

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Influenza A(H1N1) variant – Germany – 2020

Opening date: 22 July 2020

Latest update: 24 July 2020

Influenza A(H1N1) variant virus has been detected in Germany in a child with influenza-like illness (ILI), who visited a pig farm before onset of symptoms. Public health measures have been initiated and further investigations are ongoing.

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

Opening date: 7 January 2020

Latest update: 24 July 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 18 July 2020 and as of 24 July 2020, 1 689 172 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 43 434 new deaths.

Globally, the number of cases has increased from 13 788 300 cases to 15 477 472, and the number of deaths has risen from 589 688 to 633 122.

In the EU/EEA and the UK, the number of cases has increased from 1 609 235 cases to 1 656 896 (+47 661 cases), and the number of deaths has risen from 180 218 to 181 239 (+1 021 deaths).

More details are available [here](#).

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

Opening date: 20 May 2020

Latest update: 24 July 2020

During the West Nile virus transmission season, which usually runs from June–November 2020, ECDC monitors the occurrence of infections in the EU/EEA and EU neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Information is available at the NUTS 3 level (nomenclature of territorial units for statistics 3) or in GAUL 1 (global administrative unit layers 1) for areas where at least one locally acquired human infection has been reported.

→Update of the week

Between 17 and 23 July 2020, EU Member States reported six human cases, all in Greece. All human cases were reported from areas that have been affected during previous transmission seasons. No human cases were reported from EU neighbouring countries.

This week, no deaths have been reported.

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

Opening date: 23 June 2020

Latest update: 24 July 2020

Elevated sea surface temperature (SST) in marine environments with low salt content offers 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 23 July 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 very low, to low, except in the regions of Ostrobothnia, Satakunta, south-west Finland and Åland (Finland); Lääne, Hiiu, Saare and Pärnu (Estonia); Gulf of Riga (Estonia and Latvia); Kurzeme (Latvia); Klaipeda (Lithuania); Gdansk Bay, Eastern and Western Pomerania (Poland); Mecklenburg-Western Pomerania (Germany); Kalmar Strait, Gotland and Stockholm Archipelago (Sweden) where the risk is considered to be medium-to-high.

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

Non EU Threats

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

Opening date: 4 June 2020

Latest update: 24 July 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 northwest of the country, close to the border with Congo.

→Update of the week

Since the last update and as of 21 July 2020, eight additional confirmed cases and one probable case have been reported from Equateur Province in the DRC. In addition, six new deaths have been reported from Equateur Province.

One new health zone has reported cases for the first time: Ingende.

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

Opening date: 20 April 2006

Latest update: 24 July 2020

Several countries in Africa, the Americas and Asia have reported [cholera](#) outbreaks. Major ongoing outbreaks are being reported from the Democratic Republic of the Congo, Haiti and Yemen.

→Update of the week

Since the last update on 26 June 2020, new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are Yemen and Ethiopia. A new cholera outbreak has been reported in Malaysia during this period.

II. Detailed reports

New! Influenza A(H1N1) variant – Germany – 2020

Opening date: 22 July 2020

Latest update: 24 July 2020

Epidemiological summary

German health authorities have provided information about a 2-year-old boy who developed influenza-like illness (ILI) and sought medical help on 9 June 2020. A sample was collected as part of the routine ILI surveillance. On 15 June 2020, an unsubtypable influenza A virus was detected and on 1 July 2020 whole genome sequencing characterised this virus as a Eurasian avian-like swine A(H1N1) virus (1C.2.2). The child recovered and no further cases were detected among contacts. Two days before symptoms occurred the boy visited a swine farm and had close contact with pigs.

Antigenic investigations on the virus isolated from the patient indicated some cross-reactivity with seasonal influenza A (H1N1)pdm09 viruses, indicating that immunity against infection with similar swine viruses may exist in the human population due to the circulation of A(H1N1)pdm09 viruses. Serological testing of close family contacts is planned.

