

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 9 October 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 rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO 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). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic.

→ Update of the week

Since 02 September 2020 and as of 09 October 2020, 2 232 367 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 39 102 new deaths.

Globally, the number of cases has increased from 34 350 717 to 36 583 084, and the number of deaths has risen from 1 023 876 to 1 062 978.

In the EU/EEA and the United Kingdom (UK), the number of cases has increased from 3 404 566 to 3 874 181 (+469 615 cases), and the number of deaths has risen from 190 763 to 194 147 (+3 384 deaths).

More details are available [here](#).

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

Opening date: 20 May 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 EU neighbouring countries.

→Update of the week

Between 2 and 8 October 2020, EU Member States reported 28 human cases of WNV infection: Italy (11), Germany (7), Greece (5), Spain (3) and Romania (2). Two regions in Germany (Meissen and Halle (Saale)) reported locally-acquired human cases of WNV infection for the first time through TESSy. All other cases were reported from areas that have been affected during previous transmission seasons. This week, one death was reported by Romania. No human cases of WNV infection or deaths were reported from EU neighbouring countries.

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

Sources: TESSy

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 9 October 2020

Measles cases in the EU/EEA and the UK continue to occur among both adults and children. However, a sharp decrease in the reporting of measles cases has been observed during the COVID-19 pandemic in the EU/EEA and the UK, as well as in other countries across the globe.

→Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 11 September 2020, seven new cases have been reported by three EU/EEA countries and the UK: Germany (5), Poland (1) and Ireland (1). No other countries reported new cases of measles.

No new deaths have been reported by EU/EEA countries or the UK. Overall, two deaths have been reported in the EU/EEA and the UK in 2020, both from Bulgaria.

Relevant updates outside the EU/EEA and the UK are available for the WHO Regional Office for Africa (WHO AFRO) and the Philippines.

Disclaimer: the [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or media. This report is supplementary to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 30 EU/EEA countries and the UK to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 9 October 2020

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

→Update of the week

Since the previous update, with data as of 30 August 2020 and as of 27 September 2020, 10 623 additional dengue suspected cases, including one severe case and eight deaths, have been reported in Guadeloupe, Saint Martin, Saint Barthélemy and Martinique. In the last reported update, when the period between 02 August and 30 August 2020 was analysed, 5 682 additional dengue suspected cases were reported in the French Antilles. The number of cases notified in Martinique constitute the largest outbreak reported on the island in the last decade.

The following cases have been reported since the previous update:

Guadeloupe: 2 430 additional suspected cases, including one death case.

Saint Martin: 170 additional suspected cases.

Saint Barthelemy: 233 additional suspected cases.

Martinique: 7 790 additional suspected cases, including one severe case and seven deaths.

Non EU Threats

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

Opening date: 4 June 2020

Latest update: 9 October 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 6 October 2020, no additional cases and no new deaths have been reported from the Equateur Province in the DRC.

Despite no new cases being reported, there is still evidence that this Ebola virus disease outbreak is ongoing. The response remains challenging, e.g. contacts are lost to follow up, there is insufficient funding, and there are difficulties in carrying out safe and dignified burials.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Latest update: 9 October 2020

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 500 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point towards dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

Since the previous update and as of 6 October 2020, no additional cases of MERS-CoV have been reported by Saudi Arabia health authorities or by WHO.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 9 October 2020

Epidemiological summary

Since 31 December 2019 and as of 09 October 2020, 36 583 084 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 1 062 978 deaths.

Cases have been reported from:

Africa: 1 548 475 cases; the five countries reporting most cases are South Africa (686 891), Morocco (142 953), Egypt (104 156), Ethiopia (81 797) and Nigeria (59 841).

Asia: 11 458 581 cases; the five countries reporting most cases are India (6 906 151), Iran (488 236), Iraq (394 566), Bangladesh (374 592) and Saudi Arabia (338 132).

America: 17 722 055 cases; the five countries reporting most cases are United States (7 606 594), Brazil (5 028 444), Colombia (886 179), Argentina (856 356) and Peru (838 614).

Europe: 5 818 654 cases; the five countries reporting most cases are Russia (1 260 112), Spain (848 324), France (671 638), United Kingdom (561 815) and Italy (338 398).

Oceania: 34 623 cases; the five countries reporting most cases are Australia (27 206), Guam (2 934), French Polynesia (2 290), New Zealand (1 510) and Papua New Guinea (549).

