



COMMUNICABLE DISEASE THREATS REPORT

CDTR Week 4, 19-25 January 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 24 January 2020

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

→ Update of the week

Week 03/2020 (13–19 January 2020)

Influenza activity continued to increase, with one Member State reporting high intensity and eight reporting medium intensity. Widespread influenza was reported by the majority of Member States and areas across the Region.

Of the individuals sampled presenting with ILI or ARI to sentinel primary healthcare sites, 45% tested positive for influenza viruses.

Both influenza virus types A and B were co-circulating with a higher proportion of type A viruses.

The distribution of viruses detected varied between Member States and areas and within sub-regions. Although the majority of reported influenza virus detections across the Region were type A, two Member States reported influenza type B dominance and eight Member States and areas reported co-dominance of types A and B viruses.

Influenza A type viruses were detected in the majority of specimens from severe cases admitted to intensive care units and non-ICU hospital wards.

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.

Data from the [Influenzanet](#) indicated that influenza activity was low in all reporting countries based on this system.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 24 January 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 Uganda as of 15 January 2020. 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 22 January 2020, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported nine additional confirmed cases and one additional probable case. During the same period, three deaths were reported among confirmed cases. Among the new cases one was a healthcare worker.

Since the previous CDTR, most cases have been reported in Beni, with one case reported in Mabalako. All cases had links to the known transmission chains.

On 17 January 2020, the CMRE Technical Secretariat visited Beni, in regards to the recent resurgence in cases. Several other meetings were organised in Beni with community leaders, heads of households and the public.

On 19 January 2020, Kalunguta Health Zone passed 21 days without new cases reported.

On 20 January 2020, people from the CMRE Technical Secretariat received the Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson).

Since the start of vaccination on 8 August 2018, 272 822 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co., Inc). Since the start of vaccination with the second vaccine, 7 611 people were vaccinated with the Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health areas of Karisimbi in Goma.

Cluster of pneumonia cases associated with novel coronavirus – Multicountry (World) – 2019

Opening date: 7 January 2020

Latest update: 24 January 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 marked. 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 outside the country.

→Update of the week

Since 31 December 2019 and as of 24 January 2020, overall, 897 laboratory-confirmed cases of novel coronavirus (2019-nCoV) infection, including 15 healthcare workers, and 26 deaths were reported. Cases have been reported from China (878), Hong Kong (2), Macau (2), Taiwan (1), Thailand (4), Japan (2), South Korea (2), the US (1), Singapore (3), and Vietnam (2). As of 24 January 2020, all cases reported outside China had recent travel history to Wuhan, China and at least one had a contact with a case from Wuhan. Of the 26 deaths reported, all in China, 24 were from Hubei province, and one from each of Heilongjiang and Hebei provinces.

Chinese authorities have implemented a range of measures, including closure of public transport in Wuhan and several other cities near Wuhan. EU/EEA countries immediately started implementation of measures by informing their healthcare providers and/or general public about this event, implementing an enhanced surveillance for the incoming flights from Wuhan and or other cities in China, in the EU/EEA countries where such flights are present, and evaluation of diagnostic capacities.

Preliminary [epidemiological](#) investigations from China revealed a fourth-generation transmission in Wuhan.

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

Opening date: 20 April 2006

Latest update: 24 January 2020

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 20 December 2019, new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are: Yemen with 33 885 cases and six deaths and DR Congo with 1 918 cases and 29 deaths.

Poliomyelitis - Philippines and Malaysia - 2019

Opening date: 9 October 2019

Latest update: 24 January 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

In the Philippines: Four new human cases were reported since the last update on 19 December 2019 and as of 15 January 2020. Two of them are from Maguindanao and have been identified as cVDPV2. The remaining two are from Quezon City in Metropolitan Manila province and Sultan Kudarat province. However, they are pending genetic analysis. These cases presented with symptoms of fever, diarrhoea, muscle pain, asymmetric ascending paralysis and weakness of the extremities. Additionally, there has been found one cVDPV2 environmental sample with no data on geographical location and date of report available. Regarding the previously reported VDPV1 case from Lamboyang, in Sultan Kudarat province, further analysis could not identify the same circulating strains as the ones circulating in Basilan island, in the Philippines and Malaysia. Therefore this case remained categorised as VDPV1.

In Malaysia: Two new human cases of cVDPV1 were reported since the last update on 19 December 2019 and as of 10 January 2020. One case was identified in Kinabatangan, Sabah state, that presented with fever, back pain and difficulty to walk. The second case was identified in Sandakan, also in Sabah state, and had symptoms of limb paralysis, fever and respiratory insufficiency. Both cases had not received any prior immunisation.

