



COMMUNICABLE DISEASE THREATS REPORT

CDTR Week 51, 15-21 December 2019

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Dear reader,
This is the last CDTR this year. The next CDTR will be published on 10 January 2020.

[Warmest greetings of the season](#) and best wishes for happiness in the new year!

ECDC Epidemic Intelligence Team

I. Executive summary

EU Threats

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 20 December 2019

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

→ Update of the week

Week 50/2019 (9–15 December 2019)

Influenza activity continued to increase across the Region: more countries or territories reported increases for intensity and geographic spread compared with the previous week.

The majority of reported influenza virus detections across the region were type A, although five countries reported type B virus dominance and three other countries reported co-dominance of types A and B viruses.

Data from the 21 countries or regions reporting to the [EuroMOMO](#) project indicated that all-cause mortality was at expected levels for this time of the year.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 20 December 2019

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the tenth outbreak of Ebola virus disease in the country. The outbreak is affecting North Kivu, South Kivu and Ituri Provinces in the north-east of the country, close to the border with Uganda. In 2019, several imported cases from the Democratic Republic of the Congo were detected in Uganda. However, no autochthonous cases have been reported in Uganda as of 18 December 2019. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened, and WHO's Director-General later declared that the outbreak met all the criteria for a public health emergency of international concern (PHEIC) under the International Health Regulations. On 18 October 2019, the Emergency Committee for Ebola virus disease in the DRC confirmed that the outbreak still constitutes a PHEIC.

→Update of the week

Since the previous CDTR and as of 18 December 2019, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported 11 additional confirmed cases. During the same period, 10 deaths were reported among confirmed cases.

Preliminary sequencing of samples classified the patient from Aloya, Mabalako as a relapse case of EVD. This is the first documented relapse case in this outbreak, however, rare cases of relapse have occurred both in previous outbreaks as well as in this one. In relapse cases, a recovered EVD case develops disease symptoms again later on. Including the cases reported this week, 28 EVD cases have been linked to this relapse case as a potential source of infection.

Butembo Health Zone has reported a new case after 54 days without cases. This case was an unvaccinated known contact from Aloya, Mabalako that visited several health posts in Aloya and Butembo.

WHO produced an update on their in-depth epidemiological analysis of [EVD in young children](#) during this outbreak. If a child infected with EVD presents to a HCF, they do so, on average, sooner than adults after symptom onset.

On 19 December 2019, the U.S. FDA [announced](#) their approval of the Ervebo vaccine (Merck & Co., Inc.).

As of 18 December 2019, 2 381 people were vaccinated with the Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health zones of Karisimbi in Goma. Since the start of vaccination on 8 August 2018, 258 225 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co., Inc). A geographical vaccination strategy has been initiated in Biakato.

Cholera – Multi-country (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 20 December 2019

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

→Update of the week

Since the last update on 29 November 2019, new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are: Yemen with 36 408 cases and nine deaths and DR Congo with 2 168 cases and 27 deaths.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 20 December 2019

Chikungunya virus disease and dengue are vector-borne diseases that affect 50–100 million people each year. In the past decade, an increasing number of countries have detected cases of dengue and chikungunya virus disease. Chikungunya virus disease has been circulating in Africa, Asia, the Americas, the Caribbean and the Pacific since 2013–2014. Dengue is also present in Africa, the Americas, Asia, the Caribbean and the Pacific. In 2018 and 2019, France and Spain reported autochthonous dengue cases, but no autochthonous chikungunya cases have been reported so far.

→Update of the week

Chikungunya virus disease: Several countries across the Americas region reported cases in 2019. Cases were also reported during this period in Asia and Africa. Since the previous CDTR update on 22 November 2019, Ethiopia, Brazil and Thailand have reported the majority of new cases.

Dengue: There has been a substantial increase in reports of dengue infections to date in 2019 compared with the same period in 2018. The majority of the cases were reported by Brazil, Mexico, Nicaragua, the Philippines, India and Malaysia. Afghanistan reports autochthonous dengue cases for the first time.

II. Detailed reports

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 20 December 2019

Epidemiological summary

2019–2020 season overview

Influenza activity has increased in the European Region, although most countries still reported influenza activity rates at below baseline or at low levels.

Influenza activity in the European Region, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019.

Type A viruses dominated across the European Region, although a number of countries reported influenza type B virus dominance or co-dominance of types A and B viruses.

A joint ECDC and WHO Europe [Regional situation assessment](#) of the 2019/20 influenza season to week 49/2019, focussing on disease severity and impact on healthcare systems to assist forward planning in Member States has been published.

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

ECDC assessment

Influenza activity is increasing in the European Region, although most countries are still reporting influenza activity rates at baseline or low levels.

