

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: 13 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 6 March 2020 and as of 12 March 2020, 35 689 cases of coronavirus disease 2019 (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 1 582 deaths.

Since the last CDTR published on 6 March, 32 new countries reported cases:

Albania, Bangladesh, Bulgaria, Cameroon, Colombia, Costa Rica, Cyprus, Holy See, Maldives, Malta, Moldova, Mongolia, Panama, Paraguay, Peru, Serbia, Slovakia, Togo, Brunei Darussalam, Burkina Faso, Democratic Republic of the Congo, Bolivia, Cote d'Ivoire, Cuba, Honduras, Jamaica and Turkey, Gabon, Ghana, Guyana, Saint Vincent and the Grenadines and Trinidad and Tobago.

During the same period, in the EU/EEA and the UK, 22 753 cases, including 1 032 deaths, have been reported for all EU/EEA countries. More details are available [here](#).

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

Opening date: 9 February 2011

Latest update: 13 March 2020

Measles cases in the EU/EEA and UK primarily occur among unvaccinated populations of both adults and children. Outbreaks are ongoing in countries that had previously eliminated or interrupted endemic transmission.

### →Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 11 January 2020, updates have been provided for 22 EU/EEA countries and UK: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Poland, Portugal, Romania, Spain, Slovenia, Sweden, Norway, and UK.

In 2020, the following EU/EEA countries, the UK and Switzerland reported cases: Romania (668), Bulgaria (160), France (87), Spain (63), Italy (52), Belgium (37), UK (31), Germany (27), Switzerland (24), Ireland (13), Poland (13), Portugal (5), Slovenia (5), Denmark (4), Finland (4), Norway (4), Austria (3), Sweden (2), Greece (1), Hungary (1), Lithuania (1).

In 2020, one death has been reported by Bulgaria. In 2019, 10 deaths were reported in the EU/EEA and UK: Romania (5), France (2), Italy (1), Hungary (1) and UK (1).

Relevant updates outside of EU/EEA countries are available for the WHO Regions (AFRO, PAHO, WPRO), Switzerland, Japan, New Zealand, Fiji, Tonga, Samoa and Ukraine.

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.

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.

## Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 13 March 2020

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

### →Update of the week

For the Region overall, influenza activity remained elevated but continued to decline for the fourth consecutive week. High influenza intensity was reported by two Member States and areas and 12 reported medium influenza intensity. Geographically widespread influenza activity was reported by the majority of Member States and areas across the Region.

## Non EU Threats

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

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Opening date: 1 August 2018

Latest update: 13 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 affected North Kivu, South Kivu and Ituri Provinces in the north-east of the country, close to the border with Uganda. In 2019, several imported cases from the Democratic Republic of the Congo were detected in Uganda; however, no autochthonous cases have been reported in the country as of today. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened, and WHO's Director-General later declared that the outbreak met all the criteria for a public health emergency of international concern (PHEIC) under the International Health Regulations. On 18 October 2019, and again on 12 February 2020, the Committee decided that the outbreak still constitutes a PHEIC.

#### →Update of the week

Since the previous CDTR and as of 10 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.

As of 10 March 2020, no new cases have been reported in the past 21 days, with the last case reported in Beni on 17 February 2020. This case recovered and tested negative twice and was subsequently discharged on 3 March 2020. On 9 March 2020, the last 46 contacts ended their follow-up period. WHO [recommends](#) a period of [42 days](#) of enhanced surveillance (two full incubation periods) after the last person tests negative before declaring the end of the outbreak. If no new cases are reported this could be on 12 April 2020. WHO [states](#) that flare-ups of new cases remain a risk, both during this 42-day period and afterwards.

According to WHO, there is an immediate [funding gap](#) of USD 20 million in order to continue operations.

Since the start of the vaccination campaign on 8 August 2018, 300 330 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. Between 14 February and 6 March 2020, 3 684 people were vaccinated with the second dose of this vaccine.

### Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

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Opening date: 30 January 2019

Latest update: 13 March 2020

Animal influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats.

#### →Update of the week

A first case of influenza A(H9N2) has been reported in Senegal. The case, a child in the Ziguinchor region, Senegal, was detected in February 2019 when presented to an outpatient clinic with influenza-like illness. The patient was not hospitalised and recovered. The likely source of infection was indicated as backyard poultry.

## II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 13 March 2020

#### Epidemiological summary

Since 31 December 2019 and as of 13 March 2020, 133 860 cases of COVID-19 (in accordance with the applied case definitions in the affected countries) have been reported, including 4 967 deaths.

#### Cases have been reported in the following continents:

**Africa:** Egypt (80), Algeria (24), South Africa (17), Tunisia (13), Morocco (6), Senegal (6), Burkina Faso (2), Cameroon (2), Ghana (2), Nigeria (2), Cote D'Ivoire (1), Democratic Republic of the Congo (1), Gabon (1) and Togo (1).

