

NEWS**Multidrug-resistant malaria in Southeast Asia**

Two recent publications issued on 22 July 2019 in *The Lancet Infectious Diseases*, describe the evolution and spread of multidrug-resistant malaria in recent years in several countries in south-east Asia.

The first study ([Hamilton et al., 2019](#)) describes the emergence of a dominant parasite co-lineage, KEL1/PLA1, that confers dihydroartemisinin-piperaquine resistance and its spread from western Cambodia to Laos, north-eastern Thailand and Vietnam. By analysing almost 2 500 whole parasite genomes, the study shows that *P. falciparum* KEL1/PLA1 has diversified and is now highly prevalent in eastern parts of Southeast Asia, where it has frequently replaced previously indigenous populations of parasites. Continuous exposure to the combination dihydroartemisinin-piperaquine (first-line treatment in Vietnam (since 2004), Cambodia (2008–2016) and Thailand (since 2015), may have led to the proliferation of the multidrug parasites.

Resistant *P. falciparum* clears more slowly and according to the second study ([Wyan der Pluijm et al., 2019](#)), which reports on the clinical data of the use of dihydroartemisinin-piperaquine in the Greater Mekong Subregion, only 50% of patients had cleared the parasite on day 42 after treatment. This implies that the combination should no longer be used in treating uncomplicated *P. falciparum* in the area as it provides ineffective treatment and therefore contributes to increased malaria transmission. Countries are now recommending either artesunate-mefloquine or artesunate-pyronaridine.

Both studies stress the need to accelerate malaria eradication in the Greater Mekong Subregion to prevent the further geographical spread of resistant *P. falciparum* strains.

A comment by [Ménard and Fidock](#) in the same issue provides an overview of the challenges of these new findings for malaria management and the need for a regional strategy for control (e.g. coordinated approach to malaria treatment guidelines).

P. falciparum resistance has emerged in the past from Southeast Asia (resistance to chloroquine or pyrimethamine) and spread to India and sub-Saharan Africa. The increased incidence of multidrug-resistant *P. falciparum* cases in recent years described by these studies is of concern for malaria control at the regional level and can potentially become a global threat.

EU/EEA travellers to malaria-affected areas should seek medical advice prior to their departure. [Chemoprophylaxis](#) against malaria should be considered and [personal protective measures](#) against mosquito bites should be encouraged while visiting these areas. These personal protective measures should also be considered by residents in malaria affected areas. Clinicians taking care of returning travellers from Southeast Asia with malaria-compatible symptoms should also be aware of the increasing circulation of resistant *P. falciparum* and modify antimalarial treatment as needed.

I. Executive summary

EU Threats

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea – Summer 2019

Opening date: 3 June 2019

Latest update: 9 August 2019

Elevated sea surface temperatures (SST) in marine environments with low salt content offer optimal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC Vibrio Map Viewer](#)).

→Update of the week

As of 8 August 2019, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low except in Kattegat Bay (Denmark and Sweden), Szczecin Lagoon (Germany and Poland), Vistula Lagoon (Poland) and Kalmar Strait, Solumshamn, Stockholm County and Östergötland County (Sweden), where it was identified to be medium to high.

For the next five days, environmental suitability for *Vibrio* growth in the Baltic Sea will decrease. It is considered to be very low to low except in Szczecin Lagoon (Germany and Poland), Gdansk (Poland) and Kalmar Strait (Sweden), where it is considered to be medium to high.

Outside EU/EEA countries, environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be very low to low except in Kaliningrad (Russia), where it was identified to be medium to high. For the next five days, it is considered to be very low to low.

West Nile virus - Multistate (Europe) - Monitoring season 2019

Opening date: 3 June 2019

Latest update: 9 August 2019

During the West Nile virus infection transmission season, expected to be from June–November 2019, ECDC monitors the occurrence of West Nile virus infections in EU/EEA Member States and EU neighbouring countries and publishes weekly epidemiological updates to inform blood safety authorities of areas at NUTS 3 (Nomenclature of Territorial Units for Statistics 3) or GAUL 1 (Global Administrative Unit Layers 1) level where at least one locally acquired human West Nile virus infection meeting the EU case definition (Commission Implementing Decision (EU) 2018/945) has been reported.

During the 2018 transmission season, 2 083 human cases were reported by EU Member States and EU neighbouring countries. In the same period, EU Member States reported 285 outbreaks among equids.

