

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Travel-associated Legionnaires' disease and managing Legionella risk in water systems in buildings

As travel and tourism restarts, the travel-associated Legionnaires' disease (TALD) surveillance scheme coordinated at ECDC will continue its daily monitoring of cases and detection of clusters of Legionnaires' disease in Europe and worldwide. The surveillance scheme is undertaken through ELDSNet, the European Legionnaires' disease surveillance network. Information exchanged in this network can support countries in identifying possible Legionella risks associated with accommodation sites.

Partial use or closure of buildings may result in an increased risk for Legionella bacteria growth if water systems in the building are not adequately maintained. People may contract Legionnaires' disease, a pneumonia caused by the Legionella bacterium, if they are exposed to water aerosols containing the bacteria. Such aerosols can be produced, for example, by showers or taps.

Since there are similarities in symptoms and risk groups for Legionnaires' disease and COVID-19, but differences in treatment, it is important that diagnostic procedures for Legionnaires' disease are carried out in accordance with country protocols. National legislation and guidelines for the prevention of Legionella in water systems should be followed. Guidance materials on managing [Legionella risk in building water systems during the COVID-19 pandemic](#) have been produced by the ESCMID Study Group for Legionella Infections ([ESGLI](#)).

Daily notifications of TALD clusters are shared directly with ELDSNet contact points, who then respond following the [network operating procedures](#). Community outbreaks of Legionnaires' disease in Europe may be included in the ECDC CDTR weekly report. A general [information leaflet](#) for hotel accommodation managers on how to reduce the risk of Legionnaires' disease is available on the ECDC website.

I. Executive summary

EU Threats

New! Tick borne encephalitis – France – 2020

Opening date: 3 June 2020

Latest update: 5 June 2020

At the end of May 2020, the Auvergne-Rhône-Alpes Regional Health Agency reported an outbreak of tick borne encephalitis (TBE) in Ain, France. A food-borne origin of the outbreak is suspected.

→Update of the week

On 28 May 2020, the Auvergne-Rhône-Alpes Regional Health Agency reported 26 probable and confirmed cases of tick borne encephalitis (TBE), including one death, in Ain, France. The cases were detected between mid-April 2020 and end of May 2020. Ten of the cases were laboratory confirmed for TBE on 27 May 2020. All cases tested negative for SARS-CoV-2 by RT-PCR and COVID-19 was excluded. Further laboratory investigation is ongoing. A food-borne origin is suspected as more than 50% of the cases have consumed a raw milk goat cheese produced by one farming group, and none of the cases reported a tick bite. The cheese producer has voluntarily recalled its goat and cow milk products.

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

Opening date: 7 January 2020

Latest update: 5 June 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 22 May 2020 and as of 5 June 2020, 826 395 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 31 643 new deaths.

Globally, the number of cases has increased from 5 776 934 cases to 6 603 329, and the number of deaths has risen from 360 089 to 391 732.

In the EU/EEA and the UK, 38 942 cases have been reported during the same period, bringing the total from 1 384 703 cases to 1 423 645, including 4 885 deaths, with the total number of fatalities increasing from 163 515 to 168 400.

More details are available [here](#).

Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 5 June 2020

French authorities 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 update with data as of 3 May 2020 and as of 31 May 2020, 1 716 additional dengue suspected cases with no associated deaths have been reported in the French Antilles. In the last update reported, when the 18 April 2020 to 3 May 2020 period was analysed, 977 suspected cases were reported.

The following cases have been reported since the previous update:

In **Guadeloupe**, since the previous update and as of 31 May 2020, 660 additional suspected cases have been reported.

In **Saint Martin**, since the previous update and as of 31 May 2020, 255 additional suspected cases have been reported.

In **Saint Barthelemy**, since the previous update and as of 31 May 2020, 131 additional suspected cases have been reported.

In **Martinique**, since the previous update and as of 31 May 2020, 670 additional suspected cases have been reported.

Non EU Threats

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

Opening date: 4 June 2020

Latest update: 5 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 northwest of the country, close to the border with Congo.

