



## COMMUNICABLE DISEASE THREATS REPORT

# CDTR

## Week 6, 3-9 February 2019

### All users

This weekly bulletin provides updates on threats monitored by ECDC.

### Rio Carnival 2019, Rio de Janeiro, Brazil

In 2019, [Rio Carnival](#) will take place from 1–9 March 2019 in Rio de Janeiro, Brazil with an expected [one million](#) participants. It is likely that travellers from Europe will attend this event. The celebration is also very popular across Brazil in other cities and states such as Salvador da Bahia, Recife and Manaus. According to the International Air Transport Association, almost 500 000 people travelled from the EU/EEA to Rio de Janeiro, Brazil in 2017.

Prior to travel to Brazil, Rio Carnival participants should ensure that all their vaccinations are up to date in accordance with the national [immunisation schedule](#) in their country of residence, particularly two doses of measles-containing vaccine (usually MMR), rubella, diphtheria, tetanus and polio. In addition, vaccination against hepatitis A, meningococcal ACWY vaccine, typhoid and yellow fever should also be [considered](#).

In recent years, several states in Brazil reported cases of yellow fever. Travellers to [yellow fever risk areas](#), including the state of Rio de Janeiro, should consult their healthcare provider before the trip and should receive the yellow fever vaccine at least 10 days before travelling (unless vaccination is contraindicated). They should also follow measures to avoid mosquito bites and be aware of [yellow fever symptoms](#).

The most common [health risks](#) during the mass gatherings are related to vaccine-preventable diseases, gastrointestinal illnesses and vector-borne diseases in favourable climate conditions.

More information on the risks of infectious diseases in Brazil is available [here](#).

## I. Executive summary

### EU Threats

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

Opening date: 8 October 2018

Latest update: 8 February 2019

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

→Update of the week

From 28 January–3 February 2019, influenza activity continued to increase in the European Region.

## Salmonella Poona in infant products - Multicountry - 2018 - 2019

Opening date: 28 January 2019

Latest update: 8 February 2019

French authorities are reporting cases of *Salmonella* Poona in infants with genome sequences (cgMLST) belonging to the same cluster. All patients consumed infant formula from the same brand before developing symptoms.

### →Update of the week

Luxembourg has reported one case of *S. Poona* infection in January 2019 in an infant who had consumed the same brand of infant formula ordered from the Internet. The isolate is 100% identical to the French isolate.

## Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 February 2019

Measles cases in the EU/EEA primarily occur in unvaccinated populations in both adults and children. Outbreaks are ongoing in countries that had previously eliminated or interrupted endemic transmission.

### →Update of the week

Since the previous Communicable Disease Threats Report (CDTR) published on 11 January 2019, updates have been provided for 20 EU/EFTA countries: Austria, Bulgaria, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain and Switzerland.

In 2019, one death was reported in the EU (Romania).

Relevant updates outside EU/EFTA countries are provided for Georgia, the former Yugoslav Republic of Macedonia, Israel, Russia, Serbia, Ukraine, the WHO Region of the Americas and the US.

The monthly measles report published in the CDTR provides the most recent data on measles cases and outbreaks based on data reported on national authority websites or through media reports. It is supplementary to ECDC's [monthly measles and rubella monitoring report](#) based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). The data presented in both monthly reports may differ.

## Non EU Threats

## New! Andes Hantavirus Pulmonary Syndrome cases – Argentina – 2018

Opening date: 4 February 2019

Latest update: 8 February 2019

As of 31 January 2019 and since the beginning of the outbreak in November 2018, 31 confirmed Andes hantavirus cases, including 11 deaths (CFR: 35.5%), have been reported in Epuén.

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

Opening date: 1 August 2018

Latest update: 8 February 2019

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the 10th outbreak of Ebola virus disease in the country. The outbreak affects North Kivu and Ituri Provinces in the northeast of the country close to the border with Uganda. On 17 October 2018, the International Health Regulations Emergency Committee concluded that the epidemic does not at this stage constitute a public health emergency of international concern.

### →Update of the week

Since the previous CDTR, the Ministry of Health of the Democratic Republic of the Congo has reported 32 additional cases.

As of 6 February 2019, according to the [Ministry of Health of the Democratic Republic of the Congo](#), there have been 791 Ebola virus disease cases (737 confirmed, 54 probable), including 492 deaths (438 in confirmed and 54 in probable cases), since the beginning of the outbreak.

