COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 8, 16-22 February 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Dengue - French Antilles - 2020

Opening date: 12 February 2020 Latest update: 21 February 2020

French authorities reported an increased number of dengue cases in Guadeloupe, Saint Martin, Saint Barthelemy and Martinique islands in the recent weeks.

➔Update of the week

Since the previous CDTR update on 14 February, 1 434 dengue cases including two deaths, have been reported in the French Antilles:

In **Guadeloupe**, since the previous CDTR update and as of 15 February 2020, 800 additional cases have been reported in Guadeloupe.

In **Saint Martin**, since the previous CDTR update and as of 15 February 2020, 260 additional cases have been reported. Among these cases, health authorities have reported one death case.

In **Saint Barthelemy**, since the previous CDTR update and as of 15 February 2020, 14 additional cases have been reported.

In **Martinique**, since the previous CDTR update and as of 15 February 2020, 360 additional cases, including one death, have been reported.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 21 February 2020

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

➔Update of the week

A number of Member States reported very high (n=1) and high (n=7) influenza intensity, with the remainder reporting medium, low or baseline intensity levels. Geographically, widespread influenza activity was reported by the majority of Member States and areas across the Region.

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Non EU Threats

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2020

Opening date: 1 August 2018 Latest update: 21 February 2020

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 affects 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 this country as of today. 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 February 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) has reported one additional confirmed case. During the same period, no deaths were reported among confirmed cases.

The confirmed case was reported in Beni and had an epidemiological link to a previously confirmed case. Prior to detection, the case spent four days in the community after onset of symptoms.

On 14 February 2020, WHO announced that 90 days after the prequalification of the Ervebo vaccine, manufactured by Merck, four countries (DRC, Burundi, Ghana and Zambia) have licensed the vaccine.

On 19 and 20 February 2020, a training was held in Beni for the monitoring of approximately 900 Ebola survivors that are currently being followed up.

Since the start of vaccination on 8 August 2018, 296 354 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co). Since the start of vaccination with the second vaccine, 14 566 people have been vaccinated with the Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health areas of Karisimbi in Goma.

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2020

Opening date: 7 January 2020 Latest update: 21 February 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common exposure in Wuhan's South China Seafood City market. Further investigations identified a novel coronavirus as the causative agent of the respiratory symptoms for these cases. The outbreak has rapidly evolved, affecting other parts of China and other countries. On 30 January 2020, WHO's director declared that the outbreak of coronavirus disease 2019 (COVID-19) constitutes a PHEIC, accepting the Committee's advice and issuing Temporary Recommendations under the IHR.

➔Update of the week

Since 14 February 2020 and as of 21 February 2020, 12 196 cases of coronavirus disease 2019 (COVID-19) (according to the applied case definition in the countries) have been reported, including 864 deaths.
Among the cases reported since last week, there was one death reported in France, In addition, according to the media, one additional case was reported in Italy. More details are available here.

In the EU/EEA and the UK:
France: On 15 February 2020, the first death in the EU/EEA and the UK was reported from France. The French Minister of Health reported the death of a Chinese tourist from Hubei, China. He arrived in France on 16 January 2020 and was isolated as a confirmed case in Paris on 25 January 2020. On 15 February 2020, French authorities reported one additional local case. The case is a British citizen that stayed at a ski chalet in Contamines-Montjoie, where he had contact with previous cases. The case has remained in isolation since last Saturday, in accordance with procedures for high-risk contacts in France.

Italy: On 21 February 2020, the media reported a case in Lombardy, Italy. According to media reports, he was hospitalised on Wednesday with severe respiratory failure. At the end of January he had dinner with a friend returning from China, who is now undergoing tests at the Sacco hospital in Milan. The Italian Civil Protection Department, Ministry of Health and regional authorities are investigating this.

In the world:
Australia: On 21 February 2020, Australian authorities reported two cases among people that had been on board the cruise

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ship in Yokohama Port.

Canada: On 14 February 2020, Canadian authorities reported one additional presumptive confirmed case in a Chinese citizen. On 20 February, authorities in British Columbia reported an additional case. The patient had recently returned from a trip to Iran and had not visited China or neighbouring countries.

Egypt: On 14 February 2020, Egyptian authorities reported one imported case in a foreign national. According to the authorities, the case did not show any symptoms but was identified based on travel history. The case was quarantined in a hospital. This is the first confirmed case reported in Africa.

Hong Kong (SAR): On 18 February 2020, authorities in Hong Kong reported two additional cases, of which one was locally acquired and the other had travel history to Guangdong Province and Macao. On 19 February 2020, authorities in Hong Kong reported three additional cases. On 20 February 2020, authorities in Hong Kong reported three additional cases.

Islamic Republic of Iran: On 19 February 2020, Iranian authorities announced that the initial tests of two suspected cases from Qom were positive and that further validation is ongoing. Both patients have died. On 20 February 2020, Iranian authorities announced three additional cases, two cases in Qom and one in Arak.

Japan: On 14 February 2020, Japanese authorities reported seven additional local cases and one additional imported case. The seven local cases included; a possible nosocomial transmission, a taxi driver that transported people from the cruise ship in Yokohama port, one case that attended a seminar in Tokyo while symptomatic, one possible contact of a visitor from Wuhan, China, one case with a travel history to Hawaii in the USA between 28 January and 7 February, a case for whom contact tracing is ongoing, and a city officer that worked on the cruise ship in Yokohama port. The imported case was on the third repatriation flight from Wuhan that arrived in Japan on 31 January 2020. On 15 February 2020, WHO and Japanese authorities reported 14 additional cases. This includes one case reported in Aichi Prefecture, the wife of a case reported yesterday. The couple has a travel history to Hawaii, USA. Three cases were reported with links to a hospital in Wakayama Prefecture, including a healthcare worker, a wife of a worker at this hospital, and a patient. On 17 February 2020, WHO and Japanese authorities reported seven additional cases. This includes a clerical officer from the Ministry of Health that worked on board the cruise ship, as well as new cases in Tokyo linked to a New Year party associated with a previously confirmed case. On 18 February 2020, Japanese authorities reported seven additional cases. Among the total of 66 cases, 13 are asymptomatic. On 19 February 2020, Japanese authorities reported 18 additional cases. Of the new total of 84 cases, 14 are asymptomatic. New cases have been reported from Aichi, Hokkaido, Kanagawa Prefecture, Okinawa and Tokyo. On 20 February 2020, Japanese authorities reported nine additional cases. Of the new total of 93 cases, 14 are asymptomatic. New cases were reported from Fukuoka City, Hokkaido, Chiba Prefecture, Okinawa Prefecture, Nagoya City and Sagamihara City.

Malaysia: On 15 February 2020, Malaysian authorities reported two additional imported cases. On 15 February 2020, Malaysian authorities reported one additional case. The case, an American citizen, was a passenger on the cruise ship that docked in Cambodia on 13 February 2020. She was one of 145 passengers from the ship to fly to Malaysia on 14 February. She and her husband were found symptomatic upon arrival at the airport and were isolated and tested.

