

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

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

Opening date: 20 May 2020

Latest update: 18 September 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 the EU neighbouring countries.

→ Update of the week

Between 11 and 17 September 2020, EU Member States reported 36 human cases of WNV infection: Greece (18), Spain (12), Italy (3) and Hungary (3). All cases were reported from areas that have been affected during previous transmission seasons. This week, six deaths were reported, by Greece (4) and Spain (2). No human cases of WNV infection or deaths were reported from EU-neighbouring countries.

On 16 September 2020, [Dutch public health authorities](#) reported the first animal, a warbler, that tested positive for WNV in the Netherlands, in the Utrecht region. Warblers are migratory birds, but because this warbler was tested positive in late summer it is very likely that it contracted WNV in the Netherlands. The same bird was also caught in the spring and had tested negative. In recent years, antibodies have been found in several birds in the Netherlands. As these were not migratory birds, they probably contracted the infection in the vicinity of the Netherlands.

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

**Sources:** TESSy

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

Opening date: 7 January 2020

Latest update: 18 September 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, the 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 12 September 2020 and as of 18 September 2020, 1 999 791 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 36 526 new deaths.

Globally, the number of cases has increased from 28 199 791 to 30 214 496, and the number of deaths has risen from 910 078 to 946 665.

In the EU/EEA and the United Kingdom (UK), the number of cases has increased from 2 511 049 to 2 759 394 (+248 345 cases).

More details are available [here](#).

## Non EU Threats

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

Opening date: 4 June 2020

Latest update: 18 September 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 15 September 2020, 10 additional cases, including two deaths, have been reported from Equateur Province in the DRC.

More than 42 days have passed since the last cases were reported in the Bolomba health zone.

## II. Detailed reports

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

Opening date: 20 May 2020

Latest update: 18 September 2020

#### Epidemiological summary

Between 11 and 17 September 2020, EU Member States reported 36 human cases of WNV infection: Greece (18), Spain (12), Italy (3) and Hungary (3). All cases were reported from areas that have been affected during previous transmission seasons. This week, six deaths were reported, by Greece (4) and Spain (2). No human cases of WNV infection or deaths were reported from EU neighbouring countries.

On 16 September 2020, [Dutch public health authorities](#) reported the first animal, a warbler that tested positive for WNV in the Netherlands, in the Utrecht region. Warblers are migratory birds, but because this warbler was tested positive in late summer, it is very likely that it contracted WNV in the Netherlands. The same bird was also caught in the spring and had tested negative. In recent years, antibodies have been found in several birds in the Netherlands. As these were not migratory birds, they probably contracted the infection in the vicinity of the Netherlands.

Since the start of the 2020 transmission season and as of 17 September 2020, EU Member States have reported 209 human cases of WNV infection and 21 deaths through TESSy: Greece (109, including 16 deaths), Spain (61, including five deaths), Italy (32), Romania (4) and Hungary (3). All cases were reported from areas that have been affected during previous transmission seasons. No cases have been reported from EU-neighbouring countries.

On 3 September 2020, [German public health authorities](#) reported the first human autochthonous WNV infections in Germany during this transmission season. On 10 September, [further human WNV infections](#) were reported. A total of nine were reported, from Leipzig (7), Meissen (1) and Berlin (1). Further suspected cases are being investigated. Virus circulation in birds has been documented since July 2020 in Germany, in a similar area as in 2019. The human WNV infections and outbreaks among birds in 2020 have not been reported through TESSy and the Animal Disease Notification System (ADNS) yet. As a result, they are not currently represented on the maps and in the Surveillance Atlas.

Since the beginning of the 2020 transmission season, 69 outbreaks among equids have been reported. These outbreaks have been reported by Spain (51), Italy (8), Germany (8), France (1) and Portugal (1) through ADNS. 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 six EU Member States (Greece, Italy, Romania, Spain, Germany and Hungary) in which WNV enzootic transmission between mosquitoes and birds has previously been described.

