

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 14 August 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 has rapidly evolved, affecting other parts of China and other countries. On 30 January 2020, WHO's Director 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).

→Update of the week

Since 7 August 2020 and as of 14 August 2020, 1 824 018 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 44 740 new deaths.

Globally, the number of cases has increased from 19 076 745 cases to 20 900 763, and the number of deaths has risen from 714 618 to 759 358.

In the EU/EEA and the UK, the number of cases has increased from 1 793 680 cases to 1 885 715 (+92 035 cases), and the number of deaths has risen from 183 409 to 184 544 (+1 135 deaths).

More details are available [here](#).

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

Opening date: 20 May 2020

Latest update: 14 August 2020

During the West Nile virus transmission season, 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 the EU/EEA Member States and at GAUL 1 (global administrative unit layers 1) level for the EU neighbouring countries.

→Update of the week

Between 7 and 13 August 2020, Greece reported 18 additional human cases of WNV infection and Italy reported its first two cases. Greece also reported five additional deaths.

All cases were reported from areas that have been affected during previous transmission seasons.

No other EU Member States or EU neighbouring countries reported cases or deaths through The European Surveillance System (TESSy) during the period. However the public health authorities of Andalucia, Spain, announced the occurrence of an outbreak of WNV infection, with 12 laboratory-confirmed cases in the province of Seville. Additional patients with meningo-encephalitis are currently being tested.

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

Sources: TESSy | [Junta de Andalucia](#)

Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 14 August 2020

French authorities have reported an increased number of dengue cases in Guadeloupe, Saint Martin, Saint Barthelemy and Martinique islands in recent weeks.

→Update of the week

Since the previous updates with data as of 19 July 2020 and 2 August 2020, 1 409 additional dengue suspected cases have been reported in Guadeloupe, Saint Martin and Martinique. In the last reported update, when the period 5-19 July 2020 was analysed, 795 suspected cases were reported in the French Antilles.

The following cases have been reported since the previous update:

Guadeloupe: 195 additional suspected cases.

Saint Martin: 80 additional suspected cases.

Saint Barthelemy: 94 additional suspected cases.

Martinique: 1 040 additional suspected cases.

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea - Summer 2020

Opening date: 23 June 2020

Latest update: 14 August 2020

Elevated sea surface temperatures (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species. These conditions occur 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](#)). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other worldwide settings prior to validation.

→Update of the week

As of 13 August 2020, in EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low. For the next five days it is considered generally to be medium-to-high, except in the Gulf of Bothnia (Sweden and Finland), Gulf of Finland (Finland and Estonia), the area of Ventspils to the Liepaja coast (Latvia), and the area of Gdynia to Kolobrzeg coast (Poland) where the risk is considered to be very low to low.

Outside of the EU/EEA countries, the overall environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low in Saint Petersburg and Vyborg (Russia) and medium-to-high in Kaliningrad (Russia). For the next five days it is considered to be medium-to-high in Vyborg, Saint Petersburg and Kaliningrad (Russia).

Crimean-Congo Haemorrhagic fever – Europe – 2020

Opening date: 18 June 2020

Latest update: 14 August 2020

Crimean-Congo haemorrhagic fever is endemic in the Balkans and autochthonous cases have been sporadically reported in Bulgaria and Spain.

→Update of the week

Regional health authorities in Spain are reporting a fatal case of Crimean-Congo haemorrhagic fever (CCHF) in a 69 year-old man, resident of Salamanca. He presented to a hospital emergency room in a serious condition, was admitted to the ICU and died on 11 August 2020. The infection was confirmed by the National Centre for Microbiology. Spanish authorities are carrying out specific actions in the area.

The presence of the virus has been confirmed in ticks of the genus *Hyalomma* in counties close to the areas where this case has been detected. A [study](#) among blood donors in Castile-León, Spain, identified a seroprevalence against CCHF virus of between 0.58% and 1.16% during 2017-2018.

Non EU Threats

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

Opening date: 4 June 2020

On 1 June 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) [declared](#) the eleventh outbreak of Ebola virus disease 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 11 August 2020, 10 additional confirmed cases and four additional deaths have been reported from Equateur Province in the DRC.

Lilanga Bobangi Health Zone is a newly affected zone in Equateur, reporting one confirmed case.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 14 August 2020

Epidemiological summary

Since 31 December 2019 and as of 14 August 2020, 20 900 763 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 759 358 deaths.