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

Deaths have been reported from:

Africa: 37 342 deaths; the five countries reporting most deaths are South Africa (17 408), Egypt (6 017), Morocco (2 486), Algeria (1 783) and Ethiopia (1 262).

Asia: 207 075 deaths; the five countries reporting most deaths are India (106 490), Iran (27 888), Indonesia (11 580), Iraq (9 683) and Turkey (8 667).

America: 587 047 deaths; the five countries reporting most deaths are United States (212 773), Brazil (148 957), Mexico (83 096), Peru (33 098) and Colombia (27 331).

Europe: 230 507 deaths; the five countries reporting most deaths are United Kingdom (42 592), Italy (36 083), Spain (32 688), France (32 521) and Russia (22 056).

Oceania: 1 000 deaths; the five countries reporting most deaths are Australia (897), Guam (58), New Zealand (25), French Polynesia (9) and Papua New Guinea (7).

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

EU/EEA and the UK:

As of 09 October 2020, 3 874 181 cases have been reported in the EU/EEA and the UK: Spain (848 324), France (671 638), United Kingdom (561 815), Italy (338 398), Germany (314 660), Netherlands (155 630), Romania (145 700), Belgium (143 503), Poland (111 599), Czechia (100 757), Sweden (97 532), Portugal (82 534), Austria (52 603), Ireland (40 086), Hungary (35 222), Denmark (31 156), Bulgaria (23 259), Greece (21 381), Croatia (18 989), Slovakia (15 726), Norway (15 012), Finland (11 345), Luxembourg (9 219), Slovenia (7 511), Lithuania (5 625), Estonia (3 760), Malta (3 506), Iceland (3 267), Latvia (2 370), Cyprus (1 918) and Liechtenstein (136).

As of 09 October 2020, 194 147 deaths have been reported in the EU/EEA and the UK: United Kingdom (42 592), Italy (36 083), Spain (32 688), France (32 521), Belgium (10 126), Germany (9 589), Netherlands (6 522), Sweden (5 892), Romania (5 247), Poland (2 867), Portugal (2 050), Ireland (1 817), Hungary (913), Bulgaria (880), Czechia (869), Austria (853), Denmark (665), Greece (430), Finland (346), Croatia (310), Norway (275), Slovenia (141), Luxembourg (129), Lithuania (102), Estonia (67), Slovakia (57), Malta (41), Latvia (40), Cyprus (24), Iceland (10) and Liechtenstein (1).

EU:

As of 09 October 2020, 3 293 951 cases and 151 269 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

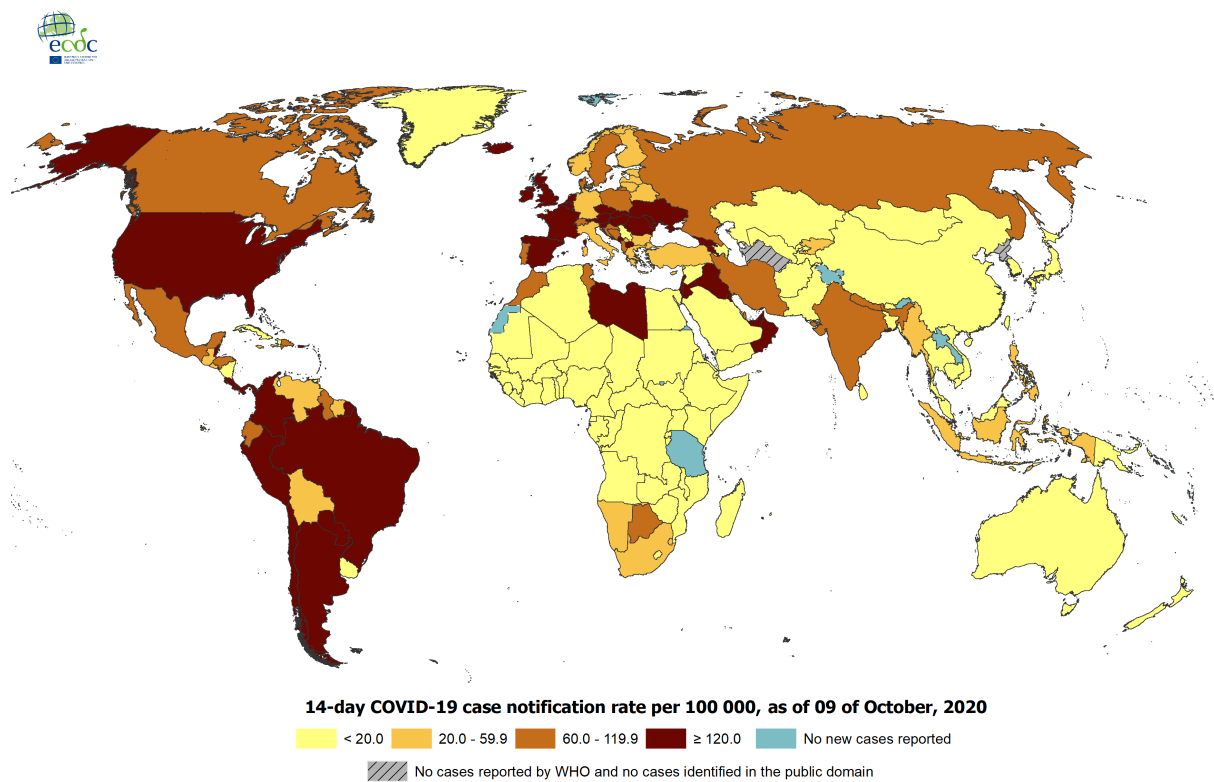
Information on the COVID-19 situation and a risk assessment can be found on [ECDC's website](#).