Between 2010 and 2019, only Spain reported locally-acquired WNV infections: two cases in 2010 in the province of Cádiz and three cases in 2016 in the province of Seville. This week, Spain reported the first cases of human WNV from the province of Cádiz since 2010. This is not unexpected due to the proximity to the ongoing outbreak in the neighbouring province of Seville and as WNV infections among equids had already been reported in this province during the current transmission season.

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

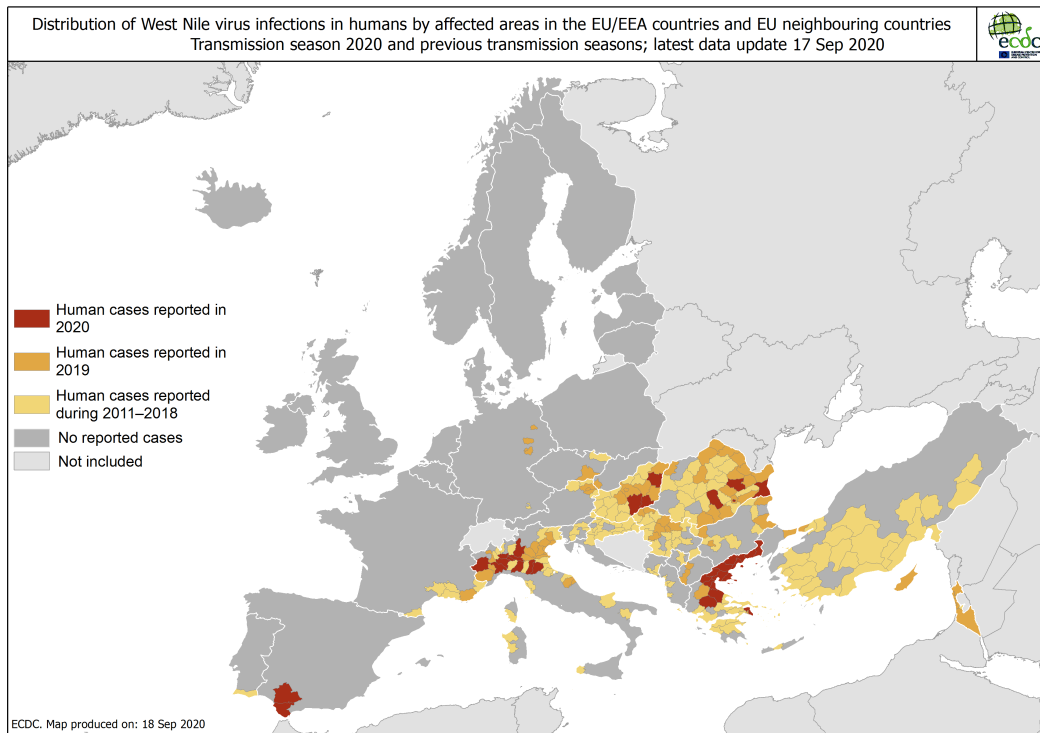
In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

