




COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 35, 23-29 August 2020

For restricted use

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: 28 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 21 August 2020 and as of 28 August 2020, 1 768 198 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 37 898 new deaths.

Globally, the number of cases has increased from 22 705 645 to 24 473 843, and the number of deaths has risen from 794 104 to 832 002.

In the EU/EEA and the UK, the number of cases has increased from 2 001 878 to 2 141 538 (+ 139 660 cases)

More details are available [here](#).

1/13

The CDTR contains information that could be considered sensitive or is still under verification. Its distribution is restricted to intended users only.

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

Opening date: 20 May 2020

Latest update: 27 August 2020

During the West Nile virus transmission season, which usually runs from June to November, ECDC monitors the occurrence of infections in the EU/EEA and EU neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for 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 21 and 27 August 2020, EU Member States reported 56 human cases of WNV infection: Spain (38), Greece (15) and Italy (three). All cases were reported from areas that have been affected during previous transmission seasons. This week, four deaths were reported by Greece (two) and Spain (two). No human cases of WNV infection or deaths were reported from EU neighbouring countries.

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

Sources: TESSy

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

Opening date: 23 June 2020

Latest update: 28 August 2020

Elevated sea surface temperatures (SST) in marine environments with low salt content offer 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 27 August 2020, in EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as low to medium. For the next five days it is estimated as very low to low.

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

Non EU Threats

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

Opening date: 4 June 2020

Latest update: 28 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 25 August 2020, 10 additional cases (eight confirmed and two probable) and four additional deaths have been reported from Equateur Province in the DRC. The 100th case in this outbreak was reported on 20 August 2020.

Bolenge Health Zone is a newly affected zone in Equateur Province, reporting one confirmed case.

A [strike](#) by healthcare workers has been ongoing in the province since 15 August 2020, impacting various Ebola [response activities](#) such as testing, vaccination and safe burial activities.

2/13

The CDTR contains information that could be considered sensitive or is still under verification. Its distribution is restricted to intended users only.

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

Opening date: 20 April 2006

Latest update: 27 August 2020

Several countries in Africa, the Americas and Asia have reported [cholera](#) outbreaks. Major ongoing outbreaks are being reported from the Democratic Republic of the Congo, Haiti and Yemen.

→Update of the week

Since the last update on 24 July 2020, new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are Yemen and Bangladesh.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 28 August 2020

Epidemiological summary

Since 31 December 2019 and as of 28 August 2020, 24 473 843 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 832 002 deaths.

Cases have been reported from:

Africa: 1 221 212 cases; the five countries reporting most cases are South Africa (618 286), Egypt (98 062), Morocco (57 085), Nigeria (53 317) and Ethiopia (46 407).

Asia: 6 634 939 cases; the five countries reporting most cases are India (3 387 500), Iran (367 796), Saudi Arabia (311 855), Bangladesh (304 583) and Pakistan (295 053).

America: 13 036 986 cases; the five countries reporting most cases are United States (5 867 785), Brazil (3 761 391), Peru (621 997), Colombia (582 022) and Mexico (579 914).

Europe: 3 551 211 cases; the five countries reporting most cases are Russia (975 576), Spain (429 507), United Kingdom (330 368), Italy (263 949) and France (259 698).

Oceania: 28 799 cases; the five countries reporting most cases are Australia (25 322), New Zealand (1 363), Guam (1 232), Papua New Guinea (424) and French Polynesia (353).

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

Deaths have been reported from:

Africa: 28 862 deaths; the five countries reporting most deaths are South Africa (13 628), Egypt (5 342), Algeria (1 475), Morocco (1 011) and Nigeria (1 011).

Asia: 135 261 deaths; the five countries reporting most deaths are India (61 529), Iran (21 137), Indonesia (7 064), Iraq (6 740) and Pakistan (6 283).

America: 459 113 deaths; the five countries reporting most deaths are United States (180 824), Brazil (118 649), Mexico (62 594), Peru (28 277) and Colombia (18 468).