In March 2019, WHO published [recommendations](#) for the composition of influenza vaccines to be used in the 2019–2020 northern hemisphere season. Influenza vaccination for the 2019–2020 season should be promoted because vaccine coverage among the elderly, chronic disease risk groups and healthcare workers is sub-optimal in most EU Member States, according to the [VENICE report](#). The vast majority of recently circulating influenza viruses in the Region and worldwide were susceptible to neuraminidase inhibitors, which supports the use of antiviral treatment in accordance with national guidelines.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe](#) website. ECDC monitors influenza activity in the WHO European Region from week 40/2019 to week 20/2020.

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

Opening date: 1 August 2018

Latest update: 20 December 2019

Epidemiological summary

Since the beginning of the outbreak a year and half ago and as of 18 November 2019, there have been 3 354 cases (3 236 confirmed, 118 probable) in the Democratic Republic of the Congo (DRC), including 2 220 deaths (2 102 confirmed, 118 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past week, most cases were reported in Mabalako. As of 18 December 2019, 169 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported confirmed/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 in Ituri Province.

In Uganda, one imported case (reported on 29 August 2019) died on 30 August 2019 in Kasese district, which borders North Kivu. However, as of today, there have been no reports of autochthonous transmission in Uganda.

Public health emergency of international concern (PHEIC): On 17 July 2019, WHO's Director-General [declared](#) the Ebola

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virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth meeting of the IHR Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 17 July 2019. The declaration was made in response to the geographical spread observed in the previous weeks, as well as the need for a more intensified and coordinated response in order to end the outbreak. On 18 October 2019, the Committee decided that the outbreak still constitutes a PHEIC.

Sources: [CMRE](#) | [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: Implementing response measures remains challenging in the affected areas because of the prolonged humanitarian crisis, the unstable security situation, and resistance in several sectors of the population. A substantial number of cases has been detected in 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 a cross-border population flow with Rwanda, South Sudan, Burundi and Uganda remains of particular concern. So far, the identification of imported cases to previously non-affected areas does not change the overall risk for the EU/EEA, which remains very low.

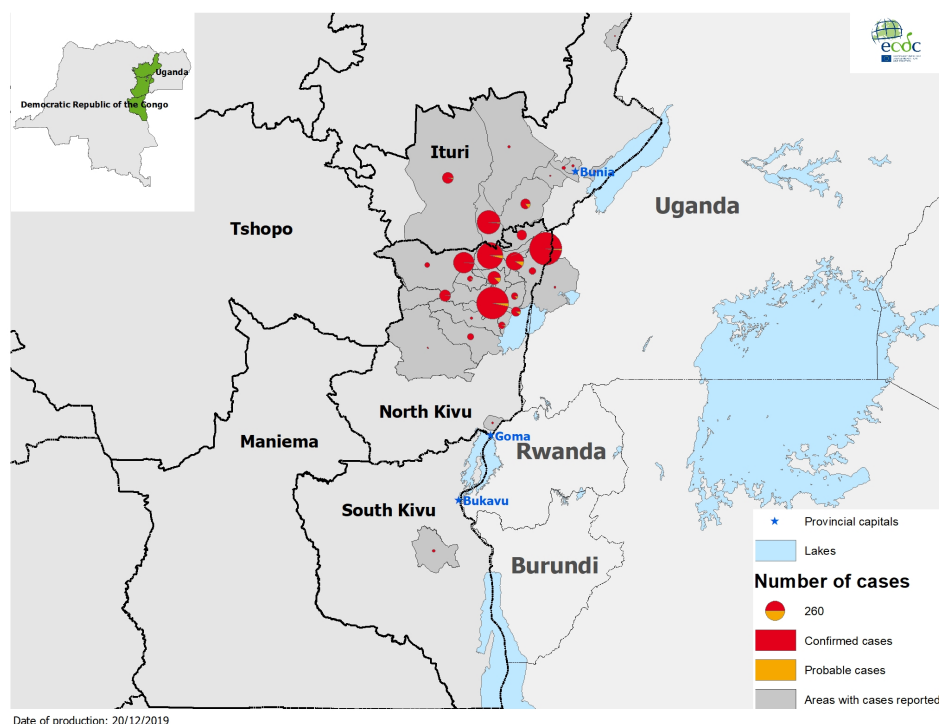
WHO assessment: As of 19 December 2019, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels.