Sources: [WHO](#)

ECDC assessment

Sporadic transmission of swine influenza viruses from pigs to humans has also been observed in recent years in relation to other lineages. This underlines the need for unsubtypable influenza viruses to be sent to WHO Collaborating Centres for further characterisation to identify such events early. Rigorous follow-up investigations are needed to identify human-to-human transmission immediately and implement public health measures to prevent further spread. ECDC has previously (2016) flagged the importance of sharing information with health authorities early on and [reporting severe human cases of A\(H1N1\)v through EWRS and IHR](#).

Actions

ECDC is monitoring this event through epidemic intelligence activities and is in close communication with WHO regarding the ongoing investigations. ECDC monitors zoonotic influenza strains through epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC has published [Annual Epidemiological Reports](#) on zoonotic influenza that summarise the human cases related to swine viruses.

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

Opening date: 7 January 2020

Latest update: 24 July 2020

Epidemiological summary

Since 31 December 2019 and as of 24 July 2020, 15 477 472 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 633 122 deaths.

Cases have been reported from:

Africa: 789 151 cases; the five countries reporting most cases are South Africa (408 052), Egypt (90 413), Nigeria (38 948), Ghana (29 672) and Algeria (25 484).

Asia: 3 614 690 cases; the five countries reporting most cases are India (1 287 945), Iran (284 034), Pakistan (270 400), Saudi Arabia (260 394) and Turkey (223 315).

America: 8 296 187 cases; the five countries reporting most cases are United States (4 034 102), Brazil (2 287 475), Peru (371 096), Mexico (370 712) and Chile (338 759).

Europe: 2 761 681 cases; the five countries reporting most cases are Russia (795 038), United Kingdom (297 146), Spain (270 166), Italy (245 338) and Germany (204 183).

Oceania: 15 067 cases; the five countries reporting most cases are Australia (13 306), New Zealand (1 206), Guam (337), Northern Mariana Islands (76) and French Polynesia (62).

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

Deaths have been reported from:

Africa: 16 705 deaths; the five countries reporting most deaths are South Africa (6 093), Egypt (4 480), Algeria (1 124), Nigeria

(833) and Sudan (708).

Asia: 84 884 deaths; the five countries reporting most deaths are India (30 601), Iran (15 074), Pakistan (5 763), Turkey (5 563) and China (4 649).

America: 329 918 deaths; the five countries reporting most deaths are United States (144 242), Brazil (84 082), Mexico (41 908), Peru (17 654) and Canada (8 874).

Europe: 201 444 deaths; the five countries reporting most deaths are United Kingdom (45 554), Italy (35 092), France (30 182), Spain (28 429) and Russia (12 892).

Oceania: 164 deaths; the 4 countries reporting deaths are Australia (133), New Zealand (22), Guam (5) and Northern Mariana Islands (4).

Other: 7 deaths have been reported from an international conveyance in Japan.

EU/EEA and the UK:

As of 24 July 2020, 1 656 896 cases have been reported in the EU/EEA and the UK: United Kingdom (297 146), Spain (270 166), Italy (245 338), Germany (204 183), France (179 398), Sweden (78 763), Belgium (64 754), Netherlands (52 404), Portugal (49 379), Poland (41 580), Romania (41 275), Ireland (25 826), Austria (20 148), Czechia (14 800), Denmark (13 390), Bulgaria (9 853), Norway (9 062), Finland (7 372), Luxembourg (5 952), Croatia (4 634), Hungary (4 398), Greece (4 110), Slovakia (2 089), Slovenia (2 033), Estonia (2 027), Lithuania (1 960), Iceland (1 841), Latvia (1 203), Cyprus (1 045), Malta (680) and Liechtenstein (87).

As of 24 July 2020, 181 239 deaths have been reported in the EU/EEA and the UK: United Kingdom (45 554), Italy (35 092), France (30 182), Spain (28 429), Belgium (9 812), Germany (9 111), Netherlands (6 139), Sweden (5 676), Romania (2 126), Ireland (1 763), Portugal (1 705), Poland (1 651), Austria (711), Denmark (612), Hungary (596), Czechia (365), Bulgaria (329), Finland (328), Norway (255), Greece (201), Croatia (128), Slovenia (115), Luxembourg (112), Lithuania (80), Estonia (69), Latvia (31), Slovakia (28), Cyprus (19), Iceland (10), Malta (9) and Liechtenstein (1).