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 9 October 2020

ECDC



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat.
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

Date of production: 09/10/2020

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

Opening date: 20 May 2020

Epidemiological summary

Between 2 and 8 October 2020, EU Member States reported 28 human cases of WNV infection: Italy (11), Germany (7), Greece (5), Spain (3) and Romania (2). Two regions in Germany (Meissen and Halle (Saale)) reported locally-acquired human cases of WNV infection for the first time through TESSy. All other cases were reported from areas that have been affected during previous transmission seasons. This week, one death was reported by Romania. No human cases of WNV infection or deaths were reported from EU neighbouring countries.

Since the start of the 2020 transmission season and as of 8 October 2020, EU Member States have reported 285 human cases of WNV infection and 31 deaths through TESSy: Greece (135, including 20 deaths), Spain (75, including 7 deaths), Italy (54, including 3 deaths), Germany (12), Romania (6, including 1 death) and Hungary (3). The province of Badajoz, Spain, and five regions in Germany reported locally-acquired human cases of WNV infection for the first time (regions of Barnim, Ostprignitz-Ruppin, Saalekreis, Halle (Saale) and Meissen). All other cases were reported from areas that have been affected during previous transmission seasons. No cases have been reported from EU neighbouring countries.

Since the beginning of the 2020 transmission season, 162 outbreaks among equids have been reported. These outbreaks have been reported by Spain (126), Germany (18), Italy (12), France (3), Hungary (1), Portugal (1) and Austria (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, Spain, Italy, Germany, Romania and Hungary) in which WNV enzootic transmission between mosquitoes and birds has previously been described.

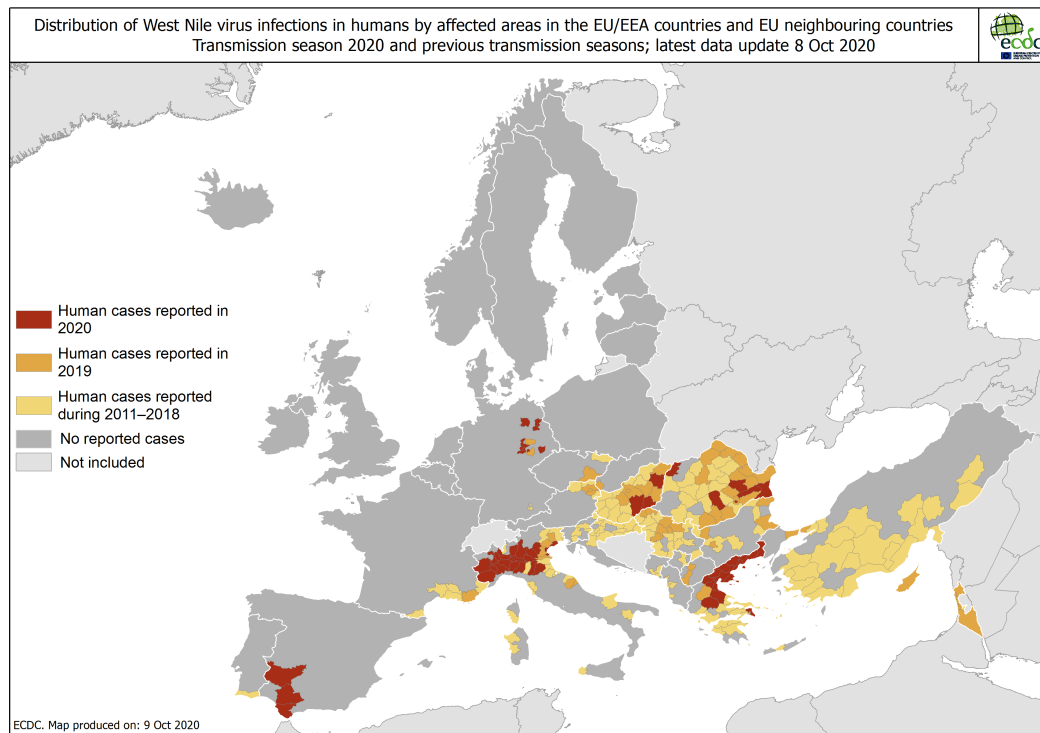
In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