→Update of the week

Since 18 May 2020 and as of 2 June 2020, eight cases including four deaths have been reported in Equateur province in the DRC. Initially a cluster of four deaths was reported in Mbandaka Health Zone between 18 and 30 May 2020. On 31 May 2020, a contact of one of the diseased cases and his wife were reported. On 2 June 2020, two additional cases were reported. All cases were reported from Mbandaka Health Zone, except for the last case, which was reported in Bikoro city about 150 kilometers away. This case attended the funeral of one of the earlier cases.

Samples from three confirmed cases were validated at the Institut National de Recherche Biomédicale (INRB) in Kinshasa where they tested positive for *Zaire Ebolavirus* using polymerase chain reaction (PCR).

News of this outbreak was first announced by the region's governor, Bobo Boloko Bolumbu on local radio on 1 June 2020 and later that day confirmed by the DRC minister of health, and the [WHO Director General](#).

Response measures have started, including testing of samples and contact tracing, with additional staff and resources being deployed to Mbandaka. On 3 June 2020, 50 staff, 3 600 doses of Ebola vaccines and 2 000 cartridges for lab testing [arrived](#) in Mbandaka and more are expected to come.

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

Opening date: 20 May 2020

During the West Nile virus transmission season, expected to be from June–November 2020, ECDC monitors the occurrence of infections in EU/EEA and EU neighbouring countries and publishes weekly epidemiological updates to inform blood safety authorities of areas at NUTS 3 level (Nomenclature of Territorial Units for Statistics 3) or GAUL 1 (Global Administrative Unit Layers 1) where at least one locally-acquired human infection was reported.

→Update of the week

No human case or outbreak among equids or birds has been reported so far in the 2020 West Nile virus transmission season.

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

Opening date: 9 December 2019

Latest update: 5 June 2020

Global public health efforts are continuing to eradicate polio by immunising every child until transmission of the virus has stopped and the world becomes polio-free. Polio was declared a public health emergency of international concern (PHEIC) by WHO on 5 May 2014 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 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 poliomyelitis CDTR update and as of 02 June 2020, 32 cases of polioviruses (WPV1 and cVDPV2) were reported, of which two were caused by the WPV1 strain and 30 by the cVDPV2 strain.

Wild poliovirus (WPV1):

- Two cases of Acute flaccid paralysis (AFP) caused by WPV1 were reported in Pakistan
- Additionally, seventeen WPV1 environmental samples were detected: 13 in Pakistan and four in Afghanistan

Circulating vaccine-derived poliovirus (cVDPV):

- No new cases of cVDPV1 were reported
- Thirty cases of AFP caused by cVDPV2 were reported from nine countries: Afghanistan (11), Ethiopia (5), Cote d'Ivoire (3), Ghana (3), Niger (3), Burkina Faso (2), Democratic Republic of the Congo (1), Togo (1), and Pakistan (1)
- Additionally, nine cVDPV2 environmental samples were detected: five in Afghanistan and four in Cote d'Ivoire

II. Detailed reports

New! Tick borne encephalitis – France – 2020

Opening date: 3 June 2020

Latest update: 5 June 2020

Epidemiological summary

On 28 May 2020, the Auvergne-Rhône-Alpes Regional Health Agency reported an outbreak of tick borne encephalitis (TBE) in Ain, France, with 26 probable and confirmed cases, including one death. The cases live in the Oyonnax basin, within a radius of approximately 30 km. The first cases were detected in mid-April 2020 and the most recent one on 27 May 2020. Of the 26 cases, 24 were hospitalised in May, one person died (co-morbidities). As of 27 May, 22 cases were released from the hospital, and two recovering patients remain hospitalised.

Ten of the cases were laboratory confirmed for TBE on 27 May 2020. All cases tested negative for SARS-CoV-2 by RT-PCR and COVID-19 was excluded. Further laboratory investigation is ongoing on the cases that have not yet been TBE confirmed. Cases first presented with flu-like symptoms which faded over time and a few days later they developed intense headaches and dizziness.