→Update of the week

From 2–8 August 2019, EU Member States reported 13 human cases in Greece (9), Italy (2) and Cyprus (2). This week, the first case in EU neighbouring countries was reported by Serbia (1). All human cases were reported from areas that have been affected during previous transmission seasons. One death was reported by Greece this week.

Four equine outbreaks were reported to the Animal Disease Notification System in the same week by Greece in areas where human cases were also reported.

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 9 August 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 monthly measles update in the Communicable Disease Threats Report (CDTR) published on 19 July 2019, updates have been provided for 14 EU/EEA countries: Austria, Bulgaria, the Czech Republic, Estonia, France, Germany, Hungary, Ireland, Italy, Lithuania, Poland, Romania, Slovenia and Spain.

The following EU/EEA countries have reported outbreaks with a mainly decreasing trend: Bulgaria, the Czech Republic, France, Poland, Italy, Lithuania, Poland, Romania, Slovenia and Spain.

Most of the cases in 2019 so far have been reported from Romania (2 333), France (2 313), Poland (1 338), Italy (1 334), Bulgaria (1 122) and Lithuania (794).

In 2019, 7 deaths were reported in the EU/EEA in Romania (5), France (1) and Italy (1).

Relevant updates outside EU/EEA countries are available from the WHO Regional Office for Africa, the Pan American Health Organization and the WHO Regional Office for the Western Pacific, as well as from Moldova, North Macedonia, Switzerland, Ukraine and the US.

The monthly measles report published in the CDTR provides the most recent data on 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). Data presented in both monthly reports may differ.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 9 August 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. In June 2019, several cases from the Democratic Republic of the Congo were detected in Uganda. However, Uganda has not reported autochthonous transmission as of 7 August 2019. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened and afterwards the WHO Director-General declared that the outbreak meets all the criteria for a public health emergency of international concern (PHEIC) under the IHR.

→Update of the week

Since the previous CDTR and as of 7 August 2019, [WHO and the Ministry of Health of the Democratic Republic of the Congo](#) have reported 74 additional confirmed cases. During the same period, 44 deaths were reported. Among the new reported cases in the past week, at least one was a healthcare worker.

As of 7 August 2019, Lolwa health zone in Ituri has reported its first confirmed Ebola virus disease case.

From 14 July 2019-31 July 2019, there were four confirmed Ebola virus disease cases in Goma. No new confirmed cases have been reported in Goma since then. On 3 August 2019, all contacts of the first confirmed case in Goma, reported on 14 July 2019, completed their 21 days of follow-up. Response measures are still ongoing for the three cases reported from Nyiragongo health zone on the outskirts of Goma. So far, 232 contacts of the three cases from Nyiragongo are under surveillance. Three high-risk contacts from Butembo were found in Goma on 6 August 2019. They were vaccinated and their return to Butembo is being organised.

On 6 August 2019, the Ministers of Health of the Democratic Republic of the Congo and Rwanda signed a [statement](#) regarding strengthening cross-border collaboration.

On 2 August 2019, [Uganda](#) started a two-year Ebola vaccine trial ([ZEBOVAC](#)) among healthcare and frontline workers. The trial will provide additional information and evaluate the safety and immune response generated by an investigational two-dose Ebola vaccine regimen manufactured by Janssen Vaccines and Prevention and sponsored by the London School of Hygiene and Tropical Medicine.

Mass gathering - Hajj - Saudi Arabia – 2019

Opening date: 2 August 2019

Latest update: 9 August 2019

This year, the Hajj will take place from 9–14 August 2019. In August 2018, 1 758 722 foreign and 612 953 domestic pilgrims took part in the Hajj. Most of the foreign pilgrims (94%) arrived by air in 2018. The risk of EU/EEA citizens becoming infected with communicable diseases during the 2019 Hajj is considered low due to vaccination and other requirements and preparedness of the Saudi Arabia before, during and after the Hajj.

→ Update of the week

No serious events have been reported in relation to the Hajj. Several events of potential interest were detected by epidemic intelligence and are described in the report.

Middle East respiratory syndrome coronavirus (MERS-CoV): No cases have been reported in relation to Umrah or Hajj, but cases continue to be reported from Saudi Arabia linked either to camel contact and transmission to healthcare settings. In 2019 and as of 5 August 2019, 177 MERS-CoV cases have been reported in Saudi Arabia (164) and Oman (13), including 47 deaths in Saudi Arabia (43) and Oman (4).

