

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Tick-borne encephalitis – United Kingdom – 2020

Opening date: 3 August 2020

Latest update: 7 August 2020

On 31 July 2020, English health authorities reported a probable autochthonous tick-borne encephalitis (TBE) case in England. This is a rare occurrence in the UK, as it is only the second instance of a UK-acquired TBE infection to ever occur.

→Update of the week

On 31 July 2020, English health authorities reported a probable autochthonous tick-borne encephalitis (TBE) case in England. The case had to be hospitalised and supportive care was given. Health authorities tested deer blood samples in Hampshire county, close to the place of residence of the probable TBE case. These serological investigations found antibodies against flaviviruses of the tick-borne encephalitis virus complex (including, among others, TBE virus and Louping ill virus), which matches similar results found in 2019. According to the same authorities, this is the second record of a UK-acquired case of TBE.

New! Babesiosis - United Kingdom - 2020

Opening date: 4 August 2020

Latest update: 7 August 2020

On 31 July 2020, English health authorities reported an autochthonous babesiosis case in England. This is the first record of human babesiosis acquired in the UK.

→Update of the week

On 31 July 2020, English health authorities reported an autochthonous babesiosis case in England. The case had to be hospitalised and supportive care was given. Health authorities surveyed sites in the county of Devon, close to the place of residence of the confirmed case, in order to collect and test ticks for the parasite causing the disease. The causative *Babesia* sp. was not detected in any of the tick samples tested for this survey. This is the first record of human babesiosis acquired in the UK.

New! Local transmission of dengue fever - France - 2020

Opening date: 4 August 2020

Latest update: 7 August 2020

Local health authorities in France recently reported one autochthonous case of dengue fever in residents of the Hérault prefecture, France.

→Update of the week

On 28 July 2020, the regional health authorities of Occitanie reported an autochthonous dengue transmission in Cessenon-sur-Orb, in Hérault prefecture. This case was infected in mid-July. Response measures are being undertaken by the competent authorities and outbreak investigations have enabled the identification of the primary case in a returning traveller from a dengue risk zone. This is the first autochthonous transmission reported in continental France in 2020.

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

Opening date: 7 January 2020

Latest update: 7 August 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 1 August 2020 and as of 7 August 2020, 1 775 137 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 41 340 new deaths.

Globally, the number of cases has increased from 17 296 303 cases to 19 076 745, and the number of deaths has risen from 673 290 to 714 618.

In the EU/EEA and the UK, the number of cases has increased from 1 716 071 cases to 1 793 680 (+77 609 cases), and the number of deaths has risen from 182 282 to 183 409 (+1 127 deaths).

More details are available [here](#).

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

Opening date: 20 May 2020

Latest update: 7 August 2020

During the West Nile virus transmission season, which usually runs from June to November 2020, ECDC monitors the occurrence of infections in the EU/EEA and EU neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for the EU/EEA Member States and at GAUL 1 (global administrative unit layers 1) level for the EU neighbouring countries.

→Update of the week

Between 31 July and 6 August 2020, no cases were reported by the EU Member States or the EU neighbouring countries. However, Greece gave notification of the death of a case reported in recent weeks. This is the first death of the season linked to WNV infection.

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

Opening date: 23 June 2020

Latest update: 7 August 2020

Elevated sea surface temperatures (SST) in marine environments with low salt content offers ideal growth conditions for certain *Vibrio* species. These conditions occur during the summer months in estuaries and enclosed water bodies with moderate salinity.

ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC Vibrio Map Viewer](#)). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other worldwide settings prior to validation.

→Update of the week

As of 6 August 2020, in EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low. For the next five days it is considered generally to be very low, to low, except in Rauma, south-west Finland, Åland, Helsinki and Kymenlaakso region (Finland); Saaremaa and Hiiumaa (Estonia), Gulf of Riga (Estonia and Latvia), Klaipeda (Lithuania), Gdansk Bay (Poland), Mecklenburg-Western Pomerania and Schleswig-Holstein (Germany), Øresund/Øresund Strait (Denmark and Sweden) and Kalmar Strait (Sweden) where the risk is considered to be medium-to-high.

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

Non EU Threats

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

Opening date: 4 June 2020

Latest update: 7 August 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 north-west of the country, close to the border with Congo.

→Update of the week

Since the last update and as of 4 August 2020, five additional confirmed cases and no additional deaths have been reported from Equateur Province in the DRC.

Lolanga Mampoko Health Zone is a newly affected zone in Equateur, reporting one confirmed case.

Influenza A(H3N2) variant virus – Hawaii, United States – 2020

Opening date: 30 July 2020

Latest update: 7 August 2020

Human infections with influenza A (H3N2) variant virus (influenza A(H3N2)v) have been identified in the United States.

→Update of the week

On 25 July 2020, the Hawaiian authorities reported a human infection with influenza A(H3N2) variant virus (A[H3N2]v). The patient, who is a child, was not hospitalised and has recovered.

This is the first influenza A(H3N2)v virus infection identified in the United States since 2018.

The investigation is ongoing into the source of the patient's infection. No human-to-human transmission has been identified and no exposure to swine has been reported to date.