A food-borne origin is suspected as more than 50% of the cases have consumed a raw milk goat cheese produced by one farming group. None of the cases reported a tick bite. The cheese producer has voluntarily recalled its goat and cow milk products, which are sold on site, in shops and markets in the region.

Background: Tick borne encephalitis is a rare disease in France with about 20 cases reported each year mainly reported in Alsace and Haute-Savoie, and related to leisure activities in humid wooded areas. The affected area is in the proximity of the multi-edge forested area, which is favourable for ticks. Most infections with TBE virus are via the bite of an infected tick (mainly *Ixodes ricinus*) and approximately 1% of all TBEV infections in humans are probably acquired by consuming infected unpasteurized milk or milk products from infected livestock, particularly goats.

Sources: [French health authorities](#) | [media](#)

ECDC assessment

TBE occurs across large regions of Europe with highest notification rates in northern, central and eastern European countries. TBE follows a seasonal pattern with most cases usually reported between June and September. The vector *Ixodes ricinus* is widely distributed in France and is present in the Auvergne-Rhône-Alpes region. While food-borne transmission is rare it may occur through consumption of unpasteurised milk and milk products from infected animals. Further investigations are needed to define the extent of the circulation of the virus in the area.

People who live in, or travel to, regions where tick-borne encephalitis is endemic should be aware of the risk of exposure to ticks, protect themselves against tick bites and consider immunisation prior to exposure, which offers the most effective protection. Immunisation is recommended for people who live in TBE risk areas or who frequently visit forests and grasslands. It is advised to avoid consumption of [unpasteurised milk and dairy products in TBE risk areas](#).

Actions

ECDC is following this event through epidemic intelligence activities and will report when relevant information is available. Data on TBE from EU/EEA countries is collected annually through TESSy. Vector distribution maps for Europe are available on the [ECDC website](#).

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

Opening date: 7 January 2020

Latest update: 5 June 2020

Epidemiological summary

Since 31 December 2019 and as of 5 June 2020, 6 603 329 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 391 732 deaths.

Cases have been reported from:

Africa: 169 823 cases; the five countries reporting most cases are South Africa (40 792), Egypt (29 767), Nigeria (11 516), Algeria (9 831) and Ghana (8 885).

Asia: 1 244 915 cases; the five countries reporting most cases are India (226 770), Turkey (167 410), Iran (164 270), Saudi Arabia (93 157) and Pakistan (89 249).

America: 3 161 754 cases; the five countries reporting most cases are United States (1 872 660), Brazil (614 941), Peru (183 198), Chile (118 292) and Mexico (105 680).

Europe: 2 017 436 cases; the five countries reporting most cases are Russia (441 108), United Kingdom (281 661), Spain (240 660), Italy (234 013) and Germany (183 271).

Oceania: 8 705 cases; the five countries reporting most cases are Australia (7 240), New Zealand (1 154), Guam (179), French Polynesia (60) and Northern Mariana Islands (26).

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

Deaths have been reported from:

Africa: 4 743 deaths; the five countries reporting most deaths are Egypt (1 126), South Africa (848), Algeria (681), Nigeria (323) and Sudan (314).

Asia: 32 835 deaths; the five countries reporting most deaths are Iran (8 071), India (6 348), China (4 638), Turkey (4 630) and Pakistan (1 838).

America: 176 188 deaths; the five countries reporting most deaths are United States (108 211), Brazil (34 021), Mexico (12 545), Canada (7 637) and Peru (5 031).

Europe: 177 828 deaths; the five countries reporting most deaths are United Kingdom (39 904), Italy (33 689), France (29 065), Spain (27 940) and Belgium (9 548).

Oceania: 131 deaths; the four countries reporting deaths are Australia (102), New Zealand (22), Guam (5) and Northern Mariana Islands (2).