Europe: 208 148 deaths; the five countries reporting most deaths are United Kingdom (41 477), Italy (35 463), France (30 576), Spain (28 996) and Russia (16 804).

Oceania: 611 deaths; the five countries reporting most deaths are Australia (572), New Zealand (22), Guam (10), Papua New Guinea (4) and Northern Mariana Islands (2).

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

EU/EEA and the UK:

As of 28 August 2020, 2 141 538 cases have been reported in the EU/EEA and the UK: Spain (429 507), United Kingdom (330 368), Italy (263 949), France (259 698), Germany (239 507), Sweden (83 898), Belgium (83 406), Romania (83 150), Netherlands (68 556), Poland (64 689), Portugal (56 673), Ireland (28 453), Austria (26 381), Czechia (23 300), Denmark (16 627), Bulgaria (15 908), Norway (10 505), Greece (9 531), Croatia (9 192), Finland (8 019), Luxembourg (6 543), Hungary (5 379), Slovakia (3 626), Lithuania (2 762), Slovenia (2 755), Estonia (2 325), Iceland (2 087), Malta (1 788), Cyprus (1 484), Latvia (1 366) and Liechtenstein (106).

As of 28 August 2020, 181 291 deaths have been reported in the EU/EEA and the UK: United Kingdom (41 477), Italy (35 463), France (30 576), Spain (28 996), Belgium (9 884), Germany (9 288), Netherlands (6 209), Sweden (5 820), Romania (3 459), Poland (2 010), Portugal (1 809), Ireland (1 777), Austria (733), Denmark (624), Hungary (614), Bulgaria (594), Czechia (418), Finland (335), Norway (264), Greece (254), Croatia (177), Slovenia (128), Luxembourg (124), Lithuania (85), Estonia (64), Latvia (34), Slovakia (33), Cyprus (21), Iceland (10), Malta (10) and Liechtenstein (1).

4/13

The CDTR contains information that could be considered sensitive or is still under verification. Its distribution is restricted to intended users only.

EU:

As of 28 August 2020, 1 798 472 cases and 139 539 deaths have been reported in the EU.

Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the [Director-General of the WHO](#) declared the COVID-19 outbreak a pandemic. The [third](#) and [fourth](#) International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April and 31 July 2020, respectively. The committee concluded during both meetings that the COVID-19 pandemic continues to constitute a PHEIC.

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

ECDC assessment

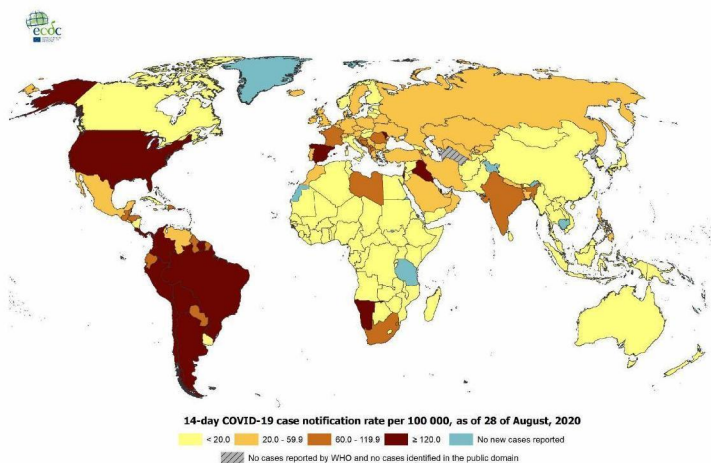
Information on the COVID-19 situation and a risk assessment can be found on [ECDC's website](#).

Actions

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

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 28 August 2020

ECDC

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

Opening date: 20 May 2020

Latest update: 27 August 2020

Epidemiological summary

Between 21 and 27 August 2020, EU Member States reported 56 human cases of WNV infection: Spain (38), Greece (15) and Italy (three). All cases were reported from areas that have been affected during previous transmission seasons. This week, four deaths were reported by Greece (two) and Spain (two). No human cases of WNV infection or deaths were reported from EU neighbouring countries.