Cases have been reported from:

Africa: 1 085 589 cases; the five countries reporting most cases are South Africa (572 865), Egypt (96 108), Nigeria (48 116), Ghana (41 847) and Morocco (37 935).

Asia: 5 323 235 cases; the five countries reporting most cases are India (2 461 190), Iran (336 324), Saudi Arabia (294 519), Pakistan (287 300) and Bangladesh (269 115).

America: 11 291 921 cases; the five countries reporting most cases are United States (5 248 242), Brazil (3 224 876), Peru (507 996), Mexico (505 751) and Colombia (433 805).

Europe: 3 174 716 cases; the five countries reporting most cases are Russia (907 758), Spain (337 334), United Kingdom (313 798), Italy (252 235) and Germany (221 413).

Oceania: 24 606 cases; the five countries reporting most cases are Australia (22 358), New Zealand (1 251), Guam (477), Papua New Guinea (271) and French Polynesia (150).

Other: 696 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 24 680 deaths; the five countries reporting most deaths are South Africa (11 270), Egypt (5 107), Algeria (1 341), Nigeria (966) and Sudan (792).

Asia: 114 220 deaths; the five countries reporting most deaths are India (48 040), Iran (19 162), Pakistan (6 153), Indonesia (5 968) and Turkey (5 912).

America: 411 129 deaths; the five countries reporting most deaths are United States (167 110), Brazil (105 463), Mexico (55 293), Peru (25 648) and Colombia (14 145).

Europe: 208 928 deaths; the five countries reporting most deaths are United Kingdom (46 706), Italy (35 231), France (30 388), Spain (28 605) and Russia (15 384).

Oceania: 394 deaths; the five countries reporting most deaths are Australia (361), New Zealand (22), Guam (5), Papua New Guinea (3) and Northern Mariana Islands (2).

Other: Seven deaths have been reported from an international conveyance in Japan.

EU/EEA and the UK:

As of 14 August 2020, 1 885 715 cases have been reported in the EU/EEA and the UK: Spain (337 334), United Kingdom (313 798), Italy (252 235), Germany (221 413), France (209 365), Sweden (83 852), Belgium (76 098), Romania (66 631), Netherlands (61 149), Poland (54 487), Portugal (53 548), Ireland (26 929), Austria (22 730), Czechia (19 401), Denmark (15 214), Bulgaria (14 069), Norway (9 783), Finland (7 683), Luxembourg (7 368), Greece (6 381), Croatia (6 050), Hungary (4 813), Slovakia (2 739), Slovenia (2 332), Lithuania (2 330), Estonia (2 174), Iceland (1 976), Latvia (1 307), Cyprus (1 291), Malta (1 144) and Liechtenstein (91).

As of 14 August 2020, 184 544 deaths have been reported in the EU/EEA and the UK: United Kingdom (46 706), Italy (35 231), France (30 388), Spain (28 605), Belgium (9 916), Germany (9 225), Netherlands (6 156), Sweden (5 776), Romania (2 860), Poland (1 844), Ireland (1 774), Portugal (1 770), Austria (725), Denmark (621), Hungary (607), Bulgaria (484), Czechia (391), Finland (333), Norway (257), Greece (221), Croatia (161), Slovenia (124), Luxembourg (122), Lithuania (81), Estonia (63), Latvia (32), Slovakia (31), Cyprus (20), Iceland (10), Malta (9) and Liechtenstein (1).

EU:

As of 14 August 2020, 1 560 067 cases and 137 570 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