Following the WHO announcement on 17 July 2019 of the public health emergency of international concern (PHEIC) for Ebola in the Democratic Republic of the Congo, Saudi Arabia has suspended visa issuance on 24 July 2019 to travellers from the Democratic Republic of the Congo, fearing the spread of Ebola during the Hajj. However, WHO does not recommend any restrictions on travel or trade globally due to the Ebola outbreak in the Democratic Republic of the Congo.

II. Detailed reports

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea – Summer 2019

Opening date: 3 June 2019

Latest update: 9 August 2019

Epidemiological summary

As of 8 August 2019, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be very low to low except in Kattegat Bay (Denmark and Sweden), Szczecin Lagoon (Germany and Poland), Vistula Lagoon (Poland) and Kalmar Strait, Solumshamn, Stockholm County and Östergötland County (Sweden), where it was identified to be medium to high.

For the next five days, environmental suitability for *Vibrio* growth in the Baltic Sea will decrease. It is considered to be very low to low except in Szczecin Lagoon (Germany and Poland), Gdansk (Poland) and Kalmar Strait (Sweden), where it is considered to be medium to high.

Outside EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be very low to low, except in Kaliningrad (Russia), where it was identified to be medium to high. For the next five days, it is considered to be very low to low.

Sources: [ECDC](#) | [National Environmental Satellite, Data and Information Service](#)

The model has been calibrated to the Baltic region in northern Europe and may not apply to other worldwide settings prior to validation. For the Baltic Sea, the model parameters to be used in the map are the following values: number colour bands (20) scale method linear, legend range minimum value: 0 and maximum value: 28.

ECDC assessment

Elevated SSTs in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content. These *Vibrio* species can cause vibriosis infections, particularly *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*.

Vibriosis in humans caused by these species in the Baltic region has occurred in the past during hot summer months, particularly when SSTs are elevated (above 20 degrees Celsius). The most common clinical manifestations are gastroenteritis with nausea, vomiting and diarrhoea, wound infections when a cut has been exposed, infected wounds or abrasions due to contaminated seawater, primary septicaemia and otitis externa. Risk factors for illness apart from contact with natural bodies of waters, especially marine or estuarine waters, also include the consumption of shellfish, particularly raw oysters.

Actions

ECDC monitors this threat on a weekly basis during the summer of 2019 and reports on increased environmental suitability for the growth of *Vibrio* species.

West Nile virus - Multistate (Europe) - Monitoring season 2019

Opening date: 3 June 2019

Latest update: 9 August 2019

Epidemiological summary

From 2–8 August 2019, EU Member States reported 13 human cases in Greece (9), Italy (2) and Cyprus (2). This week, the first case in EU neighbouring countries was reported by Serbia (1). All human cases were reported from areas that have been affected during previous transmission seasons. One death was reported by Greece this week.

Four equine outbreaks were reported to the Animal Disease Notification System in the same week by Greece in areas where human cases were also reported.

Since the beginning of the 2019 transmission season and as of 8 August 2019, EU Member States have reported 46 human West

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Nile virus infections in Greece (34), Romania (4), Italy (3), Cyprus (2), Hungary (2) and France (1). One case was reported by Serbia in the EU neighbouring countries.

To date, four deaths due to West Nile virus infection have been reported by Greece (3) and Romania (1).

During the current transmission season, seven outbreaks among equids have been reported by Greece (6) and Italy (1).

ECDC link: [West Nile virus infection atlas](#)

Sources: [TESSy](#) | [Animal Disease Notification System](#)