Republic of Korea: On 16 February 2020, Korean authorities reported one additional case in a Korean national that had no foreign travel history since December 2019. On 18 February 2020, Korea CDC reported one additional case with no travel history. On 18 February 2020, Korea CDC reported 15 additional cases, of which 13 were in Taegu Province. Eleven of these were identified as being associated with a previously confirmed patient (ten went to the same church and one had contact in the hospital). As of 20 February 2020, Korea CDC reported 36 additional cases. Of the 35 people in Daegu and Gyeongbuk, 28 are related to a church. As of 21 February 2020, Korea CDC reported 74 additional cases and one death. Of the 74 new cases, 62 were identified in Daegu and Gyeongbuk, and 12 in other regions.

Singapore: On 14 February 2020, Singaporean authorities reported nine additional cases, including six with links to the cluster at Grace Assembly of God and one with a link to previous cases. On 15 February 2020, Singaporean authorities reported five additional cases. Three of them have links to the chain of transmission at Grace Assembly of God, one has links to a cluster at the Seletar Aerospace Heights construction site, and the last one is a contact of a previously reported case. On 16 February 2020, Singaporean authorities reported three additional cases. Two of these have been linked to the cluster of cases at Grace Assembly of God, while the other case was a family contact of a previous case. On 17 February 2020, Singaporean authorities reported two additional cases. Of these, one was a one-year-old child among the group of Singaporeans who were evacuated from Wuhan on 9 February. He was without symptoms when he boarded the flight and was put under quarantine upon arrival in Singapore. The other case is linked to a previous Singaporean case and has no recent travel history to China. On 18 February 2020, Singaporean authorities reported four additional locally-acquired cases. On 19 February 2020, Singaporean authorities reported three additional cases without travel history to China. On 20 February 2020, Singaporean authorities reported one additional case.

Taiwan: On 16 February 2020, Taiwan CDC reported two additional locally-acquired cases and one death. One of these cases

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was asymptomatic and a known contact of a previous case. The other case was not a known contact and had no travel history. He had a history of hepatitis B and diabetes and died of pneumonia combined with sepsis on 15 February 2020. Taiwanese authorities have stated that they started testing severe flu cases that had tested negative for influenza for COVID-19 from 12 February 2020. On 17 February 2020, Taiwan CDC reported two additional cases. On 19 February, Taiwan CDC reported two additional cases.

Thailand: On 15 February 2020, Thai authorities reported one additional case in a healthcare-worker. On 17 February 2020, Thai authorities reported one additional case. According to the media, the new case is a 60-year-old Chinese woman whose family members had been previously infected.

United Arab Emirates: On 16 February 2020, U.A.E. authorities reported one additional case in a Chinese citizen who had been under monitoring.

The United States: The Humboldt County Department of Health & Human Services Public Health Branch reported a case in Humboldt County, California. A close contact who has symptoms is also being tested. Presently, both are doing well and self-isolating at home, while being monitored for symptoms by the Public Health Communicable Disease Surveillance and Control Unit. Close contacts of these individuals will also be quarantined at home and monitored for symptoms by Public Health staff. Authorities state that with the amount of foreign travel by county residents, including travel to China, it is not surprising that a case has emerged locally.

International conveyance (Japan): On 19 February 2020, Japanese authorities reported 621 cases (including 322 asymptomatic cases) on a cruise ship in Yokohama port in Japan. According to media reports, disembarkation from the cruise ship started, and 443 people who tested negative left the ship and returned home. Approximately 2 000 people are still on board. Two people who were infected on the cruise ship have died. Japanese authorities stated that one employee of the Ministry of Health, Labour and Welfare and one employee of the Cabinet Secretariat, who had been engaged in office work on the cruise ship, were infected with the new coronavirus. On 20 February 2020, Japanese authorities reported 634 cases (including 328 asymptomatic cases) on a cruise ship in Yokohama port in Japan.

Other updates:
As of 19 February 2020, the below countries have declared low-level community transmission:
- Singapore
- Hong Kong

According to WHO Director-General, the vice minister of the national health commission stated that as of 11 February 2020, 1 716 healthcare workers had been infected with COVID-19, including six deaths.

According to media, the United States of America is planning to repatriate American citizens from the cruise ship currently in Yokohama port in Japan.

U.S. authorities stated that, on 16 February 2020, the U.S. State Department facilitated the voluntary repatriation of more than 300 American citizens and their immediate family members that had been on board the cruise ship docked in Yokohama Port in Japan.

An article entitled 'The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) — China, 2020' published in China CDC Weekly by the Novel Coronavirus Pneumonia Emergency Response Epidemiology Team provides analyses of all cases reported by China as of 11 February 2020. A total of 72 314 patient records, 44 672 (61.8%) confirmed cases, 16 186 (22.4%) suspected cases, 10 567 (14.6%) clinically diagnosed cases (Hubei Province only), and 889 asymptomatic cases (1.2%) were included in the analysis. Among confirmed cases, 80.9% were considered mild, 13.8% severe and 4.7% critical. Among confirmed cases, 1 023 deaths occurred with an overall case fatality of 2.3%. A total of 1 716 healthcare workers were infected and five have died (0.3%).

On 17 February 2020, in Hong Kong, two scientific committees under the Department of Health's Centre for Health Protection convened to review the measures in light of the latest situation of SARS-CoV-2 infection in Hong Kong. The Committee agreed that there is evidence of community transmission of SARS-CoV-2 in Hong Kong.

A correspondence entitled 'Evidence of SARS-CoV-2 Infection in Returning Travelers from Wuhan, China' was published in the New England Journal of Medicine on 18 February 2020.
On 1 February 2020, a group of predominantly German nationals who had stayed in Hubei Province were repatriated to Germany. Screening for symptoms and clinical signs of infection was performed before their departure from China. A total of 126 travellers were allowed to board the aircraft.
During the flight, 10 passengers were isolated. Two passengers had contact with a confirmed case, six had either reported symptoms deemed to be clinically symptomatic, or both, and two passengers had accompanied family members who had been

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isolated on the flight. These 10 passengers were transferred to a hospital immediately after arrival. All tested negative for SARS-CoV-2.
The remaining 116 passengers (5 months to 68 years of age) were evaluated by a medical team. Each passenger was asked to report current symptoms of fever, fatigue, sore throat, cough, runny nose, muscle aches, and diarrhoea, and screened for signs of infection in the nose and throat. The temperature was taken of all passengers. Additionally, all were offered a throat swab to test for SARS-CoV-2 and 114 passengers consented to the test.
Two of the 114 persons (1.8%) who had passed the symptoms-based screening tested positive for SARS-CoV-2. In addition, the isolation of SARS-CoV-2 from both samples in cell culture of Caco-2 cells indicated potential infectivity. These two persons were subsequently isolated and transferred to a hospital. A faint rash and minimal pharyngitis were observed in one patient. Both patients remained well and afebrile seven days after admission.

