

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Increase of syphilis in the EU/EEA

In reaction to an increase in syphilis notifications in recent years in the EU/EEA and by request of Member States, on 12 July 2019, ECDC published a special [report](#) on 'Syphilis and congenital syphilis in Europe – A review of epidemiological trends (2007–2018) and options for response'.

The report provides a comprehensive description of syphilis epidemiology in Europe, showing that the number of syphilis cases has consistently risen across Europe since 2010.

Overall, more than 260 000 confirmed syphilis cases were reported from 30 EU/EEA countries from 2007–2017, mostly affecting men who have sex with men living in urban areas. Notification rates increased by 70% in EU/EEA countries from 2010–2017 and annual notifications continuously rose to more than 33 000 cases in 2017.

The study describes the factors behind the increase and also outlines evidence-based options for public health control of syphilis, including case finding and management and educational activities.

I. Executive summary

EU Threats

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

Opening date: 3 June 2019

Latest update: 12 July 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 there is ongoing virus transmission.

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

→Update of the week

No human case has been reported so far in 2019. The first equine outbreak was reported to the Animal Disease Notification System this week in Xanthi, Greece.

A West Nile virus-infected bird was reported on 10 July 2019 in Wittenberg, Saxony-Anhalt, Germany. In 2018, West Nile virus was detected for the first time in resident wild and aviary birds in eastern and southeastern Germany.

Sources: [Antiviral Research](#) | [OIE](#)

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 12 July 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 5 July 2019. On 14 June 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened and decided that the outbreak is concerning, but does not meet all the criteria for a public health emergency of international concern under the IHR.

→Update of the week

Since the previous CDTR and as of 10 July 2019, the [Ministry of Health of the Democratic Republic of the Congo](#) has reported 69 additional confirmed cases. During the same period, 41 deaths were reported.

Among the new reported cases in the past week, three are healthcare workers.

On 9 July 2019, Mambasa Health Zone reported a confirmed case of Ebola virus disease, the only confirmed case for the health zone so far.

After Ariwara Health Zone in Ituri Province reported its first case on 30 June 2019, there have been no new cases observed as of 10 July 2019. Response actions have been taken there, as well as in the bordering countries of Uganda and South Sudan.

As of 9 July 2019, there has been no local transmission reported in [Uganda](#). On 4 July 2019, 21 days of follow-up were completed for all contacts of the last confirmed Ebola virus disease case, who passed away on 13 June 2019 during transfer to the Democratic Republic of the Congo.

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

Opening date: 24 September 2012

Latest update: 12 July 2019

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 400 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 point toward dromedary camels in the Middle East as 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

Since the previous CDTR published on 7 June 2019, Saudi Arabia is the only country that has notified new cases. As of 10 July 2019, [Saudi Arabia](#) has reported an increase of 11 cases and nine deaths.

So far, 11 of 13 regions in Saudi Arabia have reported 158 cases in 2019, of which two, Najran and Riyadh, have reported cases in the last seven days.

A scientific article ([Donnelly *et al.*, 2019](#)) published in *Emerging Infectious Diseases* states that the global threat of MERS-CoV is reducing as a consequence of addressing knowledge gaps regarding transmission, enhanced surveillance, improved infection prevention, control measures in hospital, restriction of camel movement in affected areas, stronger and more comprehensive investigations of cases and clusters and improved communication.

Acute neurological syndrome – Peru – 2019

Opening date: 18 June 2019

Latest update: 12 July 2019

In 2019, the Peruvian Ministry of Health detected an unusual number of cases of acute neurological syndrome thought to be Guillain-Barré syndrome. The cases are widespread in several regions across the country and the aetiology is unknown.

→Update of the week

From 27 June–3 July 2019, Peruvian authorities reported 42 additional Guillain-Barré syndrome (GBS) cases.

II. Detailed reports

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

Opening date: 3 June 2019

Latest update: 12 July 2019

Epidemiological summary

No human case has been reported so far in 2019. The first equine outbreak has been reported to the Animal Disease Notification System this week in Xanthi, Greece.

A WNV infected bird was reported on 10 July 2019 in Wittenberg, Saxony-Anhalt, Germany. In 2018, West Nile virus was detected for the first time in resident wild and aviary birds in eastern and southeastern Germany.

Since the beginning of the 2019 transmission season and as of 11 July 2019, no human West Nile virus infection has been reported in EU Member States and EU neighbouring countries. One equine outbreak has been reported in Xanthi, Greece.

