

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: 6 March 2020

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

→Update of the week

Six Member States and areas reported high influenza intensity and 14 other Member States reported medium intensity levels. The remaining Member States and areas reported low or baseline intensity levels. Geographically, widespread influenza activity was reported by the majority of Member States and areas across the Region.

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

Opening date: 7 January 2020

Latest update: 6 March 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common exposure in 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 2019 (COVID-19) constitutes a PHEIC, accepting the Committee's advice and issuing temporary recommendations under the IHR.

→Update of the week

Since 29 February 2020 and as of 6 March 2020, 14 806 cases of coronavirus disease 2019 (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 528 deaths.

Since the last CDTR published on 28 February, 31 new countries reported cases:

Andorra, Argentina, Armenia, Azerbaijan, Bhutan, Bosnia and Herzegovina, Chile, the Czech Republic, the Dominican Republic, Ecuador, Hungary, Iceland, Indonesia, Ireland, Jordan, Latvia, Liechtenstein, Luxembourg, Mexico, Monaco, Morocco, Palestine*, Poland, Portugal, Qatar, Saudi Arabia, Senegal, Slovenia, South Africa, Tunisia, and Ukraine.

During the same period, in the EU/EEA and the UK, 4 738 cases, including 140 deaths, have been reported in 27 countries. More details are available [here](#).

** This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.*

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 6 March 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 affects 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 this 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, the Committee decided that the outbreak still constitutes a PHEIC.

→Update of the week

Since the previous CDTR and as of 3 March 2020, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported no additional confirmed cases. During the same period, no deaths were reported among confirmed cases.

No new cases have been reported in more than two weeks, with the last case reported on 17 February 2020 in Beni.

On 3 March 2020, the last case under treatment was [discharged](#) from the ETC in Beni.

Since the start of the vaccination campaign on 8 August 2018, 299 330 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.

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

Opening date: 24 September 2012

Latest update: 6 March 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 toward 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 CDTR published on 7 February 2020 and as of 2 March 2020, [Saudi Arabia](#) and [Qatar](#) have reported new cases with date of onset in 2020.

Since the beginning of 2020 and as of 2 March, Saudi Arabia has reported 34 cases, including seven deaths, which is an increase of 18 cases and four deaths since the last update. From these 34 cases, 29 were primary cases, five of whom reported contact with camels, and five were nosocomial cases.

So far, nine of 13 regions of Saudi Arabia reported cases in 2020, and of these, Eastern Province, Hail, Makkah, Najran, and Riyadh have reported cases in the last seven days.

On 18 February 2020, Qatar also reported a case of MERS-CoV.

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

Opening date: 9 December 2019

Latest update: 6 March 2020

Global public health efforts are continuing to eradicate polio by immunising every child until transmission of the virus has stopped and the world becomes polio-free. Polio was declared a public health emergency of international concern (PHEIC) by WHO on 5 May 2014 due to concerns over the increased circulation and international spread of wild poliovirus in 2014. On 7 January, the twenty-third meeting of 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) and recommended the extension of Temporary Recommendations for three months more.

In June 2002, the WHO European Region was officially declared polio-free.

→Update of the week

Since the last polio update published on 4 February 2020 and as of 25 February 2020, the following cases have been reported:

Wild poliovirus:

Twelve cases of wild poliovirus type 1 have been reported, all from Pakistan. Of these cases, 10 had onset of symptoms in 2020 and two in 2019.

Circulating vaccine-derived poliovirus (cVDPV):

No new cases of cVDPV1 have been reported.

Thirty new cases of cVDPV2 have been reported in Ethiopia (8), Ghana (8), Angola (4), Pakistan (3), Democratic Republic of Congo (2), Togo (2), the Philippines (1), Nigeria (1) and Benin (1).

Of these cases, ten had onset of symptoms in 2020 in Pakistan (3), Ghana (2), Ethiopia (2), the Philippines (1), Togo (1) and Nigeria (1). The remaining cases had onset of symptoms in 2019.

II. Detailed reports

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 6 March 2020

Epidemiological summary

Week 9/2020 (24 February - 1 March 2020)

Influenza activity remained elevated, with six Member States and areas reporting high activity and 14 countries reporting medium influenza intensity. Geographically, widespread influenza activity was reported by the majority of Member States and areas across the Region.

Of the sampled individuals who presented with influenza-like illness (ILI) or acute respiratory infection (ARI) to sentinel primary healthcare sites, 44% tested positive for influenza viruses; this is consistent with the previous week.

Both influenza virus types A and B were co-circulating in sentinel source specimens, with a higher proportion (60%) of type A viruses detected. Of the type A detections, A(H1N1)pdm09 viruses were the most common (52%). Of the influenza B viruses, the vast majority were B/Victoria lineage.