On 20 February 2020 and due to a change in the case definition, China retroactively corrected earlier case numbers. The new case definition can be found here. Based on a comprehensive analysis, cases with negative nucleic acid test results were subtracted from the confirmed cases; a total of 279 cases were corrected.

A correspondence entitled 'SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients' was published in the New England Journal of Medicine on 19 February 2020. The authors analysed the viral load in nasal and throat swabs obtained from the 17 symptomatic patients in relation to the day of onset of symptoms. Higher viral loads were detected soon after symptom onset, with higher viral loads detected in the nose than in the throat. The analysis suggests that the viral nucleic acid shedding pattern of patients infected with SARS-CoV-2 resembles that of patients with influenza and appears different from that seen in patients infected with SARS-CoV. The viral load detected in the asymptomatic patient was similar to that in the symptomatic patients, which the authors conclude suggests the transmission potential of asymptomatic or minimally symptomatic patients.

On 19 February 2020, the Japanese National Institute of Infectious Diseases published an analysis on the COVID-19 cases on the cruise ship in Yokohama Port with data as of 18 February.

According to media quoting Iraq's state news agency, Iraq banned border crossings by Iranian nationals for three days from Thursday 20 February. The decision came after Iraqi Airways suspended flights to Iran.
Percent of persons aboard who were confirmed with COVID-19 by age group and symptom status at the time of specimen collection.

US CDC has published a Level 1 warning for travellers to Japan and Hong Kong (SAR). This involves usual precautions (travelers to Japan or Hong Kong (SAR) should avoid contact with sick people and clean their hands often).

Poliomyelitis - Philippines and Malaysia - 2019

Opening date: 9 October 2019 Latest update: 21 February 2020

On 19 September 2019, a laboratory-confirmed case of circulating vaccine-derived poliovirus type-2 (cVDPV2) was reported in the Philippines. Following this event, the Department of Health in the Philippines declared an outbreak. Since this first case and as of 15 January 2020, 16 cases have been reported in the Philippines and three in Malaysia.

➔Update of the week
On 15 February 2020, the department of Health (DOH) in the Philippines confirmed an additional case of cVDPV2. The case is a one-year-old boy from Cabanatuan City, Nueva Ecija. Symptoms included fever and sudden onset weakness of the left lower limb. Additionally, an environmental sample collected from Butuanon River, Cebu tested positive for cVDPV2.

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

Opening date: 27 January 2017 Latest update: 21 February 2020

Chikungunya virus disease and dengue are vector-borne diseases that affect 50–100 million people 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 this year.

➔Update of the week

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Chikungunya virus disease: The virus is largely spread in the Americas region, with several countries reporting cases in 2019. Chikungunya virus disease cases have also been reported in Asia and Africa during this period. Since the previous CDTR update on 17 January 2020, Brazil and Thailand have reported the majority of new cases. Additionally, since the last update, Ethiopia has declared the end of the chikungunya outbreak.

Dengue: Since the beginning of the year, the majority of the cases is reported by Brazil, Paraguay and Colombia. A significant outbreak is occurring in Mayotte.

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II. Detailed reports

Dengue - French Antilles - 2020

Opening date: 12 February 2020 Latest update: 21 February 2020

Epidemiological summary

In **Guadeloupe**, since October 2019 and as of 15 February 2020, 5 840 dengue cases have been reported. Dengue virus serotype 2 has been identified among most of the cases. In 2018, only 18 confirmed cases were reported in Guadeloupe.

In **Saint Martin**, between week 2020-03 and as of 15 February, 530 dengue cases have been reported including one death. Dengue virus serotype 1 was identified in most of the cases.

In **Saint Barthelemy**, since the end of November 2019 and as of 15 February 2020, 104 dengue cases were reported. Dengue virus serotype 2 has been identified among most of the cases.

In **Martinique**, since July 2019 and as of 15 February 2020, 2 470 dengue cases including one death have been reported. Dengue virus serotype 3 has been identified among most of the cases. In 2018, Martinique did not report any confirmed cases.

In January 2020, health authorities in the region raised the alert level and declared the dengue epidemic in Guadeloupe and Saint Martin. In addition, Saint Barthelemy remains in a inter-epidemic phase and Martinique is at risk of an epidemic.

Sources: Santé publique France

ECDC assessment

EU/EEA travellers to and residents in the affected territories should apply personal protective measures against mosquito bites. The risk for onward vector-borne transmission of dengue in continental Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus* in mainland Europe, mainly around the Mediterranean Sea, and *Aedes aegypti* on the island of Madeira). Environmental conditions in Europe are currently unfavourable for mosquito-borne transmission, so the likelihood of sustained autochthonous dengue virus transmission in continental Europe is very low. The occurrence of further autochthonous cases in the Caribbean is expected, as the competent vector for dengue virus transmission is present and environmental conditions are favourable for continuous transmission. More information about dengue is available at ECDC factsheet.

Actions

ECDC is monitoring the ongoing situation through epidemic intelligence activities and reports on a weekly basis.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019 Latest update: 21 February 2020

Epidemiological summary

Week 07/2020 (10 – 16 February 2020)
A number of Member States reported very high (n=1) and high (n=7) influenza intensity, with the remainder reporting medium, low or baseline intensity levels. Geographically, widespread influenza activity was reported by the majority of Member States and areas across the Region.

Of the individuals sampled who presented with influenza-like illness (ILI) or acute respiratory infection (ARI) to sentinel primary healthcare sites, 48% tested positive for influenza viruses, a decrease compared to the previous week (51%).

Both influenza virus types A and B were co-circulating in sentinel source specimens with a higher proportion (60%) of type A viruses detected. Of the type A detections, A(H1N1)pdm09 viruses were detected more often (58%) and of the influenza B viruses, the vast majority were B/Victoria lineage.

The distribution of viruses detected varied between Member States and areas and within sub-regions. Of 42 reports from across the Region, 23 reported dominance of type A, 15 co-dominance of types A and B viruses, and 4 reported influenza virus type B

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dominance.

Pooled estimates of all-cause mortality from 23 countries or regions reporting to the EuroMOMO project show normal expected levels of mortality.

2019–2020 season overview
For the Region as a whole, influenza activity commenced earlier than in recent years and, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019.

The positivity rate crossed the 50% threshold in week 4 and peaked in week 5/2020 at 58%. For the past two weeks the rate has been decreasing.

The majority of circulating viruses were susceptible to neuraminidase inhibitors supporting early initiation of treatment or prophylactic use according to national guidelines

Member States should continue encouraging influenza vaccination.

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

Sources: EuroMOMO | Flu News Europe | Influenzanet

ECDC assessment

Influenza activity remains high in the majority of Member States. 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 -2020

Opening date: 1 August 2018 Latest update: 21 February 2020

Epidemiological summary

Since the beginning of the outbreak and as of 18 February 2020, there have been 3 433 cases (3 310 confirmed, 123 probable) in the Democratic Republic of the Congo (DRC), including 2 253 deaths, according to the Ministry of Health. During the past week, all confirmed cases have been reported in Beni. As of 18 February 2020, 172 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported probable or confirmed 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 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. It also expresses the need for a more intensified and coordinated response in order to end the outbreak. On 18 October 2019, and again on 12 February 2020, the Committee

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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

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. Cases detected in individuals not previously identified as contacts stress the need to maintain enhanced surveillance and identify the chains of transmission.