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

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

ECDC assessment

No human cases have been notified at this early stage of the transmission season.

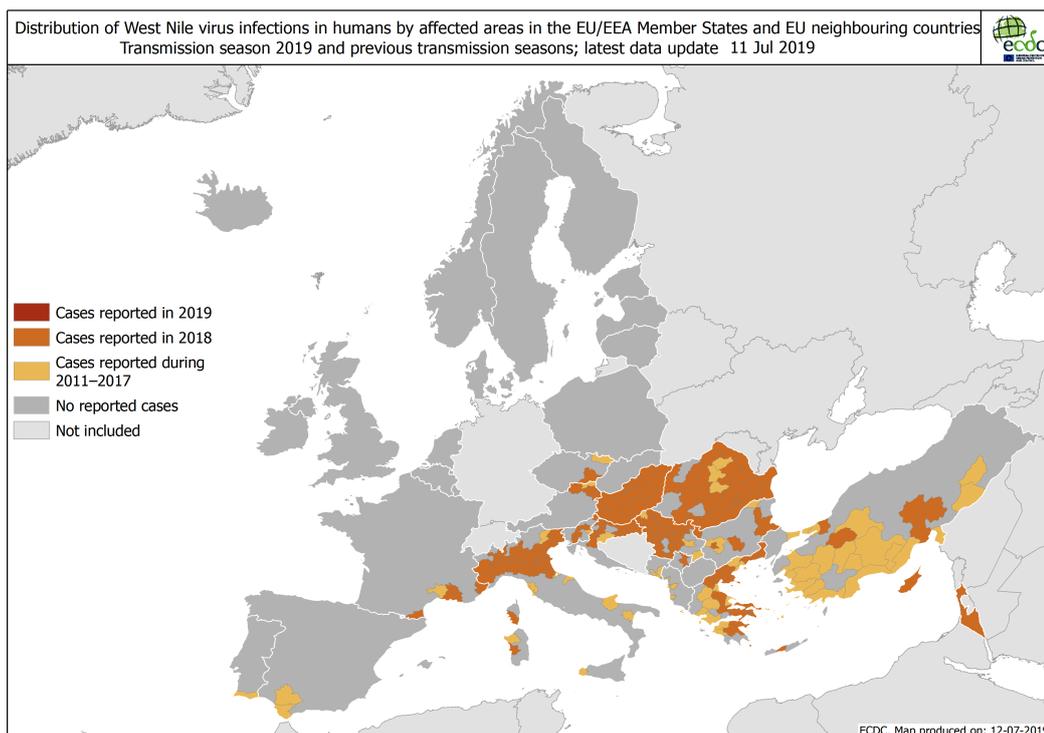
In accordance with [European Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally acquired West Nile virus unless the results of an individual nucleic acid test are negative.

Actions

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

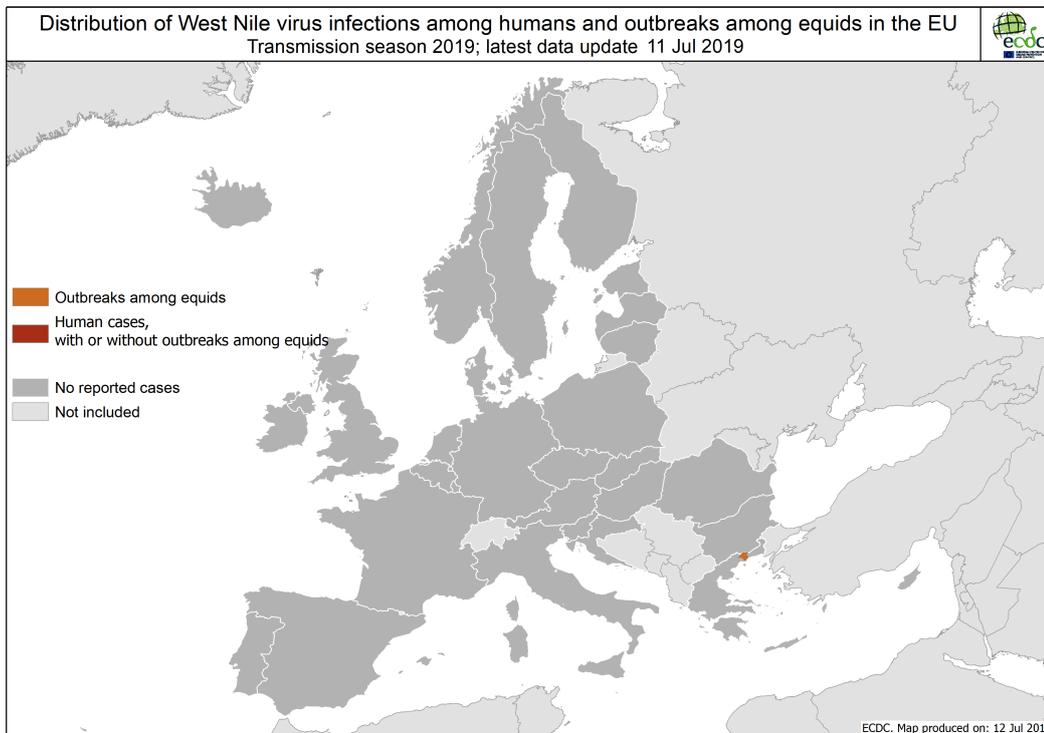
Distribution of human West Nile virus infections by affected areas as of 11 July 2019.

