COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 42, 11-17 October 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Local malaria transmission – Belgium – 2020

Opening date: 13 October 2020 Latest update: 16 October 2020

Belgium reported two locally acquired cases of the malaria parasite in a municipality close to Brussels Zaventem international airport and to Melsbroek airport.

West Nile virus - Multi-country (World) - Monitoring season 2020

Opening date: 20 May 2020 Latest update: 16 October 2020

During the transmission season for West Nile virus, which usually runs from June to November, ECDC monitors the occurrence of infections in the EU/EEA and EU-neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for EU/EEA Member States and at the GAUL 1 (global administrative unit layers 1) level for EU neighbouring countries.

➔Update of the week

Between 9 and 15 October 2020, EU Member States reported 14 human cases of WNV infection: Italy (11), Greece (2) and Bulgaria (1). Pazardzhik Province in Bulgaria reported a locally-acquired human case of WNV infection for the first time through TESSy. All other cases were reported from areas that have been affected during previous transmission seasons. This week, three deaths were reported by Italy (2) and Bulgaria (1). No human cases of WNV infection or deaths were reported from EU neighbouring countries.

On 9 October 2020, Spanish health authorities published an updated rapid risk assessment stating that the confirmation of the introduction of WNV lineage 2 in Spain this summer, after the detection of three cases in wild birds in Lleida and Tarragona, highlights the risk that human cases associated with this lineage might be detected in this area.

On 15 October 2020, Dutch health authorities reported the first locally-acquired human WNV infection in the Netherlands. The patient had no travel history and it is suspected that he may have contracted the virus through a mosquito bite in the region of Utrecht. In this region, WNV-infected birds and mosquitoes have been detected in August and September. As this case has been reported through TESSy yet, it is currently not represented on the maps and in the Surveillance Atlas.

ECDC links: West Nile virus infection atlas
Sources: TESSy

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

Opening date: 7 January 2020 Latest update: 16 October 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at Wuhan's 'South China Seafood City' market. Further investigations identified a novel coronavirus as the causative agent of the respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic.

➔Update of the week

Since 9 October 2020 and as of 16 October 2020, 2 401 724 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 36 206 new deaths.

Globally, the number of cases has increased from 36 583 084 to 38 984 808, and the number of deaths has risen from 1 062 978 to 1 099 184.

In the EU/EEA and the United Kingdom (UK), the number of cases has increased from 3 874 181 to 4 549 993 (+675 812 cases), and the number of deaths has risen from 194 147 to 198 886 (+4 739 deaths).

More details are available here.

Non EU Threats

New! Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 16 October 2020

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

➔Update of the week

Between 5 October and 11 October 2020, influenza activity remained at interseasonal levels.

Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020

Opening date: 4 June 2020 Latest update: 16 October 2020

On 1 June 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) declared the 11th outbreak of Ebola virus disease (EVD) in the country. The outbreak is located in Equateur Province in the north-west of the country, close to the border with Congo.

➔Update of the week

Since the last update, and as of 14 October 2020, no additional cases and no new deaths have been reported from the Equateur Province in the DRC.

In the past 21 days only one health zone, Makanza, has been active, with a single confirmed case on 28 September 2020. The Monieka health zone has had no confirmed or probable cases for over 42 days. Despite this outbreak showing signs of slowing down, there is evidence that it is still ongoing. The response remains challenging, e.g. contacts are lost to follow up, confirmed cases still remain in the community and there are difficulties in carrying out safe and dignified burials.

On 14 October 2020, the FDA approved an antibody cocktail [REGN-EB3 (Inmazeb®)] by the pharmaceutical company Regeneron as the first FDA-approved treatment for *Zaire ebolavirus*.
In 2019, a large clinical trial showed that Inmazeb was one of two treatments that showed superiority compared to other investigational agents (ZMapp and remdesivir) with respect to mortality; treatment was most effective when given early in the course of disease.

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

Opening date: 9 December 2019 Latest update: 16 October 2020

Global public health efforts to eradicate polio are continuing by through efforts to immunise every child until transmission of the virus has stopped. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization due to concerns over the increased circulation and international spread of wild poliovirus in 2014. The Emergency Committee under the International Health Regulations (2005) stated that the risk of the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC).

In June 2002, the WHO European Region was officially declared polio-free.

➔Update of the week

Since the previous update, and as of 13 October 2020, 150 cases of polioviruses (WPV1 and cVDPV2) have been reported, 24 of which were caused by the WPV1 strain, and 126 by the cVDPV2 strain.