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

Opening date: 9 December 2019

Latest update: 7 August 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. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by WHO 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 update and as of 28 July 2020, 56 cases of polioviruses (WPV1, cVDPV2 and cVDPV1) have been reported, 13 of which were caused by the WPV1 strain, 42 by the cVDPV2 strain and one by the cVDPV1 strain.

Wild poliovirus (WPV1):

- Five cases of Acute Flaccid Paralysis (AFP) caused by WPV1 have been reported in Pakistan
- Eight cases of AFP caused by WPV1 have been reported in Afghanistan
- Additionally, 41 WPV1 environmental samples have been detected: 36 in Pakistan and five in Afghanistan .

Circulating vaccine-derived poliovirus (cVDPV):

- One case of cVDPV1 has been reported by Malaysia.
- 42 cases of AFP caused by cVDPV2 have been reported from seven countries: Chad (13), Afghanistan (12), Guinea (8), Pakistan (5), Democratic Republic of the Congo (2), Angola (1) and Cote d'Ivoire (1).
- No new cases of cVDPV3 have been reported.
- Additionally, 24 cVDPV2 environmental samples have been detected: 14 in Afghanistan, five in Pakistan, three in Ghana and two in Cameroon.

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

Opening date: 24 September 2012

Latest update: 7 August 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 on 3 July 2020 and as of 4 August 2020, no additional cases of MERS-CoV have been reported by Saudi Arabia health authorities or by WHO.

II. Detailed reports

New! Tick-borne encephalitis – United Kingdom – 2020

Opening date: 3 August 2020

Latest update: 7 August 2020

Epidemiological summary

On 31 July 2020, English health authorities reported a probable autochthonous tick-borne encephalitis (TBE) case in England. The case had to be hospitalised and supportive care was given. Health authorities tested deer blood samples in Hampshire county, close to the place of residence of the probable TBE case. These serological investigations found antibodies against flaviviruses of the tick-borne encephalitis virus complex (including, among others, TBE virus and Louping ill virus), which matches similar results found in 2019. According to the same authorities, this is the second record of a UK-acquired case of TBE.

Background: In July 2019, one probable case of TBE infection was detected in England, the [first ever known case](#) in the UK. The case made a full recovery.

Source: [Public Health England](#)

ECDC assessment

TBE occurs across large regions of Europe with the 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 principal vector for TBE in Europe is *Ixodes ricinus*, which is largely present across the continent, as described in the ECDC [geographical distribution map](#). Hence, as a precautionary measure, [personal protective measures should be applied against tick bites](#). People who live in, or travel to regions where tick-borne encephalitis is endemic should also consider immunisation prior to exposure, as this offers the most effective protection.

The risk of additional cases is considered to be very low, provided that protective measures are adhered to. In September 2019, Public Health England published a [qualitative assessment of the risk presented by tick-borne encephalitis to the UK population](#).

Actions

ECDC will monitor this event through epidemic intelligence activities and will report again if epidemiological updates become available.

New! Babesiosis - United Kingdom - 2020

Opening date: 4 August 2020

Latest update: 7 August 2020

Epidemiological summary

On 31 July 2020, English health authorities reported an autochthonous babesiosis case in England. The case had to be hospitalised and supportive care was given. Health authorities surveyed sites in Devon county, close to the place of residence of the confirmed case, in order to collect and test ticks for the parasite causing the disease. The causative *Babesia sp.* was not detected in any of the tick samples tested for this survey. This is the first record of human babesiosis acquired in the UK.

Source: [Public Health England](#)

ECDC assessment

The report of locally acquired human babesiosis cases in the EU/EEA and the UK is considered an unusual event. However, human-pathogen *Babesia spp.* - most frequently *Babesia divergens* - have been detected in several European countries. Although the majority of cases present with mild or no symptoms, severe cases can also occur which may potentially be fatal.

The competent vector for babesiosis in Europe is mainly *Ixodes ricinus*, which is the most frequent tick species across the continent, as described in ECDC's [geographical distribution map](#). Hence, as a precautionary measure, [personal protective measures should be applied against tick bites](#). The risk of additional cases is considered to be very low, provided that these protective measures are adhered to.

Babesiosis can also be transmitted via substances of human origin (SoHO) which may pose a threat to the blood supply. However, given the low incidence of the disease, the risk is very low.

More information about babesiosis can be found in [ECDC factsheet](#).

Actions

ECDC will monitor this event through epidemic intelligence activities and will report again if epidemiological updates become available.

New! Local transmission of dengue fever - France - 2020

Opening date: 4 August 2020

Latest update: 7 August 2020

Epidemiological summary

On 28 July 2020, the regional health authorities of Occitanie reported an autochthonous dengue transmission in Cessenon-sur-Orb, in Hérault prefecture. This case was infected in mid-July. Response measures are being undertaken by the competent authorities and outbreak investigations have enabled the identification of the primary case in a returning traveller from a dengue risk zone. This is the first autochthonous transmission reported in continental France in 2020.

Background: Autochthonous dengue cases have been reported in [continental Europe](#) in recent years. In 2019, ten cases were reported in France (9) and Spain (1). One additional sexual transmission of dengue was reported in Madrid, Spain, in 2019.