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids in the EU as of 11 July 2019.

ECDC and ADNS



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

Opening date: 1 August 2018

Latest update: 12 July 2019

Epidemiological summary

In the Democratic Republic of the Congo, since the beginning of the outbreak a year ago and as of 10 July 2019, there have been 2 451 Ebola virus disease cases (2 357 confirmed, 94 probable), including 1 647 deaths (1 553 confirmed, 94 probable), according to the 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 Health zone is currently the most active health zone.

As of 10 July 2019, 131 healthcare workers have been infected, including 41 deaths.

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

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

ECDC assessment

ECDC assessment: The recent report of imported cases from the Democratic Republic of the Congo to Uganda is not unexpected. So far, the identification of these cases does not change the overall risk for the EU/EEA, which remains very low. Response measures remain challenging in affected areas because of the prolonged humanitarian crisis, unstable security situation and resistance among the population. 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 continue to be among individuals not previously identified as contacts, highlighting the need to maintain enhanced surveillance in order to identify chains of transmission. The risk can only be eliminated by stopping transmission at the local level.

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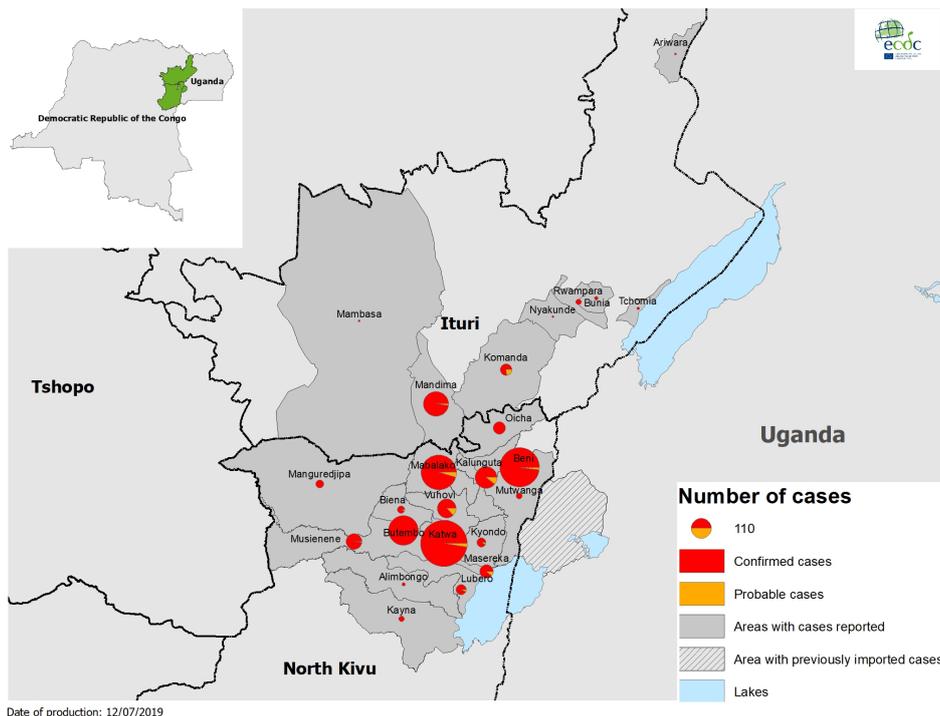
WHO assessment: As of 11 July 2019, the [WHO assessment](#) is that the risk of spread is low at the global level, but remains very high at national and regional levels.