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

EU/EEA and the UK:

As of 5 June 2020, 1 423 645 cases have been reported in the EU/EEA and the UK: United Kingdom (281 661), Spain (240 660), Italy (234 013), Germany (183 271), France (152 444), Belgium (58 767), Netherlands (46 942), Sweden (41 883), Portugal (33 592), Ireland (25 142), Poland (25 048), Romania (19 907), Austria (16 741), Denmark (11 811), Czechia (9 494), Norway (8 477), Finland (6 911), Luxembourg (4 027), Hungary (3 954), Greece (2 937), Bulgaria (2 585), Croatia (2 247), Estonia (1 890), Iceland (1 806), Lithuania (1 687), Slovakia (1 526), Slovenia (1 477), Latvia (1 082), Cyprus (958), Malta (622) and Liechtenstein (83).

As of 5 June 2020, 168 400 deaths have been reported in the EU/EEA and the UK: United Kingdom (39 904), Italy (33 689), France (29 065), Spain (27 940), Belgium (9 548), Germany (8 613), Netherlands (5 990), Sweden (4 562), Ireland (1 664), Portugal (1 455), Romania (1 299), Poland (1 117), Austria (670), Denmark (582), Hungary (539), Czechia (326), Finland (322), Norway (238), Greece (179), Bulgaria (147), Luxembourg (110), Slovenia (108), Croatia (103), Lithuania (71), Estonia (69), Slovakia (28), Latvia (25), Cyprus (17), Iceland (10), Malta (9) and Liechtenstein (1).

EU:

As of 5 June 2020, 1 131 618 cases and 128 247 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 International Health Regulations \(IHR\) Emergency Committee meeting for COVID-19](#) was held in Geneva on 30 April 2020. This committee concluded that the COVID-19 pandemic continues to constitute a PHEIC.

More details on the COVID-19 situation are available [here](#).

Sources: [Wuhan Municipal Health Commission](#) | [China CDC](#) | [WHO statement](#) | [WHO coronavirus website](#) | [ECDC 2019-nCoV website](#) | [RAGIDA](#) | [WHO](#)

ECDC assessment

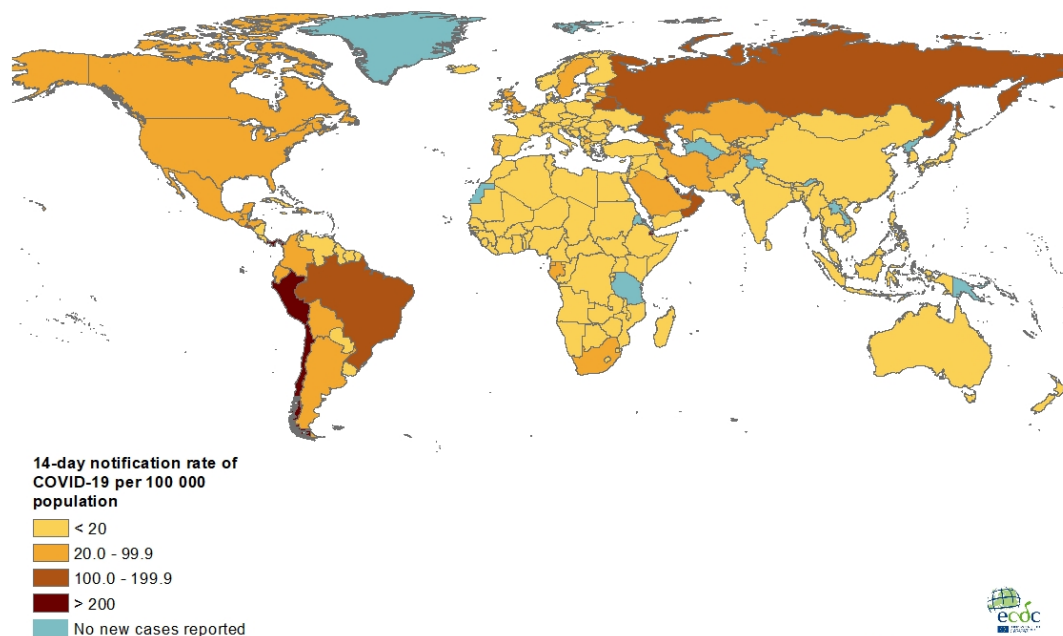
Information on the COVID-19 situation and a risk assessment can be found on the [ECDC website](#).