Source: [Agence Régionale de Santé Occitanie and Hérault prefecture](#)

ECDC assessment

As observed in previous years, the occurrence of autochthonous transmission of dengue in the southern part of France in summer months is expected as *Ae. albopictus* is [established](#) in the region and the environmental conditions at this time of the year are suitable for vector activity.

Although the detection of new dengue autochthonous cases linked to the primary or index cases or part of other clusters is possible, the likelihood of sustained transmission of the virus leading to a large outbreak in southern France remains low.

In previous years, the likelihood of the virus being introduced into areas of Europe where the vector is established has been considered high, as demonstrated by the [number of imported cases reported every year](#). In 2020 however, the number of introductions is likely to be much lower as the number of travellers returning from dengue endemic areas has fallen drastically due to the COVID-19 outbreak.

As a precautionary measure, [personal protective measures against mosquito bites](#) should be applied when visiting dengue endemic areas but also in other areas of Europe where there is a risk of autochthonous transmission of dengue virus. The same measures should apply for other mosquito-borne diseases such as West Nile virus infection, zika and chikungunya virus disease.

Actions

ECDC will monitor this event through epidemic intelligence activities and report again if epidemiological updates become available. ECDC monitors the [dengue situation](#) and reports monthly. ECDC published a rapid risk assessment on [autochthonous cases of dengue in Spain and France](#) on 1 October 2019, the conclusions of which remain valid.

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

Opening date: 7 January 2020

Latest update: 7 August 2020

Epidemiological summary

Since 31 December 2019 and as of 7 August 2020, 19 076 745 cases of COVID-19 have been reported (in accordance with the applied case definitions and testing strategies in the affected countries), including 714 618 deaths.

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Cases have been reported from:

Africa: 1 009 083 cases; the five countries reporting most cases are South Africa (538 184), Egypt (95 006), Nigeria (45 244), Ghana (40 097) and Algeria (33 626).

Asia: 4 709 393 cases; the five countries reporting most cases are India (2 027 074), Iran (320 117), Saudi Arabia (284 226), Pakistan (282 645) and Bangladesh (249 651).

America: 10 313 590 cases; the five countries reporting most cases are United States (4 883 646), Brazil (2 912 212), Mexico (462 690), Peru (455 409) and Chile (366 671).

Europe: 3 022 170 cases; the five countries reporting most cases are Russia (871 894), Spain (309 855), United Kingdom (308 134), Italy (249 204) and Germany (214 214).

Oceania: 21 813 cases; the five countries reporting most cases are Australia (19 862), New Zealand (1 219), Guam (411), Papua New Guinea (163) and French Polynesia (62).

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

Deaths have been reported from:

Africa: 22 080 deaths; the five countries reporting most deaths are South Africa (9 604), Egypt (4 951), Algeria (1 273), Nigeria (930) and Sudan (763).

Asia: 103 794 deaths; the five countries reporting most deaths are India (41 585), Iran (17 816), Pakistan (6 052), Turkey (5 798) and Indonesia (5 521).

America: 382 002 deaths; the five countries reporting most deaths are United States (160 104), Brazil (98 493), Mexico (50 517), Peru (20 424) and Colombia (11 939).

Europe: 206 447 deaths; the five countries reporting most deaths are United Kingdom (46 413), Italy (35 187), France (30 312), Spain (28 500) and Russia (14 606).

Oceania: 288 deaths; the six countries reporting deaths are Australia (255), New Zealand (22), Guam (5), Papua New Guinea (3) and the Northern Mariana Islands (2).

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

EU/EEA and the UK:

As of 7 August 2020, 1 793 680 cases have been reported in the EU/EEA and the UK: Spain (309 855), United Kingdom (308 134), Italy (249 204), Germany (214 214), France (195 633), Sweden (81 967), Belgium (71 923), Romania (57 895), Netherlands (56 982), Portugal (52 061), Poland (49 515), Ireland (26 372), Austria (21 689), Czechia (17 740), Denmark (14 306), Bulgaria (12 717), Norway (9 409), Finland (7 532), Luxembourg (7 073), Croatia (5 404), Greece (5 123), Hungary (4 597), Slovakia (2 480), Slovenia (2 223), Lithuania (2 171), Estonia (2 124), Iceland (1 932), Latvia (1 275), Cyprus (1 195), Malta (846) and Liechtenstein (89).

As of 7 August 2020, 183 409 deaths have been reported in the EU/EEA and the UK: United Kingdom (46 413), Italy (35 187), France (30 312), Spain (28 500), Belgium (9 861), Germany (9 183), Netherlands (6 153), Sweden (5 766), Romania (2 566), Poland (1 774), Ireland (1 768), Portugal (1 743), Austria (719), Denmark (617), Hungary (600), Bulgaria (424), Czechia (390), Finland (331), Norway (256), Greece (210), Croatia (155), Luxembourg (119), Slovenia (118), Lithuania (81), Estonia (63), Latvia (32), Slovakia (29), Cyprus (19), Iceland (10), Malta (9) and Liechtenstein (1).