As of 31 January 2019, according to the [WHO Disease outbreak news](#), 65 healthcare workers have been infected to date.

## Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 8 February 2019

Global public health efforts are ongoing to eradicate polio by immunising every child until transmission of the virus has stopped and the world becomes polio-free. 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. On 15 November 2018, the International Health Regulations Emergency Committee agreed that the spread of poliovirus remains a PHEIC and extended the temporary recommendations an additional three months. In June 2002, the WHO European Region was officially declared polio-free.

### →Update of the week

Since the CDTR published on 5 January 2019, six new cases of wild poliovirus type 1 have been reported in Pakistan (5) and Afghanistan (1). Four new cases of circulating vaccine-derived poliovirus (cVDPV) have also been reported globally in Niger (2) and Nigeria (2). All these cases were cVDPV type 2 (cVDPV2).

## Middle East respiratory syndrome coronavirus (MERS-CoV) – Multistate

Opening date: 24 September 2012

Latest update: 8 February 2019

Since the disease was first identified in Saudi Arabia in September 2012, more than 2 300 Middle East respiratory syndrome coronavirus (MERS-CoV) cases have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies points towards dromedary camels in the Middle East as being a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

### →Update of the week

Nineteen MERS-CoV cases were reported in [Saudi Arabia](#) (14) and [Oman](#) (5) in January, of which six were female and 13 were male. There were five deaths in Saudi Arabia (3) and Oman (2).

In Saudi Arabia, 11 cases were primary cases and three were household contacts. Of the primary cases, two reported camel contact.

## II. Detailed reports

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

Opening date: 8 October 2018

Latest update: 8 February 2019

#### Epidemiological summary

From 28 January–3 February 2019, influenza activity continued to increase in the European Region. Samples collected from individuals presenting with influenza-like illness or acute respiratory infection to sentinel primary health care sites yielded an influenza positivity rate of 54.7%.

Influenza type A virus detections dominated, with A(H1N1)pdm09 viruses and A(H3N2) viruses co-circulating. Few influenza B viruses were detected.

Over 50% of severe acute respiratory infection cases tested for influenza in week 5 of 2019 were positive and almost all viruses (>99%) were type A.

Pooled data from 22 Member States and areas reporting to the EuroMOMO project indicated excess mortality in elderly populations overall. However, this result was driven by data from only a few countries.

In general, current influenza vaccines tend to work better against influenza A(H1N1)pdm09 and influenza B viruses than against influenza A(H3N2) viruses. [Preliminary results](#) from Canada, where the predominant circulating viruses are influenza A (H1N1)pdm09 viruses, indicate good vaccine effectiveness.

**Source:** [Flu News Europe](#) | [EuroMOMO](#)

#### ECDC assessment

Influenza activity and geographic spread remain at seasonally expected levels. Influenza A(H3N2) and A(H1N1)pdm09 co-circulate in Europe. Influenza vaccine coverage among the elderly, chronic disease risk groups and healthcare workers was suboptimal in most EU Member States, according to the [VENICE report](#). Influenza vaccination efforts should still continue in the EU.

#### Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe website](#).

Recommendations on the composition of the 2018–2019 influenza virus vaccine are available from the [WHO](#) website.

### Salmonella Poona in infant products - Multicountry - 2018 - 2019

Opening date: 28 January 2019

Latest update: 8 February 2019

#### Epidemiological summary

The French public health institute reported five cases of *Salmonella* Poona in infants with genome sequences belonging to the same cluster. Nine additional cases are suspected to be part of the same cluster (cgMLST sequencing is ongoing). The 14 patients are 2–19 months old and had symptoms from August 2018–January 2019. France provided information on the sequences from the human isolates in EPIS-FWD. All patients consumed infant formula from the same brand before symptoms.

According to Direction Générale de la Santé and Direction générale de la concurrence, de la consommation et de la répression des fraudes, a major recall of infant formula and baby food has been implemented in France.

Luxembourg has reported one case of *S. Poona* infection in January 2019 in an infant who had consumed the same brand of infant formula ordered from the Internet. The isolate is 100% identical to the French isolate.