## Actions

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

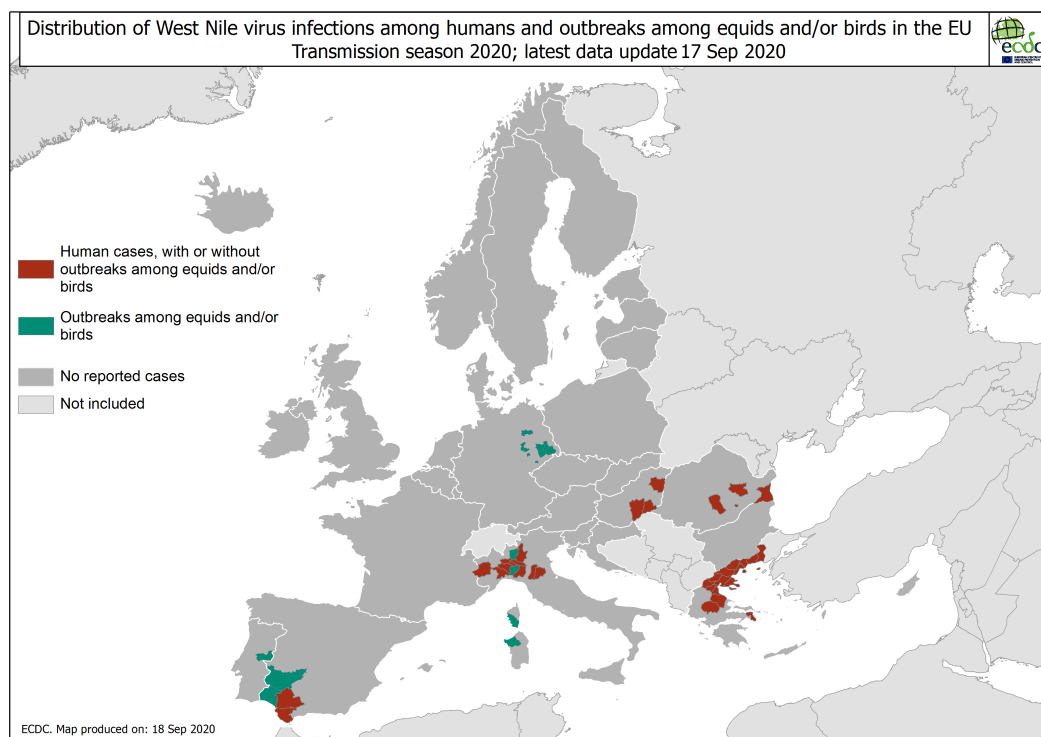
## Distribution of human West Nile virus infections by affected areas as of 17 Sep

ECDC



## Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 17 Sep

ECDC and ADNS



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

Opening date: 7 January 2020

Latest update: 18 September 2020

### Epidemiological summary

Since 31 December 2019 and as of 18 September 2020, 30 214 496 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 946 665 deaths.

#### Cases have been reported from:

**Africa:** 1 383 125 cases; the five countries reporting most cases are South Africa (655 572), Egypt (101 641), Morocco (94 504), Ethiopia (66 913) and Nigeria (56 735).

**Asia:** 9 055 107 cases; the five countries reporting most cases are India (5 214 677), Iran (413 149), Bangladesh (344 264), Saudi Arabia (328 144) and Iraq (307 385).

**America:** 15 363 225 cases; the five countries reporting most cases are United States (6 674 458), Brazil (4 455 386), Peru (750 098), Colombia (743 945) and Mexico (684 113).

**Europe:** 4 380 201 cases; the five countries reporting most cases are Russia (1 085 281), Spain (625 651), France (415 481), United Kingdom (381 614) and Italy (293 025).

**Oceania:** 32 142 cases; the five countries reporting most cases are Australia (26 813), Guam (2 045), New Zealand (1 458), French Polynesia (1 190) and Papua New Guinea (516).

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

#### Deaths have been reported from:

**Africa:** 33 430 deaths; the five countries reporting most deaths are South Africa (15 772), Egypt (5 715), Morocco (1 714), Algeria (1 654) and Nigeria (1 093).

**Asia:** 170 545 deaths; the five countries reporting most deaths are India (84 372), Iran (23 808), Indonesia (9 222), Iraq (8 332) and Turkey (7 315).

**America:** 525 168 deaths; the five countries reporting most deaths are United States (197 633), Brazil (134 935), Mexico (72 179), Peru (31 146) and Colombia (23 665).

**Europe:** 216 615 deaths; the five countries reporting most deaths are United Kingdom (41 705), Italy (35 658), France (31 095), Spain (30 405) and Russia (19 061).