EU:

As of 24 July 2020, 1 348 760 cases and 135 419 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 [WHO](#) declared the COVID-19 outbreak a pandemic. The [Third International Health Regulations \(IHR\) Emergency Committee meeting](#) for COVID-19 was held in Geneva on 30 April 2020. The committee concluded 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

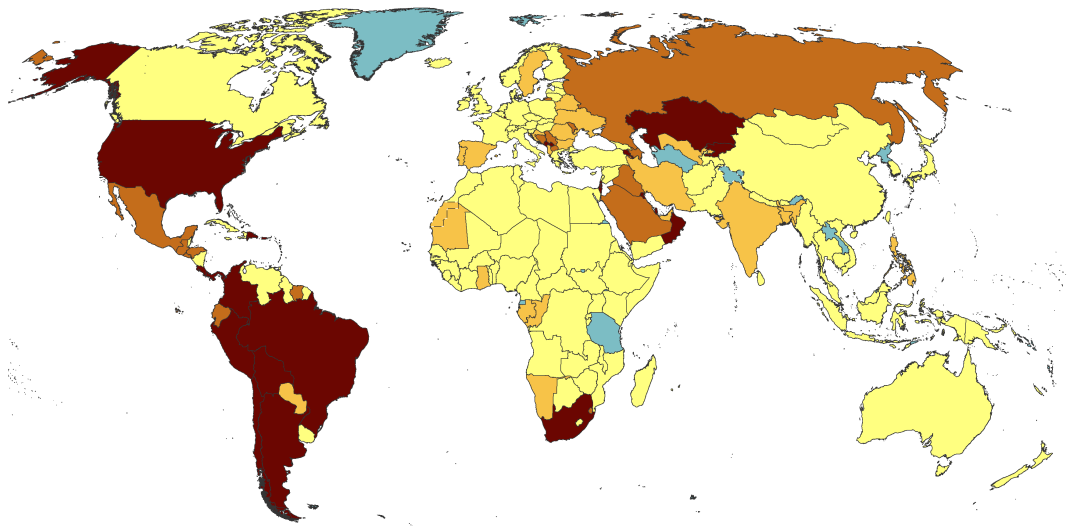
Information on the COVID-19 situation and a risk assessment can be found on [ECDC's website](#).

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 24 July 2020

ECDC



14-day COVID-19 case notification rate per 100 000, as of 24 of July, 2020

< 20.0	20.0 - 59.9	60.0 - 119.9	≥ 120.0	No new cases reported
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The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

Date of production: 24/07/2020

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

Opening date: 20 May 2020

Latest update: 24 July 2020

Epidemiological summary

Between 17 and 23 July 2020, EU Member States reported six human cases, all in Greece. All human cases were reported from areas that have been affected during previous transmission seasons. No human cases were reported from EU neighbouring countries.

This week, no deaths have been reported.

Since the beginning of the 2020 transmission season and as of 23 July 2020, EU Member States have reported seven human cases in Greece (6) and Romania (1). No cases have been reported from EU neighbouring countries. So far, no deaths have been reported.

During the current transmission season, no outbreaks among equids or birds have been reported so far.