A number of EU countries have reported *S. Poona* in infants in 2018 and 2019. Belgium has reported two salmonellosis cases in 2019, one a confirmed *S. Poona* infection and one a suspected case. Both of the infants consumed the suspected infant formula in 2019. In addition, one *S. Poona* case in an infant was confirmed in September 2018, but exposure information is not available

for this case. The Czech Republic detected four cases of *S. Poona* in 2018. Since January 2019, it identified one case in a 17-month-old child who did not consume the suspected infant formula. Germany has reported two cases in infants, detected since the beginning of 2018. The Netherlands reported one case in a one-year-old child in 2018. Switzerland has reported one case in an infant with sampling dates ranging from December 2017–March 2018. No exposure information was available for the *S. Poona* cases in Germany, the Netherlands and Switzerland.

Sequencing is ongoing in Belgium, Germany and the Netherlands.

Norway and Spain has reported no matching isolates. Finland reported no cases in infants in 2018.

**Background:** *Salmonella* Poona is the 36th most common serotype in the European Surveillance System (TESSy). It was reported by 23 EU/EEA countries from 2013–2017, with 147–206 cases per year. In the five-year period, France accounted for 34% of the cases, followed by the United Kingdom with 26%. Cases were most common in children 0–4 years old (37% of cases) and male cases were more common (58%) than female cases. Travel information was available for 55% cases and of these, 45% were imported. Thailand was the most common destination, accounting for 21% of the travel-associated cases.

Spain had a large outbreak of *S. Poona* in infants in 2010–2011 linked to contaminated infant milk formula.

**Sources:** [Direction générale de la Santé](#) | [Santé publique France](#)

## ECDC assessment

The French public health institute has reported a whole-genome sequencing cluster of *S. Poona* in infants and Luxembourg one case with a sequence 100% identical by cgMLST to the French isolate. Patients in both countries were found to have consumed the same infant formula. A recall is ongoing. Such a measure is expected to decrease the risk of new infections. However, additional cases may be reported. Other EU countries report cases of *S. Poona* in infants in 2018. Whole-genome sequencing analysis will clarify whether the *S. Poona* cases in the other countries are associated with the same source of infection.

## Actions

ECDC has proposed to EFSA to do a joint ECDC-EFSA rapid outbreak assessment on this event. ECDC will continue monitoring this event through EPIS-FWD.

## Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 February 2019

## Epidemiological summary

Since the previous Communicable Disease Threats Report (CDTR) published on 11 January 2019 updates are provided for 20 EU/EFTA countries: Austria, Bulgaria, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain and Switzerland.

In 2019, one death was reported in the EU (Romania).

Outside EU/EFTA countries, Ukraine is experiencing the continuation of the largest outbreak, with over 15 000 cases reported in 2019, including one death. Outbreaks are also reported in Georgia, Israel, Russia, and the US.

The monthly measles report published in the CDTR provides the most recent data on measles cases and outbreaks based on the data reported on national authority websites or through media reports. It is supplementary to ECDC's [monthly measles and rubella monitoring report](#) based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). The data presented in both monthly reports may differ.

### ***Epidemiological summary for EU/EFTA countries with updates since last month:***

[Austria](#) reported at least eight cases in 2019 as of 23 January 2019. In 2018, there were 77 cases reported from all federal states and 12% of the cases were healthcare workers.

[Bulgaria](#) reported no cases in 2019 as of 3 February 2019. In 2018, Bulgaria reported 13 cases (as of 10 January 2019).

[The Czech Republic](#) reported 207 cases from January–December 2018, an increase of 25 cases since November 2018. Half of the cases in 2018 were reported from [Prague](#) (103) and additional six cases were reported in 2019 as of 4 January 2019. According to [media reports](#) quoting health authorities, 23 cases have been reported in January 2019 in Prague and 10 cases in Moravian-Silesian Region.

[Denmark](#) reported one case in 2019 as of 4 February 2019 and 8 cases in 2018.

[Estonia](#) reported 10 cases from January–December 2018. No new cases have been reported in 2019.

[Finland](#) reported three cases of measles in 2019 as of 4 February 2019. In 2018, Finland reported 15 cases. In addition, [Finnish health authorities](#) reported one case in an unvaccinated person with a date of symptom onset on 2 February 2019. The person travelled by ferry to Stockholm and back during the infectious period 1–2 February 2019. Measures are being taken to inform ferry passengers.

[France](#) reported outbreaks on the islands of [Réunion and Mayotte](#). In Réunion, 22 cases have been reported from 1 December 2018–29 January 2019.