Actions

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

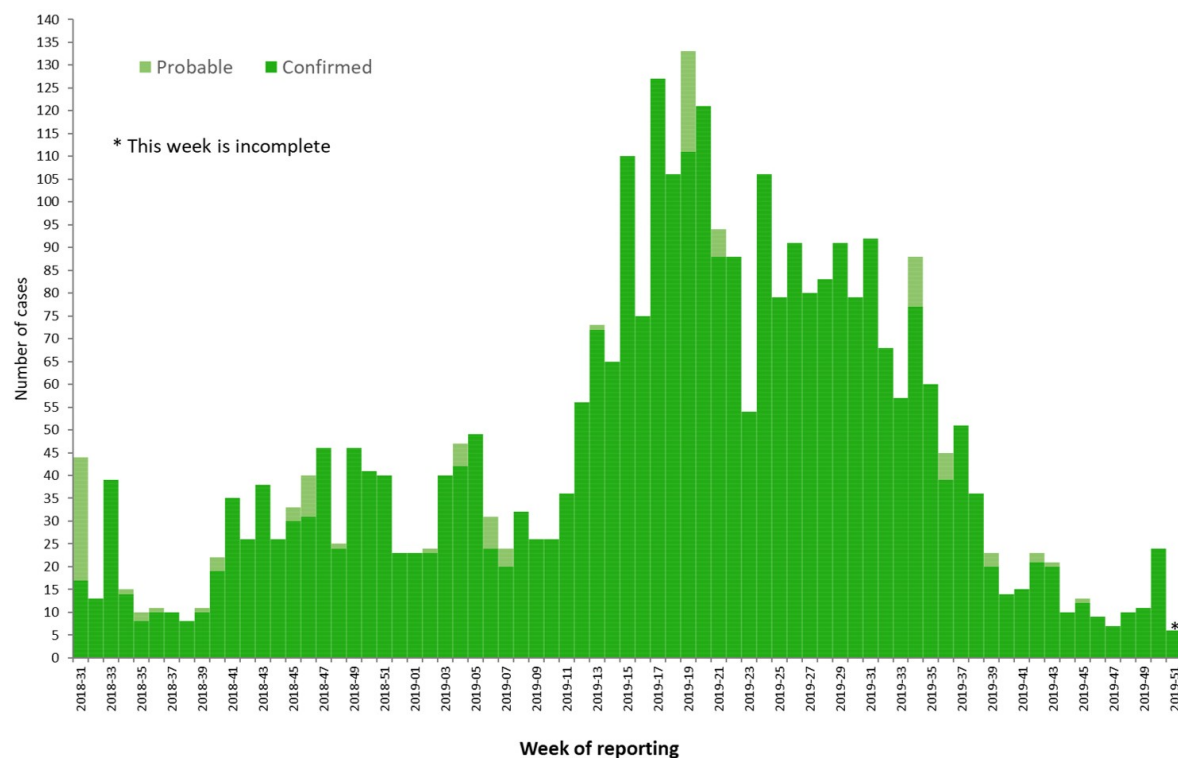
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 18 December 2019

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 18 December 2019

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 18 December 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
Democratic Republic of the Congo	3236	118	3354	2220	
North-Kivu Province	2724	100	2824	1950	
Alimbongo	5	0	5	2	
Beni	695	9	704	460	
Biena	19	2	21	14	
Butembo	285	3	288	354	ACTIVE
Goma	1	0	1	1	
Kalunguta	194	18	212	89	
Katwa	651	24	675	494	
Kayna	27	0	27	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	435	17	452	340	ACTIVE
Manguredjipa	18	0	18	12	
Masereka	50	6	56	23	
Musienene	84	1	85	34	
Mutwanga	32	0	32	12	
Nyiragongo	3	0	3	1	
Oicha	65	0	65	30	
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	506	18	524	267	
Ariwara	1	0	1	1	
Bunia	5	0	5	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	78	3	81	30	
Mandima	348	5	353	171	
Nyakunde	2	0	2	1	
Rwampara	8	0	8	3	
Tchomia	2	0	2	2	
South-Kivu	6	0	6	3	
Mwenga	6	0	6	3	
Uganda	1	0	1	1	
Kasese province	1	0	1	1	
Kasese	1	0	1	1	
Cumulative Total	3237	118	3355	2221	

Cholera – Multi-country (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 20 December 2019

Epidemiological summary

Americas

Haiti: In 2019 and as of 16 November, Haiti reported 681 cases including three deaths (CFR: 0.4%). This represents an increase of seven cases and no additional deaths since the previous CDTR update. According to a [Unicef report](#), no confirmed cholera cases have been reported since February this year. In 2018, Haiti reported 3 777 cholera cases including 41 deaths (CFR: 1.1%). Since the beginning of the outbreak in 2010 and as of 9 November 2019, Haiti has reported 820 458 suspected cholera cases including 9 792 deaths (CFR: 1.2%).

Africa

Cameroon: In 2019 and as of 5 December, Cameroon reported 1 071 cholera cases including 53 associated deaths (CFR: 5%). The outbreak is ongoing in North, Far North and South West regions.