The distribution of viruses detected varied between Member States and areas and within sub-regions. Of 31 reports from across the Region, 18 reported dominance of type A viruses, seven reported co-dominance of types A and B viruses and six reported dominance of type B viruses.

Pooled estimates of all-cause mortality from 21 countries or regions reporting to the [EuroMOMO](#) project show normal expected levels of mortality.

2019–2020 season overview

For the Region as a whole, influenza activity commenced earlier than in recent years and, based on sentinel sampling, exceeding a positivity rate of 10% in week 47/2019. The positivity rate peaked in week 05/2020 at 55%.

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

Interim estimates of 2019–2020 seasonal influenza vaccine effectiveness from four studies in the northern hemisphere are available. Vaccination remains the best possible method for prevention of influenza and/or reducing the risk of serious complications. Member States should continue encourage vaccination while influenza viruses continue to circulate in the community.

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.

ECDC and WHO Regional Office published a joint Regional Situation Assessment for the 2019–2020 influenza season up to week 49/2019, which focused on disease severity and impact on healthcare systems to assist forward planning in Member States.

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

ECDC assessment

Influenza activity remains high in the majority of Member States. In March 2019, WHO published [recommendations](#) for the composition of influenza vaccines to be used in the 2019–2020 northern hemisphere season. Influenza vaccination for the 2019–2020 season should be promoted because vaccine coverage among the elderly, chronic disease risk groups and healthcare workers is sub-optimal in most EU Member States, according to the [VENICE report](#). 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 from week 40/2019 to week 20/2020.

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

Opening date: 7 January 2020

Latest update: 6 March 2020

Epidemiological summary

Since 31 December 2019 and as of 6 March 2020, 98 171 cases of COVID-19 (in accordance with the applied case definitions in the affected countries) have been reported, including 3 385 deaths.

Cases have been reported in the following continents:

Africa: Algeria (17), Senegal (4), Egypt (3), Morocco (2), Nigeria (1), South Africa (1) and Tunisia (1).

Asia: China (80 667), South Korea (6 284), Iran (3 513), Japan (349), Singapore (117), Kuwait (58), Bahrain (52), Malaysia (50), Thailand (47), Taiwan (44), Iraq (38), India (29), United Arab Emirates (29), Israel (17), Lebanon (16), Oman (16), Vietnam (16), Qatar (8), Palestine* (7), Pakistan (5), Saudi Arabia (5), Philippines (3), Indonesia (2), Afghanistan (1), Bhutan (1), Cambodia (1), Jordan (1), Nepal (1) and Sri Lanka (1).

America: United States (233), Canada (45), Ecuador (13), Brazil (8), Mexico (5), Chile (4), Argentina (2), and Dominican Republic (1).

Europe: Italy (3 858), France (423), Germany (400), Spain (261), United Kingdom (115), Switzerland (87), Norway (86), Netherlands (82), Sweden (61), Belgium (50), Austria (41), Iceland (35), Greece (32), San Marino (22), Denmark (20), Ireland (13), Czech Republic (12), Finland (12), Croatia (10), Georgia (9), Portugal (9), Azerbaijan (6), Belarus (6), Romania (6), Slovenia (6), Estonia (5), Russia (4), Bosnia and Herzegovina (2), Hungary (2), Andorra (1), Armenia (1), Latvia (1), Liechtenstein (1), Lithuania (1), Luxembourg (1), Monaco (1), North Macedonia (1), Poland (1) and Ukraine (1).

Oceania: Australia (59) and New Zealand (4).

Other: International conveyance in Japan (705).

As of 6 March 2020, 5 544 cases have been reported in the EU/EEA and the UK: Italy (3 858), France (423), Germany (400), Spain (261), United Kingdom (115), Norway (86), Netherlands (82), Sweden (61), Belgium (50), Austria (41), Iceland (35), Greece (32), Denmark (20), Ireland (13), Czech Republic (12), Finland (12), Croatia (10), Portugal (9), Romania (6), Slovenia (6), Estonia (5), Hungary (2), Latvia (1), Liechtenstein (1), Lithuania (1), Luxembourg (1) and Poland (1).

As of 6 March 2020, 159 deaths have been reported in the EU/EEA and the UK: Italy (148), France (7), Spain (3) and United Kingdom (1).

In the EU/EEA and the UK:

29 Feb 2020

Iceland: [Authorities](#) in Iceland reported the first case of COVID-19 in the country. The case had a travel history to Italy.

Italy: As of 29 February 2020, [Italian authorities](#) reported 888 cases of COVID-19 and 21 deaths in total. This represents an increase of 238 new cases since yesterday. Cases were reported from Lombardy, Veneto, Emilia Romagna, Liguria, Lazio, Tuscany, Marche, Sicily, Piedmont, Campania, Abruzzo, Puglia, Calabria and Trentino Alto Adige.