EU:

As of 7 August 2020, 1 474 116 cases and 136 729 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 constituted 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 meetings 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

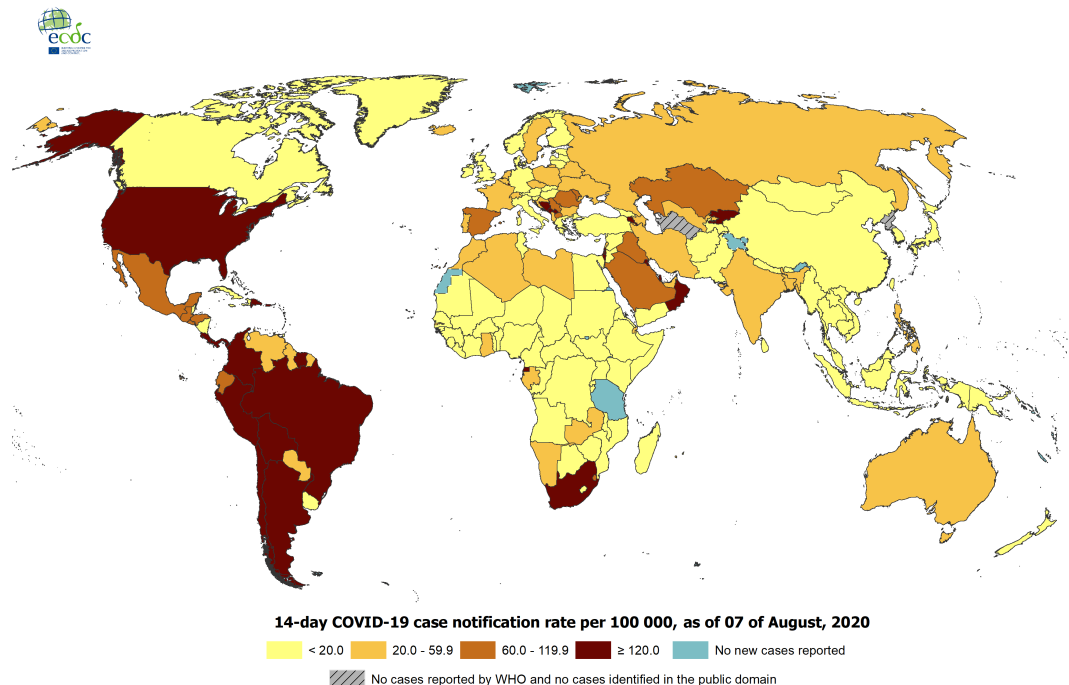
Information on the COVID-19 situation and a risk assessment can be found on [ECDC's website](#).

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 7 August 2020

Source: ECDC



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

Date of production: 07/08/2020

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

Opening date: 20 May 2020

Latest update: 7 August 2020

Epidemiological summary

Between 31 July and 6 August 2020, no cases were reported by the EU Member States or the EU neighbouring countries. However, Greece gave notification of the death of a case reported in recent weeks. It is the first death of the season linked to WNV infection.

Since the beginning of the 2020 transmission season and as of 6 August 2020, EU Member States have reported 12 human cases of WNV infection: Greece (10 cases, including one death) and Romania (two cases). All cases were reported from areas that have been affected during previous transmission seasons. No cases have been reported from EU neighbouring countries.

During the current transmission season, one outbreak has been reported in equids by Portugal and no outbreaks have been reported in birds through the Animal Disease Notification System of the European Commission.

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

Sources: TESSy | Animal Disease Notification System

ECDC assessment

Human WNV infections have been reported in two EU Member States where seasonal circulation of the virus is reported every year. 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.