**Oceania:** 900 deaths; the five countries reporting most deaths are Australia (832), Guam (31), New Zealand (25), Papua New

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Guinea (6) and Fiji (2).

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

EU/EEA and the UK:

As of 18 September 2020, 2 759 394 cases have been reported in the EU/EEA and the UK: Spain (625 651), France (415 481), United Kingdom (381 614), Italy (293 025), Germany (267 773), Romania (108 690), Belgium (97 882), Netherlands (87 987), Sweden (87 885), Poland (76 571), Portugal (66 396), Czechia (44 155), Austria (36 370), Ireland (32 023), Denmark (21 393), Bulgaria (18 544), Hungary (16 111), Greece (14 400), Croatia (14 279), Norway (12 499), Finland (8 799), Luxembourg (7 541), Slovakia (6 021), Slovenia (4 058), Lithuania (3 504), Estonia (2 778), Malta (2 595), Iceland (2 206), Cyprus (1 558), Latvia (1 494) and Liechtenstein (111).

As of 18 September 2020, 185 533 deaths have been reported in the EU/EEA and the UK: United Kingdom (41 705), Italy (35 658), France (31 095), Spain (30 405), Belgium (9 936), Germany (9 378), Netherlands (6 257), Sweden (5 864), Romania (4 312), Poland (2 253), Portugal (1 888), Ireland (1 789), Austria (758), Bulgaria (744), Hungary (669), Denmark (635), Czechia (489), Finland (339), Greece (325), Norway (266), Croatia (238), Slovenia (131), Luxembourg (124), Lithuania (87), Estonia (64), Slovakia (39), Latvia (36), Cyprus (22), Malta (16), Iceland (10) and Liechtenstein (1).

**EU:**

As of 18 September 2020, 2 362 964 cases and 143 551 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**

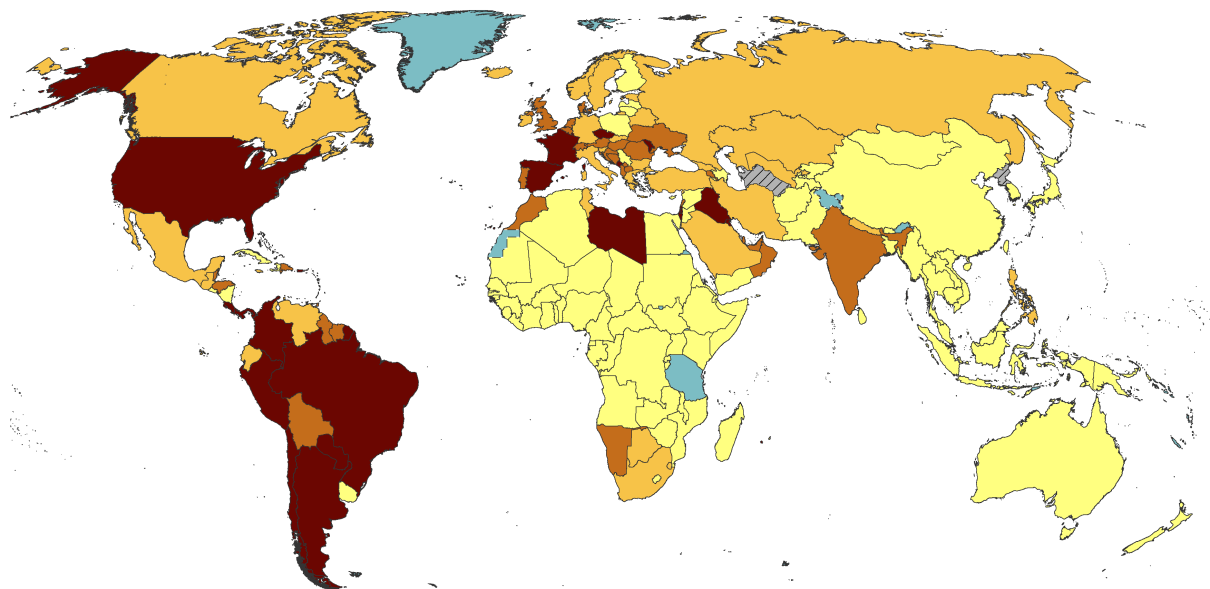
Information on the COVID-19 situation and a risk assessment can be found on [ECDC's website](#).