Norway: [Norwegian health authorities](#) reported two additional cases of COVID-19. According to the website of the [university hospital in Oslo](#), one of the cases was an employee of the eye department. Authorities are tracing contacts.

Spain: Spanish health authorities reported nine additional cases of COVID-19. In total there are 34 cases in Spain. The cases were reported from the Valencian community (9), Madrid (5), the Canary Islands (6), Catalonia (3), the Balearic Islands (1), Andalusia (7), Aragon (1) and Castilla y Leon (2).

Sweden: [Swedish health authorities](#) reported five additional cases of COVID-19 bringing the country's total to twelve.

1 Mar 2020

[Irish health authorities](#) reported the first case of COVID-19 in the country. According to media reports, the case had a travel history to Italy.

Italy: As of 1 March 2020, [Italian authorities](#) reported 1 128 cases of COVID-19 and 29 deaths in total. This is an increase of 240 new cases since yesterday. Cases were reported from Lombardy, Veneto, Emilia Romagna, Liguria, Lazio, Tuscany, Marche, Sicily, Piedmont, Campania, Abruzzo, Puglia, Calabria and Trentino Alto Adige.

Luxembourg: According to [media](#) reports citing authorities, Luxembourg reported the first case of COVID-19 in the country. According to [media reports](#), the case had a travel history to Italy.

France: [French health authorities](#) reported 43 additional cases of COVID-19 bringing the total to 100.

Germany: According to health authorities of the German federal states, there are a total of 111 cases of COVID-19 in the country. This is an increase of 54 cases since yesterday.

2 Mar 2020

Czech Republic: [Czech authorities](#) reported its first three cases of COVID-19.

France: [French authorities](#) banned all events in confined spaces with more than 5 000 persons. A total of 130 cases of COVID-19 have been confirmed in France. According to [media reports](#), nine of the cases are in severe condition.

Italy: As of 2 March 2020, [Italian authorities](#), reported 1 689 cases of COVID-19 and 35 deaths in total. This is an increase of 561 new cases since yesterday.

Germany: German health [authorities](#) reported a total of 129 cases of COVID-19. The cases were reported from North Rhine-Westphalia, Bavaria, Baden-Wuerttemberg, Hessen, Schleswig-Holstein, Lower Saxony, Rhineland-Palatinate, Bremen and Hamburg.

3 Mar 2020

Portugal: Portugal reported its first two cases of COVID-19. Both cases had travel history, one to Italy and one to Spain.

Latvia: According to [Latvian authorities](#) the first case of COVID-19 has been reported in the country. The case has travel history to Italy.

France: [French authorities](#) have reported a total of 178 cases of COVID-19 and a total of three deaths. This is an increase of 48 new cases and one additional death. After Italy, France is the country reporting the most cases in Europe.

Italy: As of 3 March 2020, [Italian authorities](#) reported 1 835 cases of COVID-19 and 52 deaths in total. This is an increase of 146 cases and 17 deaths since yesterday.

Germany: [German health authorities](#) reported a total of 157 cases of COVID-19.

4 Mar 2020

Ukraine: [Ukrainian authorities](#) reported the first case of COVID-19 in the country.

Poland: [Polish authorities](#) reported the first case of COVID-19 in the country.

Italy: [Italy](#) reported 2 502 cases of COVID-19 and 80 deaths in total. This is an increase of 667 cases and 28 deaths since yesterday.

France: [French authorities](#) have reported a total of 212 cases of COVID-19 and a total of 4 deaths. This is an increase of 34 new cases and one additional death. After Italy, France is the country reporting the most cases in Europe.

Germany: As of 4 March, [German health authorities](#) reported 39 additional cases of COVID-19 and a total of 196 cases.

Spain: [Spanish authorities](#) reported 37 additional cases of COVID-19 and a total of 151 cases.

5 Mar 2020

Hungary: [Hungary](#) is reporting the first two cases. According to [media](#) reports the cases are two Iranian citizens studying in Hungary.

Slovenia: [Slovenian authorities](#) are reporting the first case of COVID-19 in the country. The patient had a travel history to Morocco and Italy.

Italy: [Italy](#) reported 3 089 cases of COVID-19 and 107 deaths. This is an increase of 587 cases and 27 deaths since yesterday.

France: [France](#) reported 285 cases of COVID-19 and 4 deaths. This is an increase of 73 cases since yesterday.

Germany: [Germany](#) reported 262 cases of COVID-19 and no death. This is an increase of 66 cases since yesterday.

Liechtenstein: [Health authorities](#) are reporting the first case of COVID-19 in Liechtenstein.

6 Mar 2020

Italy: [Italy](#) reported 3 858 cases of COVID-19 and 148 deaths. This is an increase of 769 cases and 41 deaths since yesterday.