[Germany](#) reported 23 cases in 2019 as of 13 January 2019. From [January–December 2018](#), 542 cases of measles were reported, most from the state of North Rhine-Westphalia (210).

[Hungary](#) reported three cases in 2019 as of 27 January 2019, compared with 21 in 2018.

[Ireland](#) reported seven cases in 2019 as of 26 January 2019.

[Italy](#) reported 2 526 cases, including eight deaths, from 1 January–31 December 2018. This is an increase of 99 cases since the previous CDTR published on 11 January 2018. Of the cases, 44% were reported from Sicily and 115 were healthcare workers.

[Lithuania](#) reported 14 cases of measles in 2019 as of 1 February 2019. In 2018, there were 30 cases of measles, of which 26 cases were adults. This is an increase of 22 cases reported in 2018 since previous CDTR on 11 January 2018.

[The Netherlands](#) reported 0.1 cases of measles per 100 000 population in 2018 as of 21 January 2019. There have been no changes since the previous CDTR published on 11 January 2018.

[Norway](#) reported 12 cases of measles in 2018 and no new cases in 2019 as of 4 February 2019.

[Poland](#): According to media reports citing healthcare authorities on 16 January 2019, an outbreak was reported in a hospital in Szczecin. Seven healthcare workers fell ill, but patients were not affected by the disease. The [hospital](#) was closed for several days to sustain the outbreak. In 2018, 339 cases of measles were reported by [Poland](#).

[Portugal](#): According to media reports citing healthcare authorities on 31 January 2019, 37 cases have been confirmed since November 2018 in Lisbon, the Tagus Valley region and Madeira. This is an increase of five cases since the previous CDTR on 11 January 2019. Another [media](#) source reported 162 cases in 2018 in Portugal, of which 51% were among healthcare workers.

[Romania](#) has reported 133 cases, including one death, in 2019 as of 1 February. In 2018, 5 376 cases, including 22 deaths, were reported. Since the beginning of the outbreak in October 2016 and as of 1 February 2019, Romania has reported 15 733 confirmed cases, including 60 deaths.

[Slovakia](#) has reported at least one case in the Bratislava region in 2019 and 141 cases reported from September 2018–22 January 2019 in an ongoing outbreak in Trebišov. In 2018, 598 cases were reported in Slovakia in Michalovce and Sobrance (447), Nitra (10) and Trebišov (141).

[Spain](#) reported six confirmed cases in 2019 as of 27 January 2019.

[Switzerland](#) reported six cases in 2019 as of 29 January. In 2018, 47 cases were reported as of 2 December 2018.

#### **Relevant epidemiological summary for countries outside the EU/EFTA:**

[Georgia](#) reported over 2 200 cases of measles, including three deaths, in 2018. The outbreak continued in 2019, with 321 cases reported from 1–17 January 2019, according to media reports citing healthcare authorities. Over half (56–58%) of the cases reported are individuals 20–40 years of age.

[The former Yugoslav Republic of Macedonia](#) reported 62 cases in 2018 in Skopje (29), Debar (25), Kumanovo (4), Ohrid (2), Tetovo (1) and Struga (1). In 51 of the cases, 84.3% were not vaccinated or had unknown disease status.



[Israel](#) reported more than 3 150 cases of measles in 2018, an increase of 850 cases since the CDTR published on 11 January 2019.

[Russia](#): Several outbreaks were reported across the country in January 2019, according to media reports and healthcare authorities. Outbreaks have been reported in [Moscow](#), [Vladimir Oblast](#) and, according to media reports, [St. Petersburg and Yamalo-Nenets Autonomous Okrug](#).

[Serbia](#) reported 5 784 cases, including 15 deaths, from October 2017–1 February 2019, including cases reported from Kosovo\*. This is an increase of one case since the CDTR published on 11 January 2019. Of the reported cases, 2 933 were confirmed.

\*This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the International Court of Justice Opinion on the Kosovo Declaration of Independence.

[Ukraine](#) reported 15 095 cases of measles, including one death, in 2019 as of 1 February 2019. Of the cases, 6 364 were adults and 8 731 were children. This is an increase of over 13 000 cases since the CDTR published on 11 January 2019. In 2018, Ukraine reported 54 481 cases of measles (20 204 adults and 34 277 children), including 16 deaths.

According to the [Pan American Health Organization](#), in 2019 as of 27 January 2019, 59 confirmed cases were reported from four countries. Of the cases, the majority (52 cases) were reported by the US. In 2018, 16 514 confirmed cases were reported in 12 countries, of which Brazil and Venezuela reported the majority of the cases.