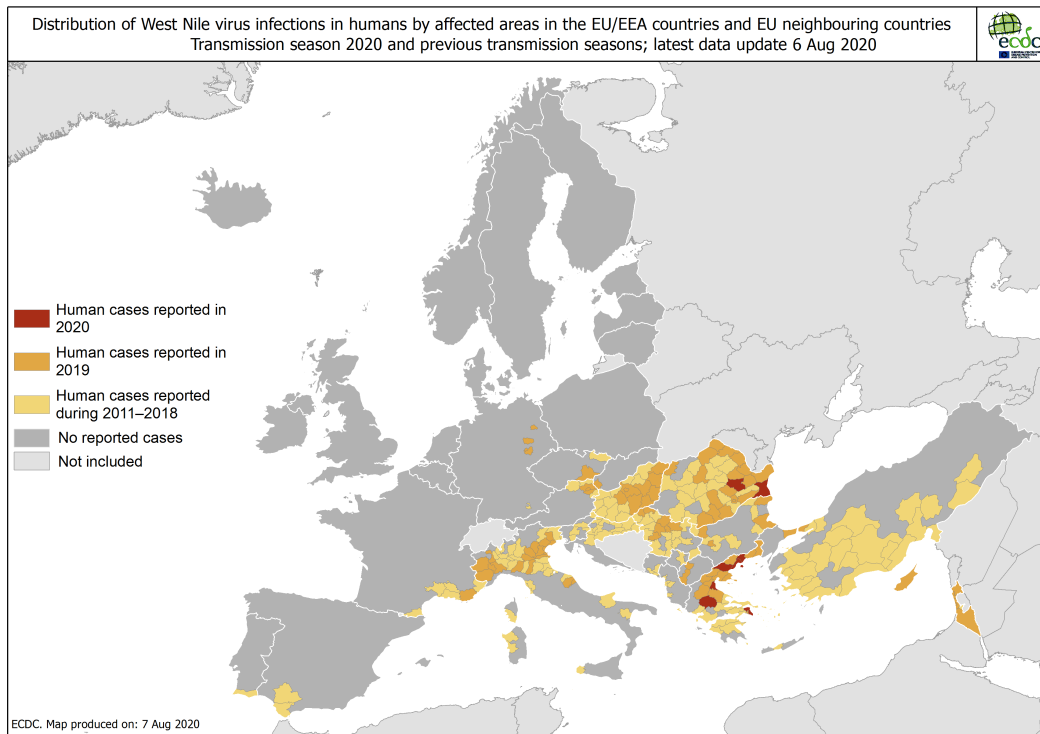
Actions

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

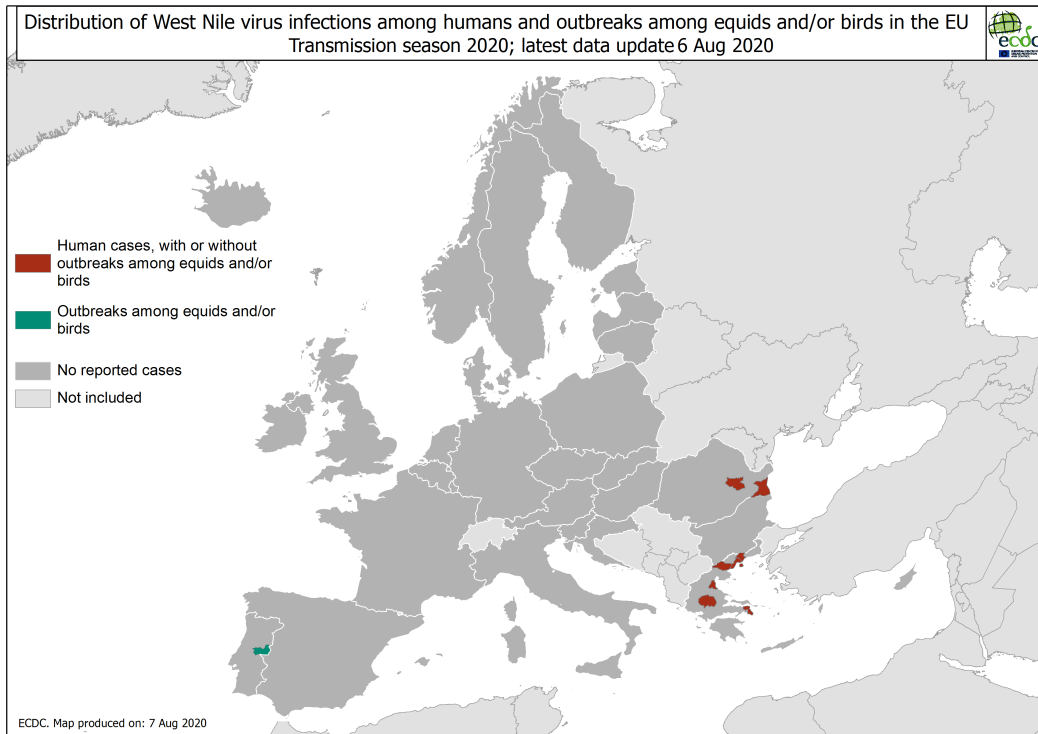
Distribution of West Nile virus infections in humans by affected areas as of 6 August 2020

Source: ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the European Union as of 6 August 2020

Source: ECDC and ADNS



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

Opening date: 23 June 2020

Latest update: 7 August 2020

Epidemiological summary

As of 6 August 2020, in EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low. For the next five days it is considered generally to be very low, to low, except in Rauma, south-west Finland, Åland, Helsinki and Kymenlaakso region (Finland); Saaremaa and Hiiumaa (Estonia), Gulf of Riga (Estonia and Latvia), Klaipeda (Lithuania), Gdansk Bay (Poland), Mecklenburg-Western Pomerania and Schleswig-Holstein (Germany), Øresund/Øresund Strait (Denmark and Sweden) and Kalmar Strait (Sweden) where the risk is considered to be medium-to-high.

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

Sources: [ECDC](#) | [National Environmental Satellite, Data and Information Service](#)

Please note that this model has been calibrated to the Baltic Region in Northern Europe and might not apply to other worldwide settings prior to validation. For the Baltic Sea, the model parameters to be used in the map are the following values: number colour bands (20) scale method linear, legend range minimum value (0), and maximum value (28).

ECDC assessment

Elevated SSTs in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content. These *Vibrio* species can cause vibriosis infections, particularly *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*.

In the past, vibriosis in humans caused by these species in the Baltic region has occurred during hot summer months, particularly when SSTs were elevated (above 20 degrees Celsius). The most common clinical manifestations are gastroenteritis with nausea, vomiting and diarrhoea, wound infections when a cut has been exposed, infected wounds or abrasions due to contaminated

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seawater, primary septicaemia and otitis externa. In addition to contracting vibriosis through contact with natural bodies of water, especially marine or estuarine water, other risk factors for illness include the consumption of shellfish, particularly raw oysters.