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

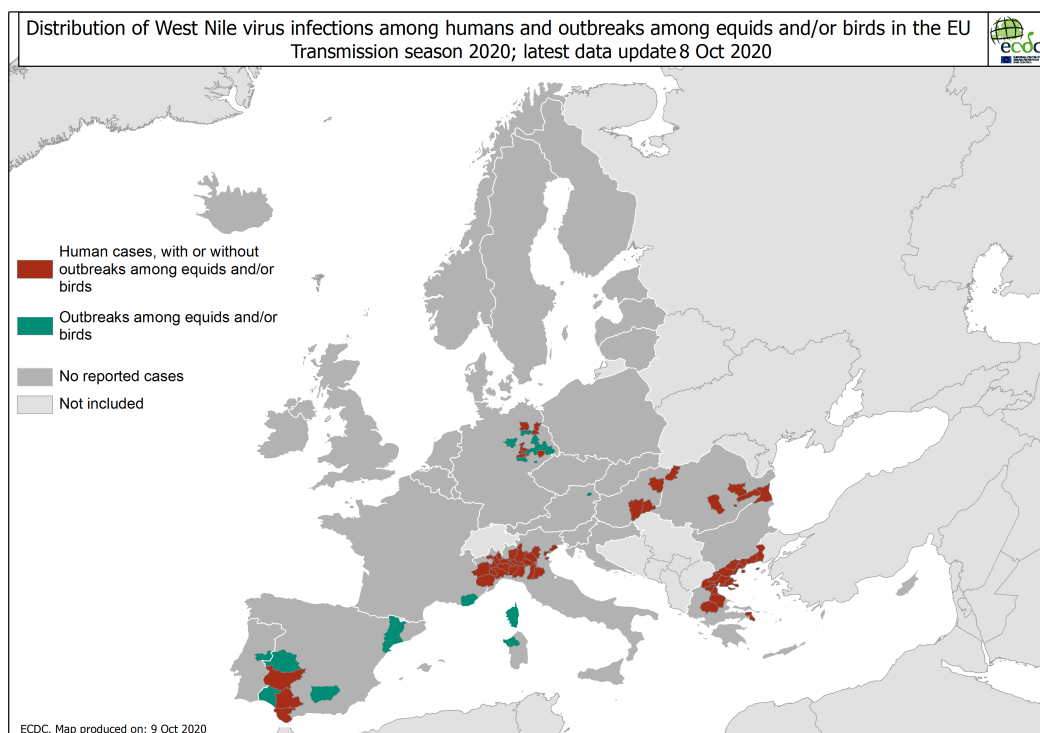
Distribution of human West Nile virus infections by affected areas as of 8 October 2020

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 8 October 2020

ECDC and ADNS



Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 9 October 2020

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 11 September 2020, seven new cases have been reported by three EU/EEA countries and UK: Germany (5), Poland (1) and Ireland (1). No other countries reported new cases of measles.

No new deaths have been reported by EU/EEA countries or the UK. Overall, two deaths have been reported in the EU/EEA and the UK in 2020, both from Bulgaria.

Relevant updates outside the EU/EEA and the UK are available for the WHO Regional Office for Africa (WHO AFRO) and the Philippines.

Routine immunisation sessions should be maintained as long as COVID-19 response measures allow.