**Asia:** China (80 954), Iran (10 075), South Korea (7 979), Japan (675), Qatar (262), Singapore (187), Bahrain (162), Malaysia (158), Israel (96), United Arab Emirates (85), Kuwait (80), India (75), Iraq (74), Thailand (70), Lebanon (66), Saudi Arabia (62), Philippines (52), Taiwan (49), Vietnam (44), Indonesia (34), Palestine\* (30), Brunei Darussalam (25), Pakistan (21), Oman (18), Maldives (8), Afghanistan (7), Cambodia (5), Bangladesh (3), Sri Lanka (3), Bhutan (1), Jordan (1), Mongolia (1) and Nepal (1)

**America:** United States (1 663), Canada (138), Brazil (77), Chile (33), Argentina (31), Panama (27), Costa Rica (23), Peru (22), Ecuador (17), Mexico (16), Colombia (9), Jamaica (6), Paraguay (6), Dominican Republic (5), Bolivia (3), Cuba (3), Honduras (2), Guyana (1), Saint Vincent and the Grenadines (1) and Trinidad and Tobago (1).

**Europe:** Italy (15 113), Spain (3 004), France (2 876), Germany (2 369), Switzerland (854), Denmark (676), Norway (621), Sweden (620), Netherlands (614), United Kingdom (590), Belgium (399), Austria (361), Finland (155), Greece (133), Iceland (117), Czech Republic (116), Slovenia (96), Portugal (78), Ireland (70), San Marino (67), Romania (64), Poland (49), Russia (34), Estonia (27), Luxembourg (26), Croatia (25), Georgia (25), Serbia (24), Albania (23), Bulgaria (23), Belarus (21), Slovakia (21), Hungary (16), Latvia (16), Azerbaijan (13), Bosnia and Herzegovina (11), Malta (9), North Macedonia (9), Armenia (6), Cyprus (6), Moldova (6), Liechtenstein (4), Lithuania (3), Ukraine (3), Turkey (2), Andorra (1), Holy See (1) and Monaco (1).

**Oceania:** Australia (156) and New Zealand (5).

**Other:** international conveyance in Japan (705).

#### EU/EEA and the UK:

As of 13 March 2020, 28 297 cases have been reported in the EU/EEA and the UK: Italy (15 113), Spain (3 004), France (2 876), Germany (2 369), Denmark (676), Norway (621), Sweden (620), Netherlands (614), United Kingdom (590), Belgium (399), Austria (361), Finland (155), Greece (133), Iceland (117), Czech Republic (116), Slovenia (96), Portugal (78), Ireland (70), Romania (64), Poland (49), Estonia (27), Luxembourg (26), Croatia (25), Bulgaria (23), Slovakia (21), Hungary (16), Latvia (16), Malta (9), Cyprus (6), Liechtenstein (4) and Lithuania (3).

As of 13 March 2020, 1 191 deaths have been reported in the EU/EEA and the UK: Italy (1 016), Spain (84), France (61), United Kingdom (10), Germany (5), Netherlands (5), Belgium (3), Austria (1), Bulgaria (1), Greece (1), Ireland (1), Norway (1), Poland (1) and Sweden (1).

#### EU:

As of 13 03 2020, 26 965 cases have been reported in the EU: Italy (15 113), Spain (3 004), France (2 876), Germany (2 369), Denmark (676), Sweden (620), Netherlands (614), Belgium (399), Austria (361), Finland (155), Greece (133), Czech Republic (116), Slovenia (96), Portugal (78), Ireland (70), Romania (64), Poland (49), Estonia (27), Luxembourg (26), Croatia (25), Bulgaria (23), Slovakia (21), Hungary (16), Latvia (16), Malta (9), Cyprus (6) and Lithuania (3).

As of 13 03 2020, 1 180 deaths have been reported in the EU: Italy (1 016), Spain (84), France (61), Germany (5), Netherlands (5), Belgium (3), Austria (1), Bulgaria (1), Greece (1), Ireland (1), Poland (1) and Sweden (1).

#### Major developments in the EU/EEA and the UK between 7 and 13 March:

On 11 March 2020, Italian authorities issued a [decree](#) stating that retail activities are suspended, with the exception of food and basic necessities. These measures will apply from 12 March 2020 to 25 March 2020. In addition, measures of social distancing and suspension of mass gatherings described in the Decree of 9 March 2020 are still valid at national level, if not contrary to the provisions set out in the new decree.

On 11 March 2020, in the Netherlands, [authorities](#) reported that nearly four per cent of the hospital staff examined in Brabant has been infected with the novel coronavirus (COVID-19). The testing was done by the RIVM National Institute for Public Health and the Environment taking random samples between 6 and 9 March 2020.

On 12 March, [French authorities](#) announced the closure of all schools and universities from Monday 16 March until further notice. According to [media](#) and [UNICEF](#), other EU Member States have also restricted access to schools and universities.

This week, according to [media](#), several EU Member States have closed their borders to travellers: Slovakia, Malta and the Czech Republic.