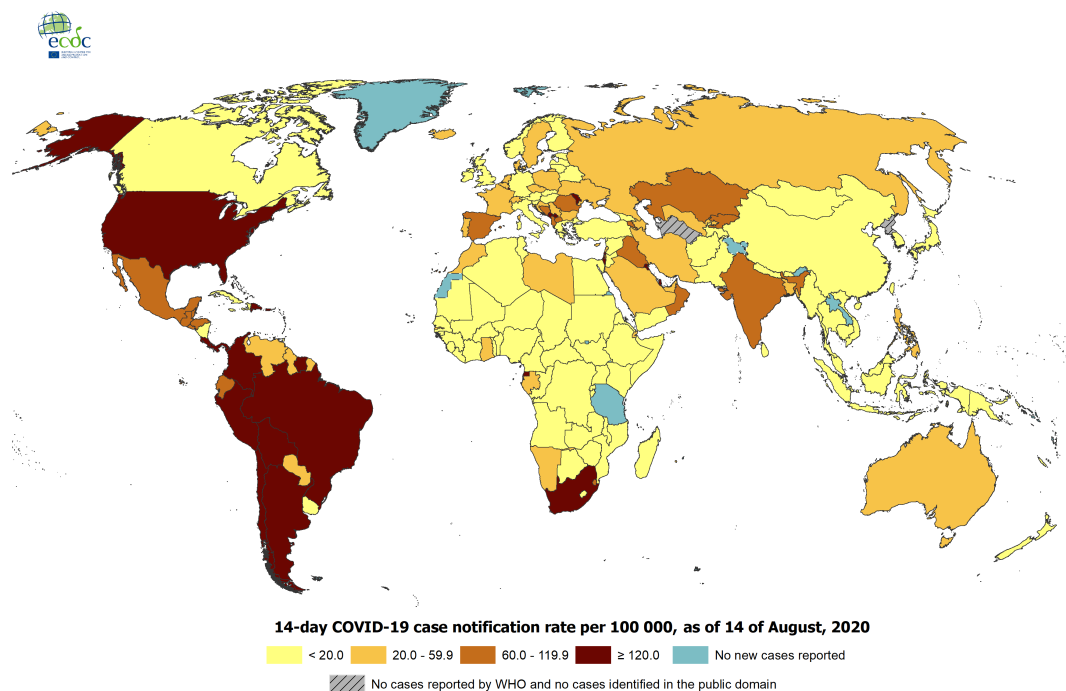
Information on the COVID-19 situation and a risk assessment can be found on [ECDC's website](#).

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 14 August 2020

Source : ECDC



The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

Date of production: 14/08/2020

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

Opening date: 20 May 2020

Latest update: 14 August 2020

Epidemiological summary

Between 7 and 13 August 2020, Greece reported 18 additional human cases of WNV infection and Italy reported its first two cases. Greece also reported five additional deaths.

Since the beginning of the 2020 transmission season and as of 13 August 2020, EU Member States have reported 32 human cases of WNV infection through The European Surveillance System (TESSy): Greece (28 cases, including six deaths), Italy (two cases) and Romania (two cases). All cases were reported from areas that have been affected during previous transmission seasons. No cases have been reported from EU neighbouring countries.

In addition, the public health authorities of Andalucia, Spain, announced the occurrence of an outbreak of WNV infection, with 12 laboratory-confirmed cases in the province of Seville. Additional patients with meningoencephalitis are currently being tested although these cases have not yet been reported through TESSy and are therefore not represented on the maps.

Since the beginning of the 2020 transmission season, five outbreaks among equids have been reported. These outbreaks have been reported by Spain (three outbreaks including the one in the province of Seville), Portugal (one outbreak) and Italy (one

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outbreak) through the Animal Disease Notification System (ADNS) of the European Commission. No outbreaks among birds have been reported through ADNS.