Since the beginning of the 2020 transmission season and as of 27 August 2020, EU Member States have reported 122 human cases of WNV infection and eight deaths through The European Surveillance System (TESSy): Greece (54, including eight deaths), Spain (44, including two deaths), Italy (22), and Romania (two). Spain is currently experiencing an outbreak of WNV infection in

5/13

European Centre for Disease Prevention and Control (ECDC)

Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
[Link to ECDC CDTR web page](#) – including related PowerPoint© slides

The CDTR contains information that could be considered sensitive or is still under verification. Its distribution is restricted to intended users only.

the province of Seville. All cases were reported from areas that have been affected during previous transmission seasons. No cases have been reported from EU neighbouring countries.

Since the beginning of the 2020 transmission season, 40 outbreaks among equids have been reported. These outbreaks have been reported by Spain (33, including 23 in the province of Seville), Italy (five), France (one) and Portugal (one) through the Animal Disease Notification System (ADNS) of the European Commission. No outbreaks among birds have been reported through ADNS.

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

Sources: TESSy | Animal Disease Notification System

ECDC assessment

Human WNV infections have been reported in four EU Member States (Greece, Italy, Romania and Spain) where WNV enzootic transmission between mosquitoes and birds has previously been described.

Between 2010 and 2019, Spain only reported five locally-acquired WNV infections: two cases in 2010 in the province of Cádiz and three cases in 2016 in the province of Seville. During the same period, 89 outbreaks among equids were reported through ADNS in the province of Seville, highlighting the presence of an enzootic cycle between mosquitoes and birds in the region. Analysis of four human samples from the province of Seville revealed that these WNVs belong to lineage 1. However, it remains unknown if the strain is a descendant of the WNVs that have been isolated previously in the region, or a new introduction.

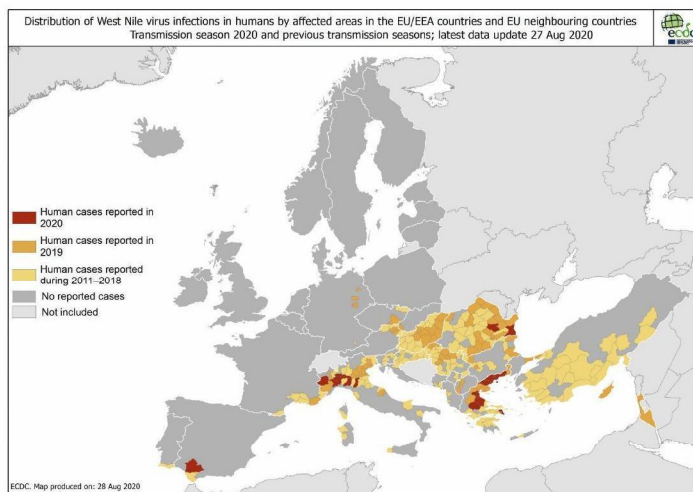
In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