Wild poliovirus (WPV1):

- 12 cases of AFP caused by WPV1 have been reported in Afghanistan.
- 12 cases of Acute Flaccid Paralysis (AFP) caused by WPV1 have been reported in Pakistan.
- 67 WPV1 environmental samples have also been detected: 62 in Pakistan and five in Afghanistan.

Circulating vaccine-derived poliovirus (cVDPV):

- No new cases of cVDPV1 have been reported.
- 126 cases of AFP caused by cVDPV2 have been reported from 16 countries: Democratic Republic of the Congo (30), Guinea (21), Afghanistan (18), Pakistan (12), Sudan (10), Chad (9), Burkina Faso (7), Cote d'Ivoire (4), Mali (4), Niger (3), South Sudan (3), Somalia (1), Cameroon (1), Central African Republic (1) Ethiopia (1), and Ghana (1).
- No new cases of cVDPV3 have been reported.
- 70 cVDPV2 environmental samples have also been detected: 33 in Afghanistan, 21 in Pakistan, five in Somalia, five in Sudan, two in Cameroon, one in Democratic Republic of the Congo, one in Egypt, one in Mali and one in Nigeria.

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II. Detailed reports

New! Local malaria transmission – Belgium – 2020

Opening date: 13 October 2020 Latest update: 16 October 2020

Epidemiological summary

On 10 October 2020, the regional health authorities reported two fatal malaria cases in the municipality of Kampenhout, next to Brussels Zaventem international airport and Melsbroek airport. The two cases have an epidemiological link. Both cases had no recent travel history abroad.

The Agency for Care and Health from the Flemish government and the Institute of Tropical Medicine are investigating these infections, which are presumed to have occurred in mid-September. The infections were caused by the *Plasmodium falciparum* species. Regional authorities will conduct entomological investigations in the concerned area.

Background: This is the second report of airport malaria cases in continental EU/EEA this year. In August 2020, three airport malaria cases were reported in Paris, France.

Source: Local Authorities

ECDC assessment

These cases are considered sporadic and likely to be the result of a transmission by one or more infected mosquitoes transported by aircraft from a malaria-endemic country.

Assuming i) there is no longer introduction of infected mosquitoes and ii) a two- to three-week survival of *Anopheles* mosquitoes, no further transmission is expected. Considering that the incubation period for *Plasmodium falciparum* can be up to one month it cannot be excluded that further cases would be detected in the coming days, but the likelihood is very low.

Airport malaria remains a rare event, with limited numbers of cases being reported in recent years. In 2017, ECDC published the Rapid Risk Assessment "Multiple reports of locally-acquired malaria infections in the EU" mentioning two airport malaria cases in France. The conclusions of this assessment remain valid.

Actions

ECDC will continue to monitor this event and will report again if epidemiological updates become available.

West Nile virus - Multi-country (World) - Monitoring season 2020

Opening date: 20 May 2020 Latest update: 16 October 2020

Epidemiological summary

Between 9 and 15 October 2020, EU Member States reported 14 human cases of WNV infection: Italy (11), Greece (2) and Bulgaria (1). Pazardzhik Province in Bulgaria reported a locally-acquired human case of WNV infection for the first time through TESSy. All other cases were reported from areas that have been affected during previous transmission seasons. This week, three deaths were reported, by Italy (2) and Bulgaria (1). No human cases of WNV infection or deaths were reported from EU-neighbouring countries.

On 9 October 2020, Spanish health authorities published an updated rapid risk assessment stating that the confirmation of the introduction of WNV lineage 2 in Spain this summer, after the detection of three cases in wild birds in Lleida and Tarragona, highlights the risk that human cases associated with this lineage might be detected in this area.

On 15 October 2020, Dutch health authorities reported the first locally-acquired human WNV infection in the Netherlands. The patient had no travel history and it is suspected that he may have contracted the virus through a mosquito bite in the region of Utrecht. In this region, WNV-infected birds and mosquitoes have been detected in August and September. As this case has been reported through TESSy yet, it is currently not represented on the maps and in the Surveillance Atlas.

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Since the start of the 2020 transmission season and as of 15 October 2020, EU Member States have reported 299 human cases of WNV infection and 34 deaths through TESSy: Greece (137, including 20 deaths), Spain (75, including 7 deaths), Italy (65, including 5 deaths), Germany (12), Romania (6, including 1 death), Hungary (3) and Bulgaria (1). Pazardzhik Province in Bulgaria, the Province of Badajoz in Spain, and five regions in Germany (regions of Barnim, Ostprignitz-Ruppin, Saalekreis, Halle (Saale) and Meissen) reported locally-acquired human cases of WNV infection for the first time. All other cases were reported from areas that have been affected during previous transmission seasons. No cases have been reported from EU neighbouring countries.