ECDC assessment

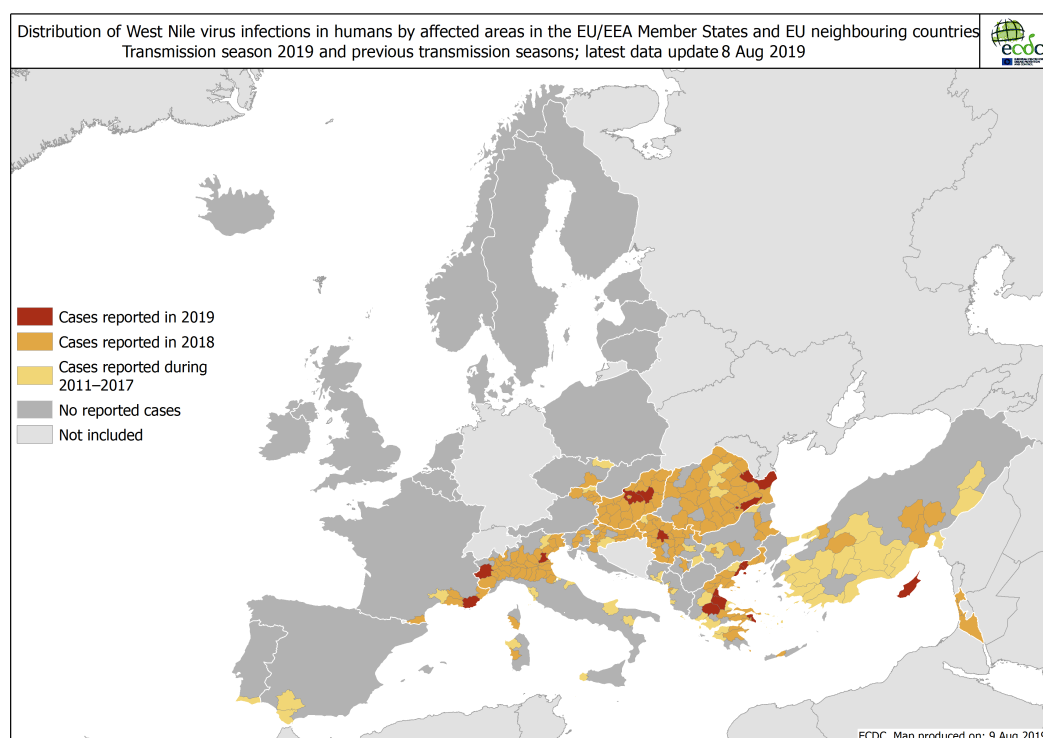
Human West Nile virus infections have been reported in EU Member States with known persistent transmission of West Nile virus in previous years. All human cases reported during the current transmission season have been reported in previously affected countries. In accordance with [European Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally acquired West Nile virus infections unless the results of an individual nucleic acid test are negative.

Actions

During the transmission season, ECDC publishes [West Nile virus infection maps](#) together with an epidemiological summary every Friday.

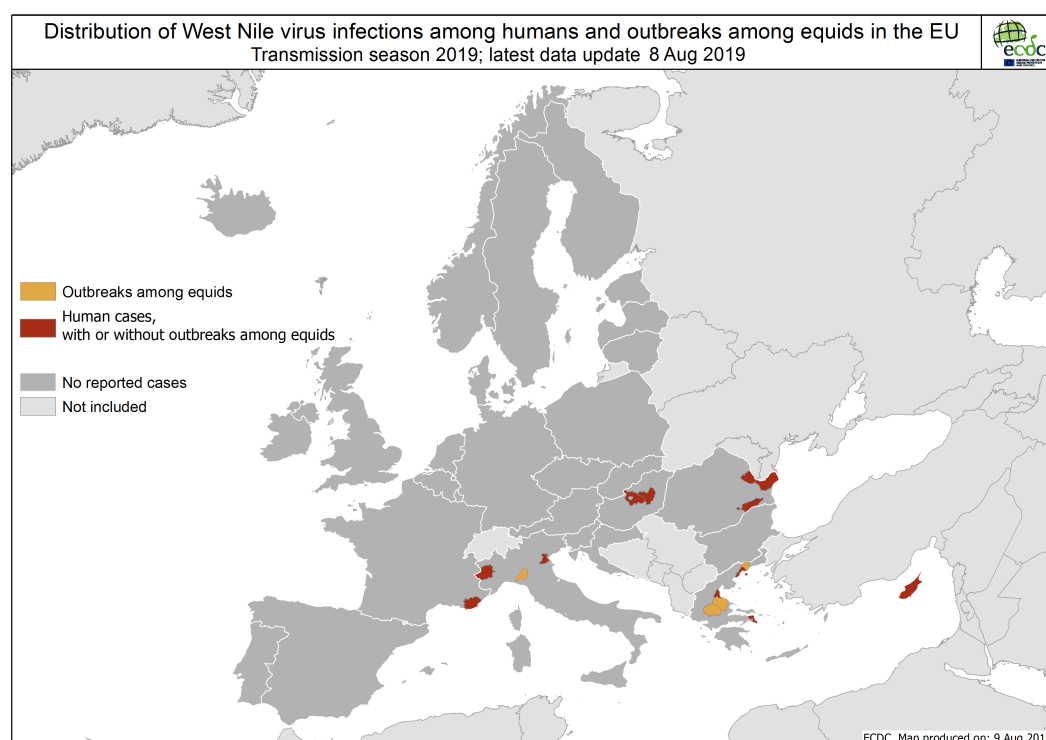
Distribution of human West Nile virus infections by affected areas as of 8 August 2019

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 8 August 2019.