Other major updates between 7 and 13 March:

On 11 March 2020 [WHO](#) declared the COVID-19 outbreak a pandemic.

[The United States](#) has imposed a thirty-day ban on foreigners who have been in the 26 countries of the Schengen Area during the past two weeks.

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

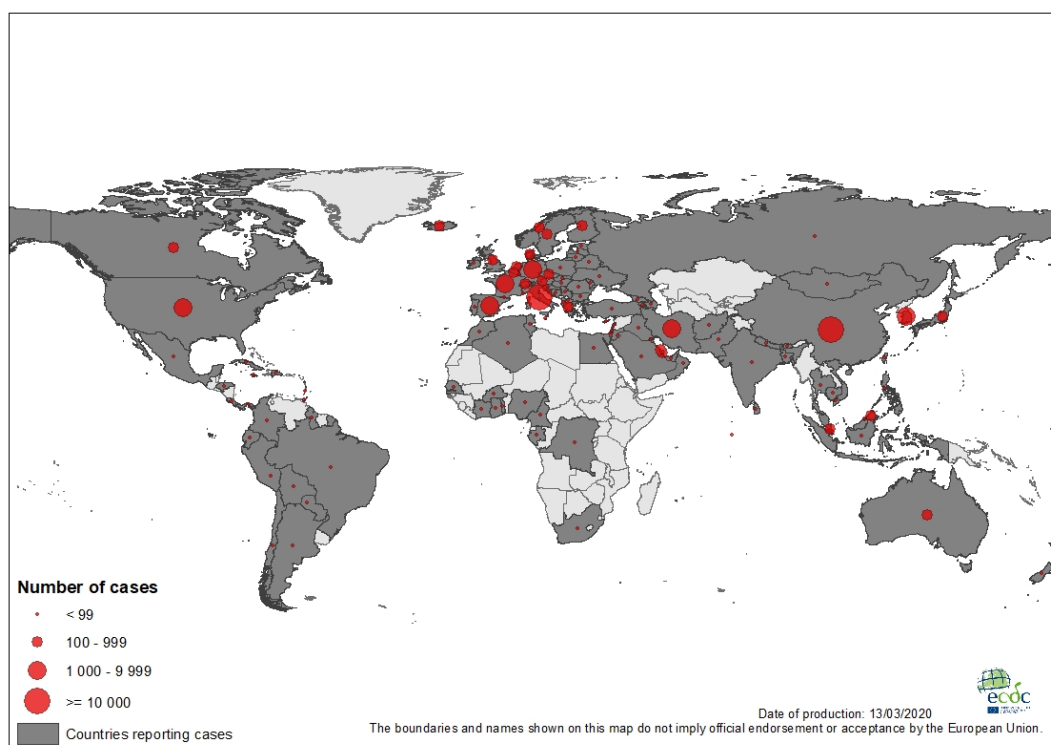
Information on the COVID-19 situation and a risk assessment can be found on the [ECDC website](#).

## Actions

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

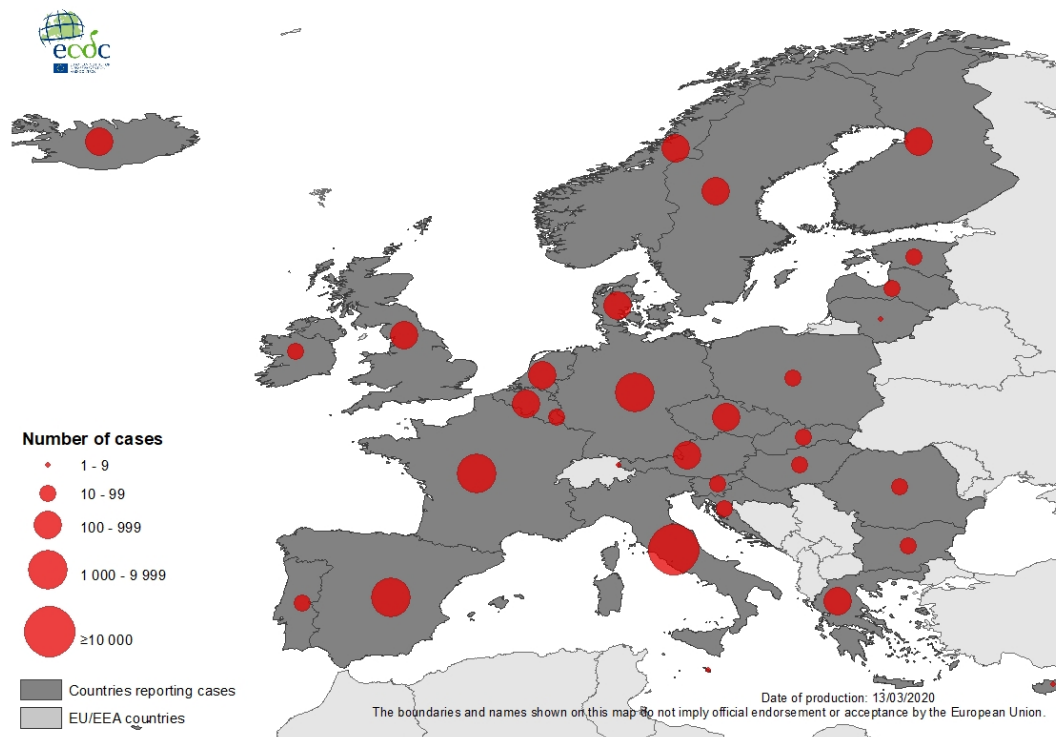
## Geographical distribution of COVID-19 cases (in accordance with the applied case definition in the countries), World, as of 13 March 2020