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

Distribution of human West Nile virus infections by affected areas as of 27 Aug

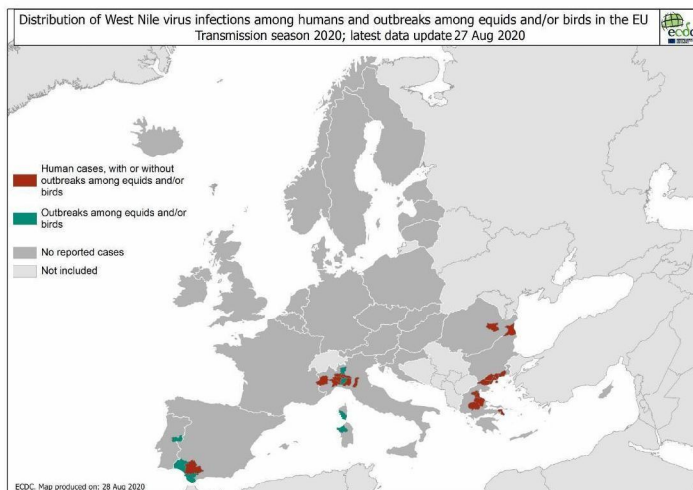
ECDC



6/13

Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 27 Aug

ECDC and ADNS



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

Opening date: 23 June 2020

Latest update: 28 August 2020

Epidemiological summary

As of 27 August 2020, in EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as low to medium. For the next five days it is estimated as very low to low.

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

7/13

European Centre for Disease Prevention and Control (ECDC)

Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
[Link to ECDC CDTR web page](#) – including related PowerPoint© slides

Actions

ECDC will stop monitoring environmental suitability for growth of *Vibrio* species in the Baltic Sea for the 2020 season.

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

Opening date: 4 June 2020

Latest update: 28 August 2020

Epidemiological summary

Since the start of the outbreak and as of 25 August 2020, a total of 106 cases (100 confirmed, six probable), including 46 deaths, have been reported from Bikoro (28), Bolenge (1), Bolomba (13), Iboko (4), Ingende (12), Lilanga Bobangi (4), Lolanga Mampoko (5), Lotumbe (10), Mbandaka (26), Monieka (1) 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, 25 862 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](#).

The CDTR contains information that could be considered sensitive or is still under verification. Its distribution is restricted to intended users only.

Distribution of Ebola Virus Disease cases in Equateur Province, Democratic Republic of the Congo, as of 25 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	100	6	106	46	
Equateur	100	6	106	46	
Bikoro	28	0	28	15	ACTIVE
Bolenge	1	0	1	1	ACTIVE
Bolomba	13	0	13	1	
Iboko	4	0	4	1	
Ingende	10	2	12	6	ACTIVE
Lilanga Bobangi	4	0	4	0	ACTIVE
Lolanga Mampoko	5	0	5	2	
Lotumbé	10	0	10	2	ACTIVE
Mbandaka	22	4	26	17	
Monieka	1	0	1	0	
Wangata	2	0	2	1	
Cumulative Total	100	6	106	46	

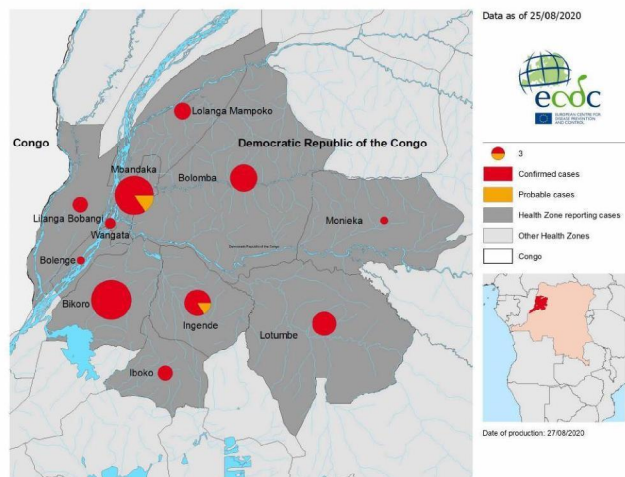
Distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, by week of reporting and as of 25 August 2020

Source: ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 25 August 2020

Source: ECDC



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

Opening date: 20 April 2006

Latest update: 27 August 2020

Epidemiological summary

Americas

Haiti: In 2020 and as of August, no confirmed cholera cases have been reported in Haiti. In 2019, Haiti reported 684 suspected cases including three deaths (CFR: 0.4%). According to a [UNICEF report](#), the last confirmed cholera cases in Haiti were reported in February 2019. Since the beginning of the outbreak in 2010 and as of 25 January 2020, Haiti has reported 820 461 suspected cholera cases including 9 792 deaths (CFR: 1.2%).