Since the beginning of the 2020 transmission season, 167 outbreaks among equids have been reported. These outbreaks have been reported by Spain (127), Germany (18), Italy (12), France (5), Portugal (2), Austria (2) and Hungary (1) through ADNS. Since the beginning of the 2020 transmission season, two outbreaks among birds have been reported through ADNS, both by Bulgaria.

ECDC links: West Nile virus infection atlas
Sources: TESSy | Animal Disease Notification System

ECDC assessment

Human WNV infections have been reported in eight EU Member States (Greece, Spain, Italy, Germany, Romania, Hungary, Bulgaria and the Netherlands) in which WNV enzootic transmission between mosquitoes and birds has previously been described.

The first detection of a WNV infection in a bird in the Netherlands earlier this year and the first detection of a human case of WNV infection this week corroborates the further expansion of WNV circulation in Europe, following the first detection of WNV in a bird in Germany in 2018 and subsequent detection of human WNV infections. Health professionals should therefore stay alert to the possibility of occurrence of further human WNV infections.

In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

During transmission seasons, ECDC publishes a set of WNV transmission maps and an epidemiological summary every Friday.

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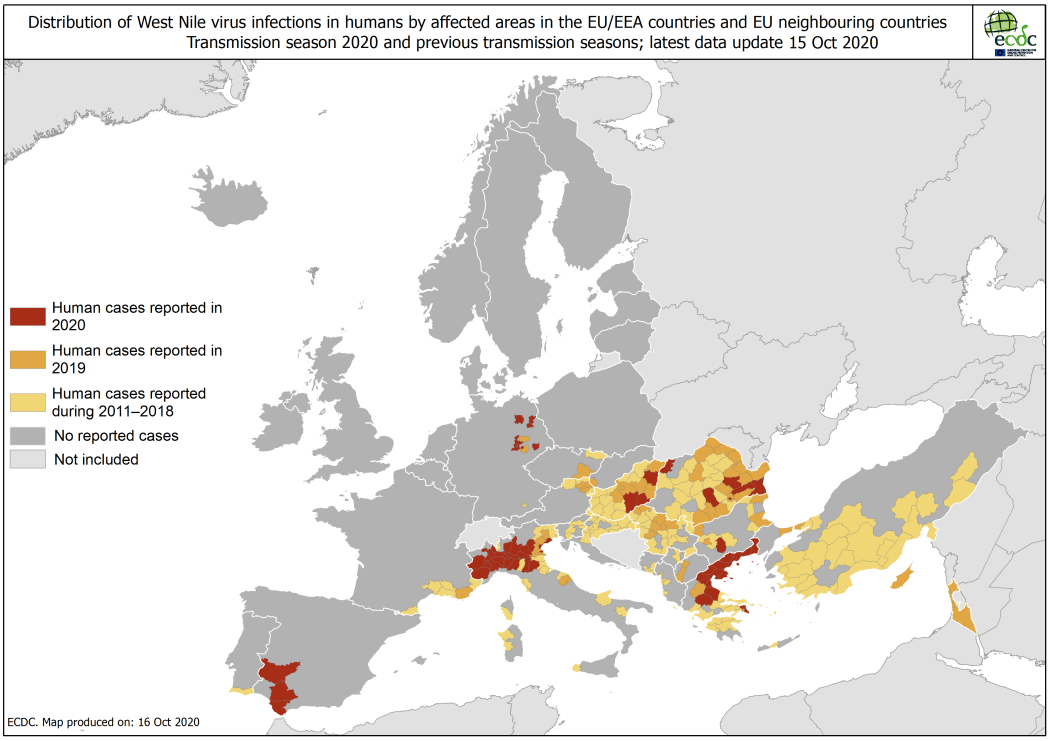
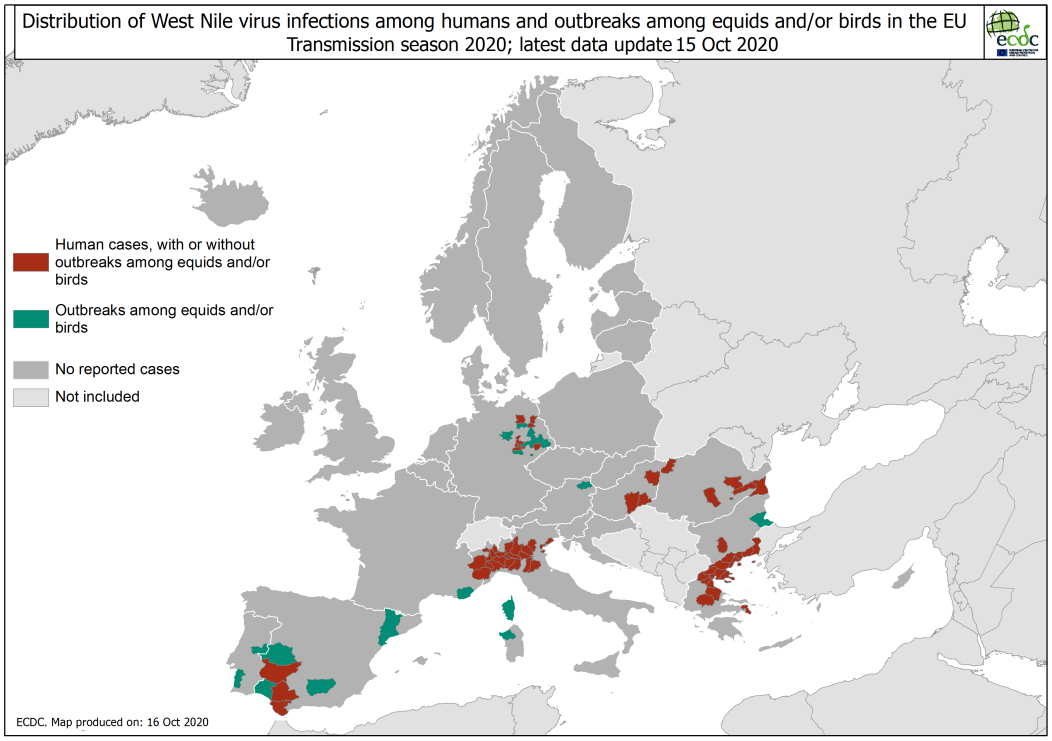
Distribution of human West Nile virus infections by affected areas as of 15 Oct