Actions

ECDC is monitoring this threat on a weekly basis during the summer of 2020 and reports on increased environmental suitability for growth of *Vibrio* species.

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

Opening date: 4 June 2020

Latest update: 7 August 2020

Epidemiological summary

Since the start of the outbreak and as of 4 August 2020, a total of 74 cases (70 confirmed, four probable), including 32 deaths, have been reported from Bikoro (22), Bolomba (13), Iboko (4), Ingende (4), Lolanga Mampoko (1), Lotumbe (5), Mbandaka (23) and Wangata (2) health zones in Equateur province in the DRC.

Since the beginning of the vaccination campaign with rVSV-ZEBOV-GP on 5 June 2020, 19 956 people have been vaccinated.

Background: From May to July 2018, the [9th Ebola outbreak](#) in the DRC occurred in Mbandaka, Bikoro and in the Equateur province, leading to a total of 54 cases, including 33 deaths. According to WHO, the current event seems to be separate from the [10th Ebola outbreak](#) in the eastern part of the country, which resulted in 3 470 cases, including 2 287 deaths and was declared over on 25 June 2020. [Sequencing](#) results confirm the new outbreak as a separate spill-over event. This is the DRC's [11th outbreak](#) of Ebola virus disease since 1976 when the virus was first discovered.

In addition to Ebola outbreaks, the country is currently affected by other major outbreaks such as COVID-19, measles, cholera, monkeypox, polio and the bubonic plague.

Sources: [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 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 on. Response measures can be challenging amid the other outbreaks ongoing in the country. The overall risk to the EU/EEA is very low, especially with the current travel limitations.

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

Actions

ECDC is monitoring this event through epidemic intelligence. On 25 May 2018, ECDC published a rapid risk assessment on the ninth outbreak in DRC: [Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, First update](#).

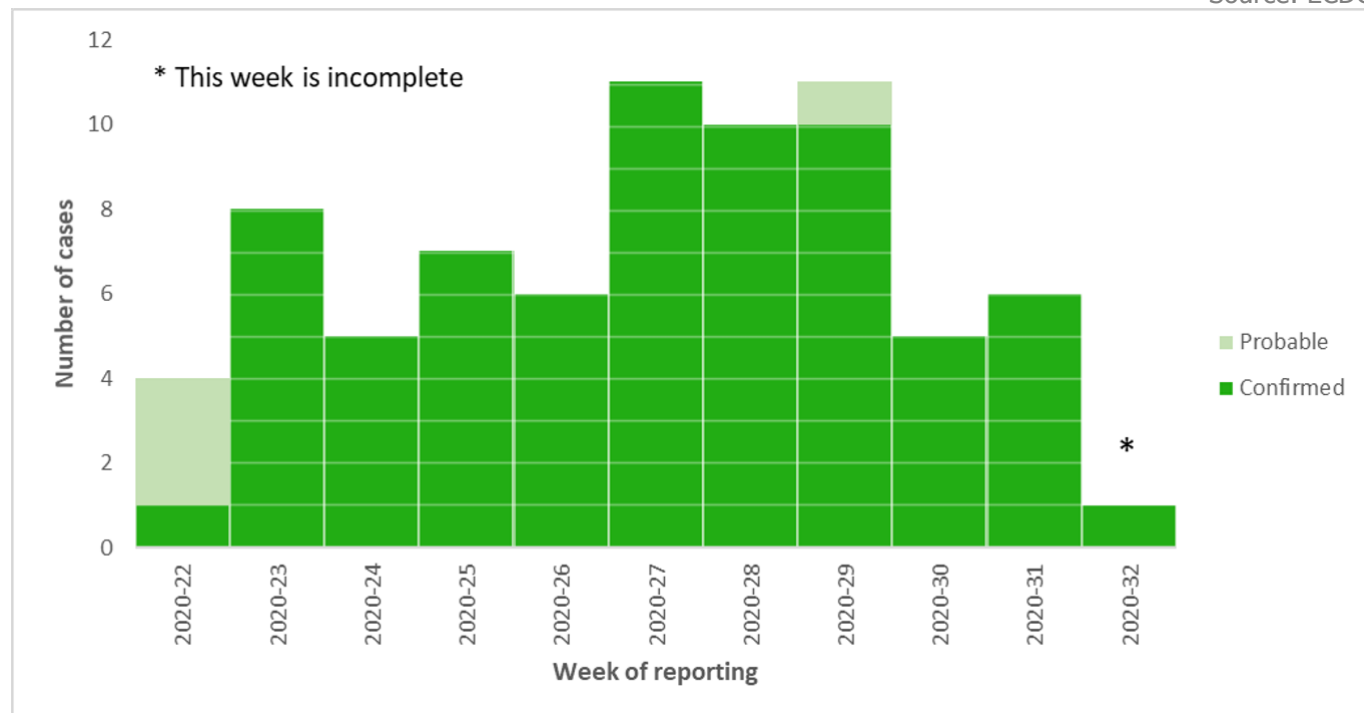
Distribution of Ebola Virus Disease cases in Equateur Province, Democratic Republic of the Congo, as of 4 August 2020