Actions

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

Geographic distribution of 14-days cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 5 June 2020

Source: ECDC

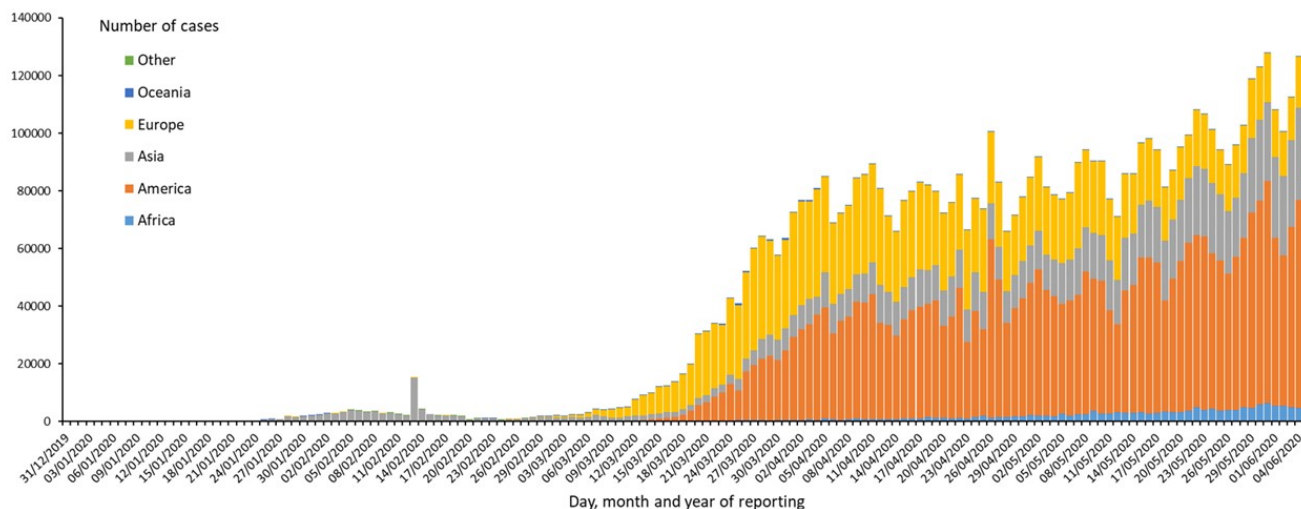


Date of production: 05/06/2020

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

Distribution of COVID-19 cases in accordance with the applied case definitions in the affected countries, as of 5 June 2020

Source: ECDC



Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 5 June 2020

Epidemiological summary

In **Guadeloupe**, since October 2019 and as of 31 May 2020, 8 560 suspected dengue cases have been reported. Dengue virus serotype 2 has been identified among most of the cases. In 2018, only 18 confirmed cases were reported in Guadeloupe.

In **Saint Martin**, between week 2020-03 and as of 31 May 2020, 1 415 suspected dengue cases have been reported including one death. Dengue virus serotype 1 was identified in most of the cases.

In **Saint Barthelemy**, since the end of November 2019 and as of 31 May 2020, 392 suspected dengue cases were reported, including 133 confirmed cases. Dengue virus serotype 2 has been identified among most of the cases.

In **Martinique**, since July 2019 and as of 31 May 2020, 5 200 suspected dengue cases have been reported including one death and 1 620 confirmed cases. Dengue virus serotype 3 has been identified among most of the cases. In 2018, Martinique did not report any confirmed cases.

In January 2020, health authorities in the region raised the alert level and declared a dengue epidemic in Guadeloupe and Saint Martin. According to the same authorities, Saint Barthelemy remains in an inter-epidemic phase. The epidemiological situation in Martinique has been reassessed and it was suggested to shift to the epidemic phase. A re-assessment of the situation is ongoing.

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 and environmental conditions in Europe are not yet favourable for sustained mosquito-borne

transmission; therefore the likelihood of sustained autochthonous dengue virus transmission in continental EU/EEA is currently very 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 on a weekly basis.