ECDC



## Geographical distribution of COVID-19 cases (in accordance with the applied case definition in the countries), EU/EEA and the UK, as of 13 March 2020

ECDC



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

Opening date: 9 February 2011

Latest update: 13 March 2020

### Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 11 January 2020, updates have been provided for 22 EU/EEA countries and UK: Austria, Bulgaria, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Lithuania, Poland, Romania, Spain, Slovenia, Sweden, and Norway. Other countries did not report new cases of measles.

In 2020, the following EU/EEA countries, the UK and Switzerland reported cases: Romania (668), Bulgaria (160), France (87), Spain (63), Italy (52), Belgium (37), UK (31), Germany (27), Switzerland (24), Ireland (13), Poland (13), Portugal (5), Slovenia (5), Denmark (4), Finland (4), Norway (4), Austria (3), Sweden (2), Hungary (1), Lithuania (1).

In 2020, one death has been reported by Bulgaria. In 2019, 10 deaths were reported in the EU/EEA and UK: Romania (5), France (2), Italy (1), Hungary (1) and UK (1).

Relevant updates outside of EU/EEA countries are available for the WHO Regions (AFRO, PAHO, WPRO), Switzerland, Japan, New Zealand, Fiji, Tonga, Samoa and Ukraine.

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.

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. It 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.

A number of graphs and epicurves relating to measles in the EU/EEA are available in the attached CDTR PowerPoint slides.

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

[Austria](#) has reported three cases in 2020 between 1 January and 19 February, an increase of two cases since mid-January. In 2019, Austria reported a total of 151 cases.

Belgium has reported 37 cases in January 2020, according to TESSy.

[Bulgaria](#) has reported 160 cases in 2020 as of week 9 (ending 29 February 2020). An increase of 147 cases since week 1 (ending 5 January 2020). According to TESSy, one death was reported in Bulgaria in January 2020. Overall in 2019, Bulgaria reported 1 230 cases of measles, an increase of 32 cases since the national update in week 48 of 2019 (ending 1 December 2019).

The [Czech Republic](#) has not reported any new cases in January 2020. In the period January–December 2019, the Czech Republic reported 590 measles cases (no increase since November 2019).

[Denmark](#) has reported four cases in 2020 as of 5 March 2020. In 2019, Denmark reported 15 cases.

[Estonia](#) has not reported any new cases in 2020 as of January 2020. In 2019, Estonia reported 27 cases of measles.

[Finland](#) has reported four cases in 2020 according to data available as of 5 March 2020. In 2019, Finland reported 12 cases of measles.

[France](#) reported 2 636 measles cases, including two deaths in the period January–December 2019, according to the national report published on 19 February 2020. In January 2020, France reported 87 cases to TESSy.

[Germany](#) has reported 27 cases in 2020 as of week 6 (ending 9 February 2020). Most of the cases reported from Baden-Württemberg (19). In 2019, Germany reported 514 cases of measles.

Greece reported one case in January 2020, according to TESSy.

[Hungary](#) has reported one case in 2020 and as of 9 February. In 2019, Hungary reported 39 cases of measles, including one death.

[Ireland](#) has reported 13 cases in 2020 and as of 29 February. In 2019, Ireland reported 81 measles cases.

[Italy](#) reported 1 627 cases, including one death, in the period January–December 2019, an increase of 22 cases since the national report for October 2019. In addition, Italy reported 52 cases to TESSy in January 2020.

[Lithuania](#) has reported one case in 2020 as of 20 January. In 2019, Lithuania reported 834 cases of measles.

[Poland](#) has reported 13 cases in 2020 as of 29 February. In 2019, Poland reported 1 492 cases.

Portugal has reported five cases in January 2020, according to TESSy.

[Romania](#) has reported 668 cases and no deaths between 1 January and 6 March 2020. In 2019, Romania reported 3 308 measles cases, including five deaths. Since the beginning of the outbreak in October 2016 and as of 28 February 2020, Romania has reported 19 576 confirmed measles cases, including 64 deaths.

[Slovenia](#) has reported five measles cases in January 2020, according to TESSy. In 2019, Slovenia reported 48 cases, 30 of which were related to two separate outbreaks in November and December 2019.

[Spain](#) has reported 63 confirmed cases of measles between 1 January and 1 March 2020, 46 of which were reported from Catalunya. In 2019, Spain reported 287 confirmed measles cases.