Dominican Republic: In 2020, as of 25 July, no cholera cases have been reported in the Dominican Republic.

Africa

Cameroon: In 2020 and as of 3 July 2020, Cameroon has reported 980 cholera cases including 45 associated deaths (CFR: 4.6%). The outbreak is ongoing in Littoral, South West, South and Centre regions.

DR Congo: In 2020 and as of 9 August, 13 421 cases including 190 deaths (CFR: 1.4%) were reported in the country. This represents an increase of 2 888 cases and 43 deaths since the previous CDTR update on 26 June 2020. The majority of recent cases have been reported from two provinces: North-Kivu and South Kivu. For the whole of 2019, DR Congo reported 30 304 suspected cholera cases, including 514 deaths (CFR: 1.7%).

Ethiopia: In 2020 and as of 5 July, 11 427 cases including 176 associated deaths (CFR: 1.5%) have been reported in Ethiopia.

Kenya: In 2020 and as of 13 August, 711 cases including 13 deaths (CFR: 1.8%) have been reported in the country. This represents an increase of 26 cases and no deaths since the previous CDTR update. The outbreak is currently active in Garissa and Turkana counties. In 2019, 5 150 cases including 39 associated deaths (CFR: 0.8%) were reported.

Nigeria: In 2020 and as of 1 August, 1 050 suspected cases and 59 associated deaths have been reported. Among these cases, 40 have been confirmed. For the same period in 2019, 2 200 cases including 38 deaths were reported.

Somalia: In 2020 and as of 2 August, WHO has reported 5 341 suspected cholera cases including 29 associated deaths (CFR: 0.5%). According to WHO, in 2020, cholera cases have been reported from the regions of Banadir, Bay, Hiran, Lower Shabelle and Middle Shabelle.

Burundi, Malawi, Mozambique and Uganda have no updates available since last reported in CDTR.

10/13

Asia

Bangladesh: In 2020 and as of 15 August, 80 152 acute watery diarrhoea (AWD) cases have been reported in the Cox's Bazar. This represents an increase of 10 426 AWD cases since the previous CDTR update. In all 2019, 191 057 AWD cases were reported in the Cox's Bazar. According to WHO, between 5 September to 29 December 2019, 239 cases of AWD tested positive by cholera rapid diagnostic test or culture in Cox's Bazar, in Bangladesh.

Malaysia: According to media sources quoting health authorities, a cholera outbreak has been reported in Sabah, Malaysia. As of 20 July, and since the beginning of the outbreak in June this year, 43 cholera cases have been reported. No update has been made available since the previous CDTR report.

Yemen: In 2020 and as of 2 August, WHO has reported 167 278 suspected cholera cases including 48 associated deaths (CFR: 0.03%). According to WHO, the governorates reporting the highest number of suspected cases of cholera during 2020 are Al Hudaydah, Sana'a, and Taizz.

India has no update available since last reported in CDTR.

Disclaimer: Data presented in this report originate from several sources, both official public health authorities and non-official, such as media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.

ECDC assessment

Cholera cases continue to be reported in eastern Africa, the Horn of Africa and Gulf of Aden over the past few months. Cholera outbreaks have also been reported in the western and southern part of Africa and in some areas of Asia. Despite the high number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. The risk of cholera infection in travellers visiting countries with ongoing outbreaks remains low, even though sporadic infections among EU/EEA travellers are possible. In 2018, 26 cases were reported in the EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016 respectively. All cases had travel history to cholera-affected areas. The risk of further transmission of *Vibrio cholerae* within the EU/EEA is very low.

According to WHO, vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food and avoiding the consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on the [ECDC website](#).

Geographical distribution of cholera cases reported worldwide in 2020

ECDC



The CDTR contains information that could be considered sensitive or is still under verification. Its distribution is restricted to intended users only.

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