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 15 Oct

ECDC and ADNS



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

Opening date: 7 January 2020 Latest update: 16 October 2020

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Epidemiological summary

Since 31 December 2019 and as of 16 October 2020, 38 984 808 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 1 099 184 deaths.

Cases have been reported from:
Africa: 1 614 826 cases; the five countries reporting most cases are South Africa (698 184), Morocco (163 650), Egypt (105 033), Ethiopia (87 169) and Nigeria (60 834).
Asia: 12 157 449 cases; the five countries reporting most cases are India (7 370 468), Iran (517 835), Iraq (416 802), Bangladesh (384 559) and Indonesia (349 160).
America: 18 506 723 cases; the five countries reporting most cases are United States (7 979 885), Brazil (5 169 386), Argentina (949 050), Colombia (936 982) and Peru (859 740).
Europe: 6 668 509 cases; the five countries reporting most cases are Russia (1 354 163), Spain (921 374), France (809 684), United Kingdom (673 622) and Italy (381 602).
Oceania: 36 605 cases; the five countries reporting most cases are Australia (27 362), French Polynesia (3 573), Guam (3 427), New Zealand (1 524) and Papua New Guinea (578).
Other: 696 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 39 097 deaths; the five countries reporting most deaths are South Africa (18 309), Egypt (6 088), Morocco (2 772), Algeria (1 836) and Ethiopia (1 325).
Asia: 217 955 deaths; the five countries reporting most deaths are India (112 161), Iran (29 605), Indonesia (12 268), Iraq (10 086) and Turkey (9 080).
America: 603 361 deaths; the five countries reporting most deaths are United States (217 700), Brazil (152 460), Mexico (85 285), Peru (33 577) and Colombia (28 457).
Europe: 237 748 deaths; the five countries reporting most deaths are United Kingdom (43 293), Italy (36 372), Spain (33 553), France (33 125) and Russia (23 491).
Oceania: 1 016 deaths; the five countries reporting most deaths are Australia (904), Guam (63), New Zealand (25), French Polynesia (13) and Papua New Guinea (7).
Other: 7 deaths have been reported from an international conveyance in Japan.

EU/EEA and the UK:
As of 16 October 2020, 4 549 993 cases have been reported in the EU/EEA and the UK: Spain (921 374), France (809 684), United Kingdom (673 622), Italy (381 602), Germany (348 557), Netherlands (203 712), Belgium (191 866), Romania (168 490), Poland (149 903), Czechia (149 010), Sweden (102 407), Portugal (93 294), Austria (60 764), Ireland (46 429), Hungary (43 025), Denmark (34 023), Bulgaria (27 507), Slovakia (24 225), Greece (23 947), Croatia (22 534), Norway (15 953), Finland (12 994), Slovenia (10 684), Luxembourg (10 244), Lithuania (6 760), Malta (4 152), Estonia (3 980), Iceland (3 837), Latvia (3 056), Cyprus (2 181) and Liechtenstein (177).