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	70	4	74	32	
Equateur	70	4	74	32	
Bikoro	22	0	22	11	
Bolomba	13	0	13	1	
Iboko	4	0	4	1	
Ingende	4	0	4	1	ACTIVE
Lolango-Mampoko	1	0	1	0	ACTIVE
Lotumbe	5	0	5	1	
Mbandaka	19	4	23	16	
Wangata	2	0	2	1	
Cumulative Total	70	4	74	32	

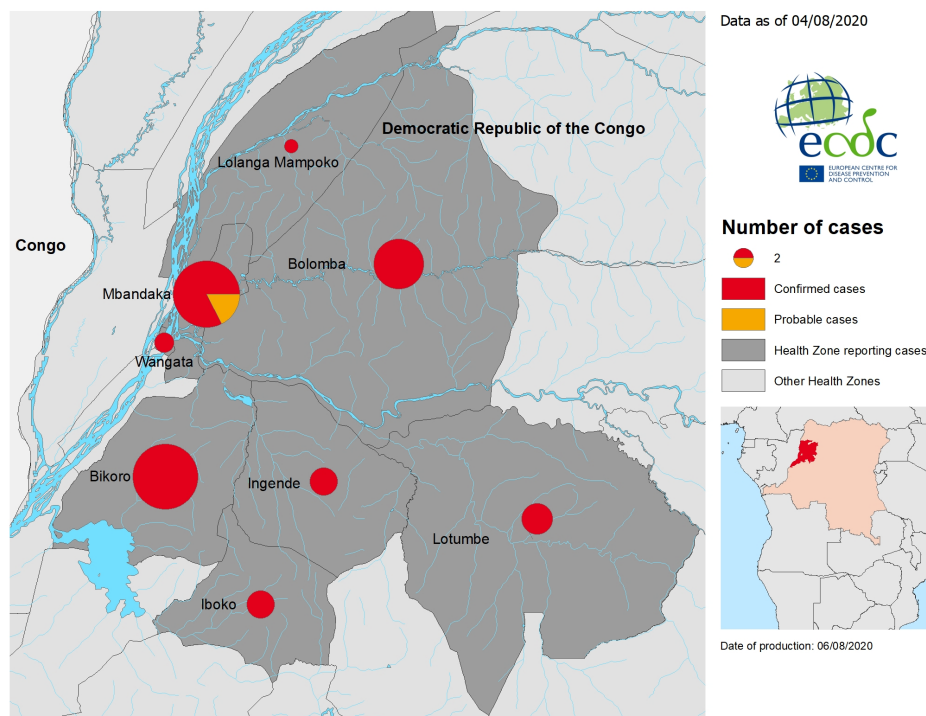
Distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, by week of reporting and as of 4 August 2020

Source: ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 4 August 2020

Source: ECDC



Influenza A(H3N2) variant virus – Hawaii, United States – 2020

Opening date: 30 July 2020

Latest update: 7 August 2020

Epidemiological summary

On 25 July 2020, the Hawaiian authorities reported a human infection with influenza A(H3N2) variant virus (A[H3N2]v). The patient, who is a child, was not hospitalised and has recovered.

This is the first influenza A(H3N2)v virus infection identified in the United States since 2018.

The investigation is ongoing into the source of the patient's infection. No human-to-human transmission has been identified and no exposure to swine has been reported to date.

Source: [US CDC](#) | [Outbreak News Today](#)

ECDC assessment

The occurrence of human infection with influenza A(H3N2)v transmitted from swine to humans is not unexpected and has been observed in the past as a result of close contact between people and swine (e.g. during pig fairs in the US). Human cases should be closely monitored and contacts of cases investigated for probable human-to-human transmission. Viral sequence information should be made available for assessment and other follow-up measures (e.g. review of the detection systems).

Actions

ECDC will continue to monitor this event and will report again if epidemiological updates become available.

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

Opening date: 9 December 2019

Latest update: 7 August 2020

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Epidemiological summary

Summary:

Wild poliovirus: Overall in 2020 and as of 28 July 2020, 94 cases have been reported from two endemic countries: Pakistan (60) and Afghanistan (34).

Circulating vaccine-derived poliovirus (cVDPV): Overall in 2020 and as of 28 July 2020, one case of cVDPV1 has been reported by Malaysia. In addition, 235 cases of cVDPV2 have been reported from 18 countries: Pakistan (52), Chad (49), Afghanistan (29), Democratic Republic of the Congo (20), Cote D'Ivoire (19), Ethiopia (14), Ghana (11), Togo (9), Burkina Faso (9), Guinea (8), Niger (4), Cameroon (3), Angola (3), Benin (1), Central African Republic (1), Mali (1), Nigeria (1), and the Philippines (1). No cases of cVDPV3 have been 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. As part of 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 the report of the European Regional Commission for Certification of Poliomyelitis Eradication dated May 2019, 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 two countries shows that there is still a 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.

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

Opening date: 24 September 2012

Latest update: 7 August 2020

Epidemiological summary

From 1 January 2020 to 4 August 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),

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Asir (7), Eastern Province (6) and Makkah (6).

Since April 2012 and as of 2 July 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 MERS-CoV current 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.

