

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 24 April 2020

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

→Update of the week

In the European Region, influenza activity appears to be declining overall. High or medium influenza intensity was reported by two Member States. Widespread influenza activity was reported by none of the Member States and areas across the Region.

Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 24 April 2020

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

→Update of the week

Since the previous update with data as of 29 March and as of 18 April 2020, 1 177 additional dengue suspected cases with no associated deaths have been reported in the French Antilles. In the last update, when the 8 March to 29 March 2020 period was analysed, 1 234 suspected cases were reported.

According to health authorities, dengue surveillance activities in these territories are being jeopardized by the Covid-19 pandemic. The following cases have been reported since the previous update:

In **Guadeloupe**, since the previous update and as of 18 April 2020, 420 additional suspected cases have been reported.

In **Saint Martin**, since the previous update and as of 18 April 2020, 175 additional suspected cases have been reported.

In **Saint Barthelemy**, since the previous update and as of 18 April 2020, 52 additional suspected cases have been reported.

In **Martinique**, since the previous CDTR update and as of 18 April 2020, 530 additional suspected cases have been reported.

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

Opening date: 7 January 2020

Latest update: 24 April 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 17 April 2020 and as of 24 April 2020, 553 926 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 45 409 new deaths.

Globally, the number of cases has increased from 2 113 513 to 2 667 439 cases, and the number of deaths has risen from 144 820 to 190 229.

In the EU/EEA and the UK during the same time period, 152 934 cases have been reported, bringing the total from 878 222 to 1 031 156 cases, including 21 327 deaths, bringing the total number of fatalities from 89 825 to 111 152 deaths. More details are available [here](#).

Non EU Threats

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2020

Opening date: 1 August 2018

Latest update: 24 April 2020

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the tenth outbreak of Ebola virus disease in the country. The outbreak affected North Kivu, South Kivu and Ituri Provinces in the north-east of the country, close to the border with Uganda. In 2019, several imported cases from the Democratic Republic of the Congo were detected in Uganda; however, no autochthonous cases have been reported in the country as of today. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened, and WHO's Director-General later declared that the outbreak met all the criteria for a public health emergency of international concern (PHEIC) under the International Health Regulations. On 18 October 2019, and again on 12 February 2020 and 14 April 2020, the Committee decided that the outbreak still constitutes a PHEIC.

→Update of the week

Since the previous CDTR and as of 21 April 2020, the [WHO](#) has reported three additional confirmed cases. During the same period, two deaths were reported among confirmed cases.

This makes a total of six confirmed cases since 10 April 2020 when a new confirmed case was reported for the first time in 52 days after the last person tested negative twice and was discharged on 3 March 2020. Flare-ups of cases were not unexpected, and this is why WHO recommends a period of [42 days](#) of enhanced surveillance (two full incubation periods) after the last person tests negative before declaring an end of the Ebola outbreak.

Of the three new cases reported between 15 and 17 April 2020, two were known contacts but were not followed-up regularly due to security issues and community reticence. One of these cases was a 28-year-old motor taxi driver that left the Ebola Treatment Centre after testing positive and who went back into the community while still sick.

Specimens from all six recently confirmed cases have been sent for genetic sequencing. There was a link found with cases from July 2019. Further investigations are underway to investigate the possibility of transmission from a survivor (asymptomatic or relapse case) and establish transmission chains from these cases as well as from confirmed cases reported in April 2020.

[WHO](#) response actions are currently facing limitations, including a shortage of funding, ongoing insecurity, lack of access to some areas, low alert rates for suspected cases, and limited staffing and resources amidst other local and global emergencies. Other issues include the non-compliance with the isolation measures implemented in cities like Beni, Butembo and Goma, as well as the continued unofficial border crossings between the DRC and Rwanda despite the official closure of this border.

II. Detailed reports

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 24 April 2020

Epidemiological summary

Week 16/2020 (13 to 19 April 2020):

The novel coronavirus disease 2019 (COVID-19) pandemic in the Region is affecting healthcare presentations and testing capacities in Member States, which has a negative impact on data on influenza epidemiology, virology, and seasonal patterns; therefore, the data we present must be interpreted with caution.