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

Opening date: 4 June 2020

Latest update: 5 June 2020

Epidemiological summary

Since 18 May 2020 and as of 2 June 2020, eight cases including four deaths have been reported from Mbandaka and Bikoro health zones in Equateur province in the DRC. Three of the deaths are probable cases.

Background: From May to July 2018, the [9th Ebola outbreak](#) in the DRC took place in Mbandaka, Bikoro and in the Equateur province leading to a total of 54 cases including 33 deaths. According to WHO, this current event seems to be separate from the [10th Ebola outbreak](#) currently ongoing and in its final stage in the eastern part of the country almost a thousand kilometres away, which has reported 3 463 cases including 2 280 deaths so far. No new cases have been reported in the 10th outbreak since 27 April 2020. Sequencing is ongoing to confirm the new outbreak as a separate event. This would make this the DRC's [11th outbreak](#) of Ebola virus disease since 1976 when it was first discovered.

Besides Ebola outbreaks, the country is currently battling other major outbreaks such as the COVID-19 pandemic (3 195 cases including 72 deaths) and a measles outbreak (369 520 cases including 6 779 deaths). Due to the COVID-19 pandemic the country has been on lockdown since mid-March 2020, with closures of all borders for non-essential traffic and a ban on all trips between the capital and the country's 25 provinces.

Sources: [WHO DON](#) | [WHO News item](#) | [Dr Tedros](#) | [WHO Afro Sitrep](#)

ECDC assessment

Ebola outbreaks in the DRC are not unexpected 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 in the country. The overall risk to the EU/EEA is very low, especially with the current limitation of travel.

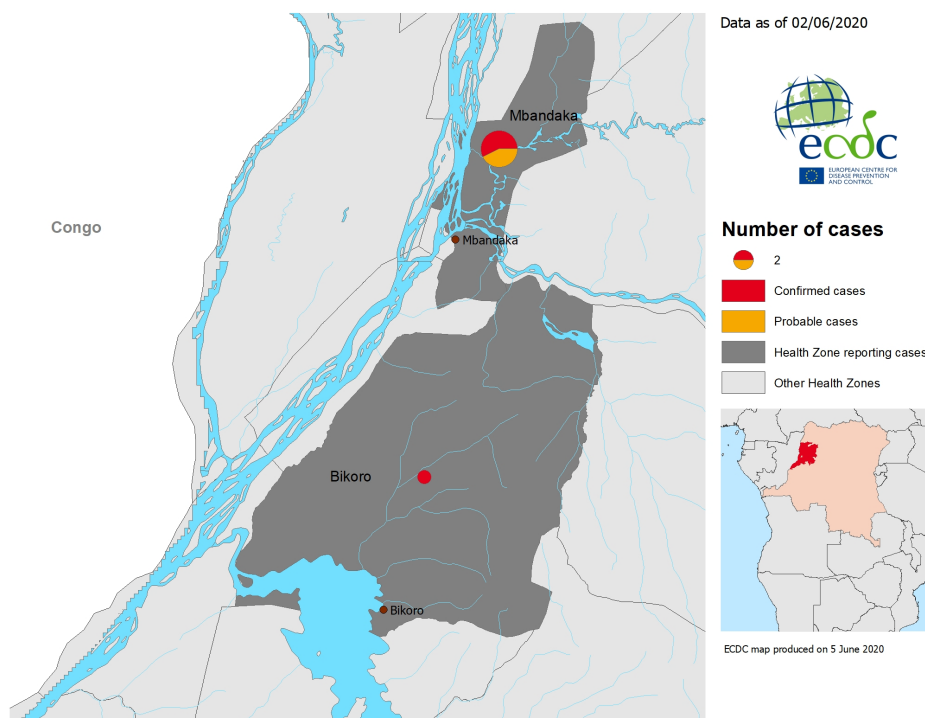
WHO Assessment: On 3 June 2020, the [WHO assessment](#) revealed that the current resurgence is not unexpected given the identification of wildlife spillover potential in Africa, accompanied by the high population density in the region and considering the sociological, ecological, and environmental drivers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

Actions

ECDC will follow this event through Epidemic Intelligence.

Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 2 June 2020

Source: ECDC



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

Opening date: 20 May 2020

Epidemiological summary

No human case or outbreak among equids or birds has been reported so far in the 2020 West Nile virus transmission season.

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

Sources: TESSy | Animal Disease Notification System

ECDC assessment

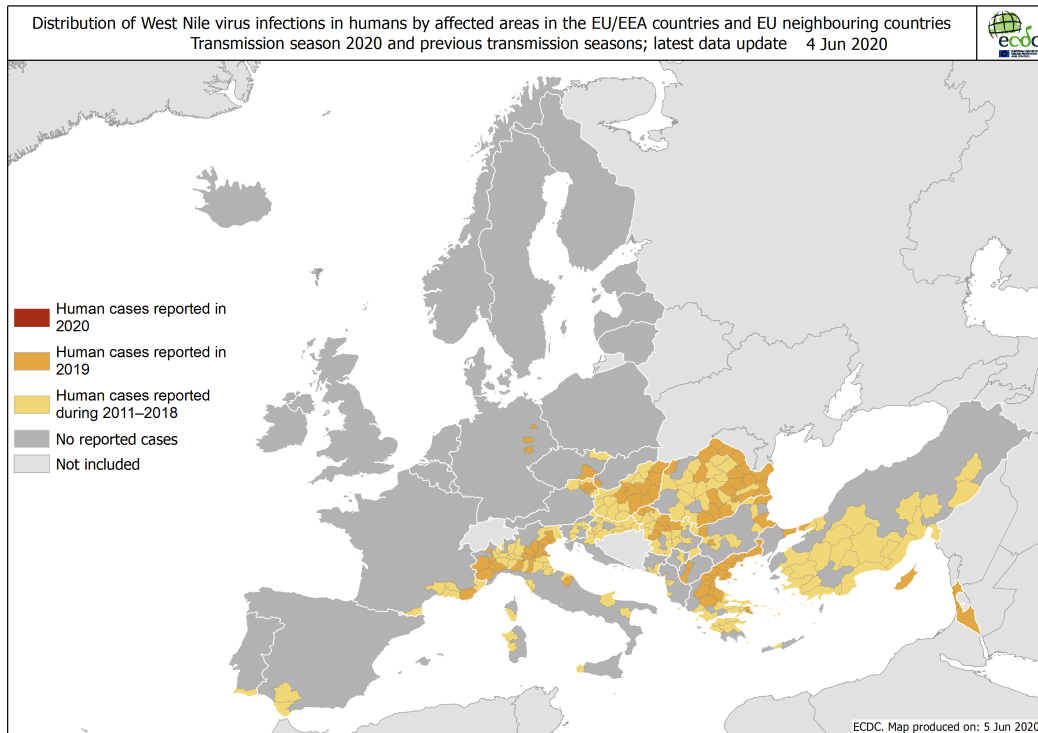
No human cases have been notified at this early stage of the transmission season. In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired West Nile virus unless the results of an individual nucleic acid test (NAT) are negative.