Actions

ECDC published an [epidemiological update](#) on 13 June 2019 and the fourth update of a [rapid risk assessment](#) on 17 April 2019.

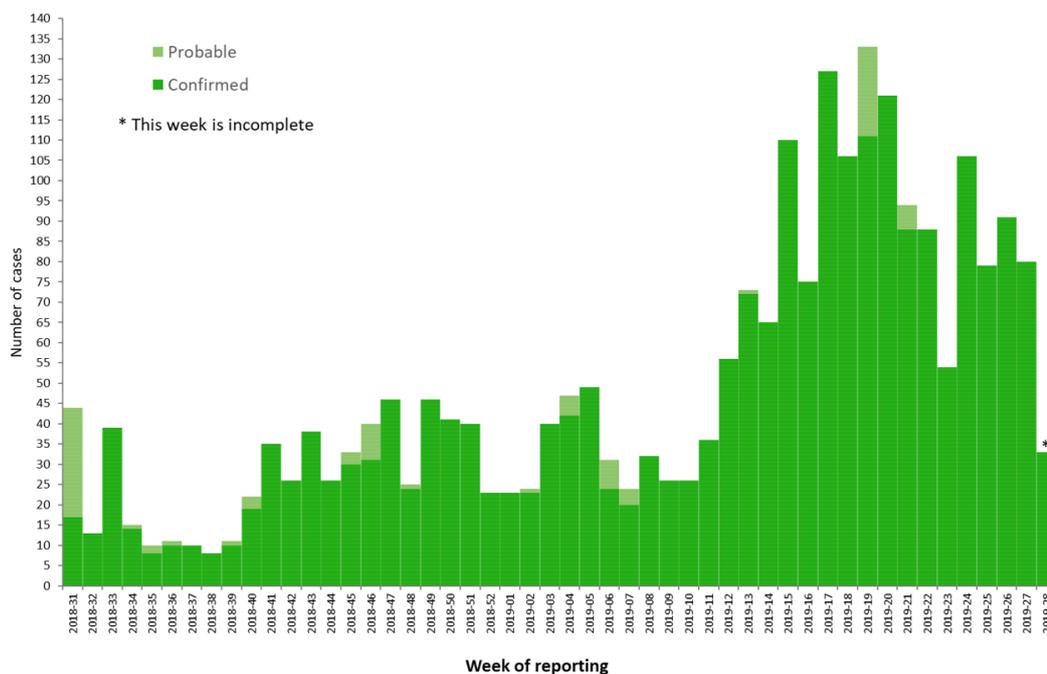
Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 10 July 2019

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, North Kivu and Ituri, Democratic Republic of the Congo, as of 10 July 2019

Source: ECDC



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

Opening date: 24 September 2012

Latest update: 12 July 2019

Epidemiological summary

In 2019 and as of 10 July 2019, 171 MERS-CoV cases have been reported in Saudi Arabia (158) and Oman (13), including 45 deaths in Saudi Arabia (41) and Oman (4). In Saudi Arabia, 80 cases were primary (37 of whom reported contact with camels), 39 were healthcare-acquired, 31 were household contacts and 8 were unspecified secondary cases. In 2019, 74% of the 158 cases in Saudi Arabia were reported in Riyadh (99) and Eastern Provinces (18).

Since April 2012 and as of 10 July 2019, 2 468 cases of MERS-CoV, including 908 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Saudi Arabia Ministry of Health](#)

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in a [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