DR Congo: In 2019 and as of 24 November, DR Congo reported 27 169 suspected cholera cases, including 472 deaths (CFR: 1.7%). This represents an increase of 2 168 cases and 27 deaths since the previous CDTR update. The majority of the recent cases reported in the country (85%) were notified in North and South Kivu, Haut Lomami, Haut Katanga and Tanganyika regions. In all 2018, 31 387 cases including 1 042 deaths were notified across the country.

Ethiopia: As of 8 December 2019 and since the beginning of the outbreak in April 2019, 2 089 cases including 21 associated deaths (CFR: 1%) have been reported in Ethiopia. These numbers represent an increase of 129 cases and no additional deaths since the previous CDTR update.

Kenya: In 2019 and as of 8 December, 4 886 cases including 37 associated deaths (CFR: 0.8%) have been reported. The outbreak continues active in Garissa, Nairobi, Turkana and Mandera counties. This represents an increase of 178 cases since the previous CDTR update.

Nigeria: From May 2019 and as of 9 December, Nigeria has reported 895 cholera cases including 15 associated deaths (CFR: 1.7%). Among these cases, 206 were laboratory confirmed by culture. Cases have been reported in five regions: Andoni, Girei, Song, Yola North and Yola South. This represents an increase of 77 cases and 11 deaths since the previous CDTR update.

Somalia: As of 8 December 2019, WHO reported 9 258 suspected cholera cases including 48 associated deaths (CFR: 0.5%) since December 2017. This represents an increase of 387 cases and two deaths since the previous CDTR update.

Sudan: According to WHO, in 2019 and between August to 7 December, 343 cholera cases including 11 associated deaths (CFR: 3.2%) have been reported in Sudan. The regions affected are the Al Jazirah state, Blue Nile state, Khartoum state and Sennar state. This represents an increase of 11 cases and no additional deaths since the previous CDTR update.

Asia

Bangladesh: According to WHO, between 5 September to 16 November 2019, 147 cases of acute watery diarrhoea (AWD) have tested positive for cholera by [cholera](#) rapid diagnostic test or culture in Cox's Bazar, in Bangladesh. In 2019 and as of 8 December, 180 332 AWD cases have been reported in Cox's Bazar. Following the events in the area, WHO has scheduled a [mass vaccination campaign \(OCV\)](#) in the refugee camp population and the host population scheduled to take place from 8 to 31 December this year and expected to reach 635 000 people.

India: According to the Indian National Centre for Disease Control, 53 cholera cases were reported in Haryana, India in October 2019.

Yemen: Since the beginning of the outbreak in 2017 and as of 13 December 2019, Yemen reported 2 226 610 suspected cholera cases and 3 761 deaths (CFR: 0.2%). This represents an increase of 36 408 cases and nine deaths since the last CDTR update.

Disclaimer: Data presented in this report originate from several sources, both official public health authorities and non-official, such as media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.

ECDC assessment

Cholera cases continue to be reported in East Africa, the Gulf of Aden and the Horn of Africa. Furthermore, cholera outbreaks have been notified in sub-Saharan 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 sporadic importation of cases in the EU/EEA is possible. In 2017, 17 cases were reported in the EU/EEA Member States, while 23 cases were reported in 2016 and 24 in 2015. All cases had a travel history to cholera-affected

areas.

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.