For the Region overall, influenza activity has sharply declined: medium influenza intensity was reported by only one Member State, while the majority of those reporting registered baseline levels of intensity. All Member States and areas reporting on geographic spread registered either no influenza activity or sporadic influenza activity.

Only three patients presented with ILI or ARI to sentinel primary healthcare sites in week 16/2020. Of these, 0 specimens tested positive for an influenza virus.

2019–2020 season overview:

For the Region as a whole, influenza activity commenced earlier than in recent years and, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019.

The influenza season for the Region as a whole peaked in week 5/2020, reaching a maximum positivity rate of 55%. The peak phase with positivity levels above 50% lasted for just two weeks, 5/2020 and 6/2020, but reporting in subsequent weeks has been adversely affected by Member State responses to the COVID-19 pandemic.

The majority of circulating viruses were susceptible to neuraminidase inhibitors supporting early treatment according to national guidelines.

Interim estimates of 2019–2020 seasonal influenza vaccine effectiveness in the northern hemisphere are available.

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

Sources: [EuroMOMO](#) | [Flu News Europe](#) | [InfluenzaneT](#)

ECDC assessment

Influenza activity appears to be declining in the Region overall. The vast majority of recently circulating influenza viruses in the Region and worldwide were susceptible to neuraminidase inhibitors, which supports the use of antiviral treatment in accordance with national guidelines.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe](#) website. ECDC monitors influenza activity in the WHO European Region between week 40–2019 and week 20–2020.

Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 24 April 2020

Epidemiological summary

In **Guadeloupe**, since October 2019 and as of 18 April 2020, 7 680 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 3-2020 and as of 18 April 2020, 1 045 suspected dengue cases have been reported, including

3/10

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 18 April 2020, 209 suspected dengue cases were reported. Dengue virus serotype 2 has been identified among most of the cases.

In **Martinique**, since July 2019 and as of 18 April 2020, Martinique has reported 3 940 suspected dengue cases, including one death. 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 the dengue epidemic in Guadeloupe and Saint Martin. According to the same authorities, Saint Barthelemy remains in an inter-epidemic phase, and Martinique is at risk of an epidemic. As of 18 April 2020, these alert levels remains the same.

Sources: [Santé publique France](#)

ECDC assessment

EU/EEA travellers to and residents in the affected territories 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, mainly around the Mediterranean Sea, 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 currently favourable for sustained mosquito-borne transmission, so the likelihood of sustained autochthonous dengue virus transmission in continental EU/EEA is very low. The occurrence of further autochthonous cases in the Caribbean is expected, as the competent vector for dengue virus transmission is present and environmental conditions are favourable for continuous transmission.

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.

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

Opening date: 7 January 2020

Latest update: 24 April 2020

Epidemiological summary

Since 31 December 2019 and as of 24 April 2020, 2 668 135 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 190 236 deaths.

Cases have been reported from:

Africa: 27 221 cases; the five countries reporting most cases are South Africa (3 953), Egypt (3 659), Morocco (3 568), Algeria (3 007) and Cameroon (1 401).

Asia: 431 034 cases; the five countries reporting most cases are Turkey (101 790), Iran (87 026), China (83 884), India (23 077) and Israel (14 882).

America: 1 042 525 cases; the five countries reporting most cases are United States (869 172), Brazil (49 492), Canada (42 099), Peru (20 914) and Chile (11 812).

Europe: 1 158 623 cases; the five countries reporting most cases are Spain (213 024), Italy (189 973), Germany (150 383), the United Kingdom (138 078) and France (120 804).

Oceania: 8 036 cases; the five countries reporting most cases are Australia (6 667), New Zealand (1 114), Guam (140), French Polynesia (57) and Fiji (18).

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

Deaths have been reported from:

4/10

Africa: 1 286 deaths; the five countries reporting most deaths are Algeria (407), Egypt (276), Morocco (155), South Africa (75) and Cameroon (49).

Asia: 16 139 deaths; the five countries reporting most deaths are Iran (5 481), China (4 636), Turkey (2 491), India (718) and Indonesia (647).