#### **Actions**

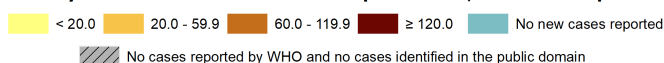
ECDC activities related to COVID-19 can be found on [ECDC's website](#).

## Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 18 September 2020

ECDC



14-day COVID-19 case notification rate per 100 000, as of 18 of September, 2020



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

Date of production: 18/09/2020

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

Opening date: 4 June 2020

Latest update: 18 September 2020

### Epidemiological summary

Since the start of the outbreak and as of 15 September 2020, a total of 123 cases (117 confirmed, six probable), including 50 deaths, have been reported from the Bikoro (32), Bolenge (1), Bolomba (13), Bomongo (2), Iboko (4), Ingende (13), Lilanga Bobangi (6), Lolanga Mampoko (7), Lotumbe (16), Mbandaka (25), Monieka (2) and Wangata (2) health zones in 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, 30 725 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

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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 having EU/EEA citizens infected. For the general public living in the EU/EEA, there is a negligible likelihood of exposure, especially with current travel limitations.

**WHO assessment:** As of 3 September, [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.

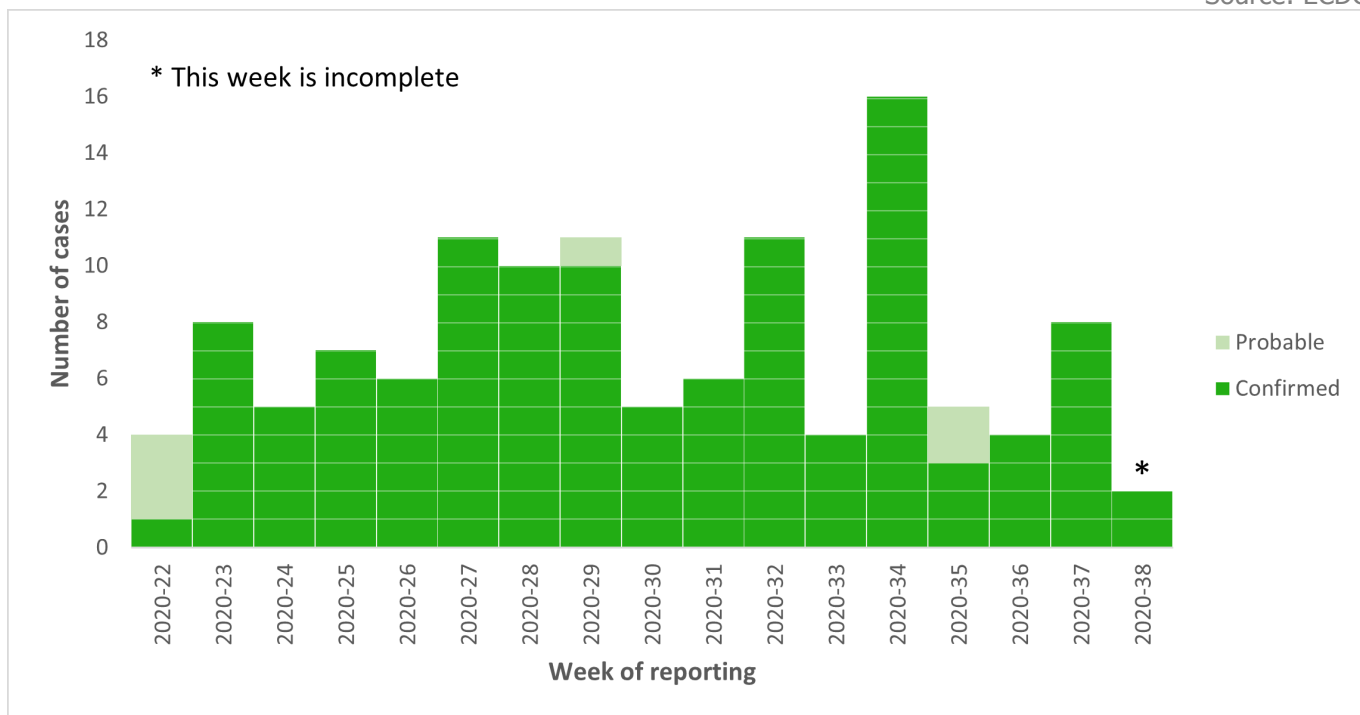
## Actions

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](#).



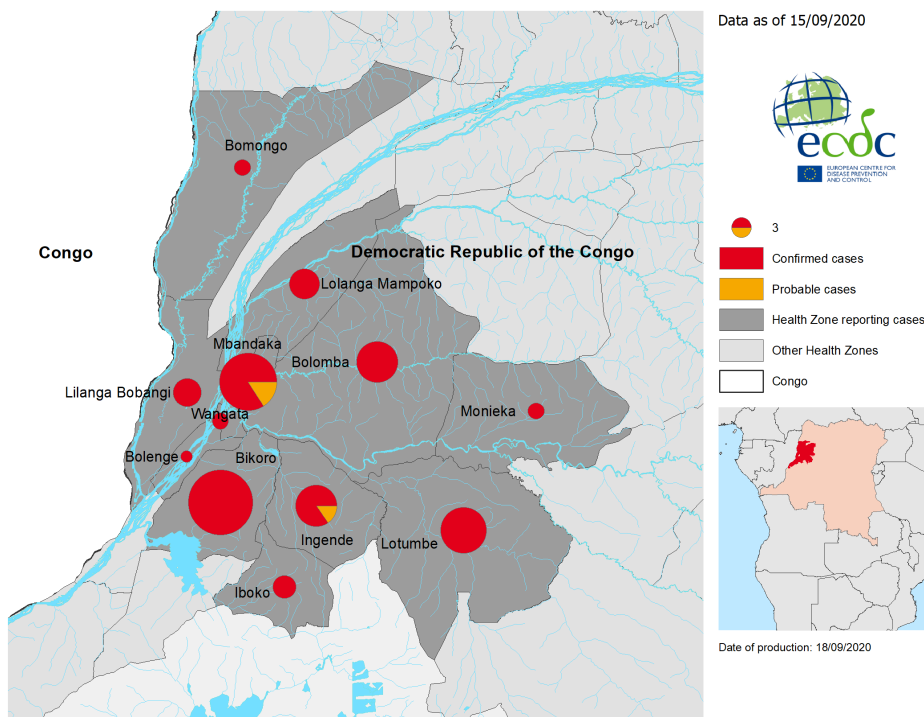
### Distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, by week of reporting and as of 15 September 2020

Source: ECDC



### Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 15 September 2020

Source: ECDC



## Distribution of Ebola Virus Disease cases in Equateur Province, Democratic Republic of the Congo, as of 15 September 2020

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths
<b>Democratic Republic of the Congo</b>	<b>117</b>	<b>6</b>	<b>123</b>	<b>50</b>
<b>Equateur</b>	<b>117</b>	<b>6</b>	<b>123</b>	<b>50</b>
Bikoro	32	0	32	19
Bolenge	1	0	1	1
Bolomba	13	0	13	1
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
Lotumbe	16	0	16	2
Mbandaka	21	4	25	17
Monieka	2	0	2	0
Wangata	2	0	2	1
<b>Cumulative Total</b>	<b>117</b>	<b>6</b>	<b>123</b>	<b>50</b>

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