II. Detailed reports

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 24 January 2020

Epidemiological summary

2019–2020 season overview

For the Region as a whole, influenza activity commenced earlier than previous years.

Influenza activity in the European Region, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019 and has remained over 10% for nine weeks. There has been an overall increasing trend in the weekly positivity rate for influenza virus detections among sentinel ILI surveillance patients, following a dip in week 52.

In sentinel sources, both influenza A subtypes, A(H1N1)pdm09 and A(H3N2), are co-circulating and of the influenza B viruses, the vast majority have been B/Victoria lineage. The increase of influenza subtype A(H1N1)pdm09 detections was observed since week 50/2019.

Influenza type A viruses have been detected in the majority (94%) of hospitalised influenza virus-infected patients admitted to ICU wards since the beginning of the season, of these 63% were A(H3N2) virus. Similarly, among patients admitted to other wards, the influenza type A viruses have been detected in the majority of cases (94%); of these 73% were A(H3N2) virus.

Among SARI cases influenza type B viruses were detected more frequently (63%).

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

The effectiveness of vaccines in the population will be evaluated by vaccine effectiveness studies when there is a sufficient amount of virus characterisation data. Member States should continue encouraging influenza vaccination.

ECDC published an [Influenza virus characterization report](#), summarising surveillance data in Europe through December 2019.

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](#) | [Influenzanet](#)

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 - 2018-2020

Opening date: 1 August 2018

Latest update: 24 January 2020

Epidemiological summary

Since the beginning of the outbreak and as of 22 January 2020, there have been 3 416 cases (3 297 confirmed, 119 probable) in the Democratic Republic of the Congo (DRC), including 2 238 deaths (2 119 confirmed, 119 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past week, cases have been reported in Beni and Mabalako. As of 22 January 2020, 171 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, 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

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.

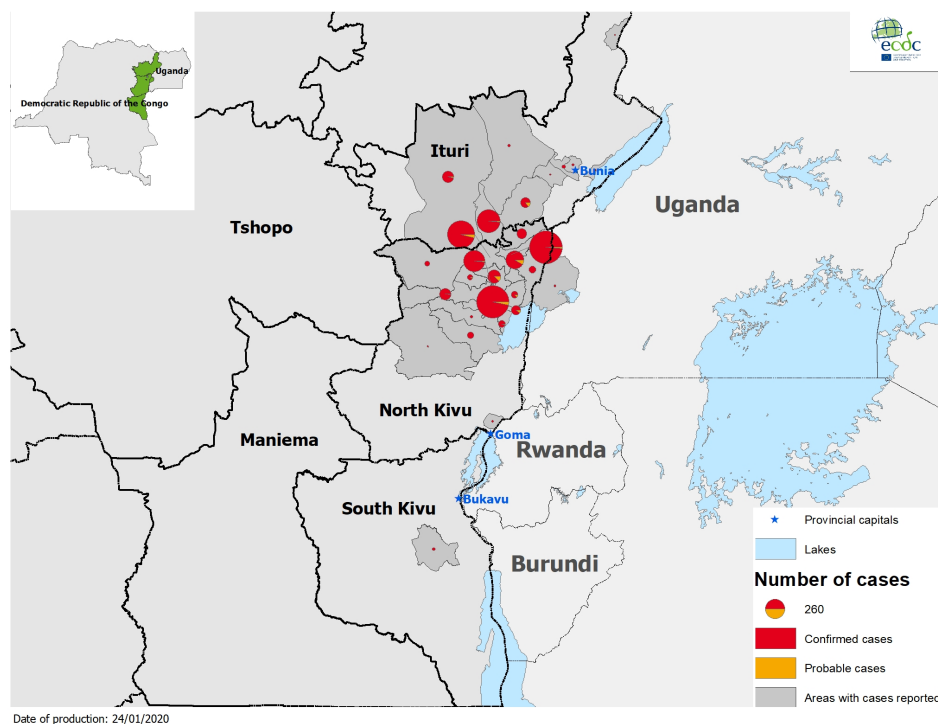
WHO assessment: As of 16 January 2020, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels.