America: 58 917 deaths; the five countries reporting most deaths are the United States (49 963), Brazil (3 313), Canada (2 146), Mexico (1 069) and Peru (572).

Europe: 113 788 deaths; the five countries reporting most deaths are Italy (25 549), Spain (22 157), France (21 856), the United Kingdom (18 738) and Belgium (6 490).

Oceania: 99 deaths; the countries reporting most deaths are Australia (75), New Zealand (17), 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 24 April 2020, 1 031 156 cases have been reported in the EU/EEA and the UK: Spain (213 024), Italy (189 973), Germany (150 383), United Kingdom (138 078), France (120 804), Belgium (42 797), Netherlands (35 729), Portugal (22 353), Ireland (17 607), Sweden (16 755), Austria (14 985), Poland (10 511), Romania (10 096), Denmark (8 073), Norway (7 345), Czechia (7 188), Finland (4 284), Luxembourg (3 665), Greece (2 463), Hungary (2 383), Croatia (1 981), Iceland (1 789), Estonia (1 592), Lithuania (1 410), Slovenia (1 366), Slovakia (1 325), Bulgaria (1 097), Cyprus (795), Latvia (778), Malta (445) and Liechtenstein (82).

As of 17 April 2020, 89 825 deaths have been reported in the EU/EEA and the UK: Italy (22 172), Spain (19 130), France (17 920), United Kingdom (13 729), Belgium (4 857), Germany (3 868), Netherlands (3 315), Sweden (1 333), Portugal (629), Ireland (486), Austria (410), Romania (387), Denmark (321), Poland (314), Czechia (169), Hungary (156), Norway (136), Greece (105), Finland (75), Luxembourg (69), Slovenia (61), Bulgaria (38), Estonia (36), Croatia (35), Lithuania (32), Cyprus (17), Iceland (8), Slovakia (8), Latvia (5), Malta (3) and Liechtenstein (1).

EU:

As of 24 April 2020, 883 862 cases and 92 223 deaths have been reported in the EU.

Major developments since the last report:

On 14 April 2020, the European Commission launched [The Joint European Roadmap](#) towards lifting COVID-19 containment measures by providing a framework for a comprehensive economic and social recovery plan for the EU, with public health actions at its core. It provides recommendations on how Member States can minimise the impact of COVID-19 on healthcare systems and citizen's health while restarting economic and social activities.

On 23 April 2020, ECDC published the [9th update of its risk assessment on COVID-19](#). The overall aim of this rapid risk assessment is to provide the European Commission and Member States with a set of public health objectives and considerations for epidemiological criteria, indicators and accompanying measures, supporting the implementation of the European Commission roadmap based on the available scientific evidence.

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.

More details are available [here](#).

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

ECDC assessment

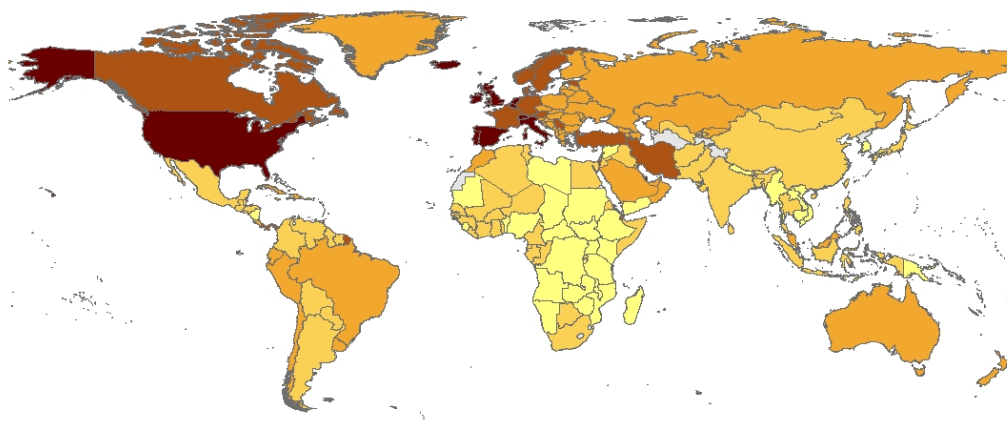
Information on the COVID-19 situation and a risk assessment can be found on the [ECDC website](#).