[The US](#) reported 79 confirmed cases of measles in 10 states in 2019 as of 31 January 2019. Three outbreaks (defined as 3 or more cases) have been reported in 2019 in New York State, New York City, and Washington State. These outbreaks are associated with travellers who brought measles back from Israel and Ukraine, where large measles outbreaks are occurring.

## ECDC assessment

Given the current extent of measles circulation in the EU/EEA, the trend in recent years and suboptimal vaccination coverage for the first and second doses, there is a high risk of continued measles transmission with mutual exportation and importation between EU/EEA Member States and third countries. For a more complete assessment, consult ECDC's rapid risk assessment, [Risk of measles transmission in the EU/EEA](#), published on 21 March 2018.

## Actions

ECDC is monitoring measles outbreaks through epidemic intelligence and reports monthly. ECDC also gathers measles surveillance data through The European Surveillance System (TESSy) for 30 EU/EEA countries.

## New! Andes Hantavirus Pulmonary Syndrome cases – Argentina – 2018

Opening date: 4 February 2019

Latest update: 8 February 2019

## Epidemiological summary

According to Argentinian health authorities, since the beginning of the outbreak in November 2018 and as of 31 January 2019, 31 confirmed Andes hantavirus cases, including 11 deaths (CFR: 35.5%), have been reported in Epuyen area, Argentina.

The index case had environmental exposure and onset of symptoms in week 44 of 2018. Five contacts of the index case that attended a social event in the same week 44 were confirmed for Andes hantavirus in weeks 47–48 in 2018. All the other confirmed cases in the following weeks were contacts of the first six cases that shared the social event.

One of the confirmed cases related to this outbreak was reported in the neighbouring Chilean province of Palena.

**Source:** [Argentinian Ministry of Health](#) / [Regional health authorities](#)

## ECDC assessment

Human-to-human transmission for Andes hantavirus has been described. Additionally, the Epuyén area is known to be endemic for Andes hantavirus. According to Argentinian health authorities, five confirmed cases have been reported in the same area in the last 10 years.

The dynamics of this outbreak support a human-to-human transmission that could pose a potential risk of exposure for EU/EEA

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travellers in the area. Therefore, travellers to endemic regions should avoid areas that are infested with rodents or where they see signs of rodent infestation such as droppings. The best way for preventing human-to-human transmission of Andes hantavirus is by frequent handwashing and avoiding close contact to a confirmed case.

## Actions

ECDC is following the dynamics of this outbreak through epidemic intelligence. ECDC will report again if relevant epidemiological updates are available.

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

Opening date: 1 August 2018

Latest update: 8 February 2019

### Epidemiological summary

Since the beginning of the outbreak and as of 6 February 2019, there have been 791 Ebola virus disease cases (737 confirmed, 54 probable), including 492 deaths (438 in confirmed and 54 in probable cases), according to the Ministry of Health of the Democratic Republic of the Congo.

Eighteen health zones in two provinces have reported confirmed or probable Ebola virus disease cases: Beni, Biena, Butembo, Kalunguta, Katwa, Kayna, Kyondo, Mabalako, Mangurujipa, Masereka, Musienene, Mutwanga, Oicha and Vuhovi health zones in North Kivu Province and Komanda, Mandima, Nyankunde and Tchomia health zones in Ituri Province.

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

As of 31 January 2019, according to the [WHO Disease outbreak news](#), 65 healthcare workers have been infected to date.

### ECDC assessment

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

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

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

**WHO assessment:** As of 17 January 2019, the [WHO assessment](#) is that the risk of spread is low at the global level, but remains very high at national and regional levels.