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

Sources: TESSy | Animal Disease Notification System

ECDC assessment

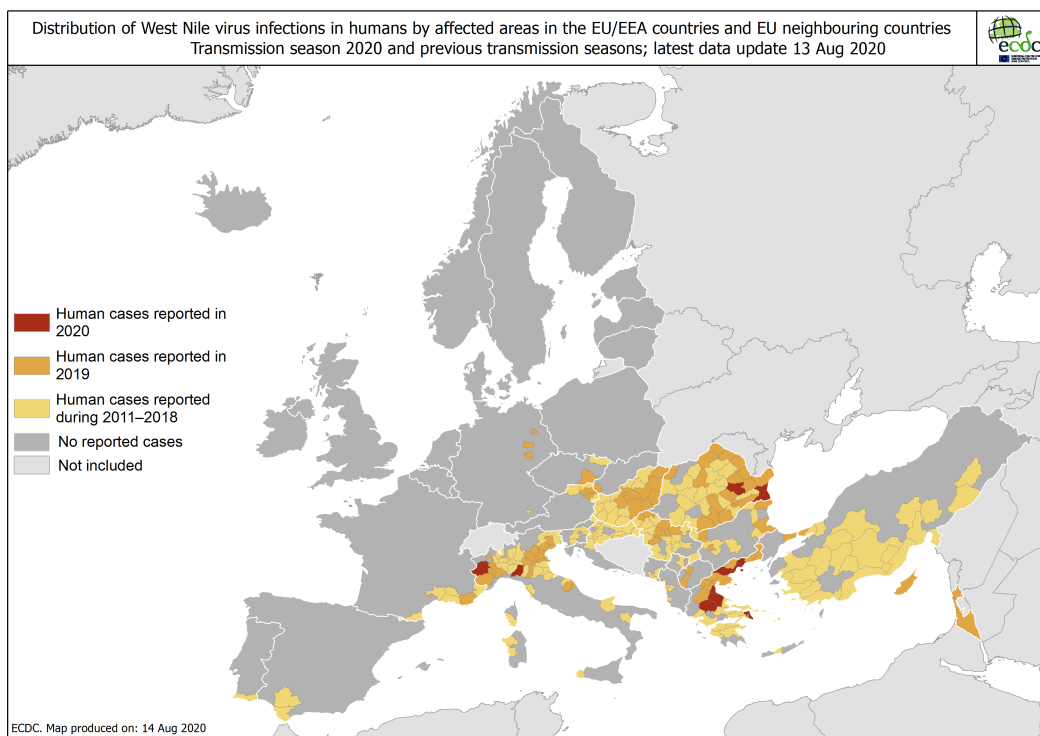
Human WNV infections have been reported in four EU Member States (i.e. Greece, Italy, Romania and Spain) where WNV enzootic transmission between mosquitoes and birds has previously been described. In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

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

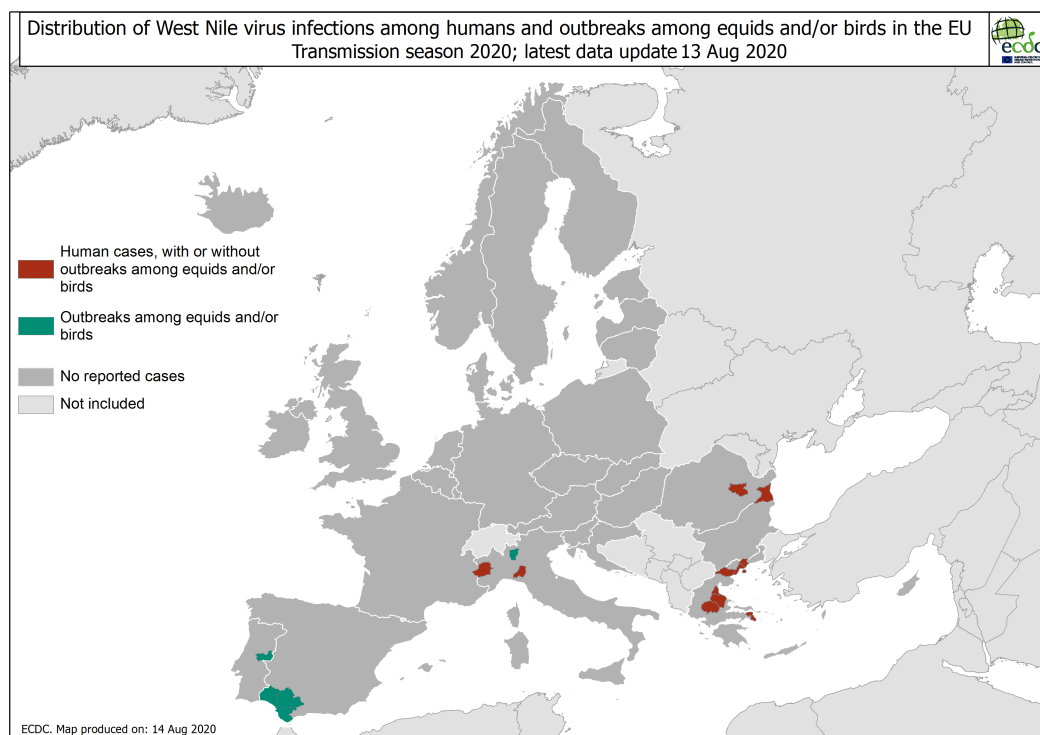
Distribution of West Nile virus infections in humans by affected areas as of 13 August 2020

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the European Union as of 13 August 2020

ECDC and ADNS



Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 14 August 2020

Epidemiological summary

In **Guadeloupe**, since week 2019-42 and as of 2 August 2020, 9 625 suspected dengue cases have been reported. Most of the cases have been identified as dengue virus serotype 2. In 2018, only 18 confirmed cases were reported in Guadeloupe.