ECDC and ADNS



Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 9 August 2019

Epidemiological summary

Since the previous monthly measles update in the Communicable Disease Threats Report (CDTR) published on 19 July 2019, updates have been provided for 14 EU/EEA countries: Austria, Bulgaria, the Czech Republic, Estonia, France, Germany, Hungary, Ireland, Italy, Lithuania, Poland, Romania, Slovenia and Spain.

The following EU/EEA countries have reported outbreaks with a mainly decreasing trend: Bulgaria, the Czech Republic, France, Poland, Italy, Lithuania, Poland, Romania, Slovenia and Spain.

Most of the cases in 2019 are reported from Romania (2 333), France (2 313), Poland (1 338), Italy (1 334), Bulgaria (1 122) and Lithuania (794).

In 2019, 7 deaths were reported in the EU/EEA in Romania (5), France (1) and Italy (1).

Relevant updates outside EU/EEA countries are available from the WHO Regional Office for Africa, the Pan American Health Organization and the WHO Regional Office for the Western Pacific, as well as from Moldova, North Macedonia, Switzerland, Ukraine and the US.

The monthly measles report published in the CDTR provides the most recent data on 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). Data presented in both monthly reports may differ.

Certain graphs and epicurves about measles in the EU/EEA are available in the attached CDTR PowerPoint slides.

Epidemiological summary for EU/EEA countries with updates since last month:

[Austria](#) has reported 136 cases in 2019 as of 1 August 2019, an increase of one case since 10 July 2019.

[Bulgaria](#) has reported 1 122 cases in 2019 as of week 31 of 2019 ending on 4 August 2019, an increase of 69 cases since the national report on week 27 of 2019 ending on 7 July 2019.

The [Czech Republic](#) has reported 579 cases in 2019 as of 2 August 2019, an increase of 21 cases since the [national report](#) for January–June 2019. An outbreak continues in [Prague](#), with 179 confirmed measles cases reported in 2019 as of 12 July 2019.

[Estonia](#) reported 24 cases from January–June 2019, an increase of seven cases since 31 May 2019.

[France](#) has reported 2 313 cases, including one death, in 2019 as of 7 August 2019, an increase of 188 cases since the national report published on 17 July 2019.

[Germany](#) has reported 455 confirmed cases of measles in 2019 as of 14 July 2019, an increase of 19 cases since the national report on 23 June 2019. Most of the cases were reported from North Rhine-Westphalia (123), Lower Saxony (79), Bavaria (63) and Baden-Württemberg (65).

[Hungary](#) has reported 32 cases in 2019 as of 14 July 2019, an increase of one case since the national report on 1 July 2019. In the same period in 2018, Hungary reported 17 cases.

[Ireland](#) has reported 56 cases in 2019 as of 28 July 2019, an increase of four cases since the national report on 6 July 2019. According to TESSy, Ireland has reported 61 cases as of June 2019. In the same period in 2018, 51 cases were reported.

[Italy](#) has reported 1 334 cases, including one death, from January–June 2019, an increase of 238 cases since May 2019. Of the reported cases, 80 were healthcare workers (6%).

[Lithuania](#) has reported 794 cases in 2019 as of 7 August 2019, an increase of seven cases since the national report on 16 July 2019. Most of the country is affected by an outbreak, with the majority of cases reported in Vilnius and Kaunas.

[Poland](#) has reported 1 338 cases in 2019 as of 31 July 2019, an increase of 48 cases since the national report on 15 July 2019.

[Romania](#) has reported 2 333 cases, including five deaths, in 2019 as of 2 August 2019, an increase of 181 since the national report on 12 July 2019. Since the beginning of the outbreak in October 2016 and as of 2 August 2019, Romania has reported 17 933 confirmed measles cases, including 64 deaths.

[Slovenia](#) has reported 19 cases in 2019 as of 16 July 2019.

[Spain](#) has reported 238 cases in 2019 as of 23 June 2019 (national report published on 31 July 2019), an increase of 14 cases since the national report from 30 June 2019.

Relevant epidemiological summary for countries outside the EU/EEA:

A global overview is available from the [WHO website](#). Additional information with the latest data available is provided for several countries.

Moldova has reported 65 cases since the beginning of 2019 and as of 5 August 2019, according to [media reports](#) quoting health authorities.