Actions

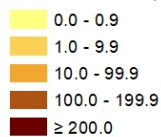
ECDC activities related to COVID-19 can be found on the ECDC [website](#).

Geographic distribution of cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 24 April 2020

Source: ECDC



Cumulative number of reported COVID-19 cases per 100 000



Grey: Countries and territories without cases reported

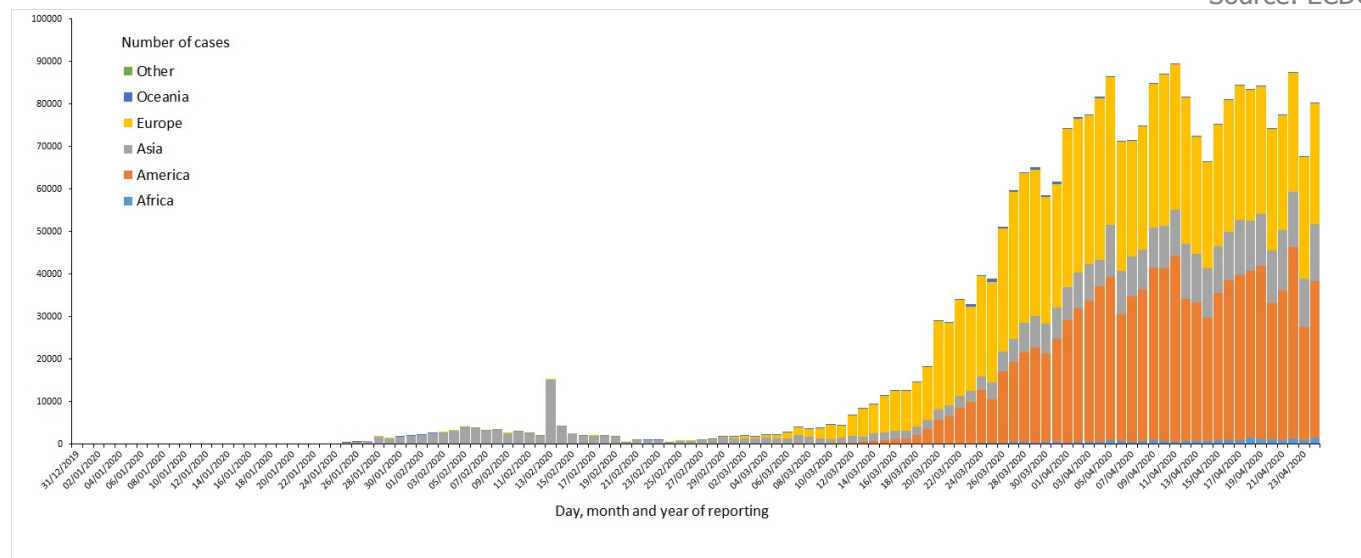


Date of production: 24/04/2020

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 24 April 2020

Source: ECDC



Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2020

Opening date: 1 August 2018

Latest update: 24 April 2020

Epidemiological summary

Since the beginning of the outbreak and as of 21 April 2020, there have been 3 461 cases (3 316 confirmed, 145 probable) in the Democratic Republic of the Congo (DRC), including 2 279 deaths, according to the Ministry of Health. The last confirmed cases were all reported in Beni. As of 21 April 2020, 171 healthcare workers have been infected.

In the DRC, 29 health zones in three provinces have reported probable and/or confirmed cases of Ebola virus disease: Mwenga in South Kivu Province, Alimbongo, Beni, Biena, Butembo, Goma, Kalunguta, Katwa, Kayna, Kyondo, Lubero, Mabalako, Manguredjipa, Masereka, Mutwanga, Musienene, Nyiragongo, Oicha, Pinga and Vuhovi Health Zones in North Kivu Province and Ariwara, Bunia, Mambasa, Nyankunde, Komanda, Lolwa, Mandima, Rwampara and Tchomia in Ituri Province.