[Sweden](#) reported two cases in January 2020, according to data available on 5 March 2020. In 2019, Sweden reported 20 cases of measles.

[Norway](#) has reported four cases in January and February 2020 (according to data available on 5 March 2020). In 2019, Norway reported 18 cases of measles. An additional case was reported [in Oslo by the media](#) on 5 March 2020.

UK has reported 31 cases in January 2020, according to TESSy.

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

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

[Japan](#) has reported five cases between 1 January and 26 February 2020. In 2019, Japan reported 744 cases.

[New Zealand](#) has reported 2 193 confirmed cases of measles across the country, from 1 January 2019 to 29 January 2020. An increase of three cases since the national report on 8 January 2019.

[Switzerland](#) has reported 24 cases of measles in 2020 as of 3 March. In 2019, Switzerland reported 218 cases.

[Fiji](#) has reported 28 cases of measles from 7 November 2019 to 19 February 2020. The last locally transmitted case was on 6 January 2020, and there was one imported case (ex-Philippines) on 9 February 2020.

[Tonga](#) has reported 659 confirmed and suspected cases of measles since the beginning of the outbreak in October 2019 and 12 February 2020.

According to WHO, Samoa has declared its measles outbreak over since there have been no measles cases or deaths reported since 2 January 2020. The recovery phase will continue with close monitoring by a national health surveillance team. The measles outbreak started in Samoa in October 2019 and resulted in 5 697 measles cases, including 83 deaths (CFR: 1.5%).

Ukraine: since the beginning of the year and as of 9 March 2020, [Vinnitsa region](#) has reported 11 cases of measles. National data were not available as of 9 March 2020. In 2019, Ukraine reported 57 282 confirmed cases of measles, [according to WHO](#).

According to [WHO AFRO](#) as of 1 March 2020, outbreaks of measles have been reported in several countries. Democratic Republic of the Congo (DRC) is experiencing a large measles outbreak. Between 1 January and 9 February 2020, DRC has reported 20 475 suspected measles cases, including 252 deaths (CFR: 1.2%). Since the beginning of 2019, 331 316 measles cases including 6 302 deaths (CFR 1.9%) have been recorded in 26 provinces. In total, 261 (50%) of the 519 health zones have reported a confirmed measles outbreak. WHO has activated emergency response grade 2 in DRC, and is asking for more help to tackle this outbreak.

Outbreaks of measles have also been reported in Cameroon (1 170 cases, 382 confirmed, 14 deaths), the Central African Republic (7 626 cases, 517 confirmed, 83 deaths (CFR 1.1%)), Chad (2 410 cases, 31 confirmed, 23 deaths (CFR 1%)), the Comoro Islands (218 cases, 59 confirmed), Ethiopia (1 873 cases), Guinea (4 690 cases, 1 091 confirmed, 18 deaths (CFR 0.3%)), Kenya (637 cases, 15 confirmed, 1 death (CFR: 0.2%)), Liberia (169 cases, 35 confirmed), Mali (91 cases, 17 confirmed), Niger (304 cases), Nigeria (1 618 cases, 303 confirmed, 5 deaths (CFR 0.3%)), Seychelles (79 cases, 20 confirmed) and South Sudan (4 732 cases, 247 confirmed, 26 deaths (CFR 0.5%)).

According to [WHO PAHO](#) since the beginning of the year and as of 15 February 2020, 388 confirmed cases of measles have been reported by six countries: Brazil (337), Argentina (41), the US (4), Chile (2), Uruguay (2), and Canada (1).

[WHO Western Pacific Region](#) (WPRO) - according to a report from January 2020, in 2019 there 25 028 cases reported by WPRO countries. Most of the cases were reported by the Philippines (6 604), Pacific countries and areas (6345), Vietnam (2 995), China (2 964), and New Zealand (2 171).

## ECDC assessment

Measles cases are being reported in the majority of European countries and many countries across the world. Measles remains endemic in a number of EU/EEA countries and the UK, and affects all age groups, highlighting large population immunity gaps. To protect themselves both at home and when travelling, people of all ages should check their vaccination status and ensure they are vaccinated with two doses of measles-containing vaccine. Particular care is recommended to avoid infants under one year or those for whom vaccination is contraindicated being potentially exposed to measles, as these groups are at increased risk of infection and possible complications. For a more complete overview, consult ECDC's [risk assessment](#) 'Who is at risk of measles in the EU/EEA?' published on 28 May 2019.

## Actions

ECDC monitors the measles situation through epidemic intelligence and produces a monthly report with measles surveillance data from The European Surveillance System for 30 EU/EEA countries.



## Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 13 March 2020

### Epidemiological summary

#### Week 10/2020 (2 to 8 March 2020)

For the Region overall, influenza activity remained elevated but continued to decline for the fourth consecutive week. High influenza intensity was reported by two Member States and areas and 12 reported medium influenza intensity. Geographically widespread influenza activity was reported by the majority of Member States and areas across the Region.