At the current stage of the epidemic, with few cases being reported, a high level of surveillance remains essential to detect and stop transmission, including secondary transmission events that may arise from exposure to survivor's infected bodily fluids. The overall risk for the EU/EEA remains very low.

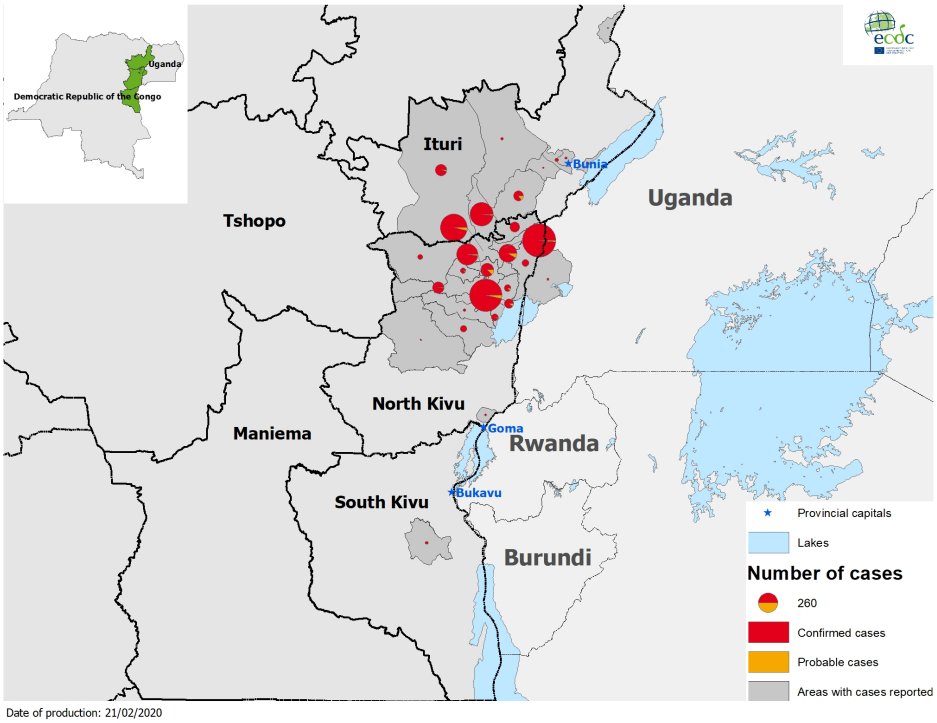
WHO assessment: As of 20 February 2020, the last WHO assessment concluded that the national and regional risk levels remain high, while global risk levels remain low. This assessment acknowledged improvements in case incidence and other epidemiological indicators, and the strengthened local and regional capacities. Dynamics of the outbreak, however, remain contingent upon access for response teams to affected areas. Continued insecurity remains a barrier to the outbreak response effort.

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 February 2020

Source: ECDC



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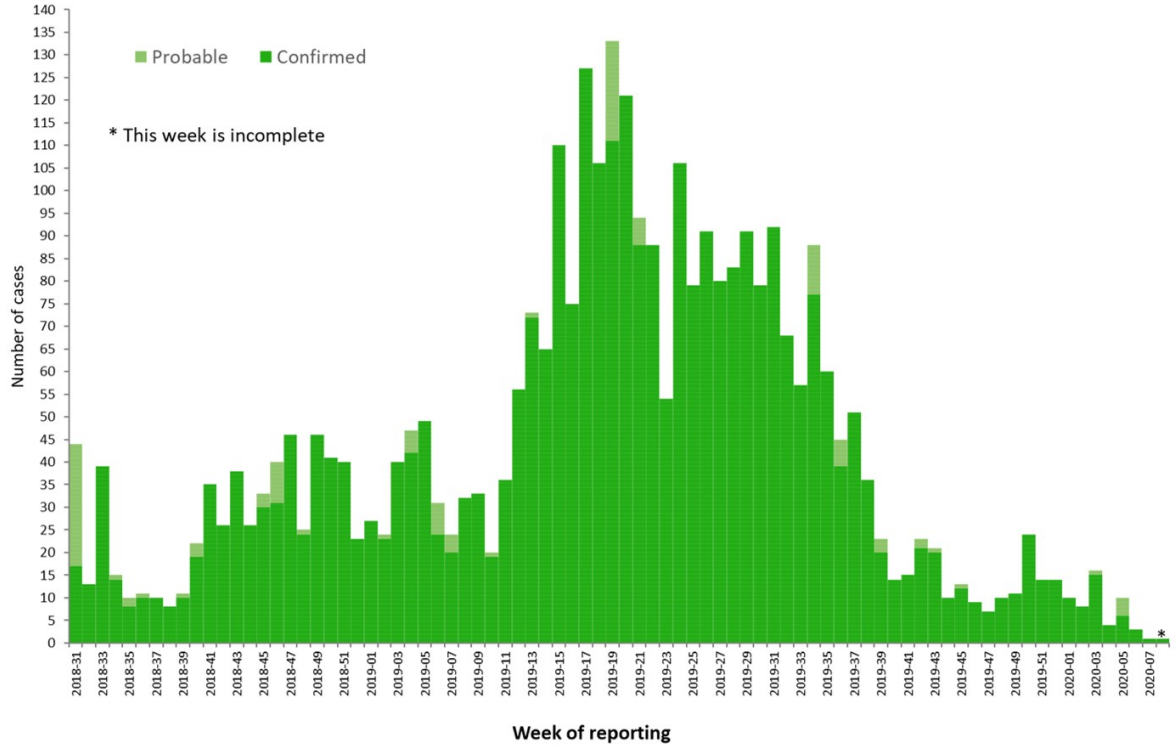
Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, Democratic Republic of the Congo and Uganda, as of 18 February 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 18 February 2020

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	**3310**	**123**	**3433**	**2253**	
North-Kivu Province	2796	104	2900	1982	
Alimbongo	5	0	5	2	
Beni	721	9	730	474	ACTIVE
Biena	19	2	21	14	
Butembo	295	6	301	359	
Goma	1	0	1	1	
Kalunguta	198	18	216	89	
Katwa	653	24	677	495	
Kayna	28	0	28	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	463	18	481	352	
Manguredjipa	18	0	18	12	
Masereka	50	6	56	23	
Musienene	85	1	86	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	508	19	527	268	
Ariwara	1	0	1	1	
Bunia	4	0	4	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	82	3	85	30	
Mandima	347	6	353	172	
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	**3311**	**123**	**3434**	**2254**	

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2020

Opening date: 7 January 2020 Latest update: 21 February 2020

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Epidemiological summary

Since 31 December 2019 and as of 21 February 2020, 76 740 cases of COVID-19 infection according to the applied case definition in the countries have been reported, including 2 247 deaths.