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 22 January 2020

Source: ECDC



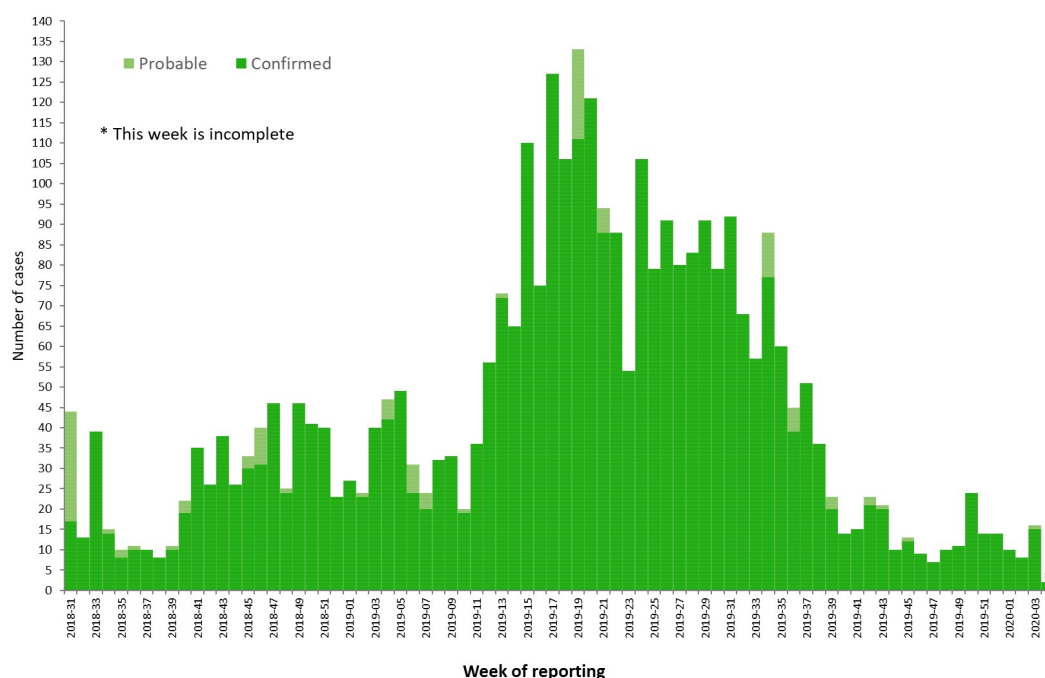
Ebola Virus Disease case distribution in DRC and Uganda, as of 22 January 2020

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	3297	119	3416	2238	
North-Kivu Province	2783	101	2884	1968	
Alimbongo	5	0	5	2	
Beni	709	9	718	464	ACTIVE
Biena	19	2	21	14	
Butembo	295	3	298	356	
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	462	18	480	351	
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	18	526	267	
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	5	352	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	3298	119	3417	2239	

Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, Democratic Republic of the Congo and Uganda, as of 22 January 2020

Source: ECDC



Cluster of pneumonia cases associated with novel coronavirus – Multicountry (World) – 2019

Opening date: 7 January 2020

Latest update: 24 January 2020

Epidemiological summary

On 31 December 2019, the Wuhan Municipal Health Commission in Wuhan City, Hubei province, China reported a cluster of pneumonia cases of unknown aetiology, with a common reported link to Wuhan's Huanan Seafood Wholesale Market (a wholesale fish and live animal market selling different animal species). The market was closed to the public on 1 January 2020. According to Wuhan Municipal Health Commission, samples from the market tested positive for the novel coronavirus. Cases showed symptoms such as fever, dry cough, dyspnoea, and radiological findings of bilateral lung infiltrates.

On 9 January 2020, China CDC reported that a novel coronavirus (2019-nCoV) was detected as the causative agent and the genome sequence was made publicly available. Sequence analysis showed that the newly identified virus is related to the SARS-CoV clade. The announced incubation period for the infection with 2019-nCoV is from 2 to 12 days with an average of 7 days.

Since 31 December 2019 and as of 24 January 2020, overall, 897 laboratory-confirmed cases of novel coronavirus (2019-nCoV) infection, including 15 healthcare workers, and 26 deaths were reported. Cases have been reported from China (878), Hong Kong (2), Macau (2), Taiwan (1), Thailand (4), Japan (2), South Korea (2), the US (1), Singapore (3), and Vietnam (2). As of 24 January 2020, all cases reported outside China had recent travel history to Wuhan, China and at least one had a contact with a case from Wuhan. Of the 26 deaths reported, all in China, 24 were from Hubei province, and one from each of Heilongjiang and Hebei provinces.

Wuhan had first implemented [exit screening](#) at the Wuhan Tianhe International Airport, also strengthened screening measures were implemented in railway stations, and long-distance bus stations for the entry and exit of the city and private vehicles are checked for live birds and wild animals. People are also advised against group activities. Passengers with fever are registered, provided with brochures and masks, and referred to the medical institutions. Public transport is disinfected on a daily basis. A list of designated medical institutions in Wuhan was published on 20 January 2020.