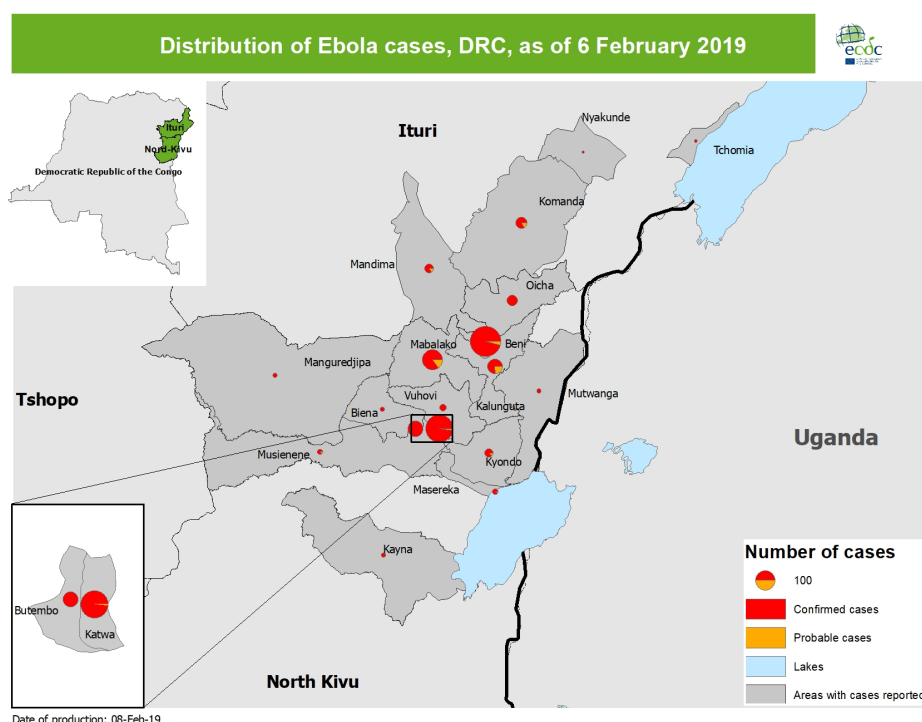
## Actions

ECDC will update the [rapid risk assessment](#) circulated on 21 December 2018 and will be published on 13 February 2019. ECDC also published an [epidemiological update](#) on 25 January 2019.



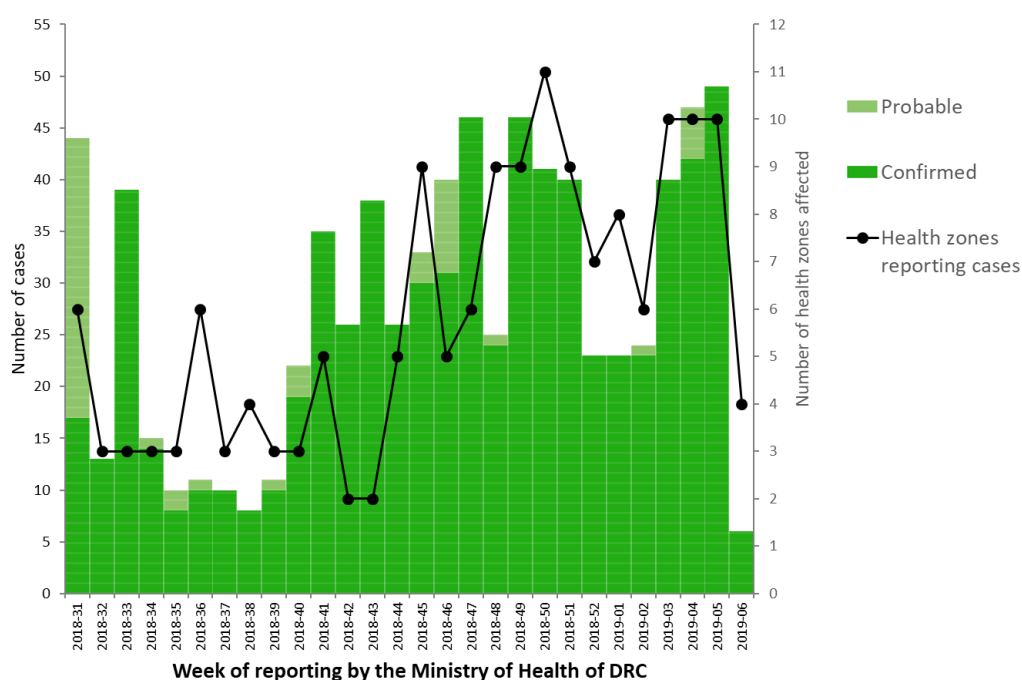
## Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 6 February 2019

ECDC



## Distribution of confirmed and probable cases of Ebola Virus Disease and health zones reporting cases, North Kivu and Ituri, Democratic Republic of the Congo, as of 6 February 2019

ECDC



## Poliomyelitis – Multistate (World) – Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 8 February 2019

### Epidemiological summary

In 2018, 33 cases of wild poliovirus type 1 were reported in two countries: Afghanistan (21) and Pakistan (12). Additionally, in 2019 and as of 5 February, two wild poliovirus type 1 cases have been also reported in Afghanistan (1) and Pakistan (1).