France: [France](#) reported 423 cases of COVID-19 and 7 deaths. This is an increase of 138 cases and 3 deaths since yesterday.

Germany: [Germany](#) reported 400 cases of COVID-19 and no death. This is an increase of 138 cases since yesterday.

Other updates:

29 Feb 2020

Azerbaijan: [Authorities in Azerbaijan](#) reported the first case of COVID-19 in the country.

Mexico: [Mexican authorities](#) reported the first two cases of COVID-19 in the country.

Monaco: [Authorities](#) in Monaco reported the first case of COVID-19 in the country.

Switzerland: [Swiss authorities](#) banned large-scale events involving more than 1000 people. The ban came into immediate effect and will apply at least until 15 March 2020.

[The World Health Organisation](#) (WHO) increased the assessment of the risk of spread and the risk of impact of COVID-19 to 'very high at a global level'.

WHO published the [report](#) of the WHO-China joint mission on COVID-19.

1 Mar 2020

Global: [Armenia](#), [Ecuador](#) and [Qatar](#) reported cases for the first time.

2 Mar 2020

Global: The [Dominican Republic](#) and [Indonesia](#) reported cases for the first time.

China: According to a study on 1 099 cases of COVID-19 in China published on 28 February 2020 in the [New England Journal of Medicine](#), 5.0% of patients were admitted to the ICU and 1.4% died.

China/WHO: WHO published the [report](#) of the WHO-China joint mission on COVID-19.

3 Mar 2020

Andorra: [Health authorities](#) in Andorra reported the first case of COVID-19 in the country.

Global: According to WHO, Senegal, Morocco, Tunisia, Saudi Arabia and Jordan have reported confirmed cases of COVID-19 for the first time.

4 Mar 2020

Chile: [Chilean authorities](#) confirmed the first case of COVID-19 in the country. The case has a travel history to south-east Asia, including Singapore.

Argentina: [Argentinian authorities](#) confirmed the first case of COVID-19. The case has a travel history to Italy.

5 Mar 2020

On 4 March 2020, the [European Defence Agency \(EDA\)](#) reported a case of COVID-19 in a staff member. The staff member had onset of symptoms on 29 February 2020, tested positive and has been at home in self-isolation since symptoms appeared on 29 February 2020. The person has reported very light symptoms and has not returned to the agency since. EDA asked the case as well as a few other staff members who were in close contact with the case four days before the onset of symptoms to self-isolate for 14 days.

6 Mar 2020

Bhutan: On 6 March, [authorities](#) reported the first case in the country. The case is a tourist from the United States.

Bosnia and Herzegovina: On 5 March, [authorities](#) reported the first two cases in the country. Both cases were locally acquired.

Palestine*: On 5 March, [authorities](#) reported the first seven cases in the country. All cases had contact with a group of Greek tourists who visited the Bethlehem area in late February and tested positive for COVID-19 upon their return to Greece.

South Africa: On 5 March, [health authorities](#) reported the first case in the country. The case had a travel history to Italy.

** This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue*

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

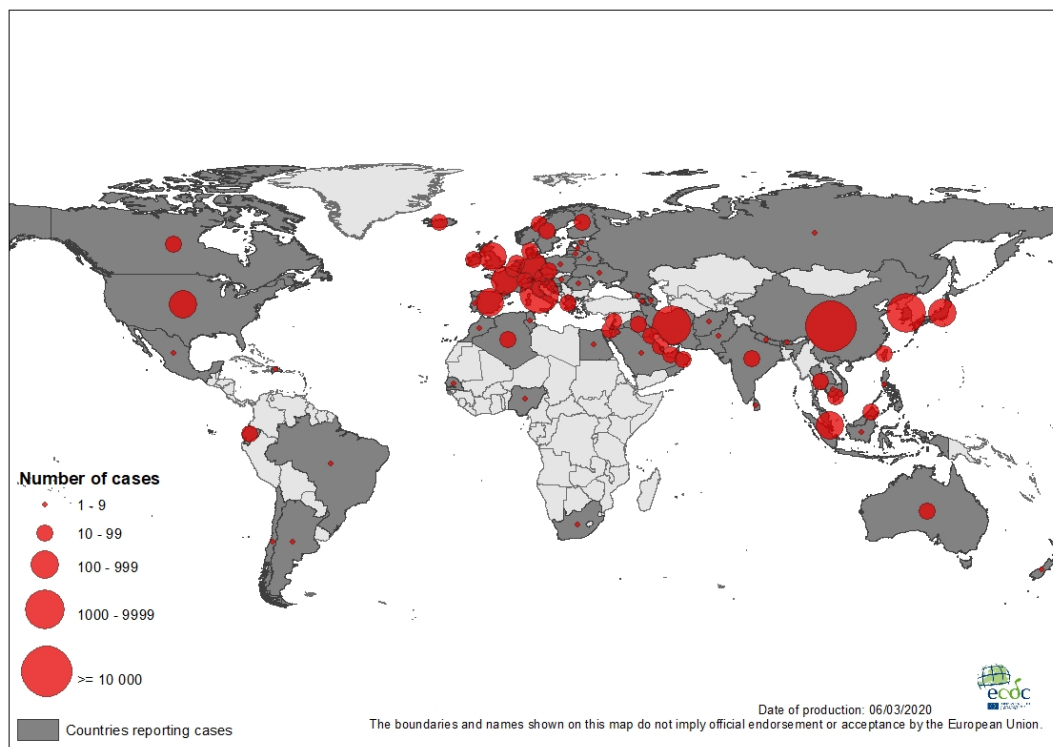
Information on the COVID-19 situation and a risk assessment can be found on the [ECDC website](#).