Of the individuals sampled who presented with influenza-like illness (ILI) or acute respiratory infection (ARI) to sentinel primary healthcare sites, 38% tested positive for influenza viruses, a slight decrease compared to the previous week (43%).

Both influenza virus types A and B were co-circulating in sentinel source specimens with a higher proportion (59%) of type A viruses being detected. Of the type A detections, A(H1N1)pdm09 viruses were the most common (56%). 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 26 reports available from across the Region, 14 reported dominance of type A viruses, seven reported co-dominance of types A and B viruses and five reported dominance of type B viruses.

Pooled estimates of all-cause mortality from 24 countries or regions reporting to the [EuroMOMO](#) project showed 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, first exceeded a positivity rate of 10% in week 47, 2019.

The influenza season for the Region as a whole peaked in week 5 of 2020, reaching a maximum positivity rate of 55%. The peak phase with positivity levels above 50% lasted for just two weeks, week 5 and 6, 2020. In the previous influenza season rates of influenza positivity exceeded 50% for six weeks.

The majority of circulating viruses were susceptible to neuraminidase inhibitors, supporting early treatment or prophylactic use in accordance with national guidelines.

Interim estimates of 2019–2020 seasonal influenza vaccine effectiveness in the northern hemisphere are available. Vaccination remains the best possible method for prevention of influenza and/or reduction of the risk of serious complications. Member States should continue to promote 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 for Europe published a joint [Regional Situation Assessment](#) for the 2019–2020 influenza season up to week 2019-49, which focused on disease severity and impact on healthcare systems to assist forward planning in Member States.

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

### 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 will be monitoring influenza activity in the WHO European Region between week 40 2019 and week 20 2020.

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

Opening date: 1 August 2018

Latest update: 13 March 2020

### Epidemiological summary

Since the beginning of the outbreak and as of 10 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 last confirmed case was reported in Beni. As of 10 March 2020, 171 healthcare workers have been infected.

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

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

**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 no cases being reported in the past 21 days, a high level of surveillance remains essential to early detect and interrupt further transmission, including transmission events that may arise from exposure to survivor's infected bodily fluids. The overall risk for the EU/EEA remains very low.

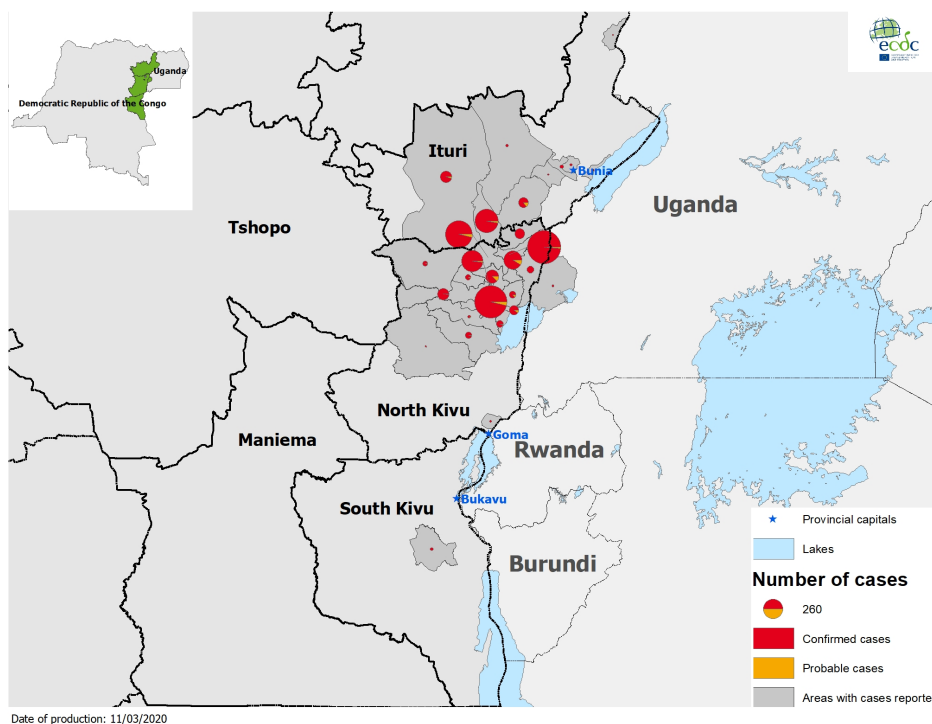
**WHO assessment:** As of 12 March, the last [WHO assessment](#) concluded that the national and regional risk levels remain high, while global risk levels remain low.