As of 16 October 2020, 198 886 deaths have been reported in the EU/EEA and the UK: United Kingdom (43 293), Italy (36 372), Spain (33 553), France (33 125), Belgium (10 327), Germany (9 734), Netherlands (6 683), Sweden (5 910), Romania (5 674), Poland (3 308), Portugal (2 128), Ireland (1 838), Czechia (1 230), Hungary (1 085), Bulgaria (944), Austria (894), Denmark (677), Greece (482), Finland (350), Croatia (344), Norway (278), Slovenia (153), Luxembourg (133), Lithuania (110), Slovakia (71), Estonia (68), Malta (45), Latvia (41), Cyprus (25), Iceland (10) and Liechtenstein (1).

EU:
As of 16 October 2020, 3 856 404 cases and 155 304 deaths have been reported in the EU.

Public Health Emergency of International Concern (PHEIC):
On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of the WHO declared the COVID-19 outbreak a pandemic. The third and fourth International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April and 31 July 2020, respectively. The committee concluded during both meetings that the COVID-19 pandemic continues to constitute a PHEIC.

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

ECDC assessment

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

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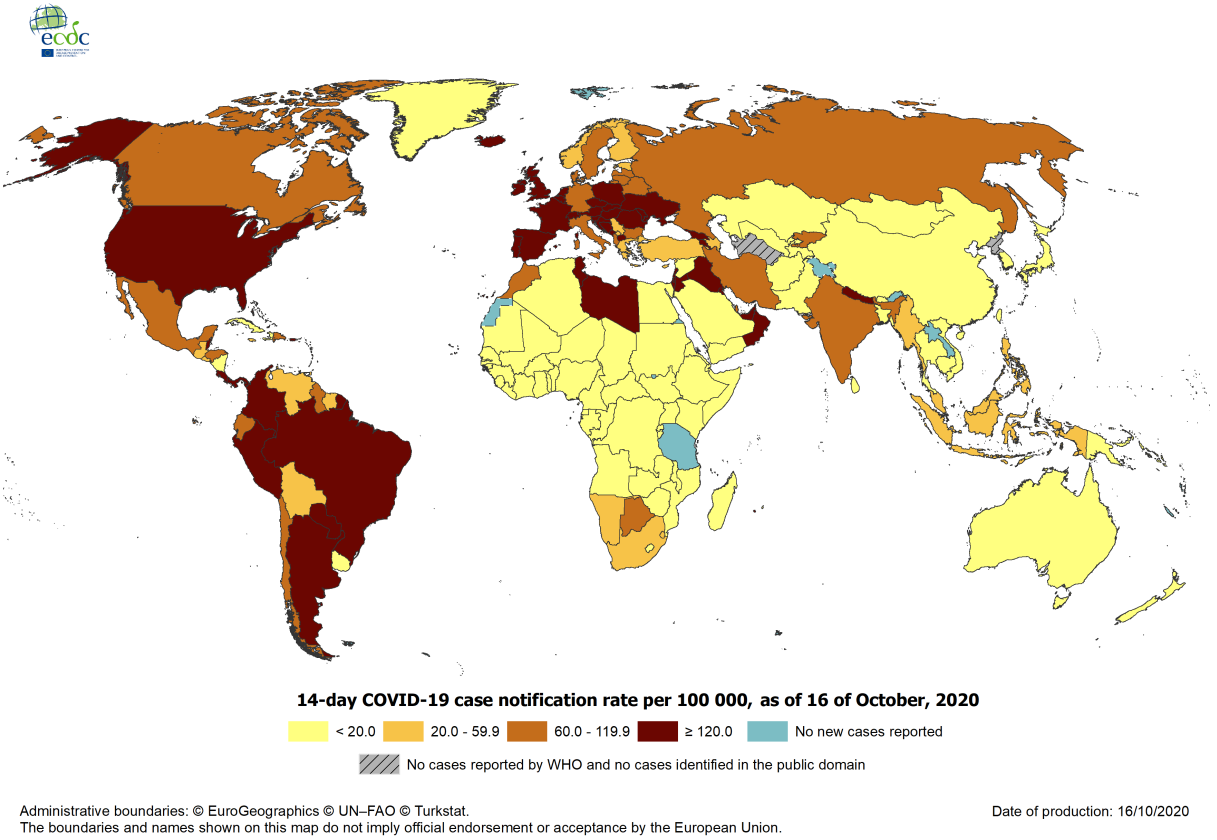
Actions

ECDC activities related to COVID-19 can be found on ECDC's website.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 16 October 2020

Source:ECDC



New! Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 16 October 2020

Epidemiological summary

Week 41/2020 (5 October–11 October 2020)

Influenza activity remained at interseasonal levels over the period of this report.