On 23 January 2020, China's [Hubei Province](#) activated a level 2 public health emergency response, which includes activities such as quarantine, reporting of the cases, and material supply to control pneumonia caused by 2019-nCoV. Offices for pneumonia control are being set up at various levels across the province. Local governments at various levels should have designated hospitals to receive the suspected and confirmed cases, and should cover all related treatment expenses.

In addition, on 22 and 23 January 2020, all public transport, and public places such as markets, internet cafes, cinemas, cultural sites have been closed and group activities cancelled in Wuhan and Huanggang cities. As of 24 January 2020, similar measures were taken in at least eight other cities close to Wuhan and affecting more than 20.5 million people, according to [media](#). Additionally, Beijing city has cancelled all festival activities related to the Chinese new year.

On 10 January 2020, the novel coronavirus [genome sequence](#) was made publicly available. The sequence was deposited in the GenBank database (accession number [MN908947](#)) and was uploaded to the Global Initiative on Sharing all Influenza Data (GISAID). Preliminary analysis showed that the novel coronavirus (2019-nCoV) clusters with the SARS-related CoV clade and differs from the core genome of known bat CoV.

WHO released a set of [technical documents](#) such as [case definition](#), [laboratory guidance](#), clinical management of cases and others, related to the novel coronavirus outbreak reported in Wuhan, China. [Assays for laboratory diagnostics](#) for the novel coronavirus detected in Wuhan, China are now available on the webpage of WHO. In addition, ECDC has published [ECDC guidelines](#) on laboratory testing of suspect cases of 2019-nCoV.

According to the International Air Transport Association (IATA) data from 2018, the [top five passenger destination countries](#) from Wuhan in decreasing order are Thailand, Hong Kong SAR, Japan, Taiwan and South Korea. To our knowledge, entry-screening activities for all incoming travellers from Wuhan have been implemented in [Australia](#), [Canada](#), [Hong Kong](#), [India](#), [Indonesia](#), [Malaysia](#), [Myanmar](#), [New Caledonia](#), [the Philippines](#), [Singapore](#), [Taiwan](#), [Thailand](#), [the US](#), [Russia](#) and [Vietnam](#).

Three EU airports had direct flight connections to Wuhan and there are indirect flight connections to other EU hubs. Countries have informed their healthcare providers and/or general public about this event.

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](#)

ECDC assessment

In light of the currently available information, ECDC considers that the potential impact of 2019-nCoV outbreaks is high and further global spread is likely. Currently, there is a moderate likelihood of infection for EU/EEA citizens in Hubei province. EU/EEA travellers visiting other provinces in China have a low likelihood of infection but the likelihood would increase should the number of reported cases increase and should sustained human-to-human transmission occur in those provinces.

Importation of cases in the EU/EEA is likely. EU/EEA countries should ensure that timely and rigorous infection prevention and control measures (IPC) are applied around cases detected in the EU/EEA, in order to prevent further sustained spread in the community and healthcare settings.

Assuming that timely and rigorous IPC measures are applied around imported cases detected in the EU/EEA, the likelihood of further sustained spread in community settings is considered low. For updated information, please refer to the dedicated [ECDC web page](#).

The airport of Wuhan had [direct flight connections](#) with some EU cities: Paris (France) with six weekly flights, London (the United Kingdom) with three weekly flights and Rome (Italy) with three weekly flights. Health authorities in the concerned Member States remain vigilant and closely monitor the ongoing situation in China.

The upcoming Chinese New Year celebrations at the end of January 2020 will cause an increased travel volume to/from China and within China, hence increasing the likelihood of arrival of possible cases.

More information can be found in the [ECDC 2019-nCoV website](#).