Actions

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

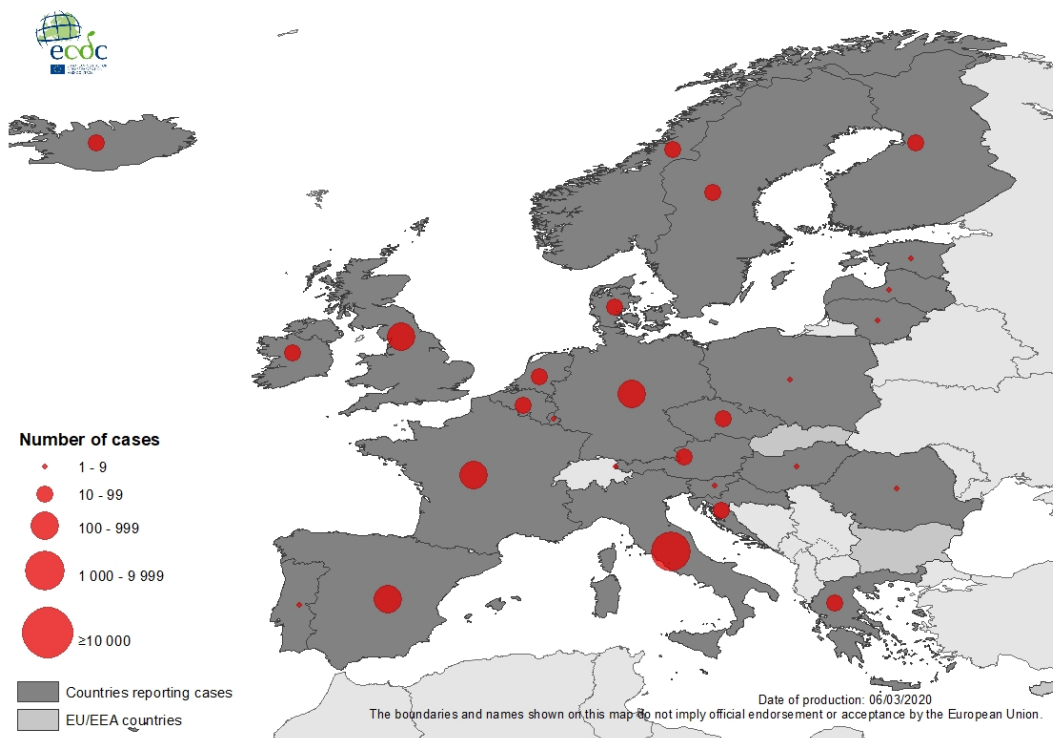
Geographical distribution of COVID-19 cases (in accordance with the applied case definition in the countries), World, as of 6 March 2020

Source: ECDC



Geographical distribution of COVID-19 cases (in accordance with the applied case definition in the countries), EU/EEA and the UK, as of 6 March 2020

Source: ECDC



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

Opening date: 1 August 2018

Latest update: 6 March 2020

Epidemiological summary

Since the beginning of the outbreak and as of 3 March 2020, there have been 3 444 cases (3 310 confirmed, 134 probable) in the Democratic Republic of the Congo (DRC), including 2 264 deaths, according to the Ministry of Health. The only confirmed case reported over the past 21 days has been reported in Beni. As of 3 March 2020, 172 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.

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, 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 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, with few cases being reported, a high level of surveillance remains essential to detect and stop transmission, including secondary transmission events that may arise from exposure to survivor's infected bodily fluids. The overall risk for the EU/EEA remains very low.