### Actions

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

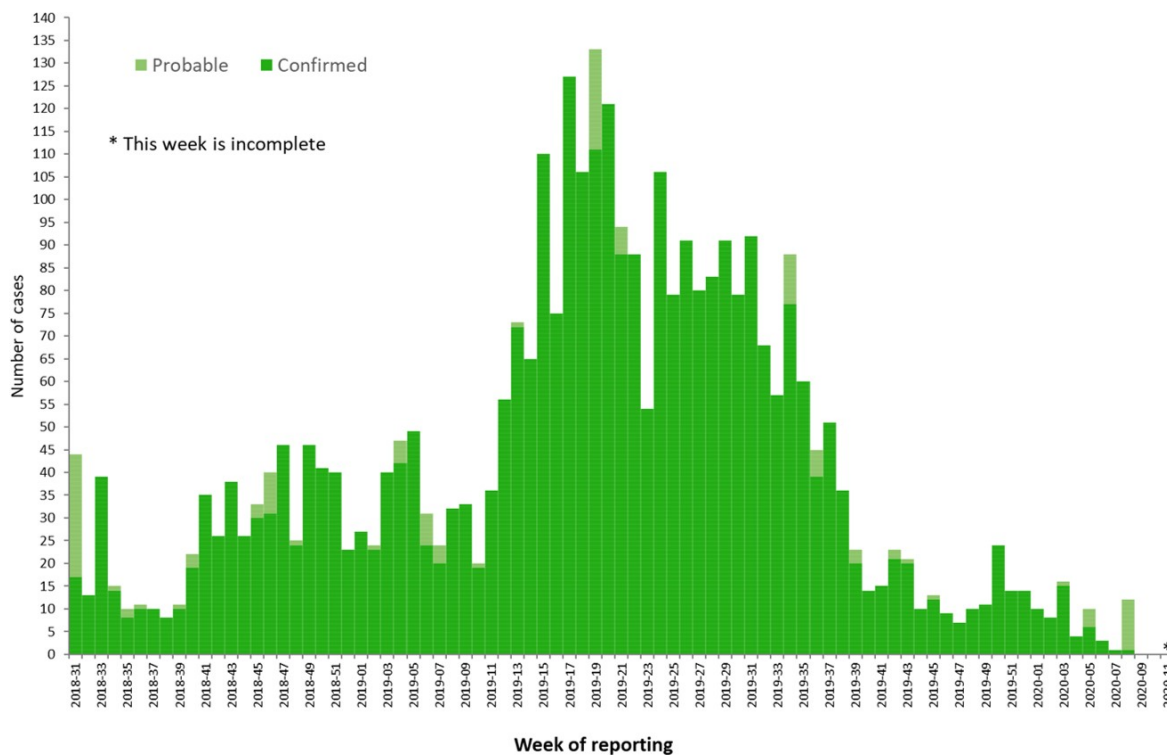
### Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 10 March 2020

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 10 March 2020

Source: ECDC



### Ebola Virus Disease case distribution in DRC and Uganda, as of 10 March 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
<b>Democratic Republic of the Congo</b>	<b>3310</b>	<b>134</b>	<b>3444</b>	<b>2264</b>	
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	
<b>Uganda</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	
Kasese province	1	0	1	1	
Kasese	1	0	1	1	
<b>Cumulative Total</b>	<b>3311</b>	<b>134</b>	<b>3445</b>	<b>2265</b>	

## Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019

Latest update: 13 March 2020

### Epidemiological summary

One case of influenza A(H9N2) was detected in the Ziguinchor region, Senegal. The case, in a child, was detected in February 2019 when presented to an outpatient clinic with influenza-like illness. The patient was not hospitalised and recovered. The likely source of infection was indicated as backyard poultry.

This is the first reported case in Senegal. To date and since 1998, a total of 62 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (51), Egypt (4), Bangladesh (3), Oman (1), Pakistan (1), India (1), and Senegal (1). The most recent human infection with influenza A(H9N2) was reported from China with disease onset in February 2020.

**Sources:** [ECDC avian influenza page](#) | [WHO avian and other zoonotic influenza page](#) | [ECDC/EFSA joint report: Avian influenza overview November 2018 – August 2019](#) | [Emerging Infectious Diseases](#) | [Taiwan CDC](#) | [Hong Kong health department](#) | [WHO](#)

### ECDC assessment

Although avian influenza A(H9N2) has caused infection in humans, human infections remain rare and no sustained human-to-human transmission has been reported. No human cases due to A(H9N2) have been reported in Europe.

Human cases related to a low pathogenic avian influenza A(H9N2) virus are detected sporadically and are not unexpected in regions where A(H9N2) is endemic in the poultry population (Asia, Africa and the Middle East). Direct contact with infected birds or a contaminated environment is the most likely source of infection.

The risk of zoonotic influenza transmission to the general public in EU/EEA countries is still considered to be very low. As the likelihood of zoonotic transmission of newly introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to avian influenza viruses will minimise the remaining risk.