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

Sources: TESSy | Animal Disease Notification System

ECDC assessment

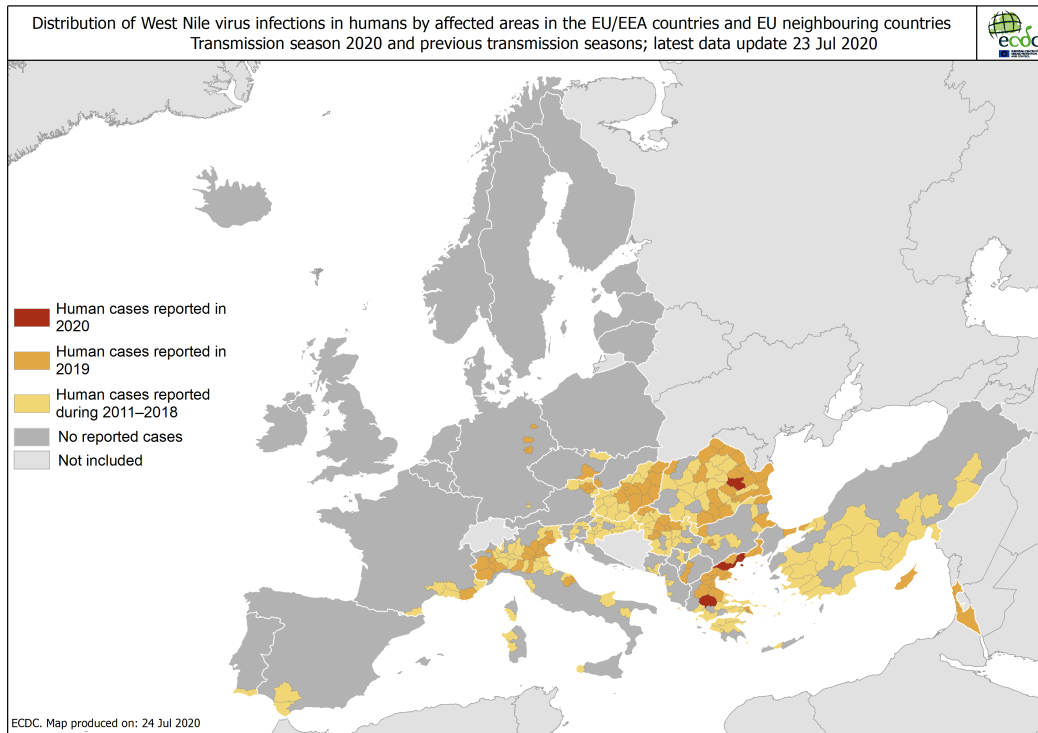
Human West Nile virus infections have been reported in EU Member States with known persistent transmission of West Nile virus in previous years. In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired West Nile virus, unless the result of an individual nucleic acid test (NAT) is negative.

Actions

During the transmission season, ECDC publishes West Nile virus maps and an epidemiological summary every Friday.

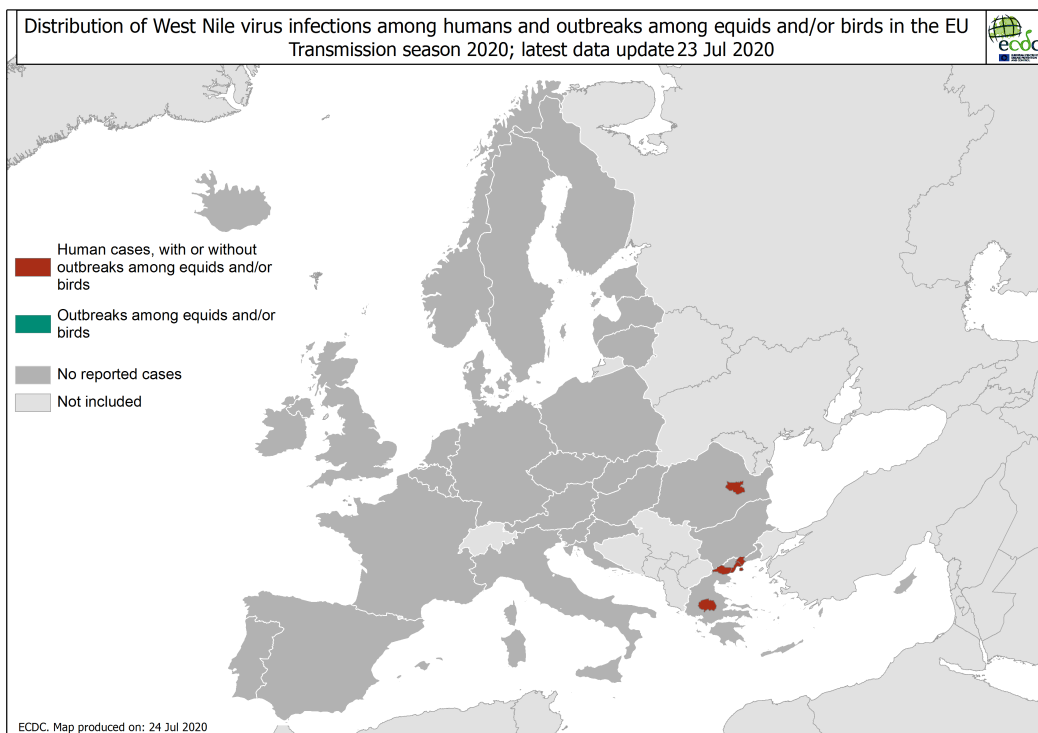
Distribution of human West Nile virus infections by affected areas as of 23 July