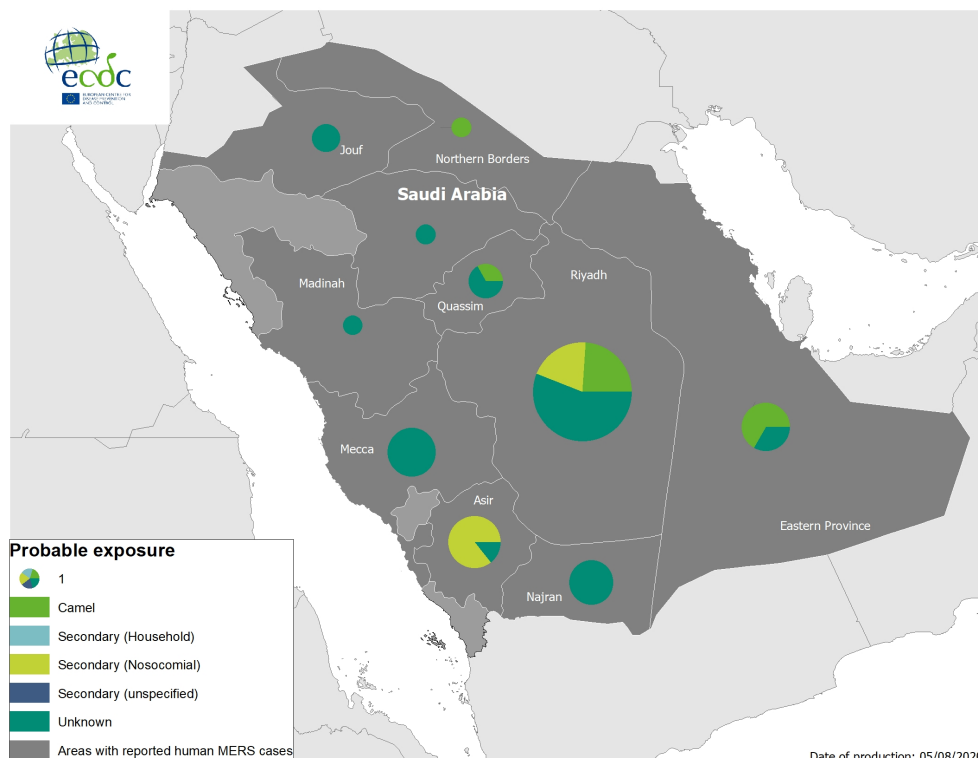
ECDC has published a technical report on '[Health emergency preparedness for imported cases of high-consequence infectious diseases](#)' in October 2019, which will be useful for EU Member States that want to assess their level of preparedness for a disease such as MERS. ECDC has published '[Risk assessment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

Actions

ECDC monitors this threat through epidemic intelligence and reports on a monthly basis.

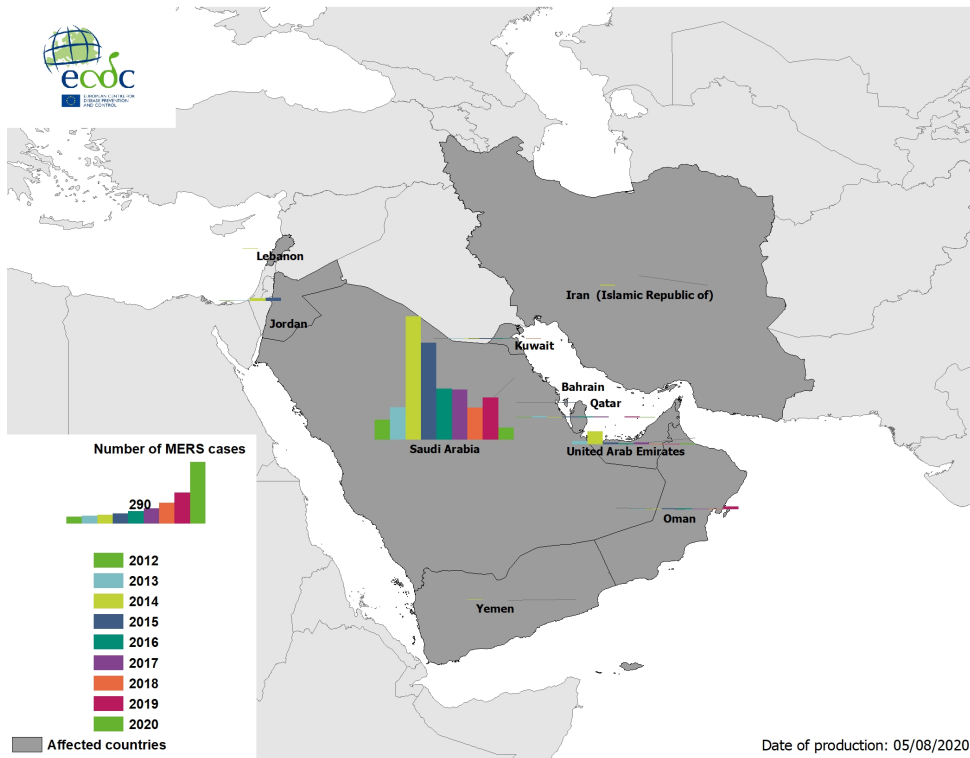
Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012 – 4 August 2020

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2019 to 4 August 2020

Source: ECDC



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