In May 2019, WHO classified measles outbreaks across the European Region as a [Grade 2 emergency](#). On 29 August 2019, the [European Regional Verification Commission for Measles and Rubella Elimination \(RVC\)](#) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, the Czech Republic, Greece and the United Kingdom) had lost their measles elimination status.

Disclaimer: the [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or media. This report is supplementary to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 30 EU/EEA countries and the UK to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

Epidemiological summary for EU/EEA countries and the UK with updates since last month

[Germany](#) reported 144 cases in 2020 and as of week 39 (ending 26 September 2020) an increase of five cases since week 36 (ending 6 September 2020).

[Ireland](#) reported 17 cases in 2020 and as of week 39 (ending 26 September 2020) an increase of one case since week 35 (ending 2 September 2020).

[Poland](#) reported 29 cases in 2020 and as of 30 September, increase of one case since the national report for 31 August 2020.

Relevant epidemiological summary for countries outside the EU/EEA and the UK

A global overview is available on [WHO's website](#). Additional information with the latest available data is provided for several countries.

Philippines: According to [WHO](#), in 2020, pockets of measles outbreaks are being reported in the Philippines. As of August 2020, there are around 3 500 reported measles cases, including 36 deaths. Most of the cases are among children under five years of age. The Department of Health, supported by WHO and UNICEF, will conduct the nationwide measles and polio supplemental immunisation campaign starting October 26 this year. In the Philippines, an estimated 2.4 million children under the age of five are susceptible for measles.

According to the WHO Regional Office for Africa ([AFRO](#)), as of 4 October 2020 (week 40), outbreaks of measles were reported in the following countries: Angola, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Niger, Nigeria and South Sudan.

Democratic Republic of the Congo (DRC) As of 6 September, 70 899 suspected and confirmed cases of measles have been reported in 2020, including 1 026 deaths (CFR: 1.4%), an increase of 1 650 cases and 663 deaths since the report on 9 August 2020. Overall, the number of cases is declining in DRC.

There were no recent updates or reports about new measles cases available from [WHO PAHO](#) (Pan American Health Organization) and [WHO WPRO](#) (Western Pacific Region) regions.

ECDC assessment

A substantial decline in measles cases reported by EU/EEA countries and the UK after March 2020 contrasts with the typical seasonal pattern seen for measles, which peaks in the spring in temperate climates. A similar decrease has been observed in

other countries worldwide during the same period. Under-reporting, under-diagnosis or a real decrease, due to the direct or indirect effects of the COVID-19 pandemic measures could explain the decline of cases observed. Nevertheless, achieving the best possible vaccine uptake in the current circumstances is crucial in order to prevent measles outbreaks in the future.

Actions

ECDC monitors the measles situation through its epidemic intelligence activities, which supplement a monthly report with measles surveillance data from The European Surveillance System (TESSy) for 30 EU/EEA countries. ECDC published a [risk assessment](#) entitled 'Who is at risk of measles in the EU/EEA?' on 28 May 2019.

Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 9 October 2020

Epidemiological summary

In **Guadeloupe**, since week 2019-42 and as of 27 September 2020, 12 950 suspected dengue cases have been reported, including one death. Most of the cases have been identified as dengue virus serotype 2. In 2018, only 18 confirmed cases were reported in Guadeloupe.

In **Saint Martin**, since week 2020-03 and as of 27 September 2020, 2 200 suspected dengue cases have been reported, including 422 confirmed cases and among these there was one death. Most of the cases have been identified as dengue virus serotype 1.

In **Saint Barthélemy**, since 2020-17 and as of 27 September 2020, 1 031 suspected dengue cases have been reported, including 244 confirmed cases. Most of the cases have been identified as dengue virus serotype 2.

In **Martinique**, since 4 November 2019 and as of 27 September 2020, 20 520 suspected dengue cases have been reported, including eight severe cases and ten deaths. Dengue virus serotype 3 has been identified among most of the cases. In 2018, Martinique did not report any confirmed cases.

According to the French health authorities and as of 27 September 2020, Guadeloupe, Saint Martin, Saint Barthélemy and Martinique are in an epidemic phase.

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 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.

The number of travellers returning from dengue-endemic areas to continental Europe has drastically dropped due to the COVID-19 outbreak, hence decreasing the likelihood of introduction of the virus. The establishment of sustained transmission in continental Europe depends on a multitude of factors (e.g. virus strain, environment, climate, timeliness of implementation of vector control measures). The occurrence of sustained transmission of dengue virus in continental Europe cannot be excluded, but the likelihood remains low.