None of 107 sentinel specimens tested for influenza viruses in week 41 were positive.

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Of 4 673 non-sentinel specimens tested, 11 were positive (two A(H1)pdm09, three A(H3), four A unsubtyped and two type B viruses not ascribed to a lineage).

There were no hospitalised laboratory-confirmed influenza cases for week 41/2020.

The novel coronavirus disease 2019 (COVID-19) pandemic has affected healthcare presentations and testing capacities of countries and areas in Europe, which negatively impacted the reporting of influenza epidemiologic and virologic data during the 2019-2020 season. It is not unusual for influenza activity to be low at this time of year but, if the COVID-19 pandemic continues, influenza data we present, notably in terms of seasonal patterns, should be interpreted with caution.

WHO has published recommendations for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season. Based on these recommendations, the influenza A(H1N1)pdm09, A(H3N2) and B/Victoria-lineage virus components should be updated for the 2020–2021 influenza vaccine.

Sources: EuroMOMO | Flu News Europe | Influenzanet

ECDC assessment

Reported influenza activity remains at a very low level, similar to that usually observed during the interseason in summer months. Monitoring systems for influenza need to be maintained during the ongoing COVID-19 pandemic.

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 between week 40–2020 and week 20–2021.

Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020

Opening date: 4 June 2020 Latest update: 16 October 2020

Epidemiological summary

Since the start of the outbreak, and as of 14 October 2020, a total of 128 cases (119 confirmed, nine probable), including 53 deaths, have been reported from the Bikoro (32), Bolenge (1), Bolomba (16), Bomongo (2), Iboko (4), Ingende (13), Lilanga Bobangi (6), Lolanga Mampoko (7), Lotumbe (17), Makanza (1), Mbandaka (25), Monieka (2) and Wangata (2) health zones in the Equateur province of the DRC. Among the reported cases were three healthcare workers.

Since the beginning of the vaccination campaign with rVSV-ZEBOV-GP on 5 June 2020, 39 167 people have been vaccinated.

Background: Between May and July 2018, the ninth Ebola outbreak in the DRC occurred in Mbandaka, Bikoro and in the Equateur province, leading to a total of 54 cases, including 33 deaths. According to the World Health Organization, the current event seems to be separate from the 10th Ebola outbreak in the eastern part of the country, which resulted in 3 470 cases, including 2 287 deaths, and was declared over on 25 June 2020. Sequencing results confirm the new outbreak as a separate spill-over event. This is the DRC's 11th outbreak of Ebola virus disease since 1976, when the virus was first discovered.

In addition to Ebola outbreaks, the country is currently affected by other major outbreaks, such as COVID-19, cholera, monkeypox, polio and the bubonic plague.

Sources: WHO DRC Twitter | WHO Afro Twitter | WHO Afro Sitrep | WHO Afro bulletin| WHO DON | WHO News item | Dr Tedros

ECDC assessment

Ebola outbreaks in the DRC are recurrent, as the virus is present in animal reservoirs in many parts of the country. Implementing response measures is crucial, and a high level of surveillance is essential to detect and interrupt further transmission early on. Response measures can be challenging amid the other outbreaks ongoing in the country. In the past, cases among EU/EEA citizens infected with Ebola were mostly reported among healthcare workers deployed to support Ebola outbreak responses. As the current response is mostly conducted by locals, combined with the vaccine availability, this leads to a low likelihood of EU/EEA citizens being infected. For the general public living in the EU/EEA, there is a negligible likelihood of exposure, especially with current travel limitations.

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WHO assessment: As of 3 September, the WHO's assessment states that the risk is high at the regional level, high at the national level and low at the global level. A lack of funding and insufficient human resources is constraining the response, which is being further hampered by strikes among locally-based response teams and the ongoing COVID-19 outbreak. In addition, response teams are currently operating in a logistically challenging environment, with many of the affected areas only accessible by boat or helicopter and with limited telecommunications capacity. Further challenges include: inadequate surveillance of deaths in communities; sub-optimal clinical care and limited laboratory capacity.