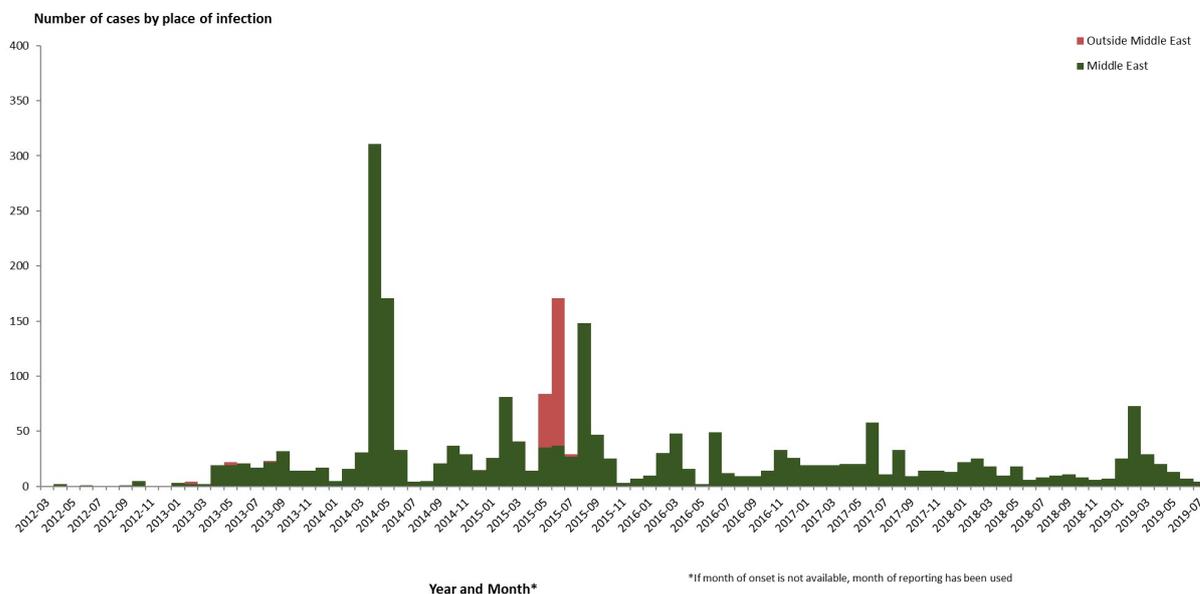
On 2 July 2019, ECDC published a [rapid risk assessment regarding public health risks related to communicable diseases during the hajj 2019, Saudi Arabia, 9–14 August 2019](#) that also addresses MERS-CoV.

Actions

ECDC monitors this threat through epidemic intelligence and reports on a monthly basis.

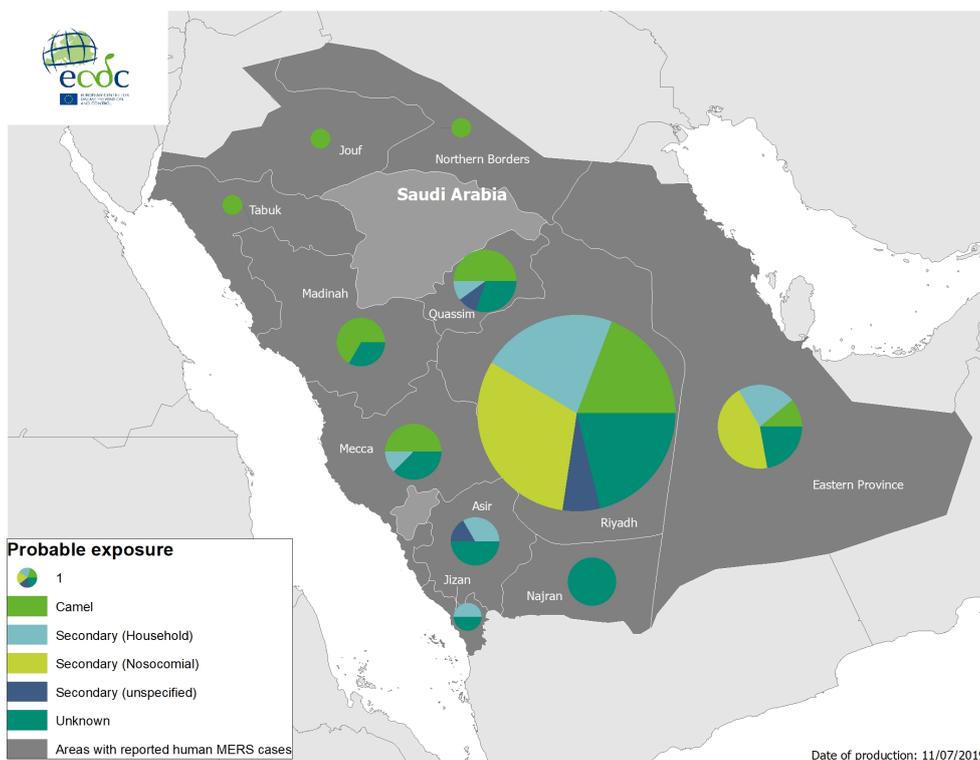
Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, from March 2012 to 10 July 2019