In **Saint Martin**, since week 2020-03 and as of 2 August 2020, 1 865 suspected dengue cases have been reported, including 422 confirmed cases and among these there was one severe case and one death. Most of the cases have been identified as dengue virus serotype 1.

In **Saint Barthelemy**, since 2020-17 and as of 2 August 2020, 520 suspected dengue cases have been reported, including 244 confirmed cases. Most of the cases have been identified as dengue virus serotype 2.

In **Martinique**, since 4 November 2019 and as of 2 August 2020, 8 380 suspected dengue cases have been reported including six severe cases and two deaths. Dengue virus serotype 3 has been identified among most of the cases. In 2018, Martinique did not report any confirmed cases.

According to the French health authorities and as of 2 August 2020, Guadeloupe and Martinique are in an epidemic phase, Saint-Martin is in a pre-epidemic phase and in Saint Barthelemy the epidemic was declared in week 17 of 2020.

Source: [Santé publique France](#)

ECDC assessment

EU/EEA travellers to and residents in the affected areas should apply personal protective measures against mosquito bites. The risk for onward vector-borne transmission of dengue in continental Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus* in mainland Europe and *Aedes aegypti* on the island of Madeira). The number of travellers returning from dengue endemic areas has drastically dropped due to the COVID-19 outbreak. However, the environmental conditions in certain European regions are favourable for sustained mosquito-borne transmission; therefore, the likelihood of sustained autochthonous dengue virus transmission in continental

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EU/EEA is currently low. The occurrence of further autochthonous cases in the French Antilles is expected, as environmental conditions are favourable for continuous transmission. The concurrent circulation of several dengue serotypes may increase the risk of more severe clinical presentations.

More information about dengue is available at [ECDC factsheet](#).

Actions

ECDC is monitoring the ongoing situation through epidemic intelligence activities and reports when epidemiological updates become available.

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea - Summer 2020

Opening date: 23 June 2020

Latest update: 14 August 2020

Epidemiological summary

As of 13 August 2020, in EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low. For the next five days it is considered generally to be medium-to-high, except in the Gulf of Bothnia (Sweden and Finland), the Gulf of Finland (Finland and Estonia), the area of Ventspils to Liepaja coast (Latvia), and the area of Gdynia to Kolobrzeg coast (Poland) where the risk is considered to be very low to low.

Outside of the EU/EEA countries, the overall environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low in Saint Petersburg and Vyborg (Russia) and medium-to-high in Kaliningrad (Russia). For the next five days it is considered to be medium-to-high in Vyborg, Saint Petersburg and Kaliningrad (Russia).

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

Please note that this model has been calibrated to the Baltic Region in Northern Europe and might 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-toxigenic *V. cholera*.

In the past, vibriosis in humans caused by these species in the Baltic region has occurred during hot summer months, particularly when SSTs were 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. In addition to contracting vibriosis through contact with natural bodies of water, especially marine or estuarine water, other risk factors for illness include the consumption of shellfish, particularly raw oysters.

Actions

ECDC is monitoring this threat on a weekly basis during the summer of 2020 and reports on increased environmental suitability for growth of *Vibrio* species.

Crimean-Congo Haemorrhagic fever – Europe – 2020

Opening date: 18 June 2020

Latest update: 14 August 2020

Epidemiological summary

Bulgaria: In week 24 of 2020, the Bulgarian National Centre for Infectious and Parasitic Diseases reported one confirmed case of CCHF in Bulgaria.

Spain: On 11 June 2020, public health authorities in the autonomous community of Castile-León reported a confirmed case of CCHF. The case was bitten by a tick at the end of May in Salamanca province and developed compatible symptoms in the days that followed. On 11 August 2020, one fatal case was reported in a resident of the same province.

Turkey: Between January and June 2020, Turkey reported 480 cases. According to the authorities, this figure represents an increase in CCHF cases compared to the same period in 2019.

Background information for the EU/EEA: Between 2016 and 2019, 17 autochthonous cases were reported in the EU/EEA: Bulgaria (14 cases), and Spain (3 cases).