Actions

ECDC is monitoring this event through its epidemic intelligence activities. On 25 May 2018, ECDC published a rapid risk assessment on the ninth outbreak in the DRC: Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, First update.

One EUPHEM fellow is contributing remotely to the GOARN response for the DRC Ebola outbreak, from 18 September to 27 October.

Distribution of Ebola Virus Disease cases in Equateur Province, Democratic Republic of the Congo, as of 14 October 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	**119**	**9**	**128**	**53**	
Equateur	119	9	128	53	
Bikoro	**32**	**0**	**32**	**19**	
Bolenge	**1**	**0**	**1**	**1**	
Bolomba	**13**	**3**	**16**	**4**	
Bomongo	**2**	**0**	**2**	**1**	
Iboko	**4**	**0**	**4**	**1**	
Ingende	**11**	**2**	**13**	**5**	
Lilanga Bobangi	**6**	**0**	**6**	**0**	
Lolanga Mampoko	**7**	**0**	**7**	**2**	
Loturnbe	**17**	**0**	**17**	**2**	
Makanza	**1**	**0**	**1**	**0**	
Mbandaka	**21**	**4**	**25**	**17**	
Monieka	**2**	**0**	**2**	**0**	
Wangata	**2**	**0**	**2**	**1**	
Cumulative Total	**119**	**9**	**128**	**53**	

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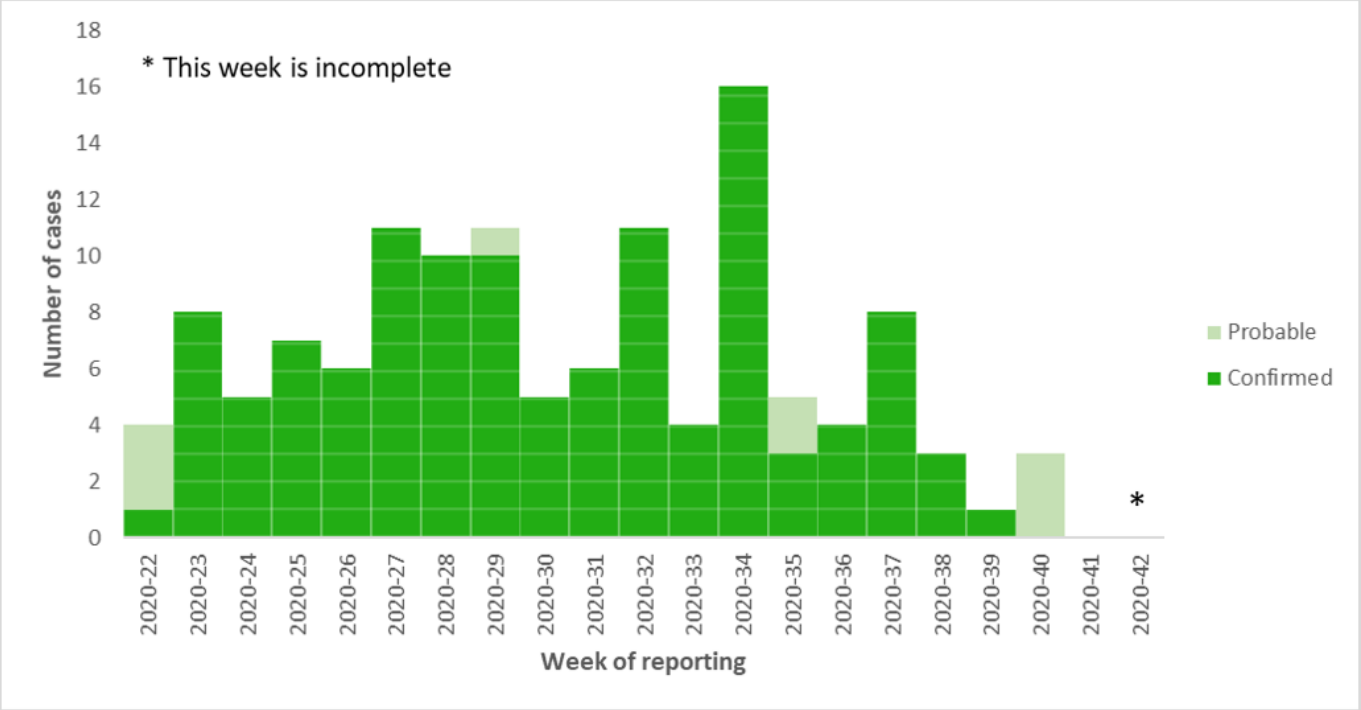
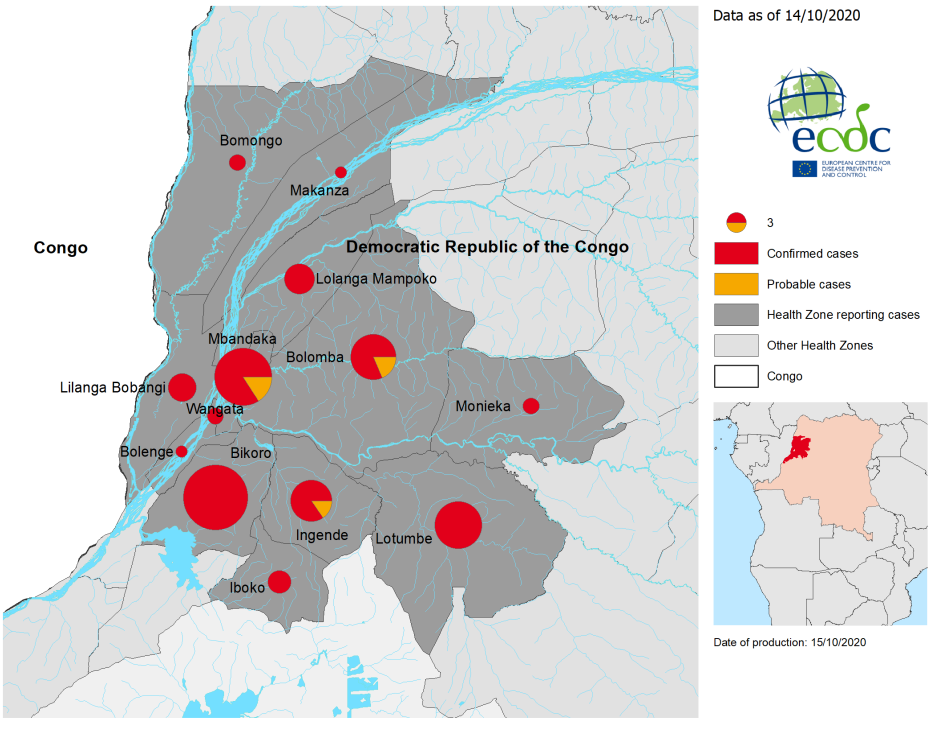
Distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, by week of reporting and as of 14 October 2020