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

Actions

ECDC is monitoring the ongoing situation through epidemic intelligence and has published a [news item](#).

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

Opening date: 4 June 2020

Latest update: 9 October 2020

Epidemiological summary

Since the start of the outbreak, and as of 6 October 2020, a total of 128 cases (119 confirmed, nine probable), including 53 deaths, have been reported from the Bikoro (32), Bolenge (1), Bolomba (16), Bomongo (2), Iboko (4), Ingende (13), Lilanga Bobangi (6), Lolanga Mampoko (7), Lotumbe (17), Makanza (1), Mbandaka (25), Monieka (2) and Wangata (2) health zones in the 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, 35 487 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 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 EU/EEA citizens being 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, [the 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.

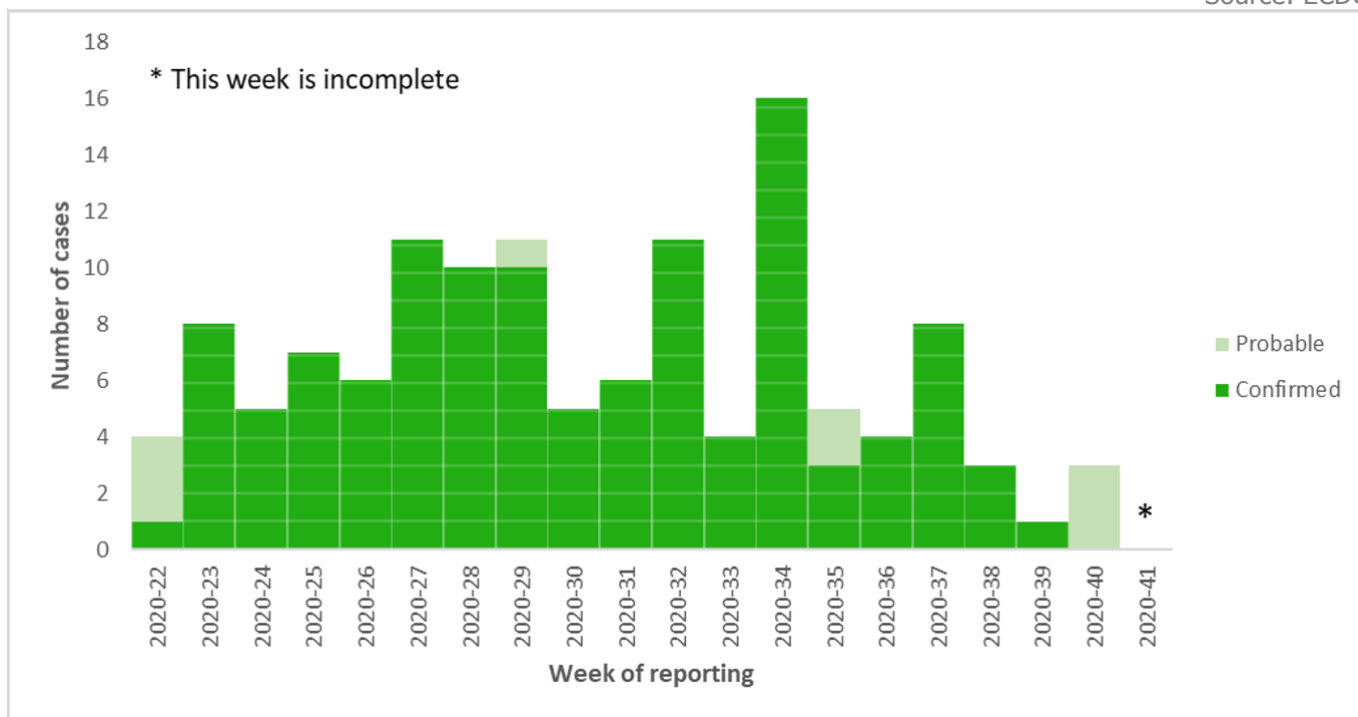
Actions

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](#).

One EUPHEM fellow is contributing remotely to the GOARN response for the DRC Ebola outbreak, from 18 September to 27 October.