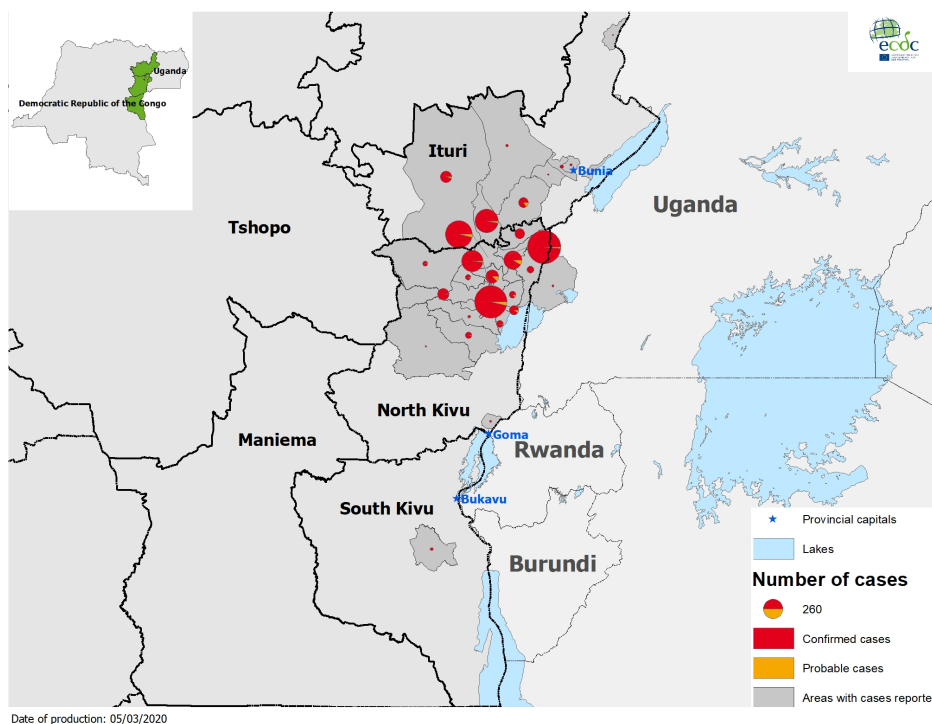
WHO assessment: As of 5 March, the last [WHO assessment](#) concluded that the national and regional risk levels remain high, while global risk levels remain low.

Actions

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

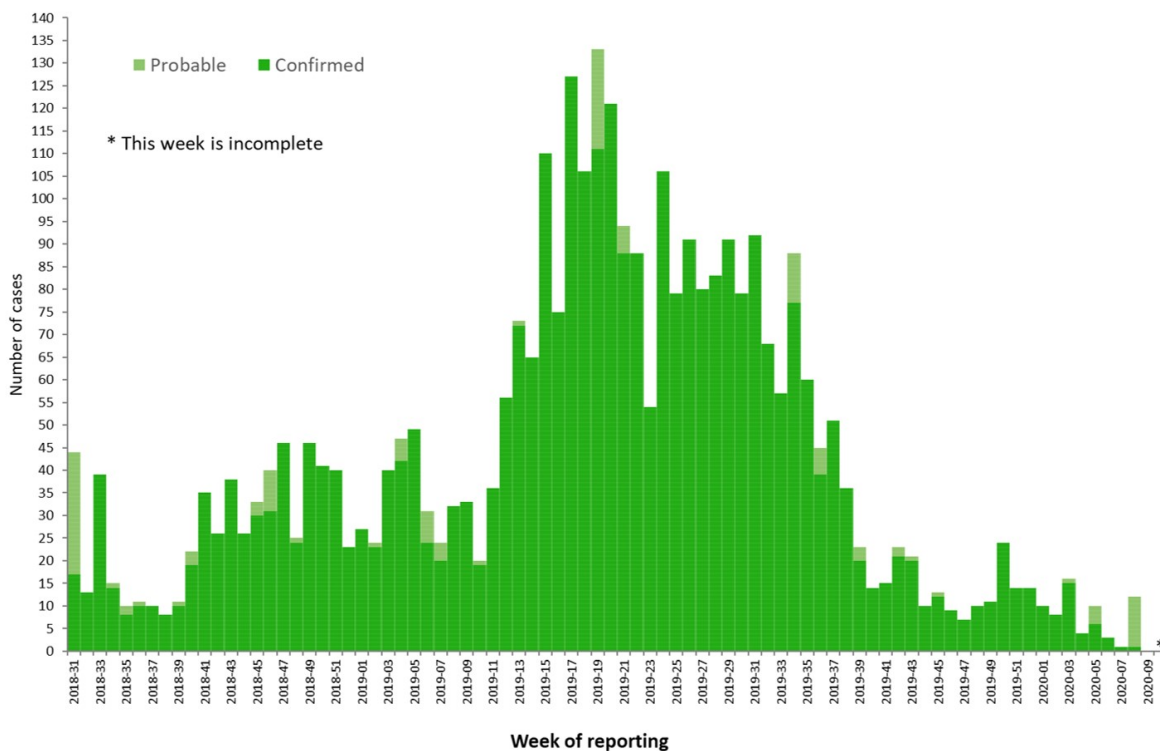
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 3 March 2020