Cases have been reported in the following continents:

Africa: Egypt (1).
Asia: China (PRC) (75 484), Hong Kong (SAR) (68), Macao (SAR) (10), Republic of Korea (156), Japan (93), Singapore (85), Thailand (35), Taiwan (24), Malaysia (22), Vietnam (16), United Arab Emirates (9), Islamic Republic of Iran (5), India (3), Philippines (3), Cambodia (1), Nepal (1) and Sri Lanka (1).
America: the United States (16) and Canada (9).
Europe: Germany (16), France (12), United Kingdom (9), Italy (3), Spain (2), Russia (2), Belgium (1), Finland (1), and Sweden (1).
Oceania: Australia (17)
Other: Cases on an international conveyance (Japan) (634).

As of 21 February, 45 cases have been reported in the EU/EEA and the UK. Sixteen cases in Germany (two imported, 14 locally acquired), 12 cases in France (five imported, seven locally acquired), nine cases in the United Kingdom (eight imported, one locally acquired), three cases in Italy (three imported), two cases in Spain (two imported), one case in Belgium (imported), one case in Finland (imported), and one case in Sweden (imported). One death has been reported in France. More details are available here.

Sources: Wuhan Municipal Health Commission | China CDC | WHO statement | Japanese Ministry of Health | Thai Ministry of Health | WHO coronavirus website | ECDC 2019-nCoV website | RAGIDA | WHO

ECDC assessment

Information on the COVID-19 situation and a risk assessment can be found on the ECDC website.

Actions

Latest ECDC activities can be found on the ECDC website.

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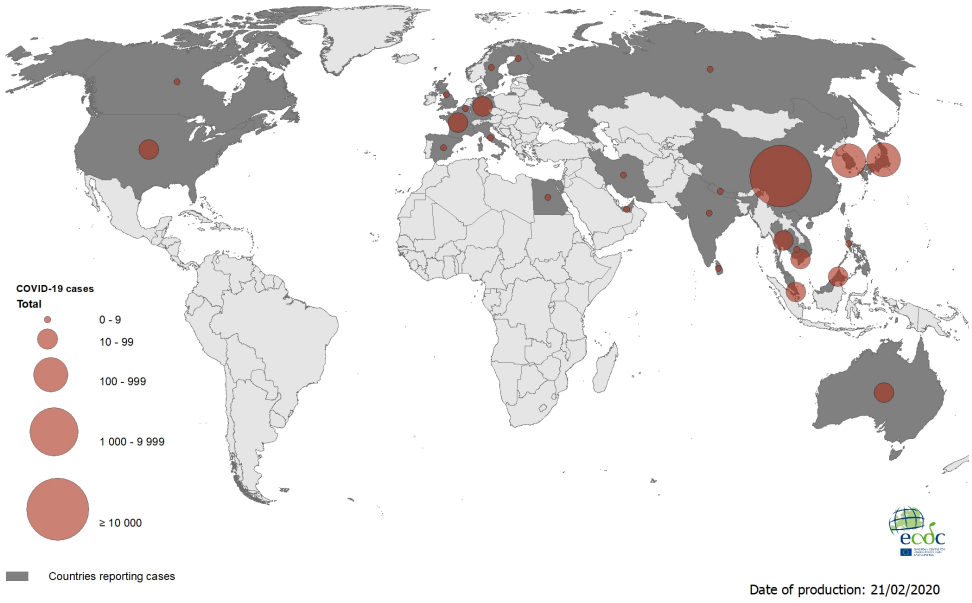
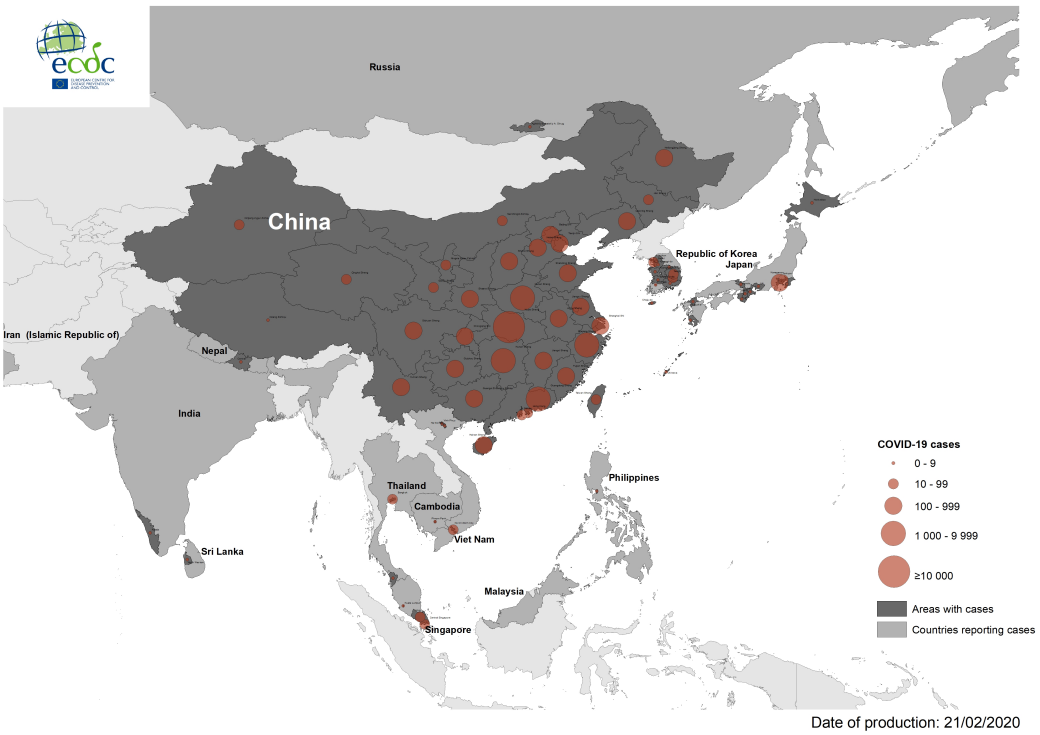
Geographical distribution of COVID-19 cases (according to the applied case definition in the countries), World, as of 21 February 2020

Source: ECDC



Geographical distribution of COVID-19 cases (according to the applied case definition in the countries), Asia, as of 21 February 2020