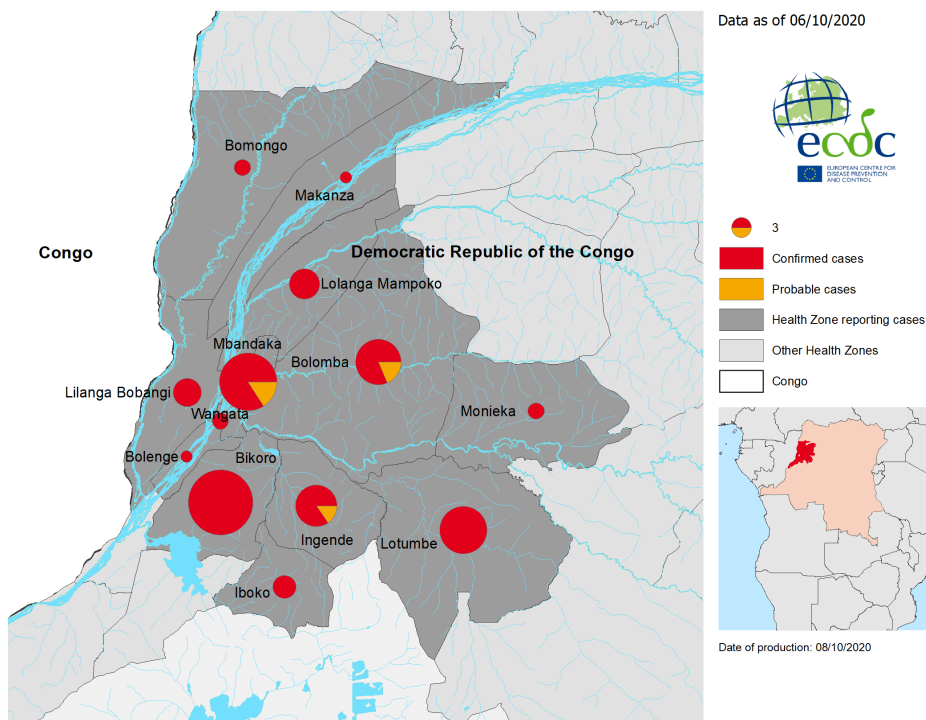
Distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, by week of reporting and as of 6 October 2020

Source: ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 6 October 2020

Source: ECDC



Distribution of Ebola Virus Disease cases in Equateur Province, Democratic Republic of the Congo, as of 6 October 2020

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths
Democratic Republic of the Congo	119	9	128	53
Equateur	119	9	128	53
Bikoro	32	0	32	19
Bolenge	1	0	1	1
Bolomba	13	3	16	4
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	17	0	17	2
Makanza	1	0	1	0
Mbandaka	21	4	25	17
Monieka	2	0	2	0
Wangata	2	0	2	1
Cumulative Total	119	9	128	53

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Latest update: 9 October 2020

Epidemiological summary

From 1 January 2020 to 6 October 2020, 61 MERS-CoV cases have been reported in Saudi Arabia (57), United Arab Emirates (2) and Qatar (1), including 20 deaths in Saudi Arabia. From these 61 cases, 50 were primary cases, 16 of whom reported contact with camels, and 11 were healthcare-acquired cases. In 2020, 77.2% of the 57 cases in Saudi Arabia were reported in Riyadh (25), Asir (7), Eastern Province (6) and Makkah (6).

Since April 2012 and as of 1 September 2020, 2 577 cases of MERS-CoV, including 935 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Saudi Arabia Ministry of Health](#)

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, and in particular in Saudi Arabia. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in an ECDC [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

ECDC published a technical report on '[Health emergency preparedness for imported cases of high-consequence infectious diseases](#)' in October 2019, which will be useful for EU Member States that want to assess their level of preparedness for a disease such as MERS. ECDC also published '[Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#)' on 22 January 2020.

