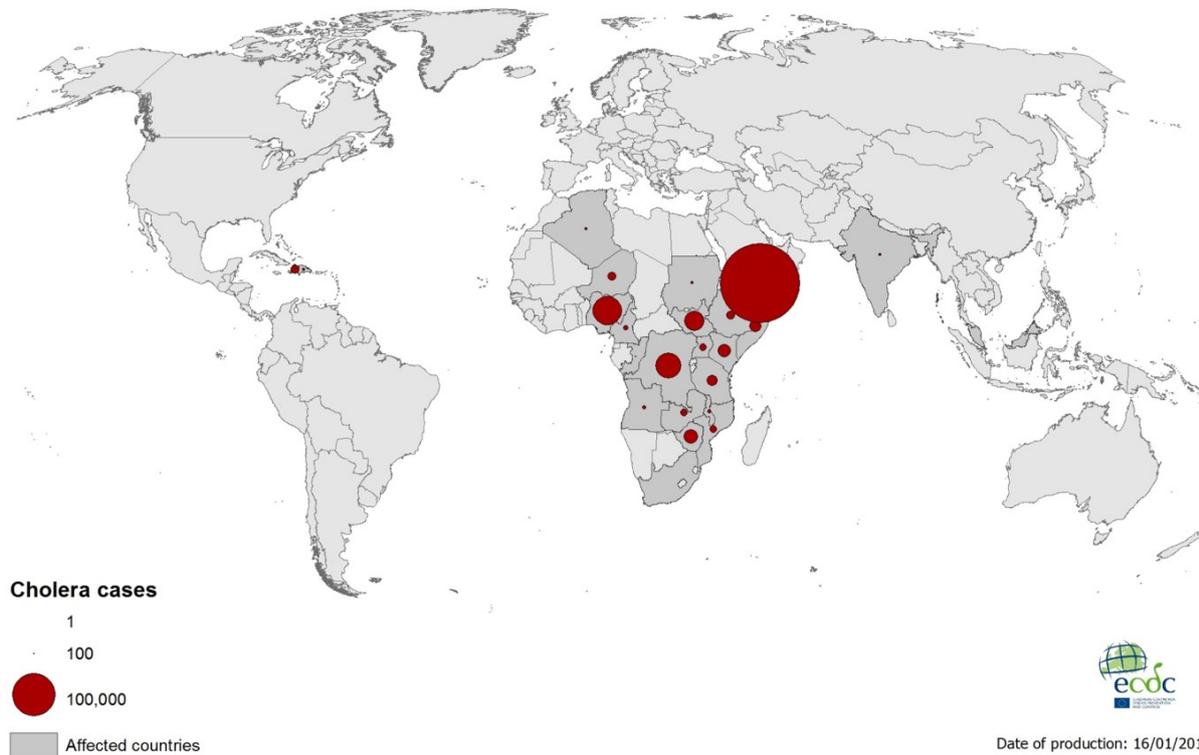
Geographical distribution of new cholera cases reported worldwide between November 2018 to January 2019

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Geographical distribution of cholera cases reported worldwide in 2018

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