In Uganda, one imported case (reported on 29 August 2019) died on 30 August 2019 in Kasese district, which borders North Kivu. However, as of today, there have been no reports of autochthonous transmission in Uganda.

Since the start of the vaccination campaign on 8 August 2018, 301 978 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co). In addition, 20 339 people have been vaccinated with the first dose of the Ad26.ZEBOV/MVA-BN-Filo vaccine (Johnson & Johnson) in the two health areas of Karisimbi in Goma. As of 1 April 2020, 7 529 people have been vaccinated with the second dose of this vaccine.

Public health emergency of international concern (PHEIC): On 17 July 2019, WHO's Director-General [declared](#) the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth meeting of the IHR Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 17 July 2019. The declaration was made in response to the geographical spread observed in the previous weeks. It also expresses the need for a more intensified and coordinated response in order to end the outbreak. On 18 October 2019, and again on 12 February 2020 and 14 April 2020, the Committee decided that the outbreak still constitutes a PHEIC.

Sources: CMRE | [Ebola dashboard Democratic Republic of the Congo](#) | [Ministry of Health of the Democratic Republic of the](#)

7/10

[Congo](#) | [WHO](#) | [WHO Regional Office for Africa](#)

ECDC assessment

Implementing response measures remains challenging in the affected areas because of the prolonged humanitarian crisis, the unstable security situation, and resistance in several population groups. At the current stage of the epidemic, a high level of surveillance remains essential to detect and interrupt further transmission early on. The overall risk to the EU/EEA remains very low.

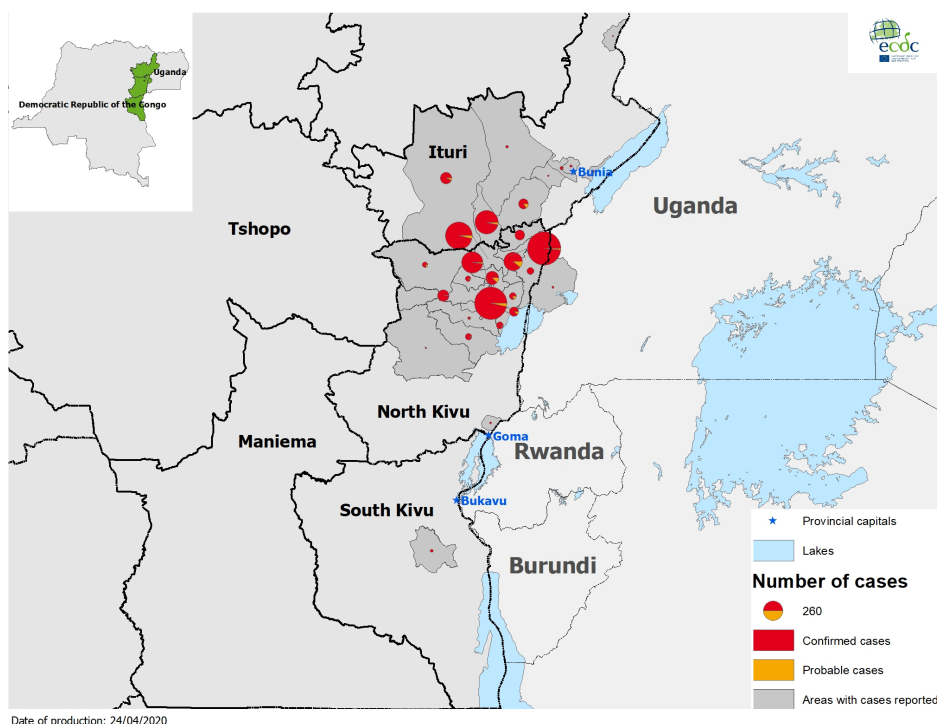
WHO assessment: As of 23 April 2020, the WHO risk [assessment](#) concludes that the national and regional risk levels remain high to moderate, while global risk levels remain low.

Actions

ECDC published an [epidemiological update](#) on 13 June 2019 and updated its [rapid risk assessment](#) on 7 August 2019.