In addition, Greece reported one travel-related case of CCHF in 2018, with travel exposure in Bulgaria.

Sources: [Bulgarian NCIPD](#) | [Spanish regional health authorities](#) | [Turkish Ministry of Health](#) | [Spanish regional health authorities 2](#)

ECDC assessment

Hyalomma spp. ticks are considered to be the principal vectors of CCHF virus. *Hyalomma marginatum* is widely present in southern and eastern Europe, as shown in the [distribution map](#) published in May 2020. In Spain, the main vector is *Hyalomma lusitanicum*.

Hunters, forest workers, hikers and people working with animals are more likely to be exposed to ticks and therefore to be infected. People potentially exposed to ticks should apply [personal protective measures against tick bites](#).

Healthcare providers caring for patients infected with CCHF virus are at risk of human-to-human transmission, as demonstrated in [2016 in Spain](#), when a healthcare worker was infected while attending to a primary case. The risk of further human-to-human transmission in hospital settings can be significantly reduced by applying timely and appropriate infection prevention and control measures.

On 8 September 2016, ECDC published a [rapid risk assessment](#) related to CCHF cases in Spain. The assessment remains valid for the current events. In addition, in July 2019, the Spanish authorities published a [situational report](#) and risk assessment related to CCHF in Spain.

Additional information on CCHF can be found in the [ECDC Surveillance Atlas of Infectious Diseases](#), the [ECDC factsheet](#) and in the latest [ECDC annual epidemiological report](#).

Actions

ECDC is monitoring this event through epidemic intelligence activities and will report again when epidemiological updates become available.

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

Opening date: 4 June 2020

Epidemiological summary

Since the start of the outbreak and as of 11 August 2020, a total of 84 cases (80 confirmed, four probable), including 36 deaths, have been reported from Bikoro (26), Bolomba (13), Iboko (4), Ingende (8), Lilanga Bobangi (1), Lolanga Mampoko (1), Lotumbe (5), Mbandaka (24) and Wangata (2) health zones in Equateur province in the DRC.

Since the beginning of the vaccination campaign with rVSV-ZEBOV-GP on 5 June 2020, 22 036 people have been vaccinated.

Background: From May to July 2018, the [9th 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 WHO, the current event seems to be separate from the

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[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, measles, cholera, monkeypox, polio and the bubonic plague.

Sources: [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 an animal reservoir 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. The overall risk to the EU/EEA is very low, especially with the current travel limitations.

WHO Assessment: On 3 June 2020, [WHO's assessment](#) revealed that the current resurgence is not unexpected, given the identification of wildlife spill-over potential in Africa, the high population density in the region and the sociological, ecological, and environmental drivers that could influence the emergence of EVD. There is a need for further resources, and several challenges have been identified to the response in this area.

Actions

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

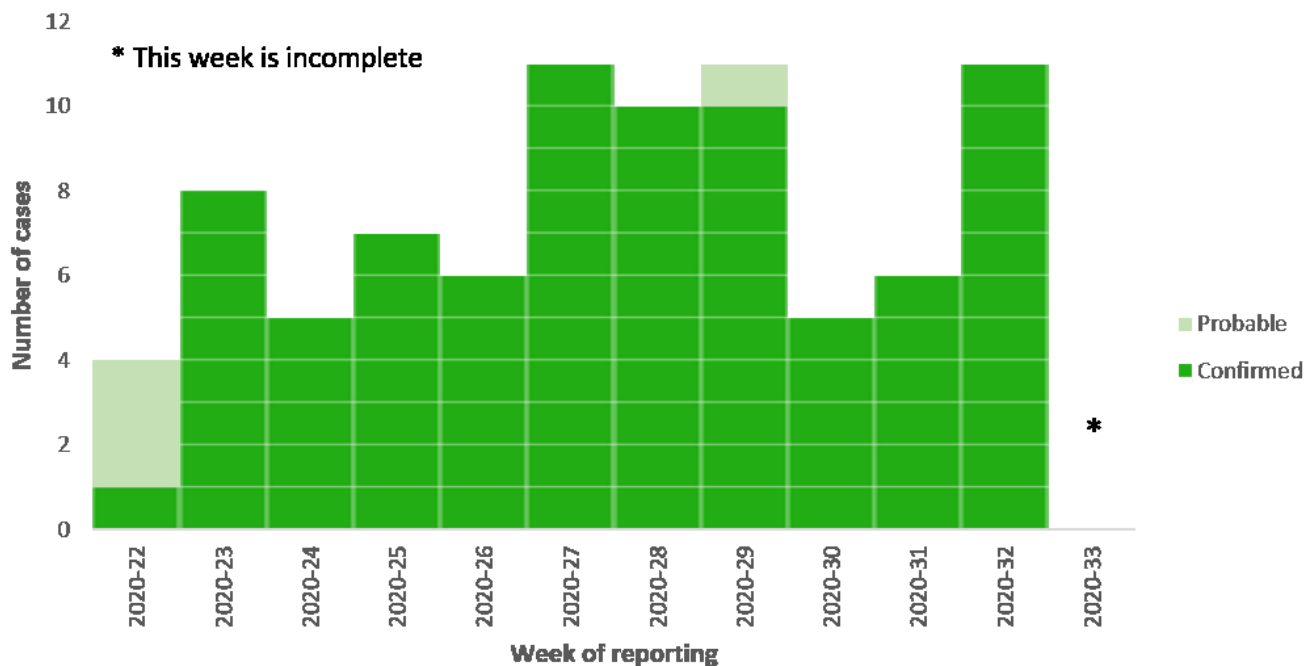
Distribution of Ebola Virus Disease cases in Equateur Province, Democratic Republic of the Congo, as of 11 August 2020