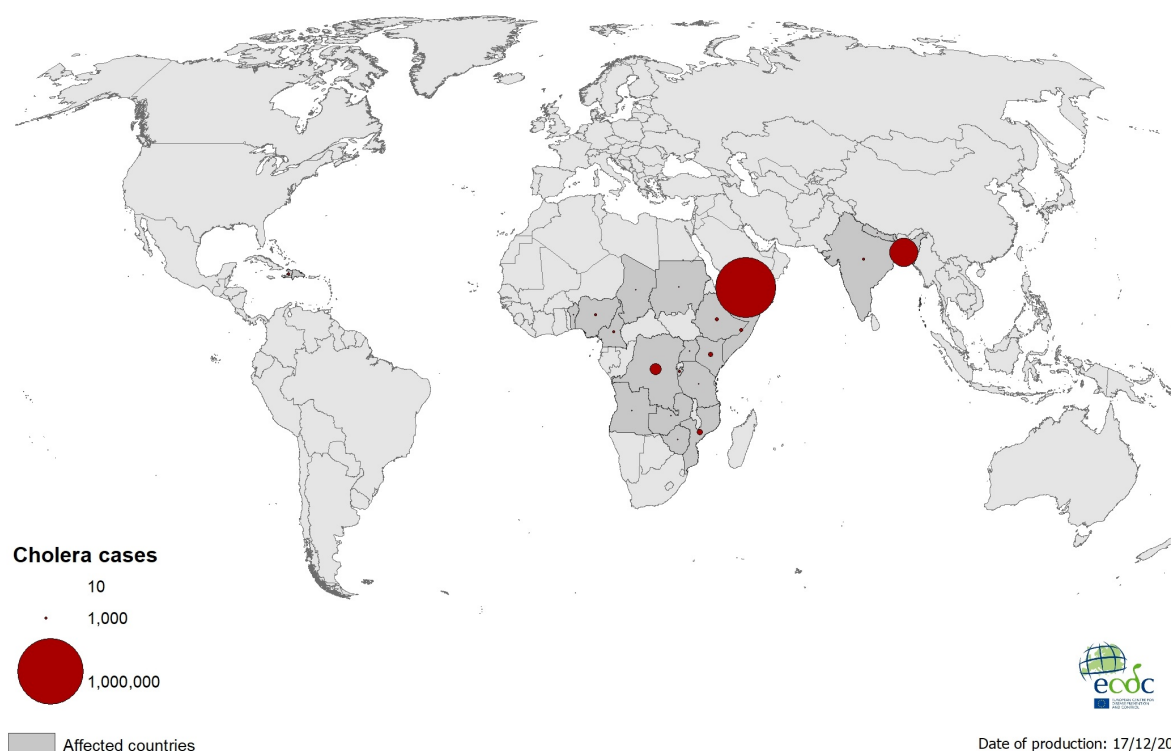
Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with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

Actions

ECDC monitors cholera outbreaks globally through epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on the [ECDC website](#).

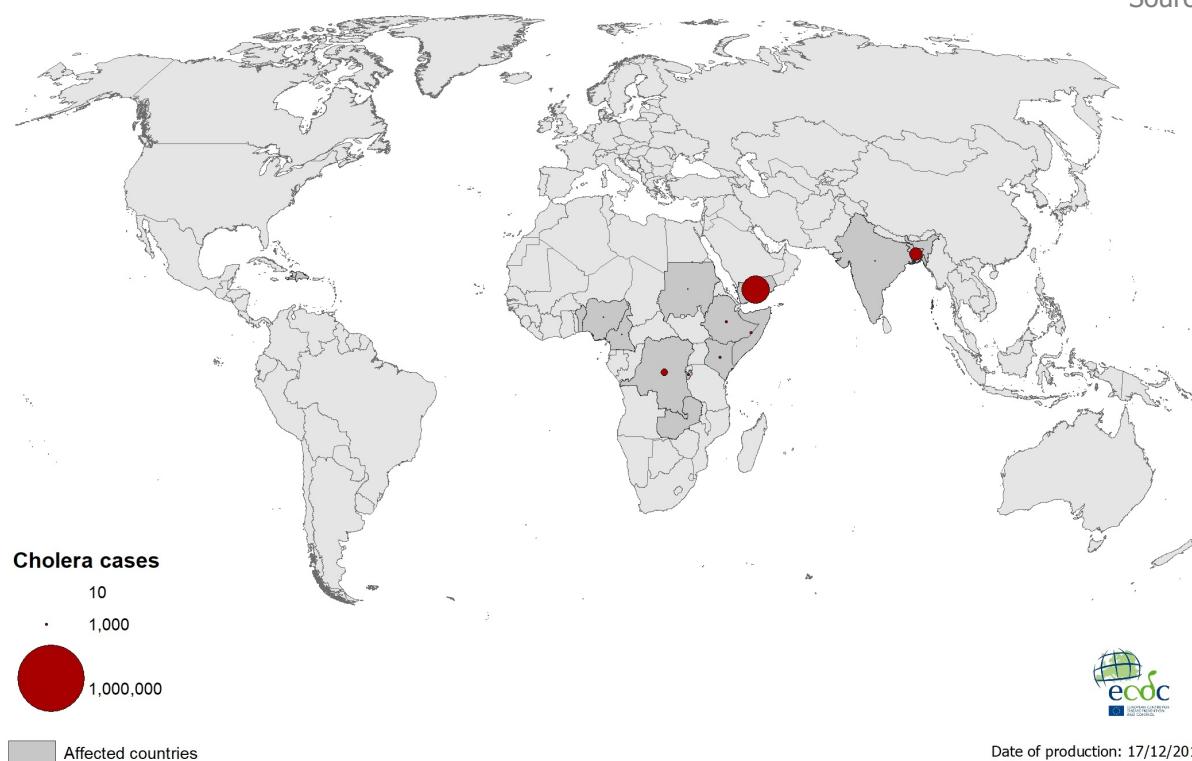
Geographical distribution of cholera cases reported worldwide in 2019

Source: ECDC



Geographical distribution of cholera cases reported worldwide between October to December 2019

Source: ECDC



Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 20 December 2019

Epidemiological summary

Europe

Chikungunya virus disease:

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

Dengue:

In 2019, two EU Member States reported [autochthonous cases of dengue](#): three cases in Spain and nine in France. At the beginning of November 2019, the Spanish authorities reported the likely sexual transmission of dengue between two men who have sex with men.