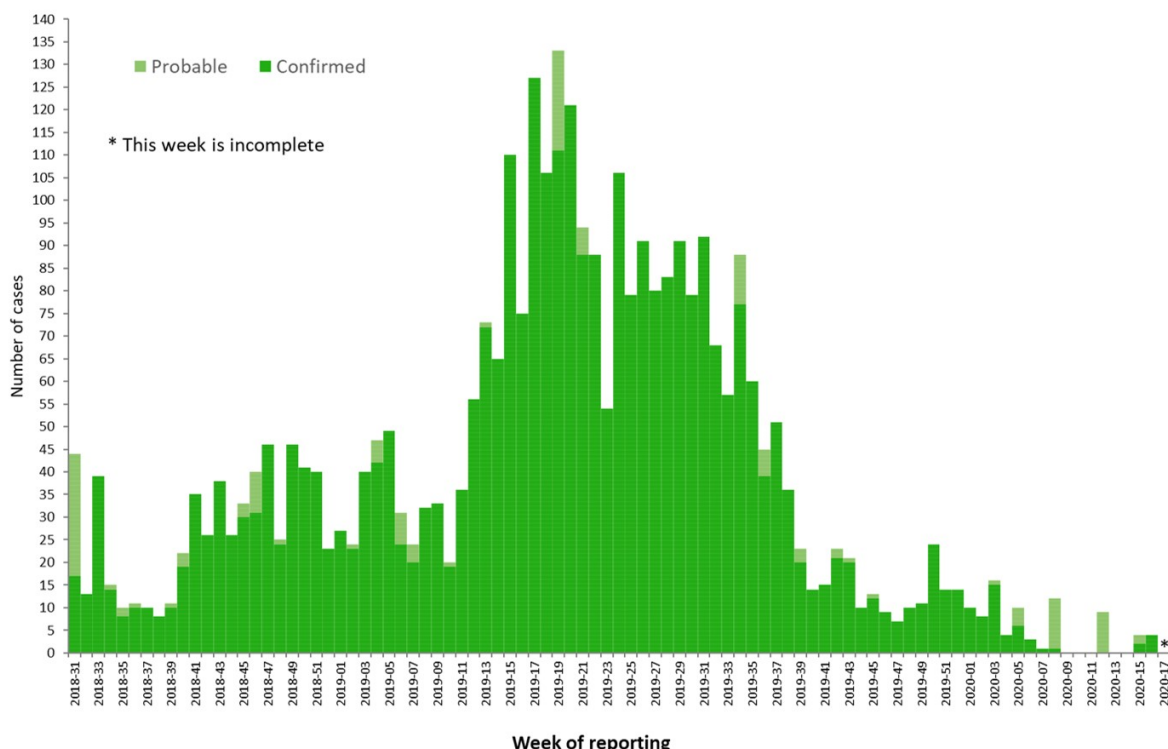
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 21 April 2020

Source: ECDC



Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, Democratic Republic of the Congo and Uganda, as of 21 April 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 21 April 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	3316	145	3461	2279	
North-Kivu Province	2802	117	2919	1999	
Alimbongo	5	1	6	3	
Beni	727	9	736	478	ACTIVE
Biena	19	2	21	14	
Butembo	295	7	302	360	
Goma	1	0	1	1	
Kalunguta	198	23	221	94	
Katwa	653	24	677	495	
Kayna	28	1	29	9	
Kyondo	25	6	31	21	
Lubero	31	2	33	6	
Mabalako	463	18	481	352	
Manguredjipa	18	3	21	15	
Masereka	50	6	56	23	
Musienene	85	1	86	34	
Mutwanga	32	0	32	12	
Nyiragongo	3	0	3	1	
Oicha	65	0	65	30	
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	508	28	536	277	
Ariwara	1	0	1	1	
Bunia	4	0	4	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	82	5	87	32	
Mandima	347	12	359	178	
Nyakunde	2	0	2	1	
Rwampara	8	1	9	4	
Tchomia	2	0	2	2	
South-Kivu	6	0	6	3	
Mwenga	6	0	6	3	
Uganda	1	0	1	1	
Kasese province	1	0	1	1	
Kasese	1	0	1	1	
Cumulative Total	3317	145	3462	2280	

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