Since the beginning 2018 and as of 5 February 2019, six countries have detected 103 cases of cVDPV. cVDPV1 cases were reported in Papua New Guinea (26), while cVDPV2 cases were reported in the Democratic Republic of the Congo (20), Mozambique (1), Niger (10) and Nigeria (34). Somalia reported 12 cVDPV cases during this time period: five cVDPV2, six cVDPV type 3 (cVDPV3) and one coinfection of both cVDPV2 and cVDPV3. None of the 103 cVDPV cases were reported in 2019.

**ECDC link:** [ECDC poliomyelitis page](#) | [Polio interactive map](#)

**Sources:** [WHO IHR Emergency Committee](#) | [Polio eradication: weekly update](#) | [WHO EMRO: Syria](#) | [WHO AFRO Weekly Bulletin](#)

### ECDC assessment

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 link:** [ECDC risk assessment](#)

### Actions

ECDC provides updates on the polio situation on a monthly basis. ECDC monitors reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and identifies events that increase the risk of reintroducing wild poliovirus in the EU.

ECDC maintains an interactive [map](#) showing countries worldwide that are still endemic for polio and have ongoing outbreaks of cVDPV.

## Middle East respiratory syndrome coronavirus (MERS-CoV) – Multistate

Opening date: 24 September 2012

Latest update: 8 February 2019

### Epidemiological summary

Since April 2012 and as of 31 January 2019, 2 314 cases of MERS-CoV, including 855 deaths, have been reported by health authorities worldwide.

**Sources:** [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [WHO MERS updates](#) | [ECDC fact sheet for professionals](#)

### ECDC assessment

The risk of sustained human-to-human transmission in Europe remains low. ECDC's assessment remains that the MERS-CoV outbreak poses a low risk to the EU, as stated in the [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

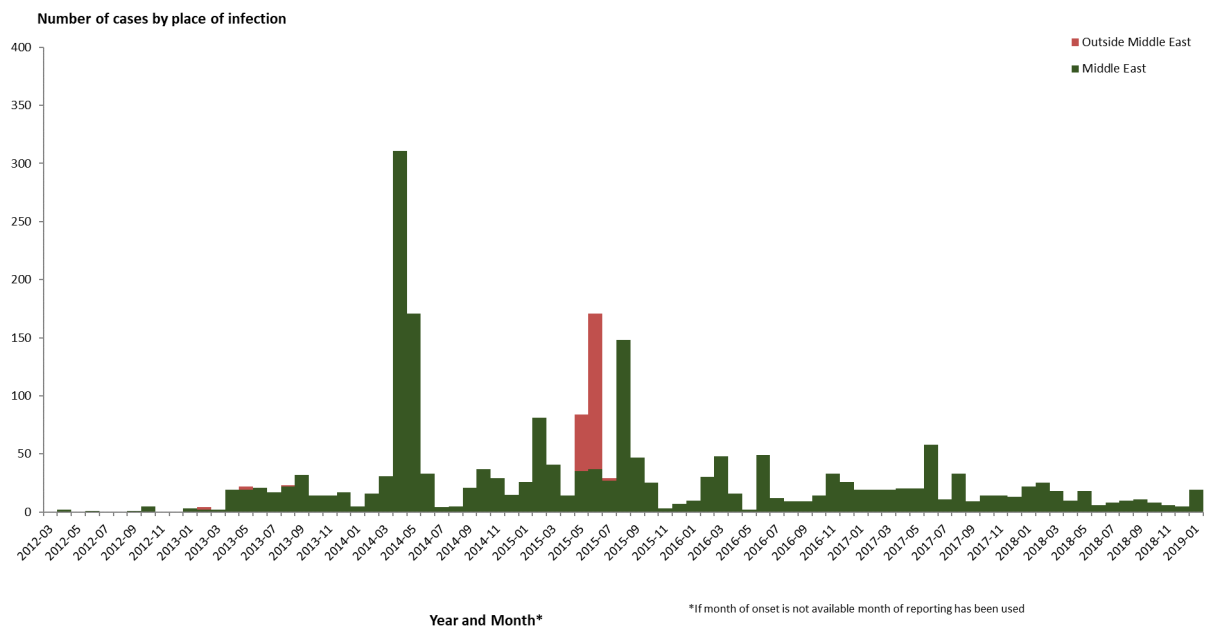
On 2 August 2018, ECDC published a [rapid risk assessment regarding public health risks related to communicable diseases during the 2018 Hajj, Saudi Arabia, 19–24 August 2018](#) addressing MERS-CoV.