[North Macedonia](#) has reported 1 879 cases as of 1 August 2019 since the onset of the epidemic in December 2018, an increase of 65 cases since the national report on 21 June 2019.

[Switzerland](#) has reported 208 cases in 2019 as of 6 August 2019, an increase of three cases since the national report on 9 July 2019.

[Ukraine](#) has reported 56 861 cases, including 18 deaths, in 2019 as of 2 August 2019, an increase of 756 cases since the national report on 15 July 2019. Of the reported cases, 26 748 were adults and 30 113 were children. Cases were reported from all regions in the country.

The [US](#) has reported 1 172 confirmed cases of measles in 30 states in 2019 as of 1 August 2019, an increase of 49 cases since the national report on 11 July 2019.

According to the [WHO Regional Office for Africa](#), as of 4 August 2019, outbreaks of measles in 2019 have been reported from Angola (85 confirmed), Cameroon (1 077 confirmed), the Central African Republic (278 cases, 13 confirmed), Chad (23 265 cases, 133 confirmed), Comoros (80 cases, 40 confirmed), the Democratic Republic of the Congo (137 154 cases, including 1 308

confirmed and 2 581 deaths; CFR: 1.9%), Ethiopia (7 043 cases, 59 confirmed), Guinea (3 349 cases, 773 confirmed), Kenya (235 cases, 10 confirmed), Liberia (1 120 cases, 110 confirmed), Mali (1 068 cases, 281 confirmed), Niger (9 706 cases), Nigeria (30 669 cases, 1 476 confirmed), Rwanda (74 cases, 12 confirmed), South Sudan (1 187 cases, 72 confirmed) and Uganda (1 275 cases, 604 confirmed).

According to the [Pan American Health Organization](#), in 2019 as of week 30 (ending 28 July 2019), 2 389 confirmed cases were reported from 13 countries. Most of the cases were reported by the US (1 164), Brazil (647) and Venezuela (332).

According to the [WHO Regional Office of the Western Pacific](#), as of 20 June 2019, measles cases have been reported by Australia (127), Cambodia (58), China (1 441), Hong Kong (76), Japan (583), Laos (91), Macao (41), Malaysia (371), Mongolia (2), New Zealand (162), the Philippines (21 834), Singapore (55), South Korea (160) and Vietnam (1 406).

ECDC assessment

Based on ECDC's epidemiological assessment, there is a high risk of continued widespread circulation of measles in EU/EEA in the near future. Given the potential of importation, measles is a serious cross-border threat to health in the EU/EEA even though most Member States are deemed to have interrupted endemic transmission. Re-establishment of transmission in these Member States is possible when vaccination coverage is suboptimal and immunity gaps remain. There is a particularly high burden of measles among infants and adults, the groups at the highest risk of complications. Vaccination coverage of at least 95% in all age groups at national and subnational levels with two doses of measles-containing vaccine is necessary to interrupt circulation. People of all ages should check their vaccination status, including before travelling. Particular care is recommended if travelling with infants under one year of age or those for whom vaccination is contraindicated who are at increased risk of infection and possible complications. For a more complete overview, consult ECDC's [risk assessment](#) "Who is at risk for measles in the EU/EEA?" published on 28 May 2019.

Actions

ECDC monitors the measles situation through epidemic intelligence and reports monthly and gathers measles surveillance data through The European Surveillance System (TESSy) for 30 EU/EEA countries.

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

Opening date: 1 August 2018

Latest update: 9 August 2019

Epidemiological summary

In the Democratic Republic of the Congo, since the beginning of the outbreak a year ago and as of 7 August 2019, there have been 2 787 cases (2 693 confirmed, 94 probable), including 1 867 deaths (1 773 confirmed, 94 probable), according to WHO and Ministry of Health of the Democratic Republic of the Congo. This includes the three cases and three deaths that were previously reported having travelled to Uganda. Beni is currently the most active health zone.

As of 6 August 2019, 149 healthcare workers have been infected.

Twenty-seven health zones in two provinces have reported confirmed or probable Ebola virus disease cases: Alimbongo, Beni, Biena, Butembo, Goma, Kalunguta, Katwa, Kayna, Kyondo, Lubero, Mabalako, Manguredjipa, Masereka, Mutwanga, Musienene, Nyiragongo, Oicha and Vuhovi Health Zones in North Kivu Province and Ariwara, Bunia, Mambasa, Nyankunde, Komanda, Lolwa, Mandima, Rwampara and Tchomia Health Zones in Ituri Province.