Source: ECDC



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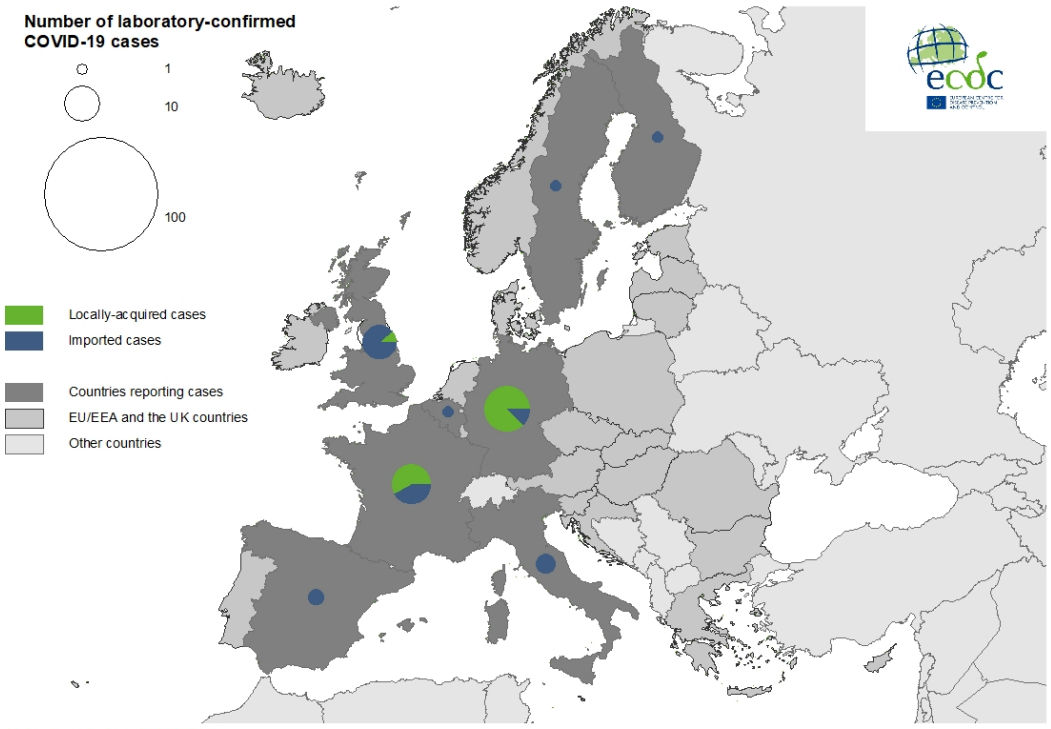
Geographical distribution of COVID-19 cases (according to the applied case definition in the countries), EU/EEA and the UK, as of 21 February 2020

Source: ECDC



Poliomyelitis - Philippines and Malaysia - 2019

Opening date: 9 October 2019 Latest update: 21 February 2020

Epidemiological summary

Human cases:
In the Philippines: Since the Philippines authorities declared a polio outbreak on 19 September 2019 and as of 15 January 2020, 17 polio cases have been reported (age range 1 to 9 years). These cases are from Maguindanao province (8), Sultan Kudarat Province (3), Cotabato province (1), Basilan Island (1), Lanao Del Sur province (1), Nueva Ecija (1), Laguna province (1) and Metropolitan Manila (1). Among these cases, one is characterised as cVDPV1, 14 as cVDPV2, one as iVDPV2 and one as VDPV1.

In Malaysia: On 8 December 2019, the Malaysian Ministry of Health published a press release reporting the first case of polio in a three-month-old boy from Tuaran District, Sabah State, in Borneo Island. The case was confirmed as a VDPV1, the virus appears to be genetically linked to the poliovirus detected in the Basilan area of the Philippines and thus was classified as cVDPV1 according to Ministry of Health press release. As of 13 January three cases of cVDPV1 have been detected in Malaysia.

Environmental samples:
In the Philippines: From the samples collected between 1 July 2019 and 15 January 2020, 30 samples tested positive, from National Capital Region (NCR) and from Davao City in Mindanao. Among these positive samples, 13 cVDPV1 strains were isolated in NCR and all genetically linked. The other 17 cVDPV2 isolates were identified in samples from NCR and Mindanao island (Davao city). Additionally, on 15 February 2020, an environmental sample collected from Butuanon River, Cebu tested positive for cVDPV2.

Sources: WHO-UNICEF report, Department of Health press release, US CDC, Global polio eradication initiative vaccines factsheet, GPEI Vaccine derived polio factsheet, GPEI weekly update Philippines, ECDC factsheet, ECDC polio map, Unicef-WHO SitREP (9), Unicef-WHO SitRep (10), Unicef-WHO SitRep (11), Unicef-WHO SitRep (12), Unicef-WHO SitRep (13), Press release of Malaysia MoH, Philippines Department of Health Press release, Unicef-WHO SitRep (14), Unicef-WHO SitRep (15), Unicef-WHO SitRep (16)

ECDC assessment

Polio was declared a public health emergency of international concern (PHEIC) by WHO on 5 May 2014 due to concerns over the increased circulation and international spread of wild poliovirus in 2014. The PHEIC is still in place due to the ongoing risk of

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international spread of poliovirus. In 2000, the WHO Western Pacific Region including the Philippines and Malaysia was declared polio-free.

WHO estimates that the risk for the Philippines is high at national level, due to chronically suboptimal immunisation coverage with polio vaccines, sub-optimal performance of AFP surveillance, and poor sanitation and hygiene conditions. WHO estimates the risk as moderate at regional level and low at global level. According to WHO and UNICEF, the vaccination coverage for the third polio dose among one-year-old children was 66% in 2018. During the current round of the national polio vaccination campaign that started on 25 November, 3,953,754 children under 5 years have been vaccinated, which is 90% of the targeted 4.4 million children.

In Malaysia, the vaccination coverage for the third polio dose was 99% in 2018 according to WHO/UNICEF.
As of 5 December 2019, a survey in Sabah state showed a polio vaccination coverage of 88.4% among children between the age of two months and fifteen years, which is sub-optimal.

The risk for EU travellers in the affected areas is considered as very low provided they are fully vaccinated. The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. The risk of reintroduction of the virus in Europe exists as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated. ECDC endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or long-term visitors (> 4 weeks) to countries with potential risk of international spread.

According to the European Regional Commission for the Certification of Poliovirus Eradication (RCC), one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high risk of a sustained polio outbreak. According to the same report, an additional 14 EU/EEA countries are at intermediate risk of a sustained polio outbreak. To limit the risk of reintroduction and sustained transmission of poliovirus in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase the vaccination uptake in the pockets of under-immunised populations.

Actions

ECDC is monitoring this event through Epidemic Intelligence. ECDC maintains an interactive map showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV. ECDC has published a news item: Update on the global polio situation and implications for the EU/EEA.