Source: ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 14 October 2020

Source: ECDC



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

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Opening date: 9 December 2019 Latest update: 16 October 2020

Epidemiological summary

Summary:
Wild poliovirus: In 2020 overall, as of 13 October, 129 cases have been reported from two endemic countries: Pakistan (77) and Afghanistan (52).

Circulating vaccine-derived poliovirus (cVDPV): In 2020 overall, as of 13 October 2020, 15 cases of cVDPV1 have been reported by Yemen (14) and Malaysia (1). In addition, 449 cases of cVDPV2 have been reported from 21 countries: Afghanistan (87), Chad (69), Pakistan (64), Democratic Republic of the Congo (56) Cote D'Ivoire (33), Guinea (29), Sudan (23), Ethiopia (17), Burkina Faso (16), Ghana (12), Togo (9), Niger (7), Cameroon (5), Mali (5), Somalia (4), Angola (3), South Sudan (3), Benin (2), Central African Republic (2), Nigeria (2) and the Philippines (1). No cases of cVDPV3 have been reported.

Global guidance from WHO recommends temporarily postponing preventive immunisation campaigns where there is no active outbreak of a vaccine-preventable disease. Operationally, polio vaccination campaigns are incompatible with physical distancing recommendations. The guidance calls for countries to prioritise routine immunisation of children in essential service delivery. As s a result, the Global Polio Eradication Initiative (GPEI) has taken the decision to temporarily delay immunisation campaigns.

As part of the GPEI programme, surveillance activities will continue to the extent possible to monitor the evolution of the situation. In addition, comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.

Sources: Global Polio Eradication Initiative | ECDC | ECDC Polio interactive map | WHO DON | WPV3 eradication certificate

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 the virus being reintroduced into Europe remains so long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated. According to the May 2019 report of the European Regional Commission for Certification of Poliomyelitis Eradication 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 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or the emergence of cVDPV due to suboptimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in the pockets of under-immunised populations.

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 the potential risk of international spread.

ECDC links: ECDC comment on risk of polio in Europe | ECDC risk assessment

Actions

ECDC provides updates on the polio situation on a monthly basis. The agency also monitors polio cases worldwide through its epidemic intelligence activities in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU/EEA.

ECDC maintains an interactive map showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

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