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	80	4	84	36	
Equateur	80	4	84	36	
Bikoro	26	0	26	13	ACTIVE
Bolomba	13	0	13	1	
Iboko	4	0	4	1	
Ingende	8	0	8	3	ACTIVE
Lilanga Bobangi	1	0	1	0	ACTIVE
Lolanga Mampoko	1	0	1	0	
Lotumbe	5	0	5	1	
Mbandaka	20	4	24	16	ACTIVE
Wangata	2	0	2	1	
Cumulative Total	80	4	84	36	

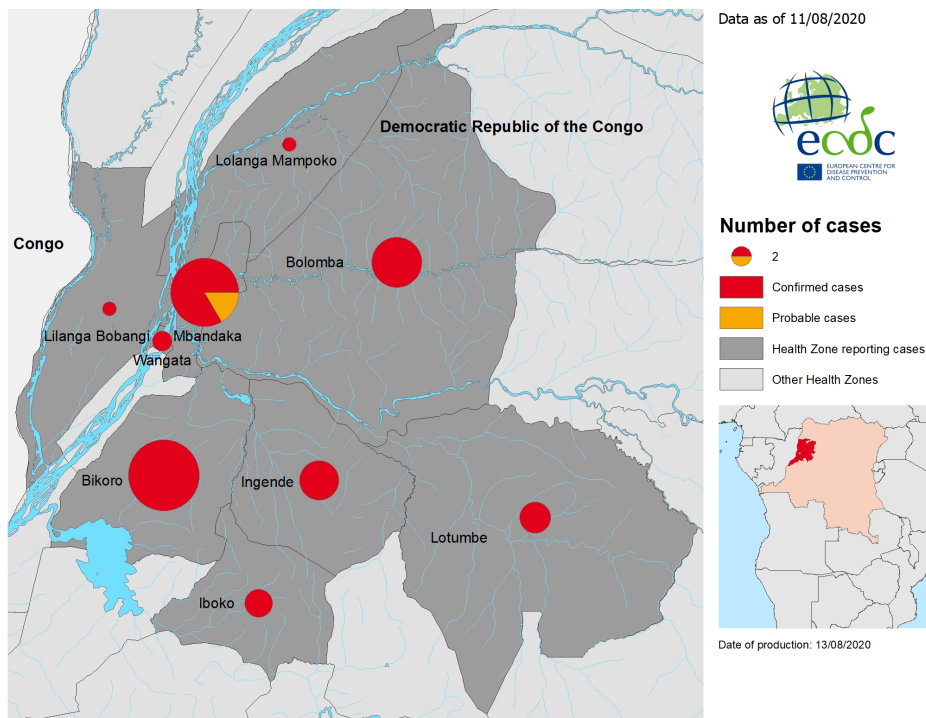
Distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, by week of reporting and as of 11 August 2020

Source: ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 11 August 2020

Source: ECDC



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