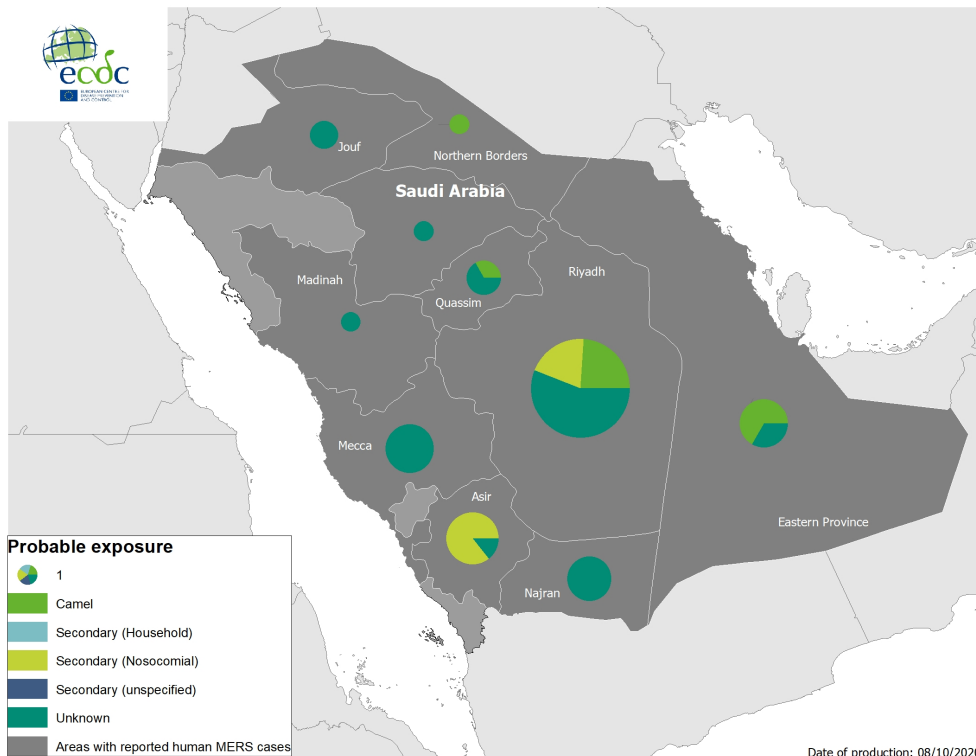
Actions

ECDC is monitoring this threat through epidemic intelligence, and reports on a monthly basis.

12/14

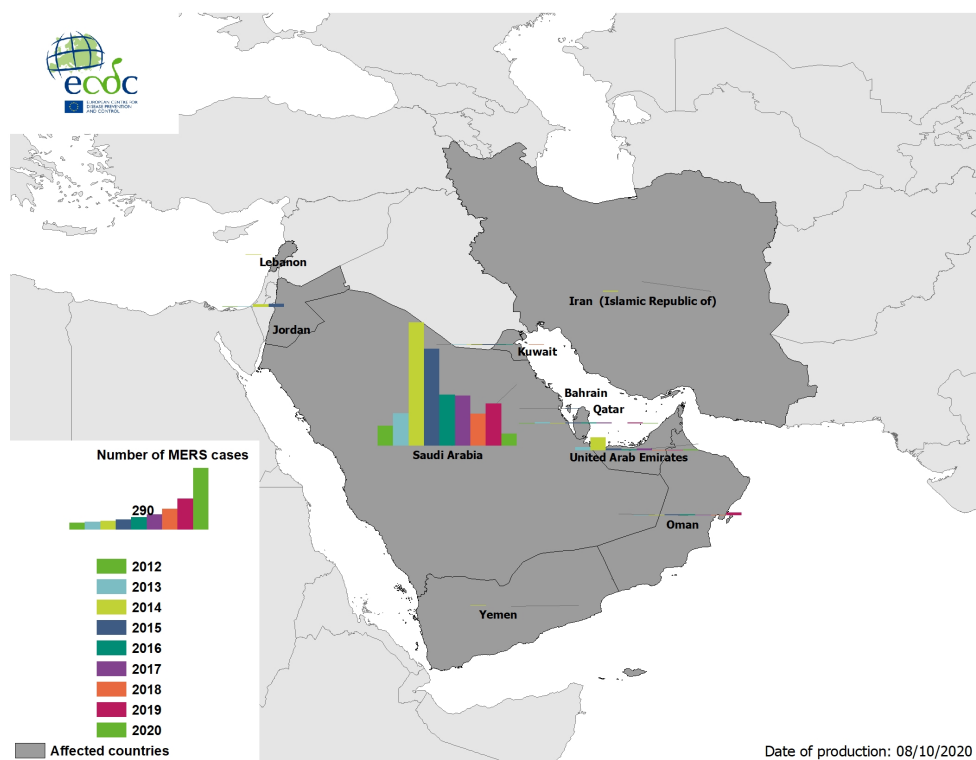
Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012 – 6 October 2020

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2019 to 6 October 2020

Source: ECDC



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