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 3 March 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 3 March 2020

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths
Democratic Republic of the Congo	3310	134	3444	2264
North-Kivu Province	2796	110	2906	1988
Alimbongo	5	1	6	3
Beni	721	9	730	474
Biena	19	2	21	14
Butembo	295	7	302	360
Goma	1	0	1	1
Kalunguta	198	19	217	90
Katwa	653	25	678	496
Kayna	28	1	29	9
Kyondo	25	4	29	19
Lubero	31	2	33	6
Mabalako	463	18	481	352
Manguredjipa	18	1	19	13
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	24	532	273
Ariwara	1	0	1	1
Bunia	4	0	4	4
Komanda	56	10	66	54
Lolwa	6	0	6	1
Mambasa	82	4	86	31
Mandima	347	10	357	176
Nyakunde	2	0	2	1
Rwampara	8	0	8	3
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	3311	134	3445	2265

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

Opening date: 24 September 2012

Latest update: 6 March 2020

Epidemiological summary

From 1 January 2020 to 2 March 2020, 35 MERS-CoV cases have been reported in Saudi Arabia (34) and Qatar (1), including seven deaths. In Saudi Arabia, 29 cases were primary (five of whom reported contact with camels) and six were healthcare-acquired cases. In 2020, 68% of the 34 cases in Saudi Arabia were reported in Riyadh (12), Asir (6) and Eastern Province (5).

Since April 2012 and as of 2 March 2020, 2 554 cases of MERS-CoV, including 924 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.

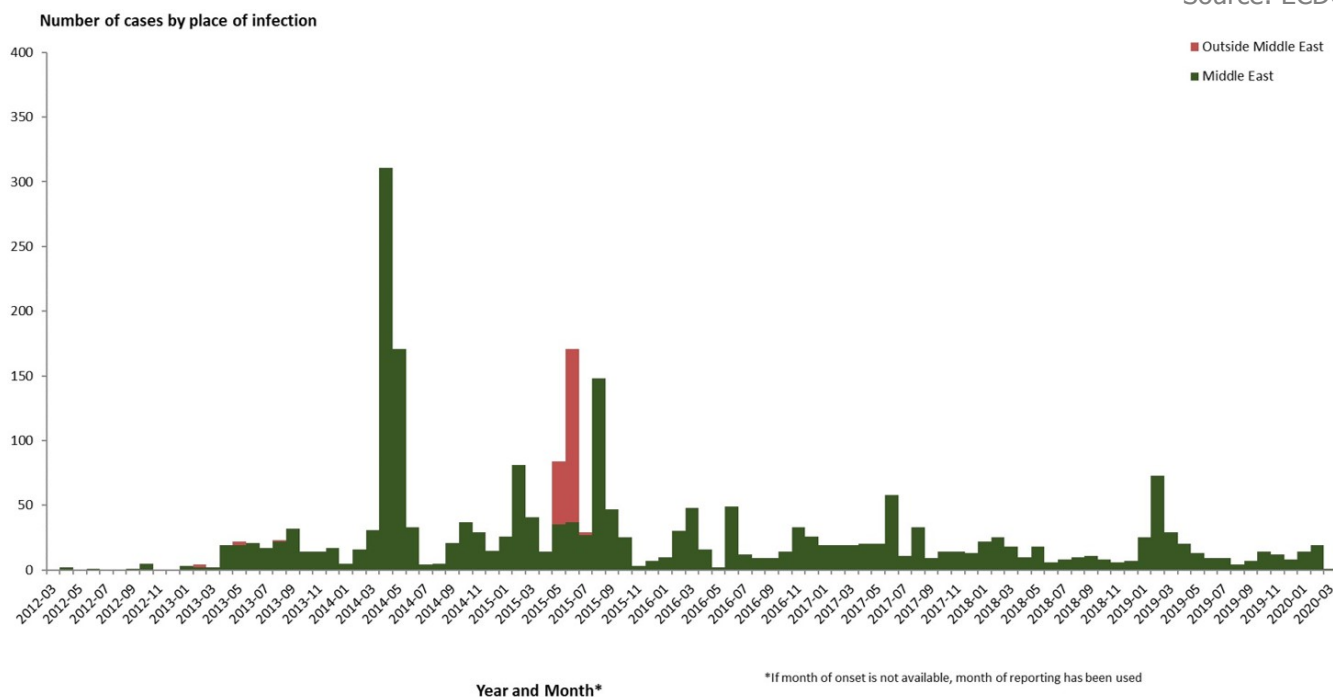
ECDC has published a technical report on '[Health emergency preparedness for imported cases of high-consequence infectious diseases](#)' in October 2019, which will be useful for EU Member States that want to assess their level of preparedness for a disease such as MERS. ECDC has published '[Risk assessment 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.