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 23 July

ECDC and ADNS



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

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Opening date: 23 June 2020

Latest update: 24 July 2020

Epidemiological summary

As of 23 July 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 very low, to low, except in the regions of Ostrobothnia, Satakunta, South-west Finland and Åland (Finland); Lääne, Hiiumaa, Saare and Pärnu (Estonia); Gulf of Riga (Estonia and Latvia); Kurzeme (Latvia); Klaipėda (Lithuania); Gdansk Bay, Eastern and Western Pomerania (Poland); Mecklenburg-Western Pomerania (Germany); Kalmar Strait, Gotland and Stockholm Archipelago (Sweden) where the risk is considered to be medium-to-high.

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

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-toxicogenic *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.

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

Opening date: 4 June 2020

Latest update: 24 July 2020

Epidemiological summary

Since the start of the outbreak and as of the 21 July 2020, a total of 62 cases (58 confirmed, four probable), including 27 deaths, have been reported from Bikoro (19), Bolomba (11), Iboko (4), Ingende (1), Lotumbe (4), Mbandaka (21) 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, 14 753 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 [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,

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monkeypox, polio and the bubonic plague.

Sources: [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. Response measures might 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, the [WHO assessment](#) revealed that the current resurgence is not unexpected, given the identification of wildlife spillover 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 monitors 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](#).

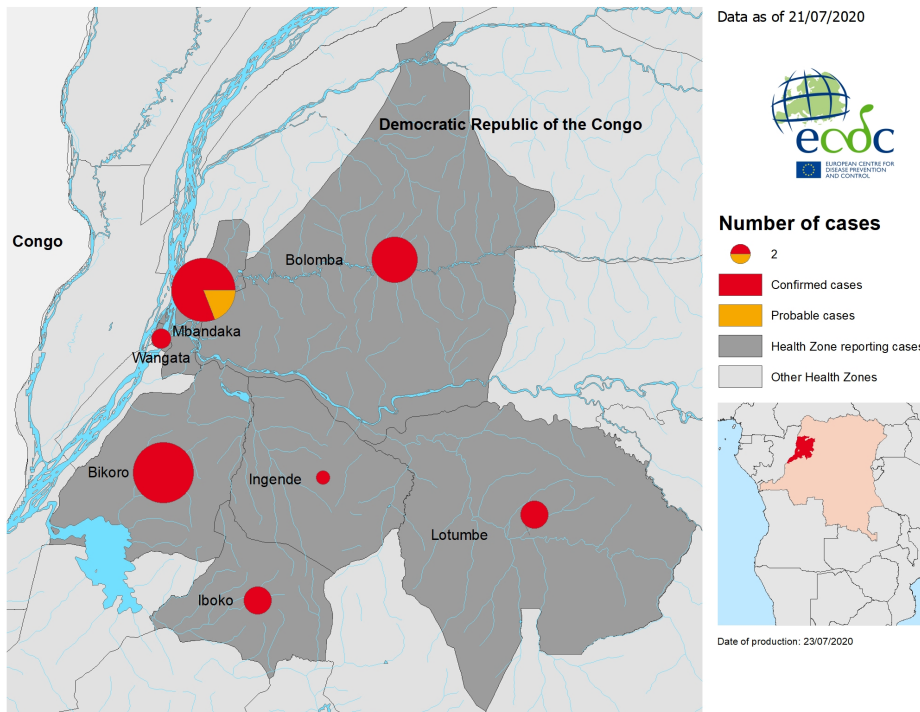
Ebola Virus Disease cases distribution in Equateur Province, Democratic Republic of the Congo, as of 21 July 2020