ECDC



Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure in 2019, Saudi Arabia, as of 10 July 2019

ECDC



Acute neurological syndrome – Peru – 2019

Opening date: 18 June 2019

Latest update: 12 July 2019

Epidemiological summary

In 2019 and as of 3 July 2019, Peru has reported 653 Guillain-Barré syndrome cases, of which 232 were confirmed. Ten of the cases were fatal. The most affected areas are Lima, Piura and Junín. The peak of the outbreak was from 3–9 June 2019, when 314 cases were detected. Since then, weekly numbers have noticeably decreased. In 2018, the country recorded 340 cases over the whole year.

So far, no aetiology has been officially found. However, a recent article published in [ScienceDirect](#) mentions several infectious agents detected among certain 2019 Guillain-Barré syndrome cases.

Source: [Peruvian Ministry of Health](#)

ECDC assessment

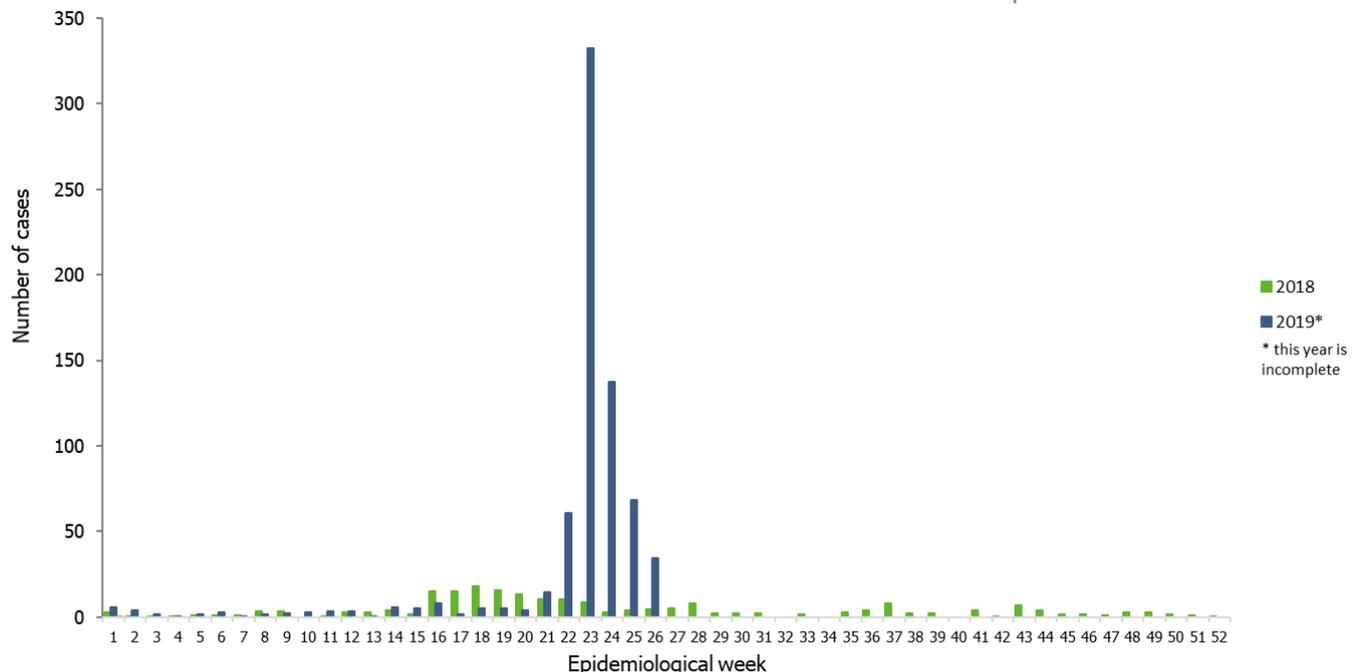
Further investigations are needed to assess the situation and the risk for the European Union. Guillain-Barré syndrome can be triggered by bacterial infections, respiratory viruses, enteroviruses and arboviruses such as dengue and Zika virus disease.

Actions

ECDC monitors this event through epidemic intelligence.

Distribution of cases of Guillain-Barré Syndrome (GBS) by week of symptom onset, Peru, from week 1 2018 - week 26 2019

Adapted from Peruvian authorities



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