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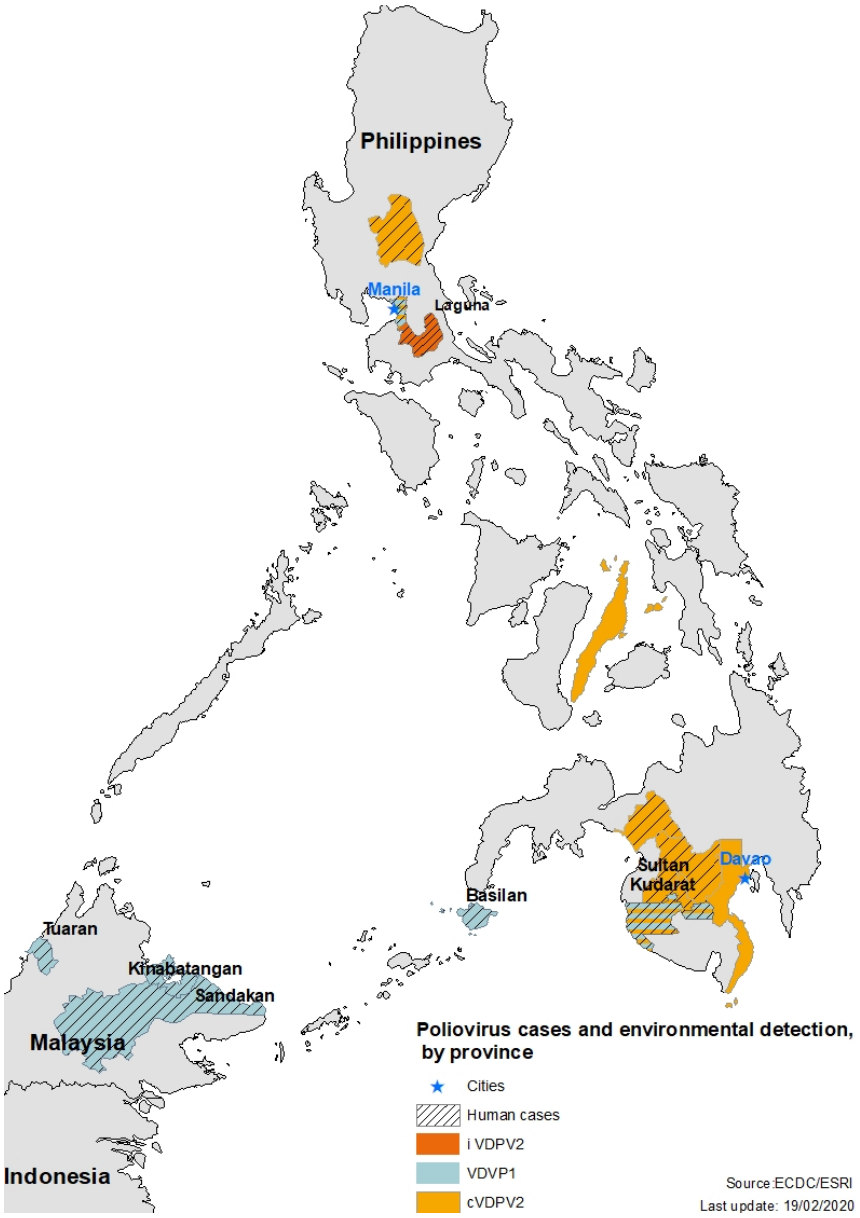
Geographic distribution of poliovirus cases and environmental detection in the Philippines and Malaysia, July 2019 to February 2020

Source: ECDC



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

Opening date: 27 January 2017 Latest update: 21 February 2020

Epidemiological summary

Europe

Chikungunya virus disease:

No autochthonous cases of Chikungunya virus were detected in continental EU/EEA countries and the UK in 2019 and 2020.

Dengue:

No autochthonous cases of dengue were detected so far in continental EU/EEA countries and the UK in 2020.

Americas and the Caribbean

Chikungunya virus disease:

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Brazil: In 2020 and as of 25 January, Brazil reported 2 340 suspected cases.

Colombia: In 2020 and as of 9 February, Colombia reported 82 cases, two of which are laboratory confirmed. This represents a lower number of cases in comparison with the same period in 2017, 2018 and 2019 according to national health authorities.

El Salvador: In 2020 and as of 8 February, El Salvador reported 19 suspected cases. For the same period in 2019, El Salvador reported 35 suspected cases.

Nicaragua: In 2020 and as of 25 January, Nicaragua reported three suspected cases. Among these cases, none was confirmed. During the same period in 2019, 19 suspected cases were reported.

Peru: In 2020 and as of 8 February, Peru reported 16 chikungunya cases.

Dengue:

As of 9 February 2020, the Pan American Health Organization (PAHO) reported 320 000 suspected and confirmed dengue cases, in the Americas region. The countries reporting most cases are: Brazil (167 000 cases), Paraguay (85 000) and Colombia (20 000). 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.

The figures for each country of the Americas Region can be found in the PAHO Health Information Platform.

The epidemiological situation in the French Caribbean islands is addressed in a specific threat within this CDTR.

Asia

Chikungunya virus disease:
India: According to media reports quoting health authorities, three chikungunya cases have been reported in New Delhi in February 2020.

Malaysia: In 2020 and as of 25 January, 170 cases have been reported across the country, with most of the cases being reported in Perak region according to Malaysia Ministry of Health.

The Philippines: According to media reports quoting local health authorities, at least 40 chikungunya cases were reported in Tampakan city, in South Cotabato, in the past weeks.

Thailand: In 2020 and as of 10 February, Thailand reported 559 cases with no deaths associated affecting 37 provinces. Provinces reporting the highest incidences are located in the southern part of the country.

Dengue:
Cambodia reported approximately 330 cases in 2020 and as of 25 January 2020.

Lao PDR reported 285 dengue cases in 2020 and as of 1 February 2020.

Malaysia reported 18 473 cases including 19 deaths in 2020 and as of 8 February 2020. This is slightly higher compared to the same period in 2019.

According to the national institute of health, Pakistan reported 106 cases of dengue in 2020 and as of 2 February 2019.

The Philippines reported 15 817 dengue cases and 45 deaths in 2020 and as of 7 February 2019. This is lower compared to the 27 245 cases of the same period in 2019.

Singapore reported 2 506 cases in 2020 and as of 15 February 2020.

Sri Lanka reported 13 750 cases in 2020 and as of 18 February 2020. Colombo and Trincomalee are the most affected areas.

Thailand reported 2 097 cases in 2020 and as of 11 February 2020.

There are no official updates for Bangladesh, the Maldives, Vietnam and India.

Africa

Chikungunya virus disease:
Ethiopia: According to WHO, the chikungunya outbreak in Ethiopia is considered to be over. Since the beginning of the outbreak

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in July 2019 and as of 8 December 2019, when the last cases were reported, 54 908 cases with no associated deaths were reported in Dire Dawa city, Araf and Somali regions.

Kenya: According to WHO, a chikungunya outbreak has been reported in Garissa County, Kenya. From 31 December 2019 to 9 February 2020, 163 cases have been reported.

Dengue:
According to Santé publique France, Réunion reported 353 cases since the beginning of 2020 and as of 9 February 2020. In the past weeks, the number of cases started to increase again. DENV1, DENV2 and DENV3 are circulating on the island.

According to Santé publique France, Mayotte reported 904 confirmed cases in 2020 and as of 13 February. Since the beginning of 2020, weekly numbers have been constantly increasing. The current rainy season is favourable to the vector growth.