Public health emergency of international concern (PHEIC): On 17 July 2019, the WHO Director-General [declared](#) the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth 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 geographic spread observed in recent weeks, as well as the need for a more intensified and coordinated response in order to end the outbreak.

Sources: [Ebola dashboard Democratic Republic of the Congo](#) | [Democratic Republic of the Congo Ministry of Health](#) | [WHO](#) | [WHO Regional Office for Africa](#)

ECDC assessment

ECDC assessment: Implementing response measures remains challenging in affected areas because of the prolonged humanitarian crisis, unstable security situation and resistance among several sectors of the population. A substantial proportion of

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cases is detected among 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 cross-border population flow with Rwanda, South Sudan and Uganda remains of particular concern. Recent case movements from Beni to non-affected areas are not unexpected. So far, the identification of these imported cases or the PHEIC does not change the overall risk for the EU/EEA, which remains very low.

However, the risk can only be eliminated by stopping transmission at the local level.

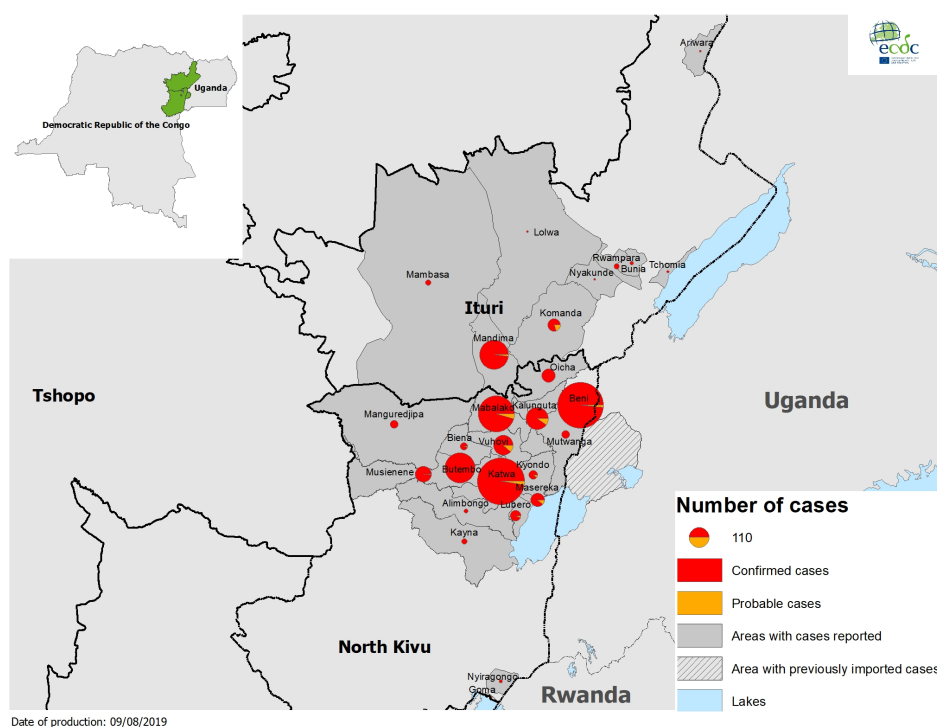
WHO assessment: As of 8 August 2019, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels. There is cause for concern linked to the recent cases in Goma, as the city is a provincial capital with an airport serving international flights connecting to several countries in Africa, including the Republic of the Congo, Ethiopia, Uganda and Zambia.