Americas and the Caribbean

Chikungunya virus disease:

Brazil: In 2019, as of 16 November, Brazil reported 166 664 suspected cases, according to WHO PAHO. Among these cases, 93 000 were confirmed.

Colombia: In 2019 and as of 30 November, Colombia reported 509 cases, 47 of which are laboratory confirmed. This represents an increase of 24 cases since the last CDTR.

Costa Rica: In 2019 and as of 17 November, Costa Rica reported 144 cases. This represents an increase of 80 cases since the last update in the CDTR. In the same period in 2018, 134 cases were reported.

El Salvador: In 2019, as of 30 November, El Salvador reported 667 suspected cases. This represents an increase of 19 cases since the previous CDTR update. For the same period in 2018, El Salvador reported 375 suspected cases.

Guatemala: In 2019, as of 18 November, Guatemala reported 333 suspected cases. This represents an increase of 107 cases since the previous update in the CDTR. For the same period in 2018, Guatemala reported 225 suspected cases.

Haiti: In 2019, as of 23 November, the country reported eight suspected cases, according to WHO PAHO. The last case reported was on 23 November 2019 according to the same source.

Honduras: In 2019 and as of 30 November 218 suspected cases have been reported in the country according to WHO PAHO. This represents an increase of 28 cases since the last update in the CDTR. The last case reported was on 2 November 2019 according to the same source.

Jamaica: In 2019 and as of 23 November, the country reported seven confirmed cases, according to WHO PAHO. The last case reported was on 2 November 2019 according to the same source.

Nicaragua: In 2019, as of 8 December, Nicaragua reported 179 suspected cases. Among these cases, none were confirmed. During the same period in 2018, 287 suspected cases were reported. This represents an increase of nine cases since the last CDTR.

Panama: In 2019 and as of 30 November, 26 cases were reported, which is an increase of seven cases since the previous update in the CDTR. During the same period in 2018, 34 cases were reported.

Paraguay: In 2019, as of 24 November, Paraguay reported 52 probable cases. This represents an increase of one additional case since the previous update in the CDTR. During the same period in 2018, 67 cases were reported.

Venezuela: In 2019, as of 30 November, the country reported 180 cases, including nine confirmed according to WHO PAHO. This represents an increase of 51 cases since the previous update in the CDTR.

Dengue:

The Pan American Health Organization (PAHO) reported 2 972 000 suspected and confirmed dengue cases in the Americas region in 2019 as of data available on 16 December 2019. Brazil accounts for 71% of the cases (2 120 000, cases), recording an almost ten-fold increase compared with the same period in 2018 when 231 481 cases were reported. The highest incidence rates in the Region of the Americas are reported in Nicaragua, Belize, Antigua and Barbuda, Honduras and Brazil. The four dengue virus serotypes (DENV 1, DENV 2, DENV 3, and DENV 4) are currently circulating simultaneously in the Region of the Americas which increases the risk of severe cases.

According to [Santé publique France](#), Guadeloupe has reported an increased number of cases (639 confirmed and 2 860 suspected since July 2019). For the same period in 2018, Guadeloupe reported 350 cases.

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

Asia

Chikungunya virus disease:

India: According to the National Centre for Disease Control, from 16 September to 13 October 2019, several chikungunya cases have been reported in Karnataka (84), Tamil Nadu (43), Maharashtra (5), Telangana (4) and Rajasthan (3).

Malaysia: In 2019 and as of 30 November, 764 cases have been reported across the country, most of them being reported in Selangor and Perak regions according to Malaysia Ministry of Health. This represents an increase of 202 cases since the previous CDTR update.

Maldives: According to the Maldives Health Protection Agency, in 2019 and as of 5 December, there were 1 615 cases reported in the country. This represents an increase of 156 cases since the previous CDTR update.

Thailand: In 2019, as of 8 December, the country reported 10 742 cases affecting 57 provinces, with no deaths associated. This is an increase of 1 403 cases since the previous CDTR update. Provinces reporting the highest incidences are located in the southern and western parts of the country.

Dengue:

This year, most countries in Asia and South-East Asia reported a large increase in the number of detected cases.