### Actions

ECDC monitors this threat through epidemic intelligence and monthly reports.

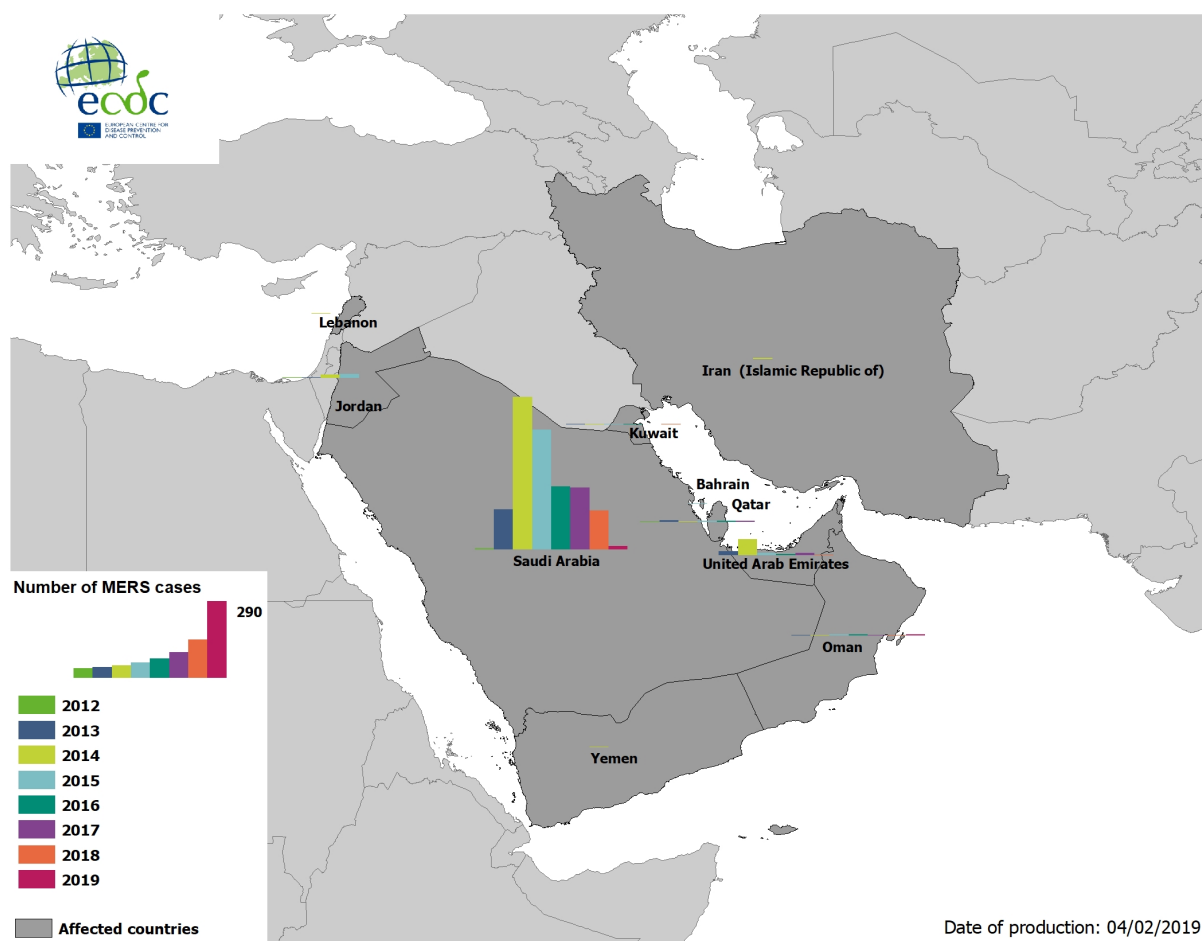
## Distribution of confirmed cases of MERS-CoV by first available month and region, from March 2012 and as of 31 January 2019

ECDC



## Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 31 January 2019

ECDC



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