Actions

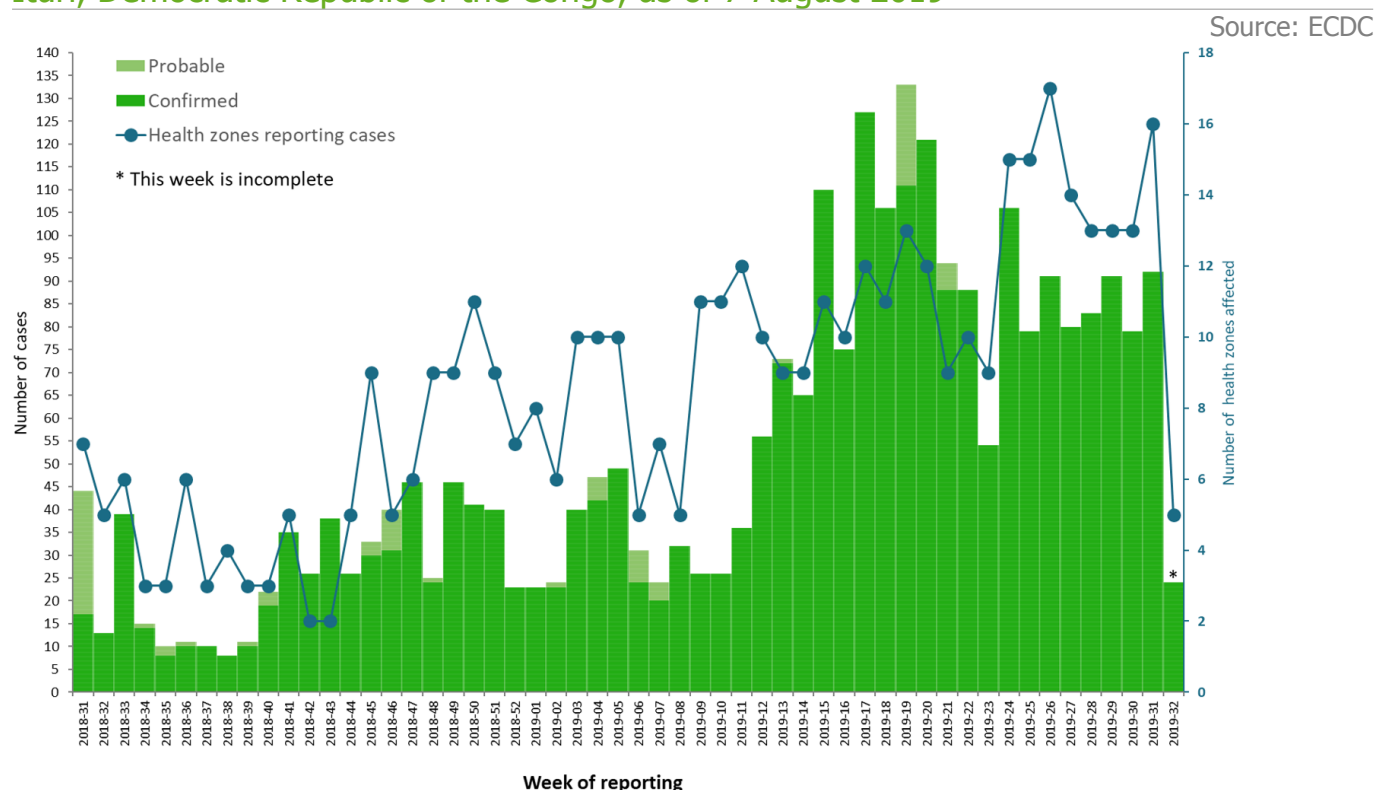
ECDC published an [epidemiological update](#) on 13 June 2019 and updated its [rapid risk assessment](#) on 7 August 2019.

Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 7 August 2019

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 7 August 2019



Mass gathering - Hajj - Saudi Arabia – 2019

Opening date: 2 August 2019

Latest update: 9 August 2019

Epidemiological summary

MERS-CoV: No cases have been reported in relation to Umrah or Hajj, but cases continue to be reported from Saudi Arabia linked either to camel contact and transmission to healthcare settings. In 2019 and as of 5 August 2019, 177 MERS-CoV cases have been reported in Saudi Arabia (164) and Oman (13), including 47 deaths in Saudi Arabia (43) and Oman (4).

Following the WHO announcement on 17 July 2019 of the PHEIC for Ebola in the Democratic Republic of the Congo, Saudi Arabia has suspended visa issuance to travellers from the Democratic Republic of the Congo on 24 July 2019, fearing the spread of Ebola during the Hajj. However, WHO does not recommend any restrictions on travel or trade globally due to the Ebola outbreak in the Democratic Republic of the Congo.

Sources: [Ministry of Health of Saudi Arabia](#) | [WHO](#) | [Al Jazeera](#)

ECDC assessment

The Hajj is one of the world's largest annual mass gathering events and may result in the transmission and importation of infectious diseases related to the crowded conditions during the pilgrimage. This may contribute to the international spread of diseases and the amplification of infectious disease outbreaks. Despite a few outbreaks that have previously affected the EU after the Hajj, the Hajj poses a low risk for the importation and spread of communicable diseases in the EU because of the strict precautionary measures taken by Saudi Arabia.

Actions

ECDC published a [rapid risk assessment](#) on 2 July 2019 and will monitor this event through epidemic intelligence from 2–21 August 2019.

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