According to WHO, **Afghanistan** detected seven autochthonous cases of dengue during differential lab analysis, performed between 1 October and 4 December 2019. This is the first report of autochthonous cases of dengue fever in Afghanistan. The cases are mainly reported from provinces bordering Pakistan, where a large outbreak is ongoing.

This year, most of the countries in Asia and South-East Asia are observing a spike in the number of cases.

Bangladesh reported 100 965 cases in 2019, as of 14 December 2019, this represents an almost ten-time increase compared to 2018. The peak occurred in August and the number of cases is now showing a decreasing seasonal trend.

Cambodia reported 63 804 cases of dengue in 2019 and as of 16 November 2019. This represents a seven fold increase compared with the same period in 2018 when 8 844 cases were reported.

According to the Ministry of Health, **India** reported 136 422 cases since the beginning of 2019 and up to the month of November.

Laos reported 38 026 cases, since the beginning of the year and as of 16 November 2019. The dengue activity is significantly higher compared with the same period in 2018 (5 914 cases).

Malaysia reported 125 074 cases, as of 15 December 2019. In the same period last year, Malaysia had reported 80 000 cases.

The Maldives have officially reported 4 817 cases in 2019 as of 5 December 2019.

According to the national institute of health, **Pakistan** reported 24 488 cases of dengue since the beginning of the year and as of 1 December 2019. For the same period in 2018, Pakistan reported 3 204 cases of dengue.

The Philippines have reported 402 694 dengue cases and 1 502 deaths as of 16 November 2019. Last year, for the same period, the country had recorded 186 319 cases.

Singapore reported 15 230 cases in 2019 as of 7 December 2019, compared with 2 600 cases reported in the same period in 2018.

Sri Lanka reported 90 200 cases in 2019 and as of 16 December 2019, compared with 49 000 cases for the same period last year. Colombo, Gampaha and Kandy districts are the most affected areas.

Taiwan reported 100 autochthonous cases in 2019 and as of 8 December 2019. In the same period in 2018, Taiwan reported 183 cases.

Thailand reported 83 000 cases since the beginning of the year and as of 9 December. The highest concentration of cases is in Chiang Rai and Ubon Ratchathani. Thailand had reported 50 000 cases during the same period last year.

There are no official update for Vietnam. However, according to **media**, the country has reported 200 000 cases, including 50 deaths between January and October 2019.

There are no updates for Nepal.

Africa

Chikungunya virus disease:

Ethiopia: According to WHO, since the beginning of the outbreak in July 2019 and as of 8 December, 54 908 cases with no associated deaths have been reported in Dire Dawa city, Araf and Somali regions. This is an increase of 1 670 cases since the previous CDTR update.

Djibouti: According to a press release from the French ministry of Europe and foreign affairs released on 20 November 2019, several cases of chikungunya have been reported in Djibouti recently. No information on the number of cases or the geographic

location of these cases is available.

Sudan: According to WHO regional office for the Eastern Mediterranean, in 2019 and as of 7 December, 225 chikungunya cases including five associated deaths (CFR: 2.2%) were reported in the states of Al Jazirah, East Darfur, Kassala, Sennar, South Darfur, West Darfur and White Nile states. Among these cases, 15 were reported in week 2019-49.

Dengue:

Benin reported 14 confirmed and 12 suspected cases of dengue fever between 10 May and 29 November 2019.

Between 9 September and 8 December 2019, **Ethiopia** reported 1 251 suspected cases and 6 confirmed cases of dengue fever Afar region.

Mali reported 11 suspected and nine confirmed cases of dengue since the beginning of 2019 and as of 7 December 2019.

Réunion reported 18 108 confirmed dengue cases and 14 deaths from 1 January - 10 December 2019. The regional authorities report that the number of reported dengue cases has stabilised in recent weeks at a lower number. The most affected areas are in the south and west.

According to Sante Publique France, **Mayotte** reported 153 cases, of which 147 are confirmed, between 30 March and 18 November 2019.

Sudan reported 3 823 cases of dengue, including 11 deaths, since 28 July and until 7 December 2019.

There is no update for Côte d'Ivoire, Mauritius, Senegal or Tanzania.

Australia and the Pacific

Chikungunya virus disease:

No outbreaks have been reported since the previous update.

Dengue:

Cases of dengue are reported by Australia, French Polynesia, Cook Islands, French Polynesia, Marshall Islands and New Caledonia.

Australia reported 1 366 cases of dengue in 2019 and as of 16 December 2019, compared with 917 cases for the same period in 2018.

Cook Islands reported 120 cases between 28 January and 30 November 2019. Of the reported cases, 38 were DENV-1 and three were DENV-2.

French Polynesia reported 2 050 autochthonous cases since the beginning of the year and as of 17 November 2019. Most of the cases were reported from Tahiti (1 673) followed by Moorea (92).