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	58	4	62	27	
Equateur	58	4	62	27	
Bikoro	19	0	19	8	
Bolomba	11	0	11	1	ACTIVE
Iboko	4	0	4	1	
Ingede	1	0	1	0	ACTIVE
Lotumbe	4	0	4	0	ACTIVE
Mbandaka	17	4	21	16	ACTIVE
Wangata	2	0	2	1	
Cumulative Total	58	4	62	27	

Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 21 July 2020

Source: ECDC



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

Opening date: 20 April 2006

Latest update: 24 July 2020

Epidemiological summary

Americas

Haiti: In 2020, as of July, no confirmed cholera cases have been reported in Haiti. In 2019, Haiti reported 684 suspected cases including three deaths (CFR: 0.4%). According to a [Unicef report](#), the last confirmed cholera cases in Haiti were reported in February 2019. Since the beginning of the outbreak in 2010 and as of 25 January 2020, Haiti has reported 820 461 suspected cholera cases including 9 792 deaths (CFR: 1.2%).

Dominican Republic: In 2020, as of 13 June, no cholera cases have been reported in the Dominican Republic.

Africa

Cameroon: Since January 2019 and as of 3 July 2020, Cameroon has reported 2 051 cholera cases including 98 associated deaths (CFR: 4.8%). This represents an increase of 278 cases and seven deaths since the previous CDTR update. The outbreak is ongoing in Littoral, South West, South and Centre regions.

Ethiopia: In 2020 and as of 5 July, 11 427 cases including 176 associated deaths (CFR: 1.5%) have been reported in Ethiopia. These numbers represent an increase of 3 236 cases and 64 deaths since the previous update in the CDTR.

Kenya: In 2020 and as of 5 July, 685 cases including 13 deaths (CFR: 1.9%) have been reported in the country. This represents an increase of 43 cases and no deaths since the previous CDTR update. The outbreak continues to be active in Marsabit and Turkana counties. In 2019, 5 150 cases including 39 associated deaths (CFR: 0.8%) were reported.

Nigeria: In 2020 and as of 28 June, 965 suspected cases and 55 associated deaths have been reported. Among these cases, 40 have been confirmed. For the same period in 2019, 1 456 cases including 35 deaths were reported.

Somalia: As of 7 June 2020, WHO has reported 13 822 suspected cholera cases including 68 associated deaths (CFR: 0.5%) since December 2017. According to WHO, in 2020, cholera cases have been reported from the regions of Banadir, Bay, Hiran, Lower Shabelle and Middle Shabelle. This represents an increase of 294 cases and one death since the previous CDTR update.

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Burundi, Democratic Republic of Congo, Mozambique and Uganda have no updates available since the previous CDTR report.

Asia

Bangladesh: In 2020 and as of 12 July, 69 726 acute watery diarrhoea (AWD) cases have been reported in the Cox's Bazar. This represents an increase of 10 650 AWD cases since the previous CDTR update. In all 2019, 191 057 AWD cases were reported in the Cox's Bazar.

According to WHO, between 5 September to 29 December 2019, 239 cases of AWD tested positive by cholera rapid diagnostic test or culture in Cox's Bazar, in Bangladesh.

Malaysia: According to [media sources](#) quoting health authorities, a cholera outbreak has been reported in Sabah, Malaysia. As of 20 July and since the beginning of the outbreak in June this year, 43 cholera cases have been reported.

Yemen: Since the beginning of the outbreak in 2017 and as of 28 June 2020, Yemen has reported 2 399 840 suspected cholera cases and 3 811 deaths (CFR: 0.2%). Among these cases, 146 201 cases, including 45 associated deaths, have been reported in 2020 and as of 28 June.