### Actions

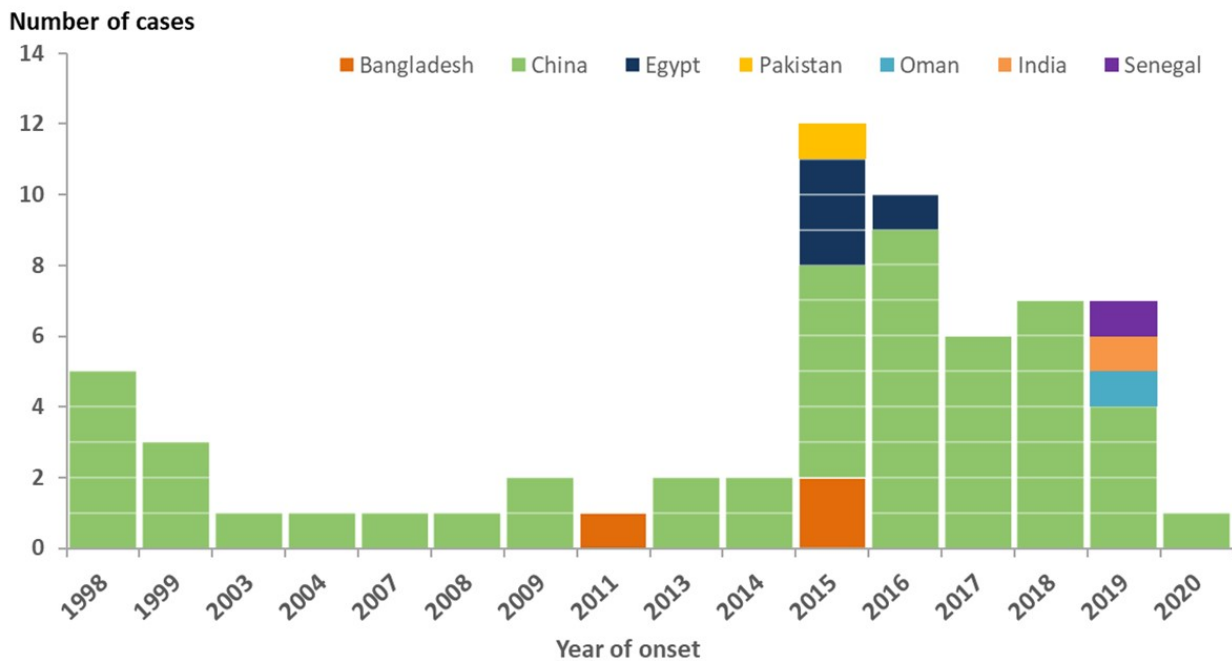
ECDC monitors avian influenza strains through epidemic intelligence in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report of

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the [avian influenza situation](#). The last [report](#) was published on 20 December 2019 and the next one will be published on 31 March 2020.

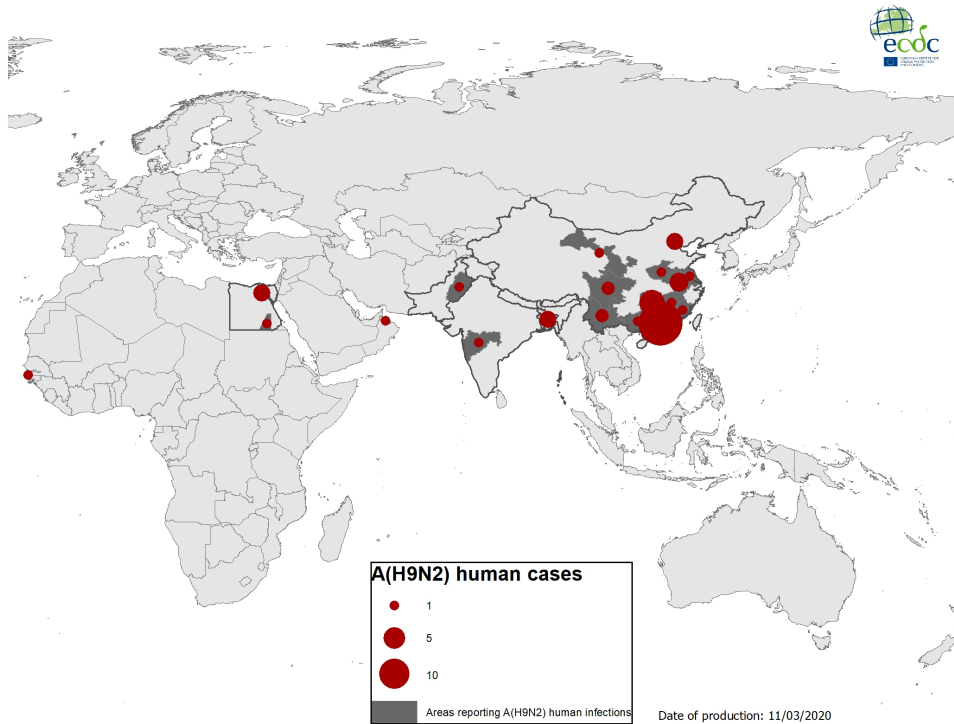
## Distribution of confirmed human cases of A(H9N2) by reporting country, 1998 – 11 March 2020

Source: ECDC



### Geographical distribution of confirmed human cases of A(H9N2), 1998 – 11 March 2020

Source: ECDC



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