There are no new cases reported in Benin, Ethiopia or Mali.

Australia and the Pacific
Chikungunya virus disease:
No outbreaks have been reported since the previous update.

Dengue:
Australia reported 54 dengue cases since the beginning of 2020 and as of 11 February 2020. This is lower compared to the same period in 2018 and 2019.

French Polynesia reported 362 autochthonous cases since the beginning of 2020 and as of 26 January 2020.

New Caledonia reported 11 dengue cases in 2020 and as of 4 February 2020.

N.B: The data presented in this report originate from several sources, both official public health authorities and non-official sources 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 taken by everyone visiting these regions. 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 published 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.

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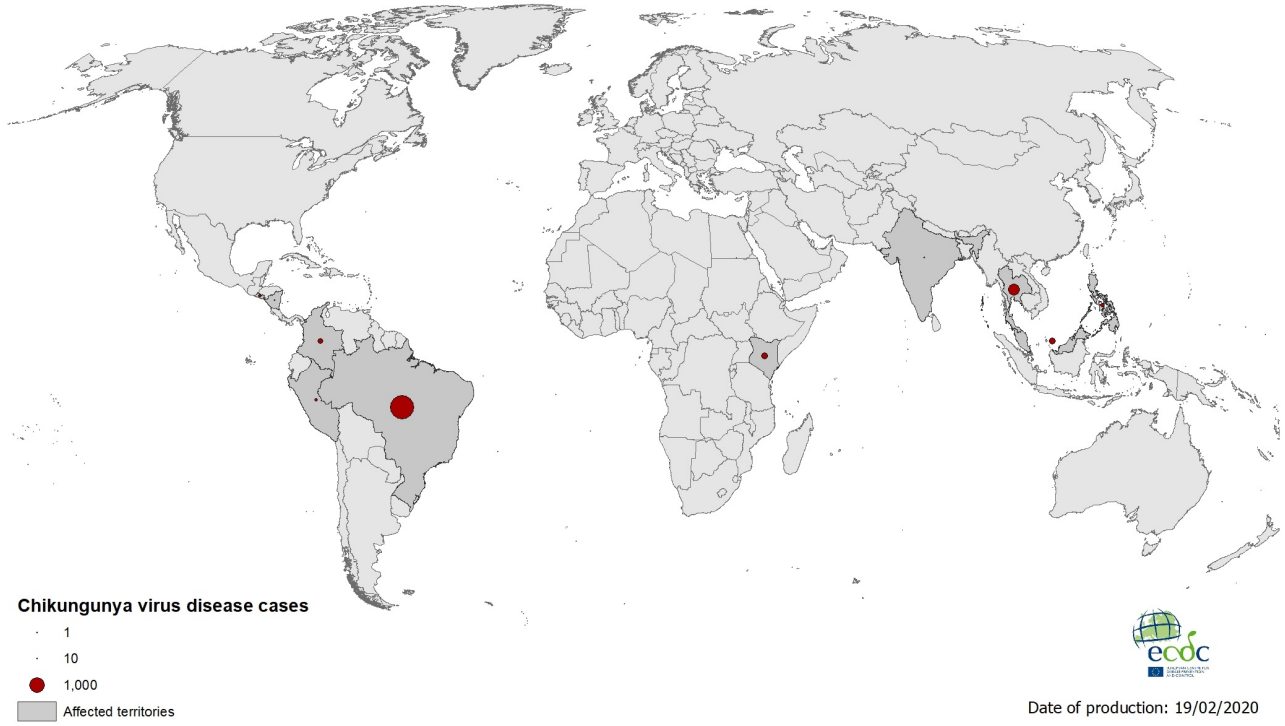
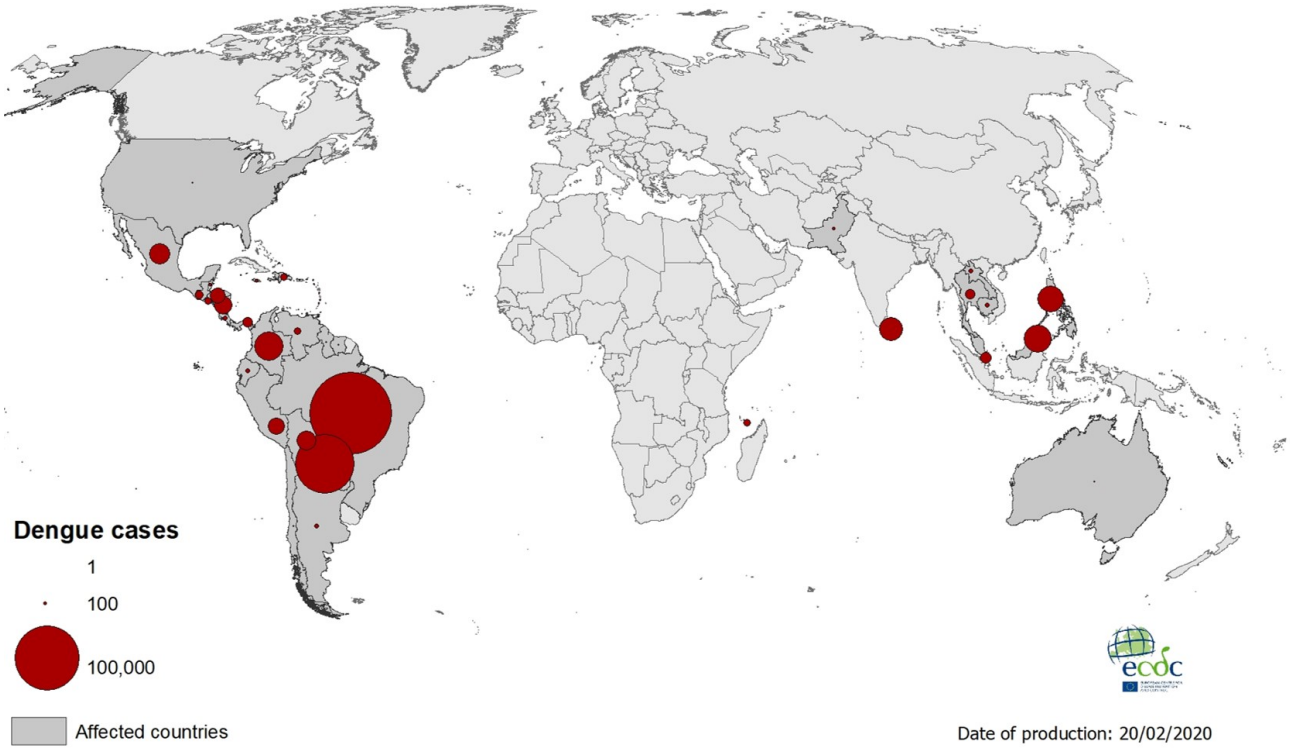
Geographical distribution of chikungunya virus disease cases reported worldwide, January to February 2020

Source: ECDC



Geographical distribution of dengue cases reported worldwide, January to February 2020

Source: ECDC



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