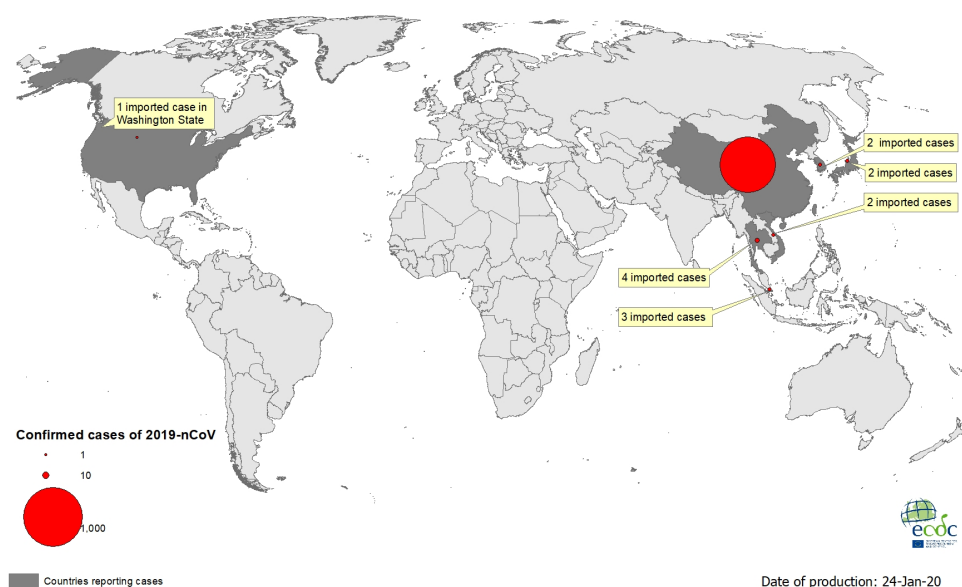
Actions

ECDC is actively monitoring this event through epidemic intelligence activities. ECDC has published a threat assessment brief on ['Pneumonia cases possibly associated with a novel coronavirus in Wuhan, China'](#) on 9 January 2020, a ['Health emergency preparedness checklist for imported cases of high-consequence infectious diseases'](#), guidelines on [laboratory testing of suspect cases of 2019 nCoV using RT-PCR](#), the rapid risk assessment ['Cluster of pneumonia cases caused by a novel coronavirus, Wuhan, China'](#) published on 17 January and its first update on 22 January 2020 ['Outbreak of acute respiratory syndrome associated with a novel coronavirus, Wuhan, China; first update'](#).

In collaboration with EVD-LabNet, ECDC has distributed a laboratory capacity assessment survey on the detection capabilities and capacities for 2019-nCoV to the EU/EEA Member States EVD-LabNet and Influenza and other respiratory viruses Operational contact points for Microbiology.

Geographical distribution of 2019-nCoV cases, World, as of 24 January 2020

ECDC



Distribution of 2019-nCoV cases, World, as of 24 January 2020

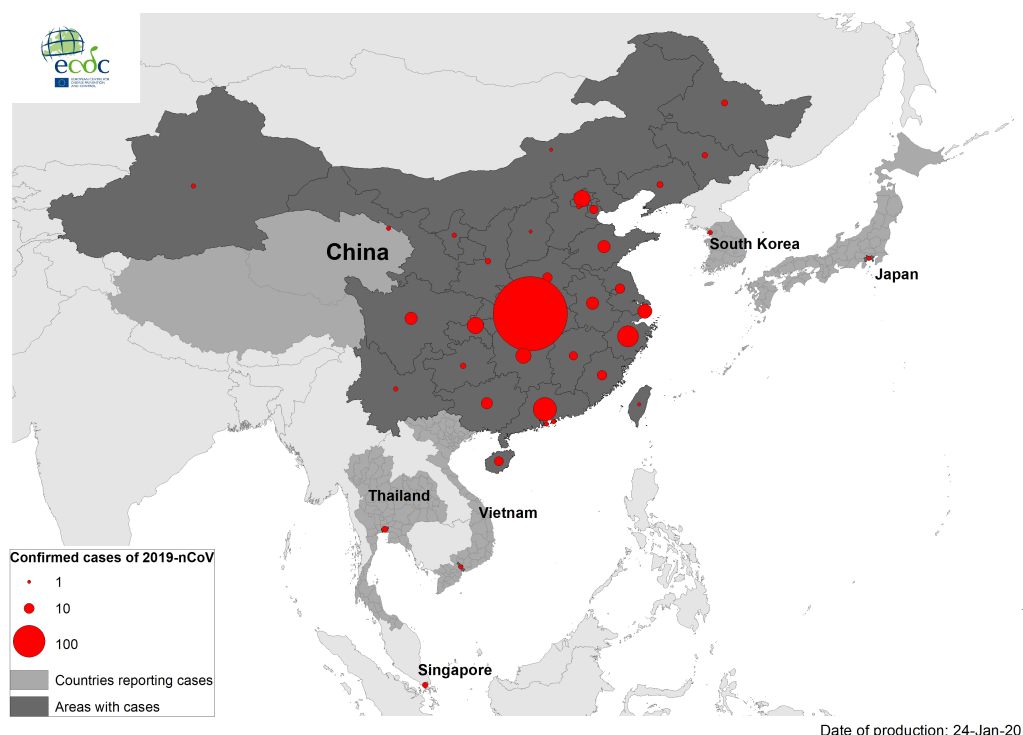
ECDC

Places reporting cases	Confirmed cases	Confirmed deaths
<input checked="" type="checkbox"/> America	1	0
United_States_of_America	1	0
<input checked="" type="checkbox"/> Asia	896	26
China	882	26
Japan	2	0
Republic_of_Korea	2	0
Taiwan	1	0
Thailand	4	0
singapore	3	0
vietnam	2	0
Total	897	26

Geographical distribution of 2019-nCoV cases, Asia, as of 24 January 2020

ECDC

9/16



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

Opening date: 20 April 2006

Latest update: 24 January 2020

Epidemiological summary

Americas

Haiti: In 2019 and as of 23 November, Haiti reported 684 cases including three deaths (CFR: 0.4%). This represents an increase of three cases and no deaths since the previous CDTR update. According to a [Unicef report](#), no confirmed cholera cases have been reported since February 2019. 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 23 November 2019, Haiti has reported 820 461 suspected cholera cases including 9 792 deaths (CFR: 1.2%).