Marshall Islands reported 1 483 cases, including one death, in 2019 and as of 8 December 2019. The outbreak is slowing down in Ebeye, continuing in Majuro with cases reported from two of the outer islands (Utrik and Aur).

New Caledonia reported 3 909 dengue cases including two deaths since the beginning of the year and as of 4 December 2019. The number of cases reported weekly remains low. The epidemic was officially declared over at the end of August. Of the 313 samples serotyped in 2019, 312 are DENV-2 and there have been two imported cases (one DENV-1 and one DENV4).

N.B: The data presented in this report originate from several sources, both official public health authorities and non-official ones such as news media.

Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries.

All data should be interpreted with caution as there may be areas of under-reporting; reported figures may not reflect the actual epidemiological situation.

ECDC assessment

Chikungunya virus disease and dengue are endemic in large regions of the intertropical convergence zone. As a precautionary measure, [personal protective measures against mosquito bites](#) should be applied.

The detection of autochthonous cases of dengue in France and Spain in 2019 is not unexpected due to the presence of *Aedes albopictus* in the areas where cases have been reported. The risk of further transmission is very low due to low vector activity at

this time of year.

ECDC published a [rapid risk assessment](#) on the dengue outbreak in Reunion on 18 June 2019 and a [rapid risk assessment](#) on autochthonous cases of dengue in Spain and France on 1 October 2019.

Actions

ECDC monitors these threats through epidemic intelligence and reports on a monthly basis. A summary of the worldwide overview of [dengue](#) and [chikungunya](#) is available on the ECDC website.

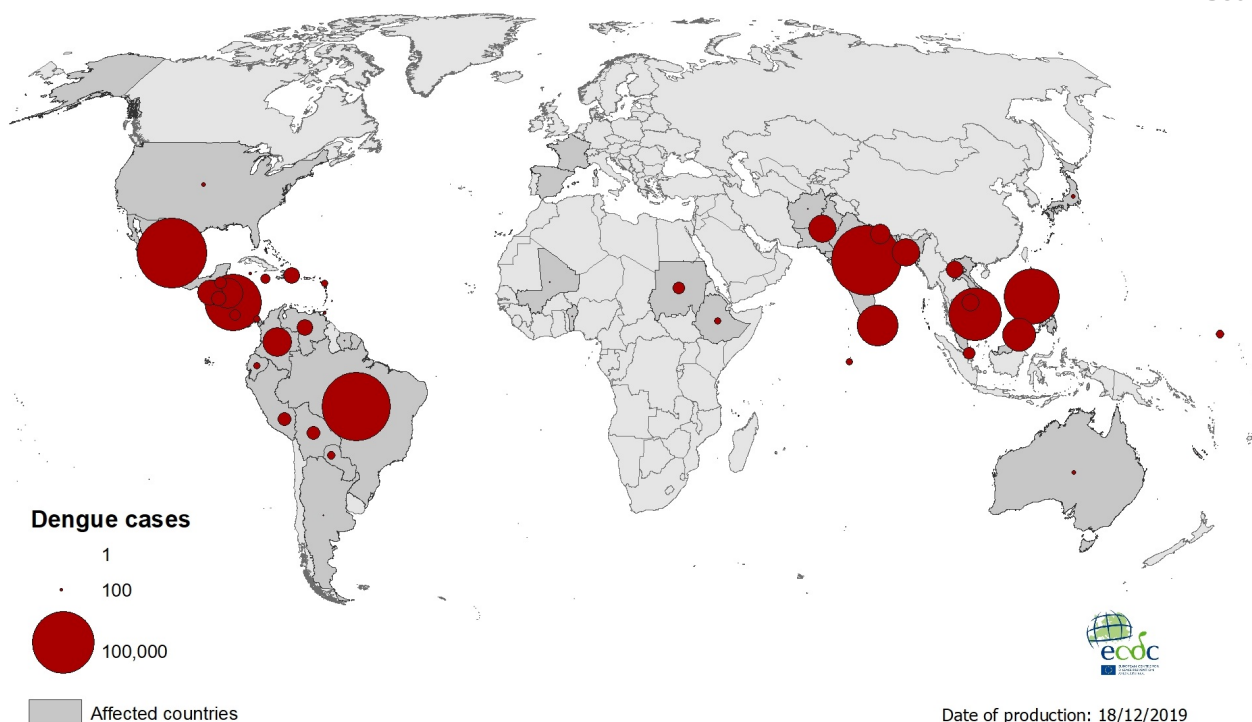
Geographical distribution of chikungunya virus disease cases reported worldwide, October to December 2019

Source: ECDC



Geographical distribution of dengue cases reported worldwide, October to December 2019

Source: ECDC



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