Actions

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

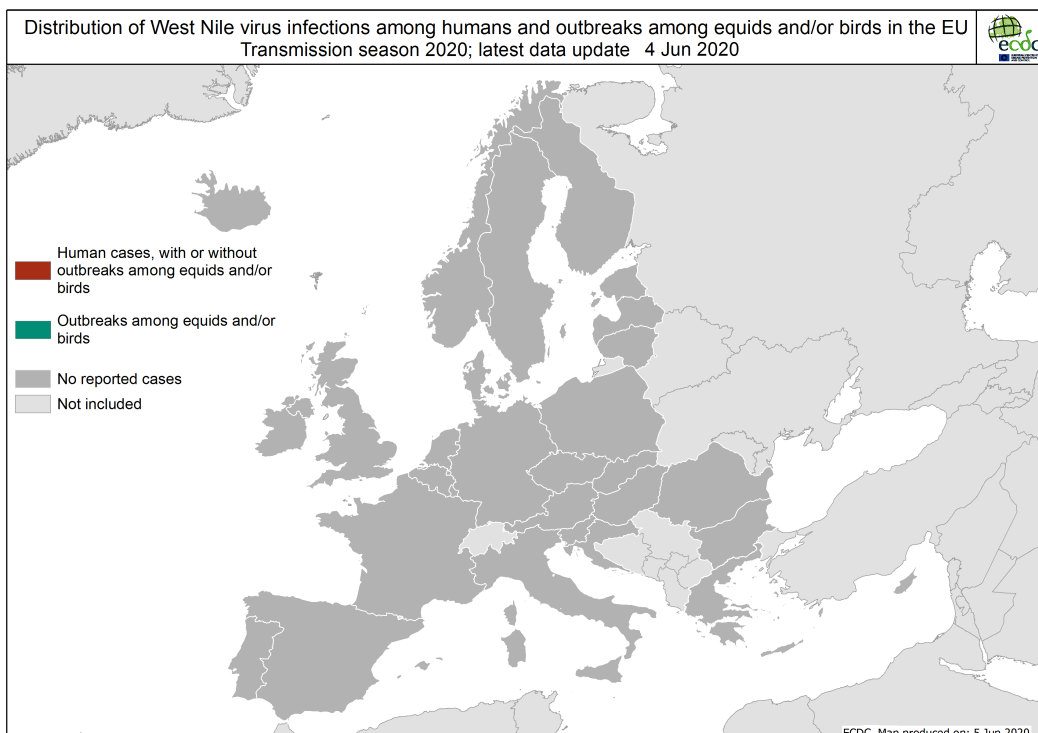
Distribution of human West Nile virus infections by affected areas as of 04.06.2020

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 04.06.2020

ECDC and ADNS



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

Opening date: 9 December 2019

Latest update: 5 June 2020

Epidemiological summary

Since the previous poliomyelitis CDTR update and as of 02 June 2020, 32 cases of polioviruses (WPV1 and cVDPV2) were reported, of which two were caused by the WPV1 strain and 30 by the cVDPV2 strain.

Wild poliovirus (WPV1):

- Two cases of Acute flaccid paralysis (AFP) caused by WPV1 were reported in Pakistan
- Additionally, seventeen WPV1 environmental samples were detected: 13 in Pakistan and four in Afghanistan

Circulating vaccine-derived poliovirus (cVDPV):

- No new cases of cVDPV1 were reported
- Thirty cases of AFP caused by cVDPV2 were reported from nine countries: Afghanistan (11), Ethiopia (5), Cote d'Ivoire (3), Ghana (3), Niger (3), Burkina Faso (2), Democratic Republic of the Congo (1), Togo (1), and Pakistan (1)
- Additionally, nine cVDPV2 environmental samples were detected: five in Afghanistan and four in Cote d'Ivoire

Summary:

Wild poliovirus: Overall in 2020, and as of 02 June, 61 cases have been reported from two endemic countries: Pakistan (49) and Afghanistan (12).

Circulating vaccine-derived poliovirus (cVDPV): Overall in 2020 and as of 02 June,

No cases of cVDPV1 were reported.

133 cases of cVDPV2 have been reported from 17 countries. These cases have been reported in Pakistan (45), Ethiopia (14), Afghanistan (13), Chad (13), Ghana (11), Togo (7), Cote D'Ivoire (7), Democratic Republic of the Congo (5), Burkina Faso (4), Niger (4), Cameroon (3), Angola (2), Benin (1), Central African Republic (1), Mali (1), Nigeria (1), and the Philippines (1).

No cases of cVDPV3 were 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. Therefore, the Global Polio Eradication Initiative (GPEI) has taken the decision to temporarily delay immunisation campaigns. In 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 reintroduction of the virus in Europe exists so long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated. According to WHO, 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 emergence of cVDPV due to suboptimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in three countries shows that there is a continued 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 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. ECDC monitors polio cases worldwide through epidemic intelligence 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.

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