Disclaimer: Data presented in this report originate from several sources, both official public health authorities and non-official, such as media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.

ECDC assessment

Cholera cases continue to be reported in eastern Africa, the Horn of Africa and Gulf of Aden over the past few months. Cholera outbreaks have also been reported in the western and southern part of Africa and in some areas of Asia. Despite the high number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. The risk of cholera infection in travellers visiting countries with ongoing outbreaks remains low, even though sporadic infections among EU/EEA travellers are possible. In 2018, 26 cases were reported in the EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016 respectively. All cases had travel history to cholera-affected areas. The risk of further transmission of *Vibrio cholerae* within the EU/EEA is very low.

According to WHO, vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

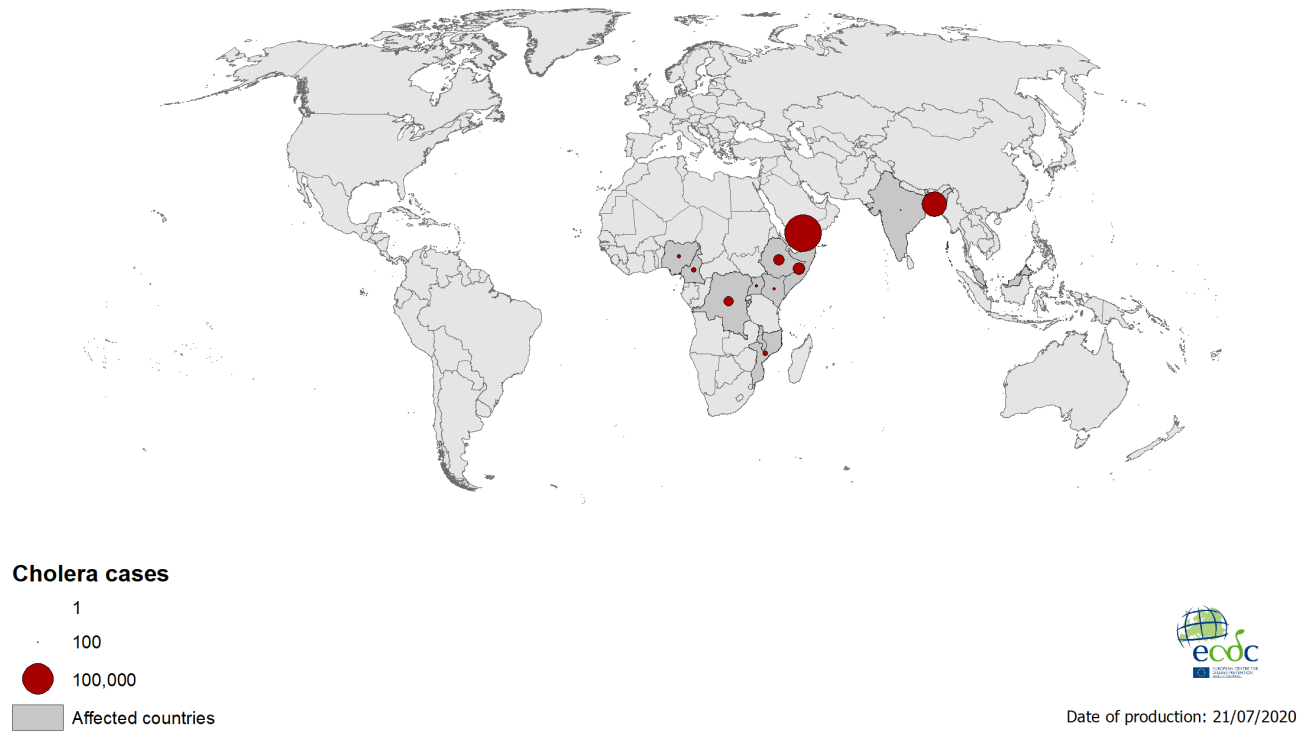
Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food and avoiding the consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on the [ECDC website](#).

Geographical distribution of cholera cases reported worldwide in 2020

Source: ECDC



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