Africa

Cameroon: Since January 2019 and as of 9 January 2020, Cameroon reported 1 307 cholera cases including 55 associated deaths (CFR: 4.2%). This represents an increase of 236 cases and two deaths since the previous CDTR update. The outbreak is ongoing in North, Far North and South West regions.

DR Congo: In 2019 and as of 15 December, DR Congo reported 29 087 suspected cholera cases, including 501 deaths (CFR: 1.7%). This represents an increase of 1 918 cases and 29 deaths since the previous CDTR update. The majority of the recent cases reported in the country (91%) were notified in North and South Kivu, Haut Lomami, Haut Katanga, Tshopo and Tanganyika regions. In all 2018, 31 387 cases including 1 042 deaths were notified across the country.

Kenya: In 2019 and as of 29 December, 5 150 cases including 39 associated deaths (CFR: 0.8%) have been reported. The outbreak continues active in Garissa, Wajir, Turkana and Kirinyaga counties. This represents an increase of 264 cases and two deaths since the previous CDTR update.

Somalia: As of 5 January 2020, WHO reported 9 968 suspected cholera cases including 50 associated deaths (CFR: 0.5%) since December 2017. This represents an increase of 710 cases and two deaths since the previous CDTR update. In week 2020-01, 107 cases with no associated deaths were reported in Somalia.

Sudan: According to WHO, in 2019 and between August to 21 December, 346 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 three cases and no deaths since the previous CDTR update.

Asia

10/16

Bangladesh: According to WHO, between 5 September to 29 December 2019, 239 cases of acute watery diarrhoea (AWD) have tested positive by cholera rapid diagnostic test or culture in [Cox's Bazar](#), in Bangladesh. This represents an increase of 92 cases that tested positive by cholera rapid diagnostic test or culture, since the previous CDTR update.

In 2020 and as of 15 January, 4 988 AWD cases have been reported in the Cox's Bazar. In all 2019, 191 057 AWD cases were reported in the Cox's Bazar.

India: According to the Indian National Centre for Disease Control, cholera cases were reported in Maharashtra (112), Karnataka (20) and Madhya Pradesh (1), India in November 2019.

Yemen: Since the beginning of the outbreak in 2017 and as of 7 January 2020, Yemen reported 2 260 495 suspected cholera cases and 3 767 deaths (CFR: 0.2%). This represents an increase of 33 885 cases and six deaths since the last CDTR update. In 2020 and as of 7 January, 6 856 cases including one associated death were reported.

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 eastern Africa, the Horn of Africa and Gulf of Aden over the past few months. Cholera outbreaks have also been notified in the western and southern part of Africa and in some areas of Asia. 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 remains possible. In 2018, 26 cases were reported in the EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016 respectively. All cases had 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.