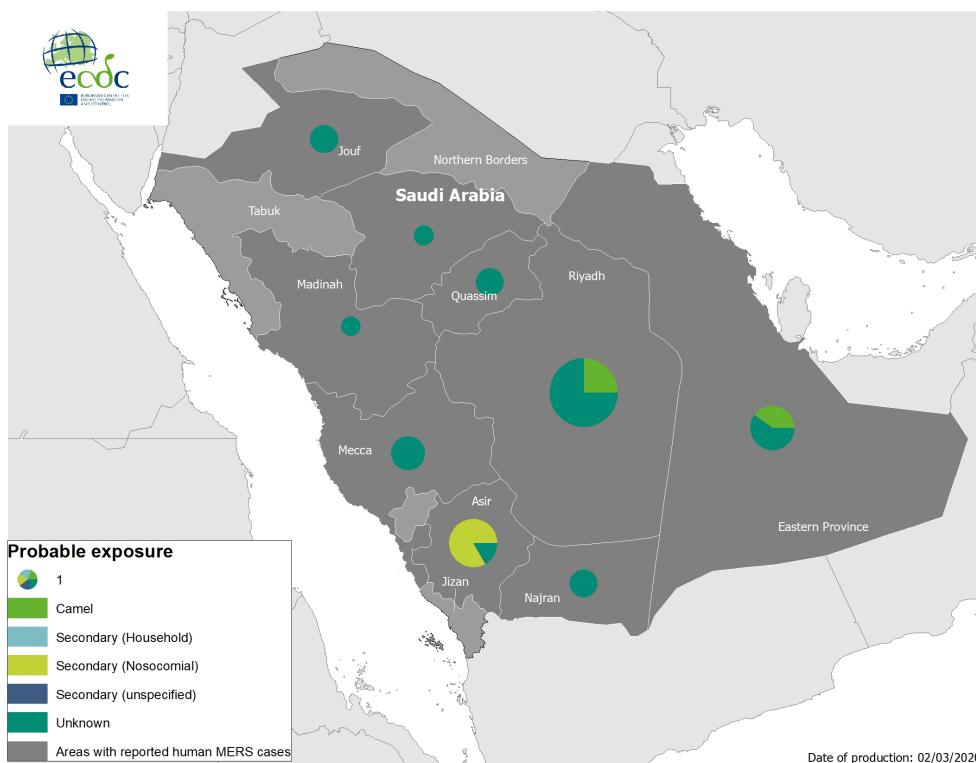
Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012 – 2 March 2020

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2019 to 2 March 2020

Source: ECDC



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

Opening date: 9 December 2019

Latest update: 6 March 2020

Epidemiological summary

Since 2019 and as of 25 February 2020, the following cases have been reported:

Wild poliovirus:

Two endemic countries have reported 175 cases of wild poliovirus type 1: Pakistan (146) and Afghanistan (29) with onset of symptoms in 2019. This is 142 cases more than in 2018 (33).

Additionally 17 cases were reported in Pakistan with onset of symptoms in 2020.

Circulating vaccine-derived poliovirus (cVDPV):

Overall, eleven cases of cVDPV1 have been reported with onset of symptoms in 2019 in Myanmar (6), the Philippines (2) and Malaysia (3).

Overall, 328 cases of cVDPV2 have been reported in 16 countries with onset of symptoms in 2019 from Angola (115), the Democratic Republic of the Congo (84), Pakistan (22), the Central African Republic (20), Nigeria (18), Ghana (18), the Philippines (13), Ethiopia (11), Benin (8), Togo (8), Somalia (3), Chad (3), Zambia (2), China (1), Burkina Faso (1), and Niger (1). Additionally ten had onset of symptoms in 2020 in Pakistan (3), Ghana (2), Ethiopia (2), the Philippines (1), Togo (1) and Nigeria (1).

No cases of cVDPV3 have been reported.

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 as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated. According to WHO, one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high [risk of a sustained polio outbreak](#). According to the same report, an additional 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or emergence of cVDPV due to suboptimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in three countries shows that there is a continued risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in the pockets of under-immunised populations.

[ECDC](#) endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or long-term visitors (> 4 weeks) to countries with potential risk of international spread.

ECDC links: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#)

Actions

ECDC provides updates on the polio situation on a monthly basis. ECDC monitors and reports on polio cases worldwide through epidemic intelligence, in order to highlight polio eradication efforts, and identifies events that increase the risk of wild poliovirus being reintroduced into the EU/EEA.

ECDC maintains an [interactive map](#) showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

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