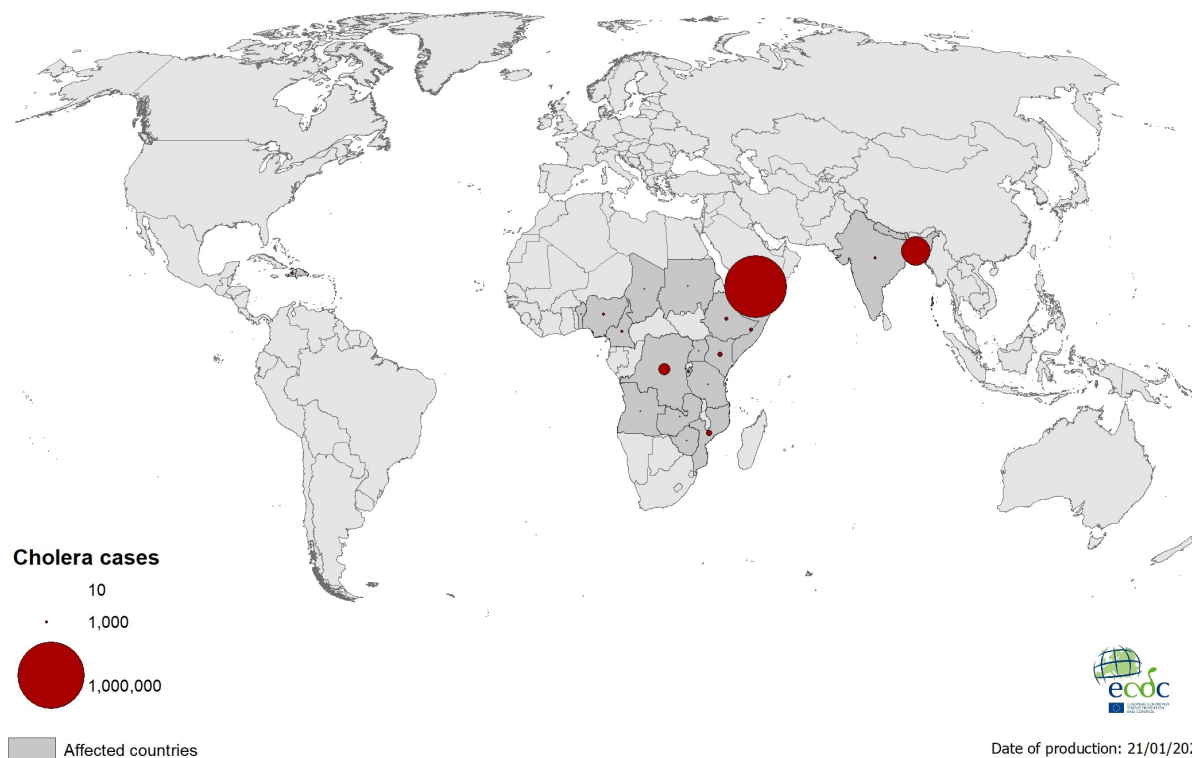
Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with 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](#).

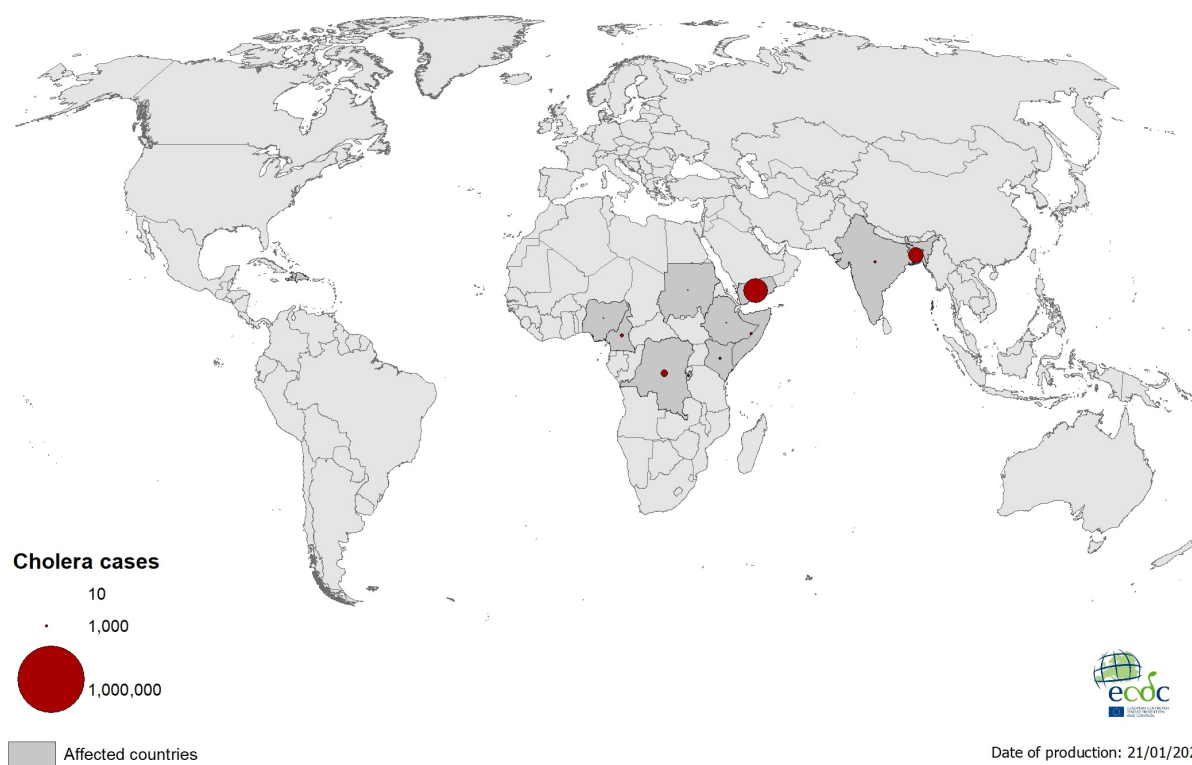
Geographical distribution of cholera cases reported worldwide in 2019

Source: ECDC



Geographical distribution of cholera cases reported worldwide between November 2019 to January 2020

Source: ECDC



Poliomyelitis - Philippines and Malaysia - 2019

Opening date: 9 October 2019

Latest update: 24 January 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, 16 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) and Laguna province (1) and Metropolitan Manila (1). Among these cases, one is characterised as cVDPV1, 11 as cVDPV2, one as iVDPV2, one as VDPV1 and two are pending genetic analysis.

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 MoH press release. As of 13 January three cases of cVDPV1 have been detected in Malaysia.

13/16

Environmental samples:

In the Philippines: Out of 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 seventeen VDPV2 isolates were identified in samples from NCR and Mindanao island (Davao city).

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](#)

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 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.

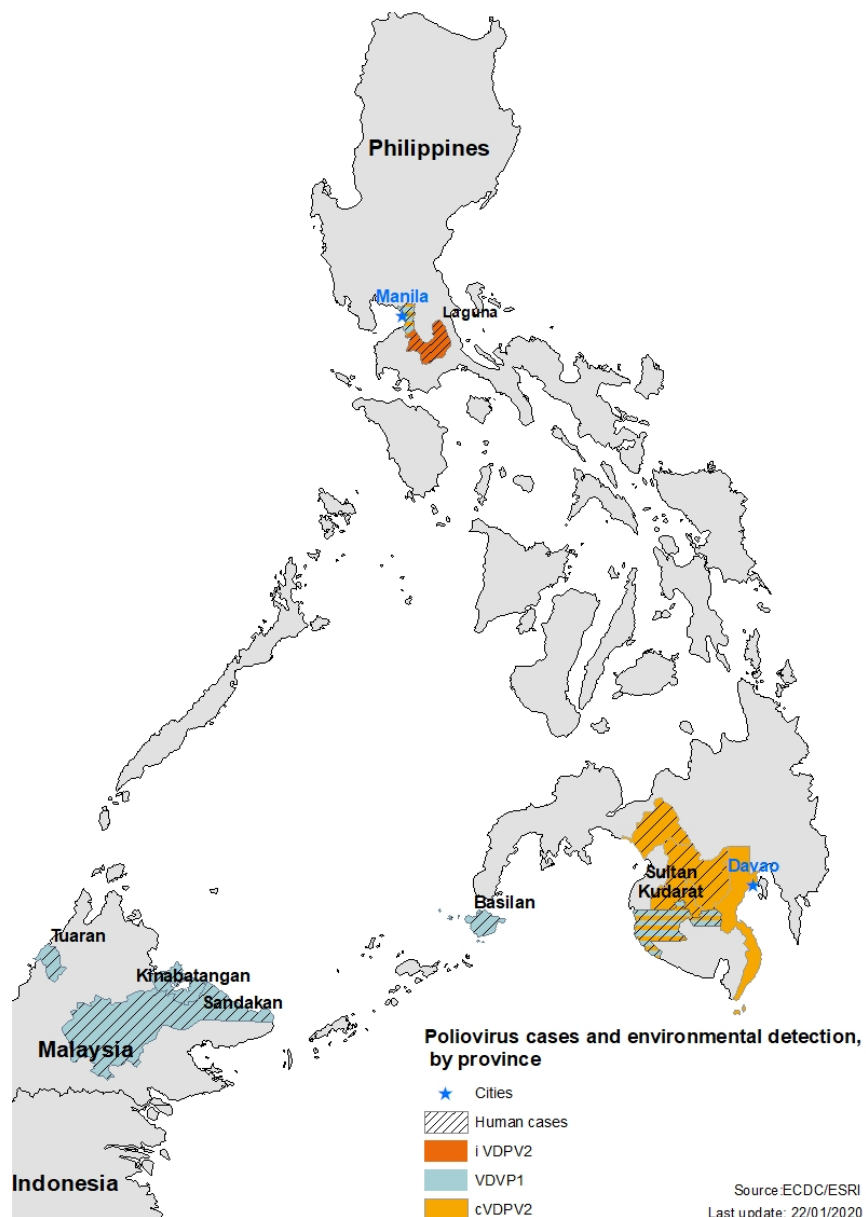
According to the European Regional Commission for the Certification of Poliovirus Eradication (RCC), one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high risk of a sustained polio outbreak. According to the same report, an additional [14 EU/EEA](#) 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](#).

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

ECDC



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